



AUSTRALIAN COUNCIL FOR SAFETY AND QUALITY IN HEALTH CARE

**Informing the Public**  
*Lessons from Australia*

Dr Heather Wellington

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**'Just a second - I'm motivated to tell you something.....'**

- + What motivates health care systems to release information to the public?
- + What motivates the media to report on health care performance?
- + Australian experiences in releasing public information
- + The work of the Australian Council for Safety and Quality in Health Care




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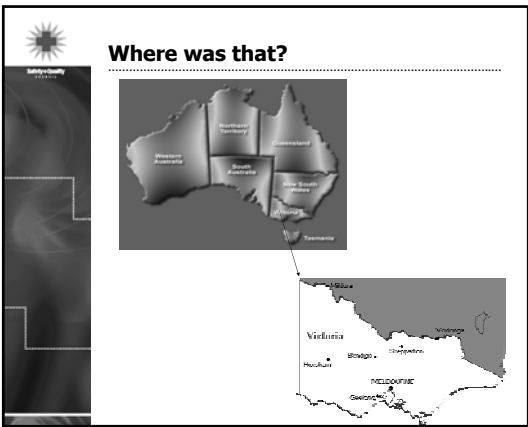
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**Where was that?**




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### Victoria & the Australian health care system

- + Victoria - approximately the size of the British Isles
- + About 5 million people
- + Victorian hospitals are independent statutory corporations owned by Government with boards of governance appointed by Government




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### Our commitment to openness



- + Quality in Australian Health Care Study, (Wilson et al,1995)
- + Lessons from Bristol
- + Release of influential reports eg. To Err is Human, (Institute of Medicine, 2000)
- + Qualified privilege legislation

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### Australian Journalism Code of Ethics

*Respect for truth and the public's right to information are fundamental principles of journalism. Journalists describe society to itself. They convey information, ideas and opinions, a privileged role. They search, disclose, record, question, entertain, suggest and remember. They inform citizens and animate democracy. They give a practical form to freedom of expression ... all have these public responsibilities. They scrutinise power, but also exercise it, and should be accountable. Accountability engenders trust. Without trust, journalists do not fulfil their public responsibilities.*

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**The media's motivation?**

*Four newspapers are more to be feared than a thousand bayonets.*

Napoleon Bonaparte

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**Hospital performance reports**

Welcome to the first edition of *Your hospitals*, a six-monthly report on Victoria's public hospitals. This report marks the start of a new approach that aims to provide better information about your hospitals and how they work.

*Your hospitals*, a six-monthly report on Victoria's public hospitals is an important step in providing Victorians with greater insights into our public hospital system. It shows that Victoria's public hospitals are doing well and getting better, but it also tells us that there is still more to do.

*Bronwyn Pike*  
 Hon Bronwyn Pike MP  
 Minister for Health  
 April 2005

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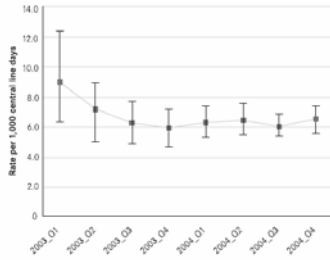
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## VICNISS Hospital-Acquired Infection Report

Chart 1: Cumulative intensive care unit central line-associated bloodstream infection rate (95 per cent CI), Group A1 hospitals



VICNISS Hospital Acquired Infection Project Year 3 Report

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## And on a very positive note ...

**A decision by Melbourne's Royal Children's Hospital in Victoria to publicly release figures showing medication mix-ups has been welcomed by the Medical Error Action Group.**

... *The hospital's annual quality of care report for the last financial year shows 32 children were given the wrong drug, while another 40 received drug overdoses.*

... *Medical Error Action Group spokeswoman Lorraine Long says she is pleased the report has been made public.*

... *"I commend them for it because this is what all hospitals should be doing," Ms Long said.*

<http://www.abc.net.au/news/newsitems/200301/s758884.htm>

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## But in the media .....

**It reads like a horror movie script. A foreign doctor with a secret — a deadly past — appointed head of surgery in a country town, his practices so reckless he is linked to the deaths of 87 patients before vanishing back overseas. This, though, is a true story. The town is Bundaberg. The doctor, Jayant Patel, now the subject of an international manhunt. 60 Minutes has found the man they call Dr Death.**

<http://sixtyminutes.ninemsn.com.au/sixtyminutes/stories/2005.06.19/story.1413.asp>

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***After years of professing to be open and accountable yet with mounting evidence suggesting that he and his Government have been acting very much to the contrary, it was only a matter of time before the Premier found himself in this position. What this week's revelations before commissioner Davies do confirm is that Mr Beattie is no longer able to separate himself from the scandals and cover-ups involving Queensland Health, if he ever was.***

[http://www.couriermail.news.com.au/common/story\\_page/0,5936,16665377%25E13360,00.html](http://www.couriermail.news.com.au/common/story_page/0,5936,16665377%25E13360,00.html)

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- + ***Queensland Premier Peter Beattie says he is mandating the release of hospital performance reports.***
- + ***Mr Beattie has been accused of a cover-up over the release of the reports about hospitals in the troubled public health system.***
- + ***He admits pressure to come clean about what the reports say has influenced his decision to amend legislation so the information can be published annually.***
- + ***"We will make it law," he said.***



<http://www.abc.net.au/news/newstoms/200509/1446731.htm>

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**The hospital did its best.....**



***Is CJD the same as 'mad cow' disease?***

***No .....***

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 **But on the radio.....**



- + **Radio host:** ... as we've just heard Jude there's been an announcement of BSE in Australia ... a case of BSE?
- + **Reporter:** No, no no no ...
- + **Radio host:** It's not...?
- + **Reporter:** Be very careful. It is not BSE, its Creutzfeldt-Jakob Disease which is the human variant of BSE or Mad Cow Disease...
- + **Radio host:** ...from contaminated blood or we don't know that yet either do we?
- + **Reporter:** Well no, but I don't know either that you can contract CJD from infected blood. The CJD being the variant of BSE, it's usually through consumption of parts of the animal...

<http://www.abc.net.au/mediawatch/transcripts/s1203319.htm>

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 **And then in the papers.....**



CATTLE COUNCIL OF AUSTRALIA

**MEDIA RELEASE**

14<sup>th</sup> September 2004

**INACCURATE REPORTS PUT AUSTRALIAN BEEF INDUSTRY AT RISK**

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***Newspapers are unable, seemingly, to discriminate between a bicycle accident and the collapse of civilisation.***

George Bernard Shaw

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**And again on a positive note...**

*Clearly the hospital took seriously the right of patients and the public to be provided with factual information. Some media coverage ... has not been helpful. ... More health services should follow the example of open disclosure so that we can improve safety and quality – not sweep the flaws under the carpet.*

Letter to the Editor, Consumer Advocacy Group

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**What did the hospital say again?**

*Is CJD the same as 'mad cow' disease?*

*No. Variant CJD, the human form of bovine spongiform encephalopathy (BSE), sometimes called mad cow disease, was first recognised in 1996 in the United Kingdom. It has not been found in Australia.*

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**Lessons learned**

- + Medical concepts can be extremely complex
- + Too much information can confuse
- + Mis-reporting can cause collateral damage
- + Even the best laid plans can go wrong. Sometimes, we just have to move on...

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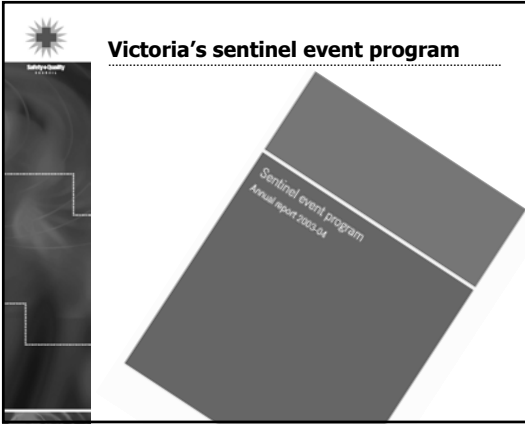
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**Victoria's sentinel event program**

Table 2: Comparisons between reported events 2002-03 and 2003-04

Event	2002-03	2003-04
Complication of emergency/resuscitation management	9	11
Complication of anaesthetic management	+	6
Complication of surgery	9	10
Foetal complication of delivery	3	0
Foetal complication of delivery	2	10
Complication of inpatient fall	2	1
Patient absconding from inpatient unit with adverse outcome	6	7
Infection control breach	9	7
Hospital process issue	2	3
Other - unspecified	42	55
<b>Total</b>		

\* More event classifications used in the 2003-04 data analysis.

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**Victoria's sentinel event program**

**WHEN HOSPITALS GET IT WRONG**

**SERIOUS HOSPITAL ERRORS**  
JULY 2002 TO JUNE 2003

- Procedures involving the wrong patient or body part 16
- Retained instruments or other material after surgery requiring re-operation or further procedures 9
- Suicide in an inpatient unit 5
- Maternal death or serious morbidity associated with labour or delivery 4
- Death of patient misdiagnosed, believed to be due to incorrect administration of drugs 3

**OTHER MISTAKES**

- Complication of emergency-resuscitation management 9
- Complication of surgery 9
- Foetal complication of delivery 3
- Complication of inpatient fall 2
- Patient leaving inpatient unit with adverse outcome 2
- Infection control breach 6
- Hospital process issue 9
- Other unspecified 2

**TOTAL 79**

**CASE ONE**  
A child was admitted to hospital for an adenotomomy (an operation to improve his breathing). Her mother was asked to sign a consent form, but a staff member misread the form and asked her to sign a formulary form for an adenotomomy instead. The child's tonsils and adenoids were removed.

**CASE TWO**  
A man was admitted to day surgery for an arthroscopy on his left knee. The operation was performed on his right knee.

SOURCE: GOVERNMENT OF VICTORIA (2003)

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## The Australian Council for Safety and Quality in Health Care

**A national leadership role - to raise awareness about adverse events – without creating a blame culture or causing people to lose confidence in the system**

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## The Australian Council for Safety and Quality in Health Care

**A safer health care system is one that places consumers at the centre and harnesses the experiences of patients and their carers to drive improvements**

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## The Australian Council for Safety and Quality in Health Care

### The Open Disclosure Standard requires:

- + Acknowledgement that an adverse event has occurred
- + An expression of regret
- + An explanation of what happened, clinical implications and treatment
- + Steps to manage and prevent recurrence
- + Feedback to patient and carers



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**Education and support package**

- + Handbooks
- + Interactive CD-Roms
- + Video
- + Posters (example shown)
- + Brochures
- + Checklists

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