

A large iceberg floats in the ocean. The top part of the iceberg is visible above the water, while a much larger, more complex structure is submerged below the surface. The water is a deep blue, and the sky is a pale, overcast grey. The iceberg's surface is textured with various shades of white and light blue, suggesting different layers of ice or snow. The submerged part of the iceberg is more intricate, with many sharp edges and deep crevices, illustrating the concept of hidden risks or complexities.

Quality measurement and reporting in the South African private hospital industry

Research commissioned by the
Hospital Association of South Africa

Purpose of the research

"... commissioned with the aim of comprehensively reviewing strategies and approaches for measuring and (public) reporting the quality of hospital care provided in South African private hospitals."



Rationale for public reporting

Transparency and accountability in relation to healthcare quality is desirable

Quality reporting reduces information asymmetries and improves competition

Measurement and reporting allow us to judge performance and benchmark (*summative* measurement)

Ideally, creates data needed for improvement and operations (*formative* measurement)

Evidence for quality reporting affecting patient choices is poor. Providers on the other hand seem to take more notice.



Why hasn't more been done so far?

Reputational risks are high; Risks of getting it wrong are high

Quality measurement does not emerge spontaneously

Systems not designed to collect quality information which is much broader and more multifaceted than cost data; context and structural factors need to be taken into account too; **interoperability challenges** a barrier to standardisation

Unintended consequences: cherry picking lower risk patients; avoiding the sickest

Multi year process, significant cost and technical complexity

Only **recently emerging international consensus** on outcomes measurement



How to introduce measurement

Mandatory reporting overcomes selection issues, but can place a disproportionate burden on smaller hospitals

International practice suggests the need for an entity specifically for quality reporting that is independent, adequately funded, well governed and has technical ability

Critical to get professional buy in if measures are going to be useful and used

Need appropriate risk adjustment tools for reporting outcomes



What to measure

There are thousands of possible metrics for quality

Improvement versus achievement; Absolute or relative (ranking) ; Summative or formative

Mortality and other outcomes & process measures

Patient safety (preventable harm)

Patient experience (becoming increasingly important) and PROMs

International trend is towards **fewer measures**, relevant to **disease burden**, focus on **outcomes**, with a **few selected process measures**



Considerations from international review

There is no universal set of indicators

Public reporting is **contentious**, partly because it is technically challenging

Costs are significant; funding of an independent organisation is usually through provider fees

Quality reporting is a **journey**; takes years



Practical suggestions

Start with **and strengthen available data** sources; ensure definitions are well articulated, standardised and auditable

Scientific and consensus-based indicator selection

Formulate policy on remedies and actions to be taken based on quality reporting outputs

Establish a new entity, or reshape an existing structure

Need appropriate **dispensation from the Competition Commission** to allow industry collaboration

