Quality in health syste	ems
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Dr Charles Shaw

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Relevant Euro guidance

- Council of EU. Recommendation on patient safety 2009/C 151/01
- EC Directive 2011/24/EU on the application of patients' rights in cross-border healthcare
- EC Regulation 765/2008 "requirements for accreditation and market surveillance"
- EC "strategic vision for European standards" COM(2011) 311
- Council of Europe. Recommendation Rec(2006)7 on Patient Safety

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European charter of patients' rights



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Patients' rights

- Access
- Information
- Empowerment
- Security

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COUNCIL OF THE EUROPEAN UNION



Council Recommendation on patient safety, including the prevention and control of healthcare associated infections

2947th EMPLOYMENT, SOCIAL POLICY, HEALTH AND CONSUMER AFFAIRS Council meeting

Luxembourg, 9 June 2009

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National action on patient safety

- Establish national policies and programmes
- Empower and inform citizens and patients
- Promote training of healthcare workers
- Share knowledge, experience and best practice
- · Develop and promote research
- · Adopt strategy for healthcare associated infections
- Establish infrastructure on use of antimicrobials
 Council of EU 2009

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WHO guidance

- 1. Look-Alike, Sound-Alike Medication Names
- 2. Patient Identification
- 3. Communication During Patient Hand-Overs
- 4. Correct Procedure at Correct Body Site
- 5. Control of Concentrated Electrolytes
- 6. Assuring Medication Accuracy at Transitions
- 7. Avoiding Catheter Misconnections
- 8. Single Use of Injection Devices
- 9. Improved Hand Hygiene to Prevent infection

Common national systems

- Approval pharmaceuticals, medical devices, implants
- Registration, licensing institution, individual
- · Training of clinical professionals
- · Health technology assessment
- · Organisational quality assessment
 - Accreditation, certification
- · Clinical quality assessment
 - Clinical registers, collaborative audit

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Public sector licensing, Europe 2008 fire safety radiation safety pharmacy hygiene healthcare provider 0% 20% 40% 60% 80% 100% not required once only repeat without inspection repeat with inspection

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Performance measurement systems

- Should be defined in a published plan for quality and performance management
- Governments should encourage harmonization of standards, measurements, incentives and public information
- Values, reference standards and objectives of performance measurement systems to be explicitly agreed with stakeholders
- Systems should not rely on single sources of data; should combine a range of informants

Pressures for clinical review

- Evidence of unacceptable variations
- · Clearer research-based messages
- Scientific knowledge is growing too fast for individuals to interpret and assimilate
- · Resources wasted on ineffective work
- Public demand for latest and best practice

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Why have clinical audit?

- · improve quality of patient care
- · educate and train clinicians
- make best use of resources
- improve service organisation

Medical Royal Colleges, UK 1991

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Effective audit involves...

- Systematic measurement of current practice
- Reference to research-based standards
- · Practical mechanisms for change
- · Repeat cycle to show benefit

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Implementing change

- · clear responsibility and organisation
- · local ownership of explicit, agreed aims
- group and individual feedback
- peer review
- · explicit action plans
- positive incentives, reinforcement
- · systematic re-evaluation

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Problems with cross-border quality in EU

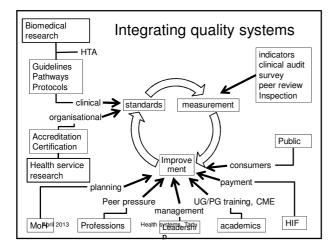
- Expectations: no agreed European definition of "safe" hospital
- Measures: assessment systems vary in coverage, depth, rigour (within, between MS)
- Results: little comparable public information

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Policies related to healthcare	
quality in Estonia • Health Services Organization Act 2002	
- quality assurance for health service providers	
Quality handbook as basis for internal quality assurance system	
 Hospital Master Plan 2003 Harmonisation with EU legislation	
 Cross-border directive 	
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	7
Cycle of improvement	
Standards Measurement Audit	
Expectations (Survey	

Change management



National organisations in Estonia related to quality and safety

- · Ministry of Social Affairs
 - State Agency of Medicines (SAM)
 - Health Care Board (HCB)
 - National Institute for Health Development (NIHD)
 - Health Protection Inspectorate (HPI)
- Estonian Health Insurance Fund (EHIF)
 - Clinical Guidelines Advisory Board
 - indicator steering committee (PATH)
- Professional associations, Estonian Hospitals Association
- · University of Tartu

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National functions for QHC - how allocated?

- Disseminate quality standards, measurement and experience
- · Coordinate evidence-based medicine
- · Evaluate health technologies
- Collect, analyse, compare performance data
- · Develop organisational standards
- Provide training in quality management
- · Independent evaluation of institutions
- · IT strategy, standards

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Management guidance

Guidance to hospital, PHC managers:

- Policy
- · Organisation
- Methods
- Resources

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Cost concerns, national level

- Cost-benefit is time-sensitive: eg MRI, CT, streptolysin
- Throughput per specialist team
 - Vascular, paediatric surgery
- Case-mix adjustment eg LoS, complications, costs
- Preventive health: Avoidable morbidity eg diabetic amputations

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Cost control, local level

- · Reducing surgical LoS
 - Pre-anaesthetic assessment
 - Day cases eg D&C, hernia, cataracts
 - external fixation long bone fractures
 - Use of blood, plasma
- · Antibiotic prescribing
 - Clinical policy
 - Single dose prophylaxis, stop orders
 - Route of administration
 - Third line drugs

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Teaching and learning

- Is patient safety, quality improvement visible in undergraduate, postgraduate curriculum, teaching and examination?
- Are knowledge, attitudes and skills explicit?
- Peer review, clinical audit as basis for CME and individual performance appraisal
- Sharing learning within and between clinical teams and specialties

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• Translating audit into management action

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Resources for quality

Not "more staff, more equipment, more money"

- **Time**: regular opportunity for systematic reflection with work colleagues
- Data: access to relevant, accurate, complete and timely data
- **Information**: academic and practical guidance on standards and measurement
- **Skills**: quality co-ordination, technical skills and training in methodology
- Staff support: technical and clerical

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Quality improvement in the Estonian health system, 2007

- · involvement of consumers
- key roles of institutions
- · incentives for quality
- single coordinating structure
- unified quality and performance indicators

Kaja Põlluste, Jarno Habicht , Ruth Kalda, Margus Lember Int J Qual HC 2007

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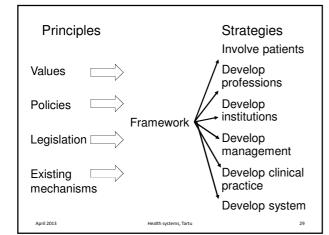
Opportunities in Estonia, 2013

- Engaging stakeholders
- · Defining accountability
- Incentives for improvement
- Practical guidance on internal systems
- Knowledge transfer, skills, training
- Data quality, standards, strategy
- "Closing the loop": change management

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Technical, or behavioural solutions?

Research Technology assessment Clinical guidelines Care pathways Indicators

Governance Leadership Incentives Organisation Systems Teamwork Feedback Training Evaluation

> St John, Newfoundland -est 300,000,000 tons

