

Meeting abstract

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Performance indicators in Swedish Health Care

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from 23rd Patient Classifications Systems International (PCSI) Working Conference
Venice, Italy. 7–10 November 2007

Published: 26 November 2007

BMC Health Services Research 2007, 7(Suppl 1):A10 doi:10.1186/1472-6963-7-S1-A10

This abstract is available from: <http://www.biomedcentral.com/1472-6963/7/S1/A10>

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Summary

Sweden has developed national performance indicators to measure quality and efficiency in Health Care. The indicators will be published on a yearly basis on a County Council level.

Aims

The aims are to: 1) Report on the achievement of the counties for the purpose of transparency and accountability 2) To encourage management in health care to start activities to improve performance The first indicator set was published in 2006. There was a great interest in the work and a waste majority of the Swedish county councils have now started a local work in connection to the national work. Next report on performance indicators will be published in October 2007.

Background

Sweden has a decentralized health care system with 20 County Councils/Regions and one municipality with a high degree of autonomy. The counties both finance and manage the health care activities in each county. In this context there has been hard to get a national picture of quality and efficiency in Swedish health care in all. The aim is to find methods to measure if Swedish health care is: Evidenced based, Efficient, Responsive, Accessible, Equal, Safe. Work started in 2006 to develop national performance indicators for open comparisons in health care. The project is a joint project between The National Board of Health and Welfare, The Swedish Association of Local Authorities and Regions and the County Councils.

Data

Data have been collected from a number of databases, for example The National Health Data Registers, National Quality Registers, The National Waiting Time database and The Patient Satisfaction database.

Methods

The counties are compared from four different perspectives; 1) Quality of Care 2) Patient Satisfaction 3) Access 4) Costs and Productivity. A working group has developed the indicators and the final indicator set is then decided by a steering group. All indicators have also been discussed with the counties before being published.

Results

In year 2006 a first indicator set was published embracing 57 performance indicators from four different perspectives of quality and efficiency in health care. The comparisons were open and presented on county level. The majority of the indicators reflected quality from a clinical perspective, for example disease based mortality rates or measures for patient safety. The indicator set also reflects measures for access, patient satisfaction and for health care costs and productivity.

Discussion

The work received a great interest from the county councils but also from the public and the press. A new report will be published in October 2007.

Areas of discussion

For the year of 2007 we expect to have about 70 national performance indicators in the national indicator set. Examples from the comparisons will be presented and discussed in the full paper. The results from last year suggested that there is no obvious connection between costs and quality therefore all counties have an opportunity to improve efficiency in health care. There are also quite big differences between the counties in the results for some indicators. We will discuss these issues in the light of the findings in new results for year 2007. There will also be a discussion about quality in data and a report on the efforts that have been made to obtain better data quality in health care.

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