



Using **public reporting and benchmarking** data to provoke change in the private sector

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VHQA Conference: Using data to drive change – May 2016



Agenda

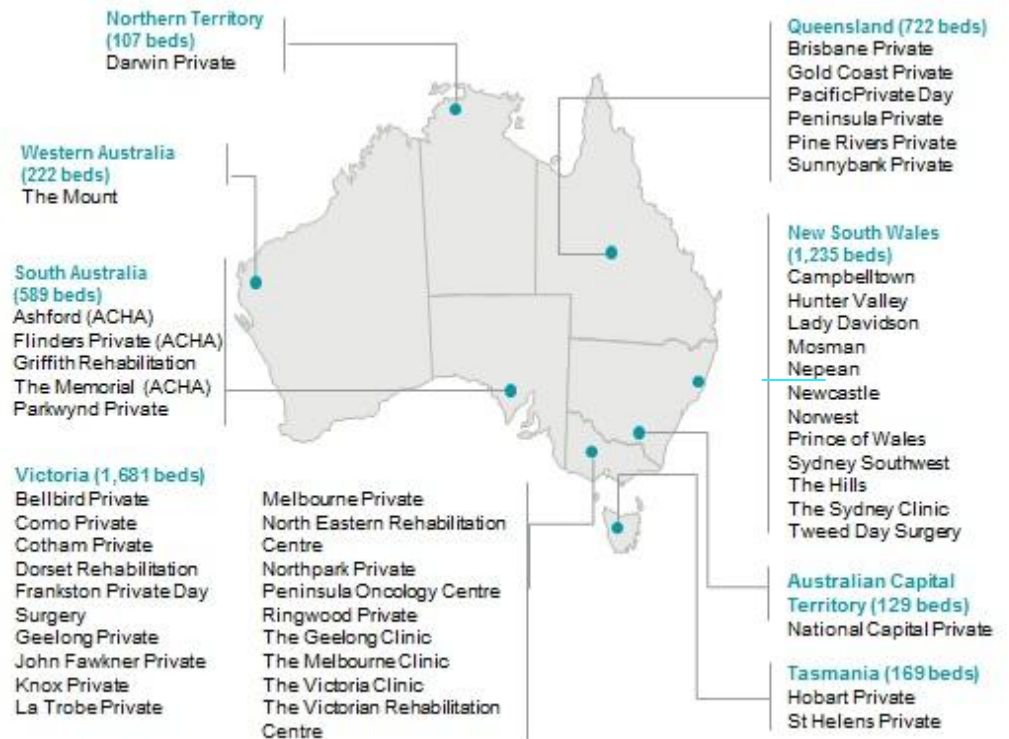
- Data collected at Healthscope
- Public reporting – MyHealthscope
- Provoking change by benchmarking
- Health fund drivers

Hospitals

Healthscope is one of Australia's largest private hospital operators with a portfolio of 46 private hospitals and over 4,800 beds nationwide

- ✓ Concentrated in large metropolitan centres
- ✓ Largest operator of co-located hospitals in Australia with 11 co-located hospitals
- ✓ Provide a range of acute, psychiatric and rehabilitation care services
- ✓ Market-leading reputation for quality and clinical outcomes
- ✓ Over the last 12 months, we:
 - Provided care for over 900,000 patients in our hospitals
 - Performed over 140,000 inpatient surgical procedures
 - Delivered over 13,000 babies

National network of hospitals with a presence in all states and territories





Data collected

Quality data collected and benchmarked

- Quality KPIs
 - 55, grouped by the 10 national standards
- ACHS Clinical Indicators
 - Minimum data set of 90 indicators
- Patient survey results
 - Every question
- Other, eg: education attendance rates

And not all benchmarked....

- Audit results
 - 75 audit tools x 20 elements x 46 hospitals x 8 departments = 552,000 data points

National Cluster Groups

- ▶ Obstetrics
 - ▶ Rehabilitation
 - ▶ Mental Health
 - ▶ Emergency
 - ▶ Intensive Care
 - ▶ Theatre
 - ▶ Infection Control
 - ▶ Falls Prevention
 - ▶ Transfusion
 - ▶ Medication Safety
 - ▶ Discharge
 - ▶ Pressure area prevention
- 12 clusters selected each year
 - Cluster Coordinators have financial incentive (bonus) to achieve identified goals
 - 90% of bonuses awarded

A close-up photograph of a person's hand in a hospital bed. The hand is resting on a blue blanket. In the background, there is a white medical device with a red-tipped tube. The text "Public reporting MyHealthscope" is overlaid in white on the image.

**Public reporting
MyHealthscope**

MyHospitals & Quality Reporting

- Victorian Health Department requires Quality of Care Reports from public hospitals (2001)
- MyHospitals goes live with administrative data (Dec 2010)
- MyHospitals reports first clinical data (Staph Aureus Bacteraemia rates) for public (and small number of private) hospitals – (27 Oct 2011)
- MyHealthscope goes live (7 Nov 2011)

MyHealthscope



Healthscope Hospitals :: My... x

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MyHealthscope - Accreditation, Quality & Safety

Measures of Hospital Performance

At Healthscope, we take quality and safety seriously. To help patients make informed decisions, Healthscope publishes indicators which reflect the quality and safety of its network of 46 hospitals.

Healthscope is proud to be the first private hospital group in Australia to publish the results of its clinical performance and health outcomes on its website. This is just one part of our program to continually maintain and improve our high standards of quality and safety.

Quality can be defined and measured in many ways. At Healthscope, quality is not just a simple measure – it is a comprehensive look at many aspects of a patient's experience.

We have chosen to publish a range of clinical and safety measures which provide you with information about our performance in providing safe, quality healthcare.

Click on the links below to view Healthscope data averaged across our 46 hospitals.

[Accreditation](#)

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MyHealthscope Objectives – Why did we do it?

- Inevitability of hospital performance reporting
- Brand enhancement:
 - Industry leadership
 - Brand ‘quality’ connotations
 - Quality performance exceptional
- Competitive advantage
- Attract doctors, nursing and other staff, patients
- Accountability to funders and others
- **Drive quality improvements internally**

MyHealthscope – Choice of Indicators

- Relevant, interesting and easy to understand for general public
- Readily available benchmarks
- Indicators recommended by ACSQHC (*Australian Commission for Safety & Quality in Healthcare*)
- Reflect predominantly hospital rather than doctor performance
- Robust and can stand up to challenges to their accuracy and integrity
- Involve minimal manual data extraction / manipulation
- Meaningful when reported on basis of crude v risk-adjusted data

Indicator Suite 2015 (25)

Health improvement (6)	<ul style="list-style-type: none"> FIM scores (rehab outcomes) – ortho fracture, joint replacement, stroke, other neuro (4) HONOS rates (mental health outcomes) MHQ-14 rates (mental health patient self-ratings)
Accreditation (1)	<ul style="list-style-type: none"> % MM ratings (ACHS accreditation)
Events to Avoid (3)	<ul style="list-style-type: none"> Falls (medical/surgical/rehab patients) Patients developing pressure ulcers Adverse transfusion reactions
Emergency (5)	<ul style="list-style-type: none"> Triage category 1, 2, 3, 4, and 5 seen in required time (5)
Infection Control (3)	<ul style="list-style-type: none"> Staph Aureus Bacteremia Clostridium Difficile infection Hand Hygiene compliance, incl doctor trend over time
Surgery (1)	<ul style="list-style-type: none"> Unplanned return to theatre
Unplanned readmissions (3)	<ul style="list-style-type: none"> Unplanned readmission within 28 days Unplanned admission to ICU Unplanned overnight stay - day patient
Obstetrics (3)	<ul style="list-style-type: none"> Babies with healthy APGAR scores Babies transferred to ICU (14 graphs) Length of stay after delivery

MyHealthscope Indicators

- 25 publicly reported indicators
- Healthscope aggregate plus individual hospital level reporting
- Performance trend over time - 3 years
- Performance reported against industry standard/benchmark
- Narrative including links to health information

MyHealthscope Indicators

- Healthscope level national data – positive performance on 25/25
- Individual hospital data - 90% of data points meet/exceed benchmark
- Quality improvement plans for underperforming outliers
- Data limitations explained

MyHealthscope – What does it look like?

Accreditation

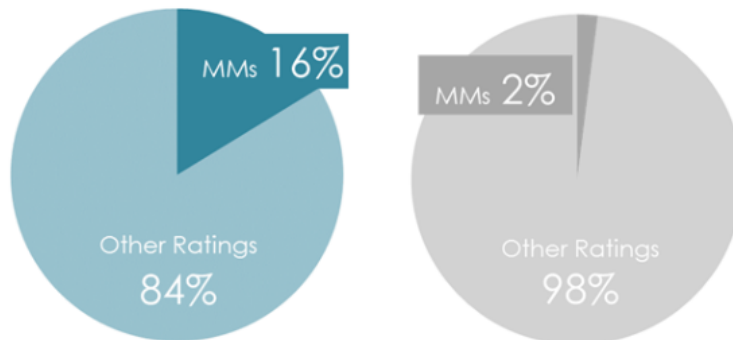
National Capital Private Hospital is fully accredited against The [National Safety and Quality Health Service Standards](#), a mandatory set of standards established by the Australian Government for all public and private hospitals.

Accreditation involves a visit to the hospital from an independent team of expert health professionals who review the quality and safety of services provided. Our achievements are measured against industry standards by this review team. Hospitals are measured against [ten overarching standards](#) and many different criteria including patient care, medication management, clinical handover, infection control, complaints management and preventing falls.

Hospitals receive a rating for each one of these criteria – either satisfactorily met or not met. If a criterion is not met, the hospital is given an action that it must follow-up within 3 months to ensure the criterion is satisfactorily met.

For hospitals achieving a higher level of quality, a higher rating is awarded “MM” or “met with merit”.

Accreditation Outcomes 2014



National Capital Private Hospital

Australian National Average

This chart shows the proportion of “MM” ratings achieved by National Capital Private Hospital for their organisation wide survey in December 2014 compared to [other Australian hospitals](#). National Capital Private Hospital maintained accreditation under the National Safety and Quality Health Service Standards.

Other Awards

In addition to accreditation, National Capital Private Hospital is proud of the recognition of excellence bestowed on its hospitals and staff.

Examples of recent awards are:

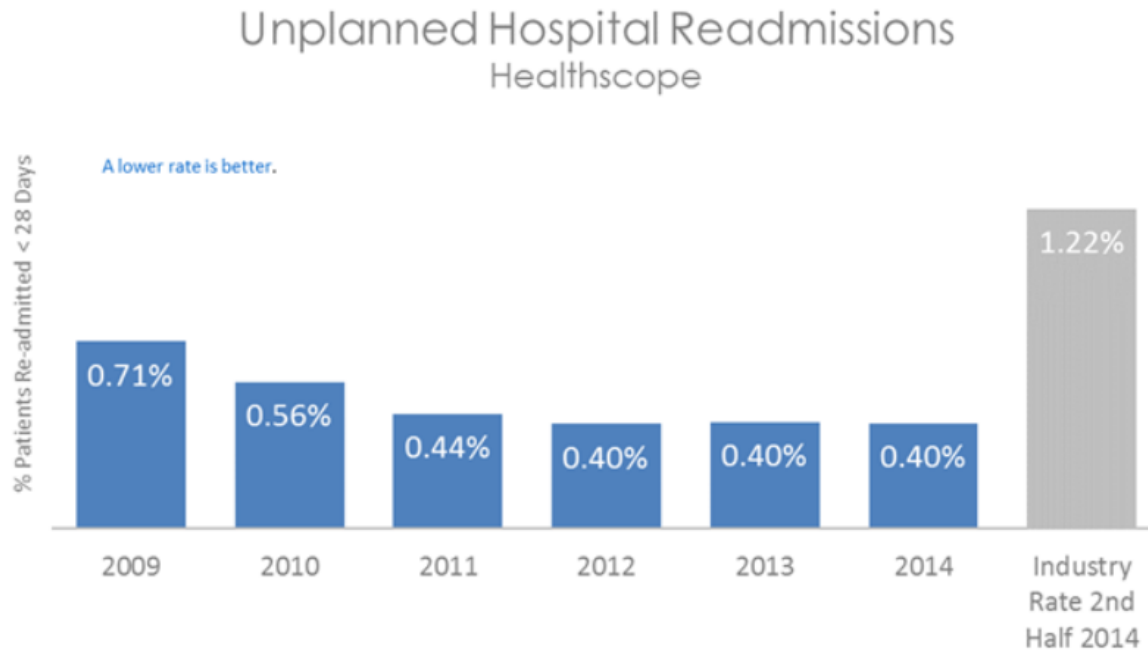
Unplanned readmissions

After a successful hospital stay, the most important task for patients, families and staff is preparing for a successful discharge home. It is disappointing for everyone if a patient requires an unexpected readmission into hospital.

Tracking the number of patients who experience unplanned readmissions to a hospital after a previous hospital stay is one way that we can judge the quality of hospital care. One example of an unplanned readmission would be someone who is readmitted to the hospital for a surgical wound infection that occurred after his or her initial hospital stay.

It is important to note that unplanned hospital readmissions may or may not be related to the previous visit, and some unplanned readmissions are not preventable. Good discharge plans can help reduce the rate of unplanned readmissions by giving patients the care instructions they need after a hospital stay and by helping patients recognise symptoms that may require immediate medical attention.

This graph shows the percentage of patients admitted to Healthscope hospitals that have required an unexpected and unplanned readmission to hospital within 28 days of their first admission. The rate for the past six years is shown in the blue bars. This is compared to the rate of “unplanned readmission” in other Australian hospitals (the grey bar). A recent analysis from the [NSW Bureau of Health Information](#), reports that the unplanned readmission rate in NSW public hospitals was 6.8% and rising, 18 to 40% higher than in previous years.



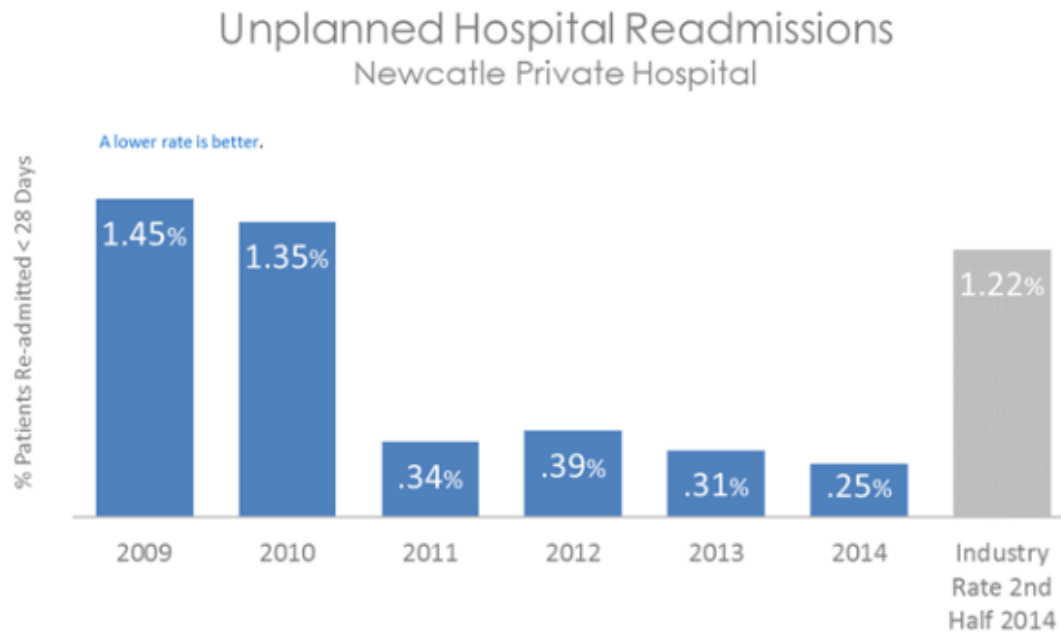
Unplanned readmissions

After a successful hospital stay, the most important task for patients, families and staff is preparing for a successful discharge home. It is disappointing for everyone if a patient requires an unexpected readmission into hospital.

Tracking the number of patients who experience unplanned readmissions to Newcastle Private Hospital after a previous hospital stay is one way that we can judge the quality of hospital care. One example of an unplanned readmission would be someone who is readmitted to the hospital for a surgical wound infection that occurred after his or her initial hospital stay.

It is important to note that unplanned hospital readmissions may or may not be related to the previous visit, and some unplanned readmissions are not preventable. Good discharge plans can help reduce the rate of unplanned readmissions by giving patients the care instructions they need after a hospital stay and by helping patients recognise symptoms that may require immediate medical attention.

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The graph shows that patients admitted to Newcastle Private Hospital are less likely to have an unplanned readmission compared with other Australian hospitals.

There is a limitation to this data. Currently no unique patient identifier exists that would allow us to measure unplanned readmissions to a different hospital. Therefore the unplanned readmission rates presented in this graph represent patients re-admitted to the same hospital only.

Consumer Focus

- Consumer consultants involved in drafting and reviewing
- Changes made according to feedback
- Specific section for patients/visitors – “How can you help?”
- Links to resources for consumers to improve quality and safety
- Layperson explanations
 - Alcohol-based hand rub (ABHR)
vs
 - Hand sanitiser
- Evaluation survey – involving consumers



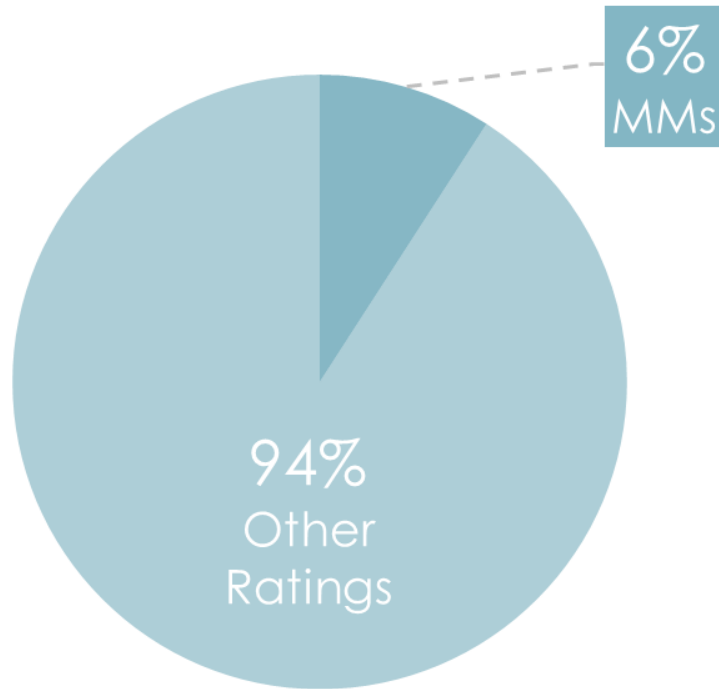
**Provoking change by
benchmarking**

MyHealthscope stats

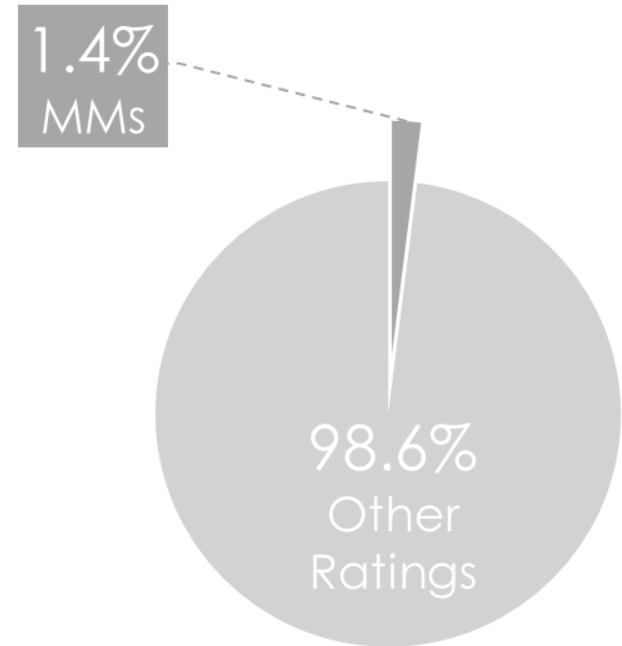
- We are the only hospital group to publish 25 comprehensive clinical indicators on web
- MyHealthscope exceeds MyHospitals in data points, graphical display and consumer information
- At national level, 100% of indicators met/exceeded benchmark.
- At individual hospital level, 90% of 645 data points met/exceeded benchmark

MyHealthscope - Impact

Accreditation Results 2014-15



Healthscope Hospitals



Australian National Average

MyHealthscope - Impact

Hand Hygiene Doctor Compliance Healthscope



2012

2013

2014

period 1 2015

Questions?