

**Voluntary accreditation is considered to be an important symbol of a hospital's commitment to high-quality, safe care.** Some consumers look for accreditation when choosing a hospital. Many health care professionals believe it is an important indicator of the commitment to quality and safety they are looking for when choosing a place to practice. For some types of health care facilities, accreditation provides a competitive advantage in attracting talented staff and patients. For hospitals it is more of an expectation than a distinction, with more than 80 percent of hospitals receiving voluntary accreditation from one of four recognized accrediting organizations: The Joint Commission, Healthcare Facilities Accreditation Program (HFAP), Det Norske Veritas (DNV), and Center for Improvement in Healthcare Quality (CIHQ).

Accreditation is one of the paths hospitals can take to be declared in compliance with the Medicare Conditions of Participation (CoPs). Compliance with the CoPs is a prerequisite for payment from the Medicare and Medicaid programs, which on average constitute nearly 60% of hospital costs.<sup>1</sup> Some payers also require accreditation or accept it as fulfillment of their contractual requirements around quality.

For boards and others overseeing health care delivery organizations, voluntary accreditation can provide assurance that the hospital is in compliance with current standards and regulations. It also provides a source of information about areas where additional attention or investment of resources may further enhance the safety and quality of care. As part of their oversight responsibilities for compliance and care quality and safety and to fulfill their role as effective stewards of hospital resources, boards should understand the range of organizations that oversee hospital performance. Regular reports at designated committees and the full board can help trustees ensure their hospitals are meeting applicable legislative and regulatory requirements and standards and are receiving appropriate payment for the services they provide.

## The Beginning

In 1917, the American College of Surgeons (ACS) launched the first set of hospital standards for quality. The *Minimum Standard for Hospitals* filled just one page. It was the basis for subsequent inspections of hospitals by the ACS to ensure adherence to practices that would deliver safe, high-quality care. In 1951, ACS chose to partner with the American Medical Association, American Hospital Association, American College of Physicians, and the Canadian

<sup>1</sup> AHA Trendwatch Chartbook, 2016. Chapter 4, Chart 4.5 Hospital Cost per Payor Type, 1980, 2000, and 2014.

Medical Association to expand and improve the oversight of hospitals. They jointly formed an independent, not-for-profit organization that would develop standards and survey organizations to ensure adherence to the standards. This body was known as The Joint Commission on Accreditation of Hospitals (JCAH), today known as The Joint Commission.

Its standards grew to include a wide variety of requirements covering everything from nursing and medical staff responsibilities, to infection control and quality improvement practices, to the roles of hospital leadership and the board, among many others.

## *Accreditation Today*

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When Medicare was created in 1965, Congress directed the Department of Health and Human Services (HHS) to create hospital CoPs for the Medicare program modeled after The Joint Commission standards, and directed that any hospital in compliance with Joint Commission standards would be deemed qualified to participate in the Medicare and Medicaid programs. Recognizing the value of private sector, voluntary accreditation, Congress also gave HHS the authority to review accrediting standards and survey methods used by other accrediting bodies. If those standards and survey methods are determined to be equivalent to or better than the Medicare CoPs, the accrediting body may be granted “deeming authority,” meaning that if a hospital is accredited by that organization, it will be deemed to be in compliance with the CoPs.

Since 1965, HHS and The Joint Commission have each evolved their standards and survey methods independently, so there are more differences between them now than when the Medicare and Medicaid programs began. In addition, both HHS and The Joint Commission have expanded their oversight activities to include mandatory requirements and voluntary accreditation standards for many types of health care organizations.

## *Factors to Consider*

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Boards should be aware that hospitals have choices if they wish to use voluntary accreditation to demonstrate their compliance with the CoPs and continue to be eligible to participate in the Medicare and Medicaid programs (see chart below). Hospitals may also forego accreditation and instead demonstrate their compliance with the CoPs through a survey conducted by their state department of health.

When choosing a voluntary accreditation organization, hospitals should consider many factors related to their individual needs and goals, including cost. Accreditation costs will vary by the size of the health care organization, the complexity of the services offered, and the facets of care being examined. The chart below compares the four organizations that offer voluntary accreditation across several dimensions.

## A Comparison of Hospital Accrediting Bodies

	The Joint Commission	HFAP	DNV	CIHQ
<b>Began Hospital Accreditation</b>	1951	1965	2008	2013
<b>Organizational Characteristics</b>	<p>Market leader in accreditation</p> <p>Independent, not-for-profit organization that focuses on voluntary evaluation and collaboration with health care delivery organizations to advance quality and safety</p> <p>Wide variety of services, including accreditation for several different types of health care facilities</p>	<p>Mission is to advance high quality patient care through objective application of standards</p> <p>A not-for-profit entity that is a subsidiary of the American Osteopathic Association</p>	<p>The organizational mission is to safeguard life, property, and the environment.</p> <p>DNV Healthcare is an operating company of Det Norske Veritas, an international organization that advances safety in shipping and other industries.</p>	<p>Relatively new accreditor, CIHQ provides free access to standards and other regulations.</p>
<b>Focus</b>	<p>Driven to continuously improve health care for the public by inspiring health care organizations to provide safe and effective care of highest quality and value</p> <p>Develops and updates standards, measures, and survey processes; developed the “tracer methodology” to have the survey follow the path of the patient in an organization and the new SAFER matrix to characterize deficiencies by importance as a way to assist in prioritizing the work of the hospital to respond to survey findings</p> <p>Collects and analyzes sentinel events and produces alerts for safety improvement</p>	<p>Principally uses Medicare Conditions of Participation as standards and voluntary surveyors who are currently working in the field to ensure a knowledgeable, practical focus for the survey</p>	<p>Standards are directly related to the Conditions of Participation. In addition, DNV focuses organizations on continuous quality improvement. DNV surveys using ISO 9001 and National Integrated Accreditation for Healthcare Organizations</p>	<p>Its standards most closely follow the Medicare Conditions of Participation. Its surveyors provide advice on opportunities for improvement.</p>
<b># of Deemed hospitals, critical access hospitals (e.g., those surveyed and accredited for Medicare)<sup>1</sup></b>	3194 hospitals; 350 CAHs	157 hospitals; 31 CAHs	271 hospitals; 58 CAHs	7 hospitals

<sup>1</sup> As of FY 2014, most recently available data from Medicare

	<b>The Joint Commission</b>	<b>HFAP</b>	<b>DNV</b>	<b>CIHQ</b>
<b>Accreditation Services</b>	Hospital Critical access hospital Ambulatory surgery center Psychiatric hospital Home health agency Hospice Clinical laboratories Also offers certification for disease-specific care	Hospital Critical access hospital Ambulatory surgery center Clinical laboratories	Hospital Critical access hospital	Hospital
<b>Frequency of survey</b>	Every three years if fully accredited	Every three years	Every year	Every three years, but with mid-cycle review at 18 months
<b>Surveyors</b>	Employed by The Joint Commission and extensively trained and supported to create greater consistency in survey results and approaches	Paid volunteers from the field who bring their practical perspectives to the survey	Extensively trained in surveying, standards, and continuous quality improvement strategies, DNV surveyors are experienced professionals	CIHQ employees with substantial experience and exposure to health care delivery

## Discussion Questions for Boards

1. Is our board aware of the accrediting bodies and other external organizations that oversee our hospital's performance?
2. Is information about accrediting bodies and processes included in new board member orientation?
3. Is our board informed about the results of accreditation surveys and related activities?
4. Is a board committee responsible for providing ongoing oversight of accreditation processes and results?
5. How does our hospital use the results of accreditation processes to improve performance?

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