

# Pilot Hospital Accreditation: Perspectives of Chief Hospital Managers and Staff

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# Background

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- The pilot scheme of hospital accreditation
  - 5 HA hospitals
  - 5 private hospitals
- Initiated by the HA, in close collaboration with the Australian Council on Healthcare Standards (ACHS)



# 2 Studies

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## Study 1 - completed

- on chief hospital managers of HA and private hospitals

## Study 2 – just completed

- on hospital staff of 4 HA hospitals



# Study Objectives

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## Objectives

- To explore perceptions of the pilot hospital accreditation scheme from the views of chief hospital managers and staff
- To identify the most successful and least successful aspects of the scheme
- To draw lessons for future implementation



# Study 1 – Chief Hospital Managers

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## Participants

- 9 chief hospital managers (from 5 HA hospitals and 5 private hospitals)

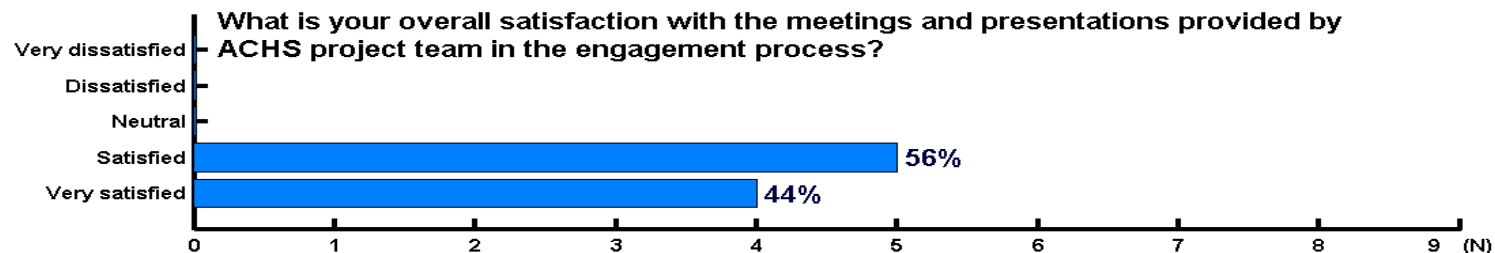
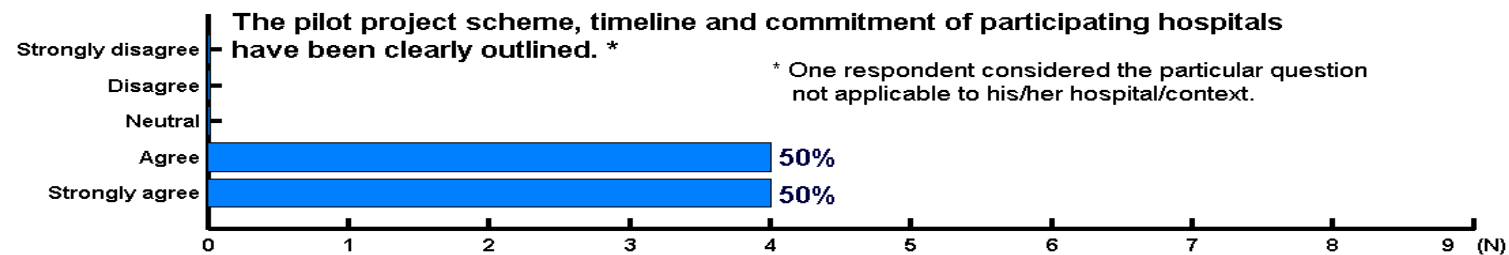
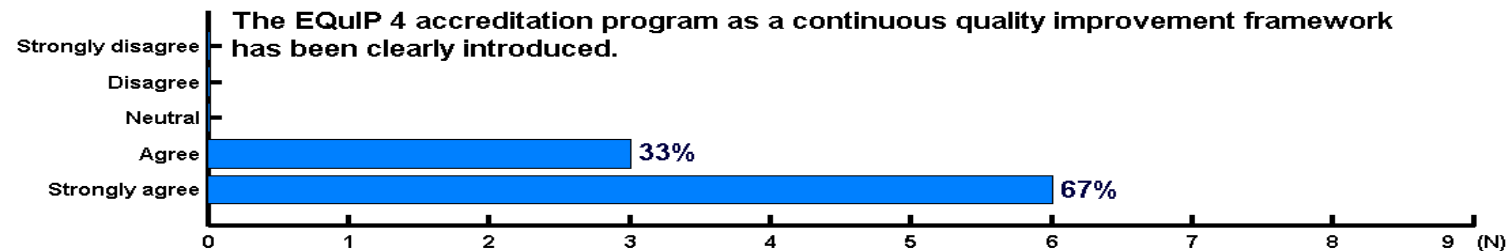
## Methods

- A survey questionnaire
- In-depth interviews



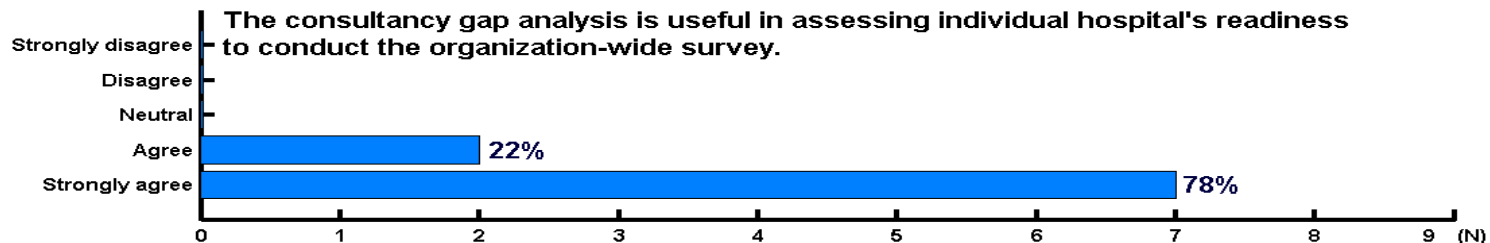
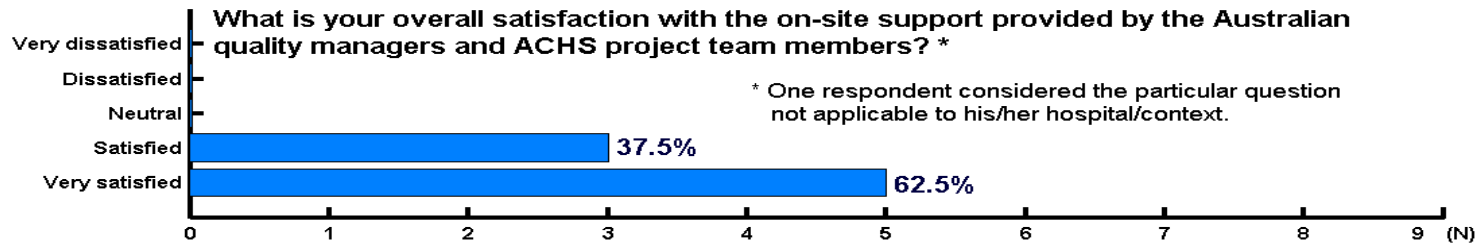
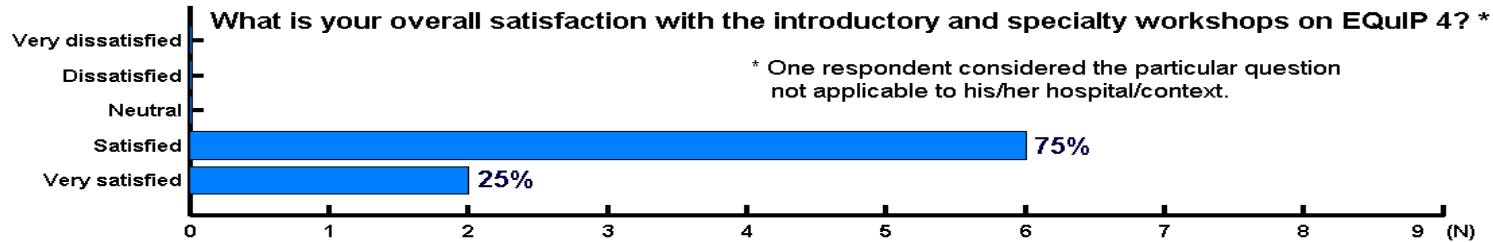
# Questionnaire Results

## Engagement component



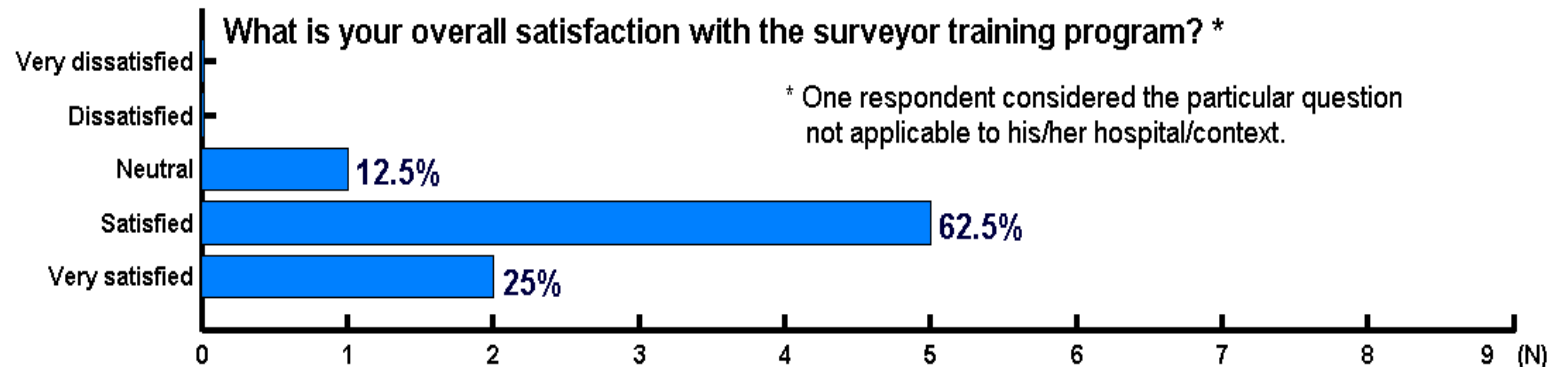
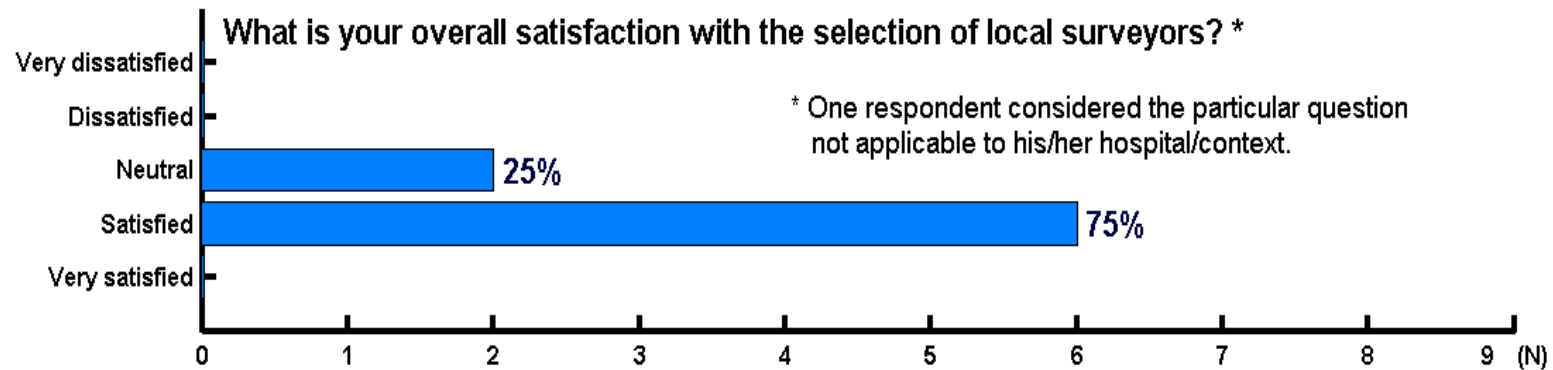
# Questionnaire Results

## Readiness Component



# Questionnaire Results

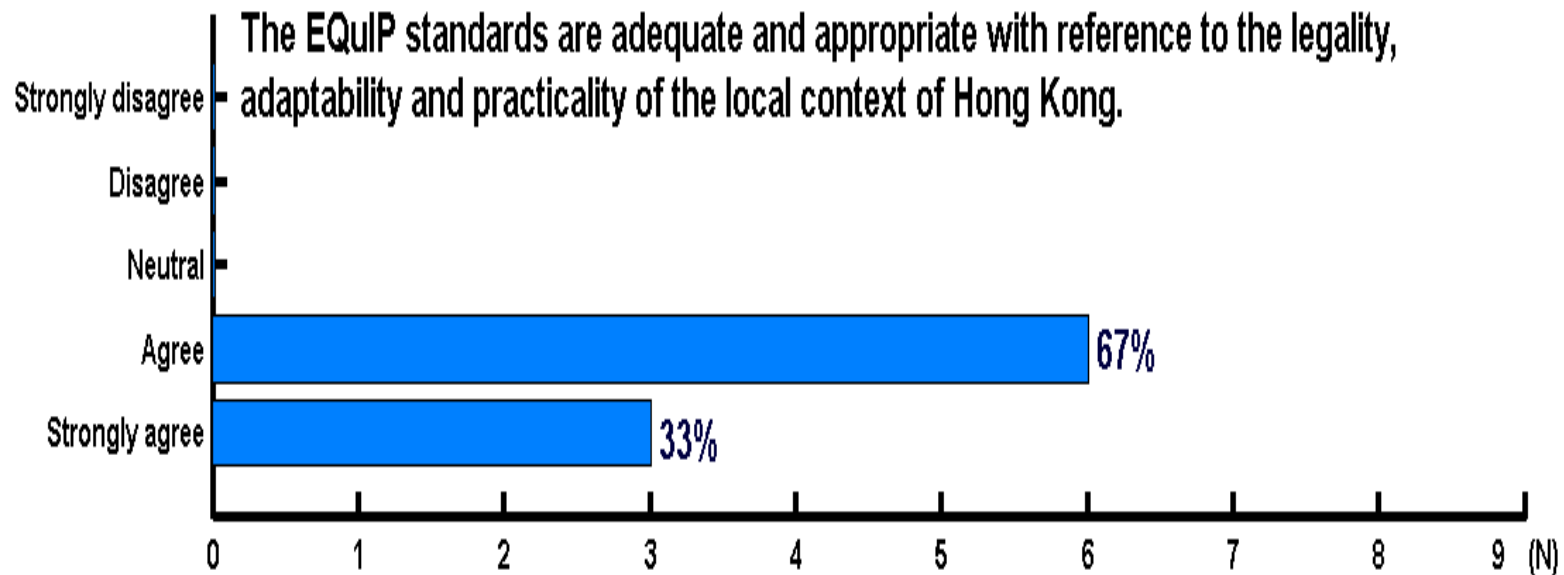
## Surveyor workforce





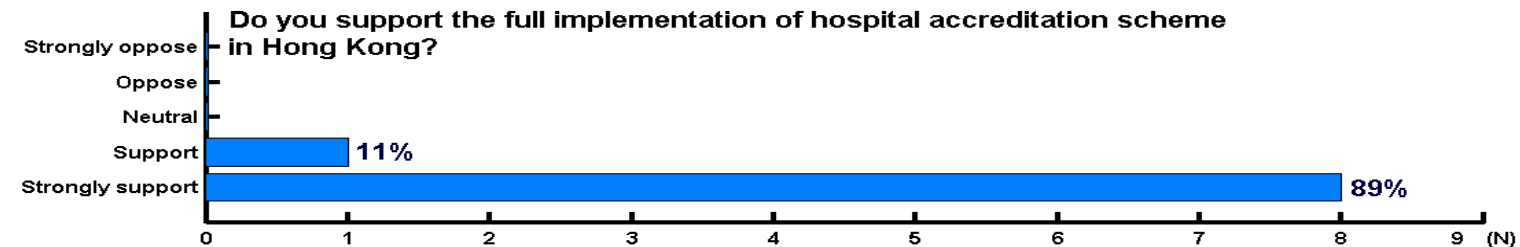
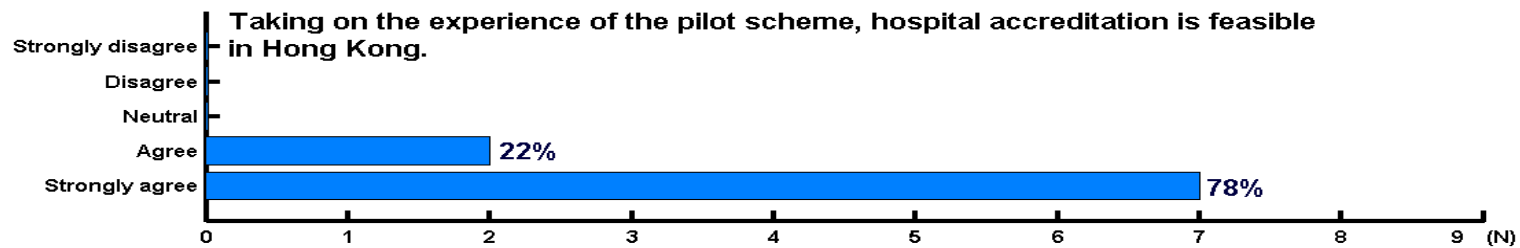
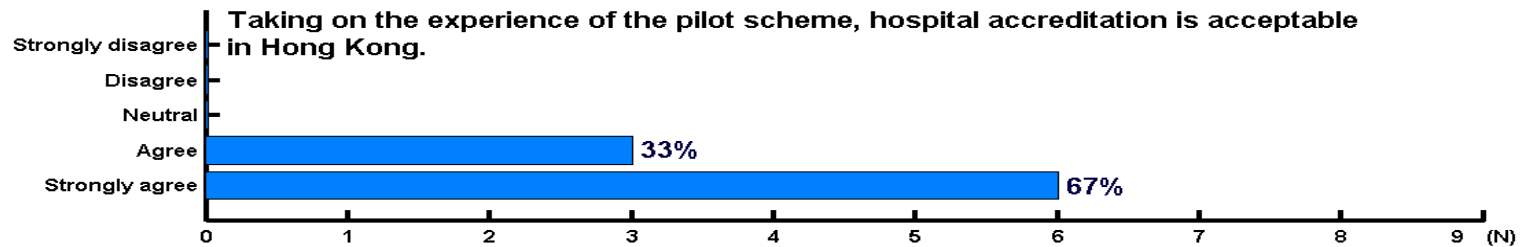
# Questionnaire Results

## Standards



# Questionnaire Results

## Feasibility



# Key Interview Findings

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## 1. Overall experience with accreditation:

- Generally positive:
  - a positive driving force to unite all staff
  - better communication, improved sense of belonging and team spirit
  - stimulated and promoted understanding between the public and private sectors
- The important and positive contribution of nurses



# Key Interview Findings

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- Engagement:
  - successful
  - future engagement efforts:
    - \* patients
    - \* the public



# Key Interview Findings

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- Readiness:
  - on-site consultant visits and gap analyses most useful and relevant
- Standards:
  - EQuIP standards: generally relevant and clear; appropriate modifications re local context
  - consider giving differential weighting to different standards



# Key Interview Findings

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- Surveyors:
  - to further develop the knowledge and skills of local surveyors
  - to continue inviting overseas surveyors in future exercises
  - recruitment to local surveyor team: different professional experience and background



# Key Interview Findings

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## 2. Most successful aspects of accreditation:

- Provided an opportunity to unite the hospital
  - improved team spirit and sense of ownership
  - increased intra- and inter-unit/ departmental collaboration
- Examples of other successful aspects:
  - improving document management and archive
  - upholding corporate governance
  - promoting the use of a framework for CQI



# Key Interview Findings

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## 3. Least successful aspects of accreditation:

- Local surveyors: communication and feedback skills
- The tight time frame and resources

## 4. Future implementation:

- ACHS model as a basis for future development
- Continue to involve overseas surveyors while developing local surveyors





# Key Interview Findings

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- Further develop the infrastructure eg. role of HAHO
- Consider the implication of resources and manpower
- Direct more efforts to engage the patients and the public
- Promote sharing among hospitals, both public and private
- More research to document the impacts of hospital accreditation



# Study 1 – chief hospital managers

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## Conclusion

- The scheme was acceptable and feasible
- In future territory-wide implementation
  - development of local surveyor workforce
  - matching resources to support the work



# Study 2 - Staff

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## Participants

- 168 administrative, professional and supporting staff (from four HA hospitals)

## Methods

- 24 focus group interviews (6 in each hospital: 2 for each category of staff)



# Focus group interview findings

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- 5 major themes:
  1. Perceptions of hospital accreditation
    - as a formal examination
    - surveyors as official examiners
    - accreditation as meaningful exercise
    - cosmetic vs long-term sustainable changes
    - why accreditation?



# Focus group interview findings

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## 2. Positive experiences

- worked towards a common goal: enhanced morale and solidarity
- strengthened CQI

## 3. Difficulties encountered

- huge workload but limited resources
- uncertain of how to achieve standards



# Focus group interview findings

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## 4. Areas to follow-up

### - *Hospital-specific*

- \* consolidate QA mechanisms established
- \* disseminate results and feedback on strengths and weaknesses to staff



# Focus group interview findings

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## 4. Areas to follow-up

### - *HA-specific*

- \* develop infrastructure for sharing of core data and key processes across hospitals
- \* facilitate sharing of accreditation experiences
- \* consider the implications of resources and manpower



# Focus group interview findings

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## 4. Areas to follow-up

### - *ACHS-specific*

- \* continue with the useful supports
- \* formalize a 2-way communication channel to clarify issues
- \* enhance objectivity of local surveyors





# Study 2 – hospital staff

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## Concluding remarks

- Hospital accreditation:
  - heightened sense of solidarity
  - strengthened CQI initiatives
- Perceived main difficulty lies with heavy workload and inadequate resources



# Study 1 + 2

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## Pilot hospital accreditation:

- Territory-wide implementation
  - incremental
  - provide appropriate resources and manpower to hospitals
  - further develop local surveyors

