



## **Australian Clinical Quality Registries**

### **Submission on Draft Operating Standards and Technical Design Department of Health, South Australia**

The three documents: Guidelines for the establishment and management of clinical registries; Architecture Overview: clinical registries; and Standards Map: clinical registries are of high quality and present a clear and comprehensive statement of the technical and administrative requirements for clinical quality registries. They are an integrated set of documents that compliment each other well. Together they provide an excellent description of what is required to establish a clinical quality registry, from conception through to development. In that respect this submission has no specific issues with the documents in how they describe the requirements for designing and building clinical quality registries. The comments here are confined to the management and use of clinical quality registries.

The issue of how a registry's governing body will ensure that improvements in health are achieved through the registry, needs to be made a criterion for registries. This includes the requirement for timely and robust processes to deal with poor practice outliers. Merely identifying that outliers exist is not sufficient. The actions and processes required to address poor practice need to be agreed, accepted and executed to ensure improvements in the delivery patient care.

The successful implementation of clinical quality registries, from data capture to planned and purposeful use of the information in the delivery of safe and effective care to patients requires the building of trust between clinicians. Despite the presence of many clinical registries around the nation, the notion of statistical accountability is not yet embraced by many clinicians. While clinical audit is a well accepted and entrenched practice, statistical accountability is not.

The objectives of clinical registration have not traditionally been emphasised in medical education. Specialist practitioners now at their professional peak were not exposed to the values and methods that underpin statistical accountability. In-service training is obviously a way forward, but more fundamentally what is required is a revamp of medical education to explicitly cover these important topics.

Finally, claims within the documents that administrative datasets are insufficiently robust to be of benefit are not supported. There are many references which support the use of administrative datasets for safety and quality purposes. Registries should be encouraged to use the data from administrative collections to enhance the utility of the information they provide.