Tracking and Reporting of Adverse Events

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Research by the RAND Organisation in the US has shown that American adults received "recommended care" for thirty common conditions, only 56% of the time in the years 1999 and 2000. We undertook a similar study within Australia, broadly based on the RAND study and showed that Australian adults received "appropriate" healthcare ("care based on evidence- or consensus-based guidelines")at 57% of eligible healthcare encounters.

While some healthcare providers achieved over 80% compliance with indicators, others achieved less than 25%. Also, although there was high compliance for some conditions, it was unacceptably low for many important indicators (for example, an average of 1% for risk management tools associated withdiabetes, community acquired pneumonia, stroke) and 5% for appropriate handling of hypertension with blood pressure ≥ 180/110. This is despite considerable efforts in safety and quality, and the dissemination of well documented national guidelines. The Cochrane collaboration showed that the use of structured care plans and feedback were both associated with improvements. However, reduction in variance by the use of structured plans is less likely without agreement on clinical standards. First we are embarking on a series of meetings to obtain national agreement on clinical standards for common conditions; less common conditions can be dealt with over time. Standards must be limited to conditions about which there is widespread agreement. (See box for our definition of"standards").

Second, we are developing "tools" (see box for definition of "tool") with the appropriate attributes to facilitate audit and feedback to allow their use for the credentialing of individual practitioners and the accreditation of services. Placing these tools in the hands of both healthcare providers and patients, by so structuring the provider- and patient-held electronic records so that they are easily accessed and used, will provide a common knowledge base and focus attention on the areas that require attention.

Box Definitions for "clinical standard" and "clinical tool"

- A clinical standard is an agreed healthcare process or outcome that should occur for a particular circumstance, symptom, sign or diagnosis (or a defined combination of these).
- It should be evidence-based*, feasible to apply, easy to measure and produce a benefit or efficiency, at least at the population level.
- If a standard can or should not be complied with, the reason/s should be briefly stated

A clinical tool should:

- Implicitly or explicitly incorporated in the standard
- Provide a guide to facilitate compliance
- Be easy to audit, preferably electronically

*this includes Level 4 evidence (consensus)

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