

2013/14

Year in review



45

50

55

60

65

70

75

80

85

90

95

100



BUREAU OF HEALTH INFORMATION

Level 11, Sage Building, 67 Albert Avenue
Chatswood NSW 2067, Australia
Telephone: +61 2 9464 4444

bhi.nsw.gov.au

This work is copyrighted. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the **Bureau of Health Information.**

© Copyright Bureau of Health Information 2014

State Health Publication Number: (BHI)150038
ISSN 2204-5341 (Online)

Further copies of this document can be downloaded
from the Bureau of Health Information website:
bhi.nsw.gov.au

Published December 2014



The Bureau of Health Information (BHI) is a board-governed organisation that provides independent reports about 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 Board Chair, Professor Bruce Armstrong AM and Chief Executive, Dr Jean-Frederic Levesque.

*We strive to be innovative and creative in our approach – finding new and better ways to measure and report different aspects of performance.
We work collaboratively to produce high quality reports that give a clear picture of how the NSW healthcare system is delivering care.*

Dr Jean-Frederic Levesque – Chief Executive



BHI has expanded the breadth and depth of information available on the performance of the NSW public healthcare system”

FROM THE CHAIRPERSON

BHI has made important advances during the year, expanding its suite of products to include a number of new reports, series and tools, and enhancing existing reports.

In addition to its regular reports *Hospital Quarterly* and the *Healthcare in Focus* annual report, BHI published an edition of *The Insight Series* with a first-ever report on 30-day mortality following hospitalisation. BHI also launched the *Patient Perspectives* series with two volumes on mental health services and the *Spotlight on Measurement* series, which looks at new ways to measure performance.

During the year BHI revised the NSW Patient Survey Program to give the healthcare system enhanced information about how patients experience their care. Four new surveys were developed and rolled-out in 2013/14.

BHI launched a new interactive online portal Healthcare Observer in early 2014. Healthcare Observer provides a flexible and engaging way for people to access information. Data from the Admitted Adult Patient Survey and The Commonwealth Fund International Health Policy Survey, with expanded coverage of New South Wales, was made available on Healthcare Observer.

2013/14 saw a further expansion of the BHI team, with new staff members and a new office location. BHI staff members have had a very busy year and their achievements have been great. They have our sincere thanks.

The Board would like, especially, to thank Dr Jean-Frederic Levesque for his expertise and leadership during his first year with BHI. He and his team have expanded the breadth and depth of information available on the performance of the NSW healthcare system.

I acknowledge the contribution of fellow Board members throughout the year. Their sound advice and expertise has underpinned the year's success.

I would like also to thank Ms Suzanne West who left the Board during 2013/14 and welcome Professor Louisa Jorm and Dr Nigel Lyons, who joined the Board during the year.

Professor Bruce Armstrong AM
Board Chairperson



We will continue to take a leadership role in performance measurement and reporting to ensure clear and insightful public reporting ”

FROM THE CHIEF EXECUTIVE

Reporting on the performance of complex healthcare systems is no easy task. Reflecting on the performance of the public healthcare system in New South Wales comes with similar challenges.

Information on healthcare is diverse and BHI aims to provide a comprehensive and balanced assessment. Our various reports provide different perspectives on the performance of the system.

This year, BHI has expanded its suite of reports and adopted a new integrated performance assessment framework to ensure that the complexity of healthcare is reflected in our reporting.

Our *Healthcare in Focus* report featured more than 135 different measures, organised to reflect on six aspects of the performance of the healthcare system.

Hospital Quarterly reports have tracked progress in waiting times in emergency departments and in receiving elective surgery.

Patient Perspectives reports have highlighted what clinicians can do to positively influence experiences and outcomes for patients using mental health services.

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.

In addition to reports, we have sought other ways to convey information, harnessing the benefits of modern technologies and social media. Healthcare Observer and our presence in the social media sphere has enabled us to reach people that conventional written reports might not reach.

This year, BHI has also engaged more actively with clinicians both in the development of relevant measures and in the dissemination of our reports. Visiting Local Health Districts, Specialty Networks and clinical settings has provided opportunities to increase the relevance and usefulness of our measures.

Looking to the future, we will continue to take a leadership role in performance measurement and reporting to ensure clear and insightful public reporting and support efforts to improve the quality of care in New South Wales.

Dr Jean-Frederic Levesque
Chief Executive

OUR NEW PERFORMANCE FRAMEWORK

Measuring performance in healthcare is complex and multifaceted; there are many different aspects and dimensions to consider.

During 2013/14, we did an assessment and synthesis of frameworks found in the scientific literature and among performance reporting agencies in different countries. Based on this, we adapted our performance framework to take into account recent developments and best practice in performance measurement. This framework provides a comprehensive blueprint that brings together diverse information about the performance of the healthcare system.

Our framework incorporates different perspectives on performance. First, from the patients' point of view, it gauges how well the system achieves its objectives of providing healthcare when and where needed; delivering the right healthcare, in the right way; and ensuring that healthcare makes a difference for patients.

Second, from a system perspective, the framework assesses whether the system provides good value for money; if it provides health for all and fair healthcare and how the system ensures that 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.

More information is available in *Spotlight on Measurement: Describing and assessing performance in healthcare: an integrated framework* (see page 20).

What do we measure?

Our reports provide relevant, accurate and impartial information about how the 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

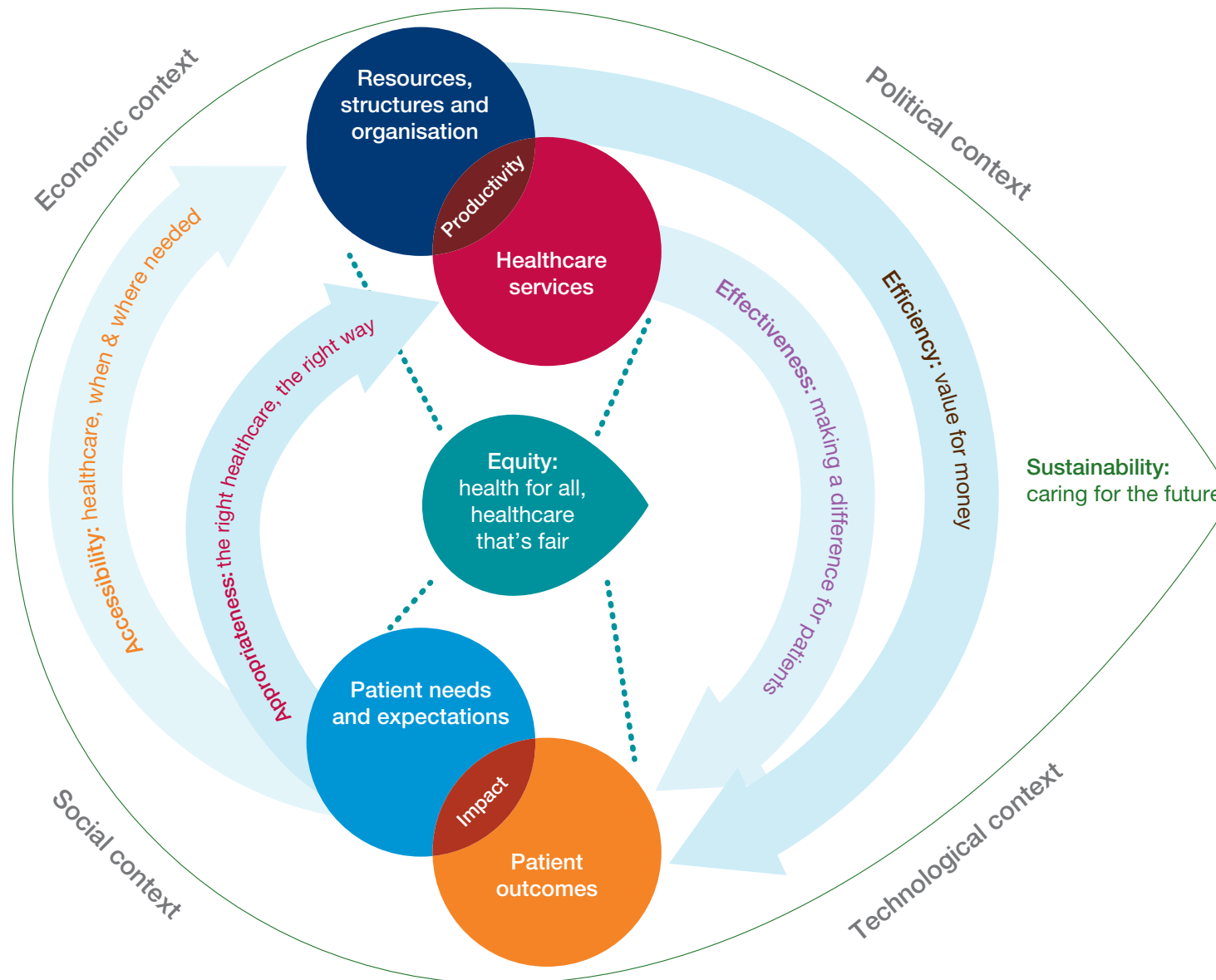
Equity

Health for all, healthcare that's fair

Sustainability

Caring for the future

BHI's performance measurement framework



OUR USE OF LINKED ADMINISTRATIVE DATA

Data linkage is the process of bringing together two or more records that relate to the care of the same individuals.

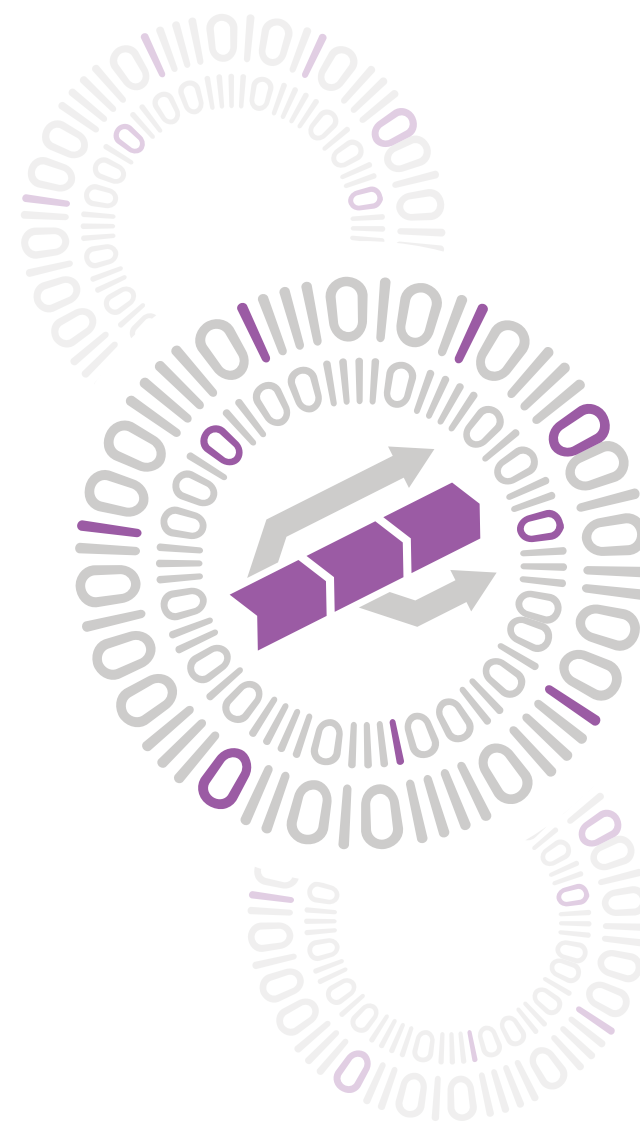
The creation of linked data is of particular value in health where many people receive services from more than one provider or organisation – each with their own discrete records and datasets.

Where relevant data are held in separate repositories, data linkage strengthens analysis across a range of health services research applications. This process does not alter the records in any way.

BHI has access to linked administrative data, provided by The Centre for Health Record Linkage (CHeReL), NSW Ministry of Health.

The use of linked data strengthens BHI's work in a variety of ways. In 2013/14, linked data were used to:

- **Report on 30-day mortality following hospitalisation** – linked data from all NSW hospitals and the Registry of Births, Deaths and Marriages allowed full enumeration of 30-day mortality – capturing deaths that occurred following admission to a hospital for heart attack, ischaemic stroke, haemorrhagic stroke, pneumonia and hip fracture surgery.
- **Fairly compare performance across hospitals** – historically linked data enhanced the identification and subsequent adjustment for patient level factors that influence patient outcomes such as mortality.
- **Describe patterns of hospitalisations and emergency department visits** among the NSW population – identifying intensive users of healthcare services.



THE COMMONWEALTH FUND INTERNATIONAL HEALTH POLICY SURVEY

Each year, The Commonwealth Fund, a private foundation in the United States, commissions an international survey to support the creation of public reports that benchmark the performance of comparable healthcare systems.

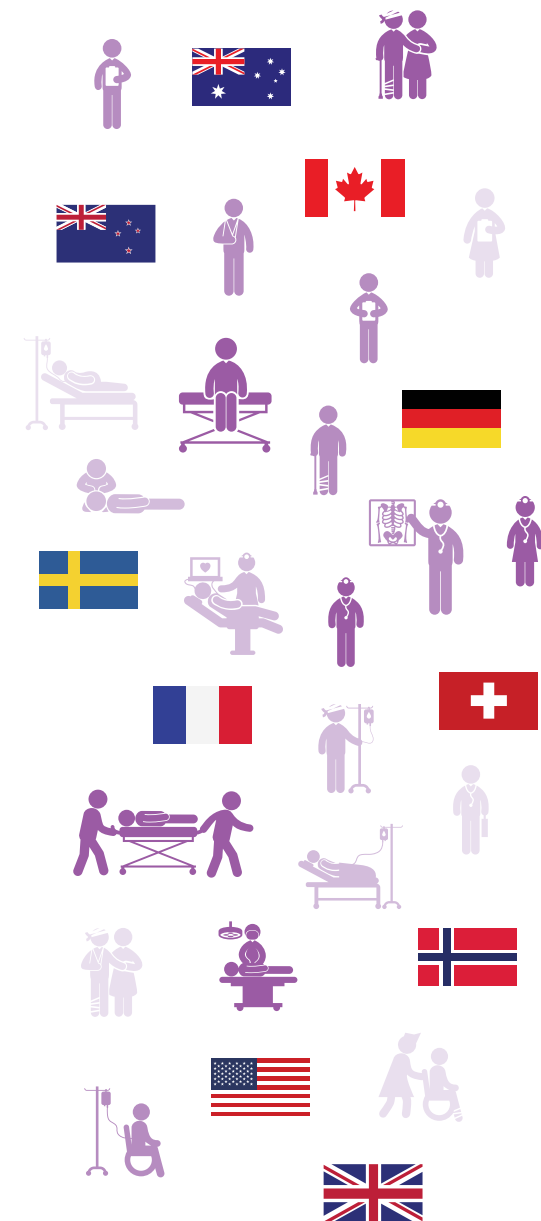
The Commonwealth Fund International Health Policy Survey has been conducted annually since 1998. Initially focused on English speaking countries – the United States, United Kingdom, Canada, New Zealand and Australia – it has grown in scope and reach over time. In 2013, it included 11 countries. The survey provides comparable information about healthcare performance – incorporating measures of accessibility, appropriateness, effectiveness, efficiency and equity.

BHI invests in the survey, funding an enhanced NSW sample size so that meaningful comparisons can be made between NSW and other jurisdictions. Results inform assessments of NSW healthcare performance, placing them in a broader context – highlighting areas where NSW performs particularly well on the international stage and where there is potential for improvement.

Beyond providing valuable comparative and contextual information, participation in the survey links BHI into an international network of health services researchers devoted to healthcare performance measurement and reporting. It sparks innovative thinking about healthcare performance, its assessment and data presentation.

BHI has presented the results of the International Health Policy Survey in *Healthcare in Focus* and on our interactive online portal Healthcare Observer.

BHI invests in the International Health Policy Survey so meaningful comparisons can be made between NSW and other jurisdictions.



HEALTHCARE OBSERVER

In March 2014, BHI launched Healthcare Observer, a new interactive online portal that allows users to access accurate and comparable data about the NSW public healthcare system.

Healthcare Observer provides dynamically generated content and enhances the ability of users to understand and interpret data using simple visualisations.

BHI publishes detailed data related to recently published reports on Healthcare Observer to enable users to drill down and look at topics of interest in more depth.

Information made available on the portal included results from The Commonwealth Fund's International Health Policy Survey of 2013, results from the Adult Admitted Patient Survey at a NSW and Local Health District (LHD) level, and quarterly updated data about admitted patients, wait times in emergency departments, and wait times for elective surgery at the NSW, LHD and hospital level.

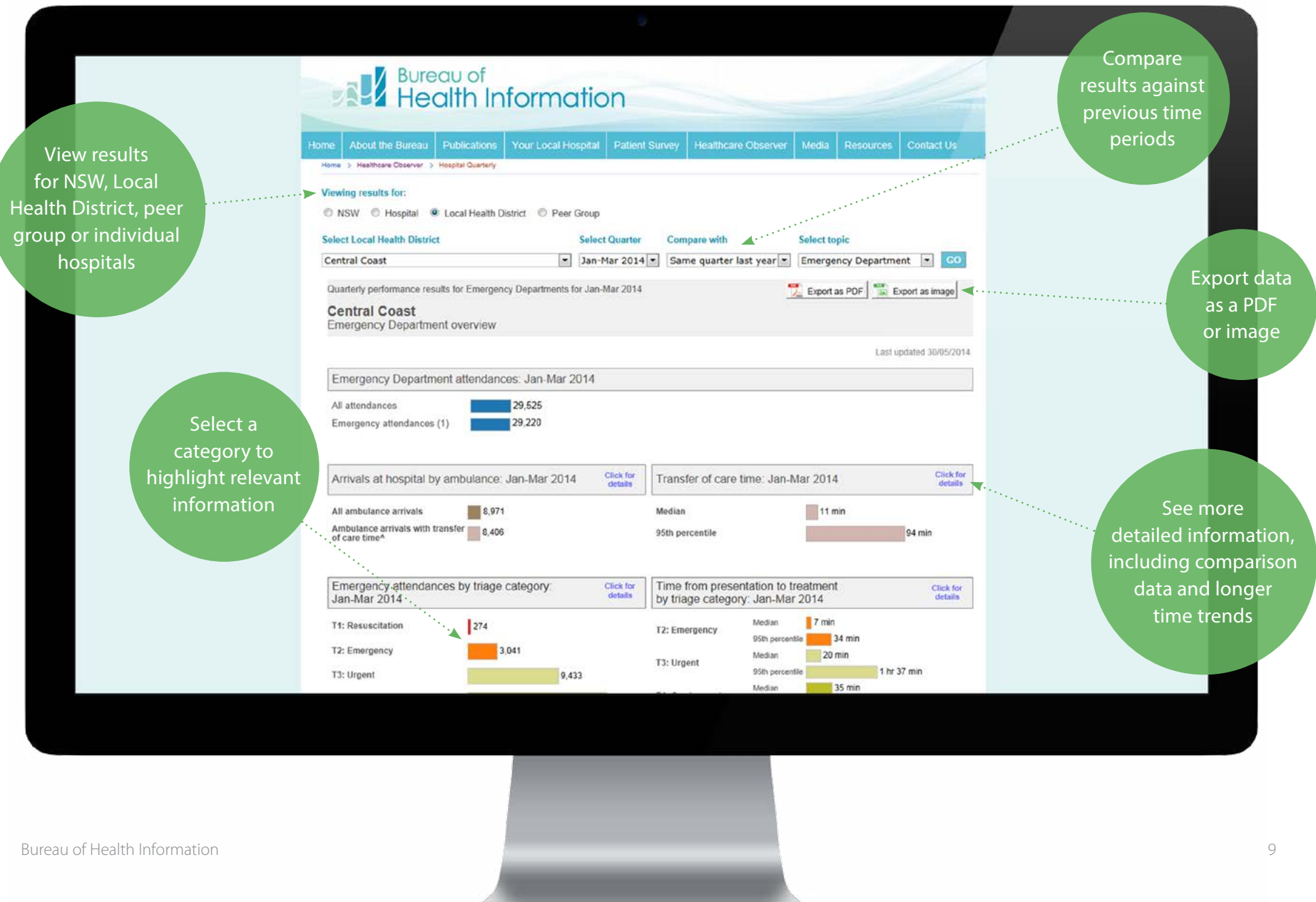
BHI did extensive user testing with stakeholders before launching Healthcare Observer and feedback indicates it is a user-friendly tool that has increased the degree to which BHI's information is accessed and used by stakeholders.

From the launch in March 2014 to the end of the financial year, more than 3,400 people visited Healthcare Observer.

The main features of Healthcare Observer are:

- Gives users the ability to interrogate data to understand performance about different aspects of care
- Draws on a range of different data sources including international comparisons
- Provides a snapshot of performance for a specific period of time
- Displays performance over time to identify trends and areas of improvement or deterioration
- Gives users the ability to compare performance against others (i.e. how public hospitals compare to their peers or the state)

Healthcare Observer is a user-friendly tool that provides access to timely, accurate and comparable data in an interactive and engaging way.



NSW PATIENT SURVEY PROGRAM

The NSW Patient Survey Program asks different groups of people about their healthcare 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 look at different aspects of care such as accessibility and appropriateness of care, including the physical environment, safety and hygiene, communication and information, and respect and dignity.

During 2013/14 BHI continued running the Adult Admitted Patient Survey, an ongoing survey that asks people about their experiences while admitted to a NSW public hospital.

In March 2014 BHI published the first results from this survey on Healthcare Observer.

During the year BHI also developed and implemented four new surveys:



Emergency Department Patient Survey: surveys people who have visited a NSW emergency department



Admitted Child Survey: surveys parents/carers whose young child (under 8 years) has been admitted to hospital



Admitted Young Patient Survey: surveys young people (8 years and older) who have been admitted to hospital and their parents/carers



Outpatient Survey: surveys people who have attended an outpatient clinic

Adult Admitted Patient Survey

During January–December 2013

- 73,000+ surveys mailed out
- 35,000+ surveys completed
- 49% response rate

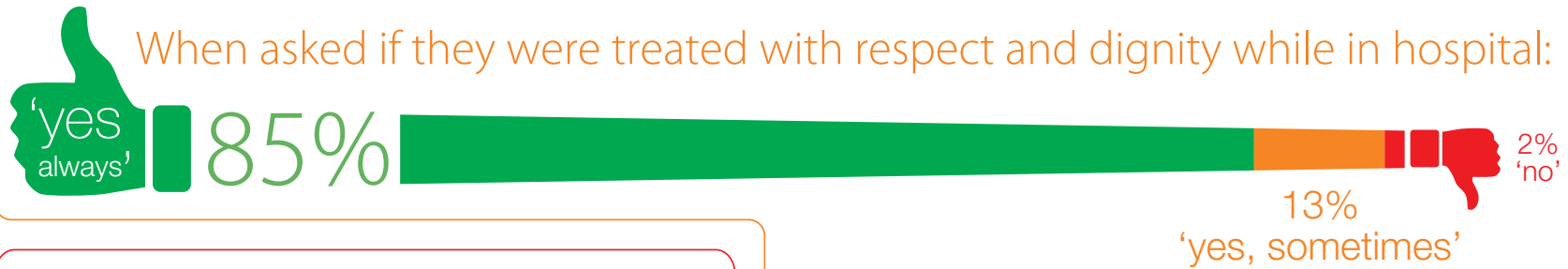
Emergency Department Survey

During April–December 2013

- 64,500+ surveys mailed out
- 19,700+ surveys completed
- 30% response rate

Adult Admitted Patient Survey

73,000+ patients were sent a survey



49% response rate

35,000+ people completed the survey

Cancer oversampling

At the request of the Cancer Institute NSW, BHI is undertaking a 12-month project to sample extra cancer patients in the Adult Admitted Patient Survey. This will provide sufficient numbers to be able to report separately on the experiences of patients admitted to

hospital primarily for cancer-related reasons. This project samples cancer patients admitted between July 2013 and June 2014, and a report will be published in 2015. This work aims to double the number of questionnaires sent to people treated for cancer, from 6,600 to

more than 12,000. This work is well on track, achieving a response rate of 53% in the first six months. If this level of response continues, BHI will be able to report at a state level and for approximately 46 NSW public hospitals.

OUR REPORTS

Healthcare in Focus

Each year BHI publishes *Healthcare in Focus* to look at how well the NSW healthcare system is performing.

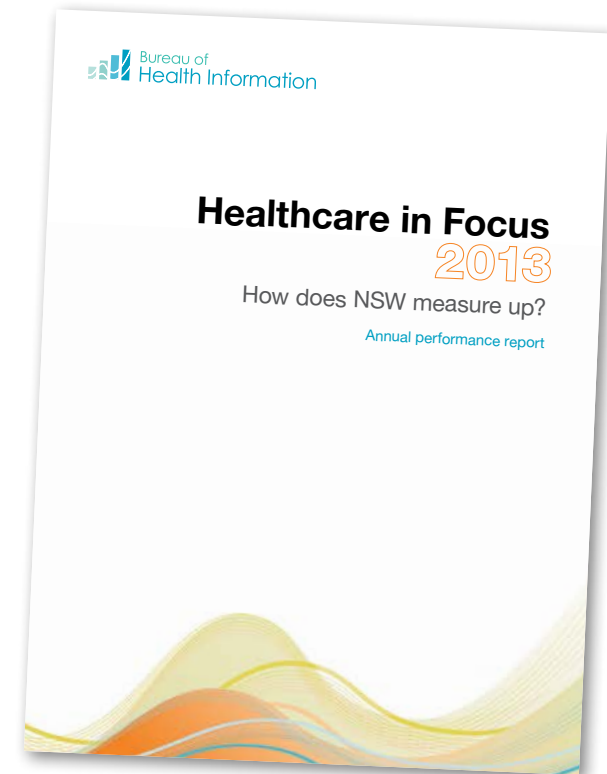
Healthcare in Focus 2013 – How does NSW measure up? is BHI's fourth annual performance report. It contains more than 135 measures and draws on a range of data sources to build a comprehensive whole-of-system picture of healthcare in NSW, in an international context.

The report compares healthcare in NSW to Australia and 10 other countries including the United Kingdom, Canada, United States, France, the Netherlands, Sweden and Germany.

For the first time, the report was structured around BHI's new performance measurement framework (see page 5), introducing new information alongside already published indicators to provide a balanced account of the relative performance of NSW.

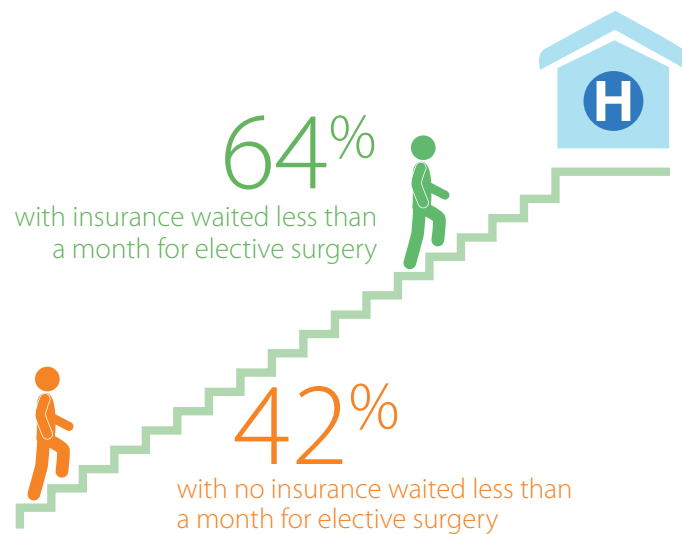
This year's report reconfirms the good performance of NSW on the international stage. Comparing the state with high performing countries internationally provides insights into those areas where NSW is a leader, as well as identifying areas where there is potential to improve.

Healthcare in Focus provides new insights for people to better understand areas of excellence as well as areas that might be targeted for improvements in coming years.



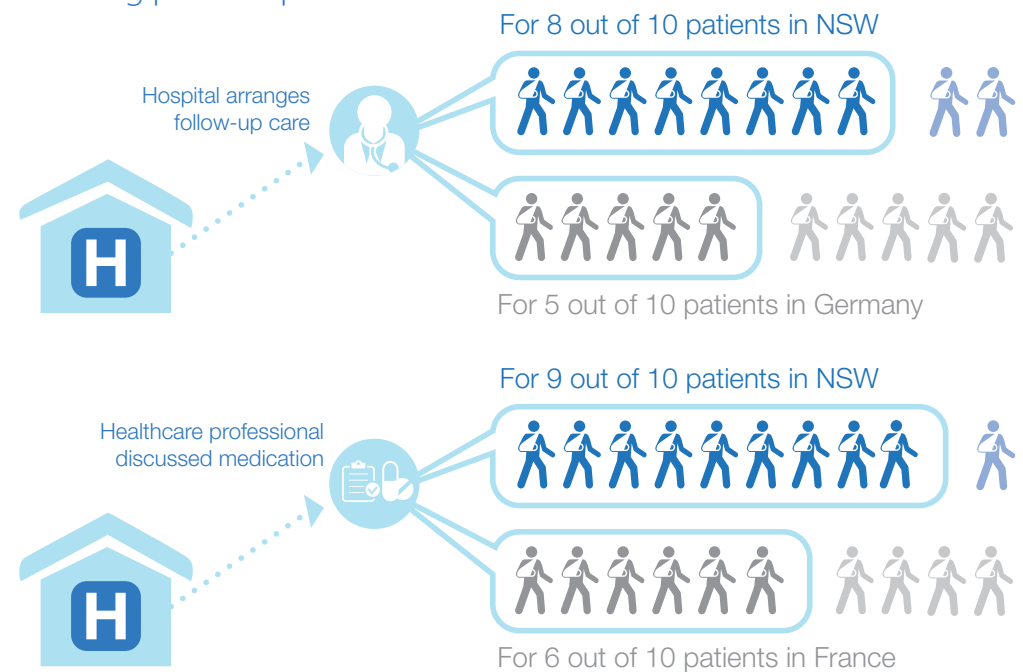
Equity – health for all, healthcare that’s fair

Among patients who were told they needed elective surgery



Appropriateness – the right healthcare, the right way

Planning post-hospital care



Figures are from *Healthcare in Focus 2013* and relate to 2013 calendar year

OUR REPORTS

Hospital Quarterly

During 2013/14, BHI published four issues of *Hospital Quarterly*, which looks at NSW public hospital performance in three modules: admitted patients, emergency departments (EDs) and elective surgery.

Hospital Quarterly also provides performance profiles for around 80 NSW hospitals and each Local Health District in NSW.

Waiting times for elective surgery and in EDs over the past two years have improved even in the face of increasing demand for services.

Over the year BHI has improved the breadth and quality of data used in the quarterly reports and has made it more accessible. For example, the factors that influence the percentage of patients who leave the ED within four hours of presentation were examined. This insight showed the impact of case mix and that hospitals with a higher proportion of non-urgent cases are more likely to have patients leave the ED within four hours.

Similarly, the correlation between the percent of patients leaving the ED within four hours and the number of patients presenting at the ED by mode of separation (e.g. leaving without or before completing treatment, being transferred to another hospital, being treated and admitted to hospital or treated and discharged) was assessed. This analysis demonstrated that the percent of patients leaving within four hours decreases with increasing numbers of patients in EDs and is lower for admitted or transferred patients than for treated and discharged patients across all hospitals.

New analyses presented as part of the admitted patients module also included the volume, average length of stay and bed days measures for non-acute episodes as well as variation in average length of stay for acute overnight episodes for each hospital peer group.



Data from an additional 21 EDs were included in statewide and Local Health District totals in the January to March 2014 issue (released in June 2014), bringing the total to 117 emergency departments.

Additionally, in June 2014 BHI included data from the January to March 2014 issue of *Hospital Quarterly* and the previous five years on Healthcare Observer (see page 8), making health information easier to access, download and print.

Key trends during the year

Elective surgery

Increase in the number of people having elective surgery.

Increase in the proportion of people receiving elective surgery in the recommended time, with a:

- Corresponding reduction in the proportion of people waiting very long times
- Noticeable reduction in non-urgent median waiting times

Emergency department

Increase in the number of people presenting to the ED and being admitted to NSW hospitals.

Increase in the proportion of people leaving the ED within four hours of arrival.

Percentage of patients leaving ED within four hours was at the highest level for many years, 73% compared to 66% one year earlier in January to March 2011.

Fewer patients are leaving the ED without or before completing treatment, a 13% reduction on the same time last year.

There remain variations in the performance of hospitals with regards to the total time patients spend in the ED. As a group, metropolitan hospitals showed the biggest improvements in having patients leave within four hours but still haven't caught up to smaller facilities.



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 those with specific characteristics such as age-group.

30-day mortality report

In December 2013, BHI published an *Insights Series* report – *30-day mortality following hospitalisation, five clinical conditions, NSW, July 2009 – June 2012*.

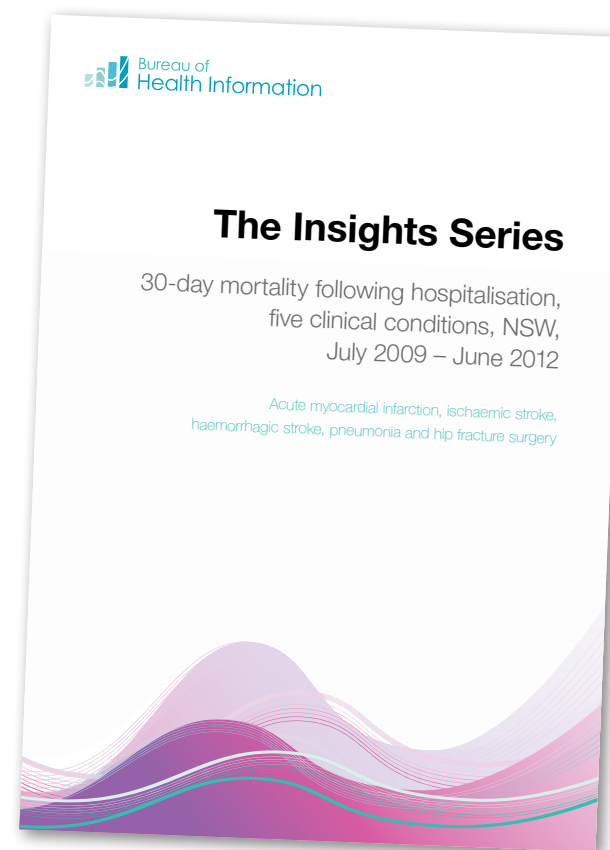
The report draws on 12 years of information from hospital records and death registries to provide an analysis of 30-day mortality following admission to a hospital for five clinical conditions:

- Heart attack
- Ischaemic stroke
- Haemorrhagic stroke
- Pneumonia
- Hip fracture surgery.

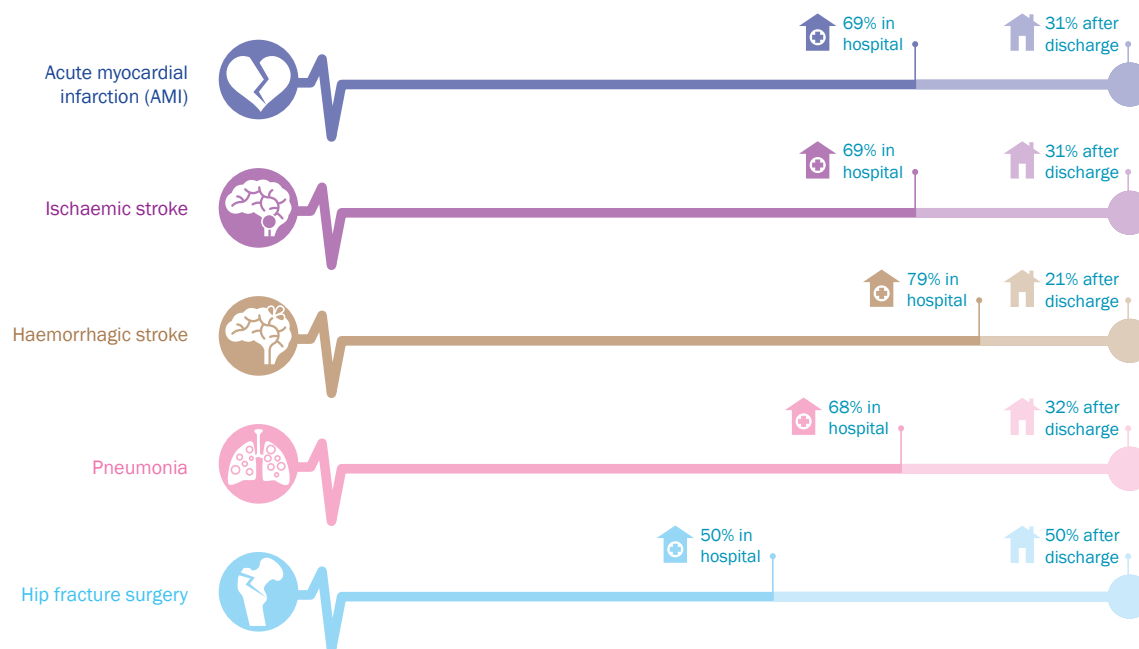
These five conditions were selected to provide insights into different aspects of healthcare including acute emergency care, surgery, specialised care delivery, rehabilitation and community-based services.

Together these conditions account for approximately 20% of all deaths in NSW hospitals.

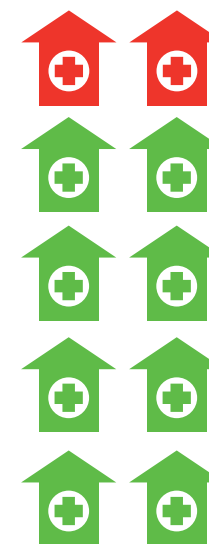
The 30-day mortality report marked the first time in Australia that these mortality measures were published at the state level and for individual hospitals for these conditions.



Percentage of 30-day mortality that occurred after discharge, by condition.



Altogether, the five conditions included in this report account for around 20% of hospital mortality



The vast majority of NSW hospitals did not have higher than expected mortality



Figures are from 30-day mortality following hospitalisation, five clinical conditions, NSW, July 2009 – June 2012

OUR REPORTS

Patient Perspectives: Mental health services

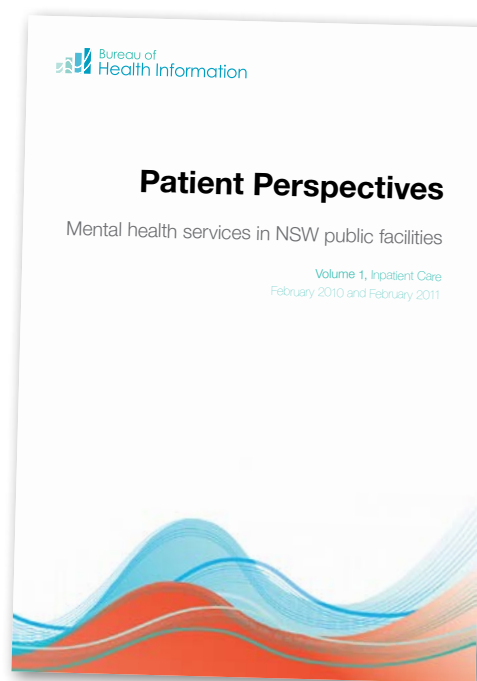
In October 2013, BHI released two volumes of *Patient Perspectives: Mental health services in NSW public facilities*, which draw on the self-reported experiences of 5,000 people who used mental health services in February 2010 and February 2011.

Volume 1 looks at inpatient care, focusing on the experiences of over 1,000 people who had been admitted to hospital for specialised psychiatric care.

Volume 2 looks at the experiences of nearly 4,000 people who had used community mental healthcare services.

The reports present data from the NSW Health Mental Health Survey, which asked questions about a range of different aspects of care including access, comfort, continuity, coordination, health outcomes, hygiene, provision of information, family involvement, respect, support and overall experience of care.

These reports offer a rare opportunity to look at mental health services in NSW from the users' perspective.



Key findings

In order to positively influence patients' health, staff should:

- Be responsive to their needs
- Help to make arrangements for subsequent visits
- Provide support and reassurance about their ability to recover
- Ensure good communication about treatment plans.

When these things are done well, people are more likely to feel their treatment has improved their life.

The Bureau of Health Information examined patient survey responses from 2010–11



1,028
people

hospitalised for mental health problems

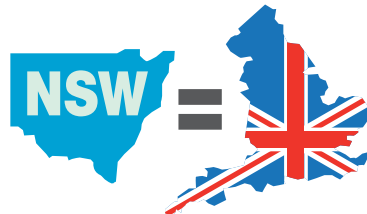


who used community mental health services

What we found



People using mental health services were the least positive about their overall care



This echoed the findings when compared to another healthcare system, England's Mental Health Service

What works well

Knowing who to call if help was needed

Being treated with respect and dignity

Not being talked about as if you weren't there

After a referral, not having to wait a long time for services to start

Feeling there was enough privacy when meeting with staff

What needs improving

Being asked whether to include family and friends in treatment

Provision of information about medication side effects and danger signals to watch for

Availability of doctors or healthcare professionals

OUR REPORTS

Spotlight on Measurement

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

BHI published three issues of *Spotlight on Measurement* in 2013/14:

- *Describing and assessing performance in healthcare: an integrated framework*: published in April 2014, this report describes BHI's integrated performance assessment framework (see page 5).
- *Measuring transfer of care from the ambulance to the emergency department*: published in September 2013, this report looks at ways to measure and report performance in patients' transitions from the ambulance to the emergency department.
- *30-day mortality following hospitalisation, five clinical conditions, NSW, July 2009–June 2012*: published in December 2013, this report describes the development and evaluation of statistical methods used in the public reporting of 30-day mortality in NSW (see page 16).



Making complex information easier to understand

One of BHI's challenges is making complex technical information easier for people to understand. We do this in a variety of ways using infographics, diagrams and explanatory sections within our reports.

Example: How to interpret a funnel plot

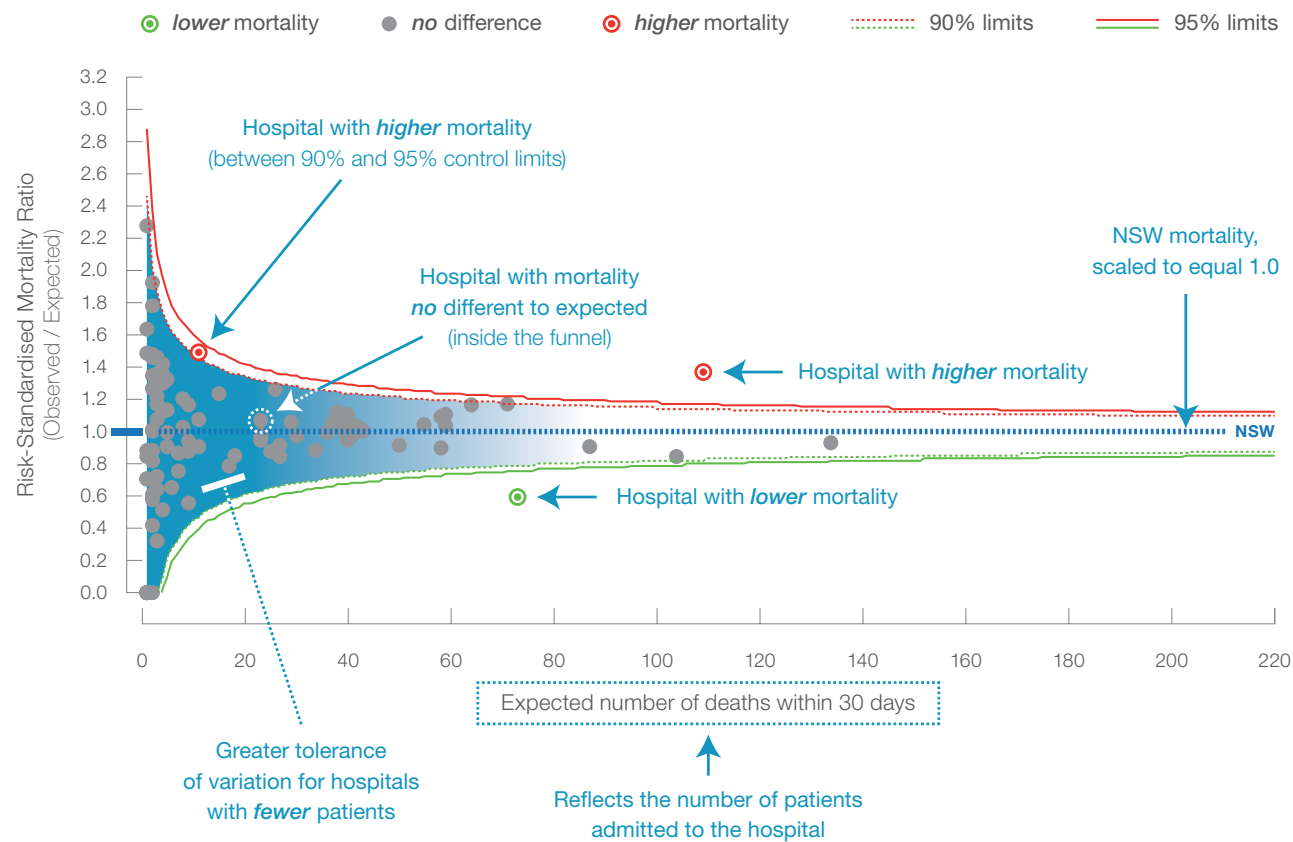


Diagram from 30-day mortality following hospitalisation, five clinical conditions, NSW, July 2009 – June 2012

HOW WE WORK

Partnering with academic and reporting agencies

During the year, BHI began work on a collaborative project with the Cancer Institute NSW to examine the utilisation of hospital emergency departments (EDs) by people with cancer in NSW. The project will form the basis for a report, scheduled for release in 2014/15.

Work with the Agency for Clinical Innovation (ACI) continued with 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 healthcare professionals.

BHI has also partnered with the Kolling Institute's Clinical and Population Perinatal Health Research Group on projects involving analyses of data from the 2007 to 2011 Overnight Inpatient Survey, focussing on responses from patients whose admission related to maternity care.

BHI is involved with 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 analyses international survey data from an equity perspective to support the IMPACT research team's work.

BHI partnered with the Sax Institute and Health Policy Analysis to review methods for surveying very small healthcare facilities. This work produced a literature review of international research and will inform design of future BHI patient surveys.

BHI works in an open and collaborative way and connects with a range of organisations and experts across all areas of health.



(L to R) Professor Andrew Wilson, Sir Bruce Keogh and Dr Jean-Frederic Levesque at the Sax Institute's HARC (Hospital Alliance for Research Collaboration) Forum on performance measurement in May 2014

HOW WE WORK

Consulting with experts

During the year BHI had discussions with a range of international experts and organisations who visited us. This provided a great opportunity to exchange knowledge, look at international best practice and hear about strategies being used in different jurisdictions.

International visitors during the year included experts and academics from organisations and universities in the United Kingdom, Canada, the United States and the Netherlands.

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 2013/14 we established a Scientific Advisory Committee, comprising seven international and Australian experts who will help us ensure that our activities and strategies are consistent with current best practice in performance reporting, and will 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 also 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. They may include consumers, clinical staff, 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.

BHI consults regularly with a broad range of experts both locally and internationally to guide and inform our work throughout all stages of the report planning and production process.

HOW WE WORK

Engaging with our stakeholders

Visiting our stakeholders

To engage and work effectively with the public healthcare system, BHI has a calendar of visits to different Local Health Districts (LHDs) and Specialty Networks around NSW. During the year our Chief Executive and BHI staff visited a number of LHDs and Specialty Networks, including Illawarra/Shoalhaven, Western NSW, South Eastern Sydney, Far West and Nepean Blue Mountains to talk about our work, learn from healthcare experts and find out how our research can be used at a local level.

The release of the 30-day mortality report (see page 16) was followed by LHD, Specialty Network and hospital visits, which provided a forum to present and explain the methods and reporting approaches, and to discuss results with clinicians. BHI also participated in a series of hospital visits that explored the mortality data alongside complementary audit data compiled by the Agency for Clinical Innovation.

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 on:

- International best practice in performance reporting at the World Health Economics Congress in Sydney in July 2013
- Methods for case-mix adjustment of standardised 30-day acute myocardial infarction mortality ratios at the 8th Health Services and Policy Research Conference in Auckland in December 2013
- Attribution of performance measures at the 26th Health Policy Conference of the University of British Columbia's Centre for Health Services and Policy Research in Vancouver in February 2014
- Using incentives to drive quality primary care at the 2nd International Primary Healthcare Reform Conference in Brisbane in March 2014.

Communicating with our stakeholders

During the year we have extended our communications activities to further enhance our position as an independent and credible source of information.

We have developed a social media platform and started producing infographics to accompany each of our reports, making it easier for people to understand key research findings.



Seminar series

In 2014 BHI launched our 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.

Our first seminar in June 2014 introduced Cathy Schoen, Senior Vice President of The Commonwealth Fund, who presented on Re-Engineering Care for 21st Century High Performance Health Systems.



Cathy Schoen presenting at the Challenging Ideas Seminar Series in June 2014

WHO DO WE REACH?

11 reports released



20+ presentations given in NSW and other jurisdictions



20+



visits to Local Health Districts, Specialty Networks, hospitals and other healthcare facilities



340

email newsletter subscribers



86,300+
visits to our website

34,000+

visits to Healthcare Observer



145



Twitter followers

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



