JEC 39'

Measured Quality Sponsor meeting 6 February 2003

Agenda

Current Status

Hospital reports

- 1) Dissemination Process
- 2) Analysis
 - a) Clinical
 - b) Efficiency
 - c) System Integration & Change
 - d) Patient Satisfaction

Issues:

Q. Will we need to go to cabinet again with the Phase 2 Hospital reports?

No. Risk: Will not be considered for FOI exemption

Yes. Risk: We will be delayed by the Cabinet process and this will impact on the dissemination process.

The first round of dissemination by hospitals may a considerable leap for a lot of hospitals. ie. training of staff so that they will have the skills to investigate outlier results.

Public Report

- Sponsor sign-off on deliverables from Phase 1
 - 1) Hospital Report
 - 2) Master Report
 - 3) Public Report
- Next board meeting: March 03



Summary of existing Measured Quality activity and potential activity

- While doing site visits, numerous requests/comments from DM's about future reports & mainstreaming of the internal hospital reports
- Survey responses for the annual provision of the report is currently 100% (refer: survey responses)
- While doing site visits some Districts (especially smaller) said they would like to see the scope to go beyond acute inpatients
- Survey responses have supported this and have indicated the areas for measurement (refer survey responses)
- Assist management (district and corporate) in targeting specific areas in quality improvement
- Future hospital and public reports would allow trend analysis to be undertaken and to identify areas that have improved as a result of change in practices etc.
- Ongoing benchmarking of services (internally and externally) to ensure high quality of services
- Data quality improvement (provide data back to the supplier in a meaningful and useful way)
- More informed public and ability to promote and market good performance

Resources & Scope considerations:

Current Status

Extraction & actual analysis of data:

actual analysis of vision		
•	Clinical – logistic regression	1.0 FTE Statistician
•	Efficiency – data collection	0.5 FTE Proj Off
	SI&C-Survey & data collection	0.5 FTE Proj Off & Statistician (survey resp)
	Patient Satisfaction – Survey	0.5 FTE Proj Off (phase 1 only)

Verification, Meaningfulness/usefulness, & Presentation

Clinical — 1.0 FTE Proj Off
Efficiency - 0.5 FTE Proj Off
S I & C - 0.5 FTE Proj Off
Patient Satisfaction - 0.5 FTE Proj Off (phase 1 only)

- literature & background investigations on performance indicators
- liaise & seek advice & input from expert groups to help identify & resolve issues with data, indicators & their presentation, including:

clinical groups (med, surg & o&g)
efficiency groups (cost, activity & staffing)
s i & c groups (people, systems & processes) – capable, continuous & sustainable
patient satisfaction – (consumer)

- liaise with data custodians regarding data quality & issues
- liaise with data analysts regarding presentation & meaningfulness
- liaise with District staff for survey responses
- recording of all process including expert groups consultation, technical supplements & master documents (statewide presentation)
- site visits to present data



Summary of existing Measured Quality activity and potential activity

Program Management / Team Leadership

1.0 FTE Manager & 1.0 FTE Admin Off

- Overall management of staff and processes
- Liaise with sponsors & management (board members & DG)
- · Liaise with other govt departments
- Liaise with external groups (lobby groups & councils)

Public report

.2 FTE Proj Off / Report Writer

- data collection
- interpretation &
- presentation

Data management

.3 FTE Proj Off / Database Manager

- database development & management
- secure site development & management
- hospital report presentation

Scope expansion (some of these activities have been informally undertaken in the project phase of Measured Quality)

- · follow-up with site investigations into results and sharing of 'good practice'
- liaison and working with Zonal Management Units in the continuous quality improvement cycle
- continual refinement of existing indicators through liaison with District Staff, Expert Groups,
- investigate other areas in health services for indicator development
- answer questions from District & Zonal staff (report users) on indicator development and interpretation etc
- participate in District & Zonal specific meeting, networks, collaboratives in presenting & interpreting indicator results
- participate in corporate & organisational activities such as ISAP, Veterans Affairs,
- · identify and develop new data analysis techniques such as DEA
- liase with data owners & custodians regarding data quality as well as new data becoming available
- investigation of statewide / system issues in relation to national benchmarking
- patient satisfaction survey
- formal links / correlations made across quadrants results to help identify 'levers'

Measured Quality Hospital report Dissemination Strategy

The **Preferred Option** has been the result of consultation with a range of groups and does not necessarily reflect one person or groups thoughts and ideas. It is a combination of all and is based on:

- feedback from 19 hospitals were the clinical indicator results were discussed
- feedback from District Manager & State Manager working party
- experience / lessons learned from Ontario and UK
- meeting (28/11/02) with change management groups (inc: OIU, CDP, Zones, CHI, Risk Management)
- discussions with members of the Measured Quality Board (including: Dr Ian Scott,...)

Measured Quality would like to aim to have several years data before further dissemination is attempted.

It is felt that the 2 main reasons for not proceeding with further dissemination of the phase 1 hospital reports is due to:

- age of data (clinical 99/00), &
- 19 hospitals have already performed some initial investigation for the negative clinical indicator results

Potential for getting the hospitals off side is large if we insist on them investigating 1999/2000 clinical data. Mark Waters raised the age of the data as a major issue in May 2002 (feedback from District Manager and State Manager working party).

When Measured Quality visited 19 hospitals to discuss the 'potential reason for variation', the hospital report was generally held in high regard, but was consistently requested when the hospitals were going to receive the full report. If we visit them again to discuss 'more of the same' and not leave them with the full report the 'trust' between Corporate Office and HSD's will be a significant issue and the potential for quality improvement may be lost.

Preferred Option:

Propose hospital visits to occur in April 2003 with:

- several years data (see spreadsheet for data availability)
- relevant hospital results made available to District Executive members through QHEPS (print options switched off & 'Cabinet in Confidence' caveat on front page)
- development of a collaborative team to assist hospitals with dissemination



CURRENT STATUS

ANALTOIS

DISSEMIN ATTOM

Q. DO WE NEW TO GOTTO CABILLY BIFERES
OUR DISSUMMENTON PROCESS IS COMMENCED IN APRIL

10. RISK IS NOT FOI- EXEMPT

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(35 433:

SETTIONS OF THE DISSMINATION STRATES T WILL BE FORIEN TO HSD'S

DELIVERBUES IN OFF: HOSPIAN REPORT POUSE 1+2

MASTER DOCUMENT 1 + 2

PUBLIC REPORT

FF. UWU7 - 172

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- TIMELIAUSS -WAITING ON

ALEVERTUTE WAITING ON

- WORKFORLE DATA

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