

Quality indicators for optimal organization of intensive care services in Québec

English summary

Une production de l'Institut national
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Direction des services de santé et de l'évaluation
des technologies

This is the English summary of the guidance entitled Indicateurs de qualité pour soutenir une organisation de service optimale en soins intensifs au Québec published in August 2018.

The complete version of this guidance (in French) is available on the website of INESSS in the Publications section.

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SUMMARY

Introduction

The Institut national d'excellence en santé et en service sociaux (INESSS) was mandated by the ministère de la Santé et des Services sociaux (MSSS) and the Grouped'experts en soinsintensifs du Québec (GESIQ) to propose quality indicators to measure the quality of care in intensive care units (ICU). The selection of quality indicators is part of a broader mandate by the INESSS aimed at defining the optimal structuring of intensive care.

Completion of this mandate requires achieving the following three objectives:

1. To establish a method for the development of quality indicators;
2. To document available resources and data collection capability in Quebec's ICUs to inform experts and decision makers on the feasibility of implementing quality indicators;
3. To select and define (i.e. definition, rationale, etc.) a limited number of intensive care quality indicators.

Methods

Referring to the Institute of Medicine framework for quality assessment (IOM, 2001; IOM 2001) and the approach to quality indicator development by Stelfox(Stelfox and Straus 2013), a committee comprised of experts in intensive care and quality indicators defined six phases for the development and implementation of intensive care quality indicators.

The consultation and deliberation process by the committee of experts incorporated a three-step modified Delphi method and pre-established criteria to select a limited set of quality indicators from the list published by Valiani et al. (Valiani, Rigal et al. 2017).

Provisional description cards were created for each selected indicator.

A survey was conducted among the CISSS/CIUSSS and the non-merged institutions to provide an overview of clinical administrative data availability in the province's ICUs. A review of current clinical administrative databases was also completed.

Results

A set of 19 indicators was selected by the committee of experts by consensus, including 3 structure indicators, 9 process indicators and 7 outcome indicators. The selection was based on the overall relevance of assessing the quality of ICU organization and its impact on the care provided to critically ill patients.

At this time, there is variation between Quebec's ICUs regarding their capacity to collect clinical and administrative data relating to intensive care. As a result, the implementation of quality indicators in ICUs across the province may be more challenging.

Next steps

After completing the first two phases, the next steps prior to the broad implementation of the indicators across all ICUs include operationalizing and validating these indicators. In the short term, a pilot study should be conducted in order to confirm data collection capacity, to refine indicators' definitions and measurement methods as well as identifying facilitators and barriers towards the broad implementation of quality indicators.



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