Safety and Quality Indicators

Clinical Senate 24 July

Aim

To develop a standardised, contemporary & consistent set of S&Q indicators which will be used across WA health to drive quality improvement and provide system assurance to the System Manager and HSP Boards

Common issues with data and reporting

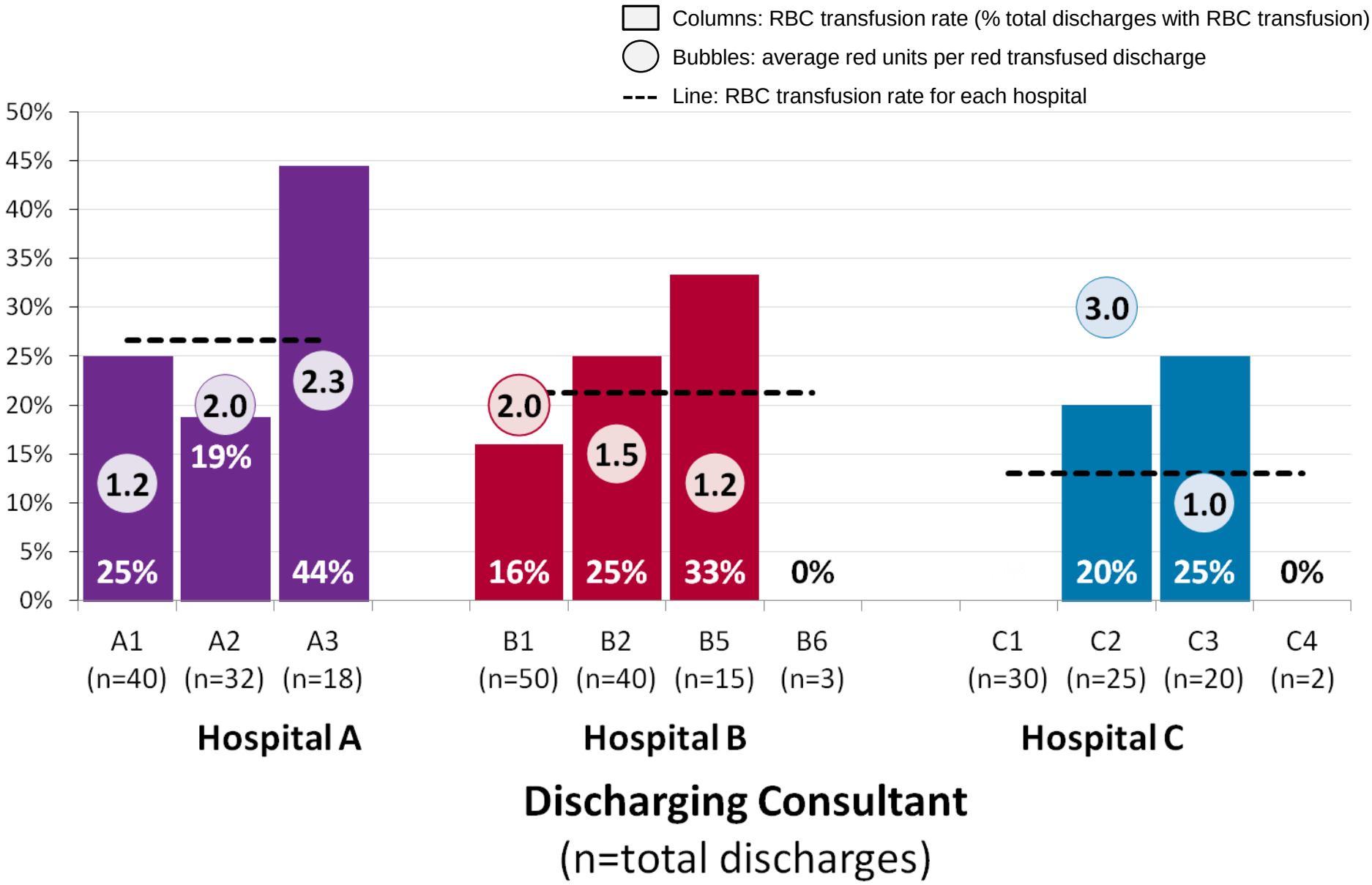
- To achieve indicators which are meaningful for patients and clinicians, data collected must be timely, accurate, relevant and granular
- Barriers are poor quality data, lack of data, time, personnel
- Culture
  - To support reporting of data
  - To support public reporting of data
  - To act on results
- Impetus is frequently patient harm leading to public inquiry…is this acceptable?

Rationale

- If we don’t measure what we do, we don’t know what/how we are doing.
- If we don’t benchmark, we don’t know what we are good at and where we need to improve.
- Measuring and reporting supports quality improvement
  - Does the care we provide actually make a difference to patients?
  - Feedback on own practice
  - What does clinical variation mean and how do we respond to it?
  - Is this the best use of finite resources?

RBC Transfusion by Discharge Consultant

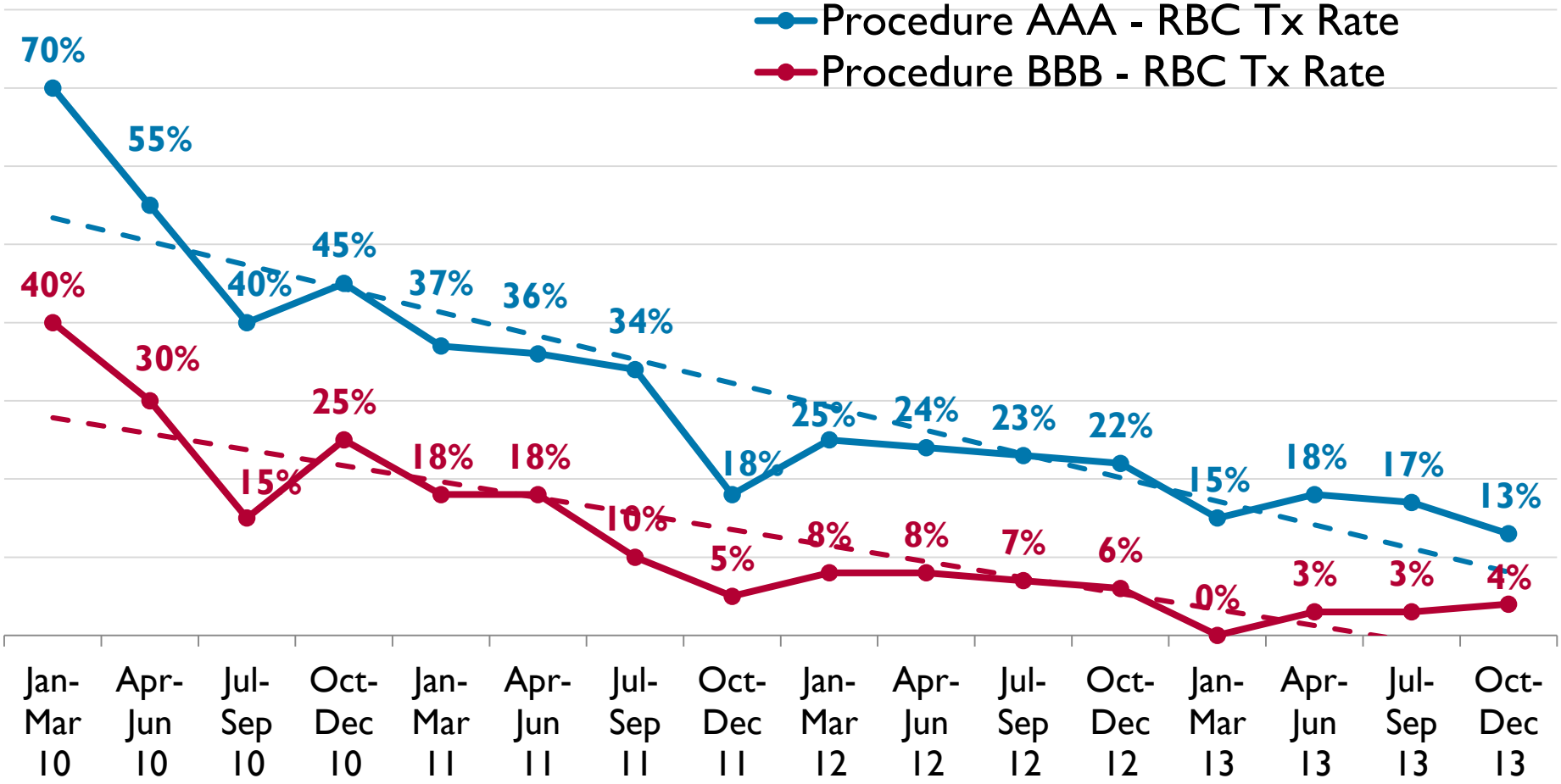
Hospitals A, B and C, 2013



Red cell transfusion rate

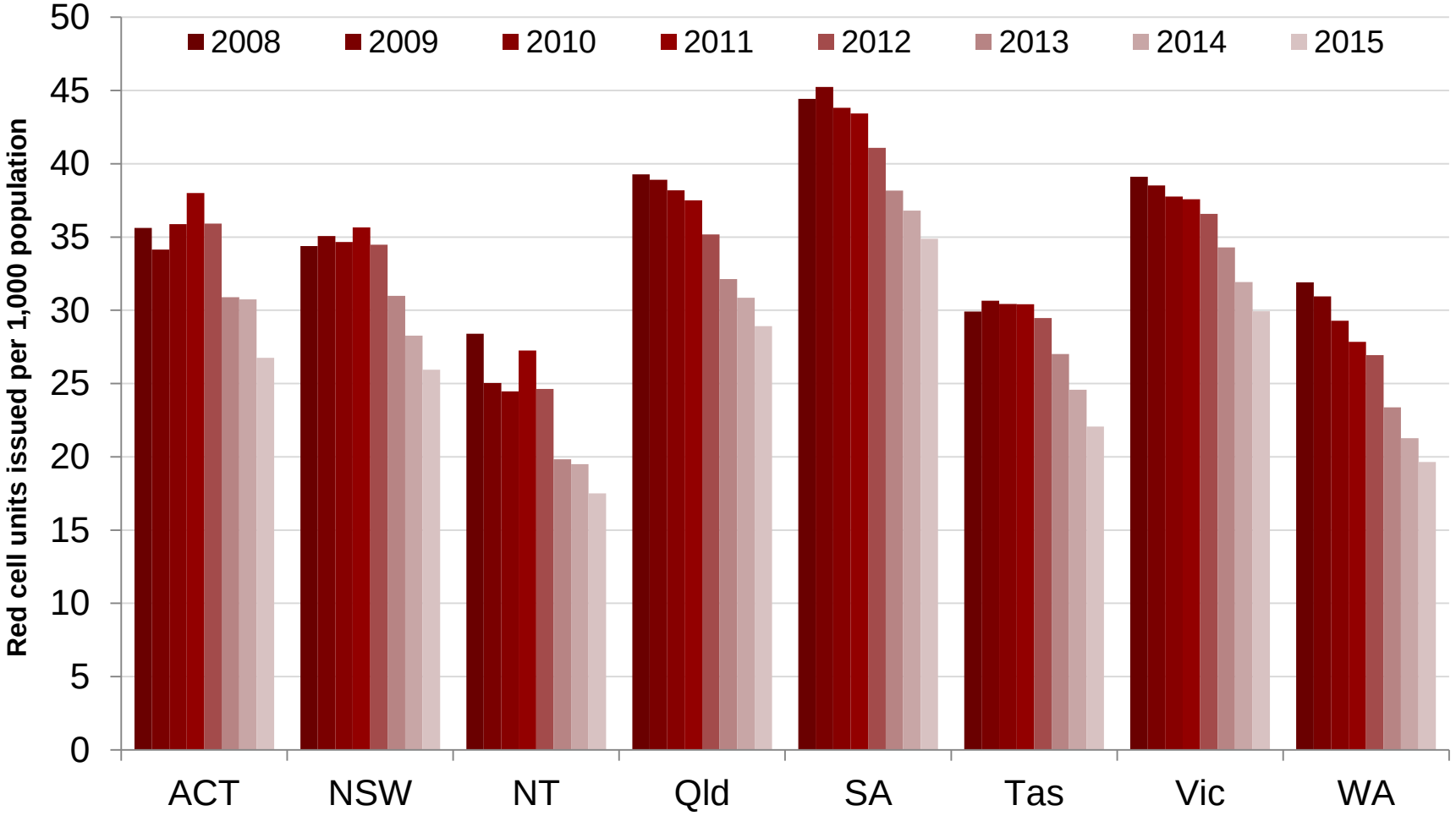
Elective Primary Procedures AAA and BBB

Hospital A, Jan 2010 - Dec 2013



Jurisdictional RBC Issuance Per 1000 Population

Australia, 2008-2015



Data sources:
National Blood Authority and Australian Bureau of Statistics

Reporting and benchmarking

- Reporting not new:
  - In Australia, we do this across states e.g. AIHW reports
  - In Australia, craft groups do this e.g. ANZICS and ANZHFR reports
- Feedback on clinician practice already occurs:
  - NPS prescribing data fedback to GPs
- Benchmarking is already accepted practice:
  - HSP engagement with Health Roundtable
- Challenge is public reporting, visibility of data to the System Manager - WA health culture, DOH responsibility
- League tables in US; MyNHS website, Consultant Outcomes Publication series by RCS, RCP, Healthcare QI Partnership

https://www.nhs.uk/service-search/Performance/Search

My NHS

Data for better services

NHS choices GOV.UK

Home | Highlights | Services | Specialties | Health & Wellbeing | Data Providers | Downloads | About

Suggested by My NHS

Clinical Outcomes Publication (COP)

Want to know more about the quality of your local hospital speciality services? Clinical Outcomes Publication (COP) publishes results on the quality of care for a wide variety of different care areas. Follow the links below to view this month's most recent information, including individual consultant outcomes.

Find out more

Search Information

Location (postcode)

Hospitals

Highlights

A&E attendances | Ambulance response times | Cancer services | Delayed transfers of care | Diagnostic tests | Emergency admissions

Choose a service

Care homes | CCGs | Consultants | GP Practices | Dentists | Digital maturity

Help us improve:

Take this short survey

Yes | Maybe later | No thanks

https://www.nhs.uk/service-search/Performance/Search

Choose a service


Care homes


CCGs


Consultants


GP Practices


Dentists


Digital maturity


Hospitals


Mental Health

Choose a specialty


Psychological therapies (IAPT)


Neurosurgery


Head and neck cancer surgery


Emergency Abdominal Surgery


Cataract surgery


Stroke


Vascular surgery


Endocrine and thyroid surgery


Cardiac surgery


Interventional cardiology


Heart attack


Ankle replacement


Elbow and shoulder replacement


Knee replacement


Hip fracture


Hip replacement


Major trauma surgery


Urological surgery


Oesophago-gastric cancer surgery


Intensive Care


Bariatric surgery


Colorectal surgery


Lung cancer

Maternity

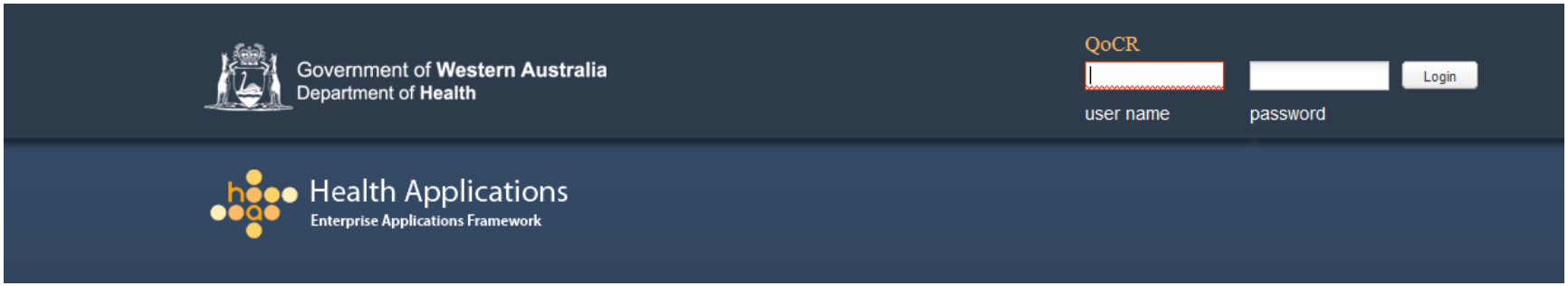
How will this be used?

- For the Department of Health:
  - Contribute to the assurance function
  - Articulate the System Manager's priorities as a steward of the health system (what we measure conveys what we value)
- For HSP Boards
  - Monitor and benchmark performance over time
  - Inform service planning and priorities (e.g. guided by PREMs and PROMs, clinician feedback)
- For clinicians (in relation to patient level outcomes data):
  - Quality improvement, peer review, clinical audit
  - Support credentialing
  - Revalidation of medical professionals (US, UK and in time Australia)

Future directions

- National agenda
  - Proposal by states to AHMAC to align patient safety and quality reporting standards across public and private hospitals nationally
  - Development of (national) clinical quality registries
  - Clinical care standards
  - Pricing for S&Q

- WA initiatives to collect clinical patient level data
  - Quality of Care Registry – available now
  - Cubes of Cancer Activity system – in development
  - WA Clinical Quality Audit Tool - pilot
  - Pilot of cancer eMDT tool



Facility | **Demographics** | Episode Start | FIM | Episode End

Demographics

Person identifier:	[redacted]
Letters of name:	[redacted]
Date of Birth:	22-Jan-1979
Date of birth estimate flag:	Not estimated
Sex:	Male
Indigenous status:	Neither Aboriginal nor Torres Strait Islander
Geographical residence of patient:	WA
Post Code:	6051
Funding source:	Australian Health Care Agreements (public patient)
Health Fund/other payer:	
Need for interpreter service:	Interpreter not needed

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Department of **Health**

QoCR

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Health Applications
Enterprise Applications Framework

Facility | Demographics | **Episode Start** | FIM | Episode End

Episode Start

Referral Date:	
Assessment Date:	
Date clinically ready for rehab/GEM care:	
Was there a delay in episode start?:	
Episode Start Date:	23-May-2016
Accommodation prior to this impairment:	
Employment status prior to this impairment:	
First direct care rehabilitation/GEM episode for this impairment?:	
Date multi-disciplinary rehabilitation/GEM plan established:	
Date of Injury/impairment onset:	
Time since onset or acute exacerbation of chronic condition:	
Date of relevant acute episode:	
Mode of Episode Start:	
Date episode start FIM assessed:	
AROC Impairment Code:	
Frailty - pre morbid (ONLY record score for patients 65 years and older):	
Participation in therapy from day 01?:	
Fallen in last 12 months?:	
Weight loss greater than 10% in last 12 months?:	
SMMSE completed?:	(●) No ( ) Yes

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Facility | Demographics | Episode Start | **FIM** | Episode End

FIM

FIM Start (Scores within 72 hours of admission to Rehab or GEM episode)

Eating:	
Grooming:	
Bathing:	
Dressing Upper Body:	
Dressing Lower Body:	
Toileting:	
Bladder Management:	
Bowel Management:	
Transfer to bed/chair:	
Transfer to toilet:	
Transfer to shower/bath:	
Locomotion:	
Stairs:	
Comprehension:	
Expression:	
Social interaction:	
Problem solving:	
Memory:	

FIM End (Scores within 72 hours of discharge from Rehab or GEM episode)

Eating:	
Grooming:	
Bathing:	
Dressing Upper Body:	
Dressing Lower Body:	
Toileting:	
Bladder Management:	
Bowel Management:	
Transfer to bed/chair:	
Transfer to toilet:	
Transfer to shower/bath:	
Locomotion:	
Stairs:	
Comprehension:	
Expression:	
Social interaction:	
Problem solving:	
Memory:	

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Facility | Demographics | Episode Start | FIM | **Episode End**

Episode End

Has an additional cognitive test been performed?: ○ No ○ Yes ◉ Unknown

Enter cognitive test score:

Date episode end FIM assessed:

Date clinically ready for discharge:

Was there a delay in discharge?:

Is there an existing comorbidity interfering with the rehab/GEM episode?:

Complication interfering with inpatient rehabilitation/GEM episode?:

Episode End Date:

Mode of episode end:

Total leave days:

Total number of rehabilitation/GEM treatment suspension days during inpatient episode:

Number of rehabilitation/GEM treatment suspension occurrences:

Will any services be received post discharge?:

Discharge plan available to patient?:

Comment:

CoCA: Where are we now?

- Lung module in its final stages
- Colorectal module has commenced

- Collection of additional clinical data through MDT tool – to capture the full patient journey

12 indicators – from QCCAT

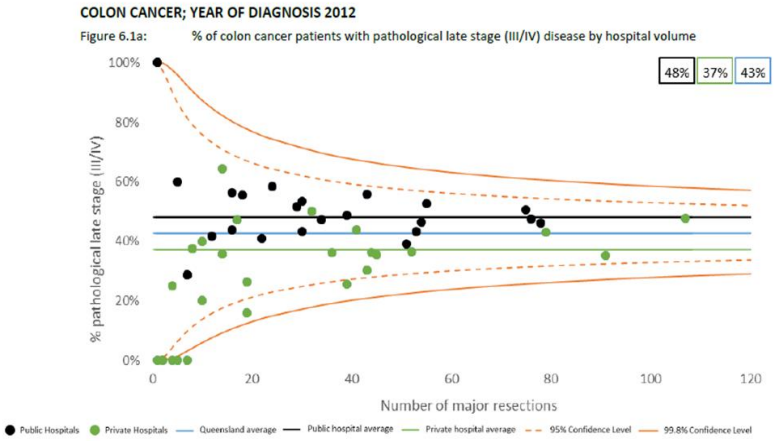
Quality dimension	Indicator name	Description
1. Effective	1.1 5 year survival	What percentage of people with cancer are living 5 years after their diagnosis?
	1.2 Western Australians receiving cancer surgery	How many Western Australians with cancer receive surgery?
2. Efficient	2.1 Hospital stay	How long do people having cancer surgery stay in hospital? (median)
3. Safe	3.1 In-Hospital mortality	What percentage of patients die in-hospital after cancer surgery?
	3.2 30 day mortality	What percentage of patients die within 30 days of their cancer surgery?
	3.3 90 day mortality	What percentage of patients die within 90 days of their cancer surgery?
	3.4 1 year survival	What percentage of patients are alive one year after cancer surgery?
4. Accessible	4.1 Timeliness	What percentage of patients received cancer surgery within 30 days of diagnosis?
	4.2 Remoteness	What percentage of patients living outside a major city received cancer surgery within 30 days of diagnosis?
5. Equitable	5.1 Over 65 years	What percentage of patients aged >65 years received cancer surgery with-in 30 days of diagnosis?
	5.2 Indigenous	What percentage of indigenous patients received cancer surgery within 30 days of diagnosis?
	5.3 Socio-economically disadvantaged	What percentage of socio-economically disadvantaged patients received cancer surgery within 30 days of diagnosis?

CoCA: Where do we want to be in 5 years time?

Examples from the Queensland Cancer Control Analysis Team (QCCAT) https://qccat.health.qld.gov.au/

Using existing **administrative data** to report population level outcomes such as survival and mortality

Using clinical information systems to collect and report additional, standardised **clinical data** – 'filling in the gaps'



Integrating information systems to report clinical data that drives quality improvement

Integrate other clinical systems

Surgical audits - CPD

Private hospital data

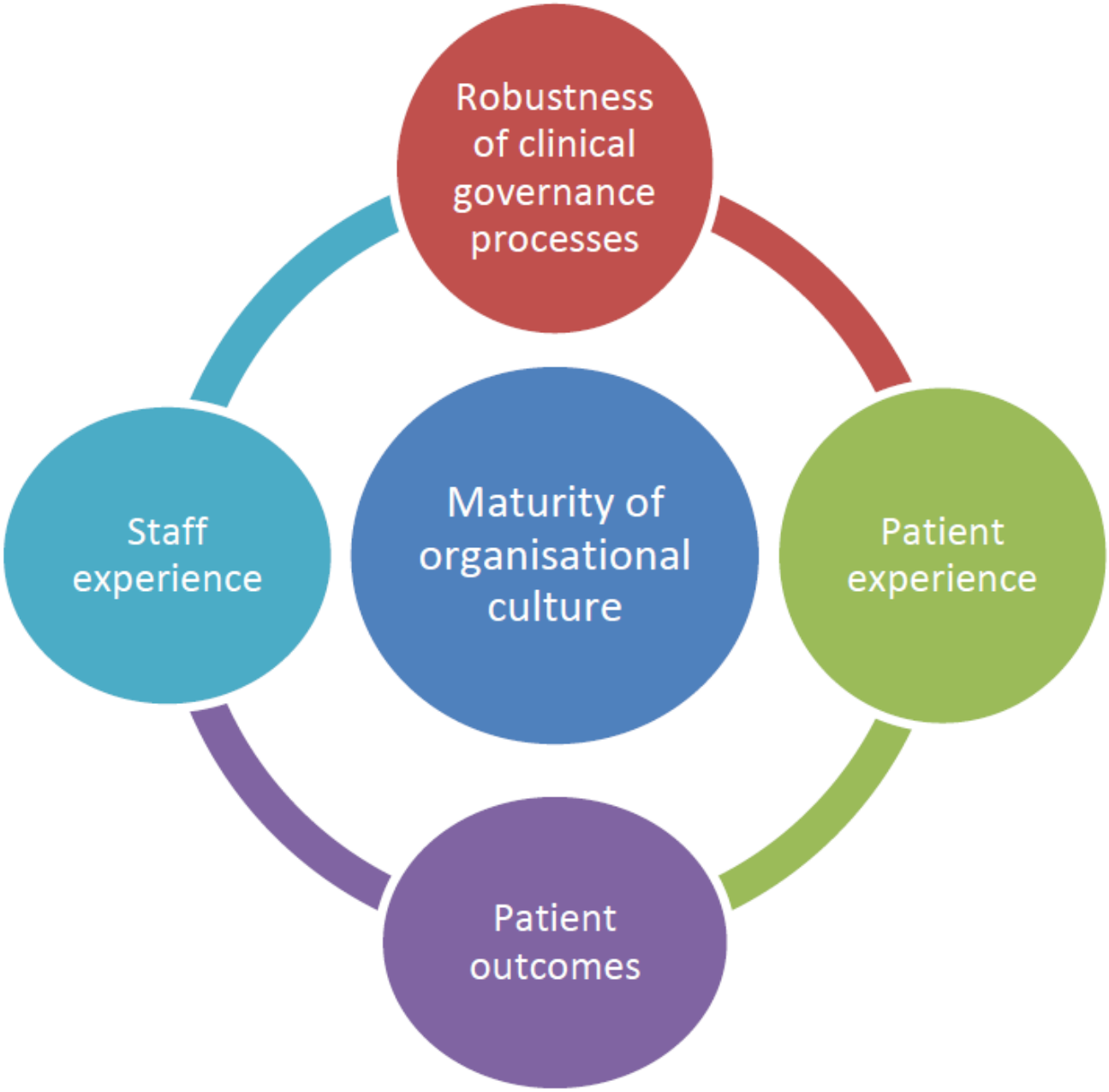
Interstate benchmarking

What the Indicators need to be

- SPECIFIC: Indicator is precise and reflects what we want to measure
- MEASURABLE: data is available in either administrative data sets or current reporting sets
- ATTAINABLE: within the HSP's & DOH'S accountability and represent realisitc expectations
- RELEVANT: to patient, clinician and organisational requirements
- TIME-FRAMED: measures a specific period and anticipates future reporting to guide actions
- AGREED: between HSP Boards, System Manager and based on patient and clinician input

The Indicators …

- Need to reflect contemporary practice and priorities
- Useful & not voluminous
- Need to be developed in concert with hospital staff, patients and Boards
- Will align with national S&Q reporting where possible to allow benchmarking
  - e.g. national patient experience questions
- Will change as our data collection improves
  - Will initially be focused on aggregated data, some of which will be from administrative sources to patient level data on outcomes and experience
- Do not replace existing Board reporting requirements
- Do not replace the Health Services Performance Report (note: some *may* be used currently or in the future in the HSPR)


Robustness of clinical governance processes
Staff experience
Maturity of organisational culture
Patient experience
Patient outcomes

	Organisational Culture	Robustness of Clinical Governance Processes	Patient Experience	Patient Outcomes	Staff Experience
<12 months		1. SAC1 timeliness of investigations 2. SAC1 incidents related to failure in escalation of care 3. SAC1 incidents related to failure in clinical handover 4. Open disclosure	1. Existing PEHS survey	1. SABSI Rates 2. Pressure injury Rates 3. Mortality data pneumonia, AMI, CVA, THR 4. COCA Lung 5. COCA Colorectal 6. Obstetric & neonatal data (APGAR, tears, PPH)	
12-24 months	1. Discharge summary completion rates 2. Acknowledgement of Results	1. SAC 1 timeliness of Evaluation Reports 2. Ratio between Serious vs Near misses 3. Staff Credentialing Metrics 4. Scope of Practice Metrics 5. Mortality Audits 6. + < 12 month indicators	1. National patient experience question set* may be starting point or other PREMs 2. Metrics on response to complaints	1. End of Life Care 2. Hospital Acquired Complications Data 3. Surgical Site Infection Rates 4. + < 12 month indicators	
24+ months	1. Safety culture 2. Interdisciplinary Teamwork Metrics 3. Effective Performance management 4. Leadership Metrics	1. Workforce Performance Management 2. Professional Development Metrics 3. +/- < 12 and 12-24 month indicators	As above	1. PROMs (Patient reported Outcome Measures) 2. Mental health indicators 3. + < 12 and 12-24 month indicators	1. Staff Satisfaction or Experience Surveys

Questions for the Clinical Senate

- Are the five domains selected appropriate?
- Feedback on proposed indicators?
- What's missing from the
  - Within 12 months list
  - Within 12-24 months list
  - Over 24 months list?
- Are there existing data sources you use that we should use to address gaps in clinical data?