Directorate for Health Care Services Standards

Annual Report 2010

Sustaining the regulatory and advisory role

Introduction

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

This is a new Directorate within the Public Health Regulation Department.

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 Directorate's portfolio as will be explained in the sections to follow of this annual report.

Overall Purpose

The principle purpose for the Directorate 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 Directorate's activities.

Remit

The appointed remit of the Directorate'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 Public Hospitals
2. Homes for Older Persons including Government Homes
3. Community Health Care including Primary Health Care - public and private - and also Mental Health Services
4. Substances of Human Origin including Blood Transfusion services through the National Blood Establishment and Blood Banks (Public and Private), and services involving Tissues and Cells.

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 Directorate to discharge its functions in a proper and timely manner.

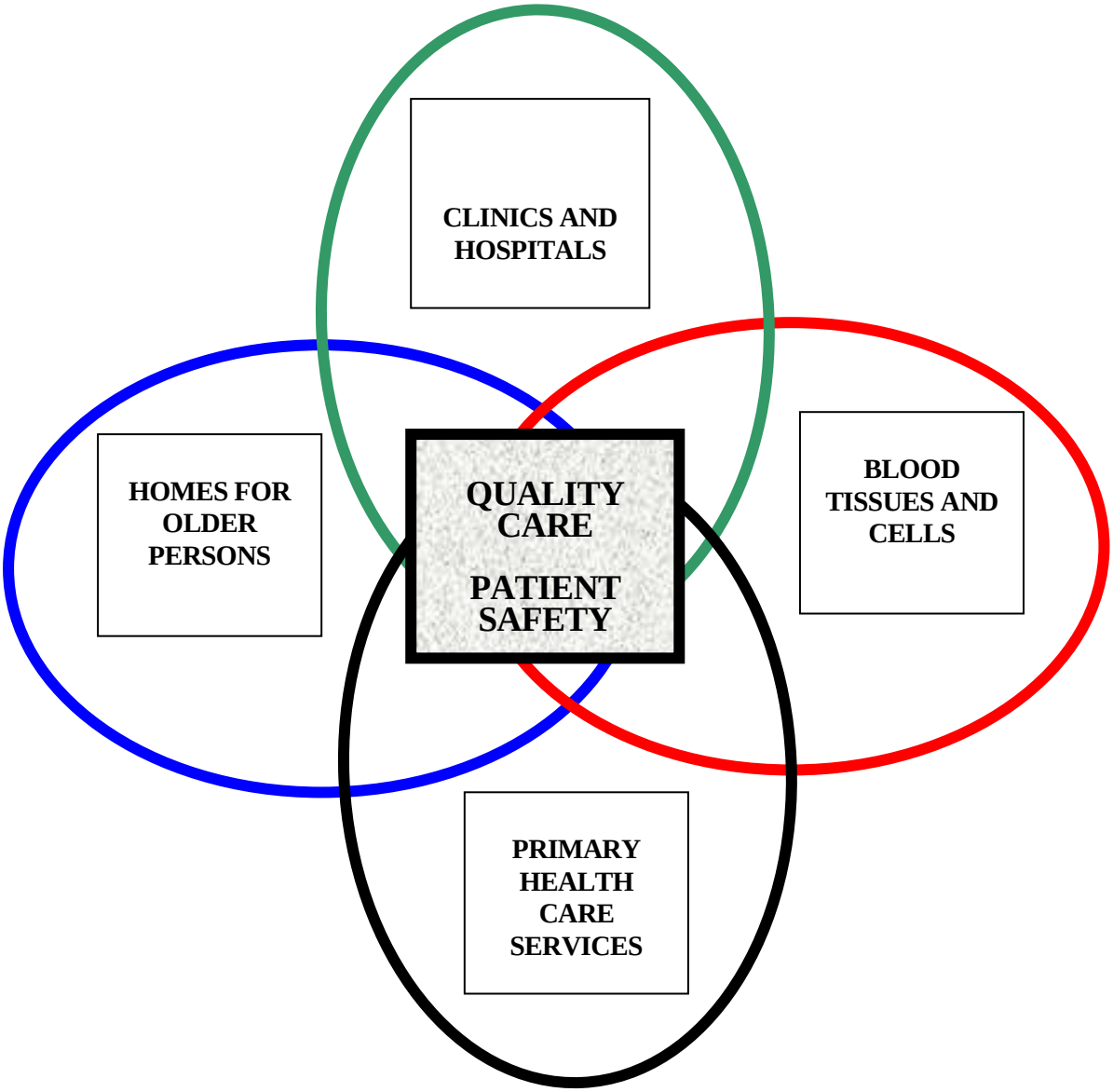


Figure No. I. depicting the regulatory remit of DHCSS.

Cognizant to the main objective of improving health care services in the Maltese Islands, the Directorate for 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 centred, 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 2010 can be categorised in the following four main strategic developmental areas:

a. Consolidation	b. Expansion	c. Development	d. Diversification

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.

The scheduled inspections for 10 Private Clinics have continued during 2010 to ensure standards of care are being upheld. One new day clinic was licensed this year. For each Private Clinic inspected, the yearly license was issued by the Minister for Health, after DHCSS had presented the inspection report for each of these entities, with specific recommendations for the amelioration of service provision.

During 2010, the external professional services of a retired anaesthetist were again 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 nurture an independent core Inspection Team that will eventually be instrumental to inspect Government entities such as Public Hospitals including Mater Dei Hospital. The services of this same professional were engaged to finalise the 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 with consensual agreement the final draft has been concluded. A copy of these very important guidelines related to Patient Safety has been sent to all licensees of Private Clinics during 2010.

This model of participatory regulation is achieving the intended outcomes and this structured approach has also been used during 2010 in another highly specialised area, namely that of piped medical gases. The main intend is to work towards conformity as per EU Directives in particular, the Malta Standards Authority (MSA) EN ISO 7396-1:2007, applicable to medical gas pipeline systems and pipeline systems for compressed medical gases and vacuum' and also MSA EN ISO 7396-2:2007 with applicability to anaesthetic gas scavenging disposal systems.

During 2010 there were 31 Church and Private Homes for Older Persons operating in Malta and Gozo, and their scheduled inspections have continued during 2010 to ensure standards of care are being upheld. For each Home, the yearly license was issued by the Minister for Health, 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 another contraction this year of 2.5% decrease in the number of licensed beds in the Church Homes was again noted since last year with one Home closure. The Church Homes had an overall occupancy rate of 91%. This trend in the Church Homes contrasts with a 20.4% increase in the number of licensed beds in the Private Homes including the opening of one new Home. The overall occupancy rate in the Private Homes is 84%.

Homes for Older Persons	*Number of Homes*	*Number of Licensed Beds*
Church Homes	16	715
Private Homes	15	1196
TOTAL	**31**	**1911**

Table No. 1. The licensing of Church and Private Homes for Elderly residents during 2010.

Collaboration in the Leonardo European programme involving mobility of professionals – to increase staff competences in the regulation of health care services continued during 2010. DHCSS together with the administration of Mount Carmel Hospital (MCH) has persisted in networking with the project lead namely the Saint-Martin Psychiatric Hospital - Frères de la Charité, Brussels, Belgium. Local personnel from Mount Carmel Hospital went to gain and share experience in particular in the monitoring of standards of care in Mental Health institutes with specific reference to the use of physical restraint and covert medication. This collaboration is intended to flourish as in February 2011, the European partners in this cross border project are to meet in Malta and are to be posted in the various sections of MCH to gain first hand work related experience of our local mental health services.

During 2010, work continued in close collaboration with the Director General for Public Health Regulation and the Directorate for Nursing Services Standards on the Standards of the Homes 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.

DHCSS continued to encourage and engage in ongoing research such as action research studies on special themes as part of the yearly inspection cycle. During 2010 the special theme involved the preparation and subsequent issuing of a nutritional questionnaire to all the Homes for Older Persons.

Also during 2010 work continued on the very pertinent theme of Fire Safety in Homes for Older Persons by encouraging and drawing the attention to all homes concerned 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 2010, DHCSS continued collaborating with the Directorate of Nursing Services Standards, the Environmental Health Directorate and the St Luke's Hospital Engineering Division to augment its Inspection Team visiting the Homes for Older Persons and private Clinics/Hospitals for licensing purposes. Additionally a strategic intend to strengthen collaborative efforts between DHCSS and the Social Welfare Standards is being projected for 2011.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 vaccine in particular for this year as the vaccine contained protective elements against the virulent potentially pandemic causative H1N1 virus. Again as in previous year during the 2010 Home inspections, the influenza seasonal vaccine uptake was investigated and it was found to range from 63% in a particular home to 100% in 19 homes. The average influenza vaccine uptake in the Homes for Older Persons being 93.2% - a sustained positive response as in previous year 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 as regards to the received proposals of building new Homes for Older Persons with the anticipated prospective of increase in the availability of more community beds. During 2010 a total of 15 MEPA consultations were processed with one of the latest amounting to a potential Home with 150 – 200 beds.

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. 13 pre MEPA consultations / meetings were held with good prospective potential realization of new beds for Older Persons 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.

DHCSS continues to investigate and act in a timely manner to service users' complaints. These investigations amounted to 29 in total during 2010. 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, analysed with remedial action recommendations not to have recurrence. 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 at Mater Dei Hospital and the Malta Standards Authority, that we could contribute jointly to this 'engineered safety devices' structured approach as per EU Directives. During 2010 the two main Private Hospitals also continued to be included in this Medical Devices 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 2010 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 Health, 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	6	1718
TOTAL	**14**	**2500**

Table No. 2. The licensing of Government Homes for Elderly residents during 2010.

In accordance with the Directorate's 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 2010 with the intention to license to ensure standards of care are being upheld.

As mentioned in last year's annual report, 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. During 2010 a series of meetings were held with the Director for Elderly to follow up the implementation of the above mentioned recommendations to ensure residents safety and quality of care. Two mental nursing wards at SVPR specially built for elderly residents with dementia were inspected for the first time during 2010.

Reference to Table No. 2, with a total of 2500 beds for Older Persons, the Government has the majority of the market share with 57% of the licensed caring beds, followed by the Private sector with 27% and the Church run Homes occupying the remaining 16%. Furthermore analysing and comparing the occupancy rate for 2010 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, followed by the Church Homes with 91% and the Private Homes with an occupancy rate of 84%. 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 Directorate for Nursing Services Standards, DHCSS has continued in the finalisation of the standards to license Nursing Services Agencies.

DHCSS has continued to invest in close collaborative links with the geriatricians and discussions have continued to take place during 2010 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 in summer and cold weather in winter, consultations with the Maltese Geriatric Society were also done.

Work within the specially set up Committees and Working Groups to collate the standards to be used for licensing purposes has continued during 2010. The specially set up Committee finalised the drafting of National Mental Health Standards. Work continued by the other Working Group in the drafting of national policy and standards on the Administration of medicines. The licence conditions for Night Shelters, and Rehabilitation Hospitals have been finalised and approved during 2010 and the former have already been used to license one newly opened Night Shelter during this same year and it is planned that during 2011 the first of its kind license for Karen Grech Hospital as a Rehabilitation Hospital will be issued. The license conditions for the provision of Psychiatric services in Private Hospitals and a Policy/Standard Operations Procedure for the investigation of suspicions/allegations of elder abuse in Homes for Older Persons was also finalised and endorsed during this same year.

DHCSS has zero tolerance for abuse of the vulnerable older persons and it is with this guiding principle in mind that the Dignity in Care initiative has been proposed. The national awareness campaign by the Secretariat for the Elderly by the publication in June 2010 of the informative leaflet to detect and report abuse is to be lauded. A framework is being proposed on which the Directorate of Health Care Services standards in collaboration with the Non- governmental Organisation Zaghzagh Azzjoni Kattolika (ZAK), lays out the national expectations of what constitutes a service that respects dignity. The scope of this proposal is to end tolerance of indignity in health through raising awareness and inspiring people to take action. Translating the above inspirational objectives into measurable outcomes will enable the setting up of an Award for Dignity in Care.

The list of licensed Homes and Clinics/Hospitals is available on the website of the Directorate – this website is accessible at URL address: www.healthstandards.gov.mt and in line with the Freedom of Information Act a standard format for reporting the key inspection findings has been continued during 2010 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 evident from Table No. 3, when compared with the previous year DHCSS registered a 5% increase in the total number of licensed beds and overall from the incipient year of this Directorate namely 2007, achieved a staggering increment in the region of three fold increase in the grand total number of licensed beds with minimal increases in the personnel compliment – in line with the modern principles of lean management.

Year	Number of Licensed Beds by DHCSS
2007	1650
2008	2612
2009	4193
2010	4411

Table No 3. Incremental annual figure in the number of beds licensed by DHCSS during the years 2007-10

Since the licensing began within the newly established Directorate in last quarter of 2007, a total of 271 site-visit inspections were carried out across the various licensed sectors over the past three years. Considering the small core compliment of DHCSS personnel, this computes to a staggering average of two inspections per week. Inspections are usually scheduled on a yearly cycle basis for licensing purposes. However they may also be scheduled randomly as when checking compliance to increase resilience as regards extreme weather conditions to prevent hyperthermia in summer and hypothermia in winter. Additionally they may also be scheduled at very short notice on a reactive basis following receipt of information such as complaints. During 2010 DHCSS investigated and acted on 29 service users' complaints. In an attempt to stream line investigations a complaint action form has been designed and piloted during this year.

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 2010, DHCSS continued working on the preventive programmes 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 Directorate.

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 again assumed responsibility for the implementation of this new transformational regulatory model.

DHCSS as a strategic centre for this initiative sustained the critical and central role to provide superior value to the quality of care delivered to the residents of Homes for Older Persons. From the management perspective DHCSS again as in the previous year 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 update the draft guidelines targeting mangers 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, policy makers and administrators of institutional entities.

3. Circulating both updated guidelines to prevent hyperthermia in summer and hypothermia in winter, in good time for Homes to implement the recommendations and posting them on the Directorate's website at www.healthstandards.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.

5. Participation on media programmes mostly of an educational nature to enhance public awareness on these often overlooked issues and subsequently increase also the resilience of older persons living in the community to extreme weather conditions.

Prevention of hyperthermia and hypothermia in Older Persons are aggressive goals demanding shifting of strategic organisational frameworks and with this aim DHCSS renewed the strong interface of networking with the Casualty Department of Mater Dei Hospital (MDH) with the start of the winter months in 2010. 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. These same index Homes were also under close scrutiny in the summer months as the diagnostic manifestation of hyperthermia are much more diverse to apply the same model as in the case of hypothermia. 35 unannounced inspections were conducted during the summer months of 2010. 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-Directorate 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.

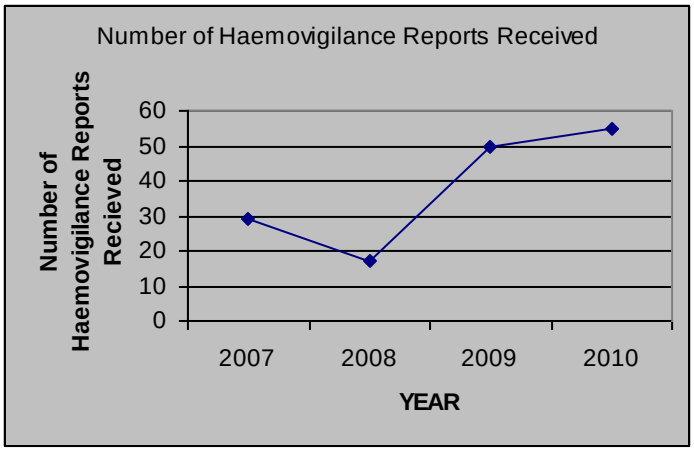
This initiative aims at starting to address the need for improved effectiveness and efficiency of performance indicators and their linkage to other governance policies. By the active participation in this inter-Directorate initiative, of having a standardized system for data collection to be able to uniformly code, validate and analyse clinical information, DHCSS is effectively taken the first preparatory steps of many that will necessitate to be implemented in the plan for the Accreditation/Licensing of Mater Dei Hospital and also in the cost effective Commissioning of health services.

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.

Subsequent to the licensing of the National Blood Transfusion Service as a Blood Establishment according to the recommendations of the EU Directives in September 2009, the DHCSS has been planning 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 2010, the haemovigilance system for the reporting and investigation of serious adverse events and reactions related to blood transfusion, became fully functional, following the re-engineering of the system in the previous year. During 2010, the DHCSS has continued networking with the European Haemovigilance Network (now the International Haemovigilance Network) through the membership in this pan European group of experts. The collection of reports on Adverse Reactions and Events related to blood transfusion by the Haemovigilance Unit within the DHCSS continued throughout 2010. The rise in the number of reports received by the Haemovigilance Unit continued during 2010, showing an increase in awareness for the need of reporting of adverse events and reactions related to blood transfusion. The third Maltese National Haemovigilance Report with data pertaining to 2009 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 second report on Adverse Reactions and Events related to Tissue/Cell Transplantation pertaining to 2009 was submitted to the European Commission.

The DHCSS also fulfilled several other EU reporting obligations, including the submission of the Report on Voluntary and Unpaid Donation of Blood and the Report on Voluntary and Unpaid Donation of Tissues and Cells.

During 2010, the DHCSS continued strengthening the Rapid Alert System for the dissemination of alerts related to Substances of Human Origin. This included involvement in an EU-wide network, communication at EU level through the CIRCA (Communication and Information Resource Centre Administrator) platform and the distribution locally of alerts to the interested stakeholders.

During 2010, 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 2010, the DHCSS attended various EU level meetings on behalf of the Competent Authority on Blood, Tissues and Cells. The 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). Collaboration and networking also continued on an international level through participation in the 16th PIC/S (Pharmaceutical Inspection Collaboration Scheme) Experts' Meeting on Blood, Tissues and Cells held in Paris, 28th September 2010- 1st October 2010.

Another novel area that DHCSS has worked on during 2010 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 the transposition of the Directive into local legislation and in setting up the appropriate regulatory mechanisms.

Service users' satisfaction is the key measurement of any service provision and during 2010, as in the previous year the residents' perception of the quality of care in the Homes for Older Persons was surveyed. A cumulative total of 1433 residents were interviewed in the past three years 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 of patient safety as a key target on the agenda of this new Directorate. During 2010 for the first time the rate of adverse events at Mater Dei Hospital has been surveyed for benchmarking purposes, both at the international level and for trend monitoring of such rates over set timelines.

Knowledge Management

Knowledge management is an essential constituent of health intelligence which is of paramount importance to support evidence-based decision making. During 2010, aware of the centrality of Patient Safety and Quality of Care in the very existential ethos of this regulatory Directorate, DHCSS engaged in three main research initiatives:

1. Measuring and benchmarking the rate of adverse events in Mater Dei Hospital.
2. Market analysis as regards Homes for Older Persons licensed by DHCSS.

3a. Analysing the service users' perception of the Quality of Care in Homes for Older Persons.

3b. Patients' Experience Survey at Mater Dei Hospital (MDH) as part of a systematic effort to measure service users' experience as they navigate in all the various healthcare pathways at MDH.

1. Audit on Patient Safety at Mater Dei Hospital using a Retrospective Case Notes Review Method

The aim of this initiative is to establish an effective process for the detection of adverse events that could cause harm to patients. The Global Trigger Tool for Measuring Adverse Events (UK version), developed by the Institute for Healthcare Improvement (IHI), provides a useful standardised method for measuring the incidence and types of adverse events occurring within health care organisations and for measuring the rate of these events over time. Adverse events are defined from the perspective of the patient and are distinguished from those resulting from the disease process. This information can be used to identify areas for improvement and track the effectiveness of the organisation's safety initiatives.

The Global Trigger Tool (GTT) consists of a limited number of triggers developed by the IHI based on a literature review, expert opinion, and feasibility testing. These triggers signal the most common types of adverse events or those that are likely to cause serious harm.

This tool makes use of a retrospective case notes review of a sample of inpatient hospital records randomly selected from the entire population of adult patients discharged. Triggers identified are used to identify possible adverse events that have occurred. The severity of the adverse events is scored using an objective scale - the National Coordinating Council for Medication Error Reporting and Prevention Index.

During the three months from June to August 2010, 240 files were randomly selected from all discharges from Mater Dei Hospital occurring during 2009 (10 files selected from every 2 calendar weeks of 2009). Children, day surgery and maternity were excluded from the sample. These files were reviewed by a first reviewer and the number of adverse events were identified. This process was repeated by a second reviewer who was blinded to the outcome of the first review, so as to be able to calculate inter observer variance.

Statistically, the large sample size will provide a robust picture of the rate of adverse events occurring in Mater Dei Hospital. The outcomes were presented in the following ways: Adverse events per 1,000 patient days, and Adverse events per 100 admissions, and these benchmark favourably with other centres of excellence in the developed countries.

DHCSS is fully aware of its commitment with regards to data protection. Information obtained was processed in accordance to the needs of this audit and in compliance with the principles set out in the Data Protection Act 2001.

2. Market Analysis of Homes for Older Persons

The main objectives of this systematic analysis was to describe the distribution and the level of dependency of occupied beds in Homes for Older Persons in the Church, the Private and the Public sector and also to decipher any trends over time in the distribution and dependency of beds in Homes for Older Persons.

It was estimated that 6.4% of the Maltese population aged above 65 years is residing in Homes for Older Persons. Furthermore, approximately one-third of residents in Homes for Older Persons have a high dependency level, one-third have a medium dependency level and one-third have a low-dependency level. St Vincent de Paule Residence (SVPR), and Public Homes run by Government have a higher share of residents with high dependency when compared to Private Public Partnership run Homes, Church and Private Homes respectively.

Trends over time show that the number of occupied beds in Homes for Older Persons (excluding SVPR) between 2008 and 2009 alone increased from 2402 to 2576. This constitutes a growth of 174 occupied beds or a 7.24% increase in occupied beds. This growth was mainly seen in the number of residents with high dependence.

The private sector is projected to grow at the fastest rate as evidenced by the total number of licensed beds for 2010. Between 2008 and 2009 alone, both the private and the public sector registered a growth of 15% in beds from the previous year. The growth in the public sector was however exclusive to long term care facilities.

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 2010 collaboration with Customer Care at Mater Dei Hospital (MDH), and NGOs working within this sector mainly Volserv (Voluntary Services) culminated in the launch of an inter-sectoral initiative to capture aspects of patients' experiences during their stay at MDH, with the aim of continuous improvement. The selection of patients who were discharged from MDH was randomised and telephone interviews were conducted by Customer Care from MDH during June and July 2010. A total of 290 individuals were successfully contacted. Of these, 176 participated giving a response rate of 61%. This report is the first of its kind. It uses a validated screening tool – the NHS UK Inpatient Questionnaire developed by the Picker Institute that whilst having been adapted to our local context, enables benchmarking of the performance of our main public hospital with similar entities in the UK.

Expected outcome	**%**
Hospital room and bathrooms were very clean	97
Always had trust and confidence in doctors and nurses treating them	95
Always treated with respect and dignity while in hospital	93
Felt welcome in hospital	90
Were always given enough privacy when discussing their condition or treatment	90
Patients always got answers from doctors and nurses to important questions	87
Food rated either very good or good	82
Care given was excellent or very good	80
Involvement of patients in making decisions about their discharge from hospital	78

Table No 4. Positive outcomes in the Patients' Experience Survey at Mater Dei Hospital.

The positive outcomes represented in the above Table No. 4, resounds the quotation *'A falling tree makes more sound than a growing forest'* and these findings encourage the healthcare providers at all levels to continue in their unwavering vocation of caring for patients entrusted to them, thus providing each and every service user with the best possible experience of care at Mater Dei Hospital.

As in the previous year residents from all the Homes for Older Persons, were interviewed using a specially designed evaluation questionnaire - Service Users' Perspective as regards the Quality of Care. As part of the Summer Work Opportunities for University Students, three University students conducted this survey for DHCSS. This year a representative sample of 451 residents were interviewed. 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 96% of residents in Homes for Older Persons answered in the positive cumulatively over the last three years that this survey has been done. 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 a safe environment with a comfortable ambient temperature. It is also positive to note that from the findings of this survey, 90% of residents interviewed (1433 residents interviewed over the past 3 years) were satisfied with the Home's ambient temperature. The regular 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 survey results.

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

Whilst these findings are encouraging, there is no place for complacency, and DHCSS will continue in the annual campaigns to increase awareness and mitigate the ill effects of extreme weather conditions on the elderly as a vulnerable cohort of our society. During the summer months of 2010 DHCSS has carried out 35 unannounced inspections in the Homes to ensure implementation of the guidelines as regards hyperthermia prevention and the hypothermia surveillance coordinated with the Casualty Department of Mater Dei Hospital has already initiated in the month of December as in the previous year.

Facilitating the interface with service users

Directorate's office relocation

The DHCSS has moved together with the Public Health Regulatory Division from Palazzo Castellania, No.15, Merchants Street, Valletta in June 2010 to a refurbished formerly Out Patient Department, at St Luke's Hospital, St Luke's Square, G'Mangia. The intention being as indicated in the Government pre-budget document that the Regulatory role will be at arm's distance from the Ministry of Health, Elderly and Community Care and have a more discrete and separate role from service provision. Before this relocation every effort was made to ensure that these offices are accessible to all.

Website update

We know how much our stakeholders value the website for downloading publications and accessing advice and guidance, and we have worked across the organisation to create new pages which reflect the range of enquiries which we receive.

As one of our key communications channels, the website has been continually updated to reflect stakeholder needs. Our website has been updated accordingly with the change of address and contact details. As in previous years guidance and advice especially to Homes for Older Persons with regards to Hypothermia and Hyperthermia prevention are updated.

The complete list of licensed Homes for Older Persons, Long Term Care facilities and Night Shelters as well as the list of licensed Private Clinics is also regularly updated with each yearly licensing inspection cycle.

Additional a more user friendly URL was created: www.healthstandards.gov.mt together with the availability of a generic email: dhcss.mhec@gov.mt

Dr Richard Zammit
Director
Health Care Services Standards

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