PRESCRIPTIONS

POLICY BRIEF

Less is More: Streamlining Hospital Indicators
Harmonization of the Digital Hospital Indicator Reporting System

POLICY LESSONS

To achieve a responsive healthcare system, streamlining the process of hospital data submission is necessary.

Despite having the Online Hospital Statistical Report System (OHSRS), the health facilities encounter difficulties in complying with multiple reports required by government agencies. Agencies that collect hospital data have overlapping indicators because of their different requirements and data management systems. To help establish a more responsive health system, the Department of Health must standardize their information systems with the submission process of relevant DOH bureaus. In line with this, streamlining the process of hospital data submission and creating a minimum basic data set are needed to help facilitate ease of submission and improve overall quality of hospital data. Finally, to minimize other potential sources of variation, HFSRB should enforce a complementary set of guidelines on proposed metadata and data sources for each indicator in the OHSR.

A national health performance framework and integrated national health information system can serve as a foundation to guide integrated health data management.

At present, the DOH has several data systems and the Unified Health Management Information System (UHMIS) appears to be a directory of these, rather than a unified system that integrates the different databases. In the long run, developing a national framework and a subsequently responsive information system will help guide indicator development proactively in the future. This may vary according to the country's priority (countries with mature frameworks have placed emphasis on operations, systems, communities, or clinical areas), but typically it includes monitoring and improving quality and efficiency of the healthcare system. This may be reviewed and improved periodically by a government or government-funded body, to ensure it remains responsive to the country's needs.

INTRODUCTION

The Department of Health's (DOH) online Hospital Statistical Reports (OHSR) are reports submitted annually by hospitals nationwide to the DOH-Health Facilities and Services Regulatory Bureau (HFSRB). It covers quality management, hospital operations, staffing patterns and financial indicators needed by the decision makers for licensing purposes and policy making. The study aims to identify the different performance measures and indicators required by the health governmental agencies. Streamlining and harmonizing the OHSR will help the DOH to better monitor the quality and efficiency of hospital reports as well as improving the process of submission of health facilities to the DOH.

METHODS

Business process mapping was used to identify different submission schedules and requirements to design a streamlined work plan. This was done by conducting focus group discussion and key informant interviews with DOH and PhilHealth program managers. Rapid review was conducted to find standards and recommended hospital reporting indicators from a survey of literature. Redundancy analysis was used to assess overlaps and review conflicting definitions among all the indicators involved in harmonizing the OHSR. This was done by comparing and eliminating duplicate indicators among the documents gathered from the interviews and from the rapid review. Hospital feedback was also done to assess the feasibility of the proposed indicators.

RESULTS

Out of 600 indicators from rapid review and other forms from relevant stakeholders, the study was able to reduce the pool to 54 good quality, authoritative indicators. These indicators went through thorough levels of screening and redundancy analysis and were reviewed and validated by the relevant DOH bureaus. The proposed indicators were also reviewed by the three DOH retained hospitals in Metro Manila to assess its feasibility. After hospital feedback and final consultation with the DOH bureaus the list was finalized to to 47 recommended indicators for the revised OHSR.

The burden of data collection seems to be the major issues on hospital report submission. Because of the underutilization of iHOMIS and the lack of standard EMR, some hospitals made their own database wherein all hospital data is encoded and computed manually. Another cause of delay is due to lack of ICD 10 coders, most of the medical coders are not trained in medical coding. These issues affect the submission and quality of hospital reports.

CONCLUSION

The study was able to harmonize the hospital performance indicators and create a minimum basic data set, which aims to help ease the data collection and provide more accurate data to guide agencies in creating policies and standards for hospital licensing.

RECOMMENDATIONS

Policy Recommendations

1. Regularly review performance monitoring frameworks, adapting global health information standards aligned with the country's priorities. DOH-HFSRB should regularly review performance monitoring frameworks of hospitals to strengthen and support hospital report submission.

2. Develop and periodically review a national health performance framework to guide integrated indicator development and data management.. In the long run, developing a national health performance framework will help guide indicator development proactively in the future. This may be reviewed and improved periodically by a government or government-funded body, to ensure it remains responsive to the country's needs.

3. Develop an integrated national health information system.The development of an integrated national health information system may serve as a basis for a unified, comprehensive, and responsive data collection, management, and repository system for all stakeholders.

Action Recommendations

1. EMRs should be reviewed and promoted to improve data quality and compatibility with DOH data management systems.The DOH already has the computer based information system (iHOMIS) suitable to support the hospitals in report submission but it is underutilized. Further requirements and support should be given to enhance computerized report generation, lessening paper based and manual calculations.

2. Improve operational arrangements of manual ICD-10 coding. Delays in the physical movement of charts and a lack of workforce for ICD-10 coding cause delays in data input. There may be a need to train more hospital staff in ICD 10 coding, or to adjust arrangements such that some members of the ICD-10 coding team from the medical records office will be deployed to the hospital's various departments.

Either of these will reduce movements of and need to account for physical charts, and may reduce congestion.

2. Enforce a complementary set of guidelines on proposed metadata and data sources for OHSR input. Even when data submission is complied with, there may still be variation in input due to differences in data sources or calculation, making the information difficult to compare between hospitals. While recommended formula are already available to standardize computations, additional guidelines with regard to data sources may help further standardize hospital information submitted.

Research Recommendations

1. Evaluate OHSR data quality periodically, especially at transitions to different indicator sets. In addition, formal study into hospital reception of new indicator set will also provide valuable stakeholder's insight into data quality and flow.

2. Design an electronic dashboard on monitoring hospital indicators for hospital administrators. Once there is agreement on the indicators to be used for monitoring hospital performance, an electronic dashboard may help hospital administrators access information more easily and make decisions informed by data.

3. Study the strength and direction of the relationship between monitoring and actual hospital performance of healthcare quality. In order to be responsive to the overarching goal of monitoring to improve hospital performance and healthcare quality, studies exploring the relationship between compliance and data quality with actual performance may provide insight on how to prioritize and further tailor data systems, or other factors that need to be considered in healthcare monitoring.