

Use index review and audit to improve the accuracy of disease certification index data and medical quality

Chun-Ying Tseng^{*1}, Chih-Hsien Chou¹, Wen-Shyang Hsieh¹, Hsi-Hao Wang¹, Shu-Ching Chi²

¹Medical Quality Department, ²Medical Quality Vice Superintendent, E-DA Hospital, Kaohsiung, Taiwan

Introduction

- The development of medical quality indicators is more powerful and important, that used to prompt and improve in modern medical institutions significantly. However, it's necessary to ensure the correctness and completeness of indicator data basically before to maintain effectiveness of monitoring system, otherwise it will lead to wrong analysis and inappropriate strategies. It means "garbage in garbage out" should to gain Poor Decision-making. Because hospital policy has't only act that both JCI-CCPC and JCT-DSC emphasis important disease quality indicators for the benchmark regulations of certification activity.
- So, each indicator of certification needs to be reviewed and plan as a general practice of checking item that is key requirement of audit mechanism and accuracy stipulates. The hospital governance system also set the necessary part of quality management.

Methods

- According to the standard of hospital indicators, we have formulated quality indicators management process for teams and teams should follow up. For increasing correctness of the data, quality indicators management process which to review and verify duties of team is stipulated as follows:

Indicator review

When the team sets new indicators or the person in charge of the indicators is replaced, a double review will be conducted to ensure the consistency and correctness of the quality data.

Indicator audit

Plan the team indicators audit as a necessary practice and finished annually on hospital quality manage schedule.

Auditors are members of medical quality taskforce belong to patient safety and medical quality committee, and they must complete the required training program before serve as auditors.

- According to the operation standard of hospital quality indicators, there are divided into three stages (Figure 1-4):

Pre-audit

- Taskforce collects all indicator data of the teams. The committee conduct indicators selection and to request its definition and medical record list from individual team, then to make an audit form and check medical records.

During-audit

Taskforce explains the audit method. The committee review the medical records, and audit results should be returned to the team and have signature confirmation of both parties.

Post-audit

- Post-audit: Taskforce explains the audit results also gives feedback at the team meeting, then discuss the improvement actions. In addition, for the indicators that are incorrect in any audit, second audit will be conducted to ensure the correctness of this indicator data within half year.

Results

- There are 8 teams' statistics from 2018 to 2023 indicators review consistency ratio by teams: all 100%. First indicators audit correctness ratio: 83.78%. Second indicators audit correctness ratio re-examined by teams: all 100%, which showing the effective results of internal and external audits. After the team has been reviewed and audited, the definition and collection of indicators are correct, and it is also carried out in accordance with the indicator audit plan every year.
- The teams already submit quality index topics to the 2022 TCPI indicator conference, and 4 papers were accepted, then will be presented on-site in March 2023, which showing excellent indicators quality and team ability (Figure 5-6).

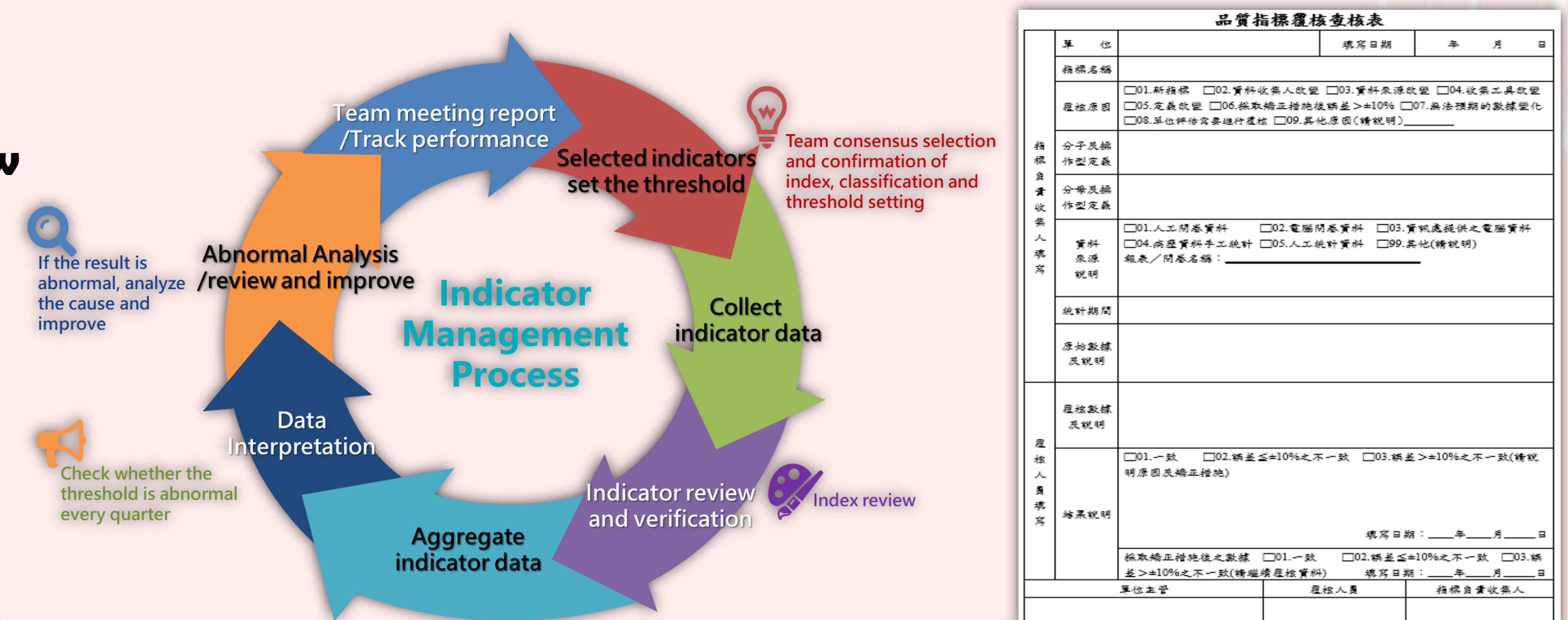


Figure 1. Indicator Management Process

Figure 2. Indicators Review Form

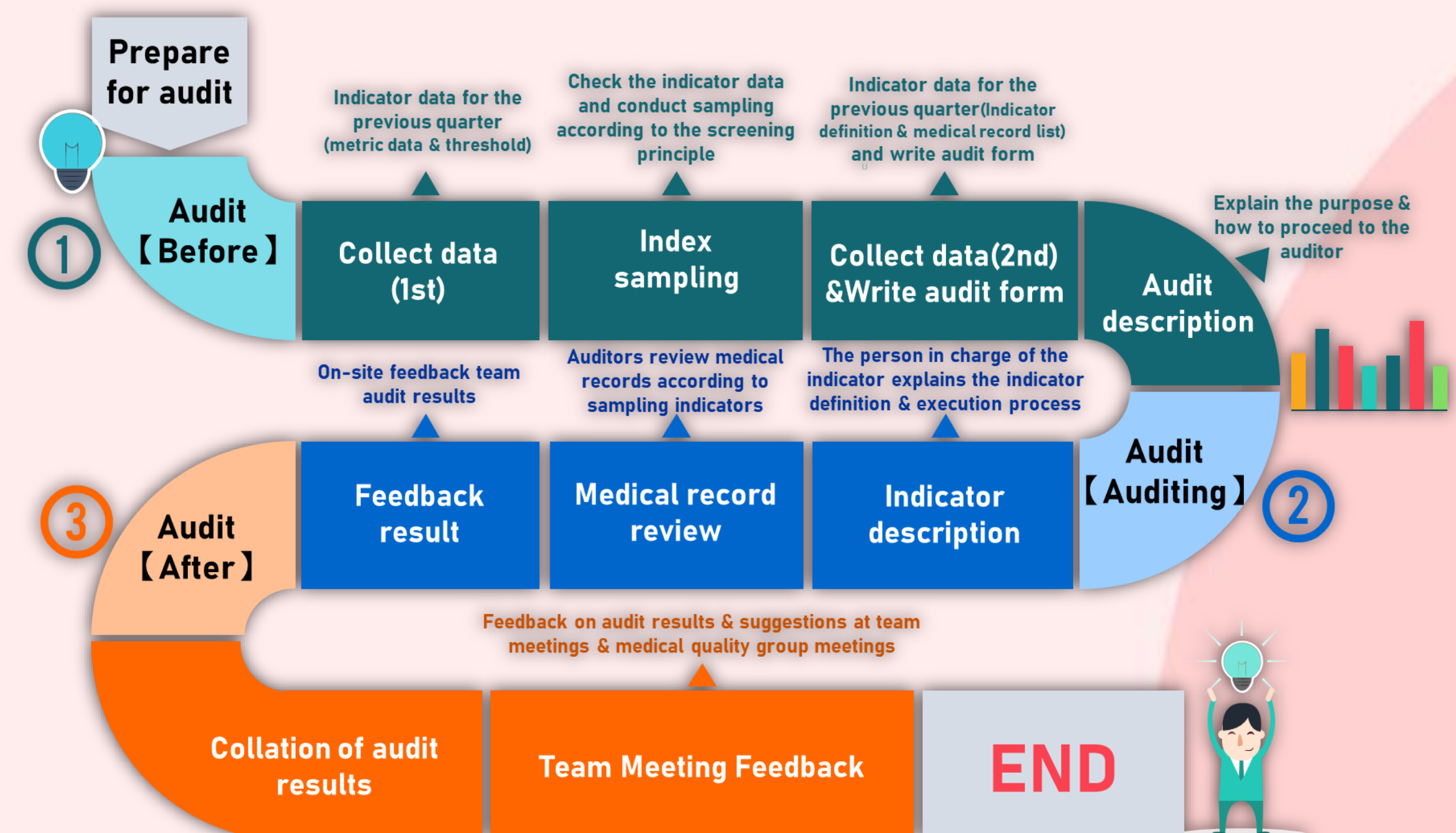


Figure 3. Indicator audit process

Figure 4. Indicator Audit Sheet

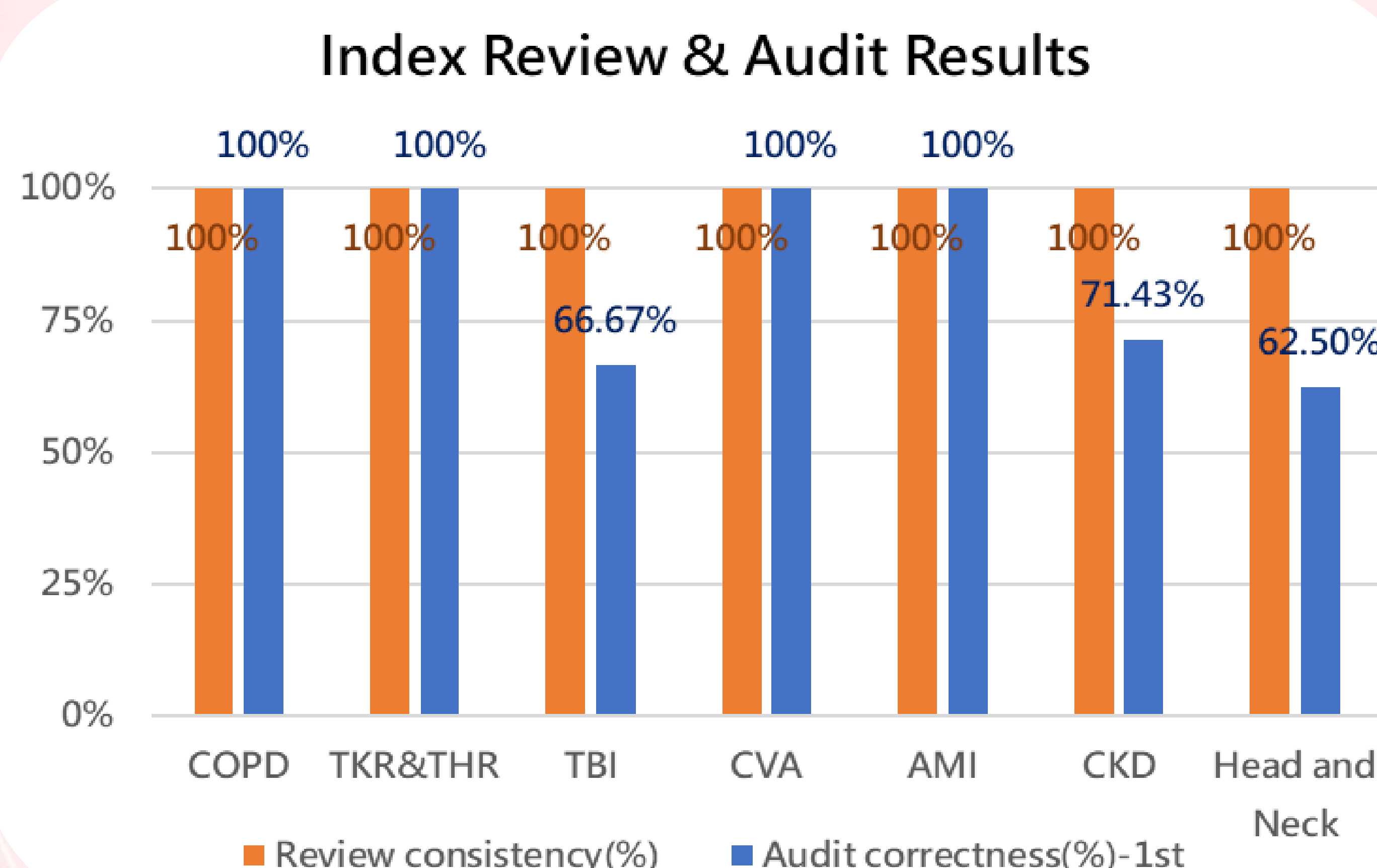


Figure 5. Index Review & Audit Results

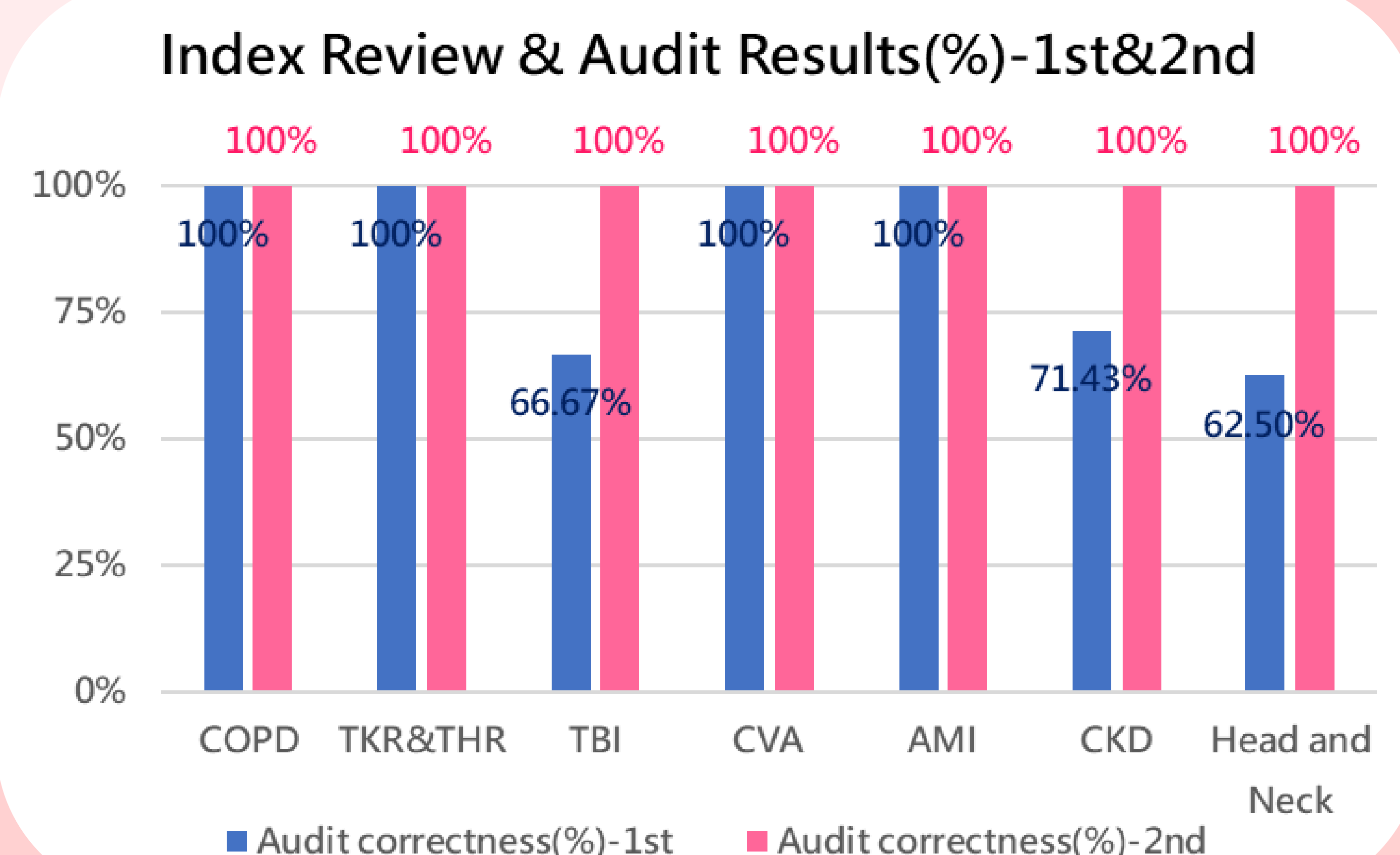


Figure 6. Index Audit Results (1st & 2nd)