Ministry of Health, the Elderly and Community Care
DEPARTMENT OF HEALTH CARE SERVICES STANDARDS

INTRODUCTION

The Department of Health Care Services Standards (DHCSS) was officially established as a new Department within the Directorate General Public Health Regulation on 18 September 2007, with the appointment of the Director DHCSS.

Previous to the above 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 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 principal purpose for the Department for Health Care Services Standards is to achieve improvement in the Quality of Care and ensure Patient Safety through Regulation. Patient 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 in the years to come.

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:

- Clinics and Hospitals including for the first time Public Hospitals;
- Homes for Older Persons including for the first time Government Homes;
- Primary Health Care including for the first time all the service providers in this sector – public and private;
- Blood Transfusion services – including the National Blood Establishment and Blood Banks (public and private), and services involving Tissues and Cells – also all new territory for licensing as per conformity with the transposed EU Directives.

The above-mentioned four main health care services sectors are to be regulated by DHCSS with an overlapping central area representing Quality of Care improvement and guaranteeing Patients Safety as the main focus.

The extensiveness of this territory to be regulated, requests a proportionate and proper investment in capacity building to enable this new Department to discharge its functions in a proper and timely manner.

Cognisant of 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.
- **Vision**: ensure that care services should, improve people’s lives, be accessible and timely, support independence and offer choice.
- **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.
- **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.

**Main Strategic Development Areas**

This new Department’s strategic objectives can be grouped into the following four main strategic development areas of:

- **Consolidation** of the core regulatory functions which are already being offered.
- **Expansion** on the existing core functions to assume added responsibilities and expand into areas of health care as yet not being regulated.
- **Development** on the existing regulatory competencies and embark into new regulatory services.
- **Diversification** to venture into new territory and regulate novel sectors of health care services.

In each strategic development area, a set of specific task-based objectives and activities will be listed, which have already been achieved or have been initiated in the last quarter of 2007, to ensure Patient Safety and Quality of Care.

**Consolidation**

- **Furtherance of the licensing process of the homes for older persons**, which are run by the private and the Church: There are 28 of these homes in Malta and Gozo, and their scheduled inspections have continued during 2007 to ensure standards of care are being upheld. For each home, the yearly licence will be issued by the Minister of Health, the Elderly and Community Care, after DHCSS has presented the inspection report for each of these homes, with specific recommendations for the amelioration of service provision.

- **Participation in the Leonardo IV, European programme involving mobility of professionals** - to increase staff competences in the regulation of health care services. During 2007, DHCSS has continued participating in a collaborative project led by the Centre Hospitalier Intercommunal du Pays des Hautes Falaises de Fecamp, Normandy France, on the theme of *Prévention des Chutes: Fall’s Prevention*. It is planned that a group from Normandy will be coming over to Malta during 2008 to demonstrate appropriate techniques in handling patients and elderly alike. Their visit to Malta will be jointly coordinated by DHCSS and the Directorate for Nursing Standards so as to maximise effective benefits to a wider audience of local participants in the workshops that are envisaged to be planned. Building on this concerted platform, it is planned that DHCSS will continue this collaboration with a view to sending local personnel to be trained as assessors in the use of the EVA method as part of the planned Leonardo V. The EVA method refers to a holistic method of inspecting homes for older persons developed by the Comité Européen pour le Développement de l’Intégration Sociale.

- **Continued to encourage and engage in ongoing research** such as action research studies on special themes for each year’s inspections. During 2007 the special theme was Social Integration of Homes for Older Persons. This theme was developed and adapted from the EVA method mentioned above. During the previous year the special research theme was Fire Safety in Homes for Older Persons. A collaborative initiative between DHCSS and Civil Protection was initiated in the last quarter of 2007 to plan to address the concerns and preoccupations regarding this safety issue that concerns residents in our homes.

- **Furtherance of the licensing process of the private clinics and private hospitals**: There are 12 of these private clinics/hospitals, and their scheduled inspections have continued during 2007 to ensure standards of care are being upheld. For each clinic/hospital, the yearly licence will be issued by the Minister of Health, the Elderly and Community Care, after DHCSS has presented the inspection report for each of these entities, with specific recommendations for the amelioration of service provision.

- **During 2007, partly because of human resources constraints subsequent to St Luke’s Hospital migration process to Mater Dei Hospital, external professional services to augment DHCSS’s Inspectorate Team were engaged. In the future it is planned that more external professionals will be contracted to develop**
an independent core Inspection Team that will eventually be utilised to inspect government entities such as public hospitals and government homes for older persons.

Also for the same reason, DHCSS collaborated with the Directorate of Nursing Standards to augment its Inspection Team to visit the homes for older persons and clinics/hospitals for licensing purposes during 2007. This inter-directorate synergy is a step towards more transverse collaboration, which adds more value to the inspection process.

- One of the first initiatives of DHCSS was to organise a meeting with MEPA representatives to streamline the MEPA consultation process in proposals concerning homes for older persons and clinics/hospitals, to safeguard the interest of service users especially of older persons by guaranteeing standards even at this planning phase. A standard operation procedure was agreed to with a strong spirit of collaboration between these two government entities. During 2007, DHCSS continued to proffer its recommendations to MEPA’s consultation process as regards the proposals of building new homes for older persons and private clinics/hospitals.

- Also DHCSS, in collaboration with the Parliamentary Secretariat for the Elderly, continued with pre-consultation discussions with private entrepreneurs interested in submitting proposals to build new homes for older persons and private clinics/hospitals.

- 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, a new initiative was embarked upon – namely active discussions with the just newly set-up umbrella organisation Malta Health Network (http://mrc.org.mt). DHCSS will be building on previous consultation initiatives such as the healthy links which already exist with Kunsill Nazzjonali Anzjani to be receptive to these well articulated expectations of all healthcare service users. For DHCSS, the patient’s perspective and the journey they navigate through the healthcare system are very important.

- DHCSS continues to be actively engaged in the Mellieha Government Home Liaison Committee set up with both government and Vassallo Builders representatives to steer this Private Public Partnership Project to completion according to the set timetable. DHCSS’s input is to ensure that standards are upheld in this model government home for older persons.

- 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 closely continues to collaborate with the Data Protection Commissioner’s Office to ensure that all the collected data is according to the Data Protection Act. The Consultant in Public Health within DHCSS has been nominated as Data Protection Officer.

- DHCSS is networking with Management Efficiency Unit (MEU) to collate results of benchmarking exercises that has already been done, comparing government, private and church homes for older persons. This is essential to set a benchmark so that DHCSS could monitor trends in the quality of service being provided.

- DHCSS continues to investigate and act on service users’ complaints. These reports need to be subject to a structured analysis which takes into account the wider factors within the organisation which may have given rise to the complaint. This is ‘root cause analysis’, a process that allows all of the factors which might have contributed to an event to be identified and analysed. Human resource capacity build-up is planned to enable DHCSS to continue to discharge this 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.

**Expansion**

There are eight government homes for older persons in Malta, and in the last quarter of 2007 a roll-out plan for their scheduled inspections was drawn up. In close collaboration with the Director for Elderly Care, for the first time these homes will be inspected to be licensed to ensure standards of care are being upheld. For each home, the yearly licence will be issued by the Minister of Health, the Elderly and Community Care, after DHCSS presents the inspection report for each of these homes, with specific recommendations for the amelioration of service provision. This is the first in a series of initiatives that are planned so that DHCSS will be eventually licensing all institutions for the elderly including St Vincent de Paule Residence.

During 2007, invaluable work has continued within the National Standards for Elderly Care Committee (NSECC). The prime thrust of this multi-sectoral working group is to establish a national benchmark of caring staff ratio as related to the number of residents taking also into consideration the dependency levels of residents. The various instruments measuring this ratio with such an important impact on the quality of care deliverance have been piloted, with the next step being a gap analysis to study the impact of implementing this ratio on human resource capacity needs. This gap analysis has already been conducted and finalised during 2007 for the physical standards as applicable to the government homes.

DHCSS has close collaborative links with the geriatricians and discussions have been planned to start addressing the sensitive issue of dementia care and how standards will need to be applied, keeping in mind the demographic shift in the population and the ever-increasing cohort of this group of older persons requiring extra attention by carers.

**Development**

With the steering initiative of DHCSS, an Inter-departmental Working Committee - involving the Director of Health Information and Research, the Director of Implementation and Monitoring and the Head Financial Monitoring and Control has been set up to ensure that the granularity and content of the data collection especially at Mater Dei e.g. in the Hospital Activity Analysis, will enable effective monitoring and auditing by the development of clinical performance indicators.

One of the main remits of this Working Committee will be to increase the scope of the data being collected to meet national and international imperatives for health care planning. Furthermore the active participation of DHCSS will ensure that such data could be transformed into information for quality monitoring as well as analysis of performance indicators.

This inter-departmental collaboration augers well for the development, hopefully in the near future, of a National Strategic Plan on Health Information that will be considering European initiatives such as the Minimum Hospital Data Set and Systems Health Accounts.

**Diversification**

This strategic developmental area of diversification for DHCSS is imminently essential to satisfy the 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.

Within days of its inception, DHCSS established a succinct roadmap in collaboration with the Medicines Authority for the setting up of the necessary mechanisms and structures to license the National Blood Transfusion Services as a Blood Establishment according to national legislation. The roadmap has been finalised and Irish experts are going to be brought over for the training of local staff and the licensing of the Blood Establishment.
Subsequent to the above, DHCSS has a plan for the second half of 2008 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.

DHCSS also drew up a concise plan in collaboration with the Medicines Authority to set up the haemovigilance system for the reporting and investigation of serious adverse events and reactions according to the specified EU Directives. It is envisaged that the Irish experts brought over for the licensing of the Blood Establishment would also tender advice in this specialised field, again to be in time for the next scheduled EU reporting timetable – namely June 2008. The co-ordination of this project is being done by a Public Health medical officer who is working in another department but is released one day per week to DHCSS. It is planned that haemovigilance would be incorporated in a national adverse events reporting system as part of a patient safety initiative.

DHCSS has already made key links with foreign experts to initiate the setting up of the mechanisms and structures to have the Stem Cell collection service providers assessed with an intention to inspect, regulate and license according to the Tissues and Cells EU Directive.

The literature research has already been effected, in collaboration with the Bioethics Consultative Committee, to identify the legal instrument for local adoption so as to set up the mechanisms and structures to have the privately run Fertility Clinic assessed with an intention to inspect, license and regulate according to the Tissues and Cells EU Directive.

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