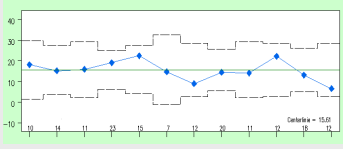


 Bispebjerg Hospital

High Quality Clinical Databases

- by name or by fact?



Bjørn Hesselbo
University Hospital Bispebjerg, Capital Region - Denmark

Dublin October 2009 - Hesselbo

Once Upon A Time

In the Kingdom of Denmark...
Three master students in Health Informatics decided to investigate in the use or the not use of data...

Sounds like a fairytale?

Let us see...

Dublin October 2009 - Hesselbo

- ### First: Why bother?
- Great political focus on the use of clinical quality databases
 - Many data are already collected
 - Use of these quality data can optimize the treatment of patients
- Dublin October 2009 - Hesselbo

BUT - are these data actually used at a large university hospital in Copenhagen?

Dublin October 2009 - Hesselbo

NO

Dublin October 2009 - Hesselbo

THEY

Dublin October 2009 - Hesselbo

ARE

Dublin October 2009 - Hesselbo

NOT

Dublin October 2009 - Hesselbo

But off cause – you all do 😊

Back to the story!

Dublin October 2009 - Hesselbo

Objective

- We investigated which factors limit the use of data from clinical quality databases with the intention of improving clinical quality
- We present some recommendations, as to how this may be achieved

Dublin October 2009 - Hesselbo

Methods

- An initial investigation at a university hospital in Copenhagen where we interviewed 66 managers and staff covering 10 disease areas
- Audit of indicators in four selected disease areas
- Semi-structured interviews with department managers in 4 selected disease areas and with three key informants

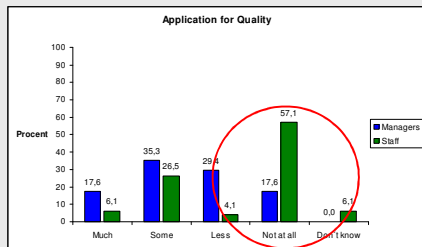
Dublin October 2009 - Hesselbo

Results (1)

- YES – they generally know what to report to the databases
- YES – they do feel they have time to report the data
- Well – in a way they do hear about data out, sometimes...
- NO – they do not use data for quality improvement!

Dublin October 2009 - Hesselbo

Results (2)



Dublin October 2009 - Hesselbo

Results (3)

- We discovered a series of barriers to the use of data in quality improvement
- The most important of these were as follows:
 - a feeling of lack of ownership of the databases
 - large differences in the manner in which databases were organized
 - lack of clear placement of responsibility on several levels
 - the use of indicators, which were not completely suitable to quality development
 - the databases are generally used more for gathering information about productivity than for quality improvement

Dublin October 2009 - Hesselbo

Results (4)

- We put forward a series of solutions aimed at improving the use of the data
- The most important of these were suggestions to encourage a more critical approach to the organization of databases and the chosen indicators. These results should be required of management at all levels and massive support should be given to the use of the databases

Dublin October 2009 - Hesselbo

Conclusions (1)

- The use of data is limited by both technical and organizational factors
- An unclear organization, combined with the lack of clear placement of responsibility, lack of management involvement, lack of a sense of ownership and disagreement about the indicators, means that data from the databases are not used for development of disease-specific quality to a degree that could justify the large amounts of data collected. Instead, data is used for other purposes, which make sense for the clinicians

Dublin October 2009 - Hesselbo

Conclusions (2)

- To change this, it is necessary to build an organization with clear placement of responsibility. In the management system there should be more emphasis on feedback at all levels of use of data
- Finally, departments must get support in order to learn how to use data, either in the form of professionals who can help or in the form of a continuous education and monitoring effort

Dublin October 2009 - Hesselbo




Thank you for your attention

bjoern@hesselbo.net




Dublin October 2009 - Hesselbo