CHKS
Insight for better healthcare

Case Study

Monitoring and improving quality at Cappagh National Orthopaedic Hospital

"CHKS have been an invaluable partner for the hospital. Initially the accreditation standards acted as guidance to put in place the architecture of quality systems required to facilitate real change throughout the organistaion. Looking back now it is surprising how much has changed in a relatively short period of time and we look forward to further change with the support of CHKS."

Gordon Dunne
General Service Manager, Cappagh National Orthopaedic Hospital

Background

Cappagh National Orthopaedic Hospital is Ireland's major centre for elective orthopaedic surgery. It has been the pioneer of orthopaedic surgery in Ireland and is now the biggest dedicated orthopaedic hospital in the country.

Not long after joining the hospital as CEO, Aidan Gleeson set quality improvement as one of the goals for the organisation. He recognised that as a diverse organisation it needed to have structures in place to monitor and improve quality in a measurable way.

The hospital has always put patients at the centre of its activities and a result any system designed to monitor quality had to allow the patient to contribute and evaluate the service. This in turn would ensure that all development was focused around the patient.

Once this goal was ratified by the board of directors, the task of putting structures in place began and a quality manager was appointed to develop this area within the hospital.

The hospital decided to pilot the accreditation process and started with laboratory accreditation. This allowed the hospital to review the process and take any lessons learned forward for accreditation of the entire hospital. Once accreditation was awarded to the laboratory the benefits became obvious and the hospital started its accreditation.

Outcome

The accreditation process has been a transformational one for the hospital. The patient has been the overall net winner in this process. All services are now more efficient and more patient focused.

The hospital is constantly looking forways to improve patient experience and when things do go wrong the patient as the confidence in the hospital, to work with them to ensure that they learn from their experiences.

From a management perspective processes are mapped and developed in a more structured manner and now it's easy to review services and structures and evaluate their progress over a period of time.

The staff has also benefited from the process and are vehemently proud of its achievement in initially gaining and maintaining accreditation for their hospital.

Throughout the process a culture of pride in the quality of work has developed and staff now has a greater sense of ownership and ability to influence its role in the organisation. The most tangible indicator of the accreditation system had been improved outcomes for patients.

Patients recognise accreditation as a mechanism for them to make an informed decision as to where they want their care to take place and regularly patients demand to be sent to Cappagh National Orthopaedic Hospital for public treatment above other public and private service providers.

Accreditation from start to finish

The roadmap for accreditation was a long and at times difficult one. The process began with the agreement of the top level management which was determined to embed a process for systematic measurable improvement.

Structures were put in place with the employment of a project lead and the development of committee structures to allow for systemic change throughout all levels of the organisation.

The initial pilot project in the laboratory was used as a learning process before embarking on hospital wide accreditation. The main obstacle to the change process was embedding a culture that accepted quality as a benefit and not just another task. To overcome this difficulty all staff were consulted and the benefits of continuous improvement identified.

Throughout the process service developments were regularly and widely publicised and attributed to staff. This system of setting goals, achieving them and awarding recognition worked well to create a competitive nature to achieving full hospital accreditation.

Resources used

All staff and stakeholders worked and continue to work on the quality improvement system within the hospital. There is a recognition however that resources are now much more efficiently and effectively used. Currently there is the equivalent of one whole time post dedicated to the quality function throughout the hospital to liaise with department managers and committees to maintain and develop the hospitals continuous quality improvement systems. The initial process from inception to full accreditation took approximately five years.

Building accreditation into everyday life

The hospital is now in its third successive accreditation process. With each year the hospital continues to build the link with its stakeholders to provided the necessary services in a manner most befitting the patient's needs and wants whilst also improving on efficiency and outcomes.

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