Synergy: GS1 and ISQua

• ISQua
• Standards-Based Accreditation
• Current Environment
• Patient Safety and Quality
• Synergies
ISQua is an independent, non-aligned, not-for-profit, global organisation with Individual and Institutional members located in over 70 countries.
ISQua’s Mission
Driving continual improvement in the quality and safety of healthcare worldwide through education, research, collaboration and the dissemination of evidence-based knowledge.
ISQua Programs:

- Accreditation
- Indicators
- Publications
- Conferences
- Education
“Designing for Quality”

• Designing Quality into Healthcare Organisations

• Designing Health Information Management and Systems for Quality

• Designing the Estates for Quality

• Designing External Evaluation Systems

• Designing Education & Research Programmes
Accreditation Federation Council

- ISQua’s International Accreditation Program (ALPHA) reports to the Executive Board and is directed by a Council of representatives of national accreditation organisations from across the world, together with input from representatives from the World Bank, WHO and the International Hospital Federation.
Accreditation of HCO’s:

- Intent is to continuously improve the safety and quality of care provided to the public through accreditation
  - Survey against standards developed by the health care professionals
  - Education
  - Consultation
  - Research
  - Performance measurement
ACCREDITATION IS A PROCESS NOT AN EVENT
GS-1: Supply Chain
Accreditation: Tracer Methodology
Current Healthcare Environment
World population growth, 1750-2150

Population (in billions)

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1750</td>
<td>0</td>
</tr>
<tr>
<td>1800</td>
<td>0</td>
</tr>
<tr>
<td>1850</td>
<td>0</td>
</tr>
<tr>
<td>1900</td>
<td>0</td>
</tr>
<tr>
<td>1950</td>
<td>0</td>
</tr>
<tr>
<td>2000</td>
<td>6.1 billion</td>
</tr>
<tr>
<td>2050</td>
<td>9.2 B</td>
</tr>
</tbody>
</table>

Global Economic Development:

Least Developed

Afghanistan-Angola-Bangladesh
Benin-Bhutan-Burkina Faso-
Burundi-Cambodia-Cape Verde-
Central African Republic-Chad-
Comoros-Congo-Timor-Djibouti-
Equatorial-Guinea-Eritrea-Ethiopia
Gambia-Guinea-Guinea-Bissau-
Haiti-Kiribati-Lao Peoples -Lesotho
Liberia-Madagascar-Malawi-
Maldives-Mauritania-Mozambique-
MyanmarMali-Nepal-Niger-
Rwanda-Samoa-Sao Tome-
Senegal-Sierra Leone
Solomon Islands-Somalia-
Sudan-Togo-Tuvalu-Uganda
Tanzania-Vanuatu-Yemen-Zambia

Emerging Economies

111 Countries

India
China
South America

Central America

Gulf States
Middle East
SE Asia
Indonesia
Pakistan
Russia

Central Asia
North Africa

(0.9 Billion)

OECD Countries

AUSTRALIA -AUSTRIA
BELGIUM -CANADA
CZECH REPUBLIC
DENMARK -FINLAND
FRANCE -GERMANY
GREECE-HUNGARY
ICELAND-IRELAND
ITALY-JAPAN
KOREA-LUXEMBOURG
MEXICO-NETHERLANDS
NEW ZEALAND-NORWAY
POLAND-PORTUGAL
SLOVAK REPUBLIC
SPAIN-SWEDEN
SWITZERLAND-TURKEY
UNITED KINGDOM
United States

(1.1 Billion)
The economic potential of Brazil, Russia, Indian & China is such that they may become among the four most dominant economies by the year 2050. These countries are forecast to encompass over thirty-nine percent of the world's population and hold a combined GDP [PPP] of 15.435 trillion dollars — Dreaming with BRICs: The Path to 2050  Goldman Sachs
Global Trends: Rise of Quality Hospitals

• Emergence of privately financed, corporate specialty hospitals
  – Primarily in the Emerging Economies
  – “Green-field” Development
  – “Super-specialty” focused
  – Focused on out-of-pocket paying local middle class
  – Coexist with public hospitals (no cross-subsidy)
  – Capitalize on lower cost labor force
  – Willing and able to institute a culture of quality and
    Transparently report their outcomes
  – Expanding regionally
  – Competing globally
Global Trends:
Medical Tourism/Medical Travel
Manpower: The Perfect Storm
Global Trends:
Number of Medical Schools Worldwide has Quadrupled
1955 - 2009

1.5-2.0 M Medical Students are in 2226 Medical Schools
Physician shortages are likely to be substantial.

U.S. Data

Physicians per 100,000 of population


Supply: 781,000

Demand: 971,000

1,240,000

~250,000

Active physicians
Gender and lifestyle
US Nursing Shortage

- 800,000 more RN’s will be needed by 2020
- 40% of the RN workforce will be older than 50 and nearing retirement in 2010
- >20% of active nurses plan to leave within 5 years
- HRSA estimate of national shortage of nurses
  - 2010 – 12%
  - 2015 – 20%
  - 2020 – 29%
- There will be a need of 1 Million new and replacement nurses in the US by 2012 (AACN)
From the literature:

- Harvard Medical Practice Study (early 1990s)
  - 3.7% rate of adverse events
  - 4.3% of adverse events resulted in death or total permanent disability
  - Almost 20% of disabling events were ADEs
Medical Error Reduction is Fundamentally an Information Problem
Total of Sentinel Events
Current Sentinel Event Statistics*:

Wrong-Site surgery 784
Suicide 715
Operative/post-operative complication 659
Medication error 503
Delay in treatment 472

*of 6,036 patients, 68% resulted in death
Settings of the Sentinel Events

<table>
<thead>
<tr>
<th>Setting</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>General hospital</td>
<td>3776</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>610</td>
</tr>
<tr>
<td>Psychiatric unit</td>
<td>290</td>
</tr>
<tr>
<td>Non-acute behavioral hlth</td>
<td>257</td>
</tr>
<tr>
<td>Emergency department</td>
<td>256</td>
</tr>
<tr>
<td>Long term care facility</td>
<td>157</td>
</tr>
<tr>
<td>Ambulatory care setting</td>
<td>151</td>
</tr>
<tr>
<td>Home care service</td>
<td>109</td>
</tr>
<tr>
<td>Office-base surgery</td>
<td>15</td>
</tr>
<tr>
<td>Clinical Laboratory</td>
<td>9</td>
</tr>
<tr>
<td>Health care network</td>
<td>2</td>
</tr>
</tbody>
</table>

Total for all settings = 5632
“The nurse gave the medication... we fired the nurse... therefore, there is no longer a problem”
I. Flawed Processes

II. Flawed Healthcare Providers

III. Acts of God
Root Causes of Sentinel Events

(All categories; 1995-2002)

- Communication
- Orientation/training
- Patient assessment
- Availability of info
- Staffing levels
- Physical environment
- Continuum of care
- Competency/credentialing
- Procedural compliance
- Alarm systems
- Organization culture

Percent of events
International Patient Safety Goals:

- Goal 1  Identify Patients Correctly
- Goal 2  Improve Effective Communication
- Goal 3  Improve the Safety of High-Alert Medications
Goal 4  Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery

Goal 5  Reduce the Risk of Health Care-Associated Infections

Goal 6  Reduce the Risk of Patient Harm Resulting from Falls
MMU.4 Prescribing, ordering and transcribing are guided by policies and procedures

International patient safety goals

Medication Management and Use

Facilities Management and Safety

Care of Patients
Types of actions:

- Punitive
- Retraining / counseling
- Process redesign
  "Paper vs. practice"
- Technical system enhancement
- Culture change

<table>
<thead>
<tr>
<th>Degree of difficulty</th>
<th>Long term effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy</td>
<td>Low</td>
</tr>
<tr>
<td>Difficult</td>
<td>High</td>
</tr>
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Standards drive Globalization
Standards-based Accreditation in Healthcare Drives Improvement
Synergy: GS1 and ISQua