In 1968 a research study commissioned by the Canadian Council on Hospital Accreditation concluded that shortages of money and staff tended to limit the council's operations.

However, since moving from Toronto to Ottawa last year the organization has also moved from the plateau it occupied for several years; it is now poised for initiatives in accreditation beyond those it has undertaken within Canadian hospitals since its formation in January 1959.

The council's activities have always been conducted on a voluntary basis, but with the tacit assumption that if the health professions don't police themselves, somebody else will. While its charter authorizes the CCHA to survey hospitals, to establish standards, to issue certificates of accreditation, and to cooperate in the matter of intern and postgraduate training programs — since these are recognized only in fully accredited hospitals — it also provides for a fifth authorization: "to assume such other responsibilities and to conduct such other activities as are compatible with the operation of a hospital accreditation program, and to have certain other powers delineated in its charter for the purpose of carrying on its undertaking."

While the council has always stressed that accreditation is a mixture of example, competition, pressure and persuasion — more of an educational exercise than an inspection program — it is to these "other responsibilities" that the CCHA is now directing its attention.

One new area of concern is ambulatory health care centres. Dr. Arnold Swanson, CCHA's executive director, says that the council has been surveying these non-bed facilities on a trial basis for the past two years; he stresses that such surveys do not now — nor will they in the foreseeable future — include individual private practices. The focus to date, says Swanson, has been on mental health clinics; so far, council surveyors have visited and accredited some 15 facilities in this category.

Noting that some of the small general hospitals which the council has surveyed have been virtually community health centres, Dr. Swanson says that the next stage in the examining and accrediting process will likely be for designated CHCs.

This expansion of CCHA activities has resulted from the rapid growth of ambulatory care facilities themselves; in most instances so far, says Dr. Swanson, the centres have approached the CCHA for surveys and accreditation but, he says, "we recognized that we had to be prepared to offer our services". Swanson defines those services as "stimulative and educational rather than regulatory".

In its expanded role, the council has drawn upon the same cadre of surveyors that it has used for its...
hospital survey work, but, inevitably, it has relied more heavily for these new activities on psychiatrists and psychologists.

The new developments, Dr. Swanson points out, are by no means occurring at the expense of the CCHA’s traditional work in hospitals. The council surveyed 326 general hospitals in 1979 compared with 246 in 1974; so while there’s new work being undertaken, and traditional work expanding, it’s inevitable that the council — never a wealthy organization — is feeling the financial pinch. As its executive director points out: “with limited funds affecting all of us these days . . . it’s difficult. But we feel the need to serve when we can competently and usefully do so.” He stresses that the council is by no means touting for business, but rather, has responded to demonstrated need. Our stock in trade, he emphasizes, is still the hospitals.

Long-term care

Another expanding area for further examination and accreditation is the long-term-care institutions; this is already a real challenge for the CCHA since there are more of these institutions than there are hospitals and, correspondingly, greater numbers seeking accreditation. And with 1981 designated as the Year of the Disabled, it’s also clear that the CCHA will be in the vanguard of examining and improving facilities in that area.

Moreover, the council, by its very nature, is bound to affect the way institutional care is practised; at present, for example, the CCHA concurs in the opinion of the Royal College of Physicians and Surgeons of Canada that itinerant surgery is “detrimental to the best interest of the patient”. While there are a few occasions, such as unusual urgency and/or geographic isolation, when itinerant surgery might be justified, the council is, in general, against it except when “the only possible alternative is clearly the absence of surgical care”. The CCHA’s policy, according to its executive director, is to instruct surveyors of hospitals where itinerant surgery is being practised that the hospital be recommended for the accreditation award it would otherwise deserve, “with the stipulation that there be a report in one year regarding the elimination of (this) practice.” If at the end of that year itinerant surgery has not ceased, the hospital’s accreditation status shall be withdrawn. But in all of this, the council sticks to its theme that its function, as Dr. Swanson puts it, is not to push the horse to the water, but to lead it. “We think”, he says, “that people learn more in a lasting way if they are led rather than pushed.”

Since the word education itself has its roots in leading and drawing out, this makes eminent good sense.

New headquarters

The Canadian Council on Hospital Accreditation’s new quarters are located in the Canadian Dental Association building adjacent to the Canadian Medical Association, one of the CCHA’s sponsors. The organization moved there in August, 1979 to be closer to the offices of other health organizations and — since it’s a national body — of the federal government, particularly the Department of National Health and Welfare. The CCHA’s offices are somewhat fancier than its previous ones in an older building in Toronto, but they’re the same size overall, and the expanded operation is being conducted with only one additional member of the secretarial staff.

We expect, says Arnold Swanson, that 1981 will see the largest number of surveys and accreditations we’ve ever undertaken as well as a growth in the types and in the complexity of health care institutions interested in the process.