


Does accreditation make a hospital safe(r)?

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White Swans and Bad Apples

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Controversies Laid Bare

- Some of the arguments around accreditation and its role in safety management
- Thinking about where all the parts fit together
- Different models, propositions and assumptions
- A major issue for Government
- Lacking an evidence base

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What is Accreditation?


- **Previously**
 - Peer Review
 - Optimal Achievable Standards
 - Good organisation for patient care
 - Recognition of achievement
- **Today**
 - Collection of different initiatives
 - Many focused on safety
 - E.g., Sentinel Event Reporting, Required Organisational Practices

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Devil's Advocate: 9 Propositions

- Risk approaches
- White Swans
- Safety
- Recognition
- Bad Apples
- Checklist
- Resilience
- Peer review
- Quality & safety




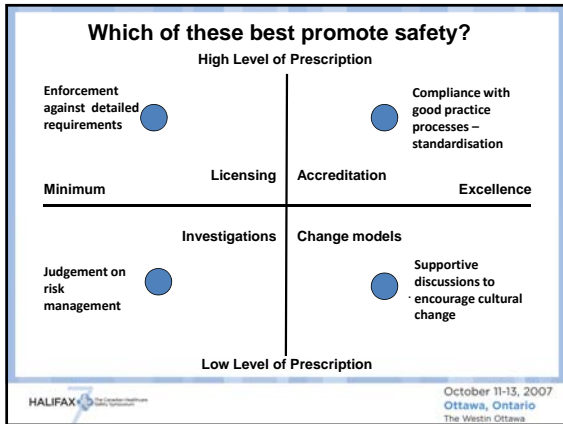
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Four Schools of Thought about Safety

- Risk based
- Licensing
- Accreditation – standardised peer review
- Supportive improvement

Risk Based Inspection	Licensing	Accreditation	Change initiatives
Risk Identification	Enforcement	Aspirational prescription; Scoring from an ideal point	Encouragement

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- ### Controversies
- Value of standardisation
 - Value of external assessment
 - Value of peer review
 - Risk and resilience testing
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- ### Standardised Approaches
- Licensure standards
 - "define the quality level required for the safe delivery of patient care, or of health services and also to define the capabilities required for a health care organization to be entitled to advertise to its public that it is a hospital or health centre." (Shaw 2004a)
 - Accreditation standards
 - "a benchmark of achievement which is based on a desired level of excellence." (Heidemann 1993)
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Standards = Standardisation

- “Standardisation leads inexorably to the idea that there can be a specification and an associated assessment of an organisation’s structures and policies to determine that they are capable of delivering in acceptable ways.” (The Australian Commission on Safety and Quality)
- Can standards help control risks?

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Proposition 1: Risk Based approaches do not value standardisation


- Corporate Governance - Board-level risk management
- Provider responsible for safety
- Assurance – targetted at risks
- Assurance against standards (no criteria) is possible but difficult
 - recent English experience

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Proposition 2: Accreditation looks at White Swans

- “No matter how many instances of white swans we may have observed, this does not justify the conclusion that *all* swans are white.” Karl Popper. *The Logic of Scientific Discovery* (1934)
- Recognition of good practice is about finding white swans
- Does accreditation systematically seek out black swans?



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Proposition 3: Safety Incidents occur in accredited providers

“There are well known examples of patient safety incidents occurring in accredited organisations. So accreditation itself cannot be seen as an assurance that healthcare is safe.” (The Health Foundation 2005)

And what happens if you see a black swan?



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Proposition 4: Recognition cannot support enforcement

- **“Accreditation is the granting of recognition for meeting designated standards for structure, process and outcomes, where outcome is the status of an individual, group of people or population which is wholly attributable to an action, agent or circumstance.”**

– Medical Journal of Australia Supplement, V184, No10, 15 May 2006 pp 542.
(Australian Commission on Safety and Quality in Healthcare 2006)

- **“The new regulator will have power to impose fines and additional powers to inspect and issue warnings, as well as halting new admissions or even cancelling a provider’s registration entirely.”**

– UK Secretary of State September 26 2007



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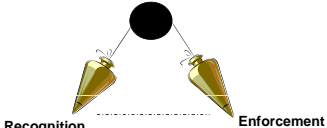
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Encouragement versus Enforcement

Accreditation	Licensing
<ul style="list-style-type: none">• Voluntary• Encouragement• Comparisons - scores• Recognition• Excellence and Good Practice• Standardisation• Peer Review	<ul style="list-style-type: none">• Legal Requirements• Compulsion• Enforcement• Minimum standards• Specifications• Limited standardisation• Inspection


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Combined Roles



Recognition Enforcement


The Joint Commission (JCAHO) has been criticised for its dual role as “paid partner for quality improvement and agent for government scrutiny”

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Proposition 5: Bad apples theory stops development safety culture

- The “Bad Apples Theory,”that a minority of physicians cause the majority of errors, and thus these bad apples should be identified”
- Quality by inspection, emphasizing that "quality is best achieved by discovering bad apples and removing them from the barrel.”

Berwick DM. Continuous improvement as an ideal in health care. *N Engl J Med.* 1989;320:53-6.
Nicholson et al. Medication errors: not just a few “bad apples” *Clin Outcomes Manag.* 2006 February; 13(2): 14-115.

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UK example of Change Initiative

- The ambitious aim of the Safer Patients Initiative
 - reduce by half the number of adverse events in each site by October 2006.
- Called the 'change package', it works on three levels:
 - addressing five clinical areas, each containing multiple interventions with an established/accepted UK evidence base
 - better management of patients in intensive care
 - infection control
 - preventative antibiotics for surgery
 - medicines safety
 - teaching methods for quality and safety improvement
 - establishing a specific role for the chief executives and senior executive team

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Proposition 6: Safety is resilience

- “There is no evidence that an accredited hospital is more likely to provide safer care, as the existing accreditation systems do not measure organisational resilience.” (The Health Foundation 2005, Page 6)
- Aim of resilience
 - Reducing the scale and frequency of crises
 - Improving the ability and speed of the organization to manage crises effectively

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Resilience Testing

- The Healthcare Commission has determined that unannounced inspections will be carried out, so that the hospital can be “seen in action” in order to establish whether or not infection control is part of their day to day business and “could it be effectively managed if an outbreak should occur?”
- Tracer Methods
 - tracing a patient's treatment through hospital stay against standards to identify systems failure
- Does resilience require unannounced inspections?

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Proposition 7: Safety needs a checklist

- **Is Accreditation to demonstrate:**
 - An organisation's ability to provide an environment in which clinical care can flourish?
 - An organisation's preparedness to provide clinical care?
- **"When we think about flying, it is obvious why a checklist is used before take off. Airplanes are complex machines. Things can go wrong with them, and it is preferable that problems are discovered on the ground. However brilliant a pilot and crew might be, most of us would prefer that they use a checklist when preparing for take off, rather than relying on memory..... It is important to go through this process systematically to avoid errors." (Oxman 1994)**

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Proposition 8: Peer Review cannot address safety

- **Professional / clinical engagement necessary for safety**
- **The Office of the Inspector General criticised the Joint Commission (JCAHO) for relying on a "collegial" mode of oversight which may undermine ... patient protections."**
- **The General Medical Council procedures focus "too much on the interests of the doctors and not sufficiently on the protection of patients." (Dame Janet Smith. The Shipman Inquiry)**

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Proposition 9: Quality does not equal Safety

- **Very different ideas about this**
 - Good outcomes/practices are not always focused on safety
 - Good practice is necessary to ensure quality in health care
- **Accreditation work can be extended to safety**
 - E.g., Canadian Council: Required Organisational Practices
 - E.g., Joint Commission: Sentinel Events
- **Is accreditation**
 - over-extending itself?
 - moving too far away from its origins?

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Where Next?

- **Accreditation**
 - can be widened to help in focusing on safety
 - has proved infinitely adaptable
- **Which of the propositions should we accept?**
- **If standards-based peer review, how does accreditation best fit with other initiatives?**
 - Checklists before take-off?
 - Standardising good organisational (patient focused) practices?
 - Encouragement through recognition?
- **Should enforcement and resilience testing be left to the official regulators?**

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Controversies in Healthcare Safety

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