Making Sense of Clinical Measurement

VHQA Conference

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Overview

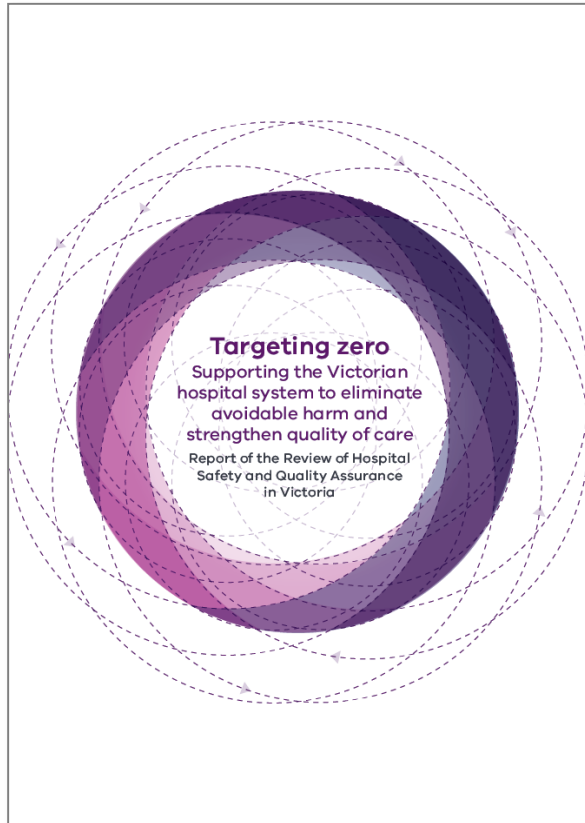Making sense of clinical measurement requires an understanding of:

- the impetus for change …
- a proposed 'quality improvement framework' …
- where we wish to head …
- where we have started …

The impetus for change …

Delivering a world-leading healthcare system

Delivering a world-leading healthcare system

Our vision for quality and safety in Victoria's health system

- The world-class care patients receive is supported by a world-class system of quality and safety assurance.
- Patient views and experiences are heard and shared at every point of our health system to drive continuous improvement.
- Individual safety and quality success is shared and built into our statewide system.
- Health services and their boards get the information and training they need to best serve their communities and provide better, safer care.
- Frontline healthcare workers have a real say on how to make the system safer and lead the way on improvement and best practice.
- The health service leaders of the future are identified and supported, with a focus on getting the right skills, knowledge and experience.
- Data is collected, analysed and shared so the community is better informed about health services and health services receive better information about their performance.
- People with mental illness, their families and carers receive access to high quality, integrated services that can provide coordinated treatment and support.

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The Victorian Agency for Health Information will analyse and share information across our system to ensure everyone has an accurate picture of where the concerns are and where we're getting it right.
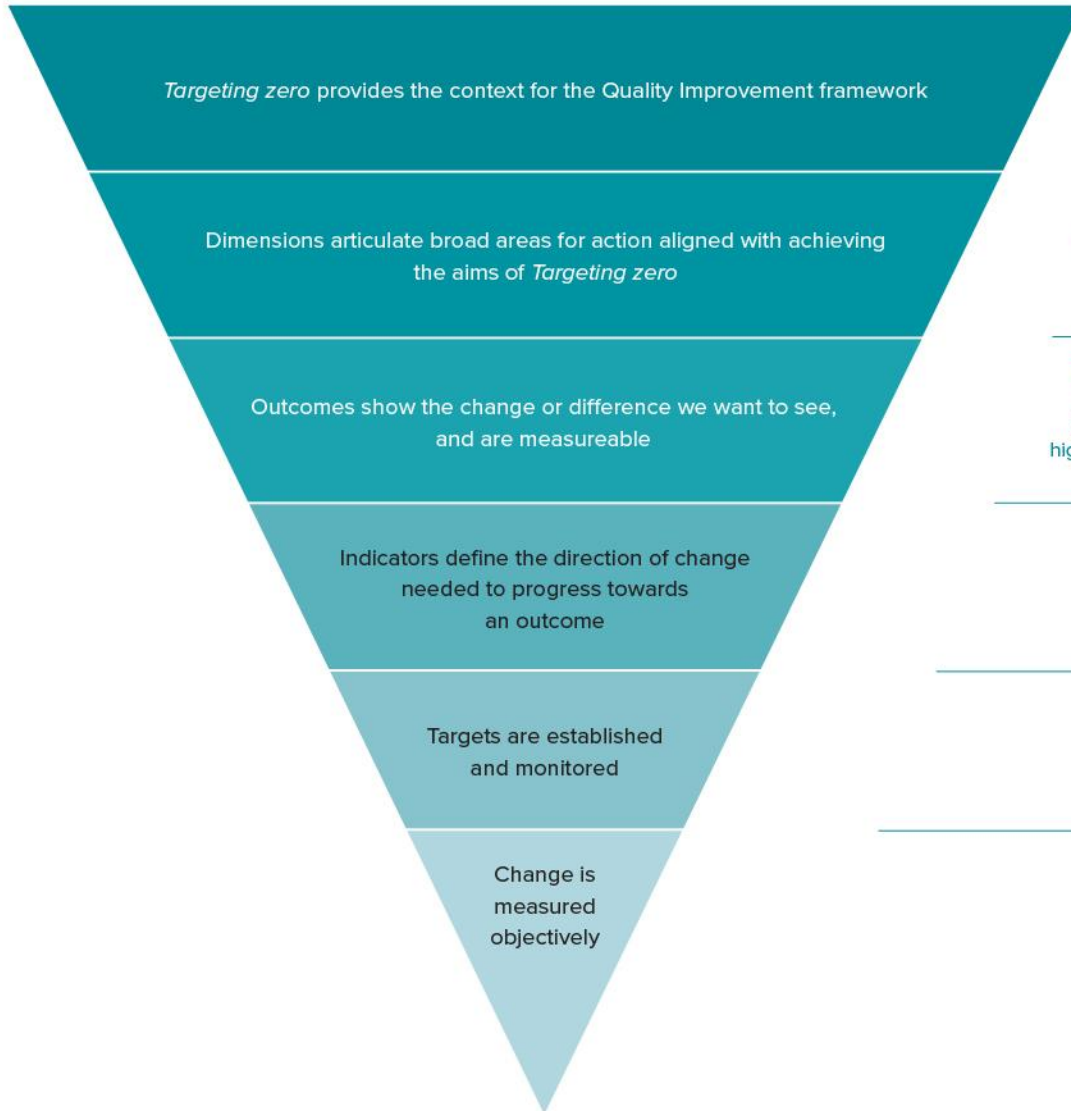
The Agency's responsibilities flow across measurement of patient care and outcomes for three key purposes: *public reporting*, *oversight* and *clinical improvement*.

A proposed quality improvement framework …

OVERARCHING STRUCTURE OF THE QUALITY IMPROVEMENT FRAMEWORK

THE FRAMEWORK IN ACTION

Targeting zero provides the context for the Quality Improvement framework

Dimensions articulate broad areas for action aligned with achieving the aims of *Targeting zero*

Outcomes show the change or difference we want to see, and are measureable

Indicators define the direction of change needed to progress towards an outcome

Targets are established and monitored

Change is measured objectively

Taregting zero: The flow of information in the health system must ensure deficiencies in care are identified and focus attention on opportunities for improvement.

Dimensions of quality: Delivery of patient-centred care; Driven by Information; Organised for Safety.

Outcomes we want to see from quality improvement initiatives: Patient care is based on the best knowledge and evidence. Patient outcomes and experience inform continuous improvement. The health system is designed to provide safe, high quality care for patients. When something goes wrong, action will be taken to prevent it happening to someone else.

Indicators progressing us towards the outcomes we want: Example – positive patient experience.

Statewide targets: Example – 95% positive experience.

Measure: Example – patient experience.

Aim: Safe, high-quality care: Driving and supporting the application of an outcomes-focussed approach to continuous quality, efficiency and value improvements in Victoria's health services.

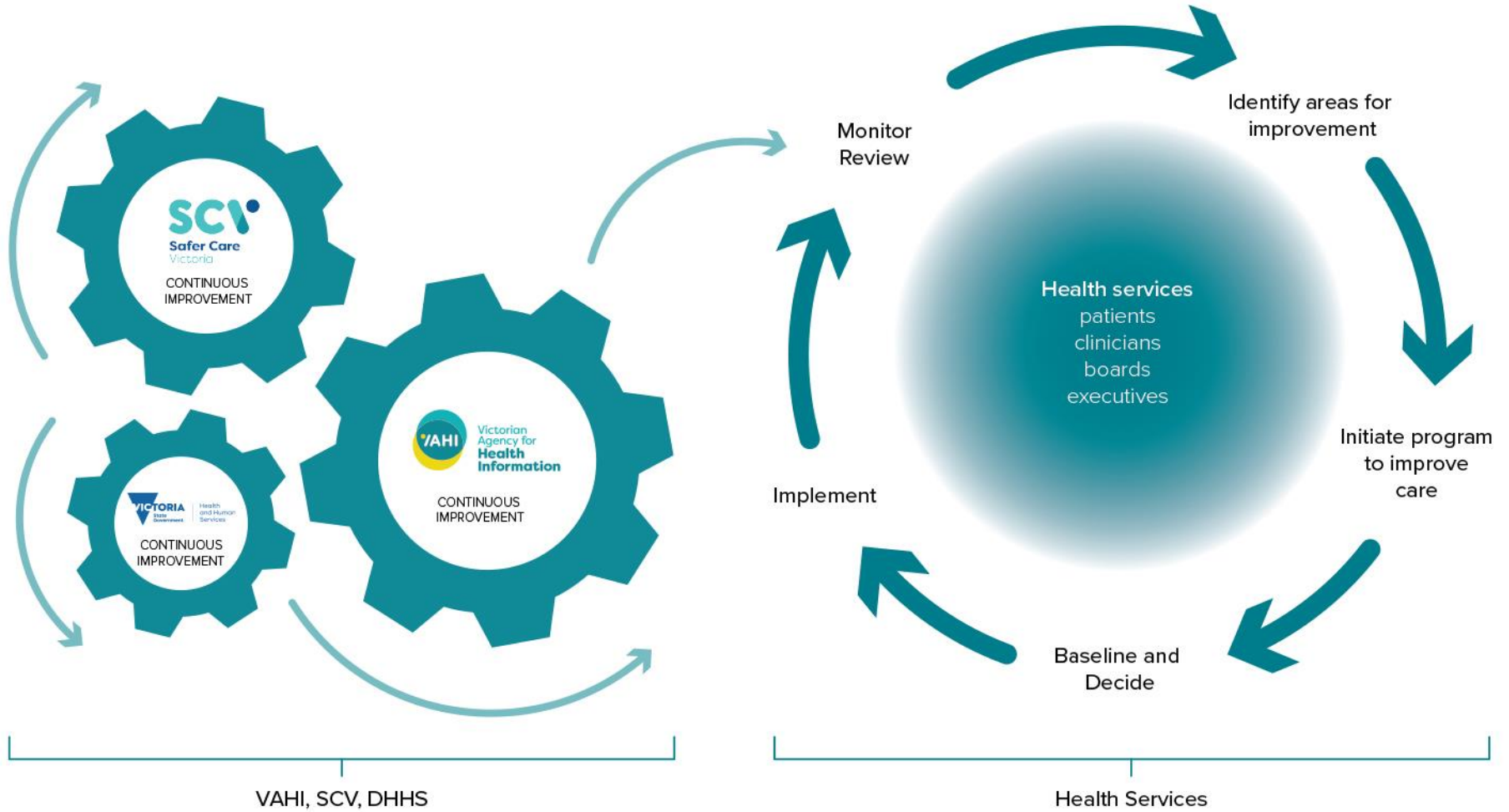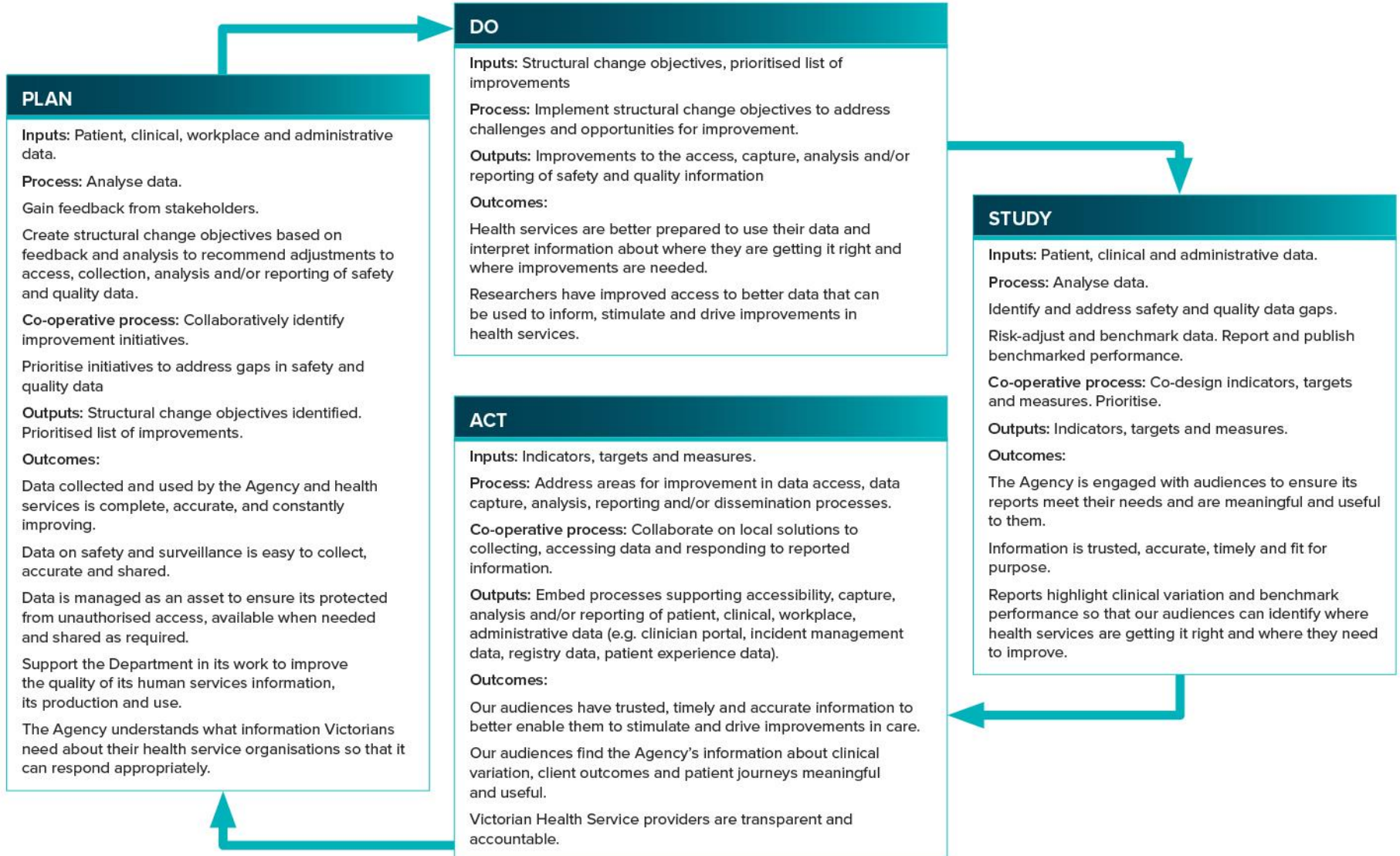| DELIVERY OF PATIENT-CENTRED CARE	DRIVEN BY INFORMATION	ORGANISED FOR SAFETY
Outcome: Patients can access high-quality care when needed. Patients can make informed decisions about their health care. Patients can help to make their care safe.	**Outcome:** Patient care is based on the best knowledge and evidence. Patient outcomes and experience inform continuous improvement.	**Outcome:** Patients know their safety is taken seriously by clinicians and the government. The health system is designed to provide safe, high quality care for patients. When something goes wrong, action will be taken to prevent it happening to someone else.
System governance lead agency: **VICTORIA** State Government | Health and Human Services	System governance lead agency: **VAHI** Victorian Agency for Health Information	System governance lead agency: **SCV** Safer Care Victoria
Accessibility: care when and where it is needed **Appropriateness:** staff respect and respond to patient choice **Efficiency:** value for money. Making safety a central feature of how funding is organised. **Patient-centred:** ensuring patients have a positive experience	**Effective and Appropriate:** Up-to-date knowledge and evidence is used to guide decisions about care. **Effective:** Safety and quality data are collected, analysed and fed back for improvement **Effective:** Taking action to improve patients' experiences.	**Effective:** Making safety a central feature of how healthcare facilities are run and how staff work. **Responsive governance:** Providing focus on coordination and continuity of care. **Effective:** forming partnerships between patients, carers and healthcare providers. **Appropriate:** the right care, to the right patient at the right time

Vision: The community is better informed about health services, and health services receive better information to serve their communities and provide better, safer care. Across our system everyone has an accurate picture of where the concerns are and where we're getting it right.

Strategic objectives:

- Inform, stimulate and drive improvements in safety, quality and outcomes
- Produce meaningful and useful information
- Support improvement in the quality of information, its production and broad use

* Based on the Australian Commission for Safety and Quality in Healthcare Australian Safety and Quality Framework for Health Care

SCV
Safer Care
Victoria

CONTINUOUS
IMPROVEMENT

VICTORIA State Government | Health and Human Services

CONTINUOUS
IMPROVEMENT

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IMPROVEMENT

Monitor
Review

Identify areas for
improvement

Health services
patients
clinicians
boards
executives

Implement

Initiate program
to improve
care

Baseline and
Decide

VAHI, SCV, DHHS

Health Services

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PROCESS TO ACHIEVE OUTCOMES – DRIVEN BY INFORMATION
DRIVING AND SUPPORTING THE APPLICATION OF AN OUTCOMES FOCUSSED APPROACH TO
CONTINUOUS QUALITY, EFFICIENCY AND VALUE IMPROVEMENTS IN VICTORIA'S HEALTH SERVICE

PLAN

Inputs: Patient, clinical, workplace and administrative data.

Process: Analyse data.

Gain feedback from stakeholders.

Create structural change objectives based on feedback and analysis to recommend adjustments to access, collection, analysis and/or reporting of safety and quality data.

Co-operative process: Collaboratively identify improvement initiatives.

Prioritise initiatives to address gaps in safety and quality data

Outputs: Structural change objectives identified. Prioritised list of improvements.

Outcomes:

Data collected and used by the Agency and health services is complete, accurate, and constantly improving.

Data on safety and surveillance is easy to collect, accurate and shared.

Data is managed as an asset to ensure its protected from unauthorised access, available when needed and shared as required.

Support the Department in its work to improve the quality of its human services information, its production and use.

The Agency understands what information Victorians need about their health service organisations so that it can respond appropriately.

DO

Inputs: Structural change objectives, prioritised list of improvements

Process: Implement structural change objectives to address challenges and opportunities for improvement.

Outputs: Improvements to the access, capture, analysis and/or reporting of safety and quality information

Outcomes:

Health services are better prepared to use their data and interpret information about where they are getting it right and where improvements are needed.

Researchers have improved access to better data that can be used to inform, stimulate and drive improvements in health services.

ACT

Inputs: Indicators, targets and measures.

Process: Address areas for improvement in data access, data capture, analysis, reporting and/or dissemination processes.

Co-operative process: Collaborate on local solutions to collecting, accessing data and responding to reported information.

Outputs: Embed processes supporting accessibility, capture, analysis and/or reporting of patient, clinical, workplace, administrative data (e.g. clinician portal, incident management data, registry data, patient experience data).

Outcomes:

Our audiences have trusted, timely and accurate information to better enable them to stimulate and drive improvements in care.

Our audiences find the Agency's information about clinical variation, client outcomes and patient journeys meaningful and useful.

Victorian Health Service providers are transparent and accountable.

STUDY

Inputs: Patient, clinical and administrative data.

Process: Analyse data.

Identify and address safety and quality data gaps.

Risk-adjust and benchmark data. Report and publish benchmarked performance.

Co-operative process: Co-design indicators, targets and measures. Prioritise.

Outputs: Indicators, targets and measures.

Outcomes:

The Agency is engaged with audiences to ensure its reports meet their needs and are meaningful and useful to them.

Information is trusted, accurate, timely and fit for purpose.

Reports highlight clinical variation and benchmark performance so that our audiences can identify where health services are getting it right and where they need to improve.

Where do we wish to head …

Directions for change

Smarter use of data

- Comprehensive, high quality data is a key enabler of continuous improvement in clinical practice (Health Affairs, 2012)

- The ability to seamlessly capture, share and reliably use information across settings, sources and systems is essential to achieving quality improvement (Office of the National Coordinator for Health IT (US), 2014)

- Predictive risk modelling using regression analysis can help providers identify at-risk patients and can give providers information to trigger earlier care intervention (CIHI, 2015)

Levers for change

- Data management, generation and use are key competencies which must mature within healthcare (Human Resources for Health, 2015)

- Ability to transform and improve healthcare can be hampered by lack of engagement between health systems and clinicians (McKinsey, 2013)

- Transparency through benchmarking is improving healthcare across the world (Bevan, 2018)

- Continuous improvement requires clinician engagement and increased public transparency / disclosure (Health Affairs, 2012)

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Smarter use of data …

Theme	Current state	Short term …	Longer term …
Reducing duplication of effort for clinicians and patients …	• Same information collected multiple times in multiple locations for multiple reasons • Different systems for collection of similar information (VHIMS, CIMS, VHES, Sentinel events)	• State-wide clinical minimum datasets - Data spine (CQRs) • Single platform for collection, real-time and data for quarterly reporting (PREMS and PROMS)	• Single platform across VHIMS, sentinel events and CIMS
Moving from static to dynamic use of data …	• Siloed data sources • Static comparative analysis • Limited insights	• Joined up-data sources and triangulation • Interactive experience (VAHI clinical portal) • Release of data specifications for 'real time' analysis	• One-stop shop for data insights in health and human services • Real-time data analytics
Moving from reactive to predictive analytics …	• Historical trends based on administrative data from the department	• Testing of predictive analytics drawing on different data sources from different agencies	• Early intervention

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Levers for change …

Theme	Current state	Short term …	Longer term …
Reciprocal obligations … a 'data use' accord …	• Passive receipt of data	• MOU with health services – agreement as to how data will be used to drive clinical improvements	• Active feedback loops and continuous improvement
Partnering for better safer care …	• Push driven reporting • Emerging stakeholder engagement	• Collaborative approach to reporting • Mature relationships between stakeholders	• Co-design driving continuous improvement
Capability building …	• Limits in analytical capabilities (internal and external)	• Investing in analytical training capabilities • Partnering and secondments	• Thought leaders in data science and innovation
A patient centred journey of care …	• Reporting from a health service perspective	• Reporting on the patient journey within the hospital system	• Reporting on the patient journey across the primary and acute care sector

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VAHI'S consumer centred approach to health & human services data

Administrative health service data

Patient reported data

Clinical data

Human Services & other data

Better, safer care

MBS / PBS data

VAED / VEMD data

Mortality (coroners data)

Program Data

PREMs?

PROMs?

Registries and Other Clinical Data

Community Health, Education, Justice etc..

Safety

Quality

Appropriateness

Built upon a 'spine' of routinely collected datasets

Leverage initiatives that directly engage consumers

Add clinical richness of registry and other clinical data to understand quality and health outcomes

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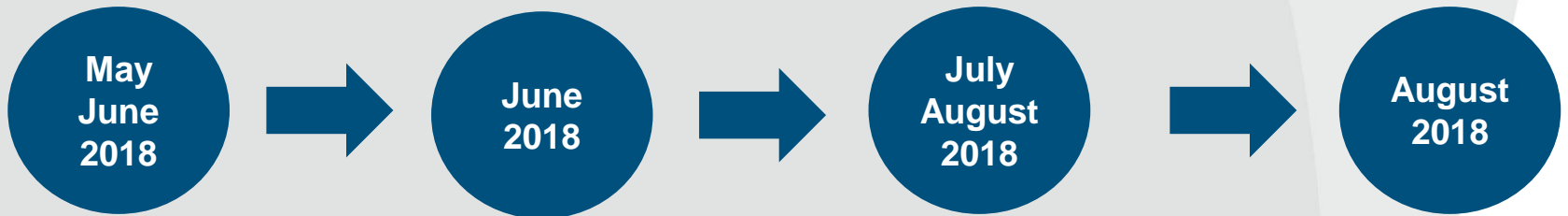VICTORIA State Government

Where we have started …

The first year

- 2017-18 – **early establishment** phase for the Agency

  - Started with ~30 staff, to 25, to 60+ over 4-5 months

- **Key reform directions**: VHIMS, Clinical Quality Registries, VHES …

- **Reporting Program** focused on priority reports identified in *Targeting Zero*

- To date we have published the following new reports:

  - 4 Board Safety and Quality Reports (~quarterly)

  - 4 *Inspire* reports (quarterly) – new measures

  - 1 public report (February 2018)

  - Working on a new public report and special edition *Inspire*

- Limited consultation to date on our reporting program and a recognition that we need to do better …

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State
Government

Partnership in defining health data needs

Requirements gathering (desktop review and consultation)

Feasibility assessment (technical and resources)

Prioritisation of reporting developments (impact and effort)

Development & communication of the Agency's Reporting Program

Review – annual review, plus formal report reviews every 2-3 years.

Identify end-user needs, co-define measures - build trust and create shared responsibility for Better Safer Care

Timeframe

May June 2018 → **June 2018** → **July August 2018** → **August 2018**

- Presentations to end-users
- Discussion paper
- Survey questions

- Collation of feedback from end-users

- Assess feasibility & prioritise (with SCV & DHHS)

- Finalise & communicate reporting program

Discussion with key agencies: SCV, DHHS, Board chairs, Public Health Service CEOs, Consumer groups, Clinical Networks, DoNs, DoMs, Q&S Managers etc

1. Alignment to strategic priorities
2. Monitors government health priority
3. Legislative/regulatory requirements
4. Level of clinical risk
5. Whether the measure is actionable (supports improvements in care, identifies and/or monitors areas of high clinical risk / unwarranted clinical variation, Highlights areas of concern with quality and value of care)
6. Does not drive perverse action
7. Performance is attributable
8. Commitment / capacity to use the information for QI.

Questions?

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