

MEASURED QUALITY HOSPITAL REPORTS

Purpose

The purpose of this report is to assist Zonal Management Units (ZMU's) by providing Queensland Health Service Districts (HSD's) with data on a core set of indicators, measuring the quality of services for 75 Queensland public hospital's.

The report has been produced from an organisational development perspective, which focuses on continuous quality improvement and aims to provide clinicians and managers with an indication of areas where potential improvement may be made.

No single indicator or single report can adequately represent the quality of health care services, however Queensland Health believes in the need for an ongoing systematic, comprehensive performance assessment of the State's public health care system to identify trends over time and develop a culture of continuous quality improvement.

Multi - dimensional report

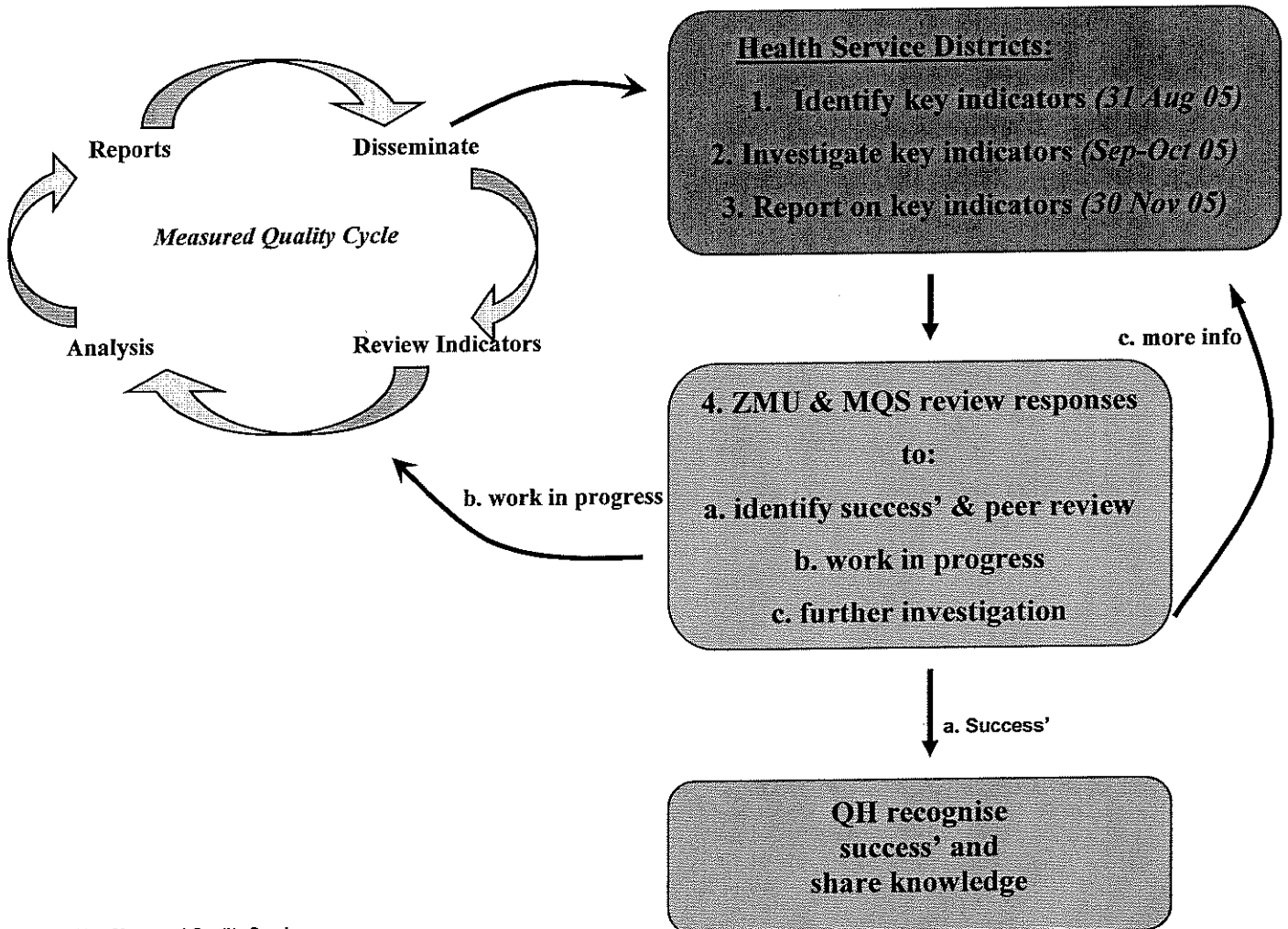
This report focuses on key areas for evaluating the quality of hospital services. It presents information that has been defined, collected and analysed consistently across Queensland Health, and is therefore also useful for benchmarking purposes. A technical supplement has been developed in conjunction with this report which provides a range of details, including indicator definitions, criteria, and data sources.

Through a process of identifying and developing performance indicators (in conjunction with clinicians and managers) the following performance areas have been identified within each quadrant:

<p>Clinical Utilisation and Outcomes Performance areas:</p> <ul style="list-style-type: none"> • <i>Medical</i> • <i>Surgical</i> • <i>Obstetrics & Gynaecology</i> • <i>Paediatrics</i> • <i>Mental Health</i> 	<p>Patient Satisfaction (survey in progress and will be distributed during 2005) Performance areas:</p> <ul style="list-style-type: none"> • <i>Access and Admission</i> • <i>General Patient Information</i> • <i>Treated and Related Information</i> • <i>Complaints Management</i> • <i>Physical Environment</i> • <i>Discharge and Follow-up</i> • <i>Overall Care</i>
<p>Efficiency Performance areas:</p> <ul style="list-style-type: none"> • <i>Staff</i> • <i>Activity</i> • <i>Cost of Service</i> 	<p>System Integration and Change Performance areas:</p> <ul style="list-style-type: none"> • <i>Benchmarking and standardised approaches to clinical management</i> • <i>Integration with the local community</i> • <i>Quality and use of information</i> • <i>Safety and Quality</i> • <i>Workforce management</i>

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Measured Quality Cycle



Next step

This report has been developed as a flag so that Health Service Districts can focus their improvement activities in identified areas of performance variation.

The **first section** of this report provides a list of outliers ie “The Outlier Report” and should be used to determine the ‘Key Indicators’ and those areas where most attention should be focussed for quality improvement purposes.

The **second section** of this report can be used by clinicians and managers to review other areas of interest (as identified through the HSD quality improvement officers, clinicians and executive) and in particular can assist with identifying trends in performance over a given period.

The **third section** of this report provides more specific information relating to three indicators including:

- complication of surgery rates (clinical quadrant)
- avoidable admissions (efficiency quadrant, EFF-46)
- relative technical efficiency (efficiency quadrant, EFF-64)

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Steps in the process for investigating results further include:

Step 1 – identify ‘key indicators’ from outlier report. (report back by 31 Aug 2005)

- in conjunction with your Zonal Management Unit, identify ‘Key Indicators’ by:
 1. assessing potential risk and opportunity for change or improvement.
 2. where possible, determine trend since indicator was flagged by using:
 - information systems available locally and corporately (refer technical supplement for data source and other indicator criteria) and/or
 - CUSUM technique / Process Control Charts (*Cusum technique provides a visual and mathematical means to ascertain whether a process is “in control” or has become “out of control”*)
 3. report back to ZMU & MQS by the 31 August 2005 on the ‘Key Indicators’ ie. those indicators that will be investigated further to determine causes, intervention and results of intervention and the provision of a detailed report on ‘Outlier Actions’ for 2005 by the Health Service District.

Step 2 – investigate ‘key indicators’ to determine possible reasons for variation in performance

- undertake more detailed analysis of ‘key indicators’ by drilling into data to obtain more specific information at the facility level
- engage clinicians and managers to commence the dissemination and interpretation of the information with a view to determine possible reasons for variation. eg. use of process flow chart, cause and effect diagrams.

Actions taken: determine corrective action / intervention. Plan the change, do it in a small test, study its effect, act on the results (PDSA). Measure impact locally using CUSUM technique / Process Control Charts.

Step 3 - report back to Zonal Management Unit and Measured Quality Services on results of investigation into ‘key indicators’ and actions taken to improve (where applicable)

- Using the Measured Quality ‘outlier investigation’ reporting categories, provide Zonal Management Unit and Measured Quality Services with details on the process of investigating ‘key indicators’, and results of Step 2 (as above) by 30 November 2005.

Step 4 - Zonal Management Unit and Measured Quality Service review reports from Health Service Districts with the aim of identifying:

- successful improvement activities
- work in progress to improve results
- further investigation into key indicators is required

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Report Distribution

The unlawful disclosure of Cabinet-in-Confidence information may constitute an offence under the *Criminal Code*, *Public Sector Ethics Act 1994* and constitute official misconduct under the *Crime and Misconduct Act 2001*. Any offence provisions relating to the unlawful disclosure of Cabinet-in-Confidence information relates to both electronic and hardcopy forms of information.

In addition to the above provisions, Queensland Health employees are also governed by the confidentiality provisions contained in the Queensland Health Code of Conduct and section 63 of the *Health Services Act 1991*. These confidentiality provisions are to be observed by all staff in their dealing with any information or material that may come into their possession in the course of their employment within the Department.

- ◆ Two hard copies of each hospital report have been provided to each District Manager. These hard copies are numbered and watermarked as belonging to the District Manager. Each District Manager is encouraged to share the hospital reports with appropriate staff in each hospital, but should keep an up to date record of the 'current holder' of the reports at all times. This can be achieved through the creation and management of a 'district office register', which lists the name and position of the report holder and the date which he or she took possession. Under no circumstances should the original copies of the report be photocopied or reproduced.
- ◆ Multiple user access has been given to electronic copies of each hospital report via a secure site on QHEPS.

District Managers have been asked to nominate the position titles of those staff who are to be given access to electronic reports via QHEPS. Each District Manager is encouraged to share the hospital reports with appropriate staff in each hospital and indicator results should be viewed by all relevant staff, but under no circumstances should the reports be printed, copied or reproduced.

District Support

Clinical Practice Improvement Centre (CPIC)

A senior representative from the Clinical Practice Improvement Centre will visit each District and discuss any assistance the Centre may be able to provide in addressing areas of the Measured Quality report for which it is responsible, including:

1. **Clinical Utilisation and Outcomes**
 - Review of Acute Myocardial Infarction Mortality Rates
 - Review of Obstetric Services
 - Processes & Procedures Laparoscopic Cholecystectomy
 - Length of stay for Paediatric Gastroenteritis
 - Measured Quality to proactively investigate positive hospital outliers (in order to share learnings with other districts)
2. **Efficiency**
 - Review of Day of Surgery Admission Rates
 - Review of Emergency Department access block
3. **System Integration and Change**
 - Standardised Approaches to Clinical Management
 - Acute Audit of Surgical Mortality

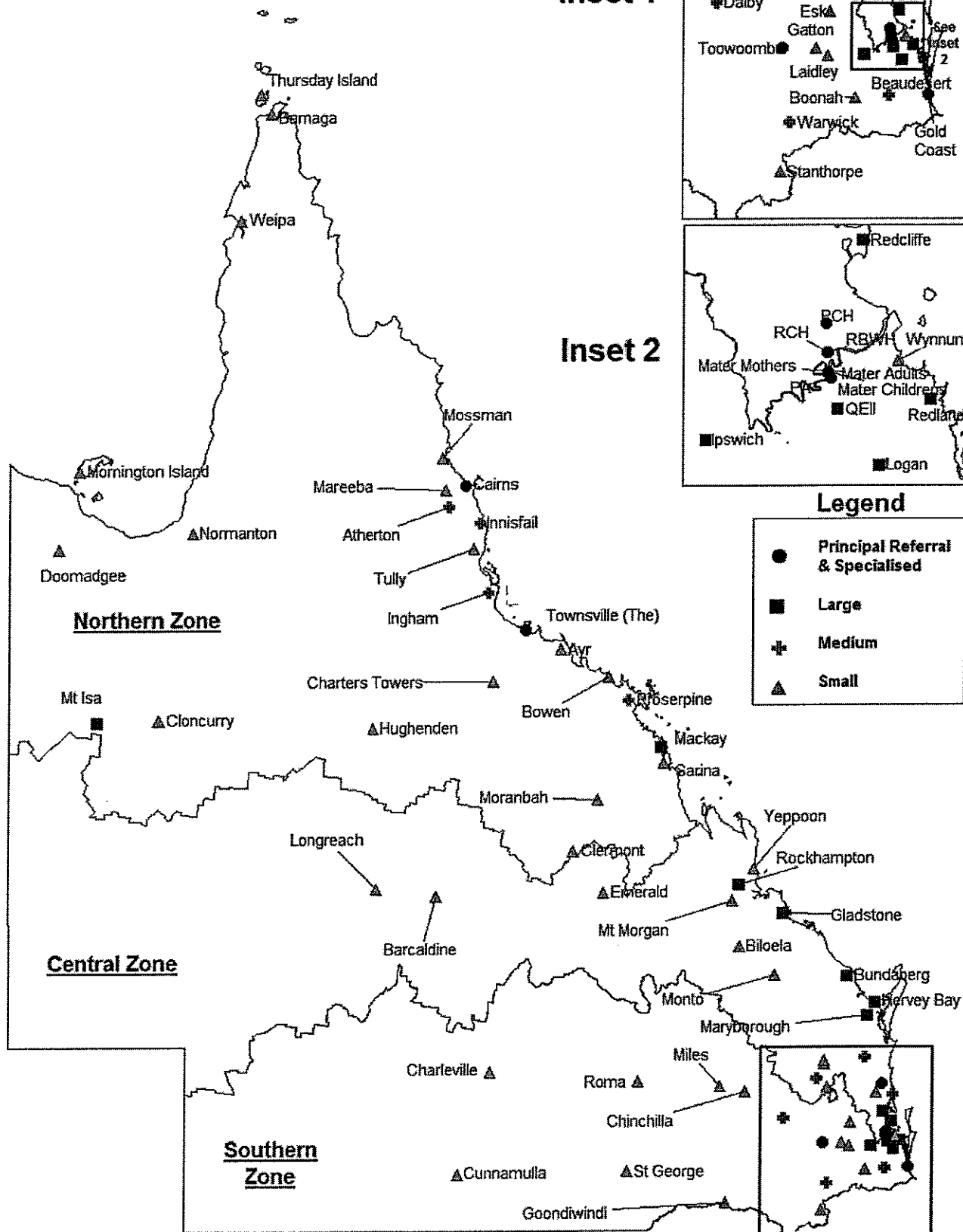
Contact: CPIC Executive Director – Prof Michael Ward – 3636 9083 or michael_ward@health.qld.gov.au and CPIC Administration – 3636 6363 or cpic@health.qld.gov.au

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Zone	Principal Referral and Specialised	Large	Medium	Small
Central	Nambour Hospital	Bundaberg Hospital	Caloundra Hospital	Barcaldine Hospital
	Royal Brisbane & Womens Hospital	Caboolture Hospital	Gympie Hospital	Biloela Hospital
	Royal Childrens Hospital	Gladstone Hospital	Kingaroy Hospital	Cherbourg Hospital
	The Prince Charles Hospital	Hervey Bay Hospital		Emerald Hospital
		Maryborough Hospital		Longreach Hospital
		Redcliffe Hospital		Maleny Hospital
		Rockhampton Base Hospital		Monto Hospital
				Mount Morgan Hospital
				Murgon Hospital
				Nanango Hospital
			Yeppoon Hospital	
Northern	Cairns Base Hospital	Mackay Base Hospital	Atherton Hospital	Ayr Hospital
	The Townsville Hospital	Mount Isa Hospital	Ingham Hospital	Bamaga Hospital
			Innisfail Hospital	Bowen Hospital
			Proserpine Hospital	Charters Towers Hospital
				Clermont MPHS
				Cloncurry Health Service
				Doomadgee Hospital
				Hughenden Hospital
				Mareeba District Hospital
				Moranbah Hospital
				Mornington Island Hospital
				Mossman Hospital
				Normanton Health Service
				Sarina Hospital
				Thursday Island Hospital
				Tully Hospital
			Weipa Hospital	
Southern	Gold Coast Hospital (incl Robina)	Ipswich Hospital	Beaudesert Hospital	Boonah Hospital
	Mater Public Adult and Mothers Hospital	Logan Hospital	Dalby Hospital	Charleville Hospital
	Mater Public Childrens Hospital	Queen Elizabeth II Jubilee Hospital	Warwick Hospital	Chinchilla Hospital
	Princess Alexandra Hospital	Redland Hospital		Cunnamulla Hospital
	Toowoomba Hospital			Esk Hospital
				Gatton Hospital
				Goondiwindi Hospital
				Laidley Hospital
				Miles Hospital
				Roma Hospital
			St George Hospital	
			Stanthorpe Hospital	
			Wynnum Hospital	

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Queensland by Zones and Selected Facilities



See Inset 1