



Accreditation: tool or policy for health systems organizations?

Acreditação: ferramenta ou política para organização dos sistemas de saúde?

Acreditación: herramienta o política para la organización de los sistemas de salud?

Maria Thereza Ribeiro Fortes¹, Tatiana Wargas de Faria Baptista²

ABSTRACT

Objective: To search the scientific literature dealing with the accreditation theme, elements that indicate the relationship between the methodology and formation of policies, for the organization of health systems, in order to discuss the current perception of accreditation as a quality tool separate from the intentions of governments. **Method:** We opted for an integrative literature review using the bibliographic databases of LILACS, SCOPUS and ISI Web of Knowledge. **Results:** In the world, the methodology seems to be close to a policy tool, providing guidelines for the organization and evaluation of services and health systems. **Conclusion:** There is no single view about the purposes of a system of accreditation. Therefore, in Brazil, to simply designate it as a quality tool or a product of the market would be premature.

Keywords: Accreditation; Health public policy; Health systems; Quality management

RESUMO

Objetivo: Buscar na literatura científica que trata do tema acreditação, elementos que possam indicar a articulação existente entre a metodologia e a formulação de políticas, para a organização de sistemas de saúde, com o intuito de problematizar a percepção corrente da acreditação, como uma ferramenta da qualidade destituída de intenções dos governos. **Método:** Optou-se pela revisão integrativa da literatura tendo como bases bibliográficas a LILACS, SCOPUS e ISI Web of Knowledge. **Resultado:** No mundo, a metodologia parece estar próxima a uma ferramenta da política, constituindo diretrizes para a organização e avaliação dos serviços e sistemas de saúde. **Conclusão:** Não existe uma visão única sobre os propósitos de um sistema de acreditação. Portanto, no caso brasileiro, designá-la apenas como ferramenta de qualidade ou produto de mercado seria prematuro.

Descritores: Acreditação; Políticas públicas de saúde; Sistemas de saúde; Gestão de qualidade

RESUMEN

Objetivo: Buscar en la literatura científica que trata del tema acreditación, elementos que puedan indicar la articulación existente entre la metodología y la formulación de políticas, para la organización de sistemas de salud, con el objetivo de problematizar la percepción corriente de la acreditación, como una herramienta de la calidad destituida de intenciones de los gobiernos. **Método:** Se optó por la revisión integrativa de la literatura teniendo como bases bibliográficas a LILACS, SCOPUS e ISI Web of Knowledge. **Resultado:** En el mundo, la metodología parece estar próxima a una herramienta de la política, constituyendo directivas para la organización y evaluación de los servicios y sistemas de salud. **Conclusión:** No existe una visión única sobre los propósitos de un sistema de acreditación. Por lo tanto, en el caso brasileiro, si se la designa apenas como herramienta de calidad el producto de mercado sería prematuro.

Descriptores: Acreditación; Políticas públicas de salud; Sistemas de salud; Gestión de calidad

¹ PhD student in Public Health, National School of Public Health – ENSP/FIOCRUZ – Rio de Janeiro (RJ), Brazil.

² Researcher. Administration and Health Planning Department at National School of Public Health – ENSP/FIOCRUZ – Rio de Janeiro (RJ), Brazil.

INTRODUÇÃO

In the early 20th Century, the ‘Flexner Report’⁽¹⁾ revealed the chaotic state of the American medical schools and proposed a new dimension to the teaching model. In the same decade, the American College of Surgeons developed a list of minimum standards for operating rooms, the intention was to certify them. The result was considered so disturbing that the Institution decided to burn the evaluation documents^(2,3). Both actions contributed to the reorganization and regulation of medical schools and hospitals, and in this context, the conceptualization of accreditation began as a methodology for standardization of hospital activities.

In 1950, the Joint Commission on Accreditation of Hospitals (JCAH) was created, a U.S. non-governmental organization, non-profit, focused initially on voluntary accreditation to hospitals. With the development of the activity, the certifications began to be used in government reimbursement decisions for programs related to health, integrating the American public system. In 1988, JCAH became the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), expressing their presence in other health care environments. After nine years, the Joint Commission International (JCI) was established to offer accreditation at an international level⁽³⁻⁵⁾.

In 2005, World Health Organization (WHO) established a partnership with JCAHO and JCI, additionally it designated them as WHO Collaborating Centre on Patient Safety Solutions⁽⁶⁾. The aim of the partnership was to promote and develop solutions to establish guidelines about patients in risk situations in environments of health care worldwide. JCAHO partnership with WHO was an important hallmark for international operation, as well to advocate their products.

The ideal accreditation, offered by JCAHO, is the one in which the adherence is voluntary and it advocates conformity with standards of excellence. However, it appears

that the methodology has shown variations in different countries, acting as an instrument of regulation and/or assessment, being voluntary or not. In fact, the expansion of this methodology and its dissemination strategies have been occurring through the actions of actors in the organization of health systems, which have led to different configurations of accreditation^(3,7,8). Thus, the accreditation cannot be understood only as an assessment tool but also as a mechanism of policy guidance on health systems.

This paper intends to present, based on a review of the international scientific literature, elements which might indicate the relationship between the methodology of accreditation and policies formulation for the organization of health systems in different countries, in order to discuss the current understanding of accreditation as a quality tool devoid of government intentions. Also, the discussed terms are presented in the Brazilian context and its possible connections with the debate in the political sector.

METHODS

The study consisted of an integrative review about the theme accreditation, searching the bibliographic databases LILACS, SCOPUS and ISI Web of Knowledge. The first stage was to track the references and the characterization of abstracts using filters and criteria for inclusion/exclusion. Secondly, the readings and detailed analysis of the full text were done, based on selected abstracts.

The chosen databases allowed us to understand how the debate has been done in different realities. The chosen terms for the search were linked to the research: the emphasis on the orientation of governments in the organization of systems and its quality. Regarding the criteria for inclusion/exclusion, it was decided not to use texts which were restricted to the application of the tool from the results and those that addressed a contribution to the development of health systems were kept.

Table 1. International range, search strategy and quantitative distribution of the results through databases

| Database | International Range | Strategy | Results | Initial Selection | Final Selection |
|----------------------|--|---|---------|-------------------|-----------------|
| SCOPUS | Europe, Latin America and Asia-Pacific Region. Includes MEDLINE, 1st database of the National Library of Medicine from The United States of America. | Title = “accreditation” AND Title-Abs-Key = “Health policy” AND NOT ALL “education” | 127 | 17 | 17 |
| LILACS | Papers from Latin American authors and the Caribbean. Includes collection of PAHO *. Adds no documents produced in other regions. | “acreditação”[keyword] AND NOT “educação”[keyword] | 279 | 22 | 14 |
| ISI Web of Knowledge | Documents and information from newspaper articles, websites, and conference abstracts. Database composed of citations from multidisciplinary areas such as sciences, social sciences, arts and humanities. | Title = “hospital accreditation OR accreditation AND hospital quality AND history” | 62 | 8 | 5 |
| TOTAL | | | 468 | 47 | 36 |

Source: Prepared supported in consultation to the bibliographic databases.

* Pan American Health Organization– PAHO.

The created filters made it possible to control discrepancies between the results of the databases. The first screening indicated the existence of 468 references. After reading the abstracts, excluding the repeated articles and full-text reading, there were 36 remaining references (Table 1). The analysis itself was done according to these articles.

RESULTS

The first priority of analysis of the review was to determine in the international literature *which countries have promoted the debate on accreditation and how the issue has been approached in different realities* (Table 2)

The initial finding was that the discussion about accreditation is indeed present in the whole world, with articles referring to Japan, Zambia, India, Lebanon, Mexico, Argentina, Chile, Brazil, France, England, Spain, Canada, The United States of America (USA), Poland, Bulgaria, etc. But also there are important differences which were evidenced in the content of the discussions, with variations in countries, consistent with the moment accreditation was incorporation by them.

In the 1970s, the debate concerning accreditation was restricted to Anglo Saxon language speaking countries and referred, specifically, to the development of the methodology. This is an expected finding, since the methodology was constituted from the 1950s in the U.S.A, Canada and Australia, with initial expansion to English-speaking countries in the 1960s/1970s. In the 1980s, these countries began to produce studies that focused on the dissemination of the methodology around the world. Only in the 1990s/2000s studies showing the discussion of accreditation relating government concerns with the quality of health were published.

Anglo Saxon language speaking countries are treated in the studies as a very important group in the process of accreditation, due to the fact they present a continuous and uninterrupted analysis of quality as a priority in their methodology, which is a prerequisite for the defini-

tion of standards. In these countries, accreditation has undergone numerous changes since its implementation, and studies have discussed the impact of accreditation system in the quality of health systems⁽⁸⁻¹¹⁾.

The analysis of methodological changes in these countries also explains the internal and external pressures presented in the different processes of accreditation with the participation of institutions in the arena of health policy formulation and the influences coming from other realities. Thus, despite the similarities between the Anglo Saxons systems of accreditation, it is emphasized that these systems are changing for the assessment of quality, based on the experiences of those who received care, although the systems are in different stages of this process.

The articles about accreditation in other countries emerged in the 1980s, in Europe, they are at the beginning of an on-going process of incorporating the methodology. Thus, studies have focused on the discussion about the introduction of accreditation at this first moment and have started to present, in the 1990s, the difficulties in adapting the methodology to the realities of these countries, pointing out to the necessity of a review of the process. In the 2000s, the debate was done around the necessary adjustments, with suggestions for changes in the methodology according to the different intentions and objectives of the various actors involved.

In publications of Latin America and Caribbean (LAC), the matter of accreditation is presented in the 1990s with the introduction of the methodology in the region. The articles emphasize the technical aspects of accreditation and the mechanisms for dissemination of the methodology. PAHO/WHO plays an important role using the argument of accreditation for articulating the goal of "Health for All in 2000"^(12,13). The methodology is presented as an articulated strategy for the hospital with the local health systems (LHS) and consequently with the primary care⁽¹²⁾. All the article's rhetoric aimed at affirming accreditation as an important mechanism in order for the governments to succeed in developing their health systems.

Table 2. Contents worked in the selected studies by region/country, year 1970-2000

| Região/países | 1970s | 1980s | 1990s | 2000s |
|----------------------------------|----------------------------|---|---|--|
| USA, ENGLAND, CANADA, AUSTRALIA | Development of methodology | Dissemination of the methodology for the countries. | Extending the scope and expanding the criteria for accreditation. | Extending the scope and expanding the criteria for accreditation. |
| EUROPE (Spain, France) | | Introduction of methodology | Introduction of the methodology and discussion of difficulties. | Discussion about the adaptations and modifications. |
| LATIN AMERICAN AND THE CARIBBEAN | | | Introduction and presentation of the methodology. | Technical enquiries about the implementation and application of the methodology. |
| ASIA | | | | Technical issues of presentation and introduction of the methodology. |

Source: Based on the literature review

Asian countries are the latest ones to enter the debate. The first articles date from the 2000s and are still referred to the time of introduction and application of the methodology, with reports and impressions of the first contact with the explanatory theory of what is accreditation.

The second priority of the literature review was to identify *the possible connection between accreditation and organization of health systems* or how accreditation has been incorporated into the guidelines of government health systems.

Commonly in almost all articles, regardless of region/country, is the discussion around the tactics of expansion and the affirmation of the methodology, with the recognition of the importance of closeness with important actors in the political arena “*so that implementation is recognized as an irreversible force*”⁽¹²⁾. The articles of the 2000s have brought to light the results of patient’s safety and rights. Consequently, accreditation is indicated not only as an assessment tool but also as a mechanism for accountability⁽⁸⁻¹¹⁾ of the system, demonstrating to be attractive to numerous actors in the health system contexts.

History, which is told in different countries, reflects an incorporation of the methodology to meet with the needs of governments, for both quality control and the definition of standards in health services and their regulation.

On the process of accreditation in the U.S.A, studies have emphasized that the motivation for the development and incorporation of the methodology in the system was related to the lack of quality control of their programs (Medicare and Medicaid). The methodology has guided the definitions of financing and it represents an endorsement of the quality desired by the government⁽⁹⁾.

In Australia, state governments acknowledged accreditation as useful and its implementation was stimulated by government agencies reflecting the goal of standardization of the services’ provision, which evolved differently across the country⁽⁹⁾.

In France, the incorporation process of accreditation in the health system was directly associated with quality. The methodology was established in law and it became mandatory for different health services. The process was established based on the adaptation of the compatible methodology with the institutional culture, articulated as a gradual process of quality improvement⁽¹⁴⁻¹⁶⁾.

The accreditation, as a regulatory tool of the state, was also performed in countries as Lebanon. In this case, the process was developed and implemented through an action of the Ministry of Health with the assistance of Dutch consultants. The policy of Hospital Accreditation is used as regulation, based on the payment system⁽¹⁷⁾.

The defense of accreditation is recurrent even when the exposed evidences are not favorable to the methodology. For example, an article about the Japanese health system, 1st in the ranking of health quality, showed that there were 15,003 reported cases of medical malpractice within 2 years in 82 hospitals. Considering the 9,286 hospitals, only 577 (6.2%) were accredited by Japan Council for Quality Health Care (JCQHC) in 2001, and 2926 (19.5%) cases of malpractice occurred in only one hospital certified by the JCQHC⁽¹⁸⁾. In this country there are no external incentives, regulatory or financial, to join the accreditation, nevertheless the research highlights that accreditation might be beneficial to the quality of the system if the right incentives are used.

Another interesting example is in India, where accreditation was recommended without the knowledge of the methodology, indicated as a mechanism which could ensure the quality of the private sector health services in low-income countries. The study reports the process of dissemination of accreditation in the country without a time for reflection and for experiencing the use of the methodology⁽¹⁹⁾.

The articles have demonstrated the participation of actors and institutions, with distinct interests, acting in the discussion of accreditation, from governments, through their ministries of health; health organizations as WHO and PAHO; professional associations; the institutions who value the quality – for instance JCI and The International Society for Quality in Health Care Ltd. – and U.S. agencies such as the U.S. Foreign Assistance Reform. Thus, accreditation is presented as an issue that has mobilized various institutions which have lead health policy in the countries, also expanding and modifying by the governments’ pressure.

The third priority of the analysis was to identify *how accreditation is inserted on debate of the organization of the Brazilian health system*.

In Brazil, the introduction of accreditation occurred in the 1990s under the influence of PAHO/WHO, whose priority was the development of health infrastructure, with the first experiences to adapt the methodology to hospital reality^(3-4,7,12-13). Its incorporation occurred to meet the demands of quality control.

There are two operative types of national certification: the Brazilian Consortium for Accreditation (BCA), allied to JCI, and the National Organization for Accreditation (NOA), a non-profit corporation, supported by government agencies. However, there are other alternative certifications.

In the current context, both public and private health care institutions are seeking certification as a mechanism of quality, based on the suggestions that this process is beneficial, even when their results are not tangible. The inquiries about the reasons and incentives for the

implementation of the accreditation system are precipitated and some authors place their desire that the transfers of funds of the Unified Health System (SUS) are made only to certified hospitals.

Within the public health system, the debate on the relevance of accreditation is presented in the 2000s, when the Brazilian Health Surveillance Agency (ANVISA) recognizes NOA and agrees to the dissemination of the methodology to the state and municipal Health Surveillance Agencies; health professionals and managers of SUS. Also in 2004, the agency in an official document presented the methodology as a “*new concept of quality which combines safety with professional ethics, responsibility and quality of care*”⁽²⁰⁾ and articulates the tool with possible improvements in the management of health facilities and in more efficient assistance and safety for the patient.

In Brazil, the accreditation offered by NOA related their standards with the minimum requirements of the regulation as a prerequisite to licensing. The BCA have linked their standards to the excellence, understanding that it stimulates the pursuit of a high degree of quality in institutions.

Among the actors involved in the accreditation, recognition stands out as important in the official process, credibility and expansion of the methodology in the country, ANVISA and the Ministry of Health. However, it is also important to highlight the contribution of Novaes⁽¹³⁾, as a consultant to PAHO at the time that accreditation was introduced in the context of LAC. The author proposes a link between accreditation and the development of national policies, as the organization of LHS and insertion of the hospital, as part of the local network, and the accreditation being fundamental to guarantee the quality of care.

DISCUSSION

It is noteworthy that one of the characteristics of American accreditation, which shaped the accreditation systems in the world, is the voluntary nature. This feature depends on the degree of government involvement in the process and relations with financial incentives. The result can be a paradox, as the French case, which solved the puzzle, by giving it an initial time during which the institutions could voluntarily adhere to the accreditation process. After that, the institutions were initiated in the process by the regional health agency⁽¹⁶⁾.

Aspects of health systems that will be accessed by accreditation vary according to the interests of those who develop the system. When the system is established by professional institutions, the greater is the tendency towards independence, but when the process is initiated by governments, the ideal type of accreditation is less likely. Moreover, generally, reforms in health

systems, regardless of their objectives, are controlled by political actions involving a wide range of actors driven by different forces that will influence the model of implementation.

Despite of preaching sustainability and independence of the accreditation system, through a national commission supported by the government, one of the providers` adherence guarantees, in the process is its necessity through regulation or legislation⁽¹⁷⁻¹⁹⁾.

The discussion on incentives stimulates participation from the government. There is a consensus in the literature that this participation ensures the effectiveness of the accreditation system. The aim is to avoid accreditation to be related to different reasons others than the concern with quality. Accreditation by the mere certification is considered an opportunistic behavior, which seeks, for instance, advantages such as in business^(15,17,19).

Questionings about the incentives for accreditation towards the difficulty of achieving certification and its little tangible results, it was verified the usage of argument of accreditation as a tool of regulation to be adopted by the systems in defining the minimum standard. It should be noted that the boundary between them and the regulation is tenuous and that the definition of standards and goals reflect the intentions of different governments, being for regulation, certification or guarantees for financing.

The idea that accreditation plays an important role is inserted, through the quality of hospitals, in the context of discussions on policies for the organization of local and national health systems.^(3,7,12)

This strategic approach from government and other actor groups, such as health professionals and political parties, place, once again, a movement for accreditation in the health policy arena. The theme is important^(3,7,13), because accreditation, addressing quality, would provide effective care and efficient use of available resources, to promote equity in the provision of health services.

CONCLUSIONS

The literature review allowed the claim that accreditation can and should be considered as a policy issue that mobilizes different countries, governmental and nongovernmental institutions and it is on the agenda for discussion by governments.

There is not only one view of the purposes of an accreditation system. Its success depends on the goals constructed, based on what is believed to be the goals of the health system that aims to modify, according to the perspectives of those who establish the criteria for performing the methodology. Therefore, countries are at different stages in the methodology.

There are those who experienced an ancient history as Canada, Australia and the U.S.A, which can be considered as the greatest disseminators of the methodology. There are those who have adopted the methodology, but have adapted to their realities, as many European countries, including France, in which the nature of accreditation proved to be a paradox, and Catalonia (Spain) ^(3,7), where a bad result of a single health facility resulted in its end with criticism of the proposed system. Finally, there are those who are in their early stage, as some countries in the LAC region and even countries like Japan and Lebanon, but which are heading to the viability of accreditation.

In Brazil, the movement towards a system of accreditation is still in its infancy and, as observed in most countries, depends on political will. Certainly, the majority of national literature relates to accreditation methodology as a quality tool. However, the review allows the deduction related to the methodology stage in which our region is.

REFERENCES

1. The Joint Commission [Internet]. Oakbrook Terrace (IL): The Joint Commission [cited 2010 Dec 10]. Available from: <http://www.jointcommission.org>
2. Cooke M, Irby DM, Sullivan W, Ludmerer KM. American medical education 100 years after the Flexner report. *N Engl J Med*. 2006;355(13):1339-44.
3. Fortes MT, Mattos RA, Baptista TW. Accreditation or accreditations? A comparative study on accreditation in France, United Kingdom and Cataluña. *Rev Assoc Med Bras*. 2011; 57(2):240-7.
4. Feldman LB, Gatto MA, Cunha IC. [Hospital quality evolution history: from patterns to accreditation]. *Acta Paul Enferm*. 2005;18(2):213-9. Portuguese.
5. Lima SB, Erdmann AL. [Nursing role during accreditation process of an emergency service]. *Acta Paul Enferm* 2006;19(3):271-8. Portuguese.
6. World Health Organization. Launch of WHO Collaborating Centre on Patient Safety Solutions. 2005 [Internet]. Geneva: WHO; 2005 [cited 2010 Dec 10]. Available from: <http://www.who.int/patientsafety/newsalert/issue2/en/index.html>
7. Fortes MT. A acreditação no contexto dos sistemas de saúde: as propostas de política e suas diversas acreditações [dissertação]. Rio de Janeiro: Universidade Estadual do Rio de Janeiro, Instituto de Medicina Social; 2007.
8. Scrivens E. Assessing the value of accreditation systems. *Eur J Public Health*. 1997;7(1):4-8.
9. Scrivens E, Klein R, Steiner A. Accreditation: what can we learn from the Anglophone model? *Health Policy*. 1995;34(3):193-204.
10. Scrivens E. Widening the scope of accreditation – issues and challenges in community and primary care. *Int J Qual Health Care*. 1998; 10(3):191-7.
11. Scrivens E. Accreditation and the regulation of quality in health services. In: Saltman RB, Busse R, Mossialos E, editors. *Regulating entrepreneurial behaviour in European health care systems*. Buckingham: Open University Press; 2002. p.91-105. (European Observatory on Health Care Systems Series)
12. Paganini JM, Novaes HM. Development and strengthening local health services: quality assurance: hospitals accreditation for Latin America and the Caribbean. Washington (DC); Pan American Health Organization; 1992. 210 p. (OPS. Serie HSD/SILOS, 13). (Series/SILOS No. 13C)
13. Novaes HM. O processo de creditação dos serviços de saúde. *Rev Adm Saúde*. 2007;9(37):133-40.
14. Touati N, Pomey MP. Accreditation at a crossroads: are we on the right track? *Health Policy*. 2009;90(2-3):156-65.
15. Giraud A. Accreditation and the quality movement in France. *Qual Health Care*. 2001;10(2):111-6.
16. Pomey MP, François P, Contandriopoulos AP, Tosh A, Bertrand D. Paradoxes of French accreditation. *Qual Saf Health Care*. 2005;14(1):51-5.
17. El-Jardali F. Hospital accreditation policy in Lebanon: its potential for quality improvement. *J Med Liban*. 2007;55(1):39-45.
18. Hirose M, Imanaka Y, Ishizaki T, Evans E. How can we improve the quality of health care in Japan? Learning from JCQHC hospital accreditation. *Health Policy*. 2003;66(1): 29-49.
19. Nandraj S, Khot A, Menon S, Brugha, R. A stakeholder approach towards hospital accreditation in Índia. *Health Policy Plan*. 2001;16 Suppl 2:70-9.
20. Agência Nacional de Vigilância Sanitária. [Accreditation: promoting quality in health services]. *Rev Saude Publica*. 2004;38(2):335-6. Portuguese.