

QUALITY ASSURANCE IN HEALTHCARE ORGANISATIONS IN SPAIN: SAME GOALS, DIFFERENT METHODS.

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Quality assurance and accreditation in the healthcare sector has become a priority for politicians and managers in Spain, as it happens in Europe and the USA. Given the fact that different models are being implemented, the question emerges: which to choose ?

THE LEADING MODELS

The EFQM model (EFQM, 1999)

The European Foundation for Quality Management (EFQM) is a membership based not for profit organisation, created in 1988 by fourteen leading European businesses, with a mission to be the driving force for sustainable excellence in Europe and a vision of a world in which European organisations excel. In addition to being the owner of the EFQM excellence model and managing the European Quality Award process it also provides a portfolio of services for its members.

Excellence is defined as outstanding practice in managing the organisation and achieving results, all based on a set of 8 fundamental concepts: Results orientation, customer focus, leadership and constancy of purpose, management by processes & facts, people development & involvement, continuous learning, improvement & innovation, partnership development and public responsibility.

Excellence is not just a theory, it is the achievement of tangible level of results and the evidence that these results can be sustained. Besides financial results, leading indicators are used, including measured excellence in customer satisfaction and loyalty; people motivation and capability; and the satisfaction of the wider community.

To create confidence that the results can be sustained, there must also be evidence that the operations and activities of the organisation are soundly based, systematic, and continuously reviewed and improved.

The ISO model (ISO, 1999)

ISO 9000 is a generic system that specifies, in very broad terms, the necessary components of a quality management system. Rather than being specific to any industry, it details the basic requirements of the quality function for all industries. ISO 9000 was originally published in 1987 by the International Organisation for

Standardisation, a worldwide federation of standards bodies, headquartered in Geneva. The organisation was founded in 1946 to develop a common set of standards for manufacturing, trade and communications. Today, more than 90 countries are members, each with a representative.

ISO 9000 includes the following standards: ISO 9000-1 (Guidelines for selection and use of applicable ISO 9000 standard), ISO 9001 (Model for quality assurance in design, development, production, installation and servicing), ISO 9002 (Model for quality assurance in production, installation and servicing), ISO 9003 (Model for quality assurance in final inspection and testing) and ISO 9004-1 (Guidelines for quality management and quality system elements).

The process of implementing ISO 9000 focuses on establishing the quality mission, policies and procedures that make up a sound quality management system. Depending on the system's complexity and the level of documentation required, the process can take from a few months to a year or more to implement.

The Joint Commission model (JC, 2001)

The Joint Commission evaluates and accredits nearly 19.000 health care organisations and programs in the United States. An independent, not for profit organisation, the Joint Commission in the USA is the nation's predominant standards-setting and accreditation in health care. Since 1951, the Joint Commission has developed state-of-the-art, professionally based standards and evaluated the compliance of health care organisations against these benchmarks.

The mission of the Joint Commission on Accreditation of healthcare organisations is to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organisations.

The Joint Commission evaluation and accreditation services are provided for the following types of organisations: General, psychiatric, children's and rehabilitation hospitals; health care networks; home care organisations; nursing homes; assisted living residencies; behavioral health care organisations; ambulatory care providers and clinical laboratories.

The Joint Commission's standards address the organisation's level of performance in key functional areas, such as patient rights, and the standards focus not simply on what the organisation *has*, but what it actually *does*. Standards set forth performance expectations for activities that affect the quality of patient care-if an organisation does the right things and does them well, there is a strong likelihood that its patients will experience good outcomes. The Joint Commission develops its standards in consultation with health care experts, providers, measurement experts, purchasers and consumers.

COMPARING THE MODELS

The ExPeRT (External Peer Review Techniques) project (Shaw & Heaton, 2000) has been an interesting experience. Funded by the EU, it was designed to investigate the scope, mechanisms and use of external quality systems in the improvement of health in Europe and other countries.

Methods of developing and assessing organisational standards range from the medical specialty-driven "visitation/visitatie" (The Netherlands and the UK), through traditional accreditation (developed in North America, Australia, UK, Spain, The Netherlands, Finland, Italy, France, Sweden, Germany and Switzerland) and European Quality Awards (Scandinavian nations, The Netherlands and Spain) to industrial certification, using ISO standards (Germany, U.K, Switzerland and Spain). The project was devoted to analysing their differences and similarities:

- The "Visitatie" method is driven by professional organisations and has a long tradition in health care as a form of peer review. The basis of assessment is primarily clinical and confidential and less explicit than the standards and processes of ISO or EFQM.
- The Accreditation model (Joint Commission) is based on an assessment by a multi-disciplinary team of health professionals against published standards. Facilities complying with these standards are awarded certificates of accreditation.
- The EFQM (European Foundation for Quality Management) model was inspired on the Baldrige Awards (developed in the USA for improvement of quality in production industries). Health care providers who seek a European Quality Award are assessed against performance standards for service industries in specific areas such as clinical results, patient satisfaction, administration and staff management. It has been revised in 1999.
- The ISO 9000 (International Standards Organisation) has been mostly used in more mechanical departments (laboratories, radiology and transport), but has also been applied to whole hospitals and clinics.

According to Shaw and Heaton, the four models have begun to converge spontaneously. They believe that clearer demarcation of scope and contribution of each model could increase efficiency and reduce duplication in the external quality improvement market. This would require a range of compromises including Policy (priorities, explicit values, continuous improvement, conceptual framework, customer response, transparency and legislation), Organisation (national co-ordination, European communication and international liaison), Methods (language, standards, cross-walking, assessment, quantification, clinical performance and assessment skills), Resources and Evaluation and Quality (programme performance, independent verification and research).

In France, Duvauferrier et al (1999) compared the accreditation procedures, the ISO 9000 certification procedures and the total quality management methods in a department of radiology and medical imaging. They concluded that directors of radiology interested in implementing a quality assurance program, should first evaluate their departments using the Canadian accreditation model issued in 1993 which is useful to become familiar with the new concepts of quality. In a second step, a self assessment using the EFQM has to be done in collaboration with all members of the administration board in order to integrate all parameters and to share this protocol with all decision makers. The last step is to consolidate the organisation of the quality assurance protocols by means of the ISO 9002 certification.

CONVERGENCE AND INTEGRATION OF MODELS

Donahue & vanOstenberg (2000) described the components of the new Joint Commission International (JCI) accreditation program for hospitals, and compared it with the four quality evaluation models described under the ExPeRT project (visitatie, ISO, EFQM and organisational accreditation).

All the models have in common with the JCI program the use of explicit criteria or standards, and the use of external reviewers. The JCI program is an organisational accreditation approach with evaluation of all the "systems" of a health care organisation. The JCI model evaluates the ability of an organisation to assess and monitor its professional staff through internal mechanisms, in contrast with the external peer assessment used by the visitatie model. The JCI program provides a comprehensive framework for quality management in an organisation, expanding the boundaries of the quality leadership and management found in the EFQM model, and beyond the quality control of the ISO model. The JCI organisational accreditation program was designed to permit international comparisons, difficult under the other models due to country specific variation.

Donahue & vanOstenberg concluded that the JCI program provides a framework for the convergence and integration of the strengths of all the models into a common health care quality evaluation model.

From The Netherlands, Klazinga (2000) said that, although a general convergence between the four models can be observed, actual convergence will depend on their adoption in specific health systems contexts. Klazinga thinks that potential pitfalls for further convergence are the differences in distribution of responsibilities for quality of care among the various European countries, the drift away from clinical decision making, bureaucratic tendencies and too much focus on efficiency and patient empowerment compared with attention to medical effectiveness.

In The Netherlands, many healthcare organisations use the EFQM model. According to Nabitiz, Klazinga and Walburg (2000), in addition to improvement projects, peer review of professional practices, accreditation and certification, the EFQM approach is used mainly as a framework for quality management and a conceptualisation for organisational excellence. The Dutch National Institute for Quality, delivers training and supports self-assessment and runs the Dutch quality award programme.

In Germany, Moeller (2001) has analysed German experiences with the EFQM approach in health care. This author sees the excellence model as a systematic quality management approach to gain competitive advantage. It is non-governmental, non-financier driven, and generic enough to address health care issues. Having its foundation in industry, however, it is not specific enough to cover all areas relevant to health care. Moeller believes that integrating the smart method of self-assessment with clinical standards as delivered by peer auditing and accreditation systems generates the potential to deliver excellence in health care.

THE SITUATION IN SPAIN

In the Basque Country the Basque Foundation for Quality Promotion was created to encourage total quality management in companies. The Basque Regional Healthcare Service has adopted the EFQM model with satisfactory results (Arcelay et al, 1999).

The EFQM is being implemented in the Aránzazu Hospital (San Sebastian) with high levels of satisfaction among professionals, although communication procedures should be improved (Portillo, 2000). It has also been tested with satisfaction in the Zumárraga Hospital (2000). The ISO processes, which have been implemented in Basque Hospitals during the past years, have result very helpful to evaluate results under the EFQM model as Sánchez (2000), from the Basque Regional Health Service , pointed out. Sanchez explained that the Joint Commission model is biased by american standards when implemented in Europe, while Bañeres (spanish representative of the Joint Commission) stated that the JC is specific for health care, something that can't be said about other models.

In Catalonia, several quality management methods have been implemented. The Pius de Valls Hospital, in Tarragona, is using the EFQM model. More than 200 professionals are involved in the project and the Hospital has recently been awarded with the Arthur Andersen Award (Biel Fortuny i Organs, 2000). The Sagessa Group , a private corporation of Hospitals and primary healthcare centres, has also adopted the EFQM model (Simon , 2000). The "Centro Hospitalario-Unidad Coronaria" Foundation, from Manresa, has implemented the ISO 9001 procedures, and now is beginning to use the EFQM. Guix (2000) from the Sagessa Group, sustains that the EFQM, The Joint Commission and the ISO methods are complementary, as EFQM focuses on the organisational processes, the Joint Commission method is specific for health care and the ISO standards stress the importance of industrial processes and marketing (which is very useful in settings such as laboratories). The Health Department of the Catalanian Autonomous Government is developing an official accreditation model for all Healthcare centres. It will be based on the EFQM model, but standards from the Joint Commission, the King's Fund and the ISO 9000 will be added (Durán, 2000).

The King's Fund model has been adopted in some hospitals. This is the case of the "Fundación Pública Hospital Virgen de la Xunqueira"(la Coruña) in the region of Galicia (Rey Aneyros, 2000). In this same region, the Arquitecto Marcide Hospital (La Coruña), follows the strategy of the Manresa Hospital, implementing the ISO 9001 procedures prior to the adoption of the EFQM model (Molina, Grandal, Facio y Sevilla, 2000).

In Andalucia, the "Reina Sofia" Hospital (Córdoba) is developing a quality planning based on the EFQM model. In six months patient's satisfaction has increased up to a 90'6% (Diaz, 2000).

Nevertheless, in the region of Castilla, a survey (García Roldán, 1999) found that physicians do not support the EFQM model. They think that the EFQM model gives excessive priority to manager's leadership and user's satisfaction.

Clinical Units in the region of Valencia are determined to pursue the ISO 9000 quality certifications, as Caldú pointed out (2000).

A spanish manager, Orbea (1999), stated that what is important is to do things correctly, rather than obtaining accreditation or certification.

Finally, Lluís Bohigas (2001), from the spanish ministry of health, has recently said that a consensus must be reached, among all the spanish autonomous regions, concerning accreditation, certification and quality assurance in the healthcare system. A difficult but necessary challenge.