



## A Model for Service Review

The following model for service reviews has been developed to assist agencies to review service areas using a quality framework as the foundation. The model described has been developed by the VHA Clinical Governance in Community Health Project in association with Darebin Community Health.

### 1. Definitions

For the purpose of this paper the following definitions are provided:

*Service* – refers to a type of service received by consumers

*Program* – services delivered under a specific funding source

*Service review* – comprehensive review of a particular area of service delivery within an organisation. A service review may be applied for example to services delivered via a program specific funding source, organisational structure or discipline stream.

### 2. Purpose of Service Reviews

Service reviews provide organisations with an opportunity to reflect on the strengths, weakness and opportunities for improvement of particular programs or services delivered within their organisation.

Other reasons that services are reviewed include:

- Improve service delivery efficiency
- Produce data about services for use in PR, lobbying
- Compare between services, benchmarking
- Fully describe a service to inform service development in other organisations

### 3. Service Review Framework

There are many models for evaluation varying from goal based, process, outcome evaluation, needs assessment, cost benefit analysis or accreditation. The type of review chosen will reflect the reason for the review, the type of information that the organisation needs and the resources available for the review.

The model of service review presented in this paper is based on obtaining broad information about the overall quality of the service provided. The model incorporates a broad range of evaluation types. Individual agencies may need to focus on some components of the review model more than others depending on the type of information required and the resources available for review. The VQC Quality and Safety Framework (2005) provides the theoretical framework for the analysis of quality of service provision in the model described. The VQC framework describes the dimensions of quality as:

- *Safety* - The safe progress of consumers through the client journey avoiding harm arising from care
- *Effectiveness* - the extent to which the intervention achieves the desired outcomes



- *Appropriateness* – evidence of the right thing (intervention) to the client at the right time
- *Acceptability* - the degree to which a service meets or exceeds the expectations of informed consumers
- *Access* - equitable access to health services for the population they serve on the basis of need
- *Efficiency* - resources are utilised to achieve value for money

The service review comprises investigation of the extent to which the service area fulfils the dimensions of quality along with the objectives of the service area and the scope of the service delivered. The initial information regarding the objectives and scope of the service is important in clarifying how and why the service operates.

Definition of the scope of the service area is essential in outlining how the service is going to meet the identified needs and objectives. Defining the scope of the service area is a separate but related process to defining the scope of practice of individual practitioners. Defining the scope of the service area allows decisions to be made about skills sets and workforce requirements as well as being the basis for assessing the scope of practice of individuals in the service area. For some service areas there will be common and core skills sets that are required of staff e.g. in an aged care service a core competency regardless of discipline may be knowledge of chronic disease self management.

#### **4. Resources, Scope and Timeframe**

The scope of the service review needs to be defined at the outset to determine the extent of the review process required. Decisions need to be made regarding whether the focus of the service review is to be program based (such as diabetes care) or discipline based. Consideration must also be made of the available resources to conduct the review.

The review team may consist of the following people:

- Executive sponsor
- Quality manager
- Staff representative
- Consumer representative
- External agency representative from similar service
- Program or Service manager
- Human resources representative
- External consultant

The constituency of the review team will change depending on the type of review being undertaken and the resources available.

It is recommended that a brief plan or terms of reference of the intended service review be developed. A template for a terms of reference is provided in Appendix 1. The plan needs to outline the answers to the following questions.

Some key questions when planning a service review are

1. Why is the review being undertaken?
2. Who is the audience for the review?



3. What information do you need to make the decisions required or inform the intended audience?
4. Which stakeholders should the information be collected from?
5. What will be the methods of information gathering?
6. What resources are available for the review (staff time, money etc)?
7. What are the timelines for the service review?

The frequency and scope of service reviews undertaken is a decision for each organisation according to capacity and need. Organisations may decide on a regular cycle of review over a three to five year period. Alternatively organisations may have narrower reviews of all services as part of annual planning processes. Organisations may undertake more comprehensive service reviews in response to particular issues, identified priorities or high risk.

#### **5. Service Review Model:**

The model of service review proposed in this paper consists of a number of key components which form the review process. As discussed earlier, the scope of the service review being undertaken will determine which components are included.

##### *i. Organisation and Service Background*

Consideration of the history of the service enables an overview of the developmental influences on the service. Current organisational influences on the services to be considered include:

- Strategic Plan
- Quality Plan
- Cultural plan
- Other relevant organisational wide plans
- Consideration of key partnerships.

##### *ii. Policy and Planning Context*

A brief analysis of the national, state and regional policy and planning context within which the service operates. Relevant funding guidelines and program standards that define the operation of the particular service can be listed.

##### *iii. Evidence Base*

Undertake a brief review of literature (peer reviewed and grey) related to the service area, discipline or model of care.

##### *iv. Staffing/Location/Hours of Service*

Analysis of the type and number of staff, hours of service operation and geographical service location including whether any home based or outreach work is involved.

##### *v. Service Objectives*

The service objectives need to be clearly articulated. This is essential to enable examination of whether objectives are consistent with the current policy context, community needs and strategic direction of the organisation and to enable evaluation of whether the service is meeting the objectives.

##### *vi. Scope of Service*



Defining the scope of the service involves describing key features of the service in relation to target population, service delivery model and the elements of service provisions. Definition of these elements allows the core and specialist skills and competencies that are required to work in area to then be defined. Defining the skills and competencies required for service provision provides a useful way to reflect on how best to meet the needs of the target population within the available resources. Defining the scope may also assist in the development of innovative workforce models. Defining the scope of the service requires addressing the following areas:

#### *Target Population*

Description of the target population and any exclusions. The identification of the target group would be based on analyses of community needs and service gaps. There may be sub groups of the population not requiring service by the community health service. For example childhood developmental issues may be dealt with by an external early intervention agency.

#### *Service Delivery Model*

A description of the mode of service provision. For example service may be provided via one on one, group or telephone interventions. There may be a specific theoretical basis for the service model provided that can be explained e.g harm minimisation model, community development model.

#### *Elements of Service Provision*

A description of the core elements that comprise service provision in the service area i.e. assessment, treatment, advocacy, health education, community development.

#### *Key Competencies*

Identification of the core competencies required by all staff involved in delivering the service. Any specialist competencies skills required by specified staff (and defined in their job description) to deliver services to a specified target group.

#### *Qualifications and Relevant Experience*

A description of the skills/qualifications/experience needed to accomplish the function and provide the required interventions/procedures.

#### vii. Quality Improvement

A summary of the main quality improvement projects undertaken in the service in a specified timeframe.

#### *viii. Data*

The majority of the service review will consist of a summary and analysis of the findings of the evaluation data. Where possible, data should be benchmarked internally or externally to enable comparisons to be made. In addition, internal data can be graphed over time to enable identification of any significant trends.

Using the dimensions of quality to structure the data, the following elements of the individual dimensions of quality could be presented. Alternatively data presentation could be aligned to specific objectives that incorporate the dimension of quality (e.g. operational plan).



#### Safety

- The risk management profile for the service area/summary of risk register. This needs to be an integrated overview of the main risk categories including clinical, occupational health and safety (OHS), financial, human resources etc.
- Incident data
- OHS data (including Workcover claims)
- Equipment maintenance log
- Infection control audits
- Site inspection
- Medication safety

#### Effectiveness

- Impact or outcome clinical indicators (where they exist)
- Client/carer feedback /evaluations
- Comparison with any industry benchmarks of effectiveness
- Performance against service objectives

#### Appropriateness

- Process clinical indicators (may indicate whether a defined pathway has been followed .e.g. care planning, consent processes, clinical pathways)
- Credentialling report – staff qualification and training overview
- Individual scope of practice report
- Report on Peer review systems/clinical supervision
- Audit of assessment processes
- Audit of adherence to clinical guidelines/care pathways
- Client record documentation audits
- Analysis of clients with target population

#### Acceptability

- Client/Carer satisfaction
- Client/Carer complaints
- Staff satisfaction
- External stakeholder satisfaction
- Service specific accreditation feedback

#### Accessibility

- Intake prioritisation criteria
- Intake data (e.g. demand management survey)
- Waiting times
- Comparison of client pool with catchment demographics ( age, sex, postcode, Country of birth, ATSI status, health care card holder, source of referrals, number of new clients etc)
- Client information resources (external services, decision support tools, rights and responsibilities, etc)
- Interpreter services used
- Fees

#### Efficiency

- Reason for attendance analysis
- Administrative support required



- Equipment /infrastructure support
- Did not attend/cancellation rates
- Length of episode of care (average contacts per client)
- Appropriate workforce use
- Staff retention - count of all separations in organisation over previous 12 months
- Staff satisfaction
- Financial Report – service financial viability, contribution to organisational overheads
- Cost per occasion of service
- Cost per client
- Service agreement targets and outcomes
- Time spent on different elements of service provision and modes of service
- Sick Leave (average unplanned (sick and carers) leave per FTE (days)

#### **6. Additional Service Review Report Features**

It may be useful to include some narrative “stories” from consumers and stakeholders to bring to life the issues being presented. The report should not be preoccupied with presenting the best picture but a realistic picture of the service and any difficulties and failures. By presenting a complete picture of the service area decisions regarding priorities for resource allocation can be appropriately made.

#### **7. References**

Victorian Quality Council. (2005), Better Quality, Better Health Care, A Safety and Quality Improvement Framework for Victorian Health Services, Metropolitan Health and Aged Care Services Division, Department of Human Services: Melbourne.



## Appendix 1: Terms of Reference

### Terms of Reference Service Review of X service

#### 1.0 Purpose

The purpose of this service review is to evaluate the

#### 2.0 Scope

The service review will address the following aspects of the service

#### 3.0 Coordinator

The coordinator of the service review team will be

#### 4.0 Service review team

The service review will be comprised of the following people

#### 5.0 Service review team meeting procedures

- Meetings shall be scheduled (weekly)
- Meetings will be of x duration

#### 6.0 Communication strategy

- The following stakeholders will be included in the review process via the following processes
- The review will be distributed to the following stakeholders in the following format

#### 7.0 Resources

- The following time will be dedicated to the service review e.g. Review coordinator = X EFT
- The budget for service review will be

#### 8.0 Timelines

- The service review must be completed and presented to x by

**Date Terms of Reference accepted:**



## Appendix 2: Service Review Report Template

1. Title: Name of service, organisation, and date of review
2. Table of Contents
3. Executive Summary: An overview of the findings and recommendations. This section of the review document could be used for reporting to the Board
4. Purpose of Report: A summary of how the report is to be used and the methodology used to conduct the service review including how data was collected and analysed
5. Description of Service: A brief description of the nature of service delivery
6. Organisation and Service Background
7. Policy and Planning Context
8. Evidence Base
9. Staffing/Location/Hours of Service
10. Service Objectives
11. Scope of Service
  - Target Population
  - Service Delivery Model
  - Elements of Service Provision
  - Key Competencies
  - Qualifications and Relevant Experience
12. Quality Improvement
13. Data Summary - detailed data can be kept as appendices to the main report
14. Interpretations and Conclusions: A summary of the key issues emerging from the analysis of the information presented in the data section
15. Recommendations: A summary of the recommended action that needs to be taken to address the key issues identified. This can be accompanied by a more detailed action plan with objectives, strategies, timelines, responsibilities and performance measure detailed that may be form part of operational plans of the organisation and service areas.
16. References
17. Appendices
  - Instruments used to collect data
  - Detailed Data – e.g. tables, detailed stakeholder feedback etc