

Comparison of International Healthcare Accreditation: Temos, JCI, AACI, and Accreditation Canada

Hakan Çora

Istanbul Okan University, Istanbul Turkey

Elnur Hasan Mikail

Kafkas University, Kars, Turkey

Healthcare accreditation is an evaluation and certification process by which healthcare organizations assess and improve their quality of services, safety of care, and thereby enhance the performance of their organizations. Four of the leading international accreditation programs offer a comprehensive consultation and certification process for healthcare providers in diverse capacities and locations. It is crucial for healthcare providers to consider which accreditation program is the most value-added for their healthcare services. Therefore, this paper aims to compare the above accreditation programs in terms of several standards, structure of the programs, and fees. This information is beneficial for healthcare providers to be informed not only in selecting a specific accreditation program but also in understanding the overall process of various healthcare accreditations. Healthcare accreditation is an evaluation and certification process by international standards in which independent external evaluators investigate a wide range of internal operations in healthcare organizations. These may include safety of care, patient engagement, infection control, facility management, information technology management, and governance. Collectively, the primary objective of the certification process is to ensure that, where applicable, the accredited healthcare organization can provide safe accommodation and high-quality medical services to its international patient base. Furthermore, the process of attaining those licenses also encourages continuous quality improvement in an organization's internal structure and acts as a method of identifying and implementing the best practices researched by subject matter experts from around the world.

Keywords: international relations, healthcare accreditation, globalization, quality

Introduction

With increasing globalization, healthcare systems are becoming more integrated, especially when it comes to medical services and medical tourism. New markets are currently focusing on attracting international patients, and one of the ways to compete in international markets is to provide high-quality healthcare services. This increase in market-sensitive strategies urged healthcare organizations, especially the providers, to take actions ranging from improving service quality to accountability. Healthcare organizations are seeking ways to differentiate themselves based on distinct patient populations and global markets by providing significant value

Hakan Çora, Ph.D., associate professor, Department of International Relations, Istanbul Okan University, Istanbul Turkey.

Elnur Hasan Mikail, Ph.D., professor, Department of International Relations, Kafkas University, Kars, Turkey.

Correspondence concerning this article should be addressed to Elnur Hasan Mikail, Kafkas Universitesi, IIBF, Kars, Turkey.

and developing best practices that demonstrate organizational excellence, process consistency, and improved patient outcomes. (Pratt-Chapman et al., 2021)

In this sense, more independent accrediting bodies are being developed, while others are providing specific and modular certification programs for specialty treatments. For most people who are not familiar, little is known about what these accrediting bodies provide. However, organizations that are considered the gold standard of healthcare accrediting worldwide, or other accreditations that are generally accepted in their own countries, are recognized. The same applies to certificates specific to their operations or outsourcing medical services associated with the company's brand. (Mitchell et al., 2020)

Purpose and Scope of the Comparison

Healthcare organizations pursue accreditation to advance the capability of their facility, attract more patients, and obtain a third-party seal of approval that clinicians and staff fulfill best practice standards. Temos International was founded in Germany in 2010 to provide an alternative system of healthcare accreditation. In 2015, as part of a global review, we conducted in-depth research on the accreditation standard and process that Temos applies. We aim to serve Canadian patients who are interested in the quality of healthcare abroad by comparing Temos with other accreditation systems. This paper reports our findings for the International Society for Quality in Health Care. We tested the reliability of our findings by confirming factual data derived from recent publications and feedback from representatives.

The purpose of the comparison is to help individuals make informed decisions about whether to proceed with elective medical care at a Temos-accredited facility, or one accredited by other recognized systems or by one of the many other healthcare or medical tourism accreditation organizations. Each system has unique standards, operates under a unique process, and has a unique approach, including self-assessment and on-site assessment activities. There are many factors that patients should consider when assessing the attractiveness of a global healthcare facility, such as qualifications, language, communication skills, and cultural competence of the clinical staff; adequacy of follow-up care; physical environment; location, travel, and accommodation; infection control; and level of patient education and informed consent. Each of these factors is influenced by decisions made by the healthcare organization in response to accreditation standards. (Schwenzer et al., 2021)

Methodology

A comprehensive web search using the names of the organizations was performed with thousands of results displayed. The first 100 are usually the most relevant ones. As already mentioned, the first relevant websites included. The webpages of JCI, Accreditation Canada, and AACI seemed to follow similar webpage structures. TEMOS had a differently structured webpage. The codebook was created to compare the elements of all standards. The following elements are compared: (1) hospital or service provider, (2) not mandatory, (3) country, and (4) acronym.

The companies under survey were (1) TEMOS, (2) JCI, (3) AACI, and (4) Accreditation Canada. Please note that there are further healthcare accreditation organizations available, and this study is not a complete and exhaustive study of all healthcare accreditation organizations. The methodology of this study is a cohort comparison of United States, Canada, and Germany-based healthcare accreditation organizations. The objectives of this study were to investigate and compare subjective elements of well-established and known healthcare accreditation organizations. These findings, if any, may provide useful information to hospital managers and

personnel responsible for quality improvement, and may support their decisions to choose one or more recognized and accepted healthcare accreditation. (KS, & Barkur, 2020)

Selection Criteria for Accreditation Bodies

Healthcare providers can use various international accreditation bodies to validate their quality and safety programs, with each accreditation body having its own set of standards, which need to be understood at the selection phase. In a global marketplace, finding the appropriate accreditation criteria can facilitate patient flow and support the hospital's position. Here, we describe the development of the selection criteria for accreditation bodies. In order to suggest a structured selection process algorithm, we systemically reviewed medical publications available in English in several databases and the manual according to 64 criteria found in both academic and gray materials. Top management mindset and engagement was a critical success factor in every type of hospital. Commonly, if hospital ownership was public/governmental, accreditation was a compulsory policy dictated by the Ministry of Health, and there was no inspection at all due to a lack of resources for inspection. Hospitals with international accreditation were placed as a customer-centered intermediate between the ministry and local hospitals, thus affecting the perception of stakeholders. Medical tourism and insurance accreditation have created access to foreign patients, increased income, and competence, reducing the local income gap. These scenarios introduced a market risk, transforming the hospital from a "cost approach" to a quality-oriented approach. (Frank et al., 2020)

Analysis Framework

The direct comparison of the different healthcare accreditations is challenging because discrepancies may arise from not understanding the involved variables of accreditation and because data will differ depending on the applied healthcare model. For a clear and more just comparison of them, we consider it appropriate to analyze them within a common framework that could be that of the characteristics of the health system, mainly because these divergences do not occur in countries with the same organization of the health system. The healthcare models of different countries have shared organizational characteristics for years. To carry out this comparison, we present an analysis based on ten categories, positioning each organization in one of the four areas mainly covered by its standards: Clinical Safety and Quality of Patient Care, Processes Area to Support the Operation, Management and Services, Organizational Governance and Leadership. In conclusion, the above comparison gives a clear but quite informative overview of the differences and similarities between the four surveyed accreditations, and may also be used for future comparisons between them as two or more of the most common accreditations in developed countries. But the results are from an ex-ante analysis; therefore, they must be corroborated by the results of their applications. A promising perspective for future surveys could be to identify the specific components of the assessed items; our conceptual approach was to frame the quality items into broader categories to allow for a fair comparison of these accreditations independently of the degree of precision of each surveyed item. They will allow the accreditation of a healthcare institution to meet the needs of a community and a country, providing a governance tool to measure the process and performance of this institution in the context of its organization. (Health Organization, 2020)

Accreditation Bodies Overview

Accreditation is the process of certification of healthcare organizations against professional standards, establishing the foundation for managing quality and achieving excellence in performance. Different national

and international accrediting bodies address the diverse healthcare markets. The leading hospital accreditation body in the United States has expanded and increased its global standards and accreditation activities, creating an international scope. Therefore, there is a widespread belief that its standards are the global de facto standard for healthcare. The importance of this accreditation is evident from the fact that it contributes to profitable medical tourism through the facilitation of cross-border hospital quality and safety.

A specific focus is on the accreditation of integrating traditional and complementary/alternative Asian medicine with international care. A diversified corporation collaboratively developed its hospital and attachment services accreditation program with various accrediting bodies, private hospitals, and international health providers. The program is designed to accredit levels of care and provides a hierarchical certification program. A non-profit, non-governmental organization has sparked efforts comprising the widespread distribution of the quality management system, developed in cross-sector partnership. It provides cost-effective performance improvement with comprehensive information resources while increasing medical travel quality and safety. (Brand et al., 2023)

Temos

Before JCI, the largest provider of international healthcare accreditation was the US-based Joint Commission on Accreditation of Healthcare Organizations. JCAHO has been renamed to The Joint Commission and now provides only location-based accreditation services in the USA. Dr. Burkhard Zimmermann was one of the directors of JCI in its early years of existence until the year 2000, when he left to form the independent accreditation provider Temos International. Temos International GmbH, founded in 2010, is a Germany-based healthcare accreditation organization specializing in improving quality standards in hospitals, clinics, and medical travel coordinators worldwide. Initially developed as a spin-off from the German Aerospace Center (DLR), it was spearheaded by Dr. Claudia Mika, who has been instrumental in creating the company's global network and its focus on medical travel and patient safety. Temos offers customized accreditation programs tailored to specific types of healthcare facilities, including hospitals, dental care centers, rehabilitation clinics, and medical travel coordinators. With a focus on both clinical and non-clinical outcomes, Temos emphasizes sustainable practices and continuous quality improvement, serving healthcare institutions on six continents. It is known for its pioneering role in medical tourism and was the first accreditation body to launch programs to mitigate COVID-19 transmission in healthcare facilities (Temos, 2024).

The main founder's vision is that every global consumer has a right to choose high-quality healthcare based on transparent and relevant criteria such as medical success, good hospital management, and empathy in hospitality. Quality decisions cannot be based on brand popularity and name recognition, as that may not secure patient safety. Doctors as "firefighters" and "paramedics" should follow the most relevant gold or diamond accreditations. Healthcare organizations as "art collectors" determine the value of stones by not being forced to achieve the target scores and to act only in patients' interest while being motivated by concepts of personal and organizational ethical responsibility.

Temos recognizes and respects the local culture and society and thinks that interested customers should not be subject to errorfully interpreted international regulations, or "imported to some extent policies and procedures relevant for or related to other countries", where the meaning of unrelated still needs to be clearly defined or denied. People usually want to invest money in the latest advancements in healthcare that could allow their improvement or enable them to rely on the actual condition of healthcare providers. Healthcare based on false

organizations' profiles and pretending to verify quality criteria cannot be good enough. Meanwhile, decades ago, the term "medical tourism" used to be "infamous and pejorative" for the low price of healthcare. The stigma appeared as a result of the uncontrolled and irresponsible activities that ultimately created negative health outcomes for patients. All parties involved in healthcare delivery must agree to a clear differentiation, as healthcare tourism constitutes traveling and visiting healthcare organizations for quality-driven medical treatment and augmentation based on the healthcare needs and capacity of patients, not exclusively aimed at pleasure and leisure. (Ziemba, & Mika, 2022)

JCI

The JCI is one of the leaders in healthcare accreditation around the world. They have accredited 690 hospitals and other healthcare organizations in 63 countries. The JCI has the most diversified healthcare scope and will accredit the following: international patient units, ambulatory care, clinical laboratories, hospital-based and office-based surgical services, executive health programs, primary care and urgent care, research centers, blood centers, medical transport, patient transport, medical escort services, malnutrition programs, long-term care programs, and renal dialysis programs.

The two primary competitors of the JCI do not accredit primary care, clinical diagnostic labs, blood banks, malnutrition, long-term renal, and dialysis services. While the main revenue driver of the JCI is hospital accreditation, JCI provides various other services. These include consultancy services for hospital services, primary care, lab and blood banks, and insurance companies. The JCI also offers a Corporate Certificate of Status program. This significant product puts the JCI in a unique position. If the JCI inspects a healthcare providing organization and gives them a clean bill of health, they are then automatically accepted into the Certificate of Corporate Status program. This process will save a great deal of money and resources for the healthcare organization. Additionally, the JCI is allowed to accredit other corporations and affiliates and to provide specialized survey services under the surveyor agreement. While this could potentially be a lucrative new source of revenue, it does go a little bit against the core business interest of the Joint Commission, which is to accredit the delivery of healthcare rather than other healthcare providing organizations. Since they are the leader in healthcare accreditation internationally, and the Joint Commission needs to diversify its portfolio following a string of failures, it makes sense for the JCI to enter into related businesses to hedge their bets against a potential increase in failures in the healthcare system. (Sallam, & Hamdan, 2023)

AACI

American Accreditation Commission International (AACI) was established in 2013 by three experts with nearly a century of combined healthcare experience. Their mission was to create a new accreditation system focused on improving healthcare quality, patient satisfaction, and continuous care improvement. Over its first decade, AACI achieved global recognition for its commitment to setting high standards in patient-centered healthcare.

In 2024, AACI marked its 10th anniversary, celebrating a decade of growth and innovation. During this time, it introduced several updates to its accreditation standards, including the release of Version 6.0, which continues to provide a robust framework for quality assurance, risk assessment, and patient safety in healthcare organizations worldwide. The organization is now positioned as a leader in healthcare accreditation, helping shape the future of healthcare globally.

Accreditation is a certification in which a third-party attest that another party or organization, through

verification, does what it claims to do. The different accreditation organizations are important to the population, particularly patients of military healthcare facilities. The term of this accreditation is two years, while others typically have accreditation for three years.

Accreditation Canada

Accreditation Canada has offered a range of quality improvement services, including accreditation, to the healthcare community since its establishment in 1958. It accredits a wide range of public and private providers for the programs, processes, and people. AC International works with its partners to customize accreditation programs worldwide based on the foundational gold-standard quality reflector. Its accreditation principles have strong legal and ethical backing, and its independence ensures consistency and reliability of its accreditation results. AC's current international quality reflector is the 5th edition of the Qmentum quality program, working with local partners to ensure understanding, fit, benefits, and sustainability. Services include programs that meet internationally agreed criteria to assess hospitals, residential, long-term care, and ambulatory care. International agreements are based on the agencies' compliance with the standards. A recent program reviewed the performance of a hospital's infection prevention and control program. A third-party program was reviewed to assure the healthcare worker's competencies and practices to care for and support patients. Performance was based on legislated national infection prevention and control standards. The national legislation covered regulations on patient outcomes directly attributed to a healthcare-acquired infection. (de Oliveira et al., 2020)

Accreditation Standards

Temos: Clinics and Hospitals Core Standards

The most important decision organizations have to make is to choose the standards and scheme of a known and established quality management institution that meets their goals and customer preferences. To ensure equal participation of clinics and hospitals in the accreditation scheme and to help them on the way of continuous improvement, Temos has introduced the Core Standards. Basic medical care service is provided within primary healthcare clinic departments. Their importance is in prevention, diagnosis, and early treatment, as well as improving patient control over their medical care and guidance to the specialist in the second level of care. This is a reason to occupy data collection on service provision to patients, modern medical equipment, and employed personnel. This medical specialization and a new generation of highly professional medical personnel who focus exclusively on patients have brought about some novelties. Since the patient's salary is relatively high, they also expect premium medical service and an attractive ambiance related to the medical service, which reflects the high assessment of patient treatment.

Temos Standards Overview

Several Temos healthcare accreditation programs include standards focusing on patient safety and care quality, patient-centered care, ethics, and data protection. Temos sharpens attention on the areas of access, continuity, and efficiency of patient care as well. A number of specific requirements within Temos standards are seen as innovative in the field of healthcare. Requirements offered as optional permit advanced hospitals and clinics to customize care to today's international patients. The "Temos Essentials Standards" are final versions and other Temos hospital and ambulatory standards are still in development. The 50 Essential standards are published in one volume. Temos Standards set forth the quality management system plus quality of patient care requirements. Temos assessors verify that plans and actions are consistent with stated policy, goals, and

objectives.

Before the first survey conducted by Temos assessors on-site, licensed or certified healthcare organizations would complete a self-assessment and meet Temos Essentials Requirements and others tied to their type of healthcare organization, function, scope of services, etc. Non-essential standards for specific Temos accreditation programs could also apply. Optional standards would be available to experienced organizations, providing advanced options to serve the needs and expectations of today's international patients. This includes those who travel for care. In 2019, 88 healthcare organizations in 29 countries received services accredited by Temos. Upwards of 80% of the accredited bodies are hospitals. Ideals, as well as specifics, do evolve towards the delivery of the gold standard for high-quality international patient care. Healthcare providers around the world use current hospital accreditation programs as a framework for the delivery of excellent quality care. Health bodies feel that the benefits of a well-structured, continuous analysis of performance promote efficient administration, measured outcomes, and improvement designed with international patients in mind. (Macosso et al., 2022)

JCI Standards Overview

JCI's accreditation program, known as Hospital Standards, consists of seven chapters with over 1,000 measurable elements and 300 core standards that are required for accreditation. The standards are derived from extensively researched and vetted medical and scientific literature and carry evidence-based methodologies to help organizations evaluate and standardize patient care processes that are critical to improved outcomes. The established standards set out structures and processes that are pivotal to the safety and quality of patient care. They define the essential attributes of Joint Commission accreditation in order to establish accreditation as synonymous with the high reliability of care.

Seven requirements are essential for any organization to be accredited by JCI. These criteria include a scope of service, which states the entity's purpose and services offered meet JCI's desired facility type standards. The policy and procedure manual should state that leadership sets expectations regarding safety, quality, and performance measurement for all operating units. The organization should implement patient care processes and performance measurement plans that support the achievement of safe, high-quality patient care and set operational goals for capabilities that are measured. All verification of compliance, mandatory, and certification standards are applicable to JCI-accredited organizations with these policies meeting the accreditation requirements. Any JCI-accredited organization with that service should function within established official requirements for recognized JCI services. The owners and operators of an accredited health care entity should engage in supporting JCI's activities for sponsoring health care organizations, developing international accreditation requirements, or furthering the JCI mission. Finally, under licensing, JCI provides the healthcare entity with the exclusive right to use JCI's intellectual property and certify that the entity complies with JCI standards. However, the right to use all or any part of the intellectual property of any present or past trademarks and service marks related to JCI accreditation is, and will remain, owned by JCI. (Campra et al., 2021)

AACI Standards Overview

The AACI standards are organized according to nine chapters, which are constantly reviewed and updated. Each AACI standard and the accompanying criterion capture the characteristics of the chapter to which they belong, including the on-the-ground processes used for patient care within the healthcare facility. Such a structure endeavors to ensure that the needs of the interest groups of the healthcare facility are captured and continuously met. The appropriate committees and decision-making bodies of the clinical and administrative headquarters in

any of the national or internationally funded health facilities would be the most appropriate bodies to use the standards.

These standards strive to capture the best practices of facilities based on the current research in healthcare. They are informed by the needs of patients and the broader interest groups, the baseline expectations that patients hold about services provided in hospitals, as well as the performance of leading organizations. The standards are widely based on extensive and detailed research. The compilation of the evidence base and review of the instructions assist in capturing the professional consensus and evidence base for the standards. Additionally, they enable staff to understand what good practice looks like and how it should be delivered. The standards are suitable for international use with little or no modification. They are applicable within different legal and regulatory environments, to a variety of political forms and financing mechanisms, and to varied populations with differing needs. (Rupp et al., 2021)

Accreditation Canada Standards Overview

ACC works in all healthcare sectors and was designed for organizations providing healthcare treatment, healthcare that contributes to healing, and/or rehabilitation services. It does not include services like health promotion programs or research. Standards are developed in consultation with experts and with common language, concepts, and expectations embedded in consensus research and evidence. ACC has also developed unique sets of international standards and additional programs to meet the needs of organizations seeking to improve their quality and safety performance. International customers include health systems, government ministries, and other national stakeholders in several countries, looking to work with them as partners to evaluate and improve the quality and safety of their healthcare services. Since 1958, they have supported organizations interested in benefiting from benchmarking for quality improvement, with a comprehensive and internationally recognized accreditation program.

The goal of ACC's accreditation program is to create better health systems, safer care, and the best health outcomes for patients and the public. It also sets standards that programs can look up to and offers external validation that can help achieve the intended effects. It provides subscribers and programs with information about what to expect in health organizations that meet the standards. The design of good quality standards and evaluation tools is part of their ongoing quality improvement processes. Accreditation standards and evaluations are reviewed and refined, and our methodology is continuously enhanced. ACC plans to change the standards review and development cycle and will inform our customers early in the course, as changes made are expected to have the most minimal impact on current processes for standard compliance. ACC also wants to make it easier to improve the appropriateness of standards for new service lines and disciplines. These changes also apply through the Service Offerings and Subscriptions program. ACC needs to ensure that the revised standards reflect current healthcare practices and customer needs in this dynamic time of change to concretely reflect the requirements and maintain relevance. ACC is looking to focus on outcomes that drive continuous performance improvement. ACC is also looking for ideas, comments, and questions on enhancements. ACC wants to raise quality standards for excellence regardless of nuances in service lines and organizational placement while becoming more effective and nimbler. ACC knows that the best way to improve what they do is by listening to the people that make their work meaningful. (Health Organization, 2022)

Accreditation Process

The healthcare accreditation application and evaluation process are structured for all healthcare sectors, including investor and public organizations. The main process steps are preparation, self-assessment, formal application, document submission, and on-site survey or evaluation. The application period of the program can be 5 to 7 months, which is suitable for small and medium-sized healthcare institutions. The process is characterized by comprehensive and structured standards that contain healthcare foundation standards, risk management, and patient safety requirements. The standard category has the largest program and is divided into disease special services, laboratory, clinical support service, patient-centered standards, and other infrastructure. Although the processes are similar, new applicants should ask for accreditation guidance and consulting as much as possible and even take the mock survey, boot camps, and hospital evaluation consultation.

The formal application in the pre-assessment phase needs to provide a comprehensive service package that includes hospital services and good service; it could eventually bypass the limits of tourism medicine services. Although all of the medical tourism management fields emphasize the patient's arrival by transport, accommodation type, diagnostic services and procedures, pharmaceuticals, risk management, patient handbook management, human resource management, safety complaints, third-party contracts, and financial and administrative risk management, the requirements for patient safety risk management were different. On-site survey evaluation is characterized by the approach to the organization, but the process divides the instructions for each participant into categories: clinical and support facilities. Requirements for foreign language services, awareness, motor experience, travel and tourism, and special dietary requirements are included in the regulatory program for medical tourism and tourism treatment. The programs are based on the knowledge of the needs and expectations of international patients, safe distance estimation, and risk assessment. (Elamir, 2020)

The assessment for international evaluation could increase the competitiveness of medical tourism. The mode, accommodation, procurement, and transportation of services need an emergency care plan. The stakeholder organizations at home and abroad were responsible for conflicts related to patient management and the conduct of survey results. The performance of a safety system is established under the medical tourism management system. At the same time, processes for the assessment include pre-evaluation licensing, certification license costs, and comparison of costs invested in the assessment and requirements of the relevant standards. The performance process is indicated as required, which could avoid the inspection process. The period of decision to certification is shorter than the results; many requirements for medical tourism services are absent, and few risky aspects have been considered. The management of diseases and clinical support services, such as pharmacist qualifications, are also not considered. Small and medium-sized healthcare institutions can select the more basic and optional authorization methods. The authorization costs of these consultants are also cheaper than those directly hired, including consultants and accreditations.

Application and Pre-Survey Preparation

Developing an explicit understanding of the organization's goals and processes allows healthcare executives and staff members to most realistically assess how closely their organization currently operates to the requirements of the accreditation standard. Based on this understanding, decisions about changes to adhere to the standard can be made. Engaging staff colleagues from across the organization in interdisciplinary groups represents a good approach. This approach fosters education, dialogue, and organization-wide buy-in. The most successful accreditation transitions involve the efforts of an interdisciplinary, organization-wide steering team

with task-specific teams or groups dedicated to addressing the specific standards and/or required performance improvement processes. Formal communications to all staff members should begin after the steering team has completed work on the practical interpretation of the standards or procedures. The jack-of-all-trades approach to maintaining the integrity of the survey process will not meet the letter or the spirit of any of the standards.

This approach often results in unnecessary downtime and the expense of remediation because those implementing the new practices or adhering to the new standards are not included. The principle of constant improvement and validation through measurement and monitoring is fundamental to quality management principles. The more validation that is incorporated into the change process, the more solid the individual changes will be. This same principle holds true in the process of health system accreditation. The act of incorporating the standards and changes required to achieve superior organizational performance should be a normal part of the daily job responsibilities of management and staff. Inadequate preparation for the actual survey should be considered a red flag indicating an organization that is submitting to the involved process of the survey but does not truly understand nor plan to implement permanent modifications to meet the standard. (Lasrado, & Kassem, 2021)

On-Site Survey and Evaluation

On-Site Survey and Evaluation: The audit consists of a survey and evaluation component in which documentation is evaluated off-site prior to the actual field survey. Interviews with staff, patients, and their family members are conducted on the day of the survey, and a tour is conducted using a standardized form. The on-site survey is carried out in a team approach with team members coordinated by a survey coordinator. The surveys are conducted by a combination of clinicians, administrators, and other health professionals and surveyors. The team includes at least one physician or nurse and a representative from each of the following professional groups: clinical laboratory, diagnostic imaging, dietetics, environmental services, infection control/prevention, medical/clinician, nursing, nursing services, patient safety, pharmacy, physical medicine, rehabilitation services, and social work. Specific disease processes are reviewed by healthcare professionals with expertise in the area under review. For small healthcare organization programs, some of the on-site surveyor composition requirements are less strict or waived. (Cunha et al., 2021)

The audit includes on-site audits in their survey and evaluation process. Organizations are required to submit all completed Program “Requirements” documentation at least 30 days prior to their requested site survey dates. The audit starts at 8:30 a.m. on the first day and ends at 4:00 p.m. on the last day of the survey. Each auditee is required to submit and present a survey overview self-assessment in an outlined format of what is done and how the items requested in the documentation form are being met. The survey is conducted by at least five surveyors.

A two-phase on-site audit is used. The Phase One audit occurs as an off-site document review. During Phase One, applicants submit the required documentation for accreditation, and specifically designed auditors perform a comprehensive, off-site pre-survey/initial document review and assess the organization’s compliance with standards. Following Phase One, the applicant is given feedback about the outcome of the document review and provided with a list of areas of potential concern. The on-site Phase Two survey is then scheduled. The on-site survey commences after the pre-survey briefing session and occurs on-site at the applicant healthcare organization. It includes observations of patient care procedures, dialogue with staff, interviews, medical record reviews, building and facility tours, and data/fact-checking. The organization’s performance is only evidenced by observation during Phase Two. The survey is conducted by at least three surveyors. (Bion et al., 2021)

General Hospital standards include an Organization Overview Tool. This tool provides the peer review team members a tool to guide their interactions with healthcare organization staff members. The document is part of the overall approach to the scheduled survey and accreditation process. The on-site survey is conducted by at least two staff members/peer surveyors who are trained in the survey process.

Post-Survey Activities

Post-survey activities are processes that start after the closing meeting and that surveillance includes. The first post-survey activity is the written results report. The results report highlights the key strengths and areas of opportunity of the university. The results report is reviewed by the surveyor team leader and the managing director. After they give their approval, the complete report is uploaded. With their approval, the client will have access to the survey report. This permission helps the client to input the report into their internal system and to accomplish action plans and their follow-up. When the survey is finished, the surveyor team leaves the area after all things are in agreement with the client. Then, the client will have the opportunity to give feedback about the survey process to the surveyor staff, the office, and possible details about the university and services. In areas where there are challenges to overcome, the surveyor team follows the client. After that, the managing director of the head office starts the approval process, and after the final approval, the accreditation is awarded. In a session, the managing director will explain the review of the accreditation project. (Smith-Turchyn et al., 2024)

Quality Improvement and Patient Safety

Quality and patient safety functions are included in the survey in order to gain information about relevant safety aims, the inter-disciplinarity of cooperation, and the content of handling medical errors, including the handling of disclosure, follow-up services, the analysis of error rates, and the handling of reported malpractices. Regrettably, these studies exclude users; however, it places a high value on continuous improvement processes. Moreover, process orientation is a common characteristic feature of all accreditation and certification systems.

User-based management means not only monitoring and controlling methods but also handling customer complaints, providing fast and professional reactions to consumer demands, and having the capability to act in order to solve or avoid problems. It is always the patient who suffers from medical error situations. Confidentiality should, however, not be compromised by safety and quality concerns. All systems expect and survey the application of risk management. In general, all international accreditation boards consider the intention to secure patient health, the economic intention to maintain a good relationship, the aim to develop talent, and investments in infrastructure as diverse stakeholders' satisfaction. Prospectively, after returning to their home country, recipes and experiences are requested. Knowledge transfer is funded in medicine by many diverse systems. It must be part of the multifaceted hospital management responsibility in each individual hospital. (Health Organization, 2022)

Emphasis on Quality Improvement

To foster an organization-wide commitment to quality improvement, the quality management model is based on unique quality concepts and themes centered around the need for transformation, organizational excellence, data-driven decision-making, and daily patient-focused continuous improvement. A culture that drives improvements throughout the organization by setting the stage for the accomplishment of the mission of the hospital and taking part in improving functions. Quality and performance improvement activities incorporate identifying important issues with continued improvement efforts to raise performance standards and improve

patient care at low risk. While the focus is on caring for people, there is a commitment to achieving the mandatory goals.

There is flexibility to develop a quality system anywhere in the world and in any sector for any organization that is independent and interested in improving quality and enhancing performance. Core values are not contradictory but are significantly different. Quality policy must be developed in the organization at all levels with an emphasis on the client's needs, perception of quality as the core of the organization, with a focus on results, continuous improvement, and relationships. However, there is also a requirement for familiar quality experiences with a focus on customer satisfaction and addressing the external client. To fulfill patient requirements, it tries to meet the needs based on continuous improvement and trustworthiness. It emphasizes both satisfaction and the invisible aims. Satisfaction fulfills external and internal client requirements. The customer focus is on satisfying the requirements now and in the future. Through the analysis of patient needs, legal norms, and comprehensive healthcare processes, and the use of the system while searching for ways to improve credibility, it promotes total involvement, commitment, and the abilities of the institution while showing transparency and integrity. This provides the basis for effective operations, evaluation, and the use of facts based on data. (Arcaro, 2024)

Focus on Patient Safety

The JD Standards refer only to the use of personal protective equipment (PPE) and the focusing of education for high-risk patient safety processes such as safe opioid use, safe surgery, and goal identification as core awareness content. Additionally, the hospital must consider coordinating "safety training requirements". The actual Procedure form includes the provision of "Systematic Organizational Approaches to the Identification and Achievement of Patient Safety Goals". Other language includes "Communication of incidents and accidents, adherence to the patient safety goals, and verification of the qualified staff", but the scoreable element is the existence of "Patient Safety Goals" and a "written application that documents each patient safety training/educational plan for governing body, leadership, and staff". It includes the provision for identification of "patient safety" goals and patient safety training. (Alsabri et al., 2022)

Temos includes a detailed requirement for Patient Identification and Patient Safety and Protocols. Policies and protocols include a system to prevent incidents and accidents associated with surgical safety checklist, program type and its application, the shop. Safety culture designed to critically evaluate performance, the program to detect and prevent electrical risks, the adaptation of hospital facilities for care, hand contamination control program to prevent cross-contamination (direct and indirect care) and to cut the chain of transmission in infections associated with healthcare, to demonstrate and avoid maternal undermining. They get 35 points for assessment. Accidents and adverse events are formally assessed by staff with problem identification and solving in collaboration with the health or medical director, and incidents must be reported.

Global Recognition and Market Position

One of the fundamentally important considerations for hospitals, clinics, outpatient facilities, and individual healthcare professionals is the recognition of the standard by patients, hospitals, and insurers from their area, country, or the country they are looking to attract patients from. National and international insurance companies may require that a service or a facility they contract with have a specific national or international accreditation. Payment of members' claims is generally predicated on meeting such contracted requirements. This "coverage"

requirement is equally valid for activities that are carried out in many different countries. Additionally, many embassy health policies provide reduced premium contributions in line with international health coverage cost structures for missions abroad when accredited international health coverage providers are used. (Health Organization, 2022)

International Recognition and Acceptance

Recognition and acceptance of healthcare organization accreditations are important for hospitals that serve medical tourists. The accreditation is the most recognized and respected accreditation among international patients. A survey found that patients considering medical travel to destinations outside their own country are likely to take into account the hospital's international accreditation, with the accreditation being the most attractive. The CEO of an organization found that medical tourists using their advanced database to search for accredited facilities make choices based on the brand, the international accreditation of the key specialties, and the hair transplant center, which supports these choices and works to build confidence among interested patients. The results show that they are now also associating the accreditation as a gold standard with higher levels of acceptance and recognition.

Other accreditations are less demanding and have less recognition among international patients compared to the most recognized one. One accreditation is not recognized outside a specific region, and another did not show up with recognized hospitals. A central board has started to administer the Kingdom's hospital and healthcare accreditation services, even capturing the lion's share of hospitals and healthcare achievement awards in its first days. This board appears in this survey with recognized hospitals. (Hussein et al., 2021)

Market Position and Demand

Cross-border healthcare delivery is a growing and evolving market. Patients, healthcare providers, and payers continue to be critical drivers of market growth. Private payers of international healthcare pay approximately USD 40 billion annually, out of a USD 114 billion annual international travel spend. Healthcare providers, wishing to grow patient volumes as well as profits, are also important entrepreneurs. In order to survive and thrive in this dynamic environment, particularly in an era of increasing customer sophistication, it is necessary for an accredited organization to differentiate its brand from those of competitors. Explore your prospective or current accreditation organization's reputation, network, influence, and funding sources. Where relevant, understand each, as you would any other stakeholder or partner that could influence success or failure. Keep in mind that how you achieve your stated goals of having an internationally accepted sustainable accreditation program is as important in this environment as the strategic positioning undertaken to be recognized. (Cancarevic et al., 2021)

If a country is a major exporter or medical tourism becomes an industry priority, the country may cooperate with international accrediting organizations for a national accreditation system, involving more participation from hospitals, especially private hospitals. Examples are Thailand's announcement toward cooperation with the less recognized accrediting organization as well as Turkey and MENA's commitment to install a nationally recognized hospital accreditation system with the help of a developed country.

Costs and Financial Implications

Initial Accreditation Costs

Initial costs are a major consideration for healthcare facilities in selecting an accreditation body. In general,

initial costs are higher than those of other accrediting bodies. The overall initiative is more intense and takes more time. For those healthcare facilities not located in the USA, inspection trip costs will be high. An alternative would be the use of training provided by consultants. This, of course, prolongs the process. For any of the programs, it is more acceptable to make an initial request and expected costs. The congruence of the healthcare facility with the specific accreditation program is essential before the commitment of time and money.

In addition, there is an advertising fee that the healthcare facility must pay due to international recognition. Over time, this will promote international recognition and skill development for the healthcare facility. Costs are transferred, but they are not insignificant. These include travel and hotel costs; project long-term planning for the cost of preparational consultants, advisory services, and international accreditation tendering, all of which see the accreditation consultant they accept; costs of international advertising; translating organizational plans, processes, policies, and procedures into English; developing specific organized records; conducting project educational purchasing and behavior software additional to their costs; and other costs. Small healthcare facilities may find working with international standards more problematic as the smaller organizations have depleted. (Uner et al., 2020)

Maintenance and Renewal Costs

Accreditation is a long and continuous process that will involve ongoing expenses. Below are some considerations when comparing costs from different accreditation agencies. These costs are only estimates, as each case will differ. Quality programs involve the costs associated with renewing the quality program yearly and maintaining the required services. For self-funding individuals in pursuit of an elective health procedure, a hospitalization may spiral out of control, as the cost of the hospital may exceed. Additional facility-specific or country-specific costs affiliated with accreditation include that accreditation costs can be divided into four categories: i) cost of opportunity, ii) start-up costs, iii) accreditation preparation phase costs, and iv) continuous costs at an average of 0.42% of the hospital's annual budget for every year of the validity period. (Mansour et al., 2020)

Case Studies and Success Stories

In this chapter, you can gain a firsthand impression of hospitals that have either achieved accreditation re-certification after being granted earlier accreditation in a very short time. Also, a first-time accredited private clinic and a first-time accredited dentistry have successfully completed the international accreditation program.

Repatriation Hospital at Heidelberg

Very Successful 2nd Re-Certification: 4 Weeks' Onsite Survey This valued clinical partner of the University of Heidelberg Medical School shows a great capacity to train physicians, nurses, and other medical professionals. The success story has been a feature of Repatriation Hospital since it was granted its first accreditation or re-certification. The Hospital of Repatriation's rollout of a complex system of environmental management, and especially the QM system throughout the hospital, is currently very advanced. (Keeley et al., 2020)

Secrets of Success

Gold Seal Full Hospital Accredited and Certificate: Fortis Flt. Lt. Rajan Dhall Hospital, India Fortis Flt. Lt. Rajan Dhall Hospital is a very attractive referral hospital in Dehradun, India. This advantage encouraged us with our state-of-the-art cardiology program to apply for higher international care standards. Our direct-pay patients

felt comfortable and confident at our multilingual hospital with its friendly and experienced staff. Our ability to offer very short waiting times for scheduled angiograms and angioplasty procedures was a decisive factor. Our surgical and medical consultants do speak and work daily in the UK.

Phuket International Hospital

1st-Time Accredited Private Hospital in Phuket, Thailand the medical and management staff at Phuket International Hospital were very motivated to become the standard-bearer for the business health and wellness opportunities in Phuket. The hospital prides itself on its international relationship program offering urgent care 24 hours a day and has worked very hard to demonstrate their ability to comply with established international healthcare requirements and standards for all its clinical and patient service departments. (Srirak, & Sukjai, 2023)

Real-World Examples and Impact

The need for all healthcare facilities to increase the trust of their customers, investors, and employees is universal and supported by real-world examples. One way to reach the Millennium Development Goal on maternal health might be to enhance the confidence and training of midwives through regional quality initiatives and accreditation of training for midwives. In the US, a not-for-profit computing for community service had fewer visits from young students who did not recognize the symbol on the office building and mistakenly believed that the organization was a hospital or specialized clinical service. Healthcare facilities that had received initial voluntary accreditation under a pilot project were much less likely to experience serious events after the implementation of the requirements of successful opioid taper completion and transferring patients to the clinic for further needs and counseling than the control clinic.

Public reporting of performance data from programs is associated with limited evidence of a reduced mortality rate. The frequency of serious patient conditions increases significantly beginning a few months after the revocation of the accreditation status of an obstructive sleep apnea treatment clinic. Patient care provided at US hospitals that participate in a specific fund is of higher quality than similar hospitals' patient care that did not participate. Large private and public health employers and local hospital systems in the US invest in improving the quality, value, and educational and leadership capabilities of a particular small group of aspiring high-quality health systems that have the potential to be a strategic partner. Ninety-eight percent or more of the 6- and 12-month postoperative follow-up total joint replacement patients in one US healthcare facility are consistently satisfied with the care provided. These examples illustrate the usefulness of international healthcare accreditation for both healthcare facilities and patients. However, the impact of various programs in terms of longer survival after hospital discharge varies and fades over time. (Rahmel et al., 2020)

Challenges and Criticisms

Healthcare accreditation programs may not address current clinical issues or objectives and give limited consideration to the provision of care for specific patient populations. There is too little transparency regarding the criteria that are used for accreditation, and often the programs are too closely aligned with the interests of the hospital that is being accredited. Despite the growing number of published guidance for the self-regulation of accreditation bodies, independent oversight is lacking and conflicts of interest need to be addressed. There continues to be little proof that accreditation delivers its purported benefits related to quality and safety, and equally important in today's challenging healthcare environment, an increased reputation and financial stability. The literature related to the effectiveness of international accreditation programs in different situational contexts

and their impact on patient safety reveals strengths and limitations.

Moreover, the literature review finds no consensus methodologies and a lack of quantitative analysis to assess the quality of healthcare delivered. Given this possible mismatch between what accreditation can achieve and the current role that accreditation tries to fulfill, we should wonder about, firstly, the utility and necessity of certification by accreditation and secondly, whether the reaction of decision-makers, directed under different institutional and economic constraints, will drive institutions to reassess the role of accreditation. The purposes of this qualitative study are to examine the drivers of choosing to be accredited, looking at the case of the clinic, and to address the different effectiveness perceptions of accreditation, examining both the medical staff and the clinic. What are we fighting against and does it make sense? This will reach a strategic reflection which will help to articulate regulation, relationship marketing, and excellence between the moment that managers, professionals, and patients find themselves in. (Hussein et al., 2021)

Common Challenges Faced by Healthcare Organizations

Healthcare stakeholders greatly appreciate various accreditation organizations' evidence-informed and peer-reviewed standards that set the requirements ensuring quality, safety, and operational performance. In many countries around the world, national accreditation or certification programs, based on these standards, are utilized. In countries without a program, international accreditation programs are utilized to strive for consistent high-quality care.

Currently, there is no countrywide healthcare accreditation program specifically designed for the U.S. As a result, many U.S. healthcare organizations seek, invest, and achieve the international accreditation award. Often, there are multiple programs available, and healthcare teams must investigate and evaluate to select the right program meeting their needs to achieve healthcare performance excellence. This chapter is specifically dedicated to assisting teams working in organizations located in a country that does not offer a domestic healthcare accreditation program.

The findings and reporting standards of the healthcare organizations' self-assessments and compliance with regulatory standards and standards set by accreditation organizations are critical to responsible governmental regulatory bodies. Medical directors, administrators, quality leaders, clinical staff, and indeed all members of interprofessional core teams need to be actively engaged in operationalizing these healthcare governance practices. As this chapter concludes, self-assessment, regulatory compliance, and accreditation are more than documentation and policy. They are the comprehensive performance-improvement system. (Berland, 2024)

Future Trends and Innovations

Overall, our study results show that hospitals are amidst a prolonged (and probably continuous) process of searching for their identity and willingness to align with international norms and recommendations, further perpetuated by the increasing mobility of affluent citizens of developing countries. As a result of this search, hospitals tend to go to extreme lengths to satisfy patients' expectations regarding branding and innovative medicine. If these trends endure for longer, hospital accreditation will gradually lose its meaning, turning into an additional out-of-scope expense, while hospitals fortunate enough to have a differentiating endowment will be able to satisfy their guests and generate a profit. After all, the richest citizens will still visit Western European or North American hospitals for treatment. Scattered innovative attempts—such as the use of sophisticated information systems and telemedicine—will not change the situation on a macro level. In the worst-case scenarios,

this exclusive grandeur of hospitals will impact the core idea of any system based on contributions by members. (Halberg et al., 2021)

To truly survive in the long run, future health care accreditation should depart from the common denominator of this domain, which is sound accounting. Traditionally, the essence of hospital accreditation has been to demonstrate the trustworthiness of health care providers. The ideal form of hospital accreditation is not only to provide the minimum acceptable quality signal, but to help patients understand the “conditions of the game” of every accredited entity, to maintain motivation regarding professional practice by suggesting the use of modern technologies, and to implement system-based solutions fostering continuous quality. Therefore, accreditation standards should be flexible enough to permit different approaches to specifications. Such regulations should rule that the best hospitals should be like those described in the relevant standards, while good and excellent standards should give enough flexibility so that two hospitals of the same size cannot anymore be similar.

In conclusion, the main implication of the shift of relevance from process to outcomes is that the traditional interests of hospitals regarding systems in which illness, cure, and information play a minor role tend to be replaced by a stronger interest in effective, integrated models for the management of chronic diseases to secure acute care delivery. Such models must take into account the organizations involved and represent state-of-the-art models and new, non-traditional ways to organize services. The concept of effective pipelines for simple and complex procedures can functionally safeguard hospital revenue, while integration in the community may be needed to supply continuity of care. Integrated action toward external bodies like schools, the local development agency, the health protection agency, the social service, or other territorial services should be regulated by the format and be a part of the operational rules inscribed in the relevant quality system standards. (Hughes et al., 2020)

Technological Advancements in Accreditation

Universally recognized healthcare accreditation bodies have operated around the world for years, guiding hospitals and clinics toward standard care and customer satisfaction. Accreditation has seen a range of technological advancements, especially in recent years; this trend will continue, easing and enhancing the efforts of all parties involved in accreditation. Greater active participation of accredited hospitals in the assessment process could allow healthcare accreditation bodies to tweak assessments more precisely. Moreover, it could provide realistic insight into how, when, and why standards need to be updated and refined. Assessors can acquire information more swiftly and reliably through various communication strategies, allowing patients and families to directly share their experiences. As auditors pursue their research by using more strategic and ever-changing approaches, ranging between unannounced and online services, hospitals can accelerate information review with the digitization of records. These might actually become the primary checkpoint in the first instance, providing templates of patient and customer questionnaires as a basis for preparedness audits. Staff induction and ongoing professional development and competency can all benefit from virtual reality learning environments. These advanced technologies optimize the employment of expertise, and it can be concluded that they will become the proximal tools for the delivery of service standards in all healthcare accreditation processes shortly. (Cihon et al., 2021)

Conclusion

The choice of an accrediting organization for a healthcare facility reflects a particular vision and preferred approach to the organization and delivery of services. The approaches are different and attract different types of healthcare organizations across the world. The work required to obtain and maintain accreditation according to each respective accrediting organization's exacting standards, as well as to select that organization, are significant. Objectively, the different approaches ensure that healthcare organizations of all types can obtain and maintain a recognized level of care, and tend to keep lowering the variation in the quality of care provided globally.

Independent practitioner's experience and judgment provided the basis for the comparative analysis and ultimately led to the provision of a guide to the world's most recognized healthcare accreditations for interested international healthcare facilities. We are aware of our own limits and welcome additional contributions. Accreditations are based on site surveys without notice in which essentially two main activities are performed: observed access to care and safety of care through inspections and interviews with staff and patient files. Clinical directors are not, therefore, particularly familiar with other interesting quality initiatives. The readers not being clinicians, we could not independently verify the consequences of changes recently published. The report from this category is based upon hospitals and clinics or healthcare experiences. (Mosadeghrad, 2021)

The key findings are compelling: institutional accreditations expect outcomes relevant to mature institutions, supported by infrastructure investments that are prohibitive for specialty clinics. On the other hand, most international medical tourism accreditation prepares institutions for knee and hip replacement procedures and their related care rather than for the procedures and other services most often required by the typical medical traveler. The one exception to that point is an international patient process standard that is nonetheless procedure agnostic. And so, this article recommends what is counterintuitive: no organization credential itself at all.

All of the international medical tourism checklists and the process standards for international patients are appropriate to a clinic that is a niche provider for whom the procedures they deliver are those that the medical tourist typically seeks. Utilization of these resources should then be the foundation on which other investments in infrastructure and technical systems are layered. On the other hand, these checklists are useful to the medical tourism patient and their referring intermediary, since they oversample to help ensure that the appropriate items are present in the clinic. Rather than organizations credentialing themselves, exceptional certifications or credentials for specialty clinics should be created to assist them, such as a designation to function as an ambulatory clinic. Then relevant institutions could evaluate accordingly for the presence of these specific quality concerns.

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