QUALITY AROUND THE WORLD

5TH INTERNATIONAL CONFERENCE IN HEALTH CARE

Konnichiwa

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MELBOURNE AUSTRALIA

The evidence supporting the safety and quality agenda

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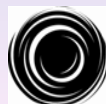

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Australian Institute of Health Innovation's mission

Our mission is ***to enhance local, institutional and international health system decision-making through evidence****; and* ***use systems sciences and translational approaches to provide innovative, evidence-based solutions*** *to specified health care delivery problems.*

http://www.med.unsw.edu.au/medweb.nsf/page/ihi

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Leadership team

- Professor Jeffrey Braithwaite

Foundation Professor and Director, Australian Institute of Health Innovation, University of New South Wales

- Professor Enrico Coiera

Professor and Director, Centre for Health Informatics, Australian Institute of Health Innovation, University of New South Wales

- Professor Ken Hillman

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Background - the Centre

The Centre for Clinical Governance Research undertakes ***strategic research, evaluations and research-based projects*** *of national and international standing with a core interest* ***to investigate health sector issues of policy, culture, systems, governance and leadership****.*

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Setting the agenda

Research personnel: NHMRC Program Grant in Patient Safety

Chief Investigators

Professor Jeffrey Braithwaite

Professor Johanna Westbrook

Professor Enrico Coiera

Professor Bill Runciman

Professor Ric Day

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Part 1: We have thrown a lot at patient safety …

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What are we doing?

- Safety improvement programs [training]
- Root cause analyses
- Incident monitoring
- IT
- Accreditation
- Credentialling
- Standards
- Policy
- Guidelines
- Procedures, checklists
- Restructuring
- Inquiries when things go wrong
- Try harder
- Hope
- [Insert your favoured strategy here]

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Part 2: What we are throwing these strategies at …

The quality and safety problem: acute settings

- One in ten [it's probably more] hospital admissions experiences an adverse event of some kind [CCGR data averaged across studies in Australia, Canada, Denmark, New Zealand, UK and USA]
- One in twenty patients experience a complication from a medication or drug [Andrews et al, 1997]
- One in thirty develops a hospital acquired infection [Pittet et al, 2005]

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The quality and safety problem: community perspectives

- Proportion of recommended care delivered to adults in the United States of America: 54.9% [95% CI 54.3-55.5%] [McGlynn et al NEJM 2003]
- Proportion of indicated care delivered to children in ambulatory settings in the United States of America: 46.5% [95% CI 44.5-48.4%] [Mangione-Smith et al NEJM 2003]

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Part 3: Are we making headway?

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Not at the systems level

- No known study to show a health system has improved across the board
- But isolated or notable changes
  - Pronovost’s central line study [Pronovost e al 2006]
  - Surgical checklists study [Haynes et al 2009]
  - Hand hygiene [in some places]
  - Handover [in some places]
  - RCAs [in some places]

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Not at the systems level

- IT [especially in general practice]
- Improvements in clinicians' recognition of the importance of quality and safety
- Guidelines use [esp in general practice]
- The handling of dangerous materials and drugs eg anticoagulants, antibiotics and anticancer drugs [Degos et al BMJ 2009]

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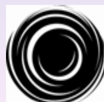

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Not at the systems level

- Having a process for identifying adverse events and following up [esp in general practice]
- But not systemic, widespread or ubiquitous change
- In short: progress has been painfully slow

Part 4: Where are we now?

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Now

- We are doing research on many of these problems
  - Specifying the amount of care that gets delivered to Australian patients
  - Looking at Root Cause Analyses
  - Examining staff views on patient safety and how to make care safer

Now

- Looking at the way IT is used and how it addresses some problems but is not a panacea
- Investigating the real way care is delivered – through small scale clinical networks, communities of practice, and inter-professional groups

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Part 5: What more do we need? Delving deeper

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What more do we need?

- Understanding three aspects to patient safety:

- The magnitude of the predicament
- The categories of harm
- How to tackle and resolve some of these deep problems

What more do we need?

- Partnerships
- More involvement, ownership, improvement, trust
- Better leadership, management, cultures, teamwork
- Harness IT more effectively
- Social movements [eg, IHI initiatives]

What does the Commonwealth Fund data say about Australia’s safety and quality agenda?

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Doctors' use of electronic patient medical records in their practice

Percent

	2006	2009
NET	98	99
NZ	92	97
UK	89	96
AUS	79	95
GER	42	72
US	28	46
CAN	23	37

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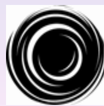

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ource: 2006 and 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Practice use of IT routinely

ercent reporting <u>OUTINE</u>:	AUS	CAN	FR	GER	ITA	NET	NZ	NOR	SWE	UK	US
lectronic ordering of boratory tests	86	18	40	62	91	6	64	45	81	35	38
lectronic access to atients' test results	93	41	36	80	50	76	92	94	91	89	59
lectronic prescribing f medication	93	27	57	60	90	98	94	41	93	89	40
lectronic alerts/ rompts about a otential problem with rug dose/interaction	92	20	43	24	74	95	90	10	58	93	37
lectronic entry of inical notes	92	30	60	59	82	96	96	81	89	97	42

ource: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Doctor routinely receives reminders [guideline-based interventions or screening tests]

Percent

	AUS	UK	FR	NZ	ITA	US	CAN	GER	NET	NOR	SWE
Yes, using a manual system	6	10	27	4	16	19	17	10	7	9	6
Yes, using a computerized system	67	62	27	45	31	20	9	12	9	7	4
Total	73	72	54	49	47	39	27	21	16	16	10

ource: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Practice routinely sends reminders [preventive care, follow-up]

Percent

Country	Yes, using a computerized system	Yes, using a manual system	Total
NZ	92	4	97
UK	76	21	97
AUS	82	7	89
NET	48	31	80
FR	24	35	60
SWE	26	25	51
US	18	29	47
ITA	9	24	33
GER	17	15	32
CAN	10	21	31
NOR	3	12	15

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ercentages may not sum to totals because of rounding.

ource: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Practices with advanced electronic health information capacity

Percent reporting at least 9 of 14 clinical IT functions*

Country	Percent
NZ	92
AUS	91
UK	89
ITA	66
NET	54
SWE	49
GER	36
US	26
NOR	19
FR	15
CAN	14

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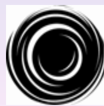

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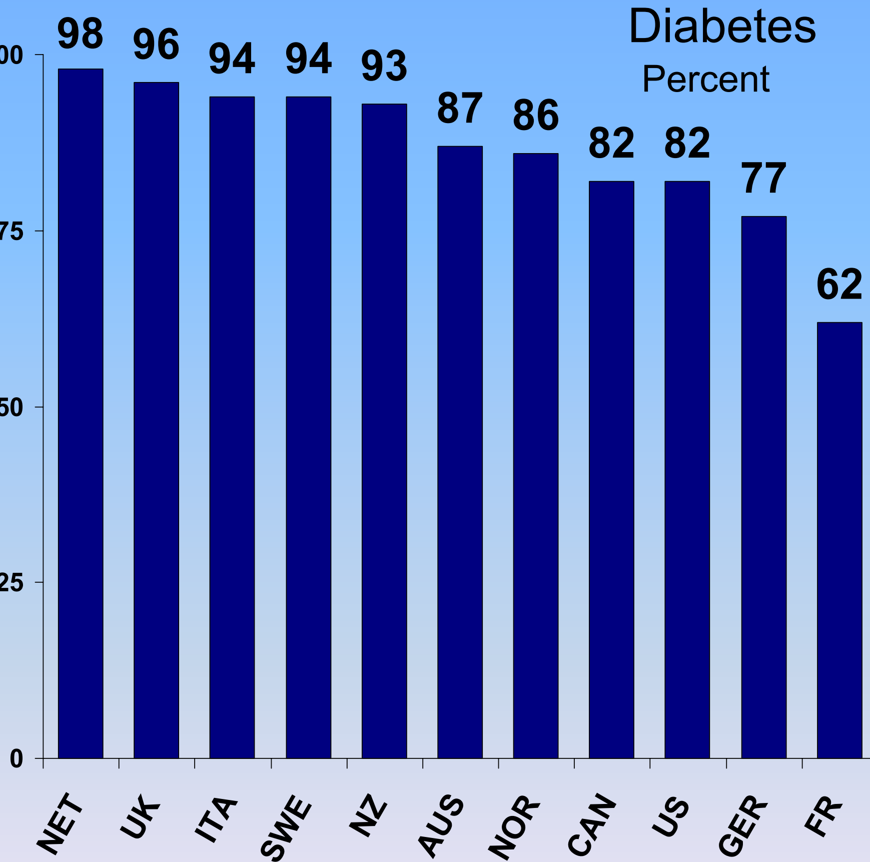
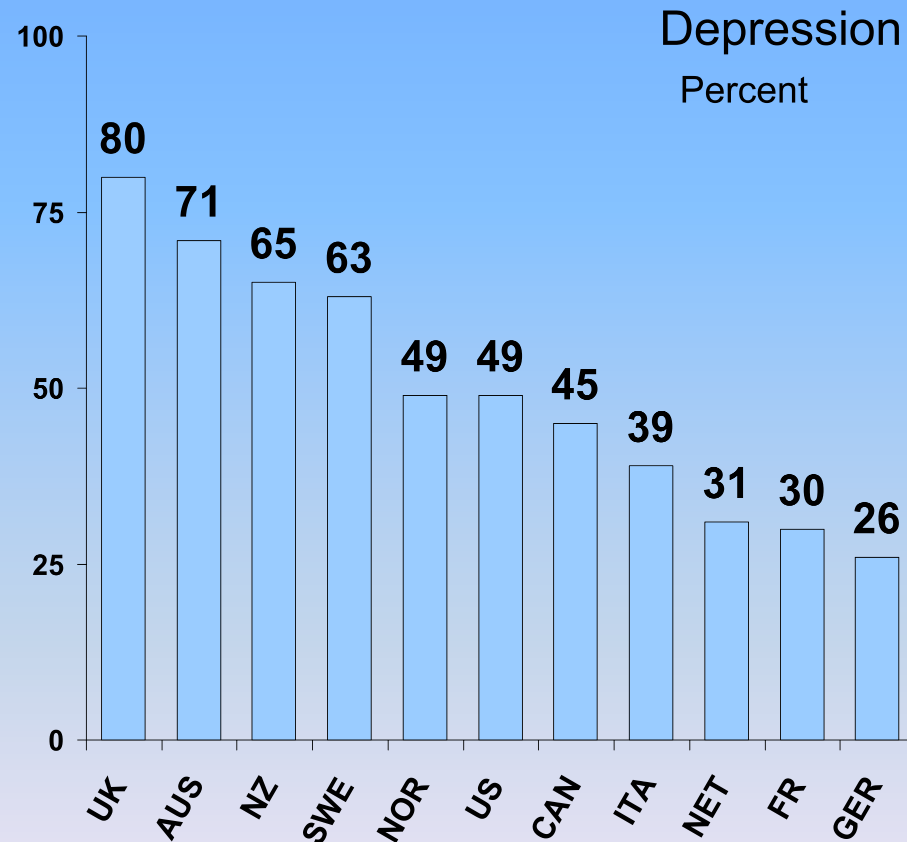
ource: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Practice routinely uses written treatment guidelines





ource: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Practice has process for identifying adverse events and follow-up?

	UK	SWE	AUS	NZ	US	FR	GER	ITA	NOR	CAN	NET
Yes, works well	56	41	32	32	20	18	18	13	12	10	5
Yes, needs improvement	38	44	53	52	45	23	30	37	47	31	25
No process	5	12	15	15	31	58	48	48	37	55	68

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ource: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Physician satisfaction with practicing medicine

Percent*

	NZ	NOR	NET	UK	SWE	ITA	CAN	FR	US	AUS	GER
Satisfied	54	54	66	54	49	59	54	68	49	36	34
Very satisfied	35	35	22	27	30	18	21	8	15	12	5

ource: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Discussion: What do we now want to talk about regarding the evidence supporting the safety and quality agenda?

Thank you

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