

## 021: THE TOP TEN PRIORITY AREAS FOR IMPROVING PATIENT SAFETY IN AUSTRALIA

### Authors:

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### Objective:

To use the following data sources to identify ten clinical areas with the greatest potential to improve patient safety: the NSW in-patient data; the clinical indicators reported by the Australian Council on Healthcare Standards; the Health Insurance Commission data (HIC) and the data from the Quality in Australian Health Care Study (QAHCS).

### Methods:

Process and outcome measures are provided by these data, and most are related to patient safety. For each measure the magnitude of the variation in rates between hospitals or GPs is determined. The 20<sup>th</sup> centile, the rate for which the 'best' 20% exceed, is used to estimate the potential gains in safety that would be obtained by shifting the current mean rate to the 20<sup>th</sup> centile rate.

### Results:

The ten areas identified relate to common events that occur across many disciplines rather than 'wrong-side surgery'. They are summarised in the following Table.

Area	Magnitude (per annum)	Responsibility for change
Delays in Emergency Department (ACHS CI)	One million patients not seen within required triage time	Management
Failure to provide Pathology/radiology reports on time (ACHS CI)	200,000 reports not provided within required time frame	Unit management
Adverse Drug Events (QAHCS) Infection, DVT and PE rates NSW In-patient data (QAHCS)	Direct medical costs are \$11 million 18% of all surgical admissions had one or more of the following occur: –Unplanned return to operating theatre (3.0%) –Hospital acquired infection/sepsis (7.9%) –Complications (AMI, CVA, PE) (10.0%) –Unplanned injury of organ during surgery (2.3%) –Development of neurological deficit (1.8%)	Technology Implementation of preventative protocols
Episiotomy rates (ACHS CI)	An increase of 16,000 women with intact perineum	Royal Australian and New Zealand College of Obstetricians and Gynaecologists Clinical Practice Guideline development
Medical admissions: asthma, diabetes, COPD (In-Patient data)	100,000 less admissions	
GP prescribing for Proton Pump Inhibitor (HIC data)	120,000 less prescriptions	Epidemiological research
Myringotomy rates (In-Patient data)	18,000 less procedures	GP referral rates (Divisions of General Practice)
Hospital Volume effect on outcome (In-Patient data)	1,000 better outcomes	Policy/patient needs
Medical culture (blame, lack of supervision)	Probably large	Education programs for students

**Conclusion:** Given their high frequency and the variety of potential solutions, there exist many opportunities for research to identify the best methods to improve patient safety. Clinical indicators have provided valuable data to help prioritize where the Australian Council for Safety and Quality in Health Care can direct its resources.