

352: QUALITY ASSURANCE ACCREDITATION ACCORDING TO THE AIM OF CCHSA: EXPERIENCES WITHIN THE PILOT PROGRAM FOR THE TREVISO HEALTH CARE DISTRICT, ITALY

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Objective:

Accurately observing the National Regulations, the Veneto Region has established the local legal framework contained in a regional Law (L.R. 22/2002), for the development of a program for a Quality Assurance Certification Program.

Due to its experience, the Treviso Health Care District has been selected to conduct a pilot project for the Quality Assurance Certification according to the CCHSA standards.

Conduct at experimental level the program for Quality Assurance Certification within the Treviso Health Care District to evaluate the applicability of the CCHSA model in the Veneto Region.

The Treviso Health Care District

Eight facilities constitute the District, Two Hospitals, five Organizations for territorial services and one Structure for Prevention. The land coverage is about 985 square kilometres or 1576 square miles" with a resident population of 250.000 inhabitants.

Method:

The project has taken in to consideration the rules established in the CCHSA Handbook, especially those for "start up" experimental plans.

1. Presentation of the plan to the operatives, the partners and the community
2. Creation of a "focus group" to adapt the standards to the local reality considering the cultural and legislative matters
3. Preparation: organization for the certification process and constitution of the auto evaluation teams
4. Auto Evaluation: creation of teams according to concepts stated in the Certification Program by the AIM, auto evaluation meetings, involvement of operating counterparts and clients and individuation of the areas to be improved as well as pin point the strong points in favor of the teams and the whole organization.
5. Programming of the accreditation visits.

Results:

The plan has been executed within the local health care structures with the involvement of 17 teams and the cooperation of about two hundred and fifty operatives, clients and partners. Every team has identified the positive aspects (force points) and the areas to be improved according to the AIM model.

The whole process has stimulated the operatives to criticize and evaluate their own performance within the internal structure, also the partners and whole community has taken an active role in the auto evaluation process.

Conclusions:

The plan has had a positive impact to the whole Organization allowing to evaluate the quality of the services given, also has helped to increase the communication level and cooperation between all the actors in the process.

The multidisciplinary approach, to respond to the needs, of the users and clients has been perceived as positive.

It is possible to conclude that the Canadian Model contained in the CCHSA could be applied to the local realty and extended to the Veneto Region.