Management of Healthcare Processes Based on Measurement and Evaluation: Changing the Policy in an Italian Teaching Hospital

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ABSTRACT

Clinical management and care outcome measures, which are now becoming mandatory in more and more countries, can influence the quality of care if they are relevant, evidence-based, carefully crafted and subjected to periodical quality review. Over a period of 13 years, a large Italian teaching hospital has used this framework to develop a performance measurement system, comprising a total of 768 internal and 67 external measures, with a view to improving service provision and accountability. The web-based performance measurement system does have a cost in terms of staffing and technological requirements, but the integration of the data it provides into the decision-making process can have a considerable impact on performance, and therefore quality of care.

Keywords: Accreditation, Clinical Indicators, Healthcare Management, Italian Teaching Hospital, Measures

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INTRODUCTION

Many healthcare facilities have devised or adopted means of assessing performance, comprising financial, organizational and clinical indicators under this “umbrella term” (Kazandjian, 2004, p.16). However, financial auditing often takes precedence over other forms of self-assessment, in direct opposition to the spirit of the strategy, namely “to use indicators suitable for assessing the processes and outcomes of healthcare functions and to adopt appropriate methods for their measurement. Wherever possible these must be derived from available knowledge on the efficacy of healthcare interventions and be shared by all stakeholders”, as declared by the Director of our Regional Healthcare Agency, Roberto Grilli (2001).

As regards clinical performance indicators, on the other hand, defined as measures of clinical management and/or care outcomes (ACHS, 2013), there is considerable evidence that these have a positive impact on the healthcare system (Collopy, 2000), as long as they comply “with high-quality standards” and are constructed in a careful and transparent manner. Indicators must be relevant to the important aspects of quality of care. There should be adequate research evidence that the recommendations from which they are derived are related to clinical effectiveness, safety and efficiency” (Wollersheim et al., 2007, p.15).

As far back as 1998, Sheldon pointed out that “performance indicators are not simply technical entities but they have programmatic or normative elements which relate to the ideas and concepts which shape the mission of practice” (1998, p.S46). That being said, clinicians in particular periodically express their concerns regarding the use of performance indicators (Werner & Asch, 2007). Criticism aside, measuring and evaluating performance is now becoming a way of life, particularly as many healthcare facilities have or choose to conform to external accreditation systems, whether externally validated or devised in-house (Miller, 2005; Kazandjian, 2003). Although in-house indicators may be more appealing, those already tried and tested in multi-centric, international schemes, such as “IQIP” (Pschibilla & Matthes, 2005; Press Ganey Associates, 2010), “PATH” (Vallejo et al., 2006; Veillard et al., 2005), the Australian Council on Healthcare Standards - ACHS (2013), the Danish National Indicator Project (Mainz & Bartels, 2006) and the German SQG project, offer greater guarantees of their effectiveness in measuring quality. The purpose of this paper is to recount our hospital’s journey through this process, highlighting the benefits and pitfalls.

BACKGROUND

The Ferrara University Hospital Trust is a public healthcare provider based at the “Sant’Anna” Hospital situated in the Emilia-Romagna region of northern Italy. It employs 2,628 members of staff, comprising 476 physicians, and trains graduate and post-graduate students from the affiliated University of Ferrara School of Medicine. The hospital itself houses 626 beds for inpatients and 85 for those receiving day-hospital care – in 2013 there were 19,406 admissions (excluding healthy newborns) and 7,029 day-hospital patients.

In the spring of 2001, the hospital performed a thorough self-audit, prompted by the sudden availability of theories and tools for self-assessment (EFQM, 1999a, 1999b). This process had its cultural background in 1997, when the Emilia-Romagna Regional Administration began putting together an accreditation system for healthcare structures and funding local Continuous Quality Improvement projects. It was also fuelled by the creation of new national databases to collect clinical data in various medical fields, namely the Joint Replacement Register, the ICU national database, the Heart Surgery Register (REAL), among others.

The main finding of the self-assessment survey conducted was the critical lack of suitable performance evaluation tools (section 9 in the EFQM model), given that the prime directive of a hospital is not measured in terms of financial
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