

Queensland Clinical Senate

Clinician leadership. Consumer collaboration. Better care.

Connecting Data, Not Just Collecting Meeting Report

19 August 2021

Meeting report: 'Connecting data, not just collecting'

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<https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-senate>

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Chair's report

Collecting data is vital to so many aspects of healthcare from resource allocation and improved service delivery, to informing clinical decision-making and conversations with patients at the bedside.

Data is collected at a multitude of points across the patient journey from the moment they are triaged in the emergency department or admitted to a ward, through to discharge and beyond.

But while we collect a plethora of data, we haven't realised the potential for clinicians to understand what data are available and to improve the way clinicians can access what they need.



The Senate meeting enabled clinicians, consumers and healthcare administrators to consider how we can better use data to improve care and outcomes for patients.

We looked at a number of programs being used in Queensland Health that collect and compare data to inform clinicians about specific areas that could be improved. Two programs showcased – GIRFT and NSQIP – are getting great results and proving how empowering clinicians to leverage data can improve patient care.

In the second half of the meeting, we looked at areas where we know we have challenges in collecting the right data, for example the way sex and gender are recorded in our systems. Without the ability to collect relevant data, we are unable to consider health outcomes for our diverse patient populations. This underpins Intersectional equity which we also considered. 'Intersectionality' refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation.

Within this report you will see the progress that is being made by eHealth Queensland to capture sex and gender in our systems. The impact this will have on the care that we provide consumers who may not align with the traditional binary concept.

While our discussions on how we can better capture and respond to the diversity in our communities were rich, this was very much the start of a conversation that needs a great deal more thought, time and action.

By turning our minds to data, what we collect and how we use it, we are continuing a conversation that is all about enabling clinicians to provide the best care and outcomes for our patients and empowering consumers to make informed choices. It is, most importantly, also about a better patient experience for all Queenslanders.

Dr Alex Markwell
Chair, Queensland Clinical Senate



Recommendations

Connecting data: not just collecting- Recommendations

The healthcare system collects more data than ever before, but are we making this data meaningfully available to the people delivering the care: our clinicians? Without timely access to relevant, accurate data, clinicians are restricted in their ability to improve outcomes for their patients.

The Queensland Clinical Senate recommends the following actions to better utilise data to improve outcomes for Queensland's consumers:

1. Queensland Health should commit to undertaking a statewide review of the current collection, processing, presentation and actioning of clinical data and to progressing a **clinical data strategy** in collaboration with all stakeholders, including clinicians and consumers. The strategy should consider the principles of Relevance; Comprehensiveness; Simplicity of collection; Accessibility and Utility.
2. Patient data, including diversity data such as culture, ethnicity, disability, sex, gender, etc should be collected where it is *relevant* to inform the delivery of healthcare along with improved understanding of population health.
3. Existing and future healthcare software should be linked to enable a *comprehensive* view of the patient journey, regardless of where in Queensland they are. The effectiveness of existing patient journey software, such as The Viewer ([Health Provider Portal](#)) and My Health Record, should be regularly reviewed to ensure fitness for purpose.
4. Data collection, where possible, should comply with data standards. Clinicians should contribute to further system-level development of data standards where required.
5. Data collection tools should be *simplified*, including single input/automated where possible and standardised to enable communication of consistent data sets.

6. Access to clinical information and intelligence drawn from data housed in a centralised data lake must be supported by an appropriately skilled and resourced statewide team who can assist clinicians with their data and information needs. This includes facilitating regular performance reports to guide continuous clinical improvement.
7. Existing successful programs, such as GIRFT, NSQIP, etc. *utilised* across as many healthcare specialties and disciplines as possible. Appropriate training should be provided to all relevant staff, including how to respectfully collect sensitive data, as well as recording and interpreting data.
8. Consumers should be enabled to access their own outcome data.

Recommendations relating to diversity

9. A **consumer diversity advisory committee** consisting of relevant Queensland Health staff, external organisations, clinicians, consumers and carers, should be established to drive and promote the recognition and appropriate response to the diversity of our consumers, including sex, gender, sexuality, disability and cultural diversity. The committee should oversee:
 - a. Development of a consumer diversity and inclusion statement that celebrates the diversity of our community, and promotes respectful, informed communications and the importance of collecting diversity data and its potential to improve healthcare outcomes.
 - b. Ensuring that Queensland Health clinical information systems have the capacity to record all relevant diversity data, and that all relevant staff are appropriately trained in collecting and utilising this data. Systems should be able to capture data including:
 - i. **Gender in addition to sex**, covering existing options with the capacity to build new options into the software, along with the capacity to change an individual's sex and gender over time.
 - ii. **Multiple names**, where a consumer has a legally recognised name but also uses another name or names at various times for a variety of reasons. This will support implementation of the [*Meriba Omasker Kaziw Kazipa \(Torres Strait Islander Traditional Child Rearing Practice\) Act 2020*](#);
 - iii. **Personal pronouns** with associated visible date field and comment field to assist in understanding the currency of particular data.
10. Improve access to **professional development and clinical training** about gender diversity and intersex variations, so that health professionals understand the relevance of sex and gender to their clinical needs and settings. Gender Liaison Officer and other clinical support roles should be promoted and rolled out across the state.

Introduction

The Senate meeting

The Queensland Clinical Senate hosted more than 120 clinicians, consumers and health executives from across the state on Thursday, 19 August 2021 in a virtual meeting to discuss 'Connecting data, not just collecting'.

The meeting explored how we can better use the data we collect and use, the data we don't currently collect but should and the impact on patient care and outcomes.

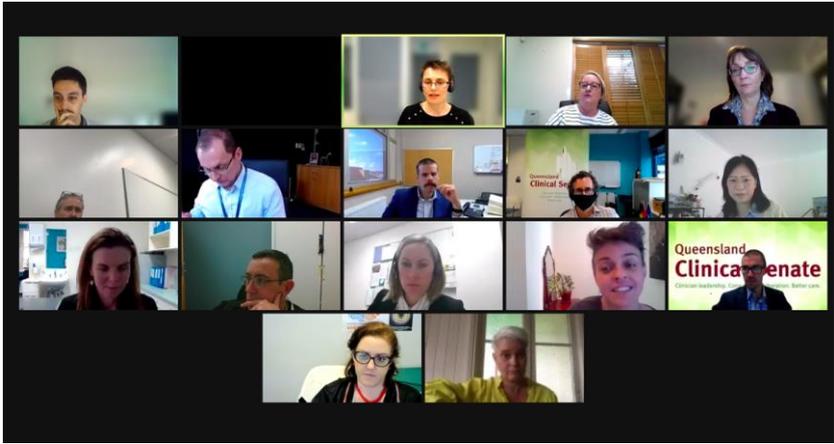
See Appendix 1 for the meeting agenda.

Speakers and panellists

Clinicians, healthcare administrators and health consumers

- Dr Catherine McDougall, Orthopaedic Surgeon, Clinical Director of Surgery STARS, Metro North Hospital and Health Service, GIRFT Clinical Lead
- Ms Shelley Haydon, Surgical Clinical Reviewer – NSQIP (National Surgical Quality Improvement Program), Division of Surgery, Logan Hospital, Metro South Hospital and Health Service
- Ms Narelle Doss, Executive Director, Digital Strategy and Transformation Branch, eHealth Queensland
- Ms Olivia Donaghy, Coordinator Queensland Children's Gender Service, Children's Health Queensland Hospital and Health Service
- Mr Reuben Daniels, Enterprise Architect, Digital Strategy & Transformation Branch, eHealth Queensland
- Dr Erin Evans, Queensland Clinical Network Executive member, Queensland Clinical Senate Executive member, Chair Health Consumers Queensland
- Melissa Fox, Chief Executive Officer, Health Consumers Queensland
- Chris Thiesfield, Health Consumer
- Delphine Geia, Health Consumer
- Lucy Lai, Health Consumer
- Keren Pointon, Health Consumer
- Hamza Vayani, Health Consumer
- Bonnie Hart, Health Consumer and Queensland Council of LGBTI Health (QC) representative
- Ash Broom, Health Consumer and Queensland Council of LGBTI Health (QC) representative
- Navindra Jayasekera, Health Consumer
- Sue Swinburne, Health Consumer

We sincerely thank all of our speakers, in particular our health consumers for sharing their experiences and perspectives.



Presentations and key messages

Session 1— Feeding data back to clinicians

Getting It Right First Time (GIRFT)—‘How using Data can improve patient outcomes and reduce unwarranted variation’

Dr Catherine McDougall, Orthopaedic Surgeon, Clinical Director of Surgery STARS, Metro North HHS, GIRFT Clinical Lead *‘Connecting data not just collecting the data is absolutely what the GIRFT program is all about.’*

- GIRFT is a clinician-led data-driven program aiming to decrease unwarranted variation.
- The program gathers multiple sources of data to determine what the state average is and where a facility sits compared to that.
- Clinicians lead a discussion with their peers at each hospital to determine what is good and what could be better
- The real key is clinicians and managers collaborating about areas of improvement, particularly within their own service, with the aim of improving outcomes.
- Data is presented across a variety of metrics including ‘access and equity’, ‘complication and outcome’, and demographics .
- GIRFT has been able to reduce low benefit care, decrease costs, improve efficiency and decrease outliers on a number of programs in the past two years.



Examples:

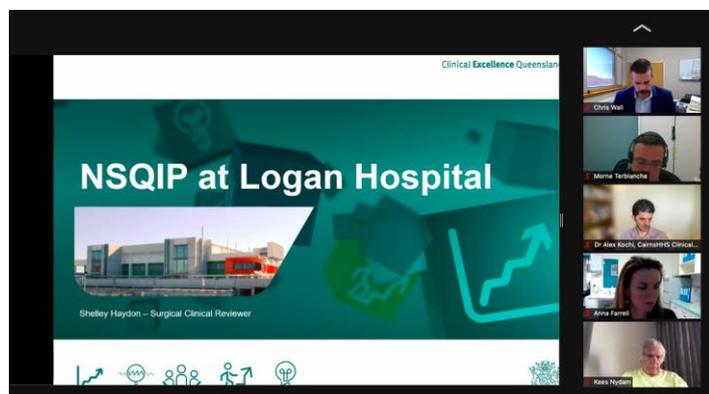
- **Knee arthroscopy** for patients aged over 55 years can be low value care – this group of patients may progress to a full knee replacement within two years of the initial procedure.
 - GIRFT has demonstrated an overall decrease in the number of people aged over 55 having a knee arthroscopy, as well as a reduction in some of the outliers.
- **Length of stay after total hip and total knee replacement** has been reduced
 - In 12 months, these improvements have saved 611 bed days, and \$1.2million.
- The program has also been able to decrease outliers with **cementing in hip fractures**.
- GIRFT has also improved **infection rates** in orthopaedic surgery.

National Surgical Quality Improvement Program (NSQIP)

Ms Shelley Haydon, Surgical Clinical Reviewer – NSQIP, Division of Surgery, Logan Hospital, Metro South Hospital and Health Service

‘Sharing relevant data with our teams provides a foundation for quality improvements, driven by staff who better understand the nuances of day-to-day workflows and the challenges and opportunities to improve quality care for patients.’

- NSQIP is a data driven, risk-adjusted, outcomes-based program to measure and improve the quality of surgical care.
- The NSQIP platform allows the generation of robust and real time reports.
- It is different to other quality improvement programs as clinical audits will often miss events in the patient journey, with 60 per cent of post-operative surgical complications occurring after discharge.
- Benefits to participating hospitals include:
 - Identifying quality improvement targets
 - Improving patient care outcomes
 - Decreasing institutional healthcare costs.
- NSQIP has 706 participating sites on the adult platform and 148 on paediatric, giving clinicians a greater ability for local and international benchmarking.
- Eight Queensland hospitals are participating as part of the NSW Collaborative with the NSW Agency for Clinical Innovation.
- The first data report was received in July 2021 after 18 months of data collection.
- The data enhances the hospital’s ability to zero-in on preventable complications using validated, risk-adjusted data and assists hospitals to understand where they can make improvements—it is not about individual clinician performance
- Pneumonia, unplanned intubation, urinary tract infection (UTI), renal failure, readmission, sepsis and surgical site infections (SSI) are among the complications the data considers
- The latest report showed that 60 per cent of collaborative hospitals needed improvement with SSI and 47 per cent with UTIs.
- Logan has integrated PREMS and PROMS into its NSQIP platform, framing patient conversations and providing rich data on how interactions affect patients, their perceptions and the impact of post-operative complications on their patient journey. Results are shared at surgical mortality and morbidity meetings.



- NSQIP has helped identify gaps in post-operative care and identify opportunities for process improvements.

Session 2— Using data to improve healthcare outcomes for diverse populations

Sex and gender – Towards better collection, management and use of sex and gender information within Queensland Health

‘Assuming sex and gender are the same and the consequent misgendering may lead to a range of undesired outcomes.’

Speakers

Ms Narelle Doss, Executive Director, Digital Strategy and Transformation Branch, eHealth Queensland

Ms Olivia Donaghy, Coordinator Queensland Children’s Gender Service, Children’s Health Queensland Hospital and Health Service

Mr Reuben Daniels, Enterprise Architect, Digital Strategy and Transformation Branch, eHealth Queensland

- eHealth Queensland’s Gender and Sex Sub-Working Group (GSSWG) was formed in July 2020.
- The group has successfully proposed changes to statewide data standards for collecting consumer demographics.
- Members have also influenced changes to better support sex and gender in Queensland Health and national digital solutions.
- The Queensland Health Person and Provider Identification Data Set-Definitions standard has been updated to improve the capture and recording of sex, gender and variations of sex characteristics information.
- A growing number of national and Queensland Health ICT solutions now support the capture of both sex and gender as separate data elements
- The ideal would be:
 - to see clinical and administrative systems enable the safe and effective delivery of health services for all consumers inclusive of transgender, non-binary, gender diverse and intersex consumers.
 - a consumer’s assigned/legal sex (based on observations of characteristics such as reproductive system, endocrine system and chromosomes) and gender are collected, maintained and meaningfully used across the health system.
 - information relating to the presence of variations in sex characteristics (intersex) should be captured as a separate question



- consumers can update their sex and/or gender information with ease and without negative impacts to their care and experience.
- health outcomes are equitable to all Queensland Health consumers inclusive of transgender, non-binary, gender diverse and intersex consumers.
- The reality:
 - Gender is not routinely captured in Queensland Health applications and databases.
 - Variations in sex characteristics (intersex) are rarely captured
 - Staff do not understand, in the main, that sex is distinct from gender and there is a lack of education and processes to support updating sex and/or gender information on request.
 - Many Queensland Health clinical and administrative processes couple 'sex' with other process flows incorrectly relying on sex to be an immutable field, synonymous with gender.
 - Hospital and Health Services have received feedback relating to patient experience, perceptions of discrimination and differences in clinical outcomes in relation to transgender and intersex people.
- Misgendering of consumers (directly or indirectly stating, implying or recording a person's gender as something that it is not) can lead to increases in:
 - affected consumers not receiving the same standard of care, contributing to poor health outcomes
 - Hopelessness and suicidal ideation of affected consumers
 - Queensland Health staff safety incidents.
- Among the other consequences of inaction include Queensland health staff being at risk while the systems that support service delivery are not enabling contemporary, legislatively (*Anti-Discrimination Act, 1991; Human Rights Act, 2019; Sex Discrimination Act, 1984*) aligned care.
- As a priority, it is proposed that a project should be initiated to address the problem across the Department of Health and Hospital and Health Services. Among its activities the project should develop changes to improve how Queensland Health communicates ensuring sex and gender can be effectively and accurately represented within databases, enabling clinicians to make effective and accurate clinical decisions and our patients to experience high quality care.
- Consumer consultation and involvement in the project is viewed as essential
- Support for the project is being sought.

Panel discussion: Intersectional equity

Melissa Fox, Chief Executive Officer, Health Consumers Queensland

Hamza Vayani, Health Consumer

Bonnie Hart, Health Consumer

Ash Broom, Health Consumer

Navindra Jayasekera, Health Consumer

Sue Swinburne, Health Consumer

Key messages

- Intersectionality embraces the idea of 'all of who I am'
- People have more than one or two characteristics that affect who they are, people are multifaceted.
- When characteristics combine, people often find it harder to obtain the help they need due to systemic barriers.
- In Queensland's health system, this often means that those who need healthcare the most are least able to effectively access it and shape it.
- It's been said that there is often a one-dimensional approach of focusing solely on race or gender issues when it comes to program planning and design delivery and evaluation.
- The more we engage teams and communities of people with very different, very diverse backgrounds, the more it helps bring those multiple intersecting perspectives and ideas to the table.
- This is especially important if we want health services, including the data, quality and improvement systems that underpin them to address inequality and inequity.
- If we are going to deliver health care that is accessible, timely and reduces the demand on the costly end of healthcare, we really need to understand our communities and their health and wellbeing and part of that understanding is being able to respectfully collect that diversity of information.
- With regards to intersex variation, often the emphasis is on the individual to educate healthcare providers about what it is like to have an intersex body and that can come at a large personal cost.
- If a consumer can acknowledge these different aspects / intersections of their life and can have a meaningful conversation about their intersex variation with a healthcare provider without having their body further pathologized, they are much more likely to get a better healthcare outcome and feel confident to bring their needs to that space.

What is intersectionality?

Intersectionality is the ability to view individuals and communities from a complex and dynamic perspective, knowing that not only one or two characteristics, such as race or gender, affect who they are, and their health and well-being but recognizing that people are multifaceted, people come from specific places, cultures, religions, languages, and ethnicity, and they have a place in society in terms of the power and privilege that they hold.

Intersectionality embraces the idea of "all of who I am."

(Source: National Collaborating Centre for Determinants of Health and National Collaborating Centre for Healthy Public Policy, (2016). Public Health Speaks: Intersectionality and Health Equity. Antigonish, NS and Montreal, QC: Author.)

HCO HEALTH CONSUMERS



Next steps

The recommendations in this report will be presented to the Department of Health for endorsement.

The Senate will seek updates on the implementation of endorsed recommendations to keep members and other interested parties informed of progress and provide further input into bodies of work as appropriate.

Special thanks

Dr Alex Markwell, Chair, Queensland Clinical Senate (meeting Co-Chair)

Adj. A/Prof. Chris Raftery, Deputy Chair, Queensland Clinical Senate (meeting Co-Chair)

Dr Erin Evans, Chair, Health Consumers Queensland

Melissa Fox, Chief Executive Officer, Health Consumers Queensland

Queensland Clinical Senate Support Team

Ms Melleesa Cowie, Director, Healthcare Improvement Unit, Clinical Excellence Queensland

Mr Ian Johnson, Manager, Queensland Clinical Senate Secretariat

Ms Rebecca Griffin, Communications Lead, Queensland Clinical Senate

Ms Rachel Olorenshaw, Principal Project Officer, QCS Secretariat

Appendices

Appendix 1 – Meeting agenda



9.30am	JOIN
10.00am	Welcome, acknowledgement, context and housekeeping Adj. A/Prof Chris Raftery, Deputy Chair, Queensland Clinical Senate Meeting technical facilitator introduction Mr Kieran Bindahneem, technical facilitator and assistance, Tuna Blue <i>Contact via mobile with any technical issues: 0410 415 002</i> Meeting facilitator Dr Alex Markwell, Chair, Queensland Clinical Senate
10.15am	Session 1: Feeding data back to clinicians Objective: Explore the outcomes from existing projects that have captured and fed data back to the relevant clinicians Getting It Right First Time (GIRFT) (20 mins: 15 mins presentation + 5 mins questions) Dr Catherine McDougall, Senior Medical Officer, Orthopaedics, Metro North Hospital and Health Service National Surgical Quality Improvement Program (NSQIP) (15 mins) Ms Shelley Haydon, Surgical Clinical Reviewer – NSQIP, Division of Surgery, Logan Hospital, Metro South Hospital and Health Service Plenary discussion (10 mins) All
11.00am	Group Work (40 mins in virtual break-out rooms – group facilitators only to link into GroupMap and share screen with group) <ul style="list-style-type: none">- Consider variation, data sets (incl. existing data sets that would be useful to link to, e.g. registries, national data sets, etc.)<ul style="list-style-type: none">o 11.40 Feedback (20 mins)
12.00pm	Lunch



12.20pm	<p>Session 2: Using data to improve healthcare outcomes for diverse populations</p> <p>Objective: Explore how we can better capture and respond to the diversity in our communities, incl. sex and gender, cultural, etc.</p> <p>Sex and gender (10 mins)</p> <ul style="list-style-type: none"> • Ms Narelle Doss, Executive Director, Digital Strategy and Transformation Branch, eHealth Queensland • Ms Olivia Donaghy, Coordinator Queensland Children's Gender Service, Children's Health Queensland Hospital and Health Service • Mr Reuben Daniels, Enterprise Architect, Digital Strategy & Transformation Branch, eHealth Queensland <p>Intersectional equity - consumer panel (15 mins)</p> <ul style="list-style-type: none"> • Panel facilitator: Ms Melissa Fox, Chief Executive Officer, Health Consumers Queensland • Consumer representative panel members, Health Consumers Queensland <p>Plenary discussion (15 mins) All</p>
13.00	<p>Group Work (30 mins in virtual break-out rooms – group facilitators only to link into GroupMap and share screen with group)</p> <ul style="list-style-type: none"> - Consider data capture re: sex and gender, intersectional equity <ul style="list-style-type: none"> o 13.30 Feedback (20 mins)
13.50	<p>Wrap-up and reflection (10 mins) Dr Alex Markwell, Chair, Queensland Clinical Senate</p> <ul style="list-style-type: none"> - <i>Opportunity to complete meeting evaluation via MS Forms</i>
2.00pm	Meeting Close