

A Report on Hospital Accreditation and Public Health

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BRIEF REPORT

Hospitals are increasingly being recognized for their potentially significant role in advancing community health and well-being given their depth of expertise and related resources, and their role as influential economic hubs for their service areas. Change to health care payment that reward prevention of illness and better health outcomes has accelerated interest in partnerships between hospitals and community organizations. In recent years, for example, hospitals have earned attention by improving housing conditions, establishing community violence prevention initiatives, and delivering healthy meals to patients after hospitalizations.

The Affordable Care Act requires tax exempt, non-profit hospitals, with guidance from community stakeholders, to perform regular health-related needs assessments and develop plans to address uncovered gaps. A report from Community Connections, an initiative of the American Hospital Association, stated, “Now, more than ever, it’s important that hospitals effectively connect with their communities with their patients, with their caregivers and with their neighbours.” Efforts by hospitals to engage their communities, however, are not reflected in the accreditation process. Long recognized as an important means to drive positive behaviours within health care organizations, the hospital accreditation process is an untapped opportunity to forge and intensify connections with communities.

Under the Social Security Act, which permits national accrediting bodies to determine compliance with Medicare regulations, 4 organizations accredit hospitals in the US: the Joint Commission, Det Norske Verities Healthcare, the Centre for Improvement in Healthcare Quality, and the Healthcare Facilities Accreditation Program. Although the literature in this arena is not yet robust, the available evidence suggests that accredited hospitals tend to have better baseline performance vs. their non-accredited peer facilities, as evidenced by publicly reported quality measures, and these differences in quality tend to become more pronounced over time.

The core regulations for participation in Medicare that are the basis of hospital accreditation, however, do not specifically address community health needs or engagement; nor do any of the

additional standards that each of the accrediting organizations add to their own processes. Because of the important role accreditation plays in hospital management and behaviour, both the federal government and the accrediting organizations should modernize their standards to promote community health. Updates to accreditation should support 3 aspects of hospital efforts to advance prevention and health in their communities. First, accreditation should encourage hospitals to pursue programs to promote healthy behaviours and better management of chronic disease with local and state health departments and other community stakeholders, including religious institutions, workplaces, and schools.

To measure progress in this direction, accreditation bodies should assess whether hospitals are appropriately tracking community health outcomes, including population-based measures of infant mortality, life expectancy, obesity, tobacco use, and potentially preventable hospital admissions. Hospitals should also provide evidence of their approach to prioritizing community needs and detail their rationale for pursuing specific initiatives. Updated accreditation standards should also survey hospitals’ ability to improve care delivery services for special populations, including the adequacy of language translation services and improvement in transitions of care for patients at high risk for readmission.

Moreover, on-site accreditation visits should be extended to include discussions with collaborating community-based organizations. Second, updated accreditation standards should help hospitals address the pertinent economic and social factors known to impact health. Accrediting bodies should evaluate whether hospitals are partnering in initiatives to address critical factors such as childhood hunger, employment, community violence, and affordable housing. As an example, Johns Hopkins University and Health System recently announced the launch of Hopkins Local, a community initiative designed to forge long-lasting economic opportunities in the city of Baltimore. This program is designed “to expand participation of local and minority owned businesses in construction opportunities; increase the hiring of city residents, with a focus on neighbourhoods in need of job opportunities; and enhance economic growth, employment, and investment in Baltimore through purchasing activities.”

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