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**'THE QUALITY FOCUS IN HEALTH AT  
THE WHOLE SYSTEM LEVEL'**

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INFORMATION SERVICE

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362.1

# **INTRODUCTION**

- **Quality in Healthcare – difficult to classify**
- **One approach - aggregate initiatives around:**
  - **Information : Planning, Control, Evaluation etc.**
  - **Q.A. : Regulation, Licencing, Accreditation etc.**

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# OUTLINE QUALITY SYSTEM FRAMEWORK

## Information

### Purpose

#### – Planning

- Population Health
- Epidemiology
- Demographics
- Care Groups
- Etc.

#### – Control

- Fiduciary
- VFM
- Disease
- Adverse Event Reporting
- HTA
- Etc.

#### – Evaluation

- Patient Satisfaction/views  
(access/clinical effectiveness etc.)
- Professional Audit
- Performance Measures (output)
- Performance Indicators (outcomes)
- Benchmarking
- Comparators
- Etc.

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## Quality Assurance

### Purpose

#### – Regulation

- Professional Regulation
- Competence Assurance
- Training Programme Certification
- Etc.

(Focus mainly people, professions, activities etc.)

#### – Licencing

- Products
- Facilities
- Institutions
- Etc.

(Focus mainly mandatory/risk safety/ minimum standards)

#### – Accreditation

- Services
- Programmes
- Institutions
- Etc.

(Focus mainly voluntary/ CQI/optimum standards)

# INTERNATIONAL APPROACHES

- Highly varied
- Most in significant development/transition
- None approach it in completely holistic manner
- System characteristic impact
  - Structure
  - Size

Most highly diffuse:

- Many unconnected organisations
  - Grown responsively
  - Much overlap
  - Confusion for care deliverers
- Latterly, need for comprehensive organisation and oversight at National level recognised

# SOME TRENDS

- **Holistic Drivers**

- **WHO (1998)**

- **Health 21**

- Twenty one targets identified as benchmarks against which to measure progress in protecting and improving Health

- **Outcomes promoted as ultimate measure:**

- 'All Countries should have a nation-wide mechanism for continuous monitoring and development of the quality of care for at least ten major health conditions, including measurement of health impact, cost-effectiveness and patient satisfaction'*

## **SOME TRENDS (contd/..)**

- **EU: Draft European Public Health Strategy (Commission)**

*“A major emphasis ... would be placed on best practice in health care, i.e. the current best evidence as regards the safety, efficacy, effectiveness and cost effectiveness of different approaches to health promotion, prevention, diagnosis and treatment ... The work would aim to promote and bring together activities in the Member States in the fields of evidence-based medicine, quality assurance and improvement, appropriateness of interventions and health technology assessment. Co-ordination of work in these fields would be supported and set on a formal footing in order to pool the expertise of the centres in the Member States, to gather and exchange information, stimulate international studies, and improve the dissemination of findings’.*

- Inspection vs internal mechanisms need to co-exist

# **SOME TRENDS (contd/..)**

- **ENGLAND**

## **Quality Assurance / Improvement**

NHS Clinical Governance Programme

NHS Commission for Health Improvement

NHS Modernisation Agency

NHS National Patient Safety Agency

NHS National Clinical Assessment Authority

- ❖ National Care Standards Commission
- ❖ Audit Commission

## **Health Information**

NHS Information Authority

## **Health Technology Assessment**

National Institute for Clinical Excellence

## **Recent Development**

Deputy CMO appointed with sole remit in Quality

- ❖ Establishment Commission for Health Audit & Inspection



## **SOME TRENDS (contd/..)**

- **SCOTLAND:**

*Multiple functions recently amalgamated under NHS Quality Improvement Scotland*

Five organisations amalgamated these were:

### **Quality Assurance / Improvement**

Clinical Standards Board for Scotland

Clinical Resource and Audit Group

Nursing and Midwifery Practice Development Unit

### **Health Information**

Scottish Health Advisory Service

### **Health Technology Assessment**

Health Technology Board for Scotland

## **SOME TRENDS (contd/..)**

- **CANADA**

### **Quality Assurance / Improvement**

Canadian Council for Health Services Accreditation

### **Health Information**

Canadian Institute for Health Information  
(Produces National Quality Report)

### **Health Technology Assessment**

Canadian Coordinating Office for Health Technology Assessment

# **SOME TRENDS (contd/..)**

- **USA**

## **Quality Assurance / Improvement**

Joint Commission for Accreditation of Healthcare Organisations

National Patient Safety Foundation

Institute for Healthcare Improvement

National Association for Healthcare Quality

## **Health Information**

Centre for Disease Control and Prevention

Centre for Outcomes Research

## **Health Technology Assessment**

Agency for Healthcare Research and Quality

# **SOME TRENDS (contd/..)**

- **Overall Trends**

- Merger of Quality System Agencies
- Holistic/National perspective
- Combining external/internal quality monitors/evaluation
- National Quality Reports (Information - Evaluation)
- Safety/QI – external evaluation (QA – Licencing/Accreditation)
- Professions competency assurance (Q.A. - Regulation)

# THE PLANNED IRISH APPROACH

- Key central National policy position on quality systems outlined in 2001 Health Strategy (*'Quality & Fairness – A Health System for You'*)
- Provides for establishment of a:

## HEALTH INFORMATION AND QUALITY AUTHORITY (HIQuA)

- Health Strategy states that:

***' An independent Health Information and Quality Authority will be established. A key policy aim is to deliver high quality services that are based on evidence supported best practice. To promote this aim a Health Information and Quality Authority will be established. The Authority will:***

- ***ensure the service provided in the Health System meets Nationally agreed standards, both at clinical and managerial level***
- ***assess whether the health and personal social services are managed and delivered to ensure the best possible outcomes within the resources available***

# **THE PLANNED IRISH APPROACH (Contd/..)**

- **Prescribes functions of HIQuA as follows:**
  - Promote quality Nationally
  - Develop Health information which best meets the needs of the Health System
  - Develop an annual programme of service reviews
  - Publish a report assessing National performance in relation to each service area examined, against specified National standards
  - Oversee Health technology assessment

# **THE PLANNED IRISH APPROACH**

## **(Contd/..)**

- Recently published Government Health Service Reform Programme (June, 2003) provides for urgent establishment of HIQuA in accordance with recommendations contained in '*Audit of Structures and Functions in the Health System (Prospectus) Report*'
- **Remit for HIQuA:**
  - Developing health information systems
  - Promoting and implementing quality assurance programmes
  - Developing Health technology assessment

# **THE PLANNED IRISH APPROACH (Contd/..)**

- **HIQuA also to subsume:**
  - National Cancer Registry Board (Information)
  - National Disease Surveillance Centre (information)
  - Irish Health Services Accreditation Board (quality)
- **Quality System Status**
  - HIQuA central plank of Reform Programme
  - Offers unparalleled opportunity and possibility to create full holistic approach to Quality at whole system level
  - Real potential to place Ireland at forefront of quality systems in Healthcare development Internationally



# **THE PLANNED IRISH APPROACH (Contd/..)**

- **Progression**
  - Aggressive approach to establishment of HIQuA within aegis of Health Reform Programme
  - Dedicated Action Group now defining roles, functions and governance/organisation structures for the new Body. Task completion December, 2003
  - Formal establishment 3<sup>rd</sup>/4<sup>th</sup> Quarter 2004

# **THE IRISH HEALTH SERVICES ACCREDITATION SCHEME**

- Most recent whole system quality initiative in Irish Health System
- Key instrument of Department of Health & Children policy for development of a National quality system in Health
- True National quality scheme
- Framework Location:
  - Q.A.
  - Accreditation

# **DEFINITION**

## **Definition**

**Accreditation is a Self-Assessment and external peer review process used by health care organisations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the health care system**

**ISQua 1998**

# **MAIN STANDARDS SUB-SETS**

- Care / Service Standards
- Information Management
- Environment Management
- Human Resources Management
- Leadership and Partnership

# **NON-STANDARDS COMPONENTS**

- Purpose, Philosophy, Principles, Objectives statements
- Standardised Self-Assessment and Peer Review documentation
- Accreditation Process
- Rating Scale
- Standardised Survey Report
- Accreditation Award
  - Accreditation
  - Pre-Accreditation
- Continuous Assessment provisions
- Appeals mechanism

# **SURVEYORS**

- Core competencies developed
- Selection criteria
- Training of Surveyors in Ireland and Canada
- Trained Irish Surveyors - 30

# ACCREDITATION BODY

- Established – May, 2002
- Inaugural Meeting – October, 2002
- Membership:
  - 11 Members
  - Independent Chairperson
  - Irish Health System Members
    - RCSI
    - RCPI
    - ICGP
    - An Bord Altranais
    - OHM

## **ACCREDITING BODY (Contd/..)**

- Non Health System Members:
  - Nominee from NSAI
  - International Quality Expert
  - 2 Non-Health Professional members of Public
  - Nominee with expertise in area(s) of Finance, Strategy, Business Development, Marketing, nominated by Chairperson



# ROLL-OUT

- **21 Applications / 30 Hospitals**
- **Process – 12 months approximately:**
  - Apply
  - Months 1-4  
Preparation/Education/S.A. Teams
  - Months 5 –10  
Self-Assessment
  - Months 11 – 12  
Prepare for Survey/On-Site documentation/Peer Review Survey (1 week/ Team of 6)
  - Month 13  
Report/Award
- **CQI**
  - Progress Report: 12 months
  - Revisit: 18 months

# **STATUS**

- June 2002 – October 2003 : 7 applications complete
- End 2003 : 2 scheduled
- 2004 : 9 scheduled
- 2005 : 3 scheduled

# **PROGRESSION**

- Scheme Review
- Roll-out – Acute Sector
- Roll-out – other Health Entities
- Linkages Regulatory/Licensing Agencies
- Special Surveys
- International

# **HOSPITAL EXPERIENCES**

# **THE ACCREDITATION STANDARDS**

<b>The accreditation standards...</b>	<b>%</b>
<b>... represent standards of excellence</b>	<b>72.7%</b>
<b>... promote best practice</b>	<b>72.7%</b>
<b>... help to identify opportunities for improvement related to pt safety/risk</b>	<b>76.5%</b>
<b>... promote the provision of care across the continuum</b>	<b>67.8%</b>
<b>... are desirable &amp; achievable if appropriate resources &amp; supports are available</b>	<b>89.3%</b>

# SELF-ASSESSMENT PROCESS

	<b>%</b>
<b>Composition of S-A Team was appropriate</b>	<b>52.6%</b>
<b>S-A process helps identify opportunities for improvement</b>	<b>83.5%</b>
<b>S-A process was easy to complete &amp; record</b>	<b>61.1%</b>
<b>It was clear what evidence was required to demonstrate compliance with the standards</b>	<b>68.8%</b>

# PEER REVIEW SURVEY

	<b>%</b>
<b>Interview conducted with a pt/cl focus</b>	<b>85%</b>
<b>Surveyors provided insights &amp; suggestions to help teams improve performance</b>	<b>68.1%</b>
<b>Composition of survey team was appropriate to meet with S-A teams</b>	<b>72.4%</b>

# OVERALL ACCREDITATION PROCESS

<b>The Accreditation Scheme....</b>	<b>%</b>
<b>Supports the provision of a quality improvement culture</b>	<b>76.4%</b>
<b>Highlights good &amp; bad hospital practices</b>	<b>76.9</b>
<b>Is a catalyst for change</b>	<b>74.1%</b>
<b>Encourages clinical audit &amp; performance measurement</b>	<b>80.8%</b>
<b>Enhances interdisciplinary teamwork</b>	<b>79.5%</b>
<b>Promotes accountability</b>	<b>71.3%</b>