

The BADS-HQS Accreditation Programme for Day Surgery Services

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In order to meet the challenges of new initiatives, day surgery services have to be confident in the care they can provide but also able to demonstrate to patients and trust managers that care is of the highest quality. The award of accreditation, meeting standards set from within the field, provides independent, external evaluation of the service and a guarantee that systems and processes are in place for excellent quality of care

Why accreditation?

The idea of developing a specific quality accreditation scheme for day surgery was first conceived by members of BADS council who saw this as a logical next step to promoting, developing and ensuring quality services, building on quality initiatives such as the benchmarking scheme. The Health Quality Service (HQS) was selected as the partner for the venture due to the established HQS quality accreditation schemes, widely known and implemented throughout primary and secondary care services.

HQS (formerly as King's Fund Organisational Audit) works with healthcare services on quality assurance and quality improvement projects. The core focus of HQS work is the quality accreditation programmes that have been developed over the last 13 years. It was the first programme in the UK to aim to set quality standards for healthcare providers and has developed a trust-wide programme for the NHS.

The project with BADS has given HQS the opportunity to further develop its quality standards with particular relevance to a specific clinical service. The standards were developed with input from BADS council members and are based on the structure of the HQS generic clinical service standards, augmented to reflect the particular requirements for high quality day surgery services. The development process involved the incorporation of guidance from the Modernisation Agency, such as 'Tackling Cancelled Operations' and the requirements of the 'Day Surgery: Operational Guide' published by the Department of Health in August 2002. The standards went through an iterative process of drafting, consultation, review and re-drafting to ensure that they meet criteria for healthcare standards:

- clarity of intent
- practicality of implementation
- beneficial impact on service delivery

- low resource implications
- ability to be surveyed and assessed in practice.

The standards framework

The accreditation framework is based around six core standards that cover:

- management and staffing of the day surgery service,
- staff training, induction and continuing professional development
- the operational policy for the service and supporting procedures for all elements of the work
- provision of information to patients, both about the service in general and the basics of location, transport and parking
- information for patients about their specific condition, the surgical procedure that is to be undertaken and the instructions for patient preparation prior to surgery and the instructions for care and rehabilitation after day surgery
- requirements for patient health records, ensuring that there is a complete and legible record for the patient, which includes full details of all the treatment and procedure elements, completed by all the appropriate members of the multi-professional team
- standards for the facilities and equipment of the service and their suitability for purpose

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- the involvement of the service in clinical audit, including the dissemination of results of studies and action taken in response to these.

Implementation – where the service development happens

The process of implementation of the quality standards is a powerful driver for change. The discipline of working through the stages of baseline self assessment, analysis of the results, action planning the developments needed in order to meet the standards and putting these in place are key benefits of the accreditation programme. The standards are based on the accepted best practice guidelines and the national requirements for day surgery services, therefore they should not contain surprises, or elements that will cause dissent within the service. Working within the framework of the accreditation programme helps in achieving a co-ordinated plan for service developments and for the prioritisation of the elements within this. The incentive of working towards an external assessment visit means that those important tasks buried in the 'in-tray' are addressed within a stated timescale, rather than what otherwise tends to happen, of always being pushed aside by more urgent 'fire-fighting', which is allowed to assume greater priority. This strengthening of basic systems is one of the major benefits of the programme and is a massive time-saver in the long run. Those departments which have reviewed their internal processes and refined them are then ready to move much more quickly on initiatives such as patient booking and choice, extending day surgery hours and community-based pre-assessment. These innovations can be based around the further development and refinement of robust and comprehensive systems of managing and planning the service.

The formal process of internal review of the service supports staff in addressing identified areas of weakness before poor clinical results, poor figures for cancelled operations, or an adverse event highlights the issue for the service. It should be stated that putting in place the accreditation standards will not in itself prevent adverse events. However, working to the standards helps to minimise the likelihood of occurrence and ensure that when an adverse event does take place that there are appropriate systems in place to deal effectively with the consequences and put in place corrective action to prevent recurrence.

The survey

Within any accreditation programme, the services participating focus their efforts in getting ready for the external peer review – the 'survey'. This is seen as the 'test' and the calibre of the peer review team is crucial to the credibility of the process. The peer reviewer surveyors for the BADS-HQS accreditation scheme all work within healthcare at a senior level. All surveyors are selected and trained through an assessment process that has been externally validated and which includes assessed exercises

that mirror the key stages of an accreditation survey. Being a senior professional is not sufficient, surveyors have to demonstrate the ability to carry out an objective review, basing their findings on the accreditation standards framework. Above all HQS requires surveyors to bring qualities of tact, integrity and diplomacy to the survey process.

The benefits of involving professionals from the service are enormous, not only are they aware of the level of excellence to which day surgery units should aspire, but this is to be balanced against an understanding of the general and particular challenges that are facing the service being surveyed. The typical scope for survey of a day surgery service is for two surveyors plus an HQS client manager to carry out the survey over one day. The programme for a survey visit starts with an opening meeting, to ensure clarity on both sides about the process, followed by review of documentation, which enables the surveyors to understand the context and operational procedures for the service. This is followed by the most important part of the assessment – talking to the staff and observing working practices throughout the department. The survey timetable is planned to ensure that time is spent with all the members of the team: managers, doctors, nurses and administrative staff so that a complete and rounded picture of the service is built up. At the final meeting the team give feedback on their overview of the service but it is too early at this stage to be able to comment on the award of accreditation. The role of the HQS client manager is to co-ordinate the whole process and to compile the survey report. This is checked for factual accuracy before moving to the next stage, agreeing what further action may be required in order to pursue the accreditation award. Most services will find that there are some areas of partial or non-compliance with the standards and a plan and timescale to address these is agreed. A further report with details of the survey findings and the action taken in response is presented to the HQS Accreditation Committee for consideration of an award.

Benefits of participation

All services taking part in HQS accreditation programmes are asked to consider the benefits that have been experienced through participation in the programme, the recurring themes are:

- improvement of communication within the team
- better communication with other departments and services
- better understanding of how the service works and 'where we fit' in the bigger organisation
- heightened awareness among all staff of risk management issues
- much improved awareness, reference and adherence to the agreed policies and procedures

- accelerating the implementation of desired changes ‘we achieved in 12 months what would otherwise have taken three years’
- systematic review and revision of patient information, resulting in much improved quality and content
- increased motivation of staff to improve the service
- demonstration to patients, staff, hospital management and the local community of the high quality of services that are delivered.

Any downsides?

Not wanting to end on too rosy a note, it must be stressed that the implementation of the accreditation programme will take up staff time, it is labour intensive and the project lead must have protected time to manage the project and to keep it on track. The key thing is to link the process into other existing projects so that they all become part of a bigger picture that is taking forward the service’s development strategy.

The early stages are about a focus on documentation - possibly leading the programme to be seen as ‘a paper chase’. It is important not to get stuck at this stage – build

up what already exists, rather than writing totally new documents, link documentation requirements together so that a few key documents are developed, rather than writing short individual procedure documents for everything under the sun. The key to the process is using the revised documents to ensure consistency of delivery of services, in line with agreed clinical protocols and its smooth administration.

It is essential that the senior team is committed to the project and is seen to be leading and involved. The actions to meet the standards will not be prioritised ahead of other demands unless the accreditation programme is promoted as the key driver for service improvements.

- Services are recommended to spend 6 months to a year working to implement the standards prior to an accreditation survey.
- Accreditation when awarded is valid for three years, subject to satisfactory monitoring.
- Participation in the programme costs from £4,500 for a day surgery unit on one site (this includes a ‘royalty’ payment to BADS)
- For further details contact: E-mail: hcrisp@hqs.org.uk or telephone: 0207 3891000.

The BADS Fellowship

The BADS Fellowship is available to be awarded each year. However the award will only be made when a suitable project is approved by the Research Committee and the Council. The award is for a maximum of £2000.

It is open to all members of the Association. The Fellowship may be awarded to aid a research project or to help fund travel costs as part of a study. In all cases the project must be aimed at improving day surgery either within the UK or abroad.

A precondition of the Fellowship is that those who receive it will attend the next BADS Annual Scientific Meeting and talk about the outcomes of their project. A full submission of the aims, methods and costs of the proposed project must be submitted and include ethical committee approval where appropriate.

Applications should be sent to Mr Joe Cahill
Honorary Secretary
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