



Use of Physician Quality Score as an Evaluation of Care in Nursing Homes



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Background

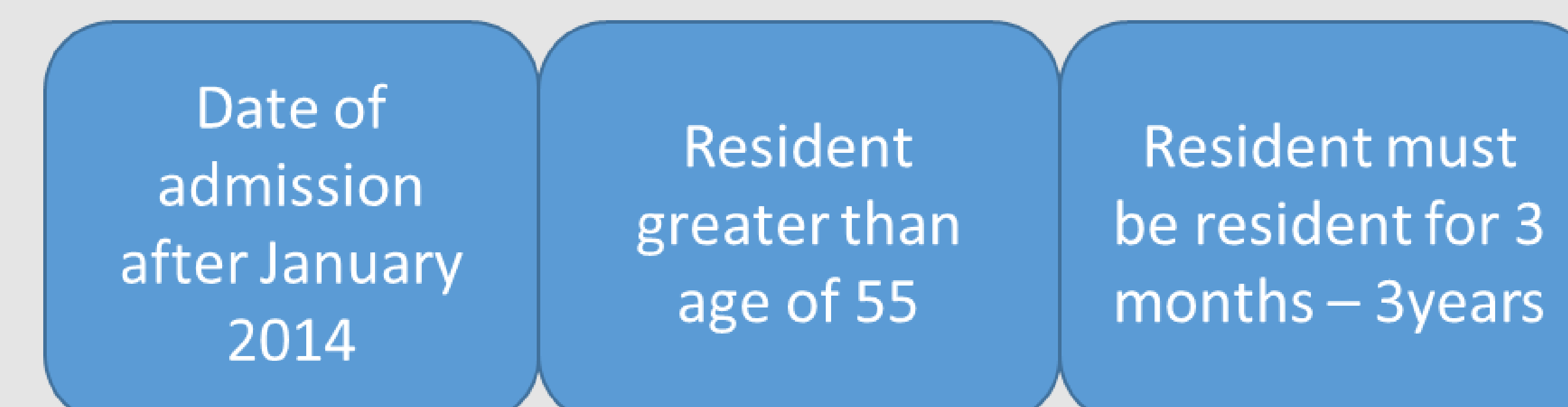
- The role of physicians has been recognized as a key component in the quality of care in nursing homes.
- There are few, if any measures to assess physician care. None are discipline specific.
- Recent study identified several quality measures (QMs) that are specific to care provided by medical providers.⁽¹⁾
- Grant from CABHI (Centre for Brain Health Innovation), used a modified Delphi methodology to identify 99 QMs specific to care provided by the medical provider.
- An international expert panel selected 37 QMs that were most likely to generate useful data.
- The ultimate goal is to derive a “Physician Quality Score” (PQS).



Methods

- Human subjects approval received from FSU IRB and ERB (Canada).
- Trained on chart abstraction techniques by CABHI research team at a Westminster Communities of Florida site in Orlando.
- This study abstracted data from 1 of 8 nursing homes that participated in the CABHI feasibility study. All 8 sites are members of the Senior Quality Leap Initiative (SQLI), a consortium of 15 senior care organizations in Canada and the US devoted to quality improvement in nursing homes.
- Retrospective chart reviews were completed on the 37 quality measures at Westminster Oaks in Tallahassee.

Resident Inclusion List

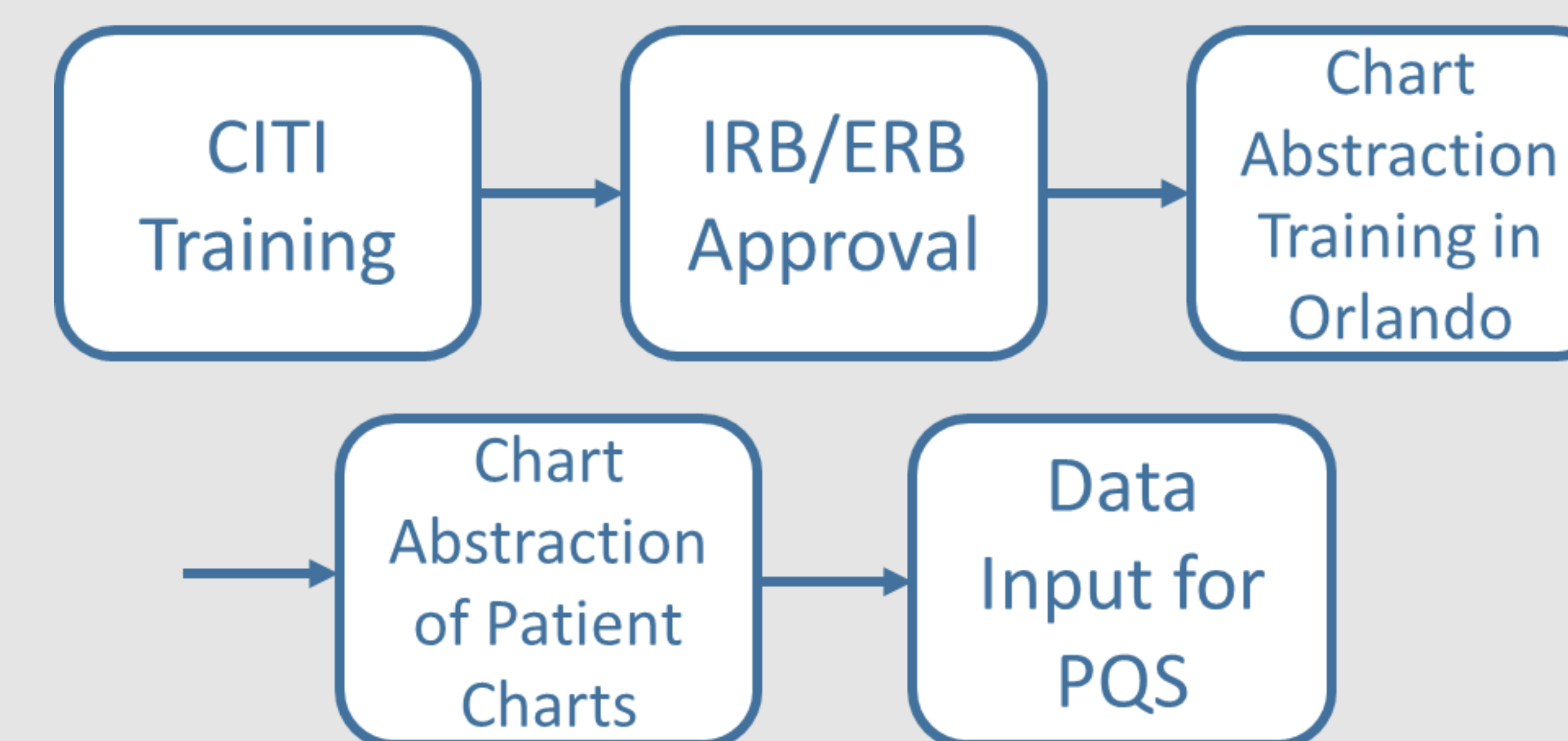


Practitioner Inclusion Criteria

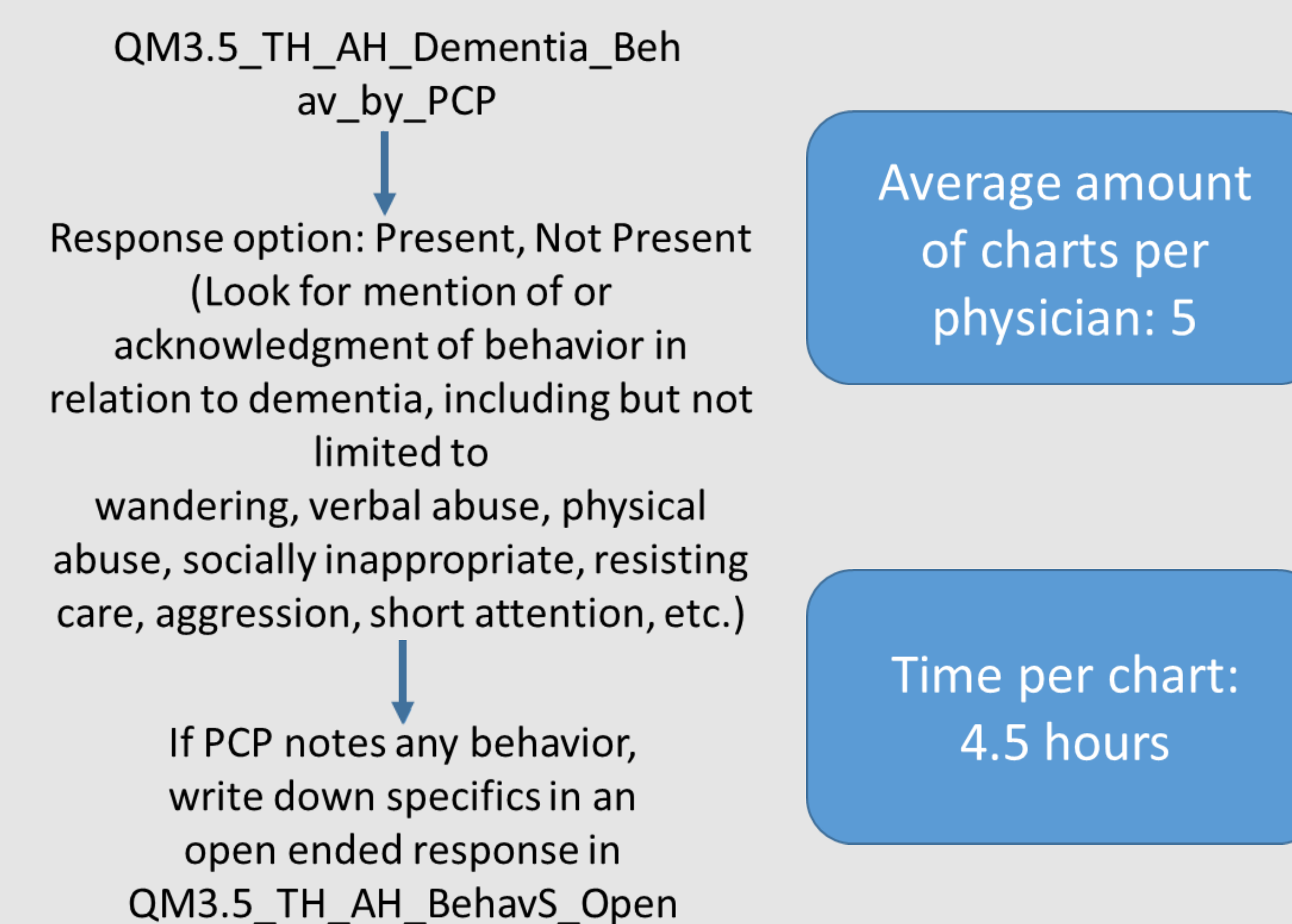


Results

- Data was abstracted from 15 patient charts (3 physicians, 5 charts each)
- Trends and patterns were analyzed to see differences between physicians and American and Canadian healthcare
- Data reviewed included:
 - admission package
 - care conference
 - medication reviews
 - consult reports
 - history and physicals
 - dementia prognosis
 - MDS assessment
 - medical diagnoses list
 - physician orders
 - physician progress notes
 - significant changes reviews
 - follow ups



Data Processing



Challenges

- Time constraints due to travel issues of CABHI study coordinator
- Need to access multiple areas in chart to document each QM
- Information often contradictory
- Transitioning between paper and electronic record
- Physician notes often lacking specificity
- Time intensive

Reflection

- Familiarity with medical charts, including physician and nursing components
- Deeper understanding of the role of the physician in caring for patients in the nursing home
- Ability to participate in a large multi-site initiative
- Participation in the IRB approval process

Next Steps

- Data from all of the 8 participating sites will be analyzed and presented in November in Toronto to the investigative team.
- Those quality measures that performed the best will be combined to create a “Physician Quality Score” (PQS).
- Future studies to determine the predictive value of the PQS as it relates to important clinical outcomes.

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Purpose

This study used a data collection manual developed by the CABHI research team to test the feasibility of abstracting data from residents' charts and documenting the 37 QMs.

