




## Repeated nationwide measurements of standard related indicators as stimulus for local quality improvement.


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## Principal contents

1. Setting standards
2. Measurement of performance by means of standard related indicators
3. Improving quality by "supported professional self regulation"




## Development of standards Principles

- Limited number of clinically relevant standards
- Involvement of relevant clinicians, experts", stakeholders, etc.
- Specific comments to each standard regarding evidence, legislation, etc.
- Focus on measurable elements of each standard




## Measurement of performance

- Generic indicators related to standards
- Transforming indicators to specific questions regarding documented quality
- Pilot-testing and measurement of inter observer variation
- Making registration forms accessible on the internet (via [www.dgma.dk](http://www.dgma.dk))



## Generic indicators

• Length of stay	• Unplanned readmissions
• Diagnostic accuracy	• Patient information
• Prescription of medicine	• In-hospital waiting times
• Action plans	• Clinical guide-lines
🕒 Analgetic treatment	• Discharge letters (content)
🕒 Fever	• Discharge letters (delay)
🕒 Nutrition	
🕒 Rehabilitation	



## Registration of indicators

- Cross sectional design with data collection once yearly
- Data collection after prior written and personal instruction
- Interdisciplinary registration directly on-line using validated forms
- Inclusion of 50 cases of acutely admitted medical patients per ward

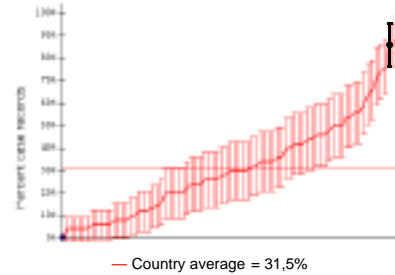


### Data presentation

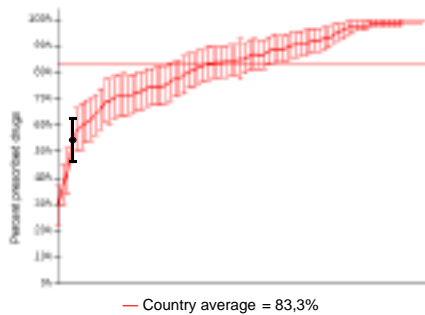
- Anonymously on the internet 2 month after registration
- Ward specific data presented as graphs including 95% confidence limits
- Access to own results via personal passwords
- Easy comparison to national average and to own values from previous years



### 26. Documentation of information to the patient



### 27. Correct medication



### Quality improvement Follow-up on results

- Manager interview
- Conference activity
- Newsletters
- Presentation and distribution of solutions from "good performers"
- Repeating measurements



### Results (I)

- Voluntary participation from medical departments covering 70% of Danish hospitals
- Significant nationwide variations in performance
- 75% of the managers planned specific action as a direct consequence of the first measurement



### Results (II)

- Repeating measurements after 1 year showed significant improvements for 80% of the indicators (national level)
- Analysis of results for individual wards showed that 44% had improved at least one indicator significantly



### Conclusions (I)

- Measurement of performance using standard related indicators possible on a voluntary basis
- Publication of results on the internet (even anonymously) seems to stimulate action to improve



### Conclusions (II)

- Improvements can be documented statistically over time
- On a local level good performers and active wards can easily be identified
- Results need to be followed up regularly