

International monitoring initiatives as foundation for revising the Norwegian hospital performance measurement system

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Objective:

Explore international performance indicator initiatives to get a better understanding of conceptual approaches and scientific requirements for the selection and reporting of performance indicators at a national and sub national level.

Methods:

The project started with a literature search for publications on performance measurement systems. We selected six initiatives on the basis that they might document relevant international trends and illustrate a diversity of approaches concerning policy and methodological issues. Two systems were developed by the international organisations OECD and WHO, whereas the other four were developed by governmental agencies in Canada, the United States, Denmark and Sweden. Information on each system was retrieved by searches in Pub Med and on Internet, and assessed according to: (i) context, (ii) conceptual framework, (iii) objectives and target groups, (iv) evaluation criteria and selection procedures, (v) publication format, (vi) empirical testing, and (vii) system for updating and revision.

Results:

We found considerable variance regarding the availability of documentation of the systems, both with regard to the evidence base presented, and how the various steps of the selection procedures were documented. The primary aim of the systems varied, from approaches to support internal quality improvement (WHO and Denmark), to external management initiatives to increase accountability (the OECD, Canadian, United States and Swedish systems).

Most systems have laid down extensive work in designing conceptual frameworks which typically articulate guiding principles on value- and professional based decisions. Also, the level of ambition seems to be quite high, both with regard to methodological approach, as well as to financial and human resources for data extraction, assurance of data quality, database infrastructure and systems for updating and revisions. Evaluation criteria for selection of indicators are given in all systems. Relevance, scientific soundness and feasibility are among the central ones; however these concepts are not necessarily defined in the same way.

Prioritized dimensions for performance measurement often include effectiveness, safety, accessibility and patient-centeredness, whereas equity, efficiency and management/ organization are less common. The Canadian system represents the broadest approach, with the entire set of the above dimensions included, while the Danish indicator project appears as the narrowest and most clinically oriented.

All systems have prioritized what may be characterized as major clinical conditions such as cancer and cardiovascular disease, although the criteria underlying these choices are sometimes vague. Patient safety is included as a distinct dimension in the Canadian, United States and OECD systems. The WHO approach is exceptional, by including patient-, as well as employee- and environmental aspects in their safety concept. Indicators measuring patient-centeredness are not always part of the indicator sets, even though most systems have included this quality dimension in their frameworks.

Conclusions:

The challenges connected with the development of quality measurement and reporting systems are multiple and complex. This review shows that the majority of the systems have placed much emphasis on conceptual frameworks with articulated visions on basic scientific requirements and priority criteria, as well as strategies on how the measurement and reporting systems should be organized, implemented and sustained. So far, the Norwegian hospital performance measurement system lacks a comprehensive and coherent framework. Work to get this in place has now been initiated, building to a large degree on the international experience gathered in this review, and using an approach which takes into account scientific, professional and value based considerations.