

Quality of Care Reports

Feedback from Health Services

The Royal Women's Hospital
Mary Draper
Director, Clinical Governance

Overview

- Presentation of data
 - Accompanied by commentary
 - Understandable to a lay reader
 - Explains what the indicator measures
 - How the figures should be interpreted
 - How indicators are used within the organisation
 - Involvement of consumers in reviewing data
- Lessons learned

Purpose

- to give a transparent public account of the quality of care at The Royal Women's Hospital
- to provide women and public with relevant information so that they are more fully informed about our clinical performance and the processes and systems that we have in place to constantly improve the quality and safety of care
- to enable women to be active participants and decision-makers about their own health care.

Content design decisions

- The Report is designed around how women use the hospital, not how we organise the hospital. This decision was made in discussions with the Community Advisory Committee.
- The Report is based on a number of 'community principles' which emerged from consultation with over 1000 women about the redevelopment of the hospital. This suggestion came from the Community Advisory Committee.

Deciding what to report

- We spelt out the detail from the community consultation about what issues made up the 'community principles', from cultural and religious respect through to specialist care and research, and looked for evidence relating to those issues.
- We listed all the clinical/performance indicators/audit data that we knew were collected across the hospital.
- We combined these lists and created the detailed report plan from these sources and the framework

Clinical indicators

- Maternity Services have a set of performance indicators that involved consideration of evidence and consultations with clinicians and consumers
- The set includes clinical and consumer issues
- Breast cancer indicators are similar, although more process oriented
- There is lots of research and consultation about what matters to consumers, eg pain, access, discharge etc to draw on as well as local information

Presentation of data

- We try to mix visuals, various graphs, pie charts, tables, colour and text
- For the key indicators, we show how these change over time
- We try to pose some of the indicators from a consumer point of view, eg what are the chance I will get a wound infection, have a caesarean section, have a normal labour for my first birth, is surgery safe?

Data that is understandable

- How do we do this?
 - Working out how to understand the data ourselves
 - Writing to a lay audience
 - Using plain English
 - Having lay readers, members of the Community Advisory Committee (and any-one else who will! – fathers, partners etc) reading drafts and commenting
 - Using consumer feedback from earlier reports
 - Rewriting!
 - I think of it as a conversation

The audience

- women and their families using the hospital
- the communities who look to the hospital for services
- those with an interest and concern about women's health
- the 'public interest'
- general practitioners who refer women and community agencies
- professional colleagues
- our own staff

What the indicator measures?

- This can be really challenging – we have to strike a balance between explanation, ‘textiness’ and length
- Sometimes we make a lengthier document available on the website, eg an infection control report
- We consult over and over again with the clinicians who give us the data to make sure that the lay explanation is a correct interpretation

The standard primiparae!

- A 'standard primipara' is a woman who is 20 to 34 years of age, giving birth for the first time, with no complications and carrying a single pregnancy at full term (37 to 41 complete weeks). Her baby is not small and the baby's head is down.
- The intervention and complication rates for this group of women should be low. By reducing the number of 'standard primiparae' who have induced labour, the number of women having caesarean sections may be reduced.

Example of infection control

- We have available
 - Infection rates over time
 - Comparisons with international studies and US data
 - VICNISS data on groups of patients in particular risk groups
 - Data on key contributing practices, eg preventative antibiotics before surgery
- We publish the 'headlight' data and put the rest on the web for those with particular interest

Interpretation of figures

- We say what the indicators show us, eg
 - ‘This shows us that, based on pain scores, we are successfully reducing women’s pain after child birth’
 - Waiting times in antenatal clinic – ‘this is marginally better than last year , but there is still room for improvement’
 - ‘We are aiming for a rate of 10%’
- We try to leaven this with women’s stories and try to show how indicators matter

It's not always easy!

- Chronic lung disease is a general term for long-term breathing problems in premature babies. It results from lung injury to newborns who must use a mechanical ventilator and extra oxygen for breathing. Babies who were born at less than 32 weeks, who still need breathing help at 36 weeks, need to be checked for lung disease. The proportion of very premature babies in the unit affects the rate of chronic lung disease. We need to analyse our results for chronic lung disease to see what the increase means and we will report on these figures again next year

Do women follow all this?

- Our feedback from focus groups, which we are about to repeat, is that while our report looks daunting at first sight, it is very interesting and much easier to follow than it looks at first
- We assume that some women will be most interested in the parts that refer to them, eg maternity, gynaecology, prematurity
- A mistake in our 2003 report in a 20 row table on survival rates by weeks gestation was picked up by several readers

Use of indicators

- We try to convey how we use indicators to improve our care
 - identifying how we use to data to work out what we need to improve, post partum haemorrhage for normal vaginal birth, caesarean section for first birth
 - Identifying who we compare ourselves against, eg other Victorian hospitals, Women's Hospital's Australasia, international research
 - Identifying how we will respond to the data, eg additional technical training and support for doctors
 - Providing graphs of our results over time
 - Commenting on the good and the 'not so good'

Clinicians involvement

- We could not publish what we do without the input, collaboration and consent of clinicians
- Early engagement of clinicians in the report and providing data
- Continually putting drafts back for consultation and editing – is this correct, is that what you mean?
- Putting drafts back – are you happy to have this published?

Consumer review of data

- Involvement of consumers in setting the overall framework and the yearly themes
- Actively informing consumers and using this to engage in a conversation
- Being able to lever off performance indicators with consumer involvement in their development, eg maternity, breast cancer
- Building on what matters to clinicians and what matters to consumers
- Using consumer readers and commentary

Lessons Learned

- The 2003 report was a lot of work to establish the framework and process but we now have a system based on the project management of the 2003 report and the last two reports came together increasingly easily
- The Report needs the backing of the Quality and Safety Committee and the Executive
- It is a dialogue – the clinicians and the Community Advisory Committee have to be on board
- You have to be a data/evidence hunter and gatherer
- People across the hospital are very keen to be in the Report and so we get very good input and cooperation – the price of entry is data/audit
- You need heaps of time for editing, with multiple readers

Side effects

- The Report is an important internal driver for quality and safety, for valuing data and using indicators to improve care
- The Quality of Care Report is regarded as our most substantive report and is used to provide information about the hospital