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The Australian Council on Healthcare Standards (ACHS) has been involved in the development of performance measures for over 10 years. The initial aims of clinical indicator development were to:

- increase the involvement of doctors in evaluation and quality improvement activities;
- create and provide useful tools for flagging potential problems and/or areas for improvement in health care;
- facilitate the collection of national data on the processes and outcomes of patient care in Australia.

Clinical indicators are seen as a measure of the clinical management and outcome of care provided by health care organisations (HCOs). They are not exact standards and have been developed to act as ‘flags’ or tools, to alert HCOs to possible problems and/or opportunities for improvement in patient care.

Issues highlighted by data can be further investigated within an organisation’s quality improvement programme. Clinical indicators are, therefore, measurement tools to assist in assessing whether or not a standard in patient care is being met. Indicators lend objectivity and interest to quality activities by allowing for comparison of performance against national aggregated data.

The most important aspects of collecting indicators are that:

- the indicator be relevant to clinical practice and reflective of core business of the HCO;
- the data be easily available for collection;
- there be potential for action to improve.

The ability to effect improvements in patient care is largely dependent on the relevance of the indicators being monitored. To identify indicators that are potentially relevant and appropriate, the following points should be considered:

- Does an organisation treat sufficient numbers of patients within these categories for meaningful data to be obtained?
- Will data be available and accessible to allow for accurate monitoring of the indicator?
- Are existing resources sufficient to allow for effective monitoring of the indicator?
- Will the information potentially be useful to an organisation in demonstrating how the service is performing and ways that it may be improved?

The collection and analysis of clinical indicator data becomes most beneficial when it is part of a quality improvement programme. As far as possible, collection should utilise existing clinical data sources and quality mechanisms. The most important aspect of collecting clinical indicators is to keep the process as simple as possible.

Clinical indicators should be used as screening procedures and not as diagnostic tools in their own right. Indicators are statistics which reflect, directly or indirectly, the extent to which an anticipated outcome is achieved or the quality of processes leading to that outcome. The real value of clinical indicators and other quality management strategies is that, when used in combination, they allow HCOs to successfully probe within the organisation in a scientific, productive and non-threatening manner.

There are many issues that affect the successful implementation of a clinical indicator programme within a HCO and not all issues have been seen as positive. Nonetheless, they are in themselves drivers for improvement. Issues such as validity,
reliability and relevance of the data collected require an epidemiological perspective to improve the rigour of indicator selection, development, implementation and maintenance.

The positive aspects of a clinical indicator programme include the involvement of doctors and clinicians in the development and review of clinical indicators and their involvement generally in quality improvement activities. Reporting of data allows clinicians to review the results in comparison with national aggregated rates.

An example of national reporting is seen in the report Determining the potential to improve the quality of care in Australian health care organisations. This report represents a significant breakthrough in the appropriate use of clinical indicator data. Rather than resorting to ‘league tables’, ‘report cards’ and other punitive reporting methods, the ACHS, in collaboration with the Health Services Research Group of the University of Newcastle, has used the indicator results to identify those aspects or areas of health care that have the potential for further improvement. These areas can be ranked in terms of the size of the potential gains in patient care, thus creating the areas of priority for future research and quality improvement activity.

Achievable outcomes are calculated as the difference between the conservative average and the ‘best’ 20 per cent of HCOs are below and 80 per cent of HCOs are above. If the 20th centile rate differs significantly from the current average, there are potential opportunities for improvement. For example, the report highlights potential gains that could be obtained for areas that have an increased risk of a patient adverse event.

Some examples
- The proportion of patients who acquire bacteraemia.
- The number of patients with a recovery room stay of longer than 2 hours, or a core temperature in recovery period of less than 35°C.
- The unplanned transfer from a day procedure facility to an overnight facility.
- Thrombolysis initiated within 1 hour of presentation for acute myocardial infarction.
- Reduce the induction of labour for other than defined indications.
- Increase the rate of intact lower genital tract in primiparous patients delivering vaginally.
- Reduce the number of inpatients having at least one episode of seclusion in an admission and the number of inpatients who assault in an admission.
- Plastic surgery – increase the rate for completely excised malignant skin tumours.

Australia maintains the lead in the development of performance measures by maximising the utility of clinical indicators through appropriate analyses and reporting. We now need to establish the processes required to act on these results. Specifically, to determine how to use the expertise of our medical professions, medical statisticians and health care providers to discover solutions to the system problems highlighted by indicator results. Australia’s health care system should enthusiastically undertake this task.

References
1. Determining the Potential to Improve the Quality of Care in Australian Health Care Organisations (<www.achs.org.au>.