

2015–16

Year in review



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State Health Publication Number: (BHI)160456
ISSN 2204-5333 (Print) 2204-5341(Online)

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Published November 2016



The Bureau of Health Information (BHI) is a board-governed organisation that independently reports on the performance of the NSW public healthcare system.

We support the accountability of the healthcare system by providing regular and detailed information to the community, government and healthcare professionals. This in turn supports quality improvement by highlighting how well the healthcare system is functioning and where there are opportunities to improve.

As well as publishing a suite of reports, we also manage the NSW Patient Survey Program, gathering information from patients about their experiences in hospitals and healthcare facilities.

BHI is led by Acting Board Chair, Mrs Mary Elizabeth Rummary AM and Chief Executive, Dr Jean-Frederic Levesque.

Trusted information. Informed decisions. Improved healthcare.



“During the year BHI continued to expand the NSW Patient Survey Program”

FROM THE CHAIRPERSON

BHI has made important advances during 2015–16, building on the initiatives outlined in the Strategic Plan 2015–19 and developing new plans to expand existing programs of work.

This year is the second year of BHI's operations under the Strategic Plan and the Board is pleased with early signs of achievement against most key performance indicators.

In addition to its regular *Hospital Quarterly* reports, BHI published two *Healthcare in Focus* reports comparing the performance of the NSW healthcare system with Australia and other countries, four *Snapshot* reports and a *Patient Perspectives* report utilising data from BHI patient surveys, a *Spotlight on Measurement* report, two *The Insights Series* reports, and the first report in a new *Data Matters* series.

During the year BHI continued to expand the NSW Patient Survey Program, including publishing the results of four surveys on the experiences of children and young people, outpatients, adult admitted patients and emergency department patients.

BHI staff members have our sincere thanks for maintaining the high quality of BHI reports and data in what was a busy and productive year.

The Board would like to thank BHI Chief Executive Dr Jean-Frederic Levesque who has led a team that continues to deliver relevant, accurate and impartial information about the performance of the NSW healthcare system.

The Board welcomed three new members in May 2016 – Professor Carol Pollock, Associate Professor John Worthington and Ian Gillespie. I would like to acknowledge and thank Professor Bruce Armstrong, who retired in October 2015 after six years as the inaugural Chair. His leadership positioned BHI as a strong and credible source of information for clinicians, healthcare managers and the community.

I also acknowledge the contribution of fellow Board members throughout the year. Their advice and expertise has been indispensable.

Mary Elizabeth Rummery AM
Acting Board Chairperson



“This year, the BHI website was redesigned to make healthcare performance information more accessible for our audiences”

FROM THE CHIEF EXECUTIVE

This year, we built on past efforts and published 15 reports that provided clear and insightful information to support improvements to healthcare in New South Wales.

We released our regular reports including *Healthcare in Focus*, our annual performance report; *Hospital Quarterly*, our up-to-date snapshot of activity and performance measures; and two volumes of *The Insights Series*, which this year looked at healthcare performance across the life span.

Alongside these regular reports we also released specialised publications. *Spotlight on Measurement* was released as a follow up to a 2013 report and enabled us to be transparent about options for measuring and reporting on 30-day mortality following hospitalisation in NSW.

We also released a *Patient Perspectives* report, in collaboration with the Cancer Institute NSW, which focused on hospital care for people with cancer, and the first report in a new series called *Data Matters* that discussed the use and potential benefits of linked data.

Key results from BHI patient surveys were released via our interactive data portal, Healthcare Observer, and summarised in four new *Snapshot* reports, and the survey program expanded to include eight surveys that were run throughout the year.

This year, the BHI website was redesigned to make healthcare performance information more accessible for our audiences. The new design reflects the high standard of presentation echoed in BHI reports.

I am pleased with the feedback BHI has received this year, from the organisations that we collaborate with, to the conferences our staff present at, on our reports and on the new website.

The coming year will see an expansion of the survey program, reporting on a wider range of subjects and new measures within our existing healthcare performance assessment framework. Much of the groundwork has been laid in 2015–16 and I thank the BHI team for their commitment to performance measurement.

Dr Jean-Frederic Levesque MD, PhD
Chief Executive

PROGRESS ON THE STRATEGIC PLAN 2015–19

In March 2015, BHI published its second Strategic Plan outlining key focus areas for the coming years.

The Strategic Plan 2015–19 commits BHI to expanding the breadth and depth of topics we report on, along with ongoing enhancements to our range of information products that will continue to inform service improvement efforts in the NSW public healthcare system.

Specifically, the plan targets four different focus areas and 38 key performance indicators (KPIs) to ensure balanced development of the organisation, excellence in reporting, and sustainability over the longer term.

The focus areas cover:

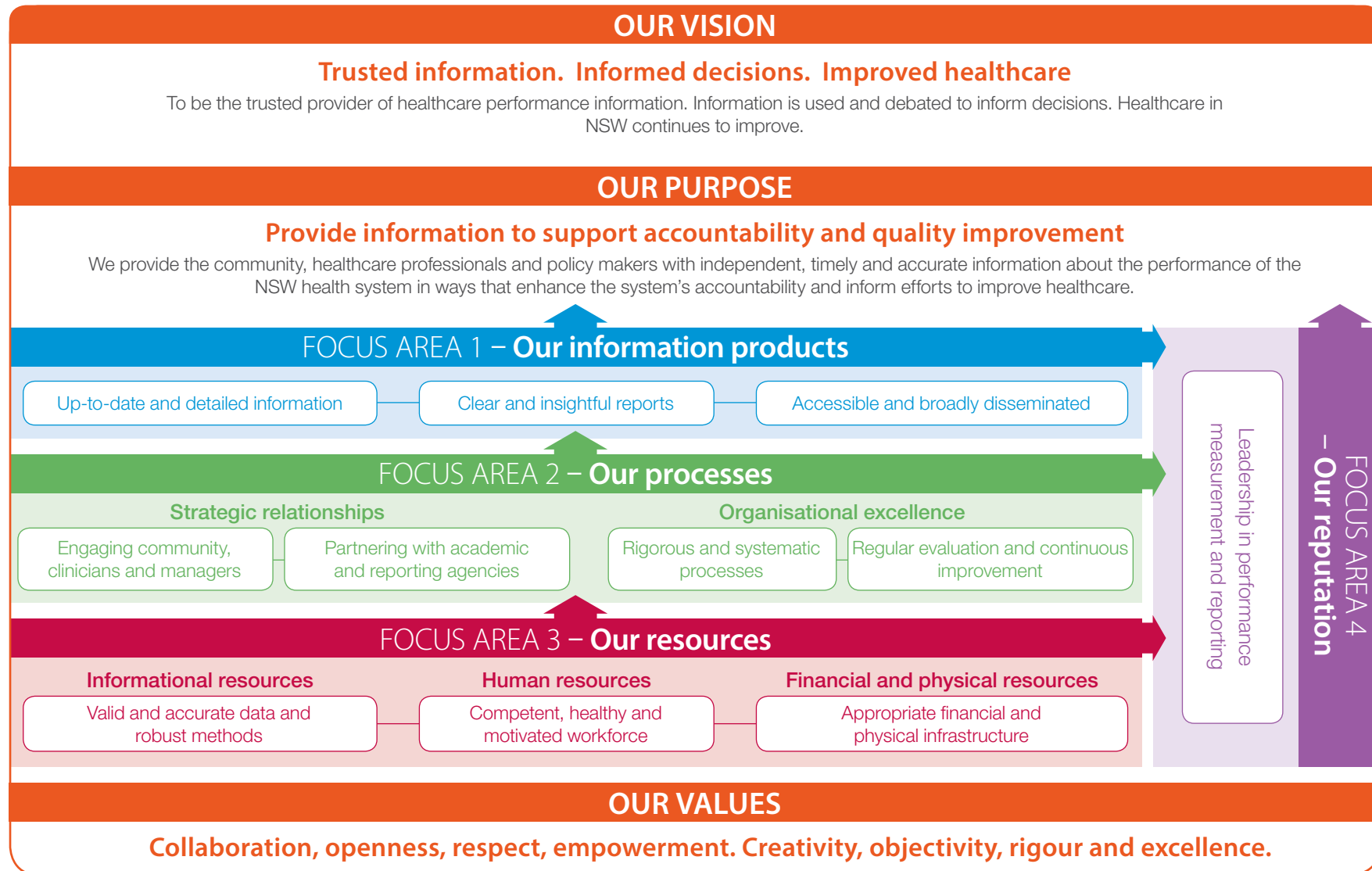
- What we will deliver (our information products)
- How we will work (our processes, both in terms of strategic relationships and organisational excellence)
- What we need to do our work (our resources: human, information, financial and physical)
- How we are perceived by our stakeholders and peers (our reputation).

After the first year of BHI's operations under the Strategic Plan, we are able to report progress across the four key focus areas and 38 KPIs. BHI is:

- Meeting the five-year performance target on 28 measures
- Progressing on nine measures
- Not meeting the five-year performance target on one measure.

The KPI that BHI is currently not meeting was '90% [of stakeholders] report BHI as providing objective and fair information'. This result in a stakeholder survey was 83% and BHI will consider options to improve on this measure.

Our strategy map



OUR NEW WEBSITE

One of BHI's functions is to establish and maintain a website providing information and analysis on the performance of the NSW public health system, including tools for data analysis.

In 2016, BHI launched a new website with a few points in mind:

- Allowing a more engaging format – our previous website was created at BHI's inception over six years ago, and it did not support graphics and animation that showcase key points of healthcare performance information
- Easy viewing using a mobile or tablet – increasingly, people are arriving on our website via their phone or tablet, so we have built a site to accommodate different devices
- Finding accessible information – this site reflects our aim for everyone to be able to access healthcare performance information, including people with sight and hearing difficulties
- Reflecting the vibrant design of our reports – we often receive compliments on the design of data and information in our reports, and we designed the website to maintain the same high standard of presentation.

BHI's interactive data portal, Healthcare Observer, has a new navigation to improve user experience allowing them to explore, analyse and download performance information from BHI reports and patient surveys in one place.

Animated performance information on individual hospitals is also available on the website.

All BHI reports are available on the website and the BHI Reports Plan outlines the projects that are in development and target release dates for publication.

Visit the website at **bhi.nsw.gov.au**





BHI PATIENT SURVEYS

Each month we ask thousands of people in NSW to tell us about their recent experience with the public healthcare system.

BHI, working with Ipsos Social Research Institute, manages the patient survey program on behalf of the NSW Ministry of Health, local health districts and specialty networks.

Giving voice to patients by capturing and reporting on patient experience sheds light on the overall performance of hospitals in delivering care that responds to their expectations and needs.

In 2015–16 we conducted and reported on eight surveys, sampling more than 200,000 patients.

The surveys asked patients questions about different aspects of their care such as accessibility and timeliness, the physical environment of the hospital, safety and hygiene, communication and information, and whether they were treated with respect and dignity.

During 2015–16, results from patient surveys were published on BHI's interactive online portal Healthcare Observer, and summarised in *Snapshot* reports, including:

- **The first ever results from the Outpatient Survey** – 2014 results were released in October 2015
- **The second year of results from the Adult Admitted Patient Survey** – 2014 results were released in October 2015
- **The first ever results from the Admitted Children and Young Patients Survey** – 2014 results were released in November 2015
- **The second year of results from the Emergency Department Patient Survey** – 2014–15 results were released in March 2016.

Data collected from patient surveys were also used in several BHI reports during the year.



Admitted Children and Young Patients Survey



Adult Admitted Patient Survey



Emergency Department Patient Survey



Outpatient Survey



Maternity Care Survey



Small and Rural Hospitals Survey



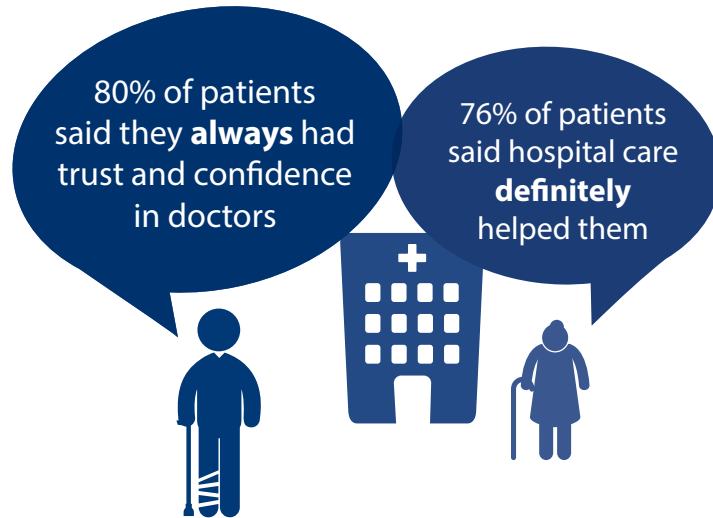
Outpatients Cancer Clinics Survey



Small and Rural Hospitals Survey – ED

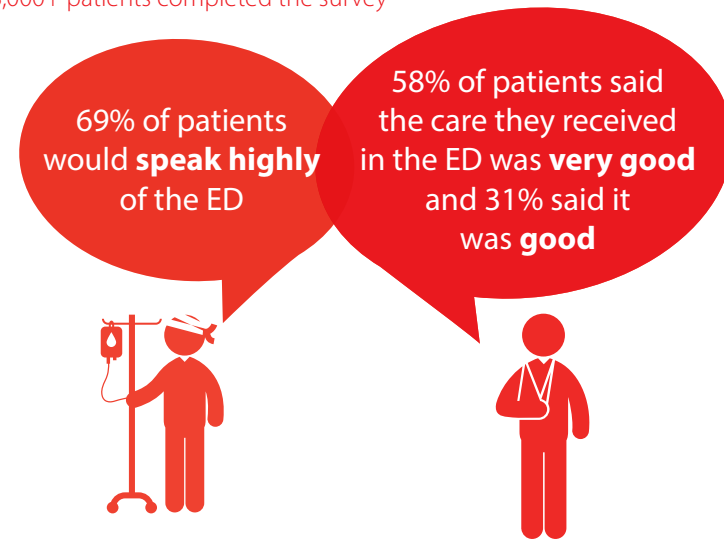
Adult Admitted Patient Survey results 2014

26,000+ patients completed the survey



Emergency Department Patient Survey results 2014–15

18,000+ patients completed the survey



Admitted Children and Young Patients Survey results 2014

8,000+ patients, parents or carers completed the survey



Outpatient Survey results 2014

18,000+ patients completed the survey



OUR REPORTS

Healthcare in Focus

Healthcare In Focus is an annual publication that draws on a range of data sources to build a broad picture of healthcare performance in New South Wales.

In 2015–16, BHI published two *Healthcare In Focus* reports. These compendia-style reports provide a diverse set of healthcare measures that compare performance in NSW with Australia and 10 other countries.

The reports are structured around our healthcare performance assessment framework and bring together over 120 different measures related to the performance of the NSW healthcare system.

The reports use data and survey responses from a range of sources, including:

- The Organisation for Economic Cooperation and Development
- The Commonwealth Fund International Health Policy Survey
- Australian Bureau of Statistics
- Australian Institute of Health and Welfare
- NSW Patient Survey Program
- NSW Ministry of Health datasets.



Healthcare in Focus 2014 **How does NSW compare?**

Published in September 2015, the 2014 edition of *Healthcare In Focus* shows that overall NSW is performing well in terms of providing healthcare to its ageing population when compared with Australia and internationally.

The report draws on a range of data sources, including an international survey of more than 25,000 adults aged 55+ years in 11 countries.

BHI published the report alongside an *In Context* supplement which provides important background information about the NSW healthcare system, such as total health expenditure, number of hospitalisations and key health statistics.



Healthcare in Focus 2015

How does
NSW compare?

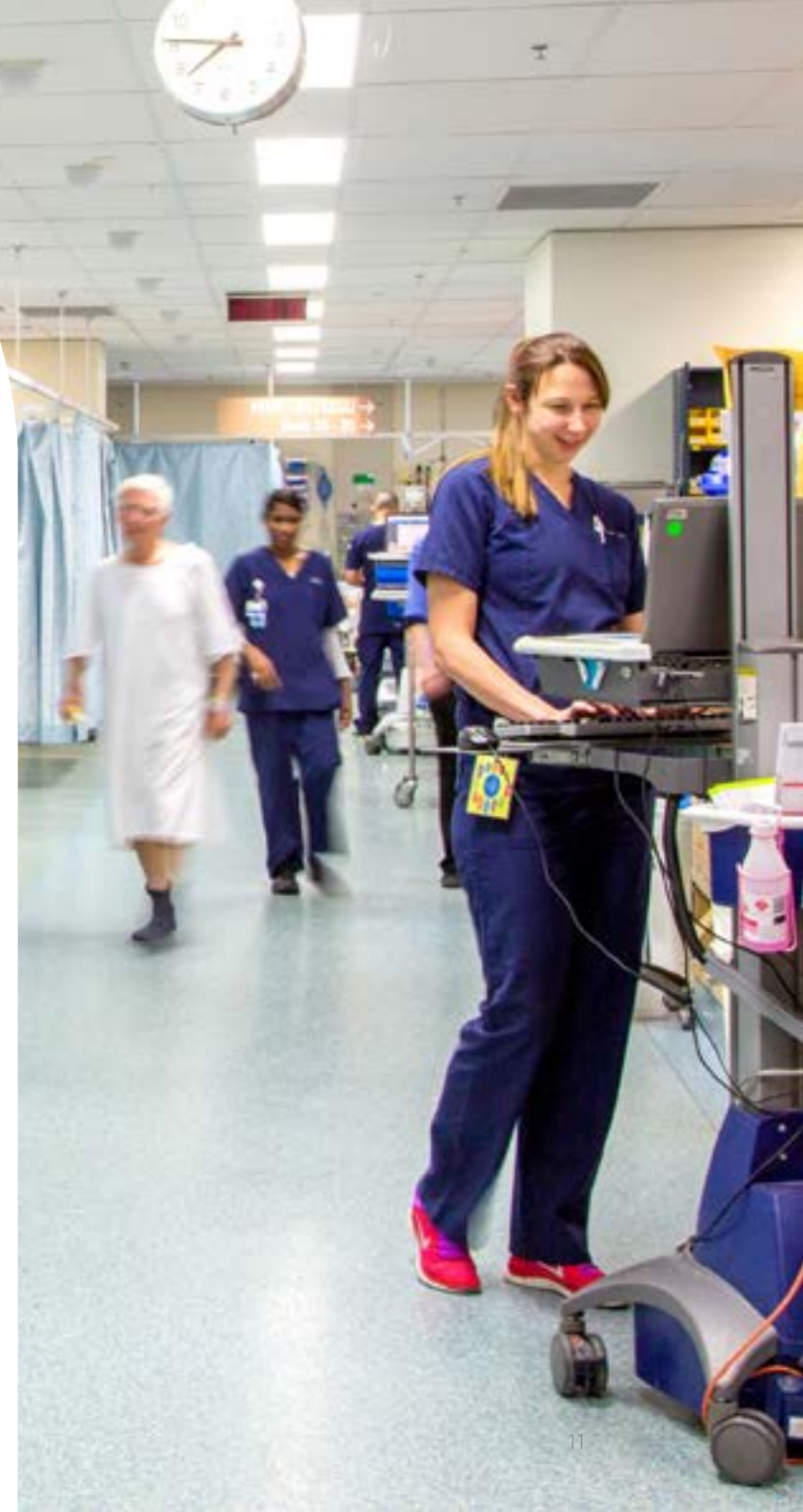


Healthcare In Focus 2015 How does NSW compare?

Published in May 2016, the 2015 edition of *Healthcare in Focus* reaffirmed that overall, the NSW healthcare system performs well but identified improvements that could be made.

The report draws on an international survey of primary healthcare providers, aiming to explore views of their respective systems and reflections on the way their health system works together to respond to people's needs.

BHI published an accompanying *At a Glance* supplement which provides an overview of key findings and summaries of results on the key dimensions of healthcare performance.



OUR REPORTS

Hospital Quarterly

Hospital Quarterly is a series of regular reports that track services provided in NSW public hospitals and the timeliness with which they are delivered.

During 2015–16 we published four issues of *Hospital Quarterly*, providing the most up-to-date information on activity and performance in NSW public hospitals.

Every day around 25,000 people receive care in the NSW public healthcare system. As part of our commitment to provide the people of NSW with an accurate understanding of the performance of this system, this year we improved the breadth and quality of data used in our *Hospital Quarterly* reports, by:

- Reporting on the percentage of patients in emergency departments who started treatment within clinically recommended timeframes, in line with national definitions
- The addition of transfer of care data from four additional hospitals.

We continue to make *Hospital Quarterly* data more accessible, detailed and tailored through the reports and additional channels such as:

- BHI's interactive data portal, Healthcare Observer, that enables visual comparisons of activity and performance across local health districts, peer groups and at a hospital level
- Individual performance profiles for more than 80 NSW public hospitals
- Appendix tables of local health district and peer groups.

Hospital Quarterly generates significant media coverage in both metropolitan and rural media following its release. This coverage supports our role to provide regular information to the community, government and healthcare professionals on the performance of the NSW public healthcare system.

Key trends during the year

Elective surgery

2015–16 compared to previous year:

- Overall increase in the total number of elective surgical procedures performed in NSW public hospitals:
 - Decrease in the number of urgent procedures
 - Increase in the number of semi-urgent and non-urgent procedures.
- Increase in median waiting times for non-urgent surgery.
- Percentage of patients who received elective surgical procedures within the recommended timeframes was stable.

Emergency department

2015–16 compared to previous year:

- Increase in the number of patients presenting at emergency departments in NSW.
- Increase in the percentage of patients who had their care transferred from ambulance to emergency department staff within 30 minutes.
- Percentage of patients whose treatment started on time was stable.
- Percentage of patients who spent four hours or less in the ED was stable.



Download

Hospital data

Topic

Emergency department

Elective surgery

Hospital admissions

Results by

NSW Hospital LHD Peer Group

Time

Jan-Mar 2016

Submit

Patient survey data

International data

Quarterly performance results for emergency departments: Jan-Mar 2016

NSW

Emergency departments overview

View range of results
Time to start treatment

View range of results
Time to leaving the emergency

Emergency department presentations: Jan-Mar 2016

[Click for details](#)

All presentations

672,717

Emergency presentations

646,676

Emergency department presentations
by triage category: Jan-Mar 2016

[Click for details](#)

T1: Resuscitation

4,069

T2: Emergency

75,777

T3: Urgent

214,820

T4: Semi urgent

280,441

T5: Non-urgent

10,969

Emergency department presentations
by mode of separation: Jan-Mar 2016

[Click for details](#)

Treated and discharged

427,439

Treated and admitted to hospital

183,429

Transferred to another hospital

13,619

Left without or before completing
treatment

36,595

Time from presentation to starting treatment
by triage category: Jan-Mar 2016

[Click for details](#)

T2: Emergency

Median 8 min
95th percentile 35 min

T3: Urgent

Median 20 min
95th percentile 1 hr 38 min
Median 26 min

Time from presentation to leaving the emergency
department by mode of separation: Jan-Mar 2016

[Click for details](#)

Treated and discharged

Median 2 hr 08 min
95th percentile 5 hr 48 min

Treated and admitted to hospital

Median 4 hr 30 min
95th percentile 15 hr 51 min
Median 4 hr 29 min

OUR REPORTS

The Insights Series

The Insights Series provides in-depth analyses in selected performance areas, highlighting variation in care provided to patients.

The Insights Series: Healthcare performance across the life span, Volume 1: Utilisation and experiences of care of people aged 55+ years

Published in September 2015, the first volume of *Healthcare performance across the life span* examines how older people use and experience health services.

Focusing on adults aged 55+ years, the report explores age-stratified patterns of hospitalisation, elective surgery, emergency department visits and of patients' experiences, views and ratings of care.

The Insights Series: Healthcare performance across the life span, Volume 2: Utilisation and experiences of care of children and young people aged 0-17 years

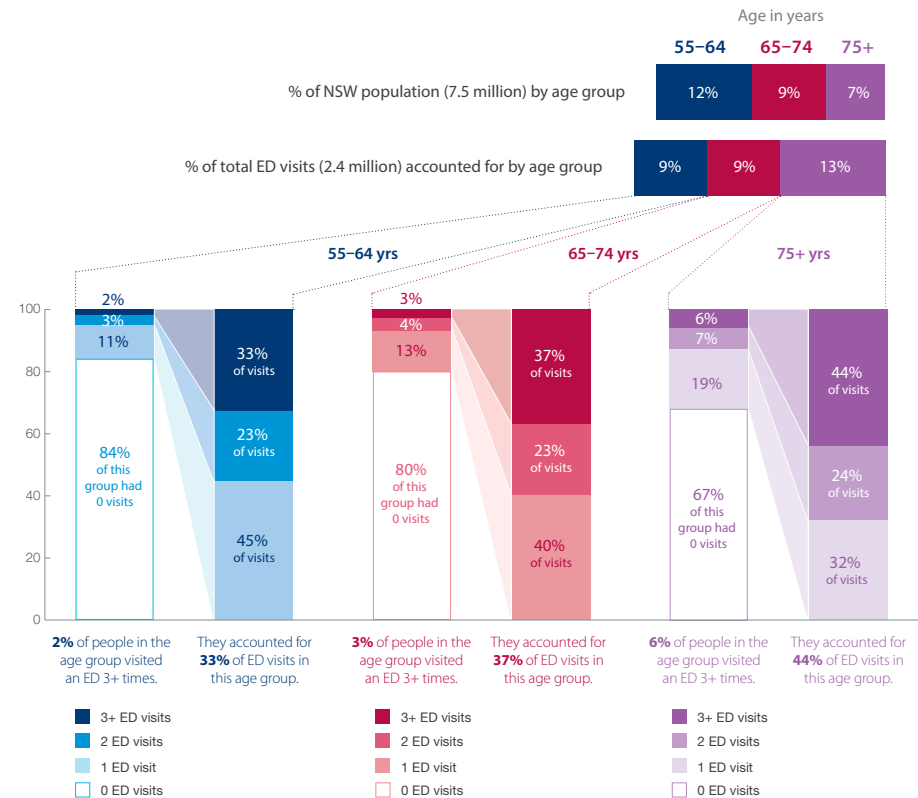
Published in May 2016, the second volume of *Healthcare performance across the life span* draws on different data sources to explore how children and young people aged 0–17 years, use and experience care in public hospitals.

The report explores emergency department visits, hospital admissions and elective surgeries. Results are provided for four separate age groups, as well as for the 0–17 year age group as a whole; and for two types of NSW public hospitals – specialist paediatric hospitals and non-paediatric hospitals.



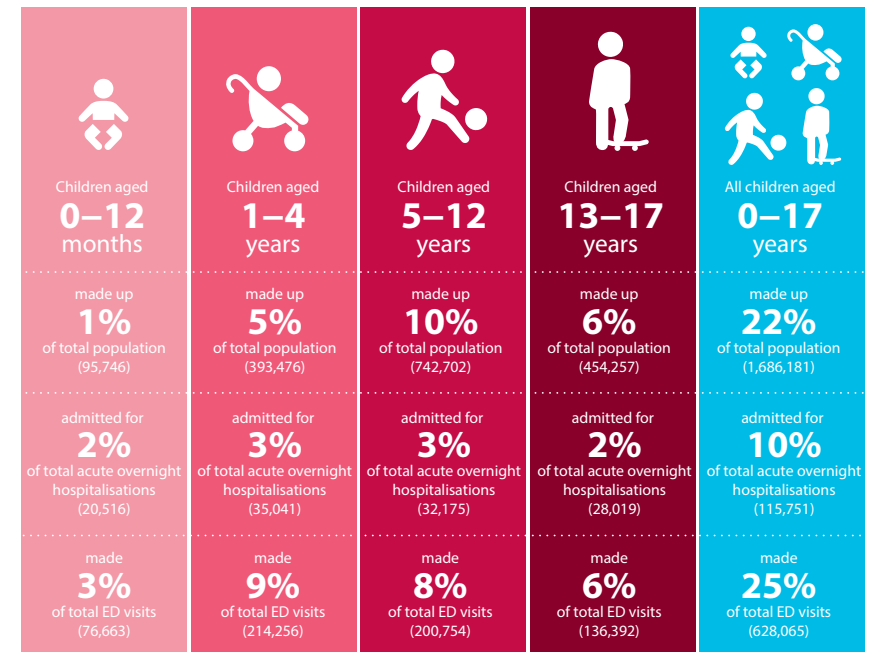
Adults aged 55+ years

Patterns of emergency visits to EDs, by age group (public hospitals),
NSW, 2013–14



Children and young people aged 0–17 years

Age groups and utilisation of hospital services – an overview,
2013–14



OUR REPORTS

Patient Perspectives: Hospital care for people with cancer

BHI collaborated with Cancer Institute NSW to produce a new report about the experiences of almost 6,500 people with cancer who were admitted to a NSW public hospital.

As a part of the NSW Cancer Plan 2011–15, the Cancer Institute NSW (CINSW) committed to improving the experiences of people with cancer and their carers. BHI worked with CINSW to oversample people with cancer in the Adult Admitted Patient Survey during 2013 and 2014.

Patient Perspectives: Hospital care for people with cancer is the first time a focus has been placed on the self-reported experiences of hospital care by people with cancer in NSW.

Published in October 2015, the report shows that people with cancer were generally more positive than all admitted patients in NSW, but particularly for questions relating to access to health services.



Why is it important to report on patient experiences?

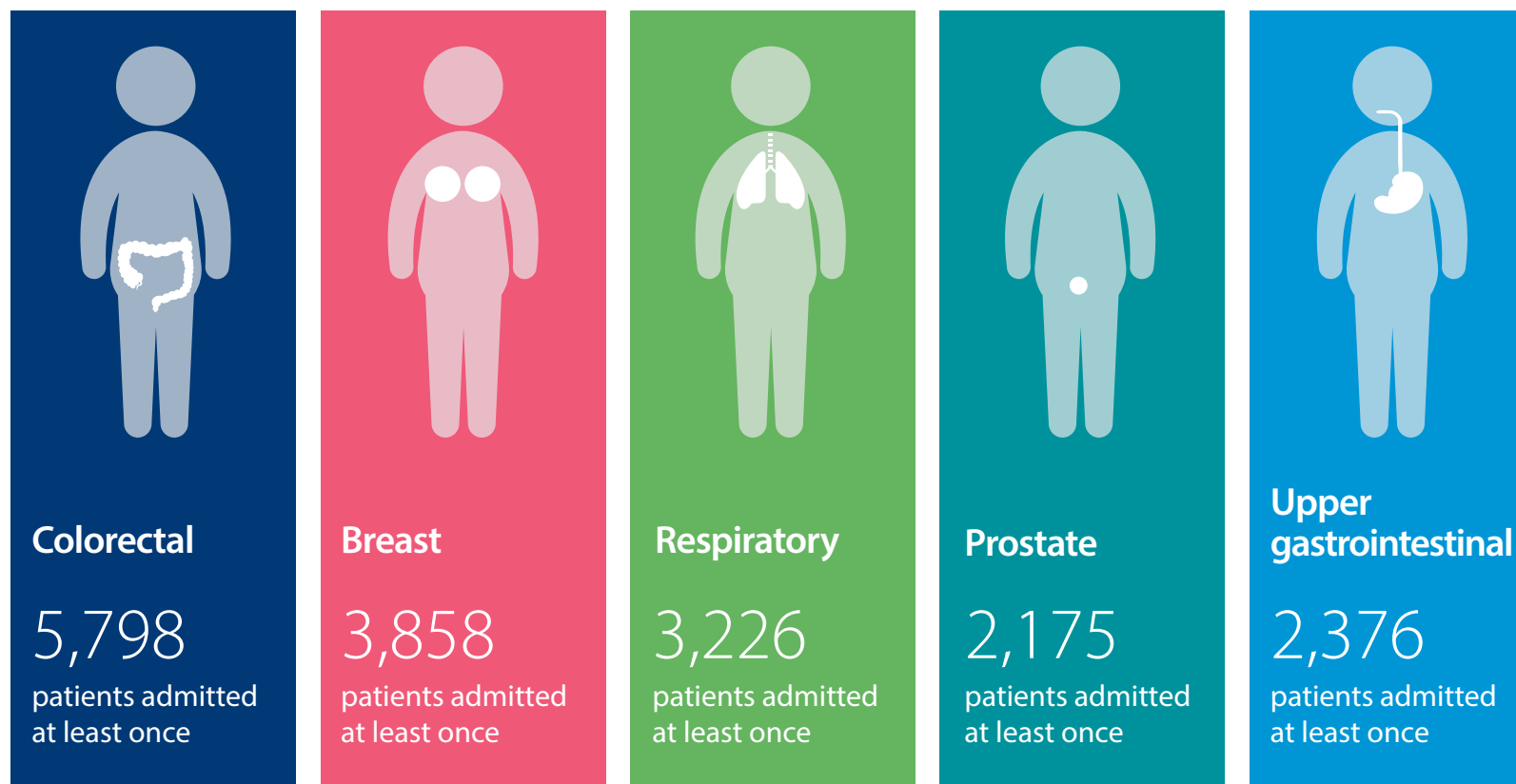
Patient-reported experiences of care are valued as an important source of information about quality and performance.

Increases in the complexity of health systems and in patients' health needs mean that patients often interact with a range of professionals in many different settings. Complex care pathways mean that patients are sometimes the only constants in their care.

Patients can tell us about:

- What care they received and whether it made a difference to their health
- Observations they made during their interactions with the healthcare system – both physical conditions (e.g. cleanliness) and organisational features (e.g. coordination)
- How they rate the care they received (e.g. overall was it very good, good, or poor?).

Number of people admitted at least once with selected cancers as primary or first secondary diagnosis,
NSW public hospitals, July 2013–July 2014



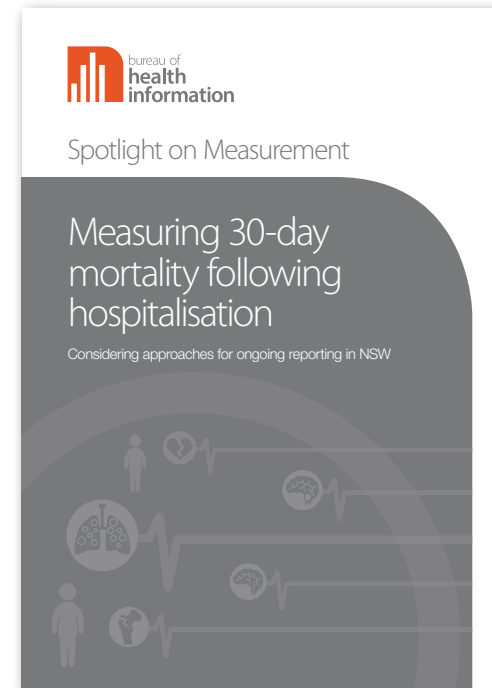
OUR REPORTS

Spotlight on Measurement

Spotlight on Measurement is a series of reports that provides in-depth analyses of methods and technical issues relevant to BHI's work.

In August 2015, BHI published *Spotlight on Measurement: Measuring 30-day mortality following hospitalisation* which explores a range of issues and options for the ongoing measurement and reporting of 30-day mortality in NSW.

This technical report builds on BHI's *Insights Series* report in 2013 on 30-day mortality following hospitalisation that described the development of a risk-standardised mortality ratio (RSMR) for five clinical conditions: acute myocardial infarction, ischaemic stroke, haemorrhagic stroke, pneumonia and hip fracture surgery.





OUR REPORTS

Data Matters

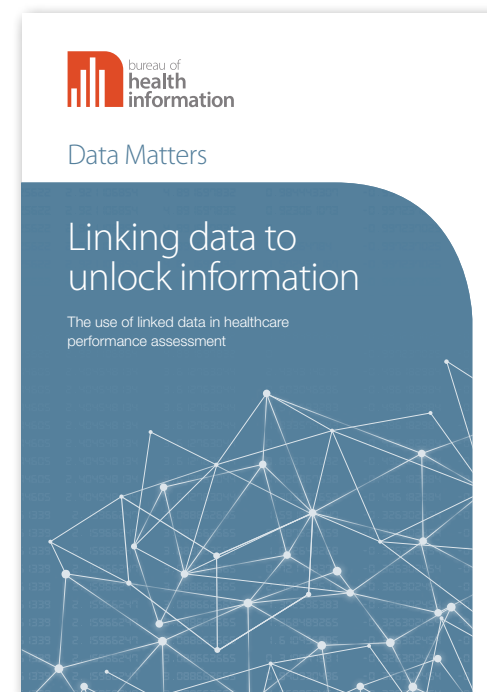
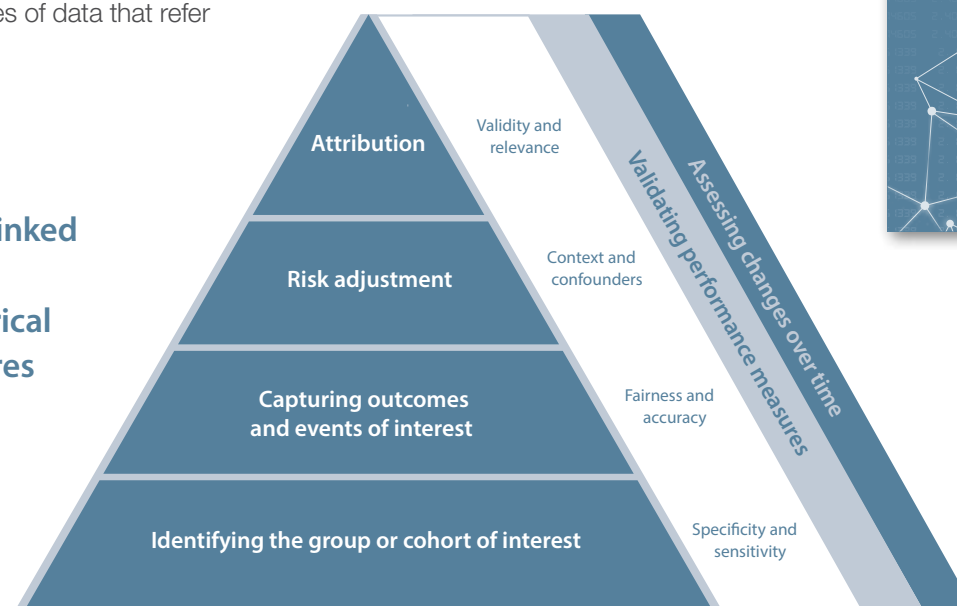
Data Matters is a methodologically-themed series which discusses data issues and advocates for continued development of robust, valid and relevant performance data measurement and reporting.

In November 2015, BHI published the inaugural *Data Matters* report exploring the use and potential benefits of linked healthcare datasets to assess performance.

Data linkage refers to the bringing together of two or more separate pieces of data that refer to the same individual.

Linked data is of particular value in healthcare – while interactions with the healthcare system vary, most people receive services from more than one provider or organisation.

The contribution of linked data: Strengthening and validating empirical performance measures



A schematic for data linkage in healthcare performance measurement



HOW WE WORK

Partnering with academic and reporting agencies

BHI shares the CORE values of NSW Health – Collaboration, Openness, Respect and Empowerment. We collaborate with different groups and organisations regularly to ensure our work supports quality improvement in NSW, and also to contribute to healthcare performance reporting in the international community.

- During the year, BHI again collaborated with the Cancer Institute NSW, resulting in the publication of our *Patient Perspectives* report *Hospital care for people with cancer*, published in October 2015. We have continued this partnership with work on further projects to examine the experiences of people who attend cancer outpatient clinics, using data from BHI patient surveys.
- BHI developed a partnership with the Mental Health Commission to lay the groundwork for future reporting on performance in mental healthcare.
- BHI's work with the Agency for Clinical Innovation (ACI) continued through the Unwarranted Clinical Variation Taskforce – a forum to discuss the practical clinical implications of unwarranted clinical variation and to guide ACI about where to focus efforts to reduce it. We also maintained our collaboration with ACI through a series of clinical specialty-based working groups that draw on ACI networks. These groups ensure that developmental work on reports is informed by, and responsive to, the needs of practising health professionals.
- BHI is collaborating with the Organisation for Economic Co-operation and Development (OECD) on a project aimed at building capacity for international comparisons of hospital-level variation in observed outcomes.
- BHI continued our involvement with the IMPACT (Innovative Models Promoting Access-to-Care Transformation) Centre of Research Excellence, an initiative in Australia and Canada which aims to improve access to healthcare, particularly for vulnerable populations.
- BHI collaborated with researchers from the Ingham Institute for Applied Medical Research – an organisation that undertakes medical research that specifically addresses the needs of the local population and wider Australia – on research into variation in arthroscopies.

HOW WE WORK

Consulting with experts

Throughout the year BHI hosted a range of visiting international experts. This provided a great opportunity to exchange knowledge, look at international best practice and hear about reporting approaches used across different jurisdictions.

Guests included visitors from the Organisation for Economic Co-operation and Development (OECD) and the UK's National Health Service (NHS).

BHI also built on its reputation as a source of expertise about healthcare performance assessment and reporting. We participated in a range of state, national and international meetings and initiatives that aimed both to advance the field's knowledge base and its application in different contexts.

These interactions help us ensure that our products are informative to the community, address the information needs of healthcare professionals and offer a fair representation of health system performance.

Advisory committees

We have a number of advisory committees that guide our work. During 2015–16 we continued to work with our Scientific Advisory Committee, comprising 10 leading experts who help us ensure that our activities and strategies are consistent with current best practice in performance reporting, and also provide guidance with regard to our future development, activities and processes.

We also have several project-specific committees that provide guidance on different aspects of projects such as the BHI patient surveys.

In addition to organised committees, we meet and consult with subject matter experts regularly throughout the course of different projects.

Peer reviewers

Before finalising each report we invite feedback from peer reviewers, who are performance reporting or subject matter experts within Australia or internationally. Peer reviewers may include consumers, clinical staff and policy and methodological experts relevant to the topic of the report.

During the year we received valuable feedback from almost 40 peer reviewers, in addition to representatives from the NSW Ministry of Health, pillars, local health districts and specialty networks, who are also invited to review every BHI report.

The peer review process ensures BHI's work is subject to intellectual scrutiny, and that it reflects the high standards of health performance reporting within Australia and internationally.

These interactions help us ensure that our products are informative to the community, address the information needs of healthcare professionals and offer a fair representation of health system performance.

HOW WE WORK

Engaging with our stakeholders

Visiting our stakeholders

To engage and work effectively with the public healthcare system, BHI visits local health districts (LHDs) and specialty networks around NSW throughout the year.

In 2015–16 our Chief Executive and staff visited Murrumbidgee, Central Coast, Northern NSW, Mid North Coast and Western NSW local health districts to discuss our work, learn from healthcare experts and find out how our reporting can be used at a local level.

Talking about our work

BHI's Chief Executive and other expert staff regularly give presentations at Australian and international conferences, forums, workshops and meetings.

BHI conducted over 40 presentations in NSW and other jurisdictions during the year.

In December 2015, we conducted a series of presentations in Canada on quality improvement through measurement and reporting of performance in NSW for:

- Health Quality Ontario
- Canadian Institute of Health Information
- Institut national d'excellence en sante et service sociaux (Health and Social Care Excellence Institute) of Quebec province.

In the same month, BHI conducted a series of oral and poster presentations at the Health Services Research Association of Australia (HSRAANZ) Health Services and Policy Research Conference in Melbourne. Presentations covered topics such as:

- Different configurations for performance measurement and reporting knowledge organisations in three jurisdictions
- Providing accountability and informing improvement
- Patient-reported outcome measures and patient-reported experience measures: complementary information.

During this event, we also conducted a workshop with the National Health Performance Authority, Victorian Department of Health & Human Services and South Australia Health on improving clinical care and healthcare performance in Australia with independent, timely and accurate data.

Seminar series

During the year BHI hosted another seminar in our Challenging Ideas series. The series provides expert insight into different topics, highlights best practice, provides opportunities to network with peers, and ultimately enhances BHI's reputation as a leader in performance reporting.

In November 2015 BHI hosted an event with the topic to challenge selected 'linking data for better healthcare performance measurement'. The event was BHI's most popular seminar yet, with more than two hundred people attending to hear guest speaker Dr Rick Glazier, Senior Scientist and Program Lead of Primary Care and Population Health from the Institute for Clinical Evaluative Sciences in Canada.



Rick Glazier presenting at the Challenging Ideas Seminar Series in November 2015

WHO DO WE REACH?

15 reports released



55,800+ visits to our website

4,700+ visits to Healthcare Observer, our interactive data portal



40+ 

presentations
given in NSW and
other jurisdictions

505 
Twitter followers

619 

email newsletter
subscribers

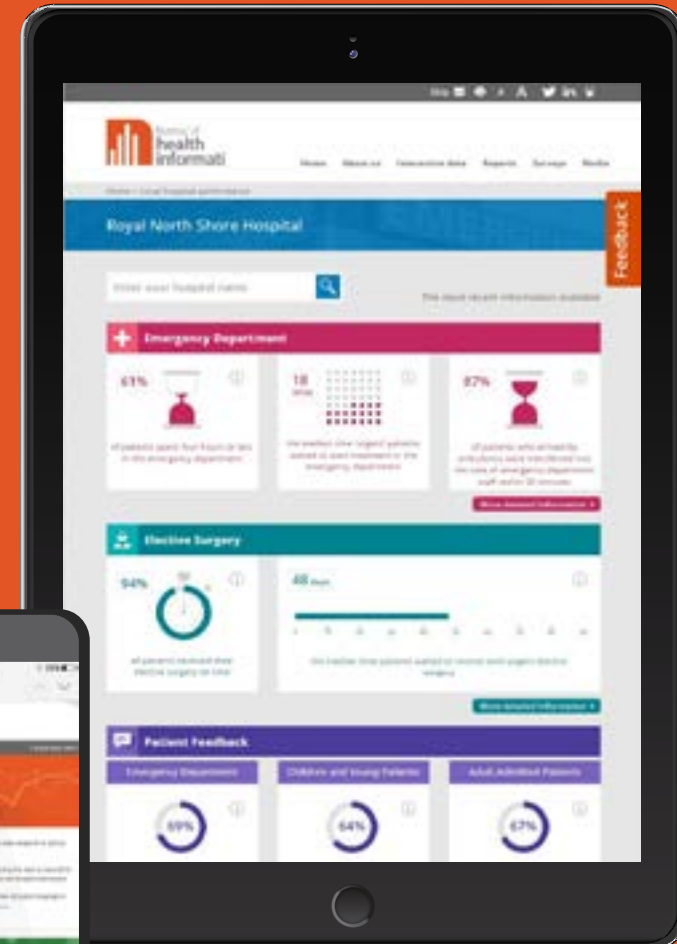
30+ 
external committees
BHI is represented on

HOW DO WE REACH PEOPLE WITH OUR DIGITAL INFORMATION?

Online animated infographics



Dynamic hospital performance data



Online video messages



e-newsletters

