The Quality in Health System in Slovak Republic

Advise to the Ministry of Health Slovak Republic

Building Quality Development Programme in Slovakia

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Consortium

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1 Introduction

The project “Building Quality Development Programme in Slovakia” EVD International MAT03/SK/9/1 aims to provide an advice to the Ministry of Health of Slovak Republic in the quality of health services area. This document is meant as a basis for subsequent regulation to be developed and issued by the Ministry. It delineates basic principles of building quality systems on national, institutional and professional levels based on experiences with similar systems in The Netherlands, the UK and other countries of EU. It also builds upon current legislation in Slovak Republic, primarily on the Act No. .... defining at § 9 the System of quality in four steps:

a) A provider is obliged to ensure a continual system of quality on maintaining and increasing the standard of quality so that
b) It applies to all activities that in the medical facility may influence the health of persons or the course of their treatment
c) The staffing and equipping of the medical facility corresponds at least to the requirements set out in § 8.
d) Assessment of the system of quality shall be carried out by authorised persons as per a separate regulation.[1])

The details on the arrangement and assessment of the system of quality of providers are determined by generally binding legal regulation, which is issued by the Ministry of Health.

[1]) Act No. 264/1999 Coll. on technical requirements of products and on assessment of compliance and on the amendment and supplementing of certain laws, as amended.

2 Systems at the National Level

2.1 External Quality Assessment

The Ministry of Health of the Slovak Republic should select one or more of the following options for permitting organisations or individuals to provide health services to the general public:

- ***Licensure.*** Licensure is a process by which a governmental authority grants permission to an individual practitioner or health care organization to operate or to engage in an occupation or profession. Licensure generally focuses on minimum standards to protect public health and safety. The licensing system could apply both for the hospital sector and the primary health care sector. The General Health Surveillance Authority (GHSA) could be the right institution to provide licences.
- ***Accreditation.*** Accreditation is a formal process by which a recognized body, usually a NGO, assesses and recognizes that a health care organization meets applicable pre-determined and published standards. Accreditation addresses organizational rather than individual practitioner quality. The system of accreditation is less suitable for primary health care practices. The General Health Surveillance Authority could be the appropriate government institution to oversee the accrediting NGO.
- ***Certification.*** Certification is a process by which an authorized body, either NGO or governmental, evaluates and recognizes an individual or an organisation as meeting pre-determined requirements or criteria. Accreditation and certification are often used interchangeably. However, one of the most distinctive differences is that, unlike accreditation, certification can also apply to individuals. In the Slovak Republic hospitals are engaged in ISO certification. However, the ISO certificate concerns more administrative and organisational issues, than medical technical issues.

2.2 Sanctions for non compliance

Together with a system for permission to operate, be it licensing, accreditation or certification, there should be a system of sanctions for non-compliance. A licence or accreditation is issued for a limited period of time (e.g. 3 years). The periodic assessment for this permission provides a moment to decide whether the institution/practitioner could continue working. Between the moments of assessment there should be a system for quality control, especially when complaints are launched or when other information indicates poor performance. There should be a range of sanctions, from advice, warning, temporary withdrawal of permission to operate, to permanent withdrawal of permission to operate.
The General Health Surveillance Authority (GHSA) is the indicated government body to perform such assessments between the moments of periodic assessments.
According to the law the GHSA has the task to see to it that health care is provided “lege artis”.

Health insurance companies make contracts with health care providers and through their system of inspector physicians they perform quality control. However, these inspector physicians can judge whether the insurance company can contract the health institutions. In case of poor performance the insurance companies can (temporarily) stop contracts. They cannot withdraw licenses, and poor performers can continue to work for other insurance companies or private patients. The independent objective position of the GHSA is therefore a guarantee that appropriate measures are taken in the interest of public health.

2.3 Standards for provision of "lege artis" health care

Standards can be distinguished in two types of standards:

- Managerial and procedural standards, which cover general quality issues. These standards are more or less covered in ISO standards. The model developed by the European Foundation for Quality Management is another approach for improving general management according to international standards. Normally, in accreditation or licensing, having standard managerial procedures in place is part of the conditions.
- Clinical practice guidelines or standards for diagnostic and therapeutic interventions. Most European countries have a system in place to develop such standards, like the United Kingdom (NICE), Scotland (SIGN), New Zealand (NZGG) and the Netherlands (CBO).

Clinic practice guidelines cannot by imposed like managerial procedures, as it would turn health care into a static process. Each patient needs a personalised approach, and standards need to be adapted to medical-technical developments.
In the Slovak Republic clinical practice guidelines should be developed through collaboration between professionals, health institutions and clients. The guidelines have to be scientifically sound, bringing together international experiences and local practices.
The National Institute for Quality in Health Care (NIKI) should be delegated to develop the clinical practice guidelines. The organisational set-up of the institute should guarantee that all parties are represented and that the organisation can be independent and reliable. The guideline handbook, as developed by NIKI in September 2005, gives the proper structure of the organisation and procedures for development of guidelines.

2.4 Dissemination of Clinical Guidelines

Health institutions and practitioners have to be informed on clinical guidelines, international developments and other relevant information for developing appropriate quality systems.
The NIKI therefore has the task to create and maintain a resources centre, which provides the necessary information for stakeholders. In addition, NIKI should make available technical expertise to support institutions in the development of quality systems.

2.5 Advice Summary National Level

The project formulates the following advice to the Ministry of Health in Slovak Republic:

(1) Delegate the authority to issue licences to General Health Surveillance Authority (GHSA) via a separate regulation.

(2) Prepare a legislative document defining the composition, roles and responsibilities of an Accreditation Committee at the Ministry of Health Slovak Republic. Setting up and monitoring the standards for the accreditation process as well as accrediting organisations which will accredit providers of care is the primary role of the committee. Criteria/standards for accreditation could be derived from existing accreditation systems in Europe or US. The committee could also be a part of GHSA or an NGO established by the Ministry of Health.

(3) Establish a task force to study conditions for certification of individuals and to prepare a plan to introduce this process in next two years.

(4) Use the draft of the legislative document on Diagnostic and Therapeutic Standards prepared by the project to issue relevant regulation and prepare a budget to initiate participative guidelines development process via NIKI.

3 Quality Systems at Institutional Level

3.1 Evidence of systems

All health institutions have to provide evidence to the GHSA of the existence of quality systems concentrating on clinical aspects.

- Each institution should have a quality committee in place, which is mandated by the management of the institution to give guidance to practitioners in the institution.
- Each institution should have a quality coordinator, who on day-to-day basis makes a follow up on implementation of guidance given by the quality committee.
- There should be proof of quality systems in hospitals, e.g. through the availability of protocols or instructions for diagnosis and treatment, for nursing, examinations, etc. The protocols or instructions should be based on clinical practice guidelines, issued by NIKI.
- Users of health services should be involved in quality procedures in hospitals, e.g. through patient satisfaction questionnaires, suggestion boxes, complaint procedures, patient panels, representation in the quality committee, etc.

3.2 Quality reporting

All health institution have to report on an annual basis the achievements and constraints regarding quality management. The collection and submission of data on defined national indicators is not sufficient to provide evidence on quality activities. The annual quality report should contain:

- Description of plans and activities undertaken during the year of reporting. Narrative report on major issues of quality in the hospital
- Reporting on indicators, national indicators and additional indicators, which the institution has formulated.
- Lessons learned and priorities for quality programmes for the next year

3.3 Advice Summary Institutional level

The project makes following advice to the Ministry of Health further specifying the § 9 of the Act No....:

- Issue legislative regulation (norm) on Quality Systems at the Institutional level (hospitals, specialised treatment and diagnostic institutions, Public Health Authorities, individual care providers) defining the Quality System based on the evidence of Quality structures (committee, manager), quality processes (protocols, CME, others) and evaluation of quality outcomes (indicators, dedicated studies) summarised annually in Quality Report.

4 Individual professionals

4.1 Registration and licensing

Individual professionals have to register and obtain a licence for practicing. The licence is valid for a limited period (five years). Licensing is conditional on two factors:

- Having practiced medicine in the relevant area for more than a minimum amount of time during the previous five years.
- Have collected sufficient marks for Continuing Professional Development (250 points during five years).

The licensing is done by the General Health Surveillance Authority, or by a delegated institution, which is under supervision of the GHSA.

4.2 Continuing Professional Development

Individual professionals have to spend sufficient time on continuing professional development (CPD) (which is broader than continuing medical education).
Three types of activities are allowed:

- Self-study, reading medical journals, documents, internet study, etc.
- Internal peer-to-peer types of learning between professionals, like clinical meeting, intervision, etc.
- External, accredited courses, which are offered by institutions.

The professionals should register their credit points at ??? and be able to provide evidence of continuing professional development. They should be able to proof that they are aware of the clinical practice guidelines, as issued by NIKI.

4.3 Summary Advice Professional

The project makes following advice to the Ministry of Health

- Link the periodical registration of practitioners to the implementation of Continuing Professional Development Activities
- Initiate a system of registration of collected CPD credit points, which the professionals need when applying for re-registration