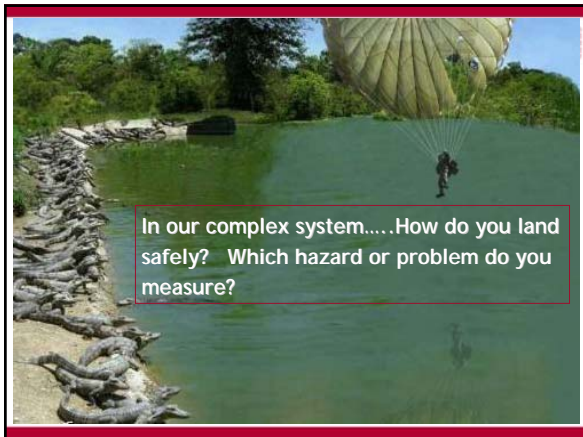


Patient Safety Measurement: the dirty reality

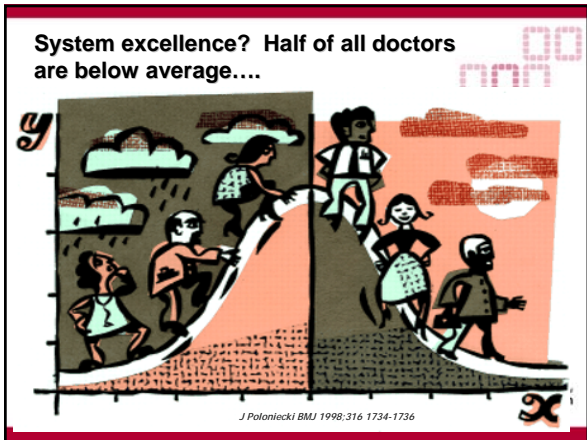
Dr. Dorothy Jones
Office of Safety and Quality
Department of Health, Western Australia



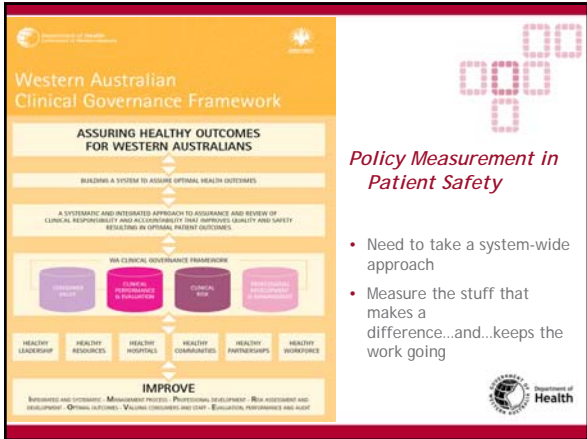




In our complex system....How do you land safely? Which hazard or problem do you measure?







The Western Australian CG Framework

The diagram illustrates the Western Australian CG Framework as four interconnected pillars:

- 1 Consumer Value** (represented by a blue cylinder)
- 2 Clinical Performance & Evaluation** (represented by a light blue cylinder)
- 3 Clinical Risk** (represented by a dark blue cylinder)
- 4 Professional Development & Management** (represented by a purple cylinder)

The Department of Health logo is visible in the bottom right corner of the slide.

WA Health - Safety focus for next 3 years - moving from should to must.....

The SQulRe program:

Safety & **Q**uality **I**ncentive in **R**eform

SQulRe Program

- \$8 million Safety and Quality Incentive Pool (Safety and Quality Incentives for Reform)
- SQulRe 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

Rationale for SQulRe

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 SQulRe 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



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



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

- Use an evidence-based bundle targeting in-hospital patients. This includes: cleanliness, sterility, antibiotic use, length of stay and cost.
- Existing evidence-based guidelines should underpin hospital practice in WA sites.
- Consistently implementing such SSI reduction strategies resulted in significant SSI rate reductions of 30-50% in large, high-volume quality improvement initiatives such as the "Hospital Care Improvement Project" in the USA.

How to do it

- Hospitals should identify a suitable primary focus for implementation (e.g. changes to prevent and detect infections and process improvement tools such as the bundle for improvement).
- Components of the SSI bundle used in these successful programs will form the SSI bundle for WA hospitals and regions.

1. Appropriate use of prophylactic antibiotics

1. Appropriate use intended
2. Risk-adjusted antibiotics for patients undergoing colorectal surgery
3. The appropriate regimens for patients undergoing cardiovascular surgery

- There are other evidence-based improvement practices including cleaning, personnel and support representation that may be beneficial in improving patient outcomes. These can be added to the SSI bundle at the discretion of the hospital.
- Teams should aim to improve the appropriate application of all care components for all surgical patients and monitor quality of care for "bundles" rather than individual components.

Monitoring the Improvement Process

- Progress monitoring and feedback are key drivers for organizational change. Frequent audits of groups of patients as a simple way to monitor practice. Team conduct routine hospital-wide data collection. Tools for sampling and data collection will be provided for hospitals to use or adapt.
- Teams involved in this practice improvement goal should aim to measure and improve the:
 1. Percentage of patients receiving all components of the SSI bundle
 2. SSI rate (use of ACHI / MCA definitions suggested)

Resources

- Infection Prevention & Control: [Using the New Standard Surgical Site Infection Bundle to Guide Practice](#)
- Surgical Care Improvement Project: [Surgical Care Improvement Project](#)
- Care Systems using the [Surgical Care Improvement Project](#)
- [National Safety and Quality Incentives \(NSQIS\) website](#)
- [Surgical Site Infection \(SSI\) website](#)

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



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





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