

134: LEADING IN TURBULENT TIMES. PROMOTING A HOSPITAL PERFORMANCE IMPROVEMENT PROGRAM IN ARGENTINA

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Objective:

To analyze factors that influence guideline adherence in the implementation of a performance improvement program.

Methods:

In a 2-year experience at the Hospital Británico, the quality of services was explored through ORYX-based inpatient performance indicators (PI). Although the initial benchmarks have shown a good overall clinical performance, some gaps, consistent with other studies, were evidenced. Clinical guidelines (CG) for most frequent inpatient problems were also approved in the same period. Nevertheless these two isolated activities, CG and PI, have not achieved the expected results. Staff adherence to CG was poor. In March 2002, organizational changes were introduced to redistribute task assignments and patient care responsibilities. A team of hospitalists was recruited from the Division of Internal Medicine. A steering committee-project leader-key user-end user scheme was implemented. Two hospitalists were assigned as project leaders. Staff from different disciplines were invited to participate in the program. Financial incentives or rewards were not offered to participants. Guideline selection/development criteria were based on the frequency and relevance of clinical problems, care coordination needs, and drug review utilization. The selected guidelines were: Prophylaxis of deep vein thrombosis, prophylaxis of upper digestive hemorrhage, treatment of upper digestive hemorrhage, community acquired pneumonia, pain management, stroke, heart failure, urinary tract infection, headache, and chronic obstructive pulmonary disease. PI to monitor guideline compliance were also defined.

Results:

Evidence-based practice was not uniformly accepted, individual and service differences were observed. The communication gaps existing between health providers and programmers were satisfactorily bridged, despite the intrinsic difficulties of a fee-for-service environment. Physicians' schedule incompatibilities, not rewarded time-consuming activities, practice overload, and lack of motivation were identified as major barriers to participation. Task scheduling needed to be adapted to a more realistic timetable. Pre-intervention benchmarking showed an inaccurate adherence to guideline standards. The overall effectiveness in Prophylaxis of Deep Vein Thrombosis was 67 % (95% CI, 61-74), Moderate Risk 36 % (95% CI, 24-80), High Risk 73 % (95% IC, 64-80), and Very High Risk 90 % (95% CI, 57-100) respectively (P for trend < 0.001). Conversely, early interventions, in which staff and residents were involved, showed promising results. Under this approach, over-utilization of H2 receptor antagonists was reduced from 70% (95% CI 61-78) to 30% (95% CI 11-45) (p< 0.001).

Conclusions:

Clinical staff tend to focus on patients' acute care, generally overlooking the population-based approach to clinical interventions. On the other hand healthcare administrators have demonstrated to be more prone to business management than to health services planning, which is being aggravated by a prolonged financial crisis in this country. These polar positions lead to a lack of information and quality initiatives. Preliminary results demonstrated that guideline adherence can be expanded through staff involvement and communicational efforts. Nevertheless practice guidelines could be perceived as externally imposed or as a threat to clinical judgment. Conflicts of interest, and organizational problems were also evidenced. Granting support to academic and organizational efforts should be promoted to improve clinical effectiveness in an adequate information culture.