

Queensland **Clinical Senate**

Connecting clinicians to improve care

Challenges in Healthcare

23-24 March 2017

Meeting report

Royal on the Park, Brisbane

Queensland Clinical Senate, Meeting Report

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For more information contact:

The Queensland Clinical Senate, email qldclinicalsenate@health.qld.gov.au phone 3328 9188.

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Chair's report



Every day in Queensland Health, tens of thousands of staff go to work to look after hundreds of thousands of patients. Multiple systems are used throughout the patient's care, which can extend across numerous departments and sites. And of course, there are any number of variables that clinicians must negotiate along the way. So when you look at the big picture, it's not at all surprising that our health care system faces challenges. Some are easy to remedy, others not so.

The Senate took on a number of very timely and relevant challenges for discussion at our March 2017 meeting, one of which was public hospital bariatric surgery. With one in 10 adults and one in 14 children now obese in Queensland, obesity remains a great challenge in this state. Obesity is costly to the community and the individual—around 70 per cent of people with obesity have at least one established morbidity. With the evidence clearly demonstrating the effectiveness of bariatric surgery in treating obesity for targeted groups of patients, Senate members and guests were asked how bariatric surgery could be available in Queensland's public health system. There was overwhelming support for the intervention to be available publicly to a defined sub-group using a 'centre of excellence' model.

As the most common treatment in healthcare, medicines are associated with more errors and adverse events than other interventions. In fact, every year in Australia, 230,000 people are admitted to hospital as a result of medication errors. The move to digital health gives us a great opportunity to focus on the governance around electronic medication management to ensure optimal patient outcomes. Members and guests supported a clear governance and accountability framework with strong clinician engagement (from all sectors) and clear communication as a fundamental pillar for safe medication management. You can read the Senate's recommendations on page 5.

The third challenge discussed at the meeting was occupational violence. It's a very sad and frightening fact that 3000 healthcare workers report abuse each year and that many more incidents of abuse go unreported. It's simply not acceptable to be abused at work. The Queensland Clinical Senate commended the Queensland Government and Occupational Violence Prevention Implementation Committee for their leadership in addressing violence in the workplace, and recommended that occupational violence be recognised and promoted as a 'clinical issue' in the same way patient care is.

The challenges we face in healthcare often overshadow the excellent work underway to improve the patient experience. We were privileged to hear about a number of successful projects from around the state during a clinical excellence showcase. Sharing examples of care that result in better patient outcomes and improved value is indeed the best way for us to promote take-up of proven models.

As members of the Queensland Clinical Senate, we have a tremendous opportunity to influence the way challenges are addressed. I believe we have shown strong leadership and direction for the challenges we discussed at this meeting and I look forward to seeing how it unfolds and ultimately benefits the people of Queensland.

Dr David Rosengren
Chair, Queensland Clinical Senate

Executive summary

In a complex and ever-changing health system, challenges are inevitable. The purpose of the March 2017 Queensland Clinical Senate meeting was to give senior clinicians and health administrators the opportunity to consider two such challenges - public hospital bariatric surgery and medication safety in the digital future. Delegates were challenged to:

- identify the key elements of an effective bariatric surgery program in Queensland.
- articulate how clinical governance can maximise the opportunities digital technologies can bring to electronic medication management.

Recommendations

Medication safety in the digital future

With digital health comes change that can bring significant benefits to patients and clinicians and reduce error. To achieve this, transparent frameworks, standards and governance are required.

To create the conditions to realise safe electronic medication management (EMM) across Queensland the QCS recommends the Department of Health in partnership with eHealth Queensland:

- support clinician leadership and engagement in the design, planning, prioritisation, communication and implementation of local, state and national strategies. As a minimum, the senate recommends the appointment of a senior health professional to the eHealth Executive Committee.
- establish a group (or expanding the remit of an existing group which includes multidisciplinary / multi sector representation) that has visibility and can influence the clinical governance of EMM.

In collaboration with the Chief Medical Information Officer, this group should be a primary point of contact to share information with the clinician workforce on issues relating to the clinical governance and decision-making as they relate to EMM across the state.

Bariatric surgery in the public sector

Obesity is one of the most important health challenges this century. Evidence demonstrates the clinical and cost effectiveness of bariatric surgery to treat obesity-related complications.

The Queensland Clinical Senate recommends that:

- in addition to focusing on promoting healthy lifestyles and weight management through diet and exercise, bariatric surgery is provided as a publicly funded intervention for specific groups of patients in Queensland:
 - Recognising workforce capability constraints and the importance of evaluating outcomes, in the short term bariatric surgery services should be provided using a 'centre of excellence' model but with a focus on equity of access.
 - A transparent and evidence-based process is implemented to identify and prioritise the patients most likely to benefit.
- the Department of Health develop a published policy position on access to and eligibility for bariatric surgery in Queensland public hospitals.

Medication safety in a digital future

Presenters and panellists

- Richard Ashby, Chief Executive, eHealth Queensland
- Steve Hambleton, Co-Sponsor Medicines Safety Program, Australian Digital Health Agency (pictured)
- Jane Hancock, Chief Executive, Central West Hospital and Health Service
- Andrew Staib, Co-Chair, Statewide Digital Healthcare Improvement Clinical Network
- Margaret Sugden, Health Consumer
- Trudy Teasdale, Pharmacist, Assistant Director, Gold Coast Hospital and Health Service

Background

- As the most common treatment in healthcare, medicines are associated with more errors and adverse events than other interventions.
- Every year in Australia, 230,000 people are admitted to hospital as a result of medication errors.
- Electronic medication management (EMM) is proven to significantly decrease prescribing errors relating to incorrect documentation of medication.
- Medication management in Queensland relies on numerous paper-based and digital systems, making it multi-layered and fragmented.

Session objective

- While a lot of work is underway in Queensland around electronic medication management, is the current governance approach the best it can be to maximise the benefits of digital technology and ensure optimal patient outcomes?

The national perspective

- National Medicines Safety Program established this year to work with consumers and healthcare providers to explore how digital health can improve the safety and quality of medicines usage in Australia.
- The program's initial focus is on enhancing access to information about medicines on My Health Record.
- The Practice Incentive Program - one of the programs driving quality information onto My Health Record - requires that the majority of prescriptions are sent electronically to the Prescription Exchange Server.
- Health Care Home driving engagement in My Health Record to contribute up-to-date clinically relevant information.



- Interoperable systems are necessary in allowing information to be securely and safely shared for the benefit of the patient.
- Other national initiatives underway to support EMM include: SNOMED CT-AU Terminology (data structure), Australian Medicines Terminology (a subset of SNOMED), safe display of medicines on screen, Tall Man lettering, EMM implementation guides.
- Implementation of National Digital Health Strategy to begin late 2017.

Panel discussion

A panel (pictured below) including a consumer and clinicians discussed a range of issues including:

- Consumers not being a static or homogenous group adds to the complexity of the situation.
- The need to focus on medical specialists and private hospitals integrating into the digital system so benefits to patients can be realised.
- My Health Record needing to be a source of accurate information.
- The Digital Healthcare Improvement Network recently established in Queensland to improve patient care using the digital platform.
- The need for a well articulated framework that demonstrates how national, state and local initiatives come together.
- Moves to minimise the number of interfaces within the digital system.
- A draft governance structure around electronic medication management developed by eHealth Queensland.

Outcomes

Delegates worked in groups to identify critical governance actions to maximise the opportunities digital technologies can bring to electronic medication management. The overarching outcome of that session was:

- Delegates supported a clear governance and accountability framework with strong clinician engagement (from all sectors) and clear communication as a fundamental pillar for safe medication management.

See appendix 1 for a summary of the group work.



Bariatric surgery in the public sector

Presenters and panellists

- John Dixon, Head of Clinical Obesity Research, Baker Heart and Diabetes Institute
- Peter Gillies, Chief Executive, Darling Downs Hospital and Health Service
- George Hopkins, Laparoscopic, General and Obesity Surgeon, Metro North Hospital and Health Service
- Trisha O'Moore-Sullivan, Director Medical/Chronic Disease Services, Mater Health (pictured)
- Paul Scuffham, Director, Centre for Applied Health Economics, Griffith University

Background

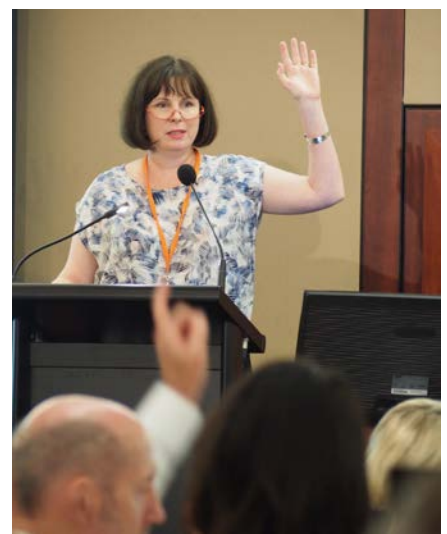
- In Queensland, three in 10 adults and one in 14 children are obese, costing \$1.72billion in 2015.
- Obesity is a complex problem involving genetics, lifestyle and environmental factors – it is now recognised as a chronic disease.
- Seventy-five per cent of Australia's total burden of disease can be attributed to obesity.
- Evidence shows that there are limited effective treatments for significant obesity.
- Evidence clearly demonstrates the clinical benefits and cost-effectiveness of bariatric surgery paired with post-operative support to treat obesity-related complications.
- Other Australian jurisdictions have demonstrated high-volume bariatric surgery to be successful and cost effective within the public health system.
- Outcomes of citizens' juries suggest that the community is supportive of bariatric surgery in the public system for those with a higher BMI, co-morbidities and a demonstrated commitment to behavioural change.

Session objective

- With limited healthcare resources, how can we make bariatric surgery available in Queensland's public health system?

Key considerations

- Bariatric surgery is not a general surgical procedure.
- The number of surgeons in Queensland trained to performed bariatric surgery is limited. What would training and credentialing look like to support a bariatric surgery service?
- The intervention needs to be followed with intensive allied health support to get the best possible outcome.
- Cost effectiveness: like many treatments, we pay now to save later.



Panel discussion

A panel of expert clinicians (pictured below) discussed a range of issues including:

- Internationally, most bariatric surgery is performed in the public system, whereas in Australia most bariatric surgery is performed in the private system.
- The international selection criteria for bariatric surgery in the public system is similar to Australia with diabetes becoming a key discriminator.
- Pharmacotherapy is currently very limited in Australia.
- The need for a multidisciplinary team to provide care for patients having bariatric surgery.
- Lost opportunity for the individual and community when people can no longer work or contribute because of obesity.
- Internationally, the greatest number of patients eligible for bariatric surgery receiving the intervention is two per cent in The Netherlands.
- Workforce capability was identified as a potential issue.

Outcomes

Delegates worked in groups to identify the key elements of an effective bariatric surgery program in Queensland. The over-arching outcome of that session was:

- Clinicians supported bariatric surgery being publicly funded for specific patient groups in Queensland.
- In the short-term, delegates supported a 'centre of excellence' model taking a multidisciplinary approach to care, with a view to a decentralised model in the longer term.

See appendix 2 for a summary of the group work.



Occupational Violence

Panellists

- John Allan, Executive Director, Mental Health Alcohol and Other Drugs Branch
- Jane Hancock, Chief Executive, Central West Hospital and Health Service
- David Jeffries, Protective Services Officer, Metro North Hospital and Health Service
- Lisa Kelly, Geriatrician, Metro South Hospital and Health Service
- Clancy McDonald, Nurse Practitioner, Department of Emergency Medicine, Metro North Hospital and Health Service
- Norman Swan, Facilitator

Background

Every year in Queensland more than 3000 healthcare workers are physically assaulted on the job. This does not include verbal threats and abuse. Many more incidents are not reported.

To combat the problem, a number of initiatives are underway in Queensland including:

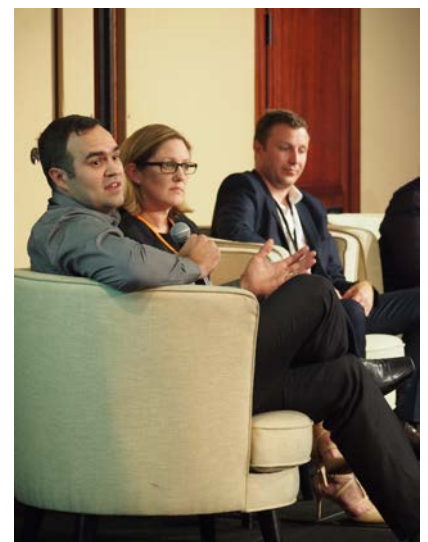
- The Paramedic Safety Taskforce, specifically addressing the issue of violence against ambulance officers.
- A \$1.35 million public awareness campaign
- The State Government's Occupational Violence Taskforce and the formation of the oversight committee to oversee implementation of the recommendations.
https://www.health.qld.gov.au/data/assets/pdf_file/0024/443265/occupational-violence-may2016.pdf

To reinforce the importance of the issue and the need for continued action, the Queensland Clinical Senate re-enacted a number of real life scenarios in which violence is common in healthcare.

The mock situations stimulated high-level discussion with a panel of experts and delegates and explored issues around pre-emptive detection, avoidance measures, education and training, technologies and strategies for deterrence, reporting, and incident management in rural/regional and metro settings.

The conflict of interest between the clinician duty of care to patients and employer duty of care to employee was also discussed.

The Queensland Clinical Senate will continue to champion this cause.



Clinical Excellence & Leadership

It is easy to focus on the challenges and forget about all of the great work that we deliver in our hospitals and health services every day. Showcasing excellence is important and a number of excellent innovation projects led by clinicians in partnership with the Clinical Excellence Division and the Purchasing and Performance Division were presented, including:

Telemedicine and the Red Blanket Response for care of patients with extreme trauma.

- A project running for nine years at the Royal Brisbane and Women's Hospital that aims to get trauma patients to theatre sooner, is now using Telehealth to link the trauma room with the operating theatre to aid in the preparedness of theatre staff.
- Presenters: Daniel Best, Principal Technical Officer, Telehealth, Clinical Excellence Division and Michael Handy, Trauma Care Coordinator, Trauma Service, Metro North Hospital and Health Service.

Integrated Specialist Ear, Nose and Throat Service – the GPwSIs model

- An innovative model of care to address the ENT waiting list at Logan Hospital by developing an Advanced ENT Allied Health Practitioner (AHP) Service.
- Presenter: Bernard Whitfield, Director, Otolaryngology Head and Neck Surgery, Logan Hospital, Metro South Hospital and Health Service .

Clinical Prioritisation Criteria (CPC) and HealthPathways update

- Supporting general practice clinical decision making when referring patients to public specialist outpatient services to ensure patients are assessed in order of clinical urgency.
- Presenter: Jody Paxton, Manager, Surgical Outpatient Reform Team, Clinical Excellence Division.

Fit for future purchasing and performance

- Rising demand for services together with changes to funding models in the health system - what clinicians can expect to change and how the Purchasing and Performance Division can support Hospital and Health Services.
- Presenter: Nick Steele, Deputy Director-General, Healthcare Purchasing and System Performance Division.



The road to excellence

- How the Clinical Excellence Division is supporting Hospital and Health Services to integrate successful innovations and help create solutions for better healthcare.
- Presenter: John Wakefield, Deputy Director-General, Clinical Excellence Division, Queensland Health.

Appendix 1: Group work – electronic medication management governance

Delegates participated in group work to identify critical governance actions to maximise the opportunities digital technologies can bring to electronic medication management.

Accountability and governance

Clearly structured and transparent governance plan with defined authority at all levels (national, state, local) supporting grass roots feedback to all levels.
Ensure controls are in place for effective governance and that they are regularly reviewed to ensure they are working.
Leadership from clinical staff from all sectors. Mobilise HHS and PHN clinical governance teams. Identify clinical champions who understand the vision, issues and can engage others.
A transparent accountability chain for all steps of EMM.
Build digital platform governance into existing quality and safety and clinical governance systems (local/state/national clinical governance systems).
Include escalation pathway for clinical risks – from HHS to statewide digital clinical network for advice/support/decision making etc -> link to eHealth Queensland and eHealth.
Prioritisation and communication of the entire lot of projects/tasks with associated portfolio management of governance. Groups should communicate decisions and actions/outcomes to other groups.
Simpler pathways into governance groups and simpler pathways within groups.
Engage with consumers – empower consumers to take control in medication management.
Need a strategy to remove redundant systems and streamline the approach going forward.

System design and standards

A patient centred, evidence based approach informed by considered consultation, trials and testing across primary and secondary care .
Statewide approach to procurement of EMM – must include integration with primary care systems.
Software design supports care pathways, reliable decision support and safety mechanisms.
Clinically driven systems (rather than technology driven) .
Effective and detailed information transfer between all medical care providers to support the quality use of medicines.
Understand the patient, business and the environment – deconstruct /feedback with patients and key staff from business areas (e.g. medicine, pharmacy, primary care).
Robust evaluation framework and internal audits to monitor system performance.
Improve integration by using smart forms when sharing records with My Health Record.
Localising new and customising statewide systems to local practice.
Facilitate the creation and implementation of a common data set to enable information transfer.

Communication

Develop a communication plan inclusive of PHNs, HHBs, private sector, primary care, pharmacy, consumers that raises awareness within the workforce re who makes decisions, what decisions have been made and how they as individuals can communicate ideas and feed into that process.
Strong two-way communication between the vision and the day to day reality. Vision must be informed by reality.
Create a statewide group for EMM which links local/ HHS groups with others from the state.
Understand relationships and networks and role clarify.
Educate clinicians on the importance of moving to EMM.
Build MDT case review and learning using pharmacist to raise awareness of risks and to identify errors - EDMS, EDON, clinical governance teams.

Appendix 2: Group work – bariatric surgery

Delegates took part in group work to identify the key elements of an effective bariatric surgery program in Queensland.

Infrastructure and capability

Ensure the entire patient journey travels through the right collection of appropriately trained multi-disciplinary clinicians and support staff, with the patient's general practitioner playing a central role.
Ensure the right equipment and infrastructure is available.
Develop appropriate policy addressing eligibility criteria, patient pathways, capacity, a statewide approach, governance and evaluation methods.
Establish a suitable means of capturing relevant data to monitor quality, aid evaluation, and inform research.
Adequately fund the program, considering the need for MBS changes for general practice and community support.
Integrate the patient journey across all facets of the healthcare system, utilising available technology to overcome issues of remoteness and record keeping.
Provide adequate care and assistance to the patient and their family before, during and after surgery.

High quality, low variability

Collect and monitor <i>quantitative</i> data, possibly through a registry, around complications, revisions, morbidity and mortality, days in ICU and volume of activity.
Collect and monitor <i>quantitative</i> data, around quality of life, general health, functional impact with both short and long-term follow-up and clearly established expectations for the patient.
Utilise comparative literature, benchmarking and data (such as Health Round Table) to compare quality in different parts of the healthcare system.

Transparency and Equity of Access

Utilise an evidence based statewide assessment system / tool / criteria / scoring system for publicly funded bariatric surgery that assesses risks and prioritises access.
Develop a statewide model with surgery performed at suitably qualified centers following localised patient workup, supported by an overarching working group to ensure access and equity in disadvantaged areas.

Prioritisation of patients

Develop principles for patient selection that are evidence-based and patient focused, supporting a statewide approach and scoring system.
Develop patient eligibility criteria that consider BMI, co-morbidities, disability, age, risk and compliance with pre-operative treatment.