

TO WHICH EXTENT DO HOSPITALS CONTRIBUTE TO VARIATION IN QUALITY OF CARE?

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BACKGROUND

- Much effort is put into mitigating unwarranted variation in quality of care
- Understanding the degree of variation in quality of care at hospital level relative to total (or other levels) is crucial for successful quality improvement
- This share can be estimated using the variance partitioning coefficient (VPC), also known as intraclass correlation coefficient (ICC)
- Most recent literature overview: Fung et al. (2010)

AIM

To systematically review the results of quantitative studies that decomposed variation in quality indicators of hospital care, breaking down the results into specific estimates for each level of care

INCLUDED STUDIES

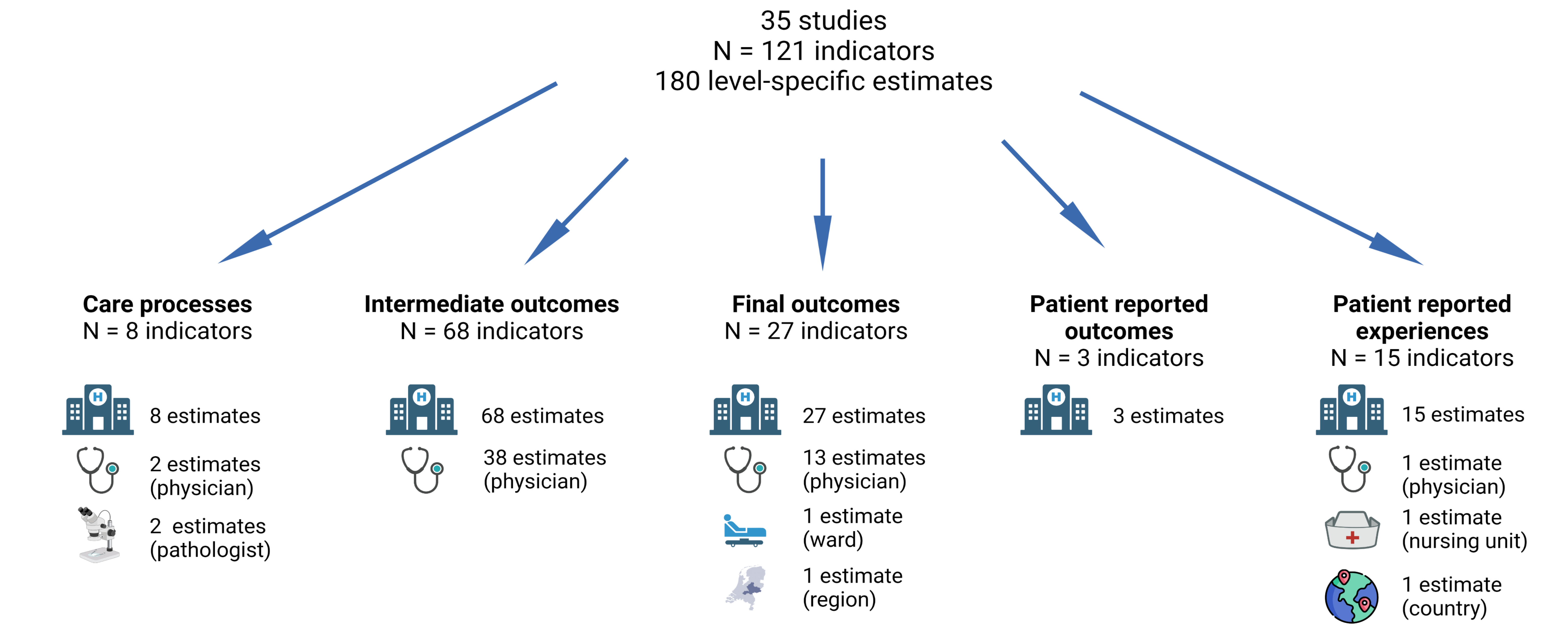


Figure 1. Characteristics of included studies

METHODS

- Searched five databases: Medline, Embase, Web of Science, Cochrane, Google Scholar
- English, peer-reviewed articles that estimated relative share of hospital level variation in quality of care relative to total variation were included

RESULTS

Figure 3. Boxplots of all extracted VPC estimates of the attributed variation at hospital- and physician-level by type of indicator

CONCLUSION

- Degree of hospital and physician level variation is generally small compared to residual variation, however substantial variation may exist depending on indicator
- The latter especially for process indicators, which can be directly influenced
- Both absolute and relative variation are crucial to consider prior to designing and implementing quality improvement strategies

Figure 2. Flow chart