Draft Position Paper on the Transparency of Information

Health Quality and Safety Commission

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Contact

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About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces Te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.

INTRODUCTION

1. The Perioperative Nurses College (PNC) of the New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Health Quality & Safety Commission (HQ&SC) 'Draft Position Paper on the Transparency of Information Related to Medical/Service Interventions within the context of the current OIA Requests'. This is a joint response from PNC and NZNO.

2. The PNC is a nursing specialty group of the NZNO. This group was established 42 years ago and currently has approximately 1000 members. PNC is recognised both nationally and internationally as the leading professional nursing voice for perioperative nurses in New Zealand. It is a member of the International Federation of Perioperative Nurses, which has affiliate membership to the International Council of Nurses.

3. This submission has been informed by feedback from NZNO members, including relevant colleges and sections and the PNC National Committee.

4. The issue of reporting health performance data of individuals and health care teams has been debated in the media and across the health

industry during the past 12 months. The PNC has contributed to Ministry of Health (MoH) interprofessional meetings on 'Reporting Surgical Data' on the 27th February 2015 and the 29th May 2015 and has also written a submission to the Medical Council of New Zealand on the discussion paper 'Better Data – the benefits to the profession and the public'. This is attached for your information. The arguments and concepts put forward in the HQ&SC draft position paper in relation to transparency, consumer use and autonomy, accountability, quality improvement and team align with the contextual areas identified in the PNC submission.

5. The 'HQ&SC Draft Position Paper on the Transparency of Information' is a balanced document which highlights the pitfalls and the opportunities in reporting medical/service interventions. There are multifaceted and complex challenges in progressing this quality initiative.

6. The draft position paper provides a good contextual background, however it is difficult to comment on individual aspects of the paper as it lacks detail on what data will be collected, how, by whom, for what purpose and how it will be reported.

7. Each of the themes identified in the HQ&SC Draft Position Paper - : transparency; consumer use and autonomy; accountability; quality improvement; team and conclusions – is addressed in the discussion which follows.

DISCUSSION

Transparency

8. The 'HQ&SC Draft Position Paper puts forward a number of hypotheses on whether patients or providers change behaviours when performance is published. PNC agrees with the hypotheses put forward. However, whilst lessons can be learnt from studies from the United States and the United Kingdom on performance, it is important to recognise the unique challenges in New Zealand, in particular the different complexities and drivers to accessing public health services across the continuum from community/primary to secondary to tertiary care.

9. New Zealand has a low population density, therefore it is a major discomfort to patients and families to move great distances for services. There are cost, time and social impacts when accessing services outside of community settings.

10. Whilst the arguments for transparency are well articulated, it cannot be assumed that public reporting will naturally lead to transparency of information about quality and effectiveness of health care.

Consumer Choice/Autonomy

11. The 'HQ&SC Draft Position Paper' provides a reasonably comprehensive literature review arguing that there is no consistent evidence that public release of performance data changed consumer behaviour.

12. According to the literature, consumers and the public generally do not search health performance reporting, fail to understand it, mistrust its quality, and/or make little use of it. Appreciating what consumers say they want (as outlined on pg 15 in the HQ&SC draft position paper) and what consumers actually do, is of paramount importance. PNC NZNO believes that understanding this variable is essential before the Ministry commits substantial resourcing into funding publically published performance data (potentially at the expense of other health services).

13. Coupled with this is the limitation of patient choices in the New Zealand public health system due to differential access to health care and a mix funding models across the system. E.g. patients are not publically funded for elective services outside their District Health Board catchment area, if that service is provided in their District Health Board. The Case Study (pg 33 in the HQ&SC draft position paper) provides a very good example on the limitations of patients' choices.

14. Public reporting of information and quality and effectiveness of health care does not necessarily lead to consumer choice and autonomy. Consumer choice and autonomy will most likely be driven by availability of public health services close to their home location and level of access to services. Point 8 above is another factor to be considered which has an impact on consumer choice and autonomy.

Accountability

15. The 'HQ&SC Draft Position Paper' accountability theme predominately focuses on the professional competence of medical practitioners. The PNC recommends that any reporting of medical/service interventions is team-focused, not individual-focused. The 'team' theme is explored further on in the 'HQ&SC Draft Position Paper', pages 26-28.

16. Collecting clinical data on a national scale and transforming that data into meaningful information is a high resource, high cost project. The MOH, health organisations, clinicians, the public and consumers all have different interpretations and requirements of what makes 'data meaningful' to them.

17. The cardiac registry in New Zealand costs $1m per year. However it is unclear if the cardiac registry is useful or has any impact on decision-making for all. For example, how meaningful is the information at the Ministry level, at the DHB level, within New Zealand cardiac teams, by cardiac clinicians, by primary referrers, as well as public and consumers?

18. Developing systems for reporting health performance data on a national scale across specialties and services will cost millions of dollars.

19. It is imperative that the MoH undertake a comprehensive cost benefit analysis in the early stages of this project, taking into account the overall costs, including costs to the Ministry, health providers, professional organisations and consumer groups. For example the MoH workshop on the 29th May 2015, had more than 60 participants, representing different interprofessional groups. Whilst the direct expenses to the MOH may have been quite small, overall the collective expense would have been considerable.

20. Generally, we suggest that further exploration of accountability concepts at the public health system level be the starting point rather than the immediate default position focusing on individuals or teams. Funding of public health care is at the system rather than individual or team level, thus the draft position paper should consider and explore accountability from a system perspective.

Quality Improvement

21. According to the 'HQ&SC Draft Position Paper' there is no consistent evidence that public release of performance data changed consumer behaviour. However a large systematic review and evidence report found that public reporting of performance data stimulates quality improvement activity at the hospital level.

22. As reported in the 'HQ&SC Draft Position Paper', data required for quality improvement activities differ from that used for accountability or research purposes (Pg 18). Collecting clinical data and transforming that data into meaningful information for quality improvement activities which is also meaningful to the public and consumers will be very challenging.

23. PNC NZNO agrees that public reporting of performance data needs to be 'consumer-facing'.

24. Synonymous with the purpose of public reporting is quality improvement for the public, first and foremost. Trust at all levels is an essential ingredient to effective quality improvement thus information reported publicly has to engender trust at the public level, patient level, service level and team level.

Teamwork

25. The 'HQ&SC Draft Position Paper' strongly supports a team-focused whole systems approach to improving patient outcomes.

26. PNC NZNO agrees with Seddon's statement that "Medicine is essentially a team-based activity, then it makes no sense to publish data based on one team member" (HQ&SC Draft Position Paper, pg 19).

27. The value of reporting team performance was not only supported in the literature but was a strong theme identified in MOH consumer group workshops and interprofessional workshops on publically reporting performance data.

28. We therefore suggest that one of the factors to be considered is how team work might be improved or hindered through public reporting of information about quality of healthcare. There is a potential for unintended consequences and downside impacts on team work. We request that this is be explored and considered further.

Conclusions

29. PNC NZNO strongly supports all of the points and questions raised in the conclusion section of the 'HQ&SC Draft Position Paper'. The conclusion section summarises the challenges ahead using the New Zealand Triple Aim framework. PNC NZNO believes that the points and questions proposed are appropriate and provide a good platform for progressing future work.

30. PNC NZNO applauds the MoH on engaging widely with health providers, professionals and consumers.

31. Advancing this work will require a dedicated steering committee with a wide range of clinical, analytical, fiscal and administrative expertise. Should a formal steering committee on the 'Transparency of Information Related to Medical/Service Interventions' be established, the Perioperative Nurses College, NZNO looks forward to nominating expert PNC members.

32. PNC NZNO is concerned, however, that with such a high resource, high expense project that the MoH will require the goodwill of consumer groups, professional groups, and healthcare providers to contribute to this work at their own expense.

33. It is imperative that the MoH undertake a comprehensive cost benefit analysis in the early stages of this project, taking into account the overall direct and indirect costs, including costs to the Ministry, health providers, professional organisations and consumer groups.

34. Thank you for this opportunity to contribute to the draft position statement.

    Fiona Unac

    Chair PNC,NZNO