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Safety
Quality
Performance



- Australian Council on Healthcare Standards – ACHS
- Evaluation & Quality Improvement Program – EQuIP
- EQuIP Standards
- Blood & Blood Products EQuIP Standard (1.1.5)
- Hospital Performance – ACHS Data
 - **EQuIP**
 - **Clinical Indicators**



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A.C.H.S.

 THE AUSTRALIAN COUNCIL ON
HEALTHCARE STANDARDS

- Established 1974 by A.M.A. & A.H.A
- Accreditation for quality & safety
- ***Independent: health industry owned & governed***
- Evaluation & Quality Improvement Program (EQuIP)
- 1200 member organisation (64% pub.36% priv.)
 - Large, small, metro, rural, all states
 - Hospitals: 67% - 63% pub.74% priv.
 - Beds: 87% - 84% pub. 94% priv.



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Evaluation & Quality Improvement Program

EQuIP 4



- Accreditation – independent third party evaluation against standards
- Surveyors : clinicians (med., nurse., allied) admin., consumers
- Survey: assess - comments – recommendations - improvement
- Four year EQuIP Cycle:
 - **1. Self assessment**
 - **2. Organisation-wide survey (OWS) = recommendations**
 - **3. Self assessment vs mandatory criteria**
 - **4. Periodic Review (PR): mandatory criteria & OWS recommendations = recommendations**



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EQuIP 4 Standards



- **Functions : 1.Clinical 2. Support 3. Corporate**
- **Standards : Specifies goals to be achieved**
- **Criteria : key components of the goal; 14 mandatory criteria have to MA achievement level to attain accreditation**
- **Elements: important practices - increasing cumulative levels of achievement (little LA, some SA, moderate MA, extensive EA , outstanding OA)**
- **Guidelines: definitions & guidance**



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EQuIP Standard 1.5.5 - Blood & Blood Products



- **Function Clinical (1)**
- **Standard (The goal) 1.5:** *“The organisation provides safe care and services”*
- **Criterion – (a specified component of goal) 1.5.5:**
- *“The system for prescription, sample collection, storage & transportation & administration of blood components ensures safe & appropriate practice”*



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EQUIP 1.1.5 - Blood & Blood Products ELEMENTS = important practices



Little Achievement LA – (Awareness)

Policies: collection & identification; prescription & documentation; availability; appropriateness of therapy; transportation & storage
ensuring written consent is obtained; process for refusal,

Policies compliant as appropriate with:
ANZBT/MHMRC/RCNA guidelines
ARBS Circular of information
Australian Standard AS3864



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EQUIP Standard 1.1.5 - Blood & Blood Products

ELEMENTS = important practices



➤ **Some Achievement SA – (Implementation)**

- (a) Blood Component Management system -verification, collection timeliness & safety, documentation
- (b) Safe transportation & storage system – inventories, allocated responsibilities, documentation & labelling
- (c) Staff training
- **(d) Patient informed of risks**



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EQuIP Standard 1.1.5 - Blood & Blood Products

ELEMENTS = important practices



- **Moderate Achievement MA – (Evaluation)**
- (a) Blood management systems are monitored, evaluated & improved to ensure better practice
- (b) Staff training /credentialling is evaluated
- (c) Individual staff competence is regularly reviewed
- (d) Transportation & Storage systems are evaluated & improved ce
- (d) Blood components register system is evaluated & improved



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EQUIP 1.1.5 - Blood & Blood Products ELEMENTS (important practices)



➤ **Extensive Achievement EA** – (Excellence)

- Blood management and /or transportation & storage systems are compared with internal & external systems and improved

And/or

- Organisation undertakes research into blood management practices

➤ **Outstanding Achievement** – (Leadership)

- Demonstrable leader in blood management, therapy, transportation & storage practices



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EQuIP 1.1.5 - Blood & Blood Products GUIDELINES (relevant to consent issues)



- Identity check: two staff members; patients should have identification bands
- **Consent: documented on form/ documented discussion/ refusal documentation**
- **Consumer information brochures**



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EQuIP 1.1.5 - Blood & Blood Products

EVIDENCE OF HCO ACHEIVEMENT



- **Policies & procedures**
- **Consent processes**
- **Evidence of handling refusal to consent**
- Evaluation of systems
- Staff training
- KPI/ audit data



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1.5.5 Hospital Performance

EQuIP DATA 18 HCO'S (of 22;4=n/a)



- Elements: Achievement levels
 - Little LA : 0
 - Some SA : 3 (17%)
 - Moderate: 15 (83%)
 - Extensive EA: 0
 - Outstanding OA: 0



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1.5.5 Hospital Performance EQuIP- RECOMMENDATIONS



Surveyor Recommendations relate to: 7/22	
Policies & procdures x 6	blood management, blood transfusion (consent/ reasons); transportation, fridge failure
Storage x 2	temperature, locking system
Staff competencies x 2	training, credentialling of those involved in collection and administration of blood



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ACHS EQuIP DATA

NATIONAL HCO PERFORMANCE

- Majority (82%) of HCO's manage blood / blood products
- Performance: adequate - 83% achieve MA EQuIP level
- Recommendations : 11% receive recs. consent / patient information

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1.5.5 Hospital Performance - ACHS CLINICAL INDICATORS



- Developed in collaboration with Australian and New Zealand Medical Colleges, Associations and Societies since 1989
- Specific Clinical Indicator Working Parties
- Over 380 clinical indicators in 23 indicator sets
- Largest national clinical data set
- Valid source of criteria for benchmarking in clinical audit of units – indicators screen to “flag” areas of potential improvement



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Hospital Performance

- ACHS Clinical Indicators Data Use



↘ LOCAL HCO LEVEL (main use of CI's)

- 6-monthly Comparison Reports vs. national & peer group
- Hospital Trend Reports
- Voluntary for EQulP (but evaluation of care is mandatory)

↘ NATIONAL LEVEL

- Australasian Clinical Indicator Report: 2001 - 2008
Determining the Potential to Improve the Quality of Care



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ACHS Australasian National Clinical Indicator Report



- National (mean) rates & trends over 8 years
- 20th & 80th centiles (goals) – rates achieved by best 20% of HCO's
- Potential Gains = Differences = patient no's:
 - **Centile:** - if overall rate was preferred 80th/20th centile
 - **Stratum:** – if all overall rate = best stratum rate (public/private; states metro/rural)
 - **Outlier:** – if all outlier HCO's (+/- 3 S.D.) rates = mean
- Variation – between 20 & 80 centile rates



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ACHS Australasian National Clinical Indicator Report: National Data use



↘ **Government**

- Indication of resource adequacy
- Rates & trends in the access indicators eg ED access block

↘ **Medical Colleges & Societies**

- Tools for screening for potential need for change to practice
 - Rates
 - Variations – differences between
 - 20th & 80th centile rates
 - Strata
 - Outlier HCO rates and mean



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7.1 Significant adverse transfusion events per total no. transfusion episodes

➤ Adverse events include :

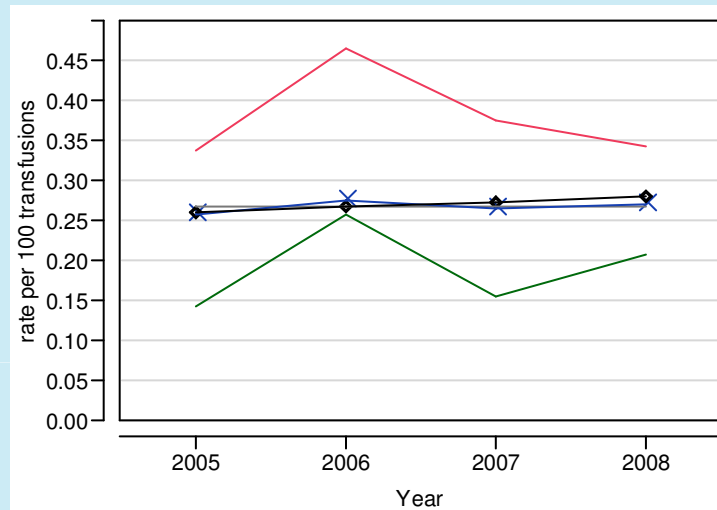
- incorrect blood/component transfused
- infectious agent transmission
- related immune reaction
- related acute lung injury
- related non-immune reactions e.g. circulatory overload, DIC, iron overload

Adverse transfusion events CI 7.1

Rate : 0.28%. Static no trend since 2005

Stratum gains: relate to better performance NSW.

Outlier gains: HCO's aware from own reports



Year	No. HCOs	Numer.	Denom.	Rate [#]	Rate [#] (20)	Rate [#] (80)	Centile Gains	Stratum Gains	Outlier Gains
2005	49	116	45,113	0.26	0.14	0.34	52	81	58
2006	66	180	65,653	0.27	0.26	0.46	11	98	48
2007	92	243	91,427	0.27	0.15	0.37	101		82
2008	103	175	61,758	0.28	0.21	0.33	43	46	31

([#]per 100 transfusions)

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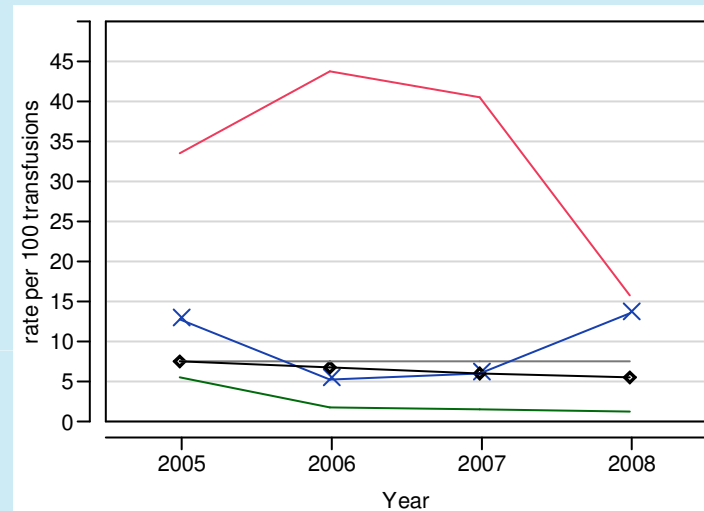


7.2 Episodes where informed patient consent not documented per transfusion episodes

- Consent should be documented
 - on a consent form
 - documenting discussed information in health record and
 - verbal consent documented by treating physician

Transfusion episodes without patient consent CI 7.2

Rate: from 2005 12.9% drop but now rising - 6.77% in 2008
 Stratum gains : better private 0.97% cf. public 4.8%
 Outlier gains: note HCO's aware from their own CI data



Year	No. HCOs	Numer.	Denom.	Rate#	Rate# (20)	Rate# (80)	Centile Gains	Stratum Gains	Outlier Gains
2005	29	288	2,241	12.9	5.55	33.6	163	139	140
2006	39	609	11,365	5.36	1.83	43.8	401	340	513
2007	52	867	14,732	5.89	1.47	40.5	649		670
2008	52	380	5,615	6.77	1.09	14.2	318	325	213

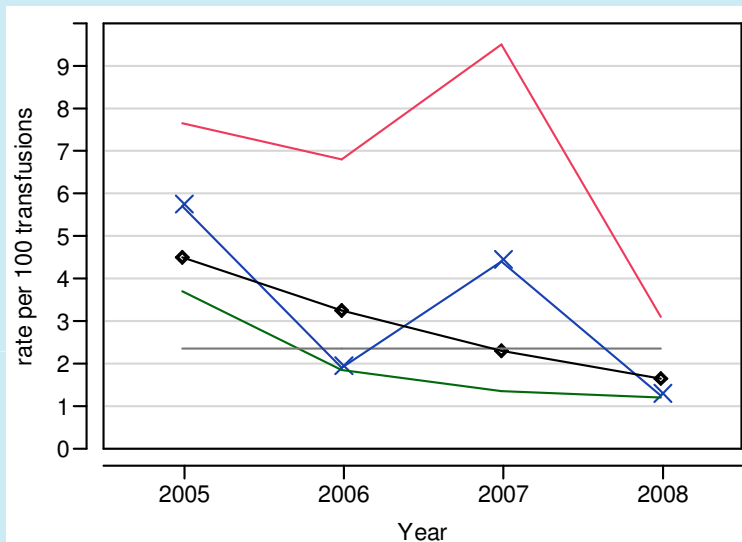
(#per 100 transfusions)

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RBC transfusions with HB reading is $\geq 100\text{g/L}$ CI 7.3

Rate declined over from 4.51% in 2005 to 1.66% in 2008.
 Stratum gains relate to better NSW performance
 Outlier gains: HCO informed with their local CI data report



Year	No. HCOs	Numer.	Denom.	Rate [#]	Rate [#] (20)	Rate [#] (80)	Centile Gains	Stratum Gains	Outlier Gains
2005	30	135	2,366	5.71	3.71	7.65	47	60	28
2006	40	182	9,630	1.89	1.89	6.79			81
2007	42	370	8,437	4.39	1.36	9.48	255	191	220
2008	47	223	17,883	1.25	1.25	3.11		74	115

([#]per 100 RBC transfusions)

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ACHS CLINICAL INDICATOR DATA NATIONAL HCO PERFORMANCE

↘ HCO SELF-PERFORMANCE MONITORING

↘ PARTICIPATION

- Low : “possible” 800 EQuIP member HCO’s
- Consent: 52 HCO’s

↘ PERFORMANCE

- Inadequate consent low 6.7% but ? increasing
- Private performance better than public
- NSW better performing state

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EQulP 4 current review for version 5

The EQulP 4 standards will be *refined*

- **Criterion 1.5.5** reviewed by a reference group, which included:
- President of the Council of ANZSBT
- a Haematologist
- Clinical Nurse Consultant; Member of the NSW Health/ CEC Blood Clinical and scientific Advisory Committee
- Director, Blood Counts, National Blood Authority
- Department of Human Services Victoria and Australian Red Cross Blood Service
- Transfusion Nurse Educator
- Transfusion Nurse Consultant
- and an ACHS surveyor.

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