

2008

## Utilising the Clinical Excellence Commission's Performance Indicators for Quality Use of Medicines

Jed S. Duff

University of Notre Dame Australia, [jduff1@nd.edu.au](mailto:jduff1@nd.edu.au)

Follow this and additional works at: [https://researchonline.nd.edu.au/nursing\\_conference](https://researchonline.nd.edu.au/nursing_conference)



Part of the Nursing Commons

This conference paper was originally published as:

Duff, J. S. (2008). Utilising the Clinical Excellence Commission's Performance Indicators for Quality Use of Medicines. *National Medicines Symposium*.

This conference paper is posted on ResearchOnline@ND at [https://researchonline.nd.edu.au/nursing\\_conference/2](https://researchonline.nd.edu.au/nursing_conference/2). For more information, please contact [researchonline@nd.edu.au](mailto:researchonline@nd.edu.au).



Abstract Only

## **Utilising the Clinical Excellence Commission's Performance Indicators for Quality Use of Medicines**

Like other aspects of health care, Quality Use of Medicine (QUM) can be considered in terms of structures, processes and outcomes. These components of QUM can be measured with performance indicators. This poster describes the Clinical Excellence Commissions (CEC) new performance indicators and their use in a warfarin practice improvement project.

- Aim: To measure performance indicators in order to; Comprehensively audit warfarin therapy
- Benchmarking current practices
- Identify opportunities for practice improvement
- Measure practice change

Method: Auditing structures, processes, and outcomes requires different tools and methods. For this project, the following tools were utilised;

The CEC Medication Safety Self Assessment for Antithrombotic Therapy in Australian Hospitals tool (MSSA-AT) was selected to provide qualitative data on hospital structure, culture, systems, policies, procedures and activities.

The CEC and NSW TAG Indicators for Quality Use of Medicines in Australian Hospitals were used to review processes. These indicators provided quantitative data regarding the impact and effectiveness of systems, policies and procedures.

Indicators from Australia Council of Health Care Standards (ACHS) provided quantitative data related to patient outcomes.

Results: Together, the tools provided a comprehensive evaluation of warfarin therapy at St Vincents Private Hospital. The MSSA-AT provided a baseline measure of performance, a benchmark of practices, and numerous areas for practice improvement. The CEC's process indicators provided a picture of current practices. This data, when benchmarked, identified strengths and opportunities and the ongoing measurement of these indicators will provide ongoing evidence of practice change. The ACHS outcomes data provided evidence that, although room for improvement, outcomes remained comparable with national data.

Conclusion: Using performance indicators enabled a comprehensive review of clinical practice by providing information from a variety of sources about different aspects of therapy. This information can then facilitate the practice improvement process.