

Acute Health Division

Department of Human Services

# **EFFECTIVE DISCHARGE STRATEGY**

## **PERFORMANCE INDICATORS**

## **DEFINITIONS AND REPORTING GUIDE**

**2001/2002**

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## PERFORMANCE INDICATORS FOR EFFECTIVE DISCHARGE – DEFINITIONS AND REPORTING GUIDE

2001/2002

### Introduction

Effective discharge is a priority area for the Department of Human Services. 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 are to be implemented in all Victorian hospitals, sub-acute services and multi-purpose services, hereafter referred to as Health Care Organisations (HCO) on 1 July 2001. The indicators to be implemented are:

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*, requires further investigation of its feasibility before implementation.

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 HCOs.

Along side the implementation of the performance indicators is the requirement for all HCOs to collect and report data pertaining to hospital performance against the indicators. The purpose of this document is to detail what data needs to be collected and how it should be reported back to the Department. The method by which data is collected and collated should be determined by each individual HCO. The indicators aim to reflect what happens at a population level of the HCO rather than an individual level. Hospitals have, and will receive funding in 2001/02 through the Effective Discharge Strategy/Acute Health Quality Fund to assist them in this process.

### Calculating the Data

HCOs will be expected to collect data on a retrospective sample of eligible separations drawn from within a defined reporting period. Records to be audited will be drawn from the pool of eligible separations in the period of 1<sup>st</sup> October 2001 and March 31<sup>st</sup> 2002. Each HCO will be provided with the sample to be audited (identified by UR number) by the Department of Human Services no later than 21<sup>st</sup> June 2002 and reports must be returned to the Department by 21<sup>st</sup> July 2002.

To achieve compliance with each of the indicators it is mandatory that both the timeliness component and the content criteria (C.C.) component be adhered to for all eligible<sup>1</sup> patients. The Performance Indicator (PI) score is defined as the proportion of eligible separations for which both the timeliness and content criteria components were adhered to. This score will form part of the overall hospital discharge compliance score. Each section defines the specific denominator and numerator required for the calculation of the

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<sup>1</sup> For each of the performance indicators there are particular lists of separations that are either Inclusions or Exclusions. These are listed under the definitions for each of the indicators. Note that the exclusion '*Unqualified Neonate*' has been replaced with '*Other nursery accommodation or mother's bedside*'.

performance indicator scores. Further details of how to calculate each of the performance indicator scores can be found at Appendix A.

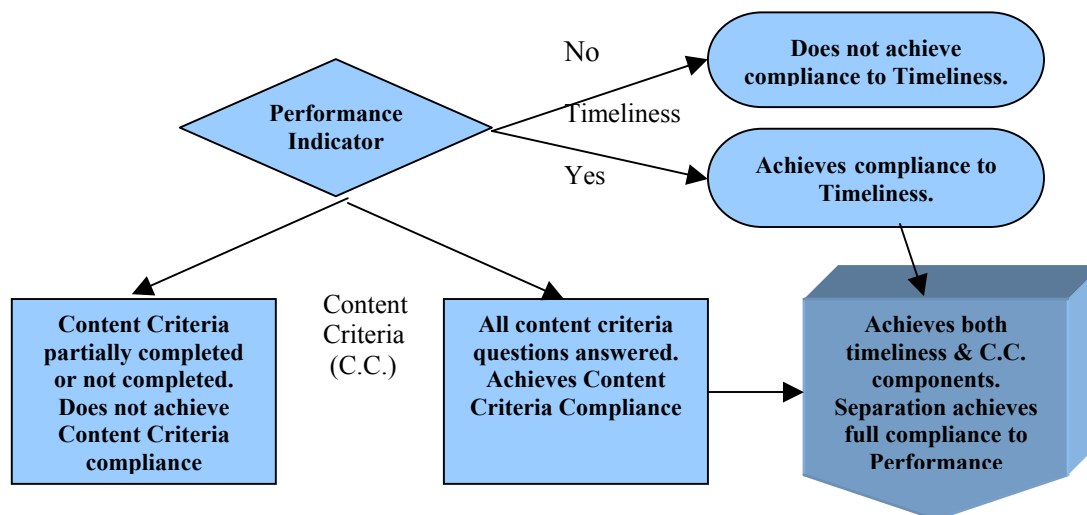
To calculate the scores for each of the indicators it will be necessary to collect data for all patient records in the sample. This data will need to be aggregated in such a way that the results will show the proportion of total eligible separations that achieve compliance to:

- a. The timeliness component
- b. The content criteria component and
- c. Both the timeliness and content criteria components.

Chart 1 below illustrates the pathway for achieving compliance to each indicator.

These scores should be recorded in the reporting format as set out in appendix B. Hospitals will be sent the details of the sample, reporting and data collection requirements, and the reporting format by the Department. It should be noted that it will be necessary to collect and report separate data for acute and sub-acute separations. It is anticipated that hospitals will be audited for data quality and reliability.

**Chart 1. Pathways for Compliance to Performance Indicators**



## Definitions

### 1. Performance Indicator 1 – Risk Screening

The objectives of risk screening are to flag patients who are most likely to require services, and to minimise the number of inappropriate referrals for community providers. To maximise the effectiveness of risk screening, it is essential that it be done in a timely manner. Risk screening should be done either pre-admission or on admission. The four questions that form the performance indicators risk screening tool are the minimum standard to be used by all HCOs.

#### Variation for paediatric patients to the content component

HCOs with a major responsibility for paediatric patients will need to submit a minimum set of criteria applicable to their population to the Department of Human Services for inclusion. This variation applies to The Royal Children’s Hospital, Monash Medical Centre (Clayton) & Sunshine Hospital.

**Definition:** *Paediatric patient refers to children age 14 or less [9] Neonates <= 4 weeks old have been excluded from the paediatric definition.*

## 1.1 Components

### (a) Timeliness Component

- **Acute Separations** - Risk screening completed by **Day One** following the admission date for all eligible admissions.
- **Sub-Acute Separations** - Risk screening completed by **Day Seven** following the admission date for all eligible admissions.
- **Definition:** - **Day Zero** is the date of admission as collected for the VAED.
  - **Day One** is the date following the date of admission.
  - **Day Seven** is the date seven days following the date of admission.

#### Data Elements - Timeliness Component

The information needed to determine the timeliness rate is:

- **Numerator** - Number of separations adhering to timeliness criteria for risk screening.
- **Denominator** - Total number of eligible separations for risk screening.

### (b) Content Criteria (C.C.) Component

The content component consists of the following four mandatory questions. The patient record should contain documentary evidence that the patient was asked the following minimum set of questions:

- C.C. 1 Patient likely to have self care problems
- C.C. 2 Patient lives alone
- C.C. 3 Caring responsibilities for others
- C.C. 4 Patient used services before admission.

#### Data Elements - Content Component

The information needed to determine the content criteria rate is:

- **Numerator** - Number of separations adhering to content criteria for risk screening.
- **Denominator** - Total number of eligible separations for risk screening.

### (c) Performance Indicator 1 (PI 1) Score

Satisfactory compliance with the performance indicator requires adherence to both the timeliness and content criteria.

The information needed to determine this performance indicator rate is:

- **Numerator** - Number of separations adhering to timeliness & content criteria for risk screening.
- **Denominator** - Total number of eligible separations for risk screening.

## 1.2. Inclusions and Exclusions for Eligibility

#### Inclusions

- Same day stay patients (VAED Accommodation Type 3)
- All multi-day stay patients (elective and emergency) (VAED Accommodation Type 1 or 2)
- Transfer to non-acute psychiatric unit (rehabilitation/continuing care/other care) (VAED Separation Type A)
- Transfer to other acute hospital/extended care/rehabilitation/geriatric centre (VAED Separation Type T)
- Transfer to nursing home (unless prior residence) (VAED Separation Type N)

**Exclusions**

All patients are potentially eligible except for the following groups:

- Emergency department stay only (VAED Accommodation Type 6)
- Admission to intensive care unit within one day of admission to hospital
- Statistical separations (VAED Separation Type 1, 2, 3, 4, 5, 6, 7, 8, or 9)
- Other nursery accommodation or mother's bedside. (VAED Accommodation Type B)
- Deaths (VAED Separation Type D)
- Acute psychiatric separations (VAED Separation Type A)
- Patients primarily requiring ongoing chemotherapy, radiotherapy or renal dialysis (DRG codes R63Z, R64Z, L61Z)
- Patients who leave against medical advice (VAED Separation Type Z)

For further information refer to the report *Performance Indicators for Effective Discharge*. See pages 17-20 for specific information relating to Risk Screening.

## 2. Performance Indicator 2 – Commencement of the Preparation of a Discharge Plan

Effective discharge planning includes preparing a plan for discharge. This process identifies and documents discharge strategies as part of an integrated planning process. Some important components of a discharge plan include the estimated date of discharge, the predicted destination of the patient on discharge, nominated discharge co-ordinator and documentation of actions, which parallel the components of the risk screen. Similarly, to maximise the effectiveness of a discharge plan, it is essential that it be commenced in a timely manner.

### 2.1 Components

#### (a) Timeliness Component

- **Acute Separations** - Commencement of preparation of the discharge plan should be completed by *Day Two* following the admission date for all eligible acute separations.
- **Sub-Acute Separations** - Commencement of preparation of the discharge plan should be completed by *Day Eight* following the admission date for all eligible sub-acute separations.
- **Definition:** - **Day Zero** is the date of admission as collected for the VAED.
  - **Day Two** is the date two days following date of admission.
  - **Day Eight** is the date eight days following date of admission

**Variation - For patients with a hospital length of stay of three days or less the commencement of the preparation of a discharge plan must be completed by the day prior to discharge.**

NB. Patients who are same day stay are excluded from this performance indicator.

#### Data Elements-Timeliness Component

The information needed to determine the timeliness rate is:

- **Numerator** - Number of separations adhering to timeliness criteria for the preparation of the discharge plan.
- **Denominator** - Total number of eligible separations for the preparation of the discharge plan.

## (b) Content Component

In order to achieve compliance to the Content Criteria component of Performance Indicator 2, all *three* mandatory criteria must be achieved. The following is a list of the relevant explicit mandatory criteria for this performance indicator:

- C.C.1 Predicted discharge date.
- C.C.2 Predicted discharge destination.
- C.C.3 Response to risk screen minimum criteria.

The discharge planning process is a series of well-defined steps with associated tasks and actions; the planning phase of discharge follows the risk screen and assessments. In order to achieve compliance to the first two content criteria, they must be recorded on the discharge plan. The third content criteria (C.C.3) – *Response to risk screen minimum criteria* – is an outcome response to the risk screen which should have been performed as part of Performance Indicator 1. In order to determine the appropriate response to this particular content criterion, it will be necessary to refer back to the risk screen. Chart 2 below illustrates the pathways to achieving compliance to this indicator. The numbers in the chart correspond to the numbered points following description. The steps to achieving compliance to the content criteria component for Performance Indicator 2 are as follows:

1. Discharge plan *indicates* a predicted discharge date – *achieves* compliance to C.C.1.
2. Discharge plan *does not indicate* a predicted discharge date – *does not achieve* compliance to C.C.1.
3. Discharge plan *documents* a predicted discharge destination – *achieves* compliance to C.C. 2.
4. Discharge plan *does not document* a predicted discharge destination – *does not achieve* compliance to C.C. 2.

It is at this point that the risk screen must be referred to. It is useful to recall the mandatory risk screening questions. They were:

- (i) Patient likely to have self care problems.
- (ii) Patient lives alone.
- (iii) Caring responsibilities for others.
- (iv) Patient used services before admission.

In order to provide a response to content criteria 3 (C.C. 3), it is necessary to ascertain whether or not the risk screen was actually done.

5. Patient has *not* been risk screened – *does not achieve* compliance to C.C.3.

Second, it is also useful to define the terms used to describe the risk screen outcome. All questions require a Yes/No response. If the answer to *all four* questions is ‘No’ then the patient is deemed to have recorded a NEGATIVE risk screen and no further assessment is required.

6. Patient *has* been risk screened but *does not* require further assessment (deemed to be a negative risk screen) - *achieves* compliance to C.C.3.

Should the response be a ‘Yes’ to *any one or more* of the questions, then it *may* mean that the patient has recorded a POSITIVE risk screen. A positive risk screen is defined as follows:

- A positive response to any *one* of the risk screen questions (i), (iii) or (iv); or
- A positive response to risk screen question (ii) (Patient lives alone) *and* is over 70 years; or
- A positive response to risk screen question (ii) (Patient lives alone) *plus* any one of risk screen questions (i), (iii) or (iv).

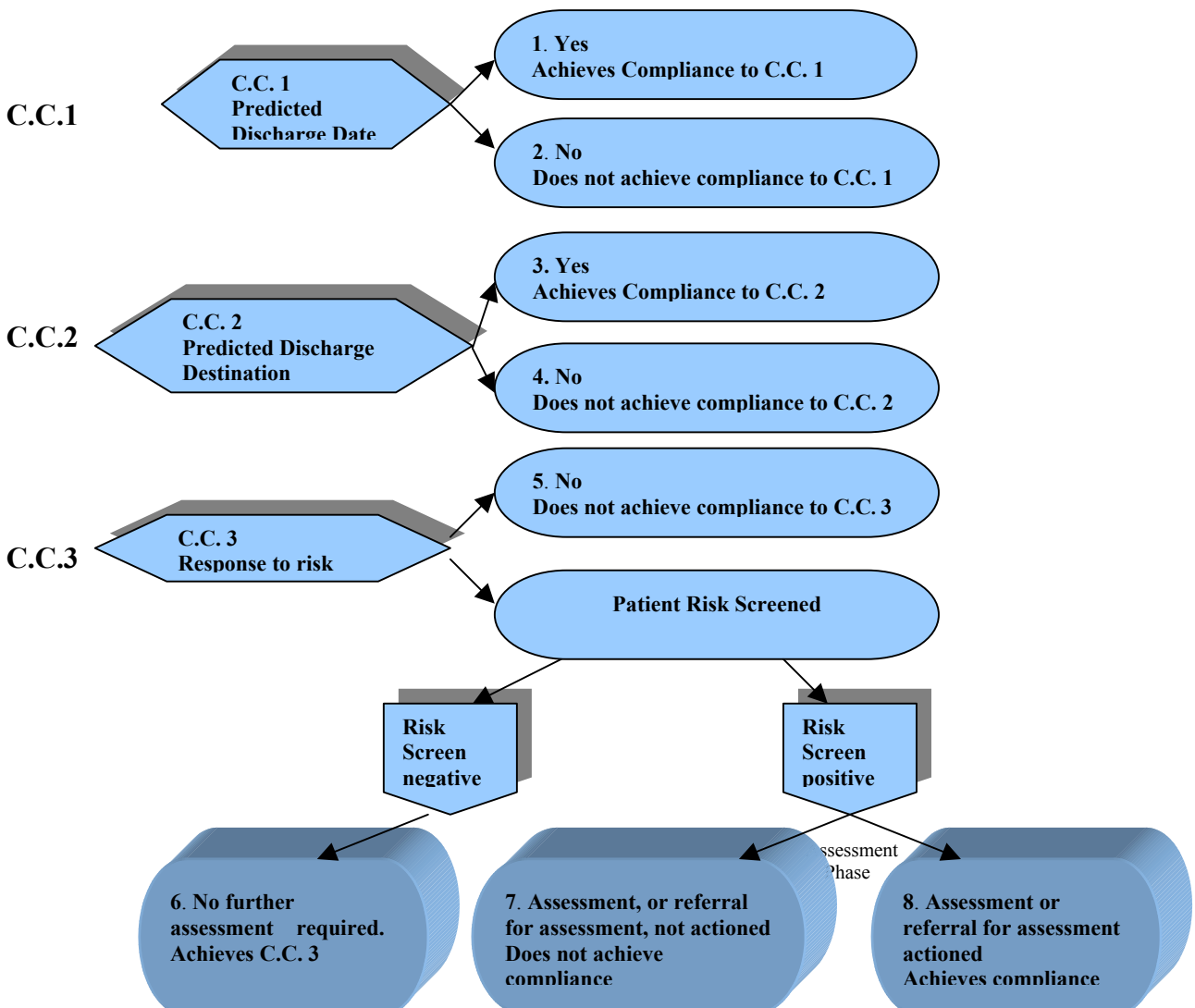
An example of a response to address the positive risk screen could be a referral to another hospital staff member/health professional. (Should the only response be a ‘Yes’ to question (ii) – *Patient lives alone* – but the patient is less than 70 years, then it is appropriate to document that no further assessment is required). Another example might be that if the patient scored a positive response to *patient likely to have self-care problems*, then there should be documented evidence of the action taken to plan for this risk screen question. An action may be that the patient is referred for further assessment, or that it is documented in the file that no further assessment is required (with reasons why). Therefore, there are two possible outcomes in regards to content criteria 3. These are:

7. Patient *has* been risk screened, but *has not* been referred for further assessment (where this action should have been taken) - *does not* achieve compliance to C.C.3
8. Patient *has* been risk screened and *has* been referred for further assessment or further assessment is deemed not required (and this decision is documented in the patient record) - *achieves* compliance to C.C.3

To achieve compliance to the content criteria component for this indicator the discharge plan must contain a predicted discharge data and destination and there must be clear, documented evidence of an acceptable response to minimum risk screen criteria. The chart below sets out the pathways to achieving compliance to the content criteria component of performance Indicator 2.

### Chart 2. Pathway for Content Criteria (C.C.) Component

NB. The numbers in the chart correspond to the numbered points in the above description.



### Data Elements-Content Component

The information needed to determine the content criteria rate is:

- **Numerator** - Number of separations adhering to content criteria for the preparation of the discharge plan.
- **Denominator** - Total number of eligible separations for the preparation of the discharge plan.

### (c) Performance Indicator 2 (PI 2) Score

The information needed to determine this performance indicator rate is:

- **Numerator** - Number of separations adhering to timeliness & content criteria for the preparation of the discharge plan.
- **Denominator** - Total number of eligible separations for the preparation of the discharge plan.

## 2.2. Inclusions and Exclusions for Eligibility

### Inclusions

- All multi-day stay patients (elective and emergency) (VAED Accommodation Type 1 or 2)
- Transfer to non-acute psychiatric unit (rehabilitation/continuing care/other care) (VAED Separation Type A)
- Transfer to other acute hospital/extended care/rehabilitation/geriatric centre (VAED Separation Type T)
- Transfer to nursing home (unless prior residence) (VAED Separation Type N)

### Exclusions

All patients are potentially eligible except for the following groups:

- Emergency department stay only (VAED Accommodation Type 6)
- Admission to intensive care unit within one day of admission to hospital
- Statistical separations (VAED Separation Type 1, 2, 3, 4,5, 6, 7, 8, or 9)
- Other nursery accommodation or mother's bedside. (VAED Accommodation Type B)
- Deaths (VAED Separation Type D)
- Acute psychiatric separations (VAED Separation Type A)
- Patients primarily requiring ongoing chemotherapy, radiotherapy or renal dialysis (DRG codes R63Z, R64Z, L61Z)
- Patients unwilling to participate
- Same day stay patients (VAED Accommodation Type 3)

For further information refer to the report *Performance Indicators for Effective Discharge*.

See pages 21-25 for specific information relating to the Commencement of the Preparation of a Discharge Plan.

## 3. Performance Indicator 3 – Timely Notification of Community Providers

The importance of communication with community providers as an element of discharge planning is an important phase in the continuum of care and there is an identified need for hospitals to consider this issue prior to discharging patients. This indicator shows the proportion of patients, having been identified as needing a referral to a community provider, who are actually referred. Whilst this is not a perfect measure for this indicator as there will no doubt be patients who will need a community provider referral who do not receive one (for example because a risk screen was not done, or the referral for assessment was not actioned), this is still a useful indicator.

Where there are referrals to more than one community provider, all referrals should adhere to the timeliness and content criteria. Where this is not done, compliance to the indicator will not have been achieved.

### 3.1 Components

#### (a) Timeliness component

Notification occurs at least two days prior to patient separation date.

- **Definition:** - Date of separation is the date of separation as collected for the VAED.
  - Two days prior, is the date two days prior to the date of separation.

**Variation - For patients with a hospital length of stay of 3 days or less notification of community providers must be completed by the day prior to discharge.**

N.B. patients who are same day stay are excluded from this performance indicator.

#### Data Elements- Timeliness Component

The information needed to determine this performance indicator rate is:

- **Numerator** - Number of separations for whom community providers were notified within two days prior to the separation date.
- **Denominator** - Total number of eligible separations with referral to community providers.

#### (b) Content Component

The following is the list of the relevant explicit criteria for this performance indicator. To achieve compliance with this content component, there is a mandatory requirement to adhere to all of the criteria. If a referral contains all the content criteria stipulated then it is acceptable.

- **Definition of community providers:** Community providers are any services deemed by the hospital to be necessary to a patient post-discharge. They may include: district nursing services, community nursing services, community health, home and community care providers (e.g. Community Health Centres, district nursing, HACC), post acute care (PAC) or residential care inclusive of Aged residential care and community residential units, or any other relevant and appropriate service.
- **Definition of notification:** Notification refers to contacting the community providers by e-mail, fax, telephone call or face to face. Documentary evidence of notification must be present irrespective of whether the notification is via direct communication with community providers or via a non-direct method (i.e. fax or email). In all instances the patient record should contain the following details in relation to the notification:
  - (i) the community provider (e.g. district nursing).
  - (ii) the method of notification (e.g. telephone call, face-to-face).
  - (iii) the demographic information that has been given. i.e.: the patient's name, hospital identifier and date of birth.
  - (iv) the details of a nominated health professional hospital or delegate responsible for any further information to the community provider (this should include a name and a position title).
  - (v) the predicted discharge date.
  - (vi) *for phone or face-to-face contact*, there should be documentary evidence that notification has been received by the community provider, including contact name, position title, and name of service provider (e.g. RN Mary Smith from RDNS accepted referral from RN Jane Smythe from the HCO ).

### **Data Elements – Content Component**

The information needed to determine this performance indicator rate is:

- **Numerator** - Number of separations adhering to content criteria for Notification of Community Providers.
- **Denominator** - Total number of eligible separations with referral to community providers.

### **(c) Performance Indicator 3 (PI 3) Score**

The information needed to determine this performance indicator rate is

- **Numerator** - Number of separations adhering to timeliness & content criteria for the notification of community providers.
- **Denominator** - Total number of eligible separations with referral to community providers.

## **3.2. Inclusions and Exclusions for Eligibility**

### **Inclusions**

- All multi-day stay patients (elective and emergency) (VAED Accommodation Type 1 or 2)
- Transfer to nursing home (unless prior residence) (VAED Separation Type N)

### **Exclusions**

All patients are potentially eligible except for the following groups:

- Emergency department stay only (VAED Accommodation Type 6)
- Admission to intensive care unit within one day of admission to hospital
- Statistical separations (VAED Separation Type 1, 2, 3, 4,5, 6, 7, 8, or 9)
- Other nursery accommodation or mother's bedside. (VAED Accommodation Type B)
- Deaths (VAED Separation Type D)
- Acute psychiatric separations (VAED Separation Type A)
- Patients primarily requiring ongoing chemotherapy, radiotherapy or renal dialysis (DRG codes R63Z, R64Z, L61Z)
- Patients unwilling to participate– i.e. does not provide consent
- Same day stay patients (VAED Accommodation Type 3)
- Transfer to other acute hospital/extended care/rehabilitation/geriatric centre (VAED Separation Type T)
- Transfer to non-acute psychiatric unit (rehabilitation/continuing care/other care) (VAED Separation Type A)
- Patients who leave against medical advice (VAED Separation Type Z)

## **4. Performance Indicator 4 – Provision of a Timely and Informative Discharge Summary**

Completing a discharge summary is seen as the endpoint of documentation relating to an in-patient episode of care. The summary provides essential information to inform the general practitioner about the patient's health status on discharge from hospital and provides information needed to manage their ongoing care. It should be noted that the discharge summary can be completed by any nominated hospital staff member or electronically, and although a clinician will generally sign the summary, this may vary according to individual hospital protocol.

## 4.1 Components

### (a) Timeliness component

The discharge summary is dispatched to the patient's nominated general practitioner within one day following separation.

- **Definition:** - Date of separation is the date of separation as collected for the VAED.  
- One day following separation is the next date following the date of separation.

#### Data Elements- Timeliness Component

The information needed to determine this performance indicator rate is

- **Numerator** - Number of separations for whom a discharge summary was dispatched to the patient's nominated GP within one day of discharge.
- **Denominator** - Total number of eligible separations for the provision of a timely and informative discharge summary.

### (b) Content component

The following is the list of the relevant explicit criteria for this performance indicator. To achieve compliance with this content component, there is a mandatory requirement to adhere to all of the criteria. The discharge summary contains information as listed below:

- Basic demographic information. This includes: (i) the patient's name, hospital identifier and date of birth (ii) the hospital name, unit and the contact number of doctor for further information (iii) the general practitioner's details.
- Relevant clinical information (the discharge diagnosis, admission and discharge dates, discharge destination, and relevant list of investigations).
- Medication (i.e. complete list of current medication).
- Follow-up (i.e. unreported pathology results, scheduled outpatient appointments, specific instructions or requests for the general practitioner to action).

**Definition of dispatch:** - Dispatch is the release of the discharge summary to the nominated general practitioner by the HCO within the stipulated timeliness component. The dispatch mechanism can be by facsimile, email, or post (either internal or external). Dispatch includes the date and the mechanism by which the discharge summary was forwarded.

**Definition of compliance:** - Compliance requires documentary evidence relating to each of the elements listed.

#### Variation in the event a general practitioner is not nominated

In the situation where a patient has not nominated a general practitioner a discharge summary is considered dispatched if it is given to the patient.

#### Data Elements – Content Component

The information needed to determine this performance indicator rate is:

- **Numerator** - Number separations adhering to content criteria for the provision of a timely and informative discharge summary.
- **Denominator** - Total number of eligible separations for the provision of a timely and informative discharge summary.

### (c) Performance Indicator 4 (PI 4) Score

The calculated rate for the performance indicator must incorporate both aspects of the indicator. Satisfactory compliance with the performance indicator requires adherence to both the timeliness and content criteria.

The information needed to determine this performance indicator rate is:

- **Numerator** - Number of separations adhering to timeliness & content criteria for the provision of a timely and informative discharge summary.
- **Denominator** - Total number of eligible separations for the provision of a timely and informative discharge summary.

### 4.2. Inclusions and Exclusions for Eligibility

#### Inclusions

- Same day stay patients (VAED Accommodation Type 3)
- All multi-day stay patients (elective and emergency) (VAED Accommodation Type 1, or 2)
- Transfer to nursing home (VAED Separation Type N)

#### Exclusions

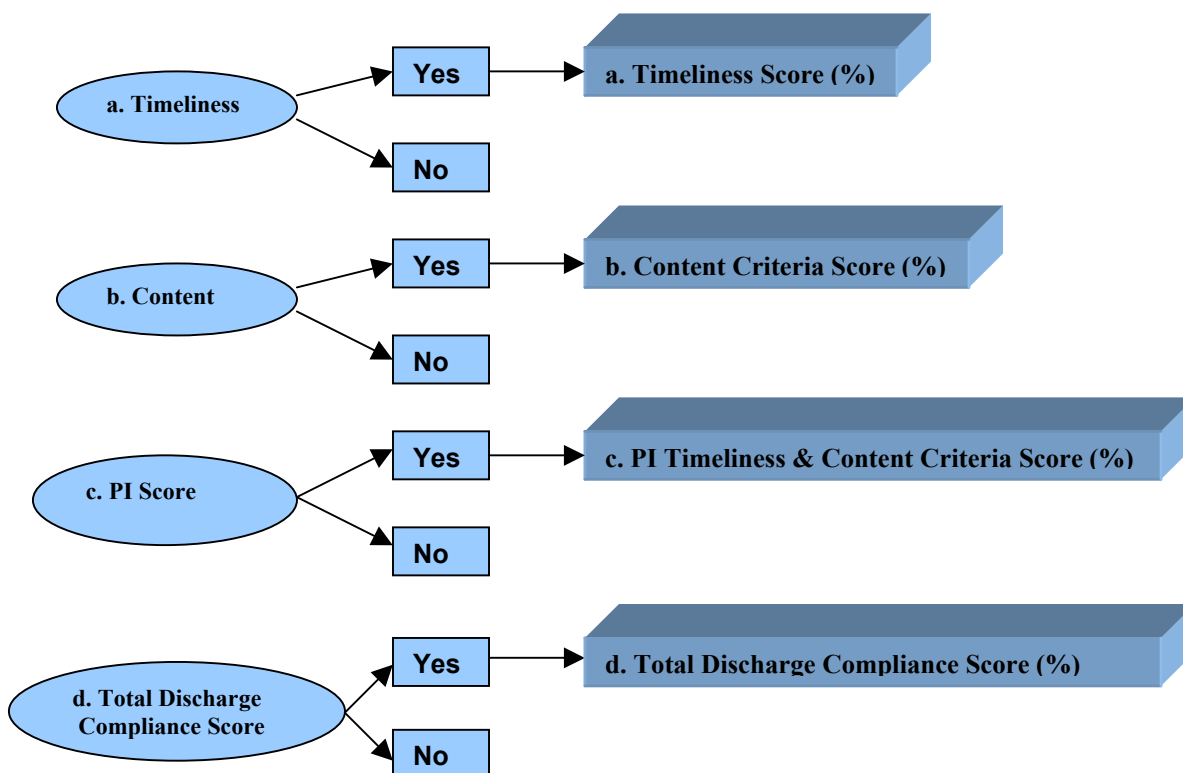
All patients are potentially eligible except for the following groups:

- Emergency department stay only (VAED Accommodation Type 6)
- Admission to intensive care unit within one day of admission to hospital
- Statistical separations (VAED Separation Type 1, 2, 3, 4,5, 6, 7, 8, or 9)
- Other nursery accommodation or mother's bedside. (VAED Accommodation Type B)
- Deaths (VAED Separation Type D)
- Acute psychiatric separations (VAED Separation Type A)
- Patients primarily requiring ongoing chemotherapy, radiotherapy or renal dialysis (DRG codes R63Z, R64Z, L61Z)
- Patients unwilling to participate– i.e. does not provide consent
- Transfer to other acute hospital/extended care/rehabilitation/geriatric centre (VAED Separation Type T)
- Transfer to non-acute psychiatric unit (rehabilitation/continuing care/other care) (VAED Separation Type A)
- Patients who leave against medical advice (VAED Separation Type Z)

## Appendix A

### 5. Calculations and Reporting Format.

All performance indicators (PI) have a timeliness and content criteria score that is dependent on achieving compliance to the particular components that applies to each of the indicators. The chart below demonstrates the pathways for achieving each of the scores.



#### 5.1. Data Elements-Components

##### (a) Timeliness Component

The timeliness rate is calculated in the same way for all four performance indicators. The details of the denominator and numerator for each of the indicators is located under the individual performance indicator. The method for determining the performance indicator timeliness rate is:

**Numerator** - Number of separations adhering to timeliness criteria.

**Denominator** - Total number of eligible separations.

The timeliness rate is calculated by dividing the numerator by the denominator and multiplying by 100.

$$\frac{\text{i.e. Number of separations adhering to timeliness criteria}}{\text{Total number of eligible separations}} \times 100$$

**(b) Content Component**

The content criteria rate is calculated in the same way for all four performance indicators. The details of the denominator and numerator for each of the indicators is located under the individual performance indicator. The method for determining the performance indicator content criteria rate is:

**Numerator** - Number of separations adhering to content criteria.

**Denominator** - Total number of eligible separations.

The content rate is calculated by dividing the numerator by the denominator and multiplying by 100.

$$\frac{\text{i.e. Number of separations adhering to the content criteria}}{\text{Total number of eligible separations}} \times 100$$

**(c) Performance Indicator Score**

The calculated rate for the performance indicator must incorporate both aspects of the indicator. Satisfactory compliance with the performance indicator requires adherence to both the timeliness and content criteria. The performance indicator score is calculated in the same way for all four performance indicators. The details of the denominator and numerator for each of the indicators is located under the individual performance indicator. The method for determining the performance indicator score is:

**Numerator** - Number of separations adhering to both timeliness & content criteria.

**Denominator** - Total number of eligible separations.

The content rate is calculated by dividing the numerator by the denominator and multiplying by 100.

$$\frac{\text{i.e. Number of separations adhering to both timeliness and content criteria}}{\text{Total number of eligible separations}} \times 100$$

**(d) Total Discharge Compliance Score**

The calculated rate for the Total Discharge Compliance score incorporates all performance indicators. It is the percentage of eligible separations for whom the timeliness and content criteria components of each indicator were adhered to for **all four performance indicators**. The method for determining the total performance indicator rate is:

**Numerator** - Number of separations adhering to all performance indicators (i.e. achieved both timeliness and content criteria compliance for all indicators).

**Denominator** - Total number of eligible separations.

The total discharge compliance rate is calculated by dividing the numerator by the denominator and multiplying by 100.

$$\frac{\text{i.e. Number of separations achieving compliance to all PIs}}{\text{Total number of eligible separations}} \times 100$$

**(e) Hospital Effective Discharge Performance Indicator Score**

This is a single score that will be given to all hospitals indicating the rate of compliance to both the timeliness and content criteria both within each indicator and across all four indicators. To calculate this score, the score for each of the performance indicators, then divided by 4.

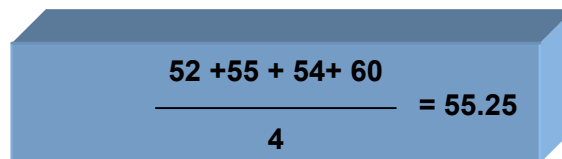
$$\frac{PI\ 1 + PI\ 2 + PI\ 3 + PI\ 4}{4}$$

**Example of calculating the total effective discharge hospital performance indicator score**

If a hospital achieved the following results:

<b>PI 1 Score</b> = 52	<b>PI 2 Score</b> = 55%	<b>PI 3 Score</b> = 54	<b>PI 4 Score</b> = 60%
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The Total Effective Discharge Hospital Performance Indicator Score would be:



$$\frac{52 + 55 + 54 + 60}{4} = 55.25$$

The Total Effective Discharge Hospital Performance Indicator Score, in this scenario, is 55.25.

## Appendix B

### 6. Reporting Requirements

As part of the reporting requirements for the Effective Discharge Performance Indicators, all hospitals are required to collect data for all eligible separations for the specified reporting period. At the completion of the data collection phase, all hospitals will be required to calculate timeliness, content, and performance indicator scores for each indicator, in addition to an overall hospital performance score.

All HCOs will be allowed the first 3 months post implementation (1<sup>st</sup> July to 30<sup>th</sup> September 2001), to develop the necessary systems for data collection and reporting. Hospitals will be required to report data based on a retrospective sample of eligible patient records.

- Hospitals will be provided with the UR numbers and separation dates of the records to be audited.
- The reporting period for 2001/2002 will be 1<sup>st</sup> October 2001 to 31<sup>st</sup> March 2002.
- Hospitals will be provided with a random sample of eligible patient records by 21<sup>st</sup> June 2002 by the Department.
- Sample size will be dependent on individual HCO separations during the 6 month period and will be sufficient to provide statistically significant, hospital level data for each HCO.
- Hospitals must provide reports to the Department by 21<sup>st</sup> July 2002.
- Reports must be reported on both the *pro forma* attached to this document in addition to an electronic copy on the Excel database file that will be sent to HCOs in July 2001.
- A separate report should be submitted for acute and sub-acute separations (where applicable).

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## Report - Effective Discharge Performance Indicator Scores

### Acute Separations

Name of Hospital: \_\_\_\_\_

Reporting Period: \_\_\_\_\_ to \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

#### Performance Indicator 1 – Risk Screening

A. Timeliness Score:  %

B. Content Criteria Score:  %

C. PI 1 Score:  %

#### Performance Indicator 2 – Commencement of the Preparation of a Discharge Plan

A. Timeliness Score:  %

B. Content Criteria Score:  %

C. PI 2 Score:  %

#### Performance Indicator 3 – Timely Notification of Community Providers

A. Timeliness Score:  %

B. Content Criteria Score:  %

C. PI 3 Score:  %

#### Performance Indicator 4 – Provision of a Timely and Informative Discharge Summary

A. Timeliness Score:  %

B. Content Criteria Score:  %

C. PI 4 Score:  %

#### Total Discharge Compliance Score

D. Total Discharge Compliance Score:  %

#### Total Hospital Effective Discharge Performance Indicator Score

E. Total Hospital Effective Discharge Performance Indicator Score:  %

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## Report - Effective Discharge Performance Indicator Scores

### Sub-Acute Separations

Name of Hospital: \_\_\_\_\_

Reporting Period: \_\_\_\_\_ to \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

#### Performance Indicator 1 – Risk Screening

A. Timeliness Score:  %

B. Content Criteria Score:  %

C. PI 1 Score:  %

#### Performance Indicator 2 – Commencement of the Preparation of a Discharge Plan

A. Timeliness Score:  %

B. Content Criteria Score:  %

C. PI 2 Score:  %

#### Performance Indicator 3 – Timely Notification of Community Providers

A. Timeliness Score:  %

B. Content Criteria Score:  %

C. PI 3 Score:  %

#### Performance Indicator 4 – Provision of a Timely and Informative Discharge Summary

A. Timeliness Score:  %

B. Content Criteria Score:  %

C. PI 4 Score:  %

#### Total Discharge Compliance Score

D. Total Discharge Compliance Score:  %

#### Total Hospital Effective Discharge Performance Indicator Score

E. Total Hospital Effective Discharge Performance Indicator Score:  %