



THE ITALIAN PROFESSIONAL ACCREDITATION MODEL

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ITALIAN PROFESSIONAL ACCREDITATION MODEL

Improvement in the quality and efficiency of health care delivery:
primary responsibility for institutional providers

Generally, approaches to quality systems:

- ✓ focus on organizational and procedural aspects of health care delivery;
- ✓ pay little attention to quality aspects of clinical management;
- ✓ do not involve in the process such key stakeholders as physicians, nurses and patients.

Thus failing to truly promote and implement the principle of clinical governance

Health care providers must start to take an active role in the evaluation and improvement of their own professional quality



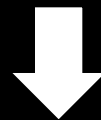
IMPROVE AICE

**Start-up
2009**

Implementation and launch of a programme of quality control and improvement of professional practice run by the members of its own constituency

Process of voluntary accreditation by peer professionals

Objective

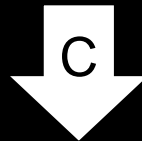


To establish high professional standards and promote continuous quality improvement and best practice



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Goals of the Programme



To evaluate and foster current clinical practice in HCs through audits carried out by an independent team composed by peers expert in haemophilia, previously trained in the field of quality auditing



IMPROVE AICE

**AICE PROFESSIONAL
ACCREDITATION MANUAL
1st Ed. - 14-11-08**

**SECTION A
INTRODUCTION
TO THE AICE
PROFESSIONAL
ACCREDITATION
PROGRAMME**

SECTION B

**QUALITY
STANDARDS**

SECTION C

**EVALUATION
SYSTEM**

SECTION D

**ACCREDITATION
PROCEDURES**



**PROGRAMMA DI ACCREDITAMENTO
PROFESSIONALE AICE**

2a Edizione - 11 marzo 2010

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Section B

QUALITY STANDARDS



**Focus on organizational and professional issues
chosen upon evidence based medicine**

0. General requirements

0.1 Information about the Centre

0.2 Organization and staffing

0.3 Management of procedures and records

0.4 Personnel appraisal and continuing education

0.5 Management of technologies

**0.6 Supply and management of therapeutic products, reagents and
medical devices**

0.7 Quality planning, evaluation and improvement

0.8 Participation to registries to clinical research

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Section B

QUALITY STANDARDS

1. Information and education to patients and their families

1.1 Information materials

1.2 Organization, in collaboration with patient associations, of events for the education and training of patients and their families, including home therapy/self-infusion.

1.3 Information on haemophilia and other inherited coagulation disorders, as well as on issues related to the social life of the persons suffering from these diseases.

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Section B

QUALITY STANDARDS

2. Patient care

- 2.1 Diagnosis**
 - Diagnosis of haemophilia and other bleeding disorders and of acquired haemophilia.
 - Family member counselling, genetic studies and prenatal diagnosis.
 - Diagnosis of inhibitors
 - Multidisciplinary evaluation.
- 2.2 Therapy**
 - Treatment programme and home treatment plan.
 - Handling of therapeutic products.
 - Treatment of acute bleeds.
 - Prophylaxis.
 - Treatment of patients with inhibitors (including immune tolerance).
 - Treatment of acquired haemophilia.
- 2.3 Follow-up**
 - Periodic clinical and multi-disciplinary review.
 - Monitoring of patients with comorbidities.

2.4 Network of clinical and specialised services collaborating with the haemoph. team

2.5 Advisory service to other professionals and caregivers who deal with the patients



Section B

QUALITY STANDARDS

3. Laboratory

3.1 Internal laboratory:

- **Test to be performed and information to technicians.**
- **Standards for specific coagulation tests.**

3.2 External laboratory:

- **Formal agreements between the HC and the external laboratory.**

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	<p>Section C</p> <p>EVALUATION SYSTEM OF LEVEL OF COMPLIANCE WITH STANDARDS</p>
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Different weights for different sections of Manual of Standard

CHAPTER		PARAGRAPH		Weight %
0	General requirements			5%
1	Awareness, information and education of patients and their families			10%
2	Patient care	2.1	Diagnosis	20%
		2.2	Therapy	20%
		2.3	Follow-up	20%
		2.4	Network of clinical and specialised services	5%
		2.5	Advisory service to other professionals	5%
3	Laboratory			15%
				100%

Standards evaluation

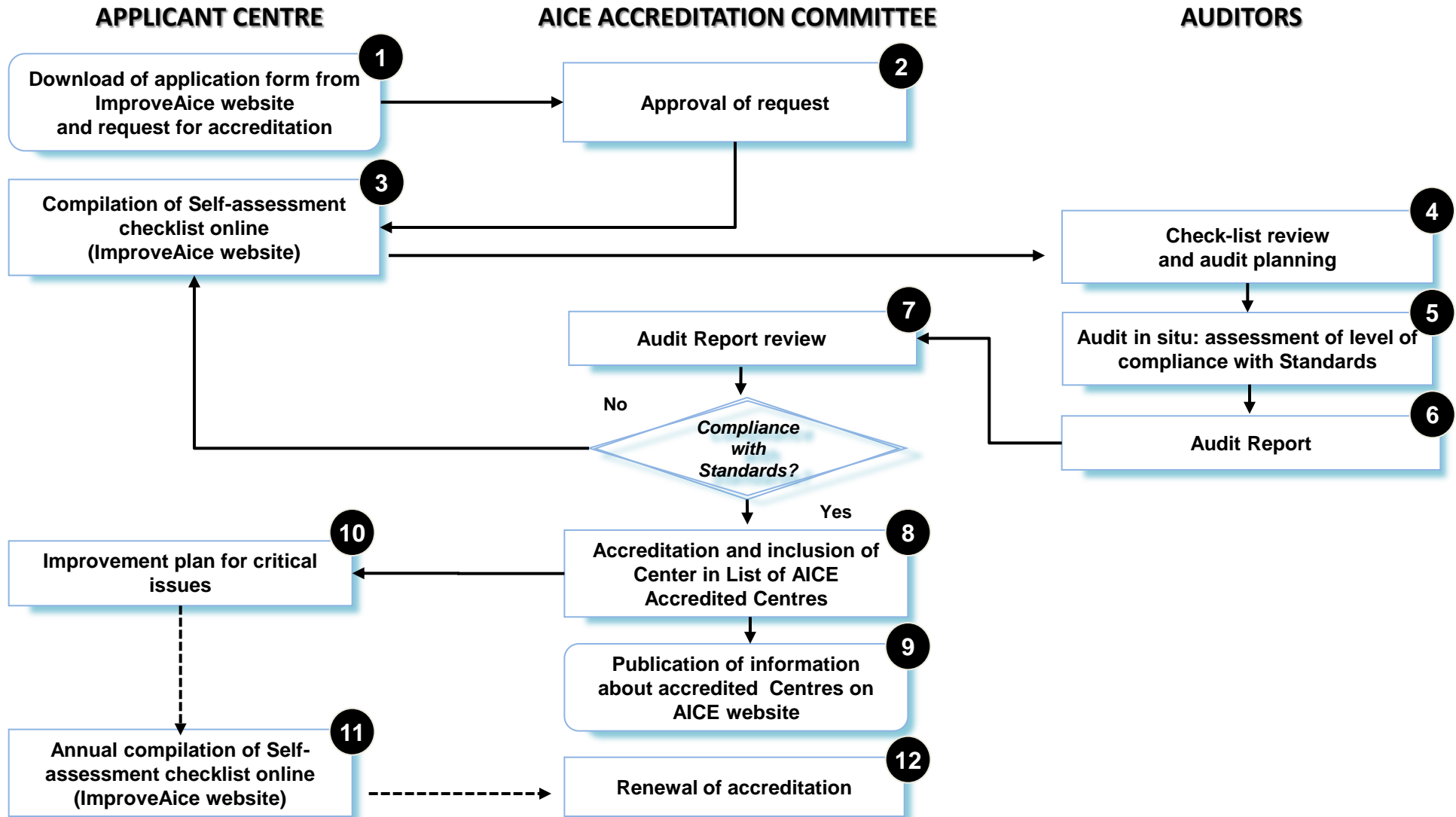
	LEVEL OF COMPLIANCE WITH STANDARDS
3	Fully compliant (where all aspects of the standard are completely and systematically met)
2	Almost entirely compliant (where most aspects are met)
1	Partially compliant (where only few aspects are met)
0	Non-compliant (where none of the aspects are met)
NA	Not applicable (where the standard is not applicable in the Centre)

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	<p>Section C</p> <p>EVALUATION SYSTEM OF LEVEL OF COMPLIANCE WITH STANDARDS</p>
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Standards	Standard weight (1-2-3)	Level of compliance (Stds)	Level of compliance of section x section weight		Final index (evaluation)
Chap. 0					
Std 1	Weight: 1	Compliance: 2	% of maximum achievable score	vv%	<div style="border: 2px solid blue; padding: 10px; display: inline-block; margin-bottom: 10px;"> ZZ % </div> <div style="border: 1px solid blue; padding: 5px; background-color: #e0f0ff; margin-top: 10px;"> Threshold limit values to be achieved for the issue of accreditation: ≥ 60% (global) and ≥ 50% for each standard </div>
Std 2	Weight: 3	Compliance: 3			
.....			
Chap. 1					
Std 1	Weight: 2	Compliance: 0	% of maximum achievable score	ww%	
Std 2	Weight: 3	Compliance: NA			
.....			
Chap. 2					
Std 1	Weight: 3	Compliance: 1	% of maximum achievable score	xx%	
Std 2	Weight: 1	Compliance: 3			
.....			
Chap. 3					
Std 1	Weight: 2	Compliance: 2	% of maximum achievable score	yy%	
Std 2	Weight: 2	Compliance: 3			
.....			

Italian Professional Accreditation Model



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Self-evaluations by Centres and evaluations by AICE Auditors are available in Improve AICE website

Accredited Centres are provided with a certification of professional accreditation awarded by AICE

The screenshot shows the Improve AICE website interface. The top navigation bar includes 'Home', 'Valutazioni', 'Istruzioni', 'Report', 'Confronti', 'Anagrafica', and 'Contesto'. The main content area displays the title 'IMPROVEAICE-Autovalutazione formale-14/10/2009' and a legend for the checklist status: 'Compilata' (green), 'Parzialmente Compilata' (yellow), and 'Non Compilata' (red). Below the legend, a tree view shows the 'PROGRAMMA DI ACCREDITAMENTO PROFESSIONALE AICE' with sub-items: '0. REQUISITI GENERALI DELL'ORGANIZZAZIONE', '1. EDUCAZIONE, INFORMAZIONE E FORMAZIONE AL PAZIENTE E ALLA SUA FAMIGLIA', and '2. ASSISTENZA AL PAZIENTE'.

The bottom part of the screenshot shows a detailed evaluation table for the category '1. EDUCAZIONE, INFORMAZIONE E FORMAZIONE AL PAZIENTE E ALLA SUA FAMIGLIA'. The table has columns for 'DOMANDA', 'RISPOSTA', and 'NOTE'. The first row (1.1) contains a question about patient information and a dropdown menu for the response, with options 'N.A.', '1', '2', and '3'.

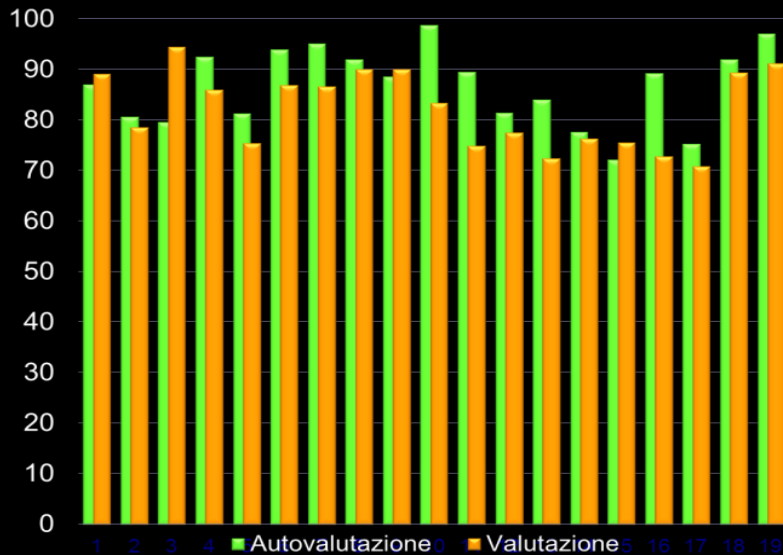
DOMANDA	RISPOSTA	NOTE
<p>Il Centro mette a disposizione del paziente e dei suoi familiari materiale informativo aggiornato inerente a:</p> <ul style="list-style-type: none"> • caratteristiche dell'emofilia e delle altre malattie emorragiche congenite ed acquisite; • problematiche legate alla vita quotidiana dei soggetti affetti da emofilia o da altre malattie emorragiche (in particolare, gestione degli episodi emorragici e rete di assistenza medica); • farmaci e procedure 	<p>-Seleziona- -Seleziona- N.A. 1 2 3</p>	

The screenshot shows an AICE accreditation certificate. The header features the AICE logo and the text: 'La Associazione Italiana Centri Emofilia è lieta di rilasciare l'Accreditamento Professionale AICE al Centro per l'Emofilia... diretto dal Dr. ... afferente all'Unità Operativa ... diretta dal Prof. ... della Azienda ... di ...'. The body of the certificate states: 'La Verifica ha confermato che il Centro aderisce agli standard di qualità previsti dal Programma di Accreditamento Professionale AICE. Il Presidente della Associazione Italiana Centri Emofilia'. The footer includes the signature of the 'Responsabile del Gruppo di Valutazione' and the date of issuance: 'Data di emissione: ... 2010' and 'Data di scadenza: ... 2013'. A concluding paragraph reads: 'La presente attestazione, rilasciata a seguito di autovalutazione da parte del Centro e di visita presso la struttura da parte di un team di Valutatori AICE, ha validità triennale. Il mantenimento nel triennio dello status di Centro Emofilia Accreditato AICE richiede l'effettuazione di una autovalutazione annuale e la conseguente elaborazione di piani di miglioramento da sottoporre alla valutazione del Comitato Tecnico Accreditamento AICE.'

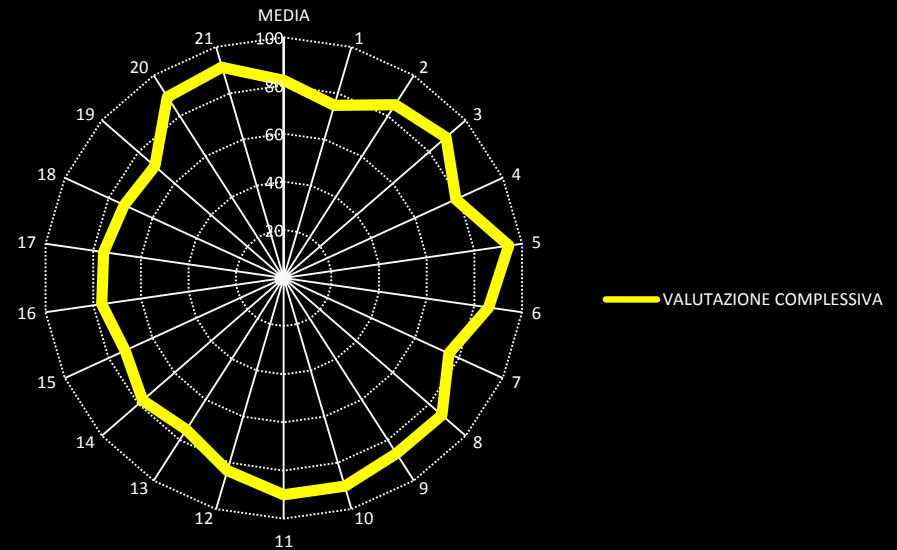
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Through the Improve Aice website it is possible to make periodic analysis and assessment of Centres' quality-related data

■ Self-evaluation
vs
■ Audit evaluation



Level of compliance with standards (global, for single section of manual, etc.)



22 HAEMOPHILIA CENTRES AUDITED AND ACCREDITED BY AICE FROM 2009 TO 2012



- Centro per l'Emofilia e coagulopatie congenite, Pavia;
- Centro Malattie emorragiche e trombotiche, Udine;
- Centro Emofilia e trombosi "Angelo Bianchi Bonomi", Milano;
- Centro Emofilia, Bologna;
- Centro Emofilia, Ospedale Molinette, Torino;
- Centro Emofilia, emostasi e trombosi, Catanzaro;
- Centro di rif. reg. per le malattie emorragiche e trombotiche ereditarie in età pediatrica, Torino;
- Centro regionale malattie emorrag. e trombotiche, Vicenza;
- Centro Emofilia, Treviso;
- Agenzia per l'Emofilia, Firenze;
- Servizio Malattie emorrag. e trombotiche, Policl. Univ. "A. Gemelli", Roma;
- Centro Emofilia, Brescia;
- U.O.S. interdipartimentale di emostasi, Palermo;
- Centro Emofilia e malattie della coagulazione, Reggio Emilia;
- Centro Coagulopatie emorragiche congenite - trombofilia, Macerata;
- Centro Emostasi e Trombosi, Alessandria;
- U.O.S.D. Centro emofilia, malattie emorragiche e trombotiche congenite, Pescara;
- U.O.S. Gestione e Organizzazione Funzione HUB Emofilia, Parma;
- Centro Emofilia, Padova;
- S.O.C. Ematologia e Medicina Trasfusionale, Ivrea;
- Centro di Riferimento regionale per le malattie emorragiche, Genova.



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CONCLUSIONS

- **Clinicians at the AICE HCs are learning to put their daily activities in the framework of their organizational objectives**
- **They should improve the quality of their performances, thereby providing a positive background for the implementation of quality management systems**