Standard practice aiming clinical excellence in rheumatology

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Health professionals and stakeholders, have nowadays to permanently deal with advances in science and technology, leading to frequent changes in global working practice[1]. In the last decades, Portuguese Rheumatology started to look up at quality of care not as a desirable goal, but as a daily tool indispensable for promoting and keeping high standards of care.

Members of the Portuguese Rheumatology Society felt the need to adopt a role model of quality, and to define an evaluation moment. This seemed crucial as a starting point, leading to a need of gathering opportunities to improve the performance of Portuguese Rheumatology Departments, and by so, increasing the quality, the effectiveness and the efficiency of standard of care, ultimately contributing for health gains to the society.

The project began by "thinking quality" and searching for a "quality tool" of general care for rheumatic patients, based on specific functional areas, namely the day care hospital, and also in the work already done in some emblematic rheumatic diseases such as rheumatoid arthritis, idiopathic juvenile arthritis or lupus. Evaluating hospitals day care units practice has been a preferential investigational line, pioneering quality of care in different realities. In Portugal, Barbosa et al[2] published about the satisfaction of patients with the overall functioning of their day care unit. The Spanish Society of Rheumatology has published since 2010, an interesting line of work, almost exclusively based on day care hospitals. They started by characterizing a time status, identifying deficiencies[3], and then evaluating by applying a model of excellence, the "Reumatolex Project"[4]. Finally, they established the indicators and other management tools, found necessary to ensure a patient-oriented practice, based on both evidence and clinical experience[5], taking into account both stakeholders opinion and patients perspective. They also relayed in a cautious interpretation of data, such as it was evident in the Dutch work of reliability and satisfaction of patients with hospital care[6,7]. Knowing that early efforts have gathered general aspects of global care in rheumatic diseases, we also detected an interesting experience in quality measures for specific diseases, such as juvenile idiopathic arthritis[8] or lupus[9]. Even though, we've decided to focus the quality assessment of clinical registries and specific disease course monitoring on rheumatology most emblematic disease, rheumatoid arthritis. Healthcare quality indicators and standards of care for rheumatoid arthritis have been the template across Europe in care for rheumatic patients[10-13]. Standard Practice Aiming Clinical Excellence in Rheumatology was initially thought as a three phase project, each phase containing a different number of steps.

PHASE 1: DEFINING QUALITY CRITERIA AND A QUALITY/EXCELLENCE MODEL

Rheuma Space project began by defining a project team, starting with participant's selection; comprising a promotor, an executor agent, pharmaCo enablers, partners and participant Departments. Then, a search, reunion and selection of quality criteria began. Criteria selection resulted after a series of Delphy meetings and was organized along with *Donabedian* classic framework of quality dimensions:

Structure: how equipped are Rheumatology departments in terms of personnel, training and research, facilities, equipment and information systems, budgeting and financial resources?

Process: how is care provided to rheumatic patients in terms of access to care and productivity, medical care and clinical records, and in terms of physician-patient communication and multidisciplinary patient management?

Outcomes: what results have been achieved across stakeholders in terms of clinical outcomes, patient and personnel satisfaction?

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PHASE 2: PRACTICE ANALYSIS

On SPACE's second phase, an analysis of the care practice of Rheumatology departments was made and resulted in the development of individual confidential reports on quality evaluation. This analysis based on the 26 quality criteria found in phase 1, was the first national quality evaluation of Portuguese Rheumatology Departments. The national results, considering analysis of eight Rheumatology Departments performance, between 2014 and the first half of 2015, became public and were discussed at a nationwide Rheumatology meeting in October 2016.

PHASE 3: IMPLEMENTATION OF A QUALITY PLAN FOR RHEUMATOLOGY DEPARTMENTS

A third and last phase, supported by national and individual department results, identified positive and negative aspects and also improvement areas, resulting in a list of potential initiatives that were selected to be discussed as an implementation quality plan for each department.

At the end, the development of a list of future improvement initiatives seemed crucial to ensure benefits from SPACE and facilitated the process of defining major key objectives and media communication milestones. Working together on selected operational initiatives that may be of interest at national and local levels seemed the desirable and hopefully feasible near future.

Considering other methodologies as possible and scientifically valid, we've thought and found some positive and negative aspects in SPACE's methodology approach:

– looking at a pioneer project based on foreigner realities, not necessary reliable;
– project strengthened and supported by inclusive and productive collaborative work;
– at the end, a really too long-time project that subsided on a great personal effort that was specifically asked to Departments investigational teams;
– realistic and effective improvement initiatives may turn hard to conduct in a near future;

Finally, we've chosen rheumatoid arthritis as a clinical model of rheumatic disease, though it may not represent the global reality for the standard of care in all rheumatic patients.

Presently, when we aim for clinical excellence we are now looking, and ultimately thinking at patients, as they see themselves more and more, as active recipients of care, welcoming equal dialogue with health care staff [14-15].

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