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Harnessing data to improve patient care and prevent hospital-acquired complications

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Hospital Acquired Complications (HACs) are associated with profound consequences for patients and significantly increase hospital costs and length of stay. The use of clinical risk mitigation strategies is therefore important and embedded in processes of hospital care. However, prevention resources are lacking and there are shortcomings in their clinical use.

The publication of Australian HAC incidence data is delayed and incomplete. This creates barriers to clinicians, hospitals and their networks evaluating the incidence of HACs in local reporting and benchmarking it externally against broader service provision to improve patient care.

In addition, the monitoring of processes of care related to HACs is not standardised, can be highly variable across hospitals, and results are under-reported. This leads to the inability of clinicians and hospitals to evaluate and compare performance and identify specific areas requiring improvement.

The inclusion of HACs in the publication of quality and safety data is not mandated or advocated for in legislation, frameworks or strategic plans This further obstructs benchmarking, quality improvement efforts and funding. To improve patient access to and understanding of HAC information, consumers must be involved in the codesign of how data is presented and accessed.

Recommendations

- To compliment local reporting, national agencies and organisations should be supported to publish comprehensive HAC data in a timelier manner through the streamlining of publication across fewer platforms and efforts to improve the timeliness of data release and transfer from local to national levels.
- Nationally standardised process of care indicators for all HACs should be developed and nationally available for stakeholders.
- Requirements for the publication of comprehensive HAC data should be embedded in legislation and subsequent policies, frameworks and strategies.
- Clear and transparent HAC data should be published for patients, and approaches to publication should be co-designed.