

The Effectiveness of Patient-Fogused Methods Implement in Hospital Accreditation from Aspeds of the Surveyors

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Objectives

Joint Commission of Taiwan (JCT) has conducted Taiwan hospital accreditation plan since 1978. As time passing on, the accreditation system improved by request of patients' need, process of hospital management, and trends of international accreditation. There were complicated and many standards before 2015, and hospitals have to prepare lots of documents to prove their performance in the past 4 years, then they had to show their data during on-site survey in a short period of time. On the other hand, the surveyors also spent almost 80% of on-site survey time to confirm huge amount of evidences. Therefore, the time was limited to check the hospital clinical process through the on-site survey.

JCT decided to develop new method in order to meet the spirit of simplification, optimization and convention to the accreditation in 2015, Patientfocused Methodology (PFM) emphasized the spirit of accreditation by patient-centered or patientorientated, considered national culture, medical system, medical process and physician-patient relationship. PFM could reduce the documentation and realize care process in clinical practice. At the same time, surveyors could confirm every standard. This study aimed to explore the effect of PFM implement in hospital accreditation from aspects of the hospitals.

2.JCT found that some medical units were repeated survey by surveyors from different fields significantly in the nurse field. Due to the surveyor of nurse field both in internal medicine and surgical, they may visit the same units to check different standards. JCT will clarify and observe continuously in the future.

Table 1. The effect of PFM in 2015 and 2016.

	2015	2016	Desta				
	N(%)	N(%)	P-value				
No.	134(100%)	138(100%)					
ufficient time in preliminary planning session to discuss PFM pathway							
	T						
Yes	117(87.31%)	129(93.48%)	0.0802				
Yes No	117(87.31%) 17(12.69%)	129(93.48%) 9(6.52%)	0.0802				
Yes No <mark>rst-line staff in</mark>	117(87.31%) 17(12.69%) terview to know hospital's	129(93.48%) 9(6.52%) s daily operation	0.0802 s				
Yes No <mark>irst-line staff in</mark> Yes	117(87.31%) 17(12.69%) terview to know hospital's 132(98.51%)	129(93.48%) 9(6.52%) s daily operation 137(99.28%)	0.0802 s 0.5444				

Sufficient time in the field standards not by PFM pathway

After on-site survey, there were 135 and 153 surveyors who had conducted PFM in 2015 and 2016, respectively. Then there were 134 and 138 valid questionnaires investigate in 2015 and 2016, respectively. Student's t-test was applied to identify the effect between 2015 and 2016.

PFM scopes-systematic

Scopes	Contents
Equipment and medical device	hyperbaric oxygen unit, medical staff with doubts in use (such as high- tech equipment), high-tech equipment (such as Da Vinci machine arm), high risk of treatment equipment (such as linear accelerator), high environmental risk instruments
Personnel	half year to one year staff, 5 to 10 years staff, high turnover rate unit staff.
IT safety and data-use	medical records, data security.
Safety environment	In-patients in ICU, RCC, RCW, orthopedic ward, neurological ward, psychiatric ward.
Medication use	medication purchasing, storage environment, inventory management, drug adverse reaction (ADR), medication education, etc.

PFM scopes-individual patient	Questionna	aires su	ubjects	
Scopes	and recovery rate in 2015			
Patient who is Top 10 surgery or disease, large or small amount of service	and 2016.	I	1	
High risk patient, such as multi-trauma patients and ICU patients	Year	2015	2016	
Patients who received multiple care	Subjects			
The recommendation from infection	Hospitals	36	42	
	Valid recovery	35	39	
The recommendation of the last survey				
Complain or patient safety event	Surveyors	135	153	
Violation record	Valid recovery	134	138	

Results

From the result had found that the effect of PFM in 2016 was better than in 2015. Those surveyors agreed that they had sufficient time in preliminary planning session to discuss PFM pathway. Surveyors considered first-line staff interviews to help clarify whether the unit's daily work practices and hospital policies. They agreed that sufficient time in the field to verify the use of PFM (P=0.0207). Surveyors could lead hospitals to implement a patient-oriented care process. PFM also helped hospitals identify risk. PFM can strengthen teamwork. Importantly, PFM increased interaction with the evaluation committee of the hospital by surveyors (P=0.0038). Then PFM could reduce the documentation for on-site survey.

Furthermore, the surveyors of nurse field were better than administrator and medical field. Those

Yes	98(74.24%)	118(85.51%)	0.0207
No	34(25.76%)	20(14.49%)	
Implement a pa	tient-oriented care proces	S	
Yes	122(91.04%)	131(94.93%)	0.2091
Νο	12(8.96%)	7(5.07%)	
Helped hospital	s identify risk		
Yes	99(73.88%)	105(76.09%)	0.6744
No	35(26.12%)	33(23.91%)	
Strengthen tear	nwork		
Yes	114(85.07%)	119(86.23%)	0.7854
No	20(14.93%)	19(13.77%)	
Increased intera	action with hospital and su	ırveyor	
Yes	88(65.67%)	112(81.16%)	0.0038
No	46(34.33%)	26(18.84%)	
Reduce the doc	umentation for on-site sur	vey	
Yes	85(63.43%)	102(73.91%)	0.0623
No	49(36.57%)	36(26.09%)	

*p<0.05, **p<0.01, ***p<0.001

Table 2. The effect of PFM in different professional afflication surveyors in 2015 and 2016.

	Administrator		Medical		Nurse				
	2015	2016	D voluo	2015	2016	D voluo	2015	2016	D voluo
	N(%)	N(%)	- P-value $N(\%)$	N(%)	N(%)	P-value	N(%)	N(%)	P-value
No.	44(100%)	41(100%)		44(100%)	48(100%)		45(100%)	49(100%)	
Sufficient	time in prelin	ninary planni	ng session t	o discuss PF	M pathway			-	
Yes	38(86.36%)	37(90.24%)	0.5790	40(90.91%)	44(91.67%)	0.8975	38(84.44%)	48(97.96%)	0.0190
No	6(13.64%)	4(9.76%)		4(9.09%)	4(8.33%)		7(15.56%)	1(2.04%)	
Implement	t a patient-ori	iented care p	rocess						
Yes	40(90.91%)	39(95.12%)	0.4486	42(95.45%)	43(89.58%)	0.2887	40(86.96%)	49(100%)	0.0090
No	4(9.09%)	2(4.88%)		2(4.55%)	5(10.42%)		6(13.04%)	0(0%)	
Increased interaction with hospital and surveyor									
Yes	30(68.18%)	32(78.05%)	0.3062	26(59.09%)	35(72.92%)	0.1611	32(69.57%)	45(91.84%)	0.0056
No	14(31.82%)	9(21.95%)		18(40.91%)	13(27.08%)		14(30.43%)	4(8.16%)	
Reduce the documentation for on-site survey									
Yes	30(68.18%)	27(65.85%)	0.8195	25(56.82%)	33(68.75%)	0.2363	30(65.22%)	42(85.71%)	0.0198
No	14(31.82%)	14(34.15%)		19(43.18%)	15(31.25%)		16(34.78%)	7(14.29%)	
Some medical units repeated survey by different professional afflication surveyor									
Yes	21(47.73%)	17(41.46%)	0.5616	19(43.18%)	19(39.58%)	0.7262	19(41.30%)	33(67.35%)	0.0108
No	23(52.27%)	24(58.54%)		25(56.82%)	29(60.42%)		27(58.70%)	16(32.65%)	

*p<0.05, **p<0.01, ***p<0.001

Method

PM-04-07

Conclusion

As mentioned above, surveyors and hospitals agreed that PFM was helpful to patient care, team communication, integration and management. Future directions for the implementation of specific recommendations are as follows:

1. Strengthens surveyor's consensus and education: hold mock on-site accreditation training to strengthen surveyors' consensus and skills of patient focus method.

2. Strengthens the hospitals associated measures: improved the accreditation IT system. Then enhanced hospital convention process and reduced the documentation for on-site survey. In order to implement medical care of patients.

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surveyors of nurse field had sufficient time in preliminary planning session to discuss PFM pathway (P=0.0190). Surveyors could lead hospitals to implement a patient-oriented care process (P=0.0090). Moreover, PFM increased interaction with the evaluation committee of the hospital by surveyors (P=0.0056). Then PFM could reduce the documentation for on-site survey (P=0.0198). Some medical units were repeated survey by different professional affiliation surveyors (P=0.0108). Finding:

1.Although there was non-significant in "reduce the documentation for on-site survey" (P=0.0623), JCT found preliminary effect. PFM has just been implemented for two years, not all hospitals are ready for the new accreditation method. In the future, JCT will observe continuously.

JCT invited senior surveyors to compose a professional committee. One of their goals was to develop examples of systematic and induvial investigations that applicable in Taiwan. There were five examples of systematic investigation, included equipment and medical device, personnel, IT safety and data-use, safety environment, and medication use. Induvial investigations examples included medicine model and surgery model. To achieve consistency evaluation, JCT held PFM training program for reserved surveyors. The program included the introduction of PFM, PFM table-top exercises, and simulation training in a hospital.

Consider hospital character and service completely, PFM subjects included 36 hospitals in 2015 and 42 hospitals in 2016 that were more than 100 acute general beds. After on-site survey, JCT sent questionnaire to ask their opinions online. The recovery rate was 35 hospitals (97.2%) in 2015 and 39 hospitals (92.86%) in 2016.

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Keywords:Patient-focused Methodology (PFM), accreditation system, surveyor





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