

## **082: THE USE OF BENCHMARKING FOR QUALITY IMPROVEMENT ON A NATIONAL SCALE**

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### **Objective:**

To use the benchmarking potential in nationwide performance measurements to describe and distribute examples of best practice for local quality improvement.

### **Methods:**

The Danish national quality improvement program "The Good Medical Department" has carried out two almost identical performance measurements using generic indicators describing important aspects of clinical pathways (e.g. indicators for the diagnostic process, planning in relation to selected clinical problems, correct medication, patient information, nutrition, rehabilitation, content and processing time for discharge letters). The measurements were carried out with an interval of one year (January 2001 and January 2002). Feedback of results to participating departments was done by showing indicator values on the internet. The design allows results to be compared between departments and is hence suitable for benchmarking. Results from 70 medical wards participating in both measurements were analysed and categorized according to two criteria: wards having one or more indicator values above national average in both measurements and wards having statistically significant improvements from the first to the second measurement. In order to expose best practice, a semi-structured interview guide was developed. Ward managers from 66 of the 70 wards agreed to be interviewed.

### **Results:**

64 of 70 wards (91%) had at least one indicator with a value above national average. Of the 70 wards 40 (57%) had achieved a statistically significant improvement for at least one indicator between the two measurements. Of these 33 had carried out an innovative action to improve practice. The interviews revealed that reliable explanations for good results and/or significant improvements were obtainable in almost all cases. Only in four cases ward managers stated that improvements could not be explained. The interviews allowed examples of best practice to be described within nine important indicator areas. Subsequently the local experiences and good solutions within each topic were published in a "best practice catalogue" distributed to all medical departments in Denmark. The catalogue contained general recommendations about the importance of placing responsibilities, staff introduction/education, teamwork, coordination and documentation of work processes, as well as specific recommendations within each topic such as examples of concrete tools with proven efficiency.

### **Conclusions:**

Feedback of results to participating departments with the possibility of mutual comparison seems to be incentive for managers to initiate actions in order to improve quality. In this study it was possible to uncover and describe best practice by interviewing managers from departments with either the best results or the most significant improvements. The third nationwide performance measurement will be carried out later in 2003 to see in what degree the published recommendations have been implemented in all departments of internal medicine in the country.