

## **015: BEYOND THE DATA – THE APPLICATION OF A PERFORMANCE MEASUREMENT SYSTEM IN TAIWAN**

### **Authors:**

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### **Objective:**

For providing a valid assessment mechanism in critical review of own performance to identify priorities for improvement, and fostering international benchmarking, Taiwan Joint Commission on Hospital Accreditation (TJCHA) introduced the International Quality Indicator Project (IQIP) from United State to Taiwan healthcare system as "Taiwan Quality Indicator Project; TQIP" in 1999.

### **Methods:**

Acute care, Psychiatric care and Long Term care are three areas covered by TQIP as a clinical, hospital level data base performance measurement system. Participating in TQIP is voluntary. In year of 2002, the total number of participants is 71, which included 43% teaching hospitals in Taiwan.

To enhance the application of TQIP, an implementation model included three phases as data collection, reading and application is used by TJCHA. Various types of training, successful stories sharing, web site information, on-site services and a panel of experts are methods to assist the participants use TQIP as not only a performance measurement system, but also a performance improvement system that is part of their daily activities. A Conformance Assessment Survey is conducted to the data collectors quarterly to assure the reliability of indicator data. Furthermore, a customer survey is conducted to the participants annually to collect the subjective information and customer satisfaction of the project.

### **Results:**

The overall conformance rate for Taiwan participants was 81% in 2000. It seemed that 19% of data collectors have certain degree of discrepancy in data collection. According to the results of annual survey in 2001, with respect to overall project wide satisfaction is about 82.4%, and 92% of responders indicated that participating in the project has a positive impact on their own system. Specifically, *examining current quality status, identifying quality issues for improvement and setting up a data collection model* were the top three areas that the participants felt helpful for them. *Infection related indicators, unscheduled returns; labor management, prophylaxis, mortality and fall events* were identified as the useful indicators for quality improvement. On the other hand, *low physicians involvement, insufficient information system and lack of leadership supporting* were the major challenges for applying a performance system.

### **Conclusion:**

Since the Joint Commission also accredits hospitals in Taiwan, there was potential for a conflict of interest. Interestingly, however, hospitals were not reluctant to submit data about their internal performance to the same organization that oversees their accreditation, unless the external evaluation looks at the process and efficiencies of performance improvement but not the data itself. However, one of the clear goals of the Joint Commission in Taiwan is not only accreditation but also the promotion of quality. Hospitals realize that the TQIP is not a means of control but provides an opportunity for sharing information about performance, investigating underlying determinants and causes, to share best practices and successful strategies with peers and that this process is greatly facilitated by a performance measurement system that allows for comparison between hospitals on the basis of precise definitions and sound methodology.