

# Quality Development Through Indicator Monitoring In Danish Chiropractic Clinics

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## Aims

- To develop disease-specific quality indicators for patients with low back pain (LBP) in Danish chiropractic clinics, with the possible future intention of joining the Danish Healthcare accreditation Program (DDKM).
- To test the feasibility and validity of the indicators in a pilot test

## Methods

A cross-disciplinary group of healthcare providers (the indicator-group) prioritized nine evidencebased indicators and standards in a systematic consensus process. A pilot test of feasibility was carried out in eight chiropractic clinics. After the test period an audit meeting with the test-clinics was conducted, and the indicator-group subsequently designed the final set of indicators.

### Indicators and Standards for the pilottest – the test clinics total percentage achievement of standards

Domain	Indicator	Standard goal	Standard reached % (95% CI)
Case history	Proportion of LBP patients who have had sufficient case history taken	≥ 98 %	24.8 (17.4 - 33.5)
Discogenic back pain	Proportion of LBP patients with leg pain who have been examined for centralization of symptoms	≥ 90 %	34.2 (23.5 - 46.3)
Neurology	Proportion of LBP patients with leg pain who have had adequate neurologic examination	≥ 90 %	83.8 (73.8 - 91.1)
Radiology	Proportion of LBP patients who have been x-rayed during treatment, and indication is present	≥ 80 %	59.1 (46.3 - 71.0)
Radiology	Proportion of LBP patients who have not been x-rayed during treatment, and no indication is present	≥ 80 %	61.9 (51.9 - 71.2)
Classification	Proportion of LBP patients for whom Quebec Classification for Spinal Disorders have been recorded	≥ 98 %	92.2 (87.6 - 95.5)
Exercise therapy	Proportion of LBP patients with symptoms of > 6 weeks duration who have been instructed in exercise therapy	≥ 90 %	37.5 (21.1 - 56.3)
Outcome assessment (Process)	Proportion of LBP patients for whom outcome have been assessed using global rating at 4th visit	≥ 95 %	95.8 (91.6 - 98.3)
Outcome assessment (Outcome)	Proportion of LBP patients who describe their changes in symptoms as "much better" or "better" at 4th visit	≥ 50 %	67.7 (59.9 - 74.8)
Re-evaluation	Proportion of LBP patients who do not report relevant improvement who have had their treatment plan re-evaluated at 5th visit	≥ 90 %	28.3 (16.8 - 42.3)

## Results

206 LBP patients were included in the pilot test.

Two indicators: outcome assessment as a process-indicator and outcome assessment as a result-indicator met the standards set by the indicator-group. Neurology and classification were rather close to meeting the standards but case history, discogenic back pain, exercise therapy and re-evaluation were far from meeting the standards.

After evaluating the test-results the indicator-group decided to maintain all nine indicators, however, lowering the standards on case history, discogenic back pain and classification.

## Conclusions

The indicator-group succeeded in developing the indicators.

It proved possible to identify the patient population and collect data with regard to the nine indicators.

An invited group of chiropractic clinics in Denmark do not meet the quality standards set by professionals at the time being. This may however be partly due to practical problems in the data collecting process.

Both the indicator group and the test clinics recommend future nationwide implementation of the developed indicators. This could be the first step in joining part of DDKM.