



BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

8. Quality Management and Improvement

These forms are designed to be used by both hospital personnel and external surveyors. The following information must be provided after each survey, before submitting the completed survey forms.

1. NAME OF HOSPITAL/CLINIC/FACILITY: _____

2. BASELINE/INTERNAL SURVEY INFORMATION:

Title and name of person who completed this document: _____

Post and position held: _____

Date of survey: _____

3. EXTERNAL SURVEY INFORMATION:

Name of external surveyor: _____

Date of external survey: _____

GUIDE TO COMPLETION OF FORM

N.B. Hospital staff are please to use BLACK ink at all times. The external surveyors are requested to use RED ink at all times.

Please circle the rated compliance with the criterion, e.g. NA (Not applicable), NC (Non-compliant), PC (Partially compliant), C (Compliant).

The default category affected is designated on the form for each criterion as follows:

1. patient and staff safety
2. legality
3. patient care
4. efficiency
5. structure
6. basic management
7. basic process
8. evaluation

The seriousness of the default is designated on the form for each criterion as follows:

1. mild
2. moderate
3. serious
4. very serious

<p><u>Documents Checked</u></p> <p>Surveyor:</p> <p>Surveyor:</p>
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BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

8. Quality Management and Improvement



BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

8. Quality Management and Improvement

8.1 Quality Leadership and Design

8.1.1 Standard

There are written organisation-wide quality management and improvement processes.

Standard Intent: If an organisation is to initiate and maintain improvement, leadership and planning are essential.

The governing leaders of the organisation are as important as the managers and clinical care providers in the organisation. Each leader participates in establishing the organisation's commitment, approach to improvement and processes management and supervision. The leaders through their vision and support shape the quality culture of the organisation.

Improvement processes are most effective when they are planned and implemented organisation wide. The framework for these is provided in documents describing the processes, which is inclusive of all services in the organisation, and of all related quality activities such as infection control and risk management activities. The framework for these is provided in documents describing the processes AND is inclusive of all services in the organisation, and all related quality activities such as infection control and risk management activities.

Well-designed services draw on a variety of information sources. Good process design:

- is consistent with the organisation's mission and plans
- meets the needs of patients, families, the staff and others
- uses current practice guidelines, clinical standards, scientific literature and other relevant evidence-based information on clinical practice design
- is consistent with sound business practices
- considers relevant risk management information
- uses information from related improvement activities, and
- integrates and connects systems.

A primary responsibility of leaders is to set priorities. Organisations typically find more opportunities for quality monitoring and improvement than they have human and other resources to accomplish. Therefore the leaders provide focus for the organisation's quality monitoring and improvement activities. The leaders prioritise those critical, high-risk or problem-prone processes or activities that most directly relate to the quality of care and the safety of the environment. The leaders use available data and information to identify areas that must be prioritised.

	Criterion	Comments
		Recommendations
Criterion 8.1.1.1	There is a system for the implementation of quality management and improvement processes.	
Critical: ..		
Catg: Evaluation + Efficiency		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		



Republic of Botswana

BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

8. Quality Management and Improvement

Criterion 8.1.1.2 Critical: .. Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Managerial and clinical leaders and relevant stakeholders participate in the implementation of the quality management and improvement processes.	
Criterion 8.1.1.3 Critical: .. Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The processes reflect the scope of service delivery in relation to managerial, clinical and support services (including formal educational services where applicable).	
Criterion 8.1.1.4 Critical: .. Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The leaders identify priorities for monitoring activities.	
Criterion 8.1.1.5 Critical: 0 Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The processes reflect all components and quality activities in relation to standard and indicator development, monitoring, evaluation and remedial action.	
Criterion 8.1.1.6 Critical: .. Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a regular reporting system on quality activities to all stakeholders, including governance and the community.	



BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

8. Quality Management and Improvement

8.1.2 Standard

The leaders coordinate the quality management and improvement processes and provide technological and other support.

Standard Intent: Available resources are used well when the quality management and improvement activities are centrally coordinated. This coordination is achieved through a quality steering group or a committee that provides for effective supervision of quality management and improvement activities throughout the organisation. One of the responsibilities of such a group is to communicate information about the quality management and improvement processes to the staff on a regular basis.

The monitoring of clinical and managerial functions in a healthcare organisation results in the accumulation of data and information. An understanding of how well the organisation is doing rests on the analysis of the data and information over time and comparison with other organisations. For large or complex organisations this tracking and comparison may require technology and/or staff members with data management experience. The leaders of an organisation understand the monitoring and improvement priorities in terms of this necessary support. They provide the support consistent with the resources and quality management priorities of the organisation.

Participation in data collection and analysis and the planning and implementation of quality improvements require knowledge and skills that most staff members do not have or do not use regularly. Thus, when asked to participate in the processes the personnel receive training consistent with their role in the planned activity. The organisation identifies or provides a knowledgeable trainer for this education.

The staff selected to participate in management and improvement processes are those closest to the activities or processes being monitored, studied or improved. Both managerial and clinical staff participate. Over time, a larger and larger number of staff have the opportunity to be trained and to participate.

	Criterion	Comments
		Recommendations
Criterion 8.1.2.1 Critical: .. Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is coordination of the organisation's quality management and improvement processes with all services.	
Criterion 8.1.2.2 Critical: .. Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	The leaders provide the required technology and support.	



Republic of Botswana

BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

8. Quality Management and Improvement

Criterion 8.1.2.3	There are relevant training processes to equip staff with the necessary competencies for the design, implementation and evaluation of quality management and improvement processes.	
Critical: ..		
Catg: Evaluation + Efficiency		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		



BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

8. Quality Management and Improvement

8.2 Clinical and Managerial Quality Monitoring

8.2.1 Standard

Clinical practice guidelines are used to guide clinical care.

Standard Intent: The goals of healthcare organisations include:

- standardising clinical care
- reducing risks within care, particularly those associated with critical decision steps, and
- providing clinical care in a timely, effective manner using available resources efficiently.

Organisations use a variety of tools to reach these and other goals, e.g care providers seek to develop clinical care and make clinical decisions based on the best scientific evidence-based guidelines. Clinical practice guidelines are useful tools in this effort to understand and apply the best science to a particular diagnosis or condition.

In addition, care providers seek to standardise care. Clinical care pathways are useful tools in this effort to ensure effective integration and coordination of care and efficient use of available resources.

Clinical practice guidelines relevant to the organisation's patient population and mission are:

- a) selected from among those applicable to the service and patients of the organisation (mandatory national guidelines are included in this process, if present)
- b) evaluated for their applicability and science
- c) focused on high-volume, high-risk, high-cost and problem-prone conditions
- d) adapted when needed to the technology, drugs and other resources of the organisation or to accepted national professional norms
- e) formally approved or adopted by the organisation
- f) implemented and monitored for consistent use and effectiveness
- g) supported by staff trained to apply the guidelines or pathways, and
- h) periodically updated.

Each organisation has a process to assess the quality and completeness of patient records. That process is a part of the organisation's performance improvement activities and is carried out regularly. Clinical record review is based on a representative sample (a sample representing the practitioners providing care and of the types of care provided). The medical staff, nursing staff and other relevant clinical professionals, who are authorised to make entries in the patient record conduct the review process. The focus of the review is on the quality of the record and clinical information available during the care process. Thus, the organisation's record review process includes the review of the records of patients currently receiving care as well as the records of discharged patients.

	Criterion	Comments
		Recommendations
Criterion 8.2.1.1	The leaders identify key measures to monitor the quality of clinical processes.	
Critical: ..		
Catg: Evaluation + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		



Republic of Botswana

BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

8. Quality Management and Improvement

Criterion 8.2.1.2 Critical: '' Catg: Evaluation + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Leaders use clinical practice guidelines to guide patient care processes.	
Criterion 8.2.1.3 Critical: '' Catg: Evaluation + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The organisation follows the process described in a) to h) of the intent by means of clinical audits to monitor the quality of care provided.	
Criterion 8.2.1.4 Critical: '' Catg: Evaluation + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Medical, nursing and other clinical leaders use available and relevant clinical practice guidelines in clinical monitoring as part of a structured clinical audit.	
Criterion 8.2.1.5 Critical: '' Catg: Evaluation + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Patient clinical records are reviewed regularly.	
Criterion 8.2.1.6 Critical: '' Catg: Evaluation + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The review is conducted by medical, nursing and other staff who are authorised to make entries in patient records or to manage patient information.	



BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

8. Quality Management and Improvement

Criterion 8.2.1.7 Critical: .. Catg: Evaluation + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Records of active and discharged patients are included in the review process.	
Criterion 8.2.1.8 Critical: .. Catg: Evaluation + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Professional performance is monitored as part of clinical monitoring.	

8.2.2 Standard

There are relevant managerial quality monitoring systems.

Standard Intent: Quality management and improvement are data driven. Because most organisations have limited resources, they cannot collect data to monitor everything they want. Thus, each organisation must choose which managerial and support service and outcomes are most important to monitor based on its mission, patient needs and services provided. Monitoring often focuses on those that are high-risk, high volume or problem-prone at organisation and department level.

The leaders of an organisation have the responsibility to make the final selection of the key measures to be included in the organisation's monitoring activities. The measures selected relate to those important areas identified. Important measures to be monitored could include financial issues, stock control, loss control.

For each of these areas leaders decide:

- the process, procedure or outcome to be measured
- how measurement will be accomplished, and
- the frequency of measurement.

Identification of the process, procedure or outcome to be measured is clearly the most important step. The measure needs to focus on, for example:

- risk points in procedures that frequently present problems or are performed in high volume, and
- outcomes that can be clearly defined and are under the control of the organisation.

	Criterion	Comments
		Recommendations
Criterion 8.2.2.1 Critical: 0 Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Management and all departments identify key measures to monitor quality assurance and improvement processes.	



Republic of Botswana

BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

8. Quality Management and Improvement

Criterion 8.2.2.2 Critical: '' Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Data collection is used to study areas targeted for improvement.	
Criterion 8.2.2.3 Critical: '' Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Data collection is used to monitor and evaluate the effectiveness of improvements.	
Criterion 8.2.2.4 Critical: '' Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The results of monitoring are communicated to the leaders and governance structure of the organisation.	



BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

8. Quality Management and Improvement

8.3 Use of Analysed Data

8.3.1 Standard

Analysed data are used to improve the quality of managerial and clinical services.

Standard Intent: To reach conclusions and make decisions, data must be aggregated, analysed and transformed into useful information. Data analysis involves individuals with an understanding of information management and skills in data aggregation methods, and in the use of various statistical tools. Data analysis involves the individuals responsible for the process or outcome being measured. These individuals may be representative of clinical, managerial or any other departments and services in the organisation. Thus, data analysis provides continuous feedback of quality management information to help those individuals make decisions and continuously improve clinical and managerial processes.

The organisation determines how often data are aggregated and analysed. The frequency depends on the activity or area being measured, the frequency of measurement and the organisation's priorities. For example, clinical data may be analysed weekly to meet local regulations, and patient fall data may be analysed monthly if falls are infrequent. Thus aggregation of data at points in time enables the organisation to judge a particular process's stability or a particular outcome's predictability in relation to expectations.

When an organisation detects or suspects undesirable change from what is expected, it initiates intense analysis to determine where best to focus improvement. In particular, intense analysis is initiated when levels, patterns or trends vary significantly or undesirably from:

- what is expected
- that of other organisations, or
- recognised standards.

Each organisation establishes which events are significant and the process for their intense analysis. When undesirable events can be prevented, the organisation works to carry out preventive changes.

The goal of data analysis is to be able to compare an organisation in four ways:

- with itself over time, such as month to month or one year to the next
- with other similar organisations such as through reference databases
- with standards such as those set by accrediting and professional bodies, or those set by laws or regulations, and
- with desirable practices identified in the literature such as practice guidelines.

These comparisons help the organisation to understand the source and nature of undesirable change and to focus on improvement efforts.

Understanding statistical techniques is helpful in data analysis, especially in interpreting variation and in deciding where improvement needs to occur. Run charts, control charts, histograms and Pareto charts are examples of statistical tools useful in understanding trends and variations in health care.

Take note of this standard's link with 6.1.3. in Service Element 6 Management of Information.

Criterion	Comments
	Recommendations



Republic of Botswana

BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

8. Quality Management and Improvement

Criterion 8.3.1.1 Critical: '' Catg: Evaluation + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Clinical monitoring data are used to monitor and evaluate the effectiveness of improvements.	
Criterion 8.3.1.2 Critical: '' Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Managerial data are used to monitor and evaluate the effectiveness of improvements.	
Criterion 8.3.1.3 Critical: '' Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Comparisons are made over time within the organisation.	
Criterion 8.3.1.4 Critical: '' Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Comparisons are made with similar organisations, when possible.	
Criterion 8.3.1.5 Critical: '' Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Comparisons are made with standards and desirable practices.	



BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

8. Quality Management and Improvement

8.4 Achieving and Sustaining Quality

8.4.1 Standard

Improvement in quality is achieved and sustained.

Standard Intent: The organisation uses the information from data analysis to identify potential improvements or reduce (or prevent) adverse events. Routine monitoring data as well as data from intensive assessments, contribute to an understanding of where improvement should be planned and what priority should be given to the improvement. In particular, clinical and managerial leaders plan improvements to those data collection areas requiring priority.

The organisation uses appropriate resources and involves those individuals, disciplines and departments closest to the activities to be improved. Responsibility for planning and carrying out improvement is assigned to individuals or to a team. Any needed training is provided and information management or other resources are made available.

Once planned, data are collected during a test period to demonstrate that the planned change was actually an improvement. To ensure that the improvement is sustained, monitoring data are then collected for ongoing analysis. Effective changes are incorporated into standard operating procedures and any necessary staff education is carried out. The organisation documents those improvements achieved and sustained as part of its quality management and improvement processes.

	Criterion	Comments
		Recommendations
Criterion 8.4.1.1 Critical: .. Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	The organisation documents the improvements achieved and sustained.	
Criterion 8.4.1.2 Critical: .. Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	This information leads to the development of processes to ensure that quality is sustained.	