

237: CANADIAN COUNCIL ON HEALTH SERVICES ACCREDITATION (CCHSA): EFFECTIVENESS OF SURVEY RECOMMENDATIONS IN FACILITATING IMPROVEMENT

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Objective:

This study was undertaken to evaluate whether recommendations arising from accreditation surveys have a significant impact on mobilizing accreditation teams and the degree to which these teams implemented recommendations against a defined set of variables.

Method:

A random sample of 423 accredited organizations, last surveyed in 1998 and 2000 with one or more recommendations, was administered a structured, validated questionnaire. Fifty-four percent (54%) of questionnaires were returned and a total of four hundred and ten (410) recommendations were available for analysis.

A database was developed so that recommendations could be analyzed according to organizational characteristics such as:

- Sector (i.e. long term care, acute care)
- Geography (East, West, Québec, Ontario)
- Rural and urban
- Teaching and non-teaching organizations
- Size (number of beds)
- Length of time within accreditation program

Additionally, every recommendation was coded into one of seven categories: integration of services and leadership, information and communication, human resources and environment of work, clinical and patient focus, regulation, continuous quality improvement, risk management and patient safety. Multi-level cross tabulation and descriptive statistical analysis were applied to the data trying to evaluate if the categories of the recommendations and the organizational characteristics influence the mobilization of accreditation teams and the degree to which they implement recommendations. The variance (or gap) between the level of mobilization and the level of implementation of the recommendations was defined as output and was the subject of further evaluation.

Results:

Eighty-seven percent (87%) of accreditation teams actioned CCHSA recommendations. Of the recommendations assessed, 46.3% were totally implemented while 41.6% were partially implemented. A clear correlation was observed between the degree to which the accreditation team mobilized and the degree to which recommendations were implemented. Significant variations were apparent when the categories of recommendations were further examined. Teams that had the greatest degree of mobilization and recommendation implementation and thus output, were those that were addressing recommendations within the category of patient safety/risk management. Those that had the least output were teams struggling to address recommendations in the categories of CQI and integration of services /leadership. Upon assessment of organizational characteristics defined by the six (6) variables, variances were noted on the level of mobilization/implementation and low outputs were recorded for variables such as teaching organizations, rural areas and large bedded facilities. In addition, the length of time with the accreditation program, shows that organizations with 4-9 years of accreditation experience have the lowest levels of mobilization and implementation of recommendations. This is due to a major involvement during this period of time on complex (low output) recommendations dealing with integration of services/leadership and continuous quality improvement.

Conclusion:

The recommendations provided within CCHSA's accreditation reports are used by organizations to make improvements to varying degrees. The level of implementation of recommendations depends not only on the level of mobilization by the accreditation team but on the characteristics of the organization (i.e. sector, the geography, location, teaching status, size and length of time with the accreditation program) and the type or category of recommendation being addressed.