

# EVALUATING NATIONAL QUALITY IMPROVEMENT PROGRAMS:

**How can we learn from  
one program to the next?**

# AGENDA

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- Introduction
- Learning from DDKM
- The new Danish National Quality Program
- A research framework for evaluating the New National Quality Program
- Group discussion
- Summary and closing remarks



Foto: MARIE HALD

Bureaukрати. Sundhedsminister Nick Hækkerup varslar »kæmpe ændring«.

5 KL. 22.28

ASMUSSEN  
tør

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REKTE I DIN  
ÅKKE  
nyhedsbrev giver

## Regeringen vil stoppe papirvælde

Det skal være slut med overflødige registreringskrav. Regeringen lancerer et nyt kvalitetsprogram i hospitalsvæsenet.

En gang for alle skal det være slut med, at læger, sygeplejersker og andet hospitalspersonale drukner i unødigt papirvælde, der stjæler tid fra det væsentlige: patienterne.

SR-regeringen går nu til angreb på hospitalernes omfattende dokumentations- og registreringskrav og afskaffer fra årsskiftet den udkældte Danske Kvalitetsmodel, som hospitalerne har været tvunget til



Ann







# OBJECTIVES

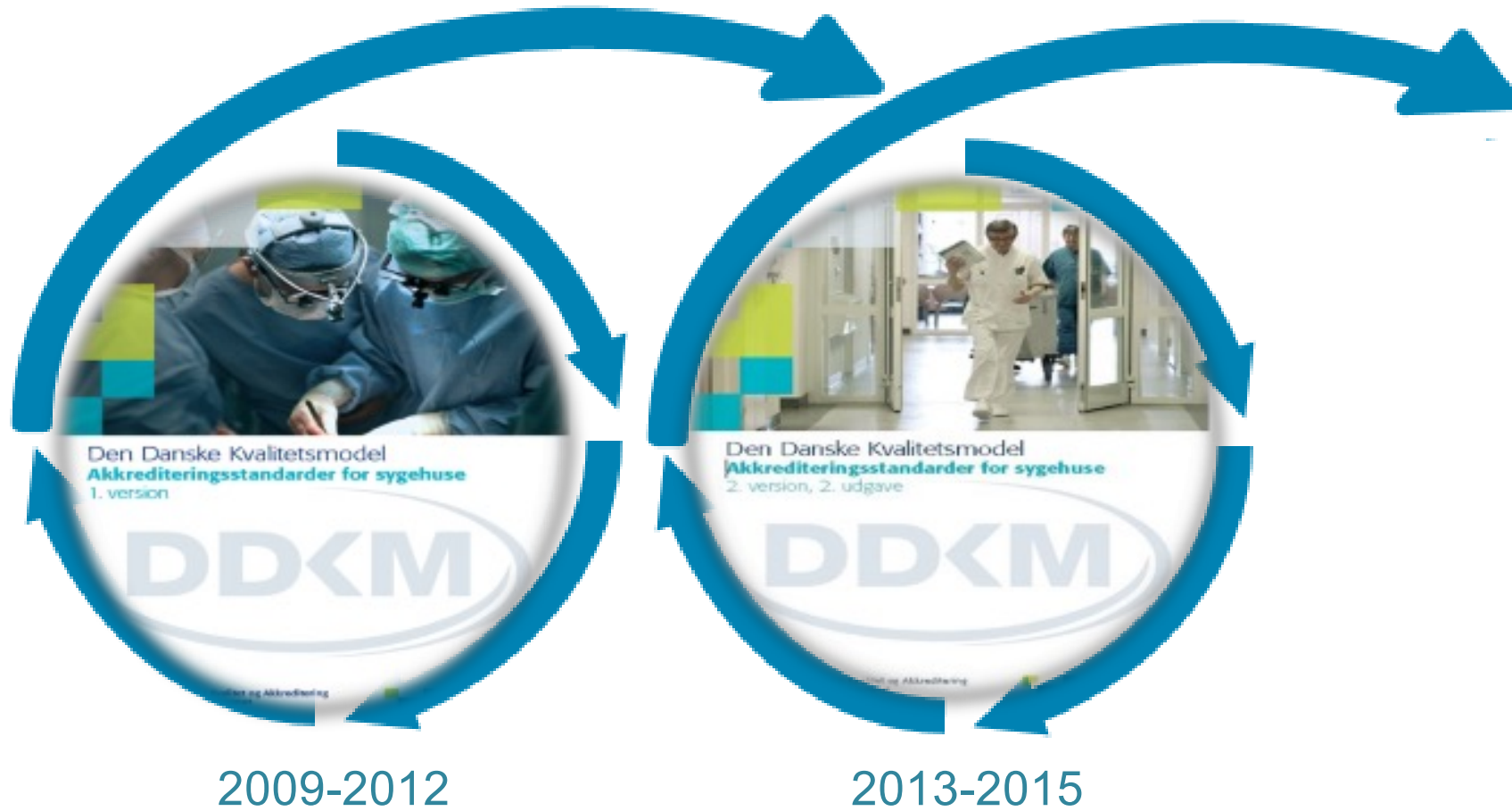
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- Learn about the two recent national quality improvement programs in Denmark
- Identify areas of learning from the evaluation of one program for the next
- Create a framework for studying large-scale quality programs





# ACCREDITATION IN DENMARK



# ACCREDITATION STANDARD



<b>Title of standard</b>	<b>Diagnosis</b> <b>2.8.6 Timely reaction to test results (6/6)</b>
<b>Standard</b>	Results from tests and procedures are followed up.
<b>Purpose of standard</b>	To ensure that patients receive prompt and effective treatment, so that no patient suffers any injury or is inflicted with unnecessary inconvenience resulting from lack of timely reaction to test results
<b>Target group (responsible)</b>	Managers and staff giving results to and receiving results from diagnostic procedures and tests
<b>Application area</b>	All units giving results to and receiving results from tests and procedures
<b>Compliance of standard</b>	Indicators assessing the compliance of the standard are listed in the steps below
<b>Step 1: Guiding documents</b>	<b>Indicator 1</b> There are guidelines for giving results to and receiving results from tests and procedures. As a minimum, the guidelines describe the following: <ul style="list-style-type: none"> <li>• The contents of test and procedure results</li> <li>• Minimum allowable response times and documentation</li> <li>• How to ensure that response is submitted to a responsible receiver</li> <li>• How to confirm results sent and results received</li> <li>• How to ensure that test results are seen in time</li> <li>• Routines to ensure that test results are seen when a result deviates to an extent that it requires acute action</li> <li>• The diagnostic and treating unit's routine when a result deviates to such an extent that it requires acute action</li> <li>• How to ensure overview of each patient pathway of tests and procedures that have been requisitioned, but no where no result is yet provided</li> </ul>
<b>Step 2: Implementation and use of guiding documents</b>	<b>Indicator 2</b> Managers and staff are familiar with and use the guidelines.
<b>Step 3: Quality surveillance</b>	<b>Indicator 3</b> Reports on adverse events due to lack of timely reaction to test results are assessed at least once annually, cf. Quality and risk management, standard 1.2.8.
<b>Step 4: Quality improvement</b>	<b>Indicator 4</b> Based on the quality surveillance, the management prioritizes specific action to take on quality improvements, cf. Quality and risk management, standard 1.2.4.

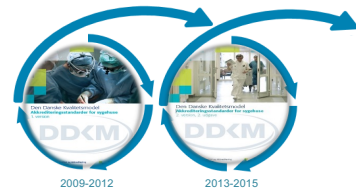


# ACCREDITATION IN DENMARK

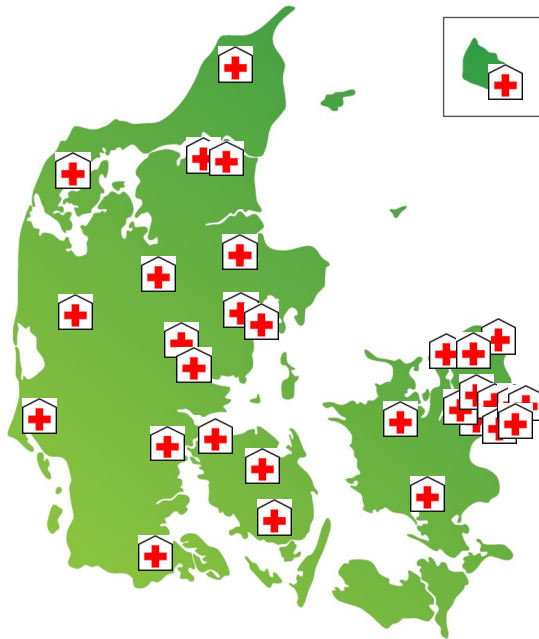


Announced on-site surveys every third year





# ACCREDITATION IN DENMARK



## Accreditation award

- ✓ Accredited (full)
- ✓ Accredited with remarks (partial)
- ÷ Not accredited (*never used*)



# DID ACCREDITATION WORK?

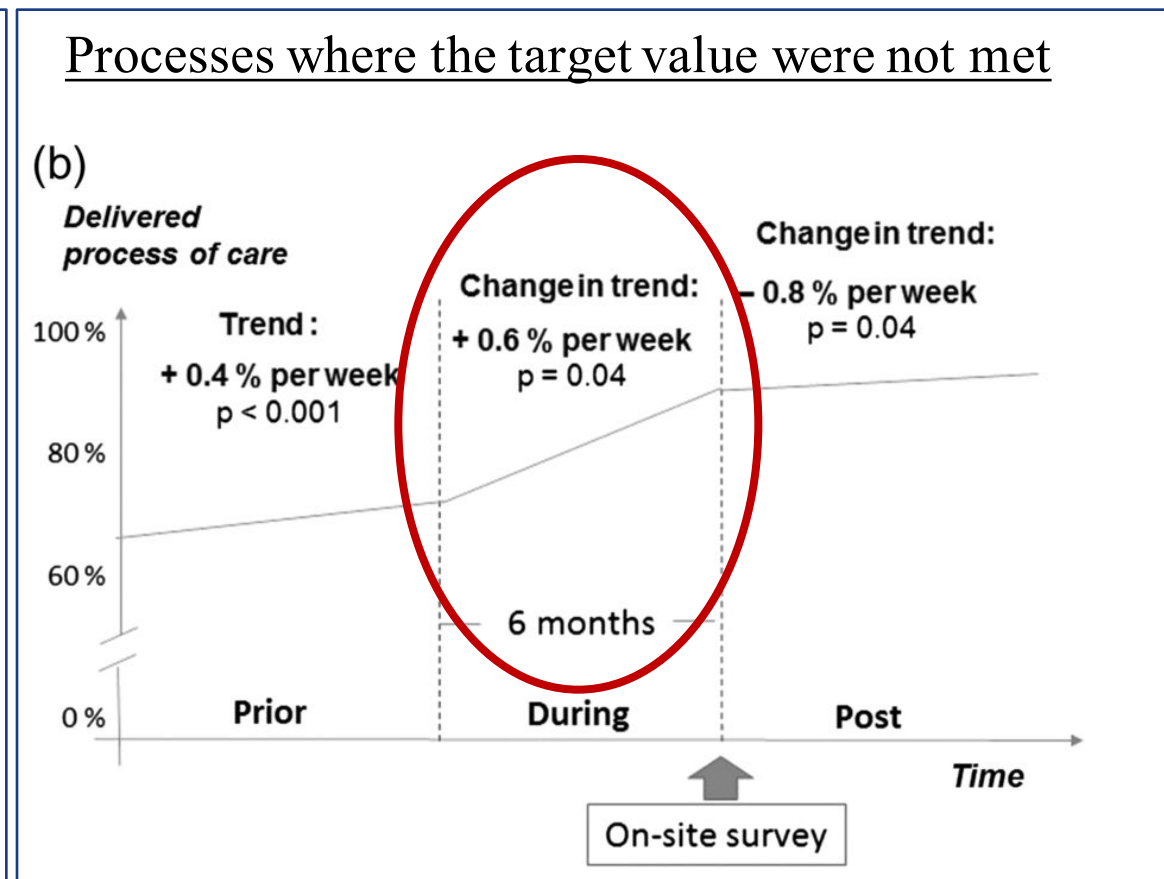
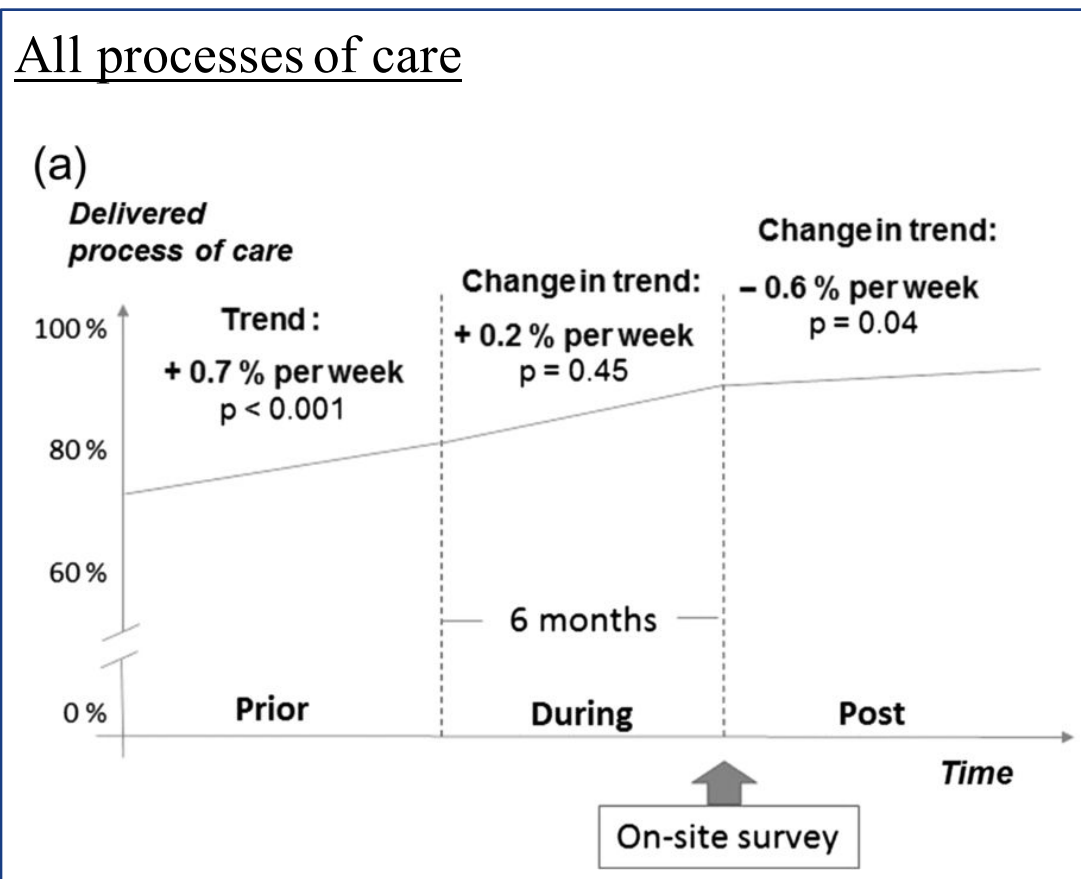
## PubMed search

(Accreditation[Mesh] OR "external evaluation") AND (Danish OR Denmark) AND hospital  
published in the last 10 years

= 33 hits

- 6 studies of the effectiveness
- 3 studies on attitude/perception towards accreditation
- 1 study on reliability of on-site survey

# EFFECTIVENESS OF ACCREDITATION



# EFFECTIVENESS OF ACCREDITATION

## High compliance with DDKM was associated with:

- ✓ Higher quality of in-hospital care
- ✓ Lower 30-day mortality
- ✓ Shorter length of stay
- No difference in acute readmissions

## Persistent low compliance with DDKM was associated with:

- Higher 30-day mortality
- Longer length of stay
- No difference in acute readmissions



# DID ACCREDITATION WORK?

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## Attitude/perception

- Overall attitude to accreditation were supportive – with physicians more skeptical
- Overall, the DDKM was considered time-consuming and having served its purpose
- Accreditation dominates hospital agendas.
- Accreditation creates organizational foundations for future quality improvement initiatives

## Announced vs unannounced surveys

- Unannounced hospital surveys were not more effective than announced surveys in detecting insufficiency with accreditation standards



# CHANGE OF THE APPROACH TO QUALITY

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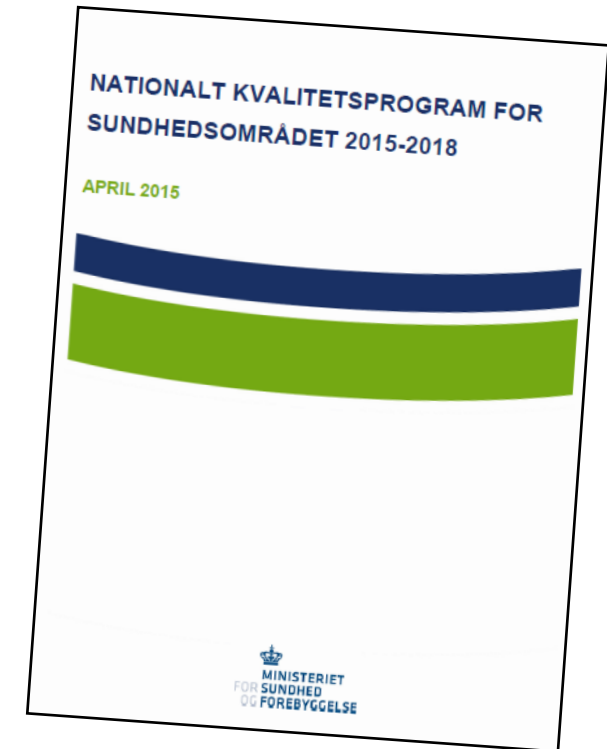


# THE NEW QUALITY PROGRAMME

## Focus areas

- Better health of the population
- Better patient experience
- Lower cost per treated citizen

The ambition is to develop an improvement culture, which ensure continuous improvement of the quality of care and patient safety AND a focus on cost and effectiveness



Source: <https://www.regioner.dk/sundhed/kvalitet-og-styring/det-nationale-kvalitetsprogram>

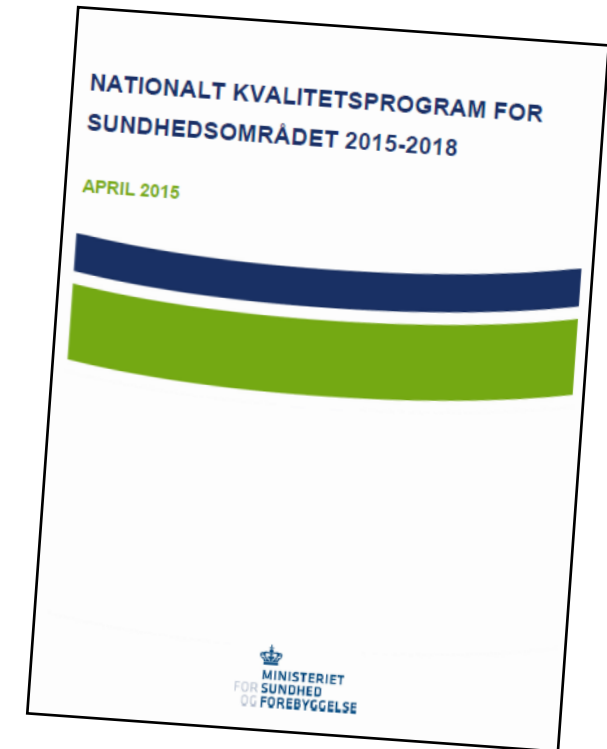


# THE NEW QUALITY PROGRAMME

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## 3 main elements:

- 8 national targets for health care
- Quality improvement collaboratives (*Lærings- og kvalitetsteams (LKT)*)
- National leadership development programme



# 8 NATIONAL TARGETS

NATIONALE MÅL : BEDRE KVALITET, SAMMENHÆNG OG GEOGRAFISK LIGHED I SUNDHEDSVÆSNET



BEDRE  
SAMMEN-  
HÆNGENDE  
PATIENT-  
FORLØB

More  
coherent  
patient  
pathways



STYRKET  
INDSATS  
FOR KRONIKERE  
OG ÆLDRE  
PATIENTER

Strengthen  
actions for the  
elderly and  
patients with  
chronic  
conditions



FORBEDRET  
OVERLEVELSE  
OG PATIENT-  
SIKKERHED

Improved  
survival and  
patient safety



BEHANDLING  
AF HØJ  
KVALITET

Treatment of  
the best  
quality



HURTIG  
UDREDNING  
OG  
BEHANDLING

Timely  
diagnostics  
and  
treatment



ØGET  
PATIENT-  
INDDRAGELSE

Strengthe-  
ned patient  
involvement



FLERE  
SUNDE LEVEÅR









More years of  
healthy living



MERE  
EFFEKTIVT  
SUNDHEDS-  
VÆSEN

More  
efficient  
healthcare  
system

# 24 INDICATORS

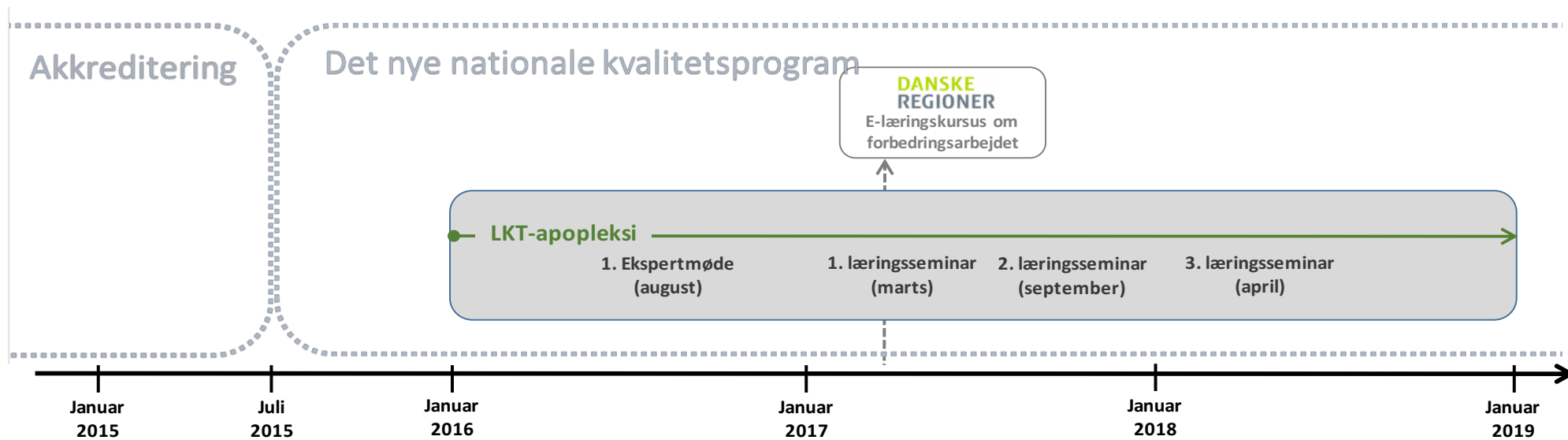
							
<b>More coherent patient pathways</b>	<b>Strengthen actions for the elderly and patients with chronic conditions</b>	<b>Improved survival and patient safety</b>	<b>Treatment of the best quality</b>	<b>Timely diagnostics and treatment</b>	<b>Strengthened patient involvement</b>	<b>More years of healthy living</b>	<b>More efficient healthcare system</b>
<ul style="list-style-type: none"> <li>• Acute readmissions</li> <li>• Waiting time for rehabilitation</li> <li>• Fully treated days at somatic hospitals</li> <li>• Updated medicine (GP)</li> <li>• Labor market attachment</li> </ul>	<ul style="list-style-type: none"> <li>• Acute admission (KOL/Diabetes)</li> <li>• Avoidable admissions (elderly)</li> <li>• Use of anti-psychootics (Dementia)</li> <li>• Overcrowding (medical wards)</li> </ul>	<ul style="list-style-type: none"> <li>• 5-year survival (cancer)</li> <li>• Mortality (Heart)</li> <li>• Hospital acquired infections</li> <li>• Survival after unexpected heart attack</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance with quality goals in the clinical databases (RKKP)</li> <li>• Use of restraintment (psychiatric wards)</li> </ul>	<ul style="list-style-type: none"> <li>• Waiting time for elective surgery and to psychiatric</li> <li>• Diagnostics within 30 days</li> <li>• Cancer pathways completes in time</li> </ul>	<ul style="list-style-type: none"> <li>• Patients satisfaction</li> <li>• Patient experienced involvement</li> </ul>	<ul style="list-style-type: none"> <li>• Average lifespan</li> <li>• Daily smokers</li> </ul>	<ul style="list-style-type: none"> <li>• Length of stay pr. Admission</li> <li>• Productivity (hospitals)</li> </ul>

**Goals for the regions and municipalities**



# QUALITY IMPROVEMENT COLLABORATIVES

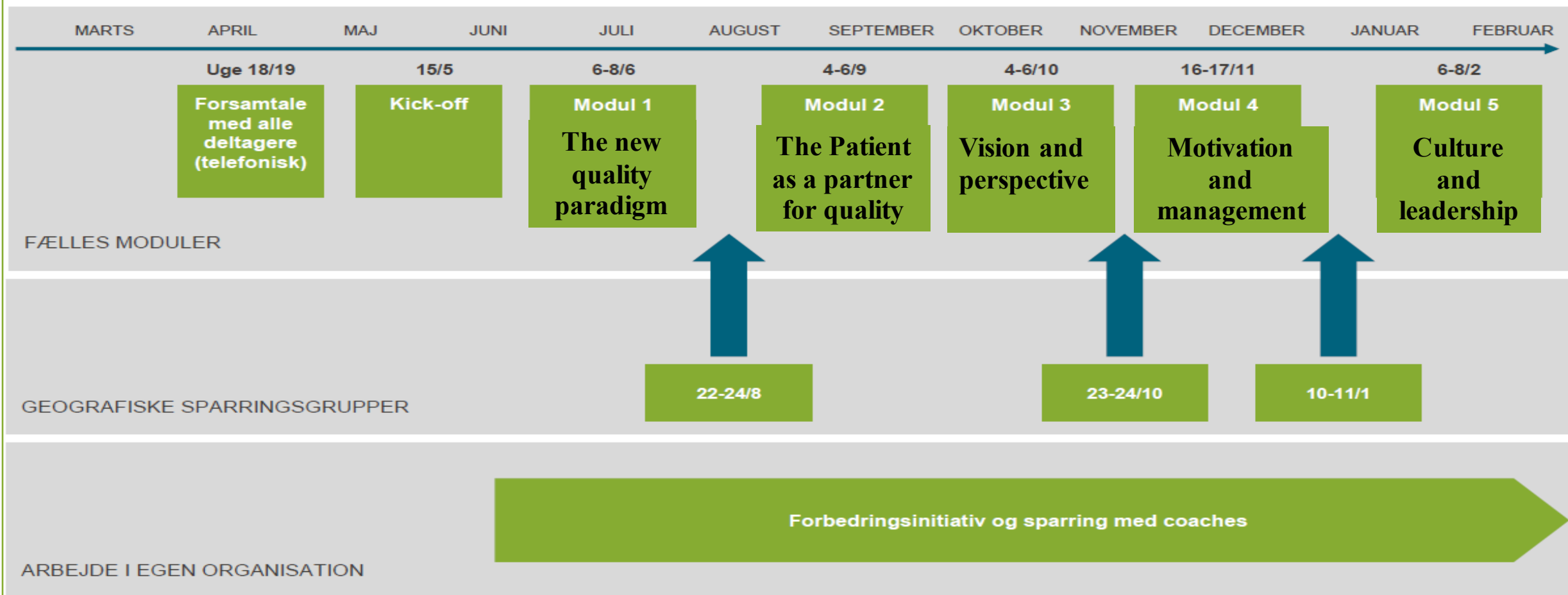
The aim is to ensure that good results and knowledge about what works best are spread as quickly as possible for the benefit of patients across the country.



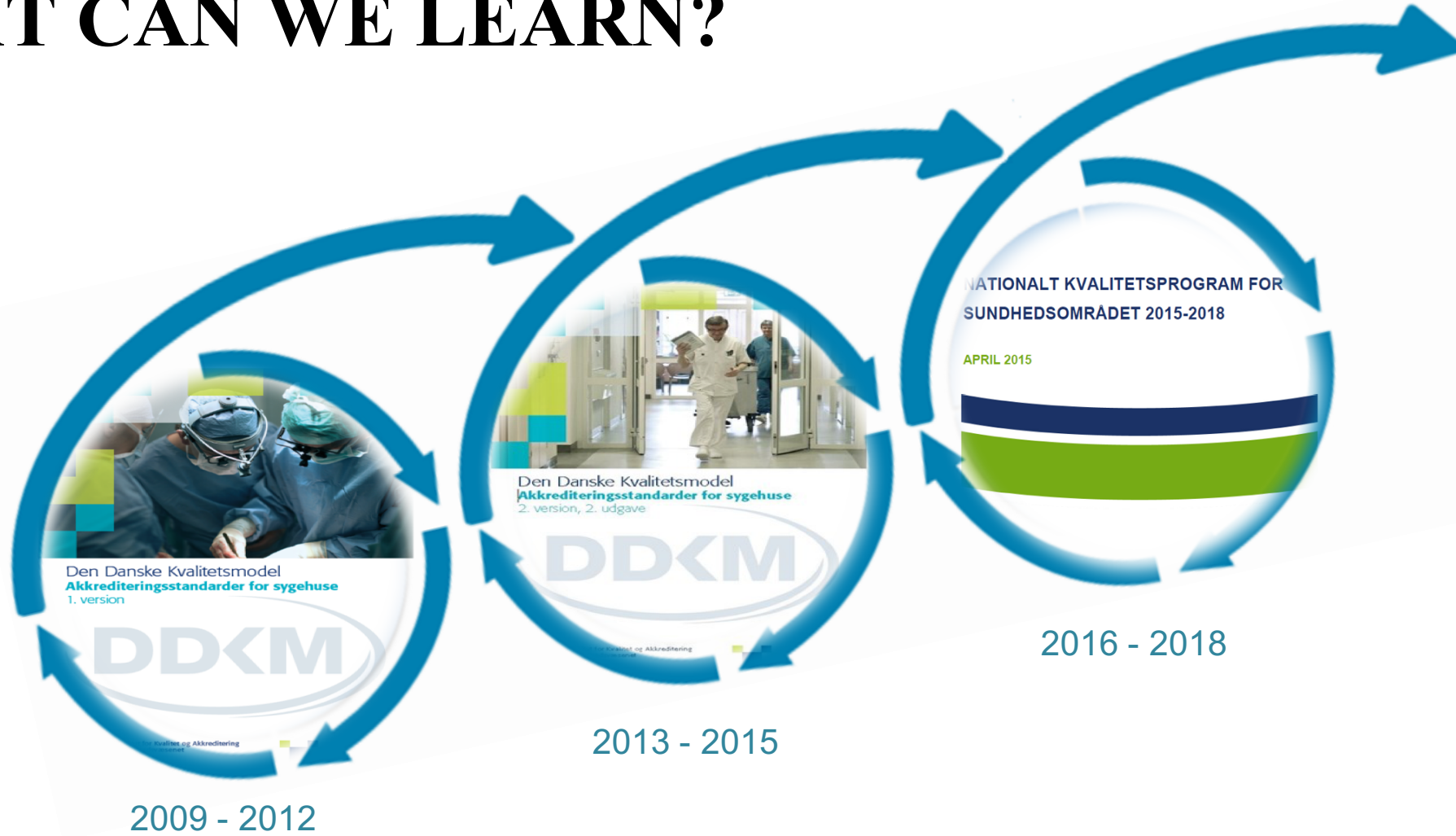


# THE LEADERSHIP PROGRAMME

Forløbsoversigt 2017/2018, Hold 1



# WHAT CAN WE LEARN?





# TEN CHALLENGES IN IMPROVING QUALITY

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Narrative review

## Ten challenges in improving quality in healthcare: lessons from the Health Foundation's programme evaluations and relevant literature

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Mary Dixon-Woods, Sarah McNicol, Graham Martin

*BMJ Qual Saf.* 2012 Oct;21(10):876-84.

# TEN CHALLENGES IN IMPROVING QUALITY

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## Challenge 1: Convince people that there's a problem



Patient stories

# TEN CHALLENGES IN IMPROVING QUALITY

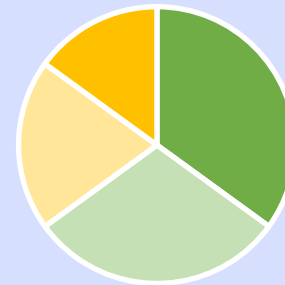
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## Challenge 2: Convince people of the solution

Before



After



# TEN CHALLENGES IN IMPROVING QUALITY

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## Challenge 3: Data collection and monitoring system



# TEN CHALLENGES IN IMPROVING QUALITY

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## Challenge 4: 'Projectness' and ambitions



# TEN CHALLENGES IN IMPROVING QUALITY

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## Challenge 5: Organisational context, culture and capacities



# TEN CHALLENGES IN IMPROVING QUALITY

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## Challenge 6: Tribalism and lack of staff engagement



# TEN CHALLENGES IN IMPROVING QUALITY

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## Challenge 7: Leadership





# TEN CHALLENGES IN IMPROVING QUALITY

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## Challenge 8: Incentivising participation and ‘hard edges’



# TEN CHALLENGES IN IMPROVING QUALITY

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## Challenge 9: Securing sustainability



# TEN CHALLENGES IN IMPROVING QUALITY

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## Challenge 10: Side effects of change



# SUMMARY

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- 1: Convince people that there's a problem
- 2: Convince people of the solution
- 3: Data collection and monitoring systems
- 4: 'Projectness' and ambitions
- 5: Organisational context, culture and capacities
- 6: Tribalism and lack of staff engagement
- 7: Leadership
- 8: Incentivising participation and 'hard edges'
- 9: Securing sustainability
- 10: Side effects of change

	
✓	✓
X	X
X	✓
X	✓
X	✓
X	✓
X	✓
X	?
X	?

# THE INTENTION OF A NATIONAL QUALITY PROGRAMME

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*To improve the quality of care!*

**But what is quality?**

*The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge*

(Institute of Medicine *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press; 2001)

# MULTIFACETED PERSPECTIVE ON QUALITY IS NECESSARY



1 Safe



Highlights the complexity of quality

Quality can be defined, measured and improved

IOM defined six dimensions of quality

6 Patient-Centered

2 Effective

5 Timely

3 Equitable

4 Efficient

# 1 SAFE

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**The health care environment should be SAFE at all times**

Both for patients and professionals

Equal standards of quality – in day, night and in weekends

Requires that patients are informed

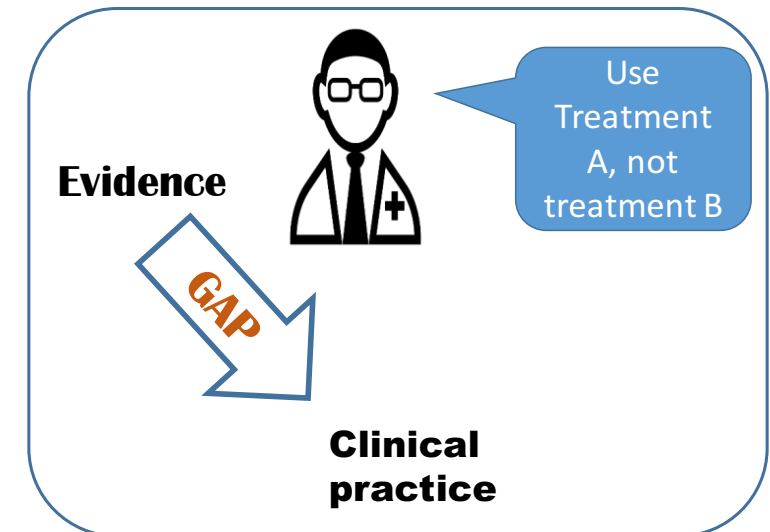


# 2 EFFECTIVE

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## Care should be effective

- Care should be based on scientific knowledge
- Avoiding underuse and overuse
- Follow clinical guidelines



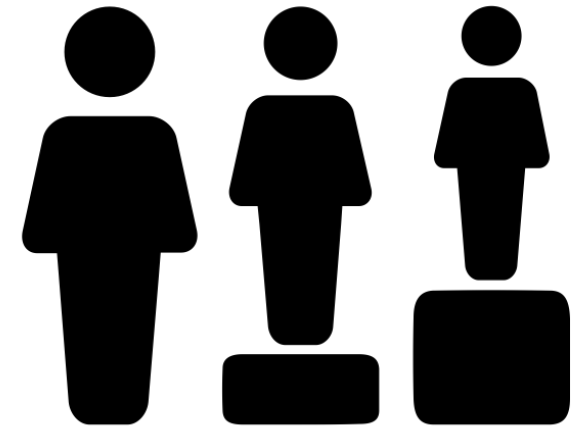


# 3 EQUITABLE

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## Care should be equitable

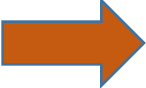
- Should not differ because of characteristics as gender, race, age, ethnicity, education and income
- Implies universal and equal access



# 4 EFFICIENT

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## Care should be efficient

- Eliminate situation where resource are use without adding benefits
- Avoiding waste of equipment, procedures, supplies and time
- Expensive treatment  less expensive treatment

# 5 TIMELY

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## Care should be timely

- Waits and delays should be avoided
- For patients (awaiting tests results, hallways wait for procedures and so on)
- and for professionals (operation delay, doctor and nurses wait “on hold”)

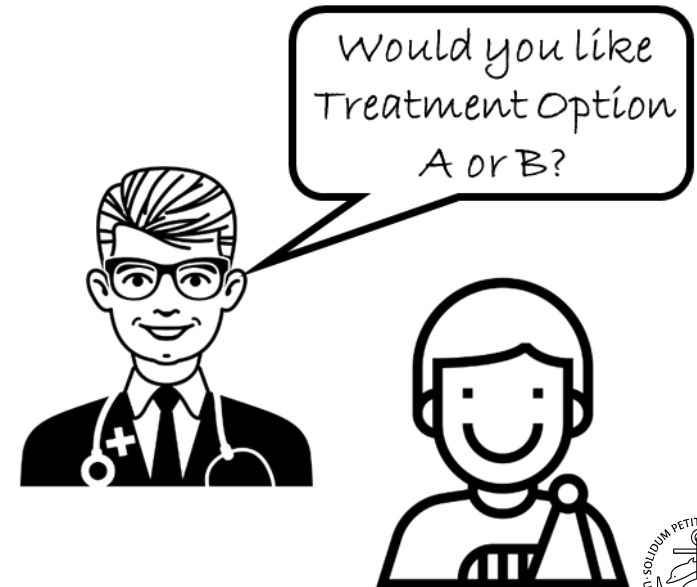


# 6 PATIENT-CENTERED

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## Care should be patient-centered

- Should be respectful to patient preferences and need
- Patients values should guide all clinical decisions when possible



# SUMMARY

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## Quality dimensions



1. Safety



2. Effectiveness



3. Equity



4. Efficiency



5. Timely



6. Patient-Centeredness



# INTRODUCTION TO GROUP WORK

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1. Short introduction round (5 minutes)
2. Discuss whether you find the proposed frame work useful for evaluating the EFFECT of quality improvement initiatives? Are there elements that you miss? (10 minutes)
3. Discuss possibilities for applying the frame work on quality initiatives in your own country/institution, including pros and cons (20 minutes)

# SUMMARY NOTES

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- Insufficient documentation for the effect of quality improvement initiatives
- Lack of systematic learning/accumulation of experience
- A prospective plan for evaluation of effect should be an integrated part of new QI initiatives
- Relevant frameworks for such evaluations should be identified or developed
- Exchange of experience with use of different frameworks are highly warranted



AARHUS  
UNIVERSITY



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*Int J Qual Health Care.* 2018 [accepted]
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