The Performance Assessment Tool for quality improvement in Hospitals (PATH)

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Agenda

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    - Conceptual model
    - Unique features
  - Tools & steps
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  - Roles and responsibilities
  - Next steps

Part 1

Presentation of the project

1. 1 Context

Orientations of WHO EURO on hospital performance

- Clarify the concepts, gather the evidence and develop a balanced framework to enhance accountability and quality improvement through hospital performance assessment

  (PATH project)

- Support our 52 Member States in developing and designing their own tools for measuring and assessing hospital performance

  (Country support)

1.2 PATH Objectives

What PATH stands for

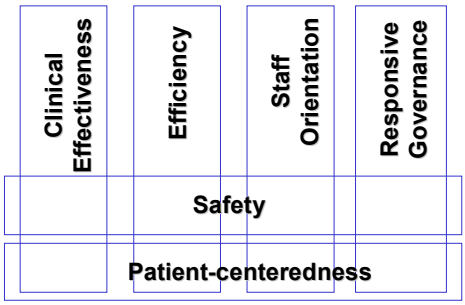
Support hospitals in

- assessing their performance,
- questioning their own results, and
- translating them into actions for improvement

BY

- Providing tools for performance assessment
- Enabling collegial support and networking among hospitals

1.3. Conceptual model



1.4. Key words

- Quality improvement tool
  - Ultimate goal :support hospitals in defining QI strategies by
    1) identifying area for further scrutiny
    2) sharing best practices
- International
  - Compare results to international reference points
  - International networking
  - Newsletter, listserver, international meetings
  - Share on data collection issues, results, best practices, quality improvement plan
- Independent

1.5. Unique features

- Comprehensive framework
  - Six interrelated dimensions of performance
- Support the move from measurement to quality improvement actions
  - Descriptive sheets
    - Background information to motivate the use of indicator and provide venues for interpretation
  - Balanced dashboard
    - Key message: Do not interpret indicators in isolation
  - Workshops within country to share results, interpret differences, compare practices

2. Steps & tools (the "4 M")

- **M**otivate
  Voluntary participation
- **M**easure
  Collect and compute
- **M**ake sense
  Assess & understand
- **M**ove
  Act for quality improvement

2.1. Motivate

Voluntary participation

- Need of a strong investment on:
  - Data collection
  - Making sense out of indicators
- Bottom- up vs top-down

2.2. Measure

- An indicator is
  - a measurable element that provides information about complex phenomenon (e.g. quality of care) which is not itself easily captured
- Key message: an indicator
  - provides information but not judgment
  - is not a direct measure (flag)
  - needs to be interpreted

Core set of performance indicators (1/2)

Patient centeredness

1. Cancelled surgical procedures
2. Score on patient perception/satisfaction questionnaire
3. Overall perception satisfaction
4. Interpersonal apects
5. Client orientation: information and empowerment; continuity

Responsive governance

6. Perceived continuity through patient survey
7. Women breastfeeding at discharge

Staff orientation

8. Training days and training budget
9. Budget dedicated to staff health promotion activities
10. Short and long-term absenteeism

Core set of performance indicators (2/2)

Clinical effectiveness

11. Rate of C-section delivery
12. Appropriateness of prophylactic antibiotic use
13. Rate of readmission for selected tracer conditions / procedures within the same hospital
14. Rate of admission after day surgery
15. Return to ICU for selected procedures/conditions

Safety

16. Mortality rates
17. Formal procedure to report and analyze sentinel events
18. Work-related injuries (percutaneous injuries)

Efficiency

19. Ambulatory surgery use
20. Length of stay for specific procedures
21. Average inventory in stock for pharmaceuticals
22. Wastage of blood products
23. Operating rooms unused sessions

2.2. Measure

- Information systems
  - Make the best out of current information systems
  - When data readily available in national central database, rely on it
  - If data not collected, Rule = simplicity
  - Side-product: PATH → identify potential for improvement in information systems
- Challenges:
  - Burden of data collection → pilot
  - Reliability: data quality control mechanisms?

2.2. Measure

- Data & indicators should not be overemphasized:

  It is only part of PATH framework:
  - PATH = opportunity to disseminate values such as innovativeness, adaptability to change, accountability towards patients or team working, for instance.
  - PATH = opportunity to enter an international benchmarking network
- Data quality
  - Perfect data may not be realistic
  - All data have its flaws – Not possible to eliminate but need to be aware
  - Self-reported judgement on data quality
  - No external control on data quality by WHO
  - Data quality will increase with its use
  - No judgement is made

2.3. Make sense

Main messages:

- Assess:

  Very few indicators can be used as conclusive judgments on level of performance

  ⇨ *Compare to....*
- Understand:

  Do not interpret in isolation

  ⇨ *Relate to...*

2.3. Make sense

Assessment (judgment)

Level of conclusiveness

- Reliability, validity and causation are building blocks that combine with each other to ascertain a degree of conclusiveness.
- Examples
  - Mortality = screening: lacks validity
  - Percutaneous injury = screening: lacks reliability
  - Training days = screening: lacks reliability
  - C-section rate = screening: lower or higher is better?
  - One-day surgery = quite conclusive indicator of efficiency

2.3. Make sense

Understand: *relate absenteeism to*

- Alternative measures

  e.g. stratify for professional categories, frequency of absenteeism, insurance claims
- Other performance indicators

  e.g. overtime or excessive hours, patient satisfaction with interpersonal
- Exogenous variables

  e.g. age and sex, staff ratios, loss of income in case of temporary leave, average vacancy rate in area
- Survey of quality practices

  e.g. strategies tackling health problems of employee, strategies improving motivation at work

2.3. Make sense

Tools :

Descriptive sheet
- Review of the literature
- Why was this indicator included?
  - Rationale for use
  - Validity & reliability
- How to interpret it? Give hints to start discussion
  - Potential reference points (professional norm)
  - Is higher or lower rate better?
  - Related indicators (in same or other dimension and expected direction of relationship)
  - Exogenous factors
  - Strategies to improve

& Balanced dashboard

2.3. Make sense

Tools : Balanced dashboard

Structure:

Drill – Embedded levels

Specific pages for specific user

1. Synthetic page: global view
2. Analytic pages: dimensions
3. Detailed pages: indicators

2.4. Move

- Quality improvement strategies
  - Self-assessment surveys
  - Compare process/ best strategies
  - Implement quality improvement actions
  - Follow-up on results
  - Build evidence

Part 2

Pilot-implementation

8 countries: Denmark, France, Belgium, Lithuania, Slovakia, Poland (Silesia), South Africa (Natal), Canada (Ontario)

50 hospitals

2.1. Objectives of the pilot

- **Assess**
  - Burden
    - On hospitals and coordination team
    - Training requirement, support material
    - Adverse outcomes?
  - Benefit
    - How is it used by hospitals?
    - Impact of the PATH project on
      - Information systems
      - Shared understanding of performance
- **Build success stories** (case-studies)
- **Revise PATH**
  - **Include / exclude indicators**
  - **Refine definitions**
  - **Propose strategy for implementation on a larger scale**
  - **Disseminate the project**

2.2.Roles and responsibilities

Key stakeholders

- Participating hospitals
  - Final users
- Coordination team
  - Management role
  - Technical support to hospitals
  - Safeguard for standard procedures
- Public
  - **Not directly involved**
  - **Not for public reporting**
- Central agency
  (e.g. governmental body, health insurance)
  - OK support initiatives
  - No direct control
- WHO office Barcelona
  - Technical support to coordination team
  - General management of the project

2.2.1.Coordination team

- **Job description**:
  Roles/responsibilities & skills required
  - **Leadership**:
    - Motivates hospitals to participate to PATH
    - Maximizes visibility of the PATH project
    - Safeguards the respect of the PATH philosophy
  - **Technical expertise:**
    - Supports uniform data collection (guidelines, training, workshop?)
    - Centralizes, cleans & aggregates data
    - Provides or delegates training in hospitals
  - **National management role:**
    - Training to understand, use, and make maximum use of indicators
    - Fosters comparison of practices
    - Centralizes and disseminates best practices

2.2.2. Participating hospitals

- **Job description**
  - Responsible for data collection and data quality control
  - Disseminate results within the organisation
  - Foster discussion of results and their use for quality improvement, within the organisation and with other participating hospitals
  - Investigate indicators with seemingly very high or very low values
  - Report quality improvement strategies to coordination team

2.2.2. Participating hospitals

- **Supportive context**
  - Strong institutional commitment
  - Large visibility, communication plan to all interested parties from the very beginning
  - Translates into specific budget?
  - One person/team responsible for leading the project must be identified
  - Integrated within quality department, if existing
  - Integrates other quality improvement strategies

2.2.4. WHO Regional Office for Europe

- Proposes to individual hospitals a tool for reporting the data collected
- Computes indicators, ensures basic statistical standardization of indicators, when appropriate (e.g. mortality rates)
- Designs dashboard templates, with collaboration of coordination team
- Produces dashboards for the participating hospitals
- Evaluates the tool for assessing hospital performance and facilitating quality improvement strategies

2.3. Calendar

-February '04	Participating hospitals identified and local coordinator appointed within each hospitals.
-Feb.–April. '04	Information within hospitals, data collection mechanisms set up
-May–Sept. '04	Data collection
-October '04	Data sent to coordination team in country
~~-Oct. 30, '04~~	Data sent to WHO Barcelona ⇒ Nov. 30 '04
-January '05	Individual dashboards sent to hospitals.
	Analysis of results within hospitals and workshop at national level organized
	Initiation of a benchmarking network in the country
-March '05	International Workshop in Barcelona to share experiences between all the countries and refine the project.

2.4. Next steps in Slovakia

- Inform & motivate within hospitals
- List of participating hospitals
- Design structure to support process at national and hospital level, including definition of roles and responsibilities (coordination team / working group,),
- Discuss tailored indicators: which one to include?
- Discuss operational definitions and data collection issues (including period of data collection) and adapt to Slovak context
- Identify sources of data for each indicator (which are already available? Where?)