

Regulations and their potential for limiting clinical negligence

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OHSC

Office of Health Standards Compliance
Ensuring quality and safety in health care

Relationship between quality of service provision and reducing the probability of clinical negligence and / or medical malpractice

Quality and safety in healthcare is the expected norm and is frequently taken for granted, however, quality is never an accident;

It represents the wise choice of many alternatives.”

Willa A. Foster, Source Unknown

Unwise choices can lead to poor quality and harm to patients



Blood-stained linen left in sluice room



Environmental drying of washed, disposable tubing, catheters and endo-tracheal tubes prior to reuse



Health and safety risk – oil and oxygen – fire/explosion hazard

Patient Care Quality

Patient care quality is the degree to which the probability of, desired outcomes is increased and undesired outcomes is reduced, given the current state of knowledge. ” Board of Commissioners, Joint Commission, USA



Increased risk of undesired outcomes?

'Making quality certain' means getting people to do better all the worthwhile things they ought to be doing anyway. ” Philip B. Crosby, Quality is Free”

Unfortunately there are many situations in which what should be done, is not done.

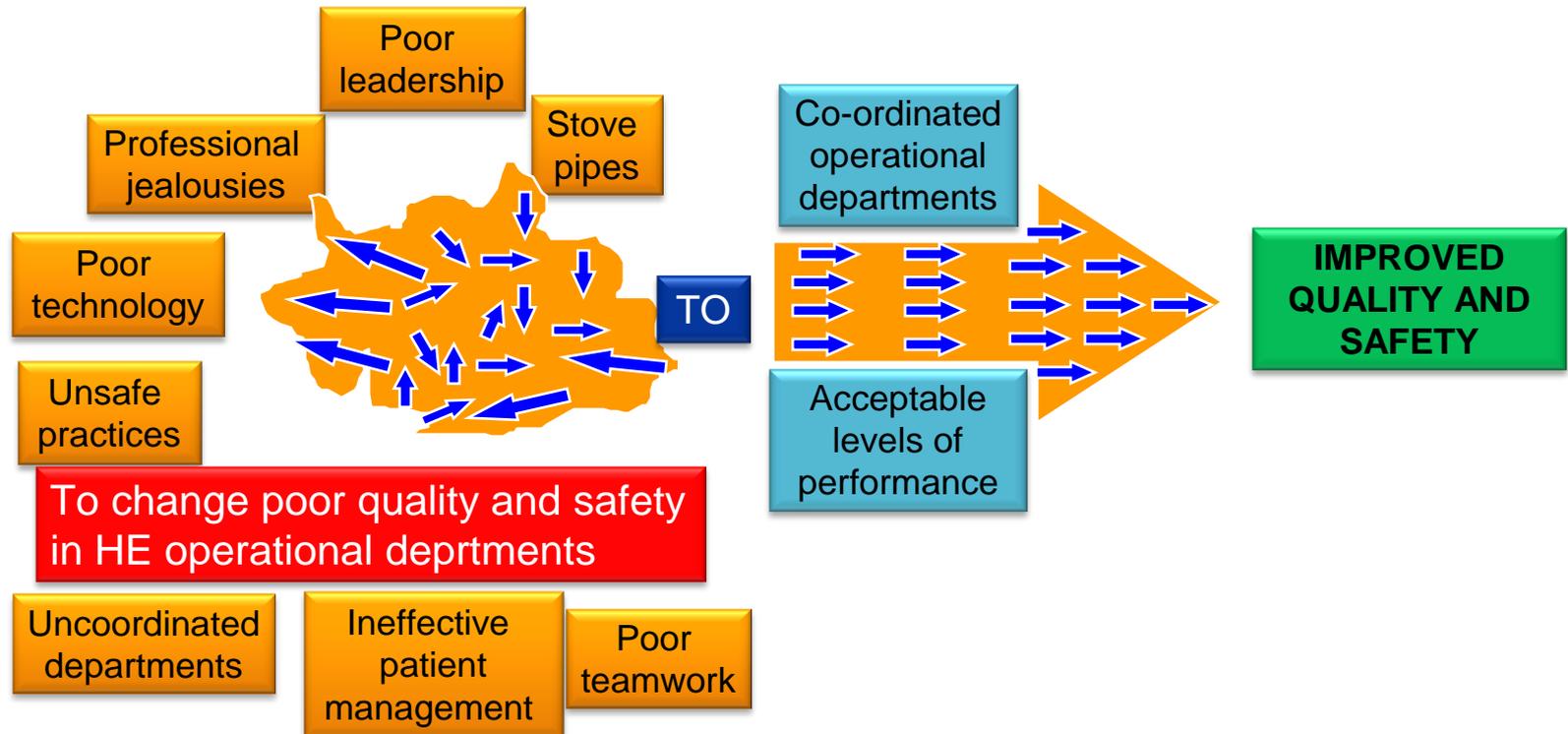
To avoid situations like this the decision was taken to develop and regulate quality standards for health establishments

Definition of Health establishment:

“ the whole or part of a public or private institution, facility, building or place, whether for profit or not, that is operated or designed to provide inpatient or outpatient treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventative or other health services”

- ***The OHSC regulations are not intended to, nor do they, regulate persons, users or health professionals***

Aim of the regulated standards:



THE CONCEPT OF DOMAINS

The WHO has defined domains as areas within HE where there is a risk of quality problems occurring.

By setting standards that reduce the risk of poor quality the probability of quality patient care being provided is increased

The domains selected to be the focus of the regulated standards

Seven 7 cross-cutting Domains were identified selected as risk areas in Healthcare Establishments (HE)

Domains 1 - 3 focus on the core business of delivering quality health care to patients and include:

- 1. Patient Rights,*
- 2. Clinical Governance and Care*
- 3. Clinical Support Services.*

Domains 4 - 7 focus on support systems that ensure the HE system delivers its core business:

- 4. Health Promotion and Disease Prevention,*
- 5. Leadership & Corporate Governance,*
- 6. Operational Management and*
- 7. Facilities & Infrastructure.*

• ;

The departments and services within healthcare establishments are called Functional Areas.

M = Management, P = Patient Care, C = Clinical support, S = Support Services

M 01 - CEO / Hospital manager
M 03 - Communications PRO
M 04 - Facility infrastructure
M 05 - Financial management
M 06 - HR management
M 07 - Infection control
M 08 - Management of information
M 10 - Procurement
M12 - Occupational Health and Safety
M 14 - Clinical management group
M 16 - Case Management
P 01 - A+E
P 02 - Outpatients
P 03 - Maternity
P 04 - Medical ward
P 05 - Surgical ward
P 06 - Paediatric ward
P 07 - Generic wards
P 08 - Physiotherapy
P 09 - ICU / HCU / Burns / speciality ward

P 10 - Operating theatre incl. cath labs
P 11 - Psychiatric ward
P 12 - Occupational therapy
P 13 - Speech therapy
C 01 - Blood services
C 02 - Lab services
C 03 - Health technology services
C 04 - Pharmacy
C 05 - Radiology
S 01 - CSSD
S 02 - Cleaning services
S 03 - Food services
S 04 - Laundry services
S 05 - Maintenance services incl. garden services
S 06 - Record archive
S 07 - Waste management
S 08 - Transport services
S 09 - Security services
S 10 - Entrance reception and help desk
S 11 - Patient administration
S 12 - Mortuary services

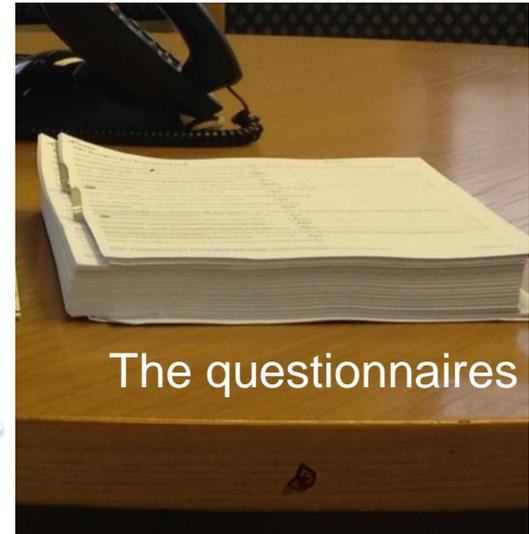
Standards with measures and criteria that define the requirements for the standards the are set for each Functional Area.

Purpose is to reduce risk, in Functional Areas according to domain risk areas.

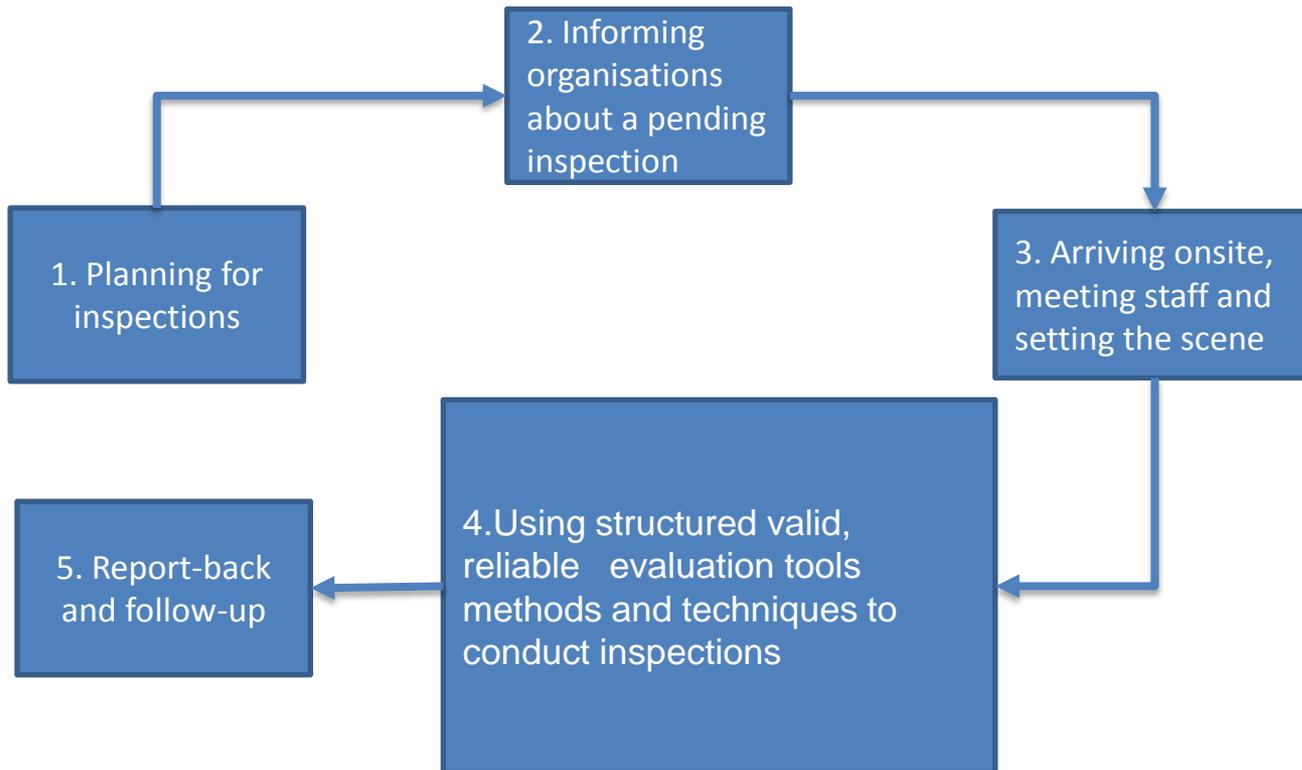
Evaluation Tools

To facilitate the evaluation process, the measures, criteria and standards that directly impact on specific Functional Areas have been grouped together into questionnaires. There is one questionnaire for each Functional Area.

By complying with the measures set out in the questionnaires, the risk of adverse events and clinical negligence will be reduced and HEs will gain certification.

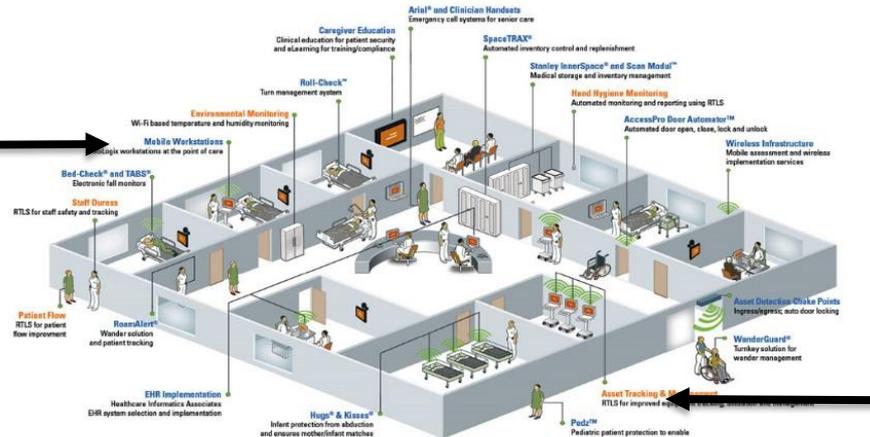


To ensure accurate data is obtained the inspection process has been regulated

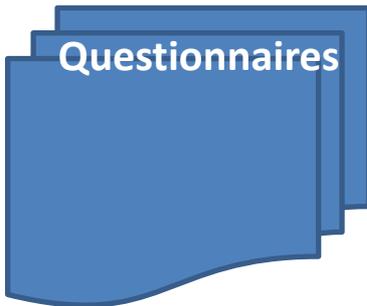


Summary of the inspection process

Functional Areas assessed in HE:
Document reviews,
Interviews
Observations ..



Compliance data entered in



Questionnaires

Data entered
In computer



Analysis - risk
categorisation –
compliance status

To HE for
Quality
Improvement

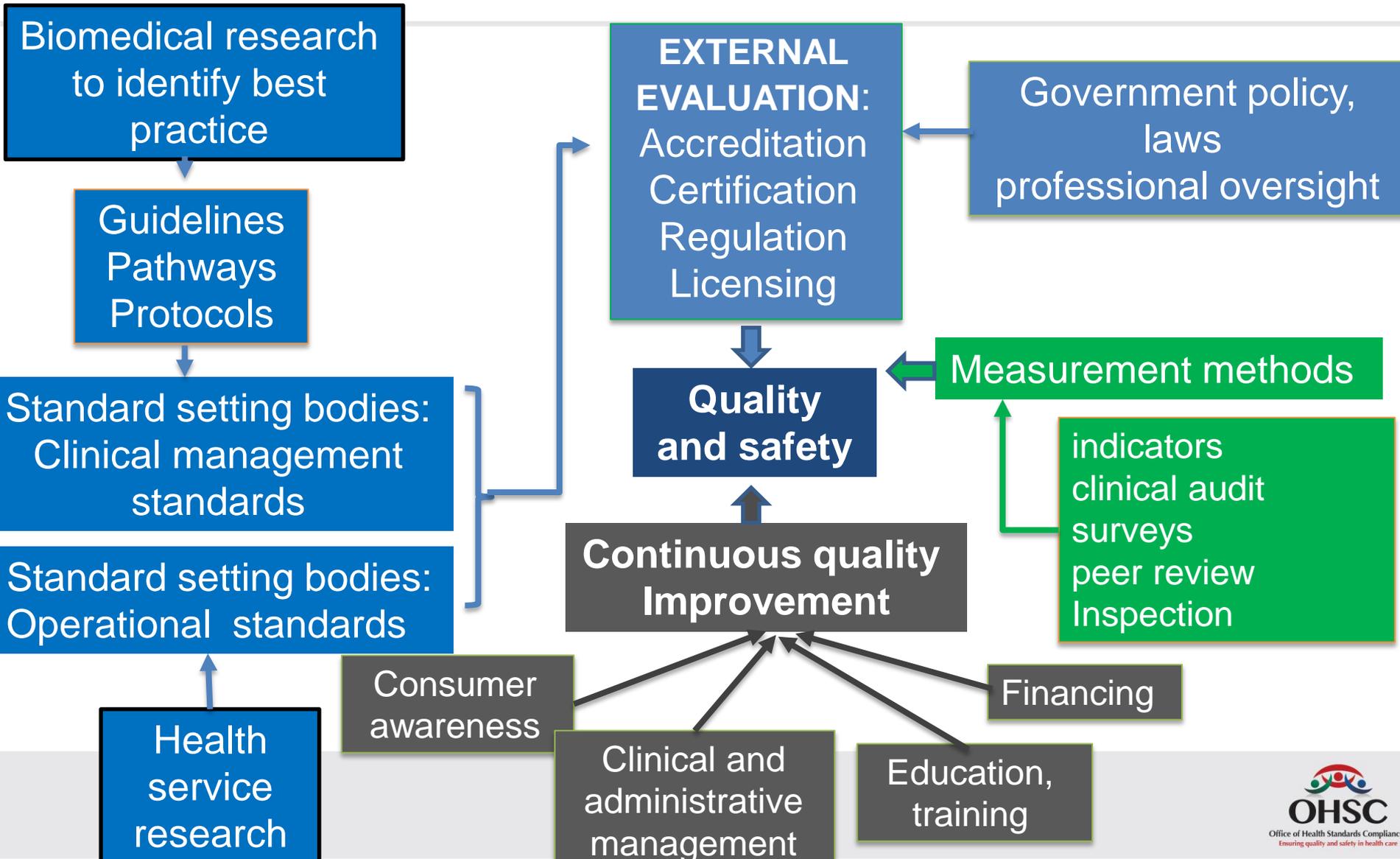
Reports:
Strengths
weaknesses,
gaps

Job done?

Sadly, no.

***Quality does not just happen.
It is always the result of high intention,
sincere effort, intelligent direction, and
skillful execution.***

Quality Improvement requires the multidisciplinary expertise of the quality field

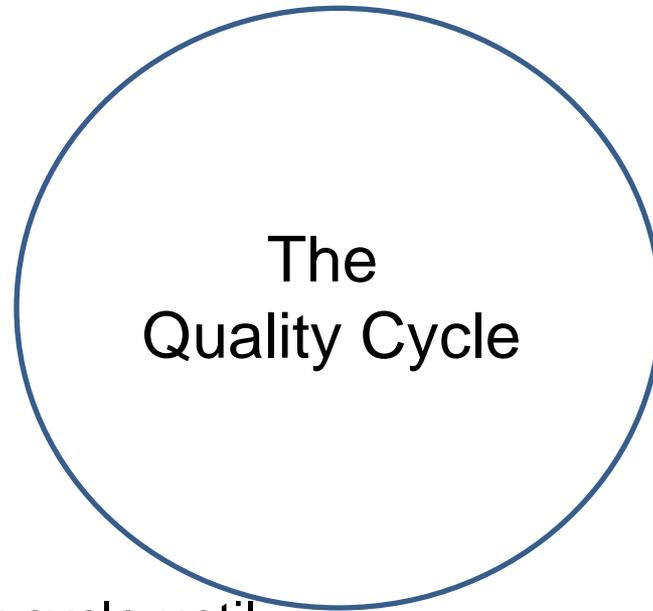


Quality improvement requires teamwork



Quality Improvement requires a well designed improvement programmes in all Functional Areas

1. Set:
 - standards.
 - targets
 - guidelines



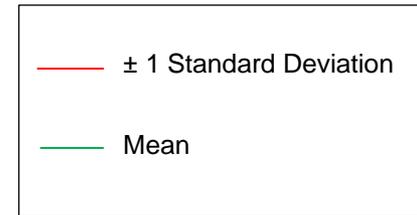
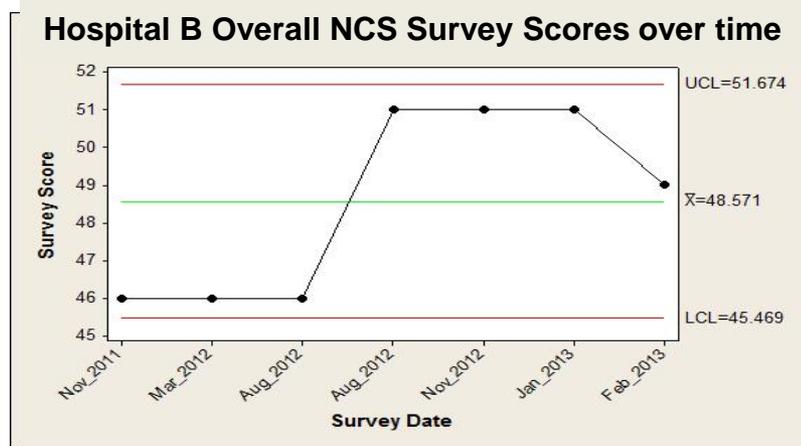
2. Measure whether the standards, targets and guidelines are in place and are met

3. Improve identified areas of non-conformance

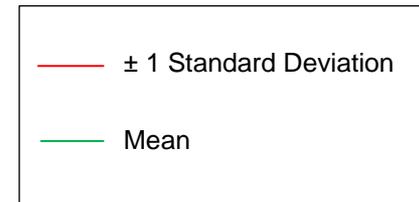
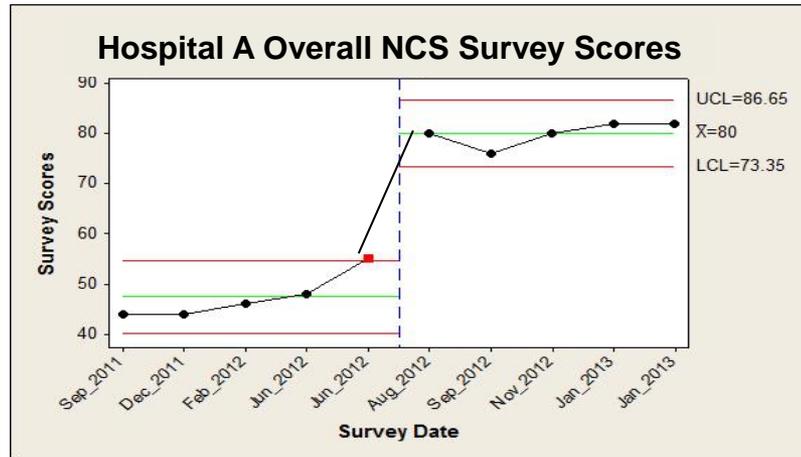
4. Repeat the quality cycle until the standards are met. Repeat frequently to maintain

QI requires time and dedication

Hospital with poor communication between staff and departments that work independently.



Hospital with good understanding and buy-in to quality improvement methods



Quality Improvement may require discipline in cases of continued non-compliance

It is the responsibility of the Office to enforce compliance
Section 82A(4) gives the Office the following enforcement powers:

- Issue a written warning
- Require a written response from the health establishment
- Recommend to any relevant authority any appropriate and suitable actions to be undertaken, including the institution of disciplinary procedures
- Revoke the compliance certificate and recommend temporary or permanent closure
- Impose a fine
- Refer the matter to the National Prosecuting Authority

Do regulations have the potential to limit clinical negligence?

Yes they do, with high intention, sincere effort, intelligent direction, and skillful execution.

Fortunately, the early signs are positive.

The early re-inspections results indicate that the many of HE staff have these attributes.

However, remember: Quality improvement requires teamwork



Thank you