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ISQuaEEA International Society for Quality in Health Care External Evaluation Association

ISQua International Society for Quality in Health Care

An AI-supported synthesis of the healthcare accreditation and standards literature

Volume 2: All literature published within the PubMed database from 1st January 2024 till 31st December 2025 synthesised

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Contents

1. Introduction

About this project

This report syntheses human health and healthcare accreditation and standards literature published on PubMed from 1st January 2024 to 31st December 2025 and forms the second volume in this series. The first volume covers accreditation and standards literature published from inception (of PubMed) to 31st December 2023 (Patel et al., 2025). This series was designed and developed for those interested in these topics but are bound by time constraints and inability to review the sheer volume of literature related to these topics regularly. This report is not a systematic review or a meta-analysis but rather acts as a streamlined summary of accreditation and standards articles, designed to be produced every couple of years.

The initial database was built upon the search parameters identified by Dr. Carsten Engel, CEO of the International Society for Quality in Health Care (ISQua) and International Society of Quality in Health External Evaluation Association (ISQua EEA), in conjunction with Professor Jeffrey Braithwaite, Board Member and Immediate Past President of ISQua and ISQua EEA, and Founding Director of the Australian Institute of Health Innovation (AIHI). The team at AIHI (Ms Romika Patel and Ms Imogen Benson) established the database and developed a collection and synthesis methodology (see volume 1) that is used in this report and subsequent reports. Throughout the project, Ms Elaine O'Connor of ISQua EEA was consulted for her expertise. This project is a partnership between AIHI, ISQua and ISQua EEA.

Our key considerations

Our aim is to scan the literature at two-yearly intervals to identify and synthesise articles of interest and produce a report highlighting those articles in a concise manner. Over time, we intend for the reports to act as a database to track the scale and scope of accreditation and standards for the benefit of ISQua and ISQua EEA's members and other stakeholders interested in this field. The initial report, this report, and subsequent reports will be published simultaneously on the ISQua website, ISQua EEA website and the AIHI website.

In the following pages, we utilise the methodology established in the first volume and expand the database to include healthcare accreditation and standards articles published from 1st January 2024 to 31st December 2025.

An AI-supported approach to literature analysis (ChatGPT-5.2 Thinking)

Based on the eligible accreditation and standards in healthcare literature, the AI tool ChatGPT-5.2 Thinking (OpenAI, 2026) was used to generate a summary of the impact of accreditation and standards on human health and healthcare. The AI tool was also used to capture the essence of all eligible articles produced in the year 2024 till 2025 and presented in a concise manner (**Table 2**). To complement this report, **Appendix A and B** showcases all eligible articles found from the PubMed literature search in the years 2024 and 2025. **Appendix C** provides the collection and synthesis methodology used to produce the '2024 - 2025 accreditation and standards literature database' for this report.

2. Methods

Our starting point and selection of articles

Similar to the methodology we designed and followed in volume 1, the electronic database PubMed was queried to locate all articles related to the impact of accreditation and standards on human health and healthcare.

The search was conducted on 13th January 2026 in an incognito window to ensure that previous search histories did not influence the outcomes of the search. The search was filtered to *only* include articles published in the years 2024 and 2025, that is from 1st January 2024 to 31st December 2025, forming the scope of this volume.

The search results were saved as a CSV file for record keeping and the articles from the search results were downloaded into a secure folder located in the Macquarie University Microsoft Teams. All article types written in English with full text available were included in the project. Papers were reviewed and manually excluded if there was no relation or relevance to accreditation and standards in the specific context of human health, healthcare, healthcare professionals, ormedical education.

Useful techniques to summarise PubMed-derived articles

We utilised the word cloud technique and analysis via a large language model (closely following the procedure to the first volume) to synthesise the data gathered (Patel et al., 2025).

The word cloud was created by extracting each abstract from all eligible articles and importing these into the wordcloud.com website to illustrate all the recurrent concepts mentioned in the literature. Abstract structural terms such as *background*, *methods*, *results*, *discussion*, *conclusion*, *keywords* and other related terms were omitted from the final word cloud considering these terms are used solely for formatting of the abstract and listed in almost all articles, but not required for an understanding of the abstract's content. Keywords provided by the authors were also included in the final word cloud. If there was no abstract, the title and keywords from the article were substituted.

Extracted abstracts were recorded in an Excel spreadsheet and uploaded into the AI model of choice, ChatGPT-5.2 Thinking – Standard (OpenAI, 2026) to create the AI-generated summary, which was then directly copied into the report. Following this, the large language model was prompted to create a concise synthesis of each extracted abstract in 2000 words or less to capture the impact of accreditation and standards related to healthcare and human health. With the knowledge that AI-generated text can introduce errors, each entry was carefully fact-checked and corrected to avoid any possibilities that the AI summary contained an apparent error or delusion and was deemed less than accurate. Any corrections to the AI-generated summarises were indicated using an asterisk and noted in the footnote at the bottom of the box.

Search parameters

In the style of the first volume in this series, the technicalities of how the search was conducted is summarised in **Appendix C** so that others can follow or replicate the methodology in the future. The search was determined to be conducted quite broadly to capture the maximum number of useful articles. Our search terms:
(accreditation[Title]) AND ((effect[Text Word]) OR (impact[Text Word])) NOT (ACGME[Text Word]).

Search database: PubMed. Search date: 13/01/2026.

Inclusion and exclusion criteria

Table 1: Inclusion and exclusion criteria of the PubMed database search

Inclusion	Exclusion
• Human health • Healthcare • Healthcare professionals • Medical Education • Clinical institutions • Clinical topics (i.e., nursing, pharmacy, dietetics, physiotherapy, dentistry, radiology, sleep medicine, clinical trials, paramedicine, ophthalmology) • Articles published in 2024 and 2025	• Medical imaging • Medical laboratory techniques • Veterinary Medicine • Ethical committees • Not in English • No full-text available • Duplicate articles • Articles published prior to 2024 or in 2026

Summary of our focus

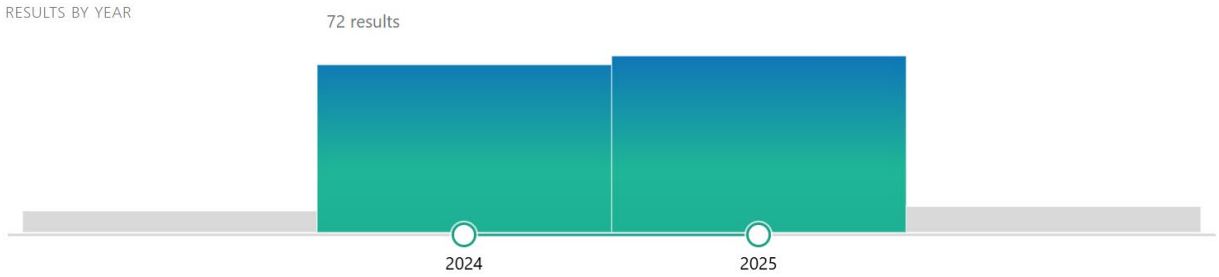
This AI-supported literature synthesis concentrates on human health, healthcare, healthcare professionals, and medical education as the primary focus. Papers documenting accreditation and standards beyond this concentration were excluded as they were outside our domain of interest.

3. Results

Overall

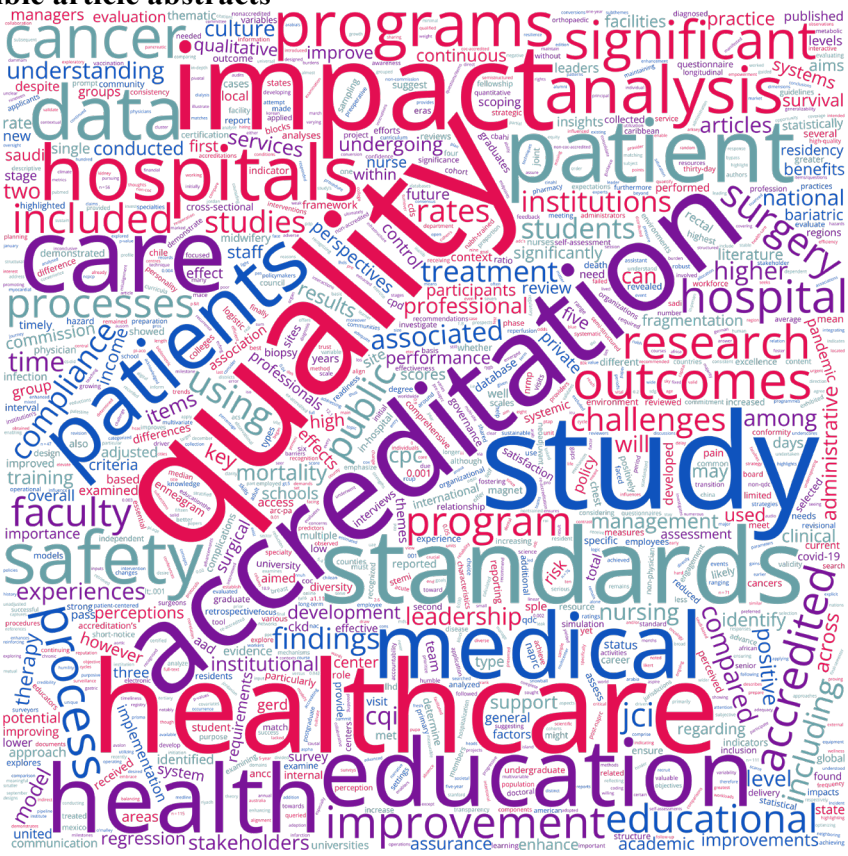
The PubMed literature search demonstrated a continued interest in accreditation and standards, with 37 papers published in 2024 and 39 papers published in 2025 (**Figure 1**). When the search results were filtered from 1st January 2024 to 31st December 2025, 72 articles of interest were yielded. From this, 12 papers were eliminated from the final count based on our exclusion criteria (**Table 1**). Thus, 60 eligible articles were included in the word cloud (**Figure 2**) and AI-generated summaries from PubMed literature extracted on 13th January 2026, detailed in **Table 2**.

Figure 1: Number of healthcare accreditation and standards articles in PubMed, published in 2024 and 2025



[**Legend**: Solid bars represent papers published in PubMed from 1st January 2024 to 31st December 2025. The image was downloaded from the PubMed website on 13th January 2026.]

Figure 2: Word Cloud of recurrent words in extracted healthcare accreditation and standards eligible article abstracts



[**Legend**: The word cloud highlights recurrent terms and phrases used in articles published from 1st January 2024 to 31st December 2025. These articles were gathered from the PubMed literature search on 13th January 2026.]

The frequently recurring keywords, as seen in **Figure 2**, are *quality*, *hospitals*, *impact*, *healthcare*, *care*, *study*, *standards*, *patients*, *medical, health, education, analysis, data* and *accreditation*.

Box 1 illustrates an overall summary of the accreditation and standards field, based on all 60 abstracts excerpted from eligible articles published in 2024 and 2025.

Box 1: AI-generated summary of the field

The prompt to ChatGPT-5.2 Thinking - Standard consisted of: "*Produce a comprehensive summary of the data captured in the uploaded spreadsheet within 2000 words (maximum). Refrain from using external sources (e.g., the internet). The summary must be solely based on the data in the spreadsheet. Use this example to structure the summary:* (Box 1: AI-generated summary of the field from Volume 1 was provided to the AI-tool)".

ChatGPT-5.2 produced the following output:

"The comprehensive summary of the abstracts in the provided dataset reveals several key themes and insights about how accreditation operates as a quality-assurance and improvement mechanism across healthcare delivery and health-professional education.

The material portrays accreditation rarely as a standalone "badge"; instead, it is framed as a structured intervention that interacts with leadership, organisational culture, measurement systems, workforce capability, and local context.

1) Overall focus and balance of topics

A clear majority of records centre on healthcare accreditation (hospital-level, program-level, specialty accreditation, and international schemes), with a substantial subset focused on educational/academic accreditation (training programs, professional pathways, and competency-based structures). When the summaries are viewed collectively, several recurring emphases stand out:

- **Standards and measurement** feature prominently: studies repeatedly describe accreditation as a catalyst for strengthening documentation, indicators, audits, and standardisation of processes.
- **Perceptions and survey-based evidence** appear frequently: many studies assess how staff, leaders, surveyors, or employees experience accreditation, often using cross-sectional questionnaires.
- **Educational/academic accreditation** forms a substantial theme: these records focus on how accreditation shapes curricula, supervision, transition-to-practice structures, and quality assurance in training environments.
- **Leadership and organisational culture** recur throughout: leadership style, safety culture, staff engagement, and readiness for change are repeatedly described as decisive for whether accreditation becomes meaningful improvement work or a compliance exercise.
- **Implementation challenges** are common: barriers include resource intensity, administrative burden, variable buy-in across roles, and uneven capability to translate standards into daily practice.
- **Safety and infection control** emerge repeatedly: multiple summaries position accreditation as a lever to strengthen patient safety culture, standard precautions, and system reliability.

- A distinct subset targets **cancer care accreditation**: these examine Commission on Cancer (CoC) accreditation and its relationship to timeliness, fragmentation of care, and survival outcomes.

The geographic footprint is broad. While not all summaries specify location, multiple records reference settings such as Saudi Arabia, Jordan, Brazil, China, Australia, Canada, and the United States—suggesting accreditation is treated as a globally applied approach with locally variable implementation conditions.

2) Accreditation as a driver of improvement: what changes are reported

Across the dataset, accreditation is most consistently linked to improvements in processes, systems, and organisational discipline. The summaries repeatedly describe accreditation as strengthening:

- **Standardisation and pathway consistency** (clarifying "what good looks like" and aligning practice to defined expectations).
- **Documentation quality and traceability** (making work visible, auditable, and comparable).
- **Governance and accountability structures** (roles, committees, escalation pathways, and oversight routines).
- **Continuous improvement cycles** (closing gaps identified during surveys/visits and sustaining follow-up actions).

A key nuance running through the records is that the most reliable "wins" tend to be operational and organisational, while links to patient-level outcomes are more mixed or context-dependent. Some analyses look at relationships between accreditation status and downstream outcomes (including in cancer-related records), suggesting accreditation may coincide with differences in access or timeliness, yet outcome differences can be small or inconsistent once broader system factors are considered.

3) Staff experience, buy-in, and the "culture mechanism"

A strong cross-cutting theme is that accreditation's effectiveness depends heavily on how it is experienced by staff. Many summaries report generally positive attitudes, particularly when accreditation is seen to:

- legitimise investment in resources and infrastructure,
- improve coordination across departments, and
- provide an external impetus for addressing long-recognised gaps.

At the same time, the dataset repeatedly points to variation by role, unit, and context, implying accreditation can be embraced by some groups while felt as bureaucratic burden by others. Several records connect accreditation to patient safety culture and broader organisational culture, reinforcing the idea that accreditation is often judged not only through compliance but through shifts in teamwork norms, reporting behaviours, and learning orientation.

4) Implementation burden and uneven capacity to comply

Even where sentiment is positive, accreditation is frequently depicted as resource-intensive. The summaries collectively highlight recurring implementation challenges:

- **Administrative workload** and documentation demands.
- **Staff time diversion** away from frontline work to preparation activities.
- **Unequal capacity** among organisations (especially by size, resourcing, geography, or service complexity).
- **"Surface compliance"** risk, where institutions may meet documentation requirements without achieving meaningful practice change.

This implementation theme is especially visible in educational contexts, where programs may need to adapt materials, evidence, and reporting structures under time pressure and shifting operational realities. Across the dataset, accreditation is repeatedly presented as a negotiation between maintaining standards and managing feasibility under real-world constraints.

5) Educational/academic accreditation: assuring training quality while managing change

Educational and training-focused records portray accreditation as a mechanism for:

- strengthening program governance and curriculum coherence,
- formalising supervision and assessment practices,
- standardising transition-to-practice pathways (e.g., residencies/fellowships), and
- using defined domains to structure improvement and accountability.

Within this subset, the dataset includes program-level reporting that positions accreditation as a long-running infrastructure for quality assurance in professional preparation. Other educational records underscore that equity and pipeline issues can persist even within unified accreditation regimes, suggesting that shared standards alone do not automatically resolve structural disparities in entry, progression, or placement outcomes.

6) Specialty and program accreditation: not always a "rubber stamp"

Several summaries examine whether accreditation is merely confirmatory or whether it truly functions as a performance lever. Records describing program data with non-trivial variation in site-visit outcomes reinforce a broader signal: accreditation outcomes can be heterogeneous, and conditional or non-pass results are used to argue that accreditation can identify meaningful gaps rather than simply certify already high-performing institutions.

7) Cancer care accreditation: access, timeliness, fragmentation, and outcomes

The cancer-focused subset is notable for foregrounding equity and system-structure questions. Across these summaries, accreditation is examined in relation to:

- **timely initiation of treatment**,
- **geographic and income-linked disparities** in access to accredited facilities,
- **care fragmentation** (e.g., surgery in one setting and systemic therapy in another), and
- **survival outcomes**.

A repeated emphasis is that accredited care may be more accessible to some populations than others, making accreditation simultaneously a potential marker of quality infrastructure and a lens on stratified access. Some summaries also position accreditation as a possible buffer against harms associated with fragmented care pathways, through coordination expectations and standards that encourage continuity across settings.

8) COVID-19 as a stress test for accreditation systems

A smaller but important set of summaries explicitly references COVID-19. Across these, the pandemic appears as a stress test that disrupted normal accreditation routines and forced rapid adaptation—especially for educational accreditation where online delivery, documentation, and evidence capture changed quickly. The dataset presents COVID-19 not only as disruption but also as an accelerant for innovation in how standards are interpreted and operationalised under constrained conditions.

9) What the dataset suggests overall

Taken together, the summaries present accreditation as most consistently effective when it operates as a structured improvement system rather than a periodic compliance event. Across settings, the dataset leans toward the conclusion that accreditation commonly supports:

- stronger organisational routines (measurement, governance, standardisation),
- clearer accountability structures,
- enhanced safety culture and attention to risk, and
- more consistent training and professional development pathways.

At the same time, the records repeatedly signal limits and open questions: patient-level outcome gains are not uniformly demonstrated; implementation burden is non-trivial; and equity issues (geography, resources, and training pipeline disparities) persist even in settings with well-developed accreditation architectures.

Conclusion

Overall, the dataset depicts accreditation as a widely used, generally supported approach to improving quality and assuring standards across healthcare delivery and health-professional education. The strongest and most consistent contributions described are in system strengthening—standardisation, measurement, governance, and culture—while impacts on downstream outcomes and equity appear more variable and context-dependent. The collective message is that accreditation tends to be most valuable when integrated with leadership, culture, and continuous improvement capacity, and when implemented in ways that minimise performative documentation while maximising real operational and clinical learning." (OpenAI, 2026).

Identification and AI-generated summaries of articles

Each article listed below is during the PubMed literature search from 1st January 2024 to 31st December 2025 summarised via ChatGPT-5.2, using the prompt '*Summarise this entire article in 200 words or less*' (**Table 2**). We have ordered the articles by author's last name descending.

Table 2: AI-generated summaries of all eligible articles related to the impact of accreditation and standards from PubMed (1st January 2024 to 31st December 2025)

Article	ChatGPT-5.2 generated summary
2024	
*Abdurabuh, A., Hamid, M.D., Che Hassan, C.R., & Fatani, M.I. (2024). Evaluating the Impact of Hospital Accreditation on Patient Safety Culture in Saudi Arabia Healthcare Facilities. *Journal of Multidisciplinary Healthcare*, 17, 5021-5033. doi: 10.2147/JMDH.S480496	"This study assessed whether hospital accreditation is associated with a stronger patient safety culture in Saudi public hospitals, using the Facility Management and Safety (FMS) standards of the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI). In a cross-sectional survey of 340 healthcare workers across five public hospitals in Makkah managed by Ministry of Health (89.6% response rate), respondents completed a 48-item Likert questionnaire covering seven FMS-linked dimensions: quality improvement; leadership/commitment/support; fire safety; facility safety/security; utility/building safety; hazards/hazardous materials safety; and disasters/training. Reliability was high across dimensions (Cronbach's α ~0.889–0.995). Overall perceptions were positive, with the strongest areas being disasters and training (highest mean and ~80.5% positive responses) and facility safety and security (~76.6%). The weakest areas were leadership, commitment and support (~64.2%) and quality improvement (~64.7%), highlighting management follow-through and reporting culture as key gaps. Demographics were significantly associated with safety culture ratings (notably gender, age, nationality, education, role, years of experience). Multiple regression analysis suggested overall patient safety ratings were most strongly linked to leadership/commitment/support, plus quality improvement and fire safety. The authors recommend leadership development, non-punitive incident reporting, standardized safety protocols, staffing support, structured communication (eg SBAR), dedicated patient safety officers, and ongoing training and monitoring." (OpenAI, 2026).
*Ahmed, A., Whittington, J., & Shafaee, Z. (2024). Impact of Commission on Cancer Accreditation on Cancer Survival: A Surveillance, Epidemiology, and End Results (SEER) Database Analysis. *Annals of Surgical Oncology*, 31(4), 2286-2294. doi: 10.1245/s10434-023-14709-4	"Using 2018–2019 SEER Program data, this study examined whether treatment in Commission on Cancer (CoC)-accredited facilities is associated with better 2-year cancer survival than treatment in non-accredited facilities. The authors included analytic cases only: 602,185 cases from CoC-accredited facilities and 198,492 from non-CoC facilities. Overall cancer survival was very similar between groups (2-year restricted mean survival time ~20.3 months in CoC vs ~20.0 months in non-CoC), indicating little aggregate survival difference. However, 5 of 59 solid organ cancer sites met both statistical ($p<0.01$) and clinical (>25% lower end survival) thresholds for worse survival in non-CoC facilities: lung/bronchus, liver, esophagus, pancreas, and intrahepatic bile duct. In multivariable Cox models adjusting for demographics and clinical factors (notably stage and age), CoC accreditation remained an independent predictor of lower hazard across all five cancers (HR ~0.86–0.91; all $p<0.005$), translating to ~0.9–2.3 months additional mean survival over 2 years depending on cancer. The authors conclude accreditation matters for a minority of resource-intensive cancers and suggest exploring cancer-type–specific accreditation metrics and longer-term/quality endpoints." (OpenAI, 2026).

*Almaghaslah, D. (2024). Accreditation of pharmacy programs and its impact on SPLE success and pharmacist readiness in Saudi Arabia. *Frontiers in Medicine*, 11, 1490555. doi: 10.3389/fmed.2024.1490555	"This Frontiers in Medicine study examined whether accreditation of Saudi pharmacy programs is associated with better performance on the Saudi Pharmacists Licensure Examination (SPLE), used as a proxy for "readiness to practice." Using publicly available 2024 SPLE results from the Saudi Commission for Health Specialties, the author conducted a cross-sectional retrospective analysis of 27 pharmacy colleges (7,546 students), grouping colleges into five performance bands and mapping each program's national accreditation (ETEC) and international accreditation (ACPE/CCAPP). Accredited colleges (national or international) had significantly higher average SPLE scores than non-accredited colleges (mean = 563 vs mean = 533; p=0.042). National accreditation by ETEC alone was also significantly associated with higher scores (mean = 569.2 vs mean = 535.6; p=0.013). In contrast, international accreditation, dual accreditation, or specific ACPE/CCAPP accreditation showed higher mean scores but no statistically significant advantage. Government-funded colleges outperformed private colleges (mean = 562.3 vs mean = 526.6; p=0.022). The paper concludes that accreditation is linked to improved SPLE outcomes, but ETEC national accreditation appears sufficient; additional international/dual accreditation does not add measurable benefit in this local context, though confounding student-level factors remain important." (OpenAI, 2026).
*Alraimi, A.A., & Al-Nashmi, M.M. (2024). The interactive effect of the application of accreditation standards (JCIs) and the practice of administrative control in improving the quality of health services: a study on Yemeni hospitals. *BMC Health Services Research*, 24(1), 1403. doi: 10.1186/s12913-024-11894-0	"This study examined whether Joint Commission International (JCI) accreditation standards in conjunction with administrative control mechanisms, contribute to improvements in the quality of healthcare services in Yemen hospitals. Using a quantitative survey of 310 healthcare professionals from three Yemeni hospitals seeking to implement JCI standards, the authors measured service quality via SERVPERF (tangibility, reliability/credibility, responsiveness, safety, sympathy) and administrative control via preventive, executive, and results control. Findings show (1) JCI standards positively predicted service quality (β=0.639, p<0.001), (2) administrative control also improved service quality (β=0.565, p<0.001), and (3) there was a statistically significant interaction between JCI and administrative control (β=0.075, p=0.036), meaning hospitals with both stronger standard implementation and stronger control systems reported the highest quality—though the interaction effect size was small (0.014). Reported implementation levels were generally high: overall JCI application mean 6.13/7, administrative control 5.98/7, and perceived service quality 6.17/7; "surgical care" rated highest among JCI domains, while "access to care and continuity" rated lowest. No significant differences were found by hospital ownership, age, size, or profession. Limitations include self-reported data and lack of patient perspectives. Thus, this paper exemplifies administrative control refines and maintains improvements via accreditation." (OpenAI, 2026).
*Arja, S.B., White, B.A., Fayyaz, J., & Thompson, A. (2024). The impact of accreditation on continuous quality improvement process in undergraduate medical education programs: A scoping review. *MedEdPublish (2024)*, 14, 13. doi: 10.12688/mep.20142.2	"This scoping review examined whether accreditation drives continuous quality improvement (CQI) in undergrad uate medical education. Using PRISMA-ScR methods, the authors searched PubMed/Medline/ERIC, CINAHL and Google Scholar for English-language studies (2000–Oct 2022). From 35 full-text papers assessed, 10 articles directly addressed accreditation and CQI. Findings were organised into four themes: accreditation and its standards in general, Accreditation and its impact on student outcomes,

	Accreditation and its impact on medical school's educational purposes, and Accreditation and CQI. Evidence linking accreditation to CQI was limited and still "in its infancy." The review suggests accreditation often operates as quality assurance (QA)—meeting minimum standards—whereas CQI is a quality improvement approach focused on striving for excellence. The literature argues for shifting impact measures beyond student outcomes toward CQI metrics (e.g., organisational QI orientation, dashboards, interim reviews, annual reporting). Examples included Plan–Do–Study–Act curriculum review and "3-D" CQI dashboards to guide data-driven change. Overall conclusion: research is sparse; stronger studies are needed. Medical schools should embed a CQI culture—shared responsibility, leadership support, and better data collection/analysis—so accreditation becomes a catalyst for ongoing improvement rather than a periodic compliance exercise." (OpenAI, 2026).
*Arja, S.B., White, B.A.A., Kottathveetil, P., & Thompson, A. (2024). What are the perceptions of faculty and academic leaders regarding the impact of accreditation on the continuous quality improvement process of undergraduate medical education programs at Caribbean medical schools? *BMC Medical Education*, 24(1), 781. doi: 10.1186/s12909-024-05699-2	"Arja et al. explored how faculty and academic leaders in Caribbean medical schools perceive accreditation's impact on continuous quality improvement (CQI). Using a qualitative phenomenological design, they interviewed 15 participants (faculty, associate/vice-deans, and deans) from 10 schools (mostly accredited, plus one denied accreditation and one that never applied). Thematic analysis produced six themes: (1) accreditation can foster CQI by prompting schools to align processes with standards and respond to site-visit feedback; (2) CQI should occur irrespective of accreditation, ideally as an ongoing, systematic, data-driven cycle (often described as PDSA), rather than "paperwork" done for inspections; (3) faculty engagement and empowerment are central to initiating and approving improvements, but require training and professional development; (4) schools collect/share data via dashboards and multiple platforms, though transparency and response rates can be issues and external benchmarking is limited; (5) ECFMG 2024 requirements were widely seen as a major external driver of accreditation activity; and (6) CQI structures vary (dedicated QI/QA offices versus curriculum committees or distributed responsibility). Overall, participants felt quality improvement is often reactive and accreditation-driven, and the authors recommend embedding an internally motivated CQI culture within Caribbean medical schools beyond accreditation cycles and embrace the culture of CQI." (OpenAI, 2026).
Bayoumy, M., Almasari, A., Orabe, A., Shihata, N., AlBeirouti, B., AlJohani, N.I., Usman, B., Alzahrani, Z., AlSeraihy, A., Abosoudah, I., AbualSaud, A., & Jastaniah, W. (2024). Impact of JACIE accreditation on safety of patient care: healthcare providers perspective from a tertiary care stem cell transplant center in Saudi Arabia. *Bone Marrow Transplantation*, 59(12), 1786-1788. doi: 10.1038/s41409-024-02387-z	"A brief survey-based study from a Saudi tertiary stem cell transplant centre reports that healthcare providers perceived JACIE accreditation as strongly improving patient safety and quality of care in haematopoietic stem cell transplantation (HSCT). The author notes that while prior literature suggests benefits, fewer studies have captured providers' perspectives on accreditation as a safety/QoC tool. In 2023, staff working in the HSCT program before and after accreditation were surveyed (n=124; mostly nurses; many aged 20–40; most with bachelor's degrees). Overall ratings across patient-safety dimensions were very high (cumulative mean ≈4.48/5). The highest-scoring perceived benefits related to: (1) clinical documentation, particularly better integration of clinical information; (2) medication safety, especially safer medication practices; (3) healthcare-associated infection control, including implementing infection-control standards; and (4) quality-of-care systems, including achieving better, standards-based patient care. The paper also reports variation in perceptions by age, gender, experience, years in program, and role (with administrative staff rating some impacts lower), implying targeted education and communication may be needed to sustain gains. The author concludes that JACIE accreditation is viewed as valuable for maintaining a safer environment for patients and staff, and that

	ongoing refinement and research are needed to maximise enduring impact." (OpenAI, 2026).
Corpodean, F., Kachmar, M., LaPenna, K.B., Danos, D., Cook, M., Schauer, P.R., & Albaugh, V.L. (2024). Impact of progressive chronic kidney disease stage on postoperative outcomes in metabolic surgery-a propensity-matched analysis using the Metabolic and Bariatric Surgery Accreditation and Quality Improvement database. *Surgery for Obesity and Related Diseases*, 20(9), 872-879. doi: 10.1016/j.soard.2024.05.020	"Using 2017–2021 data from the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database, this study examined 688,583 adults undergoing laparoscopic sleeve gastrectomy (SG) or Roux-en-Y gastric bypass (RYGB) to determine how progressive chronic kidney disease (CKD) stage affects 30-day postoperative outcomes. Patients were staged using preoperative creatinine (CKD-EPI 2021) and then compared using propensity-score matching. Across both procedures, worsening CKD generally increased risk, with particularly clear, roughly linear rises in infection and death as CKD stage advanced. The key finding is that CKD stage III (IIIa/IIIb) behaved as a major risk inflection point. For SG, stage III patients had the greatest increases in prolonged length of stay >5 days (OR 1.23), serious complications (OR 2.83), and major adverse cardiovascular events—MACE (OR 2.82). For RYGB, stage III showed the highest MACE risk (OR 1.67). The authors conclude that CKD stage III patients warrant heightened perioperative optimization and monitoring, but that GFR <60 should not automatically exclude patients from metabolic surgery, given known longer-term renal and survival benefits." (OpenAI, 2026).
*Cueva, J., Grossman, D., Muppala, V., Chung, A., Butt, M., Drapkin, J., Likourezos, A., & Khordipour, E. (2024). Quantitative assessment of the impact of a triage physician on the Accreditation Council for Graduate Medical Education resident milestones in the emergency department. *World Journal of Emergency Medicine*, 15(3), 220-222. doi: 10.5847/wjem.j.1920-8642.2024.034	"This research letter assessed whether introducing a triage physician (TP) in an academic emergency department affects emergency medicine residents' ACGME milestone performance. A TP can shorten "door-to-doctor" time by initiating orders (labs, imaging, treatments) and determining patient location, but it may also hinder residents' development of clinical decision-making skills. The authors conducted a single-centre retrospective cohort study at a 711-bed urban community teaching hospital (>120,000 ED visits/year). They compared resident milestone scores before TP implementation (2014–2016) versus after (2016–2020), excluding Fall 2017 as a transition period. In total, 581 milestone datasets were analysed (192 pre-TP; 389 post-TP), across PGY1–PGY3, using independent two-sample t-tests. Nine milestones judged most likely to be impacted were examined. After TP implementation, three milestones showed statistically significant declines: Patient Care (PC) 4 (differential diagnosis), PC5 (pharmacotherapy), and System-Based Practice (SBP) 2 (systems/cost-effective care). PC1 (emergency stabilisation) trended toward decline but was not significant. The authors conclude that while TPs may benefit patient flow, programs should mitigate educational trade-offs—e.g., by incorporating residents into the TP role." (OpenAI, 2026).
*Donato, K.M., Armijo-Rivera, S., Pérez, R.C., Vicencio-Clarke, S., Ramírez-Delgado, P., Bonifay, X.T., Díaz-Guío, D.A., & Mujica, C.A. (2024). Educational research on medical residency programs in Chile: a scoping review and analysis of the impact of the new accreditation policy. *BMC Medical Education*, 24(1), 1017. doi: 10.1186/s12909-024-05986-y	"Donato and colleagues examine educational research produced by Chilean medical specialty residency programs from January 2019 to March 2024, motivated by new Chilean accreditation criteria that place greater emphasis on educational research productivity. They first run a Scopus bibliometric scan to understand how "resident" is used in Chile-affiliated publications, then conduct a scoping review (searching Scopus, Web of Science, PubMed, and SciELO) with methodological appraisal using MMERSQI and reporting aligned with PRISMA guidance. Out of the initial 1,763 records, only 32 studies met the inclusion criteria.

	Overall output is low and highly concentrated: roughly 6.2 papers per year (2019–2023), with most publications coming from a small number of universities, and one university producing the majority and appearing in all multicentre studies. Publications are largely in clinical journals rather than medical education journals. Most studies focus on residents (few include graduates) and disproportionately examine teaching/learning methods, especially simulation-based procedural training in surgical specialties; psychiatry is the next most productive area and includes work on standardized patients and wellbeing. The authors argue that many programs may struggle to meet the new standards without building education-research capacity, broadening topics (including targeting graduate outcomes, residency evaluation, mental health, wellbeing and gender equity in certain specialties), and investing in ongoing evaluation of training quality and accountability." (OpenAI, 2026).
Everett, H.M., Harrell, K.N., Giles, W.H., & Bhattacharya, S.D. (2024). The Enneagram as a Tool for Resident Wellness and Correlation With Accreditation Council for Graduate Medical Education Milestone Achievements. *Journal of Surgical Research*, 296, 337-342. doi: 10.1016/j.jss.2023.12.025	"This study assessed whether Enneagram personality types among general surgery residents relate to early competency ratings in professionalism (PRO) and interpersonal/communication skills (ICS) using ACGME Milestones. At one US institution, all categorical residents completed a 63-item online Enneagram as part of a wellness initiative, and their intern-year PRO and ICS milestone levels (averaged across sub-competencies and two reporting cycles) were retrospectively extracted (2015–2020) and compared across types using Kruskal–Wallis tests. Among 29 included residents, all nine Enneagram types were represented; the most common was Type 3 ("Achiever," ~21%), while Types 1 and 4 were least common (~3% each). Median PRO and ICS scores were both about 1.5, and there were no significant differences in PRO or ICS by Enneagram type—suggesting personality type did not influence initial faculty/committee assessments of these competencies. Residents reported the Enneagram felt personally accurate and useful for self-awareness, understanding stress responses, and improving team interactions. The authors conclude the Enneagram may support wellness and mentoring, but larger, multi-site, longitudinal studies are needed to test broader effects." (OpenAI, 2026).
*Fleming, S., Kulo, V., Stakem, A., Gordes, K.L., Jun, H.J., Ludeman, E., Cawley, J.F., & Kayingo, G. (2024). Compliance With Accreditation Standards on Diversity: Is Institutional Support the Missing Link? *The Journal of Physician Assistant Education*, 35(4), 352-360. doi: 10.1097/JPA.0000000000000618	"Fleming at el. (2024) investigated how ARC-PA Standard A1.11 (effective September 2020) influences diversity, equity and inclusion (DEI) in US physician assistant (PA) programs. Using a three-phase qualitative design, they (1) compared DEI-related accreditation standards across six health-professions accreditors, (2) analysed ARC-PA frequency of citation data from June 2020–March 2023, and (3) conducted semistructured interviews with 23 PA faculty/leaders from varied regions, institution types and accreditation statuses. Across health professions, DEI is commonly embedded in accreditation, especially around equitable recruitment/admissions, plus curriculum expectations and faculty/staff recruitment and retention. For PA programs specifically, only seven programs received diversity-related citations in the study window, totalling 16 citations—mostly for insufficient institutional support in defining DEI goals, and in recruitment/retention strategies. Interviews yielded four themes: institutional support (dominant), early pipeline development (dominant), the "faculty vs student diversity first" dilemma, and local demographic/geographic context. The authors conclude that institutional leadership, resources, partnerships and accountability are the critical "missing link" for compliance and meaningful DEI progress; it is still too early to judge downstream effects on matriculant

	diversity. Authors were limited by the small qualitative sample." (OpenAI, 2026).
*Gutiérrez, J.P., Rodriguez, M.A., Torres-Pereda, P., & Reyes-Morales, H. (2024). Hospital accreditation in Mexico fails to improve the quality of healthcare: lessons from an impact evaluation. *Frontiers in Public Health*, 12, 1386667. doi: 10.3389/fpubh.2024.1386667	"Mexico introduced hospital accreditation (linked to eligibility to treat Seguro Popular patients and transfer of related funds to the state) as a mechanism to raise quality. This study evaluates whether accreditation improved effectiveness, efficiency, and safety in Mexican public second-level hospitals using national administrative datasets (hospital discharges, resources, and accreditation dates) from 2000–2017. It applies two quasi-experimental methods: controlled interrupted time series analysis with matched non-accredited controls, and high-dimensional fixed-effects panel regression. Across both analyses, accreditation did not improve quality indicators. Instead, results suggest perverse effects, with higher in-hospital mortality after accreditation, including overall mortality (notably in Ministry of Health hospitals), and condition-specific mortality for acute myocardial infarction and diabetes. Efficiency indicators showed only marginal shifts (e.g., higher occupancy and surgeries per surgical space) without corresponding gains in safety or outcomes. The authors argue the hybrid "licensing + accreditation" design, weak incentives, political influence, and chronic underinvestment in hospital structure/processes likely limit impact. They conclude Mexico's accreditation model needs fundamental redesign, with transparent independent regulation and incentives tied to measurable improvements in standardized processes and outcomes." (OpenAI, 2026).
*Liu, L-W., Cui, Y-K., Zhang, L., Jia, D-L., Wang, J., Gu, J-W., Zhang, J-Y., Dong, Z., Jin, X-J., Zou, X-Y., Sun, G-L., Dai, Y-X., Sun, A-J., & Ge, J-B. (2024). Effectiveness of chest pain center accreditation on the hospital outcome of acute aortic dissection: a nationwide study in China. *Military Medical Research*, 11(1), 62. doi: 10.1186/s40779-024-00565-0	"Using nationwide registry data from China's National Chest Pain Center Program, Liu et al. assessed whether chest pain center (CPC) accreditation improves outcomes for acute aortic dissection (AAD). They conducted a retrospective before–after (self-contrast) study of 40,848 AAD patients treated in 1,671 accredited hospitals from 2016–2022, comparing admissions before versus after each hospital's CPC accreditation date. Primary outcome was in-hospital mortality; secondary outcomes were misdiagnosis and Stanford type A AAD surgery. Post-accreditation patients had lower in-hospital mortality (12.1% vs 16.3%) and lower misdiagnosis (2.9% vs 5.4%), with higher rates of surgery for Stanford type A AAD (61.1% vs 42.1%). After adjustment, CPC accreditation was associated with reduced odds of in-hospital death (adjusted OR ~0.64) and misdiagnosis (adjusted OR ~0.55), and increased odds of type A surgery (adjusted OR ~1.97). Improvements were seen across regions, with particularly large mortality reductions in Western China and in non-provincial cities, suggesting accreditation may help reduce geographic disparities. The authors conclude CPC accreditation is linked to better diagnosis, more appropriate surgery, and improved in-hospital outcomes for AAD, while noting limitations of observational design and uncertain generalisability beyond China." (OpenAI, 2026).
McNaughton, D.T., Mara, P., & Jones, M.P. (2024). The impact of preparation time on accreditation performance within Australian general practices. *Australian Journal of General Practice*, 53(11 Suppl), S102-S106. doi: 10.31128/AJGP-12-23-7058	"This study examined whether how early Australian general practices start preparing for accreditation is linked to better accreditation outcomes. Using data from 742 practices undergoing accreditation cycles between December 2020 and July 2022, the authors created three "preparation time" metrics: time from registration with the accrediting agency to (1) the current accreditation expiry date, (2) the planned site visit, and (3) self-assessment submission to the planned site visit. Outcomes were: conformity to 124 RACGP indicators at the site visit, plus post-visit performance—business days to remediate non-conformant indicators and the number of agency–practice transactions needed to finalise remediation.

	Practices that registered earlier relative to their accreditation expiry showed slightly higher conformity at the site visit (OR 1.04) and, afterwards, took less time and required less assistance (fewer transactions) to remediate non-conformities. Separately, earlier self-assessment submission (more months before the site visit) was associated with faster remediation. The authors conclude that more preparation time, particularly earlier registration and earlier self-assessment submission, is associated with small-to-moderate improvements in accreditation performance, while noting limits (COVID-era data, single accrediting agency, and equal weighting of indicators).” (OpenAI, 2026).
*McNaughton, D.T., Mara, P., & Jones, M.P. (2024). The impact of self-assessment and surveyor assessment on site visit performance under the National General Practice Accreditation scheme. *Australian Health Review*, 48(3), 222-227. doi: 10.1071/AH23235	“Using 757 Australian general practice accreditation visits (Dec 2020–Jul 2022) from one accrediting agency, this study examined whether practices’ mandatory pre-visit self-assessment predicts performance at the on-site accreditation visit, and whether GP surveyors differ in how often they rate indicators as “met.” Practices self-assess 124 indicators from the RACGP 5th edition standards, but the system does not allow marking an item “not met,” so unmarked items may reflect non-attempt or non-conformity. The study used mixed-effect multilevel logistic regression as its primary analytical method. A substantial minority—277 practices (37%)—did not mark any indicators. Overall site-visit conformity was high (94% across ~93,862 indicator assessments). Completing the self-assessment was not associated with higher indicator conformity at the site visit (non-significant, OR = 0.99, z = −1.07, $P = 0.28$). Among practices that attempted self-assessment, reporting higher conformity also did not clearly predict higher site-visit conformity (non-significant trend, OR = 0.82, z = −1.81, $P = 0.07$). Surveyor-level analysis across 34 GP surveyors suggested generally acceptable consistency, with 9 surveyors showing statistically different conformity rates versus the grand mean (5 higher, 4 lower). Greater surveyor experience was associated with slightly lower conformity. The authors conclude that self-assessment completion does not meaningfully predict site-visit outcomes, while surveyor consistency appears broadly adequate, warranting ongoing monitoring and training.” (OpenAI, 2026).
*Meyer, D., Mocanu, V., Switzer, N.J., Birch, D.W., & Karmali, S. (2024). Pre-Operative Gastroesophageal Reflux Does Not Affect 30-Day Outcomes in Patients Undergoing Revisional Bariatric Surgery to Single Anastomosis Duodeno-Ileal Bypass (SADI): An Analysis of 933 Metabolic and Bariatric Accreditation and Quality Improvement Program Patients. *Journal of Clinical Medicine*, 13(20), 6117. doi: 10.3390/jcm13206117	“Using the North American MBSAQIP registry (2020–2021), Meyer and colleagues examined whether pre-operative gastroesophageal reflux disease (GERD) affects 30-day outcomes after revisional bariatric surgery to single anastomosis duodeno-ileal bypass (SADI). This was the largest retrospective analysis study by publication date. They identified 933 revisional SADI patients; 342 (36.7%) had pre-operative GERD. Most revisions were performed for weight regain (47.6%) or inadequate weight loss (40.6%), and the prior (“index”) operation was most commonly sleeve gastrectomy (77.5%). Although GERD patients were slightly older and had more metabolic comorbidity (eg, diabetes, hypertension, sleep apnea, dyslipidaemia), GERD was not associated with worse short-term surgical outcomes. Rates of anastomotic leak (2.5% non-GERD vs 1.2% GERD), bleeding, readmission, reintervention, and reoperation did not differ significantly between groups. In multivariable analysis, prior myocardial infarction (OR ~12) and dyslipidaemia (OR ~2.2) independently predicted serious 30-day complications, while GERD did not. The authors conclude that pre-operative GERD alone should not deter revisional SADI, but cardiac-risk patients warrant careful optimisation. Limitations of this study

	include retrospective design, data collection during COVID-19, lack of GERD diagnostic granularity and absence of surgical technical details." (OpenAI, 2026).
*Musits, A.N., Khan, H., Cassara, M., McKenna, R.T., Penttila, A., Ahmed, R.A., & Wong, A.H. (2024). Fellowship Accreditation: Experiences From Health Care Simulation Experts. *Journal of Graduate Medical Education*, 16(1), 41-50. doi: 10.4300/JGME-D-23-00388.1	"Simulation fellowship programs are expanding, and accreditation efforts have followed—yet simulation leaders disagree on whether accreditation helps or harms the field. In 2020, the authors conducted a qualitative study using semi-structured interviews with 45 experienced simulation experts recruited through snowball sampling (mostly physicians; with international representation including Australia, Canada, Denmark, Hong Kong, Mexico, Singapore, and the UK). Thematic analysis identified three overarching themes. First, there was discord and lack of consensus: participants ranged from enthusiastic (seeing accreditation as a marker of specialty maturity) to skeptical or avoidant (viewing it as another burdensome, fee-laden requirement), with many holding conflicted views. Confusion about terminology (eg, "accreditation" vs "certification," and what counts as a "fellowship") also contributed. Second, perceived value depended on context. Larger, well-resourced programs often felt reputation reduced the need for accreditation, while smaller/newer programs might benefit from credibility but lacked resources to pursue it. Value also varied for programs, fellows, and employers. Third, participants anticipated personal, financial, and professional impacts: accreditation could provide guardrails and protect fellows from exploitation, but might also over-standardize training, constrain innovation/diversity, and create financial or political concerns for professional societies that run accreditation programs. Authors recommend early engagement of diverse stakeholders, a flexible categorical accreditation structure, and consideration of models like the HALM certification to balance standardisation with innovation." (OpenAI, 2026).
*Park, H.C., Kim, D.H., Cho, A., Kim, B.Y., Lee, M., Kim, G.O., Hwang, W.M., Kim, J., Kim, D.J., & Lee, Y.K. (2024). Impact of hemodialysis center accreditation on patient mortality: Korean nationwide cohort study. *Kidney Research and Clinical Practice*, 45(2):244-252. doi: 10.23876/j.krcp.24.059	"This nationwide Korean cohort study examined whether the Korean Society of Nephrology's hemodialysis (HD) unit accreditation—certifying "qualified dialysis centers" (QDCs)—is associated with lower mortality among maintenance HD patients. Using 2018 national HD quality assessment data linked to accreditation status, the authors followed 31,227 adult HD patients treated at 832 facilities (219 QDC vs 613 non-QDC) and tracked all-cause mortality from Sept 2018 to Nov 2021. The Korean Society of Nephrology HD accreditation programme evaluated four specific domains: structure, process, ethics, and medical records/reports. Patients treated in QDCs (30.6% of the cohort) were slightly younger and had marginally more favorable dialysis-related measures (e.g., higher hemoglobin and single-pool Kt/V; lower calcium/phosphorus) than those in non-QDC facilities. Over a mean follow-up of ~36 months, 5,848 deaths (18.7%) occurred and 3,515 patients were censored due to kidney transplantation; crude mortality was lower in QDCs (56.8 vs 66.0 deaths per 1,000 person-years), with better Kaplan–Meier survival. After adjustment for demographics, comorbidities, and laboratory variables, treatment in a QDC remained independently associated with ~10% lower mortality risk (adjusted HR ≈ 0.90). Subgroup analyses suggested benefits were less evident in older patients (≥65), those with cerebrovascular disease, and Medicaid patients. The authors conclude accreditation may improve HD outcomes, while noting limitations (observational design, potential selection bias, modest follow-up, and inability to isolate which accreditation components drive benefit)." (OpenAI, 2026).

*Park, S.S., Verm, R.A., Abdelsattar, Z.M., Kramer, S., Swanson, J., Fernando, M., Cohn, T., Luchette, F.A., & Baker, M.S. (2024). Does commission on cancer (CoC) accreditation mitigate the effect of care fragmentation on clinical outcome in localized rectal cancer? *The American Journal of Surgery*, 230, 63-67. doi: 10.1016/j.amjsurg.2023.12.024	"Using the U.S. National Cancer Database, this study examined whether fragmented care—having rectal cancer surgery at one hospital but receiving systemic therapy (chemotherapy) elsewhere—harms outcomes for patients with clinical stage II–III rectal adenocarcinoma, and whether Commission on Cancer (CoC) accreditation of the chemotherapy site makes a difference. The authors included 44,339 patients (2006–2019), all of whom had surgery at CoC-accredited centres; 54% experienced fragmented care. Fragmented care was split into chemotherapy delivered at another CoC-accredited facility versus a non-CoC facility. Across groups, differences were small. Use of neoadjuvant therapy and "textbook oncological outcome" were slightly higher when chemotherapy occurred at CoC centres. Five-year overall survival was similar for non-fragmented care and fragmented care with CoC chemotherapy (~76% vs ~75%), and only marginally lower when chemotherapy occurred at non-CoC sites (~74%). Adjusted analysis suggested a slightly lower mortality risk (actual hazard ratio, AHR = 0.94) when systemic therapy was delivered at CoC centres, but the effect was modest. Conclusion: For patients having surgery at CoC centres, care fragmentation is not associated with clinically meaningful long-term survival differences; choosing chemotherapy closer to home can be reasonable. Authors note limitations such as retrospective design, no disease-specific survival data, and inability to assess non-CoC surgery" (OpenAI, 2026).
Park, S.S., Verm, R.A., Abdelsattar, Z.M., Kramer, S., Swanson, J., Fernando, M., Cohn, T., Luchette, F.A., & Baker, M.S. (2024). Fragmented care in localized pancreatic cancer: Is commission on cancer accreditation associated with improved overall survival? *Surgery*, 175(3), 695-703. doi: 10.1016/j.surg.2023.08.040	"Using the US National Cancer Database (2006–2019), this study examined whether "fragmented care" in localized pancreatic ductal adenocarcinoma—receiving peri-operative systemic therapy at a different facility from where pancreatic surgery was performed—affects overall survival, and whether Commission on Cancer (CoC) accreditation of the systemic-therapy facility matters. Among 11,732 patients with clinical stage I–III disease who underwent pancreaticoduodenectomy or distal pancreatectomy plus systemic therapy, 48.3% experienced fragmented care; most of these received systemic therapy at a non-CoC facility. Fragmented care was more common among slightly older patients and those who were White, lower income, and government-insured, and it involved longer travel for surgery. Within fragmented care, systemic therapy at CoC-accredited facilities was associated with higher neoadjuvant therapy use than at non-CoC facilities. Survival differences between fragmented and non-fragmented care were small, and after adjustment, fragmentation was not associated with worse overall survival. CoC accreditation of the systemic-therapy site did not improve survival overall, though there was a modest benefit in stage I disease. The authors conclude that fragmentation usually has limited outcome impact, so systemic therapy location can often prioritize access, with extra attention to early-stage patients." (OpenAI, 2026).
*Regnier, K., Smith, A., Natali, J.P., Berthe, S., Griebenow, R., Schaefer, R., Stein, J., Elsayed, E., & Smith, M. (2024). Effect of COVID-19 on Continuing Education Activities and Learner Interactions: Report from Six Accreditation Systems. *Journal of CME*, 13(1), 2370746. doi: 10.1080/28338073.2024.2370746	"Across six Continuing Education (CE)/ Continuing Professional Development (CPD) accreditation systems (USA ACCME and AAFP; France ANDPC; Europe EBAC; Qatar Ministry of Public Health; Canada RCPSC), the article shows that COVID-19 initially reduced in-person education but rapidly accelerated a durable shift to online and hybrid delivery. Providers converted live meetings into webinars, recorded "enduring" resources, and micro-learning, which generally compensated for— and sometimes exceeded—lost face-to-face opportunities. In the ACCME system, activity volumes dipped early

	then rebounded, with enduring materials becoming dominant; physician and broader healthcare-team learner interactions rose overall by the post-pandemic period. AAFP reports live online sessions became a sustained norm and created streamlined pathways for "repurposed" recorded content while maintaining safeguards against misinformation. France's ANDPC saw strong uptake of virtual classrooms (synchronous) and e-learning (asynchronous), prompting new quality criteria. EBAC experienced a sharp, sustained rise in online education and more complex mixed-modality programmes. Qatar recorded fewer activities and shorter average durations during peak pandemic years, but online/hybrid formats delivered a large share of opportunities and credits. Canada implemented rapid supports (including temporary flexibilities and webinars) and later consolidated these capacities. The authors conclude CPD proved resilient and recommend reassessing which regulatory requirements truly add value without worsening burnout." (OpenAI, 2026).
*Scanlan, R., Flenady, T., & Judd, J. (2024). Impact of short-notice accreditation assessments on hospitals' patient safety and quality culture-A scoping review. *Journal of Advanced Nursing*, 80(10), 3965-3976. doi: 10.1111/jan.16169	"This scoping review examined published evidence on whether short-notice (including unannounced) hospital accreditation assessments influence patient safety and quality culture. Using Arksey and O'Malley's framework and PRISMA-ScR guidance, the authors searched PubMed/MEDLINE, CINAHL and ProQuest for literature from 2000 to June 2022. From 3317 records, only five studies (2012–2019) met inclusion criteria, spanning Australia, Denmark, Iran, Saudi Arabia and Abu Dhabi. The studies were methodologically mixed and largely focused on accreditation results, standards compliance, workload and perceptions rather than culture. Overall, the evidence base was very limited and inconclusive. Only two studies even touched on safety/quality culture, and none directly evaluated the impact of short-notice accreditation on hospitals' patient safety and quality culture. Findings suggested short-notice models may reduce preparation burden and potentially curb "gaming," but results were mixed regarding whether short-notice surveys detect more non-compliance or improve outcomes. The authors conclude that Australia's move to mandated short-notice accreditation has proceeded despite a lack of robust evidence, and they call for targeted research linking short-notice models to measurable cultural and safety impacts." (OpenAI, 2026).
Singh, V., Singh, A.K., Kulshrestha, M.R., Singh, D., Khan, A., & Singh, M. (2024). Effect of National Accreditation Board for Hospital-Recommended Trainings on Patient Care Standards: A Comparative Study Based on the National Quality Assurance Standards Guidelines in a Tertiary Health-care Institute. *Indian Journal of Public Health*, 68(4), 502-506. doi: 10.4103/ijph.ijph_1262_23	"At a tertiary teaching hospital in North India, this study assessed whether National Accreditation Board for Hospitals (NABH)–recommended training improved compliance with India's National Quality Assurance Standards (NQAS) for inpatient wards and an ICU. Some hospital blocks had received 10 days of formal NABH training and proceeded through accreditation, while other blocks had not (for administrative reasons). Using pretested, checklist-based direct observation (225 ICU and 195 ward observation points), an independent observer compared performance across seven NQAS domains: patient rights, inputs, support services, clinical services, infection control, quality management, and outcomes. Across both ICU and ward settings, NABH-trained blocks consistently demonstrated higher compliance in all seven domains than non-trained blocks. The largest gaps were seen in communicating service information to patients/attendants/community, infrastructure adequacy, drug storage/inventory processes, nursing care, and elements of infection control programs and environmental layout. Quality management and outcome measures were particularly weak in non-trained areas. Overall, the findings suggest accreditation-oriented training is associated with better adherence to patient care standards, while noting

	limited generalisability (single site) and a cross-sectional design that cannot assess change over time." (OpenAI, 2026).
*Snyder, J., Honda, T., Lohenry, K., & Asprey, D. (2024). Blue Sky Thinking: Physician Assistant Accreditation and the Potential Impact on the Programs, Faculty, and the Profession. *The Journal of Physician Assistant Education*, 35(2), 162-166. doi: 10.1097/JPA.0000000000000577	""Blue sky thinking" is used to invite unconstrained brainstorming about how physician assistant/associate (PA) program accreditation could better advance PA programs, faculty, and the profession. The authors note rapid growth in PA employment (28% from 2021 to 2031) and in the number of accredited PA programs, arguing that accreditation already supports sound educational practice, public confidence, innovation, and continuous quality improvement, but could be leveraged more strategically as new standards editions are developed. They compare PA accreditation with other health professions and highlight accreditation's public-safety mission while acknowledging variation across accrediting approaches. Four "blue sky" topics are proposed. First, a unified, mandated professional degree (as in medicine, pharmacy, physical therapy, podiatry) could reduce public confusion created by multiple master's degree titles. Second, program leadership expectations—especially the "program director" title and mandated effort percentage—may limit influence within university hierarchies compared with peer professions that require dean/chief administrator roles. Third, the unique PA "medical director" requirement may need rethinking given diverse institutional contexts and policy shifts toward less physician supervision; a broader "medical direction" model could preserve physician input while adding flexibility. Fourth, accreditation could more explicitly incentivize faculty scholarship and research, addressing barriers such as time, mentorship, and motivation, and strengthening PA programs' standing within academia." (OpenAI, 2026).
Yıldırım, M., Mehder, B., Selçuk, H., Salar, S., & Keklicek, H. (2024). The effects of single education session on physiotherapy students' knowledge levels and thoughts on accreditation. *Physiotherapy Research International*, 29(4), e2116. doi: 10.1002/pri.2116	"A Turkish physiotherapy and rehabilitation department evaluated whether a single, face-to-face accreditation education session could improve students' knowledge and views about accreditation. Using a one-group pre-test–post-test design, 211 students who completed both surveys answered an online questionnaire covering demographics, accreditation knowledge (13 items), and thoughts/attitudes (8 items). The education comprised two ~2-hour parts (definitions and standards; processes, benefits, and students' roles) with interactive discussion and Q&A. After the session, students' accreditation knowledge increased significantly across all knowledge items. For example, awareness of the concept of accreditation rose from 57% to 96%, understanding of the difference between institutional versus programmatic accreditation increased from ~17% to 84%, and recognition that their department was not accredited rose from 33% to 97%. Students also shifted from relying on the internet to identifying school/course as their main information source. Attitudes were already generally positive beforehand, but several improved significantly (e.g., perceiving accreditation efforts as useful, believing accreditation improves education quality overall, and viewing accredited departments as more competent). The authors argue that embedding accreditation education in curricula and running seminars can strengthen student engagement in quality assurance, while noting limitations such as dropout/selection bias and the short, single-session intervention." (OpenAI, 2026).
Zabin, L.M., Shayeb, B.F., Kishek, A.A.A., & Hayek, M. (2024). Nursing perception towards the impact of JCI accreditation on the quality of care in a university hospital in Palestine: a cross-sectional study. *BMC Nursing*, 23(1), 695. doi: 10.1186/s12912-024-02353-6	"Zabin et al. report a cross-sectional survey of 180 nurses at An-Najah National University Hospital in Nablus, Palestine, examining how Joint Commission International (JCI) accreditation is perceived to influence quality of care. Using a 47-item questionnaire grounded in the Donabedian process–outcome framework (high internal reliability; Cronbach's alpha >0.90 across subscales), nurses largely endorsed accreditation as beneficial. Over 90% agreed that accreditation

	improved resource use, responsiveness to population needs, collaboration, and professional standards/values, and they perceived steady improvements in patient satisfaction, administrative services, clinical support, and overall care quality. Correlation analyses showed significant positive relationships between quality-process domains and perceived quality results, strongest for operational quality management and staff involvement. Stepwise regression suggested that quality management (operation focus), staff involvement, and use of patient-focused data together explained a large share of variance in perceived quality results ($R^2 \approx 0.71$). Perceptions of quality results differed by age group, with lower ratings among nurses aged 41–50. The authors note limitations (single-site, nurse-only, self-reported perceptions, cross-sectional design) and recommend embedding continuous quality improvement beyond survey periods, strengthening data systems, sustaining staff engagement and training, and expanding future research to multiple hospitals and objective patient outcomes." (OpenAI, 2026).
*Zhang, H., Huang, S.T., Bittle, M.J., Shi, L., Engineer, L., & Chiu, H.C. (2024). Hospital employees' perception of Joint Commission International Accreditation: effect of re-accreditation. *International Journal for Quality in Health Care*, 36(3), mzae081. doi: 10.1093/intqhc/mzae081	"This prospective cross-sectional study examined whether hospital employees who work in hospitals that maintained Joint Commission International (JCI) accreditation through re-accreditation perceive more benefits (and recommend JCI more) than employees in hospitals that let JCI lapse. Staff from five private obstetrics and gynecology hospitals in China completed an electronic survey (March–April 2023). The final sample included 1854 employees (1195 re-accredited; 659 ex-accredited) across clinical, nursing, technical, and administrative roles. Overall perceptions of JCI were positive in both groups, with mean benefit ratings above 4 (on a 5-point scale). Re-accredited employees reported higher perceived benefits (e.g., patient safety and safety culture, a learning culture, leadership/management, reputation, quality of care) and also higher perceived challenges, particularly the burden of rigorous standards, changing mindsets/behaviours, and documentation demands. After adjusting for demographics and work characteristics, re-accredited employees were more willing to recommend JCI to other hospitals. The authors conclude that sustaining accreditation may reinforce perceived value, and that employee participation and leadership support are critical for implementing and maintaining JCI standards. This study was the first of its kind to explore Chinese hospital employees' perceptions of JCI accreditation." (OpenAI, 2026).
2025	
*Abou Hashish, E.A., Alnajjar, H., & Rawas, H. (2025). Voices on academic accreditation: lived experiences of nurse educators, administrators, students, and alumni in nursing education. *BMC Medical Education*, 25(1), 64. doi: 10.1186/s12909-025-06657-2	"This qualitative phenomenological study explored how key stakeholders experience academic accreditation in a Saudi nursing college. Using purposive sampling, the researchers interviewed 54 participants (24 faculty/administrators, 20 students, 10 alumni) and analysed transcripts thematically. Stakeholders generally saw accreditation as a vital quality-assurance mechanism that strengthens program credibility, reputation, and alignment with professional and healthcare standards. Faculty and administrators described accreditation as driving curriculum–outcome alignment, strategic planning, and a culture of continuous improvement, but also as resource-intensive, citing heavy documentation requirements, workload pressures, time-management strain, and technical/logistical hurdles. Students appreciated accreditation's role in maintaining consistency and perceived job-market readiness, yet reported limited understanding of the process and asked for clearer communication, more practical resources, and greater student voice. Alumni emphasised that accredited training improved their clinical confidence and adaptability after graduation and recommended stronger alumni

	networks and ongoing professional development. Overall, the study concludes that accreditation has multi-dimensional benefits but requires better institutional support, transparency, and inclusive engagement across stakeholder groups; it also calls for broader multi-site and longitudinal research on longer-term impacts." (OpenAI, 2026).
*Al Khatib, I., Awad, M., & Shamayleh, A. (2025). Understanding Implementation Barriers for Lean Magnet Accreditation in the United Arab Emirates: A Qualitative Approach. *Journal of Nursing Management*, 2025, 7690350. doi: 10.1155/jonm/7690350	"This qualitative study examines barriers to implementing ANCC Magnet Recognition Program accreditation at scale in the United Arab Emirates. Drawing on a literature review plus semi-structured input from 15 subject matter experts (nursing leaders, clinicians, accreditation/quality specialists), the authors describe the Magnet Model's five tenets (transformational leadership, structural empowerment, exemplary professional practice, fresh knowledge and innovation, and empirical outcomes) and its reported benefits (better patient outcomes, higher nurse satisfaction/retention, professional development, reputation and potential financial gains). Experts, however, reported mixed views about Magnet's importance and low-to-moderate organizational readiness. Five dominant, interrelated challenges emerged: (1) misalignment between Magnet requirements and local regulatory frameworks and licensure rules; (2) limited or inconsistent improvements in nurses' working conditions; (3) perceptions that Magnet delivers little real change for nurses or patients and can function as a marketing exercise; (4) substantial financial and administrative burden with uncertain return on investment; and (5) workforce issues, including expatriate workforce turnover, staffing ratios, cultural/communication barriers, and uneven leadership support. The paper recommends stronger alignment with regulators, investment in education and career pathways, clearer shared governance and nurse autonomy, and data-driven quality systems tailored to the UAE context." (OpenAI, 2026).
Algunmeeyn, A., & Mrayyan, M.T. (2025). Nursing leaders' humble leadership and nursing team performance: quality and accreditation project success in nursing schools - a qualitative study. *BMJ Open*, 15(6), e096926. doi: 10.1136/bmjopen-2024-096926	"This qualitative study examined how humble leadership among nursing faculty leaders influences team performance and the success of quality improvement and accreditation projects in two private universities in Jordan. Twenty nursing faculty members participated in face-to-face semi-structured interviews (April–July 2023), with data analysed using Braun and Clarke's thematic analysis framework, informed by social learning theory. Three themes emerged. (1) Humility: recognition and openness. Participants described humble leaders as acknowledging staff contributions, expressing gratitude, seeking feedback, admitting limitations, and promoting shared learning; inconsistent openness to staff input was seen as a barrier. (2) Team cohesion and performance. Teams were generally "working well," with strengths in active participation and explaining viewpoints, but needed improvement in openly resolving disagreements and handling criticism without personalising it. (3) Humble leadership as a catalyst for project success. Accreditation and quality achievements were attributed to inclusive delegation, collective ownership, psychological safety, and resource pooling—especially important in resource-limited academic environments. The authors conclude that humble leadership can strengthen team cohesion and support accreditation success in nursing schools, and recommend intentional leadership development (eg, mentoring and action learning) and curricular attention to humility, teamwork, and conflict resolution." (OpenAI, 2026).

Alhawajreh, M.J., Jackson, W.J., & Paterson, A.S. (2025). Healthcare professionals' perceptions about implementing accreditation as a strategy to improve healthcare quality and organisational performance: a cross-sectional survey study. *PLoS One*, 20(3), e0320664. doi: 10.1371/journal.pone.0320664	"This cross-sectional survey examined how healthcare professionals in four accredited public hospitals in Jordan perceive accreditation's effects on healthcare quality and organisational performance. A validated, web-based questionnaire (81 items across nine scales) was completed by 372 staff (74.4% response rate), including clinical and non-clinical roles. Overall perceptions were positive: mean scores were "almost high" across all scales, with Quality Results rated highest and Human Resource Utilization lowest. Respondents commonly associated accreditation with improvements in patient care, teamwork, staff motivation, and hospital performance, but reported weaker areas such as staff rewards/recognition, staff involvement in developing quality plans, and communication about post-survey recommendations. Many felt feedback systems captured current patient needs better than future needs, and a substantial proportion perceived patients were unaware of accreditation activities. Quality Results correlated significantly with all other scales; in regression models, Customer/Patient Satisfaction, Management and Leadership, and perceived Accreditation Impact were the strongest predictors of better Quality Results. The authors conclude accreditation is viewed favourably but perceptions vary by professional group (administrative vs clinical). They call for stronger leadership engagement, better communication and staff participation, patient involvement, and more research using objective clinical outcomes and longer-term follow-up." (OpenAI, 2026).
Alturbag, M., & Alyahya, A. (2025). An Overview of Central Board for the Accreditation of Healthcare Institutions in Saudi Arabia: A Narrative Review. *Cureus*, 17(10), e95137. doi: 10.7759/cureus.95137	"Alturbag and Alyahya present a narrative review of Saudi-based empirical studies (2015–May 2025) examining what helps or hinders compliance with the Central Board for Accreditation of Healthcare Institutions (CBAHI) requirements and what accreditation achieves for infection control and patient safety. Nineteen studies—mostly hospital-based cross-sectional surveys/audits, plus a few mixed-methods and time-series analyses—were synthesised thematically. Consistent enablers of successful implementation were strong executive leadership, continuous staff training, robust quality-management systems, and adequate resources; private and larger hospitals generally showed higher compliance than public or smaller facilities. Infection prevention and control improved after accreditation, particularly committee functioning, isolation protocols, and hand-hygiene adherence, though performance gaps by ownership persisted. Patient-safety findings were mostly positive but mixed: several studies reported better incident-reporting culture, improved medication-safety processes, and reductions in selected adverse events or healthcare-associated infections, while effects on "hard" clinical outcomes and occupational safety culture were less consistent. Key barriers to sustained compliance included weak IT infrastructure, PPE shortages, workload/time pressure, staff turnover, limited management support, and underdeveloped national health information systems. The authors conclude that CBAHI can drive measurable safety gains, but greater impact requires embedding standards into routine practice, investing in digital and workforce capacity, and strengthening leadership accountability." (OpenAI, 2026).
Arja, S.B., Kumar, A., White, B.A., & Thompson, A. (2025). Did the students' satisfaction rates at Avalon University School of Medicine correlate with the occurrence of accreditation site visits? *Medical Teacher*, 47(4), 653-659. doi: 10.1080/0142159X.2024.2359967	"This study examined whether accreditation site visits were associated with changes in student satisfaction at Avalon University School of Medicine across two accreditation cycles, using CAAM-HP student surveys from 2017 (pre-visit), 2019 (immediately post-visit), and 2022 (pre-second visit). Surveys covered key domains aligned with accreditation standards (e.g., student–faculty–administration relationships, student support and health services, learning resources, learning environment, and the educational program) using 5-point Likert ratings and Wilcoxon rank-sum tests.

	Findings showed overall improvement in satisfaction over time, but patterns differed by cohort. Basic science students showed mixed change from 2017 to 2019 (improvement in only 11 items, decline in many others), followed by improvement across all items by 2022, with several statistically significant increases. Clinical students improved across all items from 2017 to 2019 with statistically significant differences, and mostly improved again by 2022, though only career/residency counselling items showed significant gains. The authors conclude that quality improvement is driven less by the site visit itself and more by pre-accreditation preparation, self-study, and corrective actions that strengthen internal continuous quality improvement processes and stakeholder engagement." (OpenAI, 2026).
*Berg, F., Erlandsson, K., Jha, P., Wigert, H., Sharma, B., & Bogren, M. (2025). Evaluating an internal quality assurance process for achieving national accreditation standards in midwifery education: a study protocol. *Global Health Action*, 18(1), 2463234. doi: 10.1080/16549716.2025.2463234	"This study protocol describes a planned evaluation of an internal quality assurance (IQA) self-assessment process designed to help midwifery education institutions in Bangladesh meet national accreditation standards. It responds to a gap in evidence: accreditation is widely promoted (e.g., by WHO and the International Confederation of Midwives), but there is limited research on whether recurring internal self-assessments improve programme quality before and after accreditation. The project uses a longitudinal exploratory design guided by process evaluation of complex interventions, examining context, implementation (fidelity, dose, reach, adaptations), mechanisms of impact, and outcomes. An IQA intervention will be introduced in 31 public and private institutes, supported by implementation strategies including updating an assessment tool aligned to Bangladeshi standards, training a national task force, and running Plan–Do–Study–Act (PDSA) cycles to embed continuous improvement. Data collection combines quantitative self-assessment tools (programme standards; educator competence/confidence; student competence/confidence) and qualitative focus group discussions to understand contextual influences. Analyses will use descriptive statistics and regression for quantitative data and content analysis for qualitative data. The authors anticipate that accreditation alone may not enhance quality without sustainable internal quality assurance processes." (OpenAI, 2026).
Brand, T., & Blankart, K. (2025). Does access to quality accreditation improve health? - Patient-level evidence from German cancer care. *The European Journal of Health Economics*. doi: 10.1007/s10198-025-01833-z	"This study asks whether living in a German district with local access to an accredited "organ cancer center" (OCC) improves cancer survival—not just being treated in an accredited hospital. Using German Cancer Society accreditation records linked to national cancer registry data (1999–2018), the authors analyze ~5.3 million cases across eight cancer types. They define "treatment" as having at least one accredited center in the patient's district at diagnosis (an intention-to-treat design), and use nearest-neighbor matching on patient factors (age, sex, tumour extent) and regional factors (GDP, hospital supply, university hospitals, cancer incidence, and local research output). Outcomes are assessed with Cox survival models and G-computation for 1-, 3-, and 5-year survival. Local access to accredited care is associated with lower mortality risk for breast, colon, and prostate cancer (hazard ratios ~0.87–0.96) and higher 5-year survival for five cancers, with effects generally larger over longer follow-up and varying by disease severity. Importantly, accredited centers in neighboring districts also improve survival for several cancers, suggesting positive regional spillovers. Overall, expanding accreditation may improve outcomes without forcing long travel." (OpenAI, 2026).

Ciesielski, T.M., Henry, T.L., & Fondahn, E.D. (2025). Accreditation and Health Policy and Their Impacts on Quality. *Medical Clinics of North America*, 109(5), 1103-1116. doi: 10.1016/j.mcna.2025.02.009	"This article explains how health policy and accreditation function as two major levers for improving quality, safety, and equity in the fragmented US health care system. It traces US hospital accreditation to early 20th-century standardisation efforts that evolved into modern accrediting bodies (notably The Joint Commission) and shows how federal policy—especially through the creation and growth of Medicare and Medicaid—made the federal government the most powerful quality regulator. A central argument is that the Centers for Medicare and Medicaid Services (CMS) influences care quality largely through payment and participation requirements (Conditions of Participation/Coverage) and by tying reimbursement to performance (e.g., nonpayment for certain hospital-acquired conditions and clinician pay-for-performance programs). The authors describe how surveys identify deficiencies, including high-stakes "immediate jeopardy" findings, and why organisations cultivate "survey readiness" via staff training and mock surveys. Evidence on whether accreditation improves outcomes is mixed: studies show gains in safety culture and efficiency, but inconsistent associations with mortality and readmissions. The paper emphasises the escalating regulatory burden and cost of compliance, and argues for research and smarter metrics—potentially aided by AI—to reduce reporting load while keeping focus on patient outcomes." (OpenAI, 2026).
Connor, L., Dufour, K., Zadvinskis, I.M., Waddell, A., Powell, N., Gorsuch, P.F., Brown, R., Melnyk, B.M., & Gallagher-Ford, L. (2025). Does Hospital Accreditation or Certification Impact Patient Outcomes? Findings From a Scoping Review for Healthcare Industry Leaders. *The Journal of Nursing Administration*, 55(1), 5360. doi: 10.1097/NNA.0000000000001528	"This scoping review examined whether hospital accreditation or specialty certification is associated with better patient outcomes. The authors searched OVID MEDLINE, EMBASE, and CINAHL for English-language, peer-reviewed studies published from 2000 to late 2022, screening thousands of records and ultimately including 126 studies; analyses focused primarily on US studies because payment systems and health-service contexts differ internationally. Overall, evidence linking general hospital accreditation to improved patient outcomes was inconclusive. Across 61 US studies, outcomes were highly heterogeneous: many different organizational and patient outcomes were measured, but few were repeated consistently across studies, making synthesis difficult and limiting confidence in any broad conclusions. The most commonly reported patient outcome was mortality, while length of stay and readmissions were also frequently assessed. Two areas stood out as exceptions with more consistent signals: bariatric surgery accreditation and stroke specialty certification. In these subsets, several studies reported lower mortality and, in many cases, shorter length of stay, though results were not uniformly positive. The review concludes that stronger, more standardised outcome definitions and reporting are needed to determine when (and whether) accreditation/certification meaningfully improves patient outcomes." (OpenAI, 2026).
Cosme, S., & Graebe, J. (2025). American Nurses Credentialing Center Accreditation: Professional Development and Practice Summit™-Leading Learning. *The Journal of Continuing Education in Nursing*, 56(12), 497-499. doi: 10.3928/00220124-20251027-01	"The article explains how the American Nurses Credentialing Center (ANCC) is consolidating four major accreditation communities—Nursing Continuing Professional Development (NCPD) Accreditation, Joint Accreditation (interprofessional continuing education), the Practice Transition Accreditation Program (PTAP) (nurse residencies/fellowships), and Advanced Practice Provider Fellowship Accreditation (APPFA)—into one flagship event: the ANCC Professional Development and Practice Summit (PDP Summit), scheduled for spring 2026. The authors argue this convergence addresses a common problem: professional development, onboarding, and transition programs often

	sit in the same departments but are designed in silos, limiting shared learning and making it harder to demonstrate value. The Summit is positioned as a mechanism to strengthen collaboration, accelerate spread of effective practices, and highlight measurable outcomes tied to competency- and outcomes-based education. The program will combine networking, recognition of newly accredited providers, and a broad agenda (e.g., mentorship models, wellness, AI-enabled learning, interprofessional teamwork, and practical innovations such as virtual training approaches). Overall, the Summit is framed as a leadership strategy to improve workforce readiness and ultimately patient care." (OpenAI, 2026).
Cosme, S. (2025). American Nurses Credentialing Center Practice Transition Accreditation Program(®): 2024 Annual Report Data Analysis. *The Journal of Continuing Education in Nursing*, 56(3), 89-92. doi: 10.3928/00220124-20250207-02	"The article reviews aggregate findings from the American Nurses Credentialing Center's (ANCC) Practice Transition Accreditation Program (PTAP) 2024 annual report, marking the program's tenth year. PTAP accredits evidence-based transition-to-practice programs (nurse residencies, nurse fellowships, and advanced practice provider fellowships) using standards aligned to five domains: program leadership, organizational enculturation, goals/outcome measures, development/design, and practice-based learning. Across the reporting period (Oct 2023–Sep 2024), data covered 255 accredited programs spanning 894 sites, predominantly nurse residencies. Nearly 50,000 nurses participated—an 18% increase since 2022—with most programs located in the United States (96%), concentrated especially in California, Texas, and New York, and largely based in inpatient, urban/suburban settings. Typical program duration was ~11 months for residencies and ~10 months for fellowships; reported mean salaries were ~$74,901 for residents and ~$95,536 for fellows. Outcomes show rising retention over recent years (including at 18 and 24 months) for both residencies and fellowships. Twelve-month post-hire turnover for accredited residencies was 13.5%, lower than a national benchmark of 23.8%. Reported organizational benefits cluster around recruitment/retention advantages, leadership support and recognition, financial/resource gains (including external funding), enhanced reputation (including links to Magnet recognition), and ongoing program improvements." (OpenAI, 2026).
Davis, M.V., Rider, N., Rashied, A.A., Bhat, S., & Lang, B. (2025). Examining the Association Between Public Health Accreditation and COVID-19 Outcomes. *Journal of Public Health Management and Practice*, 31(2), 157-164. doi: 10.1097/PHH.0000000000002100	"This study examined whether local health department (LHD) accreditation (via the Public Health Accreditation Board) was associated with better COVID-19 community outcomes across US counties. Using county-level data on adult vaccination, COVID-19 hospitalizations, and COVID-19 deaths across four pandemic periods defined by vaccine/booster availability, the authors compared counties served by accredited, "in the system", and non-accredited LHDs. They adjusted for COVID-19 Community Vulnerability Index (CCVI), state public health governance structure, and state policy environment (more permissive vs more restrictive), using hierarchical linear mixed models to account for repeated county observations. Counties with accredited LHDs had higher adult vaccination coverage than those with non-accredited LHDs, even after adjustment. Accredited LHD jurisdictions also had significantly lower COVID-19 death rates, while hospitalization rates did not differ significantly by accreditation status. CCVI and state-level context mattered: higher vulnerability was linked to worse outcomes, and more restrictive state policy environments were associated with higher vaccination and lower deaths. The authors conclude accreditation is associated (not proven causal) with improved community outcomes and call for better national datasets to support future research." (OpenAI, 2026).

Girotto, L.C., Machado, K.B., Moreira, R.F.C., Martins, M.A., & Tempski, P.Z. (2025). Impacts of the Accreditation Process for Undergraduate Medical Schools: A Scoping Review. *The Clinical Teacher*, 22(2), e70031. doi: 10.1111/tct.70031	"This scoping review synthesises evidence on how accreditation affects undergraduate medical schools worldwide. Following PRISMA-ScR guidance, the authors searched multiple databases up to March 2024 and included 31 studies from 14 countries (published 1997–2022). Most studies were descriptive (case reports/series, surveys, qualitative interviews/focus groups), with substantial heterogeneity in accreditation standards, agencies, and contexts. Across the literature, five recurring impact themes emerged. Accreditation commonly prompted curricular and governance changes (e.g., clearer roles, stronger accountability, policy review, better documentation and monitoring) and fostered continuous quality improvement (CQI) cultures intended to sustain changes beyond an episodic site visit. Several studies reported better learner outcomes, including improved exam/licensing performance and, in some settings, higher student satisfaction and enhanced institutional recognition (prestige, attractiveness, and sometimes access to funding). However, a smaller subset highlighted burdens and unintended harms, including stress, heavy administrative workload, high financial and human-resource demands, morale impacts, and "checklist compliance" that may be temporary rather than transformational. The review argues for more transparent reporting of accreditation criteria and outcomes, development of stronger measurement approaches, and greater cross-country sharing of accreditation data to strengthen evidence and practice." (OpenAI, 2026).
*Johnson, B.A., Hobika, G.G., McNamara, E.J., & Ko, C.Y. (2025). Evaluating Initial Site Visit Pass Rate Across American College of Surgeons Accreditation Programs. *Journal of the American College of Surgeons*, 241(4), 594-600. doi: 10.1097/XCS.0000000000001441	"Using ACS quality-database records, Johnson and colleagues examined first-time, comprehensive site visits (2017–2023) across seven American College of Surgeons accreditation/verification programs to test whether accreditation mostly "rubber-stamps" already high-performing hospitals or acts as a quality-improvement lever. Overall, 61% of hospitals passed on the first attempt, with wide variation by program (about 31% to 86%). Among hospitals that did not initially pass, most that continued into the follow-up cycle ultimately succeeded: after structured feedback and remediation, 94% of those who pursued re-evaluation achieved accreditation. Common deficits clustered in staffing/service capacity and in patient-care expectations/protocols, including weaknesses in standardized pathways, multidisciplinary coordination, credentialing/call coverage, and training; longitudinal programs also showed gaps in survivorship/discharge planning and longer-term surveillance. Initial success was less likely after the onset of COVID-19, consistent with resource and staffing strain. Hospitals in systems with prior accreditation experience showed higher first-attempt pass rates. Overall, the findings portray ACS accreditation as both a benchmark and a practical driver of system-level improvement." (OpenAI, 2026).
Katsma, M.S., Murray, J.B., Balazs, G.C., Speicher, M.R., & Olsen, A.A. (2025). The Real Match Rate? US DO Students Match Into Orthopaedic Surgery at Significantly Lower Rates than US MD Students Despite Single Accreditation. *JB & JS Open Access*, 10(2), e24.00002. doi: 10.2106/JBJS.OA.24.00002	"Using 2020–2023 ERAS and NRMP data, this study examined whether US osteopathic (DO) and allopathic (MD) seniors match into orthopaedic surgery at different rates in the post–single-accreditation era. The authors argue that NRMP-only match rates overestimate "real" prospects because NRMP excludes applicants who start in ERAS but never submit an orthopaedics rank list. They therefore calculated (1) unadjusted match rates using NRMP applicants only and (2) adjusted match rates using all ERAS applicants (including those who later drop out before ranking). Across all years, DO applicants had significantly lower match rates than MD applicants by both methods. Cumulatively (2020–2023), unadjusted match rates were 57% for DO vs 73% for MD, while adjusted match rates fell to 39% for DO vs 57% for MD, reflecting substantial attrition between ERAS application and NRMP ranking.

	DO applicants were more likely than MD applicants to apply via ERAS but not submit an orthopaedics rank list in most years (e.g., 38% vs 25% in 2020), narrowing by 2023. The authors discuss potential contributors including degree-related bias, interview barriers, advising gaps, and research opportunity differences, and recommend active bias identification, stronger mentorship, and targeted advising for DO candidates." (OpenAI, 2026).
Ledibane, N.R.T., Patrick, S.M., & Voyi, K.V. (2025). Defining the elements of a self and peer assessment system for academic institutions of public health in Africa as a precursor to accreditation: A study protocol. *PLoS One*, 20(10), e0334645. doi: 10.1371/journal.pone.0334645	"This study protocol proposes creating a self- and peer-assessment system for academic institutions of public health in the WHO African Region as a foundation for a future, uniquely African accreditation approach. It argues that achieving Universal Health Coverage and the Sustainable Development Goals requires a well-prepared public health workforce, but that many African MPH programmes lack consistent regional standards, formal regulation, and benchmarking mechanisms. The study will use a three-phase, multicentre sequential mixed-methods design across 52 ASPHA-affiliated institutions in 19 countries. Phase 1 is a cross-sectional online survey to map current quality assurance practices, curriculum renewal processes, academic staffing capacity, and appetite for accreditation. Phase 2 uses a modified Delphi process with MPH coordinators to reach consensus on a set of agreed quality standards and translate them into an assessment tool. Phase 3 will pilot the tool through institutional self-assessment and generate an implementation framework. The anticipated output is a practical standards-based tool to support continuous improvement, collaboration, and accountability in postgraduate public health education across Africa." (OpenAI, 2026).
Lima, H.O., Muniz da Silva, L., da Cruz, R.G., de Araújo, A.C.L.F., Torres, V.M.S, Simões, D., Machado, D.S., & Vieira, J.E. (2025). Effect of Accreditation on Patient Safety Culture: Insights from a Brazilian Multicenter Cross-Sectional Study. *Global Journal om Quality and Safety in Healthcare,* 8(3), 102-110. doi: 10.36401/JQSH-24-42	"In this Brazilian multicenter cross-sectional study, researchers compared patient safety culture in accredited versus nonaccredited hospitals within a private network of 68 hospitals. Using the Hospital Survey on Patient Safety Culture (HSOPSC) administered in September 2022, they analyzed 31,919 completed responses (overall response rate 91.4%). Most hospitals were accredited (55/68), and most responses came from accredited sites. Overall safety culture was moderate-to-positive (overall score ~65%). Strongest dimensions were organizational learning and management support for patient safety, while nonpunitive response to errors was consistently the weakest area, suggesting ongoing fear of blame and barriers to speaking up. Compared with nonaccredited hospitals, accredited hospitals scored slightly higher on communication openness, frequency of events reported, and overall perception of patient safety (differences under 5 percentage points). Accreditation was associated with lower odds of reporting zero events in the prior year (adjusted OR ~0.80). Underreporting was more likely among physicians and support/administrative staff, while nurses reported more. The authors conclude accreditation may provide incremental benefits in networks that already have strong quality systems; further gains likely require sustained, organization-wide strategies—especially strengthening "just culture" and reporting systems." (OpenAI, 2026).
Mutlu, H., & Baykara Mat, S.T. (2025). Accreditation through the eyes of nurse managers: an infinite staircase or a phenomenon that evaporates like water. *Journal of Health Organization and Management*, 39(8), 1885-1906. doi: 10.1108/JHOM-01-2025-0029	"This qualitative study examines how hospital accreditation shapes day-to-day operations through the experiences of nurse managers in accredited Turkish hospitals. Using semi-structured online interviews with 11 nurse managers and thematic analysis, the authors identify five interlinked effects.

	First, accreditation strengthens employee-centred workflows by clarifying roles, standardising procedures, and supporting multidisciplinary practice—helping nurses focus on safer, more consistent care. However, it also increases bureaucracy and reporting, which can divert time from patients, raise workload, and undermine motivation; frequent guideline changes further create adaptation strain. Second, accreditation reinforces patient-centredness, especially via infection control, error prevention, self-auditing, and a maturing culture of incident reporting, alongside improvements in patient trust when processes are clearly explained. Third, it reshapes communication dynamics, creating a shared "common language" and better teamwork, though patient information can become overly technical and bureaucratic. Fourth, managers emphasise resource and infrastructure needs (staffing, digital systems) to sustain accreditation without burnout. Finally, participants argue accreditation can support greater equity by making safe, high-quality care more consistently available, but only if frameworks are flexible and resourced." (OpenAI, 2026).
Nara, N. (2025). Impact of accreditation on medical education quality improvement in 82 medical schools in Japan: a descriptive study. *Journal of Educational Evaluation for Health Professions*, 22.22. doi: 10.3352/jeehp.2025.22.22	"Japan introduced nationwide accreditation of medical education through the Japan Accreditation Council for Medical Education (JACME), recognized by the World Federation for Medical Education, and applied it to all 82 Japanese medical schools (completed by October 2024, with a subset already re-accredited). The study descriptively examines accreditation reports (focusing analysis on 65 schools assessed under the same WFME 2015 standards) to gauge whether accreditation meaningfully drives quality improvement despite the workload it creates. Most schools fully met basic standards in areas such as mission/autonomy, admissions, facilities/IT, research and educational expertise, leadership and resourcing, engagement with the health sector, and continuous renewal—suggesting strong institutional foundations. Common weaker areas (often only "partially met") included behavioural/social sciences and ethics, clinical sciences and skills, assessment and its alignment with learning, student representation, adequacy of clinical training resources, and mechanisms for program monitoring and feedback. Two concrete improvements are highlighted: longer clinical clerkships over time, and widespread adoption of structured program evaluation approaches (notably PDCA cycles and institutional research). Survey feedback from schools was largely positive—many judged accreditation effective for improvement while still reporting substantial administrative burden and a need to simplify processes and clarify standards." (OpenAI, 2026).
Ness, B., Herndon, J., Hoffmann, C., Benysh, S., Bowler, C., & Tan, W. (2025). Have We Made Progress? Interprofessional Diversity Within Faculty and Course Directors of Continuous Professional Development Courses Pre- and Post-Joint Accreditation. *Advances in Medical Education and Practice*, 16, 607-613. doi: 10.2147/AMEP.S509639	"Ness and colleagues examined whether introducing joint accreditation for interprofessional continuing education (implemented in 2018) was associated with greater interprofessional diversity among course directors and faculty in Mayo Clinic continuous professional development (CPD) courses. They conducted a retrospective, cross-sectional analysis comparing one year pre-implementation (2017) with one year post-implementation (2022), extracting course director and faculty credentials from internal CPD databases and grouping contributors as physicians (eg, MD/DO/MBBS) versus non-physicians (eg, PhD, PharmD, nursing and allied health credentials). Across 45 CPD conferences in 2017 and 167 in 2022, the proportion of non-physician course directors increased significantly from 11.3% to 22.5%. Non-physician-focused courses had substantially more non-

	physician faculty than physician-focused courses. Attendee speaker ratings were slightly higher for physicians than non-physicians, but the differences were small in practical terms. The authors conclude that joint accreditation is associated with increased interprofessional representation in CPD leadership and teaching, and they call for research on barriers and supports (eg, mentorship and protected time) to further expand diverse participation." (OpenAI, 2026).
*Nicholson, J., Gandhi, P., Novakovic, K., & Marns, D. (2025). Increasing the Impact of Dental Program Accreditation Processes: Identifying Strengths and Opportunities for Improvement. *Rand Health Quarterly*, 13(1), 6. PMID: 41415114	"This study reports Phase Two of an Australian Dental Council (ADC) project to strengthen how dental education program accreditation creates public health impact. Building on an earlier logic model and an impact framework (eight "impact mechanisms": anticipatory, directive, organisational, relational, informational, stakeholder, lateral, systematic, plus an added "strategic" mechanism), the authors gathered stakeholder views to test and refine how accreditation produces outcomes. They ran two stakeholder surveys (one for ADC assessors; one for dental education providers) and followed these with three focus groups (program leadership, program staff, and assessors). Overall perceptions of ADC accreditation were positive, and participants generally agreed the logic model and mechanisms plausibly describe pathways to impact, though low response rates (especially among providers) and many neutral survey responses limit certainty. Stakeholders nevertheless identified practical opportunities to increase impact: use AI tools to reduce workload and improve accreditation outputs; adopt more continuous quality-improvement processes to clarify expectations and support timely implementation of new standards; make assessor selection and site-visit processes more transparent to reduce perceived bias; and use modelling/simulation to understand system dependencies and the potential public-health consequences if accreditation is refused or revoked." (OpenAI, 2026).
Peters, G.W., Thomas, G., Applegarth, J.A., Wasvary, J., Bohler, F., Callahan, R.E., Bergeron, S., & Wasvary, H.J. (2025). The Effect of the Adoption of the National Accreditation Program for Rectal Cancer Process on Compliance Standards at a Single Institution. *The American Surgeon*, 91(3), 345-350. doi: 10.1177/00031348241292730	"The National Accreditation Program for Rectal Cancer (NAPRC) was created to standardize and improve rectal cancer care in the United States. This single-institution study compared compliance with selected NAPRC patient-care standards before and after the hospital adopted NAPRC processes on 1 August 2019. Researchers reviewed 353 eligible rectal adenocarcinoma patients (146 pre-adoption; 207 post-adoption) from 2016–2023 and assessed adherence to key pretreatment and postoperative standards. After adoption, compliance improved significantly for several pretreatment practices: obtaining systemic staging with CT/PET-CT, local staging with MRI (or EUS), and measuring carcinoembryonic antigen (CEA) prior to definitive treatment. Postoperatively, photographing surgical specimens increased dramatically. No meaningful differences were seen for confirming tissue diagnosis, initiating definitive treatment within 60 days, or completing pathology reports within two weeks. Overall, the institution moved from meeting accreditation-level compliance in only 2 of 7 assessed standards before adoption to meeting 6 of 7 within two years, with MRI-related staging/reporting remaining the main gap." (OpenAI, 2026).
Rahme, D., Saade, D., Sacre, H., Haddad, C., Tawil, S., Merhi, S., Aoun, R., Hajj, A., Sakr, F., Safwan, J., Akel, M., Zeenny, R.M., & Salameh, P. (2025). Perceived effects of accreditation on education quality and health-related job outcomes: scales validation and correlates in Lebanon. *BMC Medical Education*, 25(1), 886. doi: 10.1186/s12909-025-07448-5	"Rahme et al. report a Lebanese cross-sectional survey (Sept–Dec 2023; n=642) of health-discipline students and graduates examining perceived effects of university/program accreditation on education quality and job outcomes, and validating four new measurement scales. Using a modified Delphi process with 13 experts, they developed four Likert scales: Reasons for Choosing a University/Program (RCUP, 14 items), Perception of University/Program Accreditation (PUPA, 12), Perceived Impact on Education Quality (PI-AQE, 27), and Perceived Impact on Career Outcomes (PI-ACO, 9). Factor analyses supported

	clear domain structures and strong reliability (overall Cronbach's alpha ~0.84–0.98). Participants were mostly female (81%), undergraduate (75%), and pharmacy students (60%). Awareness of accreditation and universities' communication/promotion about accreditation were consistently associated with more positive perceptions and stronger program-choice motivations. Some universities (notably the public Lebanese University and two others) showed lower RCUP scores, suggesting narrower decision drivers. Students generally rated accreditation's career impact higher than graduates (adjusted PI-ACO difference). Among graduates, accredited-university status and greater work experience were linked to shorter time to employment. Authors conclude that accreditation—especially when transparently communicated—may support perceived education quality and employability, while calling for longitudinal and more representative studies." (OpenAI, 2026).
*Semprini, J.T., Devine, J.W., Lizarraga, I.M., & Charlton, M.E. (2025). Hospital Accreditation and Geographic Disparities in Timely Cancer Care. *Health Services Research*, e14655. doi: 10.1111/1475-6773.14655	"Using SEER cancer registry data (2018–2021) on 2,107,188 treated patients, this study examined whether receiving cancer care at a Commission on Cancer (CoC)-accredited hospital is associated with faster treatment initiation, and whether this differs by county income. About 73.7% of patients were treated at CoC-accredited hospitals; uptake was higher in high-income counties (76.5%) than low-income counties (70.5%). Median time from diagnosis to treatment was 27 days overall. After adjustment (tumor, patient, treatment, geography, year/state), CoC-accredited care was associated with longer median time-to-treatment in low-income counties (≈ +2.66 days) but no median difference in high-income counties. The delay effect was larger for patients <65, unmarried, early-stage, and those with less common cancers, and it also widened the interquartile range (more spread) in low-income counties—suggesting some patients wait substantially longer. An important exception: for distant-stage cancers, CoC care was linked to shorter time-to-treatment (~ −2.1 days) in both income groups. The authors suggest delays may reflect access/navigation burdens (distance, scheduling, insurance, capacity) rather than accreditation quality itself, and call for strategies like patient navigation to improve equity." (OpenAI, 2026).
Snyder, J.A., & Miller, A. (2025). What If…The Impact of Institutional Accreditation on PA Programs Transitioning to an Entry-Level Professional Doctorate Degree. *The Journal of Physician Assistant Education*, 36(2), 149-154. doi: 10.1097/jpa.0000000000000646	"This article examines how an optional shift from the current entry-level PA master's degree to an entry-level professional doctorate would interact with institutional accreditation in the US, alongside PA program (ARC-PA) accreditation. It explains that ARC-PA is a specialized accreditor and currently is not authorized by CHEA to recognize doctoral programs, so expanding to accredit PA doctoral programs would require ARC-PA to seek a scope change through CHEA. On the institutional side, the authors review standards across the six institutional accreditors and find they are generally broad and overlapping with ARC-PA's administrative expectations. Key institutional issues for a new entry-level doctorate would be: the host institution must be in good standing, have (or obtain) authority to grant doctoral degrees (often via a substantive change process), and ensure doctoral-level expectations around curriculum structure, "substantial mastery," and faculty qualifications/scholarship are met.

	Empirically, the authors review 310 ARC-PA–accredited programs (as of July 20, 2024) and report most sponsoring institutions are already doctoral-granting (Table 2), including those producing high proportions of Black and Hispanic graduates (Table 3), suggesting limited additional institutional-accreditation barriers for many programs contemplating a transition." (OpenAI, 2026).
Tenne-Fishbain, D., Danon, Y.L., & Nissanholz-Gannot, R. (2025). Bridging intentions and outcomes: a program theory approach to residency accreditation standards. *BMC Medical Education*, 25(1), 910. doi: 10.1186/s12909-025-07552-6	"Tenne-Fishbain and colleagues evaluate Israel's residency accreditation standards using a Program Theory/logic model approach, asking whether standards are clear, comprehensive, adequate, and valid. They analysed Supreme Accreditation Board (SAB) protocols (2014–2023), standards and site-visit questionnaires from 11 specialties, and 28 stakeholder interviews (decision-makers, department heads, societies, residents, site-visit teams) collected across 2021–2024. They reconstruct an implicit outcome chain (immediate → intermediate → final outcomes) and map it to what standards and site visits actually require. A key finding is partial alignment: standards mostly address immediate program-level conditions (staffing, activity volumes, welfare, exam preparation), but provide patchy support for resident development during training and often fail to explicitly support graduate competencies (Table 4, p9; outcome chain figure, p8). Standards are frequently brief and loosely worded, with inconsistent terminology and misalignment between standards and questionnaires, enabling divergent interpretations. Contextual sensitivity is strong, but tensions persist between service demands and training quality, especially for peripheral sites. The paper recommends explicit objective-setting, choosing threshold vs aspirational standards, surfacing assumptions, addressing "unwritten" expectations, and structuring standards to improve shared understanding and outcome focus." (OpenAI, 2026).
Thompson, D., Fefferman, M., Simovic, S., Kuchta, K., Bleicher, R., Dietz, J., Medenwald, R., & Yao, K. (2025). Impact of Quality Improvement Interventions on Biopsy-to-Treatment Time in Breast Cancer: Results from the PROMPT Quality Collaborative of the National Accreditation Program for Breast Centers. *Annals of Surgical Oncology*, 32(11), 8256-8268. doi: 10.1245/s10434-025-17935-0	"PROMPT was a voluntary National Accreditation Program for Breast Centers (NAPBC) quality-improvement (QI) collaborative launched to reduce delays between breast biopsy and first treatment. In its second phase, participating centers chose to target either biopsy-to-surgery or biopsy-to-neoadjuvant therapy (NAC) and designed local interventions using the American College of Surgeons Quality Framework, submitting pre/post aggregated interval data plus qualitative descriptions of interventions and barriers. Of 233 PROMPT sites, 104 (44.6%) selected biopsy-to-treatment as their QI focus: 62 targeted biopsy-to-surgery and 42 targeted biopsy-to-NAC. Overall, 56 sites (~54%) reduced time to first treatment. Among "successful" sites, mean biopsy-to-surgery time fell from 50.3 to 38.8 days (−11.5 days; 22.9%), and mean biopsy-to-NAC fell from 40.7 to 30.9 days (−9.8 days; 24.1%). No facility characteristics (volume, staffing, trainees, accreditation year, Medicaid share, etc.) predicted success. Common effective tactics included empowering navigators to schedule appointments. For surgery, high-impact strategies emphasized capacity/scheduling (e.g., OR block time, coordinated breast/plastic cases, hiring surgeons). For NAC, gains came from streamlining prerequisites (e.g., reserved echocardiogram slots, expedited ports, staging studies before oncology, concurrent visits). Key barriers were staffing shortages, OR limits, and (for NAC) insurance authorization delays. (OpenAI, 2026).
Vuohijoki, A., Ristolainen, L., Leppilahti, J., Kivivuori, S.M., & Hurri, H. (2025). Impact of joint commission international accreditation on	"This systematic review examined evidence on whether Joint Commission International (JCI) accreditation improves occupational health (e.g., staff job satisfaction/work environment) and patient safety. The authors searched five databases up to Dec 2023 (updated

occupational health and patient safety: A systematic review. *PLoS One*, 20(6), e0325894. doi: 10.1371/journal.pone.0325894	Sept 2024), screened 536 records, and included 14 heterogeneous studies (no meta-analysis possible). Most studies (~71%) were from developing countries, where accreditation effects appeared more pronounced because baseline regulation is often less stringent than in high-income settings. Across studies, JCI-related initiatives were generally associated with improvements in selected safety and quality indicators, especially around medication safety (e.g., reductions in prescribing/administration errors and improved antimicrobial stewardship). Stronger quasi-experimental evidence (interrupted time series) suggested pre-survey "ramp-up" gains, possible post-accreditation slumps in some measures, but sometimes sustained higher performance over time and reduced variation across repeated accreditation cycles. Staff-facing studies reported some better teamwork and interprofessional relations, but attributing these changes specifically to accreditation (vs. broader quality improvement) was difficult. Concerns included increased workload/paperwork and substantial costs, with calls for more rigorous, theory-informed research on mechanisms and cost-effectiveness." (OpenAI, 2026).
Wills, M.V., Chaivanijchaya, K., Barajas-Gamboa, J.S., Restrepo-Rodas, G., Mocanu, V., Farah, A., Lee, S., Navarrete, S., Rodriguez, J., Allemang, M., Corcelles, R., Kroh, M., Strong, A.T., & Dang, J. (2025). Evaluating the impact of the COVID-19 pandemic on outcomes of conversion and revisional bariatric surgery: a Metabolic and Bariatric Surgery Accreditation Quality Improvement Program (MBSAQIP) study. *Surgery for Obesity and Related Diseases*, 21(8), 943-948. doi: 10.1016/j.soard.2025.03.004	"Using U.S. MBSAQIP data, this study examined how the COVID-19 pandemic altered conversion and revisional bariatric surgery across three phases: 2020 (pandemic restrictions), 2021 (vaccine rollout), and 2022 (post-pandemic). Among 609,240 bariatric operations (2020–2022), 72,189 (11.8%) were conversion or revision procedures; the overall proportion stayed about ~12% each year (12.1%, 12.1%, 11.5%), even as total bariatric case volume increased annually. Pandemic-era revision activity skewed toward more urgent problems: urgent revisions were proportionally highest in 2020 (3.1% vs 2.2% in 2021 vs 1.8% in 2022) and indications emphasized severe complications such as fistula, perforation, and stricture. By 2022, indications shifted toward elective catch-up needs, especially weight recurrence and gastro-oesophageal reflux (GERD). Procedure mix also evolved: sleeve-to-Roux-en-Y gastric bypass conversions rose from 41.2% (2020) to 53.6% (2022). Outcomes remained reassuring: serious complications were slightly higher in 2020–2021 (6.6%, 6.4%) than 2022 (5.8%), while 30-day mortality was stable (~0.15%)" (OpenAI, 2026).
Yañez, O.J., Carter, C.S., Rivas, M.A., & García, B.C. (2025). Two decades of accreditation in Chilean medical education: outcomes and lessons learned. *BMC Medical Education*, 25(1), 1312. doi: 10.1186/s12909-025-07626-5	"Yañez and colleagues analyse 96 accreditation cycles across 26 Chilean medical schools (2001–March 2024) using content analysis plus TF-IDF text mining, k-means clustering (five clusters), and PCA to identify long-term patterns in strengths, weaknesses, and improvement actions. Across two decades, accreditation feedback is associated with substantial program enhancements—especially curriculum development, faculty development, student engagement, research/innovation, and administrative processes (summarised in Table 2, p6). Public universities show more variable performance, with peaks of excellence (notably research, defined graduate profiles, and strong faculty–student interactions) followed by stabilisation, suggesting difficulty sustaining consistently high standards. Private universities show steadier, incremental progress, particularly around program clarity and curriculum implementation (Table 1, p5). Weaknesses are recurrently identified in curriculum implementation, faculty development, and administration; when weaknesses peak,

	improvements tend to follow—illustrating a feedback-driven cycle (Figures 3–4, p7). The five clusters differentiate institutional "profiles" (e.g., research-focused needing structured student activities; resource-rich needing stronger evaluation systems; strong student support but weaker faculty development), supporting tailored quality-assurance strategies. The authors conclude accreditation has been a powerful driver of continuous improvement in Chilean medical education, but call for better outcome/CQI indicators and strengthened credibility of standards as criteria evolve." (OpenAI, 2026).
Yu, L., Liu, M., Guo, R., Li, Q., Hou, S., Yin, C., Li, J., & Liu, M. (2025). Effect of chest pain center accreditation on timely reperfusion and in-hospital mortality for STEMI in China. *Scientific Reports*, 15, 17103. doi: 10.1038/s41598-025-02151-3	"This retrospective national database study (China, 2013–2019) assessed whether chest pain center (CPC) accreditation improves care for ST-elevation myocardial infarction (STEMI). Using data from 171 hospitals and 52,674 patients, the authors applied counterfactual synthetic difference-in-differences (CS-DID) to better estimate causal effects amid staggered accreditation timing. Primary outcomes were timely reperfusion (either PCI within 90 minutes or thrombolysis within 30 minutes) and in-hospital all-cause mortality. After accreditation, hospitals showed higher timeliness: +5.44% timely reperfusion overall, +7.08% 90-min PCI, and +2.00% 30-min thrombolysis versus non-accredited hospitals (effects similar with covariate adjustment). However, these gains diminished over time after accreditation and varied by region, with the largest improvements in western China (and smallest in the east). The northeast subgroup was less reliable due to parallel-trends violations. Across analyses and placebo/sensitivity tests, the study found no clear evidence that accreditation reduced in-hospital mortality. Conclusion: CPC accreditation improves reperfusion timeliness for STEMI, but benefits attenuate—supporting the importance of re-accreditation and expansion, especially in under-resourced regions." (OpenAI, 2026).

[Footnote [1]: it is well known that ChatGPT is prone to error and produces delusions in hopes to create a response for the user. So, the team has manually fact-checked each AI-generated summary in this table and corrected these errors wherever they occurred. Minor corrections were made to the following asterisked papers: (Abdurabuh, 2024), (Ahmed, 2024), (Almaghaslah, 2024), (Alraimi, 2024), (Arja, 2024), (Arja, 2024), (Cueva, 2024), (Donato, 2024), (Fleming, 2024), (Gutiérrez, 2024), (Liu, 2024), (McNaughton, 2024), (Meyer, 2024), (Musits, 2024), (Park, 2024), (Park, 2024), (Regnier, 2024), (Scanlan, 2024), (Snyder, 2024), (Zhang, 2024), (Abou Hashish, 2025), (Al Khatib, 2025), (Berg, 2025), (Johnson, 2025), (Nicholson, 2025), (Semprini, 2025).]

Identification of the key papers

Table 3: Selected key studies that have shaped the field of healthcare accreditation and standards from all eligible articles in PubMed, published from 1st January 2024 to 31st December 2025

Citation numbers were obtained from Google Scholar.

Articles	
2024	**2025**
Arja, S.B., White, B.A., Fayyaz, J., & Thompson, A. (2024). The impact of accreditation on continuous quality improvement process in undergraduate medical education programs: A scoping review. *MedEdPublish (2024)*, 14, 13. doi: 10.12688/mep.20142.2 Citations: 17	Abou Hashish, E.A., Alnajjar, H., & Rawas, H. (2025). Voices on academic accreditation: lived experiences of nurse educators, administrators, students, and alumni in nursing education. *BMC Medical Education*, 25(1), 64. doi: 10.1186/s12909-025-06657-2 Citations: 28
Abdurabuh, A., Hamid, M.D., Che Hassan, C.R., & Fatani, M.I. (2024). Evaluating the Impact of Hospital Accreditation on Patient Safety Culture in Saudi Arabia Healthcare Facilities. *Journal of Multidisciplinary Healthcare*, 17, 5021-5033. doi: 10.2147/JMDH.S480496 Citations: 16	Vuohijoki, A., Ristolainen, L., Leppilahti, J., Kivivuori, S.M., & Hurri, H. (2025). Impact of joint commission international accreditation on occupational health and patient safety: A systematic review. *PLoS One*, 20(6), e0325894. doi: 10.1371/journal.pone.0325894 Citations: 15
Ahmed, A., Whittington, J., & Shafaee, Z. (2024). Impact of Commission on Cancer Accreditation on Cancer Survival: A Surveillance, Epidemiology, and End Results (SEER) Database Analysis. *Annals of Surgical Oncology*, 31(4), 2286-2294. doi: 10.1245/s10434-023-14709-4 Citations: 15	Girotto, L.C., Machado, K.B., Moreira, R.F.C., Martins, M.A., & Tempski, P.Z. (2025). Impacts of the Accreditation Process for Undergraduate Medical Schools: A Scoping Review. *The Clinical Teacher*, 22(2), e70031. doi: 10.1111/tct.70031 Citations: 13
Arja, S.B., White, B.A.A., Kottathveetil, P., & Thompson, A. (2024). What are the perceptions of faculty and academic leaders regarding the impact of accreditation on the continuous quality improvement process of undergraduate medical education programs at Caribbean medical schools? *BMC Medical Education*, 24(1), 781. doi: 10.1186/s12909-024-05699-2 Citations: 14	Rahme, D., Saade, D., Sacre, H., Haddad, C., Tawil, S., Merhi, S., Aoun, R., Hajj, A., Sakr, F., Safwan, J., Akel, M., Zeenny, R.M., & Salameh, P. (2025). Perceived effects of accreditation on education quality and health-related job outcomes: scales validation and correlates in Lebanon. *BMC Medical Education*, 25(1), 886. doi: 10.1186/s12909-025-07448-5 Citations: 9
Zabin, L.M., Shayeb, B.F., Kishek, A.A.A., & Hayek, M. (2024). Nursing perception towards the impact of JCI accreditation on the quality of care in a university hospital in Palestine: a cross-sectional study. *BMC Nursing*, 23(1), 695. doi: 10.1186/s12912-024-02353-6 Citations: 9	Alhawajreh, M.J., Jackson, W.J., & Paterson, A.S. (2025). Healthcare professionals' perceptions about implementing accreditation as a strategy to improve healthcare quality and organisational performance: a cross-sectional survey study. *PLoS One*, 20(3), e0320664. doi: 10.1371/journal.pone.0320664 Citations: 7

4. Discussion

What we did. The word cloud and the large language model outputs have captured the essence of the literature in a comprehensive manner. We present our discussion structured in terms of what the 2024 and 2025 literature builds from the initial findings reported in the first volume, which laid out the platform for this series by synthesising all accreditation literature from inception (of PubMed) to the ending of 2023.

The findings from this second volume confirm that accreditation and standards remain an active and internationally relevant field of inquiry across healthcare delivery, clinical specialties, health professional education, and quality improvement. The 2024–2025 literature continues many of the themes identified in Volume 1, but also adds greater emphasis on implementation, organisational culture, staff experience, equity, specialty accreditation, and the use of accreditation as a mechanism for continuous improvement rather than periodic inspection alone. We turn to our views on the literature digested.

Overarching comments. Across the included studies, accreditation is most consistently associated with improvements in organisational systems and routines. The strongest and most recurrent signals relate to standardisation, documentation, governance, measurement, preparedness, safety culture, and the strengthening of quality improvement processes. This suggests that *accreditation's clearest contribution lies in making care systems more explicit, auditable, and accountable*. It provides *a framework through which organisations can clarify expectations, identify gaps, mobilise leadership attention, and align staff around shared standards*. In this sense, *accreditation is not merely a certificate or external mark of approval*; *it is better understood as a structured intervention* that interacts with leadership, workforce capability, organisational culture, and local context.

Translation into improved practice. However, the literature also reinforces an important caution that was made in the first volume: *accreditation does not automatically translate into better patient outcomes*. Some studies report associations between accreditation and improved clinical or service outcomes, including in chest pain centre accreditation, haemodialysis centre accreditation, and selected cancer care settings. Others show more modest, mixed or context-dependent effects. This pattern is consistent with the broader accreditation literature: accreditation may strengthen the conditions for safer and higher-quality care, but the pathway from standards to outcomes is indirect. Outcomes depend on whether standards are meaningfully embedded in daily work, whether improvement actions are sustained after assessment, and whether organisations have the resources, leadership, and data systems needed to convert compliance into practice change.

Perspectives on accreditation. The second major theme *is the centrality of staff experience and organisational culture*. Several studies show that healthcare professionals, educators, nurses, and hospital employees often view accreditation positively, especially when it supports clearer processes, better communication, safer care, and professional development. At the same time, accreditation can be experienced as burdensome when it is dominated by documentation, inspection preparation, or short-term compliance activity. *The tension between improvement and performative compliance remains one of the defining issues in the field*. Accreditation appears most valuable when staff understand its purpose, participate in its implementation, and see it as part of continuous learning, rather than as an episodic exercise undertaken for external assessors.

Accreditation and education. The education-focused studies are also notable. Accreditation in medical, nursing, pharmacy, physiotherapy, and other health professional education settings is increasingly being examined not only as a quality assurance mechanism, but also as a driver of

curriculum coherence, professional readiness, equity, supervision, assessment, and continuous quality improvement. These studies suggest that *accreditation can support program improvement and professional preparation*, but they also show that *standards alone cannot overcome deeper structural issues* such as uneven institutional support, limited research capacity, workforce pipeline challenges or variable engagement from students, alumni, and faculty. Educational accreditation, like healthcare accreditation, depends on context, leadership, and sustained institutional investment.

Specialized approaches and use of accreditation and standards. The 2024–2025 literature also highlights the importance of specialty and program-level accreditation. Studies of cancer care, chest pain centres, haemodialysis, stem cell transplantation, bariatric surgery databases, and other clinical domains show that *accreditation is increasingly being used to organise quality within specific service lines*. These studies are important because they move the field beyond broad hospital accreditation and into more precise questions about which standards matter, for which services, in which contexts, and with what measurable effects. The evidence suggests that specialty accreditation may be particularly useful where care is complex, high-risk, multidisciplinary or dependent on timely pathways and coordinated infrastructure.

Access and equity. *Equity emerges as a continuing concern*. Accreditation may improve quality in accredited services, but it can also reveal or reinforce unequal access to those services. Some populations may have less access to accredited facilities because of geography, income, service distribution, or system design. This means that accreditation should be assessed not only by whether accredited organisations perform better, but also by whether accreditation contributes to system-wide improvement and equitable access. A high-performing accredited centre is valuable, but its public health contribution depends partly on whether patients can reach it, and whether its standards influence care beyond institutional boundaries.

The evidence of 2024 and 2025 in hindsight. Taken together, *this body of work supports a balanced interpretation*. Accreditation and standards are widely used, generally supported, and often associated with improvements in systems, processes, and culture. Yet *the evidence remains heterogeneous*. Strong *claims about direct causal effects on patient outcomes should be made cautiously*. The field would benefit from more longitudinal studies, stronger quasi-experimental designs, greater use of objective outcome data, better economic evaluation, more attention to patient and consumer perspectives, and deeper examination of how accreditation interacts with local implementation capacity. Future work should also explore the burden of accreditation, including opportunity costs for staff and organisations, and identify which components of accreditation deliver the greatest value.

Using the AI-supported synthesis method. *This volume also demonstrates the usefulness of AI-supported synthesis as a practical method for scanning and summarising a large and diverse literature*. The approach used here does not replace systematic review or meta-analysis, but it offers a timely and accessible way to map the field, identify emerging themes, and support stakeholders who need an overview rather than a full academic appraisal. The value of this method depends on transparent search procedures, careful human checking, and cautious interpretation of AI-generated outputs. Used in this way, AI-supported synthesis can help organisations such as AIHI, ISQua and ISQua EEA maintain a living view of the ever-evolving field of healthcare accreditation and standards.

Summary. All-in-all, the 2024–2025 literature portrays accreditation as a *mature but still evolving field*. Its most *reliable contribution is in strengthening the architecture of quality: standards, governance, documentation, measurement, safety culture, and continuous improvement*. Its more

contested contribution lies in demonstrating direct, sustained, and equitable improvements in outcomes. The challenge for the next phase of accreditation research and practice is therefore not simply to ask whether accreditation "works", but to determine how, where, for whom, under what conditions, and at what cost accreditation creates meaningful improvement.

Implications

This report was designed in a similar manner and builds upon the findings in the first volume of this series. We intend this report to serve as a digestible piece to all those interested in the evolution of healthcare accreditation and standards. For instance, ISQua and ISQua EEA members and stakeholders may find it useful to bring their institutions up to date. They may access our database of individual studies, available on request to ISQua, ISQua EEA or AIHI.

For policymakers, this report may support future decisions regarding resourcing and enhancing of accreditation and standards. For all managers, leaders and surveyors responsible for on-the-ground implementation of standards, **Figure 2** and **Table 2** may be of interest and relevance as an easy-to-read summary.

We would like to direct all clinicians on the front lines, patients and patient groups, to the report's **Discussion** as a readily digestible summary of the current state of play regarding accreditation and standards. Lastly, researchers might find the novel approach to the literature synthesis of interest. While systematic reviews and meta-analyses remain the gold standard, utilising a broad-based outline of the literature via a word cloud approach or through an AI-enabled synthesis may be considered useful for researchers wishing to communicate rapidly with non-academic audiences.

Limitations

In the manner of the first volume in this series, the findings from the literature search were not subjected to systematic review procedures, resulting in a potential limitation. We do not intend to produce another systematic review as many others are already widely published and available to those interested in a rigorous academic appraisal of accreditation and standards articles. We believe **Tables 2 and 3** form a good proxy representation of the literature regarding accreditation and standards within healthcare over the 2024-2025 period.

5. Conclusion

This is the second volume of this series arising from the collaboration between AIHI, ISQua and ISQua EEA. It builds upon the established search parameters set out in volume 1 and contributes to a project purpose-designed for longitudinal tracking of the literature. The findings reported here contain a streamlined literature synthesis, focusing on accreditation and standards within the healthcare sector produced in 2024 to 2025. We have excluded accreditation in other domains, such as those conducted outside of healthcare, to keep this report concise.

The team intends to produce an updated report every two years to streamline and disseminate the everchanging accreditation and standards landscape. As a service to readers, the database of extracted articles in spreadsheet form is available to those who are interested. Contact AIHI or ISQua EEA.

6. References

Abdurabuh, A., Hamid, M. D., Che Hassan, C. R., & Fatani, M. I. (2024). Evaluating the Impact of Hospital Accreditation on Patient Safety Culture in Saudi Arabia Healthcare Facilities. *Journal of Multidisciplinary Healthcare, 17*, 5021–5033. doi: 10.2147/JMDH.S480496

Abou Hashish, E. A., Alnajjar, H., & Rawas, H. (2025). Voices on academic accreditation: lived experiences of nurse educators, administrators, students, and alumni in nursing education. *BMC Medical Education, 25*(1), 64. doi: 10.1186/s12909-025-06657-2

Ahmed, A., Whittington, J., & Shafaee, Z. (2024). Impact of Commission on Cancer Accreditation on Cancer Survival: A Surveillance, Epidemiology, and End Results (SEER) Database Analysis. *Annals of Surgical Oncology*, *31*(4), 2286–2294. doi: 10.1245/s10434-023-14709-4

Al Khatib, I., Awad, M., & Shamayleh, A. (2025). Understanding Implementation Barriers for Lean Magnet Accreditation in the United Arab Emirates: A Qualitative Approach. *Journal of Nursing Management, 2025*(1)*,* 7690350. doi: 10.1155/jonm/7690350

Algunmeeyn, A., & Mrayyan, M. T. (2025). Nursing leaders' humble leadership and nursing team performance: quality and accreditation project success in nursing schools - a qualitative study. *BMJ Open, 15*(6), e096926. doi: 10.1136/bmjopen-2024-096926

Alhawajreh, M. J., Jackson, W. J., & Paterson, A. S. (2025). Healthcare professionals' perceptions about implementing accreditation as a strategy to improve healthcare quality and organisational performance: a cross-sectional survey study. *PloS One, 20*(3), e0320664. doi: 10.1371/journal.pone.0320664

Almaghaslah, D. (2024). Accreditation of pharmacy programs and its impact on SPLE success and pharmacist readiness in Saudi Arabia. *Frontiers in Medicine, 11*, 1490555. doi: 10.3389/fmed.2024.1490555

Alraimi, A. A., & Al-Nashmi, M. M. (2024). The interactive effect of the application of accreditation standards (JCIs) and the practice of administrative control in improving the quality of health services: a study on Yemeni hospitals. *BMC Health Services Research, 24*(1), 1403. doi: 10.1186/s12913-024-11894-0

Alturbag, M., & Alyahya, A. (2025). An Overview of Central Board for the Accreditation of Healthcare Institutions in Saudi Arabia: A Narrative Review. *Cureus, 17*(10), e95137. doi: 10.7759/cureus.95137

Arja, S. B., Kumar, A., White, B. A., & Thompson, A. (2025). Did the students' satisfaction rates at Avalon University School of Medicine correlate with the occurrence of accreditation site visits?. *Medical teacher, 47*(4), 653–659. doi: 10.1080/0142159X.2024.2359967

Arja, S. B., White, B. A., Fayyaz, J., & Thompson, A. (2024). The impact of accreditation on continuous quality improvement process in undergraduate medical education programs: A scoping review (version 2). *MedEdPublish, 14*, 13. doi: 10.12688/mep.20142.2

Arja, S. B., White, B. A. A., Kottathveetil, P., & Thompson, A. (2024). What are the perceptions of faculty and academic leaders regarding the impact of accreditation on the continuous quality

improvement process of undergraduate medical education programs at Caribbean medical schools?. *BMC Medical Education, 24*(1), 781. doi: 10.1186/s12909-024-05699-2

Bayoumy, M., Almasari, A., Orabe, A., Shihata, N., AlBeirouti, B., AlJohani, N. I., Usman, B., Alzahrani, Z., AlSeraihy, A., Abosoudah, I., AbualSaud, A., & Jastaniah, W. (2024). Impact of JACIE accreditation on safety of patient care: healthcare providers perspective from a tertiary care stem cell transplant center in Saudi Arabia. *Bone Marrow Transplantation, 59*(12), 1786–1788. doi: 10.1038/s41409-024-02387-z

Berg, F., Erlandsson, K., Jha, P., Wigert, H., Sharma, B., & Bogren, M. (2025). Evaluating an internal quality assurance process for achieving national accreditation standards in midwifery education: a study protocol. *Global Health Action, 18*(1), 2463234. doi: 10.1080/16549716.2025.2463234

Brand, T., & Blankart, K. (2025). Does access to quality accreditation improve health? - Patient-level evidence from German cancer care. *The European Journal of Health Economics*. doi: 10.1007/s10198-025-01833-z

Ciesielski, T. M., Henry, T. L., & Fondahn, E. D. (2025). Accreditation and Health Policy and Their Impacts on Quality. *The Medical Clinics of North America, 109*(5), 1103–1116. doi: 10.1016/j.mcna.2025.02.009

Connor, L., Dufour, K., Zadvinskis, I. M., Waddell, A., Powell, N., Gorsuch, P. F., Brown, R., Melnyk, B. M., & Gallagher-Ford, L. (2025). Does Hospital Accreditation or Certification Impact Patient Outcomes? Findings From a Scoping Review for Healthcare Industry Leaders. *The Journal of Nursing Administration, 55*(1), 53–60. doi: 10.1097/NNA.0000000000001528

Corpodean, F., Kachmar, M., LaPenna, K. B., Danos, D., Cook, M., Schauer, P. R., & Albaugh, V. L. (2024). Impact of progressive chronic kidney disease stage on postoperative outcomes in metabolic surgery-a propensity-matched analysis using the Metabolic and Bariatric Surgery Accreditation and Quality Improvement database. *Surgery for Obesity and Related Diseases, 20*(9), 872–879. doi: 10.1016/j.soard.2024.05.020

Cosme, S., & Graebe, J. (2025). American Nurses Credentialing Center Accreditation: Professional Development and Practice Summit™-Leading Learning. *Journal of Continuing Education in Nursing, 56*(12), 497–499. doi: 10.3928/00220124-20251027-01

Cosme, S. (2025). American Nurses Credentialing Center Practice Transition Accreditation Program®: 2024 Annual Report Data Analysis. *Journal of Continuing Education in Nursing, 56*(3), 89–92. doi: 10.3928/00220124-20250207-02

Cueva, J., Grossman, D., Muppala, V., Chung, A., Butt, M., Drapkin, J., Likourezos, A., & Khordipour, E. (2024). Quantitative assessment of the impact of a triage physician on the Accreditation Council for Graduate Medical Education resident milestones in the emergency department. *World Journal of Emergency Medicine, 15*(3), 220–222. doi: 10.5847/wjem.j.1920-8642.2024.034

Davis, M. V., Rider, N., Rashied, A. A., Bhat, S., & Lang, B. (2025). Examining the Association Between Public Health Accreditation and COVID-19 Outcomes. *Journal of Public Health Management and Practice, 31*(2), 157–164. doi: 10.1097/PHH.0000000000002100

Donato, K.M., Armijo-Rivera, S., Pérez, R.C., Vicencio-Clarke, S., Ramírez-Delgado, P., Bonifay, X. T., Díaz-Guío, D. A., & Mujica, C. A. (2024). Educational research on medical residency programs in Chile: a scoping review and analysis of the impact of the new accreditation policy. *BMC Medical Education, 24*(1), 1017. doi: 10.1186/s12909-024-05986-y

Everett, H. M., Harrell, K. N., Giles, W. H., & Bhattacharya, S. D. (2024). The Enneagram as a Tool for Resident Wellness and Correlation With Accreditation Council for Graduate Medical Education Milestone Achievements. *Journal of Surgical Research, 296*, 337–342. doi: 10.1016/j.jss.2023.12.025

Fleming, S., Kulo, V., Stakem, A., Gordes, K. L., Jun, H. J., Ludeman, E., Cawley, J. F., & Kayingo, G. (2024). Compliance With Accreditation Standards on Diversity: Is Institutional Support the Missing Link?. *The Journal of Physician Assistant Education, 35*(4), 352–360. doi: 10.1097/JPA.0000000000000618

Girotto, L. C., Machado, K. B., Moreira, R. F. C., Martins, M. A., & Tempski, P. Z. (2025). Impacts of the Accreditation Process for Undergraduate Medical Schools: A Scoping Review. *The Clinical Teacher, 22*(2), e70031. doi: 10.1111/tct.70031

Gutiérrez, J. P., Rodriguez, M. A., Torres-Pereda, P., & Reyes-Morales, H. (2024). Hospital accreditation in Mexico fails to improve the quality of healthcare: lessons from an impact evaluation. *Frontiers in Public Health, 12*, 1386667. doi: 10.3389/fpubh.2024.1386667

Johnson, B. A., Hobika, G. G., McNamara, E. J., & Ko, C. Y. (2025). Evaluating Initial Site Visit Pass Rate Across American College of Surgeons Accreditation Programs. *Journal of the American College of Surgeons, 241*(4), 594–600. doi: 10.1097/XCS.0000000000001441

Katsma, M. S., Murray, J. B., Balazs, G. C., Speicher, M. R., & Olsen, A. A. (2025). The Real Match Rate? US DO Students Match Into Orthopaedic Surgery at Significantly Lower Rates than US MD Students Despite Single Accreditation. *JB & JS Open Access, 10*(2), e24.00002. doi: 10.2106/JBJS.OA.24.00002

Ledibane, N. R. T., Patrick, S. M., & Voyi, K. V. (2025). Defining the elements of a self and peer assessment system for academic institutions of public health in Africa as a precursor to accreditation: A study protocol. *PloS One, 20*(10), e0334645. doi: 10.1371/journal.pone.0334645

Lima, H. O., Muniz da Silva, L., da Cruz, R. G., de Araújo, A. C. L. F., Torres, V. M. S., Simões, D., Machado, D. S., & Vieira, J. E. (2025). Effect of Accreditation on Patient Safety Culture: Insights from a Brazilian Multicenter Cross-Sectional Study. *Global Journal on Quality and Safety in Healthcare, 8*(3), 102–110. doi: 10.36401/JQSH-24-42

Liu, L-W., Cui, Y-K., Zhang, L., Jia, D-L., Wang, J., Gu, J-W., Zhang, J-Y., Dong, Z., Jin, X-J., Zou, X-Y., Sun, G-L., Dai, Y-X., Sun, A-J., & Ge, J-B. (2024). Effectiveness of chest pain center accreditation on the hospital outcome of acute aortic dissection: a nationwide study in China. *Military Medical Research, 11*(1)*,* 62. doi: 10.1186/s40779-024-00565-0

McNaughton, D. T., Mara, P., & Jones, M. P. (2024). The impact of preparation time on accreditation performance within Australian general practices. *Australian Journal of General Practice, 53*(11 Suppl), S102–S106. doi: 10.31128/AJGP-12-23-7058

McNaughton, D. T., Mara, P., & Jones, M. P. (2024). The impact of self-assessment and surveyor assessment on site visit performance under the National General Practice Accreditation scheme. *Australian Health Review, 48*(3), 222–227. doi: 10.1071/AH23235

Meyer, D., Mocanu, V., Switzer, N. J., Birch, D. W., & Karmali, S. (2024). Pre-Operative Gastroesophageal Reflux Does Not Affect 30-Day Outcomes in Patients Undergoing Revisional Bariatric Surgery to Single Anastomosis Duodeno-Ileal Bypass (SADI): An Analysis of 933 Metabolic and Bariatric Accreditation and Quality Improvement Program Patients. *Journal of Clinical Medicine, 13*(20), 6117. doi: 10.3390/jcm13206117

Musits, A. N., Khan, H., Cassara, M., McKenna, R. T., Penttila, A., Ahmed, R. A., & Wong, A. H. (2024). Fellowship Accreditation: Experiences From Health Care Simulation Experts. *Journal of Graduate Medical Education, 16*(1), 41–50. doi: 10.4300/JGME-D-23-00388.1

Mutlu, H., & Baykara Mat, S. T. (2025). Accreditation through the eyes of nurse managers: an infinite staircase or a phenomenon that evaporates like water. *Journal of Health Organization and Management, 39*(8), 1885–1906. doi: 10.1108/JHOM-01-2025-0029

Nara, N. (2025). Impact of accreditation on medical education quality improvement in 82 medical schools in Japan: a descriptive study. *Journal of Educational Evaluation for Health Professions, 22*, 22. doi: 10.3352/jeehp.2025.22.22

Ness, B., Herndon, J., Hoffmann, C., Benysh, S., Bowler, C., & Tan, W. (2025). Have We Made Progress? Interprofessional Diversity Within Faculty and Course Directors of Continuous Professional Development Courses Pre- and Post-Joint Accreditation. *Advances in Medical Education and Practice, 16*, 607–613. doi: 10.2147/AMEP.S509639

Nicholson, J., Gandhi, P., Novakovic, K., & Marns, D. (2025). Increasing the Impact of Dental Program Accreditation Processes: Identifying Strengths and Opportunities for Improvement. *Rand Health Quarterly, 13*(1), 6. PMID: 41415114

OpenAI. (2026). ChatGPT-5.2 Thinking - Standard (February 4 version) [Large language model]. https://chat.openai.com/chat

Park, H. C., Kim, D. H., Cho, A., Kim, B. Y., Lee, M., Kim, G. O., Hwang, W. M., Kim, J., Kim, D. J., & Lee, Y. K. (2024). Impact of hemodialysis center accreditation on patient mortality: Korean nationwide cohort study. *Kidney Research and Clinical Practice*. doi: 10.23876/j.krcp.24.059

Park, S. S., Verm, R. A., Abdelsattar, Z. M., Kramer, S., Swanson, J., Fernando, M., Cohn, T., Luchette, F. A., & Baker, M. S. (2024). Does commission on cancer (CoC) accreditation mitigate the effect of care fragmentation on clinical outcome in localized rectal cancer?. *American Journal of Surgery, 230*, 63–67. doi: 10.1016/j.amjsurg.2023.12.024

Park, S. S., Verm, R. A., Abdelsattar, Z. M., Kramer, S., Swanson, J., Fernando, M., Cohn, T., Luchette, F. A., & Baker, M. S. (2024). Fragmented care in localized pancreatic cancer: Is commission on cancer accreditation associated with improved overall survival?. *Surgery, 175*(3), 695–703. doi: 10.1016/j.surg.2023.08.040

Patel, R., Benson, I., Engel, C., O'Connor, E., and Braithwaite, J. (2025). *An AI-supported synthesis of the healthcare accreditation and standards literature. Volume 1: All literature*

available accessed from the start of the PubMed database to 31st December 2023. Australian Institute of Health Innovation, Macquarie University, Sydney, Australia. ISBN: 978-1-74138-519-9

Peters, G. W., Thomas, G., Applegarth, J. A., Wasvary, J., Bohler, F., Callahan, R. E., Bergeron, S., & Wasvary, H. J. (2025). The Effect of the Adoption of the National Accreditation Program for Rectal Cancer Process on Compliance Standards at a Single Institution. *The American Surgeon, 91*(3), 345–350. doi: 10.1177/00031348241292730

Rahme, D., Saade, D., Sacre, H., Haddad, C., Tawil, S., Merhi, S., Aoun, R., Hajj, A., Sakr, F., Safwan, J., Akel, M., Zeenny, R. M., & Salameh, P. (2025). Perceived effects of accreditation on education quality and health-related job outcomes: scales validation and correlates in Lebanon. *BMC Medical Education, 25*(1), 886. doi: 10.1186/s12909-025-07448-5

Regnier, K., Smith, A., Natali, J. P., Berthe, S., Griebenow, R., Schaefer, R., Stein, J., Elsayed, E., & Smith, M. (2024). Effect of COVID-19 on Continuing Education Activities and Learner Interactions: Report from Six Accreditation Systems. *Journal of CME, 13*(1), 2370746. doi: 10.1080/28338073.2024.2370746

Scanlan, R., Flenady, T., & Judd, J. (2024). Impact of short-notice accreditation assessments on hospitals' patient safety and quality culture-A scoping review. *Journal of Advanced Nursing, 80*(10), 3965–3976. doi: 10.1111/jan.16169

Semprini, J. T., Devine, J. W., Lizarraga, I. M., & Charlton, M. E. (2025). Hospital Accreditation and Geographic Disparities in Timely Cancer Care. *Health Services Research*, e14655. doi: 10.1111/1475-6773.14655

Singh, V., Singh, A. K., Kulshrestha, M. R., Singh, D., Khan, A., & Singh, M. (2024). Effect of National Accreditation Board for Hospital-Recommended Trainings on Patient Care Standards: A Comparative Study Based on the National Quality Assurance Standards Guidelines in a Tertiary Health-care Institute. *Indian Journal of Public Health, 68*(4), 502–506. doi: 10.4103/ijph.ijph_1262_23

Snyder, J., Honda, T., Lohenry, K., & Asprey, D. (2024). Blue Sky Thinking: Physician Assistant Accreditation and the Potential Impact on the Programs, Faculty, and the Profession. *Journal of Physician Assistant Education, 35*(2), 162–166. doi: 10.1097/JPA.0000000000000577

Snyder, J. A., & Miller, A. (2025). What If…The Impact of Institutional Accreditation on PA Programs Transitioning to an Entry-Level Professional Doctorate Degree. *The Journal of Physician Assistant Education, 36*(2), 149–154. doi: 10.1097/JPA.0000000000000646

Tenne-Fishbain, D., Danon, Y. L., & Nissanholz-Gannot, R. (2025). Bridging intentions and outcomes: a program theory approach to residency accreditation standards. *BMC Medical Education, 25*(1), 910. doi: 10.1186/s12909-025-07552-6

Thompson, D., Fefferman, M., Simovic, S., Kuchta, K., Bleicher, R., Dietz, J., Medenwald, R., & Yao, K. (2025). Impact of Quality Improvement Interventions on Biopsy-to-Treatment Time in Breast Cancer: Results from the PROMPT Quality Collaborative of the National Accreditation Program for Breast Centers. *Annals of Surgical Oncology, 32*(11), 8256–8268. doi: 10.1245/s10434-025-17935-0

Vuohijoki, A., Ristolainen, L., Leppilahti, J., Kivivuori, S. M., & Hurri, H. (2025). Impact of joint commission international accreditation on occupational health and patient safety: A systematic review. *PloS One, 20*(6), e0325894. doi: 10.1371/journal.pone.0325894

Wills, M. V., Chaivanijchaya, K., Barajas-Gamboa, J. S., Restrepo-Rodas, G., Mocanu, V., Farah, A., Lee, S., Navarrete, S., Rodriguez, J., Allemang, M., Corcelles, R., Kroh, M., Strong, A. T., & Dang, J. (2025). Evaluating the impact of the COVID-19 pandemic on outcomes of conversion and revisional bariatric surgery: a Metabolic and Bariatric Surgery Accreditation Quality Improvement Program (MBSAQIP) study. *Surgery for Obesity and Related Diseases, 21*(8), 943–948. doi: 10.1016/j.soard.2025.03.004

Yañez, O. J., Carter, C. S., Rivas, M. A., & García, B. C. (2025). Two decades of accreditation in Chilean medical education: outcomes and lessons learned. *BMC Medical Education, 25*(1), 1312. doi: 10.1186/s12909-025-07626-5

Yıldırım, M., Mehder, B., Selçuk, H., Salar, S., & Keklicek, H. (2024). The effects of single education session on physiotherapy students' knowledge levels and thoughts on accreditation. *Physiotherapy Research International, 29*(4), e2116. doi: 10.1002/pri.2116

Yu, L., Liu, M., Guo, R., Li, Q., Hou, S., Yin, C., Li, J., & Liu, M. (2025). Effect of chest pain center accreditation on timely reperfusion and in-hospital mortality for STEMI in China. *Scientific Reports, 15*, 17103. doi: 10.1038/s41598-025-02151-3

Zabin, L. M., Shayeb, B. F., Kishek, A. A. A., & Hayek, M. (2024). Nursing perception towards the impact of JCI accreditation on the quality of care in a university hospital in Palestine: a cross-sectional study. *BMC Nursing, 23*(1)*,* 695. doi: 10.1186/s12912-024-02353-6

Zhang, H., Huang, S. T., Bittle, M. J., Shi, L., Engineer, L., & Chiu, H. C. (2024). Hospital employees' perception of Joint Commission International Accreditation: effect of re-accreditation. *International Journal for Quality in Health Care, 36*(3), mzae081. doi: 10.1093/intqhc/mzae081

7. Appendix A

Lists all the eligible articles found from the PubMed literature search in the year 2024 till 2025.

	Title	Authors	Publication Year	Citation
1	Evaluating the Impact of Hospital Accreditation on Patient Safety Culture in Saudi Arabia Healthcare Facilities	Abdurabuh A, Hamid MD, Che Hassan CR, Fatani MI.	2024	J Multidiscip Healthc. 2024 Nov 2;17:5021-5033. doi: 10.2147/JMDH.S480496. eCollection 2024.
2	Impact of Commission on Cancer Accreditation on Cancer Survival: A Surveillance, Epidemiology, and End Results (SEER) Database Analysis	Ahmed A, Whittington J, Shafaee Z.	2024	Ann Surg Oncol. 2024 Apr;31(4):2286-2294. doi: 10.1245/s10434-023-14709-4. Epub 2023 Dec 13.
3	Accreditation of pharmacy programs and its impact on SPLE success and pharmacist readiness in Saudi Arabia	Almaghaslah D.	2024	Front Med (Lausanne). 2024 Nov 7;11:1490555. doi: 10.3389/fmed.2024.1490555. eCollection 2024.
4	The interactive effect of the application of accreditation standards (JCIs) and the practice of administrative control in improving the quality of health services: a study on Yemeni hospitals	Alraimi AA, Al-Nashmi MM.	2024	BMC Health Serv Res. 2024 Nov 14;24(1):1403. doi: 10.1186/s12913-024-11894-0.
5	The impact of accreditation on continuous quality improvement process in undergraduate medical education programs: A scoping review	Arja SB, White BA, Fayyaz J, Thompson A.	2024	MedEdPublish (2016). 2024 May 23;14:13. doi: 10.12688/mep.20142.2. eCollection 2024.
6	What are the perceptions of faculty and academic leaders regarding the impact of accreditation on the continuous quality improvement process of undergraduate medical education programs at Caribbean medical schools?	Arja SB, White BAA, Kottathveetil P, Thompson A.	2024	BMC Med Educ. 2024 Jul 19;24(1):781. doi: 10.1186/s12909-024-05699-2.
7	Impact of JACIE accreditation on safety of patient care: healthcare providers perspective from a tertiary care stem cell transplant center in Saudi Arabia	Bayoumy M, Almasari A, Orabe A, Shihata N, AlBeirouti B, AlJohani NI, Usman B, Alzahrani Z, AlSeraihy A, Abosoudah I, AbualSaud A, Jastaniah W.	2024	Bone Marrow Transplant. 2024 Dec;59(12):1786-1788. doi: 10.1038/s41409-024-02387-z. Epub 2024 Sep 28.
8	Impact of progressive chronic kidney disease stage on postoperative outcomes in metabolic surgery-a propensity-matched analysis using the Metabolic and Bariatric Surgery Accreditation and Quality Improvement database	Corpodean F, Kachmar M, LaPenna KB, Danos D, Cook M, Schauer PR, Albaugh VL.	2024	Surg Obes Relat Dis. 2024 Sep;20(9):872-879. doi: 10.1016/j.soard.2024.05.020. Epub 2024 Jun 30.
9	Quantitative assessment of the impact of a triage physician on the Accreditation Council for Graduate Medical Education resident milestones in the emergency department	Cueva J, Grossman D, Muppala V, Chung A, Butt M, Drapkin J, Likourezos A, Khordipour E.	2024	World J Emerg Med. 2024;15(3):220-222. doi: 10.5847/wjem.j.1920-8642.2024.034.
10	Educational research on medical residency programs in Chile: a scoping review and analysis of the impact of the new accreditation policy	Donato KM, Armijo-Rivera S, Pérez RC, Vicencio-Clarke S, Ramírez-Delgado P, Bonifay XT, Díaz-Guío DA, Mujica CA.	2024	BMC Med Educ. 2024 Sep 17;24(1):1017. doi: 10.1186/s12909-024-05986-y.
11	The Enneagram as a Tool for Resident Wellness and Correlation With Accreditation Council for Graduate Medical Education Milestone Achievements	Everett HM, Harrell KN, Giles WH, Bhattacharya SD.	2024	J Surg Res. 2024 Apr;296:337-342. doi: 10.1016/j.jss.2023.12.025. Epub 2024 Feb 1.
12	Compliance With Accreditation Standards on Diversity: Is Institutional Support the Missing Link?	Fleming S, Kulo V, Stakem A, Gordes KL, Jun HJ, Ludeman E, Cawley JF, Kayingo G.	2024	J Physician Assist Educ. 2024 Dec 1;35(4):352-360. doi: 10.1097/JPA.0000000000000618. Epub 2024 Oct 16.
13	Hospital accreditation in Mexico fails to improve the quality of healthcare: lessons from an impact evaluation	Gutiérrez JP, Rodriguez MA, Torres-Pereda P, Reyes-Morales H.	2024	Front Public Health. 2024 Jun 18;12:1386667. doi: 10.3389/fpubh.2024.1386667. eCollection 2024.
14	Effectiveness of chest pain center accreditation on the hospital outcome of acute aortic dissection: a nationwide study in China	Liu LW, Cui YK, Zhang L, Jia DL, Wang J, Gu JW, Zhang JY, Dong Z, Jin XJ, Zou XY, Sun GL, Dai YX, Sun AJ, Ge JB.	2024	Mil Med Res. 2024 Aug 26;11(1):62. doi: 10.1186/s40779-024-00565-0.
15	The impact of preparation time on accreditation performance within Australian general practices	McNaughton DT, Mara P, Jones MP.	2024	Aust J Gen Pract. 2024 Nov-Supplement;53(11 Suppl):S102-S106. doi: 10.31128/AJGP-12-23-7058.
16	The impact of self-assessment and surveyor assessment on site visit performance under the National General Practice Accreditation scheme	McNaughton DT, Mara P, Jones MP.	2024	Aust Health Rev. 2024 Jun;48(3):222-227. doi: 10.1071/AH23235.
17	Pre-Operative Gastroesophageal Reflux Does Not Affect 30-Day Outcomes in Patients Undergoing Revisional Bariatric Surgery to Single Anastomosis Duodeno-Ileal Bypass (SADI): An Analysis of 933 Metabolic and Bariatric Accreditation and Quality Improvement Program Patients	Meyer D, Mocanu V, Switzer NJ, Birch DW, Karmali S.	2024	J Clin Med. 2024 Oct 14;13(20):6117. doi: 10.3390/jcm13206117.
18	Fellowship Accreditation: Experiences From Health Care Simulation Experts	Musits AN, Khan H, Cassara M, McKenna RT, Penttila A, Ahmed RA, Wong AH.	2024	J Grad Med Educ. 2024 Feb;16(1):41-50. doi: 10.4300/JGME-D-23-00388.1. Epub 2024 Feb 17.
19	Impact of hemodialysis center accreditation on patient mortality: Korean nationwide cohort study	Park HC, Kim DH, Cho A, Kim BY, Lee M, Kim GO, Hwang WM, Kim J, Kim DJ, Lee YK.	2024	Kidney Res Clin Pract. 2024 Sep 9. doi: 10.23876/j.krcp.24.059. Online ahead of print.
20	Does commission on cancer (CoC) accreditation mitigate the effect of care fragmentation on clinical outcome in localized rectal cancer?	Park SS, Verm RA, Abdelsattar ZM, Kramer S, Swanson J, Fernando M, Cohn T, Luchette FA, Baker MS.	2024	Am J Surg. 2024 Apr;230:63-67. doi: 10.1016/j.amjsurg.2023.12.024. Epub 2023 Dec 21.
21	Fragmented care in localized pancreatic cancer: Is commission on cancer accreditation associated with improved overall survival?	Park SS, Verm RA, Abdelsattar ZM, Kramer S, Swanson J, Fernando M, Cohn T, Luchette FA, Baker MS.	2024	Surgery. 2024 Mar;175(3):695-703. doi: 10.1016/j.surg.2023.08.040. Epub 2023 Oct 18.
22	Effect of COVID-19 on Continuing Education Activities and Learner Interactions: Report from Six Accreditation Systems	Regnier K, Smith A, Natali JP, Berthe S, Griebenow R, Schaefer R, Stein J, Elsayed E, Smith M.	2024	J CME. 2024 Jun 28;13(1):2370746. doi: 10.1080/28338073.2024.2370746. eCollection 2024.
23	Impact of short-notice accreditation assessments on hospitals' patient safety and quality culture-A scoping review	Scanlan R, Flenady T, Judd J.	2024	J Adv Nurs. 2024 Oct;80(10):3965-3976. doi: 10.1111/jan.16169. Epub 2024 Mar 30.
24	Effect of National Accreditation Board for Hospital-Recommended Trainings on Patient Care Standards: A Comparative Study Based on the National Quality Assurance Standards Guidelines in a Tertiary Health-care Institute	Singh V, Singh AK, Kulshrestha MR, Singh D, Khan A, Singh M.	2024	Indian J Public Health. 2024 Oct 1;68(4):502-506. doi: 10.4103/ijph.ijph_1262_23. Epub 2024 Dec 13.
25	Blue Sky Thinking: Physician Assistant Accreditation and the Potential Impact on the Programs, Faculty, and the Profession	Snyder J, Honda T, Lohenry K, Asprey D.	2024	J Physician Assist Educ. 2024 Jun 1;35(2):162-166. doi: 10.1097/JPA.0000000000000577. Epub 2024 Feb 13.
26	The effects of single education session on physiotherapy students' knowledge levels and thoughts on accreditation	Yıldırım M, Mehder B, Selçuk H, Salar S, Keklicek H.	2024	Physiother Res Int. 2024 Oct;29(4):e2116. doi: 10.1002/pri.2116.
27	Nursing perception towards the impact of JCI accreditation on the quality of care in a university hospital in Palestine: a cross-sectional study	Zabin LM, Shayeb BF, Kishek AAA, Hayek M.	2024	BMC Nurs. 2024 Sep 27;23(1):695. doi: 10.1186/s12912-024-02353-6.
28	Hospital employees' perception of Joint Commission International Accreditation: effect of re-accreditation	Zhang H, Huang ST, Bittle MJ, Shi L, Engineer L, Chiu HC.	2024	Int J Qual Health Care. 2024 Sep 11;36(3):mzae081. doi: 10.1093/intqhc/mzae081.
29	Voices on academic accreditation: lived experiences of nurse educators, administrators, students, and alumni in nursing education	Abou Hashish EA, Alnajjar H, Rawas H.	2025	BMC Med Educ. 2025 Jan 14;25(1):64. doi: 10.1186/s12909-025-06657-2.
30	Understanding Implementation Barriers for Lean Magnet Accreditation in the United Arab Emirates: A Qualitative Approach	Al Khatib I, Awad M, Shamayleh A.	2025	J Nurs Manag. 2025 Feb 28;2025:7690350. doi: 10.1155/jonm/7690350. eCollection 2025.
31	Nursing leaders' humble leadership and nursing team performance: quality and accreditation project success in nursing schools - a qualitative study	Algunmeeyn A, Mrayyan MT.	2025	BMJ Open. 2025 Jun 26;15(6):e096926. doi: 10.1136/bmjopen-2024-096926.
32	Healthcare professionals' perceptions about implementing accreditation as a strategy to improve healthcare quality and organisational performance: a cross-sectional survey study	Alhawajreh MJ, Jackson WJ, Paterson AS.	2025	PLoS One. 2025 Mar 25;20(3):e0320664. doi: 10.1371/journal.pone.0320664. eCollection 2025.
33	An Overview of Central Board for the Accreditation of Healthcare Institutions in Saudi Arabia: A Narrative Review	Alturbag M, Alyahya A.	2025	Cureus. 2025 Oct 22;17(10):e95137. doi: 10.7759/cureus.95137. eCollection 2025 Oct.
34	Did the students' satisfaction rates at Avalon University School of Medicine correlate with the occurrence of accreditation site visits?	Arja SB, Kumar A, White BA, Thompson A.	2025	Med Teach. 2025 Apr;47(4):653-659. doi: 10.1080/0142159X.2024.2359967. Epub 2024 Jun 4.
35	Evaluating an internal quality assurance process for achieving national accreditation standards in midwifery education: a study protocol	Berg F, Erlandsson K, Jha P, Wigert H, Sharma B, Bogren M.	2025	Glob Health Action. 2025 Dec;18(1):2463234. doi: 10.1080/16549716.2025.2463234. Epub 2025 Feb 13.
36	Does access to quality accreditation improve health? - Patient-level evidence from German cancer care	Brand T, Blankart K.	2025	Eur J Health Econ. 2025 Oct 8. doi: 10.1007/s10198-025-01833-z. Online ahead of print.
37	Accreditation and Health Policy and Their Impacts on Quality	Ciesielski TM, Henry TL, Fondahn ED.	2025	Med Clin North Am. 2025 Sep;109(5):1103-1116. doi: 10.1016/j.mcna.2025.02.009. Epub 2025 Apr 30.
38	Does Hospital Accreditation or Certification Impact Patient Outcomes? Findings From a Scoping Review for Healthcare Industry Leaders	Connor L, Dufour K, Zadvinskis IM, Waddell A, Powell N, Gorsuch PF, Brown R, Melnyk BM, Gallagher-Ford L.	2025	J Nurs Adm. 2025 Jan 1;55(1):53-60. doi: 10.1097/NNA.0000000000001528.
39	American Nurses Credentialing Center Accreditation: Professional Development and Practice Summit™-Leading Learning	Cosme S, Graebe J.	2025	J Contin Educ Nurs. 2025 Dec;56(12):497-499. doi: 10.3928/00220124-20251027-01. Epub 2025 Dec 1.
40	American Nurses Credentialing Center Practice Transition Accreditation Program(®): 2024 Annual Report Data Analysis	Cosme S.	2025	J Contin Educ Nurs. 2025 Mar;56(3):89-92. doi: 10.3928/00220124-20250207-02. Epub 2025 Mar 1.
41	Examining the Association Between Public Health Accreditation and COVID-19 Outcomes	Davis MV, Rider N, Rashied AA, Bhat S, Lang B.	2025	J Public Health Manag Pract. 2025 Mar-Apr 01;31(2):157-164. doi: 10.1097/PHH.0000000000002100. Epub 2024 Dec 26.
42	Impacts of the Accreditation Process for Undergraduate Medical Schools: A Scoping Review	Girotto LC, Machado KB, Moreira RFC, Martins MA, Tempski PZ.	2025	Clin Teach. 2025 Apr;22(2):e70031. doi: 10.1111/tct.70031.
43	Evaluating Initial Site Visit Pass Rate Across American College of Surgeons Accreditation Programs	Johnson BA, Hobika GG, McNamara EJ, Ko CY.	2025	J Am Coll Surg. 2025 Oct 1;241(4):594-600. doi: 10.1097/XCS.0000000000001441. Epub 2025 Sep 16.
44	The Real Match Rate? US DO Students Match Into Orthopaedic Surgery at Significantly Lower Rates than US MD Students Despite Single Accreditation	Katsma MS, Murray JB, Balazs GC, Speicher MR, Olsen AA.	2025	JB JS Open Access. 2025 Apr 25;10(2):e24.00002. doi: 10.2106/JBJS.OA.24.00002. eCollection 2025 Apr-Jun.
45	Defining the elements of a self and peer assessment system for academic institutions of public health in Africa as a precursor to accreditation: A study protocol	Ledibane NRT, Patrick SM, Voyi KV.	2025	PLoS One. 2025 Oct 21;20(10):e0334645. doi: 10.1371/journal.pone.0334645. eCollection 2025.
46	Effect of Accreditation on Patient Safety Culture: Insights from a Brazilian Multicenter Cross-Sectional Study	Lima HO, Muniz da Silva L, da Cruz RG, de Araújo ACLF, Torres VMS, Simões D, Machado DS, Vieira JE.	2025	Glob J Qual Saf Healthc. 2025 May 22;8(3):102-110. doi: 10.36401/JQSH-24-42. eCollection 2025 Aug.
47	Accreditation through the eyes of nurse managers: an infinite staircase or a phenomenon that evaporates like water	Mutlu H, Baykara Mat ST.	2025	J Health Organ Manag. 2025 Nov 10;39(8):1885-1906. doi: 10.1108/JHOM-01-2025-0029.
48	Impact of accreditation on medical education quality improvement in 82 medical schools in Japan: a descriptive study	Nara N.	2025	J Educ Eval Health Prof. 2025;22:22. doi: 10.3352/jeehp.2025.22.22. Epub 2025 Aug 21.
49	Have We Made Progress? Interprofessional Diversity Within Faculty and Course Directors of Continuous Professional Development Courses Pre- and Post-Joint Accreditation	Ness B, Herndon J, Hoffmann C, Benysh S, Bowler C, Tan W.	2025	Adv Med Educ Pract. 2025 Apr 15;16:607-613. doi: 10.2147/AMEP.S509639. eCollection 2025.
50	Increasing the Impact of Dental Program Accreditation Processes: Identifying Strengths and Opportunities for Improvement	Nicholson J, Gandhi P, Novakovic K, Marns D.	2025	Rand Health Q. 2025 Dec 16;13(1):6. eCollection 2025 Dec.
51	The Effect of the Adoption of the National Accreditation Program for Rectal Cancer Process on Compliance Standards at a Single Institution	Peters GW, Thomas G, Applegarth JA, Wasvary J, Bohler F, Callahan RE, Bergeron S, Wasvary HJ.	2025	Am Surg. 2025 Mar;91(3):345-350. doi: 10.1177/00031348241292730. Epub 2024 Oct 14.
52	Perceived effects of accreditation on education quality and health-related job outcomes: scales validation and correlates in Lebanon	Rahme D, Saade D, Sacre H, Haddad C, Tawil S, Merhi S, Aoun R, Hajj A, Sakr F, Safwan J, Akel M, Zeenny RM, Salameh P.	2025	BMC Med Educ. 2025 Jul 1;25(1):886. doi: 10.1186/s12909-025-07448-5.
53	Hospital Accreditation and Geographic Disparities in Timely Cancer Care	Semprini JT, Devine JW, Lizarraga IM, Charlton ME.	2025	Health Serv Res. 2025 Jun 6:e14655. doi: 10.1111/1475-6773.14655. Online ahead of print.
54	What If…The Impact of Institutional Accreditation on PA Programs Transitioning to an Entry-Level Professional Doctorate Degree	Snyder JA, Miller A.	2025	J Physician Assist Educ. 2025 Jun 1;36(2):149-154. doi: 10.1097/JPA.0000000000000646. Epub 2024 Dec 24.
55	Bridging intentions and outcomes: a program theory approach to residency accreditation standards	Tenne-Fishbain D, Danon YL, Nissanholz-Gannot R.	2025	BMC Med Educ. 2025 Jul 1;25(1):910. doi: 10.1186/s12909-025-07552-6.
56	Impact of Quality Improvement Interventions on Biopsy-to-Treatment Time in Breast Cancer: Results from the PROMPT Quality Collaborative of the National Accreditation Program for Breast Centers	Thompson D, Fefferman M, Simovic S, Kuchta K, Bleicher R, Dietz J, Medenwald R, Yao K.	2025	Ann Surg Oncol. 2025 Oct;32(11):8256-8268. doi: 10.1245/s10434-025-17935-0. Epub 2025 Aug 9.
57	Impact of joint commission international accreditation on occupational health and patient safety: A systematic review	Vuohijoki A, Ristolainen L, Leppilahti J, Kivivuori SM, Hurri H.	2025	PLoS One. 2025 Jun 17;20(6):e0325894. doi: 10.1371/journal.pone.0325894. eCollection 2025.
58	Evaluating the impact of the COVID-19 pandemic on outcomes of conversion and revisional bariatric surgery: a Metabolic and Bariatric Surgery Accreditation Quality Improvement Program (MBSAQIP) study	Wills MV, Chaivanijchaya K, Barajas-Gamboa JS, Restrepo-Rodas G, Mocanu V, Farah A, Lee S, Navarrete S, Rodriguez J, Allemang M, Corcelles R, Kroh M, Strong AT, Dang J.	2025	Surg Obes Relat Dis. 2025 Aug;21(8):943-948. doi: 10.1016/j.soard.2025.03.004. Epub 2025 Mar 14.
59	Two decades of accreditation in Chilean medical education: outcomes and lessons learned	Yañez OJ, Carter CS, Rivas MA, García BC.	2025	BMC Med Educ. 2025 Oct 2;25(1):1312. doi: 10.1186/s12909-025-07626-5.
60	Effect of chest pain center accreditation on timely reperfusion and in-hospital mortality for STEMI in China	Yu L, Liu M, Guo R, Li Q, Hou S, Yin C, Li J, Liu M.	2025	Sci Rep. 2025 May 16;15(1):17103. doi: 10.1038/s41598-025-02151-3.

8. Appendix B

Showcases the first page of all the eligible articles listed in Tables 2-3.

Table 2: AI-generated summaries of all eligible articled related to the impact of accreditation and standards from PubMed (1st January 2024 to 31st December 2025)

Table 3: Selected key studies that have shaped the field of healthcare accreditation and standards from all eligible articles in PubMed, published from 1st January 2024 to 31st December 2025.

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Open Access Full Text Article ORIGINAL RESEARCH

Evaluating the Impact of Hospital Accreditation on Patient Safety Culture in Saudi Arabia Healthcare Facilities

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Background: The impact of hospital accreditation on the organizational safety culture among healthcare workers, an essential indicator of patient safety, has yet to be directly quantified in Saudi Arabia's healthcare system. This study aims to investigate this impact to sustain and maintain a positive safety culture in Saudi Arabia's healthcare institutions.

Methods: A cross-sectional assessment was conducted in five public hospitals in Makkah. Three hundred forty healthcare workers participated using a self-administered questionnaire. Data were analyzed using descriptive statistics, ANOVA, one-sample *t*-test, and multiple regression for a comprehensive understanding.

Results and Discussion: Regression analysis revealed significant gender differences in patient safety ratings ($B = 0.480$, $p < 0.001$). Age positively influenced scores, with higher ages resulting in higher scores ($B = 0.127$, $p = 0.041$). The ratings were also associated with respondents' nationality ($B = 0.169$, $p < 0.001$) and education levels ($B = -0.186$, $p < 0.001$). Respondents rated disasters and training as the highest in patient safety culture, followed by facility safety and security, hazards and hazardous materials safety, utility and building safety, fire safety, and quality improvement. At the same time, leadership, commitment, and support received the lowest score.

Conclusion: This study illustrates a strong connection between accreditation and improved patient safety, emphasizing the importance of quality improvement and leadership commitment. These insights can guide policymakers and healthcare executives in Saudi Arabia and similar countries toward developing a robust patient safety culture. It stresses the importance of considering human factors and organizational culture when developing patient safety models.

Keywords: healthcare professionals, quality of healthcare, accreditation, facility management and safety, CBAHI

Introduction

Safety culture has been identified by the World Health Organization (WHO) as one of the ten human factors topics that are pertinent to patient safety.[1] In 2005, the European Union (EU) extended a framework to facilitate discussions and enhance the promotion of patient safety as a vital component of healthcare services. Patient safety culture refers to the collective behaviors and attitudes of individuals within an organization, centered upon shared ideas and values, with the aim of consistently enhancing the quality of healthcare provided to patients. It is a complex and abstract concept and a vital determinant of the healthcare organization.[2] An unwavering commitment to safety is essential for minimizing harm to patients and creating a secure working environment for healthcare personnel. Evaluating the current safety culture implemented by the management is the initial step towards enhancing a safety culture. Establishing a safety culture in the healthcare sector is crucial for ensuring a long-term commitment to enhancing patient safety. However, positive safety culture in healthcare facilities can be challenging, as attitudes and perceptions toward patient safety and

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ORIGINAL ARTICLE – GLOBAL HEALTH SERVICES RESEARCH

Impact of Commission on Cancer Accreditation on Cancer Survival: A Surveillance, Epidemiology, and End Results (SEER) Database Analysis

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ABSTRACT

Introduction. To analyze the cancer burden in the United States, researchers are relying on the Surveillance, Epidemiology, and End Results (SEER) Program. Our objective was to analyze differences in cancer outcome between Commission on Cancer (CoC)-accredited and non-accredited facilities.

Methods. The SEER database was queried for diagnosis years 2018 and 2019. Only analytic cases were included. Observed survival was calculated using the Kaplan–Meier method for all cancer sites, stratified by accreditation status. Univariate analyses were performed to quantify differences in survival between cancer cases in CoC-accredited and non-CoC-accredited facilities. Cancers of interest were chosen based on statistical significance ($p < 0.01$) and clinical significance (> 25% difference in end survival). Multivariate analyses were conducted on cancers of interest.

Results. Overall, there were 602,185 cases from CoC-accredited facilities and 198,492 from non-CoC-accredited facilities. 5 of 59 solid organ cancers showed statistically and clinically significant reductions in survival in non-accredited facilities (lung and bronchus: 27.9%; liver: 41.1%; esophagus: 30.4%; pancreas: 32.7%; intrahepatic bile duct: 39.4%). Multivariate analysis on these 5 cancers was performed. CoC accreditation was a statistically significant variable decreasing the hazard in all 5 cancers (hazard ratio 0.86–0.91; all p-values <0.005). All these cancers demand resource-intensive treatment.

Conclusion. Accreditation has a significant impact on survival in 5/59 solid organ cancers. Although accredited facilities may be better apt to handle these cancer cases, the survival in most cancers is not significantly affected by accreditation. However, examining longer-term endpoints elucidate further nuances. Herein, CoC accreditation was found to be an independent variable impacting 2-year survival for a minority of cancers.

In 2022, an estimated 1.92 million people were newly diagnosed with cancer in the United States (US) alone.[1] Moreover, the cancer incidence in the US is predicted to increase to 2.29 million annual cases by 2050 with the aging demographic.[2] To assess this cancer burden, researchers are increasingly relying on national cancer registries, with the most prominent being the Surveillance, Epidemiology, and End Results (SEER) database (Fig. 1).

SEER is a population-based database that encompasses up to 22 state cancer registries.[3] Each state registry maintains their own data collection and quality procedures. Geographical areas are intentionally included (or excluded) from SEER to obtain a representative database of the whole US population.[3] As such, SEER has been and continues to be used for incidence predictions and mid- to long-term cancer survival analyses.

SEER offers numerous flags to stratify case data by hospital and patient characteristics.[4] Previous studies have identified variables such as hospital location, accreditation status, race, etc. as significant predictors for survival in a

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Accreditation of pharmacy programs and its impact on SPLE success and pharmacist readiness in Saudi Arabia

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Aim: The impact of pharmacy program accreditation on the Saudi Pharmacists Licensure Examination (SPLE) pass rates and overall pharmacist readiness was investigated.

Methods: A cross-sectional retrospective study was conducted. Data on SPLE pass rates were obtained from the Saudi Commission for Health Specialties (SCFHS) 2024 report. Pharmacy colleges were categorized into five groups based on their students' average SPLE scores. Information on the national i.e., the Evaluation and Training Evaluation Center (ETEC) and international i.e., the American Council for Pharmacy Education (ACPE) and the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) accreditation status of these colleges was also collected.

Results: Higher average SPLE scores (mean = 563, SE = 43.4) were observed in accredited colleges (either national or international) compared to non-accredited colleges (mean = 533, SE = 33.6), with a significant difference noted [$t_{(22)} = -2.149$, $p = 0.042$]. Higher average SPLE scores (mean = 581.8, SE = 18.9) were also found in colleges with multiple accreditations compared to those with fewer or no accreditations (mean = 548.02, SE = 18.9), though this difference was not statistically significant [$t_{(25)} = -1.8$, $p = 0.086$].

Discussion and conclusion: It was demonstrated that accreditation, whether national or international, is associated with higher SPLE pass rates, indicating a positive impact on exam performance. National accreditation by ETEC alone was found to be sufficient for improving SPLE scores and ensuring pharmacist readiness, whereas dual or international accreditations did not provide additional benefits in this context.

KEYWORDS

SPLE, pharmacy, Saudi Arabia, accreditation, NAPLEX, licensure

Introduction

Delivery of high-quality health services is heavily reliant on the competencies of the health workforce who deliver these services (16). Factors affecting the quality of health workforce performance vary. Some factors are linked to the scope and length of pre-professional education and training. Education programs are evaluated to meet educational standards and qualifications through national and international accreditation authorities, whereas individuals are assessed through licensure (1). A competent health workforce attains the identified and agreed-upon knowledge, skills, behaviors, and values by regulatory bodies.

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BMC Health Services Research

RESEARCH

Open Access

The interactive effect of the application of accreditation standards (JCIs) and the practice of administrative control in improving the quality of health services: a study on Yemeni hospitals

Ammar Ali Alraimi[1*] and Murad Mohammed Al-Nashmi[2]

Abstract

Background This study aimed to examine the interactive effect of applying JCI accreditation standards and administrative control in improving the quality of health services in Yemeni hospitals. By examining the synergistic relationship between these two components, this study sought to shed light on how hospitals can improve their performance and achieve sustainable advancements in healthcare quality.

Methods This study utilized a quantitative research design and collected data from Yemeni hospitals. The sample size was determined via the Krejcie and Morgan table, which provides a recommended sample size on the basis of the population. A total of 310 healthcare professionals were selected through a random sampling technique. Hypotheses were formulated to examine the impact of JCI accreditation standards and administrative control on healthcare quality. Statistical analyses were also conducted to test these hypotheses and determine the interaction effect between the two variables.

Results The results confirmed that applying JCI accreditation standards has a statistically significant positive effect on improving the quality of health services in hospitals. Additionally, the practice of administrative control had a statistically significant effect on healthcare quality. Furthermore, there was an interactive effect between the application of JCI accreditation standards and administrative control, indicating that their combined implementation led to even greater improvements in healthcare quality.

Conclusion The significance of this study lies in its potential to inform healthcare policymakers, administrators, and practitioners about the importance of integrating accreditation standards with robust administrative control measures. The findings emphasize the need for hospitals to prioritize both the implementation of accreditation standards and the establishment of effective administrative control systems to ensure the delivery of high-quality healthcare services. This study contributes to the literature by highlighting the interactive impact of these factors and providing insights into their synergistic relationship.

Keywords JCI accreditation, Administrative control, Quality improvement, Healthcare services, Hospitals

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SYSTEMATIC REVIEW

REVISED The impact of accreditation on continuous quality improvement process in undergraduate medical education programs: A scoping review

[version 2; peer review: 2 approved, 1 approved with reservations]

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Abstract

Background

Accreditation in medical education has existed for more than 100 years, yet the impact of accreditation remains inconclusive. Some studies have shown the effects of accreditation on student outcomes and educational processes at medical schools. However, evidence showing the impact of accreditation on continuous quality improvement of undergraduate medical education programs is still in its infancy. This scoping review explores the impact of accreditation on continuous quality improvement (CQI).

Methods

This scoping review followed the methodology of the Preferred Reporting Items of Systematic Reviews and the Meta-Analysis extension for scoping reviews (PRISMA-ScR) checklist outlined by Arksey and O'Malley (2005). Databases, including PubMed, Medline, ERIC, CINHAL, and Google Scholar, were searched to find articles from 2000 to 2022 related to the accreditation of undergraduate medical education programs and continuous quality improvement.

Results

A total of 35 full-text articles were reviewed, and ten articles met our inclusion criteria. The review of the full-text articles yielded four

Open Peer Review

Approval Status ✓ ✓ ?

	1	2	3
version 2 (revision) 23 May 2024	✓ view	✓ view	
version 1 20 Mar 2024	? view	? view	? view

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Any reports and responses or comments on the article can be found at the end of the article.

BMC Medical Education

RESEARCH Open Access

What are the perceptions of faculty and academic leaders regarding the impact of accreditation on the continuous quality improvement process of undergraduate medical education programs at Caribbean medical schools?

Sateesh B. Arja[1,2*], Bobbie Ann Adair White[2], Praveen Kottathveetil[1] and Anne Thompson[2]

Abstract

Background Accreditation and regulation are meant for quality assurance in higher education. However, there is no guarantee that accreditation ensures quality improvement. The accreditation for Caribbean medical schools varies from island to island, and it could be mandatory or voluntary, depending on local government requirements. Caribbean medical schools recently attained accreditation status to meet the Educational Commission for Foreign Medical Graduates (ECFMG) requirements by 2024. Literature suggests that accreditation impacts ECFMG certification rates and medical schools' educational processes. However, no such study has examined accreditation's impact on continuous quality improvement (CQI) in medical schools. This study aims to gather the perceptions and experiences of faculty members and academic leaders regarding the impact of accreditation on CQI across Caribbean medical schools.

Methods This qualitative phenomenological study inquiries about the perceptions and experiences of faculty and academic leaders regarding accreditation's impact on CQI. Purposive and snowball sampling techniques were used. Participants were interviewed using a semi-structured interview method. Fifteen participants were interviewed across ten Caribbean medical schools representing accredited medical schools, accreditation denied medical schools, and schools that never applied for accreditation. Interviews were audio recorded, and thematic data analysis was conducted.

Results Thematic analysis yielded six themes, including accreditation and CQI, CQI irrespective of accreditation, faculty engagement and faculty empowerment in the CQI process, collecting and sharing data, ECFMG 2024 requirements, and organizational structure of CQI.

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Impact of JACIE accreditation on safety of patient care: healthcare providers perspective from a tertiary care stem cell transplant center in Saudi Arabia

Bone Marrow Transplantation

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Body

To the Editor:

Hematopoietic ***stem cell*** transplantation (HSCT), is a therapeutic modality often offered as a curative option for several malignant and non-malignant indications. The main aim of the ***JACIE*** (Joint ***Accreditation*** Committee for the International Society for Cellular Therapy (ISCT) Europe and the European Group for Blood and Marrow Transplantation (EBMT)) ***accreditation*** is to promote highest quality of ***care*** (QoC) to ***patients*** through an internationally recognized set of quality standards for best practices [, , –]. The HSCT program at King Faisal Specialist Hospital and Research ***Centre***, Jeddah (KFSH&RC-J), ***Saudi Arabia***, was awarded the ***JACIE accreditation*** in July 2020.

Multiple studies have shown positive ***impact*** of the ***JACIE accreditation*** [, , , –]; however, none has objectively investigated the ***healthcare providers*** (HCPs) perception on ***JACIE*** as a tool for improving QoC and ***patient safety***. In 2023, we conducted a cross-sectional, descriptive, survey-based study to measure ***impact*** of ***JACIE accreditation***. The study was approved by the institutional review board (IRB) (IRB# IRB 2021–22) and the main aim of the study was to determine ***impact*** of the ***JACIE accreditation*** on ***patient safety*** from a HCPs perception.

Study respondents included HCPs working with the HSCT program prior to- and after- the ***JACIE accreditation***. A total of 124 respondents were recruited on the study, majority were females, 85% (105). For age distribution, most of the respondents were in the age group 20–40 years, 56% (69). Educational qualification data showed majority had bachelor's degree in 59% (73) and 52% (65) have been working for >7 years in the current program. Majority of the respondents were nurses 65% (81) followed by physician 21% (26) and allied health staff 14% (17).

Likert score ranking for all ***patient safety*** dimensions are summarized in the table, overall respondents strongly agreed on the ***impact*** of the ***JACIE accreditation*** on all dimensions of ***care*** with a cumulative mean score of 4.48 ± 0.65. The highest score was observed in dimensions related to clinical documentation and QoC.

For ***patient safety*** related to clinical documentation dimension, the highest mean was observed for ***accreditation*** improves the integration of clinical information among HCPs. With regards to ***patient safety*** related to medication information, the highest mean score was observed for ***accreditation*** improves safe medication practices.

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SURGERY FOR OBESITY AND RELATED DISEASES

Original article

Impact of progressive chronic kidney disease stage on postoperative outcomes in metabolic surgery—a propensity-matched analysis using the Metabolic and Bariatric Surgery Accreditation and Quality Improvement database

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Abstract

Background: Metabolic surgery (MS) is effective in improving renal parameters for individuals with obesity and chronic kidney disease (CKD). Despite recognized benefits, concerns linger about the perioperative safety of patients with CKD undergoing MS. This study aimed to identify the CKD stage associated with the most significant increase in postoperative complications.

Methods: The Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program database (2017–2021) was used to identify patients undergoing laparoscopic gastric sleeve (SG) or Roux-en-Y gastric bypass (RYGB). Propensity matching was used to quantify the risk for adverse outcomes associated with progressive CKD stage.

Results: In total, 688,583 patients (483,898 without CKD and 204,685 with CKD stages I-V) were examined. Endpoints included length of stay (LOS) >5 days, infection, serious complications, major adverse cardiovascular events (MACE), and death. Both SG and RYGB exhibited a linear increase in risk of infection and death. For SG, patients who were stage IIIa/IIIb demonstrated the greatest risk for LOS >5 days (odds ratio [OR] 1.23; 95% confidence interval [CI] (1.05–1.45); $P = .011$), serious complications (OR 2.83; 95% CI 1.87–4.30; $P < .001$), and MACE (OR 2.82; 95% CI 1.81–4.37; $P < .001$). For RYGB, patients who were stage IIIa/IIIb the exhibited greatest risk of MACE (OR 1.67; 95% CI 1.06–2.62; $P = .027$).

Conclusions: Although it is generally accepted that worsening CKD correlates with greater surgical risk, this analysis identified CKD stage III as a major inflection point for risk of LOS >5 days, serious complications, and MACE. These findings are useful for counseling and procedure selection and

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Research Letter

Quantitative assessment of the impact of a triage physician on the Accreditation Council for Graduate Medical Education resident milestones in the emergency department

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The "door-to-doctor" time for patients to be seen by a physician is an increasingly studied metric. Hospitals may shorten this time by implementing a triage physician (TP). The exact role of a TP may vary across departments. TPs put in preliminary orders for lab work, imaging, and treatment, and decide treatment location for further evaluation. As the prevalence of TPs grows, its effect on resident education in academic emergency departments (EDs) remains unclear. We implemented a TP in the spring of 2016 and assessed resident physicians before and after implementation.

Resident knowledge and skills are measured by charting resident milestones, which are designed to assess physician competence. Milestone evaluations are required for all programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and provide quantitative data on resident progress. The Clinical Competency Committee (CCC) is an ACGME-mandated committee that consists of at least three faculty members and overseen by the program director. It is the responsibility of the CCC to evaluate every resident on each milestone and report them at least twice annually. Milestones describe residents' ability to evaluate patients and make medical decisions. When a TP is present, decisions have already been made for patients, which limits residents' exposure to crucial decision-making skills. A study has looked at the perceived impact felt by residents and attendings on education with no positive or negative impact found but a feeling that development of differential diagnoses were negatively impacted.[1] Another study looked to see if there was a perceived impact on competencies again with no impact detected.[2] We chose to see if there was a quantitative difference to support this feeling felt by some but not qualitatively detected.

The goal of this study was to compare the milestones of emergency medicine residents trained with the presence of a TP and those trained without the presence of a TP in an ED.

This was a single-center, retrospective cohort study of a 3-year emergency medicine residency program. The study was conducted at a 711-bed urban community teaching hospital with an annual ED census of more than 120,000 visits. The performance of residents in training between 2014 and 2016 and those in training between 2016 and 2020 before and after the implementation of a TP was compared. Comparisons were stratified according to post-graduate year. No individual resident identifiers were used, and all residents who matriculated into the program during this time frame were included. This study was approved by the Maimonides Medical Center Institutional Review Board/Research Committee.

Milestone evaluations of residents completed by the CCC were utilized. The specific milestones selected for comparison were chosen through consensus of the CCC and research team as those where the impact of a TP was clinically significant.

The primary outcome was the difference in the average level of the nine milestones that were most likely to be impacted by the implementation of a TP between the two resident cohorts and compared across post-graduate years (Table 1). Milestones are graded on a scale from 0 to 5, with the standard being that an incoming post-graduate year (PGY) 1 resident is at a level 1 and improves throughout their training.

Average milestone values for each post-graduate training level from the pre- and post- implementation of a TP were

BMC Medical Education

RESEARCH Open Access

Educational research on medical residency programs in Chile: a scoping review and analysis of the impact of the new accreditation policy

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Abstract

Background Accrediting medical specialties programs are expected to influence and standardize training program quality, align curriculum with population needs, and improve learning environments. Despite global agreement on its necessity, methods vary widely. In the Chilean context, a recent new accreditation criteria includes research productivity in relation to educational research on resident programs, so we aimed to define it. What is the profile of publications in educational research produced by Chilean medical specialty residency programs in the last five years? Based on these results, we intend to analyze the potential impact of the new accreditation policy on medical specialty programs in Chile.

Methods We performed a preliminary bibliometric search to identify the use of the term "resident" in literature. After that, we conducted a literature search, using a six-step approach to scoping reviews, including the appraisal of the methodological quality of the articles.

Results Between 2019 and 2023, an average of 6.2 articles were published yearly (19%). The bibliometric analysis revealed that the dominant thematic area of the journals was clinical, accounting for 78.1%. Most articles focused on residents (84.38%), with only two articles including graduates as participants. One university was responsible for 62.50% of the articles and participated in all multicenter studies (9.38%). Surgical specialties produced 15 research articles focused on procedural training using simulation. Psychiatry was the second most productive specialty, with 5 articles (15.63%) covering standardized patients, well-being, and mental health assessment. The most frequent research focus within residency programs over the five-year period was teaching and learning methodologies, with 19 articles representing almost 60% of the total analyzed.

Conclusions Research on medical education in Chile's postgraduate residency programs is limited, with most studies concentrated in a few universities. The new accreditation criteria emphasize educational research, posing challenges for many institutions to meet higher standards. Understanding unexplored areas in educational research and learning

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The Enneagram as a Tool for Resident Wellness and Correlation With Accreditation Council for Graduate Medical Education Milestone Achievements

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ABSTRACT

Introduction: The Enneagram is an ancient personality typing system developed to improve self-knowledge. Broken down into nine personality types, each is driven by a core motivating factor. Other personality assessments have been used to study the personality profile of surgeons. The purpose of this study is to evaluate the variability in Enneagram type among a single institution's general surgery residents.

Methods: All categorical general surgery residents at a single institution completed an online Enneagram assessment as part of a wellness initiative. Accreditation Council for Graduate Medical Education milestone levels for professionalism (PRO) and interpersonal and communication skills were collected for each resident's intern year. Milestone levels were compared between the nine Enneagram types.

Results: All nine Enneagram types were represented among surveyed residents. The most frequent Enneagram type was type 3 (20.69%). There was no significant difference between PRO ($P = 0.322$) and interpersonal and communication skills ($P = 0.645$) scores among residents distributed by Enneagram type.

Conclusions: Regardless of core Enneagram type, general surgery residents in this study all achieved appropriate Accreditation Council for Graduate Medical Education milestone levels for entry level of training. The Enneagram can provide self-awareness and understanding of resident differences but does not impact initial assessment of competency in PRO and interpersonal communication skills.

Introduction

Personality testing has become increasingly popular in surgical residency education and may have utility in trainee selection.[1] It not only is impactful on patient encounters and interdisciplinary interactions, but when applied correctly, it has been shown to improve learning environments and develop stronger team dynamics.[2] The Accreditation Council for Graduate Medical Education (ACGME) core competencies of evaluation of surgical trainees include skills of technique

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Compliance With Accreditation Standards on Diversity: Is Institutional Support the Missing Link?

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Introduction The role of accreditation standards in fostering diversity and inclusion in academic programs remains poorly understood. Accreditation is one approach to increasing diversity through Standard A1.11. This study investigates the impact of the Accreditation Review Commission-Physician Assistant (ARC-PA) standards on diversity and inclusion in physician assistant (PA) programs and explores challenges faced by programs in achieving compliance.

Methods This qualitative exploratory study first reviewed diversity standards in accreditation documents among selected health professions; second, data on the frequency of citations from ARC-PA related to diversity were gathered and analyzed; finally, opinions from 23 PA faculty and leaders were solicited through semistructured interviews. Two research team members analyzed the data to identify themes.

Results Most institutions sponsoring PA programs had preexisting diversity policies before the inception of standard A1.11 of the ARC-PA. Between June 2020 and March 2023, seven programs received 16 citations related to Standard A1.11. Interviews with faculty revealed 4 major themes: (1) the importance of institutional support, (2) early pipeline development of applicants, (3) prioritizing faculty and/or student diversity as key program goals, and (4) local context, with institutional support and pipeline development being most prominent.

Discussion The inclusion of Standard A1.11 in the ARC-PA *Standards* signifies the growing recognition of diversity, equity, and inclusion (DEI) in PA education. Institutions can advance DEI in the PA profession by leveraging accreditation-related activities through leadership, partnerships, and accountability measures consistent with the institution's mission and applicable laws. Institutional support emerged as an important factor in compliance with diversity-related accreditation standards.

BACKGROUND

Diversity in health professions continues to be challenging both at educational and practice levels. This subsequently affects patient outcomes and widens health care disparities.

One national intervention has been to leverage accreditation bodies to implement standards that require sponsoring institutions to demonstrate action plans for diversity, equity, and inclusion (DEI) efforts in a manner that aligns with state and federal laws. The impact of these accreditation-related diversity standards and the determinants for compliance remain to be investigated for the physician assistant (PA) profession.

Recently, the council for Higher Education Accreditation (CHEA) put forward a new expectation that every recognized accrediting organization must demonstrate that it "manifests a commitment to diversity, equity, and inclusion." However, before CHEA expectation, US medical, nursing, and other health professions schools have long been subject to DEI accreditation-related expectation. Despite these initiatives to promote diversity in the American health workforce, shortages of underrepresented groups continue to widen among the health professions.[1-4] A recent study found that Black, Hispanic, and Native American individuals remain underrepresented in 10 health care professions, with some racial demographics, such as Black/African American individuals, showing a declining trend.[5,6] Recent estimates for the PA profession indicated that more than 80% of all certified PAs are White, and only 3.3% (from 3.6% in 2017) are Black/African American.[7] Drawing on data from National Commission on Certification of Physician Assistants from 1975 to 2020, Kozikowski et al[8] recently showed a significant decline in the proportion of PAs identifying as under-represented minorities. This observation confirms previous studies by Young et al, who reported a declining trend among Black/African American individuals from 1985 through 2020. Only the states of Maryland (13.4%) and Georgia (10.5%) have a proportion of Black/African American individuals > 10%, yet close to 50% of all states in the United States have a Black population of greater than 10%. A diverse health workforce is essential in increasing access to quality care, patient satisfaction, and treatment adherence. Growing evidence shows that health workforce diversity is vital in addressing health disparities and advancing health equity.[9] A significant barrier to a diverse health workforce appears to emanate from a lack of diversity among matriculating students in the health professions.[2,4] This observation has prompted US regional accreditation bodies to implement diversity-related standards, requiring health

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Hospital accreditation in Mexico fails to improve the quality of healthcare: lessons from an impact evaluation

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Healthcare quality in low- and middle-income countries poses a significant challenge, contributing to heightened mortality rates from treatable conditions. The accreditation of health facilities was part of the former health reform in Mexico, proposed as a mechanism to enhance healthcare quality. This study assesses the performance of hospital accreditation in Mexico, utilizing indicators of effectiveness, efficiency, and safety. Employing a longitudinal approach with controlled interrupted time series analysis (C-ITSA) and fixed effects panel analysis, administrative data from general hospitals in Mexico is scrutinized. Results reveal that hospital accreditation in Mexico fails to enhance healthcare quality and, disconcertingly, indicates deteriorating performance associated with increased hospital mortality. Amidst underfunded health services, the implemented accreditation model proves inadequately designed to uplift care quality. A fundamental redesign of the public hospital accreditation model is imperative, emphasizing incentives for structural enhancement and standardized processes. Addressing the critical challenge of improving care quality is urgent for Mexico's healthcare system, necessitating swift action to achieve effective access as a benchmark for universal healthcare coverage.

KEYWORDS

hospital accreditation, quality of healthcare, effective access, Mexico, impact evaluation

Introduction

The quest to ensure adequate health services for all is a complicated and non-linear process worldwide. Structural deficiencies that result in poor healthcare quality create barriers to improve health in low- and middle-income countries, that are fighting to decrease mortality for conditions that should be effectively treated by health services as the required knowledge and technologies are available (1). In the current global effort to achieve Universal Health Coverage (UHC), ensuring service quality is imperative for increased access to yield better health outcomes, known as effective access (2, 3).

In this quest to improve healthcare quality, a multifactorial challenge that goes from the structural conditions of services to the effective implementation of standardized processes, political support and commitment are needed (1). In Mexico, an upper-middle income country, structural and process-related challenges exist in both ambulatory and hospital public

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MMR MILITARY MEDICAL RESEARCH

RESEARCH

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Effectiveness of chest pain center accreditation on the hospital outcome of acute aortic dissection: a nationwide study in China

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Abstract

Background The National Chest Pain Center Program (NCPCP) is a nationwide, quality enhancement program aimed at raising the standard of care for patients experiencing acute chest pain in China. The benefits of chest pain center (CPC) accreditation on acute coronary syndrome have been demonstrated. However, there is no evidence to indicate whether CPC accreditation improves outcomes for patients with acute aortic dissection (AAD).

Methods We conducted a retrospective observational study of patients with AAD from 1671 hospitals in China, using data from the NCPCP spanning the period from January 1, 2016 to December 31, 2022. The patients were divided into 2 groups: pre-accreditation and post-accreditation admissions. The outcomes examined included in-hospital mortality, misdiagnosis, and Stanford type A AAD surgery. Multivariate logistic regression was employed to explore the relationship between CPC accreditation and in-hospital outcomes. Furthermore, we stratified the hospitals based on their geographical location (Eastern/Central/Western regions) or administrative status (provincial/non-provincial capital areas) to assess the impact of CPC accreditation on AAD patients across various regions.

Results The analysis encompassed a total of 40,848 patients diagnosed with AAD. The post-accreditation group exhibited significantly lower rates of in-hospital mortality and misdiagnosis (12.1% vs. 16.3%, $P<0.001$ and 2.9% vs. 5.4%, $P<0.001$, respectively) as well as a notably higher rate of Stanford type A AAD surgery (61.1% vs. 42.1%, $P<0.001$) compared with the pre-accreditation group. After adjusting for potential covariates, CPC accreditation was associated with substantially reduced risks of in-hospital mortality (adjusted *OR* 0.644, 95% CI 0.599–0.693) and misdiagnosis (adjusted *OR* 0.554, 95% CI 0.493–0.624), along with an increase in the proportion of patients undergoing Stanford type A AAD surgery (adjusted *OR* 1.973, 95% CI 1.797–2.165). Following CPC accreditation, there were significant reductions in in-hospital mortality across various regions, particularly in Western regions (from 21.5 to 14.1%). Moreover, CPC accreditation demonstrated a more pronounced impact on in-hospital mortality in non-provincial cities compared to provincial cities (adjusted *OR* 0.607 vs. 0.713).

†Li-Wei Liu, Yi-Kai Cui, Lin Zhang, Dai-Le Jia and Jing Wang contributed equally to this work.

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The impact of preparation time on accreditation performance within Australian general practices

David T McNaughton, Paul Mara, Michael P Jones

Background and objective
Australian general practices are highly involved with accreditation programs; however, there is evidence to suggest variability in their levels of performance. The aim of the current study was to determine the association with between several metrics of preparation with accreditation performance outcomes.

Methods
Several metrics were synthesised that measured preparation time to general practice accreditation. Performance outcomes were: (1) conformity to 124 indicators of the standards; (2) time to remediate indicator non-conformities; and (3) level of assistance required.

Results
A greater number of months between registration with the accrediting agency and practice accreditation expiry date was associated with higher indicator conformity at the site visit (OR=1.04, *P*=0.001), as well as less time (ß=−0.02, *P*=0.002) and less assistance (ß=−0.66, *P*=0.02) to remediate non-conformant indicators post site visit.

Discussion
Adequate preparation time for several components within the accreditation framework for general practices were associated with small-to-moderate improvements in key performance outcomes.

ACCREDITATION PROCESSES have been developed to enhance quality and safety outcomes across several healthcare sectors.[1] Accreditation programs originated in hospital sectors; however, their implementation in general practice is now prevalent.[2,3] Australian general practices have shown a high rate of engagement with accreditation (~84% were accredited in 2020), which might be partly due to economic incentives.[4] However, concerns regarding levels of active implementation of quality assurance processes reflective of contemporary standards have been raised.[5]

Australian general practice accreditation is a multi-step process involving registration with an accrediting agency, completion of a self-assessment, an onsite surveyor audit according to the fifth edition standards,[6] and remediation of any non-conformant indicators, within a three-year cycle.[7] Registration with the accrediting agency might occur up to 18 months prior to a practice's accreditation expiry date, allowing for an appropriate period for facilitated learning and communication between the practice and the accreditation agency.[8] An ample period between assignation of an accrediting agency and the re-accreditation expiry provides sufficient opportunity to implement quality assurance processes in preparation for the site visit. The impact of preparation time between general practices and accrediting agencies with site-visit performance has not, until now, been empirically evaluated.

A measure of performance within the general practice accreditation process is the rate of indicator conformity at the site visit. Survey visits are completed by a two-person team that includes at least one general practitioner (GP),[6] and determines conformance to 124 indicators set out by The Royal Australian College of General Practitioners (RACGP).[6] Practices are then presented with a report reflecting their compliance with all indicators and provided with 65 businesses days to remediate any indicator non-conformity, prior to an accreditation certificate being issued. Performance at the site visit varies between practices,[9-11] and it is of particular interest to investigate whether time to prepare for the site visit between practices and accrediting agencies partially explains this variability in performance.

Two further outcomes within the accreditation process reflective of performance after the site visit are available. These include: (1) time to remediate non-conformant indicators; and (2) the number of transactions between practices and the accreditation agency required to remediate non-conformant indicators. These metrics are critical to the operational capacity of accrediting agencies and extend accreditation timelines for general practices.[5] It is important to identify predictors for practices that require a longer time and greater support to remediate non-conformant indicators, so resources (eg increased support from the agency) can by suitably distributed.

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The impact of self-assessment and surveyor assessment on site visit performance under the National General Practice Accreditation scheme

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ABSTRACT

Objective. There is a need to undertake more proactive and in-depth analyses of general practice accreditation processes. Two areas that have been highlighted as areas of potential inconsistency are the self-assessment and surveyor assessment of indicators. **Methods.** The data encompass 757 accreditation visits made between December 2020 and July 2022. A mixed-effect multilevel logistic regression model determined the association between attempt of the self-assessment and indicator conformity from the surveyor assessment. Furthermore, we present a contrast of the rate of indicator conformity between surveyors as an approximation of the inter-assessor consistency from the site visit. **Results.** Two hundred and seventy-seven (37%) practices did not attempt or accurately report conformity to any indicators at the self-assessment. Association between attempting the self-assessment and the rate of indicator non-conformity at the site visit failed to reach statistical significance (OR = 0.90 [95% CI = 1.14–0.72], $P = 0.28$). A small number of surveyors ($N = 9/34$) demonstrated statistically significant differences in the rate of indicator conformity compared to the mean of all surveyors. **Conclusions.** Attempt of the self-assessment did not predict indicator conformity at the site visit overall. Appropriate levels of consistency of indicator assessment between surveyors at the site visit were identified.

Keywords: accreditation, audit and feedback, general practice, health policy, health services, primary health care, quality and safety, reliability.

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Introduction

Accreditation, according to the Royal Australian College of General Practitioners (RACGP) Standards for general practices, serves as a quality improvement tool in Australia.[1] The current 5th edition standards encompass three modules (Core, Quality Improvement, and General Practice) that assess several aspects of contemporary general practice, reflecting components such as clinical safety, staff and practitioner education, and quality assurance processes.[2] While the standards have undergone several iterations since 1991, there is a need to undertake more proactive and in-depth analyses of the accreditation process and outcomes to improve the quality and safety within this healthcare sector.[3–5]

Australian general practices are highly engaged with the existing voluntary accreditation program (84% in 2020),[4] and this is, in part, assisted by financial incentive payments.[6] The process of accreditation is associated with positive leadership behaviours, cultural characteristics, and improved clinical performance;[7] however, there are concerns regarding the underlying process of accreditation and the specificity of quality and safety outcomes, particularly within general practice.[8] As such, a recent consulting review was conducted,[4] which highlighted stakeholder perspectives of the accreditation process and suggested several areas in need of critical evaluation. Two areas highlighted in this review were the engagement with the accreditation process by general practices and the consistency of assessment between, and within, surveyors from accreditation agencies.

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Article

Pre-Operative Gastroesophageal Reflux Does Not Affect 30-Day Outcomes in Patients Undergoing Revisional Bariatric Surgery to Single Anastomosis Duodeno-Ileal Bypass (SADI): An Analysis of 933 Metabolic and Bariatric Accreditation and Quality Improvement Program Patients

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Abstract: Background: The use of a single anastomosis duodeno-ileal bypass (SADI) as a revisional procedure in patients with pre-operative GERD is not well understood. Thirty-day outcomes in patients with pre-existing GERD undergoing revision with an SADI have not been previously reported. **Methods:** The Metabolic and Bariatric Accreditation and Quality Improvement Program registry was consulted to identify patients undergoing revisional bariatric surgery with an SADI between 2020 and 2021. Our analysis sought to determine if preoperative GERD had significant impact on thirty-day outcomes. Bivariate and multivariable logistic regression analyses were used to identify independent predictors of 30-day morbidity. **Results:** Preoperative GERD was seen in 342 patients (36.7%). Preoperative GERD was not associated with anastomotic leak (2.5% non-GERD cohort vs. 1.2% GERD cohort; $p = 0.2$) nor bleeding (1% non-GERD cohort vs. 1.8% GERD cohort; $p = 0.33$). There was no difference in thirty-day readmission (5.6% vs. 5.9%, $p = 0.9$), reintervention (2.4% vs. 1.2%, $p = 0.2$), or reoperation (3.6% vs. 2.05%; $p = 0.19$) rates. The multivariable regression analysis revealed that a history of myocardial infarction was associated with a significantly elevated risk of serious complication (OR 12.2; 95% CI 2.79–53.23; $p = 0.001$), as was dyslipidemia (OR 2.2; 95% CI 1.04–4.56; $p = 0.04$). **Conclusions:** Pre-operative GERD does not have any association with anastomotic leak, bleeding, thirty-day readmission, reintervention, or reoperation in patients undergoing revisional bariatric surgery to SADI. A history of myocardial infarction and dyslipidemia are independent predictors of post-operative thirty-day morbidity, irrespective of the presence of preoperative GERD.

Keywords: bariatric; surgery; revision; GERD; SADI; outcomes

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1. Introduction

Gastroesophageal reflux disease (GERD) is extremely common in patients undergoing revisional [1–3] bariatric surgery with rates approaching 50%, particularly in patients who have had sleeve gastrectomy [1,3]. Previous data have demonstrated that preoperative GERD increases both the risks of postoperative complications and readmission in the general surgery [4] and bariatric surgery populations [2,5]. Together, the high prevalence and increased burden of peri-operative complications associated with revisional metabolic surgery make post-bariatric surgery GERD an increasingly common and challenging clinical problem. Despite this challenge, there is currently limited data which can guide practitioners to select the optimal revisional procedure or counsel patients regarding post-operative outcomes.

Introduced in 2007 [6], the single anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADI-S) involves the creation of a gastric sleeve, followed by duodenal mobi-

Fellowship Accreditation: Experiences From Health Care Simulation Experts

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ABSTRACT

Background The field of health care simulation continues to grow, accompanied by a proliferation of fellowship programs, leading to fellowship accreditation efforts. There is controversy around the best approach to accreditation.

Objective The authors sought to understand perspectives of simulation leaders on fellowship accreditation to best inform the growth and maturation of fellowship accreditation.

Methods In 2020, simulation leaders identified through snowball sampling were invited to participate in a qualitative study. During one-on-one semistructured interviews, participants were asked about experiences as simulation leaders and their perspective on the purpose and impact of accreditation. The interviews were audio recorded and transcribed. Thematic analysis informed by a phenomenology framework was performed using a masked open coding technique with iterative refinement. The resulting codes were organized into themes and subthemes.

Results A total of 45 simulation experts participated in interviews ranging from 25 to 67 minutes. Participants described discord and lack of consensus regarding simulation fellowship accreditation, which included a spectrum of opinions ranging from readiness for accreditation pathways to concern and avoidance. Participants also highlighted how context drove the perception of accreditation value for programs and individuals, including access to resources and capital. Finally, potential impacts from accreditation included standardization of training programs, workforce concerns, and implications for professional societies.

Conclusions Simulation leaders underscored how the value of accreditation is dependent on context. Additional subthemes included reputation and resource variability, balancing standardization with flexibility and innovation, and implications for professional societies.

Introduction

Several interacting forces have driven the growth of health care simulation. These include a heightened stakeholder expectation for high-quality patient care training that provides value,[1,2] a shifting paradigm in health professions education to outcomes-based measures of curricular efficacy,[3] and a rapid expansion in the knowledge and competencies required to enter and remain in clinical practice.[4,5]

Fellowship training programs have emerged as a preferred gateway to developing the necessary skills and experience for those interested in pursuing a career in health care simulation.[6-8] Simulation fellowship programs typically range from 1 to 2 years. Fellows are most frequently residency trained physicians in emergency medicine, anesthesiology, or surgery with nurses, prehospital clinicians, and nonclinical educators also represented in smaller numbers.[9] The specialty of health care simulation has actively developed fellowship accreditation programs in recent years.[10-12]

Health care simulation professionals have debated potential benefits and pitfalls regarding the development of these accreditation programs, citing mixed reactions and varying levels of endorsement among members of the simulation expert community. Problems around standard setting, validation, equity, and cost have been identified.[13] This study aims to inform the future growth and maturation of fellowship accreditation programs by understanding the perspective of health care simulation leaders. The insights from this group may resonate with other fields experiencing a surge in fellowships and accreditation. Therefore, we explored the lived experiences and opinions of simulation and health professions experts on simulation fellowship accreditation in this interview-based qualitative study.

Methods

Participants and Data Collection

To identify leaders in simulation, we recruited initial participants from a review of simulation fellowship

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Editor's Note: The online supplementary data contains the structured interview guide used in the study.

Original Article

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KIDNEY RESEARCH AND CLINICAL PRACTICE

Impact of hemodialysis center accreditation on patient mortality: Korean nationwide cohort study

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Background: Since hemodialysis (HD) patients are prone to various complications and high mortality, they need to be treated in HD units with professional personnel, proper equipment, and facilities. The Korean Society of Nephrology has been conducting an HD unit accreditation program since 2016. This study was performed to evaluate whether a qualified dialysis center (QDC) reduced the mortality of HD patients.

Methods: This longitudinal, observational cohort study included 31,227 HD from 832 facilities. HD units were classified into two groups: the hospitals that have been certified as QDC between 2016 and 2018 (n = 219) and hospitals that have never been certified as QDC (non-QDC, n = 613). Baseline characteristics and patient mortality were compared between QDC vs. non-QDC groups using Korean HD quality assessment data from 2018. Multivariate logistic regression and the Cox proportional hazards model were used to compare patient mortality between the two groups.

Results: Among study subjects, 30.6% of patients were treated at QDC and 69.4% were treated at non-QDC. The patients in the QDC were younger and had a longer dialysis duration, lower serum phosphorus and calcium levels, and higher hemoglobin and single-pool Kt/V levels compared to the patients from the non-QDC group. After adjusting for demographic and clinical parameters, QCD independently reduced mortality risk (hazard ratio, 0.897; 95% confidence interval, 0.847–0.950; p < 0.001).

Conclusion: The HD unit accreditation program may reduce the risk of death among patients undergoing HD.

Keywords: Health care, Hospital hemodialysis units, Mortality, Quality assurance

Introduction

The prevalence of end-stage kidney disease (ESKD) is increasing worldwide every year, and healthcare expenditures for dialysis treatment continue to expand [1]. Most ESKD patients already have multiple comorbidities before

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Original Research Article

Does commission on cancer (CoC) accreditation mitigate the effect of care fragmentation on clinical outcome in localized rectal cancer?

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A B S T R A C T

Background: Studies of fragmented care (FC) in rectal cancer have not adjusted for indicators of hospital quality and may misrepresent the effects of FC.
Methods: We queried the National Cancer Database to identify patients undergoing care for clinical stage II and III rectal adenocarcinoma between 2006 and 2019. Those undergoing FC were sub-categorized based on whether (FC CoC) or not (FC non-CoC) they received systemic therapy at CoC accredited facilities.
Results: 44,339 patients met inclusion criteria; 23,921 (54 %) underwent FC, 16,929 (71 %) FC non-CoC. Differences in utilization of neoadjuvant therapy (92.3 % vs 89.7 % vs 89.5 %, $p < 0.01$) and 5-year overall survival (76.1 vs 75.5 vs 74.1 %, $p < 0.01$) between treatment cohorts were marginal.
Conclusion: In patients undergoing multimodality therapy for rectal cancer, care fragmentation is not associated with long-term clinical outcome. Decisions regarding where these patients go for systemic therapy may be safely made on the basis of ease of access.

Funding

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1. Introduction

Patients presenting with rectal cancer are often faced with a choice regarding where to go for care and what treatment regimens to pursue. The potential lethality of the cancer and the complexity of treatment required make the choices faced by the patient seem ever more consequential. Despite possible benefits of receiving care in a single institution[1,2] with providers that work together on a daily basis, patients presenting with rectal cancer will frequently elect to pursue care at varying institutions throughout the course of treatment in hope that they will have better postoperative outcomes, receive more innovative and effective systemic regimens or be closer to family/psychosocial support structures. The effects of such fragmentation in care (FC) have been studied in a number of malignancies and have been associated with delays in treatment, sub-optimal coordination of care, and compromised clinical outcome.[3–5] Few studies evaluate the impact of FC on outcomes in rectal cancer.[6,7] None adjust for or evaluate the association between hospital quality standards such as those set by the Commission on Cancer (CoC) and survival.

In the current work, we use the NCDB to identify factors associated with choice of FC, evaluate the association between FC and survival and assess the role that CoC accreditation might play in mitigating the effects FC has on survival in patients treated for rectal adenocarcinoma. Our hypothesis was that FC would be associated with compromised survival but that CoC accreditation would mitigate the effect of FC on outcome.

2. Materials and methods

2.1. Data source and patient selection

This study was approved by the Institutional Review Board at Loyola University of Chicago as exempt (LU# 216,618, 11/28/2022) and patient consent was waived. The National Cancer Database (NCDB) represents a comprehensive national cancer registry created by the American College of Surgeons Commission on Cancer (CoC). The NCDB captures

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Fragmented care in localized pancreatic cancer: Is commission on cancer accreditation associated with improved overall survival?

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ABSTRACT

Background: Prior studies of fragmentation of care in pancreatic cancer have not adjusted for indicators of hospital quality such as Commission on Cancer accreditation. The effect of fragmentation of care has not been well defined.

Methods: We queried the National Cancer Database to identify patients undergoing pancreaticoduodenectomy and distal pancreatectomy with perioperative systemic therapy for clinical stages I–III pancreatic cancer between 2006 and 2019. Patients who received systemic therapy at a center different than the center performing surgery were categorized as having fragmentation of care. Patients having fragmentation of care were further categorized on the basis of whether (fragmentation of care Commission on Cancer) or not (fragmentation of care non-Commission on Cancer) systemic therapy was administered at a facility accredited by the Commission on Cancer.

Results: A total of 11,732 patients met inclusion criteria; 5,668 (48.3%) underwent fragmentation of care, and 3,426 (29.2%) fragmentation of care non-Commission on Cancer. Patients undergoing fragmentation of care non-Commission on Cancer were less likely to receive neoadjuvant systemic therapy than those undergoing fragmentation of care Commission on Cancer or non-fragmented care (27.7% vs 40.1% vs 36.8%, $P < .001$). On Cox analysis, advanced age, comorbid disease, node-positive disease, and facility type were associated with risk of overall survival. Fragmentation of care was not (adjusted hazard ratio = 0.99, 95% confidence interval [0.94–1.06], $P = .8$). On Kaplan-Meier analysis, there were no significant differences in 5-year overall survival between treatment cohorts.

Conclusion: In patients undergoing fragmentation of care for localized pancreatic cancer, those treated with systemic therapy in Commission on Cancer accredited facilities are more likely to be given neoadjuvant therapy but demonstrate no significant improvement in survival relative to those undergoing non-fragmented care or those undergoing fragmentation of care but receiving systemic therapy in nonaccredited facilities.

Introduction

Every patient presenting with a malignancy has a choice regarding where to go for care and what treatment regimens to pursue. The potential lethality of and the complexity of treatment required in the care of the patient with pancreatic cancer make the choices faced by the patient with pancreatic ductal adenocarcinoma (PDAC) seem all the more consequential. Despite the obvious potential benefits of receiving care in a single institution,[1,2] patients presenting with PDAC frequently elect to pursue care at varying institutions throughout the course of treatment in the hope that they will have better postoperative outcomes, receive more innovative and effective systemic regimens, or undergo care closer to

This work was presented as an oral presentation on June 10, 2023, at the 80th Central Surgical Association Annual Conference.

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RESEARCH ARTICLE

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Effect of COVID-19 on Continuing Education Activities and Learner Interactions: Report from Six Accreditation Systems

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ABSTRACT

The COVID-19 pandemic has had disruptive effects on all parts of the health-care system, including the continuing education (CE) landscape. This report documents, what has happened in six different CE accreditation systems to CE activities as well as learners. Complete lockdown periods in the first part of the COVID-19 pandemic have inevitably led to reductions in numbers of the then predominant format of education, i.e. onsite in-person meetings. However, with impressive speed CE providers have switched to online educational formats. With regard to learner interactions this has compensated, and in some systems even overcompensated, the loss of in-person educational opportunities. Thus, our data convincingly demonstrate the resilience of CPD in times of a global health crisis and offer important insights in how CPD might become more effective in the future.

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KEYWORDS
Covid-19 pandemic; continuing education activities; learner interactions; accreditation systems

Introduction

The COVID-19 pandemic has had disruptive effects on all parts of the health-care system, including the continuing education (CE) landscape. This report aims to document, what has happened in six different CE accreditation systems to CE activities as well as learners.

Methods

Data presented in this report have originally been prepared for the session "Exploring our data: jurisdictional trends" on 14 September 2023 at Cologne Consensus Conference 2023 (Cologne, Germany) [1] and in part been presented elsewhere [2]. Accreditation systems have been asked to provide data for 2019 (as pre-pandemic comparator), 2020/21 (the pandemic years), and 2022/23 (post-pandemic period) to answer the following two questions:

(1) What have been the three most striking findings in your system during and after the pandemic?

(2) Did you (have to) change any rules in your accreditation/licencing framework during the pandemic? If yes, have these changes been maintained in the post-pandemic period?

Data are presented as numbers or percentages, they are descriptive only and no statistical analysis has been performed.

Results

This section reports the findings for each accreditation system separately.

ACCME

The Accreditation Council for Continuing Medical Education (ACCME) is a non-profit, U.S.-based accrediting body that empowers educators located around the world to develop and deploy innovative, effective, independent continuing education for the

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REVIEW

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Impact of short-notice accreditation assessments on hospitals' patient safety and quality culture—A scoping review

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Abstract

Aim: To explore the published evidence describing the impact of short-notice accreditation assessments on hospitals' patient safety and quality culture.

Design: Arksey and O'Malley (2005)'s scoping study framework and Preferred Reporting Items for Systematic Reviews and Meta-Analysis Extension for Scoping reviews (PRISMA-ScR).

Methods: A scoping review was conducted to identify papers that provided an evaluation of short-notice accreditation processes. All reviewers independently reviewed included papers and thematic analysis methods were used to understand the data.

Data Sources: PubMed/MEDLINE, CINAHL, and ProQuest databases were searched to identify papers published after 2000.

Results: Totally, 3317 records were initially identified with 64 full-text studies screened by the reviewers. Five studies were deemed to meet this scoping review's inclusion criteria. All five studies reported variable evidence on the validity of health service or hospital accreditation processes and only three considered the concept of patient safety and quality culture in the context of accreditation. None of the five included studies report the impact of a short-notice accreditation process on a hospital's patient safety and quality culture.

Conclusions: Limited evidence exists to report on the effectiveness of hospital short-notice accreditation models. No study has been undertaken to understand the impact of short-notice accreditation on patient safety and quality cultures within hospital settings.

Implications for the Profession and/or Patient Care: Understanding this topic will support improved hospital quality, safety, policy, and governance.

Impact: To provide an understanding of the current knowledge base of short-notice accreditation models and its impact on hospital patient safety and quality culture.

Reporting Methods: PRISMA reporting guidelines have been adhered to.

Effect of National Accreditation Board for Hospital-Recommended Trainings on Patient Care Standards: A Comparative Study Based on the National Quality Assurance Standards Guidelines in a Tertiary Health-care Institute

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Abstract

Background: The National Quality Assurance Standards (NQAS) have been developed keeping in specific requirements for public health facilities as well global best practices. Standards are primarily meant for providers to assess their quality for improvement through predefined standards and to bring up their facilities for certification. **Objectives:** To study the effect of National Accreditation Board for Hospitals (NABH)-recommended training on patient care standards based on NQAS guidelines. **Materials and Methods:** The research was conducted at a tertiary-level teaching institute and medical care center in North India. The institute has multiple blocks, few have undergone training for NABH standards, and few have not due to administrative reasons. Only the NABH-trained blocks underwent accreditation process through NABH and provided an opportunity to study whether there is a difference in patient care standards between NABH-trained staff and nontrained staff. It was a checklist-based observational study. **Results:** The evaluation covered seven key areas in intensive care unit (ICU) and wards in both NABH-trained and nontrained hospital blocks: patient rights, inputs, support services, clinical services, infection control, quality management, and outcome. The compliance percentage of ICU and wards was measured for NABH-trained and nontrained hospital blocks. NABH-trained blocks in both areas showed better compliance adhering to standards as compared to nontrained blocks for all seven key areas. **Conclusion:** The study findings indicate that NABH-recommended training showed positive impact on patient care standards as per the NQAS guidelines. The NABH-trained hospital block exhibited superior compliance with various domains including patient rights, inputs, support services, clinical services, infection control, and quality management.

Key words: Intensive care unit, national accreditation board for hospitals and health-care providers, national accreditation board for hospitals, national quality assurance standards

Introduction

The National Quality Assurance Standards (NQAS) have been developed keeping in the specific requirements for public health facilities as well global best practices. Standards are primarily meant for providers to assess their own quality for improvement through predefined standards and to bring up their facilities for certification. The NQAS are broadly arranged under 8 "areas of concern:" service provision, patient rights, inputs, support services, clinical care, infection control, quality management, and outcome. These standards are accredited by the International Society for Quality in Health Care (ISQua), a global organization that promotes quality

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Blue Sky Thinking: Physician Assistant Accreditation and the Potential Impact on the Programs, Faculty, and the Profession

Jennifer Snyder, PhD, PA-C; Trenton Honda, PhD, PA-C; Kevin Lohenry, PhD, PA-C; David Asprey, PhD, PA-C

Abstract Blue sky thinking references the opportunity to brainstorm about a topic without limits… to consider what things might be like if creative thoughts were unconstrained by current philosophies or other boundaries. This article is a call to our fellow educators to consider how blue sky thinking applied to physician assistant (PA) program accreditation might further advance programs, faculty, and the profession. To develop and maintain a PA program, institutions must voluntarily undergo evaluation by the Accreditation Review Commission on Education for the Physician Assistant. Compliance with accreditation encourages sound educational practices, promotes program self-study, stimulates innovation, maintains confidence with the public, and focuses on continuous quality improvement. In addition, accreditation "can hold institutions accountable for desired outcomes and professional standards." Indeed, while the PA profession has promulgated across the globe, the 50+ years of graduating PAs educated with the highest quality education assures that the United States remains a gold standard. As the 5th edition of the standards are implemented and planning for the 6th edition is underway, in the spirit of continuous quality improvement, we encourage stakeholders of the PA profession to contemplate ways in which accreditation might continue to purposefully advance a desired future state for the profession. In this article, we draw on examples from other health professions which might inform a discussion around the future of PA accreditation. Specifically, the topics of a unified profession title and degree, a specific title and position for program leadership, a modification to how PA programs receive medical direction, and efforts to advance scholarship are addressed.

> "Accreditation should represent the institutional embodiment of professionalism entrusted by society and reflect the aspirations of professionals."[1]

INTRODUCTION

Blue sky thinking references the opportunity to brainstorm about a topic without limits. To consider what things might be like if current philosophies or other boundaries were not allowed to prevent creative thoughts about how an entity might be different in an ideal situation. Presented within this article is a call to consider how blue sky thinking applied to physician assistant/associate (PA) program accreditation might affect PA programs, PA faculty, and the PA profession.

According to the US Bureau of Labor Statistics, employment of physician assistants/associates is projected to grow 28% from 2021 to 2031, much faster than the average for all occupations.[2] In addition, the maturation, rigor, and reputation of PA education programs in the United States has positioned us as a paragon exemplar that has been replicated across the globe. There are 306 entry-level PA programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA),[3] with an estimated 35 new programs to be added by 2026.[4] PA programs have outpaced the growth of other health profession programs, such as pharmacy,[5] physical therapy,[6] and undergraduate medical education.[7] Currently, the total number of PA programs exceeds other health care professions' education programs except graduate and undergraduate nursing.[8]

To develop and maintain a PA program, institutions voluntarily undergo evaluation by the ARC-PA. Compliance with accreditation encourages sound educational practices, promotes program self-study, stimulates innovation, maintains confidence with the public, and focuses on continuous quality improvement.[9] In addition, accreditation "can hold institutions accountable for desired outcomes and professional standards."[10] During an interview in a podcast produced by the PA Education Association, Dr. Sharon Luke, CEO of the ARC-PA, affirmed the notion that "when you can use the standards to help administrators and your institutions understand where you need to be versus where you may be, it can be powerful."[4] Indeed, some ARC-PA accreditation standards have proven to serve programs within institutions of higher learning and provide opportunities for faculty. However, the opportunity to further advance the profession and bring it into greater parity with other health professions will require strategic and purposeful advancements in the coming edition of the standards.

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RESEARCH ARTICLE

The effects of single education session on physiotherapy students' knowledge levels and thoughts on accreditation

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Abstract

Background: and Purpose: In the global landscape, quality assurance is paramount for educational institutions to adapt and thrive. The accreditation process involves evaluating an institution's quality according to standards established by experts and officially documenting its level of quality. This study aimed to assess the impact of a single educational session on physiotherapy and rehabilitation students' awareness and understanding of accreditation processes, recognizing their vital role in quality assurance.

Methods: A pretest-posttest design was employed with 211 students from a physiotherapy and rehabilitation department. Data were collected using a questionnaire assessing demographic information, knowledge about accreditation, and thoughts regarding accreditation. The educational session focused on accreditation criteria and processes, involving presentations and interactive discussions. McNemar's analysis was used to compare the response rates given by the students pre- and post-session.

Results: Analysis after the education session revealed a significant increase in students' knowledge of accreditation concepts ($p < 0.05$). Positive attitudes towards accreditation were reinforced, with students recognizing its importance in education quality. Despite pre-existing positive attitudes, the educational intervention enhanced students' understanding and engagement in accreditation processes with a significant increase in three of the eight questions on thoughts about accreditation ($p < 0.05$).

Discussion: This study underscores the efficacy of educational interventions in fostering student engagement and awareness of accreditation. Findings suggest the need for integrating accreditation education into curricula and advocating its significance through seminars and literature support, ultimately enhancing student participation in quality assurance processes.

KEYWORDS
accreditation, education, physical therapy specialty, students

BMC Nursing

RESEARCH Open Access

Nursing perception towards the impact of JCI accreditation on the quality of care in a university hospital in Palestine: a cross-sectional study

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Abstract

Background This study investigates nursing staff perceptions regarding the impact of Joint Commission International (JCI) accreditation on the quality of care within a university hospital in Palestine. The research specifically examines how the accreditation process influences nursing practices, patient results, and overall healthcare quality in a challenging environment marked by unique operational and external pressures.

Methods The study was conducted at An-Najah National University Hospital (NNUH), a university hospital in Palestine, using a cross-sectional survey design. The structured questionnaire employed in the study was based on the Donabedian model, which evaluates the process and outcome dimensions of healthcare quality influenced by JCI accreditation. The questionnaire consisted of 47 items, divided into ten main subsections. These subsections included participants' demographical information (6 items), quality measurement and analysis (4 items), leadership, commitment and support (4 items), use of data (4 items), strategic quality planning (4 items), human resources education and training (4 items), quality management (4 items), quality results (4 items), staff involvement (5 items), and benefits of accreditation (8 items). The questionnaire was rigorously designed to assess both the quality processes and quality results. The eight subscales evaluated various aspects, such as leadership commitment, strategic planning, and staff involvement. To ensure reliability, the internal consistency of the survey was confirmed with a high Cronbach's alpha score, demonstrating the tool's robustness and reliability in capturing the intended data.

Results The study of 180 nurses overwhelmingly supported the positive impact of JCI accreditation on hospital quality improvement processes. More than 90% of respondents acknowledged the role of accreditation in improving resource utilization, meeting population needs, and promoting professional standards and values among staff. Statistical analyses, including Pearson correlation and stepwise regression, highlighted strong positive associations between quality process variables and quality results. In particular, leadership commitment, strategic planning, and staff engagement were found to be significant predictors of improved quality results.

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Original Research Article

Hospital employees' perception of Joint Commission International Accreditation: effect of re-accreditation

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Abstract

Joint Commission International (JCI) accreditation is a recognized leader in healthcare accreditation worldwide. It aims to improve quality of care, patient safety, and organizational performance. Many hospitals do not apply for re-accreditation after JCI status expires. Understanding employees' perceptions of JCI accreditation would benefit hospital management. We aimed to examine whether re-accredited hospital employees perceived more significant benefits and were more likely to recommend JCI to other hospitals than ex-accredited employees. This is a prospective cross-sectional study with a comparison group design. Survey questionnaires, developed from a qualitative study, included perceptions of challenges, benefits, and overall rating of JCI accreditation. An electronic-based questionnaire was distributed to physicians, nurses, medical technicians, and administrative staff in five private Obstetrics and Gynecology hospitals in China, March–April 2023. Descriptive and linear regression analyses were performed. The statistically significant level is *P*-value <.05. Of 2326 employees, 1854 (79.7%) were included in the study after exclusions, 1195 were re-accredited, and 659 were ex-accredited. Perceptions of JCI accreditation were positive, as both groups reported a mean score >4.0 regarding the overall benefits. Adjusted for covariates, re-accredited employees were more willing to recommend JCI accreditation to other hospitals than ex-accredited employees. Re-accredited employees perceived greater benefits of JCI accreditation and were more willing to recommend it to other hospitals, suggesting that perceived benefits contribute to a desire to maintain and sustain JCI accreditation. Employee participation is vital for its effective implementation. Employees' perceived challenges and benefits may provide insights for healthcare leaders considering pursuing and reapplying for JCI accreditation.

Keywords: perception; Joint Commission International (JCI) accreditation; hospital employee; re-accreditation; China

Introduction

A healthcare accreditation program may serve as an external tool to assess and improve quality of care by evaluating the performance of a healthcare service organization against a set of standards. Accredited healthcare service organizations are renowned for high-quality care and patient safety [1]. Accredited hospitals enhance their efficiency and effectiveness regarding performance, achieving a competitive advantage over nonaccredited hospitals [2]. The Joint Commission formed Joint Commission International (JCI) to extend its standards for healthcare service organizations outside the USA. JCI published its first international quality standards for hospitals in 2000 to improve quality of care and patient safety. Over 1000 healthcare organizations are JCI-accredited in over 70 countries; approximately 72% are hospitals. Pursuing JCI accreditation is voluntary, not mandatory, in China. As of December 2022, with 46 Chinese JCI-accredited healthcare service organizations, China ranks fifth in countries with the highest number of JCI-accredited healthcare organizations and accounts for 5% of the total of 946 JCI-accredited organizations worldwide. Of those accredited healthcare service organizations, 87% (40/46) are private hospitals [3]. Our study is the first survey research to explore employees' perceptions regarding JCI accreditation in Chinese private hospitals.

Previous studies showed different attitudes among staff in different working units. Nurses had higher awareness of patient safety than physicians and medical technologists when all healthcare staff were trained to comply with the International Patient Safety Goals developed by JCI [4]. Nurses work closely with patients, and nurses' patient safety awareness should be strengthened and improved. Hospital accreditation programs helped train nurses to provide safe treatment. Nurses positively valued the impact of accreditation on quality improvement [5] and perceived better preparation for new quality improvement initiatives after accreditation [6]. Nurses thought JCI accreditation was a contributing factor

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RESEARCH

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Voices on academic accreditation: lived experiences of nurse educators, administrators, students, and alumni in nursing education

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Abstract

Background Academic accreditation is a pivotal process in nursing education, ensuring program quality, consistency, and graduate readiness for professional practice. Despite its significance, limited research explores the lived experiences and perspectives of stakeholders, including academic nurse educators, administrators, students, and alumni—engaged in accreditation.

Purpose This study aimed to explore the lived experiences, perceptions, and insights of nursing education stakeholders regarding the accreditation process, focusing on its impact on educational quality, program reputation, and professional preparation.

Methods A qualitative phenomenological approach was employed, using purposive sampling to recruit 54 participants from a Saudi nursing college, including academic nurse educators and administrators ($n=24$), students ($n=20$), and alumni ($n=10$). Data were collected through semi-structured interviews.Thematic analysis identified key themes and subthemes associated with participants' experiences of accreditation.

Findings Six main themes emerged: (1) knowledge and experience of accreditation; (2) importance and benefits of accreditation; (3) impact of accreditation; (4) preparation for professional practice; (5) challenges of accreditation; and (6) suggestions for improvement. Stakeholders across all groups recognized accreditation as essential for program quality and career readiness. Faculty and alumni emphasized the role of accreditation in enhancing program reputation and credibility, while students highlighted its influence on their learning experiences, though they expressed a desire for more engagement and transparency in the process. Faculty and administrators reported significant challenges, including administrative demands, time management, and resource allocation in maintaining accreditation standards.

Conclusion This study offers a comprehensive view of accreditation's multi-dimensional impact from multiple stakeholder perspectives and experiences, reinforcing accreditation's importance in promoting nursing education quality and alignment with healthcare standards. However, findings suggest a need for institutional support to

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Research Article

Understanding Implementation Barriers for Lean Magnet Accreditation in the United Arab Emirates: A Qualitative Approach

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Healthcare organizations aim to achieve excellence in their services while meeting the needs of their staff. A common strategy is to invest in international standards or accreditation models such as ISO, HCAC, or Magnet. This research seeks to examine the impact of the Magnet Model and Accreditation on healthcare organizations and their transformational journey toward nursing excellence and patient-centered care. The paper explains the Magnet Model's five key tenets—transformational leadership, structural empowerment, exemplary professional practice, fresh knowledge and innovations, and empirical results. The research examines the importance of Magnet status and highlights its significant benefits. Achieving Magnet status positively impacts nurse satisfaction, patient outcomes, and overall organizational success. However, there are a number of implementation challenges in the United Arab Emirates, and this study is to answer this research question "What are the challenges in implementing Magnet Accreditation in the United Arab Emirates on a wider scale?" As such, qualitative research began by conducting a literature review, complemented by input from fifteen (15) subject matter experts operating within the healthcare industry. By examining a wide range of published articles and existing literature, this review aims to provide a comprehensive understanding of patients' perspectives. The significance of this research lies in its ability to consolidate and analyze existing knowledge in the field. By synthesizing the available literature, it offers valuable insights into the pros and cons of Magnet Accreditation in general and in the UAE market in particular. The findings of this review suggest 5 key challenges for an effective Magnet Model implementation: (1) misalignment with local regulatory environments, (2) minimal improvement to nurses' working conditions, (3) claims of no real change to nurses or patients, (4) significant financial investment yet questionable ROI, and (5) numerous workforce considerations.

Keywords: accreditation; Magnet; nursing; quality

1. Introduction

The pursuit of exceptional patient care has a rich history within the medical field, evolving continuously. In response, the American Nurses Credentialing Center (ANCC) introduced the Magnet Model, a set of standards emphasizing quality and patient-centered care. This model emerged from the recognition of the pressing need for a robust evaluation framework to distinguish exemplary nursing practices from average ones. Acknowledging nurses' pivotal role in delivering high-quality care and the imperative to foster an environment conducive to nursing excellence, healthcare administrators initiated the Magnet Recognition Program in the 1980s. Since its inception, this program has become synonymous with excellence in healthcare [1].

The achievement of Magnet designation represents a profound shift that influences every aspect of a healthcare institution, extending beyond a mere coveted award [2]. Advocates assert that the Magnet Model prepares organizations for substantial cultural changes by thoroughly scrutinizing nursing practices, leadership dynamics, and outcomes [3]. Furthermore, it is argued that Magnet Accreditation enhances the standing of the nursing profession,

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Nursing leaders' humble leadership and nursing team performance: quality and accreditation project success in nursing schools – a qualitative study

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ABSTRACT

Objective This study explored how humble leadership among nursing faculty influences team performance and the success of quality improvement and accreditation projects in Jordanian private universities, where such leadership approaches remain understudied despite growing accreditation demands.

Methods and analysis A qualitative study was conducted using face-to-face semistructured interviews with 20 nursing faculty members from two private universities in Jordan (April–July 2023), selected via convenience snowball sampling. Thematic analysis followed A framework to examine participants' perspectives on (1) manifestations of humble leadership, (2) its impact on team dynamics and (3) project outcomes. Data collection continued until thematic saturation was achieved, with member checking used to validate interpretations.

Results The analysis revealed three key findings. First, humility manifested at both leadership and team levels through shared learning and mutual growth. Second, humble leadership strengthened team performance by fostering open communication and psychological safety. Finally, accreditation success was facilitated by leaders who exemplified humility through inclusive delegation and recognition of contributions, proving particularly impactful in resource-limited academic environments.

Conclusion The findings suggest humble leadership may serve as a valuable approach for nursing faculties navigating accreditation challenges, particularly in private university settings. While demonstrating potential benefits for team cohesion and project outcomes, the study highlights the need for intentional leadership development programmes that cultivate these competencies among nursing educators. Future research should explore how these findings translate to clinical nursing leadership contexts.

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ The use of face-to-face semistructured interviews allowed for rich, contextual data collection directly from nursing faculty leaders.
⇒ Thematic analysis following Braun and Clarke's framework ensured a rigorous and systematic approach to data interpretation.
⇒ Findings are limited to two private universities in Jordan, which may affect the generalisability to other academic or geographical contexts.
⇒ The purposive sample size (N=20) was relatively small; future studies should consider larger, more diverse samples and mixed-methods designs.

INTRODUCTION

Although humble or modest leadership is a relatively new concept,[1 2] it has emerged as an essential characteristic of effective leaders[3] and a key driver of successful organisational initiatives.[4] Humble leadership is defined as a leadership style characterised by a willingness to acknowledge personal limitations, appreciate others' strengths, seek feedback and prioritise the development of team members over self-promotion.[2 3 5] Humble leaders foster adaptability and resilience in their teams, which in turn enhances project performance[4 6] and successful completion of organisational goals.[7]

Humble leadership behaviours include openly recognising a lack of knowledge or experience, taking accountability for mistakes[3 5] and actively highlighting the contributions of others within the team.[8 9] Such leaders also value constructive feedback and emphasise collective growth, which cultivates an empowering work environment.[2 10]

In the context of nursing, where teamwork, continuous learning and interprofessional collaboration are essential, humble leadership is particularly relevant. Nursing leaders who demonstrate humility can promote engagement, psychological safety and professional development among staff, thereby improving care quality and organisational outcomes.

Research suggests that team performance in healthcare settings requires clear communication, supportive supervision and continuous feedback. These elements help ensure that individual skills function cohesively within a team across diverse and often

PLOS ONE

RESEARCH ARTICLE

Healthcare professionals' perceptions about implementing accreditation as a strategy to improve healthcare quality and organisational performance: a cross-sectional survey study

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Abstract

Objective

This study aims to investigate the healthcare professionals' perceptions about the impact of accreditation as a strategy to improve the quality of healthcare services and organisational performance in public hospitals in Jordan.

Design

A cross-sectional survey.

Setting

Four accredited public hospitals located in three different geographical regions in Jordan.

Participants

A total of 500 healthcare professionals, including both clinical and non-clinical staff, who worked at the selected hospitals. The data analysis included valid responses from 74.4% of the participants.

Methods

A web-based questionnaire was applied. To investigate the relationship between the quality results scale (dependent variable) and the other survey scales (independent variables), multiple regression analysis was performed.

Results

The study showed that the impact of accreditation on the quality of healthcare services was almost high across all scales; the Quality Results and Accreditation Impact scales received the highest mean scores, suggesting that healthcare professionals have a

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Open Access Review Article

An Overview of Central Board for the Accreditation of Healthcare Institutions in Saudi Arabia: A Narrative Review

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Abstract

This study aimed to synthesise current Saudi-based literature on (i) factors that enable or hinder compliance with Central Board for Accreditation of Healthcare Institutions (CBAHI) requirements and (ii) the recognised impact of accreditation on patient safety and infection control. A narrative review was undertaken. Nineteen empirical studies published between January 2015 and May 2025 were retrieved. Study characteristics, methodological designs, and principal outcomes were extracted, and findings were thematically grouped into enablers, infection control outcomes, patient safety effects, pre-/post-quality comparisons, and barriers to compliance. Most investigations were hospital-based cross-sectional surveys or audits conducted in Riyadh, Makkah/Jeddah, and Dammam; four involved primary healthcare centres and two examined mixed hospital networks. Successful implementation of CBAHI was consistently linked to strong executive leadership, continuous staff training, robust quality management systems, and adequate resource allocation. Infection control standards (especially committee functionality and isolation protocols) and hand-hygiene adherence presented marked improvements after accreditation, with private and larger hospitals outperforming public and smaller facilities. Five of six patient safety studies reported significant gains in incident reporting culture, medication error reduction, or healthcare-associated infection rates, yet changes in hard clinical outcomes and occupational safety climate were less consistent. Key barriers to sustained compliance included weak IT infrastructure, shortages of personal protective equipment (PPE), time pressure, high staff turnover, inadequate management support, and an underdeveloped national health information system. CBAHI accreditation is associated with measurable advances in infection control and selected patient safety indicators across Saudi healthcare settings, but its full potential is inhibited by organisational and systemic bottlenecks. Embedding accreditation within everyday practice, investing in digital infrastructure and workforce development, and strengthening leadership accountability are important to transforming CBAHI from an episodic certification exercise into a continuous driver of healthcare excellence.

Categories: Therapeutics, Health Policy, Healthcare Technology
Keywords: cbahi, compliance barriers, healthcare accreditation, infection control, patient safety, quality of care, saudi arabia

Introduction And Background

Compliance with healthcare accreditation standards is essential for institutions seeking to ensure patient safety and deliver high-quality care [1]. Accreditation serves as a cornerstone for continuous improvement and institutional accountability [2]. Nonetheless, many healthcare facilities struggle with full compliance due to multifaceted challenges, including systemic, organisational, and human factors [3].

The Central Board for Accreditation of Healthcare Institutions (CBAHI) is mandatory in Saudi Arabia. National policy requires all public and private healthcare delivery facilities to comply with CBAI's standards and obtain accreditation through its survey process; the Essential Safety Requirements (ESR) represent the minimum, mandatory patient safety standards. Established in 2005, CBAHI's mission is to define, promote, and enforce evidence-based quality standards throughout the Kingdom's healthcare system [4]. For hospitals, CBAHI accreditation has been explicitly linked to operating license renewal, and mandatory accreditation has been extended program by program to other facility types [5]. The framework evaluates healthcare facilities against predefined criteria grouped into three primary domains: structural, procedural and outcome-based standards [6,7]. Beyond accreditation, CBAHI provides professional education, training, consultation services, and comprehensive feedback to guide continuous quality improvement [8].

CBHAI's strategic goals extend beyond domestic reform, aiming for international recognition, development of tailored healthcare programs, and the training of qualified accreditation surveyors [9,10]. Currently, CBAHI oversees seven national programs, including those for hospitals, primary healthcare centres, dental clinics, clinical laboratories and blood banks, ambulatory care, home healthcare, and acute coronary syndrome services [9]. As of 2018, over 75% of hospitals had successfully met CBAHI's ESR, marking a substantial increase in nationwide participation and commitment to quality standards [10,11].

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Did the students' satisfaction rates at Avalon University School of Medicine correlate with the occurrence of accreditation site visits?

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ABSTRACT

Introduction: Accreditation of medical education programs can be observed from different perspectives. Regulatory/accreditation agencies consider it vital to assure a certain level of quality. Other stakeholders may perceive the accreditation process as a negative experience, draining resources, and efforts. Although accreditation may improve the program's governance and administration, its direct or indirect impact on students must be further investigated. This study explores the relationship between the occurrence of accreditation site visits and student satisfaction rates at Avalon University School of Medicine.

Methods: A comparison study was conducted with retrospective satisfaction data from two accreditation cycles at AUSOM. We used the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) student surveys for data collection, and data from 2017, 2019, and 2022 were used. The response rate was 70% ($n = 71$), 72% ($n = 47$), and 60% ($n = 56$) for basic science students and 80% ($n = 111$), 82% ($n = 115$), and 70% ($n = 76$) for clinical students in 2017, 2019, and 2022, respectively. The survey for basic sciences students included 37 questions/items, and the survey for clinical students included 39 questions/items. The responses for the questionnaire were on the five-point Likert scale. The retrospective data were evaluated using the unpaired Wilcoxon-rank sum test.

Results: The ratings for the basic science students' survey increased from 2017 to 2019 (first accreditation cycle) only for 11 items/questions and they were increased from 2019 to 2022 for all items/questions. The ratings for clinical science students' surveys increased from 2017 to 2019 (the first accreditation cycle) for all items/questions with a statistically significant *p*-value. They increased for 28 questions/items from 2019 to 2022, and two items (availability and adequacy of career counseling) showed statistically significant p-values.

Conclusions: The pre-accreditation preparation and the self-evaluation process while correcting the program's deficiencies are essential triggers for the quality improvement process associated with accreditation.

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KEYWORDS
Curriculum; education environment; management; best evidence medical education; management; change; management; institutional accreditation; management; international medical education

Introduction

Accreditation is an external review typically mandated by the government or regulatory bodies (Di Nauta et al. 2021). The role of accreditation in educational program development is perceived from different viewpoints. The regulatory/accreditation agencies consider it an essential tool to meet the predefined standards and aim to establish a higher education program's legitimacy, status, or appropriateness. Other stakeholders may regard the accreditation process as a source of draining resources and efforts, leading to an unfavorable balance for its cost-effectiveness (Simpson et al. 1998; Blouin et al. 2018). Accreditation has been reported to improve several educational processes, including documentation, monitoring, and quality improvement processes (Blouin et al. 2018; Arja et al. 2021). The indirect themes identified that could be impacted by accreditation are stakeholder satisfaction, stakeholder expectations, student and graduate performance, and engagement (Blouin 2020).

The literature suggests an association between the accreditation of medical schools and the performance of international medical graduates (IMGs) seeking Educational Commission for Foreign Medical Graduates (ECFMG) certification (Tackett et al. 2021). Van Zanten (2015) found graduation from accredited medical schools (compared to nonaccredited schools) was associated with higher first-attempt pass rates on the United States Medical Licensing Examinations (USMLEs) for international medical graduates, especially in the case of Caribbean medical schools. Students' performance on the licensing examinations was the highest during and immediately after an accreditation site visit, dropping considerably until the midpoint in the accreditation cycle before increasing again (Roy et al.

Practice points

- Pre-accreditation preparation triggers quality improvement, which is tied to accreditation.
- The effectiveness of accreditation as an instrument of quality improvement (QI) requires consideration of student surveys and their concerns.

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STUDY DESIGN ARTICLE

Evaluating an internal quality assurance process for achieving national accreditation standards in midwifery education: a study protocol

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ABSTRACT

The World Health Organization and the International Confederation of Midwives emphasize the importance of accreditation to enhance quality in midwifery education. In midwifery education programmes, internal self-assessments are used to meet accreditation criteria. However, research on this topic is scarce. Therefore, this paper describes how we plan to conduct an evaluation of an internal quality assurance process in midwifery education aimed at achieving national accreditation standards in Bangladesh. This study has a longitudinal exploratory design and will be guided by the principles of process evaluation of complex interventions. An internal quality assurance self-assessment intervention will be introduced at 31 private and public education institutions in Bangladesh. To ensure a sustainable implementation, the Plan-Do-Study-Act cycle will be introduced. Data will be collected using self-administered questionnaires and focus group discussions with midwifery faculty and final-semester students. Descriptive statistics and regression models will be performed for the quantitative data, and the qualitative data will be analysed using content analysis. It is anticipated that, without internal quality assurance of midwifery education programmes, accreditation alone is unlikely to enhance quality. We aspire for this research project to illustrate a process that the midwifery institutes can implement themselves for sustainable transformation towards high-quality midwifery education in countries where such internal quality assurance processes have not yet been integrated into the education system.

Trial registration: The study was registered retrospectively with the ISRCTN registry on 26 August 2024. The registration number is: ISRCTN14492910.

PAPER CONTEXT

Main findings: We aspire for this research project to illustrate a process for sustainable transformation towards high-quality midwifery education.
Added knowledge: The use of implementation science is a new approach in midwifery education that explores the implementation of a quality assurance process and its mechanism of impact and outcomes.
Global health impact for policy and action: Our research findings can serve as a model to inform policy-makers advancing towards quality midwifery education.

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Accreditation; implementation science; internal quality assurance; midwifery education; process evaluation

Background

In midwifery education programmes in several high-income countries, recurrent self-assessments are conducted to ensure a learning environment in which the content of programmes, learning opportunities, and facilities effectively meet education goals [1]. These self-assessments offer valuable feedback and suggestions for enhancing quality in education programmes in preparation for the establishment of formal accreditation [1–3]. Both the World Health Organization and the International Confederation of Midwives emphasize the critical role of accreditation in improving the quality of midwifery education [4–6]. Despite this emphasis, there is a notable gap in research on the effectiveness of self-assessments for continuous quality improvement in midwifery education, particularly before and after formal accreditation. This highlights the need to scientifically evaluate internal quality assurance self-assessments for achieving national accreditation standards in midwifery education programmes. In our study, Bangladesh is used as an example.

The International Confederation of Midwives has established education standards to strengthen midwifery globally by promoting quality education programmes

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ORIGINAL PAPER

Does access to quality accreditation improve health? - Patient-level evidence from German cancer care

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Abstract

Despite medical advancements, the burden of cancer is increasing. Germany introduced the accreditation of local provider networks as organ cancer centers to enhance care quality. Treatment in these centers is associated with higher survival rates, prompting policymakers to advocate for further centralization. While an impact beyond treatment outcomes has been suggested, accreditation's broader effects on population health and potential spillovers across regions remain unclear. This retrospective cohort study evaluates the impact of local access to accredited cancer care on survival for eight cancer types. Using data from the German cancer registry (1999-2018), covering 5.3 million cases, and accreditation records, we identified 861,508 patients with local access to accredited care. Using nearest neighbor matching, incorporating individual and regional factors (e.g., accreditation in neighboring districts), these patients were matched with those who lacked accredited care in their vicinity. Cox proportional hazard models and G-Computation estimated hazard ratios (HR) and intention-to-treat effects for one-, three-, and five-year survival. Access to accredited centers significantly reduces mortality risk for breast, colon, and prostate cancer (HR: 0.87–0.96) and increases five-year survival probabilities for five cancer types (1.8–7.3 percentage points), with effects varying by disease severity. Access in neighboring districts improves survival rates for several cancer types, showing positive spillover effects beyond patients' home districts. These findings emphasize the role of accreditation in improving cancer care and suggest expanding such programs could enhance outcomes without imposing travel burdens on patients.

Introduction

Accreditation in healthcare is a critical mechanism for ensuring that specialized healthcare providers adhere to established standards, thereby enhancing transparency and the overall quality of care [1]. In the context of oncological care, accreditation programs have been progressively implemented to address the specific challenges posed by cancer care [2, 3]. Since 2003, the German Cancer Society (GCS; German: Deutsche Krebsgesellschaft) has introduced accreditation for organ cancer centers (OCC) to define therapy guidelines, infrastructure, and documentation requirements. These programs aim to ensure the best evidence-based care and integrate services into multidisciplinary networks of inpatient and outpatient providers [3]. The accreditation programs are available to hospitals regardless of ownership type (private for-profit, private not-for-profit, or public).

Cancer incidence has doubled since 1970, positioning cancer as the second leading cause of mortality in Germany [4]. According to the World Health Organization, various forms of cancer (lung, colon and rectum) were among the top ten causes of death in high-income countries [5]. The increasing burden on the healthcare system and society caused by cancer has prompted policymakers to prioritize the accreditation of cancer centers to improve oncological care structures [6]. With the Hospital Transparency

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Accreditation and Health Policy and Their Impacts on Quality

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KEYWORDS

• Accreditation • Health policy • Quality • Health care regulations

KEY POINTS

- Health care accreditation is a key mechanism to govern health care quality.
- The Centers for Medicare and Medicaid Services is the largest payor and exerts regulatory oversight through financial means.
- The regulatory burden facing hospitals is significant.

INTRODUCTION

Health policy and accreditation are 2 means to promote quality and equity in the US health care system. Health care accreditation promotes patient safety through transparent and rigorous standards, assures quality by benchmarking through quality measurement, and builds public trust and confidence in the health care system, its physicians, and other providers. Ensuring quality is a salient component of high-performing health systems.[1]

HISTORY OF HEALTH POLICY AND ACCREDITATION IN THE UNITED STATES

Hospital accreditation in the United States can trace its roots to early care standardization efforts by the American College of Surgeons (ACS) in 1917.[2] There were 5 main standards, including medical staff requirements, ensuring employment of well-qualified and licensed providers, a performance review process, maintenance of medical records, and development of other services (eg, clinical laboratories, radiology).[3] Many of these initial standards remain part of current accreditation

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Does Hospital Accreditation or Certification Impact Patient Outcomes? Findings From a Scoping Review for Healthcare Industry Leaders

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OBJECTIVE: This scoping review describes findings from published literature, evaluates the association between hospital accreditation or certification and patient outcomes, and identifies gaps.
BACKGROUND: Healthcare accreditation and certification organizations set standards and evaluate whether the standards are met. Despite the extensive efforts of both parties to improve healthcare delivery, poor patient health outcomes still exist in the United States.
METHODS: A comprehensive search of published peer-reviewed literature in English, utilizing the databases OVID MEDLINE, EMBASE, and CINAHL, addressing hospital accreditation or certification and patient outcomes, was conducted.
RESULTS: There was inconclusive evidence to support a relationship between hospital accreditation and outcomes in US hospitals, except for bariatric accreditation and stroke specialty certification studies for mortality and length of stay. The heterogeneous reporting of measures made it difficult to draw meaningful conclusions.
CONCLUSION: Understanding the extent to which accreditation is associated with patient outcomes is required. Future research is needed to establish scientific connections between hospital accreditations or certifications and patient outcomes.

Accreditation is a frequent process in healthcare in the United States, with organizations spending thousands of dollars ensuring they are fully accredited to meet standards linked to reimbursement by government agencies or insurance companies. Does it result in better patient outcomes? In 1999, the Institute of Medicine,[1] now

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The authors declare no conflicts of interest.

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ACCREDITATION

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American Nurses Credentialing Center Accreditation: Professional Development and Practice Summit™—Leading Learning

abstract

In 2024, the American Nurses Credentialing Center (ANCC) Accreditation programs, Nursing Continuing Professional Development Accreditation™, Joint Accreditation™, Practice Transition Accreditation Program®, and Advanced Practice Provider Fellowship Accreditation®, announced the convergence of its annual events into a single integrated experience. This inaugural event, the ANCC Professional Development and Practice Summit™ (PDP Summit™), will be held in spring 2026. By unifying the ANCC Accreditation programs under one flagship, the goal is to support and align shared communities of practice and stakeholders. This column examines the ANCC Accreditation programs, the purpose of the PDP Summit, and the expected impact on stakeholders who attend.

Since the 1970s, the American Nurses Credentialing Center (ANCC) has recognized excellence through its peer-reviewed, voluntary credentialing programs, with a focus on developing the health care workforce (Graebe & Cosme, 2022). These programs use the Donabedian triad (structure, process, and outcome) to help organizations and programs develop robust infrastructures for professional development. Accredited organizations and programs are expected to demonstrate quality through accreditation standards that align with a commitment to excellence.

NURSING CONTINUING PROFESSIONAL DEVELOPMENT ACCREDITATION™

The Nursing Continuing Professional Development (NCPD) Accreditation and Joint Accreditation programs represent the largest community of practice within the ANCC credentialing center. The NCPD Accreditation program supports more than 680 accredited organizations globally (ANCC, 2025b). It is the global standard setter in NCPD Accreditation, and its standards focus on creating and sustaining high-quality professional development, grounded in competency and outcome-based approaches. By cultivating a global network of organizations committed to excellence in NCPD, the NCPD Accreditation program exemplifies how professional development can directly advance the professional practice of nurses, workforce readiness, and patient care. The NCPD Accreditation program is also used as a workforce solution to address professional practice gaps through alternative credentials and academic advancement, recognizing previous learning. At the ANCC Professional Development and Practice Summit™ (PDP Summit™), NCPD-accredited organizations will showcase how NCPD and innovations in learning and development drive measurable outcomes across diverse health care settings.

JOINT ACCREDITATION™

Joint Accreditation™, established by the Accreditation Council for Continuing Medical Education, the Accreditation Council for Pharmacy Education, and the ANCC NCPD Accreditation program, serves as the only interprofessional accreditation model globally. Now in its fifteenth year, more than 195 organizations have adopted Joint Accreditation to enhance how interprofessional teams learn from, with, and about each other in the delivery of health care (Joint Accreditation, 2025). Joint Accreditation fosters collaboration across professions and supports health care transformation through interprofessional continuing education and active, shared learning environments. At the PDP Summit, Joint Accredited providers will highlight how interprofessional continuing education enhances teamwork and collaboration as well as the quality and safety of patient care.

PRACTICE TRANSITION ACCREDITATION PROGRAM®

The ANCC Practice Transition Accreditation Program® (PTAP) is an evidence-based framework for organizations that conduct nurse residency

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American Nurses Credentialing Center Practice Transition Accreditation Program®: 2024 Annual Report Data Analysis

abstract

American Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program® (PTAP) is the global leader in recognizing nursing excellence in nurse residency and fellowship programs. During the last 10 years, ANCC PTAP has demonstrated a commitment to showcasing its impact on health care organizations. The column will highlight the ANCC PTAP 2024 annual report aggregate data of 255 accredited programs. **[*J Contin Educ Nurs.* 2025;56(3):89-92.]**

The tenth anniversary of American Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program® (PTAP) was celebrated in 2024. Since this program's inception, nearly 1,000 health care organizations have sought and earned accreditation for their nurse residency, nurse fellowship, and advanced practice provider fellowship programs (ANCC, n.d.). The evidence-based framework for ANCC PTAP focuses on the five domains essential for all transition-to-practice programs: program leadership, organizational enculturation, program goals and outcome measures, development and design, and practice-based learning (ANCC, 2023). Standards that make up each domain help organizations facilitate the development and creation of structures and processes according to the Donabedian model. While piloting three programs in 2014, the Children's Hospital Los Angeles Nurse Residency Program, Emory Critical Care Advanced Practice Provider Fellowship, and Baptist Health South Florida Nurse Residency Program, ANCC set out to test its new framework and standards to validate its relevance. After 10 years, the domains and standards continue to be applied globally from programs in the United States, Saudia Arabia, Jordan, Belgium, Canada, and the United Arab Emirates, successfully earning accreditation, thus proving the program's global reach and impact (ANCC, n.d.).

Throughout ANCC PTAP's 10-year history, the program team has collected and analyzed aggregate data of all ANCC PTAP-accredited programs annually. Two qualitative data analyses have been published with ANCC PTAP data demonstrating the impact of accreditation on the transition-to-practice programs (Church et al., 2019; White et al., 2021). Programs have reported that accreditation influences eight key categories: recognition, recruitment, resources, funding, organizational improvements, Magnet® designation factor, collaboration, and professional dissemination (White et al., 2021). Since 2021, ANCC PTAP has nearly doubled the number of accredited programs. This column will highlight some ANCC PTAP aggregate data for the 2024 ANCC PTAP annual report.

2024 ANNUAL REPORT DEMOGRAPHICS OF ACCREDITED PROGRAMS

During the annual reporting period, October 2023-September 2024, data were analyzed for 255 accredited programs from 894 sites. Most accredited programs were nurse residency programs (for nurses with < 12 months of experience), 238, and the remaining were nurse fellowship programs (for experienced nurses transitioning between practice settings). Close to 50,000 nurses participated in an accredited program, demonstrating an 18% growth in the total number of nurses participating from 2022 (ANCC, 2025). Ninety-six percent of the programs were based in the United States, with the most significant number of accredited programs coming from the states of California, Texas, and New York. Most programs focused on inpatient settings in urban and suburban geographic regions. Programs were primarily in academic (40%) or community (48%) health care insti-

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Research Full Report

PHAB

Examining the Association Between Public Health Accreditation and COVID-19 Outcomes

Mary V. Davis, DrPH, MSPH; Nikki Rider, ScD, MPP; Ammar A. Rashied, MS; Shankar Bhat, MPH; Britt Lang, MA, MPH

ABSTRACT

Objective: To examine the association between local health department (LHD) accreditation and COVID-19 community outcomes, including rates of adult vaccination, hospitalization, and death.

Design: We examined county level rates of adult vaccination, hospitalization, and death by LHD accreditation status over the course of the COVID pandemic. Additional independent variables included time period, COVID-19 Community Vulnerability Index (CCVI), state public health governance structure, and state policy environment. We used hierarchal linear mixed modeling with random intercept for county level data to account for repeated observations and fixed effects for all other variables.

Setting: This study examined all communities in the United States of America.

Participants: LHDs and the communities they serve.

Main Outcome Measures: Rates of adult vaccination, hospitalization, and death due to COVID-19.

Results: Among accredited LHDs, the adult population was more likely to be fully vaccinated when compared to unaccredited LHDs ($P < .01$). Additional variables in the model, which were also significant, included time period, CCVI, state policy environment, and state public health governance structure. There were no significant differences in the hospitalization rates in jurisdictions with an accredited LHD compared to jurisdictions where the LHD is not accredited. Death rates in jurisdictions with an accredited LHD were statistically significantly lower than death rates in jurisdictions where the health department was not accredited ($P < .001$). This relationship was significant with other key variables in the model, including time, CCVI, state policy environment, and state public health governance structure.

Conclusions: This study demonstrates that there is an association between LHD accreditation and community health outcomes. Furthermore, we found that other factors, such as social determinants of health, state policy environment, and state public health governance structure impact community health outcomes.

KEY WORDS: accreditation, community health, COVID-19, public health

More than 100 million cases of COVID-19 with nearly 1.2 million deaths were reported in the United States through May of 2023.[1] Vulnerable populations including the elderly and communities with systemic challenges that affect the social determinants of health, such as environments that lack food availability, education and employment opportunities, access to health care, public safety and safe affordable housing, have been more likely to experience adverse effects from the virus, including higher rates of hospitalizations and deaths.[1,2] This follows the general trend that those with the fewest economic resources have 67% excess mortality compared to those with the greatest economic resources.[3]

Following multiple threats to health and safety in the fall of 2001 and recognizing the critical role that public health systems play in community preparation and response to health threats and emergencies, the Federal government has invested in tools to support state and

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THE CLINICAL TEACHER

RESEARCH ARTICLE OPEN ACCESS

Impacts of the Accreditation Process for Undergraduate Medical Schools: A Scoping Review

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Keywords: accreditation | evaluation | undergraduate medical education

ABSTRACT

Objective: The objective of this study is to identify, synthesize and communicate research findings; identify research gaps; and formulate recommendations for future research regarding the impact of the accreditation process on undergraduate medical schools around the world.

Method: This scoping review followed the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses–extension for scoping reviews (PRISMA-ScR). The electronic search was performed up to March 2024 to identify studies that investigated the impact of the accreditation process on undergraduate medical schools. Two independent reviewers performed the selection process and extracted data from the included studies to perform a qualitative analysis.

Results: The search identified 5148 references. After the selection process, 31 studies from 14 countries were included for data extraction. Studies highlighted five main themes: curricular and governance changes, continuous quality improvement, students' performance, school recognition and student satisfaction, and accreditation data sharing proposal. Three studies presented negative points related to accreditation process.

Conclusion: The accreditation process induced both positive impacts and negative burdens for undergraduate medical schools. Continuous quality improvement is a common element identified by studies to help stakeholders ensure that accreditation improves the quality of medical education and, consequently, the health care provided. Experiences with accreditation should be shared and reported to improve the quality of medical education worldwide. Future studies must be carried out with a clear description of the domains and criteria considered during the accreditation process as well as the outcome measures used.

1 | Introduction

The quality of medical education is on the agenda of education and health authorities worldwide, and challenges with maintaining high-quality education have become even more evident with the increasing number of medical schools in recent years. The World Directory of Medical Schools, an international database developed by the Foundation for the Advancement of International Medical Education and Research (FAIMER) and the World Federation for Medical Education (WFME), listed 3602 medical schools around the world through 1 June 2016 (https://www.wdoms.org/).

Considering this scenario, it is necessary to establish minimum standards that must be incorporated into all medical school curricula, focusing on ensuring the highest possible quality of professional training [1] and, consequently, of the health care provided [2, 3].

Evaluating Initial Site Visit Pass Rate Across American College of Surgeons Accreditation Programs

Brett A Johnson, MD, MS, MS, Geoffrey G Hobika, MD, Erica J McNamara, MPH, MM, Clifford Y Ko, MD, MS, MSHS, FACS

BACKGROUND: The American College of Surgeons (ACS) accreditation programs establish evidence-based, consensus-driven standards to improve surgical quality. Although the criteria are publicly available for self-assessment, limited data exist on initial pass rates and the effectiveness of remediation after a failed site visit. This study evaluated outcomes of initial ACS accreditation visits to determine whether accreditation primarily validates hospitals already meeting standards or serves as a driver for systemic quality improvement.

STUDY DESIGN: This retrospective cohort study used the ACS quality database to identify hospitals undergoing first-time comprehensive accreditation visits from 2017 to 2023 across 7 ACS quality programs. The primary outcome was the initial accreditation pass rate; secondary outcomes included re-evaluation, domain-level, and standard-level pass rates. Multivariable logistic regression identified factors associated with first-attempt success. Subgroup analysis evaluated the effect of earlier system-level accreditation experience in multihospital systems.

RESULTS: Of 833 initial site visits, 61% of hospitals achieved accreditation on their first attempt. Pass rates varied substantially by program, ranging from 31% to 86%. Among hospitals that failed initially, 94% of hospitals that pursued re-evaluation achieved accreditation. The most common areas of deficiency involved the quality domains "personnel and services resources" and "patient care: expectations and protocols." In a subgroup analysis, hospitals in systems with earlier accreditation experience had higher first-attempt pass rates (odds ratio 1.69, 95% CI 1.09 to 2.65, p = 0.021).

CONCLUSIONS: Findings demonstrate that many hospitals pursuing accreditation initially face challenges in meeting core patient safety and quality standards. However, through remediation, most ultimately achieve accreditation, underscoring accreditation's role as a driver for systemic improvement. (J Am Coll Surg 2025;241:594–600. © 2025 by the American College of Surgeons. Published by Wolters Kluwer Health, Inc. All rights reserved.)

The American College of Surgeons (ACS) has established several standards-based accreditation programs to enhance care quality through adherence to evidence-based, consensus-driven standards.[1-3] Accreditation requires hospitals to undergo an external peer-reviewed site visit to verify successful implementation of these standards. Evidence demonstrates that implementing ACS standards improves patient care and outcomes.[4-8] As such, these standards provide a framework for high-quality care that all hospitals, irrespective of accreditation status, should strive to meet.[9]

To promote continuous quality improvement (QI), the ACS publicly shares accreditation criteria,[10] enabling

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AMERICAN ORTHOPAEDIC ASSOCIATION

AOA Critical Issues in Education

The Real Match Rate? US DO Students Match Into Orthopaedic Surgery at Significantly Lower Rates than US MD Students Despite Single Accreditation

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Investigation performed at Naval Medical Center Portsmouth, Portsmouth, Virginia

Background: Orthopaedic surgery remains one of the most competitive residency matches for both senior allopathic (MD) and senior osteopathic (DO) medical students. Despite the completion of a transition to single accreditation of residency programs accredited by the American Osteopathic Association and the Accreditation Council for Graduate Medical Education in 2020, little is known about the subsequent impact of this new environment for DO and MD orthopaedic applicants. The purpose of this study was to evaluate the differences between MD and DO match rates using both Electronic Residency Application Service (ERAS) and National Residency Matching Program (NRMP) data.

Methods: ERAS applicant data from 2020 to 2023 specific to orthopaedic surgery were obtained from the Association of American Medical Colleges. NRMP data were queried for the same years. Both NRMP (unadjusted) and ERAS (adjusted) match rates were calculated and compared for each year and cumulatively. In addition, the proportion of ERAS applicants that failed to rank orthopaedic surgery in the NRMP was calculated and compared between senior MD and senior DO applicant groups.

continued

The study protocol was approved by the Naval Medical Center Portsmouth Institutional Review Board in compliance with all applicable Federal regulations governing the protection of human subjects.

The views expressed in this article reflect the results of research conducted by the authors and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, or the United States Government.

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PLOS One

STUDY PROTOCOL

Defining the elements of a self and peer assessment system for academic institutions of public health in Africa as a precursor to accreditation: A study protocol

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Abstract

Background

Current challenges facing the overburdened health systems in Africa, warrant a review of the public health training and development of the health workforce for the attainment of the envisioned global goal of universal health coverage (UHC) and the United Nations Sustainable Development Goals (SDG). The integral components informing the relevance of public health education in the context of UHC comprise the academic workforce, curricula and the capacity of the academic institutions of public health. This study aims to assess the quality improvement strategies of academic institutions of public health with respect to the curriculum and the academic faculty staff within the WHO African region, in order to develop an institutional self- and peer-assessment tool to ensure the quality of public health education.

Methods

This study will be a three-phase, multicentre sequential mixed-methods design within the WHO African region, targeting 52 ASPHA (Association of Schools of Public Health in Africa)-affiliated institutions. Phase 1 will comprise a cross-sectional survey to determine the current programme assessment standards. Phase 2 will employ a modified Delphi method to reach consensus on these standards that will comprise a newly developed assessment tool. Phase 3 will pilot the tool through institutional self-assessment. MPH coordinators and department heads will participate. Convenience sampling and electronic questionnaires will be used. Quantitative data will be analysed using STATA 18, and ATLAS.ti for qualitative data.

INNOVATIONS JOURNALS

Research Article

Effect of Accreditation on Patient Safety Culture: Insights from a Brazilian Multicenter Cross-Sectional Study

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ABSTRACT

Introduction: As healthcare organizations strive to improve the quality and safety of their services, there is growing recognition of the importance of fostering a patient safety culture to enhance patient safety and improve patient care outcomes. This study aims to evaluate healthcare professionals' perceptions of patient safety culture in accredited vs nonaccredited hospitals within a network of 68 hospitals in Brazil. **Methods:** This cross-sectional, multicenter study included 68 hospitals from a private network. The Hospital Survey on Patient Safety Culture (HSOPSC) was administered across all participating hospitals in September 2022. Hospitals that had been formally recognized for their quality and safety standards were compared with nonaccredited hospitals. Scores for various dimensions of patient safety culture were compared between groups. A logistic regression model was applied to assess the association between the frequency of event reporting in the past 12 months and participant characteristics. **Results:** A total of 31,919 healthcare professionals responded to the survey. Compared with nonaccredited hospitals, accredited hospitals reported higher scores in communication openness (3% higher, $p = 0.04$), frequency of events reported (4% higher, $p = 0.02$), and overall perception of patient safety (4% higher, $p = 0.02$). Accreditation was associated with a reduced likelihood of event underreporting (odds ratio = 0.80; 95% CI, 0.74–0.87), and physicians were more likely to underreport compared with nursing staff. **Conclusion:** Although accreditation enhances patient safety culture, its effect may be more limited in healthcare networks with robust quality management systems already in place. To drive meaningful improvements, policymakers should go beyond accreditation and prioritize the reinforcement of ongoing institutional safety initiatives. Particular attention should be given to persistent challenges, such as fostering a nonpunitive approach to errors and addressing underreporting of adverse events. A graphical abstract is provided in the supplemental material.

Keywords: accreditation, effectiveness, patient safety culture, implementation

INTRODUCTION

The quality of healthcare services has received significant global attention over the years. A prevalent strategy used to enhance quality is the implementation of the accreditation process, which applies quality management systems. Healthcare organizations often pursue accreditation as a means of self-regulation, enabling them to uphold high standards in healthcare delivery while simultaneously gaining recognition for excellence in patient care. Accreditation programs serve to strengthen the structural and procedural aspects of healthcare services, ultimately leading to improved clinical outcomes. Furthermore, these programs often foster positive and sustained transformations in both organizational and clinical practices, ensuring compliance with adopted standards and promoting ongoing improvement.[1]

Different studies have been carried out to assess the effect of accreditation as a mechanism for improvement

Journal of Health Organization and Management

Accreditation through the eyes of nurse managers: an infinite staircase or a phenomenon that evaporates like water

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Abstract

Purpose – This study aims to develop a comprehensive understanding of improving quality and safety in healthcare by thoroughly examining the impact of accreditation processes on hospital operations and exploring nurse managers' experiences with these processes.

Design/methodology/approach – This study was designed as a qualitative research project. Semi-structured online interviews were employed to capture participants' subjective experiences and perspectives on the processes. Participants were purposively selected from nurse managers working in various hospitals, enabling the collection of rich and detailed data from individuals actively involved in accreditation processes. Thematic analysis was adopted for data analysis, systematically coding and categorizing the collected data into themes.

Findings – This study explores the impact of employee and patient-centered approaches, communication and managerial strategies on healthcare inequalities. It reveals that while efficient workflows emerged in employee-centered approaches, high workloads and varying adaptability persisted. Patient-centered care showed strong links between patient safety, care quality and empathic communication. Team collaboration enhanced service quality and patient–staff interactions had positive effects. Resource management and institutionalization improved operational efficiency and transparency, while accreditation reduced healthcare inequalities.

Research limitations/implications – Despite the valuable insights offered by this study, several limitations must be acknowledged. First, the study's focus on a specific context – hospital accreditation processes in private hospitals in Turkey – restricts the generalizability of the findings to other healthcare settings or countries with different healthcare systems. The experiences and perspectives of nurse managers in public hospitals or other healthcare environments, such as primary care or long-term care facilities, were not examined and may differ significantly. Second, the study's qualitative nature indicates that its findings are based on the subjective views and experiences of a relatively small sample of nurse managers. While this approach provides in-depth insights, it does not permit the broad statistical generalizability that quantitative studies may offer. Furthermore, although efforts were made to ensure the reliability and validity of the data through thematic analysis, the interpretation of findings may still be influenced by researcher biases, primarily since the study involved a single-country context with a specific cultural and healthcare setting. Lastly, the study did not investigate the long-term effects of accreditation on healthcare systems or assess how the evolution of accreditation standards might impact future healthcare delivery. Further longitudinal studies could offer a more comprehensive understanding of the lasting effects of accreditation processes.

Practical implications – This study offers valuable insights for nurse managers and their teams, enabling more effective resource management implementation, internal team collaboration and patient-centered strategies. Enhancing employee satisfaction and patient experience can improve healthcare quality and foster a more efficient healthcare environment. Additionally, process improvement recommendations for efficient resource utilization can boost operational efficiency in healthcare institutions. By considering these findings in strategic decision-making, managers can elevate employee and patient satisfaction. Furthermore, the insights from this study can be directly translated into practice by incorporating accreditation-focused leadership training into continuous professional development programs for nurse managers and healthcare administrators. These findings offer actionable guidance for designing hospital workflows that prioritize patient safety, communication and organizational resilience. From a policy perspective, the results support the development of flexible accreditation frameworks that align with local healthcare system capacities and workforce realities. In an educational context, integrating accreditation concepts into nursing and healthcare management curricula can better prepare future professionals for leadership roles. Societally, improving transparency, patient trust and equity through accreditation processes can enhance public confidence in healthcare systems and contribute to greater healthcare accessibility and quality of life improvements across communities. These implications are consistent with the

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Opinion

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Impact of accreditation on medical education quality improvement in 82 medical schools in Japan: a descriptive study

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The primary mission of medical schools is to train qualified medical doctors who protect public health, provide healthcare, ensure welfare, and promote global health. The quality of medical education must be assured to achieve this purpose. Since the publication of the Flexner Report, accrediting agencies have been established worldwide and have evaluated educational programs in medical schools to improve and advance medical education. There are 51 accrediting agencies recognized by the World Federation for Medical Education (WFME) [1]. These agencies are designed to conduct thorough evaluations of medical education programs based on WFME global standards for quality improvement. Accreditation has been reported to impact the reform and promotion of medical and health professions education [2-5]. However, accreditation may place a significant burden on both medical schools and evaluators [6].

Although the accreditation of medical education is expected to be effective in improving the quality of education in medical schools, it also imposes a considerable burden. However, data demonstrating the effectiveness of accreditation are limited. We analyzed changes in educational programs at 82 medical schools in Japan following the introduction of accreditation to verify its effectiveness.

The Japan Accreditation Council for Medical Education (JACME) was established on December 1, 2015, and was recognized by WFME on March 18, 2017, as an internationally accepted accrediting agency [7]. Since then, JACME has evaluated and accredited all 82 medical schools in Japan using the WFME basic medical education standards, with minor modifications to account for national characteristics. All medical schools were accredited by October 2024, and 22 medical schools have undergone a second round of accreditation by June 2025.

JACME evaluates the educational programs of medical schools based on the 2015 WFME global standards [1], which comprise 9 areas. The accreditation process consists of self-evaluation for internal quality assurance and external evaluation to ensure public accountability. The evaluation report, based on the self-evaluation and the findings of the site visit, is prepared by the site visit team, reviewed by the evaluation committee, and certified by the comprehensive evaluation division (Fig. 1). The evaluation report includes an itemized review of each standard, a comprehensive assessment, and an evaluation of the fulfillment of both basic and quality development standards. Notable strengths or characteristics, as well as recommendations or suggestions for improvement, are described for each basic and quality development standard, respectively. Each itemized review is rated as "met," "partially met," or "unmet." A school that complies with the basic standards is accredited. A school that fails to meet the basic standards in significant sub-areas receives conditional accreditation. A school with major deficiencies is not accredited. The term of validity for full accreditation is 7 years, while conditional accreditation is valid for 3 years.

Seventy-nine schools were fully accredited according to the global standards. Three schools were conditionally accredited. Among them, 1 school achieved full accreditation after 3 years of educational program reform. The remaining 2 schools are currently undergoing reforms and will receive additional evaluation within 3 years of their initial assessment.

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ORIGINAL RESEARCH

Have We Made Progress? Interprofessional Diversity Within Faculty and Course Directors of Continuous Professional Development Courses Pre- and Post-Joint Accreditation

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Objective: This study aimed to quantify the impact of joint accreditation on the prevalence of physician and non-physician continuous professional development (CPD) course directors(CDs) and faculty.

Methods: CPD CDs and faculty credentials were collected in 2017 (one-year pre-joint accreditation) and 2022 (one-year post-joint accreditation), using electronic and manual data extraction. CPD CDs and faculty were grouped into physician and non-physician cohorts for the quantitative analysis.

Results: A significant increase in the number of non-physician CDs was observed from 2017 (11.3%) to 2022 (22.5%). There were significantly more non-physician faculty at non-physician-focused courses (8.7 ± 8.1 faculty compared to 2.6 ± 4.1 at physician-focused conferences, $p = 0.003$) with a large effect size, Cohen's $d = -1.32$ [95% CI −1.8, −0.9]. Finally, while physicians had statistically higher faculty scores for all three measurements ($p < 0.001$), the effect sizes were small (Cohen's d ranging 0.18–0.20).

Conclusion: Increased diversity in CDs and faculty was noted when comparing pre- and post-joint accreditation suggesting compliance with joint accreditation standards and the growing emphasis on team-based healthcare. Future research is needed to investigate barriers to CPD participation as CDs and faculty for both physician and non-physician healthcare team members. Additional research will continue to help expand diverse professional representation among CDs and faculty within CPD courses.

Keywords: continuing medical education, professional development, leadership, faculty, professional education

Introduction

Research has previously highlighted the lack of diversity in the gender and race of faculty for continuous professional development (CPD) courses.[1–10] This problem is prevalent across a wide variety of medical CPD courses targeting both primary care clinicians and subspecialists. While more recently published research has emphasized improvements in the female-to-male faculty ratio within CPD courses, there have been fewer significant strides in improving the racial and ethnic diversity of faculty.[2–4]

As research builds on the topics of gender, racial, and ethnic diversity of faculty within medical CPD courses, there remains a paucity of available evidence on **interprofessional** diversity of course directors (CDs) or faculty within CPD courses. Interprofessional diversity, in the context of medical CPD courses, refers to the variety of potential degrees or credentials of participating healthcare providers. All healthcare providers, both physicians and non-physicians, are

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Increasing the Impact of Dental Program Accreditation Processes: Identifying Strengths and Opportunities for Improvement

Joanne Nicholson, Priya Gandhi, Kristina Novakovic, Daniel Marns

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Short abstract

The authors analyse more evidence to support a framework that was developed for understanding and evaluating the impact of accreditation activities of dental education programs in Australia. By capturing key stakeholders' perspectives and an underpinning logic model, they determine how a variety of impact mechanisms could be leveraged to achieve strategic and accreditation objectives aimed at improving public health outcomes.

Keywords: Australia, Educational Program Evaluation, Health and Wellness Promotion, Oral Health

Abstract

This study documents the second phase of a project undertaken by the Australian Dental Council (ADC) to develop a framework for understanding and evaluating the impact of its dental education program–accreditation activities. This research builds on a first phase in which an impact framework, as well as a logic model undergirding it, were developed. The second phase captures and elevates key stakeholders' perspectives around the ADC's

Article

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The Effect of the Adoption of the National Accreditation Program for Rectal Cancer Process on Compliance Standards at a Single Institution

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Abstract

Background: The National Accreditation Program for Rectal Cancer (NAPRC) was developed to enhance the quality of rectal cancer care in the United States. This project compared NAPRC compliance at a single tertiary care academic hospital before and after the institution adopted these standards in 2019.

Methods: Rectal cancer patients from 2016 to 2023 who met NAPRC eligibility criteria were retrospectively reviewed for compliance with pre-selected patient care standards. Patients diagnosed prior to August 1, 2019 (pre-NAPRC) were compared with those diagnosed afterward (post-NAPRC) to determine whether compliance with these standards differed following the institution's adoption of new guidelines.

Results: This study included 353 patients, 146 pre-NAPRC and 207 post-NAPRC. The post-NAPRC group demonstrated significantly higher compliance with pretreatment standards compared to the pre-NAPRC group, including attaining magnetic resonance imaging (MRI) ($P = .015$), computed tomography (CT) ($P < .001$), and a carcinoembryonic antigen (CEA) level ($P < .001$). Postoperative standards were more frequently met in the post-NAPRC group regarding the photographing of surgical specimens ($P < .001$). No significant differences were observed in confirming a tissue diagnosis, starting treatment within a 60-day timeframe, or completing surgical pathology reports. Prior to initiation of the NAPRC process, the institution had achieved accreditation-level compliance in 2 of the 7 standards. Within 2 years of adopting NAPRC standards, complete compliance was met in 6 of the 7 measures.

Conclusions: A single institution's adoption of NAPRC standards improved compliance with multiple rectal cancer care standards, achieving near-complete accreditation level compliance within 2 years.

Keywords

rectal cancer, NAPRC, compliance measures, accreditation, patient care standards

Key Takeaways

- This study demonstrated that with institutional adoption of the NAPRC accreditation standards into clinical practice, compliance significantly increased to accreditation level in multiple patient care areas within 1-2 years.
- As rectal cancer care moves toward a more multidisciplinary, standardized approach, this study shows that institutions who successfully obtain this highly sought-after accreditation will increase adherence to important evidence-based cancer care practices.

Introduction

Colorectal cancer represents the second most frequent cause of cancer-related death in the United States (US).[1] While the use of screening colonoscopy has decreased mortality of colorectal cancer as a whole in recent decades, the US has continued to struggle with rectal cancer

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BMC Medical Education

RESEARCH

Open Access

Perceived effects of accreditation on education quality and health-related job outcomes: scales validation and correlates in Lebanon

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Abstract

Background This study examines the impact of program accreditation on education quality and career outcomes among students and graduates of health-related disciplines in Lebanon. In the absence of a national accrediting body, many universities seek international accreditation. Additionally, the study validates four scales measuring factors influencing university choice and perceptions of accreditation.

Methods A cross-sectional study was conducted between September and December 2023, enrolling 642 participants, including students and graduates from Lebanese health-related programs. Four validated scales included: Reasons for Choosing University Program (RCUP, 14 items), Perception of University Program Accreditation (PUPA, 12 items), Perceived Impact on Education Quality (PI-AQE, 27 items), and Perceived Impact on Career Outcomes (PI-ACO, 9 items). Principal component analysis with Promax rotation assessed construct validity. Bivariate analyses (t-tests and ANOVA) examined relationships between scales and participant characteristics. Multivariate analysis of covariance (MANCOVA) adjusted for sociodemographic and university-related factors, while multiple regression explored predictors of time to employment for graduates.

Results Students from three universities reported significantly lower RCUP scores, indicating weaker motivations for their program choice. Clear communication of accreditation status correlated positively with RCUP (β = 1.097, $p = 0.004$). Pharmacy students scored higher on RCUP (β = 2.412, $p = 0.002$). Higher income levels (β = 1.829, $p = 0.020$) and awareness of accreditation (β = 2.348, $p = 0.004$) were linked to more favorable PUPA scores. Females (β = 4.981, $p = 0.002$) and high-income individuals (β = 3.777, $p = 0.040$) anticipated a stronger impact on PI-AQE. Graduates, particularly those with a PhD (β = 4.755, $p = 0.042$) or a Bachelor's degree (β = 2.557, p = 0.003), expressed more positive PI-ACO perceptions. Conversely, uncertainty about accreditation was associated with lower PI-ACO scores (β = -3.019, $p = 0.004$). Notably, university accreditation status (β = -0.355, $p = 0.011$) and longer professional experience (β = -0.274, $p = 0.010$) were significantly linked to a shorter time to employment.

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Health Services Research

HSR Health Services Research

RESEARCH ARTICLE

Hospital Accreditation and Geographic Disparities in Timely Cancer Care

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ABSTRACT

Objective: To evaluate whether the association between receiving care at an accredited hospital and timely treatment initiation varies by county income level.

Study Setting and Design: This cross-sectional study compared days from diagnosis to treatment initiation among patients receiving care at CoC-accredited hospitals with patients receiving care at non-accredited hospitals. We estimated distributional effects with a quantile regression model. We stratified patients into low (median household-income < 80k) and high-income (median household-income ≥ 80k) counties.

Data Sources and Analytic Sample: We analyzed population-based Surveillance, Epidemiological, and End Results case data (2018–2021). We excluded cancer cases that did not receive treatment. All analyses were adjusted for tumor and patient characteristics, treatment received, and geographic factors.

Principal Findings: Among 2,107,188 patients receiving cancer treatment, 73.65% received care at an accredited hospital. Median time-to-treatment was 27 days (interquartile range = 1–52). Care at an accredited hospital was associated with longer median time-to-treatment (+2.6 days) in low-income counties but not high-income counties. Similarly, care at an accredited hospital was associated with widening the time-to-treatment interquartile range (+1.8 days) in low-income but not high-income counties. The magnitude of these associations was highest in patients aged 65+, unmarried, diagnosed at an early stage, and in less common cancers. Only among patients diagnosed with distant-stage cancer was accreditation associated with reduced median time-to-treatment in both low and high-income counties.

Conclusions: Treatment at an accredited hospital appeared to increase time-to-treatment differences between high-and low-income counties and low-income counties. This heterogeneity may reflect access challenges facing low-income cancer patients. Health systems seeking to provide high quality, timely care must overcome these access challenges as they navigate patients through the cancer care continuum. While a 2.6-day delay in treatment may not impact outcomes, future research should understand why patients from lower-resource communities wait longer than patients in affluent communities.

What If. . .The Impact of Institutional Accreditation on PA Programs Transitioning to an Entry-Level Professional Doctorate Degree

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Introduction There are several ramifications of a potential degree transition to an entry-level doctoral degree for Physician Assistant (PA) programs. The purpose of this article is to investigate the impact on institutional accreditation and transitioning to an entry level doctoral degree. To understand the potential impact on racial diversity, a subset of programs was further reviewed.

Methods The Standards from the Accreditation Review Commission for PA Education (ARC-PA) and the six Institutional Accreditation commissions that recognize institutions were reviewed. The accreditation outcomes from all ARC-PA accredited programs' institutions were reviewed.

Results The majority of PA programs, including those that graduate the highest diverse populations of PAs, are already recognized as comprehensive or doctoral degree granting institutions. This means they would likely not encounter significant accreditation challenges in an application to transition. Most PA programs meet the requirements for credit hour, length of program, and expectations of 'substantial mastery' of the content in the curriculum to satisfy institutional accreditation requirements at the professional doctoral degree level. The faculty qualifications and level of scholarship required would need to be in compliance with the institutional accreditor's expectations.

Discussion This paper highlighted the general institutional accreditation requirements that would need to be met in order to establish a PA doctoral program. Fortunately, the standards tend to be broad and if the PA program can meet ARC-PA Standards, it is likely the institutional accreditor standards would be satisfied.

INTRODUCTION

Physician assistant/associate (PA) postprofessional doctoral programs have been developing at a rapid pace. Like any other educational program or major with a US higher educational institution, the current postprofessional PA doctorate programs fall under institutional compliance standards from one of six institutional accreditation agencies.[1] However, there has been a call by some to transition the required entry-level PA Master's degree instead to an entry-level Doctor's degree (also referred to as doctoral degree)—professional practice conferred on "completion of a program providing the knowledge and skills for the recognition, credential, or license required for professional practice."[2] The transition has been postulated as a means of furthering the development of the PA profession by granting a degree commensurate with the educational experience and outcomes. Other reported advantages of transitioning to an entry-level professional doctoral degree include gaining parity with other professions that make health care decisions for patients, and finally, the significant economic advantage of earning the doctoral degree at the entry level that is only currently available at some point after the entry-level experience in a postprofessional doctoral program.[3-6]

The professional doctorate degree emphasizes competencies that are different from an academic doctorate, such as Doctor of Philosophy (PhD or EdD), whose work focuses on original research, or the planning and execution of an original project demonstrating substantial artistic or scholarly achievement.[2] The member programs of the Physician Assistant Education Association (PAEA) voted the Master's degree should be the terminal degree in 2000[7] and in 2009.[8] Following recommendations from a second Doctoral Summit held in March 2023, the PAEA member programs affirmed the Master's degree as the required entry-level degree in October 2023; however, members for the first time moved that there should be exploration of how doctoral degrees might affect PA education, including that of the entry level.[9] As the entry-level doctoral degree inquiry is initiated, there are several ramifications of the potential degree transition that need to be investigated, including the impact of institutional and programmatic accreditation.

Specialized Accreditation and Entry-Level PA Programs

The Accreditation Review Commission for PA Education (ARC-PA) is considered a *specialized accrediting* body. Specialized accreditation focuses on programs and departments within a specific field of study.[10] ARC-PA accredits entry-level programs located in institutions offering Master's degrees in conjunction with the PA credential award and is designed to ensure PA programs meet standards to educate students in acquiring the knowledge and skills needed to

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BMC Medical Education

RESEARCH

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Bridging intentions and outcomes: a program theory approach to residency accreditation standards

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Abstract

Background Accreditation systems can significantly influence medical graduates' competency and healthcare delivery through their impact on multiple stages of physician training. While substantial progress has been made in medical school accreditation systems globally, residency (Postgraduate Medical Education) accreditation faces additional challenges. The widespread transition to competency-based education and upcoming international recognition initiatives makes systematic evaluation of residency accreditation particularly timely. This study examined the clarity, comprehensiveness, adequacy, and validity of current Israeli residency accreditation standards as a case example for evaluating such systems.

Methods We conducted a qualitative evaluation study using Program Theory framework to analyse multiple data sources: Supreme Accreditation Board protocols (2014–2023), documents, including standards and questionnaires from 11 purposively sampled specialties, and semi-structured interviews with 28 stakeholders. Interviews were conducted in three rounds (2021–2024), with participants selected to represent diverse perspectives including decision-makers, department heads, scientific societies, residents, and site visit teams. Analysis focused on constructing outcome chains and developing outcome-action matrices, followed by critical examination of standards' structure, content, and validity.

Results Analysis revealed partial alignment between intended outcomes and implementation mechanisms. While most immediate outcomes relating to training programs received full or partial representation in standards, intermediate outcomes concerning resident development and final outcomes regarding graduate competencies often lacked explicit support. Standards showed varying degrees of clarity and consistency, potentially leading to divergent interpretations among stakeholders. The system demonstrated strong contextual awareness but faced tensions between medical service demands and ensuring quality, particularly regarding peripheral training sites. Several critical components were identified as missing from current standards, reflecting gaps in educational processes, oversight mechanisms, and organizational responsibilities.

Conclusions These findings identify specific areas requiring attention in residency accreditation standards while providing a structured approach for standards evaluation. Key recommendations include establishing clear objectives before standards development, making explicit choices between threshold and aspirational requirements, examining underlying assumptions, considering unwritten expectations, and structuring standards to optimize expectations

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ORIGINAL ARTICLE – BREAST ONCOLOGY

Impact of Quality Improvement Interventions on Biopsy-to-Treatment Time in Breast Cancer: Results from the PROMPT Quality Collaborative of the National Accreditation Program for Breast Centers

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ABSTRACT

Background. To address the interval between biopsy and first treatment, the National Accreditation Program for Breast Centers (NAPBC) launched Patient-Reported Observations for Medical Procedure Timeliness (PROMPT), a quality collaborative.

Methods. Participating PROMPT sites submitted data on the number of days from biopsy to first treatment (either surgery or neoadjuvant treatment (NAC)) before and after individual site-specific quality improvement (QI) projects using the American College of Surgeons Quality Framework. The study examined interventions of sites that reported successful projects and barriers for both successful and unsuccessful sites.

Results. Of 104 PROMPT sites, 62 (59.6 %) examined the time from biopsy to surgery, and 42 (40.4 %) analyzed the time from biopsy to NAC. Overall, 56 (53.8 %) sites decreased their interval from biopsy to treatment, from 50.3 to 38.8 days for biopsy to surgery and from 40.7 to 30.9 days for biopsy to NAC. No facility factors were associated with successfully decreasing this interval. The most common intervention for both intervals was enabling navigators to schedule appointments for surgeons and medical oncologists. Of 22 interventions for the interval from biopsy to surgery, the most common included hiring a breast surgeon and increasing operating room (OR) block time for surgeons. Of 17 interventions for the interval from biopsy to NAC, the most common were streamlining port-a-cath placements, ordering staging studies before seeing medical oncology, and offering concurrent medical oncology and surgery appointments.

Conclusions. Just more than half of the PROMPT sites improved their interval. Interventions to improve timely care include hiring staff and improving scheduling.

Keywords Breast cancer · Treatment delay · Quality improvement · PROMPT collaborative · Biopsy to treatment · Neoadjuvant therapy · Surgical timeliness · Patient navigation

Timely initiation of breast cancer treatment is critical for improving survival outcomes and reducing disease progression. Delays between diagnosis and treatment have been associated with worse prognoses, particularly for patients with aggressive tumor subtypes.[1] Prolonged time from biopsy to definitive treatment can lead to tumor progression, decreased treatment efficacy, and increased patient distress.[2,3] Despite national guidelines emphasizing the importance of expeditious care, no national benchmarks are available for timely care, and significant variability in

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RESEARCH ARTICLE

Impact of joint commission international accreditation on occupational health and patient safety: A systematic review

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Abstract

Objectives

To illuminate the benefits of Joint Commission International (JCI) accreditation and other experiences related to the accreditation process in relation to occupational health and patient safety.

Design

Systematic review

Methods

We systematically searched CINAHL (n = 77), ProQuest (n = 69), PsycINFO (n = 13), PubMed (n = 166), and Scopus (n = 211) for articles on JCI accreditation published until December 2023. Overall, 290 articles were found. JCI-accredited hospitals with before–after accreditation follow-up processes, hospitals during the accreditation process, and job satisfaction and/or patient safety as the primary outcome measures were included. Non-original articles, articles including non-accredited hospitals, hospitals missing before–after accreditation changes, studies with no follow-up time, hospitals implementing accreditation guidelines but not accredited, non-English publications, reviews, meta-analyses, master theses, and poor-quality studies were excluded.

Results

Two authors independently applied the above criteria, following which 16 articles were analyzed. Two of these, however, were further excluded due to poor quality; 14 articles were finally included. All the articles were extremely heterogeneous, leaving no possibility for a meta-analysis.

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SURGERY FOR OBESITY AND RELATED DISEASES

Original article

Evaluating the impact of the COVID-19 pandemic on outcomes of conversion and revisional bariatric surgery: a Metabolic and Bariatric Surgery Accreditation Quality Improvement Program (MBSAQIP) study

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Abstract

Background: The COVID-19 pandemic significantly impacted healthcare delivery worldwide, including bariatric surgery. While revisional procedures remained essential for weight recurrence and complications, practice patterns evolved during different phases of the pandemic.

Objectives: To evaluate the effect of COVID-19 on revisional bariatric procedures by comparing trends across pandemic (2020), vaccination rollout (2021), and postpandemic (2022) periods.

Setting: Analysis of the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database, United States.

Methods: Retrospective analysis of 72,189 bariatric surgeries (of which 55,854 conversions and 16,335 revisions) from 2020 to 2022. Outcomes included surgical volume, indications, complications, and mortality.

Results: Of 609,240 bariatric procedures, 72,189 (11.8%) were revisional or conversion procedures, with conversions representing 9.2% (55,854) and revisions 2.7% (16,335). The combined proportion remained stable (12.1%, 12.1%, 11.5%, $P < .001$), but urgent revision rates were higher during the pandemic (3.1% versus 2.2% versus 1.8%, $P < .001$). Pandemic-era cases focused on severe complications (fistula, perforation, stricture), shifting postpandemic toward weight recurrence and reflux. Sleeve-to-bypass conversions increased from 41.2% to 53.6%. Serious complications were highest in 2020–2021 (6.6%, 6.4%) compared to 2022 (5.8%, $P < .001$), while mortality remained unchanged (.15%).

Conclusions: The study demonstrates distinct trends throughout pandemic periods, reflecting Centers for Disease Control and Prevention guidance on surgical urgency . While complication rates were slightly higher during the pandemic, procedures remained safe with stable mortality. Postpandemic

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BMC Medical Education

RESEARCH Open Access

Two decades of accreditation in Chilean medical education: outcomes and lessons learned

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Abstract

Background Accreditation in medical education is essential to ensure quality and foster continuous improvement. Since 2003, medical schools in Chile have been subject to a constant accreditation process. Recently, universities have faced new gaps and challenges in establishing new accreditation criteria. These changes highlight the need to understand how institutions have historically responded to accreditation feedback and what improvements they have implemented in their programs. Therefore, this research aims to identify patterns, trends, and differences in institutional responses to accreditation feedback and subsequent quality enhancements on the basis of over 20 years of experience accrediting medical programs in Chile.

Methods This study analyzes accreditation data for medical programs in Chile (2001–2024) via a combination of content and cluster analysis. The data were collected from reports from the National Accreditation Commission of Chile, which were standardized and classified into strengths, weaknesses, and improvements. Term frequency analysis, data grouping, and dimensional reduction techniques were used to identify trends and differences between public and private universities. The visualizations and qualitative analysis allowed specific recommendations to be formulated for each identified group.

Results Our analysis revealed significant improvements in curricula, faculty development, and accreditation-driven educational processes. The performance of public universities has fluctuated, with peaks of excellence in research and graduate profiles, but they face challenges in maintaining consistent quality. In contrast, private universities demonstrated steady, gradual improvements, particularly in terms of program clarity and curriculum implementation—the cluster analysis identified five distinct groups of universities, each with specific strengths and areas for improvement. The study underscored the importance of structured feedback and responsive improvements in accreditation.

Conclusions Accreditation has significantly enhanced educational quality in Chilean medical schools. Although the impact of accreditation is multifaceted, it remains a powerful driver of continuous improvement. Future research should focus on optimizing accreditation processes, developing new indicators of effectiveness, and increasing the credibility of accreditation standards. Tailored quality assurance strategies are needed to address public and private institutions' specific strengths and challenges.

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Effect of chest pain center accreditation on timely reperfusion and in-hospital mortality for STEMI in China

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Existing studies in developing countries on the impact of chest pain center (CPC) accreditation on treatment quality have limited ability to demonstrate causal relationships. This retrospective study aims to utilize the data from national-level database and explore the impact of chest pain center certification on the treatment quality of ST-segment elevation myocardial infarction (STEMI) patients through a more appropriate method. At the hospital level, taking timely reperfusion and in-hospital mortality as outcomes, the impact was evaluated using the Counterfactual Synthetic Difference-in-Differences (CS-DID) method, a statistical technique that allows for the estimation of causal effects by comparing the differences over time between treated and non-treated groups. The results showed that CPC accreditation improved timely reperfusion of STEMI. Once a CPC was certified, without considering covariates, the timely reperfusion rate increased on average by 5.4%, the 90-min PCI rate by 7.1%, and the 30-min thrombolysis rate by 2.0% in comparison with non-accredited hospitals, and this effect shows a downward trend over time and varies between different regions. We found no evidence to confirm that CPC accreditation decreases in-hospital mortality in patients with STEMI. CPC accreditation in China has improved the timeliness of reperfusion therapy for STEMI patients. CPC accreditation and re-accreditation are crucial to maintaining high-quality care for STEMI patients.

Keywords Accreditation, Chest pain center, Timely reperfusion, STEMI, CS-DID, Treatment quality

Acute myocardial infarction (AMI) has a high mortality rate[1]. The World Health Organization Monitoring CVD Trends and Determinants Project showed that AMI caused approximately three-quarters of cardiovascular deaths in 37 populations across 21 countries over a 10-year period[2]. AMI is an important problem in China[3], especially ST-segment elevation myocardial infarction (STEMI), which warrants more attention as it typically leads to a larger area of myocardial necrosis. Between 2001 and 2015, the number of patients with STEMI increased steadily in China[4]. With the increase in risk factors and population aging, the number of new myocardial infarctions in China continues to be substantial[5].

STEMI is a type of acute myocardial infarction characterized by significant ST-segment elevation on an electrocardiogram (ECG), typically caused by complete occlusion of a coronary artery. Shortening the interval between symptom onset and opening of the target blood vessel and improving the timely reperfusion rate after ischemia are the keys to treatment of STEMI[5]. Chest pain centers (CPCs) have been established worldwide to enable patients with acute chest pain to be sent to hospitals with treatment capabilities and receive the best treatment possible. However, the early experiences suggested that these centers have not achieved a significant reduction in the timely reperfusion rate for patients with STEMI[6–8]. Therefore, accreditation has been implemented to standardize the development of CPCs[9,10]. Studies suggest that CPC accreditation can shorten the diagnosis time of chest pain diseases, reduce the reperfusion time and readmission rate of patients with STEMI, and lower the treatment cost[11–15].

The Chinese Society of Cardiology initiated CPC accreditation in 2013[16]. However, despite more than ten years having passed since accreditation of the first CPC in China, research on the outcomes of accreditation in patients with STEMI has been limited. The China CPC Quality Control Reports have shown that the door-to-

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9. Appendix C

Summary of collection and synthesis methodology used to produce 2024-2025 accreditation and standards database – from 1st January 2024 to 31st December 2025

1. The literature search was conducted in the PubMed database using identified search terms on 13th January 2026.
2. The search was filtered to only include papers published from 1st January 2024 to 31st December 2025.
3. This search was then saved as a CSV file and articles of interest were downloaded for record keeping.
4. The inclusion and exclusion criteria was used to filter for relevant articles.
5. Abstracts from each of the eligible articles found during the literature search were extracted to produce a word cloud via wordcloud.com website and the AI-generated summary of the literature.
6. We prompted ChatGPT-5.2 Thinking – Standard (February 2026 version) to produce a streamlined synthesis of the literature using this prompt: *"Produce a comprehensive summary of the data captured in the uploaded spreadsheet within 2000 words (maximum). Refrain from using external sources (e.g., the internet). The summary must be solely based on the data in the spreadsheet. Use this example to structure the summary:* (Box 1: AI-generated summary of the field from Volume 1 was provided to the AI-tool)*"*.
7. Following this, we prompted ChatGPT-5.2 once again to capture the essence of each article that we found via the prompt: "*Summarise this entire article in 200 words or less"*.
8. We compiled the word cloud graphical representation and all the AI-generated summaries into this report.
9. We briefly discussed the search findings and identified key papers amongst the team, carefully checking for meaning and accuracy.
10. The number of citations generated by each key paper was obtained from Google Scholar to reflect the influence each article had on the field of healthcare accreditation and standards.
11. Once reviewed and finalised, the report was sent to the ISQua and the ISQua EEA teams for dissemination.

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