

Introducing outcome measurement to a standards based accreditation programme:

Helping providers set goals and improve performance



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Introduction

Since 2011, indicators have been part of CHKS accreditation programmes. Indicators are used to complement the assessment against standards and reflect outcomes such as mortality, readmission or infection rates. This project sought to understand how we might use indicators, to widen their role and encourage continuous quality improvement, as part of the accreditation award.

Rationale

We looked at the current availability and quality of indicator data from clients and the extent to which surveyors used it to support their understanding of the organisation.

Method

We reviewed 13 surveys undertaken against the Oncology Standards Programme 2013 which included eight indicators and 24 surveys against the International Standards Programme 2016, which involved 97 indicators such as:

- Percentage of staff who received hand hygiene training in the last 12 months.
- What is your response rate to your most recent patient survey?
- What was the number of reportable incidents on a monthly basis during the last 12 months?

Results

Number of Indicators	97
Number of surveys	24
Clients responded with comment or value	18 (66% completed)
Surveyors verified	18
Documents uploaded	Far less likely to upload documents or these were 'one-off' documents

We found the data to be readily available and reliable amongst oncology departments. Few produced the evidence ahead of survey suggesting data was collected specifically for survey, rather than the figures being routinely monitored. The wider survey of indicators suggested this behaviour may be specific to oncology and their use of quality statistics. Across the surveys where 97 indicators were evaluated, there was less reliable information with inconsistent quality, and some hospitals did not provide any information.

Conclusion

While the work shows the potential to use indicators as a measurable component of accreditation, it indicates the need for indicators which are more balanced and patient/client focused. This review of indicators also showed the need to provide clearer definition of the required data if these are to be properly and fairly understood and evaluated. Our next step will be to consider the purpose of the indicators and what we want to achieve from collecting them, to ensure they bring value and improve the quality of the programme.