

# Performance Monitoring Goes Public

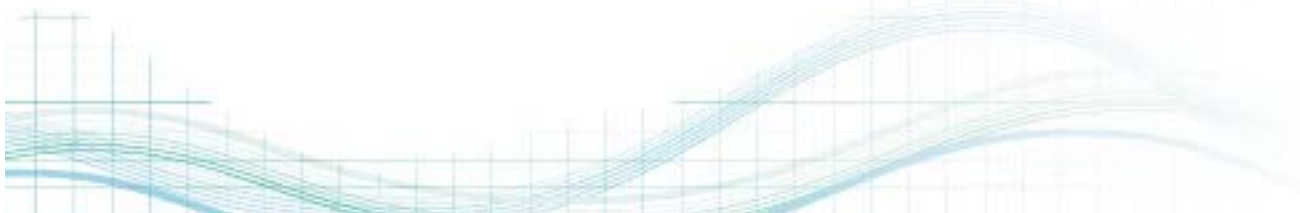
**Dr Diane Watson**  
Chief Executive

November 2010



# Our Mission

To provide the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information about the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of people in NSW.



# Public reporting

Who? What? How? Why?



# Who?

Public reporting of healthcare performance data to:

- **Enhance transparency**
  - Audience: public
- **Enhance accountability**
  - Audience: insurer and/ versus the public
- **Provide choices for consumers**
  - Audience: patient
- **Stimulate quality improvement activities**
  - Audience: clinicians, managers and policy community
- **Improve quality of care and/or clinical outcomes**
  - Audience: clinicians, managers and policy community

# Public priorities for public reporting

What the Canadian public wants to know about **Primary Care**

Rating 9 to 10 out of 10	Family physicians keep knowledge/skills up to date
	Family physicians skill in identifying/treating problems
	Ability of family physician to explain things
	Get referrals when needed
Rating 8 to 9 out of 10	Patient satisfaction with care
	Family physician is sensitive and caring
	Family physician spends adequate time
Rating 7 to 8 out of 10	Access (ability to contact) after hours
	Get reminders and follow- ups
	Wait time for a non-urgent problem

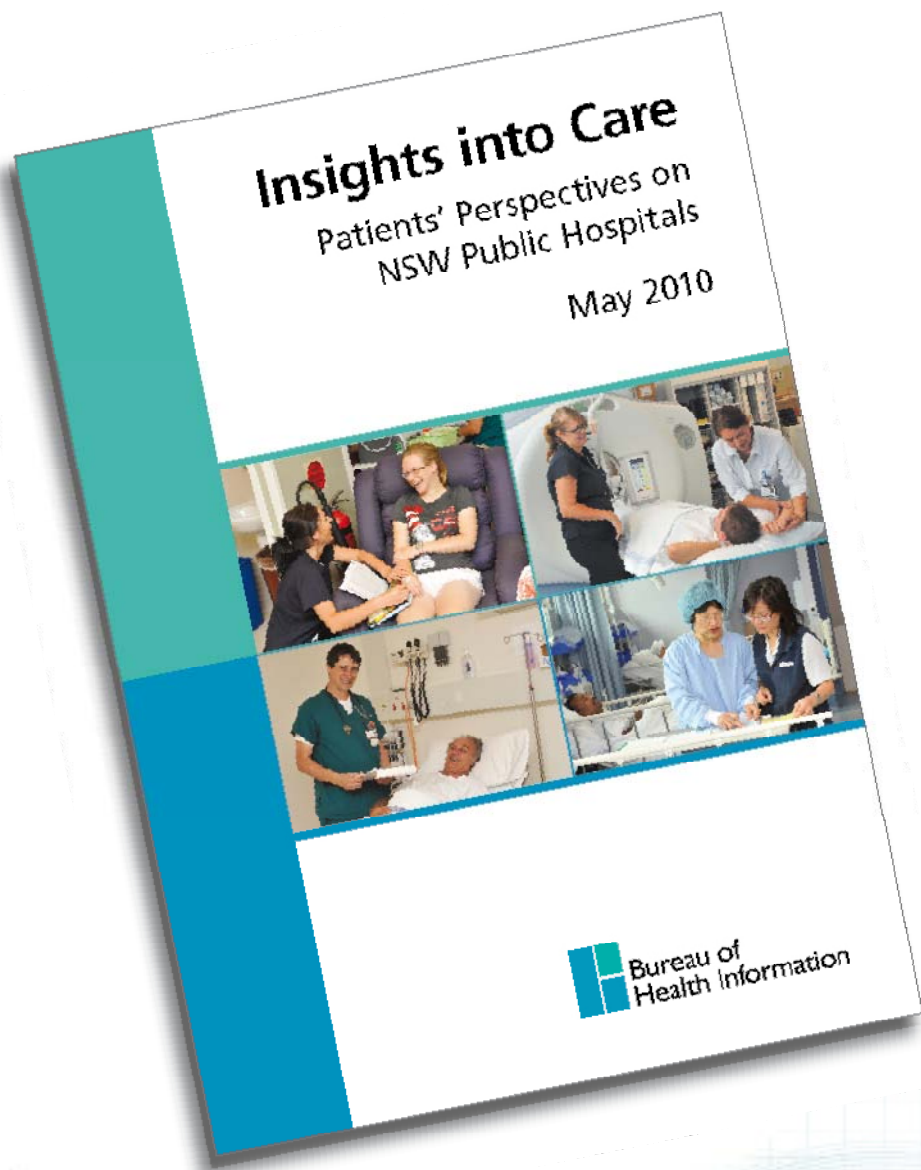
Source: Berta W, Barnsley J, Brown A, Murray M. 2008. In the eyes of the beholder: Population perspectives on performance priorities for primary care in Canada. *Healthcare Policy* 4(2): 86–100.

# Public priorities for public reporting

## Aspects of Hospital Performance Most Important: Canadians

Rating 9 to 10 out of 10	Skill of medical staff
	Patient satisfaction with care
	Serious medical errors
	Use of latest technology and equipment
Rating 8 to 9 out of 10	Extent to which nurses are sensitive and caring
	Level of coordination: hospital - outside services
	Patients provided with useful information at discharge
	Job satisfaction of hospital staff
Rating 7 to 8 out of 10	Wait time for ED for urgent, non-life threatening
	Wait time for non-emergency surgery

Source: Sandoval GA. 2007. Sustained public preferences on hospital performance across Canadian provinces. Health Policy 83: 246-256.



# Insights into Care:

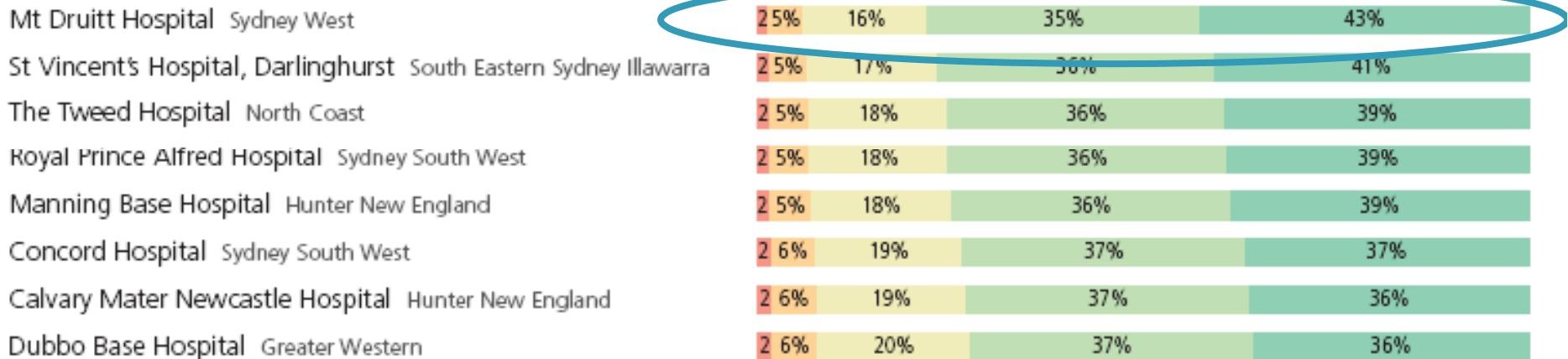
## Patients' Perspectives on NSW Public Hospitals

Released May 2010

# How do overnight patients rate overall care in:

■ Poor  
 ■ Fair  
 ■ Good  
 ■ Very good  
 ■ Excellent

## Hospitals with higher patient ratings



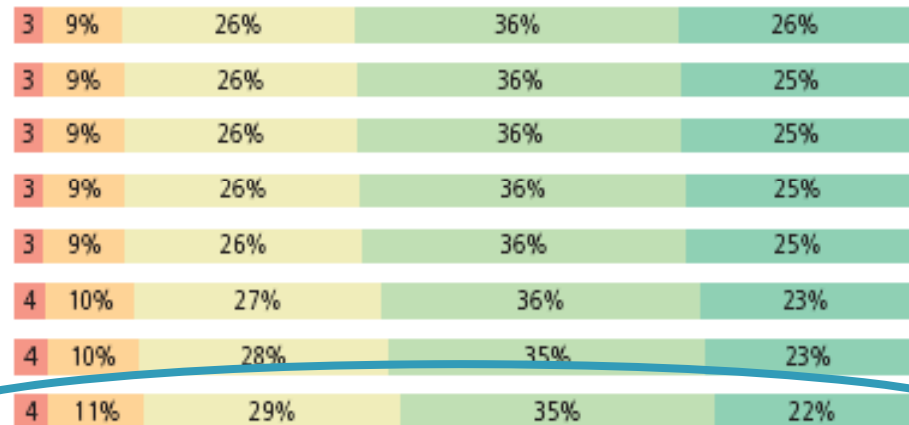
# How do overnight patients rate overall care in:

■ Poor 
 ■ Fair 
 ■ Good 
 ■ Very good 
 ■ Excellent

## Hospitals with lower patient ratings

Campbelltown Hospital Greater Western  
 Fairfield Hospital Sydney South West  
 Orange Base Hospital Greater Western  
 Royal North Shore Hospital Northern Sydney Central Coast  
 Bankstown/Lidcombe Hospital Sydney South West  
 Liverpool Hospital Sydney South West  
 Wagga Wagga Base Hospital Greater Southern  
 Blacktown Hospital Sydney West

Standardised results





## Hospital Quarterly:

Performance of NSW  
Public Hospital

Released September  
2010

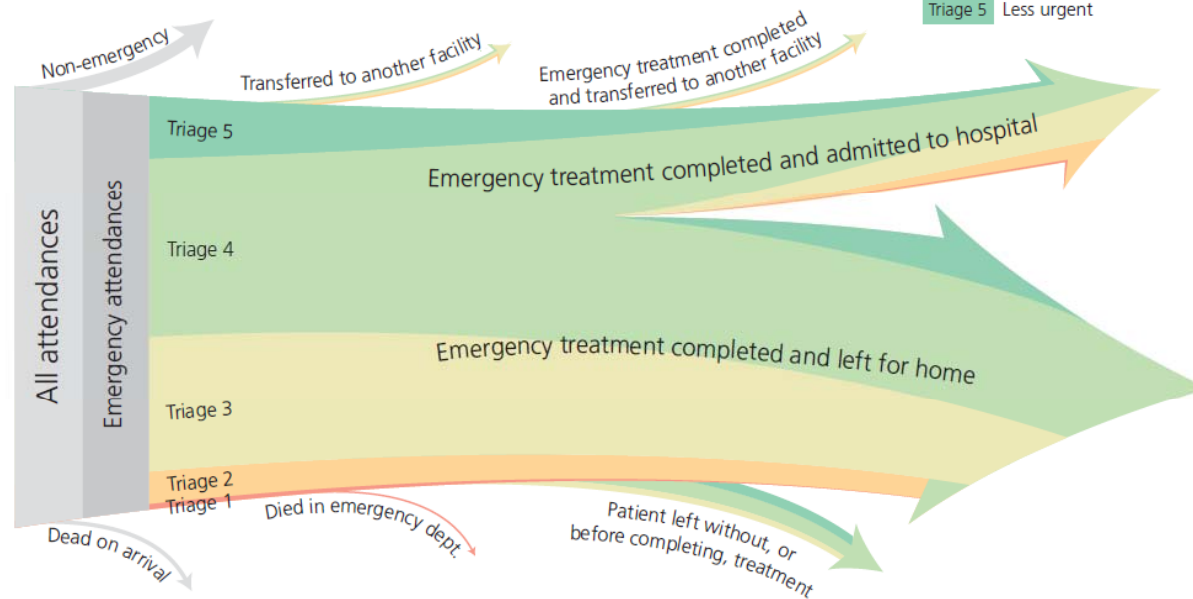
# A population-based approach to profiling performance in EDs

Figure 5: Summary of patient journeys through NSW emergency departments, April to June 2010

The thickness of each arrow is proportional to the number of NSW emergency department patients who fell into the category between April and June 2010. The arrows are coloured by triage level.

Key to triage colours

- Triage 1 Immediately life threatening
- Triage 2 Imminently life threatening
- Triage 3 Potentially life threatening
- Triage 4 Potentially serious
- Triage 5 Less urgent



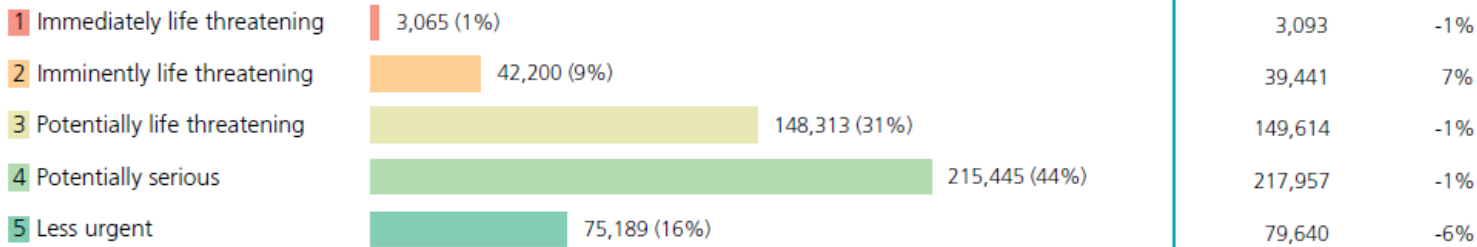
# From Hospital Quarterly - April to June 2010:

This performance profile is now available for 66 emergency departments in NSW at [www.bhi.nsw.au](http://www.bhi.nsw.au)

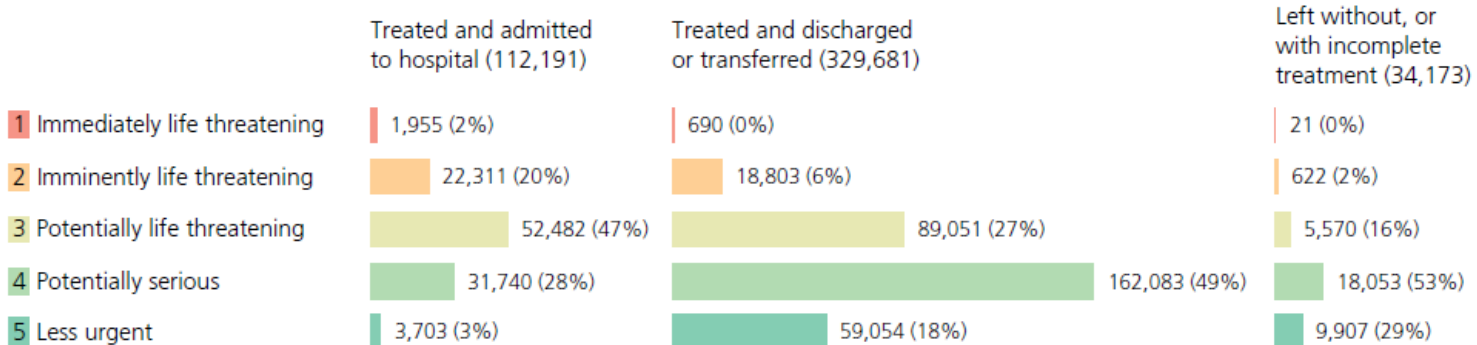
Figure 6: Attendances at NSW emergency departments, April to June 2010

All attendances:<sup>1</sup> 495,863 patients

Emergency attendances<sup>2</sup> by triage category: 484,212 patients



Emergency attendances by triage category and mode of separation:<sup>3</sup> 476,045 patients



# From Hospital Quarterly - April to June 2010:

This performance profile is now available for 66 emergency departments in NSW at [www.bhi.nsw.au](http://www.bhi.nsw.au)

Figure 8: Waiting times in NSW emergency departments, April to June 2010

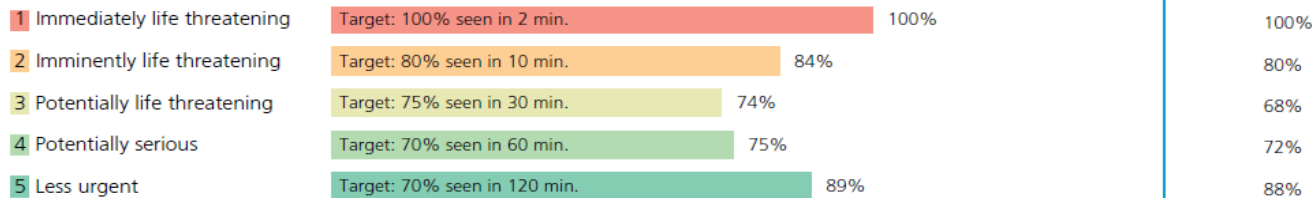
Attendances arriving by ambulance: 122,200 patients

Transfer time (off stretcher)<sup>1</sup> Target: 90% transferred in 30 min. 68%

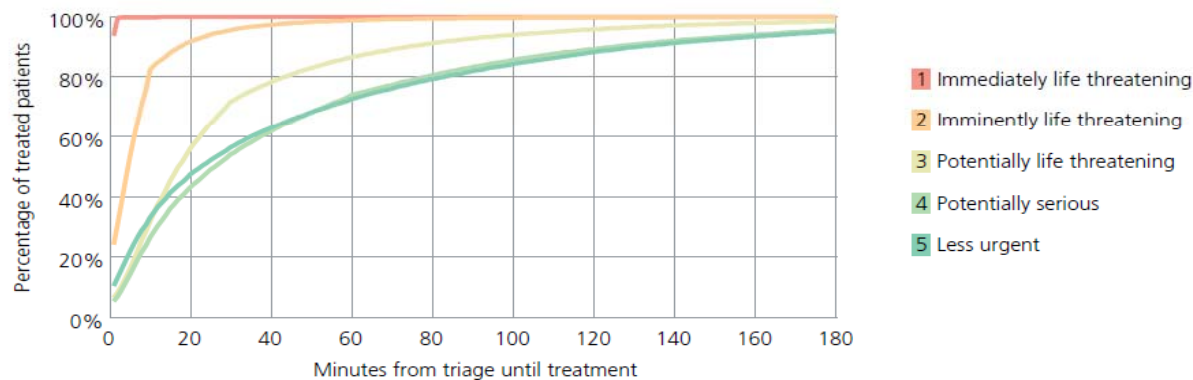
Same period last year

71%

Percentage of patients who received treatment<sup>2</sup> by target<sup>3</sup> time, by triage category



Percentage of patients who received treatment<sup>2</sup> by time and triage category



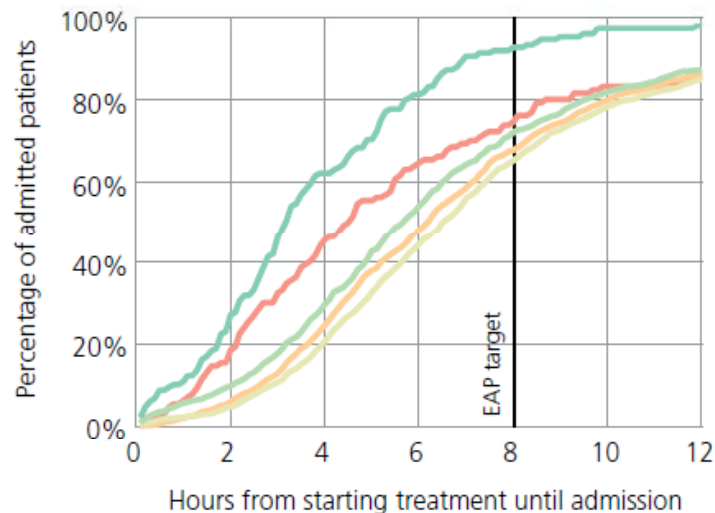
# From Hospital Quarterly - April to June 2010:

This performance profile is now available for 66 emergency departments in NSW at [www.bhi.nsw.au](http://www.bhi.nsw.au)

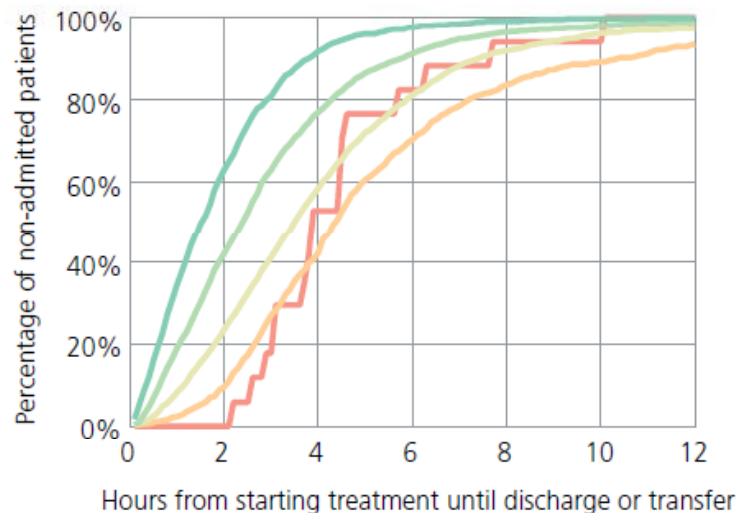
## Royal North Shore Hospital: Treatment to departure time in the emergency department

April to June 2010

Percentage of patients who were treated and admitted by time and triage category<sup>7</sup>



Percentage of patients who were treated and discharged or transferred by time and triage category<sup>7</sup>



**Emergency admission performance (EAP)** Target: 80% admitted in 8 hours

68% of admitted patients were transferred from the emergency department to a ward or operating suite within 8 hours of starting treatment.

# From Hospital Quarterly - April to June 2010:

This performance profile is now available for 66 emergency departments in NSW at [www.bhi.nsw.au](http://www.bhi.nsw.au)

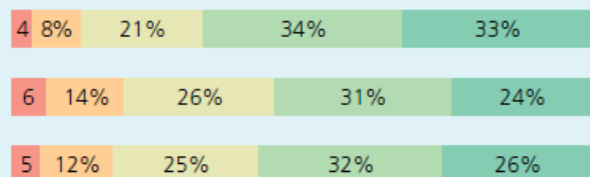
## Royal North Shore Hospital: Patient experiences in the emergency department

NSW Health Patient Survey, February 2009

Key to patient ratings: ■ Poor ■ Fair ■ Good ■ Very good ■ Excellent

### Overall patient ratings of emergency department care

Actual results

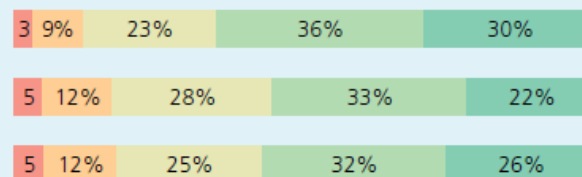


Royal North Shore Hospital

Principal referral hospitals

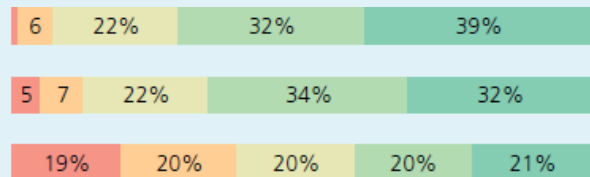
New South Wales

Standardised results<sup>B</sup>



### Patient ratings of care experiences that matter most<sup>9</sup>

Actual results for Royal North Shore Hospital

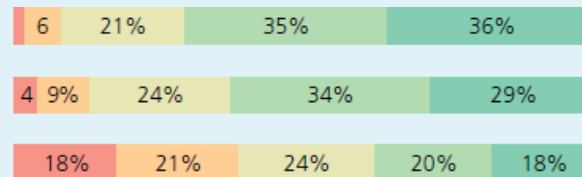


Staff courtesy

Completeness of care

Waiting time

Standardised results<sup>B</sup> for Royal North Shore Hospital

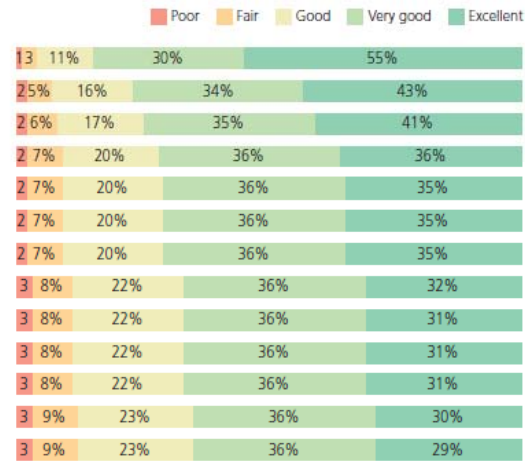


# How do emergency patients rate overall care:

## Public hospitals with higher patient ratings

Standardised results

Kurri Kurri District Hospital	Hunter New England
Camden Hospital	Sydney South West
Murwillumbah Hospital	North Coast
Bulli District Hospital	South Eastern Sydney Illawarra
Sydney Children's Hospital	South Eastern Sydney Illawarra
Narrabri District Hospital	Hunter New England
Singleton District Hospital	Hunter New England
Moree District Hospital	Hunter New England
Milton and Ulladulla Hospital	South Eastern Sydney Illawarra
Belmont Hospital	Hunter New England
Royal Prince Alfred Hospital	Sydney South West
Royal North Shore Hospital	Northern Sydney Central Coast
St Vincent's Hospital, Darlinghurst	South Eastern Sydney Illawarra

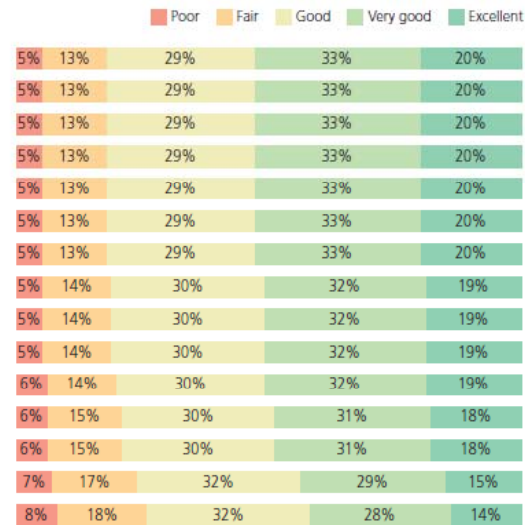


All other large public hospitals\* in NSW (not shown) were rated lower than the hospitals in the graph above and higher than the hospitals in the graph below.

## Public hospitals with lower patient ratings

Standardised results

Auburn Hospital	Sydney West
Maitland Hospital	Hunter New England
Dubbo Base Hospital	Greater Western
Sutherland Hospital	South Eastern Sydney Illawarra
Wagga Wagga Base Hospital	Greater Southern
Mount Druitt Hospital	Sydney West
Campbelltown Hospital	Sydney South West
Grafton Base Hospital	North Coast
Prince of Wales Hospital	South Eastern Sydney Illawarra
Bankstown / Lidcombe Hospital	Sydney South West
Lismore Base Hospital	North Coast
Hawkesbury District Health Service	Sydney West
Wollongong Hospital	South Eastern Sydney Illawarra
Blacktown Hospital	Sydney West
Liverpool Hospital	Sydney South West



# How do emergency patients rate overall care in:

## District group 2 hospitals with higher patient ratings

Kurri Kurri District Hospital Hunter New England

Camden Hospital Sydney South West

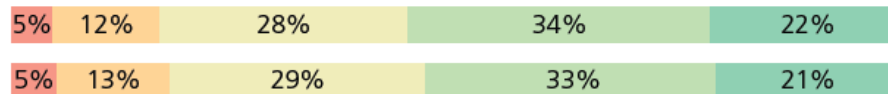


Blue Mountains District Anzac Memorial, Bulli District, Cessnock District, Gunnedah District, Kempsey, Lithgow Health Service, Milton and Ulladulla, Moree District, Murwillumbah District, Narrabri District and Singleton District hospitals were rated lower than the hospitals above and higher than the hospitals below.

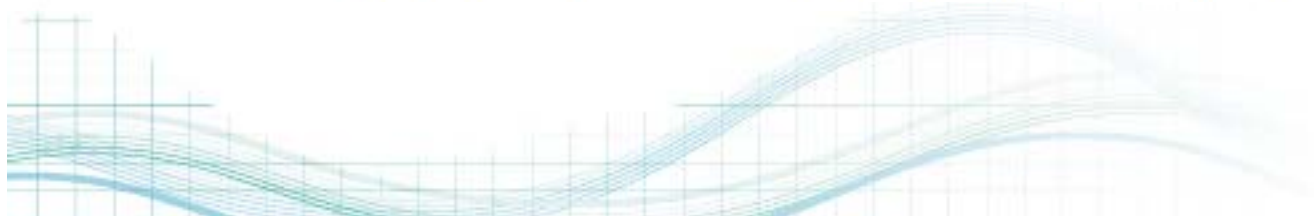
## District group 2 hospitals with lower patient ratings

Inverell District Hospital Hunter New England

Muswellbrook District Hospital Hunter New England



Note: Standardised results: To account for differences between hospitals in the types of patients served, values are standardised for age, gender, health status, education, language, socio-economic status, days in bed for illness or injury in February 2009, times in hospital overnight in past six months and severity of pain (if any).



# Public reporting

Who? What? How? Why?



# Why?

- Update international evidence of impact of public reporting of healthcare performance data on:
  - a) patient choice;
  - b) quality improvement;
  - c) clinical outcomes;
  - d) Unintended consequences;
  
- To identify key success factors underlying impact

Chen, J C. Public reporting of health system performance: Review of evidence on impact on patients, providers and healthcare organisations: An *Evidence Check* rapid review brokered by the Sax Institute (<http://www.saxinstitute.org.au>) for the Bureau of Health Information; 2010.

# Number of reviewed articles

	Patient Selection	Quality improvement	Clinical outcomes	Unintended consequences
Health plans	11	2	2	1
Hospitals/ Nursing homes	14	16	25	11
Individual providers	7	0	1	6
Total	32	18	28	18

\* Note that as some articles covered multiple endpoints, so the final sum (96) is greater than the number of reviewed articles (n=75).

# Strength and direction of evidence

	<b>Patient Selection</b>	<b>Quality Improvement</b>	<b>Clinical outcomes</b>	<b>Unintended consequences</b>
<b>Health plans</b>	Strong positive effect	Moderate positive effect	Not available	Not available
<b>Hospitals/Nursing homes</b>	Considerable positive effect	Strongest positive effect	Strong positive effect	Uncertain effect or minor negative effect
<b>Individual providers</b>	Moderate positive effect	Not available	Not available	Considerable negative effect

## How? Key successful factors

- Establish a centralised, arms length government agency to coordinate public reporting ... such an agency should have clearly specified jurisdictions;
- Define audiences and objectives;
- Develop content that aligns with objectives, pre-testing the product and make it available at the right place, right time and to the right people;
- Be transparent on principles and methodology;
- Monitor and minimise the unintended consequences
- Understand the socio-political environment, and engage with provider organisations, the public and media
- Evaluate and improve

# Next reports

**Hospital Quarterly: Performance of NSW Public Hospitals for July to September 2010 (Nov 2010)**

**Healthy State: How does the NSW healthcare system compare to other countries (Dec 2010)**

[www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

