The Role of Accreditation in the Regulation* of Quality and Safety of Care

Agenas, Rome, March 2011

Charles Bruneau, MD
HAS - Haute Autorité de Santé
La Plaine Saint-Denis, Paris, FRANCE

*A sustained and focused control exercised by a public agency over activities valued by a community (P Selznick)
1. A program mandated by law (1996)
2. A primary objective of improvement in quality and safety of care through the generation of sustained changes in practices
3. An objective of accountability and of information of the public
4. An increasing role in the contractualisation process (Law on the reform of hospitals in relation to patients, health and territories, July 21, 2009)
Hospital accreditation in France
From V1 to V2010

From the first to the third round

1ST ROUND
2ND ROUND
3 RD ROUND

Overlapping year
Overlapping year

V1 V2 V2010 IACE
1. Policy and organisation of professional practice appraisal
2. Management of adverse events
3. Control of infection risk
4. Management system of patients’ complaints and claims
5. Pain management
6. Patient care at the end of life
7. Management of the patient medical record
8. Patient access to his medical record
9. Patient identification at all stages
10. Quality improvement of medication management
11. Management of emergencies and non elective care
12. Organisation of the operating room
National indicators

- Infection control
- Proper use of antibiotics
- Pain management
- Patient medical record
- Nutritional disorder
- Medication management
- Patient discharge process
Advantages of a mandatory system

- **Mandatory systems are arguably more effective:**
  - Equity and national coverage
  - Coherence with national strategies and integration into other regulatory mechanisms
  - Achieving a commanding position to drive quality and safety in national health systems

- **Mandatory systems are arguably more mature:**
  - More emphasis on outcomes
  - Greater weight of decisions
  - Greater involvement of all stakeholders
Results as perceived by professionals (IPSOS survey 2007)

1. Positive points
   1. Recognition of a leverage effect for quality of care
   2. An institutionalisation of quality structures and processes
   3. The development of transversality between professionals
   4. A marked interest for the evaluation of clinical practices
   5. Ratcheting of levels of requirements

2. Negative points
   1. Confusion of objectives that are not clearly perceived
   2. A need to balance control and incitation
   3. Signs of demobilisation after the survey
   4. A need for a more integrated process
   5. A need for simplification and articulation
   6. A demand to demonstrate value and impact
Rising expectations and demands for regulation

1. Awareness of issues related to safety and quality of care
2. Demands for accountability and transparency
3. An expansion of patient rights to include quality and safety of care
4. Doubts on the efficacy of self-regulation
5. Search for efficiency, cost of low quality and financial pressures
The international regulatory landscape
Limits of strategies of “vertical” regulation

1. Accumulation of rules, controls and demands for external reports
2. Loss of visibility of objectives
3. Energy focused on external demands that are not necessarily linked to the functioning of their organisation
Is health care getting Safer?

1. The Agency for Healthcare Research and Quality (US) has defined safety indicators and generated measurement initiatives over the last 10 years.

2. In UK, rates are actually increasing in all but two of the nine indicators measured.


4. “Foreign Body Left during Procedure” is decreasing slightly.

5. The remaining indicators suggest that care is getting steadily less safe.
Gaps in Hospital Discharge Planning and Transitional Care

*Base: Adults with any chronic condition who were hospitalized in past 2 years*

<table>
<thead>
<tr>
<th>Percent</th>
<th>AUS</th>
<th>CAN</th>
<th>FR</th>
<th>GER</th>
<th>NETH</th>
<th>NZ</th>
<th>UK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did <em>not</em> receive instructions about symptoms and when to seek further care</td>
<td>25</td>
<td>20</td>
<td>37</td>
<td>29</td>
<td>24</td>
<td>28</td>
<td>26</td>
<td>12</td>
</tr>
<tr>
<td>Did <em>not</em> know who to contact for questions about condition or treatment</td>
<td>15</td>
<td>11</td>
<td>16</td>
<td>11</td>
<td>13</td>
<td>14</td>
<td>17</td>
<td>8</td>
</tr>
<tr>
<td>Hospital did <em>not</em> provide written plan for care after discharge</td>
<td>43</td>
<td>29</td>
<td>39</td>
<td>40</td>
<td>37</td>
<td>31</td>
<td>32</td>
<td>9</td>
</tr>
<tr>
<td>Hospital did <em>not</em> make arrangements for follow-up visits with any doctor</td>
<td>38</td>
<td>32</td>
<td>40</td>
<td>35</td>
<td>21</td>
<td>32</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>Any of the above discharge gaps</td>
<td>61</td>
<td>50</td>
<td>71</td>
<td>61</td>
<td>51</td>
<td>53</td>
<td>50</td>
<td>38</td>
</tr>
</tbody>
</table>

*Source: 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults*
## Patient Engagement in Care

*Base: Adults with any chronic condition who have regular doctor or place of care*

<table>
<thead>
<tr>
<th>Regular doctor or doctor at usual place of care <em>always</em>: (%)</th>
<th>AUS</th>
<th>CAN</th>
<th>FR</th>
<th>GER</th>
<th>NETH</th>
<th>NZ</th>
<th>UK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourages you to ask questions</td>
<td>52</td>
<td>53</td>
<td>39</td>
<td>42</td>
<td>42</td>
<td>56</td>
<td>47</td>
<td>56</td>
</tr>
<tr>
<td>Tells you about treatment options and involves you in decisions</td>
<td>58</td>
<td>56</td>
<td>43</td>
<td>56</td>
<td>63</td>
<td>62</td>
<td>51</td>
<td>53</td>
</tr>
<tr>
<td>Gives you clear instructions about symptoms and when to seek care</td>
<td>59</td>
<td>58</td>
<td>44</td>
<td>61</td>
<td>60</td>
<td>67</td>
<td>52</td>
<td>59</td>
</tr>
</tbody>
</table>

*Source: 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults*
What is Safety…..?
A land of ambiguities

- Good Access to Care: Improving?
- Reduction of Disease Complications: Improving +++
- Reduction of Care Related Complications: Improving +
- Reduction of Unacceptable Errors: Worsening?
- Patient’s Adherence and Comprehension of Risks: Stable or Worsening?
Physicians’ perception of Quality

1. **The first rationale for system change (healthcare improvement) is innovation, not quality**
   1. Promises of better effectiveness
   2. Increase patients’ recruitment (elderly... disabled)

2. **Quality helps to improve the effectiveness of Innovation**
   1. Adapt the system to innovation
   2. Optimize innovation, reduce undesirable side effects (disease complications, care related complications and errors) and promote cost-effectiveness
Innovation is creating both hope and confusion in Quality and Safety

The power of newspapers
The need for actualisation of recommendations in quality and safety

Average cycle of Quality interventions in complex systems

- 2 Years to see the problem
- 2 Years to see local solutions
- 1 more Year to see solution endorsed by medical Agencies
- 5 years for spreading out solution within all the professional community

Innovation rate per decade

- SURGERY
  - Prophylaxies
  - Anesthesiology
  - Techniques
- AVIATION
  - Jets
  - Automated a/c
  - Medical devices
  - Data-link
Three horizon lines

The integrated patient life’s journey vision
Stats from end (AE) and look backwards on the evolution of the disease

The silo technical vision
Time continuity Specialty dependant

The patient’s medical episode vision
Consider a longer period of time Analysis extended backward and forward to the previous and next transition of care

Primary care
Admission
Discharge

Potential AE
Drug errors
Poor Strategy
Poor Compliance…

The consequence of AEs

Good care recoveries

Good & bad care recoveries

More or less effective rehabilitation

After events Short term Mortality 30 or 60 days after discharge

long term Mortality Amenable Mortality

Time horizon
Patient life’s journey trough out the medical system

Int’l Forum
An alternative strategy to transform health care organisations

Based on 5 concepts:

- Transparency and promotion of a culture for patient safety
- Integrated patient care pathways
- Patients’ participation and empowerment
- Quality of work life
- Education of health care professionals

(L. Leape, Transforming health care: a safety imperative, QHSC, 2009)
A strategy of adaptive or responsive regulation

- Flexible and sensitive to local conditions
- Participative and empowering the « regulee »
- Allowing for the rapid evolution of professional practices
- Addressing issues that generate change
- Giving a large role to the model of « meta-regulation »
Regulatory pyramid and health care safety and quality mechanisms

- Command & control
  - Licence revocation or suspension
  - Physician revalidation
- Meta-regulation
  - Enforced self-regulation
  - Mandated continuous improvement
  - Mandated incident reporting system
  - Consumer complaints ombudsman
- Self-regulation & voluntarism
  - Clinical governance
  - Hospital accreditation (voluntary)
  - Peer review
  - Continuing education
- Market mechanisms
  - Governance by contract
  - Published league tables
A national strategy for accreditation

- A balance between autonomy and standardisation
- An equilibrium between prescriptive strategies and those that promote culture changes
- A dialogue between « regulee » and regulator throughout a pluriannual accreditation cycle
- Activities of « portage »
- The measurement of impact
At the European level (1)

- A rise in expectations and a sharing of values
- Opportunities for exchange and learning
- The promotion or external evaluation/pressure mechanisms in Member States incorporating principles of the model of responsive regulation
- The inclusion of EU priorities into national programs, for example, specific guidelines related to cross border care
EUNetPaS: an EU network…

An EU-level platform for collaboration and networking between:
- 27 Member States
- International organisations
- Stakeholders in the field of Patient Safety (decision makers, healthcare professionals, patients, scientists)

And of National Networks
EUNetPaS Outcomes and Deliverables

Promote coherence at EU level through recommendations and proposition of common tools

- Culture measurement tools and links to performance
- Guidelines for education and training
- Virtual library of European Reporting and Learning Systems
- A mechanism for sharing high priority PS issues and/or solutions between all Member States
- Recommendations on medication safety protocols
- An EU community of hospitals involved in PS
At the European level (2)

- Informing MS and stakeholders of the external evaluation mechanisms in place in MS

- Informing MS and stakeholders of the results external evaluation mechanisms in place in MS

- Not putting emphasis on European standards which would not be adapted to the local context, would be only minimal and are not acceptable to Member States