Physician Scorecards to Improve Care and Promote Adherence to ACOG Guidelines

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Introduction

While institutional scorecards track and improve quality of care, the effect of performance scorecards for individual providers is untested. We hypothesized that implementation of individualized provider scorecards would improve quality of care metrics and promote adherence to American Congress of Obstetrician and Gynecologists (ACOG) guidelines.

Materials and Methods

A retrospective analysis was conducted for the effects of physician/provider scorecards implemented by the obstetrics and gynecology (OBGYN) department of an urban hospital. Un-blinded peer review analysis of provider performance was distributed to every obstetric provider (n=110) for the prior 6-months of adherence to <39-week elective inductions (EI), C-section surgical site infections (CSI), and cesareans for nulliparous term, singleton, vertex deliveries (CNTSV). Scorecard data was abstracted for 3-time points (TP) from 2010-2012. Statistics were completed with SPSS 20.0 using ANOVA with repeated measures with a Greenhouse-Geisser correction.

Results

- Elective inductions for <39-weeks were reduced from n=5 at TP-1 vs. n=1 at TP-2, TP-3.
- C-section surgical site infections were reduced from n=12 at TP-1 vs. n=4 at TP-2, and n=9 at TP-3.
- No changes were noted in CNTSV.
- Mean performance scores for Elective inductions [F(1,37), 61.69]=4.774, P=0.022] were significantly different between time points.
- Performance scores in C-section surgical site infections was [F(1.143, 51.066)=3.802, P=0.052]
- Cesareans for nulliparous term, singleton, vertex deliveries [F(1.316, 59.235)=2.696, P=0.09] trended towards significance between time points.

Discussion

Elective inductions and cesarean surgeries have increased in prevalence over the past few years and several decades, respectively [5,6]. However, avoidable negative outcomes persist, either due to physician unawareness of these outcomes [6], or physician disagreement/non-adherence to established guidelines. Knowing one’s outcomes can also motivate practice change. For the institution, scorecards help identify ‘outliers,’ focus performance improvement efforts and align providers with institutional goals and processes. Recent studies have demonstrated the long-term effectiveness of physician scorecards implemented within their health system for accomplishing these specific goals [7]. This retrospective study clarifies how physician scorecards can help physicians be self-critical and accountable in their practice, thus, enhancing obstetrical care.

Conclusion

- Physician scorecards can improve Elective induction adherence to ACOG guidelines and may improve C-section surgical site infections and cesareans for nulliparous term, singleton, vertex deliveries.
- Individualized scorecards can be an effective tool to meet the demands of increased transparency with healthcare reform and provide the necessary feedback for individual providers to succeed.

References


Figure 1. Summa Akron City Hospital