



Measuring Outcomes and Managing Performance: Who, what, why, when, and how?

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What Is It?

- In technical terms, a **performance measure** is a quantifiable expression of the amount, cost, or result of activities that indicate **how much, how well, and at what level**, products or services are provided to customers **during a given time period**.

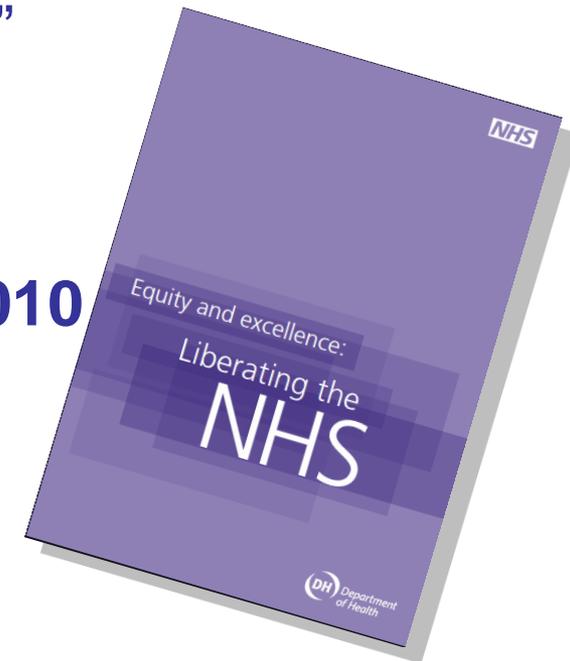
Why Do We Need It?

- It's the right thing to do
- What you measure gets done
- We have to be accountable
- They have to be held accountable
- They told us to
- I have no idea. Please tell me.
- “If you can't measure it, you can't manage it”
- To avoid knowing too little
- To avoid knowing too late
- To know the right things
- Better management
- Make informed decisions

The Reality

“Providers will be paid according to their performance. Payment should reflect outcomes, not just activity, and provide an incentive for better quality.”

Equity and Excellence
Liberating the NHS, July 2010

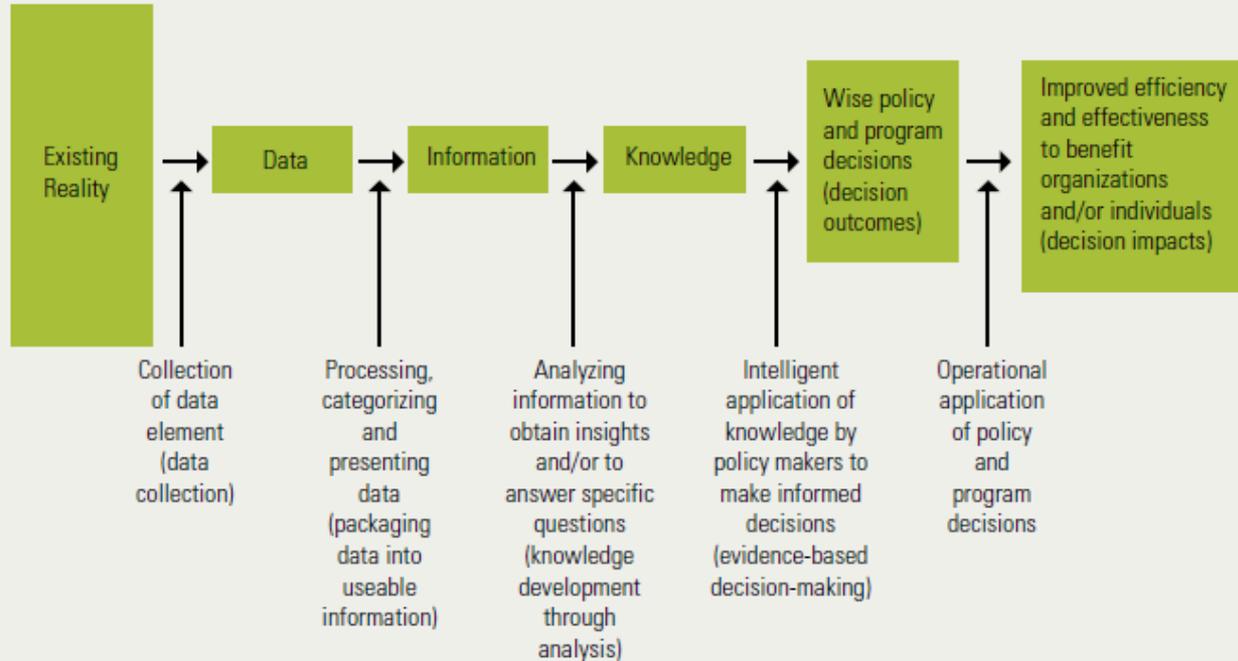


What Do We Need to Measure?

- **Inputs:** Measures of resources used by an activity or process. Some inputs relate to workload, others relate to the amount of resources used in a process like staff hours
- **Outputs:** The number of 'units' of a product or service produced or delivered, e.g. number of patients seen or completing CR
- **Process:** Describe aspects of the business process, such as drop out rate, waiting time, etc. Often has to do with efficiency or timeliness of a process
- **Outcomes:** Measures of ultimate benefits associated with a programme or service, e.g. improvement in functional capacity, reduction in readmissions

From Data to Outcomes

Figure 1. Relationship of a knowledge development system to positive outcomes and impacts



Performance Management is about...

- “... establishing a formal, regular, rigorous system of data collection and usage to indicate trends and measure the performance of NHS services
- ... taking action in response to actual performance to make outcomes for users and the public better than they would otherwise be
- ... resource management- the process of examining inputs and outputs in order to improve the quality and quantity of patient care and to assist health professionals and managers to make the best use of resources”

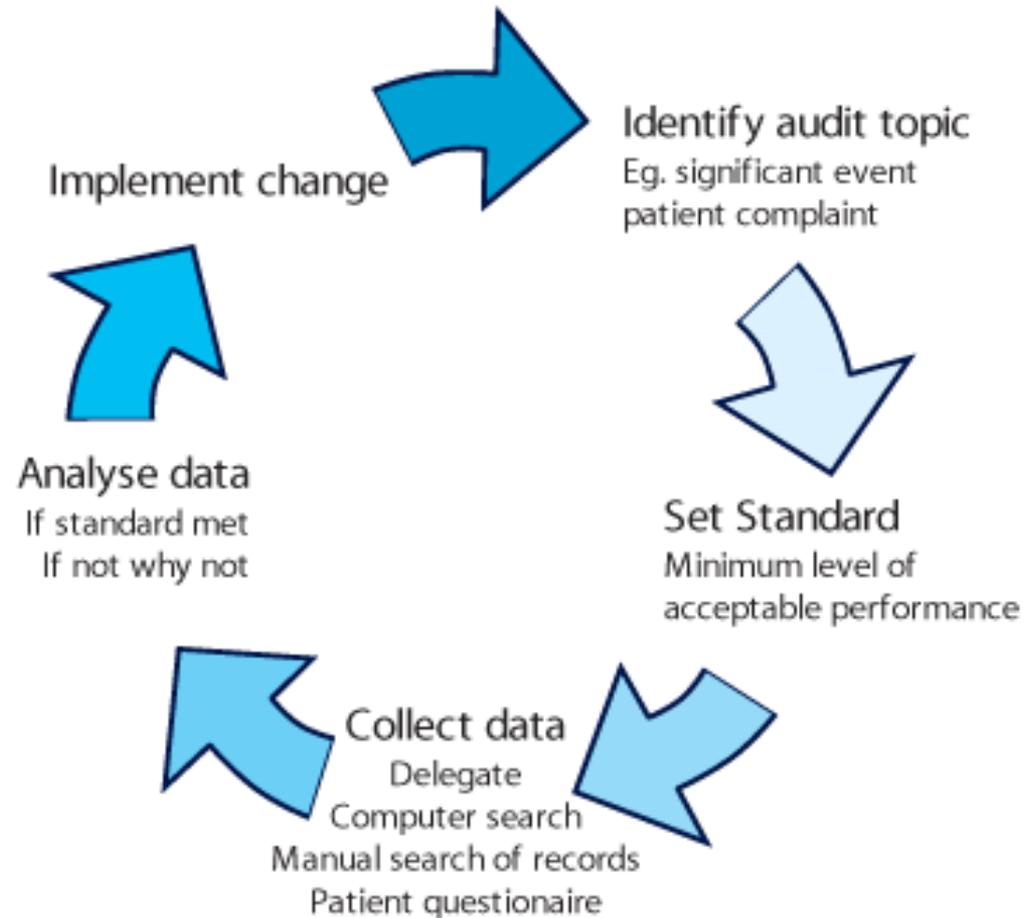
Performance Management is not...



Clinical Audit

- *Research* is concerned with discovering the right thing to do; *audit* with ensuring that it is done right
- Clinical audit is about determining whether what *should* be done *is* being done
- The focus of clinical audit is patient care and patient outcomes

The Clinical Audit Cycle



A 'Necessary Tension'



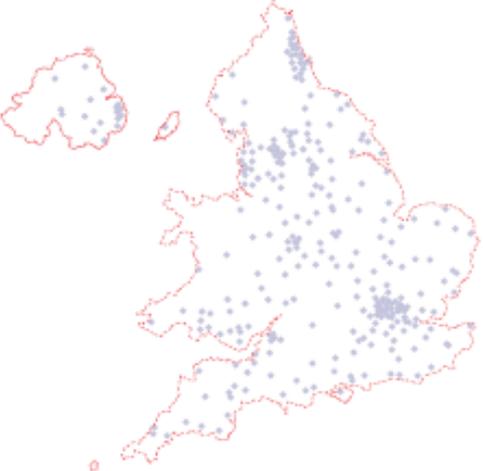
It is inevitable and perhaps to be welcomed as being in the interests of an effective and efficient service that a tension will exist between the management of resources (primarily oriented towards operational efficiency) and clinical audit (taking more account of the issues of effectiveness and care)

National Audit of Cardiac Rehab



The National Audit of
Cardiac Rehabilitation

Annual Statistical Report 2010



BEATING HEART DISEASE TOGETHER

BHF/BACR Data Set for Cardiac Rehabilitation: Record Form

(NB: Minimum Dataset is highlighted in grey. Mandatory Fields are shown in red text)

INITIATING EVENT RECORD:		Date of Birth:	
Name:		NHS Number:	
DEMOGRAPHICS			
Hospital:		Permanent partnership:	
Patient Sex: Not Known <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown <input type="checkbox"/>		Divorced <input type="checkbox"/>	
Marital Status: Single <input type="checkbox"/> Separated <input type="checkbox"/>		Ethnic Group (ethnic group by patient self-completed questionnaire, as recorded for UK national census):	
White (British) <input type="checkbox"/> White (Irish) <input type="checkbox"/> Mixed white/black African <input type="checkbox"/> Pakistani <input type="checkbox"/> Black African <input type="checkbox"/>		White (other) <input type="checkbox"/> Mixed white/black Caribbean <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Other Ethnic group <input type="checkbox"/>	
Address:		Telephone No.:	
Postcode:		GP Name:	
Next of kin:		Consultant's Name:	
HCP/Practice Name:		Facilitator:	
Consultant's Telephone No.:		Facilitator's Contact Details:	
INITIAL EVENT AND DATES			
Initiating Event: (most recent event leading to referral to rehabilitation, dates, reasons for not attending programme)			
Diagnoses: (Select 1 only):			
MI (Unknown) <input type="checkbox"/> Unstable Angina <input type="checkbox"/> ACS <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Other <input type="checkbox"/>		MI (STEMI) <input type="checkbox"/> MI (NSTEMI) <input type="checkbox"/> High Risk (>20%) <input type="checkbox"/> Angina <input type="checkbox"/> Aortic Valve Disease <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Prehab <input type="checkbox"/>	
Treatment Associated with IE (before rehab). More than one selection allowed:			
PCI <input type="checkbox"/> Mitral Valve Replacement <input type="checkbox"/> Medical Management <input type="checkbox"/> Other <input type="checkbox"/>		CABG <input type="checkbox"/> Aortic Valve Replacement <input type="checkbox"/> Transplant <input type="checkbox"/> Other <input type="checkbox"/>	
Acute Events During Rehab:			
Angioplasty <input type="checkbox"/> Heart failure <input type="checkbox"/> Transplant <input type="checkbox"/> MI with Recent PCI <input type="checkbox"/> Period of Acute Non Card Illness <input type="checkbox"/> Unknown <input type="checkbox"/>		Myocardial Infarction <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Pacemaker <input type="checkbox"/> LV Assist Device <input type="checkbox"/> Re-admission CHD <input type="checkbox"/> Unknown <input type="checkbox"/>	
Date of Referral:		Date of Discharge from Hospital:	
Referred by: Consultant <input type="checkbox"/> Cardiac Nurse <input type="checkbox"/> GP <input type="checkbox"/> PC Nurse <input type="checkbox"/> Other <input type="checkbox"/>		Date Referred to Rehab: 1st Follow-up Date: 12 m Follow-up Due:	
Date Rehab Started:		Date Completed Phase:	
Reason 1 Follow-up Not Done: Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason 2 Follow-up not done: Yes <input type="checkbox"/> No <input type="checkbox"/>	
PHASES			
Started Phase 1 Yes <input type="checkbox"/> No <input type="checkbox"/>		Date Started Phase:	
Reason for Not Taking Part (Ph):		Date Completed Phase:	
Too far to travel <input type="checkbox"/> Language Barrier <input type="checkbox"/> Rehab not appropriate <input type="checkbox"/> Died <input type="checkbox"/>		Not investigated <input type="checkbox"/> Ref'd to work <input type="checkbox"/> Too ill <input type="checkbox"/> Unknown <input type="checkbox"/>	
Reason for Not Completing (Ph):		Local exclus. Criteria <input type="checkbox"/> No transport <input type="checkbox"/> Rehab not needed <input type="checkbox"/>	
DNA - unknown reason <input type="checkbox"/> Planned/emergency intervention <input type="checkbox"/> Unknown <input type="checkbox"/>		Returned to work <input type="checkbox"/> Left this area <input type="checkbox"/> Died <input type="checkbox"/> Achieved aims <input type="checkbox"/> Other <input type="checkbox"/>	



Patient Information Sheet

WHY WE'D LIKE YOUR HELP



We have to record what we do so that the Department of Health can check that cardiac rehabilitation is reaching all of the people who need it.

It is also very helpful for us to know how what we are doing here compares with what other rehabilitation programmes achieve so that if necessary we can improve our local programme.

We are often asked to describe what we have accomplished by local managers who control the budget for rehabilitation and to continue to get funding we need to show them what we achieve.

For all of these reasons we have developed a National Dataset for Cardiac Rehabilitation, a set of questionnaires and a database so that the same information can be collected in every rehabilitation programme in the UK. 

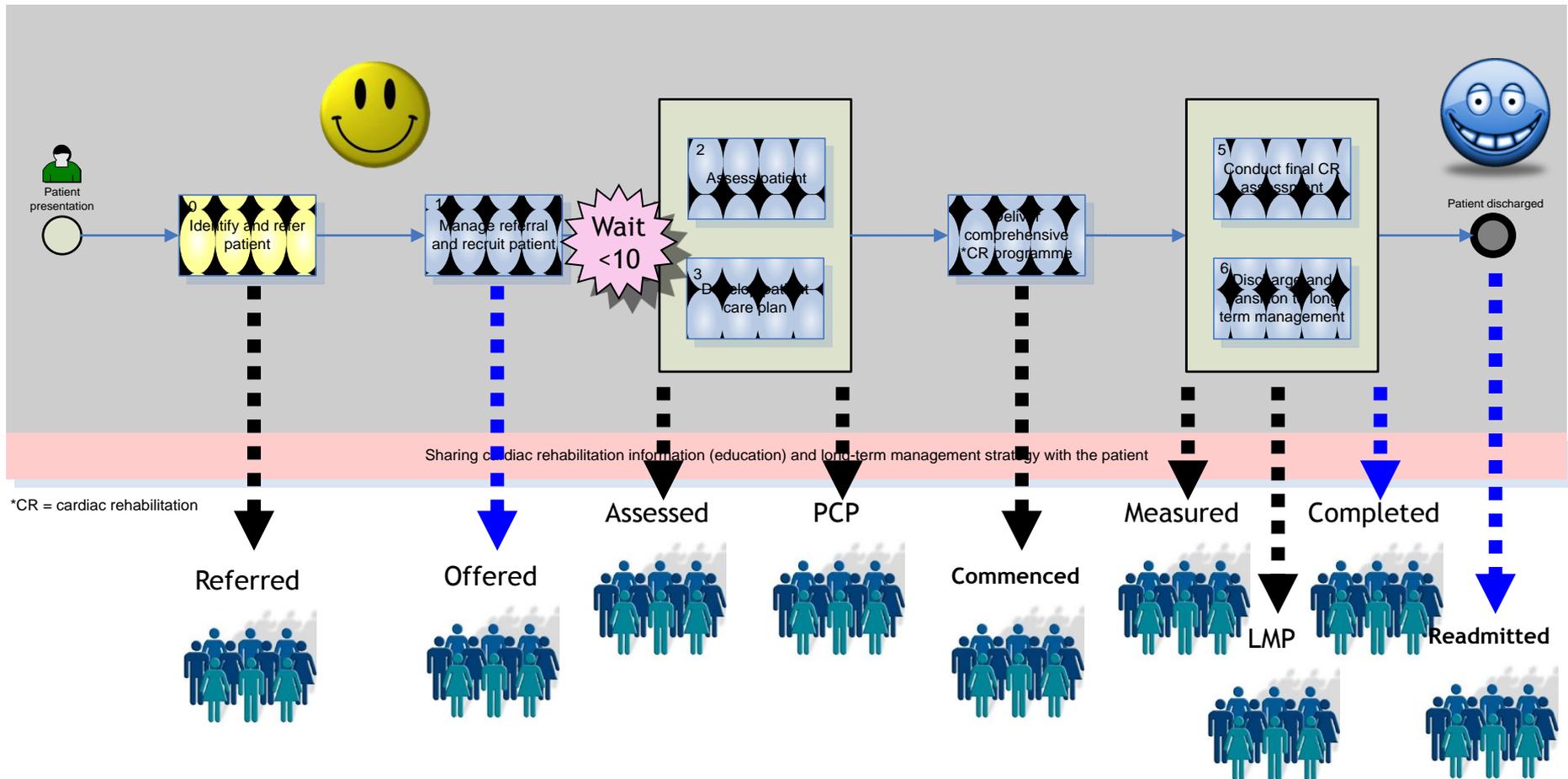
Data. *Who* needs it?

- Clinical information will assist clinical staff in the care of patients
- Performance data will assist managers to facilitate informed discussion about the provision and development of services
- The CRCP identifies a number of components that will provide commissioners with the information needed to make decisions about the management of the service. These components include:
 - **Activity.** This gives commissioners information about the volumes of patient referrals and patients being offered and completing the service.
 - **Performance.** This provides commissioners with information about the impact of the service in terms of re-admissions and patient experience.
 - **Financials.** This information enables commissioners to measure the cost of the service against the agreed price and to measure any savings as a result of the service.

CRCP: Key Service Outcomes

- Increase in number of patients **offered** cardiac rehabilitation
- Increase in number of patients **completing** cardiac rehabilitation
- Reduction in number of **acute re-admissions** due to secondary cardiac events and unplanned procedures
- Increase in the number of patients **satisfied** with the service they receive for cardiac rehabilitation
- *Supported by a set of indicators (and thresholds) that enable commissioners to manage the contract and to ensure that key objectives for service delivery are met*

Cardiac Rehabilitation Pathway (all stages)



Joint work with NACR

- Currently collaborating with NACR to explore, test and evaluate the feasibility of modifying the existing national audit dataset and database to capture the ‘mandatory’ information requirements of the service spec in the commissioning pack without compromising the integrity of the existing national audit.
- Primary aim is to facilitate the production of a **commissioner-focused report** which will help gauge progress towards the four key outcomes cited in the pack and enable commissioners to manage performance effectively
- Provide a ‘**one-stop**’ **database** for CR providers to record clinical *and* performance outcome data

Get Real!

- Performance measures cost money, time, and staff resources....but help is available!
 - Data for 2 key outcomes are already in NACR
 - Make friends with data analysts
 - Make it easy for yourself
 - Ask others
 - Make time
 - Make the case!



If you remember nothing else...

- Clinical audit is about determining whether what *should* be done *is* being done
- Performance management is about establishing a formal, regular, rigorous system of data collection and usage to indicate trends and measure the performance of NHS services
- Both can and should be used to improve the quality and quantity of patient care and to ensure an effective and efficient service
- To be effective, both rely on timely, accurate and valid information on a range of indicators