

Enhancing care standards: Accreditation's impact on healthcare quality.

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Abstract

In the dynamic and intricate landscape of healthcare, ensuring the delivery of high-quality care stands as a primary objective. Standardization, achieved through policies, guidelines, and accreditation models, provides a pathway for healthcare leaders to improve healthcare quality. This chapter explores the application of accreditation models, emphasizing their role in fostering consistent and high-quality care. Beginning with the historical context of hospital accreditation, it delves into the comprehensive dimensions of healthcare quality, including effectiveness, efficiency, access, patient-centeredness, equity, timeliness, and safety. The chapter elucidates the intricacies of healthcare accreditation, portraying it as an external evaluation process that assesses compliance with quality and safety standards. While acknowledging the benefits of accreditation, the narrative navigates through challenges faced by healthcare institutions in its implementation. These challenges range from resource-intensive processes to concerns about the return on investment. Moreover, the chapter addresses challenges encountered in diverse healthcare settings, emphasizing the importance of overcoming infrastructural, financial, and regulatory constraints. The narrative then envisions the future directions of healthcare accreditation, proposing structural changes, regular updates to standards, and a systemic model that integrates industrial management principles.

Introduction

In the Complex ever-evolving landscape of healthcare, the provision of quality care stand as a paramount objective. Standardization in the form of policies, standards, guidelines, procedures makes a pathway for healthcare leaders to improve the quality of care (Bogh et al., 2016)¹. Applying an accreditation model in healthcare can be an effective approach to foster standardization, as it will guarantee both consistent care and high quality. One way to promote standardization is to apply an accreditation model, attempting to ensure consistent quality of care and continual improvement of care in line with rising standards(Bogh et al., 2016). Hospital accreditation was started by The American College of Surgeons 100 years ago, and since then the number of hospital accreditation programs has expanded rapidly. The World Health Organization identified 36 nationwide healthcare accreditation programs in 2000 (Brubakk et al., 2015). Accreditation is an essential part of healthcare systems in more than 70 countries and is often provided by external and independent review, assessment or audit (Greenfield & Braithwaite, 2009). However, quality means different things to different organizations/providers. Ideally, quality in hospital encompasses everything it does: how the hospitals care for its patients, how hospitals ensure health and safety of each of its patients and employees, and how it contributes to the overall health and well-being of its communities

(Joseph Sanfilippo et al., 2016). Healthcare quality (HQ) is a comprehensive notion encompassing the extent to which health services contribute to favourable health outcomes for both individuals and populations while aligning with contemporary professional knowledge. It involves various aspects such as safety, patient-centeredness, timeliness, equity, access, efficiency, and effectiveness.

Table 1. Healthcare Quality Dimension

Quality Dimension	Description
Effectiveness	The healthcare service is delivered based on scientific knowledge and results in improved health outcomes. Health services are provided to all who could benefit, refraining from providing services to those not likely to benefit.
Efficiency	The delivery of healthcare services is optimized to make efficient use of resources, minimizing waste of equipment, supplies, ideas, and energy. The goal is to achieve the highest possible health improvement at the lowest cost, emphasizing the most favourable cost-benefit ratio.
Access	The healthcare is timely, geographically reasonable and provided in a setting where skills and resources are appropriate to medical need.
Patient-centeredness	The healthcare is respectful of and responsive to individual patient preferences, needs, culture and values. There is a conformity to patient preferences regarding patient-practitioner relation, the service accessibility and amenities, the effects and costs of care.
Equity	The healthcare does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status. It accounts for fairness in the distribution of care and its effects on health,
Timeliness	The healthcare is delivered in a timely manner, reducing waiting times and harmful delays for both those who receive and those who give care.
Safety	Healthcare is administered in a way that reduces risks and safeguards service users, preventing harm or injuries to patients arising from the intended care meant to assist them.

Understanding Healthcare Accreditation

Healthcare accreditation is a process by which healthcare organizations undergo an external evaluation to assess their compliance with established quality and safety standards. Accreditation ensures that healthcare facilities, such as hospitals, clinics, and long-term care facilities, meet specific criteria and deliver high-quality patient care (Joseph et al., 2021). Accreditation is a means of publicly recognizing a health-care organization against predetermined performance standards of operation by trained external peer reviewers. It enables organizations to have an introspection based on the reports and recommendations of the accreditation team, and therefore, enables them to benchmark themselves (Joseph, 2021). In practice, licensing, certification and accreditation overlap to form an “external evaluation spectrum”, with licensing being the most straightforward of these activities and accreditation the most complex. Accreditation involves the systematic assessment of performance (including clinical and organizational aspects) related to predefined standards to advise a process of continuous improvement, with cycles of re-accreditation after a set period (*Health Care Accreditation and Quality of Care WHOpdf.Pdf*, n.d.). Two important benefits of the accreditation process are the standardization of procedures and internal policies and the establishment of management systems (Araujo et al., 2020). According to [Shaw \(2003\)](#), the

aim of accreditation in high income countries is to standardize the processes in healthcare organizations in order to promote safety and quality of care which will result in patient satisfaction, public accountability and staff development. Low- and middle-income countries commonly have limited resources and poor hospital infrastructure, so their main focus is often to ensure better and equal access to healthcare services by establishing basic health facilities with adequate staffing and equipment (Shaw, 2003). Initially Accreditation was largely pursued a voluntary approach to improve hospital performance. But health care organisations in Low and middle income countries used accreditation as a tool for improving poor hospital performance. Accreditation was also used as a part of implementation of internationally agreed practices such as universal health coverage or national policies such as healthcare tourism. Currently, there are more than 120 healthcare accreditation programs in over 80 countries. Some evidences suggest that accreditation is an effective strategy for improving the quality of healthcare services, reducing hospitals' infections and medical errors, and improving patient safety. The accreditation initiative enhances employees' education and training, clarifies organizational rules and procedures, motivates employees' to implement clinical protocols, leads to evidence- based practice, reinforces multidisciplinary collaboration among clinicians, increases employees' organizational commitment, and enhances their responsiveness and accountability(Mosadeghrad, 2021).

Despite the potential benefits of the healthcare accreditation, its application in hospitals encountered many difficulties. Some believe that accreditation is bureaucratic, resource intensive, and takes hospital employees' time from their clinical work. Accreditation may increase paperwork, bureaucracy, staff workload, and financial burden, and may lead to employees' fatigue which negatively affects patients. The problem is not in the accreditation itself, but rather in its development and deployment (Mosadeghrad, 2021). The accreditation mixed results in the literature are due to the differences in accreditation standards, methods, and surveyors used in different countries. The credibility and efficacy of an accreditation program depend on its methods, standards, and surveyors. A well-designed and effectively implemented accreditation program may result in improved quality, safety, and effectiveness of hospital services. The expense associated with accreditation remained a continual worry for healthcare institutions, particularly in developing and low-income nations. Leaders of healthcare organizations also expressed apprehension that the advantages of accreditation might not justify the expenses and efforts invested in the undertaking. Therefore, some changes in the structure and functions of the accreditation body, accreditation standards, accreditation methods, and surveyors are required to achieve consistency in accreditation results (Mosadeghrad, 2021).

The Accreditation Process:

To initiate the accreditation process, the institution or program must complete the following steps:

- Define or restate the program's objectives and standards.
- Explore existing accrediting organizations to identify the most suitable one for the program.
- Reach out to the chosen accrediting body to gather information on eligibility, criteria, and accreditation procedures.
- Conduct an initial self-assessment and examine the requirements of the chosen accrediting body to assess the feasibility of accreditation.
- Establish mechanisms for collecting data on the program's parameters and activities. • Create systems for utilizing data to validate or revise program activities.
- Conduct a comprehensive self-assessment.
- Formally apply for an accreditation visit and review by submitting an application to the selected accrediting body.

Key steps in Accreditation Process

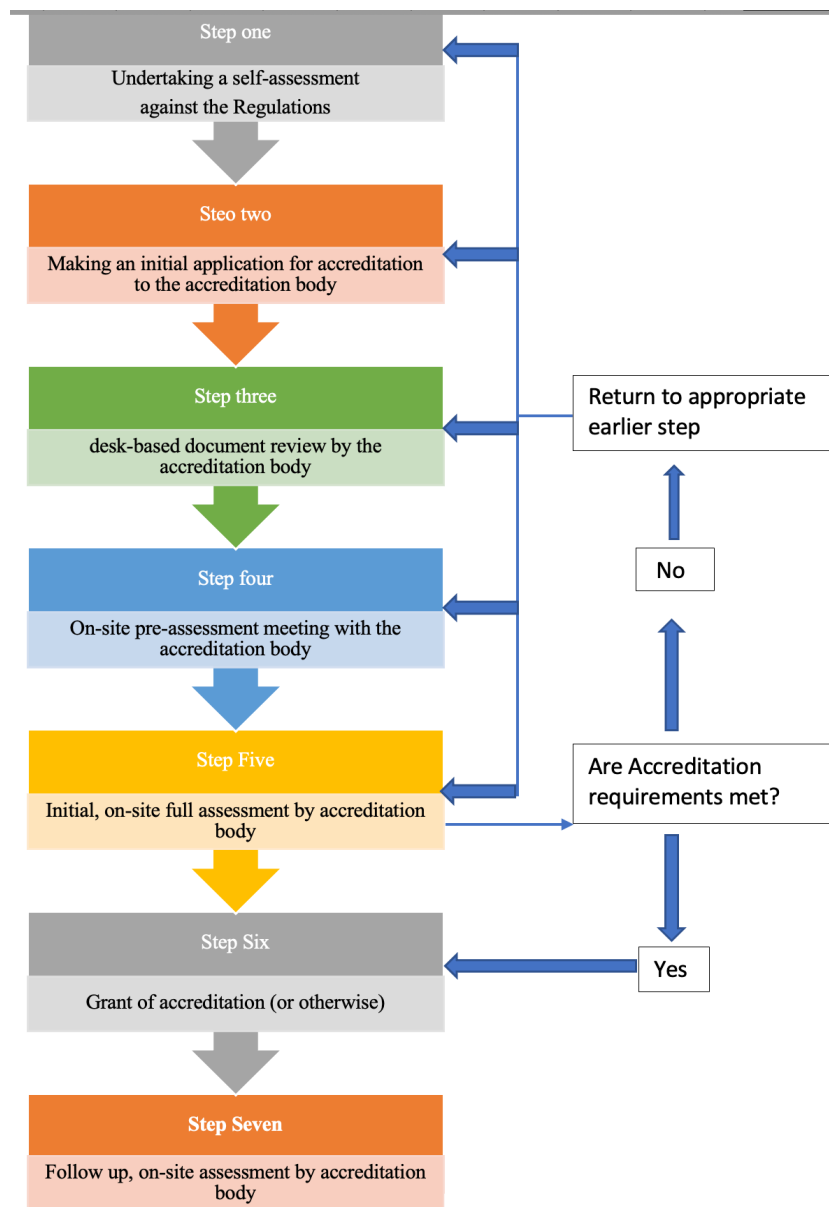


Figure 1: Accreditation Process of NABH

Benefits and Impact of Accreditation:

Research affirms that hospital accreditation and patient satisfaction serve as significant quality indicators for healthcare services (Mohebbifar et al., 2017). Experts also assert that enhancements in patient safety, cost containment, reduction in medical errors, patient involvement, improved patient-staff communication, and overall satisfaction with healthcare services are primary outcomes resulting from the implementation of accreditation standards (Chun et al., 2020). Notably, hospitals meeting the criteria of the patient care process domain, the central domain of accreditation, demonstrate lower mortality rates compared to non-compliant hospitals, suggesting a plausible mechanism explaining the variation in mortalities before and after accreditation.

Accreditation plays a pivotal role in improving patient outcomes and mitigating risks. The expectation is that individuals should receive high-quality, safe care when needed. In 2011, Dr.

Alkhenizan, a Saudi researcher, conducted a review of 26 studies on accreditation, focusing on its impact on outcomes for specific health conditions. The findings indicated that general accreditation programs enhance the quality of care and clinical outcomes across various conditions. Additionally, there is evidence supporting the idea that preventive protocols embedded in accreditation standards, such as those addressing infections, bed sores, and prescribing omissions, reduce the risk of adverse events. More broadly, the standardization of healthcare practices, achievable through participation in accreditation, leads to improved clinical outcomes and treatment.

Accreditation serves as a tool to identify strengths and weaknesses in programs and processes. It is crucial to discern which programs and processes are effective and which ones require improvement. This allows for a focus on areas that need enhancement while ensuring the continued success of effective practices. In a 2010 article published in the *American Journal of Clinical Pathology*, researchers reviewed studies on the impact of accreditation on labs. The conclusion was that accreditation exposes deficiencies in a lab's programs and processes, directing attention to areas of greatest need, such as the supply chain, training, and instrument maintenance. Utilizing accreditation as a measure of performance facilitates the identification of gaps and guides efforts toward improvement.

Accreditation fosters a culture centered on quality and safety, influencing how an organization's staff approach their responsibilities. The organizational culture significantly affects staff motivation and engagement. A culture focused on quality and safety creates an environment where communication and learning are paramount. In a study at an Australian teaching hospital, Greenfield et al. explored the experiences of health executives, managers, and frontline clinicians involved in accreditation. The findings indicated that a positive culture of quality and safety is characterized by staff witnessing positive outcomes from a well-executed accreditation process, thereby motivating them to continue making improvements collaboratively. Accreditation is a valuable tool in cultivating such a positive culture.

Accreditation also promotes communication and staff empowerment across organizations. It provides individuals with a clearer understanding of their contributions to the organization's mission. Understanding each person's role within a team is essential. Effective communication enables the sharing of best practices and the identification of opportunities to enhance care. Studies on staff perceptions reveal that participation in accreditation enhances the sense of community and mutual concern among providers, leading to improved teamwork and productivity. By adhering to a common standard, providers can communicate more meaningfully and learn from each other's experiences.

Challenges and Future Directions:

Healthcare accreditation confronts a number of challenges necessitating proactive resolution. These issues encompass deficiencies in infrastructural facilities, financial constraints, the intricacies of compliance with regulatory and professional standards, a shortage of human resources, training gaps, complexities in documentation, and the integration of information technology. Furthermore, teaching hospitals encounter specific hurdles related to infrastructure, financial constraints, legal support, workforce recruitment and training, documentation processes, and technology adoption. The effective implementation of accreditation standards faces hindrance from both financial and non-financial constraints. The challenges of implementing healthcare accreditation in Indian hospitals are multifaceted. In Indian hospitals, inadequate infrastructural facilities, financial constraints, complexities in compliance with regulatory and professional requirements, insufficient human resources, lack of training, and challenges in adopting information technology pose significant hurdles. Overcoming these barriers is crucial for strengthening the implementation of accreditation standards and improving healthcare quality in India. The solutions require a comprehensive

approach, including targeted investments, streamlined regulatory processes, enhanced training programs, and the adoption of innovative technologies, emphasizing the optimization of regulation, funding, and government commitment for long-term sustainability and relevance. For any healthcare organization, getting accreditation means getting recognition for its performance standards, by a national accreditation body (NABH) or international accreditation organization (JCI). It means that the organization has managed to meet the stringent standards at various levels set by the body, which is an independent external peer. Accreditation is a testimony to a healthcare organization's commitment to improve the safety and quality of patient care, ensure a safe care environment for patients, and continually work towards reducing risks to patients and staff. Obtaining accreditation in the healthcare sector requires addressing several critical challenges. First and foremost is the establishment of a proficient core team comprising representatives from various departments, including clinicians, nursing, quality, HR, training, engineering, microbiology, housekeeping, front office, F&B, MRD & pharmacy. This team plays a pivotal role in conducting a detailed gap analysis across departments, ensuring compliance with accreditation standards. The following are the challenges needed to be successfully overcome by the team to achieve accreditation

1. Establishing a Proficient Core Team:

- Form a core team with representatives from various departments.
- Include clinicians, nursing staff, quality control, HR, training, engineering, microbiology, housekeeping, front office, F&B, MRD & pharmacy.
- Conduct a detailed gap analysis across departments to meet accreditation standards.

2. Addressing Procrastination and Inconsistent Processes:

- Overcome inertia by creating and implementing Standard Operating Procedures (SOPs) on time.
- Conduct cross-functional audits and intradepartmental training for compliance.

3. Ensuring a Safe Environment:

- Improve hospital infrastructure for patient and staff safety.
- Adhere to national building codes, revise bilingual signages, and rework air-conditioning systems.
- Test patient safety devices regularly and host committee meetings for proper documentation.

4. Tackling Improper Documentation:

- Address documentation errors such as unsigned treatment orders and incomplete discharge sheets.
- Involve top administration in understanding the sensitivity of the issue.
- Create checklists, conduct regular CMEs for clinicians, and emphasize documentation.

5. Staff Training for Emergency Preparedness:

- Identify hospital-wide and department-specific training needs.
- Overcome challenges in employee attendance during duty hours.
- Conduct mock drills and provide constant motivation for cohesive teamwork.

6. Embracing a Data-Driven Approach:

- Implement a culture of continuous improvement through accurate and undiluted data capture.
- Encourage functional heads to work towards improving quality indicators and metrics.
- Initiate top management involvement in quality improvement activities.

7. Ensuring Compliance with Laws and Regulations:

- Track and renew licenses for pharmacy, lift, and blood bank before accreditation.
- Centralize tracking systems for all regulatory compliances.

- Collaborate with legal departments and prioritize document sharing.
8. **Adhering to Timelines:**
- Recognize the essential role of time in achieving accreditation.
 - Foster enthusiasm and a sense of urgency among employees.
 - Provide continuous support from the core team for timely completion of tasks.
9. **Dispelling Misconceptions about Accreditation:**
- Educate stakeholders on the benefits of accreditation.
 - Highlight benefits for patients, staff, and healthcare organizations.
 - Build understanding of accreditation as a commitment to quality care.
10. **Improving Inventory Control Measures:**
- Implement joint audits between central and user departments.
 - Identify and reduce errors in identifying expired drugs.
 - Establish regular processes for inventory control.

Addressing these points with commitment from all stakeholders, effective communication, and proactive project management will contribute to successful accreditation.

Future direction:

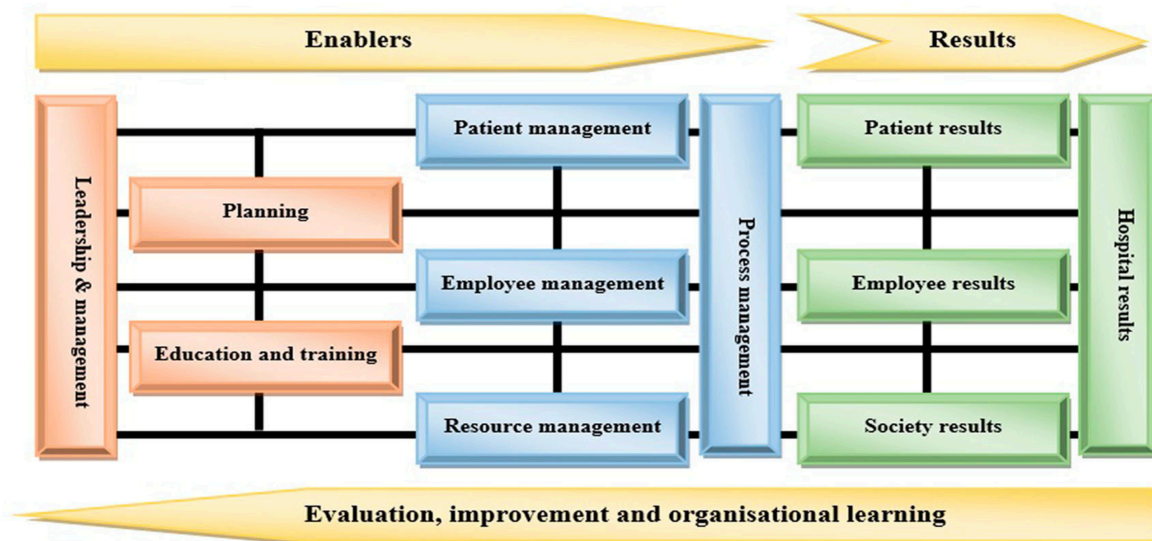


Fig 2: A model of hospital accreditation. Source: Mosadeghrad.

To enhance the effectiveness of hospital accreditation, it is crucial to implement changes in the accreditation body's structure and functions. Regular updates to accreditation standards are essential to align with the latest advancements in healthcare. Accreditation methods should evolve to ensure comprehensive assessments, and surveyors need to stay informed about industry best practices. This dynamic approach fosters continuous improvement in hospital services through accreditation. (Mosadeghrad, 2020)

To bolster independence, the accreditation body should institute an accreditation council along with three committees—technical, accreditation, and appeal. The accreditation council, comprising representatives from regulatory agencies, professional organizations, practitioners, and the public, would govern the program, offering overall direction and guidelines. The technical committee, involving members from health-related associations and

academic institutions, would be responsible for formulating, periodically reviewing, and updating accreditation standards. This committee would also generate training materials for hospitals. Simultaneously, the accreditation committee would oversee the accreditation process, providing essential documentation for the council to decide on a hospital's accreditation status. Lastly, the appeal committee would address hospital appeals, ensuring a thorough and impartial accreditation system.(Mosadeghrad, 2020)

Developing accreditation standards and criteria for hospitals requires a systemic model that comprehensively addresses the structures, processes, and outputs/outcomes of the healthcare organization. This approach draws inspiration from successful practices in industrial management, emphasizing the need to learn and adapt strategies from other industries to enhance the efficiency and effectiveness of the healthcare sector. The recommendation is to not merely adopt but also adapt and implement industrial management models in the healthcare domain. This nuanced approach recognizes the distinctive challenges and requirements inherent in the healthcare industry, encouraging a tailored application of proven strategies.(Mosadeghrad, 2020)

Currently, hospitals undergo evaluation through diverse models like hospital accreditation frameworks, business excellence models (such as EFQM and Malcolm Baldrige awards), and the ISO 9000 series. These models share a commonality in adopting a systems approach, evaluating organizational performance by considering the interconnected aspects of structures, processes, and outputs/outcomes.(Mosadeghrad, 2020)

The emphasis on a systems approach in measuring organizational performance reflects a holistic perspective. Business excellence models and ISO 9000 standards underscore the importance of understanding how various components of the organization contribute to its overall effectiveness.(Mosadeghrad, 2020)

In essence, the proposed approach advocates for a strategic amalgamation of industrial management principles into healthcare practices. This integration, conducted with sensitivity to the unique demands of the healthcare sector, aims to foster improved productivity and a heightened ability to serve patients effectively. It aligns with the principles of business excellence models and ISO standards, ushering in a comprehensive and tailored framework for evaluating and enhancing hospital performance. Integrating systemic models and standards, as outlined earlier, holds the promise of substantially improving organizational performance and elevating the quality of products and services in the healthcare sector.(Mosadeghrad, 2020)

A comprehensive hospital accreditation model has been developed, encompassing 11 constructs that are classified into two categories: seven enablers and four results. The enablers focus on the essential structures and processes within the hospital, covering leadership and management, planning, education and training, employee management, patient management, resource management, and process management. In parallel, the results constructs delve into the performance outcomes related to patients, employees, society, and the hospital as a whole.(Mosadeghrad, 2020)

A distinctive feature of this accreditation model lies in its allocation of weightage to the different constructs. Notably, the enablers, encapsulating the foundational elements of the hospital's operations, constitute a significant portion, contributing 65% to the total accreditation scores. These enablers encompass critical aspects such as leadership effectiveness, strategic planning, staff development, employee management, patient care, resource utilization, and operational efficiency. On the other hand, the results constructs, reflecting the tangible outcomes of the hospital's efforts, constitute 35% of the total accreditation scores. These results encompass the impact on patients, the well-being and engagement of employees, the hospital's contribution to society, and overall organizational performance.(Mosadeghrad, 2020)

This weighted distribution emphasizes the importance of having robust structures and processes in place (enablers) as a foundation for achieving positive and meaningful outcomes

(results). The model recognizes that successful accreditation goes beyond adherence to standards; it requires an integrated approach that considers both the journey (enablers) and the destination (results) (Mosadeghrad, 2020).

The accreditation model under discussion intricately breaks down each construct into sub-constructs, standards, and criteria, presenting a thorough evaluation framework that spans from the entire hospital down to individual departments, teams, and staff. This all-encompassing approach ensures a holistic assessment of the healthcare system, promoting a nuanced understanding of its strengths and areas for enhancement. Within this framework, each standard is meticulously crafted to assess multiple layers of the healthcare setting, utilizing specific criteria that address eight key indicators of quality care: effectiveness, efficiency, safety, timeliness, equity, patient-centeredness, employee-oriented practices, and continuity of care. The incorporation of the Plan, Do, Study, and Act (PDSA) cycle in developing assessment criteria adds a dynamic element, emphasizing a continuous improvement mindset (Mosadeghrad, 2020).

This comprehensive evaluation approach not only scrutinizes organizational structures but also delves into the performance of individual staff, fostering a detailed and insightful accreditation process. The commitment to updating standards based on accepted best practices and the latest evidence and research findings ensures the relevance and applicability of the accreditation criteria in the ever-evolving landscape of healthcare (Mosadeghrad, 2020). Acknowledging the potential shortcomings of some accreditation methods, the proposed approach emphasizes a rigorous methodology. In certain countries, accreditation processes may solely rely on traditional on-site surveys conducted at fixed intervals, potentially leading to hospitals hastily conforming to standards just before the scheduled survey. To counteract this, the suggested approach advocates for a rigorous accreditation methodology that encourages sustained compliance and improvement, moving beyond short-term adherence to requirements (Mosadeghrad, 2020).

In summary, the recommended accreditation approach, characterized by its thoroughness, integration of quality indicators, inclusion of the PDSA cycle, and commitment to regular updates based on best practices and current research, aims to bolster the credibility and efficacy of hospital accreditation standards. This approach also underscores an enduring dedication to quality improvement, transcending mere compliance with standards (Mosadeghrad, 2020).

In essence, this accreditation model seeks to provide a balanced and holistic framework for evaluating hospitals, ensuring that the accreditation process captures the interplay between foundational elements and the ultimate impact on patients, employees, society, and the overall organizational performance (Mosadeghrad, 2020).

Hospital accreditation is recognized as a costly and time-consuming endeavour. To ensure positive outcomes and view accreditation as a tool for improving service quality and safety, it is suggested that governments focus on addressing its prerequisites. This approach aims to shift the perspective of hospitals from viewing accreditation as merely a goal to considering it a valuable mechanism for enhancing healthcare standards (Mosadeghrad, 2020). A recommended strategy is to initiate accreditation as a voluntary program, particularly in developing countries. This voluntary phase allows both hospitals and accreditation bodies sufficient time to strengthen their capabilities and allocate necessary resources. Through this gradual introduction, the number of hospitals seeking accreditation is likely to increase as they adapt to the accreditation processes and standards. After this preparatory phase, the government can then consider making accreditation mandatory. Crucially, an effective accreditation system should be seamlessly integrated with national healthcare reforms. This integration ensures that accreditation aligns with broader healthcare objectives, contributing to systematic improvements in healthcare delivery and outcomes (Mosadeghrad, 2020).

In summary, the suggested approach involves initiating accreditation as a voluntary program, allowing a gradual increase in participation, and subsequently transitioning to a mandatory requirement. This phased implementation provides the necessary time and support for hospitals and accreditation bodies to build capacities and resources. Furthermore, aligning the accreditation system with national healthcare reforms ensures a cohesive and synergistic approach toward improving the overall quality and safety of healthcare services.

In conclusion, it's crucial to acknowledge that accreditation is not a cure-all for every challenge within a hospital management system. Rather, it should be seen as a strategic approach to enhance the quality and safety of hospital services. For a more comprehensive impact, hospital managers are advised to go beyond mere accreditation and focus on developing and implementing a robust quality management system. This involves integrating accreditation standards seamlessly into the broader quality management framework. To facilitate this integration successfully, hospital managers must commit to providing the necessary resources to support employees. Additionally, empowering staff to carry out their responsibilities in alignment with accreditation standards is vital. This approach ensures that the accreditation process becomes an integral part of the organizational culture and contributes effectively to sustained improvements in the overall quality and safety of hospital services.

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