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Feasibility first: Developing public performance indicators on patient safety and clinical effectiveness for Dutch hospitals

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Abstract

This paper describes the development and implementation of the first national, public and obligatory set of hospital performance indicators in the Netherlands. Focusing on effectiveness and safety, the set was developed by the Dutch Health Care Inspectorate to improve the effectiveness and efficiency of their task: monitoring the quality of the care delivered by providers. In addition, the set would enhance the transparency of the hospital sector, and stimulate individual hospitals to improve their scores. Bridging some of the classic distinctions between 'internal' and 'external' indicators, the Inspectorate's vision was to rapidly produce a feasible set of indicators that would fulfill these aims, while maximally preventing 'side effects' such as misinterpretations, defensive or perverse reactions. Explicitly avoiding the trap of searching for exhaustive validity of the indicators, the inspectorate's motto was 'feasability first'. This paper describes how this simultaneously philosophical, political and pragmatic strategy played out successfully, and how the indicator set was ultimately embraced by all parties involved.

Keywords: Public performance indicators; Patient safety; Clinical effectiveness; Dutch hospitals

1. Introduction

Performance indicators are seen to be a promising answer to the demands for increased transparency, accountability and quality within health care. Rather than ensuring the public function of provider organizations or health plans through detailed rules and regulations, performance indicators monitor the level of performance of such organizations (percentage of children vaccinated; waiting lists below an upper limit). It is up to the latter just *how* to achieve these performance levels: what matters and has to be monitored is *that* they do. Bureaucratic interference with and regulation of health care organizations, in other words, would be reduced in favor of a more 'businesslike' approach based on performance contracts. Concurrently, these indicators would give professionals insight in the results of

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their work processes: helping them to spot problems, redesign work processes, and measure the continuous improvement thus set in motion. They are, then, only held accountable for that which they are motivated and equipped to produce: high quality professional work [1–3].[1]

In addition, performance indicators can help payers and clients make an *informed judgment* about providers: the client becomes a critical 'consumer', and payers may closely monitor their money's worth. On the basis of a balanced set of indicators (on the clinical effectiveness, the efficiency, the safety and the patient-centeredness of the care, for example), rankings of care plans and delivery organizations can be made [8].[2] Finally, publishing performance information would further stimulate quality improvement processes: by turning 'the heat on' or 'creating a burning platform', the natural organizational resistance to change can be overcome [2,10–12].

The hope to simultaneously attain increased transparency, accountability, quality, professional motivation, deregulation and consumer emancipation has created an excited wave of performance indicators programs in Western health care [13,14]. Yet many are concerned about the risks of publicly 'shaming' professionals or institutions – especially when their 'poor performance' may not even be attributable to them [3,15]. Whether a certain indicator (say, vaccination rate of a population) indeed reflects the quality of care is endlessly debatable. Low vaccination rates may be due to population characteristics, for example.

In addition to these validity problems, performance management may have perverse effects such as the tendency to 'game the numbers' or dump difficult cases (and/or 'cream off' the easy ones), so as to manipulate scores. Also, researchers have pointed out that the hunt for good scores increases bureaucracy and induces 'tunnel vision' and suboptimalization (because of excessive focus on improving isolated scores). Finally, performance indicator programs may erode solidarity between care institutions or stifle innovative change, thus actually hindering the diffusion of best practices out of fear of lowering one's scores. Although anecdotes and predictions as to these effects abound, it is still too early to form a definite judgment [3,4,10,13,14,16].[3]

Against the background of these discussions, the Dutch Health Care Inspectorate decided early 2003 to develop a set of Hospital Performance Indicators, covering patient-safety and clinical effectiveness. The Dutch health care system is a complex mixture of private, mostly not-for-profit health care organizations within a health care system that is closely regulated by government. Of its financing, 80% is public (compulsory sickness funds, social insurance programmes and general taxation). The remainder consists of private insurance schemes and direct payments. In recent years, the Dutch Government aims at reducing its own role in the overall management of the health care system by increasing 'market incentives' and stimulating the insurer's role in steering the health care providers they contract. One core, public responsibility the government holds on to is the supervision and monitoring of the quality of the care delivered by both public and private providers. The Dutch Health Care Inspectorate, an autonomous section of the Ministry of Health, Welfare and Sport, is responsible for this task.[4]

Until now, the Dutch Inspectorate uses a system of surveys and both random and incident-triggered inspection visits to health care providers. By developing performance indicators that would be both obligatory and public, the Dutch Health Care Inspectorate would be provided with data on the actual performance on

[1] These developments are not unique to health care: they are one widespread manifestation within the public sector of the drive to incorporate more 'business like' models of governance (see e.g. [4–6]). In addition to individual organizations and regional arrangements, indicators can also be focused on individual departments within organizations, individual professions and even individual professionals [7].

[2] In Europe, the UK is leading this development with its NHS Performance Indicators initiatives; see e.g. http://ratings2004.healthcarecommission.org.uk/ (accessed February 7, 2005) and [9]. Many performance indicator initiatives are up and running in the US. The majority of these have so far not been obligatory, but that is changing rapidly (see e.g. www.iha.org, http://www.jcaho.org/pms, http://www.cms.hhs.gov/media/press/release.asp?Counter=1343; all websites accessed February 7, 2005).

[3] Newspapers and magazines carry many of these stories. The BBC – Panorama documentary 'Fiddling the Figures' (broadcasted June 29, 2003; see http://news.bbc.co.uk/1/hi/programmes/panorama/3013062.stm, accessed February 7, 2005) criticizing the UK focus on 'targets' for hospitals, is particularly telling.

[4] See for more information on the Dutch Health Care Inspectorate www.igz.nl (accessed February 7, 2005).