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MEDIA RELEASE

Australasian Clinical Indicator Report for 2005 – 2012 released

One of the most comprehensive reports on the status of national clinical performance of 670 healthcare organisations (HCOs) over the last eight years has been released in Sydney.

The *Australasian Clinical Indicator Report 2005 – 2012 (14th edition)*, published by the Australian Council on Healthcare Standards (ACHS), presents a detailed statistical analysis of clinical indicators for HCOs in the Australasian region.

ACHS President Adjunct Associate Professor Karen Linegar said the wide reporting in 2012 by 342 public and 329 private HCOs represented almost 35,000 data submissions providing excellent statistical knowledge for an overview on how Australian health care is performing.

“Following the enormous contribution from the 36 medical colleges, specialist societies and associations, the report presents an aggregate picture of those healthcare areas that have improved as well as where the potential for future improvement lies,” she said.

“Through the systematic collection of data on the 22 sets of clinical indicators (CIs) which contain 339 individual indicators, the report builds a thorough picture of the performance of the entire group of HCOs against the indicators relevant to them, and from this information, HCOs can determine where their performance level sits in the range,” she said.

Notable improving trends over the eight year period include:

- Emergency Department triage goals. The proportion of patients seen within the recommended times for Triage categories 2,3,4 and 5 has improved over the last eight years, with all categories reaching their highest level in 2012,
- Venous thromboembolism prophylaxis – a steady increase in rates of initiation for this process in two patient groups, adults in ICU and women undergoing caesarean section,
- ICU non-admission due to inadequate resources. The three indicators measuring this have declined significantly to 1.7%, 0.81% and 0.69%.

Notable deteriorations, where the potential to make improvements exist are:

- Unplanned discharge delays in day surgery – the rate of patients with an unplanned discharge greater than one hour beyond their day surgery procedures has increased from 0.28% in 2005 to 0.52% in 2012,
- Seclusion of mental health patients deteriorates further with inpatients having seclusion for more than four hours is now 49%, an increase from 35% in 2005,
- The rate of patients spending 8 or more hours in Emergency declined slightly, but remained high.

“The report provides an overview of the submitted data and their trends,” said Adjunct Assoc. Prof Linegar. “The statistics provided inform where the outliers are in an indicator set, and this informs HCOs on where their own performance sits compared to their peers.

By encouraging analysis of this data, HCOs have an opportunity to review and possibly improve their performance. Since establishing the Report in 1989 ACHS has provided the indicators as a performance tool for its members to assist in developing their quality and safety improvement.

ACN 008 549 773

5 Macarthur Street Ultimo NSW 2007 Australia T: +61 2 9281 9955 F: +61 2 9211 9633

E: achs@achs.org.au W: www.achs.org.au

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