



**Queensland
Government**
Queensland Health

A BRIEFING TO THE MINISTER

BRIEFING NOTE NO: BR018109

REQUESTED BY: Elizabeth Head

DATE: 10 March 2003

PREPARED BY: Justin Collins, Program Area Manager-Measured Quality
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CLEARED BY: Glenn Cuffe, Manager-Procurement Strategy Unit, 322 52361

**DEPARTMENTAL
OFFICER ATTENDING:**

DEADLINE: 12 March 2003, C.O.B

SUBJECT: Measured Quality Hospital reports (phase 2)

MINISTER'S COMMENTS:

Agreed

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Wendy Edmond MP
Minister for Health and
Minister Assisting the Premier on Women's Policy

17/3/03

PURPOSE:

Provide an update on the Measured Quality Program Area (QIEP) Phase 1 and Phase 2 Hospital reports.

BACKGROUND:

Cabinet considered the Measured Quality, Phase 1 Hospital reports, along with the Public report, on 11 November 2002.

Advice received from Cabinet, regarding the Hospital reports, was to finalise a strategy 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.

Discussion between the Measured Quality Sponsors and Board Members has resulted in an agreed strategy that:

- initiates the process for the engagement of clinicians and managers to whom change is to be delivered
- provides the most recent and meaningful data available
- provides a framework and timeframe for feedback from Hospitals on further investigation, and
- addresses security on the contents of the report

Due to the delay in distribution of the Phase 1 Hospital reports, and the age of the clinical data (1999/2000), it was determined that any further request for Health Service District's to dedicate resources to investigate Phase 1 should be postponed until Phase 2 analysis (2000/2001 & 2001/2002) had been completed. As the Phase 2 analysis had commenced in July 2002, by December 2002 the analysis was only 3 - 4 months away from completion. It was also determined that during the 4 months taken to complete the analysis, a detailed dissemination strategy could be developed in conjunction with key change management groups. The result is:

| | |
|---|------------------------------------|
| 3 years of Clinical data | (1999/2000, 2000/2001 & 2001/2002) |
| 2 years of Efficiency data | (2000/2001 & 2001/2002) |
| 2 years of System integration & change data | (2000/2001 & 2001/2002) |
| 1 year of Patient satisfaction data | (2000/2001) |

The Phase 2 analysis is progressing as planned and is 'on schedule' for completion by 28 March 2003. Once completed, the Measured Quality Team will visit each Health Service District to discuss indicator outlier results for their hospital/s. The purpose of the visits is to present the outlier results, provide specific details on the analysis method used, provide details and direction on how the results can be investigated further, and negotiate a timeframe for reporting back. Hospital visits have been scheduled to occur in April 2003.

Rather than physically distributing the Measured Quality, Phase 2 Hospital reports, a secure site has been developed in QHEPS, which will allow each District Manager to access their Hospital reports only. The requirement to enter the secure site address in QHEPS, then type a password will provide access to the relevant Hospital reports only. To add further security to the report, various options have been successfully 'DISABLED', including the 'print' function, 'text select' function and 'copy and paste' functions. While every security option has been considered, the QHEPS team has advised that it is NOT possible to completely eliminate all options for printing and distribution from the Windows environment. The secure environment has been developed to the maximum ability that current information technology security permits and in conjunction with the 'Cabinet in Confidence' caveats, and a watermark on each page of the report (stating the title of the District



Manager) a clear message has been delivered that this material must not be printed or distributed in any way.

KEY ISSUES:

Due to the restricted distribution of the Measured Quality Hospital reports (District Managers only), difficulty may be encountered in the dissemination of the results within the Hospital environment. This may impact on the usefulness of the Hospital reports and limit the engagement of clinicians and managers to whom change is to be delivered.

The Phase 1 Hospital reports and Public report were considered by Cabinet on 11 November 2002. It is recommended that the Phase 2 Hospital reports also be considered by Cabinet, as an information submission, to afford it the same consideration for FOI exemption.

ATTACHMENTS:

Nil

DRAFT MEDIA RELEASE:

ATTACHED

NOT ATTACHED