

JEC 32

SECURITY CLASSIFICATION "A"

INFORMATION SUBMISSION

COVER SHEET

TITLE

Queensland Health – Measured Quality, Public report & Hospital reports

MINISTER

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

OBJECTIVE(S)

To inform Cabinet on the content of the Queensland Health – Measured Quality, Public Report ('Queensland Hospitals in the Twenty-First Century - A First Report - 2002') and sixty (60) Hospital Reports.

SUMMARY

The Measured Quality Program Area was undertaken by Queensland Health to develop reports that routinely measure and utilise performance data for the Queensland public health system.

The purpose of these reports is:

- To provide a balanced and comparative picture of performance of 60 Queensland public hospitals
- To report to the public on the performance of the Queensland Health public hospital system
- To obtain baseline data on current Queensland Health public hospital performance
- Contribute to the national knowledge base on quality measurement

A range of performance indicators have been developed across the areas of:

- Clinical Outcomes
- Efficiency
- Patient Satisfaction
- System Integration & Change

The balanced scorecard methodology has been adopted to present the performance data across these 4 quadrants.

The reports that have been developed include:

- One (1) Public Report ('Queensland Hospitals in the Twenty-First Century - A First Report - 2002'), and
- Sixty (60) Hospital Reports

RESULTS OF CONSULTATION

- **Is there agreement? YES. See paragraph ???? of body of submission.**
To be completed after P&M services have completed consultation process

RECOMMENDATION(S)

That following consideration, the contents of the submission be noted.

Following cabinet consideration, the Public report ('Queensland Hospitals in the Twenty-First Century - A First Report - 2002') will be released to various parties including government & non-government and community stakeholders, and

The sixty (60) Hospital Reports will be released to each of the relevant District Managers and Zonal Managers within Queensland Health for dissemination and action where necessary.

WENDY EDMOND MP
 MINISTER FOR HEALTH
 MINISTER ASSISTING THE PREMIER ON WOMEN'S POLICY

/ /

link to Health 2020

good performers →
 and those areas where there is scope for improvement.
 overall objective is too to drive improvements in clinical performance and where possible use clinical benchmarking to see gaps.
 The results of the quality ~~is~~ program show that:
 → most hospitals perform at levels similar to the national average, but does highlight different quality levels between the State's principle/specialist hospitals and small + medium hospitals.
 → it also highlights a number of areas for clinical improvement eg.
 where there are significant variations between average performance & individual hospitals these issues

BODY OF SUBMISSION

OBJECTIVE(S)

To inform Cabinet on the content of the Queensland Health – Measured Quality, Public Report ('Queensland Hospitals in the Twenty-First Century - A First Report - 2002') and sixty (60) Hospital Reports.

BACKGROUND

- **Context**

During 1998, Queensland Health started developing a comprehensive framework to improve the safety and quality of public health services. This was in response to both State and national calls for reform.

Nationally, a number of reports on the safety of the Australian health system were published driving public policy change and resulting in the allocation of approximately \$660M to the States and Territories for quality improvements through the 1998-2003 Australian Health Care Agreement (AHCA).

Within Queensland, strategic developments in Queensland Health and in the State's public administration demanded a greater emphasis on safety and accountability. During early 1999, a number of workshops were held to plan actions in the four key areas of the Quality of Health Services Framework and the final framework was endorsed by the Director-General in September 1999

A Queensland Health Council on Safety and Quality in Health Care (Quality Council) was established in March 1999 to oversee the quality agenda outlined in the framework. This Council is required to ensure that risk management and quality management systems are in place in Queensland Health.

In November 1999, the Quality Council reviewed 315 proposals received following a call for submissions. In January 2000, 57 of the 315 proposals were approved and provided with start-up funding to progress to the second stage of Business Case development.

By May 2000, these second stage proposals had been consolidated into twenty-three (23) Program Areas and indicative budgets allocated to progress to Project Plan development. This program of Queensland Health activity is known as the Quality Improvement and Enhancement Program (QIEP).

One of the 23 Program Areas that received approval to progress was the Measured Quality Program Area. The goal of the Measured Quality Program Area is 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.

This goal:

- actions the Corporate key value of Performance accountability (Strategic Plan 2000-2010)

- actions key strategies of the Strategic Plan:
 - by providing comparative data on the quality of services provided by Districts and Zones, more informed investment decisions can be made; and
 - by providing benchmarking information on performance across key indicators, this Program will contribute to a corporate culture of evidence-based practice.

The goal is consistent with the Strategic Plan statement that Queensland Health's performance will be assessed by monitoring the outcomes of health services and client satisfaction.

The target groups for this Program Area are:

- Clinical leaders at the Hospital, District, Zonal and Statewide levels
- Management at the District, Zonal and Corporate levels
- Consumers

ISSUES

Public report

The Measured Quality Public report, 'Queensland Hospitals in the Twenty-First Century – A First Report - 2002' provides a snapshot for the community on the performance of its public hospitals and the activities Queensland Health is undertaking to address any problems identified. Overall, the Public report demonstrates good outcomes for the Queensland Health public hospital system.

Generally, the clinical indicator rates for Queensland were at or below the rates for public hospitals throughout the rest of Australia. The only exceptions were in-hospital mortality for stroke, hysterectomy for women under 35 years of age and caesarean rates. A possible explanation for the higher in-hospital mortality rate for stroke is the corresponding low discharge rates to nursing homes in Queensland, compared to the rest of Australia. The combination of nursing home discharge rate plus the mortality rate is similar for Queensland and the rest of Australia. The rates for hysterectomy on women under 35 years of age rate is only slightly higher than the rate for the rest of Australia ie. Aust (excl QLD): 10.51% to QLD: 11.19%. The caesarean section rate for all births is only slightly higher than the national average ie. Aust: 21.9% to QLD: 23.4%. The national (excluding Northern Territory) caesarean section rate for women who were private patients in hospital was 55.3% higher than the rate for public patients.

Hospital reports

The Measured Quality hospital reports provide data to hospitals on a set of core indicators measuring the quality of services. The confidential distribution of each hospital report to the relevant District and Zonal Manager will provide the hospital with the appropriate environment to disseminate the results within the report. Various units and program areas, including Clinician Development program area, Organisational Improvement Unit, Collaborative for Healthcare Improvement program area, Risk Management program area, and Clinical Audit program area, are currently in place within Queensland Health and will be on-hand to assist the hospitals with interpreting the results and to develop strategies to improve quality. These change management units have been briefed on the methodology and process undertaken in determining the results. The provision of performance indicator results that have been derived using the same statistical analysis methodology for each

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hospital provides an excellent basis for benchmarking and networking between similar hospitals to identify best practice approaches.

CONSULTATION

A draft copy of the cabinet submission along with the public and sixty (60) hospital reports attached, were provided to the Department of Premiers and Cabinet and the department of Treasury, ~~to seek comments and to highlight any potential issues associated with the submission and the reports.~~

RESULTS OF CONSULTATION

The results of the consultation process are:

Department of Premier and Cabinet – Suggestion to provide further detail in the issues section of the submission.

Department of Treasury -

*SUPPORT Gateway
delegation*

PUBLIC PRESENTATION

A public launch will not be made for the public report ("Queensland Hospitals in the Twenty-First Century - A First Report - 2002").

The sixty (60) Hospital Reports will be distributed to the relevant Zonal & District Managers only, for further dissemination and action.

*will not be
sub-acted - Agency*

CONSULTATION ADDENDUM

Department name	Officer consulted	Date consulted
Premier & Cabinet	Ms Lynne Rodgers	9 th October 2002
Treasury	Ms Amanda Hallam	15 th October 2002

*Tania Homan
Peta Tran*

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PART 1
communication
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INFORMATION SUBMISSION

COVER SHEET

TITLE

Queensland Health – Measured Quality, Public report & Hospital reports

MINISTER

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

OBJECTIVE

To inform Cabinet on the content of the Queensland Health – *Measured Quality*

- *Public Report ('Queensland Hospitals in the Twenty-First Century - A First Report - 2002')* and
- *Sixty (60) Hospital Reports.*

SUMMARY

The Measured Quality Program Area was undertaken by Queensland Health to develop reports that routinely measure and utilise performance data for the Queensland public health system. This is the first time that an Australian health service has undertaken this type of reporting and demonstrates that Queensland Health is leading the way in promoting better accountability on public health system performance.

The purpose of these reports is:

- To provide a balanced and comparative picture of performance of 60 Queensland public hospitals;
- To report to the public on the performance of the Queensland Health public hospital system;
- To obtain baseline data on current Queensland Health public hospital performance; and
- Contribute to the national knowledge base on quality measurement.

A range of performance indicators have been developed across the areas of:

- Clinical Outcomes;
- Efficiency;
- Patient Satisfaction; and
- System Integration & Change.

The balanced scorecard methodology has been adopted to present the performance data across these four quadrants.

The reports that have been developed include:

- One Public Report (*'Queensland Hospitals in the Twenty-First Century - A First Report - 2002'*); and
- Sixty *Hospital Reports*

Following cabinet consideration, the *Measured Quality Public Report ('Queensland Hospitals in the Twenty-First Century - A First Report - 2002')* will be publicly released to various parties including government & non-government and community stakeholders. The 60 *Measured Quality Hospital Reports* will be released to each of the relevant District Managers and Zonal Managers within Queensland Health for dissemination and action where necessary. The sixty reports are not intended for general public release.

RESULTS OF CONSULTATION

- **Is there agreement? YES. See paragraph 23 of body of submission.**

RECOMMENDATION

That following consideration, the contents of the submission be noted.

WENDY EDMOND MP
MINISTER FOR HEALTH
MINISTER ASSISTING THE PREMIER ON WOMEN'S POLICY

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BODY OF SUBMISSION

OBJECTIVE

1. To inform Cabinet on the content of the Queensland Health – *Measured Quality Public Report ('Queensland Hospitals in the Twenty-First Century - A First Report - 2002')* and sixty *Measured Quality Hospital Reports*.

BACKGROUND

- **Context**

2. During 1998, Queensland Health started developing a comprehensive framework to improve the safety and quality of public health services. This was in response to both State and national calls for reform.
3. Nationally, a number of reports on the safety of the Australian health system were published driving public policy change and resulting in the allocation of approximately \$660M to the States and Territories for quality improvements through the 1998-2003 Australian Health Care Agreement (AHCA).
4. Within Queensland, strategic developments in Queensland Health and in the State's public administration demanded a greater emphasis on safety and accountability. A Queensland Health Council on Safety and Quality in Health Care (Quality Council) was established in March 1999 to oversee the quality agenda and includes ensuring that risk management and quality management systems are in place in Queensland Health.
5. One of the 23 Program Areas that received approval from the Quality Council was the Measured Quality Program Area. The goal of the Measured Quality Program Area is 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 and will action the Corporate key value of performance accountability (Strategic Plan 2000-2010) and other key strategies of the Strategic Plan by providing:
 - comparative data on the quality of services provided by Districts and Zones, more informed investment decisions can be made; and
 - benchmarking information on performance across key indicators, this Program will contribute to a corporate culture of evidence-based practice.
6. The goal is consistent with the Strategic Plan statement that Queensland Health's performance will be assessed by monitoring the outcomes of health services and client satisfaction.

7. The target groups for this Program Area are:
- Clinical leaders at the Hospital, District, Zonal and Statewide levels;
 - Management at the District, Zonal and Corporate levels; and
 - Consumers.

ISSUES

8. The *Measured Quality Public Report ('Queensland Hospitals in the Twenty-First Century - A First Report - 2002')* has been undertaken in the context of a 20 year development plan for public sector health services in Queensland. The *Smart State Health 2020* discussion paper, which was the subject of public consultation from April to June this year, committed Queensland Health to involving communities in health care and developing an integrated patient-centred health system.
9. The purpose of the *Measured Quality Public Report ('Queensland Hospitals in the Twenty-First Century - A First Report - 2002')* is to provide a snapshot for the community on the performance of Queensland Health's public hospitals. This purpose links strongly with the section highlighted in the *Smart State: Health 2020 discussion paper: 'Community engagement'*, where it has been flagged that it is essential for the government and the community to engage in discussing the big issues associated with health and health care.
10. Generally, the clinical indicator rates for Queensland were at or below the rates for public hospitals throughout the rest of Australia. The only exceptions were in-hospital mortality for stroke, hysterectomy for women under 35 years of age and caesarean rates. A possible explanation for the higher in-hospital mortality rate for stroke is the corresponding low discharge rates to nursing homes in Queensland, compared to the rest of Australia. The combination of nursing home discharge rate plus the mortality rate is similar for Queensland and the rest of Australia. The rates for hysterectomy on women under 35 years of age rate is only slightly higher than the rate for the rest of Australia ie. Aust (excl QLD): 10.51% to QLD: 11.19%. The caesarean section rate for all births is only slightly higher than the national average ie. Aust: 21.9% to QLD: 23.4%. The national (excluding Northern Territory) caesarean section rate for women who were private patients in hospital was 55.3% higher than the rate for public patients.
11. The report highlights some variation between the four Hospital peer groups of Principal Referral & Specialised, Large, Medium, & Small Hospitals. These variations are particularly evident between the Principal Referral & Specialised and Large peer groups, and the Medium and Small peer groups. Some of the activities that Queensland Health is undertaking to address these variations include:

- The Primary Clinical Care Manual – aimed at health professionals working in rural and remote locations;
 - Transition Programs for nurses – aimed at nurses to develop knowledge and skills;
 - Clinical Pathways – to improve the quality and efficiency of clinical care;
 - Infection Control Program Area – surveillance and prevention;
 - Integrated Risk Management – development of a Risk Management Framework and education programs;
 - Improved use of Medicines – prevention of adverse drug events;
 - Clinical Information System – Provision of a patient-centric Electronic Health Record across the continuum of care; and
 - Service Integration workshops – Integration of all types of services and levels of service working together to provide good health care.
12. The ongoing production of both the Public and Hospital reports will assist by informing management on areas where quality activities may need to be undertaken. Where variation between Queensland and Rest of Australia have been highlighted, appropriate analysis on the reasons for the variation will be performed at both a hospital and ‘system’ level. Action will be taken, where necessary, to improve the results through the dedication of time, resources and policy change, including appropriate changes to models of care.
13. The report prepared for public release "*Queensland Hospitals in the 21st Century*" was developed from sixty *Measured Quality Hospital reports* that provide each hospital with data on a set of core indicators measuring:
- Clinical Utilisation and Outcomes;
 - Patient Satisfaction;
 - Efficiency; and
 - System Integration and Change.
14. The quadrants of the balanced scorecard used to present the indicator results, provide hospitals with performance measures that directly align with sections of the *Smart State: Health 2020 discussion paper* that dealt with:
- Clinical Utilisation and Outcomes – *Smart State: Health 2020, ‘Safe, accountable and quality health services’*;
 - Patient Satisfaction - *Smart State: Health 2020, ‘Community engagement’*;
 - Efficiency - *Smart State: Health 2020, ‘Paying for health in 2020’*; and
 - System Integration and Change - *Smart State: Health 2020, ‘Health workforce of 2020’*.
15. The sixty hospital reports flag areas for potential improvement and areas where performance is potentially best practice. These hospitals will now participate in various round-table sessions and forums, which will focus on benchmarking and dissemination and interpretation of their hospital report, so as appropriate action can

be taken using the range of change management projects and specialist units currently available within Queensland Health.

16. The confidential distribution of each hospital report to the relevant District Manager and Zonal Manager will provide the hospital with the appropriate environment to disseminate the results within the report. Some of the units and program areas that are currently operating within Queensland Health will be on-hand to assist hospital staff with interpreting the results and to develop strategies to improve quality include:
 - Clinician Development program area;
 - Organisational Improvement Unit;
 - Collaborative for Health care Improvement program area ;
 - Risk Management program area; and
 - Clinical Audit program area.
17. Phase 1 of the Measured Quality Program Area will be complete once the Public and Hospital reports are distributed to the appropriate parties. Data analysis has commenced on Phase 2 with a second round of sixty hospital reports to be produced by June 2003. Various improvements have been made to the Phase 2 reports, including the presentation of 2 years data which will enable trend analysis to be performed, and refinement of individual indicators based on feedback from Health Service District comments and consultation with expert groups.
18. In instances where an individual clinical indicator result for a particular hospital was considered to be a 'negative outlier', some preliminary discussions and audits (or investigative activities) have been undertaken to identify some potential reasons for the results. A summary of the clinical indicators that have been flagged with nineteen hospitals, highlighting their responses and activities that have been (or in the process of being) undertaken by the hospital is provided at the front of each individual relevant hospital report.
19. A risk management strategy is being put in place in anticipation of questions that could be raised from the presentation of the Public report. This includes the identification of particular issues raised in the Public report and the result of some preliminary enquiries with Health Service District executives on potential reasons for variation.
20. The media and advocacy strategy has been considered as a potential containment measure for the release of the Public report. Professor Bruce Barraclough, Chair – Australian Council for Quality and Safety in Healthcare has been given a detailed brief on the objectives and methodology used in the Measured Quality Public Report and has indicated that he is a strong advocate for this type of reporting to be adopted nationally. As Queensland Health is leading the way with this project, Professor Barraclough has indicated that he will continue his support for Queensland Health during the release of the Public report and the continuing work that Queensland Health is undertaking in this area.

21. The benefits of the approach that Queensland Health is taking in the production and release of a Public report are numerous. Some of these benefits include the promotion of better accountability on the performance of the Queensland public health system, promotion of a culture of evidence based practice, and provision of comparative data to enable more informed investment decisions.

CONSULTATION

22. Consultation has occurred with the Department of Premier and Cabinet and the Treasury Department.

RESULTS OF CONSULTATION

23. Both Departments support the general purpose of the Queensland Health – Measured Quality, Public report & Hospital reports.

PUBLIC PRESENTATION

24. A communication strategy has been developed in conjunction with the release of the *Measured Quality Public Report ('Queensland Hospitals in the Twenty-First Century - A First Report - 2002')*.
25. The sixty *Measured Quality Hospital Reports* will be distributed for further dissemination and action to the relevant District Managers & Zonal Managers only, and will not be made available publicly.

CONSULTATION ADDENDUM

Department name	Officer consulted	Date consulted
Premier & Cabinet	Ms Lynne Rodgers Ms Ros Walker	9 th October 2002 & 29 th October 2002
Treasury	Ms Tania Homan & Ms Peta Tran	15 th October 2002

BRIEFING NOTE FOR CABINET SUBMISSION NO. 3034

Queensland Health – Measured Quality, Public report & Hospital reports

Purpose

To inform Cabinet on the content of the Queensland Health – *Measured Quality*

- *Public Report ('Queensland Hospitals in the Twenty-First Century - A First Report - 2002')* and
- *Sixty (60) Hospital Reports.*

Issues

- X The purpose of the public report is to provide a snapshot to the community of the performance of Queensland's public hospitals, not to be a definitive measure of quality.
- X In the Public report there are only three (out of a potential 32) clinical indicators where Queensland is not performing better than public hospitals throughout the rest of Australia.
- X The data used for the Public and Hospital reports relates to 1999/2000 for the clinical quadrant and 2000/2001 for Efficiency, Patient Satisfaction and System Integration & change.
- X Various changes have occurred within Queensland Health since this data was current, and some of the indicators that present low performance may have improved since. As the data for both the Public and Hospital reports relates to one year's performance only, caution must be used when reading the reports due to the limited timeframe that the data has been collected from. The important factor that must be remembered is the actual commencement on the production of such reports and the potential for refinement and improvement with future reports, which will assist in driving the quality agenda and management decisions within Queensland Health.
- X As the Hospital reports are a first attempt ^{nationally} to provide data to individual hospitals on a set of core indicators measuring the quality of services, one of the underlying objectives of the reports is to generate a focus on continuous quality improvement and to provide meaningful data to clinicians and management to act as change agents in improving services.
- X The purpose of the hospital reports is not to be a definitive measure of quality, but to flag areas where potential improvement can be made within the system as well at individual facilities.
- X In the hospital reports a range of 'outlier' clinical indicator results have been raised and discussed with hospital management. The results of some 'preliminary' inquiries have been summarised in a 1 to 2 page document titled 'Summary of potential reasons for variance' and is located at the front of ^{each} the relevant hospital report.
- X While many quality improvement activities are being undertaken across Queensland Health, the intention is that the release of the Hospital reports will allow facilities to perform a more detailed dissemination of the results within their reports and to use them as a tool for further discussion within and between facilities. *Am 15*

Not to be used as public

Possible Questions and Suggested Responses

X Q. Why is Queensland not performing at or below the public hospitals rate throughout the rest of Australia? *in 3 areas - list.*
 A. There are a number of potential reasons why this is the case. Before providing the reasons it must be remembered that the purpose of the Public report is to report to the community on the performance of Queensland's public hospitals, not to initiate quality improvement activities. There are only 3 out of 32 clinical indicators where Queensland is not performing better than the national average. As this is a first attempt of this type of reporting, we must allow for further refinement of the indicators used, improvement in the quality of the data (difficult to achieve across the state until the data is utilised in this type of report), collection of several years data to determine trends (as opposed to the potential for a statistical aberration in the data collected) *Specifies*

X Q. As there are many different types of performance indicators and criteria used in collecting data to use in performance indicators, how do we determine what criteria has been used for the indicators in the Measured Quality Public report and Hospital reports.

A. A technical supplement has been developed and will be available for both the Public and Hospital reports.

Q. Who will the public report be distributed and made available to?

A. The recipients of the public report include Queensland Health management, a range of government and non-government agencies (including national councils), colleges and professional organisations, libraries, and each of the Health Service District councils.

X Q. Who will be the recipients of the Hospital reports?

A. Each Zonal Manager and District Manager will receive a copy of a hospital report, which is located in their Zone or District.

WILL NOT BE MADE PUBLIC BY OUR BOARD

Prepared by: Justin Collins
 Program Area Manager
 Measured Quality Program Area (QIEP)

Cleared by: Elizabeth Garrigan
 Team Leader, Quality Strategy Team,
 Procurement Strategy Unit

Date: 7th November 2002

Q How has QH prepared to release these reports to the public.

A. With ComStrat has been prepared

- H inc.*
- press release*
- advocate strat involving BR.*
- detailed ~~issues~~ media issues brief for the spokesperson.*

Q WHAT QIE ACTIVITIES

Q ACTIVITIES ARE LISTED ON - PAGE

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BRIEFING NOTE FOR CABINET SUBMISSION NO. 3034

Queensland Health – Measured Quality, Public Report & Hospital Reports

Purpose

To inform Cabinet on the content of the Queensland Health – *Measured Quality*

- *Public Report ('Queensland Hospitals in the Twenty-First Century - A First Report - 2002')* and
- *Sixty (60) Hospital Reports.*

Issues

- X The purpose of the public report is to provide a snapshot to the community of the performance of Queensland's public hospitals, not to be a definitive measure of quality.
- X In the Public Report there are only three (out of a potential 32) clinical indicators where Queensland is not performing better than public hospitals throughout the rest of Australia.
- X The data used for the Public and Hospital Reports relates to 1999/2000 for the clinical quadrant and 2000/2001 for Efficiency, Patient Satisfaction and System Integration & Change quadrants.
- X Various changes have occurred within Queensland Health since these data were current, and some of the indicators that present low performance may have since improved. As the data for both the Public and Hospital Reports relates to one year's performance only, caution must be used when reading the reports due to the limited timeframe. An important factor is the actual commencement of the production of such reports and the potential for refinement and improvement with future reports, which will assist in driving the quality agenda and management decisions within Queensland Health.
- X As the Hospital Reports are a first attempt nationally to provide data to individual hospitals on a set of core indicators measuring the quality of services, one of the underlying objectives of the reports is to generate a focus on continuous quality improvement and to provide meaningful data to clinicians and management to act as change agents in improving services.
- X The purpose of the hospital reports is not to be a definitive measure of quality, but to flag areas where potential improvement can be made within the system as well at individual facilities.
- X In the Hospital Reports, a range of 'outlier' clinical indicator results has been raised and discussed with hospital management. The results of some 'preliminary' enquiries have been summarised in a 1 to 2 page document titled 'Summary of potential reasons for variance' and is located at the front of each relevant hospital report.
- X While many quality improvement activities are being undertaken across Queensland Health, the intention is that the release of the Hospital Reports will allow facilities to perform a more detailed dissemination of the results and to use them as a tool for further discussion within and between facilities. The Hospital reports will not be released publicly.

Possible Questions and Suggested Responses

- X Q. How has Queensland Health prepared to release these reports to the public?
A. A draft communication strategy has been prepared and is attached. It includes a:
- Press release
 - Advocacy strategy involving Professor Bruce Barraclough, Chairman – Australian Council for Safety and Quality in Health Care
 - Detailed media issues brief for the spokesperson
- X Q. Why is Queensland not performing at or below the public hospital's rate throughout the rest of Australia in 3 indicators?:
- Stroke – In-hospital mortality rate
 - Hysterectomy rate (women under 35 years of age)
 - Caesarean section rate
- A. There are a number of potential reasons. The purpose of the Public Report is to report to the community on the performance of Queensland's public hospitals, not to initiate specific quality improvement activities. There are only 3 out of 32 clinical indicators where Queensland is not performing better than the national average. As this is a first attempt nationally, of this type of reporting, we must allow for further refinement of the indicators used, improvement in the quality of the data (difficult to achieve across the State until the data are utilised in this type of report), collection of several years data to determine trends (as opposed to the potential for a statistical aberration in the data collected). Potential reasons for the 3 indicators are detailed in paragraph 10, page 4 of the cabinet submission
- X Q. What are the criteria on which the results for the Measured Quality Public Report and Hospital Reports are based?
A. A technical supplement has been developed for each and will be available with the Public and Hospital Reports.
- X Q. Who will the Public Report be distributed and made available to?
A. The recipients of the public report include Queensland Health management, a range of government and non-government agencies (including national councils), colleges and professional organisations, libraries, and each of the Health Service District Councils.
- X Q. Who will be the recipients of the Hospital Reports?
A. Each Zonal Manager and District Manager will receive a copy of their respective hospital report(s). The Hospital Reports will not be made available publicly due to the potential for misinterpretation of the results, mis-labelling of a hospital's performance, and potential negative impact on the initiation of quality improvement activities at the facility or departmental level.
- X Q. What quality improvement activities are being undertaken to address some of the issues raised in the Public and Hospital Reports?
A. Eight quality improvement activities have been listed in paragraph 11, page 5 of the cabinet submission.

Prepared by: Justin Collins
Program Area Manager
Measured Quality Program Area (QIEP)

Cleared by: Elizabeth Garrigan
Team Leader, Quality Strategy Team
Procurement Strategy Unit

Date: 7th November 2002