


Clinical Indicators In Community Health


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Link to Clinical Governance

Definition of Clinical Governance
The systems by which the governing body, managers and clinicians share responsibility and are held accountable for patient or client care, minimising risks to consumers, and for **continuously monitoring and improving the quality of clinical care**

ACHS



Indicators vs Clinical Indicators

Indicators are succinct measures that describe a system in order for us to understand, compare and improve it


(NHS, Good Indicator Guide)



Indicators for Clinical Governance

Dimensions of Quality

- Safe
- Effective
- Appropriate
- Acceptable
- Accessible
- Efficient



Indicators for Clinical Governance

- Guidelines & Checklist for reporting on clinical quality and safety
- Indicators & minimum reporting frequencies

INDICATOR	DESCRIPTION OF INDICATOR	SUGGESTED MINIMUM REPORTING FREQUENCY
Human Resources Management		
9. Professional Development Report	May include: <ul style="list-style-type: none"> • HR/CPD Program • Any organisational training areas • Mandatory training achieved e.g. CPII Might be part of a larger HR report	Annually
10. Recruitment and Retention Report	May include audit of systems: <ul style="list-style-type: none"> • Recruitment processes i.e. Credentials checks / Police checks / Drivers License checks • Scope of Practice reports • Staff Turnover rates • Sick Leave rates • Exit reports Might be part of a larger HR report	Annually
11. Staff Satisfaction Survey	May include summary of findings, recommendations for improvements and projected benefits. Might be part of a larger HR report	Every 3 years
12. Performance Appraisals	May include summary of: <ul style="list-style-type: none"> • % of staff with completed performance appraisals • Recommendations for process improvement / changes to business processes / focus for professional development Might be part of a larger HR report	Annually
13. Professional Supervision Report	May include information regarding % staff receiving recommended regular individual or group supervision. Might be part of a larger HR report	Annually



Indicators for Clinical Governance

- Safe
- **Effective -Will intervention work?**
- **Appropriate -Suitable intervention?**
- Acceptable
- Accessible
- Efficient

Definition of Clinical Indicators



'A measure of the clinical management and/or outcome of care'

Collopy B. Int J for Quality of Health Care June 2000: 12,3

Types of Clinical Indicators



- Process
- Outcome

Types of Clinical Indicators



- Process
- Outcome

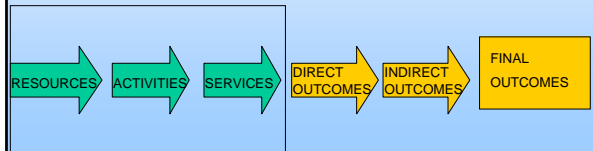


Based on: Centre for Health Services and Policy Research 2004. A Results Based Logic Model for Primary Health Care

Types of Clinical Indicators



Area of control
(process – appropriateness)



Types of Clinical Indicators



Area of control

Area of influence
Outcome - effectiveness

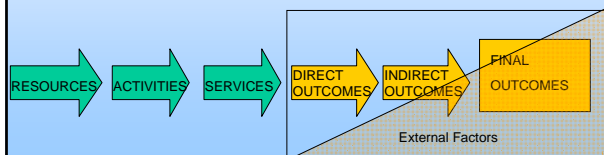


Types of Clinical Indicators



Area of control
Process – appropriateness

Area of influence
Outcome - effectiveness



VHA Clinical Indicator Working Gp



Method

- Examined literature
- Existing indicator sets
- Considered clinical risks
- Draft indicators
- Pilot
- Sector feedback

VHA Clinical Indicator Working Gp



Completed and Piloted Initial Set of Process Indicators

- Care Plans
- Diabetes Care

Investigating Outcome Indicators

- Self Management
- Quality of Life

Outcome Indicators



Direct Outcomes/Impact

Program Specific

- Knowledge
- Risk reduction
- Level of independent functioning

Generic

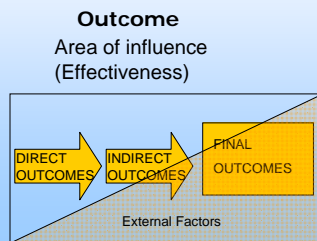
- Self management
- Self efficacy

Final Outcomes

Program Specific - ?

Generic

- Quality of Life
- Health Outcome measures



Direct Outcomes



- Self efficacy

- Self management

(PACIC- The Patient Assessment of Chronic Illness Care)

Final Outcomes



Quality of Life Indicators

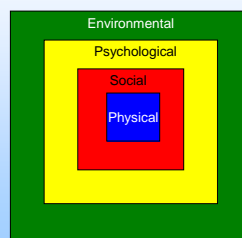
- WHOQoL

Health Related Quality of Life Tools

- Generic – SF36, AQoL
- Disease Specific – Arthritis, Cancer, Asthma tools

Health Status

Health Outcomes



Final Outcomes




Clarity re objectives of outcome indicators

- individual measures –to informing individual client care
- Program measure – difference over time or difference between known groups
- ? Economic evaluation (QALY's) or health outcome evaluation



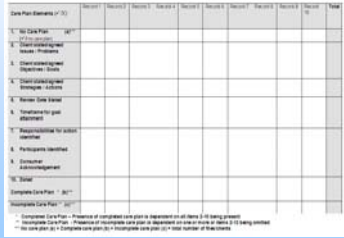
Bronwyn Allen	Mitchell Community Health Service
Christine Armit	Moreland Community Health
Paula Bacchia	Whitehorse Community Health Service
Barb Bell	Darebin Community Health
Robyn Drosten	Plenty Valley Community Health
Steve Einfeld	Quality Improvement Council
Jill Faulkner	Eastern Access Community Health
Shadi Hanna	Moreland Community Health
Denise Harisiou	Knox Community Health Service
Carolyn Hines	Darebin Community Health
Leanne Hood	Dunmunkle Health Services
Naomi Kubina	Central Bayside Community Health Service
Anne Lennard	Doutta Galla Community Health Services
Catherine Loria	South West Healthcare
Wayne Massuger	Knox Community Health Service
Kaye Redfern	Ovens & King Community Health Service
Robyn Rourke	Eastern Access Community Health
Sue Sestan	Dianella Community Health
Mary Shaw	Djerriwah Health Service
Rebecca Smith	Barwon Health
Julie White	Peninsula Health

And 12 pilot agencies



2nd Round Pilot – September 08

- Feedback November 07 forum
- Changes to clinical indicators
- Audit forms
- Benchmarking




Care Plan Indicators

- Indicator 1 Complete care plan
- Indicator 2 Incomplete care plan
- Indicator 3 Reason for incomplete care plan
- Indicator 4 Care plan review
- Indicator 5 Goal Attainment
- Indicator 6 Goals Partially Met



Care Planning

Issues:


- Definition of care plans, treatment plans, care coordination plans
- Functions of care planning
 - coordinate services
 - Client centred goals
 - Professional goal setting
- Lack of clear format for care planning
- Multiplicity of plans
- Application of care planning
- Trakcare/Isoft



Pilot results

Indicator 1 Complete care plan 5%


- Client stated/agreed issues/problems
- Client stated/agreed objectives/goals,
- Client stated/agreed strategies/action
- Review date of care plan
- Timeframe for attainment of objectives/goals
- Responsibilities for implementing strategies/action
- Participants in development of care plan
- Consumer Acknowledgement (signed or verbal acknowledgement recorded)
- Date care plan developed




Indicator 2 Incomplete care plan 80%

Indicator 3 Reason for incomplete care plan

Client stated/agreed Issues/Problems	62.4 %
Client stated/agreed Objectives/Goals	65.8 %
Client stated/agreed Strategies/Actions	65.8 %
Review Date Stated	42.2 %
Timeframe for goal attainment	27.6 %
Implementation Responsibilities	55 %
Participants Identified	48.8 %
Consumer Acknowledgement Dated	21.4 %
	64.0 %




Indicator 4 Care Plan Review 14%



Indicator 4 Care Plan Review 14%


Indicator 5 Goal Attainment 12% (60%*)
*For the 2 services who were able to determine whether goals were met



Indicator 4 Care Plan Review 14%

Indicator 5 Goal Attainment 12% (60%*)
*For the 2 services who were able to determine whether goals were met

Indicator 6 Goals Partially Met 12% (60%*)
*For the 2 services who were able to determine whether goals were met




Diabetes Care Indicators

Indicator 7 Diabetes Best Practice Care Review


Indicator 8 Diabetes Care Review Data

Indicator 9 Communication to General Practitioner



Diabetes Care

Review	Minimum Frequency
HbA1c	Six monthly
Cholesterol, triglycerides and HDL and LDL cholesterol	Six Monthly
BMI	Six monthly
Blood Pressure	Six monthly
Urinary Albumin Excretion	Annually
Self care education	Annually
Examine feet	Annually
Review diet	Annually
Review levels of physical activity	Annually
Review Smoking	Annually
Review Medications	Annually
Comprehensive Eye examination	Every two years
Review Oral Health	Every two years
Review Mental Health (e.g. K10)	Annually



Pilot Indicators

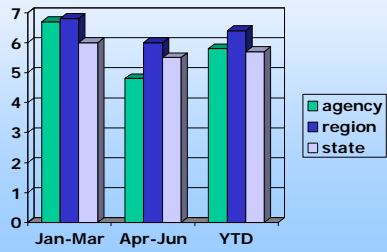
Pilot Indicator 7 -Diabetes Care Review
To determine the percentage of clients with Diabetes whose client records have evidence of being screened for all of the recommended reviews

Pilot Indicator 8: Diabetes Care Review Action
To determine the percentage of clients with evidence of action taken to refer for one or more reviews not received in the recommended timeframe

Benchmarking



DHSV Retreatment within 6 months



Discussion



1. What does the sector want from outcome indicators?
 - Immediate impact or final outcome
2. In final outcome indicators do we want to be able to
 - Monitor individual change?
 - Monitor change within a group over time?
 - Compare groups with different interventions?
 - Economic analysis or health outcome?
3. What do we need to implement these clinical indicators in the sector?