



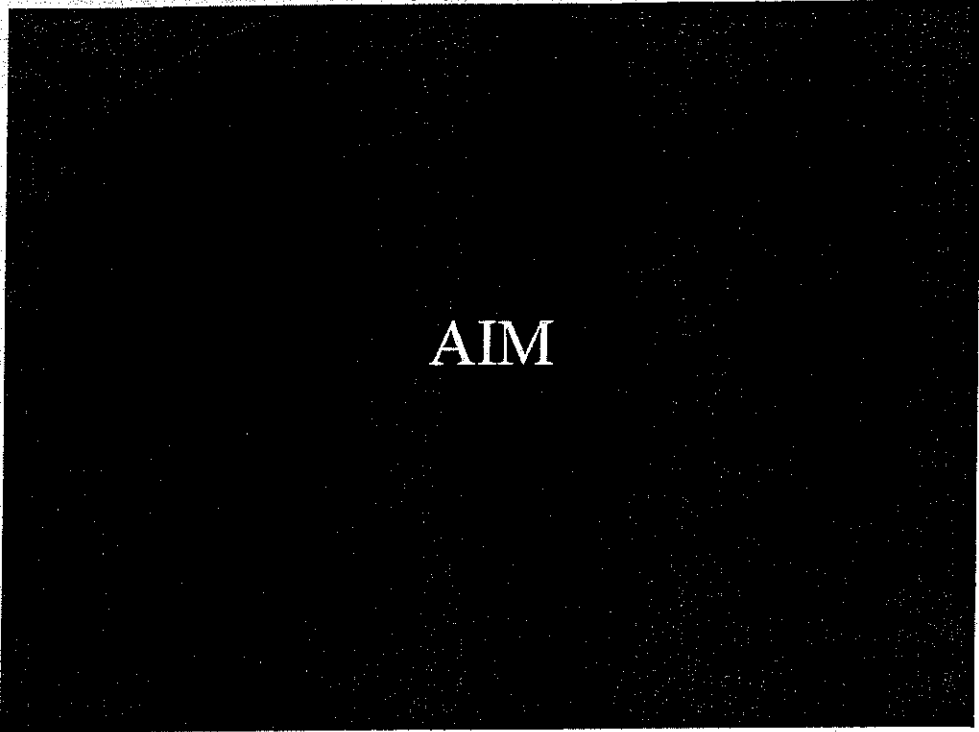
MQ is one of the QIEP program areas

13/8/02

IN FOLDER

HAND OUT ① - AGENDA - OUTLINE OF PRESENTATION
- INCLUDES PURPOSE OF TODAY PRESENTATION

HANDOUT ② - COPY OF THE POWERPOINT PRESENTATION



Our aim is to:

AIM OF THE PROGRAM AREA

“To improve the capacity of the Queensland public health system to provide quality services and deliver optimal outcomes by developing systems to routinely measure and utilise performance data. These systems will be developed through the balanced scorecard methodology.”

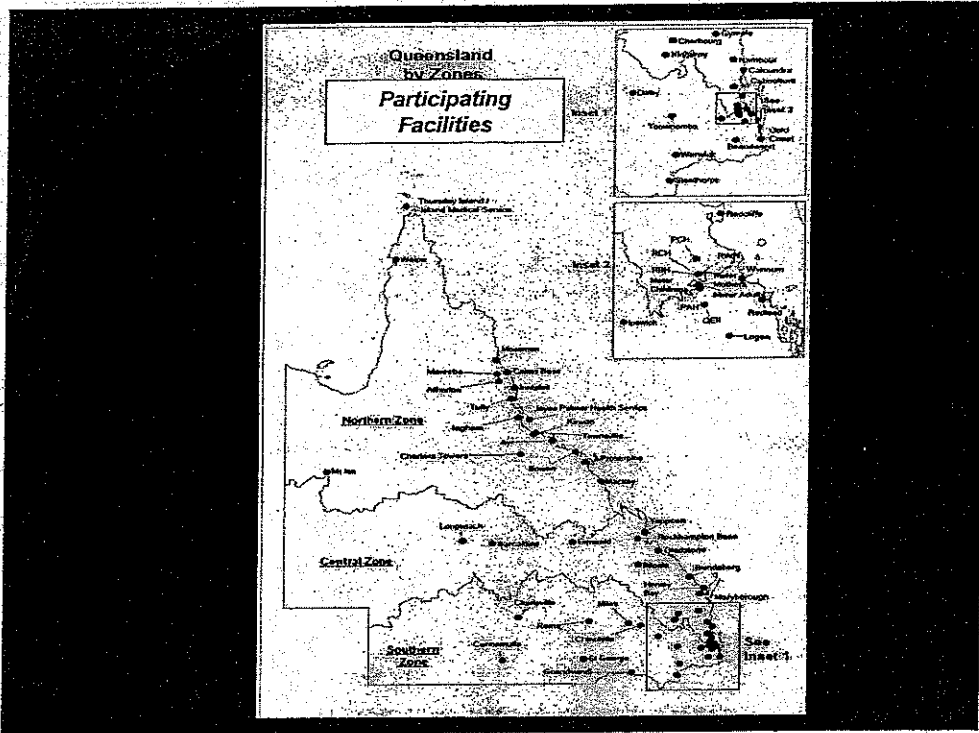
- It is in essence a quality monitoring program
- It will develop a core set of indicators for measuring quality of services
- It is about identifying variation

Develop a way of measuring and utilising performance data for 60 hospitals across the state

The focus of the report is to use it as a tool to flag variance and to encourage quality activities It is not a precise measure of quality (ACHS)



COI.0031.0003.00324



As mentioned, we have include 60 hospitals in our report and cover a broad area across the state

BSC & NHPF

Clinical Outcomes

- Effectiveness
- Appropriateness
- Safety
- Accessibility

Patient Satisfaction

- Responsiveness

Efficiency

- Efficiency

System Integration & Change

- Continuity of Care
- Capability
- Sustainability

We have used the Balanced Scorecard Methodology to present the performance data in these four quadrants. They include (from top left): Clinical Outcomes, Patient Satisfaction, Efficiency and System Integration and Change

'Queensland Health 'Leading the way'

- First in Australia to undertake the development of a 'Balanced Scorecard' for Public Hospitals
- Has the support of the Australian Council for Safety and Quality in health care

This is the First time in Australia, that work on this type of report has been undertaken

The chair of the Australian Council for Safety and Quality in health care, Prof Bruce Barraclough is supportive of the approach Queensland Health has taken in developing the reports and has agreed to support and champion their use in a public forum (if required).

INTERNATIONAL LINKS

- Similar to work undertaken in Ontario, Canada
- Informal discussions with the University of Calgary about 'Lessons Learned' from the Ontario work
- Articles from the University of Birmingham have provided 'Lessons Learned' from the UK use of performance indicators

The work that we have undertaken has been based around the balanced scorecards that were developed in Ontario several years ago. Through informal discussions we have learnt from the Ontario experience. One lesson being: to work as closely and collaboratively with hospital management in the release of the reports rather than leaving it at the door approach.

Other lessons learnt have been considered from similar work in the NHS and incorporated in our development and implementation strategy

DELIVERABLES

Our deliverables include:

PUBLIC REPORT

Purpose

Provide a snapshot for the community on the performance of its public hospitals and the activities Queensland Health is undertaking to address any problems identified

Firstly,

A Public Report which is provided as a snapshot for the community on the performance of its public hospitals and the activities Queensland Health is undertaking to address any problems identified

HANDOUT 3 - COPY OF THE PUBLIC REPORT

HOSPITAL REPORTS

Purpose

Provide data to hospitals on a set of core indicators, measuring the quality of services.

Information contained in database can be manipulated to provide District reports, peer group reports, zonal and Statewide reports.

Our second deliverable is:

60 Hospital Reports which provide data to hospitals on a set of core indicators, measuring the quality of services.

The information contained in the reports are housed in a database and can be manipulated to provide District, Peer Group, zonal and statewide reports relatively easily.

An example of the use of this information would be in the production of a 'Performance Benchmarking report' for the State Strategic Forum in November.

HANDOUT (4) - ^A COPY OF ~~1~~ OF THE DE-IDENTIFIED HOSPITAL REPORTS

MASTER DOCUMENT

Purpose

—Provide details on the method, indicator descriptions, etc. for Queensland Health and other health service agencies on the process of developing the reports.

3rd Deliverable is

A Master Document which provides details on the method, indicator descriptions, etc. that Measured Quality has used in the development of the reports.

Also in conjunction with the public and hospital report:

A technical supplement has been written so that the methodology used in deriving the results can be referred to in low level detail.

CREDIBILITY

To deliver credible and useful reports we have considered:

- Indicator selection
- Accuracy and ownership of the data
- Robustness of the results
- Presentation of the results

INDICATOR SELECTION

Expert groups consulted

- Medical
 - Dr Ian Scott, PAH
 - Prof Charles Mitchell, PAH

- Surgical
 - Dr Christina Steffen, Cairns Base
 - Dr Russell Stitz
 - Dr Don Pitchford, Gold Coast
 - Dr David MacIntosh, Cairns

In the process of the selection of indicators we consulted experts in each of the 4 quadrants and for the clinical we formed expert groups in the areas of Medical, Surgical and Obstetrics and Gynaecology. These groups included: Ian Scott, Charles Mitchell, Christina Steffen, Russell Stitz, Don Pitchford, David Macintosh,

INDICATOR SELECTION

Expert groups consulted (cont'd)

- Obstetrics & Gynaecology
 - Prof Michael Humphrey, Cairns Base
 - Dr Dereyck Charters, Gold Coast
 - Dr Mano Haran, Logan

Michael Humphrey, Dereyck Charters, Mano Haran

HANDOUT 5 - LIST OF INDICATORS.

ACCURACY AND OWNERSHIP

Data verification process

Raw data extracted for 3 quadrants, then sent to each hospital to be verified.

(Patient Satisfaction data verified previously)

The 2nd element considered in delivering a credible report is accuracy and ownership

The data verification process was undertaken once all the raw data had been extracted from the various information systems. The process allowed each hospital to verify their data (through the data managers), raise questions on the accuracy and have Measured Quality respond, and promote ownership and trust with the hospitals by allowing them to confirm the accuracy prior to their reports being sent.

ROBUSTNESS OF RESULTS

Statistical Methods

- Clinical - Risk Adjustment with measure of statistical significance against peer group mean
- Efficiency- Single hospital score, compared to peer group median
- System integration and change - Single hospital score, compared to peer group median
- Patient satisfaction- Weighted, with measure of statistical significance against peer group mean

The 3rd element in developing a credible report is the robustness of the results:

To ensure the robustness of the results, well regarded statistical methods have been used in calculating the results for each quadrant.

Some of methods used include: risk adjustment and the identification of the statistical significance

INDICATOR AND REPORT PRESENTATION

Clinical Outcomes

1999/2000

Patient Satisfaction

2001/2002

Efficiency

2001/2002

System Integration & Change

2001/2002

Due to the varying timeframes associated with the availability of the data in each quadrant, we have clinical data that is 1 year older than that in the other 3 quadrants.

Due to these differences our ability to link the results across the quadrants is limited.

Analysis has commenced for phase 2 and this will allow the same years data to be reviewed across each quadrant and the identification of some levers for the system

INDICATOR AND REPORT PRESENTATION

Comments from District Manager review
working party

District Managers:

Dr Mark Waters

Mr Mike Allsop

Ms Moina Lettice

Mr Jeff Hollywood

State Manager:

Ms Gloria Wallace

The 4th element considered in the credibility is the presentation of the indicator results.

The distribution of a sample hospital report to 4 District Managers and the State Manager, Organisational Development Unit has allowed us to test the usefulness of the reports by seeking feedback on the readability and presentation of the indicator results.

INDICATOR AND REPORT PRESENTATION

Summary of positive comments:

- Reported indicators are extremely interesting
- Major step forward in the management of hospital services
- Helps staff focus on outcomes management
- Easy to read and practical document
- A major step forward in trust between Corporate Office and Districts as the Hospitals have had the opportunity to verify the data
- Hospital peer groupings are appropriate
- Could be used as a basis for Performance Agreements with Districts and within Districts

A summary of the comments received include:

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INDICATOR AND REPORT PRESENTATION

Summary of positive comments (cont'd):

- Data sources are sustainable through support by existing systems
- Focus on in-patient acute performance is a good first step and has allowed focus in the first report
- Very useful initiative
- Easy to read and practical document
- Excellent document

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-Excellent document

INDICATOR AND REPORT PRESENTATION

Summary of comments on suggested changes:

- Various suggestions on efficiency indicator refinement
- 1999 / 2000 clinical data is getting old
- Different years data across the quadrants makes it difficult to draw any conclusions between the quadrants

Some comments and suggestions on improving the reports include:

- Further refinement on the efficiency indicator to ensure improved meaningfulness
- Try and capture more recent data, particularly in the clinical quadrant
- Different years data across the quadrants makes it difficult to draw any conclusions between the quadrants

PREPARATION FOR RELEASE OF REPORTS

In preparation for the release of the public report and distribution of the hospital reports we have consulted some of our marketing and communication experts such as Des Hall, Glenda Viner, Lisa Crawford and Susan Rejall

RESPONSE TO MEDIA

In anticipation of questions from the media, strategies have been developed in conjunction with the Marketing and Communication Unit

- Seek comments from hospitals with outlier clinical results
- Identify project communication objective
- Identify Key target groups
- Identify Key Messages
- Draft a Communication Plan Timeframe

As a result of these discussions we have considered several strategies to be put in place prior to the release and distribution of both reports.

The major exercise that has taken place in preparation for the release of the reports has been the contact that Measured Quality has recently made with 20 identified hospitals that have showed variation in the clinical outcomes results

HANDOUT 6 - COPY OF THE ^{LIST} 60 HOSPITALS (IN THE PER GROUPS)

HIGHLIGHTED ARE THOSE HOSPITALS THAT WE HAVE MADE CONTACT WITH.

CONTACT MADE WITH HOSPITALS

The process of contacting each hospital

- Results for 32 clinical indicators were ranked (Hospital with highest rates to lowest)
- 20 Hospitals were identified and contact made with District Manager
- Met with District Manager and members of the executive and explained the methodology used to derive the results
- Assisted with identifying some possibilities for the results
- Requested formal response on possibilities for the results highlighted and details incorporated into Queensland Health and local Hospital media plans

The process involved members of the Measured Quality team meeting with the District Managers and other members of the hospital executive, flagging the results that have been highlighted as showing variation, explaining the methodology used in deriving those results, assist in identifying potential reasons for the variation, and requesting formal response on some further short-term analysis to confirm those potential reasons for the variation.

We are in the process of reviewing the responses received back from the hospitals. Lisa and a representative from the one of the districts have drafted a formal media plan. The plan is applicable to the de-identified sample hospital report that we have given to you today. In anticipation of the release of the reports, a media plan, based on the example that you have been given, will be developed for the remaining hospitals


COI.0031.0003.00345

Hand over to Lisa to go through the draft media plan

Hand out - 7 + 8 - DRAFT MEDIA PLANS
PUBLISHED REPORT - 12-1/2007

EFFECTIVE DISSEMINATION

There is strong argument that the most important element of this project is now to ensure the effective dissemination of the reports with the districts

UNDERSTANDING THE REPORTS

Preliminary contact has been made with each Zone

Once approval for the release of the reports has been given Measured Quality can:

- Brief representatives from Northern, Central & Southern Zones on the results and methodology used
- Assist with engaging hospital staff and other projects (QIEP) to disseminate and use results effectively

Contact has been made with reps from each zone in anticipation of Measured Quality providing a brief of the results and methodology (similar to the process undertaken with the 20 hospitals thus far)

From here we have identified various units and other programs of work that will assist with the dissemination and actioning of the results with the hospitals

For example, Organisational Improvement Unit and Clinician Development program

UNDERSTANDING THE REPORTS

'Lack of clarity over the aims of an indicator system will inevitably lead to problems over ownership of the data and disputes over their meaning and proper use'

- During initial contact with hospitals, detailed explanation on the use of the indicator results was given

An understanding of the aims of the report is a crucial element in ensuring use of the information at the hospital level

UNDERSTANDING THE REPORTS

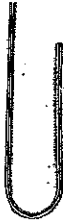
Key Messages

‘Reported indicators are exactly that; indicators to focus attention on issues of interest. They are neither proof of a problem or its solution’

‘ use of indicators as clues to performance, discussed and interpreted by clinicians and managers in the light of local contexts and with the aim of continuously improving the quality of clinical care. Such approaches foster trust and communication between clinicians and managers, with the result that they are better able to work through problems with care delivery and improve quality’

Some of the key messages that need to be delivered include:

- that the reported indicators are NOT definitive measures of quality and are neither proof of a problem or its solution. They are however clues to performance, and if discussed by clinicians and line managers in the light of local issues, with the aim of improving the quality of clinical care, the main purpose of this report will have been achieved



CABINET
SUBMISSION

APPENDUM:

MET
M.W
DG
HERO WITRE
BRUCE PICARD
TONY HARTER
GLYN WIFE EG.
JUSTIN WOUNDS
SUSAN REWAS?

A SHEET ON
LACH HOSPITAL

BOARD 7 - 3 PNL

HANDOUT 1

AGENDA

6-8 weeks
CABINET SUBMISSIONS
END OF SEPT, REGISTRATION

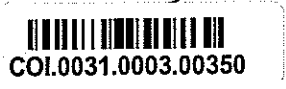
BRAD SMITH
41147

PURPOSE

NOTE + APPROVE HEADS

SUMMARY

REWAS -
with NORTH
2020



Information & permission



CABINET SECRETARIES

ROSS WALKER - PREMIER
47693 IN CABINET

ADVICE TO PREMIER

PUBLIC - TO BE RECALLED

HOSPITALS - SET TO OMS

56066 ARMAND HAWAII	EXTERNAL PARTIES TREASURY ROSS - PREMIERS
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CABINET ON:

30 SEPT

FROM

WAGE - 24 YR 1

FIRST ~~PRATE~~ WAGE 16 YR

INFO SUB
LINK TO 2002



220 SEPT

HANDOUT 2

PRESENTATION

HANDOUT 3

PUBLIC REPORT

HANDOUT 4

HOSPITAL REPORT



COI.0031.0003.00354

HANDOUT 5

LIST OF INDICATORS

HANDOUT 6

LIST OF IN-SCOPE HOSPITALS



COI.0031.0003.00356

HANDOUT 7

DRAFT MEDIA PLAN FOR PUBLIC REPORT

HANDOUT 8

DRAFT MEDIA PLAN FOR HOSPITAL REPORT