Discussion Paper

Expanding healthcare quality and patient safety reporting across Queensland's health system

Queensland Government

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Foreword by the Minister

Queensland, like other Australian States and Territories, has a strong healthcare safety regime in place.

Our hospitals are safe, our clinicians are dedicated to providing the highest quality of care, and patients receive world-class services each and every day.

But that doesn't mean the system can't be stronger. We should continue to challenge ourselves on areas where we may be able to improve patient experiences and outcomes.

Evidence from both Australia and international jurisdictions continues to confirm that the safest hospitals which provide the highest quality of care to patients are those that have a dedicated focus on establishing and promoting a strong culture of safety.

That's why the Palaszczuk Government has rebuilt the statewide Patient Safety and Quality Improvement Service, after the previous Government reduced its staffing and role. We've added 20 new full-time equivalent staff to the statewide service, to improve the quality of care delivered to all Queenslanders in public hospitals.

We also know that a culture of safety is underpinned by open, transparent reporting on healthcare quality and patient safety matters and continuing to learn from such events.

That's why, having rebuilt the patient safety functions of Queensland Health, the Palaszczuk Government is determined to see if we can do more to expand the healthcare quality and patient safety information available to the public.

It is in that context that I am pleased to release this Discussion Paper, to seek views from the broad range of stakeholders that have an interest in this topic.

The Government is interested in hearing the views of the Queensland community – patients, clinicians, health organisations, health consumers and others – about the collection, reporting and use of healthcare quality and patient safety information in Queensland.

We have a strong commitment to ensuring the transparency of our State's health system, and maintaining the world-class services that patients receive in Queensland hospitals and healthcare facilities each and every day.

I encourage you to join the conversation and provide your views in response to this Discussion Paper.

Yours sincerely,

The Hon. Cameron Dick MP
Minister for Health and
Minister for Ambulance Services

Contents

1. Background and context

Queensland has a world-class healthcare system. Patients and broader consumers of healthcare services receive high quality care from a mix of service providers, ranging across the public and private sectors.

Across the State, our clinicians, other healthcare professionals and support staff provide leading treatment and services to those that come into contact with the health system.

Our clinics, hospitals, other health facilities and broader parts of Queensland's health system focus on ensuring the most efficient, highest quality and most accessible services for patients.

Supporting this delivery of high quality care is the publication of information about the quality of healthcare services and the safety of patients as they interact with our health system.

This public reporting is intended to provide a meaningful picture for patients, to support quality improvements for health service providers and drive better outcomes at a system level.

The Queensland context and *My health, Queensland's future: Advancing health 2026*

Historically, the annual report – entitled *Patient Safety: From Learning to Action* – published by Queensland Health's Patient Safety and Quality Improvement Service was an important tool to assist the system, providers and clinicians identify and learn from unexpected events and to inform the community about steps being taken to make healthcare safer for patients across the State.

Whilst this report has not been published for the last five years, Queensland reports quality and safety information in a number of ways including through the Government's open data portal, on the Queensland Health performance website and through the publication of results of patient experience surveys.

My health, Queensland's future: Advancing health 2026 (Advancing Health 2026) is the Queensland Government's 10-year strategy for Queensland's health system, and provides an outline of the strategic directions of the State's healthcare activities to drive improved health and wellbeing for all Queenslanders into the future[1].

Advancing Health 2026 recognises that the biggest single driver of quality in healthcare is culture — where everyone working in the health system is striving to do their very best for patients. It recognises that fostering a safety-focused culture is likely to increase both patient and employee satisfaction as improved patient safety and health outcomes result from a focus on collaboration and continuous improvement. Advancing Health 2026 states that part of continuous improvement is communicating system performance to the public.

Why a Discussion Paper?

In recognising the growing body of evidence, both from Australia and internationally, it is apparent that the safest healthcare service providers are characterised by transparent sharing of appropriate information and the creation and promotion of a culture devoted to safety. This culture leads to higher quality care, as the health system learns from incidents and variations in clinical outcomes and patients use information to inform choices about their care.

By releasing this Discussion Paper, the Queensland Government's intention is to establish the views of stakeholders in relation to possible ways that healthcare quality and patient safety reporting may be expanded in Queensland. The overarching desire is to further enhance information available to patients, improve transparency for healthcare professionals and support the efforts of those funding, reporting on and regulating healthcare services into the future, with the clear intention to continue to drive improvements that maintain Queensland's leading health system.

2. Existing reporting arrangements

Current state of reporting in Queensland

At an overarching system-wide level, Queensland Health currently supports reporting of healthcare quality and patient safety information for a number of purposes, including:

- Ongoing improvement of safety and quality in our health system;
- Enabling comparisons to assist service providers improve their performance;
- Facilitating greater patient choice through the provision of user-oriented information to assist with decision-making; and
- Improving efficiency and sustainability of our services through data collection, monitoring and reporting.

Queensland's health system collects (and in certain circumstances publishes) various data across a number of dimensions. This is true of both the public and private parts of the State's health system. However, while there are examples of both raw data and analysed information that are published, there is significant inconsistency in what is published, the way information is presented and the approach adopted by different parts of the system. Some of the data that is currently available includes:

- Various health datasets available at the Queensland Government's Open Data portal[2];
- Specific healthcare quality and patient safety indicators reported on Queensland Health's performance website[3];
- Information that is voluntarily reported by private providers on their respective websites[4];
- Results of surveys relating to patient experiences in engaging with healthcare service providers[5];
- Clinical, hospital and patient data and statistics[6]; and
- Publications such as the Queensland Maternal and Perinatal Quality Council report[7].

This reporting covers a range of dimensions, including performance (such as patient access to services), financial efficiency, patient experience and healthcare quality and patient safety data.

Queensland facilities (both public and private) also contribute to national websites and data sets, such as:

- MyHospitals website (facility level)[8];
- Atlas of Healthcare Variation (geographic region – statistical areas)[9]; and
- Various Australian Institute of Health and Welfare (AIHW) reports.

Beyond Queensland Health, the independent Office of the Health Ombudsman (OHO) also publishes information relating to quality and safety of patient care in Queensland. The *Health Ombudsman Act 2013* establishes the role of the Health Ombudsman, and specifically sets out the objectives of the legislation to protect the health and safety of the public, to promote professional, safe and high standards of care by clinicians and health service providers, and to maintain the public confidence in the management of complaints and other matters relating to the provision of health services in Queensland.

In doing so, the OHO publishes – as part of its commitment to transparency and accountability – a range of materials to inform the community. These include: reports relating to specific investigations into clinicians, health service providers and broader system-wide issues; reports relating to the performance and expenditure of the Australian Health Practitioner Regulation Agency and national registration boards; and regular reports relating to the OHO's own performance, such as specific organisational metrics and annual reports. This information relates to public and private service providers, depending on the kind of investigation or review commissioned by the OHO.

For the purposes of this Discussion Paper, the focus of questions relates to the healthcare quality and patient safety aspects of public reporting.

Individual Hospital and Health Service (public) reporting

In addition to this system-wide reporting, across Queensland a number of Hospital and Health Services (HHSs) also publish certain data relating to the quality and safety of their services.

For example, the Metro South Hospital and Health Service (MSHHS) publishes a Clinical Governance Scorecard as an interactive document that reports performance against the National Safety and Quality Health Service (NSQHS) Standards. The Clinical Governance Scorecard is published on the MSHHS website, and is updated twice a year.

Since 2013, a number of HHSs, including Metro North, West Moreton, Sunshine Coast and Wide Bay, have produced Quality of Care Reports (some annually, others on a less common but still regular basis) to provide the community with insight into their future direction and progress to deliver quality healthcare.

These reports are a mixture of text based and statistical information setting out data related to selected patient safety indicators at a whole-of-HHS level (and in some instances at facility and/or specialty levels), including pressure injury risk assessment, hand hygiene, falls risk assessment and rates of hospital acquired infections.

Private hospital reporting in Queensland

In the private sector, there are similarly disparate approaches to reporting, with different principles existing as the basis for information being published. Like the public sector's reporting, it is clear there is a positive intent related to the publication of this information. Nonetheless, the different approaches adopted may create difficulty for stakeholders to use the material that is available.

Ramsay Health Care (like a range of other providers) undertakes voluntary reporting of certain data, which shows organisation-wide information and which can also be manipulated to demonstrate facility-level results[10].

UnitingCare Health, as another example, states its commitment to regularly gathering and monitoring clinical and quality outcome and patient experience data. The principles that underpin that organisation's approach are to:

- Be open and transparent about performance and the quality of the services provided;
- Provide patients and the community with good information in order to make informed decisions about their hospital of choice; and
- Demonstrate how data and outcome measures can be used to evaluate and improve the delivery of care[11].

A key element of this Discussion Paper is consideration of the ways in which any expanded reporting arrangements should be extended to private sector healthcare service providers.

Reporting in other Australian jurisdictions

National

The Australian Government, supported by the activities of States and Territories, also has a demonstrable commitment to improving safety and quality across the country's healthcare system, as well as to improving information that may be made available to stakeholders.

Across Australia there are a range of initiatives which drive both improved healthcare quality and patient safety outcomes as well as more accessible information for stakeholders, across both the public and private sectors, such as:

- Australian Charter of Healthcare Rights;
- Australian Safety and Quality Framework for Health Care;
- Australian Safety and Quality Goals for Health Care;
- NSQHS Standards; and
- AIHW's various reporting.

The Australian Commission on Safety and Quality in Health Care (ACSQHC) accredits healthcare organisations against the NSQHS Standards, seeking to drive the implementation of safety and quality systems and improve the quality of healthcare in Australia.

The ten NSQHS Standards provide a nationally consistent statement about the level of care patients should expect from health services.

The ACSQHC also publishes the overarching vision for safety and quality in Australia in the Australian Safety and Quality Framework for Health Care, which states that safe and high quality care is always consumer centred, driven by information and organised for safety.

The National Health Performance Framework was developed by the National Health Performance Committee and noted by Australian Health Ministers in 2009. This framework consists of three domains: health status; determinants of health; and health system performance.[12] The National Health Performance Authority established a Performance and Accountability Framework (PAF) which was endorsed by the Council of Australian Governments in 2012. This framework sets out an indicator set, to facilitate public reporting of the performance of healthcare organisations across both the public and private sectors at a system level, at a hospital level and for Primary Health Networks.

The PAF underpins reporting across three domains: effectiveness; equity; and efficiency of health service delivery, and seeks to support improvements in health system delivery and hence the achievement of broader health system objectives by publicly reporting a range of indicators.

The Australian Health Ministers' Advisory Council is currently reviewing performance information and reporting frameworks used across Australia's health system. A proposed framework, which combines the current National Health Performance Framework and PAF, was released for public consultation in January 2017[13]. It encompasses the domains of: effectiveness; safety; responsiveness and consumer satisfaction; continuity of care; accessibility and efficiency; and sustainability.

Other States and Territories

All States and Territories report on healthcare quality and patient safety, however there is variance in the level of reporting and the approach adopted. In New South Wales and the Australian Capital Territory, healthcare quality and patient safety indicators are consolidated within an overarching report on the performance of the system. In South Australia and Western Australia, indicators are published in a dedicated annual report. In Victoria, the approach is subject to reform following a cluster of significant clinical incidents. A Bill recently introduced to the Victorian Parliament seeks to extend reporting requirements to private hospitals in an effort to achieve a consistent standard of reporting across the State. In addition, the Bill also contains a range of new reporting requirements to identify and respond to risks to patient safety. A description of the approach in selected States and Territories is set out in Appendix 1.

Evidence around reporting

There is extensive academic evidence that supports a range of benefits associated with the public disclosure of healthcare quality and patient safety data.

Such evidence notes that public reporting of clinical performance data at hospital and service level positively influences healthcare practices, supports the establishment and maintenance of a 'safety culture' and improves overall performance of health systems[14,15,16,17,18]. Similarly, there is evidence that public reporting of safety and quality information stimulates efforts to improve performance that internal reporting of the same data fails to produce[19]. On the whole, the literature suggests that

public reporting of safety and quality measures, when properly implemented, makes healthcare better[20].

In late 2016, the Productivity Commission released the report *Introducing Competition and Informed User Choice into Human Services: Identifying Sectors for Reform[21].* This report sets out the Productivity Commission's view on the priority areas for reform that will improve individual wellbeing and community welfare, with a second stage of the enquiry due to make recommendations in the latter part of 2017.

One of the key areas of focus for the report was improving consumer choice through increased transparency and public reporting. It notes that greater user choice will require more user-oriented information than is currently available, particularly risk-adjusted data on clinical outcomes achieved by hospitals.

Similarly, research conducted by Macquarie University suggests that patients value quality metrics above all others – such as reduced adverse events and unplanned hospital admissions[22], although it is possible that an absence of other, more comparable data (such as patient feedback or experience data) is a driver for this result.

The Brookings Institute has explicitly noted that, "to ensure that consumers actually use the data to inform their health care decisions, greater thought needs to be given to exactly what data consumers want and need access to, and how to best present it to them. This includes making customisable data on the quality as well as cost of care and on foreseeable elective services available[23]".

At a service provider level, feedback from across different healthcare organisations notes the constant tension between the number of indictors or measures that are made available, and the usefulness of that information. Broadly, organisations – whether in the public or private sector – acknowledge the rights of patients and healthcare consumers to know the outcomes that matter to them, yet also identify that increasing demands for information can sometimes hold back rather than stimulate transparency and accountability[24].

In that regard, there are potential unintended consequences that may arise due to expanding reporting without giving due consideration to the intended audience of any expanded reporting arrangements. Public reporting may have the effect of:

- Creating a disinclination to experiment with new and innovative approaches due to fear of appearing to perform poorly;
- Making healthcare providers unwilling to treat certain cohorts of patients, such as elderly or high risk patients, given that outcomes may adversely impact reported data without adequately adjusting for risk factors;
- Influencing providers to focus their attention or service offerings on areas being measured, to the detriment of other important aspects of care; and/or
- Impacting culture, by driving a less open, less transparent reporting of outcomes in order to avoid scrutiny (whether reasonable or not).

Since the most significant improvements resulting from transparency have come through peer-to-peer learning and review, this is something that is likely to be seen as a more common requirement for healthcare service providers. This has been exemplified by global movements such as the International Consortium for Health Outcome Measurement (ICHOM)[25].

There is good evidence that public disclosure of performance data stimulates quality improvement activity at the hospital level, largely due to reputational effects of poor performance. When performance data is made public, institutional and provider reputation and public perception can be affected and the perceived benefit or risk can be sufficient to motivate improvement[26,27].

Notably, healthcare quality and patient safety indicators form one critical domain by which providers will seek to understand and drive performance of their services. To gain a balanced view of performance and to understand underlying drivers, healthcare organisations also seek to consider

indicators across different reporting domains. For example, international research indicates that appropriate nurse to patient ratios are a key enabler of quality patient care. Therefore, score cards which combine reporting on the nursing workforce with reporting on nurse sensitive indicators may form a key tool for decision makers to manage healthcare quality and patient safety[28].

Appendix 2 sets out a range of examples of different approaches adopted by international health systems to public reporting. Readers may wish to consider some of the characteristics of these examples when responding to the questions set out in this Discussion Paper.

Consultation questions

1) Do you currently access healthcare quality and patient safety indicators / information?

2) If yes, what information do you access and for what purpose?

3. Key considerations for expanding reporting

What should be the purpose of expanded reporting?

A key first step in any expanded public reporting of healthcare quality and patient safety information is to determine the purpose for releasing additional information.

There are different reasons to report on quality and safety information in the healthcare context. These include to increase transparency for patients, their carers and families to make informed choices about their care, to provide assurance to the community that our healthcare services are safe and of a high quality, and to provide clinicians and healthcare providers with the information to improve healthcare outcomes and drive continuous improvement.

The Australian Safety and Quality Framework for Health Care sets out three core principles for safe and high-quality care, being that care is consumer-centred, driven by information, and organised for safety[29]. Many jurisdictions, in Australia and internationally, are using public reporting of comparative information about the quality of healthcare as an important means of empowering patients to take greater ownership of their decisions, improving the accountability of healthcare service providers, and facilitating improvement in the quality and safety of services that are provided[30].

In recent Victorian reviews[31], one of the most important questions identified for the public was "Which is the best hospital for a patient like me?" Empirical evidence suggests patients in the public sector want more choice over their hospital care when undergoing elective surgery, they value hospital quality the most as measured by reduced adverse events and unplanned hospital readmissions, and are willing to travel further and wait longer for a better quality hospital[32].

For clinicians and healthcare organisations, whether acting in the public or private sectors, expanded reporting of healthcare quality and patient safety information can be used in a range of ways.

Increased knowledge of individual or organisational performance can foster and inform quality improvement activities. Similarly, public reporting can motivate and energise providers to improve or maintain performance relating to other parts of an organisation[33]. At an individual level, clear advice about patient outcomes can allow clinicians and/or facilities to take steps to change approaches adopted or learn from (or indeed, for high performing individuals or organisations, to teach and share with) other organisations or individuals.

Ultimately, being clear about the purpose of any expanded reporting arrangements will inform what information should be published, and how that should occur. Of course, there may be more than one purpose. Figure 1 (on the next page) sets out the range of potential purposes for which expanded reporting of healthcare quality and patient safety information may be used.

Figure 1: Purpose for public reporting of healthcare quality and patient safety reporting

Consultation questions

3) What is the primary reason public reporting of healthcare quality and patient safety indicators / information should occur?

4) Are there any other reasons why public reporting of healthcare quality and patient safety indicators / information should occur? What are they?

5) How would you use published healthcare quality and patient safety indicators / information if available?

Which organisations should report?

Both public and private hospital providers in Queensland collect and publish (in some instances) on a range of healthcare quality and patient safety information.

In this context, expanded reporting may not involve the creation of more data, but may relate simply to the publication of existing data in more consistent ways. It is true that there is a high level of variance in regard to what and how indicators are presently reported in Queensland, and in other Australian and international jurisdictions. This lack of comparability makes it difficult for stakeholders to meaningfully use this information.

In order to understand relative performance and support patient choice, consistency in relation to what is reported (common definitions, measures and metrics) and how it is reported is necessary.

Data may need to be adjusted to allow for meaningful comparison, or even presented in new ways.

Similarly, approaches to reporting of healthcare quality and patient safety information may need to be better aligned between the public and private sectors, in order to ensure that stakeholders have greater transparency across the health system as a whole. A key consideration for any expanded reporting arrangements relates to the approach to achieving a consistent standard across public and private hospitals.

Consultation questions

6) Should public reporting of healthcare quality and patient safety indicators / information apply to:

a) Public facilities only;
b) Private facilities only; or
c) Both public and private facilities.

Approach to regulating patient safety and quality

To achieve consistency, the possible approaches to regulating reporting range along a spectrum from voluntary self-regulation through to an explicit government legislative mandate.

Regardless of the approach, a key principle that will need to be embraced in consideration of this issue is that the response should be developed jointly with key stakeholders and, where possible, should align with existing requirements to ensure that unnecessary levels of administrative burden are not added.

A consideration in that regard relates to which level of government is best placed to regulate, should that be considered necessary, a standardised public and private healthcare quality and patient safety reporting approach. As previously noted, AHMAC is currently reviewing Australia's health system performance information and reporting frameworks. This may present a vehicle for a nationally consistent approach.

Consultation questions

7) How important is it that there be national consistency in healthcare quality and patient safety indicators / information?

8) Should reporting arrangements be:

a) Voluntary, based on individual organisational approaches;
b) Based on an agreed 'sector-wide' approach; or
c) Set out through a legislative or regulatory mandate.

Who should be the audience for expanded reporting?

Patients, the broader public, health professionals and providers all have an important stake in the quality of our healthcare system. These different audiences use information in different ways and, therefore, the content, level of detail and format needs to be tailored accordingly. The audience for any expanded reporting arrangements is thus an important consideration.

Figure 2 (below) sets out a range of audiences that may seek to use information that is reported in relation to healthcare quality and patient safety, and reasons it may be useful to those audiences.

Figure 2: Audiences for healthcare quality and patient safety reporting

Audience	Membership	Potential uses
Consumers	• Patients or potential patients • Patient family members and carers	• Make informed choices of healthcare provider or treatment choice. • Increase confidence in safety and quality of Queensland Health system.
Clinicians	• Doctors • Nurses • Midwives • Allied health	• Understand and improve performance. • Address or maintain reputational impact at facility and individual level. • Inform quality improvement activities to support learning in clinical settings.
Healthcare Providers	• Managers and Administrators • Public Hospitals • Private Hospitals • Pharmaceutical suppliers • Medical device and consumables suppliers	• Understand comparative performance – drive improvement. • Identify priorities for improving quality and safety. • Promote efficiency in the provision of services.
Regulator, Legislator & Policymaker	• Department of Health (Federal) • System Manager (Department of Health, Queensland) • Australian Health Practitioner Regulation agency • Office of the Health Ombudsman	• Monitor and Improve performance of Queensland Health system. • Drive healthcare policy changes. • Prioritise investment decisions. • Identify priorities for improving quality and safety.
Funders	• State and Commonwealth Governments • Health Insurers	• Minimise risks on health system. • Maximise outcomes from funding provided. • Prioritise investment decisions.
Others	• Academics & Researchers • NGOs • Media • Healthcare unions and medical professional associations • Facility staff	• Drive improvement on clinical practices through research and identify priorities for improving quality and safety. • Publish performance of Queensland Health system. • Ensure wellbeing of patients and healthcare professionals.

Consultation questions

9) Who is the primary audience for healthcare quality and patient safety indicators / information? Why?

What indicators should be reported and at what level?

A key consideration for any expanded healthcare quality and patient safety reporting by public and/or private service providers is the actual indicators that should be reported and at what level.

The actual data and level that is made available through public reporting will, of course, depend on the purpose of that information and the audience for which the information is intended.

The level of detail and number and type of indicators which may be important for achieving one particular purpose, or which may be most relevant to a particular group of stakeholders, may be very different to another group of stakeholders or to achieve a different intention.

For instance, it may be important for clinicians to share learnings with their peers about clinical incidents to support continuous improvement in clinical practice and facilitate better patient outcomes. In such an example, clinicians monitoring trends in the number of a certain type of incident in a ward or facility over time is a beneficial activity, but this may be misinterpreted by other stakeholders as the reporting of such information may not identify the overall safety of that ward or facility. Using such an example, patients and healthcare consumers more broadly are likely to require other information to assess healthcare quality and patient safety.

The evidence suggests that a mix of quality and safety indicators should be reported[34], as well as a mix between outcome data and experience data. Further, where information reported identifies areas for improvement, reporting on action taken in response has been found to be an enabler of public confidence and a continuous cycle of learning[35].

Clinical outcome data, clinical incident data and Open Disclosure

Clinical process information, clinical outcome measures and clinical incident data are keys to understanding the level of healthcare quality and what causes patients to be harmed in the healthcare setting.

These indicators (such as hospital mortality rates, complication rates, complaints information and Sentinel event notifications) provide the capacity to ensure best practice is being adopted and continuous improvement is occurring.

Across Queensland Health, there are a range of policies, procedures and supporting tools that seek to ensure these kinds of indicators are captured and (in some instances) published to support transparent operation of the health system and continuous learning.

Collection of such information, and in particular reporting of both the information and the responses to address areas of improvement (through Root Cause Analyses and Open Disclosure processes), support an organisational culture that drives vigilance and continuous improvement.

Patient Reported Outcomes Measures

Patient Reported Outcome Measures ask patients to assess elements of their own health, quality of life, and functioning. The resulting data can be used to show how healthcare interventions and treatments affect these aspects of a person's day-to-day life[36].

Patient Reported Experience Measures

Information on patient experience is also recognised as a key motivator in attracting patients to use quality and safety data in healthcare decisions, and is likely to be a prime concern for patient and consumer audiences. Patient reported experience measures are particularly rich sources of information, having been linked to care quality improvements, predicting the likelihood of hospital re-admission and identifying safety issues[37].

Examples of current indicators reported by Queensland Health and a range of other organisations are provided in Appendix 3.

Consultation questions

10) What healthcare quality and patient safety indicators / information should be publicly reported?

11) What healthcare quality and patient safety indicators / information shouldn't be publicly reported? Why?

12) What mechanisms do you think should be adopted to ensure that key stakeholders are involved in the decision making surrounding indicators / information to be publicly reported?

13) What level should healthcare quality and patient safety indicators / information be reported at:

a) Individual clinician;
b) Specialty (i.e. clinical grouping);
c) Hospital;
d) Hospital and Health service; or
e) Whole of Queensland.

14) Should comparisons of healthcare quality and patient safety indicators / information be made between the following:

a) Individual clinician compared to another individual clinician, Yes / No… Why?
b) Specialty in Hospital A compared the same Specialty in Hospital B, Yes/No… Why?
c) Hospital A versus Hospital B, Yes / No… Why?
d) Hospital and Health Service A versus Hospital and Health Service B, Yes / No… Why?
e) Queensland versus other States, Yes / No... Why?

How and where should information be reported?

The way in which data is reported is another key element that should be considered in any expanded public reporting arrangements. The frequency of publication, format, ease of accessibility and channel for reporting all need to be considered.

Information that is clear, concise, accessible and 'tells a story' is considered beneficial. It is reasonable to expect that patients will better understand and make more informed choices when the information displayed is less complex[38]. Simplification can be achieved by reducing the quantity of choices, using visual aids to display results and adopting easy-to-understand language that supports patients' understanding of the data being displayed.

The amount, quality and type of information presented to patients may also influence the value of that information as perceived by patients. In such instances, it may be reasonable to suggest that published quality indicators should relate to topics which have genuine meaning for patients, and patient outcome measures should be risk adjusted in a way that is clear and easy to understand in order to account for differences in patient population characteristics impacting outcomes.

Recent reviews of online healthcare data sources in the USA showed that, whilst efforts have been made to increase transparency in both the public and private healthcare sectors, the large amounts of information that are available in the public domain across a range of resources is actually of more limited use to patients when it comes to simple activities such as deciding which facility for treatment[39]. Whilst this decision is less prevalent in the Australian context, the USA example sets out common characteristics for how data should be reported in order to make it most useful for patients:

- Data needs to be user friendly – reducing the volume of information and presenting it in a manner that enables comparison is beneficial;
- Data needs to be personalised – patients and broader healthcare consumers are more receptive to information pertaining to their personal situation;

- Patients are most interested in comparing patient health outcomes and experiences across providers rather than clinical compliance; and
- Data should be provided in a timely manner so patients may compare and choose services and make informed decisions based on information that is relevant to the time that they require care.

In order to achieve the objective of ensuring any expanded reporting is meaningfully used, healthcare quality and patient safety information will need to be accessible, easy to understand (potentially visually), accompanied with explanations and guidance, and up-to-date. In turn, improved accessibility of patient safety data may increase the value of that data to patients, creating a positive 'feedback loop' that contributes to system improvements.

Frequency and format

Generally, three types of reporting logistics are commonly used:

- Static reporting, published at regular intervals (either quarterly, bi-annually or annually);
- Publishing of statistics online, usually in table or dashboard format, which may occur in real-time or at regular intervals; or
- Interactive web-based reporting that uses data visualisation.

A common complaint about published health system data is that they are out of date — often by years. There is, of course, a burden associated with ensuring up to date information, which also needs to be considered.

Location of information

The location of information is also an important consideration. Various sources of healthcare quality and patient safety information currently exist, but they are often disparate and difficult to compare.

Although the internet is commonly accepted as a highly accessible resource, there may be reasons why in the Queensland context alternative publication methods may be beneficial.

The ability to compare up-to-date information in a common location would appear to be a key approach to allow patients, clinicians and other stakeholders to analyse and use the information in a manner which supports their requirements.

Consultation questions

15) Thinking about the primary reason of public reporting, how often would reporting of healthcare quality and patient safety indicators / information be needed for effective use:

a) Monthly;
b) Quarterly;
c) Half-yearly;
d) Annually; or
e) Other (please describe).

16) What is the preferred medium for this information to be released:

a) Interactive website site;
b) Published report on the internet;
c) Published hard copy report;
d) Newspaper; or
e) Other (please describe).

17) Who should publish healthcare quality and patient safety indicators / information:

a) Queensland Department of Health;
b) Individual Hospital and Health Services / private hospitals;
c) Other Government agency / department (please describe);
d) External private company; or
e) Other (please describe).

4. Have your say

Response period

Responses to this Discussion Paper will be open for a three month period, ending at **5pm** on **Friday, 27 October 2017**. All responses provided up until that date will be considered.

Queensland Health has established a range of ways that you can have your say on the topics raised in this Discussion Paper.

Online

This Discussion Paper and an online response tool are available at www.getinvolved.qld.gov.au and www.health.qld.gov.au.

A user-friendly online response tool has been prepared, to allow respondents to simply review the material most relevant to them and provide responses to the questions posed. By using this method, you may address some or all of the questions set out within the Discussion Paper.

Via email or in writing

Responses to this Discussion Paper may also be provided via email to PSQdiscussionpaper@health.qld.gov.au or via post addressed to:

Safety and Quality Discussion Paper
Patient Safety & Quality Improvement Service
PO Box 2368
Fortitude Valley BC QLD 4006

If responding via email or via post, it is important that responses clearly reference the question number in relation to which a response is being provided. There is no requirement to respond to every question, and you may provide as much or as little detail in relation to any questions.

Next steps

Following the closure of the feedback period on the Discussion Paper, Queensland Health will consider the views of stakeholders and develop a proposed policy approach to achieve expanded public reporting of healthcare quality and patient safety information. Once this policy position has been developed, targeted consultation with key affected stakeholders is likely to take place.

Consultation questions

To enable us to better analyse your responses, we would appreciate if you would provide some anonymous information about your stakeholder perspective:

18) Are you a patient / healthcare consumer? Yes / No

If yes, have you attended hospital in the last 12 months?
Has a close family member attended hospital in the last 12 months?
Do you represent a consumer organisation?

19) Are you a clinician? Yes / No

If yes, in what sector do you work? Public / private / both

20) Are you a healthcare administrator?

If yes, in what sector do you work? Public / private / both

21) What is your main interest in completing these consultation questions?

22) Do you have any further comments?

5. Full list of Discussion Paper questions

For ease of reference, this section of the document simply summarises the full list of questions posed throughout the Discussion Paper.

Q#	Question
1	Do you currently access healthcare quality and patient safety indicators/information?
2	If yes, what information do you access and for what purpose?
3	What is the primary reason public reporting of healthcare quality and patient safety indicators / information should occur?
4	Are there any other reasons why public reporting of healthcare quality and patient safety indicators / information should occur? What are they?
5	How would you use published healthcare quality and patient safety indicators / information if available?
6	Should public reporting of healthcare quality and patient safety indicators / information apply to: a) Public facilities only; b) Private facilities only; or c) Both public and private facilities.
7	How important is it that there be national consistency in healthcare quality and patient safety indicators / information?
8	Should reporting arrangements be: a) Voluntary, based on individual organisational approaches; b) Based on an agreed 'sector-wide' approach; or c) Set out through a legislative or regulatory mandate.
9	Who is the primary audience for healthcare quality and patient safety indicators / information? Why?
10	What healthcare quality and patient safety indicators/information should be publicly reported?
11	What healthcare quality and patient safety indicators/information shouldn't be publicly reported? Why?
12	What mechanisms do you think should be adopted to ensure that key stakeholders are involved in the decision making surrounding indicators / information to be publicly reported?
13	What level should healthcare quality and patient safety indicators / information be reported at: a) Individual clinician; b) Specialty (i.e. clinical grouping); c) Hospital; d) Hospital and Health service; or e) Whole of Queensland.

14	Should comparisons of healthcare quality and patient safety indicators / information be made between the following: a) Individual clinician compared to another individual clinician, Yes / No… Why? b) Specialty in Hospital A compared the same Specialty in Hospital B Yes/No… Why? c) Hospital A versus Hospital B, Yes / No… Why? d) Hospital and Health Service A versus Hospital and Health Service B, Yes / No… Why? e) Queensland versus other States, Yes / No...Why?
15	Thinking about the primary reason of public reporting, how often would reporting of healthcare quality and patient safety indicators / information be needed for effective use: a) Monthly; b) Quarterly; c) Half-yearly; d) Annually; or e) Other (please describe).
16	What is the preferred medium for this information to be released: a) Interactive website site; b) Published report on the internet; c) Published hard copy report; d) Newspaper; or e) Other (please describe).
17	Who should publish healthcare quality and patient safety indicators / information: a) Queensland Department of Health; b) Individual Hospital and Health Services / private hospitals; c) Other Government agency / department (please describe); d) External private company; or e) Other (please describe).
18	Are you a patient / healthcare consumer? Yes / No If yes, have you attended hospital in the last 12 months? Has a close family member attended hospital in the last 12 months? Do you represent a consumer organisation?
19	Are you a clinician? Yes / No If yes, in what sector do you work? Public / private / both
20	Are you a healthcare administrator? If yes, in what sector do you work? Public / private / both
21	What is your main interest in completing these consultation questions?
22	Do you have any further comments?

6. Appendices

Appendix 1 – Selected State and Territory reporting approaches

State/ Territory	Reporting approach
New South Wales (NSW)	The Bureau of Health Information (BHI) was established in New South Wales in 2009 and has a specific mandate to report timely, accurate and comparable information relating to the State's public healthcare system. Originally established to publish materials relating to a range of performance and healthcare quality and patient safety information, in 2012 the BHI also took up responsibility for New South Wales' Patient Safety Survey Program. Certain healthcare quality and patient safety information continues to be reported by the Clinical Excellence Commission. Generally however, the BHI publishes regular reports on the performance of the NSW public health system (inclusive of healthcare quality and patient safety indicators) and also publishes reports benchmarking the outcomes of the NSW public health system with comparable health systems. These reports are published online, with specific data visualisation tools used to support ease of interpretation, as well as with raw data to support specific analysis of the information by patients, clinicians and other interested stakeholders.
Australian Capital Territory (ACT)	ACT Health publishes the ACT Public Health Services Quarterly Performance Report is a consolidated quarterly activity report on the performance of ACT public health services, which includes some data relating to healthcare quality and patient safety. The purpose of the report is, as set out by ACT Health, is to provide the public with a single information source to assess the Territory's provision of high quality, accessible public health services. The format for the report provides readers with additional background information as well as a visualisation of the performance against existing targets. A specific section of the document sets out healthcare quality and patient safety measures, including indicators such as hospital acquired infection rates and hand hygiene audit outcomes.
South Australia (SA)	Since 2004, SA Health has published an annual Patient Safety Report relating to public facilities within that jurisdiction. Over time, patient experience information has been included in this report, and additional, ad hoc materials such as factsheets, infographics and other (smaller) bespoke documents have been prepared. The Patient Safety Report provides an overview of activities undertaken in relation to a range of healthcare quality and patient safety programs, with an emphasis on learning from events and sharing knowledge about actions to decrease the risk of similar events reoccurring. The report is presently aligned to the National Safety and Quality Health Service (NSQHS) Standards and includes information in relation to clinical incidents, hospital-acquired infection rates and patient experience.
Western Australia (WA)	WA Health publishes an annual healthcare quality and patient safety report, entitled *Your safety in our hands in hospital*. Like South Australia, recent versions of this annual report have been augmented to align with the NSQHS Standards and set out information in relation to clinical incidents, hospital-acquired infection rates and patient experience. In addition, WA Health also undertakes online reporting with a dedicated healthcare performance portal which also includes patient safety and healthcare quality indicators, to an individual hospital/facility level.

Victoria **(VIC)**	Following a recent cluster of significant clinical incidents, the Victorian Government commissioned a specific report – *Targeting zero: supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care*[40] - to examine ways in which the State's health system may be enhanced. This report recommended that the Department should have a statutory obligation to assess how public hospitals help patients make informed decisions about healthcare, and set out four areas of emphasis: • Setting the goal that no one is harmed in hospitals; • Supporting strong leadership in hospital governance – with good clinical leaders, effective boards and rigorous oversight; • Sharing excellence across the health system – so that where one hospital does something well, others can follow suit; and • Collecting great data about patients' experiences and feeding that back across the system to improve patient care. In response to the report, in June 2017 the Victorian Government introduction the *Health Legislation Amendment (Quality and Safety) Bill* to Parliament. The Bill seeks to extend reporting requirements to private hospitals in an effort to achieve a consistent standard of reporting across the state. In addition, it also contains a range of new reporting requirements to address risks to patient safety.

Appendix 2 – Selected international reporting examples

Canada – reporting for the purpose of better informed patients

The Canadian Institute for Health Information (CIHI) is considered a leading source of useful healthcare quality and patient safety information in Canada, if not globally.

CIHI has an online, interactive reporting tool with a diverse range of data (beyond simply quality and safety data) of data on hospitals and long term care facilities, as well as population health information.

CIHI has developed the Your Health System website by engaging with health consumers to address areas of performance that mattered most to Canadians. The finalised set of metrics included a mix of quality and experience metrics.

The metrics that consumer ranked in order of importance to them:

1. Access (output)
2. Equity (outcome)
3. Responsiveness (outcome)
4. Quality (output)
5. Health promotion and disease prevention (output)
6. Value for money (outcome)

Further information is available at https://yourhealthsystem.cihi.ca/hsp/?lang=en.

United Kingdom – Measuring Patient Experience

In 2013, the United Kingdom's National Health Service (NHS) introduced patient experience reporting by asking users of healthcare services to provide ratings. The output of these rates was to provide real-time information on patients' experience with the primary objective of public accessibility.

This reporting was published on the NHS website with the intended benefit for patients and broader healthcare consumers to make more informed decisions around hospital care. Through an in-depth review and some adjustments the collection, analysis and reporting have been streamlined to best address the target audience. This includes:

- Publication of the number of responses along the scores to indicate levels of participation for each organisation;
- Review data collection to ensure useful outcomes for patients can be derived from the data collected through stakeholder;
- Clear messaging around not being used as a hospital comparator statistic rather to inform their choice through patient experience

After refining the pilot, the Family and Friends Test has been rolled out across most NHS services and since 2013 has been the largest source of patient opinion data in the world with over 25 million patient ratings.

The responses are reported across hospital, health and mental health providers.

Report name	Published format	Reported Metric	Rate (if available)
NHS Family and Friends Test	PDF online	Would the patient recommend the same service (Hospital and NHS services more broadly) to a friend or family member.	% of totally respondents that recommend and % of total that do not recommend.

Further information is available at https://www.england.nhs.uk/ourwork/pe/fft/

Denmark – Patient quality data can be used in various ways by different audiences

Denmark is a leading example of where transparent public reporting of healthcare quality and patient safety information has been able to meet the needs of different audiences[41].

Over a decade ago, Denmark developed and implemented national quality and patient safety initiatives setting out national clinical guidelines, performance and outcome measurement integrated in clinical databases. These covered reporting on important diseases and clinical conditions, measurement of patient experiences, reporting of adverse events, national handling of patient complaints and national accreditation. A key benefit from this has been the public disclosure of data on the quality of care, incorporated in several national-level transparency reporting initiatives:

- **Public Reporting on Quality of Care** – 'Care quality data' including information on patient experience, waiting times, and hospital ratings, is reported and publically available on the official Danish e-health portal, www.sundhed.dk, which is updated daily. This enables patients, clinicians, and others to freely access available healthcare information from a single source.
- **National agency for patients' rights and complaints, and reporting of adverse events** – The national agency for patients' rights and complaints, and reporting of adverse events operates as a one-stop portal for patients wishing to file a complaint about diagnostics, care, treatment, or rehabilitation in the Danish healthcare system, or report an adverse event. Patient safety legislation mandates that healthcare professionals report all adverse events they become aware of in connection with treatment and care, a process which is blame and sanction free. The agency also administers the reporting system for adverse events and ensures that knowledge gained from all incidents is used system-wide to improve care quality.
- **National surveys on patient experience** – A key aspect of healthcare policy, reflected in Danish legislation, is to measure and report patient experience in order to develop services for patient benefit. Results from the Danish National Survey of Patient Experience are publicly reported at unit, hospital, regional and national level. At the unit level, the data is used for identification of improvement areas, benchmarking, and monitoring of improvement efforts over time.

Kaiser Permanente – Reporting to improve performance

Kaiser Permanente (KP) is recognised as one of America's leading health care providers and non-for-profit health plans. It's committed to help shape the future of healthcare with an emphasis on hospital transparency to drive improvements in health delivery and clinical practices.

Five years ago, KP developed a performance improvement process to reduce variations in quality, safety, service and efficiency across its medical centres[42]. As part of this, real-time sharing of performance data was one of 6 building blocks that enabled KP to make the transition to a leading organisation.

Some of the reporting KP completes is summarised below:

- **Regional Quality Performance Reports** – Kaiser Permanente routinely contribute to a number of independent reports, surveys and assessments on the quality of care and services from health legal authorities[43]. Information reported included patient experience, waiting times, hospital rates. Some of these reports include:

✓ 'Hospital quality and safety' survey by the Leapfrog Group which includes ratings against measures such as readmissions, safe administration of drugs and the management of serious errors;

✓ 'Physician group clinical care ratings' by the Integrated Healthcare Association (IHA); and

✓ 'Clinical Effectiveness of Care Measures of Performance' report by the Health Plan Employer Data and Information Set (HEDIS).

These reports are published on Kaiser Permanente's website and show results by hospital, which enables individuals to be empowered and make informed choices for healthcare provider or treatment choice. It also enables comparisons of quality performance against independent

benchmarks.

- **Individual reports on patient safety measures** – KP produces reports on individual patient safety measures such as bloodstream infections, patient falls and pressure ulcers. These reports detail what is being measured and why, actual results and what KP are doing to improve.
- **Real-time sharing of meaningful performance data** – The physicians and medical teams are empowered and supported by industry leading advances and tools for health promotion, disease prevention, state of the art care delivery and world-class chronic disease management. Performance data allows clinicians to directly examine the results and to identify ways they can further improve patient care. KP has implemented a process to allow physicians to set and monitor targets which are periodically updated to ensure treatments are relevant.

Underpinning this real-time sharing of performance measures, is a solid IT system that provides individual patient 'care recommendation' notifications for clinicians in addition to quality indicators such as what percentage of cardiovascular or diabetic patients are not at the target level for lipid control.

This is the eighth year in a row that Kaiser Permanente has had the most No. 1 rankings among U.S. commercial health plans[44] and they continue to rank highly in effectiveness of care measures from national benchmarking tools such as HEDIS[45].

Further information is available at Kaiser Permanente Quality and Safety

Leapfrog Group – External body hospital data reporting for comparison of outcomes in core safety and quality metrics

The Leapfrog Group is an independent, non-profit organisation that serves as a centralised reporting mechanism for healthcare services in the United States (US), driving healthcare quality and patient safety improvement across that country's healthcare system.

Leapfrog is recognised as one of the nation's premier advocates of hospital transparency—collecting, analysing and disseminating hospital data to inform decisions by patients (and, in the US context, also by insurance organisations).

They produce two key reports the Leapfrog Hospital Survey and the Leapfrog Hospital Safety Grade. The key benefits of this reporting include;

- Reporting informs patients, consumers and clinicians as to hospital quality metrics
- Hospital performance improvements are reported on key metrics over time
- Consolidation of individual provider or hospital data in the Hospital Safety Grade provides a comparative view between individual hospitals

The group specifically breaks down reporting between quality and safety elements of healthcare, noting that patient safety is one important element of an effective, efficient health care system where quality prevails. Here's how you can break it down:

The group has a range of services for hospitals and healthcare providers, the forefront of which is the **Leapfrog Hospital Survey**. This survey collects and publishes hospital performance and quality and safety information to allow patients to make informed care choices.

The Leapfrog Hospital Survey is also complemented by the **Leapfrog Hospital Safety Grade**, which uses national performance measures from the Centre for Medicare and Medicaid Services, the Leapfrog Hospital Survey, the Agency for Healthcare Research and Quality, the Centre for Disease Control and Prevention, and the American Hospital Association's Annual Survey and Health Information Technology Supplement, to assess hospitals' progress in key areas over time. The Safety Grade is focussed on hospital comparisons and, while useful for patients, is considered a more clinically-focused approach to drive patient safety improvement through changed behaviours and – over time – improvement in the grading. Further information is available at http://www.leapfroggroup.org/ratings-reports/reports-hospital-performance and http://www.hospitalsafetygrade.org/.

Metrics in the Leapfrog Group's reporting include[46]:

Report name	Published format	Reported Metric	Rate (if available)
Leapfrog Hospital Survey	Interactive online format	**Inpatient Care Management** Safe Practices Never events Antibiotic Stewardship ICU Physician Staffing Hospital Readmission	Steps to avoid harm Never events management Appropriate use of antibiotics in hospitals Specially trained doctors care for ICU patients Readmissions for common acute conditions
		Medication Safety Computerized Physician Order Entry Bar Code Medication Administration	Doctors order medication through a computer Safe Medication Administration
		High Risk Surgeries	Aortic Valve replacement Abdominal aortic aneurysm repair Pancreatic resection Esophageal resection
		Infections and Injuries Hospital acquired infections Hospital acquired injuries	Central-Line Infections in ICU Urinary Catheter Infections in ICU MRSA Infections C. difficile infections Surgical site infection following major colon surgery
Leapfrog Hospital Safety Grade	Interactive tool, online	**Infections**	MRSA Infection C. diff Infection Infection in the blood during ICU stay Infection in the urinary tract during ICU stay Surgical site infection after colon surgery
		Problems with Surgery	Dangerous objects left in patient's body Surgical wound splits open Death from serious treatable complication Collapsed lung Serious breathing problem Dangerous blood clot Accidental cuts and tears
		Practices to Prevent Errors	Doctors order medication through a computer Staff accurately record patient medications Hand washing Communications about medicines Communication about discharge Staff work together to prevent errors
		Safety Problems	Dangerous bed sores Patient falls Air or gas bubble in the blood Track and reduce risks to patients Take steps to prevent ventilator problems
		Doctors, Nurses & Hospital Staff	Training to improve safety Effective leadership to prevent errors Enough qualified nurses Specially trained doctor care for ICU patients Communication with doctors Communication with nurses Responsiveness of hospital staff

Appendix 3 - Examples of indicators currently reported by different organisations

The table below summarises a range of clinical outcome data, clinical incident data, patient reported outcome measures and patient reported experience measures that are collected (and in some instances publicly reported) by various organisations in Queensland, in Australia more broadly and internationally. In many instances, due to the common nature of the measure, these have been grouped. The actual indicators collected (and in some instances are reported) vary widely, and a selection of those are indicated. These may be useful for different purposes, and are provided to facilitate consideration in responding to questions in this Discussion Paper.

Measure or overarching data	Indicators that are collected and/or reported (depending on organisation) in relation to this particular measure
Hospital acquired infection rates and hand hygiene	• Staphylococcus Aureus Bacteraemia (SAB) (including MRSA) • Clostridium Difficile • Hand washing activities • Central line associated bloodstream infections • In hospital sepsis rate
Condition specific / surgical intervention /medication safety and other matters resulting in the following clinical outcomes:	• Complications of surgery (e.g. Hip Replacement complications of surgery) • In-hospital mortality (e.g. Stroke, acute myocardial infarction, fractured neck of femur, pneumonia) • Hospital standardised mortality ratio (HSMR) • Long-stay outcomes beyond benchmark in-hospital timeframes (e.g. Knee replacement long stay) • Deaths in low-mortality Diagnostic Resource Groups • Unplanned hospital readmission (e.g. Stroke, acute myocardial infarction, fractured neck of femur, heart failure, knee and hip replacements, paediatric tonsillectomy and adenoidectomy) • Relative Stay Index for multi-day stay patients • Day of surgery admission rates for non-emergency multi-day stay patients
Maternity & Neonatal	• Induction of Labour • Instrumental Delivery • Third and/or fourth degree tears • Episiotomy • Caesarean section • APGAR scope of less than seven
Patient Harm	• Pressure Injuries • In-hospital falls • In-hospital falls resulting in injury • Hospital Acquired Complications • Medication errors requiring medical intervention • Adverse transfusion reactions • Unplanned return to operating theatre • Total number incidents categorised by type (Severity Assessment Code (SAC) 1, 2 and 3) • SAC 1 incidents with a Root Cause Analysis completed within 90 calendar days

Patient experience surveys	• Overall patient satisfaction with hospital • Time taken to be seen in Emergency Department • Overall rating of care • Involvement in decision-making about your care • Level of communication you received • Pain management • Perceived support during transition of care (between providers and between locations) • Willingness to recommend hospital • Quietness of hospital environment • Cleanliness of hospital environment
Accreditation Status	• Status/performance against the ACQSHC's ten national standards
Complaints	• Complaints acknowledged within X calendar and/or working days (different timeframes for different service providers) • Complaints resolved within X calendar and/or working days (different timeframes for different service providers)
Mental Health	• HoNOS Score (Health of the National Outcome survey/scale) measured on admission and discharge to see if an improvement occurred • Community follow up within the first seven days of discharge from a psychiatric admission • Repeat hospital stays for mental illness (at least 3 stays per year) • Seclusion

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