

Impact of Hospital Accreditation on Patient Safety in Multispecialty Hospitals in Mumbai Region

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I. Introduction

Medicinal services have ended up being one of India's greatest sections - both with respect to pay and work. Social insurance administrations incorporate specialist's offices, helpful contraptions, clinical trials, outsourcing, telemedicine, remedial tourism, therapeutic scope and remedial equipment. The Indian Healthcare fragment is creating at a vivacious pace as a result of its strengthening extension, benefits and extending utilization by open additionally private players. Indian human administrations movement system is orchestrated into two critical parts - open and private. The Government, i.e. open social insurance administrations structure contains obliged essential and tertiary care establishments in scratch urban zones and focuses on giving basic human administrations workplaces as Primary medicinal services administrations centers (PHCs) in natural regions. The private territory gives a bigger piece of discretionary, tertiary and quaternary care foundations with a significant concentration in metros, level I and level II urban groups. India's high ground lies in its tremendous pool of all around arranged helpful specialists. India is furthermore brought centered appeared differently in relation to its partners in Asia and Western countries. The cost of surgery in India is around one-tenth of that in the US or Western Europe.

1.1 Accreditation

The term accreditation implies the deliberate appraisal of clinics against acknowledged gauges. For the most part, accreditation has produced for clinics; yet with time, it was considered by essential care's organizations, research centers administrations, and other human services divisions. The procedure of accreditation begins in the United States. The American College of Surgeons set up a program of gauges to characterize reasonable doctor's facilities for surgical preparing in 1917. This was created later into a multidisciplinary program of institutionalization, and in 1951 prompted the arrangement of the free Joint Commission on Hospital accreditation, and now into the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), from which all consequent national projects has been straightforwardly or in a roundabout way determined (WHO,003). The Accreditation programs have been expanding and spreading all over the world from created to creating nations from the previous three decades, and today there are a few accreditation programs for medicinal services associations. NABH is an acronym for National Accreditation Board for Hospitals and Healthcare Providers is a constituent leading body of Quality Council of India Certification, set up to set up and work accreditation program for social insurance associations.

1.2 Review of Literature

Kreig et al. 1996 said that a vast lion's share of respondents concurred that the accreditation program had been of huge advantage to their association. The advantages secured enhancing correspondence, sense of duty regarding best practice, data accessible for assessment exercises and quality care exercises, enhanced structure for quality, more prominent concentrate on shoppers, supporting arranged change, and, staff administration and improvement Hurst 1997 said that the Community clinic supervisors were focused on TSHAS. Staffs were additionally quick to see the program keep on evolving. The larger part of supervisors was content with the accreditation program. They felt that the accreditation program avow nature of administrations, spread great practices and include staffs at all levels. Brasure, et al. 2000 said that More than 70 percent of respondents did not surmise that the apparent advantages from accreditation worth its cost. More than 70 percent of respondents did not feel that the apparent advantages from accreditation worth the requests on staff time. About 80 percent of the respondents recorded cost as a motivation behind why they didn't partake. Burling et al. 2007 Stated Forty-seven (87%) of radiologists favored accreditation for Virtual Colonoscopy. Thirty-eight (70%) favored accreditation past interior review for Virtual Colonoscopy. Generally speaking, 42 (78%)

considered particular accreditation for revealing screening examinations fitting and 45 (83%) respondents favored a national radiological association to control such a plan Casey et al. 2000 expressed that the most elevated evaluated factor was demands from private managers, which got a rating of vital or vital from 17 HMOs (81%). The second-most noteworthy appraised factor was rivalry from different HMOs (71%). A few HMOs depicted accreditation as an organized methods for enhancing their nature of care. The lion's share of candidate HMOs intends to reapply for accreditation, and a large portion of the unaccredited HMOs likewise plan to apply for NCQA or another kind of accreditation later on Devers, et al. 2004 said that Quasi-administrative association (the Joint Commission on Accreditation of Healthcare Organizations) has been the essential driver of doctor's facilities' patient-security activities. The most as often as possible specified activities are intended to meet the JCAHO prerequisites. Respondents expressly noticed that they were attempting to meet JCAHO models or the significant activities they recorded mapped unmistakably back to JCAHO's approaches and necessities. They can be gathered into three related JCAHO regions: (1) growing better procedures for announcing, dissecting, and forestalling sentinel occasions (this incorporates reacting to sentinel occasion cautions, especially those concerning quiet falls and utilization of patient restrictions); (2) meeting understanding wellbeing measures, including expanding doctor's facility authority's information of, and responsibility for, persistent security and making a no correctional culture; and (3) meeting all or particular JCAHO tolerant wellbeing objectives, especially enhancing correspondence and the exactness of patient recognizable proof. The most as often as possible said persistent wellbeing action was enhancing solution security, which is identified with six of the eleven patients EL-Jardali 2008 t clarified that Nurses apparent a change in quality amid and after the accreditation procedure. Indicators of better Quality Results were Leadership, Commitment and Support, Use of Data, Quality Management, Staff Involvement and doctor's facility estimate. Fairbrother G et al. 2000 said that Significant levels of negative criticism got; chief concerns identified with discernment that the procedure is clumsy and it offers little an incentive for quiet watch over the assets required.

Gough 2000 clarified that Most research facilities felt that accreditation by CPA had brought about better lab execution with more documentation and better security and preparing systems. CPA accreditation was accepted to give valuable data by around 50 for every penny of research facilities but at the same time was felt by a critical extent of labs to be over-bureaucratic, wasteful and costly (46 of 93 respondents)..

Nandraj et al. 2001 said that there was an overwhelming agreement on the need for accreditation. They felt that accreditation should cover governmental hospitals, and hospitals should be graded in an accreditation scale. There was a high level of support for the classical features of accreditation including: voluntary participation, a standards based approach to assess hospital performance, periodic external assessment by health professionals, and the introduction of quality assurance measures to assist hospitals in meeting these standards. Hospital owners, professional bodies and government officials all saw potential - though different - advantages in accreditation: for owners and professionals it could give them a competitive edge in a crowded market, while government officials viewed accreditation as a mean to increase their influence over an unregulated private market. Areas of disagreement emerged; for example, hospital owners were opposed to government or third party payment bodies having a dominant role in running an accreditation system. **Grenade 2002** said that the accreditation system was supported by service providers. Important limitations were identified including excessive demands on staff, lack of consistency among staff, and the cost to health care facilities.

Gap Analysis

There is no particular Study available in the Multispecialty segment in India where Role of Accreditation has been Study. So this study would be bringing greater insight to open new areas of research.

II. Research Methodology:

The objective of this study has been identified as follows:-

- 1) To study the role of staff's attitude on Hospital Accreditation on Patient Safety in Multispecialty Hospital.
- 2) To examine the factors causing Multispecialty Hospitals to improve their performance to achieve higher patient Safety.

Hypothesis Formulation:

H00: There is no significant association in Staff's attitude on Hospital Accreditation and patient Safety.

H11: There is a significant association in staff's attitude on Hospital Accreditation and Patient safety.

H02: There are no significant factors to improve performance on Patient Safety.

H22: There are significant factors to improve performance on patient safety.

Research Design: Across sectional descriptive study was conducted at the Sion Hospital in Mumbai Region, Government Hospital in Mumbai to determine nursing perception about the impact of accreditation on patient's safety.

Population and sampling: The study population considered all nursing staff at Sion hospital who started working in the hospital before it was accredited and continued to work during and after accreditation at the Sion Hospital, the sampling frame include all nurses in various departments and units of the hospital. After define the population, and establishing the sampling frame; simple random sampling was conducted.

Sample size of 100 had received the self-administered questionnaire.

Data Collection Procedure: The researchers collaborated with nursing office in the Sion Hospital to distribute 120 self-administered questionnaires on and received completely filled with response rate of 76 percent, after researchers exclude 24 questionnaires for incompleteness. The Respondents' Rights and Research Ethics had been respected and considered during all study phases.

Research Instrument: The research instrument was self-administered questionnaires designed in manner to determine nursing perception on the impact of accreditation on patient safety related to safety Measures. Structured Questionnaire used in this study consisted of three parts; the first part covered demographic data of participated nursing staff; the second part composed of three dimensions about impact of hospital accreditation on patient's safety on selected dimension consist of four items, that was drawn from literature review; and the third part included open question to give respondents the chance to describe any other issues related to the study. Five points (5= strongly agree, 4= Agree, 3=Neutral, 2=Disagree, 1=Strongly Disagree) rating Likert scale was used for measure nurses perception toward impact of hospital accreditation on patient's safety. Questionnaire validity was validated through Cronbach's Alpha Method.

III. Results And Discussion

The results obtained after data analysis obtained is discussed below:

Data analysis of 100 samples has been tabulated and mean, median and Mode has been calculated.

		Age	Gender	Qualifica tion	Working in hospital Experience	Experie nce	Position s
N	Valid	100	100	100	100	100	100
	Missin g	0	0	0	0	0	0
Mean		2.49	1.23	2.61	3.320	2.87	2.59
Median		2.00	1.00	3.00	3.000	3.00	2.00
Mode		2	1	4	3.0	3	2
Std. Deviation		.772	.423	1.171	.6176	.720	.877

Table 3 Interpretation: Out of 100 samples the highest frequency was obtained for female gender that was 77 %.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	77	77.0	77.0	77.0
	Male	23	23.0	23.0	100.0
	Total	100	100.0	100.0	

Table-4 Interpretation: The highest qualification was obtained at master degree at 32%. followed by Diploma holders at 24%. Qualification

		Frequency	Per cent	Valid Percent	Cumulative Percent
Valid	Diploma degree 2 years	24	24.0	24.0	24.0
	Diploma degree 3 years	23	23.0	23.0	47.0
	Bachelor Degree	21	21.0	21.0	68.0
	Master Degree	32	32.0	32.0	100.0
	Total	100	100. 0	100.0	

Table-5 Interpretation: The highest frequency was obtained at 10-15 years at 55%, Followed by more than 15 years at 39%. Working in Hospital Experience

		Frequ ency	Percent	Valid Percent	Cumulative Percent
Vali d	0-5 years	1	1.0	1.0	1.0
	5-10 years	5	5.0	5.0	6.0

10-15 years	55	55.0	55.0	61.0
More than 15 years	39	39.0	39.0	100.0
Total	100	100.0	100.0	

Hypothesis

H00: There is no significant association in Staff’s attitude on Hospital Accreditation and patient Safety.

H11: There is a significant association in staff’s attitude on Hospital Accreditation and Patient safety.

Interpretation: The chi-square test applied to understand the role of staff’s attitude on Hospital accreditation and patient safety. And the calculated value is less than tabulated value at p (.05) value. Hence Null Hypothesis got rejected and established this fact that there is a significant association in staff’s attitude on Hospital Accreditation

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.796 ^a	12	.253
Likelihood Ratio	15.128	12	.234
Linear-by-Linear Association	.293	1	.588
N of Valid Cases	100		

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.461 ^a	4	.076
Likelihood Ratio	13.279	4	.010
Linear-by-Linear Association	6.723	1	.010
N of Valid Cases	100		

a. 4 cells (40.0%) have expected count less than 5. The minimum expected count is 1.38.

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	86.560 ^a	12	.000
Likelihood Ratio	86.757	12	.000
Linear-by-Linear Association	6.844	1	.009
N of Valid Cases	100		

a. 12 cells (60.0%) have expected count less than 5. The minimum expected count is 1.26.

Hypothesis-2 H02: There are no significant factors to improve performance on Patient Safety.

	Component				
	1	2	3	4	5
Accreditation has impact on policy guidelines and positive follow up	-.414	.476	-.173	.210	.574
Accreditation has impact on process of patients admission	-.290	.217	-.553	-.113	.604
Accreditation improves hospital's information integration process	-.515	.191	.685	-.024	.386
Accreditation improves Information flow across system	.285	-.796	-.329	-.243	.156
Accreditation implements DRUG Administration	.771	-.271	-.312	.010	-.042
accreditations has overall impact of medical process error	.770	-.238	.323	-.310	.363
Accreditation has impact on staff deployment at key position	.743	.205	.004	.617	.110
Accreditation has impact on safety measures	.423	.814	.122	-.285	-.142
Accreditation has impact on infection control systems	-.282	-.598	.537	.333	.011
Accreditation has impacted hospital safety environment	.770	-.238	.323	-.310	.363
Accreditation has improved incident reporting process	.743	.205	.004	.617	.110
Accreditation has helped in awareness of safety measures	.423	.814	.122	-.285	-.142

Interpretation: There are five component identified while applying factor reduction techniques and PCA technique has extracted five important components.

Component	Extraction Sums of Squared Loadings	Rotation Sums of Squared Loadings		
	Cumulative %	Total	% of Variance	Cumulative %
1	32.699	2.693	22.445	22.445
2	56.835	2.405	20.043	42.487
3	69.656	2.176	18.132	60.619
4	80.844	2.056	17.133	77.752
5	90.818	1.568	13.066	90.818
6				
7				
8				
9				
10				
11				
12				

Extraction Method: Principal Component Analysis.

Component	1	2	3	4	5
Awareness	.311	.602	.549	-.433	-.227
Drug Control	.844	-.303	.194	.285	.277
Information	.020	.315	.033	.779	-.541
Staff Deployment	-.382	-.439	.801	.139	-.020
Incident reporting	-.211	.503	.138	.324	.761

IV. Conclusion

The above results clearly stated that the Hospital Accreditation has played an important role in controlling the safety measurement like, Safety Awareness, Staff deployment, Drug safety and control & Incident reporting. The results shows that Hospital Accreditation plays an important role in measuring safety for patient's safety.

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