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

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Introduction

This document summarizes literature findings on the value and impact of health care accreditation. It includes results and conclusions from research, gray literature, and experience-based articles.

Accreditation is an internationally recognized evaluation process used to assess and improve the quality, efficiency, and effectiveness of health care organizations. Simply put, accreditation is based on the premise that adherence to evidence-based standards will produce higher quality health care services in an increasingly safe environment. It is also a way to publically recognize that a health care organization has met national quality standards (Pomey, 2005).

The accreditation process is an integral part of health care systems in over 70 countries (Greenfield & Braithwaite, 2009) and the International Society for Quality in Health Care (ISQua) is the largest associated international body. In some regions, the accreditation of health care organizations remains voluntary, while in others it has become government-mandated (Pomey, 2010). Its rapid growth over the last 40 years is partially attributable to media reporting of serious inadequacies in the quality and safety of health care services, and an escalating focus on patient safety.

Most accrediting bodies' health care accreditation programs consist of periodic or cyclical assessments of organizational and clinical practices and the measurement of their performance against pre-established, evidence-based standards. This is usually done through self-assessments, peer surveyor on-site visits, interviews by the surveyors, and the careful study of administrative and clinical data and documentation. This process typically culminates in the provision of an accreditation report and notification about whether an organization is accredited.

Quality Improvement

Improvement gradients are embedded into the health care accreditation process. First, the standards encourage organizations to achieve particular criteria. Second, accrediting bodies revise their standards over time so they are based on up-to-date research and accepted best practices. Both of these elements elicit continuous quality improvement efforts. The goal is to contribute to the provision of high-quality and safe health care services and to improve patients' health outcomes (Braithwaite, 2010; Øvretveit, 2009).

A recent lawsuit (*More v. Bauer Nike Hockey Inc., 2010*) places increased pressure on standard-setting bodies to ensure that their standards are current. This case acknowledged

that accrediting bodies are potentially liable if their standards lag behind current knowledge.

The Benefits of Accreditation

- Provides a framework to help create and implement systems and processes that improve operational effectiveness and advance positive health outcomes (LTCQ, Inc., 2002; Salmon, 2003; René, 2006; Davis, 2007; Greenfield & Braithwaite, 2008; Lanteigne, 2009; TCBC, 2011; Alkhenizan, 2011)
- Improves communication and collaboration internally and with external stakeholders (René, 2006; Bird, 2006; Werner, 2005; Greenfield & Travaglia, 2007; Gluck, 2001; Heaton, 2000; El-Jardali, 2008)
- Strengthens interdisciplinary team effectiveness (Pomey, Lemieux-Charles, 2010; Sutherland, 2006; NCQA, 2007; Simons, 2002; Shaw, 2003; El-Jardali, 2008)
- Demonstrates credibility and a commitment to quality and accountability (Baldi, 2000; Griffith, 2002; Salmon, 2003; Devers, 2004; Mays, 2004; Sutherland, 2006; Beaumont, 2008; Greenfield, Pawsey & Braithwaite, 2008; Auras & Geraedts, 2010; Peter, Rotz, Blair, Khine, Freeman & Murtagh, 2010; Kaminski, 2012)
- Decreases liability costs; identifies areas for additional funding for health care organizations and provides a platform for negotiating this funding (Mays, 2004; Gluck, 2001; Baskind, 2010; Peter, 2010; Grachek, 2002)
- Mitigates the risk of adverse events (Pagliarulo, 1986; Grachek, 2002; Griffith, 2002; LTCQ, Inc., 2002; Simons, 2002; Chen, 2003; Leatherman, 2003; Salmon, 2003; Mays, 2004; René, 2006; Kaminski, 2012)
- Sustains improvements in quality and organizational performance (Chen, 2003; Leatherman, 2003; El-Jardali, 2008; Lanteigne, 2009; Flodgren, 2011)
- Supports the efficient and effective use of resources in health care services (Wiebe & Hoskins, 2010; Martin et al., 2009; Mate et al., 2014)
- Enables on-going self-analysis of performance in relation to standards (Mays, 2004; Montagu, 2003; Sutherland, 2006; Werner, 2005; Greenfield & Travaglia, 2007; Newhouse, 2006; Pagliarulo, 1986; Beaumont, 2008; Greenfield et al., 2014)
- Ensures an acceptable level of quality among health care providers (LTCQ Inc., 2002; Montagu, 2003; Mays, 2004; René, 2006)
- Enhances the organization's understanding of the continuum of care (LTCQ, Inc., 2002)

- Improves the organization's reputation among end-users and enhances their awareness and perception of quality care (Montagu, 2003; Mays, 2004; Bird, 2005; René, 2006; El-Jardali, 2008; Greenfield, Pawsey & Braithwaite, 2008), as well as their overall satisfaction level. (Al Tehewy, 2009)
- Promotes capacity-building, professional development, and organizational learning (Pagliarulo, 1986; Baldi, 2000; Gluck, 2001; LTCQ, Inc., 2002; Montagu, 2003; Shaw, 2003; Mays, 2004; Pomey, 2005; Newhouse, 2006; René, 2006; Beaumont, 2008; Greenfield & Braithwaite, 2008; Touati & Pomey, 2009; Hahn Severance, 2009; Lanteigne, 2009; Groene, 2010)
- Codifies policies and procedures (Simons, 2002; Devers, 2004; Bird, 2005; Touati, 2008; Peer, 2000)
- Promotes the use of ethical frameworks (Wiebe & Hoskins, 2010)
- Drives compliance with medication reconciliation (Colquhoun & Owen, 2012)
- Decreases variances in practice among health care providers and decision-makers (Salmon, 2003; Lewis, 2007)
- Provides health care organizations with a well-defined vision for sustainable quality improvement initiatives (Peter, 2010; Baskind, 2010)
- Stimulates sustainable quality improvement efforts and continuously raises the bar with regard to quality improvement initiatives, policies, and processes (Chen, 2003; Leatherman, 2003; Montagu, 2003; Salmon, 2003; Mays, 2004; Sutherland 2006; El-Jardali, 2008; Greenfield & Braithwaite; 2008; Lanteigne, 2009; Baskind, 2010; Peer, 2000)
- Leads to the improvement of internal practices (Pomey, 2010)
- Increases health care organizations' compliance with quality and safety standards (Al Tehewy, 2009; Peter, 2010)
- Enhances the reliability of laboratory testing (CAEAL, 1997; CAEAL, 2001)
- Improves patients' health outcomes (Thornlow & Merwin, 2009; El-Jardali et al., 2013)
- Provides a team-building opportunity for staff and improves their understanding of their coworkers' functions (Davis, 2007)
- Promotes an understanding of how each person's job contributes to the health care organization's mission and services (Davis, 2007)
- Contributes to increased job satisfaction among physicians, nurses, and other providers (Lin, 2008; Al Tehewy, 2009)
- Engenders a spill-over effect, whereby the accreditation of one service helps to improve the performance of other service areas (Peter, 2010)
- Highlights practices that are working well (Baskind, 2010; TCBC, 2011)

- Promotes the sharing of policies, procedures, and best practices among health care organizations (Davis, 2007)
- Promotes a quality and safety culture (Greenfield et al., 2011; Fonseca et al., 2013; Ladha-Waljee et al., 2014)

Areas of Accreditation Requiring Further Study

- Collecting data through accreditation; ensuring completeness and accuracy (Lewis, 2007; Pagliarulo, 1986)
- Emphasizing uniformity and adherence to standards over an individual organization's performance and innovation (Lewis, 2007)
- Need for research that demonstrates a strong link between accreditation status and client outcomes (Dean Beaulieu, 2002; Barker, 2002; Greenfield & Braithwaite, 2009; Greenfield, Pawsey & Braithwaite, 2009; Hinchcliff et al., 2012; Devkaran et al., 2014)
- Achieving "soft" results – increased comprehensiveness is necessary (Lewis, 2007; Mays, 2004; Miller, 2005)
- Need for consistency in surveyors' approach
- Need to reduce the workload of the accreditation process
- Physician and patient involvement in quality improvement and health care accreditation (Pomey, 2010; Braithwaite, 2010)
- Other methods for assessing and ensuring quality (e.g., information technology and performance measures) (Lewis, 2007; René, 2006; Griffith, 2002; Miller, 2005; Mate et al., 2014)

Recent Trends and Innovations in Health Care Accreditation

Unannounced Surveys: In this type of survey, the client does not know when the visit will take place. These surveys are thought to have several benefits over traditional, scheduled surveys and they are becoming increasingly popular with accrediting bodies (Greenfield & Braithwaite, 2009). Greenfield & Braithwaite (2008) could not find any systematic or rigorous empirical evidence to support these surveys' presumed benefits.

Patient satisfaction surveys: Accrediting bodies are increasingly requiring patient satisfaction surveys as part of their accreditation process. Interestingly, the results do not appear to have a significant impact on the accreditation decisions ultimately reached by accrediting bodies (Frampton et al., 2013; Auras & Geraedts, 2010).

Accrediting Health Regions: Accrediting entire regions is becoming more prevalent, concurrent with the shift toward a population health approach. In some cases, voluntary accreditation is being replaced by government-mandated models of health care accreditation. Several Eastern European countries are beginning to use accreditation as an extension of statutory licensing for health care institutions (Shaw, 2003).

Need for Additional Research

The science of accreditation is still under development (Miller, 2005). Accreditation programs are varied in approach and content, thus comparisons are at times difficult or inappropriate (Shaw, 2003). While there is no conclusive evidence about the direct impact of accreditation on client outcomes, there is some indication that if accreditation strengthens interdisciplinary team effectiveness and communication and enhances the use of indicators leading to evidence-based decision making, then it contributes to improving health outcomes (Beaumont, 2002).

Few studies have attempted to draw causal inferences about the direct influence of accreditation on patients' health outcomes, so further research is warranted (Hort et al., 2013). For this purpose, Donabedian's "structure-process-outcomes model" or the resultant Quality Health Outcomes Model (QHOM) could be particularly useful (Thornlow & Merwin, 2009).

Trend Toward Mandatory Accreditation

Some countries have moved toward government-mandated accreditation. In Canada, accreditation is mandatory in Quebec (public and private health care organizations) (Government of Quebec, 2011) and Alberta (Government of Alberta, Dept. of Health and Wellness, 2008). Other provinces, such as Manitoba, are considering this direction. The Health Council of Canada has recommended that accreditation be mandatory, as noted in several of its reports over the past few years (Health Council of Canada, 2008; Health Council of Canada, 2006). Health Quality Ontario (formerly the Ontario Health Quality Council) also recommended that accreditation be mandatory (Ontario Health Quality Council, 2007).

Transparency of Accreditation Decisions

Should the results of health care accreditation reviews be made public? Kim (2011) claimed that the standard rules of economics, specifically those pertaining to open markets, should be applied to the health care system as this would motivate health care organizations to improve the quality and safety of their health care services. This trend is noted in a number of countries (e.g., Netherlands).

Conclusion

In the current era of heightened fiscal responsibility, transparency, accountability, and escalating health care complexity and risk, accreditation contributes to ensuring that care meets the highest standards of health care decision-making and provision. Accreditation can serve as a risk mitigation strategy, and it can also measure performance; it provides key stakeholders with an unbiased, objective, and third-party review. It can constitute a management tool for diagnosing strengths and areas for improvement, as well as for facilitating the merger of health care organizations by stimulating the emergence of common organizational identity, culture, and practices (Pomey, 2010).

Organizations that participate in accreditation confirm their commitment to quality improvement, risk mitigation, patient safety, improved efficiency, and accountability; it sends a powerful message to key decision-makers and the public. This performance measure contributes to the sustainability of the health care system.

Accreditation organizations are uniquely positioned to provide a comprehensive look at the challenges and successes of health care organizations, and to identify themes and trends in the delivery of health care services. The data collected through accreditation is an invaluable resource for health care providers, governments, policy-makers, and other health care leadership organizations, as it can contribute to effective and efficient decision-making to ensure ongoing quality improvement and reduce costs through risk mitigation.

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