

# Setting Priorities

**Bill Runciman**

**Sydney, June 21-22, 2007**

**Professorial Research Fellow – Patient Safety: University of Adelaide,  
Royal Adelaide Hospital and Joanna Briggs Institute**

**Also: Universities of South Australia and New South Wales  
President, Australian Patient Safety Foundation**

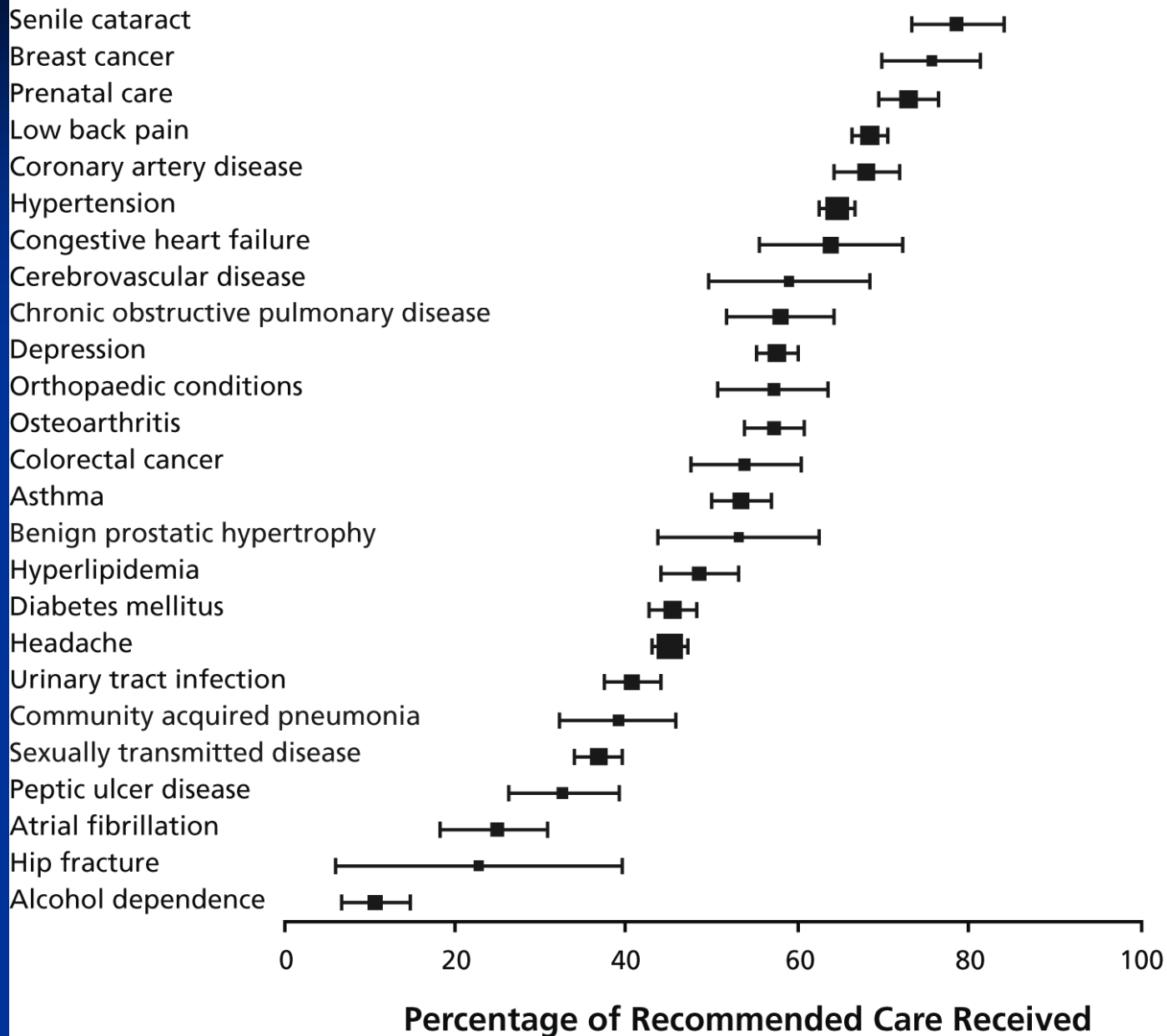
**Co-ordinator, International Patient Safety Classification and  
Co-chair, Research Methodology Group**

**of the World Alliance for Patient Safety, World Health Organisation**

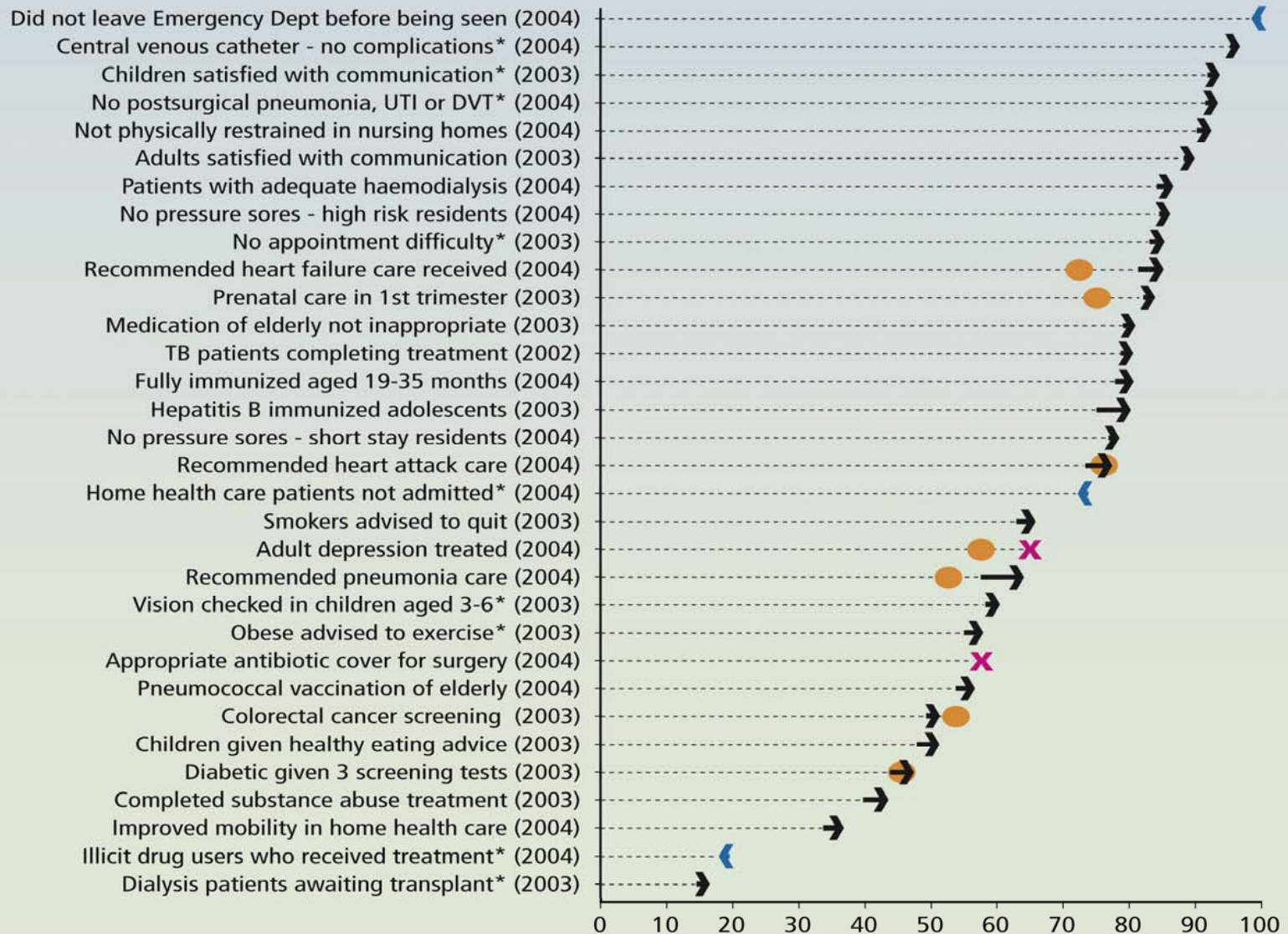
# The twenty principal natural categories with highest resource use from the QAHCS (1995)

PNC	Mean additional length of stay (days)	No of adverse events in each PNC	Total no. of extra days in hospital
Ongoing pain/restricted movement following back surgery	22	22	474
No, delay, inadequate investigation ischaemic heart disease	13	34	451
Wound infection following peripheral procedure	11	29	314
Incisional hernia: post-procedural	10	27	271
Postoperative bowel obstruction/adhesions	13	21	271
Injury due to fall in nursing home	12	19	219
Failed/blocked/ruptured/aneurysm, vascular grafts	13	17	215
Recurrent incisional hernia	9	20	190
Pulmonary embolism postoperatively	8	22	185
Wound infection following abdominal/retro-peritoneal/pelvic procedure	5	35	178
Catheter related urinary tract infection	5	37	174
GI bleeding secondary to NSAID	8	22	167
Diagnosis delay/no/wrong, cancer large bowel	15	9	131
Failed hip replacement	15	8	120
<b>Problem following radiation</b>	7	15	108
Stiffness/restricted movement following joint surgery	11	9	99
<b>Pressure sore/decubitus ulcer</b>	3	32	98
Postoperative atelectasis/nosocomial pneumonia	6	15	96
Pancytopenia following chemotherapy	11	8	90
Bleeding related to warfarin therapy	10	9	87

## Condition



## % OF ELIGIBLE PATIENTS WHO RECEIVED RECOMMENDED OR EXPECTED CARE



\* denotes change not significant

PERCENTAGE

# Areas of deficiency

QAHCS	20
NICS	23
NICE	32
RAND	25
ARQH	42
STANFORD	25
Summary	172

# Setting Priorities

- Choose well documented problems that are common
- Choose problems for which there is a solution
- Form collaborations

**The “top 20” represent over  
40% of the 172 areas of deficiency  
and 40% of the non-operative  
QAHCS adverse events**

■	General practice	8
■	Medicine	4
■	Surgery	4
■	Nursing	4

# General Practice - Preventive

- Smoking 2
- Obesity 1
- Lipids 2
- Blood pressure 2

# Basic Health Record

	Identity of HCP	Date
Smoking - Do you smoke?		
- Do you want to quit?		
- Materials provided		
Diet/eating - weight		
- BMI		
- Do you want to lose weight?		
- Materials provided		
Exercise - Average hours/day		
- Average intensity		
- Do you want advice?		
- Materials provided		
Blood lipids - Comment		
- Plan		
Blood pressure - Reading		
- Plan		
Alcohol - Drinks per week		
- Advice given?		
- Materials provided		

# General Practice – Common conditions

- Headache 1
- Back pain 2
- Dyspepsia 2
- Antenatal care 3

# Medicine

- Acute coronary syndrome 5/6
- Heart failure 5/6
- Diabetes 5/6
- Atrial fibrillation-warfren 4/6
- Community acquired pneumonia 2/6
- Asthma 4/6

# Surgery

- Thromboembolism prophylaxis 5/6
- Prophylactic antibiotics 3/6
- Pain management 2/6
- Cancer of the colon 4/6
- Wrong side/site/patient surgery

# CORRECT PATIENT, SITE & PROCEDURE

## (18 steps, 6 people)

	Identity of Healthcare professional	Time & date
Consent form – Patient’s name		
- Procedure site		
- Procedure name		
- Procedure reason		
Site marked		
Patient ID in OR– Name stated		
- DOB stated		
- Site stated		
- Procedure stated		
Response checked – ID band		
- Marked site		
- Consent form		
Time out – Correct patient		
- Correct site		
- Correct procedure		
- Correct implant		
- Images correct		
- Images labelled		

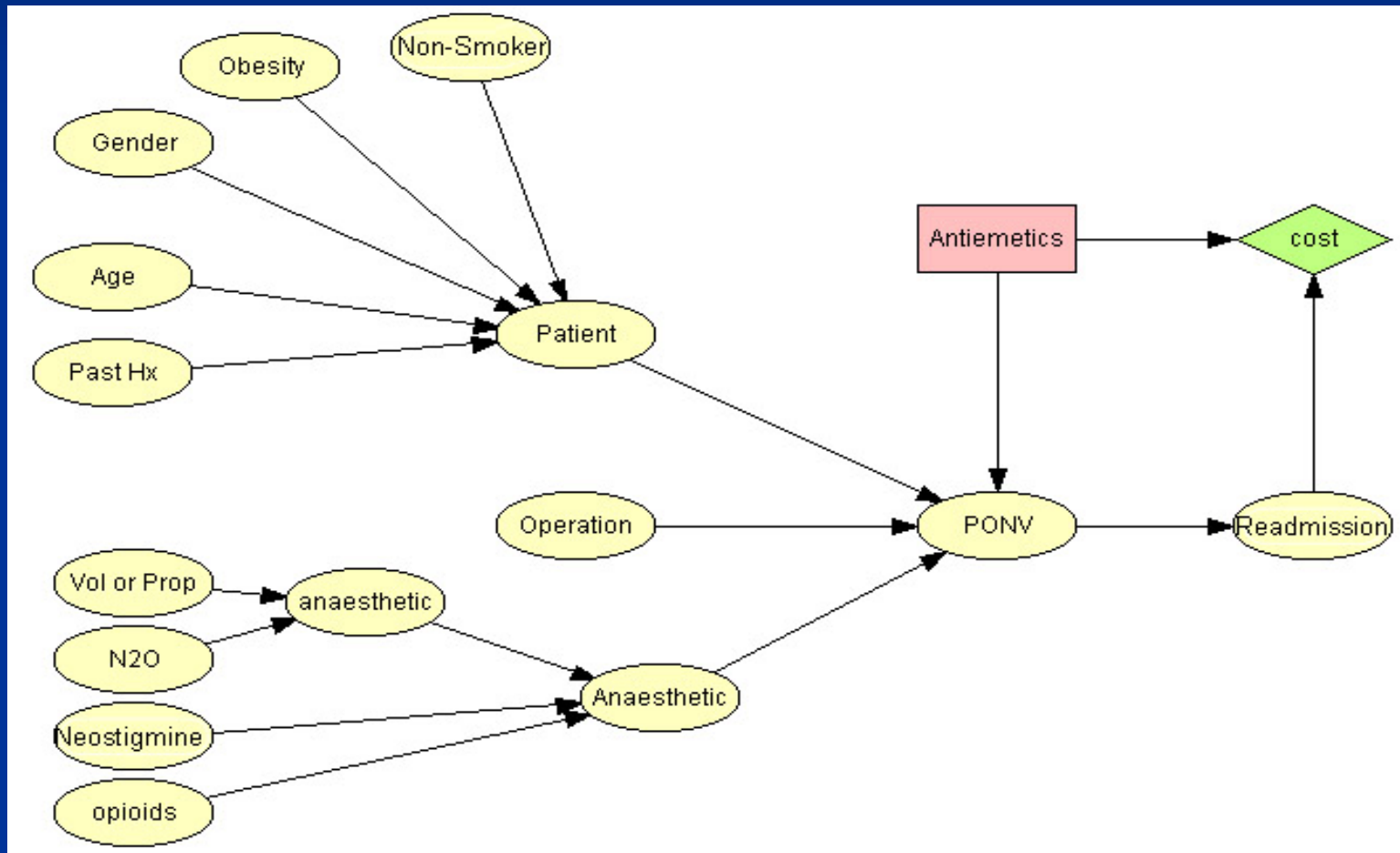
# Nursing

- Pressure ulcers 4/6
- Falls 2/6
- Vascular access 4/6
- Ventilator associated pneumonia 3/6

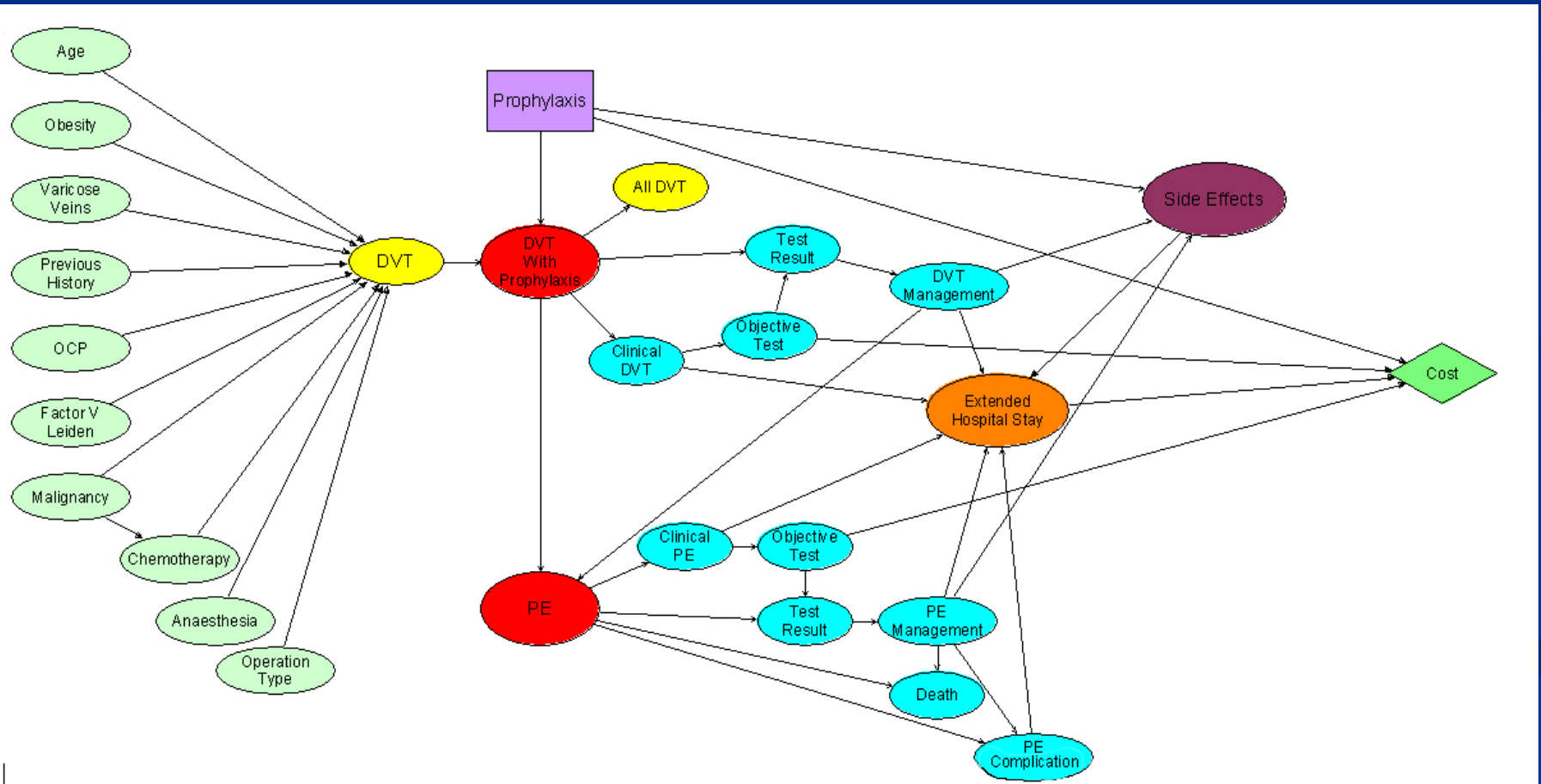
# Anaesthesia

- Airway management
- The wrong drug problem
- Pre-operative assessment
- Machine/equipment check

# PONV Model



# DVT Model



# Intensive Care

- Blood glucose protocol
- Withdrawal of treatment
- Ventilator associated pneumonia
- Central venous lines

# Some principals

- Evidence where there is some
- Standardisation where there isn't
- Tools, not guidelines
  - developed by users
  - attention to workflow
  - standard explicit or implicit
  - documents process
  - easy to audit – data base
- Part of professional life necessary for credentialling and accreditation