Reviewer's report

Title: Stakeholder perspectives on implementing accreditation programs: a qualitative study of enabling factors

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Reviewer: Marius Brostrøm Kousgaard

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General comments

The paper starts out by pointing to the need for more research on the various aspects of accreditation programs including issues of implementation. I agree, and the ACCREDIT project, which the paper springs from, seems to be an important step in this direction. As such the introduction is well grounded in previous reviews of the accreditation literature. Also, the paper is based on a large number of focus groups (and eight individual interviews) with different kinds of stakeholders. However, I have several concerns about the manuscript at hand, particularly regarding the presentation of results and their contribution to the field.

Major compulsory revisions

- The central objective of the paper is to test the hypothesis that “factors enabling effective implementation of accreditation programs arise from individual, program, organizational and system-level domains” (p4). I wonder whether this hypothesis is actually the best starting point for an interesting paper on the issue of implementing accreditation programs. Thus, considering the large amount of literature attesting to the importance of such domains for a wide range of other change initiatives in health care organizations and other settings, it would be extremely surprising if the factors listed here had no bearing on the implementation of a program such as accreditation (cf. my comments further below).

- The paper centers on “factors enabling effective implementation of accreditation programs”. But how was “effective implementation” defined in the study? (How was it defined by the research group? How was it understood by the different stakeholders?)

- Methods: For focus groups of 5 or more participants, one hour of interview time does not seem much for exploring a complex issue such as implementation, so I wonder if there was sufficient time for the participants to provide detailed examples of their experiences – is this a limitation of the study?

- After presenting the key factors and themes in Table 2, the results section holds descriptions of each of the four factors and their associated themes. However, the descriptions are quite brief and the themes are in need of further articulation. For instance I would like to see more examples of successful and unsuccessful
implementation strategies/activities based on the empirical material. Such examples can serve to illustrate the specific meanings of phrases like “effective communication and framing strategies” and “appropriately aligned”. Without examples, such phrases appear self-evident and not very informative.

- Also, the description of the different factors and themes is somewhat asymmetric, e.g. the section on “health professionals’ views” deals deal with drivers as well as typical challenges – but the section on “leadership” only deals with the drivers.

- Pages 10-11 highlight the importance of “organisational cultures which promote collective staff ownership for CQI” and “organisational cultures based on collective responsibility for quality and safety”. A healthcare consumer is quoted on how CQI culture mediates the style of healthcare organisations’ participation in accreditation. However, this finding on the importance of organisational culture seems logically self-evident given that organizational culture is defined along the same lines as accreditation (i.e. in terms of quality, safety and CQI).

- What is the relationship between the 4 key factors? E.g. it seems as if factor 1 is a driver for factor 2 but this is not explicated.

- Table 2: The description of the two themes associated with factor 4 does not add any new information compared to what is already stated in the factor column (in contrast to the rest of the table where the theme descriptions provide additional information).

- It was assumed that thematic saturation would be reached with the given sample size (p.5) but it is not mentioned whether saturation was actually reached in the analysis? And even if saturation was reached, is it not possible (from literature or experience) to identify/discuss other important themes/drivers/barriers than the ones mentioned by the informants in this study?

- The conclusion states that “Application of the four enabling factors identified in this study may increase the likelihood of successful implementation” (p.14). However, it is not clear what it actually means to “apply” the four factors… e.g. does it make sense to speak of an “application” of key factor two (“accreditation is favorably received by health professionals”)?

- The paper aims to produce findings that can be generalized across many different settings since the empirical material is gathered from many different types of organizations and concerns different types of accreditation programs (p.3). Unfortunately, this supposed strength of the study also becomes a major weakness: Thus, the results and conclusions are stated at a level of generalization that makes some of them appear trivial in the sense that few readers will be surprised that “leadership”, “organizational culture” and the “favorable reception by professionals” are important factors when implementing major organizational change in health care organizations. Therefore, unless a richer empirical substance is given to these broad factors and themes, I am not sure that this study contributes much to our knowledge of implementing
accreditation programs.

Discretionary Revisions

- Table 2: Should the domains mentioned in the introduction (individual, program, organizational and system-level) not be fully explicit in the table?

- The construction of key factor 1 (“the program is collaborative, valid and uses relevant standards”) as a single factor could be questioned: Is it one factor or is it actually two (or three) factors? Perhaps an argument should be made.

- It is noted (p. 6) that accreditation programs have been part of Australian health care field for some time – what does this mean for the study in terms of strengths and limitations?

- The study includes data related to different sectors as well as different accreditation programs but little is done to differentiate between these in the reporting of results (except from a brief comment on primary care on p. 11). It would be interesting to know more about the different kinds of challenges and strategies related to the different contexts and programs. Could the material not be subjected to a more comparative analysis on these issues?

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests