



# **Collaborative Model for Quality Improvement**

## **About Program:**

Need to move organizations forward in a rapid and consistent manner? Adopt quality systems and have a large scale impact?

The Health Care Accreditation Council has adopted and implements its quality improvement projects using the IHI Collaborative Model, known as the "breakthrough series".

This rapid cycle improvement allows for acceptance of an intervention and its framework, establishment of infrastructure for collaboration between organizations to identify and prioritize methods, tools and materials, conduct sophisticated evidence-based quality improvement activities that each organization can not conduct alone.

Healthcare Accreditation Council (HCAC) has successfully led several projects using the Collaborative Model mastering the 5 essential features: specified topic, clinical experts and experts in quality improvement, multi-professional teams, model for improvement and collaborative process of a series of structured activities.

## **Methodology:**

Topic selection Faculty recruitment Enrollment of participating teams Monthly learning sessions per cluster Action periods (between learning sessions) Model for improvement (PDSA) Summative congresses Measurement and evaluation

## Facts:

55 PHCs and 5 hospitals were involved covering different areas throughout Jordan. After completion of model activities medical record documentation improved from 5% to 90%, and compliance of implementing clinical practice guidelines improved from 10% to 85%. Also in hospitals, compliance in documenting CPR events in medical record increased from 10% to 100%, no. of trained staff on BLS, ACLS and PALS\*, increased from 5% to 30%, compliance in checking emergency equipment's and emergency trolleys and compliance of CPR team in implementing resuscitation related policies and procedures increased from 0% to 100%

#### Impact

The real benefits to organizations that participate in the Collaborative Model are that they can learn from other organizations' successes and failures.

Another key principle to this model is the concept of spread. Successful small-scale improvement efforts initially will affect anindividual organization and spread later to the industry (other hospitals) and eventually to the entire healthcare system. The spread is fostered through learning sessions in which PHCs share their experiences.

This also can be adapted to a single center (the work begins in a few units or teams and then is spread to other units inside the same center).

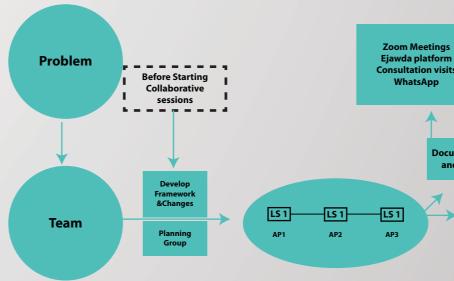
The Collaborative Model helps set's common goals, enhances learning process, encourages collaboration and exchange of experiences, accelerates improvement, spreads success strategy, accelerates improvement in health care beyond what have been achieved using traditional educational approaches and provides a structure for learning and action that would engage teams in making real, system-level changes that would lead to dramatic and cumulative improvements in care.

The success was reflected on:

- 35 PHCs, who were included in the collaborative, achieved medical records standards as "Met" in interim/ final accreditation survey.

- 3 hospitals achieved resuscitation related core

standards as "Met" and 2 hospitals achieved the critical standards as "Met" in interim/ final accreditation survey.







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## Patient Experience Measurement & Improvement Programs

### **About Program:**

Data for Decision making: whoi else other than the patient and their family are to guide on what to improve?

The Health Care Accreditation Council utilizes tailored and custom-made tools to get patient feedback and experience. By covering 3 main categories: inpatient, outpatient and emergency rooms. These Patient experience measurement & improvement programs aim to build meaningful patient/ healthcare provider relationship, by establishing constructive communication and develop an efficient & valuable patient journey. Patient experience programs empower patients to share their needs & concerns, which is crucial to move towards patient-centric care approach. Effective and safe patient care are essential to improve the quality of services in the health sector throughout Jordan and the region

#### Impact

HCAC is Jordan & the region's only nonprofit ISQua\* accredited institution dedicated to improving the quality of health care services and promoting patient safety through different approaches, including the patient experience measurement and implementation programs that were completed successfully.

Several areas of improvement were revealed from the semi-annual reports HCAC has conducted: Staff communication and attitude towards patients. Lack of patients education about their health status.

This led HCAC to provide guidance for technical and clinical support targeting staff and patients, which was reflected on patients reporting positive improvements in healthcare services offered to them.

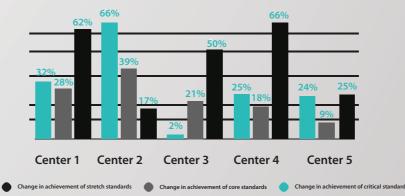
Adopting patient experience measurement and improvement programs:

Uplifts the staff skills in dealing with patients. Elevates level of services conducted in the healthcare institution. Positively impacts patient journey and patient satisfaction level.

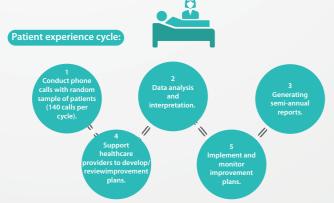
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This work has put everythi

#### Changes in QIS Achievement from 2016 to 2017 (pilot PWD Centers)



# **Methodology:**



#### **Facts:**



>5 main governmental hospitals (inpatients) assessed



>16 governmental outpatients centers assessed.



>10,000 phone calls to measure patient experience







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# **Protocols, SOPs & Pathways**

## **About Program:**

How can you move forward without comparing and standardizing? Pathways, clinical guidelines and organization standards are the compass of what and how things should be done.

The Health Care Accreditation Council (HCAC), with more than 17 years of experience, is the national and regional arm for quality and patient safety, dedicated to standardizing healthcare services based on promoting patient needs, ethics and best practices. HCAC possesses the knowledge, qualifications, outreach, and tools to plan for, set up, develop, test, implement, grow and sustain various quality and safety systems and programs that adopt and adapt international best practice, both in health and social care. Therefore, HCAC was always the partner of choice for different health bodies (like Ministry of Health (MOH), Handicap International/ Humanity & Inclusion (HI), and Higher Council for the Rights of Persons with Disabilities (HCD)) to collaborate with in setting protocols, SOPs and pathways.

#### **Methodology:**

The steps that HCAC usually follows in leading such projects covers the following main pillars:



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Project subject Project committees matter expert formation recruitment (steering

oject committees Guidelines formation & pathways (steering development & technical process committees)

Guidelines design, production & distribution

8

Training of Trainers (ToT) Launching & handover

## Impact

HCAC has accomplished several projects in this aspect, with a focus on two important ones:

Early Detection and Screening Clinical Guidelines and Pathways for Cerebral Palsy and Developmental Dysplasia of Hip in Jordan" in collaboration with MOH & HI.

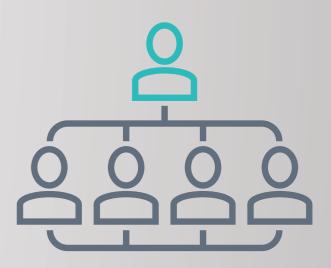
This 5-month project is expected to impact over 600 primary healthcare centers across Jordan with positive reflection on early detection service provision It would also ensure sustainability of the action for many years to come.

HCAC has also collaborated with HCD in developing protocols for diagnosis of "Autism and Intellectual Disability", which is becoming a main topic of interest and concern in the pediatric healthcare aspect and will impact the patient journey in Jordan and the region.

Protocols, SOPs and pathways falls under one of the main pillars that HCAC focuses on→"Health & Disease Specific Evidence-Based Practices", where HCAC has all the needed qualifications, expertise and accreditations to excel and offer superior outcomes that will have a real impact on the society health and care.



\*SOPs: Standard Operating Procedures





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**HCAC Organzational Quality Improvement Drivers Quality Improvement System for the Protection** of Rights of Vulnerable Populations

## **About Program:**

#### Quality improvement Systems are applicable across all programs.

#### Healthcare Accreditation Council

HCAC) is experienced in Quality Improvement Systems QIS) which was

utilized here in this project. In the 1 st phase, a gap analysis was undertaken on Persons with Disabilities PwDs ) centers, which provided an understanding of the current situation of PwDs access to services in the institutions selected throughout Jordan. Additionally, a desk study was conducted to review local laws and regulations, the standards and programs of the Higher Council for Affairs of PwDs HCD), and international strategies and global best practices related to provision of services for PwDs . In regards to shelters for other vulnerable populations, the HCAC s recent experience working with the National Council for Family Affairs NCFA) and UNICEF has brought to light the need for a comprehensive OIS for this category of organizations. A study of the current status of shelters was undertaken that identified the main gaps in the quality of care provided. Accordingly, a set of standards was developed for the purpose of improving the quality of services.

## **Methodology:**



## **Facts:**

14<sub>assessor</sub> successfully completed the program





#### Impact

The evaluation study of the project found that it is highly likely that the QIS will be replicated and expanded beyond the life of the project due to the integral involvement of relevant governmental institutions and the commendable efforts in stakeholder management m ade by HCAC. Tangible impacts have already been observed on the centers and shelters, indicated by their significant improvement in scores on the QIS evaluation, and the change in perceptions and culture regarding guality improvement. Initial changes have also been recalled on the beneficiary level in the form of increased awareness of rights and responsibilities. There was found to be shifts in perceptions of all stakeholder groups towards quality and fulfillment of the rights of vulnerable populations . National rollout is now a must to ensure wider impact and sustainability of the results achieved through the project.

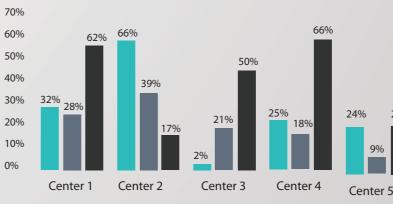
"The project broke the work routine with the centers and created a new model of work based on new knowledge. I can't wait until we get accreditation for the center."

PwD Center Director "The project helped us to change the methodology of the work from inspection to evaluation, which has helped in building trust with the center and changed the culture of organizations."

#### **HCD** Representative

This work has put everything in the right place in regards to the work of the shelters.

#### **Shelter director**



Changes in QIS Achievement from 2016 to 2017 (Pilot PWD Centers)

- Change in achievement of critical standards
- Change in achievement of core standards
- Change in achievement of stretch standards







