Communications

Psychosocial Health Care and Quality Assurance Activities

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Quality assurance activities, although a daily practice in hospitals across the United States, center their attention on technical aspects of health care to the exclusion of psychosocial dimensions.[1] Menninger challenges the medical profession to include "caring" as a valid part of health care quality and encourages development of methods to assess this aspect of health care.[2]

Family practice recognizes the importance of psychosocial principles in the delivery of high-quality, comprehensive health care.[3] There is no question that psychosocial factors play a major role in many areas of health and illness, including etiology of disease,[4] effectiveness of treatment,[5] and well-being of patients and their families.[6]

Despite the apparent impact of psychosocial factors on health care quality, the quality assurance literature only minimally addresses these issues. This paper briefly summarizes a study that documents the extent to which one type of quality assurance activity—the medical audit—includes evaluation of psychosocial dimensions of health and disease; a complete report of the research data is available elsewhere.[7]

Methodology

Medical audits assess quality of health care by matching predetermined, explicit criteria, felt to describe good quality of care for a particular disease, procedure, or health service, against information available in medical records. Although the results of medical audits are confidential, the lists of criteria used, or audit protocols, are usually available in hospital quality assurance departments for use by health professionals.

In the Minneapolis/St. Paul metropolitan area, audit protocols are filed in a central criteria bank. The primary purpose of the criteria bank is to help health professionals develop audit protocols for use at their hospitals by providing, upon request, examples of audit protocols used by other institutions. This central file includes the audit protocols of 36 hospitals, comprising all acute care hospitals in the seven-county metropolitan area and including two county hospitals, a Veteran's Administration hospital, a university hospital, and numerous private hospitals. Each audit protocol represents a medical record audit completed by a hospital and evaluating physician performance, as required by the Joint Commission on Accreditation of Hospitals and the Professional Standards Review Organization.

At the time of this study, the central file held 448 audit protocols, representing audits completed from 1975 to 1979. Each audit protocol was examined by the authors and grouped according to topic of evaluation into one of six categories: internal medicine, surgery, obstetrics/gynecology, pediatrics, psychiatry, and miscellaneous. (For example, an audit protocol titled "Childhood Asthma" was placed in the pediatrics category.) A content analysis of each audit protocol was then performed to identify four kinds of psychosocial criteria (further defined below). Frequencies of psychosocial criteria were determined for each of the six categories, with differences analyzed by means of the chi-square test.

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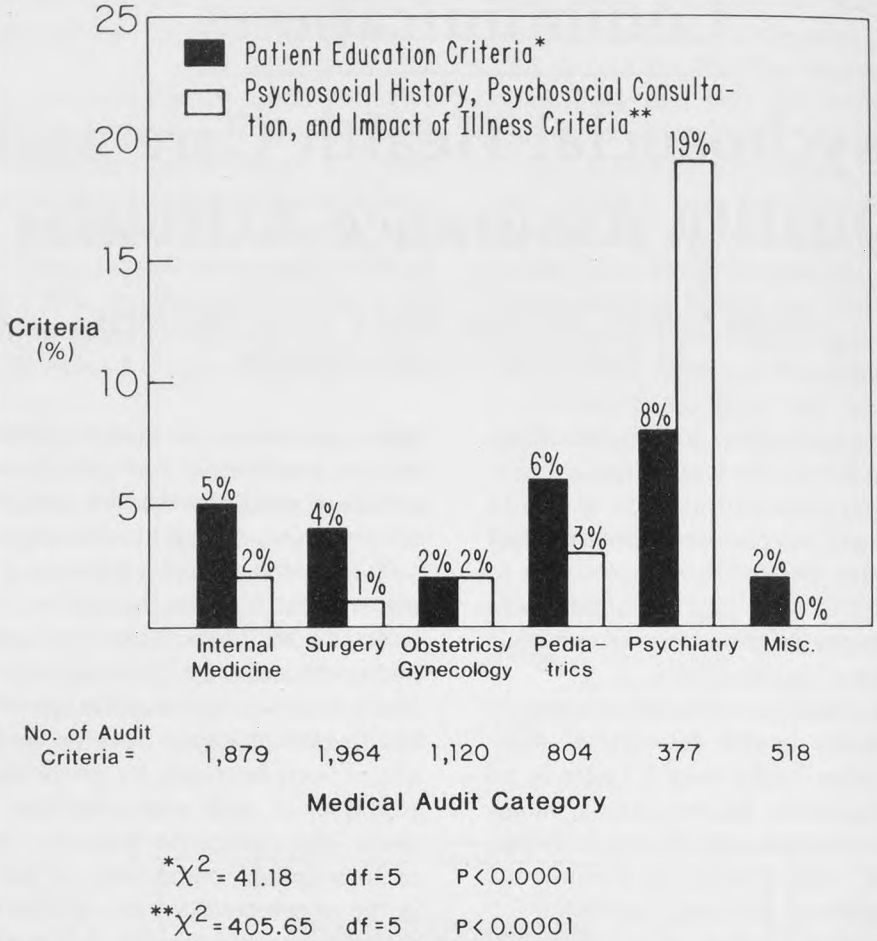

Figure 1. Percentage of medical audit criteria which are concerned with psychosocial issues, by category*

*The data for Figure 1 are derived from a complete report of the study to be published in *Medical Care*[7]

Results

Four kinds of psychosocial criteria were defined for purposes of this study: (1) patient education criteria, covering areas such as use of medications, recommended activities, nutrition, and the disease process; (2) impact of illness criteria, focusing on a patient's response to his or her illness; (3) psychosocial consultation criteria, including consultation with a psychiatrist, psychologist, social worker, or other counselor; and (4) psychosocial history criteria, relating to the gathering of information from patients in the areas of family and home, work, education, and finances, and personal and social life.

A majority (54 percent) of the audit protocols studied address no psychosocial issues whatsoever. When psychosocial criteria are included, they represent limited numbers only. Figure 1 shows that only a small fraction of the 6,662 audit criteria (which make up the 448 audit protocols examined) are concerned with psychosocial factors: four percent of criteria relate to patient education and three percent relate to the other three areas combined—impact of illness, psychosocial history, and psychosocial consultation. The remaining 93 percent of audit criteria are concerned with disease oriented aspects of diagnosis and management.

Recommendations

It is evident from the results of this study that medical audits, designed to assess the quality of

health care, give scant attention to psychosocial health. Whereas the purpose of quality assurance activities is to guarantee that high quality medical care is delivered, there is a failure to address psychosocial dimensions of quality, factors long recognized as important by health care consumers.[8]

Family physicians, who have special expertise in the area of psychosocial medicine, are in a position to influence quality assurance activities in their communities. It is essential to include psychosocial evaluation when quality of health care is being measured in the following areas: health maintenance, psychiatric illness, chronic or life threatening illness, illness that demands a change in lifestyle, and instances of psychological or social breakdown in patient or family.

Experience in the field of psychosocial health care evaluation is limited. Because most quality assurance activities focus on the medical record, and because psychosocial data are frequently not recorded in the chart, it will be necessary to develop alternative methods to evaluate psychosocial health care. In their hospitals and practices, family physicians, by recognizing psychosocial dimensions of health, can develop and experiment with innovative methods of health care evaluation. Some alternatives to traditional quality assurance studies include gathering of information directly from patients, evaluation of non-technical dimensions of health care quality (eg, art of care, continuity, patient satisfaction), direct observation of physician- patient encounters, and assessment of psychosocial outcomes (eg, quality of life). By assuring that all aspects of health care quality are being adequately assessed, such contributions by family physicians would be invaluable to the quality assurance field and to the health care consumer.

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Use of a Microcomputer in a Family Practice Residency

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The Family Practice Residency at General Hospital has 32 residents, all seeing their outpatients in the Family Care Center adjacent to the hospital. The schedule of the center is complex, and residents' hours for seeing patients are staggered to better utilize existing room limitations. Good communication between the center and the residents is vital if efficient patient flow is to be maintained. During the day, when the residents are not in the center, they are occupied with duties in the main hospital building. Thus, it was felt that an efficient, ongoing communication system between the family care center and the hospital would be indeed beneficial.

With as many as 35 physicians using the center to see patients each day, physical limitations were a key factor. A major problem was the large volume of telephone calls coming into the center from the residents, requesting information about their patient schedule for the day. These calls, together with the many telephone "pages" from the center

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