

## **047: STANDARDISED PERFORMANCE INDICATORS INCREASE ACCOUNTABILITY AND PROMOTE CHANGED PRACTICES**

*Dlugacz Y.D., Restifo A.*

### **Objective:**

Develop a reporting mechanism of consistently defined indicators across a large health care system that standardises the evaluation of care practices, promotes accountability, and improves the delivery of care.

### **Methods:**

The 18-hospital health care system, with over 8,000 physicians and 12,000 nurses, developed numerous performance measures for different levels of care, such as acute care, ambulatory, behavioural health, rehabilitation, safety, and environment of care. These measures were based on governmental and accrediting agencies, such as the Centers for Medicare and Medicaid Services length of stay (LOS) recommendations, the Joint Commission on Accreditation of Healthcare Organizations safety measures, such as infection prevention and evidence-based care, as well as internal professional expertise. Over the past eight years, the Quality Management Department (QMD) established comprehensive databases with internal and external benchmarks for these measures in order to evaluate improvement efforts of each facility over time. Using the data-driven Plan, Do, Check, Act methodology for continuous performance improvement to develop performance indicators, the QMD educated the medical and nursing staff to monitor performance based on deliberate, rationale and scientific processes. Statistical analyses of performance indicators were used to establish baselines and to illustrate the impact of interventions in patient care over time. Performance indicators have been developed into a "scorecard" that informs the CEO of the performance of each hospital. Using standardised data definitions, collection methodologies, interpretation, and communication across the system, practices and opportunities for improvement are identified. Through the innovative metric and sophisticated communication structure, the complexity of performance indicators is effectively summarised for the Board of Trustees and clinical practitioners.

### **Results:**

Indicator data revealed that targeted education was necessary to improve timely antibiotic administration for surgical cases at all system facilities. Data revealed improvement from 74.8% (2003) to 92.2% (2004). Data on appropriate treatment of heart failure, such as administration of beta-blockers and nutritional counselling, led to the creation of a standardised clinical pathway, which resulted in improved monitoring, documentation, and delivery of care. LOS data spurred the development of evidence-based clinical pathways to measure improvement against government benchmarks on a consistent basis. Data reveal that at one community hospital, LOS decreased from 7.7 days (1998) to 5.7 (2003). APACHE data, utilised to monitor ICU performance, targeted self-extubation as a problem. Weaning protocols were developed and implemented, decreasing the self-extubation rate from 7.3% (1997) to 5.1% (2003). In keeping with the national patient safety agenda, the QMD conducted prevalence studies to measure nosocomial pressure ulcers across system facilities at all levels of care. External benchmarks were compared for prevention and outcomes monthly. Education and training resulted in decreasing the pressure ulcer rate below the national benchmark, with all system facilities showing an average of 1.2%.

### **Conclusions:**

Consistent data, reported throughout the organisation, that reveal performance information over time can be used to spur changes in clinical practice, prioritise improvement efforts, and improve the delivery of care. Most importantly, quality can be operationalised through measures that are sensitive enough to explain what happens to a patient or a group of patients. Measurements are crucial to improve medical and nursing care, to establish standards of care and to define expectations of physicians, the community and the public.