



CEEQNET

Health Care Quality Newsletter 2005

Dear partners of the CEEQNET project,

as you are all aware of, the main aim of our project is to share best practices for the improvement of all the health care services our respective facilities provide to our patients. There is a multitude of activities targeted on improvement of quality, accessibility, efficiency, efficacy, safety and timeliness of the services we are providing. The core product of our efforts (the identification and appropriate use of some core measures which can be extracted from the already used databases of our respective health care facilities) would be useless, unless we are able to interpret the measures in the context of our health care systems and assure appropriate processes leading to improvement in the work we are doing. In order to facilitate the process of reflection and reorientation of some of our everyday efforts, please accept the following newsletter (which is produced periodically) as a service to all members of our community – „ to find out what's going on in other places and organizations“. We sincerely hope, that you will (if you have lists of significant links relating to performance and quality management in health care, or if you can provide or point to significant documents) all actively collaborate in the production of our future newsletters. We are more than eager to receive any of your comments that will help us to develop this newsletter into a useful resource not only for you, but also for any health care facilities you may be collaborating with.

Sincerely yours

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*Please be so kind and send your comments and suggestions to
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This newsletter keywords:

EFQM, quality, customer, survey, electronic medical records, patient safety

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EFQM as a Tool for a Real Continuous Improvement

<http://www.efqm.org>

EFQM is the primary source for organizations throughout Europe which are looking for more than quality, but are also striving to excel in their market and in their business. Based in Brussels, EFQM brings together over 700 member organizations and valued partners situated in every geographical region across the globe.

EFQM is the creator of the prestigious European Quality Award which recognizes the very top companies each year. EFQM is also the guardian of the EFQM Excellence Model which provides organizations with a guideline to achieve and measure their success. EFQM is a not-for-profit membership foundation focused on serving its members' information and networking needs.

The Healthcare Quality Experts

<http://www.healthgrades.com/>

Health Grades, Inc. is a healthcare ratings, information, and advisory services company. Its mission is to guide America to better healthcare. With its proprietary, objective provider ratings and expert advisory services, it is creating the standard for healthcare quality. The company provides its clients with targeted solutions that enable them to measure, assess, enhance, and market healthcare quality.

Patient Safety Indicators

http://www.qualityindicators.ahrq.gov/psi_download.htm

The Agency for Healthcare Research and Quality (AHRQ) has developed an array of health care decision making and research tools that can be used by program managers, researchers, and others at the Federal, State and local levels. One of these tools is the AHRQ Quality Indicators (QIs), which use hospital administrative data to highlight potential quality concerns, identify areas that need further study and investigation, and track changes over time. The AHRQ QIs are comprised of the Inpatient Quality Indicators (IQIs), Prevention Quality Indicators (PQIs), the Patient Safety Indicators (PSIs), and the Pediatric Quality Indicators (PDIs).

The AHRQ QIs are a set of quality indicators organized into four "modules," each of which measures quality associated with processes of care that occurred in an outpatient or an inpatient setting. All four modules rely solely on hospital inpatient administrative data:

- Prevention Quality Indicators (PQIs)--or ambulatory care sensitive conditions--identify hospital admissions that evidence suggests could have been avoided, at least in part, through high-quality outpatient care.
- Inpatient Quality Indicators (IQIs) reflect quality of care inside hospitals and include:
 - Inpatient mortality for medical conditions.
 - Inpatient mortality for surgical procedures.
 - Utilization of procedures for which there are questions of overuse, underuse, or misuse.
 - Volume of procedures for which there is evidence that a higher volume of procedures maybe associated with lower mortality.
- Patient Safety Indicators (PSIs) also reflect quality of care inside hospitals, but focus on potentially avoidable complications and iatrogenic events.
- Pediatric Quality Indicators (PDIs) both reflect quality of care inside hospitals and identify potentially avoidable hospitalizations among children.

Consumers Unconvinced Of Improvements in Healthcare Quality

<http://www.ncqa.org/communications/news/index.htm>

Five years after the Institute of Medicine issued its report focusing attention on medical errors in hospitals; Americans say they do not believe the nation's quality of care has improved.

Four in 10 people say the quality of healthcare has gotten worse in the last five years, four in 10 say it has stayed the same and only one in 10 says it has gotten better, according to a survey by the Henry J. Kaiser Family Foundation, the U.S. Agency for Healthcare Research and Quality and the Harvard School of Public Health.

The survey of more than 2,000 adults, conducted during the summer of 2004, found nearly half say they are concerned about the safety of medical care they and their families receive, and more than half say they are dissatisfied with the quality of healthcare in the United States.

On the other hand, a new study from the National Committee for Quality Assurance (NCQA) says the quality of care delivered by health plans that publicly report their performance improved markedly last year, even though the U.S. healthcare system as a whole remains plagued by quality gaps that contribute to thousands of avoidable deaths every year.

Electronic medical record system top IT priority for hospitals

<http://www.himssconferencenews.org/>

Nearly two-thirds of hospital information technology executives surveyed expect their organization to implement an electronic medical record system within two years, while nearly one in five said their organization already has an EMR system. The annual Health Information and Management Systems Society survey was released at the organization's annual meeting. For the fifth year, survey respondents identified lack of adequate financial support for IT as the most significant barrier to successful implementation of IT at their organization, followed by vendor inability to satisfactorily deliver products and services, lack of staffing resources, difficulty proving return on investment, and lack of clinical leadership.

AHRQ Update on CAHPS Hospital Survey

<http://www.cms.hhs.gov/quality/hospital/>

After a rigorous survey development process and extensive testing, the Agency for Healthcare Research and Quality (AHRQ) and the CAHPS grantees provided the Centers for Medicare & Medicaid Services (CMS) with their technical recommendations for the CAHPS Hospital Survey in the fall of 2004. These recommendations included a 25-item questionnaire for hospital inpatients as well as administration guidelines. CMS has submitted the instrument to the National Quality Forum's (NQF) review and consensus-building process.

NQF's Review Process

The CAHPS Hospital Survey is now going through expedited review by the National Quality Forum. On December 1, 2004, an NQF committee approved moving the instrument forward to the next step in the consensus process if certain changes were made. Among the committee's recommendations was a request to add two questions back into the 25-item instrument: one regarding the courtesy and respect of physicians, and the other regarding the courtesy and respect of nursing staff. The committee also suggested a revision in the wording of an item about medications.

NQF is preparing to release its draft consensus report and the instrument for public review and comment. After the comment period, a revised report will be sent to the NQF membership for a vote. If the measure is approved by the NQF membership, the NQF board will make a final decision, which is expected sometime in May 2005.

Next Steps

Concurrent with the NQF process, the CAHPS Hospital Survey is going through the Office of Management and Budget's (OMB) Paperwork Reduction Act process. The first Federal Register notice soliciting public input closed on January 18, 2005. The final comment period will follow NQF's final vote on the CAHPS Hospital Survey.

Following the NQF and OMB processes, CMS will work with the Hospital Quality Alliance to train hospitals and survey vendors and then implement a "dry run" of the CAHPS Hospital Survey. The dry run will give hospitals and their vendors some experience with integrating this instrument with their existing questionnaires, administering the survey, and analyzing their results, but will not include any public reporting. National implementation will follow the dry run.