

UK QIP



The UK Quality Indicator Project (UK QIP®) and the UK Independent Health Care Sector: A major new development

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What is UK QIP

- Part of the largest international database –International QIP
- Quarterly comparative anonymised feedback on quality (outcome) indicators – acute units and mental health – hospital wide
 - Range of reports at different levels e.g. sector wide (UK), international, European, peer
 - Continual development – e.g. control charts added 2002
- User driven
- Voluntary participation
- Support and education
 - Training
 - Use of data
 - Helpline – e-mail and phone
 - Web based data entry and analytical software
 - Web based support materials
 - Audit protocols
 - Users' group meetings

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Example Indicators

Inpatient

- I Hospital Acquired Infections
- II Surgical Site Infections
- III Inpatient Mortality
- V Perioperative Mortality
- VI Management of Labour
- VII Unplanned Readmissions
- VIII Unplanned Admissions Following Day Case Procedures
- IX Unplanned Returns to ITU
- X Unplanned Returns to the Operating Theatre
- XIII Sedation and Analgesia
- XIV Falls
- XV Pressure sores

Day case

- A-5 Cancellation of day case procedure on the day of procedure

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Indicator II: Surgical Site Infections

Infection rates for patients undergoing the following:
 C.A.B.G.
 Hip Arthroplasty
 Knee Arthroplasty
 Abdominal Hysterectomy

All patients to be risk categorised using the following criteria
 ASA class
 Wound classification
 Length of time in theatre

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Reliability and Validity

Reliability

- Ensure all participants are collecting the data correctly to allow comparisons of the data to be made
- Conformance Assessment surveys completed on the web
- Report received on hospitals who are not collecting the data as intended

Validity

- Monitored continuously: The best test of indicator validity is to determine if indicator measurement and monitoring has led to quality improvement

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UK QIP Case study - Surgical site infections

- Sudden increase in infection rates. Not just hips, but knee replacements and hysterectomies as well.
- Coincided with a change in cleaning contractors for theatres.
- The contract for the new cleaners was discontinued.
- The infection rate fell back to its original rate.

Point	Hospital	Project mean
1	0	3
2	12	3
3	7	3
4	11	4
5	0	4
6	0	3
7	0	3

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UK QIP History of the UK QIP

- US developed, UK implemented and managed
- Began 1985 in Maryland (MHA QIP)
- Largest international comparative data set - 1500 + hospitals
- NHS Working for Patients 1989: emphasis on quality
- NRHA and international experience
- 1992 - 7 UK NHS hospitals join QIP as an evaluated pilot project
- 1995 - pilot evaluation complete
- 1997 - Expansion of QIP across UK (funded NHS & MHA)

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UK QIP History of the UK QIP

- 1998 'A First Class Service' - Introduction of "clinical governance"
- 1999 Regulation of private sector/Proposed Care Standards Commission for independent sector and CHI for NHS
- National performance framework for NHS: indicator led
- 1999 NHS Performance and clinical indicators published on web
- 2000 - Creation of International QIP (IQIP)
 - UK, Belgium, Austria, Portugal, Netherlands, Germany, Singapore, Taiwan
- 2001 - 53 UK participants

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UK QIP History of the UK QIP: Independent sector

- 1998 - First independent hospitals join (BMI Pilot)
- Regulation/quality in independent sector - Care Standards Act 2000
- National Care Standards Commission (NCSC) - April 2002
 - Responsibility for the registration and inspection of services including Private and Voluntary Hospitals and Clinics
 - National minimum standards
- Independent Health Care Association "industry standard"
- 130 + UK independent hospitals
 - BUPA
 - Nuffield
 - BMI
 - HCA
 - Other independents

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UK QIP National Care Standards Commission

- A3.4 All medical practitioners provide the registered person with, and make available to the National Care Standards Commission, the following clinical and performance indicators about any patient they have treated
 - any deaths at the hospital (Indicators 3, 4, 5 and 11)
 - unplanned re-admissions to hospital (7)
 - unplanned returns to theatre (10)
 - unplanned transfers to other hospitals (Ready to pilot)
 - adverse clinical incidents (several e.g. 13)
 - incidence of post-operative deep vein thrombosis (under consideration)
 - post operative infection rates for the hospital (1 and 2)

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Lessons from our experience

- NHS interest waxed and then waned
 - NHS PAF and performance ratings
- Independent sector pilot project with BMI at a time of increasing emphasis on regulation and quality
- IHA key performance indicator project led to choice of UK QIP
 - Comparative data
 - Academic/epidemiological basis – robust indicators
 - Information systems vary
 - Support mechanisms and philosophy
 - Desire to be seen to be addressing quality
 - Alignment with other systems e.g. HQS accreditation
 - Role of insurers/govt/legislation
 - Flexibility/ responsiveness of QIP (reports, analysis, new indicators)

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IHA developments

- Expansion to mental health sector/Royal Coll. Psych.
 - Implementation plan for Independent Psychiatric Sector early 2003
- New “Transfers out” indicator in pilot phase.
- International development of DVT indicator
- Discussions on best use of data within sector and for public accountability
- Alignment with NCSC and further developments (CHAI 2004)

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Conclusions

- QIP is largest international comparative indicator dataset
- Under continuing evolution and development within a fundamental philosophy (“data are means not an end”)
- International development with UK as trailblazer
- IQIP coordinate this – international learning and resources
- UK (and international) experience shows that the project is generic and transferable
- Characteristics that are particularly valued are:
 - Confidentiality/anonymity
 - Flexible comparative analyses
 - Support, training etc.
 - Project flexibility and responsiveness to users
 - Sector wide model.
- Challenges
 - Maintaining the core philosophy in the light of pressure for public availability
 - What is accountability in such a project?
 - Developing an international project whilst meeting differing needs across and within systems

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