HAAD Standards for Licensure and Quality Improvement

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Agenda

1. Background to the HAAD Standards project
2. HAAD-JCI Standards
3. Hospital Standards
4. Major standards chapters
5. Identified problems
6. Relevant standards
   - Patient Safety and Quality Improvement (PCQ)
   - Communication (CCC)
   - High Risk Care Processes (HRC)
   - Leadership (LDS)
7. Summary
Background to the HAAD Standards project

- Facilities licensing standards
  - Standards documentation (14 documents)
- Inspection process
- International standards
- Documentation and standards selection of a variety of standards (ISO, JCI, JCAHO, CCHSA, OSHA)
- Achievable in the private sector?
  - Tawam and Rahba achieved JCI in 2-3 years
  - SKMC working towards JCI (1 year+)
- RFP – Standards development and inspector training
HAAD-JCI Standards Partnership

*Developed and approved*

- Hospital Standards
- Ambulatory Care Standards
- Continuum of Care Standards

*Future*

- Medical Transport
- Laboratories
- Ionizing radiation
HSRC Terms of Reference
Administrative Decision No.26/2007

Administrative decision

• Membership from HAAD, Health Services Company and management organizations
• Goal - Review, amendment, and recommendation of standards for licensure and inspection of health facilities in the Emirate of Abu Dhabi.
• Objectives
  – Review draft standards submitted by JCI in the areas of Hospital, Ambulatory Care, and Continuum of Care.
  – Consider other developing and related standards.
  – Propose amendments to the proposed standards.
  – Recommend the adoption of standards that are consistent with international standards.
  – Develop a mechanism for annual standards review.
Major Standards Chapters

• Patient Safety and Quality Improvement
• Communication
• High risk care processes
• Leadership
• Facility Safety
Mandatory Standards

• Represent the most important
• Based on law, regulatory policies
• Selected critical Measurable Elements (MEs) or standards
• MUST be met for licensure
Problems Identified

- Patient safety
- Communication
- Provision of high risk care
- Referrals and transfers
- Documentation
- Professional qualifications and skills
General Principles

• Ensure the **clinical and other professional** qualifications of all staff according to HAAD licensing policies
  – Expectations of international good practice
  – Maintain safety

• Ensure their **facilities and equipment** are sufficient
  – deliver safe, high-quality care in accordance with international good practice.

• Ensure there are robust **clinical and management processes** for the tracking of patient safety and the effectiveness of treatment, including accurate, fit-for-purpose **clinical records**.

• **Report any occurrence** that results in a risk to patient safety or compromises the delivery of high-quality care
Patient Safety Goals

• All 6 Patient Safety Goals are MANDATORY
• Relevant other standards
• PCQ.1 Goal 1 – Identify patients correctly
  – ME 5 Before treatment or procedures
• PCQ.2 Goal 2 – Improve effective communication
## Monitoring Requirements

- **PCQ.8** – Monitoring of Patient Safety Goals
- **PCQ.13** – Identification of key measures to monitor
  - ME 5 – Patient assessment
  - ME 13 – Availability, timeliness, content, and use of patient records
  - ME 16 – Reporting of activities as required by law and regulation
  - ME 17 – Risk management
  - ME 23 – Prevention and control of events that jeopardize the safety of patients, families, and staff
Investigation and Reporting of Events

• PCQ.17 – The hospital uses a defined process for identifying and managing sentinel events
  – Definition of events to be investigated
  – Root cause analysis within 45 days
  – Change procedures

• PCQ.18 – Data are analyzed when undesirable trends and variation are identified
Communication

Admission

- **CCC.1** – Patients are admitted to receive inpatient care based on their identified health care needs and the hospital’s mission and resources.
  - **ME 1** – Screening is initiated at the point of first contact within or outside the hospital.

- **CCC.3** – Patients with emergency or immediate needs are given priority for assessment and treatment.
  - **ME 1** – The hospital has established criteria to prioritize patients with immediate needs.

- **CCC.6** – Admission or transfer to or from units providing intensive or specialized services is determined by established criteria.
  - **ME 1** – The hospital has established entry and/or transfer criteria for its intensive and specialized services or units.
  - **ME 5** – Patients transferred or admitted to intensive and specialized units/services meet the criteria and this is documented in the patient’s record.
Discharge, Referral, Follow-up

- **CCC.8** – There is a policy guiding the appropriate referral or discharge of patients
  - **ME 1** – There is a policy guiding the appropriate referral and/or discharge of patients
  - **ME 2** – The referral and/or discharge is based on the patient’s needs for continuing care
- **CCC.9** – Patient records contain a copy of the discharge summary
  - **ME 4** – A copy of the discharge summary is provided to the practitioner responsible for the patient’s continuing or follow-up care
Transfer of Patients

• CCC.10 – There is a policy guiding the appropriate transfer of patients to another hospital or organization to meet their continuing care needs
  – ME 2 – The process addresses the transfer of responsibility to another provider or setting
  – ME 5 – The process addresses who is responsible during transfer
  – ME 7 – Patients are appropriately transferred to other hospitals or organizations

• CCC.11 - The referring hospital organization determines that the receiving hospital can meet the patient’s continuing care needs
  – ME 1 – The referring hospital determines that the receiving hospital can meet the needs of the patient to be transferred
  – ME 2 – Patient clinical information or a clinical summary is transferred with the patient
Transfer of Patients

- CCC.12 – During direct transfer, a qualified staff member monitors the patient’s condition
  - ME 1 – All patients are monitored during direct transfer to another hospital
- CCC.13 – The transfer process is documented in the patient’s record
  - ME 1 – The records of transferred patients note the name of the hospital and name of the individual agreeing to receive the patient
  - ME 2 – The records of transferred patients note the reason(s) for transfer
  - ME 3 – The records of transferred patients note any special conditions related to transfer
  - ME 4 – The records of transferred patients note any change of patient condition or status during transfer
Transportation

• CCC.14 – The process for referring, transferring, or discharging the patient considers transportation needs
  – ME 1 – The process for referring patients considers transportation needs
  – ME 4 – Transportation is appropriate to the patient’s needs
High Risk Care
Assessments and Care

• HRC 11 – Qualified individuals conduct the assessments and reassessments
  – ME 2 – Only those individuals permitted by licensure, applicable laws and regulations, or certification perform patient assessments
  – ME 3 – Emergency assessments are conducted by individuals qualified to do so

• HRC 16 – Policies and procedures guide the care of high-risk patients and the provision of high-risk services
  – ME 1 – (a) Care of emergency patients
Leadership
Ethics

• LDS.3 – The hospital establishes a framework for ethical management that ensures that patient care is provided within business, financial, ethical, and legal norms and that protects patients and their rights
  – ME 4 – The hospital provides clear admission, transfer, and discharge policies
  – ME 6 – The hospital discloses and resolves conflicts when financial incentives and payment arrangements compromise patient care
Departmental Leadership

• LDS.8 – One or more qualified individuals provide direction for each department or service in the hospital
  – ME 1 – An individual with appropriate training, education, and experience directs each department or service in the hospital
Staff Education

• LDS.17 – Staff members who provide direct care and services and other staff identified by the hospital are annually trained in basic or advanced cardiac life support
  – ME 1 – Staff members to be trained in cardiac life support are identified by the development of a list. The list includes at least all direct care givers
  – ME 2 – The appropriate level of training is provided (e.g., basic life support (BLS), advanced life support (ALS), pediatric advanced life support (PALS))
  – ME 3 – Staff members are retrained every two years
  – ME 4 – There is evidence to show if a staff member passed the training which includes both a written test and return demonstration
Medical Staffing

• LDS.18 – The hospital has an effective process for gathering, verifying, and evaluating the credentials (license, education, training, and experience) of those medical staff permitted to provide care and services to individuals without supervision
  – ME 1 – Those permitted by laws and regulations and by the hospital to provide care and services to individuals without supervision are identified
  – ME 2 – Current licensure, education, training, and experience are documented for these professionals
  – ME 3 – Such information is verified from the original source
Medical Staffing

- LDS.19 – The hospital maintains for every medical staff member a record of the current professional license, certificate, or registration when required by laws or regulations or by the organization
  - ME 2(c) – Current list of privileges
- LDS.20 – The credentials of medical staff members are reevaluated at least every 3 years to determine their qualifications to continue to provide care and services in the organization
  - ME1 – There is a process to evaluate each medical staff member every three years
Medical Staffing

• LDS.21 – The hospital has a standardized, objective, evidence-based procedure to authorize all medical staff members to admit and treat patients and provide other clinical services consistent with their qualifications
  – ME 1 – There is a standardized procedure to grant privileges to practitioners on initial appointment and on reappointment every three years
  – ME 5 – The aggregation of the annual data is used in the evaluation for reappointment which occurs every three years
Summary

• Approved licensing standards govern health care
• Mandatory standards must be met
• The problems identified are covered in the standards
  – Patient safety
  – Communication
  – Provision of high risk care
  – Referrals and transfers
  – Documentation
  – Professional qualifications and skills
• Relevant standards to identified problems
  – Patient Safety and Quality Improvement (PCQ)
  – Communication (CCC)
  – High Risk Care Processes (HRC)
  – Leadership (LDS)
• Inspectors will enforce that standards are met
QUESTIONS?