

Identifying barriers for the patients' journey by using generic indicators in a cross-sectional national study.

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Objective:

To explore indicator-based audit and benchmarking as tools for identifying barriers for the appropriate cooperation across sectors.

Methods:

In collaboration with the Danish Quality Project for General Practice, the "Good Medical Department Project" offered participation in an audit survey to 283 Danish hospital departments in the autumn 2004. The project aimed at assessing:

- 1) The quality of referral letters for outpatient clinics. Senior specialist-doctors assessed a sample of 50 referral letters from GPs to the department on seven indicators.
- 2) The quality of discharge letters for hospitalised patients. Experienced and locally based GPs assessed a sample of 50 discharge letters from each department on seven indicators.

Data were grouped according to department specialty and according to a number of frequent diagnoses, allowing identification of specific barriers for the appropriate cooperation across sectors relating to certain patient groups. Furthermore, data were fed back to the participants within one month, offering them the possibility to discuss the results locally and to compare own performance with the national mean.

Results:

Fifty-five departments with six different specialties chose to participate, offering a total assessment of 2650 referral letters and 2719 discharge letters. Most participants chose to report their assessments through the Internet (SPSS Dimensions®), and used approximately three hours on the audit and reporting procedure. The overall percentage of satisfactory referral letters was 64,6% (SEM +/-6,3%). For discharge letters the figure was 77,7% (+/-5,6%). However, the documentation of the information given to patients and of patients' medication scored low, both in referral letters; 22,6% (+/-5,6%) and 39,2% (+/-6,6%) respectively, and in discharge letters; 58,9% (+/-6,6%) and 38,8% (+/-6,6%).

A few observations on the variations among and within specialties will be noted. The overall quality of discharge letters from orthopaedic in-patient clinics (n=9) was rated lower compared to other specialties (64,5% vs. 80,3%, p<0,01). The lower rating on over-all assessment was accompanied by much lower ratings on the documentation on patients' medication (28,0% vs. 64,9%, p<0,01).

More than half of the participants in the study were medical departments; 30 out of 130 Danish medical departments opted in. The 1459 referrals to medical out patient clinics were subdivided into twelve diagnosis-groups. The assessment of overall quality of referrals of patients with diabetes (n=180) was found less satisfactory than the average referral to medical outpatient clinics. The lower rating on over-all assessment (51,7% vs. 63,0%, p<0,01) was accompanied by lower ratings on the documentation of patient's history (63,8% vs. 73,9%, p=0.01), but by higher ratings on the documentation of the information given to patients (28,1% vs. 16,6%, p<0.01) and of patients' medication (57,2% vs. 45,5%, p<0,01), probably reflecting that outpatients clinics for diabetes patients have very specific demands to referral. For patients referred on suspicion of cancer (n=85) the over-all assessment of the referrals were no different from the average (58,8% vs. 63,0%, p=0,51) but these referrals was characterized by very low ratings on the documentation of the information given to patients (8,1% vs. 16,6%, p=0,04).

Conclusions:

A relatively simple and low-cost cross-sectional evaluation of referral letters and discharge letters is able to detect considerable variation in the perceived quality. Apart from stimulating discussions on ways to improve the appropriate cooperation locally, the survey has identified areas where guidelines might be needed – or the use of existing guidelines encouraged. The results support the proposal of cross-sectional audit and benchmarking on generic indicators as part of a national model for quality of care assessment and improvement.