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## Delphi 10\_BEST\_Free Full Version 18

at the conclusion of each round, the data were collated and tabulated. responses from each delphi survey round were entered into a spreadsheet, and a descriptive statistic (frequency, percentage, mean and standard deviation) was applied to examine the characteristics of the participant population. for reliability testing, the question responses for each delphi survey round were double entered into a second spreadsheet. any data entry discrepancies between the two spreadsheets were identified, and the data were re-entered into the second spreadsheet to verify the data entry accuracy and ensure no misclassification occurred. when the data were entered in the second spreadsheet they were exported to spss for analysis [ 171 ]. a point-count method was used to aggregate level of agreement of participants to determine the final agreed measures. this was based on the work of [ 171 ], which showed the delphi survey is repeatable and reliable, providing a good indication of the overall agreement amongst the participants. from this we can conclude that the level of agreement or agreement about a proposed item is similar in successive rounds [ 171 ]. this analysis yielded a final point-count of 15 out of 15 possible points (100%) for item reliability, 6 out of 6 possible points (100%) for internal consistency, 8 out of 8 possible points (100%) for external validity, 14 out of 15 possible points (93.3%) for content validity and 6 out of 6 possible points (100%) for criterion validity. internal consistency reliability was assessed using cronbach's alpha and is reported as 0.88. as there are no previous cos for dentistry, the questionnaire was piloted on dental graduate students in september 2010 before they were sent to participants in the first round (n = 12), who provided responses on the questionnaire. feedback from the pilot study informed the wording of items, which were then sent to a second group of dental graduate students in june 2011. this panel of dental graduate students provided meaningful suggestions and advice on the survey design and content. following the second round, one dentist working in education and clinical practice was added to the expert panel to increase the panel size and improve reach. this dentist was a member of the clinical psc that created the model pdca cycle and the pdca + loop proposed by kirtan and kornhaber in 2007. in addition, the wording of two items was altered following the feedback from the dental graduate students, which informed the wording of the rest of the items.





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there are three types of decision support systems: decision support systems for improving the decision-making process, systems that provide pre-decisional information to help a decision be made, and decision-making systems that report on the past decisions for remediation. decision support systems are often used in conjunction with quality control and improvement in healthcare. this helps to ensure quality of care while improving the efficiency of staff. systems that provide pre-decisional information are called info-decision support systems. information such as patient lists or test results are seen as pre-decisional information, but others (such as direct entry patient demographics) are seen as post-decisional. decision support systems that report on the past decisions for remediation are called post-decision support systems. (there are also systems that do both). all of these measures of quality were initially used to evaluate hospital performance on a variety of measures, such as length of stay, the process of hospital care, readmissions and mortality. they also perform very well in the area of medical errors and adverse events, including errors with risk management strategies. in recent years, hospital purchasing departments have become increasingly interested in the quality of the care delivered by hospitals. they also need to manage the multiple options available to them in terms of choosing hospitals. the need to assess hospital quality became necessary, as too many different sources of information, such as the centers for medicare and medicaid services (cms), the american hospital association and the national committee for quality assurance (ncqa) provide different measures of hospital quality. these different measures have only recently begun to converge. this has led to the need for standardized measures across healthcare systems, either for measuring the quality of service, management of these services, or reimbursement. these standardized measures must satisfy three criteria: 5ec8ef588b

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