

Outcomes measurement

An Australian experience

American Academy of Audiology
2005

Outcomes measurement - the Australian experience

What were the aims of this project?

- To create an unbiased, accurate, confidential, relevant, simple and cost-effective process to measure client satisfaction with hearing care delivery.
- To measure if this process enabled clinics to implement changes for Continuous Quality Improvement (CQI).

Definitions and Guidelines

- *“Unbiased”* - to remove the potential for clinic and/or clinician influence on client responses.
- *“Accurate”* - client and hearing aid data must be precisely and reliably linked to client outcomes data.
- *“Confidential”* - strict protocols to preserve client privacy and clinic confidentiality.
- *“Relevant”* - to allow clinics to compare their performance against that of their peers.
- *“Simple”* - for clinics (to encourage them to participate in outcomes measurement) and for clients (to encourage high response rates).
- *“Cost-effective”* - to minimise clinic costs of administration, and eliminate costs of data processing, analysis and reporting.
- *“Continuous Quality Improvement”* - measurements must
 - (i) have sufficient detail to identify areas requiring improvement
 - (ii) be repeatable, to monitor the effectiveness of any changes to procedures.

How was this achieved?

(a) Client Outcomes Survey process (“EARtrak”) developed to meet these guidelines.

Summary of process:

Survey mailed to client 6 months after hearing aid fitting.

Client returns survey to independent consultant.

Clinic forwards coded client and hearing aid descriptive data to the consultant.

Consultant provides confidential report to each clinic, comparing their performance with the aggregated data from all clinics.

(b) Clinic managers interviewed to determine their use of the reports in implementing changes for CQI.

Method

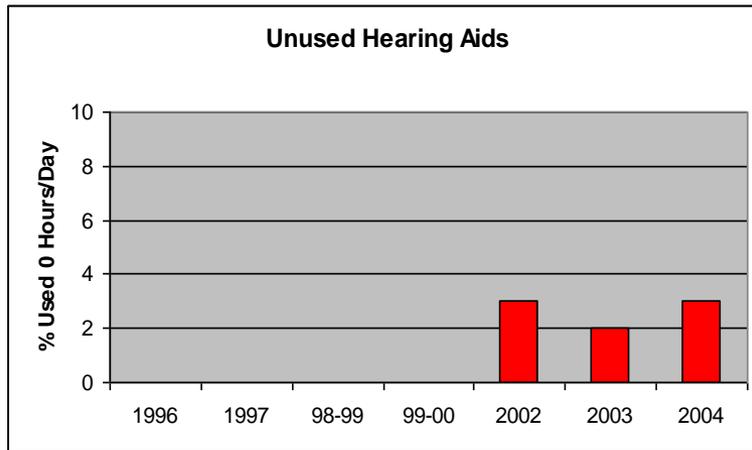
1. Pilot study across 5 Australian independent hearing care businesses in 2001 to validate survey tool and process.
2. Fourteen Australian independent hearing care businesses participated in the survey process during period July 2002 - December 2004.
3. Business owners interviewed to determine if their participation in this outcomes measurement process had led to changes in practice operations.

Results

1. Eleven out of the 14 businesses (79%) had not previously used any systematic process to measure client outcomes.
2. 60% client response rate (total of 1849 survey responses from hearing aid users living in 6 out of 8 Australian states).
3. Business owner interviews -
 - 11 out of 14 (79%) had made changes to operations as a result of the client outcomes information they received.
 - 2 businesses planned to make changes.
 - 1 business reported no changes required.

Have the design criteria been met?

“Unbiased” - one clinic had used the same survey since 1996, administered “in house”. This clinic showed an improvement in response data for negative outcomes after clients returned surveys to a third party.



1996-2001 “In-house” administration of surveys
2002-2004 Surveys returned to independent consultant

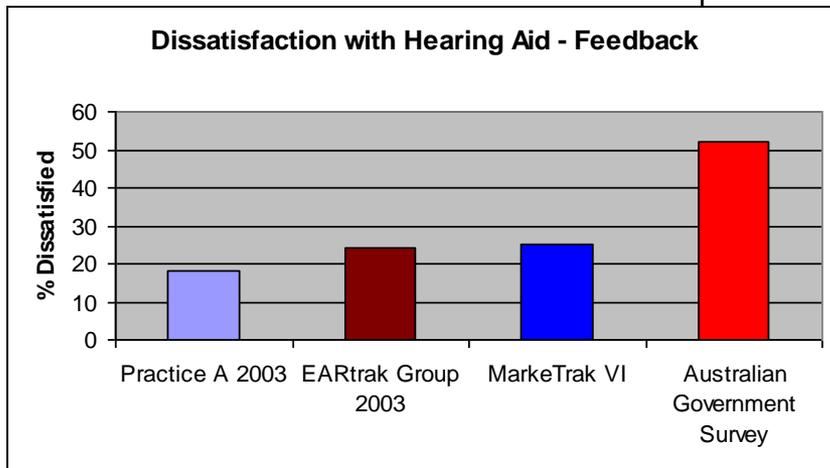
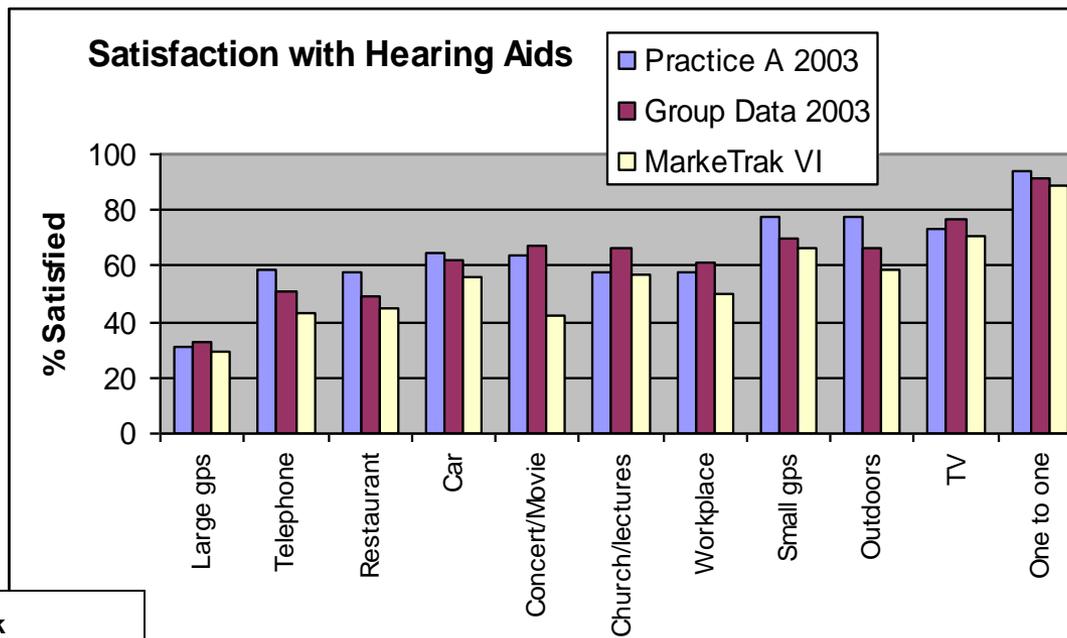
“Accurate” - Clinic precisely codes client and hearing aid data. Consultant ties this data with client opinion.

“Confidential”

- (i) Client privacy - No client identifying information is disclosed outside the clinic. Client responses are returned to the clinic **only** if requested by client.
- (ii) Clinic privacy - Clinic performance report available **only** to that clinic. Aggregated data are returned to all clinics for benchmarking.

“Relevant” -

Clinics can compare their performance (e.g Practice A) with the aggregated data of similar clinics (EARtrak Group), operating within the same demographic and time period.



Clinics can clearly differentiate their performance from other global outcomes measurements.

“Simple”

- High client response rates (60%) indicate ease of client participation.
- 79% businesses had not previously used client outcomes measurement, indicating previous barriers to implementation had been removed.

“Cost-effective” - Results of survey of business owners -
Question: “Is EARtrak cost-effective?”
“Yes” **78%**

“Continuous Quality Improvement”

Do clinics actually use their results to improve service delivery ?



Case Study 1

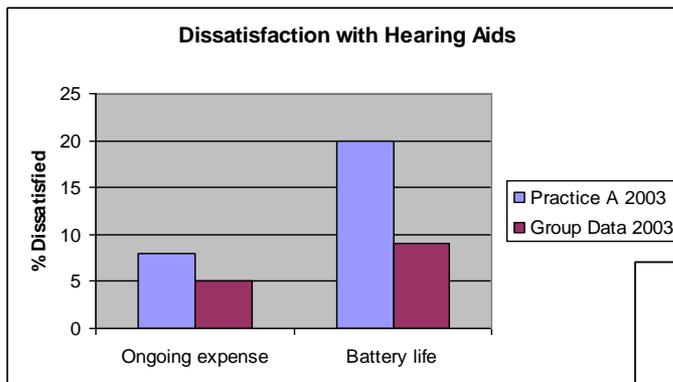
Identification of resource issues

“I’ve been in this clinic for over 10 years and always meant to install a telecoil compatible phone. When I saw how dissatisfied my clients were with telephone use I immediately drilled a hole in the wall to allow phone installation in my counseling room.”

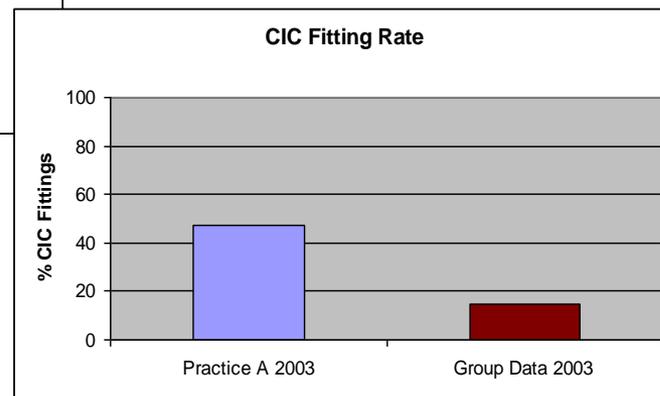
Business Owner

Case Study 2 - Identification of Counseling Issues

1. Practice A identified high levels of client dissatisfaction with battery life and on-going expense.



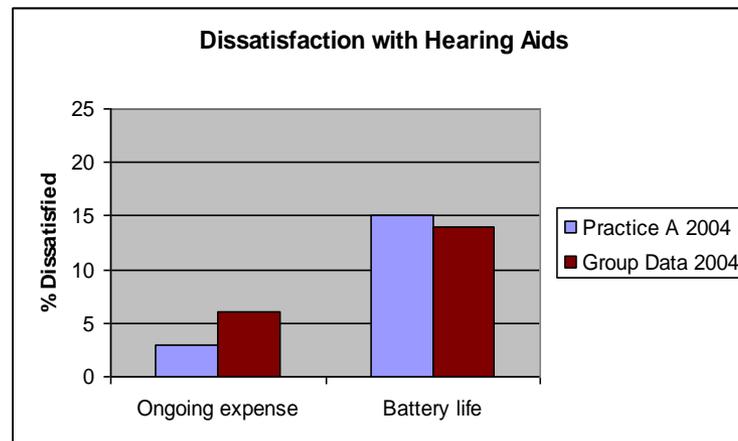
2. Practice A also had a significantly higher rate of completely-in-the-canal (CIC) fittings than the EARtrak Group.



3. Practice A developed a new counseling tool to guide selection of hearing aid style.

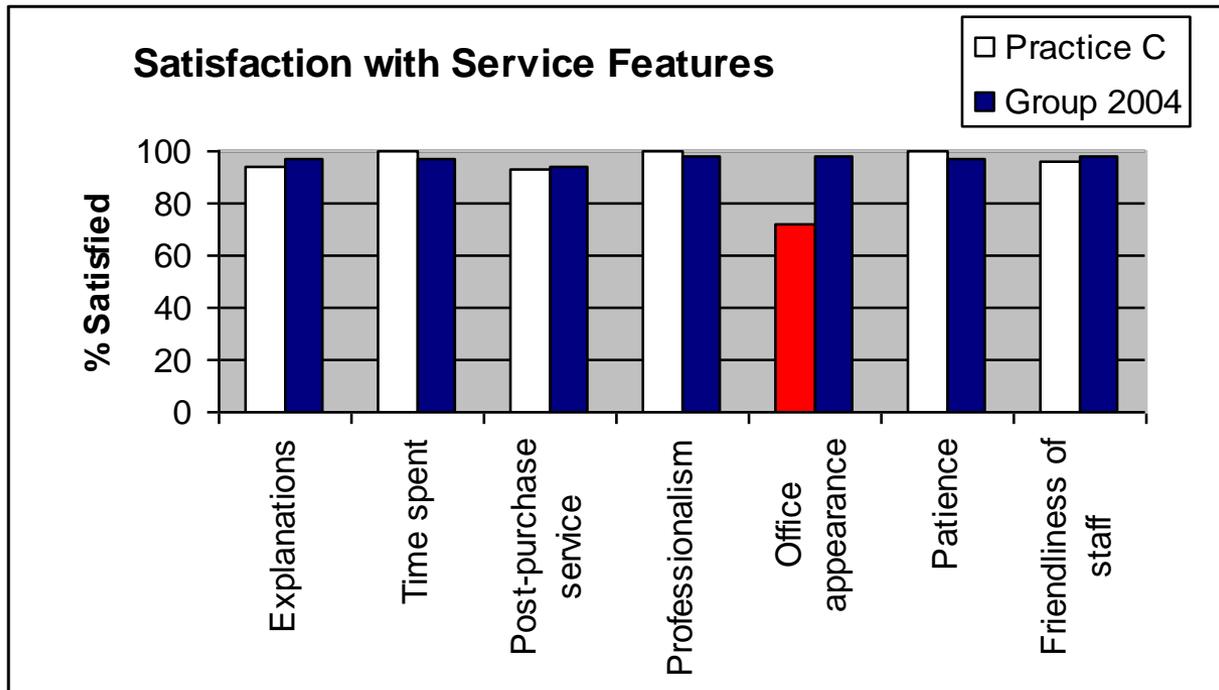
HOW MUCH WILL IT COST TO RUN MY HEARING AIDS?				
Size:	10	312	13	675
Hours:	80	160	240	320
Days	5	10	15	20
(based on hearing aid used 16 hours/day)				
Number of batteries used/year:	(Based on binaural system)			
	146	74	50	37
Cost/day:	(Based on \$7.00 per pack of six batteries)			
	46c	23c	15c	12c
Cost/year	\$167.31	\$85.41	\$56.94	\$43.29

4. Later survey results showed significantly reduced dissatisfaction in these areas



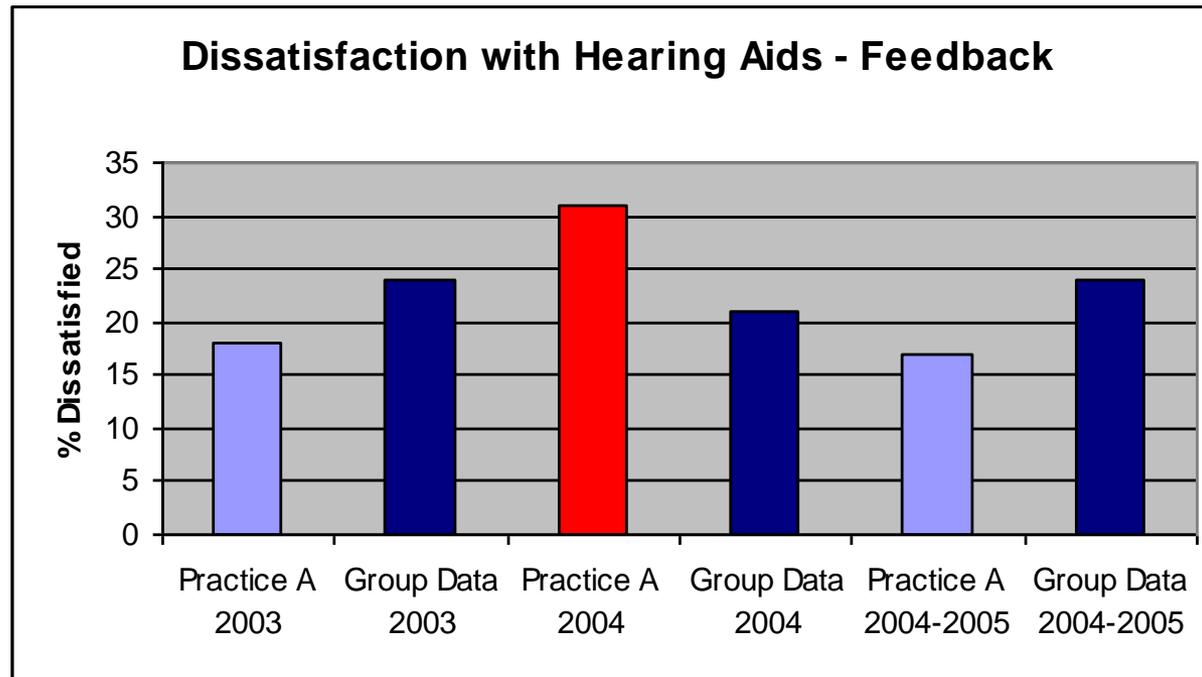
Case Study 3 - Identification of Service Issues

In 2004 Practice C's office appearance was rated the worst in the Group.



Practice C is moving to new offices in April 2005.

Case Study 4 - Identification of Product Issues



Practice A's 2004 report identified a significant increase in client dissatisfaction with hearing aid feedback, compared to 2003.

Analysis of the database identified increased feedback was correlated to fittings of "Product X" during the survey period.

Product X was removed from the clinic's hearing aid range.

Practice A's latest report (2004-2005) confirms improved clinic performance.

Conclusions

- This survey process (EARtrak) met the guidelines for an effective client outcomes measure.
- The EARtrak process met the needs of clinics who had not previously implemented client outcomes measurement.
- The EARtrak process generated detailed client outcomes data to enable clinics to compare their performance against their peers (benchmarking).
- Clinics participating in this process used the information to implement changes in service delivery. These changes led to measurable improvements in service quality (CQI).

Acknowledgements

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