

237: REPEATED NATIONWIDE MEASUREMENT OF STANDARD RELATED INDICATORS AS STIMULUS FOR LOCAL QUALITY IMPROVEMENT

Author:

Qvist P., Rasmussen L.

Objective:

To evaluate the applicability of repeated measurements of generic indicators to stimulate local quality improvement.

Methods:

On the basis of predefined generic standards concerning important clinical aspects of the continuum of care, generic indicators were developed and pilot tested. In January 2001 base line values for all indicators were collected from 50 admissions in each of 79 medical wards covering approximately 2/3 of medical departments in Denmark. Participation was voluntary. Collection of data was performed by case record analysis after prior written and personal instruction. Most registrations were done on-line via the internet using validated forms. Ward specific as well as nationwide results were published anonymously on the internet in April 2001 (www.DGMA.dk). Participating departments gained access to own results via personal passwords.

In August 2001 a telephone interview with ward managers was conducted to determine the degree of action taken in cases of documented poor performance in all medical departments in response to individual results. In September 2001 a national conference was held to elucidate how "good performers" have reached actual level of quality for selected topics.

In January 2002 the data collection was repeated in order to see whether the actions taken in individual departments had any detectable (statistically significant) impact on local and/or nationwide results.

Results:

Base line results showed poor performance for one or more indicators for almost all participating departments. On a national basis problems were especially pronounced regarding documentation of patient information, action plans for nutrition and mobilisation, unplanned readmissions and in-hospital waiting time for certain examinations. In some wards the diagnostic accuracy as well as correctness of prescription of medicine was unsatisfactory. Longer in-hospital waiting time and diagnostic inaccuracy led to prolongation of hospital stay.

The interview with the ward managers showed that the results were discussed by the staff in more than 90 % of the wards. In 75 % of wards action was taken or planned within 2001 in order to improve performance for one or more of the measured variables.

Ninety five percent of wards participated in the repeated measurement of the indicators performed in January 2002. In addition nine new wards volunteered to collect data from 50 admissions. The actual indicator values together with base line values will be accessible on the internet in April 2002 for comparison, giving a basis for local evaluation of any action taken to improve quality between measurements.

Conclusion:

In this study it was possible to engage most medical departments in Denmark to participate in repeated measurement of generic indicators on a voluntary basis. The cross sectional design combined with easy access to results via the internet allows the departments to react on poor performance within a short time frame. With the use of few resources this concept gives the opportunity to follow development of performance in relation to generic standards over time and for benchmarking.