safety, quality, performance

Hong Kong Hospital Authority Convention 2008

‘ A New Era of Patient Care’

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Accreditation – potentials and pitfalls

- Why standards?
- Why accreditation?
- The cost of quality

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Why Standards?

Three views:

1. The government – policy support, emphasise priorities and performance monitoring.
2. Operational management – support
   - corporate directions;
   - resource allocation decision making;
   - risk management; and
   - performance monitoring.
3. The public – a mechanism for informed discussion and an opportunity for participation.

THE AUSTRALIAN COUNCIL ON HEALTHCARE STANDARDS
ACHS

Why Standards? (cont.)

A standard is

"A desired and achievable level of performance against which actual performance is measured."

The International Society for Quality in Health Care, Organisation Survey Handbook (7), January 2008

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Why Standards? (cont.)

Standards

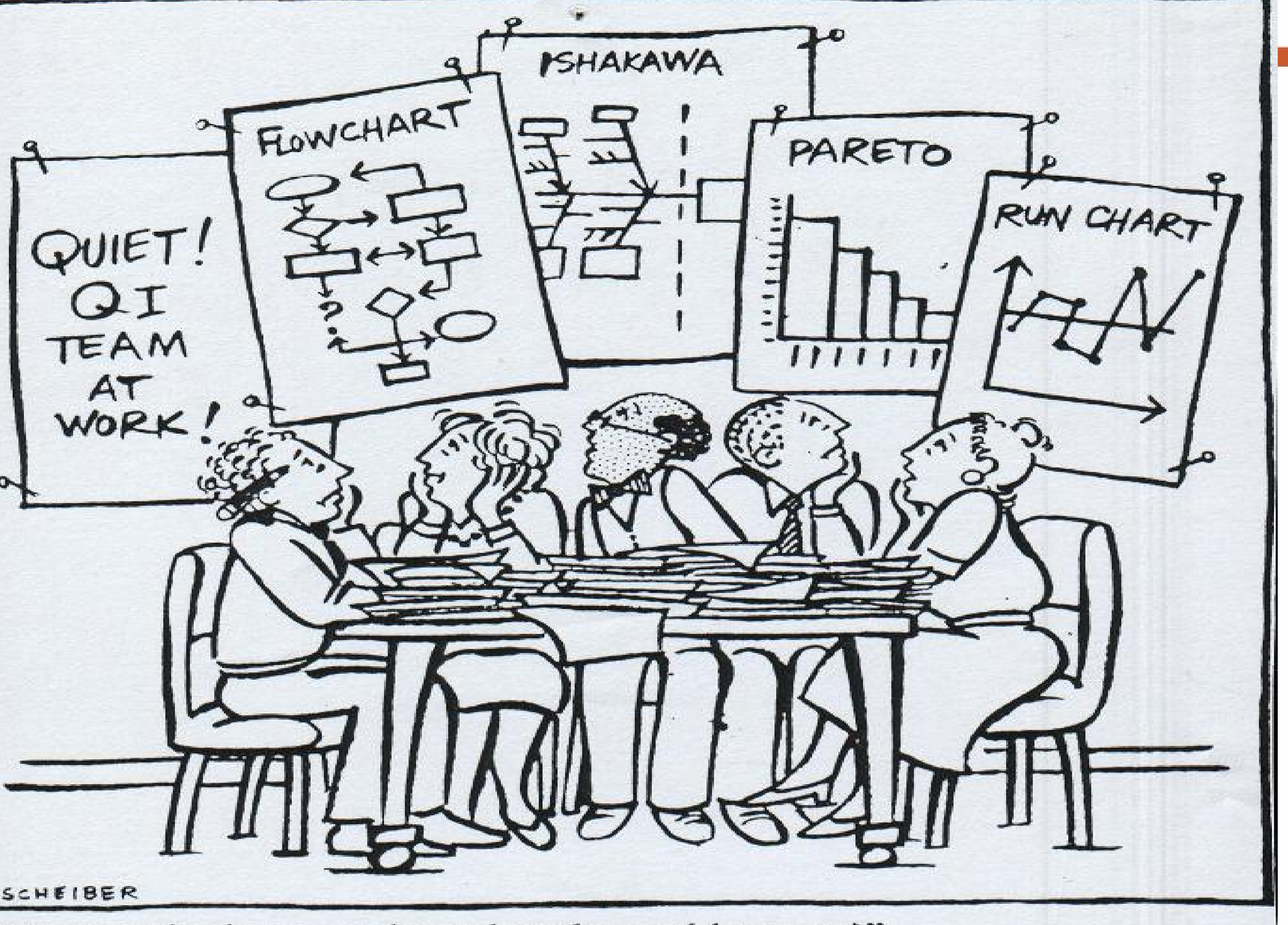
- Address a recognised need
- Evidence based (as far as practicable)
- Developed through a transparent and consultative process
- Outcome focused
- Achievable
- Measurable

Why Standards? (cont.)

ACHS focuses across the 9 dimensions of quality

- Effective
- Appropriate
- Efficient
- Responsive
- Accessible
- Safe
- Continuous
- Capable
- Sustainable

Derived from Canadian Institute for Health Information and Statistics Canada, Canadian Health Information Roadmap Initiative Indicators Framework 2000



"Does anybody remember what the problem was?"

Why Standards? (cont.)

Standards:

- Define the conditions for quality
- Reflect views of industry and/or professional peer groups re acceptable practice
- Guides organisations' service development activities
- Consistent basis for evaluation
- Instrument for voluntary or regulatory framework

Why Accreditation?

Accreditation

"public recognition of achievement by a health care organisation of requirements of national health care standards"

Australian Council for Safety and Quality in Health Care (ACSQHC, 2006, Shared Meanings)

Why Accreditation? (cont.)

Another view:

"A public recognition by a healthcare accreditation body of the achievement of accreditation standards by a healthcare organisation, demonstrated through an <u>independent external peer assessment</u> of that organisation's level of performance in relation to the standards."

The International Society for Quality in Health Care, Organisation Survey Handbook (7), January 2008

Why Accreditation? (cont.)

Participation in an accreditation program is a key part of a broad **quality framework** that supports the minimisation of risk across the organisation.

'Participation' is the important component.

Why Accreditation? (cont.)

- Patient focused
- Strategic alignment
  - Policy objectives and operational implementation
  - Across the care continuum
- Emphasise priority areas - ↑ risk, volume, cost
- Comprehensible framework for action
- Linkage between risks and quality
- Impact on organisational culture

What the research tells us

- The Centre for Clinical Governance Research, University of New South Wales (UNSW)
- Australian Council on Healthcare Standards (ACHS)
- Ramsay Health Care
- Australian Research Council (Linkage Grant)

ACHS-CCGR accreditation research

A three year ARC grant which conducted four major studies of accreditation

One key study, study 1, examined 19 randomly sampled health care organisations looking at:

1. accreditation performance
2. organisational climate
3. organisational culture
4. consumer involvement
5. leadership
6. clinical indicator performance

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ACHS-CCGR accreditation research (cont.)

- Our narrow scientific question for the research community was:

  are these variables related?

- Our broader field question for the practitioner, quality improvement director, policymaker, or accreditation agency was:

  does accreditation make a difference to quality of care?

ACHS-CCGR accreditation research (cont.)

We took the six variables, and

- Measured them in the 19 randomly sampled health care organisations, each of which had participated in accreditation in Australia through ACHS EQuIP

- Each of the variables was measured and the data interpreted by a research team blinded from the other research teams

ACHS-CCGR accreditation research (cont.)

Data and procedures

Participant organisations were ranked 1 … 19 on the basis of performance:

- **Accreditation -** statistical ranking of performance based on ACHS EQuIP surveyor reports
- **Organisational culture -** ~1,000 semi structured interviews with organisational members

ACHS-CCGR accreditation research (cont.)

Data and procedures

- **Organisational climate**: ethnographic, non-participant observations and informal interviews, one week at each site
- **Consumer participation**: semi-structured interviews
- **Leadership**: semi-structured interviews

ACHS-CCGR accreditation research (cont.)

Data and procedures

- **Clinical indicators**: proportion of clinical indicators for that organisation that were better than the national average
- **In summary,** independent measures of the six variables were taken, and on each variable the data were subject to a rank order correlation

Relationships between accreditation and other variables

	A	Culture	Climate	Consumer	Leadership	Clinical Indicators
A	1.00	**0.732*** **	**0.370***	0.237	**0.707*** **	**0.432***
p (2-tailed)		**0.0004**	**0.12**	0.33	**0.0007**	**0.09**
n	19	19	19	19	19	
Summary of relations-hips	↑	↑	↑	?	↑	↑

ACHS-CCGR accreditation research (cont.)

The data show that there is a highly significant relationship between accreditation performance and:

- Organisational culture [0.732]
- Leadership [0.707]

There is a trend relationship between accreditation performance and:

- Organisational climate [0.370]
- Clinical indicator performance [0.432]

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ACHS-CCGR accreditation research

However,

there is no significant relationship between accreditation performance and:

- Consumer involvement [0.237]

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The cost of quality

"The occurrence of hospital-induced complications on a university medical service was documented in the prospective investigation of over 1000 patients. The reported episodes were the untoward consequences of acceptable medical care in diagnosis and therapy. During the 8-month study, 240 episodes occurred in 198 patients. In 105 patients, hospitalization was either prolonged by an adverse episode or the manifestations were not yet resolved at time of discharge. "

Schimmel EM

Ann Intern Med. 1964 Jan;60:100-10

The cost of quality (cont.)

“In addition to the harm they cause to patients, medical errors are expensive: the Institute of Medicine has estimated that medical errors cost $17 billion to $29 billion per year.“

“Who Pays for Medical Errors? An Analysis of Adverse Event Costs, the Medical Liability System, and Incentives for Patient Safety Improvement" (*Journal of Empirical Legal Studies,* Dec. 2007), Michelle M. Mello, Ph.D., J.D., the Harvard School of Public Health et al.

The cost of quality (cont.)

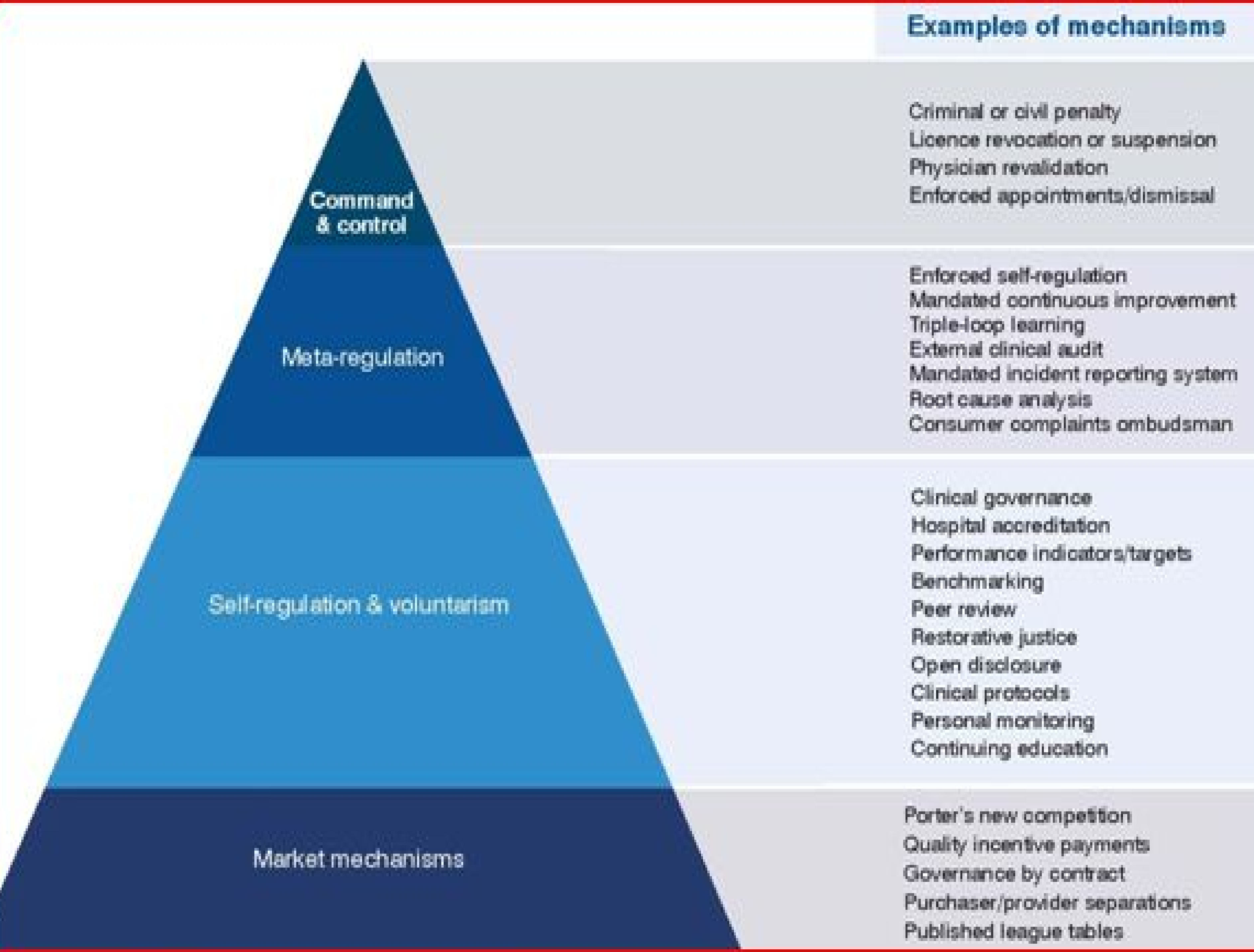
Regulation

- “We regulate in an empirical void, often addressing anecdotes and hysteria with far-reaching initiatives”

  Brennan TA (1998) The role of regulation in quality improvement. Milbank Q 76, 709 – 31, 512

- ‘The Regulatory pyramid and health care safety and quality mechanisms’

  Braithwaite, J., Healy, J., Dwan, K., The Governance of Health Safety and Quality, Commonwealth of Australia, 2005



Examples of mechanisms
Command & control
Criminal or civil penalty
Licence revocation or suspension
Physician revalidation
Enforced appointments/dismissal
Meta-regulation
Enforced self-regulation
Mandated continuous improvement
Triple-loop learning
External clinical audit
Mandated incident reporting system
Root cause analysis
Consumer complaints ombudsman
Self-regulation & voluntarism
Clinical governance
Hospital accreditation
Performance indicators/targets
Benchmarking
Peer review
Restorative justice
Open disclosure
Clinical protocols
Personal monitoring
Continuing education
Market mechanisms
Porter's new competition
Quality incentive payments
Governance by contract
Purchaser/provider separations
Published league tables

Pitfalls

- Not having an accreditation program
- Not having locally supported standards
- Not using the information generated
- Believing legislated quality requirements guarantee safety

Potentials

- Making risk management relevant to daily activities – information, strategies and priorities
- Providing a base for rational assessment
- Community engagement and dialogue
- Data and trended information
  - Policy formulation and review
  - Allocative decision making

In summary

- Accreditation programs provide a common focus
- The available evidence supports their (potential) effectiveness
- Poor quality costs
- The potentials and pitfalls of an accreditation program are the consequences of the development and implementation process.

The Australian Council on Healthcare Standards

5 Macarthur Street Ultimo NSW 2007 Australia
Telephone 61 2 9281 9955 Facsimile 61 2 9211 9633
Email achs@achs.org.au Website www.achs.org.au

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