What is the impact of accreditation recommendations on healthcare organisations?

A pilot study of accreditation data

Summary
For several years, the Haute Autorité de Santé has undertaken to strengthen the evaluation of the impact of its programs, in order to meet two objectives that are also two commitments to HAS stakeholders:

- Give a fully transparent account of the results obtained;
- Inform the debate on the development of systems implemented by HAS and enable these systems to become more effective in improving patient care.

The accreditation of healthcare organisations, which has been an established part of the healthcare landscape for more than 12 years, is particularly concerned by these requirements.

The study presented here plays an important role in the quest to understand the effects of accreditation and its limitations, which requires a diverse range of approaches and a combination of different types of study.

HAS set out to analyse the data gathered at national level during accreditation procedures. By processing these data in a pilot study, questions can be asked about the effectiveness of accreditation recommendations, and the progress made by healthcare organisations between cycles of accreditation can be analysed.

Accreditation has had the great merit of encouraging healthcare organisations to implement systems for managing the quality and safety of care. As a result of accreditation, organisations have taken it to the next level in terms of developing these systems. This study highlights the role of HAS reservations and recommendations as a lever for improvement. The study shows that the majority of changes needed are only implemented progressively because they concern the practices of all professionals. These changes may be delayed by problems involving barriers to adaptation within the healthcare system. Through the continuity provided by its follow-up system and its gradual increases in requirements, accreditation helps healthcare organisations to engage in and maintain improvement initiatives.

This impact study has led to the following actions by HAS:

- Continuity of approach will be one of the features of the next version of accreditation. The aim is to ensure that systems are in place to prevent or correct any steps backward in key areas of risk management.
- Provisions will be made for monitoring the impact of accreditation recommendations. This monitoring will enable HAS, healthcare organisations and users to note the positive developments related to accreditation, and also to more easily identify barriers to improvement in healthcare organisations.

Since its implementation in France 12 years ago, accreditation has resulted in several thousand recommendations and reservations for healthcare organisations. Almost 18,000 recommendations (guidelines or reservations) were issued during the second cycle of accreditation (2005-2010).

What is the outcome of these recommendations and reservations once they have been issued? Do healthcare organisations take them on board? Are they implemented and do they lead to improvements in organisational management and patient care?

The study presented here in summary form tackles the issue of the effects of accreditation recommendations, using data from accreditation visits.

This study aims to follow up the outcome of 4,109 reservations and recommendations issued during the “V2” cycle of accreditation to the first 612 organisations to have undergone “V2010”.

Quantitative and qualitative analysis of these decisions, from their formulation until their follow-up evaluation four years later at recent V2010 accreditation visits, demonstrates that:

- Reservations and recommendations create a positive pressure on healthcare organisations, and act as a lever for improvement;
- From one version to the next, changes in the accreditation standard and assessment methods have made accreditation increasingly demanding;
- In some fields (such as medication management), the improvements sought by recommendations and reservations imply a substantial overhaul of the organisation. Examination of organisations’ files shows how the follow-up process and the progressive increase in the level required for accreditation can support this lengthy undertaking;
- Certain barriers may limit the impact of reservations and recommendations such as structural issues, limited resources, and the slow nature of changes in professional practice and organisational culture.
Introduction

To meet the challenges of regulating the quality and safety of care in healthcare organisations, many countries have set up accreditation and external evaluation systems for healthcare organisations, inspired by Canadian or American models. In recent years, healthcare providers in many countries have started to ask legitimate questions about the effectiveness of the mechanisms of external evaluation, and a field of applied research has gradually developed in response to these questions, despite the methodological challenges of evaluating this type of intervention.

An investigation of the impact of accreditation/certification concerns the entire accreditation system, and includes the question of how effectively the recommendations made during the process are implemented: are these decisions acted upon within the organisation? Are improvement initiatives put into place and do they have the desired results?

The study presented here in summary form tackles the issue of the effects of accreditation recommendations, using data from French accreditation. It aims to follow up the outcomes of recommendations and reservations issued during accreditation between the V2 cycle of accreditation, now completed, and the V2010 cycle that is currently under way, and thus to answer the question: what are the outcomes of recommendations made during the accreditation procedure?

What is the accreditation of healthcare organisations?

The accreditation of healthcare organisations, implemented by HAS, aims to ensure continuous improvement in the quality and safety of care in healthcare organisations.

The accreditation of healthcare organisations was established in France by the decree of 24 April 1996 (article L. 6113-3 of the Code of Public Health). It is compulsory for all public and private healthcare organisations. It engages each healthcare organisation in a process of improvement, including internal assessment and an independent external evaluation of quality in the organisation.

Transparency is intrinsic to the process, with accreditation reports published so that the public and stakeholders can be informed.

In recent years, many countries have started to ask legitimate questions about the effectiveness of the mechanisms of external evaluation.

The accreditation procedure involves the following steps:

- a self-assessment phase, during which professionals and patient representatives are invited to evaluate the functioning of the organisation with reference to the Accreditation Manual;
- an on-site visit, called the initial visit, conducted by healthcare professionals who have been appointed and trained by HAS, known as surveyors;
- the production of a report including observations and any recommendations or reservations. These indicate improvements that need to be made, and are classified according to their severity: recommendations, reservations or major reservations;
- validation and publication of the report, any recommendations or reservations, and the corresponding level of decision made by the HAS Board;
- in the case of reservations or major reservations, the implementation of follow-up measures: the organisation submits a follow-up report or an on-site visit (follow-up visit or targeted visit) is conducted by the surveyors. After these follow-up measures, reservations may be either removed, maintained or changed (for example, a reservation may be downgraded to a recommendation).

French healthcare organisations have been subject to several rounds of the procedure. The first cycle of accreditation (V1) dates back to June 1999. The second cycle of accreditation (V2 and V2007) began in 2005, and the initial visits in this cycle were completed in the latter half of 2010. The first visits in the third cycle of accreditation (known as V2010) began in January 2010. In total, 974 V2010 accreditation reports had been validated by 1 July 2012. On this date, 1,347 visits had been conducted out of the 2,644 planned for this cycle of accreditation.

Methodology

The study concerns the first “wave” of organisations to have undergone both the second accreditation procedure, known as V2, and the third procedure, known as V2010. On 23 May 2012, 817 organisations had undergone V2010 and had a validated V2010 accreditation report.

Six hundred and twelve (612) of these 817 organisations are included in the study.

These are the 612 organisations:
- that have undergone both the second (V2) and third (V2010) accreditation procedures;
- that have had to respond to one or more recommendations or reservations resulting from V2;
- for which it was possible to establish statistical links between data from the V2 and V2010 procedures.

In total, 4,109 recommendations or reservations were issued to the 612 organisations in the study following the second accreditation procedure and were analysed in this study.

There were 1,193 reservations or major reservations and 2,916 recommendations.
The study is divided into two parts:

- a reservations substudy focusing on outcomes from V2 reservations. This involves 1,193 reservations and 385 organisations;
- a recommendations substudy focusing on outcomes from V2 recommendations. This involves 2,916 recommendations and 546 organisations.

Three hundred and nineteen (319) organisations are included in both substudies as they had to respond to both recommendations and reservations.

The organisations in the sample were accredited through the V2 procedure between November 2005 and January 2009. Their V2010 accreditation took place between February 2010 and March 2012.

The method chosen combined quantitative and qualitative approaches.

**Quantitative descriptive analysis** was performed. This included:

- analysis of the results of follow-up measures for V2 reservations;
- analysis of “renotifications”, i.e. cases where a reservation was issued in V2 and the area concerned was subject to a new reservation or recommendation in V2010 in the same organisation:
  - in order to produce a report on renotifications, a V2-V2010 correspondence table was created from work carried out internally and externally;
- analysis of surveyors’ observations on the improvement initiatives implemented to respond to V2 recommendations.

**Qualitative analysis** was performed. This involved 30 files from organisations that had a reservation in V2 and 80 surveyor observations on the follow-up implemented by organisations following recommendations. This qualitative section aims to:

- understand the leverage effect of reservations and their possible limitations;
- comprehend cases of renotification, where a reservation or recommendation is maintained from one cycle of accreditation to the next;
- highlight the different types of situation encountered by the surveyors during their follow-up evaluation of recommendations.

### Results

**Accreditation follow-up measures: the leverage effect of reservations**

The reservations examined in this study (n = 1,193) were mostly removed (82%) after HAS follow-up (targeted visit or follow-up report).

“Analysis of organisations' files confirms that reservations have a leverage effect, with professionals often going above and beyond a complete response to the reservation issued.”

---

5. MARQ BN (Method for Regional Analysis of Quality of Care) tool, ARS files, ARS Basse-Normandie, no. 1 March 2011.
Analysis of organisations’ files confirms that reservations have a leverage effect on improvement initiatives, as well as on the organisation of care and professional practices. This analysis also reveals the drive for improvement generated by reservations, with professionals often going above and beyond a simple response to the reservation issued. Sometimes, structural issues (delayed building projects, etc.) and contextual factors (restructuring, etc.) can slow improvement, explaining cases where reservations are maintained or changed.

Case study

Three reservations: the effect of collective learning, the impact on organisation of care and professional practices

- At the V2 accreditation visit to Organisation B in 2006, surveyors noted that the organisation’s staff could not meet the manual’s criterion concerning evaluation of the appropriateness of care. They observed a lack of objectives, methodology and tools (external recommendations, investigative projects, action plans) in this field. The 2007 targeted visit report reveals greater competence in the professional community and the setting up of a “loop” of learning and improvement: the appropriateness of indications for hospitalisation and admissions to old age psychiatry was selected and studied by a multidisciplinary working group. HAS tools for reviewing the appropriateness of care were adapted and implemented. This evaluation initiative led to a study of the connections between different providers of care to the elderly and to actions being taken (cooperation with community doctors in order to improve patient orientation, weekly medical team meetings on requests for admission, meetings between doctors and the management of organisations working with the population concerned, etc.).

- As the surveyors had observed non-compliant practices in the primary decontamination of equipment (endoscopes) in March 2006, Organisation C had to respond to a reservation on medical device risk management. The targeted visit in June 2007 showed that the professionals responsible for pre-treating and disinfecting endoscopes had been trained and now used validated protocols.

- The accreditation visit of Organisation D in May 2006 highlighted a number of organisational problems that affected perioperative safety (poor communication of information between the different providers of surgical care). One year later, the surveyors observed that corrective actions and improvement initiatives had been implemented so that the professionals involved communicated information throughout the pre-, per- and postoperative period.

Categories of reservations in accreditation

The organisations in the sample were notified of a total of 1,193 reservations or major reservations following the V2 initial visit. These reservations and major reservations involve the following categories:

6. The appropriateness of care concerns whether care (preventative measures, diagnostic and therapeutic procedures, admissions, length of hospitalisation and type of hospitalisation) is suited to the patients’ needs.
Outcomes of reservations from V2 accreditation to V2010 accreditation

The use of the category correspondence tool for V2 and V2010 requirements and decisions enables the outcomes of reservations to be monitored beyond follow-up measures, all the way to V2010 accreditation, which takes place approximately four years after notification of the V2 reservation.

It seems that the majority of problems noted during the V2 procedure and resulting in reservations or major reservations are no longer evident during the V2010 procedure and accreditation visit four years later.

Reading guide: 63% of the reservations issued during V2 and examined in the reservations substudy were not renotified in V2010. In 63% of cases of reservations studied, the category that was subject to a reservation in V2 was no longer subject to a reservation or recommendation in V2010 (n = 1,193 reservations).

Thus, 63% of reservations issued during V2 and examined as part of this study were not renotified following the V2010 initial visit. In these cases, the categories that the reservations identified as “areas of weakness” in V2 were no longer subject to reservations following the V2010 visit.

In 25% of cases, the category was re-implicated in V2010 in the form of a recommendation, suggesting that the problem was less significant than it had been during the previous accreditation cycle.

Finally, in 12% of cases, the same category was subject to a reservation in V2 and in V2010. These cases of reservations could be viewed, in the initial analysis, as the V2 reservation being reiterated.

This apparent continuity between the two cycles of accreditation is complex to interpret, and covers situations that are very varied in nature.

“ It seems that the majority of problems noted during the V2 procedure and resulting in reservations or major reservations are no longer evident during the V2010 visit four years later. ”
Why are reservations renotified in the next accreditation cycle?

The rates of renotification in V2010 vary considerably depending on the category. Some categories are more affected by renotifications in V2010 than others, as the following table shows:

![Figure 4. Renotification rates in V2010 – by category and type of decision](image)

Patient rights and the role of patients, medication management, and patient records were the categories particularly affected by renotifications in V2010.

These three categories were studied in depth. The results of organisations whose reservation in these categories was renotified in V2010 were examined more closely through analysis of their scores per manual criterion or per assessment item and through qualitative analysis of a corpus of institutional files, selected randomly.

**Cases of renotification were partly related to changes in requirements and assessment methods between V2 accreditation and V2010 accreditation.**

> Over the years, the requirements in the manual have become more in depth and some areas have been developed, explaining how reservations and recommendations in the same category may be reiterated from one procedure to the next, even though progress has been accomplished in the fields concerned.

> For example, when the V2010 renotifications in the patient rights category were examined (whether these were in the form of recommendations or reservations), it appeared that they primarily concerned the issue of disclosure of adverse events (criteria 11c of the V2010 manual), and far fewer concerned the issue of confidentiality, which was the subject of many reservations in V2. This result is indicative of a change in the accreditation process. Accreditation now places more emphasis on the role of patients, including in the safety of care, which reflects a more general change in awareness.

> The methods of assessment have changed. In particular, accreditation is based on national indicators, which tend to intensify scrutiny of the functioning of organisations. Renotifications in V2010 are partly explained by the new light shed by national indicators, which supplement the surveyors’ global view on specific points.

7. Assessment items break down the criteria of the accreditation manual into specific objectives.
The study reveals that cases where an organisation fails to respond to a HAS reservation are very rare.

`For example, the study shows that, despite the effects of accreditation since it was introduced in France, prescription practices are slow to change. The poor level of prescription compliance partly explains the renotification of reservations and recommendations in the medication management category. The study reveals that cases where an organisation fails to respond to a HAS reservation are very rare.`

*A case study*

**Why is a reservation renotified in V2010?**

In *Organisation H*, an obstetric clinic with 94 beds accredited in 2007, the surveyors’ observations indicate the practice of re-transcribing prescriptions, little development in the named-patient dispensing of drugs, and a lack of efforts to raise awareness among the medical profession of reporting adverse events. A reservation concerning medication management was issued. One year later, the follow-up report showed progress: a single prescription form had been introduced with transcription abolished. A computerisation project had been started, and a system for reporting adverse events was in place. The reservation was removed. In early 2011, the V2010 accreditation report showed that the organisation had succeeded in mobilising professionals around the improvement initiatives for medication management. An evaluation system based primarily on risk mapping and audits which were developed and implemented by multidisciplinary teams underpinned the policy, enabling training objectives and improvement initiatives to be defined. Restructuring (implementing a quality manual, a training programme, analysis of adverse events, etc.) had taken place. However, the surveyors highlighted some issues:

- stemming from old problems...
  - named-patient dispensing was only very partially implemented and the organisation’s HR department prohibited any correction of this in the short term;
  - prescription compliance as measured by the HAS national indicator was very poor;
  - drug administration was not always documented in real time.
- ...or more recent problems:
  - the management of patients’ individual treatment was not secure;
  - there was insufficient support for computerisation among professionals.

A reservation concerning medication management was renotified in V2010.

In this case, accreditation and the associated follow-up measures did contribute to the organisation’s development in terms of medication management. As in many other organisations, accreditation also facilitated initiatives that are essential to medication safety, in particular the introduction of a single form for prescription and administration. However, some problems persisted and issues related to changes in the development of knowledge and requirements were highlighted, leading to a reservation nonetheless being renotified.

*Document analysis reveals that there are frequent cases of renotication that combine changes within the organisation, the resolution of some issues, the appearance or persistence of other problems and the effect of changes in the “focus” of accreditation.*
From V2 accreditation to V2010 accreditation: the effect of accreditation recommendations

A total of 2,916 recommendations issued to the organisations in the sample following the V2 initial visit were analysed as part of the study.

These recommendations involve the following categories:

Unlike reservations, recommendations resulting from V2 accreditation are not subject to HAS follow-up between the two procedures. External follow-up of V2 recommendations is carried out during the V2010 visit.

For each recommendation, the surveyors evaluate the actions taken since the V2 visit. Following this evaluation, a written observation is made and a standardised answer is selected: taking into account the organisation’s progress towards improvement, the team of surveyors must answer “yes”, “no” or “in progress” to the question of whether the recommendation has been followed up by the organisation. These items are included in the V2010 accreditation report in a follow-up table.

An examination of the standardised “yes”, “no” and “in progress” observations made in V2010 for the 2,916 V2 recommendations in this study gives the following results.

It therefore appears that:

- according to the surveyors’ observations, almost all recommendations from V2 accreditation were followed up by organisations with improvement initiatives;
- the majority of recommendations were followed up with improvement initiatives judged as durable and successful by surveyors (62% “yes”);
- in a substantial minority of cases (36%), the improvement initiatives were still in progress;
- cases where a recommendation was ignored were rare.

Almost all recommendations from V2 accreditation were followed up by organisations with improvement initiatives.
“No” (20 observations analysed): this answer was given by surveyors in the V2010 report recommendation follow-up table in cases where an organisation failed to respond to a HAS recommendation.

“Yes” (20 observations analysed): this answer is given when an organisation has fully and satisfactorily responded to the HAS recommendation. This answer is especially likely to be selected by surveyors when the organisation has completed the “improvement loop” by introducing an evaluation of its initiatives.

“In progress” (40 observations analysed): this answer is selected by surveyors when they note that improvement initiatives have been introduced, but these cannot be considered as completely successful:

- either because the professionals have not yet evaluated their effect;
- or because there are still minor or major constraints to implementing them.

This answer covers the widest range of situations, because “in progress” can apply to improvement initiatives in very variable stages of development.

**Conclusion**

The pilot study on the impact of accreditation recommendations has made a contribution in two areas.

- The study indicates the following results:
  - accreditation recommendations are a driving force for improvement in healthcare organisations;
  - following up reservations enables organisations to make profound changes and to cement progress;
  - there has been a progressive increase in the level of requirement for accreditation, explaining why recommendations and reservations are reiterated from one cycle to another;
  - improvement can be delayed by structural problems, as well as when the recommendation or reservation targets the practices of all professionals within an organisation.

- The study represents an advancement in terms of methodology. The study confirms that quantitative and qualitative analysis of accreditation data can be used to investigate the effect of recommendations and reservations.

This pilot study has some limitations which could be addressed by a more comprehensive study:

- Although it shows the effects of accreditation empirically, the study does not meet all of the necessary methodological conditions to establish an exclusive causal link between accreditation and the improvements observed. In addition, the results cannot be interpreted as establishing complete equivalence between the absence of a recommendation and the absence of problems. The results will be combined and consolidated with results from other studies (perception studies, international research, etc.);

- Not all V2 recommendations and reservations could be analysed in this study, which only includes organisations that have also undergone V2010. The completion of the V2010 procedure in 2015 will enable an exhaustive view of organisations and recommendations;

- Because the requirements evolve over time, the linking of categories from two cycles of accreditation could only be approximate. This must be accompanied by identification and analysis of the changes in requirements and in how they are evaluated;

- The data from accreditation are very instructive, but a further study could supplement them and combine them with data from other sources (for example, interviews).