

Standards of Quality and Patient Safety Based on International Standards Accreditation of Medical Personnel Saw Kerman Teaching Hospitals: 1389

¹Mozghan Emami, ²Mohammad Hossein Mehrolhasani,

¹Motahareh Saffar Heidari and ²Reza Dehnavieh

¹Department of Health Services Management,
College of Management and Medical Information Sciences,
Kerman University of Medical Sciences, Kerman, Iran

²The Research Committee of Health Management, Policy-Making and Economic Sciences,
Kerman University of Medical Sciences, Kerman, Iran

Abstract: Evaluation is a critical point to improving of quality and safety services in every system specially in health centers which provide protect and promote health. In the recent years, International standards (JCI) of quality being considered by health policy makers in the country. It was a descriptive and cross-sectional study. Population studied medical personnel were teaching hospitals of Kerman Medical Science University. Data was collecting through questionnaire. It was designed on quality and safety International standards of JCI. Data was analyzed by centrals and distributions indicators through SPSS17 software. The mean leadership and planning standards equal to 3.0745, clinical standards for process design and management equal to 3.2363, data collection standards for monitoring quality equal to 3.0355, analysis of data monitoring standards equal to 2.9981 and improve the standards of equal to 3.0068. Perspective of medical personnel of Kerman teaching hospitals have been considered middle situation about quality and safety International standards of JCI. Important factors to improving quality and safety of patients was collecting data for quality monitoring, analysis of data, monitoring standards and improve in that hospitals.

Key words: Quality and patient safety, assessment, accreditation, standards of JCI, clinical standards, Iran

INTRODUCTION

Evaluation is the most important element of administration systems which it is necessary to continuous improvement of quality. Evaluation effectively helps to identify weaknesses of provided-services (Institute of Medicine, 2000). The beginning in the process of evaluation standards must be defined and then based on the standards situation analysis has done. The rank which obtained from mentioned-mechanism represent accredit of the organization (Kolovos *et al.*, 2008).

In evaluation process, the degree of accreditation of hospital obviously correlated with hospital-income. So if the degree of hospital announced higher falsely, the team of evaluation would have ethical and legal responsibility and if the degree of hospital announced lower falsely, the hospital would meet financial-failure cycle and never could able to improve its performance (Helmrieck, 1997). At world, policymakers of patient-care seek to evaluation process with the qualitative methods and tools which it is more efficient and able system to improve performance

continuously (Kaushal *et al.*, 2001). Evaluation of health organizations with regards to supply, maintain and enhance public health efforts is extraordinary important. So, hospitals must be have international and national standards to continue their activities (Abramson *et al.*, 1980).

In the country formed under Article 8 of Law, Ministry of Health and Medical Education and the executive regulations of the country's public hospital assessment criteria developed by the university evaluation group vice hospital treatment will be formed each year under assessment and with the validation of a hospital grade three or below the standard to be announced. Several methods for the assessment that there is any one of them have different capabilities. Because the hospital complex known organizations and more accurate method of analyzing the accreditation of priorities, expectations and needs of patients and their relatives so, it provides the ministry of health planners sought to use this method for the assessment centers have emerged. Different standards and systems standards

such as Joint Commission International (JCI), United States of America Joint Committee standards (JCAHO), Accreditation Standards Hospital World Bank (Lebanon), Accreditation Standards Hospital Egypt, France Hospital Accreditation Standards for Accreditation. Meanwhile according to JCI standards of quality of the International (applicable to different countries) and that attention in recent years policymakers and officials of the country for Reload Czech lists have been assessed is greater advantages.

JCI standards of patient care in two areas with 7 and 6 axis with the organization and management involves the patient oriented standard including; access to care and continuity of care; patient and family law; evaluation of patients; care of patients; general anesthesia and surgical care for; medication management; patient and family education and standards including axes organization and management; quality improvement and patient safety; infection prevention and control; supervision, leadership and management; facility management and safety; communication and information management; job training and vocational skills are; considering the importance of quality and patient safety in its services so, the researchers were observing the amount and quality standards related to patient safety in the management of Kerman teaching hospitals are studied. In one of the country studies, medical readiness training hospitals Hasheminejad martyr, martyr Rajai and heart and burn injury Motahari joint commission on accreditation of international business were investigated. Results of this study has shown that improved standards of patient safety and quality of the Hashemi Nejad hospital compliance rate has the highest percentage of 72%. It seems that the implementation of the EFQM model, an important effect on this hospital, this has had (Adams *et al.*, 1984). Another study in the country found in this area. Study abroad in the JCI standards, a key factor in the rational use of medicines and control medical costs and thus improve the quality of pharmaceutical services in hospitals is known (Rooney van and Ostenberg, 1999). In another study of Payl Vastnrbg JCI standards continuously improve safety and quality of care in the International community through the provision of training and accreditation is an international (Bedard and Johnson, 1984). Research on real results from any effort to promote quality patient care and safety in each patient care is considered JCI world Vision and extensive experience within and across eligible countries in health care quality and patient safety as an important factor is considered (Rooney van and Ostenberg, 1999). Studies as much directly but JCI found in MPG and JCI standards have been many researches for

example, the research of Kathleen measures at different levels of hospital management examines patient safety and patient safety chain is provided (Abramson *et al.*, 1980). Wide gap in survey research in many fields between what is known and what is observed and for projects to improve the quality of leadership attitude emphasized (Kolovos *et al.*, 2008). Other research also led to the key role in initiatives that improve the quality of knowledge in providing effective support for employees, individuals and teams to optimize the effects of removing barriers, education and self improvement is encouraging (Brennan *et al.*, 1991). JCI in the treatment protocol in the United States of America by Kambrn, research has been done showing that complex medical procedures cause of medical errors resulting in death are children (Institute of Medicine, 2000). Pascal's nursing research related quality of life and safety of patients studied and showed that the nursing research Hhm reduced quality and patient safety (Aiken *et al.*, 2002). John Mamoon's research in the field of patient safety in Canada, a comprehensive and systematic approach to patient safety has been proposed. To establish a comprehensive approach to patient safety four ways to change the culture of safety, data collection and reporting of events through the system, the calculated risk patients and clinical audits are offered (Baker *et al.*, 2004).

MATERIALS AND METHODS

Type of research study was descriptive. When the cross-sectional view and in terms of its objectives was applied. Population health research, official personnel training centers, medical healing and Kerman and Afzalipour equal to 725 persons. Determination of sample size was 100 patients, 37 questionnaires at hospital of Afzalipour, 30 questionnaires at Bahonar hospital and 33 questionnaires at Shafa hospital to heal than the population distribution in the studied hospitals were distributed. This study examines the standards, Quality improvement and Patient Safety (QPS) was paid Drbrdasht the following variables; leadership and planning standards, design standards for clinical and administrative processes, data collection standards for quality monitoring, data monitoring and analysis standards Improve standards. This study was conducted in summer 1389. The data gathering tool was a questionnaire study that questions marked with subject variables in the compliance standards were QPS. In each of the questionnaire was designed, in order to collect opinions population for each number of questions contained in the questionnaire, five levels of response (very low, low, medium, high and very high) were

considered to order 1-5 were valued. Field data collection stage, the researcher pointed out questionnaires to members personally and in terms of sample provided to ensure that an acceptable percentage of questionnaires to the right and honest manner by the audience to be prepared.

Measures such as attendance and explained a letter accompanied the questionnaire was prepared by the researcher that leads to persuade audiences to answer a questionnaire based on the principle of confidentiality and the importance. Validity of this questionnaire is based on common International standards committee accreditation is proven.

This questionnaire by the researchers to determine the reliability of the project in two stages within 10 days on a group of 10 people in Shafa hospital and the amount was performed by the test against the test-retest was 0.86. For this study, data analysis software was used SPSS17 and descriptive statistics (mean and frequency of the central indicators) and (dispersion index variance) was used for data analysis. To judge, 0-2.5 the dire situation of 2.5-4.5 state average and of 4.5-5 were considered desirable status.

RESULTS AND DISCUSSION

In this study, 90% female and 10% of men participated. On education 69% sample size License Yvd most experience in class was 1-10 years (37%) and most of the sample group of nurses (54%) formed. Table 1 shows the design standards of clinical and administrative processes with the highest mean (3.2363) data monitoring and analysis of standards with the lowest average (2.9981) in the hospitals studied were observed. Design standards regarding clinical and administrative processes with a large deviation (1.75173) less consensus existed among staff.

Standards regarding data collection for quality monitoring with little deviation (0.54779) a large consensus between the staff there. Average standards of leadership and planning that was equal to 3.0745 on the highest standards of leadership and planning staff of the score below standard to transfer data to improve quality and patient safety and staff belonged to the lowest rating process to determine the priority scheme that they should be improved it was. Average clinical and managerial standards, design processes was equal to 3.2363 on the design standards of clinical and administrative processes of the highest scoring Zyrastandard staff to design new systems and processes and improved in accordance with the principles of quality improvement and the lowest belonged to points related to the use of clinical guidelines was treating. Average standards of data collection for

Table 1: Statistical description of variables related to research

Variables	Mean	SD	Effect
Design standards for clinical and administrative processes	3.23630	1.751730	Average
Leadership and planning standards	3.07450	0.628630	Average
Data collection standards for quality monitoring	3.03550	0.547790	Average
Improving standards	3.00680	0.764290	Average
Analysis of monitoring data standards	2.99810	0.748630	Average
Total	3.06824	0.888212	Average

monitoring the quality equal to 3.0255 on data collection standards for monitoring the quality of the highest scoring Zyrastandard employees to perform the clinical monitoring aspect of the operation belonged to the least relevant points monitoring conducted on aspects of management expectations and satisfaction were staff. Average standards of monitoring data analysis was equal to 2.9981 on data analysis of monitoring standards of the highest grade of staff to show you have Zyrastandard defined processes for identifying and analyzing events belonged to the lowest points to determine the data analysis process. Improved standards mean that was equal to 3.0068 on improving standards of the highest scoring Zyrastandard employees to do and pursue improvements in the quality and safety services and belonged to the lowest score to define and implement an ongoing program to identify and reduce incidents. If the judging criteria for 0-2.5, the dire situation of 2.5-4.5 state average and of 4.5-5 is considered ideal situation all the main variables of quality and patient safety in hospitals in the study condition was moderate.

CONCLUSION

Improving quality and patient safety standards including six under standard leadership and planning in the area which is considering the findings obtained to improve standards of leadership and planning must be related to the priority scheme under standard more attention to improving processes. In the field of clinical and administrative processes designed two terms that under standard to use clinical treatment guidelines will be improved. Field data collection for quality monitoring 21 under standard been considered and should expectations and employee satisfaction is given more importance. Also in the field of data analysis with 6 under standard monitoring, data analysis process to determine the teaching hospitals of Kerman to the lowest score should be allocated to improve and ultimately improve the three areas in terms under standard that should be improved to enhance the standards for pension plans to identify and reduce adverse events and follow-up in the hospital is run. The results of this study point to a research

conducted Turanian and colleagues showed that hospitals need to study planning and implementing plans to improve their situation and should be able to provide a comprehensive program to eliminate defects in the way business worked, International accreditation and International smoother drawn. According to the results of research carried out and proposals to change leadership attitude (Kolovos *et al.*, 2008), plan patient safety chain (Abramson *et al.*, 1980) and establish measurement and analysis of data quality and patient safety using six sigma (Nazarpour and Mehrolhasani, 2008) is suggested.

ACKNOWLEDGEMENT

In this study from valuable advice and the staunch efforts of Mr. M.H. Mehrolhasani acknowledgement.

REFERENCES

- Abramson, N.S., K.S. Wald, A.N. Grenvik, D. Robinson and J.V. Snyder, 1980. Adverse occurrences in intensive care units. *J. Am. Med. Assoc.*, 244: 1582-1884.
- Adams, J., H.T. Prince, D. Instonea and R.W. Rice, 1984. West point: Critical incident of leadership. *Armed Forces Soc.*, 10: 597-611.
- Aiken, L.H., S.P. Clarke, D.M. Solane, J. Sochalski and J.H. Silber, 2002. Hospital nurse staffing and patient mortality, nurse burnout and job dissatisfaction. *J. Am. Med. Assoc.*, 288: 1987-1989.
- Baker, G.R., P.G. Norton, V. Flintoft and R. Blais, 2004. The Canadian adverse event study: The incidence of adverse events among hospital patients in Canada. *Can. Med. Assoc. J.*, 170: 1678-1686.
- Bedard, J.C. and A.C. Johnson, 1984. The organization effectiveness paradigm in healthcare management. *Healthcare Manage. Rev.*, 9: 67-75.
- Brennan, T.A., L.L. Leape, N.M. Laird, L. Hebert and A.R. Localio *et al.*, 1991. Incidence of adverse events and negligence in hospitalized patients: Results of the harvard medical practice study I. *N. Engl. J. Med.*, 324: 370-376.
- Helmreich, R.L., 1997. Managing human error in aviation. *Sci. Am.*, 276: 62-67.
- Institute of Medicine, 2000. To Err is Human: Building a Safer Health System. National Academy of Sciences, Washington, DC. USA.
- Kaushal, R., D.W. Bates, C. Landrigan, K.J. McKenna and M.D. Clapp *et al.*, 2001. Medication errors and adverse drug events in pediatric inpatients. *J. Am. Med. Assoc.*, 285: 2114-2120.
- Kolovos, N.S., S.L. Bratton and F.H. Levy, 2008. A novel error-reporting tool in pediatric intensive care. *J. Healthcare Qual.*, 30: 43-50.
- Nazarpour, A.A. and M.H. Mehrolhasani, 2008. Effective cultural factors on the implication of six SIGMA in health care organizations: The case study of teaching hospitals affiliated with Kerman university of medical sciences. *J. Ofogh E-Danesht*, 14: 45-53.
- Rooney, A.L. and P.R. van Ostenberg, 1999. Licensure, accreditation and certification: Approaches to health services quality. Quality Assurance Methodology Refinement Series, Quality Assurance Project, Center for Human Services. <http://www.qaproject.org/pubs/PDFs/accredmon.pdf>.