

## **204: 2003 ROLE DELINEATION STUDY OF THE INTERNATIONAL HEALTHCARE QUALITY PROFESSION**

*Perez E.L., Carter-LeCompte P., Maronde J.L.*

### **Objective:**

The purpose of the role delineation study was to identify the significant responsibilities of professionals in healthcare quality to validate the body of knowledge needed for effective practice in this field on a global scale.

### **Methods:**

The purpose of the role delineation study of the international healthcare quality profession was to identify the significant responsibilities of professionals in healthcare quality on a global scale. Once defined, these tasks were used to identify the knowledge, skills and abilities needed to perform effectively as an international healthcare quality professional. The Healthcare Quality Certification Board (HQCB) of the National Association for Healthcare Quality (NAHQ), worked with a professional testing company Applied Measurement Professionals, Inc., (AMP) to design and conduct a study to objectively define the role of the international healthcare quality professional. The role delineation study provides the necessary content validity upon which to base an international certification examination.

The HQCB has validated the Certified Professional in Healthcare Quality (CPHQ) international examination content for over fifteen years by conducting role delineation studies, also known as practice analyses. Drawing from this experience the HQCB appointed a diverse group of quality professionals as the International Practice Analysis Committee (IPAC). All IPAC members had demonstrated expertise in their respective areas of specialization. The survey was pilot-tested by a group of international quality professionals, revised and re-tested. Final changes were made and the survey consisting of 128 tasks was distributed, including 9,812 e-mail invitations to complete the survey via the Internet and 775 paper surveys sent by mail.

### **Results:**

A total of 10,587 individual surveys were available to practicing healthcare quality professionals in 72 countries. After adjusting for incomplete responses, 16% of the sample provided useable responses (n=1,371), a 16% adjusted response rate. 1,000 members of the International Society for Quality in Health Care (ISQua) received an electronic invitation to participate with a 7% useable response rate from among ISQua members. 38% of responders indicated they need to understand and apply international quality standards in the performance of their work responsibilities. Respondents used all rating scales with an acceptable level of reliability. The responses to the demographic questions indicated that there were sufficient numbers of respondents in relevant groups, including education, facility types and size, and major global regions, for subsequent analysis. Approximately 95% of the respondents felt that the survey at least adequately addressed the responsibilities of the profession.

### **Conclusions:**

In November 2002 decision rules were adopted for analysis of the data and used to determine which tasks were significant to international quality professionals. A total of 27 out of 128, or approximately 21% of the tasks, were eliminated by the decision rules adopted by the IPAC. A content outline describing the remaining 101 tasks significant to the performance of the international quality professional was developed on the basis of these data. The four major content areas are: Management and Leadership; Information Management; Education, Training and Communication; and Performance Measurement and Improvement. It was determined that a 125-question multiple-choice international examination would be sufficient to assess competency for this body of knowledge. Major changes in the body of knowledge developed from the previous role delineation study completed in 1999 represent the evolution of the field over the past four years. These include use of a wider range of quality measurement and improvement tools and assessment models, increased emphasis on patient safety and other safety programs, the need for increasingly sophisticated tools for analysing and interpreting data, and less involvement with clinical case management but more from a patient advocacy and ethics perspective.