

Impact of National Accreditation on the Patients' Experience of Ambulance Services: A Case Study

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ABSTRACT

Quality has become a fundamental requirement for all healthcare organizations in order to survive and succeed in this competitive, demanding and challenging healthcare service industry. **Objectives:** To study the impact of National Accreditation Board for Hospitals & Healthcare Providers (NABH) Accreditation, India on the patients experiences of ambulance services and those families those who have used the hospital ambulance services. **Research Methods:** It is a case study method in which comparative, survey research methodology is used. A sample of a population was studied by structured experience survey questionnaires (before and after the accreditation) in a private tertiary care hospital at Secunderabad, Telangana State, India to determine its characteristics, and it is then inferred that the population has the same or different characteristics. **Significance of Research:** It was observed initially before the accreditation that there was a lower patient's experience rate among the patients and families who have used the hospital ambulance services which was affecting the business of study hospital. **Research Design:** The closed ended questionnaire was developed considering the ambulance services process by incorporating the six dimensions of quality Safe, Timely, Effective, Efficient, Equitable, and Patient-centered (STEEP) and were tested prior to implement. Questionnaires were given to the patients' families for completion upon using the ambulance services two months before and two months after the accreditation. The data were collected in order to cover all three shifts of the Hospital and Emergency Department. **Study Population:** Simple random sampling method was selected, and the researcher had involved all patients and families of unconscious and pediatric patients including all age groups of patients. **Data Collections:** Primary data were collected from the survey questionnaires. Secondary data were collected from relevant published journals, articles, research papers, academic literature and web portals. **Conclusion:** It is very evident from this research that there is a significant improvement of patient experience of ambulance services of post-accreditation (M = 64.94) compared to pre-accreditation (M = 50.67). Hence, the national accreditation NABH has a positive impact on the patients and families who have used the ambulance services.

1. Introduction

Today, developed and developing nations are working towards continuous quality improvement and patient safety by achieving the national and or international healthcare accreditation and providing safe, effective, patient-centered, timely, efficient and equitable health care services to all their patients, families and caretakers.¹ Accreditation of a health care organization is an external evaluation of the level of compliance against a set of organizational standards. Healthcare accreditation standards are advocated as an important means of improving structure, process and outcome.²

2. Review of Literature

Patient experience encompasses the range of interactions that patients have with the health care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities. As an integral component of health care quality, patient experience includes several aspects of health care delivery that patients value highly when they seek and receive care, such as getting timely appointments, easy access to information, and good communication with health care providers.

Understanding patient experience is a key step in moving toward patient-centered care. By looking at various aspects of patient experience, one can assess the extent to which patients are receiving care that is respectful of and responsive to individual patient preferences, needs and values. Evaluating patient experience along with other components such as effectiveness and safety of care is essential to providing a complete picture of health care quality.

The terms patient satisfaction and patient experience are often used interchangeably, but they are not the same thing. To assess patient experience, one must find out from patients whether something that should happen in a health care setting (such as clear communication with a provider) actually happened or how often it happened.

Satisfaction, on the other hand, is about whether a patient's *expectations* about a health encounter were met. Two people who receive the exact same care, but who have different expectations for how that care is supposed to be delivered, can give different satisfaction ratings because of their different *expectations*.

While there are various ways to gather information on patient experience, Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys have become critical

tools for organizations interested in assessing the patient-centeredness of the care they deliver and identifying areas for improvement. CAHPS surveys do not ask patients how satisfied they were with their care; rather, they ask patients to report on the aspects of their experiences that are important to them and for which they are the best, and sometimes the only source of information. Because the surveys ask well-tested questions using a consistent methodology across a large sample of respondents, they generate standardized and validated measures of patient experience that providers, consumers, and others can rely on.

A positive patient experience is an important goal in its own right. Moreover, substantial evidence points to a positive association between various aspects of patient experience, such as good communication between providers and patients, and several important health care processes and outcomes. These processes and outcomes include patient adherence to medical advice, better clinical outcomes, improved patient safety practices, and lower utilization of unnecessary health care services.

Some studies show no association between patient experience and clinical processes and outcomes, but this is not surprising. Many factors other than patient experience can influence processes and outcomes. This is part of the reason why combining patient experience measures with other measures of quality is critical to creating an overall picture of performance.³

The increased international focus on improving patient outcomes, safety and quality of care has led stakeholders, policy makers and health care provider organizations adopt standardized processes for measuring health care systems.⁴

Ambulance services throughout the world measure their performance through the utilization of performance indicators such as satisfaction. This performance indicator is important as positive satisfaction levels have been linked with the likelihood of patients seeking help from the health practitioner or service. At some other level, satisfaction surveys are a means of giving consumer demands and preferences a role in influencing health care delivery. Despite concerns about subjectivity and utility, the use of satisfaction as a key performance indicator for ambulance services is well accepted throughout the Earth. It has been limited as being when the prospects of patients and families are satisfied by the services offered. It can likewise be used interchangeably with the dimension of acceptability. This is met when the care or service provided meets the expectations of clients, community, providers and paying organizations.⁵ These expectations include the extent to which ambulance services are: accessible, in the face of financial, geographic, organizational and cultural barriers; clinically effective; appropriate to need; timely; in line with agreed standards; and delivered by appropriately trained and educated staff.⁶ The influence of expectations needs to be considered when undertaking studies of satisfaction with service delivery.⁷

The researchers have studied the impact of national healthcare accreditation of ambulance services satisfaction based on the following parameters or components: Patient

participation before and after accreditation (Shaikh, 2016)⁸, Group and Age distribution (Shaikh, 2016)⁹, Group and Gender Distribution (Shaikh, 2016)¹⁰, Group and geographical states of India Distribution (Shaikh, 2016)¹¹, Distribution of patients who speak Telugu and Non-Telugu and Group (Shaikh, 2016)¹², Distribution of number of hospital visits and Group (Shaikh, 2016)¹³, Type of visits and Group (Shaikh, 2016)¹⁴, Type of Payment and Group (Shaikh, 2016)¹⁵, Responses for time taken to connect with the ambulance service and between Groups (Shaikh, 2016)¹⁶, Responses for assistance received from ambulance service call centre staff and between the before and after accreditation groups (Shaikh, 2016)¹⁷, Responses for the time taken in the ambulance to reach home and between the before and after accreditation groups (Shaikh, 2016)¹⁸, Responses for the time taken in the ambulance to reach hospitals and between the before and after accreditation groups (Shaikh, 2016)¹⁹, Responses for the service provided by the ambulance medical team and between the before and after accreditation groups (Shaikh, 2016)²⁰, Responses for the service provided by the ambulance medical team in pain management and between the before and after accreditation groups (Shaikh, 2016)²¹, Responses on the ambulance medical teams' explanation on what is happening and between the before and after accreditation groups (Shaikh, 2016)²², Responses on the Keeness of the ambulance medical team to listen to the concerns and between the before and after accreditation groups (Shaikh, 2016)²³, Responses on the cleanliness of the vehicle and between the before and after accreditation groups (Shaikh, 2016)²⁴, Responses on the quality of the ride and between before and after accreditation groups (Shaikh, 2016)²⁵, Responses on the performance of the driver and between before and after accreditation groups (Shaikh, 2016)²⁶, Responses on the smoothness of transfer process and between before and after accreditation groups (Shaikh, 2016)²⁷, Responses to the overall experience with the ambulance service and between before and after accreditation groups (Shaikh, 2016)²⁸ and Overall satisfaction score by combining the responses: (Higher the score the better the satisfaction lowers the score poorer the satisfaction level with the ambulance service) (Shaikh, 2016)²⁹.

The researchers have proved earlier that there is a positive impact of health care accreditation on the health care services. The accreditation has a positive impact on the satisfaction of Physiotherapy Department Services (Shaikh, 2017)³⁰, Pharmacy Department Service (Shaikh, 2017)³¹, Dietary Department Services (Shaikh, 2017)³², Laboratory Department Services (Shaikh, 2017)³³, Emergency Department Services (Shaikh, 2017)³⁴, Out-Patient Department Services (Shaikh, 2018)³⁵, In-Patient Department Services (Shaikh, 2017)³⁶, Haemodialysis Department Services (Shaikh, 2017)³⁷, Radiology Department Services (Shaikh, 2017)³⁸, Ambulance Services (Shaikh, 2016)³⁹, and also has positive impact on the Occurrence Variance Reports (Shaikh, 2018)⁴⁰, completeness of personnel files in Human Resource Department (Shaikh, 2017)⁴¹. A comparative study of laboratory and blood bank performance by using the quality indicators revealed that the mean rating of the second half (after the accreditation) is better than the mean rating of the first half (before accreditation) (Shaikh, 2018)⁴².

3. Data Analysis

As indicated by the Multi-way ANOVA, accreditation (pre and post), $F(1, 561) = 473.44$, $p < .01$, Age group, $F(4, 561) =$

10.2, $p < .01$ and Payment type, $F(1, 561) = 22.39$, $p < .01$ variables that had significant impact on patient experience of ambulance services.

Table 1. Multi-way ANOVA

| Source | Type III Sum of Squares | df | Mean Square | F | Sig. |
|-----------------|-------------------------|-----|-------------|----------|------|
| Corrected Model | 176622.086 | 13 | 13586.314 | 244.625 | .000 |
| Intercept | 188481.857 | 1 | 188481.857 | 3393.664 | .000 |
| Accreditation | 26294.347 | 1 | 26294.347 | 473.436 | .000 |
| Age Group | 2265.956 | 4 | 566.489 | 10.200 | .000 |
| Gender | 72.749 | 1 | 72.749 | 1.310 | .253 |
| Province | 132.897 | 1 | 132.897 | 2.393 | .122 |
| Language | 102.704 | 1 | 102.704 | 1.849 | .174 |
| Visits | 2.599 | 1 | 2.599 | .047 | .829 |
| Type of Visits | 234.724 | 2 | 117.362 | 2.113 | .122 |
| Payment Type | 2486.463 | 2 | 1243.232 | 22.385 | .000 |
| Error | 31157.566 | 561 | 55.539 | | |
| Total | 2149627.000 | 575 | | | |
| Corrected Total | 207779.652 | 574 | | | |

Note. Interaction effects were not considered

Figure 1. Mean score of pre-accreditation and post-accreditation scores

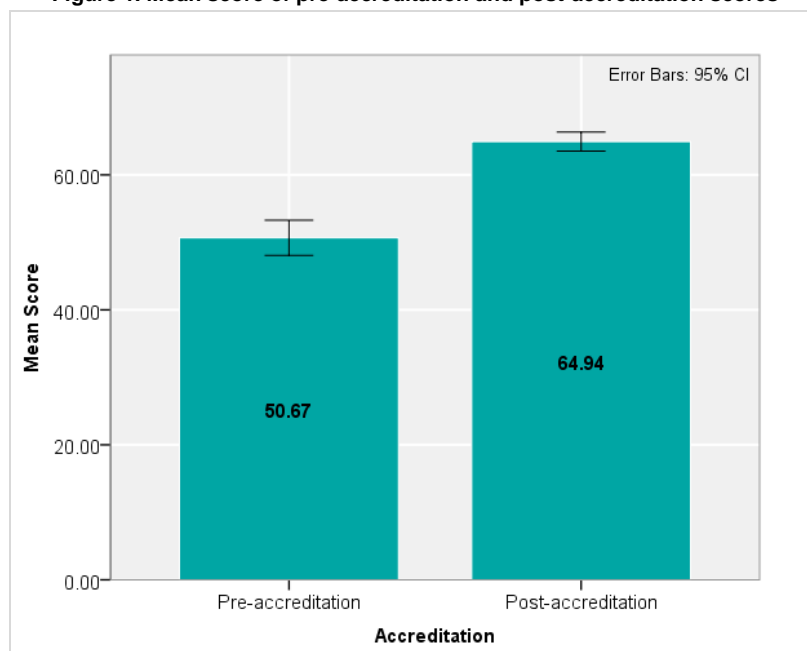


Figure 1 provides further evidence for the fact that there was a significant improvement of patient experience of ambulance services of post-accreditation ($M = 64.94$) compared to pre-accreditation ($M = 50.67$).

4. Conclusion

It is very evident from this research that there is a significant improvement of patient experience of ambulance services of post-accreditation ($M = 64.94$) compared to pre-accreditation ($M = 50.67$). Hence, the national accreditation NABH has a positive impact on the patients and families who have used the ambulance services.

Limitations of the Study

This study is limited to the Patients Experience of Ambulance Services of the study hospital and for a limited duration (before two months and after two months of accreditation) only.

Directions for Future Research

In future such research should be conducted to study the impact of national and international accreditations on the other services of the hospitals over a large period of time.

Sources of Funding for the Study

This research was self financed by the author himself.

Implications of the Findings

The accreditation has a positive impact on the satisfaction of Ambulance Services of the study hospital.

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accreditations, strategically located on a sprawling 5-acre campus in the heart of the city, having accessibility from all major landmarks and as well from all major public transport junctions, serving all classes of the population and international patients.

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