Accreditation and Continuous Quality Improvement for Public Health Discussion Paper

I. PURPOSE

The purpose of this paper is to describe the history and current context of accreditation in public health and to outline options to inform the ministry's position regarding accreditation requirements for public health units (PHUs).

By describing the purpose, function and considerations for accreditation in public health and the broader health sector, this paper outlines future options regarding accreditation.

II. BACKGROUND

Accreditation in Public Health

- Accreditation of PHUs is not mandatory; approximately 1/3 of the 36 PHUs were accredited through Ontario Council of Community Health Accreditation (OCCHA) at the time when it ceased operations. The number of PHUs being accredited by OCCHA appears to have decreased slightly over the past few years.
- The OCCHA accreditation requirements provided a structure to assess whether key process and practices were in place related to governance, management and program/service delivery. One recognized limitation of this system of review was the lack of availability of online tools and supports compared to industry competitors.

Table 1: Organizations Most Recently Accredited by OCCHA

1. Algoma Public Health
2. Northwestern Health Unit
3. Sudbury and District Health Unit
4. Brant County Health Unit
5. Durham Region Health Department
6. City of Hamilton, Public Health Services
7. Kingston, Frontenac and Lennox & Addington Public Health
8. Leeds, Grenville and Lanark District Health Unit
9. Middlesex-London Health Unit
10. Niagara Region Public Health Department
11. Simcoe Muskoka District Health Unit
12. Wellington-Dufferin-Guelph Public Health

- Two PHUs have been accredited through Accreditation Canada, an organization that does not receive ministry funding. Accreditation Canada accredits over 1000 organizations across the country, including approximately 50 public health organizations. Three PHUs have associated with Excellence Canada; one health unit, within its broader regional municipality, has also achieved certification through this organization (see Appendix 1 for details).
- Different components of public health involve separate accreditation processes, including the Baby-Friendly Initiative, as well as individual processes for public health managers and nurses.
- Table 2 provides an overview of the pros and cons of accreditation for public health.

Table 2: Pros and Cons of Accreditation for Public Health	
Pros	**Cons**
• Promotes continuous quality improvement; • Standardization of organizational and governance practices in line with best practices; • Provides support in meeting the Organizational Standards; and, • Improves public trust in and visibility of public health units.	• Limited interest among PHUs, with fluctuating list of participating organizations over time; • Process requires significant commitment in terms of time and resources; and, • May not be necessary for PHUs, given the ministry's requirement that PHUs comply with the Organizational Standards, although there is no mechanism currently to audit compliance on an ongoing basis.

Accreditation in the Health Sector

- While not mandatory, almost all of Ontario's hospitals and many of the community-based health care provider organizations in the province (such as nursing homes) undertake accreditation through a formalized, recognized and respected accreditation body. The Ontario government does not provide direct funding to accreditation bodies within the health sector; however ministry funding may be utilized for accreditation costs at the organization's discretion.

Local Health Integration Networks (LHINs)

- Accreditation of Ontario's LHINs is not mandatory. However, accreditation by an external accrediting body is becoming increasingly recognized in the health system as a strategy for strengthening agency accountability and ensuring compliance with best practice standards (for both clinical and governance practices).
- LHINs commonly insert accreditation into their Multi-Sector Service Accountability Agreements (M-SAAs) as a performance obligation for their community sector health service providers. In 2009, a number of LHINs participated in a pilot survey to look at performance measures relative to governance issues.
- In 2011, the South East LHIN became the first LHIN to be accredited through Accreditation Canada. Working with Accreditation Canada, the LHIN Board will develop a standard of health system governance that could form the basis of accreditation requirements that are tailored for the LHIN sector in Ontario.

Hospitals

- In June 2010, the Ontario Government passed the Excellent Care for All Act, 2010 (the Act), legislation and associated policy aimed at improving quality and value in the healthcare system.
- As part of the Act, all health care providers develop and publicly post an annual Quality Improvement Plan (QIP), a requirement that has become a significant transformational lever to engage the system in improving performance and demonstrating their commitment to quality.
- Many hospitals have incorporated participation in an accreditation process as part of their QIPs. There is an interface between some of the requirements of Accreditation Canada and the Act, particularly around surveys, and government continues to work with organizations to develop the most efficient and effective process to ensure that duplication is avoided.

Community Health Centres (CHCs)

- It is mandatory that all CHCs commit to participation in an accreditation process through a formalized, recognized and respected accreditation body. The Canadian Centre for Accreditation (CCA), which receives no ministry or LHIN funding, is most commonly used by CHCs.
- CCA was formed through the partnership of five Canadian associations with a combined 100 years of accreditation experience. CHCs accredited through CCA are required to meet the requirements in two modules (see Table 3). The Community-Based Primary Health Care Module was developed using the Building Healthier Organizations (BHO) accreditation program as a foundation and transformed through broad review and consultation with the health sector.
- BHO began as an initiative of the Association of Ontario Health Centres (AOHC) and the Ontario Ministry of Health in the early 1990's with centres being asked to go through the accreditation process every three years.
- Table 3 outlines the components of the CCA accreditation program for Community-Based Primary Health Care, for which CHCs are expected to meet minimum standards of excellence:

Table 3: Components of the CCA Accreditation Program

CCA Organizational Standards Module	**CCA Community-Based Primary Health Care Module**
Governance	Using a Community-Based Approach
Stewardship	Planning Programs and Services
Organizational Planning and Performance	Delivering Quality Programs and Services
Learning Culture	Ensuring Safety
Human Resources	Evaluating Program and Services
Human Resources – Volunteers	
Systems and Structure	
Community	

Community Care Access Centres (CCACs)

- The CCACs within Ontario are committed to providing quality care. Many quality initiatives, including accreditation, are coordinated among the 14 CCACs at a provincial level.
- By December 2012, all 14 Ontario CCACs were accredited through a recognized accrediting organization. Twelve CCACs are with Accreditation Canada and two CCACs are affiliated with the Commission on Accreditation of Rehabilitation Facilities (CARF).
- Accreditation for CCACs remains a voluntary process, independent of government, and organized and administered by these third-party accrediting bodies.

III. POTENTIAL OPTIONS FOR PUBLIC HEALTH UNITS

Position to Date

- The ministry has historically supported voluntary accreditation for PHUs, acknowledging that the process can provide assurance and accountability for board of health compliance with best practices related to organizational and governance practices, promote a culture of

continuous quality improvement and ensure that performance management is relevant, effective and sustained within each board of health.

- The ministry's positioning of accreditation as voluntary respects the diversity and complexity of existing governance models within the sector. Some health units are part of larger municipal or regional governments, which have their own CQI/quality improvement strategies.

See Appendix I for an overview of accreditation bodies available to Ontario's PHUs.

Mandatory Accreditation

- Whether and how to mandate accreditation has been the source of policy debate for many years. In 2003, the Auditor General recommended that the ministry explore the use of accreditation results within the accountability framework. The Auditor General specifically recommended that the ministry obtain any resulting reports and analysis completed through accreditation and assess whether these tools should be used by all PHUs. Obtaining accreditation results from individual health units or OCCHA was not pursued given the voluntary and confidential nature of accreditation.

- The Capacity Review Committee (CRC) recommended in its final report 'Revitalizing Ontario's Public Health Capacity' (2006) that mandatory accreditation form a key component of the Performance Management Framework for Public Health.

- Table 4 provides an overview of the pros and cons of mandating accreditation for public health.

Table 4. Pros and Cons of Mandating Accreditation for Public Health Units

Pros	Cons
• Promotes continuous quality improvement; • Standardization of organizational and governance practices in line with best practices; • Improves public trust in and visibility of PHUs; • Accountability is measured through a through a third-party; and, • Consistency with other parts of the health sector (i.e., requirement for CHCs to participate in accreditation process).	• No alternative PHU for public to access/choose where a PHU is not accredited as there is only one PHU per area; • Potential alignment challenges between third party standards and legislated requirements; • Government liability issues arising from a health unit(s) that fails to meet accreditation standards; • Time and money needed to apply for and achieve accreditation with limited public health resources.

Peer Review Option

- A possible alternative to accreditation within the public health sector would be a system of peer review among health units. Peer review helps create and sustain a culture of continuous quality improvement in ways that other auditing processes cannot.
- Boards of health that are already accredited may decide to retain that relationship; may choose to participate in both accreditation and a peer review process; or may choose to discontinue their relationship and become involved in a peer review process alone.

- The process could be voluntary or could involve all health units and be incorporated into the accountability agreement process as a requirement.

IV. CONSIDERATIONS

- The ministry's positioning of accreditation as voluntary respects the diversity and complexity of the existing governance models within the sector. Some PHUs are part of larger municipal or regional governments, which have their own CQI/quality improvement strategies.
- Accreditation remains a viable and valuable opportunity for any board of health that wants to pursue continuous quality improvement with other organizations (see Appendix I for description of Accreditation Canada and Excellence Canada).
- The ministry continues to build and implement its support for quality improvement through initiatives such as the following:
    - The implementation of the Excellent Care for All Act, 2010 provides expectations for quality in health care settings, and could be considered for the public health sector in the future.
    - The implementation of the Performance Management Framework for Public Health in Ontario is built on a philosophy of continuous quality improvement (CQI). The components that provide the most direct impact on quality improvement expectations include:
        - The *Organizational Standards for Public Health in Ontario* (2011). During the planning for implementation, consideration was given to how the role of OCCHA and accreditation in general could be aligned with the Organizational Standards. The ministry views accreditation as a form of operational support to an organization's ability to meet the Organizational Standards. Accreditation provides a process and framework for organizational CQI, but all organizations have a responsibility to do this, whether they are accredited or not.
        - An Organizational Standards Risk Monitoring Tool has been drafted, based upon a template used by the Ministry for its Agencies, Boards and Commissions. It has been designed for the purpose of individual board of health disclosure to government of its organizational risks on an annual basis, the identification of mitigation strategies, and the scoring of the likelihood and impact of the risks. This tool will be piloted shortly.
        - The CQI tools in the Accountability Agreements provide a mechanism for the proactive identification and follow-up on variances in public health performance. The intent is to use this information to identify appropriate actions on the part of both PHUs and the ministry to achieve improved results.
        - The opportunity to report on positive performance achievements through the Positive Performance Variance Reports is an example of encouraging the sharing of experience and success within the sector to promote quality improvements.

See Appendix II for current Operationalization of the CRC Performance Management Framework.

APPENDIX I – ACCREDITATION BODIES FOR PUBLIC HEALTH IN ONTARIO

Accreditation Canada[1, 2, 3]

Cost: The accreditation cost is structured in three elements:

1. **Application Fee:** an initial one-time administration fee of $1,175.
2. **Annual Fee:** The annual fee is the annual component of the accreditation cost and is calculated based on the client's total revenue figure most recently reported on audited financial statements, by applying a percentage of .0129%. There is no minimum annual fee.
3. **Survey Fee:** The survey fee is $2,065 per surveyor per day for all programs. Participating organizations undergo a full accreditation survey every four years.

Description:

- Their accreditation process is based on a CQI model in which organizations assess themselves against the accreditation standard to identify their strengths and areas for improvement. Their process is designed to integrate with an organization's existing quality improvement program.
- For new clients, there is a progressive approach to becoming accredited, which provides for a preparatory "primer" step to moving into the full accreditation program within a 2 year timeframe. The ongoing process is a three year process of self-review, data collection on core indicators, action planning and a site visit by trained assessors.

Knowledge of Public Health:

- In 2006, the organization began to offer accreditation to public health organizations.
- Along with the core accreditation standards on governance, effective administration, and service excellence, new standards were developed which addressed five functions of public health: health surveillance, health assessment, health protection, health promotion, and disease and injury prevention.
- These standards contain the following subsections:
    - Building knowledge and understanding needs
    - Creating networks and mobilizing partners
    - Developing policy and designing services
    - Engaging prepared and proactive staff
    - Delivering public health services
    - Achieving positive public health outcomes
- These standards incorporate priorities identified in the Ottawa Charter and Health Goals for Canada: A Federal, Provincial and Territorial Commitment to Canadians.

Accredited Organizations:

About 50 public health organizations across Canada, including:

- Eastern Ontario Health Unit
- Grey Bruce Health Unit

Excellence Canada (formerly National Quality Institute)[4, 5]

Cost: Fees for the Canada Awards for Excellence (CAE) program Order of Excellence are as follows:

	Small Organization	Medium Organization	Large Organization
# of Employees	<50	51 - 250	+251
Assessment prior to application	quote	quote	quote
Submission Evaluation Fee	$350.00	$750.00	$1500.00
Verification Site Visit	$1000.00	$3750.00	$5000.00
Total Cost - one site	$1350.00	$4500.00	$6500.00
If Multiple Sites: (Per extra site)	$500.00	$1000.00	$1500.00

Description:

Excellence Canada's Progressive Excellence Program® (PEP) is the implementation model for the Framework for Organizational Excellence, which is a principle-driven, criteria-based way to improve performance. The Framework is a comprehensive and practical framework for improvement. The Principles for Excellence permeate the six drivers to form the foundation for long-term improvement, and to achieve sustained organizational performance and results. It also serves as the basis for adjudication of the Canada Awards for Excellence program.

Application to Public Health:

The Leeds, Grenville and Lanark District Health Unit has adapted Excellence Canada's Framework for Organizational Excellence and structured its 2013-2018 internal strategic direction around six quality drivers outlined here:[6]

1. Leadership Driver - Effective, responsive leadership team.
2. Planning Driver - Public health planning and practice that responds efficiently and effectively to current and evolving conditions.
3. Client Driver - Clients and community satisfied with and engaged in programs and services.
4. People Driver - Workplace that supports wellness and strengthens the capacity of the workforce.
5. Process Driver - Consistent, effective management of key organizational processes.
6. Partner Driver - Strategically aligned collaborative partnerships.

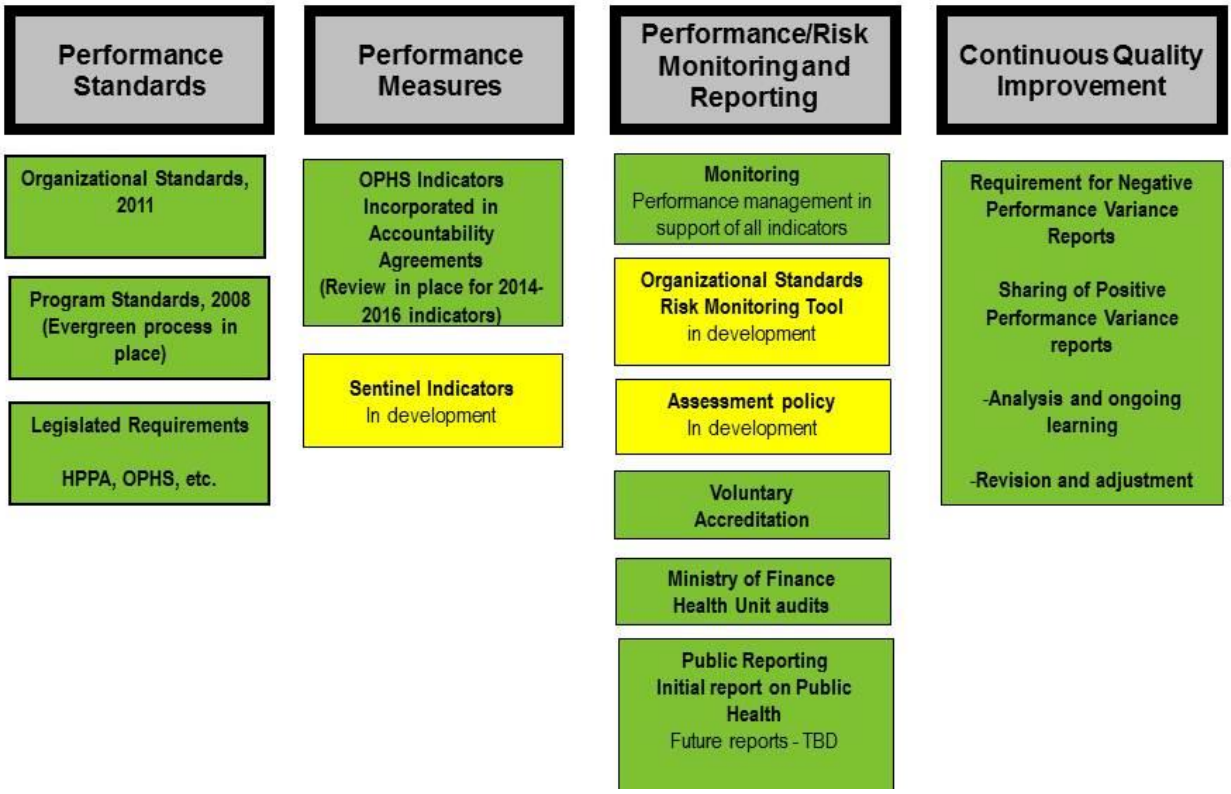
Participating Organizations:

- Region of Peel (2009 Canada Order of Excellence award recipient; Bronze Partner Status*)
- The Leeds, Grenville and Lanark District Health Unit (Bronze Partner Status*)
- Toronto Public Health (Bronze Partner Status*)

*At an annual cost of $995, Bronze Partnership represents benefits valued at over $5,000 for an organization, including valuable networking opportunities and access to an international database of best practices and performance management tools, as well as discounts off of available services and training. Partnership and PEP involvement are considered independent but complementary processes. PEP certification is valid for two years (for levels 1 to 3) and three years for level 4 certification; site verification must be completed prior to certification for levels 2 to 4.

APPENDIX II

Operationalization of the CRC Performance Management Framework



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Public Health Division
Revised on May 22, 2013