

CareTrack Australia: assessing the appropriateness of adult healthcare: protocol for a retrospective medical record review

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ABSTRACT

Introduction: In recent years in keeping with international best practice, clinical guidelines for common conditions have been developed, endorsed and disseminated by peak national and professional bodies. Yet evidence suggests that there remain considerable gaps between the care that is regarded as appropriate by such guidelines and the care received by patients. With an ageing population and increasing treatment options and expectations, healthcare is likely to become unaffordable unless more appropriate care is provided. This paper describes a study protocol that seeks to determine the percentage of healthcare encounters in which patients receive appropriate care for 22 common clinical conditions and the reasons why variations exist from the perspectives of both patients and providers.

Methods/design: A random stratified sample of at least 1000 eligible participants will be recruited from a representative cross section of the adult Australian population. Participants' medical records from the years 2009 and 2010 will be audited to assess the appropriateness of the care received for 22 common clinical conditions by determining the percentage of healthcare encounters at which the care provided was concordant with a set of 522 indicators of care, developed for these conditions by a panel of 43 disease experts. The knowledge, attitudes and beliefs of participants and healthcare providers will be examined through interviews and questionnaires to understand the factors influencing variations in care.

Ethics and dissemination: Primary ethics approvals were sought and obtained from the Hunter New England Local Health Network. The authors will submit the results of the study to a relevant journal as well as undertaking oral presentations to researchers, clinicians and policymakers.

INTRODUCTION

Australia's expenditure on healthcare now exceeds \$110b each year, on par with most developed nations at over 9% of the gross

ARTICLE SUMMARY

Article focus

- What is the percentage of healthcare encounters at which Australians receive appropriate care?
- What influences variations in care from the perspectives of patients and healthcare providers?

Key messages

- A protocol for a population-based study of appropriate care of 1000 patients using medical record review.

Strengths and limitations of this study

- Obtaining a snapshot and using a consistent method for 522 indicators across 22 common conditions power diagnostic indicators because they only present once for each patient.
- The potential attrition rate of healthcare providers and telephone recruitment of participants may introduce selection biases.

domestic product.¹ Chronic conditions comprise a very large proportion of the most common and costly diseases.² Accordingly, effective prevention and management of chronic disease is a key policy initiative for all modern health services.

In theory, evidence-based clinical practice guidelines allow professionals to integrate the best available evidence with their clinical expertise to make informed decisions regarding individual patient care.^{3–8} However, there is mounting evidence that there are considerable gaps and variations between the care that is regarded as appropriate (in line with evidence-based or at least consensus-based guidelines) and the care that is received^{9–16} (see [box 1](#)). The RAND study in the USA showed that, on average, American adults received 55% of recommended care at the turn of last century (range 11%–79% for particular

Box 1 Definitions used

Condition means acute (eg, myocardial infarction) and chronic (eg, diabetes) conditions and clinical circumstances (eg, surgical site infection) or being eligible for screening or preventive care (eg, mammography).

Evidence-based care (EBC) is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of EBC means integrating individual clinical expertise with the best available external clinical evidence from systematic research.¹⁷

Appropriate care for this study is clinical care for a condition considered to be evidence based or consensus based by a panel of clinical experts in Australia in the context in which it was delivered in the years 2009 and 2010.

Indicator is a condition-specific process measurement of healthcare management, appropriate for Australian practice in 2009–2010. Each indicator is scored as to whether eligible processes for prevention (eg, mammogram), monitoring (eg, blood pressure, lipids) or treatment (eg, aspirin, statins) have been carried out by answering 'yes' or 'no'.

Healthcare provider refers to doctors, nurses, medical specialists and allied health professionals such as physiotherapists, occupational therapists and chiropractors.

Healthcare encounter means any consultation with a healthcare provider or attendance at a facility or hospital for an activity relevant to one of the selected conditions for which there is an indicator.

Compliance with indicators is expressed as the percentage of eligible healthcare encounters at which appropriate care was received. Eligibility or scoring will be determined by the three criteria listed under Component 2 of the Methods section.

Participants are patients, clients, consumers or citizens enrolled in the study who have completed a relevant interview.

Surveyor is a person with appropriate clinical and audit experience who has been trained and accredited for the study to review medical records in relation to the care indicators.

conditions).¹³ Since then, progress has been slow for most conditions, although there have been notable improvements for certain care indicators, with, for example, far more patients being discharged on β blockers after myocardial infarction than previously.¹⁸ In Australia, studies focusing on individual conditions have shown similar patterns of non-compliance with indicators. One such study found that patients with hypertension reached target blood pressures just under 60% of the time and that just over 70% of patients eligible for screening for hyperlipidaemia were not screened, screened and found to be hyperlipidaemic but not treated or treated without reaching target levels (51%, 12% and 7% of eligible patients, respectively).¹⁰

To meet the needs of an ageing population and increasing treatment possibilities and expectations,¹⁹ financial considerations alone mean that funding must be diverted from ineffective and non-cost-effective interventions to more rational appropriate care.²⁰

However, to do this, we need to understand who is getting what care from whom, and why, and establish sustainable methods for the ongoing surveillance of the appropriateness of care received by patients.

This paper describes the study protocol to undertake the *CareTrack Australia* study, one component of a National Health and Medical Research Council (NHMRC) program grant 568612²¹ on patient safety. CareTrack Australia has four main aims:

- to determine the percentage of healthcare encounters at which Australians receive appropriate care;
- to determine the percentage of Australians who receive appropriate care;
- to identify factors influencing decisions to depart from appropriate care, from the perspectives of both participants and healthcare providers;
- to make recommendations on what would be necessary to set up sustainable systems for the surveillance of the appropriateness of healthcare in Australia.

METHODS/DESIGN

The protocol is based on the RAND methodology of McGlynn *et al.*¹³ We developed an updated set of indicators for a subset of important conditions, will collect information onsite from healthcare providers and seek the views of patients and healthcare providers on why gaps exist in appropriate care. Our study will involve a retrospective review of the medical records of over 1000 participants over a 2-year period (2009–2010) to measure compliance with indicators for 22 common conditions.

There are 13 components to the study protocol of CareTrack Australia (figure 1).

Given the scale and complexity of the full study, a small pilot study was undertaken to determine the types of problems that might be encountered and to inform the final selection of conditions, their indicators and the logistical and practical aspects of recruiting participants and healthcare providers, accessing records and extracting, recording, storing and analysing the data.

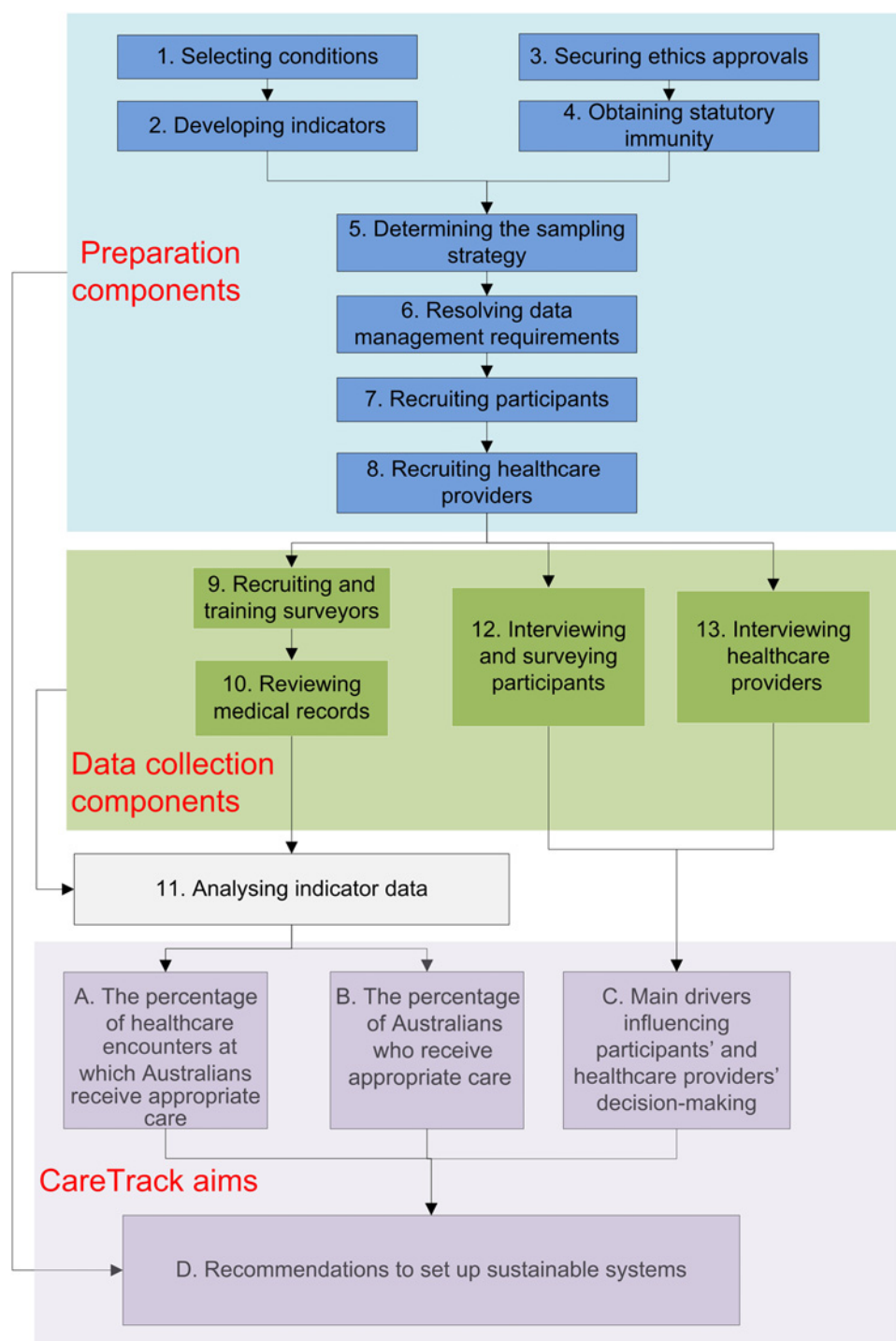
Components 1 and 2: selecting conditions and developing indicators

Fifty-two candidate conditions were identified from published research and disease burden or quality of care priority lists of seven organisations.^{13 22–27} These conditions were then assessed against the following criteria:

- ▶ the availability of clinical process indicators that were feasible to collect and had high content and face validity;
- ▶ mainly affecting adults, and with a sufficiently high prevalence to be studied using our methodology^{28–30};
- ▶ identified as already being researched at a population level in Australia.

A final set of 22 conditions met these criteria: alcohol dependence, antibiotic use, asthma, atrial fibrillation, cerebrovascular accident, chronic heart failure, chronic obstructive pulmonary disease, community acquired

Figure 1 The components and aims of CareTrack Australia.



pneumonia, coronary artery disease, depression, diabetes, dyspepsia, hyperlipidaemia, hypertension, low back pain, obesity, osteoarthritis, osteoporosis, panic disorder, preventive care, surgical site infection and venous thromboembolism.

Candidate indicators and guidelines were sourced by (1) targeting internet sites with existing clinical guidelines^{13 31–65} and (2) adapting indicators used in the RAND study.¹³ Indicators for each condition were then collated, grouped into categories (eg, cardiology, respiratory medicine) and forwarded to clinical experts for review. Experts were identified as clinical leaders in

their field and typically were employed as the head or director of a department in a large hospital and/or held an adjunct academic appointment. They were invited to score the indicators on a scale of 1–9 for their appropriateness (1: not appropriate; 9: very appropriate), in the context of the care that would be expected to have been delivered in Australia from 2009 to 2010. A formal process was employed for managing discrepancies based on the following criteria: indicators that scored between 7 and 9 by all experts were automatically included; indicators with scores between 1 and 3 from all experts were automatically excluded and indicators that scored

between 4 and 6 or that received scores from each of the three ranges were subjected to further review, with further clarification being sought where required. A final list of 522 indicators was selected by 43 experts to represent appropriate care for the selected conditions in the years 2009 and 2010.

To facilitate analysis, indicators were classified into three categories:

1. Indicators eligible for scoring at each healthcare encounter (eg, an exacerbation of asthma) by any provider (denominator is all eligible encounters).
2. Indicators eligible for scoring at identified time intervals by any provider (eg, blood pressure measurements every 6 months) (denominator is a product of the number of applicable time periods within the 2-year period of the study and the number of eligible healthcare providers seen within each time period).
3. Indicators eligible for scoring once for each participant (eg, indicators to deal with a new diagnosis) (denominator is 1).

Component 3: securing ethics approvals

Relevant Human Research Ethics Committee (HREC) approvals were sought and received prior to participant recruitment and medical record reviews in all jurisdictions, authorities, health services and private hospitals included in the study.

Component 4: obtaining statutory immunity

Statutory immunity protects from disclosure any identifying information obtained through an approved quality assurance activity.⁶⁶ CareTrack Australia applied to the Federal (Commonwealth) Minister for Health for statutory immunity under Section VC of the Commonwealth Health Insurance Act 1973. This was granted on 17 September 2010.

Component 5: determining the sampling strategy

The study aims to access the medical records of 1000 eligible adult participants across South Australia and New South Wales (as was done in the Quality in Australian HealthCare Study).⁶⁷ The states of New South Wales and South Australia were chosen because of the representativeness of populations across urban, regional and remote regions⁶⁸ and offer a suitable range of demographic characteristics (table 1). Based on a pilot study of 100 participants, we estimated that 7600 participants would need to be contacted to meet this target. Half of the participants will be recruited from

each state, and proportional representation from each of the metropolitan, regional and remote regions will be targeted, as illustrated in table 1.

The sample will be stratified by region to obtain a representative cross section of participants by demographics and geographic location. One of the four Socio-Economic Indexes for Areas, the Index of Relative Socioeconomic Disadvantage (IRSD) will be used to facilitate comparison of social and economic status between geographic regions.⁷⁰ The IRSD is derived from multiple-weighted variables such as low income, high unemployment and low levels of education, which are all markers of relative socioeconomic disadvantage. Various combinations of local government areas will be examined, so that a representative sample can be obtained with respect to the IRSD index.

Component 6: resolving data management requirements

A web-based tool will be developed to enter data during medical record review and subsequent data analysis. The tool will support secure data access, data encryption, off-line data collection and subsequent database synchronisation (to mitigate against the problems of fire-walls and poor internet connectivity in various healthcare settings).

Given the complexity of the indicator set, the tool will also generate a set of indicators relevant to a particular condition, based on participant-specific information. Indicator algorithms will take into account the type of healthcare facility or provider, and the participants' conditions and gender. For example, the database will automatically filter out the indicator related to Pap smears from all male participants.

Component 7: recruiting participants

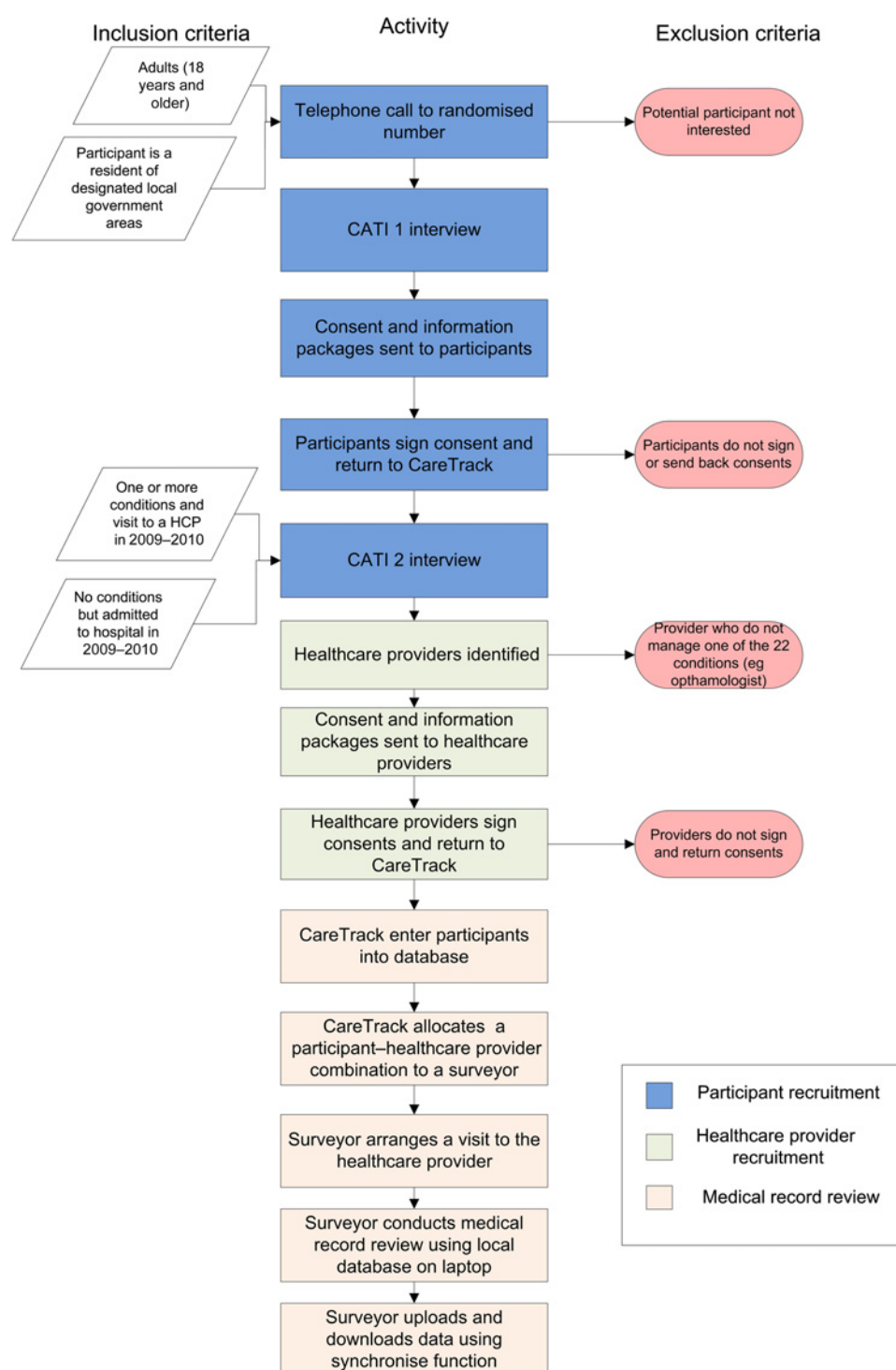
Participants will be recruited using a two-stage Computer-Assisted Telephone Interview (CATI) process (see figure 2). Interviewers will undergo a training program prior to recruitment. The first stage, CATI 1, will involve telephoning randomly selected households from the Telstra White Pages⁷¹ within the selected subarea and randomly selecting one householder. Once selected, the householder will be informed of the study and asked if they would like to receive further information. At this time, their demographic details will also be collected. The CATI 1 interview script is at appendix 1. People who agree will be sent an information pack that contains a covering letter, an information sheet and a consent form that allows CareTrack researchers to

Table 1 Percentage of people living in urban, regional and remote areas of NSW, SA and Australia^{68 69}

State or territory	Metropolitan, %	Regional, %	Remote or very remote, %	Population
NSW	72.6 (2759)	26.8 (1018)	0.6 (23)	7 253 400
SA	72.7 (2763)	23.5 (893)	3.8 (144)	1 647 800
Australia	68.4	19.7	2.3	22 407 700

Numbers in parentheses are numbers of participants to be contacted for recruitment into the study.
NSW, New South Wales; SA, South Australia.

Figure 2 The process to recruit participants and undertake medical record reviews. CATI, Computer-Assisted Telephone Interview. HCP = Healthcare provider



access their medical records (appendices 2–4). Receipt of a participant's consent marks the start of the second stage of the recruitment process—CATI 2. Participants will be re-contacted by telephone to collect details of their medical conditions that pertain to the study, and the names and addresses of the healthcare providers who managed these conditions in 2009 and 2010. The script for the CATI 2 interview is at appendix 5. Participants without any of the 22 study conditions or without a healthcare encounter from 2009 to 2010 or whose only encounter was day surgery (excluding persons with

dyspepsia who had endoscopy) will be excluded from further participation at this stage.

Component 8: recruiting healthcare providers

Healthcare providers and/or facilities identified by participants will be sent a covering letter, an information sheet and two consent forms (one for medical record review and one for an interview) to be completed prior to a CareTrack surveyor accessing the medical records (appendices 6–9). Healthcare providers and/or facilities that provide consent will be contacted by CareTrack

surveyors to arrange a suitable time and place to review the medical records.

Component 9: recruiting and training surveyors

Suitably experienced nurses will be employed to act as surveyors for the CareTrack study. A key selection criterion will be experience in clinical audit and medical record review. Six full-time equivalent staff will be required. The selection process will involve an aptitude test using an artificially constructed medical record, with a requirement to code indicators for certain conditions under time constraints. A detailed surveyor manual will outline the conditions, indicators, definitions, abbreviations and processes for arranging and conducting medical record reviews.

Inter-rater reliability will be examined by two methods. First, all surveyors will code indicators from an artificial medical record, which will include all indicators, and second, dual review of a sample of participants' records will be undertaken. For both methods, κ scores will be calculated to test the level of agreement between each surveyor and one of the researchers (NAH). Based on the results of the artificial test, the number of participants' records to be dual reviewed will be determined at a confidence level of 95%, with a power of 80%. The CareTrack Australia researchers will provide constant feedback to surveyors to ensure that they consistently interpret the medical records according to the CareTrack Australia definitions and indicator inclusion and exclusion criteria.

Component 10: reviewing medical records

Surveyors will undertake an explicit criterion-based medical record review using the data tool (see Component 6). Medical record reviews will be conducted for each participant–healthcare practitioner encounter (therefore more than one medical record review may be undertaken for a participant). Surveyors will assess the medical record for evidence that the participant was being treated for the condition that they nominated and for any other of the 22 conditions. The surveyor will answer each indicator question as 'Yes' (care provided during the encounter was consistent with the indicator), 'No' or 'Not Applicable' (N/A) (the indicator was not relevant to the encounter). For example, an answer of N/A will be assigned to those indicators that relate to a new diagnosis if the participant already had that condition. For indicators that are answered N/A or no, a text field will be available for surveyors to explain the reason for their answer.

Component 11: analysing indicator data

Data storage will be structured to allow identification of indicator categories (see Component 2) and to allow calculation of compliance of appropriate care by healthcare encounter (CareTrack aim A) and by participant (aim B). Per cent compliance and CIs will be calculated for each indicator and then aggregated and reported at the level of condition. Stratification will be undertaken by healthcare provider type.

Component 12: interviewing and surveying participants

This component of the research will identify the main drivers of participant's healthcare decision making and barriers to receiving appropriate care and will aim to identify if, and how, common ground may be sought between patients and providers in providing appropriate care. Semistructured interviews and self-administered questionnaires of participants will be used. For selected common conditions (depression, diabetes, hyperlipidaemia, hypertension, low back pain and osteoarthritis), participant characteristics (age, sex, occupation and work history, duration of disease, level of disability and health literacy) and patient knowledge, attitudes and beliefs regarding their condition(s) will be examined. Where possible, for each condition, validated survey tools will be used. A mixed-methods approach will be used including quantitative analysis of questionnaires and qualitative analysis of free-text answers in questionnaires and transcripts of interviews.

Component 13: interviewing healthcare providers

The knowledge, attitudes and beliefs of healthcare providers with respect to the treatment and management of a single condition, osteoarthritis, will be examined. Osteoarthritis has been chosen because of its high prevalence and because of anticipated interactions between participants and mainstream as well as complementary and complementary medicine practitioners.⁷² Semistructured interviews will be conducted at places and times convenient to healthcare providers. Factors pertaining to the healthcare providers that will be explored include socio-demographic characteristics of the provider and the practice setting, knowledge of clinical indicators for osteoarthritis, attitudes to guidelines in general and those specifically concerned with osteoarthritis and perceived barriers to guideline implementation.

CareTrack aim D: developing recommendations for what would be needed to set up a sustainable system for surveillance of the appropriateness of care in Australia

A daily lessons log will be kept for the duration of the study with respect to the barriers encountered for each component of the study. Strategies actually used and potential strategies for the future will be identified, and a series of recommendations made with respect to how to establish and maintain a sustainable surveillance system for appropriateness of care in the future. Details of the time taken by researchers and surveyors will be logged to enable various components of the study to be costed so that priorities can be set, and attention directed to, the clinical areas that are most problematic.

ETHICS AND DISSEMINATION

Ethics approvals were sought and obtained from the following key organisations in the first instance—the Hunter New England Local Health Network (HNE HREC Reference no: 09/12/16/5.09), the University of New South Wales and the South Australian Department

of Health, and subsequently by relevant HRECs across the country, which are ACT Health, Southern Adelaide Flinders Clinical HREC, The Queen Elizabeth Hospital, TAS Health, Royal Australian College of General Practitioners and the Royal Adelaide Hospital HREC.

We will submit the results of the study to relevant journals as well as undertaking national and international oral presentations to researchers, clinicians and policymakers.

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Competing interests None.

Patient consent A patient consent form was developed specifically for the study and is shown in appendix 4.

Ethics approval The study was approved by Hunter New England Local Health Network (HNE HREC Reference no: 09/12/16/5.09).

Contributors TDH, CareTrack project manager, was responsible for coordinating the project, developing and getting ethics approvals, liaising with the Hunter Valley Research Foundation (HVRF), preparing information packages and consent forms for participants and providers, managing the pilot study, indicator development, liaising with the database developers, training and accrediting surveyors, implementation of the marketing strategy and management of the budget. SAR was responsible for developing the scripts for the computer-assisted telephone interviews, for training and managing the interviewers, planning and managing the participant recruitment process, developing the sampling strategy and managing the HVRF components of the pilot study. NAH worked closely with TDH and SAR on all aspects of the project but was particularly involved in preparing information sheets, development of the surveyor training manual and indicator development and review. PDH was involved in coordinating interactions between CareTrack Australia and the other three NHMRC program grant studies, including budgeting. He also played a major role in the development and execution of the marketing strategy, developing methods for data acquisition, storage and analysis, and reviewing the sampling strategy. JB is the lead chief investigator of the overall program grant; he chairs program grant meetings and works across CareTrack and other studies in the research program. As a chief investigator of the program grant he was involved at a conceptual stage and then at monthly intervals in providing oversight and advice. He helped draft and edit the current manuscript. EC, ROD and JIW as chief investigators of the program grant were involved at a conceptual stage and then at monthly intervals in providing oversight and advice on aspects of the project as it evolved. ROD as a practicing clinician was involved in strategies for reviewer selection and indicator development as well as classification and structure of the indicators. JIW provided expertise and advice on methodology, particularly in terms of sampling and inter-rater reliability. WBR conceived of the project initially and wrote the relevant components of the research grant application. He worked closely with the other authors generating the information sheets and ethics applications and was involved in developing and executing strategies for making and monitoring progress in areas such as condition selection, indicator development and wording, CareTrack marketing, indicator classification and review and writing the manuscripts.

Provenance and peer review Not commissioned; internally peer reviewed.

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Appendix 1 Computer Assisted Telephone Interview (CATI 1)

Recruitment

Hello, is this "+phone+"?

My name is ... I'm calling on behalf of the Universities of NSW and SA.

They are conducting a national study to improve the quality and safety of healthcare in Australia. CareTrack Australia will generate information to help design better and safer systems of care. In order to do this, we need members of the public to participate in the study. Your phone number has been randomly selected from the White Pages. We wish to recruit someone from your household to participate. This could be you or someone else living there.

Are you 18 years or over?

IF NO ASK - Is there someone 18 years and over in your household I can speak to?

WHEN ADULT ON PHONE: To check that your household is in the survey area could you tell me what Local Government area you live in? [READ OUT POSSIBLE LGAS IF NECESSARY]

To randomly select someone may I ask how many persons aged 18 and over live in your household?

The computer has chosen XXXX as the one we wish to ask about.

Would that be yourself?

IF NO, Could I please speak to that person?

WHEN REQUIRED PERSON IS ON PHONE [INTRO ONLY IF NEW PERSON]

The study will generate information to help design better and safer systems of care. To do this, they need members of the public to participate in the study. Your phone number has been randomly selected from the White Pages. The computer has selected you to participate. Your participation is completely voluntary. This study has been approved by the University of New South Wales Human Research Ethics Committee. If anything is not clear, please ask me to repeat the question. If you want to stop just let me know. Everything you tell me today is confidential.

Australians experience some of the best health in the world. Keeping Australians healthy, costs around 87 billion dollars per year. As we live longer, the costs are expected to rise. It is important that the health care that you receive is as good as it can possibly be. First, we need to ask a few questions about you, your health and access to healthcare.

Q1. In general, would you say your health is.....

1. Poor
2. Fair
3. Good
4. Very good
5. Excellent

[8. DON'T KNOW 9. REFUSED]

Q2. Have you been to see a doctor, health professional or alternative therapist since the beginning of 2009?

1. YES 2. NO [8. DON'T KNOW 9. REFUSED]

Q4. Overall, how would you describe your access to health-care services in general? Is it ..

1. Very difficult
2. Difficult
3. Neither
4. Easy
5. Very easy
- [8. DON'T KNOW 9. REFUSED]

Q5. If one thing could improve your access to health services, what would it be?

_____ [8. DON'T KNOW 9. REFUSED].

For you to be involved in this study, we would need your permission to access your medical records. We will send a letter of consent for you to sign and return within 2 weeks if you wish to take part. We will then re-contact you in about 2 weeks' time to ask you some questions (over the phone) about the doctors & health providers you have seen. This will take about 15-25 minutes depending on how many health practitioners you have seen in 2009 to 2010.

Q6. Would you be willing to take part in this study?

1. YES 2. NO (if no go to Q7 & Q8)

Q7. Could I ask why?

#

Q8. We understand that you do not wish to be involved in the study, however, in order for us to confirm that we have a representative sample of Australians, could we ask you a few questions about yourself?

1. YES 2. NO

Q9. Thank you for agreeing to take part.

We need to ask just a few further questions

First, is this the best phone number to contact you on?

1. YES 2. NO

Q10. What number do you prefer to be contacted on or do you have another number you can be contacted on?

2. NO

ENTER NUMBER (including STD) #

Q11. In order to send out the consent form for you to sign and return, can I please have your name and address?

NAME #

Number & Street #

SUBURB/TOWN #

STATE #

POSTCODE # [8888 = DON'T KNOW]

[READ BACK RESPONSE]

Q12. Do you have a preference for a morning, afternoon or evening call back?

- 1. Morning [77. NO PARTICULAR PREFERENCE]
- 2. Mid Day
- 3. Afternoon
- 4. Evening [Combination OK eg 34 - Afternoon/Evening]
- 5. Anytime

#

TYPE ANY ADDITIONAL CONTACT INFORMATION IN FIELD BELOW (ELSE ENTER)

#

The study requires us to speak with a range of people so we can get a good idea of the different experiences people have had. The following questions will allow us to confirm that we have a representative sample.

Q13. GENDER (ASK ONLY IF IN DOUBT) Firstly, are you

F. Female M. Male

Q14. What is your date of birth?

#

Q15. What is your highest educational qualification?

- 1. Primary school
- 2. Year 10 /School certificate/Intermediate Certificate
- 3. Year 12/ HSC/VCE/LEAVING CERTIFICATE
- 4. Technical or trade certificate I/II/III/IV/Not defined (ELIGIBLE)
- 5. COLLEGE CERTIFICATE/DIPLOMA (COLLEGE OF ADVANCED EDUCATION)
- 6. UNDERGRADUATE DEGREE [QUERIED: UNIVERSITY DEGREE/ BACHELORS]
- 7. POSTGRADUATE DEGREE [QUERIED: MASTERS/PhD/GRAD CERT/GRAD DIP]
- [8. DON'T KNOW 9. REFUSED]

Q17. Do you identify yourself as Aboriginal or Torres Strait Islander?

1. YES 2. NO [8. DON'T KNOW 9. REFUSED]

Q19. Do you speak English as a main language at home?

1. YES 2. NO [8. DON'T KNOW 9. REFUSED]

Q20. Which of the following best describes your occupation?

- 1. Working for pay or self-employed
- 2. Unemployed - looking for work
- 3. Retired from paid work
- 4. A full-time school or university student
- 5. Household duties
- 6. Helping a family member
- 7. Living with a disability
- 8. Other [TYPE IN] [9. REFUSED]

#

Q21. How often do you have problems learning about your medical condition because of difficulty understanding written or verbal information? Is it

1. Always
2. Often
3. Sometimes [8. DON'T KNOW 9. REFUSED]
4. Occasionally
5. Never

Q22. How confident are you filling out medical forms by yourself?

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Extremely

Q23. How often do you have someone (like a family member, friend, hospital/clinic worker, or caregiver) help you read hospital materials? Is it

1. Always
2. Often
3. Sometimes [8. DON'T KNOW 9. REFUSED]
4. Occasionally
5. Never

Q24. Do you have private health insurance?

1. YES 2. NO [8. DON'T KNOW 9. REFUSED]

That completes this interview.

My name is..... from the Hunter Valley Research Foundation. If you have any concerns about this interview please contact my supervisor on 1800 355 534.

Thank you very much for your time and participation.

Appendix 2 – Covering letter to Participant

University of SA,
Playford Building,
Rm P1-09, CEA-20,
North Tce,
Adelaide, SA 5000

PT ID:

4th March 2011

Dear Participant (**Name**)

Thank you for agreeing to take part in the Caretrack Australia Study. We believe that CareTrack Australia will gather vital information to assist with enhancing the future delivery of healthcare in Australia. Although Australians currently receive a good standard of healthcare, there is often considerable variation between the care recommended and the care received. The CareTrack study will help us develop guidelines and safeguards to ensure that appropriate healthcare required in the future is provided effectively, and that precious healthcare funding is spent wisely. It will focus on 22 common medical conditions and track who is receiving what care from whom, and why. Gathering this information is a first step in developing strategies for improvement.

Enclosed with this letter is some detailed information about the study and two separate consent forms. Please review these documents and then complete, sign, date and return them to the University of South Australia in the envelope provided, **within two weeks of receipt of this letter**. Your consent will allow us to

- (1) access and review your medical record
- (2) request healthcare provider contact details and any tests/procedures from Medicare on your behalf.

Once we have received your consent forms, a researcher will contact you to arrange a time to ask you some specific questions about your medical history, for which you have received treatment and the names of the doctors, specialists or hospitals that you attended in 2009 and 2010. This information will be confirmed with the details provided by Medicare. If you have one of the 22 common medical conditions that are the focus of our study, we will contact your healthcare provider/s to review your medical records. If you do not have any of the 22 conditions, or have received care outside of the designated timeframe for the study, we will not review your records and will advise you of this by formal letter.

On behalf of the research team, I would once again like to thank you for participating in this important project which will contribute to better healthcare in Australia. A dedicated website has been developed that provides detailed information about the study and answers some frequently asked questions that you may have. You can view this information at www.aihi.unsw.edu.au/IHIWeb.nsf/page/CareTrack%20Australia

Yours sincerely,

Professor Bill RUNCIMAN

Patient Safety & Healthcare Human Factors – University of South Australia
Australian Institute of Health Care Innovation, Faculty of Medicine, University of New South Wales
President – Australian Patient Safety Foundation

Appendix 3 – CareTrack Information for Participants

SA PARTICIPANT INFORMATION SHEET

We invite you to participate in the study ‘**CareTrack Australia: who gets what healthcare from whom and why?**’ Your participation in this study is voluntary and is greatly valued.

What is the study about? **CareTrack Australia** is part of a National Health & Medical Research Council Program Grant for improving the safety and appropriateness of healthcare. Researchers from the Universities of New South Wales and South Australia are recruiting adult participants with at least one of the 22 medical conditions to determine who is receiving what care, from whom and why.

Background Although Australians currently receive good healthcare, there is considerable variation, and all the healthcare needed will not be able to be provided in the future unless we ensure that the funds available are spent in the best possible way.

How did we choose you? The telephone number we called you on was randomly selected from a list of numbers provided by Telstra. There was no attempt to match the number with a name or address. The address you provided us with was entered into a completely separate database and will be deleted at the end of our contact.

What will be asked? We will be asking you about your experiences with your healthcare providers over the past two years (all providers - including alternative practitioners): how many conditions you have, who manages them and if there have been any problems. You will also be asked some personal questions such as your age and gender. Your answers will be entered straight into a secure computer database. The interviewer will also request your consent to access your medical records to determine to what extent the care you have been or are receiving is inline with evidenced based care, and the records held by Medicare for the previous two years to assist us in contacting your healthcare provider/s

What if I am not sure that I want to participate? Your participation is voluntary and you may withdraw from the study at any time and your care will not be affected. There are no direct risks from your involvement. If you have decided that you no longer wish to participate in the study and would rather not be called again, please contact the survey supervisor on freecall 1800 355 534 so that we can remove your number from the call schedule.

What happens to my information? All records which contain identifying information (such as name and address) remain confidential and are stored separately (in password protected files) from information relating to your healthcare. All of the information collected will be kept securely at the Hunter Valley Research Foundation for a period of seven years. All study personnel with access to your healthcare records will strictly adhere to the relevant state and national privacy laws.

Data will be de-identified; all addresses and telephone numbers will be deleted. All analysis will be on a group basis; we will not release individual answers. When the study is complete, the results will be available to the public in summary form in publications and journal articles. As the study needs to be based on a good representation of the community, we hope you will agree to participate

Are there any risks associated with the study? It is possible that questions about your experiences with your healthcare and/or your healthcare providers could trigger unpleasant memories or cause emotional upset. If this happens, you might choose to terminate the interview and pull out of the study entirely, terminate the interview and continue at a later time, or request some numbers from the interviewer for independent assistance.

Who else can I contact at the University to discuss my involvement? This research has been approved by the Southern Adelaide Flinders Clinical Human Research Ethics Committee.

In addition the following Human Research Ethics Committees (HREC) have provided approval for the study to be conducted: Hunter New England, University of New South Wales, SA Health, Tasmania Health, ACT Health, Royal Adelaide Hospital HREC, Royal Australian College of General Practitioners, and The Queen Elizabeth Hospital/Lyell McEwin Hospital HREC.

Should you have any concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, please contact:

- ❖ Tamara Hunt, on (08) 8302 1004 who is a member of the study team or
- ❖ Associate Professor Simon Carney, Chairman SAFC HREC on 8204 4507 or email research.ethics@health.sa.gov.au

Professor Bill Runciman

Patient Safety & Healthcare Human Factors – University of South Australia

Australian Institute of Health Care Innovation, Faculty of Medicine University of New South Wales

President – Australian Patient Safety Foundation

Appendix 4 – Consent for medical record access by participants

PT ID

SA PARTICIPANT CONSENT FORM

Project title: CareTrack Australia

Researcher's name and contact details: Professor Bill Runciman

Patient Safety & Healthcare Human Factors – University of South Australia

Australian Institute of Health Care Innovation, Faculty of Medicine University of New South Wales

President – Australian Patient Safety Foundation

Tel: (08) 8302 1004

Fax: (08) 8232 6938

- I have read the Participant Information Sheet and understand the nature and purpose of the research project and my involvement in it and agree to take part
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
- I understand that information will be recorded from my healthcare records, but this will be stored with a unique identity with no personal identifiers.
- I understand that I may be contacted to participate in an interview about my experiences with my healthcare and my healthcare providers.

Name of participant

Signed

Dated

I have provided information about the research to the research participant and believe that he/she understands what is involved.

Researcher's signature and date

This project has been approved by the Southern Adelaide Flinders Clinical Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant, please contact Associate Professor Simon Carney, Chairman SAFC HREC on 8204 4507 or email research.ethics@health.sa.gov.au

Appendix 5 – Computer Assisted Telephone Interview (CATI 2) Healthcare

Good morn/aftrn/even, my name is .. from the Hunter Valley Research Foundation. Could I please speak to “respondent’s name”

[I'm calling on behalf of the Universities of "NSW and SA]

On XXXX we first spoke to you about your participation in the CareTrack Australia study. We have now received your signed consent which indicates your interest in participating in the study and gives us permission to access your medical records.

First let me confirm that I am speaking to the right person.

Can you please tell me your first and last name?

1. Correct 2. Incorrect

Can you please tell me the date of your birth?

1. Correct 2. Incorrect

Can I please confirm that you have read the Participant Information Sheet and understand what the research project is about?

1. Yes 2. No

We do recommend that you read the information.

(ORGANISE CALL BACK) HIT ENTER TO CONTINUE

Today I'd like to ask you about your healthcare from 1 January 2009 till 31 December 2010

Q1. In 2009 or 2010 did you see your regular GP? [family doctor, general practitioner]

1. Yes 2. No 3. Do not have a regular GP

Could I have the name and address of that GP? [and Practice Name ie Could be part of a group of GPs]

Name #

Practice Name #

Address #

Suburb #

Postcode #

Q2. In 2009 or 2010 did you visit any other GP including any at an after-hours clinic? [doctor, general practitioner]

1. Yes 2. No [8. DON'T KNOW]

Could I have the name and address of that GP?
[and Practice Name ie Could be part of a group of GPs]

Name #

Practice Name #

Address #

Suburb #

Postcode #

Q. And in 2009 or 2010 did you visit any other GP including any at an after-hours clinic? [doctor, general practitioner]

1. Yes 2. No [8. DON'T KNOW]

Could I have the name and address of that GP? [and Practice Name ie Could be part of a group of GPs]

Name #

Practice Name #

Address #

Suburb #

Postcode #

Q3. During 2009 or 2010 were you seen by a community health NURSE.

1. Yes 2. No [8. DON'T KNOW]

Could I have the name and address of that Community Nurse? [and Practice Name -could be a Hospital]

Name #

Practice Name #

Address #

Suburb #

Postcode #

Q3. And in 2009 or 2010 have you been seen by any other Community Nurse?

1. Yes 2. No [8. DON'T KNOW]

Could I have the name and address of that Community Nurse? [and Practice Name -could be a Hospital]

Name #

Practice Name #

Address #

Suburb #

Postcode #

Q4. I am now going to read a list of 18 medical conditions, if you have been treated for any of them, please let me know.

In 2009 or 2010 were you treated for ? [1. YES 2. NO]

- # Alcohol Dependence (Alcoholism)
- # Asthma (Shortness of breath)
- # Atrial Fibrillation (Heart arrhythmia, abnormal heart rhythm)
- # Stroke/TIA (CVA/Trans Ischemic Attack)
- # Community Acquired Pneumonia (Lung disease)
- # Chronic Heart Failure
- # Chronic obstructive pulmonary disease (Emphysema/Chronic bronchitis)
- # Coronary Artery Disease (Heart Attack/Angina)
- # Depression
- # Diabetes (high blood sugar)
- # Dyspepsia (acid reflux/stomach ulcer)
- # Hypertension (high blood pressure)
- # Hyperlipidemia (high cholesterol)
- # Low Back Pain
- # Obesity (overweight)
- # Osteoarthritis
- # Osteoporosis (brittle bones)
- # Panic Disorder

Q4b. Can you tell me roughly how long you have been diagnosed with ?

- 1. Less than a year
- 2. 1-2 years
- 3. 3-5 years [8. UNSURE 9. REFUSED]
- 4. 5-10 years
- 5. More than 10 years

- # Alcohol Dependence (Alcoholism)

Asthma (Shortness of breath)
 # Atrial Fibrillation (Heart arrhythmia, abnormal heart rhythm)
 # Stroke/TIA (CVA/Trans Ischemic Attack)
 # Community Acquired Pneumonia (Lung disease)
 # Chronic Heart Failure
 # Chronic obstructive pulmonary disease (Emphysema/Chronic bronchitis)
 # Coronary Artery Disease (Heart Attack/Angina)
 # Depression
 # Diabetes (high blood sugar)
 # Dyspepsia (acid reflux/stomach ulcer)
 # Hypertension (high blood pressure)
 # Hyperlipidemia (high cholesterol)
 # Low Back Pain
 # Obesity (overweight)
 # Osteoarthritis
 # Osteoporosis (brittle bones)
 # Panic Disorder

Q4c. In 2009 to 2010 for [READ CONDITION] did you see a [READ EACH PRACTITIONER]

1. Yes 2. No [8. DON'T KNOW 9. REFUSED]

Alcohol Dependence (Alcoholism) {4}
 a.PSYCHIATRIST b.PSYCHOLOGIST
 c.COMMUNITY MENTAL HEALTH WORKER d.DRUG AND ALCOHOL COUNSELLOR

Asthma (Shortness of breath) {1}
 a.RESPIRATORY SPECIALIST

Atrial Fibrillation (Heart arrhythmia, abnormal heart rhythm) {2}
 a.CARDIOLOGIST b.PHYSICIAN

Stroke/TIA (CVA/Trans Ischemic Attack) {0}

Community Acquired Pneumonia (Lung disease) {0}

Chronic Heart Failure {3}
 a.CARDIOLOGIST b.DIETICIAN c.PHYSICIAN

Chronic obstructive pulmonary disease (Emphysema/Chronic bronchitis) {1}
 a.RESPIRATORY SPECIALIST

Coronary Artery Disease (Heart Attack/Angina) {2}
 a.CARDIOLOGIST b.CARDIOTHORACIC SURGEON

Depression {3}
 a.PSYCHIATRIST b.PSYCHOLOGIST c.COMMUNITY MENTAL HEALTH WORKER

Diabetes (high blood sugar) {6}
 a.OPTOMETRIST b.CARDIOLOGIST c.ENDOCRINOLOGIST d.DIETICIAN
 e.PODIATRIST f.PHYSICIAN

- # Dyspepsia (acid reflux/stomach ulcer) {1}
a.GASTROENTEROLOGIST
- # Hypertension (high blood pressure) {6}
a.CARDIOLOGIST b.ENDOCRINOLOGIST c.HYPERTENSION SPECIALIST
d.NEUROLOGIST e.DIETICIAN f.PHYSICIAN
- # Hyperlipidemia (high cholesterol) {4}
a.CARDIOLOGIST b.ENDOCRINOLOGIST c.DIETICIAN d.PHYSICIAN
- # Low Back Pain {3}
a.PHYSIOTHERAPIST b.ORTHOPAEDIC SURGEON c.CHIROPRACTOR
- # Obesity (overweight) {4}
a.PSYCHOLOGIST b.DIETICIAN c.GENERAL SURGEON
d.ENDOCRINOLOGIST
- # Osteoarthritis {2}
a.ORTHOPAEDIC SURGEON b.OCCUPATIONAL THERAPIST
- # Osteoporosis (brittle bones) {2}
a.RHEUMATOLOGIST b.PHYSIOTHERAPIST
- # Panic disorder {2}
a.PSYCHIATRIST b.PSYCHOLOGIST

Q5. In 2009 or 2010 did you need to stay overnight at a hospital?

1. Yes 2. No [8. DON'T KNOW]

Could I have the name of that hospital?

[INTERVIEWER - ENTER KEY WORD(S) eg MATER MAITLAND JOHN HUNTER]

#

Could I just check - the name and address of the hospital is ...OR

Could I have the name and address of that hospital?

Name #

Address #

Suburb #

Postcode #

Q. And in 2009 or 2010 did you need to stay overnight at some other hospital?

1. Yes 2. No [8. DON'T KNOW]

Could I have the name of that hospital?

[INTERVIEWER - ENTER KEY WORD(S) eg MATER MAITLAND JOHN HUNTER]

#

Could I just check - the name and address of the hospital is ...OR

Could I have the name and address of that hospital?

Name #

Address #

Suburb #

Postcode #

Q7. In 2009 or 2010 for your Dyspepsia did you have an endoscopy as a day procedure (usually at a Hospital)

1. Yes 2. No [8. DON'T KNOW]

Could I have the name & address of Hospital at which the ENDOSCOPY took place?

Name #

Address #

Suburb #

Postcode #

Q. And in 2009 or 2010 did you have an ENDOSCOPY at any other Hospital?

1. Yes 2. No [8. DON'T KNOW]

Q8. In 2009 or 2010 did you use a Hospital Emergency Department?

1. Yes 2. No [8. DON'T KNOW]

Could I just check - the name and address of the Emergency Department (Hospital) is ...

Could I have the name and address of that Emergency Department (Hospital)?

Name #

Address #

Suburb #

Postcode #

Q. And in 2009 or 2010 did you use any other Emergency Department (usually at a Hospital)

1. Yes 2. No [8. DON'T KNOW]

Could I have the name and address of the PRACTITIONER that treated you for XXXXX

Name #

Practice Name #

Address #

Suburb #

Postcode #

Q. And in 2009 or 2010 did you see any other "specialist"?

1. Yes 2. No [8. DON'T KNOW]

Q13. In 2009 or 2019 were you treated by any of these alternative health care professionals for physical, emotional or mental health?

1. Yes 2. No [8. UNSURE\DON'T KNOW 9. REFUSED]

Acupuncturist

Homeopath

Massage therapist

Naturopath

Iridologist

Feldenkrais or Alexander teacher

Relaxation therapist

Biofeedback teacher

Rolfer

Herbalist

Reflexologist

Spiritual healer

Religious healer

Q14. In the past year, how many times have you been treated by any of these alternative health care professionals for physical, emotional or mental health [88. UNSURE\DON'T KNOW 99. REFUSED]

Q15. In 2009 or 2010, did you see any of these alternative health care professionals for your LOWER BACK

1. Yes 2. No [8. UNSURE\DON'T KNOW 9. REFUSED]

- # Acupuncturist
- # Homeopath
- # Massage therapist
- # Naturopath
- # Iridologist
- # Feldenkrais or Alexander teacher
- # Relaxation therapist
- # Biofeedback teacher
- # Rolfer
- # Herbalist
- # Reflexologist
- # Spiritual healer
- # Religious healer

Q15. In 2009 or 2010, did you see any of these alternative health care professionals for ...

- Depression
- Diabetes (high blood sugar)
- Hypertension (high blood pressure)
- Hyperlipidemia (high cholesterol)
- Osteoarthritis

1. Yes 2. No [8. UNSURE\DON'T KNOW 9. REFUSED]

That completes this interview.

We may be contacting you again to discuss the management of one of the conditions that you have. My name is..... from the Hunter Valley Research Foundation. If you have any concerns about this interview please contact my supervisor on 1800 355 534.

Thank you very much for your time and participation.

Appendix 6 – Covering letter to healthcare provider

University of SA,
Playford Building,
Rm P1-09, CEA-20,
North Tce, Adelaide, SA 5000

30 November 2011

Dear **Doctor/ Healthcare provider (INSERT NAME),**

CareTrack Australia, which is part of a NH&MRC funded Program Grant, is a five-year national research project that will seek to determine the percentage of healthcare encounters at which Australians receive evidence or consensus based care. A representative sample of the Australian population has been recruited from NSW and SA and the following patient/s has/have agreed to be enrolled and has/have provided consent for surveyors to access their medical records. The patient's name, date of birth and address are:

JOE BLOGGSDOB of.... Address

We believe that CareTrack Australia will provide vital information for healthcare planning. Although Australians currently receive good healthcare, there is considerable variation between the care recommended and the care received. This study is designed to determine who is receiving what care from whom, and why, for 22 common medical conditions, as a first step in planning strategies to ensure that the funds available are spent in the best possible way.

CareTrack Australia has been declared a quality improvement activity by the Commonwealth Government, providing statutory immunity under part VC of the Health Insurance Act (1973), protecting the identities of providers and patients. We also have the support and endorsement of CareTrack from the Australian Commission on Safety and Quality in Healthcare (ACSQHC).

We would be most grateful if you could provide your consent for us to access the medical records of the above patient. A summary of the project has been included, as well as information about confidentiality. In the second phase of the study researchers that will be blinded to your identity will conduct an interview with selected participants and their healthcare providers to better understand the knowledge, beliefs and attitudes driving healthcare decisions. An additional consent form for this phase of the study has also been included. In order to commence work on the project as soon as possible it would be most appreciated if you could return the consent form/s within 2 weeks.

Following receipt of your signed consent form, a researcher will be in contact with your practice to:

- arrange for access to the necessary medical records
- arrange a time for our surveyor to extract information and enter the de-identified data into a secure database

There will not be any burden on you or your staff, other than providing access to the records. We are in a position to provide your practice with de-identified results that you may use to benchmark your practice against the overall study results if requested.

If you have any enquiries regarding this project, please do not hesitate to contact Ms Tamara Hunt (08) 8302 1004 for further information or www.tinyurl.com/CareTrack Thank you for considering this proposal and we look forward to your response.



Yours sincerely,

Professor BILL RUNCIMAN

Patient Safety & Healthcare Human Factors – University of South Australia
Australian Institute of Health Care Innovation, Faculty of Medicine, University of New South Wales
President – Australian Patient Safety Foundation

Appendix 7 – Information sheet to healthcare provider

SA HEALTHCARE PROVIDER INFORMATION SHEET

A participant from the **CareTrack Australia** study has identified your health care facility or practice as a provider of their care. We enclose a copy of their consent for us to access their medical records and interview them.

CareTrack Australia is a joint project between the Universities of New South Wales and South Australia, and is part of a **Program Grant** funded by the **National Health & Medical Research Council**. A detailed summary of the project has been included in this package and further information is outlined on the CareTrack Australia website (www.aihi.unsw.edu.au/IHIWeb.nsf/page/CareTrack%20Australia)

Following receipt of your consent/s, a CareTrack Australia surveyor will contact you to arrange a time to access the healthcare records of the nominated participant/s. The process of extracting the information from the records will be undertaken at your practice and is anticipated to take approximately one hour. There will not be a burden on you or your staff, other than to provide access to the record. At no time will any records be removed from the site. Any identifiers of yourself, your healthcare facility or practice, the patient or the surveyor will be protected under Declaration VC of the Commonwealth Health Act 1973, under which disclosure of an identifier is a criminal offence. All data extracted will be entered into a secure, confidential database from which identifiers will have been removed. All information will be kept securely at the Hunter Valley Research Foundation for a period of 7 years.

During phase 2 of the study, selected subsets of healthcare providers will be chosen for a telephone interview (a separate consent for interview is included) about the management of aspects of certain conditions of one of your patients. If you are agreeable, (and are selected), researchers will arrange a time for a telephone interview and access to the relevant healthcare record for this interview. The person conducting the interview will be a researcher. They will have a previously extracted de-identified summary of the healthcare provided to your patient but will not know your name or identity, or the name or the address of your facility or practice.

It is possible that questions about your management of your patient's condition could upset you. If this happens, you might choose to terminate the interview and withdraw from the study entirely, or terminate the interview and continue at a later time. It is also possible to request, from the interviewer, the telephone numbers of a professional who could provide you with assistance.

This research has been approved by the Southern Adelaide Flinders Clinical Human Research Ethics Committee. The following Human Research Ethics Committees (HREC) have provided approval for the study to be conducted: Hunter New England, University of New South Wales, SA Health, Tasmania Health, ACT Health, Royal Adelaide Hospital HREC, Royal Australian College of General Practitioners, and The Queen Elizabeth Hospital/Lyell McEwin Hospital HREC. Should you have any concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, please contact:

- ❖ Tamara Hunt, on (08) 8302 1004 who is a member of the study team or
- ❖ Associate Professor Simon Carney, Chairman SAFCHREC on 82044507 or email research.ethics@health.sa.gov.au

Professor Bill RUNCIMAN

Patient Safety & Healthcare Human Factors – University of South Australia
Australian Institute of Health Care Innovation, Faculty of Medicine, University of New South Wales
President – Australian Patient Safety Foundation

Appendix 8 – Healthcare provider consent (medical records)

SA HEALTHCARE PROVIDER CONSENT FORM

(Medical Records)

PT ID:

HCP ID:

Project title: CareTrack Australia

Researcher's name and contact details: Professor Bill Runciman

Patient Safety & Healthcare Human Factors –
University of South Australia

Australian Institute of Health Care Innovation,
Faculty of Medicine University of New South Wales

President – Australian Patient Safety Foundation

Tel: (08) 8302 1004

Fax: (08) 8232 6938

- I have read the Healthcare Provider Information Sheet and understand the nature and purpose of the research project and my involvement in it and agree to take part
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
- I understand that a CareTrack Australia surveyor will require access to healthcare records to extract data. I have no objection to this.

Name of healthcare provider

Signed

Dated

Address

I have provided information about the research to the research participant and believe that he/she understands what is involved.

Researcher's signature and date

participant, please contact Associate Professor Simon Carney, Chairman SAFCHREC on 8204 4507 or email research.ethics@health.sa.gov.au

Appendix 9 – Healthcare provider consent (interview)

SA HEALTHCARE PROVIDER CONSENT FORM

(Interview)

PT ID:

HCP ID:

Project title: CareTrack Australia

Researcher's name and contact details: Professor Bill Runciman

Patient Safety & Healthcare Human Factors –
University of South Australia

Australian Institute of Health Care Innovation,
Faculty of Medicine University of New South Wales

President – Australian Patient Safety Foundation

Tel: (08) 8302 1004

Fax: (08) 8232 6938

- I have read the Healthcare Provider Information Sheet and understand the nature and purpose of the research project and my involvement in it and agree to take part
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
- I understand that I may be contacted to participate in an interview about the management of aspects of a condition of one of my patients. The interview will be via telephone and the interviewer will not be able to identify me or my practice or healthcare facility.

Name of healthcare provider

Signed

Dated

Address

I have provided information about the research to the research participant and believe that he/she understands what is involved.

Researcher's signature and date

This project has been approved by the Southern Adelaide Flinders Clinical Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant, please contact Associate Professor Simon Carney, Chairman SAFCHREC on 8204 4507 or email research.ethics@health.sa.gov.au