

8.12 Safety and quality of hospital care



The safety and quality of our hospital services is often under public scrutiny. Safety is defined as the avoidance or reduction to acceptable limits of actual or potential harm from health-care management or the environment in which health care is delivered. Quality is a broad concept about whether health care achieved the desired effect for the patient and whether it was delivered in line with standards or guidelines. Both relate to the broader concept of health service performance in the National Health Performance Framework (NHPF), as outlined in Chapter 9, 'Indicators of Australia's health'.

There are several indicators of the safety and quality of hospital care being implemented nationally, under the following arrangements: to monitor the performance of jurisdictions under the National Healthcare Agreement; indicators specified in the Performance and Accountability Framework for monitoring the performance of hospitals under the National Health Reform Agreement (NHPA 2013); indicators being developed by the Australian Commission for Safety and Quality in Health Care to support its various hospital safety and quality initiatives (ACSQHC 2013); and as set out in the National Health Performance Framework and reported by AIHW (see Chapter 9 'Indicators of Australia's Health'—'Adverse events in hospitals' and 'Falls resulting in patient harm').

Two indicators with nationally consistent data are reported in this snapshot: *Staphylococcus aureus* bacteraemia ('SAB' or 'golden staph') in hospitals; and readmissions to hospitals after surgery.

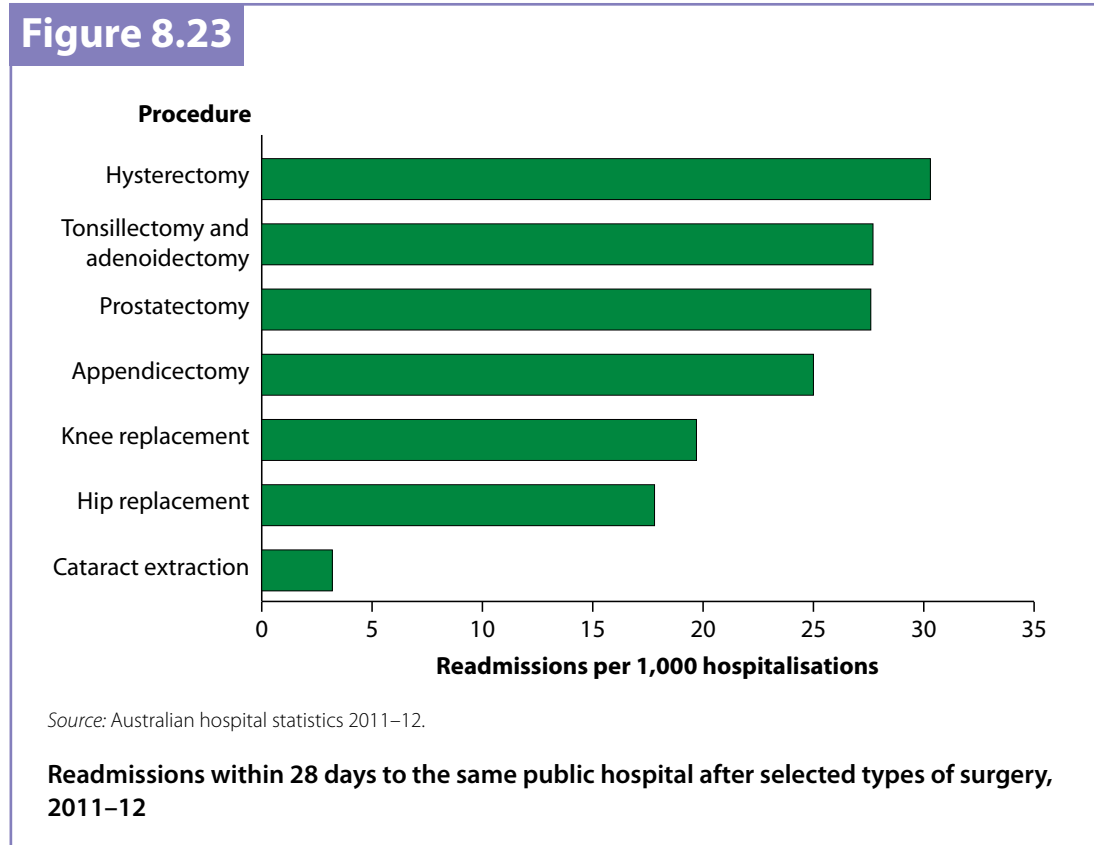
***Staphylococcus aureus* bacteraemia**

Staphylococcus aureus is a cause of health-care-associated bloodstream infection (bacteraemia), which can cause significant illness and death. Hospitals aim to have as few cases as possible.

- In 2012–13, all states and territories had rates of SAB in public hospitals below the national benchmark of 2.0 cases per 10,000 days spent by patients in hospital. The rates ranged from 0.7 per 10,000 patient days in Northern Territory to 1.3 in the Australian Capital Territory. The national rate was 0.9 cases per 10,000 days of patient care, down from 1.1 in 2010–11.
- Of the 283 private hospitals reporting SAB data to the *MyHospitals* website, 78 reported 2011–12 SAB data. All private hospitals reporting to *MyHospitals* were below the national benchmark (NHPA 2013).
- There were 1,724 cases of SAB reported for public hospitals overall in 2012–13 compared with 1,734 in 2011–12. Of these, 77% were methicillin sensitive and treatable with commonly used antibiotics. The rest were methicillin resistant so would have been more difficult to treat.
- The reported SAB cases occurred during 18.8 million days of patient care under SAB surveillance during 2012–13.
- A key approach to minimising the risk of SAB is compliance with hand hygiene protocols by health-care workers. The national compliance rate was 79% for public hospitals in the 4 months to October 2013 and 78% for private hospitals. The national compliance rate was 73% in the 4 months to October 2011 (HHA 2013).

Readmissions after surgery

The proportion of hospitalisations for selected types of surgery that result in readmission to hospital within 28 days is regarded as an indicator of the safety and quality of admitted patient care in hospitals. In 2011–12, rates of readmission to the same public hospital for selected surgeries were highest for hysterectomy (30 per 1,000 hospitalisations) and lowest for cataract extractions (3 per 1,000 hospitalisations) (see Figure 8.23).



What is missing from the picture?

SAB rates are not available for some private hospitals as the data are provided voluntarily.

The readmission rates reported here are based on readmissions to the same hospital in which the surgery was performed. As readmissions to other hospitals are not included, the rates are likely to be underestimated. Methodology for calculating rates of readmission to any hospital is being developed by the AIHW in collaboration with national stakeholders; records from different hospitals (public and private, and across state boundaries) will need to be linked under appropriate privacy protections (such as those used by AIHW for other national data linkage work). There is also national work under way on developing indicators for hospital-associated mortality and infections other than SAB (ACSQHC 2013).

Where do I go for more information?

More information on safety and quality in public hospitals in Australia is available on the AIHW website at www.aihw.gov.au/hospitals.

Information about SAB rates in public hospitals is in the report [Australian hospital statistics 2012–13: Staphylococcus aureus bacteraemia in Australian public hospitals](#). Information on readmission rates and other safety and quality indicators is in the report [Australian hospital statistics 2011–12](#). Both reports are available for free download.

Safety and quality information for individual hospitals is available at www.myhospitals.gov.au.

References

ACSQHC (Australian Commission on Safety and Quality in Health Care) 2013. Indicators of safety and quality.

Sydney: ACSQHC. Viewed 18 November 2013,

<<http://www.safetyandquality.gov.au/our-work/information-strategy/indicators/>>.

HHA (Hand Hygiene Australia) 2013. Hand hygiene Australia 2013. Melbourne: HHA. Viewed 13 December 2013,

<<http://www.hha.org.au/LatestNationalData/national-data-for-2013.aspx>>.

NHPA (National Health Performance Authority) 2013. Our work. Sydney: NHPA. Viewed 18 November 2013,

<<http://www.nhpa.gov.au/internet/nhpa/publishing.nsf/Content/Our-work>>.