



MONASH University
Medicine, Nursing and Health Sciences



A MEMBER OF
Group of Eight
AUSTRALIA'S LEADING UNIVERSITIES

John McNeil & Sue Evans

Presentation to the Victorian Legislative
Council Standing Committee on Public
Reporting of Health Care Data
Monday 17 August 2009

NHMRC Centre of Research Excellence in Patient Safety (CREPS)

- **Quality improvement on of the *major agendas* of healthcare**
- **CREPS examines best ways to measure and report on the quality of health service delivery**

Measuring and reporting health data

- **National Health and Hospital Reform Commission (NHHRC) Report**
- “... We must provide comparative clinical performance data back to health services and hospitals, clinical units and clinicians”
- a nationally consistent approach is essential to the collection and comparative reporting of indicators which monitor the safety and quality of care delivery across all sectors

Source: National Health and Hospitals Reform Commission. A Healthier Future for all Australians: Final Report . Canberra: AIHW, 2009.

Focus on measurement : insufficient

- **Financial measurement: extensive**
 - Resources assigned
 - Definitions agreed
- **Quality measurement: rudimentary**
 - Only a small proportion respected/credible
 - Too much reliance on cheap/unreliable

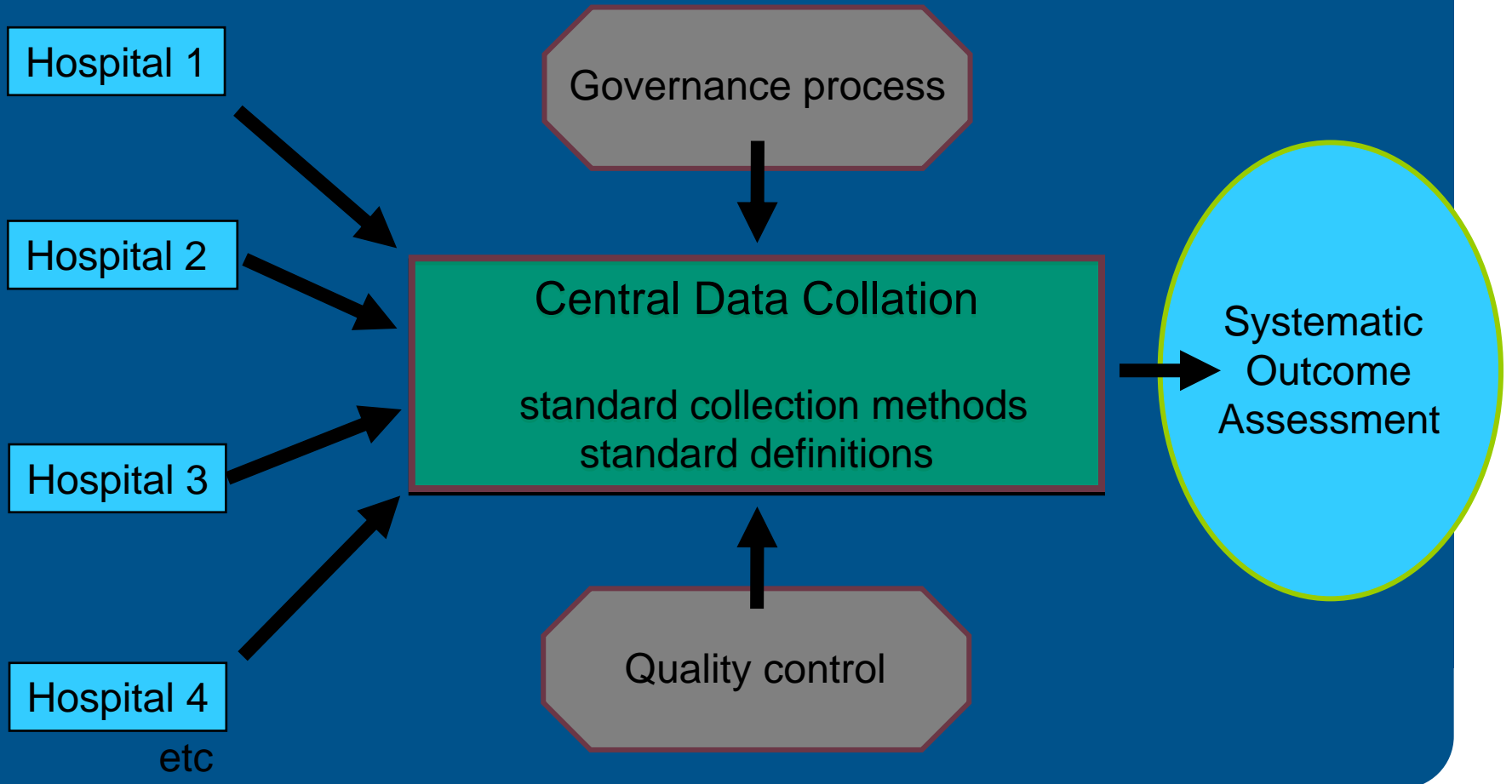


Why measure (reliably)

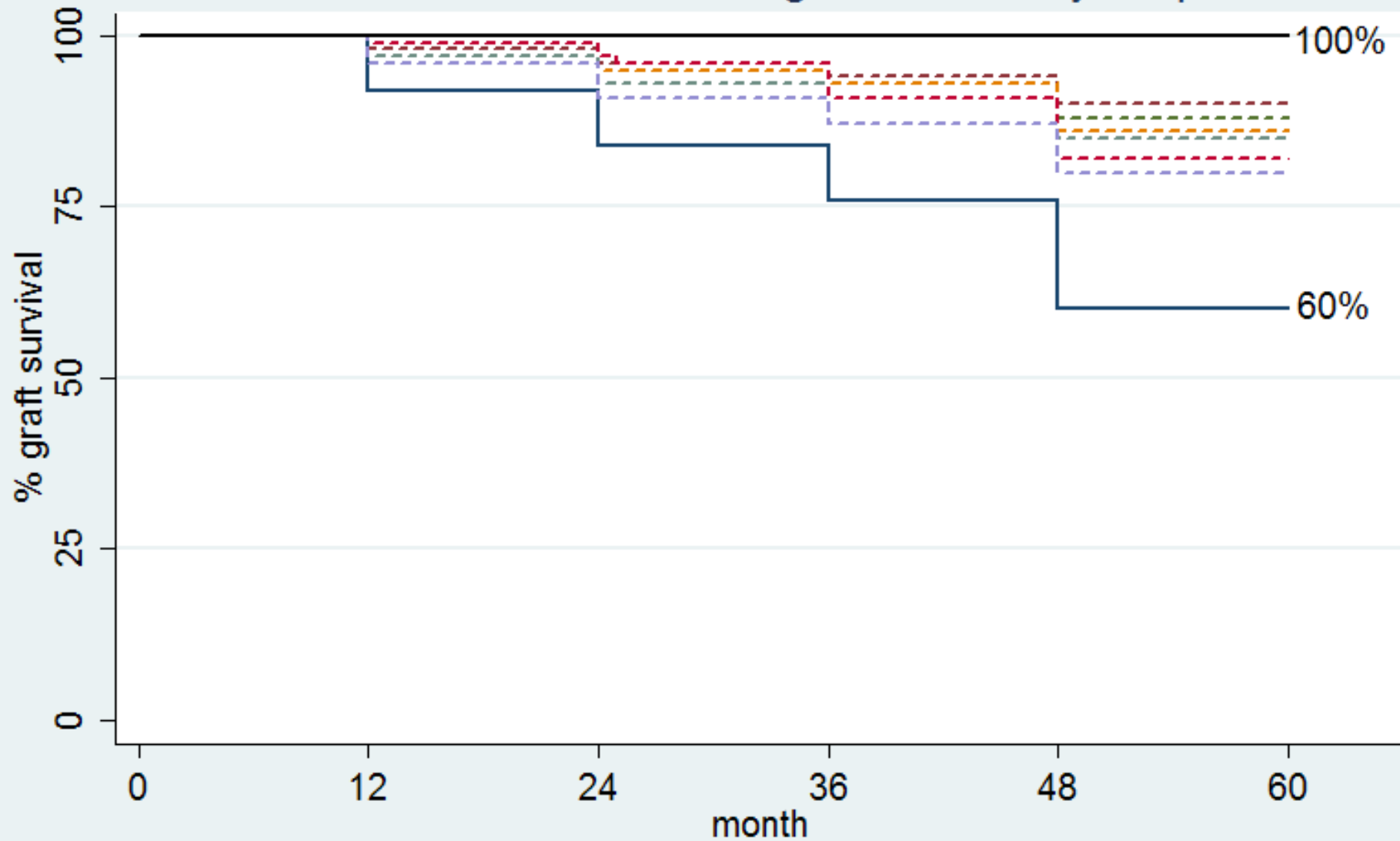
- **Benefits of measurements**
 - Stimulates competition via benchmarking
 - Identifies good & bad performers
 - Assists training & credentialing
 - Access to care
 - Compliance with ideal care guidelines
 - Planning & distribution of resources



How a Registry works

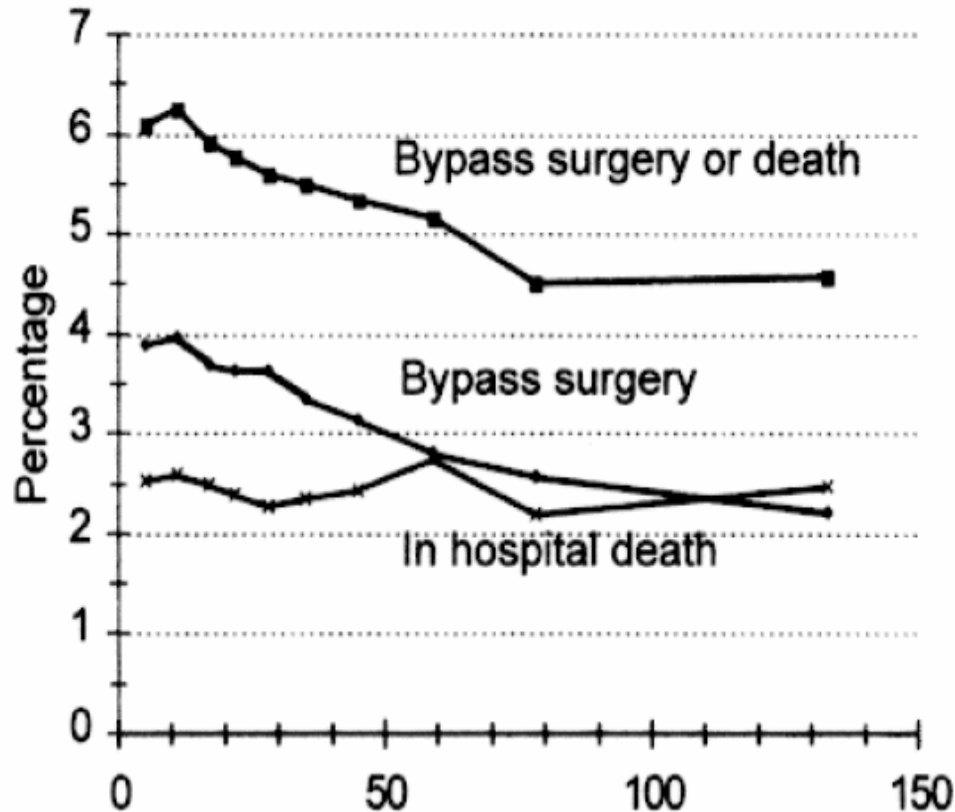


Simulated 60 month renal graft survival by hospital



Volume quality relationship

Figure 7: Rates of bypass surgery and death after angioplasty according to the annual volume of Medicare angioplasties performed by the treating physician



Where registries are valuable

Limit to

high-cost high-significance illnesses or procedures

known or suspected variation in outcomes or practice

high performance needed across several components of care

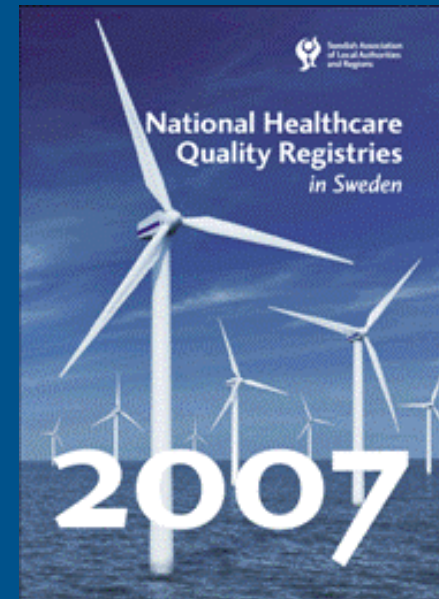
strong economic case for improved outcomes (next slide)



Clinical Quality Registries

- **Clinical Quality Registries**

- Trauma
- Cardiac procedures
- Joint replacement
- Renal dialysis
- Transplantation
- Cancer
- Intensive Care
- Burns



Too expensive to collect reliable data?

- **Renal transplantation**
 - Cost of poor results = dialysis
- **Acute coronary syndrome**
 - Cost of poor results = admissions for heart failure
- **Stroke**
 - Cost of poor results = nursing home



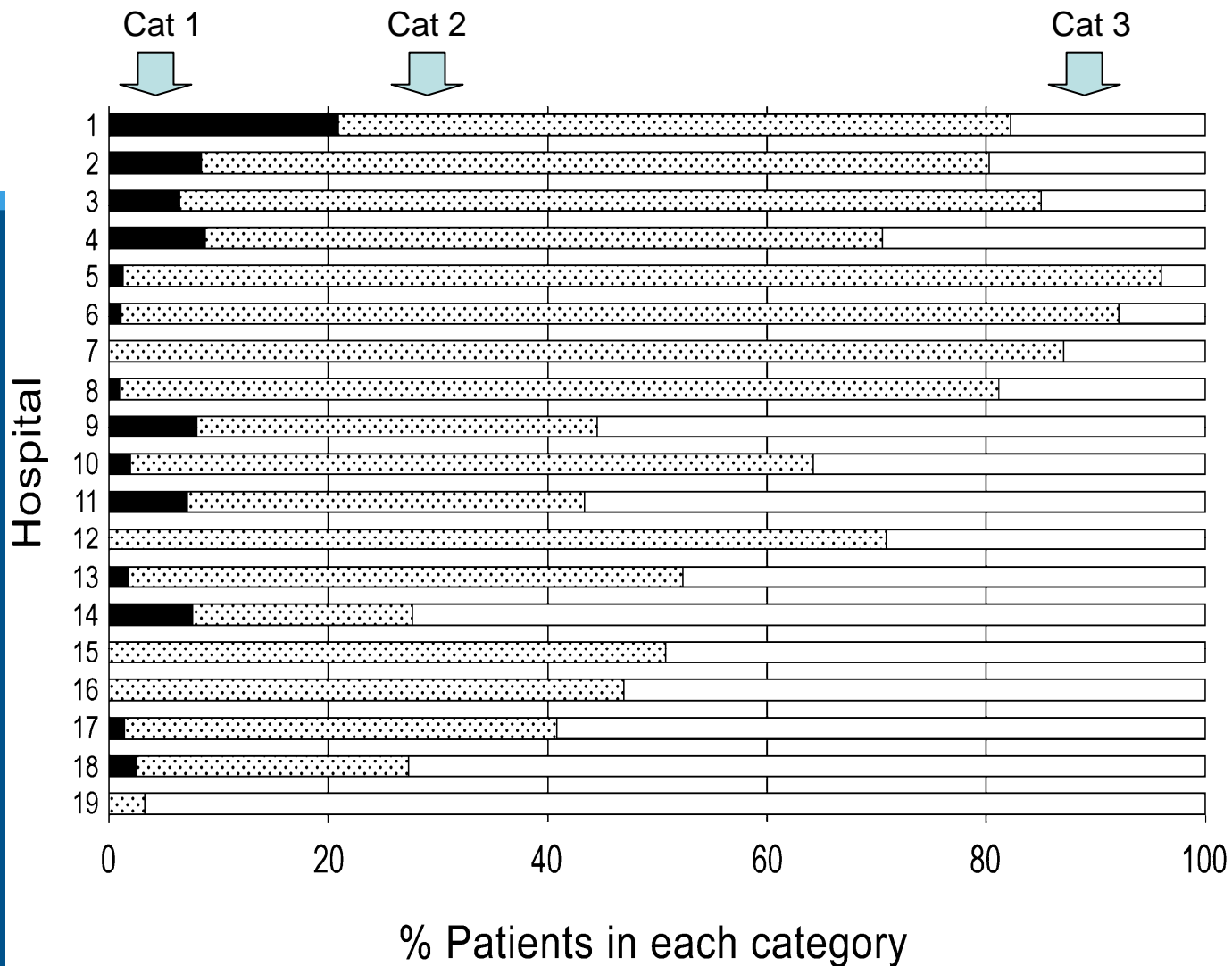
Epidemiologically sound data

- **Reproducible (no judgment)**
- **Systematically recorded**
- **Accessible**
- **Typically simple numerical**



Waiting lists

- **Unsound**
 - Urgency category
- **Sound**
 - Waiting time for a defined procedure
 - Booking time to surgery time
 - 90th percentile



Distribution between urgency categories among metropolitan and major rural hospitals of patients placed on the waiting list for total hip replacement between 1 July 2000 and 30 June 2001.

Quality assurance of data collection

Elements:

Completeness of reporting (no cherry-picking)

Accuracy of data supplied

Accuracy of data processing and statistical analyses

Procedures

Roving auditors

Check participants versus admission or theatre logs

Source data verification

Data-checking procedures in data centre



Summary

- **Measurement must become part of routine quality reporting (like finances)**
- **Measures must be respected & credible**
 - Epidemiologically sound
- **Must be costed into clinical care**
- **Must involve clinician/researchers**



Patient 55/D15

55 years old

SYMPTOMS OF PROSTATISM

Incomplete Emptying (ie. Sensation of incomplete emptying of urinary bladder)

Frequently – at night mostly, day time drinks a lot.

Frequency (ie. need to pass urine frequently while up and about)

Almost always – if he hangs onto it, makes passing urine easier next time. Very often at night, 2 hourly in day.

Intermittency (ie. Extent to which urine stream starts and stops)

Frequently – last month, blames cold weather.

Urgency (ie. Sensation of needing to void urgently)

Almost always – tries not to, mostly at night.

Weak-Stream and dribbling towards end of voiding

Almost always – doesn't come with pressure, has to wait until it comes.

Straining (ie. Needs to strain to pass urine)

Almost always – doesn't work when he strains though, has to wait.

Nocturia (need to get up to pass urine at night)

Gets up 9-11 times a night, worst part of it.

DOMAIN

**PLEASE RATE
1 – 10, 1 (NOT
IMPORTANT)
TO 10 (VERY
IMPORTANT)**

SYMPTOMS OF PROSTATISM



Mostly dissatisfied with quality of life.
Getting cold, or being in the cold makes it worse.
Also chilli. Drinks a lot due to diabetes. Eats salt & fat a lot.
Sometimes no energy to walk, not well enough for fishing.
Pensioner, with wife & 2 kids including angry teenage son.
Sleeps alone because he snores and uses a bucket at night.
Doesn't want to go far, long trips in car are awful.
Shopping is okay, as long as there is a toilet.
Frustrated about not being able to do as much.
Little things make him angry, cries sometimes, couldn't go on.
Long cycle of drinking and distress over urinating.
Heard of friend who is very ill, frightened him, doesn't want to end up so sick. Hates not being able to do garden.

DOMAIN

PLEASE RATE
1 – 10, 1 (NOT
IMPORTANT) TO
10 (VERY
IMPORTANT)

PSYCHOSOCIAL



3. Rate this study participant on this scale of not urgent to most urgent on their overall urgency for surgery

not urgent

most urgent

4. Rank the study participants on their urgency for TURP, "all things considered, using Categories 1-3 (tick appropriate box)

Cat 1

Cat 2

Cat 3

After reading ALL the patient vignettes in this booklet please place a number in this box below to represent where this patient is in relation to the others and their priority for surgery.

5. Rank the patient you consider most urgent with a 1, followed by the next most urgent 2, with the least urgent patient numbered 8.



2. Quality of Life

10	Minimal inconvenience
30	Moderate inconvenience with daily life i.e. through effects on sleep, work or social functioning
50	Severe inconvenience of lifestyle, major or significant distress