

# Health Roundtable

## Hospital Acquired Complications: Identification & Action Plans

Royal Brisbane & Women's Hospital

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**HRT1902 – Finance & Costing Improvement Group**  
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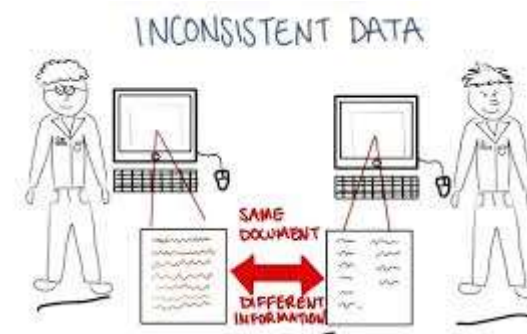


# Key Problem

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## The ability for staff to identify predominant HACs in order to develop action plans for reductions

- Currently there are multiple ways to obtain this HACS data
- Uncertainty surrounds whether this data provided the same information
- Hard to view trends....e.g. is it decreasing?



# Aim of this Innovation

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- Provide a *HAC dashboard* for all staff to use which provides:
  - Clinical View
  - Financial View – Same Time Prior Year
  - Financial View – Annualised
  - HAC Diagnosis Breakdown
  - Assists staff in understanding and managing HACs
  - Easier to obtain reporting information



# Baseline Data / Current Situation

## Top 20 HAC's for RBWH in FY17/18

Hospital Acquired Complication	FY17/18 No. of Episodes
11.1 Delirium	696
3.1 Urinary tract infection	498
3.4 Blood stream infection	458
14.2 Arrhythmias	444
3.3 Pneumonia	400
10.3 Hypoglycaemia	344
6.1 Respiratory failure including acute respiratory distress syndromes requiring ventilation	223
6.2 Aspiration pneumonia	185
3.6 Multi-resistant organism	175
9.1 Gastrointestinal bleeding	162
3.7 Infection associated with prosthetics/ implantable devices	155
14.1 Heart failure and pulmonary oedema	154
3.8 Gastrointestinal infections	143
12.1 Urinary incontinence	139
4.1 Postoperative haemorrhage/ haematoma requiring transfusion and/or return to theatre	131
4.2 Surgical wound dehiscence	130
3.2 Surgical site infection	121
15.1 Third and fourth degree perineal laceration during delivery	117
3.5 Central line and peripheral line associated blood stream infection	105

# Key Changes Implemented

- Creation of Dashboards to ensure we are all reporting on the same data

Clinical View

## Hospital Acquired Complications - data as at Jul. 17 to Feb. 19

HACS: 18/19  
**2,257**

Top 5 HAC events: 17/18

HAC	HAC events	NWAU Penalty
11.1 Delirium	567	560.7
3.1 Urinary tract infection	489	259.5
3.4 Blood stream infection	448	450.6
14.2 Arrhythmias	434	288.7
3.3 Pneumonia	395	314.8

Top 5 HAC events: 18/19

HAC	HAC events	NWAU Penalty
11.1 Delirium	239	173.0
3.1 Urinary tract infection	223	105.0
3.3 Pneumonia	193	134.4
3.4 Blood stream infection	176	185.8
14.2 Arrhythmias	174	119.3

**DATA NOTE**  
Baseline: 365 days captured (100%)  
**2018/19 YTD: 230 days captured (63%)**

### Grouping

Facility Name

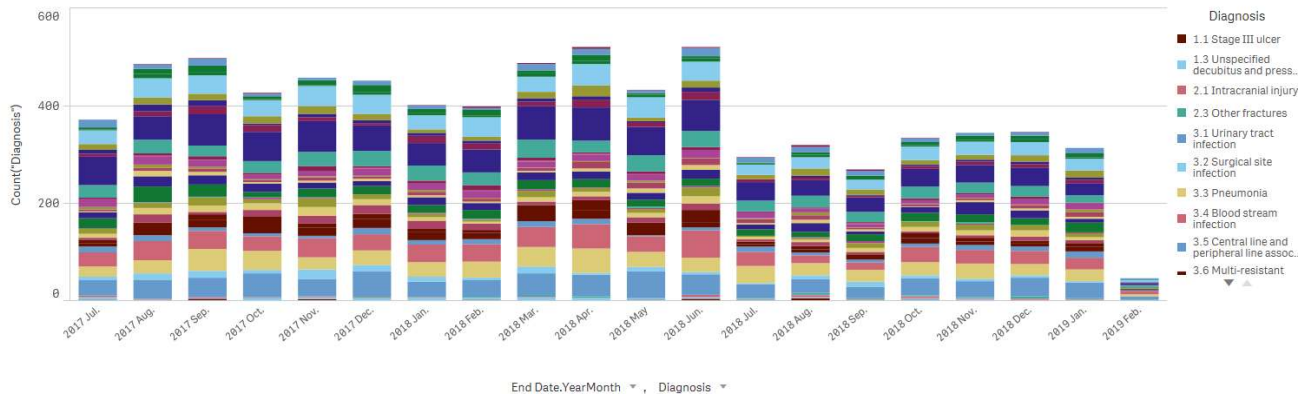
Directorate

Discharge Month

End Unit

Start Unit

Source: Clinical Costing Warehouse (Metro North) via Data Lake  
Last data date: 15 February 2019



### Demographics

Age

Ethnic Origin

Sex

### Encounter

DRG

Discharge Disposition

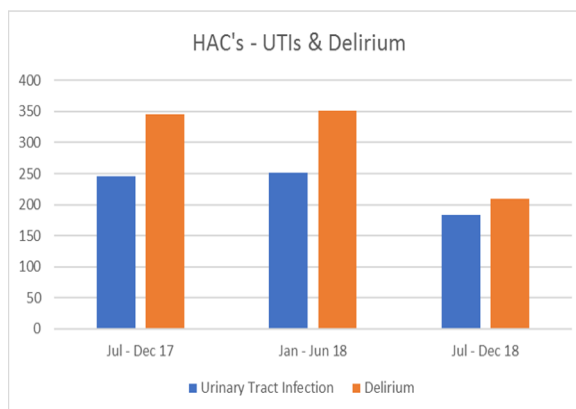
## Key Changes Implemented (Cont.)

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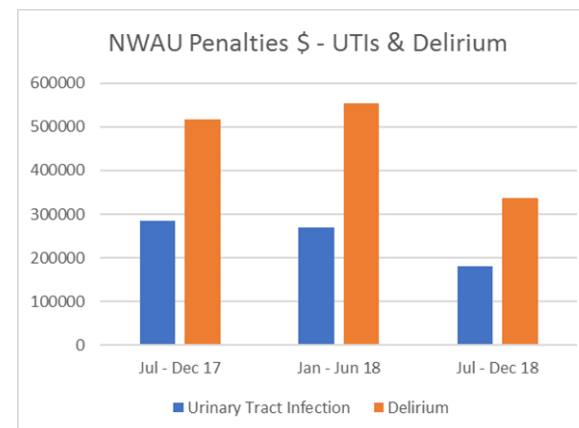
- In the past 12 months:
- Auditing undertaken by the Health Information Management Team (HIM).
- Staff education in coding
- Improved coder-clinician liaison (coding query) practices
- Urinary Track Infections:
  - Formation of a Working Party (active for the past 12 months)
  - Educating staff in reviewing invasive devices daily – including it in handovers
- Delirium:
  - Formation of a Working Party (active for the past 12 months)
  - Educating staff in awareness and to document as delirium

# Outcomes so far

- **30% reduction in number of HACs** compared to same period last year:
  - UTI's reduced number of HACs by **25%** compared to same period last year
  - Delirium reduced number of HACs by **39%** compared to same period last year



- **20% reduction in NWAU \$ Penalties** compared to same period last year:
  - UTI's reduced NWAU \$ Penalties by **37%**
  - Delirium reduced NWAU \$ Penalties by **35%**



# Lessons Learnt

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- Having the right data available to the right people – changes will happen
- Improving the communication with Coders and Clinicians – better communication gives better results



Audit undertaken

Staff education about awareness and  
documenting as delirium

Working Party





## Innovation Summary Slide

### Title: Hospital Acquired Complications: Identification & Action Plans

Health Service: Metro North HHS

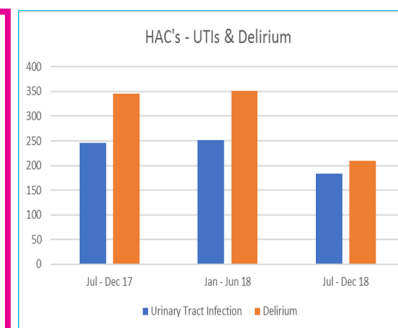


**Problem:** The ability for staff to identify predominant HACs in order to develop action plans for reductions.

**Solution:** Create Dashboards so that relevant staff can form working groups to review the data and implement solutions for change.

#### Results:

- UTI's reduced number of HACS by 25% compared to same period last year
- Delirium reduced number of HACS by 39% compared to same period last year



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