

Excellence Matters



Improvement



Transparency



Patient Safety



Clinician Leadership



Innovation





Letter from the editor



It's that time of year again—
Clinical Excellence Showcase time.

This event is an opportunity to showcase the interesting and exciting projects being undertaken across Queensland in the hope they will spread to or be scaled up in other locations. But Excellence Matters gives us the opportunity to share some of the work Clinical Excellence Queensland (CEQ) is supporting, partnering in or leading throughout Queensland. This edition even sees CEQ 'escape' Queensland and make its way to Kazakhstan where Telehealth's Daniel Best talked about the state's telehealth successes and failures at a United Nations symposium. It is also time to celebrate 10 years of the Queensland Clinical Senate and congratulate their new appointees. The senate is now chaired by Dr Alex Markwell, Senior Staff Specialist at the Royal Brisbane and Women's Hospital Emergency and Trauma Centre, and Chris Raftery, Nursing Director of Clinical Innovation and Advanced Practice at Gold Coast Hospital and Health Service, is deputy chair. Congratulations to you both.

A personal "lived experience" story was shared with CEQ Engage to coincide with the launch of Redland Hospital's

Living EDge suicide prevention space. A once-suicidal man, Nick Moreau, is now helping others experiencing similar thoughts, and can relate to their feelings of distress and helplessness. Living Edge opened in April.

We've got World Sepsis Day coming up soon—13 September—and I'm proud to say Queensland is ahead of the game thanks to our *Could this be sepsis?* campaign. Queensland is the first jurisdiction in Australia to bring the condition to the forefront to increase people's awareness of its symptoms.

We caught up with some previous showcase presenters to see where their projects are at—and how they're going—now. And I'm excited to see people's reactions to this year's presentations and where they'll go from here.

As always, we've got plenty of other stories to share, but you'll just have to read on to see what else's been included in this spring edition of Excellence Matters.

See you all at showcase.

John Wakefield PSM

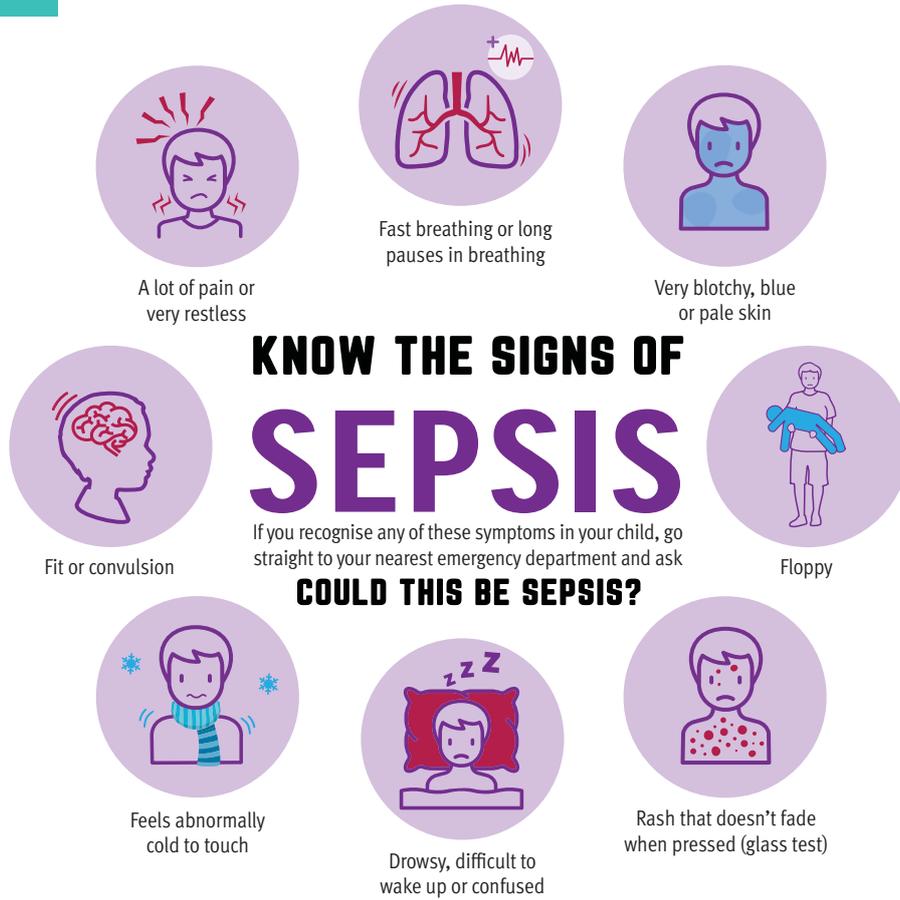
Deputy-Director General, Clinical Excellence Queensland





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KNOW THE SIGNS OF SEPSIS

If you recognise any of these symptoms in your child, go straight to your nearest emergency department and ask **COULD THIS BE SEPSIS?**

- A lot of pain or very restless
- Fast breathing or long pauses in breathing
- Very blotchy, blue or pale skin
- Fit or convulsion
- Floppy
- Feels abnormally cold to touch
- Drowsy, difficult to wake up or confused
- Rash that doesn't fade when pressed (glass test)

Sepsis campaign an Australian first

Queensland is the first jurisdiction in Australia to launch a sepsis awareness campaign. *Could this be sepsis?* was launched in June.

The campaign follows the work of the Queensland Sepsis Breakthrough Collaborative and Steering Committee to drive sepsis awareness among clinicians. It aims to reduce preventable harm by improving early recognition and management of sepsis.

Sepsis is a life-threatening illness caused when the body's response to infection damages its own tissues and organs. The World Health Organization identified sepsis as a leading cause of mortality and morbidity, with almost 5,000 Australians dying from the condition each year. This is more than twice the number of deaths caused by road traffic accidents. Deaths from

paediatric sepsis are higher than road toll deaths and leukaemia combined.

The grim statistics prompted the development of adult and paediatric sepsis emergency department clinical pathways. These pathways are being tested at several sites across Queensland. The Chair of the Statewide Sepsis Steering Committee, Professor Bala Venkatesh, said the pathways

were a cognitive tool designed to aid clinicians' decision making. 'It guides clinicians to consciously rule in or rule out sepsis, facilitates timely recognition and commencement of appropriate therapy, and maintains antimicrobial stewardship.'

Prof. Venkatesh said sepsis-related mortality and morbidity rates could be

reduced if sepsis awareness improved. 'Outcomes for adults and children are improved if sepsis is recognised early, and treatment is started promptly. But even if we have the best evidence-based clinical pathways and treatment bundles on hand, if consumers don't present to an emergency department soon enough their chances of survival are reduced.'

The Department of Health's Strategic Communications Branch (SCB) is implementing a public awareness campaign to target parents of small children and the community.

SCB Executive Director Robert Hoge said the approach is utilising consumer insight, clinical expertise and campaign strategy.

'This is a really valuable partnership,' Mr Hoge said.

'The need is clear, and the knowledge and drive of our clinical experts is second-to-none.

'But partnering with Clinical Excellence Queensland to generate consumer insight, work on awareness-raising—with clinicians and the general public—and build behaviour change is making a difference.'

The Clinical Lead for Paediatric Sepsis, Associate Professor Luregn Schlapbach, says a pattern has been identified in paediatric sepsis cases. 'Parents often seek advice from a GP or a hospital multiple times before sepsis is identified because its symptoms can mimic other, less serious illnesses, such as the flu or gastro. Getting sepsis to front of mind for both consumers and clinicians is the key in getting treatment initiated promptly.'

The campaign also targets GPs through information packs, with a sepsis HealthPathway being explored through Clinical Excellence Queensland's General Practitioner Liaison Officer network.

Assoc. Prof. Schlapbach said a key component of the *Could this be sepsis?* program was the involvement of consumers. 'We are fortunate to have many passionate paediatric and adult sepsis consumer representatives involved and participating in a co-design process with a multidisciplinary team of clinicians.'

'It's helping to ensure our resources are responsive to everyone's needs. It's certainly one of the most rewarding projects I have been involved with.'

Just ask: *Could this be sepsis?*

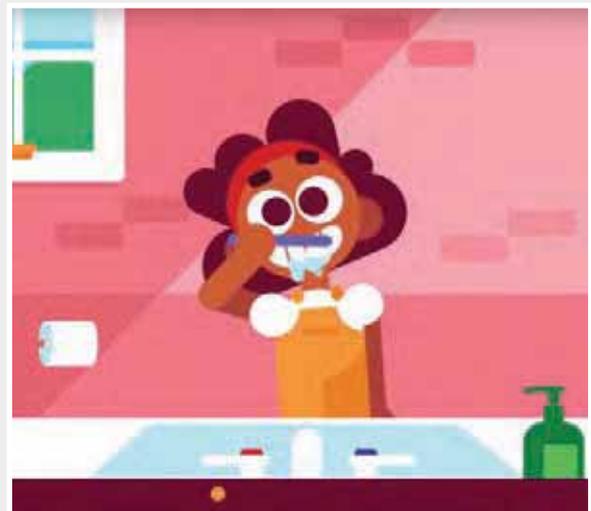
For more information, search 'sepsis' at www.clinicalexcellence.qld.gov.au or email sepsis@health.qld.gov.au.

Just two minutes is all it takes

The Office of the Chief Dental Officer has released a two-minute jingle encouraging kids to brush their teeth.

Two minutes is the recommended teeth-brushing time. 'You brush round and round, up and down. Up to your gums as you count down,' they sing. 'Get the food from between your teeth. Every bit counts, every piece.'

Children should use a soft toothbrush and small (pea-sized) amount of toothpaste to brush their teeth twice a day. Parents/carers should also organise regular dental check ups to avoid and prevent oral health problems.



Listen to the jingle on the Queensland Health Facebook page:
<https://www.facebook.com/QLDHealth/videos/620971425038557/?v=620971425038557>

Queensland advises United Nations on health technologies in Kazakhstan



The Telehealth Working Group: Dr Ron Poropatich, Mr Daniel Best, Dr Mark Elcock, Dr Jillann Farmer, Dr Karen Waite and Dr Stefan Goebbels

Queensland was represented at the United Nations (UN) 5th International Partnership for Technology in Peacekeeping Symposium in Nur-Sultan, Kazakhstan.

Daniel Best, from Clinical Excellence Queensland's Telehealth Support Unit, and Dr Mark Elcock, Executive Director, Retrieval Services Queensland, joined delegates from Ontario Telemedicine Network Canada and the University of Pittsburgh to talk about their telehealth experiences.

'Dr Jillann Farmer—Director, Division of Healthcare Management and Occupational Safety and Health, United Nations—asked if Queensland could send a delegate to the symposium to share the state's key achievements in

telehealth. As a former director of patient safety in Queensland, Jillann knew of Queensland's capability and high quality telehealth program,' Daniel said.

'What I didn't know until I got there was there is little to no use of telehealth in UN peacekeeping missions across the globe.'

Daniel said their main barriers include the lack of reliable IT infrastructure and clear clinical governance around who could provide the telehealth advice for these missions.

'My role, together with Dr Elcock, was to discuss the key successes and failures of telehealth in Queensland, and facilitate a series of plenary sessions and workshops on how telehealth could be better implemented in peacekeeping missions.'

The workshops helped UN representatives gain a better

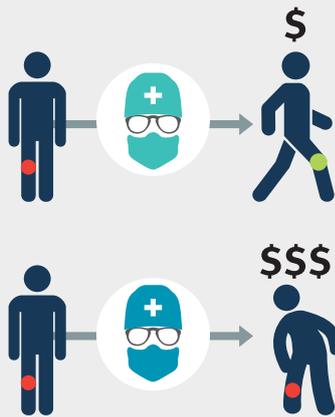
understanding of the needs and challenges for standardising the implementation of telehealth in all peacekeeping missions.

'They saw similarities with Queensland primary healthcare centres due to their size, staff levels and network connectivity issues, and how we have worked together to overcome these limitations,' Daniel said.

'It was generally agreed telehealth could assist with reducing or providing more specialist care for the high number of risky and expensive medical retrievals performed by helicopter during peacekeeping missions.'

The symposium proved a great opportunity to showcase Queensland's telehealth journey and maturity to the world.

Orthopods work to ‘get it right first time’



No relationship between cost and outcomes

Significant variation in practice between specialists and services

We are collating data on practice, cost and outcomes so that surgeons can compare their practice with others



A respected orthopaedic surgeon will lead a team in visiting hospitals to present their data and challenge practice variation

Queensland Health is piloting Getting it Right First Time (GiRFT) in its hospitals as part of the Minister’s priority *Delivering what matters in orthopaedic care*.

GiRFT is a clinician-led, data-driven, quality improvement initiative aimed at reducing unwarranted variation and improving patient outcomes while reducing costs. The program was developed in the United Kingdom and piloted in orthopaedics. It has since been extended to multiple specialties.

Following a recent visit from Professor Timothy Briggs—National Director, Clinical Improvement, National Health Service in the UK and founder of GiRFT—Queensland Health, through a Clinical

Excellence Queensland and HPSP partnership, aims to replicate the program’s outcomes across orthopaedics in Queensland hospitals.

Two respected orthopaedic surgeons—Dr Catherine McDougall and Dr Lawrence Malisano—are leading the program, and the first pilots are underway at the Sunshine Coast University and The Prince Charles hospitals. The clinical leads have scheduled engagement sessions with orthopaedic directors in most facilities, with the remaining to be completed early September 2019.

Initial site visits have been scheduled at a number of facilities and they will continue until March 2020 when the second round of reviews commence.

Office of the Chief Nursing and Midwifery Officer to run campaigns to promote workforces

High school students, nursing graduates and health professionals are encouraged to pursue careers in midwifery and mental health nursing under new projects run by the Office of the Chief Nursing and Midwifery Officer (OCNMO).



Where can midwifery take you?

Queensland midwives took part in a series of videos to encourage others to join the rewarding profession. The Director of Midwifery, Dr Jocelyn Toohill, said it was an incredibly unique job that warranted a special approach in its promotion.

‘Midwives are legally recognised as a separate profession to nursing and we’re working with our university partners to make sure we have a constant stream of midwifery students coming through the system,’ Dr Toohill said.

‘They are an essential part of every family’s pregnancy journey. With a growing population, they are more important than ever.’

Consumers were also interviewed about their experience with midwives.

‘Their stories are heart-warming. I’m so thrilled we have been able to capture the profound impact their midwife had on them

and the role they played in their journey,’ Dr Toohill said.

These videos explain the role of a midwife and what the continuity of carer model involves.

‘There are a lot of misconceptions about what a midwife does. We wanted to break it down and be clear about not only the broad scope of midwifery and the diversity it offers, but also the huge impact they have on families,’ Dr Toohill said.

‘The content is explained through the lens of a consumer or a midwife. This makes it a really compelling narrative. Hopefully it is compelling enough to encourage more people to consider a career in midwifery or opt for midwifery-led care.’

Queensland Health midwives can also benefit from the initiative. The Midwifery in Queensland website has links to useful resources and the new Midwives’ Hub. The Midwives’ Hub is a one-stop-shop for all things midwifery. The resources support clinical skill development, and improve personal wellbeing and resilience.





Dr Toohill and her team would like to thank the midwives who participated in the making of these resources:

- » Christine Bowles, Logan Hospital
- » Nigel Duncan, Logan Hospital
- » Kaitlin Reid, Kindred Obstetrics and Midwifery
- » Libby Ryan, Royal Brisbane and Women's Hospital
- » Di Tamariki, Gold Coast University Hospital

» The Mareeba Midwifery Group Practice

'We would also like to thank the wonderful consumers featured in the videos and on the website. Their willingness to share such intimate and private moments with us in an effort to promote midwifery was touching. It's something we will never forget.'

For more information, visit the Midwifery in Queensland website www.midwifery.clinicalexcellence.qld.gov.au or email OCNMO_MidwiferyQLD@health.qld.gov.au.

Mental health nursing is more than you think

Queensland mental health nurses took part in a series of videos to promote this often-overlooked profession while consumers spoke of just how important mental health nursing is to the community.

The Director of Nursing, Workforce Sustainability, Karyn Ehren, noted the projected retirement of senior experienced nurses in this area was pivotal to promoting mental health nursing as a rewarding and diverse career choice for early-, mid- and late-career nurses. 'Over the next 10 years, we are at risk of witnessing a significant amount of the workforce retiring. It is imperative measures are put in place to ensure adequate mental health nurses are employed to meet the needs of the growing demand on mental health services,' Ms Ehren said.

Almost half of all Australians aged 16 to 85 year old are estimated to experience a mental health concern. This means there is currently a high demand for mental health nurses, with plenty of opportunities to work, grow and develop in the specialty. Some mental health nursing areas include:



- » child and youth
- » rural and remote
- » perinatal wellbeing
- » rehabilitation
- » mental health co-responder model

OCNMO is also creating a resources webpage for mental health nursing. These resources help reiterate a career in mental health nursing is not something to fear. It is connecting with people in a time of crisis and helping them get to a better place. Working as a mental health nurse is a diverse profession where no two days are the same—you can be creative and innovative in the way care is provided.

We would like to thank all of those involved in this project and look forward to sharing the videos.

For more information, email ChiefNurse-Office@health.qld.gov.au.

Statewide Child and Youth Clinical Network Forum



Meagan O’Keefe—a social worker and the panel facilitator—with consumer representatives Amy Wilkinson, Carolyn Wharton, Marissa McDonald and Mary Steele.

The Queensland Child and Youth Clinical Network held its annual forum on 1 August 2019. The Better together: Linking clinicians, consumers and systems theme saw more than 100 people attend either in person or via videoconference.

It started on a high note, with a powerful and inspiring consumer panel. The panel explored navigating and advocating within the health system. The feedback for this session was extremely positive.

Statewide services for children, young people and families with chronic conditions were highlighted, with a focus on persistent pain, paediatric palliative care, and an adolescent and young adult framework.

The forum finished with a spotlight on the evolving digital environment, including state and national children’s health initiatives. Professor Keith McNeil led a question and answers session, with probing questions coming from the floor.

The sessions will be available on the QCYCN website.

Patients no longer bypassing life



The bariatric surgery initiative aims to improve the health of approximately 260 Queenslanders living with both obesity and diabetes.

This publicly funded weight loss surgery may be a suitable treatment option for people aged between 18 and 65 who:

- » have obesity and poorly controlled type 2 diabetes
- » receive public hospital specialist treatment for a condition that may be reversed or improved by bariatric surgery.

Donna, a former patient, said she struggled with uncontrolled type two diabetes for 15 years before being referred to the Clinical Excellence Queensland Bariatric Surgery Initiative. Donna recently reached out to express

her gratitude to all the staff one year on from the gastric bypass surgery performed by Dr George Hopkins at the Royal Brisbane and Women's Hospital.

'It seems inconceivable to me that in the space of 12 months, for someone who has struggled with their weight all my life, I have been able to lose greater than 53 kgs.'

'I am now off all diabetic and high cholesterol medications.'

Donna said there were several reasons preventing her from undergoing the surgery in the past, including 'not being

mentally ready for such a life-changing decision'. But she doesn't regret finally getting it done.

'I am well on my way [to my goal weight] and look forward to the journey continuing, and am thrilled with my results to date.'

'Thank you again for changing my life.'

The most common surgeries offered are:

- » sleeve gastrectomy
- » gastric bypass.

Cosmetic surgery is not offered as part of the bariatric surgery initiative.

Visit clinicaexcellence.qld.gov.au for more information on the initiative

Allied Health Rural Generalist Pathway: Working for trainees and managers



Emma Rewald—Speech Pathology Rural Generalist Trainee,
Central Queensland Hospital and Health Service.

The Allied Health Rural Generalist Pathway supports hospital and health services (HHSs) to implement a comprehensive approach to service improvement, workforce development, and training in rural and remote allied health teams. The Allied Health Professions' Office of

Queensland (AHPOQ) worked closely with allied health and rural service leaders in HHSs, health sector partners in other states and territories, peak bodies, and universities to design and trial the pathway.

Thirty-four designated rural generalist training positions will be implemented at

HHSs during the 2019–20 financial year. This is an increase from 21 positions in the 2018–19 financial year. The pathway, which aims to improve the outcomes and sustainability of allied health service, is available for nine professions. These include dietetics and nutrition, medical imaging, occupational therapy, pharmacy, physiotherapy, podiatry, psychology, social work, and speech pathology.

In 2017-18:



161,627

student placement
days offered



141,450

student placement
days provided

The rural generalist trainees undertake comprehensive, work integrated training relevant to their profession and setting, including post-graduate study. Training sites complete projects to improve service access, quality and efficiency, and provide benefits for rural and remote communities.

Biloela Speech Pathologist and Rural Generalist Trainee Emma Rewald said she was attracted to the pathway as an early career professional. 'I saw it as an excellent opportunity to develop my clinical knowledge and skills in all the different areas of speech pathology practice,' Ms Rewald said. She is also studying a Graduate Diploma of Rural Generalist Practice at James Cook University.

Ms Rewald has been integral to the development of a service model in the region for clients with swallowing problems. The model has enabled timely access to assessment and rehabilitation thanks to telehealth and allied health assistants.

'As part of the pathway, I have been involved in service improvement projects, such as telehealth, that have made a positive difference to healthcare delivery for those living in Central Queensland, including better access to services that are closer to home. To know that I have had a part in these improvements at first hand has been pretty amazing,' she said.

Rural allied health managers have been eager to integrate the pathway into their workforce structures, too. The Team Leader, Rural Allied and Community Health in Gayndah, Lisa Baker, said: 'Recruitment and retention of allied health professionals can be challenging in rural areas. The Allied Health Rural Generalist Pathway offers an identified career opportunity which helps to attract staff and it also provides structured learning and professional development to support new team members who may not have worked in a rural area before.'

The Allied Health Professions' Office of Queensland also provides funding to HHSs to facilitate the redesign of Health Practitioner Level 3 (HP3) roles into designated rural generalist training positions that include allocated training and development time, and profession-specific supervision and work-based training.

'At present, the Gayndah service has five trainees. The support package funding from the Allied Health Professions' Office of Queensland attached to these positions enables the release of dedicated time to support projects, and to develop resources to support our early career professionals on the Pathway, which benefits everyone.'

For more information, visit: <https://www.health.qld.gov.au/ahwac/html/rural-remote>

Where are they now?

Almost 100 projects from across Queensland have been put centre stage and given the platform for scale and spread thanks to the Clinical Excellence Showcase.

With the showcase now in its third year, Clinical Excellence Queensland (CEQ) caught up with a few of the previous showcase presenters to see how their projects have progressed since presenting their findings to 400+ clinicians and consumers.

Working together to connect care

2017 Clinical Excellence Showcase

Working together to connect care delivers individualised, consumer-focussed multidisciplinary plans for frequent presenters at the Royal Brisbane and Women's Hospital Emergency Department (ED). The program provides an enhanced model of care for these patients to improve their long-term health outcomes while reducing dependency on the hospital's ED.

HHS: Metro North Hospital and Health Service

Status: Ongoing

Outcomes: CEQ's Healthcare Improvement Unit supported Metro North in expanding this program to Rockhampton Hospital, Redcliffe Hospital, The Prince Charles Hospital and Sunshine Coast University Hospital.

Contact: Ms Debra Harcourt—Nurse Navigator, Metro North Hospital and Health Service

P: 0448 403 041

E: debra.harcourt@health.qld.gov.au



How a frog named Fabio engages children in their care

2017 Clinical Excellence Showcase

Sunshine Coast was Queensland's first health service to seek feedback and ideas from paediatric patients using an iPad app designed by—and for—children. Fabio the Frog lets children share their hospital experience through a fun and entertaining medium, and creates the opportunity to deliver care that is informed by the child's unique experience of hospital. This presentation was the winner of the People's Choice Award at the 2017 Clinical Excellence Showcase.

HHS: Sunshine Coast Hospital and Health Service

Status: Following the successful pilot, this program is ongoing and funded by Wishlist (hospital foundation).

Outcomes: Expanded from primarily paediatric inpatients to include paediatric patients in the emergency department, outpatients, and the Paediatric Outpatient Sedation Support Under Multidisciplinary Team or POSSUM clinic.

Contact: Graham Reeks—Principal Engagement Officer, Sunshine Coast Hospital and Health Service

P: 5470 5822

E: graham.reeks@health.qld.gov.au

Do we want to provide food or do we want our patients to eat?

2018 Clinical Excellence Showcase

Room service is a foodservice model that has been increasingly implemented across health care facilities to improve patient satisfaction and reduce food waste. The Mater Private Hospital was the first hospital in Australia to implement room service in 2013. Their aim was to improve patient nutrition care and reduce costs.

Hospital: Mater Health Services

Status: Ongoing

Outcomes: Expanded to all Mater facilities in South Brisbane (i.e. public and private) and Mater Private Hospital Springfield. The Prince Charles Hospital (TPCH) also introduced the service, with a joint research project between Mater and TPCH being considered.

Contact: Sally McCray—Director Dietetics and Food Services, Mater Health

P: 3163 6000

E: sally.mccray@mater.org.au



Getting to the CORE of it: How people in crisis are receiving timelier mental health intervention

2018 Clinical Excellence Showcase

Police officers, by virtue of their 24-hour emergency service provision, are often called upon to be the first responders to a mental health crisis. Based on an internationally implemented and evidenced-based model, the program comprises a designated Queensland Police Service Officer and a specialised Mental Health Clinical Nurse Consultant who work closely together and travel in an unmarked police car. They are a “secondary response” vehicle attending Triple Zero (000) incidents in the community at the

request of a “first response” police unit. This program allows for an immediate interaction between a person in crisis and mental health clinician.

HHS: West Moreton Hospital and Health Service

Status: Ongoing

Outcomes: Expanded to the Gold Coast Hospital and Health Service in 2018

Contact: Janet Brack—Clinical Nurse Consultant, West Moreton Hospital and Health Service

P: 3413 7543

E: janet.brack@health.qld.gov.au

Queensland Clinical Senate marks 10 years, welcomes new Chair and Deputy



The Queensland Clinical Senate is celebrating 10 years influencing and leading change in Queensland’s public health system.

The Senate’s Chair, Dr Alex Markwell, appointed in May, said the Senate gave clinicians a strong voice on important system-wide issues affecting the quality of patient care. ‘Since its first meeting in May 2009, the Senate has continued to give our committed clinicians dedicated time to meet and collaborate on some of the big—and often complex—issues that affect Queenslanders,’ Dr Markwell said.

‘There is often no easy answer to the issues the Senate discusses. So while we may not see immediate change, we know our recommendations remain part of high-level conversations and they are effective in driving change.’

Among the Senate’s many achievements, it has been successful in advocating for:

- » GP access to The Viewer
- » publicly funded bariatric surgery
- » a ban on sugary drinks and unhealthy snacks in public hospitals
- » a statewide strategy for end of life care, including a
 - » community education program
 - » charter for adults and children

- » funding to support the implementation of innovative models of integrated care
- » an evidence-based review of the quality of patient health outcomes related to NEAT—this has resulted in a revised NEAT target of 80 per cent
- » a charter of clinical requirements for digital health.

Dr Markwell said the success of the Senate relied on a strong membership base. ‘We are fortunate to have a very active membership representing the diversity of clinicians, specialities and areas of care across Queensland,’ she said.

‘Health Consumers Queensland continues to be a strong partner of



‘There is much we can achieve if we work together.’
 Dr Alex Markwell

Mr Chris Raftery is the Queensland Clinical Senate’s first Deputy Chair – pictured here with Senate Chair Dr Alex Markwell.

the Senate. With their support, we continue to have consumer and carer representation. This is essential for our work to make a difference.’

Dr Markwell said active clinician leadership and consumer collaboration for better care promised a great opportunity for the health system.

‘There is much we can achieve if we work together,’ she said.

‘Congratulations to everyone involved in the Senate during this past decade.’

The Senate also announced the appointment of its first Deputy Chair. Mr Chris Raftery—Nursing Director for Clinical Innovation and Advanced Practice at Gold Coast Hospital and Health Service—was appointed in June.

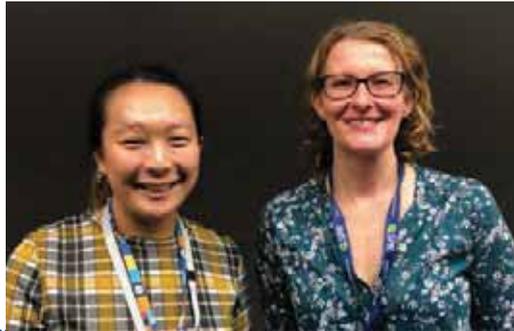
Mr Raftery has broad clinical and leadership experience. He worked with the Senate on its National Emergency Access Target research and saw it as a “fantastic opportunity”.

‘The Senate is an important forum for clinicians to carry out critical dialogue. From the depths of experience across the state and disciplines to shaping our current and future health system.’

Dr Markwell said Mr Raftery is an exceptional addition to the Senate’s leadership team. ‘I look forward to working alongside Chris and the executive team to continue the great work of the Senate,’ Dr Markwell said.

For more information, search ‘Senate’ at www.clinicalexcellence.qld.gov.au or email qldclinicalsenate@health.qld.gov.au.

Clinical terminology for allied health a first for Australia



Kylynn Loi, Terminologist Australian eHealth Research Centre, CSIRO and Alicia Chaplain, Senior Workforce Officer, Allied Health Professions' Office Queensland, worked together to develop the allied health clinical reference set

A suite of allied health clinical reference sets is now available from the Australian Digital Health Agency.

Liza-Jane McBride, Chief Allied Health Officer for Queensland, said the Queensland Allied Health Clinical Reference Sets (QAHCRS) are specific to allied health clinical information. They link to nationally endorsed clinical data elements in the National Allied Health Best Practice Data Sets.

'Once implemented in the Queensland Health integrated electronic medical record (ieMR), QAHCRS enables consistent sharing and interoperability for allied health clinical information.'

'Using a specific list of terms can improve the user experience by limiting the

amount of content users need to search for to find their selected term, and for enhanced data analytics and reporting.

'This can assist to effectively report clinical outcomes for clinicians and managers,' Ms McBride said.

It is the first of its kind for allied health in Australia.

QAHCRS consists of the Queensland allied health:

- » assessment reference set
- » clinical findings reference set
- » indicator for intervention reference set
- » intervention reference set.

Ms McBride said QAHCRS was the result of extensive work from the Allied Health Professions' Office of Queensland (AHPOQ) in conjunction with the Australian eHealth Research Centre, CSIRO, and representatives from

the audiology, exercise physiology, occupational therapy, nutrition and dietetics, physiotherapy, podiatry, psychology, speech pathology, and social work professional networks.

'These groups mapped allied health terms to SNOMED CT-AU for allied health.'

SNOMED CT-AU is the standardised clinical terminology used to provide coded terms for clinical documentation and reporting in the Queensland ieMR.

'They can also be used by other jurisdictions for implementation in clinical information systems and have potential to be a nucleus for a national allied health code set.'

QAHCRS is a starting point to collect clinical information for reporting purposes in the ieMR.

For more information, email Allied_Health_Advisory@health.qld.gov.au.

Improving surgical outcomes for patients in rural and remote Queensland

The Statewide Anaesthesia and Perioperative Care Clinical Network's (SWAPNet) Rural Perioperative Team Training Program (RPTTP)—sponsored by Clinical Excellence Queensland—aims to improve surgical outcomes for patients in crisis situations by promoting teamwork, communication and system design. It is primarily designed for Clinical Service Capability Framework level 3 rural facilities, and now includes

Bundaberg, Gladstone and Mt Isa hospitals.

- The two-day program:
- » sees the transportation and setting up of a 'lifelike' manikin in an operating theatre
 - » runs three crisis scenarios per day.

Audio visual equipment live streams the activity from the operating theatre to let participants engage in the debriefing sessions. These sessions promote interaction, communication and the identification of opportunities for improvement.

Gladstone Hospital recently hosted the program on 29 and 30 July 2019. It was well attended

by surgeons, obstetricians, anaesthetists, rural generalists, perioperative nurses, midwives and the theatre wardsperson.

RPTTP will be delivered at 17 sites, involving 22 facilities, this year and Gladstone Hospital was the ninth delivery site. Warwick/Stanthorpe/Dalby and Roma/St George and Charleville are scheduled for August/September, with Thursday Island, Cooktown and Mt Isa to follow in October.

The RPTTP faculty includes surgeons, anaesthetists, GP rural generalists, perioperative nurse educators and a midwifery educator who volunteer their time to deliver training.

For more information, visit the Improvement exchange.

Living EDge: Ground-breaking suicide prevention space opens at Redland Hospital



Brisbane man Nick Moreau struggled with suicidal thoughts for more than a decade. An unhappy atmosphere at home was the catalyst for his downward spiral. Dark thoughts became his new normal. They would come and go without rhyme or reason. He battled these feelings alone. 'I didn't reach out for help for a long time,' Nick said. 'I didn't feel like I could talk to my parents and I had two younger brothers I needed

to look after. I felt like I had to be the strong person for my family. I tried to manage it all on my own.' Nick's recovery only started when he stopped trying to fight and suppress his thoughts of suicide, and reached out for help. Nick is using his experiences in—and insight into—suicidality to play an important role in how Queensland Health responds to Queensland's suicide crisis.

Nick is one of many people working in the Queensland healthcare system with a "lived experience of suicide". "Lived experience" describes someone who has either attempted suicide, experienced suicidal thoughts and feelings, or lost someone they know to suicide. Involving people with a lived experience in the shaping of healthcare services is an important part of the service planning and delivery process for Queensland Health.

People with a lived experience hold unique insight into how services can better respond and care for people in

Queensland Health Suicide Prevention in Health Services Initiative Manager Nikki Bushell, Brook RED Program Coordinator Nick Moreau and Enlightened Consultants Director Helen Glover at the newly-opened suicide prevention space at Redland Hospital.



distress, and how best to prepare them for their journey to recovery. Nick applies his own experiences and insight in his role as a program coordinator at Brook RED, a peer-managed community mental health organisation in Brisbane. Nick and the Brook RED team have worked closely with Queensland Health to develop Living EDge. Living Edge is an alternative space at Redland Hospital for people experiencing suicidal distress. It is located near the Redland Hospital emergency department and provides a calming space where people at risk of suicide can talk to peer support workers, enjoy relaxing activities and arrange ongoing guidance and support.

Living EDge is funded by Queensland Health under the Suicide Prevention in Health Services Initiative. It is co-managed by Enlightened Consultants. The concept has been trialled overseas and similar programs are active throughout New South Wales. The Enlightened Consultants Director, Helen Glover, said Living EDge is a more suitable option for people who rely on hospital emergency departments in times of suicidal distress. 'We heard from hospital staff that due to the nature and pressures of the emergency department,

it is not an ideal place to support people in suicidal distress,' she said. 'These people want to be heard. They want a space where they can quietly sit with someone and be heard and understood, and that's what Living EDge offers.'

All of Living EDge's peer support workers have a lived experience of suicide, and their knowledge helped shape the design and implementation of the program. Nick said having a lived experience allows a peer support worker to offer more authentic empathy and understanding to people in distress. 'When you're struggling with your thoughts, being able to talk to someone who understands you and how you're feeling is very important in the recovery process,' he said. 'Just knowing that we've been through it and that we've moved forward is really helpful for people struggling to see a future for themselves. It gives people a living example of hope.' From his own experiences, Nick said that sitting down with someone and working through a checklist or mental health plan—especially in the first few sessions—is not

always suitable for people in suicidal distress. 'Instead, we focus on developing a therapeutic relationship with each person and providing an opportunity for them to talk and be heard,' he said. 'We know that's the best way to make connections, and that's when we seem to get the best results.'

The Executive Director of Queensland's Mental Health Alcohol and Other Drugs Branch, Associate Professor John Allan, said Living EDge highlighted the Queensland Government's commitment to suicide prevention. 'Living EDge is a fine example of the groundbreaking techniques we are applying as part of our efforts to eliminate suicide deaths in the community,' he said. 'It is an innovative approach that provides specialist care for vulnerable people in our community, and relieves some of the pressure on our hardworking emergency department staff.'

The Living EDge service is available for referrals for one-on-one support between 4pm and 8pm each Monday, Tuesday and Wednesday. A group support session is available each Thursday from 4pm to 8pm. People can self-refer to Living EDge by calling 0433 724 337.

Queensland accepts the Nightingale Challenge 2020

Queensland has stepped up to the plate by accepting Nursing Now’s Nightingale Challenge 2020. Shelley Nowlan, Chief Nursing and Midwifery Officer, said Queensland was up to the task. ‘I am proud to say we are one of three Australian organisations to do so and an early adopter of the campaign.’

The global initiative is designed for large employers of nurses and midwives, like Queensland Health, and challenges them to develop the leadership skills of 20 young nurses and midwives by the end of 2020.

The World Health Organization has declared 2020 as the Year of the Nurse and Midwife, and it also marks the 200th birthday of Florence Nightingale.

Nightingale Challenge Manage4Improvement

Queensland Health’s contribution to the Nightingale Challenge sees the Office of the Chief Nursing and Midwifery Officer and Clinical Excellence Queensland’s Centre for Leadership Excellence work together to deliver a tailored Manage4Improvement program.

The Nightingale Challenge Manage4Improvement (M4I) is expected to develop the management and leadership skills these young nurses and midwives need to create and support a culture of innovation, improvement, and enhanced patient outcomes. The current version of M4I—open to Queensland Health clinicians in management/supervisory roles—is very popular. Registrations often exceed the number of available places.

The 25 nurses and midwives recruited for the Nightingale Challenge M4I—one from each Hospital and Health Service (HHS)—were appointed by an executive leader or selected by the Department of Health:

Elyse Hannan Sarah Ellen Ross Ashleigh Urquhart

Daniel Somerfield	Kristi Izod	Taylor Woods
April Gregory	Natasha Cocker	Susannah Short
Andrea Rickards	Ruth Hendrick	Ciara Hegarty
Dean Cartwright	Melissa Surrey	Leah Logan
Casey Noonan	Shaun Robertson	Emma Thoma
Scott Hayward	Nikia Goldsmith	Kim Chambers
Rhiannon Kate O’Sullivan	Hannah Gossage	Nicholas Delaney
	Melissa Frith	

‘The Nightingale Challenge M4I cohort will participate in a six-month integrated leadership and management program that will build their confidence and support improvements in health service delivery,’ Ms Nowlan said.

A variety of experiential learning activities will be used, including face-to-face workshops, a profiling assessment tool, and the development and implementation of a robust improvement project and collaborative peer triangles.



Ashleigh Urquhart (pictured)—Clinical Nurse Consultant, Cardiac Rehabilitation at Metro South HHS—said she was passionate about learning.

‘I enjoy it. I strive for continuous improvement and want to work at the top of my profession to continue to make a positive difference in people’s lives. Nurses are the best patient advocates. It’s important to have nurse leaders assisting with strategic planning and structural empowerment to support the nursing workforce, and improve patient outcomes.’

The Nightingale Challenge 2020 was launched at the International Council of Nursing Congress in Singapore on 29 June 2019. It commences on 1 January 2020.

Frail Older Persons program

Queensland Health is working with consumers and clinicians across the care continuum to increase patient choice of care settings and the quality and safety of care provided.

Queenslanders are now living longer with multiple comorbidities. This has seen more presentations to emergency departments and subsequent inpatient admissions. The increase of frail older persons presenting to hospital poses a significant challenge for Queensland Health to provide appropriate and safe care. Queensland Health's Frail Older Persons program will optimise the care provided to this group.

A Ministerial workshop identified Queensland Health could—and should—explore new ways to provide care for frail older persons. A one-day follow up workshop was held in November 2018 where attendees prioritised opportunities to optimise the care provided. These were:

- » improve identification of frail older persons to optimise care
- » improve comprehensive frail older persons assessments to identify and meet care needs
- » upscale inpatient initiatives to improve the patient journey
- » improve quality of acute healthcare for residents of aged care facilities
- » advance care planning and education for public, general practitioners and clinicians



To support these priorities, \$20M recurrent funding has been allocated to implement three models of care:

1. RACF acute care support services (RaSS)

Partnering with RACFs to increase choice of care locations for residents, and improve the quality and safety of care provided across the care continuum.

2. Geriatric Emergency Department Intervention (GEDI)

Frontload frailty assessment, prioritise care needs and fast track frail older persons through the emergency department.

3. Inpatient Geriatric Mode—expanding the 'Eat Walk Engage'

Model of care into two wards at 10 hospitals to reduce complications like delirium and deconditioning, and increase discharge back to a patient's home.

These models have been proven in the Queensland context to increase patient and clinician satisfaction of care provided.

The program is being rolled out across 25 hospitals across Queensland.

For more information, email Frail_Older_Persons@health.qld.gov.au or visit the Improving the quality, safety and care of older Queenslanders webpage: <https://clinicalexcellence.qld.gov.au/priority-areas/service-improvement/improving-quality-safety-and-care-older-queenslanders>

Transforming health service culture at the workplace



Zoe Bishop-Kinlyside, Director - Patient Safety and Quality Improvement Service and Jan Phillips, Executive Director - Centre for Leadership Excellence will share their mentoring relationship at the launch of Better Health North Queensland Mentoring Program.

Executive Director, Centre for Leadership Excellence (CLE), Jan Phillips said: ‘CLE are currently partnering with nine HHSs, including the Torres and Cape HHS, Cairns and Hinterland HHS, North West HHS, West Moreton HHS, Mackay HHS, Townsville HHS, Central Queensland HHS, Sunshine Coast HHS, and Children’s Health QLD.’

A capability development strategy—comprising several different programs—is developed for each HHS. It is approved by their chief executive before implementation. The initiative target staff at all levels, including the executive team.

‘The success of our partnerships with the HHSs relies on building strong relationships and undertaking extensive consultation with key stakeholders so we can clearly understand the key challenges facing them. This helps CLE to develop appropriate bespoke capability development strategies,’ Ms Phillips said.

The Senior Director, CLE, Paul Stafford said: ‘One of our latest initiatives, that we are very excited about, is the Better Health North Queensland (NQ) Mentoring Program. It involves collaboration across a number of HHSs.’

‘Better Health NQ is a group of key HHSs and primary health networks in North Queensland who are working together to improve healthcare by developing networks for cooperative service delivery in North Queensland.

‘In partnership with Mackay HHS, we have developed a six-month mentoring program to support the ongoing development of key leaders from Mackay, Cairns and Hinterland, North-West, Townsville, and Torres and Cape HHSs who form the Better Health NQ collaborative.

‘This program aims to provide mentees with exposure to senior managers, providing opportunities to develop new skills, capabilities and perspectives. Mentors and mentees will meet on a regular basis via teleconference or video conference over the duration of the six-month program.’

The program begins on 17 September 2019, with a one-day workshop in Mackay.

Please email hhsconsultancy@health.qld.gov.au for more information about CLE’s consultancy work.



Two-day rural maternity summit held in Cairns



The Maternity Summit 2019 was organised at the request of the Honourable Steven Miles MP, Minister for Health and Minister for Ambulance Services. It was a chance to share the progress and achievements from the Statewide Maternity Service Forum 2016, and present the Rural Maternity Taskforce deliverables.

Approximately 150 key stakeholders attended the Cairns event, held on 18 and 19 June 2019, including:

- » a lead consumer, midwife and obstetrician from most Hospital and Health Services (HHSs)
- » HHS Board chairs
- » chief executives and senior executives

- » representatives from professional, consumer and industrial bodies
- » obstetric and midwifery academics
- » primary care
- » experts in safety, quality and governance
- » interstate jurisdictional (New South Wales and Victoria) and national representatives.

Day one presented the achievements of the four Maternity Service Action Groups (MSAGs), established in 2017, as an outcome from the 2016 forum. Six key initiatives from the four MSAGs highlighted the progress achieved and showcased HHS implementation where relevant.

The second day focussed on the Rural Maternity Taskforce and saw the launch of the taskforce report. This included six recommendations, and discussion of

the first draft of the Queensland Rural and Remote Maternity Services Planning Framework. The taskforce was required to advise on:

- » the safety of Queensland's rural maternity services
- » what steps could be taken to minimise risks for mothers and babies in rural and remote communities while providing services near where they live.

The Minister spoke of his commitment to ensure HHSs provide woman-centred maternity services across Queensland regardless of where the mother lives—every woman deserves the chance to have her baby safely.

Dr John Wakefield also challenged each HHS to start to talk—but, more importantly, to listen—to their communities.

For more information, see the Rural Maternity Taskforce webpage:
clinicalexcellence.qld.gov.au/index.php/priority-areas/patient-experience/rural-maternity-taskforce

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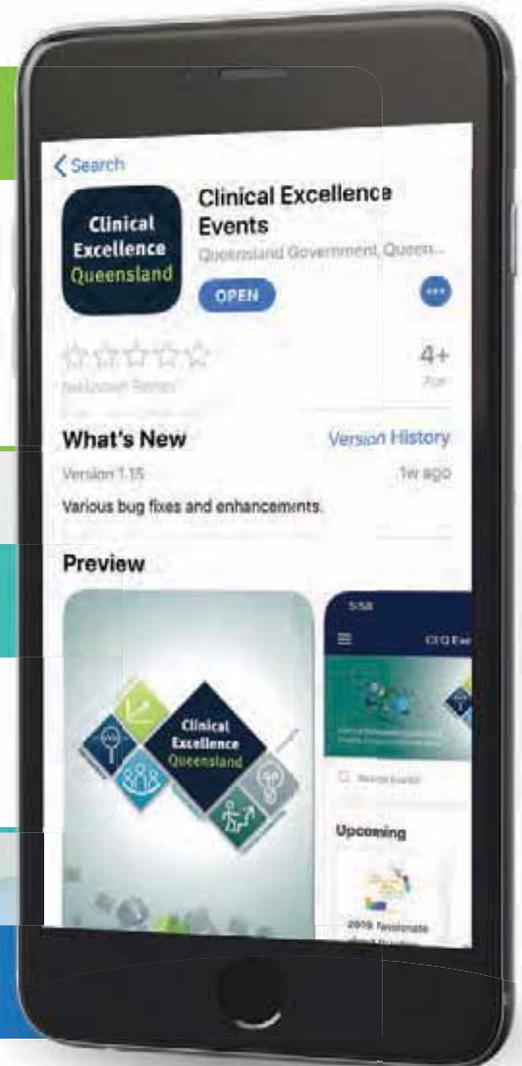
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Clinical Excellence

SHOWCASE 2020

Next year's showcase will be held in the first two weeks of March 2020, with exact dates to be confirmed later in 2019. With next year's showcase expected to be bigger and better than ever, we will also be calling for sponsors for the first time.

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