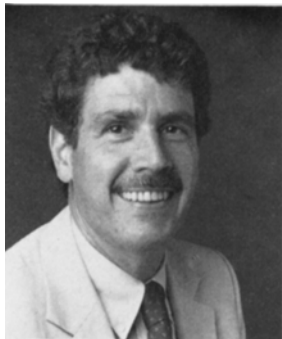


EVALUATING QUALITY OF CARE: ACCC'S CLINICAL INDICATOR PROJECT

Part II: JCAHO's Initiative: Some 'First Cut' Indicators in Other Areas



Robert E. Enck, M.D.
Immediate Past President
Association of Community Cancer Centers

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has undertaken a mammoth task: redirecting its accreditation process from a system that monitors the structural elements of health care organizations to an outcome-oriented evaluation process that monitors the quality of care delivered.

The development of clinical indicators is a major building block upon which this quality of care initiative¹, known as the JCAHO's Agenda for Change, is being built. These clinical indicators will serve both as flags for potential quality of care problems and as monitors of the continuum of care provided in traditional and nontraditional health care delivery systems. To date, three task forces have met to begin identifying appropriate indicators in the areas of obstetrics, anesthesiology, and emergency medicine.² In addition, the JCAHO has targeted the development of indicators for the areas of trauma, cardiology, surgery, and oncology for completion this year. ACCC's Clinical Indicator Core Committee is working on a set of indicators to provide the JCAHO with input for its efforts.

According to Bruce Ente, director of health systems development at the JCAHO, the data collection procedures for obstetrical clinical indicators are in the "earliest phase of being finalized." The first field testing of the indicators began in early June. The JCAHO will not receive the first set of data from the field testing, which is taking place in 17 hospitals

Pretesting revealed that retrospective data collection is 'ultimately more efficient than concurrent data collection'

nationwide, from small, rural institutions to urban teaching hospitals, until mid-July. A second set of data is then due on August 1, followed by a third set on September 1.

As a result, Ente says it is too early to have any type of feeling for the data burden involved, resource requirements, including staffing, and other areas of concern. However, Ente says that JCAHO found during the pretesting of data collection instruments that "most of the information was available in the medical record." Primarily what was needed was a "change in abstracting procedures." Pretesting also revealed that retrospective data collection is "ultimately more efficient than concurrent data collection."

Ente explains that concurrent collection requires the involvement of more staff, multiple handling of patient records and,

ACCC's Clinical Indicators Initiative is, in part, supported by a grant from the Burroughs-Wellcome Company.

in any case, some of the data is only available in the discharge summary. Therefore, retrospective retrieval of data, at the point when the patient record goes to medical records for DRG or UB82 coding (a couple of days after discharge) is the most efficient way to approach retrieval of the data.

When the first set of data is received, JCAHO will also be analyzing the resource assessment forms that each participating hospital is required to complete. This information will allow JCAHO to determine incremental costs associated with the data collection effort.

In addition to the potential clinical indicators that appear in the sidebars accompanying this article, each task force identified covariates and other information referable to their respective specialties that may be used for severity or risk adjustments. ■

¹ Joint Commission on Accreditation of Healthcare Organizations. "News about the Agenda for Change, 1987." *Agenda for Change Update*. Vol. 1:1.

² Joint Commission on Accreditation of Healthcare Organizations. National Invitational Forum on Clinical Indicators, Nov. 16, 1987, Chicago, IL.

AIDS AND THE ONCOLOGIST

The AIDS clinic of San Francisco General Hospital and the University of California School of Medicine at San Francisco have announced the scheduling of a comprehensive conference entitled "AIDS and the Oncologist," to be held September 16-17 at the Hotel Nikko in San Francisco.

Clinicians and researchers will present updates on such areas as epidemiology, virology, and antiviral drugs, as well as the management of Kaposi's Sarcoma, Non-Hodgkin's Lymphoma, CNS Lymphoma, and Hodgkin's disease in AIDS patients.

The program meets the criteria for 13 hours of ACCME/AMA/CMA Category 1 credit for physicians, and 13 contact hours of Category 1 CME credit for registered nurses.

For registration information, contact Extended Programs in Medical Education, Registration Office, Room 575-U, University of California, San Francisco, CA 94143-0766. Phone: 415/476-5808.