

Review into Australia's Health System Performance Information and Reporting

Frameworks Response to call for feedback from Palliative Care Nurses

Australia (PCNA) (NB: submissions due Feb 17)

Recommendations: <https://www.healthperformanceframeworksreview.com.au/the-proposed-framework/>

Main website: <https://www.healthperformanceframeworksreview.com.au/>

Framework for health system performance information and reporting

1. *What are your views on the proposed framework for health system performance and reporting, including the recommendations on what should be included in the framework? Is there anything missing from the proposed framework? (Please limit response to 400 words or less)*

Recommendation 1: The NHPF and PAF should be combined to create one overarching health system performance information and reporting framework.

Palliative Care Nurses Australia agrees with the proposed strategy of creating a single source of data to inform health system performance and improvement. However, a review of current information available online for the Performance and Accountability Framework (PAF) and National Health Performance Framework (NHPF) has shown a lack of measures to identify performance of quality end-of-life care in any health care setting.

There are several measures that speak to access and care (such as availability of GPs; waiting times for GPs; affordability of GP and specialist care; access to aged care services; number of potentially avoidable admissions; review of falls data / pressure ulcer data / drug error data etc) and we note the proposed inclusion of a measure for patient satisfaction / experience. However, we feel the ability to measure quality of end-of-life care across the health sector for the thousands of Australians requiring this, is not adequately covered in either the NHPF or PAF. Of note, the areas of importance identified by consumers for such care need to be considered and incorporated into measurement across primary, aged and acute care settings. Linkage of these data sets to relevant health frameworks in each jurisdiction will be helpful in informing this work. A national viewpoint for such care is also important to support development of benchmarks and national improvement efforts.

We note the planned changes to increase consumer input and support this change strongly. Palliative Care Nurses Australia would be happy to provide ongoing consultation to assist in the development of appropriate measures as this work progresses.

Recommendation 2: The optimal health system performance information and reporting framework should:

- **be based on the logic of the NHPF**
- **be linked to strategic priorities**
- **consist of a defined purpose, audience and beneficiaries**
- **expand coverage of equity to become a lens across the whole framework**
- **be driven by the principle of transparency**
- **include analysis of consumer experience and satisfaction of the healthcare system**
- **ensure the needs of different populations are considered**

- **include both technical and allocative efficiency**
- **allow for sub-jurisdictional analysis of regional areas.**

Palliative Care Nurses Australia (PCNA) recognises the logic of the NHPF and can see examples of similar measure structures used internationally. The domains noted are sound and useful. However, many current measures speak to level of occurrence (of an illness / of readmission / of particular surgeries or care plans) and we do not feel these adequately address quality of healthcare. Quality assessment may include satisfaction / experience data, but there should be additional robust measurement for quality of performance and improvement requirements (that is, targeted outcome measures). The NHPF does measure aspects of access but only for certain parts of healthcare delivery (surgical, mental health, cardiovascular etc) and therefore a full review is needed if population equity is to be achieved. At present, we suggest the logic of the NHPF would be improved through a greater engagement with consumer identified areas of importance and support the planned inclusion of this within the proposed framework.

PCNA agrees with linking measurement, strategic priorities and high level governance structures, as well as with the need for a defined purpose, audience and beneficiary of information gathered. However, we also recommend identifying data that will inform different areas of care provision so as to reduce duplicated effort. For example, measures related to person centred care will often inform quality of end-of-life care and reporting data to inform both aspects of care is important.

PCNA agrees with the need for equity across the health system, transparency and measures to address the needs of diverse populations. At present the NHPF along with the PAF does not enable this. Transparency will be enhanced where governance structures are focused on an improvement culture, rather than negative consequences where outcomes are not met. Inclusion of consumer experience and satisfaction is vital and should provide the foundation for data reporting and governance processes. Technical and allocative efficiency is fundamentally important yet difficult to achieve, and may drive measures that are 'easy to collect' rather than those that truly inform quality. Measures must be feasible but also meaningful. At present, NHPF and PAF measures do not allow comprehensive understanding of quality of end-of-life care provision within any health setting (primary, aged or acute care). Data linking with accreditation systems would be an interesting adjunct for consideration in relation to this point. Sub-jurisdictional analyses is a worthwhile addition to national reporting and we support development of structures than enable this.

2. *What are your views on the recommended principles for indicator selection?** (Please limit response to 400 words or less)

Recommendation 3: The indicators supporting the combined framework should:

include a mix of process and outcome indicators

balance coverage across primary health care and hospital systems (both public and private)

be structured in tiers tailored to the level of the health system they are reporting on provide for a deliberate cross-cutting focus of key populations, such as culturally and linguistically diverse (CALD) communities, people with chronic conditions, people with mental health conditions, Aboriginal and Torres Strait Islanders and older people.

Palliative Care Nurses Australia (PCNA) agrees with the recommended principles and related context outlined and believe such changes would be an improvement on current data collection. The addition of structural measures would also guide services to consider environmental factors that

contribute to improved health care experiences e.g. appropriate environment for Indigenous consumers; privacy for relatives of a person who is dying. Some structural measures will need to be more locally developed; however, there are key national measures that could drive equity in relation to this aspect of care. For example: requirements for hospitals to enable space for relatives to support loved ones who are dying in the hospital setting.

We suggest consideration of the aged care sector to ensure balance of measures across primary and acute care. With many people receiving health care via aged care, it is important that their experiences are represented.

We recommend that a key population be people who are nearing or reaching the end of their life (i.e. people with approximately 12 months or less to live) and are willing to work with you to develop quality measures of their healthcare experience. We also have consumers who would assist development of end of life care quality measures.

Model for health data collection, supply and use

1. *What are your views on the proposed model for health data collection, supply and use, including the recommendations on what should be included in the model? Is there anything missing from the model? (Please limit response to 400 words or less)*

Recommendation 4: A national model for data collection, supply and use for health system performance information and reporting should be established

Recommendation 5: A national model for data collection, supply and use for health system performance information and reporting should include:

- **the principles of transparency, single provision, multiple use and fit for purpose**
- **the core requirements and critical enablers for effective data collection, storage, linkage and analysis, and reporting.**

Palliative Care Nurses Australia (PCNA) supports the commentary within recommendations 4 and 5. We particularly value the focus on using systems that limit burden of data collection and consideration of data linkage. We continue to note the need for measures of true quality, not purely of what has occurred, and acknowledge this is challenging to collect in automated ways. A continued focus on this gap, innovative approaches to address this and ongoing engagement with consumers is vital for progression of meaningful measures.

We add that there is potential for benchmarking not only with other countries (as noted within 'reporting') but also within Australia across the States and Territories, governance for which could be managed at national or State/Territory level. Such data availability would enable system level improvements across Australia through collaborative improvement efforts.

2. *What are your views on the proposed tiered reporting framework for health data? (Please limit response to 400 words or less)*

Recommendation 6: A tiered reporting framework should be implemented to suit different audiences, which produces different products according to the audience and purpose of the report.

Palliative Care Nurses Australia (PCNA) supports the proposal for tiered reporting. It is sensible, more useful for stakeholders and supports data collection to inform change. We also suggest adding

people approaching the end of their lives as a specific population, so as to measure whether care of this population is appropriate to their needs, and that of their families. How this is captured within a 'points of care' approach needs careful thinking to ensure services better understand their particular care delivery, outcomes achieved and what improvements are required. This consideration is required for all tiers of reporting. Palliative Care Nurses Australia is well positioned to inform and support development of this reporting framework for quality of end-of-life care.

Recommendations for implementation

1. *What are your views on the recommendations for implementation? Is there anything else that should be considered? (Please limit response to 400 words or less)*

Recommendation 7: National leadership through the COAG Health Council should drive improvements in health system performance information and reporting

Recommendation 8: Governance of health system performance information and reporting through the relevant Committees should take a more strategic focus by reviewing membership of the Committees, the terms of reference and implementing procedural changes consistent with the broader review of the Australian Health Ministers' Advisory Council (AHMAC) Principal Committee structures.

Recommendation 9: Roles and responsibilities for key national bodies and the jurisdictions should be reviewed to ensure they are aligned to the key functions required under the combined framework.

Recommendation 10: Legislation (the National Health Reform Act 2011) and Agreements (the National Healthcare Agreement 2012, the National Health Reform Agreement 2011, and the National Health Information Agreement 2012) should be amended to enact recommendations from this review.

Recommendation 11: Principles for indicator management and review should be agreed by the Australian Health Ministers' Advisory Council (AHMAC) through the National Health Information Standards and Statistics Committee (NHISSC) and the National Health Information and Performance Principal Committee (NHIPPC), which AIHW should then use to biennially review the indicators in consultation with relevant organisations.

Recommendation 12: Infrastructure and digital systems, including METeOR and relevant data collection systems, should be upgraded to support the health system's increased capabilities in performance information and reporting.

Recommendation 13: Key stakeholders (consumers, providers, jurisdictions and other bodies) should be engaged to refine implementation and obtain the support and cooperation of stakeholders across the system.

Recommendation 14: Regular monitoring of the framework's performance and periodic evaluation of the framework's achievements of its purpose, along with implementation recommendations, should be conducted.

Palliative Care Nurses Australia (PCNA) feel recommendations 7 – 14 outline a robust approach to implementation, embedded in senior governance structures and evaluation strategies. We have two points to consider in relation to implementation.

Firstly, in relation to development of indicators (Recommendation 11) we note the need to develop robust indicators that measure not only access and activity but also outcomes and experience of care. Understanding what is important to patients and carers is essential to informing such indicator development. Patient and family centred measures in combination with those that measure other aspects of care provision (translation of best evidence based care, access, cost efficiencies etc) would more fully inform optimal healthcare. We acknowledge it is challenging to achieve this and note that many countries grapple with this issue. However, such development would progress health care access and delivery in Australia and better focus quality improvement efforts.

Secondly, PCNA suggests national peak bodies be considered as key stakeholders to support implementation (recommendation 13). This is important to enable consideration of specific populations receiving health care across all care settings (e.g. aged care, palliative care, and care of people with diabetes, asthma, cardiovascular health issues). We understand and support the key approach taken here to streamline data capture. However, engaging service experts and consumers with specific needs would enable better understanding of how data points can be interpreted for different purposes. For example, data informing integration of primary and tertiary healthcare services supports development of service delivery models and is informed by engaging such people at the outset. In relation to palliative care, practitioners understand the value of measures of person centred care and how data reporting would best inform service improvements. Peak bodies also have the capacity to canvas the views of their members (clinicians, academics, policy workers, consumers) to further enhance feedback provided.