Reviewer’s report

Title: The Impact of Accreditation of Primary Healthcare Centers: Successes, Challenges and Policy Implications as Perceived by Healthcare Providers and Directors in Lebanon

Version: Date: 16 November 2013

Reviewer: Charles Shaw

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This paper rightly observes that little has been published on the impact of accreditation in primary health care; also, readers will welcome this literature review and a description of progress being made in Lebanon. It is difficult to expect that a cross-sectional study of ill-defined improvements perceived by staff and managers can attribute the cause to such a diffuse intervention as accreditation. No amount of statistical wizardry will overcome that basic weakness, but the paper could benefit from

Major Compulsory Revisions
- Describing the intervention whose impact is being assessed

Minor Essential Revisions
- Correcting obvious errors eg Cyprus and reconciling conflicting statements eg were the accreditation surveyors national or international

Discretionary Revisions
- Exploring the questionnaire data for variation within the apparently homogenous responses eg between staff groups, between MOPH, MOSA and NGO ownership
- Exploring the discrepancy between perceptions of leadership for quality management and for accreditation

Introduction

Second sentence of last paragraph on page 5 implies that reference 10 refers to PHC practices. It actually refers to hospitals, specifically one slide from a presentation on hospital accreditation in Jordan; no supportive evidence provided.

“In the Eastern Mediterranean Region (EMR),…” This expert meeting was in Cairo 2002, not Cyprus 1999.

“(Seren and Baykal 2007)”. Is this reference 20?

Intervention

“The MOPH conducted the accreditation survey in 25 PHC centers in 2012” but ““Some directors suggested that local experts should be involved in conducting the accreditation survey (instead of) foreign surveyors”. Who did do the surveys
(MOPH, ACI, others?), how long did they last? Was any evaluation made by centers, at the time, of the survey team, of the survey, or of the accreditation program?

The text refers to accreditation as a discrete event, an external survey, which occurred in 25 PHC centres in 2012. Items 1-5 of “accreditation impact” suggest that there had been more than one accreditation survey in each PHC. There is also mention of “a readiness assessment of PHC centers in Lebanon to implement accreditation standards” – which may be explained in another paper currently in press. Is this the same as the “baseline assessment”?

“In 2009, the MOPH initiated the PHC accreditation program in collaboration with Accreditation Canada International (ACI)” so we assume that several elements, other than the accreditation survey, influenced the centers over the next three years. We are told that “ACI… trained key stakeholders” and “Pilot organizations then conducted a self-assessment” – was that all 25 centers? There were also “the extensive workshops conducted by the MOPH to introduce staff members to concepts of quality and accreditation”.

Following the survey, did all centres receive similar feedback? Were some more bruised or elated than others, or simply did not achieve as highly? Could this affect the way staff responded?

To begin to understand what influenced the responses of staff and directors, readers do need to know what exposure respondents had to what pressures, and how they were involved.

Sample selection
The 25 centres

“These 25 centers are representative of the 150 PHC centers forming the PHC network in Lebanon.” It would be helpful to insert a table of characteristics of the set and study subset to support this statement eg location, size, distribution between MoPH, MoSA, NGOs? Did findings differ between these groups?

“… three centers participated in the survey only, and two centers participated in the semi-structured interviews only. “Did the partial responders differ from the other 20? eg critical report, difficult survey? Why were questionnaires not distributed in two centers?

The staff

Was non-response similar across all staff categories eg clinical, non-clinical, and ages?

“Resistance from staff, especially among older staff and physicians, was also reported as a major challenge” (by 50% of directors).” Would this not be reflected in doctor responses to the questionnaire, if these were analysed by staff group and/or age?

Data collection tools
The questionnaire

A table may present the seven scales and component items more clearly than
The first six scales are about quality management generally rather than accreditation (from Shortell’s paper “Assessing the impact of continuous quality improvement/total quality management”). “Accreditation” is tacked onto the end of the questionnaire previously used in Lebanon by El-Jardali et al. (2008) for one homogenous staff group, nurses. The seventh scale does not unbundle the components of accreditation, so we do not know which elements respondents are evaluating.

Semi-structured interviews with directors

Table 5 shows” Thematic Analysis of the Semi-Structured Interviews” with 22 facility directors. Without knowing more about how these interviews were structured, it is hard to know how to interpret the statistics. Were these open questions, leading questions, multiple choice? What were the questions?

Data handling

How was three point scale in appendix 1 converted to a score out of five in table 3?

Results

Questionnaire, staff

“More than 90% of respondents strongly agreed that leadership is the driving force behind quality improvement.” How consistent was this, and other responses among the various staff grades and ages?

Too good to be true? Do all staff really have an informed and positive view on questions such as “Accreditation enables the center to better respond to the populations needs” to which 86% said “yes”

When asked about leadership, 96% of staff felt that top management was the driving force behind quality improvement, but only 83% felt there was sufficient leadership for the accreditation process. Were they discriminating between processes or between leaders?

Interviews, directors

“All directors affirmed that accreditation has led to quality improvement in several areas”; even accepting that quality improvements were perceived to have occurred, we could agree that these improvements coincided with a range of interventions by MOPH, ACI and American University of Beirut. It is hard to be convinced that the relationship with accreditation is causal.

“Respondents from PHC centers may have provided answers they considered desirable to the Researchers”. Given the high ratings on almost every question, and the lack of variation between questions, this looks to be a very likely explanation.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests