Improving quality of care and patient safety in Greece and internationally

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ABSTRACT

Quality of Care improvement is necessary for effective patient safety. The significant impact of healthcare disruptions leading to mortality and morbidity that has arisen because of the ongoing 2019 SARS-CoV-2 pandemic has led to an unprecedented number of global reforms to improve the quality of healthcare and sustainability.

In this national case study, the Greek Agency for Quality Assurance in Health presents methods of achieving quality of care and patient safety that has international translation to low socioeconomic healthcare delivery systems. It discusses aspects of using quality metrics to monitor specific quality indicators and outcomes, collaborative networking, and emergency preparedness.

INTRODUCTION

Even though Greece has over the last decade tackled an unprecedented number of reforms in order to improve its health system's performance and sustainability, to strengthen disease management through the adoption of clinical guidelines in routine medical and nursing practice and lately, to effectively manage the pandemic crisis due to COVID-19, a number of challenges remain and have been even more highlighted during the pandemic management, such as:

- Lack of a quality assurance system, a unified quality metrics system and systematic measurements of the quality of care from the users' perspective (all further weakened during the pandemic).

- Lack of an effective preparedness plan that could be 'fit for purpose' even for a long term crisis,

- Patient safety issues, e.g., hospital acquired infections and antimicrobial resistance (AMR), and

- Variations in clinical practice amongst health units throughout the country (with regard to processes, standards of care and norms, resulting to errors, waste and increased costs).

In 2020 and in the midst of the pandemic crisis, the National Agency for Quality Assurance in Health (ODIPY) was established by the leadership of the Ministry of Health, who acknowledged a long-lasting gap: the need to ensure that the care provided by our health system is safe, timely, equitable and people-centred, and based on scientific evidence. In fact, it was the pandemic crisis that triggered this decision even more in order to deal with the enduring structural and operational inadequacies within the country's health system, which were exacerbated during the pandemic as it acted as a magnifying glass for their recurring manifestation. As a result and in response to the COVID-19 pandemic crisis, the needs for Greece and other Member State countries are:

(a) to provide more up-to-date analysis in relation to quality of care and health outcomes through a set of comparable indicators

(b) to develop new or update existing emergency preparedness plans to deal with short and especially long-term crises and

(c) to establish long-lasting and robust collaborations amongst National Agencies for Quality Assurance in Health and/or respective bodies. This is necessary in order to measure a health system's performance at the health unit and country level in a timely manner, and to strengthen the system's resilience.

DESCRIPTION OF BEST PRACTICE

Establish a valid, timely and methodologically common measuring framework of quality indicators and outcomes

Although efforts have been made by international bodies to implement a common quality metrics framework, not all countries have aligned their practices accordingly. Within this context, a core set of universally acknowledged and implemented quality indicators / KPIs regarding patient safety and appropriateness of care (e.g., mortality indicators, quality of care during hospitalization, indicators of complications due to insufficient posthospital care), sufficient resources capacity, staff safety indicators and hospital-wide quality of care could be universally established and measured on a more frequent and regular basis. Thus, an accurate and timely common measuring framework could lead to identification of best practices, effective benchmarking and development of rapid reflexes that will enable swift and effective decision-making and drive health systems towards value-based health care.

This quality metrics framework can also be complemented by specific quality indicators and outcomes that would provide timely and up-to-date analysis for assessing the direct and indirect impact of COVID-19 and shifting trends on health systems, such as e.g., changes in mortality patterns, delays in the provision of care (e.g. elective surgery), increases in avoidable hospital admissions for the chronically ill, under-diagnoses and/or untimely diagnosis and treatment of diabetes and cardiovascular patients. Finally, post-pandemic health systems' responses and the evaluation of the implications from the post-COVID-19 syndrome on health outcomes and systems shall demand the development of new indicators. National quality organizations with the co-ordination of WHO European Centre of Excellence for Quality in Care and Patient Safety may work towards this direction, in order to improve existing frameworks and set the roadmap for such an initiative.

Updating Emergency Preparedness plans and Implementing on-site consultations and training interventions

Cancellations of habitual and scheduled audit procedures (i.e., on-site inspections/audits, which are an established and integral part of quality assurance

and continuous quality improvement processes world-wide), and the rapid pandemic spread, reflected the need to monitor and measure performance, locate shortages and gaps in the provision of care and identify patient safety issues, prior to findings depicted in quality metrics results.[1-3] In the case of Greece, these gaps were identified by organizing on-site mapping of operational capacity and clinical practice, consultation visits, respective follow-up visits and training, conducted by teams of medical, nursing and management experts, regarding:

- Compliance with patient safety principles and goals,
- Institutional and operational preparedness,
- Evidence-based clinical practice etc.,

It unavoidably brought into light the need to update hospitals' Emergency Preparedness Operational Plans with respect to dealing with short and long-term crises, develop standards for the universal adoption and implementation of uniform hospital Emergency Codes which can guide initial responses and contingency measures in an organized, effective plan, based on the Hospital Safety Index of WHO. National Quality Organizations may co-ordinate such plans, train health professionals and work together with health organizations for the pilot implementation (as shown in the Best Practice presented for Greece).

Establishing a Collaborative Network of National Agencies for Quality Assurance in Health and/or respective bodies

In order for each country to deal with its domestic quality issues and the implications of the COVID-19 pandemic crisis (in the post COVID-19 era, as well), it would be a worth formulating formal liaisons between the countries' Quality Offices, i.e. to establish a collaborative network of National Agencies for Quality Assurance in Health and/or respective bodies and International Organizations in the field, so as to share common experiences, priorities, problems and solutions, transfer knowledge and exchange best practices.

SUSTAINABILITY OF GOOD PRACTICE

In Greece, ODIPY is the institutionally responsible body for the development of quality standards and procedures for patient safety and other dimensions of quality and for ensuring compliance with standards and procedures, though a systematic strategic planning process on a national and local level. The development of a network of quality organizations may operate as a "learning network" even in a crisis, such as the pandemic, as learning from the experiences of the countries that were first "hit" by the pandemic was important to inform responses and act as a reference point. Such a network will bring organizations together to achieve 'collective efficiency' regarding implementation of quality of care plans, quality assurance and improvement which will enable countries to cope better with the challenges of the health systems. Setting up problem solving "toolkits" will also be a useful resource for collective management of systemic barriers to implementing novel health innovations here. WHO, and especially WHO European Centre of Excellence for Quality in Care and Patient Safety, would be the ideal leading organization for such an initiative.

Keywords: quality of care improvement, clinical governance, patient safety, sustainability, system performance, SARS-CoV-2 pandemic, emergency preparedness, collaborative networking, emergency bench-marking, quality indicators and outcomes

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