'JEC14'

MEASURED QUALITY

Program Area Update and Progress
May 2003

It is in essence a quality monitoring system / process

It has developed a core set of indicators for measuring quality of services

It is about identifying variation

6 MAY 2003
3.00PM.

LAST WEEK in MAY

MET WITH:

MIN

DG

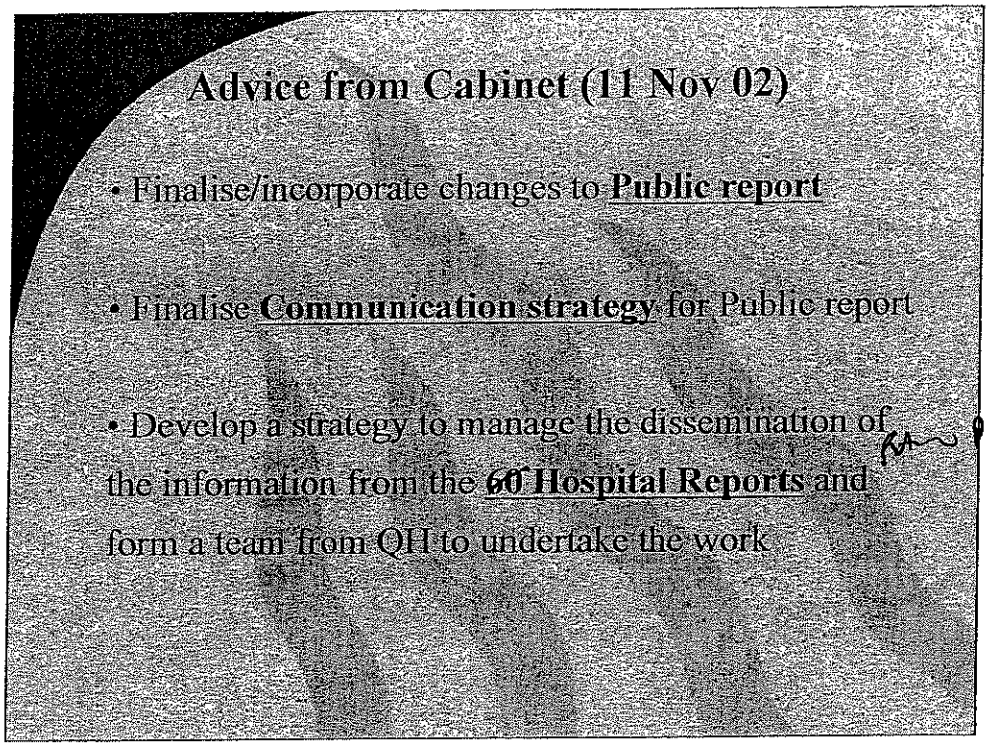
STEVE FOUS

JUSTIN LOWING

NORELLE PUTTE

GLENN CUFFE

MIN ADVISORS.



Direction from Cabinet for Phase 1 deliverables included:

Advice from Cabinet (11 Nov 02)

(1) Finalise/incorporate changes to **Public report**

Changes incorporated:

- Advice from Premier on changes (via Ministers Office)
- Met with Min Office, Prem & Cab, and M&C Unit (QH)
- Sent revised version back to Premiers Office
- Further changes requested (delay over xmas)
- Re-commenced work with Prem & Cab on further changes (early 2003)
- Have now received Premiers & Cabinet endorsement

Summary of changes include:

Summary of changes:

Need a stronger and transparent link in the exec summary and intro to the strategies identified in the Smart State Health 2020 Directions Statement Sept 2002

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

An addition to the exec summary and intro which explains and promotes the quality measurement & improvement process (layman's terms).

Reassurance that QLD currently has a health system that ranks amongst the worlds best & that the govt is committed to continuous quality improvement. Given this commitment we are now releasing the first public report which reports on the quality of services being provided by a health system. Need to market this in its release.

Identify the reality that even when services are being provide at worlds best standard it is not possible to eliminate adverse events, but this systematic review is an extremely positive first step in the process of continuous improvement. Reference: B Barraclough

Provide a layman's explanation of in-hospital mortality

Re-configure and expand on info after less favourable results have been flagged and the sort of systematic improvements that are currently underway.

(2)

Advice from Cabinet (11 Nov 02)

- Finalise **communication strategy** for Public report

Strategy developed

- Communication Strategy developed with M&C Unit and Ministers Office
- Professor Bruce Barraclough on hand to support / champion
- Attach to common brief (along with final version of Public report) to Premier & Minister

General consensus is that QH should take this opportunity and market the fact that it is leading the way with Quality Improvement. Get on the front foot with the media and combat questions on specific results with a focus on:

This is a first step in the process of reviewing and improving quality of services provided QLD Pubic Hospitals

(3)

Advice from Cabinet (11 Nov 02)

Develop a strategy to manage the dissemination of the information from the **60 Hospital Reports** and form a team from QH to undertake the work

Strategy developed:

- provides the most recent and meaningful data available
- initiates the process for the engagement of clinicians & managers to whom change is being delivered
- address security on the contents of the report

- Clinical-3 years, Efficiency-2 years, SI&C-2 years, PS-1 year
- Site visits & collaborative approach to dissemination
- PDF / Electronic availability of results to DM

Strategy developed:

As a result of lengthy discussion with:

MQ Sponsors & Board members, Lessons learned from Ontario & UK, and District Manager working party

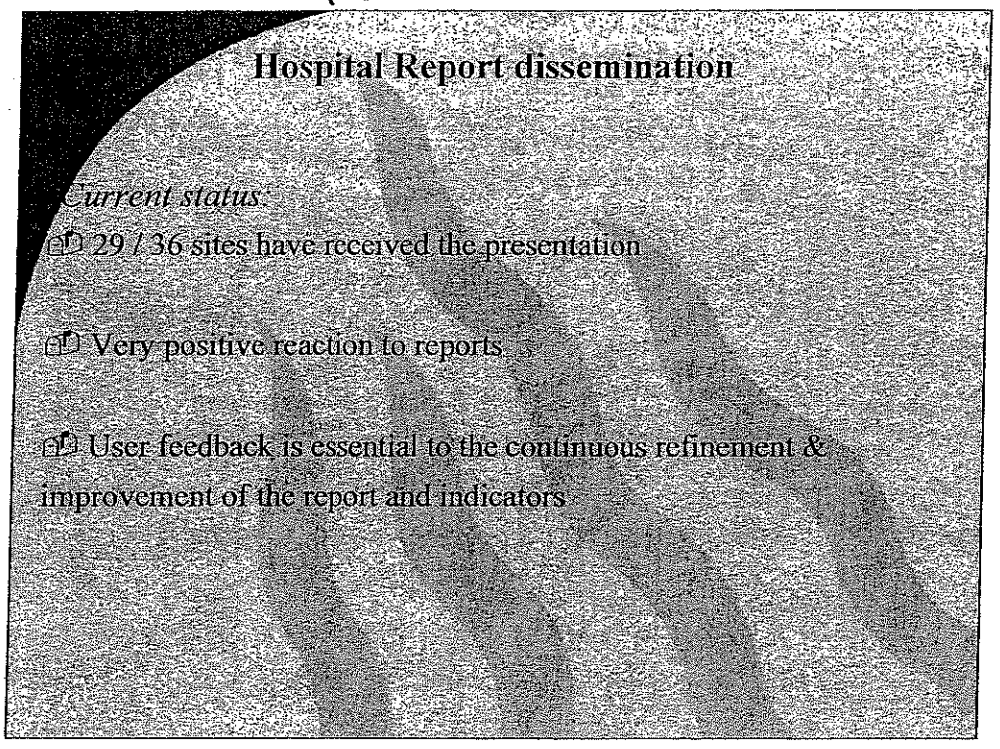
it was decided that any strategy developed should consider how to :

refer: main points from these groups

In consideration of this advice it was recognised that phase 2 analysis be completed (& with a concentrated effort from the MQ team, 3 years of clinical data could be analysed)

To obtain the serious attention of clinicians and managers without physically distributing the reports we would need to undertake a presentation (approx 2 hours). District Managers were contacted and asked to invite those staff that they deemed as being appropriate for the Measured Quality team to provide a presentation for their facility/s. The presentation would have 3 parts. (refer agenda) & refer groups that have been engaged to assist facilities with further.

To ensure the security of the reports, but to still engage clinicians and managers we had to address the un-controlable nature of the hard copy reports, therefore a strategy put forward proposed that we provide access to DM's only via a secure site on QHEPS their hospital results. On the clear understanding (with the appropriate functionality disabled) that reports were to be viewed only and not printed, copied, or forwarded to anyone.



Attendee's have been varied, from as a little as the District Executive to involvement from nearly 20 staff with majority being clinicians across the areas of Medicine, Surgery and O&G.

Eagerness to benchmark with specific hospital in their peer groups. They are able to do this through their Zonal Manager

Smaller hospitals have enthusiastically greeted the data and the opportunity to compare their performance but have raised concerns over the ability to action due to limited resources.

We have suggested their Zonal Units as being a first contact.

Some negativity has been expressed about the restriction on the distribution as nearly all have shown a great eagerness to discuss with staff further about ways to improve or to identify reasons for good performance in particular areas (so as to share with peers).

When explaining the distribution restriction placed on the reports we have focussed on the potential for misinterpretation and referencing the technical supplement and the detail behind the analysis and the likelihood that these caveats would be taken into account when interpreting by external parties.

A lot of hospitals have expressed great delight in receiving data back in a useful way considering the amount of resources they have dedicated to its provision in the first instance. It has been regularly commented that by closing the loop we will provide more meaning to the data entry and hopefully will improve quality of data over time and a stronger sense of ownership of the data.

Good first step but need to go beyond the Inpatient Services

Measured Quality data analysis availability

	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**		