

Accreditamento Istituzionale VS Accreditamento Volontario

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Filosofia dell'Accreditamento volontario e Accreditamento Istituzionale

Accreditamento Volontario

Voluntary

VS

Non Governmental

VS

Optimal requirements

VS

Outcome oriented

VS

Improvement

VS

Innovation

VS

Public release

VS

Accreditamento Istituzionale

Mandatory

Governmental

Basic

System/Process

Punishment

Conformance

Confidential

L'accreditamento istituzionale

L'Accreditamento rappresenta uno strumento di promozione del miglioramento continuo della qualità dei servizi e delle prestazioni, dell'efficacia e dell'appropriatezza nella pratica clinica e nelle scelte organizzative, nonché nell'uso delle risorse.

Nel nostro sistema è stato introdotto con le riforme del Servizio Sanitario Nazionale degli anni '90, allo scopo di individuare, sulla base di predefiniti criteri di qualità, i soggetti erogatori per conto e a carico del Servizio Sanitario Nazionale.

<https://www.agenas.gov.it/aree-tematiche/qualita/accreditamento>

Legislazione concorrente

D. Lgs n. 502 del 1992, introduce il sistema dell'accREDITAMENTO istituzionale, che prevede l'ingresso nel mercato sanitario anche di erogatori sanitari privati, che agiscono per conto del Servizio sanitario nazionale.

L'accREDITAMENTO è l'atto con cui la Regione verifica il possesso di standard qualitativi, organizzativi e strutturali di strutture e professionisti, equiparando al pubblico le strutture ed i professionisti del privato.

AGENAS ha effettuato →

[Ricognizione delle norme regionali sull'accREDITAMENTO istituzionale \(Anno 2020\)](#)

L'accreditamento volontario internazionale

L'accreditamento volontario internazionale esprime il livello di qualità e di eccellenza raggiunto da una struttura sanitaria nell'ambito di un processo valutativo dinamico orientato al **miglioramento continuo**, in relazione ad obiettivi predefiniti di performance, in termini di qualità e sicurezza delle cure sanitarie.

È il processo mediante il quale un'organizzazione sanitaria, su richiesta volontaria, viene valutata al fine di stabilirne **l'aderenza a standard di eccellenza** studiati per migliorare la **sicurezza del paziente e la qualità dell'assistenza sanitaria**.

È inoltre la manifestazione dell'impegno concreto di un'organizzazione sanitaria a migliorare la sicurezza e la qualità dell'assistenza erogata, a garantire un ambiente sanitario sicuro e ad adoperarsi in modo costante per ridurre i rischi a carico dei pazienti e del personale.

Principali enti accreditamento internazionale

Le **principali organizzazioni** che si dedicano all'accREDITAMENTO internazionale sono:

- **Joint Commission International (JCI)**
- **Accreditation Canada**
- **Australian Council of Healthcare Standards International (ACHSI).**

CARATTERISTICHE IN COMUNE

VOLONTARIETÀ

FORMAZIONE

INDIPENDENZA

RICERCA

The Joint Commission (TJC) and The Joint Commission International (JCI)

- organizzazione indipendente
- not-for-profit
- leader internazionale riconosciuta nel campo dei progetti di miglioramento della qualità in ambito sanitario
- pioniere nello sviluppo delle misure di performance e di outcome per le organizzazioni sanitarie

Mission Statement

To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value

La mission di JCI

Miglioramento della sicurezza della cura del paziente attraverso la fornitura di servizi di accreditamento e certificazione, nonché attraverso la consulenza e servizi di formazione mirati ad assistere le organizzazioni nell'implementazione di soluzioni pratiche e sostenibili.

Settembre 2007 → JCI consegue l'accREDITAMENTO dall'International Society for Quality in Health Care (ISQua)

1999 → Primo ospedale accreditato da JCI

Oggi → Circa 1000 ospedali accreditati in tutto il mondo (100 paesi)

... and in the beginning...



Florence Nightingale



Ernest Amory Codman

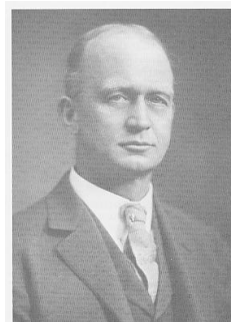
Table 1.2 Mortality Per Cent. in the Principal Hospitals of England: 1861

	Number of SPECIAL INMATES on the 8th April, 1861.	Average Number of INMATES in each HOSPITAL.	Number of DEATHS registered in the Year 1861.	MORTALITY per Cent. on INMATES.
IN 106 PRINCIPAL HOSPITALS OF ENGLAND	12709	120	7227	56.87
24 London Hospitals	4214	176	3828	90.84
12 Hospitals in Large Towns ...	1870	156	1555	83.16
25 County and Important Provincial Hospitals	2248	90	886	39.41
30 Other Hospitals	1136	38	457	40.23
13 Naval and Military Hospitals ...	3000	231	470	15.67
1 Royal Sea Bathing Infirmary (Margate)	133	133	17	12.78
1 Dane Hill Metropolitan Infirmary (Margate)	108	108	14	12.96

“So I am called eccentric for saying in public that hospitals, if they wish to be sure of improvement,

1. Must find out what their results are.
2. Must analyze their results to find their strong and weak points.
3. Must compare their results with those of other hospitals.
4. Must welcome publicity not only for their successes, but for their errors.”

Ernest A. Codman, MD 1917



The Joint Commission (TJC)

More Than 19,000 Health Care Organizations

Ambulatory Care Organizations	1,128
Assisted Living	14
Behavioral Health Care Networks	1,635
Clinical Laboratories	2,606
Health Care Networks	45
Home Care Organizations	5,340
Hospitals	4,825
Long Term Care Organizations	2,680
Long Term Care Pharmacies	223

The Joint Commission (TJC) BOARD

American College of Physicians	3
American College of Surgeons	3
American Dental Association	1
American Hospital Association	7
American Medical Association	7
Public Members	6
At-Large Nursing Representative	1
Total	28

Joint Commission International (JCI)

Divisione not-for-profit di TJC

Mission: Migliorare la qualità dell'assistenza sanitaria in ambito internazionale, fornendo servizi connessi con il processo di accreditamento

Standard International di JCI: Nel 1999 una task force internazionale di 16 membri (medici, infermieri, manager, esperti di sanità pubblica), con membri di tutte le regioni del mondo (Europa inclusa)

Caratteristiche degli standard JCI

- Numero e Definizione
- Intento
- Elementi misurabili

Joint Commission International

Ente di accreditamento internazionale

Dal 1994 in più di 100 paesi

945 organizzazioni accreditate (*)

Accreditata dall'ISQUA



* fonte sito web di JCI Dicembre 2020

Standard internazionali di JCI

Programmi di accreditamento internazionali

Hospitals and Academic Medical Centers (7 edizione 2021)

Ambulatory (4 edizione 2019)

Primary care center (2 edizione 2018)

Laboratory (3 edizione 2017)

Clinical Care Process Certification (3 edizione 2015)

Medical Transport Organizations (2 edizione 2015)

Long-term care (1 edizione 2012)

Home care (1 edizione 2012)

Strutture JCI accreditate in Italia*

Standard	Struttura
Hospital (10)	Centro Chirurgico Toscano (Arezzo) COT (Messina) IEO (Milano) Poliambulanza (Brescia) Humanitas (Castellanza, Gavazzeni e Catania) Istituto Giannina Gaslini (Genova) ISMETT (Palermo) Ospedale Santa Chiara (Trento)
Academic Medical Center (4)	Humanitas Research Hospital (Rozzano) Ospedale Pediatrico Bambino Gesù (Roma) Ospedale dei Bambini (Brescia) Campus Bio-medico (Roma)

Standard	Struttura
Long term care (4)	Residenza Valle dei Laghi (Trento) Fondazione Centri di Riabilitazione Padre Pio ONLUS (San Giovanni Rotondo) IRCCS Centro San Giovanni di Dio Fatebenefratelli (Brescia) Istituto di Medicina, Fisica e Riabilitazione «Gervasutta» (Udine)
Ambulatory care (3)	Centro Diagnostico Italiano (Milano) SDN (Napoli) UPMC San Pietro FBF (Roma)
Laboratori (1)	Ceinge Biotecnologie Avanzate (Napoli)

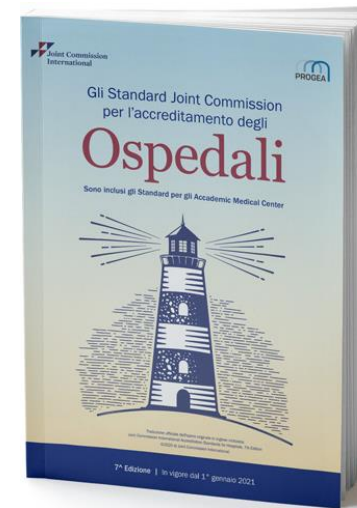
Il Joint Commission Italian Network

Progetto Culture of Safety



Progetto Hand Hygiene

Formazione Tracer



7° Edizione Manuale JCI

1. **Bundle e Prevenzione e Controllo Infezioni**
2. **PDTA**
3. **Igiene delle mani**
4. **Cultura della sicurezza**



Come impatta l'accreditamento sulle organizzazioni sanitarie?

REVIEW DELLA LETTERATURA INTERNAZIONALE

Riduzione del rischio

1. Leadership and Knowledge
2. Identifying and Learning from Errors
3. Setting Performance Standards and Expectations for Safety
4. Implementing Safety Systems in Health Care Organizations

Kohn, L. T., Corrigan, J., & Donaldson, M. S. (2000). To err is human: building a safer health system (Vol. 6). Washington, DC: National academy press.

Cost of Poor Quality

*“**Without quality health services, universal health coverage will remain an empty promise.** The economic and social benefits are clear and we need to see a much stronger focus on **investing in and improving quality to create trust in health services** and give everyone access to high-quality, people-centred health services.” (OECD Secretary-General Ángel Gurría)*

*“Good health is the foundation of a country’s human capital, and **no country can afford low-quality or unsafe healthcare. Low-quality care** disproportionately impacts the poor, which is not only morally reprehensible, it **is economically unsustainable for families and entire countries.**” (World Bank Group President Jim Yong Kim)*

Cost of Poor Quality

The cost of poor quality can be viewed in terms of quantifiable financial costs to an organization of **errors or wasted work; suffering for one patient** (e.g. from bed sores), or the **suffering of waiting patients** when resources are wasted which could be used to treat them; **effect on personnel morale and motivation of routine waste, delays and errors.**

Øvretveit, J. (2000), "The economics of quality – a practical approach", International Journal of Health Care Quality Assurance, Vol. 13 No. 5, pp. 200-207.

Qualche dato in Italia

Una riduzione del 20% delle cadute consentirebbe circa 27.000 ricoveri in meno in Italia all'anno, si pensi che il 78% delle cadute in ospedale rientrano tra le cadute fisiologicamente prevedibili.

(Cappuccio, R., Granatello, J., Pizzuto, M., & Chiari, P. (2008). La contenzione fisica e la sedazione farmacologica per la prevenzione delle cadute, l'interruzione dei trattamenti e l'aggressività nei pazienti con demenza senile e disorientamento cognitivo. *Centro Studi EBN*, 1-13.)

Costo di una caduta tra \$5,808 e \$29,450

In Italia la probabilità di contrarre infezioni durante un ricovero ospedaliero è di circa il 6%, con 530 mila casi ogni anno.

(Studio di prevalenza italiano sulle infezioni correlate all'assistenza e sull'uso di antibiotici negli ospedali per acuti – protocollo ECDC 2016-17)

Costo di un'infezione ospedaliera tra 5 e 9 mila euro

Value of Accreditation

There are currently 175 published articles which include an Impact determination summarizing their results.

The results from the published literature overwhelmingly support the value of accreditation:

Positive = 138 (78.9%)

Neutral = 23 (13.1%)

Mixed = 9 (5.1%)

Negative = 5 (2.9%)

<https://manual.jointcommission.org/Accreditation/WebHome>

Effect of JCI Accreditation on the Nursing Work Environment in a Tertiary Medical Center

Post-accreditation by Joint Commission International, **physician-nurse relations improved; the involvement of social workers, dieticians, and physiotherapists increased; support services responded more quickly to requests; and management-line staff relations became closer. Nurses** from all levels of the organizational hierarchy **led the change process**, and as a result, their status in the hospital was enhanced by **recognition of their role as leader/coordinator and case manager of clinical care improvement**. They, as a result, **had the ability to make organizational and managerial decisions with greater independence**. Nurses also reported that the efforts demanded by Joint Commission had generated a better across the-board **working climate, improving interaction among professions, departments, and units**.

<https://www.ncbi.nlm.nih.gov/pubmed/27096904>

Quality of Nursing Documentation Before and After the Hospital Accreditation in a University Hospital

In a public university hospital, which serves 60 specialties and has approximately 850 beds shared among 10 Nursing Services. The study sample consisted of nursing documentation of 112 medical records for patients hospitalized in the clinical and surgical inpatient units in the period before hospital accreditation and 112 medical records for patients hospitalized after accreditation.

There was a significant improvement in the quality of nursing documentation. When the total score of the instrument was evaluated, a significant improvement was observed in 24 out of the 29 items (82.8%).

Quality Improvements in Decreasing Medication Administration Errors in an AMC Hospital

During the journey to Joint Commission International accreditation and in the post-Joint Commission International accreditation era (first half-year of 2011 to first half-year of 2014) the number of (Medication Administration Errors) **MAEs continuously decreased from 143** (first half-year of 2012) **to 64** (first half-year of 2014), with a decrease in occurrence rate by **60.9%** (0.338% versus 0.132%, $P < 0.05$). The number of **MAEs related to high-alert medications decreased from 32** (the second half-year of 2011) **to 16** (the first half-year of 2014), with a decrease in occurrence rate by 57.9% (0.0787% versus 0.0331%, $P < 0.05$). Omission was the top type of MAE during the first half-year of 2011 to the first half-year of 2014, with a decrease by 50% (40 cases versus 20 cases). **Intravenous administration error was the top type of error regarding administration route, but it continuously decreased from 64** (first half-year of 2012) **to 27** (first half-year of 2014).

<http://www.ncbi.nlm.nih.gov/pubmed/25767393>

Evaluating the impact of accreditation on Brazilian healthcare organizations: A quantitative study

The study identified 13 organizational impacts of accreditation. **There was evidence of significant and moderate correlation between the status of accreditation and patient safety activities, quality management activities, planning activities—policies and strategies, and involvement of professionals in the quality programs.** The correlation between accreditation status and patient involvement was significant but weak, suggesting that this issue should be treated with a specific policy. The impact of accreditation on the financial results was not confirmed as relevant; however, the need for investment in the planning stage was validated. The impact of accreditation is mainly related to internal processes, culture, training, institutional image and competitive differentiation.

<https://www.ncbi.nlm.nih.gov/pubmed/28992152>

Hospital Performance Trends on National Quality Measures and the Association with Joint Commission Accreditation

The association between Joint Commission accreditation status and both absolute measures of, and trends in, hospital performance on publicly reported quality measures for common diseases.

Accredited hospitals (n=2,917) improved their performance significantly more than non-accredited hospitals (n=762) for 13 out of the 16 individual performance measures from 2004-2008. Furthermore, after adjusting for hospital characteristics (including baseline performance), accredited hospitals were more likely to exceed 90% performance in 2008 than non-accredited hospitals (84% versus 69%).

<http://www.ncbi.nlm.nih.gov/pubmed/21990175>

An Overview of Patient Safety and Accreditation: A Literature Review Study

The 28 out of 81 (34.57%) patient safety indicators significantly improved during the accreditation process at King Abdulaziz University Hospital. Survey results show that the overall average of relative improvement percent is 34.43%. Both results are similar to other findings. **The accreditation process has significantly improved 1/3 of patient safety indicators and perception of nursing staffs is correlated with statistical findings.** Those findings are supported by international literature. Overall, it is recommended that accreditation in both emerging and industrialized countries be provided especially if there is a strong commitment from the leadership and that process is voluntary rather than obligatory.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4511980/>

Association Between Patient Outcomes and Accreditation in US hospitals: Observational Study

Patients treated at accredited hospitals had lower 30 day mortality rates for 15 selected medical conditions than those at hospitals that were reviewed by a state survey agency (10.2% v 10.6% (95% confidence interval 0.1% to 0.8%), $P=0.03$). Accredited and state survey hospitals had nearly identical rates of mortality for the six surgical conditions (2.4% v 2.4%, 0.0% (-0.3% to 0.3%), $P=0.99$). **Readmissions for the 15 medical conditions at 30 days were significantly lower at accredited hospitals than at state survey hospitals** (22.4% v 23.2%, 0.8% (0.4% to 1.3%), $P<0.001$) but did not differ for the surgical conditions (15.9% v 15.6%, 0.3% (-1.2% to 1.6%), $P=0.75$).

Patient Mortality During Unannounced Accreditation Surveys at US Hospitals

The study sample included 244 787 and 1 462 339 admissions during survey and non-survey weeks with similar patient characteristics, reason for admission, and in-hospital procedures across both groups. **Overall, there was a significant reversible decrease in 30-day mortality for admissions during survey (7.03%) vs non-survey weeks (7.21%)** (adjusted difference, -0.12% ; 95%CI, -0.22% to -0.01%). **Observed mortality reductions were largest in major teaching hospitals, where mortality fell from 6.41% to 5.93% during survey weeks** (adjusted difference, -0.38% ; 95%CI, -0.74% to -0.03%), a 5.9% relative decrease. There were no significant differences in admission volume, length of stay, or secondary outcomes.

<https://www.ncbi.nlm.nih.gov/pubmed/28319229>

Value and Impact of International Hospital Accreditation: A Case Study from Jordan

To quantify the impact of implementing Joint Commission International hospital accreditation standards on 5 selected structural and outcome hospital performance measures, and the monetary value associated with the expected improvement.

Of the five selected measures, three showed statistically **significant effects associated with accreditation: reduction in return to intensive care unit (ICU) within 24 hours of ICU discharge; reduction in staff turnover; and completeness of medical records.** The net impact of accreditation was a 1.2 percentage point reduction in patients who returned to the ICU, 12.8% reduction in annual staff turnover and 20.0% improvement in the completeness of medical records. **Pooling over three years, these improvements translated into total savings of US\$ 593,000 in Jordan's health-care system.** Also, accreditation status was associated with a 119.3% improvement in the quality index compared to 2006.

<http://www.ncbi.nlm.nih.gov/pubmed/25876820>



A National Perspective on Exploring Correlates of Accreditation in Children's Mental Health Care

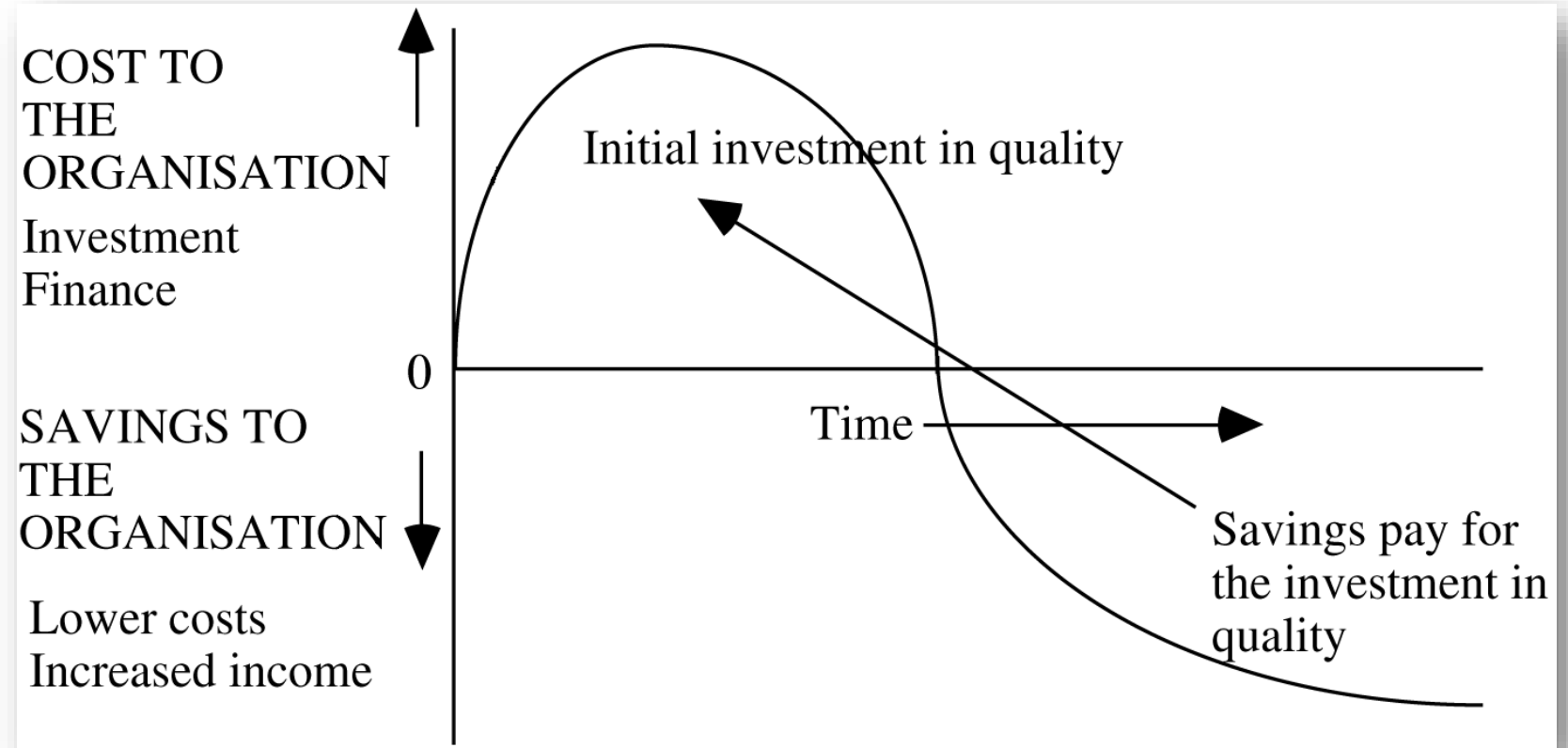
Compared to non-accredited facilities, more accredited facilities reported greater number of admissions, acceptance of government funding and client funds, and implementation of several quality indicators. More accredited facilities reported implementation of each QA practice—regularly scheduled case reviews with a supervisor and a quality review committee, client outcome follow-up after discharge, periodic utilization review, periodic client satisfaction surveys, and monitoring continuing education requirements for professional staff. In addition, accreditation status and safety were significantly associated; compared to non-accredited facilities, more accredited facilities reported adopting initiatives to reduce seclusion and restraint practices.

<https://www.ncbi.nlm.nih.gov/pubmed/27921199>

In sintesi

ACCREDITAMENTO
=
MIGLIORAMENTO
DELLA QUALITÀ

MA CONVIENE???



Grazie per l'attenzione

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