

Appendix 2: Consultation Process

National Indicators Advisory Group

The National Indicators Advisory Group (NIAG) was established in February 2008 to provide advice, information, expertise and critical thought, and to act as a sounding board regarding the project. Representation on NIAG broadly reflects the diverse range of stakeholders. NIAG is chaired by the Chief Executive of the Australian Commission on Safety and Quality in Health Care, and the following organisations/individuals are represented on NIAG:

- Australian Commission on Safety and Quality in Health Care
- Australian Council on Health Care Standards
- Australian General Practice Network
- Australian Health Insurance Association
- Australian Institute of Health and Welfare
- Australian Private Hospitals Association
- Centre for Research Excellence in Patient Safety, Monash University
- NSW Clinical Excellence Commission
- Committee of Presidents of Medical Colleges
- Consumers' Health Forum
- Department of Health and Ageing
- Department of Veteran Affairs
- Dr Chris Farmer
- Inter Jurisdictional Committee of the Commission
- National e-health and Information Principal Committee of AHMAC
- National Health and Medical Research Council
- National Mental Health Information Strategy Subcommittee of AHMAC
- National Prescribing Service
- Royal Australian College of General Practitioners

Key messages from stakeholder consultation

The formal consultation process for the draft set of indicators was run between early November 2008 and February 2009, as discussed in section 2.1. This section presents a summary of the responses received and key messages, with further detail provided in the detailed tables/boxes later in the 'Consultation Feedback – in detail' section of this appendix.

Participation

There were around 250 invitations to individuals and/or organisations (Box A2.1) to provide feedback, which were initially sent out by either the AIHW or ACSQHC in early November 2008. In addition, there were over 30 requests from interested organisations and individuals to access the consultation papers and provide feedback. This additional interest mainly followed a series of presentations relating to the indicators project at a number of conferences and workshops in November and December 2008, as well as generation by word-of-mouth. In addition, feedback was requested internally within the AIHW, including from collaborating units, and through members of the NIAG.

In total, there were 57 feedback responses received (Box A2.2), about a 23 percent response rate when compared to the number who were invited. The scope of the individual responses varied considerably, ranging from comprehensive responses using the feedback form provided through to single page overviews.

There were 44 responses using the feedback form and, as expected, the number of indicators on which each respondent commented was governed by the respondent's range of expertise. Few respondents commented on all of the 58 proposed indicators.

Examining traffic on the consultation website from November 2008 until February 2009 there were:

- 972 visits to the consultation website
- 547 visits to the *Towards national indicators of safety and quality in health care: Discussion paper*
- 318 visits to the discussion paper's support project *OECD patient safety indicators, Australian evaluation*
- 273 visits to the paper's support project *Measuring and reporting mortality in hospital patients*
- 329 visits to the support project: *A focus on primary health care*

Feedback responses

Coverage of framework areas, gaps and omissions

Overall the feedback responses indicated that the proposed indicator set provided appropriate coverage of the framework areas. There were 27 feedback responses received where at least one response was provided to the question – *Does the proposed indicator set provide an appropriate coverage of the following areas?* (Table A2.1).

The categories, *Dimensions of quality* and *Major disease and injury groups contributing to the major areas of health expenditure*, both had around 77 percent of responses rating the proposed indicator set as providing appropriate coverage of framework areas.

The category with the lowest number of responses indicating that coverage was appropriate (64%) was *Major areas of health expenditure*.

There were 19 feedback responses which provided an assessment of the coverage for all of the framework elements. Of these 11 respondents rated the coverage of the indicator set for all framework areas as appropriate, three indicated that none of the areas were appropriately covered, while the remainder provided a mixed response.

A number of respondents suggested improvements for coverage, including:

- Health care provided in the community setting
- Other allied health services
- Preventative measures undertaken in general practice.

Feedback relating to some of these issues was also provided by respondents when asked to comment on any gaps or omissions in the proposed indicator set. This feedback has resulted in a number of new indicators being added (see page 255).

There were 38 feedback responses which made comments relating to gaps or omissions. Except for the three areas noted above, there was no common theme to these responses, with most being restricted to the respondent's area of expertise.

In response to this feedback regarding framework coverage and other gaps or omissions, five indicators were added to cover the following areas: blood/blood product transfusion, preventative care occurring in general practice, multidisciplinary care in sub-acute care and child health (see page 255).

Additional Comments

A number of responses commented on the costs associated with developing indicators, establishing new data collections and the burden of data collection and reporting by health care organisations. It is recognised that some additional resources would be needed to implement a national indicator set, but such costs are not within the scope of this project.

The indicators

There were 44 responses which used the feedback form for at least one of the proposed indicators. For each indicator, feedback was requested as follows:

1. Responding to the question, *Should this indicator be included in the national safety and quality indicators set?* Overall, respondents rated those indicators which were included in the draft proposed set positively. Aggregating all of the responses to the individual indicators, there were around 30% 'strongly agree', 35% 'agree', 23% 'neutral', 10% 'disagree' and 3% 'strongly disagree' (Table A2.2).

2. Identifying the purpose for which reporting of the indicator would be appropriate (Table A2.3). Aggregating all of the responses to the individual indicators there were around:

- 22% for *Inform the general public about the safety and quality of the health system overall*
- 19% for *Inform discussion and decision-making about overall priorities and system-level strategies for safety and quality improvement*
- 31% for *Report on the safety and quality of aspects of specific health care services*
- 28% for *Provide information to the providers of the services that would directly inform their quality improvement activities*

Conclusions

Overall the response to the Discussion paper and proposed indicators was positive. As expected, there were differing views about how to put the process into operation, about the coverage of the proposed indicators, about the proposed data sources to inform indicators, and so forth.

The feedback through the consultation process has provided the opportunity for the AIHW to further refine the national indicators work in preparing this final report. For example, following the feedback some of the proposed indicators have been removed from the national set and new ones have been added, as detailed below.

Overall, the majority of respondents recognised the importance of a national approach to safety and quality to drive improvement in the health system and of developing relevant indicators. Considerable support was expressed, in particular willingness by organisations to participate in any future development work.

Proposed indicators that were removed or revised and new indicators added

As discussed previously, 'clinical care' was defined for this project as health care provided to patients. This meant that public health, environmental health and occupational health and safety activities were out of scope for this project.

The following dimensions of quality were considered to be in scope: appropriate, effective, continuous and responsive. Following consultation with NIAG and the Commission, access was excluded, reflecting a focus on the safety and quality of clinical care actually received rather than whether or not health services were accessible.

Since the following three indicators are seen as mostly related to the dimension of access, they were removed from the proposed set:

- Antenatal visit in the first trimester of pregnancy/before 20 weeks gestation
- Children with hearing loss
- Waiting times for radiotherapy

Three indicators originally included in the proposed set were removed because they were seen as open to numerous influences outside of clinical care, including socioeconomic status, diet, and access to health services:

- Low birth-weight infants
- Decayed, missing and filled teeth among primary school children
- Infant/child mortality

Seven indicators were removed following the formal consultation feedback process. The reasons for the removal of these indicators included: concerns about the validity of the indicator and whether it was an effective measure of an aspect of safety and quality, a limited or unclear evidence base, and a lack of agreement on what would be a 'good' level for the indicator and therefore what would be the desired direction of change over time:

- Thrombolysis for stroke

A common theme throughout the feedback was that, unlike thrombolysis for AMI, thrombolysis for stroke is still developing as a treatment, and there are a number of variables that affect the ability to give it within the therapeutic window, such as timely access to CAT scan facilities and to a scan's interpretation by a stroke physician. As such, the usefulness of this indicator was questionable outside of large tertiary facilities.

- Knee and hip replacement revision within five years

Based on the feedback, it became clear that the number of revisions occurring within five years which were attributable to poor quality of surgical care would be impossible to measure. Respondents identified that there are multiple factors which can contribute to early revision, which involves a complex interaction between patient factors, the type of prostheses and the technical ability of the surgeon.

- Appropriate use of antibiotics for URTI

This indicator was generally supported through the feedback, however the usefulness of reporting this indicator was questionable as there was no agreement or evidence as to the 'appropriate' rate of prescribing for URTI.

- Appropriate prophylaxis for VTE

There was strong support for the two process and one outcome VTE indicators but to provide a more economical set, it was decided to only include one process and one outcome indicator. The particular process indicator was excluded for several reasons, such as definitional issues about what is clinically 'appropriate' prophylaxis; and difficulties in collecting data, such as the need to perform chart reviews to determine 'appropriate' prophylaxis.

- Management of congestive heart failure (CHF)

From the feedback received it became clear that this indicator, as presented, provided only a narrow view of the quality of care received by patients with CHF, specifically relating to medication management in hospital. As most care for CHF patients occurs in the primary care setting, and rehabilitation for patients in the community includes a much broader treatment regimen than medication management, the usefulness of this indicator is questionable.

- Post-operative respiratory failure

Feedback on this indicator raised concerns regarding the strength of the evidence linking quality of anaesthetic care to this outcome.

- Survival rate for out of hospital cardiac arrest following ambulance service intervention

Generally, the feedback responses received for this indicator expressed concerns that this outcome was only partly attributable to interventions by ambulance personnel, and could be significantly impacted by other factors. A more relevant measure was considered to be ambulance response times, however this is a measure of accessibility and thus beyond the scope of this indicator set.

It was decided to align the indicators in this safety and quality set with similar indicators that were endorsed by COAG for the NHCA in late 2008. As a result:

- Continuity of care - was changed to *Timely transmission of discharge summaries*
- Treatment of depression in primary care - was replaced by *Mental health care plans in general practice*

- Definitions of a number of other indicators were revised, for example *Adverse drug events in hospitals*

A number of 'new' indicators were added following the consultation feedback process. These include:

- Complications of transfusion
- Health care amenable mortality
- Malnutrition in hospitals and residential aged care facilities
- Immunisation rates for vaccines in the national schedule
- Cervical cancer screening rates
- Potentially preventable deaths
- Multi-disciplinary care plans in sub-acute care
- Developmental health checks in children

There were two health care service types where the proposed indicator was not supported by stakeholders and a suitable alternative indicator has yet to be identified, but a relevant indicator was still considered desirable:

- Dental
- Ambulance

Consultation Feedback – in detail

Box A2.1: Organisations invited to participate in feedback

Australian Dental Association - Tasmania	National Health & Medical Research Council	Society of Hospital Pharmacists of Australia
Department of Community Emergency Health and Paramedic Practice, Monash University	Australian Health Insurance Association	John Fleming Centre for Advancement of Legal Research
Royal Australasian College of Surgeons	Department of Health and Human Services, Tasmania	Clinical Excellence Commission, New South Wales
South Australia, Department of Health	Commonwealth, Department of Veteran's Affairs	Department of Health and Community Services, Northern Territory
Central Australian Aboriginal Congress	Flinders University, Faculty of Health Sciences, School of Medicine	South Australian Dental Service
Therapeutic Goods Administration	Royal Australian College of Physicians	Office for Aboriginal and Torres Strait Islander Health
Primary Health Care Research, School of Medicine, University of Notre Dame	Department of Human Services, Victoria	Australian Primary Care Collaboratives
Australian Dental Association - Queensland	Aged Care Association Australia – Western Australia	Aboriginal Health Council of South Australia
Australian General Practice Network	Australian Cardiovascular Health and Rehabilitation Association	NHMRC Centre of Research Excellence in Patient Safety
Aged Care Association Australia – South Australia	Western Australia General Practice Network	Queensland Health
Women's Hospitals Australasia	Aboriginal Health and Medical Research Council of New South Wales	Australian College of Rural and Remote Medicine
Aged Care Standards and Accreditation Agency	Palliative Care Australia	Jean Hailes Foundation
National Aboriginal Community Controlled Health Organisation	Commonwealth Department of Health & Ageing	New South Wales Health
Australian Capital Territory Health	Consumers Health Forum	General Practice. School of Primary, Aboriginal and Rural Health Care. The University of Western Australia
Repatriation General Hospital, Adelaide	Office for Aboriginal and Torres Strait Islander Health	Australian Psychological Society
Australian Dental Association - New South Wales	Australasian Rehabilitation Outcomes Centre	Primary Care Research Unit Department of General Practice. University of Melbourne
Australian Dental Association - Western Australia	Victorian Aboriginal Community Controlled Health Organisation	School of Pharmacy and Medical Sciences, University of South Australia
Centre for Allied Health Evidence	Australian Orthopaedic Association	Quality in Practice/Australian General Practice Accreditation
Royal Australian College of General Practitioners	Australian Medical Association	UNSW Research Centre for Primary Health Care and Equity, School of Public Health and Community Medicine
Research Centre for Injury Studies Flinders University	Australian Council on Healthcare Standards	Victorian Quality Council
Australian Centre for Economic Research on Health.	Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Western Australian Office of Safety and Quality
Primary Health Care Research and Information Service	New South Wales Therapeutic Advisory Group	Aboriginal Health Council of Western Australia
Academic Unit of General Practice & Community Health, ANU	Stroke Foundation	Australian Health Policy Institute
Western Australia Therapeutics Advisory Group	ACT Division of General Practice	Northern Territory Council on Safety and Quality in Health Care
Aged Care Association Australia, NSW	National Centre for Classification in Health	St Vincent's Health, Victoria
General Practice Tasmania	Aged & Community Care Victoria	Victorian Therapeutics Advisory Group
Dental Health Services Victoria	Australian Physiotherapy Association	Palliative Care Outcomes Collaboration

Australian Public Health Association	Australian Private Hospital Association	General Practice Victoria
South Australian Safety and Quality Council	Mount Isa Centre for Rural and Remote Health, Faculty of Medicine, Health & Molecular Sciences, James Cook University	Aboriginal Medical Services Alliance Northern Territory
Australian College of Ambulance Professionals	Australian Dental Association - Victoria	The Joanna Briggs Institute
National Institute of Clinical Studies	Pharmacy Guild	Department of General Practice, Monash University
Clinical Governance Unit, Bayside Health, Victoria	Australian Healthcare and Hospitals Association	NSW Health Greater Western Area Health Service
Flinders University, School of Medicine	Mental Health and Drug & Alcohol Office NSW Health	Queensland Aboriginal and Islander Health Council
Faculty of Health Science & Medicine, Bond University	Princess Alexandra Hospital, Brisbane	General Practice South Australia
National Joint replacement registry	Southern Adelaide Health Service	Western Australian Department of Health
National Perinatal Statistics Unit	Clinical Council, ACT	Wodonga Regional Health Service, Victoria
Tasmanian Association for Quality in Health Care	National Blood Authority	Health Quality and Complaints Commission, Queensland
School of Public Health and Community Medicine, University of NSW	Patient Safety Centre, Centre for Healthcare Improvement, Queensland Health	Royal College of Pathologists Australia
Aged Care Queensland	Diabetes Australia	Aged Care Association Australia
Menzies Centre for Health Policy	National Prescribing Service	Australian Dental Association - Northern Territory
Australian Dental Association - South Australia	Cancer Australia	Royal Australian & NZ College of Radiologists
Department of General Practice, University of Melbourne	Cardiac Society of Australia and New Zealand	Royal College of Nursing, Australia
The Council of Ambulance Authorities	Australian College of Midwives	The Australasian Society for Infectious Diseases
Australian and New Zealand College of Anaesthetists	Rural Doctors Association	Australian Diabetes Society
Royal Australian and New Zealand College of Ophthalmologists	Australian Rheumatology Association	Royal College of Dental Surgeons
Royal Australian and New Zealand College of Psychiatrists	National Heart Foundation	Australian and New Zealand Intensive Care Society
Australasian College for Emergency Medicine	Australian and New Zealand Society for Geriatric Medicine	Australia and New Zealand Society of Palliative Medicine
Catholic Health Australia	Department of Health, Western Australia	

Box A2.2: Organisations which provided feedback responses

Surgical & Specialty Services Division Flinders Medical Centre	Australasian College for Emergency Medicine	Royal District Nursing Service
Cardiac Society of Australia and New Zealand	Department of Health and Community Services, Northern Territory	Dieticians Association of Australia
National Stroke Foundation	Australian General Practice Statistics and Classification Centre	National Prescribing Service
Royal Australian College of Physicians	Mental Health Information Subcommittee	Australian Council on Healthcare Standards
Department of Health, Western Australia	Queensland Health	Quality in Practice/Australian General Practice Accreditation
NSW Therapeutic Advisory Group	Cancer Institute, NSW	Department of Human Services, Victoria
Australian General Practice Network	Clinical Governance Unit, Alfred Health	Australian Private Hospital Association
NHMRC Centre of Research Excellence in Patient Safety	National Perinatal Statistics Unit	Mater Health Services Brisbane
South Australia, Department of Health	National Health & Medical Research Council	The Council of Ambulance Authorities
Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists	Australian and New Zealand Society of Palliative Medicine	Commonwealth Department of Health & Ageing
Australian and New Zealand College of Anaesthetists	Royal Australian and New Zealand College of Radiologists	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Royal College of Pathologists Australia	Royal Australian and New Zealand College of Psychiatrists	Health Care Quality and Complaints Commission Queensland
National Blood Authority	ACT Health	Australasian Rehabilitation Outcomes Centre
Australian Psychological Society	Australian Health Insurance Association	National Centre for Classification in Health
Victorian Quality Council	Cancer Australia	Australian Orthopaedic Association
Royal College of Nursing, Australia	Australian College of Midwives	Royal Australasian College of Surgeons
Women's Hospitals Australasia	Health quality and complaints commission	Australian Rheumatology Association
Royal Australian College of General Practitioners		

Table A2.1: Appropriateness of coverage of the proposed indicator set

Category	Number of responses	Response given re whether coverage is appropriate (percent)	
		Yes	No
Dimensions of quality	22	77.3	22.7
Health care settings	26	65.4	34.6
National health priority areas	24	75.0	25.0
Burden of disease groups	21	66.7	33.3
Major areas of health expenditure	22	63.6	36.4
Major disease and injury groups contributing to the major areas of health expenditure	22	77.3	22.7

Table A2.2: Responses for individual indicators

Indicator	Total number of responses	Number responses given				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Indicator 1: Birth trauma - injury to neonate	14	0	1	5	4	4
Indicator 2: Low birth weight infants	13	1	3	5	1	3
Indicator 3: Decayed, missing and filled teeth among primary school children	11	0	1	4	3	3
Indicator 4: Oral health in residential aged care	11	0	0	5	4	2
Indicator 5: Eye testing for target population	11	0	0	6	0	5
Indicator 6: Failure to diagnose	19	1	5	2	7	4
Indicator 7: Potentially preventable hospitalisations	17	0	3	3	7	4
Indicator 8: Assessment for risk of venous thromboembolism	20	0	3	1	7	9
Indicator 9: Appropriate prophylaxis for venous thromboembolism	19	2	0	4	7	6
Indicator 10: Appropriate use of antibiotics in general practice for upper respiratory tract infections	13	0	1	3	5	4
Indicator 11: Survival from out-of-hospital cardiac arrest following ambulance service intervention	10	1	2	3	4	0
Indicator 12: Pain management in the Emergency Department	16	0	2	3	8	3
Indicator 13: Thrombolysis for Acute Myocardial Infarction	17	1	2	3	5	6
Indicator 14: Thrombolysis for Stroke	18	1	3	2	6	6
Indicator 15: Stoke patients treated in a stroke unit	15	0	0	3	6	6
Indicator 16: Management of Acute Myocardial Infarction	18	1	1	2	9	5
Indicator 17: Management of Chronic Heart Failure	17	0	1	1	11	4
Indicator 18: Mental health inpatients having seclusion	17	0	1	6	5	5
Indicator 19: Health Care Associated Infections (HCAI) acquired in hospital	19	1	0	3	6	9
Indicator 20: Staphylococcus aureus (including MRSA) bacteraemia in acute care hospitals	17	1	0	2	6	8
Indicator 21: Adverse drug events	21	2	3	4	6	6
Indicator 22: Pressure ulcers in care settings	18	0	0	3	5	10
Indicator 23: Falls resulting in patient harm (in a health or aged care setting)	15	0	0	3	6	6
Indicator 24: Intentional self-harm in hospitals	14	1	3	4	4	2
Indicator 25: Complications of anaesthesia	15	0	2	3	5	5
Indicator 26: Accidental puncture/laceration (technical difficulty with procedure)	13	1	2	7	2	1

Indicator	Total number of responses	Number responses given				Strongly agree
		Strongly disagree	Disagree	Neutral	Agree	
Indicator 27: Obstetric trauma - third and fourth degree perineal tears acquired during childbirth	14	1	0	4	5	4
Indicator 28: Postoperative respiratory failure	14	1	2	3	7	1
Indicator 29: Postoperative haemorrhage	14	1	0	5	6	2
Indicator 30: Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT)	19	0	3	3	5	8
Indicator 31: Unplanned return to operating theatre in same admission	14	0	2	2	6	4
Indicator 32: Unplanned re-admission to an Intensive Care Unit	13	0	2	1	7	3
Indicator 33: Unplanned hospital readmissions	17	0	3	2	7	5
Indicator 34: Failure to prevent a clinically important deterioration (Failure to rescue)	14	3	1	5	3	2
Indicator 35: Risk-adjusted In-hospital Mortality	17	0	3	4	3	7
Indicator 36: Death in low mortality DRGs	15	0	3	5	3	4
Indicator 37: Independent peer review of surgical deaths	15	0	2	4	4	5
Indicator 38: Presence of appropriate incident monitoring arrangements including sentinel events monitoring	17	0	3	3	4	7
Indicator 39: Knee and hip replacement revision within 5 years	17	1	1	4	9	2
Indicator 40: Cancer survival	13	1	2	3	5	2
Indicator 41: Continuity of care - discharge planning	23	0	1	3	9	10
Indicator 42: Post-discharge community care for mental health patients	17	0	2	3	6	6
Indicator 43: Functional gain achieved in rehabilitation	12	0	0	4	4	4
Indicator 44: Enhanced primary care services in general practice	13	2	0	4	4	3
Indicator 45: General practices with a register and recall system for patients with chronic disease	13	0	0	3	4	6
Indicator 46: People with asthma who have a written asthma action plan	17	0	2	3	9	3
Indicator 47: Management of hypertension in general practice	12	0	1	4	4	3
Indicator 48: Management of chronic pain in arthritis and musculoskeletal conditions	14	1	2	5	3	3
Indicator 49: Annual cycle of care within general practice for people with diabetes	13	0	1	2	4	6
Indicator 50: End stage kidney disease in people with diabetes	12	2	0	3	3	4
Indicator 51: Lower-extremity amputation in people with diabetes	12	1	2	4	5	0
Indicator 52: Treatment of depression in primary care	12	0	1	4	3	4
Indicator 53: Inappropriate co-prescribing of medicines	19	0	4	4	8	3
Indicator 54: People receiving a home medicine review	15	0	1	6	5	3
Indicator 55: Quality of Palliative Care	13	0	2	3	4	4

Indicator	Total number of responses	Number responses given				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Indicator 56: Quality of Community Pharmacy Services	11	0	0	5	5	1
Indicator 57: Accreditation of health care services	19	0	2	1	9	7
Indicator 58: Patient experience	17	0	1	1	6	9

Table A2.3: Response to what the purpose of the indicators should be

Indicator	Number response given			
	Inform the general public about the safety and quality of the health system overall	Inform discussion and decision-making about overall priorities and system-level strategies for safety and quality improvement	Report on the safety and quality of aspects of specific health care services	Provide information to the providers of the services that would directly inform their quality improvement activities
Indicator 1: Birth trauma - injury to neonate	6	3	8	8
Indicator 2: Low birth weight infants	3	1	3	3
Indicator 3: Decayed, missing and filled teeth among primary school children	5	4	4	2
Indicator 4: Oral health in residential aged care	5	3	5	6
Indicator 5: Eye testing for target population	5	4	4	3
Indicator 6: Failure to diagnose	9	5	9	4
Indicator 7: Potentially preventable hospitalisations	7	5	6	4
Indicator 8: Assessment for risk of venous thromboembolism	7	5	14	14
Indicator 9: Appropriate prophylaxis for venous thromboembolism	7	6	13	12
Indicator 10: Appropriate use of antibiotics in general practice for upper respiratory tract infections	3	5	8	4
Indicator 11: Survival from out-of-hospital cardiac arrest following ambulance service intervention	3	2	3	3
Indicator 12: Pain management in the Emergency Department	6	5	14	9
Indicator 13: Thrombolysis for Acute Myocardial Infarction	8	6	11	12
Indicator 14: Thrombolysis for Stroke	8	6	11	12
Indicator 15: Stoke patients treated in a stroke unit	8	8	8	10

Indicator	Number response given			
	Inform the general public about the safety and quality of the health system overall	Inform discussion and decision-making about overall priorities and system-level strategies for safety and quality improvement	Report on the safety and quality of aspects of specific health care services	Provide information to the providers of the services that would directly inform their quality improvement activities
Indicator 16: Management of Acute Myocardial Infarction	7	5	12	13
Indicator 17: Management of Chronic Heart Failure	5	6	12	11
Indicator 18: Mental health inpatients having seclusion	7	4	11	8
Indicator 19: Health Care Associated Infections (HCAI) acquired in hospital	11	10	12	12
Indicator 20: Staphylococcus aureus (including MRSA) bacteraemia in acute care hospitals	10	12	11	13
Indicator 21: Adverse drug events	7	8	10	9
Indicator 22: Pressure ulcers in care settings	11	9	14	13
Indicator 23: Falls resulting in patient harm (in a health or aged care setting)	7	7	13	12
Indicator 24: Intentional self-harm in hospitals	5	4	5	5
Indicator 25: Complications of anaesthesia	4	5	8	8
Indicator 26: Accidental puncture/laceration (technical difficulty with procedure)	1	2	5	4
Indicator 27: Obstetric trauma - third and fourth degree perineal tears acquired during childbirth	6	4	10	10
Indicator 28: Postoperative respiratory failure	3	1	7	7
Indicator 29: Postoperative haemorrhage	2	1	7	8
Indicator 30: Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT)	6	8	12	13

Indicator	Number response given			
	Inform the general public about the safety and quality of the health system overall	Inform discussion and decision-making about overall priorities and system-level strategies for safety and quality improvement	Report on the safety and quality of aspects of specific health care services	Provide information to the providers of the services that would directly inform their quality improvement activities
Indicator 31: Unplanned return to operating theatre in same admission	4	5	10	9
Indicator 32: Unplanned re-admission to an Intensive Care Unit	5	3	10	9
Indicator 33: Unplanned hospital readmissions	7	6	12	12
Indicator 34: Failure to prevent a clinically important deterioration (Failure to rescue)	3	3	7	5
Indicator 35: Risk-adjusted In-hospital Mortality	7	8	11	9
Indicator 36: Death in low mortality DRGs	6	3	8	7
Indicator 37: Independent peer review of surgical deaths	5	3	9	7
Indicator 38: Presence of appropriate incident monitoring arrangements including sentinel events monitoring	9	9	10	8
Indicator 39: Knee and hip replacement revision within 5 years	6	6	9	8
Indicator 40: Cancer survival	5	6	4	4
Indicator 41: Continuity of care - discharge planning	13	10	15	16
Indicator 42: Post-discharge community care for mental health patients	9	7	9	8
Indicator 43: Functional gain achieved in rehabilitation	4	4	7	8
Indicator 44: Enhanced primary care services in general practice	7	2	7	3
Indicator 45: General practices with a register and recall system for patients with chronic disease	5	4	8	5

Indicator	Number response given			
	Inform the general public about the safety and quality of the health system overall	Inform discussion and decision-making about overall priorities and system-level strategies for safety and quality improvement	Report on the safety and quality of aspects of specific health care services	Provide information to the providers of the services that would directly inform their quality improvement activities
Indicator 46: People with asthma who have a written asthma action plan	4	4	9	6
Indicator 47: Management of hypertension in general practice	4	1	6	4
Indicator 48: Management of chronic pain in arthritis and musculoskeletal conditions	2	3	5	3
Indicator 49: Annual cycle of care within general practice for people with diabetes	6	3	7	3
Indicator 50: End stage kidney disease in people with diabetes	5	3	4	3
Indicator 51: Lower-extremity amputation in people with diabetes	4	3	2	2
Indicator 52: Treatment of depression in primary care	5	1	4	2
Indicator 53: Inappropriate co-prescribing of medicines	6	6	7	5
Indicator 54: People receiving a home medicine review	5	3	4	2
Indicator 55: Quality of Palliative Care	6	3	9	8
Indicator 56: Quality of Community Pharmacy Services	3	3	4	5
Indicator 57: Accreditation of health care services	7	12	7	8
Indicator 58: Patient experience	10	9	11	11