

Patient-reported measures capability development framework

February 2024

The Agency for Clinical Innovation (ACI) is the lead agency for innovation in clinical care.

We bring consumers, clinicians and healthcare managers together to support the design, assessment and implementation of clinical innovations across the NSW public health system to change the way that care is delivered.

The ACI's clinical networks, institutes and taskforces are chaired by senior clinicians and consumers who have a keen interest and track record in innovative clinical care.

We also work closely with the Ministry of Health and the four other pillars of NSW Health to pilot, scale and spread solutions to healthcare system-wide challenges. We seek to improve the care and outcomes for patients by re-designing and transforming the NSW public health system.

Our innovations are:

- person-centred
- clinically led
- evidence-based
- value-driven.

aci.health.nsw.gov.au

Agency for Clinical Innovation

1 Reserve Road St Leonards NSW
2065 Locked Bag 2030, St Leonards
NSW 1590

Phone: +61 2 9464 4666 | Email: aci-info@health.nsw.gov.au | Web: aci.health.nsw.gov.au

Further copies of this publication can be obtained from the Agency for Clinical Innovation website at aci.health.nsw.gov.au

Disclaimer: Content within this publication was accurate at the time of publication.

© State of New South Wales (Agency for Clinical Innovation) 2024. Creative Commons Attribution-No Derivatives 4.0 licence. For current information go to: aci.health.nsw.gov.au The ACI logo is excluded from the Creative Commons licence and may only be used with express permission.

Title	NSW Health patient reported measures capability development framework		
Published	February 2024		
Next review	2029		
Produced by	Patient Reported Measures, Integrated Digital Enablement Accelerator		
Preferred citation	NSW Agency for Clinical Innovation. NSW Health patient reported measures, capability development framework. Sydney: ACI; 2024.		
TRIM ACI/D24/96	SHPN (ACI) 240027	ISBN 978-1-76023-760-8	ACI_9150

Contents

Introduction	1
Background.....	1
This document	1
Intended audience	2
Principles	4
Structure of this framework.....	5
Domain 1: Patient-reported measures	7
1.1 PRMs program alignment with NSW Health strategic direction	7
1.2 PRMs at point of care.....	7
1.3 PRMs for service level improvement.....	8
1.4 PRMs for system level evaluation and change	8
Domain 2: The Health Outcome and Patient Experience (HOPE) platform	9
2.1 HOPE workflow to enable digital collection and use of PRMs surveys in line with user role	9
2.2 HOPE workflow to enable use of PRMs data in line with user role	9
2.3 HOPE workflow to enable management of user and data in line with Data Governance and Management Framework.....	10
Domain 3: Data management and analytics	11
3.1 PRMs data governance and management.....	11
3.2 PRMs analytic principles for interpreting PRMs data at the individual, service and system level.	11
3.3 Different applications or uses of PRMs data	12
Local implementation of the framework	13
PRMs program leads	13
Clinicians and administrators.....	13
PRMs program executive sponsors and network and service managers	13

Introduction

Background

NSW Health vision in the Commissioning for Better Value Strategy 2021-25 is to deliver “a sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, invests in wellness and is digitally enabled”.¹ To deliver on this vision and the objectives of [NSW Health, Future Health](#), we need to know and measure what matters most to patients, carers, the community and staff, and the degree to which the health system improves their outcomes and experiences.²

The NSW Patient Reported Measures (PRMs) Program supports and enables several objectives of the Future Health Strategy, including “patient and carers have positive experiences and outcomes that matter”, “people are healthy and well”, “our staff are engaged and well supported” and “digital advances inform service delivery”.² The PRMs Program is also a key enabler of the [Regional Health Strategic Plan 2022-2032](#)³ and the [NSW Health and NSW Primary Health Networks: Working together to deliver person-centred healthcare](#)⁴ which supports a one health system approach.

The aim of the NSW PRMs Program is to enable patient and carers to provide direct, timely feedback about their health-related experiences and outcomes to drive improvements in care across the NSW health system. PRMs are surveys which help assess experiences and outcomes of healthcare according to patients. The program is designed to enhance individual patient and carer outcomes and experiences of care, inform improved models of care, referral pathways and partnerships and strengthen the health system to provide value-based healthcare and a more efficient and sustainable health system.

The Health Outcomes and Patient Experience (HOPE) platform is designed to enable the digital collection, use and reporting of PRMs across the system. The HOPE platform enables the delivery of PRMs surveys to patients and their carers. It provides access to individual patient data and aggregated data among clinicians, across services and the health system.

The PRMs HOPE platform was developed as a minimum viable product (MVP) and is subsequently being implemented in phases:

- Phase 1 involved enhancements to MVP, specifically introduction of a patient and carer portal, additional surveys and translations of surveys into 10 community languages.
- Phase 2 enabled the HOPE platform to be integrated with NSW electronic medical record.
- Phase 3 is intended to integrate HOPE with general practice management systems.

This document

The PRMs Capability Development Framework (the framework) describes the capabilities required of a workforce that delivers outcomes that matter to patients and carers, through collection and use of PRMs at the point of care, enabled by the HOPE platform. The framework is applicable for a broad range of stakeholders across healthcare settings in NSW. The framework can flexibly adopted and implemented at a local level. It provides guidance to the required capabilities, rather than prescribing the method for achieving the desired capabilities.

Strong PRMs capability across the system is a critical enabler for the successful implementation and ongoing use of PRMs.

The framework describes capability for the implementation of the PRMs Program, specifically:

- PRMs for use at the point of care, to drive change at the individual, service and system level
- the HOPE platform to enable the digital collection, use and reporting of PRMs for various key stakeholder roles
- PRMs data management and analytics.

The framework does not replace local business rules, processes, professional standards, compliance and legal requirements. It is intended to guide education and training approaches locally to enable the implementation and adoption of PRMs and the HOPE platform.

Intended audience

The framework is intended for all stakeholders who are impacted by the NSW PRMs Program across the care continuum. These key stakeholders include PRM Program leads, clinicians, clerks, PRM Program executive sponsors, service and network managers. These stakeholders are critical agents, sponsors, champions and targets enabling the implementation of the NSW PRMs Program.

Table 1: Key stakeholders and role descriptions in PRMs

Position	Role in implementing and embedding PRMs, enabled by the HOPE platform
Administration support officer	<p>Administration support officers are vital to enabling the collection of PRMs. They need to understand and use the HOPE platform to engage a patient and/or carer in the PRMs Program and support them to complete PRMs surveys prior to seeing a clinician.</p> <p>Administration support officers are targets and champions in the change and adoption of PRMs at a service level.</p>
Clinician	<p>Clinicians are integral in enabling the collection and use of PRMs at the point-of-care, enabled by the HOPE platform.</p> <p>They need to be able to use the HOPE platform to digitally collect, interpret and use PRMs data at the point of care and at a service level. To enable this, clinicians also need to be able to support patients and carers to understand the PRMs Program.</p> <p>Clinicians are targets and champions in the change and adoption of PRMs at a service level.</p>

PRMs Program executive sponsors	<p>PRMs Program executive sponsors are people who authorise, legitimise and demonstrate ownership by driving the PRMs change process.</p> <p>They hold power in the organisation and/or influence to initiate resource commitment and reinforcement (authorising sponsor).</p>
PRMs Program leads	<p>PRMs Program leads are responsible for leading the implementation of PRMs at a local level.</p> <p>They need to understand the value of PRMs at an individual, service and system level and be able to train all involved users across elements of the program within their local health district, speciality health network and primary health network (PHN). PRMs Program leads are supported in their capability by their counterparts in the ACI PRMs team.</p> <p>PRMs Program leads are agents, critical to implementing PRMs within their local context.</p>
Network and service managers	<p>Network and service managers are the PRMs Program reinforce the change required to implement PRMs, enabled by the HOPE platform.</p> <p>They need to understand the program and value to implementation and can often play an enabling role in leveraging change champions as well as fostering knowledge sharing environments.</p> <p>Network and service managers are reinforcing sponsors in the change and adoption of PRMs.</p>

Objectives of the PRMs Capability Development Framework

The framework describes the capabilities required for the implementation of the PRMs Program, specifically:

- PRMs for use at the point of care, to drive change at the individual, service and system level,
- The HOPE platform to enable the digital collection, use and reporting of PRMs for various key stakeholder roles, and
- PRMs data management and analytics.

It is the intention that capabilities described are applicable to a range of healthcare and other workers, with varying experience involved in implementing PRMs in any setting where care is provided to consumers across the care continuum. The Framework does not replace local business rules, processes, professional standards, compliance and legal requirements and is intended to guide education and training approaches locally to enable the implementation and adoption of PRMs and the HOPE platform.

Principles

- **A co-design approach** – This approach will be adopted with stakeholders to understand differing capability development needs and develop flexible program content.
- **Meets the capability needs of all stakeholders** – All content is delivered and tailored to meet the diverse needs, responsibilities and priorities of staff implementing and using PRMs and HOPE.
- **Just in time** – Capability development is delivered on an as needs basis through a staggered program when program staff require the content. This may be ascertained prior to the program initiation through discussions held with ACI PRMs Program team and local PRMs Program leads, and through an additional capability assessment.
- **Diverse modalities** – Tailored, flexible programs and resources for the stakeholders delivered either virtually or on site, or via self-directed e-learning to increase accessibility and completion.
- **Interactive** – Opportunities to participate in training and education and share learnings with colleagues.
- **Adaptable within a local context** – The approach and resources provided can be adapted locally, to ensure the diverse needs, workflows and contexts are considered as part of capability development.
- **Collaborative** – Work in partnership with peak healthcare bodies, professional associations, PHNs and Aboriginal medical services to develop PRMs pathways.
- **Person-focused** – Support stakeholders to incorporate PRMs into their role and daily workflows. Encourage and celebrate change champions to enable capability development.
- **Incentivised** – Continuing professional development points for completion of learning modules are available.

Structure of this framework

The framework has been structured around three domains which breakdown the major focus areas of PRMs. These domains are further broken down into capabilities that are specific, measurable, and observable knowledge, skills or abilities required for the role. The proficiency level is indicated against each capability for each stakeholder group. This is the level of proficiency required to implement and adopt PRMs enabled by the HOPE platform into their role.

Domains

Domain 1 Patient reported measures	Domain 2 The HOPE platform	Domain 3 Data management and analytics
--	--------------------------------------	--

There are three domains of knowledge and capability that the framework will focus on, with each stakeholder group requiring different proficiencies to enable them to contribute meaningfully to the NSW PRMs Program.

Capabilities

The domains are aligned with the key capabilities required to successfully implement and adopt the NSW Health PRMs Program. The three capabilities outlined are:

- knowledge - theoretical or practical understanding of a subject
- skills - proficiencies developed through training, experience or practice
- abilities - qualities of being able to do something.

Table 2: Summary of the domains and their capabilities

1. Patient reported measures	2. The HOPE platform	3. Data management and analytics
1.1 PRMs Program alignment with NSW Health strategic direction	2.1 HOPE workflow to enable digital collection of PRM surveys in line with user role	3.1 PRMs data governance and management
1.2 PRMs at point of care (individual)	2.2 HOPE workflow to enable use of PRM data in line with user role	3.2 PRMs analytic principles for interpreting PRMs data at the individual, service and system level
1.3 PRMs for service level improvement	2.3 HOPE workflow to enable management of users and data in line with Data Governance and Management Framework	3.3 Different applications or uses of PRMs data
1.4 PRMs for system level evaluation and change		

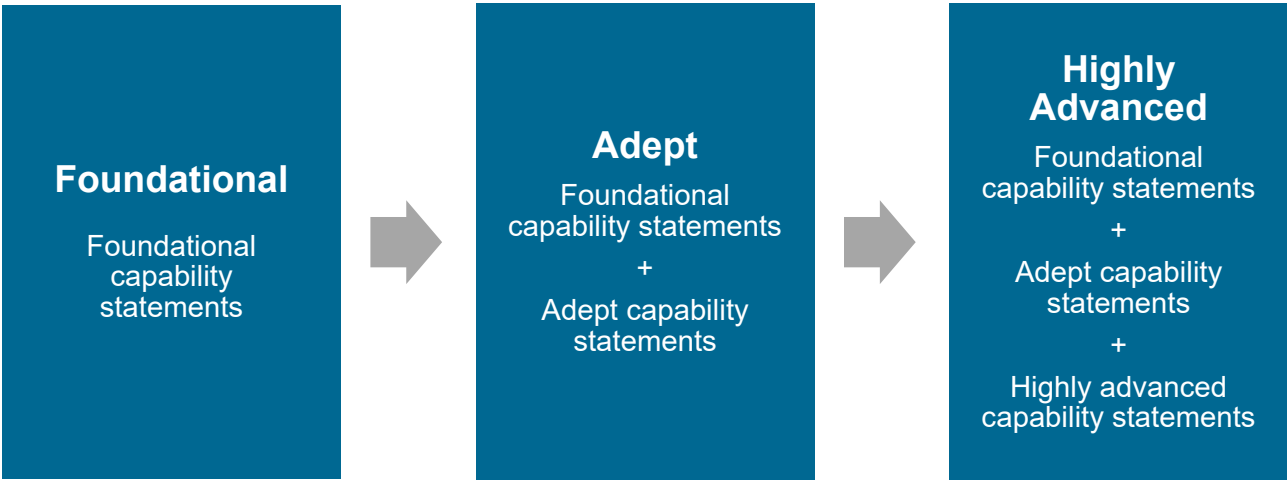
Competencies

Each capability has three levels that show a progressive increase in complexity and skill. The levels are foundational, adept and highly advanced.

The cumulative nature of competencies means a person should be able to show the behaviours required at each level up to and including the capability level needed for their role.

The three competencies do not correspond to grades. The competencies for each capability can vary depending on the functions of the role.

Figure 1: Behaviours required at each level up to and including the capability level needed for their role.



Domain 1: Patient-reported measures

1.1 PRMs Program alignment with NSW Health strategic direction

Knowledge of the PRMs Program in enabling the NSW Health vision of value-based healthcare and Future Health and/or NSW Health and NSW Primary Health Networks: Working together to deliver person-centred healthcare

	Capabilities	Competency level
Foundational	Describe the PRMs Program and the relevance to the individual's current role, responsibilities and scope	
Adept	AND implement the PRMs Program to enable the NSW Health vision of value-based healthcare and the Future Health Strategy	Administration support officer Clinician
Highly advanced	AND integrate the PRMs Program as an enabler of NSW Health vision into appropriate streams of work	<ul style="list-style-type: none"> • Network and service manager • PRMs Program executive sponsor • PRMs Program lead

1.2 PRMs at point of care

Knowledge of PRMs (timely use and clinically appropriate) information for use at the point of care to improve patient outcomes and experiences.

Competency level	Capabilities	Roles
Foundational	Describe the value of using PRMs at the point of care (correct timing and clinically appropriate PRMs) to understand patients' perceptions of their own health and wellbeing	Administration support officer
Adept	AND use PRMs at the point of care to support clinician decision-making and shared care planning	Network and service manager PRMs Program executive sponsor PRMs Program lead
Highly advanced	AND translate the benefits to patients, and where appropriate, their carers	Clinician

1.3 PRMs for service level improvement

Understanding of PRMs data to inform service planning and quality improvement.

Competency level	Capabilities	Roles
Foundational	Recognise PRMs data as a source of meaningful patient-reported information to identify what is working well and areas for improvements	Administration support officer
Adept	AND analyse PRMs data to inform service planning and quality improvement	Clinician Network and service manager
Highly advanced	AND integrate PRMs data use to inform service planning and quality improvement into routine processes within individual role and scope	PRMs Program lead PRMs Program sponsor

1.4 PRMs for system level evaluation and change

Knowledge of using PRMs to evaluate system outcomes and drive improvement across the care continuum.

Competency level	Capabilities	Roles
Foundational	Recognise PRMs information as a source of meaningful patient-reported information to evaluate system outcomes and drive improvement across the care continuum	Administration support officer Clinician
Adept	AND analyse PRMs information to evaluate system outcomes and recommend improvements across the system	Network and service manager PRMs program lead
Highly advanced	AND advocate for PRMs information to be used across consistently when evaluating system outcomes and to inform system improvements	PRMs Program executive sponsor

Domain 2: The Health Outcome and Patient Experience (HOPE) platform

2.1 HOPE workflow to enable digital collection and use of PRMs surveys in line with user role

Knowledge of the HOPE platform and its functionality to enable digital collection of PRMs at point of care per user role. This may include inviting patients to the HOPE Platform, allocating surveys and navigating the workflow to complete PRMs.

Competency level	Capabilities	Roles
Foundational	Explain the benefits of using the HOPE platform to digitally collect PRMs at point of care	Network and service managers PRMs Program executive sponsor
Adept	AND execute HOPE actions to facilitate PRMs survey collection workflow relevant to user role and scope; including explaining functionality of the HOPE platform to consumers if pertinent to scope	Administration support officer Clinician
Highly advanced	AND influence colleagues to implement and adopt the HOPE platform for digital collection of PRMs	PRMs Program lead

2.2 HOPE workflow to enable use of PRMs data in line with user role

Knowledge of the HOPE platform's functionality to enable PRMs data use in line with user role and scope of practice. This may include reviewing individual survey results, dashboards and reports.

Competency level	Capabilities	Roles
Foundational	Explain the benefits of using the HOPE platform reports and dashboards to enable PRMs data use at the individual, service and system level	Administration support officer
Adept	AND execute actions to navigate accessing and engaging with PRMs data in the HOPE portal in line with user role and scope.	Clinician Network and service managers
Highly advanced	AND influence colleagues to implement and adopt the HOPE platform for digitally enabled PRMs reporting and data functionality	PRMs Program executive sponsor PRMs Program lead

2.3 HOPE workflow to enable management of user and data in line with Data Governance and Management Framework

Knowledge of the HOPE platform's functionality to user management in line with PRMs Program Data Governance and Management Framework.

Competency level	Capabilities	Roles
Foundational	Describe their HOPE user role in line with their Data Governance and Management Framework role	Administration support officer Clinician
Adept	AND manage user access in line with Data Governance and Management Framework role	Network and service managers
Highly advanced	AND integrate HOPE user access management workflows into local processes and policies	PRMs Program executive sponsor PRMs Program lead

Domain 3: Data management and analytics

1.1 PRMs data governance and management

Knowledge of the effective management and governance of the data held by the HOPE platform.

Competency level	Capabilities	Roles
Foundational	Understand NSW PRMs Data Governance and Management Framework, enabling the effective management and governance of the data held by the HOPE platform	
Adept	AND apply the Data Management and Governance Framework principles, authorities and data standards to PRMs data management within individual role and scope	Administration support officer Clinician Network and service managers
Highly advanced	AND determine the local processes and approach to implementing the Data Governance and Management Framework	PRMs Program executive sponsor PRMs Program lead

1.2 PRMs analytic principles for interpreting PRMs data at the individual, service and system level.

Knowledge of key PRMs analytic principles when interpreting PRMs data at the individual, service and system level.

Competency level	Capabilities	Roles
Foundational	Recognise PRMs analytic principles and draw robust assessments and conclusions when analysing PRMs data	
Adept	AND apply the PRMs analytic principles to draw robust assessments and conclusions when analysing PRMs data at the individual, service and/or system level	Clinician Network and service managers
Highly advanced	AND influence colleagues to analyse PRMs data, considering PRM analytic principles	PRMs Program executive sponsor PRMs Program lead

1.3 Different applications or uses of PRMs data

Knowledge of different application of PRMs data, including real-time use (contemporaneous and aggregated data), reflective clinical practice, evaluation and monitoring and system level planning.

Competency level	Capabilities	Roles
Foundational	Recognise the breadth of different applications and uses of PRMs data	
Adept	AND maximise the use of PRMs data meaningfully within their role and scope	Clinician Network and service managers
Highly advanced	AND organise PRMs data to be applied and used across all purposes to add value at individual, service and system level	PRMs Program executive sponsor PRMs Program lead

Local implementation of the framework

This framework is adaptable within a local context to consider the diverse needs and requirements, including resourcing, patient population and workflows. The framework can be used by PRMs Program leads and executive sponsors, clinicians, administrative support staff and managers.

The ACI PRMs team maintains a suite of education resources for a range of different stakeholders. These resources included factsheets, digital resources, videos, learning modules, workshops, symposiums and communities of practice. They are key enablers for implementing the framework. These resources can be used and adapted locally to support the capability development of individuals in line with the framework.

PRMs Program leads

- Be aware of capabilities required for their role and scope, and for all other stakeholders, to successfully implement and embed PRMs.
- Engage with key stakeholders locally to ascertain capability and work with them to deliver education and training that aligns with their needs.
- In partnership with the ACI, use statewide education resources to enable required capability locally.

Clinicians and administrators

- Be aware of capabilities required for their role and scope to successfully implement and embed the PRMs Program.
- Observe current level of understanding of PRMs and work with PRMs Program lead to develop knowledge to enable adoption of the PRMs Program.
- Identify areas for professional and personal development and set learning goals relating to areas of the framework.

PRMs Program executive sponsors and network and service managers

- Be aware of capabilities required for their role and scope, and for all other stakeholders, to successfully implement and embed PRMs.
- Influence to either initiate resource commitment or provide reinforcement to enable to implementation of this framework.

Prioritise opportunities for PRMs capability to be developed across all appropriate settings.

References

1. NSW Ministry of Health. NSW Health Commissioning for Better Value Strategy 2021-25. Sydney: Ministry of Health; 2023 [cited 25 Jan 2024]. Available from: <https://www.health.nsw.gov.au/Value/Publications/cbv-strategy.pdf>
2. NSW Ministry of Health. Future Health. Sydney: Ministry of Health; 2022 [cited 25 Jan 2024]. Available from: <https://www.health.nsw.gov.au/about/nswhealth/Pages/future-health.aspx>
3. NSW Ministry of Health. NSW Regional Health Strategic Plan 2022-2032. Sydney: Ministry of Health; 2023 [cited 25 Jan 2024]. Available from: <https://www.health.nsw.gov.au/regional/Publications/regional-health-strategic-plan.pdf>
4. Australian Government Department of Health. NSW Health. NSW Primary Health Networks. Working together to deliver person-centred healthcare: Join Statement. Sydney: Ministry of Health; 2021 [cited 25 Jan 2024]. Available from: <https://www.health.nsw.gov.au/integratedcare/Documents/joint-statement.pdf>