

Deepening our Understanding of Quality in Australia

INTRODUCTION

Australian Institute of Health Innovation | September 2019

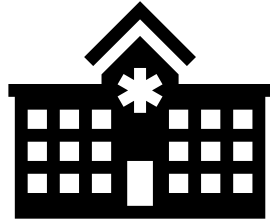
**A GROUND-BREAKING STUDY TO INFORM
DECISION-MAKING ON THE IMPLEMENTATION
OF QUALITY AND SAFETY SYSTEMS AND
PROCESSES IN HOSPITALS IN AUSTRALIA
AND INTERNATIONALLY**



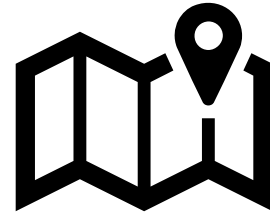
A GROUND-BREAKING STUDY



Australia-wide



32 Hospitals



Based on the European study,
Deepening our Understanding of
Quality Improvement in Europe

NHMRC

Funded by the National Health
and Medical Research Council
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CI: Braithwaite

AIHI

Led by the Australian Institute
of Health Innovation,
Macquarie University

Australian Institute of Health Innovation

Our goal is to co-create high-impact health services and systems research that drives positive change in policy, practice and behaviour for the benefit of patients worldwide.

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RESEARCH LEADS & TEAM



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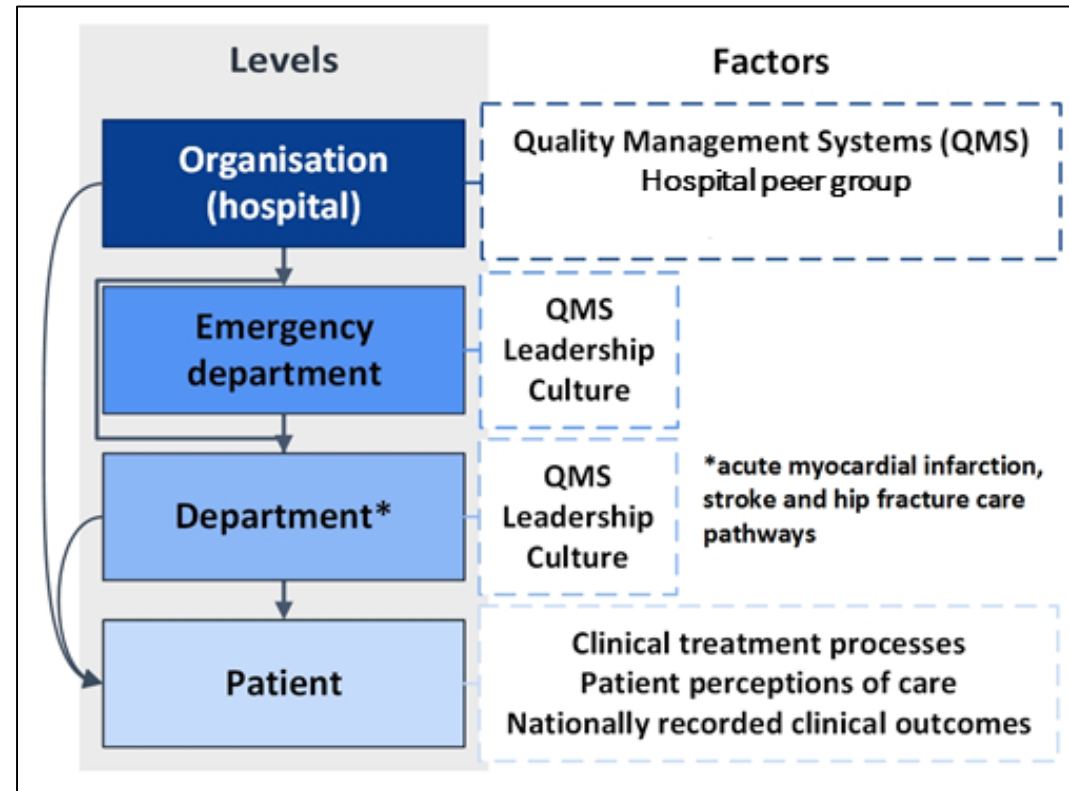
Dr Amanda
Selwood

TWO PRIMARY RESEARCH QUESTIONS

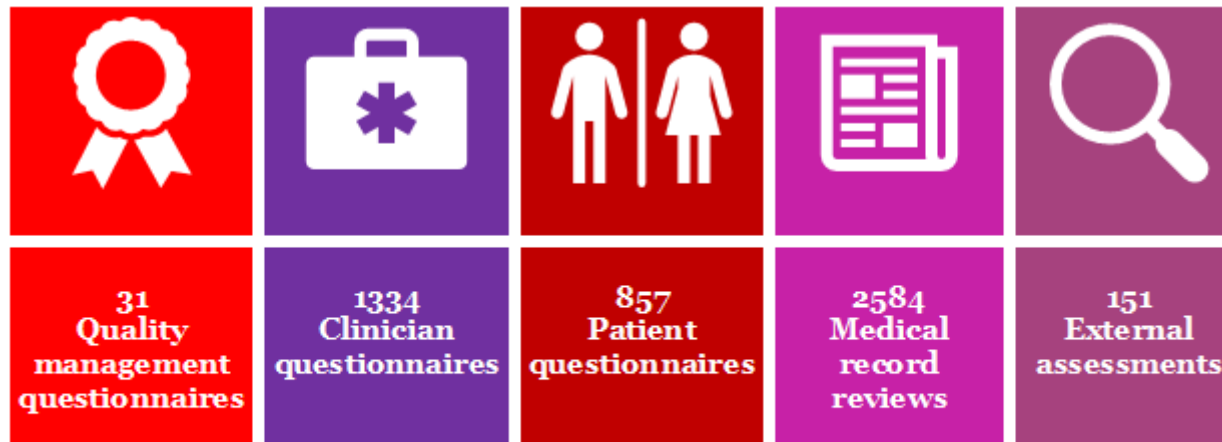
PRIMARY RESEARCH QUESTIONS

- **What department level factors are associated with processes and outcomes for stroke, acute myocardial infarction (AMI), and hip fracture patients?**
- **What hospital level factors (including Emergency Department factors) are associated with processes and outcomes for stroke, AMI, and hip fracture patients? How much does each factor contribute to the total variation in outcomes?**

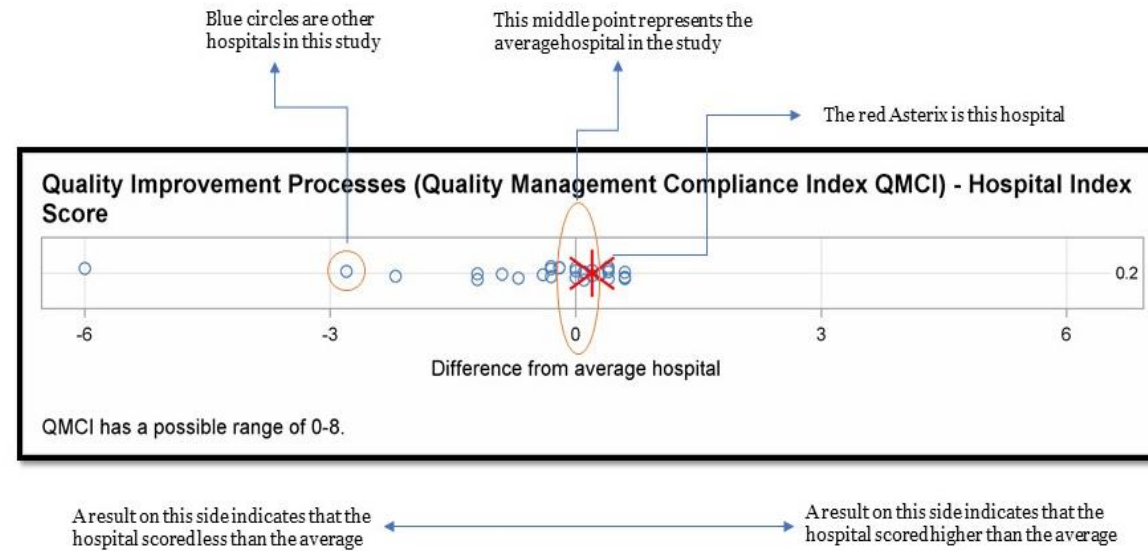
CONCEPTUAL MODEL



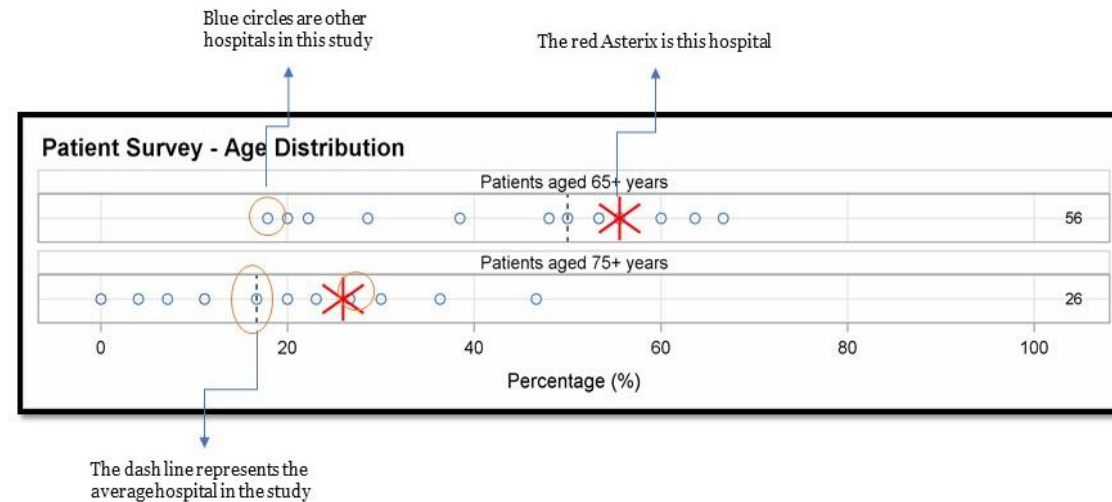
GROUND-BREAKING



HOW TO INTERPRET GRAPHS IN THE REPORT



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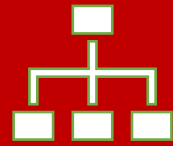


ORGANISATIONAL LEVEL

To determine how quality management systems impact patient outcomes, the DUQuA study looked at quality measures on the organisational level



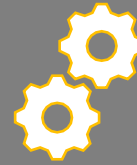
ORGANISATIONAL LEVEL QUALITY PROCESSES



QUALITY MANAGEMENT STRUCTURES

This refers to the quality management structures in place at the hospital including policy, governance board, resources, performance monitoring and internal quality methods.

This was measured by a self-reporting questionnaire using the **Quality Management Systems Index (QMSI)**.



QUALITY IMPROVEMENT PROCESSES

This refers to the quality improvement processes existing within the hospital environment such as learning from feedback including staff questionnaires; patient feedback; and incident reporting.

This was measured by external assessors using the **Quality Management Compliance Index (QMCI)**.



CLINICAL PROCESS IMPROVEMENTS





This refers to the innovations and processes that are implemented to improve safety and adherence to clinical quality activities. For example, preventing and controlling healthcare associated infection, medication safety, ways to prevent falls and pressure injuries, safe surgical processes and responses to clinical quality deterioration

This was measured by external assessors using the **Clinical Quality Implementation Index (CQII)**.

CARE PATHWAYS LEVEL

To determine how quality management processes impact patient outcomes, the DUQuA study looked at quality measures on the clinician level and the patient level and reviewed randomly selected medical records for patients on the AMI, Stroke, Hip Fracture and Emergency Department wards



	What we looked at	How we measured it
	The patient journey from admission to acute care management and discharge.	The Evidence-Based Organisation of Pathways (EBOP) measurement looks at clinical processes.
	What level of care on the ward was in accordance with clinical practice guidelines.	Patient Safety Strategies (PSS) measure the use of clinical practice guidelines.
	The assignment of clinical responsibilities for conditions and care.	Specialised Expertise and Responsibility (SER) measures clinical responsibilities.
	The audit and management of quality processes.	Clinical Review (CR) measures the Quality management processes.

“When quality improvement is persistently tackled and seen as a long-term endeavour, benefits flow to the organisation, clinicians and patients.”

Professor Jeffrey Braithwaite



Further reading

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