

Accreditation Before, During, and After COVID: Benefits of CQI-Based Accreditation Programs in Preparing for and Managing Threats

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ABSTRACT

Nationally and/or internationally accredited hospitals, in general, had standards in place to address the challenges presented by COVID-19 including infection control and prevention, clinical outcomes, quality of care, patient safety, risk management, and patient satisfaction. The pandemic presents healthcare providers with enormous challenges, some of which were or could have been ameliorated by accreditation standards. Responding to the pandemic and extracting lessons learned will impact the delivery of healthcare services in the future. Healthcare systems and providers have six distinct opportunities to shape a better future: faster learning, the value of standards, protecting the workforce, virtual care, preparedness for threats, and addressing inequity. Accreditation organizations will continue to contribute to improving quality of care during and post-pandemic by providing standards to improve access to and the delivery of healthcare services in the future.

KEYWORDS

Accreditation, COVID-19, CQI, Emergency Planning, Healthcare, Hospitals, Infection Control, Infection Prevention, Occupational Safety, Patient Safety, Quality, Risk Management, Standards, Telemedicine

INTRODUCTION

COVID-19 has taught healthcare providers many lessons in a short period of time including the importance of universally accepted protocols that, if in place and systematically implemented, can and should have improved the response to COVID-19 as well as prepare providers for the next healthcare emergency. Accreditation, built on a foundation of systems and protocols, is designed to fast-track hospitals' Continuous Quality Improvement (CQI) systems to build, stronger, more resilient, and better prepared healthcare services. The global healthcare community can look to accreditation organizations to identify existing universally accepted best practices to encourage the widespread adoption to benefit the delivery of healthcare services in good times and bad (COA 2021).

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BACKGROUND

In general, accreditation “offers clients an independent third-party review of an organization’s systems and processes to verify that those systems and processes deliver a quality of clinical care at levels consistent with best practices” (Ziemba, E. 2019).

Accreditation programs have been created by local, regional, and national governmental entities as well as non-profit and for-profit private sector national and international organizations. These programs are based upon “standards” which define how the highest quality of health delivery of services can and should be provided. Standards typically are based upon national and/or international best practices, research from credible organizations, and practical experience of individuals who are experts in various disciplines.

Healthcare accreditation programs for hospitals, clinics, and other service providers may voluntarily be accredited by the International External Evaluation Association (IEEA), an offshoot of the International Society for Quality in Healthcare (ISQua). IEEA is considered the “accreditor of accreditation programs” with its seal representing the highest of quality standards.

ISQua’s governing principles which, by extension, apply to IEEA, include a defined process for the preparation and measurement of standards; the organizational capacity to apply the standards; measures to ensure the safety of patients and employees; risk assessments are carried out; ensuring the continuity of care is through a patient/service user-oriented approach; regular monitoring of services provided; and evaluation and improvement of the systems and process. These basic principles are an excellent starting point for universal adoption to improve healthcare services globally.

The principles of IEEA accreditation closely mirrors the philosophy of CQI and other similar programs such as Lean Management, Kaizen, etc. (collectively referred to as “CQI”). The CQI process is very simply a four-part virtuous cycle of Plan – Do – Study – Act. It does require a strong leadership team committed to these principles to ensure that systems and protocols are built into the fabric of each organization. The standards themselves are guideposts to excellence based on the CQI model. Effective leadership maximizes the potential of standards combined with a robust CQI approach to create pathways to better and better systems and practices.

ACCREDITATION PRE-, DURING, AND POST-COVID-19

Accreditation Prior to COVID-19

Prior to the impact of COVID-19, healthcare systems around the world were delivering services with wide disparities of quality and access to care; however, global similarities exist in the failings of systems including clinical quality, patient safety especially preventable errors, outcomes measurement, and an inclusive, patient-centered experience. These shortcomings along with rising costs, lack of access especially among certain ethnic and socio-economic groups, and poor protections for healthcare staff set the stage for the pernicious severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and the disease it causes, coronavirus-19 (COVID-19), to wreak havoc around the world.

Research studies conducted prior to the COVID-19 pandemic confirm that hospital accreditation has a significant positive impact on infection control and prevention, reducing the spread of disease within hospitals. Similar studies demonstrate that accreditation has a positive impact on clinical outcomes of a wide spectrum of clinical conditions: quality of care, patient safety, patient outcomes, reduction in readmission rates, and patient satisfaction.

Pre-COVID, hospitals engaging in CQI – with or without accreditation – were focused on improving overall quality as well as specific areas of need and planning by setting goals, enacting systems and processes to achieve those goals, studying the effectiveness of those measures, and enacting further improvements. Providers that were accredited or were working towards accreditation typically had, as part of their care services, core elements with standards addressing: infection and prevention control; disaster management planning; risk management; occupational safety; and a set of

systems and protocols for quality monitoring. With these universally accepted systems and protocols in place, these providers were positioned to better manage the impact of COVID-19.

Accreditation and the Emergence of COVID-19

The global impact of the COVID-19 pandemic on the delivery of healthcare systems has been one of the most devastating in recent history. To date, it has had terrible consequences including staggering numbers of cases of infection and rates of mortality; physical overwork and mental exhaustion of healthcare workers, some of whom have sacrificed their lives to care for patients; failures in infection control; non-compliance with safe practices and protocols; shortage of ventilators, personal protective equipment (PPE) and other supplies; reassignment of personnel to unfamiliar clinical roles; overwhelmed laboratories; and isolation of patients from families and other support systems.

At this crossroads in history, positive changes are taking place in healthcare while other benefits may emerge as the responses to the pandemic continue to evolve. For example, telemedicine has come to the forefront to continue and expedite the delivery of services and foster communication between provider and patient as well as among providers to share valuable information about the disease. The speed of learning has increased along with the willingness to change routines and find better ways of providing care.

Infection control is front and center, placing new organizations, departments, and individuals in the spotlight. Organizations like the World Health Organization (WHO), the Centers for Disease Control (CDC), the Johns Hopkins Infectious Disease Control Department, and others have become household names. National, state, and local Ministries or Departments of Public Health are regular sources of valuable information. Who has not heard the name, Dr. Anthony Fauci? Experts in epidemiology and infection control are taking leadership positions in their organizations and communities, gaining trust and respect for their work.

With the emergence of COVID-19 and its challenges and opportunities, the stage is set for the foundations of the “new normal” in healthcare, including the possibility of expanding the adoption of universally accepted best practices offered by accreditation programs. The know-how is available.

The Role of Accreditation in the “New Normal”

Dr. Donald M. Berwick (2020), in his article, “Choices for the ‘New Normal’”, cites six opportunities to shape a better future for the delivery of healthcare services based on the lessons of COVID-19: faster learning; the value of standards; protecting the workforce; virtual care; preparedness for threats; and addressing inequity. These six points serve as the framework for matching accreditation capabilities with current and future needs.

Faster Learning

Accreditation organizations are staffed by multi-disciplinary teams comprised of experts in various fields including those most needed during the pandemic such as quality control; infection prevention and control; patient safety; risk management; disaster management; and occupational safety, among others. With existing teams in place with the knowledge and skills available to quickly research and create new standards, accreditation organizations were quick to develop, implement, continuously update, and monitor standards to address the challenges of managing COVID-19 cases.

With its strong public health system and comprehensive national accreditation program for hospitals, South Korea’s response to COVID-19 is impressive. Its first cases were reported on January 20, 2020, and, with its pandemic plan in place, immediately began to implement track and trace, isolation, and other measures to reduce the risk of transmission.

Across the globe, leading hospitals made clinical guidelines available early in 2020. Temos International Healthcare Accreditation launched its “COVID-19 Safe: Certificate of Compliance” program early in May 2020, with standards designed to reduce the risk of transmission. Temos continues to offer its COVID-19 standards free to healthcare providers anywhere in the world.

With the right teams in place, accreditation organizations can contribute to faster learning as subject matter experts help governments and healthcare providers respond quickly to the changing situations associated with the current pandemic.

The Value of Standards

Practitioners have resisted the acceptance of standards, arguing that it is in the best interest of the patients to deliver personalized care even though clinical data outcomes may point to the contrary. Because of this new disease, clinicians looked to experts for quick and reliable answers. Practitioners found that standardizing systems and protocols, especially concerning infection control and prevention, were literally saving lives.

Accreditation programs are built on standards that serve as a framework for the delivery of clinical and nonclinical services, eliminating unnecessary work for providers, unnecessary expenses, and avoiding medical errors and malpractice litigation stemming from the failure to adhere to best practices. Accreditation programs build value by offering standards that are quite effective at reducing harmful, wasteful, and unscientific variation in care, critical elements that made responding to the COVID-19 challenges faster and safer. These same benefits will carry benefits into future delivery of healthcare services.

Protecting the Workforce

COVID-19 has taken a terrible toll on healthcare workers around the world including infection and death, lack of access to PPE, exhaustion, inadequate physical safety, and emotional support. The medical profession has a history of looking askance at the need for mental help. There is a stigma associated with it that further compounds the problems of COVID-19 burnout. The impact of COVID-19 is reducing or eliminating that stigma.

Prior to the current pandemic, accreditation organizations offered comprehensive standards to protect the workforce including occupational health and safety, PPE, and other topics that contribute to a safe work environment. In response to the lessons being learned, accreditation organizations offer new and/or expanded standards pertaining to hospitals' psychological and behavioral support systems. Ensuring the mental well-being of healthcare workers has emerged from the pandemic as a high priority for healthcare providers.

Pre-COVID-19 research indicates that accredited hospitals report better employee health and safety performance than nonaccredited hospitals. Accreditation organizations either have or will add mental health standards for workers to their programs. Post-COVID-19 research will examine the differences in performance between accredited and non-accredited hospitals (Gold, 2021).

The world owes its healthcare workers a debt of gratitude for their hard work and dedication. More can be done now and to prepare for the future by integrating these and other accreditation standards into healthcare systems and processes to provide safer and healthier workplaces.

Virtual Care

The pandemic has driven a global increase in telemedicine, accelerating usage at a rapid pace. The availability of telehealth solutions has grown exponentially in the United States and globally, shifting towards virtual care. Globally, more and more hospitals are integrating telehealth and telemedicine into their care delivery systems.

National accreditation programs and international accreditation organizations introduced telehealth and telemedicine standards beginning in 2017. Lessons learned from COVID-19 will improve and expand those standards. More hospitals will certainly see the wisdom in adopting them.

Virtual care not only includes telehealth and telemedicine but also touchless technology. Infection control standards have expanded to include the adoption of touchless services to reduce the risk of transmission of many diseases especially those that thrive in hospital settings. Virtual, fast, safe, convenient, and touchless services include booking appointments online; patients being notified

when the provider is ready to see them; payment online, in advance, or with touchless, tap and go at the point of service. Hand sanitizers are pedal operated or touchless. Providers wear PPE appropriate to the services being delivered.

Accreditation standards addressing these issues in terms of infection control and prevention existed prior to COVID-19. The pandemic has led to expanded and new standards for these services that have been developed by accreditation organizations according to best practices. More can be done in the future as best practices emerge to guide the development of standards. The guidelines for change exist in accreditation programs, waiting for wider implementation.

Preparedness for Threats

Berwick (2020) asserts that the devastation being caused by the pandemic is exacerbated by the global failure to invest in the public health infrastructure. Those countries with strong public health systems including Australia, Malaysia, New Zealand, and South Korea managed the crisis quickly and efficiently. Countries with weak public health systems and/or that lacked preparedness contribute to the path of destruction COVID-19 is tracking around the world.

Accreditation organizations typically include standards that pertain to prevention and planning that were crucial to addressing the challenges of the pandemic. Infection prevention and control along with risk management and emergency plans are staples of accreditation programs. It is not sufficient to have these and other standards without the elements of CQI to Plan – Do – Study – Act.

Unfortunately, experience has shown that hospitals all too often have emergency plans that are not regularly reviewed and rehearsed, emphasizing the need for strong leadership. Accredited hospitals have documentation management systems that define how often and when documents are to be reviewed. The time frame for review depends on legal requirements, internal rules, and accreditation organizations' standards. Accreditation organizations require that such plans exist as well as the necessity to demonstrate and verify that the plans have been rehearsed on a regular basis.

Without leveraging the knowledge and expertise built into accreditation standards including those that pertain to emergency preparedness, healthcare providers are at risk of compromising safety and care promised to patients and staff.

Inequity

The COVID-19 death toll has taken a disproportionate share of lives of the poor, minorities, marginalized, incarcerated, and indigenous people in the United States and the world. Economic inequities cannot be solved by accreditation organizations, but they can play their part in helping to level the playing field (Kenyon et al., 2020).

By working collaboratively with healthcare providers, governmental organizations, educational institutions, and others, existing and new standards built on research and best practices can help to close the gap. Existing accreditation standards include outreach and educational opportunities; human resources policies supporting diversity; workforce training including personnel development plans; cultural competency standards; and data collection and measurement. More can be done by all interested parties to address this global issue and expand access to quality healthcare services for everyone.

CONCLUSION

Moving forward, it remains to be seen if the lives lost to COVID-19 will be honored by continuous improvements to the quality of healthcare provided. Lessons learned provide valuable guidance in the future. Research will be conducted to assess whether accredited hospitals performed better, the same, or worse than unaccredited providers in response to the pandemic. Leaders have been severely tested and now must plan for the future to strengthen providers and healthcare systems.

The global healthcare community has the opportunity to encourage wider adoption of universally accepted best healthcare practices. Well-established and tested systems and protocols exist. The methods for implementing those systems and protocols exist. The experience of accreditation organizations is available to be shared. All of the ingredients already exist for improved infection control, patient safety, and other measures to be enacted on a wider scale. The pandemic has shown us the urgency for addressing these weaknesses. If, when, and how change takes place remains to be seen.

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