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Queensland Health

Patient *safety*
and *quality* plan

2008 - 2012



Queensland
Government



Queensland Health Patient Safety and Quality Plan 2008 - 2012

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Introduction

At Queensland Health, we are determined to deliver patient care that is the safest and of the highest quality possible. To assist us in this endeavour, the Patient Safety and Quality Executive Committee has produced the Queensland Health Patient Safety and Quality Plan 2008 – 2012. The plan details the key safety and quality activities that we will be undertaking through to 2012.

We are working simultaneously at minimising unintended patient harm (safety), and ensuring the quality of the services we provide is in alignment with world's best practice (quality). Our patients have the right to demand the highest quality of care and refuse to be subjected to unsafe practices.

We acknowledge that as humans, we make mistakes. Busy people, with the best of intentions, forget to wash their hands, or omit details when communicating. By openly reporting errors and analysing what went wrong, we can build standardised systems that trap errors before they lead to patient harm.

Good treatment, again despite the best of intentions, at times falls short of the best possible treatment. We are performing a great deal of work in ensuring that the service we provide is the best service, in accordance with evidence based research, that delivers the best outcomes for our patients.

The impact of human error and suboptimal care varies widely, from spending an extra day in hospital, to the devastation of the loss of life. Delivering the initiatives outlined in this plan will unquestionably increase the number of people receiving optimal, best practice care, and reduce the number of people suffering healthcare related harm.

Our commitment to delivering these initiatives will instil in the community greater confidence and belief in the ability of Queensland Health to deliver a world class healthcare system.

It must also be acknowledged that improving the safety and quality of care provided by Queensland Health is a two-way street. Queensland Health employees have a responsibility to provide safe care in accordance with the measures contained herein. Members of the community also have a role to play by providing feedback that we will use to improve further.

This plan focuses on four themes:

- » **Reducing unjustified variation** – identifying, universally implementing and measuring the impact of the best methods of patient care
- » **Developing a culture of safety and quality** – permeating the organisation with a safety and quality culture, and providing the skills and remediation to make it real
- » **Implementing key safety interventions** – targeting specific processes where relatively simple preventative measures can have enormous benefits
- » **Engaging the community through openness and transparency** – realising that there is no 'us and them'; that we are all on the same team, all striving for a safer health system.

We are committed to the strategies and the goals that make up this plan. It should be noted that the majority of the activity outlined in this plan is already underway – ie. this is not a significant body of extra work for our staff. Further, certain initiatives simply represent a different way of doing the same things. The Patient Safety and Quality Executive Committee will monitor the progress of achievements against the plan and report to the Director-General. If goals are not met, we will implement strategies to ensure that they are met.

This is an exciting time for Queensland Health, a time of transition from an old way of thinking to a new way. I ask each and every one of you, regardless of whether you are an employee of Queensland Health or a recipient of our services, to familiarise yourself with the initiatives contained in the Queensland Health Patient Safety and Quality Plan 2008-2012. Further, I urge you to make these safety initiatives an integral part of what you do, and to do whatever you can to ensure that those around you are similarly dedicated to improving the patient experience through adhering to the goals of this plan.

If the initiatives outlined in this plan can prevent just one patient from spending one extra day in hospital away from their family, then it has been a success. But I know that together, we can achieve much, much more than that.

Michael Reid
Director-General, Queensland Health

February 2009

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Executive summary

The Queensland Health Patient Safety and Quality Plan 2008 – 2012 sets out the key activities that will be happening throughout our organisation to improve the safety and the quality of the service we provide for our patients.

Audience

The intended audience of this plan includes, but is not limited to, the following:

- » Queensland Health Corporate Office and Health Service Districts, whose role is to drive the organisation through investment and activity. This plan should be used to focus investment and activity across the organisation.
- » Queensland Health Patient Safety and Quality Executive Committee, whose role is to develop, review and monitor progress against the plan.
- » The community, including consumer organisations and professional bodies / organisations. This plan should be used to inform the community about the safety and quality initiatives they should expect to see implemented throughout Queensland Health.

Structure

The contents of the plan are divided into four chapters, or themes, each detailing a number of initiatives that contribute to these themes. Each section of the plan outlines the strategy driving the initiative, and the measurable goals that clearly articulate the steps that will be taken to implement these strategies, the accountable work area, and timeframes against which we can measure our success. The strategy for each section is described as follows:

- » **Now** – where we currently are
- » **Future** – where we want to be
- » **How** – the way in which we will get there

A ready reference table identifying accountabilities for each goal can be located at the end of the document.

Safety and quality definitions

Safety: We accept that eliminating mistakes is not possible, for we are humans. What we cannot accept, however, is the impact that mistakes have on people's lives. Our goal is to prevent patient harm. This is partially achieved through addressing general issues such as fatigue and workload stress. We must also learn from specific mistakes, and to do this we must stop focussing on human error and encourage incident reporting without retribution (with the exception of blameworthy acts) to determine how and why processes have gone wrong. We can then build preventative systems around the reality of human error, systems that trap errors before they cause harm.

Quality: Research identifies the best methods of delivering patient care, and regularly reveals improved methods of patient care. The challenge for us is to provide our patients with the best known care, using standardised processes, at all times and in all locations. To do this we must keep abreast of the latest developments in patient care from around the world, and ensure that all relevant staff are appropriately trained, skilled, resourced and are actively delivering the best care possible.

Measurement: That we can measure our success is of utmost importance, for there is little point in implementing new systems and procedures if we are unsure of their impact. First we must measure the extent of the problem, and then we can measure the impact of our solutions. It is through such measurement that we will know if we are on track, or if we must continue searching for new solutions.

Overlap: While we have presented each of these safety initiatives as discreet topics, many of the individual initiatives are intertwined and interwoven with one another. Indeed the four themes fit snugly together, overlapping in parts. Regardless of how the individual components interrelate, one thing is certain; that there exists a strong central theme to every single initiative contained in this plan; that is the theme of improving patient safety and the quality of patient care. The implementation of each of these initiatives will, without doubt, improve the safety and quality of care provided to our patients.

1. reducing unjustified variation

- 1.1 clinical networks** – we will continue to develop and expand our clinical networks to ensure that clinicians are heavily involved in the future direction of our healthcare delivery
- 1.2 clinical pathways** – through further expanding and developing our standardised clinical processes, we will reduce variation in areas of clinical priority
- 1.3 quality improvement process** – by utilising staff who are skilled in the application of quality improvement methodologies, we will improve our complex clinical systems
- 1.4 availability of contemporary best practice information** – we will keep staff abreast of current clinical best practice by providing and promoting a range of information sources
- 1.5 clinical Practice Improvement Payment (CPIP)** – we will reward and encourage high quality care outcomes by providing financial incentives to high performing facilities
- 1.6 tracking variance from best practice** – Variable Life Adjusted Displays (VLADs) – by measuring variation in care outcomes, we will improve service delivery by investigating the causes of such variation and making improvements as indicated
- 1.7 improving variation from evidence-based practice** – through expanding the application of statistical process control, we will gain an improved understanding of clinical processes.

2. developing a safety and quality culture

- 2.1 developing better leaders** – we are developing leaders who are able to change workplace culture
- 2.2 improving workplace culture through evaluating staff opinion** – using data generated through staff opinion surveys, we will improve workplace culture, creating a positive workplace environment
- 2.3 performance appraisal and development monitoring** – we will conduct twice-yearly individual staff performance and development sessions which will result in improved patient care outcomes
- 2.4 safer doctors: Clinician Performance Support Service (CliPSS)** – by addressing clinician performance issues using a process of assessment and remediation

(excluding alleged criminal or blameworthy acts), rather than one of discipline, we will improve the performance of our clinicians

- 2.5 Clinician Development Education Service (CDES)** – we will deliver a wide range of online training resources to our geographically disperse, and largely clinical workforce
- 2.6 patient safety curriculum** – measurable patient safety improvement will be achieved through delivering training that is coordinated, targeted and strongly linked to the required attitudinal and behavioural changes
- 2.7 communication and international medical graduates** – by intensively assisting our international medical graduates in their transition to practicing within Queensland Health, we will strengthen and broaden our workforce
- 2.8 simulation as a safety intervention** – improved team function and patient safety will result from our clinicians' regular participation in simulation activities
- 2.9 developing clinician skills** – We will provide competency based blended learning (including simulation) experiences to a greater number of our clinical staff.

3. implementing key safety interventions

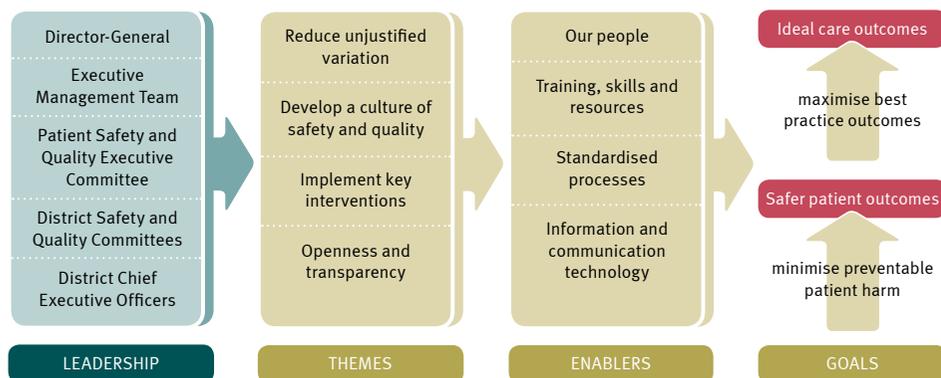
- 3.1 improving communication, patient handover and referral** – we will develop and implement a standardised clinical handover strategy to ensure thorough communication of patient care information
- 3.2 preventing suicide and deliberate self-harm in mental health services** – by implementing best practice interventions, we will reduce the rate of suicide, attempted suicide and deliberate self-harm
- 3.3 ensuring intended surgery and procedure** – by continuing to develop, implement and audit the Ensuring Intended Surgery and Procedure policy we will reduce the number of related adverse outcomes
- 3.4 patient identification** – we will work collaboratively to develop and implement a standardised patient identification process that eliminates patient harm that results from misidentification
- 3.5 recognition and treatment of the deteriorating patient** – we will develop processes to identify and treat patients who are experiencing acute deterioration

-
- 3.6 preventing pressure ulcers** – by implementing best practice methods, we will reduce the incidence of hospital acquired pressure ulcers to less than 10 per cent of all inpatients
- 3.7 reducing falls and injuries** – through implementing evidence-based falls prevention initiatives across the health continuum we will reduce the incidence of falls both in Queensland Health facilities and across the state
- 3.8 Clinical Services Capability Framework** – we will ensure that all health services in Queensland comply with minimum requirements (primarily workforce, risk and support services as outlined in this framework)
- 3.9 reducing venous thromboembolism (VTE)** – we will implement a standardised VTE prevention program utilising screening and prophylaxis to reduce the incidence of hospital acquired VTE
- 3.10 medication management on admission and discharge** – we will ensure that patient medication is reviewed and reconciled on admission, internal transfer, and discharge from and/or within Queensland Health facilities
- 3.11 diagnostic results management** – through implementing an electronic results management system, we will ensure greater clinician validation of results and reduced paper wastage
- 3.12 increasing staff immunisation** – by screening new employees and increasing staff vaccination rates we will strengthen our workforce and reduce the risk posed to our patients
- 3.13 improving hand hygiene** – we will implement, and then audit adherence to, the ‘Clean Hands are Life Savers’ program to reduce microbial cross-transmission and healthcare associated infections
- 3.14 review of hospital related deaths** – we will perform standardised reviews of all deaths occurring in Queensland Health facilities to improve patient care by learning from hospital related deaths
- 3.15 management of acute myocardial infarction on and following discharge** – by standardising the treatment of patients who have been discharged after suffering acute myocardial infarction we will reduce the recurrence of this condition
- 3.16 preventing surgical infection through appropriate antibiotic use** – we will reduce the incidence of preventable post-operative surgical site infections by administering and monitoring appropriate prophylactic antibiotics
- 3.17 credentialing and scope of clinical practice** – through the use of standardised policy, we will ensure that all clinicians who undertake interventional procedures involving the use of anaesthetic agents are credentialed in Queensland.
- 4. engaging the community through openness and transparency**
- 4.1 open disclosure** – we aim to reduce the sense of grief, abandonment and dissatisfaction that can be experienced by all parties involved in serious adverse clinical events by enabling all parties to participate in formal Open Disclosure processes
- 4.2 consumer complaint management** – we will improve service delivery both at the individual level and across Queensland Health by continuing to develop a framework that openly encourages and addresses consumer feedback
- 4.3 community engagement: Health Consumers Queensland** – our consumers will have a strong voice in the delivery, planning and operation of healthcare in Queensland
- 4.4 community engagement: Health Community Councils** – through supporting the 36 Health Community Councils we will ensure that Queensland Health’s delivery of healthcare is highly responsive to local needs
- 4.5 openness and transparency: public hospital report** – by annually publishing this report we will drive safety and quality improvements by providing the community with an open and honest account of our performance
- 4.6 fostering a culture of openness and transparency** – in accordance with the recommendations of the Davies Enquiry and the Forster Review, we have implemented a philosophy of openness and transparency, focusing on learning rather than blame.
-

Conclusion

At Queensland Health we firmly believe that safe, high quality patient care is not an optional extra; it is fundamental. We will be doing everything possible to ensure that our organisation is a world leader in patient safety and quality, one that does not subject our patients to unintended harm and that delivers best practice care to all our patients.

Patient safety and quality plan map



1 reducing unjustified variation

There are more than 65,000 people employed by Queensland Health. Naturally our people have diverse educational and employment experiences. There are often a number of ways to tackle a particular problem; in the health environment we have learned that there is usually a best way. And that way is best practice. Research proven, and field tested, we know that for virtually all courses of action in health there exists a process that accounts for and reduces the impact of human error, and produces the best, most cost effective outcome for the people involved.

With a geographically dispersed workforce delivering a variety of solutions to specific problems, the challenge is to adhere to world's best practice at all times. To do this we must identify the best practice, educate all of our people, and monitor and reward the implementation of the best practice. In this way we will reduce variation in outcomes and improve the outcomes for our patients.



1.1 clinical networks

Now A clinical network is a formally recognised group, principally comprising clinicians, established to address problems in quality and/or efficiency of healthcare (Queensland Health Clinical Networks Policy v2.0). Clinical networks exist at both a statewide and local level. Re-engaging clinicians in the decision making process for health service delivery has been identified as a critical element in quality improvement and the adoption of evidence-based practice.

Activities of statewide clinical networks vary according to the needs identified by the clinical network, but include a commitment to service improvement activities to reduce variation in healthcare outcomes. Examples include; developing and authorising clinical standards and guidelines; developing and promoting research; reviewing clinical innovations; assisting in the development of statewide service plans (and monitoring implementation of such plans); monitoring workforce issues; and sponsoring the development of clinical information systems.

There are currently 13 statewide clinical networks in operation in the high impact areas of Anaesthetics and Perioperative Care, Cancer, Cardiac, Dementia, Diabetes, Emergency Department, Intensive Care, Maternity and Neonatology, Mental Health, Renal, Respiratory, Stroke, and Clinical Genetics.

Future We want the management and future direction of the Queensland public health system to be more heavily informed by clinicians through further developing clinical networks.

How We will continue to develop and improve the functioning of statewide clinical networks. A Statewide Clinical Network Council is to be established to further coordinate the work of clinical networks. A short internal statewide clinical networks self-evaluation survey will be conducted in July 2008 and an external statewide clinical networks evaluation will be conducted in July 2009.

Goal 1.1		Timeframe	Accountable
1	Support the development and management of new statewide clinical networks	Ongoing	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts
2	Coordinate and support all statewide clinical networks in areas of policy, clinical chair training, internal and external evaluation, and collaborations between statewide clinical networks	Ongoing	Chief Executive Officer, Centre for Healthcare Improvement
3	Identify opportunities for service improvement in statewide clinical networks and provide support, advice and facilitation to clinicians/ groups undertaking improvement projects	Ongoing, with annual review	Chief Executive Officer, Centre for Healthcare Improvement
4	Facilitate the appointment of a consumer representative to each statewide clinical network	Annual appointments	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts

1.2 clinical pathways

- Now** A clinical pathway is a document outlining a standardised, evidence-based multidisciplinary management plan, which identifies the appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for a homogenous patient group. Variance is defined as any deviation from the proposed standard of care listed within the clinical pathway. A range of statewide clinical pathways have been endorsed by a multidisciplinary expert panel for use across Queensland Health. These include Vaginal Birth, Neonatal, Antenatal, Hernia, General Surgery, Day Surgery, and Total Hip and Total Knee Arthroplasty.
- Future** We want to further reduce variance by providing Queensland Health staff with access to a greater range of clinical pathways targeting clinical priority areas as defined by Statewide Clinical Networks.
- How** We will continue developing new statewide clinical pathways across a comprehensive range of healthcare services.

Goal 1.2		Timeframe	Accountable
1	Develop and implement Acute Coronary Syndrome Clinical Pathways into all Queensland Health tertiary facilities	December 2008	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers of Health Service Districts with governance of Tertiary Hospitals
2	Develop and implement Acute Coronary Syndrome Clinical Pathways for regional and rural facilities	June 2009	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers of Health Service Districts with governance of rural facilities
3	Improve uptake of current suite of clinical pathways to 100% for applicable hospitals	December 2012	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts
4	Implement the Map of Medicine to identified Queensland Health facilities	December 2009	Chief Executive Officer, Centre for Healthcare Improvement

1.3 quality improvement process

Now Clinical process redesign and service improvement activities are occurring at Corporate and District level within Queensland Health. The Clinical Practice Improvement Centre provides a leadership role to facilitate process improvement within health service districts.

Future We want to improve complex clinical systems by utilising staff who are skilled in the application of quality improvement methodologies.

How We will continue to take a leadership role to facilitate the development and spread of competency and skill in quality improvement methodologies for Queensland Health staff.

Goal 1.3		Timeframe	Accountable
1	Develop a program of Clinical Process Redesign across Queensland Health	December 2008	Chief Executive Officer, Centre for Healthcare Improvement
2	Host forum on Process Improvement	December 2008	Chief Executive Officer, Centre for Healthcare Improvement
3	Progress development of implementation standard for process improvement	December 2008	Chief Executive Officer, Centre for Healthcare Improvement
4	Increase the number of sustainable clinical service improvement activities involving complex systems (commenced and completed) as measured by register on Clinical Practice Improvement Centre web site	Ongoing	Chief Executive Officer, Centre for Healthcare Improvement
5	Establish baseline and monitor incremental increase in the use of process improvement education tools	Ongoing, with 20% annual increases	Chief Executive Officer, Centre for Healthcare Improvement

1.4 availability of contemporary best practice information

Now Queensland Health clinicians currently have access to up-to-date clinical information resources at the point of care via the Clinicians Knowledge Network website. Access to evidence-based information supporting quality patient care is also available to Queensland Health staff via librarians who are trained experts in searching for evidence-based information. The intranet provides further access to contemporary information, with links to a number of other online libraries.

Queensland Health also hosts the Clinician Development Education Service which is available online and provides flexible, self directed modules on evidence-based practice.

Future We want Queensland Health staff to have better access to a greater range of up-to-date information on clinical best practice.

How We will create a greater awareness of the resources available on contemporary best clinical practice. Information available via the Clinicians Knowledge Network will be expanded to incorporate easily accessible evidence-based clinical pathways covering a range of medical conditions.

Goal 1.4		Timeframe	Accountable
1	Conduct a minimum of one awareness session per district for clinical and non-clinical support staff on resources available	Ongoing	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts
2	Complete five neonatal training videos documenting common procedures	December 2008	Chief Executive Officer, Centre for Healthcare Improvement
3	Complete five communication training videos documenting cultural and/or gender issues	December 2009	Chief Executive Officer, Centre for Healthcare Improvement

1.5 Clinical Practice Improvement Payment (CPIP)

Now Queensland is leading the way nationally in making quality incentives available to participating services.

Queensland Health is trialling a new funding model that introduces elements of pay for performance into hospital funding policies.

Seven indicators have initially been chosen for the pilot, encompassing continuity of care / communication measures as well as clinical processes of care.

There is strong clinician support for the Clinical Practice Improvement Payment program despite there being some limitations in either coverage or data collection processes.

Future We want to demonstrate that payment for performance both improves the standardisation of clinical practice according to best practice guidelines and reduces unjustified variation.

How We will provide an incentive payment to services that achieve targeted levels of patient safety and quality during the course of the pilot program.

Goal 1.5		Timeframe	Accountable
1	Review indicators/data elements	6 monthly cycle	Chief Executive Officer, Centre for Healthcare Improvement
2	Collate reports for district chief executive officers and clinicians and provide payment accordingly	6 monthly cycle	Chief Executive Officer, Centre for Healthcare Improvement
3	Conduct formal quantitative and qualitative evaluation and provide report	December 2010	Chief Executive Officer, Centre for Healthcare Improvement

1.6 tracking variance from best practice: Variable Life Adjusted Displays (VLADs)

Now Queensland Health has implemented a statistical process control approach called Variable Life Adjusted Display (VLAD) that currently tracks thirty (30) clinical indicators on a monthly basis. Hospitals that vary negatively from the state average (ie. display poor performance) are required to implement an action plan to address the causal effects of the variation. Patient safety would further benefit from the expansion of the number of clinical indicators tracked by VLAD.

Future We want to have a set of clinically relevant indicators that will measure and identify variation prompting hospital executive, clinicians, clinical coders and quality staff to determine causes of variation in system-level performance and more importantly determine solutions to effectively resolve identified causes. Key activities used to drive this approach will include (but are not limited to) the VLAD methodology assisting investigation and formulation of actions, leading to timely quality improvement initiatives.

How We will refine and develop clinical indicators in close liaison with clinical networks, expert clinicians, clinical coders and statisticians. Indicator development will be guided by Queensland Health priorities, clinical relevance, clinical significance and statistical viability.

We will continue to refine the VLAD methodology and consider other statistical methodologies for the monitoring of clinical indicators.

We will collaborate with other Australian states to share, promote and/or adopt relevant statistical methodologies and clinical indicator definitions.

Goal 1.6		Timeframe	Accountable
1	Revise existing and develop new clinical indicators using the VLAD methodology	As required and annually	Chief Executive Officer, Centre for Healthcare Improvement
2	Develop other statistical methodologies to monitor clinical indicators	Annually	Chief Executive Officer, Centre for Healthcare Improvement
3	Determine the most effective method/s to share learnings that lead to practice improvement identified through the VLAD methodology	December 2009	Chief Executive Officer, Centre for Healthcare Improvement

Goal 1.7		Timeframe	Accountable
1	Utilise Statistical Process Control in all Statewide Clinical Networks to identify opportunities for improvement. (ie. identify variation)	To be undertaken within 12 months of a Problem Definition Workshop	Chief Executive Officer, Centre for Healthcare Improvement
2	Utilise Statistical Process Control to assess the effectiveness of interventions in all Statewide Clinical Networks. (ie. measure pre and post intervention to assess effectiveness)	Ongoing	Chief Executive Officer, Centre for Healthcare Improvement
3	Utilise Statistical Process Control to understand healthcare processes within other settings eg. process redesign, ad hoc service improvement projects	As required	Chief Executive Officer, Centre for Healthcare Improvement
4	Increase the number of people undertaking CDES (Clinician Development Education Service) Statistical Process Control modules	Ongoing	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts

1.7 improving variation from evidence-based practice

Now Data analysis using statistical process control aids in improving clinical processes. As part of the Measurement for Improvement methodology, the Clinical Practice Improvement Centre performs such data analysis wherever possible. Control charts are used to identify when a quality improvement intervention has changed a process. Opportunities for improved healthcare processes and outcomes exist in the further usage of statistical process control.

Future We want improved understanding of clinical processes through wider application of statistical process control across Queensland Health.

How We will continue to use statistical process control in measuring healthcare processes within Queensland Health and continue educating clinicians and managers throughout Queensland Health.

2 developing a safety and quality culture

Guiding the culture of a large organisation such as Queensland Health takes time, and a little patience. To our advantage, however is the fact that we are seeking to develop a safety and quality culture. It would surely be rare to find a healthcare professional who did not have such a tenet close to their heart. We are implementing a number of initiatives to achieve this objective. We are accepting that as humans we make mistakes and that we can learn from such mistakes. We are being open and honest about our performance and the challenges that we face. We are developing our leaders and listening to our people. We have identified gaps, and we're training our staff accordingly. In essence, we are removing the obstructions that inhibit the existence of a safety and quality culture, making safety and quality the only option.



2.1 developing better leaders

Now An opportunity for improved patient outcomes and clinical care exists through developing our leaders' ability to change workplace culture, and through enhancing staff commitment to the organisation and its aims.

Future We want leaders who can change workplace culture, and staff who are committed to the organisation and its aims.

How We will provide a comprehensive range of innovative learning and development options (including the Better Workplaces Culture and Leadership Program) for Queensland Health Leaders that will grow their leadership capability.

Goal 2.1		Timeframe	Accountable
1	Achieve an improvement in the Better Workplaces staff opinion survey results (as reflected in statistical report)	Quarterly survey cycles over a two year period	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts
2	Improve the 360 degree feedback processes through benchmarking (as reflected in statistical report)	Annually	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts

2.2 improving workplace culture through evaluating staff opinion

Now Workplace culture has a major influence on how individuals and teams perform, which affects patient safety, satisfaction and outcomes. Every two years Queensland Health runs the Better Workplaces Staff Opinion Survey. The findings of the survey provide essential information to develop workplace cultural improvement strategies and provide funding for cultural change initiatives.

Future We want Queensland Health to have an improved workplace culture, and to be an organisation where people want to work. This in turn will lead to improved health outcomes.

How We will continue to run the survey every two years to both evaluate previous strategies, and to develop new strategies that will further improve workplace culture.

Goal 2.2		Timeframe	Accountable
1	Provide all staff with the opportunity to complete a Staff Opinion Survey	Surveys conducted for each District / Division every two years	Chief Executive Officers, Health Service Districts/ Chief Executive Officers, Corporate Office Divisions /Deputy Directors-General, Corporate Office Divisions
2	Provide all staff with access to their staff survey results	Within 12 weeks of the survey being completed	Chief Executive Officers, Health Service Districts/ Chief Executive Officers, Corporate Office Divisions /Deputy Directors-General, Corporate Office Divisions
3	Develop Health Service District / Corporate Office Division action plans with a focus on maintaining or improving workplace culture	12 weeks after final reporting sessions held, with progress reports submitted every six months	Chief Executive Officers, Health Service Districts/ Chief Executive Officers, Corporate Office Divisions /Deputy Directors-General, Corporate Office Divisions

2.3 performance appraisal and development monitoring

Now Evidence indicates that there is a strong association between advanced human resource practices such as staff appraisal, teamwork and learning and development strategies, with lower patient mortality. Surveys conducted in 2007 revealed nearly half of Queensland Health employees had not undergone a performance appraisal in the preceding year.

Future We want to contribute to lower patient mortality rates through the use of best practice human resource processes. In particular, we want all Queensland Health employees to undergo performance appraisal twice a year.

How We will utilise the relevant Directive (Health Services Act 1991 Directive 1/98 entitled Performance Appraisal and Development) and Policy (Performance Appraisal and Development Human Resources Policy) to ensure that employees and managers participate in the performance appraisal and development process twice yearly for existing employees and within three months of the commencement of new employees.

Managers across Queensland Health will establish systems for performance appraisal and development. All health service employees to whom the above Directive applies shall participate in these performance appraisal processes actively and in good faith.

Goal 2.3		Timeframe	Accountable
1	Establish performance appraisal and development systems in all Districts /Divisions	June 2008	Chief Executive Officers, Health Service Districts/ Chief Executive Officers, Corporate Office Divisions /Deputy Directors-General, Corporate Office Divisions
2	Complete performance appraisal and development processes for all staff consistent with the relevant Directive and Performance Appraisal and Development Human Resource Policy	Twice yearly	Chief Executive Officers, Health Service Districts/ Chief Executive Officers, Corporate Office Divisions /Deputy Directors-General, Corporate Office Divisions

2.4 safer doctors: Clinician Performance Support Service (CliPPS)

Now We have previously employed a human resources-based performance and disciplinary process when a doctor's competency was questioned. This has, however proved to be an inadequate measure as it does not assure the community that a doctor's performance is acceptable. Evidence suggests that a process of assessment and remediation, rather than one of discipline, should be available to rectify performance (excluding alleged criminal or blameworthy acts), as this approach is more likely to be successful.

The Clinician Performance Support Service (CliPSS) has been developed to implement a new pathway to remediate clinicians with clinical performance issues. CliPPS will commence accepting referrals in the second half of 2008. The service model is a hybrid of best practice assessment modalities drawn from international and interstate services.

Future We want to improve the performance of our doctors and increase patient safety through the use of CliPSS.

We want to be recognised and trusted by clinicians and regulatory authorities alike and to be recognised internationally as a reputable performance assessment and support service.

We want to be directly applying, or assisting in the application of, the lessons learned in assessing and supporting doctors, and to be progressing towards applying this methodology to other professional sectors in the health workforce.

How We will develop and implement robust, timely and reliable assessment methods for our doctors while ensuring that all parties are treated fairly and with respect.

Goal 2.4		Timeframe	Accountable
1	Commence performance assessments through CliPSS (Clinician Performance Support Service), complete first assessments and commence accepting referrals from regulatory authorities	June 2009	Chief Executive Officer, Centre for Healthcare Improvement
2	Develop and implement Quality assurance mechanisms for CliPSS	June 2009	Chief Executive Officer, Centre for Healthcare Improvement
3	Receive feedback from assessed practitioners, referring districts and assessors, complete comprehensive service evaluation of CliPSS and utilise performance information to drive statewide service and safety improvements	December 2010	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts

2.5 Clinician Development Education Service (CDES)

Now Delivering education programs across a geographically dispersed and largely clinical workforce such as Queensland Health can be challenging. To enhance staff access to such programs, we operate a web-based online learning environment, the Clinician Development Education Service (CDES). Staff can access the training packages from work or home, at any time of the day or night.

Thirty four education programs are currently available, including quality process and measurement, evidence-based practice and clinical pathways and skills.

Future We want to significantly increase the number of programs available through the Clinician Development Education Service over the next one to two years. An added feature of the service will be the ability to combine completed learning modules with an academic package that will contribute toward an academic qualification.

How We will continue negotiating the delivery of further areas of online training. These programs will include modules relating to patient safety, communication and clinical leadership, and diabetic foot care.

Goal 2.5		Timeframe	Accountable
1	Establish the 'Developing Clinicians as Leaders' Program	December 2010	Chief Executive Officer, Centre for Healthcare Improvement
2	Include the National Health Service (NHS) Leadership Qualities modules within Clinician Development Education Service	Initial modules by December 2008, full suite by December 2009	Chief Executive Officer, Centre for Healthcare Improvement
3	Develop and launch various web-based patient safety programs	December 2009	Chief Executive Officer, Centre for Healthcare Improvement
4	Enhance e-Learning at Skills Development Centre by completing various e-learning packages	June 2010	Chief Executive Officer, Centre for Healthcare Improvement
5	Conduct virtual classroom research project	June 2010	Chief Executive Officer, Centre for Healthcare Improvement

2.6 patient safety curriculum

Now Various training courses have been developed and delivered by the Patient Safety Centre since its inception in 2005. These include Human Error and Patient Safety workshops (HEAPS), Root Cause Analysis (RCA) training, Open Disclosure, Patient Safety Culture Assessment and Leading Patient Safety. These courses, whilst well received, have not always been part of a coordinated and targeted educational approach.

Future We want to ensure that patient safety training is coordinated, targeted and strongly linked to the attitudinal and behavioural changes required for measurable patient safety improvement.

A Patient Safety Curriculum Framework that is comprehensive, relevant, scaleable, cost-effective and flexible is under development that will better serve the needs of Queensland Health workforce in improving patient safety.

How We will build on existing work to develop a Patient Safety Curriculum that reflects the needs of the workforce, is scaleable to large groups and focussed on behavioural change.

Goal 2.6		Timeframe	Accountable
1	Report on the efficacy of the Human Error and Patient Safety (HEAPS) program	November 2008	Chief Executive Officer, Centre for Healthcare Improvement (in partnership with University of Queensland)
2	Develop Patient Safety Curriculum Framework and Patient Safety Curriculum modules for e-learning	June 2009	Chief Executive Officer, Centre for Healthcare Improvement
3	Establish Patient Safety Training as core curricula in undergraduate and post-graduate clinician training	June 2010	Chief Executive Officer, Centre for Healthcare Improvement (in partnership with relevant Universities, Medical and Nursing Colleges)
4	Achieve accreditation for training terms in Patient Safety Centre	June 2010	Chief Executive Officer, Centre for Healthcare Improvement (in partnership with relevant Universities, Medical and Nursing Colleges)

2.7 communication and international medical graduates

Now Queensland Health's medical workforce benefits from the services of medical graduates who hail from a diverse range of countries. While the varied experience that these International Medical Graduates (IMGs) bring to Queensland Health is of great worth, it can at times be challenging for them to transition into the Queensland medical system.

Queensland Health values the services provided by IMGs, and as such the Centre for International Medical Graduates (CIMG) provides a range of programs (including educational, training and assessment) to assist their transition to practicing in Queensland Health.

Future We want to continue strengthening our medical workforce by intensively assisting IMGs in their transition to clinical practice in Queensland Health.

How We will conduct preparation programs for IMGs undertaking the two Australian Medical Council examinations. These will consist of five trial Workshops at Herston per year for the Multiple Choice Question examination, and two clinical preparation programs of 15 weeks duration for the Clinical Examination.

We will conduct Medical Communication Workshops targeting all non-English speaking background IMGs in the Health Service Districts upon request, run by our CIMG Educators. We plan to build on the existing four workshops, developing, for example, specific Cultural Workshops. CIMG is also working towards producing a Medical Communication DVD.

We will provide individual communication assessments, upon referral, for IMGs who are experiencing challenges with their communication. Specially trained CIMG Educators will assess the four skills of English (reading, writing, speaking and listening) in an Australian medical context, resulting in a report detailing strategies to assist the IMG for both the health service district and the individual IMG.

Goal 2.7		Timeframe	Accountable
1	Conduct examination preparation and medical communication workshops / programs for International Medical Graduates (IMGs)	In accordance with examination schedule and as required	Deputy Director-General, Policy Planning and Resourcing Division
2	Produce a Medical Communication DVD capturing all essential communication tasks	December 2009	Deputy Director-General, Policy Planning and Resourcing Division
3	Provide individual communication assessments for IMGs experiencing communication challenges	Upon referral	Deputy Director-General, Policy Planning and Resourcing Division

2.8 simulation as a safety intervention

Now Planning for changes of practice, merging of teams and migration of health services commonly occurs, however changes are seldom simulated prior to implementation.

Future We want Queensland Health clinical staff to regularly simulate proposed changes as part of the change management process. This will result in improved team function and enhanced patient safety.

How Other safety critical industries have demonstrated that simulation prior to planned major change results in improved safety.

Targeted simulation sessions will be offered to areas planning significant change, for example a move to another site or within a hospital campus, as a priority because of the potential impact on patient safety. Full debriefings will occur to ensure that learning is captured and implementation of identified changes can be planned.

An expected flow on effect of undertaking simulations is the development of improved intra department learning methodologies, with simulation taken up as a learning tool.

Goal 2.8		Timeframe	Accountable
1	Deliver simulation programs as a safety and change management intervention to Queensland Health staff at identified facilities	December 2012	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers of relevant Health Service Districts

2.9 developing clinician skills

Now The lack of access to technical and non-technical skills training is significantly hampering the ability of clinicians to provide safe healthcare. While courses exist for some specialities and disciplines, there is a paucity of blended learning material developed for other specialities and disciplines. Existing programs are at capacity and can accommodate fewer than 10% of Queensland Health clinical staff annually.

Future We want improved clinician access to pre-professional, professional and refresher training through competency based blended learning including simulation training. Phased increases are required to meet a target of 50% of Queensland Health clinical staff accessing at least one simulation training course annually by 2012. Achieving 100% access will require a substantially longer timeframe.

How We will achieve Registered Training Organisation recognition, and establish a vocational post graduate certificate in Healthcare Simulation.

We will complete documentation of existing course curricula to assist in statewide standardisation of teaching practices.

We will increase provision of the five agreed core training courses in a staged approach and develop and/or roll out other non-core courses in a staged way.

We will establish and support seven affiliate skills training centres including providing instructor training programs.

We will include education centres in designs for new Queensland public hospitals to meet clinical training requirements.

We will develop blended learning resources.

We will provide ongoing evaluation and research to ensure the quality of training is maintained at a high standard.

Goal 2.9		Timeframe	Accountable
1	Achieve Registered Training Organisation certification for, and then roll-out the delivery of, the Vocational Post Graduate Certificate in Healthcare Simulation	July 2009	Chief Executive Officer, Centre for Healthcare Improvement
2	Complete curriculum documentation in a standardised format and securely house in the Queensland Health website	December 2009	Chief Executive Officer, Centre for Healthcare Improvement
3	Manage the development and state-wide delivery of core training courses (including: Maternity Crisis Resource Management, Emergency Events Management, Clinical Rural Skills Enhancement, Advanced Life Support for Interns, and Physiotherapy and Critical Care Management)	Ongoing	Chief Executive Officer, Centre for Healthcare Improvement
4	Develop, support and manage affiliate skills centres to provide a state-wide network of skills training facilities.	Ongoing	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers of relevant Health Service Districts
5	Improve procedural training development programs (incl. Colonoscopy Training; Fundamentals of Laparoscopic Surgery; and Nurse Urology Course for Outpatients)	Ongoing	Chief Executive Officer, Centre for Healthcare Improvement

3 implementing key safety interventions

Improvements in patient safety can be achieved in many areas. However, to best target the available resources Queensland Health, working with other agencies such as the Health Quality and Complaints Commission, and the Australian Council on Safety and Quality in Healthcare, has identified, and commenced implementing a number of highly effective safety interventions. This plan also has a high degree of alignment with other international patient safety bodies such as the United States' National Quality Forum.

The core theme here is the universal implementation of standardised processes derived from evidence-based best practice. The selection of these interventions has been based on their potential impact on patient safety, the number of patients likely to benefit, the magnitude of the gap between current and best practice, the practicalities of implementing the intervention, and the degree to which measurable improvement towards pre-defined targets is possible.



3.1 improving communication, patient handover and referral

- Now** Communication failure is the leading cause of avoidable patient harm, with 43 per cent of sentinel events (an unexpected occurrence involving death or serious physical or psychological injury or risk thereof) occurring as a result of communication issues. A Clinical Handover Pilot Project (using seven Queensland Health sites) has confirmed that clinical handover failures increase the risk of harm to patients. There are few tools currently available to support effective staff communication, particularly for handover between clinical staff.
- Future** We want to achieve a reduction in adverse events by systematically improving effective communication including handover of key patient information between relevant staff members.
- How** We will provide staff with standardised evidence-based clinical handover communication interventions [incl. electronic hospital discharge summaries; enterprise-wide Liaison Medication System (eLMS); multidisciplinary rounds; read back of phone orders and pre-operative structured briefings] and communication training (incl. Leading effective patient communication for the top 500 program workshops; Frontline Communication; access to Crisis Resource Management courses, and targeted communication training for international medical graduates in the Australian cultural context).
- We will provide patients with effective communication tools, eg Ask Me 3tm.

Goal 3.1		Timeframe	Accountable
1	Identify and implement a clinical handover statewide strategy across all districts	December 2010	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts
2	Implement standardised patient communication tools (eg Ask Me 3 tm) across all districts	June 2010	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts
3	Include effective patient communication in the Top 500 program workshops	June 2009	Chief Executive Officer, Centre for Healthcare Improvement
4	Expand the delivery of communication training packages such as Communication and Patient Safety (CAPS), Frontline Communication, Crisis Resource Management, and Overseas Medical Graduate communication training	June 2010	Chief Executive Officer, Centre for Healthcare Improvement/Deputy Director-General, Policy Planning and Resourcing Division

3.2 preventing suicide and deliberate self-harm in mental health services

Now The 2005 report of the Queensland Review of Fatal Mental Health Sentinel Events, Achieving Balance found that systemic issues in the healthcare system contributed to suicides and other mental health consumer adverse events. The report recommended statewide implementation of standardised processes for mental health assessment, risk assessment and treatment. Further, the report encouraged the implementation of environmental hazard management systems in mental health units. Other quality and safety initiatives focus on improving electronic information systems and emergency department care of mental health clients.

Within Queensland Health, the coordination of mental health initiatives is shared between the Mental Health Branch and the Patient Safety Centre. Queensland Health has been implementing the recommendations of the Achieving Balance report and has identified priorities, strategies and targets for reducing suicide and deliberate self-harm in Mental Health Services.

Future We want Queensland Health to be an organisation that consistently utilises best practice interventions to reduce the rate of suicide, attempted suicide, and deliberate self-harm amongst mental health consumers both in Mental Health Services and in the community.

How Through ongoing collaboration between the Patient Safety Centre and Mental Health Branch, we will continue developing the Mental Health Patient Safety Plan, the safe environment audit tool and processes, and a standardised suite of clinical documentation. We will continue to undertake clinical incident reporting and analysis, and to implement the Queensland Government Suicide Prevention Strategy. Additionally, we will further promote the integration of Queensland Health Mental Health and Drug and Alcohol Services.

Goal 3.2		Timeframe	Accountable
1	Roll out and then audit a standardised suite of clinical documentation to provide each consumer with a management plan that addresses safety and is linked to risk assessment	December 2010	Chief Executive Officer, Centre for Healthcare Improvement/Chief Health Officer/Chief Executive Officers, Health Service Districts
2	Audit the timeliness of post-hospital follow-up care with discharged patients seen face to face within 7 days	December 2010	Chief Executive Officers, Health Service Districts
3	Develop, implement and then audit the safe environment tool to provide specialist mental health care in inpatient and community settings that have been risk assessed and have environmental safety plans in place	December 2011	Chief Executive Officer, Centre for Healthcare Improvement/Chief Health Officer/Chief Executive Officers, Health Service Districts
4	Roll out and then audit a standardised suite of clinical documentation to ensure each consumer is routinely assessed for substance use as part of standard assessment	June 2010	Chief Executive Officer, Centre for Healthcare Improvement/Chief Health Officer/Chief Executive Officers, Health Service Districts

3.3 ensuring intended surgery and procedure

- Now** Procedures involving the wrong patient or body part continue to feature as the most frequently reported sentinel event in Australia and Queensland. Although relatively rare events, the consequences can be devastating, especially as they are entirely preventable. The statewide Queensland Health Ensuring Intended Surgery and Procedure policy outlines a four-step protocol to ensure correct patient, site and procedure is undertaken.
- Future** We want to achieve greater than 90% compliance with the policy (based on observational audits) and zero severity assessment code 1 (SAC 1 - death or permanent loss of function unrelated to the natural course of the underlying condition) events resulting from procedures involving the wrong patient or body part.
- How** We will continue to audit the effectiveness of the Ensuring Intended Surgery and Procedure policy on a regular basis and continue to hold regular forums with key stakeholders to discuss the policy and protocol, and issues associated with protocol implementation. Adherence to Ensuring Intended Surgery and Policy approaches will be mandated.

Goal 3.3		Timeframe	Accountable
1	Expand the Ensuring Intended Surgery and Procedure program to include all invasive procedures	December 2008	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts
2	Achieve >90% compliance with the Ensuring Intended Surgery and Procedure policy based on observational audit	Ongoing through 2012	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts
3	Achieve zero Severity Assessment Code 1 (SAC 1) events due to procedures involving the wrong patient or body part	Ongoing through 2012	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts

3.4 patient identification

- Now** Evidence suggests that patient misidentification in hospital settings occurs much more frequently than was first realised. Failure to correctly identify patients can result in invasive or potentially dangerous treatment being given to the wrong patient. Patient harm has resulted from wrong operations, medication, blood transfusion, and diagnostic tests. In Queensland Health facilities since 2005/06, patient mis-identification accounted for 37-45 per cent of procedures on the wrong patient or body part.
- Queensland Health currently does not have consistent policy or a standardised approach to patient identification.
- Future** We will work with clinicians, managers and the Australian Commission on Safety and Quality in Healthcare to define and implement standards for patient identification so that patient harm from misidentification is eliminated.
- How** We will define and implement a Queensland Health strategy for patient identification. This will include defined standards for patient identification, training programs for trainees and staff, enablers such as wrist bands, bar-coding, and other information technologies, as well as the attitudes and behaviours needed to ensure such practices are maintained.

Goal 3.4		Timeframe	Accountable
1	Develop and approve a Queensland Health strategy for patient identification	June 2009	Chief Executive Officer, Centre for Healthcare Improvement
2	Define a patient identification standard	December 2009	Chief Executive Officer, Centre for Healthcare Improvement
3	Implement and evaluate patient identification strategy	June 2010	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts

3.5 recognition and treatment of the deteriorating patient

Now There is evidence from incident analysis and retrospective case note review, that patients suffer potentially preventable morbidity and mortality as a result of delay or failure to recognise and effectively treat patients that are deteriorating. The implementation of Medical Emergency Teams (MET) across Queensland Health hospitals has been variable and there has been limited evaluation of their effectiveness and models.

Future We want a standardised and coordinated approach that ensures all patients displaying physiological signs of acute deterioration are promptly recognised and managed in an appropriate clinical environment by staff with appropriate skills. This will include standardised tools for patient observations, standardised response protocols, cognitive aids for staff, appropriate training in early intervention for shock, and evaluation of outcomes.

How We will continue preparing a strategy that clearly articulates the specific initiatives that will be implemented across the state.

Goal 3.5		Timeframe	Accountable
1	Develop a strategy in recognition and treatment of deteriorating patients	July 2009	Chief Executive Officer, Centre for Healthcare Improvement
2	Implement a Paediatric Early Warning System across Queensland Hospitals	December 2009	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts
3	Implement an Adult Early Warning System across Queensland Hospitals	December 2010	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts

3.6 preventing pressure ulcers

Now Between 2001 and 2003, more than 920 Australian deaths were recorded citing pressure ulcers as a primary or secondary cause of death. While industry standards consider that eighty percent (80 per cent) of pressure ulcers are preventable, between 5 per cent and 37 per cent of Queensland Health inpatients exhibited one or more pressure ulcers during the last statewide audit in 2004. While ongoing localised monitoring is occurring, the statewide audit occurring in 2008 will establish a baseline measurement for each facility.

The key challenge for the Pressure Ulcer Program is to successfully embed best practice for prevention of pressure ulcers (the effectiveness of which is well proven) into everyday clinical practice. Ongoing monitoring is necessary to track the progress of dedicated improvement programs; however this relies on clear and consistent medical record documentation. Underreporting of ICD (International Statistical Classification of Diseases and Related Health Problems) coded pressure ulcers is preventing the use of Variable Life Adjusted Display as a reporting tool.

Current indicators are reactive and do little to facilitate intervention prior to damage being done.

Future We want the rate of incidence of Hospital Acquired Pressure Ulcers to be less than 10 per cent across all Queensland Health facilities, with all facilities monitoring adherence to best practice guidelines.

How We will establish three additional Clinical Nurse Consultant positions to undertake a statewide prevalence audit during the second half of 2008. This will provide a snapshot baseline measurement for facilities and assist in a gap analysis of practice against the guidelines.

We will pilot and implement a series of projects aimed at embedding key prevention behaviours into nursing culture and everyday practice. This will include development of a set of indicators to monitor deviations from best practice. A prioritised sub-project to improve the reporting and documentation of pressure ulcers in patient charts will assist in the implementation and use of Variable Life Adjusted Display reporting.

We will develop and provide free guidelines and pre-recorded education sessions to frontline staff. In addition, an easy to use online learning tool will be developed and made available on the Queensland Health website.

We will overhaul Pressure Ulcer Incident Monitoring in PRIME Clinical Incidents reporting system to improve rates of reporting.

Goal 3.6		Timeframe	Accountable
1	Reduce the incidence of Hospital Acquired Pressure Ulcers to less than 10% of inpatients in all facilities	December 2012	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts
2	Monitor adherence to best practice guidelines using a set of indicators developed during the pilot phase of the project, leading to statewide implementation	June 2011	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts

3.7 reducing falls and injuries

Now Over a third of Queenslanders over 65 years of age experience a fall annually, resulting in the single largest reason for presentation to the emergency department and admission to hospital for this age group. Falls are associated with significant morbidity or mortality and are often a precipitating event for hospitalisation or the use of long-term residential care. Falls among Queenslanders aged 65 years and older cause approximately 120 deaths and 17,000 hospitalisations each year, with the average length of stay for such hospitalisations being 12 days.

Injury or harm can be significantly minimised through effective risk management and falls prevention strategies. Queensland Health has established a clinician-led cross-continuum Falls Injury Prevention Collaborative, in line with the national strategy, to better address falls prevention.

Future We want to reduce the incidence of falls in both Queensland Health facilities and in the community, through implementing evidenced based falls prevention initiatives at all points across the health continuum.

How A reduction in falls and resultant harm will only be achieved by a multidisciplinary approach. We will implement falls prevention measures at all points across the health continuum. We will use multifactorial and multi-strategic falls prevention interventions as detailed in the Australian Commission

on Safety and Quality in Healthcare best practice guidelines for Australian hospitals and residential aged care facilities, and the Queensland Stay On Your Feet® Community Good Practice Guidelines.

We will develop a method of reporting the implementation of evidence-based interventions.

Goal 3.7		Timeframe	Accountable
1	Reduce falls-related patient occupied bed days by 2.5% in Queenslanders aged 65 years and over within Queensland Health facilities (Falls/1000 occupied bed days)	June 2012	Chief Health Officer/ Chief Executive Officers, Health Service Districts
2	Reduce the number of inpatient falls and fall related injuries by 2.5% in people aged 65 years and over hospitalised in Queensland Health facilities (Number of in-hospital fractured neck or femurs / 1000 occupied bed days)	June 2012	Chief Health Officer/ Chief Executive Officers, Health Service Districts
3	Reduce the rate of age standardised hospitalisations for falls by 2.5% in people aged 65 years and over who are living independently in the Queensland community	June 2012	Chief Health Officer/ Chief Executive Officers, Health Service Districts

3.8 Clinical Services Capability Framework

Now The Clinical Services Capability Framework for Public and Licensed Private Health Facilities (2005) (CSCF) outlines minimum requirements for the provision of safe, appropriately supported best practice health services in Queensland. The minimum requirements include support services, staffing and safety standards as well as minimum throughputs for practitioners and facilities in both public and licensed private facilities in Queensland. Services must comply with the CSCF standards and credentialing requirements, identify gaps through risk assessment and develop remedial action plans.

The CSCF is currently under review, following recommendations arising from the Queensland Health Systems Review (the 2005 Forster review). The review of the current version of the CSCF will focus on language, definitions and the service level descriptions upon which the CSCF is based. The new version will have six service levels rather than five.

Future We want to ensure that health services comply with the minimum requirements (primarily workforce, risk and support services) as outlined in the CSCF. Services will develop, document and implement risk mitigation strategies where minimum requirements cannot be met.

How We will undertake a program of review of the CSCF over the next three years (2008 – 2010). Expert multi-disciplinary clinical advisory groups will be convened for each CSCF module under review or scheduled for development. These modules will be developed using current evidence-based best practice and progress will be communicated with all relevant professional groups including public and private sector units.

We will have each completed CSCF module endorsed through the formal governance process through to the Director-General. Implementation of endorsed modules is the responsibility of the Health Service Districts and the private sector.

We will make the CSCF a Standard (rather than a Guideline) outlining roles and responsibilities for review and implementation. Clinical Policy Unit is currently developing a policy to this effect.

Goal 3.8		Timeframe	Accountable
1	Review on a regular and ongoing basis the Clinical Services Capability Framework (CSCF) – modules are reviewed in order of priority with development of new modules as required	Individual modules will be reviewed on three yearly cycles (at minimum) with the option to review sooner if required	Deputy Director-General, Policy Planning and Resourcing Division
2	Communicate module progress to all relevant stakeholders within the public and private sectors	Ongoing communication for the duration of the regular and ongoing review process	Deputy Director-General, Policy Planning and Resourcing Division
3	Develop minimum standards / requirements to support health services in the delivery of safe and quality care and implementation of each new or reviewed CSCF module	Iterative review of document over three years or more frequently as required	Deputy Director-General, Policy Planning and Resourcing Division
4	Ensure CSCF clinical modules are implemented by each of the Health Service Districts and the private health sector	A transition timeframe will be developed for each module both in the public and private sectors	Chief Executive Officers, Health Service Districts/ Private Sector CEO Advisory Group
5	Develop a Queensland Health Clinical Policy outlining roles and responsibilities and legislative requirements associated with the CSCF standard	December 2008	Deputy Director-General, Policy Planning and Resourcing Division

3.9 reducing venous thromboembolism

Now Venous Thromboembolism (VTE), comprising deep vein thrombosis and pulmonary embolism, accounts for around 10% of hospital deaths, with about 50% of all cases of VTE occurring as a result of hospitalisation. VTE does not normally become clinically apparent until after hospital discharge. Prophylaxis (any medical or public health procedure whose purpose is to prevent, rather than treat or cure disease, undertaken on a routine basis) is highly effective at reducing the incidence of VTE, and the associated mortality, morbidity and costs. Prophylaxis is also more effective and cost efficient than simply screening for asymptomatic VTE. Despite this, data from Australian and Queensland Health institutions show that VTE prophylaxis rates are unacceptably low.

Future We want to significantly reduce the incidence of VTE amongst inpatients of Queensland Health facilities through the use of screening and prophylaxis.

How We will implement a standardised Queensland Health VTE prevention program (administered by a statewide service) at all acute adult inpatient facilities.

We will conduct VTE risk assessments (as well as assessing for contra-indications to prophylaxis) for all adult inpatients (excluding mental health). Patients assessed as being at high risk for VTE will receive appropriate prophylaxis (unless contra-indications exist) according to risk stratification. Prophylaxis will include anticoagulant therapy and/or mechanical methods of prophylaxis (graduated compression stockings and/or intermittent pneumatic compression). All risk assessment and prophylaxis usage will be documented in a standardised fashion in the patient's medical record.

Goal 3.9		Timeframe	Accountable
1	Develop and implement an automated VTE prophylaxis compliance audit tool with reporting capability	September 2008	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts
2	Implement the VTE prevention methodology and resourcing model	December 2008	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts
3	Develop and implement a statewide effective and sustainable VTE Prevention program	December 2009	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts
4	Reduce significantly the incidence of Venous Thromboembolism (VTE) across Queensland Health	January 2010	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts

3.10 medication management on admission and discharge

Now Significant adverse events are often caused by a failure to communicate and review patient medication profiles on admission to hospital, transfers between units / facilities and upon discharge.

Future We want timely exchange between facilities (eg. primary to acute care, acute to primary care, facility to facility) of accurate and complete medication information for all patients admitted to, transferred within and discharged from Queensland Health hospitals.

How We will implement a structured, objective review process of all aspects of a patient’s medication on admission, on transfer during their inpatient stay and upon discharge by a trained and competent clinician. This will include reconciliation of current prescribed medications against the presenting and current medical problems and medication history. Production and distribution of a discharge medication record generated from the Enterprise-wide Liaison Medication System, (eLMS) or equivalent alternative system to consumers and community healthcare providers will also occur.

Goal 3.10		Timeframe	Accountable
1	Discharge 50% of admitted patients from hospital with a Discharge Medication Record, including information on medication changes occurring in hospital. This should target patients at higher risk of medication mishap eg. for age group 65 years and above who are more likely to be on multiple medications and those with a chronic disease	Phased introduction led by larger hospital facilities – all by 2012	Chief Executive Officers, Health Service Districts
2	Perform a medication reconciliation on admission for 100% of admitted patients	Phased introduction led by larger hospital facilities – all by 2015	Chief Executive Officers, Health Service Districts
3	Ensure 100% of admitted patients receive either a medication review by a pharmacist, or in hospitals without one, have their review supervised by a pharmacist remotely during their inpatient stay	Phased introduction led by larger hospital facilities – all by 2015	Chief Executive Officers, Health Service Districts
4	Demonstrate a consistent standard of clinical review by 100% of pharmacists providing a clinical service in ward / clinical situations	Phased introduction led by larger hospital facilities – all by 2012	Chief Executive Officers, Health Service Districts

3.11 diagnostic results management

Now There is currently no way of comprehensively knowing that a clinician has viewed and taken responsibility for all pathology test results. The fact is that many audits have shown that less than 25 per cent of hardcopy reports are ever seen and signed off by a clinician, and many reports are never seen by a treating doctor. The viewing of important results by a treating practitioner is often significantly delayed. This then means that patients do not receive appropriate treatment on time, potentially resulting in adverse patient outcomes. AUSLAB is an information system that electronically records when result pages are viewed by a user, but this doesn't necessarily mean the user recorded has taken responsibility for the results.

AUSLAB currently generates 40,000 individual paper reports (a four metre high stack) every day. These reports are supposed to be signed off by a clinician before filing in the medical record. Many Queensland Health hospitals have however stopped filing all pathology reports due to the volume and an inability to keep up with workload. Systems have been put in place to selectively ensure high priority report types are filed including all histology, cytology, immunology etc.

Future We want all pathology test orders to be electronically entered, and diagnostic results to be viewed and electronically validated to ensure that the ordering clinician takes responsibility for the results of those tests that they have ordered.

How We will implement a new web-based orders entry and clinical results management tool called AUSCARE Viewer along with the associated distributed hardware architecture. This will guarantee 100 per cent uptime for clinicians statewide.

A key dependency for the success of this project is a Patient Master Index (PMI) that is correct and updated dynamically. This is not the case for HBCIS (Hospital Based Corporate Information System) statewide as each instance is non-standard in its implementation, particularly around data entry administrative procedures.

Goal 3.11		Timeframe	Accountable
1	Perform statewide rollout of AUSCARE Viewer and associated distributed hardware architecture to guarantee 100 per cent uptime for clinicians	June 2009	Chief Executive Officer, Clinical and Statewide Services Division
2	Achieve a significant reduction in the number of paper reports generated, including an initial move to printing upon discharge only	December 2009	Chief Executive Officer, Clinical and Statewide Services Division/Chief Executive Officers, Health Service Districts
3	Achieve > 90% of pathology results signed off by clinicians within appropriately nominated timeframes	December 2010	Chief Executive Officers, Health Service Districts
4	Ensure all Patient Master Index (PMI) data is correct and entered in a timely manner to allow a clinical results management tool such as AUSCARE to operate effectively	December 2009	Chief Executive Officers, Health Service Districts

3.12 increasing staff immunisation

Now The Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP) is responsible for the statewide implementation of the Queensland Health policy for the Immunisation of Healthcare workers. The policy is currently being reviewed in consultation with Communicable Diseases Branch, Occupational Health and Safety, and relevant key stakeholders in relation to vaccine preventable diseases.

The web-based application to capture staff vaccination and immunity status, 'Staff Protect' has been released and training in the application has been rolled out across the state.

Future We want to further reduce both the incidence of vaccine preventable diseases amongst Queensland Health employees and the associated organisational risks. This will in turn minimise adverse patient safety events.

We want new employees to be screened under a standardised system, and to use vaccination data to deliver targeted preventative and reactive vaccination campaigns.

How We will revise the Queensland Health Policy for Immunisation of Healthcare Workers so that Queensland Health is better positioned to meet its obligations in relation to staff immunisation. Strategies for a Statewide Immunisation Program will be established in the planning period and implemented across the state.

We will develop standardised systems for screening new employees and designing vaccination programs. The 'Staff Protect' application will provide data on staff immunity rates at a facility and statewide level. This data will in turn be used to plan vaccination campaigns and to target groups in the event of an outbreak.

Goal 3.12		Timeframe	Accountable
1	Utilise Staff Protect at all Queensland Health facilities to record vaccination and immunity statuses for all Queensland Health employees	December 2008	Chief Health Officer/ Chief Executive Officers, Health Service Districts
2	Vaccinate 65% of all Queensland Health employees against influenza in the 2009 program, and increase the vaccination uptake in subsequent years	Annually	Chief Health Officer/ Chief Executive Officers, Health Service Districts

3.13 improving hand hygiene

Now Healthcare workers are believed to practice appropriate hand hygiene less than 50 per cent of the time, despite it being the most effective way to prevent microbial cross-transmission and healthcare associated infections.

Future We want to significantly reduce microbial cross-transmission and healthcare associated infections that can occur as a result of ineffective hand hygiene practices.

How We will implement the 'clean hands are life savers' program. The hand hygiene program is a systematic, multifaceted approach which focuses on changing the culture and ultimately the hand hygiene behaviour of healthcare workers. Some specific strategies include: observational audits, alcoholic hand gel located at the bed side, the recruitment of medical leadership and the establishment of teams to both advocate the program and influence behaviour.

Goal 3.13		Timeframe	Accountable
1	Achieve hand hygiene compliance of over 50% across Queensland Health	June 2011	Chief Health Officer/ Chief Executive Officers, Health Service Districts
2	Sustain hand hygiene compliance over 50% across Queensland Health	Ongoing	Chief Health Officer/ Chief Executive Officers, Health Service Districts

3.14 review of hospital related deaths

Now It is vital that hospital-related deaths are thoroughly reviewed. Such review is necessary to assess the care that was provided, and has the potential to identify opportunities for improvement. Until recently, Queensland Health has had no universal system of reviewing deaths that have occurred in hospital. While some individual hospitals had advanced systems of review, others had none.

The Health Quality and Complaints Commission has established, as one of its first set of standards, the Review of Hospital Related Deaths standard. Queensland Health has recently commissioned an external consultant to review the implementation of, and business practices surrounding this standard across the organisation. The consultant's report, 'Process Improvement Audit on Death Review in Queensland Health Facilities' has now been received.

Future We want to review all deaths occurring within Queensland Health hospitals with an aim to improving future patient safety by identifying cause of death, and improving the relevant systems of care.

How We will review the consultant's report and table it before the Patient Safety and Quality Executive Committee.

We will ensure that every facility has a clear set of practices to review all hospital-related deaths.

We will review all hospital-related deaths using the Queensland Health Clinical Governance Implementation Standard 6, Reporting and Review of Deaths. Senior medical staff will conduct such reviews and identify those cases that require a more intensive level of review.

We will identify system issues, share ideas and improve and standardise clinical processes as appropriate. This will produce better ways of caring for our patients.

We will forward the results from all hospital-related deaths to the Health Quality and Complaints Commission (HQCC), and collaborate with the HQCC in future reviews of the standard.

Goal 3.14		Timeframe	Accountable
1	Implement the corporate and district initiatives from the Process Improvement Audit on Death Review in Queensland Health Facilities	December 2008	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts
2	Generate learnings from the Death review data	June 2010 and then ongoing	Chief Executive Officer, Centre for Healthcare Improvement
3	Participate in any review of the Health Quality and Complaints Commission Review of Hospital-related deaths standard	Ongoing	Chief Executive Officer, Centre for Healthcare Improvement

3.15 management of acute myocardial infarction on and following discharge

Now Queensland Health currently does not have a standardised Acute Coronary Syndrome Clinical Pathway (clinical pathways are standardised, evidence-based multidisciplinary management plans, which identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for a homogenous patient group). This can lead to poor compliance with best practice standards, whereby patients may not receive the medications that are clinically indicated on discharge.

Statewide Acute Coronary Syndrome pathways and management plans have been developed and are currently being trialled in three tertiary facilities. Upon completion, the pathways and management plans will be available for all Queensland Health tertiary hospitals, and upon further revision will be available for use in secondary and rural hospitals across the state.

It is anticipated that listing recommended medications in the discharge section of the pathways and management plans will lead to better prescribing compliance. Staff are prompted to attend to rehabilitation and other referrals, and to provide the patient with personalised, written risk factor control information.

Future We want to reduce the recurrence of preventable chronic heart disease symptoms in patients who have been discharged from Queensland Health facilities upon being treated for Acute Coronary Syndrome.

How We will standardise processes for treating Acute Coronary Syndrome throughout the state to promote best practice and achieve better treatment outcomes for patients.

We will promote the final pathways and management plans via the statewide Emergency Department and Cardiac Clinical Networks, with Clinical Practice Improvement Centre staff performing site visits to encourage uptake.

We will link with any developed electronic discharge summary that will prompt for recommended drugs and for a written lifestyle modification plan.

We will ensure that links are established with the Health Quality and Complaints Commission clinical indicators for measure of success and provide feedback to clinicians on practice improvements (clinical indicator) resulting from the use of pathways.

We will review the pathways annually, and as necessary, based on changes to guidelines.

Goal 3.15		Timeframe	Accountable
1	Complete review of Acute Coronary Syndrome Pathway trials and promote through clinical networks and site visits	December 2009	Chief Executive Officer, Centre for Healthcare Improvement
2	Investigate statewide implementation of electronic discharge summary prompts for recommended medications and for written lifestyle modification plan	March 2009 (already in operation at the Prince Charles Hospital)	Chief Executive Officer, Centre for Healthcare Improvement
3	Liaise with the Health Quality and Complaints Commission to gauge success against clinical indicators and provide feedback to clinicians on performance improvement resulting from use of Acute Coronary Syndrome pathway	December 2009	Chief Executive Officer, Centre for Healthcare Improvement

3.16 preventing surgical infection through appropriate antibiotic use

Now Appropriate use of surgical antibiotic prophylaxis (any medical or public health procedure whose purpose is to prevent, rather than treat or cure disease, undertaken on a routine basis) has been shown to reduce the incidence of post operative infections. Guidelines for surgical antibiotic prophylaxis should address selection, timing and duration of administration.

The Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP) has recommended that Queensland Health facilities develop surgical antibiotic prophylaxis guidelines in consultation with surgeons, anaesthetists and pharmacists, with input from infectious diseases physicians and/or microbiologists where possible.

Future We want to reduce the incidence of preventable post operative surgical site infections, with regular reviews of compliance with local surgical antibiotic prophylaxis guidelines. We want CHRISP to have access to data from the Automated Anaesthetic Record Keeping (AARK) database enabling Queensland Health to provide the required information to the Health Quality and Complaints Commission.

How We will continue developing systems that collect and analyse data on antibiotic usage trends and antibiotic resistance patterns. Reports from these will be available to infectious diseases physicians, pharmacists, microbiologists, and senior laboratory scientists. This information along with AARK reports and surgical site infection data will be used to inform reviews of, and compliance with, local prophylaxis guidelines.

We will, through the AARK project, acquire access to antibiotic prophylaxis data which CHRISP will analyse to provide the required information to the Health Quality and Complaints Commission on behalf of Health Service Districts.

Goal 3.16		Timeframe	Accountable
1	Publish reports from antibiotic usage and antibiotic resistance patterns systems through Queensland Health Enterprise Reporting System (QHERS)	December 2008	Chief Health Officer
2	Make antibiotic prophylaxis data available from the Automated Anaesthetic Record Keeping (AARK) database	Dependant on AARK rollout	Chief Information Officer
3	Use antibiotic prophylaxis and surgical site infection data, antibiotic usage trends and antibiotic resistance patterns to review and assess adherence to guidelines	December 2009 (partially dependant on AARK rollout) and then ongoing	Chief Health Officer/ Chief Executive Officers, Health Service Districts

3.17 credentialing and scope of clinical practice

Now Ensuring that our medical officers are competent for the tasks they are performing is fundamental to the delivery of safe healthcare and the protection of the community. Queensland Health has implemented processes to thoroughly address this issue.

The Credentials and Clinical Privileges policy 2002 has been extensively reviewed and reprinted in 2008. In addition, we have established properly constituted Credentialing and Scope of Practice Committees in all health facilities. The revised Credentialing and Scope of Clinical Practice policy (2008) contains mandatory provisions that when implemented, ensure Queensland has a safe and competent medical workforce.

The document applies to all medical practitioners in unsupervised positions working within Queensland Health facilities. Adherence to the policy is, under the *Private Facilities Act 1999 (Qld)*, a condition of continuing licence to operate a private facility.

Future We want all medical practitioners, as well as any other health professionals who undertake interventional procedures involving the use of anaesthetic agents, to be credentialed in Queensland.

How We will review the policy and conduct random audits to ensure compliance with the Credentialing and Scope of Clinical Practice Policy 2008.

We will ensure that the policy is implemented by members of the Executive Management Team who have governance responsibilities for medical and health professionals.

We will extend the scope of the policy to include other health professionals who undertake interventional procedures involving the use of anaesthetic agents.

We will ensure that the Credentialing and Scope of Clinical Practice Policy 2008 complies with the Clinical Services Capability Framework in its current version.

Goal 3.17		Timeframe	Accountable
1	Achieve 100% compliance with the Credentialing and Scope of Clinical Practice policy	December 2009 and then ongoing	Chief Executive Officers, Health Service Districts/ Chief Executive Officers, Corporate Office Divisions/ Deputy Directors-General, Corporate Office Divisions who have governance responsibilities for medical and health professionals
2	Conduct random audits of compliance with the Credentialing and Scope of Clinical Practice policy	Ongoing	Office of the Director-General
3	Conduct thorough review of the Credentialing and Scope of Clinical Practice policy and regularly review to ensure consistency with the Clinical Services Capability Framework	December 2011 and at least annually for consistency check	Chief Health Officer/ Deputy Director-General, Policy Planning and Resourcing Division
4	Extend the scope of the Credentialing and Scope of Clinical Practice policy to include other health professionals who undertake interventional procedures involving the use of anaesthetic agents	December 2012	Deputy Director-General, Policy Planning and Resourcing Division

4 engaging the community through openness and transparency

Developing an open and transparent public health system is the best way forward for Queensland Health. It makes sense that we should be up-front with the people who use our services. Without them, we are nothing, and without their involvement and input into service delivery, our ability to move forward is hampered.

We are involving consumers in our organisation, and we are not just waiting until things go wrong. If mistakes result in patient harm, we will honestly and openly discuss the incident with the people involved (including both the patient and their family, and the staff involved). We are developing a comprehensive complaints management process that will give our patients genuine involvement and drive the improvement of our organisation. We are proactively facilitating consumer involvement in decision making and planning. We are not hiding behind closed doors, because we have nothing to hide.



4.1 open disclosure

Now Open Disclosure is *the open discussion of incidents that result in harm to a patient while receiving healthcare*. Queensland Health is committed to Open Disclosure and to providing honest and factual responses to patients, families and staff who experience, or are affected by, serious adverse events. This commitment will ensure that patients/families will experience a reliable, caring and effective response from Queensland Health after such an event.

Open Disclosure in Queensland Health utilises a senior hospital clinician who is specially trained to make early direct contact and then work with the affected clinician and patient/family. Failure to provide such a response leads patients and families to a sense of abandonment, worsens grief and increases the chance of complaints and litigation. The national Open Disclosure pilot that concluded in December 2007 received widespread overwhelming support.

Future We want to reduce the grief, sense of abandonment and dissatisfaction that can be experienced by all parties involved in serious adverse clinical events by enabling all parties, in all districts, to participate in formal Open Disclosure processes.

How We will continue implementation throughout Queensland of formal Open Disclosure processes for all severity assessment code 1 (SAC 1 - death or permanent loss of function unrelated to the natural course of the underlying condition) adverse events. Incidents will be managed in accordance with Queensland Health's Clinical Incident Management Implementation Standard.

We will continue integrating open disclosure training into postgraduate medical and undergraduate nursing communication programs within Queensland universities.

We will develop a clinical disclosure program aimed at improving 'first contact' bed-side communication following an adverse event.

We will continue monitoring the effectiveness of Open Disclosure implementation and report to the Australian Health Ministers at the end of 2009.

Goal 4.1		Timeframe	Accountable
1	Implement formal Open Disclosure processes for all severity assessment code 1 (SAC 1) adverse events throughout Queensland Health and Report on the efficacy of the program to the Australian Health Ministers	Commenced implementation 2007 – ongoing, produce report December 2009	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers, Health Service Districts
2	Integrate open disclosure training into postgraduate medical and undergraduate nursing communication programs within Queensland universities, commencing with the University of Queensland Medical school and School of Nursing and Midwifery, with pilots at other Queensland Universities to follow	October 2008, with subsequent pilots in 2009	Chief Executive Officer, Centre for Healthcare Improvement
3	Commence pilot clinical disclosure program aimed at improving 'first contact' bed-side communication following an adverse event	March 2009	Chief Executive Officer, Centre for Healthcare Improvement/Chief Executive Officers of relevant Health Service Districts

4.2 consumer complaint management

Now Any large service-oriented organisation such as Queensland Health will inevitably receive a substantial volume of feedback from consumers. The way that we receive and deal with both complaints and compliments impacts on the public perception of our organisation. By encouraging, facilitating and attending to consumer feedback, we will evolve into an organisation that is more transparent to the public, and that focuses on improving the quality of the service we provide.

A revised Queensland Health Consumer Complaints Management Policy and Implementation Standard was endorsed to be effective from April 2007. This policy supports existing complaint management roles within Health Service Districts.

Future We want to be an organisation that encourages and facilitates consumer feedback and that thoroughly addresses the issues raised in all such feedback (both complaints and compliments).

We want to have a comprehensive and responsive consumer feedback framework centred around a policy that is supported by implementation standards, forms, a communication portal, a training program and an information system.

We want increased involvement with key consumer bodies, greater reporting capabilities, and to employ innovative, best practice management of consumer feedback.

How We will review the policy, standards and supporting materials such as the website and complaint form with a view to making these tools more user friendly. One initiative is to create a web-based Consumer Complaints Portal that enables consumers to provide feedback directly into the information system.

We will complete implementation of the information system – PRIME Consumer Feedback by the end of 2008, enabling users to better manage, monitor and report [in conjunction with the Queensland Health Enterprise Reporting Service, (QHERS)] on complaints.

We will continue development of a training strategy that was commenced in 2008 that will address the needs of users throughout the complaint management system.

We will work with the Health Quality and Complaints Commission by participating in self-assessment exercises and inviting Health Quality and

Complaints Commission members to join groups such as Queensland Patient Liaison Officer Network (QPLON) and Health Consumers Queensland.

We will engage in greater networking with other agencies and bodies, as well as exploring existing research and innovative methodologies both nationally and internationally.

Goal 4.2		Timeframe	Accountable
1	Review the Queensland Health Consumer Complaints Management Policy and associated tools (including a communication portal) to ensure they are effective in achieving the principles of complaint management	June 2011	Chief Executive Officer, Centre for Healthcare Improvement
2	Provide Queensland Health with an information system (currently Prime Consumer Feedback) to collect, classify, analyse, manage and learn from patient and consumer feedback (complaints and compliments)	June 2009, and updated annually	Chief Executive Officer, Centre for Healthcare Improvement
3	Implement a training strategy and framework that further supports the principles of complaint and feedback management for front counter staff and those in complaints management	Implement by June 2009, Assess by December 2010	Chief Executive Officer, Centre for Healthcare Improvement
4	Increase liaison with Health Quality and Complaints Commission to further enhance the strategies outlined in this plan	June 2009, and ongoing	Chief Executive Officer, Centre for Healthcare Improvement
5	Revise and enhance the current reporting and management tools, ensuring Queensland Health management can effectively monitor and manage feedback	June 2009, and ongoing	Chief Executive Officer, Centre for Healthcare Improvement

4.3 community engagement — Health Consumers Queensland

Now Health Consumers Queensland (HCQ) was established in 2008 to contribute to the continued development and reform of health systems and services in Queensland, by providing the Minister for Health with information and advice from a consumer perspective and by supporting and promoting consumer engagement and advocacy support. The aim of Health Consumers Queensland is to strengthen the consumer perspective in health services policy, systems and service reform and improvement.

Health Consumers Queensland will initially operate for a two-year period with a planned review at the end of the two years to determine whether Health Consumers Queensland would be better positioned within the community sector or Government. During the initial period, Health Consumers Queensland will be supported through the Director-General's Office of Queensland Health. It will develop close working relationships with the independent Health Quality and Complaints Commission, local Health Community Councils, other key statutory agencies, consumer and community organisations and Queensland Health.

Future We want to ensure health consumers have a direct say on the delivery, planning and operation of healthcare in Queensland.

How We will provide advice to the Minister from a consumer perspective, and recommend priority areas of action to improve health services.
We will promote and encourage greater consumer engagement and representation in the planning and delivery of health services.
We will work collaboratively with Health Community Councils to support and enhance consumer engagement at the local level.
We will develop and promote a framework to strengthen consumer health advocacy in Queensland. We will report regularly to the Minister, and publish an annual report.

Goal 4.3		Timeframe	Accountable
1	Provide high level, strategic advice to the Minister on government health policies and proposals, other matters the committee identifies, or as referred by the Minister, from a consumer perspective, and recommend priority areas of action to improve the quality and responsiveness of health services	Ongoing	Ministerial Consumer Advisory Committee and Secretariat
2	Develop a plan and framework that promotes and informs individual, broader community and systemic health consumer engagement and representation in Queensland, in line with contemporary and innovative service delivery and sector best practice	Ongoing	Ministerial Consumer Advisory Committee and Secretariat
3	Collaborate with Health Community Councils to develop strategies to increase consumer capacity and participation in councils and provide advice around consumer engagement initiatives and activities in local communities	Ongoing	Ministerial Consumer Advisory Committee and Secretariat
4	Collaborate with government health sector and community stakeholders to develop and promote an advocacy framework to inform and strengthen individual and systems consumer health	Ongoing	Ministerial Consumer Advisory Committee and Secretariat
5	Provide quarterly reports to the Minister, publish an annual report in line with the Strategic Plan and Terms of Reference and advise the Minister on the future priorities and governance of the Ministerial Consumer Advisory Committee	Ongoing	Ministerial Consumer Advisory Committee and Secretariat

4.4 community engagement – Health Community Councils

Now The Queensland Government is committed to reforming the public health system and improving health service delivery for all Queenslanders. A key component of the reform process is the establishment of health community councils.

Queensland's 36 health community councils were established on 9 July 2007 and are advisory bodies under the provisions of *Health Services Act 1991*. The councils play an important role in the governance of public sector health services. Health community councils strengthen community input and help ensure that the delivery of public sector health services are highly responsive within their local district.

Councils work in partnership with Queensland Health Health Service District Chief Executive Officers. This partnership is based on mutual respect and trust with a clearly set common goal of improving the public health services provided within the district. Together a council and the District Chief Executive Officer develop a work plan of specific activities to be undertaken by the council that will reflect the needs and issues of the community and support strategic plans of the health service district. Councils have up to eight members including a chairperson and usually meet on a monthly basis.

Future We want to strengthen community input to ensure Queensland Health's delivery of health services is highly responsive to local needs.

How We will support councils in undertaking community engagement activities, monitoring the quality, safety and effectiveness of health services delivered within the district, enhancing community education about the delivery of health services; and advising and making recommendations to the health service district chief executive officers.

Goal 4.4		Timeframe	Accountable
1	Improve access to and understanding by councils of the quality, safety and effectiveness reports and data provided to the 36 councils across Queensland	Ongoing	Chief Executive Officers, Health Service Districts/ Health Community Councils/ Manager, Health Community Council Coordination
2	Improve consistency and formatting of quality, safety and effectiveness reports and data provided to the 36 councils across Queensland	Ongoing	Chief Executive Officers, Health Service Districts/ Health Community Councils/ Manager, Health Community Council Coordination

4.5 openness and transparency – Public Hospital Performance Report

Now The Queensland Public Hospital Performance Report is part of Queensland Health's commitment to openness and accountability about public hospital services in Queensland. This report provides an opportunity to review and compare service performance across the public hospital system and highlights areas where Queensland Health is doing well and areas where performance could be improved.

Future We want to provide the public with a comprehensive report about issues that concern them the most. We want to continue to encourage transparency and accountability by providing information about how our hospitals, and Queensland Health as a whole, are performing.

How We will continue to review the format of the Public Hospital Performance Report on a yearly basis and engage our communities to find out what's most important to them. This way we can ensure we meet our commitment to deliver meaningful reporting to the Queensland public.

Goal 4.5		Timeframe	Accountable
1	Publish the Queensland Public Hospital Performance Report	Annually	Chief Executive Officer, Centre for Healthcare Improvement
2	Review the Queensland Public Hospital Performance Report	Annually	Chief Executive Officer, Centre for Healthcare Improvement

4.6 fostering a culture of openness and transparency

Now Queensland Health has been actively implementing the recommendations of both the Davies Enquiry and the Forster Review. One of the key achievements to date is the implementation of a safe and transparent health system through regular public reporting about the performance of our health system and the cause of clinical incidents. The release of the Queensland Health Patient Safety: From Learning to Action report on clinical incidents has been a key tool in this regard.

PRIME Clinical Incidents is the statewide electronic clinical incident management information system. It facilitates incident reporting and documentation of management actions and has been implemented in all Health Service Districts. In addition, the Patient Safety Centre is a central point of service for patient safety information needs through the provision of Clinical Incident and Sentinel Event Reporting.

We have developed a best practice Patient Safety System, supported by policies and best practice standards, which ensure that information from clinical incidents can be used to bring real safety improvements to staff and patients at the bedside. Further, we collaborate with the Australian Commission on Safety and Quality in Health Care on the development and implementation of national safety and quality initiatives.

Future We want to further develop our commitment to being open and transparent to both our patients and the community. We want to acknowledge that mistakes happen in healthcare and we want to learn from these mistakes and take action aimed at reducing their reoccurrence. Effective reporting and learning cannot happen if we focus on blame and scapegoats. Rather, we must identify system vulnerabilities and learn from errors and the factors that may contribute to adverse events.

We want to share knowledge with all stakeholders. Through incident reporting analysis we remain committed to identifying and analysing trends, identifying vulnerabilities and promoting shared learning.

We want to take a lead role in the development and implementation of national safety and quality initiatives, and to contribute to the body of knowledge on patient safety both nationally and internationally.

How We will continue to release information on clinical incidents via the Patient Safety: From Learning to Action report. The Patient Safety Centre will continue to support the organisation and promote shared learning by auditing, conducting

analysis and management reporting of data from the statewide clinical incident management information system and the Sentinel Event Register.

We will continue to collaborate with the Australian Commission on Safety and Quality in Healthcare to improve safety and quality across the healthcare system in Australia.

Goal 4.6		Timeframe	Accountable
1	Review the Clinical Incident Management Policy and Implementation Standard	December 2010	Chief Executive Officer, Centre for Healthcare Improvement
2	Document requirements for a new statewide Clinical Incident Management Information System (currently PRIME Clinical Incidents)	December 2010	Chief Executive Officer, Centre for Healthcare Improvement
3	Develop further the Queensland Health Clinical Incident Electronic Reporting Suite	Ongoing	Chief Executive Officer, Centre for Healthcare Improvement
4	Produce the Patient Safety: From Learning to Action report	Annually	Chief Executive Officer, Centre for Healthcare Improvement

Goal accountability – ready reference table

Section	Title	District Clinical Service Providers		Chief Health Officer	Chief Executive Officer, Centre for Healthcare Improvement	All Chief Executive Officers and Deputy Directors-General	Deputy Director-General, Policy Planning and Resources Division	Chief Information Officer	Office of the Director-General	Health Consumers Queensland / Health Community Councils
		Chief Executive Officers, Health Service Districts	Chief Executive Officer, Clinical and Statewide Services							
1	Reducing unjustified variation									
1.1	clinical networks	•			•					
1.2	clinical pathways	•			•					
1.3	quality improvement process				•					
1.4	availability of contemporary best practice information	•			•					
1.5	Clinical Practice Improvement Payment (CPIP)				•					
1.6	tracking variance from best practice – Variable Life Adjusted Displays (VLADs)				•					
1.7	improving variation from evidence-based practice	•			•					
2	Developing a safety and quality culture									
2.1	developing better leaders	•			•					
2.2	improving workplace culture through evaluating staff opinion	•	•	•	•	•	•	•	•	•
2.3	performance appraisal and development monitoring	•	•	•	•	•	•	•	•	•
2.4	safer doctors: Clinician Performance Support Service (CliPSS)	•			•					
2.5	Clinician Development Education Service (CDES)				•					
2.6	patient safety curriculum				•					
2.7	communication and international medical graduates						•			
2.8	simulation as a safety intervention	•			•					
2.9	developing clinician skills	•			•					

Section	Title	District Clinical Service Providers		Chief Health Officer	Chief Executive Officer, Centre for Healthcare Improvement	All Chief Executive Officers and Deputy Directors-General	Deputy Director-General, Policy Planning and Resources Division	Chief Information Officer	Office of the Director-General	Health Consumers Queensland / Health Community Councils
		Chief Executive Officers, Health Service Districts	Chief Executive Officer, Clinical and Statewide Services							
3	Implementing key safety interventions									
3.1	improving communication: patient handover and referral	•			•		•			
3.2	preventing suicide and deliberate self-harm in mental health services	•		•	•					
3.3	ensuring intended surgery and procedure	•			•					
3.4	patient identification	•			•					
3.5	recognition and treatment of the deteriorating patient	•			•					
3.6	preventing pressure ulcers	•			•					
3.7	reducing falls and injuries	•		•						
3.8	Clinical Services Capability Framework	•					•			
3.9	reducing venous thromboembolism	•			•					
3.10	medication management on admission and discharge	•								
3.11	diagnostic results management	•	•							
3.12	increasing staff immunisation	•		•						
3.13	improving hand hygiene	•		•						
3.14	review of hospital related deaths	•			•					
3.15	management of acute myocardial infarction on and following discharge				•					
3.16	preventing surgical infection through appropriate antibiotic use	•		•				•		
3.17	credentialing and scope of clinical practice	•	•	•	•	•	•	•	•	•
4	Engaging the community through openness and transparency									
4.1	open disclosure	•			•					
4.2	consumer complaint management				•					
4.3	community engagement: Health Consumers Queensland									•
4.4	community engagement: Health Community Councils	•								•
4.5	openness and transparency: public hospital report				•					
4.6	fostering a culture of openness and transparency				•					

Queensland Health

**Patient safety
and quality plan**

2008 – 2012

