(D4) Performance management vs improvement approaches for health policy and its implementation: lessons and provocations

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After this session, participants will be able to:

• Describe two different approaches to health policy and its implementation
• Understand the virtues and weaknesses of both approaches
• Further develop their views, and potential mechanisms of influence in the policy process
"Would you tell me, please, which way I ought to go from here?"
"That depends a good deal on where you want to get to," said the Cat.
"I don't much care where--"
"Then it doesn't matter which way you go," said the Cat.
(Alice's Adventures in Wonderland, Chapter 6)
Juran’s Trilogy

- Monitor Key Process Indicators (KPI’s) against targets
- Take Action when not meeting targets
- Regulatory approach

- Inspection-looking for the “Bad Apples”
- Retrospective Review
- Risk Management

- Process and system improvement
- Reduce Variation
- Align outputs to customer needs
- Continuous & part of daily work
- Science of Improvement
1. To motivate

2. As a management tool
   - operationalise policy
   - open dialogues (consensus)
   - facilitate the monitoring of progress
   - basis for performance contracting and incentives

3. To communicate

4. To hold decision makers accountable
Setting direction – and targets

The process of setting them
- How?
- Who’s been engaged and hence feels ownership?

The mechanisms to monitor and learn
- How?
- Whom?

The mechanisms to support their achievement
- Is there a mechanism?
Your experiences?
### Targets: NHS Plan of 2000, PSAs (as of 2010)

Kings Fund - [http://www.kingsfund.org.uk/projects/general-election-2010/key-election-questions/performance-targets](http://www.kingsfund.org.uk/projects/general-election-2010/key-election-questions/performance-targets) - ENGLAND

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<thead>
<tr>
<th>Indicator</th>
<th>Deterioration</th>
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<td>Under-18 conception rate</td>
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<td>18 weeks from referral to treatment</td>
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<td>Mental health services</td>
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<td>MRSA rates</td>
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<td><em>Clostridium difficile</em> rates</td>
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Is the target being met for A&E patients in England?

% seen within four hours

- 2014 - 2015
- 2013 - 2014

Week ending 4 Jan: 86.7%

Source: NHS England
Some challenges

- Poor performance when not measured
- Hitting the target but missing the point
- Ambiguity in reporting or data fabrication
- Minimally acceptable

*Health policy*
*Have targets improved performance in the English NHS?*

Gwyn Bevan, Christopher Hood

BMJ VOLUME 332 18 FEBRUARY 2006  bmj.com
Unintended consequences

Distorting clinical priorities
(4 hour)
The Complexity of Healthcare

Experimenting
Get together and have dialogues
An allowing/positive environment
Multidimensional, goal oriented improvements
Creativity

Author: Ralph Stacey

The Complexity of Healthcare Diagram:
- High Disagreement vs. Simple
- High Uncertainty vs. High
- Quadrants: Chaotic, Simple, Experimenting

- Experimenting: Get together and have dialogues, An allowing/positive environment, Multidimensional, goal oriented improvements, Creativity
Unintended consequences

Concentrate resources on one area at the expense of others ('selected infections')
Systemic approaches

Which do we want to be?

Band Aid  or  Cure
Triple Aim Readiness Framework

Population of focus

Governance structure

Purpose

Portfolio of Projects

Learning System: Measures

Learning System: Theory for changes

Learning System: Iterative tests & informative cases

Learning System: Management
A Learning System
for Improving Complex Dynamic Systems

Set up of the Learning System
- System level measures, which define the purpose, plotted over time on control charts
- Segmentation of the population; e.g. by socio-economic status
- Explicit theory or rationale for system changes based on current knowledge

Sequential testing over a wide range of conditions
- Learn by testing changes sequentially using PDSA cycles
- Use comparison groups to learn
- Analyze informative cases: “Act for the individual learn for the population”

Learning during scale-up and spread
- Use 5x scale up to learn about system changes at full scale
- Learn about the interaction of changes and contexts
- Establish a team to manage and oversee learning from the portfolio of initiatives

Triple Aim Learning System – original idea by Tom Nolan
5 Core Components for Quality Improvement Design and Evaluation

1. Goals
2. Content Theory
3. Execution Theory
4. Results & Learning
5. Dissemination
The Scale-up Framework

- Best Practice exists
- New Scale-up Idea

1. Set-up
2. Build Scalable Unit
3. Test Scale-Up
4. Go to Full-Scale

Phases of Scale-up:
- Adoption Mechanisms
- Support Systems

Leadership, communication, social networks, culture of urgency and persistence

Learning systems, data systems, infrastructure for scale-up, human capacity for scale-up, capability for scale-up, sustainability
PM / QI: a balanced approach

The process of setting them
- Engagement and ownership
- Ambition
- Consider scale up, spread and sustainability from the start

The mechanisms to monitor and learn
- Real time data over time

Mechanisms to support their achievement
- Pick a method and develop capacity
The Turning Point Performance Management National Excellence Collaborative 2000-2005
Public Health improvement efforts in the US – 7 states
NEW PUBLIC MANAGEMENT
Targets, sanctions, inspections
QUALITY IMPROVEMENT
MOBILISING SOCIAL ACTION

Getting to the Third Curve

Outcomes

Time

Keeping power
Sharing power
Ceding power
Juran’s Trilogy

- Quality Planning
- Quality Improvement
- Quality Control
Delayed Discharge

A 'delayed discharge' is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning the patient's discharge and who continues to occupy a bed beyond the ready for discharge date.
168,526 bed days were occupied by delayed discharge patients during October to December 2014.

In January 2015 there were 329 patients delayed over 4 weeks.
Principal reason for delays over 4 weeks January 2014 census (254 patients)

- Waiting place availability in a care home: 39%
- Waiting to go home: 25%
- Waiting community care assessment: 21%
- Waiting funding for a care home placement: 3%
- Waiting healthcare arrangements: 5%
- Other reasons: 7%
Driver Diagrams
Aim

Primary Drivers

Key factors that will influence the aim

Secondary Drivers

Secondary factors which will influence delivery of the primary drivers

How much?

By when?
Jason will have achieved a BMI of 25 by the end of 2015.

**Aim**
Weight, BMI

**Primary Drivers**
- Calories in
- Calories out
- Daily calorie count

**Secondary Drivers**
- Limit daily intake
- Substitute with low calorie foods
- Avoid alcohol
- Work out 5 days
- Don’t take the bus
- Average drinks/week
- Days between workouts

**Improving Jason’s Silhouette**
Improving Jason’s Silhouette

Aim

Primary Drivers

Secondary Drivers

Change Ideas

Calories in

Calories out

Jason will have achieved a BMI of 25 by the end of 2015

Limit daily intakes of foods

Track Calories

The changes that can be tested out to achieve the secondary drivers

Plan meals

Substitute alcohol for water

Don’t take the easy way out
Aim

Zero Delayed Discharges by December 2015

Primary Drivers

Secondary Drivers
Activity (time)

- Develop a DD
- Who needs to be included in the target setting process? (stakeholders)
- How would you monitor the target? (and how would accountability work?)
- What may be mechanisms to support organizations to reach the targets?
Zero Delayed Discharges by December 2015
Juran’s Trilogy

Quality planning
HAI Taskforce
Infection control nurses
Cleanliness champions
HEAT Targets

Quality Control
HIS Scrutiny
Healthcare Environment Inspectorate
Vale of Leven Enquiry

Quality Improvement
Scottish Patient Safety Programme
Antibiotic Prescribing
Quarterly rates of Clostridium difficile per 100,000 bed days (65+, 15-64 and 15+)

82% reduction in c-diff cases in the over-65s since 2007

Source: Health Protection Scotland
National reduction in “4C” antibacterials in primary care

Target antibacterials:
1. Cephalosporins
2. Ciprofloxacin
3. Clindamycin
4. Co-amoxiclav

SAPG guidance on antibacterials with a higher risk of *C difficile* infection

Source: Scottish Antimicrobial Prescribing Group Primary Care Prescribing Indicators reports, 2010 and 2012-13
**Aim**

Reduce the rate of C-diff infections in patients aged 15 yrs + to 0.32 cases or less per 1,000 total occupied bed days by March 2015.

**Primary Drivers**
- Programme Prioritisation
- Cleanliness
- Antibiotic Use
- Engaging the Patient
- Measurement

**Secondary Drivers**
- “Zero tolerance”
  - Healthcare Environment Inspectorate
  - Health Protection Scotland guidance
- Handwashing
- Hand gel
- Antibacterial Prescribing
- Patient & Family Information
- Data collection systems
Sir Harry Burns,
Scotland's Chief Medical Officer (Retired)

Rest easy Jason, the Safety Programme is alive and well.