## EVALUATION OF PROFESSIONAL PRACTICES (EPP) OR CLINICAL PRACTICE ASSESSMENT

## **NUMBER OF STANDARDS: 7**

## **NUMBER OF PAGES: 4**

## **GUIDELINES:**

The purpose of these standards is to develop the procedure for continuous quality improvement of clinical practices and medical care. These standards are based on multi-disciplinary analysis of professional practices with reference to various recommendations and using an accurate method validated by the HAS. They include the implementation and monitoring of actions to improve clinical practice.

These standards could have been initiated by the Healthcare Organization (HCO) independent of the accreditation system. For example establishing procedures of different departments/services within the HCO such as: alert taskforces and vigilance, infection control. They can also meet the requirements of other standards in the accreditation manual such as: patients' safety and risks management, unit standards...etc.

A committee for clinical practice assessment shall be initiated by the organization. This multi-disciplinary committee formed of healthcare providers and medical staff, to create a real dynamic process for clinical practice assessment of chosen themes, to approve the assessment methods and to ensure the proper implementation of corrective actions.

These actions should be chosen depending on issues related to improving quality of patient care. The improvement is directly related to the nature of the problem identified, to its frequency and the possibility of implementation, to existing standards. The opportunity of improvement aims the practice as much as the organization.

In all cases, the multi-disciplinary nature of patients' care should be analyzed as soon as the subject of evaluation is chosen in order to define the plan of action.

The EPP shall allow the professionals to take into consideration the three classical dimensions of the assessment:

- The medico-economic dimension with the evaluation of its relevance. (EP4)
- The patient safety dimension with the initial risk analysis (EP5) and the subsequent analysis of adverse events (EP6).
- The medical care process dimension through the evaluation of the quality of care provided (EP7).

<u>The evaluation of professional practice relevance</u> is important for increasing the safety of care and the efficiency of processes in terms of medical-economic dimension. It is about studying:

- The indication of hospitalization (including the analysis of the length of stay)
- The risky activities
- The drug prescriptions
- The laboratory tests, imaging or diagnostic services

<u>The initial analysis of risks EP5</u> allows the clinical staff of risky practices (anesthesia, obstetrics, surgery, ...) to predict the occurrence of preventable risks by setting the safety conditions in procedures and/or the protocols of care.

<u>The analysis of adverse events EP6</u> allows the identification of the immediate and latent causes of these adverse events in order to prevent their reoccurrence by implementing risk reduction measures. It is an essential element of risk management. The analysis can be:

- Predefined (sentinel events)
- Identified by a reporting system established by the organization
- Identified through the mortality/morbidity review

The patient care quality assessment (EP7) should be done thoroughly for diseases or health problems that have high frequency numbers. Benchmarking and comparison of care processes and results of these processes with those of other staff or groups whether internal or external to the organization or with those results published in the literature allows the group to identify its place and, eventually, to identify opportunities for improvement.

In order to trigger a dynamic evaluation of clinical practices, a minimum framework whether quantitative or qualitative is set. So, the organizations that do not implement EPP in a sufficient number should implement them during the preparation for the accreditation. To determine the true EPP dynamics and its pertinence to quality actions, the HCOs should present evidences regarding the evaluation process of a certain number of activities.

The following table assigns the number of EPP projects to be implemented:

	From 1 to 50 beds of	From 51 to 150 beds of	More than 150 bed of
	complete hospitalization	complete hospitalization	complete hospitalization
	and one day	and one day	and one day
	hospitalization	hospitalization	hospitalization
EP 4	1	2	3
EP 5	1 (by choice)	1	2
EP 6		1	2
EP 7	1	2	3
TOTAL	3	6	10

The rules of rating of the EPP references are described in the document "The National Accreditation Procedure of Healthcare Organization as of January 2009" section (§ 8.3.3.).

The above and below information is not intended to be all inclusive. Thus, individual hospitals and each department have the responsibility to research and source information that allows them to comply with the accreditation standards below.

EP1	The organization defines and implements policies for the evaluation of professional practices	
1.1	A policy for the development of the clinical practice assessment is clearly	
	defined by the management, particularly the medical.	
1.2	The policy takes into consideration public health problems	
1.3	The policy is catered to the different sectors of patient care	
1.4	The management follows the development of the program and the clinical	
	practice assessment activity	

EP2	The organization has set a Committee for the evaluation of professional	
	practices:	
2.1	• The Committee is multidisciplinary and includes, in particular, healthcare	
	providers and physicians	
2.2	The composition and the mission of this Committee are formalized	
2.3	Each committee meeting shall have evidence of meetings being held	
	(meeting minutes, report)	

EP3	The management and the concerned parties promote the development of the EPP
3.1	• The hospital training plan provides professional training on the methodology and the tools for the EPP

EP4	The relevance of some professional practices is evaluated
4.1	A(many) theme(s) having an opportunity for improvement has(have) been chosen
4.2	• Analysis of the organization showing that the practice is done in a multi disciplinary way
4.3	• References are used (guidelines, standards, benchmark from other groups' practices)
4.4	• Improvement objectives are clearly defined and are included in an action plan
4.5	Improvement actions have been implemented
4.6	• The efficiency of the improvement actions have been assessed (using indicators, etc)

EP5	The professionals identify initially the activities, processes and practices with risks
5.1	• A(many) theme(s) having an opportunity for improvement has(have) been chosen
5.2	• Analysis of the organization showing that the practice is done in a multi disciplinary way
5.3	• References are used (guidelines, standards, benchmark from other groups' practices)
5.4	• Improvement objectives are clearly defined and are included in an action plan
5.5	Improvement actions have been implemented
5.6	• The efficiency of the improvement actions have been assessed (using indicators, etc)

EP6	The professionals identify some adverse events requiring a post hoc analysis
6.1	• A(many) theme(s) having an opportunity for improvement has(have) been
	chosen
6.2	• Analysis of the organization showing that the practice is done in a multi
	disciplinary way
6.3	Review of mortality and morbidity are done in some organization sectors
6.4	• References are used (guidelines, standards, benchmark from other groups'
	practices)
6.5	• Improvement objectives are clearly defined and are included in an action
	plan
6.6	Improvement actions have been implemented
6.7	• The efficiency of the improvement actions have been assessed (using
	indicators, etc)

EP7	The disease management process and the main healthcare problems have been evaluated
7.1	A(many) theme(s) having an opportunity for improvement has(have) been chosen
7.2	• Analysis of the organization showing that the practice is done in a multi- disciplinary way
7.3	• References are used (guidelines, standards, benchmark from other groups' practices)
7.4	• Improvement objectives are clearly defined and are included in an action plan
7.5	Improvement actions have been implemented
7.6	• The efficiency of the improvement actions have been assessed (using indicators, etc)