

# The Impact of Hospital Accreditation on the Patients' Experience of Hemodialysis Department: A Case Study

**Zuber Mujeeb Shaikh**

Director, Corporate Quality Improvement, Dr. Sulaiman Al-Habib Medical Group, Riyadh-11643, Kingdom of Saudi Arabia  
Email: [drzuber5@yahoo.co.in](mailto:drzuber5@yahoo.co.in)

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## The Impact of Hospital Accreditation on the Patients' Experience of Hemodialysis Department: A Case Study

Zuber Mujeeb Shaikh

Director, Corporate Quality Improvement, Dr. Sulaiman Al-Habib Medical Group, Riyadh-11643, Kingdom of Saudi Arabia

Email: [drzuber5@yahoo.co.in](mailto:drzuber5@yahoo.co.in)

### ABSTRACT

The excellence of hospital Hemodialysis Department (HD) Service is the one of the most relevant items of health care quality perceived by patients and by their families. Patients experience is considered a way of measuring the quality of services provided. **Objectives:** To study the impact of National Accreditation Board for Hospitals & Healthcare Providers (NABH) Accreditation, India on the patients experience of Hemodialysis Department services. **Methods:** It is a quantitative, descriptive and inferential research based case study in which sample of a population was studied by structured patients experience survey questionnaires (before and after the accreditation) in a private tertiary care hospital at Secunderabad, Telangana State, India to determine its characteristics, and it is then inferred that the population has the same or different characteristics. **Significance of Research:** It was observed initially before the accreditation that there was a lower patient's experience rate of the hospital Hemodialysis Department Services, which was affecting the study hospitals' business. **Hypothesis:** Null Hypothesis (Ho) and Alternative Hypothesis (H1) were used and tested to compare the before and after impact of accreditation by applying to each question in the questionnaire. **Study Design:** The closed ended questionnaire was developed considering the Hemodialysis Department Services by incorporating the six dimensions of quality Safe, Timely, Effective, Efficient, Equitable, and Patient-centred (STEEP) and tested prior to implementing. Questionnaires were given to the patients' families for completion upon using the Hemodialysis Department Services two months before and two months after the accreditation. The data were collected in order to cover all three shifts of the Hemodialysis Department Services. **Study Population:** Simple random sampling method was selected; the researcher had involved all conscious patients (clinical conditions) from all age groups. **Data Collections:** Primary data were collected from the survey questionnaires. Secondary data were collected from relevant published journals, articles, research papers, academic literature and web portals. **Conclusion:** The patient's experience score has improved from before accreditation compared to after accreditation which indicated that the accreditation has a positive impact on the patient's experience of Haemodialysis Department Services of the study hospital.

**Keywords:** Patients Experience, National Accreditation Board for Hospitals & Healthcare Providers (NABH) Accreditation, Hemodialysis Department.

### 1. INTRODUCTION :

Quality has become a fundamental requirement for all healthcare organizations in order to survive and succeed in this competitive, demanding and challenging healthcare service industry. Today, developed and developing nations are working towards continuous quality improvement and patient

safety by achieving the national and or international healthcare accreditation and providing safe, effective, patient-centred, timely, efficient and equitable health care services to all their patients, families and caretakers. Accreditation of a health care organization is an external evaluation of the level of compliance against a set of organizational standards. Healthcare

accreditation standards are advocated as an important means of improving structure, process and outcome [1].

## 2. REVIEW OF LITERATURE :

Patient experience encompasses the range of interactions that patients have with the health care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities [2].

As an integral component of health care quality, patient experience includes several aspects of health care delivery that patients value highly when they seek and receive care, such as getting timely appointments, easy access to information, and good communication with health care providers [2].

Understanding patient experience is a key step in moving toward patient-centered care. By looking at various aspects of patient experience, one can assess the extent to which patients are receiving care that is respectful of and responsive to individual patient preferences, needs and values. Evaluating patient experience along with other components such as effectiveness and safety of care is essential to providing a complete picture of health care quality [2].

The terms patient satisfaction and patient experience are often used interchangeably, but they are not the same thing. To assess patient experience, one must find out from patients whether something that should happen in a health care setting (such as clear communication with a provider) actually happened or how often it happened [2].

Satisfaction, on the other hand, is about whether a patient's *expectations* about a health encounter were met. Two people who receive the exact same care, but who have different expectations for how that care is supposed to be delivered, can give different satisfaction ratings because of their different *expectations* [2].

While there are various ways to gather information on patient experience, Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys have become critical tools for organizations interested in assessing the patient-centeredness of the care they deliver and identifying areas for improvement. CAHPS surveys do not ask

patients how satisfied they were with their care; rather, they ask patients to report on the aspects of their experiences that are important to them and for which they are the best, and sometimes the only source of information. Because the surveys ask well-tested questions using a consistent methodology across a large sample of respondents, they generate standardized and validated measures of patient experience that providers, consumers, and others can rely on [2].

A positive patient experience is an important goal in its own right. Moreover, substantial evidence points to a positive association between various aspects of patient experience, such as good communication between providers and patients, and several important health care processes and outcomes. These processes and outcomes include patient adherence to medical advice, better clinical outcomes, improved patient safety practices, and lower utilization of unnecessary health care services [2].

Some studies show no association between patient experience and clinical processes and outcomes, but this is not surprising. Many factors other than patient experience can influence processes and outcomes. This is part of the reason why combining patient experience measures with other measures of quality is critical to creating an overall picture of performance [3].

The increased international focus on improving patient outcomes, safety and quality of care has led stakeholders, policy makers and health care provider organizations adopt standardized processes for measuring health care systems [4].

The augmented global emphasis on refining patient outcomes, safety and quality of care has led stakeholders, policy makers and health care provider organizations adopt standardized processes for measuring health care systems. Patient experience has become a key criterion by which the quality of health care services is evaluated. The literature emphasizes that patients who are satisfied with the provision of health care tend to be more compliant to their treatment plan, maintain their follow up visits; and are more willing to recommend the hospital to others [5]. The literature emphasizes that hospital accreditation and patient satisfaction are both considered

important quality indicators of healthcare delivered [6]. The results of patient satisfaction surveys can be used to monitor the quality of health care provided [7], to find out any shortages, to provide the necessary interventions, and as a valuable source of strategic planning of health services [8].

The researchers have proved in recent studies that there is a positive impact of health care accreditation on the health care services. The accreditation has a positive impact on the satisfaction of Physiotherapy Department Services (Shaikh, 2017) [9], Pharmacy Department Service (Shaikh, 2017) [10], Dietary Department Services (Shaikh, 2017) [11], Laboratory Department Services (Shaikh, 2017) [12], Hemodialysis Department Services (Shaikh, 2017) [13], Out-Patient Department Services (Shaikh, 2018) [14], In-Patient Department Services (Shaikh, 2017) [15], Haemodialysis Department Services (Shaikh, 2017) [16], Radiology Department Services (Shaikh, 2017) [17], Ambulance Services (Shaikh, 2016) [18], and also has positive impact on the Occurrence Variance Reports (Shaikh, 2018) [19], completeness of personnel files in Human Resource Department (Shaikh, 2017) [20]. A comparative study of laboratory and blood bank performance by using the quality indicators revealed that the mean rating of the second half (after the accreditation) is better than the mean rating of the first half (before accreditation) (Shaikh, 2018) [21].

In the recent study (Shaikh, 2017) titled “The Impact of Hospital Accreditation on the Patients Satisfaction of Haemodialysis Department Services” [22] it was revealed that the (Shaikh, 2017) participation of patients had increased only after accreditation [22]; (Shaikh, 2017) there is no significant difference between the age distribution between before and after accreditation groups [22]; (Shaikh, 2017) there is no significant difference between the gender distribution between before and after accreditation groups [22]; (Shaikh, 2017) is no significant difference between the geographical states between before and after accreditation groups [22]; (Shaikh, 2017) there is no significant difference between those who speak Telugu and those don’t speak people who have visited the hospital and before and after accreditation

groups [22]; (Shaikh, 2017) there is no significant difference between the type of payment between before and after accreditation groups [22]; (Shaikh, 2017) there is a significant difference in the satisfaction with respect to courtesy received at the reception desk between before and after accreditation [22]; (Shaikh, 2017) there is a significant difference in the satisfaction with respect to the duration of waiting time after registration between before and after accreditation [22]; (Shaikh, 2017) there is a significant difference in the satisfaction with respect to the professionalism/friendliness of the staff between before and after accreditation [22]; (Shaikh, 2017) there is a significant difference in the satisfaction with respect to the doctors involved in the patient's care between before and after accreditation [22]; (Shaikh, 2017) there is a significant difference in the satisfaction with respect to the nurses involved in the patient's care [22]; (Shaikh, 2017) there is a significant difference in the satisfaction with respect to the way staff explained the procedure to the patient between before and after accreditation [22]; (Shaikh, 2017) there is a significant difference in the satisfaction with respect to the level of privacy between before and after accreditation [22]; (Shaikh, 2017) there is a significant difference in the satisfaction with respect to the cleanliness and safety within the unit between before and after accreditation [22]; (Shaikh, 2017) there is a significant difference in the satisfaction with respect to the amount of time the doctors spent with the patient between before and after accreditation [22]; (Shaikh, 2017) there is a significant difference in the satisfaction with respect to the amount of time the nurses spent with the patient between before and after accreditation [22]; (Shaikh, 2017) there is a significant difference in the satisfaction with respect to the response of the dialysis staff when the patient is in pain/uncomfortable between before and after accreditation [22]; (Shaikh, 2017) there is a significant difference in the satisfaction with regards to the process in place in the Heamodialysis Department between before and after accreditation [22]; (Shaikh, 2017) there is a significant difference in the satisfaction with regards to the comfort provided to you during the procedure between

before and after accreditation [22]; (Shaikh, 2017) there is a significant difference in the satisfaction with regards to the effectiveness of the dialysis services provided by Hospital between before and after accreditation [22]; (Shaikh, 2017) there is a significant difference in the satisfaction with regards to the overall experience of our Hemodialysis between before and after accreditation [22]; (Shaikh, 2017) there is a significant difference in the responses between before and after accreditation [22] and (Shaikh, 2017) the mean satisfaction score has improved from before accreditation compared to after accreditation [22].

The researchers have also compared the healthcare accreditation standards and revealed that there are variations among the compared standards despite of being accredited by the International Society for Quality in Health Care (ISQua). (Shaikh, 2017) The critical analysis of Patient and Family Rights (PFR) standards [23], (Shaikh, Al-Towyan & Khan, 2016) Patient and Family Education (PFE) standards [24] and (Shaikh, Al-Towyan & Khan, 2016) International Patient Safety Goals (IPSG) standards [25] in the Joint Commission International (JCI) Accreditation and Central Board for Accreditation of Healthcare Institutes (CBAHI) standards for hospitals clearly show that the PFR and PFE standards

are very comprehensive than the JCI Accreditation standards whereas the IPSG standards in JCI Accreditation are much comprehensive than CBAHI Standards. The critical analysis of Staff Qualifications and Education (SQE) standards in JCI Accreditation and Medical Staff (MS) & Staffing Management (SM) standards in Det Norske Veritas (DNV) Accreditation for hospitals clearly shows that the SQE Standards in JCI Accreditation (Shaikh, Al-Towyan & Khan, 2016) are very comprehensive than the DNV's National Integrated Accreditation for Healthcare Organizations (NIAHO) Accreditation [26].

### 3. DATA ANALYSIS :

Multi-way ANOVA indicated the accreditation is the only variable that had a significant impact on the patient experience,  $F(4, 345) = 1491.01, p < .01$ . As a result of that significant impact pre-accreditation score ( $M = 74.75$ ) was increased substantially: post-accreditation score ( $M = 109.72$ ).

Other variables had no significant effect on the patient experience: age group,  $F(3, 345) = 1.40, p > .05$ , gender,  $F(1, 345) = .01, p > .05$ , province,  $F(0, 345) = 0, p > .05$ , language,  $F(3, 345) = .72, p > .05$  and payment type,  $F(2, 345) = .04, p > .05$ .

**Table 1- Multi-way ANOVA**

| Source          | Type III Sum of Squares | df  | Mean Square | F         | Sig. |
|-----------------|-------------------------|-----|-------------|-----------|------|
| Corrected Model | 109586.999 <sup>a</sup> | 9   | 12176.333   | 167.464   | .000 |
| Intercept       | 1220642.603             | 1   | 1220642.603 | 16787.819 | .000 |
| Accreditation   | 108411.470              | 1   | 108411.470  | 1491.011  | .000 |
| Age Group       | 305.108                 | 3   | 101.703     | 1.399     | .243 |
| Gender          | .516                    | 1   | .516        | .007      | .933 |
| Province        | .000                    | 0   | .           | .         | .    |
| Language        | 52.169                  | 1   | 52.169      | .717      | .398 |
| Payment Type    | 5.098                   | 2   | 2.549       | .035      | .966 |
| Error           | 25084.956               | 345 | 72.710      |           |      |
| Total           | 3138656.000             | 355 |             |           |      |
| Corrected Total | 134671.955              | 354 |             |           |      |

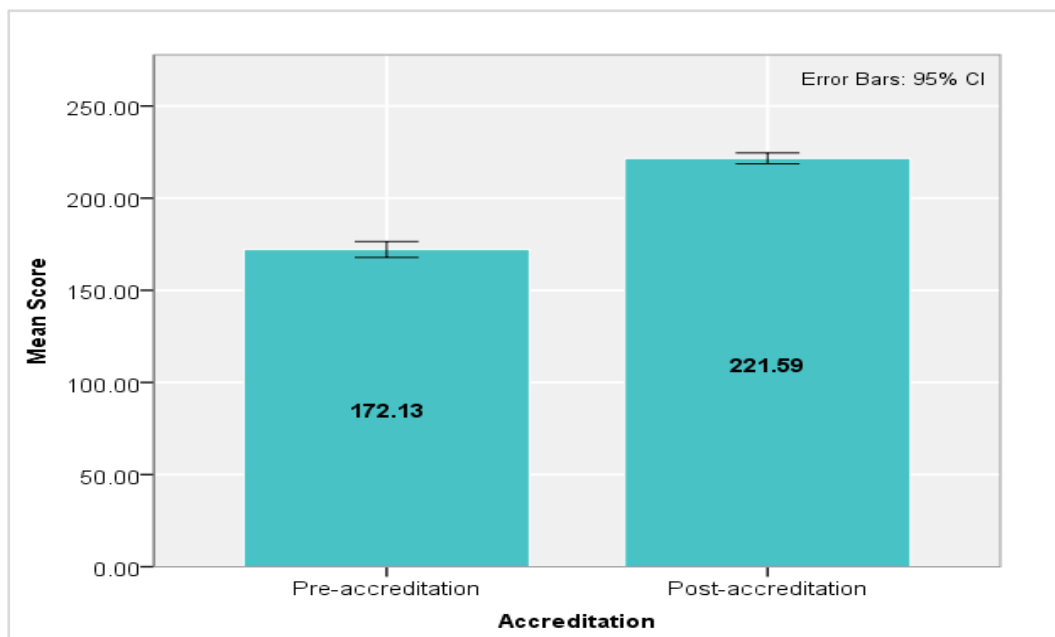


Fig. 1: Pre and post-accreditation mean scores

**Overall Satisfaction**

The majority (66.19% = Agree – 22.25% + Strongly agree – 43.94%) of the respondents were quite satisfied with the overall experience they got from Hemodialysis department. However, in here the most highlighting fact is

that 15.49% of the respondents neither agreed nor disagreed with the fact that the experience they got was satisfactory. Less than 20% of the respondents disagreed (13.24%) or strongly disagreed (5.07%) with the fact that the experience they got was satisfactory.

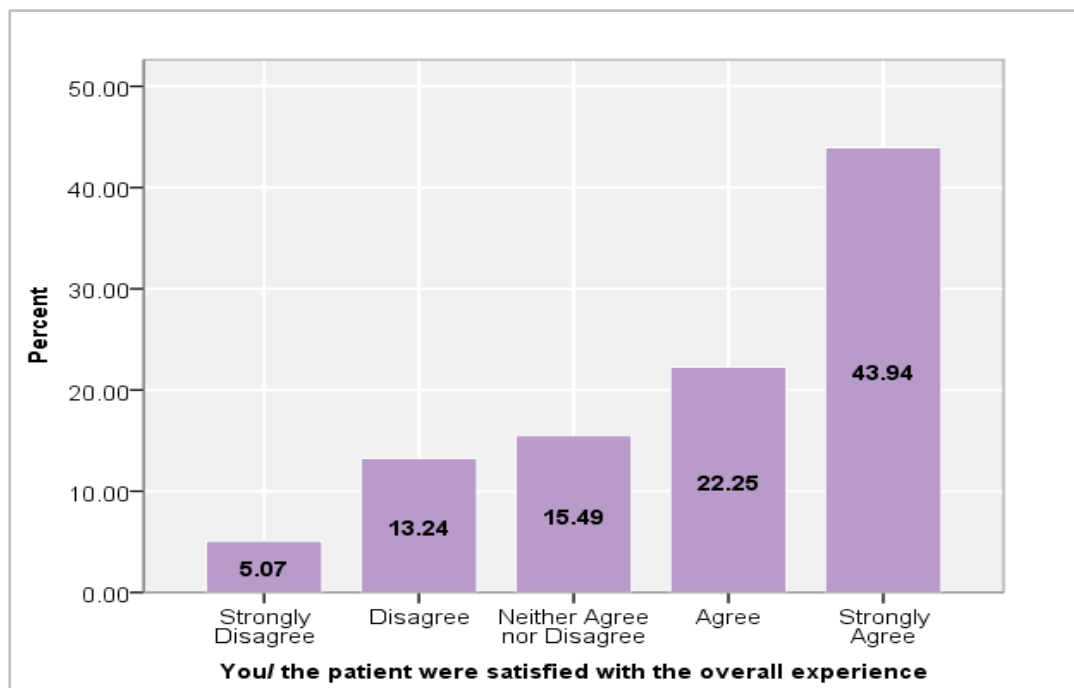


Fig. 2: Overall satisfaction with the service of Hemodialysis department

**4. CONCLUSION :**

At the 5 % level of significance, the t-test

results indicate that there is a significant difference in the responses between before (M=51.11, SD=21.89) and after accreditation

(M=58.56, SD=17.28) with p-value <0.001. The mean patient's experience score has improved from before accreditation compared to after accreditation. The patient's experience score has improved from before accreditation compared to after accreditation which indicated that the accreditation has a positive impact on the patient's experience of Haemodialysis Department Services of the study hospital.

#### 5. LIMITATIONS OF THE STUDY :

This study is limited to the Haemodialysis Department Services of the study hospital and for a limited duration (before two months and after two months of accreditation) only.

#### 6. DIRECTIONS FOR FUTURE RESEARCH :

In future such research should be conducted to study the impact of national and international accreditations on the other services of the hospitals over a large period of time.

#### 7. IMPLICATIONS OF THE FINDINGS :

The accreditation has a positive impact on the Patient's Experience of Haemodialysis Department Services of the study hospital.

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