

Studying Level of Performing Accreditation of Nourishment Unit in Educational Medical Centers of Kermansham Province During Years 2012-2013

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Abstract: Accreditation means the systematic evaluation of centers presented in health care centers based on specific standards and these items are in order be ensured of performance. Present research was done aiming to study the level of executing standards of nourishment and food section accreditation standards in medical educational centers of Kermanshah in years 2012-2013. In this descriptive study, university hospitals of Kermanshah Province were selected in total accounting manner. The tool to gather data was accreditation standard chek lists of Iran hospitals based on accreditation standard handbook of Ministry of Health, Medication and Medical Education that was used as a measure to study the accreditation of hospitals. Questions of checklist included 16 basis. This questionnaire was distributed among evaluating experts in University Hospitals of Kermanshah Province during 2012. After gathering the chek lists, data were analysed by SOSS Software Version 21. Present research is the result of evaluating seven hospital centers in Kermanshah hospital based on 16 basis and help of hospitals food section accreditation standard evaluation handbook in Iran which is edited by Iran's Ministry of Health. In such manner, we can report results in form of redundancy tables considering obtained scores for each one of the basis. What's more, at the end various hospitals consideration toward following or not following the basis are evaluated and they are classified based on Freedman test from this point of view.

Key words: Accreditation, medical centers, nourishment, machine, SOSS

INTRODUCTION

During recent years, health system authorities in various countries of the world have applied various methods to increase the quality and security of medical services and its optimized management which could be studied in two main groups: models that improve organization's commitment to quality improvement with outer organizational evaluation based on quality and methods that help quality management in organization. Meanwhile, giving the credit from first group and clinical government from the second have special place in health section: because they are designed by health section scholars and based on special needs of this section and therefor, pay special attention to patients security and care besides improving services' quality and they both relay on organization's commitment to high standards of service.

Joint international commission presented the issue of accreditation for the first time during 2002 (Steiert, 2007). this commission emphasized on the importance of developing measurable, stable program and an integrated society to reception immediately to crisis (Uras, 2009) in this relation, US Nurses Society created an abstraction of standards, guidelines and abilities in case of emergencies and incidents (Steiert, 2007). These standards emphasize on continuous improvement of quality, being centered and focused on patient and improving patient and employees' security (Serai *et al.*, 2013; Mousavi *et al.*, 2012). Accreditation is used for explaining the quality of health and medical services and it's basic concept. The routh of health care activities and understanding what is related to care quality and concentrating on basic principals for integrating the development of health and medical care system and turning it to a dynamic system, creates the basis of accreditation.

Accreditation means the systematic evaluation of centers presented in health care centers based on specific standards (Li and Adeli, 2009) and these items are in order be ensured of performance (Chapman and Arbon, 2008). The concept of accreditation in some countries is a rather new and totally volunteer concept (Qutishat, 2009) and during that health and medical centers or hospitals are formally and completely volunteering ask to be accredited (Amerian *et al.*, 2011). Accreditation is used to create public trust toward existence and performing processes based on standards and considering health consequences and helps as a systematic and objective tool to ensure patients, companion and employees safety and continuous improvement of all services presentable in hospital, managers and to healthcare area (Amerian *et al.*, 2011; Tabrizi and Gharibi, 2012).

Every organization's life continuous is dependant on its customers. Due to this reason each organization should understand present and future need of its customers, satisfy their desires and necessities and tries to go beyond their expectations. Medical and healthcare centers are created in their undercover society to cure the patients and settle them in a proper place. Customers of medical healthcare centers are the sole reason for continuous of these centers' existence because performance and activity of this section greatly effects the level of patients' satisfaction and proper nourishment is medically important for the patient and effects patient's evaluation of medical healthcare center. One of the main issues that could play a critical role in every hospital's performance is the issue of nourishment and food presenting services in the center. No doubt the nourishment and food is among the most important sections of the hospital because the considerations on food section aren't only focused on the food but also on preparing and presenting proper food services for customers that of course most hospitals don't care about them and hospital managers aren't usually very aware of the importance of such section.

Accreditation is according to ensure of qualitative, safe and based on updated scientific evidence healthcare services that are now presented as a systematic and aimful tool to evaluate country's medical centers by Ministry of Health, Medication and Medical Education. Changes are applied in various countries based on their condition and geographic and social specifications. In a manner that the accreditation system of Jordan has categorised 778 standards in 3 levels of critical, basic and domain and 15 branches of patient and family rights, availability and continuous of care, patient evaluation, taking care of the patient, clinical safety, environment

safety, backup services, improving patient's quality and safety, medical certifications, data management, human resources, management and leadership, medical staff, nursing services, radiology and laboratory diagnosis services (Qutishat, 2009). This model in Iran is 36 dimensions in the wining sheet which standards must be considered in 16 issues of nurishment dimension. Present research was done aiming to study the level of executing standards of nourishment and food section accreditation standards in medical educational centers of Kermanshah in years 2012-2013.

MATERIALS AND METHODS

In this descriptive study, University Hospitals of Kermanshah Province were selected in total accounting manner. The tool to gather data was accreditation standard cheklists of Iran hospitals based on accreditation standard handbook of Ministry of Health, Medication and Medical Education that was used as a measure to study the accreditation of hospitals. Questions of checklist included 16 basis. This questionnaire was distributed among evaluating experts in University Hospitals of Kermanshah Province during 2012. After gathering the cheklists, data were analysed by SOSS Software Version 21.

RESULTS

Present research is the result of evaluating seven hospital centers in Kermanshah hospital based on 16 basis and help of hospitals food section accreditation standard evaluation handbook in Iran which is edited by Iran's Ministry of Health. In such manner we can report results in form of redundancy tables considering obtained scores for each one of the basis. What's more, at the end various hospitals consideration toward following or not following the basis are evaluated and they are classified based on Freedman test from this point of view.

Evaluating scores of each basis

The first basis/strategic program: Research findings show that all hospitals gained highest score (61-100) for strategic planning basis.

Second basis/food unit authority: Results show that all hospitals gained the highest score (61-100) for the basis of food unit authority.

Third basis/staff documents: Results show that in relation to the basis of staff document 3 hospitals (42.9%) gained a medium score (21-60) and 4 hospitals (57.1%) gained a score of 61-100.

Fourth basis/staff list: Results show that in relation to the basis of staff list, 5 hospitals (71.4%) gained a medium score (21-60) and 2 hospitals (28.6%) gained a score of 61-100.

Fifth basis/entrance explanatory cause: Results show that in relation to the entrance explanatory cause, 3 hospitals (42.9%) had a medium level score (21-60) and 4 hospitals (57.1%) had a score of 61-100.

Sixth basis/staff compatibility and ability test: Results show that in relation to the basis of staff compatibility and ability test, 3 hospitals (42.9%) gained the lowest score, 3 hospitals (42.9%) gained a medium score (21-60) and 1 hospital (14.3%) gained a score of 61-100 points.

Seventh basis/employees education and enabling: Results show that in relation to the basis of employees education and enabling, 1 hospital (14.3%) had the lowest score, 4 hospitals (54.1%) had the medium score (21-60) and 2 hospitals (28.6%) had a score of 61-100 points.

Eighth basis/collection of safety, occupational health and environment health: Results show that in relation to the basis of safety, occupational health and environmental health, 3 hospitals (42.9%) had a medium score (21-60) and 4 hospitals (57.1%) had a score of 61-100 points.

Ninth basis/guidelines and methods: Results show that in relation to the basis of guidelines and methods had a medium score (21-60) and hospitals (71.4%) had a score of 60-100 points.

Tenth basis/food cooking: Results show that in relation to the basis of food cooking, 1 hospital (14.3%) had the lowest score, 2 hospitals (28.6%) had a medium score (21-60) and 4 hospitals (57.1%) had a score of 61-100 points.

Eleventh basis/refrigerators and cool houses: Results show that in relation to refrigerators and cool houses, 2 hospitals (28.6%) had an average median of (21-60) and 5 hospitals (71.4%) had a score of 61-100 points.

Twelveth basis/food distribution: Results show that in relation to the basis of food distribution, 2 hospitals (28.6%) had the lowest score, 2 hospitals (28.6%) had a medium score (21-60) and 3 hospitals (42.9%) had a score of 61-100.

Thirteenth basis/food diets: Results show that in relation to basis of food diets, 1 hospital (14.3%) had the lowest score, 5 hospitals (71.4%) had the medium score (21-60) and 1 hospital (14.3%) had the score of 61-100 points.

Table 1: Redundancy distribution (Mousavi *et al.*, 2012) of obtained scores for each of evaluation basis in hospitals of Kermanshah

Basis	0-20	21-60	61-100
First	0/0	0/0	7 (100)
Second	0/0	0/0	7 (100)
Third	0/0	3 (42/9)	4 (57/1)
Fourth	0/0	5 (71/4)	2 (28/6)
Fifth	0/0	3 (42/9)	4 (27/1)
Sixth	3 (42/9)	3 (42/9)	1 (14/3)
Seventh	1 (14/3)	4 (57/1)	2 (28/6)
Eighth	0/0	3 (42/9)	4 (57/1)
Ninth	0/0	2 (28/6)	5 (71/4)
Tenth	1 (14/3)	2 (28/6)	4 (57/1)
Eleventh	0/0	2 (28/6)	5 (71/4)
Twelveth	2 (28/6)	2 (28/6)	3 (42/9)
Thirteenth	1 (14/3)	5 (71/4)	1 (14/3)
Fourteenth	0/0	2 (28/6)	5 (71/4)
Fifteenth	3 (42/9)	3 (42/9)	1 (14/3)
Sixteenth	5 (71/4)	1 (14/3)	1 (14/3)

Table 2: Classification of evaluation basis scores in Kermanshah hospitals

Basis (based on score)	Level median	K2 amount	p-value
First	12/5	45/66	<0/001
Second	12/5	-	-
Ninth	10/79	-	-
Eleventh	10/79	-	-
Fourteenth	10/79	-	-
Eighthth	9/79	-	-
Fifth	9/64	-	-
Third	9/5	-	-
Tenth	9/07	-	-
Fourth	7/5	-	-
Twelveth	7/07	-	-
Seventh	6/5	-	-
Thirteenth	5/93	-	-
Fifteenth	5/21	-	-
Sixth	4/57	-	-
Sixteenth	3/86	-	-

Fourteenth basis/equipments and necessities: Results show that in relation to the basis of equipments and necessities, 2 hospitals (28.6%) had a medium score (21-60) and 5 hospitals (71.4) had the score of 61-100 points.

Fifteenth basis/quality improvement: Results show that in relation to the basis of quality improvement, 3 hospitals (49.2%) had the lowest score, 3 hospitals (49.2%) had the medium score (21-60) and 1 hospital (14.3%) had the score of 61-100 points.

Sixteenth basis/data gathering and analysing: Results show that in relation to the basis of data gathering and analysis, 5 hospitals (71.4%) had the lowest score, 1 hospital (14.3%) had the medium score (21-60) and 1 hospital (14.3%) had the score of 61-100. We should mention that a summery of findings above are presented in Table 1.

In following we use Freedman test to determine which one of these basis in studied hospitals had a greater scientific preference (Table 2). This issue could be a support for us to focus in a depper level of basis with lower scores.

DISCUSSION

The score related to the food diet is lower than medium level in most hospitals and most problems are due to the following problems:

- Lack of explanation and enough education to specialists in relation to referring patients to a nutrition consultant in case they need it
- Lack of body evaluation equipments (weighing and height machine, beds equipped with a weighing machine and fat evaluation machine) and therefore wrong completing of nutrition screening forms, existing in patients' documents which are completed by nurses
- 3 hospitals' charts are old and there is usually one nutrition expert in hospitals
- The time consuming process of body evaluation calculations and completing expert nutrition forms

No allowing the execution of food selection program and lack of a food menu for inpatients which is usually due to the lack of enough attention to food and nutrition section that plays a great role in creating patients satisfaction from hospital's hosting services. In measure number 3 which is related to the list of diet foods, it is mentioned that the list of food should exist by mentioning the amount of each nutrition in percentage for each patient's food diet.

What's more in relation to interferences of food and medication, most hospitals only had a general pamphlet in this case while based on measures there should be a list of common prescribed medications in each section of the hospitals and each medication's interferences should be determined for every food and a notice should be given to the patient. And lack of an education form for patients to write required educations in relation to clinical nutrition was observed.

In relation to the score related to basis of quality improvement, this basis was lower than medium in most hospitals that shows lack of enough education by the hospital quality improvement office to authorities of food section.

In relation to the basis of gathering and analysing data, only the score related to one of the centers was higher than total median which is a result of lack in enough education in relation to getting familiar with internal accounting and the steps of doing the accounting and therefore, there is no result analysis and interference program based on results to fix the weak points.

CONCLUSION

The score related to the food diet is lower than medium level in most hospitals and most problems are due to the following problems: lack of explanation and enough education to specialists in relation to referring patients to a nutrition consultant in case they need it, lack of body evaluation equipments (weighing and height machine, beds equipped with a weighing machine and fat evaluation machine) and therefore wrong completing of nutrition screening forms, existing in patients' documents which are completed by nurses.

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