

The Impact of Accreditation on Quality of Care in Lebanese Hospitals

INTRODUCTION

Accreditation of health care organizations is increasingly being used as a tool for government regulation to guarantee quality. Quality of care is now prominent on health policy agendas of the governments of several countries in the East Mediterranean Region (EMR). While there are currently several countries in the EMR region that are in the process of developing and implementing accreditation policies in their health systems (i.e. Morocco, Egypt, Oman, Iran, Syria, Sudan, etc.), Lebanon was the first country that has developed and implemented national accreditation standards for hospitals. In 2002, and for the first time, the Lebanese Ministry of Public Health (MOPH) with the assistance of an Australian consultant team named Overseas Project Corporation of Victoria (OPCV) developed and implemented a process of evaluating the quality of patient care in public and private hospitals through a policy known as Hospital Accreditation. The accreditation program was developed based on several goals and policy outcomes expectations, and one of them is improving the quality of care in Lebanese hospitals. Since year 2001, two national accreditation surveys have been conducted.

OBJECTIVES OF THE STUDY

Since the implementation of hospital accreditation in Lebanon, little information is known on its impact on quality of care. Does the current hospital accreditation system in Lebanon improve quality of care? With the support of the Syndicate of Hospitals in Lebanon and the Ministry of Public Health, this study was conducted to assess the perception of nurses on

the impact of hospital accreditation on quality of care. Two quality management frameworks (Pomey et al. (2004) and Shortell et al. (1995)) provided conceptual guidance to this study.

STUDY DESIGN

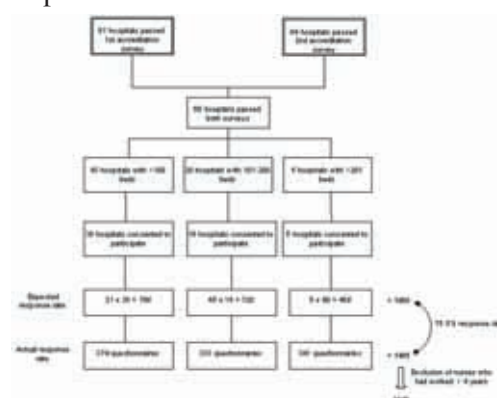
This research study followed a cross-sectional survey design where all the sixty-eight hospitals that successfully passed both accreditation surveys were included. To ensure a balanced design with respect to service and care characteristics, the sixty-eight hospitals were stratified by size (number of beds) into three categories as defined by the Lebanese Ministry of Health as follows: small (≤ 100 beds), medium (101-200 beds) and large (>200 beds). A total of fifty-four hospitals agreed to participate. Figure 1 details the selection process.



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Figure 1: Sampling procedure and response rate



The study sample included nurses practicing at the 54 hospitals since the year 2000. The sample was limited to nurses holding either a Bachelors' of Science in Nursing (BSN), Baccalaureate Degree (BT), Technique Superior (TS),

or License Technique (LT). A total of 1968 questionnaires were expected to be filled, however only 1485 questionnaires were collected (75.5% response rate) and only 1048 nurses met the preset inclusion criteria.

Two well-developed instrument tools from the literature was adapted, modified and translated to fit the Lebanese context. The questionnaire consisted of 9 scales and subscales that are rated on a 5-point Likert scale (ranging from Strongly Disagree to Strongly Agree). Demographic characteristics of the sample

and subscale (refer to table 1 below), the subscale with the lowest agreement score was rewards and recognition of nurses' efforts in the accreditation process (mean = 3.41). The scale with the highest agreement score comprised the items on use of data by the hospital for quality improvement efforts (mean = 4.15). The means scores of the subscales were significantly different across hospital sizes, with the exception of the scale on Leadership (alpha = 0.102). The scales followed a

	Number of items	Overall Mean (SD)
Quality Results	5	(0.72) 4.09
Rewards and Recognition	3	(1.04) 3.41
Leadership, commitment and support	9	(0.67) 4.02
Strategic Quality Planning	7	(0.63) 4.08
Staff Involvement in Accreditation	5	(0.70) 4.11
Power of Accreditation	9	(0.66) 4.11
Education and Training	3	(0.79) 4.12
Quality Management	6	(0.66) 4.12
Use of Data	7	(0.67) 4.15

were also included in the questionnaire. The subscales comprise topics including: Leadership Commitment and Support; Strategic Quality Planning; Staff Involvement in Accreditation; Rewards and Recognition; Education and Training; Quality management; Use of data; Power of Accreditation; and Quality Results. Data were analyzed using SPSS 15.0.

RESULTS

The majority of sampled nurses were females (84.9%), and most of them were aged below 45 with the bulk being between 30 and 45 years of age. The vast majority of sampled nurses held a BSN, TS or BT with minimal representation from nurses holding LT, MS or Midwifery degrees. Most of the sampled nurses held positions as staff nurses in their hospitals (57.9%). There was an almost equal distribution of nurses across small, medium and large-sized hospitals.

In terms of the mean scores of each scale

and subscale (refer to table 1 below), the subscale with the lowest agreement score was rewards and recognition of nurses' efforts in the accreditation process (mean = 3.41). The scale with the highest agreement score comprised the items on use of data by the hospital for quality improvement efforts (mean = 4.15). The means scores of the subscales were significantly different across hospital sizes, with the exception of the scale on Leadership (alpha = 0.102). The scales followed a general trend of having the lowest score in large-sized hospitals, slightly higher for small-sized hospitals and highest for medium-sized hospitals. The exceptions to this observation were the scale on Quality Results and the subscale on Power of Accreditation where the highest scores were observed for small-sized hospitals. More research is needed to help explain the relationship between hospital size and quality results through accreditation.

Table 1: Mean of each subscale

Results show that nurses were not rewarded and recognized for their efforts to improve quality. Also, results show that managers and senior executives in hospitals should provide more visible leadership in creating environments that support quality improvement. They should better allocate hospital resources to improve quality. In terms of the use of data, results show that accreditation enabled hospitals to use data and indicators (i.e. patient satisfaction,

etc.) to improve the quality of services provided to patients.

Results from the linear regression model ($R^2=0.679$) show that the predictors of good quality results in Lebanese hospitals were leadership commitment and support; use of data; quality management activities and staff involvement.

Overall, and according to nurses' views and perception, study results show that the two national accreditation surveys (2002 & 2005) in Lebanon have helped to improve the quality of care in hospitals. Specifically, nurses reported that over the past 4 years, many hospitals have shown steady, measurable improvements in the quality of: customer satisfaction; services provided by the administration (finance, human resources, etc.); care provided to medical, surgical, obstetric and paediatric patients; and services provided by clinical support departments such as laboratory, pharmacy, and radiology.

In addition, results show that hospital accreditation is a powerful tool in improving patient care, improving team work and collaboration, development of shared values, improving utilization of hospital resources, and improving hospitals' responsiveness to needs of community and partners. Finally, when hospitals were compared in terms of ISO certifications, it was shown that hospitals that are ISO certified rated better in terms of quality results and other subscales. This can be explained by the fact that ISO can help organizations strengthen their structure, which would better enable them to improve the process and outcomes of care.

Conclusion

This study has an implication for policy, practice and research. Study results show that hospital accreditation has proved to be a good tool to improve quality of care. This study provides evidence that can be used by policy makers for further improvement to the hospital accreditation policy and its implementation. Findings



show that the potential of accreditation in bringing quality improvement practices is dependant on the implementation approach. Hospital managers and leaders should help to create a culture of quality in hospitals. Leadership and commitment to accreditation proved to be good predictors of good patient care. Further research is needed to investigate the relationship between accreditation and patient outcomes.

The Lebanese accreditation experience can provide valuable lessons for other countries in the Eastern Mediterranean region which have implemented accreditation process or are in the process of doing so.

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