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A Hospital Management Model Based on Accreditation Standards

Abstract. *Standardization in the health care sector in Poland is motivated by the need to find effective mechanisms of improving the quality of medical services. A hospital accreditation programme is one of the quality management models established in the Polish legislation. The author describes the hospital management model based on accreditation standards and the way it correlates with classical management functions, such as planning, organization, motivation and control. A series of benefits resulting from obtaining an accreditation certificate are presented, including the role of accreditation standards in financing health services by the National Health Fund. The practical implementation of accreditation standards indicates a weak correlation with motivation and control functions. The article also presents weaknesses in the hospital accreditation programme that require additional management measures so that the desired outcomes of the hospital management model could be achieved.*

Keywords: *accreditation standards, medical standard, management functions, quality of medical services, hospital*

1. Introduction

The management of healthcare institutions, including hospitals, is a process that is subject to increasing dynamics due to changes in the business environment and health policy. The ability to adapt hospital management strategies requires seeking effective mechanisms to ensure the development of this specific organisation and maintaining a high position on the medical services market. Given the specificity of inpatient care, hospitals require business models oriented towards providing comprehensive patient care, safety and continuous improvement of the

quality of medical services. The ability to manage change and combine achieving business objectives with meeting the expectations of patients and institutional clients is the key to rational management of limited financial resources and successful implementation of the process of improving the management of the healthcare institution.

Along with the increase of patients' awareness, their expectations towards medical facilities and healthcare professionals increase as well. Patients do not trust the medical institutions where they are treated as objects. In order to prevent such situations, many managers introduce mechanisms to improve the quality of services and patient welfare [Karkowski 2012: 149].

The variety of mechanisms introduced to improve the quality of medical services results from the awareness of the ultimate goal of patient care, the legal form of medical activity and the possibility of seeking additional sources of financing. One of the business models that can ensure the systematization of the hospital management process with a focus on improving the quality of medical services is the accreditation model based on the standards approved by the Minister of Health.

Hospital management in Poland is subject to standardisation according to the accreditation standards of the Polish National Center for Quality Assessment in Health Care in Cracow¹. Accreditation, as an external method of quality assessment, according to standards, allows to measure the current situation of the entity and make comparisons in terms of changes concerning the degree of compliance with the standards in a time perspective and in relation to individual issues [Bedlicki & Henning 2012: 124]. The assessment of individual standards is assigned specific weights and the accreditation of the Minister of Health is granted if at least 75% of all standards are met.

Given the fact that the National Health Fund is the basic and only public payer of health services, mechanisms regulating the competitiveness of healthcare institutions using public funds were introduced. The competitiveness on the market of health services when concluding contracts with the National Health Fund for health services is determined by the criteria for evaluation of offers submitted by particular healthcare institutions in areas including among others the following:

- providing medical personnel whose qualifications correspond to those specified in the tender,
- providing appropriate medical devices necessary for the performance of specialised and highly specialised medical services,
- availability to provide medical services,

¹ The Polish National Center for Quality Assessment in Health Care in Cracow is an accreditation centre established under the Ustawa z dnia 6 listopada 2008 r. o akredytacji w ochronie zdrowia, t.j. Dz. U. 2009, nr 52, poz. 418 z późn. zm. [Act of 6 November 2008 on accreditation in health care, Journal of Laws 2009, No. 52, item 418].

- prices for a given medical service,
- demonstrating high quality of medical services by presenting the results of evaluation by an external entity in the form of an ISO quality certificate or accreditation of the Minister of Health.

In view of the established criteria for evaluation of offers by the National Health Fund, hospital managers strive to obtain the highest possible scores in order to receive a satisfactory level of financing of health services. The implementation of the Minister of Health's accreditation model plays a significant role in this context in that it not only allows for an increase in revenue from medical activity, but also provides a ready-made tool to support hospital management. Obtaining a competitive advantage depends on the ability of a particular healthcare institution to adapt to the changing situation in the medical services sector and the ability to take on new challenges to achieve statutory objectives, including business objectives.

The aim of this article is to present a model of hospital management based on accreditation standards in correlation with the classical management functions such as planning, organizing, motivating and controlling presented in management theory.

2. Requirements of accreditation standards of the Minister of Health

2.1. Rationale for applying accreditation standards in hospital management

Accreditation, as an external method of quality assessment according to standards, allows to measure the current situation in a particular entity and make comparisons in terms of changes concerning the degree of compliance with the standards in a time perspective and in relation to individual issues [Bedlicki & Henning 2012: 124].

Accreditation standards for Polish hospitals are implemented in order to obtain an accreditation certificate; this process is based on the following legal regulations:

- Act of 6 November 2008 on accreditation in health care (Journal of Laws 2009, No. 52, item 418);
- Ordinance of the Minister of Health of 6 August 2009 on the Accreditation Council (Journal of Laws No. 130, item 1074);
- Ordinance of the Minister of Health of 31 August 2009 on the procedure for assessing the compliance of an entity providing health services with accreditation standards and the amount of fees for performing such procedure (Journal of Laws No. 150, item 1216);

– Notice of the Minister of Health of 18 January 2010 on accreditation standards for the provision of health services and operation of hospitals (Official Bulletin of the Ministry of Health 10.2.24 of 25 January 2010), which introduced a manual entitled “Hospital Accreditation Program.”

According to the available data, there are currently 194 hospitals accredited by the Minister of Health;² given the total number of hospitals in Poland, i.e. 930,³ this constitutes only 20.86% of all hospitals. This result may be interpreted in two ways. Firstly, as many as over 20% of hospitals are managed according to the model based on accreditation standards. Secondly, one should consider the reasons why only slightly more than 20% of hospitals are managed according to the legally established standardization of medical services. The presented data do not show hospitals that implemented accreditation standards in practice, but whose level of compliance during the assessment by inspectors from the Polish National Center for Quality Assessment in Health Care was not sufficient, which resulted in the refusal to grant the certificate. In the years 2017-2018 there appeared a possibility to apply for funding for the process of implementing accreditation standards and a free inspection by the Polish National Center for Quality Assessment in Health Care.

The concept of a medical standard was introduced to systematize the way quality is defined in medical services. Standards are defined as an agreed or assumed level of performance of a practice or its individual elements, and their purpose is to describe and measure compliance to achieve the highest level of patient care quality. Standardization in the medical services sector is understood as an activity aimed at achieving an optimal level of structure by developing and implementing requirements, standards, principles, typical conditions, work technology and services used in the medical industry [Wiśniewska & Koniecznyńska 2011: 256].

The introduction of accreditation standards in hospital management is voluntary; currently there are no legal requirements to confirm the quality of medical services provided following the assessment by an accreditation centre. However, an accreditation certificate is a source of competitive advantage in the medical services market. This advantage is reflected in preferential points awarded to hospitals in tenders for medical services announced by the National Health Fund. In the Ordinance of the Minister of Health of 5 August 2016 on detailed criteria for the selection of offers in the procedure for the conclusion of contracts for the provision of health care services, Annex 2 sets out the score related to quality certificates:

² Data available on the website of the Polish National Center for Quality Assessment in Health Care in Cracow, www.cmj.org.pl [accessed: 15.05.2019].

³ Data available in the Statistical Bulletin of the Minister of Health as of 31.12.2017; www.csioz.gov.pl [accessed: 15.05.2019].

- ISO 9001 certificate – 1.5 points,
- Accreditation certificate – 8 points.

Therefore, hospitals receive a larger package of contracted medical procedures financed from public funds. The accreditation certificate has a significant impact on the image of the hospital, it also means that the healthcare institution complies with accepted medical standards in order to ensure an appropriate level of patient care quality. Quality management in an organisation may be based on generally accepted management theories in this area, as well as available standards and codes of conduct.

Implementation of accreditation standards in hospitals enables to verify and change numerous interacting subsystems, such as: patient admission and patient care, personnel management, supervision of records, pharmacotherapy, medication management, control of hospital-acquired infections, sterilization process, supervision of medical equipment and infrastructure, waste management. As a result, the patient enjoys increased safety of hospital stay, the management staff receives information about problems which beforehand were often not taken into account at all [Szczurek 2015: 76].

Given the current situation in the health care sector, choosing the best possible strategy for managing a healthcare institution is not an easy task for the managers. The experience of many healthcare institutions shows that this is a quality-oriented strategy, which may involve applying for an accreditation or ISO certification. Each of these paths is to lead to better functioning of the organisation, but also to ensure that the services provided by the healthcare institution are assessed as best as possible in terms of quality by the final recipient of services, i.e. the patient [Dobska & Dobski 2016: 10].

On the basis of many years of professional experience related to the implementation of accreditation standards in hospitals, the author of the article enumerates the following key benefits resulting from this process:

- improvement of patient safety and quality of medical services,
- increased awareness of medical personnel in the scope of monitoring adverse events in the provision of medical services,
- introduction of clinical procedure analyses,
- standardization of practices both in the medical and administrative area,
- increased financing of medical services by the National Health Fund,
- increased competitiveness on the medical services market.

The management model adopted by the managers of a healthcare institution based on accreditation standards allows for maintaining repetitive actions to ensure a high level of patient care in the area of managing the quality of medical services.

2.2. Brief presentation of accreditation standards

An accreditation guide was created and it specifies the requirements for quality assurance of patient care at different levels of management. This guide, comprising 225 standards, is a compendium of knowledge which provides guidelines on actions that should be taken in order for a hospital to be awarded an accreditation certificate.

Accreditation standards are in the form of short statements that define the desired state. They are often accompanied by a slightly longer explanation of the intentions of a particular standard. Quite often the main standard is complemented by detailed standards that address particular aspects of the main standard [Szetela 2012: 213].

Compliance with accreditation standards is assessed according to the following scoring scale:

- 5 points – full compliance with the standard,
- 3 points – partial compliance with the standard,
- 1 point – standard not met.

Accreditation assessment is a comparison of accreditation standards by inspectors with the actual situation in a particular entity. The requirements are relatively high, but they are achievable for hospitals which make an effort to introduce changes. They set higher requirements than those defined by law and concern key elements of the treatment process. The standards are scored and weighted, and their construction is based on short sentences defining the desired condition. The content of the standard itself is accompanied by explanations, ways of verifying compliance and the maximum number of points which may be awarded [Wierzowiecka & Orłowski 2016: 99].

The set of applicable accreditation standards comprises 15 groups covering particular departments, as presented in Table 1.

Analysis of the data indicates that the highest numbers of points are assigned for care environment management and patient rights. Comparable numbers of points may be awarded for compliance with groups of standards related to infection control, procedures and anaesthesia. This does not mean that the above groups of accreditation standards are the most important in the provision of high quality medical services, however, it indicates the multitude of quality-related issues in these areas.

Standardization is to a large extent related to the description of individual activities in the form of procedures, instructions or the so-called standard operating procedures. When analysing the requirements included in the hospital accreditation programme, it may be concluded that none of the given standards specify the manner of describing such activities, let alone the level of detail of the required

Table 1. Groups of accreditation standards with scoring

No.	Group of accreditation standards of the Polish National Center for Quality Assessment in Health Care	Maximum number of points
1.	Continuity of care	70
2.	Patient rights	100
3.	Assessment of patient's situation	85
4.	Patient care	50
5.	Infection control	95
6.	Procedures and anaesthesia	95
7.	Pharmacotherapy	65
8.	Laboratory	50
9.	Diagnostic imaging	45
10.	Nutrition	30
11.	Quality improvement and patient safety	75
12.	General management	65
13.	Human resource management	85
14.	Information management	65
15.	Care environment management	130

Source: own elaboration based on Obwieszczenie Ministra Zdrowia z dnia 18 stycznia 2010 r. w sprawie standardów akredytacyjnych w zakresie udzielania świadczeń zdrowotnych oraz funkcjonowania szpitali, Dz. Urz. M. Z. 10.2.24 z dnia 25.01.2010 r. [Notice of the Minister of Health of 18 January 2010 on accreditation standards for the provision of health services and operation of hospitals (Official Bulletin of the Ministry of Health 10.2.24 of 25 January 2010)].

documents. It is recommended that the managers of the hospital should primarily take into account the level of qualifications of both the medical and administrative staff and consider the impact of such documents on ensuring safety of patient care.

3. Hospital accreditation model in correlation with management functions

A healthcare institution providing round-the-clock medical services, i.e. a hospital, is subject to the same management rules as other economic entities. The management model of the hospital is largely determined by the adopted development strategy, statutory objectives, as well as the level of knowledge of the managers in the area of management.

The planning function consists primarily in anticipating future conditions and defining how future objectives and tasks are to be achieved. Planning is an attempt to anticipate the future and prepare for changes [Dołnasz et al. 2009: 50]. Given the requirements of accreditation standards, the elements of planning can be divided into two groups. The first one is related to the activities of the managers in

Table 2. Accreditation standards related to the planning function

Planning in top level management	Planning in infrastructure management
<ul style="list-style-type: none"> – developing a strategic plan and updating it periodically – task force planning – development of quality improvement projects in accordance with the pdca principle – planning regular updates of orders, plans and procedures – developing a care plan for each patient – developing an employment plan – developing training plans and planning financial resources for improving staff qualifications 	<ul style="list-style-type: none"> – plan to remedy construction defects – hospital emergency plan – plan for protection and maintenance of medical devices

Source: own elaboration.

terms of top level management. The second group includes operational planning for patient safety in the infrastructure management process and related emergency and contingency plans. The list of accreditation standards related to the planning function in management is presented in Table 2.

The data suggest a lack of unambiguous standards in terms of operational planning broken down into tasks and necessary resources, and specifying the responsibility for the implementation of particular tasks. Partially, operational planning is associated with creating quality improvement projects, but according to the requirement of the standard, this largely concerns the process of medical services quality management.

Organisation is another management function analysed in the hospital management model according to accreditation standards.

Organisation is selecting human, physical, financial and information resources for the established objectives and processes and determining the sequence, time and place of performing work. The organising function also means building an organisational structure. Given the specific features of the service, organisation is a function that is associated with a high degree of indeterminacy [Downar 2008: 16-17]. Coordination is one of the elements of organising. Integration of activities of different departments within the organization is one of the components of this process. Routine coordination activities can be performed with the use of rules and standard procedures. In case of an urgent need for coordination, a task force can be established [Griffin 2017: 349-352].

The basic elements of the organisation function are defined in only two accreditation standards on drawing up the organisation chart and updating it, and appointing persons responsible for the organisation and management of departments (coordination). Current activities related to the operation of task forces in

various areas of medical activity are treated as a permanent element of the adopted hospital accreditation model. Such task forces include:

- Infection Control Team and Committee,
- Pharmacotherapy Team,
- Quality Team,
- Ethical Team.

Task forces are responsible for undertaking measures aimed at improving the quality of medical services and patient safety, and conducting detailed medical analyses. As many as 206 standards out of a total of 225, i.e. 91.55%, are associated with the organising function. Organisation in this case concerns establishing specific rules of conduct, some of which are required in the form of specific procedures and workflows both in the medical sphere and outside the medical activities of the hospital.

The next management function under consideration is motivation. Motivating employees is a process of consciously and purposefully affecting their motivation to work by creating means and possibilities of meeting their expectations and values for the purpose of achieving goals, taking into account the environment of both parties to the process [Król & Ludwiczynski 2006: 333]. From the point of view of work efficiency, it is a very important management function. In the model of hospital management based on accreditation standards, it is difficult to find specific standards that require motivating employees. The only related standard is the one concerning the annual staff satisfaction survey. On the basis of an analysis of survey results, the hospital management may draw conclusions and implement measures to boost employee motivation.

The last management function is control. This function is very important in assessing the effectiveness of the management functions preceding control, i.e. planning, organising and motivating. In order for the management functions to be performed properly, information about its efficiency is necessary. Feedback is necessary to enable verification of the relevance of the actions taken previously and to provide a basis for subsequent decisions [Hamrol 2013: 58]. The control mechanisms established in the hospital accreditation process are to a large extent focused on controlling clinical activity. The intervals of controls are specified in the standards. The control function in non-medical activities consists in periodic evaluation of the effects of introduced changes (in terms of improving quality and patient safety), carrying out employee assessment and control of emergency protection systems (water, energy, medical gases) once every two years. In the medical area, the accreditation standards related to the control function concern:

- verifying the content and completeness of medical records once every six months,
- controlling medicines, equipment and materials used in life-threatening situations,

- using a preoperative control card,
- quality control in laboratory tests,
- quality control tests in X-ray diagnostics.

Summarizing the presented considerations on the correlation of management functions in the hospital management model with the use of accreditation standards, the following weaknesses of this model may be identified:

- standardization of activities largely concerning the process of providing medical services,
- lack of specific mechanisms and tools to motivate employees to comply with the standards,
- lack of standards describing the process of controlling the degree of fulfilment of established requirements,
- lack of periodic controls by the Polish National Center for Quality Assessment in Health Care during the 3-year validity period of the accreditation certificate.

4. Summary

Managing organisations from the health care sector is constantly evolving, not only because of the health policy and economic situation, but also because of the growing demands on the part of stakeholders. Expectations and growing requirements of hospitalised patients force hospital managers to look for an appropriate management model, primarily taking into account high quality of medical services. The multidimensionality of the notion of quality of medical services determines the method of managing a healthcare institution. However, in the process of hospital management, it is necessary to take into account not only quality management, which is just one element, but also the effectiveness of implementation of basic management functions. The considerations presented in the article are indicative of some imperfections of the management model according to accreditation standards, which lead to the following conclusions:

1. The model of hospital management based on accreditation standards systematizes procedures mainly in the area of improvement of medical services quality.
2. Effective performance of the management function requires the introduction of internal mechanisms regulating the process of motivating employees and controlling their actions.
3. An accreditation model supported by other available standards, e.g. ISO 9001:2015 can ensure effective hospital management.

References

- Bedlicki M., Henning J., 2012, Systemy zewnętrznej oceny jakości w podmiotach leczniczych, w: M. Pasowicz (ed.), *Zarządzanie podmiotami leczniczymi – bezpieczeństwo i sposoby ograniczania ryzyka szpitalu*, Kraków: Wydawnictwo Krakowskiej Akademii im. Andrzeja Frycza-Modrzewskiego.
- Dobska M., Dobski P., 2016, *Systemy zarządzania jakością*, Warszawa: Wolters Kluwer Polska.
- Dołnasz M., Fundaliński J., Kosala M., Smutek H., 2009, *Podstawy zarządzania*, Warszawa: WN PWN.
- Downar W., 2008, Organizacja przedsiębiorstwa usługowego, w: B. Filipiak, A. Panasiuk (eds.), *Przedsiębiorstwo usługowe. Zarządzanie*, Warszawa: WN PWN.
- Griffin R.W., 2017, *Podstawy zarządzania organizacjami*, Warszawa: WN PWN.
- Hamrol A., 2013, *Zarządzanie jakością z przykładami*, Warszawa: WN PWN.
- Karkowski T., 2012, *Restrukturyzacja szpitali*, Warszawa: Wolters Kluwer Polska.
- Król H., Ludwicyński A., 2006, *Zarządzanie zasobami ludzkimi*, Warszawa: WN PWN.
- Obwieszczenie Ministra Zdrowia z dnia 18 stycznia 2010 r. w sprawie standardów akredytacyjnych w zakresie udzielania świadczeń zdrowotnych oraz funkcjonowania szpitali, Dz. Urz.MZ. 10.2.24 z dnia 25.01.2010 r. [Notice of the Minister of Health of 18 January 2010 on accreditation standards for the provision of health services and operation of hospitals (Official Bulletin of the Ministry of Health 10.2.24 of 25 January 2010)].
- Rozporządzenie Ministra Zdrowia z dnia 6 sierpnia 2009 r. w sprawie Rady Akredytacyjnej, Dz. U. nr 130, poz. 1074 [Ordinance of the Minister of Health of 6 August 2009 on the Accreditation Council, Journal of Laws No. 130, item 1074].
- Rozporządzenie Ministra Zdrowia z dnia 31 sierpnia 2009 r. w sprawie procedury oceniającej spełnienie przez podmiot udzielający świadczeń zdrowotnych standardów akredytacyjnych oraz wysokości opłat za jej przeprowadzenie, Dz. U. nr 150, poz. 1216 [Ordinance of the Minister of Health of 31 August 2009 on the procedure for assessing the compliance of an entity providing health services with accreditation standards and the amount of fees for performing such procedure, Journal of Laws No. 150, item 1216].
- Szczurek T., 2015, Wykorzystanie metody akredytacji do kształtowania jakości i bezpieczeństwa usług medycznych, *Zeszyty Naukowe Uniwersytetu Ekonomicznego w Krakowie*, 12(948), 65-80.
- Szetela A., 2012, Zewnętrzne metody oceny jakości w ochronie zdrowia – akredytacja i system zarządzania jakością według normy ISO 9001:2008, *Problemy Zarządzania*, 10(2), 211-228.
- Ustawa z dnia 6 listopada 2008 r. o akredytacji w ochronie zdrowia, t.j. Dz. U. 2009, nr 52, poz. 418 z późn. zm. [Act of 6 November 2008 on accreditation in health care, consolidated text: Journal of Laws 2009, No. 52, item 418, as amended].
- Wierzowiecka J., Orłowski D. 2016, Ocena wiedzy klientów na temat akredytacji na przykładzie placówki zdrowia, *Marketing i Zarządzanie*, 3(44), 95-105.
- Wiśniewska M., Koniecznyńska E., 2011, Lean Management narzędziem doskonalenia zarządzania szpitalem, *Studia i Materiały Polskiego Stowarzyszenia Zarządzania Wiedzą*, 54, 259-267.

Model zarządzania szpitalem według standardów akredytacyjnych

Streszczenie. Standaryzacja w sektorze ochrony zdrowia w Polsce warunkowana jest potrzebą poszukiwania skutecznych mechanizmów poprawy jakości usług medycznych. Jednym z przyjętych w polskim ustawodawstwie modeli zarządzania jakością jest program akredytacji szpitala. W ar-

tykule przedstawiono model zarządzania szpitalem z wykorzystaniem standardów akredytacyjnych w korelacji z klasycznymi funkcjami zarządzania: planowaniem, organizowaniem, motywowaniem i kontrolowaniem. Ukazano korzyści wynikające z uzyskania certyfikatu akredytacyjnego i zwrócono uwagę na rolę standardów akredytacyjnych w finansowaniu usług zdrowotnych przez Narodowy Fundusz Zdrowia. Praktyczna implementacja standardów akredytacyjnych wskazuje na słabą korelację z funkcjami motywowania i kontrolowania. Wykazano słabe strony programu akredytacji szpitali wymagające uzupełnienia działań zarządczych, aby osiągnąć pożądane wyniki w przyjętym modelu zarządzania szpitalem.

Słowa kluczowe: *standardy akredytacyjne, standard medyczny, funkcje zarządzania, jakość usług medycznych, szpital*