The Australian Council on Healthcare Standards

Clinical Indicators – through the eyes of an ACHS surveyor

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CLINICAL INDICATOR PROGRAM

Overview

- ACHS Clinical Indicator Program
- Development of Clinical Indicators
- Mapping to NSQHS and EQuIPNational Standards
- Surveyor's perspective –
  - Surveyor's role
  - How organisations have used Clinical Indicators to improve services
  - Clinical Indicator data to support Standard 8

ACHS Clinical Indicator sets

Icon	Set	2015	Icon	Set	2015
	Anaesthesia and Perioperative Care v6	258		Maternity v8	179
	Day Patient v5	312		Medication Safety v4	285
	Emergency Medicine v6	140		Mental Health v7	105
	Gastrointestinal Endoscopy v2	83		Ophthalmology v5	66
	Gynaecology v7	61		Oral Health v3	92
	Hospital in the Home v5	30		Paediatrics v5.1	37
	Hospital-Wide v12	537		Pathology v4	41
	Infection Control v4.1	411		Radiation Oncology v4	15
	Intensive Care v5	102		Radiology v5	46
	Internal Medicine v6	36		Rehabilitation Medicine v5	102

ACHS Clinical Indicator Program

- Voluntary program – data submitted on a six-monthly basis
- More than 800 HCOs submitted data in 2015
- Public / Private sector HCOs (57% / 43% split)
- Participation - ACHS members (no additional cost) and non-ACHS members (subscription)
- Members of the program:
  - Australia & New Zealand
  - Asia – Hong Kong, Indonesia & Sri Lanka
  - Middle East – Saudi Arabia

Why do healthcare organisations participate?

- To improve standards of care
- To benchmark their performance against peer healthcare organisations
- To build evidence of performance monitoring and evaluation for accreditation
- To submit specific mandatory data to private health funds and the Department of Veterans' Affairs

Revision of Clinical Indicator sets

- Formal process of collaboration with:
  - Specialist medical & nursing colleges / associations / societies
  - Consumer representative
  - Australian Private Hospitals Association (APHA)
  - Health Services Research Group (University of Newcastle)
  - ACHS staff
  - Other experts as required
- Through the convening of specialist working groups, consultation, development, testing & refinement

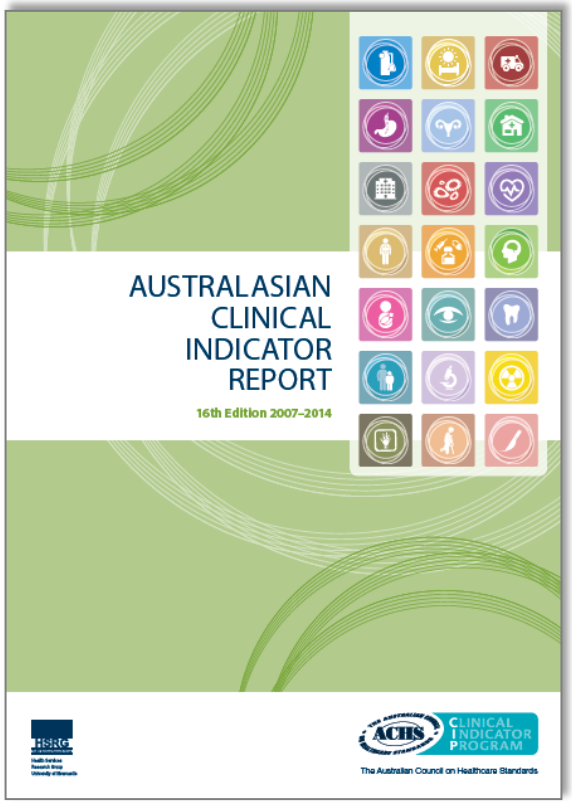
ACHS Clinical Indicator Resources

- ACHS Clinical Indicator User Manuals

- ACHS Clinical Indicator Summary Guide
- ACHS Mapping Guide to NSQHS and EQuIPNational Standards

Australasian Clinical Indicator Report

- Summary data
- Expert commentary
- Retrospective data in full
- Statistical methods



Clinical Indicator Link to NSQHSS

- Standard 1: Governance for safety and quality
- Data collection for other standards
- ACHS mapping guide

Surveyor's Role

- Surveyors monitor the response to an outlier measure or a deteriorating trend
  - Was it investigated?
  - What was learnt?
  - What action was taken?
  - What was the outcome?

Review of Clinical Indicators at Survey (1)

- Clinical Indicator results are sent to the survey team prior to survey
  - General and peer group results
- Surveyors review potential problems through variation within data results
  - Flagging process by ACHS
- Healthcare Organisation (HCO) Trend report
  - Trended data between years provided to organisations

Peer Comparison Report

Day Patient Version 5

ACHS Organisation Code: [redacted] **Second Half 2015** **Australasia** **Public Facility**

Peer Group : Comparison of your results with all organisations in selected category submitting data where Type of service: Integrated - shares facilities within a hospital

Total number of organisations for the selected category submitting data for this set for Second Half 2015: 90										
CI NO	Indicator Number/Description	Your Numerator	Your Denominator	Your Rate	99% Confidence Interval for Your Rate	Your Expected Number of Events	Your observed minus expected (excess events)	Number of orgs submitting data 2H2015	Aggregate Rate for these organisations 2H2015	Outlier
2.1	Booked patients who fail to arrive (L)	10	1191	0.84%	(0.16-1.52)	16	-6	63	1.37%	
3.1	Cancellation of the procedure after arrival due to pre-existing medical condition (L)	9	1181	0.76%	(0.11-1.41)	4	5	66	0.36%	
3.2	Cancellation of the procedure after arrival due to an acute medical condition (L)	7	1181	0.59%	(0.02-1.17)	6	1	66	0.49%	
3.3	**Cancellation of procedure after arrival due to administrative/ organisational reasons (L)**	**42**	**1181**	**3.56%**	**(2.17-4.94)**	**20**	**22**	**76**	**1.65%**	
4.1	Patients who experience an adverse event during care delivery (L)	0	1181	0.00%	(0.00-0.30)	0	0	23	0.03%	
5.1	Unplanned return to operating room on same day as initial procedure (L)	1	1181	0.08%	(0.00-0.30)	1	0	49	0.05%	
6.1	**Unplanned transfer or overnight admission related to procedure (L)**	**5**	**1123**	**0.45%**	**(0.00-0.96)**	**24**	**-19**	**63**	**2.11%**	
6.2	Unplanned transfer or admission related to ongoing management (L)	17	1123	1.51%	(0.58-2.45)	8	9	34	0.75%	
7.1	**Unplanned delayed discharge for clinical reasons >1 hour beyond expected (L)**	**84**	**1123**	**7.48%**	**(5.46-9.50)**	**15**	**69**	**26**	**1.31%**	

Review of Clinical Indicators at Survey (2)

- Discussed at the pre-survey meeting
- Surveyor allocated to related standard will follow-up during survey
- Expectation that results are followed up at the appropriate committee
- Evidence of action taken
  - Documentation in the minutes
  - Quality improvement plan
  - Improved results

Health Service Example
Caesarean Section Wound Infections

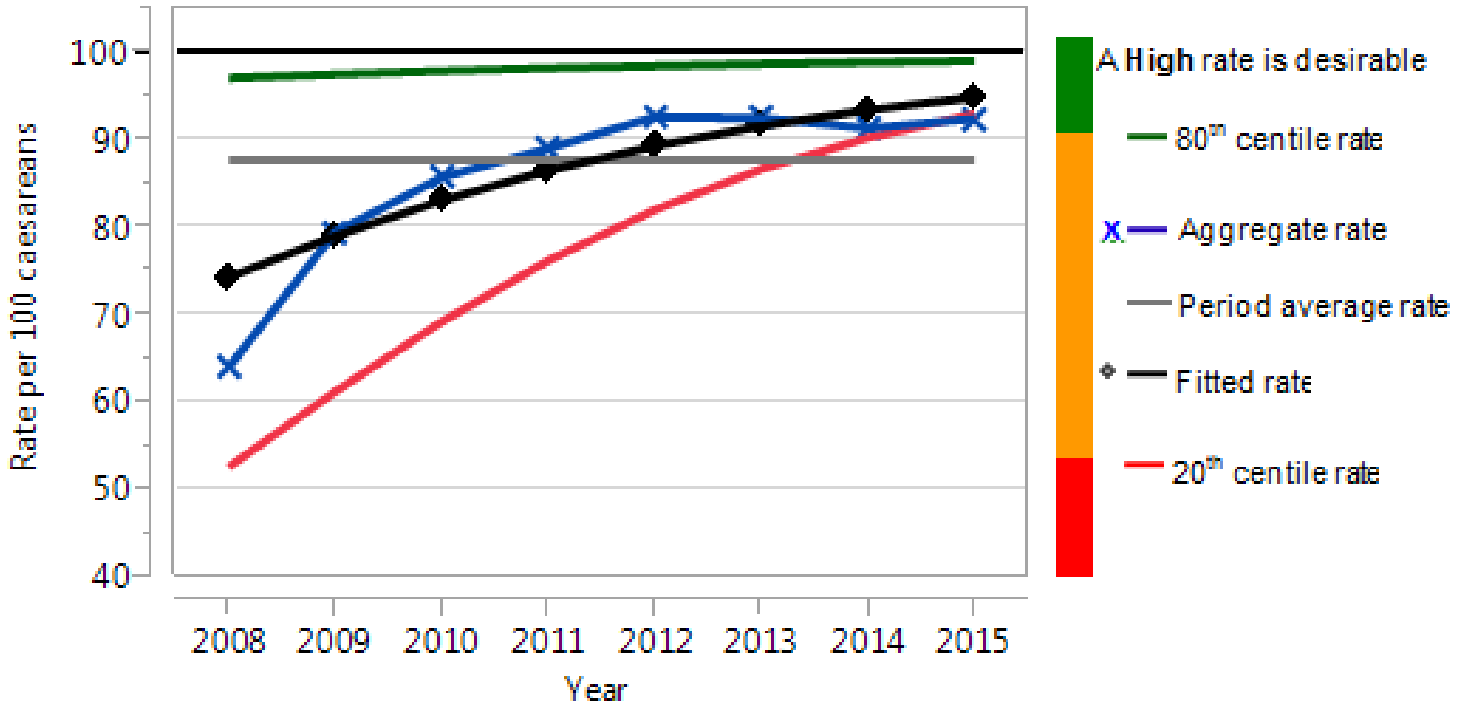
- Three post operative wound infections LUSC over 2 month period
- Reported at the infection control meeting
- Clinical review
- Multidisciplinary antimicrobial meeting
- Infectious disease specialist

Health Service Example
Caesarean Section Wound Infections

- Identified that noncompliance with antibiotic best practice
  - Dose, timing and choice of antibiotic
  - Action plan developed and implemented
  - Education
  - Use of Antibiotic Guidelines: Therapeutic
  - Audit of clinical record
- Ongoing monitoring at maternity and anaesthetics M&M meetings
- Impact on patient and family identified

Appropriate prophylactic antibiotic at time of caesarean section

Trend plot of rates and centiles by year



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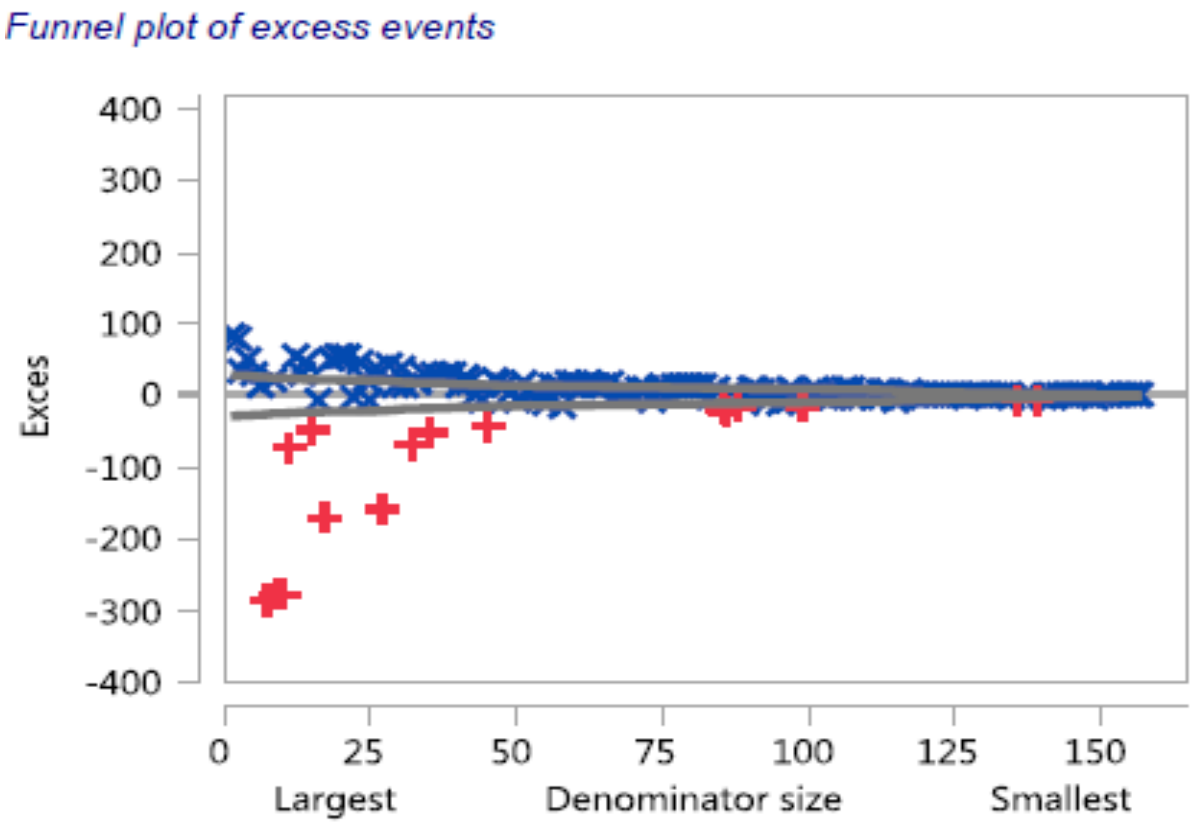
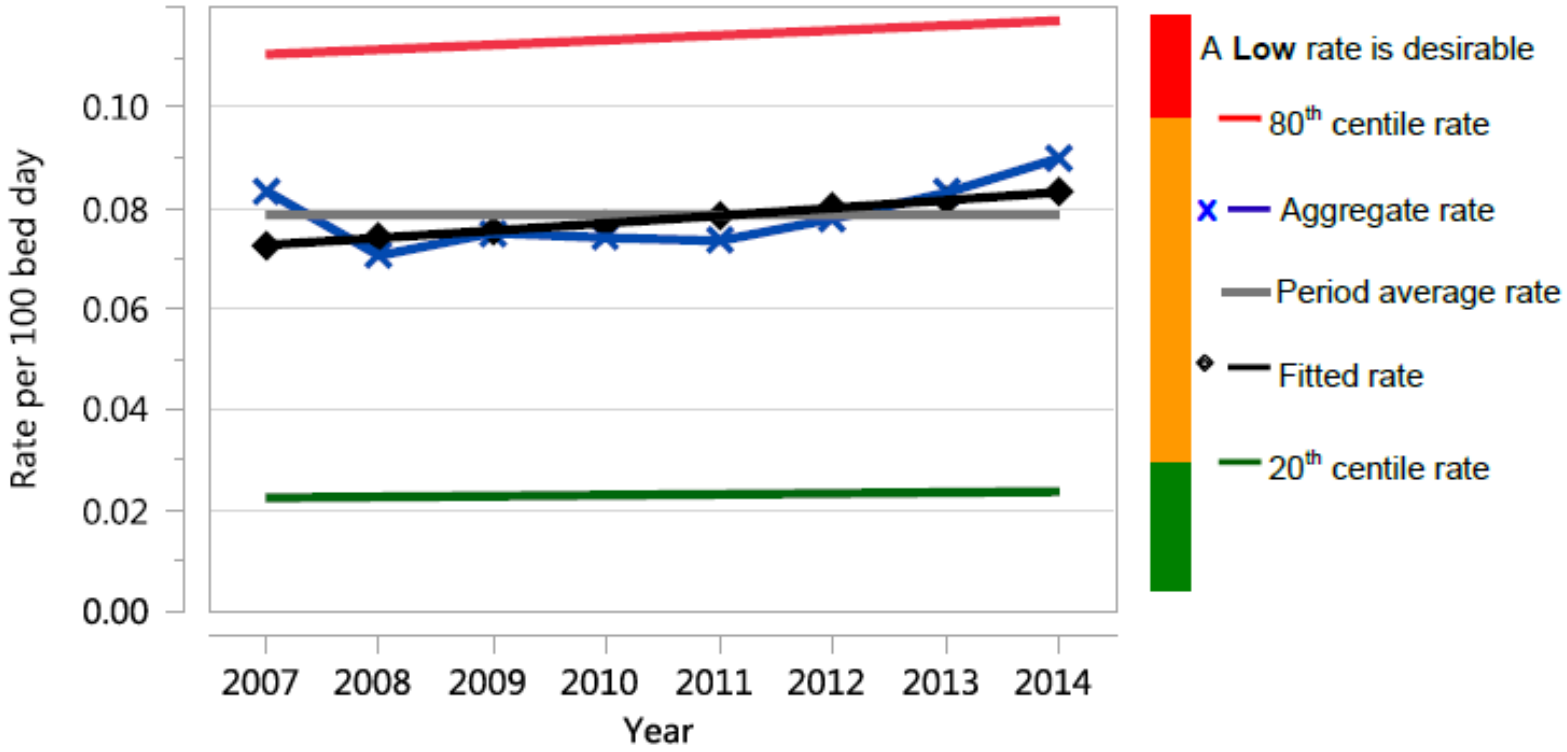


Pressure Ulcer Trends

Hospital Wide Indicator

Trend plot of rates and centiles by year



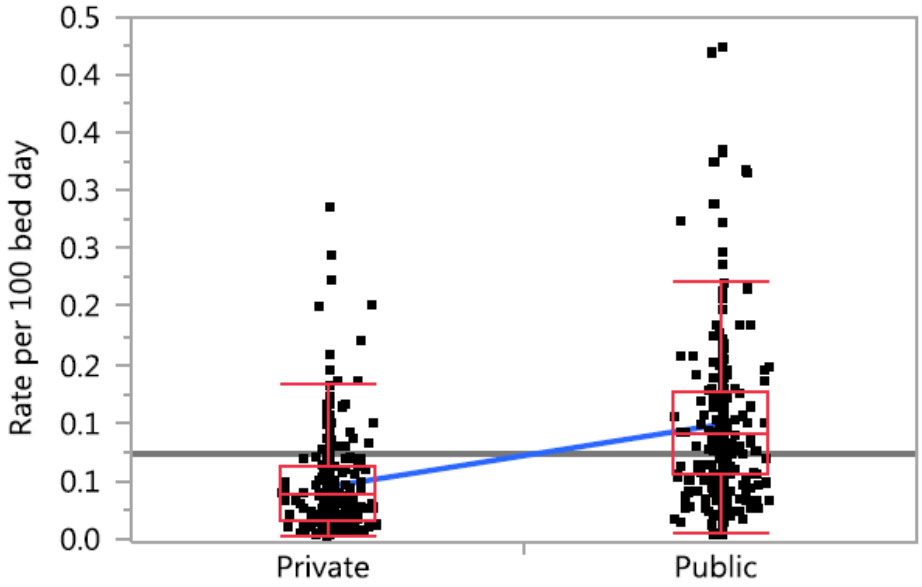
Variation Between Strata

Rates by Public / Private

Year	Stratum	No. HCOs	Total numerator	Total denominator	Stratum rate#	Standard error	Stratum gains
2015	Private	197	2,501	5,853,043	0.045	0.003	
	Public	235	6,589	6,559,569	0.099	0.003	3,529

per 100 bed days

Boxplot of Rates by Public / Private



Outliers

Outliers

In 2015, there were 58 outlier records from 45 outlier HCOs whose combined excess was 2,172 more patients who develop one or more pressure injuries. The outlier HCO rate was 0.17 per 100 bed days.

Funnel plot of excess events