

## **IND-017: A QUALITY INDICATOR INITIATIVE IN ARGENTINA HELPING HOSPITALS TO ACHIEVE MANAGEMENT INFORMATION GOALS**

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### **Objective:**

To develop a Quality Indicator Program for public and private hospitals in Argentina.

### **Methods:**

PICAM is a quality indicator program for healthcare organizations carried out since 2002 through an agreement between two non governmental organizations: the Technical Institute for Accreditation of Healthcare Organizations (ITAES) and the Argentine Society for Quality in Health Care (SACAS). The aim of this project is to promote a comprehensive quality oriented information framework into the hospital culture. The criteria adopted in the development were: program reliability, accurate designing process, simplicity, low operative cost, and increasing complexity in its evolving stages. The basic assumptions were: voluntary participation, feasibility for using common indicators, centralized data processing, data confidentiality, benchmarking and monitoring, comparison with standards, observation of benchmark tendencies and dispersion, and also the future use of these measures as part of ITAES' Accreditation Program. Program strategy was based on: 1) Disseminating a set of 12 basic indicators and elective sets -including CMS-ORYX and other 2) Development of a Procedures Manual 3) Methodological testing in 10 voluntary hospitals in Great Buenos Aires 4) Hospital representative training and adjustment of procedures when necessary. The 12 Basic Indicators were classified in 3 groups: 1) Delivery of Services and Utilization: Outpatient Lab Test Use, Outpatient Ultrasound Use, Proportion of Emergency Visits, and Average Length of Stay; 2) Performance Measures: Caesarean Rate, Neonatal Mortality, Risk-adjusted ICU Mortality, and Surgical Infection Prevention; 3) Patient Satisfaction and Safety: Cancellation of Surgeries, Unplanned Readmissions, Lack of Discharge Summary, Discharge Against Medical Advice, and Work Accident Rate.

### **Results:**

The methodological testing was carried out only on the 12 basic indicators; optional indicators were excluded at this stage. An active learning environment was generated by the participants during the training process through which working forms and methodological issues were reviewed. Several difficulties were found in the provision of accurate data by hospital representatives. Some numerator and denominator statements led to interpretation discrepancies; consequently, they had to be redefined more clearly. Periodic confidential reports showing anonymous comparative benchmarking were delivered to the participating hospitals. Disparities in information technology resources and data structure and utilization were evidenced in this phase. Private hospitals were more prone to use billing data, while information in public hospitals was mainly episode-statistics based. A lack of integration between clinical-demographical and service utilization data was observed.

### **Conclusions:**

Procedure and diagnostic coding standardization is controversial in Argentina. There is also a need for consensus on what measures should be selected to assess clinical performance, appropriateness of procedures, hospital management, and patient safety and satisfaction. This situation is compelling the working group to promote basic definitions and a suitable minimum set of representative measures. This methodology showed some hospital organizational gaps that needed to be addressed through training, development and coaching in order to promote substantial changes in the managerial culture. These basic indicators are now being implemented in a nationwide study endorsed by the Ministry of Health. An adequate interaction with development groups from other countries is also expected to promote international comparisons among indicator programs for hospitals.