Accreditation and Performance Measurement
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Agenda
- Accreditation and performance measurement in the US
- IQIP and Accreditation
- Case Study
- Three dimensions of accreditation and measurement
- IQIP – next steps

Accreditation and Performance Measurement in the United States prior to 1998

<table>
<thead>
<tr>
<th>1998</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary Reporting</td>
<td>Performance Measurement for Internal Performance Improvement</td>
</tr>
</tbody>
</table>
National Hospital Quality Measures

- Used by Joint Commission and the Centers for Medicare and Medicaid Services
  - Pay for performance
  - Accreditation
  - Public reporting
- Measure sets with multiple measures each
- Standardized patient-level measure
- Direct comparisons between hospitals

National Hospital Quality Measures

- Acute myocardial infarction
- Pneumonia
- Pregnancy
- Surgical infection prevention
- Hospital outpatient
- Childhood asthma
- Nursing sensitive care (2010)

Performance Measurement for ...

<table>
<thead>
<tr>
<th>1998</th>
<th>2004</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Performance Improvement</td>
<td>Accreditation</td>
<td>Pay for Performance</td>
</tr>
</tbody>
</table>
National Hospital Accreditation Systems

USA          New Zealand
Canada       Japan
United Kingdom Lithuania
Netherlands  Korea
France       Taiwan
Sweden       China
Spain        South Africa
Czech Republic Australia
Germany

IQIP and Accreditation

- Taiwan
  - IQIP introduced by Taiwan Joint Commission in 1999
  - Long-standing interest in bringing measurement and accreditation closer together
- JCI
  - Hospitals participating in IQIP also JCI accredited

IQIP and Accreditation 2

- EPOS - Preparation of hospitals for accreditation since 1997
  - 10 German/Austrian hospitals accredited by Joint Commission International (JCI)
  - > 20 accreditation surveys
  - Experience with other major QM and accreditation systems (ISO, EFQM, KTQ)
- Coordinator of IQIP in Germany since 2002
- Coordinator for Switzerland and Luxembourg since 2005
- Coordinator for Italy from 2005 until 2007
- Quality management training
- Reorganization – Re-Engineering projects
Accreditation - Advantages

- Independent and objective assessment
- Assistance with developing and implementing systemic quality management
- Improvement of quality of care
- Increase motivation for CQI
- Reduce risks in patient care
- Compare with similar organizations
- „Quality Seal“ that should guarantee a high standard

Accreditation - Goals

- Improve quality of patient care
- Detect chances for improvement
- Improve documentation of processes
- Stronger orientation toward processes
- Clear assignment of responsibilities
- Improve interprofessional teamwork
- Improve orientation of new staff

Example for Accreditation System: Joint Commission Int. Accreditation (JCIA)

- Subsidiary of JCAHO
- Developed a universal accreditation system for acute care hospitals, 3rd ed. in 2008
- Cooperation with international task force with design of standards
- Accreditation of labs, emergency medical transport, „Care Continuum“ institutions, etcetera
- Accredited > 130 hospitals in 23 countries
JCIA Standards

- 368 standards
- 1,032 measurable elements
- 3rd edition since January 2008
- 6 “International Patient Safety Goals”
- Measures taken have to be in place for 4 months (1 year with re-accreditation)
- Valid for 3 years

Main Improvement Areas Resulting from Accreditation Process

- Mission/vision
- Quality management schedule
- Patient ID
- Guidelines for human resources: recruiting etc.
- Database on clinical trials
- Information leaflet on patient rights
- Improved overview on handling of documents
- Orientation guidelines for all new staff

Main Improvement Areas Resulting from Accreditation Process

- Procedures on handling emergency sets and medication
- Logistical guidelines
- Availability of patient records on weekends
- Medication/nutrition
- Staff with knowledge of foreign languages
- Definition of triage criteria
- Initial assessment of patients (responsibilities, time-frame)
- Return time of test results
Typical Problem Areas Identified by Accreditation Process

- Mission/Vision
- Privacy of patients
- Working with patient records/documentation
- Working with quality data
- Evaluation of staff competence/performance

Typical Problem Areas identified by Accreditation Process

- Working with clinical pathways/guidelines
- Working with standards for patient transfer
- Prescription of medication
- Blood and blood products
- Pain management
- Data analysis – performance improvement

Benefits of Accreditation

- Improving communication and teamwork
- Transparency of organizational goals by creating and communicating a vision/mission
- Comprehensive review of responsibilities in an org.
- Standardize healthcare as much as possible
- Empowerment of staff
- Marketing
- Improved risk management
Patient Safety Goals at JCIA

- Introduction of 6 International Patient Safety Goals in 2007
- IPSG # 6: "Reduce the Risk of Patient Harm Resulting from Falls" demands:
  - Policies & procedures that address reducing the risk of patient harm resulting from falls in the organization
  - Implementation of a process for the initial assessment of patients for fall risk...
  - Measures are implemented to reduce fall risk...

JCIA Standards for Hospitaks, 3rd Edition 2008

How Performance Measures Complement Accreditation Standards
- Tracer Methodology

Tracer Methodology

<table>
<thead>
<tr>
<th>Time</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 - 8:08</td>
<td>Daily Briefing (takes no more than 10 minutes) - (due to introduction of the 4th mandate)</td>
</tr>
<tr>
<td>8:10 - 8:30</td>
<td>Morn. Round (Vitals, Individual Patient Tracer)</td>
</tr>
<tr>
<td>8:30 - 9:00</td>
<td>Individual Patient Tracer, Individual Patient Tracer</td>
</tr>
<tr>
<td>9:00 - 9:30</td>
<td>Individual Patient Tracer, Individual Patient Tracer</td>
</tr>
<tr>
<td>9:30 - 10:00</td>
<td>Individual Patient Tracer, Individual Patient Tracer</td>
</tr>
<tr>
<td>10:00 - 10:30</td>
<td>Lean Team Meeting (in same room as morning meeting)</td>
</tr>
<tr>
<td>10:30 - 11:00</td>
<td>Lean Team Meeting (in same room as morning meeting)</td>
</tr>
<tr>
<td>11:00 - 11:30</td>
<td>Lean Team Meeting (in same room as morning meeting)</td>
</tr>
<tr>
<td>11:30 - 12:00</td>
<td>Lean Team Meeting (in same room as morning meeting)</td>
</tr>
<tr>
<td>12:00 - 1:00</td>
<td>Lunch and Team Building</td>
</tr>
<tr>
<td>1:00 - 2:00</td>
<td>Team Building: Lunch and Team Building</td>
</tr>
<tr>
<td>2:00 - 2:30</td>
<td>Team Building: Lunch and Team Building</td>
</tr>
<tr>
<td>2:30 - 3:00</td>
<td>Team Building: Lunch and Team Building</td>
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<tr>
<td>3:00 - 3:30</td>
<td>Team Building: Lunch and Team Building</td>
</tr>
<tr>
<td>3:30 - 4:00</td>
<td>Team Building: Lunch and Team Building</td>
</tr>
<tr>
<td>4:00 - 4:30</td>
<td>Team Building: Lunch and Team Building</td>
</tr>
<tr>
<td>4:30 - 5:00</td>
<td>Team Building: Lunch and Team Building</td>
</tr>
<tr>
<td>5:00 - 5:30</td>
<td>Team Building: Lunch and Team Building</td>
</tr>
<tr>
<td>5:30 - 6:00</td>
<td>Team Building: Lunch and Team Building</td>
</tr>
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</table>
Tracer Methodology of JCI

- Follows the experience of care of a number of patients through the organization’s entire health care process
- Can be conducted as:
  - “Individual” Tracer (following the patient)
  - “high risk” – “high volume” – “problem-prone”
  - “Data use” Tracer
  - Medication Management Tracer
  - Infection Control Tracer

Individual Patient Tracer

Physician Services  Nursing Sector  Administration

Patient Experience/Episode of Care

Individual Patient Tracer

Patient enters ED with ambulance
Individual Patient Tracer

- Patient enters ED with ambulance
- Patient is seen by ED physician
- Patient enters ED with ambulance
- Patient is seen by ED physician
- Patient has to be operated on
- Patient has to be operated on
- Patient is transferred to ICU

JCI Standard AOP.5.3: Laboratory results are available in a timely way as defined by the organization.

JCI Standard ASC.4: A qualified individual conducts a preanesthesia assessment and preinduction assessment.

JCI Standard ASC.7.4: Patient care after surgery is planned and documented.

JCI Standard COP.3.3: Policies and procedures guide the handling, use, and administration of blood and blood products.

IQIP Indicator 2a: Surgical Site Infections

IQIP Indicator 2b: Antibiotic Prophylaxis for Surgical Procedures

IQIP Indicator 5: Perioperative Mortality

IQIP Indicator 10: Unscheduled Returns to the Operating Room

IQIP Indicator 12: Physical Restraint Events

IQIP Indicator 14a: Sedation & Analgesia in Intensive Care Units

IQIP Indicator 17a: Device-Associated Infections in Intensive Care Units due to MRSA
Individual Patient Tracer

- Patient enters ED with ambulance
- Patient is seen by ED physician
- Patient has to be operated on
- Patient is transferred to ICU
- Patient is transferred to patient unit

JCI Standard ACC.1.4:
Admission or transfer to or from units providing intensive or specialized services is determined by established criteria.

JCI Standard FUR.2.6:
Patients are protected from physical assaults.

JCI Standard COP.2.4:
Patients and families are informed about the outcomes of care and treatment, including unanticipated outcomes.

JCI Standard MMU.7.1:
Medication errors are reported through a process and time frame defined by the organization.

IQIP Indicator 3:
Inpatient Mortality

IQIP Indicator 9:
Unscheduled Returns to Intensive Care Units

IQIP Indicator 13:
Documented Falls

IQIP Indicator 15:
Pressure Ulcers in Acute Patient Care

IQIP Indicator 16a:
DVT and Pulmonary Thromboembolism

IQIP Indicator 17b:
Multidrug-Resistant Organisms

Data Use Tracer

- Standards from Chapter QPS:
  - Clinical monitoring includes those aspects of...
    - 3.3: radiology and diagnostic imaging services...
    - 3.4: surgical procedures...
    - 3.5: antibiotic and other medication use...
    - 3.7: anesthesia and sedation...
    - 3.8: the use of blood and blood products...
    - 3.10: infection control, surveillance, and reporting...
    - 3.14: risk management...

  ...selected by the leaders."
How Performance Measures Complement Accreditation Standards

Structure, Process, Outcome

Structure, Process, Outcome

Structure

- Strengths
  - Easy to standardize
  - Easy to assess

- Weaknesses
  - Questionable impact on processes and outcomes
  - Far removed from outcomes

Illustrates how and why accreditation and measurement are complimentary concepts

Accreditation focuses primarily on structure and process

Measurement focuses primarily on process and outcomes
Process

- Strengths
  - Close to clinical processes
  - Easy to measure – done/not done
  - Can lead to immediate changes of practice
- Weaknesses
  - Not necessarily associated with better outcomes

Outcomes

- Strengths
  - What we should really care about?
  - The gold standard
- Weaknesses
  - Often difficult to differentiate between the result of quality of care and of confounders
  - Methodologically challenging – often requires risk-adjustment
  - Laborious data collection especially of post-discharge data

<table>
<thead>
<tr>
<th>Structure</th>
<th>Process</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Qualified individual oversees all infection prevention and control activities.</td>
<td>1. Coordination between preferences, norms and others for all IC activities.</td>
<td>IQIP 1b: Device utilization in the ICU</td>
</tr>
<tr>
<td>2. R program based on current scientific knowledge, internal guidelines, law and regulation.</td>
<td>2. Comprehensive program to reduce rate of HC-associated infection in patients &amp; staff.</td>
<td>IQIP 1a: Device-associated infections on the ICU</td>
</tr>
<tr>
<td>3. Leadership provides adequate resources to support IC program.</td>
<td>3. Leadership, HP1 assessed w/ risk of infection, implements strategies to reduce it.</td>
<td>IQIP 2b: Surgery site infections</td>
</tr>
<tr>
<td>4. Org established focus of HC-associated infection prevention and reduction program.</td>
<td>4. Org reduces infection risk by ensuring adequate equipment cleaning and sterilization.</td>
<td>IQIP 2a: Surgical site infections</td>
</tr>
<tr>
<td>5. Comprehensive program to reduce rate of HC-associated infection in patients &amp; staff.</td>
<td>5. Comprehensive program to reduce rate of HC-associated infection in patients &amp; staff.</td>
<td>IQIP 17a: Device-associated infections in ICUs due to MRSA</td>
</tr>
<tr>
<td>6. Org identified P&amp;P associated w/ risk of infection, implements strategies to reduce it.</td>
<td>6. Org establishes infection risk by ensuring adequate equipment cleaning and sterilization.</td>
<td>IQIP 17b: Multi-drug resistant organisms</td>
</tr>
<tr>
<td>7. Org reduces infection risk by ensuring adequate equipment cleaning and sterilization.</td>
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<td>IQIP Needle stick injuries</td>
</tr>
<tr>
<td>9. Hygiene w/ construction</td>
<td>9. Proper waste disposal</td>
<td>IQIP 17c: Active surveillance cultures for MRSA</td>
</tr>
</tbody>
</table>
Interaction between Standards and Indicators

Surgery Measure Set

- 2a Surgical wound infections
- 2b Antibiotic prophylaxis
- 5 Perioperative mortality
- 10 Unscheduled returns to the operating room
- 16a Deep vein thrombosis and pulmonary thromboembolism following surgery
- 16b Thromboprophylaxis for surgery

Strengths of Accreditation and Performance Measurement
Indicator Development

Purpose of Indicator Development
- Expand indicators to additional areas of care and services, e.g.
- Capture additional critical processes of care, e.g. resuscitation
- Strengthen the ability of indicators to support accreditation efforts

Needle Stick Injuries
- Needle stick injuries
- Needle stick injuries by
  - Nurses
  - Physicians
  - Students
  - Housekeeping
- Denominator: Number of FTE staff
Transfusion Incident

- Incorrect blood component transfused
- Acute transfusion reaction (including anaphylaxis)
- Delayed transfusion reaction
- Transfusion associated graft versus host disease (tA-GVHD)
- Transfusion related acute lung injury (tRALI)
- Post-transfusion purpura (PtP)
- Bacterial/other infection
- Post-transfusion viral infection
- Wrong blood in tube (WBt)
- Other near miss incident
- Denominator: Number of blood components transfused

Failure to Rescue

- This measure is used to assess the number of deaths per 1,000 patients having developed specified complications of care during hospitalization
- Numerator: Discharges with a disposition of "deceased"
- Denominator: All surgical discharges age 18 years and older defined by specific DRGs

Nursing Hours

- Hours worked by RN nursing staff
- Hours worked by other nursing staff (RN, LVN/LPN, and UAP)
- Denominator: Patient Days
Voluntary Staff Turnover

- Voluntary turnover for Registered Nurse (RN) and Advanced Practice Nurse (APN)
- Voluntary turnover for licensed practical nurse (LPN), licensed vocational nurse (LVN) and nurse assistant/aide (NA)
- Denominator: Total number of full time and part time employees on the last day of the month

CPR Success

- Survival of Cardiopulmonary Resuscitation (CPR)
- For all inpatients 18 years of age and older
- Numerator: Number of Successful CPR Episodes (>24 hours survival)
- Number of CPR performed
- Stratification by setting

Existing Indicator and Accreditation

- Complaints
- Completeness of documentation
Questions?