AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

e-Newsletter

July 2017

In this issue

The Second Australian Atlas of Healthcare Variation

Looking at variation in the rates of healthcare use according to where people live is an invaluable tool for improving the appropriateness of health care. Some variation is expected, due to differences in patient needs and preferences. Large differences in healthcare use however are likely to be unwarranted, representing an opportunity for the health system to improve.

The Second Australian Atlas of Healthcare Variation, launched on 7 June 2017 by the Australian Commission on Safety and Quality in Health Care (the Commission), shows large variations in the use of some common health treatments across Australia. The Atlas gives health experts and clinicians valuable information that will help to ensure more patients get the most effective and appropriate care.

The Atlas shows variation in the use of specific types of health care across more than 300 local areas nationally, with chapters on women's health, cardiovascular conditions, surgical interventions and hospitalisations for five types of chronic disease or infection.

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Australian Government
Australian Institute of Health and Welfare

The Second Australian Atlas of Healthcare Variation

2017

Specifically, types of care examined include hysterectomy, cataract surgery, knee replacement and potentially preventable hospitalisations for selected conditions, including diabetes complications.

With the goal being the right care for the right person at the right time, the Atlas focuses on areas of health care in which the thinking about what treatments work best has changed considerably in recent years, either because better treatments have come along or because the evidence about existing treatments has shifted.

For example, hysterectomy is generally becoming less common in developed countries, following the introduction of less invasive but still highly effective treatment options. The Atlas shows rates of hysterectomy in Australia are up to seven times

as high in the area with the highest rate compared to the area with the lowest rate.

Endometrial ablation is often a preferred alternative to hysterectomy for abnormal uterine bleeding, as it is less invasive. Endometrial ablation shows even higher variation than hysterectomy, with rates nearly 21 times as high in the highest compared to the lowest areas.

In this case, the high levels of variation suggests that some women may not have access to, or be aware of the full range of treatment options for abnormal uterine bleeding. By looking at variation in these two treatments, the Atlas data can help reveal which local areas could benefit from newer and better approaches.

Access to effective secondary prevention programs can significantly reduce the need for hospitalisation for many chronic conditions. The Atlas finds up to 16-fold variations in the rates of hospitalisations for some chronic conditions.

The Atlas also provides detailed information about hospitalisation rates for Aboriginal and Torres Strait Islander Australians, about the percentage of services funded publicly and privately, and includes analysis by socioeconomic status.

All the content, with additional functionality, and the data for this Atlas and the previous version are available from the Interactive Atlas.

Back to top

Update on the National Safety and Quality Health Service (NSQHS) Standards (second edition)

Have Your Say: Consultation is open on the User Guide for Aboriginal and Torres Strait Islander Health

The Commission has, for the first time, defined six actions that specifically meet the needs of Aboriginal and Torres Strait Islander people within the National Safety and Quality Health Service (NSQHS) Standards (second edition).These actions were defined following a comprehensive consultation process. Their implementation will help the health system to provide all Aboriginal and Torres Strait Islander people with the health care they need. This could reduce the gap in health outcomes between Aboriginal and Torres Strait Islander people and other Australians.

The NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health provides practical strategies for bringing the six actions to life in any health service organisation. It also provides best practice examples from across Australia demonstrating ways in which these actions are already being implemented in health service organisations.

The Commission is seeking feedback from consumers, clinicians, health service organisation managers, safety and quality managers, health departments, private hospital groups, technical experts and accrediting agencies on the NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health.

Your feedback will help ensure this guide is useful, easy to understand, and that it is applicable to you and your organisation.

The draft resources and consultation instructions are available on the Commission's website.

Any queries regarding this consultation process email the Standards Team here: NSQHSStandards@safetyandquality.gov.au or call us on 1800 304 056.

Fact Sheets

The NSQHS Standards (2nd ed.) have been approved by health ministers and will be launched in November 2017.

To support the transition from the NSQHS Standards (1st ed.) to the NSQHS Standards (2nd ed.), the Commission has developed nine fact sheets. The summary fact sheet provides an overview of the second edition and the remaining eight fact sheets outline key concepts of each standard.

The fact sheets will be available in July 2017.

To stay up to date on the NSQHS Standards (2nd ed.), the release of documents, and future consultations, sign up to our NSQHS Standards lists here.

Back to top

National Patient Blood Management Collaborative

Effective and well-structured pre-operative iron deficiency anaemia (IDA) screening processes and treatment plans can reduce the likelihood of red blood cell transfusions before, during and after surgery, and minimise adverse post-surgery incidents relating to blood transfusions.

The National Patient Blood Management Collaborative (the Collaborative), which ran from April 2015 to April 2017, focused on identifying and trialling clinical changes to improve pre-operative screening processes and treatment of IDA for patients having elective gastrointestinal, gynaecological and orthopaedic surgery.

Local project coordinators at each of the 12 participating health services trialled strategies to increase IDA screening and treatment. The aim was to close the gap between current and best-practice patient blood management and identify successful clinical change and engagement strategies. In total, local project coordinators developed, trialled and evaluated 384 'Plan, Do, Study, Act' cycles, including developing local resources and educating staff.

Health services also shared locally developed resources to increase integration between different health care settings

throughout the patient journey, from the time that the need for surgery was identified, through inpatient (acute) care, and then subsequent care back in the community (primary care). One of the key outcomes from the Collaborative is improved integration of care between primary and acute health settings for increased continuity of patient care.

During the Collaborative, patient episode data was collected to determine:

- If patients were being screened, diagnosed and managed for IDA pre-operatively
- In what settings screening and management were occurring
- Timeframes for screening and treatment from surgery
- Methods for treating pre-operative anaemia and iron deficiency.

More than 12.5 thousand patient records were included in the data collection covering elective gastrointestinal, orthopaedic and gynaecology procedures. Data showed a significant reduction in blood transfusion levels across the three surgical streams. The number of patients who received transfusions decreased steadily each month over the life of the Collaborative, and the number of units transfused also followed that trend. Improved preoperative screening and treatment for IDA and improved surgical techniques also contributed to this decrease.

The Commission and the Collaborative project team wish to acknowledge the contribution and dedication of our Collaborative Project Coordinators:

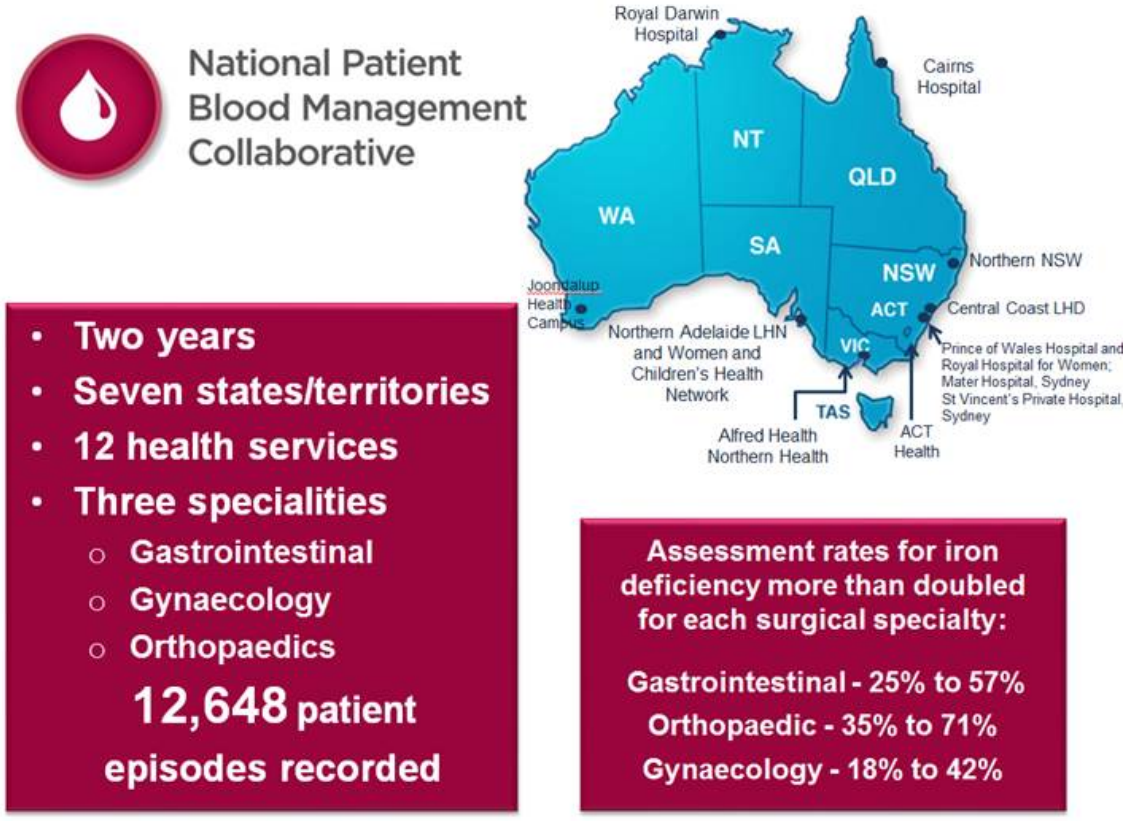
1. Chris Akers - Alfred Hospital
2. Keiko Bowles and Claire Coppin - Cairns Hospital
3. Belinda Conners and Maria Burgess - Canberra Hospital
4. Gregory Thomson - Central Coast Local Health District
5. Angie Monk and Ruth Webster - Joondalup Health Campus
6. Beverley Hiles and Garth Brown - Lismore Hospital and the St Vincent's Private Hospital Lismore
7. Karen Olsen and Jodie Grech - Lyell McEwin Hospital and the Women's & Children's Health Network
8. Paul Morgan - Mater Hospital Sydney
9. Betty Dumayas - Northern Health
10. Leon Botes and Elizabeth McGill - Prince of Wales Hospital
11. Julie Domanski - Royal Darwin Hospital
12. Edel Murray and Lisa Davey - St Vincent's Private Hospital

The Collaborative project team also wish to acknowledge the expert contribution and support of Dr Kelly Shaw, KP Health, throughout the Collaborative.

The Collaborative culminated in a showcase in Sydney with delegates from around Australia on Friday 2 June 2017. Improvements in clinical practice were presented, and the positive effect of patient blood management on improving and streamlining the patient's surgical journey and outcome were discussed.

You can find out more about the Collaborative on the Commission's website. You can also download a selection of the Collaborative's resources here.

If you would like to contact the Collaborative team at the Commission, email us at: pbmcollaborative@safetyandquality.gov.au



Achievements of the National Patient Blood Management Collaborative

Back to top

New Clinical Care Standard released for osteoarthritis of the knee

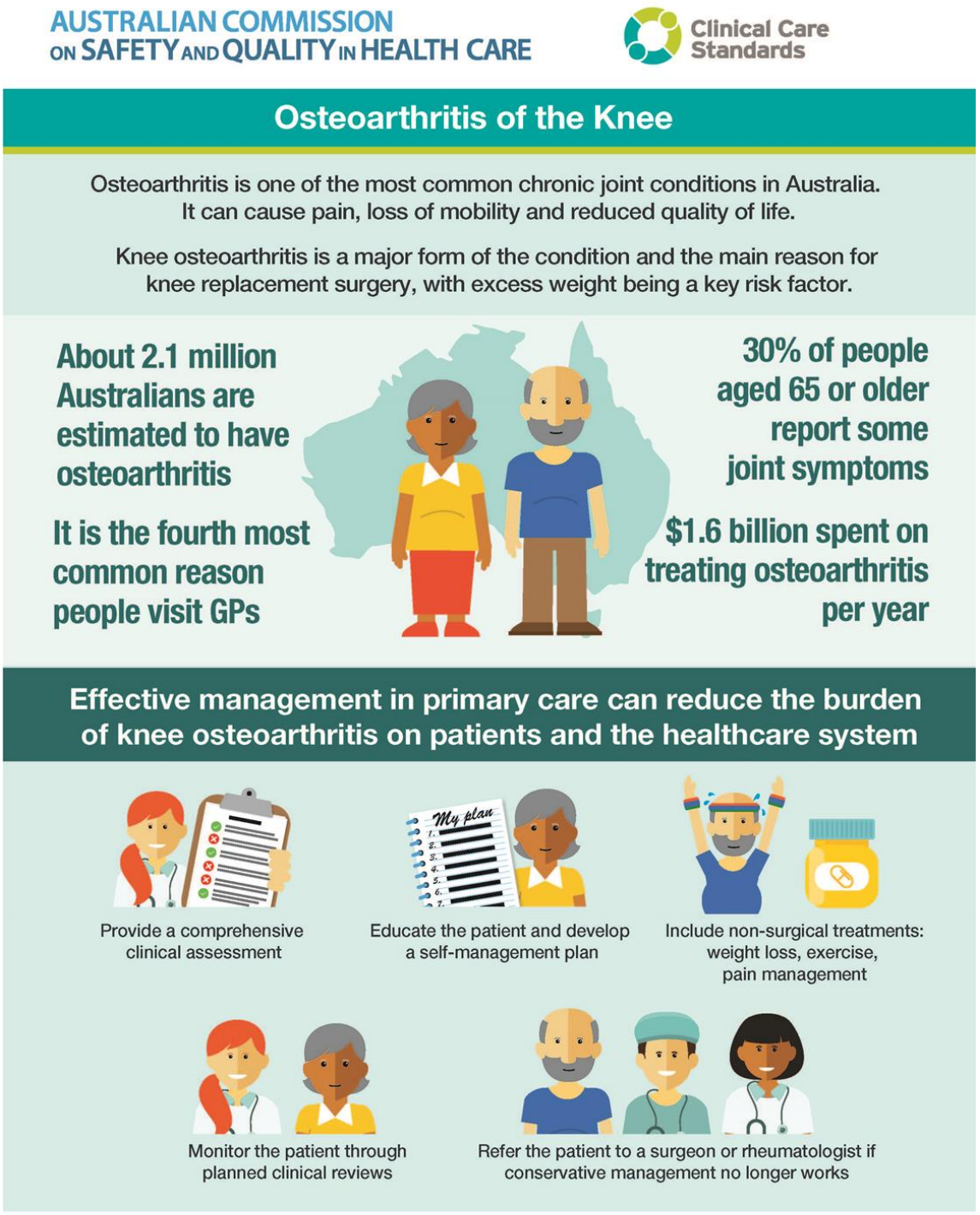
The Commission launched the Osteoarthritis of the Knee Clinical Care Standard and accompanying resources at the General Practice Conference & Exhibition in Sydney on 19 May 2017. The new clinical care standard is an important national approach for improving the care of people aged 45 years and over who have knee pain and who are suspected of having knee osteoarthritis.

About 2.1 million Australians are living with osteoarthritis, with that number expected to climb as our population ages. Knee osteoarthritis is a major form of the condition and the main reason for knee replacement surgery, with excess weight being a key risk factor. Knee osteoarthritis can cause pain, loss of mobility and reduced quality of life.

The Osteoarthritis of the Knee Clinical Care Standard highlights the gold standard for high-quality care, including the use of non-addictive pain-relieving medicines and development of a self-management plan to encourage patients to lose weight and do more exercise in the first instance. Knee replacement surgery is only considered if a patient does not respond to conservative management, or if it is a patient's preference. The standard applies to all healthcare settings where care is provided to patients with knee osteoarthritis, including primary care, specialist care, hospital and community settings.

The new standard has been endorsed by nine leading health, medical and consumer organisations including Arthritis Australia, the Australian Rheumatology Association, the Australian Physiotherapy Association and NPS MedicineWise.

To find out more and to download the Osteoarthritis of the Knee Clinical Care Standard visit our website.



Back to top

Question Builder

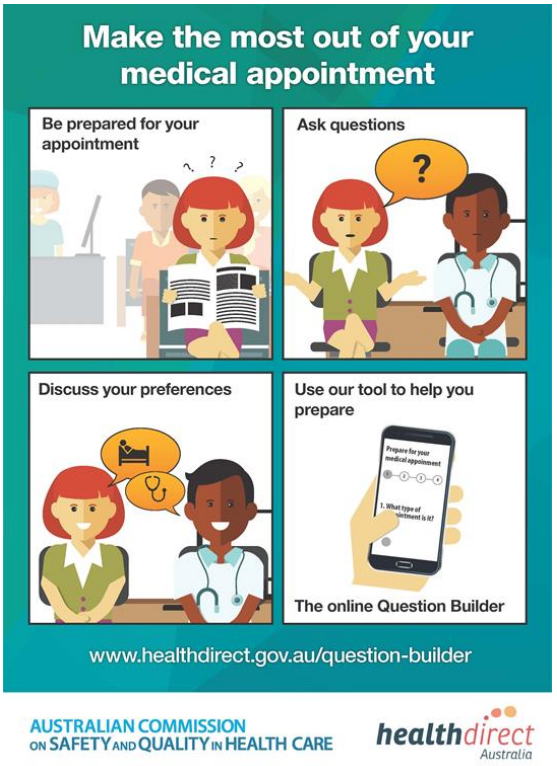
A new web-based tool called the Question Builder was launched in May. Its objective is to help people prepare for a visit to the doctor by building a list of questions they would like to ask in an appointment. This list of questions can then be printed or emailed to a phone or other device for use

during the appointment. The Question Builder can also help consumers consider the questions their doctor might ask them.

The Question Builder is intended to be used with general practitioners and specialists in Australia. It encourages people to ask questions that matter most to them, be more prepared and able to participate in their appointment and share decisions with their doctor about their own care.

The Commission developed this tool in partnership with Healthdirect Australia. More information, including a link to the Question Builder, is available here.

You can contact the Partnering with Consumers team by email: partneringwithconsumers@safetyandquality.gov.au or by phone: 9126 3593.



Back to top

Top Tips for Safe Health Care

The *Top tips for Safe Health Care* is designed to help consumers, their families, carers and other support people get the most out of their health care.

The Top Tips provides practical advice on:

- Asking questions to understand more about your health and treatment options
- Finding good-quality health information
- Understanding the risks and benefits of tests, treatments and procedures
- Confirming what will happen before and after an operation or other procedure.

Empowering consumers to be involved in planning and making decisions about their care helps to create partnerships between consumers and health providers. A strong partnership means that patients and health professionals can share decisions to achieve the best possible outcome.

The *Top Tips for Safe Health Care* booklet is available to download on our website. It is currently being translated into 15 languages and those

versions will be available on our website soon.

For more information about the *Top Tips* contact the Partnering with Consumers team here: partneringwithconsumers@safetyandquality.gov.au or call on 02 9126 3593.

Back to top

National Subcutaneous Insulin Chart for Acute Hospitals

The National Subcutaneous Insulin Chart for Acute Hospitals was released in May 2017 and is designed to improve the management of blood glucose levels (BGLs) in hospitalised patients.

The chart is recommended for use in public and private hospitals, and has a number of safety features and enabling functions including:

- Notification prompts for BGLs outside the target range
- UNITS pre-printed
- Discouragement of stand-alone subcutaneous ‘sliding scale’ insulin
- Multidisciplinary communication documentation
- Recommended initial insulin infusion rates
- Guidelines for the management of hypo and hyperglycaemia
- Insulin administration associated with meals by pre-printing meal times.

The chart was developed in accordance with the best evidence available, and was piloted in public and private hospitals.

Results from the pilot showed 35 significant improvements in performance, including improved management of the blood glucose levels of hospitalised patients.

The chart is available to download on the Commission's website.

You can also download the evaluation report, Development and Evaluation of a New Chart for Subcutaneous Insulin Administration in Acute Care Settings.

Back to top

Medication Safety in Mental Health

To extend the evidence on medication safety in mental health care settings, the Commission appointed the University of South Australia to undertake a scoping study on medication safety in mental health. The study focused on medication safety issues in mental health in both acute and community settings. It was informed by a national and international literature review, and consultations with stakeholders in Australia.

The study found that current medication safety practices and strategies may not be in widespread use across mental health services in Australia. The report, *Medication Safety in Mental Health*, recommended that strategies proven to be successful in improving medication safety in general health, be adapted and implemented in mental health care

settings. The report also identified areas where further work is indicated to improve medication safety in mental health.

You can download the report on the Commission's website.

Back to top

Approaches to investigating health IT-related patient safety incidents

The Commission appointed the Australian Institute of Health Innovation (AIHI) at Macquarie University to perform a literature review and environmental scan on investigating health IT-related patient safety incidents.

The report, *Literature Review and Environmental Scan on Approaches to the Review and Investigation of Health IT-Related Patient Safety Incidents*, identifies methods for monitoring hazards affecting health IT systems, and for investigating incidents resulting from the use of these systems.

The review found that the requirements for investigating health IT safety systems are similar to those that apply to existing patient safety systems. It notes that there are numerous methods to investigate patient safety incidents. No single method was appropriate to detect, investigate and classify all health IT incidents.

Successful health IT safety systems need to have in place a multidisciplinary team with appropriate skill sets, and use a tailored approach to investigate patient safety incidents.

You can download the report on the Commission's website.

Back to top

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