Clinical Governance

Implementing Action 1.28

Action 1.28 Variation in clinical practice and health outcomes falls under the Clinical Governance standard on clinical performance and effectiveness.

A guide for implementing Action 1.28 (User Guide for the review of Clinical Variation in Health Care) is currently in development and will be available on the Commission's website for public consultation in May 2019.

Q. How many topics does my health service need to investigate?

Health service organisations should identify relevant activities already in place and use a risk management approach to identify priority areas for reviewing variation and appropriateness of clinical care. Priority areas for exploring variation in clinical care should be determined on the basis of:

1. Areas of clinical activity where overuse or underuse of interventions contributes significantly to morbidity or poses most risk to patients
2. Types and volumes of clinical care that are delivered most frequently by the health service
3. Views of clinical leaders within the health service on the clinical issues that are most important to quality of care
4. Availability of indicators of best evidence practice and external data to use for monitoring variation
5. Clinical areas of risk noted in the health service risk register or the local incident management system

The appropriate number of topics, and size of the project, will vary according to the size and activity of your health service. For example, a small day surgery specialising in only one or two procedures would investigate clinical care variation relating to these procedures, whereas it may be appropriate for a large hospital to run clinical variation projects within each department.

Q. Do we need to use outcomes data?

- One way of monitoring variation to meet the requirements of Action 1.28 is to compare clinical data with data from similar health service organisations.
- Another approach to monitoring clinical variation is to compare clinical care practices or outcomes of care within your health service organisation with best practice, as identified by Clinical Care Standards or evidence-based guideline recommendations.
- Both process measures and outcome measures, providing they measure aspects of clinical care delivered, can be used.

Q. Can we use patient experience survey data to meet requirements of this Action?

The intent of Action 1.28 is that health service organisations use data on variation in clinical care to identify unwarranted variation and improve appropriateness of care. The criteria for this action is met by using patient data that measure aspects of clinical care, such as Patient Reported Outcome Measures, which could be used as these provide information about the outcomes of clinical care.

Continued overleaf...
Q. Do we need to provide feedback on variation to clinicians?

Yes. Clinical leaders and clinical teams should be involved throughout the entire process of examining variation in care. Clinicians have a responsibility to review the care they provide and to participate in efforts to improve quality of care.

Q. Does the data need to be at the clinician level?

Health service organisations should examine how:

- Clinical care compares with similar health service organisations
- Clinical care varies within the health service organisation at clinician level.

In some cases data will not show marked variation at a whole-of-service level compared with other similar services but there may be substantial variation within the health service organisation or between clinicians, signalling possible issues with the appropriateness of care. For this reason, exploring the data at individual clinician level is essential to understand the possible cause of unwarranted variation.

Q. Can I use local area data from the Australian Atlas of Healthcare Variation for comparison with external data?

Yes. For example, a high rate of knee arthroscopy in the local catchment area, compared to the Australian rate, could be followed by a review of the health service organisation’s implementation of the Osteoarthritis of the Knee Clinical Care Standard. Local Hospital Network boundaries can be overlaid on the maps in the interactive platform for the First Atlas, Second Atlas and Third Atlas.

Q. How often does my health service need to conduct a clinical variation review?

Review of clinical variation is an ongoing activity. It should be conducted regularly and incorporated into clinical practice. The frequency will depend on the risk associated with the activity being reviewed and the likelihood of harm occurring to patients, but should be routinely conducted following changes in practice or unexplained deterioration in safety and quality performance or patient outcomes.

Questions?

For enquiries, please contact the NSQHS Standards Advice Centre on 1800 304 056 or email accreditation@safetyandquality.gov.au