



The Accreditation of Hospitals in Iran

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Dear Editor-in-Chief

One way to improve the quality of hospital services is accreditation and, as a strategy for improving services, many countries have launched their national accreditation system (1, 2). Accreditation, as an independent voluntary program, was established in 1917 in the United States by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for evaluating hospitals. In 1998, its international branch called the Joint Commission International (JCI), aimed at the development of a set of accreditation standards, began. Currently, this program is the most comprehensive accreditation one in the world (3). Some middle and low-income countries have national accreditation standards according to their social and economic status, local circumstances, local culture and principles, knowledge and technology, national laws and regulations, and infrastructures, and encourage hospitals to adapt themselves to those standards voluntarily (4, 5). In Iran, at first, the hospital accreditation system had only focused on the structural standards and it was a lot of criticism. This resulted in the Ministry of Health and Medical Education (MOHME) developed and localized the national accreditation standards for evaluating hospitals called "Accreditation Standards for Hospitals", which was derived from the standards of the JCI, and conveyed them to all Universities of Medical Sciences in 2010, and

from 2012 to the present, these standards have been used for accrediting the hospitals (6).

The activities of MOHME in recent years have improved the available processes to some extent, and basic steps have been taken in the hospital accreditation. However, there is a huge gap to reach the desired objectives. This sector is facing challenges such as the position of the organization responsible for hospital accreditation, the accreditation legal basis, and not efficient accreditation process. There are different accreditation systems, including governmental systems and independent systems. However, it seems that acceptable method in the accreditation is that the accrediting organization should not be dependent on the hospitals under review. The accreditation organizations throughout the world use the independent professional inspectors and this makes the purchasers of health services purchase only the services, which are accredited by independent inspectors and have a high level of standards (6, 7).

In Iran, the inspectors are affiliated with the Universities of Medical Sciences and these universities accredit the hospitals affiliated to them. The accreditation organizations and bodies in India, Indonesia and Malaysia are independent entities; in Ghana, Nigeria and the Philippines are part of the National Health Insurance Program; and in countries such as Mali and Vietnam are similar to those

in Iran. Given that the accreditation in Iran is a national one, carrying out accreditation for hospitals does not provide any competitive advantage for them in the international arena, and this has an important effect on attracting health tourists. Hospital accreditation in Iran has too much emphasis on documentation and it is possible that many of the policies developed are not implemented in practice. In addition, not all occupational groups in the hospitals are involved in the accreditation, most of duties and documentations are the responsibility of nurses, and physicians generally do not play any role. In addition, hospitals are suffering from structural indicators such as the shortages of manpower, the lack of proper equipment, the lack of positive attitudes in the hospital managers, and the lack of required and adequate skills and knowledge in the field of accreditation. This leads to the lack of any logical association between the hospitals' accreditation degrees and the quality of their services (6, 8, 9).

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References

1. Bahadori M, Ravangard R, Yaghoubi M, Alimohammadzadeh K (2014). Assessing the service quality of Iran military hospitals: Joint Commission International standards and Analytic Hierarchy Process (AHP) technique. *J Educ Health Promot*, 3: 98.
2. Bahadori M, Shams L, Sadeghifar J, Hamouzadeh P, Nejadi M (2012). Classification of health structural indicators using scalogram model in Golestan Province, Northern Iran. *Iran J Public Health*, 41(5): 58-65.
3. Dastur F (2012). Hospital Accreditation: A Certificate of Proficiency for Healthcare Institutions. *J Assoc Physicians India*, 60: 12-13.
4. Donahue KT, Vanostenberg P (2000). Joint Commission International accreditation: relationship to four models of evaluation. *Int J Qual Health Care*, 12(3): 243-246.
5. Kweon TD (2011). Update of sedation in view of Joint Commission International standards. *J Korean Med Assoc*, 54(12): 1284-1288.
6. Lee HR (2012). The role of the Korean Hospital Association in Korea's healthcare accreditation system. *J Korean Med Assoc*, 55(1): 23-30.
7. Mate KS, Rooney AL, Supachutikul A, Gyani G (2014). Accreditation as a path to achieving universal quality health coverage. *Global Health*, 10(1): 68.
8. Smits H, Supachutikul A, Mate KS (2014). Hospital accreditation: lessons from low-and middle-income countries. *Global Health*, 10(1): 65.
9. Warren C, Abuya T, Obare F, Sunday J, Njue R, Askew I, et al. (2011). Evaluation of the impact of the voucher and accreditation approach on improving reproductive health behaviors and status in Kenya. *BMC Public Health*, 11(1), 257.