



AUSTRALIAN COMMISSION ON
SAFETY AND QUALITY IN HEALTHCARE



Australian Clinical Quality Registries update

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Registries Interest Group

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▶ Contents

Australian Clinical Quality Registries

- Recap – definitions, rationale, etc.
- Project Plan
- Pilot projects

▶ Australian Clinical Quality Registries

Some definitions

- Australian — national focus
- Clinical quality
 - feedback into clinical practice
 - focus on improving safety and quality in health care.
- “Primary purpose [of the registry] is to improve the safety or quality of health care”

▶ Australian Clinical Quality Registries

Why?

- Developing principles and standards to strengthen the role of registries
- Provide a 'template' for dealing with common issues
- Standardise methodologies, data definitions, identifiers
- Aid efficiencies
- Enhance impact and relevance of registries
- A clearer understanding of registries for funding bodies, ethics committees, etc.

▶ Australian Clinical Quality Registries

Australian Clinical Quality Registry characteristics:

- Clear purpose and scope
- Clear governance models
- Observe privacy principles and legislation
- Observe information management principles
- Standard technical design for key registry components
- Involve the relevant national professional organisations
- Capacity to analyse data and provide timely feedback
- Minimum reporting requirements
- Add value over and above augmentation of routine collections

▶ Project plan phases

Preliminary

- Scoping
- Approval (Commission, AHMAC/AHMC, etc.)
- Develop Issues paper
- Convene Advisory Group

Phase 1

- Draft operating principles (CRE PS collaboration)

Phase 2

- Draft technical design (NEHTA collaboration)

▶ Project plan phases

Phase 3

- Consultations (Registries Interest Group)
- Revise drafts
- Issue Request For Tenders and conduct selection
- **Pilot projects**
 - to test and validate draft principles and standards
 - Multiple pilot projects
 - 12 months duration (from November 2008)
 - Independent external evaluation (RFQ process)

Phase 4

- Evaluation
- Final draft (November–December 2009)

▶ Collaboration and consultation

Addressing these questions is an opportunity

- to combine the expertise and experience
 - from the registries community
 - from the academic community, e.g. CRE PS
 - from the e-health world, e.g. NeHTA
 - from the information/data world, e.g. AIHW
 - from the government sector, e.g. Commission and links to DOHA and the jurisdictions
- to develop standards that will materially contribute to the improvements in collection and use of health information
- to lead to improvements in clinical practice.

▶ Pilots

Pilots to test and validate the principles

RFT process

Assessment Panel recommendations

Negotiations before selecting (in no particular order):

- Australasian Rehabilitation Outcomes Centre
- Hip Fracture Registry
- National Breast Cancer Audit
- Australian Stroke Registry
- Bi-national Burns Registry
- National Cardiac Procedures Registry