



# Performance information and reporting that is fit for purpose



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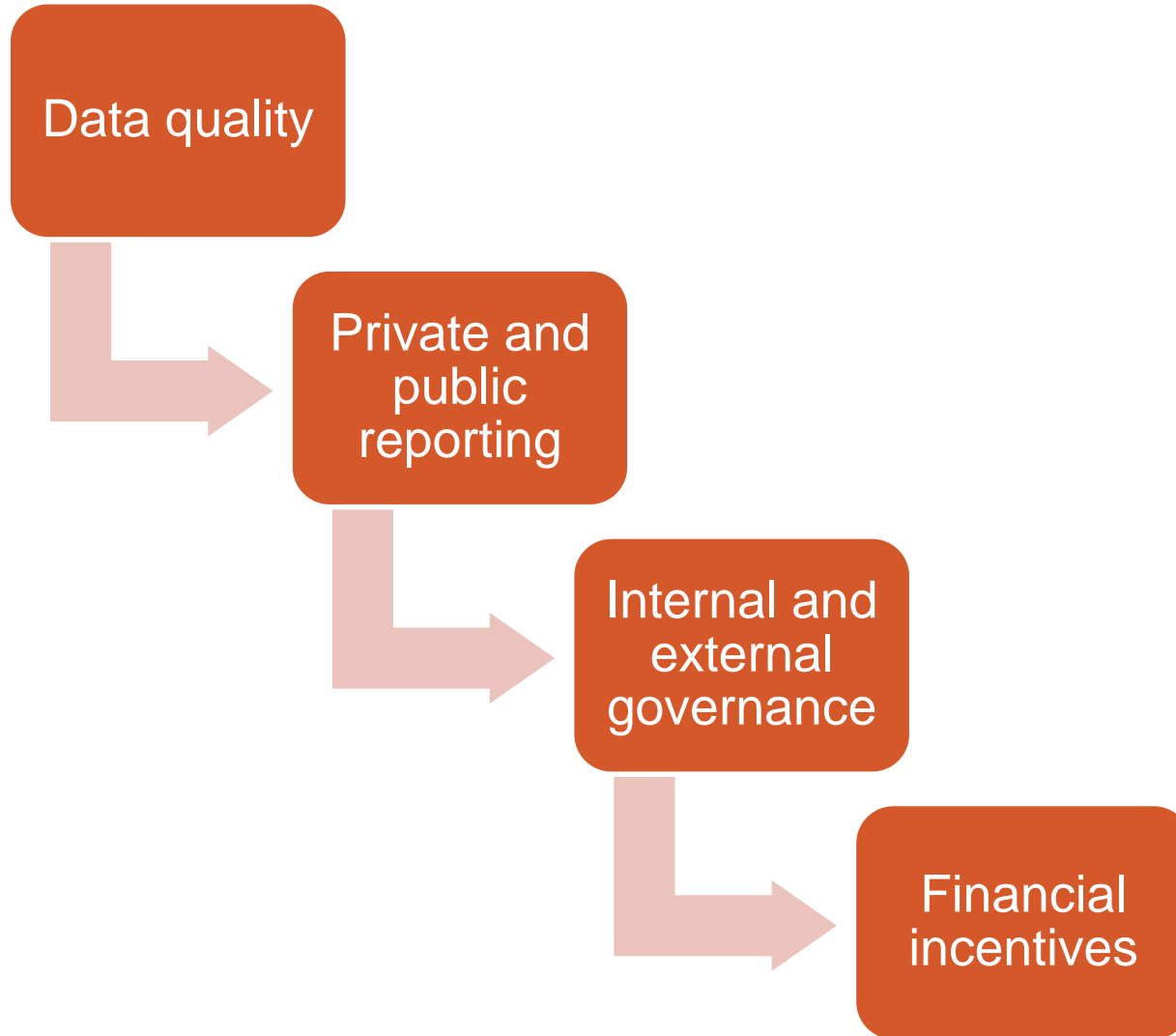
AHHA Blueprint Town Hall  
March 2018

## Public reporting of hospital safety:

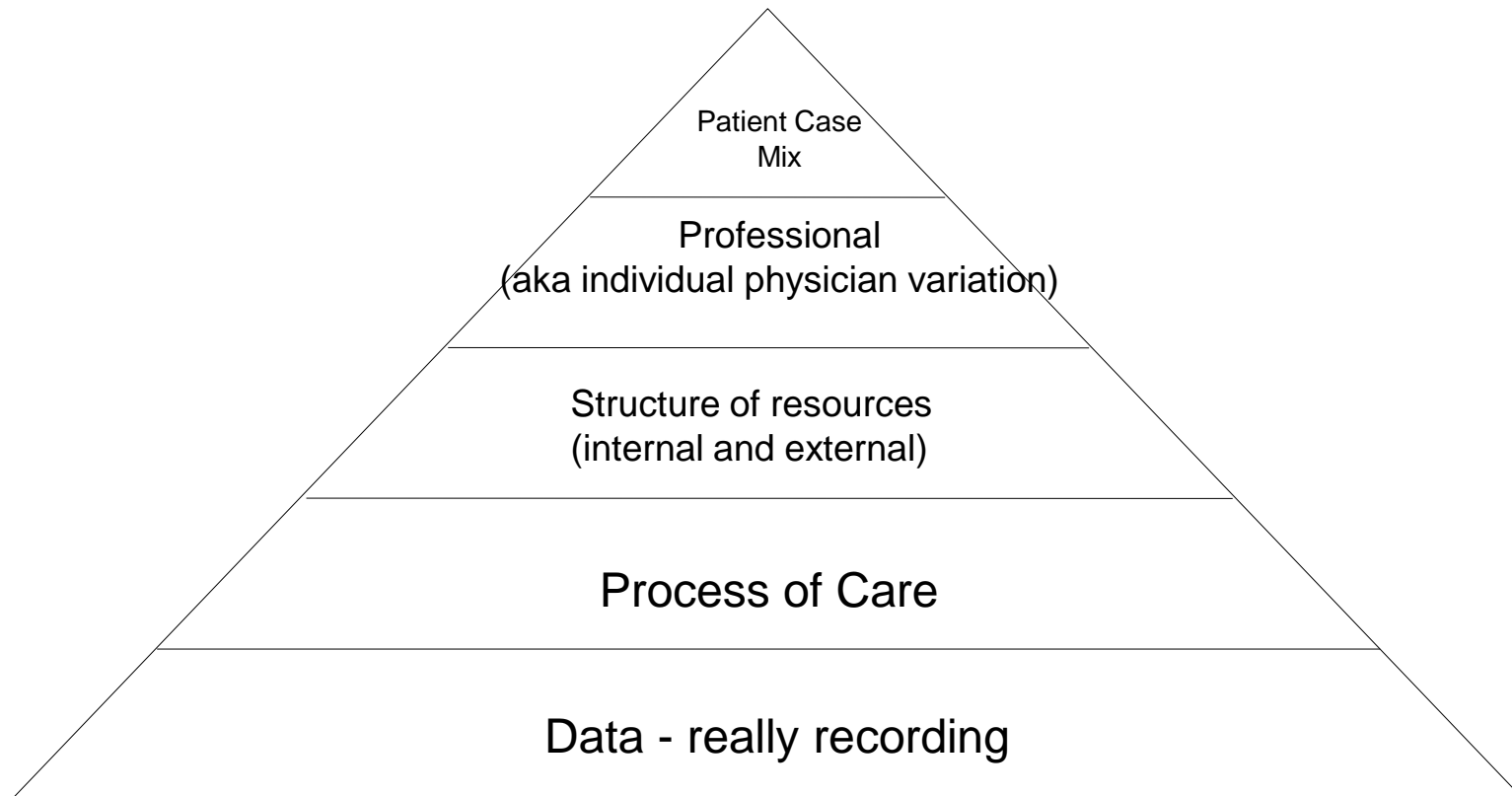
- can be done
- is worthwhile

# Initiatives on the path to improving hospital safety

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Data quality



Data quality

## Our criteria for assessing data

- Accurate
- Relevant
- Accessible
- Understandable



## Data quality

### Accurate

- Complete elementary data cleaning before release
- Link and analyse admissions (and readmissions) for the same patient
- Invest in regular, independent and published audits of the quality of routine data

### Relevant

- Add diagnostic results to the data sets over time
- Link state collections of routine data regularly with PBS and Medicare data (every six months) and death registrations (every month)

### Accessible

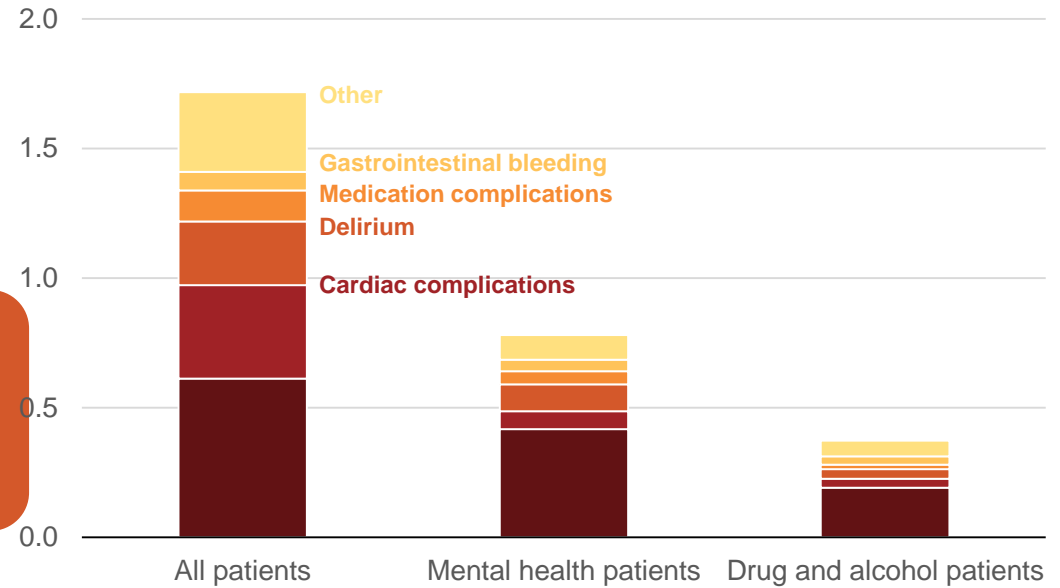
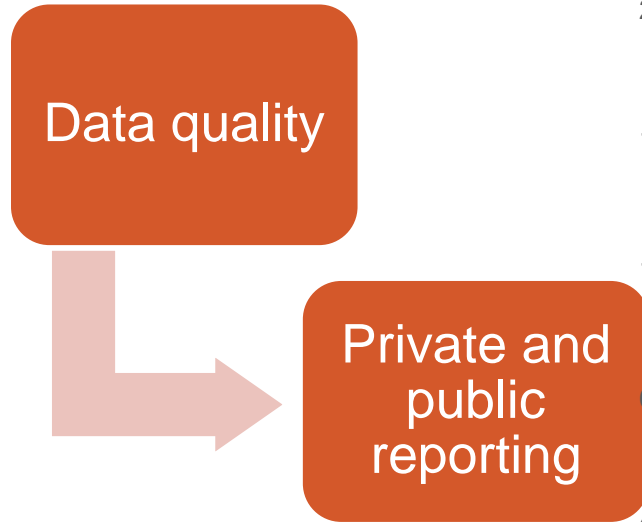
- Publish reports on complications in both public and private hospitals

### Understandable

- Create and include in the data set grouping variables, such as CHADx, HACs and DRGs
- Use data aids to enhance the transparency of reporting for consumers and health professionals



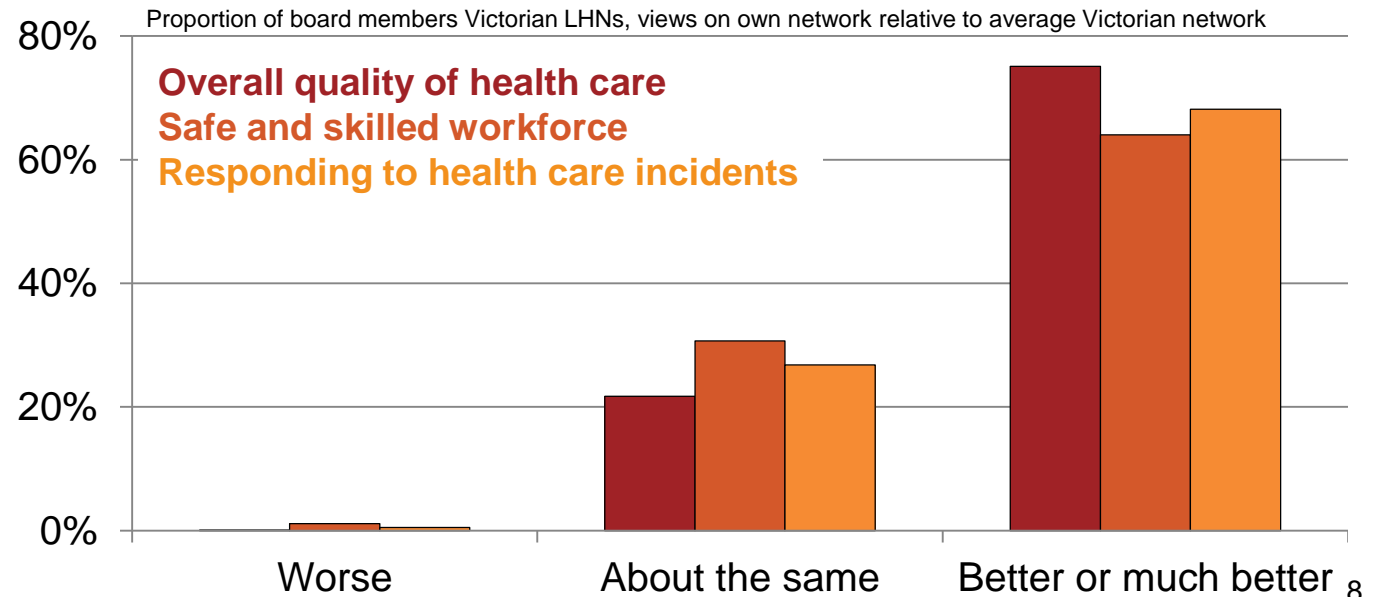
# Initiatives on the path to improving hospital safety



	All admissions	Same day admissions	Multiday admissions
Sentinel events	0.0012%	Not published	Not published
Designated 'Hospital Acquired Complications' (HACs)	2%	0.001%	5%
All complications	11%	3%	27%



# Initiatives on the path to improving hospital safety

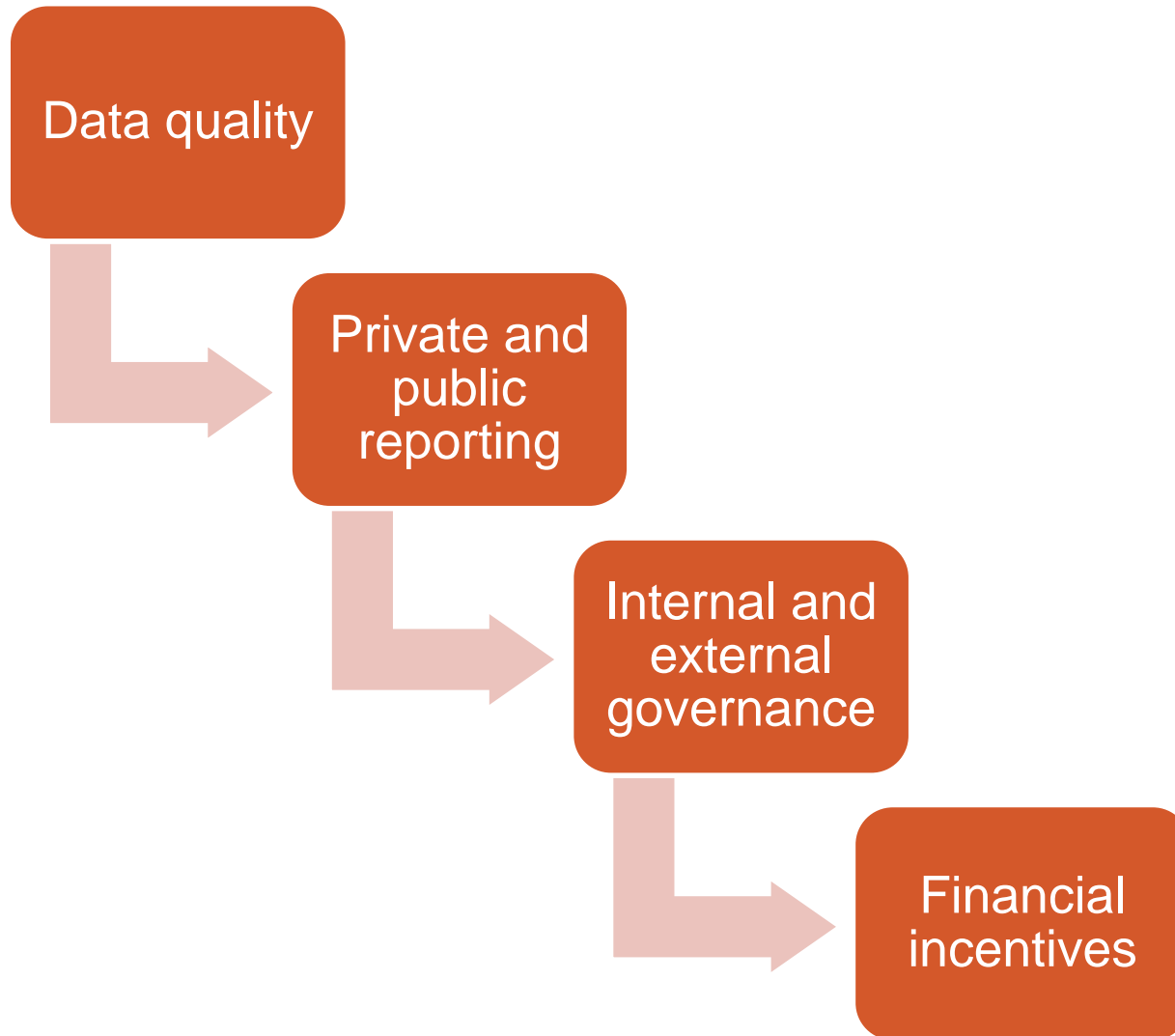


Source: Bismark, M. et al (2013). "The role of boards in clinical governance: activities and attitudes among members of public health service boards in Victoria." *Australian Health Review* 37(5): 682-687

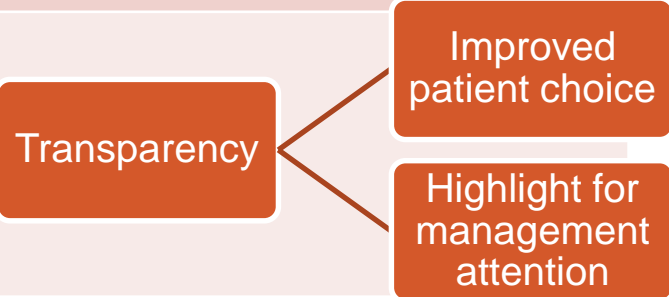


# Initiatives on the path to improving hospital safety

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# Using data to improve hospital safety

<p>What is the community need or problem being addressed?</p>	<p>Complication rates vary significantly</p>
<p>What is the activity or program being implemented?</p>	<ol style="list-style-type: none"> <li>1. Give more and better data to hospitals</li> <li>2. Public reporting: not – at least initially – to improve patient choice, but rather to create incentives for hospitals to improve</li> </ol>
	 <pre> graph LR     A[Transparency] --&gt; B[Improved patient choice]     A --&gt; C[Highlight for management attention]             </pre>
	<p>Public reporting is more likely to be associated with changes in health care provider behaviours than with selection of health services providers by patients or families.</p> <p>Totten, A. M., et al. (2012) 'Closing the quality gap: revisiting the state of the science (vol. 5: public reporting as a quality improvement strategy)', <i>Evidence Reports/Technology Assessments</i>(208.5),</p>

# Using data to improve hospital safety

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<p>What is the context in which the activity or program is being implemented?</p>	<p>Secret squirrel</p>
<p>What are the barriers or enablers impacting the activity or program?</p>	<ul style="list-style-type: none"> <li>• Perceptions that risk adjustment not adequate</li> <li>• Tradition</li> <li>• ? Anxiety</li> </ul>
	<p>Stroke of pen (or more accurately, click of mouse)  <a href="https://grattan.shinyapps.io/all-complications-should-count/">https://grattan.shinyapps.io/all-complications-should-count/</a></p>