# Academic issues and quality in healthcare

Dr Charles D Shaw

## Dimensions of quality in health care

**Equity** 

Accessibility

Effectiveness

Acceptability

Efficiency

Appropriateness

**Robert Maxwell** 

## International challenges

- Ageing populations
- Increasing public demands & expectations
- Rising costs, limited budgets
- Changes to the patterns of disease
- Burgeoning knowledge base
- Demand for transparent decision making

## "Medical injury" to in-patients

	Year	% admissions
New York (MPS)	1991	3.7
Australia	1994	13
UK (pilot)	2000	11
New Zealand	2001	13
Denmark	2001	9
France (pilot)	2002	15
Canada	2004	8
Netherlands	2005	6 Lucian Leape, 2008

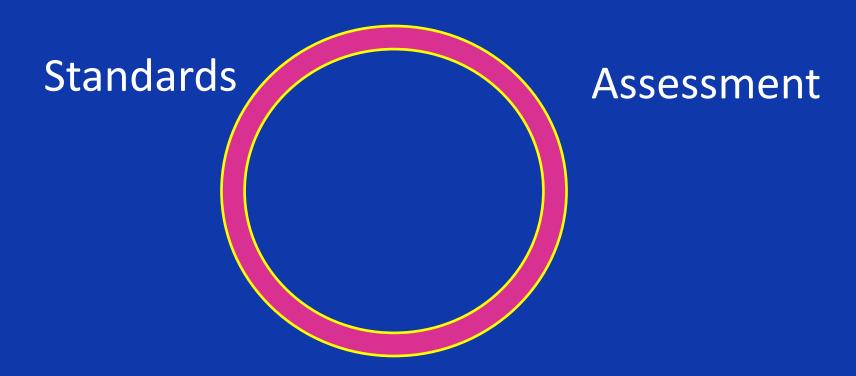
## Cost concerns, Estonia

- 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

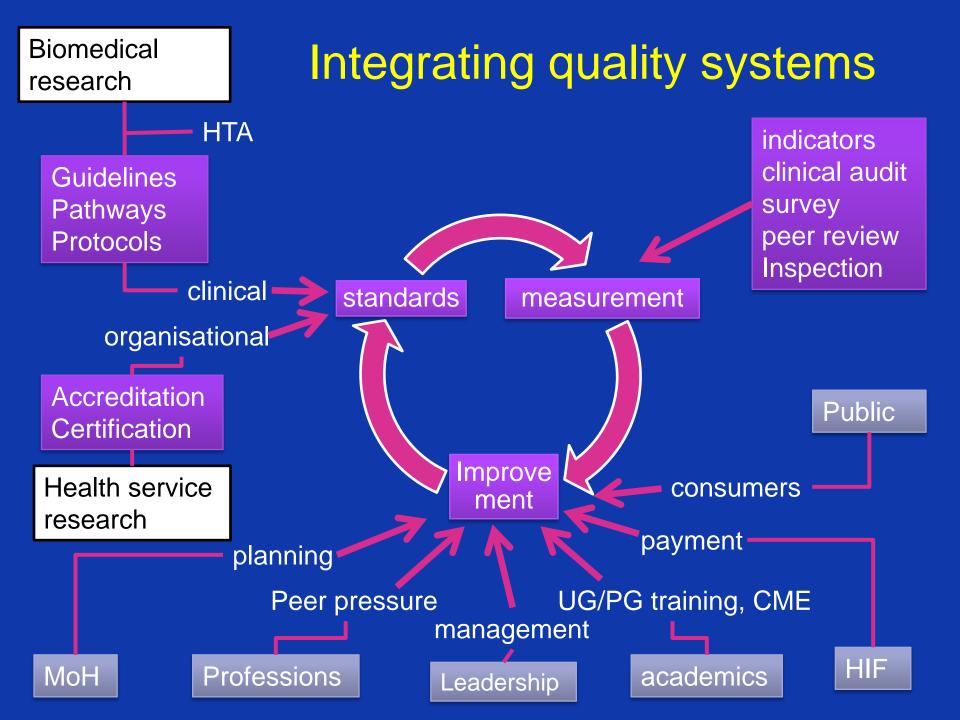
### The Production Model of Quality

Structure - Process - Outcome

## Cycle of improvement



Change management



# Scientific basis of clinical improvement

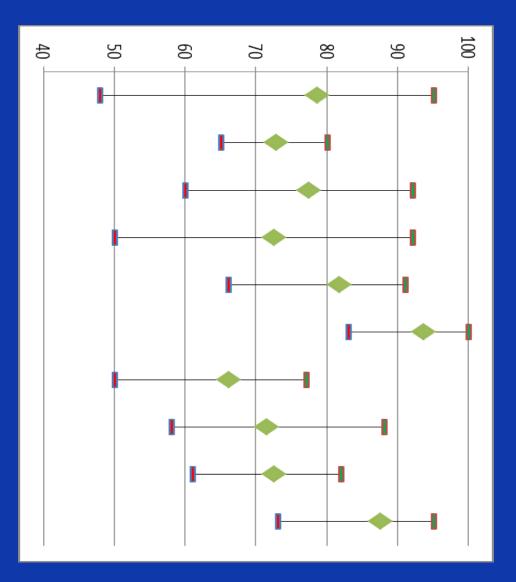
- Biomedical and health service research
- Technology assessment, guidelines, pathways, standards (clinical, organisational)
- Measurement, analysis, data presentation
- Change management: service redesign, clinical practice

## Current projects in Indonesia

- HAPIE project
- KARS accreditation
- Mapping policy, organisations, methods
- National strategy for improvement

# Hapital review summary, Hapital 2013 n=9

- 1 Hospital governance
- 2 Patient orientation
- 3 Human resources
- 4 Clinical practice
- 5 Infection control
- 6 Human tissue, transfusion
- 7 Facilities management
- 8 Medication safety
- 9 Surgery, anaesthesia
- 10 Documentation, records



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### Human resources

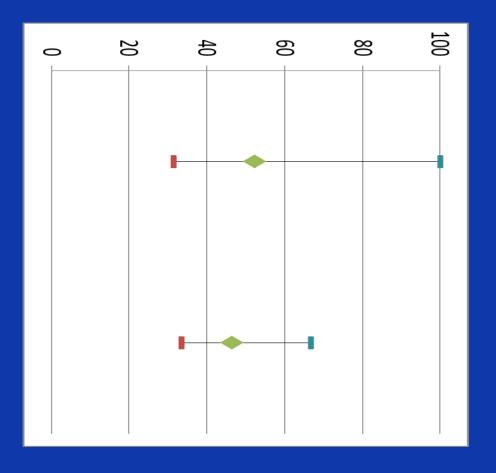
- Mechanism to verify professional qualifications of an applicant prior to appointment 78%
- Clinical staff are training in CPR according to international guidelines, at induction and with annual update training
- Record kept of all clinical staff being engaged in regular formal CPD activities 72%

## AMI, resuscitation facilities,

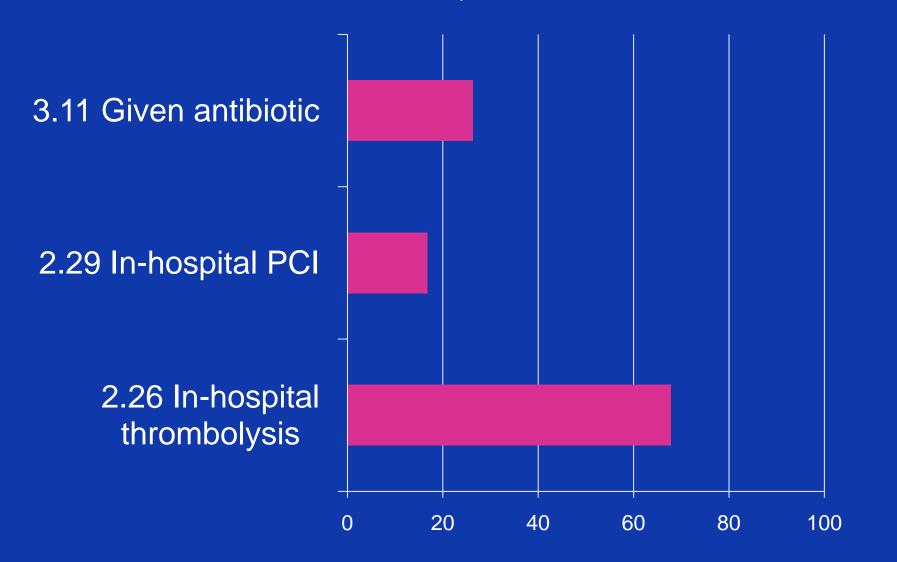
#### Facilities for AMI

- PCI
- Fibrinolytic treatment
- Coronary angiography
- Ambulance telemetry

Completed "crash cart" checklists, 3 departments



## AMI interventions, HAPIE 2012 n=9



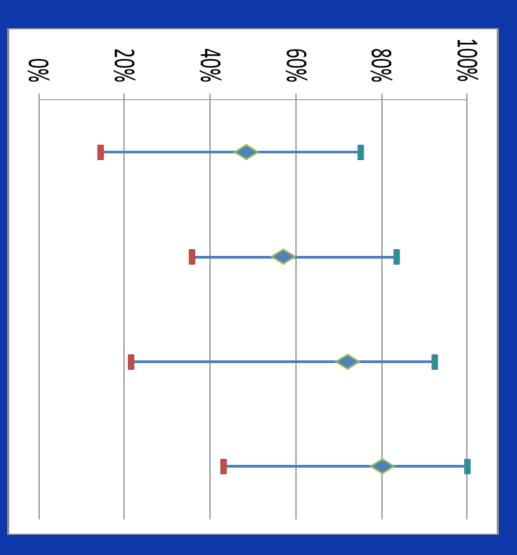
## AMI discharged from hospital on

beta adrenergic blocker

**ACE** inhibitor

Statin

aspirin / antiplatelet



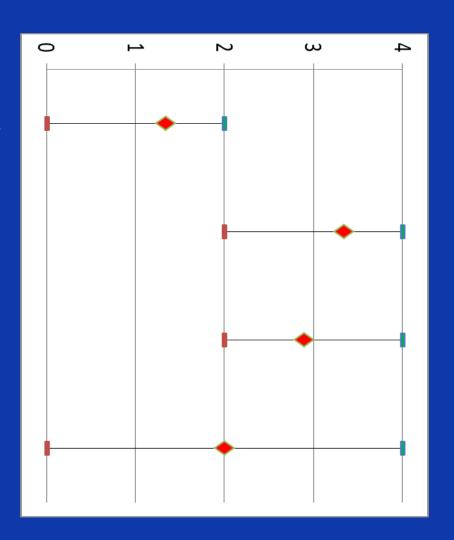
### Clinical review

AMI38 adverse events

D12b MCH outcomes

Hip18 adverse events

P16 pneumonia indicators



## Strategic issues in HAPIE

- Health system
  - planning
  - Resource allocation
- Management systems
- Clinical policy, practice
- Education, training

# Comments on HAPIE presentation, March 2013

- "Lack of supervision of trainees in academic hospitals
- Weak undergraduate training in patient communication, "informed" consent etc
- Unclear criteria for recognition of medical specialist competences"

## 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
- Translating audit into management action

## 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

## Higher medical training Generic Curriculum, UK

- Organisation of clinical governance
- Risk management
- Evidence
- Audit
- Guidelines

Joint Committee on Higher Medical Training 2003

### 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

