



## The Danish Health Care Quality Assessment Programme

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The Danish Health Care Quality Assessment Programme

### The Danish Quality Model:

- The programme is a joint programme between
  - The National Board of health
  - The Danish Ministry of the Interior and Health
  - The Danish Regions
- Quality assessment through the programme is mandatory for all providers of publicly financed health care services in Denmark
- The programme is in concordance with the International Society for Quality in Health Care (ISQua)

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### The Danish Quality Model:

- The Institute for Quality and Accreditation in Healthcare (IKAS) has been established in 2005 for the implementation and management
- A cooperation between IKAS and Health Quality Service (HQS) has been established for
  - Development of standards
  - Development of IKAS as an independent accreditation organisation
  - Recruitment and training of surveyors
  - The process of accreditation

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- Two quality improvement functions are supported
  - An ongoing or periodical quantitative measurement and qualitative assessment function by self-assessment in the institutions
  - An action-oriented function by self-assessment to harmonize clinical and organisational activities and to plan, complete and follow-up on quality improvement measures

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- The quality programme includes
  - Formulating joint requirements for improvement measures (standards)
  - Making tools available to highlight and improve quality (indicators, evaluation tools, analyses tools, benchmarking and feedback, etc.)
  - Performing external assessment of quality improvement measures through dialogue and counselling (external evaluation)
  - Promoting continuous quality improvement (accreditation)

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- Three basic elements
  - Standards
    - General pathway activities
    - Disease specific pathway activities
    - Organisational activities
  - Evaluation
    - Self-assessment
    - External evaluation
  - Reporting
    - Publication
    - Accreditation
    - Feed back

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Standards are:

- a set of predefined requirements
- generic and apply for all providers, hospitals, nursing homes etc.
- descriptive and do not insist on specific solutions
- the generic basis for evaluating quality improvement
- supported by measurable indicators and assessments

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- Activities in the health care sector are divided into themes selected by
  - Benefit
    - Significant improvement potential, either major failure or excessive variation
  - Relevance
    - Large patient groups or critical activities for a significant patients group
  - Development
    - Resources needed for identifying standards, development of indicators are reasonable and realistic

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- Themes for the first version were products and experience from
  - The Good Medical Department
  - Joint Commission Accreditation
  - KISS accreditation (Southern Jutland)
  - Danish National Patients Satisfaction Surveys
  - National Patient Register
  - National Indicator Project
  - Network of preventive hospitals

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The first version of the quality programme has

- 37 themes
  - 16 general pathway themes
  - 11 disease-specific themes
  - 10 organisational themes
- 115 standards
- 670 indicators

Each theme has one to four corresponding standards

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- The template for all standards are:
  - Name
  - Target group
  - Purpose
  - Guidelines
  - Measurements
  - Criteria
  - Requirements for accreditation

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Four criteria must be fulfilled:

1. Self-assessment must be based on

- systematic and regular measurements
- systematic and regular analysis of measurements and assessments
- systematic and regular quality assessment

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2. Guidelines for activities must be

- formulated, updated and available at relevant locations
- in line with general guidelines of the institution
- formulated unequivocally, clearly and understandably
- immediately usable
- comply with existing legislation
- identical for the same activity in the same institutions

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3. Implementation of joint guidelines

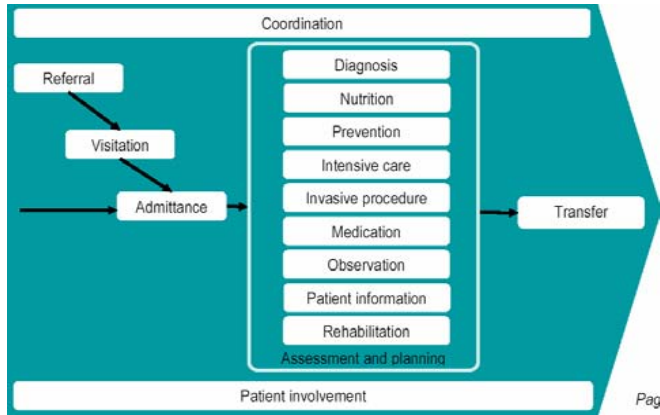
- Presence and content of guidelines must be known to relevant staff
- Documentation exists that the guidelines are used
- Deviations from guidelines are documented and motivated
- Guidelines are updated and maintained, and the process is documented

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4. Processes for systematic and continuous quality improvement

- Specification of quality required
- Planning and implementation of quality improvement measures
- Follow-up on own quality improvement measures
- Follow-up on feedback

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General pathway standards



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Disease-specific pathway standards are defined by specific:

- Diagnoses (e.g. type II diabetes)
- Treatments (e.g. hip arthroplasty)
- Conditions (e.g. chronic pain)
- Specialities (e.g. pulmonary medicine)

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Following disease-specific groups have been chosen for the first version:

- Apoplexy
- Breast cancer
- Diabetes
- Births
- Heart failure
- Fracture of the femur
- Pneumonia
- Lung cancer
- Ulcer
- Schizophrenia
- Cancer of the colon and rectum

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Organisational standards

- Apparatus and technology
- Emergency preparedness and supplies
- Documentation and data management
- Policies and guidelines
- Hygiene
- Quality control
- Management
- Patient transportation
- Recruiting, training and competence gain
- Risk management

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Self assessment is the key function of the quality programme and its aim is to promote:

- Continuous quality improvement
- Creation of ownership of the quality improvement process
- Utilisation of local competencies and capacities

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Indicators:

- Measurable variable applied to monitor and evaluate quality
- Linked to a standard
- Reflect either patient-perceived or professional quality
- Primary indicators focus on the outcome of a given activity or on the content of a process
- Secondary indicators focus on the cause of the processes or the underlying structural causes



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Assessments are made by the local institutions evaluating

- Quality level and variation of functions, systems, processes and results to determine compliance with standard
- Professional, patients perceived or organisational quality



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### Self-reporting

- Data are reported once a year in relation to all relevant standards
- Data are confidential and feed-back is given with national comparison to other similar institutions
- Publication of data at an aggregate level is given with the individual institution being anonymous

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### Action-oriented function based on self-assessment includes:

- General assessment and analysis work in connection with quality improvement
- Planning, coordination and implementation of quality improvement measures
- Presence of guidelines
- Continuous assessment of the quality of health care services



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### External review

- External review is based on institutional surveys in dialogue with the whole staff on
  - Assessment of standard compliance
  - Quality improvement
  - Indicator measurements and assessments
- Surveys are performed every third year
- External surveyors are trained Danish professionals and international surveyors

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### Reporting:

- Ongoing periodical feedback from the Quality programme organisation to the individual organisation
- Periodical accreditation with evaluation of quality improvement and suggestions for improvements
- Publication of indicators, external assessments and accreditation status

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### Status for the Danish Quality Programme:

- Health care professionals have to a very high degree been involved in the elaboration of the standards
- Standards in the model are more focused on results than in other accreditation systems although structure and process data are still very comprehensive
- The model is still based on a top-down structure and the room for local quality projects is limited



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Status for the Danish Quality Programme:

- The model is very ambitious and probably very time consuming for the clinicians
- It is positive, that the element of self-control have been expanded in the model
- It is also positive that the standards in the model are revised continuously
- It is valuable that it is stressed that data in the model can be created from representative samples

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Status for the Danish Quality Programme:

- Medical science is not mentioned in the programme
- It is however noted that the guidelines for the accreditation should be evidence based
- From the clinicians point of view it is mandatory that sufficient time is left for the clinical and the scientific work

