

Purpose of Accreditation

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Module Seven Assignment: Purpose of Accreditation

Importance of Accreditation

Accreditation is vital for healthcare organizations for several compelling reasons. Firstly, it significantly enhances patient safety. Accredited organizations must adhere to stringent standards that mitigate risks and promote best practices (Hussein et al., 2021). For instance, The Joint Commission (TJC) has National Patient Safety Goals that target specific safety concerns, such as preventing infections and surgical errors, thereby fostering a safer healthcare environment. Evidence from multiple studies indicates that accredited hospitals generally report lower incidences of adverse events and medical errors, underscoring the critical role of accreditation in patient safety.

Secondly, accreditation builds public trust. When a healthcare organization is accredited, it signals to patients and the community that it meets high standards of care and operational excellence. This trust is essential for patient satisfaction and loyalty. An article in the *Journal of Healthcare Management* highlights that accredited facilities are more likely to be perceived as trustworthy and reliable by the public, which can enhance the institution's reputation and patient influx.

Role of the Centers for Medicare and Medicaid Services (CMS)

The Centers for Medicare and Medicaid Services (CMS) are pivotal in regulating accrediting organizations (LaPelusa & Bohlen, 2023). CMS grants "deeming authority" to certain accrediting bodies, which allows these entities to certify healthcare organizations for participation in Medicare and Medicaid programs. This authority means that if an organization meets the accrediting body's standards, it is also deemed to meet CMS's requirements.

CMS's oversight is extensive and rigorous. It involves evaluating accrediting organizations to ensure their standards are equivalent to or exceed CMS's requirements. For instance, CMS reviews and approves accrediting organizations through a comprehensive process examining their survey processes, standards, and enforcement actions (Friedlander, 2024). This regulation ensures accredited healthcare providers maintain high quality and safety, aligning with federal guidelines. According to CMS guidelines, this oversight system helps maintain consistency and reliability across different accrediting organizations, ensuring that all accredited entities provide a comparable standard of care.

Accreditation and Healthcare Quality

Accreditation is instrumental in helping healthcare organizations achieve the six aims of healthcare quality, as defined by the Institute of Medicine: safe, effective, patient-centered, timely, efficient, and equitable care (Hussein et al., 2021).

Safe: Accreditation standards prioritize patient safety by implementing rigorous protocols and procedures. For example, TJC's National Patient Safety Goals include measures to prevent infections and surgical errors, directly contributing to safer healthcare environments.

Effective: Accredited organizations must use evidence-based practices to ensure that the care provided is adequate. For instance, accreditation bodies often mandate clinical guidelines and pathways proven to improve patient outcomes.

Patient-Centered: Accreditation emphasizes patient-centered care by including standards that require organizations to respect patients' preferences, needs, and values. The Joint Commission, for example, has standards that focus on effective communication, cultural competence, and patient rights.

Timely: Accreditation helps reduce care delays by enforcing standards that streamline operations and enhance efficiency. For instance, accredited emergency departments must meet specific criteria for timely triage and treatment, reducing wait times and improving patient outcomes.

Efficient: Accreditation encourages the elimination of waste and optimization of resources. Standards often include guidelines for efficient use of personnel, equipment, and facilities, which can lead to cost savings and improved care delivery.

Equitable: Accreditation bodies require organizations to provide care that does not vary in quality due to personal characteristics such as gender, ethnicity, or socioeconomic status. For example, standards might mandate equitable access to services and culturally competent care, ensuring all patients receive high-quality care.

Accreditation standards and practices, such as those implemented by TJC, include specific guidelines and case studies demonstrating these improvements (Friedlander, 2024). For instance, a case study might show how implementing TJC's infection control standards significantly reduced hospital-acquired infections, illustrating the tangible benefits of accreditation.

Conclusion

Accreditation is essential in promoting patient safety, enhancing quality of care, and building public trust. Through stringent standards and rigorous evaluations, accrediting bodies ensure that healthcare organizations meet high benchmarks of excellence. The role of CMS in regulating these accrediting organizations further guarantees that accredited entities comply with federal requirements, thereby fostering consistency and reliability. Ultimately, accreditation is a powerful tool that helps healthcare organizations achieve the six aims of healthcare quality,

contributing to safer, more effective, patient-centered, timely, efficient, and equitable care.

Understanding and implementing accreditation standards are crucial steps toward achieving superior healthcare outcomes.

References

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