

External evaluation of health care organisations (HCOs)



SIMPATIE
Interim report
WP5
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Current Situation

- **EC project SIMPATIE [Safety IMprovement for PATients In Europe]**
- **Aim: help provide the European community with a unified, transparent methodology to improve patient safety**
- **2 Yrs, kick off March 2005**
- **HAS in charge of WP5 : definition of a set of instruments and recommendations to improve patient safety through external auditing, and a patient safety toolkit.**
- **duration 8 months (starting date T0+8 of the project, December 2005 - September 2006)**

External auditing

definition

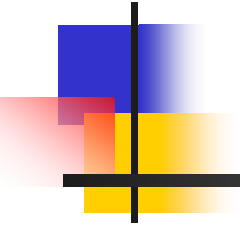
- covers all auditing actions related to delivery of care
- is carried out by staff who do not belong to the (HCO) being audited,
- provides an objective assessment of the quality of services delivered by the HCO against the most up to date standards
- identifies weak points to be improved, and improvements to be made by a specific deadline
- contributes to transparency and quality in the local care system,
- and by this, ensures user confidence in the health system and in the care delivered
- provides information / Makes the results available to payers



The three times of auditing

- **Make objectives clear**
- **Measure how reality fits the objectives (overview of auditing strategies and of their applicability to the evolving objectives)**
- **Make decisions and institute follow up actions**

1. Make objectives clear





Four targets

- **Prevention of physical and environmental safety problems**
- **Prevention of pitfalls in Clinical governance**
- **Transparency and patient rights**
- **Dynamic and systemic approach, patients' pathway, resilience, and safety culture**



Prevention of physical and environmental safety

- **System for monitoring the quality and safety of at-risk subsystems in the HCO's hotel systems infrastructure:**
 - building protection systems (fire, flooding, etc.),
 - quality monitoring system for perishable or hazardous products and foodstuffs (food and health products, water, medicines)
- **System for monitoring the quality and safety of at-risk subsystems in the HCO's clinical infrastructure:**
 - calibration of measuring instruments, system to monitor medical devices (healthcare products, such as medicines),
 - waste products (care environment and water system, patient records / traceability of prescriptions (information system) and interfaces (coordination /communication between health professionals /continuity of care),
 - emergency plans to deal with exceptional risks



Clinical Governance

- **Clear medical and treatment standards for risk management in the HCO**
 - prevention of care-related risks, and risks of thromboembolism, pain control protocol, protocol for managing mobility in geriatrics, etc.
- **Incident reporting systems for all forms of incident, with a range of associated tools for managing these situations (and proper use of these tools)**
 - vigilance systems, voluntary reporting systems at department or HCO level, patient satisfaction questionnaire, system for taking account of patients' views, risk analysis used, failure mode and root cause analyses (RCA) used, use (or not) of walkrounds, computerised monitoring systems, data recovery based on SSPI data, etc.)



Dynamic interfaces, patient participation and transparency

- **Patient circuits**
 - Monitoring of care, interfaces within the hospital
- **Shared care networks**
 - Interfaces between hospitals, consistency of discharge prescribing (reconciliation)
- **Patient information and participation**



Dynamic and systemic approach, resilience, and safety culture

- Risk management structure, organisation chart or management visible within the hospital,
 - possibly with a senior member of staff allocated to it
- Active policy for disseminating a culture of safety within the HCO
 - dissemination of information, feedback on morbidity and mortality to professionals and other staff, involvement of top management, different campaigns, patient information and education, etc.
- Use of the tools listed above assessed in terms of the HCO's human resources policy,
 - dedicated job functions or time made available for this type of action, associated financial support, and further training in relation to this objective.
- Assess the best cost-efficacy ratio for the initiative
- Coordinate internal and external audit approaches

Patient safety initiative targets, development of initiatives :

Four steps

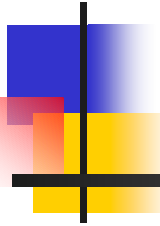
- The oldest movement, started before the 1990s, corresponds to the **physical safety of goods and individuals**
- The second movement, dating from the end of the 1990s – beginning of the 2000s, focuses on **clinical prevention standards (clinical governance)**.
- The third movement introduces the **concept of dynamic interfaces, informing patients and patient participation, and transparency**
- The most recent movement concentrates on the **global management and culture of safety**



Approaches to assessment

- **The use of tools that monitor**
 - Specific risks
 - Risk management initiatives
- **The performance of the organisation**
 - Rate-based indicators
 - Regular monitoring of complaints, for example
 - Safety culture
- **Taking into account issues of cost-efficacy**
 - Of the external evaluation activities
 - Of patient safety initiatives
- **Coordination of internal and external audit approaches**

2. Methods and associated human resources





Port folio of methods

- **Accreditation**
- **Certification ISO 9001**
- **Audit par by Professional peers (Peer review, Dutch *visitatie*)**
- **The Price-Quality model of quality management (*Malcolm Baldrige*)**
- **Indicators monitoring**
- **Inspections of healthcare services**
- **Evaluation done by patients**
- **Certification, registration and licensing**



Points for discussion irrespective of audit method

- **Voluntary versus evaluations compulsory audit**
 - A growing need for external evaluation within a national framework
- **Audit frequency and procedure**
 - Self-assessment as a particularly valuable learning opportunity
 - Unscheduled versus scheduled surveys



Points for discussion irrespective of audit method

- **Maximum versus minimum requirements**
 - The risk of too many standards
 - Scientific proof of efficacy balanced by the cost and simplicity of implementation
 - Limitations of a strict compliance model and promotion of continuous improvement
- **Comparative and public audit results**
 - Patient/consumer expectations and engagement
 - The public funding of external evaluation programs
 - Some evidence of impact
 - Within well-defined and mutually agreed rules



Common criticisms and limitations of external audit

- **The absence of mutually-agreed standards often makes the work of external audit difficult, or open to criticism.**
- **Too many standards can be just as harmful as having no agreed standards**
- **Publishing the results to give the public confidence is problematical**

3. Decide on Follow up actions





Decisions and follow-up actions

- Confidence in the rigour of the process
- Consistency of decision rules
- Reliably dealing with poor compliance
- Promotion of continuous improvement through reevaluation of corrective actions in a defined time frame
- Transparency

4. Towards European harmonisation





European variations

- **Countries of Northern Europe**

- tend to be small countries with a high income,
- are more interested than countries in Southern Europe in assessing the general medical sector,
- rely more on voluntary external audits (accreditation, certification, peer review) supervised by the State.
- have few rules, but they assess relatively severely, with transparency for the public, and with fairly strong professional obligations and sanctions.

- **Countries of Southern Europe**

- have more rules (accreditation is compulsory in France, for example), and are more directive,
- there may be more tolerance and major derogations in terms of practical implementation (Roman legal tradition).
- audit less but if audit results are negative, there is little place for sanctions unless a crisis occurs, and in such a case a special mechanism is often required (general inspection).

- **The English-speaking countries**

- often fall between these two approaches.
- adopt almost all the tools and strategies (peer review, accreditation, quality, certain ISO standards). These initiatives are based on the many recommendations and guides provided by the NPSA (with a distinctly higher level of inducement than in France), with an objective of minimum standards to be adopted by all. Performance assessment is currently stronger than in France, with an emphasis on cost effectiveness and safety management at top management level.

- **The Eastern countries**

- are increasingly visible but are still dealing with major economic problems and trying to reconcile ambition (Western European model) and social realism.



Towards European harmonisation

- **Easy**
 - Common general goals and principles
 - Portfolio of common methods (a minimum tool platform)
- **More difficult**
 - Common standards
 - Easy : Physical standards
 - Relatively Easy: Clinical governance
 - Hard: Organisation and system approach
 - Monitor performance
- **Hard to achieve**
 - Common process of evaluation
 - Common logic of decision