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QUEENSLAND

COMMISSIONS OF INQUIRY ACT 1950

QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY

STATEMENT OF BRIAN WILLIAM JOHNSTON

1 I, **Brian William Johnston**, Chief Executive, The Australian Council on Healthcare Standards, c/- 5 Macarthur Street, Ultimo, NSW, 2007, acknowledge that this written statement by me is true to the best of my knowledge and belief. It is made without prior knowledge of any evidence or information held by the Inquiry which is potentially adverse to me and in the expectation that I will be afforded procedural fairness should any adverse allegation be raised against me.

2. I am the Chief Executive of The Australian Council on Healthcare Standards ("ACHS") and have held that position since 13 November 2000.

3 Attached and marked **'BWJ1'** is a copy of my curriculum vitae.

4. ACHS is an independent not for profit organisation. Since 1974, ACHS has provided advice and support to health care providers in the measurement and implementation of quality improvement systems.

5. Every six months, ACHS produces a report setting out its findings on the quality of health care in Australia and New Zealand. The report is compiled from clinical indicator data reported to it by participating health care organisations. The report contains a summary of the average results for each of the ACHS clinical indicators in the participating health care organisations. Each year a consolidated deidentified report is published covering all data received for the previous calendar year. The most recent version of this report is the *"Determining the Potential to Improve Quality of Care (5th Ed), ACHS Clinical Indicator Results for Australia and New Zealand 1998-2003"* (attached and marked **'BWJ2'**)

6. ACHS clinical indicator results are designed to be used as a tool by which health care organisations can identify outcomes of care that fall outside the average for the participating health care organisations.

7. However, when a statistical outlier for a particular clinical indicator is identified by a health care organisation, further investigations need to be conducted to determine whether the statistical outlier is a cause for concern. For example, a review of the patient records will need to be undertaken.

8. There could be a number of reasons for a statistical outlier in a particular clinical indicator, including, for example:

a) Patient characteristics.

b) The severity of the condition/s being suffered by the patient.

c) Systemic problems within the health care provider.

d) Problems with a clinician's technique.

e) Equipment problems

9. ACHS clinical indicator results are not intended to be used as a definitive measure of performance.

10. The intended role of ACHS clinical indicator results is clearly stated at page 8 of 'BWJ2':

> *"Indicators are primarily a screening tool to identify clinical areas that may require further detailed review if the variations between [Health Care Organisations] is large "*

11. I have been shown a copy of a report entitled *"Clinical Audit of General Surgical Services Bundaberg Base Hospital"* prepared by Dr Gerry Fitzgerald, Chief Health Officer, and Mrs Susan Jenkins, Manager-Clinical Quality Unit, Office of the Chief Health Officer ("the Report") (attached and marked **'BWJ3'**).

12. I have been asked to provide further information about the ACHS clinical indicator results for Surgical Clinical Indicator 7.1, the rate of patients having bile duct injury requiring operative intervention during laparoscopic cholecystectomy, included at page 9 of the Report.

13. The ACHS clinical indicator results for Surgical Clinical Indicator 7.1 included at page 9 of the Report have been extracted from the first 5 columns of the "Results" table on page 164 of 'BWJ2'. The data included in the "Results" table on page 164 only includes bile duct injury requiring operative intervention, that is, open, laparoscopic or endoscopic operative intervention.

14. The data reported by Bundaberg Hospital to ACHS for the Surgical Clinical Indicator 7.1 differs from the data reported in the table on page 9 of the Report. The data reported by Bundaberg Hospital to ACHS was:

Time period	Numerator	Denominator	Rate
Jan/June 03	0	52	0
July/Dec 03	1	54	1.85
Jan/June 04	0	56	0
July/Dec 04	2	62	3.2

15. The difference in the data for Bundaberg Hospital on page 9 of the Report may be different to that reported to ACHS (as set out in paragraph 14) due to a number of reasons including:

a) A difference in definitions. The ACHS definition for Surgical Clinical Indicator 7.1 is:

> *"Numerator. The number of patients having a laparoscopic cholecystectomy with a bile duct injury requiring operative intervention, during the time period under study*
> *Denominator The total number of patients having a laparoscopic cholecystectomy performed, during the time period under study."*

b) The hospital records have been reviewed to ensure that they have been correctly classified.

16. The Bundaberg Hospital data included on page 8 is not in the format of the data that is provided to ACHS for surgical clinical indicator 2.1. The data provided to the ACHS is for all unplanned readmissions not only surgical readmissions.

Signed at **Sydney in the State of New South Wales** on **17 October 2005**.

Brian William Johnston
Chief Executive
The Australian Council of Healthcare Standards