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Características de las guías clínicas de atención primaria que se asocian a una mayor calidad estructural
Characteristics of primary care clinical guidelines associated with greater structural quality of the document

J. Saura-Llamas ^a ... Grupo de Evaluación y Mejora de los Protocolos Clínicos ^e

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Objetivo

Identificar las características que se asocian a una mayor calidad estructural de las guías clínicas.

Diseño

Evaluación transversal.

Emplazamiento

Centros de salud de la región de Murcia.

Participantes

Documentos (y profesionales) de esos centros.

Mediciones principales

Son objeto de estudio todas las guías de práctica o protocolos elaborados de enero de 1985 a enero de 1994, obteniéndose 470, de las que se evalúan 462 (se rechazan 8 por falta de datos). Se valora la calidad del diseño de los protocolos. Se calcula la ratio de cumplimiento de criterios para cada documento. Se identifican las características que se asocian a la calidad de los protocolos con dos análisis multivariantes: regresión múltiple (variable dependiente la ratio cumplimiento) y regresión logística (variable dependiente la ratio de cumplimiento en relación a la media).

Resultados

En ambos análisis una mayor calidad estructural se asocia con una determinada área de salud, elaborados de manera multidisciplinaria ($p < 0,001$), referidos a un problema de salud crónico ($p < 0,001$), elaborados específicamente como tales ($p < 0,001$) y relacionados con la cartera de servicios ($p < 0,001$). En alguno de los análisis parece asociarse una mejor calidad con que el centro de salud sea docente, que la guía se refiera a la asistencia y del programa de salud de la mujer.

Conclusiones

La calidad de los documentos varía significativamente según el área de salud, y determinadas características (problemas de salud crónicos, elaboración multidisciplinaria y específica, y relación con la cartera de servicios) se asocian a una superior calidad de los documentos.

Las características de problemas agudos, elaboración uniprofesional, ser parte de un programa y no relacionados con la cartera de servicios se mostraron como de mayor riesgo para una baja calidad.

Aim

To identify characteristics associated with greater structural quality of clinical guidelines.

Design

Cross-sectional study.

Setting

Health centers in the region of Murcia (southeastern Spain).

Main outcome measures

All clinical practice guidelines and protocols developed between January 1985 and January 1994 were reviewed. Of the 470 documents originally obtained, 462 were evaluated and 8 were excluded because of missing data. The quality of document design was evaluated in all materials. The rate of criteria compliance was calculated for each document. The characteristics that were associated with protocol quality were identified in two types of multivariate analysis: multiple regression (with compliance rate as the dependent variable) and logistic regression (with compliance rate referred to the mean as the dependent variable).

Results

Both analyses showed that structural quality was associated with specific health care areas, multidisciplinary design ($p < 0.001$), reference to chronic health problems ($p < 0.001$), design of the document specifically as a clinical practice guideline ($p < 0.001$), and reference to the health services offered at a given center ($p < 0.001$). In some analyses, greater quality appeared to be associated with health centers that were also teaching centers, reference in the document to health care, and women's health programs.

Conclusions

Document quality varied significantly in different health care areas, and certain characteristics (chronic health problems, multidisciplinary design and specific design, reference to specific health services offered) were associated with greater document quality. Reference to acute health problems, design by only one type of professional (physicians or nurses), inclusion as part of a larger program, and lack of reference to specific health services offered at a given center were characteristics with a greater risk for low document quality.



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Key words

Primary care; Quality of care; Clinical practice guidelines; Protocols

Palabras clave





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