

- WCMICS Information Strategy Project - Final Report -

Maximum 5 pages please (excluding attachments):

1. Project Title

Developing a multidisciplinary allied health data collection framework for cancer services

2. WCMICS Hospital(s) / Health Service(s)

Peter MacCallum Cancer Centre (PMCC) – host site/funds administrator
Royal Melbourne Hospital
Royal Women's Hospital
Western Health
St Vincent's Hospital
Werribee Mercy

3. Project Manager

Anna Boltong

4. Project Sponsor (s) – including any executive, managerial or clinical sponsors listed on the Project Proposal

Angelia Dixon (position now filled by Gwenda Roberts)

5. Date of commencement and completion of project (advise if these vary from original application)

August 2008

April 2009

6. Summary of the Project and Outcome

The project has delivered a draft data collection framework for allied health. This will support allied health disciplines to progress further toward implementation of a framework so that consistency is achieved across all organizations around the issue of data management and reporting for effective allied health service delivery. It will also mean that further resourcing towards implementation (eg: additions, alterations, deletions to existing data collection practices) can be undertaken in a much more informed and coherent fashion

7. Introduction (background, purpose of the project)

There are various Health Data Standards & Systems (HDSS) used in Victoria's Hospitals. Such systems are heavily focused on output-based data system (number of patients, time spent) rather than outcomes of care (for example, improvement in ability to cope, weight gain). For this reason, current systems are ineffective in being able to report and link efficiency with effectiveness.

This leaves a gap in accountability for outcomes of care, and potentially less than satisfactory governance. In a culture of accountability and performance reporting in public hospitals, the allied health professions recognise the importance of being able to report what their intervention contributes to a person's health. Boyce (1993) suggests that the allied health professions are vulnerable in times of political change if they are unable to align themselves with relevant criteria for performance reporting and demonstrate effective provision of services. Discussion amongst health professionals and policy-makers recognise the difficulty with recording and reporting performance in public hospitals. Anecdotal evidence indicates this data is not being used as intended. This is because of a lack of applicability, understanding and useability of the data. Despite this, across WCMICS we are collecting data on patient care and Allied Health activity using a range of electronic and paper based vehicles. This means, we are currently collecting a suite of data, but we are not utilising the data in a way that integrates inputs and outputs (efficiency) with outcomes (effectiveness) and creates good governance.

The objective of this project was to develop a data collection framework which acts as a standard for use across WCMICS and potentially then other sites or ICS'. This project aimed to form a basis for meaningful evaluation of allied health service provision which will lead to improvements in patient outcomes through better care co-ordination and reduced variations in care.

8. Project activities (including an explanation of any significant changes from the original Project Plan)

Milestone	Date achieved
Project Outline Project outline written and presented to key stakeholders for sign off (WCMICS ISSG)	Aug 08
Presentation to key stakeholders and broader related HODs	Nov 08
Confirmation of project team - Re-define the project team based on interest and input from presentation	Nov 08
Project support across WCMICS - Executive level agreement for site-specific involvement in project	Sep 08
A theoretical framework of performance reporting for allied health- A theoretical framework using one of the allied health professions as an example of what a final framework may look like and the benefits in data analysis it may bring to allied health	Sep 08
Assessment of current allied health services across WCMICS - Develop data extraction forms for comparative analysis of WCMICS AH services	Sep 08
Assessment of communications systems across WCMICS - Describe the clinical information systems used at each site	Sep 08

Identify site-specific initiatives relevant to this project across WCMICS - Site-specific initiatives that support or cross-over with this project will be identified, and where possible and relevant, used to enhance common project outcomes	Jan 09
Development of survey for AH HODs - Current recording and reporting practices of allied health across WCMICS will indicate the level of development of performance reporting at other sites we may be able to draw on	Nov 08
Developing a framework of performance reporting - A systematic approach to data analysis and development of an initial framework of performance reporting for allied health	Jan 09
Final report and recommendations - A final report on the project findings, an initial framework of performance reporting, implementation strategy, and other recommendations for phase 2	Apr 09

9. Project findings and outcomes including evidence of achievement (specify any information/systems/tools/deliverables developed; as well as any lessons learned in the project be they good or bad. Also include the evidence from any formal or informal evaluation performed as part of the project – including that specified in relation to the WCMICS Strategic Plan 2008-11 if relevant)

This project set out to:

1. Develop a set of performance indicators (inputs, outputs and outcomes) for the allied health professions working in cancer services across WCMICS
2. Enhance the applicability of the current minimum data set for allied health to oncology services provided within WCMICS
3. Link clinical best-practice outcomes for cancer with inputs and outputs
4. Design and describe a framework of recording and reporting for allied health within WCMICS, which is potentially useable across other services or ICS

And, has achieved:

- A draft set of performance indicators (inputs, outputs and outcomes) for four allied health professions across WCMICS
- Enhanced relevance of current practice in routine data collection our allied health professions are involved in (the Health Activity Hierarchy), describing a minimum data set for allied health
- A description of how the draft performance indicators can be used to benchmark against clinical best-practice guidelines
- A proposed data-collection framework for further modelling and testing across the allied health professions in WCMICS

With additional achievements:

- A better understanding of the allied health professions working across WCMICS, the

cancer services they provide, how they do this, and their performance reporting activity

- The engagement of allied health professions in discussing the gaps in performance reporting and the use of clinical outcome measures, and the lack of evidence on which to direct day to day, and strategic policies
- The identification of potential challenges for aligning with clinical streams, and for the success of this project to achieve an agreed data-collection framework for allied health

10. Limitations of the Project (Is there anything the project did not achieve that it set out to, and why?)

The following information means that further testing and remodelling of the draft framework is required ahead of implementation:

Identifying barriers to short-term success

The main barrier to short-term success is that there are different practices and information systems in operation across the WCMICS sites and includes differences in:

1. The provision of care: an in-patient compared with out-patient delivery means an outcomes-based framework may not seem as attractive given length of stay in the acute care context is short and outcomes may not have a measurable change during that time
2. The way allied health practitioners record activity data: what is recorded and how it is recorded which will be influenced by the systems used, and particularly the system's interface (usability). These differences could impede implementation of the framework at the different sites, and can impact on the accuracy of data input
3. Inter and intra-allied health communication practices may be heavily reliant on a paper-based system rather than a paperless system; ideally a paperless system is the intention for the framework being developed

Previous WCMICS projects have highlighted a high level of heterogeneity in service delivery and applications across WCMICS. There is an opportunity through the ICS approach to increase standardisation, where possible, amongst these services, including recording and reporting performance, as well as general communication systems. As this project intends to deliver a framework to match best practice for each of the allied health professions, the framework's applicability will remain relevant while other projects are working concurrently towards this goal. This means, while immediate and short-term implementation of the framework may not be achieved, long-term success is most likely.

11. Utility of the Project to the Clinical Network (include a description of how this project, its outcomes or lessons, will be sustainable and transferable across other tumour streams and sites within or outside of WCMICS)

Sustainability:

The aim of this project was to develop a framework for standard clinical / quality indicators and data collection methods to enable ongoing measurement and evaluation of Allied Health services for Oncology patients within the WCMICS. The development of a draft framework

will provide the necessary ground work for the subsequent implementation effort.

The output of this project, a draft data collection framework for allied health, will support allied health disciplines to progress further toward implementation of a framework so that consistency is achieved across all organizations. It will also mean that further resourcing towards implementation (eg: additions, alterations, deletions to existing data collection practices) can be undertaken in a much more informed and coherent fashion. This coherence will in turn potentially allow access to larger funding pools and economies of scale.

Transferability:


Whilst the actual data elements would differ, the framework resulting from this project could be used in part or total for other professional groups/ disciplines looking to more accurately capture their patient care outcomes. For example, the nurse care co-ordinators of tumour services, or other providers of supportive care for whom the framework could be applied. The framework could be used to inform the work of other ICS or across clinical streams, and indeed could support a similar approach to inputs, outputs and outcomes in non-cancer related allied health practice.

12. Expenditure report

Budget item	Original forecast amount (inc GST)	Final amount spent (inc GST)	Comment
Staff salary and on costs (total)	\$58,905	\$60,381	Salaries inclusive of all EFT used
Project manager backfill	(not identifiable separately - see above right)	-	
Computer	\$1525	\$1515	
Other : carparking functions, travel accomodation.	\$4553	\$760	
Total amount (inc GST)	\$64,983	\$62,656	

13. Project Manager signature

I declare that this report is a true and proper representation of the activities undertaken in this project



..... Name: Anna Boltong
 Nutrition Department, Peter MacCallum Cancer Centre

Position: (Formerly Manager,

Date: 16/2/2010

14. Key Project Sponsor signature

I fully endorse this report and its content

Gwendolyn Roberts
.....
Manager, DHMO

Name: Gwendolyn Roberts

Position: Acting General

Date: 25/2/10

15. Chief Executive signature

I fully endorse this report and its content

Craig Bennett
.....

Name: Craig Bennett

Position: Chief Executive Officer

Date: 25 02 2010