

**The Australian Council on
Healthcare Standards**

ACN 008 549 773

5 Macarthur Street
ULTIMO NSW 2007 Australia

Telephone: 61 2 9281 9955

Facsimile: 61 2 9211 9633

E-mail: achs@achs.org.au


Website: <http://www.achs.org.au>

A not-for-profit organisation

safety, quality, performance

SUBMISSION NO. 65

(Supplementary to Sub no. 51)

AUTHORISED: 17-08-05 

28 July 2005

Ms Sonya Fladun,
Secretariat
Parliamentary Inquiry into Health Funding
Standing Committee on Health and Ageing
Parliament House
Canberra ACT 2600

Dear Ms Fladun

RE: COMMONWEALTH PARLIAMENTARY INQUIRY INTO HEALTH FUNDING

At the recent appearance of Ms Maureen Robinson and Ms Heather Macdonald, Executive Manager from the Australian Council on Healthcare Standards (ACHS), before the above mentioned inquiry there appeared, especially from Mr. Malcolm Turnbull, to be a great deal of interest in the measurement of healthcare quality. Considerable discussion was had about the ACHS clinical indicators program, the national aggregation of these data, their use in contributing to the assessment of the quality of health services across Australia and their use in reporting on the quality of health services.

Please find enclosed a proposal from the Australian Council on Healthcare Standards regarding the establishment of a National Measurement for Improvement Management System (NMIDMS) for the Australian health system. I am sure this will be of interest to the Inquiry for identifying a way forward in relation to national data management and reporting and for facilitating the accountability of health services for the quality of care they provide.


Over many years it has become very apparent that there is a need for a comprehensive quality measurement system for the Australian health system. The ACHS has recently been reviewing our strategies and future plans for achieving our objective, which is to improve the quality and safety of health care in Australia. In so doing, we have looked at the role that the ACHS is able to play in the national data collection and management.

.../Page 1

The attached paper proposes that the ACHS should be the organisation that is charged with the development, maintenance and administration of a National Measurement for Improvement Data Management System. I have outlined in the proposal the reason why the ACHS is the most appropriate organisation and ideally placed to do this.

I would be very happy to provide further information if you need it or to discuss it with you in further detail.

Yours sincerely



BW Johnston
Chief Executive

Enc:



PROPOSAL TO THE PARLIAMENTARY INQUIRY ON HEALTH FUNDING

AUSTRALIAN COUNCIL FOR SAFETY AND QUALITY IN HEALTH CARE

July 2005

PURPOSE

The purpose of this document is to propose an effective and achievable mechanism for establishing a National Measurement for Improvement Data Management System (NMIDMS) for the Australian health system.

HISTORY

When the Australian Council for Safety and Quality in Health Care (ACSQHC) was established in 2000, it identified a number of priority areas for action. Amongst these priorities was the use of data for improving the health system. There are many data collections in the health system; some data are used at the local, clinical level, many more are available at and reported to the organisational and jurisdictional level for operational purposes, but very few data are used at the national level for the purposes of improvement. This could be achieved however, if current data collections were organised and managed effectively.

A significant number of national data bases and registers exist, that are directly or indirectly related to patient safety and health care quality. Development, management and support of these collections rely heavily on the goodwill of clinicians. Sustainability is dependent on this good will and professional commitment to improving patient care. The custodians of the databases experience difficulties with securing ongoing funding, practical management of the database, seeking ways to improve utilisation of the data and providing a context within which to share the data. Representation has been made to the ACSQHC over the past five years, by the owners of many of these registers, for financial and technical assistance. Unable to support every one of the registers, the Council decided to establish a consultancy, the purpose of which was to:¹

- Describe the current state of activity in relation to data and information collection for safety and quality improvement in acute hospitals

¹ *Communio 2004 National Measurement for Improvement Data Management System Project Final Report*

- Describe the current state of activity in relation to existing identified national clinical data collection models
- Identify the key design principles model and operational business model to inform the development and operation of a National Patient Safety Learning Centre.

The project team undertook a thorough process of consultation with stakeholders across all states and territories and examined a large number of current clinical data bases and registers. The final report of the consultant team endorses the need for a NMIDMS and establishes the function and purpose of such a system.

A workshop held in Sydney in February 2005 by the Review Team² further endorsed the importance of health care data analysis and use for measuring and improving the quality of care across the nation and the need for establishing a sound system for the management of these data.

NATIONAL MEASUREMENT FOR IMPROVEMENT DATA MANAGEMENT SYSTEM (NMIDMS)

Measuring and improving the quality of health services in Australia is not a simple task. It requires a multidimensional approach, one large component of which will be the collection and analysis of data from a broad range of inputs eg specialty services (eg joint replacements, breast cancer services, maternal and infant mortality, intensive care services etc), health service accreditation results, clinical indicator data. Other components may include snapshot, retrospective medical record reviews and healthcare incident review and analysis.

A NMIDMS is needed to provide a central repository of data that enables meaningful analysis and reporting of safety and quality data and information from Australian health care services. The system will facilitate a national collection of data and information by establishing mechanisms that promote best practice in the management of data collection, administration and use. The NMIDMS should comprise several components:³

1. The development and provision of standards for data collections that will allow and enable existing and future registers to contribute to the national collection
2. The development and use of a national minimum data set for patient safety and quality⁴
3. The provisions of a technical environment that could provide the platform for multiple national data bases, but maintain current, appropriate data governance arrangements
4. The development and provision of appropriate classification systems for data collections

² Review Team of the Australian Council for Safety and Quality in Health Care

³ Communio 2004 *National Measurement for Improvement Data Management System Project Final Report*

⁴ A significant number of data items collected by existing registers are common to all registers. Therefore the same data are being collected many times, by different people for similar purposes. Conversely, where possible, data should be collected once and used many times.

5. The ability to share information about healthcare quality and improvements thereof
6. The provision of reliable, timely and valid data to those who need it for the purposes of national policy development and health care improvement.

There should be only one authorised collection of national data on the safety and quality of health care.

BACKGROUND TO THE AUSTRALIAN COUNCIL ON HEALTHCARE STANDARDS (ACHS)

The ACHS is a non-government, not-for-profit organisation, established in 1974 to review Australian health services for the purpose of determining whether they were of a sufficient standard to be able to be conferred with the status of 'accredited'. It is the largest provider of accreditation services in Australia. The ACHS accredits 74% of all hospitals and 87% of all hospital beds across Australia.⁵ Its over 950 member health care organisations include hospitals and health services from the public and private sectors, metropolitan and rural areas, from large teaching hospitals to small day procedure centres, from acute to community and primary care services, mental health, drug and alcohol services and Divisions of General Practice. The ACHS is funded by its member organisations.

The ACHS has worked over the past 30 years to establish many services, all of which contribute to a healthcare organisation's ability to improve the quality of the care it provides to consumers. Some ACHS services that are relevant to this proposal include:

Standards development. The ACHS is the leading organisation in Australia in the development of healthcare standards. These standards provide the basic unit of assessment of quality for all member organisations and the basis upon which the accreditation survey process is conducted. ACHS standards are reviewed every 4 years to ensure continued relevance, currency and achievability. The ACHS standards and the development process have been recognised and accredited by The International Society for Quality in Healthcare (ISQua).

The National Clinical Indicators Program. Over the past 14 years the ACHS has developed 21 sets of healthcare indicators which comprise 374 individual indicators. The indicators are designed to guide the assessment of healthcare performance in specific areas of clinical practice and across a health care organisation. These indicator sets are developed in collaboration with medical and nursing colleges, associations and societies, the National Centre for Classification in Health (NCCCH) members of the public and private health sectors and healthcare consumers. All indicator sets are reviewed regularly to ensure they remain reflective of the contemporary health care environment, are being collected appropriately and that the set remains effective for achieving quality improvement.

⁵ AIHW 2004 *Australian Hospital Statistics 2002-03*

Over 700⁶ health care organisation in Australia and New Zealand contribute to this clinical indicator collection. Health services routinely collect data that relate to the indicators they have selected to be appropriate for their service. They report these data to the ACHS every 6 months for cleaning, validation, aggregation and analysis. The ACHS has a contractual arrangement with the Health Services Research Group at the University of Newcastle for data analysis. The ACHS provides aggregated data back to contributing healthcare organisations within 40 days of the end of each collection period and publishes a deidentified annual report, *Determining the Potential to Improve Quality of Care*, on the analysis of these data that have been aggregated at the state and national levels.

The ACHS clinical indicators program, through its collection requirements, feedback mechanisms and annual reports has played a major role in the health system in informing the need for change at the clinical level of care and in informing the need and content of health care policy.

In addition to this service, the ACHS has been contracted by NSW Health to be the repository of all infection control data in the NSW health system, to provide analysis of these data and to report these findings to the NSW Health Department. The ACHS was asked to provide this service for a number of reasons. As the ACHS is not currently subject to state or national Freedom of Information (FOI) legislation, the ACHS can provide a safe environment within which these data can be reported, analysed and used for improvement. Further, the ACHS has a reputation for maintaining confidentiality, undertaking processes that ensure that data are reliable, for timely and appropriate analysis and feedback and for providing strategic information in a useable and useful form.

The ACHS national indicators program is to be reviewed, commencing in May 2005, to ensure that the system; from the data leaving a clinician, to the organisation's processes, to the ACHS and back through the organisation to the clinician, is compliant with standards and best practice and is the most effective and customer focussed it can be.

Benchmarking. The ACHS established in 1996 through its standards, Evaluation and Quality Improvement Program, (EQUIP) 1st Edition, the need for all health care organisations to benchmark their performance and to improve services and care as a result of that comparison. Following representations from several members, the ACHS is developing a system for assisting organisations to identify appropriate benchmarking partners, and to provide data where possible, to inform their benchmarking processes. It should be noted that one proposed purpose of the NMIDMS is to provide benchmarking opportunities and data for health services. The ACHS will be incorporating the national databases and registers into this program

⁶ For the period from January to June 2004, 690 Australian and 12 NZ health services submitted clinical indicator data to the ACHS.

THE PROPOSAL

It is proposed that the ACHS should be the organisation that is charged with the development, maintenance and administration of the National Measurement for Improvement Data Management System.

The ACHS is the most appropriate organisation, and is ideally placed to do this, for the following reasons:

- The ACHS is a well established independent, non government body that exists to develop and provide services that contribute to assessing and improving the quality of care in Australian health services.
- The ACHS has an established relationship with over 900 healthcare organisations in Australia and 12 in New Zealand. Such a network exists with no other organisation and would take many years to develop.
- The ACHS already has the largest national warehouse of healthcare related data in Australia. This will provide the ideal platform on which to build the NMIDMS. The collection, analysis and reporting on national data sets is ACHS core business.
- The ACHS has in its warehouse, a multitude of data that are unique to the ACHS ie health service accreditation data, that when combined with data proposed for the NMIDMS will be able to provide the information required by governments to assess the quality of care provided in the Australian health system on an ongoing and continuous basis.
- The ACHS is recognised for innovation in relation to health care measurement and improvement, being the first organisation in Australia to develop and collect health care clinical performance indicators and to grow and continually improve that program.
- The ACHS has an established and sound relationship with the medical and nursing colleges, societies and associations and with the Universities of NSW and Newcastle.
- The ACHS is a respected organisation. It has a record of maintaining privacy and confidentiality at all times. Further, the AHS is not currently subject to state or federal FOI legislation.
- The sound processes and reputation of the ACHS for developing healthcare standards will enable the ACHS to develop the standards for the collection and management of data for the purposes of these national processes.

A strategic plan for the establishment of the NMIDMS by the ACHS can be provided to the Parliamentary Inquiry if required.

RECOMMENDATION

It is recommended that the Parliamentary Inquiry considers this proposal and recommends in its report that the Australian Council on Healthcare Standards (ACHS) drives the establishment and administration of a National Measurement for Improvement Data Management System.

