

Project Title: Quality Indicators in Private Hospitals

Results:

The research undertaken to identify clinical indicators to monitor safety and quality in healthcare in private hospitals has uncovered the enormous complexity of measuring health care quality. The range of services offered by private hospitals and the multiple varying perspectives of users and providers of services make the selection of a handful of indicators to collect problematic. To do so would be simplistic and not truly representative of the healthcare service industry.

This report has therefore sought to give a broad overview of factors that need to be considered by private hospitals in the decision to collect indicators and then the selection of indicators. A range of indicators which measure structure, process and outcome are offered for consideration but applicability to individual hospitals needs to be assessed by the respective organisations against their patient mix, clinician engagement, and core business objectives.

Deliverables:

- A comprehensive literature review was completed.
- A compendium of quality indicators was developed based on indicators identified in the national and international literature and on the World Wide Web.
- Indicators were identified and then classified.
- A proposed framework for measuring healthcare quality in Australian private hospitals was developed and the process for developing indicators described.
- Survey instruments were developed to identify data sources currently being used by Private Hospitals and to determine their capacity to collect indicator data. Assistance was offered by the Australian Private Hospitals Association (APHA) to distribute the questionnaire to their Safety and Quality Committee which has broad representation from the Private Hospital sector in Australia; however this did not materialise.
- Recommendations are made for consideration by Private Hospitals.

Considerations concerning development, selection and implementation of indicators

Key driver of the process

Paramount to measuring quality in private hospitals is a commitment by the hospital senior executive management to quality input. Collection of quality indicators should be part of a systematic framework for monitoring quality and safety.

Features of private hospitals which need to be considered when developing indicators

Differences between private and public hospitals need to be considered when introducing a system to monitor quality of care. Private hospitals are more likely than public hospitals to have a greater

volume of patients requiring elective as opposed to emergency care. Severity of clinical conditions, patient demographics, size of hospitals, volume of procedures and issues relating to equity and access to care may differ between the public and private sector and require consideration when developing indicators and measuring quality of care across the health spectrum.

Various factors need to be taken into account in transferring indicators directly from the public to the private sector. These include: the funding source for the private hospital; the governance structure; the nature of the service agreements between the hospital, clinical staff, medical practitioners and patients; the nature of clinical practice; the volume and specialty nature of the clinical services provided; the patient population; and the capacity of the institution to collect indicators.

Summary of recommendations

In order to build capacity in collecting and contributing quality indicators among private hospitals, based on the findings of this study we advocate that:

- Private hospitals prioritise indicator collection at an institutional level. This will be determined by the types of services provided and the patient groups treated. Indicators must identify quality of care across the different treatment modalities and population groups, from the different perspectives of the various stakeholders and across the continuum of care provided by the institution;
- Private hospitals should identify current information technology capability, data sources and linkage capability to determine the immediacy by which hospital can collect data and undertake formalised reporting.
- Private hospitals should invest in the capacity of their organisations to measure clinical performance, and to analyse and report on performance on clinical indicators
- Private hospitals should ensure that structures are in place to support the provision of high quality care throughout the institution (see list of structural indicators below) and that these are assessed periodically as part of an external accreditation process;
- Private Hospitals should routinely screen certain broad process measures which are easy to collect, consistently recorded, cover broad patient groups and are relatively stable over time e.g. return to theatre and length of stay for high volume, high risk procedures (see list of process indicators below);
- Private hospitals should ensure that minimum process standards such as documentation of discharge and consideration of preoperative VTE prophylaxis are in place as part of good clinical governance. Compliance with these standards should be audited periodically internally and externally as part of the accreditation process (see list of Standard of Care process indicators below);
- In developing and introducing the indicators for use within specialty services, Private hospitals should engage with the clinical community to ensure that indicators are meaningful, have the

capacity to measure compliance with best practice guidelines and can be used to drive quality improvement;

- Private Hospitals should encourage the targeted collection of process indicators within clinical areas as part of focused quality improvement activities or until stability is reached. Findings should be used internally to drive change;
- Private Hospitals should promote the sharing of specialty-specific process indicators between institutions through contribution of data to clinical networks and clinical registries;
- Private Hospitals should demonstrate compliance with quality indicator collection through commercial or business arrangements with insurers and funders, or through the accreditation process;
- Private hospitals should develop an ongoing system for monitoring which indicators should be collected, based on evidence of impact on quality of care and developing fields of medicine;
- Private hospitals should engage and work with consumers to ensure that quality of care is measured in a standardised way across institutions and adequately measures aspects of service provision which are seen as important to them;
- Private hospitals should have the following structures in place:
 1. Contribute to an external, independent accreditation process;
 2. A structure for ensuring that quality, safety and risk management issues are routinely reported through management and governance structures to the Board and that a process exists for expediting critical issues;
 3. A formal process to audit all in-hospital deaths;
 4. A discharge policy in place which includes a discharge planning schedule;
 5. An infection control program which includes the surveillance of infections and staff education;
 6. Monitor outcomes by contributing data to relevant state/national clinical registries;
 7. Undertake to develop standardised patient satisfaction surveys capable of benchmarking performance across hospitals;
 8. Use documentation which, where available and appropriate is standardised and which prompts staff to undertake cognitive and functional assessment on admission;
 9. Provide staff with access to up to date and relevant clinical guidelines;
 10. A reporting system to enable incidents and complaints to be reported and to ensure all sentinel events are formally investigated;
 11. A process which ensures all staff working in patient care environs demonstrate competence on commencement of employment and periodically thereafter;

12. A process in place to ensure technical competence of staff prior to the introduction of new technology; and
 13. The capacity to ensure that staff operate within a safe staff to patient ratio.
- Private hospitals must have in place process indicators to ensure that they meet the following standards of care and these must be periodically assessed:
 1. They must ensure that all patients have diagnostic assessment undertaken which includes assessment of functional capacity (a physical and cognitive assessment), pain, nutritional status and suicide risk for mental health patients;
 2. All patients presenting to the Emergency Department with an Australasian Triage Scale (ATS) score of 1 must be attended to immediately by an appropriately trained physician;
 3. All patients must have an initial assessment within 24 hours of admission;
 4. All patients undergoing anaesthesia must have an anaesthetic assessment by an appropriately trained clinician;
 5. All patients restrained must have the reason for their restraint documented;
 6. Prior to discharge patients must be provided with written discharge instructions;
 7. Consent must be provided prior to non-emergency procedures and blood transfusions;
 8. Medications are documented and reconciled within 24 hours of admission;
 9. Adverse drug reactions are documented on the current medication chart;
 10. High risk drugs are authorised and monitored by an appropriate Committee;
 11. Patients taking warfarin who present with an elevated INR level will have dosage adjusted/reviewed prior to the next warfarin dose;
 12. All patients undergoing an operation or procedure have venous thromboembolism risk assessed;
 13. A discharge plan must be provided for all patients and on discharge written instructions provided.
 - Private hospitals should focus on collecting outcome data for high risk, high volume procedures. Outcomes should be appropriately risk adjusted. The following hospital-wide and specialty-specific outcome indicators should be considered by private hospitals:
 1. Mortality in low risk DRG categories;
 2. New neurological deficit following procedures;
 3. Infection rates including deep surgical site infections, central line associated bloodstream infection;

4. Post operative complications such as (a) accidental puncture or laceration during surgery; (b) post-operative haemorrhage; (c) new neurological dysfunction post procedure secondary to neuraxial technique or plexus block; (d) deep vein thrombosis; (e) wound dehiscence or leaking bile; (f) stroke after carotid endarterectomy;
 5. Complications following electroconvulsive therapy or while in seclusion;
 6. Transfer of patients from a mental health setting to an acute inpatient care area;
 7. Coronary artery bypass graft operation within 24 hours of a PTCA;
 8. Birth trauma causing injury to the neonate and third or fourth degree perineal tear to the mother;
 9. Anaesthetic complications including awareness under anaesthesia;
 10. Ophthalmological complications including readmissions due to infection and unplanned readmission following retinal detachment surgery.
- Private hospitals should contribute to clinical quality registries to enable benchmarking of adequately risk adjusted processes and outcomes.
 - Private hospitals should review the proposed indicators in this report with regard to suitability and feasibility of collection by the hospitals and subsequent implementation on a staged basis.
 - Private hospitals should work in consort with national bodies undertaking work to develop quality indicators. These include the National Health and Hospital Reform Committee, the Australian Commission for Safety and Quality in Health Centre and the Australian Institute for Health and Welfare.
 - Private hospitals should work with jurisdictional bodies to encourage them to collect uniform quality indicators across Australia.

Private hospitals are mandated to report on a number of quality indicators as part of their funding agreements and jurisdictional responsibilities. Most also contribute voluntarily to accreditation agencies such as the ACHS and medical colleges, and to registries such as the AOA Joint Replacement Registry. These recommendations provide a framework to assist in standardising reporting, reducing duplication of effort and increasing accessibility to information regarding quality of care across all private hospitals.

Status:

Project completed 2008

Publications:

Evans SM, Cameron PA, Wilson S, Stoelwinder J, Hagger V, Copnell B, Sprivulis PC and McNeil JJ. Measuring Quality in Private Hospitals. Australian Centre for Health Research: Melbourne; August 2008.

http://www.achr.com.au/pdfs/MEASURING%20QUALITY%20IN%20PRIVATE%20HOSPITALS_FINALSept08.pdf

Evans S, Lowinger J, Sprivulis P, Hagger V, Copnell B, Cameron P . Prioritising quality indicator development across the healthcare system: identifying what to measure. Internal Medicine Journal 2008; 9999(999A).

Copnell B, Hagger V, Wilson S, Evans S, Sprivulis P, Cameron P. Measuring the quality of hospital care: an inventory of indicators . Int Med J 2009; Accepted for publication 6/3/09. Ref IMJ-0580-2008.

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