Advancing Patient Safety through Accreditation

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Society for Quality in Health Care in Nigeria

Advancing Patient Safety in Nigeria

Overview

- Patient safety
- Checklists
- Standards – Accreditation
- ISQua

Newspaper recent clips

3,000 more patients have died needlessly in hospital

More than 3,000 people may have died unnecessarily at five NHS trusts in a crisis that could dwarf the horrors at Mid Staffordshire, which were detailed in a devastating report on Wednesday.

84 Children Are *K*illed by Medicine in Nigeria

Hospital staffing levels in England unsafe, say nurses

Warning comes as poll shows more than three-quarters of nurses say Mid Staffordshire scandal could happen again

Mid Staffordshire was a total system failure

INFOGRAPHIC: U.S. Hospitals Are Hazardous, Germ-Infested Places

Old people 'not safe' in Scottish hospitals, nurses say

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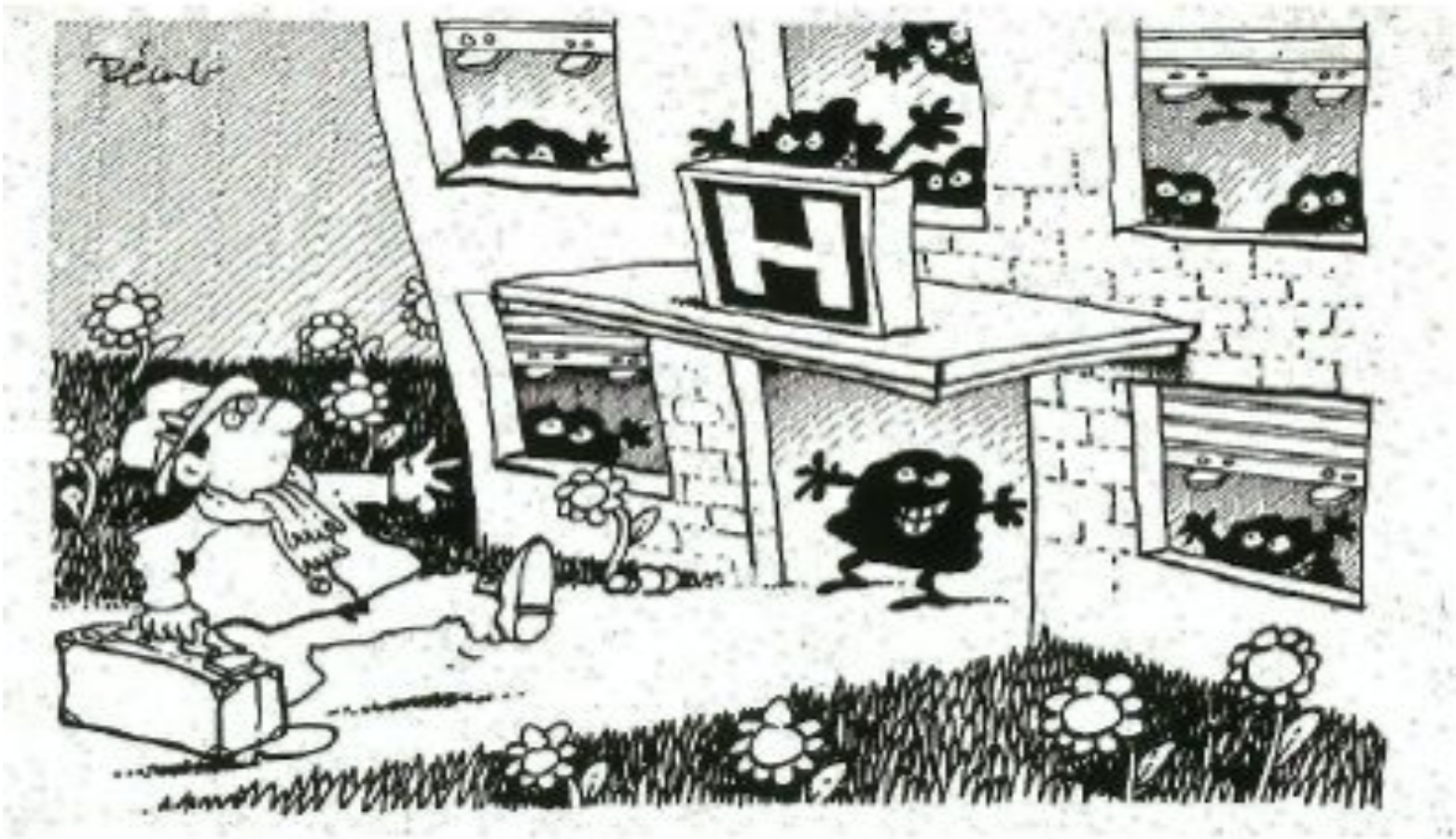
Your Hospital Isn't Nearly As Safe As You Think It Is



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Why we need to improve?

One in ten
adults contract infection in hospital

One in ten
patients receive wrong medication or wrong dose

Developing
20 times higher

Up to 70% of syringes reused

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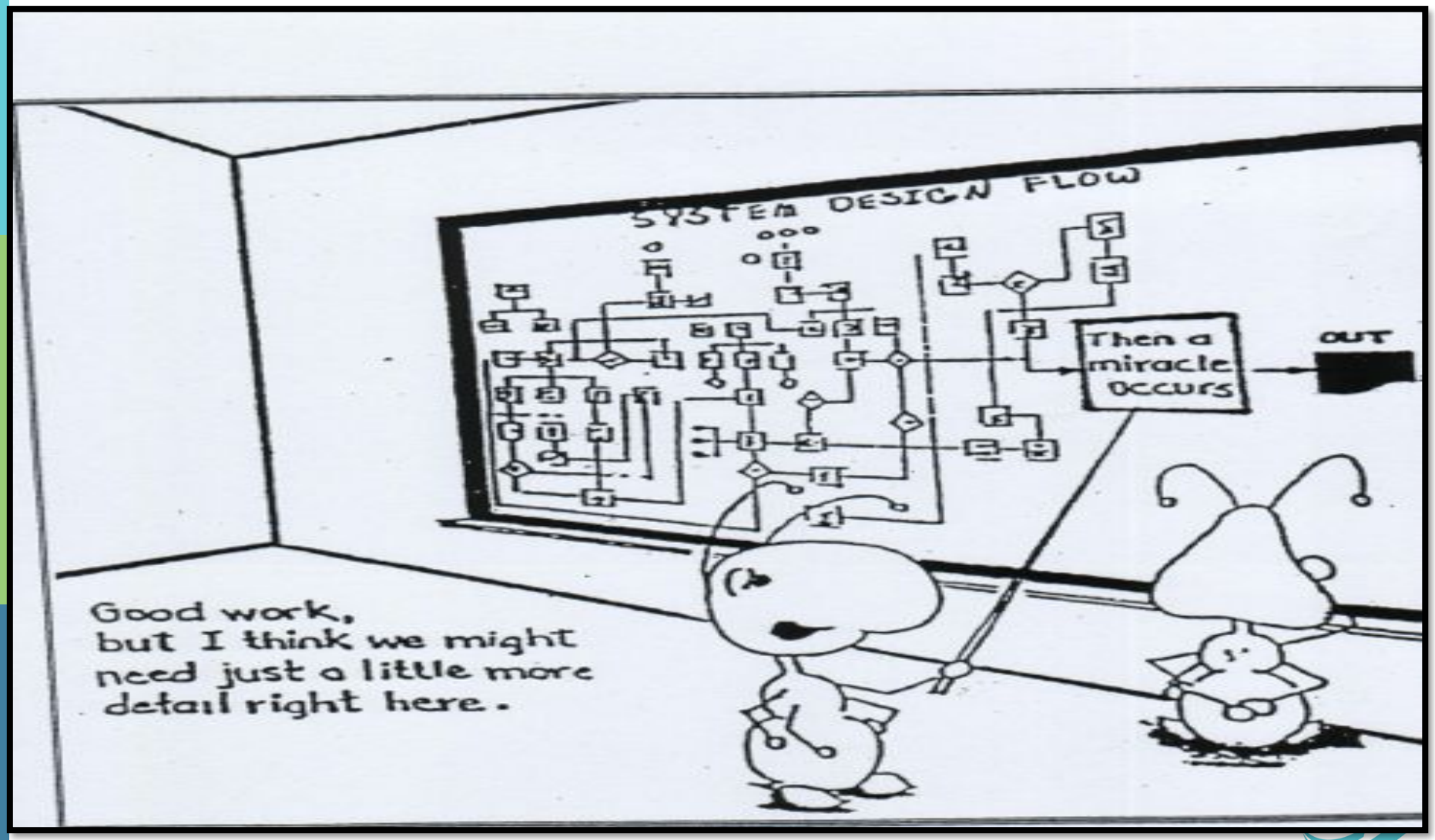
What do we need?



Quality & Patient Safety Tools

Local → **Organisational** → **National**

- PDCA
- Donabedian
- RCA
- Fishbone
- Six Sigma

- Lean
- TQM
- **Checklists**
- **Standards**
- **Accreditation**

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Checklists

Cessna 60146
Preflight
A R O W

Remove Control Lock	√ Leading Edge
√ Ignition Off	√ Cables & Bolts
Master ON	√ Elevator & Rudder
Lower Flaps	Remove Tiedown
√ Fuel Guages	√ Leading Edge
Fuel On	√ Flaps
Master Off	√ Weights & Hinges
√ Tire and Brake	Remove Tiedown
√ Tank for Water	√ Leading Edge
√ Fuel & Cap	√ Tire & Brake
√ Pitot Opening	√ T & B for Water
√ Overflow Opening	√ Fuel & Cap
√ Stall Opening	√ Oil & Drain Str
Remove Tie Down	√ Strut & Tire
√ Leading Edge	√ Prop Nicks/Sec
√ Weights & Hinges	√ Carb Filter
√ Flaps	√ Static Port

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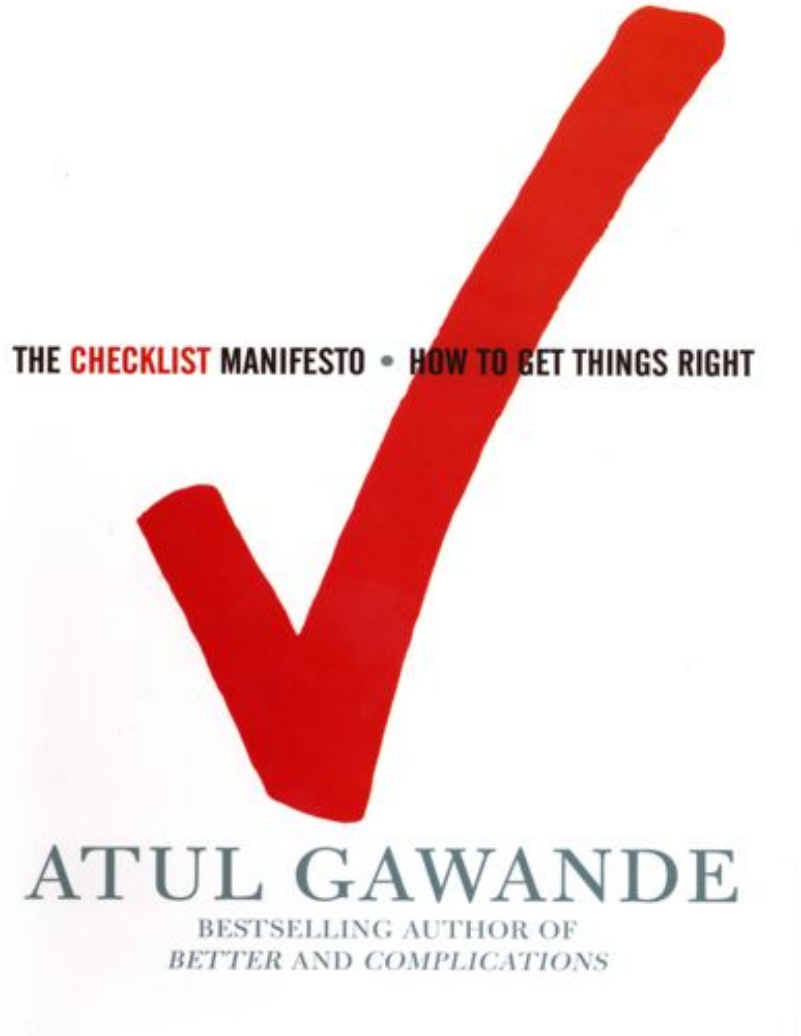
Health care is extremely complex



Average patient on ICU needs 178 actions per day = 1-2% errors

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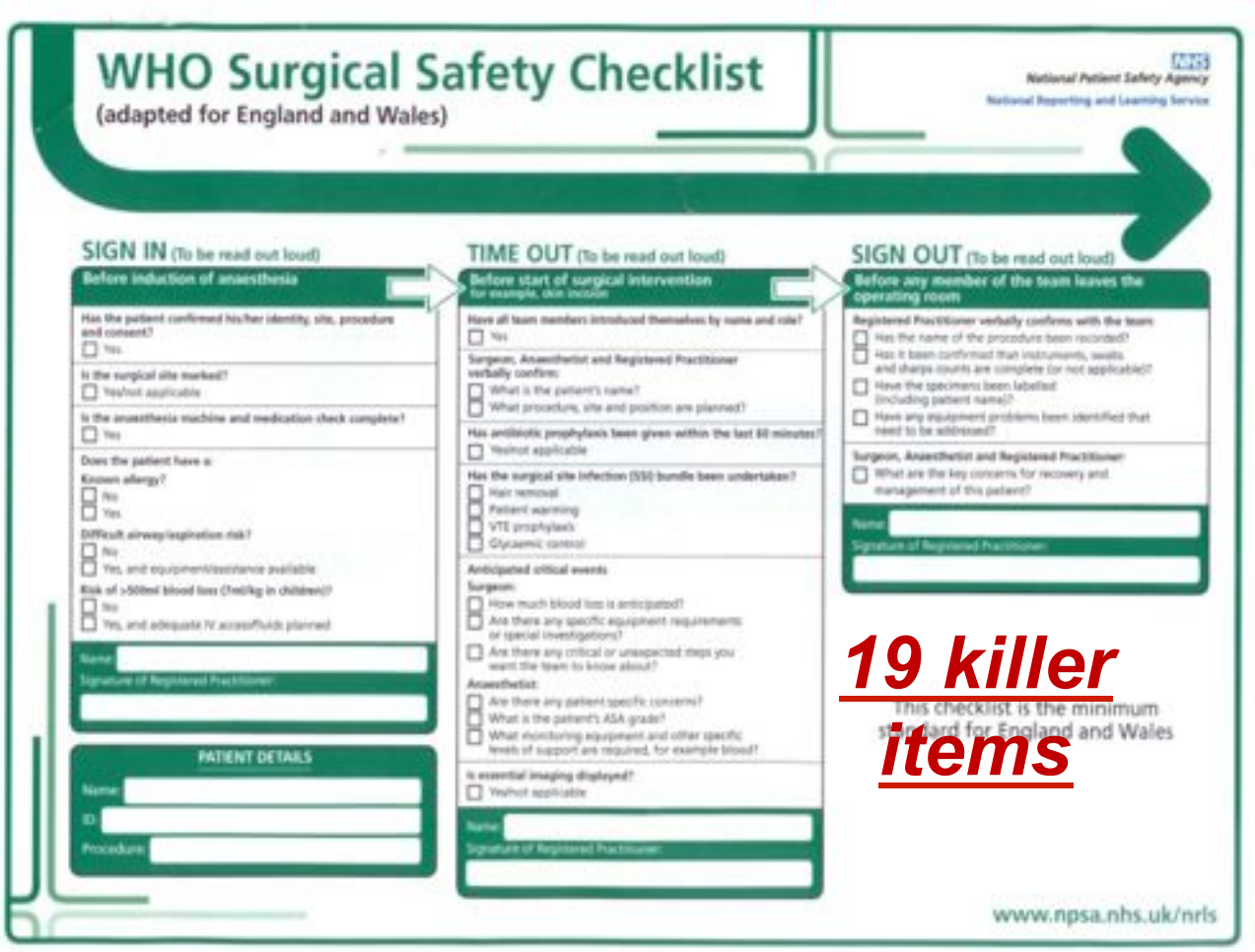
Surgical Safety Checklist



19 killer items

Barriers
-nurses embarassed
-lack of training
-hierarchy in operation room
-perceived feasibility

(Vats BMJ 2010)

8 hospitals in 8 countries: large reduction in mortality and complications *(Haynes NEJM 2009)*

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SSSL WHO Research Findings

Changes in systems and individual behaviors

- **Clinical Outcomes**
  - Rate of death decrease: 1.5% to 0.8%
  - Inpatient complication decrease: 11% to 7%

Haynes AB, Weiser TG, Berry WB, et al. A surgical safety checklist to reduce morbidity and mortality in a global population. New England Journal of Medicine. 2009 Jan 14

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Pronovost Checklist

50 ICU's Michigan hospitals: checklist to prevent central line infections

Results: *66% reduction in infections, saving 2000 lives*

Conclusion: *standardisation and control of performance is effective, but only in case of support by leaders, improved team work and physicians who accept advice from nurses*

Control, leadership and teamwork!

Pronovost et al NEJM 2006

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Flight 1549

Hudson River Hero;
Chesley Sullenberger saves 150 lives !

- *experienced pilot, leadership*
- *strict use of checklists*
- *teamwork of crew*

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Standards for Healthcare

-

- **Accreditation**
- Patient Safety

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- Good Basis – Structure & Process
- Policies & Procedures
- Departmental
- International – multiple languages
- ✗ Highly Generic
- ✗ Paperwork
- ✗ Outcomes
- ✗ Variation in interpretation

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Standard Based Quality Frameworks

ISO

- Not Healthcare
- Departmental
- Self-assessment
- 19,500
- Audit
- Benchmark internationally

ISO 9001 – QM

Accreditation

- Healthcare specific
- Organisational
- Self-assessment
- **Evidence based standards - current**
- External peer review
- Continuous assessment

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Accreditation Standards

Governance	Strategic, Management	Risk & Quality Management
Human Resources	Information Management	Clinical Services

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American College of Surgeons Standardisation Programme

1. There will be an organised medical staff.
2. That membership of this staff be limited to licensed physicians who are competent and of worthy character and who are professionally ethical.
3. That the staff develop rules and regulations governing professional work in the hospital.
4. Each patient will have a comprehensive medical record.
5. That diagnostic and therapeutic facilities are under competent supervision and includes, at least, laboratory and x-ray departments.

Ernest Codman, 1913

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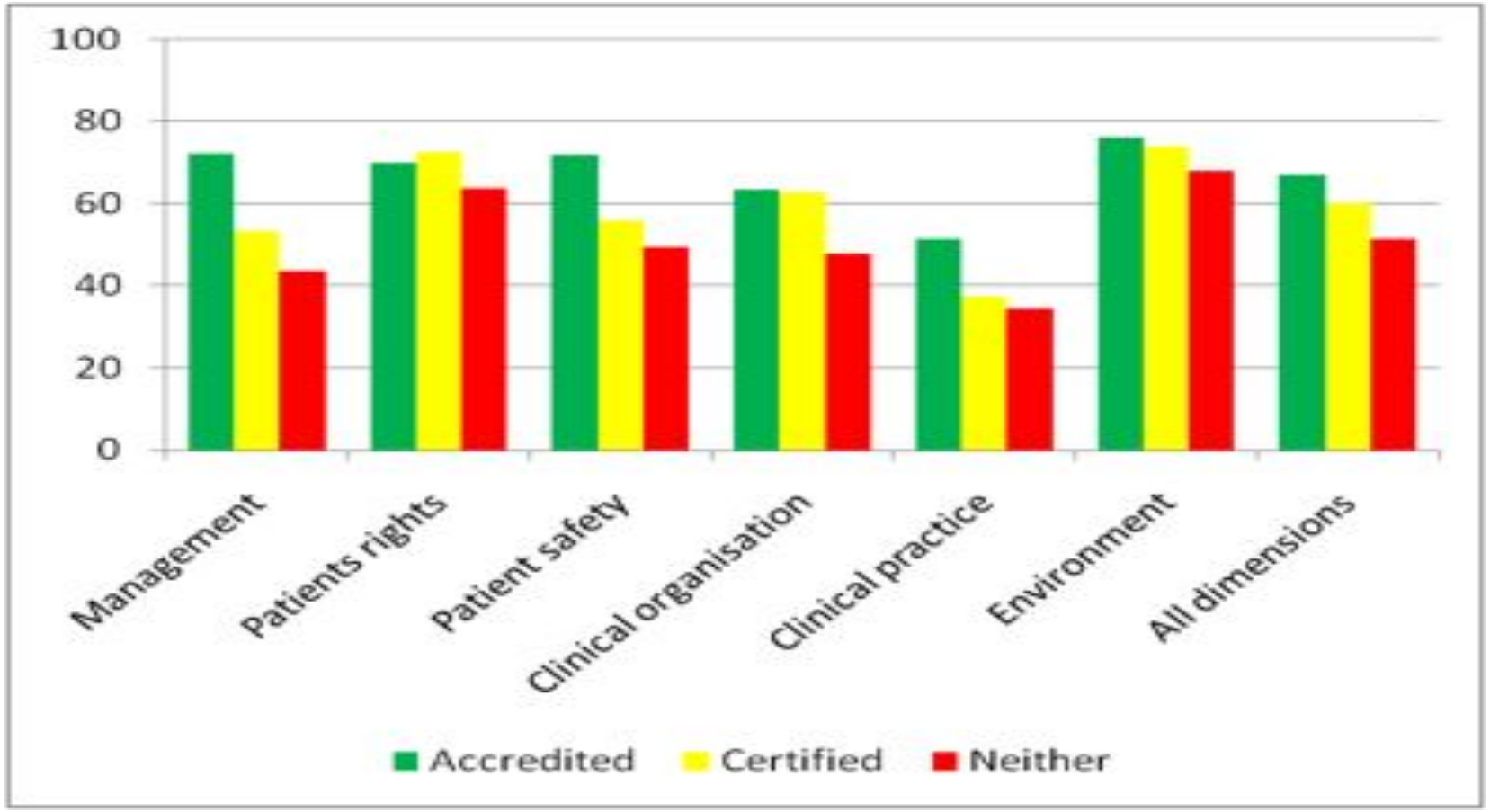
ISO vs. Accreditation



Shaw et al ISQua 2010 Accreditation and ISO certification: Do they explain differences in quality management in European hospitals?

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Accreditation

Accreditation is a self-assessment and external peer review process used by health care organizations 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

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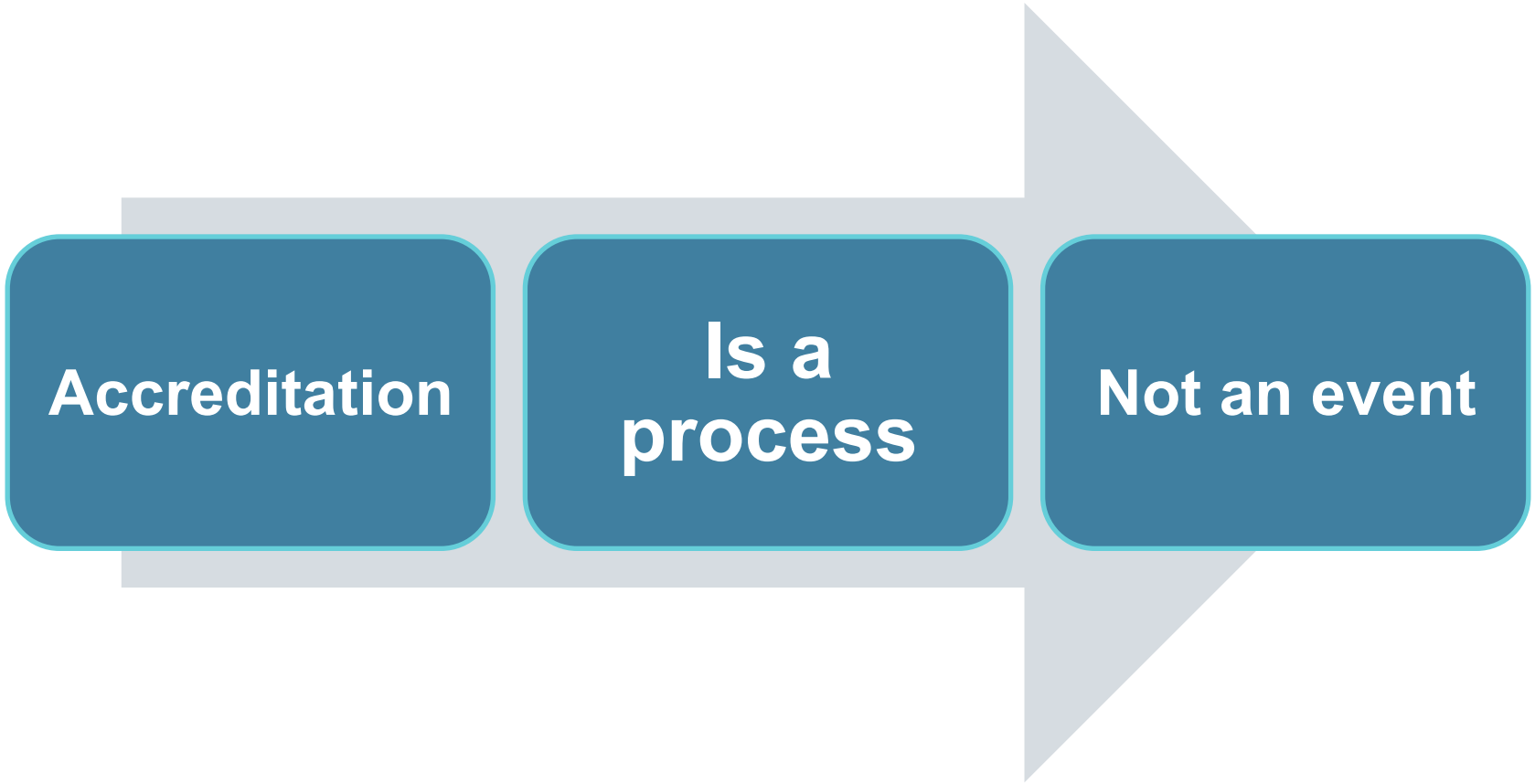
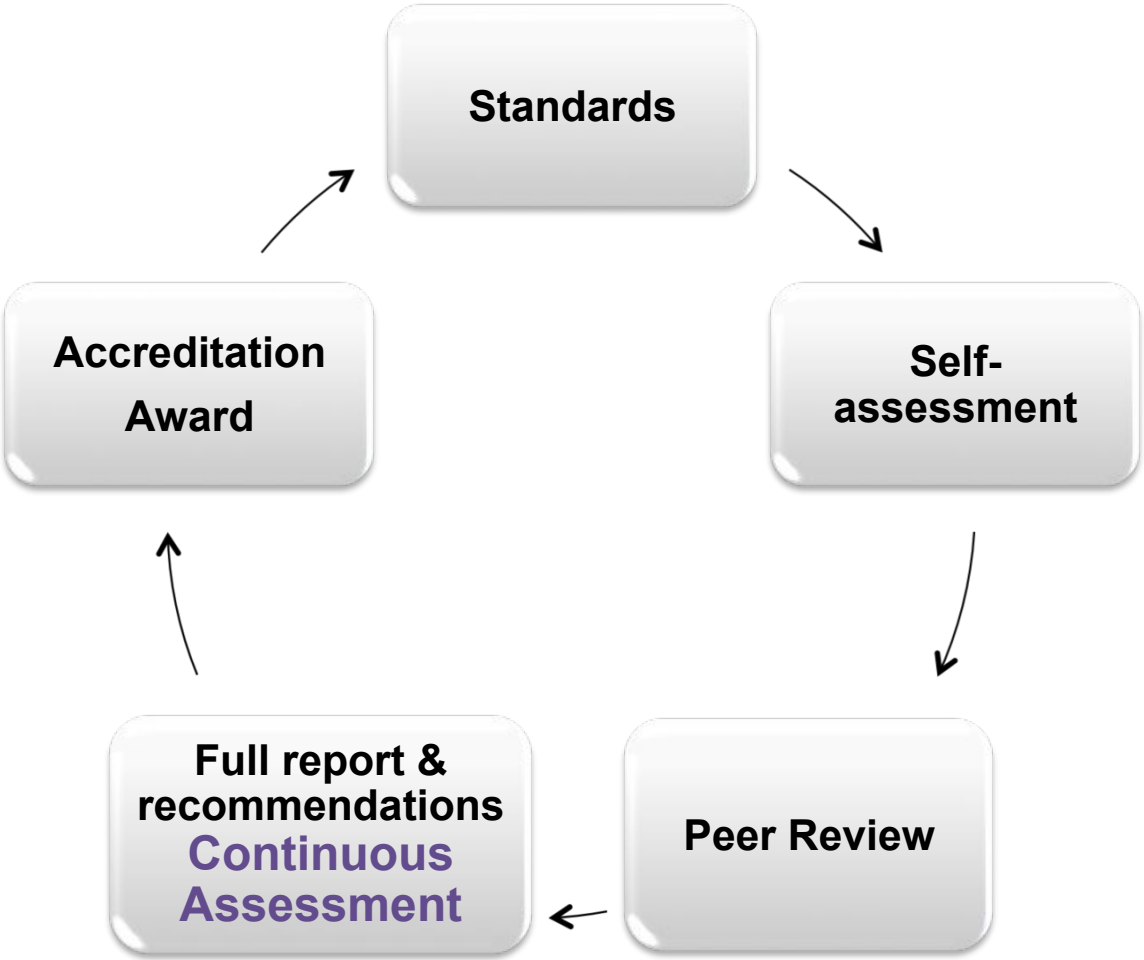

Accreditation
Is a process
Not an event

Survey methodology

A 3 or 4 year cycle of…



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Integrity –essential

- To be effective accreditation must be based on current evidence based standards, self-assessment, peer review and consistency in application.

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History of Accreditation

- US – 1910's – JCI
- Canada – 1950's - AC
- Australia – 1980's - ACHS
- UK – 1980's – CHI / HQS / HCC / CQC

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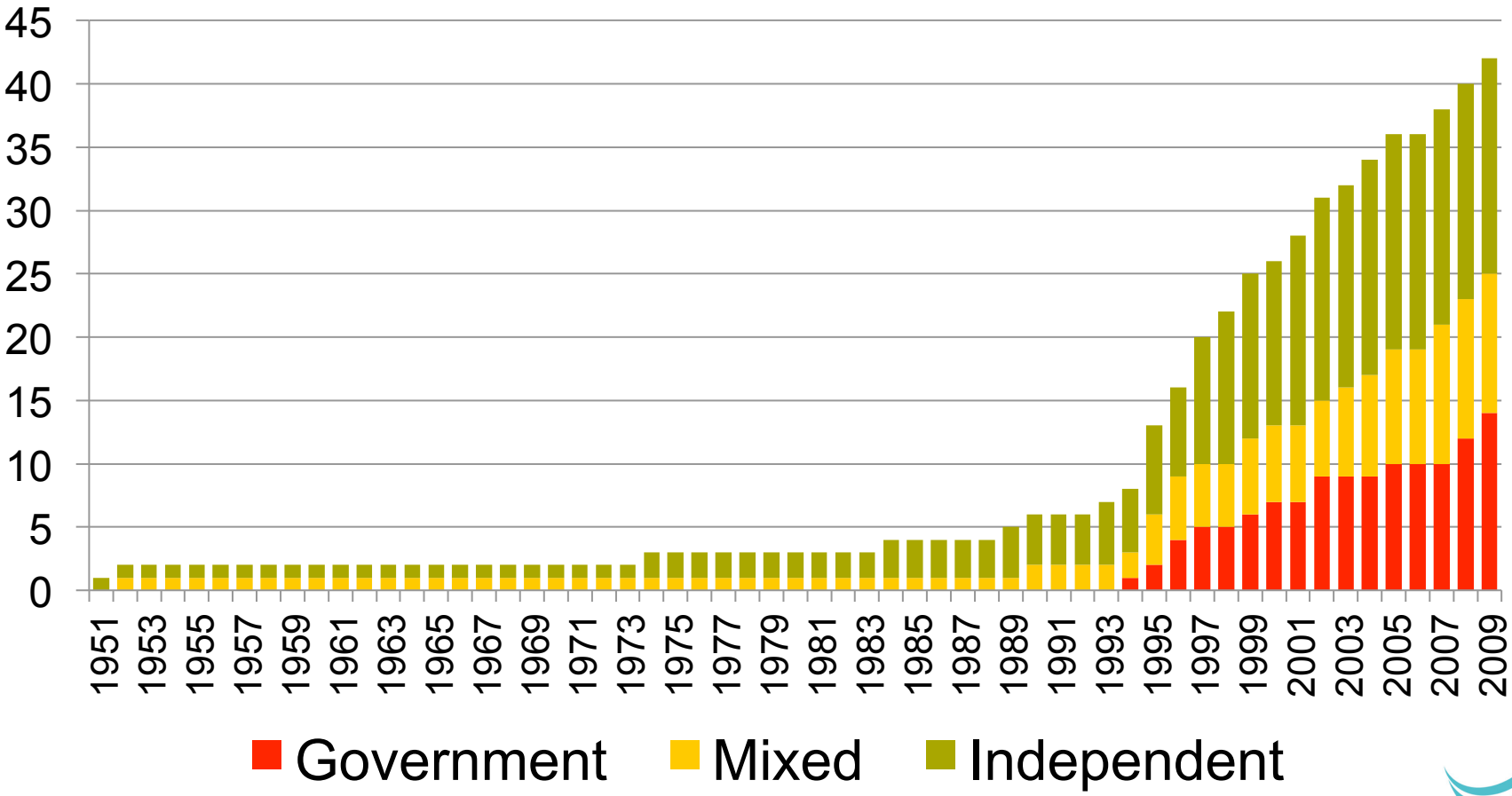
Accreditation Bodies 1951-2009



Shaw et al, 2010 International Survey of Accreditation Organisations 2009

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Global patterns - acute care

- 25 (2000) – 44 (2010)
- Half still in operation
- Most growth in semi-regulatory
- Only 5 commercial
- 14 linked to ISO
- Boards dominated by clinicians, **few service users**
- 36 state motto is QI
- 3 provide international programmes

Shaw 2010, ISQua International survey of accreditation organisations

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Benefits of Accreditation

- Still a dearth of scientific research outlining benefits but improving
- Difficult to measure as variables difficult to control

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What does the evidence show?

Australia 2008

- Research shows inconsistent findings – but accreditation does **promote change and professional development**
- and may
  - have an **organizational financial impact**
  - **improve measured quality performance**
  - with public disclosure of outcomes, **increase the credibility** of the hospital with the community
- There is insufficient evidence to know if accreditation improves **patient satisfaction**

Health Sector Accreditation Research: a systematic review Greenfield and Braithwaite. Int. Journal for Qual. in Healthcare.20:172 -183 2008

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Canada 2011

25 Benefits Listed

- Risk Mitigation System
- Strengthens interdisciplinary team effectiveness
- Improves communication
- Promotes measurement and use of indicators

Improvements needed

- Does not increase patient satisfaction
- Data capture

Accreditation Canada, Value and impact of accreditation: a literature review (2011)

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Clinical benefits an example

- Gratwohl et al (2011), Patient outcome was systematically better when the transplantation centre was at a more advanced phase of JACIE accreditation
- Lichtman et al (2011), CVA accreditation resulted in reduced mortality rate but no change in readmission rates
- Menachemi et al (2008), Ambulatory care centres, patients in JCI accredited facilities were significantly less likely to be re hospitalized after colonoscopy

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Australia 2012

- 58,000 - 122 empirical studies 29 countries
- Majority after 2006
- US & Australia most dominant
- 6 EU & 13 LMIC
- 64% acute care

Narrative synthesis of health service accreditation literature, Hinchcliff et al, 2012 BMJ

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Main findings, relationship to quality

- 53% demonstrated greater performance in accredited vs non accredited hospitals
  - either performance measures or outcome measures

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Main findings, organisational impact

- 51% showed improvements in accredited organisational structures & process
  - promote standards i.e Infection Control
  - promote use of guidelines
  - promoted a quality culture
  - predicted greater leadership skills
  - improved patient safety

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Accreditation
Opportunities for Improvements

- Strengthening data collection
- More and better research – non acute
- Reduce work load associated with accreditation
  - reduce burden of excessive audits
- Improve service user and medical involvement
- Inform public and measure satisfaction
  - adverse events may still occur in an accredited hospital
- Promote transparency

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Does Quality save Money?

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What does the literature say?

- Intuitive that increasing quality reduces cost
- Not supported by the literature
  - maybe yes
  - savings are at the margins and tend to be quite small

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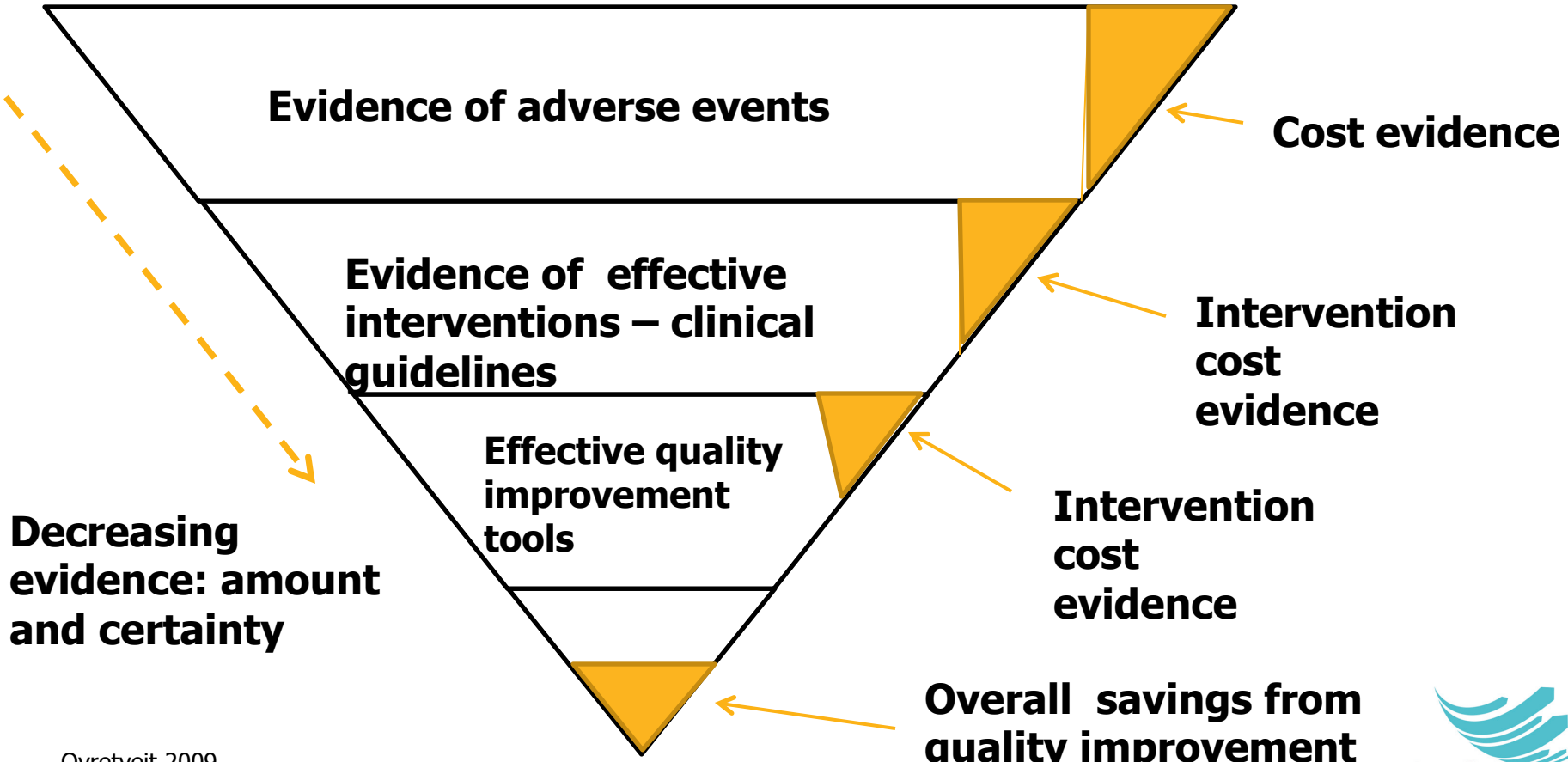
Overview of Literature



Ovretveit 2009

Cost

- Does improving quality save money: A review of research into productivity and the economics of quality improvement

  - unsafe care is expensive
  - improving clinical co-ordination saves money
  - CQI may reduce costs but can be limited

Øvretveit 2009. The Health Foundation.

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Patient Safety Friendly Hospital

- EMRO 2008
- Requires different strategies
  - Limited capacity
  - Minimal data
- Standards

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PSFH Standards

- Leadership and Management
- Patient and Public Involvement
- Safe Clinical Practices Supported by Evidence
- Safe Environment
- Lifelong Learning

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PSFH
The hospital has a safe medication system

Core Criteria	C.5.1.1. The hospital's safe medication system covers the following: • selection and procurement, • storage of medication, • ordering and transcribing, • preparing and dispensing, • administration and follow-up. C.5.1.2. The hospital ensures legible handwriting when prescribing or writing doctors orders. C.5.1.3. The hospital ensures availability of life saving medications at all times. C.5.1.4. The hospital ensures medicine reconciliation at admission and discharge C.5.1.5. The hospital ensures the patient (or carer) is educated about medication at discharge
Developmental Criteria	C.5.2.1. The hospital has process to ensure pharmacist review of medication orders

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Why ISQua Accreditation

- International Accreditation Programmes are varied in approach and content
- ISQua accreditation helps to standardise by providing
  - current evidence based standards, self-assessment, peer review and consistent application
  - all organisations despite maturity level assessed against the same standards

International Accreditation Programme

Accrediting the Accreditors

ISQua Accreditation
SURVEYOR TRAINING PROGRAMME

ISQua Accreditation
STANDARDS

ISQua Accreditation
ORGANISATION

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Organisational Accreditation

Eight Standards

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Principles for Standard Development

Six Principles

- Quality Improvement
- Patient / Service User Focus
- Organisational Planning & Performance
- Patient Safety
- Standards Development
- Standards Measurement

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IAP Awards to Date

- **30** organizations
- **94** sets of standards
- **16** surveyor training programmes

Setting exemplary standards

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African – Accreditation Awards

- Safe Care
- COHSASA
  - Organisation
  - Surveyor Training Programme
  - Standards
    - Emergency Service
    - Hospital
    - Hospice
    - Primary Care

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IAP International Reach

- Australia
- Brazil
- Canada
- Columbia
- Croatia
- Czech Republic
- Denmark
- Dubai
- Egypt
- France
- Hong Kong
- India
- Indonesia
- Japan
- Jordan
- Kazakhstan
- Korea
- Kyrgyzstan
- Malaysia
- Netherlands
- New Zealand
- Norway
- Philippines
- Saudi Arabia
- South Africa
- Spain
- Taiwan
- Thailand
- United Kingdom
- United States

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Accredited Organisations

- American Association of Blood Banks - AABB
- Accreditation Canada
- The Australian Council on Healthcare Standards - ACHS
- Aged Care Standards and Accreditation Agency, Australia - ACSAA
- Australian General Practice Accreditation Limited / Quality in Practice - QIP/AGPAL
- Council for Health Service Accreditation of Southern Africa - COHSASA
- Diagnostic Accreditation Program of British Columbia, Canada - DAP
- Global-Mark Pty Ltd, Healthcare Certification Programme, Australia
- Haute Autorité de santé, France - HAS
- Health Care Accreditation Council of Jordan - HCAC
- Health and Disability Auditing Australia - HDAA
- Health and Disability Auditing New Zealand - HDANZ
- Instituto Colombiano de Normas Técnicas y Certificación- ICONTEC Columbia
- The Danish Institute for Quality and Accreditation in Healthcare - IKAS
- Joint Commission International, USA - JCI
- Malaysian Society for Quality in Health - MSQH
- Netherlands Institute for Accreditation in Healthcare - NIAZ
- Quality Improvement Council and the QIC Accreditation Program, Australia - QIC
- Taiwan Joint Commission on Healthcare Accreditation - TJCHA
- National Accreditation Board for Hospitals & Health Care Providers, India - NABH
- DAA Group Limited, New Zealand
- CHKS Accreditation Unit, UK

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Ernest Codman 1917

So I am called eccentric for saying in public, that hospitals, if they wish to be sure of improvement,

- Must find out what their results are
- Must analyse their results, to find their strong and weak points
- Must compare their results with those of other hospitals …
- Must welcome publicity not only of their successes, but for their errors.

Such opinions will not be eccentric a few years hence

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International Reach

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Membership

ISQua®
Expert

ISQua®
Education

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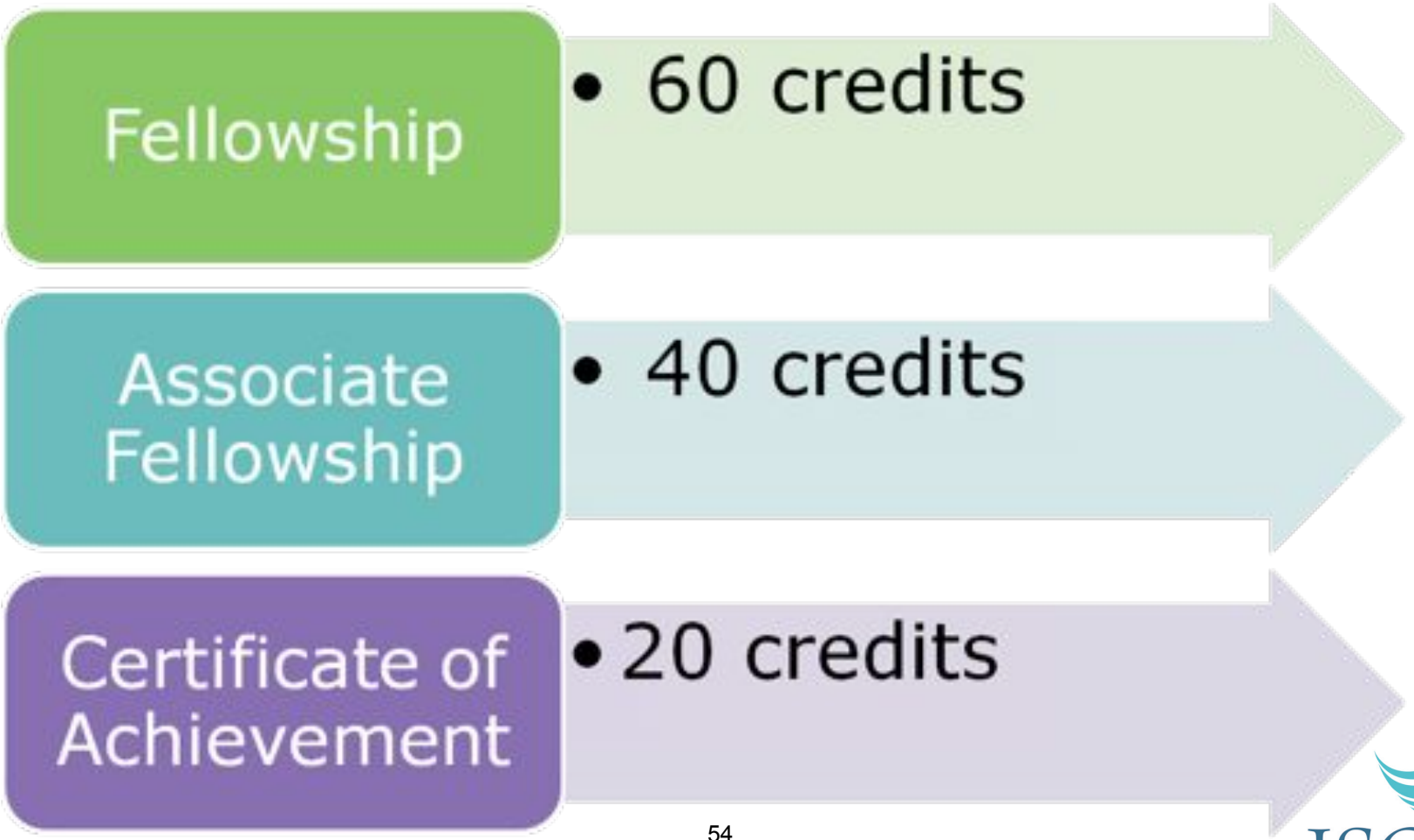
Fellowship Programme



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Fellowship Programme

- Content

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Conclusion

- Assuring patient's are safe in our care, is and will always be a challenge
- There are many tools
- Accreditation brings them all together
- Research is improving and does demonstrate a positive correlation to patient safety
- We need to reduce the burden of excessive audits and resources required to participate in any scheme

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