

# Cottrell Memorial lecture

Conjoint Professor Anne Duggan  
Clinical Director

**AUSTRALIAN COMMISSION**  
**ON SAFETY AND QUALITY IN HEALTH CARE**

# The Tragedy of the Commons



Elinor Ostrom, American political economist. 2009 Nobel Prize in Economic Sciences for her "analysis of economic governance, especially the commons"

# Australian Healthcare: a Commons

- Publically funded - Medicare
- Universal access
- Equity based
- Limited resource - MBS review

# Variation in usage of the commons

## Warranted

- Epidemiology of disease
- Social determinants of health
- Individual preference - treatment options

## Unwarranted\*

- treatment unrelated to need or preference
- Low value care provided
- High value care not provided

*\*Changes the benefit : harm equation*



# Ideal features of the Commons: (Dimensions of Quality)

## **Well governed**

- Safe
- Effective
- Efficient
- **Appropriate**
- Accessible
- Equitable
- **Consumer (Patient) Centred**

# The New York Times

**TheUpshot**

EDITED BY DAVID LEONHARDT

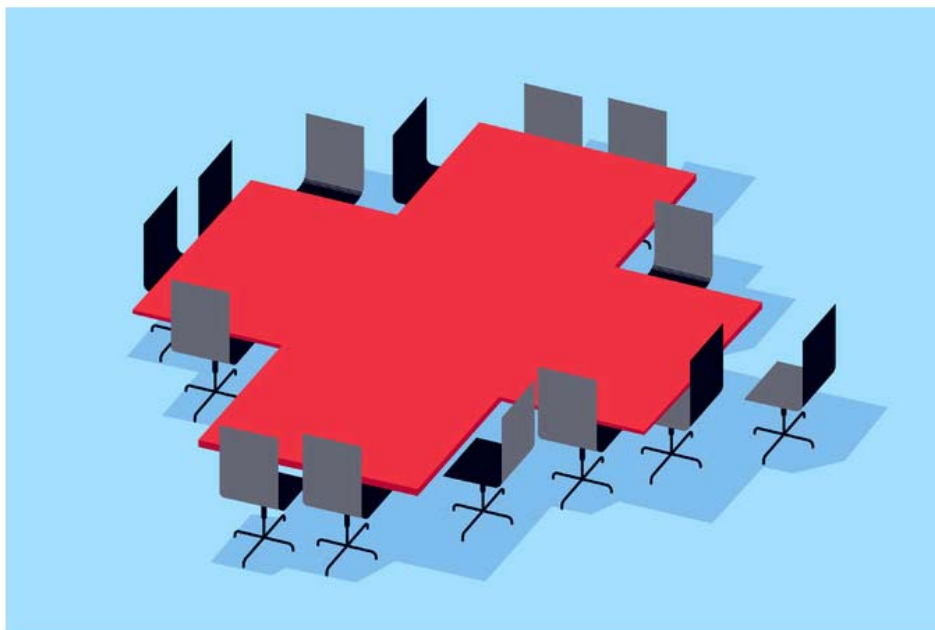
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GET THE UPSHOT IN YOUR INBOX

THE NEW HEALTH CARE

## In Hospitals, Board Rooms Are as Important as Operating Rooms

FEB. 16, 2015



Ben Wiseman

# NSQHS Standards (second edition)



Clinical Governance Standard



Partnering with Consumers Standard



Preventing and Controlling Healthcare-associated Infection Standard



Medication Safety Standard



Comprehensive Care Standard



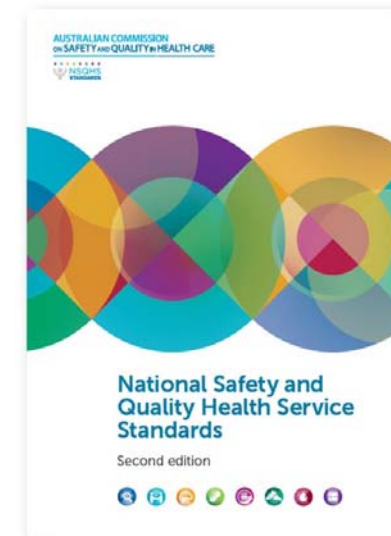
Communicating for Safety Standard



Blood Management Standard



Recognising and Responding to Acute Deterioration Standard



## National Safety Standards have worked...

<b>S1.</b>	<b>Clinical Governance</b>	<ul style="list-style-type: none"> <li>Resulted in better integration of governance &amp; quality systems (83%)</li> <li>Clarified the roles &amp; responsibilities of Boards (82%)</li> </ul>
<b>S3.</b>	<b>Preventing &amp; Controlling Healthcare Associated Infection</b>	<ul style="list-style-type: none"> <li>13.5% reduction in SAB</li> <li>40% reduction in MR SAB rates</li> <li>50% reduction in CLABSI</li> <li>12.6% reduction in hospital antibiotic prescribing</li> <li>Hospitals with antimicrobial stewardship programs increased from 36% (2010) to 98% (2015)</li> </ul>
<b>S4.</b>	<b>Medication Safety</b> <b>National Medication Chart</b>  <b>Residential Aged Care Medication chart</b>	<ul style="list-style-type: none"> <li>30% reduction in prescription errors</li> <li>Reduction in medication errors from 5.2/1,000 to 1.7/1,000</li> <li>Reduction in total number of prescriptions from 13.3 per resident to 5.6</li> </ul>
<b>S7.</b>	<b>Blood and Blood Products</b>	<ul style="list-style-type: none"> <li>70M reduction in blood products</li> </ul>
<b>S9.(8)</b>	<b>Recognising &amp; Responding to Clinical Deterioration</b>	<ul style="list-style-type: none"> <li>Hospitals with early warning tools 35% (2010) to 96% (2015)</li> <li>51%(NSW) - 20% (Vic) reduction - in hospital cardiac arrest rates</li> </ul>



*Proceedings of the Royal Society of Medicine*

Vol. XXXI  
1219

[*May* 27, 1938]

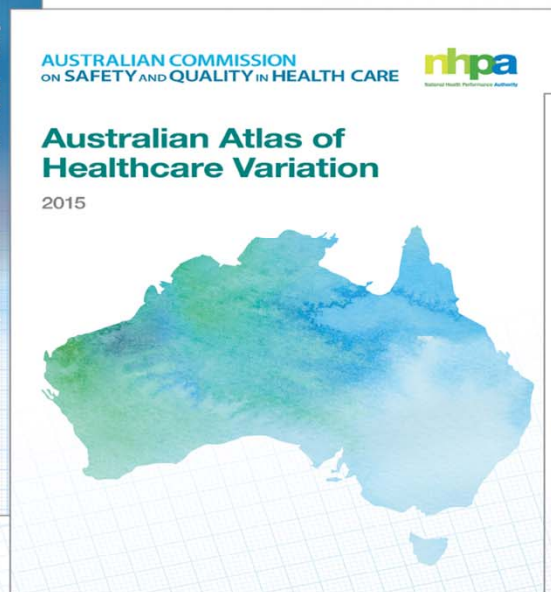
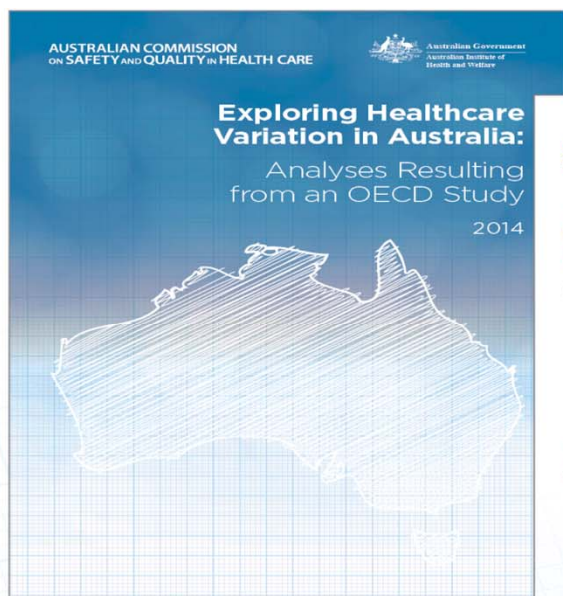
**The Incidence of Tonsillectomy in School Children**

J. ALISON GLOVER, O.B.E., M.D., F.R.C.P., D.P.H.

# Great Advances in Medicine

- Medical Statistics
- Research methodology
- Epidemiology
- Diagnostics
- Therapeutics
- Training and credentialing of clinicians
- Accreditation of healthcare institutions
  - Clinical Governance and Consumer Centred
- Universal Healthcare

# The Australian Atlas of Healthcare Variation Series



**AUSTRALIAN COMMISSION**  
**ON SAFETY AND QUALITY IN HEALTH CARE**

# Consultation



**Over 150 individuals and organisations consulted**

# International Comparisons



## ANTIMICROBIALS

Number of prescriptions dispensed



2013-2014

**30,355,539**



PER 1,000 PEOPLE



**1199**

Australia



**842**

United States



**642**

Canada

# International Comparisons



## KNEE REPLACEMENT

hospitalisations 18 years and over



AUSTRALIA HAD  
ONE OF THE  
**HIGHEST RATES**  
OF KNEE  
REPLACEMENT  
AMONG SELECTED  
OECD COUNTRIES  
IN 2011

AVERAGE RATE PER  
**100,000** PEOPLE



Australia



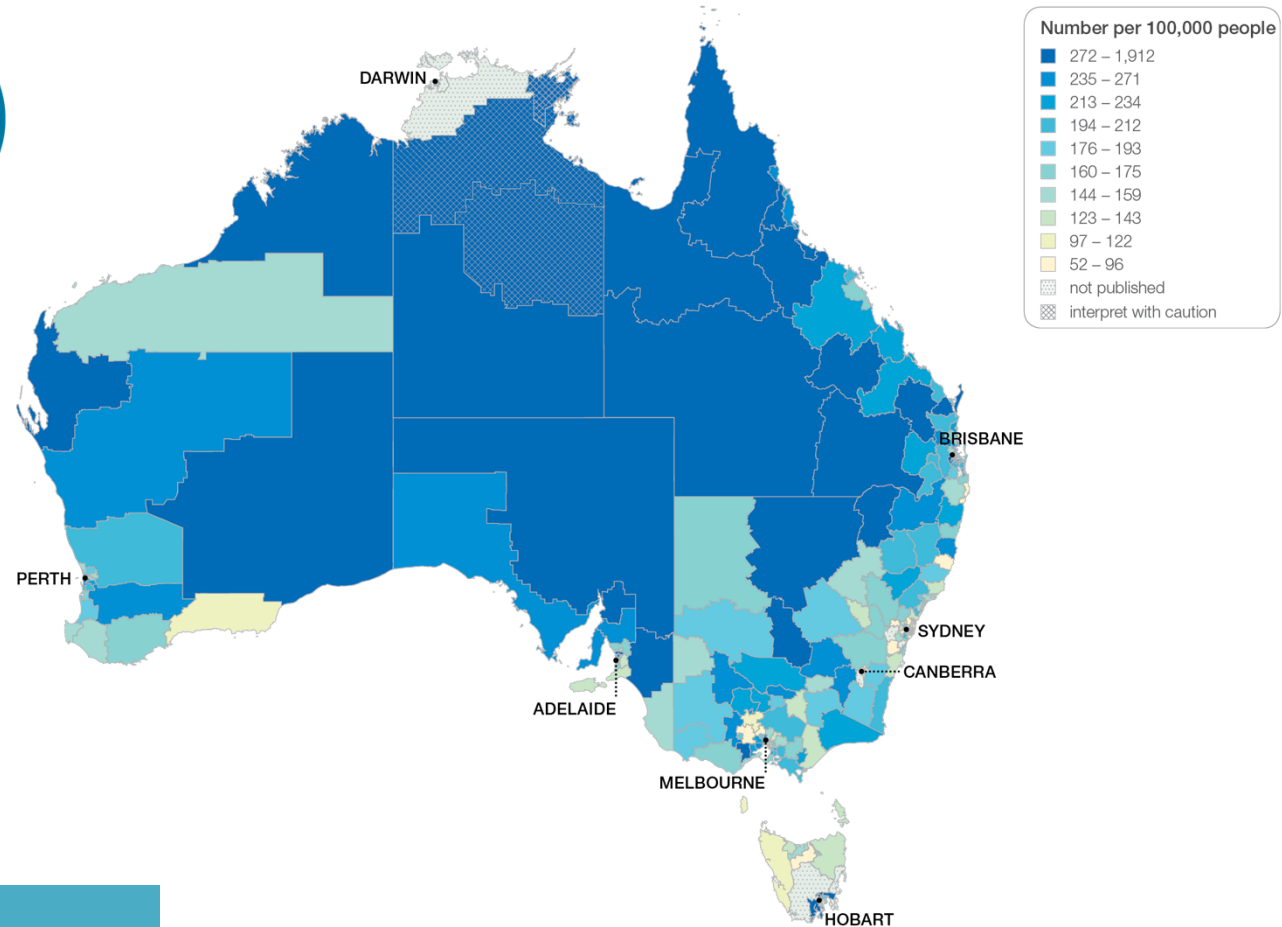
Canada



France

# Diabetes complications hospitalisations

**11.6x**  
**AS HIGH**  
in the highest rate area  
compared to the  
lowest rate area



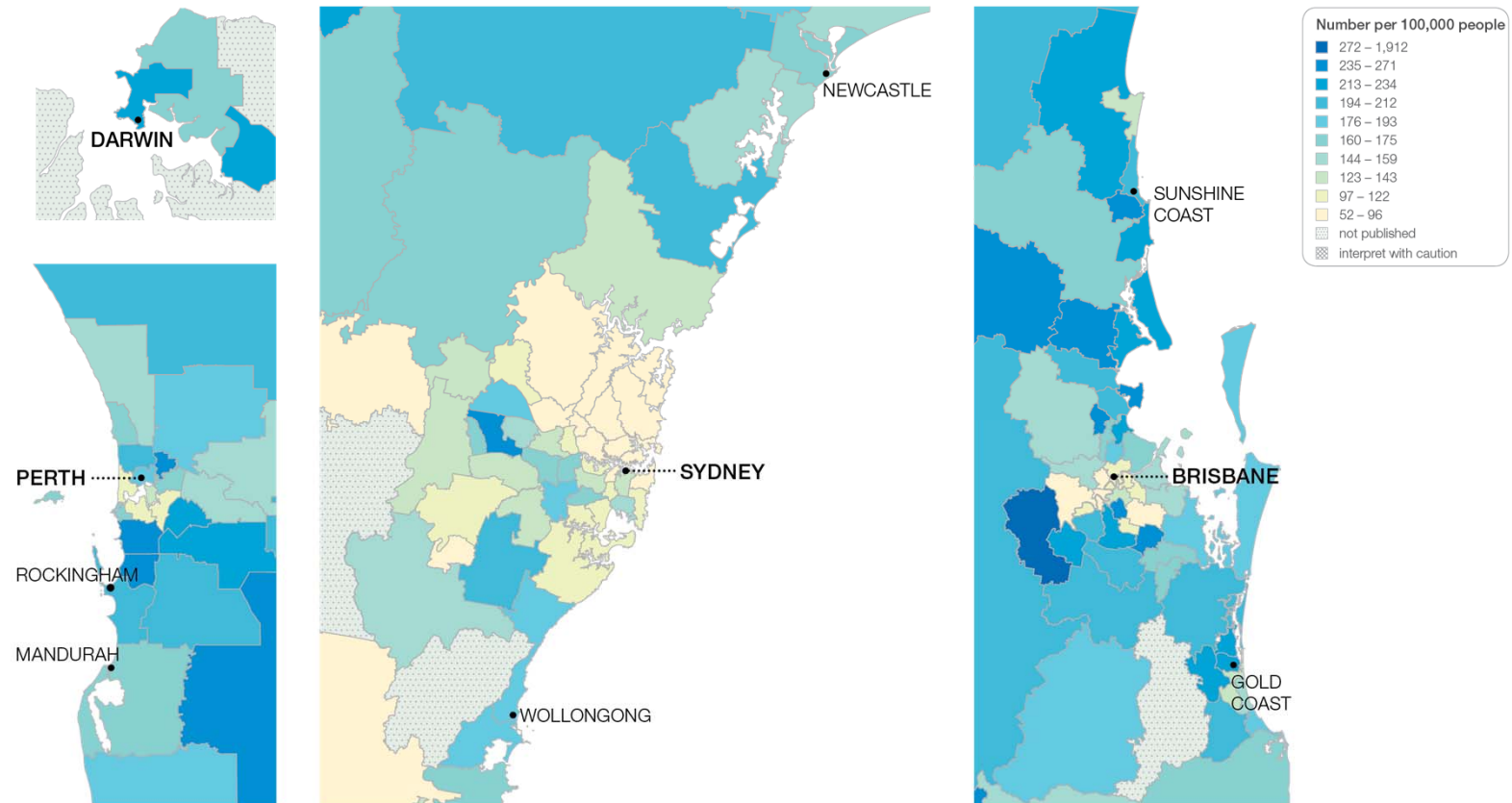
National Hospital Morbidity Database, 2014–15



Chronic disease and infection



# Diabetes complications hospitalisations



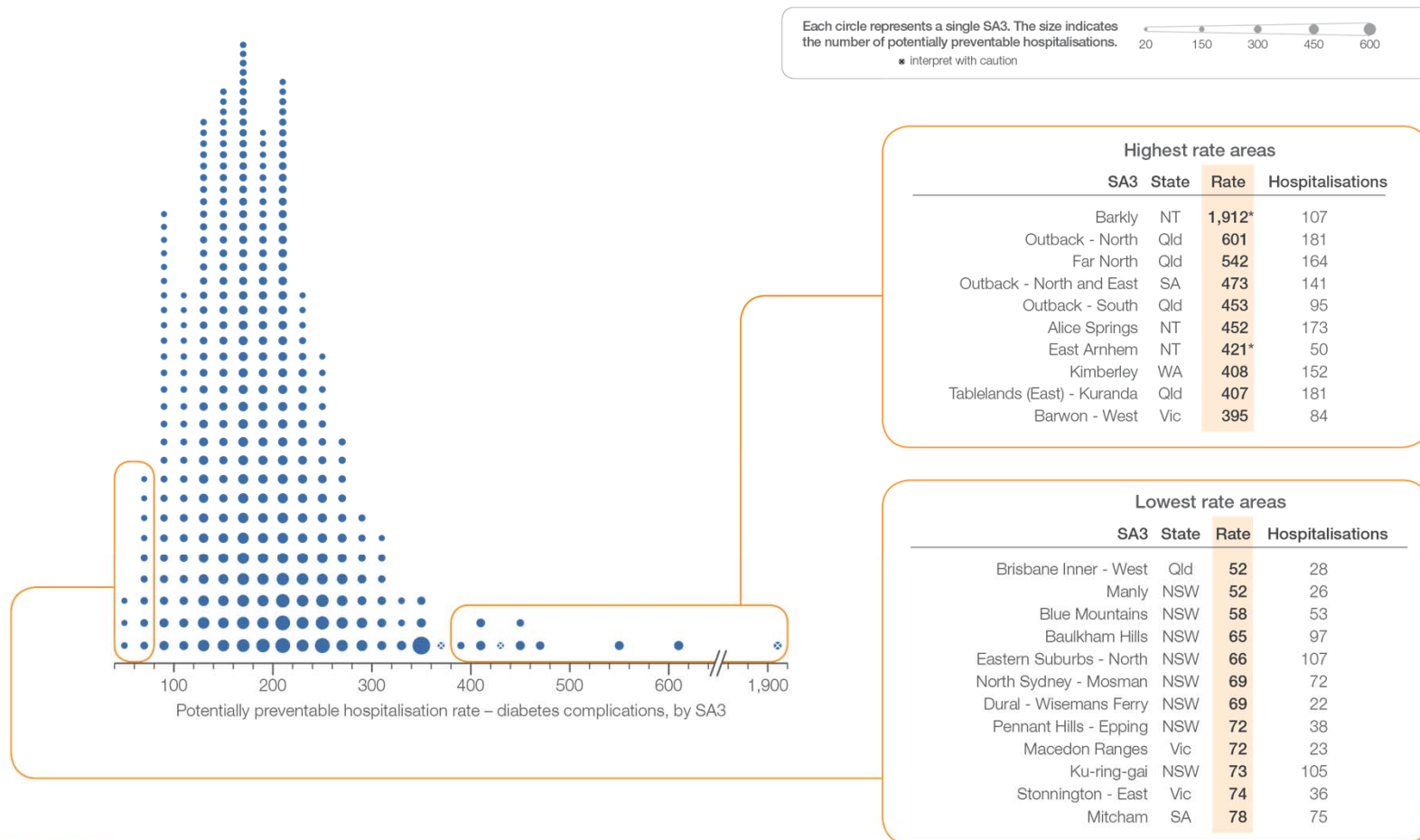
National Hospital Morbidity Database, 2014–15



Chronic disease and infection



# Diabetes complications hospitalisations



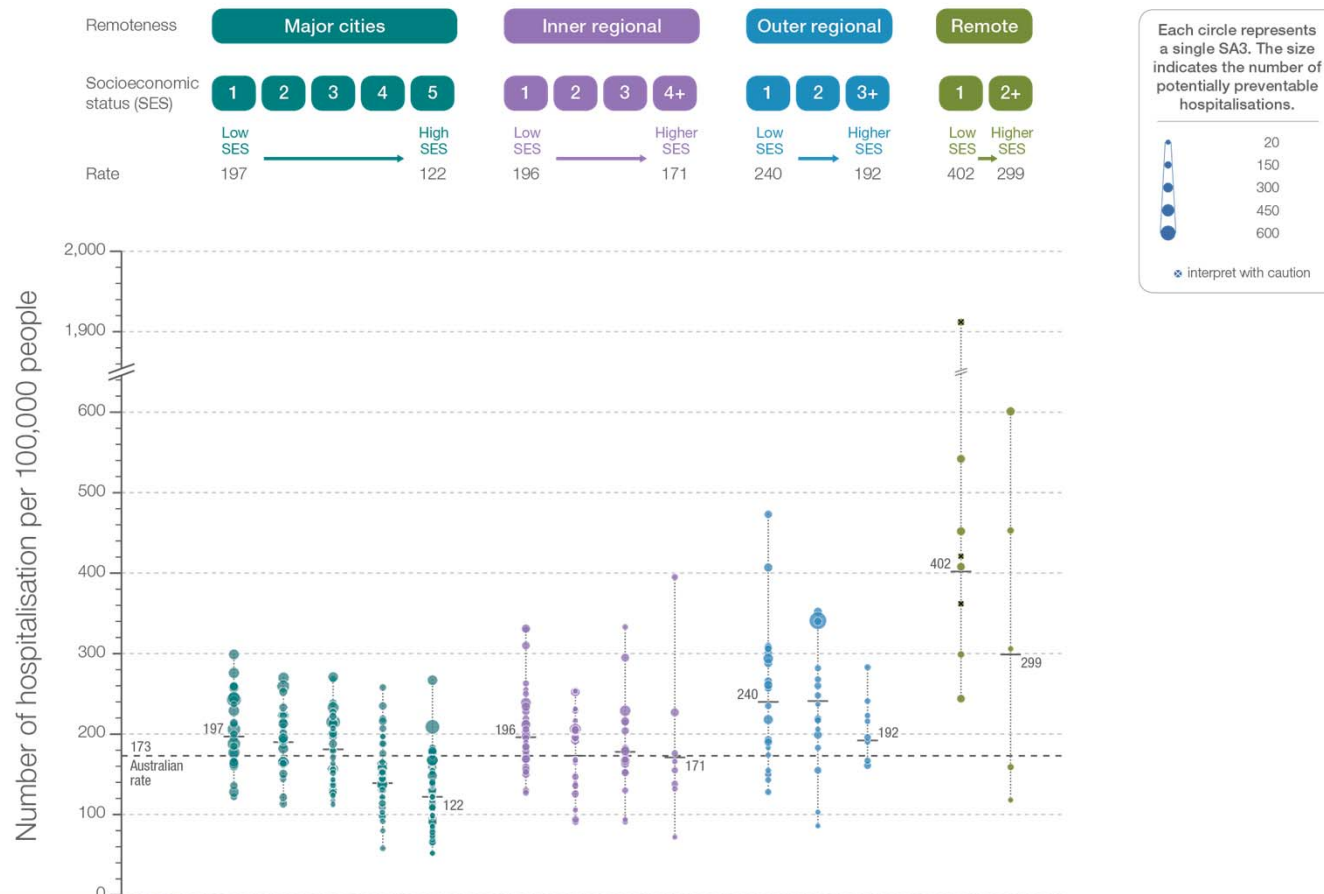
National Hospital Morbidity Database, 2014–15



Chronic disease and infection

# Diabetes complications hospitalisations

## Remoteness and socioeconomic status



National Hospital Morbidity Database, 2014–15



Chronic disease and infection

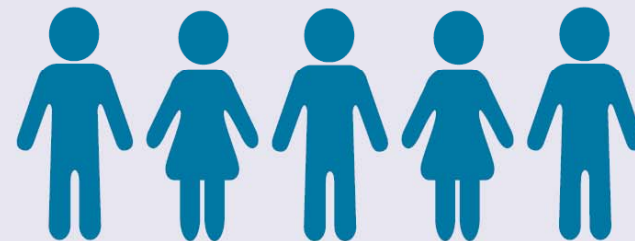


## ABORIGINAL AND TORRES STRAIT ISLANDER AUSTRALIANS



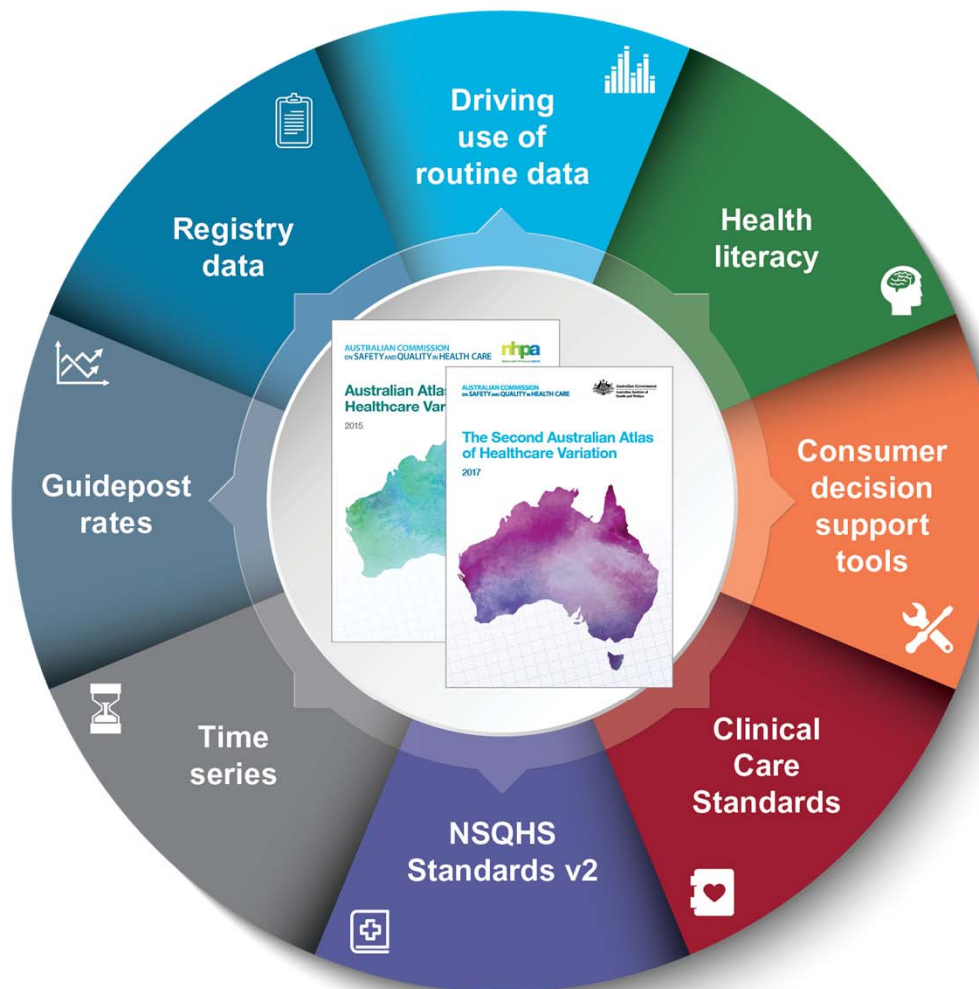
Aboriginal and Torres Strait Islander Australians have **up to five times** the rate of hospitalisations for some chronic diseases than other Australians

(2014–2015)



AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE

[www.safetyandquality.gov.au/atlas](http://www.safetyandquality.gov.au/atlas)



Explore variation

Identify unwarranted variation

Address unwarranted variation

# Knee Arthroscopy

## 55 years and over

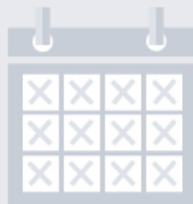


### KNEE ARTHROSCOPIES

Number of procedures performed – 55 years and over



2012-2013  
**33,682**



**7.1x**



**HIGHER** IN SOME AREAS  
COMPARED TO OTHERS

# Osteoarthritis of the Knee

## Clinical Care Standard

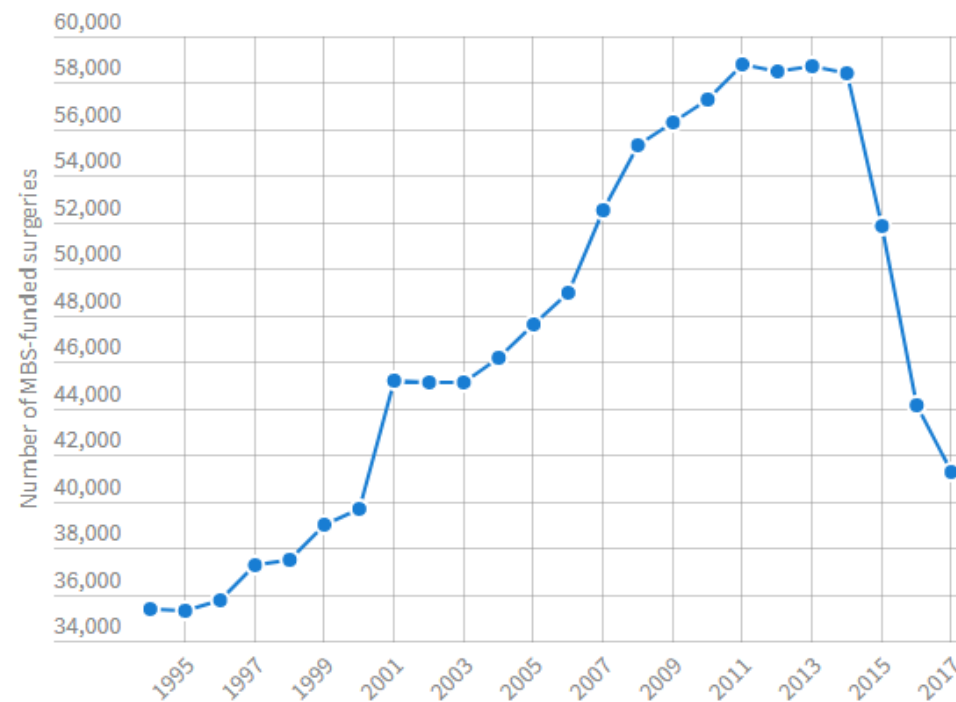
### Quality statement 7 - Surgery

A patient with knee osteoarthritis who is not responding to conservative management is offered timely joint-conserving or joint replacement surgery, depending on their fitness for surgery and preferences. The patient receives information about the procedure to inform their treatment decision.

***Arthroscopic procedures are not effective treatments for osteoarthritis of the knee, and therefore should only be offered if the patient has true mechanical locking or another appropriate indication for these procedures.***

## Not Kneaded

Doctors began to seriously question the effectiveness of knee arthroscopy surgery for people with osteoarthritis as early as 2002. But the number of surgeries continued to skyrocket for the next 10 years.



Source: Medicare Australia Statistics

Source: The Age, 6 February 2018, 'Doctors advised to stop performing arthroscopic knee surgery for osteoarthritis', Esther Han

“Father Brown lay down his pipe and said: It is not that they don't know the answer. It is that they don't know the question”

- G.K Chesterton





# Clinical Governance for Health Service Organisations Standard

## Clinical Performance and Effectiveness

Item	Action required
Variation in clinical practice & health outcomes	<p>1.28 The health service organisation has systems to:</p> <ul style="list-style-type: none"><li>a. monitor variation in practice against expected health outcomes</li><li>b. provide feedback to clinicians on variation in practice &amp; health outcomes</li><li>c. review performance against external measures</li><li>d. support clinicians to participate in clinical review of their practice</li><li>e. use information on unwarranted clinical variation to inform improvements in safety &amp; quality systems</li><li>f. record the risks identified from unwarranted clinical variation in the risk management system</li></ul>

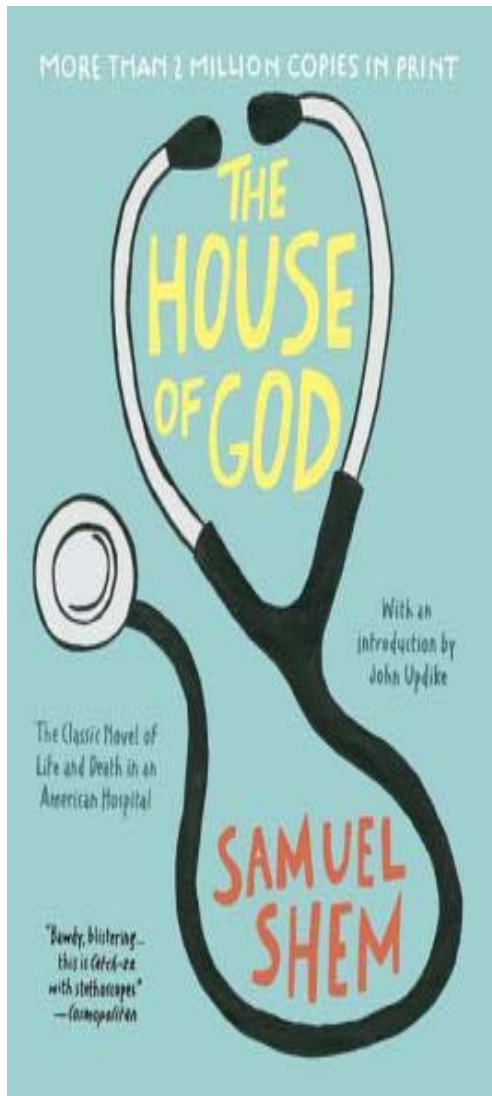
# Continuing Professional Development in the future

at least 50 hours of CPD per year:

- at least 25% 'validated educational activities'
- **at least 25% should 'review performance'**
- **at least 25% should 'measure outcomes'** and
- the remaining 25% be distributed across any types of CPD.

*based on contemporary evidence and best practice.*



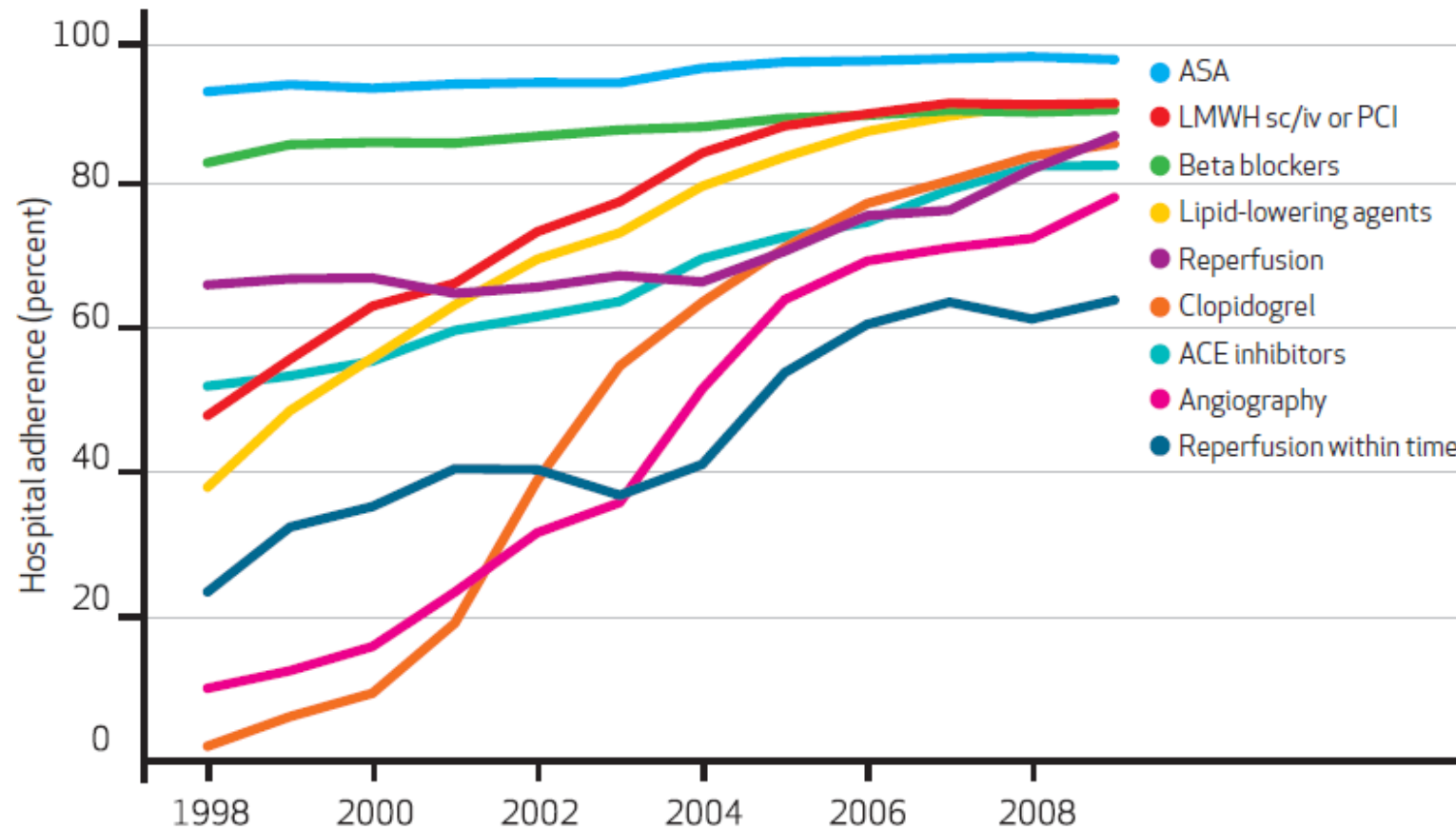


Why examine personal performance and measure our outcomes?

## Rule 10

- If you don't take a temperature you can't find a fever.
- If we never look we will never know.
- Data about our patient outcomes should drive our care, inspire us to see what we do well and teach that to others and understand what others do better and learn from them.

## Hospitals' Adherence To Swedish National Guidelines For Treating Acute Myocardial Infarction, 1998-2009



**SOURCES** (1) Carlhed R, Bojestig M, Wallentin L, Lindström G, Peterson A, Aberg C, et al. Improved adherence to Swedish national guidelines for acute myocardial infarction: the Quality Improvement in Coronary Care (QUICC) study. *Am Heart J.* 2006;152(6):1175-81. (2) Swedeheart data set; Register

# Informed Consumers

Some of the Commission resources on partnering with consumers

**AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE**

Helping patients make informed decisions: communicating risks and benefits

- ☒ Communicating risks and benefits - 1
- ☒ Communicating risks and benefits - 2
- ☒ Communicating risks and benefits - 3
- ☒ Communicating risks and benefits - 4

**DO YOU KNOW YOUR HEALTHCARE RIGHTS?**

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, whenever and wherever care is provided, it is of high quality and is safe.

**ACCESS**  
You have a right to health care.

**SAFETY**  
You have a right to safe and high quality care.

**RESPECT**  
You have a right to be treated with respect and dignity.

**COMMUNICATION**  
You have a right to be informed about your care and to be involved in decisions about your care.

**PARTICIPATION**  
You have a right to be involved in decisions about your care.

**PRIVACY**  
You have a right to privacy and confidentiality.

**COMMENT**  
You have a right to comment on your care and to have your comments addressed.

For more information on the Charter ask for a leaflet on the Australian Charter of Healthcare Rights or visit [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

**Top Tips for Safe Health Care**

What you need to know for yourself, your family or someone you care for.

[www.safetyandquality.gov.au/toptips](http://www.safetyandquality.gov.au/toptips)

**Make the most out of your medical appointment**

Be prepared for your appointment. Ask questions. Discuss your preferences. Use our tool to help you prepare.

The online Question Builder  
[www.healthdirect.gov.au/question-builder](http://www.healthdirect.gov.au/question-builder)

**Health literacy for clinicians**

60% of people have low health literacy.

Know your patients. Consider how you present information. Ensure understanding. Improve your health service.

**Patient-centred care:** Improving quality and safety through partnerships with patients and consumers.

**Standard 2: Partnering with Consumers**

**SHARED DECISION MAKING**

Available at: [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)



Demand



# ASPIRIN

SAY "BAYER ASPIRIN" — *Genuine*

Unless you see the "Bayer Cross" on tablets, you are not getting the genuine Bayer Aspirin prescribed by physicians and proved safe by millions over 25 years for

Colds	Headache	Neuritis	Lumbago
Pain	Neuralgia	Toothache	Rheumatism

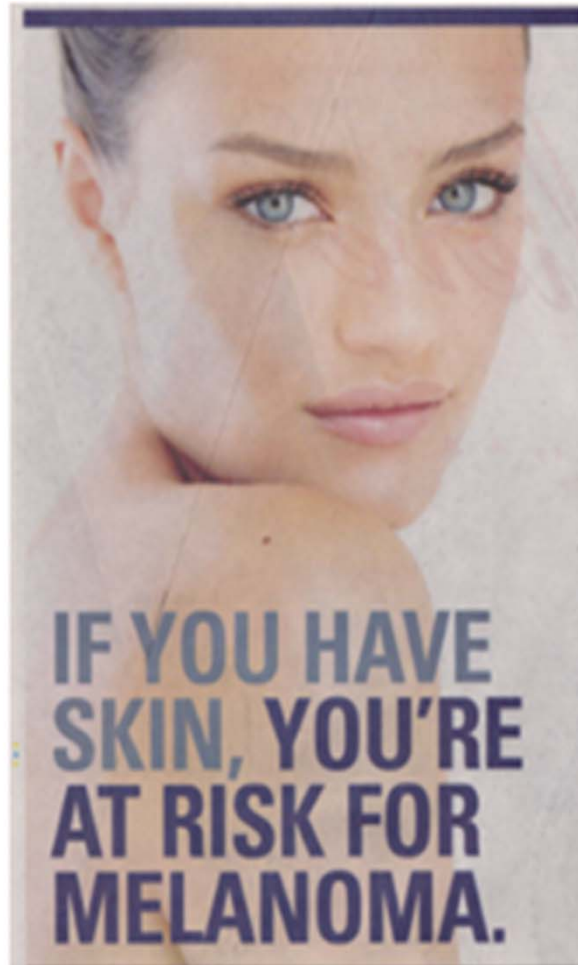
**DOES NOT AFFECT THE HEART**

*Safe*

Accept only "Bayer" package  
which contains proven directions.  
Handy "Bayer" boxes of 12 tablets.  
Also bottles of 24 and 100—Druggists.

Aspirin is the trade mark of Bayer Manufacture of Monaceticacidester of Salicylicacid

# Advertising – drives activity



New York Times 12/2/12

# A practical approach to reducing unwarranted variation

	HIGH VALUE	LOW VALUE
PROVIDED	A	B
NOT PROVIDED	C	D

- A- Keep it going
- B- Start stopping it
- C- Start it
- D- Stop it starting



“There is nothing so useless as doing efficiently  
that which should not be done at all.”

Peter Drucker  
Management Guru

- Explore the data further using the interactive Atlas at [www.safetyandquality.gov.au/atlas/](http://www.safetyandquality.gov.au/atlas/)
- Please send any queries to [atlas@safetyandquality.gov.au](mailto:atlas@safetyandquality.gov.au)