

Improving patient experience and safety via a ward based clinical accreditation scheme

High quality safe and effective healthcare is the goal of most of the world's healthcare organisations. However, delivering high quality safe, effective and efficient care remains problematic. Significant failings in quality of hospital ward care and variation in quality of care between wards have occurred in a number of NHS hospitals (Care Quality Commission (CQC) 2011, Francis 2010). In this digest, we report on the results of an exploratory trial and process evaluation of a ward based healthcare accreditation scheme designed to address these issues.

What is the problem?

Senior nursing staff in a large acute care University Hospital NHS Foundation Trust identified challenges relating to quality of care and effective communication, and problems with existing systems of quality measurement and assessment. They developed a ward based healthcare accreditation scheme, the "*Clinical Accreditation Scheme*" (CAS), to address these issues.

The CAS model of accreditation

Healthcare accreditation is an external quality assessment system that can promote ongoing quality improvement activities (Rooney & van Ostenberg 1993). The CAS aimed to provide a framework within which to organise the range of performance assessment and measurement data currently gathered within the hospital. Thus providing a method to assure ward quality of care, communicate expectations in a standardised fashion, and stimulate continuous improvements in ward quality of care. The CAS is a cyclical and on-going process comprising application of externally determined pre-defined standards, periodic review of ward performance involving a process of ward self-assessment, peer review and a ward survey, and award of a time limited accredited status.

The CAS research study

Overall, a small body of evidence exists indicating there is potential for quality of care to be higher in accredited hospitals than non-accredited hospitals and for accreditation to cause an improvement in quality of care. However, there is a paucity of high quality evidence and no studies exploring effects at the ward level.

A controlled before-and-after study sought to identify quantitative changes in the quality and outcomes of care associated with the CAS. This was linked with a qualitative process evaluation. Three matched pairs of wards were studied over a 12 month period commencing October 2012.

The CAS accreditation review process

The practices required by the CAS accreditation review were found to be workable. Preparation for the accreditation review focused on data collection demonstrating immediate compliance with the standards and preparing the ward environment to create a good impression. This prompted participation in a range of short term quality improvement activities to attain the CAS standards.

Participants valued the assurance and sense of recognition the CAS gave. They experienced a number of beneficial effects, for example, their ability to measure, understand and integrate that information into ward activities was increased. Ward leaders performed a majority of the tasks required by the CAS but they also worked to enrol other staff members. Voluntary enrolment of junior staff members achieved varying degrees of success. Ward leaders' perceptions of overburdened staff contributed towards limited participation. Despite perceptions of high workload, junior staff who participated in the CAS experienced a number of positive benefits.

Ward leaders felt that use of the CAS framework provided a comprehensive overview of ward performance for the past year, enabled observation of yearly trends in the data which highlighted overlooked issues and provided a direction for future activities. However, there was no evidence of embedding of this process. There was limited evidence of clinical matrons playing an active leadership role in the implementation of the CAS or encouraging embedding of the CAS. It appears that management expectations

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for implementation and embedding of the CAS were insufficiently articulated.

Key participants did not always perceive the CAS standards as being fully credible and questioned the objectivity of the CAS accreditation review surveys and their consistency across wards. Key participants identified a need for reviewer training. Factors such as these may explain why key participants had yet to determine the overall utility of the CAS.

Dysfunctional effects

A number of dysfunctional effects were reported including the burden of the work, stress and lost clinical time resulting from the CAS. For a majority of the key participants it was the activities of the CQC that supported them in making sense of the CAS. Assurance systems, such as the CQC, have been shown to result in reactive and defensive behaviours that limit identification of opportunities to improve quality of care (Dixon-Woods et al. 2014).

Impact on patient experience and safety

Whilst the CAS appeared to partially achieve the overall goal of quality assurance and stimulated some short term quality improvement activities, the quantitative findings (rates of hospital acquired infections, pressure ulcers, falls, patient experience) did not provide evidence of improved outcomes. There was no effect upon a ward's overall safety culture but weak evidence for a positive association between participation in the CAS and some aspects of safety culture. There was no effect upon a ward's nursing practice environment.

Conclusions

- The CAS assured ward quality of care and promoted participation in short term quality improvement activities
- The CAS did not appear to promote ongoing quality improvement and so could not be relied upon to provide a solution to all issues of ward quality of care
- The CAS was a resource intensive scheme and it is not clear whether it was cost effective
- There was evidence showing the potential for further work on the CAS to realise fuller implementation outcomes
- Embedding of the CAS framework into a ward's routine data collection and review activities has potential to provide a mechanism that supports ongoing quality improvement

A number of developments are suggested including:

- Engaging a wider range of members of the ward team
- Stronger and more positive leadership from middle management
- Including the CAS in the Trust supervisory, appraisal and personal development planning processes
- Continuing technical work on the CAS to ensure the quality of the assurance process, for example, work to ensure the immediate credibility of the CAS standards and long term work to ensure their ongoing trustworthiness, and implementing a robust peer review training programme

Progression of the CAS

Early learning led to a number of amendments to the scheme, reflecting many of these findings and recommendations. The review process now includes a workshop to obtain staff feedback on their ward. The ward survey has changed to a short notice survey. More robust review panel processes have been implemented to ensure the panel meets the required composition and review panel decisions and reports are quality assured. A website has been implemented to assist panel members in undertaking their roles and to act as a forum for sharing of best practice and learning across wards.

References

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