




Quality labels: the contribution of nurses and midwives.

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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

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

Essentials

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

QMS concept

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

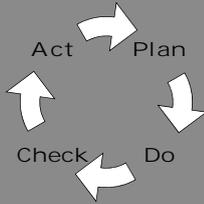
QMS content

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

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

Continual improvement



Patient satisfaction 2004 (N=158)

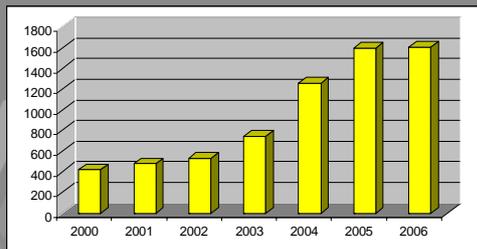
| Dimensions | Desired Satisfaction rate | Measured satisfaction 2004 |
|----------------------|---------------------------|----------------------------|
| General satisfaction | 76 % | 73 % |
| Access | 76 % | 73 % |
| Humanity | 80 % | 89 % |
| Competence | 80 % | 93 % |
| Information | 81 % | 86 %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

Actions to improve patient satisfaction

- **Facilities:**

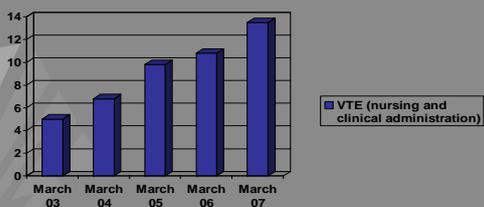
- The function is changed from a general gynecology day clinic to a fertility day clinic.
- The available space was totally redesigned and the design is based on the patient flow through the center.
- The center is now a recognisable unit.
- All activities (except consultations) are brought together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

LUFC: # aspirations 2000-2006



Actions to improve patient satisfaction

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



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 % |

Contribution of nurses and midwives

Contribution of nurses and midwives

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

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

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, ...

Contribution of nurses and midwives

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

Contribution of nurses and midwives

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

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

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

Challenges for nurses and midwives

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

Challenges for nurses and midwives

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

Quality in patient care

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

Conclusion

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

Conclusion

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

QUALITY LABELS: the contribution of nurses and midwives

Sarah Schildermans
Midwife

QUALITY LABELS: the contribution of nurses and midwives

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

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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➔ **HEALTH CARE**

Understanding the basics of ISO

HEALTH CARE

Not delivering a 'product'

But delivering quality of care to patients

Understanding the basics of ISO

FERTILITY CLINIC

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

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?

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

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'

Role of the midwife

Midwife has a central place in a multidisciplinary setting

Patient contact during clinical pathway.

→ continuity

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

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?

ISO team

Team of MLT's, midwives and the quality coordinator

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

Internal audit

- Measurement
- Analysis
- Improvement

Internal audit

Self-audits at planned intervals

To verify conformation to the quality system

To asses effective implementation and maintenance

Internal audit

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

External audit

- Surveillance by an external office.
- Positive stress factor

Implication of ISO in daily practice

- Evil paper monster?
- Obstacle in daily practice?



Implication of ISO in daily practice

Measurement of technical skills

How can we measure patient care?

How good are we?

QUALITY LABELS:
the contribution of nurses and midwives

Thank you!
