

High performing health services

Purpose

High performing health services: Victorian health service performance monitoring framework 2014-15 includes a range of significant changes to the way health service performance is monitored and assessed. This guide provides a brief overview of the key changes and is intended for reading alongside *High performing health services*.

Strategic directions for a changing healthcare system

High performing health services sets out four strategic directions for performance monitoring. The directions are driven by the *Victorian health priorities framework 2012-2022*, which sets out the key priorities for planning and delivering an innovative, informed and effective healthcare system that is responsive to people's needs. The strategic directions for *High performing health services* also reflect evolution in thinking about how healthcare system performance should be measured to ensure that Victorians continue to live long and healthy lives. The four strategic directions are:

- Patient experience and outcomes
- Governance, leadership and culture
- Safety and quality
- Financial sustainability

These strategic directions are underpinned by a core set of access and timeliness indicators that continue to be fundamental to assessing health service performance.

The strategic directions are informed by national and international evidence on high performance in healthcare. They also acknowledge the importance of contextual factors in monitoring health service performance and helping drive future improvements in performance.

The changes to the performance monitoring framework aim to ensure that the performance conversation between the department and health services is broad-based, encompassing: public and confidentially reported performance; targets; and non-target indicators.

The performance conversation will also increasingly include dialogue on performance issues that places performance monitoring in a wider context and focuses on opportunities for improvement.

Performance assessment and monitoring

Increasingly, the performance conversation between the department and health services will focus on the strategic directions described in *High performing health services*. While the department is committed to working with health services to drive high performance, it also has a responsibility to ensure that problems are detected and acted upon quickly.

In some cases, performance issues will trigger a higher level of monitoring of health service performance by the department to ensure that appropriate action is being taken to address performance concerns.

When determining the level of monitoring, factors considered include, but are not limited to, the following:

- accreditation outcomes where core action items are assessed as not met or significant risk of patient harm is identified
- persistent and emerging financial risk, including deficit operating result, low liquidity or material budget issues
- demonstrated performance deficits in other critical areas, including: significant unexplained variation in health outcomes or patient experience; indications of pervasive failure in leadership or culture; identified failures in clinical or corporate governance; or unacceptable outcomes in the quality of patient care, occupational health and safety or human resources
- emerging or ongoing significant underperformance or deterioration in service access or timeliness indicators, where relevant
- the level of departmental support required to sustain operations or manage risks.

In addition to these factors, the performance assessment score (PAS) is a key mechanism for determining the level of monitoring applied to health services. The score is derived from a subset of the key performance indicators (KPIs) included in Part B of the statement of priorities (SoP). In the case of those services for which no PAS is generated, these risk factors are the primary means of determining whether a higher level of performance monitoring is required. In 2014–15 this approach applies to small rural health services, Ambulance Victoria and Forensicare.

Changes to the PAS for 2014-15

The PAS is divided into three domains: safety and quality (formerly 'service'), financial sustainability (formerly 'finance') and access. For 2014–15 the PAS has been reframed to align with the new strategic directions for performance monitoring. The safety and quality domain encompasses the KPIs relating to the strategic directions of: patient experience and outcomes; governance, leadership and culture; and safety and quality. The financial sustainability domain focuses on sustainability and cash management. The access domain continues to focus on timeliness of treatment for emergency care and elective surgery patients.

The contribution that each domain makes to the overall PAS has been rebalanced to give increased weight to the safety and quality domain. This domain now accounts for 30 per cent of the total PAS (up from 10 per cent previously). The financial sustainability and access domains now contribute 35 per cent to the total PAS (down from 45 per cent). The diagram at Attachment 1 shows the 2014-15 PAS domains and KPIs, including the new KPIs added to the safety and quality domain. Details of changes to KPIs in the PAS are included as part of the 2014-15 changes described below. Further detail is provided in Section 3 of *High performing health services*.

2014-15 changes

Changes to the performance monitoring framework for 2014-15 are set out below according to the strategic direction to which they are most relevant. These changes are also detailed in Appendix 1 of *High performing health services*. Note that there are no changes to access KPIs.

Patient experience and outcomes

- Compliance with the Victorian Health Experience Survey will be included in the PAS. Benchmarks for survey scores will be established during the first two quarters of 2014–15 and shadowed with health services in the second half of the year for introduction into the PAS in 2015–16.
- The previous composite indicator for infection surveillance has been split into two separate KPIs for 2014–15: (i) intensive care unit (ICU) central-line-associated bloodstream infection (CLABSI) and (ii) healthcare-associated surgical site infection (SSI) surveillance. Hip and knee SSI surveillance must be undertaken for the July–December period, but health services may substitute another surgical procedure for the January–June period (see the business rules at Appendix 5 of *High performing health services* for more detail).
- Mental health seclusion rate will be included in the PAS.
- Comparative data on whole-of-hospital and four condition-specific mortality measures (pneumonia, stroke, acute myocardial infarction and fractured neck of femur) will be reported in Program Report for Integrated Service Monitoring (PRISM) in 2014–15. Health services should undertake their own investigations of ‘outlier’ results for their services, commensurate with the degree of variance. These will be reviewed at quarterly performance meetings with the department.
- Health services will be eligible to receive additional funding under the Victorian Government Pricing for Quality initiative where they are able to demonstrate a zero rate of ICU CLABSI over two consecutive quarters.

Governance, leadership and culture

- The current response rate indicator for the People Matter survey will be replaced by a composite indicator based on the eight safety culture items from the survey and the new indicator will be included in the PAS.
- The department will establish a performance improvement panel of suitably experienced healthcare leaders to provide support in specific areas to health services where performance could be improved.
- For health services on or at risk of moving to intensive monitoring, stronger action will be taken through the department’s engagement with health service board chairs.

Safety and quality

- Hand hygiene compliance will increase incrementally to a new statewide target of 80 per cent, with higher thresholds for lower scores being phased in over consecutive quarters of 2014–15.
- Performance reporting to the department against cleaning standards will be increased to three out of four quarters, to align with the current number of cleaning audits undertaken per annum by health services. This replaces the current SoP KPI of a single annual figure based on the mandated external cleaning audit.
- Healthcare worker influenza immunisation will be incorporated into the PAS in 2014–15.

- Health services will be eligible to receive additional funding under the Victorian Government Pricing for Quality initiative where they are able to demonstrate that they are meeting developmental actions with merit in the National Safety and Quality Health Service Standards.

Financial sustainability

- A new traffic light pass/fail indicator will be included in Part B of the SoP based on the submission by health services of basic asset management plans to the department.
- Part A of the SoP will include an objective to 'identify and implement practice change to enhance asset management' against the *Victorian health priorities framework 2012–2022* key priority of 'increasing the system's financial sustainability and productivity'.
- The operating result indicator in the PAS will contribute 25 per cent rather than 30 per cent of the total PAS.
- The maximum PAS points for the operating result KPI (20 points) will be reserved for health services in surplus and that have achieved or are ahead of budget; health services in deficit while achieving or being ahead of budget will only be eligible to score up to a maximum of 17 points for the operating result KPI.
- The public and private weighted inlier equivalent separations indicator will be removed from the PAS.
- A new suite of liquidity measures will be introduced into PRISM including: modification of the Current Asset Ratio (CAR) to include Long-term Investments; introduction of an actual and forecast Cash at Bank indicator; and possible modifications to the Days of Available Cash indicator.

Attachment 1: 2014-15 PAS domains and KPIs

Patient experience (new)

Mental health seclusion (new)

Safety culture (new)

HCW influenza immunisation (new)

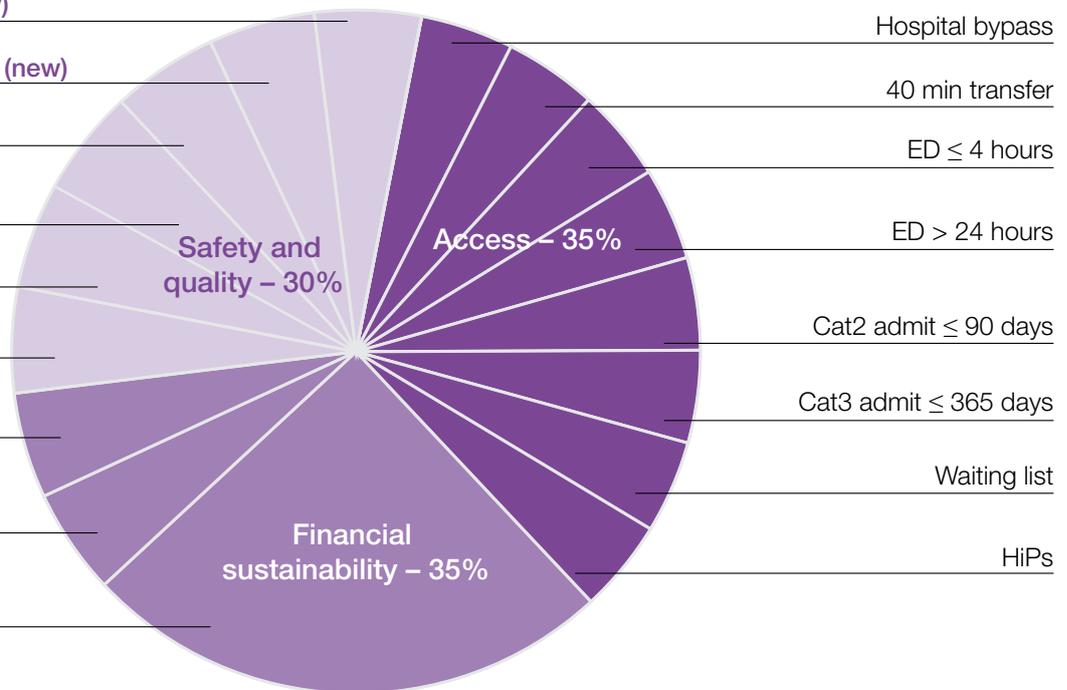
Hand hygiene

SAB rate

Trade creditors

Patient debtors

Operating result



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