

2014/15

Year in review



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Trusted information. Informed decisions. Improved healthcare.

The Bureau of Health Information (BHI) is a board-governed organisation that publishes independent reports and data about the performance of the healthcare system in NSW.

BHI was established in 2009 to provide system-wide support through transparent reporting.

We support the accountability of the healthcare system by providing regular and detailed information to the community, to 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 and tools, we also manage the NSW Patient Survey Program, gathering information from patients about their experiences in hospitals and healthcare facilities.

Our work relies on the efforts of a wide range of healthcare, data and policy experts. All of our assessment efforts leverage the work of coders, analysts, technicians and healthcare providers who gather, codify and report data. Public reporting of performance information is enabled and enhanced by the infrastructure, expertise and stewardship provided by colleagues in NSW Health and its pillar organisations.

BHI is led by Board Chairperson, Professor Bruce Armstrong AM and Chief Executive, Dr Jean-Frédéric Lévesque.



FROM THE CHAIRPERSON

This year a new Strategic Plan for 2015–2019 was published, paving the way for BHI to take on a greater volume of work to expand, strengthen and diversify its suite of information products.

The Strategic Plan puts BHI in a strong position as a public reporting organisation to support quality improvement work within the NSW health system well into the future.

In addition to its regular *Hospital Quarterly* reports, BHI published two new *Spotlight on Measurement* reports during the 2014/15 year, and two new reports in *The Insights Series*. One of these *Insights* reports examined returns to acute care following hospitalisation, introducing an innovative new measure of hospital readmissions tailored specifically to the NSW context.

BHI continued the *Patient Perspectives* series with two volumes on integration of care within hospitals using information from the NSW Patient Survey Program, and also introduced *Snapshot* report, a new series of short, visually engaging reports that provide an overview of key results from the survey program.

During the year BHI continued to expand the survey program with the development of four new surveys, including the Maternity Care Survey which will be received by one in five mothers giving birth in NSW public hospitals in 2015.

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, especially, to thank BHI Chief Executive Dr Jean-Frédéric Lévesque. Thanks to his capable leadership, the BHI team have continued to excel in providing relevant, accurate and impartial information about the performance of the NSW healthcare system. As a result, BHI now enjoys recognition and credibility both within NSW and externally.

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

Professor Bruce Armstrong AM
Board Chairperson



FROM THE CHIEF EXECUTIVE

In an effort consistent with our culture of teamwork, innovation and excellence, in 2014/15 BHI has worked to ensure clear and insightful public reporting that supports efforts to improve healthcare in New South Wales.

In preparing our latest *Insights Series* reports we worked closely with local and international experts to produce in-depth analyses that highlight important issues in patient care.

Hospital Quarterly reports have been redesigned to clearly track changes in activity and performance in NSW public hospitals.

Our *Spotlight on Measurement* series enables us to be transparent about how we measure and report on performance, as well as contributing to scientific knowledge about performance measurement and reporting.

The first two reports in our new *Snapshot* series provide a useful overview of key results from the NSW Patient Survey Program and their engaging design allows people to easily see what patients are saying about their care in NSW hospitals.

The two *Patient Perspectives* reports we published this year used patients' experiences to evaluate how well care is integrated in NSW hospitals, to point to areas where providers could be working together better and where patients want to be more meaningfully involved in their own care.

The NSW Patient Survey Program has expanded significantly to include four new surveys that moved from the development phase into the field, including the Maternity Care and Small and Rural Hospitals Surveys.

Stakeholder engagement continues to be a priority for BHI. Visits to local health districts, specialty networks and clinical settings, and attendance at conferences have all provided opportunities to actively engage with clinical experts and discuss how our work can be used by different people within the health system.

While we have published more reports than ever before in this year, much of our effort has been on development work for upcoming reports and surveys – the fruits of which will be evident in the coming year.

Having laid this groundwork, I look forward to sharing these exciting new projects with you in 2016.

Dr Jean-Frédéric Lévesque
Chief Executive

OUR STRATEGIC PLAN 2015–2019

In March 2015, we published a new Strategic Plan outlining our key focus areas for the coming four years.

The Strategic Plan 2015–2019 builds on our strong tradition of robust and carefully presented performance information. It outlines our plans to expand the breadth and depth of topics reported, 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 eleven objectives to ensure balanced development of the organisation, excellence in reporting, and sustainability over the longer term.

The focus areas cover:

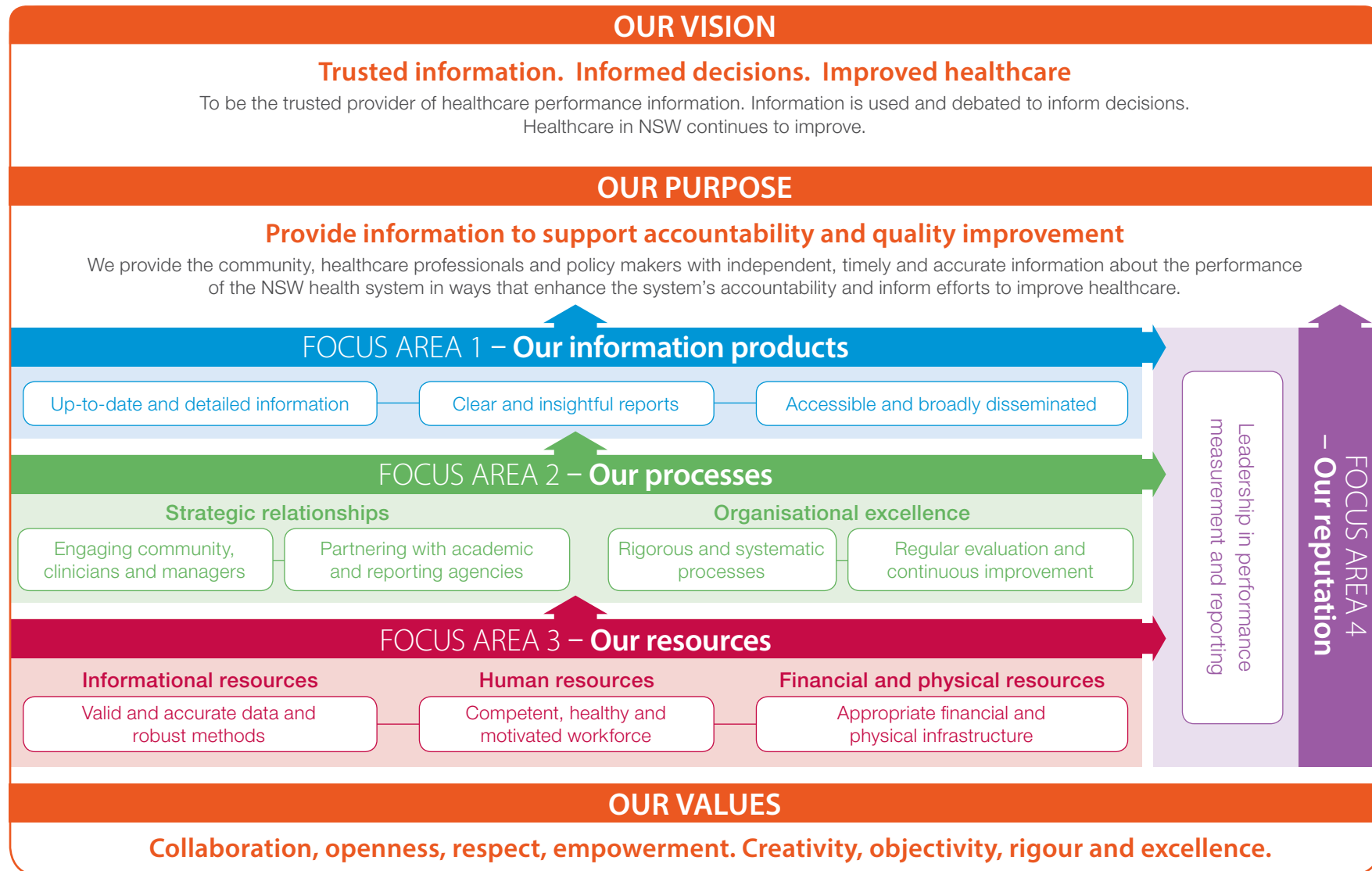
- What we will deliver (our information products)
- How we will work (our processes, both in terms of strategic relationships and operational excellence)
- What we need to do our work (our resources: human, information, financial and physical)
- How we are perceived by our stakeholders and peers (our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

Some of the key directions planned for BHI include:

- To produce more timely, detailed and tailored information about the performance of the NSW public healthcare sector
- To be responsive to the needs of the NSW health system and produce clinically relevant information that reflects system priorities
- To use a diversity of formats to disseminate our information, and provide opportunities for our audience to interact with the data
- To strengthen our partnerships both within NSW Health and with related organisations
- To implement agile management processes and undertake rigorous evaluation of our work
- To increasingly use linked datasets and sophisticated analytic methods that provide the most meaningful information
- To be more present in the academic and performance reporting leadership sphere.

The plan also outlines a detailed set of key performance indicators for each focus area so we can measure our success moving forward. We will report to the BHI Board on our progress, and also provide regular reports to the NSW Ministry of Health, including an annual performance review of the NSW public healthcare system.

Our strategy map



OUR HEALTHCARE PERFORMANCE ASSESSMENT FRAMEWORK

During 2014/15, we redesigned our performance framework to more closely reflect BHI's approach to healthcare performance measurement and reporting.

Informed by current approaches to measurement and reporting in use nationally and internationally, BHI's Integrated Healthcare Performance Assessment Framework identifies key elements of healthcare performance and organises them into a logical structure.

Our framework incorporates two different perspectives on performance:

- **The patients' point of view:** How well does the system achieve its objectives of providing healthcare when and where needed? Does it deliver the right healthcare, in the right way? Does that healthcare make a difference for patients?
- **The system perspective:** Does the system provide good value for money? Does it provide health for all and fair healthcare? How does it ensure there is capacity to provide healthcare services into the future?

These important aspects relate to the dimensions of accessibility, appropriateness, effectiveness, efficiency, equity and sustainability.

The framework builds a whole-of-system perspective on performance and underpins how we approach healthcare performance measurement and reporting.

What do we measure?

Our reports provide relevant, accurate and impartial information about how the NSW public healthcare system is measuring up in relation to:

Accessibility

Healthcare, when and where needed

Appropriateness

The right healthcare, the right way

Effectiveness

Making a difference for patients

Efficiency

Value for money

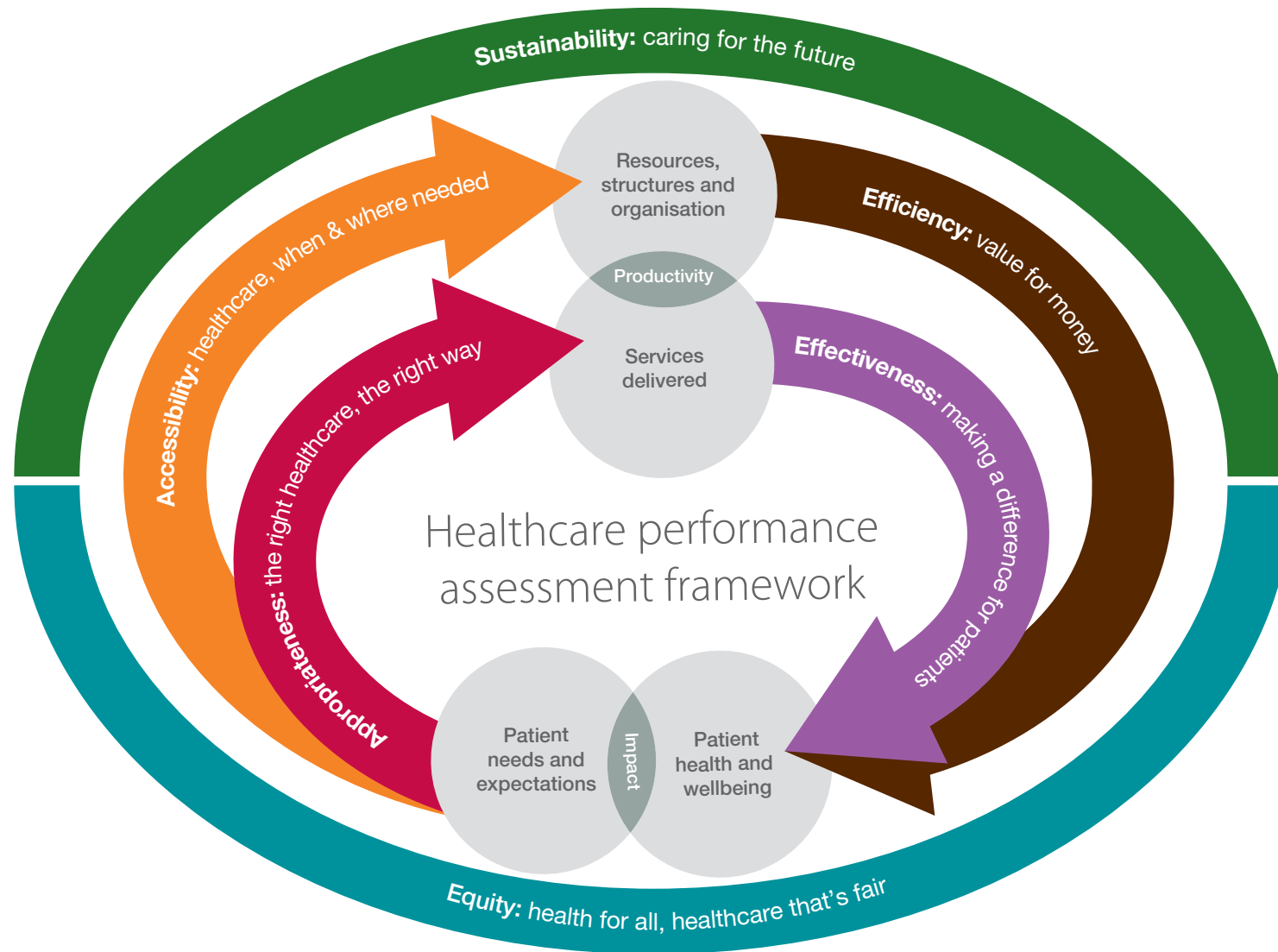
Equity

Health for all, healthcare that's fair

Sustainability

Caring for the future

Our integrated healthcare performance assessment framework



OUR NEW CORPORATE IDENTITY

The year 2014 marked five years since BHI was established, and was an eventful year for the organisation.

We expanded our suite of reports, adopted a new framework to assess healthcare performance in NSW and launched our online data portal Healthcare Observer. To build on this momentum, we took the opportunity to update BHI's corporate logo and associated corporate identity.

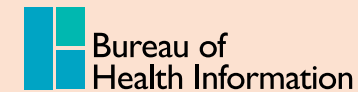
Our brief for the new corporate identity was to redesign the look and feel of our reports and information products to improve their readability for our audiences. It incorporated external feedback we received, including that we adopt a darker colour palette and increase the contrast ratio of the palettes featured in our reports.

In October 2014, BHI's new look was unveiled. We introduced a vibrant new logo and colour scheme — based on the distinctive 'BHI orange' — across all BHI-branded platforms, information products and reports, including our website, patient surveys, promotional materials and other external communications materials.

The changes have made reading our reports and information products easier for our audience, and also enabled our graphs and tables to be displayed more clearly during presentations.

Evolution of the BHI logo

1999–2010



2010–2014



Current





Hospital Quarterly

Activity and
performance
in NSW public hospitals
October to December



The Insights

Emergency
department
by patient
NSW public
Cohort



Patient Perspectives

Exploring aspects
of integration for
hospital patients

Volume 1, Adult Admitted Patients,
NSW Public Hospitals 2013



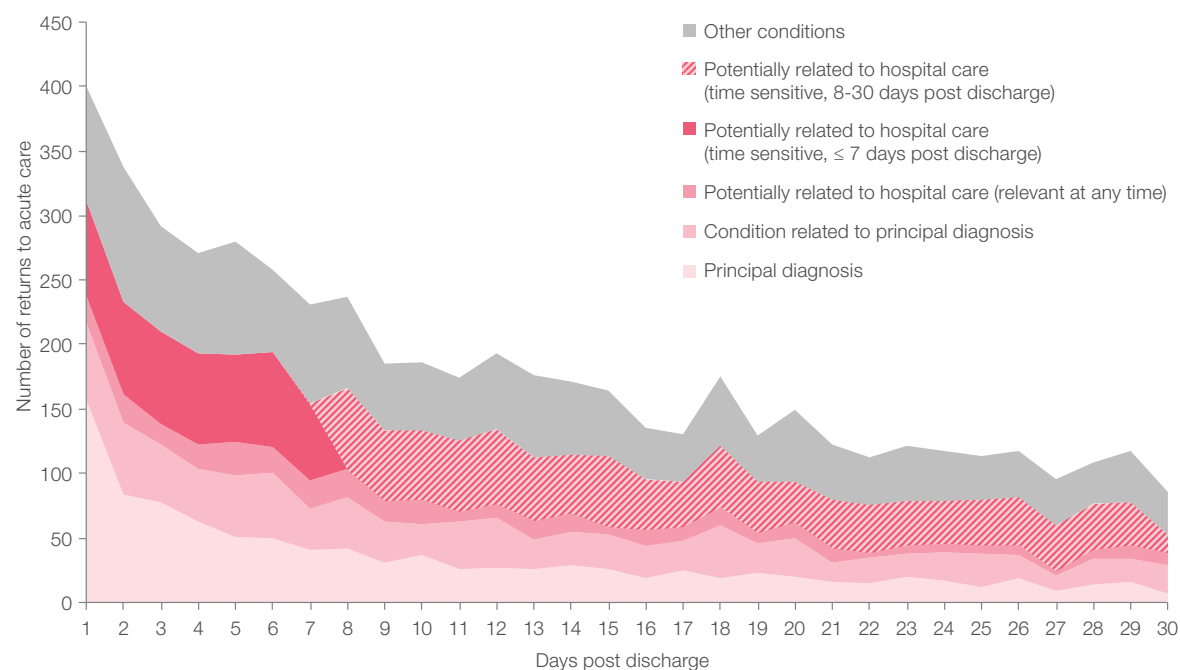
OUR NEW PRESENTATION STYLE

One of BHI's key challenges is presenting information and data so that the different audiences who read our reports have a clear understanding of the data. We aim to be innovative with how we present data, while ensuring our reports are visually engaging.

Our new graphics

Mountain graphs

In *The Insights Series: Return to acute care following hospitalisation*, we introduced a mountain graph to show the number of returns to acute care following hospitalisation for a condition, as well as the reasons for those returns – which can be compared using the differently shaded areas.



Dashboard indicators

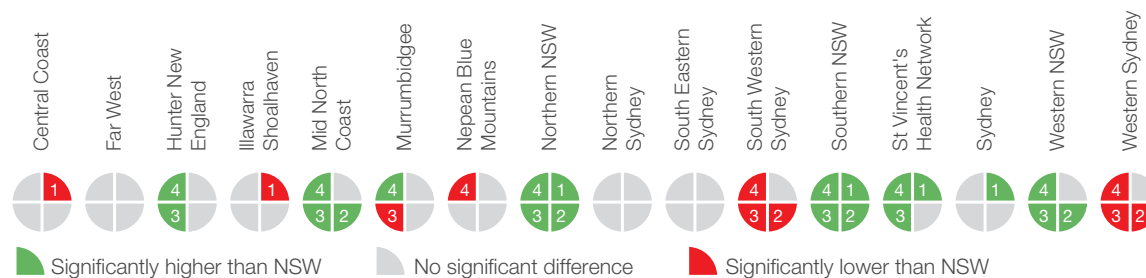
An expanded version of the dashboard indicators below first appeared in *Patient Perspectives: Exploring aspects of integration for hospital patients* (published in December 2014). The circles summarise patient survey results at a local health district (LHD) level. Each segment within

the circles corresponds to a question in the 2013 Adult Admitted Patient Survey. Questions are grouped into integrated patient care themes. The green segments represent questions for which an LHD result was significantly higher than the NSW result; while the red segments

represent results that were significantly lower than NSW. Aggregating survey results at an LHD level in this way reveals patterns of performance across integrated patient care themes as well as across geographies.

Coordination and continuity of hospital care

- 1 Doctors 'always' knew enough about medical history
- 2 Nurses 'always' knew enough about care or treatment
- 3 Care was 'very well organised'
- 4 Doctors and nurses worked together in a 'very good' way



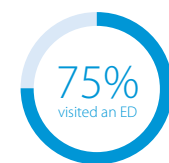
Infographics

This infographic, taken from *The Insights Series* report *Emergency department utilisation by people with cancer*, was designed to clearly illustrate how people with cancer use emergency departments (EDs) near the end of life.

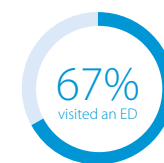
One in five people with cancer died within a year of diagnosis



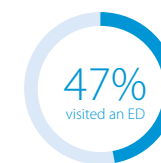
Of those who died...



in the last
180 days of life



in the last
90 days of life



in the last
30 days of life

NSW PATIENT SURVEY PROGRAM

Each month the NSW Patient Survey Program asks thousands of people in NSW to share their recent experiences of the public healthcare system.

Patient surveys are important because they provide a unique perspective on the healthcare system that can only come from asking people about their personal experiences.

BHI, working with Ipsos Social Research Institute, manages the NSW Patient Survey Program on behalf of the NSW Ministry of Health, local health districts and specialty networks.

The surveys ask 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 2014/15 BHI continued running three ongoing surveys — the Adult Admitted Patient, Emergency Department and Admitted Child and Young Person surveys. In May 2015, we published the first results from the Emergency Department Patient Survey on BHI's online data portal Healthcare Observer.

The year saw BHI significantly expand the scope of the program, developing four new surveys:

- **The Outpatient Survey** asks for feedback from people who visited an outpatient clinic in a NSW public hospital
- **The Maternity Care Survey** asks women who recently gave birth in a NSW public hospital about the care they received
- **The Small and Rural Hospitals Survey** asks for feedback from people who have recently been admitted to a smaller NSW public hospital, often in a rural location
- **The Outpatient Cancer Clinics Survey** asks people who attended a cancer outpatient clinic at a NSW public hospital about their experiences of care.

2014/15 survey activity



Adult Admitted Patient Survey

Patients in January – December 2014

- 73,821 surveys mailed out
- 26,711 surveys completed
- 43% adjusted response rate.



Emergency Department Patient Survey

Patients in April 2014 – March 2015

- 80,900 surveys mailed out
- 18,301 surveys completed
- 27% adjusted response rate.



Admitted Children and Young Patients Survey

Patients in January – December 2014

- 30,470 surveys mailed out
- 8,393 surveys completed
- 28% response rate.



Outpatient Survey

Patients in February and March 2014

- 47,054 surveys mailed out
- 18,474 surveys completed
- 39% response rate.

Maternity Care Survey

In 2014/15, BHI worked in collaboration with the Kolling Institute and NSW Kids and Families to develop the first NSW Maternity Care Patient Survey.

BHI advised on the content of the Northern Sydney Maternity Survey from early 2012 onwards, helping to develop questionnaire content that would be complementary to the NSW Patient Survey Program. At the close of this work, we were given the opportunity to use data from this survey to help inform the NSW Maternity Care Survey as well as jointly submit articles to peer-reviewed journals. This work translated research from academic partners into a questionnaire that has been rolled out across NSW.

One in five mothers giving birth in a NSW public hospital during 2015 will receive this questionnaire, allowing the first full-scale assessment of NSW maternity services from mothers' perspectives.



OUR REPORTS: SNAPSHOT REPORT

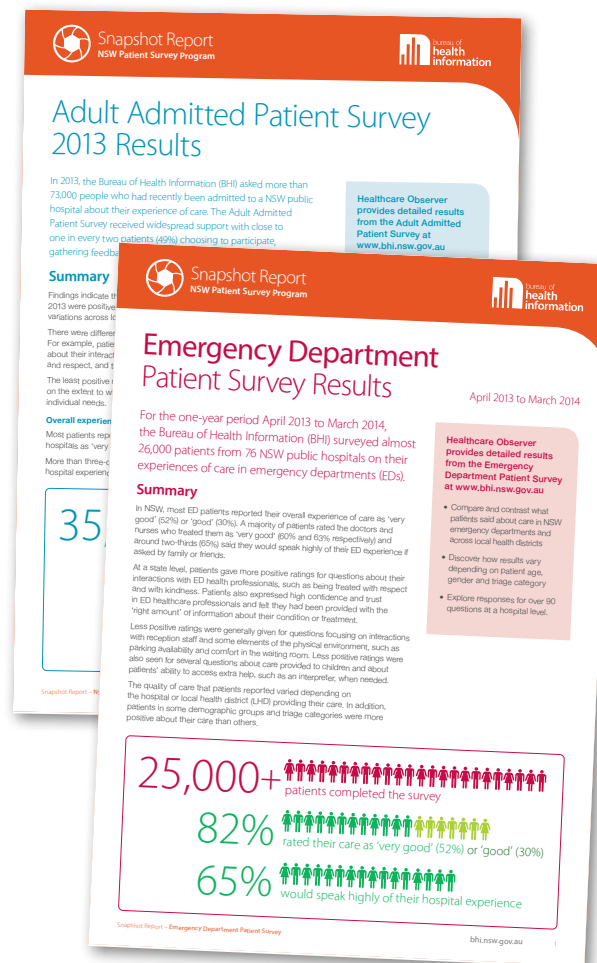
Snapshot Report is a new series of short, visually engaging publications that provide an overview of key results from the NSW Patient Survey Program.

Snapshot Reports outline key trends in patients' responses to survey questions across different aspects of care such as access and timeliness, engagement and participation, coordination and continuity, and safety and hygiene. They provide graphic summaries of NSW results, and variation across NSW local health districts, for certain measures of care.

The results in the reports are supported by more detailed information available on BHI's online data portal Healthcare Observer.

In 2014/15, BHI released two volumes in the *Snapshot Report* series:

- **Snapshot Report: Adult Admitted Patient Survey**, published in November 2014, focused on the results of the Adult Admitted Patient Survey for 2013 and reflected on the differences in the experience of care between same-day and overnight hospital patients
- **Snapshot Report: Emergency Department Patient Survey**, published in May 2015, provided an overview of responses to the Emergency Department Patient Survey between April 2013 and March 2014. It reflected on survey questions for which there was a large difference in the way patients who attend the emergency department with an urgent need for treatment rated their care, compared to patients with less urgent conditions.



Adult Admitted Patient Survey 2013 Results

35,000+ 
patients completed the survey

64% 
rated their care as 'very good'

77% 
would speak highly of their hospital experience

Emergency Department Patient Survey Results

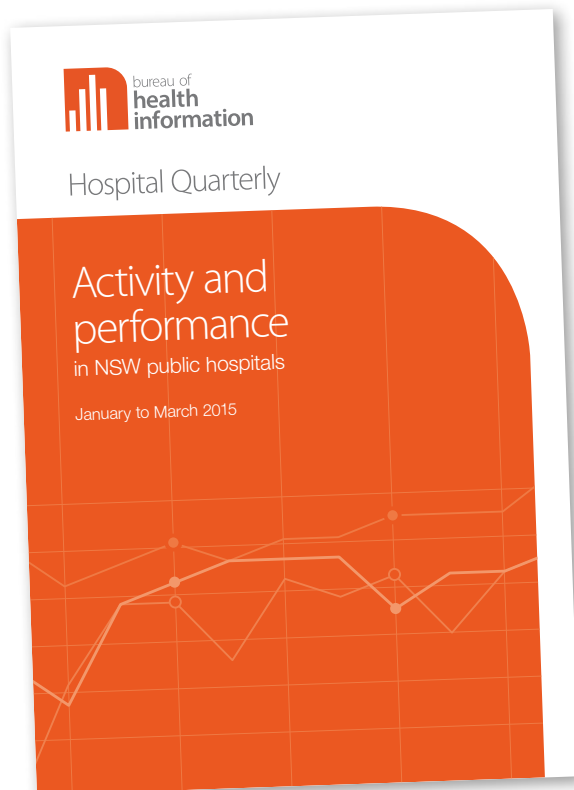
25,000+ 
patients completed the survey

82% 
rated their care as 'very good' (52%) or 'good' (30%)

65% 
would speak highly of their hospital experience

OUR REPORTS: HOSPITAL QUARTERLY

During 2014/15 we published four issues of *Hospital Quarterly*, BHI's regular reporting series that delivers information about the volume and types of services provided in NSW public hospitals and the timeliness with which they are delivered.



During this time, we made comprehensive changes to *Hospital Quarterly* reporting including streamlining three modules into one new-look report structured around activity measures and performance measures. Other changes include:

- The inclusion of data from 14 additional emergency departments, bringing our reporting coverage to 98% of all NSW emergency department activity
- Revising the definition used to calculate the time taken to leave the emergency department, in line with national definitions
- New analyses for emergency department and elective surgery data to provide more detailed information, and more information at a peer group level
- New interactive graphs presented on BHI's online data portal *Healthcare Observer* that enable visual comparisons of activity and performance across local health districts, peer groups and at a hospital level.

Elective surgery: Key trends

2014/15 compared to previous year:

Overall decrease in the number of elective surgical procedures performed in NSW public hospitals:

- Increase in the number of non-urgent procedures
- Decrease in the number of urgent and semi-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: Key trends

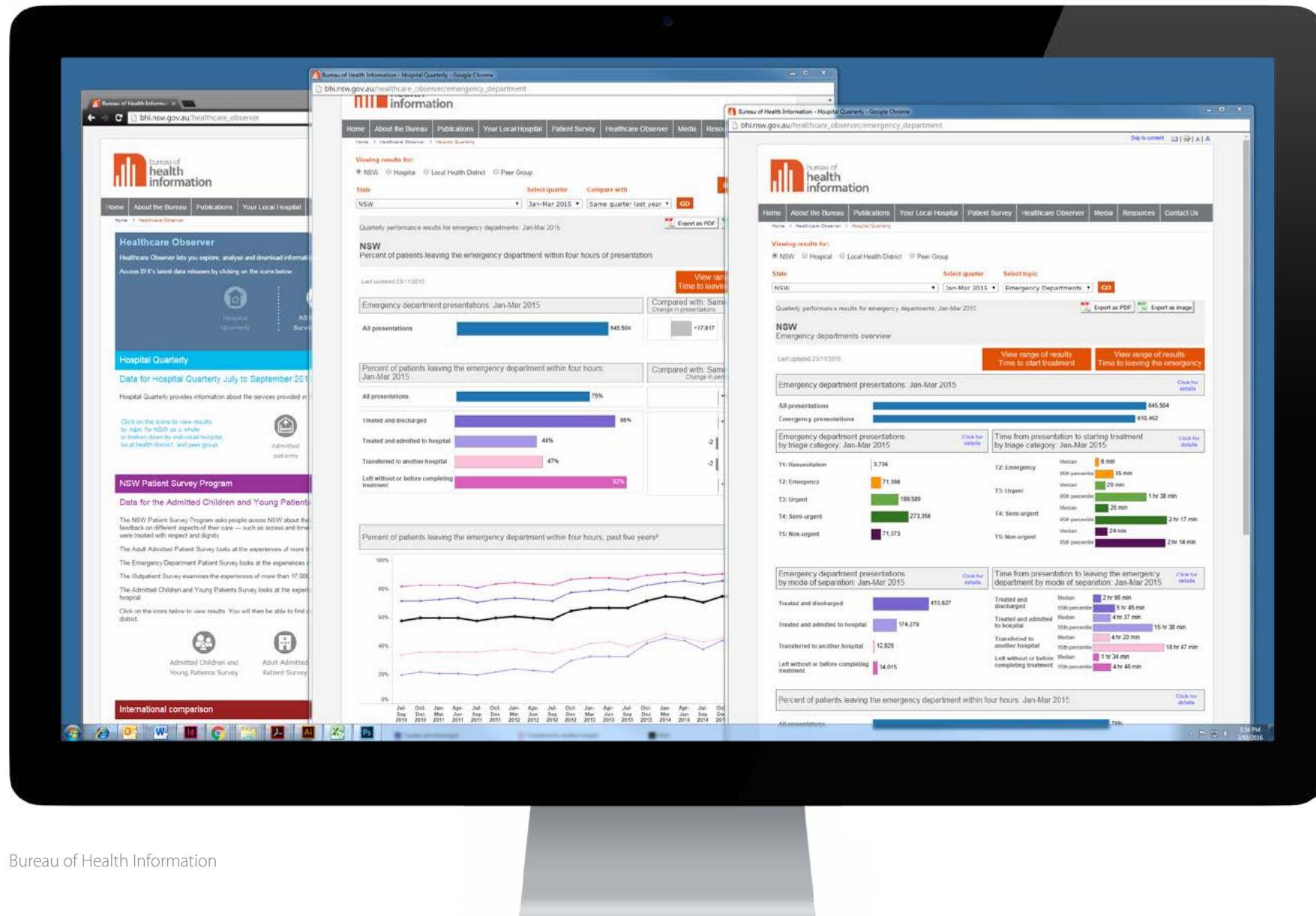
2014/15 compared to previous year:

Increase in the number of people presenting at emergency departments in NSW.

Increase in the overall percentage of patients leaving emergency departments within four hours.

Variation continues between and within hospital peer groups in the percentage of patients leaving within four hours.

Healthcare Observer provides access to five years of Hospital Quarterly data



OUR REPORTS: THE INSIGHTS SERIES

The Insights Series provides in-depth analyses in selected performance areas, highlighting variation in care provided to patients with a particular disease or condition.

The Insights Series: Emergency department utilisation by people with cancer

Published in November 2014, this report is a collaboration between BHI and the Cancer Institute NSW to further our understanding of how people with cancer are treated in NSW.

Previously there was little information available about patterns of, and reasons for, emergency department visits made by people with cancer in NSW.

The research for the first time links data from the NSW Cancer Registry with emergency department and hospital databases. It analyses information about almost 200,000 emergency department visits made by people with cancer.

The report also compares emergency departments on timeliness measures in treating, discharging and admitting people with cancer; and analyses whether these patients' emergency department use varied in the 28 days following a hospitalisation. For patients hospitalised for breast, colorectal and respiratory (lung) cancer, it examines patterns of emergency department use in the 28 days following discharge, comparing results across NSW hospitals.

The Insights Series: Return to acute care following hospitalisation – Insights into readmissions

Published in June 2015, this report examines patterns of and reasons for return to acute care in the 30 days following discharge for five clinical conditions (acute myocardial infarction, ischaemic stroke, congestive heart failure, pneumonia and hip fracture surgery) and within 60 days for two elective surgical procedures (total hip and total knee replacement) across 78 NSW public hospitals between July 2009 and June 2012.

The innovative new measure of hospital readmissions used in the report – BHI's 'return to acute care' risk standardised readmission ratio (RSRR) – is a modification of an internationally-recognised method of measuring readmissions, tailored specifically to the NSW context.



Developmental and stakeholder engagement work: Return to acute care following hospitalisation

Hospital readmissions are an important performance measure that can be used as an indicator in both clinical practice and health service management. In developing a new measure of readmissions it was important that BHI consulted a wide range of stakeholders to identify factors that impact on accurate measurement of hospital readmissions, and to identify the information that would support improvement. Clinicians are particularly aware of the clinical, social and operational factors that affect the unplanned readmission of their patients.

Experts from the Agency for Clinical Innovation (ACI) Clinical Networks were included from the planning stages of the development of the new measure, and provided invaluable feedback. They included members from the following:

- Respiratory Network
- Stroke Network
- Chronic Care Network
- Cardiac Network
- Orthopaedic Network
- Clinical Variation Taskforce.

We also consulted the Health Economics and Evaluation team at ACI about preliminary cost evaluation. Colleagues from the Ministry of Health's Health System Information and Performance Reporting Branch advised about methodological issues, and ensured the work aligned with the Ministry's strategic direction.

Finally, colleagues from interstate and the United States participated in the peer review process and provided an informed, objective perspective on the draft report.



OUR REPORTS: PATIENT PERSPECTIVES

In 2014/15, BHI released two volumes of Patient Perspectives which draw on the self-reported experiences of almost 62,000 NSW patients.

Integration is the theme common to both reports. The measurement of integrated care is concerned with questions about how effectively different sectors and providers of care interact; how well healthcare professionals work together; and whether patients and their caregivers are supported and encouraged to be meaningfully involved in their care.

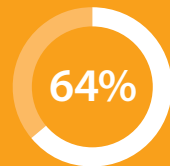
As patients are the primary participants and witnesses of integration, listening to their experiences is key to understanding integration of care. These reports use patients' perspectives to reflect on the delivery of certain aspects of integration. They draw on data from almost 62,000 respondents to the NSW Patient Survey Program and in doing so offer important insights into patients' experience of integration during their recent hospitalisation.

- Volume 1, published in December 2014, focuses on aspects of integration that patients experienced during their admission, stay and discharge from a NSW public hospital during 2013. It is based on data provided by more than 35,000 respondents to the Adult Admitted Patient Survey
- Volume 2 followed in May 2015 and looks more closely at aspects of integration for patients who visited an emergency department between April 2013 and March 2014. It reflects on the experiences of nearly 26,000 people who completed an Emergency Department Patient Survey.



Care that is **seamless, effective** and **efficient**

Among hospital patients:



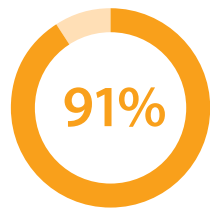
said their care was 'very well' organised



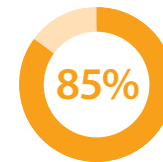
said the hospital 'completely' made adequate arrangements for post-discharge services



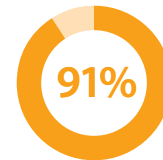
Responsive care



of patients reported they received the 'right amount' of pre-admission information



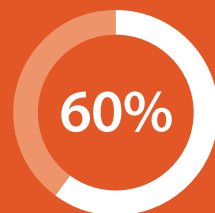
said they received the 'right amount' of information about their condition or treatment during their stay



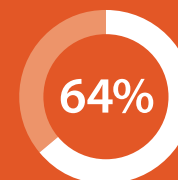
said they received the 'right amount' of information about medication they were given to take home



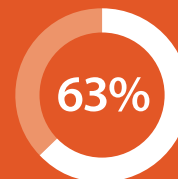
Care provided in **partnership** with the individual, their carers and family



of patients were 'definitely' involved in decisions about their care and treatment (as much as they wanted to be)



were 'completely' involved in decisions about using medication after discharge



were 'definitely' involved in decisions about discharge

OUR REPORTS: SPOTLIGHT ON MEASUREMENT

Spotlight on Measurement is a series of reports that reflects on methodological developments made in the course of BHI analyses.

Reports in the *Spotlight on Measurement* series generally provide two key types of background information. First, they outline the rationale for use of a candidate indicator in healthcare performance reporting, discussing its relative strengths and weaknesses. Second, they describe the analytic steps taken to validate the indicator and explore its sensitivity, specificity and application in a NSW context.

The series represents the main vehicle for BHI to share these important developments with academic and government institutions and provides an opportunity to explore, in a transparent way, the relative strengths and limitations of measures used to report on various aspects of performance.

BHI published two issues of *Spotlight on Measurement* in 2014/15:

Emergency department utilisation by people with cancer: NSW public hospitals, Cohort diagnosed between 2006 and 2009

Published in November 2014, this report describes the analytic approach and methods developed during a project that explored the use of NSW public hospital emergency departments by people with cancer.

Return to acute care following hospitalisation: Spotlight on readmissions

Published in June 2015, this edition focuses on the use of risk standardised readmission ratios (RSRRs) to measure variation in performance across NSW public hospitals for five clinical conditions and two elective surgical procedures. It was published alongside an edition of *The Insights Series* which applies the developed measure to report state and hospital-level results.



Making complex information easier to understand

One of BHI's challenges is making complex technical information easier to understand.

We do this in a variety of ways, using infographics, diagrams and explanatory sections within our reports.

Our report *Spotlight on Measurement: Emergency department utilisation by people with cancer* used this infographic to explain the hospital attribution decisions made for people with cancer visiting an emergency department (ED) for an unplanned emergency visit.

In cases of patient transfers, emergency ED visits are attributed to the hospital from which the index case was discharged.



In cases where an ED presentation occurs within 28 days of two or more index acute hospitalisations, the emergency ED visit is attributed to the last index hospitalisation.



In cases where there was a day-only hospitalisation in the 28 days following discharge from the index admission, and preceding the first emergency ED visit, the ED visit is attributed to the index hospitalisation.



In cases where there is a non-index overnight acute hospitalisation (e.g. non-cancer) within 28 days of discharge from the index admission and preceding a emergency ED visit, no outcome is assigned to that index admission.



HOW WE WORK: PARTNERING WITH ACADEMIC AND REPORTING AGENCIES

During the year, BHI finalised work on our first collaborative project with the Cancer Institute NSW, which culminated in the publication of our Insights series report *Emergency department utilisation by people with cancer*, published in November 2014. We have continued this partnership with work on a new project to examine the experiences of people with cancer during a hospital stay, using data from the NSW Patient Survey Program.

This initiative formed the basis of a report, scheduled for released in late 2015.

Other collaborations include:

- BHI partnered with NSW Kids and Families on the development of the Maternity Care survey and revised versions of the Admitted Children and Admitted Young Patients surveys — upcoming additions to the NSW Patient Survey Program that will form the basis of new reports in 2015/2016
- BHI developed a partnership with the Mental Health Commission to lay the groundwork for future reporting on performance in mental healthcare

- We 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 analysed international survey data from an equity perspective to support the IMPACT research team's work
- 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 (for example the Cardiac Network and the Stroke Network). These groups ensure that developmental work on reports is informed by, and responsive to, the needs of practising health professionals.



Poster presentation submitted to the Primary Health Care Research and Information Service research conference

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 2014/15 we continued to work with our Scientific Advisory Committee, comprising eight 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 NSW Patient Survey Program.

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 contacted more than 30 peer reviewers in addition to representatives from the NSW Ministry of Health, pillars, local health districts and specialty networks, who are 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.

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 2014/15 our Chief Executive and staff visited St Vincent's Health Network, Central Coast, Hunter New England, Northern Sydney, Southern NSW and Sydney LHDs to talk about 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.

This year we were invited to present:

- *Measurement of performance in rural areas*, keynote address at the Rural Health and Research Congress, in Dubbo in September 2014
- *The measurement of outcomes* at the Canadian Institute for Health Information and Statistics Canada Consensus Conference, in Toronto in October 2014
- *Developments in performance measurement and reporting in OECD countries*, discussant at the HARC Forum with Niek Klazinga from the Organisation for Economic Cooperation and Development, in Sydney in December 2014
- *Knowledge organisations as enablers of performance in healthcare systems*, keynote address at the Canadian Association for Health Services and Policy Research Conference, in Montreal in May 2015.

Seminar series

This year BHI continued hosting the Challenging Ideas seminar 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 December 2014 BHI hosted a special fifth anniversary event with the theme *Health performance reporting: past, present and future*.

The event featured Justice Peter Garling, author of the Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals and Dr Nick Goodwin, CEO, International Foundation for Integrated Care.



Justice Peter Garling delivered the keynote address at BHI's event on health performance reporting

OUR PEOPLE

BHI is a statutory corporation that is part of NSW Health. In addition to the small administrative and corporate team, the people working at BHI are health services researchers, statisticians and data analysts, graphic designers and experts in communication and data visualisation.

The number of staff at BHI has grown during the year, from 29 to 36 people. The seven new positions reflect the expansion of our work agenda, including the management of the NSW Patient Survey Program.

HARC scholars

The Sax Institute's annual Hospital Alliance for Research Collaboration (HARC) Scholarship program supports future industry leaders to develop advanced skills in using research in policy making, while establishing connections to national and international experts in health services research. In 2014 and 2015, three BHI employees were awarded the prestigious scholarship, which also includes a study trip to a relevant national or international agency.



Dr Kerrin Bleicher

Analyst Dr Kerrin Bleicher used her 2014 HARC scholarship to investigate the value and use of linked data for measuring healthcare performance. This research contributed to the development of BHI's new *Data Matters* report series.



Dr Diane Hindmarsh

Dr Diane Hindmarsh, a lead analyst on BHI's NSW Patient Survey Program, was awarded a HARC scholarship to explore international best practice in patient survey development and reporting, particularly in terms of the methods used to adjust survey results for patient mix.



Katinka Moran

BHI senior researcher Katinka Moran received a HARC scholarship in 2015 to investigate how to optimise online reporting of healthcare performance data for diverse audiences, with the aim of further developing and maximising the potential of BHI's online data portal Healthcare Observer.

WHO DO WE REACH?

12 reports released



40 presentations given in NSW and other jurisdictions



314



Twitter followers



15+



visits to local health districts, specialty networks, hospitals and other healthcare facilities



497



email newsletter subscribers

15+



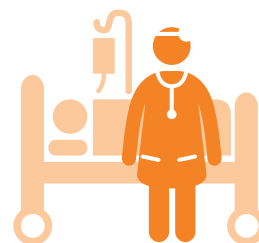
external committees
BHI is represented on

HOW WE WORK



Provide information to
the NSW community

about the performance of its public
healthcare system



Inform efforts to
improve patient care
and strengthen healthcare policy in NSW

Identify factors that
support high performing
public healthcare systems



Advise on strategies to
**improve measurement
and reporting of
performance**



Maintain **ethical,
effective, responsible
and reasonable
business** practices



