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
Who are our stakeholders?

• Staff/ students using service
• Managers/ employer
• HR
• Trade unions
• Professional bodies
• Our OH service staff
• Others?
Identifying Key Performance Indicators (KPIs)

Four components required for useful KPIs 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
Audit Cycle - it's all about continuous improvement

- Set Standard
- Observe Practice
- Implement Change
- Compare with Standard
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 blueprint 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.
<table>
<thead>
<tr>
<th>Service Delivery Objective</th>
<th>Measurables</th>
<th>Data collection</th>
<th>Process</th>
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</thead>
</table>
| 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 |
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| Ensure that all persons requiring **immunisation** are immunised | • 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  
• Managing invoicing  
• Payments  
• Income generation | Audit | Agree budget  
Budget forecast reviewed quarterly |
<table>
<thead>
<tr>
<th>Professional Standards</th>
<th>Objective</th>
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</thead>
<tbody>
<tr>
<td>Competence &amp; appropriate qualification</td>
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| 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 | Incidents  
Complaints | Random audit | Policy  
Audit  
Policy |
| Record keeping | % records complying with 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. |
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<tbody>
<tr>
<td>Appropriate qualification: Registered nurse, OHA, accredited specialist OHP</td>
<td>Current registration</td>
<td>Evidence e.g. certification</td>
<td>Annual registration check. Record % of staff with appropriate qualification</td>
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<tr>
<td>Practice complies with current legislation and DH, HSE, FOM guidance and ethical standards etc.</td>
<td>Clinical audit Audit medical records/database</td>
<td>Record keeping</td>
<td>Review policies and procedures against evidence based practice and guidelines etc</td>
</tr>
<tr>
<td>Clinical activity relevant to organisation eg health surveillance</td>
<td>Needs analysis: activity : % OH service delivered to requirement</td>
<td>Audit records</td>
<td>Needs and Risk analysis for the organisation</td>
</tr>
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<tr>
<td>Risk control: Clinical equipment</td>
<td>Calibrated and serviced as recommended</td>
<td>% equipment calibrated % staff competent in use of equipment</td>
<td>Policy and protocols for care of equipment</td>
</tr>
<tr>
<td>Quality</td>
<td>Complaints procedure in place and adhered to</td>
<td>Number of complaints</td>
<td>• Written procedures • Critical incident process</td>
</tr>
<tr>
<td>Continuous improvement</td>
<td>Clinical activity</td>
<td>• Clinical audit % meeting CPD requirements</td>
<td>• Protocols / guidelines/algorithms available to all staff • Annual appraisals</td>
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</tbody>
</table>
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

• Faculty of Occupational Medicine. Audit and Quality in Occupational medicine. Royal College of Physicians of London
• Audit and quality in occupational health MacDonald EB Occup. Med. 1992; 42: 7-11
• Quality in occupational health and many more parts of Raymond Agius amazing site http://www.agius.com/hew/resource/quality.htm