Quality measures for individuals, institutions and programs

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Disclosure

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Purpose of measurement

- To monitor performance
- To inform and monitor improvement

Different stakeholders will be interested in (or need) different information
Healthcare - actors

- Patients
- Professionals
- Charitable sector
- Payers/commissioners
- Regulators
- Hospitals
- Public Health Organisations
- Professional Associations
- Health Ministries
- Other NGOs

Who needs to know what and why do they need to know it?
What are we trying to do?

- Prevent CRC
- Reduce death from CRC
- Reduce morbidity of CRC
- Avoid harming people (and services)
- Achieve the best value for money
Closing the gap in performance

Value for money = \frac{\text{Quality, Safety and Patient Experience}}{\text{Cost}}
Quality measures for lower GI endoscopy

- CRC Mortality
- CRC Incidence
- CRC Morbidity/costs
- CRC Emergency presentation
- PCCRC
- Complications
- Unplanned admissions
- PROMs
- ADR
- CIR/PICI
- Comfort
- Sedation
Incidence of colorectal (CRC) over time – no effect of prevention

Incidence of colorectal (CRC) over time – with effect of prevention
The absolute reduction means 3,500 fewer people are presenting with acute bowel obstruction each year.

Possibly the ultimate marker of earlier diagnosis

Variation: 15-30%
3-year PCCRC rates for 149 English hospitals

Colonoscopies performed 2009 - 2011

PCCRC rate = 1 - sensitivity
Individual colonoscopy performance

- the best
  - expert: A
  - competent: B
- C

performance vs. time

Retirement
ESGE: performance measures for colonoscopy

Complete and comfortable intubation
Detection of all pathology
Safe and complete therapy
Performance of colonic intubation

• Cecal Intubation Rate (CIR) is the gold standard indicator
• BUT:
  – How is it defined? Is it adjusted?
  – How is it documented?
  – Who assesses the documentation?
  – Does it really distinguish levels of performance?

Wexford General Hospital Incident Review
Hierarchy of indicators of detection

- Post colonoscopy CRC (PCCRC)
- Adenoma detection rate (ADR)
- Polyp detection rate (PDR)
- Withdrawal time
Quality measure for institutions – Root cause analysis of delays in diagnosis
Quality measure for institutions –
Root cause analysis of delays in diagnosis

Pre-cancer starts → Cancer starts → Symptom → Action → GP → OP → Test → Test

Screening tests → Symptomatic diagnosis

What is within our influence and control?
Take home messages

• Consider purpose first – be clear about objectives
• Achieving optimal outcomes requires collaboration
• Consider who will be interested in which measures and why
  – what they want to know
  – what we want them to know
• Be clear about whether a measure is used to
  – inform and monitor improvement or
  – monitor and compare performance
• Consider adequacy of sample size to pass judgment or take action
• Don’t underestimate the power of process
Canadian Association of Gastroenterology

First international workshop on colonoscopy quality and training

CDDW 2018,
Toronto,
February 12-13th

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