



UZ

LEUVEN



Quality labels: the contribution of nurses and midwives.

Carl Spiessens

Leuven University Fertility Center



ISO 9001:2015



ISO 15189:2013



UNIVERSITY HOSPITALS LEUVEN

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### Why ISO 9001:2008?

- ISO 9001:2008: quality management system applicable to the clinical, nursing and lab activities
- ISO 17025 / 15189: specific for medical laboratories

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### ISO 9001:2008 = Quality Management system (QMS)

- Take in account
  - Customer quality requirements
  - Regulatory requirements (guidelines)
- Aim
  - Enhance customer satisfaction
  - Achieve continual improvement of performance

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### Essentials

- Motivated collaborators on all levels
- Strong support from the hospital management
- QMS (quality manual): content described in the ISO 9001:2008 standard

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### QMS concept

- "Say what you do and do what you say!"
- Procedures (who?, what?, when?)
- Instructions / standard operating procedures (how?)
- Documents and forms

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### QMS content

- Primary process
  - Daily clinical, nursing and lab activities
- General management:
  - Setting targets
  - External communication
  - Research

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### QMS content

- Logistics
  - Personnel, training
  - Internal communication
  - Suppliers (external and internal) and supplies
  - Materials, working environment
- QMS
  - Management of the QMS
  - Evaluation, analysis and improvement

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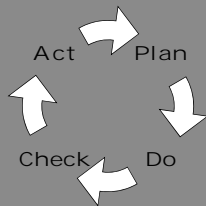
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### Continual improvement



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### Patient satisfaction 2004 (N=158)

Dimensions	Desired Satisfaction rate	Measured satisfaction 2004
General satisfaction	76 %	73 %
Access	76 %	73 %
Humanity	80 %	89 %
Competence	80 %	93 %
Information	81 %	86 %
Waiting times	84 %	58 %
Facilities	83 %	49 %
Communication	75 %	87 %

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## Actions to improve patient satisfaction

- **Facilities:**

- The function is changed from a general gynecology day clinic to a fertility day clinic.
- The available space was totally redesigned and the design is based on the patient flow through the center.
- The center is now a recognisable unit.
- All activities (except consultations) are brought together within the center

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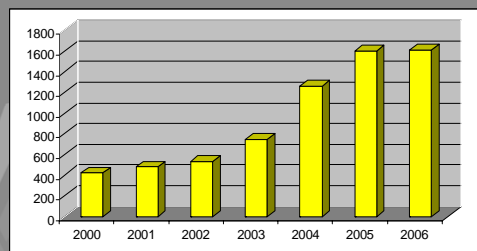
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## LUFC: # aspirations 2000-2006



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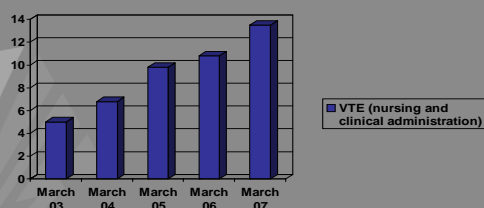
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## Actions to improve patient satisfaction

- **Access:** Increase in staff members (gynecologists (+ 2.5 VTE), midwives, clinical administration)



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### Patient satisfaction 2007 (N=185)

Dimensions	Desired Satisfaction rate	Measured satisfaction 2004	Measured satisfaction 2007
General satisfaction	76 %	73 %	82 %
Access	76 %	73 %	85 %
Humanity	80 %	89 %	81 %
Competence	80 %	93 %	90 %
Information	81 %	86 %	89 %
Waiting times	84 %	58 %	60 %
Facilities	83 %	49 %	80 %
Communication	75 %	87 %	81 %

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### Contribution of nurses and midwives

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### Contribution of nurses and midwives

- Minimal:
  - Use the quality manual
  - Register internal complaints
  - Register external complaints
  - Suggest ideas for improvement

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### Contribution of nurses and midwives

- Ownership of procedures
  - Active involvement towards the content
    - Keeping procedures up to date:
      - theory vs work floor
      - guidelines; law
    - Suggest methods for improvement

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### Contribution of nurses and midwives

- Internal auditing
  - After internal/external training
  - Critical evaluation of procedures
    - Content
    - Theory vs work floor
  - Critical evaluation of goals, complaint management system, ...

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### Contribution of nurses and midwives

- Measuring patient satisfaction
  - Unique position due to intense patient contact
  - Registration of patient complaints
  - Preparing questionnaires

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### Contribution of nurses and midwives

- Measuring patient satisfaction
  - Measuring patient satisfaction on general and specific topics
    - Questionnaires
    - Interviews

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### Contribution of nurses and midwives

- Continual improvement of quality
  - Critical attitude towards existing work flow
  - Active involvement in quality projects
  - Active involvement in the complaints management

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### Contribution of nurses and midwives

- Quality coordinator / Quality team
  - More general approach
  - Setting goals + follow up
  - Follow up of quality projects
  - Maintenance of the QM

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### Challenges for nurses and midwives

- How good are we?
  - Not in outcome (positive/negative)
  - General satisfaction

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### Challenges for nurses and midwives

- How do we measure how good are we?
  - Easy for technical procedures
  - Less evident for patient care

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### Quality in patient care

- Use procedures that ensure uniformity
  - Work flow
  - Patient info
- Is measuring patient satisfaction the best way?

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### Conclusion

- ISO 9001:2008:
  - helpfull management tool
  - keeps the focus on the patient
  - keeps the focus on (improving) quality

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### Conclusion

- Contribution of nurses and midwives:
  - Minimal: use the QMS
  - Maximal: manage the QMS

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### QUALITY LABELS: the contribution of nurses and midwives

Sarah Schildermans  
Midwife

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**QUALITY LABELS: the contribution of nurses and midwives**

- Understanding the basics
- What is quality of care?
- Role of the midwife
- Discussion

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**Understanding the basics of ISO**

- Generic standard that can be applied to any organisation, in any sector of activity.

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### Understanding the basics of ISO

The purpose is:

- Satisfying the customer's quality requirements
- Complying with regulations, or/and
- Meeting environmental objectives

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### Understanding the basics of ISO

Generic standard that can be applied to **any organisation**, in **any sector** of activity.

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### Understanding the basics of ISO

Generic standard that can be applied to **any organisation**, in **any sector** of activity.

➡ HEALTH CARE

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### Understanding the basics of ISO

## HEALTH CARE

Not delivering a 'product'

But delivering quality of care to patients

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### Understanding the basics of ISO

## FERTILITY CLINIC

What is quality of care for a couple that attends our fertility clinic?

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### What is quality of care?

- Outcome based: Pregnancy rates?
- Are there more factors that should be considered in assessing the overall quality of an IVF center?

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### What is quality of care?

- Ensure that every couple receives the best possible treatment according to their specific medical needs
- Ensure continuity in patient care

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### Continuity in patient care

- Large multidisciplinary setting
- We need written procedures, instructions, forms and records



helps to ensure that everyone is not 'doing just his or her own thing'

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### Role of the midwife

Midwife has a central place in a multidisciplinary setting

Patient contact during clinical pathway.

→ continuity

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### How can ISO improve our patient care?

- Guidelines for all members of our multidisciplinary setting
- Guidelines for new employees
- Specific training guidelines for new employees

Everyone says/does the same

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### How can ISO improve our patient care?

Everyone says/does the same

Can we be sure?

Does every one do what we expect them to do?

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### **ISO team**

Team of MLT's, midwives and the quality coordinator

Purpose: to keep ISO 'lively' and 'vivid'

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### **Internal audit**

- Measurement
- Analysis
- Improvement

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### **Internal audit**

Self-audits at planned intervals

To verify conformation to the quality system

To assess effective implementation and maintenance

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### Internal audit

- Objective and impartial
- An auditor cannot audit their own work

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### External audit

- Surveillance by an external office.
- Positive stress factor

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### Implication of ISO in daily practice

- Evil paper monster?
- Obstacle in daily practice?



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## Implication of ISO in daily practice

Measurement of technical skills

How can we measure patient care?

How good are we?

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QUALITY LABELS:  
the contribution of nurses and midwives

Thank you!

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