

Accreditation and Quality

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A Definition of Accreditation

- Self-review and external peer review of clinical services against standards in order to
 - (i) inform a decision about their level of performance and
 - (ii) identify areas for improvement

Adapted from ISQua, 1999

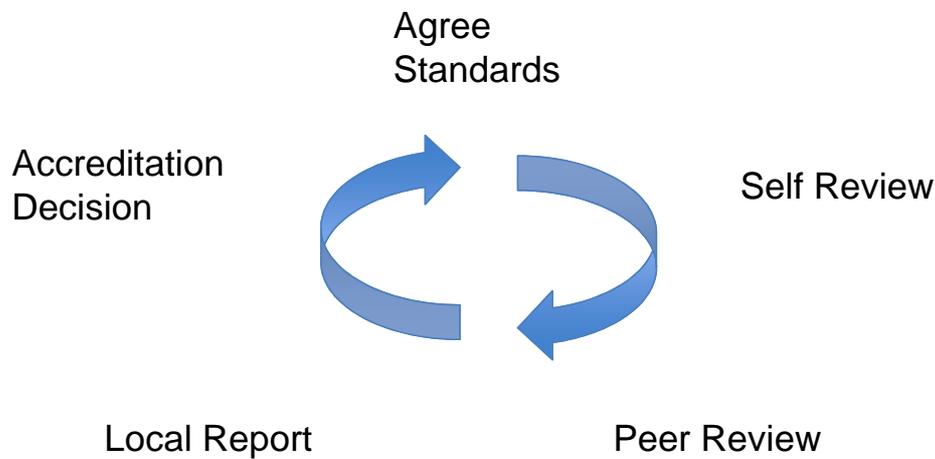
Standards

1. Environment and Facilities
 2. Staff and training
 3. Access, Admission and Discharge
 4. Care and Treatment
 5. Information, Consent and Confidentiality
 6. Safety and Security
- Some minimum standards, but in general are aspirational
 - To promote excellence rather than to assure safety

Example of a Standard

- 38.6 Essential: At least one staff member delivers one basic, low intensity psychological intervention
- 38.5 Expected: All patients are offered specific psychosocial interventions appropriate to their needs
- 38.8 Desirable: At least one staff member delivers two or more problem- specific, high intensity psychological interventions

Accreditation Cycle



The Accreditation Decision



- Accreditation Committee reviews a report and makes a recommendation
- A separate senior committee checks and formally accredits
- “Not Accredited”, “Deferred”, “Accredited”, “Accredited with Excellence”
- Accreditation is prospective for 3 years

Recent UK History



- “A Core Model for Professionally-led Clinical Service Accreditation” 2009
 - International Society for Quality in Healthcare (ISQua) principles and standards
- 2013: UK Healthcare professional bodies formed an “Accreditation Alliance” to organise and coordinate accreditation. Led by Physicians, Surgeons and Psychiatrists.
- Care Quality Commission (Helsetilsyn) will use information from accreditation reports

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Landscape for Quality



- Healthcare Providers’ internal governance systems
- Commissioners (Regions)
- Regulators
 - Care Quality Commission (Helsetilsyn)
 - Professional regulation (General Medical Council)
- Other national organisations
 - Professional Bodies (Royal College of Psychiatrists)
 - NICE (Clinical standards)
 - NHS Trust Development Authority
- National Quality Board

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College Centre for Quality Improvement



- Work with nearly all mental health trusts in UK
- Accreditation work started in 2000
- Have accreditation programmes for most specialised mental health services, n = 17
- About 1000 peer reviews in 2013
- Services pay about £2000 per annum
- Each project costs about £100,000 to start, then they are self financing
- Gives patients and professionals more control

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Does Accreditation Work?

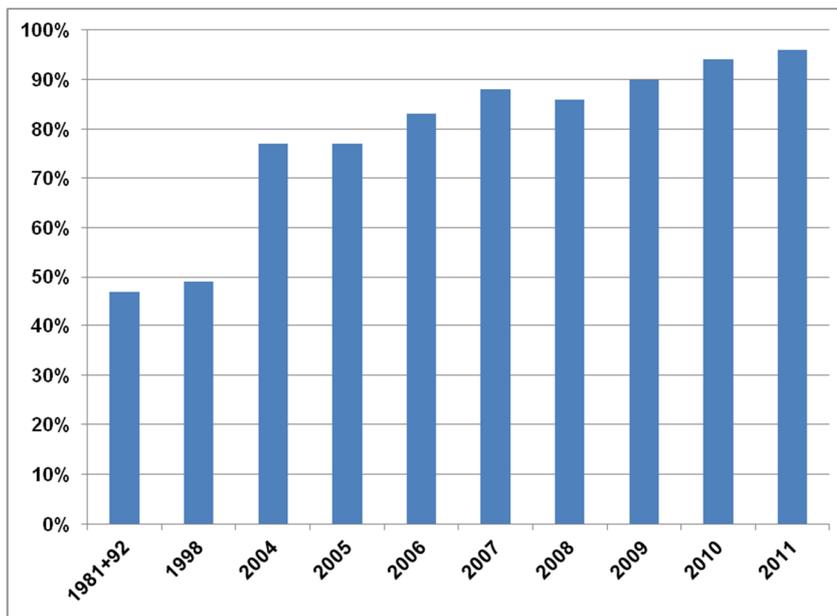


- David Greenfield UNSW: Accreditation improves organisations in some circumstances
- Accreditation uses clinical audit which has an evidence base

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ECT Clinics' Performance against 10 standards



- 3 Clinical audits: 1981; 1992; 1998
- Accreditation: 2003-2009

Critique



The Growth of Quality in Healthcare

- Endless policies result in “redisorganisation” (Walshe)
- What is driving this growth?
 - Desire to improve?
 - The big business of quality?
 - Our anxiety?

Sheldon: Juggernaut of Quality (2005)

- Computers are driving an obsession with measurement to find deviant behaviour
 - Quality is used in a normative, coercive way
 - Can annihilate the worst and best of services
- Need “more trust promoting approaches rather than trust eroding ones”
- “combination of oversight and active professional self-regulation is probably the best way forward”

Isabel Menzies Lyth: Social Structures as a Defence Against Anxiety (1960)



- Psychoanalysis of nursing in a London hospital
- Healthcare is inherently difficult, risky, demanding, distressing, disgusting
- We need defence mechanisms to cope, but we should choose them carefully. Some can diminish performance
- Accreditation can help “contain” and reduce anxiety
- Could lead to complacency and lack of engagement with patients’ complaints

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How Does Accreditation Work?

Themes

1. Local ownership and leadership

- It was our project. We signed up; decided who attends reviews of other services; planned review; saw it through; acted on feedback

2. “Other people’s suggestions

- ...and recommendations were very, very useful”, “we came away with a lot of ideas that we have adopted”. “SU feedback was very helpful”. We gained ideas, about increasing SU involvement and timely recording of assessments. (sharing good practice)

Themes

3. Exposure of bad practice

- Either by external reviewers or by staff voicing their own concerns
- Really want accreditation (feel proud)
- Definitely don’t want failure (feel embarrassed)

4. Don’t want to be different

- benchmarking shows differences, raises questions and difference reduces confidence in service

Themes

5. Feeling connected

- “The networking aspect has been of real value in helping to implement change – we have felt quite disconnected in the past but now we feel more enthusiastic” (confidence in support available).

6. Willingness of others in the network to help

Themes

7. Time for reflection as a team

- Staff found time to discuss and reflect in detail on their prescribing practice

8. Insight through discussion with reviewers

- liaison team realised local acute trust passes patients too often to them (they are very responsive).

Themes

9. Courage and realising one's limits

- “It has helped us to feel more comfortable and honest about what we can and cannot do, and through this we have made some improvements”. Need courage to say you are struggling and then trust in others to help

10. Willingness to deal with organisational constraints

- Staff members want to do a good job, but the systems they work within prevent them. Successful staff think about systems and how they might be changed (POMH)

Themes

11. Improved morale

- “The team were quite buoyed up by it”. “Being accredited with excellence raised the spirits of the whole service and increased interest in Liaison Psychiatry” (confidence)

12. Long term

- “helped stop longer term goals from being buried under the shorter term ones...” Some change takes years

Themes

13. Focus and vehicle for change

- “...gave us the focus to initiate, accelerate and finalise improvements”

14. Broad engagement across the trust

- Reductions in prescribing of high dose antipsychotics after wide dissemination of reports. Results discussed widely and including prescribing as a standing item on agendas of a variety of governance meetings helped.

Themes

15. Data used in governance

- Some used prescribing data as part of Trust performance management targets, which are fed back to the medicines management committee and Chief Executive.
- Several Trusts reported that Trust-wide policies regarding antipsychotic prescribing had been developed to help reduce the proportions of patients prescribed high doses, or to reduce PRN use.

Themes

16. Leverage after being accredited

- Accreditation helped the team argue to retain the clinical lead in context of cuts and to prepare another team for PLAN. “Excellent” accreditation raised our profile in the trust and within PCT.

17. Used tactically

- Team used ECTAS to show what they already knew – could not provide consistent anaesthetist cover. Imminent failure gave team support to close down clinic (Later reopened in a new location)

Summary of Themes

- Staff feelings and attitude
 - ownership, morale, pride, embarrassment, willingness to take on the system
- How the work is actively used in the organisation
 - leverage, use of data, others’ ideas, focus, time to reflect

Conclusion

- Accreditation gives patients and professionals a rare opportunity to lead quality improvement
 - Agree standards together and apply them together
 - give patients and professionals a voice and leverage to effect improvement
- Need to be aware of the growing industry of quality (Sheldon)
- Need to build trust in professions and not build coercive normative quality systems (Sheldon)
- Valid need to contain anxiety, but this can bring problems (Menzies Lyth)
- We believe accreditation works, but more formal evaluation is needed