Appendix 4: Alignment with the indicator framework

This Appendix provides information on the alignment of the indicators with the indicator framework. Summary of this information is provided in Section 3. The indicators have been grouped under the headings for service categories and assessed against the other elements of the framework.

The indicator framework is discussed in section 2.5. Eleven burden of disease and injury groups, each contributing less than 4 per cent have been excluded from Table 3.2. They are: digestive diseases; infections and parasitic diseases; acute respiratory infections; congenital anomalies; neonatal conditions; maternal conditions; nutritional deficiencies; non-malignant neoplasms; skin diseases; oral health conditions; and ill-defined conditions.

Table 3.3 excludes medications. Other smaller areas of health expenditure have also been excluded including aids and appliances, administration, research, public health, and patient transport services.

Eight minor disease expenditure categories, each contributing 4 per cent or less of total expenditure in 2004–05, have been excluded from Table 3.4. They are: endocrine, nutritional and metabolic; maternal conditions; infections and parasitic; diabetes; skin diseases; neonatal causes; congenital anomalies; and signs, symptoms, ill-defined conditions and other contact with the health system.

Table A	4.1: Health care safety and quality indicators by National Health Priority Area	Arthritis and musculoskelet al conditions	Asthma	Cancer Control	Cardiovascular health	Diabetes mellitus	Injury prevention and control	Mental health
	Primary care and community health services						L	
	Enhanced primary care services in general practice							
2 (General practices with a register and recall system for patients with chronic disease							
	People with moderate to severe asthma who have a written asthma action plan		•					
	Management of hypertension in general practice	_			•		'	
	Management of arthritis and musculoskeletal conditions	•						
	Vental health care plans in general practice Annual cycle of care for people with diabetes mellitus	-				٠	┢─────	•
	Cervical cancer screening rates			٠		•		
	Immunisation rates for vaccines in the national schedule			•				
	Eve testing for target groups							
	Quality of community pharmacy services							
	Developmental health checks in children							
	People receiving a medication review							
	Hospitals							
14 <i>µ</i>	Assessment for risk of venous thromboembolism in hospitals				٠			
	Pain assessment in the emergency department	1						
	Reperfusion for acute myocardial infarction in hospitals				٠			
47								-
	Stroke patients treated in a stroke unit				•			
	Complications of transfusion							
19 H	Health care associated infections acquired in hospital							
20 5	Staphylococcus aureus (including MRSA) bacteraemia in hospitals							
							•	-
	Adverse drug events in hospitals intentional self-harm in hospitals	_					-	<u> </u>
	Malnutrition in care settings							
	Pressure ulcers in care settings							
	Falls resulting in patient harm in care settings						•	
	Complications of anaesthesia							
27 4	Accidental puncture/laceration in hospitals							
							'	
	Dbstetric trauma - third and fourth degree tears Birth trauma – injury to neonate	_						
	Postoperative haemorrhage							
	Postoperative venous thromboembolism				٠			
	Unplanned return to operating theatre							
	Unplanned re-admission to an intensive care unit							
`	Hospital standardised mortality ratio (HSMR)							
-	Death in low mortality DRGs							
	independent peer review of surgical deaths							
	Discharge medication management for acute myocardial infarction				٠			
	Timely transmission of discharge summaries				•			
	Specialised health services							
	Mental health admitted patients having seclusion						'	•
	Post-discharge community care for mental health patients						'	•
	Quality of palliative care Functional gain achieved in rehabilitation	-						<u> </u>
	-unctional gain achieved in renabilitation Multi-disciplinary care plans in sub-acute care	+					┟─────┘	\vdash
	Vanagement of arthritis and musculoskeletal conditions	•						
	Residential aged care	Ť						
	Oral health in residential aged care							
	People receiving a medication review							
	Malnutrition in care settings							
	Pressure ulcers in care settings							
(25) F	Falls resulting in patient harm in care settings						•	
N	Multiple service categories							
	Unplanned hospital re-admissions							
	nappropriate co-prescribing of medicines							<u> </u>
	Selected potentially preventable hospitalisations					•		<u> </u>
	End stage kidney disease in people with diabetes					•	'	<u> </u>
	Lower-extremity amputation in people with diabetes Cancer survival	-		٠		•		
	Failure to diagnose	+		•				
	Potentially avoidable deaths							<u> </u>
	All service categories							
	Patient experience						[]	
	•	1				1		
	Presence of appropriate incident monitoring arrangements						L 1	

4.2: Health care safety and quality indicators by burden of disease YLD)	Mental disorders (24.2%)	Neurological and sense disorders (19.1%)	Chronic respiratory diseases (8.5%)	Diabetes (8.2%)	Cardiovascular disease (7.7%)	Musculoskeletal diseases (7.3%)	Cancer (6.5%)
rimary care and community health services							
nhanced primary care services in general practice							
eneral practices with a register and recall system for patients with chronic disease							
eople with moderate to severe asthma who have a written asthma action plan			•				
lanagement of hypertension in general practice					•		
lanagement of arthritis and musculoskeletal conditions						•	
Iental health care plans in general practice	•			•			
nnual cycle of care for people with diabetes mellitus				•			
ervical cancer screening rates							•
nmunisation rates for vaccines in the national schedule							
ye testing for target groups		•					
uality of community pharmacy services							
evelopmental health checks in children							
eople receiving a medication review							
ospitals							
ssessment for risk of venous thromboembolism in hospitals					•		
ain assessment in the emergency department							
eperfusion for acute myocardial infarction in hospitals					•		
troke patients treated in a stroke unit					•		
complications of transfusion							
ealth care associated infections acquired in hospital							
taphylococcus aureus (including MRSA) bacteraemia in hospitals							
dverse drug events in hospitals							
itentional self-harm in hospitals							
laInutrition in care settings							
ressure ulcers in care settings							
alls resulting in patient harm in care settings							<u> </u>
omplications of anaesthesia							<u> </u>
ccidental puncture/laceration in hospitals							<u> </u>
bstetric trauma - third and fourth degree tears							
irth trauma – injury to neonate							
ostoperative haemorrhage					•		
ostoperative venous thromboembolism					•		
Inplanned return to operating theatre							
Inplanned re-admission to an intensive care unit							<u> </u>
ospital standardised mortality ratio (HSMR)							
eath in low mortality DRGs							
Idependent peer review of surgical deaths					•		
ischarge medication management for acute myocardial infarction					•		
imely transmission of discharge summaries							
pecialised health services							
lental health admitted patients having seclusion	•						1
ost-discharge community care for mental health patients	•						
uality of palliative care							
unctional gain achieved in rehabilitation							
lulti-disciplinary care plans in sub-acute care					ļ	.	<u> </u>
lanagement of arthritis and musculoskeletal conditions						•	L
esidential aged care							
ral health in residential aged care						-	
eople receiving a medication review laInutrition in care settings							
annutrition in care settings							
alls resulting in patient harm in care settings							
lultiple service categories							-
Inplanned hospital re-admissions							
appropriate co-prescribing of medicines							
elected potentially preventable hospitalisations					1		
nd stage kidney disease in people with diabetes			-	•	1	ł	<u> </u>
				•	+		<u> </u>
ower-extremity amputation in people with diabetes				–			
ancer survival							•
ailure to diagnose							──
otentially avoidable deaths					<u> </u>	<u> </u>	
Il service categories							──
atient experience							
resence of appropriate incident monitoring arrangements							
atient experient experient attent att	ence	ppropriate incident monitoring arrangements	ppropriate incident monitoring arrangements	ppropriate incident monitoring arrangements	ppropriate incident monitoring arrangements	ppropriate incident monitoring arrangements	ppropriate incident monitoring arrangements

Table A4	1.3: Health care safety and quality indicators by major areas of health expenditure	Hospitals (46.0%)	Medical services (19.1%)	Dental services (6.6%)I	Community health and other (5.0%)	Other health practitioners (3.8%)
	rimary care and community health services			_		
	inhanced primary care services in general practice		•			L
	Seneral practices with a register and recall system for patients with chronic disease		•			
	People with moderate to severe asthma who have a written asthma action plan		•		-	
	Aanagement of hypertension in general practice Aanagement of arthritis and musculoskeletal conditions		•		•	•
	Intelle health care plans in general practice		•		•	•
	nnual cycle of care for people with diabetes mellitus		•			<u> </u>
-	Cervical cancer screening rates		•		٠	
9 In	mmunisation rates for vaccines in the national schedule		•		•	
10 E	eye testing for target groups		•		•	
	Quality of community pharmacy services					
12 D	Developmental health checks in children		•			
	People receiving a medication review		•			
	lospitals					
14 As	ssessment for risk of venous thromboembolism in hospitals	•				
	ain assessment in the emergency department	•				
	Reperfusion for acute myocardial infarction in hospitals	•				
17 St	stroke patients treated in a stroke unit	•				
18 C	Complications of transfusion	٠				
10	lealth Care Associated Infections acquired in hospital	۲			1	
-	taphylococcus aureus (including MRSA) bacteraemia in hospitals	◆ ◆				
		•				
	ntentional self-harm in hospitals Aalnutrition in care settings					
	Pressure ulcers in care settings	•				
	alls resulting in patient harm in care settings	•				
26 C	Complications of anaesthesia	•				
27 A	ccidental puncture/laceration in hospitals	•				
28 O	Dbstetric trauma - third and fourth degree tears	•				
	lirth trauma – injury to neonate	•				
	Postoperative haemorrhage	•				
	Postoperative venous thromboembolism	•				
	Inplanned return to operating theatre	•				
33 U	Inplanned re-admission to an intensive care unit	•				
	lospital standardised mortality ratio (HSMR)	•				
	Death in low mortality DRGs	•				
	ndependent peer review of surgical deaths	•				
	vischarge medication management for acute myocardial infarction	•				
38 Ti	imely transmission of discharge summaries	•				
S	pecialised health services					
39 M	Iental health admitted patients having seclusion	•				
	ost-discharge community care for mental health patients		•		•	
	Quality of palliative care	•	•		•	
	unctional gain achieved in rehabilitation /ulti-disciplinary care plans in sub-acute care		◆ ◆		◆ ◆	◆ ◆
	Anagement of arthritis and musculoskeletal conditions	1	•		$\mathbf{\dot{\bullet}}$	
	Residential aged care				1	Ť
	Dral health in residential aged care					
	People receiving a medication review		•			
(23) M	Alnutrition in care settings	•				
	Pressure ulcers in care settings	•				
	alls resulting in patient harm in care settings	•			-	
	Iultiple service categories	•				┝───
	Inplanned hospital re-admissions nappropriate co-prescribing of medicines	◆ ◆	◆ ◆	•	•	<u> </u>
	elected potentially preventable hospitalisations	•	•	•	•	•
	ind stage kidney disease in people with diabetes	٠	•			
	ower-extremity amputation in people with diabetes	•	•		L	
50 C	Cancer survival	•	•			
	ailure to diagnose	•	•		•	\square
	Potentially avoidable deaths	•			•	<u> </u>
	All service categories Patient experience	•	•	•	•	•
	resence of appropriate incident monitoring arrangements	•	•	•	•	•
	ccreditation of health care services	•	•	•	•	•

	A4.4: Health care safety and quality indicators by major disease and group contributing to health expenditure	Cardiovascular (11.2%)	Oral health (10.1%)	Mental disorders (7.8%)	Musculo- skeletal (7.5%)	Neoplasms (7.2%)	Injuries (6.5%)	Respiratory (6.3%)	Digestive system (5.9%)	Nervous system (5.2%)	Genitourinary (4.5%)
	Primary care and community health services										
1	Enhanced primary care services in general practice										
2	General practices with a register and recall system for patients with chronic disease										
3	People with moderate to severe asthma who have a written asthma action plan							•			
4 5	Management of hypertension in general practice Management of arthritis and musculoskeletal conditions	•			٠						
6	Mental health care plans in general practice			•	•						
7	Annual cycle of care for people with diabetes mellitus			•							
8	Cervical cancer screening rates					٠					
9	Immunisation rates for vaccines in the national schedule										
10	Eye testing for target groups									•	
11	Quality of community pharmacy services										
12	Developmental health checks in children										
13	People receiving a medication review										
	Hospitals										
14	Assessment for risk of venous thromboembolism in hospitals	•									
15	Pain assessment in the emergency department										
16	Reperfusion for acute myocardial infarction in hospitals	•									
17	Stroke patients treated in a stroke unit	•									
18	Complications of transfusion										
19 20	Health care associated infections acquired in hospital										
20	Staphylococcus aureus (including MRSA) bacteraemia in hospitals						•				
21	Adverse drug events in hospitals						•				
22	Intentional self-harm in hospitals Malnutrition in care settings						-				
23	Pressure ulcers in care settings										
25	Falls resulting in patient harm in care settings						٠				
26	Complications of anaesthesia						•				
27	Accidental puncture/laceration in hospitals										
28	Obstetric trauma - third and fourth degree tears										
29	Birth trauma – injury to neonate										
30	Postoperative haemorrhage										
31	Postoperative venous thromboembolism	•									
32	Unplanned return to operating theatre										
33	Unplanned re-admission to an intensive care unit										
34	Hospital standardised mortality ratio (HSMR)										
35	Death in low mortality DRGs										
36	Independent peer review of surgical deaths	-									
37 38	Discharge medication management for acute myocardial infarction	•									
30	Timely transmission of discharge summaries										
	Specialised health services										
39	Mental health inpatients having seclusion			•							
40	Post-discharge community care for mental health patients			•							
41 42	Quality of palliative care Functional gain achieved in rehabilitation										
43	Multi-disciplinary care plans in sub-acute care										
(5)	Management of arthritis and musculoskeletal conditions				٠						
. ,	Residential aged care										
44	Oral health in residential aged care		•								
(13)	People receiving a medication review										
(23)	Malnutrition in care settings										
(24)	Pressure ulcers in care settings										
(25)	Falls resulting in patient harm in care settings						•				
45	Multiple service categories										
45 46	Unplanned hospital re-admissions Inappropriate co-prescribing of medicines										
40	Selected potentially preventable hospitalisations										
48	End stage kidney disease in people with diabetes										
49	Lower-extremity amputation in people with diabetes										
50	Cancer survival					٠					
50	Failure to diagnose										
50											
	Potentially avoidable deaths										
51 52	Potentially avoidable deaths All service categories										
51	Potentially avoidable deaths										

Table A4 compari	4.5: Health care safety and quality indicators by availability of international isons	OECD	New Zealand	European Union	United Kingdom	United States of America	Canada
Р	Primary care and community health services					_	
	Enhanced primary care services in general practice						
	General practices with a register and recall system for patients with chronic disease						
	People with moderate to severe asthma who have a written asthma action plan						
-	Anagement of hypertension in general practice						
	Anagement of arthritis and musculoskeletal conditions						
	Anntal health care plans in general practice						
	Annual cycle of care for people with diabetes mellitus	٠			•	٠	
	Cervical cancer screening rates			٠		•	٠
-	mmunisation rates for vaccines in the national schedule	•		·	•	•	•
	Eve testing for target groups				•	•	· ·
	Quality of community pharmacy services				•		
						•	
	Developmental health checks in children				•	•	
	People receiving a medication review						
	lospitals						
14 A	Assessment for risk of venous thromboembolism in hospitals						
	Pain assessment in the emergency department						
16 R	Reperfusion for acute myocardial infarction in hospitals				•		
17 S	Stroke patients treated in a stroke unit				٠		
	·				•		
40	Complications of transfusion	•				•	
19 H	lealth care associated infections acquired in hospital		•		•	•	
20 S	Staphylococcus aureus (including MRSA) bacteraemia in hospitals		•		•		
	Adverse drug events in hospitals						
	ntentional self-harm in hospitals						
	Alnutrition in care settings						
	Pressure ulcers in care settings	•				•	
	alls resulting in patient harm in care settings	•				•	
	Complications of anaesthesia	•				•	
	Accidental puncture/laceration in hospitals	•				•	
	Destetric trauma - third and fourth degree tears	•					
	-	•					
	Sirth trauma – injury to neonate	•					
	Postoperative haemorrhage						
	Postoperative venous thromboembolism	•				•	
	Inplanned return to operating theatre						
33 U	Inplanned re-admission to an intensive care unit						
34 H	lospital standardised mortality ratio (HSMR)				•		•
35 D	Death in low mortality DRGs					•	
36 Ir	ndependent peer review of surgical deaths				•		
	Discharge medication management for acute myocardial infarction	•				•	
38 т	imely transmission of discharge summaries						
	Specialised health services						
	Iental health inpatients having seclusion						
	Post-discharge community care for mental health patients	•					
	Quality of palliative care	ļ	ļ		ļ		
	Functional gain achieved in rehabilitation	ļ	ļ		ļ		
	Aulti-disciplinary care plans in sub-acute care						
	Aanagement of arthritis and musculoskeletal conditions						
	Residential aged care						
	Dral health in residential aged care						
	People receiving a medication review						
	Aalnutrition in care settings						
	Pressure ulcers in care settings	•				•	
	alls resulting in patient harm in care settings	•					
	Aultiple service categories						<u> </u>
	Jnplanned hospital re-admissions			ł	•	•	•
	nappropriate co-prescribing of medicines	•	•	ł			-
	Selected potentially preventable hospitalisations	•	•	+		l	•
	Ind stage kidney disease in people with diabetes	•					
	ower-extremity amputation in people with diabetes	•				•	
	Cancer survival			•		•	•
	ailure to diagnose		<u> </u>				
	Potentially avoidable deaths		<u> </u>	<u> </u>			
	ali service categories	+		+	•		
	Presence of appropriate incident monitoring arrangements	+		1	-	1	
		1	1	i i	1	1	

Table	A4.6: Health care safety and quality indicators by health needs domain	Staying healthy	Getting better	Living with chronic conditions	Coping with end of life
	Primary care and community health services				
1	Enhanced primary care services in general practice			•	
2	General practices with a register and recall system for patients with chronic disease			•	
3	People with moderate to severe asthma who have a written asthma action plan Management of hypertension in general practice			◆ ◆	
4 5	Management of arthritis and musculoskeletal conditions			•	
6	Mental health care plans in general practice			•	
7	Annual cycle of care for people with diabetes mellitus			•	
8	Cervical cancer screening rates	•			
9	Immunisation rates for vaccines in the national schedule	•			
10	Eye testing for target groups	•			
11	Quality of community pharmacy services				
12	Developmental health checks in children	•			
13	People receiving a medication review			•	
14	Hospitals				
14	Assessment for risk of venous thromboembolism in hospitals		•		
15	Pain assessment in the emergency department		•		
16	Reperfusion for acute myocardial infarction in hospitals		•		
17	Stroke patients treated in a stroke unit		•		
18	Complications of transfusion		•		
19	Health Care Associated Infections acquired in hospital		•		
20	Staphylococcus aureus (including MRSA) bacteraemia in hospitals		•		
21	Adverse drug events in hospitals		•		
22	Intentional self-harm in hospitals		•		
23	Malnutrition in care settings		•		
24	Pressure ulcers in care settings		•		
25	Falls resulting in patient harm in care settings		•		
26	Complications of anaesthesia		•		
27 28	Accidental puncture/laceration in hospitals Obstetric trauma - third and fourth degree tears		•		
20	Birth trauma – injury to neonate				
30	Postoperative haemorrhage				
31	Postoperative venous thromboembolism		•		
32	Unplanned return to operating theatre		•		
33	Unplanned re-admission to an intensive care unit		•		
34	Hospital standardised mortality ratio (HSMR)		•		
35	Death in low mortality DRGs				
36	Independent peer review of surgical deaths				
37	Discharge medication management for acute myocardial infarction		•		
38	Timely transmission of discharge summaries		•		
	Specialised health services				
39	Mental health admitted patients having seclusion		٠		<u> </u>
40	Post-discharge community care for mental health patients	1	•		
41	Quality of palliative care				•
42	Functional gain achieved in rehabilitation			•	
43	Multi-disciplinary care plans in sub-acute care Management of arthritis and musculoskeletal conditions			•	
(5)	Residential aged care			-	
44	Oral health in residential aged care	•			
(13)	People receiving a medication review	· ·		•	
(23)	Malnutrition in care settings		•		
(24)	Pressure ulcers in care settings		٠		
(25)	Falls resulting in patient harm in care settings		•		
45	Multiple service categories				
45 46	Unplanned hospital re-admissions Inappropriate co-prescribing of medicines		•	•	
46 47	Selected potentially preventable hospitalisations	•		-	
48	End stage kidney disease in people with diabetes	Ť		•	
49	Lower-extremity amputation in people with diabetes			•	
50	Cancer survival			•	
51	Failure to diagnose		•		
52	Potentially avoidable deaths		•		
53	All service categories Patient experience				
54	Presence of appropriate incident monitoring arrangements	1			
	Accreditation of health care services			1	