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Title: ***Pvkvalitet.se – a website for easy benchmarking and improvement of quality  
in primary health care.***

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## **Abstract**

### ***Background and aim***

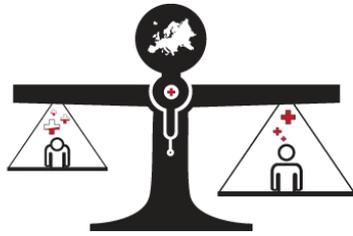
In health care there are big gaps between science and practice that affects the quality of patient care. Clinical procedures regarding diagnosis, treatment and follow up of many common diseases differ from evidence based guidelines. To improve this, the critical starting point is the practitioners' awareness of their own habits in the treatment and follows up of their patients. This requires a system that can provide immediate feedback benchmarked against recognized standards and other practitioners. Aims were to initiate improvement of care concerning some common diseases by constructing a web-based instrument for quality monitoring and improvement.

### ***Methods***

The Quality Council in SFAM has defined quality indicators for a number of diseases. Each indicator includes a short background, aims based on national guidelines, and suggested standards. For each disease a random sample of 30-40 patients is selected and required data are identified from patient records. Only a few important facts are registered for each disease. To spread the use of the indicators we wanted to make them easy to access. We also wanted to give GPs and nurses immediate feedback after data entry by offering the possibility to compare their results not only with the standards, but with other health care centres - as well as with themselves over time. To achieve this, a digital quality register, pvkvalitet.se, was constructed with the quality indicators as a basis.

### ***Results***

Registrations started in 2006 and 230 health care centres were connected and data on about 33 000 patients were registered by the end of 2010. In areas with the most systematic use of pvkvalitet.se clear improvements in antibiotic prescribing patterns, monitoring of asthma and the treatment of heart failure have been reported: For example, the proportion of quinolones prescribed for cystitis in women decreased from 6% to 1%. Spirometry examination of asthma patients increased from 38% to 62%. The proportion of heart failure patients with ACE/AII inhibitors increased from 71% to 83% and with UCG from 65% to 81%.



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management and public trust"**

***Conclusion***

A web-based quality register, adapted for primary care was constructed. The data entry takes minimal effort and immediate feedback is given. Improvement in quality of treatment standards and follow up care has been reported by doctors and nurses who use the register.