



National Allied Health Benchmarking Consortium Renal Services Project Report

Background

The project was proposed by staff of the Royal Hobart Hospital as an activity to be undertaken by the National Allied Health Benchmarking Consortium (NAHBC) during 2003. A draft project proposal (Attachment A) was forwarded to the NAHBC representatives of the participating hospitals and interested staff were asked to participate in teleconference meetings.

Three teleconferences were held: in October 2003, November 2003 and February 2004. These meetings comprised mainly debate over the scope of the project. It was apparent from the debate that the participants had limited understanding of the processes of the NAHBC, the data collected and the reports that were generated. To assist in this, information was forwarded to participants and they were asked to contact their hospital's NAHBC representative for further explanations of data collection and reporting.

Scope of the project

It was decided that a comparison of data of patients in DRG L61Z (same day renal haemodialysis inpatients) most fitted the benchmarking project proposal. Other renal patients, e.g. those undergoing peritoneal dialysis were classified as outpatients (hence not included in the NAHBC data set) and those with acute renal problems, were classified under other DRGs. The proposal was revised to that of Appendix B.

Benchmarking on proposed outputs

Outputs 3.1 and 3.2

During a preliminary examination of the data, it became apparent that the data of patients with DRG L61Z was excluded from the acute benchmarking data set of 2002-2003, but that it would be possible to use the 2001-2002 data set.

Benchmarking on outputs 3.1 and 3.2 would have been possible from the Austin Hospital, Barwon Hospital, Princess Alexandra Hospital, St George Hospital and Royal Hobart Hospital. Other NAHBC hospitals that would not have been involved in data benchmarking were the:

- Royal Darwin Hospital; had no data in the 2001-2002 data set.
- Flinders Medical Centre; withdrew from the project after the second teleconference.
- Royal Melbourne Hospital; had elected not to be involved in the project.
- John Hunter Hospital; had no data in the 2001-2002 data set and elected not to be involved in the project.

- Wellington Hospital, New Zealand; the DRG L61Z data was classified as outpatient data.

Output 3.4

No allied health professional services in the hospitals involved in the teleconferences appeared to use outcome measures for patients in DRG L61Z.

Output 3.5

No allied health professional services (apart from dietetic services) in the hospitals involved in the teleconferences appeared to have or use clinical protocols with patients in DRG L61Z.

Recommendations from the proposed renal project

1. That an audit of compliance by dietetics departments of NAHBC hospitals with the recently developed Evidence Based Practice Guidelines for Dietetic Management of Chronic Renal Disease (endorsed by the Dietitians Association of Australia) could be possible. The dietetics contact list was to be distributed to the dietetic participants of the project so that these departments could further discuss the possibility.
2. That the project manager, Lorraine Millar should discuss the project limitations with the NAHBC. NAHBC subsequently agreed to cease the project due to the limitations of benchmarking on the outputs, as described above and requested a project report

Recommendations for other proposed NAHBC projects

1. That the NAHBC develops a website so that staff of participating hospitals can readily access information about the Consortium, including annually updated participating hospital and contacts lists.
2. That prior to the commencement of a project, the NAHBC hospital representative fully informs participants of the role and functioning of NAHBC, the staff member's responsibilities and the level of commitment required of the staff member to the project, and NAHBC data collection, analysis and reporting.

National Allied Health Benchmarking Consortium

Project Proposal for 1 July 2003-30 June 2004: Renal Services (October 2003)

1 Project Outcomes

- 1.1 Increased understanding of maintenance renal inpatient services by allied health professionals
- 1.2 Improved AHP services to maintenance renal inpatients

2 Project Objectives

- 2.1 To obtain and compare sets of general hospital (e.g. patients and bed numbers etc) and AHP-specific data for maintenance renal inpatients (e.g. which AHP services and levels and numbers of services per patient etc)
- 2.2 To identify AHP best practice for maintenance renal patients
- 2.3 To collect information on AHP patient outcome measures for maintenance renal patients
- 2.4 To collect a set of discipline-specific clinical protocols for maintenance renal patients (e.g. goals setting, individual patient and groups management etc)

3 Project Outputs

- 3.1 A set of comparative general services data for maintenance renal inpatients
- 3.2 A set of comparative AHP services data for maintenance renal inpatients
- 3.3 A AHP best practice reference list
- 3.4 A set of outcome measures that are used to evaluate the services provided to maintenance renal patients
- 3.5 A set of clinical protocols for specific AHP disciplines involved in maintenance renal inpatients

4 Project Scope

Project investigates services for maintenance renal inpatients, (DRG I21 and ICD10 procedure code of Z491) not acute renal patients or patients awaiting renal transplants. Hospitals may classify maintenance renal patients either as outpatients or inpatients.

5 Project Steering Group

- 5.1 Convenor who is responsible for the overall management of the project.
Organises teleconferences, the distribution of minutes of teleconferences.
- 5.2 Clinicians from each participating hospital; preferably one clinician from each of the disciplines of social work, dietetics, physiotherapy etc. The clinician would be directly involved in the provision of AHP services to renal patients.
Each hospital will be responsible for managing one aspect of the project.

6 Methodology

- 6.1 Data analysis
- 6.2 Review of literature for best practice AHP management and outcome measures
- 6.3 Hospital survey for clinical practice protocol and outcome measure collection

7 Project Plan

Activity	Facility Responsible	Date
Data analysis		
Literature review		
Hospital survey		
Report completed		

8 Costs/Resources

- All participating hospitals will provide additional survey data required and meet their own costs.
- All participating hospitals will be responsible for undertaking one aspect of project.
- Data analysis to be met by (To be decided when the extent of data analysis required is known from clinicians involved in the project, i.e. if routine Benchmarking reports are insufficient).
- Collation and report writing costs will be met by
- Anticipated 6-8 teleconferences to be met by the hospitals involved in the project. (Use of pin to allocate costs).

9 Proposal submitted by

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National Allied Health Benchmarking Consortium

Revised Project Proposal for 1 July 2003-30 June 2004: Renal Services (January 2004)

Project objectives

To improve allied health professional (AHP) services to patients admitted for renal dialysis (DRG L61Z) through benchmarking current allied health professional practice

Project outcomes

Increased information about allied health professional services to patients admitted under DRG L61Z

Project outputs

1. A set of comparative general hospital data for patients classified under DRG L61Z
2. A set of comparative AHP services data for patients classified under DRG L61Z
3. An AHP best practice reference list for patients classified under DRG L61Z
4. A set of outcome measures that are used to evaluate the services provided to patients classified under DRG L61Z
5. A set of clinical protocols for specific AHP providing services to patients classified under DRG L61Z

Project Scope

The project is to investigate services only for patients admitted as same day patients for renal haemodialysis (DRG L61Z), i.e with ICD-10-AM Principal Diagnosis Z 491 and ICD-10-AM Principal Procedure 1310000.

Others, e.g. peritoneal dialysis patients (outpatients) and those inpatients with acute renal failure are not classified under this DRG.

Project Steering Group, Methodology etc the same as the original proposal