

IND-003: Adherence to guidelines as a performance measure; it's an indicator Jim, but not as we know it

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Objective:

To develop an approach to performance management in a non-acute, data-poor setting i.e. prison health.

Methods:

Development and use of performance indicators (PIs) for the quality of healthcare has become increasingly sophisticated over the last few years. However, there has been little PI development in the healthcare facilities of the UK correctional setting. This is because healthcare in UK prisons is largely primary care based, presents particular public health issues and lacks routine quantitative data from clinical information systems.¹ Since 1999, prisons and their local health organizations have been required to work together on 'health improvement planning.'² We supported our local prison in this process and used this opportunity to explore how far performance management is possible in this non-acute, data-poor setting.

We started from the premise that in order to be effective a PI must be capable of leading to appropriate change in practice. We realized that we would need to take a different view of 'data' and recognize the value of softer information such as expert opinion, professional judgement, or the results of audit. In particular, we sought to capitalize on the wealth of authoritative and credible guidance surrounding UK prison healthcare.³ Adherence to authoritative guidance would clearly be a good indicator of the quality of care if it could be measured easily. Since it could not we identified that the task would be to generate credible evidence to help NHS and prison staff understand the extent to which they were meeting standards set out in the guidance. To generate evidence we used a series of meticulously recorded group interviews with the prison's health steering group comprising NHS and prison healthcare staff. We also drew on 'expert witnesses' who were specialists in some aspect of the guidance e.g. communicable diseases or human resources etc. In addition, we capitalized upon other available sources of data or evidence e.g. prison standards audit³ and a recent prisoner survey. These provided material to allow triangulation against the evidence from the group interviews and build confidence in its quality.

Results:

We were able to demonstrate that the use of a non-numeric indicator is capable of leading to evidence-supported, widely owned changes to improve prison healthcare of which we will provide several examples.

We will argue that it is possible to use adherence to guidance as a quality indicator, provided the evidence is robust and systematically collected, and the decision process is transparent.

Conclusions:

We believe the use of adherence to guidance can be a good starting point for the development of performance management in settings where it is underdeveloped and there is a credible guidance but a lack of quantitative data. Proponents of quantitative indicators might question the objectivity of such an indicator. However, we will argue that non-numeric indicators can be reliable and credible if generated through a rigorous and transparent process. Moreover, because our process introduced a sense of immediacy it afforded more opportunity to make evidence-supported planning decisions that resulted in real quality changes.

In addition, non-numeric indicators can avoid some of the drawbacks of quantitative indicators e.g. the tendency to focus on what is measurable rather than what is really important or to defer decisions because of lack of data. Indeed, this 'data poor, information rich' approach to performance self-assessment may be the only way forward in some settings. We will argue that it should be used more widely to complement traditional performance management within healthcare organizations.

References

1. Marshall T, Simpson S, Stevens A. Health care in prisons: a health care needs assessment. Birmingham: University of Birmingham, 1999.
2. Department of Health, HM Prison Service, Welsh Assembly Government. Guidance on Developing Prison Health Needs Assessments and Health Improvement Plans. London: Stationery Office, 2002.
3. Prison Health Publications. Available from URL <http://www.doh.gov.uk/prisonhealth/welcome.htm> (accessed 12 May 2003).