

266: Developing quality indicators in hospitals: The COMPAQH project

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Objective:

To select a set of quality indicators (QI) in order to implement and test them in a panel of 36 French hospitals.

Methods:

The COMPAQH (COordination for Measuring Performance and Assuring Quality in Hospitals) project is coordinated by the INSERM (National Institute for Medical Research) and supported by the French Ministry of Health and the National Evaluation and Accreditation Agency (ANAES). This project has 4 objectives:

- (1) To select a set of QI –2003,
- (2) To implement, test and validate them in 2004-2005 in the volunteer panel of hospitals- Private or public, university or community, acute care, rehabilitation or psychiatric,
- (3) To compare the hospitals anonymously, and
- (4) To explore quality management – to share success stories, determine key-factors of implementation, and define innovative managerial practices.

The selection of QI was guided by a four–step process:

- (A) Establish a list of national priorities for Quality Improvement. Criteria used for supporting this choice were: Importance of the theme (based on the coherence with national public health goals), Potential inter-hospital variability, Potential for measurement and improvement and Coherence with the accreditation handbook. The board of promoters – supporters, representatives of health care organisations, representatives of the hospital panel - defined priorities using an interactive method.
- (B) Assemble a potential list of QI regarding these priorities. The COMPAQH staff determined a first selection of 81 QI regarding these priorities, based on literature analysis and evidence about the scientific soundness of quality measures and the effectiveness of methods for improving quality.
- (C) Evaluate the preliminary list. Each QI was presented in a pamphlet describing the operational definition, rationale (justification for use), methodology, workload and responsibility of data collection. The hospital panel (representatives) ranked the 81 QI with a validated evaluation tool which contained 4 dimensions : Importance, Scientific acceptability, Feasibility, and Usefulness.
- (D) Develop a consensus on a final selection. Based on a structured voting process (Delphi method, two rounds), the hospital panel selected a comprehensive set of 36 QI among the 81.

Results:

Eight National Priorities were defined: Pain management, Continuity of care, Nutritional disorders management, Iatrogenic risks (including nosocomial infections), Patient satisfaction, Follow-up of practice guidelines, Management of human resources, and Accessibility. A set of 36 QI were selected: a set of 6 core QI and 7 to 14 specific QI, according to the hospital type. The QI for acute care hospitals were:

- CORE SET: medical / anaesthetic record conformity, time to discharge letters, nutritional disorder screening, score on patient satisfaction questionnaire (overall, care, information, welcoming, staff availability and behaviour, feeding, privacy respect, comfort, discharge preparation), staff turnover, score of prevention and control of nosocomial infections.
- SPECIFIC SET: pain treatment, traceability of pain assessment, therapeutic education, short term absenteeism, request forms for medical test appropriately filled in, canceled one-day surgical procedures, follow-up of practice guidelines for breast surgery, prostatic cancer, myocardial infarction, stroke, caesarean section rate, surgical nosocomial infections, emergency waiting time and In-patient mortality in low death DRG.

These QI are founded on existing information systems or specific collection through observation or by questionnaire. The set of selected QI is associated with process and results measures. Interpretation is based on the interrelations between them.

Conclusions:

Such a set of QI is a foundation for developing a quality measurement system in French hospitals. Data collection of indicators is also one of the main features of the new accreditation handbook and the participating hospitals may benefit from this development of QI. The two next years will be dedicated to data collection and feedback on the management implications of the implementation of these QI.