POLICY 26
Requirements of Accrediting Organizations That Certify Health Care Entities

External health care accreditation organizations, public and private, that certify health care entities regarding the quality of care that the entities either deliver or review, must establish standards and evaluation criteria to help ensure the entities deliver quality medical care to their patients.

Accreditation is a conformity-assessment process whereby industry experts first define the standards (explicit criteria) that organizations must meet in order to be accredited and then systematically review the organizations’ performances against those standards.

Minimum national standardized performance measures should be developed with input from appropriate professional organizations. These performance measures should have a nationwide uniform grading system with a minimum passing level based on a finite number and not on a percentage.

A credible certifying process should at a minimum include:
1. A determination of a functioning internal quality management system.
2. The use of qualified reviewers who base their reviews on legitimate performance measures, evidence-based medicine, clinical outcomes and standards of care. The application and results of the standards and measures must be consistent among reviewers and should be compared to the entity’s peer institutions nationally and locally for maximum effectiveness. Part of the internal quality management system must address this issue of consistency.
3. Assurance that the public has access to the certifying organization’s accreditation standards.
4. Reviewers that are credentialed to ensure that they are specialty matched to the areas they review.
5. The requirement that the accrediting organization and its reviewers disclose fully any potential conflict of interest regarding the entity under review.
6. Ensuring reviewers have full access to all pertinent information, including but not limited to previous evaluations and complaints from patients and medical personnel.
7. When appropriate, review of medical records, policies, and the credentialing process of health care personnel, assessment of serious adverse events to identify patterns of substandard care or review, trending of identifiable problems, and outcomes. Such records should be chosen by the reviewers and not by the entity being reviewed.
8. If on-site surveys are performed, some should be unannounced.
9. An appeal process available to all health care entities under review.

Public disclosure of the accreditation results is required. Disclosure both conveys an assurance that a credible external review process exists and serves as a key motivator to the health care entities reviewed to improve their performance and enhance medical quality of care. However, raw outcome data collected during the accreditation and performance measurement process may be deceptive and its public disclosure may be appropriately restricted (see ACMQ Policy 20, Report Cards or Profiling and Outcome Data).

The U.S. Department of Health and Human Services should require all healthcare provider entities to undergo an accreditation review process.

Accreditation organizations that review healthcare entities must be authorized to do so by state or federal government.

Note: For the purpose of this policy, health care entities may be either provider or payor organizations.

References
NCQA, Standards and Guidelines for Utilization Management Certification, Washington D. C., 2009
American Osteopathic Association, Healthcare Facilities Accreditation Program (HFAP), Chicago Illinois, 2009
Miller RD. Problems in Hospital Law. 6th ed: Aspen Publisher; 1990.

Adopted by the Board of Trustees, 2/21/04
Amendments adopted by the Board of Trustees, 2/17/10