

Development of Quality Indicators based on clinical practice guidelines: An example with the process of care in breast-cancer

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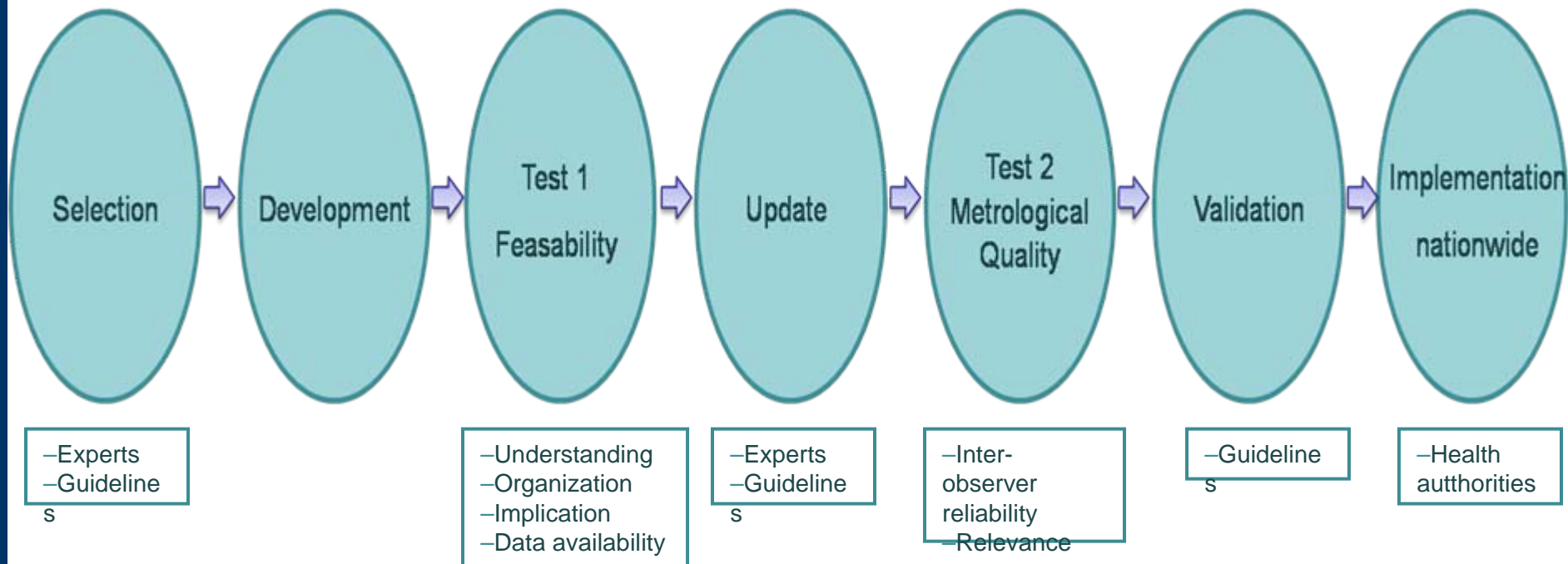
COMPAQH Project



- **CO**ordination for **M**easuring **P**erformance and **A**ssuring **Q**uality in **H**ospitals
- Coordinated by the French National Institute for Medical Research
- Supported by The French Ministry of Health and the French national authority for health

- To develop Quality Indicators (QI), evaluate their metrological performance and make recommendations for their nationwide implementation once validated
- To establish effective ways of using quality indicators

Steps in development of QIs



Breast Cancer



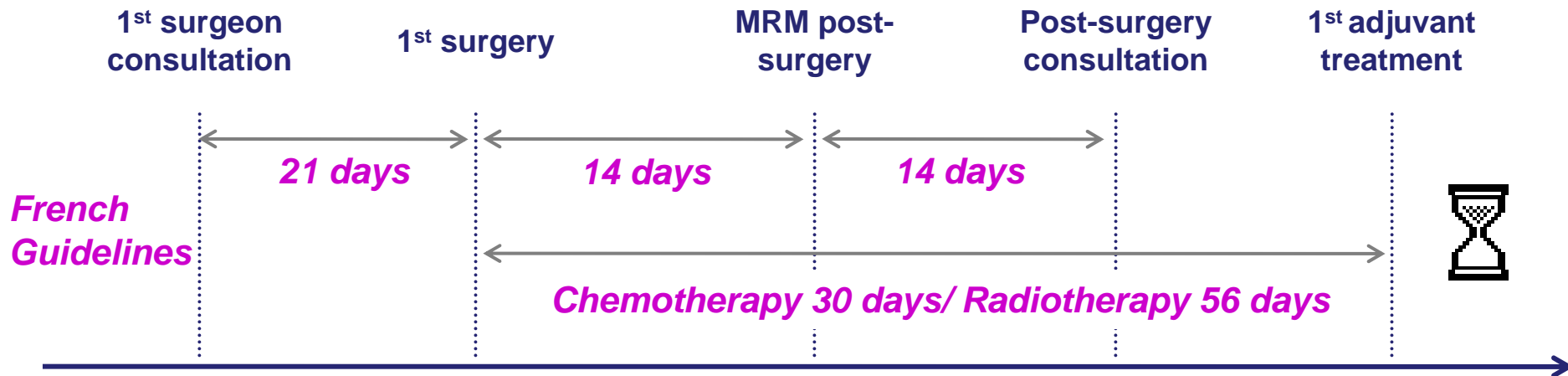
- Objective

– To measure the process of care
in breast cancer patients

- First test (2008), 23 hospitals
 - Satisfying results
 - Updating
- Second test (2009), 60 hospitals

QIs – Criteria selection

- 4 QIs representative of 4 time periods



- 3 QIs evaluating organization
 - Patient's information before surgery
 - Multidisciplinary Review Meeting (MRM)
 - Mandatory prognosis specified in medical records

Population

- Women with non-inflammatory non-metastatic invasive breast cancer

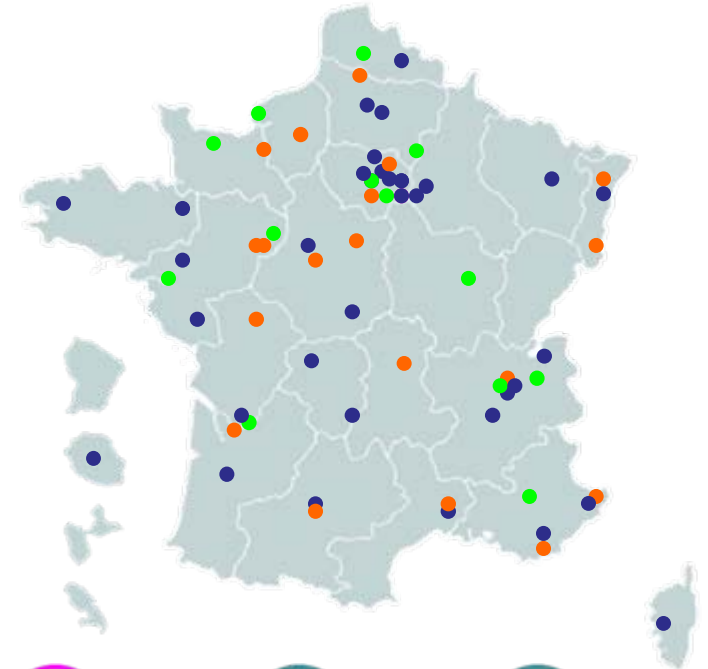
Sample analysis

- Retrospective analysis of 80 RANDOMLY selected patient records for each hospital involved

Study design

60 volunteer hospitals

- 28 publics ●
- 20 cancer centers ●
- 12 private ●



3714 medicals records audited

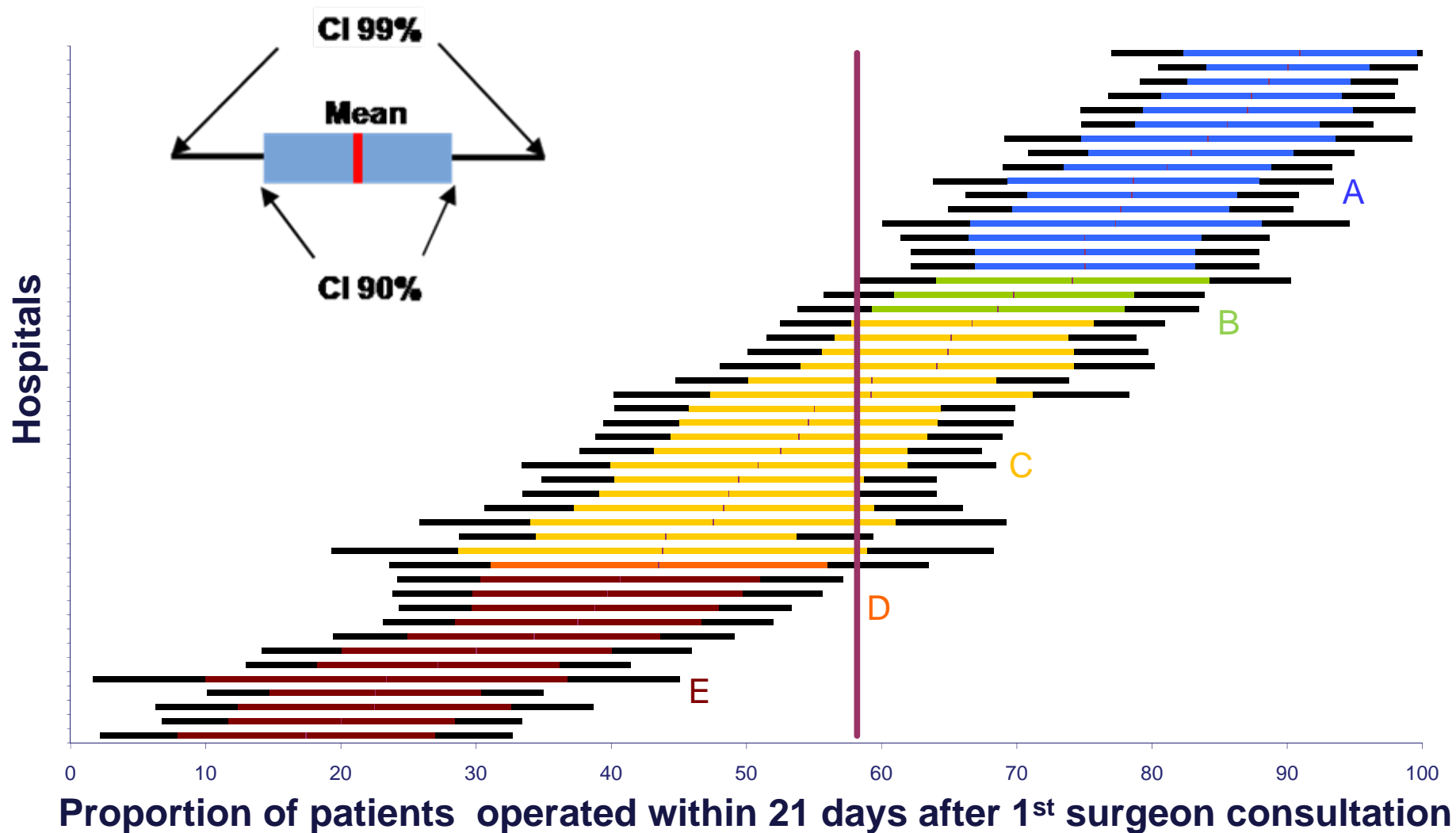


National scores in 2008



| | Proportion of patients... | N | Min % | Mean % | Max % |
|------------|---|-----------|-------|-------------|-------|
| QI1 | operated within 21 days after first surgeon consultation | 49 | 17.4 | 58.2 | 90.9 |
| QI2 | who have benefited MRM (Multidisciplinary Review Meetings) within 14 days after surgery | 47 | 1.4 | 60.4 | 98.7 |
| QI3 | with a post-surgery consultation within 14 days after MRM | 39 | 26.5 | 84.5 | 100 |
| QI4 | who received first adjuvant treatment within 30 days after surgery for chemotherapy and within 56 days for radiotherapy | 39 | 11.2 | 47.5 | 91.5 |
| QI5 | who received a complete information before surgery | 54 | 0 | 12.8 | 100 |
| QI6 | where mandatory prognostic factors are specified in medical records | 54 | 4 | 70.3 | 98.7 |
| QI7 | whose case is submitted to a well organized MRM | 39 | 0 | 46 | 100 |

Q1 Results



QIs Quality assessment



- Inter-hospital variability was satisfactory
- Large variation in practice observed on the 7 QIs
 - ➔ Encourage hospitals to promote quality improvement policies



- Exclusion 22%
- Data accessibility
- Guidelines use to build QI (2002) vs European guideline (2006)
 - ➔ Update ++

Conclusions



- QIs have good global metrological quality
- But actually national implementation is hard

Perspective

- To analyze availability of data to develop others QIs, for example the time between screening and the end of treatment



'THE GOOD NEWS IS, THERE'S ROOM FOR IMPROVEMENT.'

Author conflict of interest



- No conflict of interest