Clinical Excellence Division

Year in Review 2016-17

Queensland Health
Clinical Excellence Division - Year in review 2016-17

Published by the State of Queensland (Queensland Health), August 2017

This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au
© State of Queensland (Queensland Health) 2017

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

For more information contact:
CED-Engage@health.qld.gov.au

An electronic version of this document is available at:
iclinicalexcellence.qld.gov.au

Disclaimer:
The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.
Contents

Our Vision and Mission 2
Introduction from the Deputy Director-General 3
Scale and spread 4
Clinician leadership 6
Improvement 8
Patient safety 12
Innovation 16
Transparency 20
Clinical Excellence Division

Our vision
Creating solutions for better healthcare.

Our mission
We partner with health services, clinicians and consumers to drive measurable improvement in patient care through continual pursuit of excellence.

Planning has commenced for the 2018 Clinical Excellence Showcase.

Last year the showcase connected health service staff with ideas, initiatives and programs that are delivering better outcomes for patients and staff with the view of encouraging scale-up and spread of great ideas.

For more information about presenting, sponsoring or attending the 2018 showcase, please email CED-Engage@health.qld.gov.au.
Welcome to the inaugural Clinical Excellence Division Year in Review.

We've tailored this look back at 2016-17 to suit many of our partners and stakeholders who are clinicians, managers, leaders and consumers across Queensland’s busy public health system.

It provides a summary of the initiatives the Clinical Excellence Division (CED) has driven, partnered on or supported to deliver better health outcomes for Queensland patients through 2016-17.

These initiatives are discussed under CED’s five focus areas of improvement, patient safety, innovation, clinician leadership and transparency.

I encourage you to use our year in review as a catalogue of opportunities and services we can partner on throughout 2017-18 and into the future.

The ‘scale and spread’ information on page 3 will help you discover which of CED’s seven branches was responsible for each initiative and provides contact details for follow up enquiries.

A large part of CED’s success in 2016-17 has been the dedication and willingness of our partners to engage and collaborate with us to address key healthcare challenges in Queensland.

These partners stretch across Queensland’s 16 Hospital and Health Services (HHSs), Primary Health Networks, general practitioners (GPs), consumer representative groups, educational institutions, union representatives, our colleagues within the Queensland Department of Health and many more.

Together we've addressed significant challenges to service delivery and contributed to the common goal of making Queenslanders healthier by providing staff with the right tools to grow and excel.

I trust you will find the Clinical Excellence Division 2016-17 Year in Review a valuable insight into our role in the Queensland healthcare landscape and an opportunity to further scale and spread great initiatives across our state.

Dr John Wakefield PSM
Deputy Director-General
Clinical Excellence Division
Scale and spread

A key reason for preparing this year in review is to promote and help further scale and spread across the state, some of the great collaborative initiatives CED has facilitated throughout 2016-17.

We hope you’ll find one or more initiatives which might have application in your healthcare setting either ‘as is’ or by tailoring to suit your local needs.

The colour of any initiative you’d like to learn more about will match one of CED’s seven branch leads below. I encourage you to make contact and learn more about how CED can support you to deliver better patient outcomes for Queenslanders.

■ The Centre for Leadership Excellence (CLE) is committed to building a motivated, engaged and innovative clinical workforce by developing the leadership capabilities of clinicians within Queensland Health through a range of development programs facilitated by leadership experts.
  
  **Executive Director** – Jan Phillips  
  **Email:** CLE@health.qld.gov.au  
  **Phone:** +61 7 3328 9014

■ The Patient Safety and Quality Improvement Service (PSQIS) is responsible for monitoring and supporting HHSs to minimise patient harm, reduce unwarranted variations in health care and to achieve high quality patient-centred care.
  
  **Executive Director** – Kirstine Sketcher-Baker  
  **Email:** psqis_comms@health.qld.gov.au  
  **Phone:** +61 7 3328 9430

■ The Office of the Chief Nursing and Midwifery Officer (OCNMO) provides overall professional and industry advice for nursing and midwifery. The office leads, advocates and supports nurses and midwives to provide quality, safe care for Queensland communities through policy, direction and regulation.
  
  **Chief Nursing and Midwifery Officer** – Shelley Nowlan  
  **Email:** chief-nurse-office@health.qld.gov.au  
  **Phone:** +61 7 3328 9830

■ The Mental Health Alcohol and Other Drugs Branch (MHAODB) 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 treatment. This includes responsibility for administering the Mental Health Act 2016 and a comprehensive program of information management to support clinical care, service improvement, planning, purchasing and building the evidence base.
  
  **Executive Director** – Associate Professor John Allan  
  **Email:** ED_MHAODB@health.qld.gov.au  
  **Phone:** +61 7 3328 9538
• The **Healthcare Improvement Unit (HIU)** works collaboratively with HHSs to explore and implement new and innovative models of care, treatments and technologies which improve access to and the quality of healthcare.

  **Executive Director** – Michael Zanco  
  **Email:** HIU@health.qld.gov.au  
  **Phone:** +61 7 3328 9148

• The **Office of the Chief Dental Officer (OCDO)** provides expertise and strategic leadership in oral health and is responsible for monitoring oral health services in Queensland to ensure high quality accessible care.

  **Chief Dental Officer** – Dr Mark Brown  
  **Email:** ocdo-eso@health.qld.gov.au  
  **Phone:** +61 7 3328 9873

• The **Allied Health Professions’ Office of Queensland (AHPOQ)** leads the development, implementation and evaluation of strategies to ensure an appropriately skilled allied health workforce meets the current and future health service needs of Queensland.

  **Chief Allied Health Officer** – Julie Hulcombe  
  **Email:** allied_health_advisory@health.qld.gov.au@health.qld.gov.au  
  **Phone:** +61 7 3328 9298

Further information can also be requested from the Office of the Deputy Director-General via DDGCED@health.qld.gov.au or +61 7 3708 5342

**You can follow us on**

  **Facebook:** https://www.facebook.com/ClinicalExcellenceQueensland  
  **Twitter:** https://twitter.com/clinexcelqld
CED delivers a suite of career-ranging clinician leadership and management development programs including the Learn2Lead Junior Doctors Program, the Step Up Leadership Program, the Manage4Improvement Program, the High Impact Leadership Program.

“\textit{The Learn2Lead Junior Doctors program} focused on helping us to understand how to effect change by leadership. We worked right from having the idea through to the details of whom and what was required to make 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 problems you have recognised but were unsure how to proceed with.”

\textit{Doctor Annette Swift} (now Redlands Hospital)

CED also delivered a range of leadership and management development consultancy services to a number of HHSs and worked in collaboration with the Metro South HHS in the statewide delivery of the highly regarded Clinician and Medical Managers Orientation Program.

The Rural and remote pathways project resulted from the Nursing and Midwifery Board of Australia proposal to discontinue the registration standard: \textit{Endorsement for scheduled medicines} (rural and isolated practice). Central Queensland HHS was funded to consult with key stakeholders and provide a report to inform regulatory changes for Remote and Isolated Practice Endorsed Nurses. This included reviewing the existing regulatory arrangements for immunisation and sexual health nurses.

“\textit{The Passionate about Practice Symposium} on 9 May 2017 was held in the lead up of the International Nurses Day. Almost 300 nurses, midwives, clinicians and support staff from across the state came together to celebrate and promote the innovative work being done across Queensland. The diversity of Queensland’s nursing and midwifery workforce and services were also celebrated.

CED represented Queensland’s nurses and midwives at two international nursing and midwifery forums (Spain and Canada) during 2016-17. At the \textbf{International Congress of Nursing} (Barcelona) CED presented initiatives including the Business Planning Framework, Nurse-to-patient ratios, Professional credentialing and the Nurse Practitioner Endoscopist role. At the \textbf{International Conference of Midwives} (Toronto), attended by 6,200 midwives from 112 countries, CED presented on \textit{Psychoeducation to women fearful of birth and Childbirth fear experienced by one in nine Queensland midwives.}
Commencing in 2016-17, CED invested $1 million over three years to fund 18 HHS and 17 departmental staff to participate in Improvement Advisor training programs from the Institute for Healthcare Improvement (IHI). This is the first time the IHI – a leading innovator, convener, partner, and driver of results in health and health care improvement – have delivered their programs outside of the United States.

The ten month program aims to empower staff with the tools they need to drive cultural and system changes in their work areas and saw nine staff successfully graduating with skills to guide, support and participate in accelerating local improvement efforts across their organisation, as well as teaching and coaching others locally.

“The IHI training model bridges the gap between university experimental methodology and applied experimentation for quality improvement in a real-world environment. Understanding these methodologies will therefore help with the implementation and spread of improvements from other organisations. I now feel like I have a methodology to diagnose the problem and access to a toolbox of different strategies to apply. The higher level statistical methodology I was introduced to enables planning of more complex applied experiments than I would have previously been capable of.”

Robert Forsythe, Director of Pharmacy, Rockhampton Hospital, Central Queensland HHS.
Hundreds of health professionals from across Queensland converged on Brisbane on 1-2 June 2017 for the inaugural Clinical Excellence Showcase. With the tagline Collaborate. Evolve. Disrupt., almost 50 speakers from a range of health services presented their projects. The showcase connected health service staff with ideas, initiatives and programs with the view of encouraging scale up and spread of great ideas.

CED also funded the development of online resources to assist emergency staff in caring for children.

Waiting for What is a diagnostic survey tool used to snapshot key trends in barriers to patient flow in hospital systems. This includes intensive support at hospitals for a seven day period, producing a detailed report containing analysis of the data captured and recommendations for patient flow improvement strategies. In 2016-17, Waiting for What surveys were conducted at QEII, Ipswich, Redcliffe and Mackay hospitals. The facilities were provided with a detailed report which included some key areas for the services to focus on improvement and investigate opportunities to address barriers identified.

A Statewide Maternity Services Forum was held on 15 November 2016 which focused on identifying actions which could be applied across the health system to improve the quality and outcomes for mothers and babies in public maternity services. The forum identified three key themes to be investigated in order to improve public maternity services including:
1. collaborative leadership culture within services
2. improving the reliability of identification and management of risk in pregnancy
3. models of care and workforce.

An action group was established to address each theme, with group leaders meeting in March 2017 to determine their scopes and programs of work until June 2018.

HITH provides a mechanism to treat patients in their permanent or temporary residence for acute conditions requiring clinical governance, monitoring and/or input that would otherwise require treatment in a traditional inpatient hospital bed. Access to this service means that patients are provided with greater choice in their care and have improved access to health care services.

CED funded the development of a toolkit to support implementation and spread of the very successful Geriatric Emergency Department Intervention (GEDI) tool to multiple Queensland hospitals including Nambour General Hospital which won the 2016 Premier’s Award for Excellence in Customer Service. The GEDI model is aimed at improving the quality of care for frail older persons (over the age of 70 years) presenting to an emergency department with an acute illness or complex healthcare requirements, reducing unnecessary hospital admission and facilitating early safe discharge.

The successful Hospital in the Home (HiTH) public-private partnership (PPP) allowed 9,500 patients to be treated in their homes between 2014 and 2017.
The groups’ actions to date include developing a culture and leadership self-assessment tool, identifying best-practice recommendations for antenatal education, reviewing risk-assessment and decision-support tools, identifying a core-suite of maternity indicators, and the development of a decision-making framework and toolkit to guide service level implementation for models of care and to transition to continuity of carer models of care.

CED provided the project, operational and stakeholder engagement capability to support the 2016 announcement of the Specialist outpatient strategy: Improving the patient journey by 2020. Key outcomes of this work have included:

- standardisation of approaches to specialist outpatient department categorisation, waiting lists and long waits in response to wide variation in practice across the state
- implementation of the Health Provider Portal, providing GPs with access to their patients’ information in The Viewer
- identifying and spreading five new and successful models that will help manage the demand on specialist outpatient services.

These new models which will commence from 1 January 2018, include:

- General practitioner with special interest
- Primary care fracture clinic
- Centralised audit and Health Contact Centre collaboration

Long waits for Specialist Outpatient Department appointments were reduced by 36% from 58,436 at 30 June 2016 to 37,397 at 30 June 2017.

A Suicide Prevention Health Taskforce was established in August 2016 and released the Suicide Prevention Health Taskforce Action Plan in November 2016. The plan aims to help identify when, where and how the provision of existing health services could be improved to reduce suicide amongst at-risk demographic and clinical cohorts, as well as individuals at risk of suicide. Eight Taskforce Action Plan areas are progressing with a range of partners and stakeholders, including PHNs, HHSs, the Queensland Mental Health Commission, school-based youth health nurses, Ed-LinQ, Queensland Centre for Mental Health Learning, Roses in the Ocean, and people with lived experience.

“It is heartening to see increased investment in suicide prevention within the health service context. The opportunity to be involved in the Suicide Prevention Health Taskforce has been very rewarding, largely due to the genuine commitment to meaningful inclusion of lived experience, both at a Taskforce member level, community input into the Taskforce’s direction, and the inclusion of lived experience-focused initiatives in the Taskforce Action Plan.”

Lived experience representative member, Suicide Prevention Health Taskforce.
The **Mental Health Act 2016** commenced on 5 March 2017 replacing the previous **Mental Health Act 2000**. The new Act is the result of a major review undertaken by the Department of Health which included several rounds of public consultation and more than 300 submissions received from members of the community.

The new Act has a strong focus on patient rights by ensuring legislation is contemporary, reflective of evidence based clinical practice and supports recovery of people with mental illness. The successful implementation of the new Act would not have been possible without the strong collaborative partnerships and immense effort of HHSs and the myriad of government and non-government services involved in its implementation.

**Connecting care to recovery 2016-2021: a plan for Queensland’s state-funded mental health alcohol and other drug services** supports our mental health, alcohol and other drug system to work better for individuals, their families and communities by strengthening collaboration and supporting more effective service integration. Our aim is for those with the most severe illness or problematic substance misuse to be better connected to care and recovery oriented services that are close to their families and communities.

CED’s Mental Health, Alcohol and Other Drugs Branch led the implementation of the Government response to the **Barrett Adolescent Centre (BAC) Commission of Inquiry** report which was completed by 30 June, 2017. Active engagement of consumers and carers (particularly those associated with the former BAC) alongside collaboration with a broader range of stakeholders was critical to the effective and successful delivery of the Government response. This included:

- commissioning independent reviews and delivering reports for all six recommendations
- delivering a joint submission with the Department of Education and Training (DET) for approval of the business case to establish a statewide bed-based adolescent extended treatment facility (AETF)
- engaging in a co-design consultation process to develop, critique and validate both the model of service and building design for the new AETF
- delivery of 12 Youth Mental Health Forums held across Queensland in partnership with Health Consumers Queensland and DET.

CED also undertook a number of **improvement processes for surgical services** in 2016-17 resulting in the lowest ever recorded number of ready-for-surgery long wait patients (99 as of 1 July 2017). The Queensland Health **Operating Theatre Efficiency Guideline** was also published in response to the Queensland Audit Office’s Report **Queensland Public Hospital operating theatre efficiency (Report 15: 2015-16)**. The standardised **Queensland Health Emergency Surgery Access Guideline** was also developed and released in response to the change in national definition for elective surgery. A proof-of-concept project for managing bariatric surgery was also developed following recommendations from the QCS.

Following the success of the **2016 Winter Beds Strategy**, the 2017 Winter Beds Strategy was set up in January, with a funding pool of $15 million, to fund additional capacity and models of care within hospitals for predicted surge activity during winter 2017.

The $15 million 2016 pool yielded performance stabilisation during a time of
predicted heightened demand for services. More than 30 local projects were funded and the HIU team were tasked with assisting sites with implementation, monitoring and evaluation activities.

An annual capacity planning forum held in December 2016 brought together key stakeholders from HHSs to share lessons learned from the program and review strategies for the coming year, which informed the 2017 Winter Beds Strategy.

**Specialist one-off and ongoing advice and consultation** services were provided to seven HHSs throughout 2016-17. The services provided included medical patient pathway redesign, patient flow review, departmental, outpatient and single-unit reviews. Elective surgery processes, waiting list and theatre utilisation review processes were also undertaken.

For example, in 2016-17 the following facilities leveraged this advisory service:

- Ipswich Hospital – onsite assistance in the redesign of the medical patient pathway; and implementation of and funding for a Clinical Decision Unit
- Cairns Hospital – review of patient flow functions; specialist outpatients review
- Logan Hospital – review of emergency department flows
- Mackay Hospital – review of the emergency department and short stay unit; theatre utilisation review
- Mt Isa Hospital – management of elective surgery processes
- Canberra Public Hospital – review of elective surgery waiting list and theatre utilisation.

**CED continues to provide secretariat and governance support to Queensland Health’s clinical networks and the Queensland Clinical Senate (QCS).** During 2016-17, the QCS considered ‘Integrated Care’, ‘Challenges to the health system’ and ‘Digital healthcare’ at its quarterly meetings with almost 500 clinicians in attendance. New statewide clinical networks were also established for Digital Healthcare Improvement, Persistent Pain and Gastroenterology in 2016-17. Statewide Clinical Networks promote the uptake of evidence based practice, development of clinical policy and drive quality improvement in patient focused standards of care. They provide a structure for clinicians to work closely across organisational boundaries on priority service areas. Queensland Health has twenty-three networks who provide independent advice to stakeholders across Queensland Health.

**CED funded Graduate enhancement projects in 2016-17** to provide additional nurse educators and support for graduate nurses and midwives to rotate into remote primary health care facilities and clinical supervision training. This project aims to sustain the healthcare workforce through improved and increased capacity to support graduates.

**CED funded Metro North HHS to modify and extend their perioperative nursing specialisation training** to rural and remote nurses in 2016-17, to address existing and emerging workforce gaps. Since March 2017, seven nurses from Wide Bay, Torres and Cape and North West HHSs have undertaken the program which includes education within a specialty immersion context.
Patient safety

- Continued development of the oral health clinical indicator reporting and greater engagement with oral health services has enhanced the evaluation of dental treatment provided to public dental patients. The indicators support HHSs to assess patient outcomes and quality treatment by reporting on unplanned returns following common dental procedures, such as fillings, extractions and root canal treatment.

- During 2016-2017 CED issued 33 patient safety and quality alerts and advisories which were circulated across Queensland Health facilities and to the Private Health Regulation Unit.

- In July 2016, a patient in Queensland was diagnosed with the infection *Mycobacterium chimaera* (also referred to as *M. chimaera*) following contamination of heater cooler units used to regulate the temperature of a patient during open cardiac surgery. Such contamination, caused during manufacture, is an international issue, with more than 100 cases of patient infection post-surgery worldwide, with five cases of patient infection subsequent to the index case now diagnosed in Australia.

Although the risk to patients is very low, all patients who underwent heart valve surgery or had artificial vascular material inserted into blood vessels leading to or from the heart in a Queensland Health facility between October 2011 to August 2016 were contacted by letter to inform them of the potential risk.

- All heater cooler units now undergo regular testing and those testing positive for *Mycobacterium chimaera* have been removed from service and replaced or sent for disinfection.

- The Statewide Recognise Early Signs and Initiate Sepsis Treatment (RESIST Sepsis Program) was launched in May 2017 and aims to reduce mortality from sepsis in Queensland over the next 3-5 years. The program was established in response to the increasing number of sepsis episodes and sepsis-related adverse events in Queensland, similar to national and international trends.

The World Health Organization and World Health Assembly announced sepsis as a global health priority in May 2017. Our program will initially focus on adult and paediatric emergency departments, with pilot sites testing the change package designed to be adopted and adapted in sites across Queensland. Over subsequent phases the program will address sepsis presentations in the rural and remote setting, inpatients, and maternity.

- The 2017 April No Falls campaign aimed to increase staff and consumers’ knowledge of strength and balance strategies to reduce the risk of deconditioning and falling in hospital and in the community care setting. The campaign message was ‘Your prescription to staying on your feet is 30 minutes of physical activity each day’.

Twenty-five hospitals, residential care services and community health services joined in April No Falls month by holding foyer displays, education sessions, Tai Chi demonstrations, falls champions training day, safe recovery training, grand rounds and strength and balance sessions.
The Informed Guide to Decision-making in Health Care, a well referenced clinical and legal resource used by HHSs throughout Queensland, was revised and updated to reflect the latest advice to assist a two-way dialogue between patients and their health practitioners about the benefits, risks, and alternatives of treatment, taking into account the patient’s personal circumstances, beliefs and priorities. In addition, 15 procedure-specific informed consent forms and patient information sheets were also re-published following comprehensive review by relevant clinicians with consumer input and feedback.

In 2016-17, CED coordinated statewide reference groups to design and trial a series of new Early Warning and Response System Tools to assist clinicians in recognising and responding to clinical deterioration across specialised clinical settings.

The following tools were developed, trialled and implemented with input from senior clinicians, educators, patient safety and human factors specialists:

- Renal Dialysis Queensland Deterioration Detection System (Q-ADDS)
- Mental Health Q-ADDS
- Prison Health Care Centres Q-ADDS Informed Consent
- High Flow Children’s Early Warning Tool (CEWT) - bronchiolitis
- Hospice CEWT

CED facilitated two patient experience surveys in 2016-17 which were a repeat of surveys conducted two years prior and results were compared where possible:

1. the 2016 Maternity Patient Experience Survey (MPES) surveying 4,645 mothers from 40 public hospitals and multipurpose health services. Results showed:
   - 71 per cent of mothers rated their labour and birth care in hospital as very good, 17 per cent as good and seven per cent as adequate. This is largely on-par with results from the 2014-15 survey which showed 72 per cent of mothers rated this care as very good, 17 per cent as good and seven per cent as adequate.
   - In 2016-17, 57 per cent of mothers rated their postnatal care in hospital as very good, 25 per cent as good and 12 per cent as adequate. In 2014-15, 55 per cent of mothers rated this care as very good, 28 per cent as good and 12 per cent as adequate.

2. the 2016-17 Small Hospitals Patient Experience Survey (SHPES) sought feedback from 9,503 patients across 84 small public hospitals and multipurpose health services. Results showed:
   - 70 per cent of patients rated the care they received as very good, 21 per cent as good and six per cent as adequate. This is on-par with results from the 2014 survey which showed 71 per cent of patients rated their care as very good, 20 per cent as good and six per cent as adequate.

During 2016-17, new patient safety and quality indicators and reporting were developed for hospital acquired complications (HAC), severe acute maternal morbidity (SAMM), stillbirths and paediatrics. These will assist HHSs in monitoring patient safety and quality.

User-friendly interactive dashboards and infographics are used to present information, allowing clinicians to explore the indicators over time, and to a patient level where required.
Hospital-acquired pressure injury prevalence has reduced from 14.0% to 3.7% (2003) to (2016).

This equates to preventing pressure injuries in 58,380 overnight inpatients and savings equivalent to a 687 bed hospital.

The Queensland Integrated Safety Information Project (QISIP) team consulted with HHSs on the statewide core build of the RiskMan application for the management and reporting of clinical and workplace incidents, consumer and staff feedback, risk management and worker injury management, with Darling Downs HHS the first pilot HHS going live in February 2017. The resulting core build allowed individual sites to then tailor the build to suit their local business needs.

Some of the likely benefits of RiskMan to HHSs and to the Department include:

1. increased ability to track progress of incidents/feedback
2. capability to link staff and patient safety issues
3. greater transparency of risk management activities
4. improved efficiency levels
   • time saved in viewing and building reports
   • more responsive access to information within the system
5. users will be able to input and view all patient and staff safety issues within one integrated system.

RiskMan will be implemented in all HHSs and the DoH by June 2018, at which time the current systems of PRIME CI and PRIME CF will be decommissioned, as they are built on aging platforms and code base, and do not have the functionality to reflect current work practices or meet the needs of HHSs.

The Refresh Nursing program, overseen by the Office of the Chief Nursing and Midwifery Officer, provides funding for up to 4,000 offers of employment to suitably qualified nursing and midwifery graduates. It presents graduates with the opportunity to gain valuable clinical experience and is an important long-term investment in the professional development of this workforce and in enhancing the safety and quality of healthcare services. These graduate places in Queensland Health’s public teaching hospitals also included the employment of nursing and midwifery educators.

CED partnered with Metro South HHS and other key stakeholders in 2016-17 to mentor healthcare facilities which planned to commence the Magnet Recognition Program® or Pathway to Nursing.
Excellence® journey. Magnet helps create nursing practice environments and cultures which support and promote quality patient care and quality nursing and midwifery practice. A symposium in June 2017, Clinical Excellence – Bringing the vision to life, celebrated those facilities which had commenced or completed their journeys.

On 1 July 2016 nurse to patient ratios legislation commenced in Queensland for adult acute medical and surgical wards in 27 prescribed facilities across 12 HHSs. Mandated ratios were also introduced for adult acute mental health units at two of the prescribed facilities. Following implementation, compliance has been monitored and reported publicly on a quarterly basis. Compliance from January through to June 2017 was 100 per cent (rounded to the nearest whole number). The legislated ratio is 1:4 for morning shifts, 1:4 for afternoon shifts and 1:7 for evening shifts.
Innovation

CED funded the expansion of the award-winning Accelerated Chest Pain Risk Evaluation (ACRE) in 2016-17 to include a trial of Improved Assessment of Chest Pain (imPACT), which is resulting in patients with low-to-medium risk chest pain no longer experiencing unnecessary emergency department testing and delays.

CED has continued to strengthen its ties with primary and community care through the Clinical Prioritisation Criteria (CPC) and the HealthPathways platform, a major step forward in providing more timely specialist outpatient care. This initiative has significantly improved the interface between the acute sector and its primary care partners by opening pathways for communication and streamlining referral and booking processes.

CPC have had the following impacts on referral processes where implemented:

- Reduction in incomplete referrals
- Consistent information for general practitioners about their patients’ referrals
- Reduction of duplicate referrals and referrals sent to the wrong facilities
- Ensures equitable access to patients, regardless of where they live.

Queensland GPs have also been able to register for secure online access to patient healthcare information from Queensland’s public hospitals since 28 June 2017. This read-only online access allows GPs to view key clinical information including blood test and medical imaging results, details of medications received and prescribed, and details of diagnoses.

This access, the first of its kind in Australia, bridges the information gap between Queensland GPs and public hospitals and helps ensure patients receive consistent, timely, and better coordinated care. It also means patients no longer have to recall details of specific treatments and tests they received in hospital as GPs can now access this information online before or during a patient consultation.

“I believe this access will be just great for us GPs out in the trenches with our patients. It really helps fill in the gaps as to what happens with our patients in hospital. We look forward to further streamlined and seamless sharing of information with Queensland Health.”

Dr Paul Neeskens, MBBS, M EPI, Bayswater Family Practice, Wide Bay.

Non-admitted telehealth service events increased by 37% in 2016-17 compared to 2015-16

Admitted telehealth service events increased by 35% during the same period

The Allied Health Expanded Scope Strategy 2016-2021 guides a comprehensive program of work aiming to develop a modern, responsive and effective allied health workforce, thereby improving patient access to high-value healthcare. Key activities under the strategy include:

- funding 10 allied health expanded scope implementation projects across 12 HHSs
- continued development of referral and service pathways for chronic musculoskeletal conditions and ear, nose and throat (ENT) services
- providing oversight and monitoring of
nine allied health prescribing research trials

- funding the allied health specialist clinics project, led by Metro North HHS
- supporting the development and provision of expanded scope education and training.

- From 1 July 2016, the Information System for Oral Health (ISOH) was solely supported, developed and managed by CED after a collaboration with New South Wales Health ended. This resulted in a Queensland-centric system more tailored to the business processes of HHS oral health clinical and administrative staff. These changes to ISOH have resulted in improved staff efficiency while maintaining the integrity of patient and organisational data.

- CED continued the roll out of the electronic oral health record (EOHR) functionality within the statewide Information System for Oral Health (ISOH) in 2016-17. Implementation involved upgrading IT infrastructure, adapting local business processes, training oral health staff in each dental clinic, providing on-site support and handing over support to local super users. The electronic clinical record not only removes paper charts from dental clinics but also delivers improvements in patient care as clinicians have direct access to their oral health clinical record at dental clinics throughout the state. Implementation has been completed across all adult public dental clinics in nine HHSs with full roll out expected to be finalised by June 2018.

- CED continued to partner across the healthcare and education sectors in 2016-17 to develop an Allied Health Rural Generalist Pathway (AHRGP). This is a key strategy to increase the accessibility, effectiveness and sustainability of allied health services for rural and remote communities. Ten early career allied health professionals completed their rural generalist training position appointments in 2016-17 with positive workforce and service outcomes supporting the continued implementation of the strategy.

- Phase three of the Credentialing for Nurses (C4N) joint initiative between Queensland Health and the Australian College of Mental Health Nurses (ACMHN), delivered a toolkit to support professional organisations prepare their organisation and speciality for credentialing, and a smart device application (app) to record continuing professional (CPD) information and records necessary for credentialing.

- The Healthcare Innovation and Transformation Excellence Collaboration (HITEC) was formally established in CED during 2016-17. The purpose of the collaboration is to provide clinical leadership in the digital transformation of healthcare delivery and to develop evidence-based, data-driven solutions for patient care.

To date, HITEC has supported several of our major hospitals, including Princess Alexandra, Cairns, Townsville, and Mackay Hospital to adapt to the digital environment.
CED also continued implementation of the Nurse Navigator role in Queensland during 2016-17. The Nurse Navigator role is a practice innovation focussed on improving care coordination, patient satisfaction and health literacy. CED collaborates with HHSs on implementation of the Nurse Navigator role with 121 new navigators commencing employment in 2016-17.

One patient from the North West Hospital and Health Service explained how their Nurse Navigator had helped them:

“...I was no longer able to manage my health. I was struggling to manage my pain. I was spending more time at appointments and in hospital than anywhere else. This [Nurse Navigator service] was the best thing to happen to me. After meeting my Nurse Navigator I had everything explained to me and necessary arrangements made: appointments, tests, talking to all the doctors from the hospital and my doctor. When I was readmitted, a meeting was arranged. My son came and many health care professionals were there. My Nurse Navigator led the meeting and we talked about my health problems and a plan was agreed to. I have not been back to the Emergency department since. I am feeling much better.”

The New Technology Funding and Evaluation Program (NTFEP) provides funding to implement and evaluate the safety, effectiveness and cost-effectiveness of new health technology in local clinical settings. Evaluation outcomes inform policy and clinical decision-making for the introduction and diffusion of health technologies. For the 2016-17 funding round, the following nine technologies were funded:

- Lumenis UltraPulse System
- Trans Catheter Leadless Pacemaker
- TransMedics Organ Care System Heart
- Minimed Insulin Pump SmartGuard
- Computer assisted planning and surgical guide fabrication for orthognatic surgery
- DIXI SEEG electrodes
- Xenios Extra Corporeal Life Support System
- Calypso System
- Balloon Pulmonary Angioplasty for inoperable chronic thromboembolic pulmonary hypertension.

The technologies are currently in the process of being implemented by Hospital and Health Services, and CED is working with the project teams to evaluate the benefits of each technology to patients, clinicians and the system. For example, DIXI SEEG electrodes for refractory epilepsy were implemented at Mater Health Services. This is a significantly less invasive procedure that enables clinicians to identify the site of the patient’s epilepsy to enable surgeons to operate. As a result, patients’ seizures are significantly reduced, enabling a much better quality of life.

In 2016, CED invested the $35m Integrated Care Innovation Fund (ICIF) into 23 projects across 13 Hospital and Health Services (HHSs). This genuine commitment to better integrating healthcare in Queensland targeted the dual health system challenges of chronic disease and service fragmentation. Interim reports are due in March 2018 and resulting models will be scaled and spread across the system.

The Integrated Referral Management...
**System (IRMS) project** will enable new ways for HHSs to communicate with primary healthcare providers. The IRMS will deliver better end-to-end care coordination throughout a patient’s entire healthcare journey. It will also support better informed referrals for safer and more timely patient transfers between healthcare settings. Project implementation is scheduled to be completed by 30 June 2019.

- The **Hospital of the Future** program is a collaboration between CED, Logan Hospital and Metro South HHS. Global best-practice dictates that to ensure future success, we must focus on running hospitals more effectively, maximising the clinical benefits of digital technology, and delivering genuinely integrated care across health sectors and between health professionals.

- CED successfully partnered with Metro South HHS, Maternity Choices, Health Consumers Qld, Harrison’s Little Wings, Griffith University School of Midwifery, community services organisations as and local parents to develop and advocate for a **community based maternity hub model in Logan**. The partnership secured $3 million in recurrent funding for women most at risk of adverse pregnancy outcomes to receive midwifery continuity of care.
CED provided 98 HHS staff with clinical incident management training in 2017.

CED continues to collaborate with the Healthcare Purchasing and System Performance Division (HPSP) of the Queensland Department of Health in the development of new tools to support performance monitoring, which provide elective surgery, emergency department, specialist outpatient and gastroenterology dashboards. These dashboards allow health executives and clinicians to view their hospital performance.

Public dental waiting list information continues to be published on the Queensland Health and Hospital Performance websites. Data includes the number of people waiting in every public dental clinic, how long people have been waiting, and the number of patients who recently began dental care. Dental waiting list information is made available in both a user-friendly format that allows eligible patients to look up their local public dental clinic, as well as a data spreadsheet that can be used by researchers.

Accessibility of oral health services is an important aspect of the performance of public oral health services delivered by HHSs. A goal of Australia’s National Oral Health Plan 2015-2024 is that all Australian’s have access to appropriate and affordable oral health care in a clinically appropriate timeframe. To help achieve this ambition, CED identified a need to measure and monitor access to public oral health services and developed a suite of access indicators based on a patient-centred conceptual framework of access. The indicators draw on routinely collected human services, population and oral health services data.

CED is also responsible for the establishment and maintenance of corporate data collections for performance reporting and system improvement purposes. We provide operational reporting to assist equity of access for patients waiting for health services across the state and are custodians of the following data sets:

- Emergency department information system (EDIS)
- Operation room management information system (ORMIS)
- Hospital based corporate information system (HBCIS)
- Nursing and Midwifery performance scorecard reporting on skill mix, sustainability, productivity and quality.

In 2016 almost 3,500 consumers completed the statewide Your Experience of Service (YES) mental health consumer experience of service survey*.

*(inpatient and community specialised mental health)
A total of 815 parents or carers completed the 2016 Family of Youth survey which measures inpatient and community specialised mental health care provided to children or young people. An increase from 626 completed surveys in 2015-16.

The Business Planning Framework generic review was conducted by HHSs from March to May 2017 as a quality improvement exercise. Both system and HHS findings were subsequently shared at the roundtable meeting hosted by the Nurse and Midwives Implementation Group in Brisbane in July 2017. This roundtable meeting created a productive forum with engagement from all stakeholders. Every HHS attended; including Executive Directors of Nursing and Midwifery, Business Planning Framework Resource and Workforce nurses; local and state organisers from the Queensland Nursing and Midwifery Union. The review confirmed very high compliance and opportunities for continued improvement in the areas of education, governance and sustainable compliance. These improvements are agreed and supported by all stakeholders, further evidence of the commitment for ongoing collaborative relationships and support of the BPF.

In 2016-17, more than 21,500 individual consumers received services* provided by Queensland Health funded mental health non-government organisations

*(excluding the Housing and Support Program)