

Q Redesign

Newsletter of the Clinical Access and Redesign Unit

Edition 5 January 2014



In this issue

- 1 Queensland Health Minister opens Leading by example forum
- 2 From the desk of Dr Michael Cleary
- 2 Queensland Clinical Senate considers the question of clinical education and training
- 3-4 Forum celebrates redesign success
- 5 Dr Cleary presents inaugural clinical redesign awards
- 6 RBWH lends a hand in regional cardiac exercise stress testing
- 7 Redesign and improvement priorities for 2014
- 8 Statewide Perioperative nurses forum
- 9 Queensland Clinical Senate leads in advance care planning
- 9 The Productive Operating Theatre
- 10 Leading by example award winners

Queensland Health Minister opens Leading by example redesign forum



'Patients are now happier, are spending less time in ambulances and are mostly attending the closest hospital to their home.'

More than 200 health professionals from around the state attended the Leading by example redesign forum at the Brisbane Convention and Exhibition Centre on Wednesday 20 November 2013.

Minister for Health, the Honourable Lawrence Springborg MP, officially opened the day and congratulated those present on the good results achieved in Queensland public hospitals this year.

'This success belongs to you all, and you should be very proud of what you have achieved,' Mr Springborg said.

He particularly noted that Queensland had achieved the second highest National Emergency Access Target (NEAT) performance in the country (previously fifth in 2011) and seven out of the 11 best performing hospitals nationally were in Queensland.

The minister also recognised the ongoing success of the Metropolitan Emergency Department Access Initiative (MEDAI), the recommendations of which were implemented in 2013, and have

revolutionised the relationship between acute hospitals and the Queensland Ambulance Service.

'Patients are now happier, are spending less time in ambulances and are mostly attending the closest hospital to their home,' he said.

'This demonstrates the power of collaboration and the willingness of all parties to consider the needs of our patients'

The minister urged all present to continue to innovate in their workplaces, but warned of the risks of complacency, especially in the face of the National Elective Surgery Target challenges which lie ahead in 2014, and which have the capacity to derail the NEAT achievements.

'I know it's hard to hear, but the work of clinical redesign is never finished' Mr Springborg said.

'I urge all of you to keep working to improve waiting times and services for the people of Queensland'

From the desk of Dr Michael Cleary

Deputy Director-General, Health Service and Clinical Innovation Division



There is much to celebrate in the clinical redesign and service improvement space at the conclusion of 2013.

Despite increases in presentations to our emergency departments, we have more than met the challenges of the National Emergency Access Target (NEAT) in Queensland for 2013. Many of our hospitals break the 80 per cent mark on a daily basis, exceeding the 2013 target of 77 per cent.

Transformational change has taken place in our emergency departments, which are now calmer, more effective places for patients, with shorter waiting times and



...many of our hospitals break the 80 per cent mark on a daily basis, exceeding the 2013 target of 77 per cent.

markedly decreased lengths of stay. Much of this is directly attributable to the efforts of determined individual clinicians working in our hospitals, and these people have been formally recognised in the recent inaugural Clinical Redesign Awards at the very successful 'Leading by example' forum.

Some of the success can also be traced to the commitment of organisations as a whole, who have committed to change from the top down and the bottom up. One such organisation is the Townsville Hospital, where a major restructure has

been designed to facilitate an approach of continual innovation and service improvement. The hospital received the 'Organisation most committed to redesign' award at the forum.

We recognise that, despite the great results achieved to date, there is a risk to real and sustainable change if we fail to make a longer-term commitment to our HHS partners.

Lastly, I hope you have all had a happy and peaceful Christmas, after such a productive and hard-working year. I invite you to resume the challenge in 2014.

Queensland Clinical Senate considers the question of clinical education and training



Victoria Brazil with the panel members:

The 12th meeting of the Queensland Clinical Senate (QCS) on 24–25 October 2013 was attended by more than 120 members.

The major topic on the table for this meeting was the development of appropriate key performance indicators to support clinical education and training in Queensland Health services. The

discussion was facilitated by Associate Professor Victoria Brazil, who explored the issues with all stakeholders.

Responses from a pre-meeting survey assisted the group discussion to determine the aspects and parameters of clinical education and training that should and could be measured.

Members recommended that effective measures of clinical education and

training for Hospital and Health Services are developed to enable recognition of the important contribution clinical education and training makes to the overall quality of the health system. Meeting participants produced a range of suggested input, process and output indicators for clinical education and training which would be further considered by a time-limited working group. The QCS will report back with recommended performance measures in March 2014.

The QCS executive met with the Minister for Health and Director-General of Queensland Health on 16 December to discuss the meeting's recommendations.

The next meeting of the Queensland Clinical Senate, likely to be 27–28 March 2014, will commence the discussion around the disinvestment and reinvestment agenda.

More information, including the endorsed recommendations and meeting report is available at: www.health.qld.gov.au/qldclinicalsenate/default.asp.

Leading by example forum celebrates redesign success



Associate Professor Anthony Bell delivering his keynote address at the forum

The 'Leading by example' forum finished a busy year for service improvement and clinical redesign in Queensland.

As well as hearing from some compelling keynote speakers, abstracts were invited from local redesigners for presentations in emergency, surgical, mental health and outpatient streams.

Project teams from all over the state presented the outcomes of their work.

The streams showcased this year's major multisite projects in surgery and mental health, with ongoing work in the emergency space, as well as a number of presentations also originating from the Queensland Institute of Clinical Redesign.

Keynote speakers included Russell Bowles, Commissioner of Queensland Ambulance Service, now part of Queensland Health. Commissioner Bowles discussed the implementation of the MEDAI recommendations from the perspective of the service, as well the major organisational restructure recently undertaken.

'We now have a flatter management structure that allows me more direct contact with the officers on the ground,' he said.

Associate Professor Anthony Bell, Chair of the Queensland Emergency Department Strategic Advisory Panel, reflected on the state's NEAT achievements but warned that improvements in emergency departments cannot keep continuing upwards without a concerted effort. Demands are continuing to increase, with a growth of four per cent annually in patient presentations at most sites.

'We are at risk of reaching a Starling-curve type response to NEAT, of becoming victims of our own success,' Dr Bell mused.

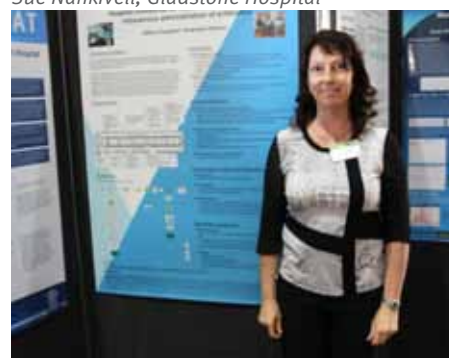
Associate Professor Michael Greco underlined the importance of patient engagement when discussing his new initiative, patientopinion.org, based on a similar interface in the UK which has just celebrated 78 million visits.

'We need to embrace what patients have to tell us,' Professor Greco said.

Continued on page 4



Sue Nankivell, Gladstone Hospital



Bettina Naughton, Townsville Hospital



Liz Wood and Mary Woods (Tie up the black dog)

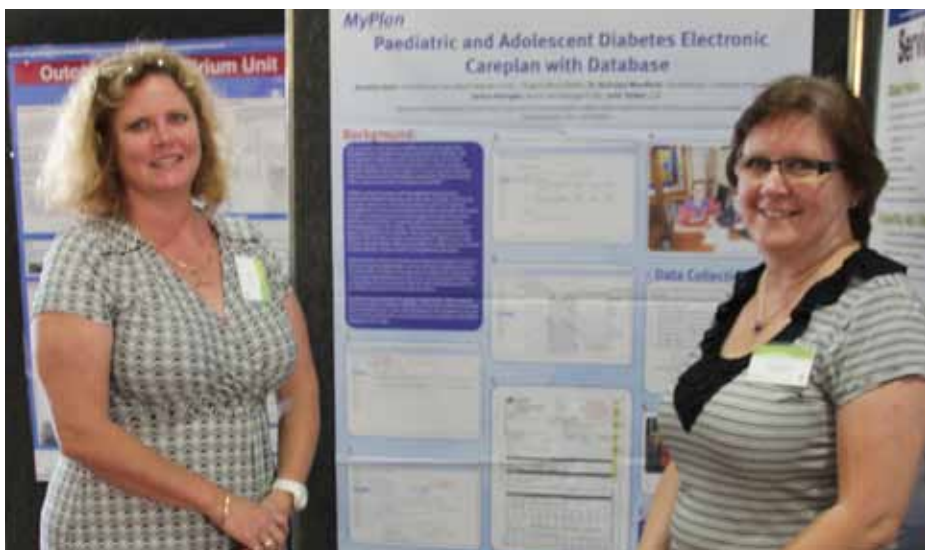


Dr Craig Kennedy (RCH) and Cathy Love (CARU)



Dr Cleary, Jason Currie, Minister Springborg

Leading by example forum celebrates redesign success (continued from page 3)



Annette Keid (Metro North) and Janice Kerrigan (Metro North)



Norma Stanley (Wide Bay)



Linda Boles (The Prince Charles Hospital)



Assoc Prof Anthony Bell (QEII Hospital)

Continued from page 3

‘Those services that actively engage with their patients can demonstrate better outcomes in all major domains, from safety and quality to staff and patient satisfaction,’ he said.

Malcolm Lowe-Lauri, former NHS Foundation Trust chief executive and now KPMG operative in Queensland, reflected on NHS experience and lessons, particularly in relation to performance and effectiveness. He recommended stealing the good ideas from the NHS but learning from what didn’t work so well.

‘Local contexts require local solutions,’ he said. ‘You’re the people who know.’

A poster program provided a very successful adjunct to the presentations, with an accompanying people’s choice voting process.

These posters and presentations will contribute to case studies to be housed on the Clinical Access and Redesign Unit website to encourage spread and uptake of successful solutions across remaining sites.



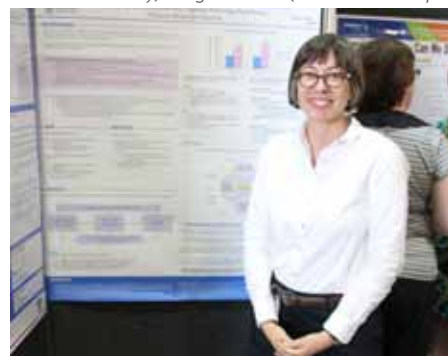
Therese Oates (Royal Children’s Hospital)



Mr Russell Bowles, Queensland Ambulance Commissioner



Dr Michael Cleary, Craig Harrower (Toowoomba Hospital)



Kiley Pershouse (The Princess Alexandra Hospital)



Laurel Brett (Logan Hospital)

Dr Cleary presents inaugural clinical redesign awards



The winning team from Townsville with Dr Cleary and Jason Currie

In acknowledgment of the significant contribution of Hospital and Health Services staff to the transformational change achieved in 2013, a new awards program was introduced to the Leading by example redesign forum.

Dr Michael Cleary presented awards to recipients in a number of categories.

'This year, we thought that it might be timely to officially recognise clinical redesigners who have really made a difference to the delivery of healthcare in their services,' Dr Cleary said.

'Of course there have been many people who have contributed to this work, but there are a few individuals, teams and organisations who are particularly noteworthy'.

'We'd like to recognise them here today in these inaugural redesign awards'.

Dr Cleary also acknowledged those who had submitted posters about their project outcomes. The poster winners were decided via a people's choice voting system in each category.

In closing, Dr Cleary thanked those who had stepped up to the challenge of innovation in their workplaces.

'I'd like to encourage you all to keep going. You have my permission to act on good ideas. We need to develop an organisation in which people feel supported to innovate in their workplaces. Real, tangible change will never happen otherwise'.



The poster winners with Dr Cleary



The winning team from Ipswich, Dr Cleary and Jason Currie



Dr Cleary with Associate Professor Anthony Bell



Dr Cleary with Craig Harrower (Toowoomba)



Dr Cleary with Associate Professor Cullen and Dr Burke



Dr Cleary with Ella van Raders (Townsville)

Royal Brisbane and Women's Hospital lends a hand in regional cardiac exercise stress testing

Royal Brisbane and Women's Hospital (RBWH) cardiac sciences staff have been quietly supporting regional and rural services to improve their capability in exercise stress testing (EST) for patients with chest pain.

Nursing staff from Longreach Hospital, Katrina Robertson and Margaret Power, travelled to Brisbane in December 2013 to undertake training at RBWH. The training will assist the hospital to identify high-risk patients with chest pain early in the patient's admission, and also to discharge low-risk patients as soon as possible.

Professor Adam Scott from RBWH has long recognised the need to assist regional services with EST training since embarking on a project in 2005 to roll out the chest pain pathway.

This initiative eventually led to work being progressed through the Improve and Move Chest Pain (I AM Chest Pain) project in 2010 and more recently the Accelerated Chest Risk Evaluation (ACRE) project with Professor Will Parsonage and Associate Professor Louise Cullen. Both the EST and ACRE projects have been supported through the Clinical Access and Redesign Unit and will contribute

to major statewide impacts on the flow of chest pain patients in the system.

The specific objectives of both the pathway and the project included decreasing bed block for chest pain patients in Queensland emergency departments.

'We realised early on that smaller centres without established cardiac investigation teams identified an extra burden on medical staff to conduct this testing,' Professor Scott said.

'The international and Australian evidence is very strong that nurse-led models can provide valuable services and free up medical resources in areas without tertiary services.'

The RBWH team adapted their existing non physician-led stress testing training manual for the nurse-specific training after receiving approaches from some regional and smaller metropolitan hospitals.

The training has been conducted by RBWH cardiac scientists for small groups of one or two nurses, and support is continued once the teams are back on site.

Training is evidenced-based, follows the Cardiac Society of Australia and New Zealand guidelines and enhances the chest pain pathway model of care.

'Our staff are very open and interested in supporting our colleagues from other Hospital and Health Services to achieve greater efficiency from their service provision to enable patients to access quality healthcare, regardless of their geographic location,' Professor Scott said.

Katie Williams, cardiac scientist, feels that the training of the nurses provided her with new opportunities in her role.

'I always enjoy the challenge of helping other staff to acquire new skills,' Katie said.

Margaret Power, from Longreach, really enjoyed her stay at RBWH. 'I've learned heaps,' she said.

'I didn't know what to expect, but it's been a really supportive place to learn.'

Katrina Robertson, an experienced ICU nurse, welcomed the training opportunity.

'It's been great to access the training.'

'In the past I've found it really difficult to get on-site training at bigger hospitals. They have commitments to their own staff.'

'This program will be a big help to our patients, many of whom have to travel all the way to The Prince Charles Hospital when often it's not really necessary,' Katrina said.



Professor Adam Scott, Katrina Robertson, Margaret Power and Katie Williams at a training session at the RBWH

Redesign and improvement priorities for 2014

At the recent Leading by example redesign forum, Jason Currie, Executive Director – Service Improvement and Redesign, introduced the Queensland redesign priorities that have been identified by the Clinical Access and Redesign Unit (CARU).

‘We’ve had a big year in 2013,’ Mr Currie said ‘and there’s another big year ahead of us if we are to really embed the important changes across the system.’

‘The coming year will bring increasingly difficult targets and expectations. Not only do we see ongoing rising demand for services as a challenge, but improvements in one Hospital and Health Service will undoubtedly push the peer group to meet and better those improvements.’

Despite the increasingly challenging targets ahead, the core work of CARU remains much the same in 2014. The team will be working with Hospital and Health Services to conduct major or targeted improvement projects, to build local capacity and capability, to

spread the word on successful solution, and enhance the centralised business intelligence services accessed regularly by hospital staff.

While last year’s work has concentrated on the big-ticket national targets of NEAT and NEST, 2014 will see concentration in a range of clinical domains like gastroenterology and ophthalmology, whose waiting lists remain unacceptably high in several Hospital and Health Services.

‘We’ll still be going after the NEAT and NEST targets, but our success in NEAT and NEST allows us to broaden our focus and start to make significant inroads into these major areas of patient waiting and delays,’ Mr Currie said.

Another major domain to be the subject of redesign initiatives next year is specialist outpatients, which will see input from general practice liaison officers, business process improvement officers and local project teams. Some good work has already been done, but there is far to go.

In terms of capability and capacity, the successful Queensland Institute of Clinical Redesign program will be expanded and adapted to local needs. CARU is also working with Hospital and Health Services to increase the

‘...improvements in one Hospital and Health Service will undoubtedly push the peer group to meet and better those improvements.’

local capacity for redesign through investments in local resources and staff who can support and lead redesign work.

‘Collectively we are making a huge impact to the quality and efficiency of patient care in Queensland. I am confident that with the collaborative projects we have planned for this year we will see continued success from clinical services redesign in 2014,’ Mr Currie said.

Disclaimer:

The content of this newsletter is provided for general information only. Department of Health Clinical Access and Redesign Unit does not guarantee that information contained in this newsletter is suitable for your needs.

The information is provided on the basis that all persons undertake responsibility for assessing the relevance and accuracy of the content and its suitability for their own needs.

This newsletter is published by the Clinical Access and Redesign Unit, Health Service and Clinical Innovation Division, Queensland Health.

If you have been forwarded this newsletter and would like to be added to the distribution list for further editions, please send an email to CARU-communications@health.qld.gov.au

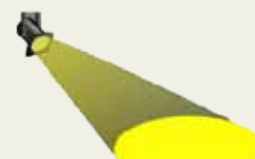
Address

Clinical Access and Redesign Unit
Level 13, Block 7, RBWH, Qld 4029
GPO Box 48 Brisbane Qld 4001

Telephone:(07) 3646 9851

Email: CARU@health.qld.gov.au

Internet: www.health.qld.gov.au/CARU



New CARU website:

The Clinical Access and Redesign Unit has launched its new website:

Case studies, redesign service delivery models and several other new features are now available at:

Intranet:<http://qheps.health.qld.gov.au/caru>

Internet:<http://www.health.qld.gov.au/caru>

Statewide Perioperative Nurses Forum

The annual Statewide Perioperative Nurses Forum was held at the Skills Development Centre at Royal Brisbane and Women's Hospital on Friday, 22 November 2013.

Dr Frances Hughes, Chief Nursing and Midwifery Officer opened the forum which was attended by approximately 60 perioperative nursing directors and nurse unit managers from across Queensland.

Forum participants were provided with the opportunity to gain a better understanding of the national and state agenda i.e. Business Planning Framework, the future of nursing education, activity based funding, contestability and waiting list management.

Christopher Palmer, Performance, Analysis and Reporting Coordinator, Townsville Hospital demonstrated the Townsville Theatre Modelling Tool; Catherine Steel, Clinical Nurse Consultant, The Princess Alexandra Hospital presented the Metro South Hospital and Health Service Electronic Audit Tool and Brenda Close, Director of Nursing, Weipa Hospital spoke about the many challenges associated with nursing in rural and remote areas.

A workshop session was conducted in the afternoon to enable forum participants to raise issues, contribute ideas and identify key priority areas and strategies to factor into the Statewide Anaesthesia and Perioperative Care Clinical Network (SWAPNET) action plan for 2014–15 and improve the delivery of perioperative services in Queensland.



From left to right: Karen Hamilton, Network Coordinator, CARU with Helen Werder, Co-Clinical Chair, Statewide Anaesthesia and Perioperative Care Clinical Network and Elaine Hausler, Chair, Statewide Perioperative Nurse Unit Managers' Advisory Group



Delegates at the workshop

Queensland Clinical Senate leads in advance care planning

At its meeting on 24 and 25 October 2013, the Queensland Clinical Senate (QCS) endorsed the advance care planning (ACP) project. The QCS recognises ACP as a vital component of high-quality end-of-life care and announced a range of strategies to improve the uptake of ACP earlier this year. Outcomes of the meeting include a plan to collaborate with the Statewide General Medicine Network to lead a focused evaluation of implementation of the ACP framework with the objective of a full statewide implementation by

July 2014. Resources will be requested from the Department of Health to assist the network in this evaluation.

The QCS has also requested the Minister's ongoing support in promoting ACP in discussions with the Commonwealth and highlighting its value in that forum.

Much work had already been done leading up to the October meeting. In addition to co-hosting a meeting with the National Clinicians Network, a QCS working group, led by Dr Jeffrey

Rowland, has identified an ACP form and resources which could be used across Queensland to guide and document ACP discussions.

The senate has recommended to the Minister and the department that the form be trialled in early 2014 with a view to full roll-out by the middle of the year.

For more information on advance care planning, please see:

<http://apps.health.qld.gov.au/acp/HOME.aspx>

The Productive Operating Theatre

The Productive Operating Theatre (TPOT) Forum and refresher training took place on 2–3 December 2013 and was attended by 26 delegates from 12 hospitals.



The first day was a fantastic forum for networking and sharing innovations and

ideas. Five hospital sites each presented on their progress with the program and any barriers and lessons learnt. The main theme to come from the discussion and presentations was that the cycle of

plan, do, study, act is embedded in many sites and that a culture of continuous improvement is becoming the norm. There is great stakeholder engagement and continuing

momentum in many operating theatres across Queensland.

Day two was a refresher training day and provided an opportunity for teams to update their knowledge on the program and for new team members to gain an understanding of the benefits of The Productive Operating Theatre.

About TPOT: TPOT is a process improvement program which uses lean methodologies. TPOT delivers significant improvements to operating theatres and enables theatre teams to transform the way they work to provide better patient care within a better working environment.



The Royal Brisbane and Women's Hospital team at TPOT

Leading by example redesign forum award winners

Award	Nominees	Winner
Most outstanding redesign practitioner	Dr John Burke (RBWH) Kevin Clark (TPCH) Dr James Lind (GCUH) Dr Ed Pink (QEII) Associate Professor Louise Cullen (RBWH)	Local impact: Dr John Burke Statewide impact: Associate Professor Louise Cullen
Most outstanding redesign team	Ipswich Hospital Emergency Department team RBWH TEMPO team QEII United team The Prince Charles Hospital Internal Medicine team	QEII United team
Most successful redesign project	'1 in 5' It all adds Up – Logan Mental Health project Ipswich Macro NEAT project RBWH TEMPO project Toowoomba Macro NEAT	Ipswich Macro NEAT
Organisation most committed to redesign	Royal Brisbane and Women's Hospital Townsville Hospital Toowoomba Hospital QEII Hospital	Townsville Hospital

Poster category	Winner
Outpatients	Craig Kennedy and Wendy Mason Royal Children's Hospital
Emergency	Therese Oates Royal Children's Hospital
Surgical	Lisa Hillis and Craig Harrower Toowoomba Hospital
Inpatients	Sandie Pott Nambour Hospital
Mental Health	Genny White Mackay Hospital