
From: s22
Sent: Monday, 20 November 2017 2:53 PM
To: s22
Cc: s22 CQR Policy
Subject: RE: Quick summary of CDR draft final report 4-10-17 [DLM=For-Official-Use-Only]

The contract states the following:

Coverage / participation

- (a) Participation in the Cardiac Devices Register: within the Term of this Contract participation by:
- all facilities/clinicians performing cardiac implantation procedures across all jurisdictions in Australia (target is 100%).

- the majority of such facilities in each State or Territory .

(b) The target number of individuals/episodes of care included in the Cardiac Devices Register is more than 95% of all relevant procedures including procedures undertaken in private and public hospitals; and

(c) The Cardiac Devices Register is endorsed and supported by the relevant medical craft groups and there is ongoing engagement and support from stakeholders.

From: s22

Sent: Monday, 20 November 2017 2:43 PM

To: s22

Subject: RE: Quick summary of CDR draft final report 4-10-17 [DLM=For-Official-Use-Only]

Thanks s22 . This is great. Can you tell me what the participation targets were in the contract for services?

From: s22 **On Behalf Of** CQR Policy

Sent: Monday, 20 November 2017 1:47 PM

To: s22

Subject: FW: Quick summary of CDR draft final report 4-10-17 [DLM=For-Official-Use-Only]

FYI

From:

Sent: Tuesday, 31 October 2017 11:44 AM

To: CQR Policy

Subject: FW: Quick summary of CDR draft final report 4-10-17 [DLM=For-Official-Use-Only]

From: s22

Sent: Wednesday, 4 October 2017 3:17 PM

To: s22

Cc: s22

Subject: RE: Quick summary of CDR draft final report [DLM=For-Official-Use-Only]

Yes important points, thanks John.

From: s22
Sent: Wednesday, 4 October 2017 3:05 PM
To: s22
Cc: s22
Subject: RE: Quick summary of CDR draft final report [DLM=For-Official-Use-Only]

Thanks s22 . I'll read it again now too – I've focused on the CDR report yesterday and today.

BTW some key findings not mentioned in the CDR Review report Executive Summary are to do with the low levels of stakeholder participation. These are discussed in section 5.5 Enablers, Challenges and Barriers. I'm sure you know about these findings already, but they are pretty damning.

F21 The CDR has not met the participation targets as set in the Contract for Services. Less than five percent of eligible sites are currently contributing data, with representation from only NSW, QLD, SA and the ACT.

F22 The CDR has a low level of engagement from the ANZSCTS. Currently, there is no surgical valve data available in the CDR.

F23 The CDR has a low level of engagement from clinicians, particularly those contributing to State-based registries. Whilst there is evidence to suggest clinicians are willing to contribute to the CDR, this interest has not been reflected through site or clinician recruitment and participation.

Regards

s22

From: s22
Sent: Wednesday, 4 October 2017 11:55 AM
To: s22
Subject: RE: Quick summary of CDR draft final report [DLM=For-Official-Use-Only]

Thanks for this John. My next task today is to have a look at the ABDR report.

From: s22
Sent: Wednesday, 4 October 2017 11:09 AM
To: s22
Subject: Quick summary of CDR draft final report [DLM=For-Official-Use-Only]

Hi

Here is a quick summary of the CDR review draft final report provided to the department on 2 October:

- The report is much improved on the previous draft final provided on 15 September, incorporating well feedback to the review team provided by email and teleconference on 21 September.
- It identifies a number of significant issues summarised in a table with improvements suggested, options, advantages and disadvantages, and discusses these in detail in the relevant chapter (6). These are summarised further below.
- Findings are organised into groups with headings, as requested.
- The method employed triangulation (from analysis of documentation, two online surveys of sites and clinicians, stakeholder interviews, three case studies).
- The Review found that relevant stakeholders share a mixed and conflicting understanding of the aims and objectives of the CDR.
- The CDR currently lacks clinical utility and additional procedures and outcomes data is required to meet the documented aims and objectives, as per the Contract for Services.
- To promote efficiency and avoid duplication of resources, the CDR has been designed with the ability and functionality to link with existing registries, primarily the Cardiac Procedures Registry (CPR) (linkage is also available for other existing cardiac databases, such State-based registries).
- The collection of data is different across, and sometimes within, contributing sites.
- As well as not collecting all relevant data elements and not having a uniform data collection process, the Review team noted that there were a number of aspects of the CDR that are either not consistent with best practice for developing CQRs or with the requirements as per the Contract for Services.
- a strength of the CDR is the Secure Report Depot, which is governed by stringent security protocols.
- The CDR is operating in a complex environment. An important contributor to this complexity appears to be the co-existence of other cardiac outcomes registries. Despite having an in principle agreement, the CDR has not been able obtain data from the VCOR, CADOSA or ANZSCTS National Database. In addition, the data provided by the QCOR is limited and does not allow for identification of outliers.
- The Review identified other barriers and challenges associated with the CDR:
 - The Client Service Agreement (CSA) has proven to be a major stumbling block for sites during the recruitment process and needs to be simplified
 - Resourcing and funding for eligible sites is an ongoing issue noted by stakeholders
 - Recruiting the large private hospital organisations has not been successful
 - Governance issues including the lack of incentives for clinicians to participate, the patient consent process and the ownership of data held in the Registry
 - Lack of a pilot study where issues would have been identified in a controlled environment.

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Clinical Quality Registries Policy Section
Performance, Evaluation & Quality Branch
Research, Data & Evaluation Division
Australian Government Department of Health

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The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.