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Translating Evidence into Clinical Practice - the Towards a Safer Culture (TASC) Program

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Acknowledgment of:

Ms Cate Ferry

**Project Leader, Toward a safer Culture Program
Clinical Excellence Commission**

Translating evidence into clinical outcomes



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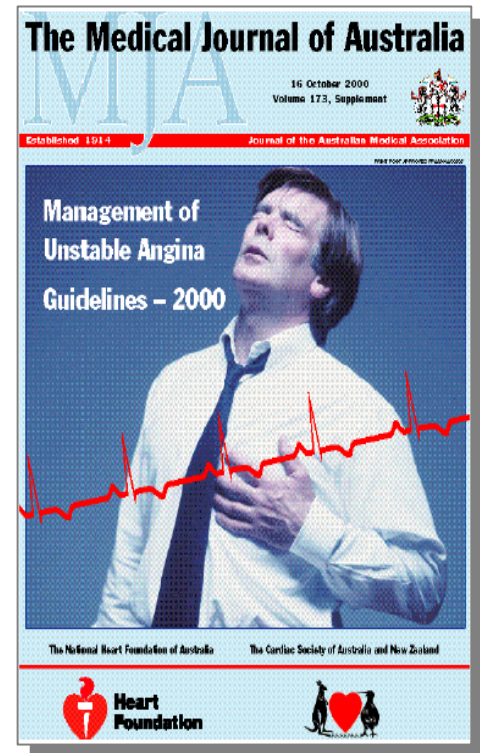
- Antecedents
 - How we got started
 - Engaging the clinicians
- The importance of data, measurement & feedback
 - The improvements in clinical practice
 - Making the practice part of the culture

Health care systems

- Systems of care are increasingly complex
- The delivery of care between rural & metro hospitals is disparate
- Care – not always consistent with clinical guidelines and available evidence



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Difficulties within the healthcare system for clinicians



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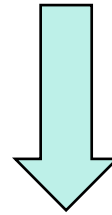
- Establishing consensus
- Care dependent on individuals
- Minimal useful data
- Difficult to initiate change
- Patient dissatisfaction
- Guidelines applied poorly

NSW Health response



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There was a strong belief to be successful these initiatives needed to effectively engage the clinicians and develop a formal structure



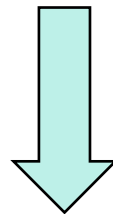
Formation of CEC and GMITT

GMCT



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In 2001 the NSW Govt established the Greater Metropolitan Transition Taskforce (GMCT) to implement the recommendations to address the uneven distribution of healthcare services across metropolitan NSW and specifically stroke.



GMCT – Greater Metropolitan Clinical Taskforce

Clinical Excellence Commission



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- Builds on the work begun by Institute for Clinical Excellence
- Launched August 2004
- A key part of the NSW Patient Safety and Clinical Quality Program

Activities of the CEC



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- Patient safety risk identification
- Statewide projects and collaboratives
- Training and development (capacity building)
- Leadership
- Implementation of frameworks and guidelines

CEC & GMCT Objectives



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- Clinical Leadership
- Multi-disciplinary approach
- Routine measurement & review
- Culture of clinical practice improvement
- Consumers as partners

TASC- a Clinical Support Systems Program



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Joint initiative of CEC, RACP and ACEM

2001- Phase 1 involving four pilot sites: John Hunter (NSW), Nepean (NSW), Townsville (Qld) and Frankston (Vic)

Feb 2003- late 2005 – Phase 2

Introduction across 35 hospitals within 7 Area Health services across NSW.

TASC Objectives



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To implement clinical decision support tools and measurement system across 35 hospitals in NSW from Feb 2003 to promote:

- evidence-based Emergency Care for acute coronary syndromes and stroke patients
- to monitor effectiveness and improve outcomes to stimulate clinical practice improvement activities

TASC – key strategies



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- Utilise existing national speciality society guidelines – “don’t reinvent the wheel”
 - National Heart Foundation Australia
 - National Stroke Foundation

- Start with the available evidence based practice

TASC - Integrating EBP & CPI

Clinical Practice Improvement

Evidence-Based Practice

↑ Outcomes

Clinical Pathways

Multi-disciplinary team

Management Sponsorship

Clinical Leadership

Local Guidelines

Measurement System

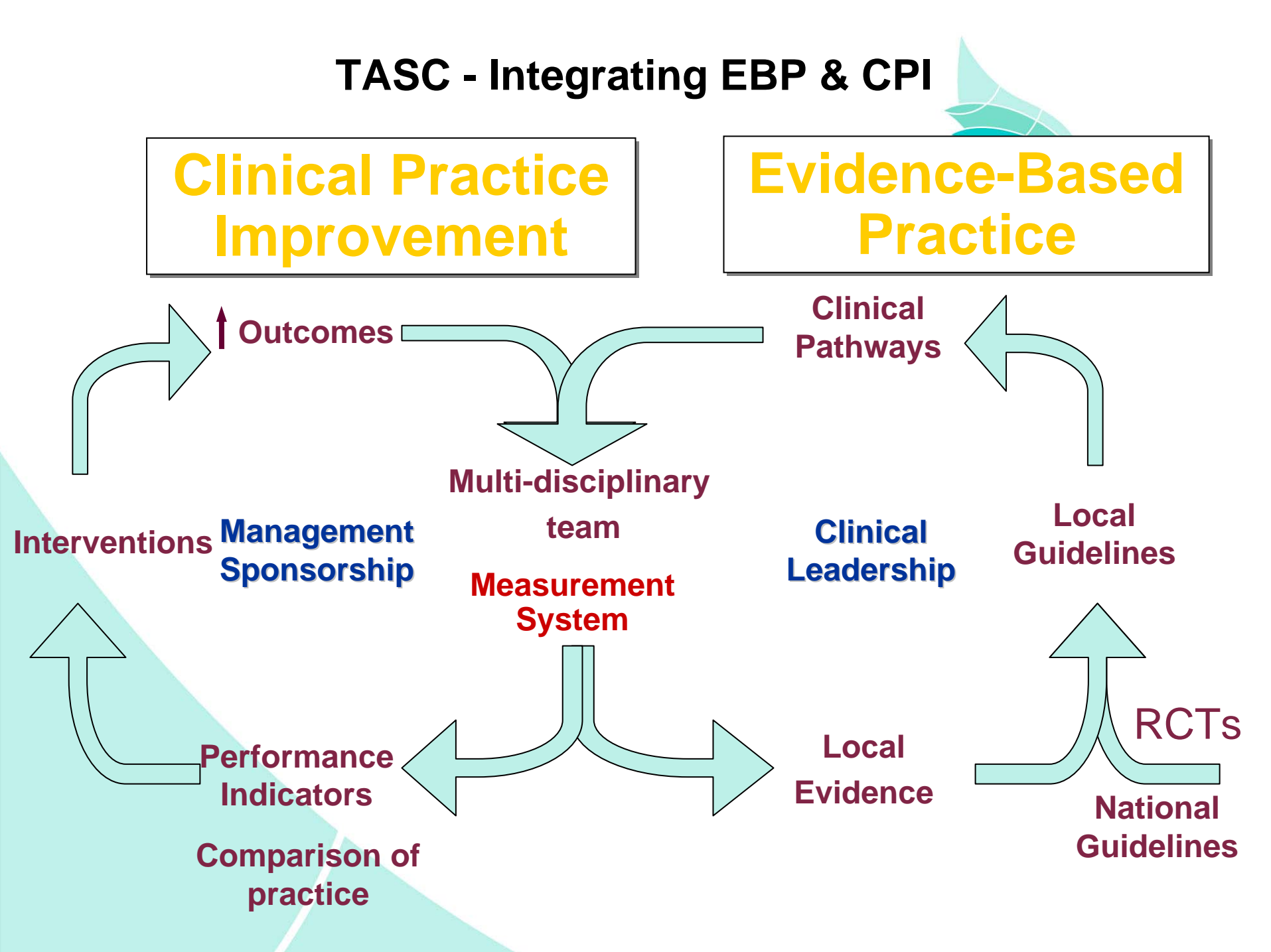
Performance Indicators

Local Evidence

RCTs

Comparison of practice

National Guidelines



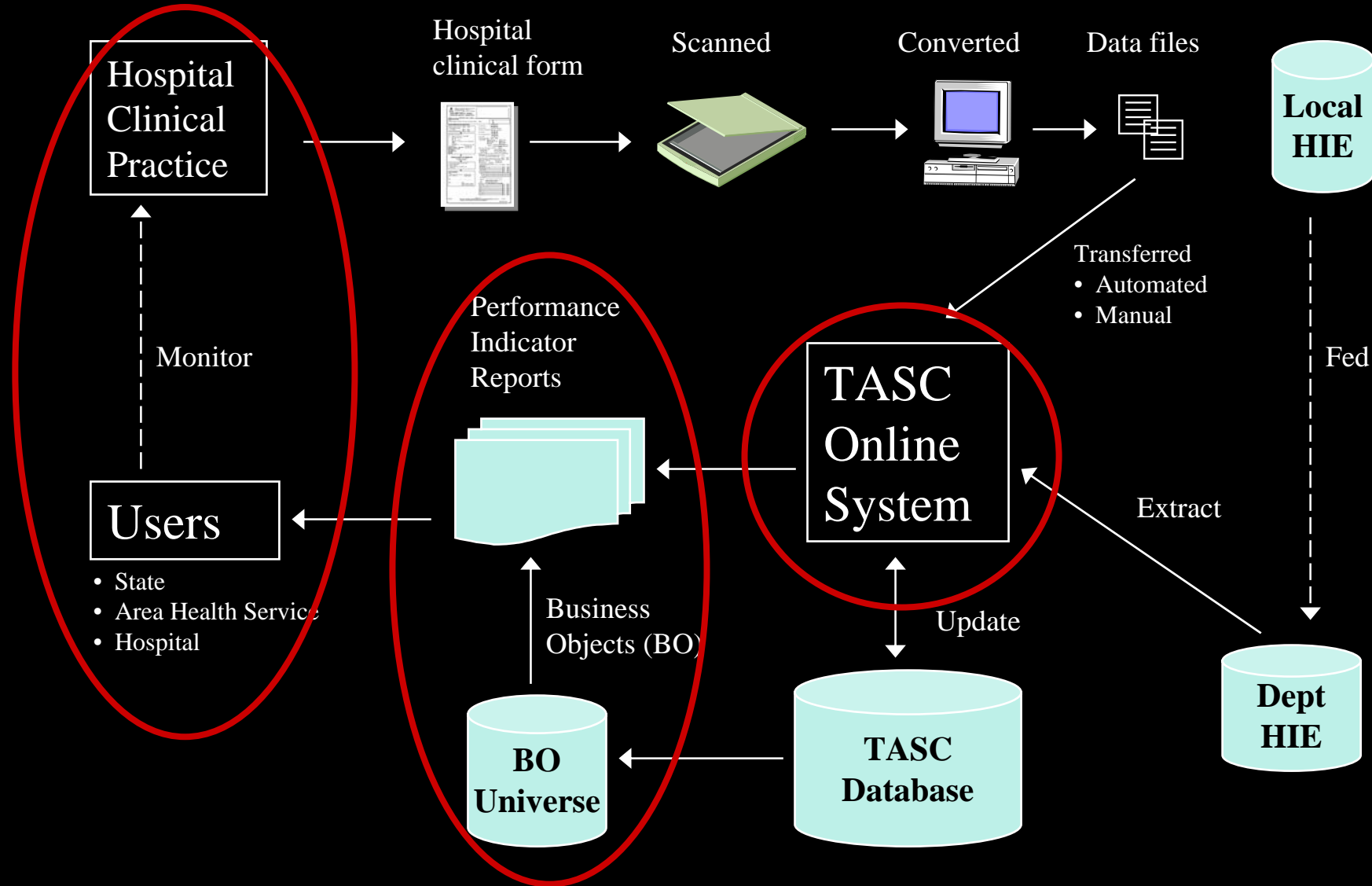
Ideal measurement system



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- Well defined patient group
- Agreed clinical data to be collected - MDS
- Known effective management – EBM
- Entry at point of care – minimal cost & effort
- Transfer to database - minimal cost & effort
- Agreed performance & outcome indicators
- Graphical display – timely comparison with benchmarks & other hospitals

Measurement, monitoring & feedback system – TASC Online



TASC Evaluation



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- An external evaluation of TASC conducted in 2005
- 6 hospitals in TASC – 6 not in TASC
- 6 months before TASC began (Aug – Dec 2002)
- 12 months after implementation (Aug – Dec 2004)
- 960 records - 480 stroke + 480 ACS records
- Rural, urban & tertiary referral hospitals

ACS Clinical Outcomes



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ACS patients receiving aspirin at discharge

Patients in rural hospitals in TASC (n=74) receiving aspirin at discharge increased

84% *before* TASC

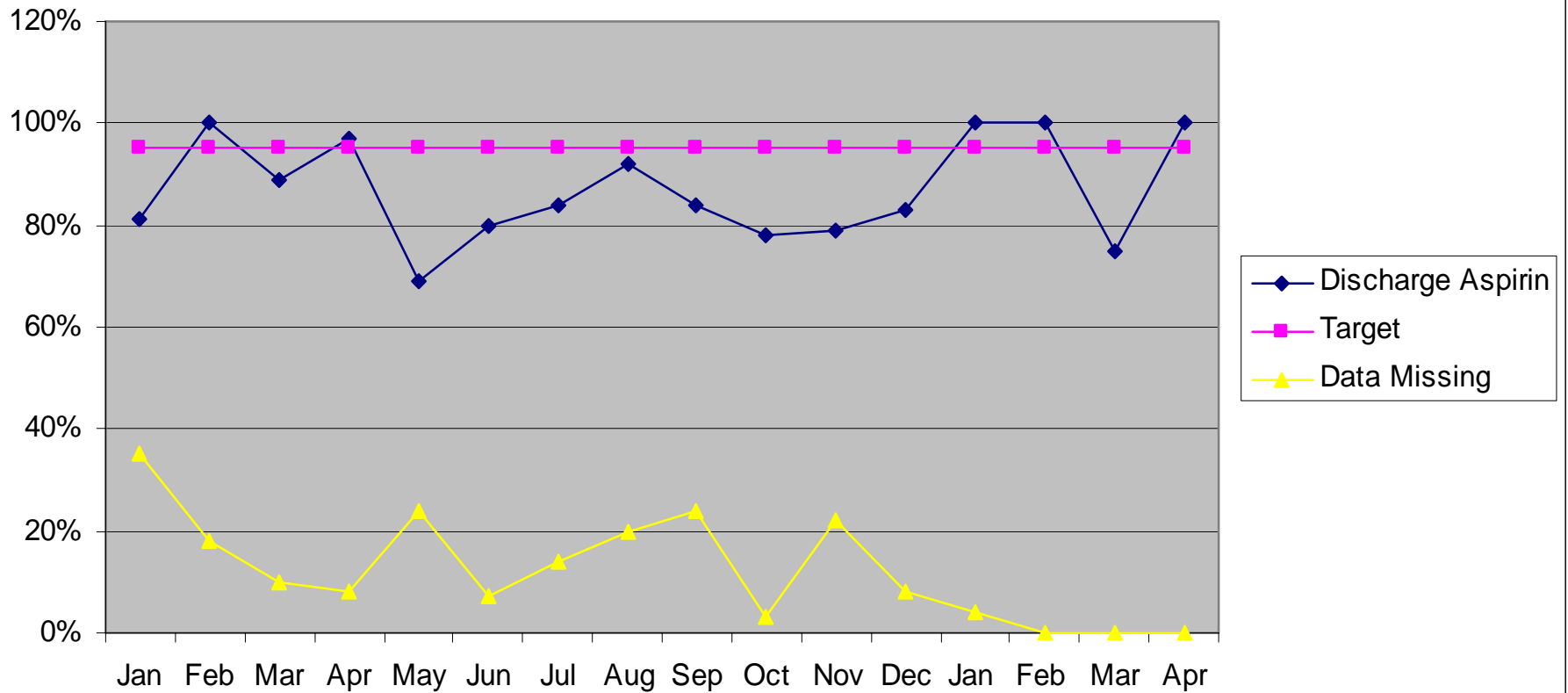
92% *after*

ACS patients discharged on aspirin



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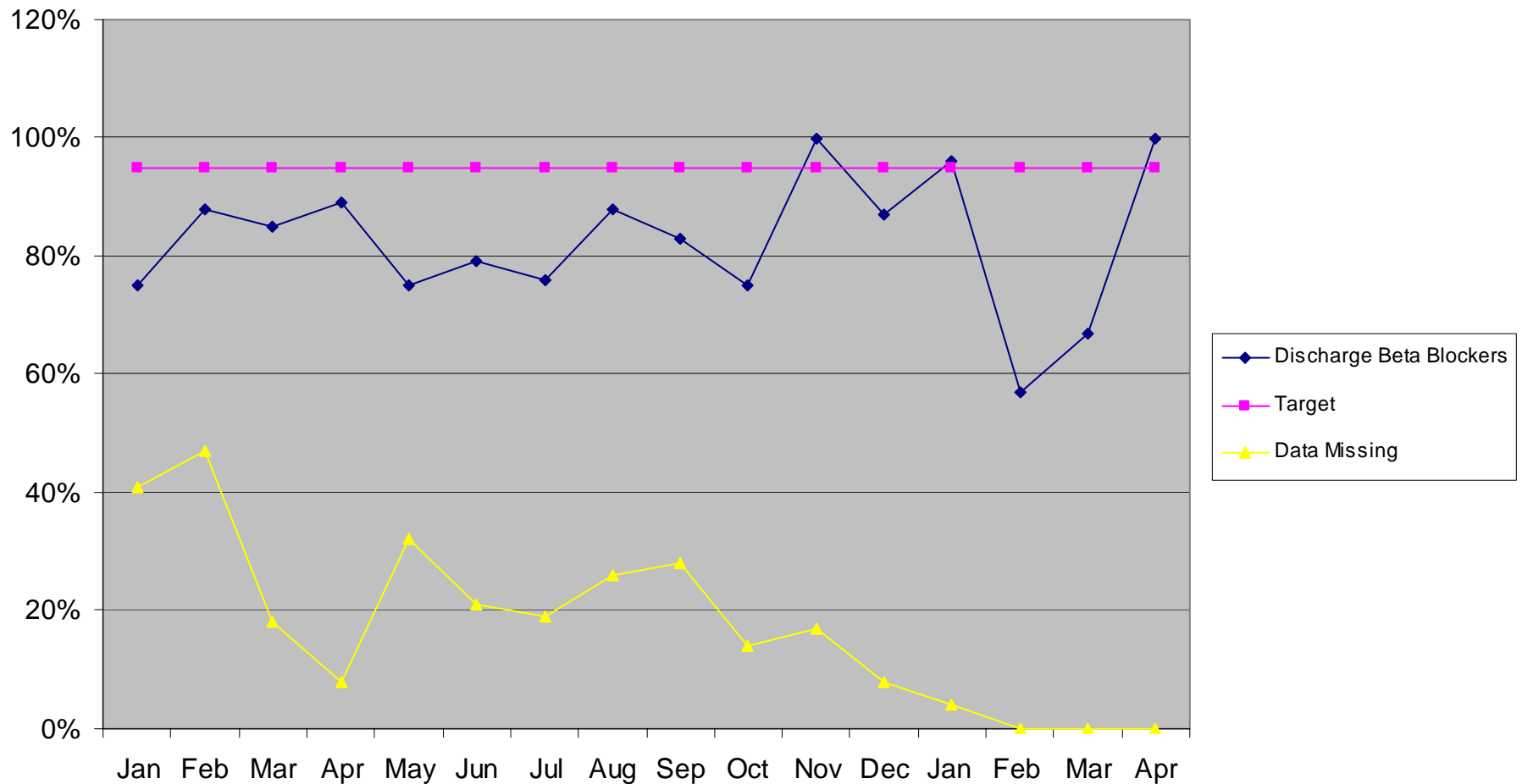
Discharge Aspirin (UAP, NSTEMI, STEMI only)



ACS patients discharged on Beta Blockers



Discharge Beta Blockers (UAP, NSTEMI, STEMI only)



Stroke Clinical Outcomes



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Urban hospitals (n=80 medical records) in TASC

22.5% of pts developed aspiration pneumonia **before** TASC

reduced to 5% **after** TASC (P<0.023)

Patients receiving blood pressure lowering agents



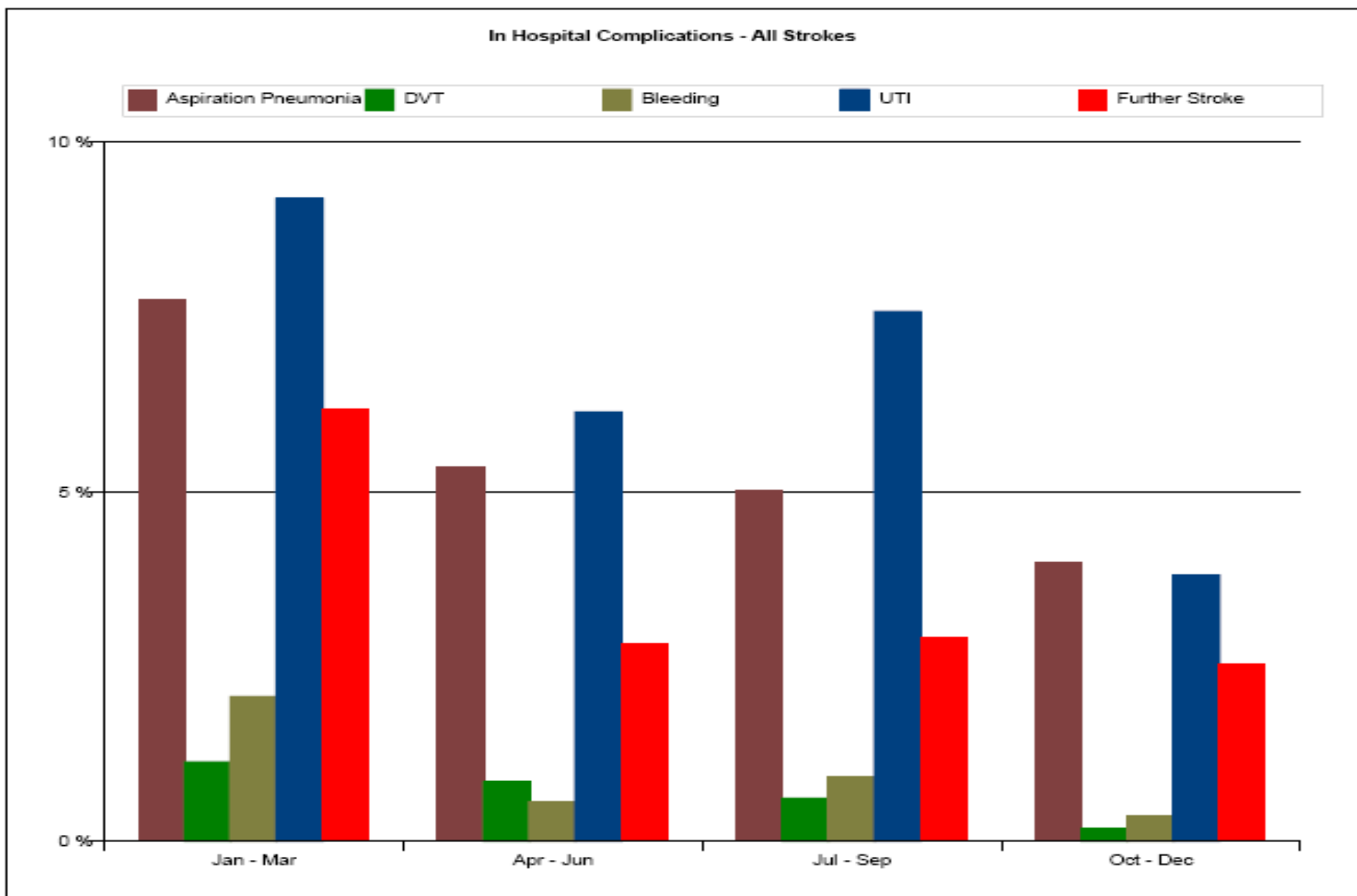
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Rural hospitals in TASC (n=67) patients receiving BP agents at discharge increased

36.4% **before** TASC

70.6% **after** (P<0.019)

Aspiration Pneumonia	7.7%	530	5.3%	711	5.0%	657	4.0%	553
DVT	1.1%	531	0.8%	711	0.6%	656	0.2%	551
Bleeding	2.1%	533	0.6%	712	0.9%	654	0.4%	552
UTI	9.2%	533	6.1%	717	7.6%	660	3.8%	552
Further Stroke	6.2%	517	2.8%	709	2.9%	654	2.5%	554





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Clinical Process outcome data

Stroke

Evidence of State and AHS system wide improvement strategies

Evidence of “top down” approach to clinical improvement strategies

ACS

Patchy TASC Online data

Evidence for need of “top down” approach and governance structure to support large system wide practice changes

Stimulus for organisational change



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- Reallocation of resources to increase capacity for EST
- Improved process for accessing CT scanning
- Improved clinical networking to facilitate patient flow

Making it part of the culture



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- Accountability – clinical decision support tools integrated in patient's medical record
- Commitment to collect data and benchmark with other organisations to improve outcomes & re-design care
- Focus on data rather than personalities or historical convention

Strategies to address barriers

- Executive support, appropriate resourcing
- Project Guidance team
- Timely feedback regarding outcomes of clinical care
- Guidelines based on sound evidence and best practice attracted support of clinicians
- Clinician and consumer involvement in reviewing data and outcomes of care to identify gaps in service delivery and drive future clinical practice
- Clinical champions to raise awareness, leadership and ensure sustainability



Achievements



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- Standardisation of clinical practice
- Measurement system that enables clinicians to review and analyse their practice
- Improved patient safety
- Improved understanding of systems of care between clinical divisions
- Improved information for patients and carers

Future Vision



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Move from our current paper based environment to an Electronic Medical Record (EMR)

Embed evidence base knowledge decision support tools in the EMR

SILVER AWARD



2005 NSW PREMIER'S PUBLIC SECTOR AWARDS

**Information and Communications
Technology**

Awarded to:

*Health Technology - Technology
Shared Services*

TASC Online




Morris Iemma
Premier & Treasurer of NSW

SHOWCASING EXCELLENCE IN NSW



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For more information on TASC

<http://www.cec.health.nsw.gov.au/currentprojects.html#tasc2>

<http://internal.hne.health.nsw.gov.au/tasc/>



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Thank You and Questions



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Where can you find the CEC?

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