

018: DEFINING “KEY PERFORMANCE INDICATORS” FOR THE EFQM MODEL IN A LARGE NON PROFIT HEALTHCARE ORGANISATION

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Objective:

Using the EFQM excellence model as a self-assessment tool, “S. Anna” Hospital of Ferrara realised the necessity to create adequate measurement and evaluation tools for criterion 9 (“Key Performance Results”), fitting for a non-profit healthcare organisation and shared by the clinicians through a bottom-up process.

Methods:

The “Azienda Ospedaliera Universitaria S. Anna di Ferrara” is a public teaching hospital with 920 beds, 51 units, 2,400 employees (440 of them physicians) and a total income amount of €187 million. During a self-assessment in 2001, by means of the EFQM model, the need to build tools that could measure the “Key Performance Results” was demonstrated. While the financial and economical performance of the units was under systematic control, evaluation of the key variable in public health, i.e. clinical performance, was lacking. Therefore the medical management has been involved in the development of an indicator system to maintain control of the aspects of clinical performance of their own activity, which should integrate with the already-established economical control system.

The management commenced building this system in Spring 2001, setting as a specific budget goal for clinical units' chiefs the definition of a clinical indicator as referring to an important pathology or operation (of their own choice), focusing on non-secondary aspects of quality (safety, efficacy, appropriateness).

In relation to this goal, the “Planning, Evaluation, Strategic Control Service” (SPVCS) organised training meetings that supported clinicians in the methodological path. In a few cases, indicators were taken directly from existing systems (HCUP, IQIP). In many cases they refer to scientific evidence, and sometimes they had to be “tailored” to the specific clinical and organisational needs of the units.

During the budget meetings of the following years, further objectives were assigned: “Collect the data using your indicator” (2002) and “Define a threshold value (standard) for your indicator” (2003). Only a small number of the indicators obtain data from the administrative database, many others use local databases created for internal use or for existing research projects. Only in a few cases it has been necessary to create brand new tools for data collection.

Results:

After one year indicators were expressed by 96.5% of the units, after 18 months that percentage reached 100%. In spring 2004, 33 process and 39 outcome indicators were periodically evaluated (in 80.5% the data was collected regularly). Standards have been defined by 43 units out of 51 (59 indicators out of 72). The SPVCS is now trying to entirely integrate the clinical performance indicators with the periodic reporting system: this will occur in a complete and satisfying manner only when quick and uniform CTI tools become available. Future goals focus on:

- Building indicators in order to control entire diagnostic-therapeutic pathways; and
- Co-operation with other Italian or foreign hospitals in order to compare and analyse data.

Conclusions:

Difficulties were found initially with a low diffusion of evaluation culture among clinicians, in finding scientific evidence about some specific fields and in the fear of the clinicians and units in sharing their archives with others. In the authors' opinion, building and tuning a hospital-wide system of clinical performance indicators is being able to measure the “key performance” of a public hospital, as the EFQM criterion requires. Giving methodological support to clinicians, carefully managing communication about and integral to the project and integrating performance indicators in the already-established budgeting and reporting systems, are basic requirements to reach the goals of such a project.