

Certification and accreditation in the specialist health service; a contribution to better risk governance?

- A perspective on the legitimacy.

Dag Tomas Sagen Johannesen, PhD student in Risk Management and Societal safety. University of Stavanger, 4036 Stavanger – dag.t.johannesen@uis.no / +47 91873799

Keywords

Risk governance, patient safety, specialist health service, regulation regimes, certification and accreditation

Type of poster

The poster represents findings from a literature review in the early stage of a PhD-project on risk regulation.

Abstract

Background

The number 10 class, “actions taken to reduce risk”, in the conceptual framework for the International Classification for Patient Safety¹, either *influences* or *inform* all stages in the continuous learning and improvement cycle for patient safety. In this perspective *risk governance* includes a multifaceted and multi actor (both governmental and private) process, where e.g. institutional arrangement, such as regulatory regimes and legal framework are used to determine roles, responsibilities and give incentives in the area of patient safety in hospitals. On other words we can say that risk governance deals with the challenge of ensuring that “actions taken to reduce risk” in hospitals are actually applied. Certification and accreditation in the specialist health service are widely used as regulatory regimes for safety and quality, both mandatory and voluntary. In Norway quality and safety in hospitals are based on a functional regulation regime, where internal control is essential. There are indications that a stronger patient safety focus is needed, and there is now a debate whether certification and accreditation regimes in hospitals should be mandatory in the regulation of quality and patient safety.

Purpose

The purpose was to explore the current views and discussions on certification and accreditation regimes in hospitals, in the start-up of a research project on risk regulation in complex organizations.

Method

The method was a document study performed with an explorative approach.

Results

There are few studies with empirical evidence that accreditation regimes are valid indicators for high quality organizational performance. Some therefore question the wide use of accreditation regimes due to the lack of evidence.

Little research was found through systematic reviews on accreditation status related to performance, but some consistent findings were *promote change* and *professional development*. A greater study published this year found that accreditation performance positively predicts *leadership behaviors* and *cultural characteristics*.

There are contrasting views, both supportive and criticism, on accreditation programs among professions, workers. In Norway decision makers in the specialist health service are split in their views, and different certification programs are voluntarily put into place.

Central legitimate challenges related to accreditation programs; staff doesn't view the process as legitimate or agree upon the measures; ensure surveyors act in accordance to high standards; sanction responding to lack of accreditation status; a transparent processes.

Discussion and conclusion

Within the specialist health service there seems to be a wide acceptance of accreditation programs, in defiance of clear indications that these programs create higher quality and improve patient safety. However, resent research indicates that such programs promote professional development, better leadership behavior and some characteristics of organizational culture. These indicators may be important regarding quality and safety improvement in complex organizations. Recent evaluation on quality and safety management in the specialist health service in Australia and Europe does indicate a need for both external assessments (like certification and accreditation), as well as internal improvement strategies. In order to be seen as legitimate there is a need for better transparency of the programs as well as a more holistic approach dealing with the diversity of stakeholder interests.

¹ WHO & World Alliance for Patient Safety Taxonomy. (2009). *The Conceptual Framework for the International Classification for Patient Safety. Final Technical Report* (Version 1.1).