

**Additional Information on
Selected VHA Performance
Measurement Programs**

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A. Quality Improvement Checklist (QUIC). The QUIC is an automated examination of local databases for key parameters of care resulting in a national roll-up and a report back to the facility showing comparison of local results to national VA results. Its rapid turn-around of comparative data (less than 30 days) makes it appealing, and the validity of the information, as well as its clinical applicability, have led to several important improvements in health care delivery within VA. The QUIC data collections have occurred every six months since November 1991. Examples of QUIC questions are shown in **Table 4.4**, (page 70).

B. External Peer Review Program (EPRP). The EPRP completed its second full year of data collection in January 1995. This program uses an outside contractor (currently the Peer Review Organization for the state of West Virginia) to measure the quality of care processes and outcomes in VA patients. The mechanism compares VA care to an external set of criteria drawn from a clinical guideline written by non-VA physicians in active practice -- thus constituting a putative community standard. Medical diagnoses and surgical procedures judged to be high volume, high risk or problem prone were initially examined. Results are returned to individual medical centers with comparisons to national averages. Overall, VA's quality of care has met or exceeded the community standard in more than 97% of cases (total cases reviewed since the program began is about 100,000). Examples of the information available through the EPRP are shown in **Table 4.5**, (page 70).

C. Surgical Quality Improvement Program. The Surgical Quality Improvement Program is a landmark undertaking begun in early 1992. Over a two-year period more than 88,000 surgical cases were prospectively entered into a database with collection of explicit information on risk factors. The database has been used to construct a risk-modeling

mechanism that will allow VA (and other users) to perform risk-adjusted surgical outcome measurement. The cardiac surgical review committee in VHA has used this technique for adjusting cardiac surgery data for over seven years and has produced a more than 24% improvement in mortality rate nationwide during that time. Sometime in 1996, surgical risk-adjusted mortality and morbidity data will come available for use in the assessment of both cohort-specific and “product line” activity.

D. National Customer Feedback Center. In 1993, VHA established the National Customer Feedback Center and began updating and revising the Patient Satisfaction Survey instrument used in VA since 1972. VA developed a partnership relation with the Picker-Commonwealth Foundation of Boston, Massachusetts, and patient focus groups were held to determine what patient priorities were. New survey instruments were developed and tested and in September 1994, a national mailout survey was sent to 68,000 recently discharged veteran patients. Over 68% of the surveys were returned and have been analyzed. The results were initially presented to the facility directors at the Senior Management Conference in January 1995. Plans are underway to complete a survey of outpatients and extended care patients in 1995. Data from these surveys indicate some areas where VA can improve its dealings with patients; several follow-up programs and initial responses to the findings are already underway. The patient feedback survey instrument contains more than 40 questions, including some which allow patients to report their health status so that the results can be adjusted for patient condition. The satisfaction questions deal directly with issues the focus groups identified as important and ask for patient feedback about what happened (the patient serving as a reporter). There are a few global questions about how the patient views the care (the patient as a rater). Focus groups identified specific areas of concern such as relief of pain, emotional support, adhering to patient preferences, communication with members of the treating team, etc. The scores in these areas, rather than specific questions, will be used to determine whether a concern about patient satisfaction should be included on a

performance contract. Examples of some of the areas of patient concern are shown in **Table 4.1** (page 68).