

National Quality Use of Medicines Indicators for Australian Hospitals: Indicator Summary



2014

Indicator summary

No.	Indicator	QUM domain addressed by indicator	Page
Antithrombotic therapy			
1.1	Percentage of hospitalised adult patients that are assessed for risk of venous thromboembolism	Judicious selection	24
1.2	Percentage of hospitalised adult patients that receive venous thromboembolism prophylaxis appropriate to their level of risk	Judicious selection Appropriate choice	26
1.3	Percentage of patients prescribed enoxaparin whose dosing schedule is appropriate	Safe and effective use	30
1.4	Percentage of patients prescribed hospital initiated warfarin whose loading doses are consistent with a drug and therapeutics committee approved protocol	Safe and effective use	32
1.5	Percentage of patients with an INR above 4 whose dosage has been adjusted or reviewed prior to the next warfarin dose	Safe and effective use	34
1.6	Percentage of patients with atrial fibrillation that are discharged on oral anticoagulants	Judicious selection	36
Antibiotic therapy			
2.1	Percentage of patients undergoing specified surgical procedures that receive an appropriate prophylactic antibiotic regimen	Appropriate choice Safe and effective use	40
2.2	Percentage of prescriptions for restricted antibiotics that are concordant with drug and therapeutics committee approved criteria	Appropriate choice Safe and effective use	44
2.3	Percentage of patients in whom doses of empirical aminoglycoside therapy are continued beyond 48 hours	Safe and effective use	48
2.4	Percentage of adult patients with community acquired pneumonia that are assessed using an appropriate validated objective measure of pneumonia severity	Judicious selection	52
2.5	Percentage of patients presenting with community acquired pneumonia that are prescribed guideline concordant antibiotic therapy	Appropriate choice Safe and effective use	54
Medication ordering			
3.1	Percentage of patients whose current medicines are documented and reconciled at admission	Appropriate choice Safe and effective use	56
3.2	Percentage of patients whose known adverse drug reactions are documented on the current medication chart	Appropriate choice Safe and effective use	60
3.3	Percentage of medication orders that include error-prone abbreviations	Safe and effective use	64
3.4	Percentage of paediatric medication orders that include the correct dose per kilogram (or body surface area) AND an effective and safe total dose	Safe and effective use	66
3.5	Percentage of medication orders for intermittent therapy that are prescribed safely	Safe and effective use	68
3.6	Percentage of patients receiving cytotoxic chemotherapy whose treatment is guided by a hospital approved chemotherapy treatment protocol	Appropriate choice Safe and effective use	70
Pain management			
4.1	Percentage of postoperative patients whose pain intensity is documented using an appropriate validated assessment tool	Judicious selection Safe and effective use	74
4.2	Percentage of postoperative patients that are given a written pain management plan at discharge AND a copy is communicated to the primary care clinician	Safe and effective use	78



No.	Indicator	QUM domain addressed by indicator	Page
Continuity of care			
5.1	Percentage of patients with acute coronary syndrome that are prescribed appropriate medicines at discharge	Judicious selection Appropriate choice	80
5.2	Percentage of patients with systolic heart failure that are prescribed appropriate medicines at discharge	Judicious selection Appropriate choice	84
5.3	Percentage of discharge summaries that include medication therapy changes and explanations for changes	Safe and effective use	88
5.4	Percentage of patients on warfarin that receive written information regarding warfarin management prior to discharge	Safe and effective use	90
5.5	Percentage of patients with a new adverse drug reaction (ADR) that are given written ADR information at discharge AND a copy is communicated to the primary care clinician	Safe and effective use	92
5.6	Percentage of patients with asthma that are given a written asthma action plan at discharge AND a copy is communicated to the primary care clinician	Safe and effective use	94
5.7	Percentage of patients receiving sedatives at discharge that were not taking them at admission	Judicious selection	96
5.8	Percentage of patients whose discharge summaries contain a current, accurate and comprehensive list of medicines	Appropriate choice Safe and effective use	98
5.9	Percentage of patients who receive a current, accurate and comprehensive medication list at the time of hospital discharge	Safe and effective use	102
Hospital-wide medication management policies			
6.1	Percentage of medication storage areas outside pharmacy where potassium ampoules are available	Safe and effective use	106
6.2	Percentage of patients that are reviewed by a clinical pharmacist within one day of admission	Judicious selection Appropriate choice Safe and effective use	108
6.3	Percentage of parenteral opioid dosage units that are pethidine	Appropriate choice	110
6.4	Percentage of submissions for formulary listing of new chemical entities for which the drug and therapeutics committee has access to adequate information for appropriate decision making	Appropriate choice Safe and effective use	112
Acute mental health care			
7.1	Percentage of as required (PRN) psychotropic medication orders with documented indication, dose (or dose range), frequency and maximum daily dose specified	Safe and effective use	114
7.2	Percentage of patients taking lithium who receive appropriate monitoring during their inpatient episode	Safe and effective use	118
7.3	Percentage of patients who receive written and verbal information on regular psychotropic medicines initiated during their admission	Safe and effective use	120
7.4	Percentage of patients taking antipsychotic medicines who receive appropriate monitoring for the development of metabolic side effects	Safe and effective use	124
7.5	Percentage of patients prescribed two or more regular antipsychotic medicines at hospital discharge	Judicious selection Safe and effective use	128

Indicator format

The National QUM Indicators are presented in the following format:

Header	Indicator domain and QUM domain
Indicator number and full title	The indicator number and full indicator title
Purpose	Statements about the rationale for collecting the information in terms of monitoring the effects of relevant healthcare mechanisms
Background and evidence	Statements supporting the content validity of the indicator
Key definitions	Information needed to operationalise the indicator
Data collection for local use	Information regarding sampling, inclusion and exclusion criteria and recommended data sources
Data collection for inter-hospital comparison	Considerations required for sample selection, sample size and methodology
Indicator calculation	Information needed to calculate the indicator from the sample
Limitations and interpretation	Acknowledgements of limitations of each indicator to aid interpretation of results
Further information	Other relevant information
References	Key references
Footer	Date

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