

Objectives

In recent years, the use of new survey methods in addition to on-site surveys has reshaped the concept of surveying. This study aims to detect the drawbacks experienced and likely to be experienced in remote accreditation surveys and to determine how Healthcare Accreditation Standards have been evaluated.

Methods

In this study, accreditation standards and assessment criteria were evaluated by TÜSKA surveyors with the remote survey method. At the same time, TÜSKA specialists observed the survey on site. The data were collected during the remote annual surveys of 9 hospitals accredited by the Türkiye Health Services Quality and Accreditation Institute (TÜSKA). The data of TÜSKA specialist accompanying the remote annual surveys of 5 accredited hospitals were collected from these 5 hospitals by on-site and remote observation. TÜSKA specialist did not take part in survey team meetings and evaluations during the survey. The data of the other 4 hospitals were obtained during the interviews with the hospital managers after the remote annual surveys were carried out.

Results

All the accreditation standards and assessment criteria were assessed in the survey. Drawbacks experienced or likely to be experienced in the survey process were evaluated within the scope of the institution being surveyed, survey team and the accreditation body, and they were grouped in terms of their contents.

Findings Related to Surveyed Institution

The indifference of the workers to the survey, interviewee being guided by other employees, lack of information about remote survey, the inability to adequately convey the activities due to restricted communication, and the risky behaviours of the workers on site were determined as *Worker-Related and Workplace-Related Disruptions*.

Poor connection and environmental factors that would adversely affect connection quality were associated with *Remote Connection Quality*.

The failure to transfer the documents/records requested by the surveyor and the deficiency of information security in document sharing were evaluated as *Document Sharing Problems*.

Numerical inadequacy of technical equipment, lack of control before survey, deficient infrastructure and insufficient planning to ensure the sustainability of survey equipment were determined as *Problems Regarding Technical Equipment*.

Findings Related to Survey Team

Lack of remote surveying knowledge and inability of the survey team to adapt to the technology used was considered as the *Capability to Conduct Remote Survey*.

Problems related to remote-connection technical equipment, surveyor's connection infrastructure and lack of pre-survey connection checks were evaluated as *Remote Connection Quality*.

In the test connection made with the institution before the survey, the differences specific to remote surveying were missed out, the on-site visits were not planned properly, communication of the survey team with each other and with the workers was restricted, which was assessed as the *Ineffective Management of the Survey*.

Findings Related to Accreditation Body

The lack of activities to increase the remote survey competence and capacity of the surveyors, the survey process not having been designed to include the differences in remote survey, deficiency of a clear strategy regarding the regulations expected from the institution and the surveyors in remote surveying were considered as the *Inadequacy of the Regulations Specific to Remote Survey*.

Conclusion

The remote survey method, which has recently been used widely, has positive aspects as well as negative aspects that can adversely affect the process. Determining the drawbacks experienced and likely to be experienced in the process and making improvements regarding the drawbacks will enable a more effective assessment of the standards and assessment criteria within the scope of Healthcare Accreditation Standards.

