

248: In the eye of the beholder: An international comparative study on quality management in 3 eye hospitals and the potential for further cooperation

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Objective:

The composition of the European Association of Eye Hospitals (EAEH) and the American Association of Eye and Ear hospitals (AAEEH) provides a unique opportunity to set up a system of international benchmarking. A first international benchmarking took place in 2001 and the positive response to this study motivated both associations to look for four possible ways of extending the benchmarking project.

Methods:

In a feasibility study, the following four questions were addressed:

- 1) Can a quality cost model as developed and tested in the Rotterdam Eye Hospital be applied in the other member hospitals,
- 2) Can a performance indicator framework be developed that encompasses the various strategic interests of the participating hospitals,
- 3) Can such a framework be used for benchmarking for external accountability, and / or
- 4) Be used for an internal learning network.

To answer these questions a literature study was done on the theory of quality costs, benchmarking and performance indicator frameworks and the empirical application of these methods. Data were collected to gain insight into the organisational profiles of Moorfields Eye Hospital (London), The New York Eye and Ear Infirmary and The Rotterdam Eye Hospital. Country profiles were established to describe the health system context in which the three eye hospitals have to operate. The data were collected through document analysis, a questionnaire and a series of semi-structured interviews with stakeholders. The principle investigator conducted the interviews during site visits in June and December of 2003. The previously interviewed stakeholders of the specific hospitals validated the results.

Results:

Despite the fact that the three hospitals are eye hospitals, they differ in the way in which they're organised, the involvement and positions of the physicians and the reimbursement systems. These differences influence the possibilities of extending the benchmarking project. First, although the quality and cost methods can be applied in all three hospitals it seems to have no added value for Moorfields Eye Hospital and The Rotterdam Eye Hospital because of their reimbursement systems and the nature of the external regulation. In New York the model can't be optimally used because of lacking clinical outcome information. Second, it is for several reasons such as the heterogeneous steering systems and management models, the existing differences in availability and comparability of data, and the wish to use international benchmarking for strategic reasons, that at the moment is not opportune to develop a common performance indicator framework. Finally, because of technical reasons such as the case-mix, the three hospitals are reluctant to use international benchmarking for external accountability. They see it more as a tool for generating discussions about how to deliver services and achieve mutual learning.

Conclusions:

The project has achieved its objective; it showed that for the near future the further development and strengthening of the internal learning network seems to be the best strategy. This could be done by broadening the existing incremental benchmarking initiatives to a form of mutual visitatie/accreditation. Whether such an internal learning network will be developed depends on the EAEH/AAEEH members. Additionally, the study provided mutual insight to the EAEH/AAEEH members as to how the external context and the position of the physicians influence the organisation of the model, the availability of data and the selection of quality improvement projects in their respective hospitals.