Clinical Indicators – through the eyes of an ACHS surveyor

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Overview

- ACHS Clinical Indicator Program
- Development of Clinical Indicators
- Mapping to NSQHS and EQuIP National 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

<table>
<thead>
<tr>
<th>Icon</th>
<th>Set</th>
<th>2015</th>
<th>Icon</th>
<th>Set</th>
<th>2015</th>
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<tr>
<td>🚑</td>
<td>Anaesthesia and Perioperative Care v6</td>
<td>258</td>
<td>🧧</td>
<td>Maternity v8</td>
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<td>🕒</td>
<td>Day Patient v5</td>
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<td>📞</td>
<td>Medication Safety v4</td>
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<td>Mental Health v7</td>
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<td>🩸</td>
<td>Ophthalmology v5</td>
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<td>Gynaecology v7</td>
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<td>Hospital in the Home v5</td>
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<td>Paediatrics v5.1</td>
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<td>Pathology v4</td>
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<td>Infection Control v4.1</td>
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<td>📆</td>
<td>Radiation Oncology v4</td>
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<td>Intensive Care v5</td>
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<td>🧷</td>
<td>Radiology v5</td>
<td>46</td>
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<td>Internal Medicine v6</td>
<td>36</td>
<td>🩸</td>
<td>Rehabilitation Medicine v5</td>
<td>102</td>
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</table>
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 EQuIP National 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

**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.

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

Funnel plot of excess events
Pressure Ulcer Trends
Hospital Wide Indicator

Trend plot of rates and centiles by year

A Low rate is desirable
- 80th centile rate
- Aggregate rate
- Period average rate
- Fitted rate
- 20th centile rate

Rate per 100 bed day

Year
2007 2008 2009 2010 2011 2012 2013 2014
Variation Between Strata

Rates by Public / Private

<table>
<thead>
<tr>
<th>Year</th>
<th>Stratum</th>
<th>No. HCOs</th>
<th>Total numerator</th>
<th>Total denominator</th>
<th>Stratum rate</th>
<th>Standard error</th>
<th>Stratum gains</th>
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</thead>
<tbody>
<tr>
<td>2015</td>
<td>Private</td>
<td>197</td>
<td>2,501</td>
<td>5,853,043</td>
<td>0.045</td>
<td>0.003</td>
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<tr>
<td></td>
<td>Public</td>
<td>235</td>
<td>6,589</td>
<td>6,559,569</td>
<td>0.099</td>
<td>0.003</td>
<td>3,529</td>
</tr>
</tbody>
</table>

# per 100 bed days

Boxplot of Rates by Public / Private
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.