



## MINUTES

### Board Meeting of the Measured Quality Program Area

Held 11<sup>th</sup> March 2003, 8.30am – 10.00am

Conference Room, 18<sup>th</sup> Floor Queensland Health Building

#### CHAIR: Dr Buckland

##### Present:

Dr Steve Buckland (Chair)  
Ms Norelle Deeth  
Dr Gerry FitzGerald  
Dr Glenn Cuffe  
Dr Roger Brown  
Dr Ian Scott  
Ms Sue Cornes  
Ms Elizabeth Garrigan  
Mr Mike Allsop  
Ms Paula Bowman  
Ms Sabrina Walsh  
Mr David Jay  
Ms Anne Turner

##### Program Area staff:

Mr Justin Collins  
Mr Sean Conway  
Mr Danny Youlden  
Ms Angela Evans  
Mr Paul Donaldson

##### Apologies:

Mr Paul Monaghan  
Mr Paul Sheehy

##### Minutes:

Ms Angela Evans

### 1. Welcome and apologies

Previous Board minutes from 8<sup>th</sup> October 2002 were accepted as true and accurate.

The revised Terms of Reference reflecting changes to the sitting Board members were endorsed.

### 2. Program Area Update and Progress Report

A summary of the activities surrounding the scheduled release of the Public Report was provided to the Board.

### 3. Strategy to disseminate the contents of the hospital reports

It was reported that Phase II analysis was already well under way and that a concentrated effort was being made to have a third and current year of data analysed prior dissemination to hospital. For this reason, hospital visits have been arranged to occur in April/early May 2003.

The Measured Quality Program will be briefing the change management groups (CDP, OIU, CHI, Risk Management, Clinical Audit) in March and these together with the Executive from each Zonal Management Unit have been kept informed of the program area's activities.



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It was noted that QHEPS will be used for the secure delivery of the hospital report results.

Summary of DEA: It was noted that Professor Tim Coelli, University of Queensland, has provided software for data analysis and that the MQP has engaged Dr Latiffa Ling to provide mentor-ship for this project. Data is currently being collected for inclusion in a DEA report.

#### **4. Marketing and Communication**

It was noted that the communication strategy for the public report is being finalised in conjunction with the Marketing and Communication Unit and the Minister's Office.

Ms Norelle Deeth congratulated the Measured Quality team for the exceptional job done in developing the report. Ms Deeth noted that this is the first time that such a report had been produced in Australia.

#### **5. Issues / Actions**

It was noted that a review of the Quality Improvement and Enhancement Program was currently being undertaken. Dr Steve Buckland stated that a definitive answer on Measured Quality's future would not be available until mid-April, however he was keen to see the process continue.

#### **6. General Business**

It was noted that the Phase 1 deliverables had been endorsed by the sponsors.

#### **7. Next Meeting**

Date: TBA  
Time: TBA  
Venue: TBA

## 2. Program Area Update and Progress

### Finalise changes to the Public report

Advice was provided from the Premier through the Ministers Office on the required changes to the report, just after the Cabinet consideration date.

Myself, Adele Thomas & Lisa Crawford had a series of meetings with the Ministers Office, Premiers and Cabinet & Marketing and Communication Unit in order to incorporate the changes into the report as requested by the Premier.

The final document was agreed upon and sent to the Premiers Office, in the hope that we could have it approved, printed and distributed just prior to XMAS.

Advice was then received back from the Premiers Office that there were still a number of issues that needed to be addressed in the document.

At this late stage we realised that we were not going to get the report out before XMAS; so we decided that due to the XMAS break, staff being on leave (both in Premiers and in our team), we would aim to have the second round of changes incorporated into the document by the end of February.

This time we dealt only with Premiers and Cabinet and had the requested changes back to Prem & Cab by the end of last month. While agreement has been sought once again with officers from Prem & Cab on the changes, some further queries have been made by the Executive Director (Elizabeth Fraser) which we are currently following up on.

A common brief will then be done to the Premier and Minister with the proposed media plan attached. The Premier will then communicate to the Minister on the strategy for release and the date for release.

### Summary of issues:

Stronger link in the Exec Summ and Intro to Smart State Health 2020

Re-wording to reflect a less negative view on some of the indicator results

An addition to the Exec Sum and Intro which explains (in layman's terms) and promotes quality measurement and improvement process

Reassurance that QLD currently has a health system that ranks world's best  
That the Govt is committed to continuous quality improvement  
& Given this Govt's commitment we are releasing the first Public Report to the community on the quality of service being provided by QH (Market This)

Safety is a component of measuring quality of service and while all govt's aim to reduce the number of adverse and sentinel events, it is not possible to eliminate all of these. Reference: ? Bruce Barraclough

Provide a layman's explanation of terms such as in-hospital mortality

Re-configure and expand on information provided after poor results on the action being taken to address some of these issues.

**Finalise communication strategy for Public report:**

Lisa Crawford and I have been working on the strategy in conjunction with M&C Unit and the Ministers Office and while a number of people have been given the opportunity to comment or provide direction we have been unable to get answers on some fundamental questions such as:


Q. How will the report be distributed, will it be launched or released?

Q. Who will do the release? Who will be the media spokesperson?

Q. Should we have Bruce Barraclough on hand to champion the report or have him waiting in the wings for a just in case scenario?

Q. We plan to run through a lot these questions with Prem & Cab once the report is finalised as they seem pretty keen to help with this. May involve the Premiers marketing and communication unit to assist in finalising the strategy

Note: Report on Govt services was quite positive and this may be a good media environment to release the public report

 **Develop a strategy to disseminate the contents of the hospital reports and form a team from QH to undertake:**

Refer documents emailed to board members

Restriction from Cabinet meant that any dissemination strategy would require visits to sites to highlight outlier results, answer question on the analysis and provide direction on where to go from here.

It was agreed that due to the age of the clinical data in the Phase 1 reports and the fact that some investigation had already been performed on the clinical outliers, any further request for dissemination would yield little benefits and potentially get HSD's offside.

Phase 2 analysis was already well under way and if a concentrated effort was made, a third and most current year of data would be analysed providing us with:

- 3 years clinical
- 2 years efficiency
- 2 years system integration & change
- 1 year patient satisfaction

On this basis hospital visits are being arranged to occur in April 03

Don't just leave the results but provide information on the next step for dissemination.

Key groups such as:

CDP, OIU, CHI, Risk Management, Clinical Audit and each zonal exec have been continually kept 'in the loop' so as they can be on hand to assist hospitals with any change management initiatives.

It was strongly felt that even though we could not distribute the hospital reports we needed to leave hospitals with something

Phased 2 Hospital reports are therefore being made available to relevant District Managers on a secure site through QHEPS, password protected, via PDF, which will clearly have cabinet in Confidence Caveats, Print Options switched off, text select options switched off. While all of these security items will be in place it may not be possible to completely eliminate ALL possibilities of printing the report, but it will be made as difficult as possible and therefore intention will be very clear if anything was to happen.

DM's (relevant hospitals)

ZM's, GMHS, DDG & DG (All reports)

**Each Quadrant provide an update on the analysis and issues/problems encountered (Sean include status of DEA):**

Clinical – Paul & Danny

Efficiency - Sean

System Integration & Change – Angela who is A/Project Officer while Adele is on sick leave.

### 3. Reports

Phase 1 deliverables have been endorsed by the sponsors and are in hard copy on the table. Please review them while you are here, for your information.

Phase 2 reports on QHEPS  
Sean to talk through

### 4. Marketing & Communication

Brief on outlier results have been setup for 17<sup>th</sup>, 18<sup>th</sup> & 19<sup>th</sup> March for each Zone.  
Note: A rep from the Zone will be accompanying us on each of our hospital visits.

Brief to change management groups 24<sup>th</sup> March

## 5. Issues / Actions – Mainstreaming.

QIEP review is underway

Discuss interim solution to keep the work underway, until a permanent solution can be made.

## 6. Next Meeting: May/June

Thank all staff (include Adele) – past and present  
Glenn & Elizabeth  
Roger & Ellen  
Sue Cornes  
Ian Scott  
Mike & Sabrina & District staff that we have worked with  
Sponsors – past and present  
Lisa Crawford  
Expert groups  
Col Roberts & Ainsley Rowlands & Bill Stomfay

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PER MESSAGES

QUESTION + ANSWER

FOR ADEL  
HOSPITAL

Measured Quality Hospital report  
Dissemination Strategy

The **Preferred Option** has been the result of consultation with a range of groups and does not necessarily reflect one person or groups thoughts and ideas. It is a combination of all and is based on:

- feedback from 19 hospitals where the clinical indicator results were discussed
- feedback from District Manager & State Manager working party
- experience / lessons learned from Ontario and UK
- meeting (28/11/02) with change management groups (inc: OIU, CDP, Zones, CHI, Risk Management)
- discussions with members of the Measured Quality Board (including: Dr Ian Scott,...)

Measured Quality would like to aim to have several years data before further dissemination is attempted.

It is felt that the 2 main reasons for not proceeding with further dissemination of the phase 1 hospital reports is due to:

- age of data (clinical 99/00), &
- 19 hospitals have already performed some initial investigation for the negative clinical indicator results

Potential for getting the hospitals off side is large if we insist on them investigating 1999/2000 clinical data. Mark Waters raised the age of the data as a major issue in May 2002 (feedback from District Manager and State Manager working party).

When Measured Quality visited 19 hospitals to discuss the 'potential reason for variation', the hospital report was generally held in high regard, but was consistently requested when the hospitals were going to receive the full report. If we visit them again to discuss 'more of the same' and not leave them with the full report the 'trust' between Corporate Office and HSD's will be a significant issue and the potential for quality improvement may be lost.

### **Preferred Option:**

Propose hospital visits to occur in April 2003 with:

- several years data (see spreadsheet for data availability)
- relevant hospital results made available to District Executive members through QHEPS (print options switched off & 'Cabinet in Confidence' caveat on front page)
- development of a collaborative team to assist hospitals with dissemination

Measured Quality Hospital report  
Dissemination Strategy

The Measured Quality hospital reports were submitted to Cabinet on the 11<sup>th</sup> November 2002. Advice received from the Cabinet Legislation and Liaison Officer, Parliamentary and Ministerial Services Unit on the 14<sup>th</sup> November 2002 stated that a strategy should be finalised to manage the dissemination of the information from the 60 Hospital Reports and the formation of a Department of health team to undertake the work should be developed.

It is widely recognised that simply collecting, processing, analysing and disseminating comparative data is an enormous logistical and resource-intensive task, yet it is insufficient. Any strategy emphasising comparative data must consider how to engage the serious attention of those individuals to whom change is to be delivered.

Literature consistently states that in order to engage Clinicians and Line Managers to actively review their performance, a blame free environment must be fostered. This will help ensure genuine use of the information rather than a 'witch hunt' approach that will encourage Clinicians & Line Managers to 'play the system' / gaming.

If the Measured Quality hospital reports/results are not made available in some way, we may lose the opportunity to engage in real quality improvement.



	Clinical	Patient Satisfaction	Efficiency	System Integration & Change
Phase 1	1999/2000	2000/2001	2000/2001	2000/2001
Phase 2	1999/2000 2000/2001 2001/2002*	2000/2001	2000/2001 2001/2002	2000/2001 2001/2002
	*analysis only			
Phase 3 or operationalise/mainstream	1999/2000 2000/2001 2001/2002 2002/2003	2000/2001  2002/2003**	2000/2001 2001/2002 2002/2003	2000/2001 2001/2002 2002/2003
	** Only if work commences in January 2003			
Phase 4 or operationalise/mainstream	1999/2000 2000/2001 2001/2002 2002/2003 2003/2004	2000/2001  2003/2004***	2000/2001 2001/2002 2002/2003 2003/2004	2000/2001 2001/2002 2002/2003 2003/2004
	*** Only if work commences in January 2004 as proposed in 3 Dec 02 'briefing' to GMHS			