

Patient Focused Quality Oversight

Global GS1 Healthcare
Conference
Washington DC, USA
16-18 June 2009
Dr. John F. Helfrick

The International Society for Quality in Health Care

Synergy: GS1 and ISQua

- ISQua
- Standards-Based Accreditation
- Current Environment
- Patient Safety and Quality
- Synergies

The International Society for Quality in Health Care

 ISQua is an independent, non-aligned, not-for-profit, global organisation with Individual and Institutional members located in over 70 countries

The International Society for Quality in Health Care

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



26th International Conference

The International Society for Quality in Health Care

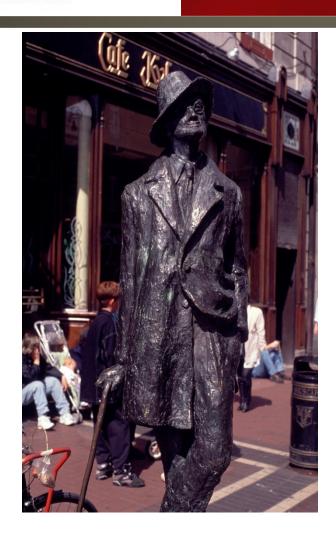
The Burlington Hotel, Dublin, Ireland

11th - 14th October 2009

"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

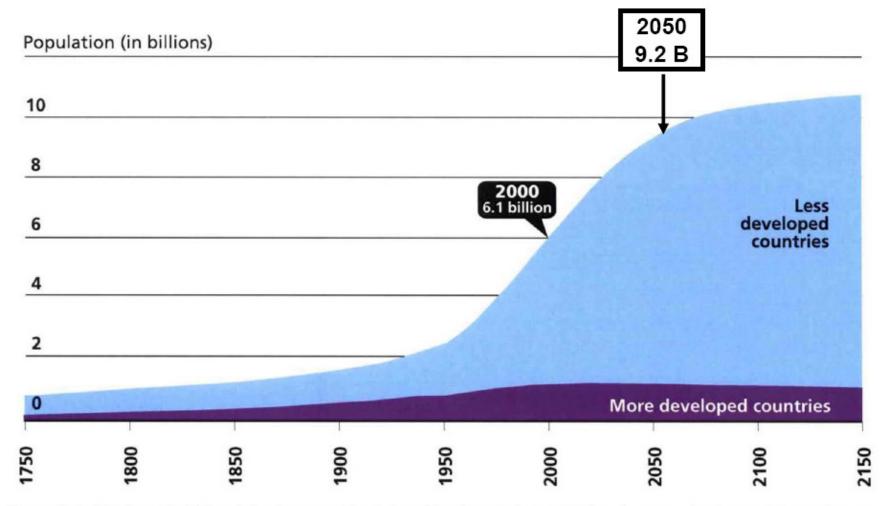
ACCREDITATION IS A PROCESS NOT AN EVENT

GS-1: Supply Chain

Accreditation: Tracer Methodology

Current Healthcare Environment

World population growth, 1750-2150



Source: United Nations, World Population Prospects, The 1998 Revision (New York: UN, 1998); and estimates by the Population Reference Bureau.

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

(0.9 Billion)

Emerging Economies

111 Countries

India

China

South America

Central America

Gulf States

Middle East

SE Asia

Indonesia

Pakistan

Russia

Central Asia

North Africa

(4.5 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

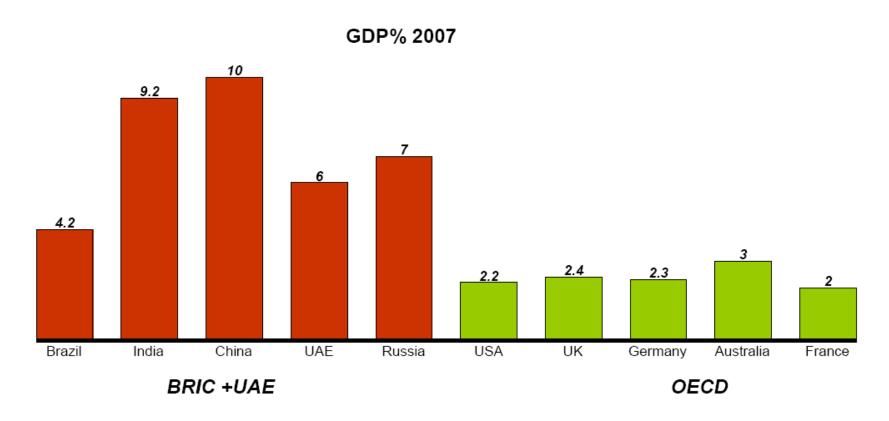
UNITED KINGDOM

United States

(1.1 Billion)



Economic Drivers



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





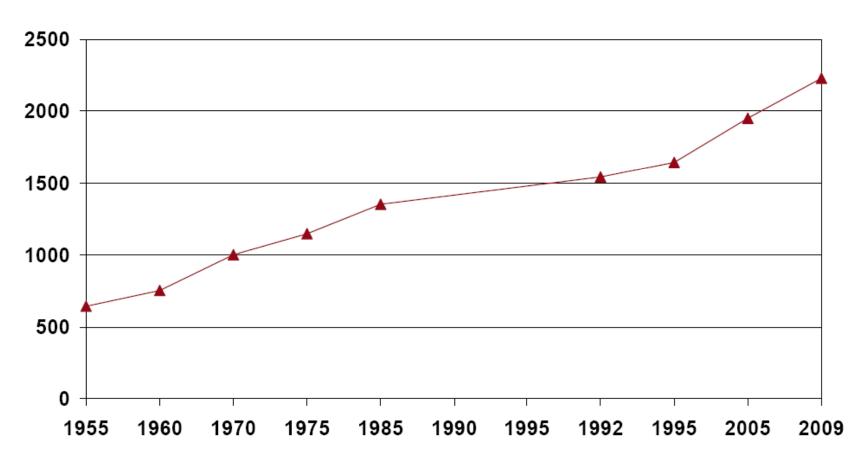


Manpower: The Perfect Storm

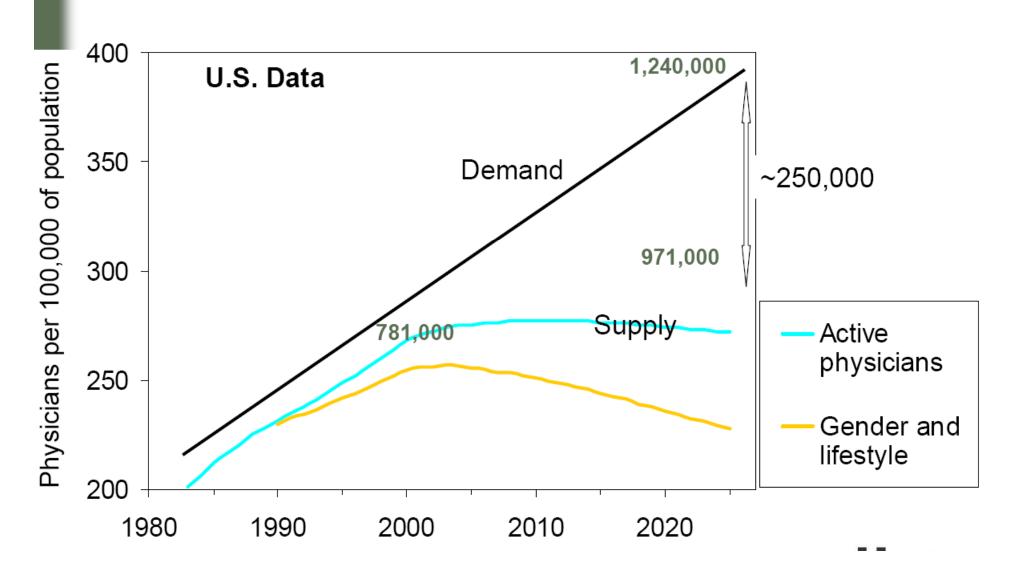
Global Trends:

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.



US Nursing Shortage



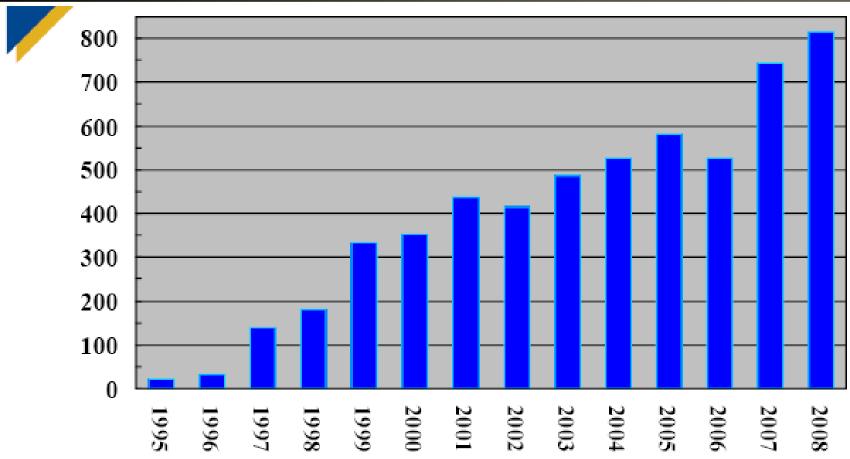
- 800,000 more RN's will be needed by 2020
- 40% of the RN workforce will be older than 50 and nearing retirement in 2010
- >20% of active nurses plan to leave within 5 years
- HRSA estimate of national shortage of nurses
 - -2010 12%
 - -2015 20%
 - -2020 29%
- There will be a need of 1Million new and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



The Joint Commission

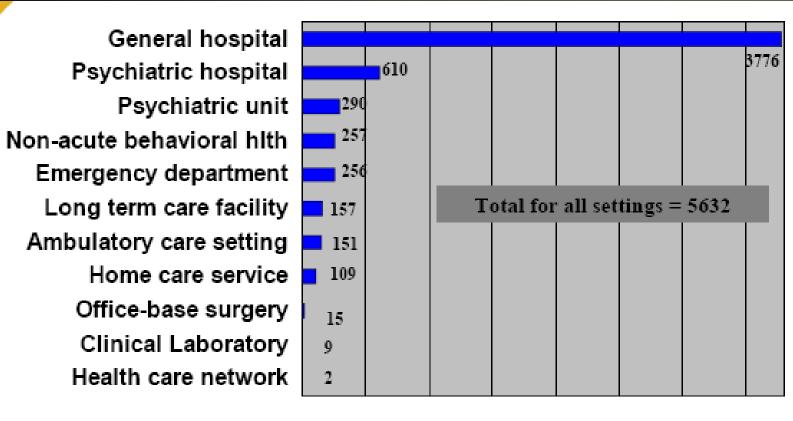
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Current Sentinel Event Statistics*:

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



500 1000 1500 2000 2500 3000 3500



Cause of Sentinel Event

"The nurse gave the medication...
we fired the nurse...
therefore, there is no longer a
problem"

Factors Associated with Adverse Outcomes and Sentinel Events

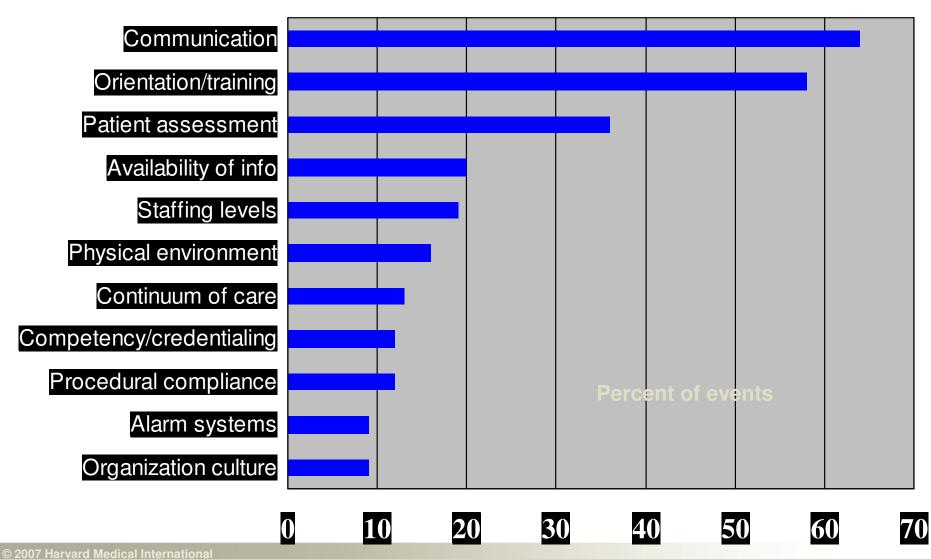
I. Flawed Processes

II. Flawed Healthcare Providers

III. Acts of God

Root Causes of Sentinel Events

(All categories; 1995-2002)



International Patient Safety Goals:

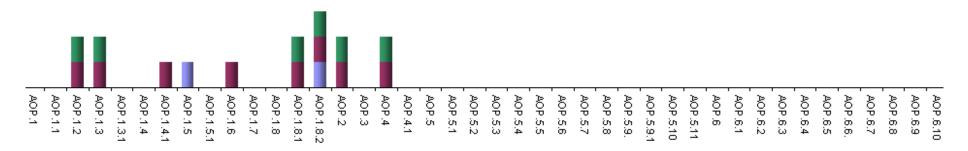
Goal 1 Identify Patients Correctly

Goal 2 Improve Effective Communication

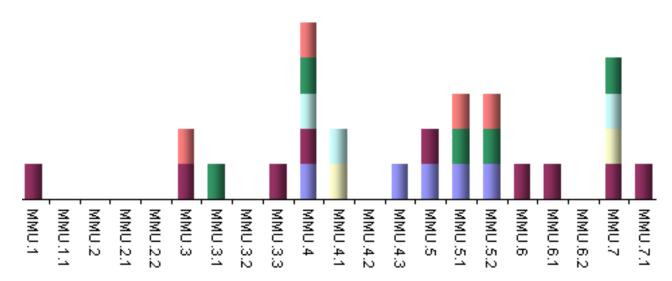
 Goal 3 Improve the Safety of High-Alert Medications

- 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

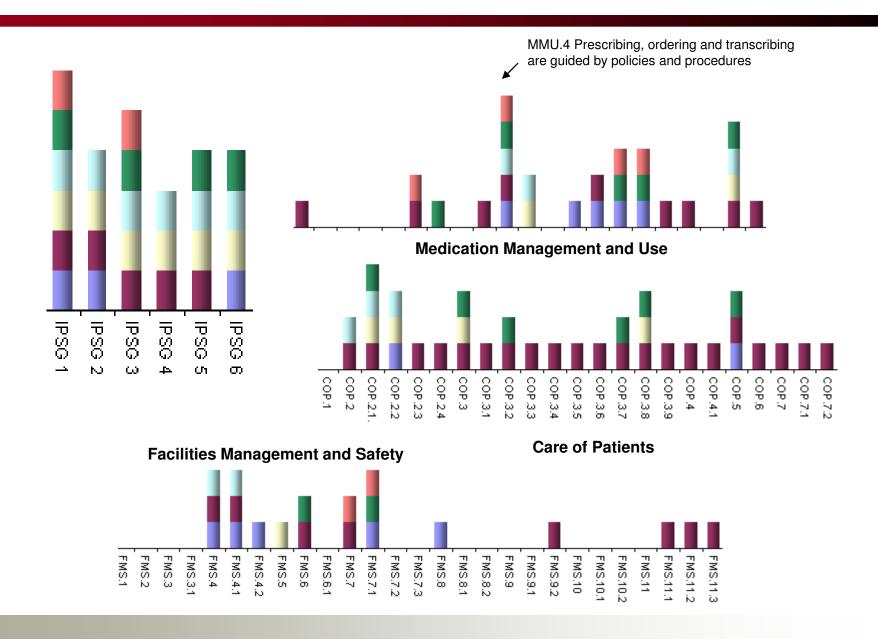
Assessment of patients



Medication management and use



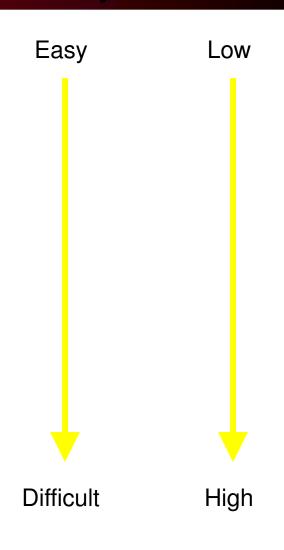
International patient safety goals



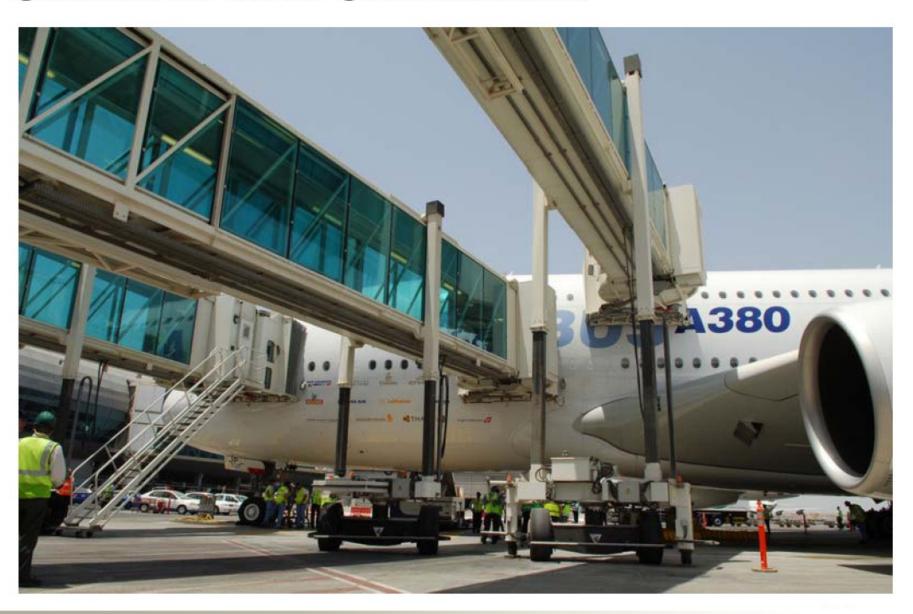
Degree of Long term difficulty effectiveness

Types of actions:

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



Standards drive Globalization



Standards-based Accreditation in Healthcare Drives Improvement

Synergy: GS1 and ISQua