



# Hospital Accreditation System Reform - Hospital Satisfaction Surveys Findings

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## Introductions

It has been nearly 3 decades since Taiwan implemented hospital accreditation. The Joint Commission of Taiwan (JCT) regularly assists the Ministry of Health and Welfare (MoHW) by providing accreditation services to ensure consistent and high-quality medical care provision.

However, health care providers have reflected negative attitude against hospital accreditation arguing that the accreditation system was excessively bureaucratic and did not really improve medical quality. The latest hospital accreditation reform in 2015 officially introduced patient-focus methodology (PFM) into Taiwan's hospital accreditation, in response to public opinion aiming to reduce the burden and paper works of traditional accreditation operation.

In this study, we analyze the third-party satisfaction survey in order to understand the impact of accreditation reform.

**Table 1. Socio-demographic characteristics associated with hospitals.**

|                            | N  | %      |
|----------------------------|----|--------|
| <b>No.</b>                 | 53 | 100.00 |
| <b>Accreditation level</b> |    |        |
| Medical center             | 3  | 5.66   |
| Regional hospital          | 9  | 16.98  |
| District Hospital          | 41 | 77.36  |
| <b>Beds of Hospital</b>    |    |        |
| ≥500 beds                  | 4  | 7.55   |
| 250-499 beds               | 6  | 11.32  |
| 50-249 beds                | 16 | 30.19  |
| ≤49 beds                   | 27 | 50.94  |

**Table 2. Characteristics associated with PFM benefit.**

| No.  | Third-party expert |        |
|--|--------------------|--------|
|  | N                  | %      |
| <b>Physician participation</b>                         |                    |        |
| Benefit  | 47                 | 88.68  |
| Non-benefit  | 6                  | 11.32  |
| <b>Team cooperation</b>                                |                    |        |
| Benefit  | 53                 | 100.00 |
| Non-benefit  | 0                  | 0.00   |
| <b>Provided clear care process</b>                     |                    |        |
| Yes  | 53                 | 100.00 |
| No   | 0                  | 0.00   |
| <b>Reduced paperwork</b>                               |                    |        |
| High   | 43                 | 81.13  |
| Low  | 10                 | 18.87  |
| <b>Complexity of preparing PFM</b>                     |                    |        |
| Yes  | 36                 | 67.92  |
| No   | 17                 | 32.08  |
| <b>Increased labor costs to confirm data integrity</b> |                    |        |
| Yes  | 34                 | 64.15  |
| No   | 19                 | 35.85  |
| <b>Increased daily workload</b>                        |                    |        |
| Yes  | 47                 | 88.68  |
| No   | 6                  | 11.32  |
| <b>Increased nonessential written workload</b>         |                    |        |
| Yes  | 39                 | 73.58  |
| No   | 14                 | 26.42  |

## Methods

This cross-sectional study was conducted in 2017 by surveying hospitals that were accredited using PFM. Fifty-three hospitals provided feedback. Questionnaire topics covered three main areas: hospital management (including the promotion of physician participation and strengthening teamwork); medical care (including patient-oriented care process implementation); and workload (including reduction of paperwork, complexity of preparation, daily workload, and non-essential written workload). The same questions were asked in both the third-party and JCT surveys to ensure data comparability. McNemar's test was used to analyze the responses of the 53 hospitals.

## Results

In this study, most of hospitals were district hospitals (41, 77.36%) and the number of beds were less than 49 (27, 50.94%). (Table 1) Both the JCT and third-party expert surveys had similar findings on the PFM, such as that PFM can enhance physician participation and strengthen team cooperation. Most hospitals believed that the PFM helped reduce hospital paperwork ( $X^2=1.17$ ,  $P=0.2798$ ). However, they noted the complexity of preparing PFM ( $X^2=11.05$ ,  $P=0.0009$ ), increased labor costs to confirm data integrity ( $X^2=4.9$ ,  $P=0.0269$ ), daily workload ( $X^2=49.52$ ,  $P<0.0001$ ), and nonessential written workload ( $X^2=9.42$ ,  $P=0.0021$ ). (Table 2) Overall, there was slight but significant discrepancy of satisfaction between JCT- and third-party conducted surveys.

## Conclusion

Overall, the results of this study indicate that hospitals that have undertaken accreditation reform considered PFM can provide clear care process that strengthens teamwork. The medical team should follow standard operating procedures (SOP), and PFM also enhance the team to have great communication. Surveyors conduct the PFM to understand hospital daily process, it expect to reduce preparation of accreditation and workload with medical staffs. This study's findings revealed that hospitals believe that the PFM benefits the patient care process, patient safety, and medical quality. JCT will provide PFM effectiveness and information in accreditation orientation meeting. Including invite hospital to share their experience about how to prepare PFM, and invite surveyor to point the spirit of PFM. In addition, this study can serve as a reference for the MoHW in hospital accreditation reform. Long-term implementation of the PFM will enable hospitals to ensure the quality of their medical services through routine operations and relieve the burden on front-line workers. We expect the next step in hospital accreditation to be providing guaranteed medical services to the public.

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