

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Selected best practices and suggestions for improvement for clinicians

Hospital-Acquired Complication **9**

GASTROINTESTINAL BLEEDING

HOSPITAL-ACQUIRED COMPLICATION	RATE <sup>a</sup>
1 Pressure injury	10
2 Falls resulting in fracture or intracranial injury	4
3 Healthcare-associated infections	135
4 Surgical complications requiring unplanned return to theatre	20
5 Unplanned intensive care unit admission	na <sup>b</sup>
6 Respiratory complications	24
7 Venous thromboembolism	8
8 Renal Failure	2
9 Gastrointestinal bleeding	14
10 Medication complications	30
11 Delirium	51
12 Persistent incontinence	8
13 Malnutrition	12
14 Cardiac complications	69
15 Third and fourth degree perineal laceration during delivery (per 10,000 vaginal births)	358
16 Neonatal birth trauma (per 10,000 births)	49

a per 10,000 hospitalisations except where indicated  
b na = national data not available

This hospital-acquired complication (HAC) includes the diagnoses of:

- Haematemesis
- Malaena
- Gastrointestinal haemorrhage
- Gastric ulcer with haemorrhage
- Duodenal ulcer with haemorrhage
- Peptic ulcer with haemorrhage
- Gastrojejunal ulcer with haemorrhage
- Acute haemorrhagic gastritis.\*



Patients with gastrointestinal bleeds may experience distressing vomiting or diarrhoea with haematemesis and malaena, as well as tiredness, shortness of breath, faintness, dizziness and collapse.

Why focus on gastrointestinal bleeding?



Around 6,200 hospital-acquired episodes of gastrointestinal bleeding occur each year in Australian hospitals<sup>#</sup>



Hospital-acquired gastrointestinal bleeding increases the length of stay and the cost of admission<sup>§</sup>

31.2  
16

Highest rate of this HAC at Principal Referral Hospitals<sup>†</sup>

Aggregate rate of this HAC at Principal Referral Hospitals

Per 10,000 hospitalisations



If all hospitals reduced their rate of this HAC to less than 16 per 10,000 hospitalisations, it would prevent at least 824 episodes of gastrointestinal bleeding



All facilities should be working to reduce their rates of episodes of gastrointestinal bleeding.

\* The specifications for the hospital-acquired complications list providing the codes, inclusions and exclusions required to calculate rates is available on the Commission's website: [www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications/](http://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications/)

# The data used in this sheet are for hospital-acquired complications in Australian public hospitals in 2015–16. Sourced from: Independent Hospital Pricing Authority (AU). Activity Based Funding Admitted Patient Care 2015–16.

§ Independent Hospital Pricing Authority (AU): Pricing and funding for safety and quality: risk adjustment model for hospital-acquired complications, version 3, 2018.

† Hospitals were classified in the Principal Referral Hospitals peer group for these purposes according to the Australian Institute of Health and Welfare's former definition of major city hospitals with more than 20,000 acute weighted separations and regional hospitals with more than 16,000 acute weighted separations.



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