

POSTER PRESENTATION

Open Access

EM benchmarking: quality of service - a stroke management case with improvements

Ulrich Andersen^{1*}, Lena Henriksen¹, Betina Romme Rash¹, Betia Sell¹, Niels Henrik Hansen²

From Danish Society for Emergency Medicine: Research Symposium 2010 Roskilde, Denmark. 20-21 May 2010

Background

Benchmarking as "The continuous process of measuring our products, services and practices against our toughest competitors or those companies known as leaders" is an national and international effort among Emergency Medicine Departments (EMD). Qualitative and quantitative measures are systematically collected as arguments for change in services according to the principles of the learning organisation.

In Denmark the "Nationale Indikator Projekt" (NIP) initiative is a national model for benchmarking service providers in several domains including stroke treatment.

The introduction of EM departments in Denmark is part of a national strategic decision to focus on the hand over from primary to secondary health care sectors. This shift has raised a lot of skepticism according the quality of service. We feel that data to elucidate the pros and cons of the EM strategy is needed. We present the current results from the EMD in Nykøbing Falster, Denmark.

Methods

The design is an intervention study with a historical control group. All patients admitted to our institution under the diagnosis of stroke during 2008 and 2009 were included. The intervention group consisted of the patients admitted during 2009. The controls where the patients from 2008. Inclusion criteria and data collection according to the NIP standard.

The intervention started April 1st 2009 when the EMD was opened i.e.: Implementation of the NIP standard as part of the EM department systematic approach.

The control group was treated with reference to the same standard under a Internal medicine approach.

Result

The rate of patients who had all process indicators positive according to the standard went from 5% (2-9) to 32% (21-43) (highest regional score) (rate, 95% cofidense interval) and we achived the best regional outcome for stroke patients as indicated by odds ratio for survival within three months.

Conclusion

The Emergency Medicine paradigm has the time factor imbedded in a way that is beneficial for the provision of medical services according to standards where time is high priority. As EM departments are established, nationwide, a quality improvements should be expected at least for stroke management according to NIP.

Author details

¹Akutafdelingen, Sygehus Syd, Nykøing Falster, Fjordvej 15, 4800, Nykøbing F, Denmark. ²Geriatrisk Afdeling, Næstved og Nykøbing F. Ringstedgade 61, 4700 Næstved, Denamrk.

Published: 17 September 2010

doi:10.1186/1757-7241-18-S1-P12

Cite this article as: Andersen *et al.*: EM benchmarking: quality of service - a stroke management case with improvements. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine* 2010 **18**(Suppl 1):

Full list of author information is available at the end of the article



^{*} Correspondence: ula@regionsjaelland.dk

¹Akutafdelingen, Sygehus Syd, Nykøing Falster, Fjordvej 15, 4800, Nykøbing F, Denmark