ANZELA-QI Pilot | Process and Outputs

June 2018

The ANZELA-QI Pilot has been established for the purpose of providing local hospitals with contemporary data to support local initiatives for the improvement in the quality of patient care, as well as cost savings, relating to the management of the acute abdomen.

It is anticipated that the pilot will operate for approximately twelve months, from April 2018 to March 2019. Although not guaranteed, we are hopeful funding will be identified to continue the project beyond this time.

This document describes the process of data collection and the reports that will be provided to support quality improvement and cost reduction at each participating hospital.

How the audit works

Data will be contributed from pilot hospitals around Australia and New Zealand and collated centrally by the Royal Australasian College of Surgeons (RACS).

The audit is operated and supported by the RACS Morbidity Audit Department located in the Research, Audit and Academic Surgery Division in Adelaide, Australia.

This quality improvement initiative has a three step process:

1. DATA COLLECTION

Data is recorded in a REDCap database hosted by RACS:

- In Australia, data is entered directly into the RACS REDCap database. Alternately, a small number of sites may be accepted for the upload program in the instance where data is already collected in hospital systems and can be extracted, mapped and uploaded to the RACS system. Requests for this service will be considered and assessed on a case by case basis.
- In New Zealand, data is recorded in the CAre DElivery in New Zealand for the Acute Abdomen (CADENZAA) REDCap database, with data being provided to the ANZELA-QI database regularly via electronic upload. CADENZAA is a national study coordinated by anaesthetic specialists at the Auckland City Hospital.

Data is normally provided prospectively. However retrospective data will be accepted so long as it was contemporaneously recorded at the time of treatment.

2. MONTHLY REPORTS

Monthly reports are provided to each participating hospital, showing performance against a number of key process indicators. Most of these indicators are the same as those used in the NELA study in the UK. See below for a list of these reports.

Data quality reports will be the first reports released, showing missing data and flagging potentially incorrect data. These will continue to be provided periodically.

3. QUALITY IMPROVEMENT DISCUSSIONS

The aim of ANZELA-QI is to collect and document data prospectively, that is at the time of patient assessment so it can be used to drive care. For example, prospective documentation of operative risk will help determine the timeliness of surgery. As it is prospectively collected, data will be returned to hospitals monthly it can be used by each hospital in a contemporaneous manner to inform discussions about how patient care might be improved and costs reduced.

The audit office are not involved in these discussions – they provide the data only. It is a foundation principle of ANZELA-QI that the most effective drivers of quality improvement require both contemporary data and change that is instigated from hospital multi-specialty discussion.

Reporting output

These are the primary indicators that will be measured in the monthly reports provided to each participating site by the audit office:

- CT scan reported before surgery
- Risk of death documented pre-operatively
- Arrival in theatre within a timescale appropriate to urgency
- Pre-operative review by a member of the surgical team
- Consultant surgeon and consultant anaesthetists both present in theatre
- Admission directly to critical care after surgery
- Assessment by a care for the older person specialist for patients 65 years and over

These are the same indicators that NELA measure. Each report will identify hospitals by name. Each site will be able to see the identified results of all other hospitals. Another of the foundation principles is that openness and transparency in health care is both expected by modern society and conducive to clinician engagement in quality improvement. In NELA the ability for hospitals to compare themselves against their local hospitals and similar peer group hospitals has been a powerful driver of change.

Becoming a pilot site

In order to be part of the ANZELA-QI Pilot initiative, a hospital needs to nominate itself as a pilot site. Before they can contribute data, ethical approval must be received. These are the steps to being accepted as a pilot site:

1. The RACS Morbidity Audits team need to receive an email from the hospital nominating as a pilot site, and providing the name of the local Principal Investigator.
2. The audit office will facilitate the pilot site being added to the national ethics approval as applies (New Zealand, or Australia except for sites in Tasmania and the Northern Territory).
3. Once the site is added to the national approval, local governance approval is needed;
    - In Australia, the approval must be sought by the Principal Investigator at the site, with support from the audit office.
    - In New Zealand, the approval must be sought by the Principal Investigator at the site, with support from the Principal Investigators of the CADENZAA study.
4. In Australia, sites in Tasmania and the Northern Territory need to arrange their own local ethical approval, though the audit team will provide support.
5. Once local ethical approval has been given, notify the audit office, so that access can be provided to the REDCap online database.
6. To arrange access to REDCap the audit office will need to know: the name(s) and email address(es) of those who will be contributing data, and for registrars the date their current rotation ceases (their access will be automatically removed at that time).

Ethical approval

For Australian sites, the project has ethical approval from the South Metropolitan Health Service Human Research Ethics Committee (certified HREC) in WA. This approval is accepted through the National Mutual Acceptance Scheme by all states and territories except Tasmania and the Northern Territory. This approval includes a waiver of patient consent.

In Australia, hospitals in Tasmania and the Northern Territory need to arrange their own local ethical approval, though the audit team will provide support.

For New Zealand sites, the project has national ethical approval through the Southern Health and Disability Ethics Committee, which allows for the use of this health information without patient consent. Local authorisation needs to be sought from each District Health Board (DHB); these applications are coordinated by Anaesthetics Specialists at the Auckland City Hospital, who can be contacted through the RACS audit office.

Data security and access

The ANZELA-QI REDCap database is housed in the RACS data centre, which employs industry standard security measures and access controls.

Select members of the RACS audit staff have access to the identified data for the purpose of administering and supporting the project, and do so in accordance with standard confidentiality obligations.

In REDCap, each site can only see the data for that site. All those who enter data for a specific hospital can see all the data entered by anyone at that hospital.

Data access

Each site may have their own data extracted for local analysis and research at any time.

A data release process will be established to provide participating hospitals with access to the de-identified data from all hospitals, for local research projects. The process will include a data access application form to allow assessment of the request.

Legal

ANZELA-QI does not have qualified privilege. It does not record the names of individual clinicians, as the pathway of care for patients with an acute abdomen involves many clinicians in multiple specialties, and the pathway is inherently linked to hospital processes and procedures that are often outside the influence of an individual clinician. Therefore, singling out and recording individual clinician names is not considered to have value for this project, and all reporting will be done at the hospital level.

Governance

The instigation of the project has been guided by the ANZELA-QI Working Party, co-led by RACS and the Australian and New Zealand College of Anaesthetists (ANZCA) with representation from General Surgeons Australia (GSA), New Zealand Association of General Surgeons (NZAGS), Australian Society of Anaesthetists (ASA), New Zealand Society of Anaesthetists (NZSA), Australasian College for Emergency Medicine (ACEM) and College of Intensive Care Medicine (CICM).

This Working Party will be replaced by a Steering Committee convened under the governance structure of the RACS and ANZCA and reporting to the respective Councils.

Funding

The costs of the pilot are being covered by funding generously contributed by ANZCA, GSA, NZAGS, ASA and NZSA. This funding is forecast to allow the pilot to operate for a period of twelve months. Although not guaranteed, we are hopeful funding can be identified to continue the project beyond this time.

Further enquiries

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