A study on Gap analysis of Daycare Hospital as per ACHS GUIDELINES for its preparedness for accreditation

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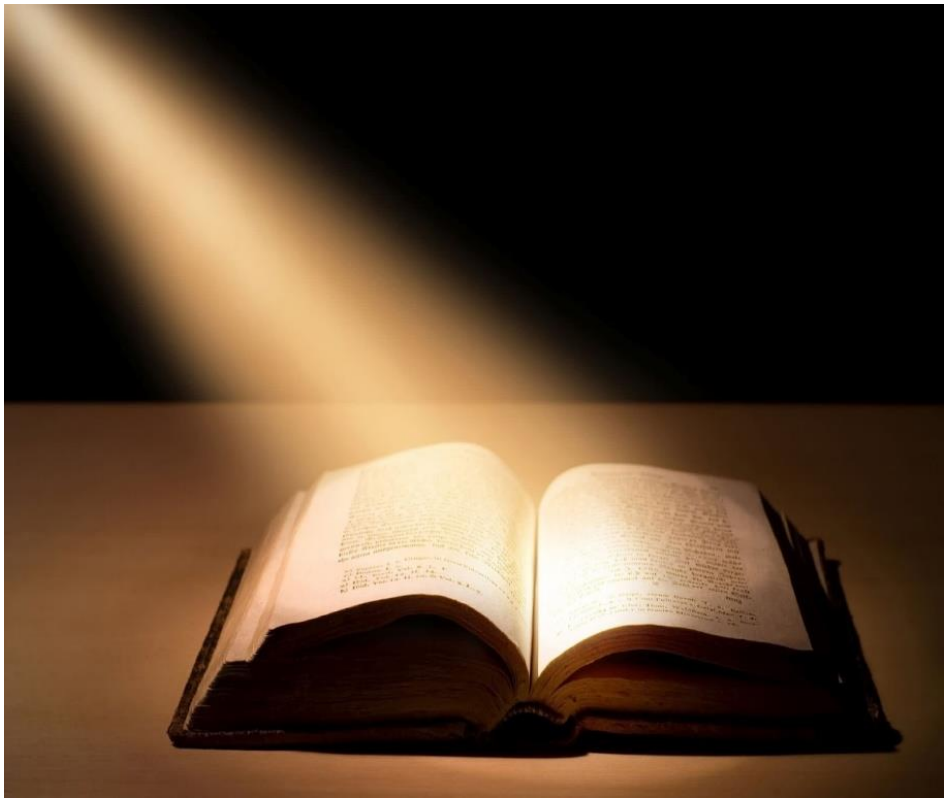
INTRODUCTION



Introduction about the Hospital

- **Thumbay Group,** is UAE based diversified international business conglomerate, headquartered in Dubai, with operations across 20 sectors including Education, Healthcare, Medical Research, Diagnostics, Retail Pharmacy, Health Communications, Retail Optical, Wellness, Nutrition Stores, Hospitality, Real Estate, Publishing, Technology, Media, Events, Medical Tourism, Trading and Marketing & Distribution.

Founder and President : Dr. Thumbay Moideen

- Thumbay Group is the owner of Gulf Medical University and chain of Thumbay Hospitals and Clinics.

- Thumbay Hospital Day Care is the latest addition to Thumbay Group's healthcare division. It is a state-of-the-art multi-specialty facility envisioned as a centre housing all major specialties under one roof, where treatments and procedures are being offered to Thumbay's patients as Day Cases - meaning no overnight stay in hospital is necessary and patients can rest and recuperate in their own homes.

Introduction about ACHS

- The Australian Council on Healthcare Standards is a leading healthcare accrediting body in Australia.
- The Australian Council on Healthcare Standards (ACHS) is an independent, not-for-profit organisation, dedicated to improving quality in health care since its inception in 1974.
- The ACHS Evaluation and Quality Improvement Program (EQuIP) was launched in 1996
- The Evaluation and Quality Improvement Program (EQuIP) of the Australian Council on Healthcare Standards (ACHS) is a key element in the effort to establish high levels of quality and safety.
- 3rd edition of the Australian Council on Healthcare Standards' (ACHS) Evaluation and Quality Improvement Program (EQuIP6) for stand-alone Day procedure centers, day hospitals, day surgeries and other facilities that do not provide overnight accommodation.

EQuIP6 Day Procedure Centers has 3 functions, 10 standards, and 26 criteria

- **Function 1 – Clinical** has four standards:
  - Access and continuity of care
  - Effective care
  - Safety
  - Consumer focus

- **Function 2 – Support** has four standards:
  - Quality improvement and risk management
  - Human resources management
  - Information management
  - Research

- **Function 3 – Corporate** has two standards:
  - Leadership and management
  - Safe practice and environment

Evaluation Criteria of the study

Each of the 26 EQuIP6 Day Procedure Centre criteria has five possible levels of achievement:

- Little Achievement (LA)
- Some Achievement (SA)
- Marked Achievement(MA)
- Extensive Achievement (EA)
- Outstanding Achievement (OA

Mandatory criteria are those where a rating of Marked Achievement (MA) or higher is required to gain or maintain ACHS accreditation.

100 % compliance to all the elements of LA, SA and MA associated with all the mandatory criteria is required to achieve the accreditation.

Table: Criteria of rating

Little Achievement	Some Achievement	Marked Achievement	Extensive Achievement	Outstanding Achievement
I A elements	LA elements plus the SA elements	LA, SA elements plus the MA elements	LA, SA, MA elements plus the EA element	All elements in LA, SA, MA, EA and OA
Awareness	**Implementation**	**Evaluation**	**Distinction**	**Leadership**
The organisation understands basic requirements and demonstrates policy and legislative compliance.	The organisation develops and implements systems.	The organisation collects data, evaluation of systems occurs, and improvements are made to ensure better practice.	The organisation achieves superior performance and outcomes through advanced systems and processes.	The organisation is a peer leader in systems and outcomes.

Introduction about the study

BACKGROUND

- Gap analysis is the initial step in the review of an organization. It can be measured against pre set standards or criteria as per the accrediting body or to check the compliance to the pre defined criteria.
- The Gap analysis will help to understand how well the organization aligns with the criteria to be met for ACHS accreditation and to identify the areas for improvement to prepare the organization for accreditation.
- The scope of improvement will mark up the level to which the organization needs to work to get accredited.

AIM: To prepare Thumbay Hospital Daycare, Sharjah for accreditation by conducting gap analysis as per ACHS Standards.

OBJECTIVES:

- To assess the existing system of the hospital as per the mandatory criteria of ACHS, EQUIP6.
- To identify and analyse the gaps in the existing system as per ACHS requirements.
- To recommend measures for increasing conformance to standards and facilitation to achieve ACHS accreditation

RESEARCH METHODOLOGY

Study Design

Type of Study: Descriptive Study

Location of Study: Thumbay Hospital Daycare, University Road, Sharjah

Duration of Study: The duration of this study is 3 months. It included preparation of checklist, data collection and analysis, dissemination of data to fill the gaps and final report compilation.

Data Collection Tool:

- **Checklist**: A checklist was prepared including all the elements to be assessed as per the ACHS EQuIP6 Day Procedure Centers Guide.
- **Review of Records**: All the hospital SOPs, documents and health records were reviewed, pertaining to different criteria.
- **Interviews:** Face to face interviews of the key personnel involved were conducted as per the guidelines and requirements.

Methodology of Study

In this study, gaps were identified as per the checklist by directly observing documentation and implementation on grounds of all the mandatory criteria of the clinical, support and corporate functions as per the ACHS EQuIP6 Day Procedure Centres Guide.

- LA Rating: Little Achievement. The elements for this rating comply for the Awareness and Documentation of the process.
- SA Rating: Some Achievement. The elements for this rating comply for the Implementation of the process.
- MA Rating: Marked Achievement. The elements in this rating comply only when the implemented processes are evaluated for the effectiveness of outcomes.

All the elements of each criterion were scored against each rating as:

0 – Not met

5 – Partially met

10 – Met

Compliance to each criterion was measured and areas for improvement were identified and action plan was made to close the identified gaps. Some of them were acted upon and after implementation, the compliance was measured again.

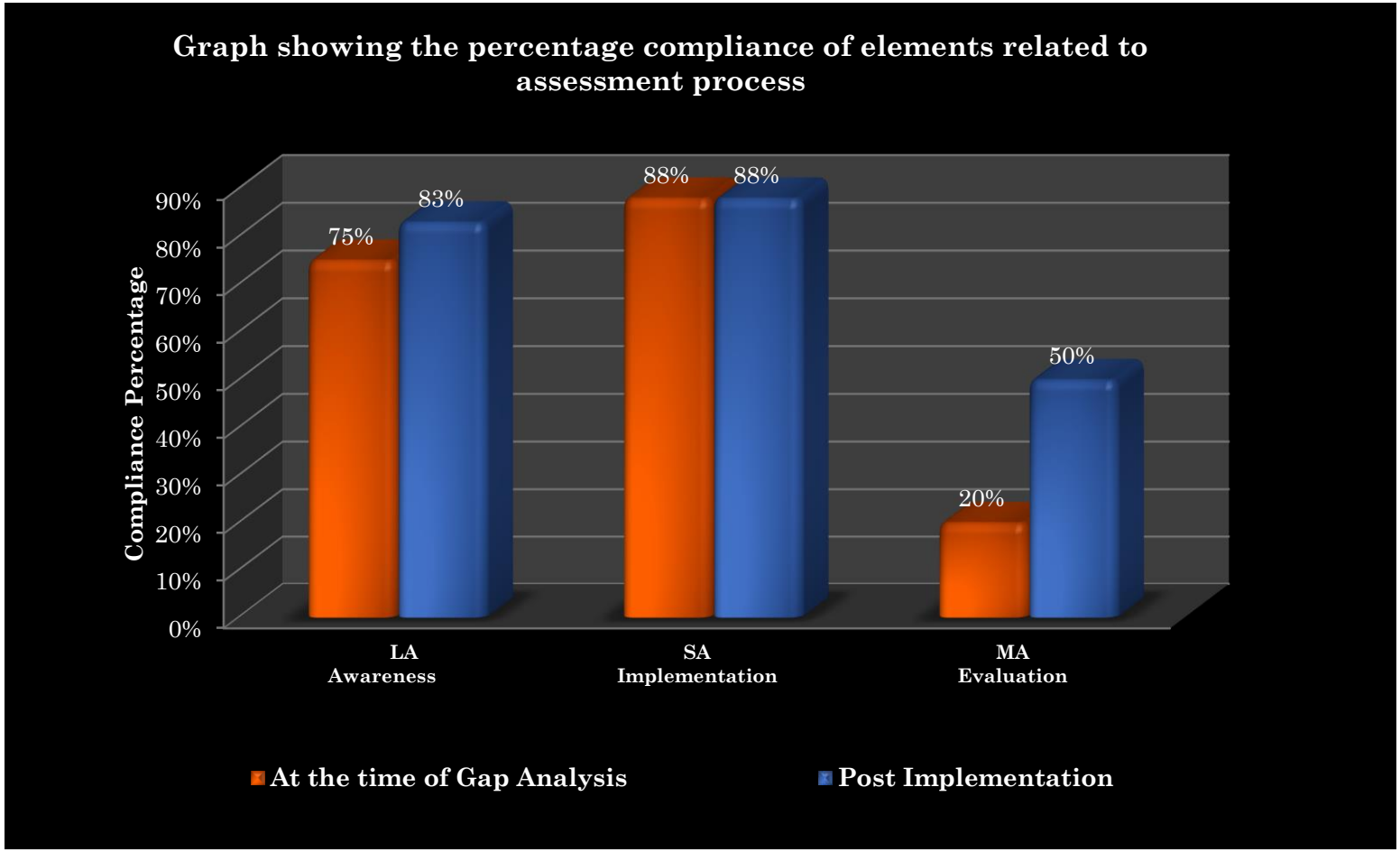
Evaluation Criteria:

- Each Mandatory criterion should achieve Marked Achievement Rating (i.e. LA+SA+MA) or more to get the accreditation.
- 100 percent Compliance to LA, SA and MA elements are must to achieve the accreditation.

OBSERVATIONS (DISCUSSION ON THE FINDINGS)

Criterion 1.1.1

Assessment ensures current and ongoing needs of the consumer / patient are identified



Major Gaps Identified

- Skin integrity evaluation is missing in the current assessment process for OPD Patients but it is present in Initial Assessment Form for Daycare patients.
- The organization does not have guidelines to identify the physical, spiritual, cultural, psychological and social needs of the patient.
- The organization does not have a well established regular monitoring and evaluation process to accurately improve the assessment process on timely manner.
- The organization does not provide information brochures for Patients/ carers – Admission, Preparation for surgery, fall risk Prevention.
- No Medical Record Audits at regular intervals for the completeness.
- The organization has well defined policy for Discharge process but it does not address the discharge of patients including Medico-legal cases.
- The organization has well defined Discharge process but it does not address the following points : Pickup person, travel distance to home, 'no driving' policy, Conditions at home, such as stairs, access to toilet or bedroom
- The discharge system is not evaluated so that implementation of required changes can be done.
- The organization does not have an updated service directory of referral options that meet a range of consumer / patient needs (including accessibility, opening hours, cost, etc.)
- A centrally located listing of relevant health service providers and their contact details is not present to facilitate appropriately directed referral

Recommendations (or ACTION PLAN)

- Formally include Skin Integrity evaluation in the current assessment process by incorporating it in the Patient Assessment Policy and introducing it in EMR as well ensuring that relevant staff are educated in maintaining patient's skin integrity.
- Guidelines to identify the physical, spiritual, cultural, psychological and social needs of the patient should be developed and relevant staff should be trained for assessing these needs of the patients.
- Develop a monitoring and evaluation process to accurately improve the assessment process on timely manner.
- The organization should provide information brochures for Admission, Preparation for surgery, fall risk Prevention to patients/carers.
- Regular medical record audits should be conducted to maintain the compliance.
- Discharge and handling of Medico Legal Cases should be addressed in the Policy on Discharge of Patients.
- All the points can be included in discharge checklist for proper documentation and implementation.
- The discharge system should be evaluated through feedbacks or clinical audits so that implementation of required changes can be done, as and when required.
- The Discharge system can be evaluated by

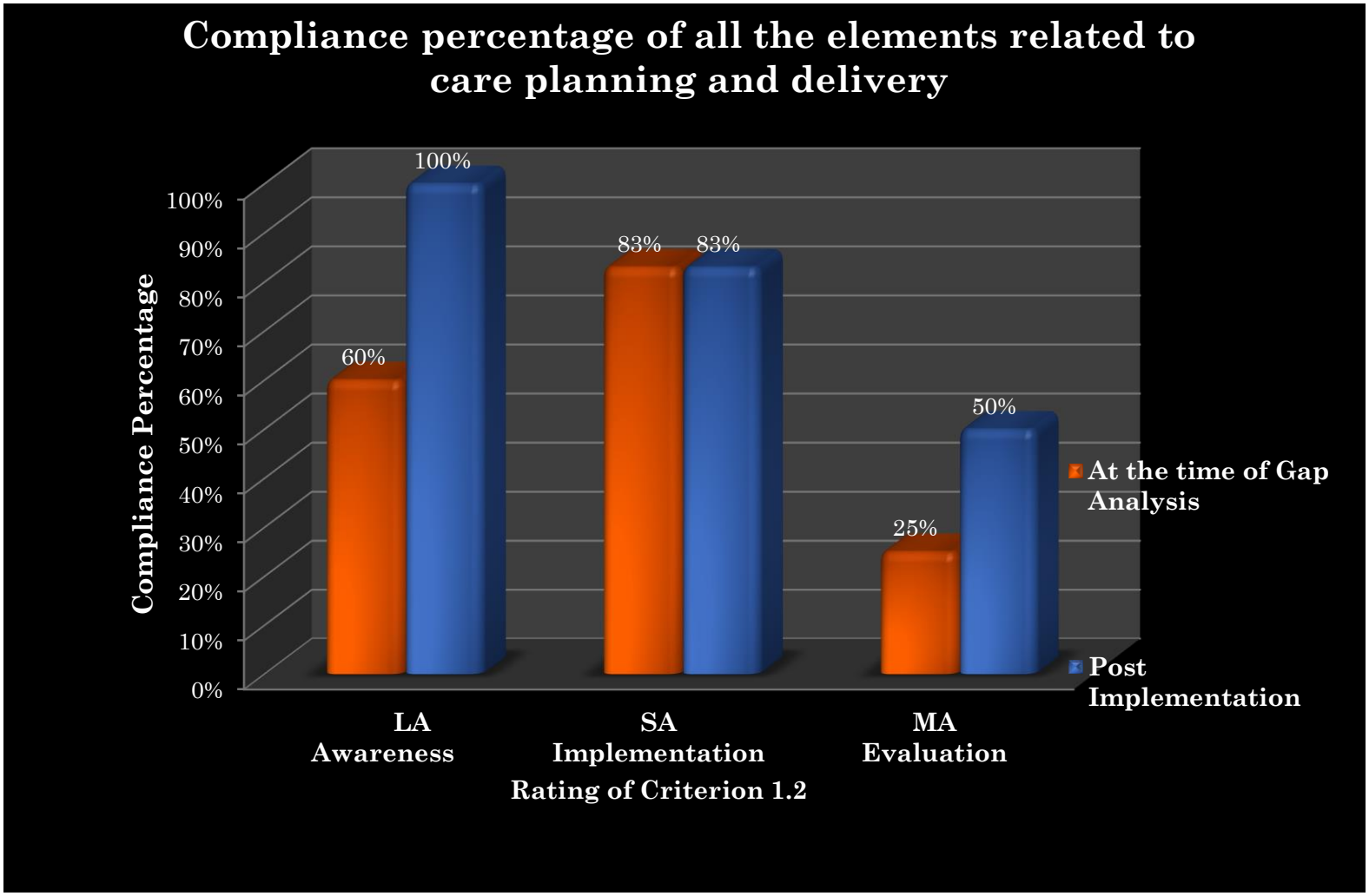
-conducting clinical audits of the discharge summary and medical record audits of the discharge checklist.

-obtaining Feedbacks from patient/carers at the time of discharge or follow up.

- Updating the directory based on the scope of services catered by different TGAH. The

Criterion 1.1.2

Care is planned and delivered in collaboration with the consumer / patient and, when relevant, the carer to achieve the best possible outcomes.



Major Gaps Identified

- The organization does not have well defined clinical guidelines/ pathways which are used in care planning.
- There is no evaluation process to monitor care planning and delivery.
- There is no policy existing for mortality management describing appropriate action in the event of a sudden death.
- There is a system to identify and manage clinical deterioration in consumers/patients which is addressed in Policy on management of deteriorating patients' condition. However there are no records of formal Education and training is provided to staff about the system to manage deteriorating consumers / patients.

Recommendations

- The organization will maintain international clinical practice guidelines/clinical pathways to plan care of patients. These should be reviewed and updated regularly as per the requirements or changes in the laws.
- Evaluation Process to monitor Care Planning and Delivery should be developed:

Clinical Audits should be conducted to monitor care planning as per the clinical guidelines.

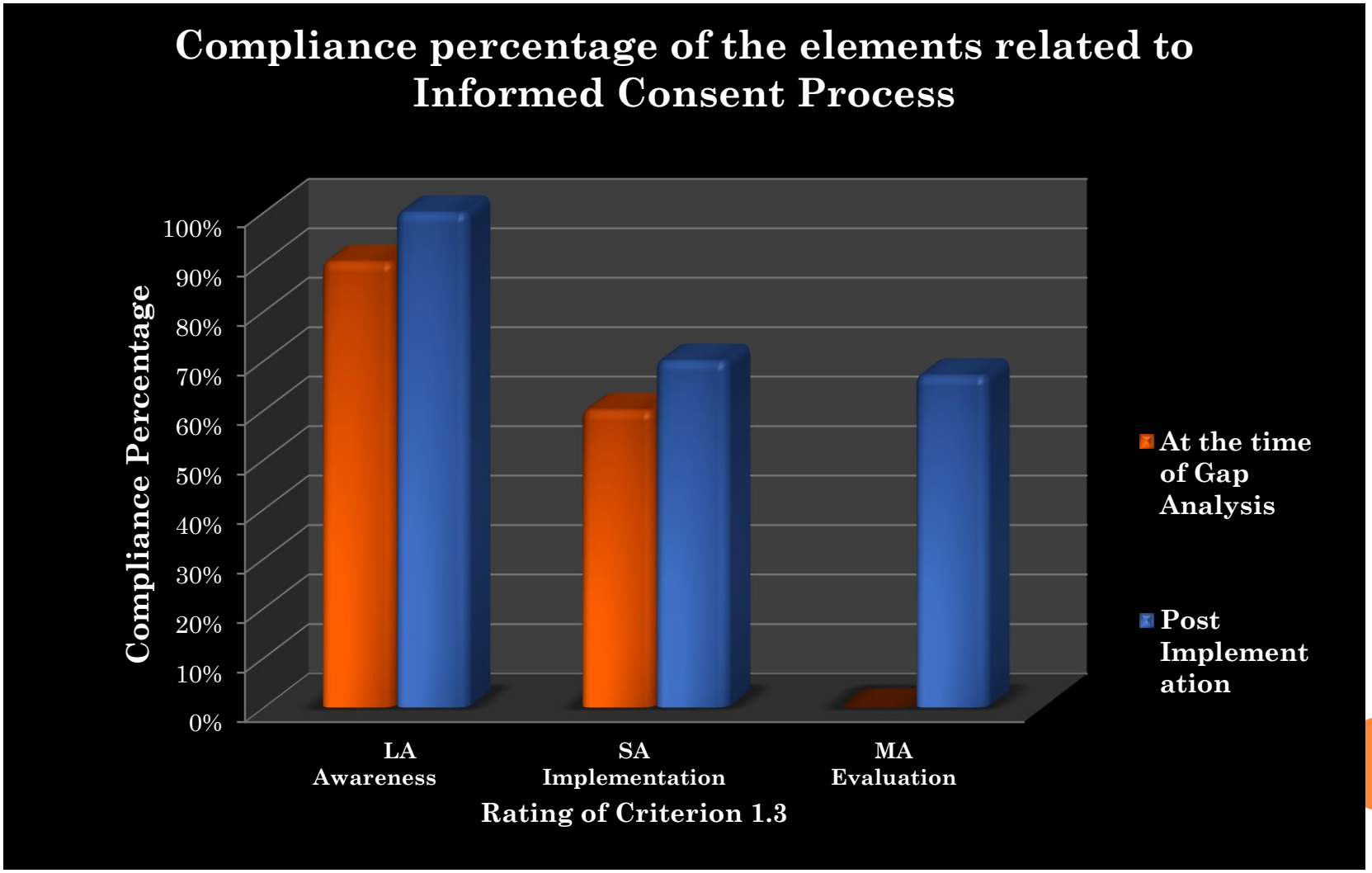
Compliance to adherence of clinical practice guidelines should be regularly monitored.

- A mortality management policy should be developed describing appropriate action in the event of a sudden death and it should be ensured that all the staff related to managing mortality cases know about the policy. After approval, the policy should be updated in HIMS for easy access to all the staff.

- Formal Education and training should be provided to staff about the system to manage deteriorating consumers / patients and training should be assessed and documented.

CRITERION 1.1.3

CONSUMERS / PATIENTS ARE INFORMED OF THE CONSENT PROCESS, AND THEY UNDERSTAND THEIR RIGHTS AND RESPONSIBILITIES AND PROVIDE CONSENT FOR THEIR HEALTH CARE.



Major Gaps Identified

- The organization has a well developed consent process defined in Informed Consent policy but the consent process is not evaluated to make the required improvements as and when required.
- Health record audits were not conducted regularly to assess levels of consent and quality of process.
- It was observed that the organization has displayed the "rights and responsibilities" document (Patients' Charter) in a range of appropriate languages but it is not provided to consumers/ patients and carers.
- It was observed that the relevant Staff does not discuss rights and responsibilities with the patient or their carer when appropriate. It was because the Staff was not educated on the provisions of the Charter of Rights and their implementation.
- The system to inform patient rights and responsibilities is not evaluated to carry out improvements to documents and practices, as required.
- Privacy and confidentiality policy is not in place

Recommendations (or Action Plan)

- Compliance with the consent process should be monitored and evaluated so that the strategies for improvement can be identified and implemented as required.

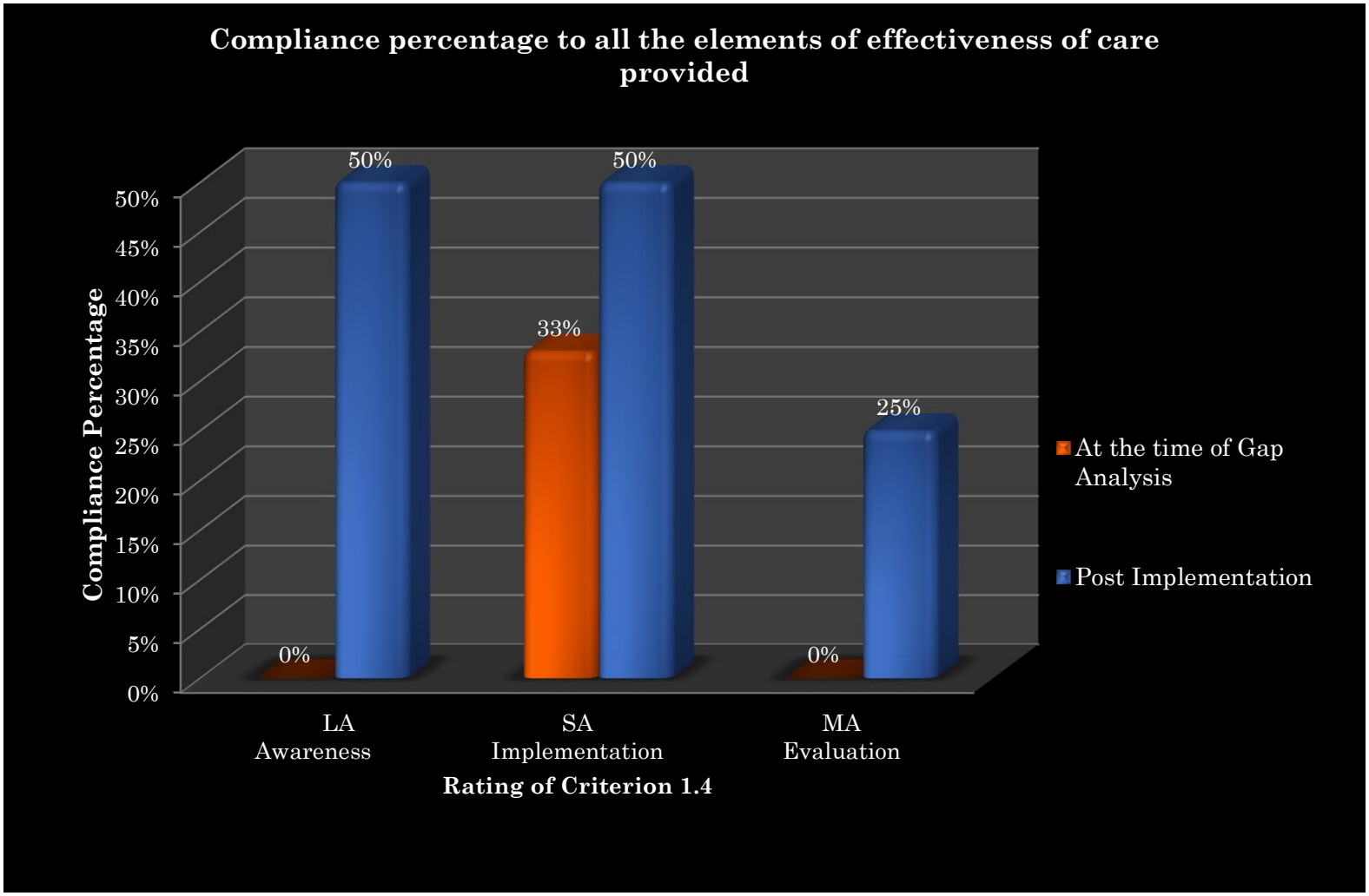
- Health record audits should be conducted regularly to assess levels of consent and quality of process.
- The organization has displayed the "rights and responsibilities" document (Patients' Charter) in a range of appropriate languages but the charter should also be provided to consumers/ patients and carers.

- Staff education and training programs on the provisions of the Charter of Rights and their implementation
- The system to inform patient rights and responsibilities should be evaluated to carry out improvements to documents and practices, as required.

- Policy on privacy and confidentiality should be developed and it should be made available to all health professionals, other staff, volunteers and contractors to maintain the privacy and confidentiality of patients' health information and their personal privacy.

Criterion 1.1.4

Outcomes of clinical care, including individual care episodes and the overall effectiveness of care, are evaluated by healthcare providers.



Major Gaps Identified

- Guidelines addressing how the organization assesses the effectiveness of individual care episodes are not developed.
- There is no process to assess the effectiveness of care and interventions.
- There is a Process for consumer/patient and carer feedback but it needs to be streamlined for OPD and Daycare patients including the evaluation of the outcome of care or effectiveness of care from the patients' perspective.
- Policy / guidelines for providing feedback about clinical care to consumers / patients and carers are not developed.

Recommendations (or Action Plan)

- Guidelines addressing how the organization assesses the effectiveness of individual care episodes should be developed and should be made readily available to staff through HIMS. Appropriate evaluation and monitoring of, quality indicators, patient feedback and staff compliance to different clinical pathways should assist the hospitals to accurately assess their patient outcomes and the effectiveness of care and services.
- Have a process to assess the effectiveness of care and interventions.

Evaluation of care plans and delivery.

Audits of clinical pathways/care maps.

Prior to discharge, health professionals discuss the outcomes of care with the consumer / patient and their carer, and this is documented

Appropriate evaluation and monitoring of, quality indicators, patient feedback and staff compliance to different clinical pathways should assist the hospitals to accurately assess their patient outcomes and the effectiveness of care and services.

Feedback from OPD and Daycare patients including the evaluation of the process and outcome of care.

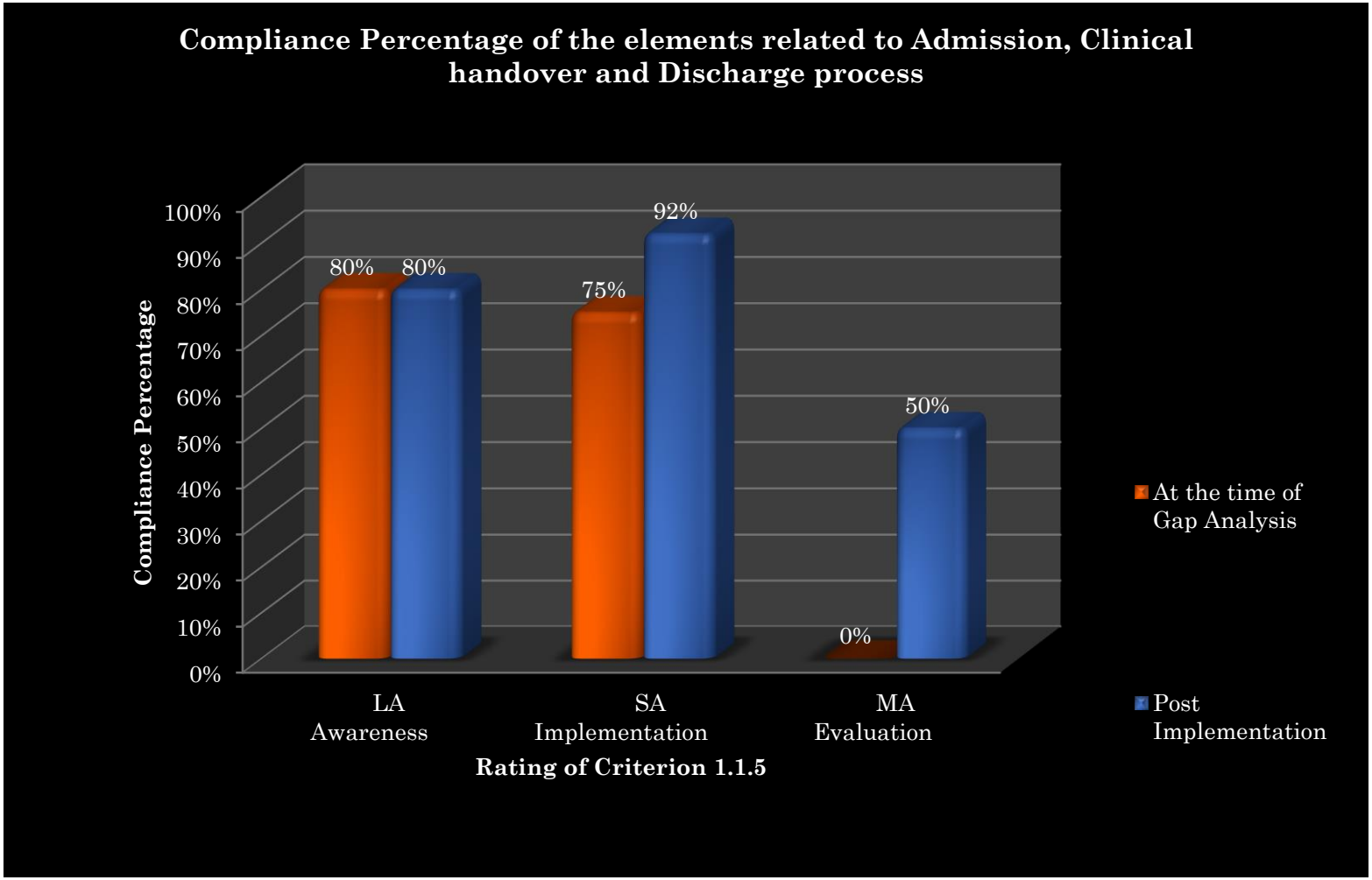
consider opportunities for consumers / patients to discuss their discharge and ongoing care before leaving the centre

seek feedback during any follow-up contact after discharge

- Policy / guidelines for providing feedback about clinical care to consumers / patients and carers should be developed and be readily available to staff.

Criterion 1.1.5

Processes for admission, clinical handover, transfer of care and discharge address the needs of the consumer / patient for ongoing care.



Major gaps Identified

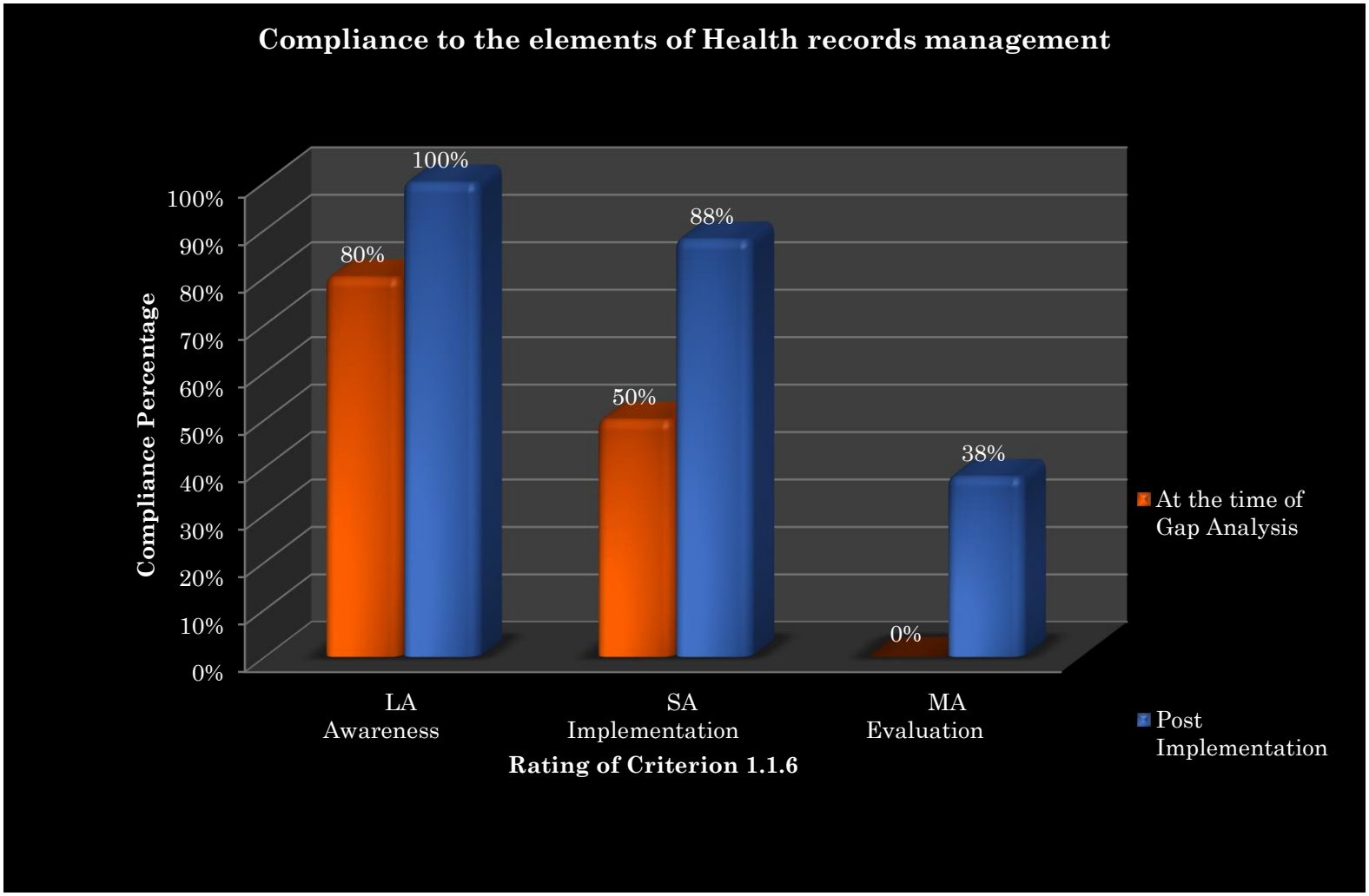
- Inclusion and/or exclusion criteria for admission to the service are not clearly defined.
- It was observed that the staff was not appropriately trained on the systems, software/templates and processes used for clinical handover, transfer of care and discharge.
- The organization has consistent reporting systems, such as SBAR (Situation, Background, Assessment, and Recommendation) but it is not implemented.
- Appropriate evaluation process for admission, clinical handover, transfer of care and discharge processes are not in place to allow for required improvements to take place.
- Follow-up of at-risk consumer is not done formally.
- Reviews of process adherence, communication efficacy, consumer / patient satisfaction associated with discharge, transfer of care, and/or clinical handover

Recommendations

- A list of patient admission inclusion and exclusion criteria should be developed as per the scope of serviced of the hospital.
- Staff training in systems / processes for clinical handover, transfer of care and discharge including the use of software / templates
- Consistent reporting systems, such as SBAR (Situation, Background, Assessment, and Recommendation) should be implemented organization wide whenever, clinical handover takes place.
- Develop appropriate evaluation process for admission, clinical handover, transfer of care and discharge processes to allow for required improvements to take place.
- A formal process for follow up of at risk patients should be developed. This can be done by calling the identified patients post discharge.
- The staff compliance to the adherence of process should be regularly monitored.

Criterion 1.1.6

The health record ensures comprehensive and accurate information is collaboratively gathered, recorded and used in care delivery.



Major Gaps Identified

- Health professionals are provided with orientation but a regular ongoing education for health record creation and documentation is missing in the organisation's processes.
- Health record audits are not conducted to monitor the completeness and legibility of the health records.
- There is no system to monitor compliance with health record creation and documentation policies.
- Health records are evaluated to ensure that they meet medico-legal requirements, professional documentation standards, guidelines and/or codes of practice, and improvements are made as required.
- Health records are evaluated to ensure that the clinical content supports safe, high quality care, and improvements are made as required.
- Evaluation of the completeness and legibility of the health record is not done.
- Timeliness of inclusion of reports and information from reviews, tests and other clinical investigations into the health record is evaluated, and improvements are made as required.

Recommendations (or Action Plan)

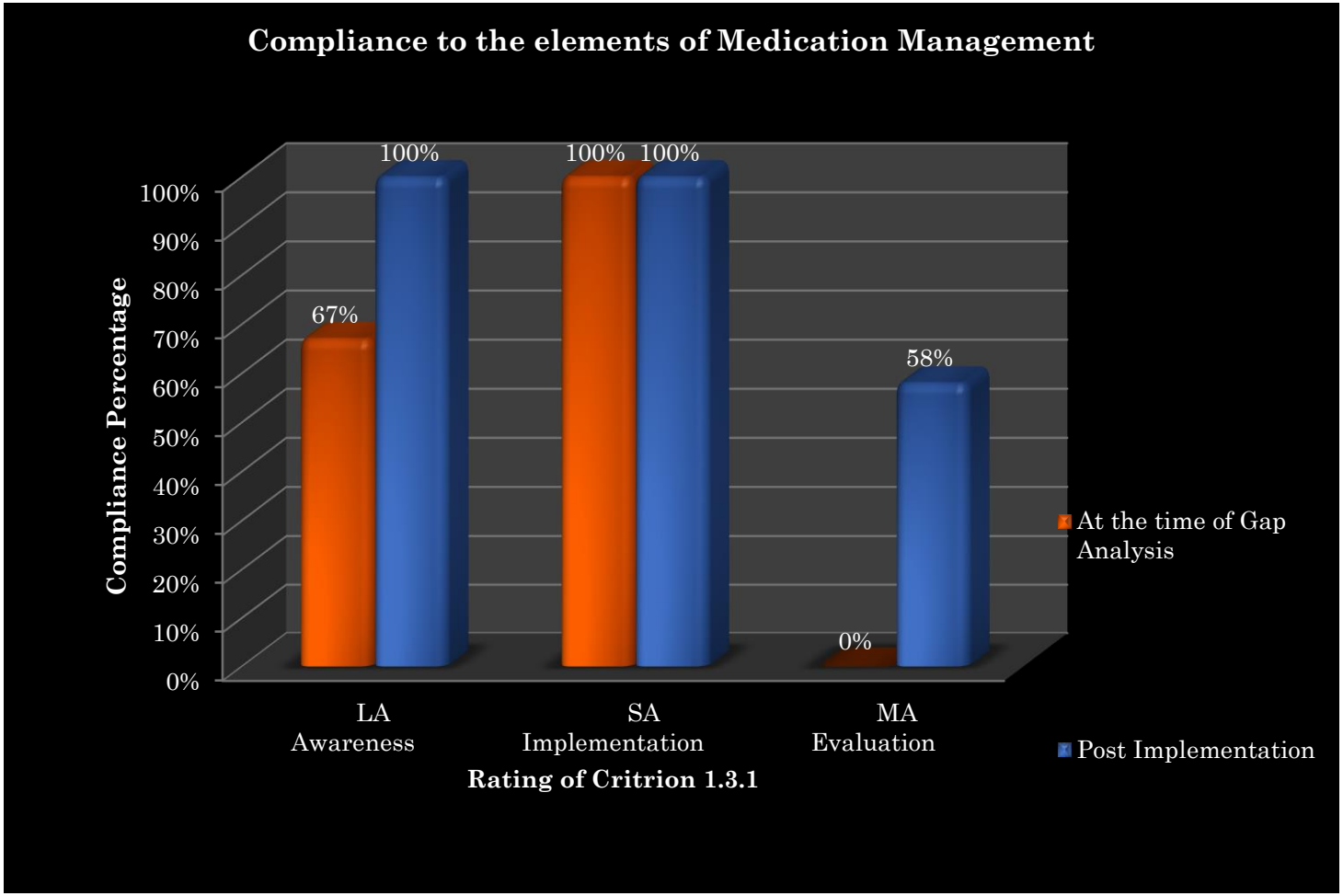
- Health professionals should be provided with orientation and ongoing education for health record creation and documentation.
- Orientation, training or review programs should be in place that ensure new or contract staff adopt correct and consistent systems and processes in unfamiliar clinical settings.
- Health record Audits should be conducted in a proper way to improve quality of the documentation process in the hospital.
- Health records are monitored for completeness and legibility, including:
  (i) the readability of written and printed material
  (ii) the use of black or blue ink
  (iii) for clarity of scans / photocopies
  (iv) the use of approved abbreviations only

(v) no blank areas are left

- Results of Health record audits should be communicated to staff. Training can be given to all the staff involved or training materials can be developed to respond to audit findings.
- A system to monitor compliance with health record creation and documentation policies should be conducted by medical record audits.
- Health records are evaluated to ensure that they meet medico- legal requirements, professional documentation standards, guidelines and/or codes of practice, and improvements are made as required.
- Health records are evaluated to ensure that the clinical content supports safe, high quality care, and improvements are made as required.
- Evaluation of the completeness and legibility of the health record is addressed through the use of audits, and improvements are made as required.
- Timeliness of inclusion of reports and information from reviews, tests and other clinical investigations into the health record is evaluated, and improvements are made as required.

Criterion 1.3.1

Medication management systems support the safe and effective use of medicines.



Major Gaps Identified

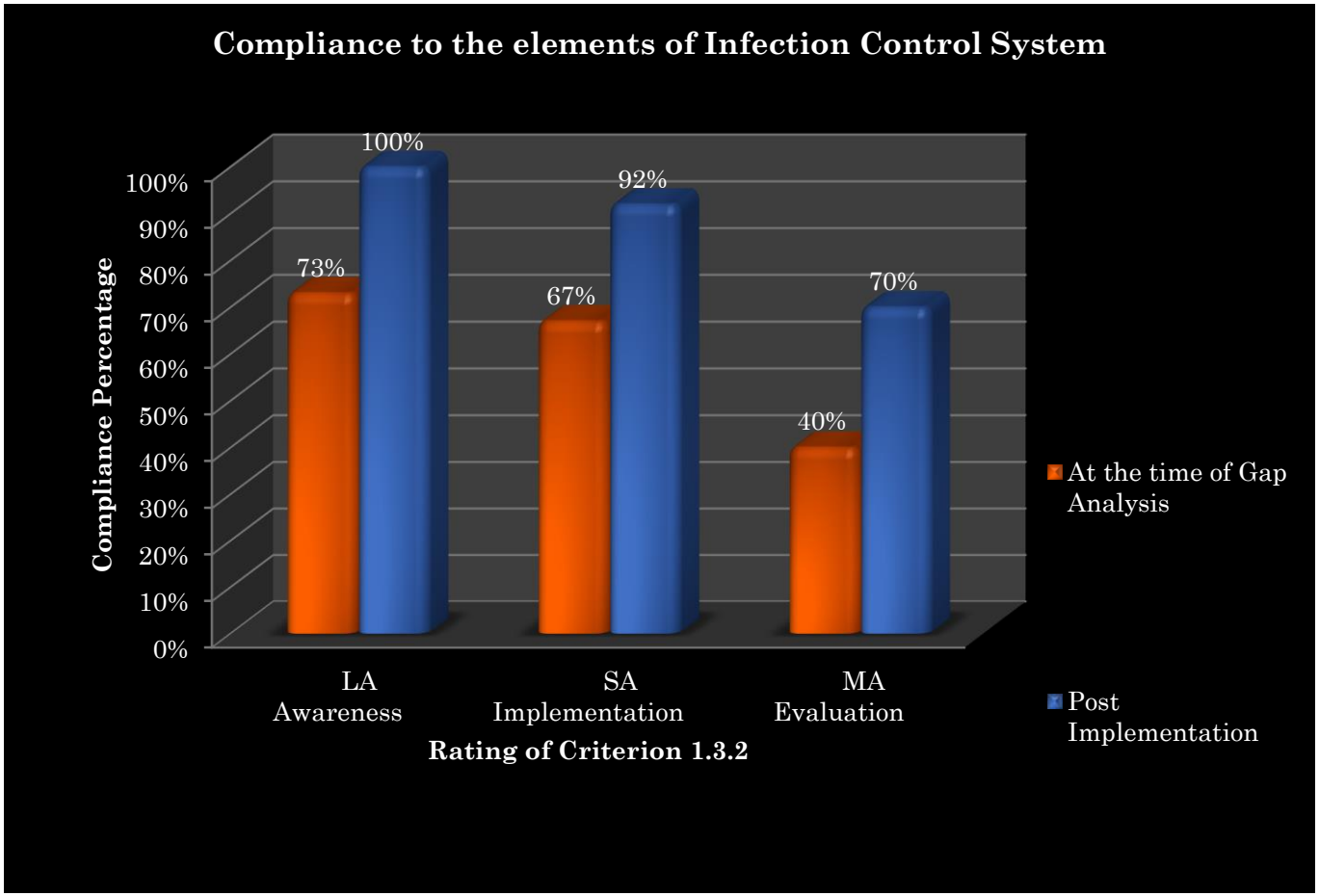
- Policy / guidelines for standardized medication management system including the medication safety plan is not in place and not available to staff.
- The organisation-wide medication management system is not evaluated.
- Medication documentation is not evaluated.
- The system for distribution, storage and disposal of medications is not evaluated.
- Medication incidents, near misses and adverse drug reactions are not analysed.
- Education and training in medication management are not evaluated.

Recommendations (or Action Plan)

- Policy / guidelines for standardized medication management system including the medication safety plan should be developed and made available to all the staff through HIMS.
- The organization-wide medication management system should be evaluated by conducting regular audits and improvements should be carried out as required.
- Audits of :
- • Standardized medication documentation and abbreviations
- • Medication error rates
- • Adverse reaction rates
- • Prescribing choices
- Medication usage / wastage
- Regular audits should be conducted to ensure that health professionals prescribing medications comply with current best- practice guidelines
- Medication documentation is evaluated through medical record audits. Audit findings should be disseminated to the respective health professionals to improve the documentation process.
- The system for distribution, storage and disposal of medications should be evaluated through facility rounds of the medication system and regular checks by pharmacist.
- Store, transport and distribute medications safely. - There is a process to monitor and audit staff compliance with policy and procedure, and appropriate remedial action is ensured in the event of non-compliance.
- Medication error rate, adverse drug reactions reporting system should be in place.
- Education and training in medication management should be evaluated through staff interviews and improvements should be made as required.

Criterion 1.3.2

The infection control system supports safe practice and ensures a safe environment for consumers / patients and healthcare workers.



Major Gaps Identified

- Policy / guidelines addressing infection control including the infection control plan is present but it doesn't address the following:
- Antimicrobial stewardship and appropriate use of antibiotics
- Notifiable diseases
- Outbreak management
- Health professionals and other staff are not provided with orientation and ongoing education about infection risks and their responsibilities in preventing infection.
- Infection prevention strategies are not integrated into all stages of healthcare planning, including health facility planning, construction and refurbishment.
- Infection risks, control strategies and safety requirements are not communicated to consumers / patients and carers.
- Compliance with the infection control policy / guidelines is not monitored and evaluated.
- The infection control system, including all aspects of the infection control plan, is evaluated, and improvements are made as required.
- Maintenance and monitoring of environmental factors relevant to infection control are not evaluated.

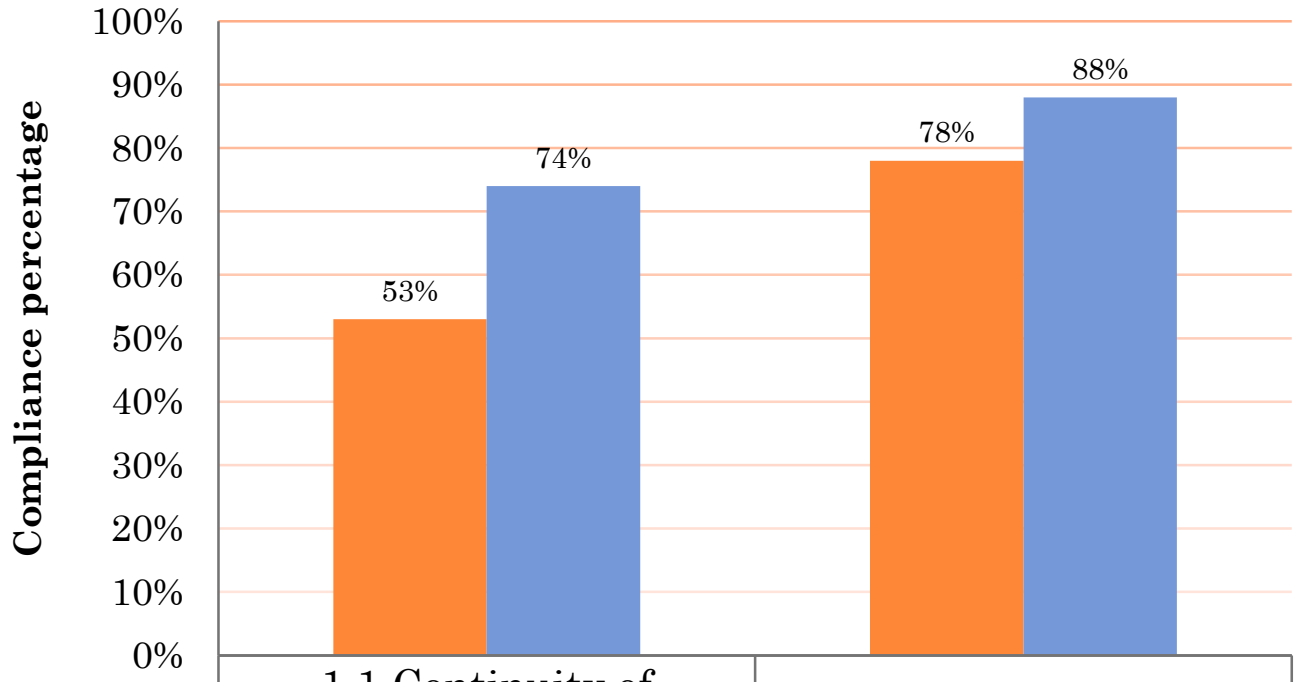
Recommendations (or Action Plan)

- Policy / guidelines addressing the infection control plan including including the following points should be developed should be developed.
- Antimicrobial stewardship and appropriate use of antibiotics
- Notifiable diseases
- Outbreak management

- Health professionals and other staff should be provided with orientation and ongoing education about infection risks and their responsibilities in preventing infection.
- Infection prevention strategies are integrated into all stages of healthcare planning, including health facility planning, construction and refurbishment.
- Infection risks, control strategies and safety requirements should be communicated to consumers / patients and carers through information brochures or pamphlets and education material displayed around the hospital.
- Hand hygiene demo classes were conducted for patients providing the hand hygiene brochures.
- Compliance with the infection control policy / guidelines should be monitored and evaluated
- The infection control system, including all aspects of the infection control plan, should be evaluated through various audits like laundry visits, hand hygiene audits, antibiotic program.
- Maintenance and monitoring of environmental factors relevant to infection control should be evaluated. It can be done through facility rounds focusing on the environmental factors.

RESULTS

Compliance percentage to the elements of the mandatory criteria of clinical standards as per ACHS EQuIP6 guide



	1.1 Continuity of Care	1.3 Safety Standard
At the time of Gap analysis	53%	78%
Post Implementation	74%	88%

Conclusion

- Gap analysis of the Daycare hospital helped the Quality Department to identify the gaps and working towards the closure of identified gaps as the first step to finally achieve the ACHS Accreditation.

- Major Gaps were identified and some of the gaps were closed by implementing the action plan developed for the identified gaps. Major Policies have been drafted but some of the gaps still need to be closed.

- The daycare hospital is approximately 60 – 70% compliant to the LA and SA category but there were lapses observed in specifically the MA category as the compliance percentage to the elements to achieve MA rating was approximately 30%. As per ACHS, it is mandatory to achieve Marked Achievement (MA) in all the mandatory criteria. So, the organization needs to develop and implement the Evaluation processes for the policies and processes to comply to the elements in order to achieve accreditation.

THANKYOU!