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The Value and Impact of Health Care Accreditation: A Literature Review

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Introduction

This document summarizes literature findings on the value and impact of health care accreditation. It includes results and conclusions from research, gray literature, and experience-based articles.

Accreditation is an internationally recognized evaluation process used to assess and improve the quality, efficiency, and effectiveness of health care organizations. Simply put, accreditation is based on the premise that adherence to evidence-based standards will produce higher quality health care services in an increasingly safe environment. It is also a way to publically recognize that a health care organization has met national quality standards (Pomey, 2005).

The accreditation process is an integral part of health care systems in over 70 countries (Greenfield & Braithwaite, 2009) and the International Society for Quality in Health Care (ISQua) is the largest associated international body. In some regions, the accreditation of health care organizations remains voluntary, while in others it has become government-mandated (Pomey, 2010). Its rapid growth over the last 40 years is partially attributable to media reporting of serious inadequacies in the quality and safety of health care services, and an escalating focus on patient safety.

Most accrediting bodies' health care accreditation programs consist of periodic or cyclical assessments of organizational and clinical practices and the measurement of their performance against pre-established, evidence-based standards. This is usually done through self-assessments, peer surveyor on-site visits, interviews by the surveyors, and the careful study of administrative and clinical data and documentation. This process typically culminates in the provision of an accreditation report and notification about whether an organization is accredited.

Quality Improvement

Improvement gradients are embedded into the health care accreditation process. First, the standards encourage organizations to achieve particular criteria. Second, accrediting bodies revise their standards over time so they are based on up-to-date research and accepted best practices. Both of these elements elicit continuous quality improvement efforts. The goal is to contribute to the provision of high-quality and safe health care services and to improve patients' health outcomes (Braithwaite, 2010; Øvretveit, 2009).

A recent lawsuit (*More v. Bauer Nike Hockey Inc., 2010*) places increased pressure on standard-setting bodies to ensure that their standards are current. This case acknowledged that accrediting bodies are potentially liable if their standards lag behind current knowledge.

The Benefits of Accreditation

- Provides a framework to help create and implement systems and processes that improve operational effectiveness and advance positive health outcomes (LTCQ, Inc., 2002; Salmon, 2003; René, 2006; Davis, 2007; Greenfield & Braithwaite, 2008; Lanteigne, 2009; TCBC, 2011; Alkhenizan, 2011)
- Improves communication and collaboration internally and with external stakeholders (René, 2006; Bird, 2006; Werner, 2005; Greenfield & Travaglia, 2007; Gluck, 2001; Heaton, 2000; El-Jardali, 2008)
- Strengthens interdisciplinary team effectiveness (Pomey, Lemieux-Charles, 2010; Sutherland, 2006; NCQA, 2007; Simons, 2002; Shaw, 2003; El-Jardali, 2008)
- Demonstrates credibility and a commitment to quality and accountability (Baldi, 2000; Griffith, 2002; Salmon, 2003; Devers, 2004; Mays, 2004; Sutherland, 2006; Beaumont, 2008; Greenfield, Pawsey & Braithwaite, 2008; Auras & Geraedts, 2010; Peter, Rotz, Blair, Khine, Freeman & Murtagh, 2010; Kaminski, 2012)
- Decreases liability costs; identifies areas for additional funding for health care organizations and provides a platform for negotiating this funding (Mays, 2004; Gluck, 2001; Baskind, 2010; Peter, 2010; Grachek, 2002)
- Mitigates the risk of adverse events (Pagliarulo, 1986; Grachek, 2002; Griffith, 2002; LTCQ, Inc., 2002; Simons, 2002; Chen, 2003; Leatherman, 2003; Salmon, 2003; Mays, 2004; René, 2006; Kaminski, 2012)
- Sustains improvements in quality and organizational performance (Chen, 2003; Leatherman, 2003; El-Jardali, 2008; Lanteigne, 2009; Flodgren, 2011)
- Supports the efficient and effective use of resources in health care services (Wiebe & Hoskins, 2010; Martin et al., 2009)
- Enables on-going self-analysis of performance in relation to standards (Mays, 2004; Montagu, 2003; Sutherland, 2006; Werner, 2005; Greenfield & Travaglia, 2007; Newhouse, 2006; Pagliarulo, 1986; Beaumont, 2008)
- Ensures an acceptable level of quality among health care providers (LTCQ Inc., 2002; Montagu, 2003; Mays, 2004; René, 2006)
- Enhances the organization's understanding of the continuum of care (LTCQ, Inc., 2002)
- Improves the organization's reputation among end-users and enhances their awareness and perception of quality care (Montagu, 2003; Mays, 2004; Bird, 2005; René, 2006; El-Jardali, 2008; Greenfield, Pawsey & Braithwaite, 2008), as well as their overall satisfaction level. (Al Tehewy, 2009)

- Promotes capacity-building, professional development, and organizational learning (Pagliarulo, 1986; Baldi, 2000; Gluck, 2001; LTCQ, Inc., 2002; Montagu, 2003; Shaw, 2003; Mays, 2004; Pomey, 2005; Newhouse, 2006; René, 2006; Beaumont, 2008; Greenfield & Braithwaite, 2008; Touati & Pomey, 2009; Hahn Severance, 2009; Lanteigne, 2009; Groene, 2010)
- Codifies policies and procedures (Simons, 2002; Devers, 2004; Bird, 2005; Touati, 2008; Peer, 2000)
- Promotes the use of ethical frameworks (Wiebe & Hoskins, 2010)
- Drives compliance with medication reconciliation (Colquhoun & Owen, 2012)
- Decreases variances in practice among health care providers and decision-makers (Salmon, 2003; Lewis, 2007)
- Provides health care organizations with a well-defined vision for sustainable quality improvement initiatives (Peter, 2010; Baskind, 2010)
- Stimulates sustainable quality improvement efforts and continuously raises the bar with regard to quality improvement initiatives, policies, and processes (Chen, 2003; Leatherman, 2003; Montagu, 2003; Salmon, 2003; Mays, 2004; Sutherland 2006; El-Jardali, 2008; Greenfield & Braithwaite; 2008; Lanteigne, 2009; Baskind, 2010; Peer, 2000)
- Leads to the improvement of internal practices (Pomey, 2010)
- Increases health care organizations' compliance with quality and safety standards (Al Tehewy, 2009; Peter, 2010)
- Enhances the reliability of laboratory testing (CAEAL, 1997; CAEAL, 2001)
- Improves patients' health outcomes (Thornlow & Merwin, 2009)
- Provides a team-building opportunity for staff and improves their understanding of their coworkers' functions (Davis, 2007)
- Promotes an understanding of how each person's job contributes to the health care organization's mission and services (Davis, 2007)
- Contributes to increased job satisfaction among physicians, nurses, and other providers (Lin, 2008; Al Tehewy, 2009)
- Engenders a spill-over effect, whereby the accreditation of one service helps to improve the performance of other service areas (Peter, 2010)
- Highlights practices that are working well (Baskind, 2010; TCBC, 2011))
- Promotes the sharing of policies, procedures, and best practices among health care organizations (Davis, 2007)
- Promotes a quality and safety culture (Greenfield et al., 2011)

Areas of Accreditation Requiring Further Study

- Collecting data through accreditation; ensuring completeness and accuracy (Lewis, 2007; Pagliarulo, 1986)
- Emphasizing uniformity and adherence to standards over an individual organization's performance and innovation (Lewis, 2007)
- Need for research that demonstrates a strong link between accreditation status and client outcomes (Dean Beaulieu, 2002; Barker, 2002; Greenfield & Braithwaite, 2009; Greenfield, Pawsey & Braithwaite, 2009; Hinchcliff et al., 2012)
- Achieving “soft” results – increased comprehensiveness is necessary (Lewis, 2007; Mays, 2004; Miller, 2005)
- Need for consistency in surveyors' approach
- Need to reduce the workload of the accreditation process
- Physician and patient involvement in quality improvement and health care accreditation (Pomey, 2010; Braithwaite, 2010)
- Other methods for assessing and ensuring quality (e.g., information technology and performance measures) (Lewis, 2007; René, 2006; Griffith, 2002; Miller, 2005)

Recent Trends and Innovations in Health Care Accreditation

Unannounced Surveys: In this type of survey, the client does not know when the visit will take place. These surveys are thought to have several benefits over traditional, scheduled surveys and they are becoming increasingly popular with accrediting bodies (Greenfield & Braithwaite, 2009). Greenfield & Braithwaite (2008) could not find any systematic or rigorous empirical evidence to support these surveys' presumed benefits.

Patient satisfaction surveys: Accrediting bodies are increasingly requiring patient satisfaction surveys as part of their accreditation process. Interestingly, the results do not appear to have a significant impact on the accreditation decisions ultimately reached by accrediting bodies (Auras & Geraedts, 2010).

Accrediting Health Regions: Accrediting entire regions is becoming more prevalent, concurrent with the shift toward a population health approach. In some cases, voluntary accreditation is being replaced by government-mandated models of health care accreditation. Several Eastern European countries are beginning to use accreditation as an extension of statutory licensing for health care institutions (Shaw, 2003).

Need for Additional Research

The science of accreditation is still under development (Miller, 2005). Accreditation programs are varied in approach and content, thus comparisons are at times difficult or inappropriate (Shaw, 2003). While there is no conclusive evidence about the direct impact of accreditation on client outcomes, there is some indication that if accreditation strengthens interdisciplinary team effectiveness and communication and enhances the use of indicators leading to evidence-based decision making, then it contributes to improving health outcomes (Beaumont, 2002).

Few studies have attempted to draw causal inferences about the direct influence of accreditation on patients' health outcomes, so further research is warranted (Hort et al., 2013). For this purpose, Donabedian's "structure-process-outcomes model" or the resultant Quality Health Outcomes Model (QHOM) could be particularly useful (Thornlow & Merwin, 2009).

Trend Toward Mandatory Accreditation

Some countries have moved toward government-mandated accreditation. In Canada, accreditation is mandatory in Quebec (public and private health care organizations) (Government of Quebec, 2011) and Alberta (Government of Alberta, Dept. of Health and Wellness, 2008). Other provinces, such as Manitoba, are considering this direction. The Health Council of Canada has recommended that accreditation be mandatory, as noted in several of its reports over the past few years (Health Council of Canada, 2008; Health Council of Canada, 2006). Health Quality Ontario (formerly the Ontario Health Quality Council) also recommended that accreditation be mandatory (Ontario Health Quality Council, 2007).

Transparency of Accreditation Decisions

Should the results of health care accreditation reviews be made public? Kim (2011) claimed that the standard rules of economics, specifically those pertaining to open markets, should be applied to the health care system as this would motivate health care organizations to improve the quality and safety of their health care services. This trend is noted in a number of countries (e.g., Netherlands).

Conclusion

In the current era of heightened fiscal responsibility, transparency, accountability, and escalating health care complexity and risk, accreditation contributes to ensuring that care meets the highest standards of health care decision-making and provision. Accreditation can serve as a risk mitigation strategy, and it can also measure performance; it provides key stakeholders with an unbiased, objective, and third-party review. It can constitute a management tool for diagnosing strengths and areas for improvement, as well as for facilitating the merger of health care organizations by stimulating the emergence of common organizational identity, culture, and practices (Pomey, 2010).

Organizations that participate in accreditation confirm their commitment to quality improvement, risk mitigation, patient safety, improved efficiency, and accountability; it sends a powerful message to key decision-makers and the public. This performance measure contributes to the sustainability of the health care system.

Accreditation organizations are uniquely positioned to provide a comprehensive look at the challenges and successes of health care organizations, and to identify themes and trends in the delivery of health care services. The data collected through accreditation is an invaluable resource for health care providers, governments, policy-makers, and other health care leadership organizations, as it can contribute to effective and efficient decision-making to ensure ongoing quality improvement and reduce costs through risk mitigation.

References

1. Al Tehewy, M., Salem, B., Habil, I & El Okda, S. (2009). Evaluation of accreditation program in non-governmental organizations' health units in Egypt: Short-term outcomes. *International Journal for Quality in Health Care*, 21, 183–189.
2. Alkhenizan, A., Shaw, C. (2011). Impact of accreditation on the quality of healthcare services: A systematic review of the literature. *Annals of Saudi Medicine*, 3(14), 407–416.
3. Auras, S., & Geraedts, M. (2010). Patient experience data in practice accreditation – An international comparison. *International Journal for Quality in Health Care*, 22, 132–139.
4. Baldi, G., Burani, M., Ghirelli, L., & De Pietri, S. (2000). Certification of an emergency department according to UNI EN ISO 9002 criteria. *European Journal of Emergency Medicine*, 7, 61–66.
5. Barker, K.N., Flynn, E.A., Pepper, G.A., Bates, D.W., & Mikeal, R.L. Medication errors observed in 36 health care facilities. *Archives of Internal Medicine*, 162: 1897–1903.
6. Baskind, R., Kordowicz, M., & Chaplin, R. (2010). How does an accreditation programme drive improvement on acute inpatient mental health wards? An exploration of members' views. *Journal of Mental Health*, 19, 405–411.
7. Beaumont, M. (2002). Recherche sur l'efficacité du programme d'agrément du Conseil canadien d'agrément des services de santé: Méthodologie et resultants. *Maîtrise en administration des services de santé*: Faculté de médecine, Université de Montréal. Montréal, QC.
8. Beaumont, M. (2008). L'agrément : *Un agent moteur de développement des capacités, d'apprentissage collectif et de socialisation*. Doctorat en administration des services de santé. Montréal : Faculté de médecine, Université de Montréal.
9. Bird, S. M., Cox, D., Farewell, V. T., Goldstein, H., Holt, T., & Smith, P. C. (2005). Performance indicators: Good, bad, and ugly. *Journal of the Royal Statistical Society*, 168, 1–27.
10. Braithwaite, J., Greenfield, D., Westbrook, J., Pawsey, M., Westbrook, M., Gibberd, R., et al. (2010). Health service accreditation as a predictor of clinical and organizational performance: A blinded, random, stratified study. *Quality and Safety in Health Care*, 19, 14–21.
11. Braithwaite, J., Westbrook, J., Pawsey, M., Greenfield, D., Naylor, J., Iedema, R., Runciman, B., Redman, S., Jorm, C., Robinson, M., Nathan, S., & Gibberd, R. A prospective, multi-method, multi-disciplinary, multi-level, collaborative, social-organizational design for researching health sector accreditation. *BioMed Central Health Services Research*, 6: 113.
12. Canadian Association for Environmental Analytical Laboratories (CAEAL). (1997). Laboratory Accreditation: Proof of Performance. *Canadian Chemical News*. Excerpts available at: <http://www.thefreelibrary.com/Laboratory+accreditation%3A+proof+of+performance+for+environmental+labs.-a020029522>

13. Canadian Association for Environmental Analytical Laboratories (CAEAL). (2001). *Laboratory Accreditation: Proof of Performance for Environmental Labs — 6 Years of Data*. CAEAL, Ottawa, Canada.
14. Chen, J., Rathore, S. S., Radford, M. J., & Krumholz, H. M. (2003). JCAHO accreditation and quality of care for acute myocardial infarction. *Health Affairs*, 22, 243–254.
15. Colquhoun, M., Owen, M. (2012). A snapshot of Medication Reconciliation in Canada. *Qmentum Quarterly*, 4(2), 10–13.
16. Davis, M.V., Reed, J., Devlin, L. M., Michalak, C. L., Stevens, R., & Baker, E. (2007). The NC accreditation learning collaborative: Partners enhancing local health department accreditation. *Journal of Public Health Management and Practice*, 13, 422–426.
17. Dean Beaulieu, N., & Epstein, A.M. (April 2002). National Committee on Quality Assurance Health-Plan Accreditation: Predictors, correlates of performance, and market impact. *Medical Care*, 40(4): 325–337.
18. Devers, K. J., Pham, H. H., & Liu, G. (2004). What is driving hospital’s patient-safety efforts? *Health Affairs*, 5, 103–115.
19. El-Jardali, F., Jamal, D., Dimassi, H., Ammar, W., & Tchaghchaghian, V. (2008). The impact of hospital accreditation on quality of care: Perception of Lebanese nurses. *International Journal for Quality in Health Care*, 20, 363–371.
20. Flodgren, G., Pomey, M.P., Taber, S.A., Eccles, M.P. (2011). Effectiveness of external inspection of compliance with standards in improving healthcare organization behaviour, healthcare professional behaviour or patient outcomes. *Cochrane Database of Systematic Reviews*, Issue 11. Art. No.: CD008992.
21. Gluck, J.C., Hassig, R.Z. (2001). Raising the bar: the importance of hospital library standards in the continuing medical education accreditation process. *Bulletin of the Medical Library Association*, 89(3): 272–276.
22. Government of Alberta, Department of Health and Wellness. (2008). *Mandatory Accreditation in Alberta’s Health System* (Directive D5-2008). Retrieved from <http://www.health.alberta.ca/documents/Directive-D5-2008-Accreditation.pdf>
23. Government of Quebec. (2011). *An Act respecting health services and social services (R.S.Q., chapter S-4.2.)*. Retrieved from http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/S_4_2/S4_2_A.html
24. Grachek, M. K. (2002). *Reducing risk and enhancing value through accreditation: Recent data indicate that accreditation has a quality impact that could be significant to risk management*. Retrieved February 10, 2011 from <http://www.allbusiness.com/health-care-social-assistance/nursing/356821-1.html>

25. Greenfield, D., Travaglia, J., Braithwaite, J., & Pawsey, M. (2007). *Unannounced surveys and tracer methodology: Literature review*. Sydney: Centre for Clinical Governance Research in Health.
26. Greenfield, D., Travaglia, J., Pawsey, M., & Braithwaite, J. (2007). Intra-rater and inter-rater reliability in health care accreditation: literature review. *A review of health sector accreditation research literature*. Sydney: The Centre for Clinical Governance Research in Health, Faculty of Medicine, University of New South Wales.
27. Greenfield, D., & Braithwaite, J. (2008). Health sector accreditation research: A systematic review. *International Journal for Quality in Health Care*, 20, 172–183.
28. Greenfield, D., & Braithwaite, J. (2009). Developing the evidence base for accreditation of health care organisations: A call for transparency and innovation. *Quality and Safety in Health Care*, 18, 162–163.
29. Greenfield, D., Braithwaite, J., & Pawsey, M. (2008). Health care accreditation surveyor styles typology. *International Journal of Health Care Quality Assurance*, 21, 435–443.
30. Greenfield, D., Pawsey, M., & Braithwaite, J. (2008). *Examinations of the relationships between accreditation and organizational and clinical performance: Research outputs to December 2008*. Sydney: Centre for Clinical Governance Research in Health.
31. Greenfield, D., Pawsey, M., & Braithwaite, J. (2011). What motivates professionals to engage in the accreditation of healthcare organizations? *Int J for Qual in HC*, 23(1), 8–14.
32. Greenfield, D., Pawsey, M., Naylor, J., & Braithwaite, J. (2009). Are accreditation surveys reliable? *International Journal of Health Care Quality Assurance*, 22, 105–116.
33. Griffith, J. R., Knutzen, S. R., & Alexander, J. A. (2002). Structural versus outcomes measures in hospitals: A comparison of Joint Commission and Medicare outcomes scores in hospitals. *Quality Management in Health Care*, 10 (2), 29–38.
34. Groene, O., Klazinga, N., Wagner, C., Arah, O., Thompson, A., Bruneau, C. (2010). *BMC Health Services Research*, 10:281. Retrieved from <http://www.biomedcentral.com/1472-6963/10/281>.
35. Gustafson, D. H., Fiss, C. J., Fryback, J. C., Simelser, P. A., & Hiles, M. E. (1980). Measuring the quality of care in nursing homes: A pilot study in Wisconsin. *Public Health Reports*, 95, 336–343.
36. Hahn Severance, J. (2009). Community health program evaluation using accreditation as a framework. *Evaluation & the Health Professions*, 32, 59–68.
37. Health Council of Canada. (2006). *Health Care Renewal in Canada: Clearing the Road to Quality* Retrieved from http://www.healthcouncilcanada.ca/docs/rpts/2006/2006_AnnualReport.pdf

38. Health Council of Canada. (2008). *Rekindling Reform: Health Care Renewal in Canada, 2003-2008*. Retrieved from [http://www.healthcouncilcanada.ca/docs/rpts/2008/HCC%205YRPLAN%20\(WEB\)_FA.pdf](http://www.healthcouncilcanada.ca/docs/rpts/2008/HCC%205YRPLAN%20(WEB)_FA.pdf)
39. Heaton, C. (2000). External peer review in Europe: An overview from the ExPeRT project. *International Journal for Quality in Health Care*, 12, 177–182.
40. Hinchcliff, R., Greenfield, D., Moldovan, M., Westbrook, J.I., Pawsey, M., Mumford, V., et al. (2012). Narrative Synthesis of health service accreditation literature. *BMJ Qual Saf*, 21:12 979-991. Available at <http://qualitysafety.bmj.com/content/21/12/979.full?sid=f1de0665-9bbe-4c36-9fe0-ab7d3600f2a5>
41. Hort, K., Djasri, H., Utarini, A. (2013). Regulating the quality of health care: Lessons from hospital accreditation in Australia and Indonesia. *The Nossal Institute for Global Health, Working Paper Series*, 28. Retrieved from http://ni.unimelb.edu.au/__data/assets/pdf_file/0006/782115/WP_28.pdf.
42. Kaminski, V. (2012). Accreditation — A Roadmap to Healing in Newfoundland and Labrador. *Qmentum Quarterly*, 4(1), 10–13.
43. Kilpatrick, K.E., Lohr, K.N., Leatherman, S., Pink, G., Buckel, J.M., Legarde, C., & Whitener, L. (March 2005). The insufficiency of evidence to establish the business case for quality. *International Journal for Quality in Health Care*, 17(4): 347–355.
44. Kim, L. S. (2011). How will accreditation of your ambulatory endoscopy center be an essential component of showing value-based health care? *Clinical Gastroenterology and Hepatology*, 9, 21–23.
45. Lanteigne, G. (2009). *Case studies on the integration of Accreditation Canada's program in relation to organizational change and learning: The Health Authority of Anguilla and the Ca'Focella Ospetale di Treviso*. Doctorat en administration des services de santé. Montréal : Faculté de médecine, Université de Montréal.
46. Leatherman, S., Berwick, D., Iles, D., Lewin, L. S., Davidoff, F., Nolan, T., et al. (2003). The business case for quality: Case studies and an analysis. *Health Affairs*, 22, 17–30.
47. Lewis, S. (2007, July). *Accreditation in health care and education: The promise, the performance, and lessons learned*. Retrieved from <http://www.shscorp.ca/content%5CHome%5CDocs%5CAccreditation%20in%20Health%20Care%20and%20Education%20%28FINAL%29.pdf>
48. Lin, B. Y.-J., Hsu, C.-P. C., Chao, M.-C., Luh, S.-P., Hung, S.-W., & Breen, G.-M. (2008). Physician and nurse job climates in hospital-based emergency departments in Taiwan: Management and implications. *Journal of Medical Systems*, 32, 269–281.
49. LTCQ, Inc. (2002). *JCAHO accreditation helps nursing facilities achieve better outcomes*. Retrieved from http://www.jointcommission.org/NR/rdonlyres/E64D0AE-BC38-49CC-B545-456AA76EDD4A/0/ltc_better_outcomes.pdf

50. Martin, L.A., Neumann, C.W., Mountford, J., Bisognano, M., Nolan, T.W. (2009). *Increasing Efficiency and Enhancing Value in Health Care*. Cambridge, MA, USA; Institute for Healthcare Improvement.
51. Mays, G. P. (2004). *Can accreditation work in public health? Lessons from other service industries*. Arkansas: Department of Health Policy and Management, College of Public Health, University of Arkansas for Medical Sciences.
52. Miller, M. R., Pronovost, P., Donithan, M., Zeger, S., Zhan, C., Morlock, L. et al. (2005). Relationship between performance measurement and accreditation: Implications for quality of care and patient safety. *American Journal of Medical Quality*, 20, 239–252.
53. Montagu, D. (2003). *Accreditation and other external quality assessment systems for health care: Review of experience and lessons learned*. London: DFID Health Systems Resource Centre.
54. More v. Bauer Nike Hockey Inc. (2010). BCSC 1395 (Victoria, B.C., 2010).
55. National Committee for Quality Assurance. (2007). *The state of health care quality 2007*. Washington, D.C.: National Committee for Quality Assurance.
56. Newhouse, R. P. (2006). Selecting measures for safety and quality improvement initiatives. *Journal of Nursing Administration*, 36, 109–113.
57. Ontario Health Quality Council. (2007). *2007 Report on Ontario's Health System*. Retrieved from http://www.ohqc.ca/pdfs/final_ohqc_report_2007.pdf
58. Øvretveit, J. (2009). *Does improving quality save money?* London, UK: The Health Foundation.
59. Pagliarulo, M. A. (1986). Accreditation: Its nature, process, and effective implementation. *Physical Therapy*, 66, 114–118.
60. Peer, K.S., & Rakich, J.S. (2000). Accreditation and continuous quality improvement in athletic training education. *Journal of Athletic Training*, 35(2): 188–193.
61. Peter, T. F., Rotz, P. D., Blair, D. H., Khine, A.-A., Freeman, R.R., & Murtagh, M. M. (2010). Impact of laboratory accreditation on patient care and the health system. *American Journal for Clinical Pathology*, 134, 550–555.
62. Pomey, M.-P., François, P., Contandriopoulos, A.-P., Tosh, A., & Bertrand, D. (2005). Paradoxes of French accreditation. *Quality & Safety in Health Care*, 14, 51–55.
63. Pomey, M.-P., Lemieux-Charles, L., Champagne, F., Angus, D., Shabah, A. & Contandriopoulos, A.-P. (2010). Does accreditation stimulate change? A study of the impact of the accreditation process on Canadian health care organizations. *Implementation Science*, 5, 31–44.

64. René, A., Bruneau, C., Abdelmoumene, N., Maguerez, G., Mounic, V., & Gremion, C. (2006). Improving patient safety through external auditing: The SIMPATIE (Safety Improvement for Patients in Europe) project. Saint-Denis La Plaine: Haute Autorité de Santé.
65. Sadri, G., & Marcoulides, G. A. (1997). An examination of academic and occupational stress in the USA. *International Journal of Educational Management*, 11, 32–46.
66. Salmon, J. W., Heavens, J., Lombard, C., & Tavrow, P. (2003). *The impact of accreditation on the quality of hospital care: KwaZulu-Natal Province, Republic of South Africa*. Bethesda: University Research Co., LLC.
67. Scott, I. (2009). What are the most effective strategies for improving quality and safety of health care? *Internal Medicine Journal*, 39, 389–400.
68. Shaw, C. D. (2003). Evaluating accreditation. *International Journal for Quality in Health Care*, 15, 455–456.
69. Simons, R., Kasic, S., Kirkpatrick, A., Vertesi, L., Phang, T., & Appleton, L. (2002). Relative importance of designation and accreditation of trauma centers during evolution of a regional trauma system. *Journal of Trauma*, 52, 827–834.
70. Suñol, R., Nicklin, W., Bruneau, C., & Whittaker, S. (2009). Promoting research into health care accreditation / external evaluation: Advancing an ISQua initiative. *International Journal for Quality in Health Care*, 21, 27–28.
71. Suñol, R., Vallejo, P., Thompson, A., Lombarts, M. J. M. H., Shaw, C.D., & Klazinga, N. (2009). Impact of quality strategies on hospital outputs. *Quality and Safety in Health Care*, 18 (Suppl. 1), i62–i68.
72. Sutherland, K., & Leatherman, S. (2006). *Regulation and quality improvement: A review of the evidence*. London: UK, The Health Foundation.
73. The Conference Board of Canada (TCBC). (2011). Accreditation Canada: Leading the Way Toward Improving Quality in Health Care. *Profile – November, 2011*, 12(162), 1–6.
74. Thornlow, D. K., & Merwin, E. (2009). Managing to improve quality: The relationship between accreditation standards, safety practices, and patient outcomes. *Health Care Management Review*, 34, 262–272.
75. Touati, N., & Pomey M.-P. (2009). Accreditation at a crossroads: Are we on the right track? *Health Policy*, 90, 156–165.
76. Warburton, R.N. (2004). Patient safety – how much is enough? *Health Policy*, 71: 223–232.
77. Werner, R. M., & Asch, D. A. (2005). The unintended consequences of publicly reporting quality information. *Journal of the American Medical Association*, 293, 1239–1244.
- iebe, V.A., Hoskins, S. (2010). Accountability, Accreditation, and Quality in Health Care. *Qmentum Quarterly*, 2(2), 10–13



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