



**Blueprint objective** 2. Performance information and reporting that is fit for purpose

**Case example** Performance information and reporting: New South Wales experience

**What is the community need or problem being addressed?** Patient Reported Measures (PRMs) are questionnaires that measure patients' perception of their health and healthcare experiences and the impact of conditions and treatment on their health and quality of life.

PRMs are a critical component of achieving the NSW Health vision for truly integrated, better value care across the state. Direct and timely feedback about patient reported health outcomes and experience of care will help to drive improvement in quality and safety, and to facilitate the integration of health care across NSW.

The routine collection, measurement and timely reporting of PRMs transforms healthcare at three levels:

- Individual patient/clinician level: enhancing the quality of patient-clinician communication and decision making during care and treatment;
- Service level: including the patient voice in efforts to improve the quality of care and service delivery; and
- System level: capturing the patient voice in population-based evaluations of care and treatments.

**What is the approach being implemented?**

The NSW Agency for Clinical Innovation (ACI) is responsible for leading the co-design, testing, refining, implementation and evaluation of PRMs across NSW.

- PRMs have been implemented in a range of clinical settings in LHDs (acute care and hospital outpatients), community-based services and general practice across NSW.
- The implementation of PRMs vary in terms of clinical speciality and model of care. Within each site or geographical location using PRMs, there can be multiple care programs registering patients in PRMs.
- Sites are able to collect PRMs via an electronic tablet device and clinicians are able to access reports on Patient Reported Outcome Measures (PROMs) in real time. Aggregated Patient Reported Experience Measure (PREM) reports are also provided to the sites on a monthly and quarterly basis.





**What is the context in which the activity or program is being implemented?**

- PRMs are being implemented as part of the NSW Integrated Care Strategy<sup>1</sup> and the Leading Better Value Care Program<sup>2</sup>.
- Under strategy 2 of the NSW State Health Plan: Towards 2021<sup>3</sup>, specifically objective 2.3, 'foster engagement from consumers and carers to improve the customer experience', PRMs are a key deliverable.
- PRMs also feature as a component of one of the key focus areas to support the delivery of the eHealth Strategy for NSW Health 2016-2026<sup>4</sup>.
- The ACI PRM program is complementary to the Bureau of Health Information's patient survey program, which includes patient-reported measures for the purpose of supporting the evaluation and reporting of the performance of NSW Health, and increased transparency and accountability in healthcare.
- It is also complementary to the work undertaken by Local Health Districts to ensure that regular patient feedback is received using different bedside devices and/or surveys at discharge from facilities.

**What have been the key enablers to the success of this approach?**

**Enablers of the PRMs Program**

- Genuine co-design has been identified as a key enabler of the PRMs Program<sup>5</sup>. Taking the time to understand local models of service delivery and care is vital when embedded PRMs into routine clinical practice.
- The provision of training and support for sites was also identified as a critical driver of staff engagement and the development of local champions. The PRMs Program has developed a range of resources including online eLearning modules, videos and tip sheets to support implementation and use of PRMs.

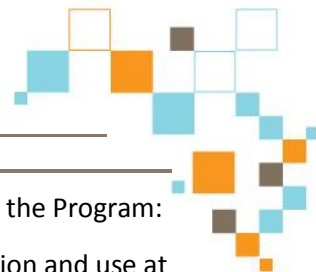
**What have been some of the challenges to the success of this approach?**

**Barriers to success**

The following key themes emerged in clinician, manager, and stakeholder feedback on barriers to program success<sup>5</sup>:

- Issues with Information Communication Technology – currently using a stand-alone electronic data capture system (REDCap) that requires separate sign-in and manual scheduling.
- Limited inducement to change and resource availability.
- Variable understanding and engagement amongst staff.
- Staff turnover.





**What is needed to scale-up the successes?**

The key factors will influence the scalability and sustainability of the Program:

- Appropriate technology architecture to support PRM collection and use at a statewide level and enable the embedding of PRMs into routine clinical practice with minimal added burden to clinicians consumers and managers.
- The statewide PRMs IT solution will require seamless integration with existing electronic medical record systems including GP software.
- Statewide consistency in the collection of PRMs to enable system performance reporting and service comparison.
- Adequate resourcing, training and support is available and services have appropriate inducement and support to change.

**More information**

[www.aci.health.nsw.gov.au/make-it-happen/prms](http://www.aci.health.nsw.gov.au/make-it-happen/prms)

**References**

<sup>1</sup> NSW Health, 2016, *NSW Integrated Care Strategy*, viewed 1 March 2018, <http://www.health.nsw.gov.au/integratedcare/Pages/integrated-care-strategy.aspx>.

<sup>2</sup> NSW Agency for Clinical Innovation, 2018, *Leading Better Value Care*, viewed 1 March 2018, <http://eih.health.nsw.gov.au/bvh>.

<sup>3</sup> NSW Ministry of Health, 2014, *NSW State Health Plan: Towards 2021*.

<sup>4</sup> NSW Health, 2016, *eHealth Strategy for NSW Health: 2016-2026*, viewed 1 March 2018, <http://www.health.nsw.gov.au/eHealth/Documents/eHealth-Strategy-for-NSW-Health-2016-2026.pdf>.

<sup>5</sup> NSW Agency for Clinical Innovation, 2018, *Formative evaluation of Patient Reported Measures*.

