

justin collins - Re: Measured Quality - Cabinet Submission

From: Brad Smith
To: Justin Collins
Date: 4/09/2002 2:19 PM
Subject: Re: Measured Quality - Cabinet Submission

Hi Justin

You will need to take a look at the Cabinet Handbook. You can find a copy of the Cabinet handbook under a suit of documents called 'Governing Queensland' in the Department of the Premier and Cabinet Web Site. Alternatively, you can visit me on the 18th floor and copy the relevant pages out of mine.

Regards

Brad Smith
Manager
Parliamentary and Ministerial Services Unit
Telephone 323 41147

>>> Justin Collins 09/04/02 11:06am >>>
Hi Brad

Just a couple of points that I would like to seek clarification on re: the cabinet submission template that you have forwarded.

Is there a glossary of terms or something that explains exactly what is required in each section, and the difference between the cover sheet and the body of submission?

Justin

>

From: Brad Smith
To: Justin Collins
Date: 10/09/02 14:04:35
Subject: Re: Fwd: FYI - Minister's leave

Hi Justine

We certainly could get it to her prior to her leave, but it is unlikely that she will be able to take it through Cabinet prior to her going on leave on 28 September. We could get the Minister Edmond to approve the submission and have Minister Mackenroth sign and take the matter through as acting Health Minister. Alternatively we could delay this matter until the Minister's return. When you get the draft submission to me I will sound out both the Director-General and the Minister what their preference is.

Regards

Brad Smith
Manager
Parliamentary and Ministerial Services Unit
Telephone 323 41147

>>> Justin Collins 09/10/02 01:34pm >>>
Hi Brad

Was just informed that the Minister will be on leave from 23 Sept - 20 Oct

Our draft submission was estimated to go to the Minister & DG on 14/10/02

If I can get a draft to you within the next week, could we get it to the Minister prior to her leave?

Justin

justin collins - Re: Measured Quality Cabinet Submission

From: Brad Smith
To: Justin Collins
Date: 24/09/2002 1:16 PM
Subject: Re: Measured Quality Cabinet Submission

Thanks Justin

That would be preferable. There are no QLD Health Submissions currently scheduled for consideration on 11 November 2002.

Regards

Brad Smith
 Manager
 Parliamentary and Ministerial Services Unit
 Telephone 323 41147

>>> Justin Collins 09/24/02 01:03pm >>>
 Brad

Perhaps we could we bring it back to the Cabinet date prior (11/11/02). Would this help things? Less submissions on this day?

Proposed dates:

14/10/02 - Draft to Parl & Min Services
 21/10/02 - Draft Submission to Minister & DG
 28/10/02 - First lodgement
 04/11/02 - Final lodgement
 11/11/02 - Consideration by Cabinet date

I would certainly be happy with this as it means only another 2 week delay rather than a whole month.

Justin

>>> Brad Smith 24/09/02 12:30:42 >>>
 Good Afternoon Justin

The proposed time frames should be fine. The Minister will be back from leave on 20 October 2002. The only difficult that we may have is that the Cabinet bag is rather full at that time of year and the Premier has requested that Ministers limit the number of submission that they take to Cabinet. Qld Health already has two submissions scheduled for Cabinet on that day and two for the following week. The Minister may be asked closer to time to prioritise the competing submissions. However, given that it is still two months away, one or both of the other submissions may not proceed.

Regards

Brad Smith
 Manager
 Parliamentary and Ministerial Services Unit
 Telephone 323 41147

>>> Justin Collins 09/24/02 12:17pm >>>
 Thanks Brad

The Measured Quality Cabinet Submission has been raised as a result of the request from GMHS for a brief of any issues while Minister Edmond is on leave.

We have discussed the Measured Quality reports with GMHS and it has been suggested that we delay until Minister Edmonds returns from leave.

Can we re-schedule (again) with proposed dates as follows:

Proposed dates:

21/10/02 - Draft to Parl & Min Services
 28/10/02 - Draft Submission to Minister & DG
 04/11/02 - First lodgement
 11/11/02 - Final lodgement
 25/11/02 - Consideration by Cabinet date

Is this OK. Will the Minister be back by 28/10/02?

Ta
 Justin

>>> Brad Smith 24/09/02 11:42:08 >>>
 Hi Justin

Cabinet generally meets every Monday (Tuesday if Monday is a public holiday). However, there will be no Cabinet on 18 November 2002.

Regards

Brad Smith
Manager
Parliamentary and Ministerial Services Unit
Telephone 323 41147

>>> Justin Collins 09/24/02 11:32am >>>

Hi Brad

Quick question?

In anticipation of not having a draft of the Measured Quality Cabinet Submission ready for the Minister prior to her leave (commencing 28 Sep), is Cabinet meeting in November?

Justin

> >

justin collins - Re: 1st 'draft' Cab Sub due to day

From: Justin Collins
To: Brad Smith
Date: 14/10/2002 5:50 PM
Subject: Re: 1st 'draft' Cab Sub due to day

Thanks Brad

I will get it up to you after I have incorporated Lynnes changes tomorrow.

Ta
Justin

>>> Brad Smith 14/10/02 16:46:36 >>>
Hi Justin

I just spoke with Lynne Rodgers and confirmed that these headings and the associated information are not required in a Cabinet Information Paper. However, Lynne will be giving you a call tomorrow about the inclusion of several matters in the issues section of the body of the submission.

Regards

Brad Smith
Manager
Parliamentary and Ministerial Services Unit
Telephone 323 41147

>>> Justin Collins 10/14/02 12:24pm >>>

Ta Brad. My next move was to talk to Lynne again and clarify, but wanted to chat to you first. Unfortunately, I was unable to do this on Friday as I did not have the handbook with me.

More than happy to include if it is required, but I didn't want to put it in, if it was not appropriate.

Will wait to hear from you.

Ta
Justin

>>> Brad Smith 14/10/02 12:19:55 >>>
Hi Justin

You are quite correct. These headings are not normally included in a Cabinet Information Paper.

Lynne Rodgers is currently out of the office and I have left a message for her to give me a call. I will discuss the matter with Lynne and let you know how we get on.

Regards

Brad Smith
Manager
Parliamentary and Ministerial Services Unit
Telephone 323 41147

>>> Justin Collins 10/14/02 12:08pm >>>
Hi Brad

As I was not in Brisbane on Friday I spoke to Lyn Rogers by phone and was referring to the documentation that I had provided her earlier.

Lyn indicated that I had left out several sections of the cab sub. I was a little concerned that I had overlooked these sections as I had referred to the Cabinet handbook when drafting, but was happy to go back and include as suggested.

No that I have had then chance to refer back to the handbook, I realise why I had excluded certain sections in the initial draft. The sections that Lyn referred to (Rural/regional impact statement, Employment impact statement & Financial consideration) state that they should not be included in an Information Submission.

Is this not always the case, or do you think Lyn may have overlooked that this was an Information Submission?

Justin

>>> Brad Smith 14/10/02 8:41:52 >>>
Hi Justin

That's not a problem at all. If you can not get it to me today, tomorrow will be fine.

Regards

Brad Smith

Manager
Parliamentary and Ministerial Services Unit
Telephone 323 41147

>>> Justin Collins 10/14/02 08:39am >>>
Hi Brad

Our first draft of the Measured Quality Cabinet Submission is due in today. I spoke with Lyn Rogers (as Ros Walker is currently on leave), late Friday afternoon and she had some comments which I will be incorporating today.

I will get them done asap and let you know when completed.

Is this OK?

Ta
Justin Collins

justin collins - Re: Brief for Minister

From: Brad Smith
To: Justin Collins
Date: 16/10/2002 9:26 AM
Subject: Re: Brief for Minister

Good Morning Justin

You will be required to complete a Cabinet Submission Briefing Note. The request for this briefing note will not be formally made until after the submission has been lodged in the Cabinet Bag as a final and the submission distributed by the cabinet Secretariat. You usually only have a 1/12 days to complete the brief from when the formal request is made.

Attached for your information is a copy of the briefing format. This format will be sent to you in a hard copy format, together with the submission when the request for the brief is made. You may like to consider drafting a brief in anticipation of the formal request.

Regards

Brad Smith
Manager
Parliamentary and Ministerial Services Unit
Telephone 323 41147

>>> Justin Collins 10/16/02 09:15am >>>
Hi Brad

Last week, Glenn mentioned that there may be a requirement for the Minister to receive a 'summary' of the submission shortly before it is considered by Cabinet. Apparently it covers any potential questions that may arise and provides her with details for responses to those questions.

Is this something that I need to commence. Is there a template etc.

Justin

justin collins - Re: Cab Sub

From: Brad Smith
To: Justin Collins
Date: 16/10/2002 4:47 PM
Subject: Re: Cab Sub

Hi Justin

I should be fine with the time frame.

Regards

Brad Smith
Manager
Parliamentary and Ministerial Services Unit
Telephone 323 41147

>>> Justin Collins 10/16/02 04:20pm >>>
Hello Brad.

Had a chat with Tania Homan, Treasury this afternoon and she indicated that she will read through and provide comments as quickly as possible. i will chase up tomorrow to see how she is going. Apparently Amanda Hallam is now in a different area therefore my meeting with Tania.

Still having trouble getting a response from Lynne Rodgers though. I spoke to her a couple of hours ago and she indicated that she was sending me an email with her comments. Still haven't got it, so I just called back and left a message.

Are you still OK with the timeframe for getting the draft to the Minister and DG on Monday?

Justin

justin collins - Fwd: Queensland Hospitals in the 21st Century

From: Brad Smith
To: Justin Collins
Date: 29/10/2002 5:29 PM
Subject: Fwd: Queensland Hospitals in the 21st Century

Hi Justin

Attached are comments received from Ros Walker in relation to the draft Cabinet Submission that you prepared. Also attached is the electronic version of the Submission as submitted to Cabinet Secretariat. I would be appreciated if you could make any changes to this version of the Submission. The Final of the Submission should be with me by COB on Wednesday 30 October 2002.

Regards

Brad Smith
Manager
Parliamentary and Ministerial Services Unit
Telephone 323 41147

justin collins - Re: Fwd: Queensland Hospitals in the 21st Century

From: Justin Collins
To: Brad Smith
Date: 31/10/2002 8:37 AM
Subject: Re: Fwd: Queensland Hospitals in the 21st Century

Brad

I am running out of time to make the changes to the Cab Sub. Last night was a write off

I have a Central Zone presentation from 9.30 - 11.30 this morning. What time are you meeting with the Minister?

Justin

Justin Collins - Feedback Re: Qld Hospitals in the 21st Century

From: Lynne Rodgers <Lynne.Rodgers@premiers.qld.gov.au>
To: "Justin_collins@health.qld.gov.au" <justin_collins@health.qld.gov.au>
Date: 17/10/2002 13:40
Subject: Feedback Re: Qld Hospitals in the 21st Century
CC: Anna Moynihan <Anna.Moynihan@premiers.qld.gov.au>

Justin

Thanks for the opportunity to review the submission and the report and provide the following comments contained in the attachment. As you can see comments are quite extensive. It is anticipated you may wish to meet to discuss further. It was not possible to meet the original two day turnaround demanded as the scheduling of work is extreme at this time. As a general comment DPC critically assesses all Queensland Health policy and relevant information submissions to demonstrate relevance to, and linkage with implementation of the Smart Health 2020 Project. The Smart State Health 2020 Directions paper was endorsed by Cabinet on 9 August and is anticipated will be publicly launched in November. The key themes were also addressed in the publicly available Discussion Paper. Information about both publications is available from John O'Brien in Health Outcomes Unit. Regards <<Comments_Queensland_Hospitals_in_the_21st_century.doc>>

Lynne Rodgers
Social Policy
Department of the Premier & Cabinet
Phone (07) 322 58042 Fax (07) 322 58952
PO Box 185
BRISBANE ALBERT STREET Q 4002

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Comments

"The Report":

p.iii Foreword: first para, last sentence: need to state "Queensland Health is undertaking a large program of activities under the Quality Improvement and Enhancement Program (QIEP), which concentrate on particular areas of safety and quality of health care in Queensland. This program is being undertaken in the context of a 20 year development plan for public sector health services in Queensland - the *Smart State Health 2020 Directions Statement*. Under *Smart State Health 2020* the Government has committed to addressing the changes impacting on the health system and the health of Queenslanders by involving the communities in better health and health care and developing an integrated patient-centred health system etc etc (refer below).

last para:

Is there evidence of a specific ongoing public debate about "the quality of health services etc" in Queensland? This may be over-stating the level of public debate. The *Smart State Health 2020* Discussion paper was the subject of public consultation from April to June this year out of which came a commitment to involving communities in health care and developing an integrated patient-centred health system. Suggest replacing this para with more specific contextualizing within the Health 2020 consultation process and the Government 's subsequent commitments to outcomes (*Smart State Health 2020 Directions Statement*).

p.6 Executive Summary

This section describes the purpose of the report in terms of measurement and benchmarking but does not describe how the document will be used in terms of improvement.

Under "*Findings*" on page 6 and "*Patient Satisfaction*" there are some significant issues raised including "Areas requiring improvement" there is no explanation of what this means in terms of improvement strategies and where effort will be targeted.

p. 8 Introduction:

First paragraph: It is acknowledged the report is about hospital performance, however, this paragraph currently creates the impression that Queensland Health only delivers hospital-based services. Suggest the following:

"Queensland Health is a large, complex organisation, which delivers a broad range of hospital and community-based health care services from a variety of locations.
Measuring etc... "

The Purpose of the Report:

(addition required)

"This report will provide a snapshot for the community, health service managers and Government on the performance of its"

Suggest clarifying how the reader can use the document e.g. " This report is structured to provide the reader with... (1, 2., 3) " or "In this report you will find areas of outstanding performance outcomes by Queensland Hospitals, those areas where further improvement is required to meet agreed national benchmarks etc and those key target areas Queensland Health will address to improve and audit quality over x time" .

p. 8. 2nd column, 2nd para:

"...which is currently used in other countries" . What about the application in other States and Territories.

Add: "It helps service providers, health service managers, the community and the Government to assess the performance of the Queensland health system and the"

General comment: graphs and maps are too small to read – perhaps this will be improved at the print production stage?

p.15 (typo only) - remove "The" in front of Prince Charles Hospital and Townsville Hospital

p. 19 Summary of Indicator Results

Do the indicators that show "statistically significant differences in outcomes for patients who were admitted to public hospitals...." get addressed in terms of quality improvement later in the publication? In terms of continuity the reader would anticipate that the document improvement boxes (pp.33, 38-39) would link with or progress Improvement in the areas identified in the "summary of indicator results."

p.28 Queensland's high caesarean section rate is raised a number of times in the document but no improvement strategies are discussed (it is acknowledged a proportion of women have elective c-sections).

p. 41 Patient satisfaction

The four areas requiring improvement raise substantial issues for service planning, integration and improvement. Again the reader would anticipate that these issues are clearly mapped across to improvement activities. There seems to be only partial translation / mapping of these issues across to the target areas for improvement on pp 42 - 43 i.e. some of these activities address the issues but it is not clear how they will be comprehensively addressed.

pp. 42- 43: Need to select a common terminology – medical practitioners, clinicians and doctors appear on the same page.

Doctor – Patient Communication Workshops

suggest re-wording:

“Training is provided to clinicians in the use of effective communication techniques that achieve positive clinician-patient interactions. It is recognised that effective communication and the involvement of patients as partners in care are a critical element of quality health care and contribute to improved patient outcomes.”

p. 48 System Integration and Change

General Comment: What are the linkages between the changes acting on the health system identified and improvement activities identified in this report and the endorsed Smart State *Health 2020 Strategic Directions* or the publicly available Discussion Paper? What is the linkage with the “vision” for the future of the health system in 2020? Continuity of approach and policy implementation is required. As this is to be a public document consistency of badging and marketing under the Health 2020 is required and explanation of this linkage would be also be discussed in the submission (including public presentation).

Some specific correlations from 2020 are extracted below FYI.

The term “community partners” is jargonistic and requires further clarification ie the community at large, non-government and community-based service providers.

In general this section should reflect the service integration and community involvement components of Smart State Health 2020 Directions statement:

p56: It is a concern that 30 hospitals around the State did not provide discharge summaries – what is being done to address this?

Relevant Extracts from Smart State Health 2020 Directions Statement and Discussion Paper:

Adverse clinical events

Adverse occurrences in the course of clinical services can result in death, disability or longer hospital stays. Drug complications, wound infections, falls and technical complications are the main contributors and around half of these events are potentially preventable.

Strategies to improve the quality and safety of health care include:

- patient-centred electronic decision support systems to enable evidence-based care
- reduction of variation in clinical practice through the use of guidelines and

clinical pathways

- better use of information systems to report adverse events and feed findings back to clinicians
- adopting 'no-blame' approaches to educate and support clinicians to report and analyse adverse events and improve practice
- removal of legislative, cultural, technical and bureaucratic barriers to change.

The changing nature of health services

Queenslanders have access to one of the best health systems anywhere in the world, with quality care from highly skilled health professionals. Queensland's health system is at the forefront of many innovative medical techniques, improving the quality of life of many Queenslanders.

Over the coming two decades, Queensland's health system needs to respond to a number of challenges including:

- The increasing prevalence of chronic conditions, which will require greater ongoing care in community environments rather than the hospital environment.
- The ageing of the population, which will require a reassessment of how health services, residential aged care and related social services are delivered.
- New technologies, new drugs and new medical and surgical techniques, which are changing the treatment and management approaches for a number of conditions. These innovations are likely to change the traditional roles of hospitals, primary care and community care.
- Clinical practice is also changing. Today, some 50 per cent of procedures in Queensland Health's hospitals are performed on day-only basis. Drug therapies are also improving and reducing the need for prolonged hospital stays.
- Changing public expectations of health services. Queenslanders have high expectations about accessing quality, safe health care and are becoming less tolerant of medical errors and waiting to access services. Queenslanders are increasingly using complementary therapies in addition to mainstream health care.
- Rising health care costs driven by medical advances, community expectations and the ageing population. Managing health care costs into the future will be a challenge for health service providers and Governments.

Changing workforce patterns

One of the most significant challenges, which will face the health care industry, is declining workforce growth. Over the coming two decades, growth in the

working age population in Australia is projected to slow significantly from an average net growth in the order of 170,000 per annum to an annual net growth of just 12,000 per annum. This means there will effectively be fewer people to care for more patients.

Competition for the available workforce will require major changes to the way health professions are organised, requiring a rethink of the traditional barriers between professions and possibly the development of new professions. The Queensland health system must have in place incentives to ensure Queensland maintains a workforce to meet future health care needs.

Rapid pace of technological change

Technological change will occur at unprecedented rates over the next few decades. The adoption of these innovations will necessitate difficult scientific, economic and ethical choices, including changes to the way current services are delivered and disinvestments in some existing services.

New technologies in communication and information management will permit better quality management and tailoring of services to individual needs. Future health innovations could involve robotics, computer-assisted surgery, enhanced drug design and gene and stem cell technologies.

Increasing costs of health care

Health care expenditures are likely to come under significant pressure with:

- ever increasing costs of new technologies, new drugs and new medical techniques
- increasing consumer demand as medical breakthroughs and advances in medical technologies make health care more accessible
- the ageing population
- general population growth.

While the ageing population and population growth will add to the overall costs of providing health services, ageing is not expected to place as great a pressure on health care spending as the combined effects of new drugs, new technologies and increasing consumer demands¹.

In summary

No one knows what the future holds, either for themselves individually or for Queensland and the world more generally. What we do know is that human behaviours and key social, economic, technological and environmental factors will play a vital role in determining our health and health system between now and 2020.

The Queensland health system is not unique in facing these challenges. Many OECD countries are facing similar issues.

¹ Commonwealth Treasury. 2002-03 Budget Paper No 5. Intergenerational Report 2002-03. (2002)

Maintaining a high quality health care system into the future will be heavily dependent on the Queensland health system's ability to change to meet emerging challenges.

While the future is to a considerable extent unknown, building an understanding of the relationship between Queensland's social, economic and environmental factors and their impact on health outcomes will assist the Queensland Government in partnership with business and communities, to influence that part of the future within our control.

The Queensland Government's 2020 vision is for the Queensland health system to be a benchmark for Australia in terms of technological evaluation and innovation in order to take advantages of emerging opportunities to improve the health and care of Queenslanders. This vision includes:

- the evaluation and evidenced-based introduction of new technology across the health sector to improve the integration and efficient delivery of health services and the changing model of health service delivery

Improving integration of the health system

Coordinating the vast number of health care providers in Queensland to ensure patients receive the best care, at the time required, is a significant challenge.

While health care in Queensland works comparatively well, there is scope for the better integration of health care services within Queensland by:

- building stronger strategic partnerships with health care providers across the continuum of care, from primary and secondary health care, community and tertiary hospitals, community health care services, public and private health care services and government and non-government community services. The effective collocation of services and greater use of communications and information technologies would improve transfer of information and coordinated community care.
- implementing an electronic patient record. An electronic patient record offers significant potential to improve the delivery of services across a range of health providers. These systems can remind people about their regular check-ups, help them to manage their health across the continuum of care and enable health care providers to access appropriate patient information to inform clinical decision-making.
- ensuring the provision of health care funding across Commonwealth and State sectors, non-government agencies, and within Queensland Health complements the delivery of health care services consistent with developing models of health care to meet the needs of Queensland communities.

A focus on quality, safety and continuous improvement in the health care system

Over the coming two decades, it will be essential for the health industry to focus on continuous improvements in quality, safety and efficient delivery of health care services by:

- Investing in information technology to support collection of information necessary to make informed decisions about health care and health systems.
- Supporting outcomes-focused health care, based on best available evidence as to the appropriateness and effectiveness of treatment for particular conditions.
- Supporting the ongoing development of clinical pathways to set out best practice treatments for a range of health conditions. Clinical pathways will ensure more consistent care is provided for a range of health conditions, minimising the variability in care across Queensland.
- Ensuring the health care system is supported by appropriate standards, performance measures and targets to support outcomes-based health care.
- Continuing investment in research to improve health care and service delivery.

Investing in communications and information technology

Emerging communications and information technologies offer significant opportunities to improve the provision of health care services within Queensland and must become a fundamental strategy for meeting the increasing demand for health care services.

E-health, e-procurement, electronic patient records and smart clinical systems offer the potential for streamlining many of the administrative and clinical functions performed by Queensland Health, improving the quality of health care provision and generating cost savings for the delivery of health services.

The development of electronic patient records offers long-term benefits not only within Queensland Health but also for the integration of health services across the wide spectrum of health care providers, with improved patient treatment outcomes, reduced duplication and improved health sector productivity.

Developing the Health System of 2020

Developing an integrated, patient-centred health system

- a) support initiatives for the wider application of e-technology and telemedicine as a means of improving the integration and quality of Queensland's health care system

The Submission:

Coversheet: *Summary* : Need to mention the Commonwealth QIEP.

Under "*The purpose of these reports is*" – the quality,safety and QIEP agenda is missing as a dot point. Also missing is "to prioritise areas for improvement activities/ targeting etc"

Under ISSUES:

This provides an accurate description of processes but does not describe the broader quality agenda and why it is a compelling/ imperative issue for Cabinet consideration. Needs to mention the link with adverse events, risk management, limitation of public liability claims, public safety and patient satisfaction. Also needs to mention the investment by Government in the quality agenda. Also refer previous comments re: 2020.

Justin Collins - Queensland Hospitals in the 21st Century

From: Ros Walker <Ros.Walker@premiers.qld.gov.au>
To: "Brad_Smith@health.qld.gov.au" <Brad_Smith@health.qld.gov.au>
Date: 29/10/2002 17:02
Subject: Queensland Hospitals in the 21st Century
CC: Anna Moynihan <Anna.Moynihan@premiers.qld.gov.au>, Lynne Rodgers <Lynne.Rodgers@premiers.qld.gov.au>, "justin_collins@health.qld.gov.au" <justin_collins@health.qld.gov.au>, "Lisa_crawford@health.qld.gov.au" <Lisa_crawford@health.qld.gov.au>, "Glenn_cuffe@health.qld.gov.au" <Glenn_cuffe@health.qld.gov.au>

Brad,

Lynne and I has a very productive meeting with Glenn Cuffe, Justin Collins and Lisa Crawford to discuss the "Queensland Hospitals in the 21st Century" Cabinet submission.

We gave the following feedback on the submission:

The submission would be enhanced by the inclusion of:

- * the positioning of the report within the broader strategic quality agenda within Queensland Health ie what is currently happening, what does the report identify as gaps in the quality agenda, how will the data generated by the report be used to drive the quality agenda eg discharge planning, caesarean sections
- * how the report will be utilised by the Department and the way forward ie Phase 1 (presentation of data, individual hospital analysis), Phase 2 (trend analysis) and the timeframes involved
- * the risk management strategy relating to public presentation of the report eg issues page particularly focusing on caesarean section rate and discharge planning
- * the media and advocacy strategy
- * The benefits of this approach to the Qld Health system and the national application eg first state to use this comprehensive approach, better accountability for health system, Qld leading the way etc etc

Jason agreed to include these suggestions in the final draft of the submission. Please give me a ring if you have any queries about the comments.

Regards
 Ros
 Ros Walker
 Senior Policy Officer
 Social Policy

Ph: 07 322 47693
 Fax: 07 322 58952

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From: Lisa Crawford
To: Collins, Justin
Date: 5/09/02 16:26:53
Subject: Re: M&C - Measured Quality - Public report

ok. I can breath a slight sigh of relief that its not the 2nd. he he. Lisa

>>> Justin Collins 09/05/02 04:20pm >>>
Thanks Lisa

We are progressing slowly. We are still chasing up responses from our original visits, believe it or not? Have started our analysis for phase 2 reports.

The original timeframe required a first draft of the submission be ready by 2/9/02 with an actual consideration by cabinet on 30/09/02. Due to the time that it is taking in getting the '1 pagers' for each of the 19 hospital reports, as requested by the DG, we have postponed the dates by 1 month. eg. First draft 7/10/02 with the Consideration by cabinet on 28/10/02. If we can finish it earlier I would like to try and get it up to cabinet prior to the 28/10/02.

talk to you soon
Justin

>>> Lisa Crawford 5/09/02 16:06:46 >>>
Hi Justin,
Yes my availability is tight, but this is a priority. When does this have to be completed?
I will make contact with Bruce and discuss it with him when you give me the timeframe.
(How's it going?)
Lisa

>>> Justin Collins 09/05/02 03:53pm >>>
Hello Lisa

I have just been putting together the Cabinet Submission for the MQ public & hospital reports and it has prompted me to think about some changes that need to be made to the Communication Strategy that you did for the Public report. I would imagine that you are very busy, so I am woundering how you would like to progress this.

At the meeting with the Minister and DG, Glenn suggested that we work with M&C Unit as well as Ministers Office (Bruce Pickard or???) to develop the strategy and then send it with the cab sub.

What is your availability like?

Justin

justin collins - Re: MQ media

From: Justin Collins
To: Lisa Crawford
Date: 12/09/2002 12:45 PM
Subject: Re: MQ media

Sounds good. I have broadly gone through it and made some points (do you want them)
Also: did you know that you have a reply to all your emails, but the reply is to 'all recipients' eg. if you get an email along with the whole of corp office, your reply that you are out of the office goes to the whole of corp office, not just the sender.

Justin

>>> Lisa Crawford 11/09/02 16:30:36 >>>

Justin,
I understand.

We probably don't need to include that in media plan. I will refine it, talk with you, then Bruce. Probably not until next week at this stage. Is that ok?

Lisa

>>> Justin Collins 09/11/02 11:43am >>>

Hi Lisa

Had a chat to Glenn this morning about the hospital responses. The problem is that they are probably too detailed (and in-accurate in some instances).

We need to draft the 1 pagers to go to Cabinet with the view that we do not want to alarm anyone (otherwise our chances of getting the report out will be drastically reduced). Jane is now re-doing these.

The existing media plan for the public report seemed pretty good, recognising that we need to change a few things in accordance with the submission of the hospital reports to cabinet. Do we need to incorporate much of the hospital level info into the media plan for the public report?

Our 'consideration by Cabinet' date at this stage is 28 October 2002

Justin

>>> Lisa Crawford 11/09/02 9:27:30 >>>

Hi Justin,

How are the hospital responses coming along? I hope they are detailed....

Can you please send them to me (the ones you have) so I can revisit the media responses. I will contact Bruce after I have a look at them.

What is the time frame after to hand over the submission - ie when does it actually go to Cabinet, how soon will we get a response etc?

Lisa

justin collins - Re: cab sub

From: Justin Collins
To: Lisa Crawford
Date: 18/09/2002 1:35 PM
Subject: Re: cab sub

Thanks Lisa

Bruce got a pack at the presentation. I knew he was attending and had one ready for him. I hope he hasn't lost it??

Justin

>>> Lisa Crawford 18/09/02 12:11:58 >>>

Hi,

Bruce has requested the package you handed out at the meeting with the Minister, so can you get one of them up to him asap?

He will consider the points raised in the communication plan. He said the submission should include the recommendation for

a) what is released

b) how it is released - this will include some of the material from the communication plan (without actually attaching the plan). Bruce will get his comments to me next week so you will be able to include it in the first draft.

We will need to discuss any other issues that may arise from the public report for the media plan (I imagine this is part of your submission).

I feel the main issue is criticism of QH's lack of transparency if FOI is prevented - Bruce said this is not a concern - It's dealt with as a whole of government response ie it's a Cabinet decision and that's the end of it.

Cheers, Lisa

From: Lisa Crawford
To: Collins, Justin
Date: 23/09/02 16:13:25
Subject: cab sub

Justin,

Just to give you a rough idea of timeframes for me, I have a pretty full diary until Thursday. So, if you can draft the release as best possible - even if it is just all the important points you want mentioned, then I will finalise it Thursday.

I have just found out Bruce is on holidays this week - I will be dealing with Michael Dart - the only day for him is Tuesday, so he will talk to me tomorrow.

Then, I am happy to have a look at the sub once you have included anything we discussed with Sue today and Michael's comments. If you need help with writing, grammar, phrasing etc.

Lisa

From: Lisa Crawford
To: Collins, Justin
Date: 7/10/02 11:33:25
Subject: Measured Q Sub

Justin,

To keep you informed, Bruce has assured me he will get back to me today with his preference for release.

Lisa

CC: Garrigan, Elizabeth

From: Lisa Crawford
To: Collins, Justin
Date: 8/10/02 8:22:50
Subject: Re: Measured Q Sub

No, no word. You will have to go on without this confirmation. I think we will have to put forward our option and it will be up to the Minister to add/subtract what she does not believe is appropriate at a later stage.

Please call if you need anything today.

Lisa

>>> Justin Collins 10/08/02 07:17am >>>
Any word from Bruce?

J

>>> Lisa Crawford 7/10/02 13:34:14 >>>
nup!

>>> Justin Collins 10/07/02 12:43pm >>>
excellant. Did he indicate whether he would need to discuss this with the Minister?

J

>>> Lisa Crawford 7/10/02 11:33:24 >>>
Justin,

To keep you informed, Bruce has assured me he will get back to me today with his preference for release.

Lisa

justin collins - Re: Measured Quality - Cabinet Submission

From: Helen Little
To: Justin Collins
Date: 4/10/2002 11:56 AM
Subject: Re: Measured Quality - Cabinet Submission

Justin

I have spoken to Lisa about it - I think its best to wait until Bruce Picard returns from leave on Monday

>>> Justin Collins 3/10/02 17:08:20 >>>
Helen

As a result of the Measured Quality presentation to the Minister and DG on the Public and 60 Hospital reports I have drafted a cabinet submission, and finalised the 19 * '1 pagers' to go with the hospital reports & public report.

Several questions remain outstanding in relation to the release of the reports and I have been trying to catch Bruce Pickard (through Lisa Crawford, M&C Officer QIEP) over the past month in order to get a decision prior to getting the first draft to Parl & Min services. We have had no luck.

I only have 4 working days before the first draft is due and need to have several discussions with various parties before hand.

Can you help with progressing the issues / questions that need to be answered?

Regards

Justin Collins
Program Area Manager
Measured Quality