Quality of Care

*Does **Your** Practice Measure Up?*

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"Research on the quality of care reveals a health-care system that frequently falls short in its ability to translate knowledge into practice, and to apply new technology safely and appropriately."
Crossing the Quality Chasm
Institute of Medicine, March 2001

As professionals, family physicians strive to provide their patients with the best possible care; but being human, we are not always successful at meeting our own expectations. In order to know how well we are doing, we need to be able to measure the quality of the care we provide. Campbell and colleagues define quality as:

"Degree to which health services increase the likelihood of desired health outcomes and are consistent with current professional knowledge."[1]

Without knowing where our shortcomings and strengths are, it is very difficult to know where to make changes within our current practice. By repeatedly applying the same measures or indicators, we can tell how we are doing in our efforts to improve our quality of care.

Reference
1. Campbell SM, Roland MO, Buetow SA: Defining quality of care. Soc Sci Med 2000; 51(11):1611-25.

Components of quality care

1. Structure

- To get quality care, patients need to be able to access the services they need.
- Access is dependent on the structure of the health-care system.
- Both system-wide (funding mechanisms) and practice-specific (appointment systems, physical access, after-hours availability, and charting systems) aspects of structure can be considered.

2. Process

- Process looks at how services are provided.
- Services need to be provided in a technically competent and patient-centred way.
- Technical competence refers to the right service being offered to the patient at the right time.
- Interpersonal competence is a reflection of the patient-physician interaction and dictates the patient-centredness of the visit.

3. Outcome

- The consequences (morbidity, mortality, quality of life, and satisfaction) of the care we provide are difficult to measure, as many commonly measured health outcomes are dependent upon more than the primary care patients receive.
- Outcomes are often more dependent upon factors that are beyond our control.

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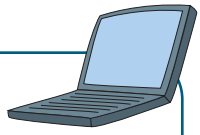
How is quality measured?

Indicators

- Indicators are specific, measurable elements of practice that can be used to measure quality.
- They reflect care that is within the control of the provider. *(Example of a quality indicator: Patients with diabetes should have their hemoglobin A1c measured every four months.)*
- Choosing appropriate quality indicators is dependent on how the indicators are to be measured.
- Quality indicators should be based on sound scientific evidence and be widely accepted by practising physicians, but may be impractical to measure for the average family physician.

Surf your way to...



1. Agency for Healthcare Research and Quality: *www.ahrq.gov*
2. Institute for Healthcare Improvement: *www.ihi.org*

Integrating indicators into your practice

Outcome: Patient satisfaction surveys

- Satisfaction surveys are commonly used as outcome indicators in health-care settings.
- It is relatively easy to develop a questionnaire to leave in your waiting room for patients to complete after a visit.
- The level of patient satisfaction is highly dependent on the expected level of service.

  Example: A patient who expects to be seen within 10 minutes of his appointment time may be quite dissatisfied if he is kept waiting for 20 minutes; somebody, who expects a 30-minute delay would, in contrast, be very satisfied with a 20-minute wait.

Process measures: Charting

- The charting system used in your office provides multiple opportunities for quality measurement.
  - Ask yourself:
    - Are the problem lists at the front of your charts up to date?
    - Are the chronic medication lists current?
  - If you use lists in your charts, it is important to find out if they are of any real value and, if so, to know how to manage them.

How to manage lists in patient charts

- Do not assume you have been perfectly diligent in updating lists; take an hour a week to check a random sample of charts.
- Formalize the process by setting aside the time in your schedule and having your secretary pull a set number of charts each week.
- Keep a log book to record your results.
- Choose indicators that are useful to you. If you do not find a chronic problem list useful, do not bother to keep one!

- Chronic disease management tools (flowcharts) also provide the ideal opportunity to set up a charting system that can be audited regularly. (How current are your flowcharts?) Dx