Levers for change in healthcare systems:
The role of performance measurement and reporting

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Healthcare systems are complex and supporting them with knowledge is as fundamental as it is challenging.

Levesque, Sutherland & Corscadden 2013
1. Concepts
2. Knowledge organisations
3. Enablement
4. Insights
What do we mean by Performance? Knowledge? Enablement?
“Performance happens when structures, resources, providers and patients interact in real contexts.”

Levesque, Sutherland & Corscadden 2013
“The difference between theory and practice is larger in practice than in theory.”

Hollnagel, Braithwaite & Wears 2013
If actors perform on stage, athletes perform on the field, surgeons perform in surgical theatres and nurses perform at the bedside or in community centres.

Levesque, Sutherland & Corscadden 2013
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Change
Information
Action
Knowledge
Data
Data

Data represents the codification of real phenomena into a form that can be analysed.
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Information

Data becomes information by interpretation
Knowledge

Knowledge signifies understanding of real things or abstract concepts that data and information have enabled to decipher and analyse.
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“The application of performance indicators may involve simply reporting data to actors for accountability purposes, or it may involve, in addition, taking action to stimulate change.”

Leatherman 2002
Action

Knowledge supports action through behaviour and decisions
Change

Healthcare systems constantly change in terms of structures, processes and their outcomes
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planned

emergent

supportive

coercive

formative

normative

cognitive

structural

mimetic

competitive

internal

external
Multimodal approaches have the biggest impact

OECD 2002
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Goals pursued and national context influence the mix of health system stewardship functions required to achieve health system goals.

Veillard 2012
Knowledge organisations in New South Wales
Final Report of the
Special Commission of Inquiry
Acute Care Services in
NSW Public Hospitals
Overview

Peter Garling SC
27 November 2008
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BHI reports

• Annual performance report
• Hospital Quarterly
• Insights into Care
• Patient Perspectives
• Snapshots, briefs, dashboards and profiles
The public reporting of information about the health system and hospital performance is essential for the future of NSW Health.

It is the single most important driver (or lever) for the creation of public confidence in the health system, engagement of clinicians, improvement and enhancement of clinical practice and cost efficiency.

Garling Report
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Wait times lag behind

Hunter hospitals miss state targets

Health report shows consistent turnaround improvement

Long wait for improvement

Hospitals lifting emergency response
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Using information to enable performance in New South Wales
Coercive and cognitive levers

The example of hospital timeliness performance measures
Percentage of patients leaving in four hours – hospitals

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Time from presentation to treatment – NSW

Median time from presentation to starting treatment, by triage category, January 2010 to March 2015

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Levers for change in healthcare systems: The role of performance measurement and reporting
Normative and supportive levers

The example of mortality
30-day mortality following hospitalisation

Altogether, the five conditions included in this report account for around 20% of hospital mortality

The vast majority of NSW hospitals did not have higher than expected mortality

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Figure 14: Ischaemic stroke 30-day risk-standardised mortality ratio, NSW public hospitals, July 2009 – June 2012
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Normative and structural levers

The example of Cancer ED performance measures
ED use at the end of life – NSW

Patterns of ED visits near the end of life

One in 5 people with cancer died within a year of diagnosis

- Of those who died, 75% visited an ED in the last 180 days of life.
- Of those who died, 67% visited an ED in the last 90 days of life.
- Of those who died, 47% visited an ED in the last 30 days of life.

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ED use for cancer patients – hospital outliers

Figure 22 Colorectal cancer risk-standardised utilisation ratios (RSURs), ED visits within 28 days of discharge from hospital, NSW public hospitals, adults diagnosed with colorectal cancer, 2006–2009

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Insights from the NSW experience
“No organisation can use all levers all the time…some levers are synergistic, some are in tension”
“Small organisations are more agile and responsive… lack economies of scale and depth of resources”
“Specialisation brings focus and concentration of expertise... brings the risk of fragmentation and duplication.”
Splitting and overlapping responsibilities enable emulation, competition and diversity and brings resilience “
Multiple organisations can create confusion and impose burdens on stakeholders.”
“A knowledge organisation acts in a negotiated space”
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- Supportive
- Coercive
- Formative
- Normative
- Cognitive
- Structural
- Mimetic
- Competitive

Planned vs. Emergent
Internal vs. External
Thank you!