

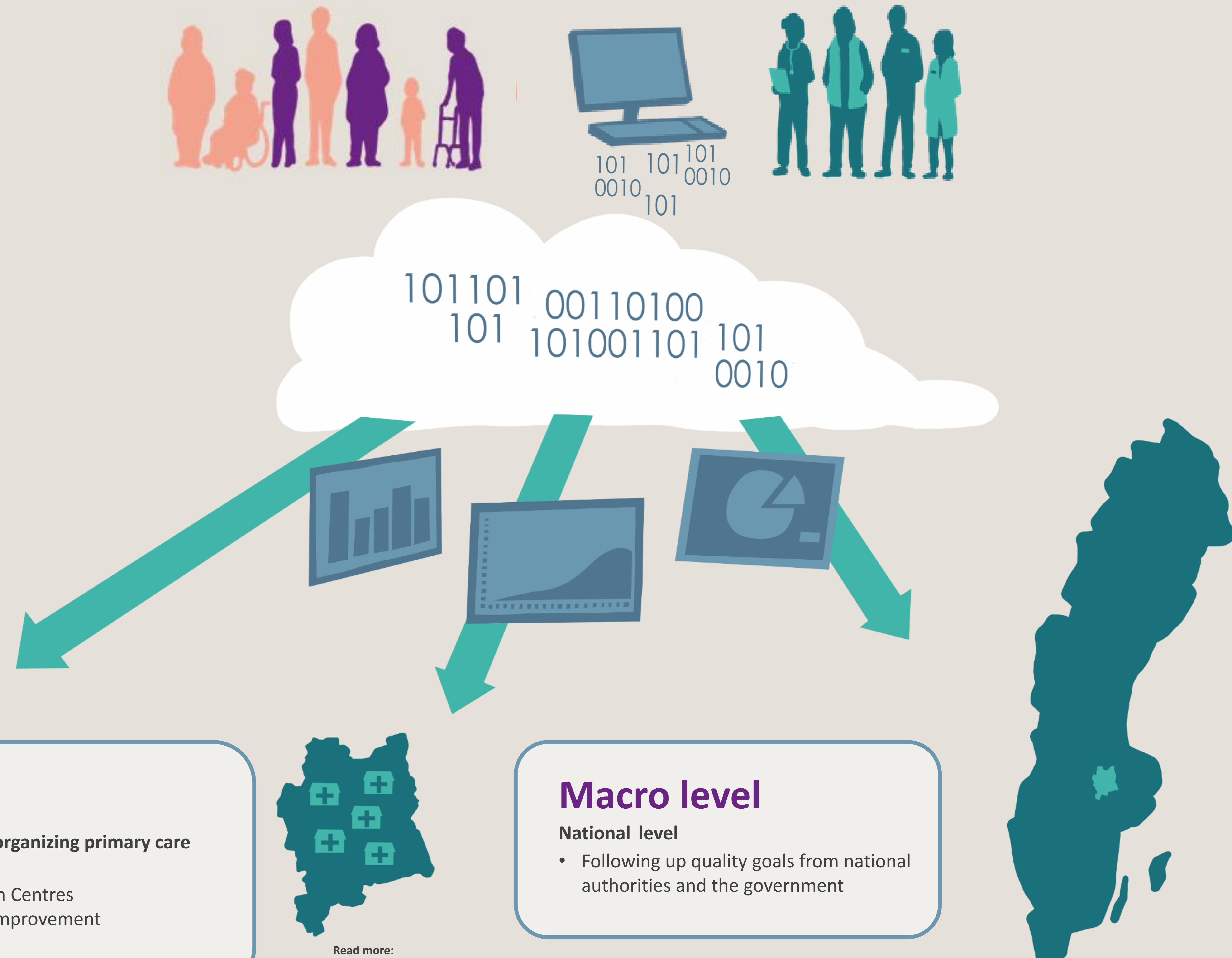
## A tool for Quality Improvement in Primary Care

- Developed by Primary Care Professionals
- Improve at system level AND Identify individual patients in need of care
- Available at over 90% of all Swedish Health Centres
- Automatic data retrieval in real time
  - Data obtained directly from the electronic medical records(EMRs) at the Health Centres
  - No manual registration needed
- Wide range of measurements reflecting primary care

- Chronic diseases (e.g. heart disease, diabetes, COPD, hypertension)
- Mental health (e.g. depression, anxiety, stress)
- Acute infections
- Lifestyle habits
- Collaboration with other care providers
- Continuity of care
- Prioritization of patients with great care needs
- Multimorbidity



- Accessibility
- Prevalence
- Diagnostics
- Pharmaceutical treatment
- Concordance with guidelines
- Patient education
- Rehabilitation
- Psychological treatment
- Current status (i.e. blood pressure, blood glucose)



### Micro level

#### Health Centres

- Quality improvement in the Health Centres
- Analysis, reflection and learning based on follow-up and comparison of data.
- Benchmarking – regional and national



### Meso level

#### Regional councils, responsible for organizing primary care

- Health care planning
- Quality dialogues with the Health Centres
- Optimise conditions for quality improvement
- Locate centres of excellence



### Macro level

#### National level

- Following up quality goals from national authorities and the government



**Read more:**

- Primary Care Quality web page, <https://skr.se/primarvardskvalitet> (Swedish)
- Arvidsson E, Dahlin S, Anell A. Conditions and barriers for quality improvement work: a qualitative study of how professionals and health centre managers experience audit and feedback practices in Swedish primary care. BMC family practice. 2021;22(1):113.