Complete Summary

TITLE

Morbidity of radiological procedures: percentage of patients undergoing percutaneous transpleural biopsy of the lung or mediastinum, for whom there is documented evidence of pneumothorax and/or haemothorax requiring intervention following the procedure, during the 6 month period.

SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2008. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2007 Dec. 776 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients undergoing percutaneous transpleural biopsy of the lung or mediastinum, for whom there is documented evidence of pneumothorax and/or haemothorax requiring intervention following the procedure, during the 6 month time period.

RATIONALE

Percutaneous transpleural biopsy may be associated with significant morbidity and may reflect possible problems in the performance of the procedure.

PRIMARY CLINICAL COMPONENT

Percutaneous transpleural biopsy of the lung or mediastinum; pneumothorax; haemothorax

DENOMINATOR DESCRIPTION

Total number of patients undergoing percutaneous transpleural biopsy of the lung or mediastinum, during the 6 month time period (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Total number of patients undergoing percutaneous transpleural biopsy of the lung or mediastinum, for whom there is documented evidence of pneumothorax and/or haemothorax requiring intervention following the procedure, during the 6 month time period (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Australian Council on Healthcare Standards (ACHS). Australian clinical indicator report 1998-2006. Determining the potential to improve quality of care: 8th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2007. 564 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Safety

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients undergoing percutaneous transpleural biopsy of the lung or mediastinum, during the 6 month time period

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Total number of patients undergoing percutaneous transpleural biopsy of the lung or mediastinum, during the 6 month time period

- This indicator relates to the treatment of both inpatients and outpatients having percutaneous transpleural biopsy of the lung or mediastinum performed.
- Any patient having a subsequent percutaneous transpleural biopsy of the lung is to be counted as a new patient.

Exclusions
This indicator excludes the performance of biopsy of the pleura or pleural drainage.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Diagnostic Evaluation

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of patients undergoing percutaneous transpleural biopsy of the lung or mediastinum, for whom there is documented evidence of pneumothorax* and/or haemothorax** requiring intervention following the procedure, during the 6 month time period

*Pneumothorax is defined as the presence of air in the pleural cavity following the procedure, on the first post procedural chest x-ray***.

Haemothorax is defined as the presence of, or an increase in, the amount of fluid in the pleural cavity following the procedure, on the first post procedural chest x-ray*.

***The first post procedural chest x-ray is defined as occurring from 1 to 4 hours after the percutaneous transpleural biopsy.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Adverse Outcome

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Indicator area 2: morbidity of radiological procedures CI 2.1.

MEASURE COLLECTION

Australian Council on Healthcare Standards (ACHS) Equip Clinical Indicators

MEASURE SET NAME

Radiology Indicators

DEVELOPER

Australian Council on Healthcare Standards

FUNDING SOURCE(S)

Funding is direct Australian Council on Healthcare Standards (ACHS) funding sourced through our membership. ACHS does not receive external funding from the government or other sources.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Our terms of reference dictate the composition of the working parties that develop our indicators and include the following:

- Two Clinicians -- nominated by the relevant specialty college/association/society, one nominated to be the chair of the working party
- Private Hospital Representative -- nominated by the Australian Private Hospital Association
- Consumer Representative -- nominated by the Consumer Health Forum of Australia
- Coding Representative -- nominated by the National Centre for Clinical classification on Health
- Quality Health New Zealand, nominated by QHNZ (if applicable)
- Epidemiological/Clinical Research Representative, Director of Health Services Research Group, University of Newcastle
- Australian Council on Healthcare Standards (ACHS) Representatives -- Clinical Director, Coordinator, Administrative Assistant
- Other Expert Stakeholders, as required

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1997 Sep

REVISION DATE

2007 Dec

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2008. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2007 Dec. 776 p.

MEASURE AVAILABILITY

The individual measure, "Indicator Area 2: Morbidity of Radiological Procedures CI 2.1," is published in "ACHS Clinical Indicator Users' Manual 2008."

For more information contact, the Australian Council on Healthcare Standards (ACHS), 5 Macarthur Street, ULTIMO NSW 2007; Phone: (02) 9281 9955; Fax: (02) 9211 9633; E-mail: pos@achs.org.au; Web site: www.achs.org.au.

COMPANION DOCUMENTS

The following is available:

- Australian Council on Healthcare Standards (ACHS). Australian clinical indicator report 1998-2006. Determining the potential to improve quality of care: 8th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2007. 564 p. This document is available in Portable Document Format (PDF) from the Australian Council on Healthcare Standards (ACHS) Web site.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on January 16, 2008.

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