

Clinical excellence scorecard

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Aims

The aim of the scorecard was to measure clinical outcomes objectively, benchmark them to the best available data from international institutions, and strive to achieve those benchmarks, thus ensuring clinical excellence for patients.

Methods

The scorecard consisted of 25 clinical quality parameters involving complication rates, mortality rates, 1-year survival rates and average length of stay (ALOS) after major procedures such as liver and renal transplant, coronary artery bypass graft, total knee replacement, total hip replacement, transurethral resection of the prostate, percutaneous transluminal coronary angioplasty, endoscopy, large bowel resection and modified radical mastectomy, covering all major specialties. It also included hospital-acquired infection rates, pain satisfaction and medication errors. Benchmarks were chosen from the world's best institutions including Cleveland Clinic, Mayo Clinic, National Healthcare Safety Network, Massachusetts General Hospital, Agency for Healthcare Research and Quality US, Columbia University Medical Center and US Census Bureau. There were weighted scores for outcomes, colour coded green, orange and red. Cumulative score was 100.

Monthly data were reported online. Action-taken reports for parameters falling in red were submitted quarterly and reviewed by the board. A quarterly, half-yearly and annual analysis of the trends was done. An audit team audited the data every 6 months using a detailed audit guide. Scores were linked to appraisal of the medical head.

Results

Scores for different parameters were variable from green to red at the start of the initiative. While the challenge in the high-scoring parameters was to not let them dip, there were opportunities for improvement in parameters scoring in orange and red. Most parameters showed improvement and scores increased from the red or orange to the green zone over a period of time wherever required and then stabilised. The scorecard was updated every 2 years to improve the benchmarks, increase the scope and add new parameters.

Table 1. Scoring for parameter (ALOS post-angioplasty) and benchmark (Cleveland clinic, 2.5 days).

ALOS	Score
≤2.5	4 (green)
2.51–3.00	3 (green)
3.01–3.50	2 (orange)
3.51–4.00	1 (red)
>4.00	0 (red)

Conclusions

The scorecard enhanced the focus on clinical outcomes, lent them an objectivity and subjected them to constant review. Improvement involved organisation-wide changes in personnel training, processes and procedures, both clinical and operational. The average score increased from 71 in January 2010 to 80 in December 2013, a shift from the orange zone to the green zone, thus proving the scorecard to be an effective tool in clinical governance.

Conflict of interest statement

None. ■

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