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The Value and Impact of Accreditation in Health Care: A Review of the Literature

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Introduction

Accreditation is an internationally recognized evaluation process used in many countries to assess the quality of health services provided. There are many countries in the world currently embarking on the development of organizations and programs that offer accreditation. It is a means of publicly recognizing that a healthcare organization has met national standards of quality [1]. While it is not possible to draw direct comparisons between countries, as processes of accreditation and the legislation surrounding it vary greatly, this article demonstrates that research and publications on accreditation highlight a number of common themes.

While “empirical evidence to sustain many claims about the benefits of accreditation is currently lacking” [2, 41], this paper provides a review of the literature regarding the value and impact of accreditation in the healthcare sector. It includes research results, gray literature, as well as experience-based articles. It is important to note that this paper is focused on the accreditation of healthcare organizations, including acute care, home care, palliative care and long-term care. It does not include information regarding accreditation as related to educational programs or clinical competence.

Goals of accreditation

Accreditation and standards-setting initially emerged in response to unacceptable variations in the quality of educational institutions [3]. These methods were eventually adopted in other sectors, notably health care. Today, accreditation is affirmed as a process designed to improve the quality, efficiency and effectiveness of a healthcare organization, including its structures, processes and outcomes. Simply put, accreditation is based on the premise that adherence to evidence-based standards will reliably produce higher quality health services, in a safer environment, than would be the case without them. The resultant decreased variation in administrative and clinical structures and processes, similar to the contribution of clinical practice guidelines, is thus a powerful mechanism to improve the quality of health care and ultimately healthcare outcomes.

The identified benefits of accreditation are often viewed as:

- enhancing patient safety by effectively managing and mitigating clinical and safety-related risks [4, 5, 6, 7],
- ensuring an acceptable level of quality among health care providers [4, 5, 7, 8],
- stimulating sustainable quality improvement (QI) and continuously raising the bar with regards to QI initiatives [6, 7, 8, 9],
- enhancing organizations' understanding of the continuum of care by focusing on performance improvement and outcomes of care [4],
- increasing reputation among end-users and enhancing their awareness and perception of quality care [5, 7, 8, 10, 37, 42],
- promoting capacity-building and organizational learning [4, 5, 7, 38, 39], and
- providing a framework that assists in the creation and implementation of systems and processes which improve operational effectiveness and enhance positive health outcomes [4, 5, 6, 39, 40].

These benefits reflect the current expectations by healthcare organizations and systems, clients, and the public as a whole. They result from the impacts of an organization's self-assessment, which allows a close look at its strengths and areas for improvement and modification of its priorities; and the accreditation survey and reports, which provide recommendations from surveyors who represent their peer group and have significant experience in the healthcare field, as well as assisting organizations to focus on outcomes measurement to allow them to benchmark themselves with other healthcare organizations. The question then becomes, are these benefits validated by current research?

The positive impacts of accreditation

The positive impacts of accreditation within the literature are noted as follows:

- improves communication and collaboration, both internally as well as with external stakeholders and community partners [5, 10, 11, 12, 13, 14, 37],
- strengthens interdisciplinary team effectiveness, contributing to better patient outcomes [1, 9, 15, 16, 17, 37],
- demonstrates commitment to quality, accountability, as well as increased credibility of healthcare organization [6, 7, 9, 18, 19, 20, 38, 42],
- strengthens professional development, organizational learning and capacity building [1, 8, 13, 17, 20, 21, 22, 36, 39, 40],
- provides an opportunity for additional funding and/or decreased liability costs [7, 13],
- increases effective risk management and mitigation, including enhanced patient safety [4, 7, 16, 19, 22, 23, 24, 25],
- sustains improvements in quality and organizational performance [24, 25, 26, 37, 39],
- enables ongoing self-analysis of performance in relation to standards [7, 8, 9, 11, 12, 21, 22, 38],
- codifies policies and procedures [10, 16, 18, 26, 36],
- decreases variances in practice between healthcare providers [3, 6],
- provides consistency and meaning associated with the objective peer review process [5, 9, 14, 22, 27], and
- provides an impetus for change and its effective management [6, 13, 18, 26, 36, 39, 40].

Concerns regarding accreditation

Achieving and maintaining accreditation status requires a significant investment of resources. For many organizations, there may be a question as to whether accreditation is worth the time, effort and cost, as well as whether or not it demonstrates a quantifiable improvement in healthcare delivery and outcomes [18].

Some of the common concerns identified include:

- lack of research demonstrating a strong link between accreditation status and client outcomes [3, 6, 7, 17, 18, 19, 25, 28, 29, 41, 42],
- not enough diversity in the results, and results are too “soft” (resulting in excessively positive results) [3, 7, 30],
- there are potentially other methods for assessing and ensuring quality (i.e. use of information technology and performance measures) [3, 5, 19, 30],
- generally the process includes periodic, as opposed to continuous, assessment which leads to a more reactive than forward-looking focus and can be a factor in persistent quality deficiencies or critical adverse events [3],
- being typically reliant on data collected through organizations’ self-assessment which has the potential to be incomplete or inaccurate [3, 22],
- valuing uniformity and adherence to standards as opposed to individual organizations’ performance and innovation [3],
- the accreditation process being stressful, time consuming, and require a serious investment of resources [7, 8, 36],
- there are risks involved (i.e. risk of attaining non-accreditation status) [8], and
- accreditation may be slow to adapt to changing concepts of quality and performance [3].

Research Gaps

There are mixed views and inconsistent findings regarding the impact of accreditation on client outcomes. Existing research lacks rigorous in-depth analysis of the accreditation process and the relationship between accreditation and performance, outcomes, quality improvement, and patient safety [2, 12, 40]. While there is no conclusive evidence on the direct impact of accreditation on client outcomes, there is some indication that if accreditation strengthens interdisciplinary team effectiveness, communication, and enhanced use of indicators leading to evidence-based decision making, then accreditation contributes to improving health outcomes [31].

The following articles make a convincing appeal for more research into a variety of areas:

- to determine the impact of accreditation on patient care and outcomes [1, 3, 4, 5, 9, 18, 25, 36, 37, 40],
- to determine how best to research the validity, impact and value of accreditation processes in health care [2, 30, 35],
- to determine value for time and money [8, 17, 24, 29, 32, 33], and
- to determine the reliability of accreditation surveys to assess the quality of organizations [12, 27, 34].

To this end, studies focusing on the impact of accreditation are being undertaken by researchers in Canada and worldwide. These studies address a broad spectrum of topics relevant to accreditation, such as examining the relationships between accreditation status and processes, the clinical performance and culture of healthcare organizations, the impact of accreditation on the quality of health care, the analysis of accreditation processes, and the relationships between accreditation and performance.

Discussion and Conclusion

Accreditation is perceived as a key component in strengthening quality improvement and enabling patient safety initiatives. For organizations and programs that participate in accreditation, they are confirming their commitment to quality improvement, patient safety, improved efficiency and the demonstration of accountability. This is a powerful message to key decision-makers and the public in today's dynamic healthcare environment.

Accreditation organizations are uniquely positioned to provide a comprehensive look at the challenges and successes healthcare organizations experience, and to identify prevalent themes in the provision and delivery of healthcare services. Equally important, the data collected through accreditation can be leveraged as a valuable resource for healthcare providers, governments, and policy-makers, thus contributing to effective decision-making and ongoing quality improvement on a national basis.

While a number of positive benefits regarding the value and impact of accreditation have been highlighted above, many of the articles published on the subject call for more research in this area. It is encouraging to see a number of Canadian and international researchers focusing in this area. Until empirical, evidence-based research on accreditation is complete, there will continue to be questions raised, regarding the value and impact of accreditation.

**As new research findings and relevant literature are identified, the content of this report will be updated.*

References

1. Pomey, M-P., François, P., Contandriopoulos, A-P., Tosh, A., & Bertrand, D. (February 2005). Paradoxes of French accreditation. *Quality & Safety in Health Care*, 14: pp 51 – 55.
2. Braithwaite, J., Westbrook, J., Pawsey, M., Greenfield, D., Naylor, J., Iedema, R., Runciman, B., Redman, S., Jorm, C., Robinson, M., Nathan, S., & Gibberd, R. (12 September 2006). A prospective, multi-method, multi-disciplinary, multi-level, collaborative, social-organizational design for researching health sector accreditation. *BioMed Central Health Services Research*, 6: p 113.
3. Lewis, S. (2007). Accreditation in Health Care and Education: The Promise, The Performance, and Lessons Learned. *Raising the Bar on Performance and Sector Revitalization*. Access Consulting Ltd. Retrieved February 2, 2008: [http://www.shscorp.ca/content%5CHome%5CDocs%5CAccreditation%20in%20Health%20Care%20and%20Education%20\(FINAL\).pdf](http://www.shscorp.ca/content%5CHome%5CDocs%5CAccreditation%20in%20Health%20Care%20and%20Education%20(FINAL).pdf)
4. LTCQ, Inc. (2002). JCAHO accreditation helps nursing facilities achieve better outcomes. Retrieved February 12, 2008 from: http://www.jointcommission.org/NR/rdonlyres/E64D0AE-BC38-49CC-B545-456AA76EDD4A/0/ltc_better_outcomes.pdf
5. René, A., Bruneau, C., Abdelmoumene, N., Maguerez, G., Mounic, V., & Gremion, C. (December 2006). Work Package 5 – Improving patient safety through external auditing. *The SIMPATIE (Safety Improvement for Patients in Europe) project*. France: Haute Autorité de Santé.
6. Salmon, J.W., Heavens, J., Lombard, C., & Tavrow, P. (October 2003). Impact OF accreditation on the quality of hospital care: KwaZulu-Natal Province, Republic of South Africa. *Quality Assurance Project*. Bethesda: University Research Co., LLC.
7. Mays, G.P. (2004). Can accreditation work in public health? Lessons from other service industries. *Working paper prepared for the Robert Wood Johnson Foundation*. Arkansas: Department of Health Policy and Management, College of Public Health, University of Arkansas for Medical Sciences.
8. Montagu, D. (2003). Accreditation and other external quality assessment systems for healthcare. *DFID Health Systems Resource Centre*, London, United Kingdom.
9. Sutherland, K., & Leatherman, S. (2006). Regulation and quality improvement: a review of the evidence. *Quest for Quality and Improved Performance*. London: The Health Foundation.

10. Bird, S.M., Cox, D., Farewell, V.T., Goldstein, H., Holt, T., & Smith, P.C. (2005). Performance indicators: good, bad, and ugly. *Journal of the Royal Statistical Society*, 168(1): pp 1 – 27.
11. Werner, R.M., & Asch, D.A. (March 2005). The unintended consequences of publicly reporting quality information. *Journal of the American Medical Association*, 293(10): pp 1239 – 1244.
12. Greenfield, D., Travaglia, J., Braithwaite, J., & Pawsey, M. (2007). Unannounced surveys and tracer methodology: literature review. *A report for the Australian accreditation research network: examining future health care accreditation research*. Sydney: The Centre for Clinical Governance Research in Health, Faculty of Medicine, University of New South Wales.
13. Gluck, J.C., & Hassig, R.Z. (July 2001). Raising the bar: the importance of hospital library standards in the continuing medical education accreditation process. *Bulletin of the Medical Library Association*, 89(3): pp 272 – 276.
14. Heaton, C. (2000). External peer review in Europe: an overview from the ExPeRT project. *International Journal for Quality in Health Care*, 12(3): pp 177 – 182.
15. National Committee for Quality Assurance. (2007). The state of health care quality 2007. Washington, D.C. Retrieved February 10, 2008: http://www.ncqa.org/Portals/0/Publications/Resource%20Library/SOHC/SOHC_07.pdf
16. Simons, R., Kasic, S., Kirkpatrick, A., Vertesi, L., Phang, T., & Appleton, L. (May 2002). Relative importance of designation and accreditation of trauma centers during evolution of a regional trauma system. *Journal of Trauma*, 52(5): pp 827 – 834.
17. Shaw, C.D. (2003). Editorial: Evaluating accreditation. *International Journal for Quality in Health Care*, 15(6): pp 455 – 456.
18. Devers, K.J, Pham, H.H., & Liu, G. (March/April 2004). What is driving hospitals' patient-safety efforts? *Health Affairs*, 5(2): pp 103 – 115.
19. Griffith, J.R., Knutzen, S.R., & Alexander, J.A. (2002). Structural versus outcomes measures in hospitals: a comparison of Joint Commission and Medicare outcomes scores in hospitals. *Quality Management in Health Care*, 10(2): pp 29 – 38.
20. Baldi, G., Burani, M., Ghirelli, L., & De Pietri, S. (2000). Certification of an emergency department according to UNI EN ISO 9002 criteria. *European Journal of Emergency Medicine*, 7: pp 61 – 66.

21. Newhouse, R.P. (March 2006). Selecting measures for safety and quality improvement initiatives. *Journal of Nursing Administration*, 36(3): pp 109 – 13.
22. Pagliarulo, M.A. (July 1986). Accreditation: its nature, process, and effective implementation. *Physical Therapy*, 66(7): pp 114 – 118.
23. Grachek, M.K. (November 2002). Reducing risk and enhancing value through accreditation: Recent data indicate that accreditation has a quality impact that could be significant to risk management. *Nursing Homes Long-term Care Management*, 34-37. Retrieved January 30, 2008: http://findarticles.com/p/articles/mi_m3830/is_11_51/ai_94771511
24. Leatherman, S., Berwick, D., Iles, D., Lewin, L.S., Davidoff, F., Nolan, T., & Bisognano, M. (March/April 2003). The business case for quality: Case studies and an analysis. *Health Affairs*, 22(2): pp 17 – 30.
25. Chen, J., Rathore, S.S., Radford, M.J., & Krumholz, H.M. (March/April 2003). JCAHO accreditation and quality of care for acute myocardial infarction. *Health Affairs*, 22(2): pp 243 – 254.
26. Peer, K.S., & Rakich, J.S. (2000). Accreditation and continuous quality improvement in athletic training education. *Journal of Athletic Training*, 35(2): pp 188 – 193.
27. Gustafson, D.H., Fiss, C.J., Fryback, J.C., Simelser, P.A., & Hiles, M.E. (July-August 1980). Measuring the quality of care in nursing homes: a pilot study in Wisconsin. *Public Health Reports*, 95(4): pp 336 – 343.
28. Dean Beaulieu, N., & Epstein, A.M. (April 2002). National Committee on Quality Assurance Health-Plan Accreditation: Predictors, correlates of performance, and market impact. *Medical Care*, 40(4): pp 325 – 337.
29. Barker, K.N., Flynn, E.A., Pepper, G.A., Bates, D.W., & Mikeal, R.L. (September 2002). Medication errors observed in 36 health care facilities. *Archives of Internal Medicine*, 162: pp 1897 – 1903.
30. Miller, M.R., Pronovost, P., Donithan, M., Zeger, S., Zhan, C., Morlock, L., & Meyer, G.S. (Sept/Oct 2005). Relationship between performance measurement and accreditation: implications for quality of care and patient safety. *American Journal of Medical Quality*, 20(5): pp 239 – 252.
31. Beaumont, M. (2002). Recherche sur l'efficacité du programme d'agrément du Conseil canadien d'agrément des services de santé: Méthodologie et resultants. *Maîtrise en administration des services de santé*: Faculté de médecine, Université de Montréal. Montréal, QC.

32. Kilpatrick, K.E., Lohr, K.N., Leatherman, S., Pink, G., Buckel, J.M., Legarde, C., & Whitener, L. (March 2005). The insufficiency of evidence to establish the business case for quality. *International Journal for Quality in Health Care*, 17(4): pp 347 – 355.
33. Warburton, R.N. (2004). Patient safety – how much is enough? *Health Policy*, 71: 223032.
34. Greenfield, D., Travaglia, J., Pawsey, M., & Braithwaite, J. (2007). Intra-rater and inter-rater reliability in health care accreditation: literature review. *A review of health sector accreditation research literature*. Sydney: The Centre for Clinical Governance Research in Health, Faculty of Medicine, University of New South Wales.
35. Sunol, R., Nicklin, W., Bruneau, C., Whittaker, S. (2009). *Promoting research into healthcare accreditation / external evaluation: advancing an ISQua initiative*. *International Journal for Quality in Health Care* 2009; Volume 21, Number 1: pp 27 – 28. Advance Access Publication: 2 October 2008.
36. Touati, N., & Pomey M-P. Accreditation at Crossroads: Are we on the right direction? *Health Policy* (2008), doi: 10.1016/j.healthpol.09.007
37. El-Jardali, F., Jamal, D., Dimassi, H., Ammar, W., & Tchaghchaghian, V. (2008). *The impact of hospital accreditation on quality of care: perception of Lebanese nurses*. *International Journal for Quality in Health Care* 2008: Volume 20, Number 5: pp 363 – 371.
38. Beaumont, M. (2008). *L'agrément : Un agent moteur de développement des capacités, d'apprentissage collectif et de socialisation*. Doctorat en administration des services de santé: Faculté de médecine, Université de Montréal. Montréal, QC.
39. Lanteigne, G (2009). *Case studies on the integration of Accreditation Canada's program in relation to organizational change and learning: the Health Authority of Anguilla and the Ca'Focella Ospedale di Treviso*. Doctorat en administration des services de santé: Faculté de médecine, Université de Montréal. Montréal, QC.
40. Greenfield, D. & Braithwaite, J. (2008). *Health sector accreditation research: a systematic review*. *International Journal for Quality in Health Care* 2008; pp 1 – 12.
41. Greenfield, D. & Braithwaite, J. (2009). *Developing the evidence base for accreditation of healthcare organizations: a call for transparency and innovation*. *Quality and Safety in Health Care* 2009; 18; pp 162 – 163.
42. Greenfield, D, Pawsey, M., Braithwaite, J. (2008). *Examinations of the relationships between accreditation and organizational and clinical performance: research outputs to December 2008*. Centre for Clinical Governance research, Faculty of Medicine, University of New South Wales. <http://clingov.med.unsw.edu.au>



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