

MEDIA RELEASE

National Health Indicator Report Shows Measureable Gains in Health Care

Steady improvements in five areas of health, with notable deterioration in four others are identified in a key report on Australia's clinical performance, the 13th *Australasian Clinical Indicator Report 2004-2011* (ACIR), released today. ACIR provides a rich overview of the Australian health system through a range of clinical indicators that offer insights into different dimensions of care, including safety, continuity and effectiveness.

With 690 healthcare organisations across the country submitting data against a selection of 353 different indicators, there are opportunities to compare results against peers, and to review trends over time.

Key improvements included:

- ongoing improvements in the proportion of emergency department patients attended within recommended (triage) times,
- increasing rate of patients managed to reduce the risk of venous blood clots (including in intensive care)
- a considerable reduction in acquired methicillin-resistant *Staphylococcus aureus* (MRSA) –among reporting healthcare organisations,
- fewer same-day discharge patients having an unplanned transfer or overnight admission,
- a 20% improvement in the documentation of known adverse drug reactions on the patient's record to 93% over a two-year period.

The four areas with notable deteriorations were:

- increase in unplanned delay in discharge in day surgery from 0.28% in 2004 to 0.60 % in 2011, its highest level to date
- more than 50% of patients for whom data was reported were secluded for more than four hours in mental health centres, however rates vary greatly between different centres
- rate of seclusion of mental health patients for more than four hours stayed at 53 per cent
- the rate for patients admitted with pressure ulcers has risen from 0.28 to 0.40 per 100 patients, with a lot of variation between different centres
- the proportion of patients over 65 years, who fall during their inpatient stay.

"ACHS clinical indicator program remains a voluntary undertaking for all contributing HCOs. Individual facilities can track their data over time and compare their performance with similar facilities," said Chief Executive of the Australian Council on Healthcare Standards, Brian Johnston.

"The ACIR compiles data submitted from across the country. Where the data pool is of sufficient size, it can point to specific trends over time, and differences between states, public/private ownership, or rural-metro location. This overview also provides a perspective on the potential to improve quality and safety by highlighting variations in the measures collected by different organisations."

The ACIR is Australia's only report that analyses historical trends and enables comparison of results between peers. Commentary on the data across the 22 sets of indicators has been provided by health colleges, societies and associations with relevant expertise in each area and informs the interpretation of the raw findings.

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