deeble institute evidence brief

no: 9

date: 11/04/2013

title

Accreditation of health services: is it money and time well spent?

authors

Dr Reece Hinchcliff
Research Fellow
Centre for Clinical Governance Research
Australian Institute of Health Innovation
Faculty of Medicine, University of New South Wales
Email: r.hinchcliff@unsw.edu.au

Dr Anne-marie Boxall
Director
Deeble Institute for Health Policy Research
Australian Healthcare and Hospitals Association
Email: aboxall@ahha.asn.au

Mr Krister H. Partel
Policy Analyst
Deeble Institute for Health Policy Research
Australian Healthcare and Hospitals Association
Email: kpartel@ahha.asn.au

Dr David Greenfield
Senior Research Fellow
Centre for Clinical Governance Research
Australian Institute of Health Innovation
Faculty of Medicine, University of New South Wales
Email: d.greenfield@unsw.edu.au

Professor Jeffrey Braithwaite
Director
Centre for Clinical Governance Research
Australian Institute of Health Innovation
Faculty of Medicine, University of New South Wales
Email: j.braithwaite@unsw.edu.au

policy issue

Accreditation programs are deployed widely to monitor and promote safety and quality in healthcare. Governments, health service organisations and accreditation agencies have invested considerable resources into accreditation programs, but to date, evidence of their effectiveness is limited and varied in some areas.[1, 2, 3]

what does the evidence say?

The research evidence shows that accreditation is a useful tool for stimulating improvements in the quality and safety of health services. However, few studies have used designs capable of producing high-level evidence, so overall the strength of evidence is only moderate.

In a recent literature review, findings from 122 published empirical studies on health service accreditation programs published before 2012 were synthesised.[4] These studies examined accreditation programs in 29 countries, but a significant portion concerned hospital accreditation programs in the United States. They examined various aspects of health service accreditation, including the impact of programs on:

- measures of quality (for example, indicators of organisational performance or patient outcomes)
- health service processes, policies and operating environments
- organisational change mechanisms
- professionals' attitudes
- consumer views or patient satisfaction.

A brief overview of each of these areas is outlined below, with the weight of evidence assessed.

Measures of quality

Over 60 studies have examined how accreditation programs affect measures of quality in healthcare, but the majority did not use non-accredited health services as control sites. That is, there were few comparative studies.

Some research in this field has found hospitals that receive positive accreditation ratings are more likely to score well on a range of other quality indicators for clinical care.[5] In the field of cardiac care, chest pain centres that were accredited were found to be more likely to comply with quality standards when delivering clinical care.[11] Furthermore, accredited hospitals have been shown to be more likely to meet the requirements of publicly reported, evidence-based processes of care measures, such as oxygenation assessment practices and providing aspirin to patients at discharge.[9]

Not all the research on accreditation and its impact on measures of quality are favourable. For example, one study found that accredited health plans (or health insurers) in the United States had higher scores against Health Plan and Employer Data Information Set quality indicators, yet a substantial number of the worst performing plans were accredited. Based on these results, the authors concluded that accreditation may not ensure high quality care.[16]

There are relatively few studies that measure the impact of accreditation on patient outcomes, highlighting a critical knowledge-gap. Of the nine studies published before 2012, six found positive associations between accreditation and patient outcome measures.[4] For example, patients were less likely to die in hospitals with

what does the evidence say?

accredited primary stroke centres.[12] Yet some studies had inconsistent results, with accreditation associated with better patient outcomes in some areas but not others. This variability highlights the need for critical examination of the types of quality information collected and the way it is used to evaluate accreditation programs.[12, 13] Currently, it is difficult to make sense of the different quality information made available through various assessment processes.

Health service processes, policies and operating environments

Some studies have examined the impact that accreditation programs have on health service organisation processes, policies and operating environments. In particular, research has investigated whether accreditation programs promote: standardisation of care; compliance with guidelines or clinical best-practice; organisational cultures that are conducive to improving quality and safety; and the implementation of continuous quality improvement activities.

Most research in this area has not used comparative study designs, which limits the quality of findings. To date, the only cluster-randomised control trial (RCT) completed was done in a developing country.[8] It examined whether hospitals' performance against accreditation standards increased over time, and whether there was any related improvement on other quality indicators. While accreditation performance improved, this was found to be unrelated to all but one quality indicator (nurses' perceptions of clinical quality, participation and teamwork). However, as this study concerned a new accreditation program in South Africa, the results may be less useful for predicting the impacts of established accreditation programs in Australia.

Organisational change mechanisms

Numerous studies have been published that explore how the activity of preparing for and undergoing accreditation promotes change in health service organisations. The evidence suggests that by going through the accreditation process, organisations undergo changes because:

- staff become more engaged in quality improvement activities, such as self-assessment
- systems for delivering quality care are promoted within the organisation
- data is collected, collated and used for internal and external benchmarking more often
- staff begin to implement best-practice guidelines

In one study, staff participation in an accreditation process was found to have promoted a quality and safety culture by better integrating different professional groups (for example, doctors, nurses and allied health professionals).[14] Researchers found that accreditation focused all staff's attention on a common quality improvement goal.[14]

Professionals' attitudes towards accreditation

A range of studies have investigated health professionals' views of accreditation programs. Overall, the research shows that health professionals see accreditation as

an effective method of promoting quality and safety in healthcare, and they are more likely to remain satisfied and employed in accredited organisations. For example, a pseudo-RCT conducted in Egypt reported that professionals and patients from an accredited primary care facility believed that accreditation had a positive effect on organisational quality and patient satisfaction.[7]

Conversely, some studies have found that health professionals have concerns about the human and financial resources needed for organisations to participate successfully in accreditation programs and that participation might divert attention and resources away from more critical organisational and system-level problems.[10, 15] An issue that requires further examination is why some professionals believe there is a disconnect between the aims of health service accreditation programs and their individual professional efforts to improve safety and quality.

Consumer views or patient satisfaction

To date, few studies have examined how accreditation programs impact patients' views of, and satisfaction with, the care they receive. The existing research has produced inconsistent results. While the study described above[7] found that accreditation had a positive effect on patient satisfaction, other studies have concluded that accreditation does not lead to measurably better quality of care, as perceived by patients.[17, 18] An additional study showed that accredited health plans (or health insurers) in the United States have equivalent, or in some cases poorer, results on patient-reported measures of quality and satisfaction.[16] There is similar research in the hospital setting showing that there is no relationship between hospital accreditation scores and patient satisfaction ratings.[19] Taken together, these findings suggest that the benefits of accreditation may not be very tangible or visible to patients, or accreditation is not related to consumer or patient satisfaction issues.

what is the quality of the evidence available?

The range of studies published on health service accreditation has increased considerably over the past decade.[3, 4, 6] Despite this, the quantity and methodological quality of accreditation research remains modest relative to the global investment in programs of this nature.

A significant problem with the evidence is that there are few high quality studies. RCTs are considered the best quality of evidence, and only two RCTs were published prior to 2012.[4] It must be noted, however, that RCTs are difficult to conduct in health services research, particularly when evaluating complex, system-level interventions, such as accreditation programs. RCTs are costly, time consuming and, in the case of accreditation studies, require comparisons between two or more health service organisations that have similar characteristics other than their accreditation status. As the majority of health service organisations in Australia are accredited, it is challenging for researchers to find suitable non-accredited organisations, which further impedes instigation of comparative studies. Despite this problem, it is important to acknowledge that many non-RCT accreditation studies

are nonetheless well designed and executed, producing credible knowledge of accreditation programs within specific contexts.

An additional problem with the accreditation evidence-base is that relatively few studies include clinical outcome measures as part of their evaluation. This makes it difficult to know whether accreditation programs actually lead to better patient outcomes, rather than just improved organisational processes. Exploring relationships between organisational quality and clinical performance remains an important and challenging topic of investigation.

There are several other aspects of accreditation programs where there is limited research: for example, on the way accreditation processes are conducted. Important issues that need further investigation include whether to conduct 'short notice' or 'patient journey' survey assessments, or include 'consumers' as survey assessors. While there are some completed or planned studies on these topics,[20, 21, 22] the evidence-base remains weak. We also need to understand why health professionals seem to support accreditation, yet are sceptical about the time, effort and resources invested in it, as well as its impact on the quality of patient care. To date, the available evidence provides minimal guidance on these important issues.

Finally, due to the different locations and types of health service organisations where accreditation research has been conducted, published studies are not often directly comparable. As such, it is not surprising that a range of conclusions are reached in the literature regarding the impact of accreditation. Until there are more high-quality, comparable studies that account for contextual influences, assessments of individual study findings should be made with caution.

what does this mean for policymakers?

The published research evidence provides some support for health service accreditation programs, but does not provide a clear basis for saying how accreditation promotes quality improvement, and in what circumstances. Without more robust evidence – on what aspects of accreditation programs work, in what contexts and why – policymakers will have to continue drawing on expert opinion, small-scale program evaluations and cautious comparative assessments of the literature when reviewing, revising or implementing accreditation programs.

key readings

Hinchcliff R, Greenfield D, Moldovan M, et al., 'Narrative synthesis of health service accreditation literature', *BMJ Quality and Safety*, vol. 21, no. 12, 2012, pp. 979-91.

Greenfield D, Braithwaite J, 'Health sector accreditation research: a systematic review', *International Journal for Quality Health Care*, vol. 20, no. 3, 2008, pp. 172-83.

Flodgren G, Pomey M-P, Taber SA, et al., *Effectiveness of external inspection of compliance with standards in improving healthcare organisation behaviour, healthcare professional behaviour or patient outcomes*. Cochrane Database Systematic Review, 2011, issue 11, article no. CD008992.

Salmon J, Heavens J, Lombard C, et al., *The impact of accreditation on the quality of hospital care: KwaZulu-Natal Province Republic of South Africa*, report prepared for Quality Assurance Project, United States Agency for International Development, 2003.

Braithwaite J, Greenfield D, Westbrook J, et al., 'Health service accreditation as a predictor of clinical and organisational performance: a blinded, random, stratified study', Quality and Safety in Health Care, vol. 19, no. 1, 2010, pp. 14-21.

references

1. Doyle G, Grampp C, *Accreditation as a quality tool in public sector reform: the fourth stage of convergence*, School of Business, College of Business and Law, University College Dublin, 2008.

2. Appleyard G, John Ramsay and Associates, *Cost analysis of safety and quality accreditation in the Australian Health System*, Australian Commission for Safety and Quality in Health Care, Sydney, 2008.

3. Greenfield D, Braithwaite J, 'Health sector accreditation research: a systematic review', *International Journal for Quality Health Care*, vol. 20, no. 3, 2008, pp. 172-83.

4. Hinchcliff R, Greenfield D, Moldovan M, et al., (2012) 'Narrative synthesis of health service accreditation literature', *BMJ Quality and Safety*, vol. 21, no. 12, 2012, pp. 979-91.

5. Braithwaite J, Greenfield D, Westbrook J, et al., 'Health service accreditation as a predictor of clinical and organisational performance: a blinded, random, stratified study', *Quality and Safety in Health Care*, vol. 19, no. 1, 2010, pp. 14-21.

6. Greenfield D, Braithwaite J, 'Developing the evidence base for accreditation of healthcare organizations: a call for transparency and innovation', *Quality and Safety in Health Care*, vol. 18, no. 3, 2009, pp. 162-63.

7. Al Tehewy M, Salem B, Habil I, et al., 'Evaluation of accreditation program in non-governmental organizations' health units in Egypt: short-term outcomes', *International Journal for Quality in Health Care*, vol. 21, no. 3, 2009, pp. 183–9.

8. Salmon J, Heavens J, Lombard C, et al., *The impact of accreditation on the quality of hospital care: KwaZulu-Natal Province Republic of South Africa*, report prepared for Quality Assurance Project, United States Agency for International Development, 2003.

9. Schmaltz SP, Williams SC, Chassin MR, et al., 'Hospital performance trends on national quality measures and the association with joint commission accreditation', *Journal of Hospital Medicine*, vol. 6, no. 8, 2011, pp. 458–65.

10. McMillen C, Zayas LE, Books S, et al., 'Quality assurance and improvement practice in mental health agencies: roles, activities, targets and contributions', *Administration and Policy in Mental Health and Mental Health Services Research*, vol. 35, no. 6, 2008, pp. 458–67.

11. Ross MA, Amsterdam E, Peacock WF, et al., 'Chest pain center accreditation is associated with better performance of centers for Medicare and Medicaid services core measures for acute myocardial infarction', *American Journal of Cardiology*, vol. 102, no. 2, 2008, pp. 120–4.

12. Lichtman JH, Jones SB, Wang Y, et al., 'Outcomes after ischemic stroke for hospitals with and without Joint Commission-certified primary stroke centers', *Neurology*, vol. 76, no. 23, 2011, pp. 1976–82.

13. Menachemi N, Chukmaitov A, Brown LS, et al., 'Quality of care in accredited and nonaccredited ambulatory surgical centers', *Joint Commission Journal on Quality and Patient Safety*, vol. 34, no. 9, 2008, pp. 546–51.

14. Greenfield D, Pawsey M, Braithwaite J, 'What motivates professionals to engage in the accreditation of healthcare organizations?', *International Journal for Quality in Health Care*, vol. 23, no. 1, 2011, pp. 8–14.

15. Davis MV, Cannon MM, Stone DO, et al., 'Informing the national public health accreditation movement: lessons from North Carolina's accredited local health departments', *American Journal of Public Health*, vol. 101, no. 9, 2011, pp. 1543–8.

16. Beaulieu DS, Epstein AM, 'National Committee on Quality Assurance health-plan accreditation: predictors, correlates of performance, and market impact', *Medical Care*, vol. 40, no. 4, 2002, pp. 325–37.

17. Sack C, Lutkes P, GuntherW, et al., 'Challenging the holy grail of hospital accreditation: a cross-sectional study of inpatient satisfaction in the field of cardiology', *BMC Health Serv ices Research*, vol. 10, no. 120, 2010.

18. Sack C, Scherag A, Lütkes P, et al., 'Is there an association between hospital accreditation and patient satisfaction with hospital care? A survey of 37 000 patients treated by 73 hospitals', *International Journal for Quality in Health Care*, vol. 23, no. 3, 2011, pp. 278–83.

19. Heuer A., 'Hospital accreditation and patients satisfaction: testing the relationship', *Journal for Healthcare Quality*, vol. 26, no. 1, 2004, pp. 46–51.

20. Greenfield D, Hinchcliff R, Westbrook M, et al., 'An empirical test of accreditation patient journey surveys: randomised trial', *International Journal for Quality in Healthcare*, vol. 24, no. 5, 2012, pp. 495-500.

21. Greenfield D, Moldovan M, Westbrook M, et al., 'An empirical test of short notice surveys in two accreditation programs', *International Journal for Quality in Healthcare*, vol. 24, no. 1, 2012, pp. 65-71.

22. Greenfield D, Hinchcliff R, Moldovan M, et al., 'A multi-method research investigation of consumer involvement in Australian health service accreditation programs: the ACCREDIT-SCI study protocol', *BMJ Open*, vol. 2 no. 5, pii: e002024.

contact

Dr Anne-marie Boxall
Director
Deeble Institute
Australian Healthcare and Hospitals Association
E: aboxall@ahha.asn.au
T: @DeebleInstitute