Deepening our Understanding of Quality in Australia

INTRODUCTION

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

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Led by the Australian Institute of Health Innovation, Macquarie University

NHMRC

AIHI
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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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

- Organisation (hospital)
- Emergency department
- Department*
- Patient

Factors:
- Quality Management Systems (QMS) Hospital peer group
- QMS Leadership Culture
- QMS Leadership Care, stroke and hip fracture care pathways
- Clinical treatment processes
  - Patient perceptions of care
  - Nationally recorded clinical outcomes
DUQuA

GROUND-BREAKING

2387 Participants
32 Hospitals
4934 Completed surveys

31 Quality management questionnaires
1334 Clinician questionnaires
857 Patient questionnaires
2584 Medical record reviews
151 External assessments
HOW TO INTERPRET GRAPHS IN THE REPORT

Quality Improvement Processes (Quality Management Compliance Index QMCI) - Hospital Index Score

- Blue circles represent other hospitals in the study.
- This middle point represents the average hospital in the study.
- The red asterisk is this hospital.

QMCI has a possible range of 0-6.

A result on this side indicates that the hospital scored less than the average.
A result on this side indicates that the hospital scored higher than the average.
HOW TO INTERPRET GRAPHS IN THE REPORT

Patient Survey - Age Distribution

- Blue circles represent other hospitals in the study.
- The red asterisk represents this hospital.
- The dash line represents the average hospital in the study.

Patients aged 65+ years: 56
Patients aged 75+ years: 26
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).
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.
## CARE PATHWAY

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

Further reading


Robyn Clay-Williams

FOR FURTHER INFORMATION PLEASE CONTACT ROBYN.CLAY-WILLIAMS@MQ.EDU.AU

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