



Health outcomes as an organisation-wide quality initiative

BRONWYN HEALY, DIANNE KELLEHER, ALEX BENNIE,
SARAH MICHAEL AND SHARON ALLEN

Bronwyn Healy was Acting Manager of the RH&CHS Health Promotion Unit during the development of the Ryde Health Outcomes Initiative and during the first year of implementation. Dianne Kelleher is Manager, Health Improvement, Northern Sydney Health. Alex Bennie is Executive Director of Ryde Hospital and Community Health Services, Sarah Michael is Quality Manager/Assistant to Director of Medical Services and Sharon Allen is a Health Promotion Officer in that organisation.

Abstract

Since the burgeoning of the 'health outcomes' movement there has been an ever-increasing body of literature on health outcomes policy debates, directions, frameworks and tools for implementing health outcome-directed initiatives. There is a significant gap in the literature, however, in regard to translating a comprehensive health outcomes policy into practice at a local level. This paper addresses that gap. It describes the local implementation of a comprehensive health outcomes approach which works across the continuum of care. It identifies those organisation-wide structures and processes that support successful progress, thereby providing a useful guide to other organisations wishing to institutionalise the health outcomes approach.

Introduction

Ryde Hospital and Community Health Services (RH&CHS) is a 200-bed hospital providing a wide range of acute and community health services and forms part of Northern Sydney Health. In April 1996 the Ryde Health Outcomes Initiative was launched.

The Ryde Health Outcomes Initiative stems from the Commonwealth and New South Wales Goals and Targets Programs (Department of Human Services and Health 1994; NSW Coronary Heart Disease Goals and Targets Working Group 1995). It utilises the health outcomes framework developed by the Public Health Division of the NSW Health Department (Williamson et al. 1995). Like the Goals and Targets Programs, the Ryde Health Outcomes Initiative has identified a number of health issue priorities. These issues were selected because of their relevance to the local population and include coronary heart disease, falls and suicide. The Ryde Health Outcomes Initiative also focuses on all components of the continuum of care from prevention, through treatment, to rehabilitation for each of these health issue areas. The key differences between this program and the government-funded Goals and Targets Programs is that it is local, community-integrated, and about implementation across a health service organisation.

The Commonwealth and NSW Goals and Targets Programs have provided valuable policy frameworks, and set in motion a range of Commonwealth and State initiatives that support local action, such as establishment of data systems and development of best practice guidelines. Responsibility for implementation ultimately lies with the local health service organisations. RH&CHS rose to the challenge early, and in a comprehensive manner.

Program aims and focus

The Ryde Health Outcomes Initiative aims to improve health outcomes in the local community. The organisation aims to achieve this through building its capacity to use a health outcomes approach in a business planning framework. This involves influencing the structures and systems of the organisation, building on the relevant skills and knowledge of the workforce at Ryde, and allocating resources strategically. Hawe et al. (1997) provide a useful insight into building organisational capacity to address health issues.

To achieve organisational improvement and change, it was recognised at an early stage that the two areas of health outcomes and continuous quality improvement needed to be integrated. A health outcomes approach provides a strategic focus and framework for health improvement. A quality improvement approach provides a framework for improving and maintaining organisational processes and systems. An approach that integrates the two areas facilitates institutionalisation of health outcomes and enables systemic organisational learning and change (Batalden, Nelson & Roberts 1994). The result has been the development of organisational systems and structures to improve and review population health management across the continuum of care.

A review of progress measured against intermediate performance indicators shows that in the majority of areas the program is well on track towards achieving the desired aims. While it is too early to report on the outcomes, many achievements on performance are already evident.

The analysis of the organisation-wide systems, structures and processes employed to implement this initiative and identification of elements that seem to be crucial for success may assist other health service organisations to learn from the experience at Ryde. Ryde has taken the initiative one step further than the service unit approach described by Rissel, Holt and Ward (1998).

The process

The Ryde Health Outcomes Initiative modifies the NSW Framework for Applying a Health Outcomes Approach (Williamson et al. 1995). This involves:

- identification of priority health issues
- establishment of a high-level steering committee and other working groups
- a needs analysis
- a review of evidence-based practice
- a review of current practice
- identification of areas for improvement
- development of draft recommendations
- extensive consultation
- endorsement of plans by the RH&CHS Management Committee
- establishment of implementation and monitoring systems
- development of management systems.

The Ryde priorities, coronary heart disease, falls and suicide, were chosen because of local significance, the opportunity for health gain and, most importantly, because the health service and the community had the potential to support the implementation of initiatives in each of these areas.

Senior people have been involved in multidisciplinary groups supporting the initiative. For example, the Executive Director chaired the Steering Committee and currently chairs the Implementation Group. The Head of Physicians chairs the Coronary Heart Disease Group. A senior member of the local Division of General Practice was on the Steering Committee, the Implementation Group, and currently chairs a community-based working group on falls prevention.

People were invited to participate because they had expert knowledge or skills, because they could facilitate implementation or because they could contribute or access potential resources.

The process involved extensive consultation which focused on the appropriateness of the strategies and identified how each of the key groups consulted would be willing to support implementation. Needs were assessed, current practice reviewed, and literature reviews undertaken to determine evidence-based practice, from which draft recommendations were developed.

The initiative involves developing partnerships in recognition of the fact that a bigger impact can be made on health issues by working with the community, rather than the health service working alone. The partnering organisations include, for example, the local Division of General Practice, local council, police, National Heart Foundation, NSW Quit Campaign, and Medicine Information Persons (MIPs).

The Executive Director determined that the planning phase should have a very short time line, moving quickly to implementation, and would occur within existing resources ... and it did! The organisation's Management Committee endorsed plans for implementation in November 1997.

Progress to date

Each of the plans developed to implement this initiative comprise goals, objectives, strategies and indicators that have relevance to the Ryde community. Some of the many achievements are outlined below.

- The Ryde MIP (Medicine Information Persons) Project is a Ryde Hospital/ Combined Pensioners and Superannuants Association of NSW initiative which involves older people (MIPs) as peer advocates. MIPs have been involved extensively in the planning and implementation of many of the health outcome strategies.
- A coronary heart disease risk factor assessment tool for general practitioners has been developed, is being trialled by the Division of General Practice and has been endorsed by the National Heart Foundation.
- An initiative to reduce and monitor cigarette sales to minors (PROOF) has been implemented in collaboration with local councils.
- A communication system aimed at increasing the appropriate use of medication by patients when discharged from the hospital has been developed in conjunction with general practitioners.

- Emergency department, coronary care unit and rehabilitation guidelines have been reviewed, and new protocols developed.
- A system to implement and monitor a range of clinical indicators for rehabilitation medicine has been implemented by the Aged Care and Rehabilitation service.
- A training package on falls prevention in the elderly was developed in consultation with 11 community organisations and those services now incorporate falls prevention strategies into their routine service provision.
- A Falls Clinic has been introduced at Ryde Hospital, where patients are referred from the emergency department for review by a multidisciplinary team, and development of a comprehensive management plan.
- A Suicide Risk Assessment Tool, consistent with State protocols, has been developed and is currently being trialled.

Systems to monitor the health outcomes of these initiatives have been put in place.

Factors influencing positive progress

The initiative aims to build the capacity of the organisation to implement a health outcomes approach and requires a focus on organisational systems and structures. It also requires workforce development and the strategic allocation of resources. Progress in some areas has been considerable, while other areas still present challenges.

A review conducted by way of structured interviews with a diverse group of key players within the initiative has identified a number of factors that influence successful progress.

Policy support

The Commonwealth and State Goals and Targets Programs created a mandate for change which was reinforced by the introduction of outcomes-based contracts between the State and areas. Practice reviews, best practice guidelines and standardised performance indicators also make the tasks easier. This was certainly the case for coronary heart disease, where the evidence is clearer and guidelines and standards exist. Where these things do not exist, direction is less clear and progress is slower.

Strong leadership and participation from influential groups

The RH&CHS Executive Director is seen as a strong leader and as the driver of this initiative. The consistent message from him is that, 'health outcomes is about us doing things differently'. This vision can be appealing. Gaining support for the vision was one of the challenges that proved relatively easy. This was done by bringing together people who can make things happen, and working with them to establish common goals. Clinicians, the Division of General Practice and others were central to the planning and became strong advocates for the proposed changes. Support from senior management has continued throughout, for example, by profiling progress at senior levels and, in so doing, attracting extra funding.

Organisational systems

Institutionalising change through management systems is a priority. Progress on outcomes is reported to the Management Committee through the Quality Committee. Responsibility for reporting progress is clearly identified within the organisation and is being linked to operational plans, performance agreements and job descriptions.

The link between outcomes and quality is very important. Using the organisation's existing quality framework provides the greatest opportunity for integration and sustainability of the initiative. The Ryde experience is consistent with the assertion by Smyth (1997), that quality improvement is not a substitute for improved health outcomes: it is a key tool to achieve them. Both are needed.

Workforce development

'Guided learning through doing' became the focus for the skills development component of this initiative. Health issue groups experienced a rigorous planning process. This was effective because participants were working on organisation-wide goals, putting what they learned into practice immediately, and learning from one another and across disciplines.

Two challenges still exist. First, when staff turnover occurs in a small organisation like RH&CHS, important skills are lost. Second, people's ability to change their practices in line with plans may not be adequate. Linking responsibilities to performance plans and job descriptions is occurring now and may go some way to addressing these challenges.

Resource allocation

Resource allocation is an important issue and must be considered in the light of an ever-diminishing budget. Resources include not only dollars, but also expertise and personnel, etc. From the outset of this initiative it was made clear to all that implementation was to be resource-neutral. This was certainly achievable for many strategies, but not for all of them. By sharing the responsibility for implementation of the initiative, the impact of scarce resources has been addressed and allowed some objectives to be achieved. A greater challenge exists where strategies require a redistribution of resources. Strategies requiring additional funding present one of the greatest challenges. Implementation needs to be staged so that progress is seen as achievable.

Fundamental keys to success

Ultimately the success of the initiative depends on quantifiable improvements in health outcomes. However, for the moment, the focus remains on getting the systems, structures and processes right to ensure that the desired health improvements are achieved. A recent evaluation of the initiative highlighted strengths, and areas requiring improvement. The lessons that can be drawn from that evaluation are as follows:

- Significant and sustained change requires a mandate to change, and ongoing support.
- Clear leadership is required to drive organisational changes.
- Recruit individuals/organisations that can advocate for change and make things happen.
- Institutionalise changes through existing systems and structures.
- Link 'quality' and 'health outcomes' to institutionalise changes through existing systems and structures.
- Skills development is effectively facilitated through 'guided learning through doing'.
- Much can be achieved with resource-neutrality *but* there is a need to plan with resources in mind.

Conclusions

With the growth of the 'health outcomes' movement, there has been an ever-increasing body of literature on health outcomes but very little of this is about implementation at a local level. The Ryde Health Outcomes Initiative has made considerable progress with this task within a relatively short time.

Integrating the health outcomes and the continuous quality improvement frameworks is important as it maximises organisational capacity for putting policy into sustainable practice.

Improving the capacity of the organisation to work within a health outcomes framework through developing organisational systems and structures, workforce development, and strategic allocation of resources provides the opportunity for building the capacity of the organisation to address health issues and an opportunity for organisational change to be implemented.

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