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Towards national indicators of safety and quality in health care

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Abbreviations

ACHS	Australian Council on Healthcare Standards
ACSQHC	Australian Commission on Safety and Quality in Health Care
AGPN	Australian General Practice Network
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AHRQ	Agency for Healthcare Research and Quality
AHS	Australian Hospital Statistics
AIHW	Australian Institute of Health and Welfare
AR-DRG	Australian Refined - Diagnosis Related Group
BEACH	Bettering the Evaluation And Care of Health
COAG	Council of Australian Governments
DGP	Division of General Practice
DRG	Diagnosis Related Group
HCQI	Health Care Quality Indicators
ICD-9-CM	International Statistical Classification of Diseases and Related Health Problems, Ninth Revision, Clinical Modification
ICD-10	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
MBS	Medicare Benefits Schedule
NCCH	National Centre for Classification in Health
NHHRC	National Health and Hospitals Reform Commission
NHMD	National Hospital Morbidity Database
NHMRC	National Health and Medical Research Council
NHPA	National Health Priority Area
NHPC	National Health Performance Committee
NICS	National Institute of Clinical Studies
NIAG	National Indicators Advisory Group
NHMD	National Hospital Morbidity Database
NMDS	National Minimum Data Set
NPS	National Prescribing Service
NPDC	National Perinatal Data Collection
OECD	Organisation for Economic Co-operation and Development
RACGP	Royal Australian College of General Practitioners

Summary

This report sets out recommendations for a set of 55 national indicators of safety and quality in health care (Table 1). The report concludes the National Indicators Project, a major project funded by the Australian Commission on Safety and Quality in Health Care (the Commission) and undertaken by the Australian Institute of Health and Welfare (AIHW) in close consultation with the Commission and a wide range of clinical and other stakeholders.

What does the indicator set cover?

The scope of this indicator set is the safety and quality of clinical care provided to patients across the Australian health care system. Thirteen indicators apply to primary and community health services, 25 to hospitals, six to specialised health services, and five to residential aged care. Eleven indicators apply to multiple or all types of health services. Established indicators were not identified for services such as ambulance, dental services and community pharmacy.

The focus is on safety and four quality domains: appropriateness, effectiveness, continuity, and responsiveness. Most (42) of the indicators in the set reflect appropriateness of care, responding to the growing emphasis on evidence-based health care and best practice guidelines; and 25 relate to safety.

The indicators cover the national health priority areas and major burden of disease and injury groups. However, this coverage is uneven with some areas currently under-represented (for example, cancer), and others possibly over-represented (for example, cardiovascular disease).

There are some indicators in common between this proposed indicator set and the COAG National Healthcare Agreement Performance Indicators. The purpose of the two sets, however, is distinct. While this set serves specific purposes around the improvement of safety and quality, the COAG set aims more broadly to measure the performance of governments. The National Health Agreements include 70 indicators, including 16 indicators that relate to health care safety and quality and are reflected in the indicator set proposed here.

Are the indicators ready for use?

Most of the indicators (40 out of 55) can be reported immediately. Just over half of these (21 out of 40) require some more work so that reporting can be fully in line with the recommended specification.

The other 15 indicators cannot be reported immediately. For seven of these, decisions need to be made about the indicator definition, and information development will be necessary because data for calculating the indicator are not currently available. For the other eight of these indicators, a concept has been proposed but further investigation and consultation would be required before a robust indicator could be developed.

How might public reporting of these Indicators make a difference?

The AIHW suggests that, broadly, public reporting on these indicators could serve two main purposes: to provide transparency and to inform decision-making about overall priorities and system-level strategies for safety and quality improvement; and to inform quality improvement activities of service providers. Reporting to serve these purposes may not only be national but also at the level of states, territories and individual facilities and organisations. All of the recommended indicators are suitable for national public reporting, and most are also suitable for use at other levels. The ability to act directly to improve health care safety and quality arguably lies primarily at the facility and organisation level.

Table 1.1: Health care safety and quality indicators by quality domain

Service Category/Indicator		Safe	Appropriate	Effective	Continuous	Responsive
Primary care and community health services						
1	Enhanced primary care services in general practice		◆		◆	
2	General practices with a register and recall system for patients with chronic disease		◆		◆	
3	People with moderate to severe asthma who have a written asthma action plan		◆		◆	
4	Management of hypertension in general practice		◆	◆		
5	Management of arthritis and musculoskeletal conditions		◆	◆	◆	◆
6	Mental health care plans in general practice		◆		◆	
7	Annual cycle of care for people with diabetes mellitus		◆		◆	
8	Cervical cancer screening rates		◆		◆	
9	Immunisation rates for vaccines in the national schedule		◆		◆	
10	Eye testing for target groups		◆		◆	
11	Quality of community pharmacy services		◆			◆
12	Developmental health checks in children		◆			
13	People receiving a medication review	◆	◆			
Hospitals						
14	Assessment for risk of venous thromboembolism in hospitals		◆			
15	Pain assessment in the emergency department		◆			◆
16	Reperfusion for acute myocardial infarction in hospitals		◆			
17	Stroke patients treated in a stroke unit		◆			
18	Complications of transfusion	◆	◆			
19	Health care associated infections acquired in hospital	◆				
20	<i>Staphylococcus aureus</i> (including MRSA) bacteraemia in hospitals	◆		◆		
21	Adverse drug events in hospitals	◆	◆		◆	
22	Intentional self-harm in hospitals	◆	◆	◆		
23	Malnutrition in hospitals and residential aged care facilities	◆	◆			
24	Pressure ulcers in hospitals and residential aged care facilities		◆	◆		
25	Falls resulting in patient harm in hospitals and residential aged care facilities	◆				
26	Complications of anaesthesia	◆				
27	Accidental puncture/laceration in hospitals	◆				
28	Obstetric trauma - third and fourth degree tears	◆	◆			
29	Birth trauma—injury to neonate	◆				
30	Postoperative haemorrhage	◆	◆			
31	Postoperative venous thromboembolism	◆	◆	◆		
32	Unplanned return to operating theatre	◆	◆	◆		
33	Unplanned re-admission to an intensive care unit	◆	◆	◆		
34	Hospital standardised mortality ratio (HSMR)	◆	◆	◆		
35	Death in low mortality DRGs	◆		◆		

Service Category/Indicator		Safe	Appropriate	Effective	Continuous	Responsive
Hospitals (continued)						
36	Independent peer review of surgical deaths	◆		◆		
37	Discharge medication management for acute myocardial infarction		◆			
38	Timely transmission of discharge summaries		◆	◆	◆	
Specialised health services						
39	Mental health admitted patients having seclusion	◆	◆			◆
40	Post-discharge community care for mental health patients		◆		◆	
41	Quality of palliative care		◆	◆		
42	Functional gain achieved in rehabilitation		◆		◆	
43	Multi-disciplinary care plans in sub-acute care		◆		◆	
(5)	Management of arthritis and musculoskeletal conditions		◆	◆	◆	◆
Residential aged care						
44	Oral health in residential aged care		◆	◆	◆	
(13)	People receiving a medication review	◆	◆			
(23)	Malnutrition in hospitals and residential aged care facilities	◆	◆			
(24)	Pressure ulcers in hospitals and residential aged care facilities		◆	◆		
(25)	Falls resulting in patient harm in hospitals and residential aged care facilities	◆				
Multiple service categories						
45	Unplanned hospital re-admissions	◆	◆	◆	◆	
46	Inappropriate co-prescribing of medicines	◆	◆			
47	Selected potentially preventable hospitalisations		◆	◆		
48	End stage kidney disease in people with diabetes			◆	◆	
49	Lower-extremity amputation in people with diabetes			◆	◆	
50	Cancer Survival		◆	◆	◆	◆
51	Failure to diagnose	◆	◆			◆
52	Potentially avoidable deaths	◆	◆	◆		
All service categories						
53	Patient experience			◆		◆
54	Presence of appropriate incident monitoring arrangements	◆		◆		
55	Accreditation of health care services			◆		