

**A LITERATURE REVIEW ON THE BENEFITS, CHALLENGES AND
TRENDS IN ACCREDITATION AS A QUALITY ASSURANCE SYSTEM**

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Acknowledgements

This literature review was conducted on behalf of the British Columbia (BC) Ministry of Children and Family Development (MCFD).

I would like to thank Lynda Gagné for her support; Pierre Pineau for his noble advice; Sara Bristow for her ability to see through complex issues to what really matters for those in need; Breanna McGarrigle for teaching me the value of listening; and Diane Newcombe for her understanding.

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1. EXECUTIVE SUMMARY

“A growing interest and expansion in accreditation programs has occurred worldwide during the past decade as demands for improved quality have increased and as a means to qualify providers for payment under new health reform models or to otherwise regulate providers” (Nicholas, 1999, p. 1).

1.1 Objectives

This paper provides a literature review on the use of accreditation as a quality assurance system by the public sector. The focus of this review is on the benefits and challenges usually associated with accreditation, as well as trends in accreditation.

The paper also summarizes overall recommendations for improvement in this quality assurance system elsewhere, which can be used to inform policy decisions on the use of accreditation by the public sector.

1.2 Summary of Method

In order to achieve the intended results, the keywords “accreditation”, “accreditation and benefits”, “accreditation and challenges or costs”, and “accreditation and trends” were searched in the EBSCO Research Databases and GOOGLE Internet search engine.

The criteria for inclusion and exclusion of studies were determined by the abstract and date of publication. Abstracts either indicated that the study

addressed the benefits and/or challenges of accreditation or that the study unveiled current trends on accreditation. Only publications in the last seven years were included in this literature review.

1.3 Results with Recommendation

Evidence suggests that accreditation is on the rise. There was not a single study included in this review of the literature that pointed to the reduction in the use of accreditation as a quality assurance system.

This study found the following evidence regarding the benefits, challenges and trends on accreditation:

The most common **benefits** associated with accreditation according to this review are:

- Improved the quality of services provided
- Ensured accountability
- Assessed the quality and safety of services provided
- Improved organizational quality
- Improved safety
- Increased public confidence in the services provided
- Increased awareness of best practices

The single most common benefit associated with accreditation according to the sources reviewed was the improvement in the quality of services provided.

The most common **challenges** associated with accreditation according to the studies reviewed in this paper are:

- Added costs
- Added workload
- Uncertainty regarding its effectiveness
- Conflict between quality assurance and quality improvement
- Use of a single set of standards to assess organizations and programs in different environments

The most common challenge associated with accreditation was added cost.

The review of the **trends** on accreditation indicates that:

- Accreditation is being increasingly used in primary health care.
- Accreditation is being increasingly used for regulation and accountability.
- Many European countries are introducing accreditation in Education for quality assurance.
- Some U.S. states had their child and welfare services accredited recently.
- There are initiatives for a national accreditation system in the U.S.
- Accreditation is increasingly using evidence-based standards.
- Accreditation is increasingly focusing on quality.

The single most evident trend from this review is the increasing use of accreditation in primary health care. This could be explained by the fact that many studies included in this literature review are from the health sector.

The review also revealed that Europe is using accreditation and other quality assurance systems in higher education. Further, Zambia and South Africa were found to be examples of developing countries using initiatives for improving the quality of services through accreditation (Rooney and Ostenberg, 1999).

Finally, there are many **lessons to be learned** in accreditation arising from this review:

- Economic and cultural differences should be taken into consideration when developing accreditation protocol.
- A pilot program should be used to test the protocol.
- External reviews of the protocol should be carried out periodically.
- Stakeholders input should be ensured in the development and maintenance of the accreditation protocol.
- Appropriate incentives should be provided to encourage service providers to adhere to the protocol.

Periodic evaluations of accreditation impacts are useful in order to assess its costs and benefits, and to provide recommendations for updating and improving accreditation protocols. When new accreditation programs are under consideration or to be initiated, a pilot program allows an organization to verify whether accreditation is an effective tool for the setting and/or to test and fine-tune proposed protocols.

2. INTRODUCTION

2.1. Purpose of the Paper

This paper provides a literature review on the use of accreditation as a quality assurance system by the public sector. The purpose of the literature review is to:

- a. identify the benefits and challenges usually associated with accreditation (and any empirical evidence available);
- b. answer the question of whether accreditation is an increasing practice among governments;
- c. summarize recommendations for improvement in this type of quality assurance system; and
- d. provide recommendations for further research.

Two reasons for researching this subject are the absence of many studies on the impacts of accreditation and the increasing use of this quality assurance system by governments internationally.

Theory predicts that accreditation may improve client outcomes and accountability, but at the same time it may also increase operational costs. By summarizing the benefits and challenges of accreditation, as well as its trends, the findings of this paper can be used to inform policy decisions regarding the use of accreditation by the public sector.

2.2. Background

Ministry Policy on Accreditation

In January 1999 the British Columbia (BC) Ministry of Children and Family Development (MCFD) issued Policy 55584 requiring third-party accreditation of contractors delivering services in BC (except for youth justice and Aboriginal services). MCFD contractors receiving \$500,000 or more are required to become accredited by September 30, 2006 by one of the two accrediting bodies used by the Ministry (the Council on Accreditation - COA, and the Commission on Accreditation of Rehabilitation Facilities - CARF). According to MCFD ("About Accreditation" section, para. 1), accreditation has a major role to play in assuring the safety and the continuous quality improvement of the services provided by MCFD contractors. By summarizing benefits, challenges and trends on accreditation, this literature review can inform the Ministry's policy on accreditation.

What is Accreditation?

MCFD defines accreditation as "one way to examine the extent to which an organization that agrees to provide services on behalf of government is providing them according to the contract, specifically whether service delivery meets specified standards of practice" (2000, "Guide to Accreditation" section, para. 1). An example of standards of practice is "the organization demonstrates that it obtains input on an ongoing basis from persons served, personnel and other stakeholders" (CARF ECS Manual,

2005). Standards are developed by an accrediting body. One way for developing standards is through focus groups with “individuals with acknowledged expertise and experience” (CARF ECS Manual, 2005). Some standards are evidence-based, some are not. Organizations are then assessed according to those standards by peers, which results in a “pass or fail” decision (Haakstad, 2001, p. 77).

Usually, accreditation definitions include the following common elements:

- Continuous improvement
- Optimal standards
- Peer review

Accreditation Origins and Evolution

Accreditation originated in the U.S. in 1917. It was born from the demand for appropriate working conditions by U.S. surgeons – it has nothing to do with quality assurance or improvement (Giraud, 2001).

Giraud emphasized two interesting characteristics of the process initiated by US surgeons: the professional initiative and the voluntary nature (p. 115). Nicholas (1999) adds that “in 1951, the American College of Surgeons joined with several other professional associations to form the Joint Commission on Accreditation of Hospitals, the first formal health care accreditation program. Thirty years later, this voluntary accrediting body changed its name to the Joint Commission on Accreditation of Healthcare

Organizations to more accurately reflect its broader scope of health services evaluation" (p. 4).

As explained by Giraud (2001), accreditation was born in the U.S. as voluntary and professionally initiated process.

Today, many programs link public funding to accreditation; most accreditation programs focus on quality improvement as well as on quality assurance; and many accreditation initiatives are government initiated (p. 115). MCFD policy is an example of a government initiated accreditation program that links public funding to accreditation ("Accreditation of Contractors" section, para. 1) and has a focus on quality improvement ("Purpose and Benefits" section, para. 1).

Process versus Outcome Control and Accreditation

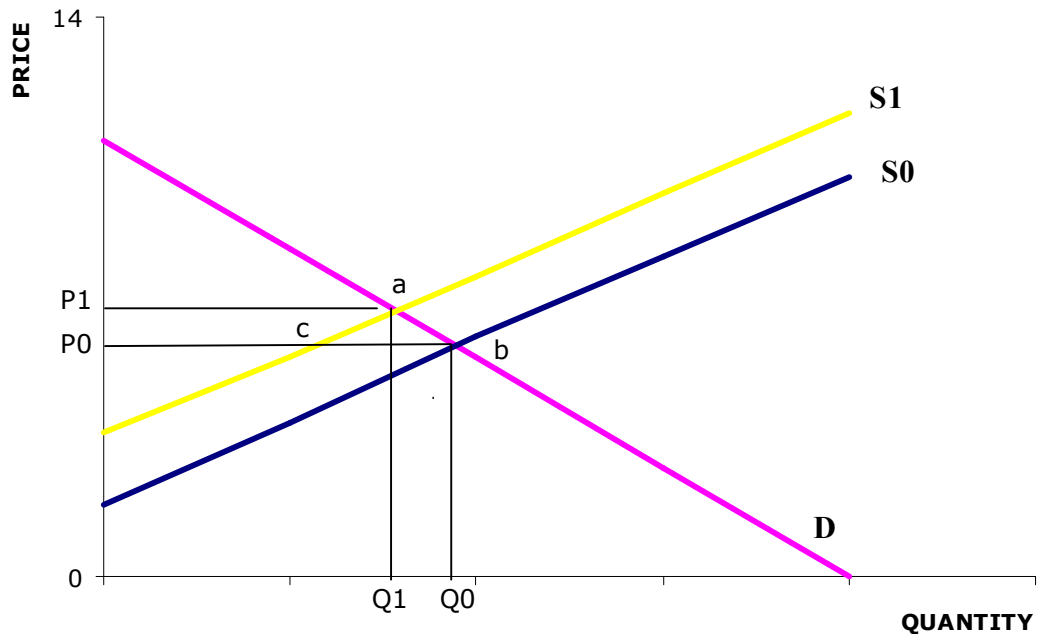
Governments are relying increasingly on results-based management. Nonetheless, Montagu points out that "in the past two decades there has been a shift towards evaluation of process measures as well as inputs or results. Sustainability of results has been tied to effective quality management processes" (Montagu, 2003, p. 11). The combination of process and outcome control is one of the characteristics of accreditation programs. The dual emphasis on process and outcomes may be explained by what Van Damme characterizes as a balance between internal and external functions. The author argues that quality assurance systems, particularly as used by the public sector, must balance improvement with accountability (Van Damme, 2001). Examples of processes and outcomes indicators analysed by

Montagu suggests that process indicators are mainly used when it is expected that they will contribute to improving outcomes (Montagu, 2003).

Market Failure, Information Asymmetry and Accreditation

It could be argued that accreditation restricts supply by limiting the number of agencies capable of achieving its standards. The supply restriction effect is illustrated in Figure 1. The supply schedule S_0 represents price and quantity under perfect competition. The supply schedule S_1 represents the price and quantity under an accreditation program.

Figure 1: Supply Restriction Effect



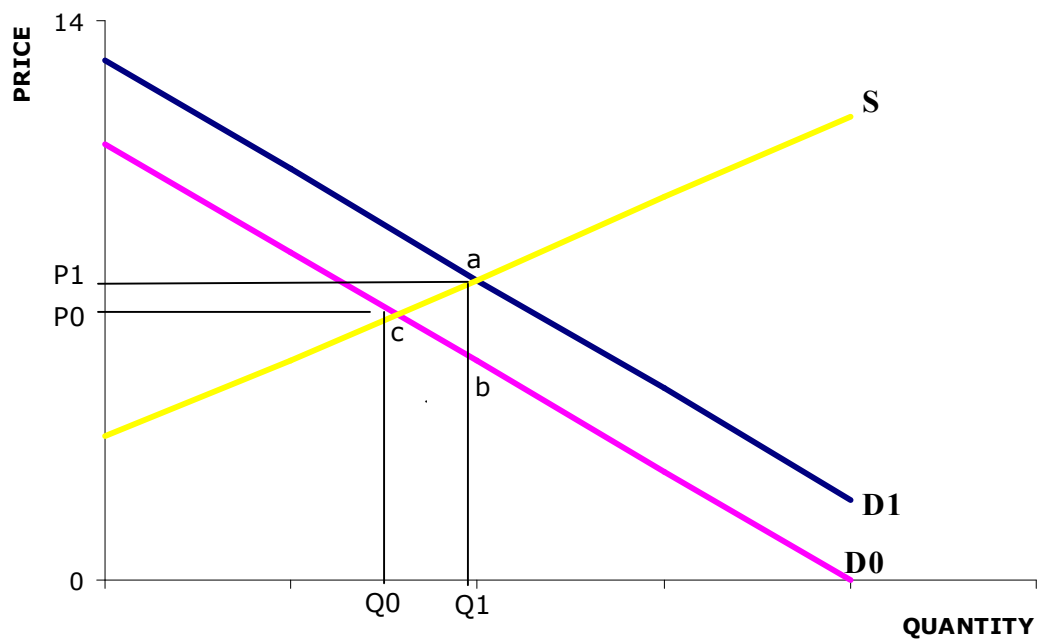
In the presence of supply restriction, accreditation would result in a level of output equals to Q_1 , which is less than if no requirements were present (i.e., under perfect competition output level is equal to Q_0). Price would also increase from P_0 to P_1 . Therefore, benefits from accreditation

programs should outweigh the supply restriction effect in order to be beneficial from the society point of view. For instance, if an accreditation program requires a child care agency to develop emergency plans (and emergency readiness is valued by society at ten units), there will be a gain for society if and only if the reduction in consumer surplus represented by the trapezoid P1abP0 is less than ten units (consumer surplus is the approximate measure of society's willingness-to-pay for child care). However, part of this consumer surplus is transferred to producers (trapezoid P1acP0). Therefore, if one is not concerned with how the surplus is distributed (between consumers and producers), the supply restriction represents a total loss to society equals to the triangle abc (the deadweight loss). One must be cautious, however, because this supply restriction refers to a comparison between the accreditation program and perfect competition (which is not the case in many markets).

On the other hand, some authors also argue that accreditation may reduce information asymmetry (Montagu, 2003). Information asymmetry is defined as unequal information about a product or service (Boardman et al., 2001). For instance, a person using a child care agency may be less qualified in ascertaining what constitutes child care 'quality' than the provider or a government regulator, and will have limited opportunities to observe such quality. Process control enforced through accreditation, such as emergency plans or caregiver qualifications, may have been shown to increase quality or improve outcomes.

The information asymmetry effect is illustrated in Figure 2. The demand schedule D0 represents price and quantity with information asymmetry, while the demand schedule D1 represents the price and quantity under an accreditation program that is capable of addressing information asymmetry.

Figure 2: Information Asymmetry Effect (adapted from Boardman et al. 2001)



Information asymmetry results in an increased demand from Q_0 to Q_1 (given the individual would demand less if he/she knew the emergency plan was not in place) and in an increased price from P_0 to P_1 . The result is a shift in surplus from the consumer to the producer¹ and a deadweight loss equal to the triangle abc , in the absence of accreditation. In other words,

¹ Consumer surplus is the difference between willingness to pay and what was actually paid. Producer surplus is the amount received by producers in excess of costs of production. Consumer surplus is the area below the demand curve and above the equilibrium price line. Producer surplus is the area above the supply curve and below the equilibrium price line.

consumers are paying more than they would if they were aware of the quality of the service and producers are reaping the benefits. Further, equilibrium supply is greater than it would be under full information. Therefore, to the extent in which accreditation programs are able to reduce information asymmetry, they will reduce deadweight loss, and information asymmetry-induced transfers of surplus from consumers to producers. Boardman et al. (2001, p. 77) point out that "if the government does this effectively [addresses information asymmetry], society will benefit because deadweight loss is reduced.

2.3. Methodology

In order to achieve the intended results, the keywords “accreditation”, “accreditation and benefits”, “accreditation and challenges or costs”, and “accreditation and trends” were searched in the following search engines:

- EBSCO Research Databases; and
- GOOGLE Internet search engine.

The criteria for inclusion and exclusion of studies were determined by the **abstract** and **date of publication**. Abstracts either indicated that the study addressed the **benefits** and/or **challenges** of accreditation or that the study unveiled **current trends** on accreditation. Only publications in the last seven years were included in this literature search.

Can the findings from different areas, such as education and healthcare, be used to identify broader issues of benefits and costs regarding accreditation? This study has the potential to identify common themes in accreditation. However, one should be cautious since accreditation programs may attend to different purposes. Social, economic and cultural differences, as well as the design of standards, could result in different benefits and challenges other than the ones suggested by this literature review.

External validity is also a major issue. Even if randomized control treatments, such as the ones developed by the Substance Abuse and Mental Health Services Administration SAMSHA, provide evidence on the impacts of accreditation, there is still the question of whether results can be replicated in other settings and points in time. Observational designs (i.e. designs in which the researcher “observes” what has happened without having total

control over the independent variable - in this case accreditation) suffer from selection bias, which poses a major threat to validity (Mays, 2004). That is, “higher-quality organizations self-select into the accreditation program while lower-quality organizations refrain from accreditation (16).

2.4. About the Author

The author is doing his co-op with the Accreditation Office at the Ministry of Children and Family Development where he has helped to develop a database for analysing the Ministry’s first 100 accredited agencies. This involvement could represent a conflict of interest due to the daily contact with the accreditation team and to his prior knowledge of the accreditation process, which could somehow influence his judgement. In order to address this conflict, this literature review will try, whenever possible, to present opposite views on the benefits or challenges being cited.

3. ANALYSIS

Accreditation has been used by developed and developing countries in different fields. However, it is important to consider cultural differences before making assumptions regarding the benefits, challenges and trends in accreditation. Bowman, for instance, reminds us that “awareness of differences is essential to ensure that inappropriate American cultural models are not inadvertently used [in Canadian clinical programs accreditation] when site visitors undertake evaluations of Canadian programs” (Bowman, 2000, p. 240).

In light of this argument, it is appropriate to provide detailed information on the sources used in this paper - countries and fields being studied, as well as the authors’ affiliation.

The findings from the 21 selected sources were entered into an Excel database according to the following subjects:

- Countries of study
- Fields of study
- Authors’ affiliation
- Accreditation benefits
- Accreditation challenges
- Trends on accreditation
- Overall recommendations

Table 1 shows the research designs as well as the indicators used by the 21 sources reviewed.

Table 1: Summary of the 21 Sources Reviewed

AUTHOR (S)	DESCRIPTION OF THE STUDY	RESEARCH DESIGN	INDICATORS USED	YEAR	SECTOR
Buetow and Wellingham	Described Challenges on Practice Accreditation	Non-Experimental	-Protection of Public Safety -Openness -External Parties' Trust -Equity of Access to Services -Value for Money -Measures of Past Performance -Staff Morale, Recruitment and Retention -Information Giving -Marketing	2003	Health
Harvey	Explored the Views of Accreditation Experts in Britain, U.S. and Canada	Non-Experimental	-Staffing -Curricula Design -Graduate Abilities and Employability -Physical Space -Information Technology	2004	Education
Zarkin	Evaluated the Costs of Pursuing Accreditation by Methadone Treatment Sites	Quasi-Experimental	Costs of Accreditation	2006	Health
Haakstad	Article on Accreditation	Non-Experimental	-Safeguard of Quality in Higher Education -Facilitation of Graduates' International Mobility	2001	Education
Montagu	-Reviewed What Accreditation Does -Reviewed its Pros and Cons	Non-Experimental	-Incidence of Infection -Number of Procedures Performed/Year -Patient Satisfaction -Continuity of Care -Accuracy of Physician Diagnosis -Documented Procedures	2003	Health

Van Damme	Overview of Trends and Models in Quality Assurance	Non-Experimental	<ul style="list-style-type: none"> -Strengthening Existing Accreditation Systems -Enhancing Collaboration Between Agencies -Developing a Meta Accreditation System -Developing International Accreditation Arrangements 	2002	Education
Stoparic	Article on Recent Accreditation of Public Child Agencies in the U.S.	Non-Experimental	<ul style="list-style-type: none"> -Costs of Accreditation -Feasibility -Knowledge of Best Practices -Recruitment of Qualified Staff -Staff Turnover -Staff Morale -Continuous Quality Improvement System 	2005	Children and Family
Mays	Reviews Experiences and Outcomes of 22 Accreditation Programs	Meta-Analysis	<ul style="list-style-type: none"> -Risk Management -Stakeholder Participation -Consumer Satisfaction -Mortality Rates -Medical Error Prevention -Hygienic Conditions -Classroom Quality -Staff Turnover -Appropriateness of Doses Received by Patients -Availability of Emergency Workers -Staff Training -Size of Caseloads -Individual and Group Counseling 	2004	Meta Analysis
Office of the Inspector General	Observation of Claims and Survey Data, and other Documents	Observational	<ul style="list-style-type: none"> -Patient Safety -Risk Reduction -Currency of Ambulatory Surgery Techniques -Degree of Importance of Quality Assurance 	2002	Health
Scheele	Article on Higher Education Accreditation in Europe	Non-Experimental	<ul style="list-style-type: none"> -Comparability of Systems -International Mobility 	2004	Education
Thielen	Reviews the Positions of Major Public Health Organizations in the U.S. on Accreditation	Qualitative Research	<ul style="list-style-type: none"> -Risk Reduction and Prevention -Data System for Collecting Information on the Health of the Population -Well Use of Public Dollars -Standard Setting -Agency Capacity 	2004	Health

Rooney and Ostenberg	-Case Study: Introducing Quality Evaluation in Zambia; and -Comparison of 32 Hospital Accrediting Bodies Internationally	Observational	-Waiting Times -Completeness of Registration Process -Prioritization of Patients with Immediate Needs -Standard for Checking Waiting Times -Communication of Information Between Departments -Timely Completion of Diagnostic Testing -Appropriateness of Documentations -Rate of Post-Operative Infections -Exposure to Hazards such as Infectious Wastes -Risk on Injury -Patient Satisfaction	1999	Health
Salmon	To Conduct a Trial of Accreditation Impacts on a Developing Country	Experimental	-Nurse Perceptions of Clinical Quality -Patient Satisfaction -Medical Education -Medical Record Accessibility and Accuracy -Medical Record Completeness -Completeness of -Operative Notes -Completeness and Accuracy of Ward Stock Medicine Labeling -Hospital Sanitation	2003	Health
Hays	Comments on International Accreditation of Medical Schools	Non-Experimental	-Medical Graduate Able to Enter Post-Graduate Training -Competence of Graduates	2003	Education
Nicholas	Overview of Standards-Based Quality Evaluation	Observational	-Decreased Costs to Patients -Rates of Post-Operative Wound Infections -Patients Perceptions of Care -Hospital Sanitation -Completeness of Medical Records -Neonatal Mortality	1999	Health
Mantone	Comments on the Initiative for a National Health Care Agency Accreditation	Non-Experimental	-Costs of Accreditation -Number of Staff	2005	Public Service Agencies

Giraud	<ul style="list-style-type: none"> -Reviewed Policy on Accreditation in France -Reviewed Accreditation Standards and Procedures in France 	Non-Experimental	<ul style="list-style-type: none"> -Patient Rights and Information -Risk Management -Patient Satisfaction -Patient Records -Patient Participation in the Decisions -Professional Training in Patient's Rights and Confidentiality -Access to Services for Deprived Populations -Organizing Patient Care -Managing Human Resources -Managing Information System 	2001	Health
Ernst	Reviewed Client Files from Database	Quasi-Experimental	Outcomes Monitoring System (the indicators were not mentioned)	2004	Children and Family
Bowman	<ul style="list-style-type: none"> -Reviewed Differences in Canada and U.S. Well-Being and Social Policy and its Implications in Accreditation 	Observational	<ul style="list-style-type: none"> -Population -Income -Social Spending Policy and Well-Being -Education -Health -Families -Crime and Corrections -Minorities' composition 	2000	Education
Hrudey	Provided Suggestions on How to Improve Accreditation Practices	Non-Experimental	<ul style="list-style-type: none"> -Leadership -Risk Assessment and Management -Ability to Anticipate Harm -Priorities Based on Risk rather than Hazards -Investment in Knowledge 	2004	Health
Bittick	Article on the Impacts of Accreditation for Correctional Facilities in the U.S.	Non-Experimental	<ul style="list-style-type: none"> -Health and Sanitary Conditions -Protecting Offenders from Predatory Conduct -Compliance with Legislation -Quality Medical Services -Dealing with Special Populations -Assessment of Strengths and Weaknesses -Understanding of Tasks by Staff 	2003	Public Service Agencies

As Table 1 indicates, most of the research designs included in this study are non-experimental. Some of the indicators used to assess quality are continuity of care, patient satisfaction and availability of emergency workers. Indicators of safety include ability to anticipate harm, hospital sanitation and incidence of infection. Indicators of accountability include openness, client participation in the decisions and value for money. Indicators of organizational quality include staff turnover, staff training and leadership.

3.1. Countries of Study

This paper includes information on 21 sources. Figure 3 indicates that nine studies included in this review are from the U.S. This might be explained in part by that country's experience with accreditation, but also because the U.S. contains a large proportion of the world's researchers.

Figure 3: Countries of Study

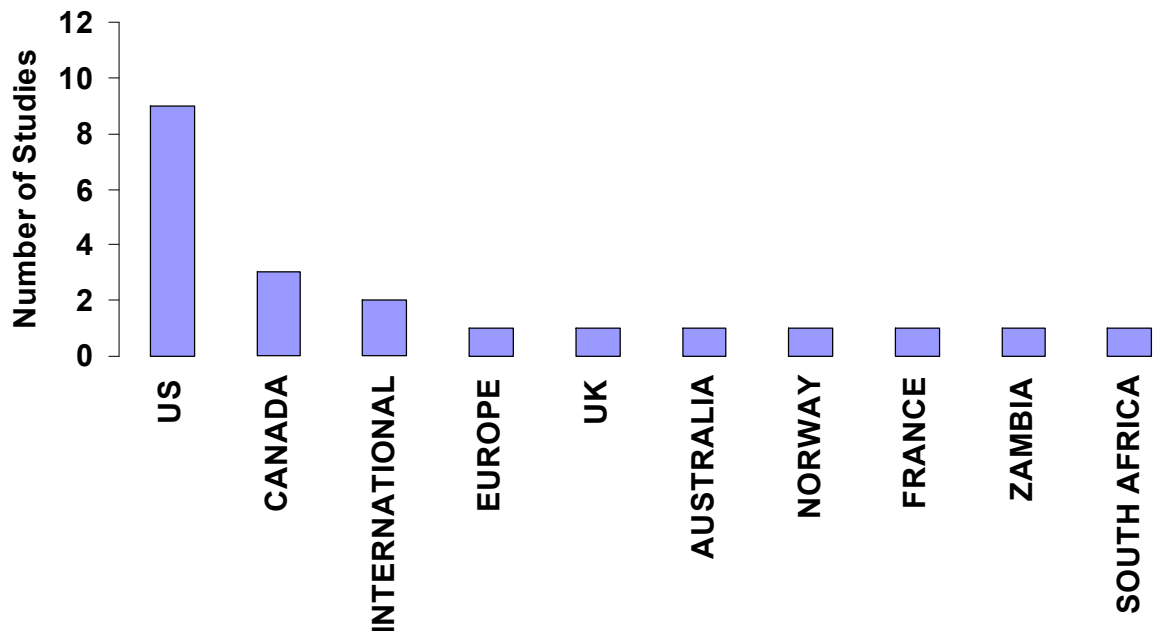


Figure 3 also reveals that Canadian studies are the second most used sources in this review. Harvey (2004) states that Canada, U.S. and UK have been using accreditation for decades.

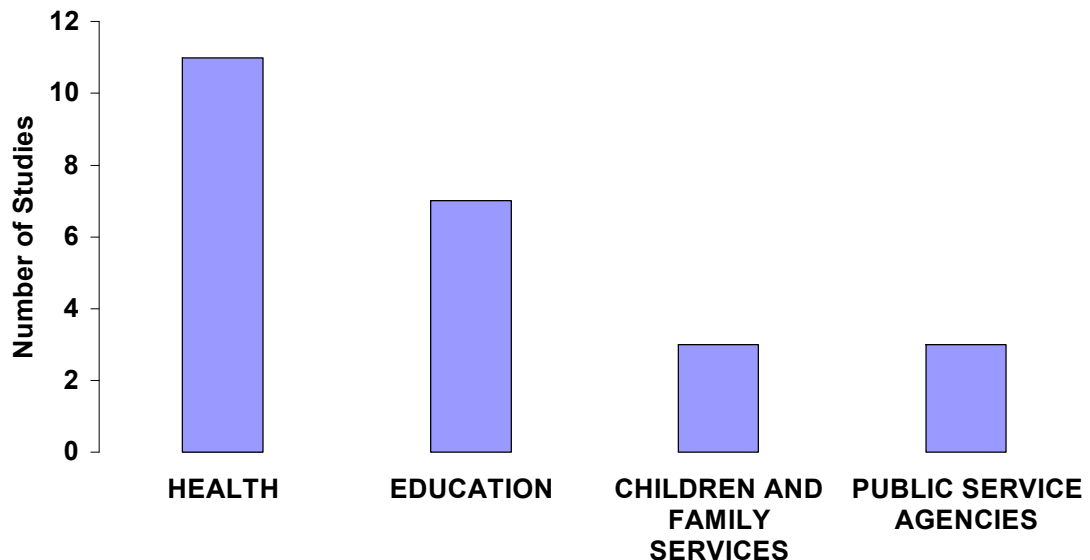
International accreditation was a common topic of study reflecting initiatives for creating common international standards in some fields. For instance, the International Society for Quality in Healthcare (ISQua) is an

Australia based organization that works for the improvement of quality and safety of care. ISQua has developed a “Toolkit for Accreditation Programs” in collaboration with the WHO and the World Bank. The toolkit is designed to help developing accreditation systems for healthcare (“ISQua and Accreditation” section, para. 7). Van Damme (2002) emphasizes that even though quality assurance databases are still rare, attempts have been made to develop such databases. He cites the Council for Higher Education Accreditation (CHEA) in the U.S., which has databases and directories on U.S. recognized accrediting bodies as well as on accredited agencies.

3.2. Fields of Study

Figure 4 shows that many studies included in this review are from the health field. Montagu (2003, p. 3) reminds us that there “has been a rapid growth in the use of External Quality Assessment (EQA) by government as a way of improving the quality of services provided by healthcare organisations in both developing and OECD countries.”

Figure 4: Fields of Study



Seven of the studies included in this review are from the education field. Van Damme (2002) reinforces the importance of accreditation as a quality assurance system for government policies in general, and for higher education in particular.

Children and family services are represented by four of the studies included in this review. The U.S. Office of Inspector General (1999) prepares

periodic reports on the roles of accreditation for children and family services, among others.

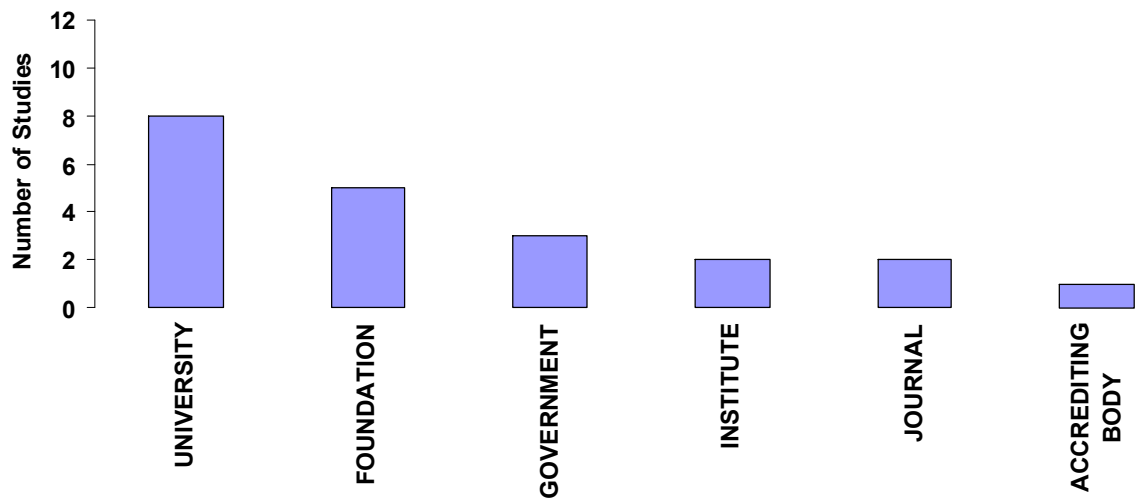
There is also a growing debate regarding accreditation of public agencies. Some US states have organized a task force to analyze the costs and benefits of accrediting public health agencies. A steering committee was established by the Association of State and Territorial Health Officials (ASTHO) and the National Association of County & City Health Officials (NACCHO) to provide recommendations on a national accreditation system for U.S. public health agencies - the initiative is called "Exploring Accreditation" ("Project History" section, para. 1).

Figure 3 and 4 suggest that the findings of this paper will be influenced by the accreditation trends in U.S. health, which is exactly where accreditation has its roots.

3.3. Authors' Affiliation

Figure 5 provides information about authors' affiliations. Eight studies are from university sources. Five studies are from foundations involved with the study of accreditation. One example is the Robert Wood Johnson Foundation in the U.S.

Figure 5: Authors' Affiliation



Another example of such a foundation is the Quality Assurance Project, which studied the impacts of hospital accreditation in South Africa. The foundation's study analysed the accreditation effects on compliance with standards and on selected quality indicators (Salmon et al., 2003).

The remaining studies included in this paper are from government agencies, institutes, journals and accrediting bodies. One example of a government study included on this paper is a report on the role of accreditation by the Office of Inspector General (1999), which evaluates the efficiency and effectiveness of programs within the U.S. Department of Health and Human Services.

4. FINDINGS

4.1 Accreditation Benefits

As part of the analysis, accreditation benefits from this literature review were entered into a database. Figure 6 summarizes the most common benefits associated with accreditation. It is important to note that the findings were registered according to the sources position on the subject, as well as to positions cited on the selected studies.

Figure 6: Accreditation Benefits



Improved the quality of services provided

About fifty percent of studies found accreditation to have a positive impact on the quality of services provided.² Ten studies defended or cited some source that defends this benefit of accreditation. The quality indicators cited by the sources reviewed are shown in Table 1. One of the most used quality indicator is patient satisfaction. Other examples of quality indicators are continuity of care and availability of emergency workers. France, for instance, introduced accreditation in 1996 as a way to address demands for quality and accountability in healthcare (Giraud, 2001). However, there is not yet evidence of the impacts of accreditation on quality and accountability in that country. Developed countries are not the only ones to adopt quality assurance systems for quality improvement purposes (Montagu, 2003). The Quality Assurance Project is investigating the potential benefits of accreditation for improving the quality of hospitals in developing countries (Nicholas, 1999). Public agencies are also facing this pressure for quality improvement. An example was the 2002 project initiated by local and state health agencies in the U.S., which aimed at developing a set of common standards for quality improvement (Thielen, 2004). Those agencies are currently engaged in another project for analysing the benefits of a national health agency accreditation, following recommendations from the Institute of Medicine (Thielen, 2004). Illinois, Kentucky, Louisiana and Arkansas are also examples of states that are using accreditation in their child welfare services (Stoparic, 2005).

² The complete list of the benefits can be found in Table 1 in the Appendix.

Some authors believe that quality can be improved by ensuring that organizations and programs have a continuous quality improvement system in place (Buetow & Wellingham, 2003; Giraud, 2001; Salmon et. al., 2003). Others believe that quality is improved whenever accreditation's standards include service planning (Ernst, 2004). Service planning standards focus on clients' needs and expectations (CARF ECS Manual, 2005). Finally, some authors believe that there is a potential for improving the quality of services provided by the learning process that takes place when peers evaluate others – the "institutional insight" (Hays, 2003, p. 662). Quality improvement, however, is not the single objective of accreditation programs.

Given that only half of the studies found quality improvements and that most of these were found for the health care sector, and given that information asymmetry is likely to be a larger issue in the health care sector than in other sectors, more research is needed regarding the impact of accreditation on the quality of services, particularly for sectors other than health care.

Ensured accountability

Six studies mentioned accountability as a benefit of accreditation. Indicators of accountability cited by the sources reviewed are shown in Table 1. One of the most cited indicator of accountability is openness. Other indicators of accountability are client participation in the decisions and value for money. For instance, Thielen (2004, p.5) says that accountability means that "public dollars are well-used". Bittick (2003) says that correctional

facilities in the U.S. are being accountable to public funds through accreditation because it ensures professionalism and excellence. Giraud (2001) adds that the use of accreditation in France's healthcare system was also a response to the demand for greater accountability. Buetow and Wellingham (2003) say that accreditation ensures accountability because it allows for transparency in the way a service provider is operating.

Assessed the quality and safety of the services provided

Six studies mentioned assessing the quality and safety of services provided as a benefit of accreditation. For instance, Rooney and Ostenberg cite as a measure of safety that citizens expect "that they will be evacuated quickly and safely if a fire occurs" (p.5). However, accreditation did not originate as a quality mechanism (Giraud, 2001). Nonetheless, accreditation has been used for quality assurance purposes, particularly in areas with strong institutional autonomy (Van Damme, 2002). For instance, there is a movement towards accrediting higher education institutions in many European countries (Haakstad, 2001). Today, accreditation is also being used to assess the quality of services provided by health organizations (Zarkin et. al 2006, p. 119). Children and family service agencies also refer to accreditation to ensure they have certain levels of service delivery (Stoparic, 2006).

Improved organizational quality

Five studies mentioned improving organizational quality as a benefit of accreditation. Organization improvement is one of the potential benefits of accreditation (Montagu, 2003). Buetow and Wellingham (2003) remind us that the continuous quality improvement initiated by accreditation not only improve the quality of services but also organizational quality. Nonetheless, one should be cautious with the selection bias in which better organizations might seek accreditation, whereas organizations with lower performance might refrain from it. Thus, in some cases, the indicators on improved organizational quality might be due to this selection effect. An indicator of organizational performance is staff turnover. One of the findings of the experiment conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) was that accredited treatment centers have lower staff turnover than non-accredited centers (cited in Mays, 2004). Bittick (2003) emphasizes that personnel in accredited organizations have a better understanding of their tasks.

Improved safety

Some sources argue that accreditation improves safety. Among the safety indicators used by the sources are providers' ability to anticipate harm, hospital sanitation and incidence of infection. Hrudehy (2004) cites that one of the recommendations for assuring the safety of the water supply in Ontario after the Walkerton tragedy was the use of an accreditation program based on standards developed by the sector. Mays (2004) points out that

accreditation is more likely to be introduced in areas facing strong pressures and few options to respond to a problem, which seems to be the case in the Walkerton water supply incident. Improving safety and quality are two major reasons for the increased use of accreditation in health care (Buetow & Wellingham, 2003). The authors argue that safety can be achieved by comparing organizations practices with best standards (p. 130). The Office of the Inspector General (1999) also recognized that even though accreditation has its limitations it does help protect public safety. Given that accreditation often focuses on process, it can reduce risk, which is particularly important when the costs of process failure are high, as in the Walkerton tragedy. Accreditation is therefore more likely to be suitable for agencies responsible for activities where costs of failure are particularly high or where the probability of process failure is significant and costs of failure are significant. For example, agencies providing behavioural health services for children must adopt special process controls that reduce risks, such as having an assessment of the child's "medical or physical health history" (CARF ECS Manual, 2005, p. 279).

Increased public confidence in the services provided

Some authors cited the positive public perception of accredited organizations and programs as a benefit of accreditation. Among the indicators of public confidence is "external parties' trust" (Buetow and Wellingham, 2003). Scheele says that "comparability of systems is a good measure of trust" (Scheele, 2004, p. 286). According to Buetow and

Wellingham (2003) increased public confidence is achieved through accreditation because it allows for the dissemination of standards of best practices and information giving. Giraud (2001, p. 111) states that accreditation was introduced in France in 1996 as a result of “a crisis of public confidence in the ethics of the medical and political worlds and a strong demand for accountability and greater transparency”. There is no evidence that public confidence in the French health care system has increased yet.

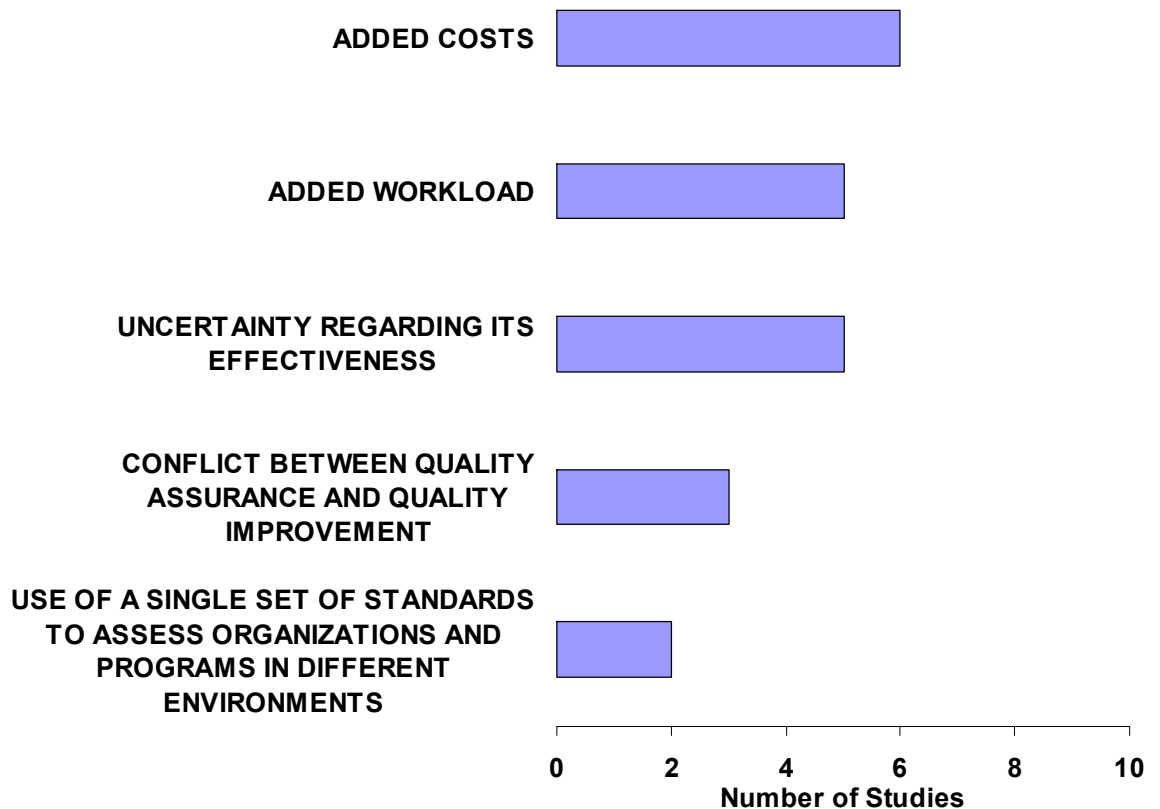
Increased awareness of best practices

Montagu (2003) emphasizes that the accreditation process familiarizes organizations with best practices, which might increase their competitiveness. Awareness of best practices is a criterion in the assessment of organization’s strengths and weaknesses (Bittick, 2003). An experimental study in South Africa conducted by the Quality Assurance Project in partnership with the USAID found that accreditation increases awareness of best practices (cited in Salmon et al., 2003). The study concluded that accreditation improved hospital compliance with standards of best practices (p. 9). Pietrass (cited in Mays, 2004) mentions another study conducted by the Council on Accreditation (COA), which found that accredited organizations had better risk management and performance evaluation practices than non-accredited organizations.

4.2 Accreditation Challenges

Figure 7 summarizes the findings on accreditation challenges. An observational study on the pros and cons of accreditation (cited in Mays, 2004) found that there is no indication that its challenges have strong negative impacts on accredited organizations and the general public. The most cited challenges of accreditation are added costs. Six authors indicated directly or indirectly that added costs are the major challenge facing accreditation. Nonetheless, Buetow and Wellingham (2003) argue that one potential benefit of accreditation is to reduce costs through the continuous quality improvement process.

Figure 7: Challenges of accreditation



Added costs

Cost is the most cited challenge of accreditation.³ However, there are few studies on the costs of accreditation for private and public organizations (Zarkin et al., 2006). Some studies suggest that around 90% of accreditation costs are related to personnel training and site preparation (Mihalik et al. and Rockwell et al. cited in Mays, 2004). An observational study of a sample of treatment sites in the U.S. concluded that site preparation accounts for 82% of accreditation costs, and that the costs are higher in the final months of preparation for accreditation (Zarkin et al., 2006). The authors also point out that subsequent accreditation costs are considerably lower (p. 135); total accreditation costs for the sample of opioid treatment sites studied ranged from 4% to 17% of the site's annual operating costs, depending upon the organization's size. Nonetheless, some authors argue that the organization's continuous quality improvement associated with accreditation should lower total costs, even if further studies are still needed to determine to what extent (Buetow & Wellingham, 2003).

Added workload

Another common accreditation challenge found was added workload. Accreditation represents an extra workload for personnel (Montagu, 2003). Organizations undergoing accreditation need to revise and update policies and procedures and train staff (Zarkin et al., 2006). The authors recognize that the workload particularly affects administrative and

³ The complete list of the drawbacks can be found on table 2 in the Appendix.

counselling personnel (p. 135). In Michigan, one example of extensive use of accreditation, failure to achieve accreditation was associated with understaffed agencies (Thielen, 2004). However, some public health agencies have viewed accreditation as an effective way of organizing and train staff (p. 36).

Uncertainty regarding its effectiveness

This uncertainty refers to the extent that public sector goals sought through accreditation are being achieved (Buetow & Wellingham, 2003). There are not many studies on the impact of accreditation, which might be seen as a problem. "The number of countries implementing accreditation programs in their healthcare systems has grown in the past decade, but accreditation's impact has not been tested rigorously using a randomized control trial" (Salmon et al, 2003, p. iv). This uncertainty adds an element of controversy to accreditation.

Conflict between quality assurance and quality improvement

Some authors see this contradiction as a challenge for accreditation programs. Graham et al. (cited in Harvey, 2004) argue that quality improvement requires a continuous effort, which is not consistent with quality assurance, which is measured according to standards established at a given point in time. The problem is the lack of acknowledgement of this conflict between quality assurance and quality improvement (Buetow & Wellingham, 2003). Australia has acknowledged this conflict and addressed

this issue by rewarding best practices and being transparent about accreditation objectives (p. 133). Nonetheless, the Royal New Zealand College of General Practitioners (cited in Buetow & Wellingham, 2003) points out that the chemistry between quality assurance and quality improvement is a major benefit of accreditation programs.

Using a single set of standards to assess organizations in different environments

This challenge is related to the fact that accreditation standards sometimes do not account for differences between organizations and settings. Buetow and Wellingham (p. 129) cite that accreditation needs to “develop standards that acknowledge cultural diversity”. One of the challenges faced by the U.S. attempt for a national public health agency accreditation is on how to account for the differences between the many states and local agencies (Mantone, 2005). Using less objective standards is a way of dealing with these differences (Buetow & Wellingham, 2003).

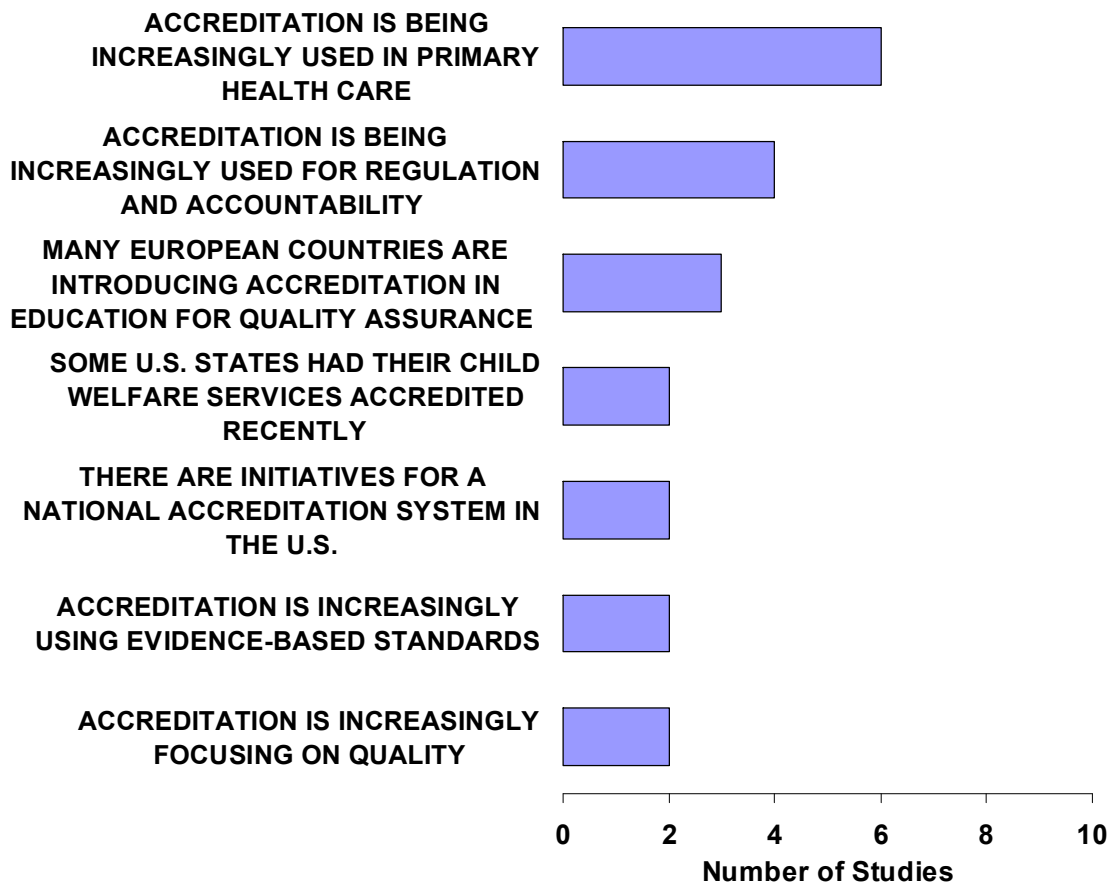
Added cost is the most cited challenge of accreditation programs. This is one of the factors that might contribute to a supply restriction. From society’s point of view accreditation is worthwhile only if its overall benefits exceed its overall costs. That is, if the gain for society is enough to outweigh the burden for agencies, the program is worthwhile. This is called a potential Pareto efficient policy: “A policy should be adopted if and only if those who will gain could fully compensate those who will lose and still be better off”

(Boardman et al., 2001, p. 29). Even though it may be difficult, it is possible to assess the benefits and costs of accreditation from society's point of view. A cost-benefit analysis of accreditation programs is a useful and underused tool when it comes to the quality assurance field.

4.3 Trends in Accreditation

Many authors agree that accreditation is on the rise. For instance the most cited trend in accreditation practices is the increasing use of accreditation in health care. “Internationally, an increasing number of practice accreditation programmes are being developed or are in use to protect and enhance quality and safety in primary health care” (Buetow & Wellingham, 2003, p. 129). Figure 8 summarizes the major trends in accreditation from our literature review⁴.

Figure 8: Trends in accreditation



⁴ The complete list of the trends can be found on table 3 in the Appendix.

Accreditation is being increasingly used in primary health care

This was the most cited trend in accreditation among the studies included in this paper in part due to the fact that many studies selected were on health care and to the fact that many studies are in the U.S. Rooney (cited in Salmon et al., 2003) states that more than 80% of U.S. hospitals are accredited, and that accredited hospitals represent 95% of hospital beds. Countries like Canada, Australia, the United Kingdom, and New Zealand have been using hospital accreditation for years (Nicholas, 1999). Practice accreditation also is being increasingly used for addressing quality and safety issues (Buetow & Wellingham, 2003). Nonetheless, this trend seems to be true for all four areas analyzed by the studies included in this literature review: health, education, children and family services, and public agencies. There was not a single study reviewed in this study that pointed to the reduction in the use of accreditation. Mays (2004) points out that public health agencies are one of the few U.S. organizations without their own accreditation standards – accreditation is common to many areas in the U.S., such as “medical care providers, health insurers, educational institutions and programs, child and family service agencies, and law enforcement and public safety agencies” (p. i).

Accreditation is being increasingly used for regulation and accountability

Four studies found that accreditation is increasingly being used for regulation and accountability. This trend is consistent with the increasing use

of accreditation by the public sector. Mays states that examples of accountability mechanisms are “governmental licensure and regulation, payment methods and incentives, professional education and training, professional guideline development and dissemination, performance measurement and reporting, continuous quality improvement efforts, and litigation (p. 1). A WHO/ISQua survey (cited in Montagu, 2003) indicates that accreditation as a government sponsored initiative has increased considerably. There has been a shift from voluntary accreditation to government initiated accreditation aiming at regulation and accountability (Shaw cited in Montagu, 2003). Even when voluntary accreditation is the case, by linking public funds to accreditation the government assures that agencies comply with standards of best practice. The interest in accreditation for its potential to improve accountability is also evident by the increase use of accreditation to ensure transparency and openness (Buetow & Wellingham, 2003). Giraud (2001) states that accreditation in France is primarily a government initiative. Norway is also considering using accreditation for regulation purposes in education (Haakstad, 2001).

Many European countries are introducing accreditation in education for quality assurance

Many of the studies reviewed discussed the Bologna Declaration in which European leaders discussed the use of quality assurance systems in education. Scheele (2004) states that accreditation has been the choice for many European countries. Haakstad (2001) agrees by saying that after a

decade of debates, accreditation has emerged as the main attention of leaders when it comes to higher education in Europe. (p. 79). According to Scheele (2004), Germany, Ireland, Italy, the Netherlands, Norway, Austria, Spain and Belgium have already opted for accreditation as their quality assurance system in higher education.

Some U.S. states had their child welfare services accredited recently

Stoparic (2005) states that in the past decade Illinois, Kentucky, Louisiana, and Arkansas had their child welfare services accredited by COA. The origin of the Council on Accreditation is closely related to improving the quality of child welfare services (Mays, 2004). This trend is also evident from a report from the U.S. Office of Inspector General (1999) on the roles of accreditation in human and social services.

There are initiatives for a national accreditation system in the U.S.

There is an initiative in the U.S. to establish a national accreditation program for public health agencies. The project involves the National Association of County and City Health Officials (NACCHO) and the Association of State and Territorial Health Officials (ASTHO), and is sponsored by the Robert Wood Foundation. At least eight U.S. states already have a public health agency accreditation in place (Robert Wood Foundation cited in Mantone, 2005). Michigan is likely in the most advanced stage of accreditation in the States (Thielen, 2004). Among the reasons for this accreditation movement are the search for accountability tools (p. 5) and the

need to build agency capacity (Robert Wood Foundation). Accountability is a common theme among agencies even though they might disagree regarding the best approach to be used (Thielen, 2004). Likewise, international accreditation has been expanding in some fields, such as medical schools, with the support of the World Health Authority (Hays, 2003).

Accreditation is increasingly using evidence-based standards

There is modest evidence of a movement towards evidence-based standards in accreditation, despite their importance. Many authors question accreditation because of the absence of such standards. "Just as the health community believes that medicine should be evidence-based, so, too, should the choice of QA activities. Thus, the question might be raised as to whether scientific evidence indicates that accreditation improves patient outcomes" (Nicholas, 1999, p. 2). The author also mentions that accreditation has evolved towards the inclusion of more evidence-based standards (p. 2). Mays (2004) agrees by saying that although there are still few evidence-based standards, the use of such standards can be increased with the participation of the scientific community in accreditation.

Accreditation is increasingly focusing on quality

The most common benefit of accreditation found in this review is the improvement in the quality of services provided, and it is undoubtedly related to accreditation's increasing focus on quality. The Commission on Accreditation of Rehabilitation Facilities (CARF) has evolved from a recognizer

of legitimacy to a promoter of quality improvement and safety practices (Mays, 2004). This is still evident from CARF's vision (2006, Vision section, para. 1): "CARF serves as a catalyst for improving the quality of life of the persons served by CARF-accredited organizations and the programs and services they provide". The Council on Accreditation was created through a grant from the actual Department of Health and Human Services to "improve the quality of child welfare services" (Mays, 2004, p. 6). This purpose is still evident in a broader COA's vision ("About COA" section, para. 2): "COA envisions excellence in the delivery of human services globally, resulting in the well-being of individuals, families, and communities". Pouvourville (cited in Giraud, 2001) adds that the increasing focus on quality is also a response to the increasing demand for quality by the general public.

4.4 Empirical Evidence on the Impacts of Accreditation

Randomized control trials in the field of accreditation are rare. There have been a few experiments that attempted to evaluate the impact of accreditations. These attempts include the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) randomized controlled trial of a new accreditation program for opioid treatment, and the USAID experimental study on the impacts of accreditation on hospital compliance to standards and on client outcomes in South African hospitals - based on the JCAHO model (Mays, 2004).

The first experiment (SAMHSA) concluded that accreditation had positive impacts on staff turnover, availability of emergency workers, staff

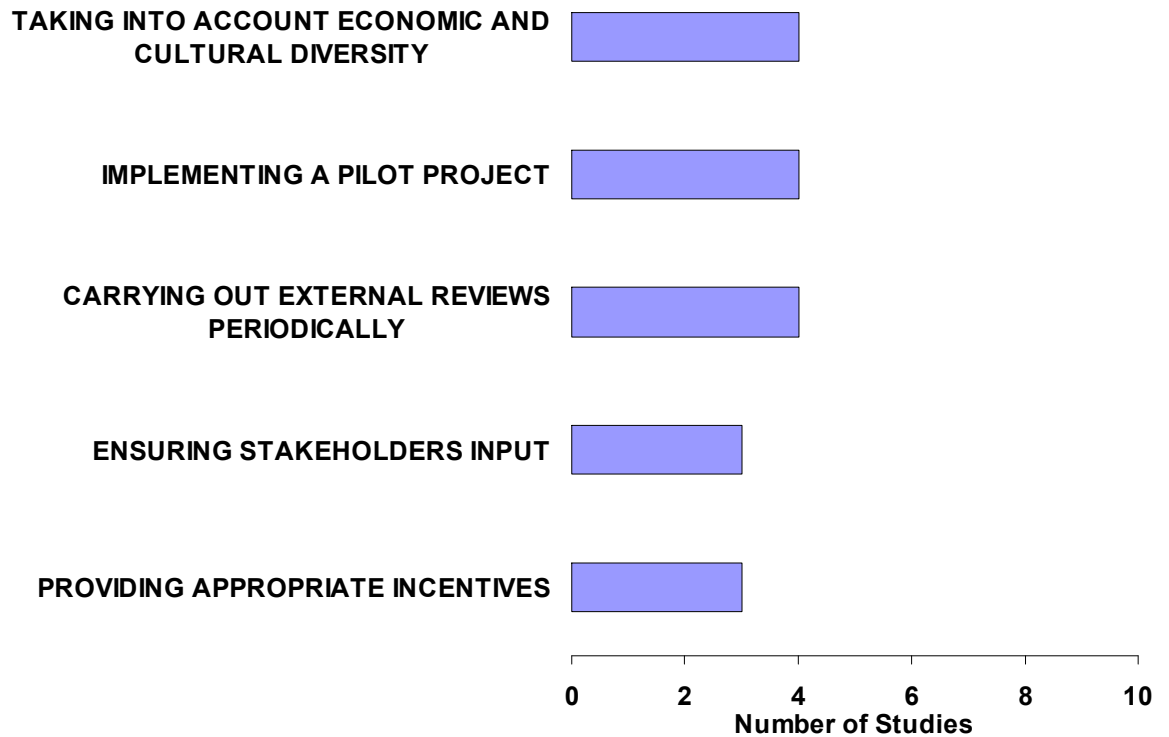
training, individual counselling availability, and negative impacts on group counselling availability (Mays, 2004). The second experiment (USAID) concluded that even though accreditation improved compliance with standards, the same evidence was not found regarding the quality indicators studied, such as patient satisfaction and hospital sanitation (Salmon et al., 2003).

In Canada, a sample of 5,600 client files from a database of outcomes-monitoring system (HOMES) was analysed by Ernst (2004). His analysis looked at outcomes from accredited and non-accredited organizations. Ernst concluded that accreditation had a positive impact on outcomes, and added that service planning standards have a special role in improving such outcomes. Example of service planning standards includes information on how the goals from the service plan will be achieved (p. 4). Stuart (cited in Ernst, 2004) emphasizes that service planning standards are a fundamental part of the accreditation models used in Canada.

5. RECOMMENDATIONS

Figure 9 summarizes the recommendations made by the authors cited in this paper to improve accreditation practice. One of the most cited recommendations for improving accreditation programs was the need for acknowledging economic and cultural diversity.⁵

Figure 9: Overall recommendations on accreditation



⁵ The complete list of the recommendations can be found in Table 4 in the Appendix.

Economic and cultural diversity should be taken into account

This is a key recommendation for improving accreditation practice. There is a contradiction between the use of a single set of standards and cultural and economic diversity (particularly when an accrediting body from country A assesses programs in country B). Nevertheless there is evidence that some accreditation programs are addressing this diversity. CARF states that accreditation surveyors are selected "based upon a match of the surveyors' areas of expertise and the organization's unique needs". ("Consultative approach" section, para. 3). Mays (2004) says that organizations serving disadvantaged communities will likely benefit less from accreditation unless some type of subsidy is available to them. A study on the costs of accreditation (Zarkin et al., 2006) concluded that total accreditation costs are independent of size and location, but that the accreditation costs will have different weights depending on the organizations total operating costs. In other words, the burden of accreditation will be heavier for small organizations and organizations in rural areas.

"On average, the total costs of pursuing accreditation represented 17% of small sites' annual operating costs, but these costs represented only 8% and 4% of annual operating costs for medium-sized and large clinics, respectively. Similarly, the total costs of pursuing accreditation represented 19% of rural sites' annual operating costs compared to only about 7% to 8% for more urban sites" (Zarkin et al., 2006, p. 135).

The success of an accreditation programs depends on the environment and design of the accreditation program (Mays, 2004). Mays adds that only one accreditation program out of 22 studied controlled for environmental differences among communities and organizations - The American Red Cross Accreditation Program used population size and density, as well as average income and ethnic composition, in order to design a program that addresses environmental differences (p. 10). The American Red Cross accreditation program uses these "local area characteristics" to develop performance measures for each group of organizations serving areas with similar socio-economic conditions. Therefore, instead of evaluating organizations based upon a single set of performance indicators, the Red Cross program establishes relative measures of performance for assessing organizations (10). The success of an accreditation program is linked to its ability to effectively assess organizations based on performance indicators, particularly its ability to meet predetermined client outcomes. Buetow and Wellingham (2003) report accreditation programs should ensure stakeholders' participation. Therefore, it is important to assess costs and benefits of accreditation from the perspective of a particular setting and to determine the extent in which accreditation standards are addressing cultural and economic differences.

A pilot project should be used

Many studies recommend that a pilot project be used to evaluate the best way to conduct accreditation, particularly before a major project is

undertaken. Pilot projects are also particularly important if the benefits of accreditation have not yet been demonstrated for a particular sector, as the costs of accreditation may outweigh its benefits. Given that this study has found little evidence of formal evaluations of accreditation, it is incumbent on public agencies to demonstrate the benefits of accreditation, particularly in sectors where process risk is low, costs of errors are limited, or organizational resources are stretched, before it is adopted for the entire sector.

“North Carolina has piloted local public health agency accreditation with six agencies. Four more agencies are part of the second round of pilot accreditation” (Thielen, 2004, p. 27). The pilot project in North Carolina served also as a preparation for a possible mandatory phase of the accreditation program in that state. Mays (2004) defends pilot studies because they allow for a cost-benefit analysis of a new accreditation program. That is, a pilot study will allow for a better understanding of the costs facing organizations during their accreditation process. “Accreditation programs entail significant costs that must be weighted against the potential benefits to determine feasibility and value (p. 22). In order to be effective, data collection during this pilot program is essential, particularly in order to allow for a comparison pre and post accreditation. A pilot study also allows the identification of areas in which improvement might be need in order for organizations to comply with required standards (Rooney and Ostenberg, 1999). Pilot projects represent a window of opportunity for a cost-benefit analysis (or a cost-effectiveness analysis if benefits and costs are hard to

monetize) because they allow for data collection on the benefits and costs of the accreditation program in a simpler format. They also allow for cataloguing accreditation standards' importance from the society's point of view, which is essential to guide future evaluations of the program.

External reviews should be carried out periodically

External reviews are conducted to "evaluate the measures that are taken to overcome weaknesses and improve quality generally" (Haakstad, 2001, p. 81). Consultation can be done through focus groups with recognized experts in the field, including government executives, accreditation departments, accrediting bodies, and university experts. This seems to be a wise and productive approach in which the government establishes checks and balances for any quality assurance system used. This view is promoted by Buetow and Wellingham (2003) who defend reviews by an independent body. An external review of accreditation will ensure impartiality and will address the impacts of accreditation from a particular or various perspectives.

Stakeholders input should be ensured

Many authors suggest that representation is essential for an accreditation program to thrive. For instance, Mays (2004, p. 23) says that "governance for any accreditation program should include representation from the full array of stakeholders engaged in the field of practice to ensure responsiveness, fairness, credibility, and a balanced perspective". Moreover,

accreditation programs should take into account clients needs and expectations in order to succeed (Rooney and Ostenberg, 1999). Montagu (2003) adds that supportive consultation is a way of improving accreditation programs. Buetow and Wellingham add that “there is a need to incorporate the perspective of each key stakeholder group and so promote a sense of shared ownership of, and commitment to, the accreditation programme” (p. 132). Another example of stakeholder participation is the project for developing national standards for public health agencies in the U.S., in which stakeholders discuss the pros and cons of the initiative and provide recommendations for health officials. (Thielen, 2004).

Appropriate incentives should be provided

Buetow and Wellingham (2003) point out that rewarding best practice is common in Australia. Giraud (2001) adds that the success of accreditation in France will depend upon the existence of appropriate incentives. An observational study conducted by the National Association for the Education of Young Children (NAEYC) found that appropriate incentives can double accreditation rates compared to no incentives (Whitebrook et al. cited in Mays, 2004). “The most effective means of providing long-term support for an accreditation programme are indirect, by establishing financial incentives for organizations to participate” (Montagu, 2003, p. 5). Organizations in disadvantaged communities might benefit the most from accreditation programs (Mays, 2003), but they might face some financial constraint to participate. If this is the case, there is a need to better understand the trade-

offs between supply restriction and society's willingness to pay. A negative net value implies that accreditation benefits are not enough to compensate its costs (including the increased costs facing organizations seeking accreditation); a positive net value implies that accreditation benefits are enough to compensate its costs (even though it might represent a supply restriction). In other words, accreditation should not be judged by itself, but by the net value it brings to society. The right balance is the one that results in the highest net value, that is, accreditation or any other quality assurance system should reflect what is valued the most by society.

6. CONCLUSION

“A 1999 evaluation of the accreditation in the U.S. by the Office of Inspector General found that despite its limitations, accreditation as an external quality review mechanism played an important role in protecting patients from harm and in complementing the hospital’s own internal quality efforts” (Rooney cited in Salmon et al., 2003, p. 48)

This literature review suggests that improvement in the quality of services is a major benefit of accreditation and that added cost is its major challenge. It also points to the increasing use of accreditation, particularly in the health care field. The health care sector is particularly suited for accreditation because of endemic information asymmetry, high risks of process failures, and high costs of failure. The only two experiments on the impacts of accreditation found by this review were in the health care sector. This points to the need for more research in health care and other sectors using or planning to use accreditation, with a view to ascertain the net costs or benefits of the practice.

One might be tempted to conclude that the use of accreditation in developed countries is fostered by a concern with accountability rather than with quality improvement. However, as Giraud (2001) points out, the quality improvement movement is on the rise everywhere. Therefore, even though governments rely on accreditation for regulation and accountability purposes,

they also expect to achieve improvement in the quality of services through accreditation. Developing countries are using accreditation to address the problems of quality service and affordability. A WHO/ISQua survey on accreditation found that many accreditation programs are not mandatory, even though some legislation exists - exceptions are France and Italy (Shaw cited in Montagu, 2003). Nonetheless, the same survey indicates that government sponsored accreditation is on the rise (p. 19).

Since accreditation usually sets optimum achievable standards, it addresses control and improvement. Quality assurance is often associated with accountability and regulation. Quality improvement is often associated with a self-improvement. Even though accreditation has been increasing focused on outcomes, most accrediting bodies still rely on the processes used or required to achieve desired outcomes, in part due to the complexity of having a system of collection of outcomes indicators in place. However there have been some attempts to incorporate performance measures into accreditation programs (Mays, 2004).

Accreditation systems can and should be improved. Cultural and economic awareness and rewarding best practices and regular evaluation of accreditation effectiveness are some ways of improving accreditation programs. Thielen (2004) points out that collaborative leadership and workforce qualification are also essential for accreditation programs to succeed.

Future research might include a cost-benefit analysis for a particular setting, BC for instance. It could be done from the government point of view,

by comparing the benefits to government sought through accreditation with its costs; from the accredited organizations point of view, by comparing the costs of becoming accredited with the potential reductions in costs brought by continuous quality improvement and knowledge of best practices; and from the society's point of view, by comparing the value society places on the benefits of accreditation against its costs.

The net benefits (costs) of accreditation will inevitably vary by sector, as the risk inherent in the production process and the costs of process failure vary from one sector to another. It is therefore important not to view accreditation as a panacea for all ills and to subject it to the same rigorous testing as we expect of other production and quality control activities.

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APPENDIX

TABLE 1 - MOST COMMON BENEFITS OF ACCREDITATION

INCREASED AWARENESS OF BEST PRACTICES
SUSTAINED PUBLIC FUNDING
INCREASED PUBLIC CONFIDENCE IN THE SERVICES PROVIDED
IMPROVED SAFETY
IMPROVED ORGANIZATIONAL QUALITY
ASSESSED THE QUALITY AND SAFETY OF SERVICES PROVIDED
INCREASED ACCOUNTABILITY
IMPROVED THE QUALITY OF SERVICES PROVIDED
REDUCED POLITICAL INFLUENCE
INCREASED INDUSTRY COMPETITIVENESS
IMPROVED FUTURE COMPLIANCE WITH STANDARDS
REPLACED REGULATION
INCREASED SELF-AWARENESS
INCREASED TRANSPARENCY
INVOLVED PROFESSIONALS IN ALL STAGES OF QUALITY IMPROVEMENT
INCREASED PERCEPTION OF COSTS AS INVESTMENTS

TABLE 2 - MOST COMMON CHALLENGES OF ACCREDITATION

USE OF A SINGLE SET OF STANDARDS TO ASSESS DIFFERENT ENVIRONMENTS
CONFLICT BETWEEN QUALITY ASSURANCE AND QUALITY IMPROVEMENT
UNCERTAINTY REGARDING ITS EFFECTIVENESS
ADDED WORKLOAD
ADDED COSTS
CONFLICT WITH PROFESSIONAL AUTONOMY
UNEQUAL BENEFITS FOR LARGE AND SMALL ORGANIZATIONS
COMPLIANCE WITH STANDARDS IS NOT CONTINUOUS BUT IN A POINT IN TIME
DIMINISHES EVALUATION PRACTICES
BUDGET CONSTRAINT MIGHT CAUSE RESISTANCE
TOO MUCH POLITICAL INVOLVEMENT
TOO MUCH ATTENTION ON QUALITY IMPROVEMENT
NOT BEING USED FOR THE PURPOSE IT WAS CREATED
ACCREDITATION MIGHT AFFECT INNOVATION
PERSONNEL MIGHT FEEL DOWN IF NOT ACCREDITED
END-USERS MIGHT DROP ORGANIZATION WITH LOW PERFORMANCE

TABLE 3 - TRENDS ON ACCREDITATION

ACCREDITATION IS INCREASINGLY FOCUSING ON QUALITY

ACCREDITATION IS INCREASINGLY USING EVIDENCE-BASED STANDARDS

THERE ARE INITIATIVES FOR A NATIONAL ACCREDITATION SYSTEM

SOME U.S. STATES HAD THEIR CHILD WELFARE SERVICES ACCREDITED RECENTLY

MANY EUROPEAN COUNTRIES ARE INTRODUCING ACCREDITATION IN EDUCATION FOR QUALITY ASSURANCE

ACCREDITATION IS BEING INCREASINGLY USED FOR REGULATION AND ACCOUNTABILITY

ACCREDITATION IS BEING INCREASINGLY USED IN PRIMARY HEALTH CARE

INCREASING USE OF SUBJECT EVALUATIONS

AUSTRALIA REWARDS FUNCTIONS, E.G. INFORMATION MANAGEMENT (NEW ZEALAND SEEMS TO BE GOING IN THE SAME DIRECTION)

ISQUA HAS DEVELOPED A KIT FOR ACCREDITING BODIES IN HEALTH CARE

GOALS OF ACCREDITATION PROGRAMS ARE USUALLY CONSISTENT WITH PUBLIC GOALS

INCREASING USE OF FOCUSED ACCREDITATION FOR COMMUNITY-BASED MEDICAL SERVICES AND POPULATIONS WITH SPECIFIC NEEDS

SERVICE PLANNING STANDARDS ARE A MAJOR FEATURE OF THE CANADIAN ACCREDITATION MODEL

INCREASING STAKEHOLDERS PARTICIPATION (SERVICE PROVIDERS, PURCHASERS, CONSUMERS, AND REGULATORS)

MANY TYPES OF HEALTH, SOCIAL AND PUBLIC SERVICE ORGANIZATIONS IN THE US USE ACCREDITATION

INCREASING USE OF ACCREDITATION IN ENVIRONMENTS WITH STRONG PRESSURES TO RESPOND TO A PROBLEM OR ISSUE

GREATER THAN 80% OF US HOSPITALS ARE CURRENTLY ACCREDITED

CANADA, AUSTRALIA, UK AND NEW ZEALAND HAVE WELL ESTABLISHED HOSPITAL ACCREDITATION PROGRAMS

ACCREDITATION WAS INTRODUCED IN FRANCE TO ADDRESS THE ISSUE OF QUALITY IMPROVEMENT AND ACCOUNTABILITY IN HEALTH CARE

INTERNATIONAL ACCREDITATION OF MEDICAL SCHOOLS IS A TREND

MANY US STATES LINK PUBLIC HEALTH FUNDING TO ACCREDITATION

NORWAY AND SWEDEN ARE CONSIDERING USE ACCREDITATION ON EDUCATION FOR QUALITY ASSURANCE

SOME UNIVERSITY NETWORKS ARE DEVELOPING THEIR OWN ACCREDITATION PROGRAMS

LOCAL PUBLIC HEALTH AGENCY ACCREDITATION IN THE US IS AHEAD OF STATE INITIATIVES

CANADA, US AND BRITAIN HAVE HAD FORMS OF ACCREDITATION FOR DECADES

MANDATORY ACCREDITATION IN EUROPE IS LIMITED TO FRANCE AND ITALY (EDUCATION)

TABLE 4 - OVERALL RECOMMENDATIONS

PROVIDING APPROPRIATE INCENTIVES
ENSURING STAKEHOLDERS INPUT
CARRYING OUT EXTERNAL REVIEWS PERIODICALLY
IMPLEMENTING A PILOT PROJECT
TAKING INTO ACCOUNT ECONOMIC AND CULTURAL DIVERSITY
ADOPTING VOLUNTARY ACCREDITATION WHENEVER POSSIBLE
ASSURING APPROPRIATE TERMINOLOGY
FOCUSING ON ORGANIZATIONS' INTERNAL QUALITY ASSURANCE
VERIFYING THE EXTENT TO WHICH ACCREDITATION IS ACHIEVING ITS PURPOSES
CARRYING OUT QUALITATIVE RESEARCHES ON THE IMPACTS OF ACCREDITATION
DEVELOPING STANDARDS BY THE INDUSTRY AND THE AREA BEING ACCREDITED
ENSURING WORKFORCE QUALIFICATION
BALANCING COMPLIANCE AND CQI
ADOPTING FOCUSED ACCREDITATION FOR COMMUNITY-BASED SERVICES AND PERSONS WITH SPECIAL NEEDS
REDUCING PROFESSIONAL CONTROL OVER ACCREDITATION
USING LESS OBJECTIVE STANDARDS
BEING TRANSPARENT
SEPARATING QUALITY CONTROL FROM QUALITY IMPROVEMENT
MOVING TOWARDS EVIDENCE-BASED STANDARDS
SUBSIDIZING SMALL ORGANIZATIONS
PROVIDING CONSULTATION ASSOCIATED WITH EVALUATIONS
WEIGHTING COSTS AGAINST BENEFITS
SPENDING ADEQUATE TIME ON DESIGN AND IMPLEMENTATION
LIMITING ACCREDITATION TO MINIMUM STANDARDS