

VAHI's role in helping optimise the potential for Clinical Quality Registries

20 July 2018

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Agenda

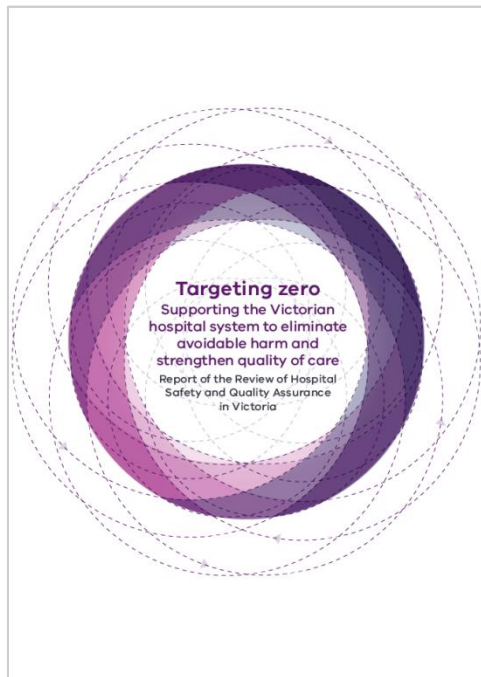
What is VAHI?

Where are we heading?

Clinical Quality Registries (CQRs) in Victoria – developments..

- Links to Targeting Zero
- CQR maturity matrix
- In the pipeline for 18/19

Delivering a world-leading healthcare system



VAHI vision and mission

Our vision

... the community is better informed about health services, health services receive better information to serve their communities to provide better, safer care, and across our system everyone has an accurate picture of where the concerns are and where we're getting it right.

Our mission

.. to stimulate quality and safety improvements, increase transparency, accountability, and inform the community through monitoring and reporting on public and private health and wellbeing services.



Milestones

2016

October

Targeting zero and *Better, safer care* published

2017

January

VAHI created, led by Dr Diane Watson

May

'Better, Smarter Care: Reducing Unwarranted Variation' conference co-hosted with SCV

March

- First meeting of the Clinical Measurement and Reporting Committee
- First *Board Safety and Quality Report* published
- VAHI takes over *Monitor* and *PRISM* and releases first monthly and quarterly editions

December

First meeting of the Agency Advisory Committee

October

Minister for Health provides VAHI with a Statement of Expectations

July

- First *Inspire* report published
- VAHI established as an Administrative Office
- First data integrity report published – *Elective surgery waiting lists: a rapid review to ensure full transparency*

2018

March

Better safer care website launched
First meeting of Board Reports Advisory Committee

February

- First public patient experience report published – *Adult experiences of care in public hospitals – 2016*
- Dr Lance Emerson appointed as CEO

VAHI reports

Coming soon!

- Mental Health *Inspire* report
- Cardiac outcomes *Inspire* Report
- Private Hospitals Report

VAHI Victorian Agency for Health Information

INSPIRE
February 2018
Statewide

Volume 2, Issue 1, 2017-18

VICTORIAN AGENCY FOR HEALTH INFORMATION
Board Safety and Quality Report

Program Report for Integrated Service Monitoring (PRISM)
Statewide
Quarter 2 2018

VICTORIA Victorian Health Services Performance

Emergency department status Statewide Health services Hospitals Area mental health services Ambulance services Resources

Search performance data

Information on Victoria's public health services.

Emergency care
Elective surgery
Dental care
Ambulance services
Patients treated
Specialist clinics
Quality, safety and patient experience
Mental health

Guide to VAHI reports

The Victorian Agency for Health Information (VAHI) produces a suite of reports for health services and the Victorian community. VAHI's reports are developed to meet the specific needs of our audiences, with the ultimate goal of improving healthcare for all Victorians.

Victorian Agency for Health Information

The Victorian Agency for Health Information (VAHI) was created in 2017 as part of the Victorian Government's response to Targeting Zero: supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care, the final report of a review into hospital safety and quality assurance in Victoria.

VAHI's reporting products include:

- Quality and safety reports – Inspire and Board Safety and Quality Report
- Overall performance reports – Monitor and PRISM
- Public reporting – Victorian Health Services Performance website quarterly update

Inspire and the Board Safety and Quality Report are new reports created by VAHI to address specific recommendations in Targeting Zero, Monitor, PRISM and the Victorian Health Services Performance website (previously produced by the Department of Health).

VAHI Victorian Agency for Health Information

Achievements in numbers

REPORTS

427

individual issues of the *Board safety and quality* report distributed to health service boards

193



individual issues of *Inspire* distributed to clinicians

PERFORMANCE

Health service CEOs and boards provided with performance information for



188

MEASURES FROM 24 DATASETS,

covering quality and safety, governance and leadership, timely access to care and financial management



VAHI RESPONDED TO

636



data requests from researchers, government and others

SURVEYS AND USER TESTING

30,606



patients completed a survey that informed VAHI's first public patient experience report

150



VHIMS users signed up as 'Critical Friends' to test the new system for incident management reporting

WORKSHOPS AND CONFERENCES

435

clinical coders attended 11 VAHI education workshops

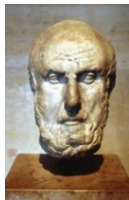


OVER 500

people attended VAHI events, including seminars and the Better, smarter care conference

VAHI - moving to partnership for quality, safety and performance

Don Berwick: *Era 3 for medicine and health care**



Era 1: Professional dominance:

Medical profession 'has special knowledge. Is inaccessible to laity ... results in good ... will self-regulate ... has the authority to judge the quality of its own work.'



Era 2: Accountability and market

theory: 'Accountability, scrutiny, measurement, incentives, and markets' through '... the manipulation of contingencies: rewards, punishments, and pay for performance.'

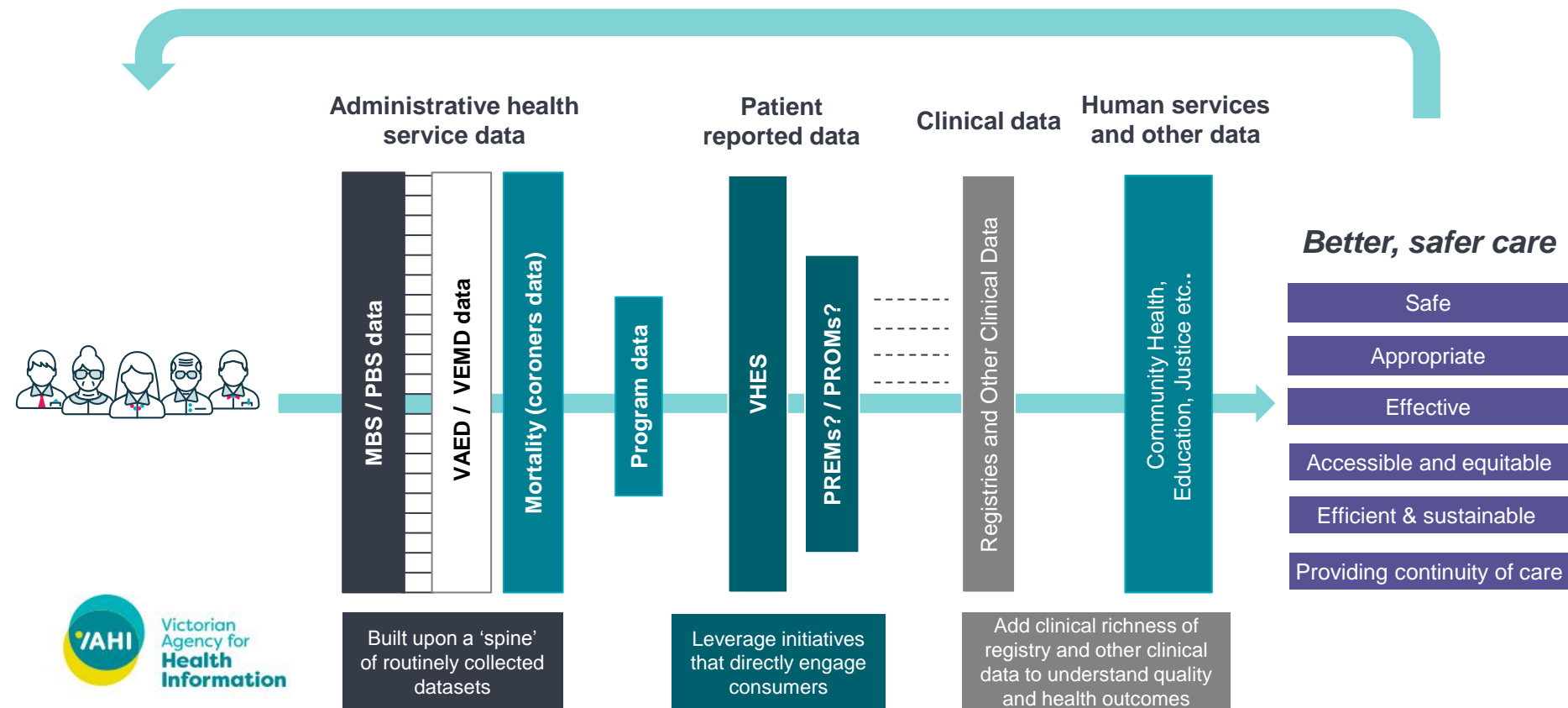


Era 3: Partnership - quality & safety improvement

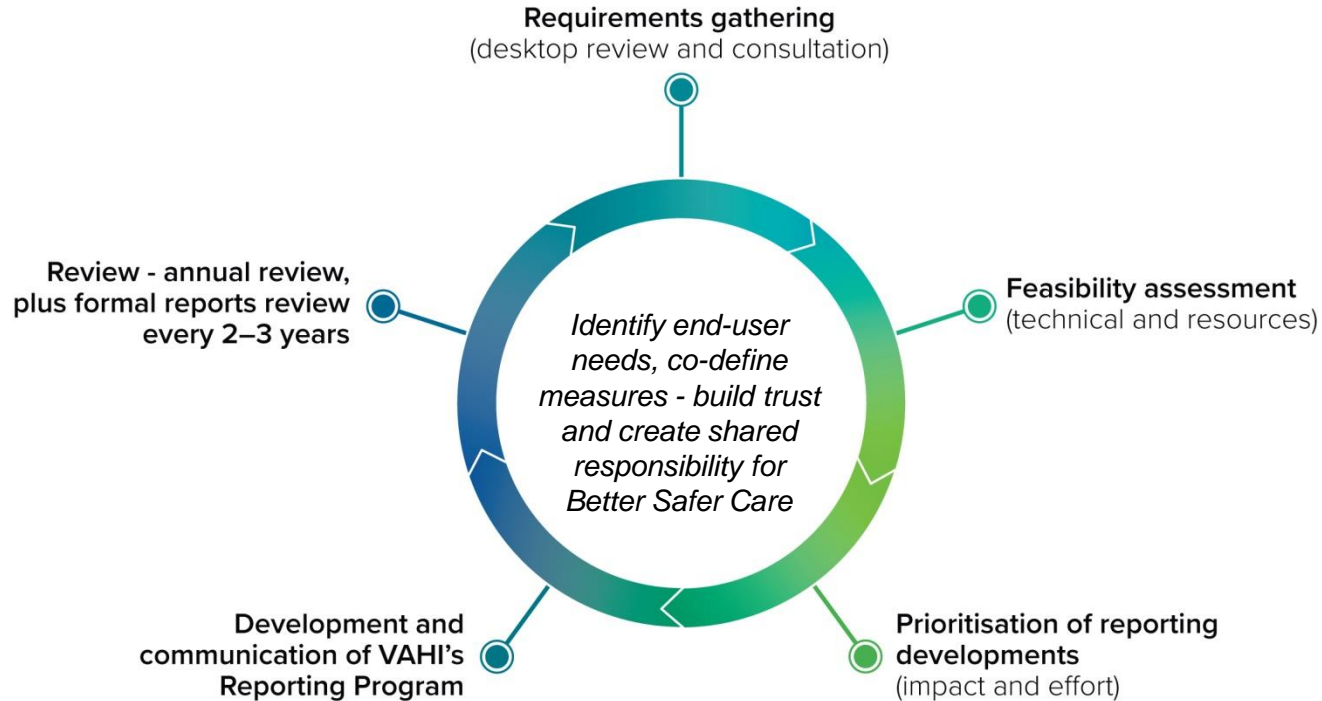
Characterised by continual improvement, and 'reducing mandatory measurement to only what matters, putting an end to incentive programs for individual physicians and shifting focus away from revenue to quality.'

Evolution of the Victorian Healthcare System

VAHI'S consumer-centred approach to health and human services data



Partnership in defining health data needs








What will we achieve in the year ahead?



Delivery focus 2018-19




Scoping and planning focus 2018-19


Focus	Objective	
 Health service	Support the strengthening of quality and safety improvements within the Victorian health system	<div>Interactive e-portal</div>
 Clinician	Inform, stimulate and drive clinical improvements in quality, safety and patient outcomes	<div>CQRs</div> <div>VHIMS</div> <div>PROs</div>
 Victorian public	Provide Victorians with an accurate picture about health services in their local area and across Victoria	<div>VHES</div> <div>New public reports in 2019</div>
 Data leadership	Support improvement in the quality of information, its production and broad use	<div>VIME</div> <div>Human Services data sources</div> <div>Strengthened data governance</div>
 Governance and management	Develop a trusted, respected and influential agency	<div>Broader QI reforms</div> <div>Capacity & Capability building</div>

Better safer care e-portal

bettersafercare.vic.gov.au



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Welcome to our new website

Better safer care


The new home for Safer Care Victoria and the Victorian Agency for Health Information

[Read more](#)







Clinical guidance



Clinical coding and classifications



Report a sentinel event



Victorian Health Services Performance

FEATURED EVENT

IHI-BMJ Quality and Safety in Healthcare Conference

10 Sep 2018 - 12 Sep 2018


[View event details](#)

May 31 Mobile Stroke Ambulance


Jun 08 Chemotherapy quality and safety sector-wide forum

Jun 20 Fundamentals of root cause analysis (RCA) investigations

[View all events](#)



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Skills workshops for regional/rural health services


Health Issues Centre is offering free, three-hour workshops.

[Book now](#)







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Better safer care e-portal: the future

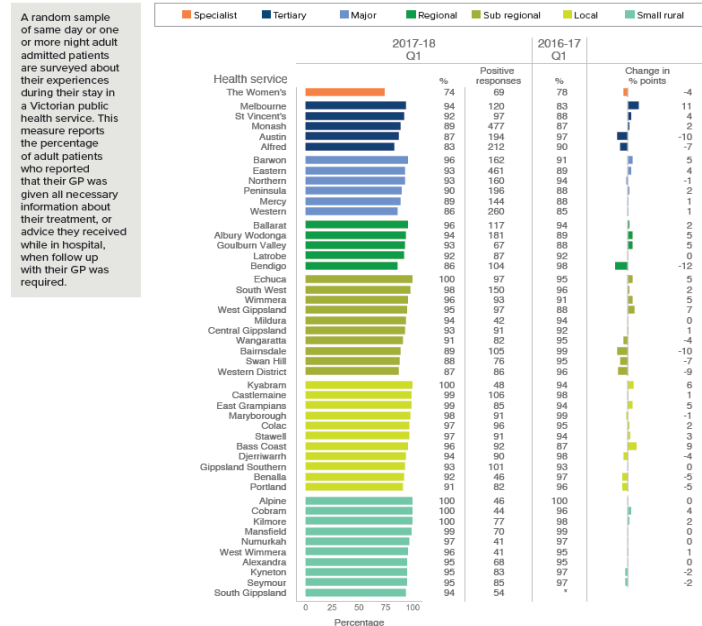
Additional functionality to be built:

- Role-based security and viewing (e.g by AHPRA number login, DHHS login etc)
- Interactive 'build your own' tables
- Hover text (eg metadata, what do these data mean?)
- Comparators and benchmarks: what is 'good'?
- Tab: 'What can I do to improve this measure?'
- Potential for recording interventions?
- How can we include CQR data?

Patient experience

Measures that contribute to the transition of care index

Percentage of adult patients who reported that their GP was given all necessary information about the treatment or advice they received while in hospital if follow up with their GP was required



* No results provided.
Results are not reported when there were fewer than 42 responses for a health service, or when data were not provided by the health service.
The Victorian Agency for Health Information is working towards independent calculation and reporting of these measures.
Source: Ipsos Social Research Institute analysis of the Victorian Healthcare Experience Survey. Data extracted 2 December 2017.

CQRs in Victoria ...

*“CQRs are organisations that systematically monitor the quality (appropriateness and effectiveness**) of health care, within specific clinical domains, by routinely collecting, analysing and reporting health-related information. The information is used to identify benchmarks, significant outcome variance, and inform improvements in healthcare quality”**

- 51 Clinical registries reporting Vic data
- 20 registries receive funding from Vic Gvnt
 - 6 legislatively required
 - 2 adverse events surveillance systems
 - Remainder receive grant / discretionary funding (& funding from other sources)
- Managed by Alfred, AV, ANZICS, Centre for Outcome Research & Eval (CORE), Cancer Council, DHHS, Florey, Monash & Uni of Wollongong
- Reforms 18/19:
 - VAHI to assume authority for financially administering CQRs
 - Commonwealth Dept Health - National Clinical Registry Strategy
 - Progressing TZ recommendations ..

CQRs: reducing variation and improving practice

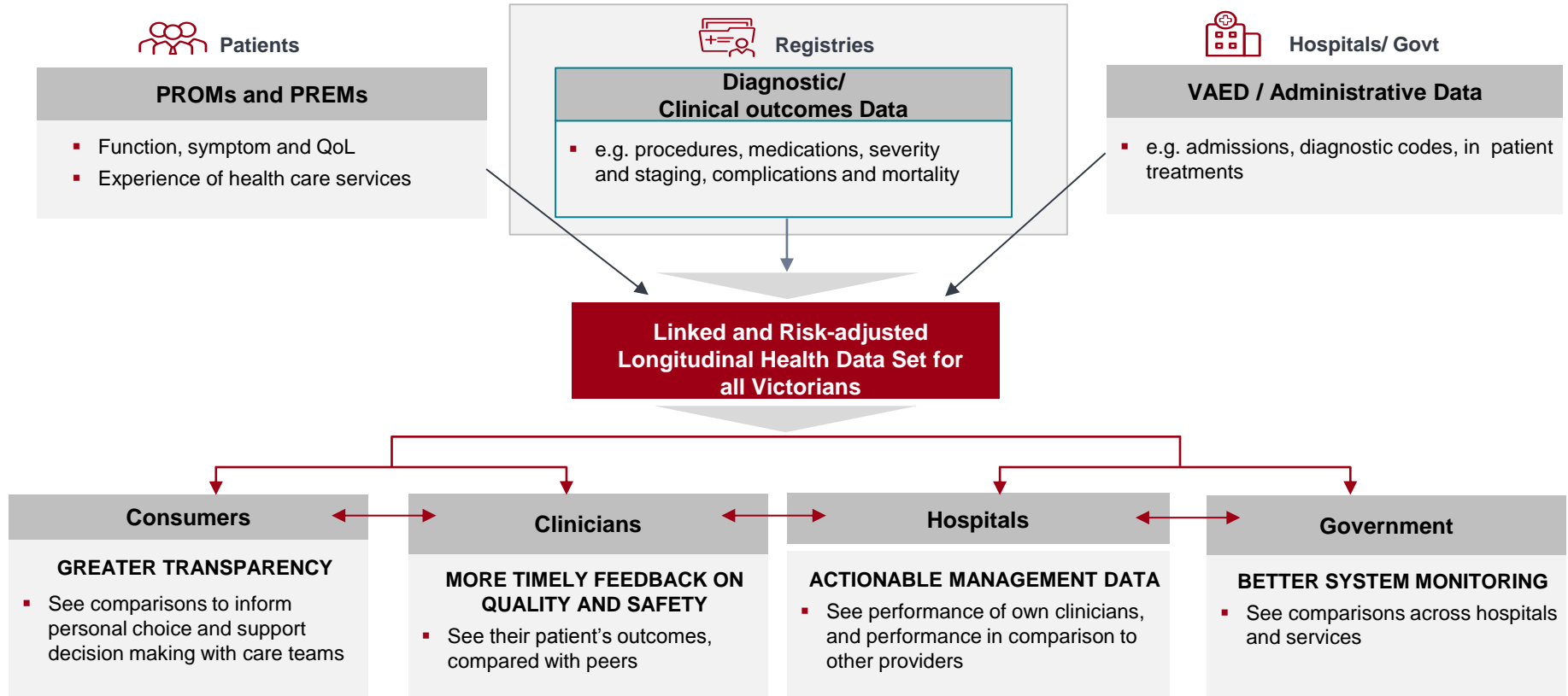


Changing clinical practice does not happen automatically

Hospital leadership and clinicians need to use insights generated by high-quality registries to improve quality and clinical practice

- The “Feedback loop” to hospitals and service providers has been determined to be essential to quality assurance and creating changes in practice.
- In some cases, it may be appropriate for necessary changes to be made to system structures to facilitate changes in practice

The potential: CQRs and other datasets



Targeting Zero and CQRs



- *“That departmental monitoring of safety and quality includes monitoring against a comprehensive range of outcome indicators using hospital routine data and data from clinical registries”*
- *“There be stronger obligations for clinical registries to report serious deficiencies in care once they are detected”*
- *“Clinical registries funded by the department should be required, as a condition of funding, to provide their data to VAHI”*
- *“CQRs funded by the department be renegotiated to provide ... an explicit requirement for all performance metrics to be provided to hospital CEOs and to the department at the same time as they are fed back to clinical units”*

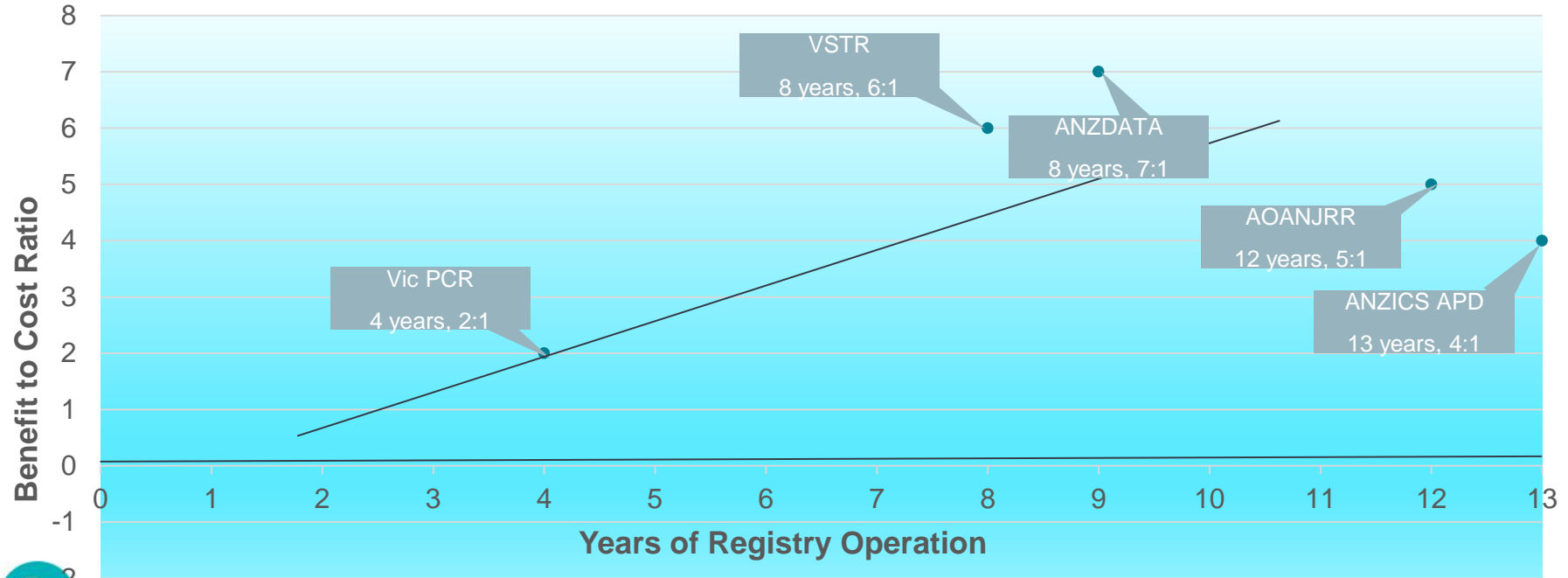
Targeting Zero and CQRs



- *“for registries that have been in existence for more than a decade, a full dataset of registry data to VAHI at least annually to allow matching to, and incorporation in, the relevant routine dataset (the data provided should have the names of individual clinicians removed)”*
- *VAHI publishes metrics derived from clinical registries in its quarterly public report*
- *clinical networks consider whether participation in relevant registry collections be mandated for public and private hospitals*
- *The department raises at the appropriate national forum that the Commonwealth Department of Health (or other national funding bodies) changes national funding contracts to ensure nationally funded registries meet the same requirements”*

Investment in Australian CQR's

Benefit to cost ratio attributable to CQRs range from 2:1 to 7:1



Example: Australian Stroke Clinical Registry (AusSCR) ...

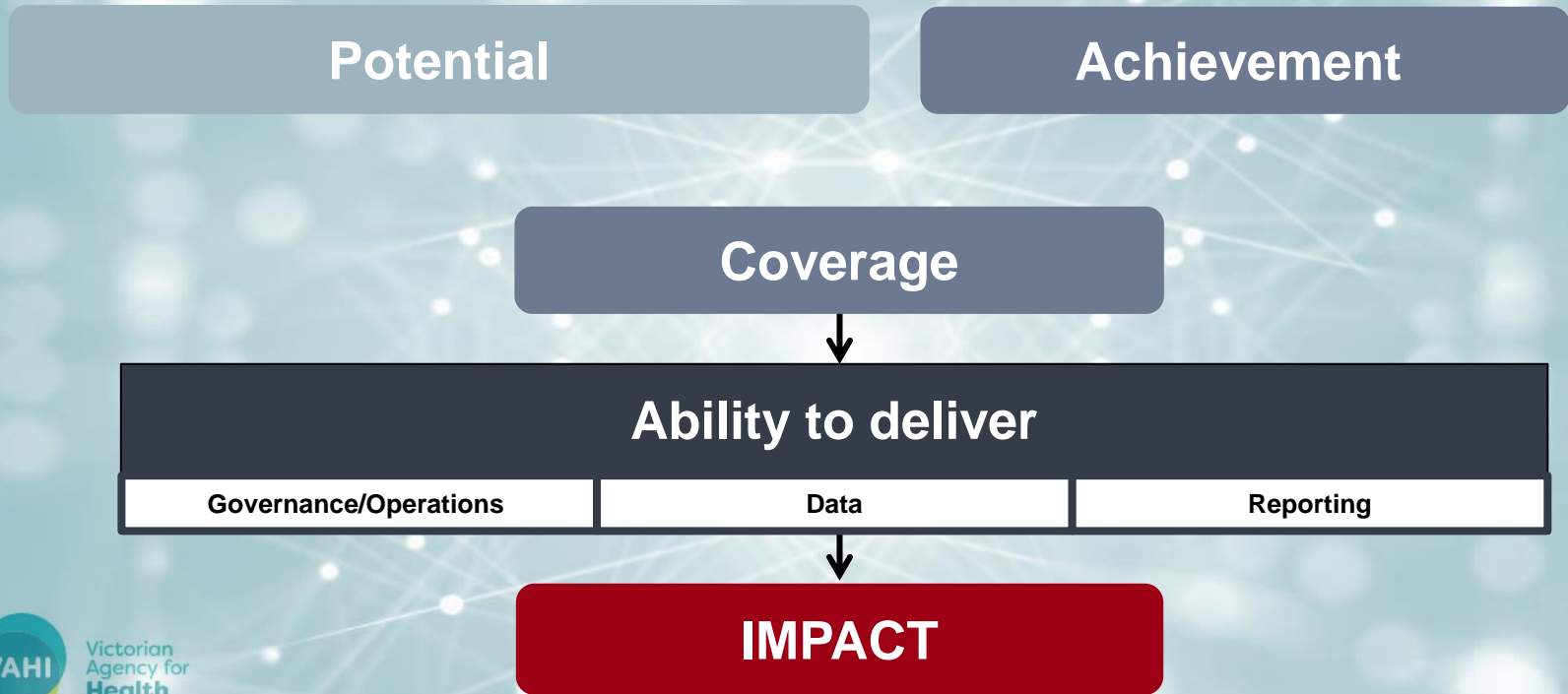
2009-2011	2012-2015	2016-2017
16 hospitals: 2,530 episodes	62 hospitals: 35,295 episodes	70 hospitals >53,000 episodes of care
Working in silos	Reference committees (national data linkage and quality improvement)	Work groups continue with some modified formats/membership
Use of national average for benchmarks	Achievable benchmarks reported to motivate greater QI targets	Recognition of high performing hospitals Reports to CEOs & stroke leads sent in QLD and Vic
Duplication of effort	Australian Stroke Data Tool data infrastructure; National Stroke Data Dictionary	Pre-population of Stroke Foundation Audit data for hospitals in AuSCR; new on-demand reports
No data linkage	Data linkage: AIHW (national death index –annual process), QLD, NSW, VIC and NSW	Data linkage project with PBS/MBS (Stroke Foundation seed grant)
Limited information on patient outcomes	New evidence on TIA	New evidence on long-term QoL and survival

STELAR (Shared Team Efforts Leading to Adherence Results) program being tested across Victoria hospitals

Facilitated Quality Improvement Program: AuSCR



The CQR Maturity Assessment Tool



Assessing potential

① Clinical domain

Does the registry sit within an ACSQHC priority area or clinical domain?

Is there a Victoria-specific reason why a domain is more important to Victoria than the rest of Australia?

Scored on a scale of 1 to 5

② Evidence of sector adoption

Does the sector want to use registry data to influence practice and policy related to this clinical domain?

Scored on a scale of 1 to 5

③ National context

What is the extent of national coverage?

To what extent is this coverage fragmented/ what further registries or resources exist in the same domain?

Relevant context, but no score applied

Assessing achievement

① Geographic Coverage

National vs state-based

② Penetration (weighted x 3)

At hospital sites

Assessing ability to deliver

Governance/Operations

③ Governance

Formal independent multidisciplinary board

④ Custodianship

Explicit custodianship statements in contracts and publicly available

Data

⑤ Data capture and validation

Full input validation controls built in

⑥ Data linkage

To other registries or health data sets

⑦ Outcomes and process measures

Minimum of treatment, outcomes and process measures

⑧ Risk adjusters data

Factors such as comorbidities

Reporting

⑨ Escalation

Routine review of analyses by registry Clinical Quality Committee prior to formal reporting

⑩ Improvement cycle (weighted x 3)

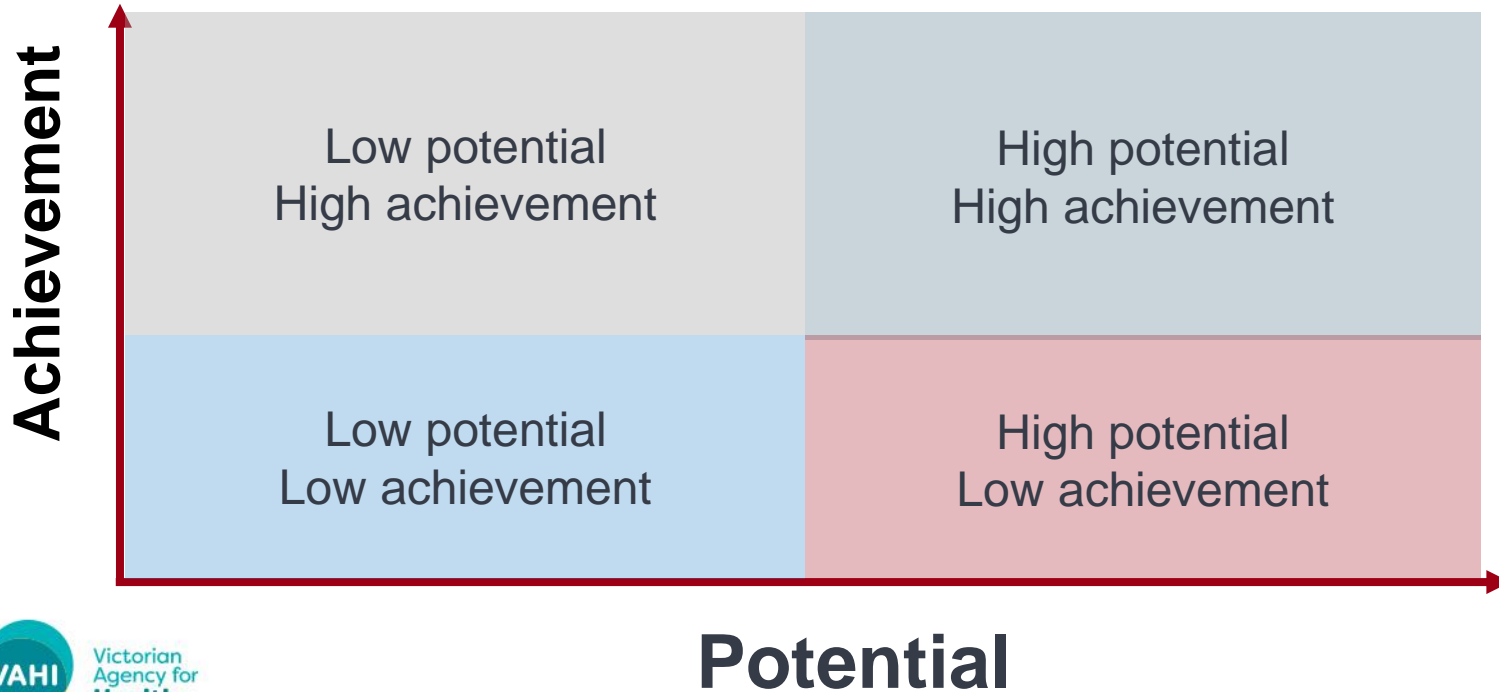
Clinician reporting, timeliness and engagement

Impact

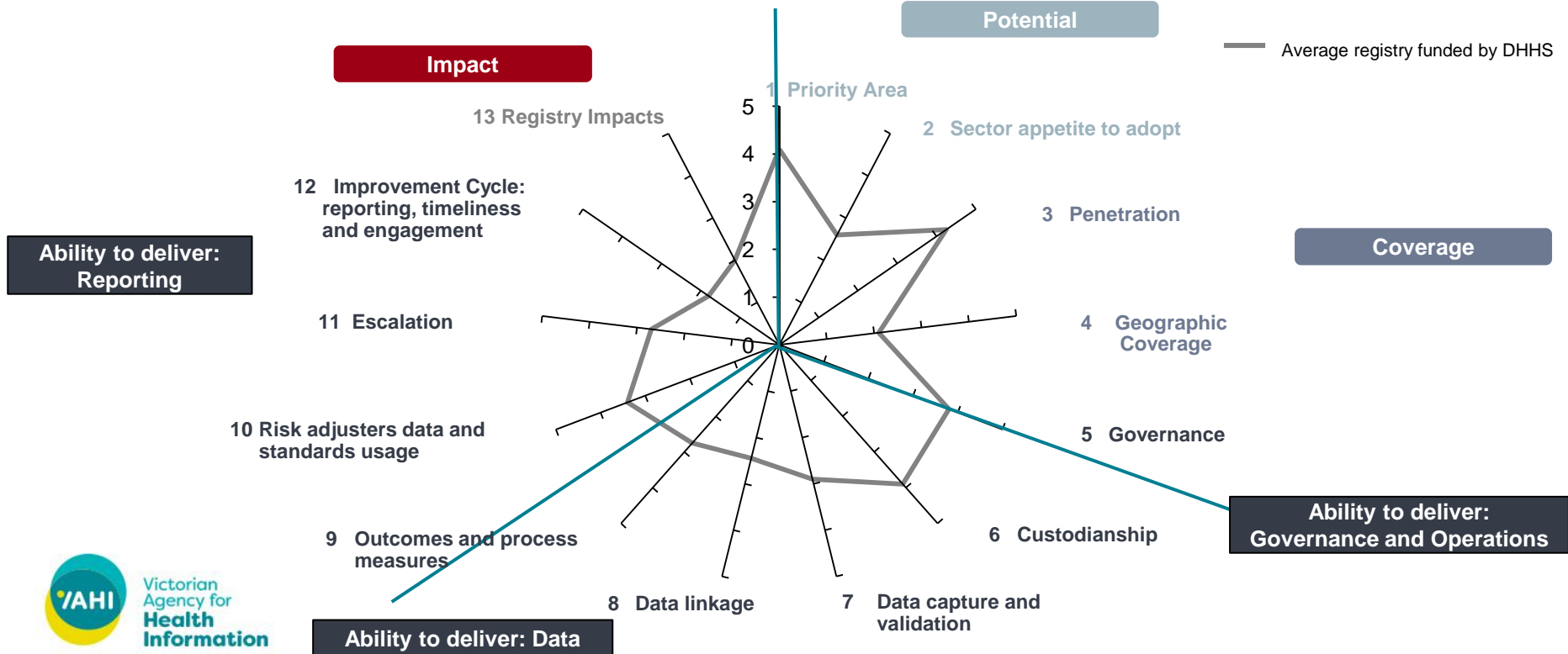
⑪ Registry Impact

Clinician decision making, drug and devices approval or policy/payer decisions

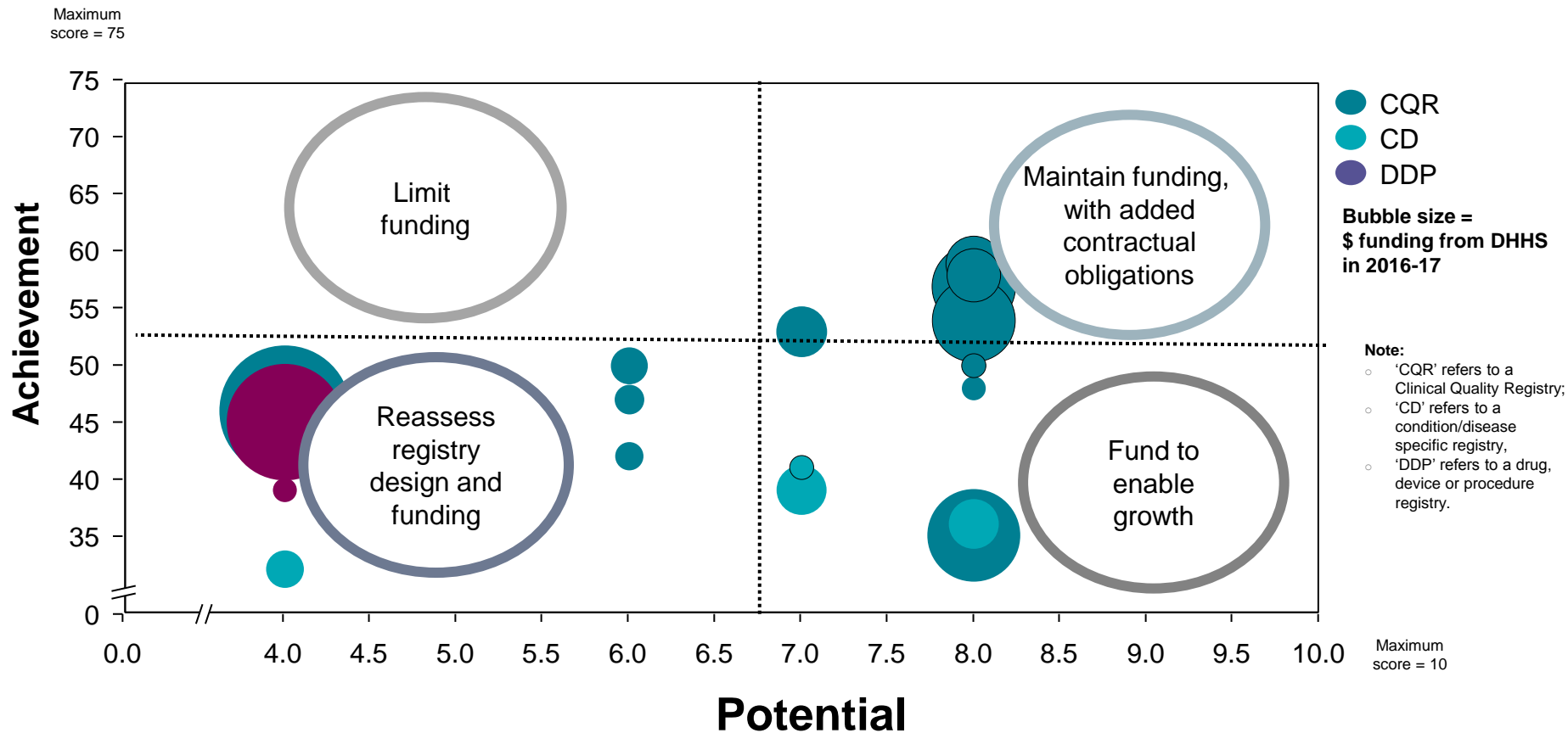
CQR maturity Matrix across registries



CQR Maturity matrix for individual registries



Mapping of CQRs according to funding, type and maturity



CQRs currently funded ...

Australia & New Zealand Intensive Care Society - Adult Patient Database	ANZICS APD
Australian New Zealand Massive Transfusion Registry	ANZ-MTR
Australian Stroke Clinical Registry	AuSCR
Victorian Cardiac Outcomes Registry	VCOR
Victorian State Trauma Registry	VSTR
Victorian Cardiac Surgery Database	VCSD
Australasian Rehabilitation Outcomes Centre	AROC
Electronic Persistent Pain Outcomes Centre	EPPOC
Victorian Cancer registry	VCR
Victorian Nosocomial Infection Surveillance System	VicNESS
Victorian Audit of Surgical Mortality	VASM
Victorian Perinatal Data Collection	VPDC

Also looking at High burden cancer, Dementia, Diabetes & COPD *

What next?

Working with Vic-Gov funded CQRs

- Renegotiating contracts for existing registries
- Apply CQR matrix – taking a pragmatic approach
- Determining governance structures & supporting processes for routine data linkage
- Looking at progressing outlier notification and escalation processes

National reforms

- Working closely with the National CQR strategy development team
- National Health Agreements – strong focus on data
- VAHI led AHMAC linked data demonstration project .. Inclusion of VCOR data?



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Thank you

Feedback on VAHI products to vahi@vahi.vic.gov.au

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