



Accreditation and External Inspection in Healthcare

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Sina Furnes Øyri¹, David Bates^{1,2}, Siri Wiig¹

1 SHARE Centre for Resilience in Healthcare, Faculty of Health Sciences, University of Stavanger, Stavanger, Norway.
2 Division of General Internal Medicine, Brigham and Women's Hospital, Boston, MA, USA.

INTRODUCTION

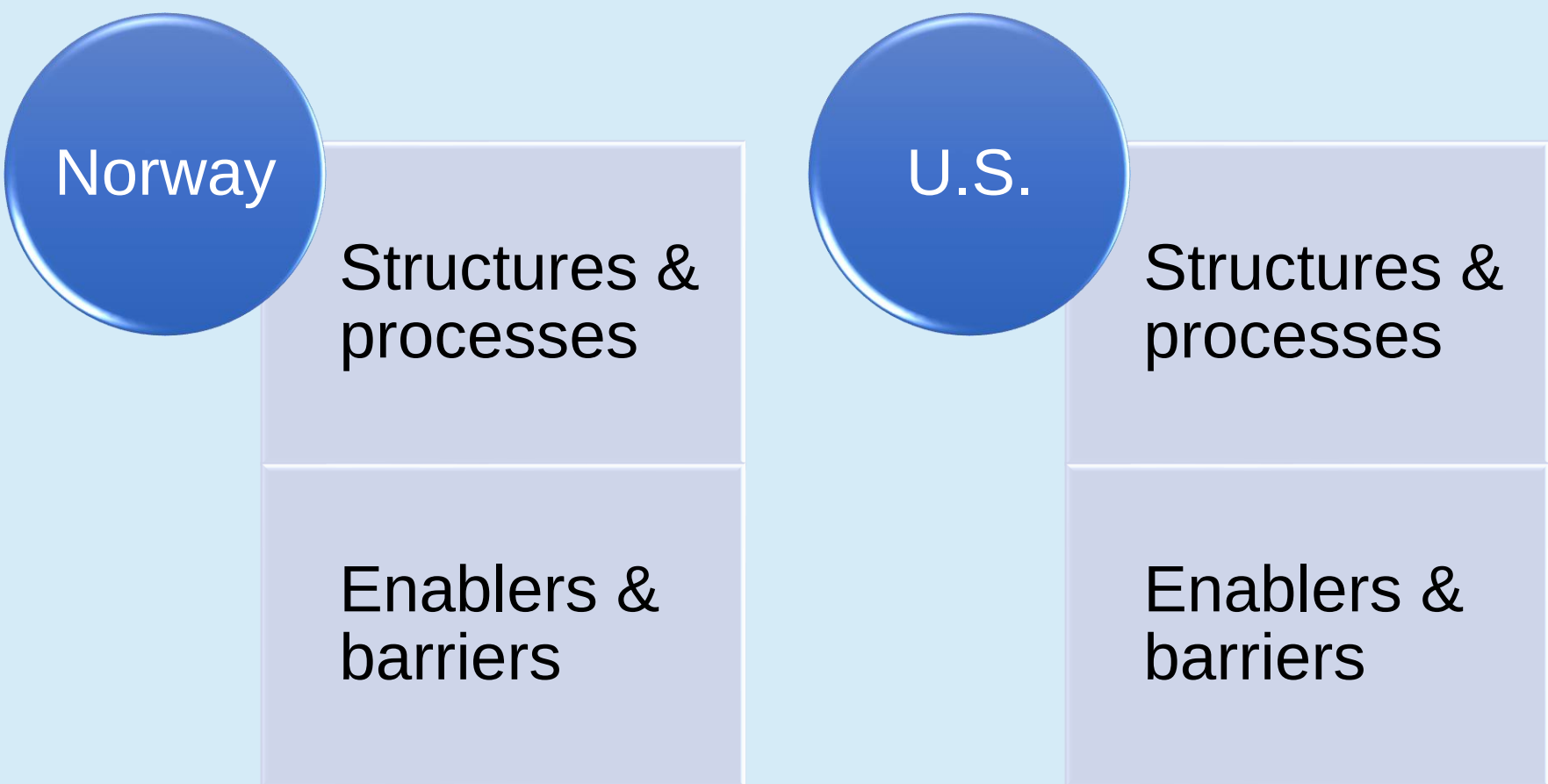
External inspection and accreditation are examples of internationally wide-spread external evaluation methods used to assess the quality of care given to patients.

Different countries have different national policy strategies and arrangements set up to do these evaluations.

Although there is growing attention to the impact and effects on quality and safety from external evaluation, we still know too little about how structures and processes influence these outcomes.

AIM

The aim of this study was to describe the **structures** and **processes** in external evaluation designed to promote quality improvement in Norway and the U.S. with attention to **enablers** and **barriers** in external evaluation systems.



RESULTS

Definitions of external evaluation

- External inspection is a regulatory approach to which external inspectors assess the performance of a healthcare organization, or delegate parts of the assessment to the organization, by either planned, system audits of performance initiated by the inspectorate body or individual cases of adverse events related external inspection reported to the inspectorate body.
- Accreditation (including licensing and certification) is a form of external evaluation performed by an external accreditation body. The assessment is performed based on benchmarks for measuring patient safety and the quality of care provided by a healthcare organization.



Structures and processes of external evaluation in Norway

- * Based on external inspection of healthcare organizations and internal control principles in evaluation of structure and process
- * Attention to system performance and management responsibilities
- * Inclusion of internal stakeholders in the evaluation processes



Structures and processes of external evaluation in the U.S.

- * Based on accreditation of healthcare organizations and compliance-based, and management-oriented evaluation of structure and process
- * Individual liability countered by a system of torts; insurance
- * Concern about a lack of meaningful stakeholder inclusion

Distinct contrasts between the two countries:

- The Norwegian regulatory framework for external inspection has replaced an individual blame logic with a model which “blames” the system for inadequate quality and patient harm. The Norwegian System of Patient Injury Compensation is designed to pay attention to collective efforts and system level accountability, with less attention to individual performance. This contrasts with the U.S. accreditation system, which focuses on accreditation visits, and where most clinicians and hospitals are covered by malpractice insurance to counteract individual professional liability in cases of medical errors.
- Involving patients and next of kin directly in adverse event related external evaluations is a bigger part of a change in external inspection culture and methods than in processes of accreditation, although findings indicate an ongoing turning point in accreditation.

Enablers and barriers in the two countries’ different regulatory frameworks on assessment of quality and safety:

- Parliamentarism (Norway) versus federalism (U.S.)
- Different legislative powers and a variety of legal sources
- The Norwegian model of external inspection is a mandatory control mechanism
- The U.S. model is a voluntary, non-statutory mechanism
- Differences in transparency, geographical and demographical complexity and in the systems’ financial foundation

METHOD

Case study design

The case was defined as external evaluation of service provision in healthcare in Norwegian and U.S. based contexts.

Data collection and analysis

- International guidelines
- Publicly accessible Norwegian and U.S. policy and regulatory documents regarding external evaluation of quality assurance and safety of patients
- Deductive qualitative content analysis

CONCLUSIONS

Accreditation and external inspection are strategies put in place to ensure that healthcare providers have adequate quality systems as well as contributing to the wider risk and safety enhancing management and implementation processes in the organizations subjected to evaluation.

- The Norwegian system applies a state body to oversee and evaluate organizations with limited attention to blaming individual health professionals.
- The U.S. system relies on accreditation, insurance and more patients bring lawsuits to be compensated for harm resulting from the healthcare system.

It is not clear that one system is better than the other even though the countries score differently on health indicators. This study therefore highlights the idea that achieving safety must include a multifactorial mindset for inspectors, accreditors, policy and decision makers.

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Ethics approval: The study did not collect specific patient information. No approval was required from the regional committees for medical and health research ethics.

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CONTACT INFORMATION

Sina Furnes Øyri; PhD, MSc, LL.M.
sina.f.oyri@uis.no
SHARE Centre for Resilience in Healthcare, Department of Quality and Health Technology, Faculty of Health Sciences, University of Stavanger, Norway; Department of Research, Stavanger University Hospital, Stavanger, Norway.