

**THE ASSOCIATION FOR QUALITY IN HEALTH
CARE (SA)**



New Blood from the Old Stone

- Approaches and Tools for Managing Patient Safety
 - Dr C Farmer
 - RGH
 - St Andrews



Themes

- Measure it
- Integrate it
- Manage it



The Target

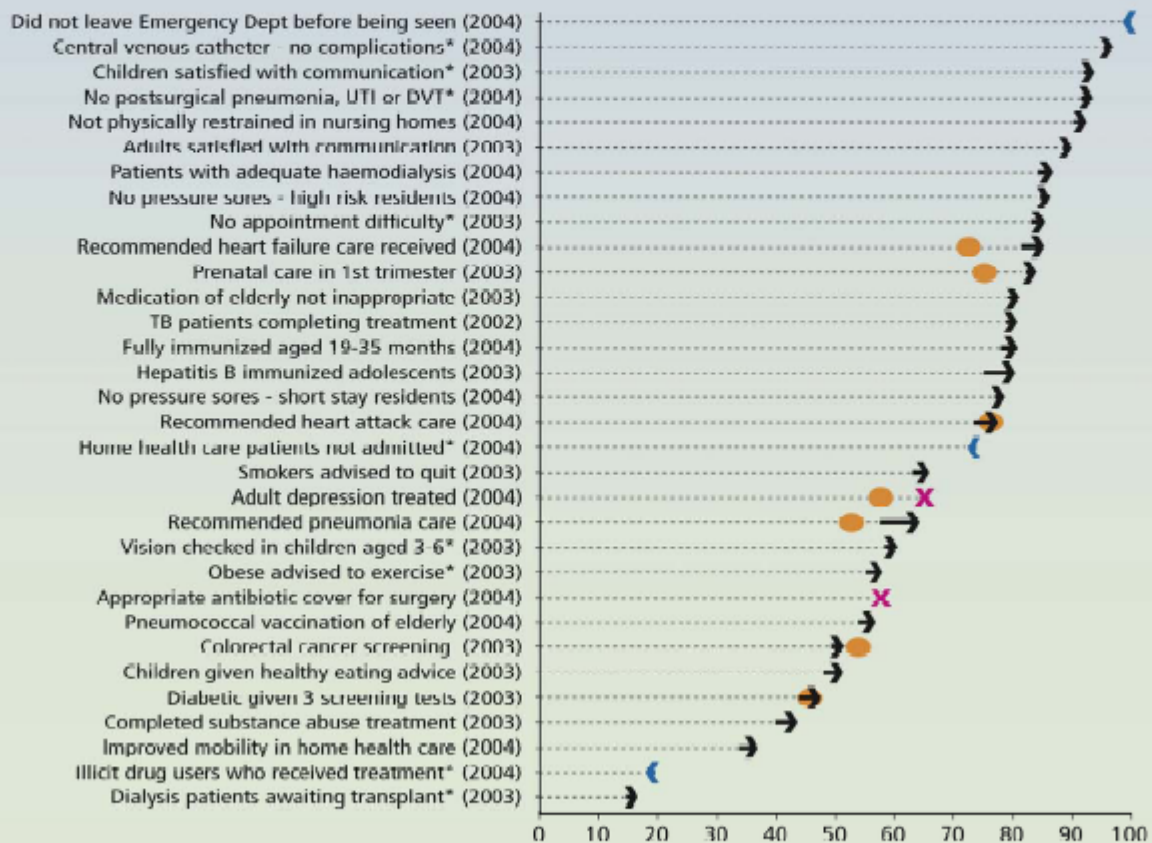
- This is what we are all up against
- Avoidable harm and
- Poor compliance



The twenty principal natural categories with highest resource use from the QAHCS (1995)

PNC	Mean additional length of stay (days)	No of adverse events in each PNC	Total no. of extra days in hospital
Ongoing pain/restricted movement following back surgery	22	22	474
No, delay, inadequate investigation ischaemic heart disease	13	34	451
Wound infection following peripheral procedure	11	29	314
Incisional hernia: post-procedural	10	27	271
Postoperative bowel obstruction/adhesions	13	21	271
Injury due to fall in nursing home	12	19	219
Failed/blocked/ruptured/aneurysm, vascular grafts	13	17	215
Recurrent incisional hernia	9	20	190
Pulmonary embolism postoperatively	8	22	185
Wound infection following abdominal/retro-peritoneal/pelvic procedure	5	35	178
Catheter related urinary tract infection	5	37	174
GI bleeding secondary to NSAID	8	22	167
Diagnosis delay/no/wrong, cancer large bowel	15	9	131
Failed hip replacement	15	8	120
Problem following radiation	7	15	108
Stiffness/restricted movement following joint surgery	11	9	99
Pressure sore/decubitus ulcer	3	32	98
Postoperative atelectasis/nosocomial pneumonia	6	15	96
Pancytopenia following chemotherapy	11	8	90
Bleeding related to warfarin therapy	10	9	87

% OF ELIGIBLE PATIENTS WHO RECEIVED RECOMMENDED OR EXPECTED CARE



* denotes change not significant

PERCENTAGE

Condition

Senile cataract

Breast cancer

Prenatal care

Low back pain

Coronary artery disease

Hypertension

Congestive heart failure

Cerebrovascular disease

Chronic obstructive pulmonary disease

Depression

Orthopaedic conditions

Osteoarthritis

Colorectal cancer

Asthma

Benign prostatic hypertrophy

Hyperlipidemia

Diabetes mellitus

Headache

Urinary tract infection

Community acquired pneumonia

Sexually transmitted disease

Peptic ulcer disease

Atrial fibrillation

Hip fracture

Alcohol dependence

0 20 40 60 80 100

Percentage of Recommended Care Received

My Belief System

- Our health systems are working perfectly as designed
- and so hospitals remain extremely unsafe
- “Unsafety” is costly



Why?

- Because hospitals don't manage their core business as a system
- Because hospitals are not generally staffed, constructed or funded for clinical improvement as a core business strategy-
- but they should be!!!



Why?

- Because clinical improvement is usually seen as a cost and not an investment
- And it is difficult because we don't know how to set about it



Because...

- You only manage what you measure and as mainly corporate parameters are measured that is what is managed
- and “the rest” is left to highly skilled individuals (without management systems)
- so it isn't...



But

- It can be done! – as part of normal work



So therefore...

- Start by making clinical performance just as *visible and important* as money measures and it **will** be managed alongside corporate measures!!!
- Add them into the corporate reporting processes
- Start with the big targets of clearly unsafe practices



Which are?

- Infections
- Drug errors
- Falls
- Pressure sores
- Diabetic management
- Failure to recognise seriousness of condition



And they cost?

- MRSA - \$10,000
- Septicaemia - \$30,000
- Pressure area – up to - \$70,000
- Drug events - \$2,800
- Falls – variable - \$0 – 10,000+
- Diabetic management recently identified – likely to very expensive



And then measure them



Design Principles 1

- Measurement must be quick and easy
- It must arise from the processes of care
- Re-presentation must be pictures, pictures and pictures
- Rapid feedback essential
- Local ownership mandatory
- Made part of the senior management process



Do it again with more measures

- Gradually add them together into a reporting system
- the **lean cheap** private hospital approach IPMS style or
- the **expensive profligate automated** public sector system!



Integrated Performance Management System IPMS

- St Andrews system designed around Word Excel and Power Point
- Using IT is already available everywhere
- No software /hardware costs
- Easy cheap but eventually limited



IPMS

- Desk top icons linked to spread sheets
- Local area data input to spread sheets
- Clinical auditor makes graphs from data
- Graphs linked to desk top icons for feedback
- Word documents linked to graphs
- All graphs and action comments available in power point report



G:\RISK BUCKET

- [-] RISK BUCKET
 - [+] ACHS Functions Standard
 - [+] Action Details
 - [+] Clinical Indicators
 - [+] Equip Index
 - [+] Indicator Development
 - [+] Medibank Falls Project
 - [+] OHS&W
 - [+] Patient Satisfaction
 - [+] Quality Projects
 - [+] Risk & Quality Reports
 - [+] Top 10 Risks
 - [+] Risk Management
 - [+] SASS0400
 - [+] SETUP
 - [+] SHARE
 - [+] SHELLS
 - [+] softlog
 - [+] Staff Development Centre
 - [+] Stomal Therapy
 - [+] Stores - Supply
 - [+] SYSTEM32
 - [+] Template
 - [+] Training
 - [+] Volunteers
 - [+] Wards 1st Floor
 - [+] Wards 2nd Floor
 - [+] Wards 3rd Floor
 - [+] Wards 4th Floor
 - [+] word
 - [+] Xmas 2005
 - [+] ZZ Moved from G root
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- lotus archive\$ on 'Disk01' (L:)

- ACHS Functions Standards PIPs
- Action Details
- Clinical Indicators
- Equip Index
- Indicator Development
- Medibank Falls Project
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- Risk & Quality Reports
- Top 10 Risks

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RISK BUCKET

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ACHS Functions Standard

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Risk Management

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Staff Development Centre

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Stores - Supply

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Training

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Volunteers

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Wards 1st Floor

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Wards 2nd Floor

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Wards 4th Floor

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ZZ Moved from G root

heather\$ on 'Fileserver1' (H:)

lotus archive\$ on 'Disk01' (L:)

10am Discharge

AB's

ACHS Recommended

Adverse Events

Anaesthetic

Anticoagulation

Bedside Emergency Equipment

Breast Centre

Consent

Core Temp

Delayed Discharge

Discharge Services

Documentation

DPS

Drug Incidents Pharmacy

DVT

Education

Falls

Gentamicin

HDU

ICU

Incident

Infection Control

Manuals

MRN's

Narcotics

Nausea

Numbers

OR

PE's

PICC Line Days

PICC's

Pre-admission Clinic Stats

Readmits

Recovery to Ward Times

Risk Reports Coding

Triage Times

Unplanned HDU - ICU

Unplanned Overnight Stay

cpchart.xls

Main Menu

■ ACHS Indicators

[Link to ACHS Indicators](#)

CI Infection Control

CI Pulmonary Embolism

CI Return to Operating Room

CI Core Temperature

CI Hospital Readmissions

CI Emergency Services

CI Anaesthetic Services

CI Falls

■ Service Performance Indicators

[Link to PI's](#)

Drug Incidents

Consent

Adverse Events

Discharge Before 10am

Breast Centre

Pre-admission Clinic

Patient Satisfaction

■ Dimensions of Quality

[Link to Dimensions](#)

Safety

Access

Effectiveness

Patient Satisfaction

Appropriateness

Efficiency

■ Top 10 Risks

[Link to Top 10 Risks](#)

■ Staff Performance Indicators

[Link to Staff Indicators](#)

Documentation

Mandatory Competencies

OHS&W Incidents Reporting

■ Drug Prescribing / Administration Errors

[Link to Drug Errors](#)

■ Performance Improvement Projects

[Link to Master Index](#)

■ Equip 4

[Link to Equip Master Index](#)

■ Committee Minutes

[Link Committee Minutes](#)

- CI Infection Control [More Details](#)
 - CI Pulmonary Embolism [Link to Graph](#)
 - CI Return to Operating Room [Link to Graph](#)
 - CI Falls [More Details](#)
 - CI Core Temperature [Link to Graph](#)
 - CI Hospital Readmissions [Link to Graph](#)
 - CI Emergency Services [More Details](#)
 - CI Anaesthetic Services [More Details](#)
-

Infection Control

[Main Menu](#)

[Top 10 Risks](#)

[Link to ACHS](#)

[Link to PI's](#)

- **Green – Very Good**
- **Amber – Acceptable**
- **Red – Review**
- **Pink – New / Improved**

■ Hips (S) [Link to Graph](#)

■ Knees (S) [Link to Graph](#)

■ Colectomy (S) [Link to Graph](#)

■ Fem-pop (S) [Link to Graph](#)

■ AAA (S) [Link to Graph](#)

Hips (D) [Link to Graph](#)

Knees (D) [Link to Graph](#)

Colectomy (D) [Link to Graph](#)

Fem-pop (D) [Link to Graph](#)

AAA (D) [Link to Graph](#)

CI No 1.1 Superficial Incisional SSI in Hip Prosthesis Procedures [Next](#)

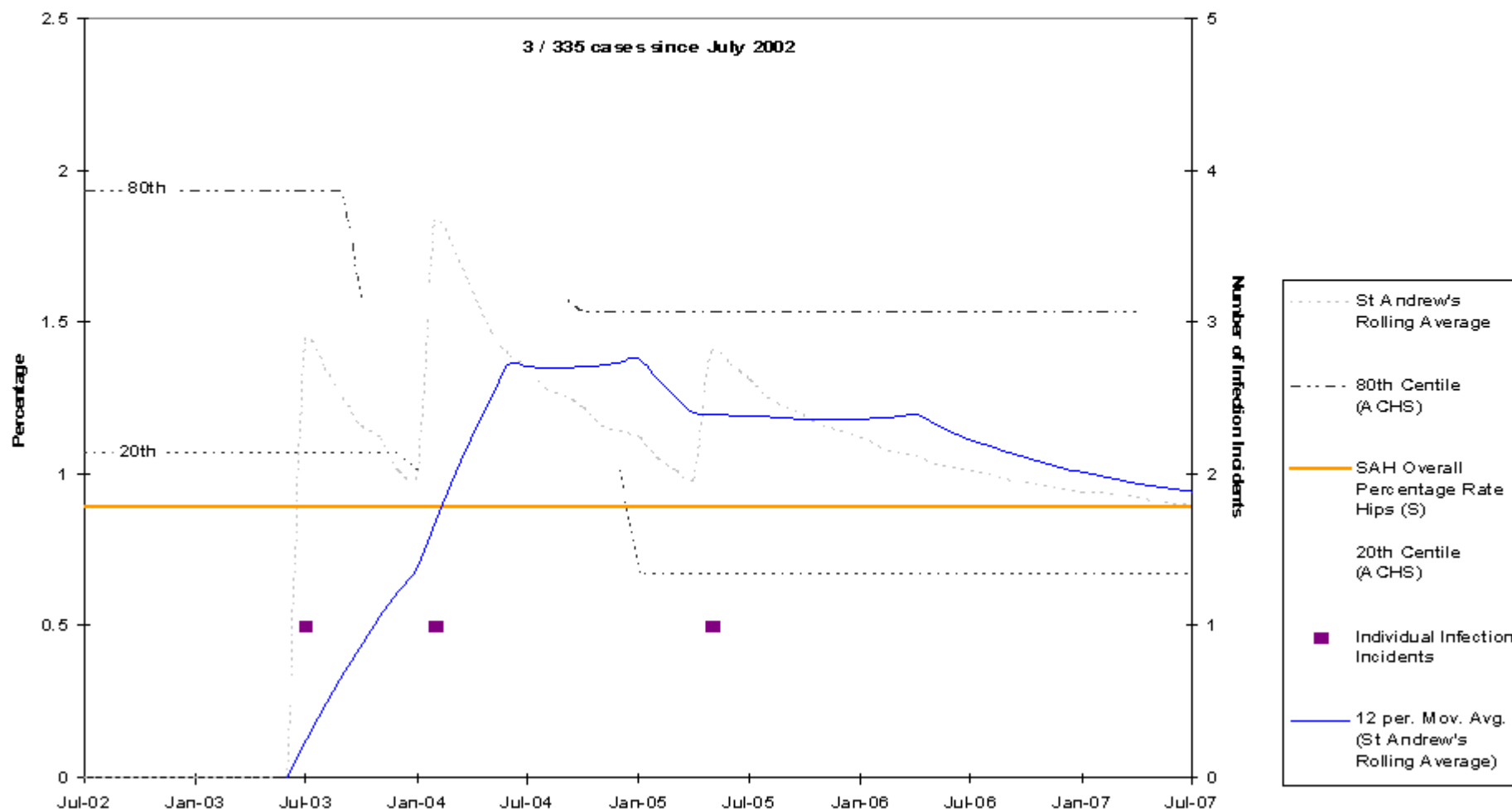
[Link to IC](#)

[Link to Actions](#)

[Main Menu](#)

Numerator:- The number of superficial incisional SSI in hip prosthesis procedures performed during the surveillance period.

Denominator:- The number of hip prosthesis procedures performed during the surveillance period.



ICI No 1.1 Superficial Incisional Surgical Site Infections (SSI) in Hip Prosthesis Procedures

[Link to Graph](#)

Description

Numerator – The number of superficial incisional SSI in hip prosthesis procedures performed during the surveillance period

Denominator – The number of hip prosthesis procedures performed during the surveillance period

Actions / Comments

26th July 2007

The period under review now extends from July 2002 to May 2007. There have been a total of 3 cases of superficial incisional SSI identified during this period. No cases identified since May 2005. The overall SAH percentage rate is 0.9% which is between the ACHS 20th and 80th centile rates. Overall, the graph demonstrates a downward trend.

The St Andrew's annual average infection rate changes during the period under review dependent on the number of procedures performed.

(The total number of procedures performed in the period under review= 334)

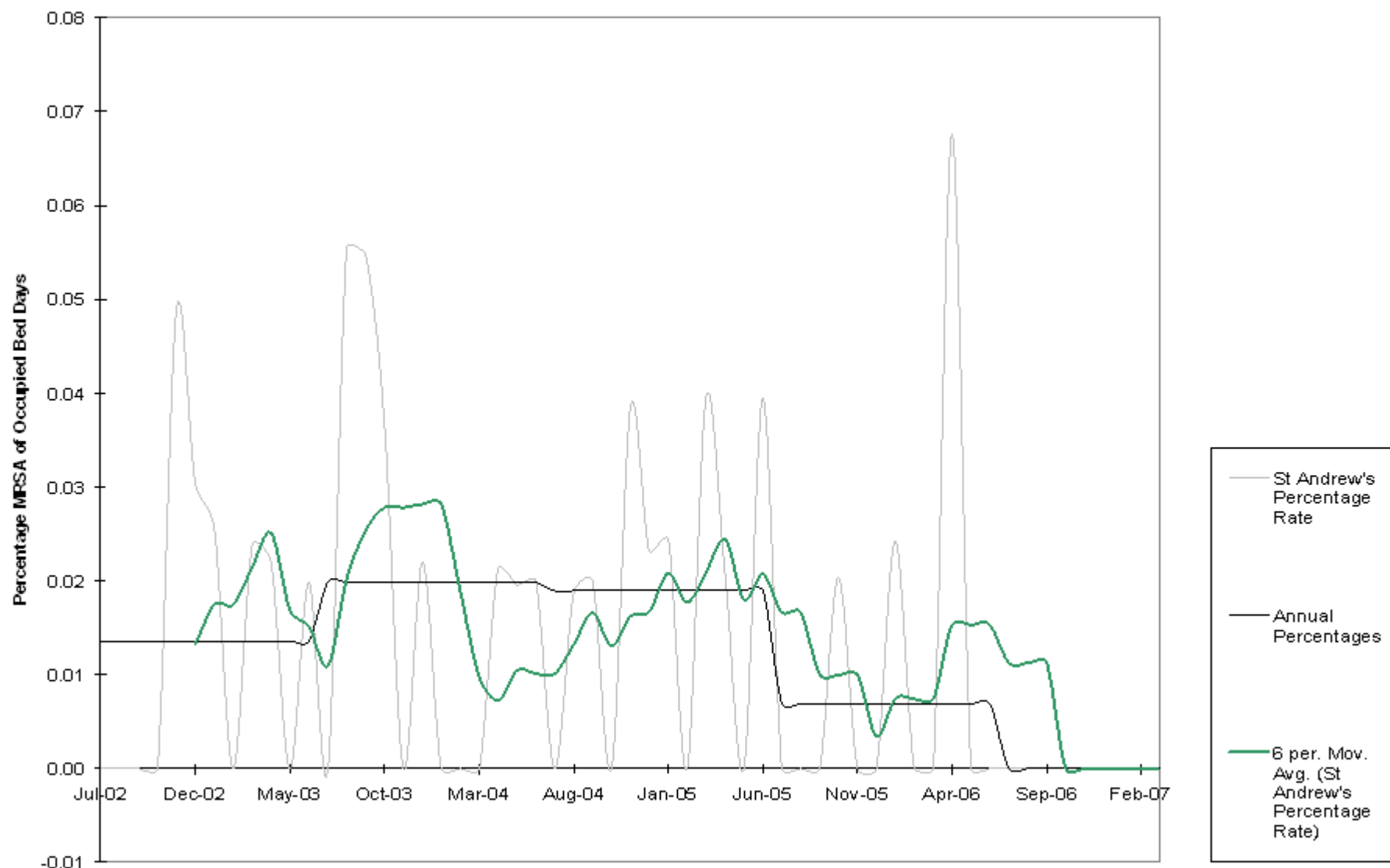
Linda Jarratt
Infection Control Coordinator

Infection Control – MRSA

Hospital Acquired MRSA as Percentage of Occupied Bed Days

[Next](#) [Link to IC - PI's](#)

[Main Menu](#) [Link to Actions](#)

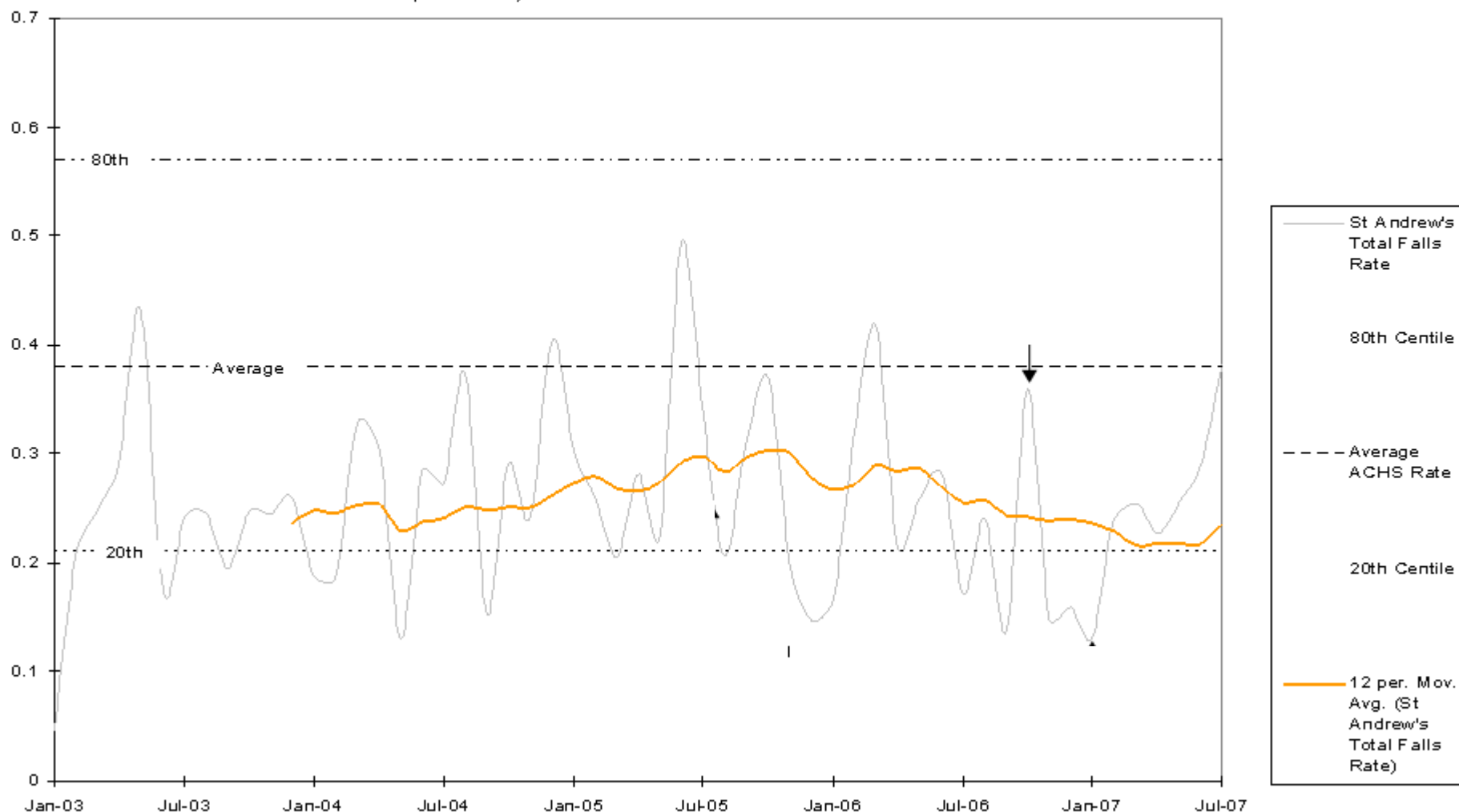


CI No 5.1 Total Patient Falls Rate

[Next](#) [Link to Safety](#) [Link to Falls](#) [Main Menu](#) [Link to ACHS](#)
[Link to Actions](#)

Numerator: Total number of patient falls

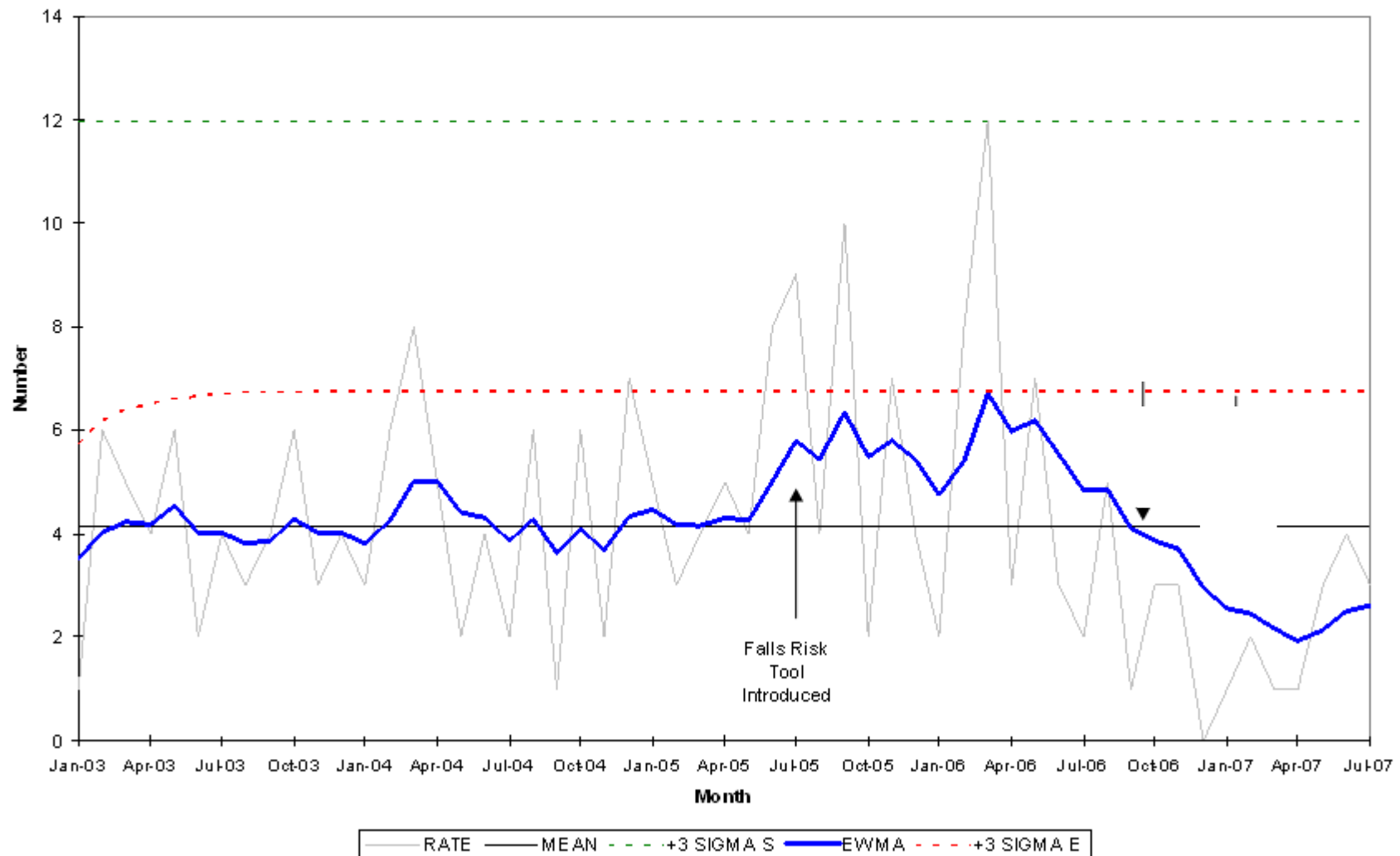
Denominator: Total number of occupied bed days



No of Falls – with Intervention

[Next](#) [Link to Safety](#) [Link to Falls](#)
[Main Menu](#) [Link to ACHS](#) [Link to Actions](#)

EWMA CHART - Falls with Intervention

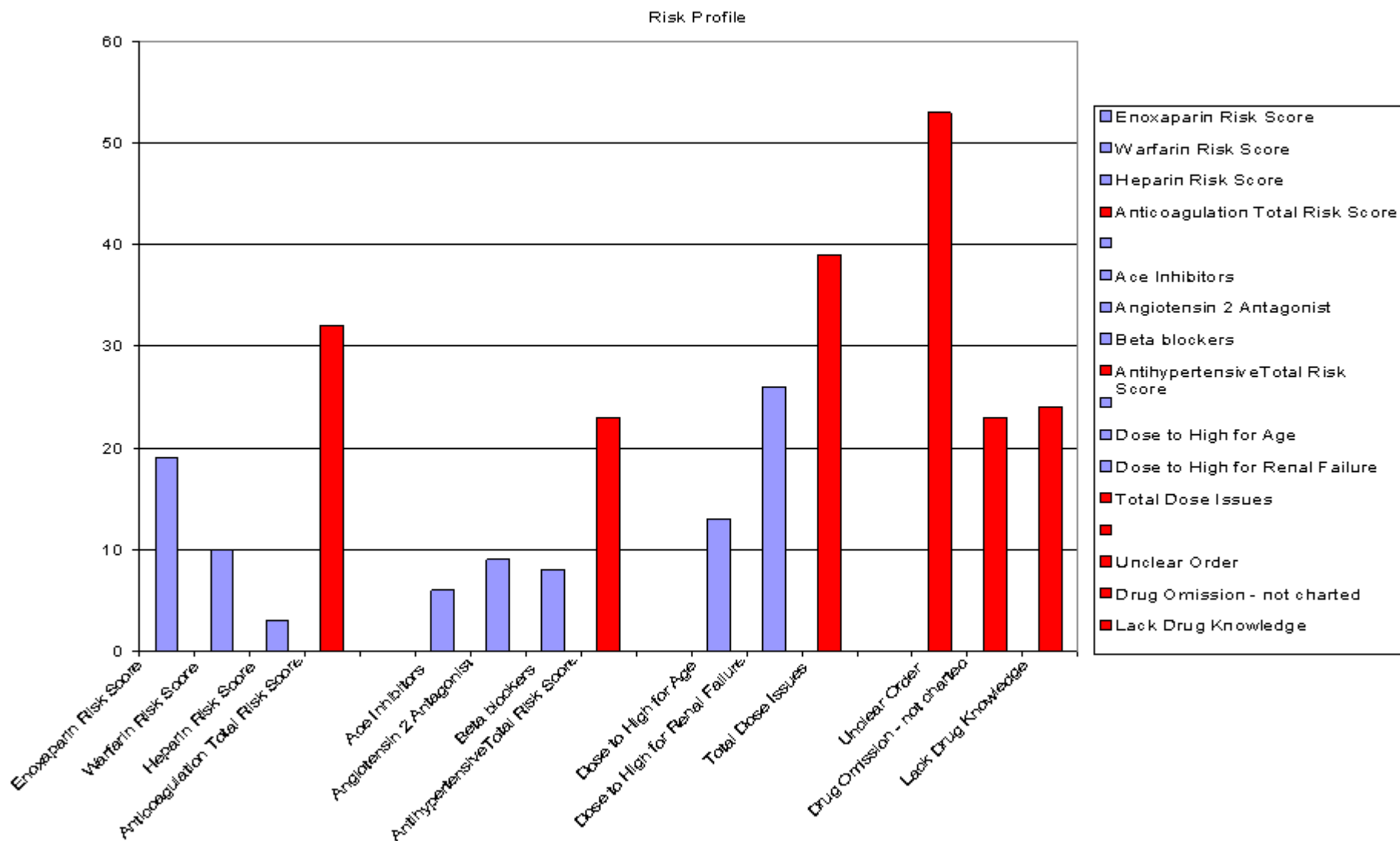


Drug and Pharmacy – Snap Shot

Reported via Clinical Pharmacy Program

[Next](#) [Link to PI's](#) [Link Back](#)

[Main Menu](#) [Link to Actions](#)

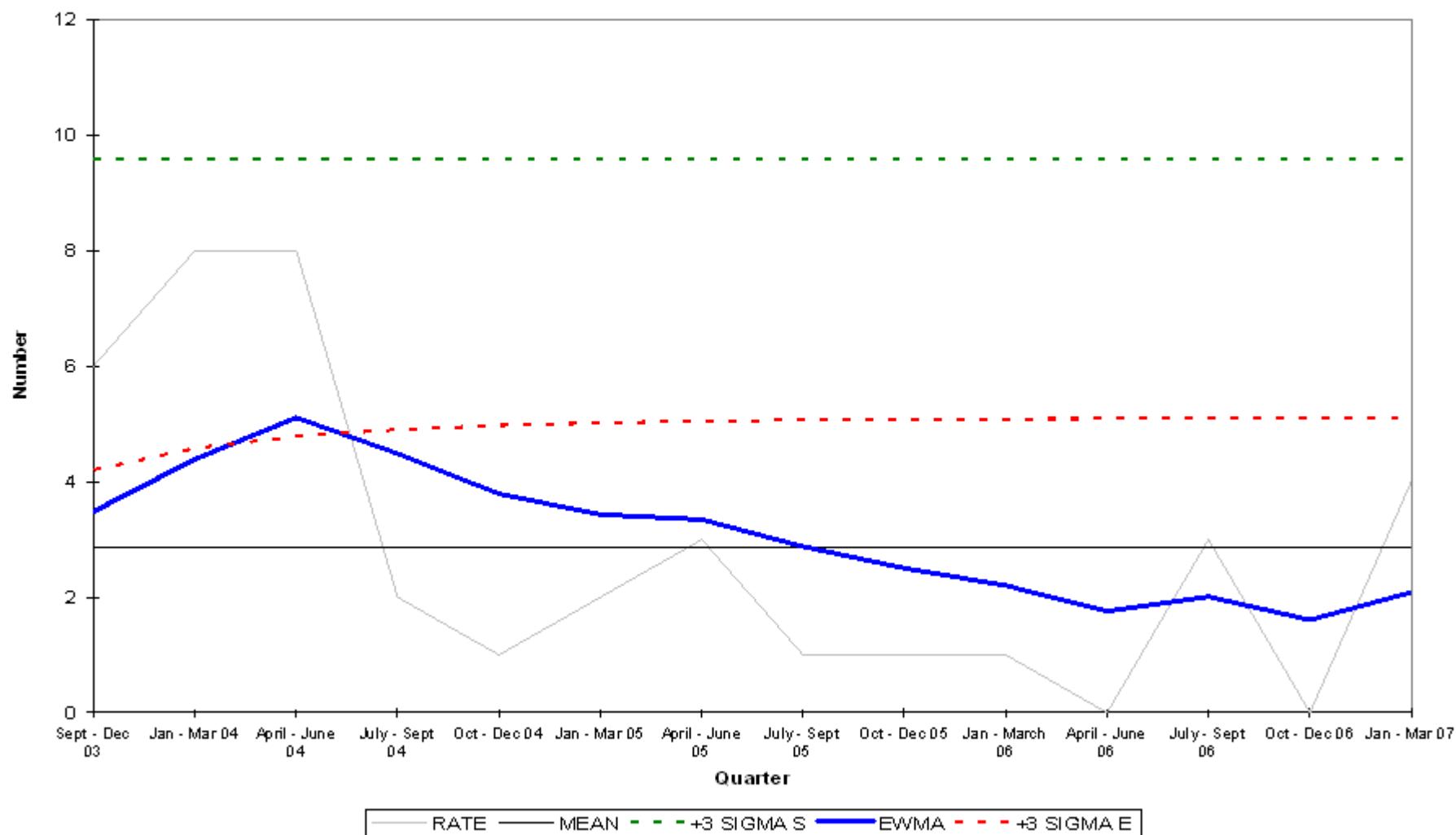


Adverse Events with Medico – legal Potential – Medical

Incident and Verbal Reports

[Next](#)[Link Back](#)[Main Menu](#)[Link to PI's](#)[Link to Actions](#)[Link to Safety](#)

EWMA CHART - Adverse Events - Medical



Adverse Events with Medico-legal Potential – Surgical

Incident and Verbal Reports

[Next](#) [Link Back](#)

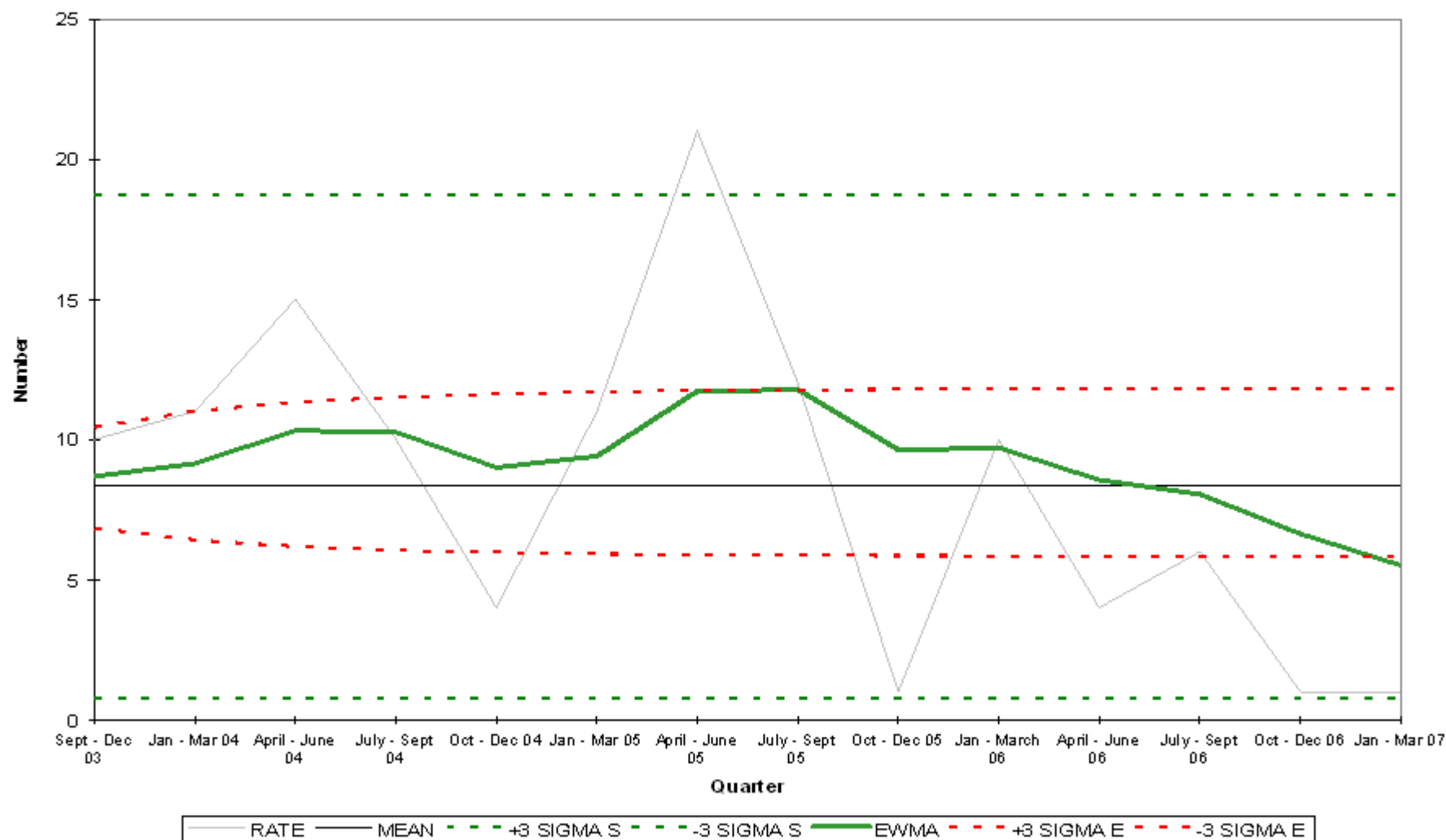
[Main Menu](#)

[Link to PI's](#)

[Link to Actions](#)

[Link to Safety](#)

EWMA CHART - Adverse Events - Surgical



Equip 4	Measure	CI No	Graph	Actions Page
2.1.1	Quality Improvement Projects		Master Index PIP.doc	
1.1.4	Pulmonary Embolism	CI No 1.1	PE Graphs.xls	PE Actions
1.1.5	Hospital Readmissions	CI No 2.1	Readmits Graphs.xls	Readmission Actions
1.1.6				
1.1.5	Return to Operating Room	CI No 3.1	OR Graphs.xls	Return to Theatre Actions
1.1.6				
1.2.2	Triage Times Cat 2	CI No 1.2	ACHS NTS 2.xls	ES Category 2.doc
1.2.2	Triage Times Cat 2	CI No 1.3	ACHS NTS 3.xls	ES Category 3.doc
1.2.2	Triage Time Cat 4	CI No 1.4	ACHS NTS 4.xls	ES Times Category 4.doc
1.2.2	Triage Time Cat 5	CI No 1.5	ACHS NTS 5.xls	ES Category 5.doc
1.2.2	Cat 2 Admits		Admits Cat 2.xls	Cat 2 Admits Action
1.2.2	Cat 3 Admits		Admits Cat 3.xls	Cat 3 Admits Actions
1.2.2	Cat 4 Admits		Admits Cat 4.xls	Cat 4 Admits Actions
1.2.2	Cat 5 Admits		Admits Cat 5.xls	Cat 5 Admits Actions
1.2.2	Total Admits		Total Admit.xls	
1.2.2	Re-Visits to ES		Revisits cpchart.xls	Revisits Actions
1.1.6				
1.2.2	Diversion – Total Hours		Total Diversion Times cpchart.xls	Diversion Actions
1.2.2	Diversion Rates		Diversion Graphs.xls	Diversion Actions
1.1.3	Pre-operative Consult	CI No 1.3	Pre anaesthetic.xls	Pre-anaesthetic Consult Actions
1.1.8	Intra-operative Records	CI No 2.2	Intra Op.xls	Anaesthetic Records Actions
1.1.4	Core Temperature	CI No 3.6	Monthly Graphs.xls	Core Temp Actions
1.1.4	Core Temperature by Speciality		Speciality.xls	Core Temp Actions
1.5.4	Falls Total by OBD	CI No 5.1	Total Falls.xls	Falls Total Actions

Master Index PIP's

Title of Project	Comm Date	Responsible Person	Link to PIP Document	Link to Action / Evidence	Completed Date
+					
ALS training – Staff Satisfaction	Nov 2006	CCU	Link to doc		
ALS Workshop	Dec 2006	Jacque Allocca – CCU	Link to doc		Feb 2007
Astrotherm Blood Warmer Education	Nov 2006	Jacque Allocca – CCU	Link to doc		March 2007
Automated External Defibrillators Integration	Feb 2007	Alison Saries – SDC	Link to doc		
Burns Box	April 2007	Geoff Geeson – ED	Link to doc		April 2007
Chemical Elements Information	Jan 2007	3 rd Floor	Link to doc		January 2007
Chemotherapy Gowns	Oct 2006		Link to doc		January 2007
Chemotherapy Spill Kit			Link to doc		
Children's Ward	Aug 2007	Kirstyn Schmidt / Suzie Burrow – 4 th Floor	Link to doc		
Clinical Equipment Practical	Jan 2006	Gail Higgins – SDC	Link to Doc		
CN Orientation Pack	July 2007	Belinda Maas – 4 th Floor	Link to doc		
Communication Flyer	Jan 2006	Belinda Maas – 4 th Floor	Link to doc		
Compression Therapy	Feb 2006	Belinda Maas – 4 th Floor	Link to doc		
Cytotoxic Spill Management	July 2007	Lisa Mucklow – DCS	Link to doc	Link to action	July 2007
D/C Leaflets for Oncology Patients	July 2006	Judy Aldam – 3 rd Floor	Link to doc		July 2007
Dialysis Stamp	August 2006	Jacque Allocca – CCU	Link to doc		Sept 2006

Integrate It

- Used as the main reporting set for Risk and Quality Committee from the network live onto a screen
- Same for Medical Committee
- And the Board
- And Equip surveyors at any time without notice...



Design Recap 2

- Measurement must be quick and easy
- It must arise from the processes of care
- Re-presentation must be pictures, pictures and pictures
- Rapid feedback essential
- Local ownership mandatory
- Made part of the senior management processes



RGH “Collage” System

- Different design but the same principles
- More complex but more capable





Update S

Committee

- ☐ Elective Surgery Committee Reports
- ☐ Emergency Department Committee Reports
- ☐ Executive Report Card
- ☐ Infection Control Committee
- ☐ Patient Safety and Services Report Card
- ☒ Division
 - ☐ Division of Medicine
 - ☐ Division of Mental Health
 - ☐ Division of Nursing
 - ☐ Division of Rehab and Aged Care
 - ☐ Division of Surgery

takeholder

ystems

☒ Unit

☒ Ward

Getting Started

Expand the tree on the left to select the report you wish to view.

The traffic lights indicate recent results that may be out of their normal range.

Add your comments below. Your interpretation is most valuable.

Comments and Interpretation - To add a new comment click the "Add New" button below

Add New

Heading

Comment / Action / Risk




Comment

☒ Display With Chart

Recorded By:

Recorded On:



Committee

- Elective Surgery Committee
- Emergency Department Con
- Executive Report Card
- Infection Control Committee
- Patient Safety and Services

Division

- Division of Medicine
- Division of Mental Health
- Division of Nursing
- Division of Rehab and Agec
- Division of Surgery

stakeholder

- Chris Farmer
- Geoff Tattersall
- Karen Parish
- Maria Crotty
- Paddy Phillips
- Peter Footner
- Richard Kelly
- Ros Street

systems

- ERS
- Health Information Portal
- OACIS CRR- Separation Su
- WebCentral

Unit

- Aged and Extended Care
- Allergy / Immunology
- Cardiology
- Casualty
- Dermatology
- Ear Nose and Throat
- Endocrinology and Nephrolc
- Gastroenterology
- General Surgery
- Oncology / Haematology
- Ophthalmology

Getting Started

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Heading

Comment / Action / Risk

Comment

☐ Display With Chart

Recorded By:

Recorded On:



Update S

- Committee**
 - Elective Surgery Committee Reports
 - Emergency Department Committee Reports
 - Executive Report Card
 - Activity
 - Hospital Average Length of Stay
 - Hospital Separations
 - Customer Satisfaction
 - Finance
 - Safety and Quality
 - Infection Control Committee
 - Committee Minutes
 - Executive Summary
 - Hospital Acquired Blood Stream Infections per Month
 - Infection Rate - Staph Aureus Bacteraemia
 - Staph Aureus Bacteraemia - Methicillin Resistant
 - Staph Aureus Bacteraemia - Methicillin Sensitive
 - Staph Aureus Bacteraemia - Total Hospital
 - MRO Report
 - SSI Report
 - Targeted surgical wound surveillance
 - Patient Safety and Services Report Card
 - ACAT Reports
 - AIMS- All completed incidents - Reports
 - Elective Surgery Performance Report
 - Falls
 - Medication
 - Pressure Ulcers
 - Transfusion Audit
- Division**
 - Division of Medicine
 - Division of Mental Health
 - Division of Nursing
 - Division of Rehab and Aged Care
 - Division of Surgery
 - Stakeholder
 - Chris Farmer
 - Geoff Tattersall
 - Karen Parish

Getting Started

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Recorded By:

Recorded On:



Update S...

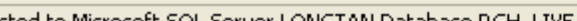
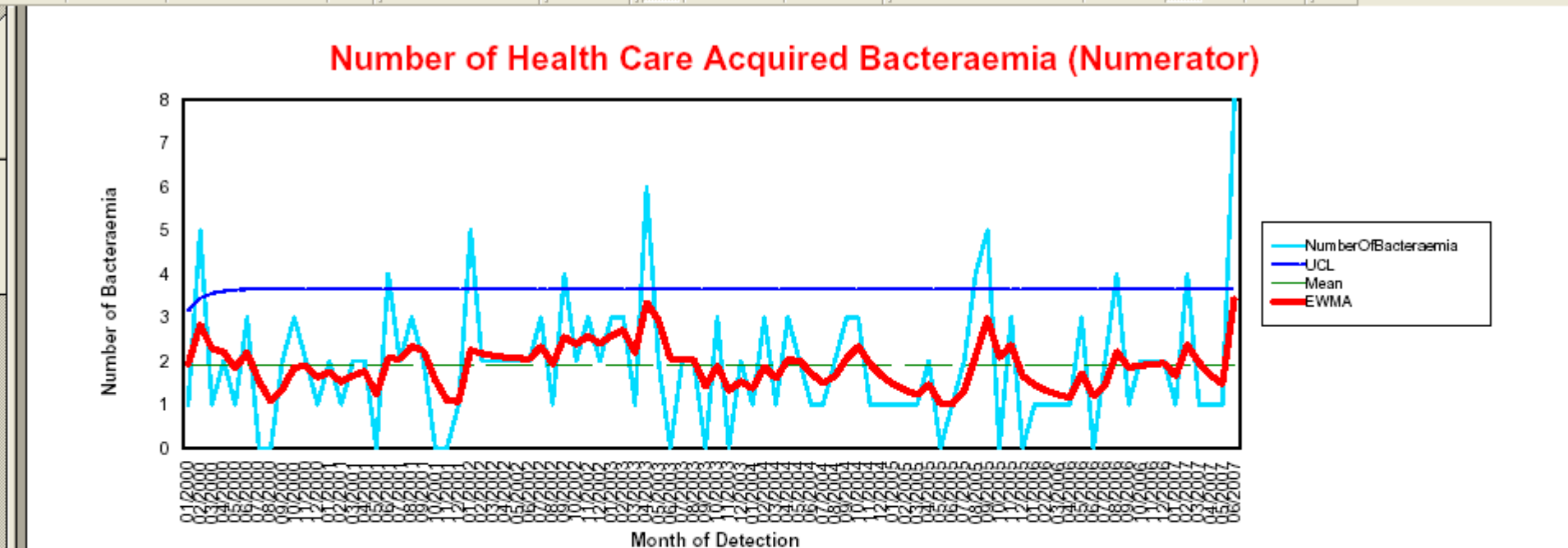
- SSi Report
- Targeted surgical wound surveillance
- Patient Safety and Services Report Card
 - ACAT Reports
 - AIMS- All completed incidents - Reports
 - AIMS - Number of Actual SAC 1 / Month
 - AIMS - Number of Actual SAC 2 / Month
 - AIMS- Aggression
 - AIMS- All completed incidents
 - AIMS- Behaviour
 - AIMS- Blood/Blood Products
 - AIMS- Staff Injury as a Result of Aggression
 - Elective Surgery Performance Report
 - Falls
 - Falls - % Resulting in Fracture
 - Falls - % Resulting in Open wound/s
 - Falls - % Resulting in Wound/s
 - Falls - Total Resulting in Fracture
 - Falls - Total Resulting in Wound
 - Falls < 65 Years old
 - Falls > 65 Years old
 - Falls in Hospital - Per 1000 Bed Days
 - Falls in Hospital - Per 1000 Bed Days - Exc Wards PS and PG
 - Total Falls
 - Medication
 - Clinical Pharmacy Intervention Profile
 - Medication Incidents - (AIMS)
 - Number of Drug Related Problems Due to High Dosing
 - Number of Drug Related Problems Related to Enoxeparin
 - Number of Drug Related Problems Related to Gentamicin
 - Number of Drug Related Problems Related to Warfarin
 - Number of Major and Critical Drug Related Problems
 - Outcome of Drug Related Problems
 - Pressure Ulcers
 - Pressure Ulcers - Hospital Acquired
 - Pressure Ulcers - Hospital Acquired
 - Transfusion Audit
- Division
- Division of Medicine

100% 1

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Comments and Interpretation - To add a new comment click the "Add New" button below

Heading	Comment / Action / Risk
<input type="text"/>	<input type="text"/>
Comment	<input checked="" type="checkbox"/> Display With Chart
<input type="text"/>	
Recorded By:	Recorded On:





Update S...

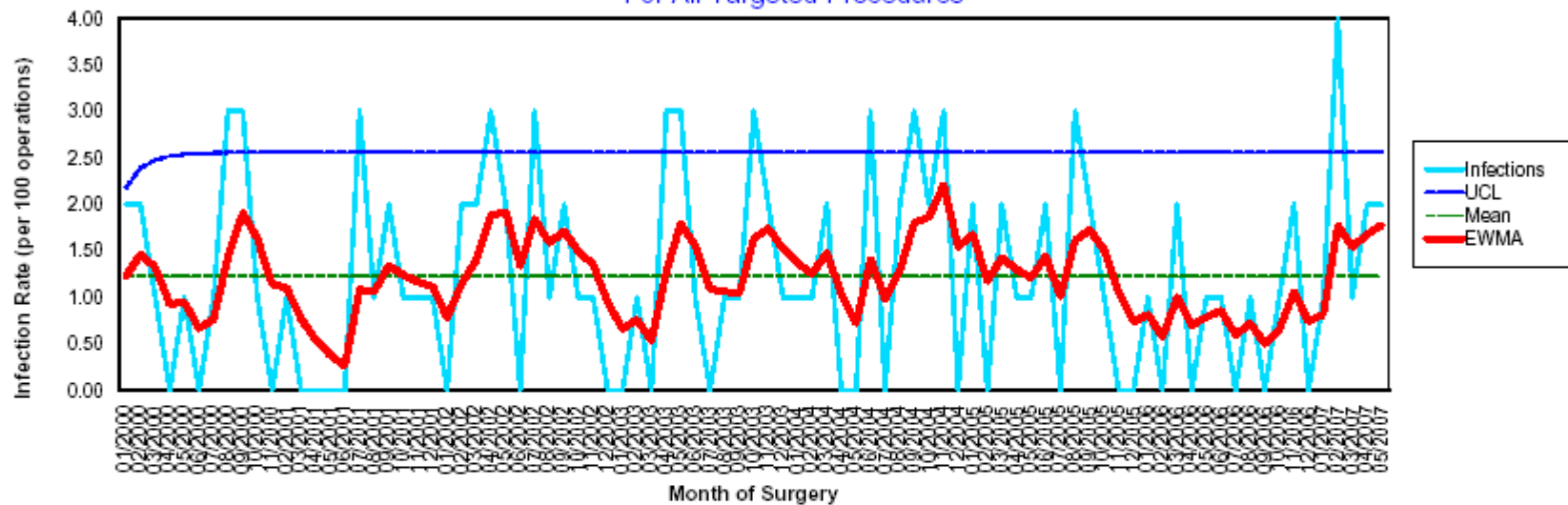


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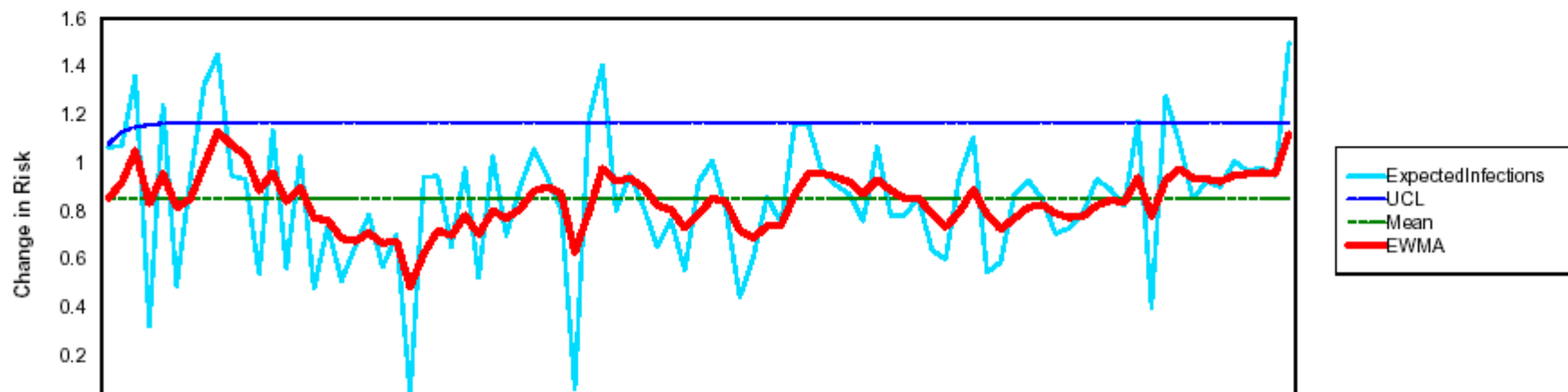


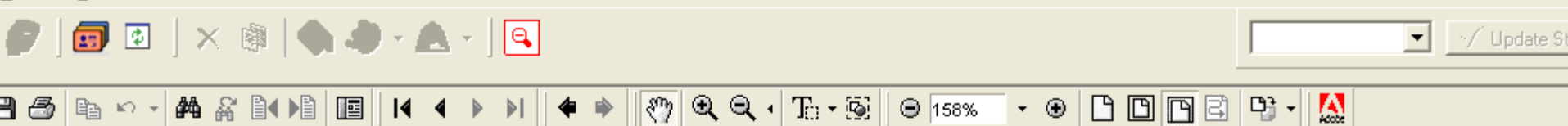
Infection Rates

For All Targeted Procedures

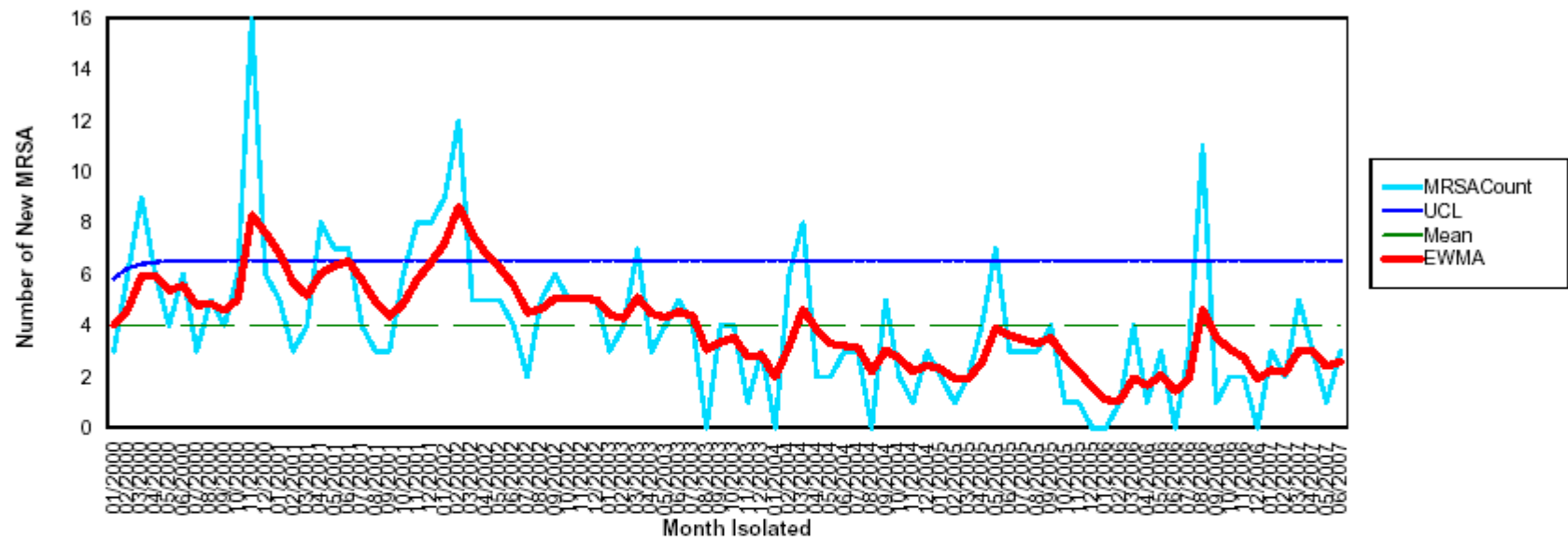


Infection Risk Analysis

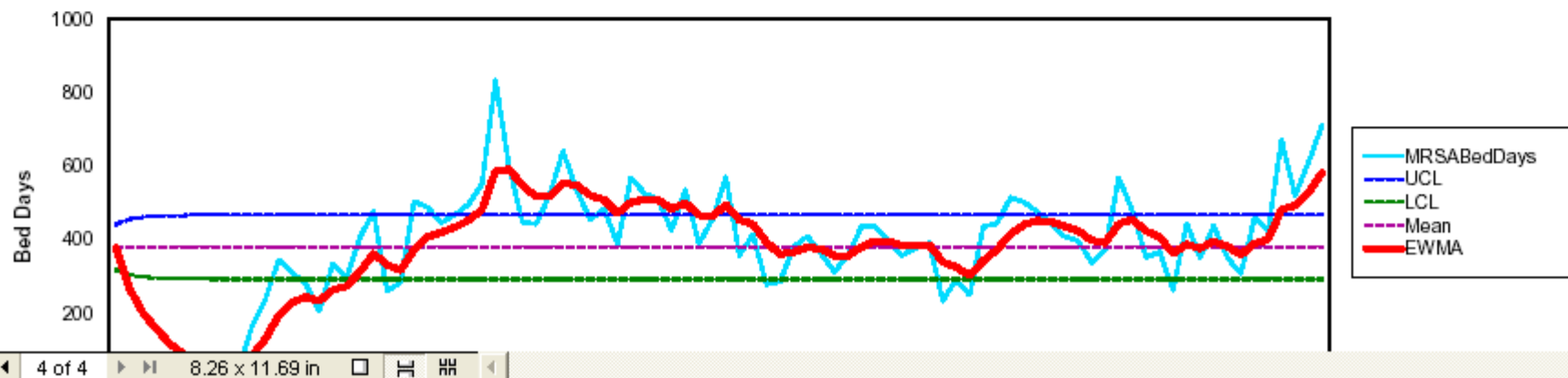




Healthcare Acquired MRSA

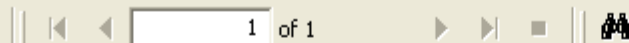


MRSA Bed Days





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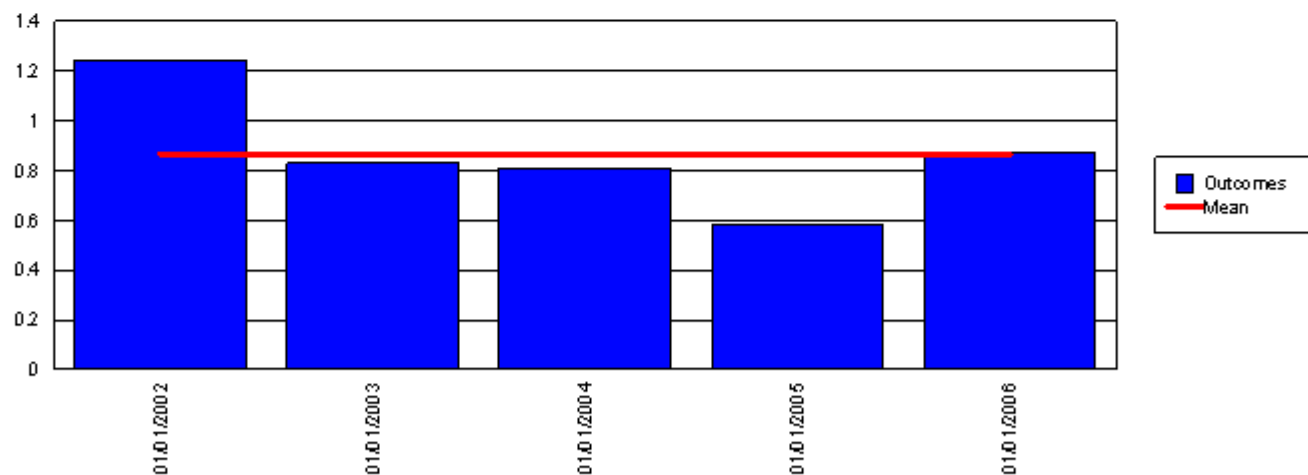
Staph Aureus Bacteraemia - Total Hospital

From January 2002 to January 2006

Infection Rate per Year - Staphylococcus Aureus Bacteraemia (All).

Benchmark: Infection Control Service CDCB. "For the calculation of overall trends in BSI rates, the denominator used is occupied bed-days for patients with a length of stay > 48 hours"

The rate used is per 10,000 OBDs



Comment

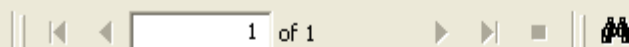
Test

sbliss

23/08/2007 3:16PM



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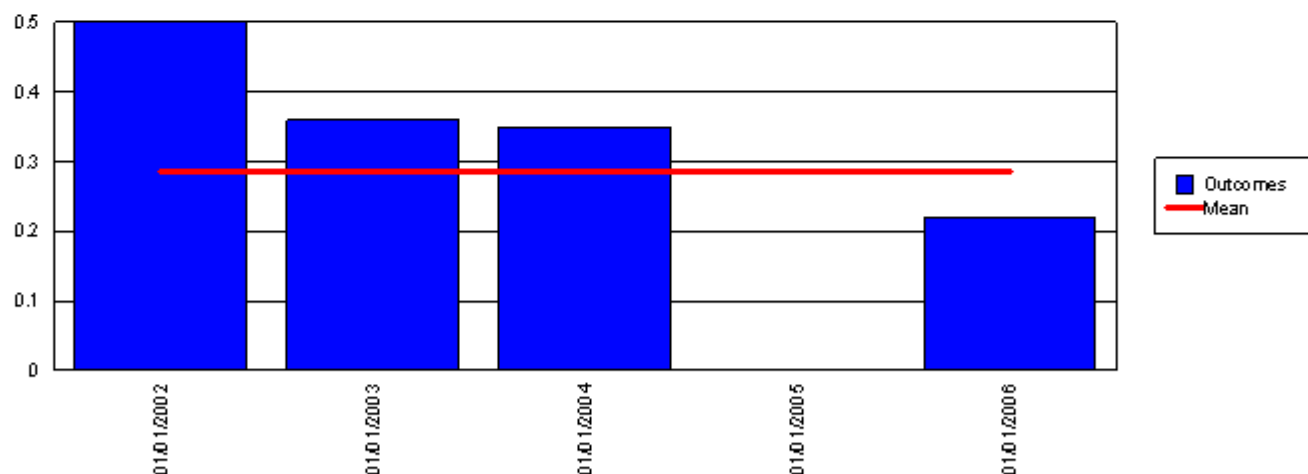
Staph Aureus Bacteraemia - Methicillin Resistant

From January 2002 to January 2006

Infection Rate per Year - Staphylococcus Aureus Bacteraemia Methicillin Resistant

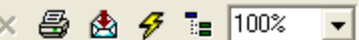
Benchmark: Infection Control Service CDCB. "For the calculation of overall trends in BSI rates, the denominator used is occupied bed-days for patients with a length of stay > 48 hours"

The rate used is per 10,000 OBD's





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Repatriation General Hospital

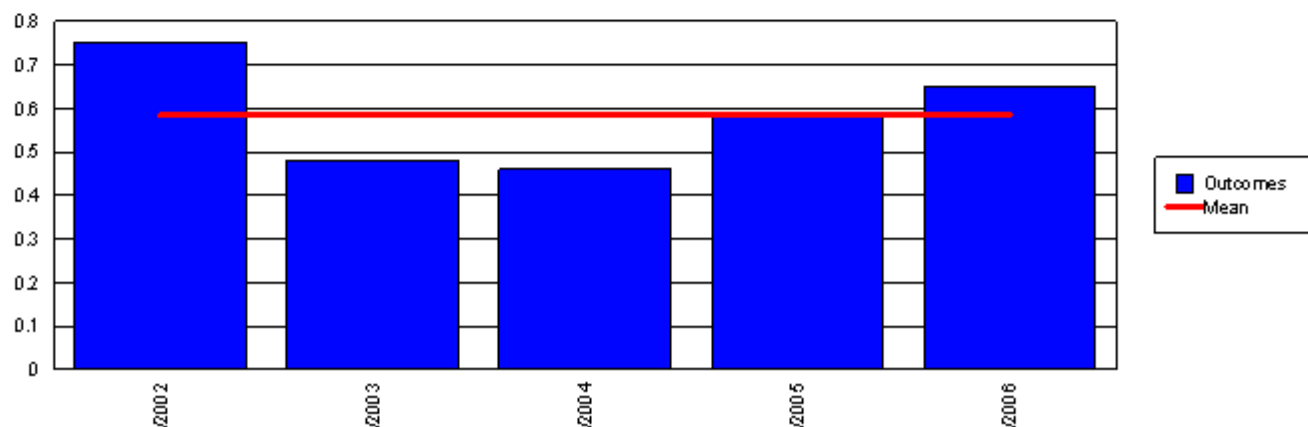
Staph Aureus Bacteraemia - Methicillin Sensitive

From January 2002 to January 2006

Infection Rate per Year - Staphylococcus Aureus Bacteraemia Methicillin Sensitive

Benchmark: Infection Control Service CDCB. "For the calculation of overall trends in BSI rates, the denominator used is occupied bed-days for patients with a length of stay > 48 hours"

The rate used is per 10,000 OBDs





Update S

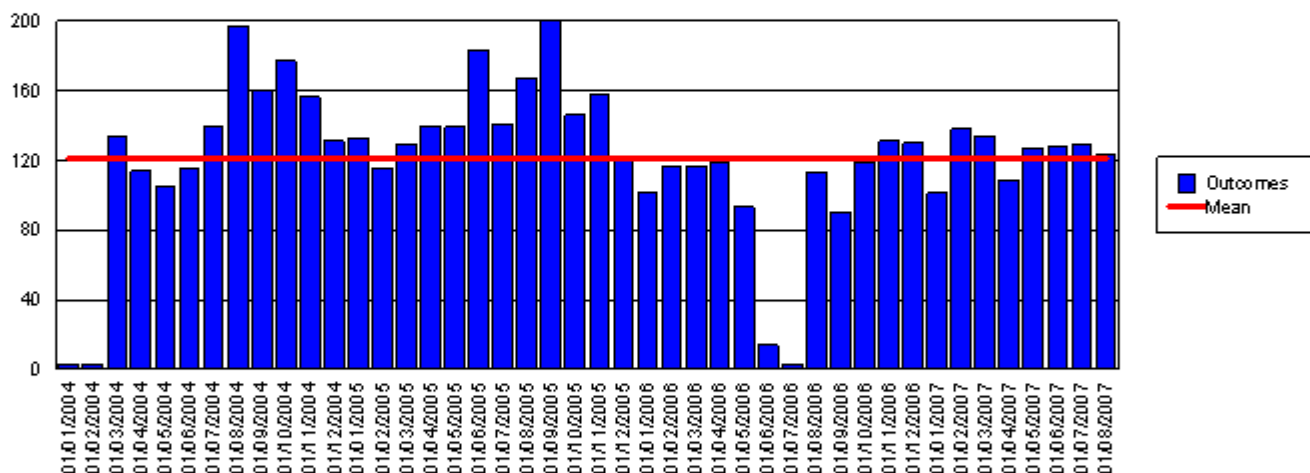
1 of 1

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AIMS- All completed incidents

From January 2004 to August 2007

All Incidents as recorded in the AIMS database



Comment

PSS Report - August 2007

snort#

2/10/2007 2:13PM

There were 129 incidents reported via the AIMS system in August 2007, compared with 128 in August 2006.

7 (5.7%) of the August incidents have not yet been completed by line managers and therefore are not reflected in the aggregate (scorecard) reports. Text review of these incomplete incidents suggests that most will be classified as SAC 3 or 4 events.



Update S

100%

1 of 1

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Repatriation General Hospital

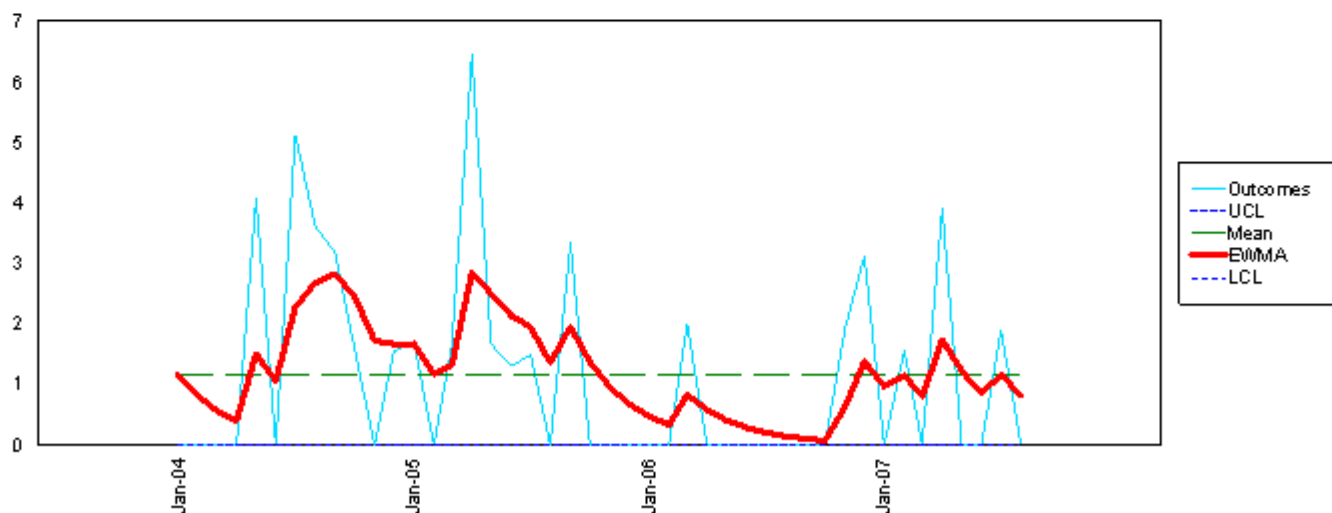
Falls - % Resulting in Fracture

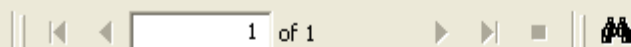
From January 2004 to August 2007

The UCL (Upper Control Limit) and LCL (Lower Control Limit) are statistically generated

Numerator : Number of falls that result in fracture

Denominator : Total number of falls

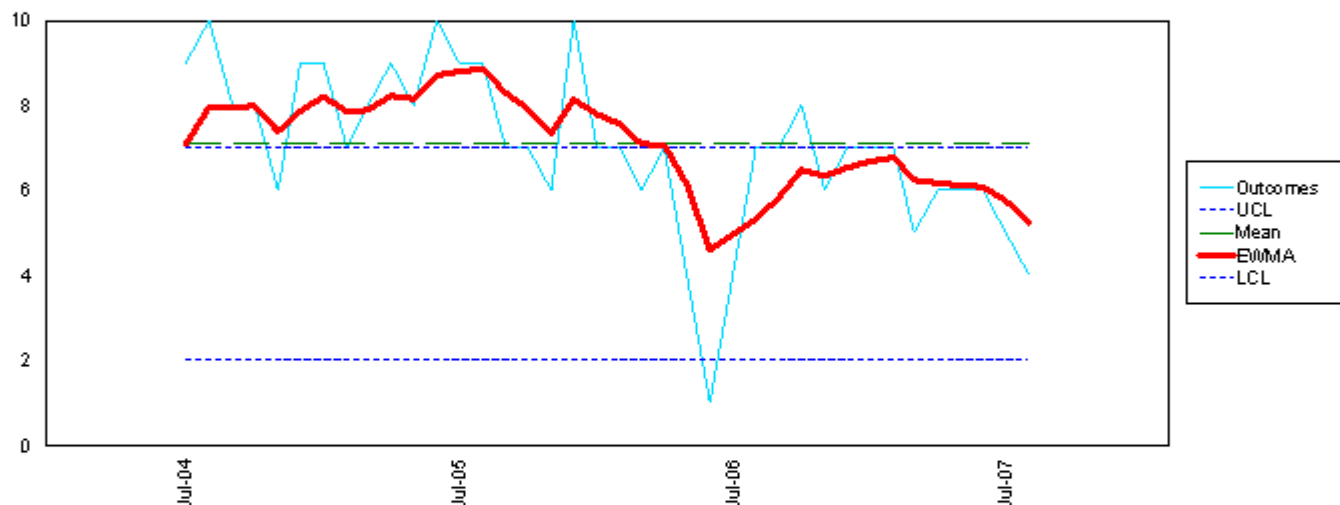




Bed Days.

The UCL (Upper Control Limit) and LCL (Lower Control Limit) :

Benchmark falls rate: Victorian Quality Council 2005: Falls rate in acute care setting ranges from 2-7/1000 bed days.



Comment

PSS Report - August 2007

snort#

2/10/2007 2:54PM

" There were 49 falls reported in August. All fall incidents in August have been completed by managers and were assessed as SAC 3 or 4 events.

In 2006, the average number of falls per month was 57.

This is the same as the average number of falls per month for this year to date with fall incidents comprising 44% of total incidents reported so far this calendar year.

These values should be considered in the context of commissioning 30 additional beds in the Division of Mental Health.

The new Mental Health unit admits clients who are identified as being at high risk for falls and



- MRO Report
- SSI Report
- Targeted surgical wound surveillance
- [-] Patient Safety and Services Report Card
 - + ACAT Reports
 - [-] AIMS- All completed incidents - Reports
 - AIMS - Number of Actual SAC 1 / Month
 - AIMS - Number of Actual SAC 2 / Month
 - AIMS- Aggression
 - AIMS- All completed incidents
 - AIMS- Behaviour
 - AIMS- Blood/Blood Products
 - AIMS- Staff Injury as a Result of Aggression
 - Elective Surgery Performance Report
- [-] Falls
 - Falls - % Resulting in Fracture
 - Falls - % Resulting in Open wound/s
 - Falls - % Resulting in Wound/s
 - Falls - Total Resulting in Fracture
 - Falls - Total Resulting in Wound
 - Falls < 65 Years old
 - Falls > 65 Years old
 - Falls in Hospital - Per 1000 Bed Days
 - Falls in Hospital - Per 1000 Bed Days - Exc Wards PS and F
 - Total Falls
- [-] Medication
 - Clinical Pharmacy Intervention Profile
 - Medication Incidents - (AIMS)
 - Number of Drug Related Problems Due to High Dosing
 - Number of Drug Related Problems Related to Enoxeparin
 - Number of Drug Related Problems Related to Gentamicin
 - Number of Drug Related Problems Related to Warfarin
 - Number of Major and Critical Drug Related Problems
 - Outcome of Drug Related Problems
- + Pressure Ulcers
- Transfusion Audit
- Division
- [-] Division of Medicine



webCentral



webCentral uses Internet technology to provide a robust and flexible platform for the delivery of patient related information at the point of care, and for growth and expansion of on-line facilities in the future.

webCentral allows the user to quickly access patient related information using their Web Login on any PC within the hospital.

Please enter your Username and Password:

Username

Password

Login

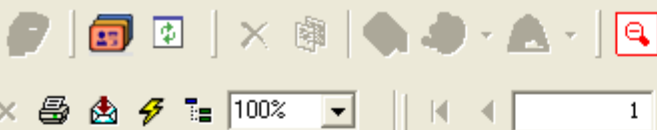
[Problems logging in? \[click here\]](#)

Comments and Interpretation - To add a new comment click the "Add New" button below

Add New	Heading	Comment / Action / Risk
	<input type="text"/>	<input type="text" value="Comment"/> <input type="button" value="Add"/> <input type="button" value="Previous"/> <input type="button" value="Next"/>
Comment <input checked="" type="checkbox"/> Display With Chart		
<input style="height: 100px;" type="text"/>		

Recorded By: swalssa

Recorded On: 28/08/2007 09:27:47



Update S

100%

1 of 1

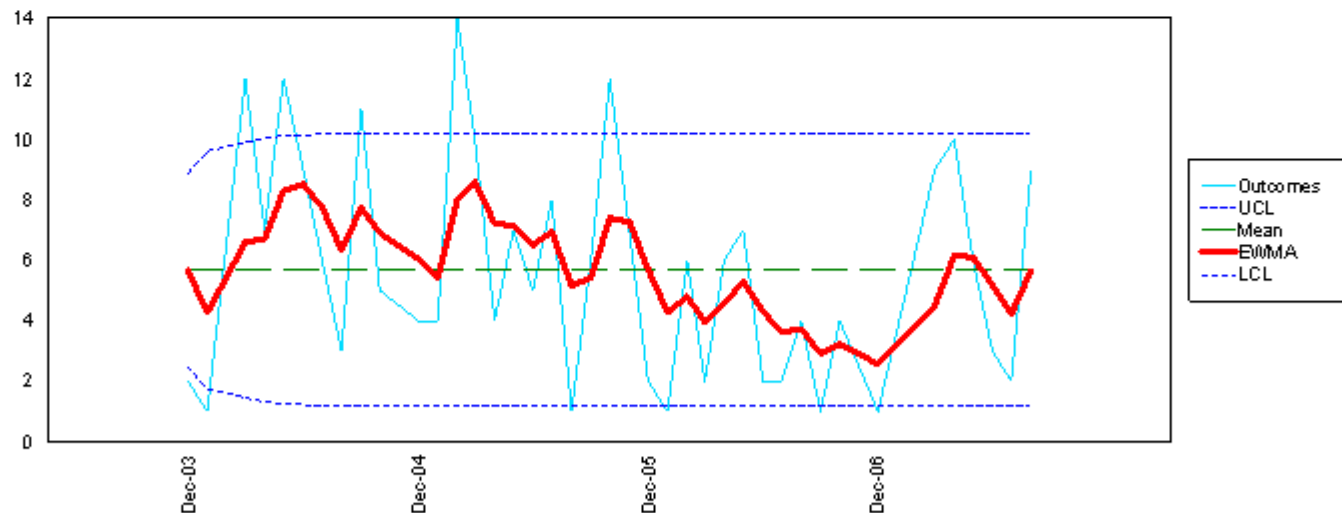
powered by
crystal

Repatriation General Hospital

Number of Drug Related Problems Due to High Dosing

From December 2003 to August 2007

The UCL (Upper Control Limit) and LCL (Lower Control Limit)
are statistically generated





Update S...

100%

1 of 1

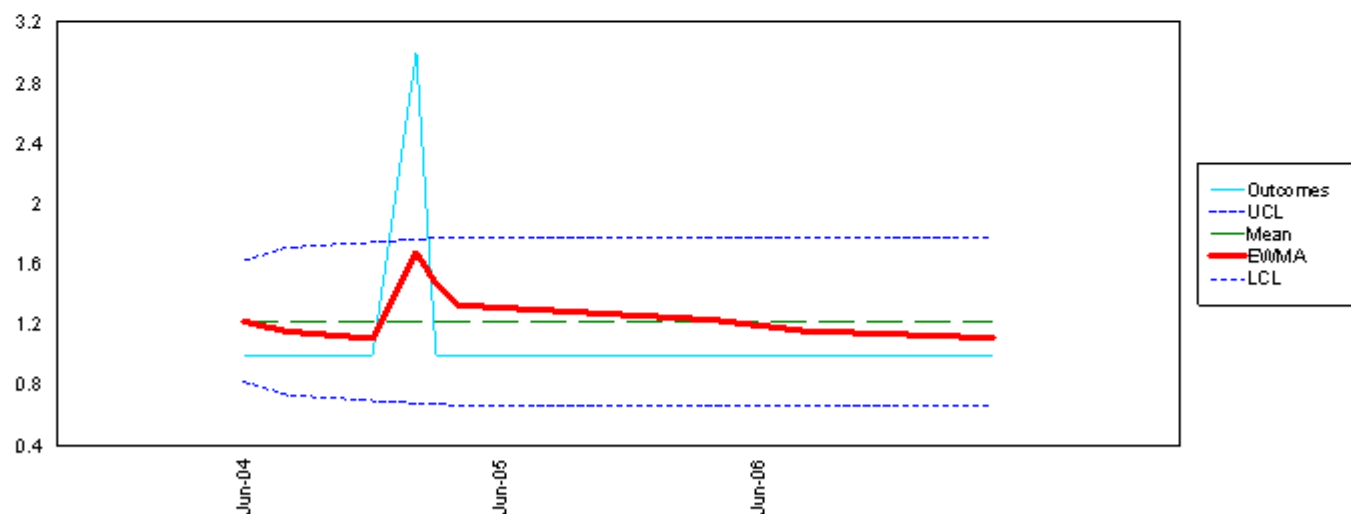
powered by
crystal

Repatriation General Hospital

Number of Drug Related Problems Related to Gentamicin

From June 2004 to May 2007

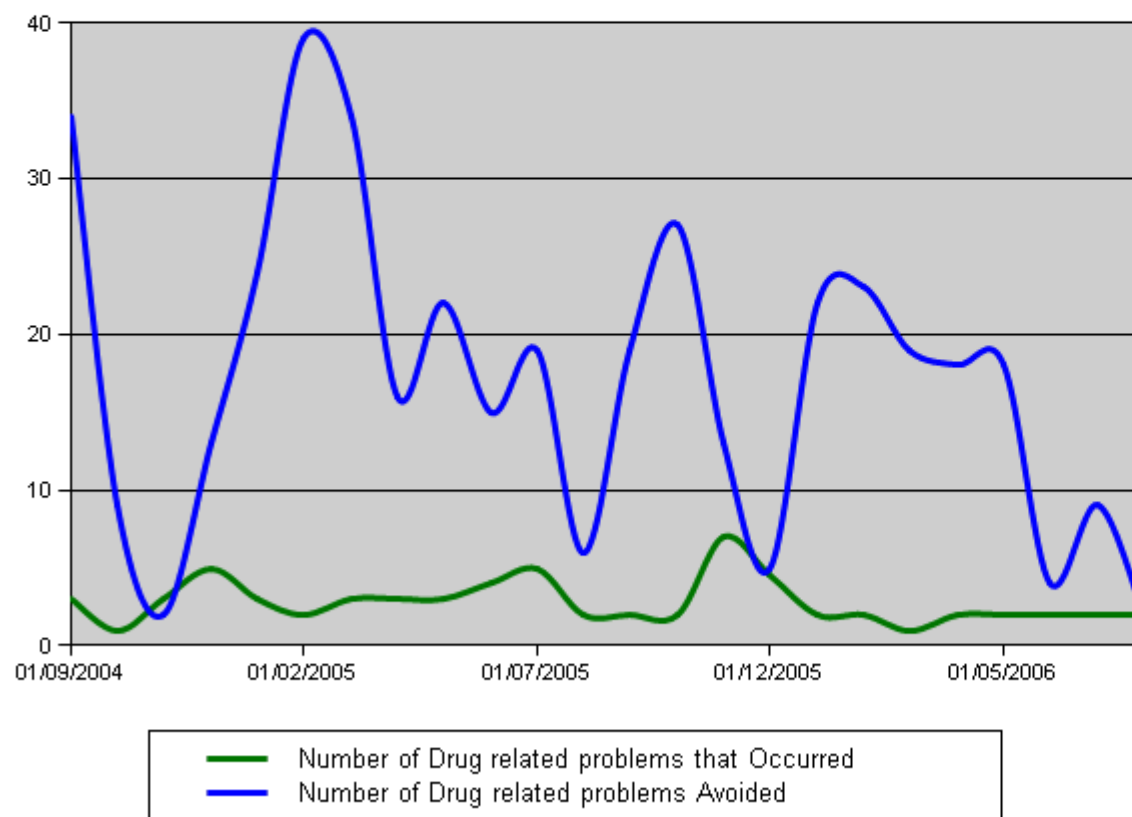
The UCL (Upper Control Limit) and LCL (Lower Control Limit)
are statistically generated



1 of 1 100% Find | Next Select a format Export Update S

Outcome of Drug Related Problems

Outcomes of drug related problems as recorded by the clinical pharmacists at RGH.





Update S...

100%

1 of 1

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crystal

Repatriation General Hospital

Pressure Ulcers - Hospital Acquired

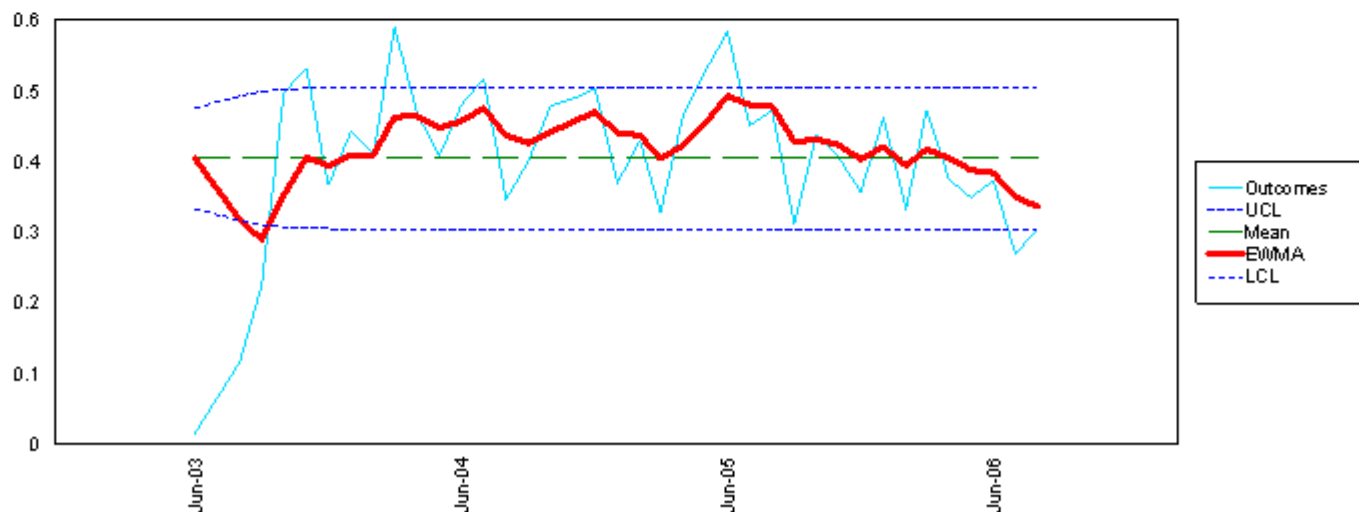
From June 2003 to August 2006

A pressure ulcer is considered hospital acquired if a pressure ulcer Unit-of-Care (UOC) is activated in Excelcare after the admission date .

The UCL (Upper Control Limit) and LCL (Lower Control Limit) are statistically generated

Numerator : Number of patients by calander month who develop at least one pressure ulcer during their admission

Denominator : Number of occupied bed days





- Number of Drug Related Problems Related to Gentamicin
- Number of Drug Related Problems Related to Warfarin
- Number of Major and Critical Drug Related Problems
- Outcome of Drug Related Problems
- [-] Pressure Ulcers
 - Pressure Ulcers - Hospital Acquired
 - Pressure Ulcers - Hospital Acquired
- Transfusion Audit
- Division
 - [-] Division of Medicine
 - [-] Division of Mental Health
 - [-] Division of Nursing
 - [-] Division of Rehab and Aged Care
 - [-] Division of Surgery
 - [-] Activity and Workforce
 - Customer Satisfaction
 - Finance
 - [-] Safety and Quality
 - [-] Anaesthesia Indicators
 - One to One Nursing Care
 - Patients who stay > 2 hours in Recovery
 - Post-op Patients with Severe Pain
 - [-] Postoperative Hypothermia
 - Respiratory Distress in Recovery
 - Unplanned Return to Operating Room
- Stakeholder
 - Chris Farmer
 - Geoff Tattersall
 - Karen Parish
 - Maria Crotty
 - Paddy Phillips
 - Peter Footner
 - Richard Kelly
 - Ros Street
- Systems
 - ERS
 - Health Information Portal
 - OACIS CRR - Separation Summary Report - Discharged Patients



Repatriation General Hospital

Directory of Reports for the Division of Surgery

Comments and Interpretation - To add a new comment click the "Add New" button below

Add New	Heading	Comment / Action / Risk
Comment		<input checked="" type="checkbox"/> Display With Chart
Recorded By:	Recorded On:	



- Number of Drug Related Problems Related to Gentamicin
- Number of Drug Related Problems Related to Warfarin
- Number of Major and Critical Drug Related Problems
- Outcome of Drug Related Problems
- Pressure Ulcers
 - Pressure Ulcers - Hospital Acquired
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 - Customer Satisfaction
 - Finance
 - Safety and Quality
 - Anaesthesia Indicators
 - One to One Nursing Care
 - Patients who stay > 2 hours in Recovery
 - Post-op Patients with Severe Pain
 - Postoperative Hypothermia
 - DSU Patients with temp < 35.0
 - DSU Patients with temp < 36.0
 - Main Recovery Patients with temp < 35.0**
 - Main Recovery Patients with temp < 36.0
 - Postoperative patients with temp. < 36.0
 - Respiratory Distress in Recovery
 - Unplanned Return to Operating Room

takeholder

- Chris Farmer
- Geoff Tattersall
- Karen Parish
- Maria Crotty
- Paddy Phillips
- Peter Footner
- Richard Kelly



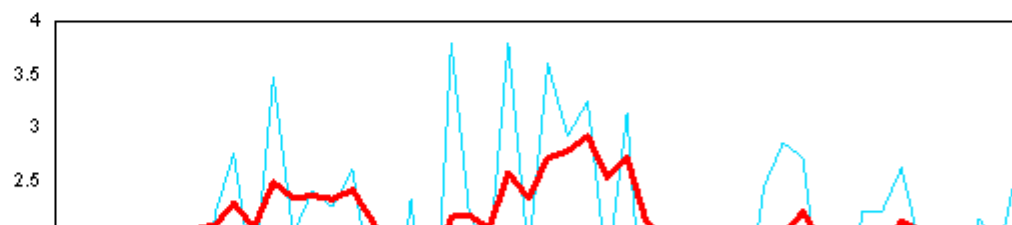
Repatriation General Hospital

Main Recovery Patients with temp < 35.0

From January 2004 to August 2007

% post-op patients with an arrival recovery temp < 35.0

The UCL (Upper Control Limit) and LCL (Lower Control Limit) reflect the ACHS 80th/20th centile rates



Comments and Interpretation - To add a new comment click the "Add New" button below

Add New	Heading	Comment / Action / Risk
<p>Comment</p> <p><input checked="" type="checkbox"/> Display With Chart</p>		
<p>Recorded By: Recorded On:</p>		



- Number of Drug Related Problems Related to Gentamicin
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takeholder

- Chris Farmer
- Geoff Tattersall
- Karen Parish
- Maria Crotty
- Paddy Phillips
- Peter Footner
- Richard Kelly



100%

1 of 1

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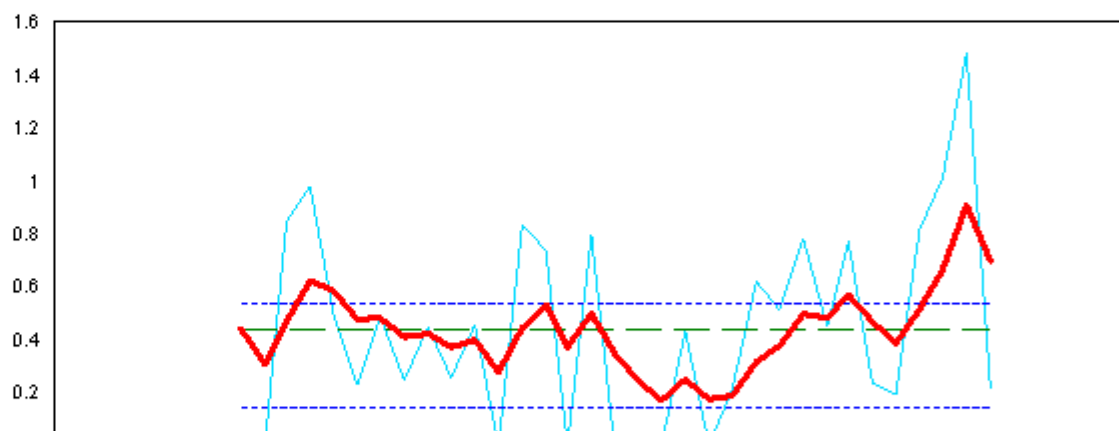
Unplanned Return to Operating Room

From January 2005 to September 2007

The UCL (Upper Control Limit) and LCL (Lower Control Limit) reflect the ACHS 80th/20th centile rates

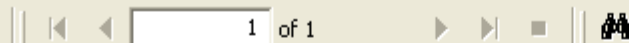
Numerator : The number of patients having an unplanned return to the operating theatre

Denominator : The total number of patients who have an operation



Comments and Interpretation - To add a new comment click the "Add New" button below

Add New	Heading	Comment / Action / Risk
		<div>Comment</div> <div> <input checked="" type="checkbox"/> Display With Chart </div>
<p>Increasing trend investigated. Only one surgeon involved in many of the cases - not the primary surgeon but became involved due to experience. Referred to the head of unit for review - no systemic issues identified or deterioration in quality of care.</p> <p>PLAN: Will be monitored by Director fo Surgery and referred to Heads of Surgical Units meeting.</p>		
<p>Recorded By: swalssa Recorded On: 28/09/2007 08:21:05</p>		



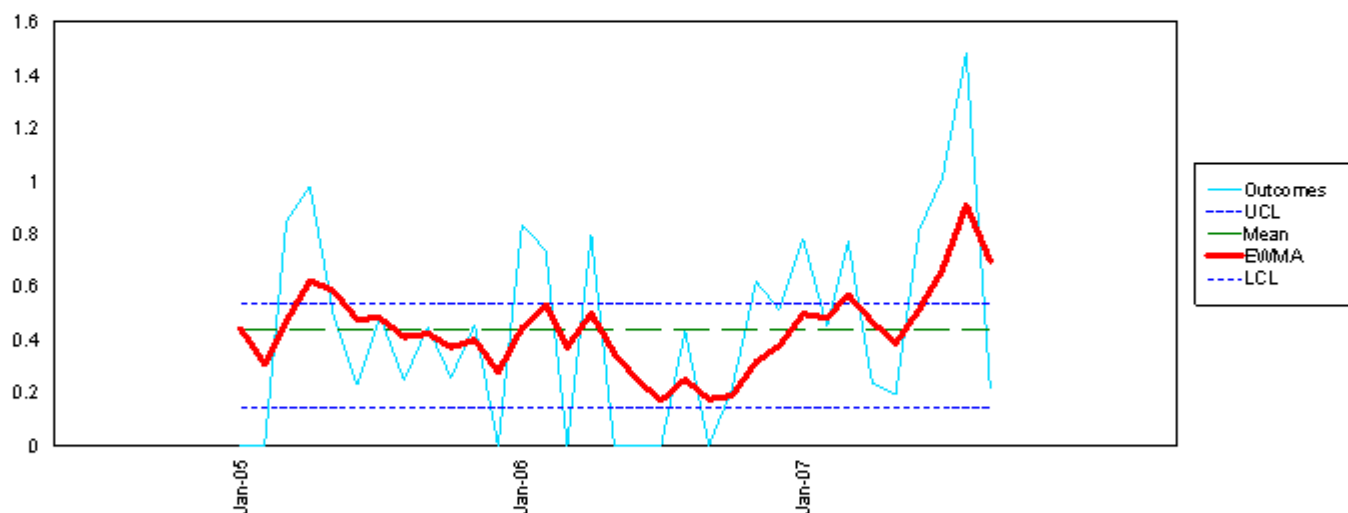
Unplanned Return to Operating Room

From January 2005 to September 2007

The UCL (Upper Control Limit) and LCL (Lower Control Limit) reflect the ACHS 80th/20th centile rates

Numerator : The number of patients having an unplanned return to the operating theatre

Denominator : The total number of patients who have an operation



Comment

skellrw

28/09/2007 8:21 AM

Increasing trend investigated. Only one surgeon involved in many of the cases - not the primary surgeon but became involved due to experience.

Referred to the head of unit for review - no systemic issues identified or deterioration in quality of care.

Design Recap 3

- Measurement must be quick and easy
- It must arise from the processes of care
- Re-presentation must be pictures, pictures and pictures
- Rapid feedback essential
- Local ownership mandatory
- Equal management status



More sophisticated measures

- Risk adjusted mortality rates
 - In large data sets it is possible to risk adjust for patient characteristics and produce league tables of comparative performance



Even more sophisticated measures

- Net Benefit Correspondence Theorem (S. Eckermann)
 - This allows for a direct cost quality comparison as a form of Health Technology assessment
 - Very valuable capacity



Reference

- Eckermann S. 2007. Measuring Hospital efficiency consistent with maximising net benefit. Centre for Clinical Change and Health Care Research. Working paper no. 1, 2007. <http://clinicalchange.flinders.edu.au/publications.html>
- <http://clinicalchange.flinders.edu.au/Complete%20Working%20Paper%201%20Simon%20Eckermann.pdf>



Messages for the Health Insurance Industry

- Safety performance can be comprehensively measured and managed within hospitals
- There are initial set up costs but the return should be positive
- It is now possible to compare risk adjusted mortality rates and adjust for the sick patients
- Application of the Net Benefit Correspondence Theorem will allow direct cost quality comparisons and could guide health care delivery design and reimbursement



Reality

- Money however still beats quality
- There must remain financial incentives for quality care
- Those in the forefront of quality need financial support
- Quality is becoming increasingly measurable
- Consumers will continue to demand that the insurance industry champion quality care



Right now

- The insurers are in excellent position to fund cost benefit research (and demand attainment of agreed performance measures) due to excellent combined case mix and costing data at service level and emerging capacity to integrate clinical performance measures



Imagine if...

- You could organise a hospital's information systems so that the clinical effects of services –good and bad, (which we can measure)
- were automatically compared to costs in real time (which of course we have) ...



Nirvana?

- We then can have cost and quality
 - Measured
 - Integrated
- And Managed as an integrated whole



**THE ASSOCIATION FOR QUALITY IN HEALTH
CARE (SA)**

