Using routinely collected data to improve quality and patient safety: EFMI Primary Care Informatics Working Group Workshop

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Abstract. This workshop explores the use of routinely collected data to improve patient safety in real world practice. It will provide a forum for discussing how quality indicators and routine data from computerized medical record systems can be used to improve quality and safety. It will also provide delegates to describe how such tools are used in routine clinical care across Europe.

Keywords: Medical Informatics, Safety management, Medical record systems, computerized, Medical order entry systems, Quality indicators, healthcare

1. Introduction

Routinely collected computer data are being used more widely for audit and quality improvement, health service planning, and research [1]. There is scope for information technology to lever improvements in quality and safety, especially in prescribing [2]. Across Europe much of this activity has been documented within the Euro-Med-Data project. Routine data also can be used to improve patient safety and systematised through the development of “Patient Safety Indicators”; which have been developed by the Agency from Healthcare Research and Quality (AHRQ) and piloted in Germany [3].

We are yet to establish the long term place of computerized prompts in clinical practice. In the UK these have been introduced; often linking to financially incentivised quality targets [4]. Decision support was heralded as tool which would help improve patient safety and quality in primary care; however beyond the flagging up of drug interactions and prompting about quality targets decision support has not
been widely adopted in routine computer mediated clinical practice. Despite the greater use of technology in general practice to reduce errors the commonest check-back about prescribing safety is from community pharmacist [5,6]. The implementation of prescribing decision support has proved to be complex and challenging [7]; as has been the wider implementation of decision support in primary care. To date decision support has not been widely adopted and no single model for achieving this has as yet been developed [8].

To complement the background presentations attendees at this workshop will be able to give a contemporary account of the use of routine data for quality improvement and patient safety and comment on contemporary use of safety and quality indicators derived from routine data [9,10].

2. Aim

Delegates will gain an understanding of how indicators derived from routinely collected data is used to improve quality and patient safety.

3. Format

Half-day workshop with short presentation followed by discussion and small group work, and plenary feedback session. This model will be repeated twice in both halves of the workshop. Delegates will have the option of taking part in a post workshop email discussion. We intend to produce a consensus document from the working group for publication.

4. Content

Part 1: Harmonising patient safety indicators across Europe - Progress and current experience.

Saskia Drösler, Simon de Lusignan, and contributions from delegates.

Short refreshment break

Part 2: Using routinely collected data for quality improvement, health service planning and research.

Jürgen Stausberg, Simon de Lusignan, and contributions from delegates.
Maximum number of participants: 20

References