



**CHKS**  
Insight for better healthcare

# Development of CHKS Standards

CHKS Ireland Conference

Tuesday 14<sup>th</sup> November 2017

Jackie Rayner



A short video

## Stephan's Story

**Courtesy of Patient Voices**  
[www.patientvoices.org.uk](http://www.patientvoices.org.uk)

# CHKS Standards Model

Based on the **Donabedian model**; structure, process, and outcome, the CHKS Standards framework continues to evolve  
**keeping quality and the patient at the very heart of the process**



# Accreditation programmes of standards

Standards for Diagnostic Services, - 1st edition, January 2016

Standards for Addiction Treatment Centres and Psychosocial Rehabilitation – 3rd edition 2016

Standards for Cruise Ship Medical Centres, 5th edition, February 2015

Standards for Maternity and Specialist Neonatal Care Services, 2nd edition, May 2015

Standards for Care Homes, 6th edition, May 2015

Standards for Risk and Safety, 2<sup>nd</sup> edition, September 2015

Standards for Cruise Ship Medical Centres, 5th edition, February 2015

Standards for Maternity and Specialist Neonatal Care Services, 2<sup>nd</sup> edition, May 2015

Standards for Care Homes, 6th edition, May 2015

Standards for Risk and Safety, 2<sup>nd</sup> edition, September 2015

Standards for Hospice Services - 5<sup>th</sup> edition 2014

Standards for Primary Health Care Organisations - 7<sup>th</sup> edition, 2014

Standards for Patient Focused Care – 1<sup>st</sup> edition 2013

Standards for Dementia Assurance Standards for acute care 2013

Standards for International Hospitals – 4<sup>th</sup> edition 2013

Standards for Oncology Services - 2013

Standards for Smaller Organisations – 1<sup>st</sup> edition 2013

Standards for Leadership and Corporate Management – 1<sup>st</sup> edition 2012

Standards for Addiction Treatment Centres and Psychosocial Rehabilitation – 2<sup>nd</sup> edition 2012

Standards for International Hospitals - 3<sup>rd</sup> edition 2010

# 2016 transitional year - rationale for change

- Resource intensive - policy to review programmes every 3 years untenable
- Similarities across spectrum of health and care organisations – General Standards



- Specialist and Support Standards
- Progressive transition from 2010, to 2013 and to 2016
- Benefits in providing client focused surveys
- Level playing field across health and care organisations

# Library of standards

## General standards

### Leadership and management

- 1: Leadership and service management
- 2: Quality and governance
- 3: Financial management
- 4: Human resources
- 5: Education and training

### Risk and safety

- 6: Risk management
- 7: Health and safety
- 8: Fire safety
- 9: Waste management
- 10: Clinical risk management and patient safety
- 11: Management of medicines and pharmacy service
- 12: Resuscitation
- 13: Infection prevention and control
- 14: Management of medical equipment
- 15: Information technology and governance

### Patient centred care

- 16: Patient pathway
- 17: Patient rights and needs
- 18: Information for patients
- 19: Clinical records

### Facilities and site services

- 20: Access, environment and facilities management
- 21: Security
- 22: Catering
- 23: Housekeeping
- 24: Reception and administrative services

### Service governance

- 25: Service governance

## Specialist and Clinical Services

- 26: Ambulance service
- 27: Assisted conception
- 28: Blood transfusion
- 29: Cancer care
- 30: Chemotherapy
- 31: Children and young people's cancer service
- 32: Children and young people's hospice service
- 33: Clinical haematology
- 34: Critical care
- 35: Dementia care
- 36: Diagnostics
- 37: Emergency care
- 38: End of life care
- 39: Maternity
- 40: Mental health
- 41: Neonatal care
- 42: Operating theatres
- 43: Paediatrics and adolescence
- 44: Pathology
- 45: Radiotherapy
- 46: Radiotherapy physics
- 47: Termination of Pregnancy

## Support and Rehabilitation Services

- 48: Addiction treatment service
- 49: Community teams
- 50: Complementary therapy
- 51: Day care
- 52: Hospice at home
- 53: Mortuary
- 54: Portering
- 55: Rehabilitation
- 56: Residential care
- 57: Retail
- 58: Social support
- 59: Supporting carers
- 60: Supportive housing
- 61: Transport

## Discrete programmes

- 62-73: Standards for cruise ships medicine
- 74: Primary care

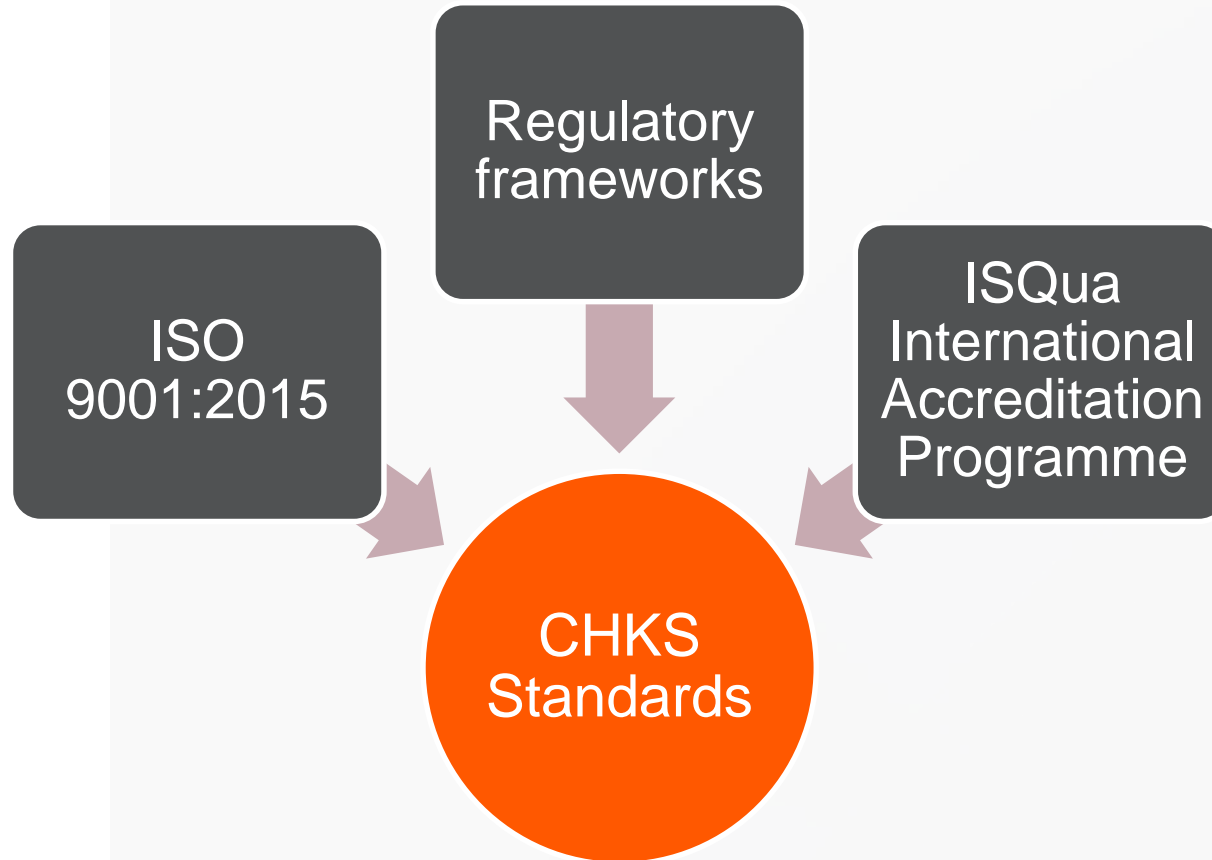


# Structure for CHKS standards development

Standards Development Team



# External influences

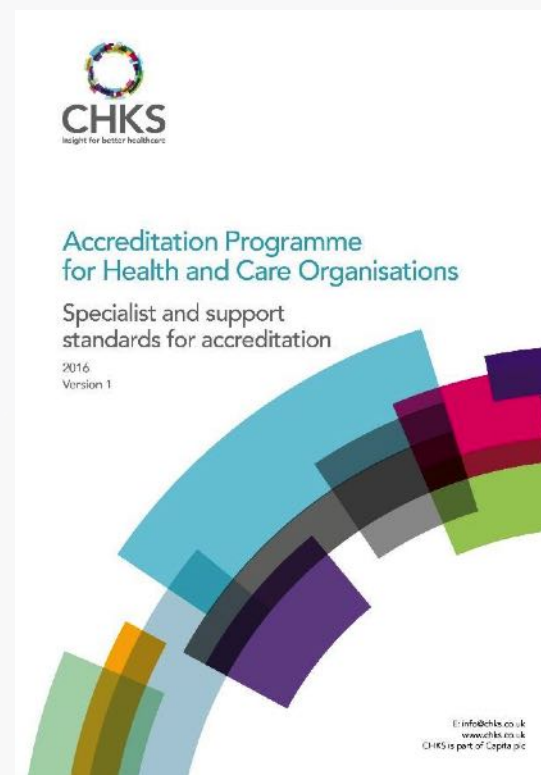




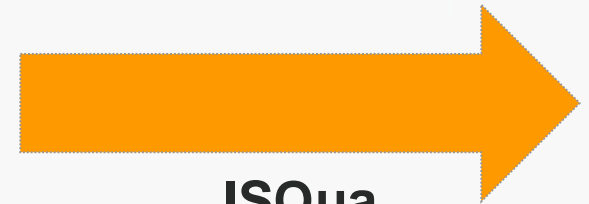
# Work programme in 2016

- Addiction treatment centres and psychosocial rehabilitation
- Diagnostic investigations
- Consolidation of the General standards
- Oncology services
- Emergency care
- Critical care
- Assisted conception services
- Mental health service
- Termination of pregnancy service
- Paediatrics and adolescent services
- Rehabilitative medicine service
- Operating theatres
- Mortuary
- Transport services

One library of CHKS standards  
for health and  
care organisations



# Pilot Phase in 2017



**ISQua  
Accreditation  
2018**

## Further progress:

Engagement  
with  
professional  
bodies

Increased  
client feedback

Improved  
communication  
mechanisms

**Human Fertilisation and Embryology Authority  
Joint Standards Committee of the Intensive Care Society  
Royal College of Paediatrics and Child Health  
Addiction Counsellors of Ireland  
Hospice UK  
Royal College of Emergency Medicine  
Health and Care Professions Council**

# Rolling programme of updating and revision 2017



ambulance services,  
cruise ship medical centres,  
human resources,  
community palliative care,  
social support.

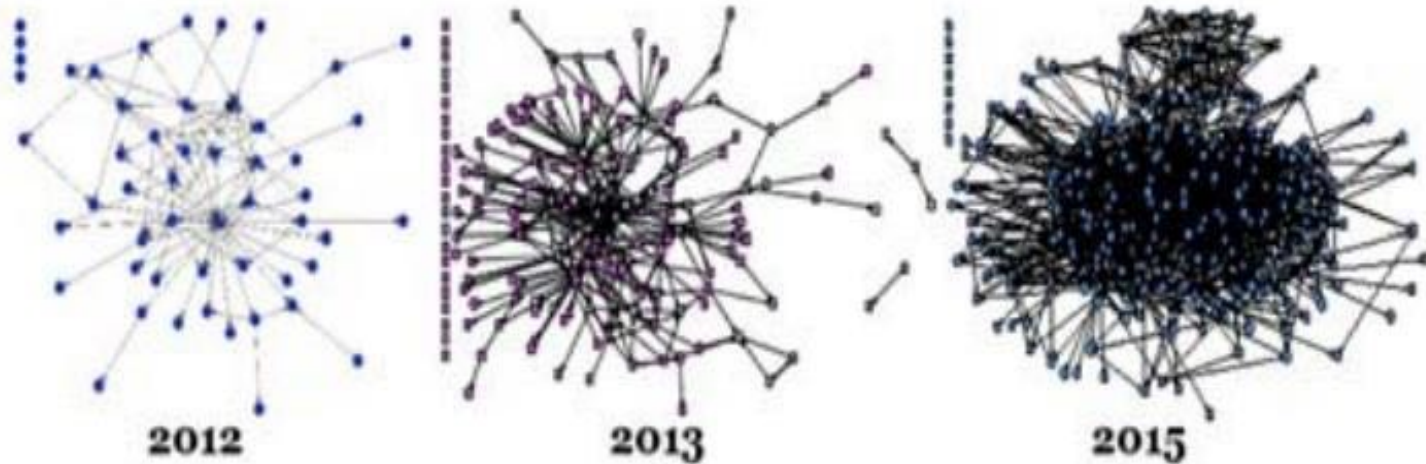


clinical risk management and  
patient safety,  
management of medicines and  
pharmacy service,  
end of life care,  
hospice at home,  
day care services.



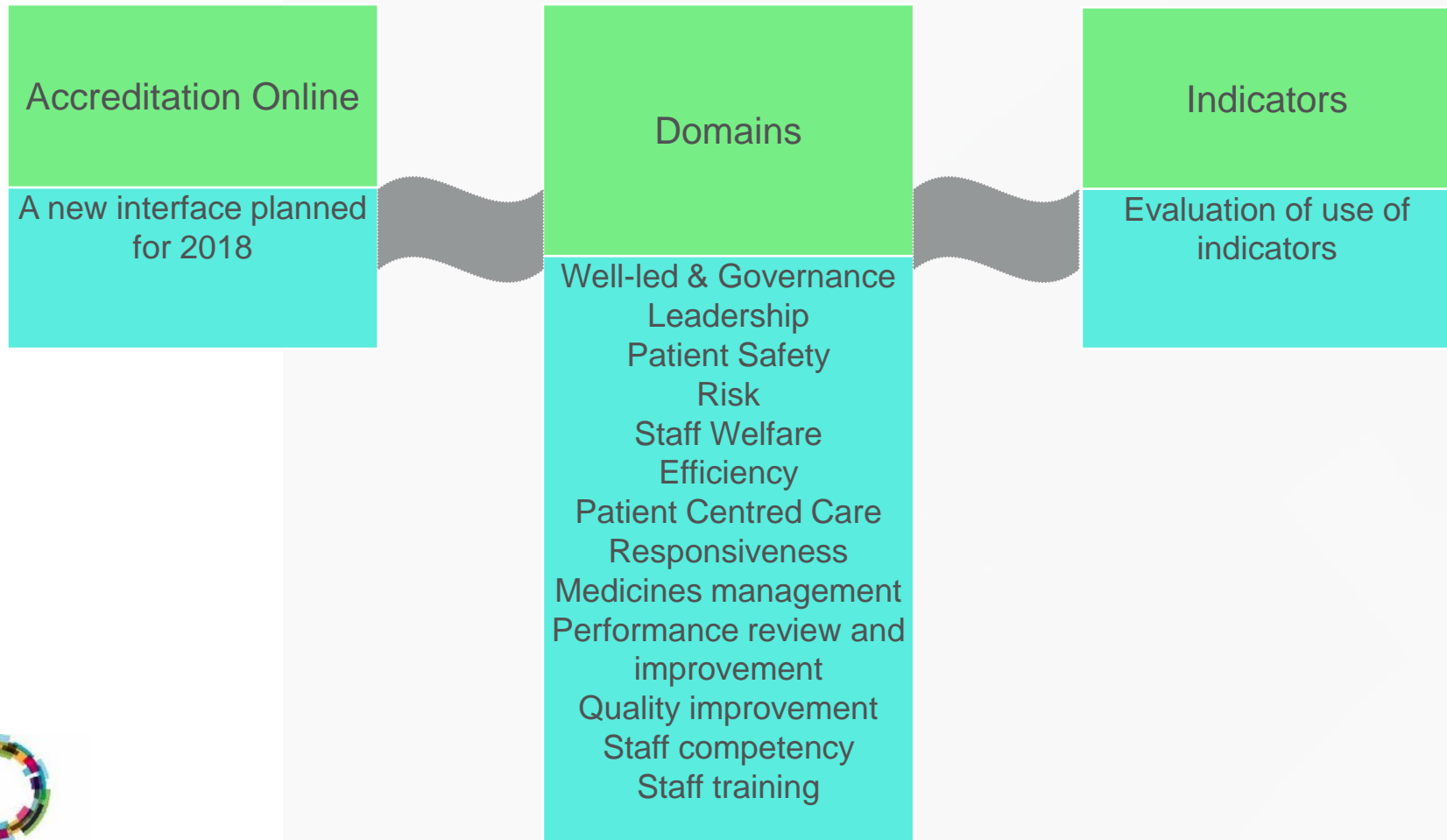
patient pathway  
waste management,  
service governance,  
portering,  
supporting carers.

## Three time points of collaboration among cancer clinicians and researchers



Source: Long et al 2016 and Braithwaite, 2017

# Moving forward



# Introducing outcome measurement

## Introducing outcome measurement to a standards based accreditation programme:

Helping providers set goals and improve performance

Abstract: isqua2017.0220060

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### Introduction

Since 2011, indicators have been part of CHKS accreditation programmes. Indicators are used to complement the assessment against standards and reflect outcomes such as mortality, readmission or infection rates. This project sought to understand how we might use indicators, to widen their role and encourage continuous quality improvement, as part of the accreditation award.



### Rationale

We looked at the current availability and quality of indicator data from clients and the extent to which surveyors used it to support their understanding of the organisation.



### Method

We reviewed 13 surveys undertaken against the Oncology Standards Programme 2013 which included eight indicators and 24 surveys against the International Standards Programme 2016, which involved 97 indicators such as:

- Percentage of staff who received hand hygiene training in the last 12 months.
- What is your response rate to your most recent patient survey?
- What was the number of reportable incidents on a monthly basis during the last 12 months?

