

Barwon Health: Our experiences in QUM II implementation

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Which tools did we use?

- ✦ Performance indicators in Medication Safety (PIMS)
 - Pilot Project: Phase 2 field testing
- ✦ MSSA-AT
 - Organisational Self-Assessment

Phase 2 – Field testing of Performance Indicators

- ✦ List of 52 Indicators
- ✦ Spread across different aspects of medication use cycle
- ✦ Aim:
 - to monitor compliance with safety procedures and protocols

AND

- to drive improvements in safety and quality



Phase 2 – Field testing of Performance Indicators

- ✚ Part A – Content Validity

- ✚ Part B – Indicator Testing

Part A – Content validity

- ✦ Multidisciplinary review of each indicator:
 - Is the indicator clear?
 - Is it addressing a gap in practice?
 - Is it under control of the hospital to change?
 - Is it measurable with reasonable effort?
 - Should the indicator be included in the set?
 - Suggestions for indicator improvement?

Part B – Indicator testing


- ✦ Allocated 10 indicators, of which we were required to audit at least 10 records for each indicator to:
 - Test collectability
 - Ensure clarity of specifications
 - Assess usefulness for intra- or inter- hospital comparisons
 - Explore innovative methods for data collection

Part B – Indicator testing

- ✦ Of the 10 indicators we tested:
 - x2 were excluded from the final set
 - x3 were included unchanged
 - x5 were included with modification
- ✦ How did we collect the required data?

% of patients with AF who are discharged on warfarin (AT.6)

- ✦ Report generated by Medical Records identified patients admitted with AF (primary or secondary diagnosis)
- ✦ Excluded patients admitted < 24hrs (eg. day-stay)
- ✦ CORDis (Electronic Discharge Package) utilised to check for inclusion of warfarin in the discharge prescription or summary. Missing info then cross-checked against Pharmacy dispensing system



● % post-op patients whose pain intensity is documented using age-appropriate validated assessment tool (PN.1)

- ✦ Barwon Health Frequent Observation Chart (MR212) provides facility for recording of Pain Scores & also contains a validated Verbal rating scale
- ✦ Consecutive MR212 charts reviewed on an selected surgical ward to capture data



% patients with a supra-therapeutic INR who had their dosage adjusted prior to administration of next warfarin dose (*AT.2)

- ✦ Obtained Pathology reports for INR>3.4 identified during an inpatient episode of care (**Final indicator now specifies INR > 4*)
- ✦ Cross-checked against PMI to ensure the elevated INR occurred during hospital stay & not at time of admission
- ✦ Patient medication chart checked for evidence of dose adjustment

Performance Indicators - What lessons did we learn?

- ✚ Important to gain the support & ownership by an active multidisciplinary group
- ✚ Multidisciplinary involvement essential to:
 - Brainstorm to gather knowledge regarding processes & streamline data collection
 - Involve appropriate disciplines or departments in data collection to spread the workload
- ✚ Utilise electronic sources for data collection where possible

Performance Indicators – Where to from now?

- ✚ Final set of 30 Performance Indicators have now been endorsed and released by VMAC
- ✚ Barwon Health to adopt Core Indicators for routine auditing
- ✚ Barwon Health MSMC to identify other indicators relevant to the organisation and assign discipline / dept responsibility for auditing - results & subsequent improvements then to be incorporated into yearly Quality report

MSSA-AT

- ✦ RCA following sentinel event involving antithrombotics identified significant safety concerns
- ✦ NICS VTE working party relaunched at project's end to become Antithrombotic Monitoring Committee
- ✦ Availability of MSSA-AT provided a timely opportunity to utilise a validated tool to objectively identify deficiencies

MSSA-AT

- ✚ 123 assessment items required to be rated (A to E)
- ✚ Relevant disciplines identified and assigned relevant components of MSSA-AT for review
- ✚ All stakeholders then met collectively to pool rating results
- ✚ Outstanding data followed up by Project Leader (Medication Safety pharmacist)

MSSA-AT Results?

Deficiencies identified in:

- ✘ Poor centralised protocol management
- ✘ Abundance of antithrombotic protocols with gaps & inconsistencies in information
- ✘ Lack of computerised prescriber & pharmacy order entry systems & other IT capabilities
- ✘ Unavailability of pre-mixed infusions
- ✘ No antithrombotic related competency assessment / training program

MSSA-AT Outcomes of assessment

- ✚ All antithrombotic protocols within the organisation collected for subsequent review & rationalisation
- ✚ Identification of new protocols that require development
- ✚ Initial development of electronic clinical support system to guide clinicians in appropriate antithrombotic protocol selection (Expansion of current electronic VTE PreVenT program)
- ✚ PROMPT – electronic protocol management system introduced Oct 07 will assist in subsequent centralisation of antithrombotic protocols

MSSA-AT – Where to from here?

✦ MSSA-AT sets a high practice standard - a number are stretch goals rather than minimum practice standards

=> It is not expected that Barwon Health will achieve significant improvements in time for the next MSSA-AT assessment