

Providing Quality Care

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Quality Improvement (QI) activities can be defined as:

“interventions that are designed to close the gap between desired processes and outcomes of care and what is actually delivered

QI interventions may be directed at any

group of participants in the delivery system:

administrators, physicians, laboratory technicians, parents, children, employers.

One way of operationalizing this definition

Is to identify QI as interventions intended to decrease the underuse, overuse, and misuse of an intervention

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The Paediatric Management Group (PMG)

- Established in 2002
- Representing 70% of Paediatricians in Private Practice
- Option for Academics to participate as well
- Administered by Healthman
- Membership is voluntary
- Endorsed by the South African Paediatric Association

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Governance

- Initiated out of a need to review hospital admission practices
- Voluntary Participation – currently 225 Paediatricians
- Admission decisions supported by guidelines:
 - Bronchiolitis, Bronchopneumonia, Gastroenteritis
- Not a reduction in admissions but a reduction in unnecessary admissions
 - Use oral antibiotics instead of intravenous antibiotics
- Peer review – personal visits
 - Understand the mechanisms that relate to that particular Practice

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- Governance based on admission rates
- Need to expand the assessment of quality
 - In Hospital: Nosocomial infection rates, Readmissions, length of stay, survival, other morbidity or accidents, Neonatal ICU outcomes
 - Ambulatory Care: Chronic illness follow ups and repeat scripts, Adherence to medication (ADHD, Asthma), Assessment of chronic disease status (inflammation in asthma. HbA1C in diabetes)
 - Primary Care: Neurodevelopmental visits, Immunisations, Nutrition
 - Parental expectations and satisfaction
 - Quality of life assessments
 - QALYs (Quality adjusted life years) gained or lost

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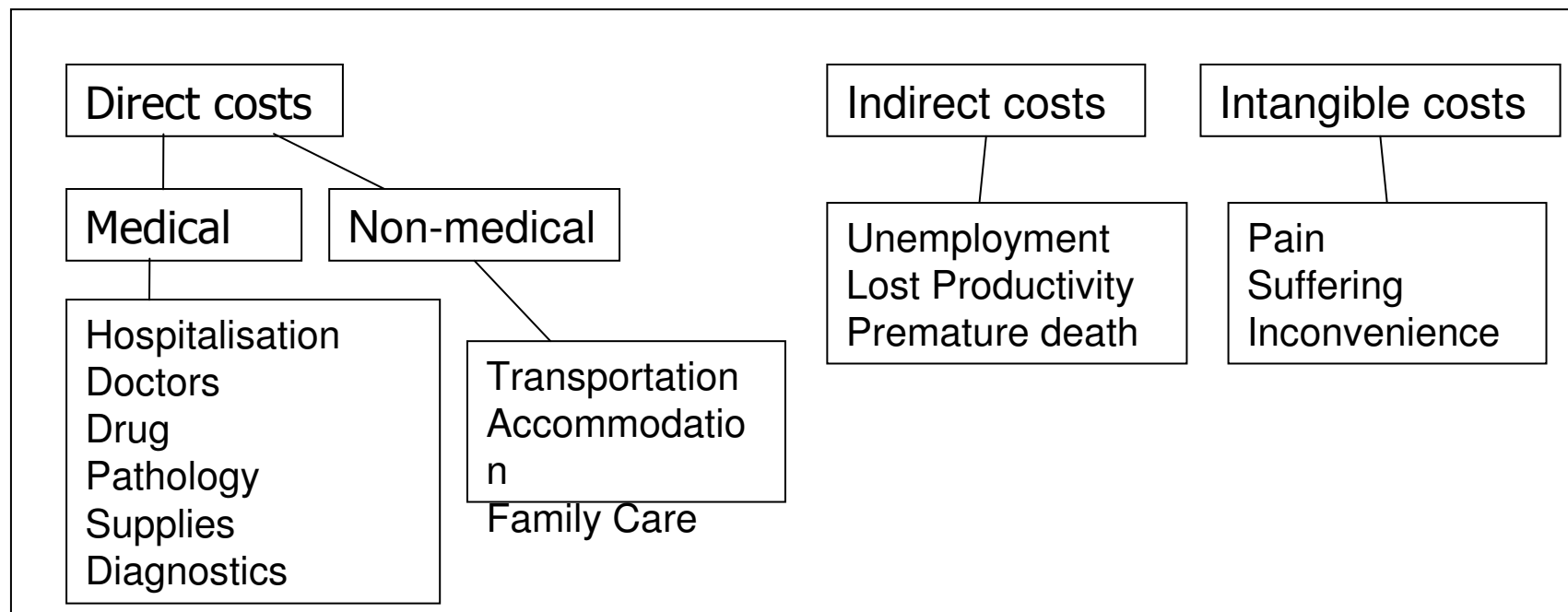
Participation in Quality Improvement (QI)

- Institutions participate in QI
 - For financial gain
 - Increased patient satisfaction
- Funders participate to ensure cost effective practice
 - misconstrued as minimum practice
- Providers Participate to practise
 - Evidenced based best practice medicine
 - Defensive medicine

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Issues around Measuring Quality

- Difficult in Paediatrics
 - Children depend on caregivers for access to healthcare



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Issues around Measuring Quality

- Costs in Paediatrics extend beyond the patient
- Scope of practice is a limiting factor
- Survival is a poor proxy for outcome...What about morbidity?
- Best practice guidelines are a movable feast constantly requiring updates
- Measuring Process and Outcome
 - Process is the health provider patient encounter and all the ancillary events around this encounter – tests, screening, prophylaxis, therapy
 - Outcome is the health status subsequent to this encounter

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Issues around Measuring Quality

- QI and assessment of process is vital for the consulting disciplines
 - Implicit assessment relies on peer review and chart scrutiny
 - Explicit assessment relies on the adherence or not to guidelines and expected standards and outcomes
- Sources of Data to assess Quality
 - Data from funders used for reimbursement (ICD 10, CTG)
 - Clinical records of Practitioners, Diagnostic coding
 - Survey data for Quality Improvement
 - Direct observation of Doctor patient encounter

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Provider driven Quality Improvement

- Improved quality will mean better health for children
- Improved quality will generate best practice care and guidelines
- Measuring quality will curb overutilisation of resources by providers
- Best practice medicine will allow for the formation of DSPs
- Remuneration will be possible for best practice

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Provider driven Quality Improvement

- Currently available Data from funders on endpoints and outcomes is insufficient to produce an holistic picture
 - Accurate profiling, Identify subspecialists
- Providers may be able to influence patient utilisation practices
 - Patient education on febrile convulsions, Treatment of Upper respiratory tract infections, avoidance of OTC cold and flu remedies
- Paediatricians can best promote primary healthcare practices
 - Immunisations, nutrition, neurodevelopment, school performance
- Paediatricians can teach GPs and Nursing sisters

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Requirements

- Create the necessary information technology infrastructure that can facilitate collection and use of data
- Build Public support for quality measurement and improvement in children's health care
- Improve the reliability, validity and feasibility of current measures
- Create the evidence base for measurement and quality improvement

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PMG as provider Group

- Governance and Peer Review
 - Just initiating the process changed practice
- Continuing Medical Education
 - SPARKS Programme: Regional presentations and an Annual meeting encouraging education and camaraderie
 - Advancing Paediatrics: Journal club and Annual Meeting
 - Web based Journals, discussion forum
- Promotes Close ties with SAPA
 - Membership
 - Website
 - Special shares

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PMG as provider Group

- Vermont Oxford Network
 - International database on Neonatal Intensive Care
 - PMG secured single rate for South Africa
 - All hospitals can participate with private hospitals funding State Hospitals
 - Steering committee Chaired by Prof Cooper with representation from both Academic, Public and Private sectors
 - Data is made available to individual units
 - The collective South African data is made available to the Steering Committee

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PMG as provider Group

- Vermont Oxford Network
 - The data will allow individual units to assess their performance against International standards
 - The South African Data can likewise be scrutinised
 - Individual units can approach the Committee for assistance
 - The Committee will be better placed to draw up Best practice Guidelines
 - Overall better neonatal ICU care and outcomes

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PMG as provider Group

- South African Paediatric Vaccine Action Group (SAPVAC)
 - Subcommittee of SAPA
 - Need for uniformity of schedules
 - Need for accurate and uniform information disseminated to medical and public
 - Need for explanation about newer vaccines
 - Need for responsible advertising
 - Need for Vaccine advocacy

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PMG as provider Group

- SAPVAC
 - Committee chaired by Prof Hussey and representation from academic and private
 - May 2008 launched the Vaccine schedule for Private practice honouring the National EPI schedule
 - Distribution and education now rolling out
 - Pharmaceuticals have embraced the ideas

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Conclusion

- There is massive scope for improvement in quality of delivered care and need for improvement in quality measures
- There is massive scope for collaboration between State, Funders and Providers
- PMG is the Paediatric Provider group leading the way
- It is essential that Providers are recognised and welcomed as important contributors to quality Improvement

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Thank you for giving us the opportunity to participate

