

Analysis of Implementing Taiwan Health Check-Up Program Certification

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Objective

In order to provide a safe, secure, and with good quality of health service environment, Taiwan's Health Check-up Program Certification was developed by Joint Commission of Taiwan on Hospital Accreditation since 2011. This study analyzed the outcomes and effects on those institutions after they received the Health Check-up Program Certification.

Results

From the results had found:

1. There were significant differences in staffing ($p=0.002$), infection control ($p=0.002$), equipment using ($p=0.007$), diagnosis ($p<0.001$), care service ($p<0.001$) and medication management ($p<0.001$) between hospitals and clinics. Furthermore, the hospitals had better performance than clinics. However, there were no statistical significant differences in the areas of service scope, leadership, environment, assessment, self-care, information management and quality management scores. (Table 1)
2. The results found that there was statistical significant difference in the areas of leadership ($p=0.018$) for the re-certification institutions. (Table 2)

Table 1. The scores of each focus area between hospitals and clinics.

Focus area	Standards	Institution Types		P-value
		Hospitals n=70 mean(sd)	Clinics n=14 mean(sd)	
Service Scope	1	8.23 (0.52)	8.32 (0.43)	0.55
Leadership	1	8.08 (0.54)	7.99 (0.47)	0.54
Staffing	2	16.3 (1.27)	15.15 (0.92)	0.002*
Infection Control	1	7.87 (0.52)	7.35 (0.61)	0.002*
Physical Environment	2	16.40 (1.03)	16.29 (0.95)	0.71
Equipment Use	1	8.27 (0.48)	7.86 (0.51)	0.007*
Assessment	1	8.18 (0.46)	8.00 (0.50)	0.18
Diagnosis	3	24.33 (1.17)	22.84 (0.92)	<0.001*
Care Services	5	40.47 (1.93)	38.18 (1.27)	<0.001*
Self-care/ continuity of care	2	16.46 (0.82)	16.29 (0.81)	0.49
Information Management	1	8.2 (0.51)	7.99 (0.46)	0.25
Medication Management	1	8.11 (0.53)	7.52 (0.55)	<0.001*
Quality Management	2	23.98 (1.47)	23.6 (1.07)	0.36

Table 2. The scores of each focus area between the first and the second certification

Focus area	Number of Applications		P-value
	The First Time mean(sd)	The Second Time mean(sd)	
Service Scope	8.25 (0.53)	8.34 (0.44)	0.34
Leadership	8.03 (0.49)	8.30 (0.41)	0.018*
Staffing	16.25 (0.96)	16.19 (1.68)	0.86
Infection Control	7.89 (0.57)	7.79 (0.40)	0.40
Physical Environment	16.59 (0.90)	16.42 (1.00)	0.37
Equipment Use	8.18 (0.52)	8.31 (0.52)	0.28
Assessment	8.31 (0.42)	8.26 (0.39)	0.32
Diagnosis	24.24 (1.14)	24.29 (1.33)	0.78
Care Services	40.46 (2.06)	40.45 (1.66)	0.98
Self-care/ continuity of care	16.50 (0.79)	16.51 (0.84)	0.95
Information Management	8.10 (0.46)	8.23 (0.51)	0.26
Medication Management	8.04 (0.55)	8.09 (0.52)	0.62
Quality Management	23.94 (1.36)	24.27 (1.46)	0.28

Methods

There are 24 standards rating 0-10 point scale for each standard. The rules of certification decision is the average above 7.5 and each of standards should be scored over 6. These standards were composed of 13 focus areas including service scope, leadership, staffing, infection control, environment, equipment using, assessment, diagnosis, care service, self-care, information management, medication management and quality management. The institutions apply for certification voluntarily.

From 2012 to 2016, there were 84 institutions certified, including 70 hospitals and 14 clinics, and 33 institutions of them had renewing second cycle of certification. The study used T Test ($\alpha=0.05$) to analyze:

1. Whether the scores of each focus area are different significantly or not between hospitals and clinics.
2. The institutions had renewing the second cycle of certification, which the scores of each focus area are different or not between the first and the second certification.

Conclusion

In the provision of health examination information, clinics have good performance as hospitals in the leadership of the team, the safety and privacy of the environment, the health status assessment and the information and quality management. But we found that the clinics could be improved in the aspect of staff training, infection control, equipment maintenance, customer care, medication safety, and specimen delivery. We suggest that institution may conduct relevant education courses to enhance the quality of care in the clinic and ensure customer safety.

For the re-certification institutions, it has improved significantly about competent team leadership, and the establishment of communication with other cooperation units. Supervisors have paid more attention to the team management after the certification. Generally, the institutions always meet the certification requirements. It means that they keep the quality of health examination continuously and have high satisfaction of this certification. Based on the results of this study, we will continue to carry the health check-up program certification to maintain the quality of health examination in Taiwan.

Furthermore, we suggest that the standards reform in the future gradually to enhance the quality of health examination in Taiwan. Not only people can select the certified institutions without worry, but also further to promote more institutions involved in certification.

Keywords: health check-up, health examination