



# CEd technology funding delivers for patients!

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Clinical Excellence Division

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## Message from the DDG

Welcome to the first edition of Clinical Excellence Division's (CED) quarterly newsletter *Excellence Matters*.

This newsletter delivers on CED's commitment to share healthcare initiatives, opportunities and information that will benefit our Hospital and Health Service partners.

*Excellence Matters* is designed for busy health service staff and management as a way for you to stay informed about key work. In our first issue, we hope you'll 'be inspired' by the achievements of your colleagues, 'be enriched' by the range of training programs we are delivering, and 'be informed' by the latest news.

The newsletter will support the new CED website which features an *improvement hub* where clinicians can share project information and CED can share information on key healthcare improvements.

Like you, we're all about delivering high quality and safe patient care and fostering a culture of continuous improvement and excellence across Queensland Health. It is my hope that through *Excellence Matters* we can continue on this journey together and deliver better outcomes for Queenslanders.

**Dr John Wakefield PSM**  
Deputy Director-General | Clinical Excellence Division



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# Be inspired

## First down the path to success

The Allied Health Rural Development Pathway has celebrated its first major milestone, with speech pathologist Amy Gray the first participant to complete her training.

Based in Wide Bay, Amy completed training modules in clinical skills, safety and quality, leadership, workflow and demand management, service evaluation and planning, and a range of other topics.

The purpose of the program is to help support rural and remote health services to recruit and retain allied health professionals, as well as fast-track early career practitioners' learning and development. It is led by the Allied Health Professions' Office of Queensland, Clinical Excellence Division, and supported by the Cunningham Centre, Darling Downs Hospital and Health Service.

Amy said progressing to Senior Speech Pathologist was well worth the hard work. "I first took on the Rural Development Pathway because it seemed like a good opportunity to develop my clinical and non-clinical skills," she said. "I really like the variety of my job and working with the community. The broad caseload I have here has helped to give me experience in a lot of different aspects of speech pathology."

Queensland's Chief Allied Health Officer Julie Hulcombe said the development pathway was a rural workforce strategy to help hospital and health services such as Wide Bay recruit the right health professionals.

"Rural recruitment of health professionals has always been a challenge, especially in a state as large as Queensland," Julie said. "The Rural Development Pathway was created to address this issue by giving health facilities some flexibility with their recruitment processes and giving health professionals strong incentives to develop their careers in a rural area, while getting the chance to work in a really interesting job in a rural or remote community."

"This program is all about developing first-rate clinicians to provide high quality care for people in rural areas, and Amy has been an excellent example of that. I'm sure she'll also serve as a great example to others across Queensland who can see the same opportunities she did."

A radiographer/sonographer in southwest Queensland also completed the Rural Development Pathway in late 2016, with two other allied health professionals (a pharmacist and an occupational therapist) starting their development roles last year.

The rural development pathway is between 24 and 36 months in duration, culminating in a formal evaluation conducted by a senior practitioner from outside the local health service.

For more information on the pathway, including how to apply, search for the [Allied Health Rural Development Pathway page](#) on QHEPS.



*Pictured: Gayndah speech pathologist Amy Gray with client Marcus Elsaesser*

# Be enriched

## Junior doctors learning to lead



*Pictured: a very happy Learn2Lead cohort.*

More junior doctors across Queensland will be better equipped to become effective clinical leaders having taken part in the increasingly popular junior doctors leadership development program; Learn2Lead.

The Learn2Lead program was created by the Centre for Leadership Excellence, Clinical Excellence Division, as a way to develop junior doctors' leadership capabilities and foster the skills required to become highly effective clinical leaders of the future.

Launched in April 2016, a total of 80 participants from 13 Hospital and Health Services have completed the program, with a further 35 taking part in the latest cohort and due to finish the program soon.

Participants learn about teamwork, change management, leadership, conflict resolution, developing resilience and dealing with work pressures, helping them to meet the varying challenges they will face throughout their careers.

Jan Phillips, Executive Director Centre for Leadership Excellence said the program had been extremely well received. "All participants have rated the workshop as excellent or good, and indicated they would recommend the program to other junior doctors." She said places in the program had been highly sought after with the number of applications well exceeding available places.

"This is an excellent indicator of the enthusiasm of our junior doctors wanting to become highly effective clinical leaders and to contribute to the continuous improvement of our health system. It also shows their willingness to help shape positive cultural reform."

She also stated programs like Learn2Lead were proof the Department and HHS could work together to make positive changes to the health system and improve the health of Queenslanders. "Building the

leadership capabilities of junior doctors is essential to drive the clinical improvements and efficiencies required for the future delivery of health services. The Centre for Leadership Excellence is honoured to be a part of this process and to work with HHSs in providing this innovative and important development program.”

Quoted in a North West Star newspaper article, North West Hospital and Health Service Executive Director of Medical Services Associate Professor Alan Sandford said the “training will stand [junior doctors] in good stead in their future careers.” Annette Swift undertook the program while working with the NWHHS last year. She said “the program focused on helping us to understand how to affect change by leadership. We worked right from having the idea through to the details of whom and what was required to make a change happen. This was invaluable to me as a junior doctor, especially in the Mount Isa setting, where the number of clinicians is small and junior doctors have a great opportunity to introduce change for the better. The program gives you the confidence to tackle the problems you have recognised but unsure how to proceed with.” Two other doctors from the North West are in the current cohort.

Senior House Officer at the Gold Coast University Hospital Dr Christian Allen said “the program brings together doctors all over Queensland, allowing opportunities to share experiences and learn new skills to transition into a leadership role. The course was highly valuable and I thoroughly enjoyed it.”

The program is a collaborative effort with Clinical Excellence Division funding program design and delivery, and HHSs funding participant travel, backfill and any additional costs. Two cohorts of the Learn2Lead program for junior doctors are planned for the coming financial year. For more information and to register your interest, search for [Learn2Lead](#) on QHEPS.



## Did you know?

The Centre for Leadership Excellence can help clinicians to strengthen their leadership and management skills. Through a suite of programs and resources for clinical leaders across the different stages of their career, the centre helps prepare clinicians for the challenges of leading and managing service excellence and improvement.

Contact: Jan Phillips, Executive Director : p. 3328 9014 | e. [CLE@health.qld.gov.au](mailto:CLE@health.qld.gov.au)

## Be supported

# Maternity working groups

**Following the statewide Maternity Services Forum, three key working groups have been established to address the current issues facing the delivery of maternity services in Queensland.**

The working groups include: collaborative leadership culture, identification and management of risk in pregnancy, and models of care and workforce. Each group is comprised of an obstetrician, midwife, consumer, general practitioner, and a representative from the Department of Health. Together they will define the scope of work, actions and outcomes for their area, and will be responsible for liaising and consulting with others as part of this process.

To provide oversight and progress the activities of each group, a broader Maternity Services Forum Steering Committee has also been established. While membership for the main working groups has been decided, there are opportunities to nominate for a consultation group (see contact details below).

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, would like to thank all those who attended the forum and the members of each working group for their commitment to improving maternity services in Queensland.

For more information email [psqis\\_corro@health.qld.gov.au](mailto:psqis_corro@health.qld.gov.au) or phone 3328 9430.

# Be informed

## Get to know the 'new' Patient Safety and Quality Improvement Service

The commencement of three Medical Leads marks the completion of the government's election commitment to restore the Patient Safety and Quality Improvement Service (PSQIS).

Executive Director PSQIS Kirstine Sketcher-Baker said Dr Andrew Hallahan, Dr Rebecca Kimble and Dr Kirsty Lindsay along with 20 other new staff members better positioned PSQIS to support HHSs to deliver high quality patient centred care.

"Andrew, Rebecca and Kirsty's wealth of experience will guide the direction of the service and reinvigorate our commitment to monitor and promote improvements to health services delivered by Hospital and Health Services," Kirstine said.

The improved service has already achieved a number of the 2016-17 key deliverables, including the rollout of Riskman across six HHSs to date, in addition to responding to emergent issues facing services and facilities across the state.

"We went through a very challenging yet exciting time with the changes and are ready to work closely with our HHS partners to continue delivering the best possible health services to Queenslanders. I'd like to thank all of the HHS, Riskman project, human resource, and PSQIS staff who contributed to shaping the new service," Kirstine said.



### Did you know?

The Patient Safety and Quality Improvement Service provides expert advice and support services to Hospital and Health Services (HHSs), the Department of Health and national bodies to maximise patient safety outcomes and the patient's experience of Queensland's public health system.

The service supports HHSs to meet the National Safety and Quality Health Service Standards, and develop practical, cost effective patient safety tools.

In addition, they oversee the statewide patient safety and consumer feedback information systems and undertake patient safety and patient experience data collection, analysis and reporting.

#### Contact:

Kirstine Sketcher-Baker, Executive Director  
p. 3328 9430 |  
e. [psqis\\_corro@health.qld.gov.au](mailto:psqis_corro@health.qld.gov.au)

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## Digital health the focus of new network

Queensland's Health digital future was thrust into the spotlight with the launch of the Digital Healthcare Improvement Network (DHIN) on Thursday 20 April in Brisbane.

The network is a clinical advisory group providing clear, consistent and respected clinical input and leadership to the organisation in relation to all aspects of the Digital Health agenda. It will function as an innovation hub for Queensland's leading clinicians to improve patient care in the digital environment, with a focus on improving the quality of care rather than the technology itself.

Co-chairs Dr Clair Sullivan and Dr Andrew Staib were joined by more than 70 clinicians, demonstrating the keen interest in healthcare digitalisation and how it will improve health outcomes for Queenslanders.

eHealth Queensland Chief Executive, Dr Richard Ashby gave the opening address, outlining the current climate and the future of digital healthcare in Queensland. In addition, presenters from Townsville, Cairns and Princess Alexandra hospitals joined the conversation to discuss their experiences with their digital journeys.

Following discussions, the network prioritised five key actions for the year ahead:

1. Forming a Digital Discharge Working Group to provide coordinated clinical input into the development of a digital inpatient clinical handover and discharge referral solution within the ieMR.
2. Creating a framework for the prioritisation of optimisation.
3. Forming a clinical advisory committee that will embed in the eHealth governance structure.
4. Guiding and overseeing digital data and analytics projects.
5. Assisting eHealth to identify clinicians to undertake Certified Health Informatician Australasia (CHIA) accreditation.

For more information, please contact [StatewideDigitalHINetwork@health.qld.gov.au](mailto:StatewideDigitalHINetwork@health.qld.gov.au).



### Did you know?

Through its strong relationships with clinicians and health service managers, the Healthcare Improvement Unit (HIU) works collaboratively to optimise the capacity and efficiency of Queensland public hospitals. Supported by these alliances, HIU advocates for local services, secures funding, develops policy, and promotes the implementation of effective strategies across Queensland to enable local services to improve access and deliver better outcomes for their communities.

Contact: Michael Zanco, Executive Director: p. 3328 9134 | e. [HIU@health.qld.gov.au](mailto:HIU@health.qld.gov.au)

## APAC Forum coming to town!

The sixth annual APAC Forum is coming to Queensland for the first time, bringing together thought leaders, frontline workers, managers, policy makers and consumers from across the Asia Pacific region to drive healthcare transformation.



This year's forum will take place on the sunny Gold Coast and is co-hosted and sponsored by the Clinical Excellence Division and Ko Awatea, New Zealand, in partnership with Metro North, Metro South, Townsville, Children's Health Queensland, and Gold Coast Hospital and Health Services.

The three-day spectacle is the premier event for healthcare innovation and improvement in Australasia. This year's event provides intensive and concurrent sessions, keynote speakers, poster and excellence awards, and a gala dinner. The 2017 APAC Forum is based on the quote 'Lead the change you want to see' and the Carl Sagan quote 'Somewhere something incredible is waiting to be known', and reinforces the concepts of innovation, collaboration, transformation and leadership.

The forum will give attendees the inspiration and support to influence and drive change that achieves the best patient care. Last year's forum attracted almost 1,500 delegates and that number is sure to be beaten this year with the increased capacity

of the Gold Coast Convention and Exhibition Centre.

The keynote speakers include Dr Gill Hicks MBE, M.A.D for Peace, Australia, Professor Jonathon Gray, Ko Awatea, and Dr Rishi Manchanda, Chief Medical Officer and author from the United States. A fourth keynote speaker will be named soon.

Attendees can also be inspired by the 'Insight Speakers'; four inspirational speakers and remarkable individuals keen to share their stories and life lessons. CED's very own Ann Mealey, Manager in the Healthcare Improvement Unit, will also be speaking as part of the intensive sessions.

Aside from registering to attend, there are several opportunities for staff to get involved in The APAC Forum:

- Poster submissions: Share your improvement project, best practice in action, or fresh idea by submitting a poster draft by 12 July.
- Ko Awatea International Excellence in Health Improvement Award nominations: Open to individuals, teams, and organisations that are proud of the work they or their colleagues have undertaken in transforming and improving patient care and/or the health and wellbeing of communities. Nominations close 20 June.

Deputy Director-General Clinical Excellence Division Dr John Wakefield said given the number of improvement projects that are transforming patient care and experience across the state, Queensland Health should be well-represented at the forum. "I am fortunate in my role to see many examples of healthcare innovation so I strongly encourage our HHSs and individual staff to participate where they can in the 2017 APAC Forum and show the world what we are doing."

[Registration](#) for the forum is available online now or for more information visit the [APAC Forum website](#) at [www.apacforum.com](http://www.apacforum.com)

# Be supported

## Oral health clinics going paperless

Public oral health clinics across Queensland are going paperless thanks to the development and roll out of electronic oral health records (EOHR).

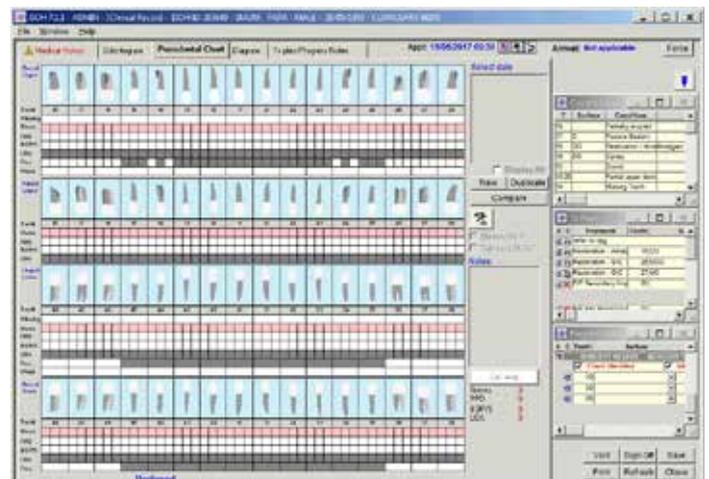
The project is coordinated by the Office of the Chief Dental Officer and has so far been implemented in all adult clinics in nine Hospital and Health Services: Sunshine Coast, Metro North and South, Gold Coast, North West, Cairns and Hinterland, Mackay and Central West. Townsville and Torres and Cape HHSs are scheduled to be completed later this year, with implementation discussions underway with Central Queensland and South West.

Chief Dental Officer Dr Mark Brown said the EOHR generated significant efficiencies for a dental service by eliminating physical patient charts and related handling costs such as storage, archiving, retrieval and destruction. “At the Ipswich Community Dental Clinic, by simply removing the charts and compactus the clinic was able to increase the number of surgeries from nine to 11; which is a terrific outcome for patients.”

Dr Brown also said a paperless environment enhanced coordination of care between clinicians regardless of their physical location, and improved the completeness and accuracy of clinical information. “Clinicians can update patient information such as medications and medical conditions quickly and easily, so keeping dental charts up-to-date is easier. It also improves access to other clinical information such as referrals, radiographs or pathology results.”

The project scope also includes integrating dental images and other oral health information into The Viewer system.

While Queensland is not the first state to implement electronic oral health records, we are the only state to develop the software in-house.



*Pictured: A screenshot of a Periodontal chart as viewed in the new electronic oral health record*

### Did you know?

The Office of the Chief Dental Officer (OCDO) is a small team of 10 staff committed to supporting public oral health staff in the delivery of safe, appropriate and sustainable public oral health services in Queensland.

They work collaboratively with HHS oral health services to monitor performance, analyse service data, manage the statewide electronic oral health clinical record system, as well as provide advice in relation to patient safety, clinical governance, scope of clinical practice and models of care.

#### Contact:

Mark Brown, Chief Dental Officer  
p. 3328 9873 | e. [OCDO\\_ESO@health.qld.gov.au](mailto:OCDO_ESO@health.qld.gov.au)

## Mental Health Act 2016

The *Mental Health Act 2016* came into effect on 5 March, bringing with it major improvements for patient rights, strengthening the role of family and support persons and better aligning legislation with good clinical practice.

There are a number of key reforms in the Act, including a move to capacity-based criteria for placing people on treatment authorities and a greater emphasis on advance health directives as a way for a person to have a greater say in their care. And to support patient rights, a network of 24 Independent Patient Rights Advisers (IPRA) have been employed across the state.

Associate Professor John Allan, Executive Director of the Mental Health, Alcohol and Other Drugs Branch, Queensland Health, said the introduction of IPRAs would enable patients to gain a better understanding of their rights and care. "This is an important initiative that puts the patient at the centre of what we do and also aids in the care and recovery of patients," Associate Professor Allan said.

The Mental Health Act Implementation Team worked tirelessly with a number of key stakeholders to ensure the implementation of the new Act was a seamless process. Training has been conducted throughout the state and [online education](#) is available.

For more information phone 3328 9899 or email [MHA2016@health.qld.gov.au](mailto:MHA2016@health.qld.gov.au)



### Did you know?

The Mental Health Alcohol and Other Drugs Branch supports the statewide development, delivery and enhancement of safe, quality, evidence based clinical and non-clinical services in the specialist areas of mental health and alcohol and other drugs services.

Specifically the branch supports and coordinates clinical and non-clinical service development and improvement, undertakes contemporary evidence based service planning, develops and reviews models of care, new programs and service delivery initiatives. The branch facilitates strong cross sectoral and intergovernmental relations with partners at the state and national level, develops statewide clinical guidelines and legislative policies, promotes patient safety and quality improvement of services in partnership with clinicians and service managers and provides purchasing advice on system-wide specialist mental health, alcohol and other drugs programs.

In addition, the branch is responsible for meeting Queensland's obligations around the collection and reporting of information and administering the Mental Health Act 2016 including reporting and investigating compliance concerns with HHS and consumers, and liaising with the Mental Health Court, the Mental Health Review Tribunal and other external clients.

Contact: John Allan, Executive Director  
p. 3328 9538 | e. [ED\\_MHAODB@health.qld.gov.au](mailto:ED_MHAODB@health.qld.gov.au)

# Be enriched

## Nurses ‘passionate about practice’

The Passionate about Practice symposium was held last month by Office of the Chief Nursing and Midwifery Officer (OCNMO) to coincide with International Nurses Day and International Day of the Midwife Celebrations.

Close to 300 nurses, midwives, clinicians and support staff joined together from across the state to showcase the fantastic work being undertaken in Queensland and celebrate the diversity of our nursing and midwifery services.

Caitlin Brassington opened the forum with a keynote address about the impact of her viral ‘just a nurse’ Facebook post and the movement it launched. The address set the tone for the symposium and reminded all nurses and midwives to embrace their profession.

The day featured a number of TED Talk style presentations, inspiring and challenging attendees on topics relating to workforce sustainability, practice innovation and professional capability.

Presentations covered a plethora of topics including the Cardiac Telehealth Investigations Program and the importance of uniting all clinicians and breaking down the silos to improve care for rural patients by Dr Adam Scott. Amy Byrne delivered a presentation on the Rural and Remote Nursing and Midwifery

Exchange Program and Leah Hardiman spoke about building professional capability and the consumer perspective in clinical handover.

Queensland Health Chief Nursing and Midwifery Officer Shelley Nowlan was thrilled to see so many Queensland nurses and midwives standing together, loud and proud.

“The symposium celebrated and shared clinical innovations and achievements that directly change the lives of our communities and ensure quality, safe care is delivered to them at their doorsteps.

“It was a wonderful opportunity to network with colleagues. Many commented that they will definitely implement much of what they shared in their local areas and can’t wait for the next symposium.”



Top: Chief Nursing and Midwifery Officer Shelley Nowlan and keynote speaker Caitlin Brassington.  
Above: Attendees showing their passion for practice at the symposium.

## Be supported

# GP access to The Viewer coming soon

General Practitioners in Queensland will soon be able to access The Viewer program thanks to a new Healthcare Improvement Unit (HIU) initiative.

A key component of the *Specialist Outpatient Strategy* announced last year, Better connecting your GP and public hospital (known internally as GP to The Viewer project), is set to 'go live' mid-2017.

From then, GPs can register to receive read-only access to The Viewer through a secure online Health Provider Portal, in a landmark move to better connect primary and secondary care.

Access to the clinical information will enable GPs to be better informed about the care their patient has received in a public hospital or health service in Queensland.

Patients who do not want their GP to view their hospital record will be able to opt out at any time.

For more information email [GPTVProject@health.qld.gov.au](mailto:GPTVProject@health.qld.gov.au).

## Be supported

# CPC getting hit...in a good way

The Clinical Prioritisation Criteria (CPC) project is continuing with the project team working with four Hospital and Health Services on the 'Proof of Concept' implementation of the criteria in both primary care and specialist outpatient departments.

CPC are clinical decision support tools that will help ensure patients referred for public specialist outpatient services in Queensland are assessed in order of clinical urgency.

As the proof of concept projects move towards sustainability, the lessons learnt from each will be applied as CPC are further implemented across the state over the next 18 months.

Analytics show most users stay on the [CPC website](#) for around five minutes each session, with the top specialties viewed being ENT, orthopaedics and gynaecology.

HealthPathways with embedded CPC are now available in Townsville, Cairns, Mackay and on the Sunshine Coast and available for primary care practitioners when making referrals into the Queensland public health system.

The CPC project team continue to work closely with Streamliners NZ and HealthPathways coordinators across Queensland and the Northern Territory to share experiences and efficiencies in HealthPathways implementation and the incorporation of CPC.

For more information, please email [CPC@health.qld.gov.au](mailto:CPC@health.qld.gov.au).

# Be inspired

## Nurse Navigators turn one

The innovative nursing model of care 'Nurse Navigators' has now completed its first year of operation in Queensland.

Early indicators suggest the new model of care has changed the health system experience for hundreds of patients across the state and that it is improving patient outcomes and enabling an integrated approach to health service delivery across health sectors and providers.

Nurse Navigators help patients with complex healthcare needs to navigate the public health system more effectively. Since its introduction last year, 121 nurse navigator positions have been introduced across all Hospital and Health Services, with a further 119 positions expected to be created in 2017.

Minister for Health and Minister for Ambulance Services Cameron Dick said the nurses acted as guides, ensuring patients are seen by the right person, at the right time and in the right place. "These nurses are highly experienced and are not only helping their patients with navigating the system, but also educating them about self-managing their conditions and improving their way of life."

The Minister said patients who had an appointed nurse navigator were experiencing less emergency department presentations, less unnecessary hospital admissions and less avoidable readmissions than ever before.

"They are getting end-to-end care, with a nurse navigator there at every step; asking questions the patient might not know to ask and helping them to better understand their conditions."

Earlier this year the Office of the Chief Nursing and Midwifery Officer (OCNMO) ran the second Nurse Navigator Induction Workshop to welcome the latest cohort of Nurse Navigators.

More than 100 nurse navigators attended from across the state for the two day workshop and heard from presenters including Health Consumers Queensland, Queensland University of Technology, the Culture and Capability Branch and Statistical Services Branch from Queensland Health.



### Did you know?

The Chief Nursing and Midwifery Officer is the government's principal advisor on all matters relating to nursing and midwifery services. The Office is designed to encourage excellence in nursing, implement supportive industrial instruments, identify and mitigate or remove legislative and other barriers to innovation, improve the capability and capacity of the nursing and midwifery professions, and build evidence for practice and policy decisions.

Contact:

[OCNMO-Corro@health.qld.gov.au](mailto:OCNMO-Corro@health.qld.gov.au)



*Pictured: Some of the new Nurse Navigators attending a two day induction workshop in October*

## Be inspired

# Next steps for diabetic foot treatment

Queensland is the first Australian state to report statewide reductions in diabetes foot hospitalisation and amputation rates.

The reductions come after the Statewide Diabetes Clinical Network (SDCN) and the Statewide Podiatry Network focused on establishing standardised best practice diabetic foot multi-disciplinary teams, clinical pathways, clinical training and data registry access across the state in the outpatient environment. Combined, these innovative, multi-faceted and multi-disciplinary strategies in outpatient services across Queensland Health have translated into a 40 per cent statewide reduction in diabetes foot hospitalisation, length of stay and amputation rates.

With recent Queensland research demonstrating that diabetic foot disease is a top 20 cause of hospitalisation in Australia, attention has now turned to the inpatient setting, with the SDCN commencing an 18 month project based on the work done by the National Health Service (NHS) in the UK.

The project aims to improve the management, monitoring and referral of inpatients with diabetic foot disease to specialist foot care services through the establishment of an inpatient foot coordinator within hospitals and the development of a new inpatient model of care.

This inpatient work will build on the previous outpatient achievements of the SDCN, including the development of one of the largest diabetic foot registries in the world with nearly 10,000 patients registered. The data captured by this registry has been used to inform research papers, economic reports, policy documents and most importantly; improve the evidence-based care and outcomes of thousands of Queenslanders with diabetic foot disease.

For more information, please email [Statewide Diabetes Network@health.qld.gov.au](mailto:StatewideDiabetes_Network@health.qld.gov.au)

## Be supported

# RiskMan going live

**The Patient Safety and Quality Improvement Service (PSQIS) team is working with the Workforce Performance and Assurance team to implement the RiskMan application across the state.**

RiskMan is a new software solution replacing PRIME CI and CF and Staff Incident Reporting (IMS) systems. Once implemented a HHS can collect, integrate, manage and report on clinical and non-clinical incidents, staff rehabilitation management, consumer and staff feedback, and risk management all in the one program. Six sites are now live with RiskMan including Darling Downs, Gold Coast, Townsville, Wide Bay, Central West and Torres and Cape.

Executive Director PSQIS Kirstine Sketcher-Baker thanked all those involved in the project. “A big thank you to the project team and our board members for their commitment to this initiative and ongoing support for its roll out. We sought and received feedback from a number of stakeholders and thanks to their input; we have an excellent, user-friendly program that caters to the needs of patient safety professionals across the state.”

Formal evaluation of the pilot sites and their experience with the implementation is underway, but obvious and practical lessons learnt at these sites are being applied to the continuous roll out of RiskMan to other HHSs. The PRIME team in PSQIS are also transitioning to RiskMan as state system administrators and are working with HHSs to resolve any matters as they arise.

For more information including a schedule of proposed rollout dates, visit <http://qheps.health.qld.gov.au/psu/qisip/> or contact the team on 3234 0139 or via [QISIP@health.qld.gov.au](mailto:QISIP@health.qld.gov.au).

## Emerging leaders in patient safety

Three Queensland Health clinicians were recently selected to participate in the second Australian Roundtable for Emerging Leaders in Patient Safety Summit held in Sydney.

The roundtable is modelled on the renowned Telluride Summer Camp and gathers a group of carefully selected emerging leaders (2017 cohort pictured below) to ignite debate and passion for patient safety. It's coordinated by the New South Wales Clinical Excellence Commission and the International Academy for Emerging Leaders in Patient Safety. Deputy Director-General Clinical Excellence Division Dr John Wakefield has attended both roundtables, the first held last year, and said it presented an important learning experience for everyone.

One of the attendees from Queensland Health, Dr Sonia Chanchlani, Acting Director of Clinical Training, overseeing junior doctor education at the Royal Brisbane and Women's Hospital, said she became very disillusioned during her junior doctor years. "I became quite frustrated with the inefficiencies and waste in the hospital system impacting the quality of care provided to our patients. Although most of the hospital staff were trying their best, the patients seemed to be stuck in the middle of clinical disorganisation resulting from miscommunication, poor documentation, and rostering patterns limiting continuity of care."

However, a chance application for a redesign and leadership scholarship program changed the course of her career. "Learning about clinical redesign project methodology opened my eyes to a whole new world behind the clinical curtains that most junior doctors don't get to see, and I became inspired."

While pursuing medical administration training, Sonia still came across roadblocks to change. In applying to attend the academy Sonia hoped to enhance her "knowledge of change management strategy and current patient safety issues that will help me break down the barriers of resistance toward making a difference in improving patient care."



Following the conference she said "it was great to meet so many like-minded people focused on bringing real improvement to our healthcare system. Hearing about the actual intricacies and impact of adverse events from the patient's stories as well as learning about tools and strategies to implement change from experts in the field was invaluable. I've been to a few patient safety workshops and the one aspect of this experience that stood out was how much fun it ended up being."

Similarly, fellow roundtable attendee Dr Stephanie Hadikusumo from The Prince Charles Hospital applied to the academy to meet and learn from people who shared her interest in patient safety. "It was an amazing experience as I got to spend four days with a group of intelligent, articulate and highly interesting people from all over Australia,

who were also passionate advocates for patients and for patient safety. I had a wonderful time, but more importantly I learned a great deal. In particular I was greatly touched by personal stories from patients and families who have experienced harm from medical errors. My experiences have inspired a renewed resolve to be a better doctor and medical administrator."

Mr Doug Roche, Medical Student at Logan Hospital also attended. "While I have been taught about patient safety before, the academy gave me both an appreciation for its impact on individual patients and also practical ways of creating change in organisations. I think it's vital for every doctor to have an awareness of the impact of systems on individual patients, and every doctor has the capacity to lead improvement. I will take back what I've learned from the academy to the hospitals that I am currently placed in and those I will be working in in the future." Doug said one of the greatest things about the academy was its multidisciplinary nature. "The different perspectives of the nurses and pharmacists present allowed me to see how, at every step of the patient's journey, staff can make it safer, more streamlined, and less disconcerting."

# Be supported

## More patients to be supported in becoming smoke-free

Thousands of smokers in Queensland have been given a leg up to quit smoking thanks to an expansion of the Smoking Cessation Clinical Pathway and associated Quality Improvement Payment (QIP).

Dentists, dental specialists, oral health therapists and dental prosthetists join medical officers, nurses, pharmacists, allied health professionals, and mental health staff in being able to deliver the smoking cessation clinical pathway thanks to a collaboration between the Office of the Chief Dental Officer (Clinical Excellence Division) and Prevention Division (Preventive Health Branch).

The program rewards Hospital and Health Services for checking the smoking status of public dental patients or hospital inpatients and referring them to Quitline, their GP or local services for smoking cessation support.

The pathway guides clinicians through a patient smoking behaviour assessment process and provides clear information on nicotine replacement therapy options and Quitline and GP referral processes.

HHSs are eligible for varying incentive payments, based on their HHS adult daily smoking rate and the number of patients seen, to a maximum state total

of \$5 million. The dental component of this is \$1.5 million in 2016-17.

Evidence on smoking cessation shows that brief assessment and advice to quit, often taking as little as three minutes, acts as a prompt to quit and could double the chances of smokers quitting, and that these brief, repeated, non-judgmental interventions work.

Since its broader implementation in August last year, 7,841 smoking cessation pathways were completed by dental practitioners from HHS-based oral health services. In fact, from August 2016 to the end of January 2017, Quitline received 1,701 referrals from dental practitioners, compared with 1,451 referrals from all other health practitioners combined.

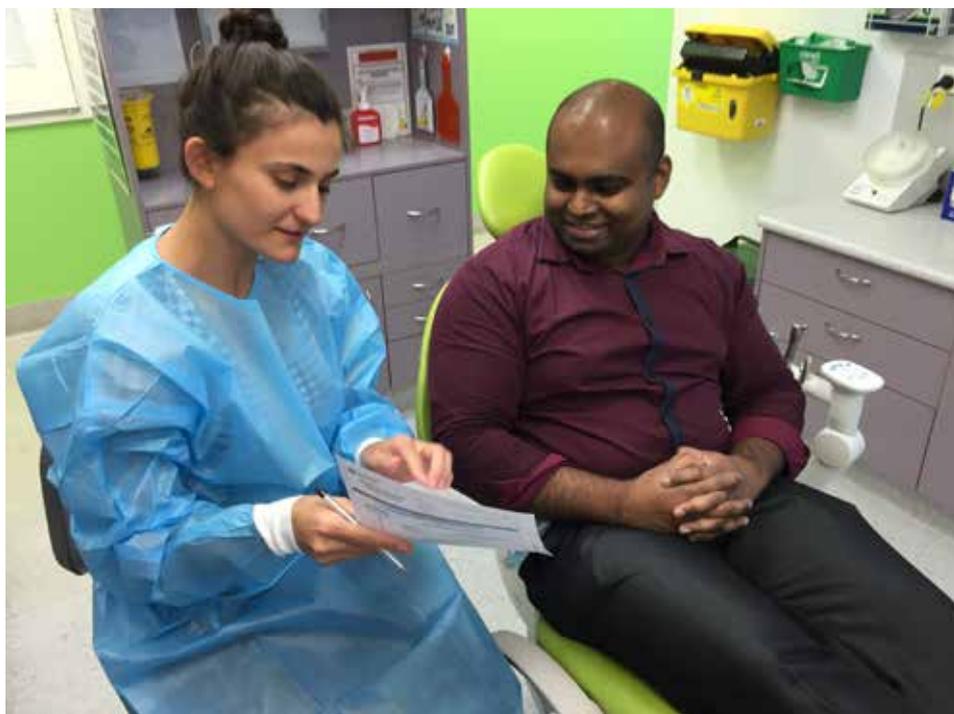
Chief Dental Officer Mark Brown congratulated oral health staff on the high referral rates and said he was not surprised by their success. "Dental practitioners are perfectly placed to motivate people to quit smoking."

Chief Health Officer Dr Jeannette Young said she was very pleased with the results so far. "The high smoking rate among Queensland adults accessing our HHS-based oral health services has us very

confident that the initiative will reach the right target group. "So not only is the program helping to improve the oral health and quality of life of dental patients, it will also save lives."

For more information search for [Smoking Cessation Quality Improvement Payment](#) on QHEPS.

Pictured left: Sarah Myrteza showing Param Dass the Smoking Cessation Pathway.



# Be inspired

## ACRE project accelerates to stage II following APAC victory

The Accelerated Chest Pain Risk Evaluation (ACRE) Project team is hard at work piloting the next stage of the project after winning the International Excellence in Health Improvement Award at last year's APAC Forum.

Minister for Health and Minister for Ambulance Services Cameron Dick praised the way the first stages successfully translated their research into clinical practice. "The ACRE Project has transformed the way Queensland Emergency Department's assess patients presenting with chest pain, reducing length of stays and releasing emergency capacity in our hospitals," he said.

The rollout of Stage I saw a decrease in the total average emergency department length of stay by 34 minutes. It has also improved each hospital's performance against National Emergency Access Targets and has led to cost savings of more than \$7.5 million dollars being reinvested in other health services.

Stage II of the ACRE Project, known as the Improved Assessment of Chest pain Trial (ImpACT) Protocol, aims to build on Professor Louise Cullen and Professor Will Parsonage's research with a view to the protocol becoming standard practice within Queensland Health.

The first part of this stage is to pilot the ImpACT protocol in Cairns and Ipswich. Following the outcomes of this, the team will be working closely with other adult reporting hospitals in Queensland in preparation for wider rollout over 2017-18.

"With the support of [the] Healthcare Improvement Unit we, as clinician-researchers, have continued the momentum of the ACRE project to consolidate the redesign process into ongoing sustainable improvement in clinical practice," Professor Louise Cullen said.



*Pictured: Tanya Milburn, Dr John Wakefield and Professor Cullen celebrating the win at last year's APAC forum.*

"The success of ACRE highlights the importance of supporting innovation for continual service improvement and will improve the time between the emergence of new clinical evidence and integration into practice."

The ACRE project, originally funded as part of the Health Innovation Fund, implemented a locally researched Accelerated Diagnostic Protocol (ADP) to safely accelerate care of patients that are not suffering a heart attack."

For more information, visit the [ACRE Project website](http://www.health.qld.gov.au/improvement/projects/acre) at [www.health.qld.gov.au/improvement/projects/acre](http://www.health.qld.gov.au/improvement/projects/acre).



*Be inspired*

## CED technology funding delivers for patients

Using their comprehensive knowledge in health economics, healthcare service delivery, project evaluation, project management and data analysis the Healthcare Evaluation and Assessment of Technology team (HEAT) manage the New Technology Funding and Evaluation Program (NTFEP).

HEAT are hard at work evaluating the technologies funded as part of the NTFEP in order to provide expert advice regarding the future adoption and diffusion of technology across Queensland.

Technologies are evaluated from a safety, clinical effectiveness, economic, clinical utilisation, organisational, social and ethical perspective, with evaluation a condition of all NTFEP funding.

An example of a funded project is [Gamma Knife Perflexion](#); a non-invasive neurosurgical technique for the treatment of small to medium intracranial lesions. It was jointly funded by Metro South Hospital and Health Service and the 2014-15 NTFEP.

The technique allows treatment to be delivered in one session as an outpatient, so patients can go home to their families and even be well enough to go back to

work the very next day.

Princess Alexandra Hospital (PAH) is the home of the Gamma Knife Centre of Excellence which has been established as a statewide referral service in Queensland. The centre is currently treating up to 350 patients each year and uses the only Gamma Knife technology available in the public hospital system in Australia, and is the only service in Queensland.

HEAT are collaborating with the PAH Radiation Oncology Unit to evaluate the technology as part of a managed introduction program for new technology. This ensures the maximum benefits for Queensland patients are realised.

HEAT also supported the project team at the PAH Radiation Therapy Service to evaluate the Deep Inspiration Breath Hold (DIBH) using Active Breathing Coordinator (ABC).

Using ABC a patient's breathing is controlled and monitored at a pre-set lung volume during inspiration. The DIBH technique minimises the dose of radiotherapy to the heart during breast cancer treatment.

Patients found the technique comfortable and were excited by the prospect of it improving their long term quality of life. The evaluation found the mean dose to the heart was reduced by 62 per cent, and an increase in the use of this technique for the treatment of all left-sided chest wall cancers.

Based on these results, radiation oncologists are looking to expand the use of this technology to the treatment of other cancers where controlling breathing motion will potentially improve long term side effects.

For more information or to request a copy of the evaluation report, please contact [secretariat\\_hta@health.qld.gov.au](mailto:secretariat_hta@health.qld.gov.au).

*Pictured page 14: Professor Matthew Foote is at the forefront of the next generation of brain tumour treatment at PAH - with clinical staff Denise Clarke and Dr John Shakeshaft as Cameron Dick Minister for Health, officially 'opens' the service. Picture right: a patient using Active Breathing Coordinator (ABC).*



## Be supported

# New video aids in neonatal resus

**Queensland Clinical Guidelines are pleased to launch their new neonatal resuscitation education video.**

The video was developed to support the *Queensland clinical guideline: Neonatal resuscitation*, which helps clinicians provide the best possible care based on current clinical evidence. The guideline covers risk factors, preparation, assessment and management of the baby and care after resuscitation.

The resuscitation video, produced collaboratively by QCG and CED-Engage, explains the equipment and techniques for neonatal resuscitation and provides a clinical scenario demonstrating the correct techniques for oxygen saturation monitoring, airway management, chest compressions and medications and fluid administration.

It is suitable for all doctors, nurses and midwives and can be included in education and training programs in conjunction with the other resources developed by QCG to assist Hospital and Health Services to implement the guideline. Clinicians may claim CPD for viewing the video and completing the online knowledge assessment.

The video, guideline and other supporting resources are available at [www.health.qld.gov.au/qcg](http://www.health.qld.gov.au/qcg) or for more information email [guidelines@health.qld.gov.au](mailto:guidelines@health.qld.gov.au)

“The revised neonatal resuscitation video is based on QCG’s recently published guideline and provides practical guidance and demonstration on the techniques required by clinicians looking after newborn babies. The video and guideline align with the most recent recommendations of the Australian and New Zealand Committee on Resuscitation (ANZCOR). It is a valuable tool for learning and revision for all clinicians.”

Ms Stephanie Sutherns,  
Clinical Nurse Consultant, Queensland  
Clinical Guidelines

## Improvement collaboratives

The range of clinical improvement support tools available to Hospital and Health Services through the Clinical Excellence Division has expanded thanks to training from the Institute for Healthcare Improvement (IHI).

IHI is an independent, not-for-profit organisation based in Cambridge, Massachusetts, with international recognition for their educational programs in improvement science. They have been working to improve the health of individuals and populations for more than 25 years.

Working with other health jurisdictions, Deputy Director-General Clinical Excellence Division Dr John Wakefield arranged for IHI representatives to come to Australia so that Australian clinicians could benefit from their expertise and training programs. In recognition of the need for a collaborative approach, staff from across CED, the Department of Health, and Hospital and Health Services were funded by CED to attend the workshops.

The first training program known as the Improvement Advisor Professional Development Program helps people to identify, plan and execute improvement projects, delivering results and encouraging change across an entire system. A total of seven Hospital and Health Service and three CED staff completed this course.

The second program, Breakthrough Series College (BTS), focuses on providing directors and leaders with the skills to run 'collaboratives.' A collaborative is a learning system that brings together large numbers of teams that seek improvement in a specific topic area or problem. In the past 22 years, IHI has sponsored 50 such projects involving more than 2,000 teams from 1,000 US healthcare organisations.

CED funded a total of 18 HHS and 17 Departmental staff to complete this ground-breaking training.

Accreditation in these programs means CED can now offer a wider range of tools to help a HHS, hospital, unit or team to make improvements. It also means some HHS staff can drive improvements from the grassroots now they are competent in IHI methodologies.

Breakthrough College participant and Manager in CED's Healthcare Improvement Unit Ann Mealey said "while many of us are already experienced improvement practitioners, the BTS training helped to both confirm our current approach and to provide a new set of skills in collaborative thinking."

While the specific Queensland Health projects suitable for the IHI methodology are still being determined, Dr Wakefield said the training courses delivered significant skill and expertise to Queensland. "The IHI methodology of healthcare improvement is internationally renowned and training is not normally accessible to people outside of the US, so it presented an incredible professional development opportunity for Departmental and HHS staff. It has also provided dozens of clinicians with the tools to drive cultural and system change in their work areas and the realisation that simply doing their job isn't enough; they have to become systems thinkers, always finding ways to improve their services. It's a continuous improvement approach that we want to foster in everyone."

“

*The BTS College offered the opportunity to learn more about using the Collaborative Methodology as a potential tool to assist with spread and scale-up of local innovative models to other HHSs in Queensland. This knowledge will be immediately applicable to some of the improvement work in which the Sunshine Coast Hospital and Health Service is participating in with CED.*

”

**Sandra Peters,**  
Acting Clinical Director Minor Injury and  
Illness Clinic, Caloundra Hospital

# Be enriched

## Forum scopes out future of emergency

The future of emergency medicine was put under the microscope at the latest Queensland Emergency Department Strategic Advisory Panel (QEDSAP) forum held earlier this year.

More than 100 emergency medicine clinicians came together in Brisbane to discuss a range of topics and hear presentations from some of the most successful ED improvement projects funded by the Clinical Excellence Division (CED).

These included the Emergency Care of Children Project presented by Dr Fiona Thompson, and Accelerated Chest Pain Risk Evaluation (ACRE) II presented by Dr Louise Cullen. Andrea Taylor and Dr Elizabeth Marden also presented the Geriatric Emergency Department Intervention Dissemination Project.

Delegates also heard from clinicians on how the roles of nurse practitioner and occupational therapist can improve a patient's experience through the emergency department, and Dr Ian Scott, Co-Chair of the Statewide General Medicine Clinical Network, provided some insight on what general physicians can do to improve emergency department flow.

Queensland Health's Safety and Wellbeing team provided practical ideas on how to reduce burnout for clinicians working in emergency departments.

The future of emergency medicine was discussed with an expert panel facilitated by Dr David Rosengren, Chair of the Queensland Clinical Senate. The themes included quality and safety outcomes and care pathways in emergency departments, future strategies, how care can be provided to children and older persons in the future, and how emergency departments can continue to provide good quality patient care.

Presenter and former Director Redland Hospital Emergency Department Dr Chris May said "with increased pressure on emergency departments, opportunities to discuss current and future barriers to the delivery of high quality patient care as a collective group are vital, and following forums such as this, we

know the way EDs manage patients in the future will be very different to the way they are managed now."

The QEDSAP will host an invitation only workshop on 1 September 2017. The workshop will focus on the QEDSAP key priorities for 2017 which include care of children, care of older persons, quality indicators, workforce and operational support, and digital hospital. For more information please contact [Statewide-ED-Network@health.qld.gov.au](mailto:Statewide-ED-Network@health.qld.gov.au)

QEDSAP was developed to draw on the expertise, knowledge and experience of ED staff across the state to influence, progress, develop and reform emergency care in Queensland. The Healthcare Improvement Unit, Clinical Excellence Division coordinates the panel. For more information please contact [Statewide-ED-Network@health.qld.gov.au](mailto:Statewide-ED-Network@health.qld.gov.au)



*Pictured: The expert panel at the last QEDSAP forum discuss the future of emergency medicine*

# Be informed

## Contamination response put under the microscope

Queensland Health's response to the issue of contaminated heater cooler units was thoroughly reviewed at a Stakeholder Forum held late last year.

The forum was convened by the Patient Safety and Quality Improvement Service (PSQIS), Clinical Excellence Division, to discuss how Queensland Health responded to the internationally recognised issue of *Mycobacterium chimaera* (M.chimaera) contaminated heater cooler units (HCUs).

The Stakeholder Forum was presented in collaboration with Dr Chris Coulter, Medical Advisor Tuberculosis and Infectious Diseases, Communicable Diseases Branch, and Director Queensland *Mycobacterium* Reference Laboratory, Pathology Queensland. Dr Coulter provided the keynote address, which examined the international context of M.chimaera contamination and patient cases.

Heater cooler units are used to regulate a patient's temperature during open cardiac surgery. Contamination of HCUs has caused *Mycobacterium chimaera* patient infection in approximately 70 patients worldwide from as early as 2011. The first case to be identified in Australia was diagnosed in July 2016.

Six other guest speakers provided perspectives on Queensland Health's response including patient notification processes, disinfection practices, informed consent, and commissioning and decommissioning processes.

More than 70 key stakeholders from Queensland Health and the private health sector attended in person or via videoconference, demonstrating the significance of the issue.

PSQIS continues to work with health services and key stakeholders in the ongoing management of this issue, as new information becomes available.

Executive Director PSQIS Kirstine Sketcher-Baker thanked the forum organisers: Ms Jen Robertson, Ms Sue McLellan, Ms Natalie Blanch, Mr Douglas Lewry, and Dr Chris Coulter. "This was a significant and complicated issue which I feel was supremely well managed by Queensland Health, and I would like to thank all those involved for their cooperation and prompt response to mitigating risk and keeping patients informed and safe. Analysing our response is just as important as the response itself as there is always something to learn."

For more information email [PSQIS\\_Corro@health.qld.gov.au](mailto:PSQIS_Corro@health.qld.gov.au)



*Pictured: Dr Chris Coulter (R) and A/Nursing Director Michael Rice (L) at the M.chimaera stakeholder forum*



## *Be supported*

**An Advisory Panel for the 2017 Queensland Bedside Audit (QBA) was convened in March to set the strategic direction for this year's audit.**

The panel, comprised of representatives from Hospital and Health Services (HHSs), has also started to define the scope and content of this year's QBA, to be held from 3-31 October.

The QBA is a clinical bedside patient safety audit conducted each year in Queensland, the results of which are used by HHSs as evidence in meeting actions set out under the National Safety and Quality Health Service Standards. The audit is coordinated by the Patient Safety and Quality Improvement Service, Clinical Excellence Division.

Last year 121 inpatient facilities and 19 public residential aged care facilities participated in the audit. Results from the 2016 audit have been finalised and provided to HHSs. The results are broken down to a

facility and ward level, and results can be benchmarked to a HHS statewide level, and with previous years' results. A statewide inpatient report and a separate report for residential aged care facilities have also been generated.

Of particular note in the 2016 QBA, there were improvements in the completion of observation charts for recording core vital signs, and the documentation in medication charts. Between 2012 and 2016, the percentage of patients where a total score was recorded for the last set of observations, statistically significantly improved by 16 per cent (from 77 per cent to 93 per cent). Within the medication safety area, there has been a significant increase of 17 per cent in the documentation of patients' medication history, from 55 per cent in 2012 to 72 per cent in 2016.

For more information on the results or this year's audit, contact the team at [QBA\\_Queensland\\_Bedside\\_Audit@health.qld.gov.au](mailto:QBA_Queensland_Bedside_Audit@health.qld.gov.au)

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