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# Enough talking already! Managing the issues and barriers to public reporting

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# Various arguments for release of performance data

Will inform a market economy and affect consumer choice

Form of public accountability

Assessment of individual practitioners

Public disclosure will promote quality improvement

Marshall M. et al 2000

# Recap - Use of public performance reports and their impact on quality of care



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(Scott I. A , Ward M. 2006)

**Consumers/the public** desire more information and favour reporting

**BUT**

Are largely unaware of existence of reports

Do not search for information, understand information, trust information, use information in decision-making



**Clinicians** are aware of reports but criticise and discredit them

Do not use reports to influence decision making when making referrals

Do not share information with their patients

**Hospitals** are sensitive and responsive to data

Act on information to improve processes of care

Public reports are associated with improvements

# Models of consumer involvement



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| SCIENTIFIC APPROACHES   | MARKET SOLUTIONS  | LEGAL APPROACHES   | DEMOCRATIC PARTICIPATION   |
|---|---|--|--|
| <i>Rely on:</i><br>Objective measurement and statistics       | <i>Rely on:</i><br>Market information or more responsive services | <i>Rely on:</i><br>Defined rights, access to judicial and semi-judicial institutions | <i>Rely on:</i><br>Ways to participate individually and collectively in health decisions |
| <i>Consumers are:</i><br>subjects of research / interventions | <i>Consumers are:</i><br>informed choosers                        | <i>Consumers are:</i><br>citizens with rights  | <i>Consumers are:</i><br>equal partners and citizens                                     |

after Pfeffer & Coote 1991



# Moving from 'whether' to 'how'

A trusted publisher

Clinically important issues with credible data

Potential for impact on organisational culture

- Signals the importance of quality
- Assists a focus on patients and outcomes
- Allows clinicians to compare and reflect on practice
- Empowers those seeking change/improvement

Awareness of potential disadvantages

Engaging the public

Marshall et al 2004



# Requirement of the data

Credible

Relevant

Accurate

Complete

Timely

Marshall et al 2004



# Engaging the public

Understandable – explanations and interpretations

Contextualising data

Accessible

Salient

Relevant

Trust in the sponsoring organisation

Marshall et al 2004



# Consumer interests also include

## Interpersonal and structural aspects of care

- Communication
- Timeliness
- Responsiveness
- Access

## Personalisation of performance information – ‘people like me’

Marshall et al 2004



# Learning from bottom up approaches

The Clinical Report

The Quality of Care Report (a mixed top down and bottom up approach)



# The Clinical Report

## A tradition in Women's hospitals

- The Royal Women's Hospital, Melbourne since 1945, but has published clinical data since 1857. National Maternity Dublin; Rotunda, Dublin
- Birmingham Women's since 1973, externally reviewed including consumer reviewers
- Auckland National Maternity Hospital
- More recently, Liverpool Women's



# Some features

**Traditional format** – case descriptions and tables (may be a time series), minimal commentary, might comment on caesarean section rate (17%), perinatal mortality rate (3.5 per 1000), any maternal mortality (1) – National Maternity, Dublin 2004

**Commentary format** – tables, limited case descriptions with commentary – Royal Women's Hospital

**Epidemiological format** – more attention to rates and analysis of data, lots of text - Auckland Maternity



# What happens with Clinical Reports

Often circulated internationally

Some available on websites

Used internally to reflect on practice

Externally reviewed

Externally reviewed in all day seminar (Auckland)

Women's Report recently circulated amongst group of NHS hospitals with an interest in benchmarking

Refinement of caesarean section rates using Robson categories allows detailed comparison of rates



# Strengths and limitations as public reporting

## Strengths

Opportunity for learning and reflective practice

Transparency

Peer review

Clinician engagement (over 70 clinicians contribute)

Uses data, identifies data gaps and improves data

## Limitations

Data, data, data, indicators - gynaecology data mostly activity and complications

Does not include comparative data, may comment on benchmark rates

Available but not written for the public - specialised clinical audience



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# Enter the Quality of Care Report

# Policy intent

The annual Victorian Quality Reports are a key strategy:

- to ensure accountability of Health Services for quality and safety,
- to provide consumers with information,
- to promote improvements in systems and professional practices,
- to provide a framework for continuous improvement.

Policy and Funding Guidelines 2000-2001, Guidelines for Quality Reports – Metropolitan and Regional Health Services 2001-2002



# Where did it come from?

The model was the Royal Women's Hospital Clinical Reports from the late 1990s

A complementary policy response to debates about public reporting and accountability

Given that one barrier to public reporting is concern about data being taken out of context, this was an opportunity for hospitals to provide a context for interpreting clinical performance data



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# Engaging the public – the Women's Report



# Relevant data

Involvement of consumers in setting the overall framework and themes

Building on what matters to clinicians and what matters to consumers

Being able to use performance indicators with consumer involvement in their development, eg maternity, breast services

Using consumer readers and commentary to develop the report



# Presentation of data

Narrative, visuals, graphs, tables, trends

We pose the indicators from a consumer point of view

When we can, we show how we compare

We personalise performance information – we use stories and photos which reflect the hospital community



# Clinically important issues with credible data

# Clinically important issues with credible data



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## We publish

Caesarean section rates\*\*

Normal vaginal birth rates\*\*

For the standard primiparae\*

- Caesarean section rates
- Induction rates
- 3rd and 4<sup>th</sup> degree tears

VBAC\*\*

PPH rates

C/S infection rates\*

Interpreter use\*

Antenatal clinic waiting times\*

Surgical pain scores

Pregnancy loss post 20 weeks

Perinatal mortality rate\*

Gynaecology cancer survival\*\*

Surgery waiting times\*

Hysterectomy infection rates\*\*

Appropriateness of hysterectomy

Dysplasia clinic indicators (NHS Colposcopy indicators)\*\*\*

Ovarian Hyperstimulation Syndrome

Breast service indicators\*

Termination of Pregnancy timeliness and complications (RCOG)\*\*\*

Patient satisfaction\*

# Clinically important issues with credible data



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## NICU survival rates

### ANZNN audit\*\*

- Cranial ultrasound
- Retinopathy of prematurity
- Chronic lung disease

### Infection rates\*

- Infection rates over time
- Comparisons with international studies and US CDC data
- VICNISS data on groups of patients in particular risk groups
- Data on key contributing practices, eg preventative antibiotics before surgery



# What do consumers think?

Attractive but daunting to pick up and read.

Once they started reading, written in a friendly relaxed style and very interesting.

“I wanted to read more.”

Impressed with the honesty and transparency and the use of standards and indicators beyond what was mandatory.

Concerned that the concepts and terms used could make it inaccessible to some women who use the hospital, “women from my country wouldn't understand all those words”.

Some information in the opening section was seen to be about PR – ‘spin’. The positive comments about the introductory section relate to the explanation of clinical governance, definitions of quality and the discussion of the audience.

# Consumer Comment



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“I felt empowered as a consumer. I wish I had read this, I wish I had known all this, when I was in the hospital having issues, that there is a structure for safety and quality. I would have felt more confident to raise issues, knowing that the hospital has obligations and wants to improve”.



# Clinician Comment - GP

'Well Done! First time I've actually read a report all through!! Excellent format - well laid out, easy to read and interesting for professionals and lay people. The stories were good too and information easy to find.'



# Transparency

Women commented that the report was more transparent, honest and detailed in particular chapters.

They commented particularly on the tone in the chapters on safety and doctor's qualifications and that it started to answer the reader's questions.

Women were reassured by the balanced information and that the hospital reported publicly on areas for improvement, "I really admired that".



# Personalising the information

When asked what they most liked, women consistently highlighted the personal stories and that they read chapters relating to their own experience first. The first person story in the chapter on neonatal care was popular; they enjoyed reading it because “it wasn’t all rosy”.



# A trusted publisher?

Possibly more trusted than government!

Consumer focus groups were good at picking 'hospital spin' and 'what the government wanted'

Our transparency is welcomed – we report the good and 'not so good' and this is valued

We have a narrative about how we use data and how we try to improve quality and safety

We use as much benchmarked data as possible

We identify who we compare ourselves against, eg other Victorian hospitals, Women's Hospital's Australasia, international research or standards

# Strengths and limitations as public reporting



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## Strengths

Accessible and meaningful to consumers

Reports on contextualised and clinically meaningful data and issues of concern for consumers

Advances quality and safety in the hospital

Clinician and consumer engagement (over 70 contributors)

## Limitations

Data is selective in any one year

Reports on one hospital, not all data comparative

Pick up still a challenge

# Lessons



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Demonstrates that challenges of public reporting can be addressed

Reliant on available indicators, valid and credible comparative clinical indicators and on good data

Clinician engagement possible – willingness to publish

Can support clinical practice improvement

Public reporting to consumers needs a meaningful narrative and address issues of consumer concern and not just be a by-product of clinical or bureaucratic reporting

There is no single approach



# Where to from here?

Health service level reports complementary strategy to ????