Patient Safety Measurement:
the dirty reality
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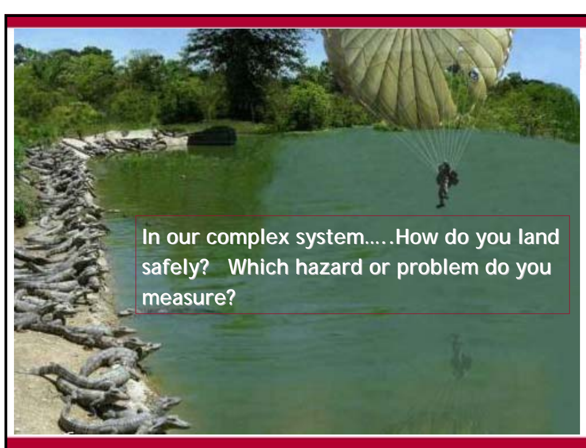
Department of Health

Department of Health


In our complex system.....How do you land safely? Which hazard or problem do you measure?

System excellence? Half of all doctors are below average….
y
x
J Poloniecki BMJ 1998;316 1734-1736

In Western Australia we use Clinical Governance as one approach to changing a health system to achieve Clinical Excellence
And…..maybe we can shift the normal distribution
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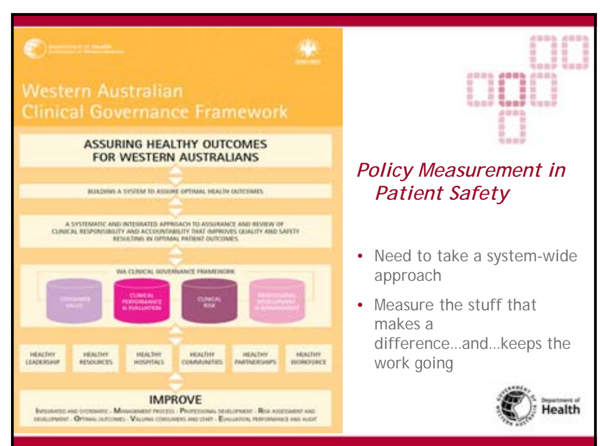
Western Australian
Clinical Governance Framework
ASSURING HEALTHY OUTCOMES FOR WESTERN AUSTRALIANS
IMPROVE
Policy Measurement in Patient Safety
• Need to take a system-wide approach
• Measure the stuff that makes a difference…and…keeps the work going
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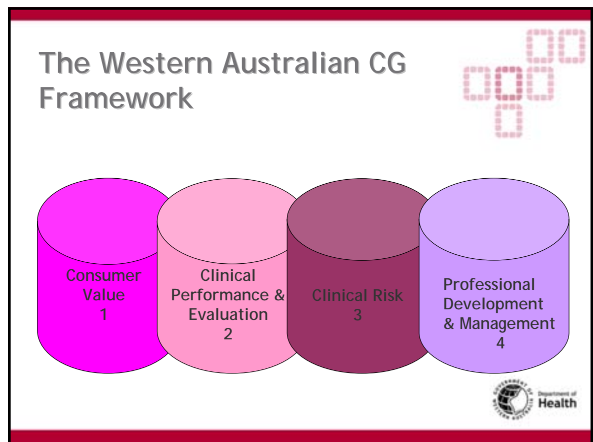

SQuIRe Program

- $8 million Safety and Quality Incentive Pool (Safety and Quality Incentives for Reform)
- SQuIRe builds on previous work done in patient safety
- Requires that you show me that you do it (measurement bit)
- In year 2 (three year program) - the Department will give you back money

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Rationale for SQuIRe

1. To embed Clinical Governance Framework in the WA health system and to ensure that health care is safe, effective and responsive
2. A long-term commitment to clinical governance and patient safety and quality at all levels of the WA health system
3. Best practice implementation of clinical governance responsibilities at all levels of the health care system
4. Standardisation in clinical improvement areas that have an impact on patient safety
5. Investment in operational capacity, building on existing safety and quality infrastructure
6. A culture that is open to learning from errors and adverse events; &
7. Significant investment in systems redesign both within health care facilities & across a range of health care settings to ensure the uptake and wide dissemination of evidence-based safe practice

Weighting of the SQuIRe Funding pool

Tier	Description	Indicative Pool Weighting		
		2006-07	2007-08	2008-09
Tier 1	**Clinical Governance** - Compliance with the eight WA Clinical Governance Standards - Satisfactory performance against nominated safety and quality measures in the Department of Health Operational Plan and Director General's Performance Agreement	70%	50%	30%
Tier 2	Satisfactory performance against mandatory patient safety and quality interventions	30%	30%	40%
Tier 3	Safety and Quality Incentive Pool	0%	20%	30%
Total Pool Weighting		**100%**	**100%**	**100%**

How will we do this?
By contracting for patient safety

1. Clinical Governance Program: 4 pillars

   Not optional any more

2. Clinical Governance Standards

   8 standards (peer audit in 2005/selected external audit)

3. Clinical Practice Improvement program

   7 required clinical priorities; Evidence in literature & local data supports CPI (100,000k;SHN)

   [nb rebadging for WA]

CG Standards - audited

Standards measured:

1. ACCOUNTABILITY – Organisational responsibility for clinical governance is clearly defined at the individual, unit and system levels
2. POLICY & STRATEGY – The organisation has documented policies and strategies for clinical governance and can demonstrate activity consistent with these policies
3. ORGANISATIONAL STRUCTURE - Clinical governance policies and strategies have been incorporated into the business structures of the organisation
4. APPROPRIATE RESOURCE ALLOCATION – Appropriate human and physical resources are provided to lead and implement clinical governance activities

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CG Standards…cont

5. COMMUNICATION – Clinical governance policy and strategy is communicated to all staff and to the public and other stakeholders
6. PROFESSIONAL DEVELOPMENT & TRAINING - All employees are provided with adequate information, resources, training to support the organisation's clinical governance activities
7. MEASURING EFFECTIVENESS – Key performance indicators are used at all levels of the organisation to measure and demonstrate the effectiveness of the organisation's clinical governance policy and strategy
8. INDEPENDENT ASSURANCE – The Chief Executive and Health Service Executive Team receives independent assurance(s), by external review that a clinical governance system is in place and meets the requirements of this standard

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Clinical Practice Improvement Program: 06-07

Key features :

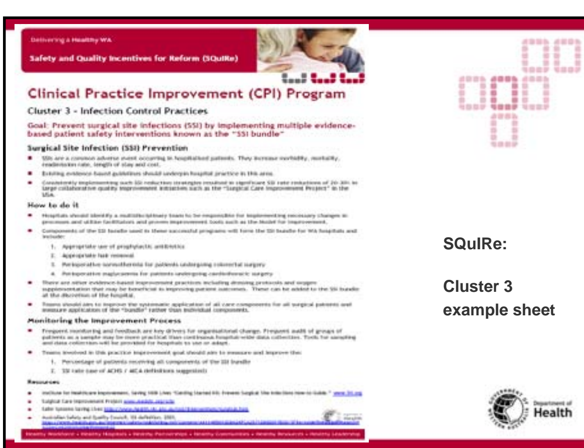
- Implements identified safety priorities
- Measures compliance
- Measures & monitors results/outcomes
- Requires feedback to clinicians & consumers

CPI program 06-07: 3 clusters

Cluster 1: Clinical priorities
- Acute MI in-patient care (+d/c)
- VTE/DVT prevention
- Pressure Ulcer prevention

Cluster 2: Medication safety
- Medication reconciliation processes at the time of admission & discharge

Cluster 3: Hospital Infection Prevention & Control
- Central Lines Insertion & care practice
- Surgical site infections prevention
- Hand hygiene program enhancement & compliance


Delivering a Healthy WA

Safety and Quality Incentives for Reform (SQuIRe)

Clinical Practice Improvement (CPI) Program

Cluster 3 - Infection Control Practices

Goal: Prevent surgical site infections (SSI) by implementing multiple evidence-based patient safety interventions known as the "SSI bundle"

Surgical Site Infection (SSI) Prevention

How to do it

Monitoring the Improvement Process

Resources

SQuIRe:

Cluster 3 example sheet

Key deliverables of the SQuIRe Program

- In order to access safety and quality funds under the SQuIRe program in 2006-2007, Area Health Services will be required to:
  - demonstrate satisfactory compliance with the eight WA Clinical Governance Standards;
  - demonstrate satisfactory compliance with the nominated safety and quality measures in the Department of Health's Operational Plan 2006/2007, and Director General's Performance Agreement 2006/2007;and
  - participate in the mandated evidence-based programs to support clinical practice improvement at the local level

Measurement Goals of CPI

1. The selected CPI interventions reflect key patient safety improvement activities
2. Resources including audit & data collection tools will be provided by the Office of Safety and Quality, but organisations can select other tools or adapt and customise material as they see fit
3. The OSQ will regularly convene meetings and workshops with CPI teams to facilitate progress and share information and experience
4. There will be clear timelines for the expected presentation of progress reports provided to the OSQ
5. All institutions within an Area Health Service will be implementing change to reach all relevant CPI goals by April 2007
6. CPI teams that can show they have used the CPI funding successfully will be eligible to receive additional funding in 2007/08, including direct funds for discretionary use by the CPI team members

Department of Health

Measurement of impact of SQuIRe Program

- During 2006-2007 the OSQH will define the iatrogenic codes that will allow a reliable and valid estimate of the savings achieved through a reduction in iatrogenic events in WA hospitals.
- This will be based on an estimate of the savings from the following:
  - a reduction in the payments for higher priced DRGs (e.g. those with complications);
  - a reduction in the number of statistical discharges; and
  - a reduction in length of stay.

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www.health.wa.gov.au/safetyandquality

THANK YOU
Office of Safety and Quality
Department of Health, Western Australia

Department of Health

So – here's
to….
landing safely
in measuring
patient safety!
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