Impact of Hospital Accreditation on Public Hospitals

CT Hung
Questions

- Does accreditation improves quality of care in public hospitals
  - Local experience
  - Literature
- How to achieve the most through accreditation
  - What accreditation can and cannot do
Approaches to Quality Improvement

- External Inspection
  - Regulation
  - Accreditation
- Internal
  - Leadership
  - Organizational culture
  - Quality Management Structure
Hong Kong Healthcare System - Dual System -

No citizen be deprived of healthcare through lack of means

High Level of subsidy with safety nets

Public
Highly subsidized by govt
2.4% GDP
88% inpatients
28% outpatients

Private
Self-financed by patients
3.0% GDP
12% inpatients
72% outpatients

Source:
1. GDP: 2011
2. Inpatient (secondary & tertiary care): “Public-private share by in-patient bed day occupied in 2010” from HA and Dept of Health
Public & Private Healthcare

Private
- Have to attract patients
  - USA: hospitals receiving medicare funds require JCAHO accreditation
  - Lebanon: identify private hospitals who can contract patients with MOH (Jardali et al. Int J Qual Heal Care 2008;20:363-71)
- Quality helps brand-building

Public
- Source of patients not an issue in HK
- Access / waiting time of concern
- No League tables

Is there a need for public hospitals to go through accreditation?
Continuous Quality Improvement in Public Hospitals

- Hospital Authority formed in 1990
- Increased government funding
  - Hardware
  - Staffing
- Introduced Quality concepts
- Training of health personnel on quality
- Tendency to be Project-based
Various Quality Initiatives

- Introduction of different concepts
  - QA / QI / CQI / TQM / Clinical Audit / Tracer Methodology
  - Extensive training
  - Not grasp the bigger picture
  - Not understand the real impact / purpose

- Forums for sharing
  - Quality Forums
  - HA Conventions

- Patient Safety Movement
  - Incident Management and AIRS
Varying impact

- HA Annual Plan
  - Section 3 on Quality: Annual Reporting
  - Process Indicators
  - 3 Levels: Structure Process Outcome
- Impact measurement
- Change not sustainable
  - Formality / Assignment / Task
  - not accompanied by culture / system changes
  - Varying commitment from professional groups
- Evaluation by someone outside organization
  - Hospital Accreditation
Australian Council on Healthcare Standards (ACHS)

- 4-yearly accreditation cycle
- EQUIP 5
  - 13 Standards
  - 47 Criteria
Compared to previous initiatives

- Hospital accreditation
  - Build a robust and sustainable quality system to actualizes CQI and address safety issues
  - provides continuous challenges to tackle
  - ensures a systematic rather than a project-based approach in improving quality and safety
  - Systematic improvement over time in all areas.
Short Term Impact:

- **Obvious Gaps**
  - Finding the right timing to change
  - House keeping
  - Modernization
  - Reduce variation / standardization
- **Staff Engagement**
House Keeping

Before

After

Chamber for Waste and Soiled Linen

Domestic Waste

Soiled Linen

Clinical Waste
Modernization

- Facilities are also standardized and modernized at the same time to meet current demands
  - Treatment Room Renovation
  - Auto-refill / Top up system
  - Automatic Dispatch System (ADS)
- Credentialing & defining scope of practice
- Document Control
- Clinical Handover
Before renovation
Before renovation
After renovation
After renovation

Scan the bar code of items required

Refill items in ward
Reduce Variation

- Key system change
- Decentralization to promote staff empowerment and ownership
  - variation in practice leading to gaps and occasional safety issues
- Standardize & Align facilities, work flow and practice
- Reduction in variation and team work
  - Promote Best Practice
  - Ensure safety and quality
Staff Engagement

- Provides a common quality improvement language enhancing communication
- 4-yearly cycle
  - provides a constant challenge in quality improvement
  - each becomes a small project by itself
  - provides opportunities for engaging, motivating, transforming staff and encouraging team work
Staff Engagement

- Enhances the sense of belonging
- Staff members take pride in the organization
- Incentivizes staff which is important to internalize the values and consolidate subsequent culture changes
- Leaders emerged through the process

Road show in 2009

Periodic Review Summation in 2012
Medium Term Impact

- Culture Changes
  - Internalization of values
  - Close knowing doing gap
  - Corner stone for sustainability
  - Differentiate from project-based
  - Culture change strategies

- Sustainability
  - Drives persistent system changes
Long Term Impact

- Improve organizational performance
  - Cost-effectiveness
- Enhance quality
Missing Link

- **Resource Availability**
  - Part of equation in evaluation
  - especially for those hospitals with big / significant gaps
  - Standardization of practice, upgrading or modernization of facilities would require manpower and fiscal resources
  - Despite the resource considerations, the overall cost effectiveness is high.
Missing Link

- Prioritization
  - Large volume of additional work
  - Manpower shortage
  - Competing with other agenda
  - Leadership and other factors
Missing Link 3

- How to remove the ‘project’ element?
  - Necessity of large amount of preparatory work before each visit?
  - Respecting the process
  - Consistency and sustainability important
  - Unannounced visits as in Michelin stars?
Examination mentality

- League Table of EA’s
  - Is this appropriate
  - Incentive or dis-incentive for improvement
- Not a performance measurement
- Not the primary target
  - ? By product
  - May over-do, put some people off
- Balance required
  - Staff pride
CMC Hospital Accreditation

Impact on CMC
1. Enhancement of team spirit
2. Alignment of patient care practices
3. Elimination of blind spots
4. Impetus to continuous quality improvement

OWS Summation Conference
PYNEH
Impact on Services

- Instilled evaluation mechanism for all kinds of hospital services: clinical, support & corporate
- Aligned with international standards and best practice for enhanced patient safety, quality & performance
- As the pilot hospital, examined unexplored areas: clinical governance, credentialing & documentation
Impact on People & Organization

- Established clinical leadership
- Engaged staff of every department and discipline
- Built continuous improvement culture
PYNEH: Reflection

- Staff sentiment – alignment of interpretation of standards by surveyors of varied background & experience
- Corporate direction & standard for unexplored areas
Systematic Review

Greenfield & Braithwaite

- Consistent findings
  - promote change, professional development
- Inconsistent findings
  - profession’s attitude, organizational impact, financial impact, quality measure and program assessment
- No sufficient studies
  - consumer views or patient satisfaction, public disclosure, surveyor issues
Need for Evidence
Greenfield & Braithwaite
(Qual saf Health Care 2009:18;162-3)

- Diffusion of Innovation
- Evidence under-developed
- Accreditation accepted as a driver, but not much evidence
- Role of tracer methodology
- Unannounced surveys
- Challenge
  - Publish research protocols and findings in international peer reviewed journals
Narrative Synthesis
Hinchcliff, Greenfield, Braithwaite et al
(BMJ Qual Saf 2012;21:979-91)

- Cannot make strong claims of effectiveness
- Use of clinical outcome data as metrics, in addition to organizational processes, patient satisfaction
- Costs effectiveness
- Consequences of new standards, surveying methods largely unresearched
Benefits of Accreditation

- Useful tool to stimulate change and improvement and promote high quality organizational processes
- Canada, Indonesia, Lebanon, South Africa
- [www.accreditation.ca](http://www.accreditation.ca): updated list of benefits

Points of Interest

- On outcome
  - Mixed results with various explanations
    - Local manpower shortage
  - Difficult to show positive effect on global outcome
Points of Interest

- Motivation dwindled over time
- Institutions finding accreditation less challenging after 10 years
  - Beauty of projects

*Hospital Improvement may be viewed as a structured and planned approach consisting of series of projects*
Accreditation cannot ……..

- Implement changes
  - Apart from pointing to a Good / Best practice
- Summative assessment versus formative assessment
- Avoiding focusing on issues that will be inspected
- Statutory power to enforce compliance
Hospital Accreditation
Means or End?

- Quality improvement initiatives
  - unsuccessful without staff empowerment and ownership
- Accreditation
  - External standard
  - Changing force, framework and tools for improvement
- Organization
  - Culture change / Internalize the quality paradigm
  - Utilize the tools, apply to whole organization to capitalize the gain
- Human systems to adapt
  - Once becomes routine, impact small
Conclusion

- Hospital Accreditation is a tool
  - Structure / Framework
  - Process
- Maximize for sustainable positive outcome
  - Culture of Quality and Safety
  - Leadership
  - Staff engagement
  - Resources
- One step at a time
- Refreshed at intervals
Thank you