Department of Health

health

Guide for redesign measures for improvement for specialist clinics

Redesigning Hospital Care Program

State Government Victoria

How will this guide help you?

This guide is one of a series of documents that the Redesigning Hospital Care Program has developed to assist health services to select appropriate measures for their redesign work. This guide focuses on specialist clinics. It provides:

- detailed and high level specialist clinic process maps
- a variety of possible measures for assessing the effectiveness of specialist clinics process redesign.

This guide is not a stand alone document or a 'how-to' manual. It provides a suite of measures that health services can choose to use, depending on their specific needs and priorities. It is designed to be used in the context of a comprehensive redesign and change management framework and in conjunction with advice from the health service's redesign team. It is recommended that this guide be used in combination with 'Measurement for Improvement', which is the introductory guide in this series.

The guide outlines measures for health services to use as part of their quality improvement activities. These measures are not intended for use by the Department of Health.

Who will benefit from using this guide?

This guide is designed for use by multidisciplinary health service staff, who may or may not be new to process redesign, to improve the care and experience of patients requiring specialist clinic services.

Why are measures important?

Measurement is an essential step in process redesign. It provides an external and objective template against which to assess the impact of process improvement. Measurement issues need to be thought about at the beginning of a process improvement program, not when the program is running or complete. Measures can be used throughout the life of a project to:

- identify and prioritise areas for improvement
- develop a base line against which to measure change
- track the impact of redesign
- demonstrate results at the end of the project.

How do I select measures?

No two specialist clinics are exactly the same. A well-structured diagnostic phase is necessary to ensure the focus of an improvement program is clear and that appropriate measures are selected. There are three viewpoints from which to assess the benefits of redesign work. The view points are complimentary to ensure multiple goals are met:

- The patient view point (feedback/satisfaction): have the safety, quality, access, acceptability and outcomes of care improved?
- The staff view point (feedback/satisfaction): are care processes more acceptable for the staff, and is staff time being used more efficiently and effectively?
- The organisational view point: does the improvement program align with institutional priorities, and has progress been made on those priorities?

The role of specialist clinics

Specialist clinics provided by public hospitals are part of the continuum of care for patients, and are an important interface in the health system between acute inpatient and primary care/community based services. Specialist clinics provide planned non-admitted services that require the focus of an acute setting to ensure the best outcome for a patient.

Quality improvement work should focus on the patient journey through specialist clinics. It should promote a team approach to the development and implementation of processes to enhance patient experiences and outcomes.

This document provides a range of generic measures relating to the processes and outcomes of the patient journey within public hospital specialist clinics.

Measuring specialist clinics performance

A range of different measures have been proposed for consideration. It is not expected that all measures should or would be implemented by individual clinics. It is important to note that the feasibility of the measures described in this guide will depend on the availability of reliable data, and/or the capacity of health services to collect the data. It is also important to understand that variations in the resource allocation, operational policies and procedures within different clinics will result in significant differences in the level of some of the suggested measures. Accordingly, any attempts to make comparisons between clinics (even within the same specialty group or health service) should be undertaken with caution.

Specialist clinics measures can be grouped into four categories. Examples of the range of measures are referred to in the table on page six:

1. Key measures

These are measures of overall performance and relate to the goal that you are trying to achieve or problem that you are trying to address. These measures should align with the strategic priorities of the health service. A consideration for specialist clinics might include measuring 'queues'. Examples of queues include:

- 'new' patients waiting to be seen for their first appointment
- patients who are waiting for a follow up appointment

2. Demand and capacity measures

These measures set the scene by defining demand, capacity and activity to assist health services to write a problem statement for a process redesign program of work. For specialist clinics, clinical prioritisation is a common demand management strategy that aims to ensure that patients are treated equitably within clinically appropriate timeframes, and that priority is given to patients with an urgent clinical need. Examples of demand / capacity measures include:

- the ratio between 'new' and 'review' appointments scheduled
- the number of referrals received for a speciality as a ratio of all referrals received.

3. Process measures

These measures capture, validate and track the impact of improvement initiatives on process performance. They may be collected on a temporary basis (until change is embedded) or on an ongoing basis (to monitor the operation of various systems).

4. Check measures

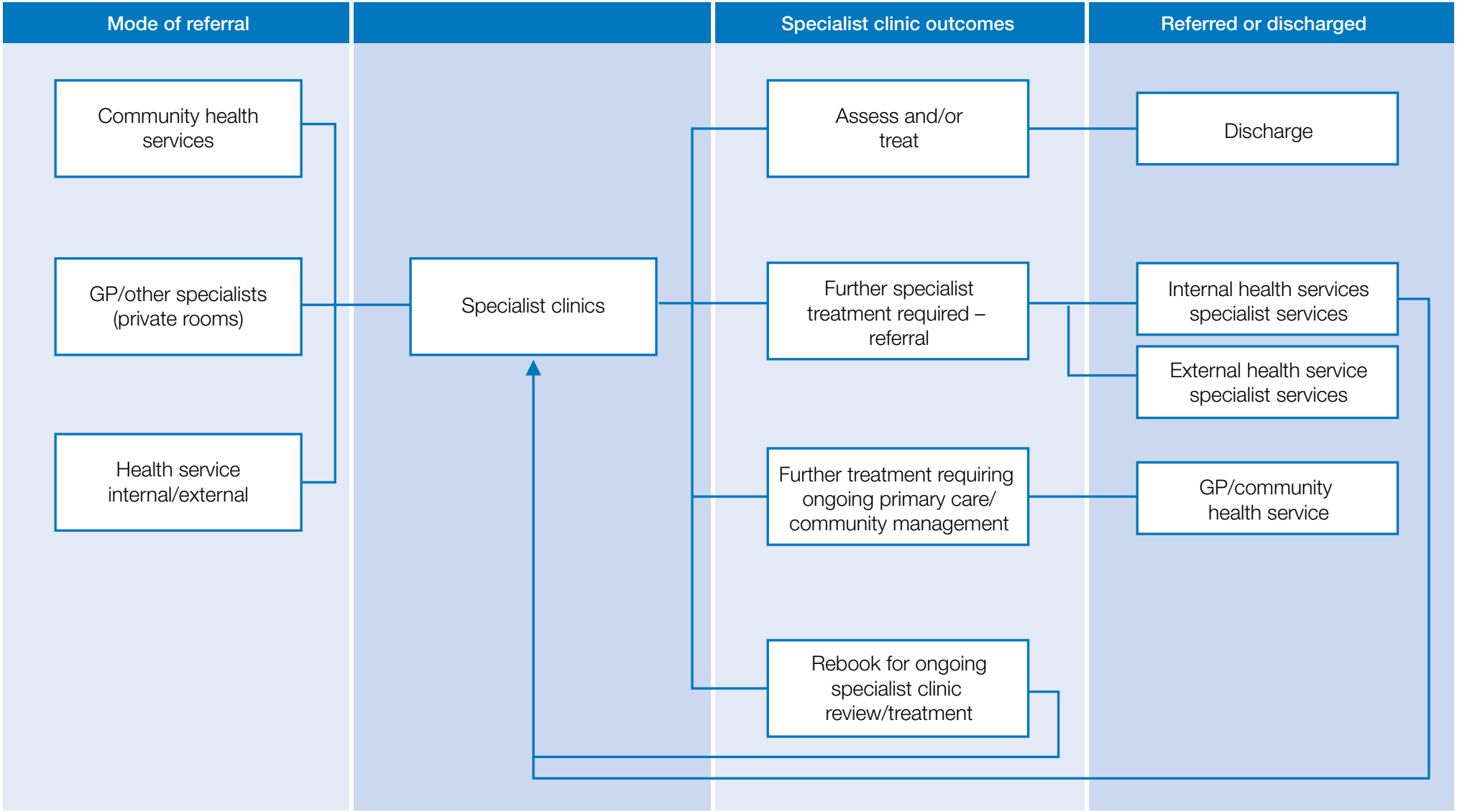
These measures capture quality and safety outcomes, as well as unintended effects elsewhere in the patient journey / hospital system. The choice of measures to monitor and evaluate quality and safety will depend on the focus of the program of redesign.

Inter-relationships between specialist clinics and the hospital and community services

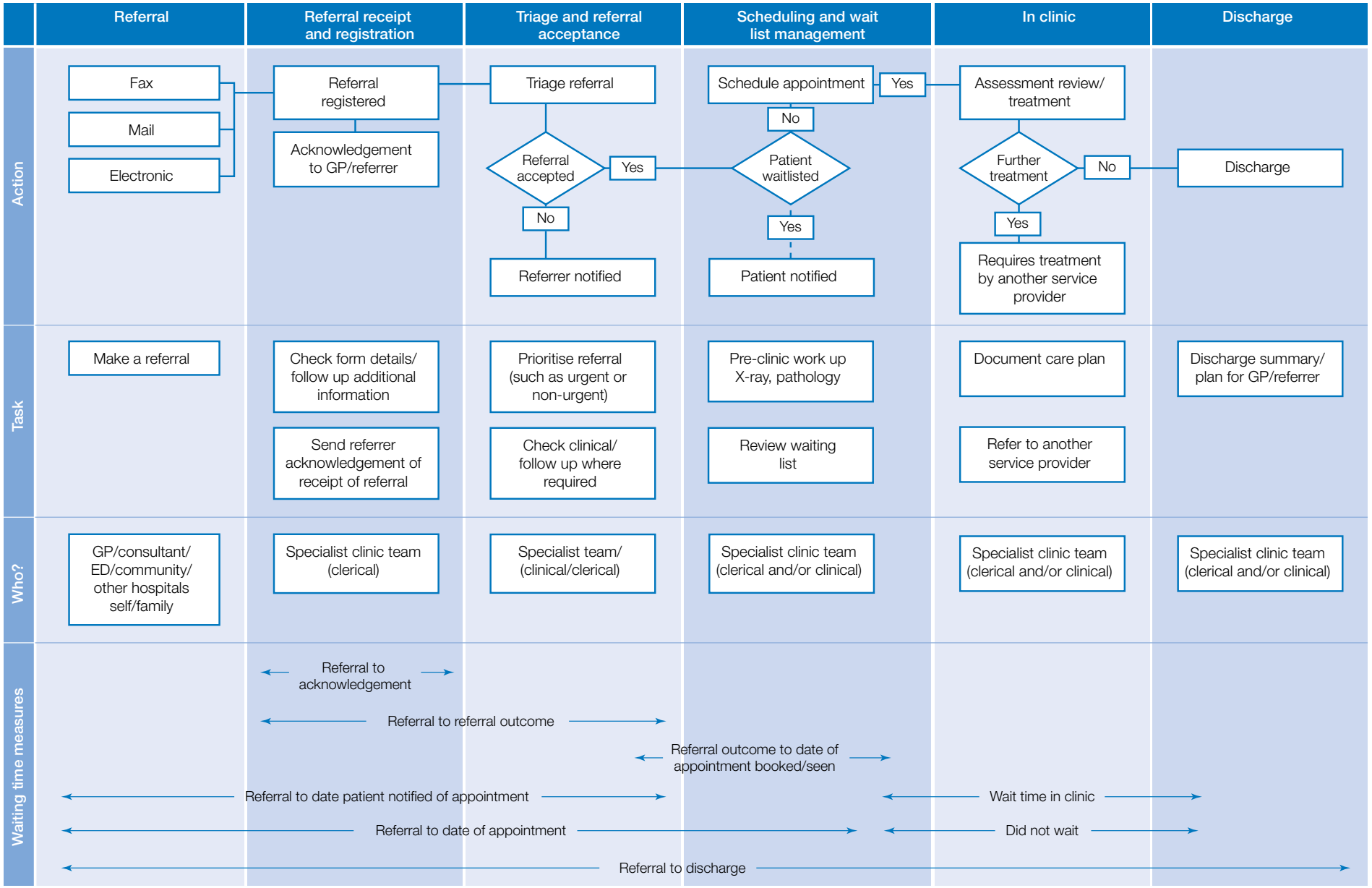
Specialist clinics provide a key link to primary care and community based services as well as acute hospital services, including medical and surgical inpatient services and the emergency department. Based on this, there is growing recognition that improvement in patient flow and the capacity to provide patients with timely access to appropriate services requires consideration of the whole patient journey. This necessitates integration and coordination across the health service system.

The following figure *High level specialist clinics process map* illustrates the basic relationships between specialist clinics and other health care services.

High-level specialist clinics process map



Generic representation of processes for the specialist clinics high and detailed-level process map



Example measures

	Demand and capacity measures	Key measures	Process measures	Check measures
Purpose	To define demand, capacity, and activity, and assist in writing a problem statement.	A direct measure of the goal that you are trying to achieve or problem that you are trying to address.	To capture, validate and track the impact of improvement initiatives on process performance.	To demonstrate the improvement did not have unintended effects elsewhere in the patient journey/ hospital system.
Examples	**Demand: all patients referred to specialist clinic services** • Number of appointments booked for new referrals as a ratio of all appointments • Number of review appointments booked as a ratio of all appointments • The ratio of new appointments to review appointments • Average number of appointments per referral • Number of referrals not accepted as a ratio of all referrals received (no service, patient declines etc) • Number of referrals received in a given period (by new/review, prioritisation category, reason for referral, presenting condition) • Number of re-referrals for recently discharged patients (for same problem) **Capacity: resource available to provide a service to the patient, and includes staff.** • Number of clinic rooms (by clinic) • Medical staff hours (by clinic) • Nursing staff hours (by clinic) • Reception staff hours (by clinic) • Time allocated for different appointment categories • Available equipment.	**The following may vary depending on what process you are reviewing:** • Number of patients attending appointments as ratio of all appointments booked • Number of appointments provided (by type) • Number of patients waiting for an appointment as a ratio of all current cases • Number of patients who did not attend an appointment as a ratio of all appointments made • Number of patients who were discharged as ratio of all current cases • Number of referrers informed of patient triage outcomes	**Process time:** Prior to clinic • Referral receipt to acknowledgement of referral • Triage to acknowledgement of acceptance or decline • Wait time for new appointments (by urgency and clinic) • Wait time for review appointments (by urgency and clinic) Day of clinic • Arrival to registration (by clinic) • Registration to appointment (by clinic) • Appointment duration (by clinic) • Planned medical staff hours and actual medical staff hours (by clinic) • Planned clinic start and end time, and actual clinic start and end time (by clinic) **Process quality:** • Referrals with incomplete information • Inappropriate referrals • Appointment attendance • Patient arrives with incomplete information (medications, test results etc) • Reasons appointments cancelled/rescheduled (hospital initiated and patient initiated etc.) • Other reporting/metrics utilised within individual clinics • Percentage of review patients seen within time requested by treating specialist • Number of patients or clinics that are overbooked • Number of medical records unavailable for clinic • Number of patents requiring an interpreter where an interpreter is not available • Proportion of patients assessed where formal assessment findings are sent to referrer/GP • Proportion of patients discharged where formal discharge communication is sent to referrer/GP • Proportion of referrals formally acknowledged • Usage of on-line resources for patients and referrers/ number of emails received by the clinic	• Proportion of patients referred to other services (by type of service) • Number patients referred to: – elective surgery wait list as a ratio of all active cases in surgical clinics – ancillary services as a ratio of all current cases (e.g. pathology, medical imaging etc.) – allied health as a ratio of all current cases • Number of patients presenting to emergency care for the same symptoms while on Specialist Clinics wait list as a ratio of all current cases. Patient satisfaction: • Targeted surveys • Net promoter scores (recommending the service) • Qualitative patient feedback **Staff satisfaction:** • Targeted surveys • Turnover • Sick leave • Referrer satisfaction (relating to service access, quality of care, communication) **Other measures:** • Agency use • OH&S incidents • Adverse events

Measures of specialist clinics department processes and outcomes

The particular focus of the redesign work will determine which measures should be chosen and they will differ from situation to situation.

- Measures that capture the 'system view' of the redesign work should also be included, for example, link between other interfacing services such as, elective surgery wait list or radiology.
- Consider the units that will be used to capture measures, for example, time, dollars, number of patients.

Key tips to remember when collecting and presenting data

- All measures should be collected prior to the implementation of improvement initiatives to establish baseline performance. Measures should then be collected after the implementation of improvement initiatives (PDSA cycles) to determine the impact on process performance and achievement of the overall goal.
- It is important that measures collected after an improvement is implemented are comparable to the baseline data; for example, that the same questions are repeated in a follow-up staff survey, or staff tracking is repeated at approximately the same time of day or day of week. Ensure that there are consistent definitions of measures for before and after data collection.
- Processes will vary depending on time of day, day of the week, and time of year. During the diagnostic stage, it is necessary to collect a representative sample of data (in other words, different time of day, day of week) in order to analyse and understand existing variations.
- Due to the variations in specialist clinics, it is recommended that a minimum of at least one years' (if possible) worth of historical data (for example, patient presentations) is used as a point of comparison. In the absence of available historical data a snapshot is useful.
- Measures should be described using the most appropriate descriptive statistics (for example, median, range, and percentage within the goal or target.
- When tracking patients and staff, it is important to collect enough data so that it is representative of other patients and staff. It is difficult to make hard and fast rules about when this point is reached, but it is clear that enough patients have been tracked when patterns start to repeat themselves. Tracking can be hard work, so if the basic issues are not clear after 20 patients, then it might be time to think again about what is trying to be tracked.
- When presenting measures:
  - Data related to time should be presented and analysed using run charts. This will reveal seasonal, weekly, daily or hourly variation.
  - Data related to categories (such as, type of error, admitting department) should be presented and analysed using bar charts.

Acknowledgements

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If you would like to receive this publication in an accessible format, please phone 9096 7766 using the National Relay Service 13 36 77 if required.

This document is also available in PDF format on the internet at:
www.health.vic.gov.au/redesigningcare

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