Canadian Centre for Accreditation
Excellence in community services

Centre canadien de l'agrément
L'excellence en matière de services communautaires

THE ROLE OF ACCREDITATION IN SUPPORTING QUALITY OUTCOMES FOR CHILDREN AND YOUTH

**A discussion paper for the
CMHO Symposium: Responding to the Residential Services Panel Report**

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INTRODUCTION

The recent Residential Services Review Panel's report on residential care for children and youth in Ontario (Because Young People Matter, February 2016) raised questions about the impact of accreditation on the quality of service delivery.

Does accreditation lead to better quality?

How important is accreditation's contribution to quality improvement and improved client outcomes?

The Review Panel reported finding limited evidence in the literature to answer these questions and that in their own review, they were not able to confirm the differences in the quality of services based on whether an organization was accredited (p. 37).

The Canadian Centre for Accreditation (CCA), a national provider of accreditation for child and youth mental health organizations, child welfare organizations, youth justice providers, and other community-based health and social service organizations, has also reflected on the existing literature regarding the role of accreditation in supporting quality outcomes.

Below, CCA shares some of its findings, and posits that more peer-reviewed research is needed, especially in contexts relevant to children and youth services in Ontario.

WHAT WE KNOW AND DON'T KNOW

The Review Panel noted that research literature related to accreditation and its role in quality improvement shows mixed results. (p. 37). For CCA, this points to gaps in the research that are leaving important questions unanswered. Among the gaps:

- There is a lack of quality studies and of system-wide data to sufficiently assess the effectiveness of accreditation.
- The studies and papers published to date are primarily qualitative or descriptive.
- In most cases, studies have neither reflected Ontario nor examined accreditation in service sectors outside of health care.

What CCA has learned from its participating organizations

While the current research literature may prove somewhat inconclusive, CCA's own data is shedding some light as to the impact of accreditation on service quality. CCA's internal data and findings from evaluations conducted with organizations that have participated in CCA accreditation support the value proposition.

Participating organizations report that undertaking an accreditation review has helped them to affirm their commitment to quality improvement and to take concrete steps to improve their operations and services. The accreditation cycle helps to instill a discipline when it comes to the planning and timing of an organization's quality improvement initiatives. The accreditation standards themselves provide quality-focused goal posts. With standards that are regularly reviewed and updated to align with leading practices and emerging trends, there is a built-in and continuous quality improvement arc.

These are some of the benefits reported most frequently by Ontario-based organizations that have completed an accreditation with CCA. They report that the accreditation process:

- Enhances their culture of learning, quality improvement and accountability
- Supports learning about leading practices
- Strengthens their systems and processes in order to improve organizational effectiveness
- Motivates board and staff to work towards common goals
- Demonstrates to the community, people served and funders the organization's commitment to ongoing quality improvement, risk management and accountability
- Provides third-party recognition for achievements of their organization

Qualitative feedback gathered through surveys of CCA-accredited organizations and through feedback provided by key leaders of child and youth mental health organizations, points to improved capacity over the years of participating in accreditation. Since the first child and youth mental health accreditation by CMHO in 1988, sector leaders have observed continually increasing capacity when it comes to quality improvement processes, and in articulating and evaluating client outcomes.

What peer-reviewed studies on accreditation point to so far

A scan of the research demonstrates the sparseness of available peer-reviewed data, and its limited transferability to child and youth mental health and residential service provision in Ontario.

The three papers referenced in the Panel's report were less than conclusive. Specifically:

- A study comparing treatment outcome differences between youth offenders from a rural accredited residential treatment centre and a rural non-accredited centre found that "even though the youth at the accredited facility began treatment with significantly higher risk they were at significantly lower risk after 4-6 months than youth at the non-accredited facility." However, the authors were cautious about linking this correlation to accreditation, as there may have been other factors at play such as the amount of funding provided. (Coll, Sass, Freeman, Thobro, Hauser, 2013)
- A study analyzing health care professionals' attitudes towards accreditation, as reported in a number of studies, summarized that, "in general, the attitude of health care professionals towards accreditation … was supportive," with the few studies that

found negative attitudes questioning the impact of accreditation on the quality of health care services. (Alkhenizan & Shaw, 2012)

- A comparison of the requirements of accreditation standards in several countries concluded that the standards did not focus on learning-organization qualities as much as other aspects of an organization. (Bell, Robinson & See, 2013)

There is some limited peer-reviewed literature beyond the three papers cited in the Panel's report, among it:

- A 2012 Cochrane Review (meta-analysis) was attempted on the question "Can third party inspection of whether or not healthcare organizations are fulfilling mandatory standards improve care processes, professional practice and patient recovery?" Only two studies met the rigorous inclusion criteria (randomized controlled trials, clinical controlled trials and controlled before and after studies). One was of the South African hospital accreditation program, which did show improvement on the standards compliance scores of participating hospitals, however only one indicator of hospital quality demonstrated statistically significant improvement. (Flogren, Pomey, Taber & Eccles, 2011)

- In 2012, the Canadian Foundation for Healthcare Improvement published a paper titled *A Synthesis of Quality Improvement and Accreditation Mechanisms in Primary Healthcare.* The paper concluded that research on the impact of accreditation on patient care was sparse and that additional research was needed to be able to definitively recommend the promotion of accreditation to improve quality care. The report referenced two studies that examined outcomes and found accreditation to improve care (citing specifically a higher attention to quality assurance and more infection control measures, as well as more frequent audits of clinical records, credentialing methods used, providers reviewed and staff trained). In a study pertaining to substance abuse treatment facilities, accreditation was found to be positively associated with the percentage of physical exams and mental health care received by patients. Page 11 of the Synthesis paper concludes: "Studies have suggested that accreditation results in improved teamwork, improved access to care, increased awareness of patient safety, improved practice systems and care processes and in turn improved quality of care." (Canadian Foundation for Healthcare Improvement, 2012)

- A 2012 Narrative Synthesis of health service accreditation literature identified 122 empirical studies that examined either the processes or impact of accreditation programs. A content analysis was conducted to determine the key themes and sub-themes examined and identify knowledge gaps requiring further research attention. It concluded that "the literature is limited in terms of the level of evidence and quality of studies, but highlights potential relationships among accreditation programs, high quality organizational processes and safe clinical care. (Hinchcliff, Greenfield, Moldovan, Westbrook et al, 2012)

- A complex study of a sample of 19 Australian hospitals found that accreditation performance was significantly positively correlated with higher scores on measures of organizational culture and leadership (around quality improvement), and there was a positive trend between accreditation and clinical performance. Accreditation was unrelated to organizational environment and consumer involvement. (Braithwaite, Greenfield, Westbrook, Pawsey et al, 2010)

KEY THEMES AND NEXT STEPS

What, then, can we take away from the research?

Gaps in research leave important questions unanswered

There are significant gaps in the research that are leaving important questions unanswered.

- There is a lack of quality studies and of system-wide data to sufficiently assess the effectiveness of accreditation.
- Publicly accessible research on accreditation has primarily focused on the health care field
- In most cases, studies have not reflected Ontario nor examined accreditation in service sectors outside of health care.
- Studies and papers published to date are primarily qualitative or descriptive.
- There is limited transferability to residential service provision in Ontario.

In almost all the studies referenced above, the authors concluded it was not prudent to make strong claims about the impact of health service accreditation on the quality of care. This said, they all found some indications of a promising correlation.

Will ever be possible to "prove" that accreditation was the most significant factor in one organization's performance on measures of quality of service relative to other drivers? Organizations are not closed systems. They are continuously influenced by multiple internal and external factors, rendering a "cause-and-effect" finding difficult.

Desirable would be a study of a large group of similar service providers—some accredited, some not—in a defined jurisdiction, for example, residential services in Ontario. For this to have value, there would need to be investments in common data and analytics reporting capacity among providers across the province, a consensus on the definitions of "quality service" and "better performance," and sufficient standards or common measures used across the sample.

CCA supports calls for additional research, and for province-wide investments in data and analytics infrastructure and capacity across the Child Welfare, Child and Youth Mental Health, and Youth Justice service systems in Ontario. Such investments would improve the ability to perform objective and aggregate analysis of a variety of quality indicators across the province and locally within service regions.

Framing accreditation as one driver of quality improvement

It is perhaps best to view accreditation as one part of a broader system that has many different levers pushing organizations to focus on quality improvement. Accreditation is one dimension alongside contributors such as timely access to appropriate training and in-servicing of providers, credentialing, care planning, and funder expectations around quality.

Continuing to raising the quality bar

Experience tells us that accreditation has contributed to building a culture of continuous quality improvement among child and youth mental health service providers in Ontario. The challenge before the sector is to continue furthering this trend.

The expert panel's report has highlighted a number of important questions to ask along the way. The upcoming review of accreditation standards in 2016-2017 affords a timely opportunity for residential service providers, child and youth mental health agencies, Children's Mental Health Ontario and CCA to join and raise the quality bar together.

About the Canadian Centre for Accreditation

The Canadian Centre for Accreditation (CCA) is a national provider of accreditation for community-based health and social service organizations.

Accreditation provides an external review of an organization's operations in relation to accepted standards of good practice and risk management. Standards address all aspects of the organization, including governance, management, programs and services. It is also a system to promote learning, improvement, excellence and innovation.

More than 80 child and youth mental health agencies, child welfare organizations and youth justice providers in Ontario participate in CCA's accreditation program.

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