

Benchmarking begins in New Zealand hospices

Many hospices have been able to plan with greater ease this year, thanks to the introduction of a pilot benchmarking programme.

Hospices are already making improvements based on the results of the pilot programme, developed by Hospice New Zealand and Australian company QPS.

Hospice NZ CEO Mary Schumacher says hospices identified benchmarking as a critical area for future development in 2008.

“It’s a new project which has required commitment and effort from the hospices and we really appreciate that,” says Mary.

Hospice NZ worked with QPS, which has experience in benchmarking in aged care and other health settings, to set 43 key performance indicators (KPIs).

Each quarter, participating hospices collected information and submitted the data to QPS online. QPS collated the data and presented it to the hospices in a report, allowing each hospice to compare its performance to others in the programme. QPS held a teleconference to talk about the reports and the data collection process.

Karen Andersen, CEO of Hospice Wanganui, says they were already collecting a lot of the data they needed for the benchmarking programme to send to the Ministry of Health.

Benchmarking has allowed them to view that data in a useful format, she says. Hospice Wanganui have been able to compare its performance with other hospices and see areas for improvement.

“Benchmarking can be used as a carrot or a stick, I see it being used as a carrot for hospices. It opens doors to opportunities for improvement,” says Karen.

Staff and the Board of Hospice Wanganui have been really interested in the results and were pleased with their progress, she says.

The results have validated some of their perceptions. The hospice has a high number of referrals from GPs in relation to other hospices - which Karen reads as being an indication of respect for the hospice within the community.

The programme has allowed Hospice Wanganui to think about how it could collect and record data more accurately. For example, the first quarter’s data showed it had no referrals from oncologists. There were actually referrals, but because others within the oncology department were handling them they weren’t being recorded as such.

“We didn’t have any self-referrals showing, which didn’t quite reflect what was happening - patients were referring themselves but we then contacted their GP and so the GP was listed as the referrer.”

Analysis of the data has encouraged the hospice to look at operations from a different angle. Hospice Wanganui has a lot of volunteers compared to other hospices. “We saw that as really positive. However during a teleconference, the QPS consultant said they saw that as quite a risk.” The hospice will now consider that during their strategic planning discussions.

“I think it’s going to inform a lot of our planning and decisions,” says Karen.

“We might look at our referrals of Maori patients. While we sit above the mean we want to be getting much closer to the realities of the burden of disease for Maori people in Wanganui.”

Kevin Nielsen, CEO of Hospice Taranaki, says the benchmarking results confirmed what they anecdotally suspected from internally collected data.

“It is always very valuable to be able to see where your service sits in comparison with like services. In some cases it confirmed what we were doing was up with best practice and one or two areas we are now following up.”

Silvia Holcroft, CEO of QPS, says there had been an excellent response from participants in the pilot programme.

As is normal for benchmarking programmes, each participant is anonymous, but several are keen to identify themselves so information can be shared.

“I’m hoping that down the track there’ll be a user group that will identify themselves and share their strategies that are successful.”

Mary Schumacher agrees. “I think we would like to see hospices feeling comfortable enough to be identified. It will be easier to compare like with like.”

Silvia, who has been developing benchmarking programmes in health for over 30 years, says benchmarking enables more powerful decision making and communication.

“As opposed to just telling the story, you’ve actually got that data there to demonstrate your performance.”

Over the next nine months QPS is building in the ability for each service to set its own targets.

“I’m hoping this will lead to improving services for patients - that’s the ultimate aim of benchmarking.”

Mary says when the pilot programme is finished, the framework will be refined and then offered to all Hospice NZ members to join voluntarily.

“We hope that people see the benefit and we would be delighted if we had all services involved.”

Although hospices have to pay to be part of the programme, funding may be sought in the future.

Mary says the collective data from all the hospices participating in the benchmarking programme will provide a more accurate picture of palliative care across New Zealand. For example, the report showing results of the financial KPIs will show sources of funding, use of volunteers and the cost of in-patient wages compared with community care. It will interest many in the healthcare sector and Hospice NZ may publish results from the pilot programme.

“It’s really important that we share this information whilst still protecting the sensitive nature of the information,” said Mary.

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Although the reports from QPS provide an excellent source of information on areas such as accessibility and funding, Hospice NZ wanted to ensure that the patient satisfaction measure was targeted specifically to the New Zealand population. To address this, they appointed Auckland University to develop and test a patient and family questionnaire. The questionnaire is currently being tested with patients and staff from three hospice services in the Auckland region.

By the end of the year, the research will be evaluated and a National Standard Measure of Satisfaction will be established. This measure will be rolled into the benchmarking programme when it is launched in 2011.

Mary describes the benchmarking programme as “a great step forward”, a sentiment echoed by Kevin Nielsen.

“This project has had a very long gestation period and is a positive step to greater transparency and sharing of information between hospice services, which will assist us all in achieving best practice across all aspects of our services,” Kevin says.

