

# Maine Quality Forum



## INTERPRETATION OF MAINE QUALITY FORUM CERTIFICATE OF NEED APPLICATION QUALITY ANALYSIS GRID

The Maine Quality Forum, using the advice of the Maine Quality Forum Advisory Council, adopted the national consensus standard definition of healthcare quality. To be quality care, care must be safe, timely, effective, efficient, equitable, and patient centered. Further definition of patient centered care includes care that matches a patient's values, includes shared decision making and attention to the patient's emotional needs.

When metrics of quality are developed, the metrics are typically directed towards specific contributors to quality of care. Structure usually involves physical plant, personnel and support systems such as electronic information systems. Process addresses the interaction of the subunits of care. Outcome is the final result. Did it work?

The individual indicators must meet generally accepted characteristics for indicators. They must be important, addressing a key component of care; scientifically valid, measure what they purport to measure, correlate with eventual outcome; stable over time; sensitive, correctly measures presence of target; specific, correctly measures absence of target; useable to inform stakeholders; feasible, auditable, practical.

Statements about utilization depend on the definition of the denominator. How many residents have their gall bladder removed per thousand residents? How many women with breast cancer have breast sparing surgery per 1000 women with newly diagnosed breast cancer? How many people are hospitalized for complications of their diabetes that can be usually avoided per thousand residents? How often is a new antibiotic used in a situation where an older, less expensive antibiotic as effective?

Licensing and Accreditation is undertaken by state government and many accrediting bodies. The Joint Commission for Accreditation of Healthcare Organizations typically provides general accreditation. The American College of Surgeons has

programs accrediting cancer centers and trauma centers. The list of accrediting bodies is long.

Measuring quality requires metrics that are endorsed by nationally recognized bodies such as the National Quality Forum, The Joint Commission for Accreditation of Healthcare Organizations and the Centers for Medicare and Medicaid Services. Presently there is growing confluence around the National Quality Forum's process of metrics and practices achieving national voluntary consensus standards. Establishing the actual level of performance on practices and metrics is both a national and local activity. Some metrics clearly require 100% compliance in recognition of their essential contribution to quality. Other metrics require less than 100% compliance to achieve comparative excellence in recognition of the trade off of investment and outcome.

## GLOSSARY

EMR An electronic medical record consists of multiple subunits with different functions. In addition those functions that center on an individual patients information must interact with enterprise functions that support hospital systems such as a pharmacy system. Installation of an EMR that fully integrates with all enterprise business systems and clinical systems is a multiyear process that given continuing development of software functions may never be complete.

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