

JEC 341

**justin collins - Copy of Cab Sub & Public Report**

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**From:** Justin Collins  
**To:** Nicole Cunningham  
**Date:** 21/10/2002 3:17 PM  
**Subject:** Copy of Cab Sub & Public Report

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Nicole

Copy of documents as requested

Justin

## **SECURITY CLASSIFICATION "A"**

## **INFORMATION SUBMISSION**

## **COVER SHEET**

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### **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) *Measured Quality 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 17 of body of submission.**

## **RECOMMENDATION(S)**

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

Following cabinet consideration, the *Measured Quality 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) *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.

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

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## BODY OF SUBMISSION

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### 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) *Measured Quality 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

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 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.

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 of 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.

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.

The report highlights some variation between the four (4) Hospital peer groups (Principal Referral & Specialised, Large, Medium, & Small), in particular that 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 this variation 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.
- Service Integration workshops – Integration of all types of services and levels of service working together to provide good health care.

The *Measured Quality Hospital reports* provide each hospital (60) with data on a set of core indicators measuring:

- Clinical Utilisation and Outcomes
- Patient Satisfaction
- Efficiency
- System Integration and Change

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*:

- 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'*
- System Integration and Change - *Smart State: Health 2020, 'Health workforce of 2020'*

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 (19) hospitals, highlighting their responses and activities that have been (or in the process of being) undertaken by the hospital has been provided at the front of each relevant hospital report.

The sixty (60) 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.

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:

These include:

- Clinician Development program area
- Organisational Improvement Unit
- Collaborative for Health care Improvement program area
- Risk Management program area
- Clinical Audit program area

## **CONSULTATION**

A draft copy of the cabinet submission along with the *Measured Quality Public Report ('Queensland Hospitals in the Twenty-First Century - A First Report - 2002')* and sixty (60) *Measured Quality Hospital Reports* were provided to the Department of Premiers and Cabinet and the Department of Treasury.

## **RESULTS OF CONSULTATION**

The results of the consultation process are:

**Department of Premier and Cabinet** – Support the general purpose of the Queensland Health – Measured Quality, Public report & Hospital reports

**Department of Treasury** - Support the general purpose of the Queensland Health – Measured Quality, Public report & Hospital reports

## **PUBLIC PRESENTATION**

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')*.

The Sixty (60) *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

<b>Department name</b>	<b>Officer consulted</b>	<b>Date consulted</b>
Premier & Cabinet	Ms Lynne Rodgers	9 <sup>th</sup> October 2002
Treasury	Ms Tania Homan & Ms Peta Tran	15 <sup>th</sup> October 2002