

416: CANADIAN COUNCIL ON HEALTH SERVICES ACCREDITATION (CCHSA): EFFECTIVENESS AND ROLE IN CQI EVOLUTION

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Objective

This study was undertaken to determine how accredited organizations view the effectiveness of the CCHSA program and to evaluate the evolution of continuous quality improvement principles and practices given CCHSA's endorsement and promotion of this concept.

Methods:

A structured and validated written questionnaire was developed and administered to 423 CCHSA accredited organizations. This sample included organizations that were last surveyed in 1998 and 2000, had one or more recommendations and represented all health sectors and provinces.

The written questionnaire was structured to obtain perceptions regarding the effectiveness of, or outcomes related to seven key areas of accreditation:

- 1) The overall program
- 2) the self-assessment component
- 3) the peer review component
- 4) the accreditation report
- 5) the quality dimensions (used to define quality)
- 6) implementation of CQI
- 7) indicator use.

A series of closed questions were developed to assess each accreditation area and respondents were asked to rate on a five (5) point scale. Total scores, expressed as a percent, were calculated for each area.

The results were tabulated based on 226 returned questionnaires (a response rate of 53.4%). Data was analyzed in a number of different ways and can be profiled by sector (i.e. long term care); by province; by size (# of beds); by membership duration and by type of question.

Implementation of CQI was, in turn, subject to further study. The progress of accredited organizations in this implementation was studied at three points in time 1993, 1997, 2001. Questions focused on whether the organization had adopted a CQI philosophy, what type of CQI activities were underway and the degree of implementation of CQI throughout the organization.

Results:

High effectiveness scores were reported for all seven areas of accreditation assessed. Scores ranged from 80% to 93%. Organizations viewed the peer review component as the most effective aspect of the accreditation program at 93% and the self-assessment component as the least effective aspect 80%. Specific results related to use of recommendations from the accreditation reports to make improvements and progress in implementing CQI are presented.

It is clear that organizations use the accreditation report to make change because the report contains specific recommendations for improvement. Recommendations (410 in number) belonging to organizations in the study were being actioned and used to make improvements. It was further demonstrated that organizations that have been involved with the accreditation program more than thirty (30) years were able to make greater changes than organizations that have been members for only three (3) years.

The study provides evidence that there has been an increased participation in CQI since CCHSA introduced this requirement in 1995. Not only have more organizations adopted a CQI philosophy but many more reported using CQI methods and tools throughout their organization.

Conclusions:

In conclusion, the objectives of the study were reached. Each of the seven areas of accreditation assessed produced conclusive results about the effectiveness of the program. Recommendations from accreditation reports are used to make improvement. The requirements of the CQI approach in accreditation since 1995 has resulted in increased acceptance and adoption of a CQI philosophy and approach.