The Effect of the Decrease in Non-accreditation Rates due to Policy Linkage in the Accreditation System of Geriatric Hospitals in South Korea

YW Shin, JM Hwang, JR Lee, KA Shin and TY Oh
Korea Institute for Healthcare Accreditation(KOIHA), Seoul, Korea, Republic of

KOIHA Korea Institute for Healthcare Accreditation

P637

INTRODUCTION

- In 2013, considering the rapidly aging population, the Ministry of Health and Welfare of South Korea launched the Geriatric Hospital Accreditation System(mandatory application) to improve the quality of medical care and ensure the safety of elderly patients.
- However, the second cycle of accreditation began in 2017, the number of geriatric hospitals such as those that are 'non-cooperative' or have received a 'non-accreditation' level increased after application, the government has implemented policy management measures, such as including accreditation status in the health insurance reimbursement criteria, to ensure effective system operation.

AIM

- This study aims to examine the changes in the accreditation rates of geriatric hospitals in South Korea and the effect of policy management measures of government. And explore the future directions of the accreditation system for geriatric hospitals based on these changes.

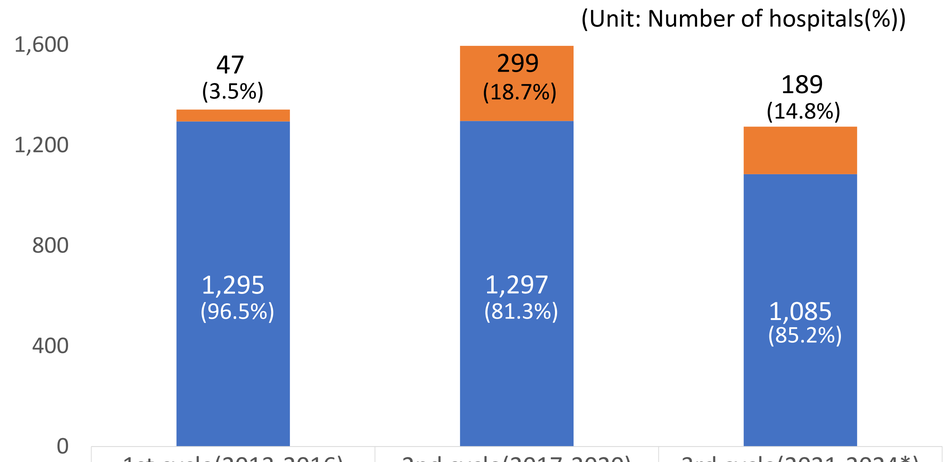
METHODS

- This study targeted geriatric hospitals officially accredited by the government from 2013 to June 2024, utilizing a nationwide database constructed in KOIHA's accreditation system.
- It analyzed the trend and characteristics of accreditation rates from the first cycle to the third cycle.
- During the third cycle(2021 to June 2024), the annual trend of accreditation rates and the relationship with government policy management were analyzed.

RESULTS

1. Trends and Characteristics of Accreditation Rates per Cycle

(Unit: Number of hospitals(%))



	1st cycle(2013-2016) 1,342	2nd cycle(2017-2020) 1,596	3rd cycle(2021-2024*) 1,274
Non-accreditation	47	299	189
(Conditional)Accreditation	1,295	1,297	1,085

* The third cycle covers up to 2024, but data is based on the number of hospitals approved by the government as of June 2024.

- **The non-accreditation rate of geriatric hospitals was 3.5% during the first cycle but increased to 18.7% in the second.**
  - ✓ This is because, compared to the first cycle, which had high compliance rates and applied low-level standards considering the initial acceptance of the system.
  - ✓ From the second cycle onwards, geriatric hospitals emerged that did not cooperate with the survey due to insufficient rewards for mandatory accreditation participation and strengthening standards related to fire and facilities.
  - ✓ The healthcare authority has considered measures to increase accreditation rates, including linking accreditation to health insurance reimbursement.
- **The third cycle, operating until 2024, shows a 14.8% decrease in non-accreditation rates compared to the second cycle.**
  - ✓ During the third cycle, an increase in non-accreditation rates was expected due to the strengthened infection control-related standards resulting from the COVID-19 pandemic.
  - ✓ In the third cycle, however, non-accreditation rates were effectively reduced by introducing prerequisites such as inpatient safety management fees, infection prevention management fees, and quality support payments linked to appropriateness evaluations. Additionally, implementing penalty policies, which excluded additional staffing fees for non-application or non-cooperation, contributed to this reduction.

2. Analysis of Accreditation Rate Trends and Government Policies in the Third Cycle (2021-2024, June)

(Unit: Number of hospitals(%))

Year		2021		2022		2023		2024(~June)	
Total		282		402		430		160	
(Conditional) Accreditation		216	(76.6%)	330	(82.1%)	389	(90.5%)	150	(93.8%)
Non-accreditation	Subtotal	66	(23.4%)	72	(17.9%)	41	(9.5%)	10	(6.2%)
	Non-cooperative	58	(20.6%)	55	(13.7%)	31	(7.2%)	5	(3.1%)
	Unmet	8	(2.8%)	17	(4.2%)	10	(2.3%)	5	(3.1%)

- **Correlation Between Incentives and Accreditation Rates**
  - ✓ The initial incentive tied to accredited geriatric hospitals with over 200 beds was the inpatient safety management fee for safety activities introduced in May 2021.
  - ✓ However, in the previous cycle, the accreditation rate for these hospitals had already reached 90%, so this policy did not effectively increase the overall accreditation rate.
  - ✓ Meanwhile, **infection prevention management fees**, previously paid to all geriatric hospitals due to the COVID-19 pandemic, were restricted to accredited hospitals as of July 2023 specifically for appropriate infection prevention management activities.
  - ✓ Additionally, during the same period, accreditation was linked to fees (quality support payments linked to appropriateness evaluations) associated with a comprehensive assessment of the operational structure, process and outcomes.
  - ✓ **As a result, the accreditation rate increased from 76.6% in 2021 to 93.8% at present, a rise of approximately 17.2%p.**
- **Correlation Between Penalties and Accreditation Rates**
  - ✓ Penalties significantly reduced non-accreditation rates, particularly among institutions that refused to cooperate with surveys.
  - ✓ Starting in October 2021, the penalty, initially applied only to those not applying for accreditation, was extended to hospitals refusing to cooperate 'without justifiable reasons'. Under this policy, **incentives for adequate staffing are withheld if the hospital does not cooperate with the accreditation survey.**
  - ✓ **Consequently, the rate of hospitals refusing to cooperate decreased in the year after the introduction of the penalty, from 20.6% to 13.7%, it currently stands at 3.1%, a reduction of about 17.5%p.**
  - ✓ The Non-accreditation rate of those who did not cooperate with the survey accounted for approximately 75% of the total non-accreditation rate showing that penalties effectively reduced the overall non-accreditation rate.

CONCLUSIONS

- The mandatory accreditation system for geriatric hospitals in South Korea was introduced with national budget investment to manage elderly or vulnerable patients nationally. In the second cycle, the facility standards for fire prevention and ventilation and other facility criteria were strengthened. In the third cycle, geriatric hospitals were given support to enhance their capability to respond to infectious diseases during the pandemic, thereby establishing a patient safety culture throughout geriatric hospitals. This study examined the changes in perception of the accreditation system and the positive impact of the government's policy to improve the system's blind spots on the increase in accreditation rates. As of 2023, with the elderly population nearing 19% in South Korea, there is a need for more effective operation of the accreditation system, an essential means for improving the quality of medical care in geriatric hospitals. It will be necessary for the ongoing measurement of accreditation outcomes and the development of various government policies.

REFERENCES

- KOIHA Accreditation System Database(private)

CONTACT INFORMATION

- Accreditation & Evaluation Headquarters of KOIHA(hjm@koiha.or.kr)

KEYWORDS

- Accreditation, Geriatric hospital, South Korea