

QUALITY IMPROVEMENT EXPERIENCED IN A PRIVATE HOME HEALTH CARE COMPANY IN A MIDDLE-INCOME COUNTRY DURING THE INTERNATIONAL QUALITY CERTIFICATION PROCESS

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INTRODUCTION

Home Doctor is a pioneer company in Brazil for the provision of home care services. It is currently responsible for the care of 1500 patients, distributed throughout its 7 business units (headquarters are in the city of São Paulo), covering more than 100 cities with more than 4000 service providers working in multidisciplinary teams. In Brazil, unlike in developed countries, health care providers are often responsible for the whole care of the home care patient¹. The global challenge of implementing the patient safety in the Brazilian setting is very complex due to the continental size of the country, its socioeconomic diversity, and the heterogeneous quality of training programs². Home Doctor, committed to improving patient safety and standardizing processes as part of the institutional strategic planning, adopted the QMentum International™ Accreditation Program standards in pursuit of certification by Accreditation Canada International. The targeted was to describe the processes implemented at the institution concerning quality and safety of patient care and to point out the positive aspects of the program over a 2-year implementation period to acquire international accreditation.

METHODS

We mapped and described the main processes of the value chain implemented in our care practices from July 2015 to October 2017.

RESULTS

The Quality and Safety Policy was established as an essential part of the institution's overall strategy and new required operational practices were implemented within a quality improvement plan, reviewed annually, as a management tool (figure 1) with conformity test of the practices³. This set of actions helped governance to establish institutional sustainability strategies. Standardization of approaches was evident throughout the 7 business units and among the several service providers, with homogeneity of care.

CONCLUSION

The accreditation process promoted major developments in the safety culture. It allowed the integration of internationally approved standards and best practices into daily practices, leading the institution to reach sufficient maturity to perceive risks and hazards and establish safety barriers. With systematic monitoring of performance and outcome indicators, Home Doctor was awarded accreditation at the Diamond level by Accreditation Canada International in October 2017, as demonstrated in the timeline (figure 2). Currently, Home Doctor is the only accredited home health care company in Latin America.

Figure 1: Main quality improvement points implemented during the 2 years of preparation for the on-site assessment visit by the accreditors.

Quality Improvement Plan		
Improvements	Actions	Results
Patient Safety Culture	Dissemination of the adverse event reporting system among health care providers, patients, family members, and caregivers	An average 322% increase in reporting rates, indicating institutional maturity regarding the patient safety culture
	Systematic feedback to the person reporting the event, with action plans	
	Participation of the Technical Committees, with a critical analysis of results and proposal of actions using quality tools	
	Patient Safety Culture Survey	Increase in overall positive-outcome performance from 54% to 62%, with perceived improvement in senior leaderships, communication, team leaderships, learning, and psychological safety
	Use of the FMEA tool for prospective analysis of risks / hazards, taking into account the regional peculiarities of the business	23 entries for the value chain were mapped An average 42% reduction in risks/ hazards
	Implementation of clinical protocols and institutional documents	Medication reconciliation Prevention of venous thromboembolism Secure reporting, with a list of dangerous abbreviations
	Implementation of the Prescription Assistance Center	More than 90% of all prescriptions are reviewed by clinical pharmacists Clinical surveillance in the active search for adverse reactions using pharmacovigilance trackers Intervention in prolonged antimicrobial use Participation of the pharmacist in monthly multidisciplinary visits
Risk Management	Establishment of an internal audit team to review care practices	Conformity test of Mandatory Organizational Practices (84,6% of conformity)
	Structuring and dissemination of the Code of Conduct, with implementation of a safe channel for reporting ethical dilemmas	11 cases evaluated, with feedback to the reporting person
Communication and Information	Implementation of the Communication Policy Standardization of transfer of information in the transition of care	Development of documents and processes to standardize effective communication between teams, caregivers, and family members
Human Capital Development	Implementation of the People Management Policy	Leadership development programs Career and succession planning Development of the Education and Research Institute Use of distance and on-site learning platforms to ensure access to knowledge for all health care providers

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Figure 2: Timeline

