

'JEE 48'

Norelle Deeth - Summary of this morning's discussion

From: Lynne Rodgers <Lynne.Rodgers@premiers.qld.gov.au>
To: "justin_collins@health.qld.gov.au" <justin_collins@health.qld.gov.au>
Date: 13/12/2002 19:46
Subject: Summary of this morning's discussion
CC: Ros Walker <Ros.Walker@premiers.qld.gov.au>, Anna Moynihan <Anna.Moynihan@premiers.qld.gov.au>, Elizabeth Fraser <Elizabeth.Fraser@premiers.qld.gov.au>

Hi Justin

As promised here is a summary of this morning's discussion regarding the reworking the Queensland Hospitals in the 21st Century document (as discussed the Premier's office has directed that DPC and QH officers rework and re-submit the current draft):

(general) - replace "problems" with "issues", scrutinise document with a sensitivity to phrases or expressions which may alarm the broad community without sufficient explanation or contextualisation.

-add a layperson's introduction to the Executive Summary and the Introduction which basically explains and sells the quality measurement and improvement message. This should include reassurance that Qld currently has a health system that ranks amongst the world's best; that the Govt is committed to continuous quality improvement and the measurement and identification of those target areas and procedures where we can do better (equal or surpass the national average on a range of quality indicators). Given this commitment the Qld Govt has released the first public document reviewing the quality of our large, medium and small hospitals across a range of important criteria/32 indicators.

Queensland is the first jurisdiction to do so (need to market this).

This criteria includes safety. Safety is an important component of measuring quality because all Governments aim to minimise adverse clinical events in health facilities, however, it is acknowledged (reference??) that it is not possible to completely eliminate all adverse clinical events. The term "in-hospital mortality" is used in some places in this report because this term acknowledges that some patients do not make a full recovery after admission to a health care facility. The reasons for this vary but may include...(the severity of their condition on presentation and admission etc etc).

- where issues are identified in report eg higher than national average rates for in-hospital mortality for some conditions, higher procedure rates, absence of appropriate infrastructure, need to re-configure or expand the information so that the proposed policy or planning action (or current action) follows the problem identified. The aim being to provide clarity and reassurance that the problems are being addressed.

- I acknowledge the difficulty with the graphic representation of the national comparisons.

- Could you please advise us when you have feedback about timeline imperatives? I am available to assist with redrafting from 9 January. However, the Minister may want to launch at an earlier time. Could you pls advise Ros Walker on 47693 or Anna Moynihan on 43649 on timing and any other issues you'd like to discuss in the interim? Would you also mind emailing Ros a copy of the media management strategy (I haven't received it yet - thanks)

I hope that makes sense (as its been a rather long day at the computer). Kind regards and all the best the Xmas period.

Lynne Rodgers
 Social Policy
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Justin Collins - Qld Hospitals in the 21st Century - linkage to key health directions

From: Ros Walker <Ros.Walker@premiers.qld.gov.au>
To: "justin_collins@health.qld.gov.au" <justin_collins@health.qld.gov.au>
Date: 06/01/2003 10:50
Subject: Qld Hospitals in the 21st Century - linkage to key health directions
CC: "Glenn_cuffe@health.qld.gov.au" <Glenn_cuffe@health.qld.gov.au>, "Norelle_Deeth@health.qld.gov.au" <Norelle_Deeth@health.qld.gov.au>, Anna Moynihan <Anna.Moynihan@premiers.qld.gov.au>, Lynne Rodgers <Lynne.Rodgers@premiers.qld.gov.au>, <Paula_Corrigan@health.qld.gov.au>, "Madonna_Cuthbert@health.qld.gov.au" <Madonna_Cuthbert@health.qld.gov.au>

Justin,

I understand that you are on leave and will be returning in late January to complete the revision of the document "Queensland Hospitals in the Twenty First Century". I have discussed the document further with Elizabeth Fraser (Executive Director) and have the following additional feedback which may further enhance the presentation of the document (as per the Premiers requirements). Lynne Rodgers will return from work on 9 January and will be available to discuss further. I suggest that you also communicate with Madonna Cuthbert in Queensland Health to discuss links to Smart State:Health 2020 Directions and Paula Corrigan re the Australian Health Care Agreement (AHCA).

- * Queensland Hospitals in the Twenty First Century should provide a clear link to the key directions identified in Smart State: Health 2020 - Directions Statement and the AHCA negotiations.
- * For example the document could begin with a positive statement along the lines of " Queensland has a very good public hospital system which provides universal access to hospital services. On the whole the report indicates that the Queensland health system is efficient and effective but some changes are required to meet the demands of the future. Some of these changes include improved preventative measures to avoid unnecessary hospitalisations; new innovative service delivery models to meet the needs of rural and remote populations and a balance between the provision of primary health care services and hospital based care. These matters are being pursued as part of the strategies being put in place by the Queensland Government through Smart State:Health 2020 and through the negotiations with the Commonwealth to secure funding through the AHCA.
- * Along with the reference to specific quality initiatives, and a more positive presentation of the data as discussed earlier, the mention of Smart State:Health 2020 Directions Statement and the AHCA will place the document in context and emphasise that the Queensland Government has a clear vision for health.

Regards

Ros Walker

Ros Walker
 A/G Principal Policy Officer
 Social Policy

Ph: 07 322 47693
 Fax: 07 322 58952

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Justin Collins - Comments re hospitals in the Twenty First Century

From: Ros Walker <Ros.Walker@premiers.qld.gov.au>
To: "justin_collins@health.qld.gov.au" <justin_collins@health.qld.gov.au>
Date: 10/03/2003 18:48
Subject: Comments re hospitals in the Twenty First Century
CC: Lynne Rodgers <Lynne.Rodgers@premiers.qld.gov.au>, Anna Moynihan <Anna.Moynihan@premiers.qld.gov.au>

SCOP A
 MEET W/ J.C.
 W/ LYNNE RODGERS
 RE: HOSPITALS IN THE 21ST CENTURY
 AREAS WE ARE NOT
 FOCUSING ON.

Re Hospitals in the Twenty First Century

Justin,

As discussed the document needs to "set the scene for the public" by explaining that the health care system requires a range and mix of services and a balanced approach to service utilisation. Within this context we need to clearly articulate the role of performance measurement at a system and individual hospital level and how the data that is being provided to the public (I across peer group) can best be utilised. It would also be useful for the Executive summary to include some positive messages about what is being done well. I have made some specific comments below in regard to the Foreword and Executive summary that should assist in setting the scene.

The communication strategy will be important. Lynne and I would like to meet with you and Lisa again soon to further discuss the comments below and work through the communication strategy with you.

Specific Comments

Foreword

Para one

Requires explanation of why there are concerns about the safety and quality of health care nationally and internationally eg increasing size and complexity of the health system, the unique challenge of the distance and population dispersity of Queensland.

Para 2

Remove "As a learning organisation"

Para 3

Briefly explain the phases of the project ie data collection, individual hospital performance feedback, trend analysis and how this data will be used. Explain how this data needs to viewed in the context of the health care system and the need for performance assessment based on an understanding of the whole health care system, and factors that impact on the health care system.

Para 4

Explain why the information is being presented to consumers/public and how consumers/public can use this information ie the Queensland public hospital system is good by national and international standards but it can be better. Smart State: Health 2020, provides the overall framework to ensure that the Queensland health system can meet the challenges of the future. This data provides a systematic approach to quality improvement, identifies key areas for improvement and provides some examples of programs that are being undertaken to address key areas.

Executive Summary

Page 6

Summary of Findings for each quadrant

Need to set the scene for the public. Add brief summary of pages 11- 13 that explains the need for a range and balance of services and how the information provided is best utilised ie viewed within context of the health care system, identifies key areas for improvements, will be used for system wide and individualised performance feedback to identify and address key areas for improvement.

Findings

Remove lead in and dot points. Replace with a summary such as:

Significant variations between hospital peer groups were identified especially in the areas of heart attack, stroke, hysterectomy, asthma, pneumonia and colorectal d diabetic foot surgery. This has implications for a range of factors which impact on health outcomes such as health care access, timely treatment and referral and treatment protocols.

Next Para

Broadly explain the rationale for the findings about stroke, hysterectomy and caesarean eg inappropriate use, longer stays in smaller hospitals, etc. Add the action that is being taken eg the factors which impact on these outcomes require careful analysis at both individual hospital and health system level to identify the critical points at which changes can be most effectively implemented. Give example of what is being done to address these issues.

Para relating to long stay rates for hysterectomy, hip and knee surgery and private/public etc - explain context within health system ie mix of private and public health services, factors which may impact on outcomes and how these are or will be addressed.

Other

Are there any particularly good stories that we can identify here and explain what we are doing well???

Page 16

Peer Groups

Link the explanation of peer group assessment and across peer group assessment to the need for system wide assessment and explain how the across peer group data can best be utilised to identify areas for health system improvement.

Page 39

Given the recent media reports about Cairns hospital, could you use another example?

Ros Walker
A/g Principal Policy Officer
Social Policy

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justin collins - RE: Measured Quality Public Report

From: Lynne Rodgers <Lynne.Rodgers@premiers.qld.gov.au>
To: "Justin Collins" <Justin_Collins@health.qld.gov.au>
Date: 26/02/2003 9:56 AM
Subject: RE: Measured Quality Public Report

Thanks Justin. How does 3pm Thursday on the 14th Floor at 100 George Street sound? regards

Lynne Rodgers
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-----Original Message-----

From: Justin Collins [mailto:Justin_Collins@health.qld.gov.au]
Sent: Wednesday, 26 February 2003 8:58 AM
To: Lynne Rodgers
Cc: Ros Walker
Subject: RE: Measured Quality Public Report

Lynne & Ros

If 11.00 is not good, I can meet anytime from 11.00 onwards, for Thursday and anytime after 12.00 on Friday.

I have attached the report just in case you get a chance to have a read before we meet. The majority of changes are on pages 5 - 9.

password to open the file is: adele43 (is case sensitive)

Ta
Justin

>>> Lynne Rodgers <Lynne.Rodgers@premiers.qld.gov.au> 25/02/03 14:29:47 >>>
Thanks Justin

I think it would be great to meet this week. It looks we would have some opportunities on Thursday or Friday, if you would like to email some possible times over, we could then confirm. regards

Lynne Rodgers
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-----Original Message-----

From: Justin Collins [mailto:Justin_Collins@health.qld.gov.au]
Sent: Tuesday, 25 February 2003 1:29 PM
To: Lynne Rodgers; Ros Walker
Subject: Measured Quality Public Report

Hi Lynne & Ros

I have now made the changes to the public report as previously discussed and emailed (13/12/02 & 06/01/03).

We have spent a bit of time refining the report and adding sections.

Would you like to meet and go through the changes so that I can draw your attention to the specific areas or would you prefer me to send it through it electronically for you to review?

Justin Collins

Program Area Manager
Measured Quality

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justin collins - RE: Measured Quality Public Report

From: Lynne Rodgers <Lynne.Rodgers@premiers.qld.gov.au>
To: "Justin Collins" <Justin_Collins@health.qld.gov.au>
Date: 25/02/2003 3:15 PM
Subject: RE: Measured Quality Public Report
CC: Ros Walker <Ros.Walker@premiers.qld.gov.au>

Thanks Justin

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From: Justin Collins [mailto:Justin_Collins@health.qld.gov.au]
Sent: Tuesday, 25 February 2003 1:29 PM
To: Lynne Rodgers; Ros Walker
Subject: Measured Quality Public Report

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Justin Collins

Program Area Manager
Measured Quality

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Fax

To	Justin Collins	Fax	323 71691
Subject	Measured Quality-Phase 2 report		
Reference			
From	Ros Walker		
Telephone	3224 7693	Fax	3225 8952
E-mail	Ros.Walker@premiers.qld.gov.au		
Date	29 May 2003	Pages	1 (cover sheet inclusive)

Justin,

As discussed

Summary

Include outline of Measured quality program and explain what the data measures - ie phase 1 data provides baseline data over four quadrants , phase 2 provides data over subsequent years and allows local level analysis. The data is intended for strictly controlled internal use only and will not be released publicly.

Sell the measured quality concept a bit more (use information for brief on phase 1 report) Queensland Health is the first health service provider in Australia to measure hospital quality in this way. The data has already assisted in health system improvements egand in the development of national level benchmarks etc.

In regard to dissemination - Local level analysis is required to identify issues at the local level and drive health system improvements. However, strict controls will be placed on the use of the data ...

Body

Incorporate information above in body as well

Para 13 - Discuss the issue in the Body and use specifics as an attachment

Eg The data requires local level analysis to identify key issues or trends that may require service or health system responses. Some examples of data that have been presented to District Managers and are currently being investigated or have already been investigated are included at Attachment 1. These examples exemplify the need for the data, particularly to be viewed in context, and for trend analysis to identify sustained issues.

Lead into Para 14 - you might want to "sell" some positive indicators more

Then Para 15 - As the release of such data without context could result in misinterpretation, Queensland Health is very cognisant of the need to strictly control access to the data etc etc

Ros

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Justin Collins - Public Report

From: "Lynne Rodgers" <Lynne.Rodgers@premiers.qld.gov.au>
To: "Justin Collins" <Justin_Collins@health.qld.gov.au>
Date: 02/04/2003 18:12
Subject: Public Report
CC: "Ros Walker" <Ros.Walker@premiers.qld.gov.au>, "Anna Moynihan" <Anna.Moynihan@premiers.qld.gov.au>

Hi Justin and Lisa <<DPCEdit_of_Queensland_Hospitals_in_the_Twenty27March.doc>>

Elizabeth has oked the attached document. As discussed on Friday (and marked in the document) your specific input is requested for the Executive Summary page 10 "System Integration and Change" (provide a brief explanation of how the system integration info. will be used) and p. 13 "choice of Data Indicators" (provide a brief rationale).

By way of explanation:
 P23 In the presentation of the "Summary of indicator" results, the last paragraph has run over the text box and should also include the final para beginning "Indicators that showed statistically significant differences in outcomes for patients who were admitted to public hospitals....etc etc. So the sequence should be 1) new additional paragraph contextualising variations, 2) AIHW 3) findings (hospital peer groups) 4) Findings - private, public etc. I have pasted all this information in but it's not apparent on the screen in the text box. (call me if this is unclear!)

Next Steps:

Could I request a clean copy be emailed back (as you will see it's very hard to read and validate the changes because of the number of editors)? Then we will attach this agreed copy to a brief to the Premier (on the basis of the last Cabinet decision). Our brief will state how the risks associated with public presentation have been managed in the document and will attach a letter to the Minister requesting an outline or further information about the communication strategy to accompany public release (this information is provided as a "heads up" to you at this stage but note the Premier may choose not to endorse this approach or request the information in this way). Again please don't hesitate to call to discuss. regards

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