

Main Entrance

Queensland Health

Clinical **Excellence** Queensland

# Excellence Matters



Improvement



Transparency



Patient Safety



Clinician Leadership



Innovation



Queensland  
Government

## Letter from the editor



This edition, unsurprisingly, has a heavy focus on Queensland's remarkable response to the COVID-19 pandemic, in both our hospital and health services and within the department.

We also shine a spotlight on some individuals and teams who, while working behind the scenes, have been thrust to the forefront of our pandemic response.

Queensland, Australia and New Zealand's management and containment of COVID-19, particularly our low hospitalisation and mortality rates, is the envy of countries worldwide.

Queensland's preparedness for COVID-19, admittedly not fully tested so far, has also attracted considerable interest from interstate and overseas.

This edition of Excellence Matters also shows how technology played its part in keeping patients and clinicians safe, while keeping them apart but 'connected'. The rapid increase in our network capacity from 90 concurrent external videoconference calls to 1,600 (see page 16) was quite remarkable.

Perhaps more remarkable though, was that Queensland clinicians, managers and administrators continued to search for and implement ways to improve and innovate beyond the pandemic. Gold Coast Health's blood tracking solution, piloted in October 2019, is already producing outstanding results in patient safety and zero blood wastage (see page 23).

Our 2020 edition of Excellence Matters is the first time we've sought articles and input from our partners in HHSs and within the department, bringing you a vast array of inspiring stories.

We believe this edition truly proves that 'excellence does matter' in Queensland Health, and we're proud to share with you some great successes from across our state.

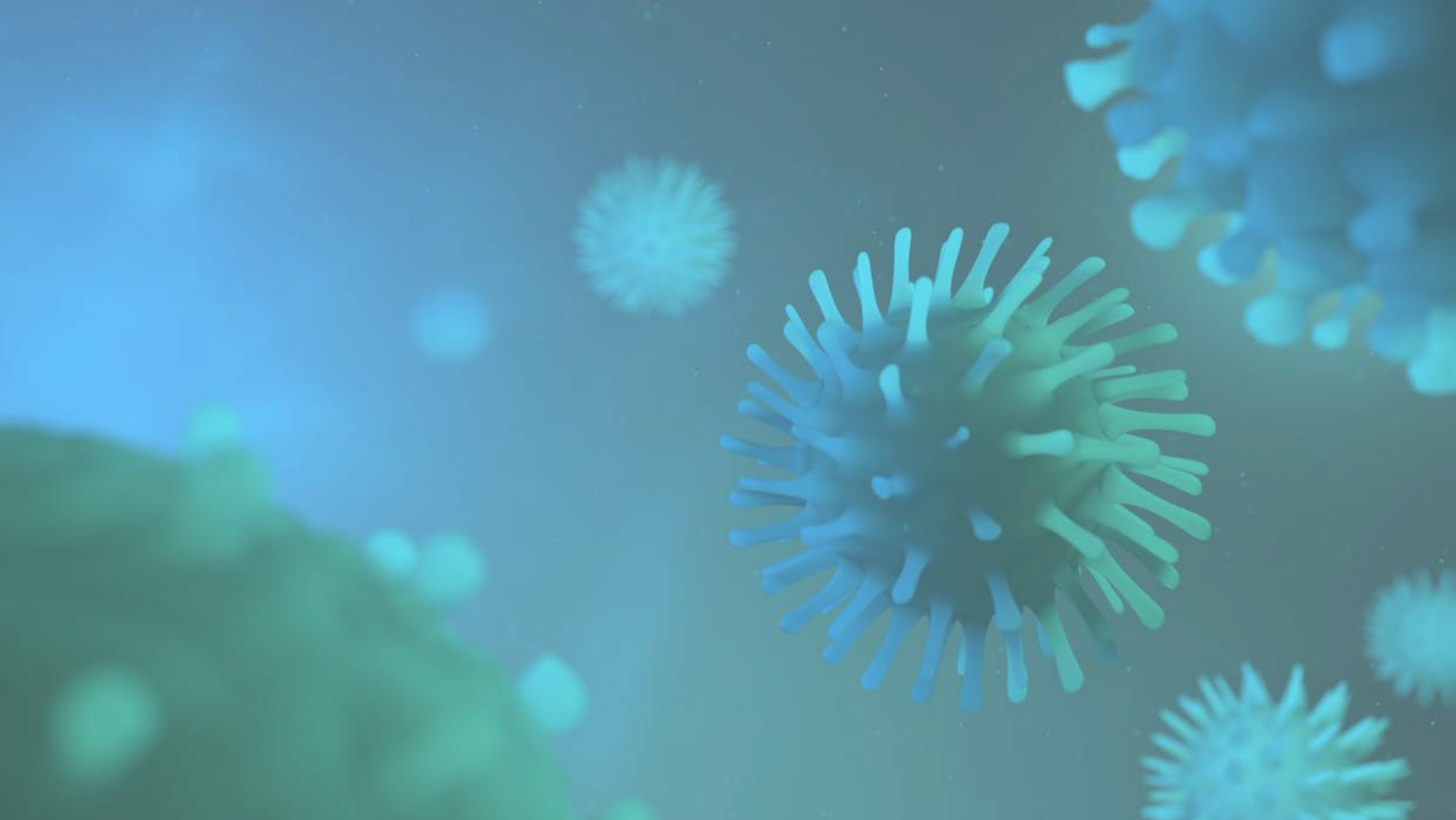
Go well,

**Dr Jillann Farmer**

Deputy-Director General,  
Clinical Excellence Queensland

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# Queensland and COVID-19: the power of collaboration

A snapshot of how various services and teams have responded to the pandemic – there is so much for Queensland to be proud of!

In light of the incredible challenges and opportunities that COVID-19 has created in Queensland, we've provided a snapshot of how various services and teams have responded to the pandemic. From behind the scenes at the State Health Emergency Coordination Centre, to improving internet speeds in isolated communities and establishing much-needed evidence-based guidelines at lightning speed – there is so much for Queensland to be proud of! **Note: the information in this section was current as of July 2020. Delays to the release of Excellence Matters may mean this information is now out of date. Please contact [CEQ-Engage@health.qld.gov.au](mailto:CEQ-Engage@health.qld.gov.au) for any queries.**



# Public Health Incident Management Team: Rapid and scaled-up response to COVID-19

In response to international events of transmission of an agent of pandemic potential, Queensland's Chief Health Officer stood up the COVID-19 Public Health Incident Management Team (COVID-19 IMT) on 22 January 2020. The role of the IMT is to work in partnership with public health units (PHUs) across Queensland to bring together expertise from public health and infection control nurses, doctors, epidemiologists, environmental health and public health officers to plan and guide the public health response to COVID-19.

The COVID-19 IMT also works collaboratively with a multitude of other stakeholders within the Department of Health and in other jurisdictions to implement a coordinated public health response to the pandemic. These key stakeholders include, but are not limited to:

- » the Compliance Operations team – supporting border control measures and compliance with Chief Health Officer's Public Health Directions
- » the Epidemiology team – providing current data and intelligence on COVID-19 cases, testing numbers and sources of COVID-19 infections in Queensland
- » 13 HEALTH's Health Contact Centre, Hospital and Health Services and PHUs – supporting the rapid identification, testing and isolation of cases and tracing and quarantining contacts
- » Clinical Excellence Queensland – supporting wide dissemination of clinical advice to primary care providers and ensuring feedback from primary care is channelled back to COVID-19 IMT
- » public laboratories and public health and infection control clinicians – implementing a comprehensive and flexible testing strategy to support the rapid identification of cases and monitor areas of increased risk to public health
- » the Strategic Communications Branch – informing the public and coordinating the publishing of advice and resources

- » Response Lead within the State Health Emergency Coordination Centre (SHECC) – coordinating advice for stakeholders within the Department of Health and across other government agencies
- » healthcare, industry and community sectors – providing advice on infection prevention and control measures and to support the implementation of enhanced public health measures, such as physical distancing.

Returned travellers from international flights and cruises have been a key factor in the number of COVID-19 cases in Queensland. Queensland Government COVID-19 statistics report that as at 19 June 2020, 827 of the 1,066 confirmed cases in Queensland were likely acquired overseas. Tracing close contacts of COVID-19 cases who have travelled is therefore critical to preventing or minimising transmission. As part of the COVID-19 IMT response a 'Flight Team' was established early on to support contact tracing of the cases infectious whilst on international flights. Confirmed COVID-19 cases who travelled on flights and cruises are notified to the COVID-19 IMT by public health units or other sources such as the National Incident Room (NIR).

For flights arriving in Queensland, the Flight Team undertakes a process to obtain flight manifests (seating plans) to identify close contacts of a confirmed infectious COVID-19 case (i.e. passengers seated in the same row, two rows in front and two rows behind the case) as per standard contact tracing protocol. These contact details are then provided to relevant parties, such as 13 HEALTH's Health Contact Centre (HCC) and PHUs, for a direct follow-up with contacts. Airlines are also notified so that the health of flight crews can be managed by the airline. A similar process is undertaken for notifications of confirmed COVID-19 cases on cruise ships, where all passengers are considered close contacts.

COVID-19 IMT had to scale up its response and rapidly recruit and train new staff members for the Flight Team in order to manage the unprecedented surge in notifications.



**4 March - 8 May 2020** a total of **594 flight trips** undertaken by confirmed cases were **notified to the Flight Team** and recorded in a contact tracing log.



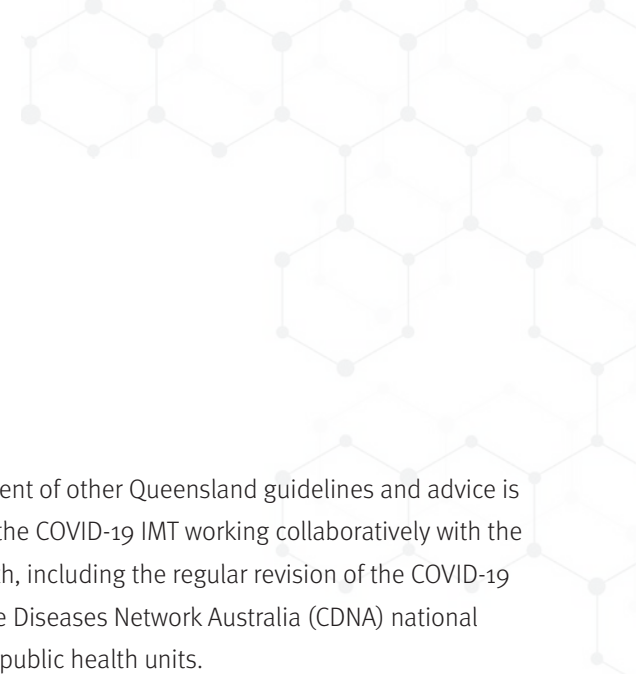
These flight trips related to **549 individual confirmed COVID-19 cases** on **356 unique flights**.



During the peak period **20 March to 28 March 2020** alone, up to **46 notifications** were **received each day!**



A total of **158 flights** (123 domestic and 35 international) were **eligible for contact tracing**.



Apart from contact tracing, providing evidence-based infection prevention and control advice to healthcare settings and providers, industry, community, policy makers and other state government departments is central to COVID-19 IMT's public health response. This crucial advice is indispensable for appropriately managing COVID-19 cases and preventing transmission in healthcare and community settings. To this end, the IMT has developed several resources, such as the Queensland Health interim infection control guidelines for the management of COVID-19 in healthcare settings, as well as resources on self-isolation and self-quarantine and the correct use of PPE in healthcare settings. In addition, the Assistant Director of Nursing in the COVID-19 IMT is a committee member on the Statewide Infection Clinical Network to support consistency in providing evidence-based infection control advice to health services across Queensland.

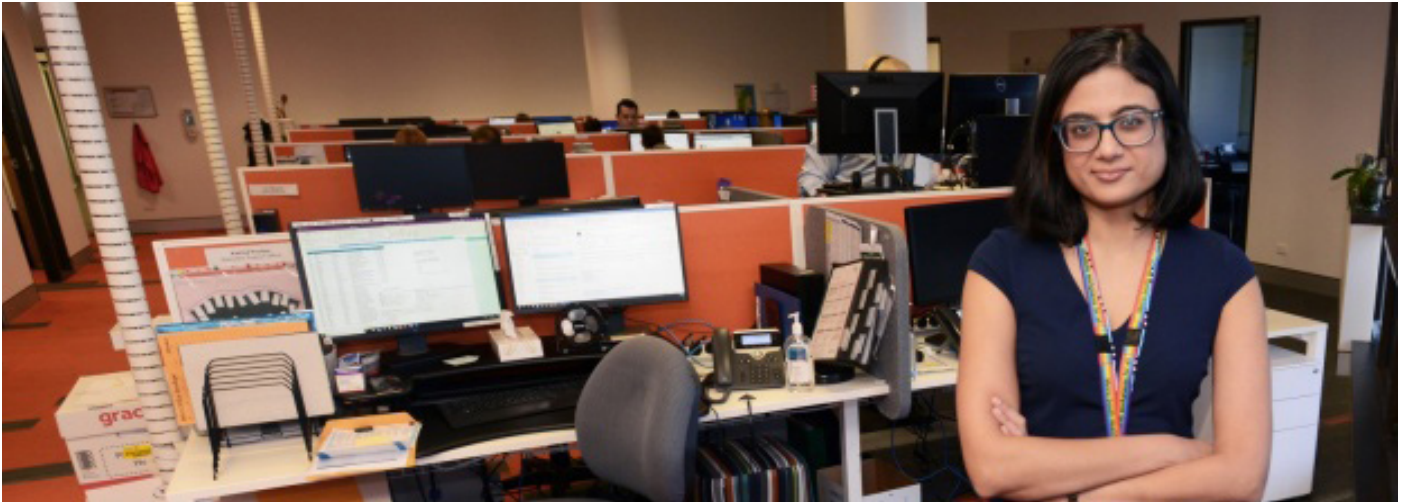
The development of other Queensland guidelines and advice is supported by the COVID-19 IMT working collaboratively with the Commonwealth, including the regular revision of the COVID-19 Communicable Diseases Network Australia (CDNA) national guidelines for public health units.

Taking stock six months down the track since COVID-19 IMT stood up, work done to contain COVID-19 in Queensland is considered successful to date. The team is now focusing on how Queensland can maintain this over the next six months.

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*Thank you to Public Health IMT for supplying this article*

“ There have been some cases where staff have had to immediately call an ambulance based on that first phone call. If they're short of breath or reporting chest pain we do not muck around.



Dr Bhakti Vasant

## Metro South Health's Public Health Unit explains - how does contact tracing works?

The Metro South Public Health Unit has played an integral role in the detection and management of COVID-19 in the community setting since the pandemic was identified in December 2019.

MSH Public Health Physician, Dr Bhakti Vasant, said case investigation and contact tracing work begins at the point of diagnosis. The unit receives a notification from a laboratory or the health department of a newly confirmed case then that case is assigned to a team member who then calls the patient.

Dr Vasant said the patient's mental welfare and physical health was the priority when calling to confirm a COVID-19 diagnosis. "It's really important we gauge what people are feeling over the phone and try to build rapport. Sometimes people are expecting the result, other times it's a surprise," she said.

Investigative and contact tracing teams from the Public

Health Unit cast their net as wide as necessary in a bid to not miss anyone who might have been exposed.

"The work these public health teams are doing to interrupt the chain of transmission is really making a difference to the number of cases in Australia. It's like detective work - you can't rely on a single source of information, you have to take information from multiple sources to piece the puzzle together," she says.

"Sometimes one new piece of information can take the timeline back a few weeks and we go back to re-interview cases and contact more people."

Despite the number of confirmed cases reducing every day, Public Health Units across the state continue to play an important role in containing the spread of COVID-19 and the Queensland community is now reaping the rewards.

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*Thank you to Metro South Health for supplying this article.*



# COVID-19 response for expansion of RaSS and HITH services across the state

To prepare the system for potential high demand for hospital care due to COVID-19, CEQ's Healthcare Improvement Unit supported the allocation of additional funding to expand residential aged care facility acute care support services (known as RaSS) and Hospital in the Home (HITH) services.

Services were asked to submit ideas for how they could be rapidly expanded by 30 June 2020, and into the new financial year, with \$15 million available for RACF acute care support service teams and \$19 million for HITH services. Service expansions included expanding increasing RaSS hours to seven-days a week, increasing the number of HITH 'beds' available and establishing COVID and non-COVID HITH teams.

Residential aged care facility acute care support services were also supported with pandemic preparedness. Director in HIU, Laureen Hines, said a RACF response plan needed to be integrated into pandemic response plans.

"Services also needed to identify how they would collaborate with public health, palliative care, HITH and inpatient teams to foster a cohesive system-wide response."



A suite of resources were also developed to inform the care of residential aged care facility residents including:

- » Checklist for Residential Aged Care Facility preparation for COVID-19 prevention and outbreak management
- » Acute respiratory illness (suspected COVID-19) in RACF resident
- » Management of suspected RACF COVID-19 outbreak.

COVID-related documentation was also prepared to offer guidance to HITH services:

- » HITH Addendum to the QHAPDC Manual (currently in draft) with inclusion in the manual in progress
- » HITH COVID-19 Clinical Pathway
- » Greater emphasis on the HITH Direct GP Referral Pathway.

These documents are available on the Queensland Health COVID-19 website (resources for clinicians).

Ms Hines said as a result of the collaborative approach used early-on, the RaSS services have worked well with residential aged care facilities, and hospitals have promoted their HITH services to ensure care could be provided in residents' homes where it was their expressed wish and safe to do so.

"While it is fortunate that the demand for services has not been as high as initially anticipated, due to lower than expected COVID-19 cases, it has been encouraging to see how quickly services have been able to respond to the call for expansion and offer greater flexibility in their service arrangements."

# How Pathology Queensland is supporting Queensland's response

Since the first positive COVID-19 case was diagnosed in Queensland on 29 January 2020, the team at Pathology Queensland (PQ) have responded to the challenge of the pandemic in an agile way, meeting the constantly changing needs for testing in an environment of uncertainty.

Scientists and operations staff in the microbiology departments of the PQ labs have performed exceptionally well and processed a massive amount of work (outlined below). The COVID-19 pathology call centre has helped many members of the community get back to work quickly, visit loved ones in aged care, deliver supplies to remote communities in lockdown, allowed FIFO workers to catch a

flight home to family, and relieved many anxious patients.

PQ and Forensic and Scientific Services (FSS) have also assisted both Papua New Guinea and Norfolk Island with transport and testing of COVID-19 swab specimens. In the face of flight delays and cancellations, transporting COVID-19 testing reagents, equipment and specimens has been very challenging.

Here is a snapshot of how PQ has risen to this incredible challenge and supported Queensland's response to COVID-19.

## The use of technology

In March, PQ integrated with Queensland Health's various SMS notification systems for negative COVID-19 results; delivering results quickly and directly and providing peace-of-mind for anxious patients. The following month, an 1800-telephone hotline support service for negative test results was also established to advise patients about COVID-19 testing within a Queensland Health public facility.

PQ also developed a digital interactive dashboard which displays real time COVID-19 test ordering and testing results data, based on statewide pathology data for tests undertaken by PQ and FSS laboratories. The dashboard includes local test turnaround times, patient volumes down to clinic and ward level, Indigenous status, and an interactive map of patient numbers by testing facility, HHS and patient postcode.

Updated every 30 minutes, the dashboard is now being used by public health officials, emergency response management teams and medical staff to assist with additional testing and contact trace planning and management.

The COVID Response Team and the Clinical Information Systems Support Unit have been pushing the boundaries to get numerous and significant changes into AUSLAB and then subsequently all the new interfaces operational. Each new instrument assay requires not only scientific verifications but interfaces to be built, installed and tested. The rate of change and deployment has been unprecedented.





## Partnerships and collaboration

In Cairns, the Cairns Public Health Unit and the Cairns and Hinterland Hospital and Health Service, alongside PQ, reacted very quickly to contain a positive case that occurred in their laboratory. Cairns laboratory staff were quarantined for the routine two-week period and the laboratory was thoroughly cleaned. A relieving scientific and operational staff pool were flown into Cairns to continue running the laboratory, resulting in minimal disruption to services.

Then, when the positive COVID-19 case was detected at the North Rockhampton Nursing Centre, one of PQ's pathologists enlisted the help of his friend—a recently retired Qantas pilot—to fly his private plane (pictured) to transport test kits to Rockhampton and swabs back to Brisbane to ensure testing could be undertaken in a timely manner.

## Enhanced testing capability

PQ has commissioned a diverse range of testing platforms to push through the ever-increasing demand for testing, and for these to be done quickly and locally. This diversity also allows for additional contingencies when an instrument needs to be serviced, technical upgrades are needed, or issues arise. And with worldwide test kit and supply issues, having several different platforms allows for one type of test to be done if another has supply or logistical delivery issues.

Large high-throughput platforms are already in production in PQ's Central and Townsville laboratories and these provide the bulk of the testing. Twenty-nine PQ laboratories, including all but the smallest rural and regional laboratories, are testing with the GeneXpert instrument. These provide test results in an hour and were instrumental in the Rockhampton outbreak.

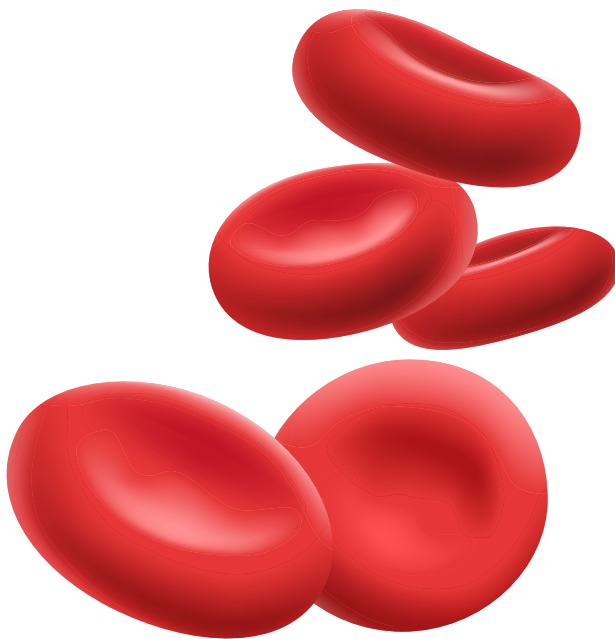
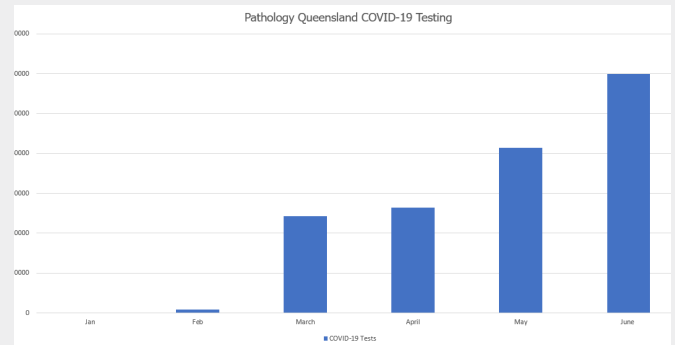
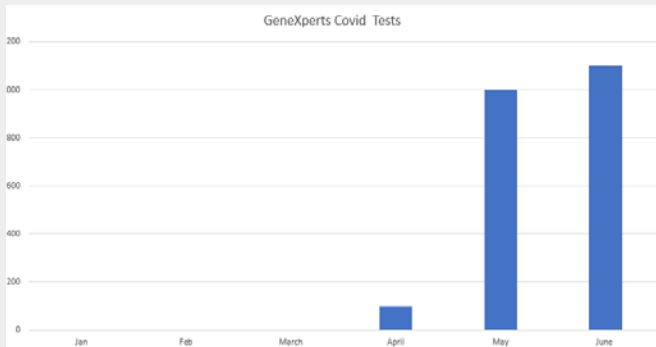
Panther Fusion systems (pictured) have been commissioned and introduced in some of the larger PQ group laboratories including Central, Townsville, Gold Coast, Cairns, Toowoomba and Sunshine Coast to allow more rapid on-site testing for respiratory viruses including COVID-19.

And finally, PQ has commissioned automated serology testing given that these results can be included and may be useful in determining (along with a patient's clinical history and public health information) a patient's exposure to a previous infection.



## Testing rate

Pathology Queensland has performed more than 150,000 COVID tests for Queensland Health. Two thousand (2,000) of these tests have been performed on the GeneXpert platform which provides test results in regional and communities in under one hour.



Pathology Queensland (PQ) provides diagnostic pathology services to all Hospital and Health Services across metro, regional and remote Queensland, offering laboratory services in the disciplines of: anatomical pathology, chemical pathology, haematology, immunology, microbiology and genomics. PQ also provides an invaluable service to Queenslanders by supporting a coordinated response to incidents and disasters.

For more information visit  
<https://www.health.qld.gov.au/healthsupport/businesses/pathology-queensland>

*Thank you to PQ for supplying this article*



## Join 13.5k colleagues who receive the frontline clinician email

Daily COVID-19 communiques to clinicians ensured frontline staff had up-to-date clinical information and details of Queensland Health's response throughout the pandemic.

These communiques condensed timely and relevant information into one place, making it easy for clinicians to stay informed, even when responding to and preparing for the pandemic on the frontline.

"Thank you so much for the concise update and highlighted changes/important aspects! This is exactly the sort of communication the junior clinicians at RBWH have told me they need. Appreciate it, hopefully your team can keep this up on a regular basis." – Julian de Looze, Metro North Hospital and Health Service.

These communiques will likely continue on a regular basis post-pandemic to address the identified gap in direct clinician communication between HHS and system-level communications. They will include relevant updates from the Queensland Clinical Senate, the Statewide Clinical Networks, other professional offices within the Department of Health, and other information relevant to a statewide audience.

The COVID-19 frontline clinician emails were an initiative of the Queensland Clinical Senate, in partnership with the Statewide Clinical Networks and CEQ-Engage. To subscribe visit this website: <https://bit.ly/3drpUrt>.

## The Maternity Models of Care Decision-Making Framework

The Office of the Chief Nursing and Midwifery Officer is pleased to announce the maternity models of care decision-making framework and accompanying toolkit are now available.

The maternity models of care decision-making framework was developed to assist Hospital and Health Services to transition to maternity continuity of carer models, which requires careful planning and consideration around the trajectory for rollout and ways to demonstrate the concept and benefits of the model.

The decision-making framework consists of questions aimed to provoke thoughtful consideration around the organisation's readiness for change as well as considerations about population characteristics, workforce, geography and technology that affect the way the proposed model of care is delivered. You can access the decision-making framework on the Queensland Health intranet.

# eHealth Queensland and COVID-19

Since the COVID-19 pandemic emerged earlier this year the focus for Queensland Health has been supporting the state's 16 Hospital and Health Services (HHSs) to deliver quality patient care during what has been an unprecedented time.

Critical to this has been the advancements in technology, in the form of innovative applications, additional satellites and cell towers, faster internet speeds and whole new 'physical distancing friendly' ways of working – just to name a few!

As a result, Queensland Health patients have been able to stay connected during COVID-19 and receive the care they need more readily, no matter where they are. Here's a snapshot of some of the recent technology advancements we've seen:

## Queensland Health's first virtual Emergency Department

In a Queensland first, the virtual healthcare model has now also become part the state's emergency response, with the development of a Virtual Emergency Department within Metro North Hospital and Health Service.

The in-reach service allows clinical teams to support one another and work together to provide critical care. It can be accessed by general practitioners, Queensland Ambulance Service officers, residential aged care nurses and community and oral health clinicians to gain timely and expert advice for their patients.

eHealth Queensland Deputy Director-General, Damian Green, said technology has an important, ongoing role to play in planning the future of the state's health system. "This crisis has shown the ingenuity of our clinicians and staff. It has been breathtaking watching teams plan how to provide safe and high-quality care through the



adoption of technologies like virtual care, telehealth, AI and other digital health solutions," Mr. Green said.

During the pandemic, Queensland Health has also seen greater use of many other models of care, including Hospital in the Home, Virtual Wards, and Telehealth Outpatient Services.

## Cow Bay community now better connected

A new satellite solution at the Cow Bay Community Health Centre in Far North Queensland will better connect remote clinicians with their patients and colleagues.

The increasing demand for telehealth services and limited mobile coverage in the remote Cow Bay region fast tracked the satellite's installation, which now provides access to a raw internet service. Local Director of Nursing, Michelle Lamond, said the new solution is the best thing that's happened at the Cow Bay Primary Health Clinic (PHC) in her 22 years of running it.

***"It's amazing. My computer used to take 20 minutes to turn on, now it only takes one. I've had a camera installed to provide my first telehealth consults. It's helped during COVID-19 but will have ongoing***

***benefits. It saved one of my elderly patients a three-hour round trip to Mossman Hospital," Michelle said.***

"I'm also getting set up with TEMSU, the centrally coordinated retrieval service, RSQ and Surface Pro; the teleconferencing units used in rural and remote areas for acute emergencies. When there's an emergency at Cow Bay the chopper takes 52 minutes to arrive. I provide the best care I can on my own but now I'll be able to connect with specialists and we can work together to provide care until the helicopter gets here."

Once proven as a viable backup solution the satellite set-up at Cow Bay PHC will be rolled out to more rural and remote healthcare facilities, enabling Queensland Health staff to work far more efficiently.

## A new delivery for Doomadgee

The Doomadgee Community Health Centre, in the state's far north west, now has better mobile network coverage and connectivity thanks to a partnership between eHealth Queensland and Telstra.

eHealth Queensland collaborated with Telstra to co-fund the installation of a 4G radio cell tower which provides high-speed internet access to the Doomadgee Community Health Centre and surrounding community.

The area has been struggling with poor internet and phone connection and the new tower means healthcare staff can now perform their jobs more easily, hold decent phone conversations with loved ones, attend online education, and even enjoy some Netflix on their days off!

## New COVID-19 contact tracing portal

The Queensland Police Service and the Department of Justice are some of the departments benefitting from a new online portal created by eHealth Queensland that contains the latest COVID-19 information on Queenslanders in self-quarantine.

The portal is a secure website being shared with Queensland Police, representatives of the Department of Justice and Attorney General and teams from Queensland Health's Public Health Units, to access and enter data for self-quarantine notices as well as contact tracing.



## New COVID-19 Compass ICT application

Caring for COVID-19 patients in isolation has been easier thanks to the COVID-19 Compass app. The application enables an integrated health response that hasn't been possible before, by allowing healthcare information to be shared between acute and community health services.

Queensland Health's Chief Nursing and Midwifery Officer, Shelley Nowlan, said the global COVID-19 pandemic has changed the way healthcare is provided, and that this new digital solution was needed to keep clinicians informed and connected to their patients. "During the pandemic and with social distancing, nurses and doctors have had to work in different ways,

ways that they have never worked before," Ms Nowlan said. "This app enables us to access and share patient information anywhere in Queensland so we can provide quality care at a point in time that's really critical."

Available to all Queensland Health healthcare professionals, the COVID-19 Compass application is a centralised database that provides a bird's eye view of real-time patient information but also allows clinicians to plan, coordinate, document, monitor, share and refer the care of patients diagnosed with COVID-19, no matter where they are in Queensland, including those at risk and awaiting test results, or are in isolation.

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*Thank you to eHealth Queensland for supplying parts of these articles.*



## Telehealth always evolving

Clinician led. Consumer driven.

# Telehealth plays a leading role in COVID-19 response

The arrival of the COVID-19 pandemic predictably caused a surge in demand for telehealth services as patients and health service providers alike sought alternatives to large volumes of patients attending clinics in person.

As a team that considers forward thinking and environmental scanning as core business, the Telehealth Support Unit (TSU) at Clinical Excellence Queensland immediately identified a range of system level improvements. The team implemented communication strategies to support all 16 Hospital and Health Services to rapidly transition traditional in-person services to telehealth enabled service delivery, keeping clinical colleagues and patients safe.

TSU's Matt Page said with the vast majority of services suddenly needing to

be delivered directly into people's homes and places of residence, changes had to be made.

**"We worked closely with our partners at eHealth Queensland to increase network capacity from 90 concurrent external videoconference calls to 1,600 – which is massive."**

In the first weeks of the pandemic response, the team held open forums for telehealth updates, delivered three times per week, to ensure people could get access to vital information related to telehealth service delivery, particularly those who were unfamiliar with the process and the technology.

Matt said the pandemic response also allowed the team to further the

agenda for Remote Patient Monitoring and eConsults (previously referred to as Store and Forward Telehealth). "We collaborated on improving access for clinicians to ensure telehealth is easy to use, culminating in a move away from traditional software license-based access to WebRTC, meaning clinicians can immediately deliver telehealth consultations via an internet browser instead of waiting for a license to be approved."

And the results speak for themselves. Since the beginning of the infection curve in early March, Queensland Health more than doubled outpatient services provided by telehealth as clinical departments transitioned large numbers of patients to online outpatient appointments. "Across the board, clinicians and hospital departments have embraced telehealth," Matt said.



Matt said virtualising a traditional outpatient clinic actually created the same challenges that hospital outpatient clinics regularly experience, but which most consumer-grade videoconferencing solutions cannot easily handle. “How do you manage a patient dialling in early, or late? What happens if the clinic begins to run late?” he said. To address this, CEQ in partnership with eHealth Queensland, and based on feedback from clinical stakeholders, developed and launched the Telehealth Virtual Clinic.

“The virtual clinic drastically reduces the administrative burden of managing a telehealth clinic by focusing on more than just the call and considering the entire clinical workflow,” Matt said.

“The Telehealth Virtual Clinic replicates the traditional outpatient experience with the patient first connecting to a virtual waiting room. The patient is then checked in by administrative staff before being “dragged and dropped” into a consultation with their clinician when they are ready to see them.”

Frances Williams, Telehealth Coordinator of Cancer Services at Metro South’s Princess Alexandra Hospital said the Virtual Clinic allowed administration staff and clinicians to effectively manage the flow of the clinic.

**“It gives our patients a more real-life personable clinic experience from their homes. This has provided an efficient service for the patient and their families, particularly during the global pandemic.”**

Gold Coast Hospital and Health Service Consultant Paediatrician, Dr Jennifer Deacon, said that while more virtual visits by doctors not only help to keep people safe, they can also be more convenient for patients. “Families are universally telling us that it’s much easier not to come to the hospital. They love that they don’t have to get in the car, travel, park, sit in waiting rooms and be exposed to other patients at this time,” Dr Deacon said.

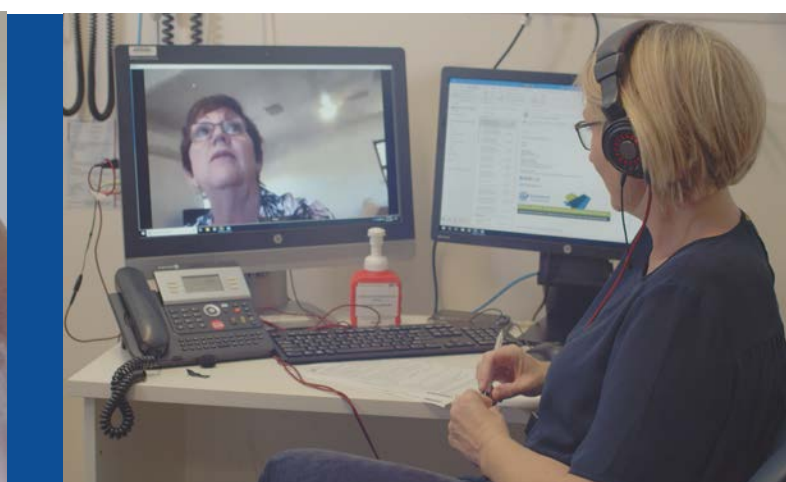
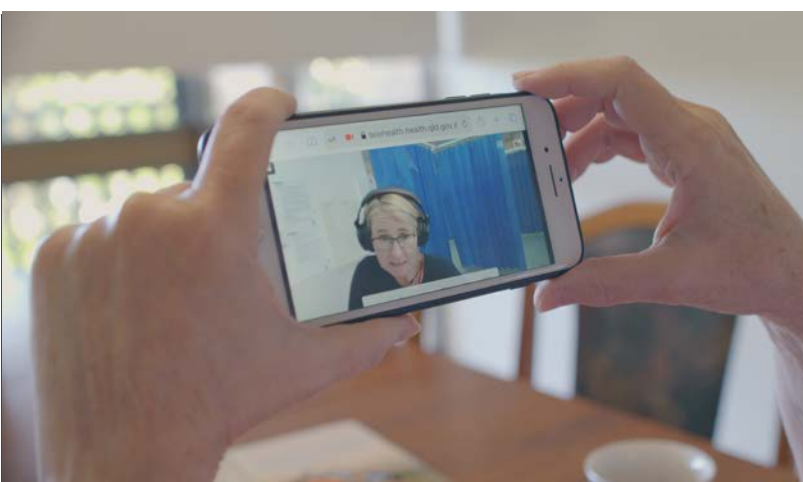
And again – the statistics speak for themselves. As of May 2020 there has been a 300 per cent rise in the use of virtual clinic sessions across the state and

between February and May 2020 there were notable increases in the number of monthly telehealth non-admitted consultations in multiple specialties.

Importantly, Matt says many users intend to continue to offer Telehealth services to patients where clinically appropriate – even after social distancing restrictions are lifted. “The opportunity to work closely with partner agencies, clinicians and HHS executives to keep health service delivery running during the extraordinary event of a global pandemic has been a privilege. We’re excited to continue contributing to the momentum of the resulting large-scale system reform.”

The Telehealth Virtual Clinic is available now and is free of charge to any clinical group within Queensland Health.

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



# Management of mild COVID-19 in rural Queensland

A pathway has been developed for clinicians working in rural Queensland to manage patients with mild COVID-19 infection who do not require hospitalisation.

“As the pandemic threatened to take hold we [the Statewide Rural and Remote Clinical Network] could see that we needed a collaborative response that suited the needs of rural and remote communities to manage the potential surge of adult patients being diagnosed with COVID-19,” said Dr Konrad Kangru, Deputy Chair of the Statewide Rural and Remote Clinical Network.

Consequently, the Community management of mild COVID-19 in rural Queensland pathway was developed and is adaptable to different settings and facilities. Dr Kangru said the pathway has a strong patient-centred care approach and involves:

- » Integrating a community’s primary care workforce within Queensland Health’s Hospital and Health Services (for example Rural Generalists and Visiting Medical Officer General Practitioners).
- » Creating hospital in the home (HITH), virtual ward and community isolation by making use of houses and other accommodation in which patients can be safely quarantined, and use virtual modalities such as telephones or videoconferencing via their mobile telephone, tablet or computer.
- » Establishing a regular and appropriate clinical monitoring process to review the patient’s condition, escalation points for additional intervention, and transfer to the local hospital.

“This project provided a good opportunity to collaborate with a number of key stakeholders from Health Consumers Queensland, Office of Rural and Remote Health Establishment, and hospital and health services throughout the state. The advantage of working within a clinical network is that we don’t work in silos. We have a range of stakeholders and networks that we can draw resources and expertise from,” said Dr Kangru.

“By services planning now about how they could implement this pathway in the event of a COVID-19 diagnosis in their community, we hope that we can reassure our rural patients that their care and safety are not being disadvantaged by their postcode.”

Lisa Davies-Jones, Chief Executive, Office of Rural and Remote Health Establishment agreed and added: “This pathway is a clinical resource for our hospital and health services to continue to provide the same highly quality care no matter where the patient is located.”



Dr Konrad Kangru, Deputy Chair of the Statewide Rural and Remote Clinical Network

To download your copy of the Community management of mild COVID-19 illness in rural Queensland visit the Queensland Health COVID-19 website for clinicians available at: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians/resources-for-clinicians>.

**Or for more information** on Queensland’s Statewide Clinical Networks, visit <https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement>.

# Mental health needs a long-term recovery focus

One of West Moreton's most eminent researchers is working to ensure the mental health and wellbeing needs of the community remain a priority of the country's COVID-19 recovery plan.

Professor Harvey Whiteford was among more than 100 leading Australian researchers who contributed to Roadmap to Recovery, a report by the Group of Eight (Go8) Universities that was presented to the Australian Government to help policymakers plot the best response to novel coronavirus (COVID-19).

Prof Whiteford is a Professor of Population Mental Health at The University of Queensland (UQ) and he also leads the Policy and Epidemiology Group at the Queensland Centre for Mental Health Research (QCMHR) at West Moreton Health. He joined a range of experts, from infectious disease consultants to ethicists and business scholars, to consider two alternative strategies to plot Australia's recovery – elimination or controlled adaptation – and the associated health and economic impacts.

Prof Whiteford co-edited the report's chapter addressing mental health and wellbeing, which describes the unprecedented scale and speed of the global pandemic as having implications for all. "Evidence from previous large natural disasters and pandemics shows that in its aftermath there is a significant increase in anxiety, depression, post-traumatic stress syndromes as well as substance abuse," the report states. "These symptoms extract a huge individual and family price and a significant economic toll (and) people with psychological vulnerabilities and pre-existing mental illness are at higher risk."

Prof Whiteford said they had three key recommendations to respond to a greatly increased demand for mental health services:

- » Increased capacity to ensure timely assessment and effective treatment for people with ongoing mental illness and those at risk of suicide.



Professor Harvey Whiteford

- » Coordinated and sustained public health messaging on the risks associated with COVID-19 and actions that can be taken to maintain mental health and wellbeing.
- » Rapid scaling of secure evidence-based health and telehealth interventions in addition to strengthened provision of community-based support.

Prof Whiteford said his greatest concern was that a decline in the number of people testing positive to the virus could lead governments, business and society to conclude the problem was behind us. "The mental health impact will be experienced by many people long after the infection rate has fallen to a low level because the social and economic impact, which drives the mental health impact, will take much longer to recover," Prof Whiteford said.

Outside of the Go8 taskforce, Prof Whiteford is part of a national group that is working on how mental health services can be rapidly scaled up to respond to increased demand for care. He said he hoped this work – which also feeds into QCMHR's role to enhance Australia's National Mental Health Service Planning Framework – could be used to respond not only to COVID-19, but future natural disasters, economic shocks or pandemics.

To read the full report visit: <https://go8.edu.au/research/roadmap-to-recovery>



# Providing haemodialysis in community during COVID-19: supporting the people of Yarrabah

Yarrabah is a small town with a population of approximately 2,600 people and is an hours' drive southeast of Cairns. Originally inhabited by the Gungganyji people, other regional groups (particularly Yidinji) and Aboriginal and Torres Strait Islander peoples were removed to a mission established in Yarrabah from 1892. In the late 1960s the missions were abolished, and the first Yarrabah Community Council was established.

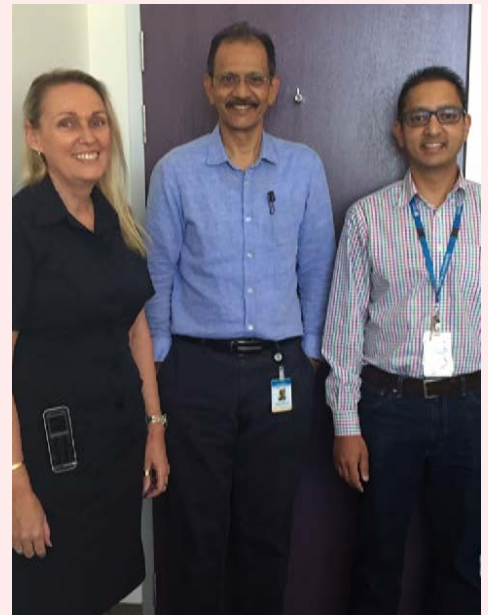
The Cairns and Hinterland Renal Service has long supported the people of Yarrabah who need haemodialysis (HD). When kidneys fail, kidney replacement therapy (KRT) is needed to sustain life, with HD being the most common form of therapy, doing the work that would normally be done by the kidneys. Most patients have HD three times per week for four to five hours each session.

In response to the COVID-19 outbreak, the Federal Minister for Health restricted travel to designated Aboriginal and Torres Strait Islander Communities, including Yarrabah. Restrictions meant that anyone entering a designated Community was to self-isolate for 14 days before being allowed to enter.

At the time of the Determination, there were 16 Yarrabah residents who received HD - eight in community and eight who travelled by bus to Cairns three times a week. The restrictions had the potential to impact both life and access to dialysis for the eight Yarrabah residents who travelled to access HD in Cairns. It potentially meant they would have had to semi-permanently relocate away from their community, their family and their commitments, because they couldn't serve the 14-day quarantine requirement each time they dialysed.

"The renal team emphatically felt that being displaced from community and family would have significant effect on the wellbeing of their clients and efforts needed to be made to avoid this wherever possible," Luke Croker, Nursing Director, Cairns and Hinterland Hospital and Health Service said.

The renal team, doctors Murty Mantha and Shyam Dheda, Fred "Karen" Griffiths and Luke Croker, in collaboration with the Chairperson of the Yarrabah Local Government Area and the local Human Biosecurity Officer, implemented a responsive and rapid solution that enabled staff to travel into the community. The nurses and health workers providing dialysis rapidly adjusted their working arrangements to increase the provision of HD within the Yarrabah dialysis unit so all 16 patients could remain in community, essentially doubling the HD shifts available.



Yarrabah clinical leads Fred "Karen" Griffiths, Murty Mantha and Shyam Dheda

This has been supported by staff from the Smithfield Dialysis Unit who have picked up extra shifts to support the Yarrabah staff.

"[This has] minimised travel time and given us comfort in a familiar surrounding," one Yarrabah dialysis patient said. Another patient added: "dialysing in community lets us live closer to a normal life."



The service would like to acknowledge: Katherine Mairu CNC Yarrabah, Ariel Angeles CN Yarrabah, Robyn Wise RN, Sam Smith RN, Gary Janke Advanced Health Care Worker, Deslie Dempsey Advanced Health Care Worker, and Louise McMullen RN Smithfield, and give a special mention to Paul Munn, Manager of Primary Health Care, and Sue Andrews, CEO from Gurriny Yealumucka, who worked collaboratively with the dialysis team to support patients with transportation needs and shared-care arrangements.

Dr Murty Mantha, Renal Service Director quotes Nelson Mandela when saying: “It always seems impossible until it is done.”



Yarrabah dialysis unit staff Robyn Wise, Deslie Dempsey and Katherine Mairu



Yarrabah patient Mina



Yarrabah patient Maude

This article was co-authored by Murty Mantha, Shyam Dheda, Fred ‘Karen’ Griffiths and Luke Croker with support from the Statewide Renal Clinical Network and Advancing Kidney Care 2026.

# Introducing the new Statewide Infection Clinical Network

Clinical Excellence Queensland has welcomed a new statewide clinical network (SCN) into the fold, with the Statewide Infection Clinical Network established in April this year.

Whilst many clinicians working in infectious diseases and infection control had wanted to see a formal clinical network established for some time, in the face of COVID-19 the impetus for statewide guidance on infection control was stronger than ever. The appetite for clinical collaboration was also strong with more than 150 applications received to join the network.

First interim and then appointed Co-Chairs Dr Naomi Runnegar and Dr Trent Yarwood set a cracking pace, establishing the groups Terms of Reference early on. In-line with other SCNs, the Statewide Infection Clinical Network will:

- » Provide leadership and clinical expertise to drive system wide best practice through the identification, adoption and promotion of evidence-based best practices and clinical policy.
- » Share and support the implementation and replication of best practice approaches across the health system.
- » Advocate for evidence-based clinical policy in matters related to hospital infectious diseases and infection prevention and control.

- » Provide advice to Hospital and Health Services and Queensland Health on clinical quality and the safety implications of policy, planning and funding decisions.

Dr Runnegar said the network's steering committee consisted of 22 multidisciplinary clinicians with well-known sepsis survivor and consumer representative Matthew Ames providing the all-important consumer perspective.

**“We are very grateful for the overwhelming support from clinicians across Queensland who are involved in the care of patients with infection and privileged to have a wide range of knowledge and experience represented on the steering committee.”**

With the first formal meeting held on 11 May, Dr Trent Yarwood, who is based in Cairns and is also Director of the Statewide Antimicrobial Stewardship Program, said members were very enthusiastic. “Obviously there were quite pressing issues for us to address first up because of COVID but I am very confident that we will maintain the same level of enthusiasm as we move onto other local and statewide issues around infectious disease and infection control.”

One of the network's first pieces of work was the development and endorsement of the Personal Protective Equipment (PPE) Statement. The statement outlined the endorsed Queensland Health Guidelines regarding PPE for the management of COVID-19; highly sought-after advice for health professionals. “It's completely understandable that our clinical staff were concerned about COVID, and we wanted to emphasise that Queensland's infection professionals had complete confidence in the recommended PPE guidelines,” Dr Yarwood said.

As the health system moves back down the pandemic tiers, the network will turn its focus towards surveillance and control of healthcare-associated infection, and quality improvement in the care of patients with infection. “We are excited to be able to support the ongoing COVID-19 response in a collective manner, and look forward to supporting healthcare-associated infection prevention efforts and improving outcomes of patients with infection across Queensland,” Dr Runnegar said.

**For more information** on the Statewide Infection Clinical Network visit their webpage on the CEQ website or email [Statewide\\_Infection\\_Clinical\\_Network@health.qld.gov.au](mailto:Statewide_Infection_Clinical_Network@health.qld.gov.au).





# Tracking blood goes gold class

The first electronic blood tracking solution in Queensland grew from the innovative spirit of a group of Gold Coast Health (GCH) staff keen to improve patient care.

Their idea to trial the solution won \$250,000 at Gold Coast Health's 2018 Staff Improvers Event. Finalists on that occasion were given just 60 seconds to present ideas to a packed auditorium. The judging panel was led by the then-Queensland Minister for Health and Ambulance Services the Honourable Steven Miles MP.

The winning solution electronically tracks the movement of red blood cell units as they transfer in and out of cold storage. These red blood cell units are dispensed from Pathology Queensland blood bank to the Cancer and Blood Disorders Day Unit to maximise patient safety, improve efficiencies and reduce blood wastage.

The new method replaces an old manual system that was subject to human error, and was installed collaboratively by GCH Digital Transformation Services, Pathology Queensland and the Day Unit.

"Red blood cells are such a precious resource and an electronic tracking solution is the gold standard in blood product management nationally and internationally," according to Transfusion Clinical Nurse Consultant Fiona Clark.



L-R Quirine O'Loughlin, Fiona Clark and Joanne Kanakis

"Improving the way we track, store and manage the flow of these products from our Blood Bank to clinical areas is vital. This is a major step towards GCH becoming a world-class transfusion healthcare provider," Fiona said. "The solution reduces blood wastage and improves blood management efficiencies across the health service."

The new software application and blood scanning kiosk started as a pilot program and is already producing outstanding results in patient safety.

There has been a 100 per cent compliance in accuracy of patient documentation, and legible data tracing transactions to individual staff members. There has also been zero blood wastage by maintaining compliance with cold chain storage.

The pilot's success is likely to lead to the solution being extended to other areas of the health service.

# Value-based care in Emergency Departments "Ap-PROV-ED"



PROV-ED Team members visiting Logan Hospital (L-R Danielle Deskins, Louise Cullen, Sara Berndt, Sarah Ashover, Tanya Milburn)

The PROMoting Value-based care in Emergency Departments (PROV-ED) Project continues to promote value-based emergency department initiatives ready to be rolled out across the state.

In May last year the inaugural PROV-ED "Pitchfest" event culminated in the selection of six initiatives with proven value-based outcomes in individual hospitals, showcased for implementation across Queensland EDs.

This year's Pitchfest was a virtual event held in August. Following a great response and some excellent submissions, shortlisted applicants were asked to prepare a three-minute 'pitch' video, as opposed to the normal process of presenting the pitch in person to a panel of judges.

The expert review panel began viewing and judging the submissions in mid-August with the panel including representatives from the Queensland Emergency Department Strategic

Advisory Panel (QEDSAP), Clinical Excellence Queensland, PROV-ED Project Team, and two consumer representatives. The panel viewed all videos and were able to virtually meet and ask the applicants questions via videoconference.

Sarah Ashover, Principal Project Officer with PROV-ED said the virtual alternative worked well. "Everyone was very adaptable to the virtual format and we thank them for that and for showing a bit of creative flair!" The winning entries were:

- » RedUCE - Reducing Urine Contamination in Emergency, PAH, MSHHS
- » ReMS - Resuscitation Medication Safety, Logan Hospital, MSHHS
- » SaVE - Safe Ventilation in Emergency, Bundaberg Hospital, WBHHS
- » SWIFT - Safe, Well-organised Inter Facility Transfer, QEII Hospital, MSHHS

The PROV-ED Project Team is excited to begin work to start planning for statewide rollout of the initiatives. "Once again, our sincere thanks to everyone who applied to Pitchfest 2020 and

engaged with the PROV-ED Project. Congratulations to the final four and remember - there's always Pitchfest 2021!" Sarah said.

In other news from the team, with the onset of COVID-19 the Standardised and Safe Intubation Package (SSIP) became extremely relevant to assist rural and remote facilities to be adequately prepared. In liaison with the Rural and Remote Clinical Support Unit, SSIP packs (which include pre and post intubation checklists, visual drug draw-up guide, equipment shadow board and user guide) were sent to nearly 160 rural and remote Queensland facilities. It comprised part of the Airway and Breathing Kit in the revised Rural and Remote Emergency Services Standardisation (RRESS) Guidelines. The impact of this rollout was dramatically increased through the work of the RSQ Education Support Team (RSQEst) who conducted an extensive education campaign incorporating SSIP, which reached 500 staff from 77 facilities in just eight weeks.

*Thank you to the PROV-ED team for supplying this article*



# Review of chest pain project reveals massive savings



ACRE Project Team, (L-R Laura Foran, Sarah Ashover, Louise Cullen, Louise McCormack, Tanya Milburn)

Some members of the PROV-ED Project Team were also behind Queensland's hugely successful Accelerated Chest pain Risk Evaluation (ACRE) Project, with a recent publication in the *Journal of Clinical Medicine* highlighting some of ACRE's achievements.

Emergency Physician and ACRE Project Co-clinical Lead (with Co-Clinical Lead Cardiologist Dr Louise McCormack), Professor Louise Cullen said the CEQ-sponsored initiative was designed to implement the best method, based on evidence, to safely and efficiently assess patients presenting to hospital emergency departments with chest pain and suspected acute coronary syndrome (ACS).

"Symptoms of chest pain, indicative of possible acute myocardial infarction [AMI, heart attack], are one of the most common causes for emergency department admissions worldwide but very few are ultimately diagnosed with AMI," Prof. Cullen said.

The ACRE Project Team worked with emergency, cardiology and general medical departments across Queensland to implement accelerated diagnostic protocols (ADPs) which enabled the safe, accelerated assessment of patients with chest pain. However, midway through Stage II of the project, a new high sensitivity cardiac Troponin I [hs-cTn] assay was introduced to all Queensland Health pathology laboratories.

**"We had to respond quickly by expanding project scope to ensure clinical utilisation of the new assay took full advantage of its analytical capabilities," Prof. Cullen said. "We focused on this aspect in the study."**

Prof. Cullen said the potential benefits of the hs-cTn assay introduction needed to be balanced with possible unintended harms or the unnecessary utilisation of hospital resources. "Elevated troponin concentrations are seen in numerous

clinical conditions other than AMI that are associated with myocardial injury," she said. Consequently, the study examined the introduction of the new high sensitivity cardiac troponin assay including the impact on patients and health services. Researchers interrogated 124,357 episodes of care across 21 hospitals in Queensland and reported a 1.9-hour reduction in median hospital length of stay with no increase in diagnosis of AMI, invasive cardiac procedures or ward admissions.

"It's estimated this length of stay saving equates to annual cost savings of approximately \$9.2 million, or 8,290 bed days which is an amazing result," Prof. Cullen said.

"This study demonstrates an example of how widespread clinical implementation of ADPs aligning with contemporary evidence can lead to significant health service improvement, particularly when this evidence is translated into clinical practice more quickly."

**For more information** on the ACRE Project visit our Improvement Exchange.



# Specialist Paediatric Advice at your fingertips: Using digital solutions to support children closer to home

The Specialist Online Advice service is a new telehealth solution providing timely access to advice from specialists at the Queensland Children's Hospital (QCH) to support clinicians across Queensland working with children and families.

A lack of specialist services in rural and remote areas prevents early identification of children's needs, delays the development of treatment plans, and minimises access to funded supports such as the National Disability Insurance Scheme. Without specialists, rural and remote general practitioners and public clinicians must manage a broad range of severe paediatric and developmental conditions in isolation.

Australian rural and remote children and young people have poorer cognitive outcomes and experience greater emotional and behavioural problems compared to their metropolitan peers<sup>1</sup>. Early intervention can mediate ongoing health disparities, setting children and young people on positive treatment trajectories<sup>2</sup>.

GPs and public clinicians should have access to specialist advice that supports them when a child has a complex medical or developmental non-critical concern. Sending children and young people to specialists in urban centres is costly, impractical for families and there are long waits for specialist advice.

The new digital solution brings general paediatrics and Child Development Service specialists to clinicians in rural and remote areas, offering advice in a

timely fashion and close to home where it is needed most. The Specialist Online Advice service enables a convenient and secure mechanism to transfer clinical information including video and image content. Clinicians from any location can seek specialist advice for non-critical conditions to directly inform care.

The aim of this collaborative initiative by the Queensland Child and Youth Clinical Network and Children's Health Queensland (CHQ) is for rural and remote families to receive expert advice locally, with less travel and no long waitlists. For specialists, this will lead to more locally managed cases, with fewer clinic referrals and remuneration for time in circumstances where telehealth funding is eligible.

This service can be accessed through the CHQ website or by searching 'Specialist Online Advice CHQ'.

**For more information** contact the Queensland Child and Youth Clinical Network via telephone (3069 7227) or email [Statewide\\_child & youth\\_network@health.qld.gov.au](mailto:Statewide_child_youth_network@health.qld.gov.au).

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## A fond farewell to Luregn!

Clinical Excellence Queensland would like to say congratulations and farewell to Associate Professor Luregn Schlapbach who has been a pioneer and relentless champion for children, young people and families affected by paediatric sepsis. Luregn has led the interdisciplinary co-designed Queensland Paediatric Sepsis Project since its inception in 2017, which aims to decrease morbidity and mortality through early recognition and evidence-based treatment.

Luregn is a world leader in paediatric infection research. He led a seminal study to quantify mortality from serious infections in Australian and New Zealand children, and recently secured substantial Medical Research Future Funds to support a genome study developing a one-hour test for sepsis to deliver life-saving treatments in time critical situations.

As a member of the Global Sepsis Alliance Executive Committee, Luregn will continue to advocate for Queensland children, young people, families and clinicians on the world stage. Luregn is moving back home to Switzerland as the Director of the Neonatal and Paediatric Intensive Care Unit, Children's Research Centre, University Children's Hospital Zurich.

Congratulations Luregn and thank you for your tireless efforts – you'll be missed!





# The Way Back Support Service

People who have attempted suicide often experience severe distress in the days and weeks immediately afterwards and are at high risk of attempting again. Many people go back to the same circumstances that led to their distress.

Beyond Blue's The Way Back Support Service provides non-clinical, tailored support for up to three months following discharge from hospital after a suicide attempt or suicidal crisis.

People referred are contacted by a Support Coordinator within one working day of receiving their referral and guided through a program personalised to meet their individual needs. This can include everything from accessing clinical care during elevated periods of risk, to referrals to community-based services such as financial or relationship counselling.

This one-on-one support helps motivate people to keep connected and alive.

Queensland Health has committed \$7.56 million, which is also matched by the

Commonwealth Department of Health, to roll the Way Back Support Service out across all seven Primary Health Network (PHN) regions within Queensland. The referring hospitals within those regions include:

- » Gold Coast PHN region will transition the existing Lotus Program to the Way Back Support Service and accept referrals from Gold Coast University and Robina Hospitals.
- » Brisbane North PHN region will continue to accept referrals from Redcliffe Hospital and expand to Caboolture Hospital.
- » Brisbane South PHN region will accept referrals from Princess Alexandra Hospital.
- » West Moreton, Darling Downs PHN will continue to accept referrals from Toowoomba and Ipswich Hospitals.
- » Northern Queensland PHN region will accept referrals from Cairns Hospital.
- » Western Queensland PHN region will accept referrals from Mount Isa Hospital.
- » Central Queensland, Wide Bay and Sunshine Coast PHN will accept referrals from Bundaberg, Hervey Bay and Maryborough Hospitals.

The Way Back Support Service provided by Richmond Fellowship Queensland has been accepting referrals from Redcliffe Hospital since October 2017. Benn, a former client of the Way Back Support Service, said

**“implementing the techniques I have been shown has really helped me. I was chronically depressed, suicidal, bankrupt, facing homelessness and hating myself, and now I feel more in control than I ever have before in my life.”**



Benn is now looking to a future that is stable and with a solid foundation. “I can’t wait to get out there and help the world again and bring people together.”

To find out more, visit [beyondblue.org.au/the-way-back](https://beyondblue.org.au/the-way-back).



# A dedicated nursing service for PA Hospital

Princess Alexandra Hospital offers a dedicated nursing team to target care for patients with dementia and delirium.

The Dementia and Delirium Nursing Service (DDNS) is a team of specialist nurses focussed on improving care for cognitively impaired patients who experience behavioural and psychological symptoms (BPS).

Service lead, Clinical Nurse Consultant Fred Graham, said that a major challenge with caring for patients who have delirium and dementia is the presence of symptoms such as delusions, hallucinations, agitation, and aggression, with the highest rates of inpatient occupational violence associated with delirium followed by dementia.

Clinical Nurse, Bonnie Cowan, and Nurse Navigator, Kelli Flowers, join Fred in responding to assist staff with the care of cognitively impaired patients across all general wards including the emergency department and specialist areas.

“In 2020, we have been able to expand from having a solo clinician to a service with a dedicated Clinical Nurse and Nurse Navigator ensuring we can respond both quickly and effectively to assist staff in the care of cognitively impaired patients, not only while they are with us, but also during their transition back into the community,” he said.

Patients from Residential Aged Care Facilities are often admitted because their symptoms have become too severe to manage in that setting. “Once we develop a Cognition Support Plan that is effective in managing the BPS, we can help facility staff with the adoption of the new approach to care.”



“Having our Nurse Navigator Kelli on board ensures that each patient has a collaborative, co-ordinated approach to support their care needs and facilitate their transition from hospital back into aged care or the community,” said Fred.

While the delirium and dementia nursing service provides a hands-on response to incidents at PAH, the team have also launched the CogChamps intranet site for nurses and clinicians.

“The site acts as a resource tool for staff to access simple care resources, assessment tools and care planning tips for patients who have dementia or experience delirium,” said Fred.

**For more information** visit their website: <http://paweb.sth.health.qld.gov.au/projects/cogchamps/default.asp>



*Thank you to Metro South Health for supplying this article*



## International study validates Queensland's deterioration tools

A joint study between CEQ's Patient Safety and Quality Improvement Service (PSQIS), the University of Chicago and three hospital and health services has proven the validity of one of Queensland's clinical deterioration tools.

The Queensland Adult Deterioration Detection System, known as Q-ADDS, is an early warning tool that supports nursing staff to identify adult patient deterioration early and to communicate their concerns to medical staff.

Early signs of deterioration can be seen in changes in a patient's vital signs such as breathing rate, blood pressure, heart rate and temperature.

Sunshine Coast-based intensivist Dr Victoria Campbell, who co-authored the study, said the Q-ADDS was tested using vital sign data from more than 220,000 patient records over a 10-year period at the University of Chicago Hospital in the United States.

"The study showed that the Q-ADDS was accurate in detecting when a patient's condition is deteriorating and

was comparable or superior to other commonly used paper-based early warning tools," Dr Campbell said.

Despite the evidence supporting the tool, Dr Campbell said it wasn't a "silver bullet" for clinical deterioration. "Early warning tools don't replace good practice and judgement. They don't overcome all human error or negate the need for the interpretation of the clinical picture. They simply provide a safety net."

The Q-ADDS has been used in Queensland since 2012 and – according to Dr Campbell – is unique compared to other paper-based early warning tools. "It combines a vital-sign based scoring algorithm similar to the NEWS tool in the UK with hard trigger limits, similar to the pioneering BTF tool used in NSW. The hard limits add an extra level of safety. It also has an additional escalation tier and is the only tool that quantifies oxygen requirement as a contribution to the score," she said.

Dr Campbell said the other key component to appropriately responding to a deteriorating patient was the escalation pathway. "Recognition is one component of it but then there's the escalation and the intervention."

"Prior to this study it was difficult to determine that our early warning tools were working the best they can – could they be better? Importantly the overall conclusion from the Q-ADDS validation from the University of Chicago is that Q-ADDS appears to be the most efficient of the non-digital algorithms."

With the ongoing move towards the digital hospital, the team is now turning its attention to an advanced digital solution which will leverage machine learning and allow consideration of more than just vital signs (lab results, patient characteristics etc).

"Queensland Health clinicians will continuously work to improve the quality and safety of care to keep patients safe in our hospitals – because that's our remit and our responsibility," Dr Campbell said.

The article has been published in the Resuscitation Journal and is available online. The study also involved Darling Downs, Metro South and Sunshine Coast hospital and health services, as well as the University of Queensland.



# Partnering with consumers to improve bereavement support

The Care at End of Life project team has released a suite of resources to provide support and direction for people who are bereaved.

When someone is dying or has died, it can be a very difficult and confusing time. The Care at End of Life team received a number of requests from health professionals for a resource for bereaved families, friends, and carers. While some individual facilities or services had their own local resources, there was nothing that could be used statewide. A needs analysis survey of stakeholders throughout Queensland confirmed the need for a suite of resources that are useful, relevant, and culturally safe.

Death and dying are sensitive topics, and different cultures have a range of end-of-life rituals and practices. It is important the resources are respectful and sensitive to this diversity while providing clear information and practical tips. A robust engagement strategy guided wide-ranging consultation and feedback

from a number of stakeholders.

A working group comprised of social workers, nurses, psychologists, Aboriginal and Torres Strait Islander health service managers, and consumers found six resources were required:

- » When someone dies: A practical guide for family and friends
- » During sad news and sorry business: Information for family (targeted to Aboriginal and Torres Strait Islander audiences)
- » What to do when someone dies: Information for family and friends – Easy English (targeted to people with low English literacy using simplified language and visual cues and compatible with screen readers)
- » What to do when someone dies: Information for family and friends – Arabic, Simplified Chinese and Vietnamese.

Following development of the draft resources, the team held six virtual focus groups thanks to Health Consumers Queensland. Participants were also given the opportunity to provide written feedback.

Following this robust engagement process, the bereavement resources are now available for order. The resources provide useful information about preparing for the end of life of an adult family member or friend, what to do after someone dies, grief and loss, caring for self and others, a checklist of suggested tasks, and a comprehensive list of support services.

Care at End of Life Project Manager Haley McNamara said the initial response was overwhelming – in a good way! “There has been a fantastic response to the initiative with more than 40,000 bereavement resources ordered in the first week!”

The Care at End of Life project team extends their sincere thanks to all contributors for generously providing their advice and feedback.

**For more information** or to place an order visit [qld.gov.au/careatendoflife](http://qld.gov.au/careatendoflife) or email [CareAtEOL@health.qld.gov.au](mailto:CareAtEOL@health.qld.gov.au).



# Defining COPD priorities and care gaps in Queensland and rapid response care help line launched



CEQ's Statewide Respiratory Clinical Network and the PROMoting Value-based care in EDs (PROV-ED) Project Team are collaborating to review models of care for Queensland patients with Chronic Obstructive Pulmonary Disease (COPD).

COPD is the second most common chronic health condition in Queensland, accounting for 3.4 per cent of the population, and is one of the most prevalent potentially preventable hospitalisations (PPH). A PPH can be avoided through the provision of appropriate and individualised preventative health interventions and early disease management.

The scope of the project includes:

- » obtaining Primary Health Network (PHN) and HHS-level data to outline COPD models of care and service provision
- » mapping the interface between PHN and HHS data, including two-way referral pathways

- » obtaining information on external service providers and how they interact with consumers, PHNs and HHSs
- » consumer wishes regarding care
- » identifying gaps in service provision across Queensland's health sector for COPD patients
- » identification of future projects and potential funding requirements.

Data has been collected from stakeholders including HHS and PHN clinicians, as well as NGO and consumer representatives. This data includes qualitative information on models of care and service provision as well as responses from a cross-sectional stakeholder survey.

This information will help inform the design, implementation and future resource requirements given the ageing, growing and increasingly complex COPD patient population. For more information on this project please email [StatewideRespiratory\\_Network@health.qld.gov.au](mailto:StatewideRespiratory_Network@health.qld.gov.au).

In other COPD news, the Cairns and Hinterland Hospital and Health Service has developed a model of care around

COPD with a Rapid Response Help Line. This model optimises access to COPD clinicians in a virtual world in order to support patients through their exacerbation while remaining in their own home.

The strategy assisted in maintaining patients' usual levels of health and wellbeing and reducing risk of hospital presentations secondary to an exacerbation of COPD throughout the COVID-19 pandemic. This model of care will also support those with an increase in exacerbation (and increased anxiety) related to COPD and Influenza A.

The model of care was recently presented at the Queensland Clinical Senate as an example of both service and system change during COVID-19. It has also been endorsed by the Statewide Respiratory Clinical Network and proposed for review as a potential statewide model.



# Update on Getting It Right First Time Queensland

Getting It Right First Time (GIRFT) Queensland is a clinician-led, data-driven, quality improvement initiative aimed at addressing clinical variation through peer-to-peer review to improve patient outcomes.

Following commencement of the program in June 2019, the GIRFT Queensland team, led by Dr Catherine McDougall and Dr Lawrie Malisano, has now visited every orthopaedic department in Queensland, meeting with more than 110 clinicians and 60 health service executives.

Throughout the program, it was evident that orthopaedic services provided in Queensland are of a very high standard, with a vast number of exemplar practices identified. Similarly, the commitment and enthusiasm from clinicians and management for continual improvement to ensure the best outcomes for patients was evident.

“The GIRFT initiative by Queensland Health has allowed orthopaedic departments around the state to collaborate effectively with the exchange of ideas and practices to help improve the overall standard of care for orthopaedic patients in Queensland,” Dr Vivek Shridhar, Orthopaedic Director, Toowoomba Hospital said. “Where necessary, the GIRFT team has also facilitated the essential communication necessary between hospital executive and unit directors to establish a fertile ground for positive change where deficiencies have been identified.” Dr Shridhar said.

Some achievements of the program to date (as of July 2020) include:

- » All orthopaedic departments are now accessing their National Joint Replacement Registry Hospital Report and have approval to contribute data to the Australian and New Zealand Hip Fracture Registry. Participation in such registries enables access to comparative performance data and the best available evidence from Australian and New Zealand hospitals to improve and maintain the quality of care and outcomes for patients.
- » Queensland public hospital orthopaedic directors have formed a Queensland Directors of Orthopaedic Group (QDOG) to enable ongoing collaboration and the continual pursuit of system-wide quality improvement.
- » Many facilities have commenced local quality improvement initiatives with early outcome measures indicating successful improvement.
- » Support has been achieved to progress a clinician-led, statewide orthopaedic procurement model to optimise value in care for orthopaedics.

A Queensland best practice guideline for Infection Prevention in Elective Hip and Knee Arthroplasty has been developed and endorsed by QDOG with the aim of preventing infection, enabling consistency in care and ensuring equitable access to services for patients requiring hip and knee replacement surgery.

The GIRFT Queensland team also hosted a forum with all orthopaedic directors. The event was hugely successful in providing an opportunity to share exemplar practices, achievements to date and discuss future opportunities. This forum highlighted, again, the

commitment of orthopaedic directors and teams to pursue ongoing improvement opportunities, with a view to implementing a number of identified statewide initiatives for optimising the quality, safety and value of care provided to Queenslanders.

This was highlighted by Dr Michael Thomas, Orthopaedic Director, Gold Coast Hospital and Health Service, who said: “In view of the current world health pandemic it is even more vital that we, as senior clinicians, collaborate and communicate to maximise efficiencies, whilst minimising risks, complications and costs. We aim to continue to deliver world class healthcare to the people of Queensland with new and exciting tools to enable appropriate improvements and quality assurance.”

The GIRFT Queensland team would like to thank all directors, clinicians, executives, and hospital and health service staff involved in the GIRFT Queensland program to date and are looking forward to continuing these partnerships to improve patient outcomes.

**For more information** on this program visit the Clinical Excellence Queensland website ([www.clinicalexcellence.qld.gov.au](http://www.clinicalexcellence.qld.gov.au)).

# Research snapshot

In the world's first study of long-term impacts from ladder falls, Queensland researchers have found half of fallers experience a deterioration in their psychological wellbeing for at least six months after the incident. This study was conducted by UQ, Queensland University of Technology and Queensland Health, funded by the Emergency Medicine Foundation, and is published in the journal, PLOS One.

A systematic review of the effectiveness of interventions to reduce emergency department staff occupational stress and/or burnout has been published in JBI Evidence Synthesis. This study was conducted by the University of Queensland, Metro South Health, Queensland Centre for Evidence Based Nursing and Midwifery (JBI Centre of Excellence).

Researchers will help to save the lives of critically ill children by improving the diagnosis of sepsis with genomic technology. UQ has secured more than \$5.7 million in government funding under the Medical Research Future Fund's (MRFF) Genomics Health Futures Mission for three projects that will advance the diagnosis of breast cancer, paediatric sepsis, and study the ethical dilemmas of genomics and disabilities. Associate Professor Luregn Schlapbach (former Intensivist at Queensland Children's Hospital) is leading the research team who are working on a one-hour test for sepsis. The genome study, involving hundreds of sick children, may lead to

life-saving treatments being delivered in time.

Twenty per cent of patients with kidney disease now have one less medication thanks to international research led by the Princess Alexandra Hospital, Kidney Trials and the University of Queensland. CKD-FIX trial shows there is no benefit in prescribing allopurinol for kidney disease as it does nothing to slow the onset of renal failure. Instead it should only be used for specific conditions like gout. This high-quality evidence will inform global clinical guidelines for patient treatment.

A/Prof Ingrid Winkler's research potential for improved survival rate of Australians with acute myeloid leukaemia has been published in Nature Communications. The findings show that blocking the interaction between leukaemia cells and their environment in the bone marrow (niche), at the same time as administering chemotherapy, enables the chemotherapy to work much more effectively. This study involves Metro South Health and Mater Health Services.

Researchers from four Queensland hospitals will investigate the specific challenges faced by frontline clinicians delivering acute emergency medical care during COVID-19 and how hospitals can prepare for future pandemics, including the role of technology, thanks to funding from the Emergency Medicine Foundation. The hospitals include Queensland Children's Hospital, Gold Coast University Hospital, and Royal Brisbane and Women's Hospital. For all the details visit <https://emergencyfoundation.org.au/2020/06/04/emf>.

Five Queensland Hospital and Health Services are participating in a clinical trial (the Australasian COVID-19 Trial – ASCOT) that will generate clinical evidence about treatment for COVID-19 that can be applied during the pandemic to reduce mortality or the need for mechanical ventilation in hospitalised but not yet critically ill patients with COVID-19.

Eight Queensland Hospital and Health Services are participating in a clinical trial (Randomized, Embedded, Multi-factorial, Adaptive Platform Trial for Community-Acquired Pneumonia - REMAP-CAP) that generates evidence that can be applied to clinical practice during the pandemic to reduce mortality, reduce the length of ICU admission - or both - in critically ill patients with COVID-19 infection.

Professor Kim Greaves from the Sunshine Coast Hospital and Health Service is leading a Department of Health project called Australians Together HEalth INitiative (ATHENA) COVID-19 Research Project to describe outcomes in people diagnosed with COVID-19 in Queensland, over time and in relation to patient characteristics. The project links hospital and other patient data with healthcare information held within general practice. The ATHENA proof of concept study was funded by the Healthcare Improvement Unit, Queensland Health.

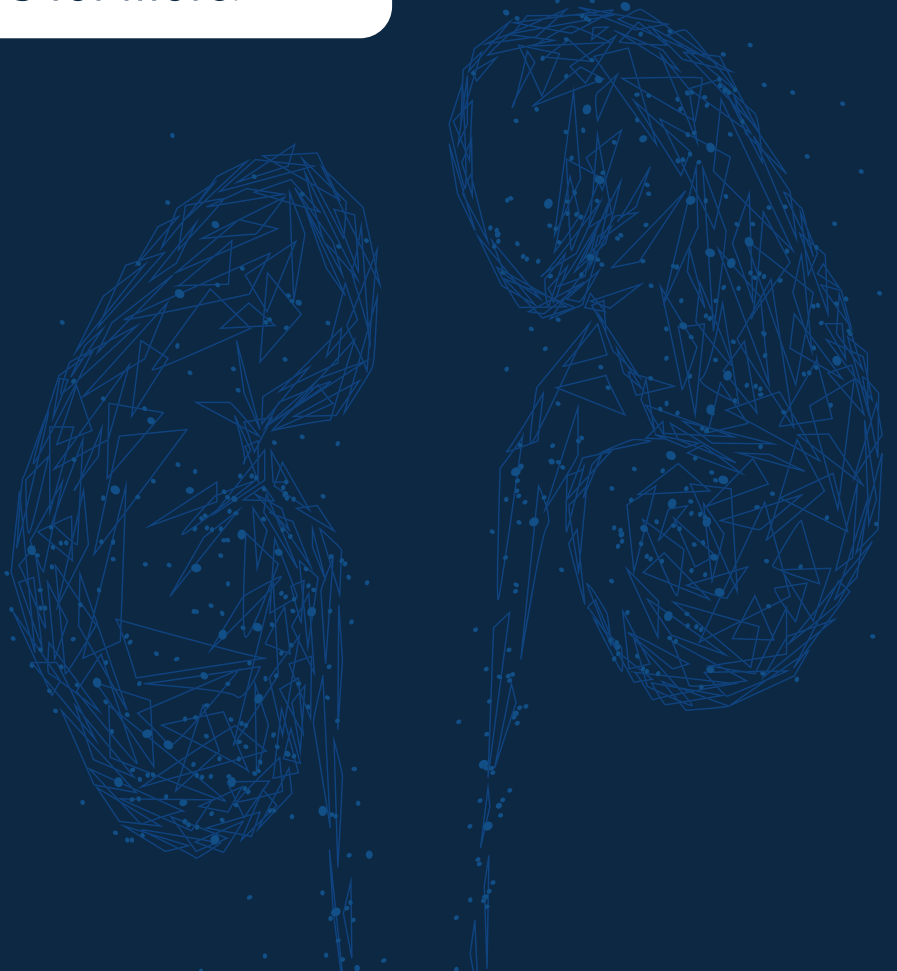


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