# MIDDLESEX-LONDON HEALTH

#### MIDDLESEX-LONDON HEALTH UNIT

#### REPORT NO. 004-14

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 Month Day

### **CURRENT ACCREDITATION STATUS AND RELEVANT DEVELOPMENTS**

#### Recommendations

#### It is recommended:

- 1. That the Board of Health receive Report No. 004-14 re Current Accreditation Status and Relevant Developments for information, and
- 2. That the Board of Health Request an additional report in 2014 to identify expected costs and benefits of pursuing accreditation with an external body.

# **Key Points**

- Due to the recent closure of its accrediting body, the Ontario Council on Community Health Accreditation, MLHU is not accredited for the first time in roughly15 years.
- While accreditation is voluntary and requires an investment of human and financial resources, research has demonstrated that there are benefits for local public health organizations that dedicate resources toward accreditation.
- The Ministry of Health & Long Term Care has encouraged Boards of Health to pursue accreditation with one of two national accreditation bodies.

### **Background**

The Middlesex-London Health Unit (MLHU) has achieved the highest level of accreditation for roughly 15 years (most recently, see <a href="Report No. 009-13">Report No. 009-13</a>). However, in March 2013, the Ministry of Health & Long Term Care (MOHLTC) ended a 32 year funding arrangement with the Ontario Council on Community Health Accreditation (OCCHA). This caused OCCHA to cease operations, and annulled the accreditation status for 12 health units, including MLHU. Since then, the MOHLTC has released a discussion paper on accreditation (see <a href="Appendix A">Appendix A</a>) and recently organized webinars on two national accreditation bodies: Accreditation Canada and Excellence Canada.

### The Value of Accreditation in Public Health

While accreditation is a common practice in many sectors including education and healthcare, some have questioned the value and efficiency of accreditation in local public health. This question has been the subject of intense study, and the general consensus from practitioners, scientists and policy-makers is that accreditation yields not only expected and obvious benefits, but also multiple, unanticipated benefits for local public health agencies that can dedicate resources to the process. This is true to the extent that a national Public Health Accreditation Board (PHAB) was recently formed in the United States (US) following a multi-year, multi-study initiative called the *Exploring Accreditation Project*. See Appendix B for the costs and benefits of accreditation in public health, as well as the reference material for this report.

## Impact on Health

Accreditation is a strategy that can improve agency administration and service delivery, when agencies commit to engage in the process. In theory, these benefits should then translate into improved community health. However, as with all administrative interventions, it is difficult to establish a causal link between an administrative change and improvement in health status. This being said, a model has been established to graphical depict the relationships between resources, activities, outputs and health outcomes of accreditation in public health (see Appendix C).

#### **Canadian Evidence & Additional Considerations**

Given the benefits of accreditation, some have called accreditation "one of the most important initiatives in public health today." However, there is limited Canadian research, meaning the reported benefits from US public health agencies may not translate to the Canadian context. The exception is a 2007 survey which surveyed Canadian public health practitioners about the value of accreditation. They found that the majority were in favour of accreditation in public health, and that those opposed cited the lack of capacity currently in the system. Yet, proponents argued that accreditation could actually be used as a capacity-building tool and assist "to fight the tyranny of the urgent." Research has also produced some key recommendations for successful accreditation adoption in public health. First, is that accreditation must be thought of as an investment in the future of public health rather than an added cost, and furthermore that the greater the investment in thoughtful self-analysis, the greater the benefits. It has also been stressed that agencies benefit most from accreditation when it is used as a tool for improvement, not simply compliance.

### **Accreditation Canada and Excellence Canada**

While the MOHLTC has encouraged health units to pursue accreditation with Accreditation Canada or Excellence Canada, it is still voluntary, and up the discretion of each Board of Health. Accreditation Canada and Excellence Canada offer different approaches and fee structures, each with strengths and weaknesses (see <a href="Appendix D">Appendix D</a>). So far, two health units have pursued accreditation with Accreditation Canada, and two with Excellence Canada.

# The Organizational Standards: A Complicating Factor

The Ontario Public Health Organizational Standards (OS) provide an administrative framework for public health service delivery. The mandatory nature of the OS has caused some to view them as a replacement for accreditation. This is misguided. The OS establish minimum requirements for Boards of Health. They do not facilitate ongoing improvement. An involved, funded, internal 'accreditation-like' process could perhaps use the OS as a starting place for facilitating improvement. However, this would likely be done at a similar cost to pursuing accreditation with an external agency. An internal process would also (a) not be guided by process experts (which external accreditation bodies possess), and (b) would be insulated from many of the sector- and public-oriented benefits listed above.

## **Next Steps**

MLHU is currently not accredited. The Board of Health is being asked to chart a course for the future of accreditation at MLHU. Given the importance of this decision, staff recommend that the Board of Health request an additional detailed report in 2014 to identify expected costs and benefits of pursuing accreditation with an external body.

This report was prepared by Mr. Ross Graham, Manager of Strategic Projects.

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