A brighter future—measuring how we are tracking with the National Strategic Framework

**Linda Proietti-Wilson**, **Kim Atkins**

**Aim:** We have been tasked by the Rural Health Standing Committee to develop key indicators for use by the Commonwealth, states and Northern Territory to monitor performance against and progress toward the five outcome areas of the National Strategic Framework for Rural and Remote Health. Importantly, the reporting must not impose a significant burden on rural services nor duplicate existing reporting processes.

**Relevance:** The National Strategic Framework for Rural and Remote Health was developed collaboratively by the Commonwealth, states and Northern Territory as a national policy that aimed to influence high-level decision makers to redress the inequities in service delivery and health outcomes currently experienced by Australians living in rural and remote areas. In the absence of a system of reporting against the framework there is no way of telling how its aims are being met.

**Method:** We are working with jurisdictional representatives to develop:

- an agreed set of principles to underpin the indicators
- an agreed road map towards achievement of the framework’s objectives
- an appropriate set of quantitative and qualitative measures underpinned by reporting criteria.

We began by reviewing the current literature on conceptual frameworks for health performance reporting in order to identify the potential strengths and limitations of various approaches and to develop a rural and remote-appropriate theoretical framework to guide the development of reporting indicators.

We are going to use the theoretical framework to analyse the broader literature on performance reporting and actual reporting frameworks in use in Australia and elsewhere, in order to identify a potential set of indicators for performance and progress reporting that were suitable for use in rural and remote areas. At the same time we will collect information about existing reporting items and processes from the Commonwealth, states and Northern Territory.

Throughout, we are consulting the jurisdictions and the National Rural Health Alliance to determine the applicability of the draft set of indicators, and to take advice about gaps, needs, duplication and reporting burden.

**Result:** The result will be a flexible toolkit of resources that can be selected to suit local circumstances, but which, in each case, report on progress in the five outcome areas of the NSF. The reporting items are backed up by evaluative criteria that determine progress (or lack of).
We will also produce a theoretical approach to health service performance that is specific to rural and remote contexts, and could be used to reliably inform service agreements and service planning in rural and remote areas.