Stakeholder perspectives on outpatient services performance: what patients, clinicians and managers want to know

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Abstract

The development of performance measures in outpatient services is trailing in the wake of an emphasis on inpatient measures. Research was undertaken at The Royal Victorian Eye and Ear Hospital (RVEEH) to determine key areas for the development of performance measures in eye outpatient services from the perspective of three stakeholder groups: clinicians, managers and patients. The study identified four key areas for the development of performance measurement: waiting time to first outpatient appointment, patient discharge from outpatient clinics, waiting time in clinic and patient throughput. It was also shown that there are some significant differences of opinion between stakeholder groups. Such similarities and differences are unlikely to be unique to RVEEH and may serve as useful prompts for other organisations considering outpatient performance measures.

The context

Outpatient services performance measurement in Australian health care

There is an international trend towards greater accountability and transparency in the delivery and evaluation of public hospital services. This is occurring along with a rise in consumerism with moves by both consumer groups and government to increase patient participation in improving quality in hospitals (Draper, 1997; Balding, 2001).

These issues have initiated a corresponding demand for performance measurement in health care and an increasing awareness of the different requirements and uses of performance information by different stakeholders (Buchan, 1998; Ibrahim, 2001; Roski & Gregory, 2001). The emphasis on performance monitoring in Australian and international health care systems to date has been on the acute inpatient area with measurement in outpatients not widely explored (Jackson et al, 1997). This focus on one aspect of the health care system may emphasise some goals over others, and may lead to falls in performance in less scrutinised areas, such as outpatients, resulting in an overall reduction in performance (Sheldon, 1998; Batterham, 1995). There is therefore a need to measure all components of the health care system.

General and specialist outpatient services in public acute hospitals play a key role in the health system and represent a vital interface between inpatient and community care (Sharwood & O'Connell, 2001). The outpatient sector plays a critical role in health care in many ways:

- More people receive care in the ambulatory setting than the inpatient setting;
- Ambulatory care expenditure continues to grow due to technology improvements and reduction in inpatient length of stay;
- Prompt and efficacious treatment of an episode of illness may improve long term health; and
- Appropriate outpatient care has significant potential to reduce health care costs because high standards of care in the outpatient setting can eliminate the need for costly inpatient admissions.

Australia-wide, non-inpatient care accounts for about 25% of hospital expenditure (Duckett, 2000), while in Victoria, outpatient services constitute 18% of the state hospital budgets, possibly rising to 20–30% in individual large teaching hospitals. Attendance at outpatient clinics represents one of the most common reasons for contact with health institutions. In Victoria between 8 and 10 million occasions of service are provided each year (Blaskett, 1996; Sharwood & O'Connell, 2001). In 1995/96 there were 1643 outpatient occasions of service per thousand population Australia-wide, representing about 5.5 outpatient occasions of service for every inpatient admission (Duckett, 2000).

Despite constituting such a significant element of budget and activity, little accountability is demanded from outpatient services. In Australia, most health information systems focus on inpatients with little attempt to collect information about the associated care in the outpatient setting. Quality in outpatients has not been widely explored, with performance measurement and management largely restricted to financial indicators and clinical productivity (Curtright, Stolp-Smith & Edell, 2000).

According to the literature, reasons for the lack of research into performance in hospital outpatient clinics are many and varied:

- Poor understanding of roles, processes and systems in the delivery of outpatient services;
- In Victoria, the Department of Human Services state-wide patient satisfaction surveys have not included outpatients;
- In fee-for-service structures clinicians lack incentives to cooperate with any requirements that take them away from direct patient care;
- Limited time for data collection as patient contact is brief and turnaround time for throughput is much faster than for inpatients;
- Difficulties in assessing outcomes and linking them to processes;
- Previous lack of accountability to State and Commonwealth funders;
- The infrequency of sentinel events, which often provide targets for quality improvement programs, occurring in the outpatient setting; and
- Patient encounters are much greater in number and vary more than for inpatient encounters.

(Androwich & Hastings, 1996; Spatz, Morales & Bohanan, 1996; Blaskett, 1997; Jackson et al, 1997; Hopkins, 1999; Gandhi et al, 2000).

Developing performance measures in outpatient services

Information on the use of performance indicators in outpatient departments can be found in the general health care measurement literature, with few articles dedicated specifically to the outpatient setting (Jackson et al, 1997). While not all authors agree on performance measures for outpatients, key themes have emerged as seen in Table 1.

Table 1: Outpatient performance measures identified in the literature

Waiting time for appointment
Waiting time in clinic
Preventative care – including immunisation and screening
Patient satisfaction
Patient satisfaction with information
Patient satisfaction with respect and caring
Cost per unit/visit
Attendances
Discharge rates
Productivity

Despite this growing list of indicators in the literature, few are reported as being used in Australian outpatient departments. A review of performance indicators used in Australian hospitals by Duckett (1997) showed that apart from activity data, only NSW and the ACT have implemented a quality indicator specific to outpatients, while the Quality and Outcome Indicators for Acute Healthcare Services Report (Boyce et al, 1997) has recommended that outpatient waiting times and acceptability of these times to patients be trialed for national usage.

Methodology

Research Aim and Method

This aim of the research, an exploratory case study, was to determine the key areas for the development of performance measures in eye outpatient services that were relevant to three key stakeholders: clinicians, managers and patients. Leatherman & Sutherland (1998) advocate that the development of robust performance indicators requires a blend of the top down and bottom up approaches, involving clinical and managerial expertise in combination with unique patient insights.

Framework used to determine areas for the development of performance measures

A number of performance indicator development frameworks are reported in the literature. For the purposes of this project, the framework used by the Australian Council on Healthcare Standards (ACHS) was adapted (Collopy & Balding, 1993). This approach fitted well with the case study methodology and the stepped approach allowed the researchers to pursue the research objective of defining areas for indicator development, without going on to fully develop and implement indicators.

Therefore, the development framework for this project encompassed the following steps:

- Review the literature and other documents to assist with participant selection and to develop a suitable interview tool;
- Select participants;
- Interview participants;
- Review interview data and other documentation and discuss with key stakeholders; and
- Develop areas for performance indicator development.

Development and implementation of the indicators would also require field testing for feasibility of data collection and face validity, which was outside the scope of this project.

Definitions

For the purposes of this project, a number of definitions were adopted. Despite the growing emphasis on quality both inside and outside of the health care sector, the concept of quality has remained relatively ill-defined leading to the use of various operational definitions such as 'conforming to specifications', 'meeting or exceeding consumer expectations' or 'value' (Reeves and Bednar, 1984).

The ACHS defines **quality in health care** as 'the extent to which the properties of a health care service or product produce a desired outcome' (ACHS, 2002, p. 1-1) and **quality improvement** as 'involving activities which measure performance, identify opportunities for the improvement in the delivery of care and services and include action and follow up' (ACHS, 1998). **Quality in health care** can also be described by its key elements, for example, safety, appropriateness, accessibility, equity, effectiveness, acceptability and efficacy (ACHS, 1998; Woodward, 2000).

Performance measures are tools by which the quality and effectiveness of health care can be monitored, assessed and improved (NHPC, 2000a).

In Australia the terms 'outpatient' and 'ambulatory' are often used interchangeably to refer to 'non-admitted patients'. This contrasts with health care systems in other countries where the term 'ambulatory' includes day surgery, which in Australia is classified as 'inpatient'. While emergency services deal with a range of non-admitted and admitted patients they can be differentiated from outpatient services as they focus on short term care for urgent conditions. For this study the term 'outpatient' refers to the 'care provided by public hospitals to non-emergency patients not formally admitted' (Jackson et al, 1997, p. 2).

The organisation

This project was performed as part of a wider existing project aimed at improving the quality of care in outpatients at the Royal Victorian Eye and Ear Hospital (RVEEH). The RVEEH is a specialist teaching and referral hospital in eye and ear medicine. RVEEH performs over half of Victoria's public ophthalmology workload and is the home of the Centre for Eye Research Australia, and the Bionic Ear Program. The hospital treats patients from all over Victoria, receives referrals from other Australian states and territories and internationally, and performs surgery on 12,000 inpatients per annum. RVEEH is one of the largest providers of outpatient services in Victoria, with a comprehensive range of specialist outpatient clinics providing over 80,000 consultations per year. Eye services include both general and specialist services which constitute approximately 73% of RVEEH outpatient attendances.

Data Sources

The principle data source was semi-structured, open-ended interviews conducted with 11 clinical unit heads, 4 managers and 10 patients. A combination of convenience and purposive sampling was used. The sample of clinical staff was chosen from the Ophthalmology Heads of Clinic and Allied Health Heads of Department. The four management staff chosen were selected from the organisational chart as having operational management responsibility for outpatient services. The ten patients were approached at random whilst waiting to see the doctor in the outpatient waiting area.

Interview questions for clinicians and managers were developed using the ACHS model for gaining medical staff input into the development of clinical indicators (Collopy & Balding, 1993). This involved asking their views and suggestions on areas they felt would be important to measure to indicate the quality of care and services. Participants were asked about the current use of performance measurements in their departments and their suggestions for the development for new measures.

The patient interviews consisted of three open ended questions that were derived from the literature on consumer input and feedback: why they decided to attend the RVEEH?; what information would have been useful to them for making this choice?; and what information would be helpful for them to know about the outpatient service processes before attending their appointment?

The literature and RVEEH documents such as patient complaints and satisfaction surveys, service reports and staff satisfaction data were also reviewed to identify themes for performance measures relevant to each stakeholder group. This allowed triangulation of data to address some of the problems of bias and validity inherent in case studies.

Results

Performance measures suggested by clinicians

Clinicians suggested a total of 57 different performance measures. The most frequently suggested performance area related to clinical outcomes followed by waiting time to first appointment and discharge rates (see Table 2 for common themes).

Table 2: Outpatient indicators suggested by clinicians

Performance area – common themes	Frequency
Clinical outcomes	6
Waiting time to 1st appointment	4
Discharge rates	4
Comparison of actual practice to best practice/EBM	3
Patient satisfaction – care/outcomes	3
Patient throughput/workload	3
Teaching	3

A comparison of themes identified from the interviews and RVEEH document review are listed in Table 3. Documents that represented the views of clinical staff included the Clinical Risk Management project report, clinical audit reports and an outpatient staff satisfaction survey. The only theme identified through interview that was not supported by document review was patient satisfaction. This may reflect an evolving awareness of this aspect of quality that had not been present when the documents were compiled. There was little in the outpatient performance literature that was clinician-specific with only one reference found, which described clinicians being focussed on outpatient outcomes and technical aspects of work.

Table 3: Clinicians: Themes identified from interviews and document review

Interviews	Documents
• Clinical outcomes	• Clinical outcomes
• Waiting time to 1st appointment	• Waiting time to 1st appointment
• Patient discharge	• Patient discharge
• Adherence to guidelines	• Adherence to guidelines
• Clinician workload	• Clinician workload
• Teaching	• Teaching
• Patient satisfaction – clinical care/outcomes	• Waiting time to investigations, procedures and reports
	• Staff morale
	• Post operative care
	• Adverse events
	• Referral patterns
	• Failure to attend (FTAs)
	• Clinical research

Performance measures suggested by managers

Managers suggested a total of 46 different performance measurement areas. The most frequently suggested measures included waiting time to first appointment, followed by discharge rates, FTA rates, patient satisfaction and waiting time in clinic, as seen in Table 4.

Table 4: Most common themes for performance measures suggested by management

Performance Area – common themes	Frequency
Waiting time to 1st appointment	4
Discharge rates	3
FTA rate	3
Patient satisfaction	3
Waiting time in clinic	3
Staff satisfaction	2
Ratio of new to review	2
VACS actual / target	2

A comparison of themes identified from interview and RVEEH document review is seen in Table 5. Documents included outpatient service reviews and service improvement projects conducted over the past eight years. There was little in the outpatient performance literature that was management-specific with only one reference to management found, which focussed on financial and operational monitoring.

Table 5: Management themes identified from interviews and document review

Interviews	Documents
• Waiting time to 1st appointment	• Waiting time to 1st appointment
• Patient discharge	• Patient discharge
• FTA rates	• FTA rates
• Patient satisfaction	• Patient satisfaction
• Waiting time in clinic	• Waiting time in clinic
• Staff satisfaction	• Staff satisfaction
• Ratio of new to review	• Ratio of new to review
• VACS targets/actual	• VACS targets/actual
	• Occasions of service – medical and allied health
	• Clinician workload
	• Outcome of 1st appointment
	• Staff satisfaction
	• Appointment cancellations
	• Letters to referring practitioners
	• Complaints
	• Incidents
	• Injury statistics
	• Referral patterns

Performance measures suggested by patients

None of the ten patients interviewed offered suggestions about performance measures in RVEEH outpatient services when first asked. It was only through further probing and discussion that areas for measurement were identified (see Table 6). Overall, four different performance measures were suggested. The most frequently arising issues were waiting time in clinics and the desire to be kept informed while waiting.

Table 6: Most common themes for performance measures suggested by patients

Performance Area	Frequency
Waiting time in clinic	3
Being kept informed while waiting/expected waits and reasons	3
Waiting time to 1st appointment	1
Appointment choice	1

Documents that represented patients' views on outpatient services included patient feedback from complaints, surveys and focus groups. The outpatient literature did focus specifically on the views of patients with regard to outpatient services. Key issues of importance to patients included information, communication and education; support on the day; waiting time in clinic; access to care; being kept informed while waiting; coordination of care; appointment arrangements; seeing the same or preferred doctor and being able to find the clinic (Bishop et al, 1991; Avis et al, 1995; Edgman-Levitan & Cleary, 1996; Blaskett, 1996).

Common themes for performance measures identified for each unit of analysis

Common themes identified for each unit of analysis from the interviews, document review and the literature are summarised in Table 7.

Table 7: Common themes across stakeholders

Clinicians	Management	Patients
• Waiting time to 1st appointment	• Waiting time to 1st appointment	• Waiting time to 1st appointment
• Patient discharge	• Patient discharge	• Waiting time in clinic
• Adherence to guidelines	• FTA rates	• Being kept informed while waiting
• Patient satisfaction with clinical care and outcomes	• Patient satisfaction	• Choice of appointment
• Clinical outcomes	• Waiting time in clinic	
• Clinician workload	• Staff satisfaction	
• Teaching	• Ratio of new to review	
	• VACS targets/actual	

Discussion

Universal themes across stakeholder groups and the literature

Whilst some authors propose that there are few, if any, performance measures that are appropriate for use by all stakeholder groups (Boyce et al, 1997; Ibrahim, 2001) a number of frequently suggested themes, across stakeholder groups, were identified:

- Waiting time to first appointment;
- Patient discharge from outpatients;
- Clinic waiting time; and
- Patient throughput.

Overall both management and clinicians strongly emphasised performance measures related to efficiency of care delivery. The main differences noted between groups were the emphases on organisational sustainability by management, effectiveness by clinicians, and care responsiveness from patients, which is consistent with the literature (Jackson et al, 1997).

Waiting time to first appointment

The one area identified frequently by each of the three groups was waiting time for appointment allocation. Waiting time to first available appointment is a measure that has been often used in outpatient improvement projects and is commonly cited in the literature. According to Boyce et al (1997) this measure has been proposed for trial for national usage.

This demonstrated interest in waiting time for care is consistent with inpatient performance measures, with indicators relating to waiting lists for inpatient surgery having been a key focus for governments for some time.

Patient discharge from outpatients

Patient discharge from outpatients was frequently suggested by both clinicians and management, but not by patients, and only infrequently mentioned in the literature. Bennett & Worthington (1998) emphasised discharge as a key element in a 'vicious cycle' of ophthalmology practice whereby overbooked clinics lead to overburdened doctors who don't have time to discharge, resulting in too many follow-up patients and future over booked clinics. The length of time taken to discharge a patient was raised in clinician interviews as a barrier to completing this task. Both clinicians and managers raised patient discharge as an important mechanism for reducing waiting times for appointments with clinicians also emphasising the problem of overbooked clinics and high workloads.

Clinic waiting times

Common to patients, management, and the outpatient literature, was patient waiting time in clinic. This was not a common theme amongst clinicians, however, with only two clinicians suggesting it. This may be related to the lack of impact of patient waiting times on doctors' work and lack of awareness of the issue as, from observation, patients are more likely to complain to clerical, nursing and allied health staff than to doctors.

Patient throughput

Patient throughput, or activity data, is a key theme in the literature in both the traditional measures of outpatient activity and more recent efforts in performance measurement. It is a compulsory measure for many health services for funding in both private and casemix-funded public hospitals. This was a common issue for both clinicians and management, although from differing perspectives. Clinicians emphasised patient numbers in terms of excessive clinic bookings and their workload, whilst management placed emphasis on meeting funding targets. This area, more than any other, highlights the different values and needs of each stakeholder group (Boyce et al, 1997; Sheldon, 1998; Klazinga et al, 2001; Ibrahim, 2001).

Research Limitations and Conclusion

Public outpatient departments have attracted less attention and resources than inpatient services, with little accountability for services demanded by governments, management or the community. Despite the lack of existing outpatient performance measures and reporting requirements, there appears to be a strong interest in outpatient performance measurement from clinicians and management, and some consistent issues raised by patients.

This study may be limited in its transferability to other organisations, due to the limitations of case study methodology in this regard, and also to the dearth of research and definitions in the literature related to the development of performance measures for outpatients. This has also limited the potential to compare the findings of this study to preceding studies. The small sample size of patients could not be said to be representative of the views of RVEEH ophthalmology outpatients. The apparent reluctance of consumers to voice their real opinions to health care providers may have been a limitation of using interviews (Draper, 1997).

Nevertheless, the views of stakeholders are relevant to a health care system that is increasingly debating the need for top-down and bottom-up approaches to health care quality improvement. In an era when measurement and accountability in health care are paramount, information from stakeholder groups regarding desired performance of outpatient services can contribute to the development of measures that may not only be effective tools, but may also assist with engaging health care consumers, providers and managers alike.

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