

QUEENSLAND HEALTH CLINICAL GOVERNANCE IMPLEMENTATION STANDARD

4. Variable Life Adjusted Display – Dissemination and Reporting v3.5

Implementation Standard for all Queensland Health employees and agents – including Queensland Health Corporate Office, Statewide Services, Shared Service Providers, Area Health Services and Health Service Districts

1. Purpose:

Variable Life Adjusted Displays (VLADs) is a monitoring tool to be used for improving the quality of services provided. This standard describes the mandatory auditable requirements regarding the dissemination of the Variable Life Adjust Display (VLAD) to Health Service Districts, Area Health Services, Private Health Unit, the Patient Safety and Quality Board (PSQB) and its Level 3 VLAD Response Subcommittee. This standard uses terms and concepts defined in the [Queensland Health Clinical Governance Policy](#) and Glossary of Terms – Quality Management.

2. Scope:

This standard applies to:

- Health Service Districts and other elements of Queensland Health which provide clinical services and their staff;
- Area Health Services and Area Clinical Governance Units;
- Private Health Unit;
- Private hospitals;
- Mater Public Hospitals;
- Clinical Practice Improvement Centre;
- Patient Safety and Quality Board and it's Level 3 VLAD Response Subcommittee

3. Authorising Policy:

[Queensland Health Clinical Governance Policy](#)

4. Review:

This standard will be reviewed annually and revised if there are policy and process changes for:

- Corporate and clinical governance in Queensland Health
- Queensland Health information system for corporate and clinical governance,

This standard was last reviewed: April 2008. Current review: June 2008

5. Supersedes:

VLAD Implementation Standard v3.4

6. Business Contact:

Any requests for further information or clarification regarding this standard should be referred to the Clinical Practice Improvement Centre, Reform and Development Division
Phone: 3636 9889.

7. Further information: see links below

<u>Implementation Standards</u>	<u>Procedures</u>	<u>Related Documents</u>
<u>Roles and Responsibilities</u>	<u>Data Systems</u>	Corporate Governance Policy
<u>Performance Monitoring</u>	<u>QHAPDC</u>	<u>Credentials and Clinical Privileges Policy</u>
<u>Information System</u>		<u>Clinical Networks Policy</u>
		<u>Clinical Incident Management Policy</u>
		<u>Integrated Performance Reporting Policy</u>
		Integrated Risk Management Policy
		<u>Service Capability Framework</u>
		<u>Patient Safety and Quality Board</u>
		<u>Health Quality and Complaints Commission</u>
		Glossary of Terms
		<u>Health Services Act 1991</u>

8. Variable Life Adjusted Display – Definition and Background

Variable Life Adjusted Display (VLAD) is a screening tool to identify the place to start in examining possible areas of concern (or strength) for safety and quality of care. It does this by “flagging” certain indicators which warrant further investigation. It should be interpreted and reviewed with the intention to understand causation and to determine whether corrective action is necessary. It is not a diagnostic tool. The VLAD significantly reduces workload by filtering out areas where it is less likely to be a concern and provides a list of cases to review further.

It is expected that Level 2 and 3 flags will stimulate a more rigorous investigation than Level 1 flags. This is because a Level 3 flag is less likely to be due to chance or random variation than a Level 1 flag. A flag is initiated where the VLAD line meets the lower or upper control limits. When a VLAD flags at a particular point it is suggesting that over time there have been more patients experiencing the outcome than expected, up until this patient. The suggested way of viewing this graph is to firstly look for flags and then look backwards from this flagging point to see if there is a change in the trend or not. It is what leads up to the point at which the VLAD line meets the control limit (*the track*) which is most important rather than the actual point itself (*the crossing*).

9. Variable Life Adjusted Display – Indicators

Variable Life Adjusted Display (VLAD) Indicators for 2008	
Indicator ID Code	Indicator Name
C001-1	AMI In-hospital Mortality Rate
C001-3	AMI Readmission Rate
C002-1	Heart Failure In-hospital Mortality Rate
C002-3	Heart Failure Readmission Rate
C003-1	Stroke In-hospital Mortality Rate
C004-1	Pneumonia In-hospital Mortality Rate
C051-1	Fractured Neck of Femur In-hospital Mortality Rate
C051-2	Fractured Neck of Femur Complications of Surgery (Whole Admission) Rate
C052-2	Laparoscopic Cholecystectomy Complications of Surgery Rate
C053-2	Colorectal Carcinoma Complications of Surgery (Whole Admission) Rate
C054-2	Hip Replacement (Primary) Complications of Surgery (Whole Admission) Rate
C054-3	Hip Replacement (Primary) Readmissions within 60 days Rate
C055-2	Knee Replacement (Primary) Complications of Surgery (Whole Admission) Rate
C055-3	Knee Replacement (Primary) Readmissions within 60 days Rate
C055-4	Knee Replacement Long Stay
C056-2	Prostatectomy Complications of Surgery Rate
C057-3	Paediatric Tonsillectomy and Adenoidectomy Readmission Rate
C057-4	Paediatric Tonsillectomy and Adenoidectomy Long Stay
C101-5	Selected Primiparae Induction of Labour
C101-8	Selected primiparae Caesarean Section (Public Hospitals)
C101-9	Selected primiparae Caesarean Section (Private Hospitals)
C103-2	Abdominal Hysterectomy Complications of Surgery Rate
C104-2	Vaginal Hysterectomy Complications of Surgery Rate
C151-3	Depression Readmission Rate
C151-4	Depression Long Stay
C152-3	Schizophrenia Readmission Rate
C152-4	Schizophrenia Long Stay

10. Reporting protocols

A review of the VLAD is required where notification has been received concerning a flagged indicator. The **District Manager** or nominated accountable officer is required to complete a report within 30 days of notification which includes details of the indicator, the investigation undertaken and the management action plan to correct an unfavourable result or to maintain a positive result. These reports are to be approved by the District Manager before submitting the report via the on-line feedback form. Private facilities are required to obtain approval of the report by their CEO before submitting their report via email to the Clinical Quality and Analysis Unit (VLAD_Response@health.qld.gov.au). There is no current requirement for private facilities to report on upper level flags.

Flags	Fatal Outcome Indicator*	Non-Fatal Outcome Indicator*	Action Required
1	30	50	Hospital will investigate internally and report outcome to Area Clinical Governance Unit or Private Health Unit (for Private Facilities), who will review the investigation.
2	50	75	Hospital will investigate internally and report outcome to Area Clinical Governance Unit or Private Health Unit (for Private Facilities), who will review the investigation.
3	75	100	Hospital will investigate internally and report outcome to Area Clinical Governance Unit or Private Health Unit (for Private Facilities), who will review the investigation. Lower Level 3 flags: PSQB Level 3 VLAD Response Subcommittee will review hospital investigation and management action plans and make recommendations to the PSQB on the adequacy of responses provided by Health Service Districts on their Level 3 VLAD flag/s. The PSQB will subsequently accept or reject these recommendations.

Reporting Rules:

- A level 3 flag is considered as being statistically significantly different from State average.
- A lower level 3 investigation requires outcomes of previous investigations of an indicator to be considered and included in a hospital response. For example, all cases considered in lower level 1 & 2 investigations and subsequent cases leading up to the lower 3 flag should be reviewed for a lower level 3 investigation.
- All hospital responses to lower level 3 flags will be included in the *De-identified Lower Level 3 Flag Feedback* report presented at the PSQB VLAD Response Subcommittee. This report will be generated by Clinical Quality and Analysis Unit post 60 days initial notification of flags to hospitals and will also include flags previously presented at the PSQB meetings but deferred.
- The *De-identified Lower Level 3 Flag Feedback* report and recommendations on the adequacy of responses and management action plans made by the PSQB VLAD Response Subcommittee will be submitted to the next PSQB meeting for endorsement after 90 days initial notification of flags to hospitals.
- Area General Managers are responsible for advising on level 3 flags at the PSQB.

- In the case of multiple flags being triggered for the same indicator in the same reporting period, only the highest level flag needs to be reviewed and reported, as this review should include findings for the lower level flags.

The VLADs will be updated on a monthly basis using administrative data submitted through the Queensland Health Admitted Patient Data Collection and the Perinatal Data Collection. Any delay in submission of data from hospitals will influence the currency of the VLAD data dissemination.

Access to the VLAD information will be granted to officers nominated by members of the Executive Management Team. District Managers are to nominate officers within their Districts only.

Public Hospitals:

During the year, the regular updates to the VLADs will be disseminated via a secure web site so that appropriate review can be undertaken before any public disclosure occurs. Notification reports will be emailed to the relevant nominated officers. The results of the review process will also be captured online through a secure site. Any report submitted in this manner will require the endorsement of the District Manager.

Private Hospitals:

VLAD data and notification reports will initially be disseminated by password-protected CD to private hospitals. The results of the review process will be returned by email utilising the forms provided on the CD.

In 2008, a secure online site will be available for the private hospitals to access and report on their VLADs in a similar manner to the process currently undertaken by public hospitals.

Annual Public Hospital Performance Report:

All hospital responses to lower level 3 flags will be expressed in plain English for the purpose of collation and reporting within the Annual Queensland Public Hospital Performance Report.

11. Roles and Responsibilities

The following roles and responsibilities apply with respect to this implementation standard.

Title /Role	Responsibilities
Corporate Level	
11.1 Clinical Practice and Improvement Centre (CPIC)	11.1.1 Analyse and disseminate indicators monthly 11.1.2 Notify relevant parties of flagged indicators 11.1.3 Manage feedback system for lead clinicians/reviewers and Area Clinical Governance Units/Private Health Unit

Title /Role	Responsibilities
	<p>11.1.4 Review hospital investigations with regard to correct interpretation of VLAD including investigation of the relevant patient charts.</p> <p>11.1.5 Subsequent to PSQB Acceptance ensure that the wording used to describe the hospital investigation and management action plans is expressed in plain English for the purpose of collation and reporting within the annual Queensland Public Hospitals Performance Report.</p> <p>11.1.6 Ensure the District Manager is given the opportunity to review the hospital investigation and management action plans as expressed in plain English prior to publication</p> <p>11.1.7 Prepare the annual Public Hospital Performance Report.</p> <p>11.1.8 Assistance with data analysis</p> <p>11.1.9 Assistance with change management strategies</p> <p>11.1.10 Assistance with implementation of improvements in care practices</p> <p>11.1.11 Review that there is evidence to support that the investigation has consulted each level of the Pyramid Model of Investigation</p>
<p>11.2</p> <p>Patient Safety and Quality Board Level 3 VLAD Response Subcommittee</p>	<p>11.2.1 Assess whether the information reported outlines an appropriate level of investigation</p> <p>11.2.2 Assess whether information reported outlines the formulation of an appropriate management action plan</p> <p>11.2.3 Subsequent to District Manager review, annually review the hospital investigation and management action plans as expressed in plain English to ensure these are representative of the initial investigation and management action plan.</p>
<p>11.3</p> <p>Patient Safety and Quality Board</p>	<p>11.3.1 Provide advice to the Director-General on issues relating to patient safety, quality and effectiveness</p> <p>11.3.2 Review level 3 flagged indicators and PSQB Level 3 VLAD Response Subcommittee recommendations</p> <p>11.3.3 Annually review the hospital investigation and management action plans as expressed in plain English and PSQB Level 3 VLAD Response Subcommittee recommendations</p>

Title /Role	Responsibilities
Area Level	
11.4 General Managers, Area Health Services Chief Health Officer (for Private Facilities)	11.4.1 Ensure flagged indicators are investigated and actioned by hospitals 11.4.2 Advise PSQB on lower level 3 flagged indicators and review outcomes (public hospitals only) 11.4.3 Ensure hospitals submit reports within stipulated timeframes
11.5 Clinical Networks and Collaboratives	11.5.1 Assist with reviews of flagged indicators and outcomes 11.5.2 Assist with implementing management action plans where relevant
11.6 Clinical Governance Unit Private Health Unit	11.6.1 Advise General Managers Area Health Service/Chief Health Officer on reviews of flagged indicators and outcomes 11.6.2 Advise/engage with Clinical Networks/Collaboratives on reviews of flagged indicators and outcomes 11.6.3 Assist districts / private facilities with reviews of flagged indicators 11.6.4 Review District investigations to ensure management action plans address identified issues in the view of the Clinical Governance/Private Health Unit Manager
District/Facility Level	
11.7 District Manager Clinical Chief Executive Officer Chief Executive Officer (Private Facility)	11.7.1 Review hospital investigation and management action plan before submission 11.7.2 Ensure any changes identified have been actioned. 11.7.3 Nominate Lead Clinicians/Reviewers and other Appropriate Officers to view VLADs/assist reviews 11.7.4 Notify CPIC of Lead Clinicians/Reviewers and other Appropriate Officers 11.7.5 Review the hospital investigation and management action plans as expressed in plain English prior to publication to ensure these are representative of the initial investigation and management action plan

Title /Role	Responsibilities
11.8 Lead Clinician/ Reviewer	11.8.1 Actively participate in hospital investigation of all flags 11.8.3 Notify District Manager/Clinical CEO of investigation outcome
11.9 District Safety and Quality Committee	11.9.1 Monitor reviews of flagged indicators and outcomes 11.9.2 Advise District Manager/Clinical CEO on review of all flagged indicators 11.9.3 Update District Clinical Risk Management Plan as a result of review of flagged indicators 11.9.4 Assess the information reported outlines an appropriate level of investigation has occurred 11.9.5 Assess the information reported outlines the formulation of an appropriate management action plan
11.10 Health Community Council	11.10.1 Advise District Manager/Clinical CEO on issues relating to flagged indicators 11.10.2 Consider all VLADs and be satisfied that flagging VLADs have had appropriate action by the District Manager

12. Review Model

The VLAD is a quality monitoring tool and must be interpreted as such; it is designed to flag issues for further review. The occurrence of a flag should not be immediately interpreted as indicating good or bad performance as there are many possible explanations as to why the VLAD will flag, one reason being simply chance. Where review is initiated, it has been recommended that the pyramid model of investigation¹ be adopted (see Figure 1). In summary, the pyramid model of investigation suggests a hierarchical approach to identify causation. Under this model, factors at the base of the pyramid are more likely to be causes than factors at the apex.

¹ Mohammed MA, Rathbone A, Myers P, Patel D, Onions H, Stevens A. An investigation into general practitioners associated with high patient mortality flagged up through the Shipman inquiry: retrospective analysis of routine data. *BMJ* 2004; 328: 1474-7.

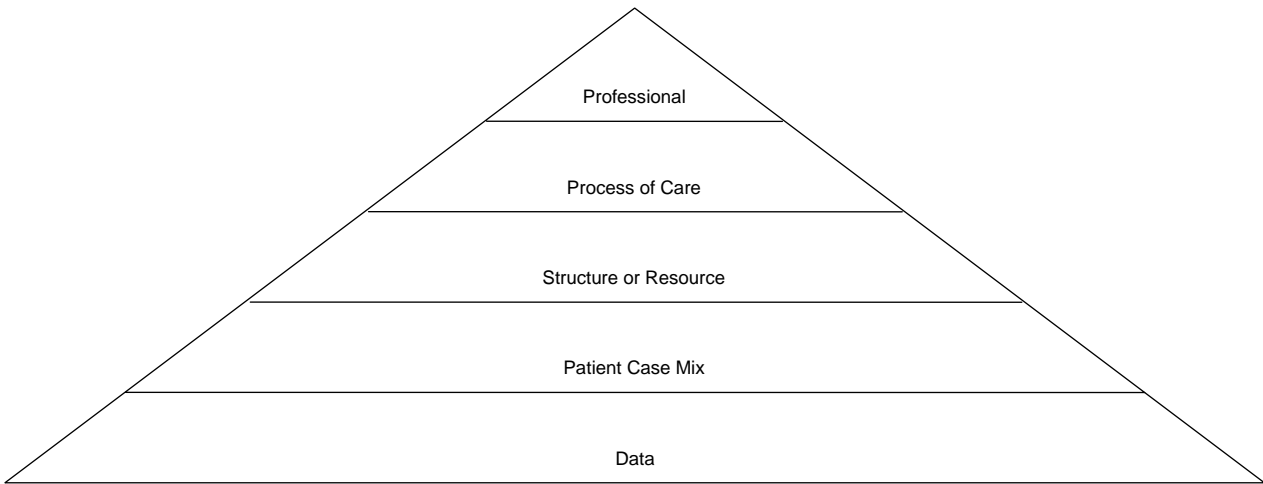


Figure 1 : Pyramid Model of Investigation

13. Public Reporting

VLADs for each Hospital will be made available as part of the release of the Annual Public Hospital Performance Report required under the *Health Services Act 1991*. The Report should include the management action plans arising from the results of any hospital reviews conducted.

Release Details

Table A shows the administrative details for the current release of this document:

TABLE A	
Review authored by:	Kirstine Sketcher Baker Date: June 2008
Approved by:	Patient Safety and Quality Board, Chair: Associate Professor Maarten Kamp <i>signed</i>
	_____ (Approving Officer's Signature)