

## Monitoring the Quality of Primary Care

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## Important Concepts in Quality Assessment

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## Systems View

- Inputs = resources
- Processes = activities
- Outcomes = effects of the activities

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## Systems View of a Diarrhea Control Program

### INPUTS

- Trained Health Workers
- Oral Rehydration Salts

### PROCESSES

- Education sessions for the mothers

### OUTCOMES

- Children treated with Oral Rehydration Therapy

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## Interrelationship of Subsystems

Training system

| Inputs   | Process                     | Outcomes                        |
|--|-----------------------------|---------------------------------|
| Health workers<br>Trainers<br>Training materials | Training session of the HWs | <b>Competent health workers</b> |

Diarrhea control system

| Inputs  | Process                          | Outcomes                  |
|---|----------------------------------|---------------------------|
| <b>Competent health workers</b><br>Oral rehydration salts (ORT) | Education session of the mothers | Children treated with ORT |

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## Advantages of Using Systems View

- Identify process elements often overlooked
- Make explicit links between resources, activities and effects
- Provide framework for structured analysis of quality issues
- Explore causes of poor performance

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## More Clinical Practice Guides

- TTT standards
- Reproductive Health Protocols
- Integrated Management of Childhood Illness
- Tuberculosis case management
- Syndromic approach to STD case management

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## Measuring Compliance With Standards Is Assessing Quality

- Standards can be developed for each quality of care dimension
- Standards can be developed for each component of the system

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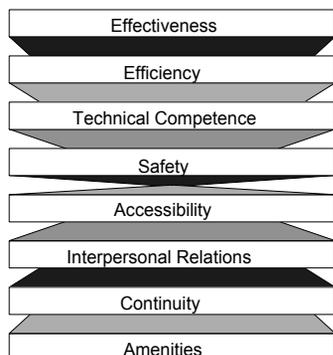


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## Dimensions of Quality




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### How Data Can Help Improve Quality

- Identify quality issues
- Quantify the quality gap
- Identify root causes of poor quality
- Select the quality improvement strategy
- Monitor change



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### Striking a Balance Between Measurement and Improvement

- Measurement without improvement
- Improvement without measurement
- Too many data
- No data



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### Introduction to Monitoring



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## Monitoring System

The regular collection and analysis of a core set of indicators

Example: Health information system



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## Effective Monitoring Systems

- People who collect data must use them to make decisions about health problems
- Data is collected repeatedly to monitor trends over time



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## Objective of Quality Monitoring

...To identify and express in a measurable way the gap between the current level of quality and the expected one...



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### Quality Monitoring Systems

- Collect data on performance against standards
- Include information on the processes



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### Incremental Approach to a Monitoring System

- Begin with a limited scope to fit existing resources
- Expand the monitoring system in space, time, scope, and methods
- Maintain the monitoring system



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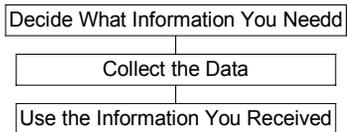
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### THE ROAD TO QUALITY MONITORING



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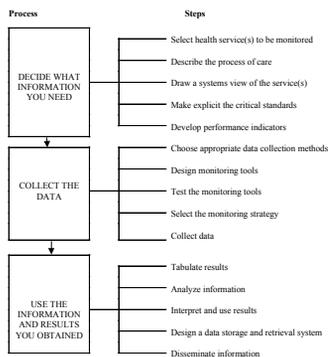
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## Quality Monitoring Process




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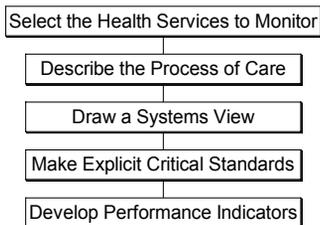
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### DECIDE WHAT INFORMATION YOU NEED




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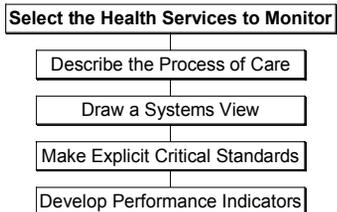
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### DECIDE WHAT INFORMATION YOU NEED




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## Health Services to Monitor

- Prioritize according to criteria
  - High volume: most common
  - High risk: most serious
  - Problem-prone: most difficult to handle
- Other criteria
- Other situations

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## Example: Prioritization Matrix

|               | Prenatal visits | A.R.I. | Adult Tuberculosis |
|---------------|-----------------|--------|--------------------|
| High Volume   | 2               | 3      | 1                  |
| High Risk     | 1               | 2      | 3                  |
| Problem-prone | 1               | 3      | 2                  |
| SCORE         | 4               | 8      | 6                  |

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ARI case management in children under five is the priority service to monitor

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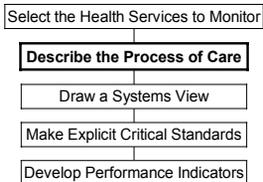
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DECIDE WHAT INFORMATION YOU NEED




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Process of Care - Defined

- Listing of activities/tasks to be carried out during the health care interaction
- Only the critical tasks key to a correct diagnosis and treatment to ensure desired outcome




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How to Select Critical Activities

- Official policy
- Provider's judgement
- Expert opinion




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### Basic Flow Chart Symbols

-  Step or activity
-  Start/End points in the process
-  Direction
-  Connector to next page
-  Cloudy Step

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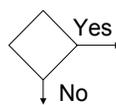
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### Additional Symbols for Second-Level Flow Charts

-  Decision or branch point
-  Wait / Bottleneck

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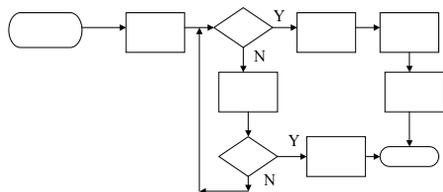
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### Process Flowchart



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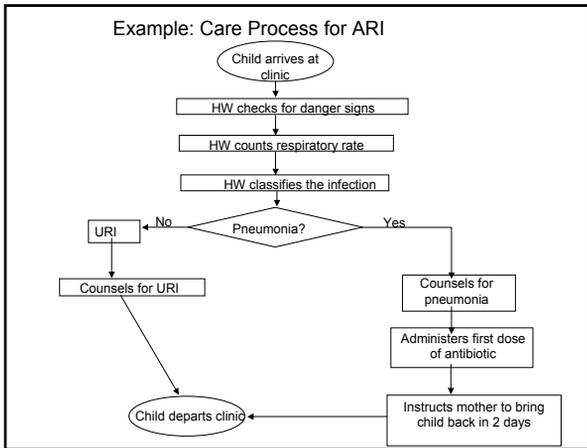
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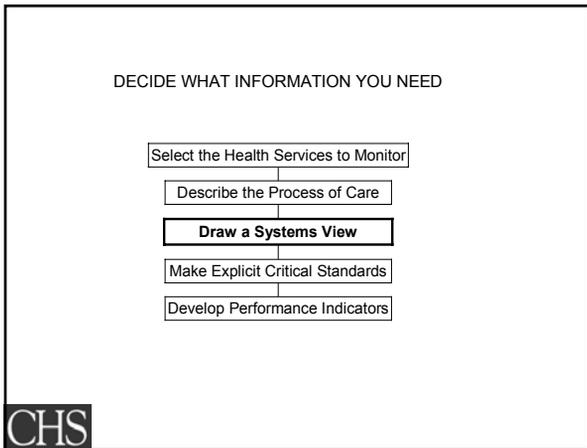
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**Example: Systems View of ARI Case Management**

| Inputs  | Processes  | Outcomes  |
|---|--|---|
| <ul style="list-style-type: none"> <li>▪Child</li> <li>▪Competent Provider</li> <li>▪Child caretaker</li> <li>▪Timing Device</li> <li>▪Antibiotics</li> <li>▪Child record</li> <li>▪Clinical guidelines</li> <li>▪Job-aids</li> </ul> | <ul style="list-style-type: none"> <li>▪Ask about danger signs</li> <li>▪Count respiration rate</li> <li>▪Classify (pneumonia/URI)</li> <li>▪Treating</li> <li>▪Counseling on treatment</li> <li>▪Counseling on return</li> <li>▪Recording</li> <li>▪Referral</li> </ul> | <ul style="list-style-type: none"> <li>▪Pneumonia is recognized</li> <li>▪Appropriate treatment is given</li> <li>▪Child referred as appropriate</li> <li>▪Caretaker understands home action and return if necessary</li> <li>▪Decrease in case fatality rate</li> <li>▪Child mortality rate decreases</li> </ul> |

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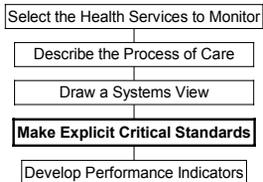
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DECIDE WHAT INFORMATION YOU NEED




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### What is a Standard?

- A statement of expected quality
- Who should be doing what, in which way, at which level of the health system, and at what time




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### Quality Standards

- Standards make explicit the definition of quality desired for a specific service, system => *Set a goal*
- Standards provide a basis of measurement against which performance can be compared and assessed => *Measure achievement of that goal*




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## Implicit vs. Explicit Standard

### *Implicit*

- Not formally written down
- Something that workers "just know"

### *Explicit*

- Formally written down

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## Types of Standards

- System - taxonomy of standards
- Clinical vs. management standards

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## Clinical Standards

| Input Standards  | Process Standards   | Outcome Standards   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Job descriptions</li> <li>• Specifications</li> </ul> | <ul style="list-style-type: none"> <li>• Clinical practice guidelines</li> <li>• Protocols</li> </ul> | <ul style="list-style-type: none"> <li>• Patient health outcomes</li> </ul> |

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## Managerial Standards

| Input Standards  | Process Standards   | Outcome Standards   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Administrative policies</li> <li>• Rules and regulations</li> <li>• Qualifications</li> </ul> | <ul style="list-style-type: none"> <li>• Standard operating procedures</li> </ul> | <ul style="list-style-type: none"> <li>• Expected results*</li> </ul> |

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## Examples of Standards

### *Input Standard*

Each clinic must have at least one health provider trained in tuberculosis case management

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## Examples of Standards (cont'd.)

### *Process Standard*

All patients hospitalized for cerebral malaria must have their temperature checked every four hours

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## Examples of Standards (cont'd.)

### *Outcome Standard*

The total fertility rate must be  $< 5$

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## Characteristics of a Good Standard

- Valid
- Reliable
- Clear
- Realistic

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## Characteristics of a Good Standard

- Valid
  - Based on scientific evidence or other acceptable experience
- Reliable
  - Leads to the same result each time it is applied

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### Characteristics of a Good Standard (cont'd.)

- Clear
  - Understood in the same way by everyone;  
not subject to misinterpretation
- Realistic
  - Can be achieved with existing resources

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### Sources of Standards

- Ministry of Health
- World Health Organization
- Professional organizations
- Teaching institutions
- Research findings

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### Three Problems of Standards

- Not written down formally
- Not communicated
- Do not meet criteria of a good standard

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### If Standard Is Not Explicitly Stated

- Find out if it exists implicitly
- If so, make the standards as explicit as possible

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### If Standard Exists and Is Not Communicated

- Use the standard if it is satisfactory
- Create a process that will communicate the standard
- Note how this may affect results of monitoring

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### If Standard Exists but Fails to Meet Essential Criteria of Good Standard

- Refer to internationally recognized standard
- Improve existing standard
- Discard any unscientific or harmful standards

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## Example: ARI Case Management

### Process standard

The health worker counts for at least one minute the respiratory rate of the child by using a watch or a timer when the child is calm

### Input standard

There has been no shortage of either Cotrimoxazole or Amoxicillin in the past three months

### Outcome standard

The severe pneumonia cases are appropriately referred to a hospital

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## DECIDE WHAT INFORMATION YOU NEED

Select the Health Services to Monitor

Describe the Process of Care

Draw a Systems View

Make Explicit Critical Standards

**Develop Performance Indicators**

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## Indicator

- A measurable variable used to determine the degree of adherence to a standard
- Translates a qualitative statement to a quantitative one to express the quality gap

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## Input Indicator

*Standard*

There must be one trained family planning nurse per PHC center

*Indicator*

Proportion of PHC centers that have a trained family planning nurse

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## Process Indicator

*Standard*

Each patient with cerebral malaria must have his or her temperature measured 4 times per 24 hours

*Indicator*

Number of times the temperature has been measured for a patient with cerebral malaria during a 24-hour period

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## Outcome Indicator

*Standard*

The average number of pregnancies per woman of reproductive age must be < 5

*Indicator*

Average number of pregnancies per woman of reproductive age

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## Development of Indicators

- Easier to develop when a standard exists
- Various types: counts, averages, ratios
- State numerator and denominator

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## Ratios

| Indicator  | Numerator  | Denominator                           |
|--|--|---------------------------------------|
| Proportion of PHC centers that have a trained FP nurse | Number of PHC centers with at least one trained FP nurse | Total number of PHC centers monitored |

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## Development of Indicators (cont'd.)

- Identify information to collect (number of FP nurses in each PHC center)
- Identify sources of information
- Make sure the indicator is clear and measures exactly what you want

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## Which Indicator Is Right?

| Standard   | Indicator 1   | Indicator 2   |
|--|---|---|
| Each clinic must have at least one HW properly trained in TB case management | Proportion of HWs who have had appropriate training in TB case management | Proportion of clinics that have at least one HW trained in TB case management |

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### Example: Performance Indicators for ARI Case Management

| Indicator                               | Numerator  | Denominator                             |
|---|--|---|
| Administration of a dose of Antibiotics | Number of children with pneumonia whose caretaker administered a dose of antibiotic at the health facility | Total number of children with pneumonia |
| Availability of antibiotics             | Number of days of drug stockout in the past three months   |   |

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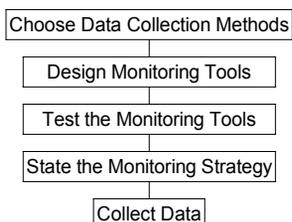
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## COLLECT THE DATA



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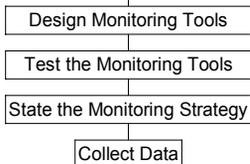
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## COLLECT THE DATA

### Choose Data Collection Methods



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## Data Collection Methods

- Direct observation
- Exit interview of patient
- Interview of health providers
- Record review
- Inspection of the facility
- Mystery patient

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## Direct Observation

An observer records the tasks performed by health provider during a real patient/provider encounter

**Considered the reference method, but influences performance**

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## Patient Exit Interview

Individual exit interview at the clinic asks what happened during the clinic and how satisfied patient is

**Does not disturb patient/provider interaction but limited by patient's understanding, memory, and courtesy bias**

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## Provider Interview

An interviewer asks the health provider open-ended or yes/no questions about the management of health services and patient care

**Good to test competence (knowledge) and organization of services, but does not assess performance**

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## Record Review

Review of a sample of medical records

**Usually information limited to symptoms, diagnosis, and treatment**

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## Inspection of the facility

Checks for items (drugs, equipment, etc.)

**Usually limited to inputs standards**



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## Mystery Patient

A trained person mimics a symptom or comes with a specific demand and observes what the provider does

- Unbiased
- Limited to what can be observed
- Ethical issues



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No single method presents all advantages

Combine several methods for higher cost-effectiveness



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### Example: Data Collection Methods in ARI Case Management

- Direct observation: *Explained the treatment*
- Exit interview with caretaker: *Administered first dose of antibiotic*
- Inspection of the pharmacy: *Stock of antibiotic*
- Review of records: *Severe pneumonia referred*

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### COLLECT THE DATA

```

    graph TD
      A[Choose Data Collection Methods] --> B[Design Monitoring Tools]
      B --> C[Test the Monitoring Tools]
      C --> D[State the Monitoring Strategy]
      D --> E[Collect Data]
  
```

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### Designing Data Collection Forms

- Variable format:
  - Close-ended
  - Yes/No checklist
  - Open-ended
- Sections:
  - Administrative data
  - Technical data
  - Coding system
  - Comments/Notes

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### Example: Direct Observation Questionnaire

Code

1. Clinic name: \_\_\_\_\_
2. Did the health worker count the  
respiratory rate? Yes  No

Comments: \_\_\_\_\_

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### Example: Exit Interview of the Caretaker

Code

1. Clinic name: \_\_\_\_\_
2. Did you give the first dose of  
treatment to your child?  
Yes  No

Comments: \_\_\_\_\_

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### Example: Checklist for the Pharmacy Inspection

Code

1. Clinic name: \_\_\_\_\_
2. Number of days of amoxicilline or  
cotrimoxazole stockouts in the past  
three months? \_\_\_\_\_

Comments: \_\_\_\_\_

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### Example: Checklist for the Record Review

1. Clinic name: \_\_\_\_\_ Code
  2. What is the total number of severe pneumonia cases recorded in the past three months? \_\_\_\_\_
  3. What is the total number of severe pneumonia cases referred to hospital in the past three months? \_\_\_\_\_
  4. Percent of severe cases referred to a hospital (divide item 3 by item 2 and multiply by 100) \_\_\_\_\_%
- Comments: \_\_\_\_\_ []

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### Monitoring Tools as Job Aids

- Using forms to decrease inter-observer variability
- Forms allow a rotating focus
- Forms supplement existing information




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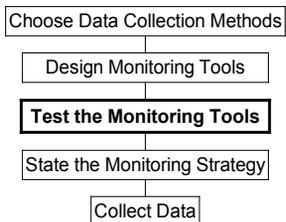
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### COLLECT THE DATA




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## Review Forms With Users

- Data collectors must understand forms, know what they are looking for
- Test clarity of the questions
- For observation, ask to demonstrate task they would expect providers to perform




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## Test the Use of the Forms

- Often called “pre-testing”
- Actual field practice with the instruments
- Report problems, successes
- Modify tools as necessary




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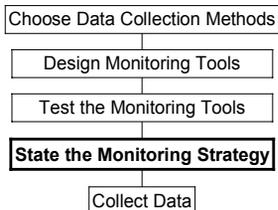
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## COLLECT THE DATA




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## State the Monitoring Strategy

- Whose performance is to be monitored?
- How do you build on existing information and monitoring systems?
- What is the optimal frequency for data collection?
- Who collects the data?
- Resources needed ?
- Validation?
- How many cases to monitor?

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## Whose performance is to be monitored?

- Individual providers
- Health center
- Region

Purpose influences unit of analysis

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## How do you build on existing systems?

Quality monitoring should be integrated

- Determine if existing system captures quality information
- If not, adapt tools to include data collection on quality

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### What is the optimal frequency for data collection?

- Depends on time, resources, provider's needs and complexity of system
- Be flexible

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### Who collects the data?

- Outsiders (supervisor, manager, other)
- Colleagues of health provider (peer assessment)
- Self-assessment

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### What resources are needed?

- At least 5%
- No absolute answer

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## How to validate data?

Two validity issues

- Was the task performed ?
  - Accuracy of data reported
- Was the task performed correctly?
  - Double-checking

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## How many cases to monitor?

- No statistical tests
  - one case is enough for feedback
- Looking for a significant difference
  - calculate sample size
- Overall performance
  - one case is enough for feedback

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## Example: Monitoring Strategy

- Random sample of 10 nurses drawn from 15 rural health centers and 2 medical assistants of the OPD of the hospital
- Unit of analysis is the individual health care provider
- Monitoring through supervision visits
- All ARI cases to be included

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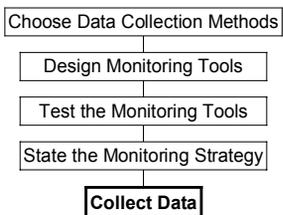
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COLLECT THE DATA




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Collection Day Checklist

- Decide whether to inform in advance of the visit
- Logistic of transportation
- Enough supplies
- Distribute roles and responsibilities
- Agenda of the visit




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Collection Day Checklist (cont'd.)

- Team leader's supporting role
- Respectful attitude
- No judgement in front of patients
- Visit local authorities
- Thank the staff for cooperation




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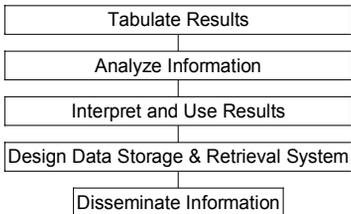
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USE THE INFORMATION YOU OBTAINED



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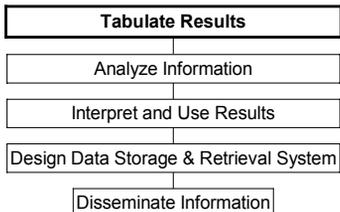
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Disaggregated/Aggregated

- Disaggregated - a score for each task performed by one or several providers
- Aggregated - a global score for all tasks per one or several providers



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## Disaggregated Data

- Health provider checks the child's temperature in 50% of the cases
- 20% of the health providers systematically check the child's temperature

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## Aggregated Data

Calculate an index for overall performance that includes multiple individual tasks

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Scoring the Performance of a Family Planning Nurse

| Questions/tasks   | Results  | Weight               | Score            |
|---|--|----------------------|------------------|
| Did the provider:   | Number of times answer is "yes" in 20 observations | On a scale of 1 to 5 | Results x weight |
| • greet the client in a respectful manner?                            | 12   | 1                    | 12               |
| • ask the client about the contraceptive method currently used?       | 8  | 2                    | 16               |
| • present the choice of contraceptive methods to the client?          | 15   | 2                    | 30               |
| • use visual job aids?  | 5  | 1                    | 5                |
| • check the understanding of the client on the HIV/AIDS transmission? | 2  | 3                    | 6                |
| • assist the client in selecting a method?                            | 13   | 5                    | 65               |
| <b>TOTAL SCORE :</b>  | <b>55</b>  |                      | <b>134</b>       |

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## A Global Quality Score

- An index summarizes performance and allows easy trend analysis...
- ...But it hides details provided by disaggregated data

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## Example: Tabulating Results for ARI Case Management

- The nurses explained the correct treatment for pneumonia to 78% of the caretakers, compared to 45% by the medical assistants
- Nurses referred 74% of the severe pneumonia cases to the hospital, whereas medical assistants did so 98% of the time

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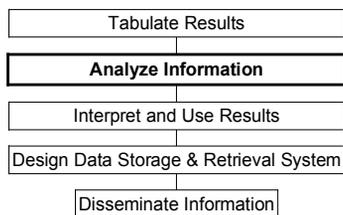


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### Performance Analysis

- What is the level of performance?
- Who are the best and worst performers?
- Is there a consistent pattern of performance?
- What is the trend in performance over time?

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### State the Level of Performance

The performance of health providers in the district is unsatisfactory: only 25% prescribe the correct first line treatment for a malaria episode in adults

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### Identify Best and Worst Performers

Various ways

- Pre-identification of thresholds
- Distribution of data, standard deviation
- Divide into three tiers

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## Look for Patterns of Performance

Widespread deficiencies may have a common cause

Ex: 98% of hospitals do not perform sputum exam for cough longer than two weeks

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## Observe Trend Over Time

- Performance varies naturally
- Definitive judgement requires multiple measurements

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## Example: Analyzing ARI Case Management

- Follow-up of the child  
Nurses informed caretakers less often to bring the child back than medical assistants. There was a consistent pattern among nurses, and they could not find an explanation other than "it slipped their mind."

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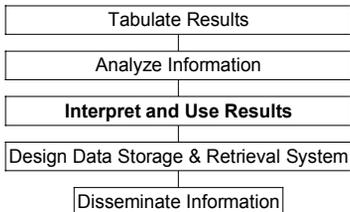
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Root Causes of Poor Performance

Multiple causes to quality gaps:

- Lack of knowledge and skills
- Low self-motivation
- Inadequate resources
- Peer pressure
- Etc.




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Improving Performance Gaps

Multiple targeted interventions:

- Feedback on performance
- Competency-based training
- Additional resources
- Job aids
- Incentives, etc.




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### Example: Interpret and Use ARI Results

- Explore further the root causes of issues related to the drug supply and referral systems
- Develop job aids for danger signs
- Provide on-the-job training to staff for counting the respiratory rate
- Organize continuing training of the staff in ARI case management at the hospital




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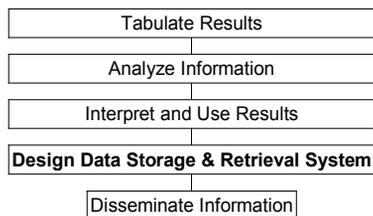
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### USE THE INFORMATION YOU OBTAINED




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### Key Questions

- Computerized database or not
- User-friendly and utilization-oriented forms
- Easy retrieval/accessibility
- Data presentation logic




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### Example: Data Storage and Retrieval System

- Storage room for manual filing system
- One folder per health facility
- One sub folder per topic
- One performance summary sheet per health provider




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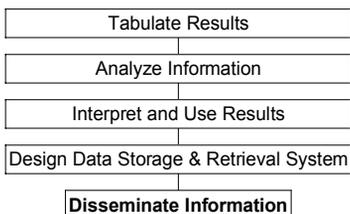
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### USE THE INFORMATION YOU OBTAINED




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### Dissemination Strategies

- Internal Audience
  - Immediate feedback to staff
  - Group feedback
- External audience
  - Workshop/conference
  - Bulletins




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**Example:**

**Disseminate ARI Information**

- On-site feedback: supervisors discussed results with health care providers
- Group feedback: present performance results at the district quarterly review meeting
- Newsletter "Quality Focus" distributed to 200 people



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**Selected Issues  
and Choices to Make**

- Sampling or not?
- Validity of the measurement?
- Thresholds?
- Issues with standards
- Variation in performance
- Link performance to rewards



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