

## **ANZCA and FPM CPD Program**

# Analysing healthcare outcomes guideline



Category 1 Practice evaluation Measuring outcomes

## **Purpose**

This guideline assists CPD participants complete the *Analysing healthcare outcomes* (AHO) activity.

### **Activity description**

The purpose of this facilitated small group activity is meeting with colleagues to analyse and critically reflect on published reports of outcome data and evidence-based care as part of professional development, including discussion of the implications for participants' practice.

The objective is to focus on *continuous quality improvement* through:

- analysis of healthcare outcomes
- critical reflection on published findings
- reflection on own experiences
- evaluation of broader evidence for practices and processes of care, and
- identification of opportunities for action to drive ongoing quality improvement.

Size	Minimum 3 required, maximum 12 suggested (large enough for diverse views, small enough for active contribution by all)
Attendees	Can be multidisciplinary (different specialties and health disciplines)  Advantages to having members from a range of practice environments and contexts, provided the topic is relevant to each participant's scope of practice
Meetings	Face-to-face or virtual Suggest 1 to 3 hours (sufficient time for all attendees to contribute, for reflection and for issues raised to be addressed in detail).
Atmosphere	Supportive and non-judgemental so all members feel comfortable to raise and discuss points

This activity differs from *Peer support groups* which have a consistent membership and meet regularly over time. In contrast, *Analysing healthcare outcomes* is a group activity that may occur as a one-off event or a short-term series of meetings (e.g., two-three meetings for a large report). In a short-term series, attendees can claim the activity for any meeting(s) attended.

#### Related documents

1. Analysing healthcare outcomes CPD verification form



### How to complete this activity

#### Roles

Each meeting should have an AHO Facilitator whose role is to:

- **Finalise a topic** (which may be in consultation with other planned attendees) and identify relevant data/published outcomes/existing guidelines or those in development)/other information in the public domain.
- Oversee meeting logistics (date and time, venue, attendees)
- **Identify and circulate pre-reading materials** the published document that will be the primary focus of the discussion and reflection, and any supporting materials (noting that all circulated documents must be in the public domain).
- Facilitate the meeting (see below).

### <u>Steps</u>

Time period	Steps			
Opening	Introduce the published document being discussed.			
	Outline approach to confidentiality in relation to personal opinions/experiences/information.			
	Only de-identified information that is in the public domain should be discussed.			
	Confidential health information (e.g., patient and clinician identifiers) should not be shared.			
	Outline agreed conduct to promote constructive discussion and safety for all attendees.			
Body	Summarise, analyse and evaluate the information in the circulated materials.  For a report on healthcare outcomes/audit data this could include analysis and reflection on:  The context for the data/report  Nature of the data collected  Specific outcomes/findings  Recommendations in the report  Benchmarks or comparative data  Evidence from broader reading/review  Opportunities for improvement/potential actions arising from the discussion.			
	Consider how ideas could be actioned and their impact measured.  For example, would this be a good topic for consideration for an ANZCA Safety Alert or an ANZCA Bulletin article, or referral to the ANZCA Safety and Quality Committee.  For published documents that are in a consultation phase, this may include the group providing a response to the consultation.  The AHO facilitator should monitor attendee participation and ensure that all have an opportunity to provide input.			
	As this is a Practice evaluation activity, the facilitator should ensure a significant proportion of the time (suggested at least half) should be spent discussing implications for practice and next steps (as relevant).			
Close	Summary of key discussion points, findings and actions.			
	Reminder about confidentiality of personal opinions/ experiences/information.			



#### AHO topic examples

Published documents on which an AHO activity may be based include:

- 1. Published data relating to healthcare outcomes and processes of care, such as:
  - Published audit results.
  - Aggregate data reports (e.g., clinical registry reports or other relevant local, national or international healthcare outcome datasets).
- 2. Published healthcare incident reports, such as:
  - Sentinel event reports in the public domain (e.g. a State level annual report available to the public).
  - Coronial findings in the public domain.
  - Coronial Communiqués.
  - Safety alerts.
- 3. Published safety & quality reports, such as:
  - ANZCA Safety of Anaesthesia reports.
  - Jurisdictional anaesthesia safety reports (e.g., SCIDUA, POMRC; VPCC).
  - Results of formal inquiries into healthcare processes and/or outcomes.
  - International healthcare safety reports (e.g., the UK Royal College of Anaesthetists National Audit Project reports (NAPs) and the Institute for Safe Medication Practices (ISMP) medication safety reports).
  - ANZTADC WebAirs.
- 4. Standards/guidelines/policies developed in response to healthcare outcomes or to promote evidence-based practice, such as:
  - ANZCA Professional Documents newly released or due for periodic review, or in a consultation phase.
  - ACSQHC Clinical Care Standards (CCS) and clinical indicators newly released or in a consultation phase.
  - ACHS clinical indicators.
  - Choosing Wisely Australia recommendations.
  - Local/jurisdictional guidelines.
  - National Institute for Clinical Excellence (NICE) Guidance (including quality standards).
- 5. Critically reviewing recently published safety and quality articles that present healthcare outcome data or incident reports, with a focus on quality improvement.
  - The discussion should include analysis of the presented data or incident(s) and consider the implications for practice and/or health care organisations.
- 6. Topics generating discussion/controversy in the media/literature/among consumers.
  - The discussion should include analysis of relevant information from broader reading and review and consider the implications for practice and/or health care organisations.

#### De-identification of cases

Whilst the focus of the AHO activity is on published information in the public domain, participants may reflect on their clinical experiences. It is important that cases are discussed in a de-identified manner (noting this activity does not have qualified privilege in Australia or New Zealand). Members should also consider local jurisdictional requirements in relation to sharing patient information and protecting confidentiality. The case discussion/conferencing group does not have clinical or operational oversight of the work of its members and is thus not responsible for the conduct of individual members in acting on patient care issues discussed.



### **ANZCA and FPM CPD portfolio recording**

Participants record this activity under

Category 1 Practice evaluation – measuring outcomes: *Analysing healthcare outcomes*, with the *Analysing healthcare outcomes CPD verification form* uploaded as evidence.

#### **Optional related activities**

**1. Critical reflection:** Following the meeting, AHO attendees may choose to undertake an individual *Critical reflection* activity.

### **Change control register**

Version	Author/s	Reviewed by	Approved by	Approval date	Sections modified
1	A Kattula P Macintyre L Roberts J Sutherland	CPD team		2023	Created

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