



Australian Government
Department of Veterans' Affairs

PRIVATE HOSPITALS ANNUAL QUALITY REPORT

Pursuant to clause 11.5 and Appendix III and subject to clause 10.1.1 (confidentiality)
of the *Hospital Services Agreement*

Annual Report:

To be submitted by 31 October 2016

Hospital Name:

**Name of staff member
completing report:**

**Director Of Clinical
Services or CEO
signature indicating
approval of report content:**

Submission Date:

**Queries regarding the
report should be directed to:**

Section 2 of this template should be used when hospitals do not provide their ACHS clinical indicator comparison report to DVA, or where they do not report to ACHS on the clinical indicators outlined below.

If you submit your ACHS clinical indicator comparison report to DVA:

- provide two ACHS 6-monthly reports, one for the period **1 July 2015 to 31 December 2015** and another for **1 January 2016 to 30 June 2016**; and
- customise this template by deleting information that you have already provided.

Any queries in relation to Quality Reporting should be directed to your DVA Contract Manager.

Quality Reports should be submitted to: DVAPrivateHospitalQualityReports@dva.gov.au.

SECTION 1: GENERAL HOSPITAL INFORMATION UPDATE

A. Accreditation Certification Programme (please underline):

- ACHS
- ISO
- Other (please state)

B. Date currently accredited to: / /

C. Assessment Cycle:

- **ACHS:** Next survey is (please underline):
 - Period Review
 - Organisational Wide Survey

Estimated date (month and year) _____/_____

Or

- **ISO:** Next Review (please underline):
 - Annual Review
 - 3 year Certification

Estimated date (month and year) _____/_____

D. Hospital Profile:

Provide comment on the introduction or cessation of services or programmes, any change in licensed bed numbers or use of licensed beds which occurred during the reporting period (1 July 2015 – 30 June 2016). Also provide information on current hospital performance in benchmarking against peers (if undertaken). If no changes in hospital profile please state 'No Change'.

SECTION 2: CLINICAL INDICATOR RESULTS

Clinical Indicators to be reported:

- Hospital-Wide Clinical Indicators – Version 12
- Infection Control Clinical Indicators – Version 4.1
- Intensive Care Clinical Indicators – Version 5
- Medication Safety Clinical Indicators – Version 4
- Rehabilitation Medicine Clinical Indicators – Version 5
- Internal Medicine Clinical Indicators – Version 6

A. ACHS Clinical Indicator Report: Attach the relevant ACHS clinical indicator comparison reports for the most recent 12 month period; this will involve two ACHS reports.

B. *Complete only if the ACHS indicator equivalent has not been reported to ACHS.*

Hospitals use internal systems to collect data and monitor results. Please review your hospital's clinical/quality report and if the above indicators are not submitted to ACHS, report hospital collected data on the following pages for the most recent 12 month time period.

SECTION 2B: CLINICAL INDICATORS

ACHS Hospital-Wide Clinical Indicators - Version 12

ACHS Hospital-Wide Clinical Indicators		Reporting Period					Previous Period
					ACHS Aggregate Rates		
Indicator Number	Indicator Description	Numerator (please replace description with your number)	Denominator (please replace description with your number)	Your Rate %	Peer Hospitals %	All Orgs %	Your Rate %
INDICATOR AREA 1: HOSPITAL READMISSIONS							
1.1	<i>Unplanned and unexpected readmissions within 28 days</i>	Number of unplanned and unexpected readmissions within 28 days of separation related to the primary admission, during the 12 month reporting period.	Number of separations (excluding deaths), during the 12 month reporting period.				
INDICATOR AREA 2: RETURN TO THE OPERATING ROOM							
2.1	<i>Unplanned return to the operating room during the same admission</i>	Number of patients having an unplanned return to the operating room during the same admission, during the 12 month reporting period.	Number of patients having an operation or procedure in the operating room, during the 12 month reporting period.				
INDICATOR AREA 3: PRESSURE INJURIES							
3.1	<i>Inpatients who develop ≥ 1 pressure injuries</i>	Number of inpatients who develop one or more pressure injuries during their admission, during the 12 month reporting period.	Number of inpatient bed days, during the 12 month reporting period.				

INDICATOR AREA 4: INPATIENT FALLS							
4.1	<i>Inpatient falls</i>	Number of inpatient falls, during the 12 month reporting period.	Number of occupied bed days, during the 12 month reporting period.				
4.2	<i>Inpatient falls resulting in fracture or closed head injury</i>	Number of fractures or closed head injuries that result because of an inpatient fall, during the 12 month reporting period.	Number of occupied bed days, during the 12 month reporting period.				
4.3	<i>Inpatient falls – patients ≥ 65 years</i>	Number of falls in inpatients aged 65 years and older, during the 12 month reporting period.	Number of occupied bed days of inpatients aged 65 years and older, during the 12 month reporting period.				

ACHS Infection Control Clinical Indicators – Version 4.1 (Remove rows as necessary)

To be provided only where hospital is **NOT** providing these as part of the ACHS comparison report.

ACHS Infection Control Clinical Indicators		Reporting Period					Previous Period
					ACHS Aggregate Rates		
Indicator Number	Indicator Description	Numerator (please replace description with your number)	Denominator (please replace description with your number)	Your Rate %	Peer Hospitals %	All Orgs %	Your Rate %
INDICATOR AREA 1: INFECTION SURVEILLANCE							
1.1	<i>Superficial SSI – hip prosthesis procedure</i>	Number of superficial SSI following hip prosthesis procedures performed, during the 12 month reporting period.	Number of hip prosthesis procedures performed, during the 12 month reporting period.				
1.2	<i>Deep or organ / space SSI – hip prosthesis procedure</i>	Number of deep or organ / space SSI following hip prosthesis procedures performed, during the 12 month reporting period.	Number of hip prosthesis procedures performed, during the 12 month reporting period.				
1.3	<i>Superficial SSI – knee prosthesis procedure</i>	Number of superficial SSI following knee prosthesis procedures performed, during the 12 month reporting period.	Number of knee prosthesis procedures performed, during the 12 month reporting period.				
1.4	<i>Deep or organ / space SSI – knee prosthesis procedure</i>	Number of deep or organ / space SSI following knee prosthesis procedures performed, during the 12 month reporting period.	Number of knee prosthesis procedures performed, during the 12 month reporting period.				
1.5	<i>Superficial SSI to chest incision site – CABG</i>	Number of superficial SSI (in the chest incision site) following coronary artery bypass graft (CABG) procedures performed, during the 12 month reporting period.	Number of coronary artery bypass graft (CABG) procedures performed, during the 12 month reporting period.				
1.6	<i>Deep or organ / space SSI to chest incision site – CABG</i>	Number of deep or organ / space SSI (in the chest incision site) following coronary artery bypass graft procedures (CABG) performed, during the 12 month reporting period.	Number of coronary artery bypass graft procedures (CABG) performed, during the 12 month reporting period.				

INDICATOR AREA 3: HAEMODIALYSIS-ASSOCIATED BLOODSTREAM INFECTION SURVEILLANCE							
3.1	<i>Haemodialysis - AV-fistula access-associated BSI</i>	Number of AV-fistula access - associated blood stream infections, during the 12 month reporting period.	Number of patient-months for patients dialysed through AV fistula, during the 12 month reporting period.				
3.2	<i>Haemodialysis - synthetic and native vessel graft access-associated BSI</i>	Number of synthetic and native vessel graft access -associated blood stream infections, during the 12 month reporting period.	Number of patient-months for patients dialysed through synthetic and native vessel grafts, during the 12 month reporting period.				
3.3	<i>Haemodialysis - CI non-cuffed line access-associated BSI</i>	Number of centrally inserted non-cuffed line access-associated blood stream infections, during the 12 month reporting period.	Number of patient-months for patients dialysed through centrally inserted non-cuffed line, during the 12 month reporting period.				
3.4	<i>Haemodialysis - CI cuffed line access-associated BSI</i>	Number of centrally inserted cuffed line access-associated blood stream infections, during the 12 month reporting period.	Number of patient-months for patients dialysed through centrally inserted cuffed line, during the 12 month reporting period.				
INDICATOR AREA 4: VANCOMYCIN RESISTANT ENTEROCOCCI (VRE)							
4.1	<i>VRE infection within the ICU</i>	Number of ICU associated new vancomycin resistant enterococci (VRE) healthcare-associated infections during the 12 month reporting period.	Number of ICU bed days, during the 12 month reporting period.				
4.2	<i>VRE infection within non-ICU areas</i>	Number of non-ICU associated new vancomycin resistant enterococci (VRE) healthcare-associated infections, during the 12 month reporting period.	Number of non-ICU overnight occupied bed days, during the 12 month reporting period.				
INDICATOR AREA 6: OCCUPATIONAL EXPOSURES TO BLOOD AND/OR BODY FLUIDS							
6.1	<i>Reported parenteral exposures sustained by staff</i>	Number of reported parenteral exposures sustained by staff, during the 12 month reporting period.	Number of occupied bed days, during the 12 month reporting period.				
6.2	<i>Reported non-parenteral exposures sustained by staff</i>	Number of reported non-parenteral exposures sustained by staff, during the 12 month reporting period.	Number of occupied bed days, during the 12 month reporting period.				

INFECTION CONTROL “Hospital Acquired Infections”

DVA recognises that due to a low denominator rate, many hospitals do not report to ACHS their “Hospital Acquired Infections.” If your hospital does not submit Infection Control Indicators to ACHS, please comment below on how Hospital Acquired Infections are monitored and benchmarked, and any results from this monitoring (attachments are permitted, however please index those attachments in the box below):

ACHS Intensive Care Clinical Indicators – Version 5

ACHS Intensive Care Clinical Indicators		Reporting Period					Previous Period
					ACHS Aggregate Rates		
Indicator Number	Indicator Description	Numerator (please replace description with your number)	Denominator (please replace description with your number)	Your Rate %	Peer Hospitals %	All Orgs %	Your Rate %
INDICATOR AREA 4: CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION							
4.1	<i>Adult ICU-associated CI-CLABSI</i>	Number of Adult ICU-associated centrally inserted (CI) Central Line-Associated Bloodstream Infection (CLABSI), during the 12 month reporting period.	Number of CI central line-days in Adult ICU, during the 12 month reporting period.				

ACHS Medication Safety Clinical Indicators - Version 4

ACHS Medication Safety Clinical Indicators		Reporting Period					Previous Period
					ACHS Aggregate Rates		
Indicator Number	Indicator Description	Numerator (please replace description with your number)	Denominator (please replace description with your number)	Your Rate %	Peer Hospitals %	All Orgs %	Your Rate %
INDICATOR AREA 1: ANTITHROMBOTIC THERAPY							
1.2	<i>Percentage of patients prescribed hospital initiated warfarin whose loading doses are consistent with a drug and therapeutics committee approved protocol</i>	Number of patients on hospital initiated warfarin whose loading doses are consistent with a DTC approved protocol, during the 12 month reporting period.	Number of patients on hospital initiated warfarin in sample, during the 12 month reporting period.				
1.3	<i>Percentage of patients with an INR above 4 whose dosage has been adjusted or reviewed prior to the next warfarin dose</i>	Number of patients with INR above 4 whose dosage has been adjusted or reviewed prior to the next warfarin dose, during the 12 month reporting period.	Number of patients with INR above 4 in sample, during the 12 month reporting period.				
INDICATOR AREA 3: MEDICATION ORDERING							
3.1	<i>Percentage of patients whose current medications are documented and reconciled at admission</i>	Number of patients whose current medications are documented and reconciled at admission, during the 12 month reporting period.	Number of patient records in sample, during the 12 month reporting period.				
3.2	<i>Percentage of patients whose known adverse drug reactions are documented on the current medication chart</i>	Number of patients whose known ADRs are documented on the current medication chart, during the 12 month reporting period.	Number of patients in sample, during the 12 month reporting period.				
3.3	<i>Percentage of medication orders that include error-prone abbreviations</i>	Number of medication orders that include error-prone abbreviations, during the 12 month reporting period.	Number of medication orders in sample, during the 12 month reporting period.				

INDICATOR AREA 5: CONTINUITY OF CARE							
5.1	<i>Percentage of discharge summaries that include medication therapy changes and explanations for changes.</i>	<p>Number of discharge summaries that include medication therapy changes and</p> <p>Explanations for changes, during the 12 month reporting period.</p>	Number of discharge summaries in sample, during the 12 month reporting period.				
INDICATOR AREA 6: HOSPITAL WIDE POLICIES							
6.2	<i>Adverse drug reactions reported to TGA</i>	The number of adverse drug reactions which were reported to the Therapeutic Goods Administration (TGA), during the 12 month reporting period.	The number of non same-day separations, during the 12 month reporting period.				
6.3	<i>Medication errors - adverse event requiring intervention</i>	Number of medication errors resulting in an adverse event requiring intervention beyond routine observation and monitoring, during the 12 month reporting period.	Number of occupied bed days, during the 12 month reporting period.				

Rehabilitation Medicine Clinical Indicators - Version 5

ACHS Rehabilitation Medicine Clinical Indicators		Reporting Period					Previous Period
					ACHS Aggregate Rates		
Indicator Number	Indicator Description	Numerator (please replace description with your number)	Denominator (please replace description with your number)	Your Rate %	Peer Hospitals %	All Orgs %	Your Rate %
INDICATOR 1: TIMELY ASSESSMENT OF FUNCTION ON ADMISSION							
1.1	<i>Functional assessment within 72 hours of admission</i>	Number of patients admitted to a rehabilitation unit / facility for whom there is documented evidence of a functional assessment within 72 hours of patient admission, during the 12 month reporting period.	Number of patients admitted to the rehabilitation unit / facility with a minimum length of stay of 72 hours, during the 12 month reporting period.				
INDICATOR 2: ASSESSMENT FUNCTION PRIOR TO EPISODE END							
2.1	<i>Functional assessment within 72 hours before end of rehabilitation</i>	Number of inpatients for whom there is documented evidence of a completed standardised functional assessment within 72 hours prior to cessation of an inpatient rehabilitation program (excluding deaths and those cases where a suspension of rehabilitation treatment leads to a care type change to acute care), during the 12 month reporting period.	Number of inpatients who cease an inpatient rehabilitation program (excluding deaths and those cases where a suspension of rehabilitation treatment leads to a care type change to acute care), during the 12 month time period.				
INDICATOR 3: TIMELY ESTABLISHMENT OF A MULTIDISCIPLINARY REHABILITATION PLAN							
3.1	<i>Multidisciplinary team plan within 7 days</i>	Number of patients admitted to a rehabilitation unit / facility for whom there is a documented established multidisciplinary rehabilitation plan ¹ within 7 days of patient admission, during the 12 month reporting period.	Number of patients admitted to a rehabilitation unit / facility with a minimum length of stay of 7 days, during the 12 month reporting period.				
INDICATOR 4: MULTIDISCIPLINARY DISCHARGE DOCUMENTATION							

¹ Rehabilitation plan refers to a series of documented and agreed initiatives/treatment (specifying program goals and time frames), which has been established through a multidisciplinary clinical treatment team meeting led by a Rehabilitation Physician or a Physician with an interest in rehabilitation. The patient (or carers) where appropriate should be consulted during the planning process.

4.1	<i>Discharge plan on separation</i>	Number of separations for which there is appropriate multidisciplinary discharge documentation ² for a patient (excluding deaths and those cases where a suspension of rehabilitation treatment leads to a care type change to acute care), during the 12 month reporting period.	Number of separations (excluding deaths and those cases where a suspension of rehabilitation treatment leads to a care type change to acute care), during the 12 month reporting period.				
INDICATOR 5: FUNCTIONAL GAIN ACHIEVED BY REHABILITATION PROGRAM							
5.1	<i>Functional gain following completed rehabilitation program</i>	Number of patients who have completed a rehabilitation program ³ and for whom there is documented evidence of functional gain ⁴ during the 12 month reporting period.	Number of patients who have completed a rehabilitation program, during the 12 month reporting period.				
INDICATOR 6: DISCHARGE DESTINATION							
6.1	<i>Return to pre-episode or new accommodation allowing for greater independence</i>	Number of patients who have completed a rehabilitation program and been discharged to their pre-episode form of accommodation, or a form of accommodation that allows for greater independence ⁵ , during the 12 month reporting period.	Number of patients who have completed a rehabilitation program and been discharged, during the 12 month reporting period.				

² Appropriate multidisciplinary discharge documentation is a document that optimises the transition of the patient from inpatient rehabilitation to the next phase of care and ensures effective communication with the patient and future service providers. It includes multidisciplinary documentation of the progress made by the patient during the rehabilitation program, and an indication of notification to the patient's general practitioner and community support services (if relevant). The plan should be established prior to separation in consultation with the patient and / or care providers and be available at the time of patient separation

³ Rehabilitation program refers to a multi-disciplinary rehabilitation plan as documented within the patient record.

⁴ Functional gain means that the standardised functional assessment instrument measure used indicates a positive difference between the admission score and the score at episode end.

⁵ Form of accommodation that allows for greater independence is assessed in line with the following hierarchy:

- Private residence, no carer and does not need one, generally indicates the greatest level of independence
- Private residence, no carer but needs one, or has a carer (living in or not, co-dependent or not) generally indicates a slightly lower level of independence than the category above
- Community group home, Boarding House, transitional living unit, all indicate a lower level of independence than those categories above
- Residential aged care, low level care (hostel) indicates a low level of independence
- Residential aged care, high level care (nursing home) indicates the lowest level of independence

Internal Medicine Clinical Indicators - Version 6

ACHS Internal Medicine Clinical Indicators – Aged Care		Reporting Period					Previous Period
					ACHS Aggregate Rates		
Indicator Number	Indicator Description	Numerator (please replace description with your number)	Denominator (please replace description with your number)	Your Rate %	Peer Hospitals %	All Orgs %	Your Rate %
INDICATOR AREA 4: CARE OF THE ELDERLY							
4.1	<i>Medical patients ≥ 65 years – cognition assessment using validated tool</i>	Number of medical patients 65 years or older who have had their cognition assessed using a validated tool such as the MMSE, during the 12 month reporting period.	Number of patients 65 years or older, during the 12 month reporting period.				
4.2	<i>Geriatric patients – documented assessment of physical function</i>	Number of patients admitted to a geriatric medicine or geriatric rehabilitation unit for whom there is documented objective assessment of physical function on admission, and at least once more during the inpatient stay, during the 12 month reporting period.	Number of patients admitted to a geriatric medicine or geriatric rehabilitation unit, during the 12 month reporting period.				

SECTION 3: COLLECTION, ANALYSIS & REPORTING OF INDICATORS

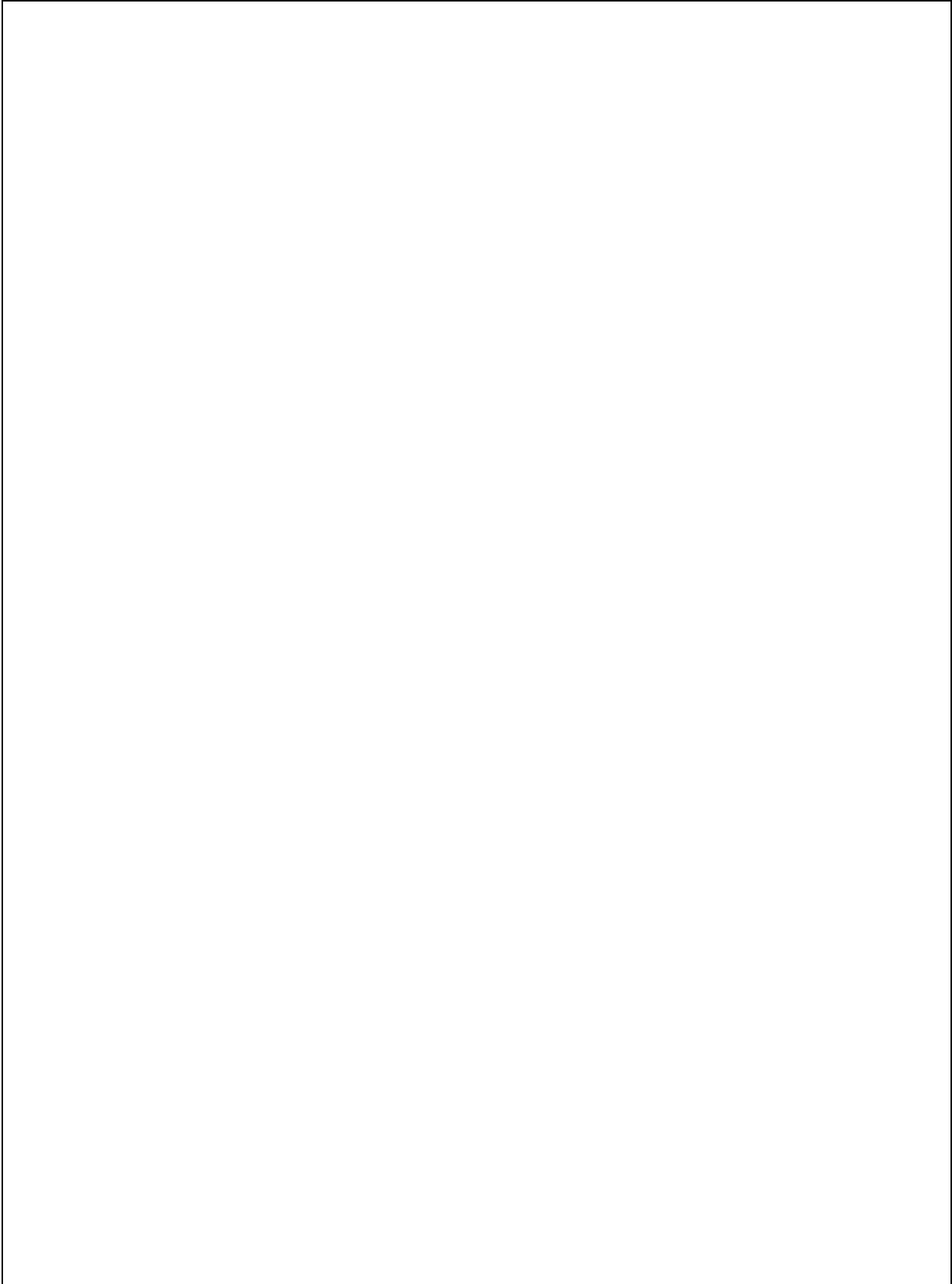
Provide comment on collection, analysis and any change in the reporting of all Clinical Indicators. If relevant, comment on reasons why certain clinical indicators have not been included in your report. Also, if the ACHS average rate of occurrence is exceeded for any indicator, please explain why and note any remedial actions undertaken (attachments are permitted, however please index those attachments below):

SECTION 4: COMPLAINTS

Report the complaint by providing information on the issue, action taken and outcome below. Identify the Entitled Person by using his/her sex and age, for example, Female, 78 years of age. Include complaints made by an entitled persons (or their representative) direct to the hospitals, as well as complaints made through the Department of Veterans' Affairs.

Annual Report: 1 July 2015 – 30 June 2016 complaints

Entitled Person Details, e.g Sex, Age	Issue	Action	Outcome



SECTION 5: INITIATIVES & ACTIVITIES

Please comment on any other new hospital activities or initiatives which have a predominant focus on the care of the elderly (e.g. falls assessment). Include details such as how the target group is identified, when the activity is conducted, and any documented outcomes from monitored initiatives (attachments are permitted, however please index those attachments below).

Annual Report:

1 July 2015 – 30 June 2016 activities

Improvement	Action	Outcome

SECTION 6: PALLIATIVE CARE SERVICES

If your hospital provides palliative care services, please comment on how your hospital plans and delivers services to terminally ill patients and their family/carers, particularly in relation to the provision of effective, high quality care (attachments are permitted, however please index those attachments below). Please limit your response to 500 words. You may wish to refer to the *Standards for Providing Quality Palliative Care for all Australians* (fourth edition, 2005) when compiling your response.

Annual Report:

1 July 2015 – 30 June 2016 activities

Glossary of Terms

ACHS	Means The Australian Council on Healthcare Standards
ACHS Comparative Report	These reports are comprised of aggregated clinical indicator data which are analysed twice yearly by the ACHS. These reports compare results across all contributing organisations as well as providing a comparison with 'peer' organisations based on a number of variables.
Clinical Indicator	Means a measure of the clinical management and/or outcome of patient care. Usually rate based, indicators measure the rate of occurrence of an event. They are used to assess, compare and determine the potential to improve care.
DVA	Means the Commonwealth (as represented by the Department of Veterans' Affairs, the Repatriation Commission and the Military Rehabilitation and Compensation Commission and their Personnel).
Entitled Person	<p>Means a person who has elected to be treated under DVA arrangements and:</p> <p>(a) has been issued with:</p> <ul style="list-style-type: none"> • a Gold Card, or • a White Card, or • an Orange Card (pharmaceuticals only), or • a written authorisation on behalf of the Military Rehabilitation and Compensation Commission, or <p>(b) is a Vietnam Veteran or his/her dependant who is not otherwise eligible for treatment and who is certified by a medical practitioner as requiring urgent Hospital treatment for an injury or disease, or</p> <p>(c) is ADF personnel</p> <p>and in respect of whom DVA has given prior financial authorisation if such authorisation is required.</p> <p>Note: Card holders may be described broadly as:</p> <ul style="list-style-type: none"> • veterans; • members of the Australian Defence Force; • members of Peacekeeping Forces; • war widows and war widowers; • Australian mariners; • children and dependants of veterans; and • persons from overseas who are entitled to treatment under an arrangement with another country.
Quality Report	Means the report developed by each contracted facility using clinical indicators provided for in this Quality Reporting Template.