



Australian Government

**Australian Institute of
Health and Welfare**

Measures for the Australian health system

Belinda Emms

Health Care Safety and Quality Unit
Australian Institute of Health and Welfare

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

Two sets of indicators

- The National Safety and Quality Indicators
- Performance Indicators for the National Healthcare Agreement

The Australian Institute of Health and Welfare (AIHW)

- Australia's national agency for health and welfare statistics and information
- An independent statutory authority operating under the *Australian Institute of Health and Welfare Act 1987*
- Work closely with State, Territory and Australian Government agencies, and other stakeholders
- 100+ reports each year: www.aihw.gov.au

National Safety and Quality Indicators

- Project undertaken for the Australian Commission on Safety and Quality in Health Care
- Funded by the Commission
- With advice of the project's National Indicators Advisory Group
- Purpose was to recommend indicators for national reporting, and enable the Commission to report publicly on the state of health care safety and quality

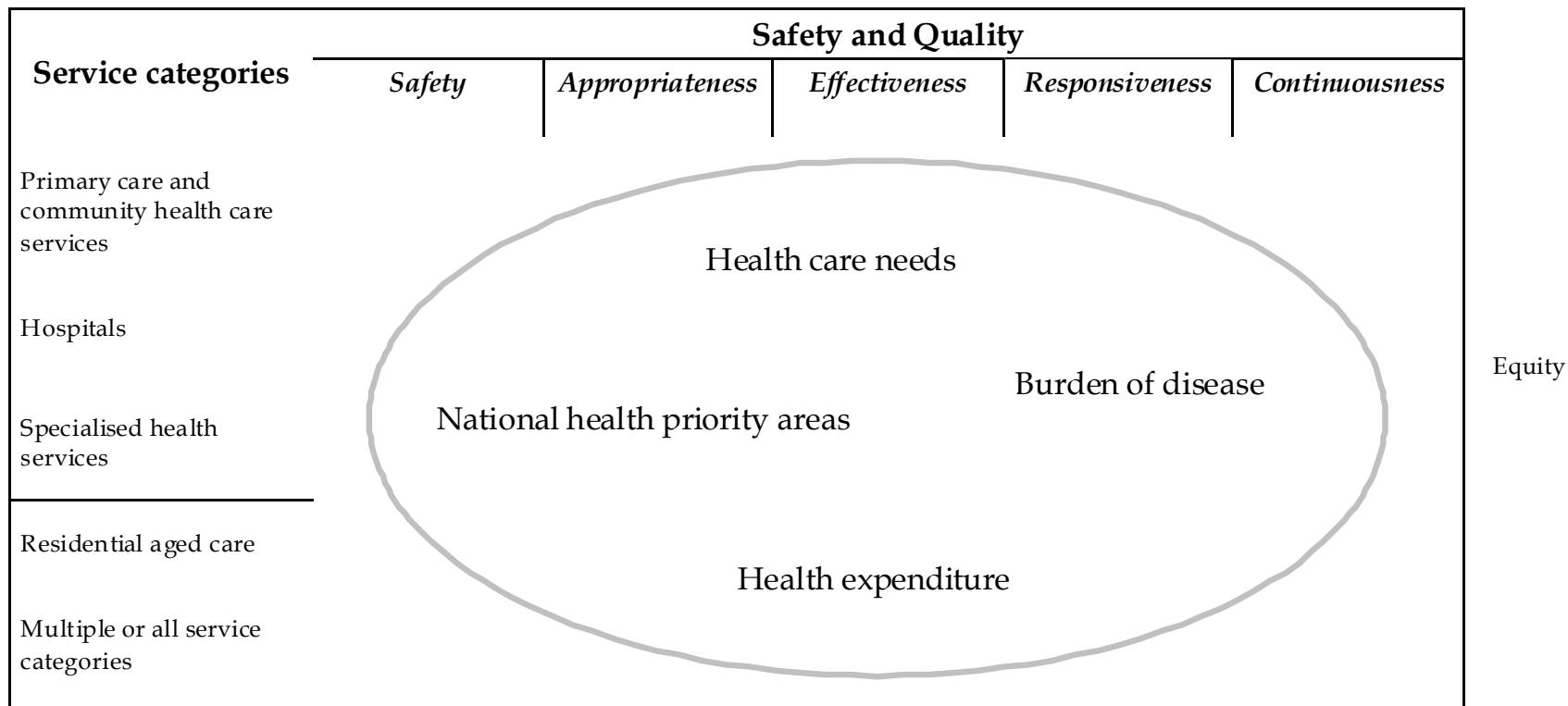
Health services covered

- Settings in which clinical care is delivered by registered practitioners where the primary purpose of the setting is health care
 - Hospitals, general practice, non-acute care, community health....
 - Includes dental health care, ambulance and residential aged care
- Excludes public health activities such as health promotion, environmental health, safety promotion activities, and occupational health and safety

Definitions: Safety and quality

- Safety – avoidance or reduction of actual or potential harm from health care
- Quality – 4 dimensions (from NHPC framework)
 - Appropriateness – based on established standards
 - Effectiveness – achieves desired outcomes
 - Continuity of care – coordinated across providers, time
 - Responsiveness – respect for persons, client oriented: being patient centred
- Exclusions:
 - Access - focus of this indicator set is on the safety and quality of care that is delivered, rather than on whether patients receive care, or how long they wait
 - Efficiency, sustainability, capability

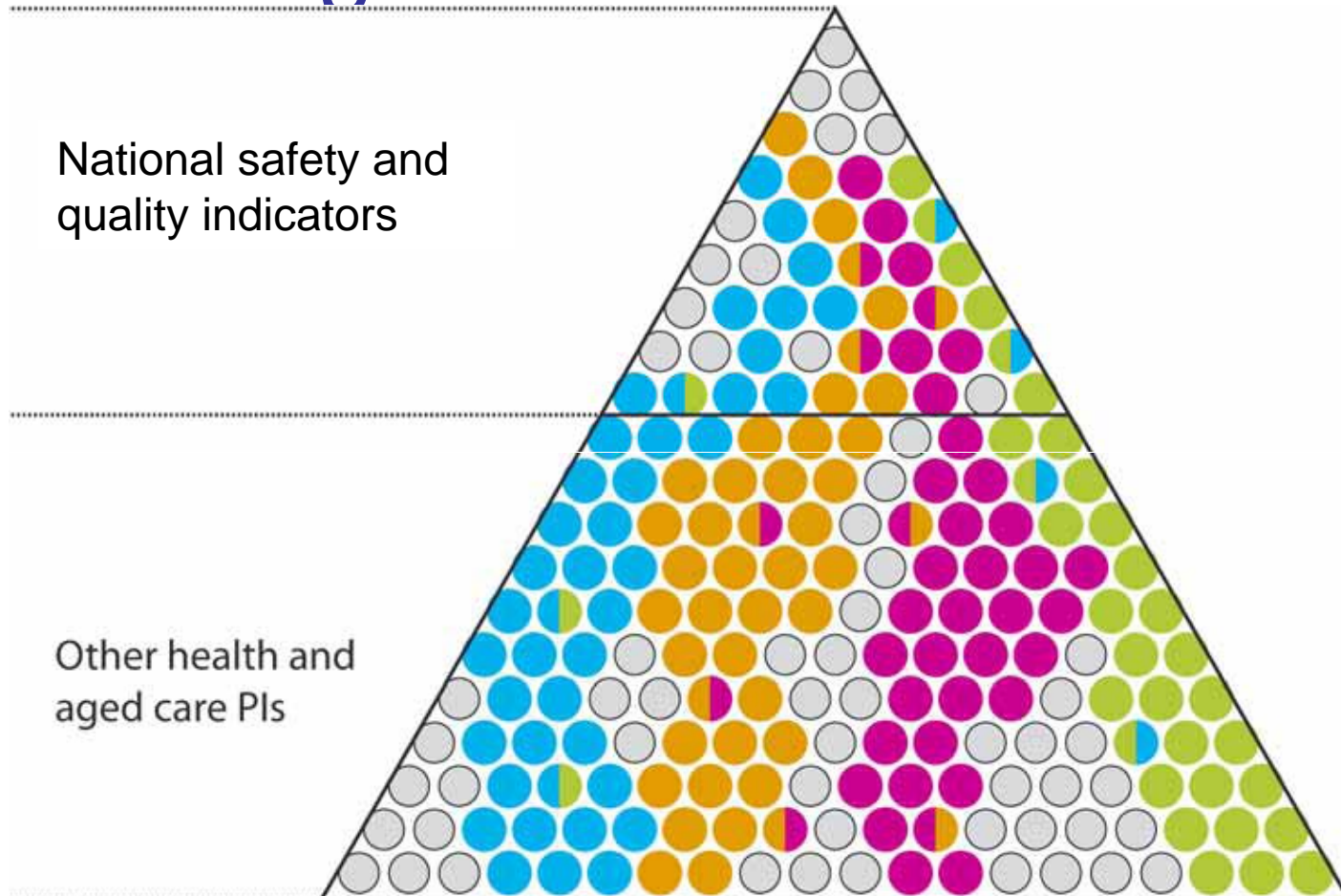
Safety and quality indicator framework



'Cascading' indicator sets

National safety and
quality indicators

Other health and
aged care PIs



How the indicators were selected

- Scanned lists of indicators used nationally, by states and territories, and internationally
- Consultation with National Indicators Advisory Group
- Three support projects
- Consultation with stakeholders spanning the Australian health system
- Assessment and analysis of the indicators, including against the framework, sourcing data where possible
- Alignment with performance indicators in the new National Healthcare Agreement, and national partnership agreements

Reporting and use of the indicators

- A role of the Commission is to report publicly on the state of safety and quality, including performance against national standards
- Broadly, the AIHW suggests two purposes:
 - to provide transparency and to inform decision-making about overall priorities and system-level strategies for safety and quality improvement
 - to inform quality improvement activities of service providers.

To achieve these purposes a combination of both national level reporting and reporting at lower levels, particularly facility and organisation level, is required.

Transparency, priorities, strategies

- Meaningful to general public and senior policy makers, and ideally also to service providers
- Focus on international comparisons, population groups, geographic or administrative regions, and trends over time for Australia
- A national report in hard copy/electronically?

Driving quality improvement

- Meaningful to clinicians and others involved in the delivery of health care services, and ideally to the general public and policy makers
- Focus on informing facility/organisation level quality improvement activities
- Support comparisons or benchmarking of service provider organisations
- Drill-down electronic products to accompany a national report? Accessible in detail to those with permission?

Level of application of the indicators

- All of the 55 recommended indicators are suitable for use at the national level
- Most (45) are also suitable for use at lower levels, including by individual facilities and organisations.
- For use at lower levels, the key difference from use of the indicators for national reporting will be in the disaggregations used.

Coverage of the indicator set

- National health priority areas:
 - Arthritis and musculoskeletal – 1
 - Asthma – 2
 - Cancer – 2
 - Cardiovascular – 7
 - Diabetes – 3
 - Injury – 3
 - Mental health - 3

Coverage of the indicator set

- Service categories:
 - Primary care and community health - 13
 - Hospitals - 25
 - Specialised health services - 6
 - Residential aged care - 5
 - Multiple services (combined) - 8
 - All services - 3

Summary list of indicators

- **Primary care and community health**
 - Chronic disease management (EPC items) in general practice
 - General practices with a register and recall system for patients with chronic disease
 - **People with moderate to severe asthma who have a written asthma action plan**
 - Management of hypertension in general practice
 - Management of chronic musculoskeletal conditions
 - **Annual cycle of care for people with diabetes mellitus**

Summary list of indicators

- **Primary care and community health, ctd**
 - Mental health care plans in general practice
 - Quality of community pharmacy services
 - Cervical cancer screening rates
 - Immunisation rates
 - Eye testing for target population
 - Developmental health checks for 4 year olds
 - Medication reviews

Summary list of indicators

- **Hospitals**

- Assessment for risk of venous thromboembolism
- Pain management in the Emergency Department
- Reperfusion for Acute Myocardial Infarction
- Stroke patients treated in a stroke unit
- Discharge medication management for Acute Myocardial Infarction
- Complications of transfusion

Summary list of indicators

- **Hospitals, continued**

- Health Care Associated Infections acquired in hospital
- **Staphylococcus aureus (including MRSA) bacteraemia in acute care hospitals**
- **Adverse drug events**
- Malnutrition
- **Pressure ulcers**
- **Falls resulting in patient harm**
- **Intentional self-harm in hospitals**
- Complications of anaesthesia
- Accidental puncture/laceration

Summary list of indicators

- **Hospitals, continued**

- Obstetric trauma - third and fourth degree tears
- Birth trauma – injury to neonate
- Postoperative haemorrhage
- Postoperative venous thromboembolism
- Unplanned return to operating theatre
- Unplanned re-admission to an Intensive Care Unit
- Risk-adjusted In-hospital Mortality (HSMRs)
- Death in low mortality DRGs
- Independent peer review of surgical deaths
- Timely transmission of discharge summaries

Summary list of indicators

- **Specialised services**

- Post-discharge community care for mental health patients
- Mental health inpatients having seclusion
- Functional gain achieved in rehabilitation
- Multidisciplinary care plans in sub-acute care
- Quality of Palliative care
- Management of arthritis and musculoskeletal diseases

Summary list of indicators

- **Residential aged care**
 - Oral health plans in residential aged care
 - Medication reviews
 - Malnutrition
 - **Pressure ulcers**
 - **Falls resulting in harm**

Summary list of indicators

- **Indicators that apply to multiple services, combined**
 - **Cancer survival**
 - Inappropriate co-prescribing of medicines
 - Failure to diagnose
 - **Potentially avoidable mortality (preventable, treatable)**
 - **Unplanned hospital re-admissions**
 - **Potentially preventable hospitalisations**
 - End-stage kidney disease in diabetes
 - Lower extremity amputation in diabetes

Summary list of indicators

- **Indicators that apply to all health service categories**
 - Accreditation of health care services
 - **Patient experience**
 - Incident monitoring arrangements

Data availability

- Scope was not limited to indicators that are currently reportable using current national data sources
- 40 indicators can be reported immediately
 - 21 of these will need further work to match recommended specifications
- 7 require further work on the indicator definition or development of data collections
- 8 require further work as they are currently just concepts

Next steps

- AIHW has provided it's final report and recommendations to the Commission
- The Commission will consider and provide recommendations to AHMAC

Performance indicators for the National Healthcare Agreement (NHA)

- Agreement by Council of Australian Governments (COAG) in December 2008
 - ‘Defines objectives, outcomes, outputs and performance measures, and clarifies the roles and responsibilities that will guide the Commonwealth and States and Territories in delivery of services across the health sector’
- For further details go to: <http://www.coag.gov.au/>
 - The NHA is Schedule F of the *Intergovernmental Agreement (IGA) on Federal Financial Relations*

NHA performance indicators

- **41 indicators organised under 7 ‘outcome’ categories**
 - Prevention - 6
 - Primary and community health - 12
 - Hospital and related care - 5
 - Aged care - 7
 - Patient experience - 1
 - Social inclusion and Indigenous health - 6
 - Sustainability - 4

NHA performance indicators

- **Prevention**

- low birth weight babies
- incidence/prevalence of important preventable diseases
- risk factor prevalence
- immunisation rates
- cancer screening rates
- children with 4th year developmental health check

NHA performance indicators

- **Primary and community health**
 - Access to GPs, dental and primary care professionals
 - Proportion of diabetics with HbA1c below 7%
 - Life expectancy (including Indigenous gap)
 - Infant/young child mortality rate (including Indigenous gap)
 - **Potentially avoidable deaths**
 - Treated prevalence rates for mental illness
 - **Selected potentially preventable hospitalisations**

NHA performance indicators

- **Primary and community health, continued**
 - Selected potentially avoidable GP type presentations to EDs
 - Number of primary care services per 1,000 population
 - Number of mental health services
 - **People with asthma, diabetes, mental illness whose care is planned**
 - Antenatal visits in the first trimester

NHA performance indicators

- **Hospital and related care**

- Waiting times for services (elective surgery, ED, admission from ED, radiotherapy, chemotherapy)
- **Selected adverse events in acute and non-acute care**
 - Adverse drug events
 - Staph aureus (including MRSA) bacteraemia
 - Falls resulting in patient harm
 - Pressure ulcers
 - Intentional self-harm

NHA performance indicators

- **Hospital and related care, continued**
 - **Unplanned/unexpected readmissions within 28 days of selected surgical admissions**
 - **5 year relative cancer survival rates**
 - Rates of services provided by public and private hospitals
 - Overnight separations
 - Outpatient occasions of service
 - Non-acute separations
 - Differential access to procedures (by Indigenous status)

NHA performance indicators

- **Aged care**

- Residential and community services per 1,000 population
- **Selected adverse events in residential care**
 - Staph aureus (including MRSA) bacteraemia
 - Falls resulting in patient harm
 - Pressure ulcers
- Older people receiving aged care services
- Younger people with disabilities using aged care services
- People receiving sub-acute and rehab services
- Hospital patient days used by those waiting for residential care

NHA performance indicators

- **Patient experience**
- **Social inclusion and Indigenous Health**
 - Age standardised mortality
 - Access to services compared to need
 - Teenage birth rate
 - Hospitalisation for injury and poisoning
 - Children's hearing loss
 - Indigenous Australians in the health workforce

NHA performance indicators

- **Sustainability**

- Net growth in the health workforce – doctors, nurses, midwives, dental practitioners, pharmacists
- Allocation of health and aged care expenditure – public health, capital, research
- Cost per casemix-adjusted separation for acute and non-acute episodes
- Accredited and filled clinical training positions

NHA PI's – where to from here?

- Indicator specifications to be finalised, led by AHMAC's National Health Information Standards and Statistics Committee (NHISSC)
- Annual data collation and indicator preparation by AIHW, ABS, DoHA, with data quality statements
- Reported annually by the Productivity Commission and the COAG Reform Council – first report scheduled for March 2010