

Bringing the data to life through enhancement: the next steps

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Review Committee



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Outline

- Feedback
- What data sources are currently used?
- Why data enhancement?
- What data enhancement?
- What is planned next?



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Using POMRC to improve health outcomes?

- ‘an educational resource identifying any weaknesses or deficiencies in care...’
- ‘all incidents discussed at departmental surgical audit meetings and hospital quality meetings’
- ‘individual case review also essential’



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Where should the emphasis be?

- ‘peer review for selected cases’
- ‘case peer review is ideal. It is hard to collect and compare but is meaningful to professionals, patients and families’
- ‘both...case review provides valuable education; system-wide can address systems issues’



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Current data sources used in POMRC reporting

- **National Minimum Dataset and National Mortality Collection** central for statistical oversight
- **National Non-Admitted Patient Collection** – Endoscopy Working Group
- **Coronial reports**
- **Joint registry** – currently being investigated



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Further enhancing the data: a key POMRC objective

Principles:

- For both private and public



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Further enhancing the data: a key POMRC objective

Principles:

- For both private and public
- Collected for all perioperative patients



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Further enhancing the data: a key POMRC objective

Principles:

- For both private and public
- Collected for all perioperative patients
- Defined and gathered consistently



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Principles:

- For both private and public
- Collected for all perioperative patients
- Defined and gathered consistently
- Multi site/facility



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Principles:

- For both private and public
- Collected for all perioperative patients
- Defined and gathered consistently
- Multi site/facility
- Relevant to enhancing root cause analysis



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Principles:

- For both private and public
- Collected for all perioperative patients
- Defined and gathered consistently
- Multi site/facility
- Relevant to enhancing root cause analysis
- Providing more context – moving from the ‘what’ to the ‘why’



Form development: enhancing what we know

- Form under development in past year
- Incorporating elements of RACS and ANZCA mortality audits
- Encompassing nursing and allied health
- *Importance of contextual information*



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Form development

- Building upon existing volumes of information that follow a perioperative death



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Form development

- Building upon existing volumes of information that follow a perioperative death
- A multidisciplinary approach – any incidents or remedial factors of care leading to the death



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- Focus is the systems and processes, not the individual clinician



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Form development

- Building upon existing volumes of information that follow a perioperative death
- A multidisciplinary approach – any incidents or remedial factors of care leading to the death
- Focus is the systems and processes, not the individual clinician
- Data linked to national collections



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Enabling case review

- Additional data collected to develop case review
- Sub-set of cases identified from in-hospital and outpatient deaths for in-depth case review with a clinician-led focus
- Individual case review will not be published in a way that is identifiable



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Case review – what could the focus be?

- **Specific procedures** (e.g. cholecystectomy)



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Case review – what could the focus be?

- **Specific procedures** (e.g. cholecystectomy)
- **Specific diagnoses** (e.g. gall bladder disease)



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- **Specific procedures** (e.g. cholecystectomy)
- **Specific diagnoses** (e.g. gall bladder disease)
- **Specific area of concern** (e.g. DVT)



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Case review – what could the focus be?

- **Specific procedures** (e.g. cholecystectomy)
- **Specific diagnoses** (e.g. gall bladder disease)
- **Specific area of concern** (e.g. DVT)
- **Specifically mentioned interventions** (e.g. central line insertion)



How could this impact the health workforce?

- A **surgeon** will encounter 5 ‘forms’ per year on average (or 1 every 2 months)
- An **anaesthetist** will encounter 9 reports/forms per year (or 1 every 6 weeks)
- It is imperative to get the system right and to keep the administrative burden as low as possible



Piloting the 'form' – lessons learnt

- Internal piloting complete
- Plan to further pilot with other healthcare facilities
- How was the process for us?



Next steps

- Are all necessary elements present in the form?
- Can it be incorporated?
- How user-friendly is it?
- How long does it take to fill out?
- What can be pre-populated and automated?
- What are the incentives?

