

**NATIONAL INFORMATION FOR THE FUTURE
Consumer Health Forum**

Neville Board

Information Strategy Manager

4 December 2008



▶ Australian Commission on

- lead and coordinate improvements in safety and quality in health care in Australia by identifying issues and policy directions, and recommending priorities for action
- disseminate knowledge and advocate for safety and quality
- report publicly on the state of safety and quality including performance against national standards
- recommend national data sets for safety and quality, working within current multilateral governmental arrangements for data development, standards, collection and reporting
- provide strategic advice to Health Ministers on best practice thinking to drive quality improvement, including implementation of strategies, and
- recommend nationally agreed standards for safety and quality improvement.

AUSTRALIAN CHARTER OF HEALTHCARE RIGHTS

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

The Charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights. The Charter allows patients, consumers, families, carers and services providing healthcare to share an understanding of the rights of people receiving healthcare. This helps everyone to work together towards a safe and high quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

Guiding Principles

These three principles describe how this Charter applies in the Australian health system.

1 Everyone has the right to be able to access health care and this right is essential for the Charter to be meaningful.

2 The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.

3 Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.



For further information please visit www.safetyandquality.gov.au

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE

What can I expect from the Australian health system?

MY RIGHTS	WHAT THIS MEANS
Access I have a right to health care.	I can access services to address my health care needs.
Safety I have a right to receive safe and high quality care.	I receive safe and high quality health services, provided with professional care, skill and competence.
Respect I have a right to be shown respect, dignity and consideration.	The care provided shows respect to me and my culture, beliefs, values and personal characteristics.
Communication I have a right to be informed about services, treatment, options and costs in a clear and open way.	I receive open, timely and appropriate communication about my health care in a way I can understand.
Participation I have a right to be included in decisions and choices about my care.	I may join in making decisions and choices about my care and about health service planning.
Privacy I have a right to privacy and confidentiality of my personal information.	My personal privacy is maintained and proper handling of my personal health and other information is assured.
Comment I have a right to comment on my care and to have my concerns addressed.	I can comment on or complain about my care and have my concerns dealt with properly and promptly.

Patient Charter of Rights

Open Disclosure

HCAI

Patient I-D issues

Medication Safety

Clinical Handover

Accreditation

Info management

Patients at risk

Information Strategy

Indicators and reporting

Data standards

Informatics (E-Health)

Separations per 1,000 population

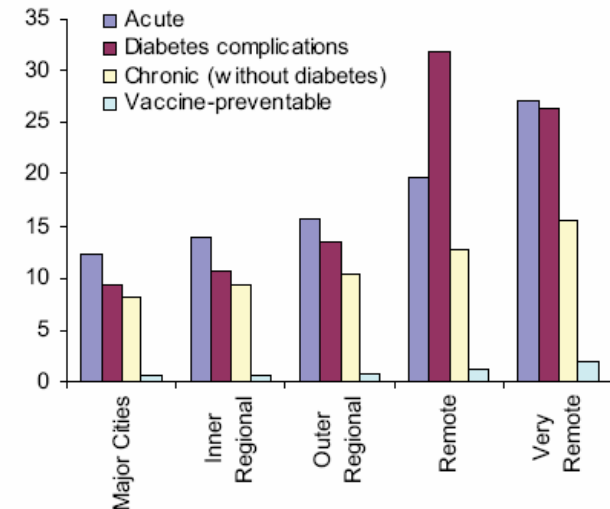


Figure 14: Selected potentially preventable hospitalisations per 1,000 population, by Remoteness Area of usual residence, Australia, 2006-07



Data sets and standards

The screenshot shows a web browser window displaying the National Health Data Dictionary website. The browser's address bar shows the URL <http://www.health.gov.au/nhdd>. The website features the Australian Government logo and the Australian Institute of Health and Welfare. The main heading is "NATIONAL HEALTH DATA DICTIONARY" with "Version 14" and "2008" below it. A navigation menu on the right includes links for "Open dictionary", "Summary of changes", "NMDS/DSS Data element table", "Explanatory booklet", "Searching help", "Navigation help", "Publishing information", and "Quit". A left sidebar contains a tree view with "National health data dictionary" and sub-items: "Publishing information", "Dictionary", "Summary of changes", "NMDS/DSS data element table", "Explanatory booklet", "Searching help", and "Navigation help". The footer includes the Australian Health Ministers' Advisory Council logo and name.

Save a Copy | Print | Search | Select | 89% | Search Web | Adobe

Options

Bookmarks

- National health data dictionary
 - Publishing information
 - Dictionary
 - Summary of changes
 - NMDS/DSS data element table
 - Explanatory booklet
 - Searching help
 - Navigation help

Signatures

Layers

Pages

Attachments

Comments

Australian Government
Australian Institute of Health and Welfare

NATIONAL HEALTH DATA DICTIONARY
Version 14
2008

Open dictionary

Summary of changes

NMDS/DSS Data element table

Explanatory booklet

Searching help

Navigation help

Publishing information

Quit

Australian Health Ministers' Advisory Council

Why?

- Devel
- Provid
- Stand
- Aid ef
- Enhanc
- A clear ethics

Operating Principles and Technical Standards for Australian Clinical Quality Registries

November 2008

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 **MONASH**
University

 Centre of
Research Excellence
in Patient Safety

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es,

▶ Collaboration and consultation

Addressing these questions is an opportunity

- to combine the expertise and experience
 - from the registries community
 - from the academic community, e.g. CRE PS
 - from the e-health world, e.g. NeHTA
 - from the information/data world, e.g. AIHW
 - from the government sector, e.g. Commission and links to DOHA and the jurisdictions
- to develop standards that will materially contribute to the improvements in collection and use of health information
- to lead to improvements in clinical practice.

Statistical process control of process with change introduced

Statistical process control of a fictitious process to which a change has been introduced. The process is stable prior to the change and re-stabilizes after the implementation phase, but at a new level.

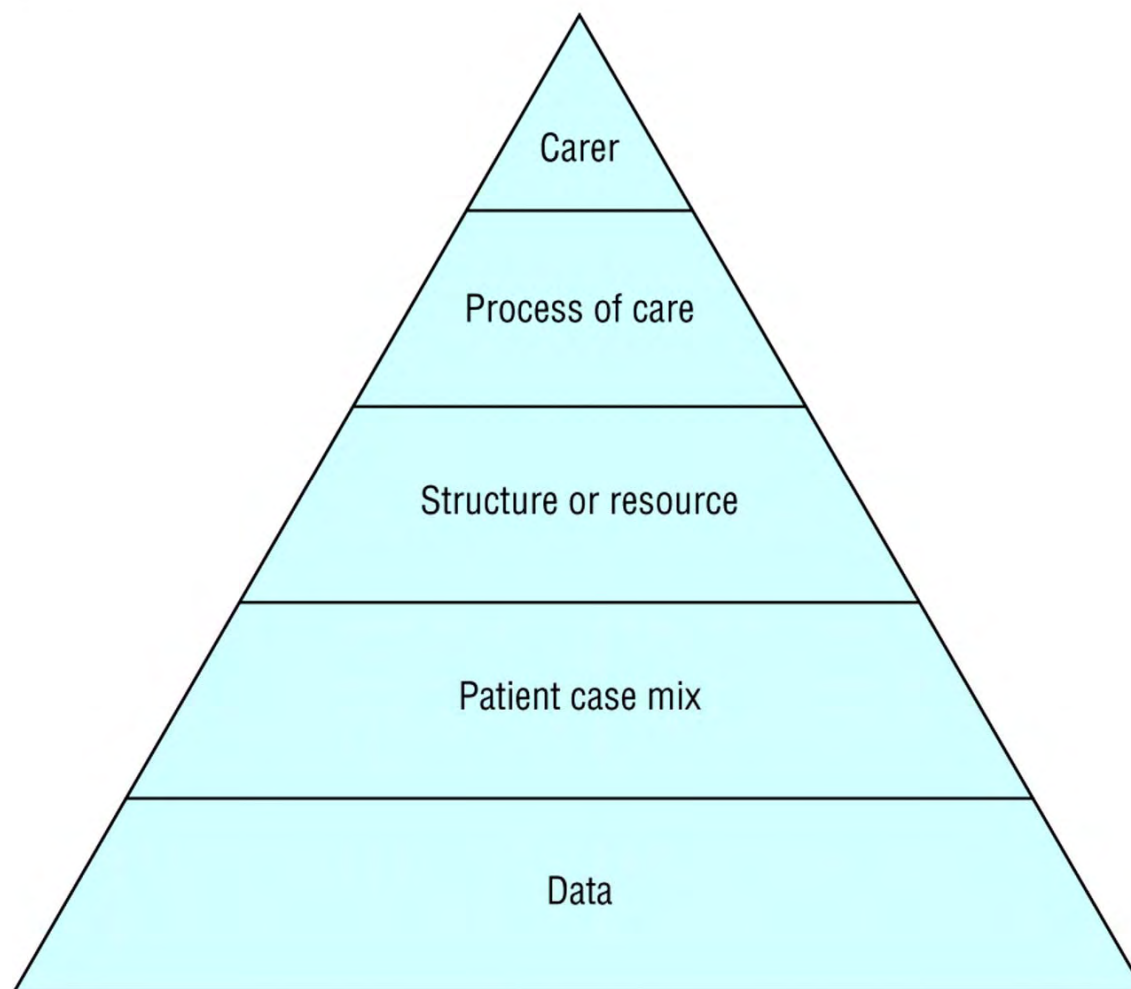


Figure 5. Example of a statistical process control chart

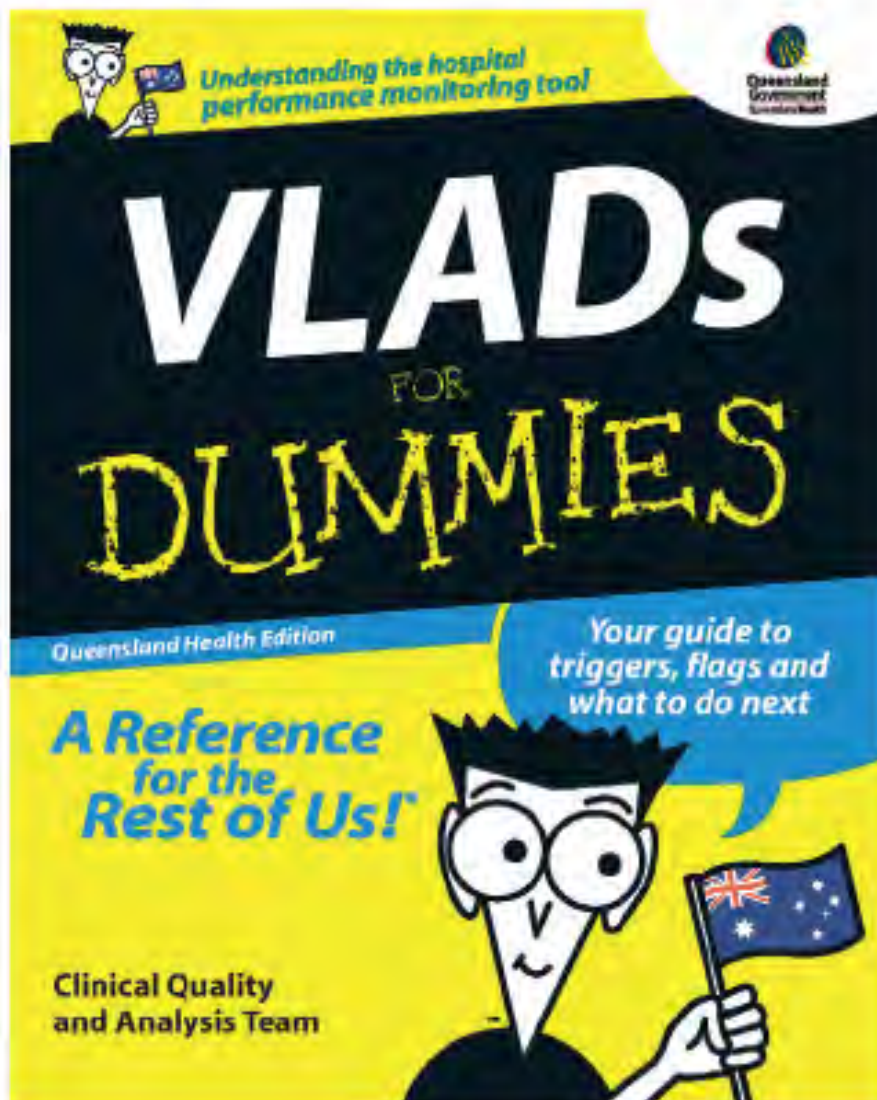
Reproduced with permission from *Handbook for Establishing Quality Registries*.²³

Arts D, De Keizer N, Scheffer G. Defining and improving data quality in medical registries: a literature review, case study and generic framework. *J Am Med Informatics Association* 2002; 9(6):600–10

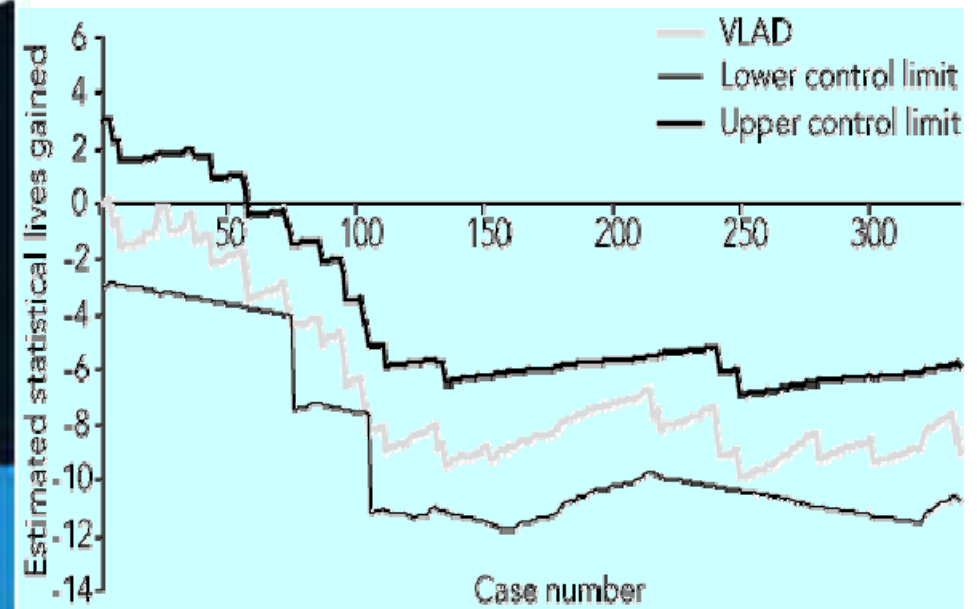
Pyramid model of investigation



Mohammed, M. A et al. *BMJ* 2004;328:1474-1477



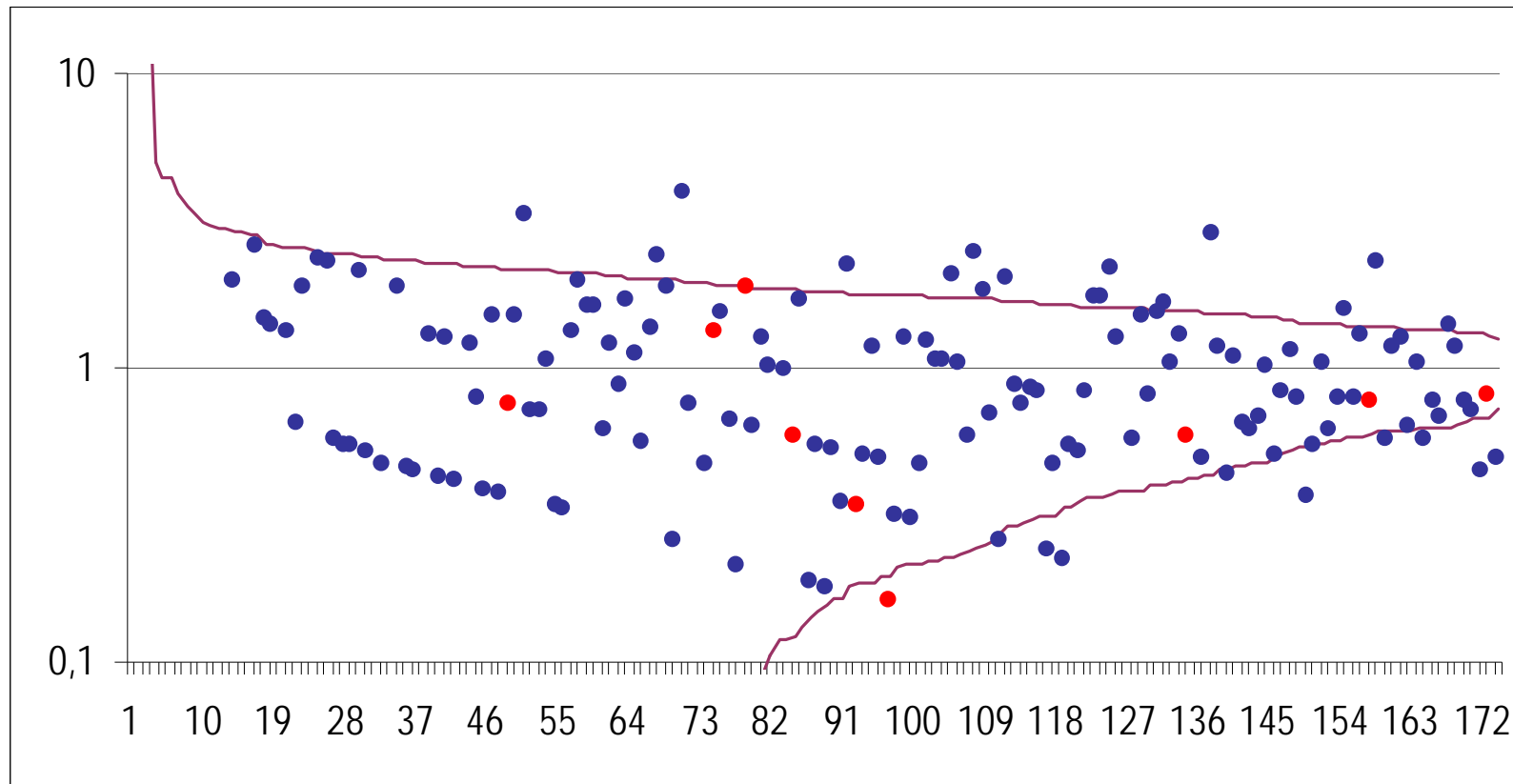
Statistical Process Control Charts – example of a variable life-adjusted display (VLAD)



Duckett SJ, Coory M, Sketcher-Baker K, Identifying variations in quality of care in Queensland hospitals, MJA 2007; 187 (10): 571-575

▶ A Funnel Plot

Example of a Funnel Plot representing risk of PT-DVT in 175 hospitals



Bernal-Delgado, E, Validation of Patient Safety Indicators (PSIs) for Spanish SNS, Government of Aragon, October 2008

▶ Commission contact

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