

# The Impact of Hospital Accreditation on the Patients' Experience of Emergency Department: A Case Study

Dr. Zuber Mujeeb Shaikh

Director, Corporate Quality Improvement, Dr. Sulaiman Al-Habib Medical Group, Riyadh-11643, Kingdom of Saudi Arabia

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## ARTICLE DETAILS

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### \*Corresponding Author

Email: drzuber5[at]yahoo.co.in

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## ABSTRACT

The excellence of hospital Emergency Department (ED) Service is the one of the most relevant items of health care quality perceived by patients and by their families. Patients experience is considered a way of measuring the quality of services provided. **Objectives:** To study the impact of National Accreditation Board for Hospitals & Healthcare Providers (NABH) Accreditation, India on the patients experience of Emergency Department services. **Methods:** It is a quantitative, descriptive and inferential research based case study in which sample of a population was studied by structured patients 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 of the hospital Emergency Department Services, which was affecting the study hospitals' business. **Hypothesis:** Null Hypothesis (Ho) and Alternative Hypothesis (H1) were used and tested to compare the before and after impact of accreditation by applying to each question in the questionnaire. **Study Design:** The closed ended questionnaire was developed considering the Emergency Department Services by incorporating the six dimensions of quality Safe, Timely, Effective, Efficient, Equitable, and Patient-centred (STEEP) and tested prior to implementing. Questionnaires were given to the patients' families for completion upon using the Emergency Department Services two months before and two months after the accreditation. The data were collected in order to cover all three shifts of the Emergency Department Services. **Study Population:** Simple random sampling method was selected; the researcher had involved all conscious patients (clinical conditions) from all age groups. **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:** The pre-accreditation scores ( $M = 93.86$ ) were improved significantly after the accreditation ( $M = 118.52$ ) which means patient experience of emergency department services has been improved after the accreditation. This indicates that the accreditation has a positive impact on the Patients Experience of Emergency Department Services in the study hospital.

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## 1. Introduction

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. 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-centred, timely, efficient and equitable health care services to all their patients, families and caretakers. 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.<sup>1</sup>

## 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.<sup>2</sup>

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.<sup>3</sup>

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.<sup>4</sup>

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.<sup>5</sup>

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*.<sup>6</sup>

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.<sup>7</sup>

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.<sup>8</sup>

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.<sup>9</sup>

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.<sup>10</sup>

The augmented global emphasis on refining 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. Patient experience has become a key criterion by which the quality of health care services is evaluated. The literature emphasizes that patients who are satisfied with the provision of health care tend to be more compliant to their treatment plan, maintain their follow up visits; and are more willing to

recommend the hospital to others.<sup>11</sup> The literature emphasizes that hospital accreditation and patient satisfaction are both considered important quality indicators of healthcare delivered.<sup>12</sup> The results of patient satisfaction surveys can be used to monitor the quality of health care provided,<sup>13</sup> to find out any shortages, to provide the necessary interventions, and as a valuable source of strategic planning of health services.<sup>14</sup>

The researchers have proved in recent studies 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)<sup>15</sup>, Pharmacy Department Service (Shaikh, 2017)<sup>16</sup>, Dietary Department Services (Shaikh, 2017)<sup>17</sup>, Laboratory Department Services (Shaikh, 2017)<sup>18</sup>, Emergency Department Services (Shaikh, 2017)<sup>19</sup>, Out-Patient Department Services (Shaikh, 2018)<sup>20</sup>, In-Patient Department Services (Shaikh, 2017)<sup>21</sup>, Haemodialysis Department Services (Shaikh, 2017)<sup>22</sup>, Radiology Department Services (Shaikh, 2017)<sup>23</sup>, Ambulance Services (Shaikh, 2016)<sup>24</sup>, and also has positive impact on the Occurrence Variance Reports (Shaikh, 2018)<sup>25</sup>, completeness of personnel files in Human Resource Department (Shaikh, 2017)<sup>26</sup>. 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)<sup>27</sup>.

The Impact of Hospital Accreditation on the Patients Satisfaction of Emergency Department Services (Shaikh, 2017) revealed that there is improvement in the participation of patients after accreditation<sup>28</sup>, (Shaikh, 2017) no significant difference in the responses with respect to the age distribution between before accreditation and after accreditation<sup>29</sup>, (Shaikh, 2017) no significant difference in the responses with respect to the distribution of geographical states between before accreditation and after accreditation,<sup>30</sup> (Shaikh, 2017) no significant difference in the responses with respect to the language distribution of the patients between before accreditation and after accreditation<sup>31</sup>, (Shaikh, 2017) no significant difference in the responses with respect to the visits between before accreditation and after accreditation<sup>32</sup>, (Shaikh, 2017) a significant difference in the responses with respect to the type of payment between before accreditation and after accreditation<sup>33</sup>, (Shaikh, 2017) a significant difference in the responses of satisfaction with respect to waiting time between before and after accreditation<sup>34</sup>, (Shaikh, 2017) a significant difference in the responses for level of involvement in decisions about a patient's care between before and after accreditation,<sup>35</sup> (Shaikh, 2017) a significant difference in the responses to the management of the patient's pain between before and after accreditation,<sup>36</sup> (Shaikh, 2017) a significant difference in the responses to the level of satisfaction with the way the health care provider explained treatment between before and after accreditation,<sup>37</sup> (Shaikh, 2017) a significant difference in the responses on the satisfaction with respect to privacy given to the patient between before and after accreditation<sup>38</sup>, (Shaikh, 2017) a significant difference in the responses on the cleanliness and safety about the environment between before and after accreditation<sup>39</sup>, (Shaikh, 2017) a significant difference in the responses on the

confidentiality of patient’s personal information between before and after accreditation<sup>40</sup>, (Shaikh, 2017) a significant difference in the responses to the treatment provided to the patient between before and after accreditation, <sup>41</sup> (Shaikh, 2017) a significant difference in the responses on the staff, helpfulness and compassion between before and after accreditation<sup>42</sup> (Shaikh, 2017) a significant difference in the responses on the flow of patient within the department between before and after accreditation, <sup>43</sup> (Shaikh, 2017) a significant difference in the responses to the overall performance of the physicians between before and after accreditation, <sup>44</sup> (Shaikh, 2017) a significant difference in the responses to the overall performance of the nurses between before and after accreditation, <sup>45</sup> (Shaikh, 2017) a significant difference in the responses to the overall experience with the ER department between before and after accreditation, <sup>46</sup> (Shaikh, 2017) a significant difference in the overall responses between before and after accreditation.<sup>47</sup>

The researchers have also compared the healthcare accreditation standards and revealed that there are variations among the compared standards despite of being accredited by

the International Society for Quality in Health Care (ISQua). (Shaikh, 2017) The critical analysis of Patient and Family Rights (PFR) standards,<sup>48</sup> (Shaikh, Al-Towyan & Khan, 2016) Patient and Family Education (PFE) standards<sup>49</sup> and (Shaikh, Al-Towyan & Khan, 2016) International Patient Safety Goals (IPSG) standards<sup>50</sup> in the Joint Commission International (JCI) Accreditation and Central Board for Accreditation of Healthcare Institutions (CBAHI) standards for hospitals clearly show that the PFR and PFE standards are very comprehensive than the JCI Accreditation standards whereas the IPSG standards in JCI Accreditation are much comprehensive than CBAHI Standards. The critical analysis of Staff Qualifications and Education (SQE) standards in JCI Accreditation and Medical Staff (MS) & Staffing Management (SM) standards in Det Norske Veritas (DNV) Accreditation for hospitals clearly shows that the SQE Standards in JCI Accreditation (Shaikh, Al-Towyan & Khan, 2016) are very comprehensive than the DNV’s National Integrated Accreditation for Healthcare Organizations (NIAHO) Accreditation.<sup>51</sup>

### 3. Data Analysis

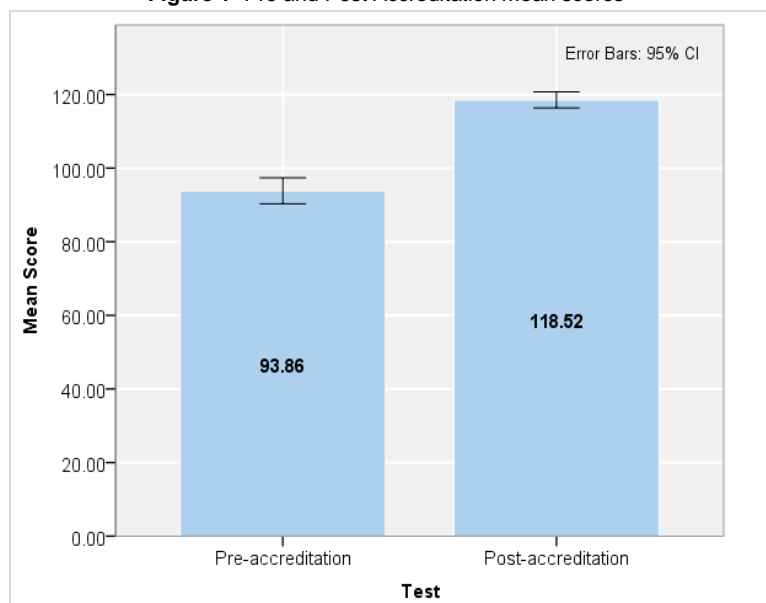
**Table 1 -Multi-way ANOVA**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	567840.326 <sup>a</sup>	11	51621.848	381.550	.000
Intercept	1128461.573	1	1128461.573	8340.733	.000
Accreditation	80320.126	1	80320.126	593.666	.000
Age Group	13173.906	4	3293.477	24.343	.000
Gender	11699.310	1	11699.310	86.472	.000
Province	469.342	1	469.342	3.469	.063
Language	59.994	1	59.994	.443	.506
Visits	3310.070	1	3310.070	24.466	.000
Payment Type	29580.668	2	14790.334	109.319	.000
Error	95112.560	703	135.295		
Total	8764889.000	715			
Corrected Total	662952.887	714			

As indicated by the Multi-way ANOVA, accreditation (pre and post),  $F(1, 703) = 593.67, p < .01$ , Age group,  $F(4, 703) = 24.34, p < .01$ , gender,  $F(1, 703) = 86.47, p < .0$ , visits,  $F(1,$

$703) = 24.47, p < .01$  and payment type,  $F(2,703) = 109.32, p < .01$  variables had a significant impact on patient experience of emergency department services.

**Figure 1- Pre and Post Accreditation mean scores**



As in figure 1, pre-accreditation scores ( $M = 93.86$ ) were improved significantly after the accreditation ( $M = 118.52$ ),

which means patients experience of emergency department services has been improved after the accreditation.

**Figure 2-** Age and the mean score

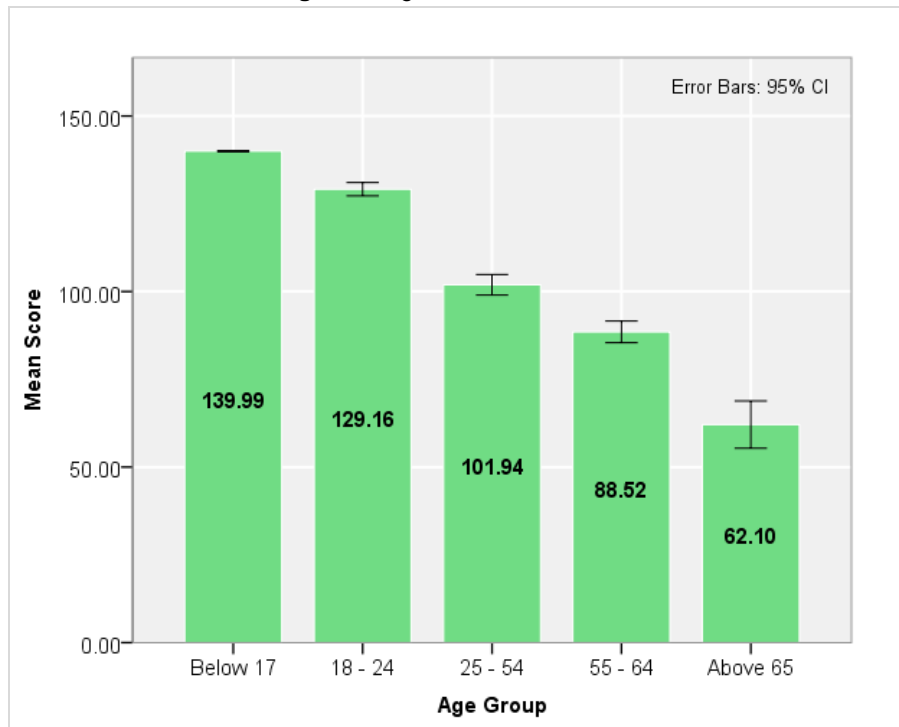


Figure -2 depicts that the increase of age has resulted in lower experience about the dietary services where each

following age groups after the 'below 17' age group, reported a decreasing trend.

**Figure 3-** Gender and the mean score

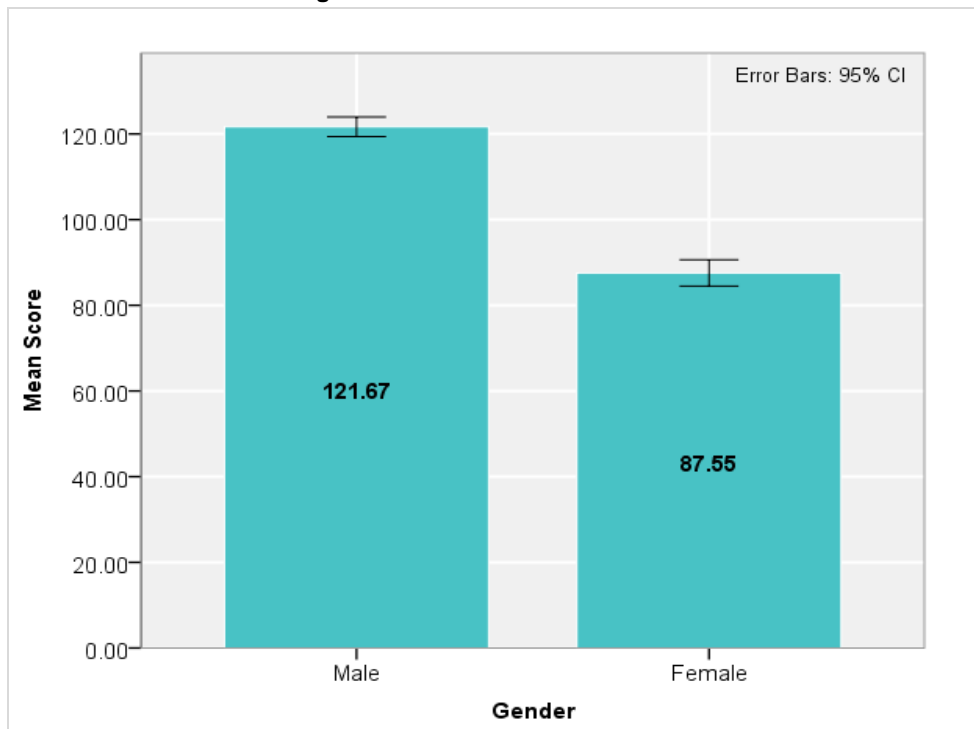


Figure-3 depicts that the Males ( $M = 121.67$ ) had a better experience of emergency department services compared to females ( $M = 87.55$ ).

Figure 4- Visits and the mean score

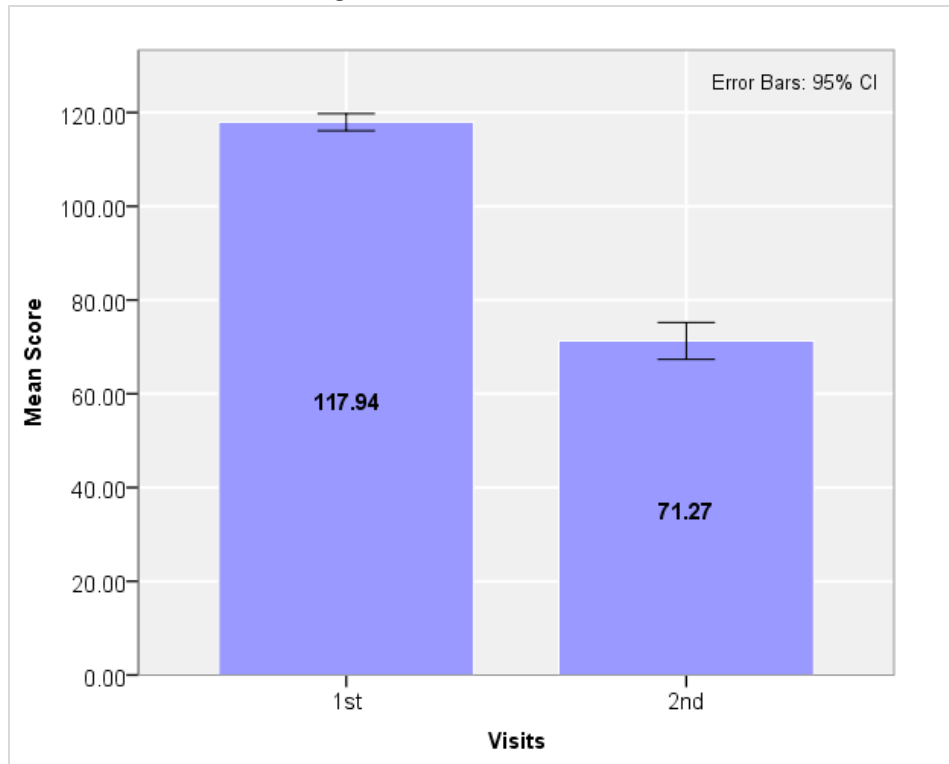


Figure-4 depicts that the patients who visited for the 1<sup>st</sup> department services compared to patients who visited for the 2<sup>nd</sup> time ( $M = 71.27$ ). The patients who visited for the 1<sup>st</sup> time ( $M = 117.74$ ) had a better experience with the emergency

Figure 5-Payment type and the mean score

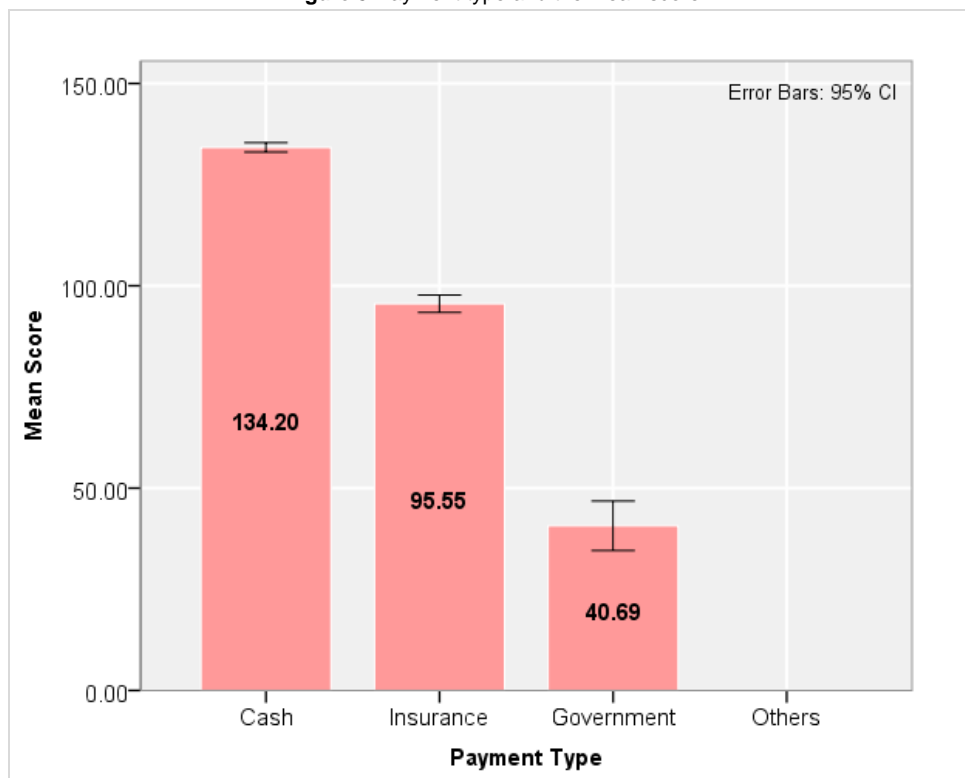


Figure-5 depicts that as saw in patients' experience of emergency department services, experience with payment type was higher among patient who used the payment method cash ( $M = 134.2$ ) compared to insurance ( $M = 95.55$ ) and government ( $M = 40.69$ ) payment methods.

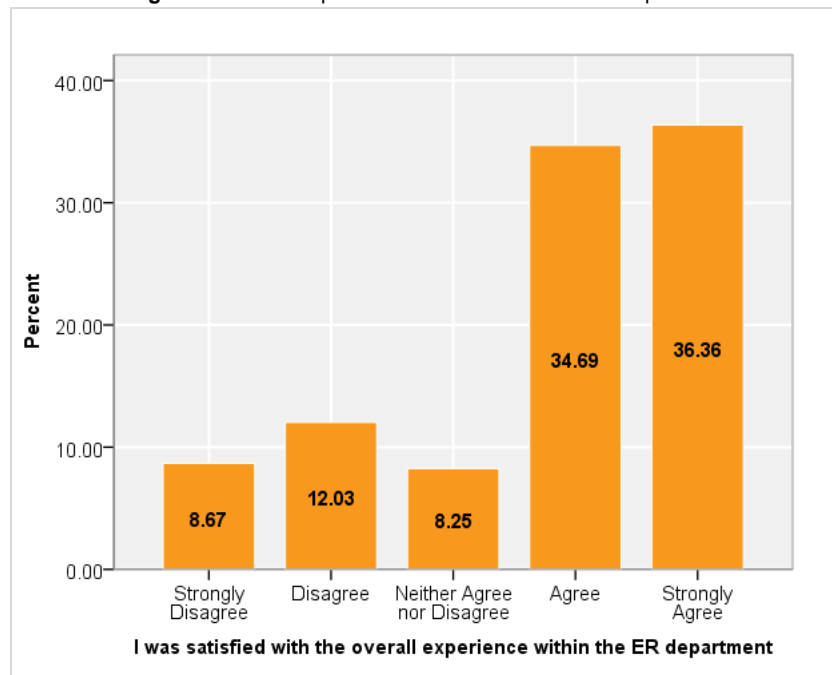
**Figure 6-** Overall experience with the service of ER department

Figure-6 depicts that more than 70% of the respondents were agreed (34.69%) or strongly agreed (36.36%) with the fact that they were satisfied with the service of the ER department. However, a considerable percentage (20.7%) was not satisfied with the service of ER department, which is why 8.67% and 12.03% of the respondents respectively strongly disagreed and disagreed with the fact that they were satisfied with the services of the ER department.

#### 4. Conclusion

The pre-accreditation scores ( $M = 93.86$ ) were improved significantly after the accreditation ( $M = 118.52$ ) which means patient experience of emergency department services has been improved after the accreditation. This indicates that the accreditation has a positive impact on the Patients Experience of Emergency Department Services of the study hospital.

#### 5. Limitations of the study

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

#### 6. 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.

#### 7. Sources of funding for the study

This research was self financed by the author himself.

#### 8. Implications of the findings

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