

Perception of Accreditation on Human Resource Development and Management in Hospitals Accredited by CCHSA, JCI and NABH: A Comparative Study

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Abstract: Accreditation is being used as one of the tool by the hospitals in ensuring and enhancing quality of service as well as its professionals. Accreditation also ensures the development, growth and satisfaction of its employees thereby enabling retention and stability to the organization which is very much essential in the present era of intensive competitive market. Present study compares the implementation of human resource development and management standards in Hospitals accredited by three different agencies namely JCI, CCHSA and NABH. In other words, the study assesses the perception of quality of work life and human resource processes through the lens of its leaders and managers. The results are then analyzed using statistical techniques and it's observed that there is a significant difference in the implementation of standards in the hospitals considered.

Key words: Comparative study, accreditation, human resource development, human resource management, statistical analysis, India, Kuwait

INTRODUCTION

Accreditation is a process used to assess the quality of services to provide effective and efficient services to its customers. For obtaining health care accreditation, health service organizations have to undergo objective, peer-review evaluation of its processes against set of standards. Findings from the accreditation reviews provides an understanding of what is done well and what needs improvement thereby leading the organization on the part of long-term improvement (Nicklin *et al.*, 2004). Accreditation Canada International promotes accreditation around the world. Recognizing that one standard approach does not work for everyone. Accreditation Canada International customizes its accreditation program to meet the client's needs (Canada, 2006). Working collaboratively with clients, accreditation Canada provides continuous guidance without being prescriptive. Accreditation is not a pass or fail. Accreditation means helping organizations prepare for success. Accreditation Canada's accreditation program is adaptable, culturally sensitive and competitively priced. Implementation of the accreditation program and cycle is flexible depending on the client's level of readiness. Hospitals abroad who hope to attract international patients to their institutions often seek Joint Commission

International (JCI) accreditation and demonstrates to the international community that the hospital has voluntarily sought an independent review of its commitment to safety and quality and has met standards that contribute to good patient outcomes (Timmons, 2007). Using a JCI-accredited hospital is basically a risk-reduction activity because when hospitals improve patient care and safety, patients are more likely to have good outcomes.

JCI-accredited hospitals will also find other advantages such as every patient is spoken to in a language and manner they can understand and that patients are involved in their care decisions. Patient rights must be protected including confidentiality and privacy. When a patient prepares to leave the hospital and return home to his country, it's required that the hospital transfer information to the patient and provide recommendations for follow-up care at home. All of these steps make it less likely the medical traveller will have some type of error or problem with his/her care.

There was little or no information with regard to impact of quality of care since the implementation of hospital accreditation in Lebanon. With the support of the Syndicate of Hospitals in Lebanon and the Ministry of Public Health El-Jardali *et al.* (2008) conducted a study to assess the perception of nurses on the impact of hospital accreditation on quality of care. Cross sectional survey

design was selected where 54 hospitals that successfully passed the accreditation surveys were included. Results showed that hospital accreditation has proved to be a good tool to improve quality of care. The degree of CQI implementation was measured using the Malcom Bridge National Quality Award Criteria (MBNQAC) by Lee *et al.* (2002). Factors related to CQI implementation included cultural, technical, strategic and structural attributes of the individual hospitals. The average CQI implementation score across seven dimensions by MBNQAC was 3.34/5 with highest score for Customer Satisfaction 3.88 followed by Information Analysis 3.59 and Quality Management 3.35.

Analysis showed that hospitals using information systems for CQI and adopting systematic problem-solving approaches tended to achieve higher degrees of CQI implementation. Other factors were group/developmental culture, degree of employee empowerment and use of prospective strategy. As part of the on-site survey process, CCHSA (2006) surveyors (Leading Practices Survey) identified leading or exemplary practices which they find to be commendable examples of high quality leadership and service delivery.

These practices are seen as worthy of recognition as organizations strive for excellence in their specific field or commendable for what they contribute to health care as a whole. The leading practices relate to creative and innovative and were linked to CCHSA. Standards thereby able to demonstrate successful results and efficiency in practice adaptable by organizations.

The objective of the Health Care Professionals Evaluation (EMP, 2005) is to seek and select the most qualified and capable staff who would provide safe and effective Health Care Services in order to decrease patient suffering and increase patient satisfaction. This manual contains the standards and criteria for Health Care Professionals Evaluation including Physicians, Pharmacists, Nurses and Technologists. In developing such standards reference was made to other countries systems and experiences and the expertise of international academic institutions.

The classic text from Daniel (2004) takes an applied and computer oriented approach to most of the statistical problems. The book covers various disciplines like Biostatistics, Statistics, Mathematics, Nursing, Allied Health, Animal Husbandry and even Forestry.

Nearly all the examples and exercises take real data from actual research projects for health sciences literature. It covers descriptive statistics, probability distributions, sampling, hypothesis testing, parametric and non-parametric testing, analysis of variance, regression and correlation analysis.

MATERIALS AND METHODS

A survey was conducted in the three hospitals undergoing accreditation with CCHSA, JCI and NABH agencies, respectively. The intention of the survey instrument was to assess the rate of implementation of standards as well as to bring all the standards on the same rating under each category of the standard. The questionnaire was taken up by the HR Self Assessment Team as well as Managers and Leadership/Responsibility of Management Team.

The various categories in the survey included Client Needs Assessment, HR Planning, Staff Qualification and Competency, Orientation and Training of Employees, Staff Performance Evaluation, Professional Practice, Confidentiality and Access to Staff Information, Staff Development and Satisfaction, Indicators for Human Resource Development and Management and Quality Improvement Initiatives and Sustenance. The survey was rated on a scale of 1-4 with each category having at least 3-5 sub-categories.

The survey contained all aspects of Human Resource Development and Management adopted from the CCHSA, JCI and NABH Standards with CCHSA as the base.

CCHSA accredited hospital in Kuwait: This hospital is serving the community since 1974 having about 25 departments and has the distinction of being the first premier private medical facility built in Kuwait. It is a part of an internationally-recognized health care organization having a leading edge in patient care with technological excellence.

The hospital offers a full range of medical, dental, diagnostic and therapeutic services with State of the Art Operating Rooms, Critical Care Units, Cardiac Lab, Neonatal and Special Baby Care Units. It also achieved the distinction of being the only hospital in Kuwait establishing affiliation with Cleveland Hospital, United States, to provide co-operation in all the clinical and medical specialties. This hospital got accreditation from CCHSA in 2009.

JCI accredited hospital in Saudi Arabia: This hospital is considered to be the largest private healthcare company in the MENA region (Middle East and North Africa). The group is a multi functional healthcare company which is considered a healthcare developer and not just an operator. This group started in 1988 and has around 5 hospitals in Saudi Arabia and 3 hospitals internationally. It is a complete hospital of its kind that having 30 departments spanning from basic ENT to sophisticated

Oncology. Presently it is not only accredited by ISO (9001:2000) in year 2004 but also by JCI in year 2009.

NABH accredited hospital in India: It's a multispecialty medical centre in South of India offering all super specialities and have constantly evolved and its name now is associated with excellence in healthcare. This hospital also acclaims >150 private and public sector enterprises who rely for treatment of their employees. It has the distinction of becoming the first hospital in the state to be accredited by NABH as well as National Accreditation Board for Testing and Calibration Laboratories (NABL). It was to the credit of the employees of the hospital that it got the accreditation from NABH in its first attempt in 2009.

RESULTS AND DISCUSSION

The teams from each hospital collectively rated the standards based on the degree to which these are being implemented in the hospital as shown in Fig. 1. In other words, it's the perception of the leaders on the impact of hospital accreditation on the human resources processes and outcomes. It's observed that the values are in the highest for JCI accredited hospital may be because of Stringent Accreditation measures as well as being already accredited by ISO (9001:2000). Higher values are observed for professional practice and occupational health for NABH where as the remaining values are in moderated range.

Friedman non-parametric test: The Friedman test is a non-parametric statistical test. Similar to the parametric repeated measures ANOVA, it is used to detect differences in implementation degree of standards across multiple hospitals accredited by different accreditation agencies. The results of the survey and the statistical analysis of the data obtained is shown in Table 1 and following is the hypothesis:

Null hypothesis: The three agencies do not differ with respect to the implementation of standards.

Alternate hypothesis: The three agencies differ with respect to the implementation of standards.

The procedure involves ranking each row together then considering the values of ranks by columns as shown in Table 1. The t-statistics is given by the following equation:

$$\chi^2_{\text{calculated}} = 12 \times \sum \text{Rank}^2 / r \times c \times (c + 1) - 3 \times r \times (c + 1)$$

Where:

- r = Number of rows
- c = Number of columns
- $\sum \text{Rank}^2$ = Sum squares of the ranks for each column

Table 1 shows that $\chi^2_{\text{calculated}}$ is greater than the $\chi^2_{\text{tabulated}}$. Therefore, it can be concluded that the null hypothesis is rejected that there is significant difference in the degree of implementation for the three hospitals. In CCHSA, 25% of the values lie below 2.9 standards rating and 25% of the values lie above 3.3, in JCI, 25% of the values lie below 3 standards rating and 25% of the values

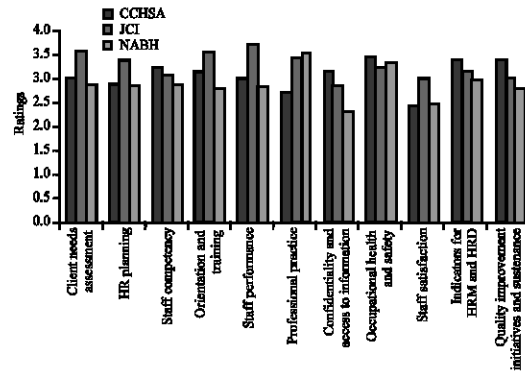


Fig. 1: Assessing compliance of the implementation of standards in hospitals

Table 1: Friedman results of HR standards implementation

Category	CCHSA (n = 28)	JCI (n = 21)	NABH (n = 17)	Rank 1	Rank 2	Rank 3	χ^2 test	Values
Client needs assessment	2.98	3.53	2.83	2	3	1	-	-
HR planning	2.88	3.38	2.83	2	3	1	Rows = r	11.000
Staff competency	3.23	3.03	2.83	3	2	1	Columns = c	3.000
Orientation and training	3.11	3.54	2.79	2	3	1	χ^2	-
Staff performance	2.97	3.73	2.83	2	3	1	$\sum \text{Rank}^2$	1526.000
Professional practice	2.70	3.40	3.53	1	2	3	$12 \times \sum \text{Rank}^2$	18312.000
Confidentiality and access to information	3.13	2.83	2.30	3	2	1	$r \times c \times (c + 1)$	132.000
Occupational health and safety	3.43	3.20	3.33	3	1	2	$12 \times \sum \text{rank}^2 / r \times c \times (c + 1)$	138.700
Staff satisfaction	2.43	3.00	2.48	1	3	2	$3 \times r \times (c + 1)$	132.000
Indicators for HRD and HRM	3.40	3.13	2.95	3	2	1	$\chi^2_{\text{calculated}}$	6.727
Quality improvement initiatives and sustenance	3.38	2.98	2.78	3	2	1	$\chi^2_{\text{tabulated}}$	5.99
Total				25	26	15		

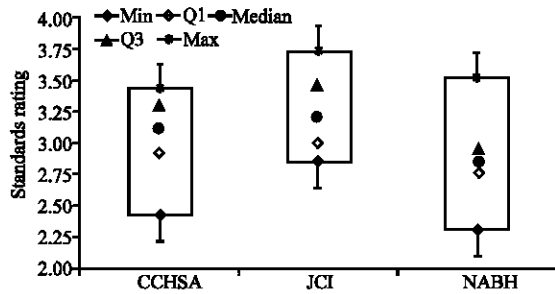


Fig. 2: Box whisker plot of the assessment of implementation of standards

lie above 3.48, in NABH, 25% of the values lie below 2.75 standards rating and 25% of the values lie above 2.85. It means that the values of JCI are equally distributed among the whole range of values as shown in Fig. 2, where as for NABH most the values are concentrated across the median point between 2.75-2.85 and the minimum and maximum points are the outliers. As for CCHSA, the values are skewed to the higher side.

Variation in accreditation ratings and ratings from sample survey: The difference between the accreditation rating as given by CCHSA and the ratings from the present sample survey for the hospital in Kuwait. It's observed that there is huge difference in the perception and the actual ratings given by the CCHSA Surveyors. Ideally all the values should have had a tight tolerance and minimal variation.

Highest variation is observed for client needs assessment, orientation and training, confidentiality and access to staff information where as minimal variation is observed for HR planning, staff competency, staff performance, professional practice and quality improvement and sustenance (Fig. 3). The degree of variation might be due to the following reasons:

- Perception of the actual processes in the minds of the leaders or management rather than the actual process itself. This is because of the multidisciplinary members from HR and leadership teams and managers used as respondents rather than just HR team
- Lack of continuity of the good work that was done as part of the survey compulsion
- Lack of communication and observance of the quality improvement initiatives
- Rise in expectations of the managers as well as employees
- Accreditation agency (CCHSA) might not be able to depict the ground realities as part of the survey because the audit lasts for only 5 days

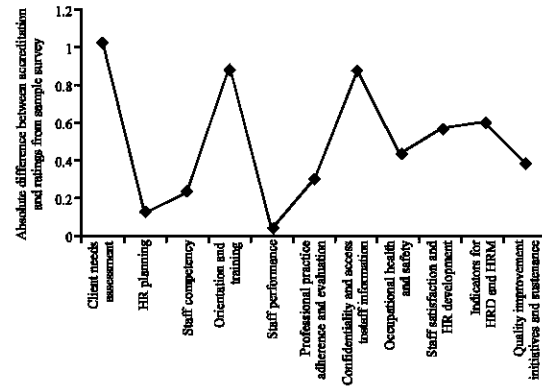


Fig. 3: Variation in accreditation ratings and ratings from sample survey

- The quality improvement initiatives might be able to yield results by the next accreditation cycle and the perception would change in due course time period

CONCLUSION

The perception of the implementation of Human Resource Standards is compared across three hospitals accredited by different agencies namely CCHSA, JCI and NABH. There is a significant difference in the implementation and perception of processes among the managers or leaders of the organization. JCI Accredited hospital has got better ratings in the survey when compared to the other two hospitals.

The reason might be it had already achieved ISO (9001:2000) accreditation and also being a multi-national corporate, it is able to adopt, implement and exchange the best HR practices in a better fashion than the other two hospitals.

The emphasis on processes in the Indian context might be different than the one in the Middle East owing to change in culture as well as organizational requirements.

REFERENCES

CCHSA, 2006. Leading Practices Survey Year 2006. Canadian Council on Health Services Accreditation, Ottawa, ON., ISBN: 978-1-55149-075-5.

Canada, A., 2006. CCHSA accreditation program, a client centered approach. Human Resources Development and Management Standards, 2006.

Daniel, W.W., 2004. Biostatistics: A Foundation for Analysis in the Health Sciences. 7th Edn., John Wiley and Sons, New York.

EMP, 2005. Pharmacists and healthcare professionals. United Arab Emirates Ministry of Health.

- El-Jardali, F., D. Jamal, H. Dimassi, W. Ammar and Victoria, 2008. The impact of hospital accreditation on quality of care: Perception of lebanese nurses. *Int. J. Q. Healthcare*, 20: 363-371.
- Lee, S., K. Choi, H.Y. Kang, W. Cho and Y.M. Chae, 2002. Assessing the factors influencing continuous quality improvement implementation: Experience in Korean hospitals. *Int. J. Q. Healthcare*, 14: 383-391.
- Nicklin, W.L., T. McLellan and J.A. Robblee, 2004. Aim for excellence: Integrating accreditation standards into the continuous quality improvement framework. *Healthcare Q.*, 7: 44-48.
- Timmons, K., 2007. The value of accreditation-why Americans needing healthcare abroad should choose JCI accredited facilities. *Medical Tourism.*, pp: 12-13.