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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ**

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ACCREDITATION OF HOSPITALS

ORGANIZATIONAL STANDARDS

Approach to quality focus on structure, processes and results analysis’.

These are the main issues that quality-related activities rely on to promote evaluations and standards about all activities and are crossly applied to different sectors.

In health sector concerns about quality are although older than these recent approaches emerged on second half of the XX century. In fact, quality in health care summarizes old concerns about safety, security and effectiveness of care.

Doctors have, for centuries, their own ethical and professional commitments with patients about these issues and focus their attention on patient’s satisfaction and health achievements. Sometimes complex and much elaborated approaches about quality-related issues may overshadow that the basic evidence that quality in health care starts with a doctor-patient relationships on a trusty basis. Personalized, sensitive, effective and quality health care rely not only in health technologies and their best use, or in good facilities, or in well designed health programs or adequate resources. The human element of confidence and the close relationship between patients and doctors, connected with a multi-professional team, are crucial to improve health gains and better outcomes.

This specific reality needs to be taken in account when designing quality programmes and cannot be simply copied from other quality assessments designed to common services or industries.

The hospitals’ accreditation is one of the on-going activities and aims to improve quality by an external and independent evaluation, assessing it’s capacity and degree of accomplish within international organizational standards. It sets analysis about staff and equipment (structure), work standards (processes) and some outcomes (results).

It starts, generally in a voluntary way, with a self-evaluation made by the proposing health unit and involves several steps of intermediate assessment before granting the accreditation.

Accreditation of organizational standards need to be focused on:

- Improvements in organization and communication;
- Development of a “quality culture” inside hospitals;
- Added value to institution
- Raising professionals satisfaction
- Increase of patients’ satisfaction

There are specific needs to tackle when accreditation intends to be effective in quality improvement:

Organizational structure

- Development of global “quality culture”
- Reinforce of health professionals roles
- Responsibility and performance evaluation
- Clinical and non-clinical risk management
- professional development:
 - Aligning with needs and best scientific evidence
 - Stimulating professionals’ compromise with quality
- legal and regulatory framework:
 - Accomplish with legal requirements
 - Focus on patients’ rights

Procedures

- Clear policies on clinical and non clinical matters
- Error reduction and well established and accepted practices
- communication:
 - Efficient at internal level and promoting staff’s participation
 - Comprehensive to patients about clinical and non-clinical information
 - Adequate and proportional to external information
 - Returning adequate feed-back to allow improvements

Nevertheless, involvement of hospitals in quality improvements is always a way through that needs permanent scrutiny and dynamic adjustments in order to promote patient satisfaction, professional commitments and health gains. Hospital doctors guidance it’s a starting point that needs to be reinforced in all quality policies - development, designing, implementation and evaluation.

In conclusion:

- AEMH advocate’s doctors involvement and leadership in quality-related activities
- AEMH also stresses’ out that greater quality outcomes rely on accreditation activities driven-by solid doctor-patient relationships

Within these scopes, hospital doctors must be more involved in quality-related issues and health systems need their pro-activity to achieve quality improvements.