

Quality Improvement Initiatives in Accreditation: Private Sector Examples and Key Lessons for Public Health

Prepared for the Robert Wood Johnson Foundation

By

Michael S. Hamm, CMC
Michael Hamm & Associates

Submitted to

Carol Chang, Program Officer, R&E Director/HSS

February 1, 2007

TABLE of CONTENTS

Background and Methodology.....	3
Why is QI Important in the Private Sector.....	3
Missions of Accrediting Bodies.....	4
Roles of Accreditation as Change Agents.....	5
Defining Quality through Standards and Measures.....	8
Contributing to QI by Assisting Applicants Prepare for Accreditation.....	14
Summary of Accreditation Body Contributions to QI.....	18
Potential Lessons for Public Health.....	19

I. Background and Methodology

The Robert Wood Johnson Foundation (RWJF) is conducting a meeting on Adapting Quality Improvement (QI) to Public Health on February 7, 2007. Michael S. Hamm, CMC, a consultant specializing in accreditation and certification program development issues, was chosen to prepare a white paper summarizing quality improvement initiatives utilized in private sector accreditation efforts in light of their potential application in public health.

The methodology for preparing this report included conducting research on private sector accreditation programs including Internet searches, telephone interviews with representatives of accrediting bodies and extensive personal experience as a consultant working with accreditation bodies.

Information for this report was collected from the following organizations/accreditation programs:

Accreditation Organizations

American Association of Museums (AAM)
American Camping Association (ACA) Accreditation Program
American National Standards Institute (ANSI) Personnel Certification Accreditation Program
American Speech Hearing Association (ASHA) Accreditation Program
Accrediting Council for Continuing Education and Training (ACCET)
National Association for the Education of Young Children (NAEYC) Accreditation Program
Commission for Accreditation of Law Enforcement Agencies (CALEA)
National Association of Insurance Commissioners (NAIC) Accreditation Program
National Committee for Quality Assurance (NCQA)
Joint Commission (formerly JCAHO)
The United States Chamber of Commerce (USCC) Accreditation Program

Other organizations

The U.S. Department of Education
Underwriters Laboratories, Inc.
Malcom Baldrige National Quality Awards Program

II. Why is Quality Improvement Important in Private Sector Accreditation Efforts?

Accreditation is a conformity assessment process where organizations define standards of acceptable operation/performance and then measure compliance with them. Following accepted

standards in any activity is one of the benchmarks of quality and, as such, accreditation bodies usually play a key role in quality improvement activities in any industry/sector involved in the process.

The pursuit of quality in the private sector has been described as something close to the quest for the Holy Grail. Almost every industry or service at one time or another considers the development of some performance standards as a process to measure quality. Applicants for accreditation programs are usually concerned about quality issues prior to the development of any formal accreditation efforts due to the importance of quality in meeting customer demands, remaining competitive in their respective fields, and contributing to improved profits. Verification of meeting quality standards has grown in importance in recent years due to concerns of various users of products and services for some proof of achieving acceptable levels of quality as determined by peer leadership in a specific service/industry.

III. Overview of Quality Improvement Initiatives in Private Sector Accreditation Programs

A. Missions of Accreditation Bodies

Most accreditation programs are developed by individuals and organizations motivated to define and measure quality in a particular field. Accordingly, the vision and mission statements of most accreditation bodies include statements regarding defining or improving quality in their respective field. For example, the mission of the Joint Commission (formerly called the Joint Commission for the Accreditation of Health Care Facilities or JCAHO) is:

“To continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care.”

The National Association for the Education of Young Children (NAEYC) operates a large accreditation program for early childhood education centers. One of their three broad goals is:

“Supporting early childhood programs by working to achieve a high-quality system of early childhood education.”

Including quality statements in the mission statements of accrediting bodies helps keep these programs constantly focused on quality improvement as one of their own measures of success.

B. Role as Change Agents and Behavior Modifiers

One of the interesting roles that accreditation bodies play in quality improvement is that of a change agent. One of the motives for creating new accreditation programs in many fields is to encourage broad institutional change to improve quality and performance. While this motive often does not get as much public recognition as other goals, its importance should not be overlooked. Building high level commitment to quality improvement is essential in all fields.

One of the ways that this role is accomplished in accreditation programs is by requiring the signatures of the top staff/volunteer leadership on accreditation applications stating that the organization agrees to follow the accreditation program standards, commit to a program of continual compliance and quality improvement, and comply with a required code of conduct/ethics as a condition of achieving accreditation. These commitments clarify the role of accreditation as a long-term improvement process rather than a single performance evaluation experience. These commitments give staff/volunteer leadership a mechanism to support quality improvement efforts and to avoid actions that may jeopardize accreditation status or hinder quality improvement efforts.

Codes of Ethics/Conduct

Mandatory compliance with codes of ethics/conduct is also a common feature of many accreditation bodies. The linkage of these codes with other accreditation standards and requirements is another quality control feature of accreditation programs. This linkage can be accomplished by a standard such as the American Speech Hearing Association (ASHA) Accreditation standard 3.7 requiring that clinical education procedures ensure the welfare of each client served by students is protected, and that the clinical education is in accord with ASHA's Code of Conduct.

Another approach involves requiring that candidates for accreditation develop their own code of ethics. The American Association of Museums (AAM) Accreditation Program requires that all candidates for accreditation submit a copy of their formally approved code of ethics that is consistent with the AAM Code of Ethics for Museums. Accreditation applicant codes of ethics are required to cover the governing authority, staff, and volunteers.

A third approach used by the American Camping Association Accreditation program involves holding camp owners, directors and executives of accredited camps to a higher level code of practice than is required for regular membership in the American Camping Association (ACA). The member code of ethics include six (6) requirements, while members of accredited camps agree to meet an additional ten (10) requirements involving more detailed responsibilities.

Linkages to codes of ethics/conduct are considered important in accreditation as educational as well as discipline tools. Enforcement of codes of ethics is often grounds for the revocation of

accreditation or some other disciplinary action.

Reward and Incentives for High Performance

Accrediting bodies consistently recognize and promote applicants that demonstrate high levels of compliance and quality performance in their respective fields. This is accomplished by: press releases; providing plaques for display in public areas; listings in accreditation body web sites; and through special awards. The Joint Commission awards high performing health care organizations with the Ernest Codman Award. This award is the only health care award that recognizes excellence in performance measurement that contributes to organization improvement.

The Council on Law Enforcement Agency Accreditation (CALEA) identifies Exemplary Programs on their web site. This program includes a collection of more than 600 law enforcement programs that demonstrate best and model approaches in law enforcement.

Other incentives used in accreditation include announcing organizations that have surpassed minimum standards. Applicants in these categories are sometimes noted for achieving accreditation with distinction. The U.S. Chamber of Commerce Accreditation program offers successful candidates up to a five-Star rating to recognize the highest levels of performance. Achieving these higher ratings often becomes a competitive aspect of accreditation encouraging greater efforts among applicants to achieve higher levels of performance in successive renewal cycles.

The Malcom Baldrige National Quality Awards

The Malcom Baldrige National Quality Award is given by the President of the United States to businesses, service, and health care organizations that are judged to have achieved outstanding performance in the following areas:

- Leadership
- Strategic planning
- Customer and market focus
- Measurement analysis and knowledge management
- Human resource focus
- Process management
- Results

These awards were developed by the U.S. Congress in 1987 as part of a national quality improvement strategy. The award was named after Malcolm Baldrige, Secretary of Commerce from 1981 until 1987. The awards program has been expanded to nonprofits and government agencies in 2007, and it is administered by the U.S. Department of Commerce Technology Administration. No state or local government agency has received a Baldrige Award to date, but

this category of applicants would be eligible to apply this year. The Baldrige Award program has been described as a remarkably successful government and private-sector team effort. In addition to the national award program, many state and local Baldrige Award programs exist throughout the United States.

This award program is not described as an accreditation process, but it does involve demonstrated compliance with quality standards, a rigorous peer review and judgments process, and awards for applicants that demonstrate a high level of performance and achievement in the required areas. The Baldrige process is a Total Quality Management (TQM) focused process that emphasizes quality in product/service in addition to meeting customer needs. The Baldrige process is measurement-oriented and it is also geared toward a long-term view of quality improvement. This award is similar to the Deming Prize in Japan.

Baldrige Examiners must complete a comprehensive training program to be eligible to participate in the review of award applicants. Examiner training can take from 117 to 142 hours of volunteer work to achieve this designation.

The Baldrige strategy would probably not be a feasible quality-improvement process for an entire industry or discipline due to the high level of performance expected of award recipients, but the award concept and the positive incentives for high performance are good examples of the power of positive incentives to achieve high levels of quality in eligible applicant organizations. Approximately 68 awards have been made to 64 organizations since 1987. It should also be noted that the impact of this program and its standards vastly exceeds the current number of award recipients.

Baldrige criteria are used by thousands of organizations of all kinds for self-assessment and as improvement tools. The Baldrige program notes that millions of copies of the standards have been distributed since 1988, and that a much larger pool of organizations has access to copies through reproduction and electronic access. According to a report by the Conference Board, a business membership organization, *“A majority of large U.S. firms have used the criteria of the Malcom Baldrige National Quality Awards for self-improvement and the evidence suggests a long-term link between the use of the Baldrige criteria and improved business performance.”*

Accreditation and Behavior Modification

While there is no research available regarding the overall impact of accreditation on behavior modification, there is considerable evidence in fields such as health care and education that accreditation standards have had a major impact on institutional practice and in the professional development of senior management. For example, knowledge and experience in accreditation are considered critical attributes for senior management job candidates in both of these settings.

C. Defining Quality through Standards and Measures

New accreditation programs are being developed in many areas at this time. More fields of interest are realizing the benefits of developing credible accreditation programs as a means of defining quality or acceptable standards of performance, and for avoiding potential regulatory initiatives by government bodies and other stakeholders.

Standards are the core of most accreditation programs. Defining quality and acceptable standards is one of the common reasons for initially developing a new accreditation program. In many fields, the collective accreditation standards become the de facto standards of quality and performance over time. This phenomenon is most prominent when there is a single national or international accrediting body in a particular discipline.

The uses of standards in accreditation programs include defining and measuring quality indicators, educating potential applicants in best practices in a particular field, and facilitating comparisons and benchmarking on the part of applicants and other stakeholders. New accreditation programs often struggle with the question of where to place the bar in terms of the “level of quality” required and the anticipated evidence expected to document conformity. The challenge in this matter is determining whether it is more beneficial to a field to set a very high standard and risk minimizing the total impact of a new accreditation program, or setting a lower floor standard to broaden the impact of a program and provide quality improvement opportunities to a broader pool of applicants. Due to the controversial nature of standards decisions, most accreditation bodies spend considerable time vetting their standards and securing input from the broad community of stakeholders prior to agreeing upon final requirements.

Accreditation program standards generally fit into one of three categories: structure, process or operation, and outcome or performance. There are quality improvement benefits for each of these categories, but the standards that deal with outcome or performance issues are generally considered to be the most important standards to promote quality improvement. Accreditation programs generally begin placing more initial emphasis upon the structure and process standards and evolve toward a more outcome-based focus over time.

American National Standards Institute

There are many examples of standards contributing to quality improvement in the pool of applicants. One interesting new accreditation program has been developed by the American National Standards Institute (ANSI) to accredit personnel certification programs under an international standard known as ISO-17024. This program uses an international standard that was developed by a standards process that pre-dated the accreditation program. One of the benefits of using an international standard is broader acceptance and recognition of accredited organizations.

One of the standards that has had a dramatic impact on improving quality in personnel certification programs is the Management System standard 4.4.3. This standard requires that “the certification body shall have document control and internal audit and management review systems in place, including provisions for continual improvement, corrective and preventive actions.” A note to this standard indicates that applicants can demonstrate compliance with this standard with a documented quality management system based on the ISO 9001 standard.

Compliance with this standard leads applicant organizations to embrace the Plan-Do-Check-Act (PDCA) cycle often called the Deming or Shewart cycle. In personnel certification, this concept involves establishing pre-determined quality standards for the certification process, conducting the certification process, checking or verifying that the conduct of the process is in compliance with the pre-determined quality standards, and following up with corrective action when it is determined that the implementation of the process does not conform to the quality standards.

Very few certification bodies have management systems that would meet the 4.4.3 standard or the ISO 9001 quality management standard. Accordingly, certification bodies that are seeking accreditation under this program often engage in massive restructuring of their management systems including the creation of new provisions dealing with audits, continual improvement, and the use of corrective and preventive actions. While this standard has definitely contributed to improved quality in applicant certification bodies, compliance with this new standard has also required costly and time consuming work to modify management systems for compliance purposes. In many cases, consultants were hired by applicants to assist in this process to help preparation for accreditation.

Another ISO 17024 standard that has contributed to quality improvement in certification bodies is the standard 6.4.1 requiring that “the certification body shall define a pro-active surveillance process to monitor certificant’s compliance with relevant provisions of the certification scheme (process).” The essence of this requirement is asking an accredited certification body to determine how it will monitor continuing competence and acceptable performance in certified individuals. Prior to this requirement, most certification bodies conducted fairly minimal surveillance work, but this new requirement has forced applicants to develop formal surveillance plans specifying the frequency and content of the surveillance activity. Another feature of this standard that is common to many certification standards is the lack of specificity regarding what is expected in terms of surveillance. Applicants are free to determine their own surveillance methods as long as the process is documented and followed. The lack of specificity in standards encourages innovation and flexibility in applicant responses. This flexibility concept in demonstrating compliance is important in accreditation due to the wide variety of applicant settings, available resources, and philosophical approaches to the field of interest.

Commission on Accreditation of Law Enforcement Agencies

The Commission on Accreditation of Law Enforcement Agencies (CALEA) is an international

accreditation program for local and state law enforcement departments. This organization has grown in acceptance in recent years and the leadership of CALEA attribute much of the quality improvement in accredited agencies to compliance with CALEA standards. CALEA standards are described by some law enforcement professionals as the “Bible for law enforcement.”

Applicant agencies use CALEA standards as a management model and the accreditation process as a vehicle for change management. One of the noteworthy benefits of CALEA accreditation is access to reduced rates for liability insurance premiums due to the more positive claims experience in accredited agencies. This tangible benefit is another incentive for pursuing a quality improvement program through voluntary accreditation.

National Association for the Education of Young Children

The National Association for the Education of Young Children (NAEYC) developed a national accreditation program in 1985 to improve the quality of care in early childhood education centers. This program has grown dramatically and it has gone through one significant reengineering process. The National Center for the Early Childhood Work Force conducted a study examining the impact of accreditation in Northern California between 1994 and 1996 to determine changes resulting in program quality resulting from NAEYC accreditation. The study found that accredited programs were 6 times more likely to be rated as good to excellent in quality (61% of accredited programs versus 10% of non-accredited programs). The study found that none of the accredited programs were rated as “low quality.”

A report of the Minnesota Department of Human Services entitled School Readiness in Child Care Settings published in February 2005 concluded that almost twice as many children in the accredited child care center sample were rated as “proficient” or school ready compared to the statewide Minnesota School readiness study. Very few children in the accredited child care center sample were performing in the “Not Yet” range on any indicators within each domain.

Other research on NAEYC found that: accreditation positively changes programs by making staff active partners in program improvement activities; it leads to an increased commitment to their early childhood centers; and it contributes to greater staff involvement in decision making. NAEYC accreditation has been described as having a major impact on contributing toward improved staffing in early childhood centers. Staffing issues have been a widely known quality problem in this industry.

National Association of Insurance Commissioners

The National Association of Insurance Commissioners (NAIC) developed an accreditation program to promote compliance with financial regulation standards that establish baseline requirements for an effective regulatory system in each state. While evaluating this program, the author of this report interviewed many state insurance commissions to evaluate the impact of the accreditation program. One of the commonly noted quality improvements attributed to

accreditation was a dramatic upgrading of the state insurance commission staff in terms of quality and quantity resulting from compliance with voluntary accreditation standards dealing with staff requirements. The upgrading of staff in regards to achieving and maintaining accreditation was cited as a factor having a significant impact on the overall quality of insurance regulation in many states. Staffing standards in accreditation not only help define acceptable criteria for applicants, but help provide a sound rationale/case for securing additional funding needed to comply with these standards.

United States Chamber of Commerce

The United States Chamber of Commerce has operated an accreditation program to improve the quality of local and state chambers of commerce throughout the United States. One of the key mandatory standards of this program includes a requirement that an accredited chamber shall develop a long-term strategic plan covering a 3-5 year time period. This requirement has led many chambers to develop improved formal strategic plans and to use them as quality improvement and performance measurement tools.

In addition to requiring this standard, a new requirement asks chambers to report on progress in achieving short and long-term goals as a self-defined measure of continual improvement. Continual accreditation focus on plan development and performance is an excellent means of contributing to a continuous monitoring of performance while allowing applicants to define their own particular goals and objectives. The U.S. Chamber of Commerce does not specify what must be included in a strategic plan or how the process should be developed, but they do require that applicants submit a copy of their plan as part of the self-study. Local chambers are improving their strategic planning processes over time. Some of the best chamber strategic plans use concepts such as the balanced scorecard as the foundation of their process. The balanced score card concept is a strategic planning and management approach that focuses on developing goals and specific measures of achievement. The following areas are addressed in this approach as seen through the eyes of governance, customers, and employees:

- Financial
- Customer
- Internal Business
- Learning & Growth

Using strategic planning techniques such as the balanced score card helps create “strategy-focused organizations.”

Strategic planning requirements are typical in many accreditation programs. Some applicants in academia have cited compliance with this requirement as one of the most important benefits of their accreditation in terms of improving their strategic planning process and placing more emphasis upon continual governance oversight of performance in achieving stipulated goals and objectives. It should be noted that strategic planning is one of the seven Baldrige Award criteria

categories.

National Committee for Quality Assurance

The National Committee for Quality Assurance (NCQA) is a national organization that accredits a variety of organizations from HMOs to PPOs to Managed Behavioral Healthcare Organizations (MBHOs). NCQA also has certification programs for specific services and recognition programs for specific disease entities and physician practices. The NCQA accreditation process relies heavily on quantitative outcome measures using a tool known as HEDIS (the Health Plan Employer Data and Information Set) for HMO and POS (Point of Service) accreditation. These standard and performance measures fall into five broad categories:

- Access and Service
- Qualified Providers
- Staying Healthy
- Getting Better
- Living with Illness

HEDIS requires that participating health plans collect data in a standardized way so that comparisons are fair and valid. Health plans can arrange to have their HEDIS results verified by an independent auditor. HMOs need to achieve minimum HEDIS scores in addition to meeting other administrative and clinical standards to achieve accreditation. NCQA reports that HEDIS measures account for approximately 35% of the accreditation decision and the other 65% is composed of administrative standards. HEDIS measures are reviewed and updated every two years.

Accredited HMOs have their HEDIS measures reported in star rankings that are accessible by the public in a report card form on the NCQA web site at www.ncqa.org. This report card also notes the overall accreditation status and whether the HMO has achieved additional “quality plus” distinction. Public access to this detailed and comparative data is an important incentive for HMOs to improve their quality rankings as a competitive marketing tool. NCQA even formed a partnership with U.S. News and World Report to develop quantitative rankings of health plans that are published by this publication online as well as in hard copy format for all interested stakeholders. Providing this “public information” is part of the NCQA high priority evaluation and public information role. NCQA staff report that the widespread use of public reporting has definitely had a positive impact on improved QI efforts conducted by applicants for accreditation.

NCQA accreditation is also recognized by many states through a deemed status arrangement. Accredited Medicaid Managed Care Plans are deemed meeting state regulatory/performance requirements by virtue of their NCQA status.

The United States Department of Education

The U.S. Department of Education (USDE) plays a unique role in guiding the accreditation process for higher education in the United States. Accreditation bodies for specialty and institutional accreditation must be recognized by the Secretary of Education to ensure the eligibility of accredited institution's students and academic programs for various categories of federal financial support. Some would argue that the recognition procedures give the federal government too much power in determining the role of post-secondary academic accreditation, but some of the USDE standards have contributed toward quality improvement in colleges and universities applying for accreditation.

For example, the USDE accreditation recognition rule 602.16 specifies that accreditation agency standards effectively address the quality of institutions or programs in multiple areas including "success with respect to student achievement in relation to the institution's mission, including an appropriate consideration of course completion, state licensing examination, and job placement rates." This requirement has contributed toward a more outcome-focused approach on the part of accrediting bodies and the academic institutions/programs applying for accreditation. Applicants must measure their performance in these key indicators and demonstrate acceptable levels of achievement as determined by each accrediting agency.

Additionally, USDE accreditation recognition rule number 602.21 requires that a recognized accreditation agency "maintain a systematic program of review that demonstrates that its standards are adequate to evaluate the quality of the education or training provided by the institution and program it accredits and is relevant to the education or training needs of students." This requirement essentially requires periodic validation of all accreditation standards. Validation requirements contribute to quality in accreditation programs by forcing periodic evaluation of the impact of all standards and further requiring remedial action when changes are deemed appropriate in specific standards.

The collective impact of these two requirements essentially requires a pro-active quality improvement role on the part of accrediting agencies to be deemed eligible for recognition by the U.S. Secretary of Education.

Underwriter laboratories, Inc.

Underwriter Laboratories, Inc. (UL) is an independent not-for-profit product-safety testing and certification organization headquartered in Oak Brook, Illinois. UL has been conducting testing services for public safety for more than a century. Product and safety testing is one of the important benchmarks of quality in the industry and manufacturing settings. Independent testing assures buyers and users that products meet and continue to meet specific quality standards. UL helps interested organizations develop new standards, they test products for conformity with existing standards such as ISO, and they now certify organizations that produce

products/services for compliance with the ISO 9000 quality management systems. UL reports that since 1989, it has issued more than 3,800 ISO 9000 certificates in 40 countries and in 135 product categories.

UL is widely known for its fire safety standards. UL has developed more than 800 standards for safety. UL is known for its expertise in developing rigorous testing protocols and in its ability to test a wide variety of products in many industries. UL also offers consultation and partnering services in conformity assessment processes. In addition to being well known internationally, UL cites the following statistics regarding the scope of their work:

- UL has 6,200 staff
- UL has conducted 108,745 product evaluations
- UL has evaluated 19,214 products
- UL has 127 inspection centers worldwide

While the product focus of UL is different from much of the public health focus, UL notes that it is involved with assisting regulatory authorities with environmental and public health areas including certification services for drinking water, food service equipment and plumbing. Organizations such as UL could be considered as potential partners in the development of standards and in conducting testing of any public health activities that might lend themselves to this quality improvement approach.

D. Contributing to Quality Improvement by Assisting Applicants Prepare for Accreditation

Accreditation in one sense represents the end of one step in the quality improvement process. Most organizations seeking accreditation spend a considerable amount of time preparing to seek accreditation, and accrediting bodies have developed a wide variety of tools and methods to help potential applicants improve their programs, services, and systems to meet required levels of compliance. Accrediting bodies are typically not viewed as being in the training/education business, but most programs provide some formal training to help applicants successfully navigate the accreditation process.

The American Association of Museums MAP Program

The American Association of Museums (AAM) operates a formal accreditation program and it also conducts a companion program called the Museum Assessment Program (MAP) to help museums, historic houses, arboretums, and art galleries improve their programs through a confidential consultation process involving a self-study, peer review, and a suggested implementation process. The MAP process helps applicants understand how their institutions compare to standards and best practices in the field. The MAP survey report includes specific

suggestions for improvement. Some applicants use this process as a means of preparing for accreditation, but the process is available to any eligible entity as a quality improvement tool. The MAP program also provides for detailed specific assessments of particular areas in applicant institutions including institutional assessment, governance, collection management, and public dimension issues. The process usually takes approximately one to two years to complete.

AAM notes that one of the key differences between accreditation and MAP is the nature of the advice given. Accreditation decisions provide evidence of meeting the required standard, but they do not provide feedback or advice on how an institution is operating. The MAP process is designed to give participants specific advice in a consultative process regarding how to best respond to challenges faced by a participant organization.

One of the unique features of this program is the fact that the Institute of Museum and Library Services (IMLS) (a federal agency involved in supporting museum and library programs) provides full or partial funding to cover the costs of participating in this program through a cooperative agreement with the AAM. Eligible museums with annual operating expenses of less than \$125,000 can participate in the program at no cost.

Accrediting Council for Continuing Education and Training

The Accrediting Council for Continuing Education and Training (ACCET) is a U.S. Department of Education recognized accrediting agency that accredits continuing education and training institutions in the United States. This accreditation agency conducts a two-day accreditation workshop throughout the year covering topic areas such as preparing the self-study, a review of accreditation policies and procedures, preparation for the on-site evaluation, and additional resources for assistance and guidance in applying for accreditation. This workshop is typical of those provided by other accreditation programs to help applicants prepare for the accreditation process. The aspect of this course that is unique is the requirement that at least one full-time employee of the applicant organization must attend this workshop prior to submitting their self study. ACCET requires formal participation in this course to assure that at least one staff member of applicant programs is familiar with the application process and in the development and implementation of quality criteria, controls and evaluation mechanisms through the application of ACCET standards, policies, and procedures. ACCET found that requiring participation in this course improved the overall quality of applications and facilitated a more productive accreditation process.

ACCET also holds another distinction in the educational accreditation world. ACCET is the only accrediting body that has met the ISO-9001 quality standards for management systems.

Commission on Accreditation for Law Enforcement Agencies

The Commission on Accreditation for Law Enforcement Agencies (CALEA) has developed a national network of Police Accreditation Coalitions (PACs) to provide a mentoring and

networking opportunity for accreditation applicants in particular regions of the country. CALEA publishes a list of these networks and contact information on their website. There are approximately 24 PACs in existence at this time. Participation in a PAC provides applicants with an opportunity to learn about the experiences of peer organizations in their area that have achieved or are pursuing CALEA accreditation. CALEA noted that the quality and effectiveness of these PACs varies from one region to another because these organizations are essentially volunteer networks that operate with little involvement of CALEA.

CALEA also helps potential applicants locate high performing programs by publishing a list of Exemplary Programs on their web site. These 600 programs showcase model approaches the operation of state and local law enforcement agencies.

Providing Pre-Review Guidance to Accreditation Applicants

The National Association of Insurance Commissioners (NAIC) Accreditation Program offers a pre-review service to applicants to evaluate readiness for accreditation and help ensure a more productive on-site review and accreditation experience. Most state applicants take advantage of this service as an educational tool to improve their chances of achieving accreditation. The scope of these reviews is less than a full on-site visit, and the review is conducted by a single individual rather than a team. The staff member providing this service is not involved in the future site visit, and the results of the pre-review process are not shared with the future on-site evaluation team. This arrangement helps ensure the confidentiality of the process and provides more of an educational benefit rather than a strict conformity assessment.

The Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP) also provides a preliminary applicant option in which an interested organization may apply as a preliminary applicant. In this arrangement, the applicant conducts a self-assessment evaluating its human research protection program, makes the necessary improvements, and then submits a preliminary application to AAHRPP. AAHRPP staff then conduct an in-depth review of the preliminary application and provide a comprehensive report to the organization. The organization makes the appropriate corrective action based upon this feedback prior to submitting their official self-assessment for accreditation review. Again, this process helps potential applicants prepare better applications and implement corrective actions prior to submitting their official application documentation for the site visit.

AAHRPP also provides information on its web site (The Tip Sheet) to assist applicants in preparing the required policies and procedures for accreditation. Their web site also provides information on innovative practices in specific organizations identified through the accreditation program.

National Committee for Quality Assurance

NCQA provides a variety of forms of assistance to help applicants improve their quality and

prepare for accreditation, designation or certification. These include traditional educational programs, online training and standard or customized corporate training for organizations providing ten (10) or more participants. NCQA also publishes reports including HEDIS benchmark data, quality profiles describing successful approaches for addressing specific health care issues, and a quality Initiative Activity tool kit that includes templates of tools used successfully by health care plans.

Joint Commission Resources

Joint Commission Resources, Inc. (JCR) is a global, knowledge-based organization which disseminates information regarding accreditation, standards development and compliance, good practices, and health care quality improvement for health care organizations. Joint Commission Resources is dedicated to helping health care organizations world-wide to improve the quality of patient care and achieve peak performance.

This organization is an affiliate of the Joint Commission on Accreditation of Healthcare Organizations. The Joint Commission notes that JCR is the official publisher and educator of the Joint Commission and that JCR consulting services are provided in a fully confidential manner independent from the accreditation work of the parent body. This concept of offering education, training, and consulting service separate and with an appropriate firewall from the accreditation program is one means of assisting with quality improvement activity without creating a potential conflict of interest with the accreditation program. It should be noted that JCR serves both a domestic and international market.

Private Consultation Regarding Quality Improvement and Accreditation

Most successful accreditation programs spawn a significant cadre of private independent consultants that help potential applicants improve their quality assurance programs and prepare for accreditation. Consultants often use accreditation standards as the template for organization audits/evaluation projects. While private consultants are usually not recognized or identified formally by accrediting bodies due to competitive and potential conflict of interest challenges, the role of these individuals should not be ignored as another means of helping some organizations improve their programs with “hands on” tailored assistance. One of the dilemmas in private consulting for accreditation assistance is the fact that many of the organizations with the greatest needs for consultation services are also often challenged by limited financial resources to pay for these services. Use of consultants to prepare accreditation applications sometimes reduces the impact of the learning/educational process if a consultant is charged primarily with preparing the documentation for an application/self-study that can be readily approved rather than addressing the broader need of improving an organization or program to be better prepare its own staff to complete a self-study and achieve accreditation.

IV. Summary of Accreditation Contributions to QI in Applicant Organizations

Formal research on the impact of accreditation on quality improvement in applicant organizations is minimal, but it is worth noting that most accreditation bodies are quite certain that participation in their process has contributed toward quality improvement on the part of most applicant organizations.

Additionally, after conducting interviews with accreditation applicants in many fields, I would summarize a common conclusion that participating in the accreditation process generally contributed toward initial quality improvement by requiring a thorough examination of each organization initiating an accreditation program. Applicant organizations often describing one of the greatest benefits of accreditation as contributing toward an organization wide improvement process involving staff and volunteer leadership at every level. The applicant organizations that seem to benefit the most from accreditation are the ones that view accreditation as a learning and organizational improvement process rather than a mandate to complete a bureaucratic compliance requirement.

The benefits of accreditation vary from one applicant to another based upon where an organization stands in a quality pyramid. Some high performing organizations merely tweak their structure and process to demonstrate compliance with accreditation standards, while other organizations go through a virtual reengineering of their entire organization to achieve and maintain accreditation.

While the contributions to QI vary from one accreditation program to another, most accreditation bodies are notable for the following attributes:

- Defining and measuring quality for eligible applicants is usually a key theme in the vision or mission of most accreditation bodies.
- Accrediting bodies usually serve as change agents by encouraging some quality enhancement on the part of most applicants, and significant degrees of quality enhancement on the part of other applicant organizations.
- Organizations that decide to pursue accreditation are enhancing their QI culture by agreeing to proceed upon a path of continual approval as a condition of achieving and maintaining accreditation. This long-term commitment to quality is one of the underlying assumptions of most voluntary accreditation programs.
- In some cases accreditation becomes the first formal process to achieve consensus on the various components of quality.

- Accreditation standards in many accreditation programs are moving toward a greater outcome/performance focus over time.
- The QI impact of accreditation standards usually exceeds the number of organizations that have formally demonstrated compliance. Even the critics of specific accreditation programs are aware of and follow many of the approved standards regardless of a decision to undergo the formal review process.
- Most accreditation bodies engage in some form of education/training to help applicants meet standards and improve their overall performance in the field of interest. Some accreditation bodies even provide consultation services, but this practice does raise some interesting conflict of interest questions.
- The standards and criteria of good accreditation programs are often used by private consultants as templates for audits and organizational improvement programs.
- Good accrediting bodies undergo continuous QI work. Accreditation programs are noted for their continual upgrading of standards and processes and frequent reengineering of the entire accreditation process.
- In spite of their records of working toward improved quality, most accreditation bodies have not done a very good job of documenting quantitative quality improvements in their respective industries/disciplines.

V. Potential Lessons for Public Health

What is the primary motivation to pursue QI in public health? In the private sector, QI has obvious benefits that lead most industries to pursue QI initiatives regardless of any formal accreditation/recognition process. These include the following:

- Competitive motives
- Reducing costs and meeting customer demands by meeting specifications
- Increasing profits
- Improving efficiency and productivity
- Marketing/branding motives
- Survival

Some of these apply in public health such as improving efficiency and productivity, and meeting customer/stakeholder demands. The primary additional motive in public health is to protect and enhance the health of populations served by public health agencies. The public health protection

and enhancement role should be the primary goal of QI initiatives and accreditation efforts.

The challenge of public health accreditation initiatives is to determine what attributes of these relatively new programs will likely have the greatest QI impact on public health agencies. Accreditation is not “the silver bullet” for quality improvement, but it can have a positive quality impact working in concert with the other key stakeholders that are pursuing this goal. Some of the potential lessons for public health accreditation programs include the following:

- A. Public health accreditation programs can act as change agents and help modify the behavior of applicant organizations to place more emphasis on continuous quality improvement.
- B. Securing a commitment from the top staff and volunteer leadership is one of the important attributes of initiating the accreditation process. QI efforts will not succeed unless this commitment exists. The top leadership in any organization should understand that deciding to apply for accreditation is a long-term strategic decision that will have an impact on almost every aspect of the organization.
- C. Accreditation standards should focus on the entire applicant organization including its structure, operation, performance, ethics and conduct. Movement toward more emphasis on performance/outcome on the part of applicants should occur as soon as possible in the development of the accreditation body.
- D. Accreditation standards should be established with formal measurement components even if achievement with specific benchmarks is not required at the beginning of this process.
- E. Standards should emphasize the development of quality management systems that involve preventive actions, corrective action, constant monitoring/measuring and continuous improvement.
- F. Strategic planning standards should be a quality improvement component of any accreditation program geared toward public health organizations. This process forces applicant organizations to define their own priorities and outcomes. Accrediting bodies can require applicant organizations to measure and report on compliance with applicant developed performance measures. Strategic planning is required in many organizational accreditation programs, and this concept is also one of the seven areas evaluated by the Malcom Baldrige Quality Awards Program.
- G. Public health accreditation programs should be incorporating QI concepts into their own structure and operation to ensure a continuous improvement focus in all accreditation activity. This concept should include continuing evaluation of standards, process and outcomes for the accreditation body. Most accreditation bodies have gone through

various reengineering processes at various stages of their development. These periodic structured program evaluations have generally resulted in improvements that benefit all of the stakeholders.

- H. One example of a quality improvement initiative could be a periodic requirement that all public health accreditation programs receiving public funds periodically conduct formal validation studies of all of their standards to determine what impact the current standards have on achieving quality and other accreditation program goals.
- I. Public health accreditation programs should encourage continuous quality improvement by rewarding applicants that exceed or surpass required standards. Awards and additional public recognition for outstanding performance provide a positive incentive for applicants to exceed minimum expectations.
- J. Building incentives is important for all accreditation programs, but it is even more critical in new voluntary programs where the applicant population is not certain about the ultimate costs and benefits of the process. Public health accreditation efforts will need to place particular emphasis upon increasing the incentives to participate in these programs since quality improvement expectations are usually not sufficient to attract a large population of accreditation applicants.
- K. Public health accreditation programs should pursue all avenues of training and education that do not interfere with the objectivity of decision making in the accreditation process. Services provided in this regard can include workshops on accreditation, online training, pre-review services, and the provision of templates, tool kits, and benchmarking information regarding best practices in specific areas.
- L. Research/evaluation components should be built into all public health accreditation efforts at the national and state levels. Research/evaluation activity is minimal or non-existent in many accreditation settings and much of the assumed impact of accreditation is based upon anecdotal feedback.
- M. The promoters of public health accreditation initiatives need to keep in mind the fact that true total quality management (TQM) is a long-term effort in most organizations and producing quality improvements in public health agencies resulting from accreditation is also a long-term process. Many of the benefits of accreditation are incremental, and the total impact of accreditation programs cannot adequately be measured on a short term basis.