

Ministry for Social Policy



Department of Health Care Services Standards

Introduction

The Department of Health Care Services Standards (DHCSS) was officially established on the 18th September 2007, with the appointment of the Director DHCSS.

This is a relatively new Department within the Division of the Director General Public Health Regulation.

Previous to the above mentioned date, the core licensing process was within the remit of the Department of Institutional Health and it encompassed the licensing of Private and Church Homes for Older Persons as well as Private Clinics and Hospitals.

This aforementioned licensing process is now part of the responsibility of DHCSS but its breadth and scope have expanded with the added responsibilities specific to this new Department's portfolio as will be explained in the sections to follow.

Overall Purpose

The principle purpose for the Department for Health Care Services Standards is to achieve improvement in the Quality of Care and ensure Patient Safety through Regulation.

Patients Safety is of paramount priority as there cannot be Quality of Care without Patient Safety and this principle will be foremost in view when planning all the Department's activities.

Remit

The remit of the Department's regulatory jurisdiction is as extensive as our national health care services and can be classified into the following four main sectors where health care services are delivered:

1. Clinics and Hospitals including for the first time Public Hospitals
2. Homes for Older Persons including for the first time Government Homes
3. Primary Health Care including for the first time all the service providers in this sector – public and private and also Mental Health Services
4. Blood Transfusion services – including the National Blood Establishment and Blood Banks (Public and Private), and services involving Tissues and Cells – also all new territory to be regulated as per conformity with the transposed EU Directives.

The above mentioned four main health care services sectors to be regulated by DHCSS are pictorially represented in Figure No. I with the overlapping central area representing Quality of Care improvement and guaranteeing Patients Safety as the main focus.

Consequent to the extensiveness of this territory to be regulated, DHCSS has submitted formal requests for a proportionate and proper investment in capacity building to enable this new Department to discharge its functions in a proper and timely manner.

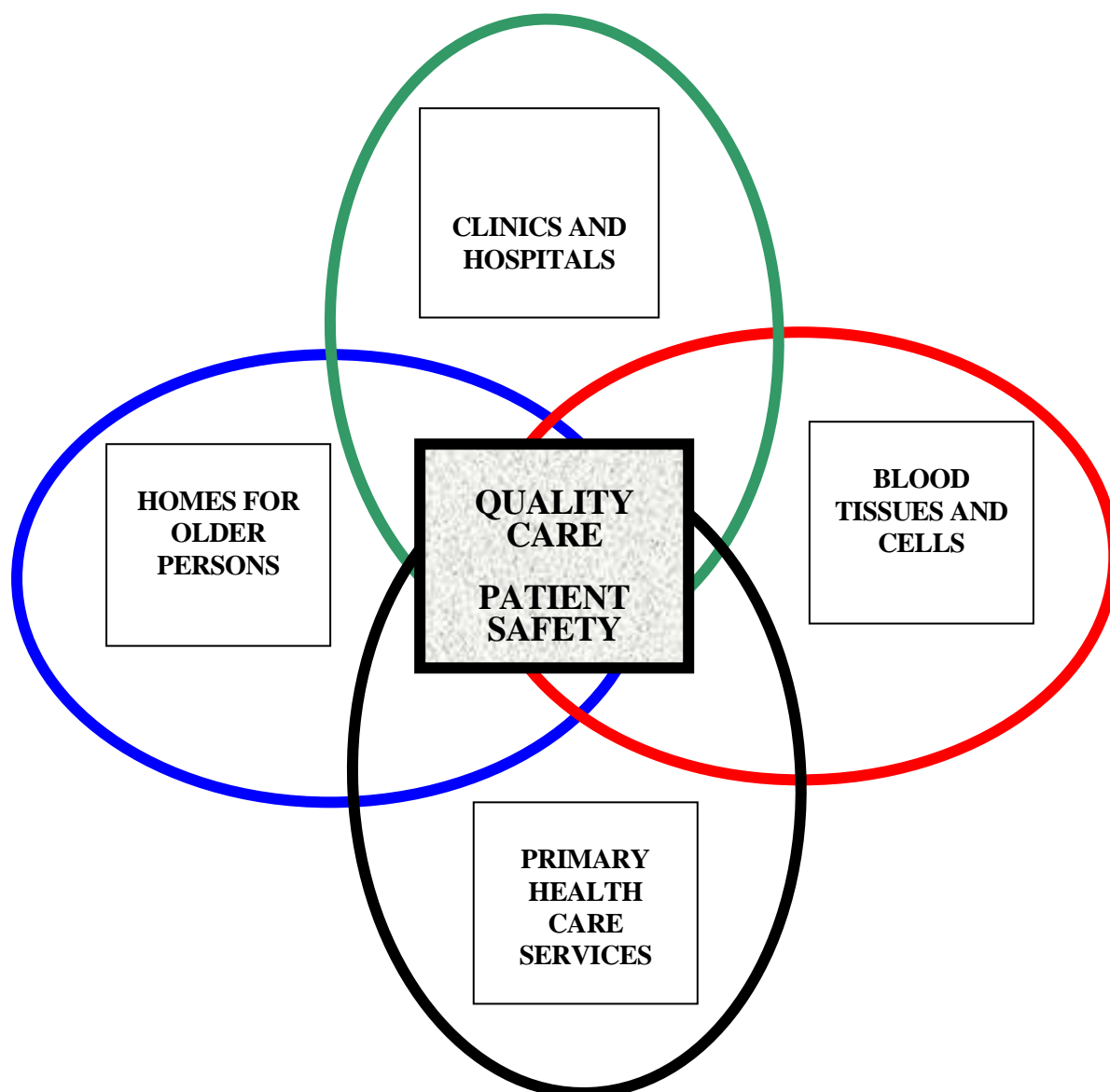


Figure No. I. depicting the regulatory remit of DHCSS.

Cognizant to the main objective of improving health care services in the Maltese Islands, the Department of Health Care Services Standards embraces the following mission, aim, vision, principles and values:

MISSION: to regulate for improvement

AIM: to raise standards of care by involving people who are cared for, their carers and families, and working with people who provide care both in the public and private sector

VISION: ensure that care services should, improve people's lives, be accessible and timely, support independence and offer choice

PRINCIPLES: embraced by DHCSS are, keeping people safe, promoting dignity and choice and finally but not least support independence

VALUES: being people centered, transparent and accessible and finally be rigorous and fair, and actively involved to change for the better

Strategic Developmental Areas

The most important achievements during 2009 can be categorised in the following four main strategic developmental areas:

a. Consolidation	b. Expansion	c. Development	d. Diversification
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Knowledge Management is of such paramount importance to support evidence-based decision making that a whole section in its entirety is dedicated to work done in this field, at the end of this report.

a) Consolidation of the core regulatory functions namely in the licensing of the Private Clinics and the Church and Private Homes for Older Persons.

There are 10 Private Clinics, and their scheduled inspections have continued during 2009 to ensure standards of care are being upheld. For each Private Clinic, the yearly license was issued by the Minister for Social Policy, after DHCSS had presented the inspection report for each of these entities, with specific recommendations for the amelioration of service provision.

During 2009, the external professional services of a retired anaesthetist were also engaged subsequent to a public tender for expression of interest, to augment DHCSS's Inspectorate Team. In the future it is planned that more external professionals will be contracted to develop an independent core Inspection Team that will eventually be utilized to inspect Government entities such as Public Hospitals including Mater Dei Hospital. The services of this same professional were engaged to continue work on the Guidelines for the Terms of Obsolescence of Anaesthetic machines in use in Clinics and Hospitals. The discussions in the formulation of the guidelines also included a panel of experts chaired by the President of the Malta College of Anaesthetists and in consultation with the Chairperson of Anaesthesia. It is with qualified success to report that agreement has been reached on the first draft copy of these very important guidelines related to Patient Safety and it is planned that consultation will be widened to include licensees of Private Clinics during 2010. This model of participatory regulation is achieving the intended outcomes and it is hoped that this structured approach will be used in other sectors to be regulated.

There are 29 Church and Private Homes for Older Persons operating in Malta and Gozo, and their scheduled inspections have continued during 2009 to ensure standards of care are being upheld. For each Home, the yearly license was issued by the Minister for Social Policy, after DHCSS had presented the inspection report for each of these Homes, with specific recommendations for the amelioration of service provision. Comparing the figures in Table No. 1, with those of the previous year there was a small contraction of 0.7% decrease in the number of licensed beds in the number of Church Homes. The latter Homes had an overall occupancy rate of 92%. Comparatively there was an 8.3 % increase in the number of licensed beds in the Private Homes including the licensing of one private long term care facility with an overall occupancy rate of 88%.

<i>Homes for Older Persons</i>	<i>Number of Homes</i>	<i>Number of Licensed Beds</i>
Church Homes	17	733
Private Homes	12	993
TOTAL	29	1726

Table No. 1. The licensing of Church and Private Homes for Elderly residents during 2009.

Collaboration in the Leonardo European programme involving mobility of professionals – to increase staff competences in the regulation of health care services continued during 2009. DHCSS has persisted in networking with the project lead namely the Centre Hospitalier Intercommunal du Pays des Hautes Falaises de Fecamp, Normandy France, with a view to send local personnel to gain experience in two identified areas: (a) training opportunities for assessors in the use of the EVA (External EVALuation) - the EVA method refers to a holistic method of inspecting Homes for Older Persons developed by the Comte Europeen pour le Developpement de l'Integration Sociale, and (b) sharing experiences in the monitoring of standards of care in Mental Health institutes with specific reference to the use of physical restraint and covert medication.

During 2009, work continued in close collaboration with the Department for Nursing Services Standards and Director General for Public Health Regulation on the Standards for long term care for older persons with the ultimate aim to enshrine them in a legal framework. The National Standards to Open a New Home for Older Persons which will mainly focus on the physical aspects of the health care service provision will be part of the above referred to Standards.

Continued to engage in ongoing research such as action research studies on special themes for each year's inspections. During 2009 the special theme involved the preparation and subsequent issuing of nutritional guidelines to Homes for older persons.

Also during 2009 work continued on the very pertinent theme of Fire Safety in Homes for Older Persons by encouraging all homes to be compliant with safety and preparedness issues. It was reiterated that for licensing purposes all Homes need to be equipped with an emergency evacuation plan to ensure safety of vulnerable residents in such cases of emergencies.

During 2009, DHCSS continued collaborating with the Directorate of Nursing Services Standards and the Environmental Health Department to augment its Inspection Team visiting the Homes for Older Persons and private Clinics/Hospitals for licensing purposes. This inter-directorate synergy is a step towards more horizontal collaboration and adds the necessary inter disciplinary value to the inspection process.

As in previous years a circular was sent to all the Homes soliciting them to encourage their elderly residents to take the seasonal influenza. In a new initiative during the 2009 Home inspections, the influenza seasonal vaccine uptake was investigated and it was found to range from 71% in a particular home to 100% in 19 homes. The average influenza vaccine uptake in the Homes for Older Persons being 95% - a positive response to DHCSS solicitation and advice in preventive care proffered to this vulnerable cohort of the population.

DHCSS continued to proffer its recommendations to MEPA's Consultation process especially regards to the proposals of building new Homes for Older Persons and increase the availability of more community beds. During 2009 a total of 10 MEPA consultations were processed.

Also DHCSS in collaboration with the Parliamentary Secretary for the Elderly, continued to participate in the pre-consultation discussions with private entrepreneurs interested in submitting proposals to build new

Homes for Older Persons and Private Clinics/Hospitals. 18 pre MEPA consultations / meetings were held with a prospective potential realization of a total of 435 new beds for Older Persons amounting to approximately a 44% increment in the present availability of beds in the Private sector.

Collaboration with the Director for Elderly Care also continued as part of the screening process in the Private Public Partnership (PPP) scheme. DHCSS screens and actively engages in a propitious process to ameliorate the conditions of care in the Homes from which Government considers buying beds for Older Persons under the PPP scheme.

As part of DHCSS's responsibility to facilitate communication and ensure ongoing consultation with all stakeholders especially external ones, the Department remains in active discussions with the umbrella organization of Non Government Organisations namely Malta Health Network. DHCSS has been building on previous consultation initiatives such as the healthy links which already exists with Kunsill Nazzjonali Anzjani to be receptive to these well articulated expectations of all healthcare service users. For DHCSS, the patient's (service user's) perspective and the journey they navigate through our healthcare system, are very important, and looks forward to continue to be receptive to hear their interests and concerns, so that these are fully taken into account. Also during 2009 very useful links continued with the Maltese Association of Psychiatric Nurses.

Also DHCSS continues to be actively engaged in the focus groups set up for feedback and consultation for the improvements of the Primary Health Care sector and Community Care. DHCSS has the remit to license these services and furthermore ensure a seamless transition of the service user's pathway from Community/Primary Health Care to Institutional/ Hospital Care.

DHCSS continues to investigate and act on service users' complaints. These investigations amounted to 13 in total during 2009. DHCSS intention is not to substitute or replicate the customer care services that each entity needs to have in place as part of good governance. These filtered reports necessitate to be subject to a structured analysis which takes into account the wider factors within the organization which may have given rise to the complaint. This is 'root cause analysis' – a term borrowed from the world of engineering and this process allows all of the factors which might have contributed to an event to be identified and analysed. Investment in human resource capacity build up will enable DHCSS to continue to discharge this function and all the other obligations in a timely and appropriate manner.

DHCSS continues to be actively engaged in the Medical Devices Alert cascade. It is subsequent to the close collaborative networking between DHCSS, the Director of Procurement and the Malta Standards Authority, that we could contribute jointly to this 'engineered safety devices' structured approach as per EU Directives. During 2009 the two main Private Hospitals continued to be included in the alert cascade.

b) Expansion on the existing core functions to assume added responsibilities and enter into areas of health care as yet not being regulated

There are to date 8 Government Homes for Older Persons in Malta, and in close collaboration with the Director for Elderly Care, these Homes were inspected during 2009 with the intention to renew the license and to ensure standards of care are being upheld. For each Home, the license to be renewed on a yearly basis was issued by the Minister for Social Policy, after DHCSS presented the inspection report for each of these Homes, with specific recommendations for the amelioration of service provision.

Homes for Older Persons	Number of Homes	Number of Licensed Beds
Government Homes	8	782
Government Long Term Care facilities including St Vincent de Paule Residence	4	1685
TOTAL	12	2467

Table No. 2. The licensing of Government Homes for Elderly residents during 2009.

In accordance with the Departmental remit to include within its regulated remit all the residential care services for Older Persons, again the long term facilities of J'Antide Ward in Mount Carmel Hospital, St Anna's residence and Male Geriatric Ward at Gozo General Hospital were also inspected during 2009 with the intention to license to ensure standards of care are being upheld.

As planned, following discussions with the management of St Vincent de Paule (SVPR) and the launch of an innovative method of using a pre – inspection self assessment questionnaire circulated in all the wards and sections of SVPR, for the first time, St Vincent de Paule Residence was also inspected by DHCSS inspectorate during 2009. A license together with a report with recommendations was subsequently issued.

Reference to Table No. 2, with a total of 2467 beds for Older Persons, the Government has the majority of the market share with 60% of the caring beds, followed by the Private sector with 23% and the Church run Homes occupying the remaining 17%. Furthermore analysing and comparing the occupancy rate for 2009 between Private, Church and Government Homes for Older Persons including Long Term Care facilities - the highest overall occupancy rate of 96% goes also for the Government run entities. From a reflective practitioner perspective, analysing the market and the evolving trends is an integral part of understanding the sector that DHCSS regulates.

In close collaboration with the Department for Nursing Services Standards, DHCSS has continued in the initiative to draft a set of standards to license Nursing Services Agencies.

DHCSS has continued to invest in close collaborative links with the geriatricians and discussions have continued to taken place during 2009 to address the sensitive issue of dementia care and how standards will need to be applied, keeping in mind the demographic shift in our population and the ever increasing cohort of this group of Older Persons requiring extra attention by carers. Also this year prior to circulating to all the Homes for Older Persons the guidelines to mitigate the ill effects of extremes of weather conditions namely heat waves and cold weather, consultations with the Maltese Geriatric Society were also done.

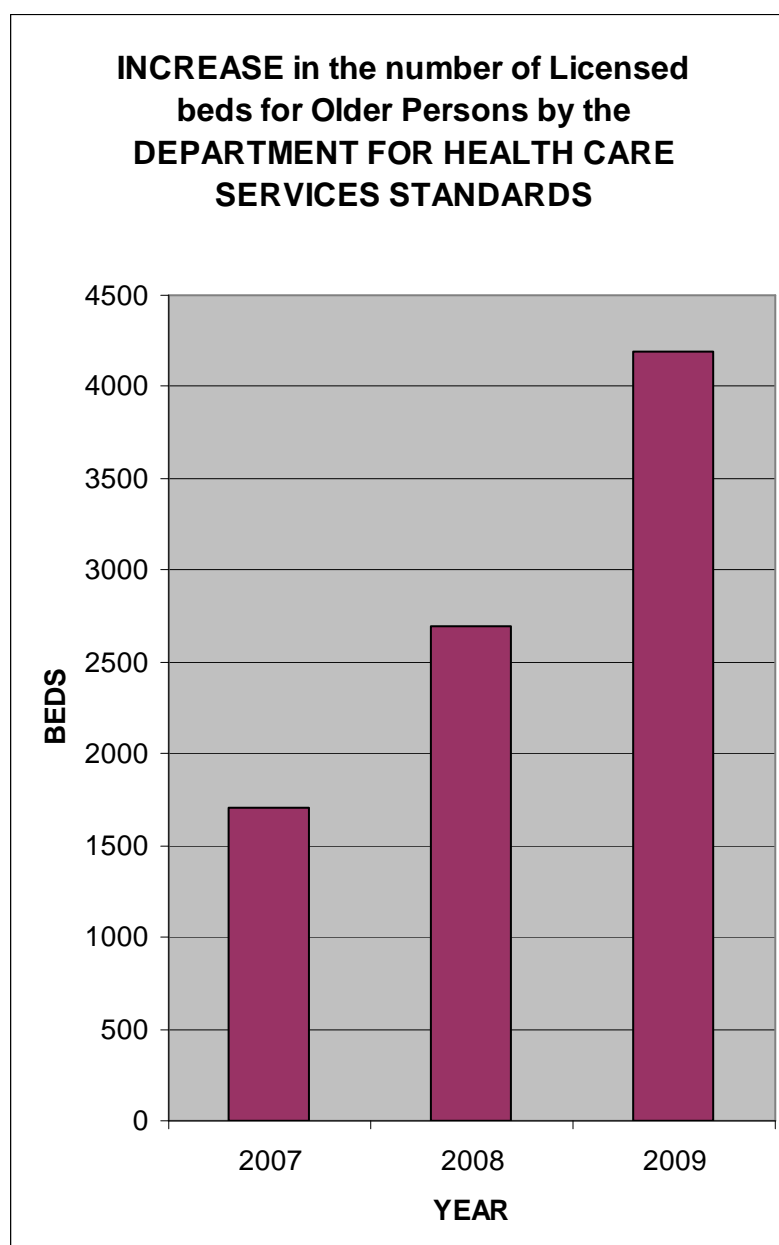
Work within the specially set up Committee to collate a set of standards to be used for licensing Mental Health Services continued during 2009.

As planned the list of licensed Homes and Clinics/Hospitals was made available on the website of the Departments – this website is accessible at: <http://www.sahha.gov.mt> and in line with the Freedom of Information Act a standard format for reporting the key inspection findings has been piloted during 2009 to have a transparent and clear reporting vehicle. This format includes in a standard manner the demographic data pertinent for each Home, and details as regards the inspection process.

As compared with the previous year DHCSS registered a 61% increase in the number of licensed beds and overall from the incipient year of the Department namely 2007, achieved a staggering increment in the region of three fold increase in the number of licensed beds as evident in the below Table No. 3 and accompanying Graph No.1.

Year	Number of Licensed Beds by DHCSS	Yearly Increase
2007	1650	datum year
2008	2612	58%
2009	4193	61%

Table No 3. Annual figure in the number of beds licensed by DHCSS during the years 2007 – 2009.



Graph No.1: Illustrating the annual increase in the number of licensed beds by DHCSS.

c) **Development on the existing regulatory competencies and embark into new regulatory services.**

The principle purpose of DHCSS is to achieve improvement in Quality of Health Care and ensure Patient Safety through Regulation however regulating for improvement does not preclude a proactive/preventive role in the discharge of this appointed remit.

During 2009, DHCSS embarked on a preventive programme to mitigate the ill effects of extreme weather temperatures - namely heat waves in summer and extreme cold in winter – on vulnerable residents in Homes for Older Persons licensed by the Department.

Notwithstanding that the scope of this preventive programme is very focussed however the paradigm shift subsequent to the departure from the retrospective regulatory role to a proactive one needs documentation. DHCSS assumed responsibility of the implementation of this new transformational regulatory model.

DHCSS as a strategic centre for this initiative played a critical role to provide superior value to the quality of care delivered to the residents of Homes for Older Persons. From the management perspective DHCSS successfully managed a web of partners to identify and link together essential caring processes to serve service users better. The evolutionary change from the maintenance mode of action into an improvement modus operandi demanded the following incremental steps:

1. Literature research to collate and draft guidelines targeting managers and carers in nursing Homes to take preventive action to increase resilience and mitigate the ill effects of summer heat waves and winter cold temperatures on vulnerable older persons.
2. Widening consultations for consensus building including geriatricians and policy makers.
3. Circulating both guidelines to prevent hyperthermia in summer and hypothermia in winter, in good time for Homes to implement the recommendations and posting them on the Departmental website at <http://www.sahha.gov.mt>.
4. Liaising with the Parliamentary Secretariat for the Elderly to monitor by active scrutiny during the summer and winter months that the recommendations have actually been implemented.

Prevention of hyperthermia and hypothermia in Older Persons are aggressive goals demanding shifting of strategic organisational frameworks and with this aim DHCSS forged a strong interface of networking with the Casualty Department of Mater Dei Hospital (MDH) with the start of the winter months in 2009. All elderly patients referred to MDH Casualty have as part of their clinical assessment their body temperature measured. These are recorded in lists that are subsequently sent on a daily basis to DHCSS for scrutiny and follow up. When suspected cases hypothermia of referred residents from licensed Homes are detected, surprise inspections at various times of the day and night are coordinated to ensure that preventive action is taken in the identified Home in time to prevent more such cases of hypothermia being referred to secondary care. With this network level strategy DHCSS created a preventive regulatory vision in which all partners play a critical role.

Work and collaboration continues with the Director of Health Information and Research, to ensure that the granularity and content of the data collection especially at Mater Dei as in the Hospital Activity Analysis, will enable effective monitoring and auditing by the development of clinical performance indicators.

One of the main purposes of this collaborative initiative is to increase the scope of the data being collected to meet national and international health care reporting obligations. Furthermore the active participation of DHCSS is to ensure that such data could be transformed into information for quality monitoring as well as comparative analysis of key performance indicators.

This inter-Departmental collaboration upholds relevant European initiatives such as the Minimum Hospital Data Set and Systems Health Accounts. It is envisaged that for outcomes that could be quantifiable, Statistical Process Control (SPC) technique is used to monitor and control the process of care. SPC will be used to ensure that the process meets specific standards by measuring its performance.

By the active participation in this inter-departmental initiative, of having a standardized system for data collection to be able to uniformly code, validate and analyse clinical information, DHCSS has effectively taken the first step of many that will necessitate to be implemented in the plan for the Accreditation/Licensing of Mater Dei Hospital.

d) Diversification to delve into new territory and regulate novel sectors of health care services.

This strategic developmental area of diversification for DHCSS is essential to satisfy EU legal obligations emergent from the transposition into Maltese legal framework of the EU Blood and Blood Components Directive as well as the Tissues and Cells Directive.

During 2009, DHCSS followed up the previous year's planned roadmap in collaboration with the Medicines Authority for the setting up of the necessary mechanisms and structures to inspect and license the National Blood Transfusion Services as a Blood Establishment according to the recommendations of the EU Directives. It is with qualified success to report that the license has been issued in September 2009. The DHCSS also continued to be one of the collaborative partners in the EUBIS (EU Blood Inspection Scheme) Project and in September 2009 was invited on behalf of the project partners to present the Guidelines for inspection of Blood Establishments for Competent Authorities at the 16th PIC/S (Pharmaceutical Inspection Collaboration Scheme) Experts' Meeting on Blood, Tissues and Cells in Copenhagen, Denmark.

Subsequent to the achievement of the aforementioned milestone, DHCSS developed a plan to build the appropriate mechanisms and structures to have the various blood banks assessed with an intention to regulate. Both private and public blood banks will be included in this regulatory framework.

During 2009, DHCSS finalized the reengineering of the haemovigilance system for the reporting and investigation of serious adverse events and reactions according to the specified EU Directives. The new National Haemovigilance system was launched at a seminar organised by the DHCSS on the 27th April 2009 at Palazzo Castellania. The seminar saw the wide participation of all the stakeholders (both from the public and private sectors) for whom the reporting of adverse reactions and events related to blood transfusion is relevant. During 2009, the DHCSS has continued networking with the European Haemovigilance Network through the membership in this network. The grant obtained from the latter during 2007, was instrumental to the finalization of training in Haemovigilance in Dublin, Ireland of a member of staff from MDH Blood Bank. The collection of reports on Adverse Reactions and Events related to blood transfusion by the Haemovigilance Unit within the DHCSS continued throughout 2009. There was a three-fold rise from the previous year in the number of reports received by the Haemovigilance Unit. The second Maltese National Haemovigilance Report with data pertaining to 2008 was submitted to the European Commission as stipulated by the EU Directives on Blood and Blood Components.

In addition, DHCSS moved into the phase of implementation of the obligations imposed by the EU Directive on Tissues and Cells and their respective transposition in Maltese legislation. A system for reporting of Adverse Reactions and Events related to Tissue/Cell Transplantation was developed, the reporting forms were uploaded to the Department's website, collection of data was made by the Tissue/Cell Vigilance Unit within DHCSS and the first report on Adverse Reactions and Events related to Tissue/Cell Transplantation pertaining to 2008 was submitted to the European Commission.

DHCSS was also instrumental in transposing Directive 2009/135/EC allowing temporary derogations to certain eligibility criteria for whole blood and blood components donors as laid down in Annex III to Directive 2004/33/EC in the context of a risk of shortage caused by the Influenza A(H1N1) pandemic.

During 2009, DHCSS has finalized the setting up of the mechanisms and structures to have the stem cell collection service providers assessed with an intention to regulate and license according to national legislation.

During 2009, DHCSS continued with its networking with other European partners with the aim of sharing best practices and developing competencies and skills for the inspection, regulation and licensing of tissue and cell establishments in line with the EU Tissue and Cells Directives. This included participation in activities organised through the EUSTITE Project (EU Standards and Training for the Inspection of Tissue Establishments). Again it is with qualified success to report that DHCSS was invited to showcase the organizational model used by a small Member State in trying to achieve compliance with the Tissues and Cells EU Directive given the constrained expert resources inherent to its miniscule size - this opportunity was during the EUSTITE Final Conference 1st-4th December 2009 in Warsaw Poland.

Another novel area that DHCSS has worked on during 2009 was that of the Quality and Safety of Organ Transplantation. DHCSS has been very active in providing recommendations during the drafting phase of the EU Directive on the Quality and Safety of Organ Transplantation and is taking a pro-active approach in setting up the appropriate regulatory mechanisms that will be necessary when this EU Directive comes into force.

Service users' satisfaction is the key measurement of any service provision and during 2009, as in the previous year the residents' perception of the quality of care in the Homes for Older Persons was surveyed in a 577 residents' sample from all Homes including Private, Church and Government Homes.

DHCSS also believes that a concern for the safety of patients must be both constant and proactive and has set this issue as a key target on the agenda of this new Department. During 2009 for the first time the Patient Safety Culture of Homes for Older Persons has been surveyed for benchmarking purposes. The Nursing Home Survey on Patient Safety - developed by the Agency for Health Care Research and Quality - was conducted using the face to face interview method with the participation of a total of 431 health care workers from all the licensed Homes for Older Persons in Malta and Gozo. Nursing homes managed by the Church, Government, Private and by Public-Private Partnership were included in the study.

Knowledge Management

Knowledge management is an essential constituent of health intelligence which is of paramount importance to support evidence-based decision making. During 2009, aware of the centrality of Patient Safety and Quality of Care in the very existential ethos of this regulatory Department, DHCSS engaged in three main research initiatives:

1. Measuring and benchmarking the Culture of Patient Safety in Homes for Older Persons and together with the findings of a similar survey carried out on Patient Safety Culture in Mater Dei Hospital, these were presented during the 7th Maltese Medical School Conference in November 2009.
2. Situational analysis of the measures being implemented in Homes for Older Persons to mitigate the negative effects of the summer heat wave and during the cold weather months.
3. Analysing the service users' perception of the Quality of Care in Homes for Older Persons as part of a systematic effort to measure service users' experience as they navigate in all the various healthcare pathways.

1. Culture of safety

Cognizant that local research is needed in this sector DHCSS as a follow up to the previous year survey to measure and benchmark Patient Safety Culture in Mater Dei, during 2009 carried out The Nursing Home Survey on Patient Safety in Homes for Older Persons. The term culture of safety refers specifically to the contextualization of the concern for patients' safety which needs to be embedded at every level of the organisation. A culture of safety, is one that seeks to analyse and thereby anticipate adverse events including errors and, in the light of that analysis, to organize systems and practices which, as far as possible, prevent them. Barriers or defenses can be built into systems so as to help avert them, or to contain and mitigate their potential for harm.

The main aim of this study is the analysis of the safety related perceptions and attitudes of staff working in the **Homes of Older Persons** in Malta and Gozo. The purpose of the study is to gauge the patient safety culture in nursing homes, increase awareness about patient safety issues amongst staff and evaluate the impact of patient safety improvement initiatives. Moreover, the results obtained provide a baseline to track changes in patient safety over time.

The Nursing Home Survey on Patient Safety - developed by the Agency for Health care Research and Quality - was conducted by face to face interviews to a total of 431 health care workers from all the licensed Homes for Older Persons in Malta and Gozo. Nursing homes managed by the Church, Government, Private and by Public-Private Partnership were included in the study.

The dimensions explored include teamwork; staffing; compliance with procedures; training and skills; non-punitive response to mistakes; handoffs; feedback and communication about incidents; communication openness; supervisor expectations and actions promoting resident safety; overall perceptions of resident safety; management support for resident safety and organizational learning.

Overall, the health care workers reported a positive attitude towards patient safety with the major problem in all sectors being the lack of staff. 95%, 85%, 79% and 77% of the respective church, private, private-public and state health care workers reported that they would recommend the nursing home to their relatives or friends.

2. Measures to mitigate the ill effects of extreme weather conditions on homes for Older Persons

Older persons, children, and the ill are the most vulnerable persons during times of excessive heat. This is due to the fact that they are the least capable of reacting when exposed to extreme high ambient temperatures.

DHCSS has felt the need of surveying Community Homes for the Elderly with the intention of finding what Heat Wave Measures are currently being implemented to mitigate the ill effects of high ambient temperature on the elderly residents. To accomplish this, the Department prepared a detailed questionnaire and the homes chosen for the survey were randomly selected and included state, private and church community Homes for the Elderly. The survey was conducted over a period of one month, during the summer of 2008. The thirteen homes (13 out of a total of 42) were visited at random and with no prior notice.

Prior to the summer of 2009 after a literature search and contextualized on the previous year survey findings, a set of advisory guidelines by the Department for Health Care Services Standards were circulated to all the Homes for Older Persons. The same survey of the previous year was replicated in order to establish what progress the same Homes had made subsequent to the issuing of the advisory guidelines.

The results showed that, the great majority of the homes for the elderly are using the guidelines to help them in their struggle against times of excessive heat. The findings of this study were also presented as a poster in the 7th Maltese Medical School Conference in November 2009.

3. Service users' experience

DHCSS continued to strengthen its working relationships with other entities involved in the wider health/social care deliverance including ZAK (Zghazagh Azzjoni Kattolika) and Malta Health Network. This networking continued to increase as a result of the ongoing sharing of information and queries on standards of care. During 2009 collaboration with Customer Care at MDH, and NGOs working within this sector mainly Volserv (Voluntary Services) intensified in an inter-sectoral initiative to capture aspects of patient experiences during their stay at Mater Dei Hospital, with the aim of continuous improvement including clinical outcomes, patient safety, and patient satisfaction.

As in the previous year Service Users from all the Homes for Older Persons, were interviewed using a specially designed Quality of Care Evaluation questionnaire with a representative sample of 577 residents. As part of the Summer Work Opportunities for University Students, three University students conducted this survey for DHCSS. Whilst the Department is still analyzing the results, it is gratifying to note that for the question whether residents are satisfied with the quality of care - the majority namely 93% of residents in Homes for Older Persons answered in the positive. DHCSS fully endorses and is the guardian of the founding principle that the resident shall have the right to be treated with dignity and respect at all times. Another fundamental principle is that the resident shall have the right for respect of privacy and property; and to be free from unnecessary intrusion. It is also positive to note that from the findings of this survey, whilst 62% of residents interviewed share a room however the majority 89% feel that their privacy is fully respected at all times in the Home.

Whilst there is no place for complacency, these findings are encouraging. The yearly inspections coordinated by DHCSS and which form the backbone of the regulatory framework for this particular healthcare sector, are surely contributing in the achieving of such positive results.

The representative sample sizes and the inclusion in these cross sectional surveys of all Homes namely Government, Private and Church Homes will surely provide a robust scientific platform for evidence based policy planning purposes to ensure quality of care in this sector of healthcare.

Dr Richard Zammit
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Health Care Services Standards