



Programme to improve cardiovascular Quality of Care: putting theory in action



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INTRODUCTION

The accumulation of high-quality evidence in cardiovascular medicine was paralleled with widening gaps in care delivery and increasing waste in healthcare resources¹.

Professional societies, such as the European Society of Cardiology (ESC), are instrumental in addressing the so called 'evidence-practice' gap and improve efficiency in health care².

Clinical Practice Guidelines (CPG) help translate evidence into defined recommendations, but real-world data continue to show sub-optimal implementation of CPG despite the increase in healthcare expenditure,³ creating a need for a mechanism that improve the adherence to CPG and reduce healthcare waste.

OBJECTIVES

To develop a Quality of Care (QoC) programme that facilitates the implementation of evidence, whilst increasing the efficiency, in cardiovascular medicine.



METHODS

The development of this programme was undertaken in collaboration with an international group of domain experts in CPG and implementation science with administrative support from the ESC.

The development process combined literature search with expert opinion via an online survey and serial virtual meetings, that aimed to understand the:

1. development process of CPG and guideline-derived initiatives such as quality indicators,
2. challenges in implementing CPG in practice,
3. burden of data collection in cardiovascular care,
4. role of registries in generating evidence and highlighting gaps in care delivery,
5. incentives to adopt a structured programme to improve care and efficiency,
6. educational and training needs for such a programme, and
7. pertinent stakeholders in disseminating a QoC programme.

RESULTS

The QoC group comprised 12 members from 7 countries. A literature review revealed the existing programs with the same scope. An online survey was disseminated, and 10 meetings were conducted with the members of the QoC group.

In total, 5 domains were selected as the key components of the QoC programme (Figure).

For each of these domains, stepwise mechanisms were constructed to facilitate the widespread implementation and maintenance of the programme.

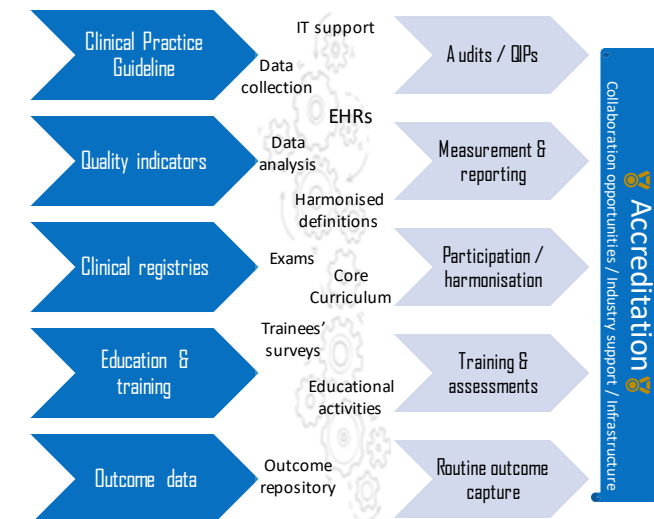
Besides, explicit strategies for the evaluation of each of the QoC programme components were defined to ensure that the impacts of the programme (once implemented) on the quality of care and clinical outcomes are captured.

The programme is currently being introduced to pertinent stakeholders, including industry representatives, to operationalize the vision and implement an internationally-endorsed and recognized QoC programme that aims to improve patient outcomes.

CONCLUSION

Through the review of existing models and engagement with domain experts in clinical care, research and quality improvement, a QoC programme for cardiovascular medicine was proposed. If adopted by professional societies, such a programme will facilitate the adherence to guideline recommendations, allow the integration of research into routine clinical practice and reduce the waste in health care resources.

Figure. Components of the QoC programme and their implementation strategies



EHR= electronic health records, QIPs= quality improvement projects