Key Dates

- 24 July 2017 – Clinical Senate
- July 2017 – *Review of Safety and Quality in the WA health system* (the review) published
- September 2017 – Safety & Quality Reform Senior Leadership Group begins
- 19 December 2017 – Project Implementation Documents is developed for the Safety & Quality Indicator Set (SQuIS)
- December 2017-October 2018 – Meetings occurred between HSPs, DOH & other stakeholder for consultation on the best SQuIS implementation process
- December 2018 – SquIS reporting system Go Live tentative date
- January 2019 – First Tranche to be released to WA Health

Safety & Quality Indicator Set

The indicator set has been developed in consultation with the Clinical Senate[1], clinical groups and subject matter experts. The process for the SQuIS is noted below:

- Concept
  - Need – The need for measuring the quality or safety of care for West Australians is identified. The **strategic** need for he indicator is identified either via literature review, via stakeholders or via the review
  - Evaluation – A common sense review of the measure is undertaken, using SMART, PURE and CLEAR methodology. This step also includes comparisons with other jurisdictions, states, territories and countries
  - Review – Reviews by senior clinical staff and key stakeholder reference groups such as the **clinical senate**
  - Development – The needs, evaluation and review add the indicator to the long list of **proposed** indicators for the SQuIS. Indicators which are not developed further are classified as 'not progressed'
- Refinement
  - Data – This stage checks to for data collection, processing and aggregation. It reviews the data sources, information providers and notes existing use of the data for the indicator.
  - Expert Advise – This step in the process involves consultation with the data custodian and, for state wide collections where appropriate, the Data Steward. Feedback from custodians is used to refine the indicators scope and definition

[1] The Clinical Senate met in July 2017.

- Analysis – The data discovery step uses simple techniques to plot the data and explore its suitability. The step also applies the proposed analytical techniques to the test data set to check for sensitivity.
- Progression – Where measures have passed the basic criteria and shown suitability as a measure for improvement, they will progress to be signed off for governance purposes.

- Governance
  - This step includes **approval;**
    - Executive Director, Patient Safety & Clinical Quality,
    - Assistant Director General, Clinical Excellence Division
    - Department of Health Executive Committee which includes the Director General
- Reporting
  - Clinical & Administrative = Data Collections
  - Patient & Staff = Corporate
  - Benchmarks, Data Collection, Corporate & Analytics = Reporting

Framework

A detailed document containing background, principles, indicator development governance, information sources, analytical approach and assurance has been produced. The framework adopts the Institute of Medicine's six domains of quality, which are; Safety, Effectiveness, Equity, Patient Centeredness, Timeliness and Efficiency. Indicators are also aligned to the National Standards and the Department's Strategic Priorities & Enablers.

Indicator Selection & Development

Indicators have been selected to reflect the six domains, and focus on patient experience and promoting a safe culture. Two specific clinical areas have been progressed for the first cohort of indicators; maternity and perinatal measures. Existing definitions of measures have been used and clear metadata has been established. No indicators in the first group of measures require any additional data collection from Health Service Providers. Existing data sources will be used.

First Set - Tranche 1

Indicators are scheduled to be released across three tranches. The first tranche is scheduled for release to the WA Health System in January 2019. There are 25 indicators in Tranche 1 (Attachment 1). The first set includes indicators where data is more readily available.

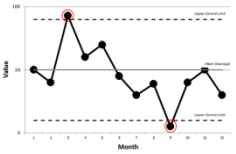
Reporting Platform

The Department of Health's System Purchasing & Performance division has created a platform for reporting the data. The platform's design has been drafted by experienced clinical and managerial staff. The reporting platform will continue to be refined with service input during the user-acceptance testing phase.

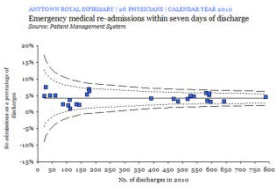
Transparent Analysis Process

A description of the quality analytical techniques which will be used is contained within the framework. This gives clarity on what the System Manager will analyse and how it will reach findings.

1.1. Statistical Process Control (SPC) charts, which show if a process is stable over time. Control charts are already being used by clinical and quality improvement staff across WA Health.



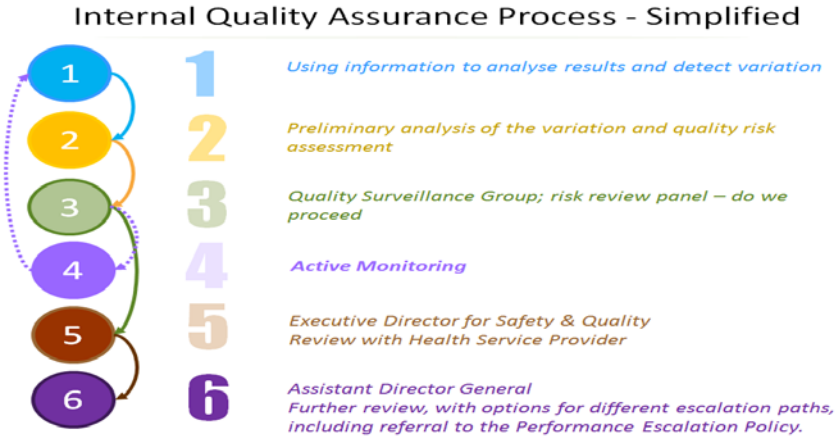
1.2. Funnel plots, allowing comparison between hospital sites which adjust for hospital size will be used. Funnel plots are also used in many clinical settings across WA Health.



Quality Assurance

Detection of any safety and quality concerns will use triangulation of evidence and a quality risk assessment approach. The risk assessment approach evaluates the clinical impact on the patient but also balances this against the provider's level of direct influence over the measure. When an issue arising from the indicator set is raised, it will be reviewed internally by PCSQ's Quality Surveillance Group. This group comprises a multi-disciplinary team and also co-opts subject matter experts where appropriate.

Where this risk assessment highlights a need for further exploration by Health Service Providers, the assurance process outlines two steps for escalation to the ED for PCSQ and the ADG for CED. The process includes the option for referring the matter to the Performance Escalation Process.



Summary

The measures have been developed in consultation with stakeholders including the Clinical Senate, Safety & Quality Chairs and subject matter experts. A reporting platform is being developed. The paper outlines how the Department will analyse the data and what steps it will take upon findings to ensure that the Department fulfils its assurance role as outlined in the HMT recommendations 15-17.

Attachment 1

Domain	Indicator Group	Indicator Description
Patient Centred	Complaints	Percentage of Patient Complaints resolved within 30 working days
Patient Centred	Patient Experience	Percentage of patients who said they were shown respect while being examined or interviewed
Patient Centred	Patient Experience	Percentage of patients who were always treated with politeness and consideration
Equity	Aboriginal Health	Percentage of staff who have completed the Aboriginal Cultural Learning (one time training)
Safety	Incident Reporting	Percentage of clinical incidents where the Open Disclosure Process has been initiated
Safety	Incident Reporting	Percentage of SAC1 evaluation reports which were completed within 6 months
Safety	Incident Reporting	The rate of incidents related to clinical deterioration per 10,000 bed days
Safety	Incident Reporting	The rate of incidents related to clinical handover per 10,000 bed days
Safety	Maternity	The percentage of aboriginal infants born alive who weighed less than 2750gms at 40 weeks or more
Safety	Maternity	Number of infants born at 20 weeks gestation or more who were stillborn or died within the first 28 days of life per 1,000 infants born.
Safety	Maternity	Rate of infants born at 20 weeks gestation or more who showed no sign of life per 1,000 infants born
Safety	Maternity	Rate of women who gave birth by caesarean section under general anaesthetic (GA) per 100 women who had a caesarean section.
Safety	Maternity	Rate of selected primiparas who give birth by caesarean section per 100 selected primiparas
Safety	Maternity	Rate of infants with an Apgar score less than 7 at 5 mins post-delivery, per 100 babies
Safety	Maternity	The percentage of non-aboriginal infants born alive who weighed less than 2750gms at 40 weeks gestation or more.
Safety	Mortality	Hospital standardised mortality ratio
Safety	Mortality	In Hospital mortality of patients admitted for AMI
Safety	Mortality	In Hospital mortality of patients admitted for stroke
Safety	Mortality	In Hospital mortality of patients admitted for fractured neck of femur
Safety	Mortality	In Hospital mortality of patients admitted for pneumonia
Safety	Mortality	Death in low-mortality DRGs
Effectiveness	Immunisation	Percentage of eligible health care workers who are vaccinated against the seasonal influenza virus
Effectiveness	Immunisation	Percentage of pregnant women who had the flu vaccination
Effectiveness	Immunisation	Percentage of eligible older people who have been vaccinated against the influenza virus (includes aboriginals over 50 and non-aboriginals over 65)
Effectiveness	Medication	Percentage of separations which have an adverse effect due to medication

The Six Domains of Quality are a standardised way of reporting quality metrics internationally recommended by the Institute of Medicine. The model is routinely used in the NHS and was recommended by the Hugo Mascie-Taylor Review of Safety & Quality.

Measures for Timely Care and Efficient care are in development for further tranches of indicators. Some of the measures considered timeliness already appear in the Health Service Performance Report.

Regular meetings and communication takes place between Performance and Safety & Quality to ensure no overlap or duplication exists between the two sets of measures.

Institute of Medicine (IOM). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C: National Academy Press; 2001.