

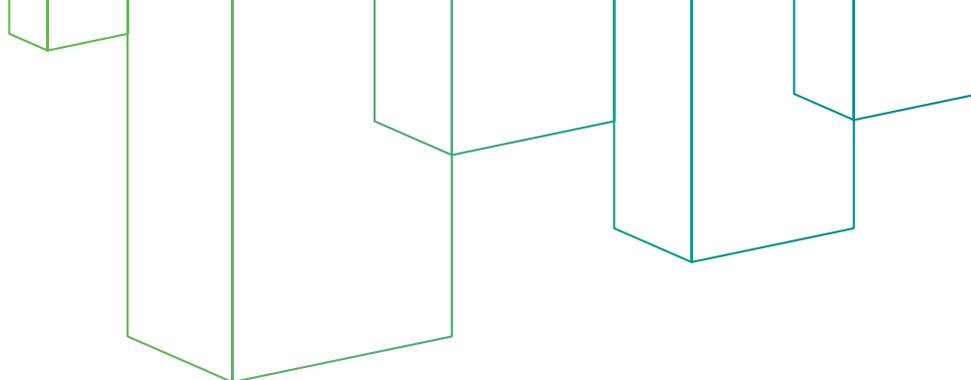


Victorian
Agency for
**Health
Information**

Improving VAHI's reporting suite

Summary of feedback
from consultations

August 2018



From March to July 2018, the Victorian Agency for Health Information (VAHI) undertook consultations seeking feedback on the existing suite of reporting products and the quality and safety measures they contain. Feedback was received from health services and consumers, as well as Safer Care Victoria and the Department of Health and Human Services. This report provides background on the consultation and summarises the feedback.

VAHI would like to thank everyone who took part in the consultations, or who has given us feedback on our reports in another way. We appreciate and value your input as we work to improve the reporting suite.

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Background

The Victorian Agency for Health Information

The Victorian Agency for Health Information (VAHI) produces a suite of reports for health services and the Victorian community. VAHI's reports aim to support our mission to stimulate quality and safety improvements, increase transparency and accountability, and engage and inform the community.

When VAHI was established in 2017 it assumed responsibility for some reporting products previously produced by the Department of Health and Human Services (the Department). In addition, two new reports were developed with a focus on providing relevant information to clinicians and health service boards.

VAHI's reports

VAHI currently produces five regular reports:

- *Inspire* is aimed at lead clinicians and contains results for a selection of relevant quality and safety measures from *Monitor*, as well as advice and guidance from Safer Care Victoria for clinicians on how to improve their results.
- The *Board safety and quality report* is designed to support health service board members in their governance role, particularly relating to quality and safety.
- *Monitor* reports on the performance of public health services against targets agreed in the Statement of Priorities. It includes key measures relating to quality, safety, governance and leadership, and timely access to and financial management of care.
- The *Program report for integrated service monitoring (PRISM)* contains health services' results across a range of access, quality, safety, operational and financial performance measures that sit outside of the Statement of Priorities.
- The Victorian Health Services Performance website provides publicly available results for a select range of performance measures.

Inspire and the *Board safety and quality report* are released quarterly. *Monitor* and *PRISM* are released monthly (for *PRISM*, only to the Department), quarterly and annually.



Inspire



Board safety and quality report



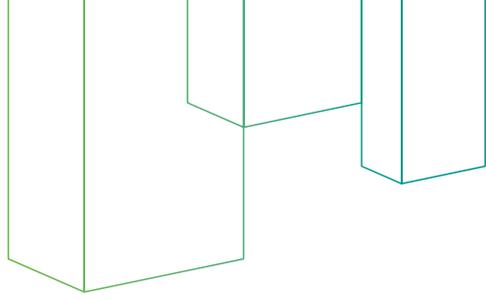
Monitor



PRISM



Victorian Health Services Performance



The consultation process

During VAHI's establishment phase in 2017–18, decisions on the reports to produce and the measures to include (for example, how many people are readmitted to hospitals for specific conditions, the hand hygiene rates for hospital staff, and patients' ratings of their hospital experience) were made with targeted input from key stakeholders. When starting to develop the reporting program for 2018–19, VAHI sought more comprehensive stakeholder input.

VAHI developed a consultation paper seeking feedback on its reporting products and the measures contained within. The paper asked for feedback on VAHI's reports individually, and on the suite of reports as a whole. In May 2018 the paper was distributed to health service CEOs, board chairs, quality and safety managers and lead clinicians, as well as Safer Care Victoria (SCV) and its Clinical Networks, and the Department. At the same time, a consultation paper was distributed to consumer groups asking for feedback on the public Victorian Health Services Performance website and other public reporting products.

Responses to the consultation paper were received from health services or those affiliated with health services, the Department, Safer Care Victoria's Clinical Care Networks and a small number of consumers. Responses from health services came from metropolitan (specialist, tertiary and major), regional or sub-regional and local or small rural health services.

At the same time, VAHI engaged KPMG to develop a survey of health services' perceptions of the usefulness of the quality and safety measures contained in VAHI's reports. The survey, completed by health service representatives, focused on the ability of the measures to drive improvement in patient outcomes. Workshops were then conducted to further explore perceptions of VAHI's quality and safety measures and reports.

In total, VAHI received feedback from over 80 stakeholders. The feedback can be grouped into two themes:

- **Feedback on the content and structure of VAHI reports** – including the relationship between them, the duplication of measures (in other words, the same measure appearing in different reports) and the format, presentation and timeliness of information.
- **Feedback on measures** – including feedback on quality and safety measures currently reported and requests to develop and/or report other measures.

Feedback on the content and structure of VAHI reports

Structure and duplication

A strong theme emerging through the feedback was that there are too many reports (both from VAHI and elsewhere), which can be confusing for stakeholders. Respondents also talked about the relationship between VAHI's reports, noting that they often overlap, with the same measures appearing in different reports, sometimes reflecting a different period of time being measured. In particular, respondents noted that the *Board safety and quality report* includes measures that are also reported in *Monitor* and *PRISM*.

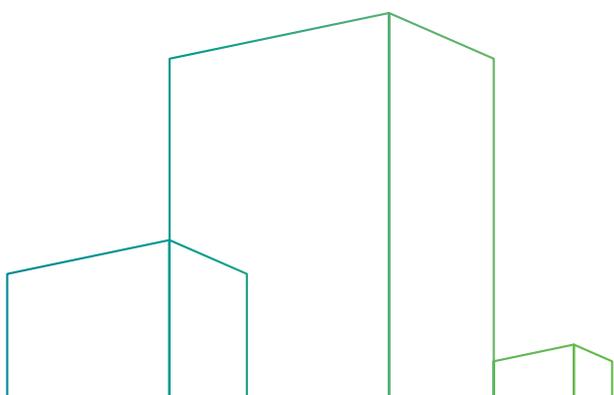
Respondents recognised that the reports were trying to meet the needs of different audiences but suggested that VAHI isn't always getting it right, or that the reports weren't reaching the right people within the health service.

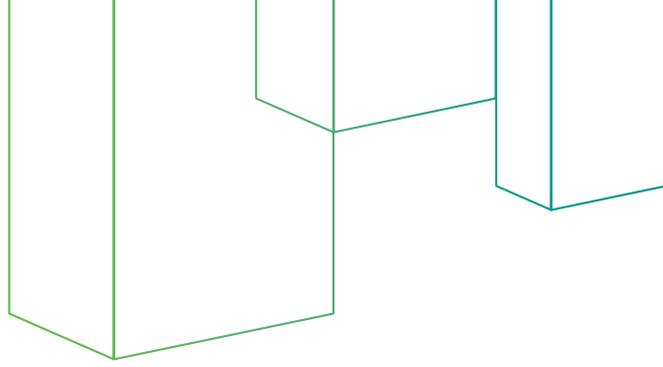


'The suite of reports is very comprehensive. I do think that all reports should be available to all health professionals working in public health services from the nurse at the bedside to the executive.'



'Different reports have been produced for different target audiences however I am not aware of consultation that occurred to determine what those target audiences required.'





Format and presentation

Respondents noted the work VAHI is doing to develop an online, interactive data portal and to move away from static, PDF-based reports. The portal will allow clinicians to select the measures they want to see, and tailor the experience to only the information they need. Respondents were enthusiastic about the portal and thought it would help with timeliness of reporting.

Health service respondents wanted a way to quickly view the information that is relevant to them and their services. They thought that summary information could be helpful, especially for boards. However, respondents recognised the ability to compare performance between health services as a key strength of VAHI's reports. Some respondents felt that the peer groupings used (the way that hospitals providing similar services are grouped together) could be improved.

A number of respondents requested that trend data be included. They viewed trend data as being more useful than comparing results with the same quarter from the previous year, as is currently done in many reports.

Consumer respondents wanted the design of the Victorian Health Services Performance website to be improved so that the public could access results more easily.



'[The portal] would be a plus – and would be extremely beneficial for smaller health services with limited business intelligence support to monitor and investigate their performance.'



'It would be more valuable to see trended data rather than a comparison with same quarter the previous year.'

Timeliness

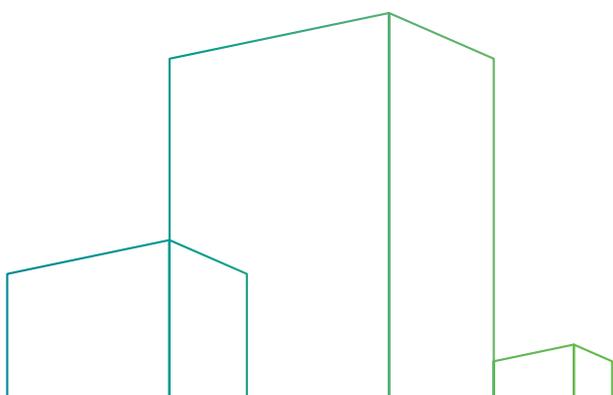
Issues around the timeliness of VAHI's reports were a common theme in the feedback.

Respondents explained that having the same measures across different reports released at different times led to confusion about when the data being reported was new. This was particularly the case for the *Board safety and quality report*.

Respondents said that the delay in reporting patient experience and hospital staffs' perception of safety culture measures reduces the ability of health services to take action. Among larger health services, results are often reported internally before they are seen in a VAHI report.

Some respondents requested that measures that are only annually produced (for example, safety culture) should be reported once, rather than being repeated in each report. They also noted a variety of time periods used in the reports and wanted more consistency.

Respondents suggested that reports should be consolidated where possible to ensure that boards, executives and clinicians all see the data at the same time.



Feedback on measures

The consultation paper asked for feedback on whether VAHI should report on additional quality and safety measures that are not currently reported. Respondents also gave feedback on measures that are currently reported by VAHI. Finally, the paper sought feedback on how measures may be reported for local and small rural health services, given differences in casemix and current thresholds for reporting.

The KPMG survey and workshops sought opinions on the usefulness of quality and safety measures reported by VAHI. It asked respondents to consider the measures' **relevance, actionability, impact, applicability** and **validity**.

In total, respondents identified around 100 measures as needing to be refined or included in VAHI's reporting for the first time. Some stakeholders commented that reporting should focus on 'priority' safety measures. Some 'lead' measures in the area of quality were also identified. However, respondents indicated that VAHI's focus should be on improving the current suite of reports first, before including any new measures.

A common theme through the feedback was that respondents often had a different emphasis on which quality and safety measures they considered useful, depending on whether they were from a metropolitan health service or a regional or rural health service.

Similarly, respondents were less likely to consider a measure to be useful if it relates to a service that is not offered at their health service. These observations can help to inform how VAHI's reports should be structured.

Feedback on existing measures

VAHI asked for feedback on the following measures, which are currently reported by VAHI or elsewhere.

Aged care

The consultation asked for feedback on whether VAHI should report on aged care measures that are currently reported by the Department. Respondents gave strong support for these measures being reported by VAHI.

Hospital-acquired complications

The consultation asked for feedback on whether VAHI should report more of the 16 hospital-acquired complications (HACs) defined by the Australian Commission on Safety and Quality in Health Care – current reports contain only three HACs. There was strong support for reporting additional HACs, especially falls, medication complications and malnutrition. Some respondents noted that HACs are reported internally by health services, but it would be good to see the comparison with peers.

While most respondents agreed that HACs reflect quality of care, some did not find them useful in driving clinical improvement, particularly in relation to benchmarking.

Mortality

The consultation asked whether VAHI should report on the six core hospital based outcomes indicators (CHBOIs) specified by the Australian Commission on Safety and Quality in Health Care, including mortality measures. Respondents supported the continued reporting of most mortality measures, particularly condition-specific mortality measures. They requested that VAHI share its methodology for calculation of the mortality measures, and other measures reported in *Monitor* and *PRISM*, so that health services can replicate these for timely internal reporting.

Respondents noted that the death in low mortality DRGs measure created unnecessary work for health services in checking cases and was unsuitable for comparative reporting. This measure has since been removed from VAHI's reports while it undergoes a methodological review.

Most respondents found the mortality measures to be useful. However, respondents from metropolitan health services were less likely to see them as actionable.

Patient experience

Feedback from local and small rural health services requested that thresholds for reporting patient experience data be lowered so that more of them would have their results included in VAHI reports. Currently the threshold for results to be reportable is 42 responses.

Respondents from the smaller health services tended to value the patient experience measures highly, while noting that there were issues with timeliness and frequency of reporting. Fewer metropolitan respondents thought that the patient experience measures were useful, perhaps relying on their own internal patient experience collections that may be more timely.

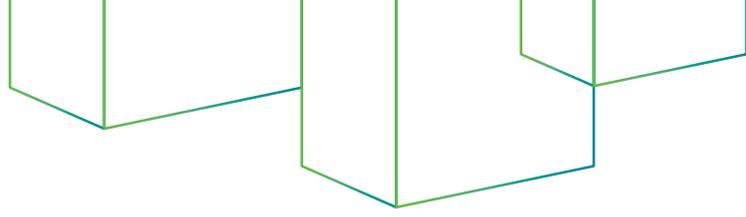
Safety culture and workplace safety

Most respondents found safety culture and workforce safety measures to be useful, though some of the measures were not seen as being as valuable as others. For example, while most respondents found these measures to be useful, respondents from metropolitan health services were less likely to support them than respondents from smaller health services.

Respondents from regional or rural health services considered these to be the most important category of measures but noted that staff had difficulty understanding the safety culture questions in the People Matter survey. Respondents noted that how actionable the safety culture measures are depends on individual health services.

Infection prevention and control

While most respondents saw infection prevention and control measures as useful, they noted that hand hygiene can be difficult to measure, particularly at small rural health services.



Potentially preventable infections

The rate of healthcare associated *Staphylococcus aureus* bloodstream infections was considered to be useful by the majority of respondents, perhaps due to its applicability to a broad range of health services.

Among metropolitan health services' responses, other measures relating to surgical site infections and central line associated bloodstream infections in intensive care units were also regarded as useful by most respondents, due to the increased applicability of these to larger health services. In fact, respondents from metropolitan health services identified these measures as the most important category of measures. Feedback noted that these measures need to be more relevant to small health services.

Sentinel events

Respondents agreed that sentinel events are important to measure, but acknowledged that they were often under-reported.

Respondents from smaller health services highlighted that many of the sentinel events are not applicable to them. This is likely due to some sentinel events relating to services not offered at smaller health services.

Maternity and newborn care

Respondents noted that more specific maternity and newborn measures could be introduced for tertiary services that support higher risk pregnancies, and that reporting of low volume measures may misrepresent the quality and safety of some health services.

It was also suggested that the measures of unplanned readmissions be changed from within 28 days to 7 days to better reflect quality of care.

Continuing care

Respondents noted that the rehabilitation measure is also reported by the Australian Rehabilitation Outcomes Centre, and that the measures reflect patients' functional ability rather than quality of care. The majority of respondents supported the usefulness of the continuing care measures. They gave slightly lower levels of endorsement for applicability, reflecting that many health services do not provide rehabilitation services.

Mental health

Respondents noted that mental health measures need to reflect that services are predominantly delivered in the community, and could measure movement between services. They also noted that readmissions do not necessarily reflect quality of care as other factors may be involved.

Many respondents did not find mental health measures useful because they were not relevant to the services offered at their health service.

Unplanned readmissions

Respondents noted that unplanned readmissions may reflect other factors, rather than quality of care. Less than half of respondents found these measures useful, reflecting that not all health services provide the relevant services.

Requests for development and reporting of new measures

A wide range of measures was proposed through the feedback to be considered for development and reporting. These include:

- patient-reported outcome measures (PROMS) and other consumer-focused measures
- critical care measures
- readmissions to different hospitals, including for private hospitals
- emergency department re-presentations
- volume/outcomes measures
- equity measures, including for people who are Aboriginal or culturally diverse
- additional surgery-related measures
- additional mortality measures, and related process measures
- additional mental health measures
- additional maternity and newborn measures
- measures relating to evidence based care and variation in care
- social care and community health measures
- palliative care measures.

What's next?

In response to the consultation feedback, VAHI's initial focus will be on making refinements to the existing suite of reports, with a particular focus on the *Board safety and quality report* in the first instance. From August 2018, you will start to notice some changes to the appearance of the reports. VAHI has made some small alterations to the presentation of the reports to make the data easier to interpret. The reports also have new cover designs and internal layout to bring consistency across the suite.

VAHI has done an initial feasibility assessment on the new measures identified through the consultation. We've found that some measures could be developed and reported sooner than others given data availability. VAHI will work with our stakeholders to determine where our priorities for improvement should be focused. The outcome will help inform VAHI's reporting program in the short and long term.

Overall, VAHI has learned a great deal from the feedback received through this consultation process. We are committed to working with our stakeholders, consulting them regularly and continuing to gather the rich feedback that will allow us to further enhance VAHI's reporting program and add value for our key audiences.

For more information on the consultation process and next steps, please contact vahi@vahi.vic.gov.au.



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