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**QUALITY IN OCCUPATIONAL HEALTH PRACTICE
IN HIGHER EDUCATION**

Can we define common standards for our sector?

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WHY DO WE NEED KEY PERFORMANCE INDICATORS?

- Our stakeholders
- Professional standards – regulation, revalidation
- Competitive market for OH provision
- Essential to a professionally managed OH service
- Evidence of value for money





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Who are our stakeholders?

- Staff/ students using service
- Managers/ employer
- HR
- Trade unions
- Professional bodies
- Our OH service staff
- Others?





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Identifying Key Performance Indicators (KPI s)

Four components required for useful KPI s are:

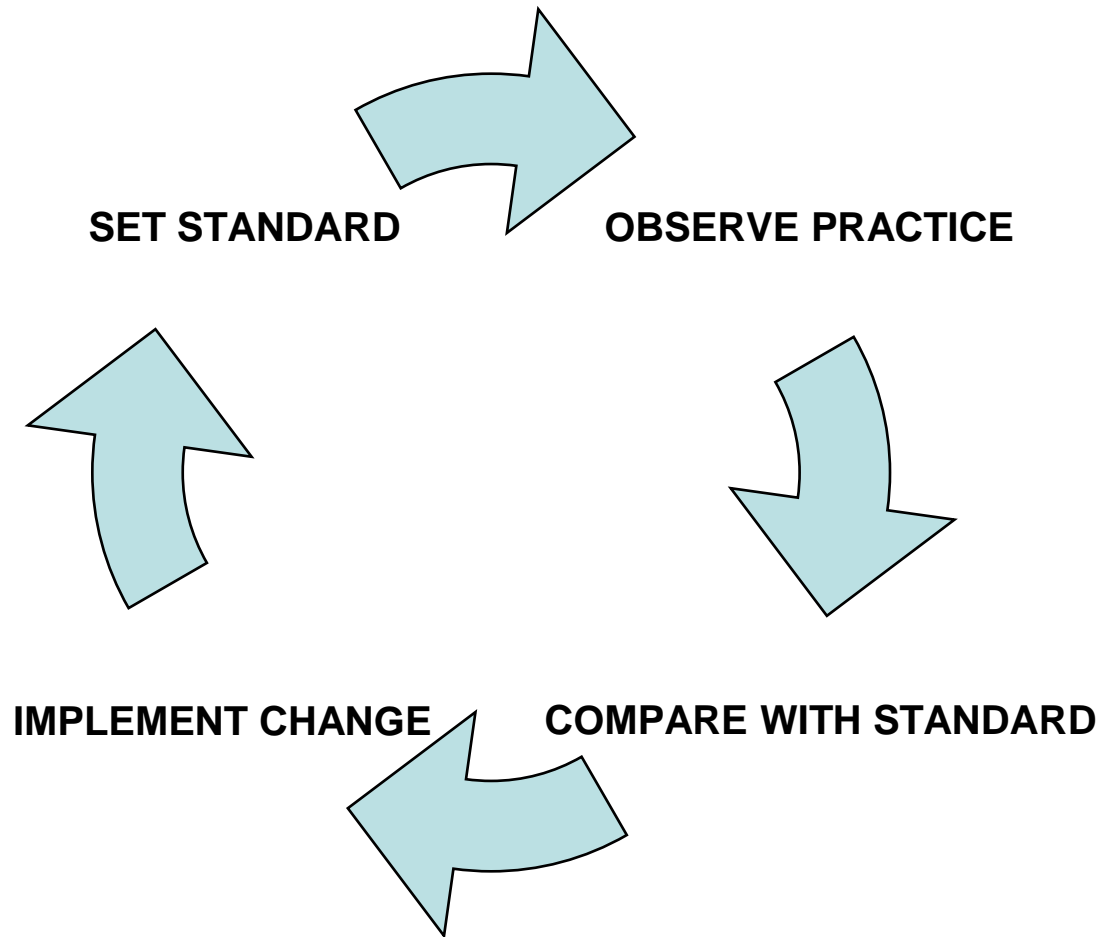
- Identify business **objectives**
- Identify KPI's that are **measurable** and tied into these objectives
- Robust **data and collection systems** to enable provision of good quality management information
- Identify **management processes** to focus on KPI's





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Audit Cycle - its all about continuous improvement





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What do we Audit ?

- Structure

Organization
Staff
Facilities

- Process

What is done?

- Outcome

Ill health retirements
Morbidity
Sickness absence
Income



What Can we set KPIs for

- **Service delivery** – SLAs, customer feedback, policies, communication
- **Professional standards** – staff competence /development, legal, ethical. Revalidation, PREP, working with professional bodies relevant to our clients
- **Clinical Governance** –including clinical audit eg back pain, mental health
- **Benchmarking/ National standards** eg HSE targets ?
- ???



Workshop

- The following set of slides represents the discussion we had in relation to the process of setting KPIs and how we would measure them.
- It is not intended to be a blue print or in anyway a guidance document but a reflection of how we thought we could approach measuring quality in various aspects of our services.
- It is easy to look at simple measures such as “turnaround times”, “numbers seen” or “customer satisfaction” but outcomes may be more challenging to assess.





| Service Delivery Objective | Measurables | Data collection | Process |
|--|--|--|---|
| To see referrals and respond to them in a timely fashion •sickness absence •work related ill health •stress •musculoskeletal | •percentage of appointments offered within agreed time •percentage of reports issued within agreed time •DNA rate | •Date referral received, •date of appointment, •date report issued recorded on database | •Bespoke database •Data entry managed by admin |
| •Carry out all statutory health surveillance at required intervals •Issue ' Fit to work ' slips for those who need them | •Percentage of statutory healthy surveillance carried out within a year •Percentage of employees past fit, unfit and not seen | •Database of required health surveillance maintained with date of next appointment •Date at which seen and fit slip issued recorded on database | •Bespoke database •Data entry managed by admin |
| •Carry out all required pre-employment and pre-placement screening in a timely fashion •pre-employment student assessments on course where this is required (eg PGCE) • Research passports and other honoraries | •Number of fitness reports issued within the agreed time | •Date of request for assessment and date of assessment recorded on a database | • set service levels with employer |



| Service Delivery Objective | Measurables | Data collection | Process |
|---|---|---|--|
| Ensure that all persons requiring immunisation are immunised | <ul style="list-style-type: none">• Percentage immunised within agreed time scale• Percentage of staff who require immunisation receiving it | Auditing of departments where immunisation is commonly required | Follow Green book and DH guidelines |
| Service delivered on budget | Process <ul style="list-style-type: none">•Managing invoicing•Payments•Income generation | Audit | Agree budget Budget forecast reviewed quarterly |
| | | | |





| Professional Standards Objective | Measurables | Data collection | Process |
|---|--|--|--|
| Competence & appropriate qualification | | | |
| Accredited Physician | GMC registration FOM CPD scheme Annual Appraisal | Records/certificates | Annual appraisal |
| OHA | PREP RCN reg OH dip/ BSc | Records/certificates | Annual appraisal |
| Confidentiality- Staff -Students Record keeping | Incidents Complaints % records complying with policy | Random audit Audit | Policy Audit Policy |
| Professional behaviour • Patients • Admin and fellow colleagues | Complaints Grievances Disciplinaries | • Customer feedback • 360 degree feedback | Staff required to adhere to RCN and GMC code of conduct. |



| Clinical Governance Objective | Measurables | Data collection | Process |
|--|--|-----------------------------|--|
| Appropriate qualification: Registered nurse, OHA, accredited specialist OHP | Current registration | Evidence e.g. certification | Annual registration check. Record % of staff with appropriate qualification |
| Practice complies with current legislation and DH, HSE, FOM guidance and ethical standards etc. | Clinical audit Audit medical records /database | Record keeping | Review policies and procedures against evidence based practice and guidelines etc |
| Clinical activity relevant to organisation eg health surveillance | Needs analysis: activity : % OH service delivered to requirement | Audit records | Needs and Risk analysis for the organisation |





| Clinical Governance Objective | Measurables | Data collection | Process |
|--------------------------------------|--|---|---|
| Risk control: Clinical equipment | Calibrated and serviced as recommended | % equipment calibrated % staff competent in use of equipment | Policy and protocols for care of equipment |
| Quality | Complaints procedure in place and adhered to | Number of complaints | <ul style="list-style-type: none">•Written procedures•Critical incident process |
| Continuous improvement | Clinical activity | <ul style="list-style-type: none">•Clinical audit•% meeting CPD requirements | <ul style="list-style-type: none">•Protocols /guidelines/algorithms available to all staff•Annual appraisals |



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Summary of Feedback

- Use of KPIs and SLAs variable amongst delegates
- Format used for defining KPIs in group work thought to be helpful
- Dr Paul Nicholson about to publish KPIs for OH services
- The references (not a comprehensive literature search) that follow show very helpful information about SLAs and setting standards





REFERENCES

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- Quality in occupational health and many more parts of Raymond Agius amazing site <http://www.agius.com/hew/resource/quality.htm>