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Synergies through integrating Guideline and Quality Indicator Development – Experiences from a National Program

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Background: The German national quality benchmarking project is mandatory for all 1,500 German acute care hospitals. Indicator sets for 26 areas of health care with 190 indicators are in use. 27 of these indicators are used for mandatory public reporting.

National and international Guidelines are the most important information source for indicator development in this project. On the other hand indicator results provide information for the national guideline development teams for further development and updates of guidelines as well as information on the grade of implementation. Furthermore the implementation of guidelines can actively be influenced by benchmarking programs.

Purpose: The synergistic potential of an integrated approach on guideline and indicator development is shown using examples from cardiac surgery, community-acquired pneumonia and obstetrics.

Methods: Results from the German national benchmarking project from 2004 – 2008 are analysed.

The indicator “Lung maturation therapy for preterm labour” is used as an example to show how indicator results can be used to detect necessities for guideline updates.

The indicator “Oxygenation assessment in community acquired pneumonia” is used as an example to demonstrate the potential of guideline-based indicators to monitor the grade of guideline implementation.

The indicator “Use of internal mammarian artery as a bypass graft in CABG-surgery” is used as an example how systematic interventions can support guideline implementation.

Results: The indicator “Lung maturation therapy for preterm labour” showed a national rate of 62.1% in 2004. Analyses of this unsatisfactory result showed that a German guideline recommended lung maturation therapy only for babies with a gestational age of 28-32 weeks while international recommendations on an evidence level Ia recommended lung maturation therapy for gestational age 24-34 weeks. Indicator results triggered an update of the guideline.

For community acquired pneumonia measurement started in 2005 at the same time as a national guideline was released for the first time. Rates for the guideline-based indicator “Oxygenation assessment in community acquired pneumonia” improved from 67.3% in 2005 to 84.1% in 2007.

Rates for the indicator “Use of internal mammarian artery as a bypass graft in CABG-surgery” improved from 87.9% in 2004 to 91.1% in 2007. Minimum hospital results improved from 24.2% in 2004 to 82.0% in 2007. Hospitals with initially low rates were included in a systematic intervention program and showed a significant improvement of their results.

Results of 2008 will be presented at the conference.

Discussion: An example from obstetric care shows how indicator results can point out deficiencies of guidelines that are used in practical care.

The parallel publication of a high-level national guideline for community-acquired pneumonia and start of a measurement program demonstrates that the implementation grade of guidelines can be measured effectively.

An example from cardiac surgery shows that a systematic intervention at hospitals with unsatisfactory results in guideline-based indicators is useful to trigger improvements in process quality.