In order to ensure quality care by hospitals and other health care institutions, it is necessary that the institutions have certain standards. Many states in the country have either passed legislation or are contemplating legislation to monitor compliance of the hospitals and other health care institutions with the standards. But, most often, the standards are poorly defined: they are not even relevant to the various types of institutions, in the given situations.

What are standards?

Standards can be defined in various ways. With regard to health care, Avedis Donabedian defined it as “professionally developed expressions of the range of acceptable variations from a norm or criterion”. Criteria are “pre-determined elements against which aspects of the quality of medical service may be compared”, norms are “measures of usually observed performance. According to the Oxford English Dictionary, “Standards are degrees of excellence”. Standards may be defined as a “benchmark of achievement which is based on a desired level of excellence”.

Standards

• Serve as a basis of comparison:
• Are a minimum with which people may reasonably be content;
• Are recognized as models for imitation.

Hospitals, governments, organizations and people are interested in knowing the standards of care provided. Hospitals, governments and organizations as care providers and funders of health care and protectors of the health of the populations wish to provide effective and efficient care to the people they serve. The people, as clients and consumers, wish to know whether they can expect to get the right are, delivered by the right people at the right time. Without standards, there is no basis upon which they can make the correct judgments.

Can standards be too restrictive, too expensive or too bureaucratic? They can be, unless they are developed appropriately, considering all relevant factors and if they lack the collective support of those who use the standards.
The exercise of setting standards consists of determining the standards themselves and of establishing the criteria which will be used to ascertain whether the standards have been achieved.

**Level of Standards**

There can be different levels of standards; the minimum and the optimum. Minimum standards represent a level of acceptability. Below that level, it is not acceptable.

Hospitals require a certain level of cleanliness. If it goes below that level, it is not acceptable; there is high risk of infection. The hospital may fix a minimum standard of nosocomial (hospital acquired) infection of not more than 10%. Anything more than 10% is unacceptable. The hospital may strive to have a much less extent of infection but the minimum standards must be achievable by all at all times.

Optimum standards represent a higher degree of excellence. These are desirable and may become the minimum standard after a period of time, with continuous improvement of quality.

**Types of standards**

Different types of standards can be set to make them comprehensive.

- **Structure**: the things we use. These can be human, financial and material or physical resources. The human resources are the health care professionals and supportive staff working in and for the hospital. The physical resources represent the space, the equipment, the machinery and the furniture. The financial resources make sure that the required funds are available for meeting the recurring and capital costs.

- **Process**: The things we do and the manner in which they are done. These include the service, patient care, the technology used and the management of the institution. The focus may be on the clinical practice or the organization and management standards. The standards of organization and management are easier to develop and evaluate.

- **Outcome**: the results: These may be clinical or non clinical.

Hospitals, governments, organizations and the people are interested in knowing the standards of care provided. Hospitals, governments and organizations as care providers and funders of health care and protectors of the health of the populations wish to provide effective and efficient care of the people they serve.
How are standards set?

Standards are based on collective judgement. Who constitutes the “Collective”?

Included in the collective will be

- Health care professionals,
- All those involved in the delivery of care,
- The government (public good,) and
- The people (those who use the services).

Standards are set through consultations and a consensus has to be arrived at.
Standards have to reflect values in health care. It should take into consideration the competence of health care professionals and workers and the care arranged effectively, efficiently and expeditiously.

Standards are dynamic

Standards are not static for all times and all situations. Standards are dynamic and should change to reflect changes in collective judgment. Health care changes are based on

- Professional practice (Changes in knowledge, skills and attitude);
- Technology
- Socio-economic conditions
- Expectations of the people; and
- Treatment modalities.

Standards in health care are changed when standards set earlier are achieved by most of those using them. Higher standards are then set to provide newer levels of excellence.

What are the standards used?

What are the processes by which the standards are used? Among the processes are

- Self assessment
- Inspection
- Accreditation

Self Assessment

The hospital evaluates its own performance against the standards set by the hospital or an outside agency. Standards may be set by the individual departments or programmes or by the hospital as a whole. Hospitals usually prefer to measure themselves using standards set by a large group. It would also enable the hospital to compare its performance with other similar facilities. Self assessment is very useful as a learning experience.

Inspection
Inspection is usually carried out by one or more persons who are empowered to carry out the assessment by government or other authorities. If the inspection shows lack of compliance with the standards, the authority may impose a penalty. Inspection is not voluntary generally.

**Accreditation**

Accreditation is a process where compliance with the set standard is measured and, if found satisfactory, the hospital is accredited. The setting of standards is done by a consultative process in which a consensus is sought among those who will use the standards. The consensus is reached if the appropriate level of the standards as also how compliance with the standards will be measured and judged. Standards are subject to periodic review to ensure their continued appropriateness.

Accreditation is generally a voluntary process. It involves the hospital requesting for accreditation to an accrediting body and that body arranging for periodic visit by an accrediting team. The accreditation team is comprised of selected and trained peers who are knowledgeable about the requirements. The accreditors will visit the hospital and determine the level of compliance with the standards kept for that type of hospital. The accreditors are expected to provide an external, objective and unbiased opinion regarding compliance with the standards. They are experienced and in a position to guide the hospital as to how improvement can be made and compliance with standards achieved.

It is beneficial to carry out self-assessment before the assessment by the accrediting team. This makes possible to improve performance before the accreditors arrive; it also makes it possible to compare self-assessment and external assessment by the team.

**Accreditation around the world**

There is increasing interest in the development of standards and accreditation programmes. The accrediting bodies are usually independent and autonomous.

**USA**

The American College Hospital Standardization Programme came into being in 1918. This was changed into the Joint Commission on Accreditation of Hospitals in 1952. The Joint Commission had on its board representatives of

- American Hospital Association – 7 Members
- American Medical Association – 6 members
- American College of Physicians – 3 members
- American College of Surgeons – 3 members
- Canadian Medical Association – 1 member

The commission looked into three main aspects of the hospital.

- Administration: Physical plant, governing body, administrator, medical records, food and drugs.
- Medical Staff: organizational and departmental
Nursing: function and responsibilities, personnel, records, departmental meetings and conferences.

In 1987, the joint Commission changed its name to Joint Commission on Accreditation of Health Care Organizations (JCAHO), through accreditation is voluntary, more than 80% of the hospitals in USA are accredited to JCAHO. Though accreditation is voluntary, more than 80% of the hospitals in USA are accredited to JCAHO.

The duration of accreditation awards has a maximum of three years.

Canada

The situation in Canada is similar to that in USA. The Canadian Council on Hospital Accreditation (CCHA) came into being in 1958. It is also voluntary and independent of government.

Objective of CCHA

To promote and encourage by voluntary means an optimal quality of health care in all its aspects by the achievement of accreditation standards in all hospitals and related health organizations in health care field.

The name was changed to Canadian Council on Health Facilities Accreditation (CCHFA).

Surveyors (Accreditors) are drawn from senior health professionals (administration, physicians and nurses) working in the health care facilities in Canada.

Seventy four percent of all acute care hospitals in Canada were accredited in 1993. Accreditation awards range from 2 to 4 years, depending on the compliance with the standards. The four year award can be seen as an award of excellence.

Australia

The Australian Council on Health Care Standards accredited the first hospital in 1974. Accreditation, according to the council, is concerned with assessing and evaluating the standard of patient care in any hospital; this can be achieved by examining and recording the facilities and activities of every department of the hospital. The Australian Council has 20 members, representing hospital, medical and nursing associations and government.

The standards are divided into

- Core standards (those which a facility must have to provide patient care)
- Specific services (they may differ, depending on the scope of activity)

The accreditation awards vary from 1 to 5 years. In 1993, over 40 per cent of the acute care hospitals were accredited to the council.
UK

A draft standards document “Accreditation (UK) - organizational Audit (Quality Assurance Programme Project)” was released in 1989. The document provides standards in three major groupings:

1. Management and support services (hospital management, catering services, environmental services, library, and medical records services).
2. Professional Management (medical, nursing and professions allied to medicine).
3. Departmental management (accident and emergency service, laboratory service and operating theatre).

Spain

Spain is one of the first countries outside the English speaking world, which adapted accreditation. It was introduced in Catalonia through the Hospital Accreditation Act, 1981. Hospitals had to comply in order to contract with the Social Security System. Eighty four per cent of the total hospital beds in the area were accredited by 1993.

China

Outside the market economy system, China introduced the concept of standards. It is a government programme. The Ministry of Public Health Association standards were worked out for hospitals at 3 levels.

- Neighborhood or township level
  - District country or industrial complex level.
  - Municipal or teaching level.

The standards covered four major areas: prevention, health care reconstruction, support and participation in prevention and health care activities.

Hospitals usually prefer to measure themselves using standards set by a large group. It would also enable the hospital to compare their performance with other similar facilities. Self assessment is very useful as a learning experience.

Each hospital may be accredited for 3 years. 3-4 surveyors formed the team for each hospital and the team worked for 3 days at each hospital. Surveyors will do 5 surveys per year. Approximately 120,000 trained surveyors are needed for the national accreditation programme.

Latin American and the Caribbean

Standards for hospital were released in 1991. The standards have 2 major dimensions:

- Compulsory minimum standards: organization of medical care, technical support areas, building documentation, functional physical structure and installations.
Non-compulsory standards: Critical care, neonatology, nuclear medicine and similar areas.

The compulsory standards must be met to get accreditation. Hospitals are encouraged to get higher levels of standards. The public is informed only whether the facility is accredited or not.

Other countries

With increasing interest, other countries such as France (National Agency for the Development of Medical Evaluation, 1990, Ministry of Health) and Malaysia (Committee chaired by the Director General of Health) are setting standards and working out indicators for monitoring and evaluation.

India will do well to develop standards and accreditation. Voluntary organizations can take the initiative.

(The author is with Community Health Cell (CHC) No. 367, Srinivasa Nilaya, Jakkasandra, 1st Main, 1st Block, Koramangala, Bangalore – 560 034)

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