

Research Paper

Implementing a system to evaluate quality assurance in rehabilitation in Greece

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Abstract

Background: Use of a widely accepted quality assurance tool is an essential procedure of effective and result-oriented quality management in the rehabilitation sector, and generally in health care and social services, but is still lacking in Greece.

Objective: This study aims to explore to what extent a Quality Assurance System in Rehabilitation (QASR) in the Greek setting could respond to the needs for quality evaluation of the facilities for people with a disability and to discuss possibilities of its use in rehabilitation organizations, sites and hospitals.

Methods: The European Quality in Social Services (EQUASS) Assurance self-assessment questionnaire was officially translated and used as the basis for the new tool, which consisted of 110 questions in 11 sections on development and 6 questions on its evaluation. This tool was tested in 15 specialized centers.

Results: The study received a high (93.75%) response rate. Overall score ranged from 11% to one perfect 100%; 53.3% of the facilities fell short of the preset qualification standards, while 4 (26.7%) were qualified for level-1 accreditation. Evaluation of the QASR questionnaire for the function of the rehabilitation facilities for the disabled was extremely positive.

Conclusions: The EQUASS assurance-based Greek QASR has received proper attention in its first implementation and it was shown promising to assess the needs of sites that would like to improve their services. The next steps are to establish its validity and reliability so that it can significantly emerge as the standard system for guiding policy in the rehabilitation sector in Greece. © 2015 Elsevier Inc. All rights reserved.

Keywords: Quality; Rehabilitation; Greece; Health care; Disability

Rehabilitation plays a valuable role in alleviating the suffering caused by disability, and these services are considered an important part of an efficient health care system.¹ Strategies aimed at scaling up rehabilitation interventions are required in order to improve health outcomes as well as have an immense impact on a person's quality of life.¹ An effective Total Quality Management (TQM) should start by capturing the profile of a rehabilitation facility, identifying the shortcomings and needs, and taking into

account that long working hours are not always translated in enhanced efficiency.^{2,3} To this end, the adaptation and use of a quality assessment system seems invaluable.

There is an obvious lack of a Greek tool to serve this purpose, in addition to the lack of any kind of internal or external assessment in most of the health service providers, particularly among the public sector. The Quality Assurance System in Rehabilitation (QASR) targets subjects such as access to facilities and, furthermore, looks to compare performances for the benefit of a better TQM, based on the exchange of information within the rehabilitation sector.^{4,5}

In Greece, there are no studies on developing a quality assessment tool for the rehabilitation sector. Most facilities do not consistently apply a standard objective measurement tool, even among those that use some form of quality assessment; thus, their management practices and provided services may be subjected to controversy.

Abbreviations: QASR, Quality Assurance System in Rehabilitation; QAS, Quality Assurance System; EPR, European Platform for Rehabilitation; EQUASS, European Quality in Social Services; EFQM, European Foundation for Quality Management; TQM, Total Quality Management.

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With rehabilitation services being among the topics of public debate in contemporary Greek health care system,^{6,7} in particular during a period of economic austerity, the usefulness of such a tool can be twofold. First, it could enhance the knowledge and alter management practices in a cost-effective manner. By meeting the needs of the disabled, rehabilitation helps restoring optimal function, and reducing need for further medical care and expenditures. For example, according to a study by the Brain Trauma Foundation, quality rehabilitation (following application of clinical guidelines) for patients with severe traumatic brain injury could result in projected savings of more than \$262 million in annual medical costs.⁸ Second, it can provide ground for improvement for organizations, facilities, sites and/or hospitals in the country, in order to successfully plan joint continuous development practices, seizing the arising opportunities in a continuously changing corporative environment for the benefit of their service users. Implementation of a standardized assessment tool provides an opportunity to inspire and facilitate collaboration among rehabilitation facilities is a significant consideration in our study.

In this study, we aimed to explore the utility of an adapted QASR questionnaire in rehabilitation facilities in Greece.

Materials and methods

QASR drafting, pilot

A critical review of the literature, recently undertaken by the same team, has recognized the European Quality in Social Services (EQUASS) initiative as the most adaptive and appropriate tool for Greek rehabilitation settings.⁶ The European Platform for Rehabilitation (EPR) developed EQUASS as a patient-centered tool, and it has been put to practice in Greece on certain occasions.⁹ The EPR operates a range of services in the areas of professional development, research and innovation, and public affairs, and is also active in the field of quality of services with EQUASS. EQUASS Assurance is a certification program for quality assurance and quality control in social services. It enables social service providers to engage in an external independent certification process at a European level in order to demonstrate the quality of their services to service users and other stakeholders. The EQUASS Assurance certification program is characterized by 50 criteria based on the voluntary European Quality Framework for social services. The criteria cover essential elements of a Quality Management System (QMS) applicable in social services. The application is based on an internal audit conducted through use of a questionnaire followed by an independent and qualified auditor carries out an external audit during a two-day site visit.¹⁰ There are currently two EQUASS-certified centers in Greece.⁶ Expansion of certification could be facilitated by the adoption of a QASR process that

has been translated and modified to be culturally adapted by explicitly drawing on the commonalities and differences experienced within the Greek rehabilitation sector, taking into account the current limitations the country faces.¹¹

Our first step was to translate the EQUASS Assurance into Greek. A relevant EPR approval was granted, and the translation of the questionnaire was performed according to international standards. Three independent bilingual researchers with proficient knowledge of English language and Greek language as mother tongue developed a consensus Greek version (forward translation and reconciliation). An EPR researcher, who was a native English speaker and who was blinded to the original version, re-translated the reconciliated Greek version into the source language (back translation). Then, the translated document was checked by a field English native speaker. After two rounds of relevant corrections, the translation was accepted by the EPR in an extensive consensus meeting with the translators. All in all, this Greek version of EQUASS Assurance contained 166 items classified into two parts.

The next step was that of the cultural adaptation of the questionnaire. The translated EQUASS Assurance was considered suitable for many reasons, notably its easy and wide-ranged application, its adaptation to the European reality, and its previous implementation in some Greek organizations. However, it was suggested that some of its questions should be appropriately modified for two reasons: (i) to make better sense to a practitioner working in Greece (resource-limited environment, with barriers to change and lacking primary care organization),¹¹ and (ii) to be specific to the rehabilitation sector – not the welfare sector in general. To this end, an initial pilot involving a first approach to the Greek sector was conducted during the period 1 August–30 November 2010. The pilot questionnaire was sent to the two most experienced Greek rehabilitation structures (the only two EQUASS-certified centers in the country). These facilities were asked to complete the first edition of the QASR questionnaire (EQUASS translation), and return their comments. Their complete answers and an extensive debate on the features of the tool were used to reevaluate the Greek version. To that purpose, in order to shift toward a more basic, generic version, a few steps were taken: (i) the sub-questions from the original self-assessment form were removed, with the aim to make it more suitable to those who had no experience with such tools; (ii) the authors added the new sector of “Locality,” assessed to a maximum of 10 points, which explores needs specific to Greece; (iii) an ordinal rating scale for the new QASR (Table 1) was created in order to categorize the organizations and detect all failing points and handicaps, bearing also in mind that this scale may also be a tool for potential future enhancements; (iv) lastly, a second part concerning the provider’s opinion was added. No further questions from other quality assessment tools were added. The team reached the decision for all of the revisions by consensus. Relevant framework for our adaptation has been

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