Comments on “Iran Hospital Accreditation System”

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Dear Editor-in-Chief

A paper entitled “The Accreditation of Hospitals in Iran” was published in Iranian Journal of Public Health, Vol. 44, No.2, Feb 2015. The paper lacks reliable, credible and trusted evidences to support the claims that the authors made. For instance, the authors claimed, “In Iran, at first, the hospital accreditation system had only focused on the structural standards and it was a lot of criticism.” No evidences for such a claim have been provided. The authors also wrote, “The hospital accreditation system in Iran emphasises too much on documentation. As a result, the link between the hospitals’ accreditation degrees and the quality of their services is missing”. The sources for such a strong claim (i.e., 6, 8, and 9) are researches conducted in Korea and Kenya. The same can be seen in other sections of the paper. It is mentioned that “Iran national hospital accreditation standards derived from the standards of the JCI” and the reference for this claim (i.e., 6) is about Korea’s healthcare accreditation system. The authors did not provide sources for their claims in some other sections. For instance, they mentioned, “The accreditation organizations and bodies in India, Indonesia and Malaysia are independent entities; in Ghana, Nigeria and the Philippines are part of the National Health Insurance Program; and in countries such as Mali and Vietnam are similar to those in Iran.” These sharp criticisms without reliable and credible evidences mislead the international audiences of the journal.

Accreditation of a health care organization is an external evaluation of the level of compliance against a set of standards (1). The accreditation process covers all areas of the healthcare organization’s operation and practice. It aims to ensure that the healthcare organizations address the quality and safety of patient care. The objectives of a hospital accreditation system are to assess quality and safety of care; to provide external recognition of the quality of care; and finally to improve public confidence in healthcare services provided by hospitals. An accreditation program is an effective strategy for improving the quality of care (2-4) and patient safety (5) and results in better organizational performance (6-7).

There is no visible pattern towards the governmental, non-governmental, mandatory, or voluntary status of the hospital accreditation programmes. However, there is a clear trend of increasing government involvement in the hospital accreditation programmes (8). For example, although hospital accreditation is voluntary in US, it is a requirement for hospitals to have accreditation to become providers in the Medicare programme (9). In France, accreditation is governmental and has been compulsory since 1996 (10).

Iran’s national hospital accreditation standards are not a translation of the JCI standards. The US (JCAH), Canada (CCHSA) and Australia (ACHS) have launched their hospital accreditation systems in 1951, 1958 and 1973 respectively (8). Many countries’ hospital accreditation systems were in-
fluenced by the United States, Canada and Australia accreditation standards. For instance, German’s hospital accreditation system is influenced mainly by US, Canada and Australia. Ireland influenced mainly by Canadian hospital accreditation system. Italy was influenced by ISO standards and Scotland influenced by EFQM (8).

For developing Iran’s national hospital accreditation standards, a literature review was conducted and the hospital standards of countries such as US, Canada, Australia, France, Lebanon and Egypt were reviewed. Particular attention was paid to those countries, which had the most developed hospital accreditation systems. Following the literature analysis, surveys were conducted to decide areas to be covered. Focus group discussions were also held with hospital managers, academic scholars and accreditation experts to develop and customise Iran hospital accreditation standards. The standards manual was drafted in distinct “departments” format including over 8000 standards (11). The standards were judged relevant and then were edited. Therefore, one can see that it is not a translation of the JCI standards, which is in “functions” format (12).

The hospital accreditation procedure was tested using the first draft of the standards in 2011. This pilot testing was carried out in 8 volunteer hospitals, representing different types of hospitals in Iran. During this phase, comments and further suggestions were collected on the use of accreditation standards and the method of evaluation during the survey.

Iran’s national hospital accreditation system launched in 2012 and applied to all public and private hospitals. Its goal was to promote continuous quality improvement in hospitals. The procedure was based on sets of standards, criteria and indicators to ensure that hospitals use recommendations for good clinical practice, and medical and professional guidelines. The transition from the traditional hospital evaluation system to a national comprehensive hospital accreditation system has to be managed carefully. Iran’s hospital accreditation system is in its infancy. In order to customise the accreditation system with the resources and capabilities of Iranian hospitals the development of the hospital standards has to be done gradually. The triad of structure, process and output/outcome was considered in the first version of hospital standards. However, more weight has been given to the structural and procedural standards (11). The belief is that the hospitals’ structures and processes should be improved in order to improve hospital outcomes. The standards will gradually be supplemented by indicators that are more clinical.

Joint Commission on Accreditation of Hospitals (JCAH) published its first hospital standards in 1952. The accreditation standards have grown considerably over the years in quantity, focus and quality. When first developed, these standards were primarily structure standards. More process-oriented standards were introduced to manual and later outcome-related standards were added. The current list includes more process standards than structure, therefore moving away from distinct “departments” to functions (13).

A team of surveyors were formed to carry out the hospital accreditation survey in Iran. Surveyors attended several initial and ongoing training programmes to improve their knowledge and skills in hospital evaluation and accreditation procedure. However, it takes time to enhance their competencies. The credibility and validity of the hospital accreditation programme largely depends on the team of surveyors (1). In order to ensure consistency in the way the accreditation procedure is applied across all hospitals and to ensure that its fundamental principles are complied with, an “accreditation surveyor’s charter” has been produced and intensive applied education and training courses were developed for surveyors.

The gradual development of the hospital accreditation system and its annual assessment provide an opportunity to address questions raised by hospital managers and employees, surveyors and healthcare accreditation experts. As a result, Iran national hospital accreditation system has gone under a systemic change in 2015. These changes were planned in 4 phases: situation analysis, planning, implementation and evaluation.

A literature analysis of experiences of hospital accreditation in other countries was conducted. As a

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result 62 hospital accreditation bodies in 49 countries were studied regarding to their accreditation model, governance, structure, content of the standards, methods of accreditation, number and type of surveyors, type and period of surveyors’ training programmes, etc. Furthermore, a literature review of hospital accreditation challenges and problems in Iran were conducted. 33 hospitals were visited in Aug and Sep 2015 and meetings were held with hospital managers and employees to discuss their expectations of the national hospital accreditation system. Several focused group discussion sessions were held with surveyors and healthcare experts in Iran. The challenges of Iran hospital accreditation system were identified and the solutions were discussed.

Acknowledgement

The authors declare that there is no conflict of interests.

References


Responses to the Criticisms about “The Accreditation of Hospitals in Iran”

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Dear Editor-in-Chief

The authors should thank the authors of letter entitled "Iran Hospital Accreditation system" for their criticisms. In response to this letter, which includes some criticisms about our letter entitled "The Accreditation of Hospitals in Iran", the following points can be made:

The overall purpose of this letter was to look at the status of accreditation from the past to the present time and had only given a general overview and the details had been avoided. This overview had been provided based on the valid references some of published by the authors of this letter. However, unfortunately, the order of these references had been displaced in the reference section. The correct order was as follows:


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Hospital Accreditation program was formally established in the United States in 1951 by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Then, it was spread to Canada and Australia during the 1960 and 1970 and then, to the European countries in 1980, and finally, it was extended throughout the world in 1990 (1-3). Accreditation is usually a voluntary program performed by the non-governmental organizations in which the health service organizations are accredited by external trained surveyors based on the compliance with pre-established standards (3-5).

In Iran, the hospital accreditation standards have been developed by literature review, as well as the adoption of accreditation programs of Joint Commission International (JCI), Lebanon, Egypt and France. Generally, the origin of these programs, like other hospital accreditation programs around the world, is the accreditation program of Joint Commission on Accreditation of Healthcare Organizations (6). This is contrary to the criticism made and put forwarded by the author/s of "Iran Hospital Accreditation System". Because in the reference they have been used, there is not any word about and reference to the US, Canada and Australia.

The evolution of hospital accreditation standards in different countries show that these standards have changed from only the structural standards to the standards based on continuous quality improvement. In general, the assessment standards of structure, process and outcome have gradually replaced the traditional accreditation standards, which have solely been based on the data and physical structures (6). The evolution of accreditation programs in different countries is determined based on the characteristics and level of development of their health services. Most experiences in the field of accreditation are related to the high-income countries, like the United States, which have strong central control mechanisms, as well as the appropriate health systems. In these countries, accreditation is moving from simple and structural indicators to the standards based on the outcomes of health care (1, 7). Iran also is not an exception and its history and evolution of hospital accreditation programs shows that there has been a hospital accreditation program from many years ago, however, its structured format entitled “Criteria and standards of hospital accreditation” has been set by the Ministry of Health’s vice-chancellor for Treatment and notified and delivered to the Universities of Medical Sciences by the related Minister from July 1997. These criteria and standards were mainly focused on the structural standards, including human resources, physical space, equipment and some instructions, so that Bahadori et al. in their study have concluded that accreditation only based on structural indicators and standards is not enough and has flaws and shortcomings (8). Although after this period, the assessment and evaluation of the qualitative indicators, particularly the qualitative indicators of Hospital Emergency Departments, was also mandatory in 2004 and 2006, the idea of revising the hospital accreditation system of Iran was developed because of the scope of accreditation in the world and the criticisms about the hospital accreditation program in Iran. Finally, a new program entitled “hospital accreditation standards for hospitals in Iran" was delivered to all Universities of Medical Sciences in 2010 (6, 8-9). Therefore, what has been mentioned in “The Accreditation of Hospitals in Iran" about the evolution of accreditation is evidence-based and based on the valid references?

Overall, several studies have been conducted on the hospital accreditation programs around the world and from many years ago. However, there are only few studies on many aspects of implementing accreditation and its effects, and the results are not stable. Nowadays, there are many requests for conducting studies in the field of accreditation. The researchers acknowledge that the evidence to support the effects of accreditation on improving the quality of services is low and insufficient (2, 10). Some of key findings of studies conducted in the field of accreditation indicate that the healthcare workers ‘view about the accreditation is not perfect and complete and, therefore, the researchers are trying to develop these views. Some researchers believe that accreditation is a tool to help external stakeholders in order to find out how quality and safety are managed in an organization. According to them,
The authors declare that there is no conflict of interests.

References

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