ORIGINAL RESEARCH PAPER
Volume - 10 | Issue - 09 | September - 2021 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

HEALTHCARE QUALITY & PATIENT SAFETY (HQPS): AN EXPERIENCE AT INDIAN HOSPITAL, MONUSCO, D R CONGO

Hospital Administration

Dr. Sushil Kumar MD(Hosp Adm), Chief Administrator and Registrar, Indian Hospital MONUSCO, DR Congo.

Dr. PK Dash MD (Path), Chief Pathologist and Chief Statistical Officer, Indian Hospital MONUSCO, DR Congo.

Dr Gurdarshdeep Singh Madan* MD (Radiology), MBA (Hosp Adm), Chief Radiologist and Chief Logistics Officer, Indian Hospital, MONUSCO, DR Congo. *Corresponding Author

ABSTRACT

Maintaining health care quality and patient safety standards are essential for providing high quality patient care while ensuring safety to both patient and health care staff. DHMOSH requires all UN medical establishments to comply with HQPS standards which are derived from JCI specification. Our hospital is highest field medical echelon in the UN. Patient safety and health care quality is not a destination but a continuous journey and this article intends to share the journey of the hospital through challenges faced, undergoing course correction and finally successfully undergoing HQPS assessment during ongoing COVID-19 pandemic.

KEYWORDS

Patient safety, Health care quality, standard of care, United Nations, JCI, Team-work

INTRODUCTION

The United Nations (UN) is committed to providing a **consistent level of high-quality care to all mission personnel**, regardless of the country, situation, or environment in which they receive medical treatment. Towards this end, healthcare standards and certification are a core pillar of modern healthcare management. In today's environment, the duration of UN operations means that UN hospital facilities are more likely to be fixed facilities rather than true "field" hospitals. There is, therefore, a need to ensure that the UN health care system **implements best-practice methods to standardize and improve the quality of healthcare**.

Healthcare Quality and Patient Safety Standards

The **WHO** defines quality of care as **"the extent to which health care services provided to individuals and patient populations improve desired health outcomes**". To achieve this, health care must be **safe, effective, timely, efficient, equitable and people-centered.**

Patient safety is an important aspect of quality of care. A patient safety approach ensures that health care organizations do everything possible to prevent errors, learn from the errors that do occur, and create a culture of safety that involves health care professionals, organizations, and patients.

To improve and focus on quality and patient safety, the healthcare industry has implemented ***standards of care.***

A standard of care, as it pertains to hospitals, is a statement about what is expected in a hospital's clinical and managerial approach to patient care. Universally accepted standards are developed with **inputs and information from scientific literature and industry guidelines for evidence-based best medical practices**, subject matter experts, health care organizations as well as inputs from the patients, the community at large and policy makers. This process yields healthcare standards that are logical, realistic and achievable.

Evolution of HQPS in UN

Various contributing countries and commercial vendors have their own health care standards, processes, and systems but they may not necessarily be faithfully implemented in the peacekeeping environment, where domestic or even host-country regulators have no jurisdiction. Recognizing this importance of standards, and the need to reduce ambiguity regarding applicability of standards in UN settings, the Division of Health Management and Occupational Safety and Health (DHMOSH), developed standards for **Health Care Quality Management and Patient Safety (HQPS), which are applicable to all UN healthcare facilities.**

After a review of many national and international standard regimens, **Joint Commission International (JCI) standards** were adopted (with permission from JCI) as the basis for development of **customized** UN standards. Through these standards, **DHMOSH aims to improve the safety and quality of care in the UN healthcare facilities**. The expected outcomes of their implementation include:

· Reduce preventable harm, morbidity and mortality.
· Provide consistency and reliability in processes and systems in the UN healthcare system.
· Meet expectations of all mission and UN personnel for trustworthy, consistent, and dependable care.
· Create the ability to collect and measure clinical outcomes for quality improvement.
· Create the ability to measure patient experience.

The HQPS Standards

These HQPS Standards consist of **three manuals**: *the United Nations Manual for Health Care Quality and Patient Safety for UN Hospitals* (applicable to all TCC hospitals), *the United Nations Manual for Health Care Quality and Patient Safety for UN Clinics, and the United Nations Manual for Health Care Quality and Patient Safety for UN Referral Hospitals,*

Each of the UN manuals is organized into three sections: **UN International Patient Safety Goals,** which include standards that cover issues recognized world- wide, **Clinical Focused Standards,** covering standards that directly impact patient care and **Administration Focused Standards,** which indirectly impact patient care. (Table-1).

Implementation

All hospitals in Peacekeeping Missions are required to comply with HQPS standards in a phased manner according to an implementation timeline set by the DHMOSH Medical Director. The *most critical standards are defined as* ***"Core standards"*** *and are expected to be implemented immediately upon deploying by every Level 1+ and above UN hospital.* The remaining standards are supplementary and are a next level priority during the implementation process.

IMPLEMENTATION EXPERIENCE AT OUR HOSP

Preparation for the Evaluation:

The preparations for an assessment must be well- organized, with diligent and committed effort by all stake holders. It is actually a collaborative and ongoing evolutionary process as standards are implemented, staff are trained and then changes are monitored for compliance. There are multiple issues to consider before getting underway in order to have a successful implementation.

Getting Everyone On Board:

The first step is to brief all stake holders, explaining the importance and relevance of the standards and the significance of achieving and adhering to them. The necessity of teamwork and a multi-disciplinary approach to implementation of standards, understanding that they are

based on rational, evidence-based medicine supported by adequate and appropriate documentation cannot be over emphasized.

Resistance to change is naturally inherent in human nature. This is all the more visible by medical professionals who are competent and confident of their knowledge and skill. There is a reluctance to accept the importance of the meticulous documentation that the standards require, and the need to adhere to standardized procedures and protocols. But in fact, healthcare standards, consistently applied, actually make patient care easier for medical professionals because they can rely on this consistency, and this message can help engender their support and buy-in.

Communication And Teamwork:
Horizontal and vertical communication bottlenecks are common in most healthcare facilities. Working together in a multi-disciplinary team also requires tremendous effort and a paradigm shift in mindset.

Confounding factors in implementing the HQPS standards included stressors caused by the COVID pandemic. This included simultaneously training and adapting for managing COVID cases with the attendant increased work pressures and prolonged deployments in PPE. A separate COVID facility was established, manned and operationalized from within existing resources. All of this occurred in a multinational environment with varied and often novel patient behavior and expectations.

Taking Stock:
A matrix of actionable points was devised from the HQPS Manual, for making an in-house assessment, a gap analysis, of the prevailing system. We did it at a departmental level, making the officers in charge evaluate their own departments as per the standards laid down. The results were shared and debated at an open house forum, and an action plan was formulated. The aim was to ensure implementation of all, or nearly all, standards rather than just the core ones.

Filling the Gaps:
Standard Operating Procedures (SOP) were updated and fine-tuned to bring them in line with HQPS standards and disseminated to all personnel. Copies of relevant SOPs were placed in all wards and departments. Forms, protocols and policies were standardized for a hospital wide implementation. Patient flow was streamlined, and checks and balances instituted. The various sub-committees, like Infection Control, Antibiotic policy, Bio-Medical Waste Management and Medical Audit ensured standard implementation and monitoring.

Re-evaluation & Course Correction:
Designated sub-committees re-evaluated standards' compliance in wards and departments and presented their results before an open house.

In the meantime, the COVID pandemic was in full swing and policies needed to be formulated to combat this crisis, factoring in the requirements of a separate COVID facility replete with isolation acute, high dependency and intensive care wards, and facilities for screening and triage to segregate the patient flow. A separate flu-clinic was set up for this purpose.

The Evaluation:
A four-member team of assessors visited the hospital from 1st to 14th July 2020. This time, in view of the COVID pandemic and the travel restrictions, a virtual visit was planned via VTC on Zoom. The evaluation was carried out using the **patient tracer methodology**, wherein a virtual patient was followed through the various departments and wards starting from the screening area at the main gate.

Initiation:
The assessment team was briefed on various aspects of the hospital, including its layout, capabilities, capacities, limitations and statistical data. The team was then introduced to the hospital staff and the staff were briefed by the team regarding the visit and the assessment process.

Assessment:
The assessment began with a virtual patient arriving at the hospital screening area. The procedures followed, patient identification, documentation, segregation and guidance were assessed. The SOPs, standard forms and documents were sought and reviewed. The nurse / technician was quizzed on their knowledge and implementation of the procedures and protocols. Patient amenities like hand washing, face masks, wheelchairs, communication and education / information materials were reviewed.

Thereafter, the patient was followed through the Reception, Accident and Emergency, OPDs, diagnostic departments and the dispensary. A patient requiring admission was walked through the admission process, reception and management in the ward, pre-operative checks and procedures and wheeled into the operation theatres via the pre-op room. After assessing the Operating Rooms, the sterilization procedures and controls were examined. Then the patient was wheeled into the post-op recovery room and shifted to the ICU. The patient was then shifted back to the ward where discharge and transfer policies were assessed.

Simultaneously, the support services like the pharmacy, laundry, dietary, bio-medical waste management, and ambulance services were assessed. At all stages, the physicians, nurses, and technicians were expected to explain the procedures being followed by them, duly supported by the SOPs, documents, formats and check lists. The availability and adequacy of the equipment, staff and ancillaries was assessed.

In view of the COVID situation, special emphasis was laid on patient flow, segregation / social distancing, hand hygiene, personal protective measures and bio-medical waste management.

RESULT:
All the hard work put in by the team finally bore fruit with the assessors appreciating and acknowledging the hospital's efforts. The hospital thus became the second hospital in UN peacekeeping operations to be UN-HQPS certified achieving 98% in the assessment.

Summary
Implementation of Healthcare Quality and Patient Safety standards is a dynamic and ongoing process. It is not a one-time effort. Mechanisms must be in place to continuously monitor the system to ensure compliance. Feedback and reporting mechanisms need to be strengthened with open channels of communication. Comprehensive meticulous patient documentation and record keeping needs to be ensured. All staff members, clinicians and support staff must work cohesively to minimize adverse outcomes / events specially from avoidable medication/ systemic and safety errors. Periodic checks and audits to ensure optimal functioning of these systems are essential. Service hospitals have an additional confounding factor in that the staff is a floating population having a tenure of only two to three years.

It is felt that the standards as evolved by the UN for its hospitals are eminently practicable and implementable even in the service hospitals of the Armed Forces Medical Services. These standards have been suitably adapted for the requirements of "field hospitals" which may not be able to stand up to the stringent norms of JCI or NABH – as even our experience has shown.

A similar system of assessment and accreditation, by a third party internal or external assessor team would go a long way in standardizing and improving the quality of healthcare provided by the service hospitals. This would also serve as a means of benchmarking of our services and hospitals. In the long run, this could act as a steppingstone towards a full-fledged NABH accreditation for select larger tertiary care hospitals.

Table 1

UNHQPS Manual – The Standards
Section I - UN International Patient Safety Goals (UN-IPSG)
Goal 1: Patient Identification
Goal 2: Improve Effective communication
Goal 3: Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery
Goal 4: Reduce the Risk of Health Care-Associated Infections
Section II - Clinical Focused Standards
Chapter 1 - Access to Care (UNAC)
Admission to the Hospital
Chapter 2 - Continuity of Care (UNCC)
Medevac of Patients
Chapter 3 - Assessment of Patients (UNAP)
Laboratory Services
Radiology and Diagnostic Imaging Services

Chapter 4 - Care of Patients (UNCP)
Resuscitation Services
Food and Nutrition Therapy
Chapter 5 - Anesthesia and Surgical Care (UNAS)
Sedation Care
Anesthesia Care
Surgical Care
Chapter 6 - Medication Management (UNMM)
Chapter 7 - Patient and Family Education (UNPE)
Section III - Administration-Focused Standards
Chapter 8 - Quality and Patient Safety (UNQS)
Chapter 9 - Prevention and Control of Infections (UNPI)
Chapter 10 - Governance, Leadership and Direction (UNGL)
Chapter 11 - Facility Management and Safety (UNFS)
Overview
Disaster Preparedness
Chapter 12 - Staff Health and Safety (UNSH)
Chapter 13 - Staff Qualifications and Education (UNSQ)
Chapter 14 - Management of Information (UNMI)

REFERENCES:

1. The United Nations Manual for Health Care Quality and Patient Safety for Hospitals
2. WHO; https://www.who.int/maternal_child_adolescent/topics/quality-of-care/definition/en/
3. Mitchell PH. Defining Patient Safety and Quality Care. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 1. Available from: http://www.ncbi.nlm.nih.gov/books/NBK2681/
4. JCI & HSO
5. Customized Documentation based on JCI Standards in the *United Nations Manual for Health Care Quality and Patient Safety for Clinics*, is used therein with permission from JCI. The United Nations Manual for Health Care Quality and Patient Safety for Hospitals.