SYDNEY NORTH
Health Network

'Embedding Evaluation and Driving
Quality in North Sydney'

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EVALUATION IN THE CONTEXT OF SYDNEY NORTH HEALTH NETWORK

◆ The SNHN Commissioning Evaluation Framework (CEF), utilises the quadruple aim as a foundation to understand "success" across commissioned services.

◆ The CEF ensures all four quadrants of the Quadruple Aim are considered when evaluating and supporting commissioned services.

◆ Enables a holistic view and focus on delivering value to consumers, providers, and the system as a whole.

COMMISSIONING EVALUATION FRAMEWORK

SYDNEY NORTH Health Network

IMPROVING THE HEALTH OF POPULATIONS

Effectiveness of services
- What is the impact on overall population health?
- Are services fit for purpose?
- How do you judge effectiveness for this service? (securing health outcomes, impact on hospital utilisation, seamlessness of system to support the person)

Accessibility of services
- How do consumers access this services? How effective is this access route?
- Can consumers access services in a way that suits them? (face to face, digital, distance travelled, location that is conducive to their needs)
- Are the consumers who require these services most, able to access these services in an appropriate way?
- Are the services culturally appropriate?

System-wide integration/Continuity of care
- How does this service encourage and support continuity of care?
- Is there inclusion of a care plan and opportunity for team based care?

REDUCING THE PER CAPITA COST OF HEALTH CARE

Effectiveness of services
- What is the actual cost per capita?
- To what extent can you expect the money spent to have an impact on the need/gap identified? How will you track this movement?
- Does the service contract allow for innovation in service provision?

Efficiency of services
- Has the design and execution of these services optimised the use of resources and assets?
- Are providers empowered to improve processes?
- Does the contract encourage providers to try something new or invest?

Sustainability of services
- Are there any barriers to the replicability or scalability of services?
- What is the longitudinal trend in cost per capita?

IMPROVING THE PATIENT EXPERIENCE OF CARE -QUALITY AND EXPERIENCE

Effectiveness of services
- What is the consumer satisfaction rates?
- What is the consumer experience rates?
- How does this service impact on quality of life?
- What is the longitudinal trend in patient satisfaction and experience rates?
- To what extent have consumers participated in and owned this services (use of client centred care plans, attendance levels)
- How well is this service integrated with other services from a consumers perspective?

Appropriateness of services
- How appropriate is design & execution of this service for the consumers it is for? Is there sufficient attention to diversity, cultural sensitivity and dignity?

IMPROVING THE EXPERIENCE OF PROVIDING CARE

Sustainability of workforce
- What is the level of staff satisfaction?
- What are the indicators for an active and engaged workforce for this service? (training records, turnover, absenteeism, employee surveys, pulse checks)
- What is the longitudinal trend in provider satisfaction rates?

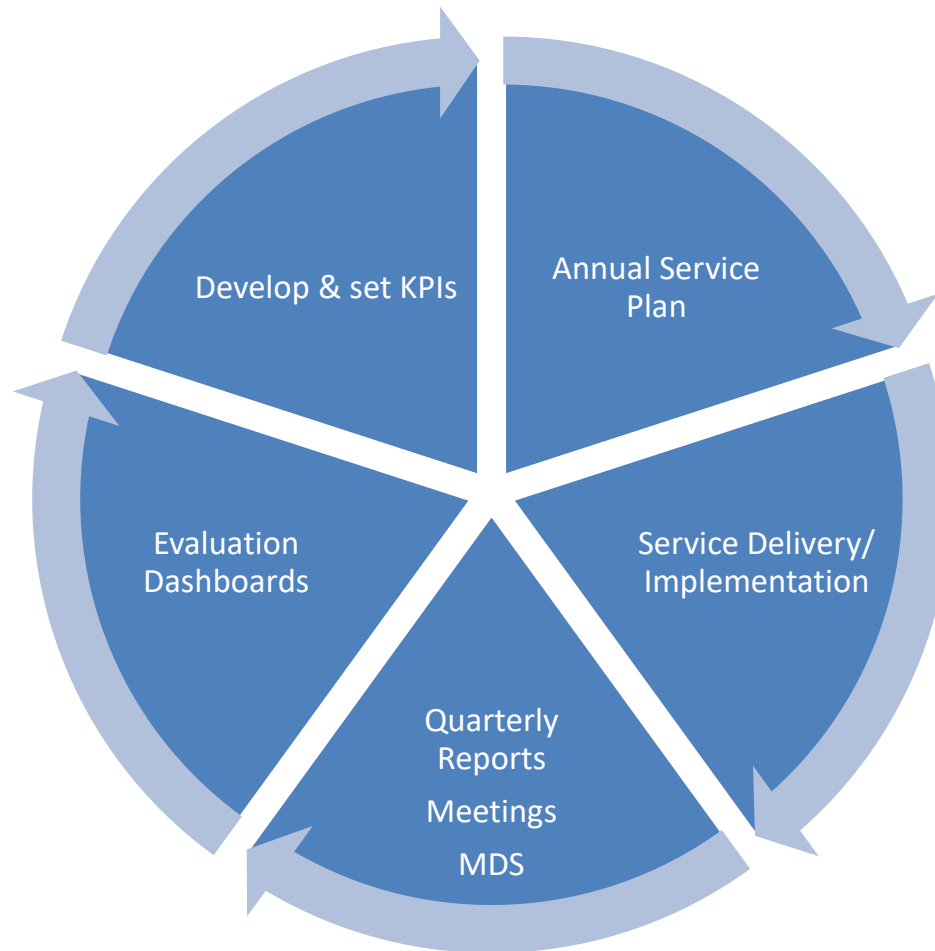### System-wide integration/Continuity of care
- To what extend do referral pathways and flows operate?
- What other linkages and partnerships are in place to optimise consumer outcomes?

Capacity building
- What support is available for continuous quality improvement to take place? (care model development, training, education on linkages and referrals)
- What flexibility is available to the workforce to meet consumer needs, whilst maintaining consistency?

Population health

Patient experience

Cost per capita

Provider (workforce) impact

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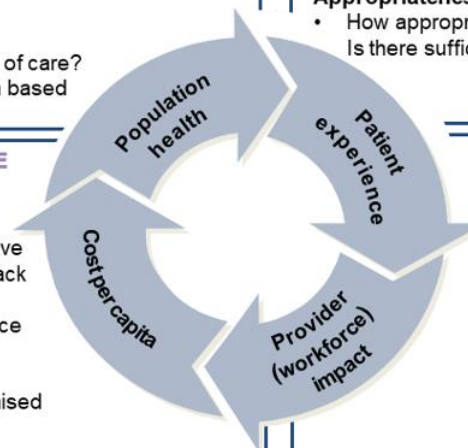
EVALUATION PROCESS

KPI TRACKER

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Commissioned Service 1 KPI Tracker 2020-21

Key Performance Indicator	Metric	Baseline	Annual Service Plan	Quarter 1	Quarter 2	Quarter 3	Quarter 4	FY	Comments
70% of clinically concluded episodes have an episode start and end K10+ measure recorded into the Primary Mental Health Care Minimum Dataset Output/Outcome; PH	Proportion of clinically concluded episodes with a valid start and end measure recorded. MDS	2019-20: 50%	Workflow document developed to support practitioners with collecting episode start and end outcome measures.	54.5%	60..8%			57.7%	**Mode of administration**: K10 completed by client in session. **Frequency**: Episode start and end
100% of clients with a suicide prevention pathway referral receive a service contact within 7 days. Output; PE,PH	Proportion of suicide referrals serviced within 7 days. NB: individual client should be the recipient of the service contact. QR, MDS	2019-20: 70%		60%	65%			63%	
Minimum uptake of 40% of the YES survey, with results reported to SNHN six-monthly. Output; PE	No. of clients offered the YES survey; No.of clients completing the YES survey QR,PM	2019-20: 20%	Identify strategies to increase response rate e.g. coaching on how to ask survey questions and supporting clients with cognitive impairment complete survey.	45%	40%			43%	**Mode of administration**: Clients sent text with link to complete YES survey. **Frequency**: Client discharge
Ongoing implementation of strategies to measure provider satisfaction with results reported to SNHN. Utilise results from staff satisfaction measure to drive ongoing service improvement. Output; PI	Results of satisfaction measure provided. Qualitative feedback on QR, MDS	2019-20: Annual staff survey administered in March 2020.	Feedback on overall satisfaction of program, knowledge of other commissioned services, suggestions to improve current program, education or professional development requests.	Provider satisfaction scheduled for March 2021	Provider satisfaction scheduled for March 2021			Provider satisfaction schedule for March 2021	**Mode of administration**: Survey sent to all providers via email. **Frequency**: Annually (Q3).
Clients serviced New referrals received	No. of clients and referrals QR,PM	2019-20 Clients: 500 New referrals: 600		Clients: 280 New referrals: 180	Clients:250 New referrals:140	Clients: New referrals:	Clients: New referrals:	Clients: 380 New referrals: 320	
MDS Extraction Dates (if applicable)									

Legend	Colours	Delivered	On-track	Not On-track	Not Delivered	Variance	A description of any variance that is accounted for in the assessment in delivery of KPIs to be included as a comment in quarterly assessment. This attempts to acknowledge impact of external circumstances/nuances in metric measurement as agreed and discussed by the Commissioning and Planning & Performance Teams.
	Alignment to Quadruple Aim	**PH**: Population Health	**PE**: Patient Experience	**PI**: Provider Impact	**V**: Value for Money		
	Data Sources	**QR**: Quarterly Reports	**PM**: Provider Meetings	**MDS**: Minimum Data Set	**DT**: Data Template		

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Psychological Services

Commissioned service to provide psychological services for underserviced groups within the SNHN region. **Service commenced June 2017. Budget**

Quadruple Aim

POPULATION HEALTH

- 650 clients and 656 referrals serviced, 2,950 service contacts (Jan-Dec 2020)
- 16% of clients from CALD backgrounds, 3% of were Aboriginal and/or Torres Strait Islander
- 54% of referrals are from general practitioners.
- Majority of client reporting reduced psychological distress, with 60% demonstrating significant improvement in K10+ scores between episode start and end.

Quality Improvement (QI)
- Continue to increase service provision in Ryde and Hornsby LGAs
- Ongoing focus on capturing and reporting outcome measures

VALUE FOR MONEY

- Deliverables received.
- Significant innovation in service provision has seen provision of lower intensity groups, service delivery in schools and co-location

Quality Improvement (QI)
- Development of groups to be considered for some clients that may require to step down

PATIENT EXPERIENCE

- Median waiting time of one day from referral to appointment.
- Service contacts delivered face to face, telephone, video or internet based with support provided to client's family/support network and liaison with other health professionals.
- 30% of uptake of the YES survey
- Feedback from client: " I wouldn't have been able to access any help or any services without the program.

Quality Improvement (QI)
- Ongoing focus on improving uptake of the YES survey and utilising results to drive service improvement.

PROVIDER (WORKFORCE) IMPACT

- Initial results from staff experience survey indicate high rate of staff satisfaction.
- A range of professional development activities undertaken including Indigenous cultural education training, Butterfly Foundation – Eating Disorders Training
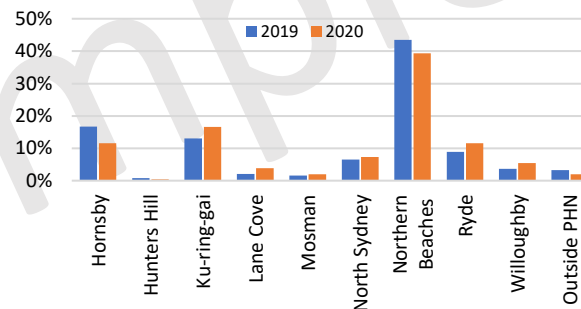
Quality Improvement (QI)
- Support access to Personality Disorders training, which has been identified as an area of need.
- Work closely with other commissioned service providers to enable smooth transition across the stepped care continuum

Key highlights

- Sustainable uptake, with improved outcomes among clients accessing the service
- Excellent patient experience : Results from the YES survey highlighted average scores over 90% across most domains with majority of the YES survey respondents rating their overall experience of the service as 'very good'.
- Commissioned service have worked with stakeholders across the region to build partnerships.
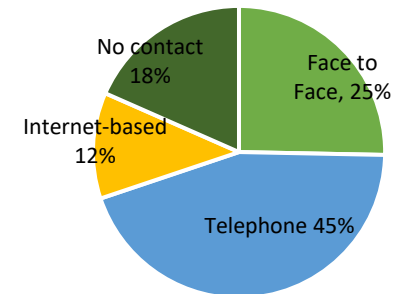
Graph 1: Trends in service uptake

Graph 2: Client residence
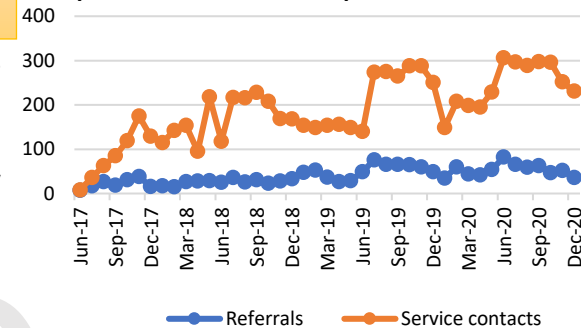
Graph 3: Service modality

Summary and Recommendations

Summary: High client uptake with improved outcomes and positive experience for clients accessing the program. The program continues to support a range of population groups to access appropriate level of support for their mental health needs KPIs on track, with further work required to increase uptake across the region and build capacity of practitioners in referring clients to relevant services across .

Recommendations:
1. Current contract is extended.
2. Development of stretch targets/KPIs to include: increased service uptake in Hornsby and Ryde LGAs, implement strategies to increase provider capacity in referring clients to appropriate services across the stepped care continuum and ongoing focus on capturing and reporting patient reported outcome and experience measures.

Introduction to the Toolkit

EVALUATION TOOLKIT
THE DEVELOPMENT PROCESS

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| Synthesise information | Develop Toolkit | Design and undertake training | Implementation |

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SNHN EVALUATION FRAMEWORK TOOLKIT

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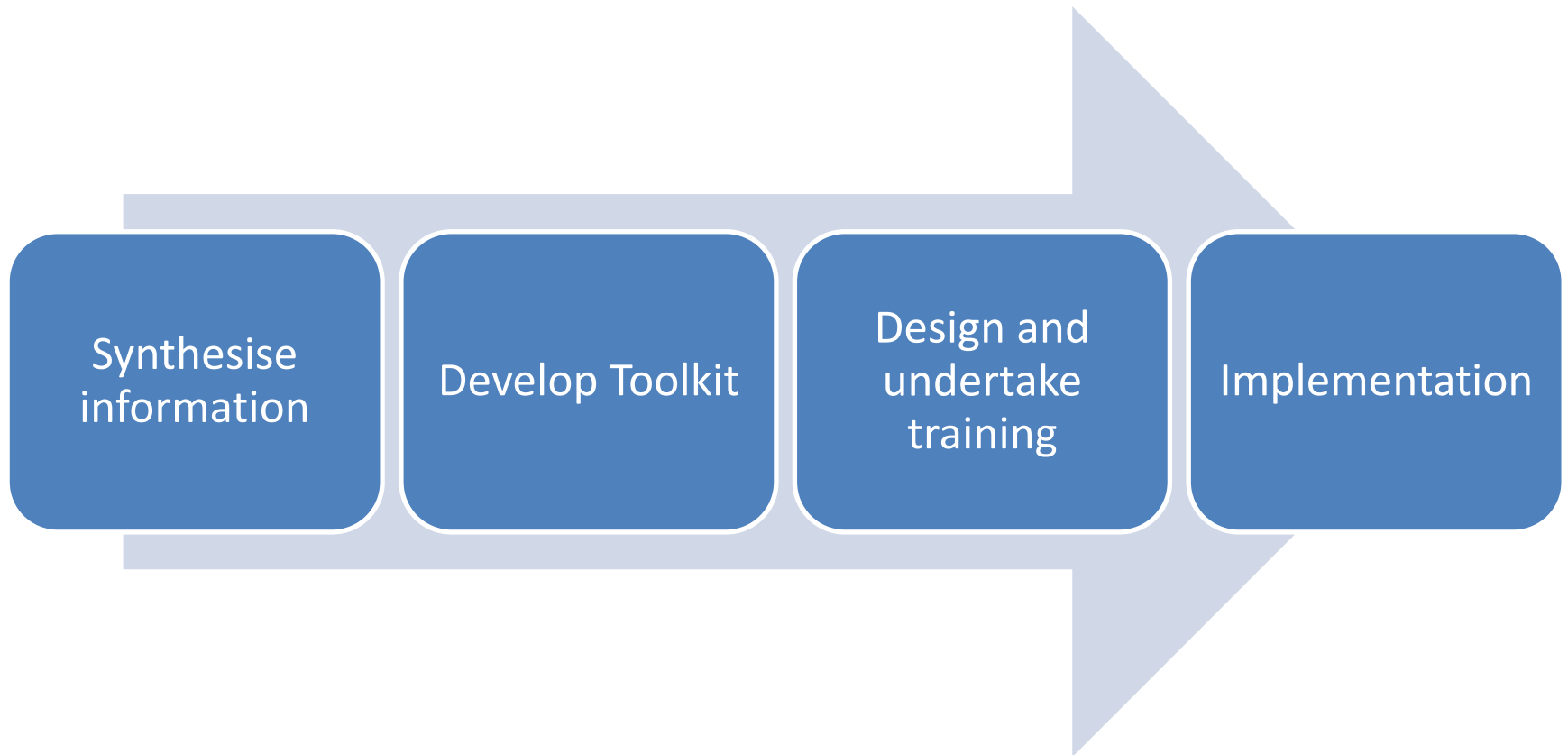
Key objectives of the new Toolkit are to:

◆ Lift the current practice through additional guidance and tools

◆ Build consistency in the implementation of the evaluation framework

◆ Mature further the PHNs commissioning for outcomes approach

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SNHN EVALUATION FRAMEWORK TOOLKIT

◆ The structure:

– **Introduction**: overview of evaluation and the importance of evaluation in the context of SNHN, as well as new commissioning practices

– **Part 1:** general guidance relating to utilisation of the Evaluation Framework at specific program lifecycle stages

– **Part 2:** tools, including: templates, checklists and assessments that include a "how to use this tool" component, complemented by illustrative examples

Navigating evaluations across the commissioning lifecycle

Plan

Stage 1: needs assessment and identification of service gaps
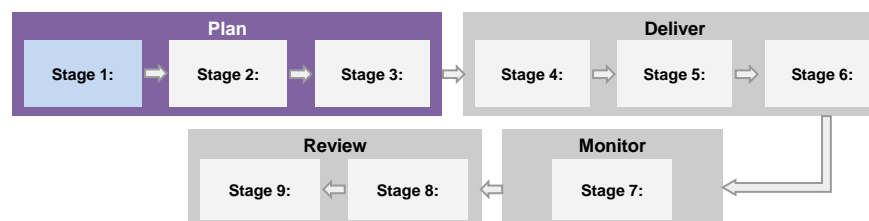
- Quadruple Aim template
- Program Logic templates
- Checklist considerations for Program Logic development

MANDATORY

Stage 2: market shaping and development

- Market making and development checklist

OPTIONAL

Stage 3: preparation of papers for Executive and Board sign-off

- Checklist considerations for Executive and Board sign-off

MANDATORY

Deliver

Stage 4: tender preparation and procurement

- Quadruple Aim template
- Tender aligned to evaluation preparation checklist

MANDATORY

Stage 5: contract negotiations

- Evaluation questions, activities and indicators template

MANDATORY

Stage 6: implementation support and reporting requirements

- Setting providers up for reporting success checklist

MANDATORY

Review

Stage 9: evaluation

- Deciding between an internal and an external evaluation

MANDATORY

Stage 8: Board dashboard (annually)

- Dashboard template

MANDATORY

Monitor

Stage 7: monitoring - KPI tracker aligned to Quadruple Aim

- Analysis and synthesis of evaluation data tool
- Partnership and relationship checklist

MANDATORY

How to use the Evaluation Framework

Stage 1 – needs assessment and identification of service gaps	
Overview	Systematic and rigorous approach to identifying the needs of a specific population. Once the "need" is clearly defined, the service gaps and market capability can be assessed.
Use of the Evaluation Framework	Use of the Evaluation Framework is anticipated to be **mandatory**. Ensuring that the Evaluation Framework is embedded into needs assessment and identification of service gaps will allow early consideration of outcomes and how evaluation might support the outcomes.
Guidance implementing the Evaluation Framework	The Evaluation Framework can be used in conjunction with the needs assessment to develop a deeper understanding of the outcomes that might apply to a specific cohort or population need. The questions on the Quadruple Aim can ensure commissioners consider a broad range of data (qualitative and quantitative) and evidence to support needs identification. The questions on the Quadruple Aim can also be used to support the identification of program outcomes which can then be used to underpin service design. These draft outcomes can inform discussions internally and with stakeholders on potential service gaps that may exist and to inform the need to undertake market related work such as market shaping and development (stage 2). Commissioning programs that are not clearly defined may result in difficulty differentiating between issues of program design and implementation and causality related to the program, if the outcomes are not defined as part of the design phase.
Dependencies	To be able to complete this stage commissioners require: evidence based needs assessment, clinical consumer engagement (e.g. PREMs or PROMs), literature scan driving the clinical and / or social needs.
Risks of not using **the** Evaluation Framework	Risks associated with not using the Evaluation Framework at this stage: ◆ Designing programs and services that do not address the identified need and service gaps of a specific population nor consider the Quadruple Aim
Tools	◆ Quadruple Aim template ◆ Program logic template # 1 ◆ Program logic template # 2 ◆ Checklist considerations for Program Logic development

Plan

Stage 1:	→	Stage 2:	→	Stage 3:

Deliver

Stage 4:	→	Stage 5:	→	Stage 6:

Review

Stage 9:	←	Stage 8:

Monitor

Stage 7:

Contract relationships and partnering assessment tool

How to use the tool: this tool should help PHNs and providers work together to assess their approach to partnering, relationship development and contract management - tracking progress, differences in perspective and change over time. It should be completed by both parties (PHN and provider) at specific agreed points in times, with results discussed and opportunities for improvement identified.

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Examples and commentary
Capacity and capability: The right capacity and capability is in place to collectively manage the contract effectively and efficiently						*Comments to justify response.*
Commitment: The relationship is a genuine partnership with clear vision, shared values and agreed services principles, where joint aims and objectives are clearly defined						*Comments to justify response.*
Continuous Improvement: There is a performance mindset with a genuine commitment to driving continuous improvement and achieving value						*Comments to justify response.*
Contracts: are jointly owned and proactively managed to address risks and issues between PHN and providers as they arise						*Comments to justify response.*
Financial performance: financials are measured in detail and used to re-allocate budgets, adjust payment structures appropriately						*Comments to justify response.*
Flexibility: Contracts are managed flexibly with a willingness to adapt the contract and contract requirements to changing needs, where appropriate						*Comments to justify response.*
Leadership: There is a clear commitment to partnership working from the most senior levels of each partnership organisation						*Comments to justify response.*

Contract relationships and partnering assessment tool continued

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Examples and commentary
Monitoring: Clear processes are established to ensure that partnership aims, objectives and working arrangements are reconsidered and, where necessary, revised in the light of monitoring findings						*Comments to justify response.*
Ownership: There is widespread ownership and accountability across and within all partners						*Comments to justify response.*
Performance: Monitoring and measurement is ongoing and built into the provider's role using a clear framework that incorporates stakeholder experience						*Comments to justify response.*
Purpose: The partnership has clear service outcomes with success criteria that include definition of shared goals						*Comments to justify response.*
Structure: The partnership is structured in a way that recognises and values each partner's contribution						*Comments to justify response.*
Trust: Sufficient trust has been built within the partnership to survive any mistrust that arises elsewhere						*Comments to justify response.*

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