

# PRIMHD OUTCOMES REPORTS ACCESS PLAN

NOVEMBER 2009 - VERSION 1

## PRIMHD OUTCOMES REPORTS ACCESS PLAN

Te Pou has taken several factors into account in the preparation of this plan. Not the least of these was our desire to avoid being the gatekeepers of your outcomes information. Additionally, we aim to distribute the reports in a responsible manner, providing knowledge and resources to support sound use of the information they contain.

While the joint principles (*see below*) worked out between Te Pou and the Ministry of Health indicate there will be no restrictions on presenting aggregate data – and while we understand there are agreements between district health boards to share outcomes information – this initial set of reports will be distributed to individual district health boards only. Subsequent outcomes reports will be made available at three or six monthly intervals. These reports, with full access via the site co-ordinators site, will permit site co-ordinators to see the outcome reports from other district health boards.

Where district health boards wish to continue their culture of information sharing between each other, each should be aware of the two main limitations of the information's ability to provide full and valid comparison at this stage. The first of these limitations is the compliance figures: low compliance figures are unlikely to give useful comparisons. The second limitation is that none of the current reports are yet casemix adjusted<sup>1</sup>.

Te Pou have developed explanatory notes for each of the reports to assist in understanding the report content: who it might be useful for; what it can, and cannot, be used for. You may wish to distribute the report:

- internally within your district health board
- via your Intranet
- to PRIMHD Steering Committees
- To Service Managers, Team Leaders, Quality Personnel etc.

Each report comes with a set of several tables to allow analysis of the information at various levels, for example team, setting, reason for collection etc. The information is in Excel format to allow you to graph it.

Members of our Information Team are available to assist with internal understanding of each of the reports and compliance issues. We are also exploring the potential of a mini-forum to bring together district health boards and help plan strategies for reviewing results internally and workshop through reports.

Below is the draft plan. A final version will be released on receipt of feedback from district health boards and the Ministry of Health.

For further information please contact Richard Woodcock at [Richard.Woodcock@tepou.co.nz](mailto:Richard.Woodcock@tepou.co.nz).

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<sup>1</sup> Casemix adjustment requires matched collections which are grouped into casemix classes. The casemix grouper is currently still in development at Te Pou. The Ministry of Health are also scoping a casemix grouper development for PRIMHD which will benefit from the Te Pou project.

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Activity	Timeframe
Distribute PRIMHD Outcome Reports individually to district health boards, Site Coordinators and General Managers by email	November 2009
National level aggregate reports accessible on Te Pou Information website (with no district health board identified)	December 2009
Develop Te Pou Site Coordinators' Forum as vehicle for accessing all district health board and team level PRIMHD outcomes reports and supporting documentation	March 2010
Discuss potential of regional reports being accessible on Te Pou Information website	May 2010

## PRIMHD OUTCOME REPORTING PRINCIPLES

The Ministry of Health and Te Pou have worked together over the past year to develop a set of outcome reports based on information from PRIMHD. This information has been made available using the following principles:

1. There will be no restrictions on who can see which reports, as all reports present aggregated data.
2. No targets have been set regarding the number of outcome collections required to be completed by each organisation. The figures presented are for information and comparison only.
3. Graphs exclude data where the count is <10, rather than the statistically accepted use of <30, as some district health boards have very small populations and the exclusion of counts <30 would result in few or no graphs being produced for those district health boards.
4. It is intended that this set of PRIMHD outcome reports will be reviewed regularly to ensure their continued usefulness.
5. Explanatory notes will be available to assist in the interpretation of each of the existing and any new reports.
6. HoNOS T12 (total of all 12 items) will be used for all total scores.