

Eyes wide open – insights into better care from analysis of Hospital Acquired Complications

Philip Hoyle¹

¹ Royal North Shore Hospital

The ready availability of coded information (through the National Benchmarking Portal) on patterns of hospital acquired complications (HACs) has revealed previously overlooked opportunities to implement simple, and effective, changes in care delivery. The presentation describes the HAC journey of a major teaching hospital. While it is still a work in progress, the journey so far has been very enabling and energising, and promises to greatly improve the quality and efficiency of care.

The pattern and putative cost of HACs in a major teaching hospital is examined in detail. While there are local concerns that the incidence of HACs may be somewhat overstated due to unreliable use of condition onset flags (as evidenced by a small scale study of “hospital acquired” urinary tract infection), nonetheless, the scale of reported HACs is such that it mandates attention on clinical, ethical and economic grounds.

The initial analysis yielded some big surprises.

- First, the “classic” areas of safety concern (falls, pressure injury) proved to be numerically minor. They are not where the major gains will be made.
- Second, especially when HAC diagnoses are bundled, it is clear that avoidable infection is a major opportunity.
- Third, even if allowance is made for possible overstatement of costs, the likely economic burden from avoidable HACs is large regardless of pending penalties.

Within “avoidable infection”, the big items are **urinary tract infection** (believed to be mainly catheter associated); **hospital acquired pneumonia** and **device related bacteraemia**. These findings, while concerning, are actually good news, because there is ample evidence that the specific types of infection revealed are manageable by simple improvements in clinical practice. Infection is a particularly important

category of HAC because, while it may occasionally be inevitable, it is almost never acceptable. This has been important in attracting clinician attention

The current initiatives being undertaken (all of which have been successfully applied elsewhere) are briefly reviewed, touching on the relevant evidence base.

The presentation then moves on to the strategic approach to and governance of HACs within a large metropolitan health district. The prevention of HACs is seen to align well with the broader financial, economic and performance strategies of the District.

Turning specifically to the management of HACs as a casemix and funding issue, the paper concludes with strategies to improve our understanding of HACs, including the accuracy of documentation, the correct use of condition onset flags, costing and reporting