Reviewer's report

Title: Does Accreditation Stimulate Change? A Study of the Context and the Impact of the Accreditation Process on Canadian Healthcare Organizations

Version: 1 Date: 6 June 2009

Reviewer: Fadi El-Jardali

Reviewer's report:

- Major Compulsory Revisions

This is a very interesting paper about accreditation, a topic that is still not extensively researched in the literature. It very much helped answer questions related to the impact, process and contribution of accreditation.

1. In terms of context, it would be useful to mention about the accreditation program that organizations have implemented. Is it CCAP or AIM. Did all the organizations in the case study implement the same program? Are accreditation reports comprehensive?

2. In the data analysis section, it would be useful to elaborate a bit on the inductive and deductive methods used, and what are the key themes generated from the inductive method

3. Case study 3 is less developed than the others

4. The argument that changes would have occurred regardless of accreditation is worth elaborating further. Does this mean that accreditation is a tool to accelerate change? And if yes, what is the possibility that organizations could employ opportunitistic behavior for change and to seek additional funding, etc. Change does not necessarily bring improvements in quality. In addition, some organizations would introduce change, but this is not necessarily sustainable after they receive their accreditation.

5. While accreditation contributes to structure and process, the authors did not sufficiently discuss the contribution of accreditation to outcomes including patient outcomes. Accreditation reports do not include much information about patient outcomes.

6. In terms of validation of results from each case study staff, were there any changes made to the results after validation?

7. The physician involvement in accreditation is critical and the findings correspond well with the literature. It would be worth giving it more emphasis in the discussion and how organizations can use strategies, incentives, etc to integrate physicians in this whole process. Perhaps some discussion on the required organizational practices related to patient safety and the key role of physicians in implementing them, etc

8. Authors mentioned ‘risk management and medical responsibility as effective
motivator’. This would require further discussion and clarification.

9. There are many findings from this study that can be further validated from existing literature about quality improvement and accreditation.

10. In the discussion, the authors mention that they presented their results to people involved in the process at different levels. This was not discussed before in the methodology. Can they elaborate more?

11. The theoretical framework should be discussed more in the body of the paper.

12. In terms of hospital size, there is a literature that related quality improvement activities with hospital size, and in certain areas, there are some differences.

13. The argument related to “institutions with a long history of accreditation have no more quality structures in plan that do the others” is very interesting and requires further analysis and interpretation.

14. The conclusion that institutions reap the greatest benefits in the next three accreditation cycles (3-10 years) need to be further substantiated from the findings.

15. Discussion on the sustainability of accreditation results after the reports is important. Organizations are challenged to keep up momentum and sustain changes after accreditation.

16. It would be interesting to end this paper with implications to policy, research and practice. Issue regarding mandatory and voluntary accreditation would fit in addition to the gaps that still exist in literature particularly when it comes to the impact of accreditation on patient outcomes. Quality of care in this paper focused much on the structure and process.

17. In terms of the accrediting body, a discussion would help on whether they need to start requesting patient outcomes indicators to be submitted from HCOs on regular basis.

18. With the new accreditation program (Qmentum) in Canada, it would be interesting if the authors would look at an accreditation report, since it is much briefer, and rating is yes/no with limited details provided on recommendations.

- Minor Essential Revisions

19. Some minor formatting changes needed for placement of commas and full-stops.

20. The description of author’s contribution is placed at the beginning and at the end of the manuscript, but that would be a minor editorial issue that the authors can attend me.

21. Perhaps the table in Supplementary File 3 should be transposed so that it can be easier to read (that is, replace placement of columns and rows)

Level of interest: An article of outstanding merit and interest in its field

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.