Australian Institute of Health Innovation

Key findings from studies into health service accreditation programs

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Presentation on behalf of the UNSW ACCREDIT Team:

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Types of regulation
How widespread is healthcare accreditation?

- Accreditation of health organisations is practised in more than 70 countries.
- 22 national bodies.
- One international organisation: ISQua.
What the critics say ...

Healthcare clinical and organisational performance

Accreditation survey

Time
What the advocates claim...

Healthcare clinical and organisational performance

Accreditation survey

Time
ACCREDIT project partners
Research aims and studies

- Study 1. Accreditation models
- Study 2. Critical elements of accreditation
- Study 3. Standards and their impact
- Study 4. Standards: consumer participation and IT
- Study 5. The patient experience
- Study 6. Cost-benefit analysis of accreditation
- Study 7. A natural experiment of what ACSQHC does to transform accreditation
- Study 8. Public disclosure of accreditation results
- Study 9. Tracer methodology
- Study 10. Unannounced surveys
- Study 11. Surveyors and their place in accreditation
- Study 12. Effective and ineffective use of accreditation processes

Does accreditation make a difference to quality and performance? What are its cost implications and what benefits are realised? How can it be improved? To what extent can consumer involvement be improved?

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- Study 12. Effective and ineffective use of accreditation processes
The benefits of accreditation:

Having a positive accreditation result is associated with good organisational and clinical performance.

References:


The benefits of accreditation:

Accreditation promotes positive quality and safety cultures across organisational boundaries.

References:

Question 23 In my opinion accreditation has improved the way my organisation cares for patients/residents. 
(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
Question 24: In my opinion accreditation has improved the organisational processes and systems of my organisation.

(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
Question 25: In my opinion accreditation has improved the management of my organisation.
(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
Question 15: In my opinion accreditation is important to healthcare staff.
(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
Question 19: In my opinion the accreditation program is well regarded by staff in my organisation. 
(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
The benefits of accreditation:

Accreditation can be used to create and build quality and safety improvements.

References:


Question 1: In my opinion accreditation is necessary to promote patient/resident safety within healthcare organisations.

(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
Question 2: In my opinion accreditation is necessary to promote quality care within healthcare organisations. 
(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
Question 3: In my opinion continuous improvement is an important element of the accreditation program. 
(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
Question 26: In my opinion accreditation has improved patient/resident satisfaction with my organisation. 
(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
The benefits of accreditation:

Short notice surveys (SNS), or unannounced surveys, offer useful options for accreditation schemes.

References:

Question 40: In my opinion providing organisations with only short notice prior to survey visits would improve accreditation programs.
(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
Question 32: In my opinion the following elements of the accreditation program drive changes in my organisation: survey visits.
(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
Question 36: In my opinion surveys require too much documentary evidence.
(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
The benefits of accreditation:

The patient journey survey (PJS) method in the accreditation process is a valuable approach.

References:

Question 41: In my opinion following patient experiences of moving through healthcare organisations would improve surveys.
(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
The benefits of accreditation:

Accreditation survey and surveyor reliability can be enhanced through a well facilitated program, collaborative stakeholder relationships and an experienced surveyor workforce.

References:


Question 43: In my opinion surveyors/assessors have the appropriate knowledge and skills.
(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
Question 48: In my opinion individual surveyors/assessors are consistent in their judgements. 
(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
Question 49: In my opinion survey/assessor teams are consistent in their judgements.
(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
The benefits of accreditation:

The empirical evidence base for accreditation programs and the development of accreditation standards have not been compelling in the past but these are improving.

References:


The benefits of accreditation:

Economic evaluation of accreditation programs using cost-benefit analysis is at a rudimentary stage, but most quality and safety initiatives have not been rigorously subject to cost-benefit analyses.

References:

Question 8: In my opinion accreditation does not require financial costs beyond what is normally invested in quality and safety activities in my organisation.

(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
Question 6: In my opinion organisations should be given financial incentives to participate in an accreditation program.

(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
Question 9: In my opinion the benefits of the accreditation program outweigh the financial costs required for my organisation to participate.

(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
The benefits of accreditation:

Public disclosure of accreditation information is supported by many stakeholders but more work needs to be undertaken to know how and what information should be made available.

References:

Question 54: In my opinion accreditation results should be made public.
(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
Question 56: In my opinion the public should be better informed about accreditation outcomes and what they mean.

(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
Question 20: In my opinion the accreditation program is well regarded by healthcare consumers.
(N_ALL = 489; N_AGPAL = 210; N_ACSAA = 179; N_ACHS = 100)
The benefits of research collaborations investigating accreditation programs:

Accreditation programs the world over have similar characteristics and face common challenges.

References:
Key challenges

• Role of government in accreditation schemes
• Financial viability of schemes
• Ongoing stakeholder acceptance and engagement
• ‘Peer-to-peer’ or professional surveyors
• Reliability of surveyors and surveys
Now, are you an optimist or pessimist?

Do you think this means we are improving healthcare and developing the evidence base? Or is it a lot of work for little value?
What else could we do to improve the accreditation field?
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