



**COMPAQH**  
 Coordination for Measuring Performance  
 and Assuring Quality in Hospitals
 

## Key Factors in Improving Quality on the basis of Indicators Experience in France

Dublin, 26th ISQua Conference  
12 / 10 / 2009

  
**Inserm**  
Institut national de la santé et de la recherche médicale

## The COMPAQH project



The COMPAQH project, coordinated by the French National Institute for Medical Research (INSERM), develops quality indicators since 2003.


- COMPAQH is supported by:
  - The French Ministry of Health,
  - The French national authority for health (HAS).
- And is supervised by a steering committee:
  - Health Insurance
  - Hospital Federations
  - Consumers' Representatives
  - Qualified Persons

**Missions Assigned:**

- Selection, design and validation of a set of Quality Indicators (QIs) for French hospitals
- Optimization of the use of QIs in hospitals

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## Background



• A set of indicators introduced nationally by the HAS in 2009:

- QIs on patients records:
  - patient files consistent with recommendations,
  - completeness of the discharge letter sent to the general practitioner within 8 days of discharge,
  - pain evaluation assessment,
  - nutritional disorders screening,
  - anaesthesia files consistent with recommendations.
- Scoreboard of 4 indicators on nosocomial infections
- AMI


Measurement of indicators is not necessarily linked to the quality control process

 How to improve quality on the basis of indicator measurement?




**Objective of the study**  
To identify key factors for improvement

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## Methodology




This study follows a step-by-step method:

- 1/ **First step:** Literature review of quality management and measurement  theoretical list of 20 factors
- 2/ **Second step:** Case-studies using semi-directive interviews conducted in 4 hospitals  second (revised) version of these 20 factors
- 3/ **Third step:** Validation by a consensus method, 22 experts (quality directors chosen because of their expertise)  final version of factors

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## Methodology

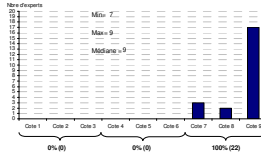


**Third step: a consensus method based on the DELPHI method**  
By whom?  
Experts from 22 hospitals (of different status, size, and context)

One question for each factor:  
Do you agree that this factor influences your quality management?  
On a scale of 1 (not agree at all) to 9 (fully agree) for each factor

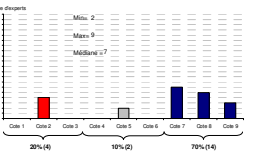
**Example of results:**

**Accepted factor**



0% (0)      100% (22)


**Factor rejected**




20% (4)      10% (2)      70% (14)

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## Results



 17 factors were identified

They may be classified in three categories:

Factors linked to the capacity to identify problems

← **Key factors** → Contextual factors

↓

Managerial factors

*Linked to quality management*

*Linked to environment*

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## Results (2)



### Factors linked to capacity to identify problems (examples):

- Analysis of results by a multi-professional team
- No delay between the analysis of the indicator results and the use of appropriate tools
- Inclusion of comparative results in the improvement action plan

### Managerial factors (examples):

- Taking into account indicator results when planning corrective actions
- Involvement of and support by the different institutional actors in an institution (managers, medical and paramedical leaders) in quality management (QM)
- Appraisal? (or financial incentives) of professionals' involvement in QM

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## Results (3)



### Contextual factors (examples):

- Existence of leadership in promoting QM at 3 levels: top management, quality department and unit management
- External incentives such as public reporting promote continuous quality improvement
- Cultural maturity of the institution



Indeed, context (eg restructuring, staff turn-over) could limit the positive influence of quality managers and other professionals involved in quality efforts.

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## Perspective



- A questionnaire is derived from these 17 key factors (Nov. 2009)
- It will be sent to all hospitals submitted to a mandatory measurement of 5 indicators on patients records (1500 hospitals)
- Results of the indicators will be compared with the presence/absence of key factors (correlation)
  - = A predictive model will be derived from these results
- This should help to promote operational tools

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