“ QUALITY MANAGEMENT SYSTEM for Health Center Oral Health Programs”

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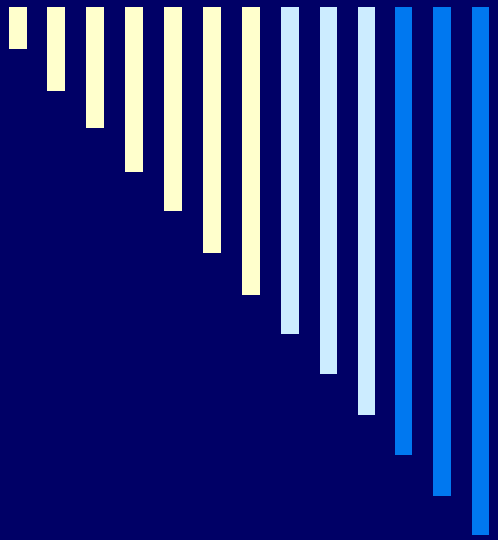

QUALITY MANAGEMENT SYSTEM for Health Center Oral Health Programs

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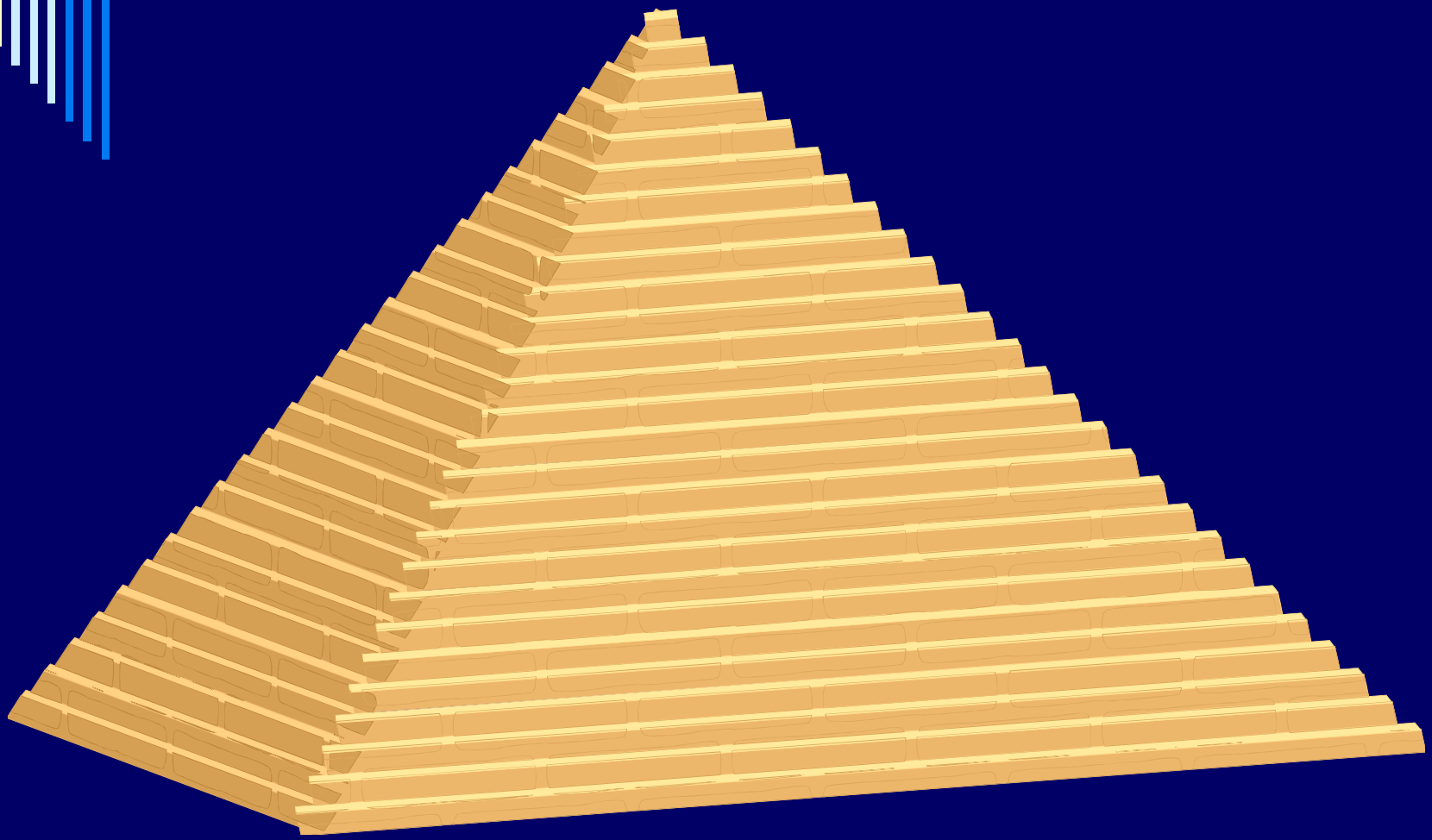

The Letter…….

- Quality Assessment
- Quality Assurance
- Quality Improvement
- Quality Management
- DQA

- *Quality Care….Quantity of Care*

NCQA: National Committee for Quality Assurance - Microsoft Internet Explorer
File Edit View Favorites Tools Help
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Address http://www.ncqa.org
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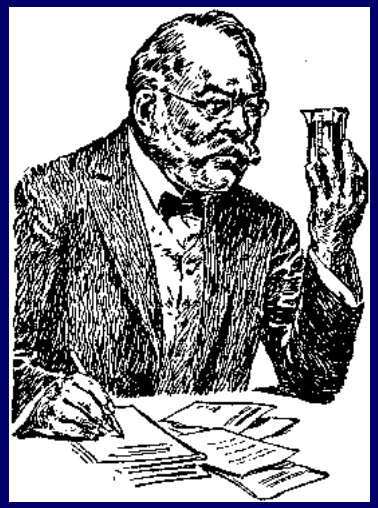
sponsors
related links
guestbook
support
NCQA Releases State of Health Care Quality 2004: Report Finds Major Gains in Health Care Quality, but Only for 1/4 of System
Publicly-reporting plans post fifth straight year of gains; broader system still plagued by quality gaps resulting in 42,000 - 79,000 avoidable deaths, 66.5 million sick days and $1.8 billion in excess medical costs annually
Download the Report (PDF, 680 kb)
CMS Administrator Mark McClellan, MD, PhD, speaks at the 2004 State of Health Care Quality press
Hot Links!
Report Cards
Health Plans
Physicians
Behavioral Healthcare Organizations
New Health Plans
Disease Management Providers
Internet
Start
Mailbox - J...
Palm Deskt...
NCQA: ...
untitled - P...
12:44 PM

What is uality

- And how do you measure it?????

Problem: Science and Art….



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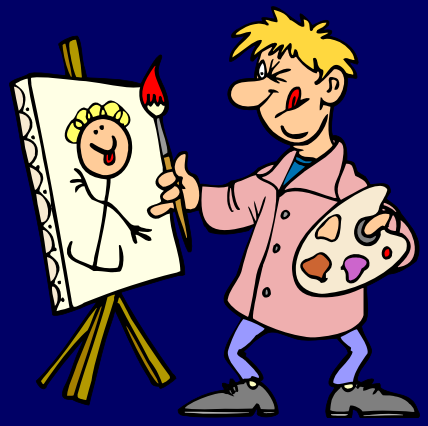
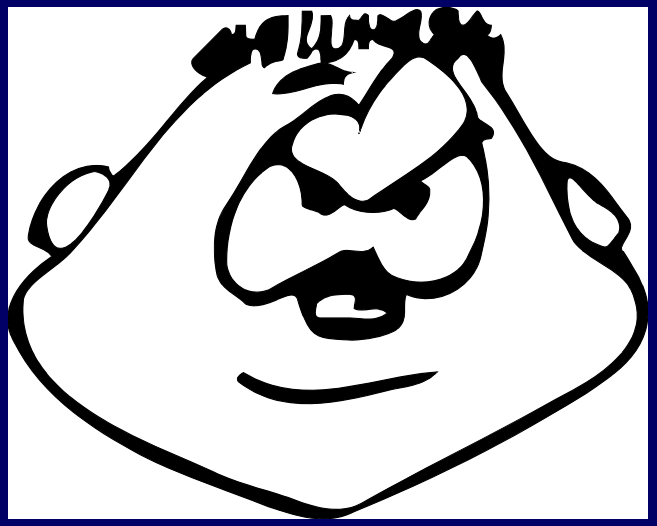
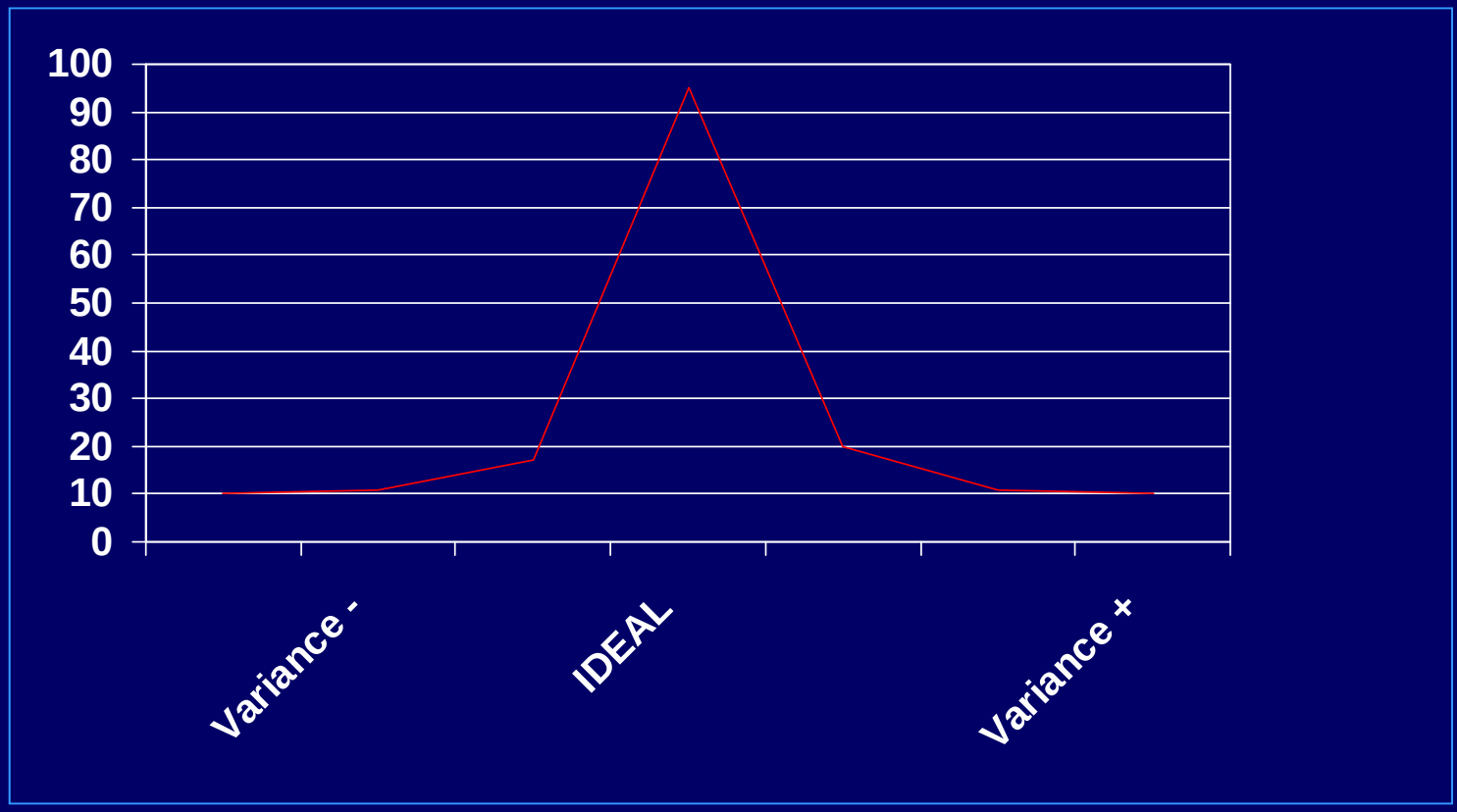
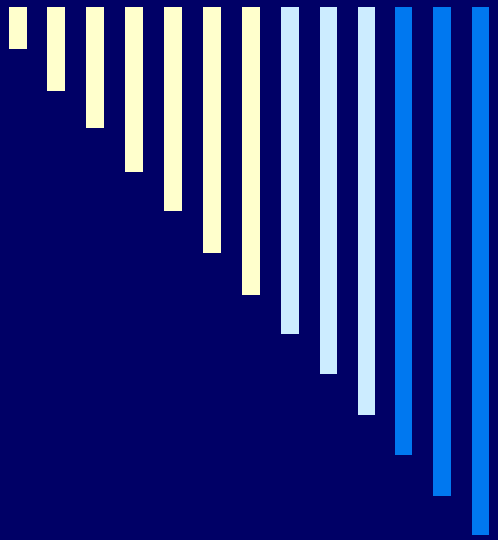


Amalgam over vitrebond?
Amalgam over amalgambond?
Just plain amalgam?
Or bonded composite?
Or …….?



Quality: variance that is very narrow and tight…….

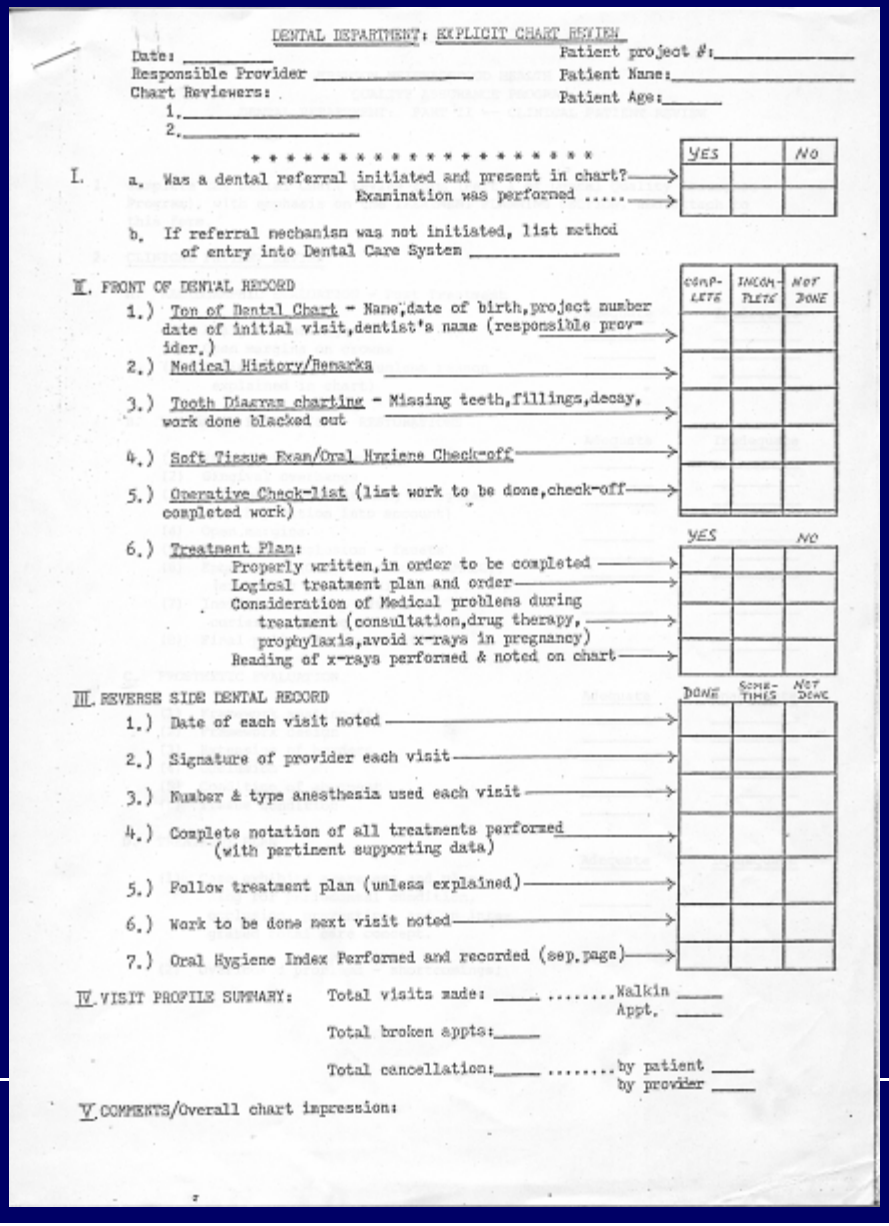




Historically……

Quality has been measured by evaluating intermediate process steps……

through Record Reviews…….



DENTAL DEPARTMENT: EXPLICIT CHART REVIEW

Date: _____ Patient project #: _____

Responsible Provider _____ Patient Name: _____

Chart Reviewers: Patient Age: _____

1. _____

2. _____

* *

	YES		NO
I. a. Was a dental referral initiated and present in chart? →			
Examination was performed ..... →			

b. If referral mechanism was not initiated, list method of entry into Dental Care System _____

II. FRONT OF DENTAL RECORD	COMPLETE	INCOMPLETE	NOT DONE
1.) Top of Dental Chart - Name, date of birth, project number date of initial visit, dentist's name (responsible provider.) →			
2.) Medical History/Remarks →			
3.) Tooth Diagram charting - Missing teeth, fillings, decay, work done blacked out →			
4.) Soft Tissue Exam/Oral Hygiene Check-off →			
5.) Operative Check-list (list work to be done, check-off completed work) →			

	YES		NO
6.) Treatment Plan:			
Properly written, in order to be completed →			
Logical treatment plan and order →			
Consideration of Medical problems during treatment (consultation, drug therapy, prophylaxis, avoid x-rays in pregnancy) →			
Reading of x-rays performed & noted on chart →			

III. REVERSE SIDE DENTAL RECORD	DONE	SOME-TIMES	NOT DONE
1.) Date of each visit noted →			
2.) Signature of provider each visit →			
3.) Number & type anesthesia used each visit →			
4.) Complete notation of all treatments performed (with pertinent supporting data) →			
5.) Follow treatment plan (unless explained) →			
6.) Work to be done next visit noted →			
7.) Oral Hygiene Index Performed and recorded (sep. page) →			

IV. VISIT PROFILE SUMMARY: Total visits made: _____ .....Walkin _____ Appt. _____

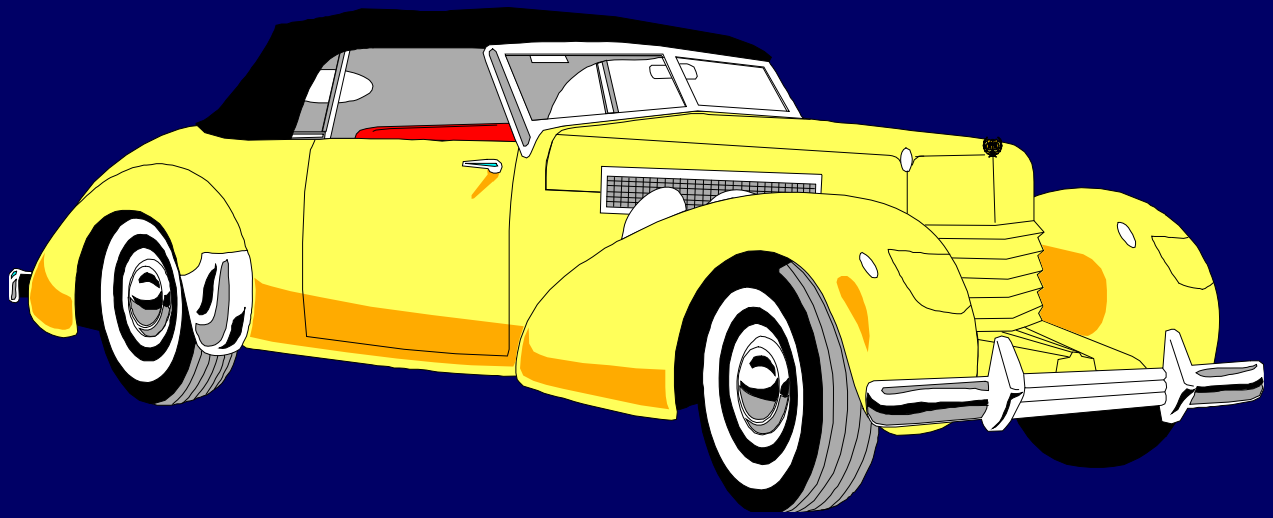
Total broken appts: _____

Total cancellation: _____ .....by patient _____ by provider _____

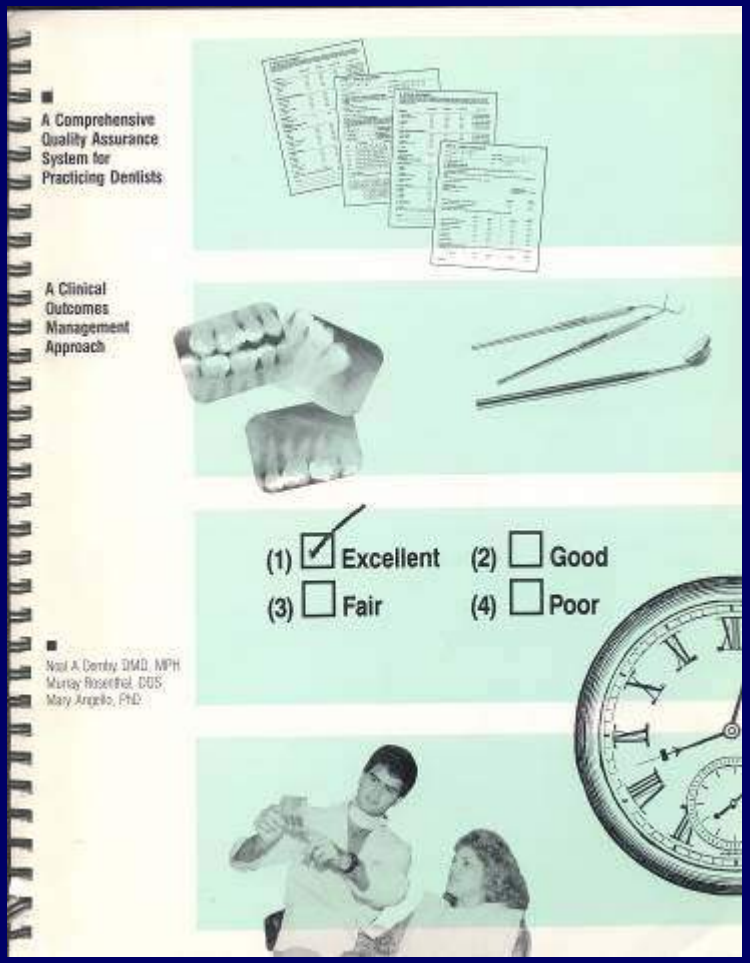
V. COMMENTS/Overall chart impression:

Nothing measures reality better than ‘outcomes’

The old ‘classic’….



Dental QA's 'old classic…..



A Comprehensive Quality Assurance System for Practicing dentists

A Clinical Outcomes Management Approach

"*I think when we did this, it was a precursor to the whole evidence-based decision making that has swept the medical and dental profession recently*"…Neal Demby, DMD, MPH

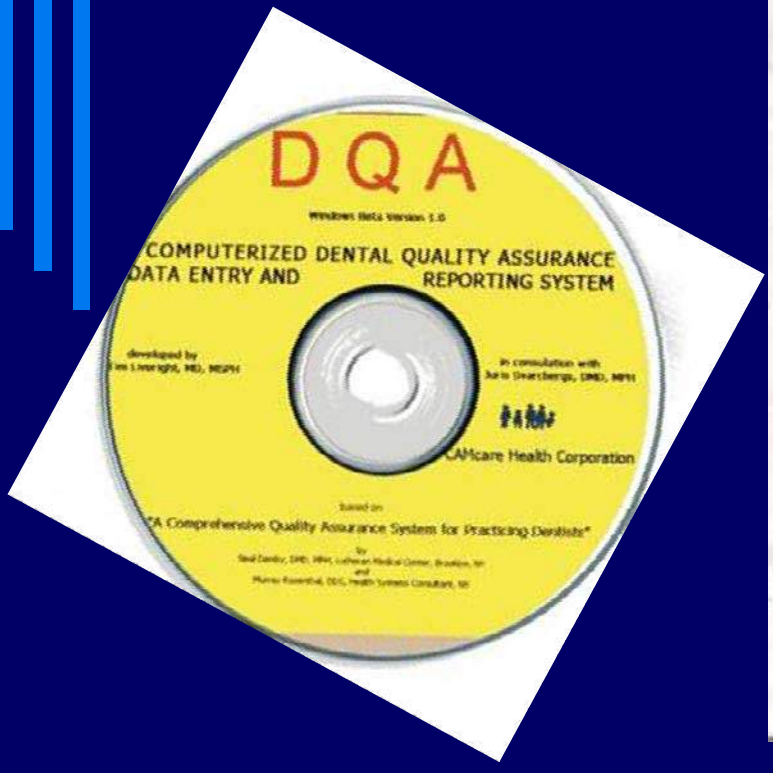
A Comprehensive Quality Assurance System for Practicing dentists

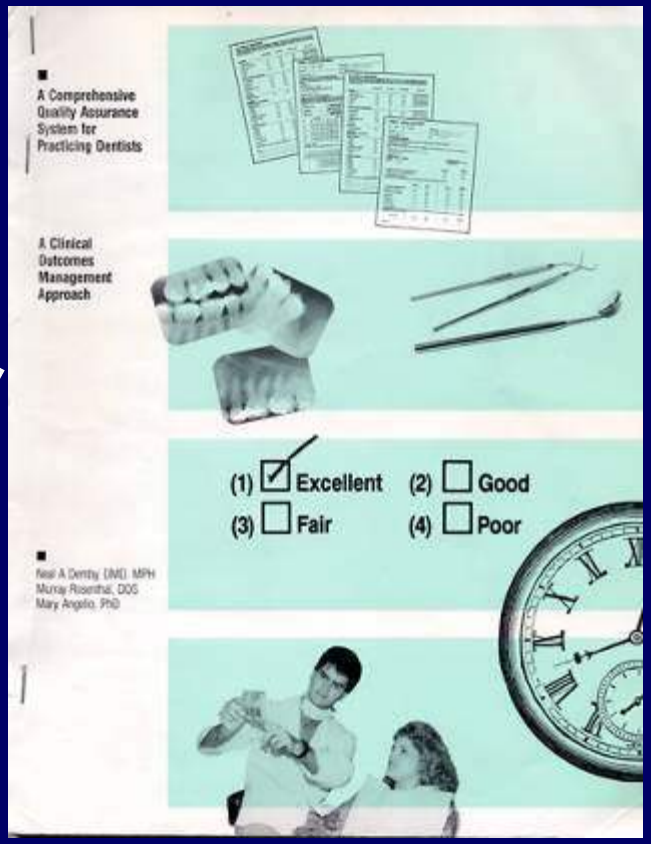
- Assess multiple care parameters
- Outcome oriented: clinical & care management
- Utilizes both explicit & implicit approaches
- Multiple uses: from provider education to changing provider behavior and patterns of practice

The Basic Elements of the DQA System

- Based on agreed upon basic dental principles of care with an in-depth understanding of the definition and determination of standards
- A standardized system that covers a wide range of areas: prevention, restorative, endo, perio, fixed and removable prostho
- The recent conversion to a computerized version makes it easier to accomplish

The Basic Elements of the DQA System





The Basic Elements of the DQA System

Direct Review (Clinical Assessment) versus Indirect Review (Record Review)

- Direct Review Advantages
  - 'Gold Standard' (peers review peers)
  - Immediate Feedback
  - Potential Use as Marketing/PR tool
  - Has a positive impact on changing clinical practice patterns
  - Involves patients and 'adds value' to their care

Direct Review (Clinical Assessment) versus Indirect Review (Record Review)

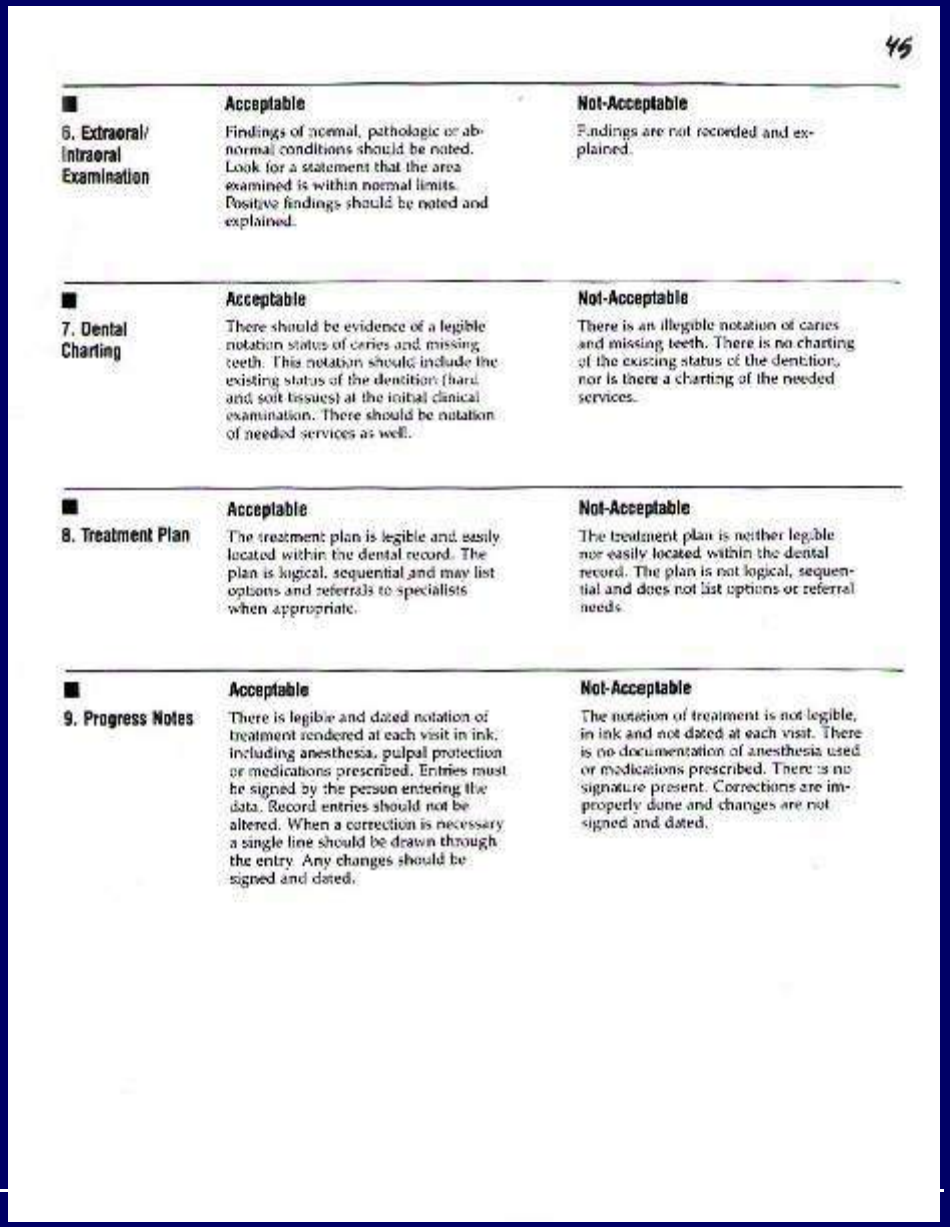
- DQA Direct Review Advantages:
  - Much more comprehensive than just a review of the patient record.
  - No added cost
  - Outcome orientation-combining explicit and implicit review approaches
  - Format appropriate to various practice settings (e.g.: dental residency programs)

The audit process is outcomes-based, criteria- researched.

- Criteria are predetermined elements against which aspects of medical service may be compared.
- Criteria are not only attributes of either process and outcome but often include “standards” within the definition.
- GOAL: “Accurately assess the quality of care, both clinical & judgmental, through the use of the criteria..."

Example:

The audit process is outcomes-based, criteria- researched.



45

	Acceptable	Not-Acceptable
6. Extraoral/ Intraoral Examination	Findings of normal, pathologic or abnormal conditions should be noted. Look for a statement that the area examined is within normal limits. Positive findings should be noted and explained.	Findings are not recorded and explained.
7. Dental Charting	There should be evidence of a legible notation status of caries and missing teeth. This notation should include the existing status of the dentition (hard and soft tissues) at the initial clinical examination. There should be notation of needed services as well.	There is an illegible notation of caries and missing teeth. There is no charting of the existing status of the dentition, nor is there a charting of the needed services.
8. Treatment Plan	The treatment plan is legible and easily located within the dental record. The plan is logical, sequential and may list options and referrals to specialists when appropriate.	The treatment plan is neither legible nor easily located within the dental record. The plan is not logical, sequential and does not list options or referral needs.
9. Progress Notes	There is legible and dated notation of treatment rendered at each visit in ink, including anesthesia, pulpal protection or medications prescribed. Entries must be signed by the person entering the data. Record entries should not be altered. When a correction is necessary a single line should be drawn through the entry. Any changes should be signed and dated.	The notation of treatment is not legible, in ink and not dated at each visit. There is no documentation of anesthesia used or medications prescribed. There is no signature present. Corrections are improperly done and changes are not signed and dated.

The DQA audit progresses from primarily *explicit* criteria to combined *explicit and implicit* criteria.

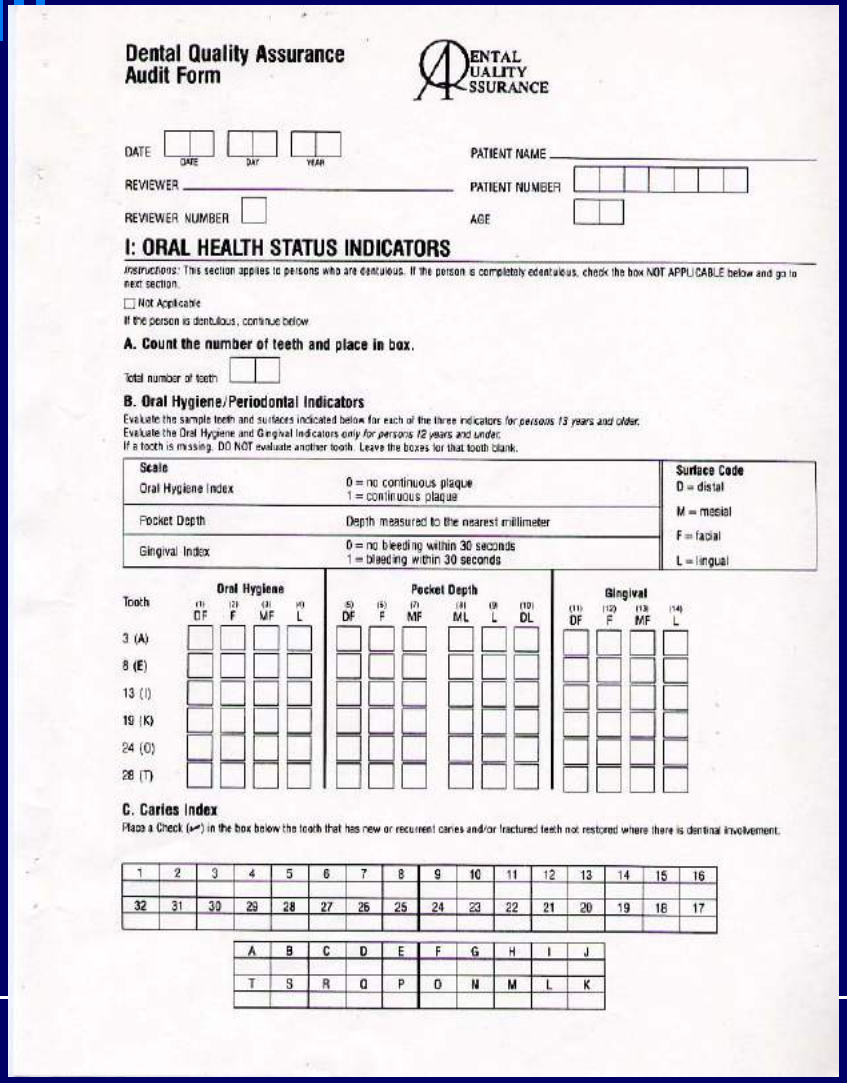
- Explicit Criteria: set, developed or predetermined by group consensus of recognized authorities in field
- Implicit Criteria: rely on subjective evaluation of auditor
- Criteria are evaluated using a two-point scale: Acceptable and Non-Acceptable

DQA Audit Instrument Sequence

- DQA audit instrument is divided into 5 parts designed to be performed sequentially:
  - I. Oral Health Status Indicators
  - II. Record Review
  - III. Clinical Assessment
  - IV. Assessment of Treatment
  - V. Infection Control Assessment

DQA Audit Instrument Sequence

- I. Oral Health Status Indicators



Dental Quality Assurance Audit Form

DENTAL QUALITY ASSURANCE

DATE (DATE / DAY / YEAR) PATIENT NAME

REVIEWER PATIENT NUMBER

REVIEWER NUMBER AGE

I: ORAL HEALTH STATUS INDICATORS

Instructions: This section applies to persons who are dentulous. If the person is completely edentulous, check the box NOT APPLICABLE below and go to next section.

☐ Not Applicable

If the person is dentulous, continue below

A. Count the number of teeth and place in box.

Total number of teeth

B. Oral Hygiene/Periodontal Indicators

Evaluate the sample teeth and surfaces indicated below for each of the three indicators *for persons 13 years and older.*
Evaluate the Oral Hygiene and Gingival Indicators *only for persons 12 years and under.*
If a tooth is missing, DO NOT evaluate another tooth. Leave the boxes for that tooth blank.

Scale		Surface Code
Oral Hygiene Index	0 = no continuous plaque 1 = continuous plaque	D = distal M = mesial F = facial L = lingual
Pocket Depth	Depth measured to the nearest millimeter	
Gingival Index	0 = no bleeding within 30 seconds 1 = bleeding within 30 seconds	

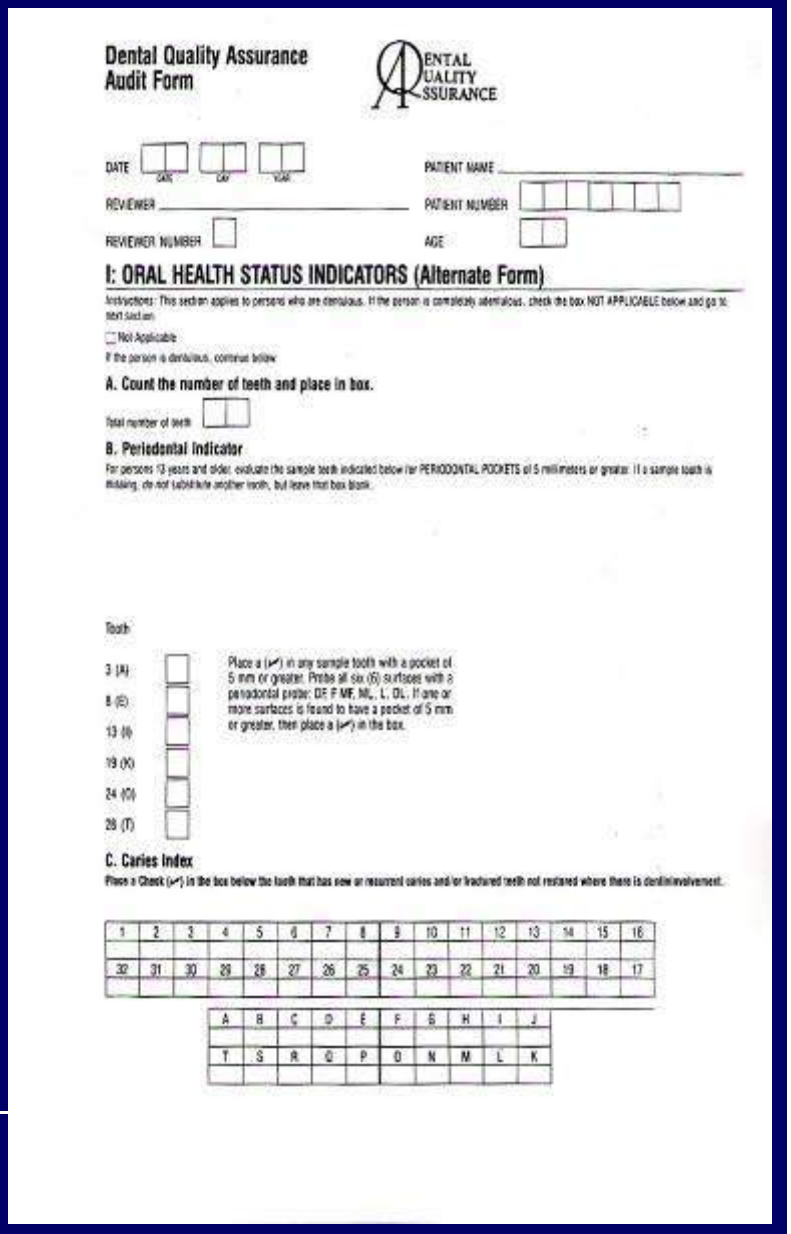
Tooth	Oral Hygiene (1) DF	(2) F	(3) MF	(4) L	Pocket Depth (5) DF	(6) F	(7) MF	(8) ML	(9) L	(10) DL	Gingival (11) DF	(12) F	(13) MF	(14) L
3 (A)														
8 (E)														
13 (I)														
19 (K)														
24 (O)														
28 (T)														

C. Caries Index

Place a Check (✓) in the box below the tooth that has new or recurrent caries and/or fractured teeth not restored where there is dentinal involvement.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K



Dental Quality Assurance Audit Form

DENTAL QUALITY ASSURANCE

DATE (DATE / DAY / YEAR) PATIENT NAME

REVIEWER PATIENT NUMBER

REVIEWER NUMBER AGE

I: ORAL HEALTH STATUS INDICATORS (Alternate Form)

Instructions: This section applies to persons who are dentulous. If the person is completely edentulous, check the box NOT APPLICABLE below and go to next section

☐ Not Applicable

If the person is dentulous, continue below

A. Count the number of teeth and place in box.

Total number of teeth

B. Periodontal Indicator

For persons 13 years and older, evaluate the sample teeth indicated below for PERIODONTAL POCKETS of 5 millimeters or greater. If a sample tooth is missing, do not substitute another tooth, but leave that box blank.

Tooth

3 (A)
8 (E)
13 (I)
19 (K)
24 (O)
28 (T)

Place a (✓) in any sample tooth with a pocket of 5 mm or greater. Probe all six (6) surfaces with a periodontal probe: DF F MF ML L DL. If one or more surfaces is found to have a pocket of 5 mm or greater, then place a (✓) in the box.

C. Caries Index

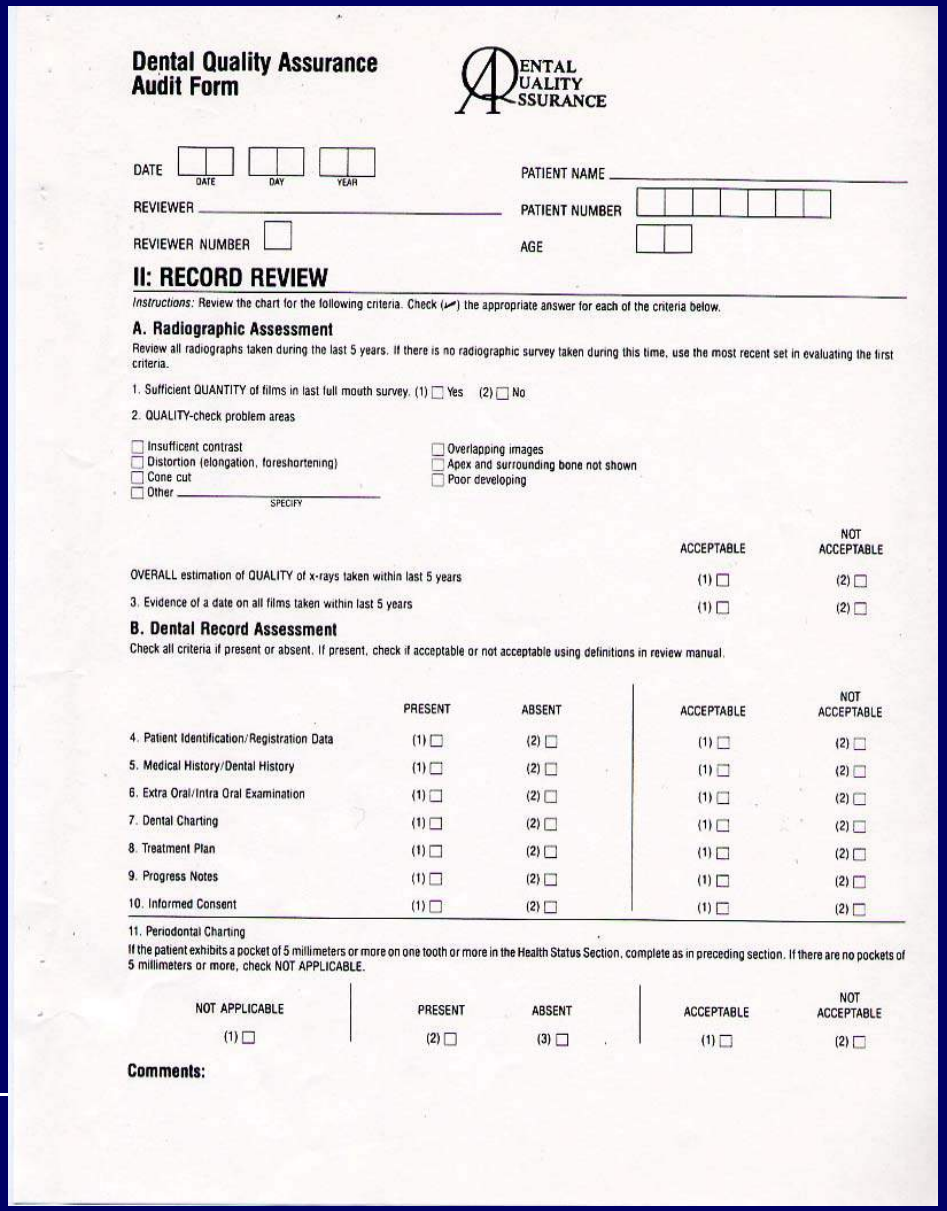
Place a Check (✓) in the box below the tooth that has new or recurrent caries and/or fractured teeth not restored where there is dentinal involvement.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

DQA Audit Instrument Sequence

- II. Record Review



Dental Quality Assurance Audit Form

DENTAL QUALITY ASSURANCE

DATE ☐☐ (DATE) ☐☐ (DAY) ☐☐ (YEAR)

PATIENT NAME _____

REVIEWER _____

PATIENT NUMBER ☐☐☐☐☐☐☐

REVIEWER NUMBER ☐

AGE ☐☐

II: RECORD REVIEW

Instructions: Review the chart for the following criteria. Check (✓) the appropriate answer for each of the criteria below.

A. Radiographic Assessment

Review all radiographs taken during the last 5 years. If there is no radiographic survey taken during this time, use the most recent set in evaluating the first criteria.

1. Sufficient QUANTITY of films in last full mouth survey. (1) ☐ Yes (2) ☐ No

2. QUALITY-check problem areas

- ☐ Insufficent contrast
- ☐ Distortion (elongation, foreshortening)
- ☐ Cone cut
- ☐ Other _____ (SPECIFY)
- ☐ Overlapping images
- ☐ Apex and surrounding bone not shown
- ☐ Poor developing

	ACCEPTABLE	NOT ACCEPTABLE
OVERALL estimation of QUALITY of x-rays taken within last 5 years	(1) ☐	(2) ☐
3. Evidence of a date on all films taken within last 5 years	(1) ☐	(2) ☐

B. Dental Record Assessment

Check all criteria if present or absent. If present, check if acceptable or not acceptable using definitions in review manual.

	PRESENT	ABSENT	ACCEPTABLE	NOT ACCEPTABLE
4. Patient Identification/Registration Data	(1) ☐	(2) ☐	(1) ☐	(2) ☐
5. Medical History/Dental History	(1) ☐	(2) ☐	(1) ☐	(2) ☐
6. Extra Oral/Intra Oral Examination	(1) ☐	(2) ☐	(1) ☐	(2) ☐
7. Dental Charting	(1) ☐	(2) ☐	(1) ☐	(2) ☐
8. Treatment Plan	(1) ☐	(2) ☐	(1) ☐	(2) ☐
9. Progress Notes	(1) ☐	(2) ☐	(1) ☐	(2) ☐
10. Informed Consent	(1) ☐	(2) ☐	(1) ☐	(2) ☐

11. Periodontal Charting

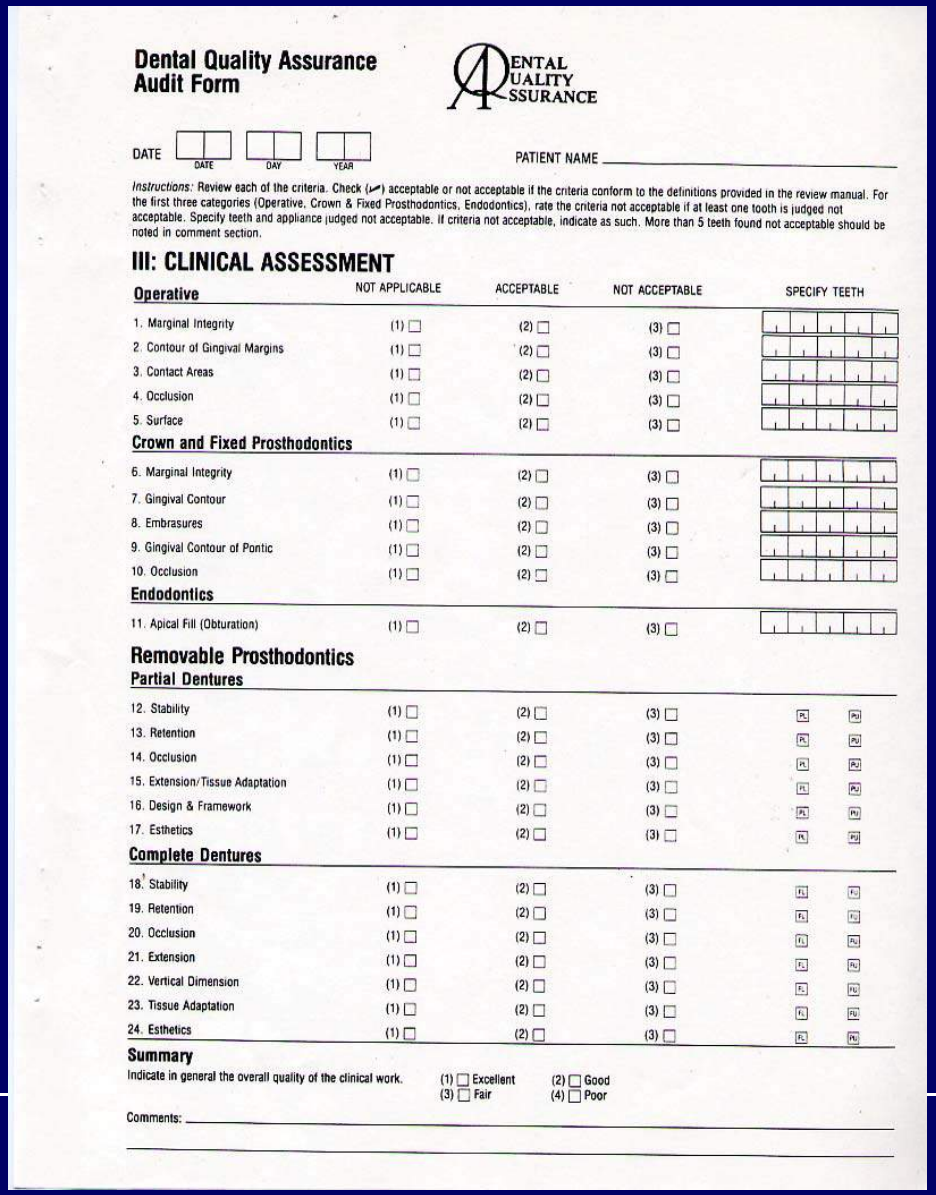
If the patient exhibits a pocket of 5 millimeters or more on one tooth or more in the Health Status Section, complete as in preceding section. If there are no pockets of 5 millimeters or more, check NOT APPLICABLE.

NOT APPLICABLE	PRESENT	ABSENT	ACCEPTABLE	NOT ACCEPTABLE
(1) ☐	(2) ☐	(3) ☐	(1) ☐	(2) ☐

Comments:

DQA Audit Instrument Sequence

- III. Clinical Assessment



Dental Quality Assurance Audit Form

DENTAL QUALITY ASSURANCE

DATE (DATE / DAY / YEAR) PATIENT NAME _____

Instructions: Review each of the criteria. Check (✓) acceptable or not acceptable if the criteria conform to the definitions provided in the review manual. For the first three categories (Operative, Crown & Fixed Prosthodontics, Endodontics), rate the criteria not acceptable if at least one tooth is judged not acceptable. Specify teeth and appliance judged not acceptable. If criteria not acceptable, indicate as such. More than 5 teeth found not acceptable should be noted in comment section.

III: CLINICAL ASSESSMENT

	NOT APPLICABLE	ACCEPTABLE	NOT ACCEPTABLE	SPECIFY TEETH
Operative				
1. Marginal Integrity	(1) ☐	(2) ☐	(3) ☐	
2. Contour of Gingival Margins	(1) ☐	(2) ☐	(3) ☐	
3. Contact Areas	(1) ☐	(2) ☐	(3) ☐	
4. Occlusion	(1) ☐	(2) ☐	(3) ☐	
5. Surface	(1) ☐	(2) ☐	(3) ☐	
Crown and Fixed Prosthodontics				
6. Marginal Integrity	(1) ☐	(2) ☐	(3) ☐	
7. Gingival Contour	(1) ☐	(2) ☐	(3) ☐	
8. Embrasures	(1) ☐	(2) ☐	(3) ☐	
9. Gingival Contour of Pontic	(1) ☐	(2) ☐	(3) ☐	
10. Occlusion	(1) ☐	(2) ☐	(3) ☐	
Endodontics				
11. Apical Fill (Obturation)	(1) ☐	(2) ☐	(3) ☐	
Removable Prosthodontics				
Partial Dentures				
12. Stability	(1) ☐	(2) ☐	(3) ☐	PL PU
13. Retention	(1) ☐	(2) ☐	(3) ☐	PL PU
14. Occlusion	(1) ☐	(2) ☐	(3) ☐	PL PU
15. Extension/Tissue Adaptation	(1) ☐	(2) ☐	(3) ☐	PL PU
16. Design & Framework	(1) ☐	(2) ☐	(3) ☐	PL PU
17. Esthetics	(1) ☐	(2) ☐	(3) ☐	PL PU
Complete Dentures				
18. Stability	(1) ☐	(2) ☐	(3) ☐	FL FU
19. Retention	(1) ☐	(2) ☐	(3) ☐	FL FU
20. Occlusion	(1) ☐	(2) ☐	(3) ☐	FL FU
21. Extension	(1) ☐	(2) ☐	(3) ☐	FL FU
22. Vertical Dimension	(1) ☐	(2) ☐	(3) ☐	FL FU
23. Tissue Adaptation	(1) ☐	(2) ☐	(3) ☐	FL FU
24. Esthetics	(1) ☐	(2) ☐	(3) ☐	FL FU

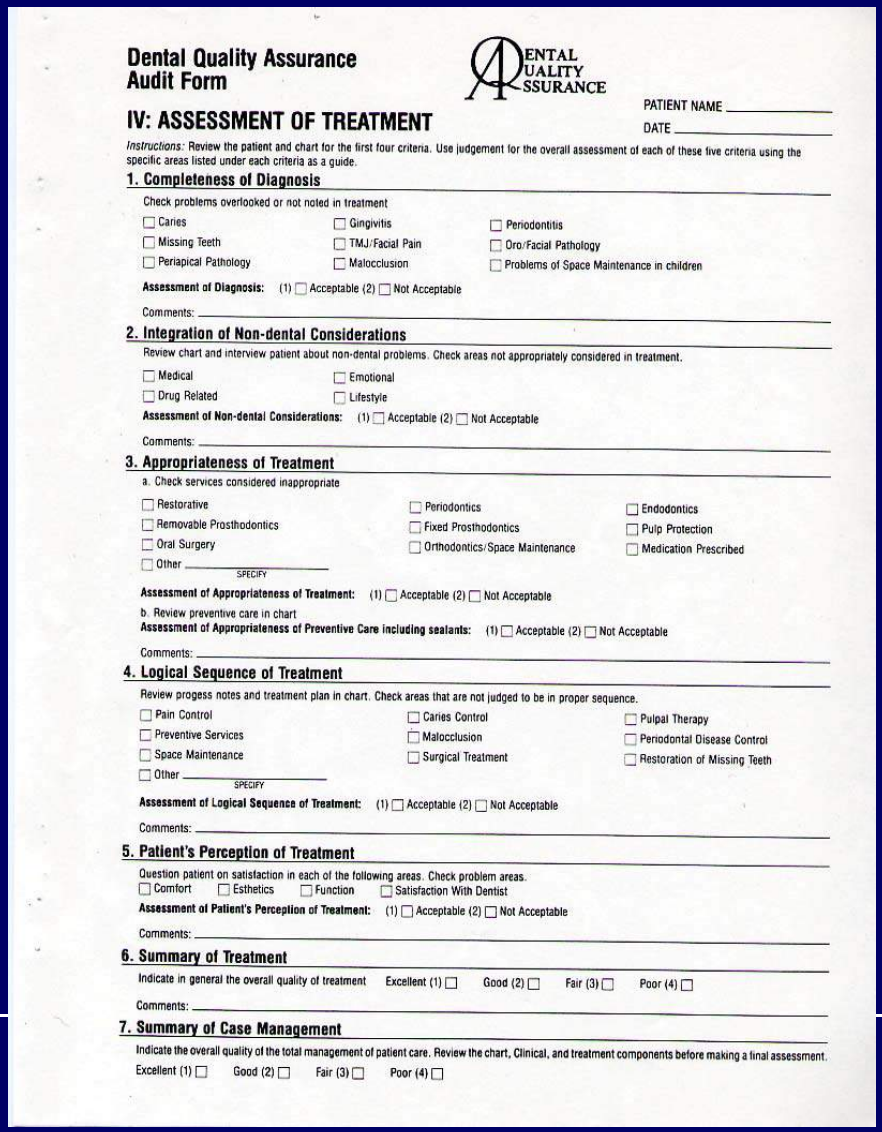
Summary

Indicate in general the overall quality of the clinical work. (1) ☐ Excellent (2) ☐ Good (3) ☐ Fair (4) ☐ Poor

Comments: _____

DQA Audit Instrument Sequence

- IV. Assessment of Treatment



Dental Quality Assurance Audit Form

DENTAL QUALITY ASSURANCE

PATIENT NAME _____

DATE _____

IV: ASSESSMENT OF TREATMENT

Instructions: Review the patient and chart for the first four criteria. Use judgement for the overall assessment of each of these five criteria using the specific areas listed under each criteria as a guide.

1. Completeness of Diagnosis

Check problems overlooked or not noted in treatment

☐ Caries ☐ Gingivitis ☐ Periodontitis
☐ Missing Teeth ☐ TMJ/Facial Pain ☐ Oro/Facial Pathology
☐ Periapical Pathology ☐ Malocclusion ☐ Problems of Space Maintenance in children

Assessment of Diagnosis: (1) ☐ Acceptable (2) ☐ Not Acceptable

Comments: _____

2. Integration of Non-dental Considerations

Review chart and interview patient about non-dental problems. Check areas not appropriately considered in treatment.

☐ Medical ☐ Emotional
☐ Drug Related ☐ Lifestyle

Assessment of Non-dental Considerations: (1) ☐ Acceptable (2) ☐ Not Acceptable

Comments: _____

3. Appropriateness of Treatment

a. Check services considered inappropriate

☐ Restorative ☐ Periodontics ☐ Endodontics
☐ Removable Prosthodontics ☐ Fixed Prosthodontics ☐ Pulp Protection
☐ Oral Surgery ☐ Orthodontics/Space Maintenance ☐ Medication Prescribed
☐ Other _____ SPECIFY

Assessment of Appropriateness of Treatment: (1) ☐ Acceptable (2) ☐ Not Acceptable

b. Review preventive care in chart

Assessment of Appropriateness of Preventive Care including sealants: (1) ☐ Acceptable (2) ☐ Not Acceptable

Comments: _____

4. Logical Sequence of Treatment

Review progess notes and treatment plan in chart. Check areas that are not judged to be in proper sequence.

☐ Pain Control ☐ Caries Control ☐ Pulpal Therapy
☐ Preventive Services ☐ Malocclusion ☐ Periodontal Disease Control
☐ Space Maintenance ☐ Surgical Treatment ☐ Restoration of Missing Teeth
☐ Other _____ SPECIFY

Assessment of Logical Sequence of Treatment: (1) ☐ Acceptable (2) ☐ Not Acceptable

Comments: _____

5. Patient's Perception of Treatment

Question patient on satisfaction in each of the following areas. Check problem areas.

☐ Comfort ☐ Esthetics ☐ Function ☐ Satisfaction With Dentist

Assessment of Patient's Perception of Treatment: (1) ☐ Acceptable (2) ☐ Not Acceptable

Comments: _____

6. Summary of Treatment

Indicate in general the overall quality of treatment Excellent (1) ☐ Good (2) ☐ Fair (3) ☐ Poor (4) ☐

Comments: _____

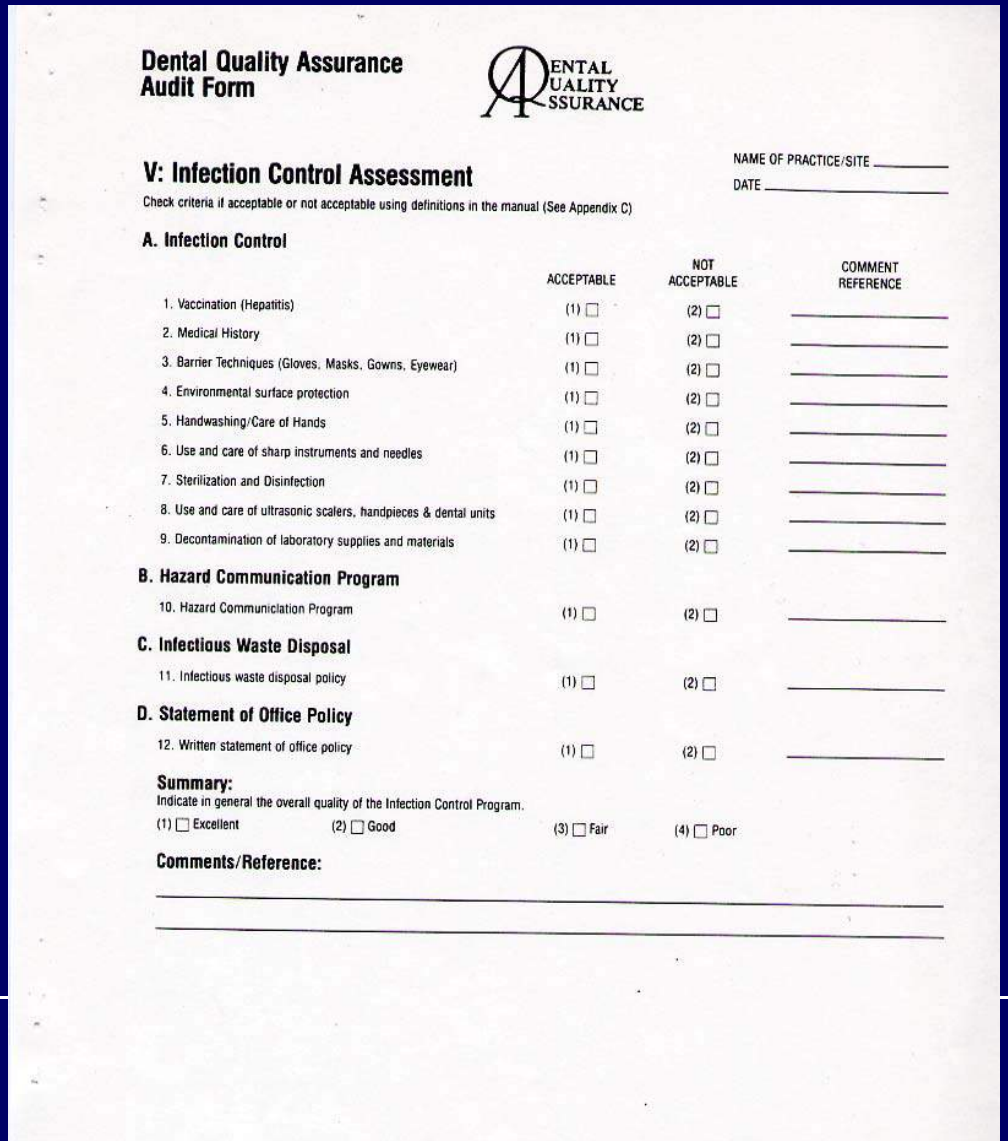
7. Summary of Case Management

Indicate the overall quality of the total management of patient care. Review the chart, Clinical, and treatment components before making a final assessment.

Excellent (1) ☐ Good (2) ☐ Fair (3) ☐ Poor (4) ☐

DQA Audit Instrument Sequence

- V. Infection Control Assessment



Dental Quality Assurance Audit Form

DENTAL QUALITY ASSURANCE

NAME OF PRACTICE/SITE _____

DATE _____

V: Infection Control Assessment

Check criteria if acceptable or not acceptable using definitions in the manual (See Appendix C)

A. Infection Control

	ACCEPTABLE	NOT ACCEPTABLE	COMMENT REFERENCE
1. Vaccination (Hepatitis)	(1) ☐	(2) ☐	_____
2. Medical History	(1) ☐	(2) ☐	_____
3. Barrier Techniques (Gloves, Masks, Gowns, Eyewear)	(1) ☐	(2) ☐	_____
4. Environmental surface protection	(1) ☐	(2) ☐	_____
5. Handwashing/Care of Hands	(1) ☐	(2) ☐	_____
6. Use and care of sharp instruments and needles	(1) ☐	(2) ☐	_____
7. Sterilization and Disinfection	(1) ☐	(2) ☐	_____
8. Use and care of ultrasonic scalers, handpieces & dental units	(1) ☐	(2) ☐	_____
9. Decontamination of laboratory supplies and materials	(1) ☐	(2) ☐	_____

B. Hazard Communication Program

10. Hazard Communiclation Program	(1) ☐	(2) ☐	_____

C. Infectious Waste Disposal

11. Infectious waste disposal policy	(1) ☐	(2) ☐	_____

D. Statement of Office Policy

12. Written statement of office policy	(1) ☐	(2) ☐	_____

Summary:

Indicate in general the overall quality of the Infection Control Program.

(1) ☐ Excellent (2) ☐ Good (3) ☐ Fair (4) ☐ Poor

Comments/Reference:

_____

_____

Radiographic Assessment

Check for:
Insufficient contrast
Distortion
Cone cut
Overlapping Images
Apex and Bone not shown on PAs.
Poor developing

Acceptable / Nonacceptable:
Overall Quality of x-rays
Evidence of Date on films

Clinical Assessment

Crown and Fixed Prosthodontics

Not Applicable/
Acceptable/Nonacceptable

Marginal Integrity
Gingival Contour
Embrasures
Gingival Contour of Pontic
Occlusion

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Clinical Assessment

Removable Prosthodontics – Partial Dentures

Not Applicable/Acceptable/Nonacceptable

- Stability
- Retention
- Occlusion
- Extension/Tissue Adaptation
- Design & Framework
- Esthetics

Clinical Assessment

Removable Prosthodontics – **Complete Dentures**

- Not Applicable/Acceptable/Nonacceptable
- Stability
- Retention
- Occlusion
- Extension
- Vertical Dimension
- Tissue Adaptation
- Esthetics

Notes on Clinical Criteria

- Clear, well defined, explained
- Example: Medical history
- Present/Absent?
- Acceptable/Not acceptable?
- (complete, signed, updated, significant notations including pre-med, allergies, significant meds)

Notes on Clinical Criteria

- Example: Gingival Margins
- Acceptable/not acceptable
- (smooth to explorer, gingival health similar to other areas, overhang 1mm or less, no caries at margin)

“Conditioning factors”

- May modify some criteria
- Use of guided judgment
- Example: Marginal integrity
- An old restoration with marginal ditching but no signs of caries, recurrent decay for years-serviceable

“a comprehensive assessment”

- Administrative-record keeping, key information
- Clinical- radiographs and treatment procedures
- Patient perception of treatment
- Infection Control

Administrative-

- Chart completeness
- Medical History
- Signatures
- Consents
- Treatment Plans
- Legibility
- Dates, Notes *AND MORE…*

Patient Perception of Treatment

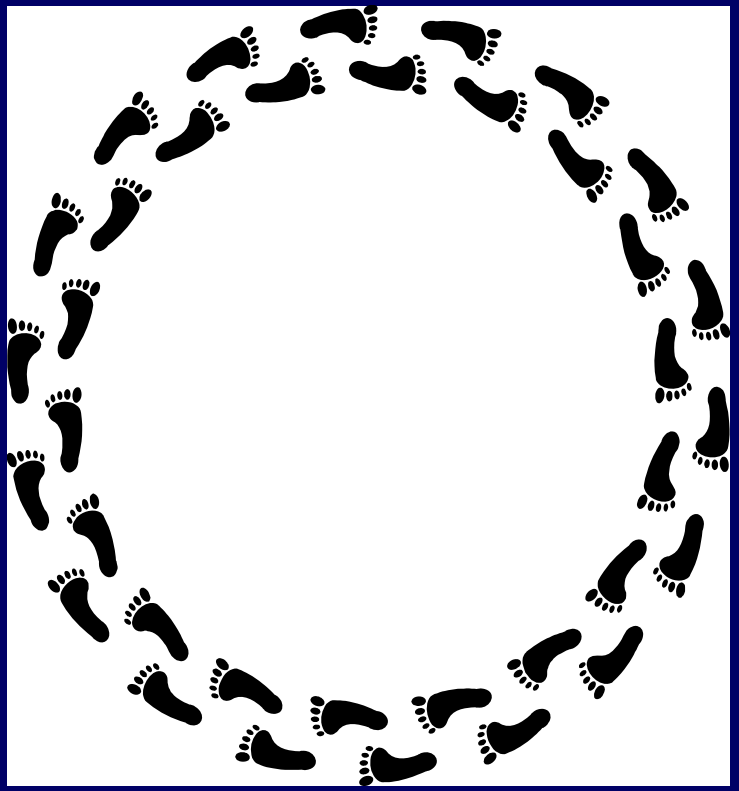
- Satisfied with work?
- Satisfied with provider?
- Satisfied with Center?
- Treated well?

Infection Control

- PPE availability and use
- Instrument processing
- Handwashing
- Manual/policies
- Sharps handling
- Environmental surface protection
- *And more….*

Intro to Peer Review

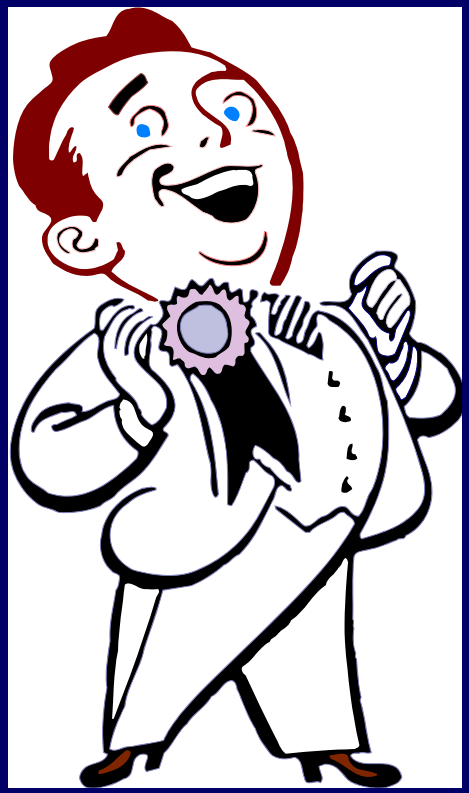
- What distinguishes ‘peer review’ from record or admin. Review



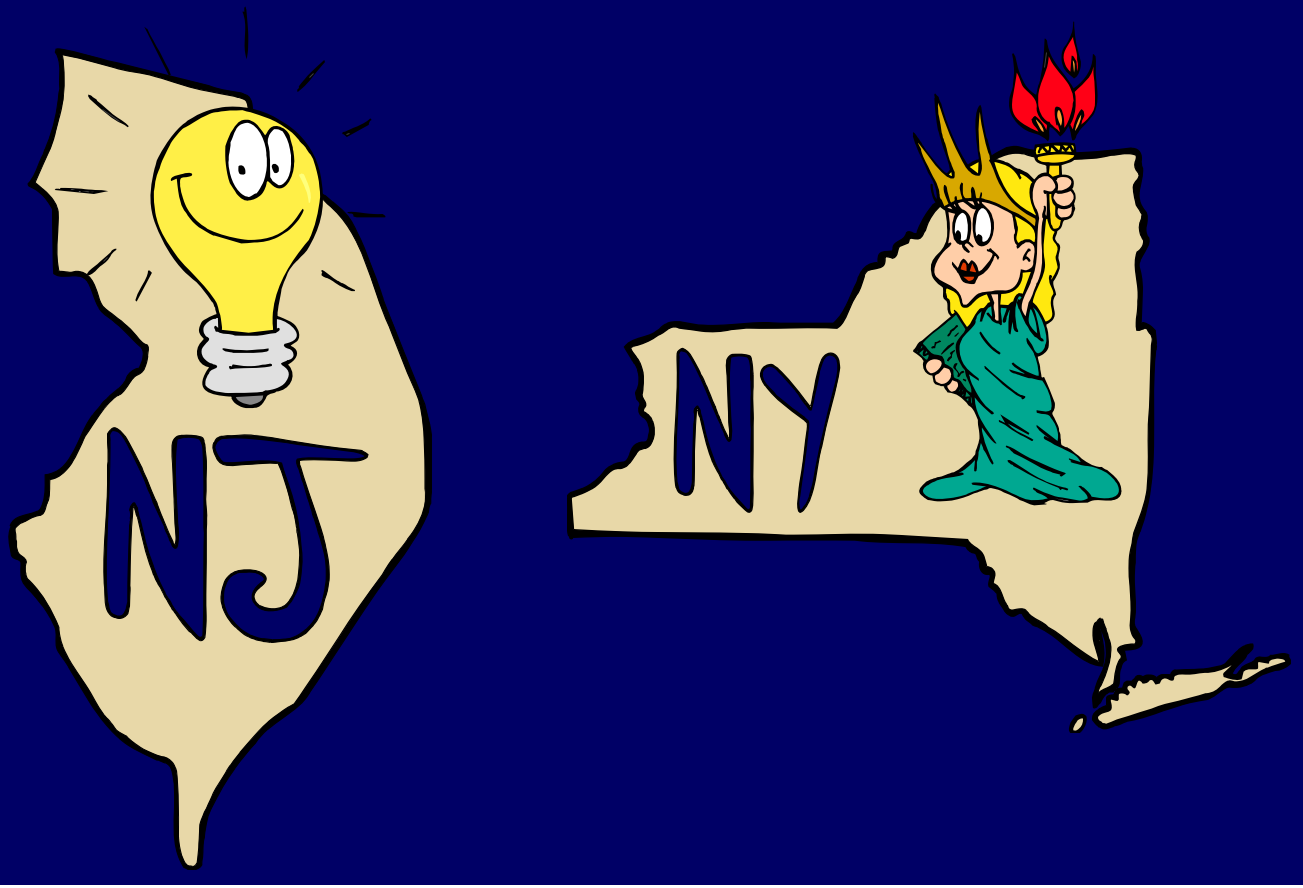
Purpose of Peer review:

- Unbiased & accurate assessment of Quality of Care
- Internalize the scientific criteria & standards that determine clinical quality & appropriate case management

Empowering Clinicians…… Improving Patient Care & Outcomes



As many as 30 oral health programs participated in coordinated Inter-center reviews

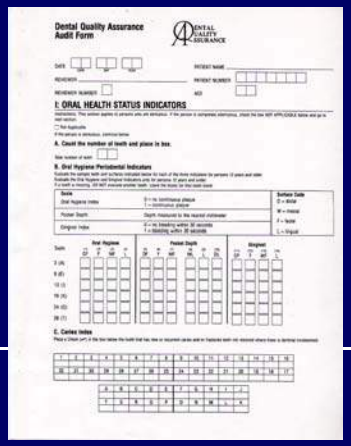


The format :

1. Reviewer Training Session
2. “Matching” of Reviewers and Sites
3. Selection and Scheduling of Patients
4. Exchange of Reviewers
5. Data Collection and Analysis

Steps in Peer Review – Reviewer Training

- Calibration and training of reviewers to optimize inter-reviewer reliability
  - Easily learned in few hours
  - Review time frame: 1 day
  - Pre-made review sheets
  - Process becomes more routine each year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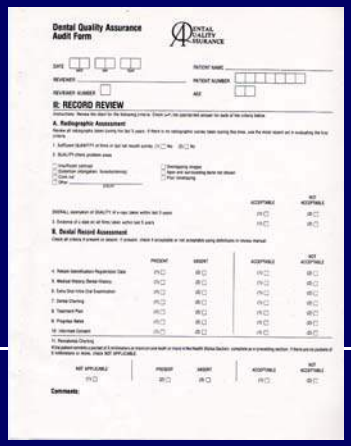
I: ORAL HEALTH STATUS INDICATORS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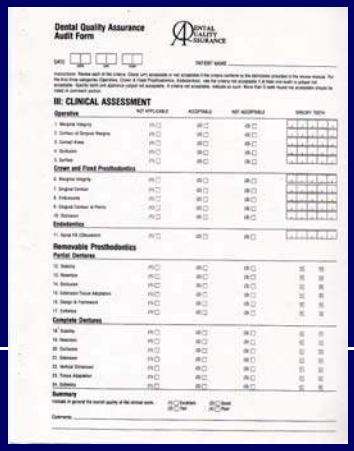
II: RECORD REVIEW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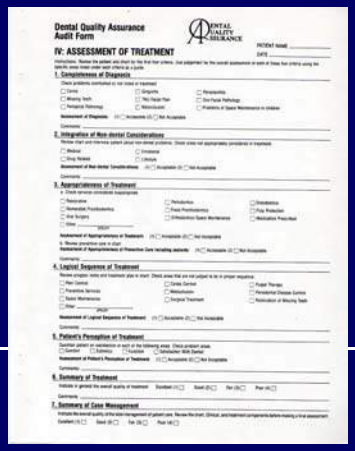
III: CLINICAL ASSESSMENT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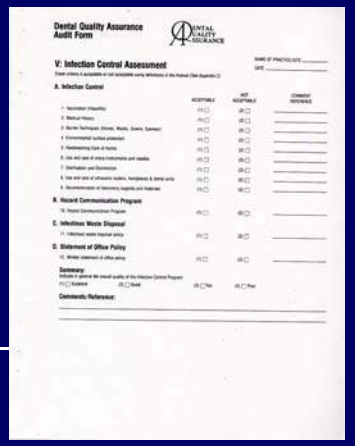
IV: ASSESSMENT OF TREATMENT


Dental Quality Assurance Audit Form

V: Infection Control Assessment

Resources needed to operate as a DQA review site

- Block of time to train the reviewer
- One day for reviewer to visit site
- One day for reciprocation by site visited
- Proper scheduling of patients
- Dental Assistant needed to facilitate documentation/recording of data
- Exam instruments

Some examples of patient types for reviewer to sample

- An edentulous adult with full dentures

Some examples of patient types for reviewer to sample

- A partially edentulous adult with removable partial dentures and periodontal disease

Some examples of patient types for reviewer to sample

- An adult with fixed prosthodontics and periodontal disease

Some examples of patient types for reviewer to sample

- A young adult with rampant caries

Some examples of patient types for reviewer to sample

- A child with caries and a space maintainer problem

FOR BETTER OR FOR WORSE Lynn Johnston
AAAGHKK
GAGG!
AWK!
NO NO
HOWL!
NOOOO
AKK
OK, BETHANY, YOU CAN GET DOWN, NOW.
I CAN?!
BUT YOU HAVEN'T FIXED HER TOOTH YET, DOCTOR!
I KNOW. ...AS A CARING PRACTITIONER, I HAVE A POLICY WHEN IT COMES TO SITUATIONS LIKE THIS...
I ALWAYS STOP WHEN I'M IN PAIN.
© 1995 Lynn Johnston/Dist. by Universal Press Syndicate
12-6
LYNN

Sample size for DQA review

- 3 patients per patient type category = 15 patient sample size
- Coincides with goal of one patient every 20 minutes
- More diversity and larger sample size produce more accurate picture of overall quality of practice

Logistics of Review Visit-1

- Pre-arranged time: 30 minutes before patients?
- Meet staff
- Familiarity with record/chart
- Center has forms, patients, instruments, room and asst. ready

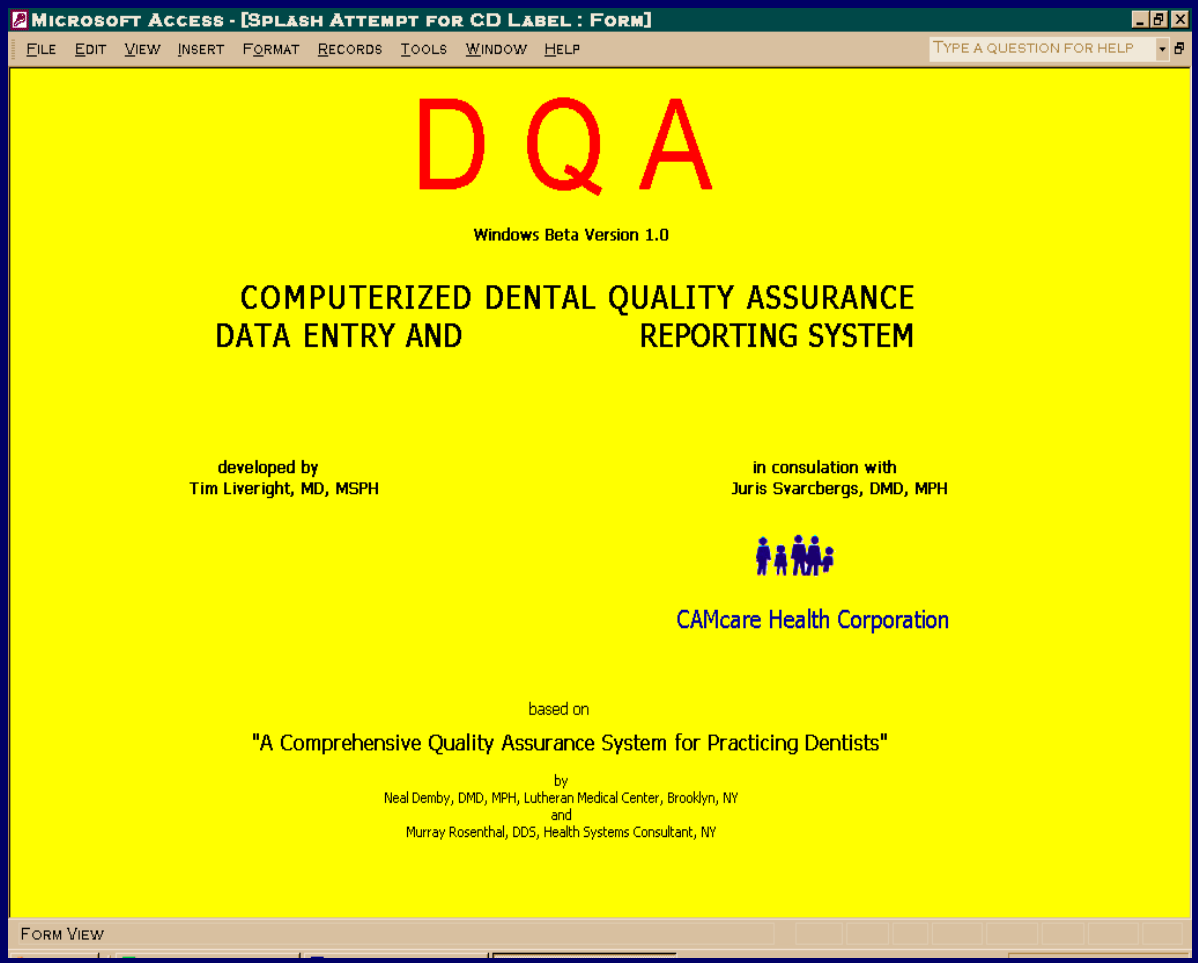
Logistics of Review Visit-2

- Chart review/clinical assessment/ assessment of treatment
- Flexible order
- Infection control-ongoing in between patients
- At end-copy of forms to director
- At end-brief (friendly) conference

Conference Note

- Conference at end should be constructive, peer exchange, information sharing
- Two-way exchange of ideas
- Reviewer often learns from review!
- Provides positive reinforcement (things well done) as well as ideas for improvement

Data Collection & Analysis



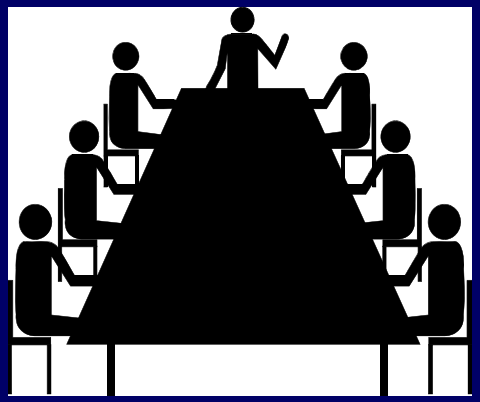
Uses of Review Data

- External and Internal Uses
- JCAHO
  - Shows external review of quality
  - Can be beginning of TQM project (x-ray quality?)
  - External review of Director?
  - Can be piece of Center Q/A or PI
  - (internal piece and external piece)

Uses of Review Data

- Present to Senior Management?
- Present to Board of Directors?
- Present to Community?
- Post in Clinic????
- Use as quality assurance when using productivity incentive

Using Data for Quality Management



Good luck…and may Quality be the secret to your success!

Contact Information

To order the DQA manual and CD, please fill out the order form or contact:

- Clinical Directors Network (CDN):

  212-382-0699

  www.cdnetwork.org

  5 West 37th Street

  New York, NY 10018

For DQA CD Technical Support:

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