European Partnership for Supervisory Organisations in Health Services and Social Care

Meeting Report

EPSO Working group Effectiveness – Malmö, Sweden

23rd September 2019

at the Malmö Clarion Live Congress Centre

Chair: Sofia Nogueira da Silva

Report made by Mari Murel, EPSO Joint Office

Participants:

1. Julia Allas, Estonia
2. Manuela Álvares, Portugal
3. Cesar Carneiro, Portugal
4. Tim Atkis, England
5. Ardita Baraku, Kosovo/EPSO
6. Raymond Chua, Singapore
7. Maria Filina – Kossatsova, Estonia
8. Richard Hamblin, New Zealand
9. Nina Jagd Andersen, Denmark
10. Pille Javed, Estonia
11. Kadri Juhkam, Estonia
12. Darwin Mak Wai-lai, Hong-Kong
13. Kevin Mitchell, Scotland
14. Mari Murel, EPSO
15. Alla Nogotkova, Latvia
16. Sofia Nogueira da Silva, Portugal (Chair)
17. Evija Palceja, Latvia
18. Anita Slokenberga, Latvia
19. Keiko Toma, England
20. Jooske Vos, EPSO
21. Anthony Yip, Singapore
22. Louisa Zhang, Singapore

Introduction by the chair Sofia Nogueira da Silva, ERS, Portugal

As it is extremely difficult to guarantee that the funding health inspectorates receive (either from the government or from regulated institutions, depending on the country) is well used and is an investment rather than a cost, it is important to find some kind of “proof“ that our organisations deliver measurable effect.

In other words, it is very difficult to measure the impact our work actually has on the healthcare system, both in terms of effectively correcting problems and of preventing problems in the future, by inducing behavioural changes.

This topic of effect of our work is very complicated for sectorial regulators in general, and particularly difficult in healthcare.

We discussed that it is not the same measuring performance and measuring the impact. Most of us has already indicators for performance. Challenge for this meeting was to narrow the discussion and debate and to find out where we can find indicators and try to move forward. We all agreed in Porto that it is important to measure the impact, but most of us have not done much yet.

Last time Sweden said „Effectiveness is going to right places, avoiding bad things to happen and promoting good practice" – and that is exactly what we want to do. Even if the providers are getting better, we do not know if it is because of us.

Tim Atkins, Head of Strategy, CQC, England

CQC's approach to encouraging improvement
What do we know and what can we do with it?

Mechanisms to measure and try to find ways to drive and promote improvement.

Presentation

It is their (CQC) duty by law and their strategic ambition to encourage improvement. How do know if they do that?

Ratings have improved… but that is not necessarily evidence of improvement or CQC's impact.

As they have moved to more risk based model, it means they are inspecting the bad services more quickly and those who tend to improve, they wait more longer to go back to better services, which are the services that tend to deteriorate. That is sort of statistical artefact. They publish every year those ratings, but they cannot actually draw much from it in terms of conclusions about adequate services and what impact CQC had on it.

They do have other ways to find that out, like provider survey. They ask providers if CQC has encouraged them to improve their services in the last 12 months. Most providers say they do and its been going up. You can argue why they say that. It is a pretty crude measure, but it seems to be going into right direction. Still it doesn't not help them to really measure the impact.

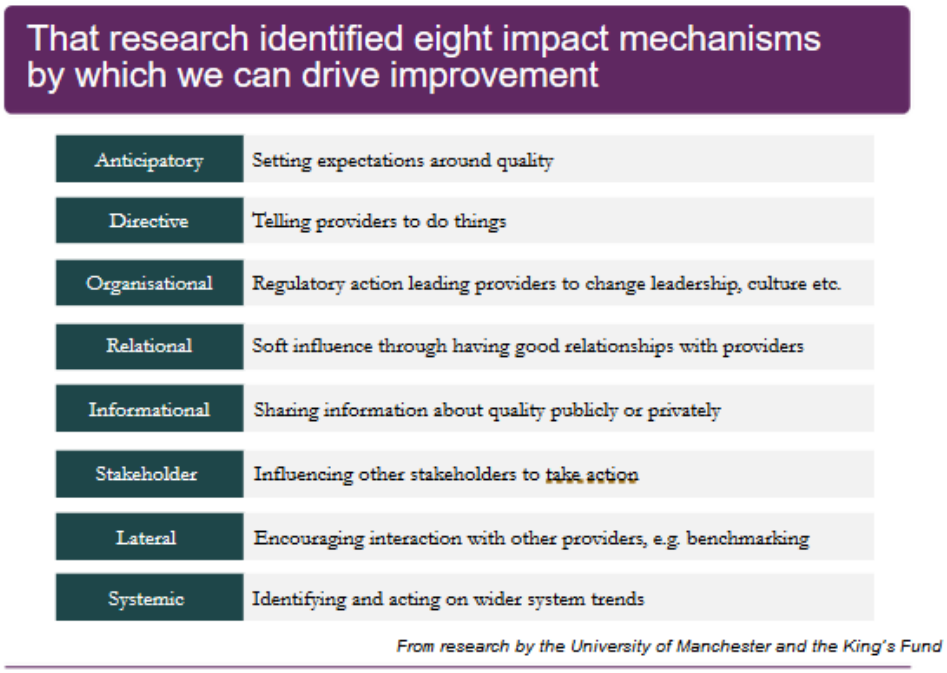
The Kings fund and Manchester University did a research for them about more qualitative approach. They talked with lot of people what impact CQC has and what encourages improvement.

See Alain Boyd presentation in Sofia 2018- **How does regulation impact on the quality of care? Research to identify CQC's contribution** (and his Conference presentation at Malmö 2019- Evidence about CQC's Contribution to QI)

Conclusions are that providers do react on CQC activities and not only during the inspection, but also before and after inspections. The inspection can itself be the catalyst of change, but also the researcher could not quantify the impact. They picked up some mechanism that don't seem to work. You could think that CQC ratings and driving patients' choices are a mechanisms by which they can drive improvement, but results showed that it wasn't really significant mechanism.

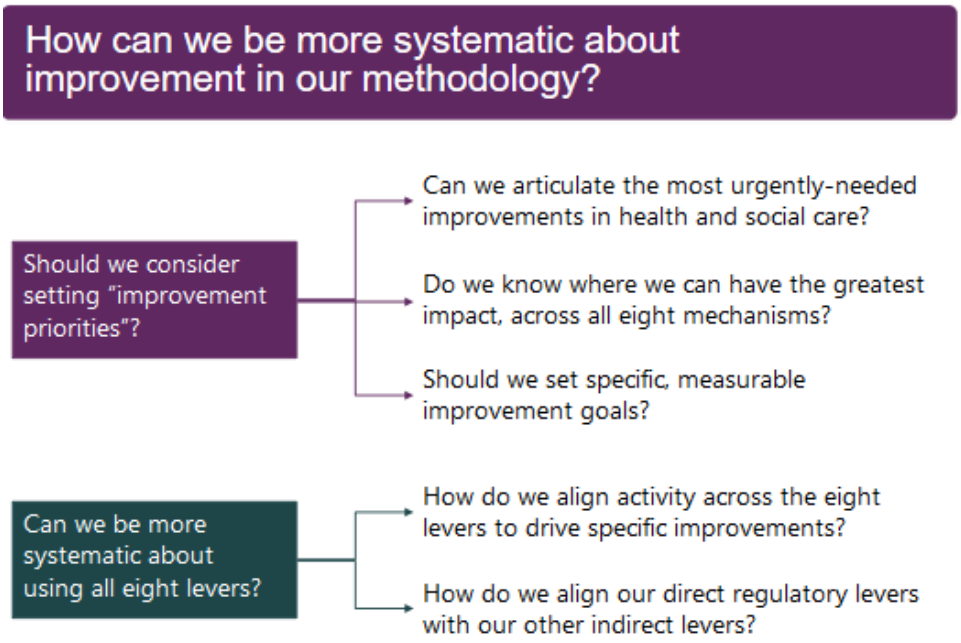
Recommendations

- More focus on improvement in our methodological design
- Less focus on inspection and rating, more on other levers
- Develop more insightful monitoring
- Focus on developing staff
- Work with other agencies and system leaders



Top 4 are direct impact they have to providers they regulate. The first one –m Anticipatory is about the expectations they set by publishing guidance etc. And that encourages providers to change their behaviour.

They have not yet done much with it at CQC, beside finding it interesting and use it as a tool to understand what they do. They do follow the first recommendation and thinking how they can use such improvement in their methodological design.



They do not do those things explicitly, although they do sometimes thematic work and report on themes, like the work in all different care homes. That involves lots of different activity and sort of using different levers, but they are not very systematic about it and not making sure they using all the levers on their disposal. And they do not have any measures about improvement. They need to think how to do it practically. They so called 'Independent voice', the national level reports, what are public and what they hope drive improvement. And they have quite specific set things they do in their direct regulatory inspections. It will be quite a challenge to line up this activity across all those different things and throughout some of those themes.

Evija Palceija, Latvia -Presentation Performance indicators for healthcare supervision

Eurinspect and EPSO team has evaluated their performance recently and gave them lot of ideas and suggestions.

They have developed set of indicators to measure their impact of the Quality.They try to find indicators from the categories of **proactiveness**, **effectiveness** and **people centred**. This is first time they measure their performance in that way, its mostly expectations.

Indicators: effectiveness	2018	2019	2020	2021
Percentage of objects with the same non-conformities repeatedly	was not measured	the base rate	does not increase	decreases
Proportion (%) of out-of-plan controls in health care (reaction to incident)	42	< 40	< 35	< 25
Proportion (%) of applications (complaints) analysed by medical institutions	was not measured	10	15	20
Proportion of repeated complaints (%) to the Inspectorate after examination by the medical institution	was not measured	the base rate	does not increase	decreases
Proportion (%) of Treatment Risk Fund (TRF) cases handled within 12 months	52	75	90	100
Proportion (%) of TRF cases involving external experts	was not measured	24	increases	increases
Percentage of appeals against the decisions of the TRF	was not measured	the base rate	does not increase	does not increase

They work with Ratings on A, B and C level (A the best in compliance and C worse).

The hospitals do not have report the adverse events, but they can find them via complaints. They want to evaluate and investigate how the institutions are doing it themselves. They have snow specialist who evaluate the performance of the individual professionals. They want to move to evaluate entire institutions performance and not only individual.

They do specific programs like Stroke, where they evaluate and identify the system performance.

They want to avoid incidents to happen to become more effective as supervisors.

They want complaints to be analysed by the health institutions, so sending them back to the sores and ask them to make analyse why it happen. They oversee the process.

Nina Jagd Andersen. Denmark Presentation– Can we Measure the impact of supervision?

To the extent that we see an impact, it is mainly in the qualitative feedback that we get from providers. When they see a pattern in relation to certain risk areas, e.g. medication, They aim to follow up with learning activities that can help providers improve performance in these areas. This can be in the form of printed materials, seminars and educational films. They see a high demand for these activities from providers, suggesting that the focus on risk areas have triggered awareness of the need for improvement. Furthermore, they get an indication of a positive impact from surveys, where a majority of providers report that they take initiatives to improve patient safety following a supervisory visit, and that many use the indicators as a tool for improvement.

Started supervising some types of providers that we haven't talked to before.

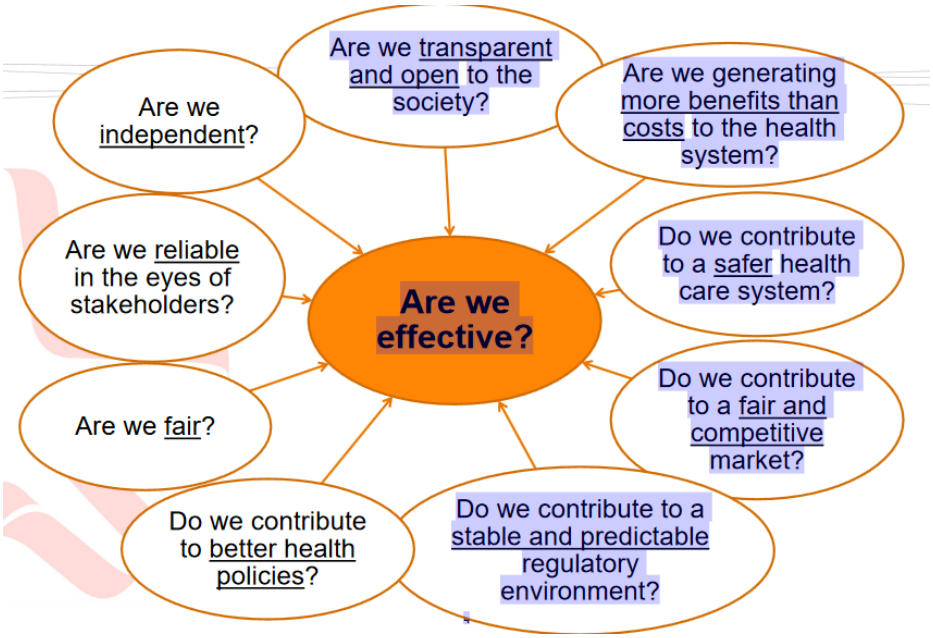
In 2017 and going into 18, there's a strong feeling that, they had impact in group homes, which is one of the areas where they saw the most serious problems. There are very few with no problems at all.

Looking at these serious problems where supervisors kept coming back until they could see improvement, they were saying there is improvement. It's a steep learning curve, but they are working to improve. And this whole supervision process is really starting to pay off. So they thought that going into 2018, they would see, similar to what was done in England to see some improvement over time. They saw the opposite. They saw, well, quite a few more with no problems. So that was good. You could say, that's impact, as some people have caught on. They're living up to the standard. But they still have a large number with serious problems. They had quite a few critical problems where they were putting down facilities at a much higher rate in 2006 them and hadn't really read the series. They had a lot of press coverage and a lot of stories about places where things were really bad. And that would suggest that they not actually seeing improvement. So some of the same places they visited again and again, the awareness that they were out there triggered a lot of reports from families and from care workers. So they were getting a lot of reactive supervisions out of that.

They still had a very strong feeling that they were having if nothing else- a soft impact. People keep saying they have such good discussions out there when they inspecting. They're listening, they're learning, they're picking up. Since they started, they can tell that there's a whole different mindset growing, this reflection, this dialogue. They see this as an opportunity for improvement, especially probably in the places where we saw the most problems. They had really constructive dialogue with these places. There's learning and there's knowledge sharing going on.

One of the largest impacts they can tell is that the Patient Safety Authority has made it a strategy to provide learning activities with the knowledge that they gain from submissions should be channeled back out in the form of learning activities, when they identify an area where is Risk, then they should also provide some means to learn to mitigate those risks, so now they do it.

Cesar, ERS, Portugal – Presentation- Effectiveness assessment in ERS



The authority have an internal system for measuring the performance of their workers and their departments and these met this this system focuses on productivity, quality of their work and compliance with their rules. They have things like the number of patient complaints closed or the percentage of patient complaints closed within 30 days within a given standard. So theye have a mixture of volume indicators and also some process indicators to tell if they are doing the things they are supposed to do, the way they are supposed to do it and if they are improving over time. This system by now is reasonably comprehensive, covering all areas of current support activities. And they are kind of happy with it, but with these kind of indicators they are only measuring effectiveness and efficiencies in efficiency of internal procedures. So this tells if we are doing what we are supposed to do and if we are doing it according to the rules and standards. So according to what we are supposed to follow in terms of standards in our stories and our procedures, and that's all important, but it does not really tell much about the impact they have on the health system.

Ideas for the next time:

To look other industries, how they are inspected and effects of regulation and supervision there.