

Department of Human Services

Effective Discharge Strategy Performance Indicator Audit

Overview and Comparative Results

July 2002

Introduction

As part of the Department's Effective Discharge Strategy, a suite of five performance indicators that reflect the phases of an effective discharge were developed, and the paper detailing these indicators – *Performance Indicators for Effective Discharge* – was launched in December 2000.

Four of the five indicators were implemented in all Victorian hospitals and multi-purpose services, hereafter referred to as 'health services' on 1 July 2001. The indicators implemented were:

1. Provision of Timely and Informative Risk Screening;
2. Commencement of the Preparation of a Discharge Plan;
3. Timely Notification of Community Providers; and
4. Provision of a Timely and Informative Discharge Summary.

The fifth indicator, *Follow-up of the Discharge Plan*, was not implemented.

It is important to recognise that the indicators are just one mechanism available to monitor and drive improvement of the quality of care in our health system. As such, they aim to complement existing quality initiatives, and they should be considered within the broader context of care within health services.

Along side the implementation of the performance indicators was the requirement for all health services to collect and report data pertaining to hospital performance against the indicators. Hospitals received funding in 2001-02 and 2002-03 through the Effective Discharge Strategy/Acute Health Quality Fund to assist them in this process.

Methodology

A random sample of patient records was drawn for each health service from the pool of eligible patients admitted between 1 October 2001 and 31 March 2002. A database was developed by the Department of Human Services and distributed to health services to facilitate the reporting of data against the indicators. The database automatically calculated all performance indicator scores and provided all relevant reports. A two-part manual that detailed how to use the database and provided the definitions and requirements around each of the performance indicators was also distributed with the database. All relevant information about the audit was distributed via a dedicated Internet site. Table 1 below provides the definitions for each of the performance indicator scores.

Table 1 Definitions of Performance Indicator Criteria

Indicator Score	Definitions
Timeliness Score – PIs 1 to 4	The number of separations adhering to the timeliness criteria for each indicator.
Content Scores – PIs 1 to 4	The number of separations adhering to the content criteria for each indicator.
Performance Indicator Score – PI 1 to 4	The number of separations adhering to both the timeliness and content criteria for each indicator.
Total Discharge Compliance Score	The percentage of eligible separations for whom the timeliness and content criteria components of each indicator were adhered to for all four performance indicators.
Total Hospital Effective Discharge Performance Indicator Score	The rate of compliance to both the timeliness and content criteria both within each indicator and across all four indicators (i.e. an average of the four PI scores).

Results

Comparative results for health services were calculated and reported against like hospitals. The database automatically calculates and reports individual hospital results. These were sent to the Department for further analysis. Comparative reports for like hospitals were calculated and those reports applicable to your health service are attached.

Overview

A statewide comparison was made between acute and sub acute services (Chart 1 below). The results show that while the Total Hospital Effective Discharge Performance Indicator Score (THEDPIS) was very similar for both types of services, there were variations in the performance levels between the individual indicators. While sub acute services achieved better results overall for risk screening, notification of community providers and the provision of a discharge summary compared to acute services, they did not perform as well in the preparation of a discharge plan. Acute hospitals also slightly out scored the sub acute services on the proportion of patients that achieved compliance to all four indicators (TDCS), although the scores for both types of health services was low for this score.

Chart 1: Effective Discharge Strategy 2002 Audit Overall Results for Acute and Sub Acute Services

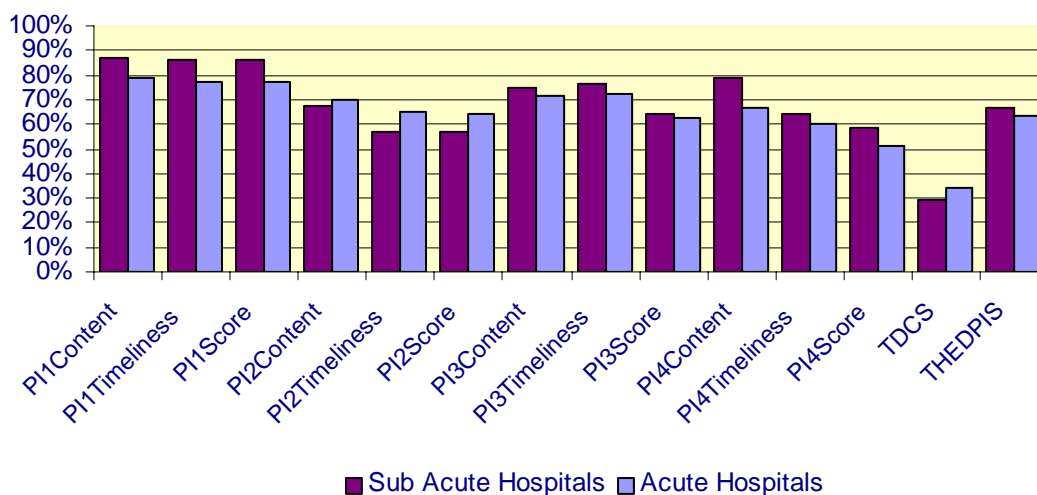


Chart 2 provides a comparison between metropolitan and rural acute health services. The results clearly show that rural hospitals are outperforming metropolitan hospitals on all dimensions. This includes the provision of a timely and informative discharge summary (PI4), which prompted considerable of debate prior to its implementation, particularly from the rural sector, over the achievability of this indicator. With 64 percent of rural hospitals achieving overall compliance to the timeliness component of PI4 (and many rural hospitals achieving individual scores of 80% to 100%), it appears that many hospitals have developed systems to overcome some of the barriers raised in relation to this indicator.

Risk screening appears to be well integrated into hospital practice by both rural and metropolitan health services with 81% and 65% compliance scores respectively. However, there remains significant room for improvement, particularly for metropolitan health services. Generally health services were more likely to achieve compliance to the content component of each of the indicators than the timeliness component, with the one exception being referrals to community providers. The low scores for the Total Discharge Compliance Score (TDCS) indicates that hospitals are not achieving compliance to the indicators in a consistent manner for individual patients (i.e. only 19% of patient records achieved compliance for all four indicators for the metropolitan hospitals and 38% for rural hospitals).

**Chart 2: Effective Discharge Strategy 2002 Audit Results
Acute Hospitals - Metropolitan and Rural**

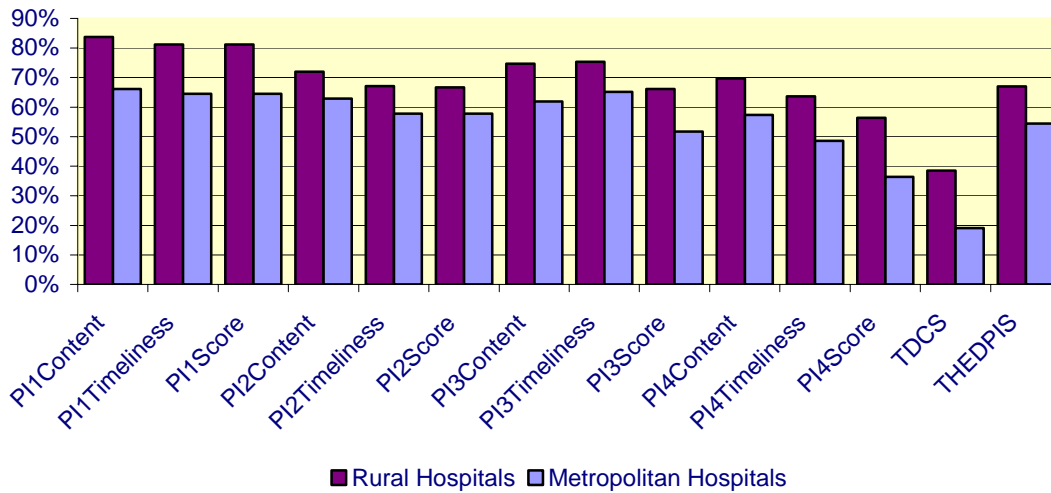
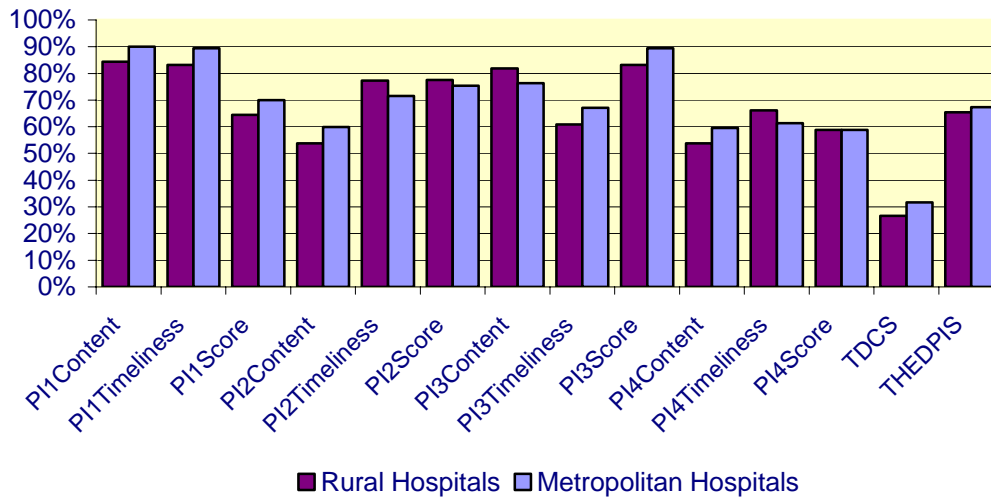


Chart 3 provides a comparison between metropolitan and rural hospital for sub acute services. Unlike the acute services, the metropolitan sub acute services outperformed the rural services in most areas, particularly in risk screening and timely notification of community providers. The provision of a timely and informative discharge summary is an area that both rural and metropolitan services need to address along with the content component of the discharge plan. The results for the TDCS again show that while the score for the individual indicators are good, services are not achieving compliance to the indicators in a consistent manner for individual patients (i.e. only 32% of patient records achieved compliance for all four indicators for the metropolitan hospitals and 27% for rural hospitals)

**Chart 3: Effective Discharge Strategy Audit Results
Sub Acute Hospitals - Metropolitan and Rural**



Conclusion

Overall health services in Victoria achieved commendable results in the audit. Given that this is the first such audit, health services have clearly begun to imbed the indicators in their documentation and discharge practices and processes. The results give a clear indication of areas that need further development. The preparation of a discharge plan that is both informative (provides a discharge date and destination) and timely is the area where health services are not achieving good performance, particularly the sub acute services.

Despite the good results achieved overall for each of the indicators, the low scores for the Total Discharge Compliance Score (TDCS) indicate that there are relatively few instances where health services are fully working through the discharge process with their patients. Metropolitan acute health services also need to address their poor performance in the provision of a discharge summary.

The Effective Discharge Strategy 2002 audit was significant in that it was the first audit against the discharge performance indicators implemented in hospitals on 1 July 2002. The development and the provision of a database to record the data and that would calculate and produce all necessary reports ensured the reliability and the validity of the results. The database was also developed for internal use by health services so that they may continue to monitor their performance at a ward and /or unit level that will assist ongoing quality improvement.