

286: QUALITY AWARD AND CONTINUOUS QUALITY IMPROVMENT : AN EXPERIENCE IN ASSISTANCE PUBLIQUE-HOPITAUX de PARIS HOSPITALS.

Authors:

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Objective:

The conception and organization of a Quality Award had for aims to promote the development of continuous quality improvement in AP-HP hospitals and administration services, to recognize the active participation of the staff in the quality improvement process, and to reward an entity (clinical department, other activity services, or entire hospital) which has proved its involvement in quality.

Methods:

The model used provides a good opportunity to assess the different aspects of a quality improvement organization. Initially designed for industry, the model which has been chosen, is the model of the French Quality Award developed by the Mouvement Français de la Qualité (MFQ), our partners, and was adapted to the French Health Care Organization. It comprised thirty two questions gathered into eight chapters: Leadership (15%), Quality strategy and objectives (8%), Customer satisfaction (18%), Quality control (8%), Quality assessment (8%), Quality improvement (8%), Staff involvement (15%), Results (20%). This model refers to total quality management principles.

This model has been used for two sessions (1999 and 2001).

For each session, a call for papers is sent to the forty AP-HP hospitals in December. Thirty-one entities (70%, clinical departments, 13% entire hospitals, and 16% other activity services) answered in 1999 and twenty in 2001 (70% clinical departments, 10% entire hospitals, and 20% other activity services).

The files sent by the hospitals and services, are dispatched among the teams of assessors.

Each team comprised three assessors from multidisciplinary origin. Fifty-five volunteer assessors from hospitals (24% professionals of care, 27% physicians, 31% administrative staff and 18% technicians from radiology and biology) were trained in 1999 and fifty nine in 2001 (19% professionals of care, 20% physicians, 39% administrative staff and 22% technicians from radiology and biology).

Each team assessed two or three files and a referent file in order to standardize the scoring among the teams of assessors.

The scoring was based on : quality approach (Existence 10 points, Method 40 points) and implementation (Systematic 35 points and exemplary 15 points) for each of the thirty two questions, the eight chapters leading to a final score after weighting, of maximum 1000.

The assessors first scored individually, then in a consensus with the team.

The 19 best files were selected for an on-site visit, in order to validate the file assessment in 1999 and 20 in 2001. The files were then selected by a jury composed of members from AP-HP, MFQ, Patients associations and National Agency for Accreditation and Evaluation (ANAES).

The awards are presented at the end of the "AP-HP Quality Award Day" in November, open to all AP-HP staff and to external participants.

In 2001, international experiences of quality and risk management were included in the program of the day, in order to give some information useful for each professional activity.

Results :

The AP-HP Quality Award created a good stimulation around the quality improvement approach and a lot of entities apply each years. 51% of hospitals present entities and only 75% of files received in 2001 were coming from hospitals which had not participated in 1999. This turn over shows that a Quality Award is a good means to promote quality improvement.

3 "laureates" have been designated each session and 6 mentions in 1999 and 3 in 2001.

Into the files received, majority of the laureates are from medico-technical services, and less from clinical services.

More than 500 persons had participated to the "AP-HP Quality Award Day" in 2001, included 14% physicians, 15% external institutions, 78% of those interrogated estimate that information given is appropriate and useful for their professional activity.

One of the 1999 laureate has graduated a mention of the French Quality Award and was solicited by services with same activity to give example to insure quality and developed benchmarking.

Conclusion:

This experience is an opportunity to demonstrate the efficacy and efficiency of quality improvement methods. It can also be considered as an evaluation method because each entity can improve its quality comparing itself to others.

A database is about to be created to collect and disseminate the results of the best experiences and to develop benchmarking.

The next session will take place in 2003. The new questionnaire of the French Quality Award, closer to the European Quality Award, will be used. Specific guidelines for clinical services applications will be created in order to encourage clinical services to participate.