Nurs 430: Unit III Issues in Delivering Care

College of Nursing, King Saud University

Riyadh, Saudi Arabia

Learning Objectives:

▶ After completing this lecture, students will be able to:

  ▶ Define accreditation

  ▶ Understand the elements of accreditation system

  ▶ Explain benefits of accreditation

  ▶ Discuss the objectives of accreditation

  ▶ Describe the various chapters of Saudi hospital standards mandated by CBAHI

  ▶ Know the different healthcare accreditation organizations

  ▶ Understand the major drivers of health care costs

  ▶ Comprehend the need to control health care costs

  ▶ Differentiate complementary from alternative health care practices

  ▶ Explain the different categories of complementary and alternative therapies

  ▶ Understand the role of nurses when providing or recommending complementary and alternative practices to clients

What is Accreditation?

- "self-assessment and external peer review process used by healthcare organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the healthcare system" (CBAHI, 2006)

- "public recognition by a health care accreditation body of the achievement of accreditation standards by a health care organisation, demonstrated through an independent external peer assessment of that organisation's level of performance in relation to the standards." (Australian Council on Healthcare Standards [ACHS], 2015).

Accreditation systems are considered to comprise five key elements: (ACHS, 2015)

- ► 1. Governance or stewardship function

- ► 2. A standards-setting process

- ► 3. A process of external evaluation of compliance against those standards

- ► 4. A remediation or improvement process following the review

- ► 5. Promotion of continuous quality improvement.

Benefits of accreditation (Nicklin, Dickson, Accreditation Canada, 2008)

- ► Enhancing patient safety by effectively managing and mitigating clinical and safety-related risks

- ► Ensuring an acceptable level of quality among health care providers

- ► Stimulating sustainable quality improvement (QI) and continuously raising the bar with regards to QI initiatives

- ► Enhancing organizations' understanding of the continuum of care by focusing on performance improvement and outcomes of care

- ► Increasing reputation among end-users and enhancing their awareness and perception of quality care

- ► Promoting capacity-building and organizational learning

- ► Providing a framework that assists in the creation and implementation of systems and processes which improve operational effectiveness and enhance positive health outcomes

What are the objectives of Accreditation? (CBAHI, 2006)

- ▶ "To ensure the quality of health care through the application of quality concepts"

- ▶ "To foster a culture of patient safety and minimize the risk of medical errors"

- ▶ "To achieve optimum organizational results with available resources"

- ▶ "To increase accountability to patients and identified stakeholders"

The CBAHI Accreditation Standards

- ▶ The CBAHI Accreditation Standards were developed by a consensus process of health care experts representing (**MOH, national guards hospitals, KFSH&RC , University hospitals, Private hospitals, Security Forces hospital, Saudi Council for Health Specialties, MRQP team**),

- ▶ The standards have been approved by DR. HAMMED ALMANE (Minster of health) – National Standards Preparation committee on 21-24 May 2006.

Central Board of Accreditation for Healthcare Institutions - CBAHI

▶ The CBAHI was formed based on the recommendation and approval of Council of Health Services on 1/3/1426 & 5/5/1426, meeting chaired by the Minister of Health, as Chairman of Council Of Health Services , according to the Authority delegated to him and reference to the Article NO.17 issued with a Royal Deed No.M/11 on 23/3/1423, and Article No.17L CBAHI was established based on the success of the Makkah Region Quality Program (MRQP) under the leadership of the late governor HRH Prince Abdulmajeed Bin Abdul Aziz Al-Saud.

Central Board of Accreditation for Healthcare Institutions - CBAHI

▶ The current CBAHI standards were developed by teams of experts from the various healthcare sectors in the kingdom: ministry of health, National Guard healthcare services, armed forces healthcare services, Saudi ARAMCO, the private sector, King Faisal Specialist Hospital and Research Center, Saudi Commission for Health Specialties, Security Forces healthcare services and Civil Defense. CBAHI standard manual was approved by his Excellency the Minister of Health in 2006.

National Hospital Standards – Chapters (CBAHI, 2006)

▶ The National Hospital Standards have been developed for the key services and functions and organized in the following chapters

  ▶ *Leadership (LD)*

  ▶ *Medical Staff and Provision of Care (MS)*

  ▶ *Nursing (NR)*

  ▶ *Quality Management and Patient Safety (QM)*

  ▶ *Patient & Family Education & Rights (PFE/PFR)*

  ▶ *Different service units*

Healthcare accreditation organizations:

▶ ISQua is the umbrella organization responsible for accrediting the Joint Commission International accreditation scheme in the USA and Accreditation Canada International, as well as accreditation organizations in the United Kingdom and Australia.

▶ Saudi Arabia:

   ▶ Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI), Jeddah. [Standards are ISQua Accredited)

▶ United Kingdom:

   ▶ QHA Trent Accreditation

   ▶ UKAF (the United Kingdom Accreditation Forum) is responsible for accrediting accreditation schemes in the United Kingdom.

▶ United States:

   ▶ Joint Commission International (JCI)

Healthcare accreditation organizations: (continued)

▶ Australia:

  ▶ Australian Council on Healthcare Standards International (ACHSI)

▶ Canada:

  ▶ Accreditation Canada International (ACI)

▶ France:

  ▶ HAS (Haute Autorité de Santé)

▶ India:

  ▶ National Accreditation Board for Hospitals & Healthcare Providers (NABH)

▶ New Zealand:

  ▶ Quality Health New Zealand (QHNZ); QHNZ quality standards are based on those used in Australia and Canada. QHNZ is accredited by the international umbrella organization, the International Society for Quality in Healthcare (ISQua).

Cost Control and Evaluation of Health Care

Major Drivers of Health Care Costs (ACP, 2009)

- ▶ Inappropriate utilization especially of advanced medical technology

- ▶ Lack of patient involvement in decision-making

- ▶ Payment system distortions that encourage over-use

- ▶ High prices for health care services

- ▶ A health care workforce that is not aligned with national needs

- ▶ Excessive administrative costs

- ▶ Medical liability and defensive medicine

- ▶ Declining health status and chronic disease

- ▶ Demographic changes including an increase in elderly persons

Why Do We Need to Control Health Care Costs?

- Spending on health care continues to exceed economic growth at an unsustainable pace

- Rate of growth in health care spending is the single most important factor undermining the nation's long-term fiscal condition

Why Should Controlling Health Care Costs be Linked to Promoting Good Health Outcomes? (ACP, 2009)

- ▶ Increasing pressure to control health care costs necessitates that limited healthcare resources be used equitably and judiciously.

- ▶ Healthcare expenditures must be correlated with high quality and efficiency in the delivery of services to improve health outcomes.

- ▶ This requires understanding the benefits and effectiveness of clinical procedures, recognizing the major drivers of health care costs, and identifying potential means for achieving savings.

Complementary and Alternative Health Care

COMPLEMENTARY AND ALTERNATIVE HEALTH CARE

▶ includes modalities or interventions used to address clients' health needs across the continuum of health care, but are not generally considered part of "mainstream" health care practice

▶ "**Complementary**" practices are used alongside mainstream health care while

▶ "**Alternative**" practices are used in place of mainstream health care practices

Categories of Complementary and Alternative Therapies

1. Alternative medical systems

   Alternative medical systems are built on complete systems of theory and practice. Often these systems have evolved apart from and earlier than the conventional medical approach used in the United States. Examples of alternative medical systems that have developed in Western cultures include homeopathic medicine and naturopathic medicine; examples that have developed in non-Western cultures include traditional Chinese medicine and Ayurveda.

2. Mind-body interventions

   Mind-body medicine uses a variety of techniques designed to enhance the capacity of the mind to affect bodily function and symptoms. Some techniques that were considered complementary and alternative medicine (CAM) in the past have become mainstream (for example, patient support groups and cognitive-behavioral therapy). Other mind-body techniques are still considered CAM, including meditation, prayer, mental healing, and therapies that use creative outlets such as art, music, or dance.

3. Biologically based therapies

   Biologically based therapies in CAM use substances found in nature, such as herbs, foods, and vitamins. Some examples include dietary supplements, herbal products, and the use of other so-called natural but as yet scientifically unproven therapies (for example, using shark cartilage to treat cancer).

4. Manipulative and body-based methods

   Manipulative and body-based methods in CAM are based on manipulation and/or movement of one or more parts of the body. Some examples include chiropractic or osteopathic manipulation and massage.

5. Energy therapies

   Energy therapies involve the use of energy fields. They are of two types:

   - *Biofield therapies* are intended to affect energy fields that purportedly surround and penetrate the human body. The existence of such fields has not yet been scientifically proved. Some forms of energy therapy manipulate biofields by applying pressure and/or manipulating the body by placing the hands in, or through, these fields. Examples include therapeutic touch, Reiki, and qi gong.
   - *Bioelectromagnetic-based therapies* involve the unconventional use of electromagnetic fields, such as pulsed fields, magnetic fields, or alternating current or direct current fields.

CONSIDERATIONS WHEN PROVIDING INFORMATION ABOUT, RECOMMENDING, INITIATING OR PARTICIPATING IN COMPLEMENTARY AND ALTERNATIVE PRACTICES WITH CLIENTS

- Nurses assist clients to understand

- Clients have a right to choose

- Not all CAHC practices are within the scope of nursing practice

- Collaboration, communication and documentation are important

Many of the Top 10 Safety Events Span Multiple Healthcare Settings

Hospital

Ambulatory Care

Doctor's Office

Aging Services

NURSING HOME

ECRI Institute's Top 10 Patient Safety Concerns for 2014

1. Data integrity failures with health information technology systems*
2. Poor care coordination with patient's next level of care
3. Test results reporting errors
4. Drug shortages
5. Failure to adequately manage behavioral health patients in acute care settings
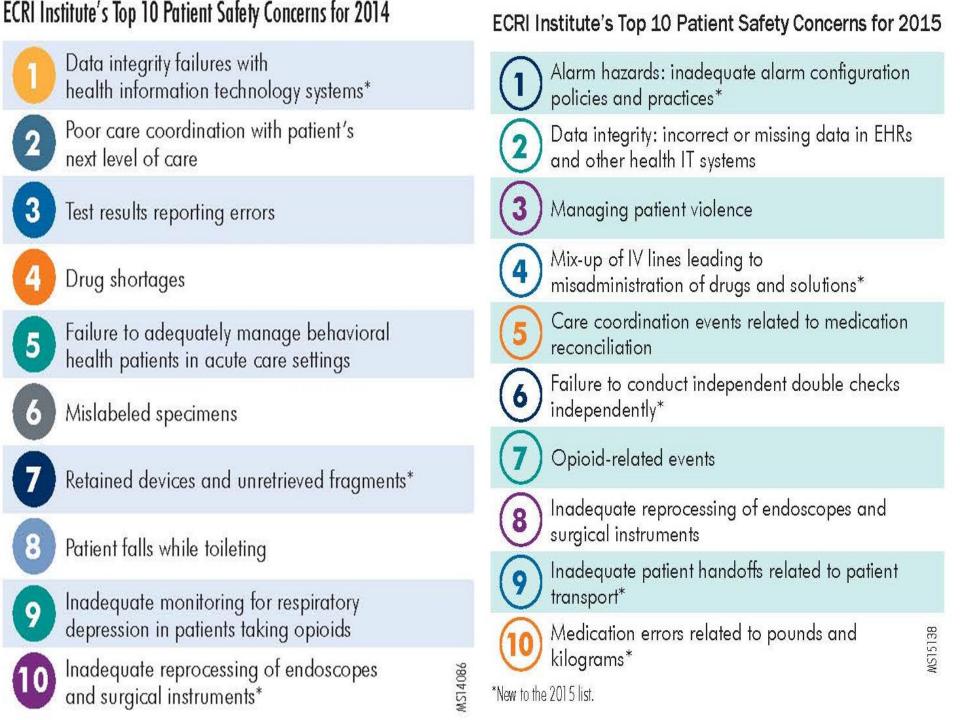6. Mislabeled specimens
7. Retained devices and unretrieved fragments*
8. Patient falls while toileting
9. Inadequate monitoring for respiratory depression in patients taking opioids
10. Inadequate reprocessing of endoscopes and surgical instruments*

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ECRI Institute's Top 10 Patient Safety Concerns for 2015

1. Alarm hazards: inadequate alarm configuration policies and practices*
2. Data integrity: incorrect or missing data in EHRs and other health IT systems
3. Managing patient violence
4. Mix-up of IV lines leading to misadministration of drugs and solutions*
5. Care coordination events related to medication reconciliation
6. Failure to conduct independent double checks independently*
7. Opioid-related events
8. Inadequate reprocessing of endoscopes and surgical instruments
9. Inadequate patient handoffs related to patient transport*
10. Medication errors related to pounds and kilograms*

*New to the 2015 list.

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▶ CBAHI- Hospital Accreditation guide

▶ ACHS (2015). What is accreditation? http://www.achs.org.au/about-us/what-we-do/what-is-accreditation/

▶ Nicklin, W., Dickson, S., Accreditation Canada (2008). The value and impact of accreditation in healthcare: A review of the literature. http://www.hadassah-med.com/media/2021761/thevalueandimpactofaccreditationinhealthcarearevie.pdf. Updated June 2009

▶ College of Registered Nurses of British Columbia. Complementary and Alternative Health Care. https://www.crnbc.ca/Standards/Lists/StandardResources/437CompandAlternativeHealthCare.pdf

▶ US Department of Health and Human Services. Talking about Complementary and Alternative Medicine with Health Care Providers: A Workbook http://cam.cancer.gov/attachments/workbook/talking_about_cam_workbook.pdf

▶ ECRI Institute (2014). Top 10 Patient safety concerns for healthcare organizations 2014.

▶ ECRI Institute (2015). Top 10 Patient safety concerns for healthcare organizations 2015.

Question?