

justin collins - Cab brief

From: Justin Collins
To: Nicole Cunningham
Date: 7/11/2002 1:18 PM
Subject: Cab brief

Nicole

Cab brief as requested.
Do you need the attachments as well?

Justin

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