Understanding improvement step by step with Accreditation Pathways:







Goes De Souza C.H.1*, Alexandra Neto1

CHKS, London, UK; ULSNE; Accreditation Pathways Institute, Portugal













Objectives

Due to the complexity of healthcare systems, it can be difficult to demonstrate how to use accreditation standards as a continuous improvement and educational tool. Accreditation pathways (AP) were designed to demonstrate how this can be achieved by proposing a theoretical framework for procedures, helping hospitals' prepare for, and achieve better patient care. Accreditation pathways (AP) transcend traditional approaches of working with standards towards accreditation, certification and regulation. This study may advance our knowledge of the use of these innovative tools by organisations during preparations for external assessment.

Methods

This study resulted from an educational pathways program implemented by hospitals in Brazil and Portugal throughout 2016 and 2017 during their preparation period for external evaluations. Pathways have been drawn up on risk management, infection control, the safety of the care environment, medicines safe management and safety of surgical processes. These were used to drive internal culture improvement. The focus is open-ended questions exploring: what is the greatest benefit of the accreditation preparation process for organisations and how to achieve the standards' requirements.

The qualitative results are to be analysed by a workgroup in Portugal. The project consists of multiple phases: engagement of stakeholders; selection of accreditation pathways; pilot phase and implementation. The pilot phase aims to assess the feasibility, reliability, and validity of the selected accreditation pathways and refine them to better fit the context of accreditation process educational goals and to evaluate their applicability.

The study is realised in a mixed methods approach:

- 1) Comprehensive literature review.
- 2) Synthesis of previous accreditation processes conducted by hospitals involved in the project.
- 3) Qualitative interviews with staff and managers of service providers.
- 4) Expert interviews and workshops for result's validation and the analysis and integration of theoretical and empirical knowledge.

Results

The project is currently in its pilot phase, with ongoing data collection. Preliminary data shows a significant reduction of incertitude in hospitals' staff and an increase of staff participation based on their better knowledge of the process. Qualitative and quantitative analysis are being conducted at the end of each pilot. Used as methodological guide, the Accreditation pathways (AP) result in substantial personnel engagement. Once they understand the set accreditation standards and criteria for achieving them during the preparation period preceding external evaluations, staff are displaying more confidence in using them and they are also more open to change.

Conclusion

As the project is still ongoing, the conclusions that can be drawn at this time are limited. However, it is evident that using educational "pathways" during the period of preparation can facilitate standards comprehension and knowledge on "how to do" procedures. This process can be useful for accreditation bodies to help encourage organisations to participate in their accreditation programs. It can also be used by organisations themselves to clarify and improve communication with staff about accreditation benefits. The healthcare institutions' education for accreditation, certification or regulation processes is the key challenge for the achievement of quality and safe care. Using this step by step pedagogical and rational approach to achieving standards is an opportunity to reduce costs for improvements and to take healthcare organisations to a higher reliability based on common and clear care improvement plans.

References:

- Goes de Souza, C.H. and cols. (2016) Accreditation Pathways Institute Toolkit, API publications, Lisbon, Portugal;
- Scally G, Donaldson LJ. Clinical governance and the drive for quality improvement in the new NHS in England. BMJ 1998; 317(7150):61-65;
- Coward R. Educational governance in the NHS: a literature review. Int J Health Care Qual Assur 2010; 23(8):708-717.
- Kelly BD. Changing governance, governing change: medical regulation in Ireland. Ir J Med Sci 2010; 179(1):3-7.
- World Health Organisation (WHO). The principles of quality assurance.
- Brennan, N.M., Fynn, M.A., (2013) "Differentiating Clinical Governance, Clinical Management and Clinical Practice;
- Copenhagen: WHO; 1983. (Report on a WHO meeting)
- Department of Health (1998), A First Class Service: Quality in the New NHS. Department of Health, Leeds (1999), "Clinical governance in the new NHS", Health Service Circular 1999/065;
- Flynn, R. (2002), "Clinical governance and governmentality". Health Risk and Society, Vol.4 No. 2, pp. 155-173;
- Mueller, F., Sillince, J. Harvey, C., and Howorth, C. (2003), "A rounded picture is what we need: rhetorical strategies, arguments and the negotiation of change in a UK hospital trust". Organization Studies Vol. 25 No. 1, 75-93;
- Rycroft-Malone, J, Fontenla, M., Bick, D., & Seers, K. (2007). Protocol Based Care Evaluation. Final Report for the National Institute for Health Research Service Delivery and Organisation Programme. London: Queen's Printer and Controller of HMSO.

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