



## A Model for Service Review

The following model for service reviews has been developed to assist agencies to review program/discipline 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.

### Purpose of Service Reviews

Service reviews provide organisations with an opportunity to reflect on the strengths, weakness and opportunities for improvement of particular program or services delivered within their organisation. Periodic service reviews are recommended to ensure that service quality is maintained and the objectives of services are being realised through appropriately targeted planning.

Other reasons that program are reviewed include:

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

### 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.

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?

It is recommended that a brief plan of the intended service review be developed outlining the answers to the above questions.

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 program area fulfils the dimensions of quality along with the objectives of the program area and the scope of the program delivered. The initial information regarding the objectives and scope of the program is important in clarifying how and why the program operates.

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

### **Service Review Components:**

The following components are recommended for inclusion in the review process and are described under the headings that may be used in a service review report

#### *Title*

Name of service, organisation, and date of review.

#### *Table of Contents*

#### *Executive Summary*

An overview of the findings and recommendations. This section of the review document could be used for reporting to the Board.

#### *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.

#### *Description of Service*

A brief description of the nature of service delivery.

#### *Background of Service*



Discussion of the history of the service. This may include a brief background of the organisation if required. May also include discussion of key partnerships.

*Policy and Planning Context*

A description of the national, state and regional policy and planning context within which the program operates. Relevant funding guidelines and program standards that define the operation of the program can be explained.

*Evidence Base*

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

*Staffing/Location/Hours of Service*

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

*Program Objectives*

The program 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

*Target Population*

Description of the target population and any exclusions. There may be sub groups of the population not serviced 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 program area i.e. assessment, treatment, advocacy, health education, community development.

*Scope of Program*

Defining the scope of the program involves describing the core and specialist skills and competencies that are required to work in the program area. Analysing 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 defined resources. Defining the program scope may assist in the development of innovative workforce models.

*Data*

The majority of the service review will consist of a summary and analysis of the findings of the evaluation data. Detailed data can be kept as appendices to the main report.



Using the dimensions of quality to structure the data presentation the following elements of the individual dimensions of quality could be presented.

#### Safety

- The risk management profile for the program area/summary of risk register
- Incident data
- OHS data

#### Effectiveness

- Impact or outcome clinical indicators (where they exist)
- Consumer/carer feedback /evaluations
- Comparison with any industry clinical benchmarks
- Performance against program 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
- Scope of practice report
- Peer review systems/clinical supervision
- Assessment guidelines
- Clinical guidelines/care pathways
- Client file audits
- Client record documentation audits
- Service gaps
- Evidence base literature

#### Acceptability

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

#### Accessibility

- Triage criteria
- Intake data (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

#### 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
- Financial Report – program financial viability, contribution to organisational overheads
- Cost per occasion of service
- Service agreement targets and outcomes
- Time spent on different elements of service provision and modes of service

#### *Interpretations and Conclusions*

A summary of the key issues emerging from the analysis of the information presented in the data section.

#### *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 program areas.

#### *References*

#### *Appendices*

- Instruments used to collect data
- Data – e.g. tables, detailed stakeholder feedback etc

#### **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 program area decisions regarding priorities for resource allocation can be appropriately made.

#### **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.