

## Queensland Health Systems Review

### Scope of Measured Quality to date

Provide advice and recommendations to Health Service District's, Zones, Board of Management and the Queensland community on performance variation through a core set of indicators aimed at measuring clinical outcomes (via effectiveness and appropriateness) and efficiency, accessibility, continuity, capability, sustainability, safety, and responsiveness of Queensland Health services.

Where possible, Measured Quality performance indicator data is obtained through existing Queensland health data collections and information systems, but also undertakes the State-wide Patient Satisfaction Survey of approximately 35,000 patients and the System Integration and Change Survey of 75 Hospitals to supplement measurement areas.

To date, each Health Service District has had responsibility to investigate the cause of performance variation and report back through line management and MQ on reasons for variation and actions taken to address identified issues.

### Prohibiting factors and issues effecting Measured Quality services and proposed future

- 1. The tradition or culture of quality improvement in a hospital will heavily influence whether performance measurement data are constructively used or whether the results end up sitting on the shelf.*

#### Context:

Measured Quality's reported findings need to be disseminated in a blame-free environment and time needs to be taken to disseminate and interpret results with each Health Service District.

#### Background / History:

Measured Quality has undertaken Health Service District visits for the 2003 & 2004 reports in a non-confrontational manner. Measured Quality have advised on the context, purpose, and results and provided information on where to go for help. Some Health Service District were positive, others were not.

It was noted that Districts who had an interest in quality improvement were constructive and took a positive attitude to investigating their outliers. However, there were other Districts who either did not respond or did very little with the Measured Quality reports.

#### Recommended Changes:

In addition to having an organisational focus on quality improvement, corporate office must support existing Health Service District - quality improvement units through funding, incentives, guidance and standards to allow them to analyse issues identified both corporately and locally.

Continue with face to face dissemination process. There must be a minimum standard and process imposed on Health Service District's to investigate, action and report back corporately. Positive results must also be included in this process so the whole organisation has access to information that may help to improve services and outcomes organisationally. Measured Quality needs to be adequately resourced to ensure that it is more than just the data provider and is able to provide assistance with interpretation of results and determining if intervention is required and to collect information on activities undertaken to address issues.

The introduction of a Measured Quality information system will provide a 'one stop shop' for reporting, responding to outliers and identifying improvement activities through peer review. This will assist in developing a quality improvement culture associated with the measured quality reports and within Queensland Health.

All of these changes must be supported and led by clinical leaders and health care professionals. Initiatives must focus on data reporting and facilitated acceptance and improvement planning.

- 2. The absence of a performance management framework makes it difficult to get uninterested or anti-corporate Health Service Districts to act on issues.*

Context:

Even though results need to be disseminated in a blame-free environment, Health Service District's must still be accountable for responding to identified issues.

Background / History:

Zones were identified as the body to ensure adequate responses from Health Service Districts. Zonal Management Units are therefore involved in all phases of the Measured Quality cycle and actions taken by Health Service District's. The Measured Quality reports have been included in Service Level Agreements between Zones and Health Service District's.

Current Measured Quality resources do not allow for project officers to pro-actively follow-up with all Health Service District's on outlier indicators. However, Health Service District's with a quality improvement culture who have actively communicated with Measured Quality officers to investigate outliers have benefited from the process and have advised of embedding the Measured Quality reports into current quality improvement activities including risk management committees, clinical review committees, morbidity and mortality meetings, clinical indicator analysis and accreditation. If the same level of willingness from all HSD's could be

achieved, greater benefits for participating in the process would be realised and quality improvement could be achieved organisationally.

Recommended Changes:

Provide direct incentives to hospitals to review outliers and research new ways of doing business.

Ensure the introduction of the proposed Measured Quality information system to make the reporting process easier and provide greater Health Service District ownership. Ensure all positive information is available to the whole organisation, including improvement activities outside the scope for Measured Quality indicators.

Corporate office must support existing Health Service District quality improvement units through funding, incentives, guidance and standards which will help embed Measured Quality as a Health Service District activity.

*3. Data availability, quality and timeliness.*

Context:

It is well documented that the first defence to identified quality issues is to blame the data. Measured Quality attempt to make the reports robust and meaningful but not too technical. Data is currently reported in accordance with its availability through the Health Information Branch.

Background / History:

Measured Quality has worked with the Transition II team to develop crystal reports for Health Service District's that provide timely raw data. At present only Cairns and Toowoomba hospitals are making good use of this information.

Measured Quality has also worked on improving the accuracy and timeliness of data submitted from Health Service District's by including a Measured Quality indicator on 'timeliness and accuracy of data collection'. Through the Measured Quality process, a marked improvement in data quality and timeliness has occurred. In particular, smaller Health Service District's have commented on how useful this process has been and suggested that it has acted as an incentive to ensure the data is submitted on time and improved accuracy. Also several organisational audits of coding have been conducted by Queensland Health.

Recommended Changes:

Measured Quality is developing a time series analysis for a number of indicators to provide a more timely measure of outcomes with caveats, to improve timeliness of data delivered to Districts.

Measured quality to work closely with information system owners and communicate extensively with Health Service District's on the availability

of Measured Quality Transition II reports and other information systems to track more recent data.

Measured Quality governance must include an Information Directorate Senior Executive to ensure priority to local reporting, system development and communication.

The proposed Measured Quality information system will provide the time series analysis using raw data with all the other Measured Quality measures and information.

4. *Initial restrictions on distributions have developed a culture of distrust and cynicism amongst some hospital staff.*

Context:

There must be a balance between disseminating the Measured Quality reports in a blame-free environment and open distribution to all relevant staff.

Background / History:

The current process allows two hard copies to be disseminated to each hospital. It also allows District Managers to nominate selected staff for electronic access. At present approximately 350 staff have access across 75 hospitals. Current Measured Quality resources only allow for adhoc communication with Health Service District's.

Recommended Changes:

Communicate importance of access to Measured Quality information but focus on data availability through existing information systems.

The proposed Measured Quality information system would allow a 'one stop shop' for Health Service District's to access all information relating to Measured Quality rather than the current process of secure sites and emails.

Measured Quality proposes extensive and regular communication (including face to face) with Health Service District's to develop a culture of improvement, with both senior clinical and managerial sponsorship and support.

5. *Different audiences will not find the same performance measures to be relevant or appropriate.*

Context:

Measured Quality identifies performance measures through systematic monitoring or through areas that have been identified by other quality monitoring systems. Systematic monitoring identifies national health priority areas; high volume high cost areas; high burden of disease; areas showing large variation in performance; areas that have the ability to be responsive to change and identified gaps between best practice and results. Other quality monitoring systems include incident reports, Australian Council of Health Care Services, Health Round Tables and Clinical Improvement Centre Collaboratives.

*Background / History:*

Measured Quality focuses on the systematic monitoring process and encourages its use in conjunction with local quality monitoring to obtain an accurate picture of quality within a hospital. Measured Quality have developed a systematic monitoring process and reported results at a hospital, zonal, special interest, organisational and public level. The key audience has been HSD executive, Zonal Management Units and the Public. Additional audiences

Measured Quality moved from a project to operational status during the July 2004 restructure of Queensland Health. Through this transition Measured Quality lost its governance structure consisting of a board of senior clinicians, District Managers and senior Queensland Health managers. Under the new structure and no replacement has been provided.

*Recommended Changes:*

Based on current MQ resources, is it possible to meet the needs of all stakeholders? Clarify stakeholders and include extensive communication on the purpose of the reports and how to use the Measured Quality indicators in conjunction with other quality improvement activities.

Communicate to stakeholders that the Measured Quality indicators should highlight potential issues for executive management to act upon. In this way it will be the issue that is the focus of quality improvement not the data or the indicator. This process should include better use of current data collections and information systems through existing Measured Quality Transition II reports and other information systems.

Measured Quality requires a clearly identified board or body that will endorse the indicators each year and any changes or adjustments introduced. Measured Quality also requires high level support from senior executives in Queensland Health.