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# Reform of Queensland Health: Review, Preview

**Dr Stephen Duckett FCHSE CHE**  
Executive Director,  
Reform and Development Division  
Queensland Health

Presentation to ACHSE Breakfasts  
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p e o p l e



# The Reform Team Agenda - as presented at last year's breakfast

- Workplace culture and leadership
- Clinical engagement/networks
- Clinical governance framework
- Transparency/performance orientation and accountability
- Big agenda, but achievable!!!

# Queensland Health Reform: the key issues

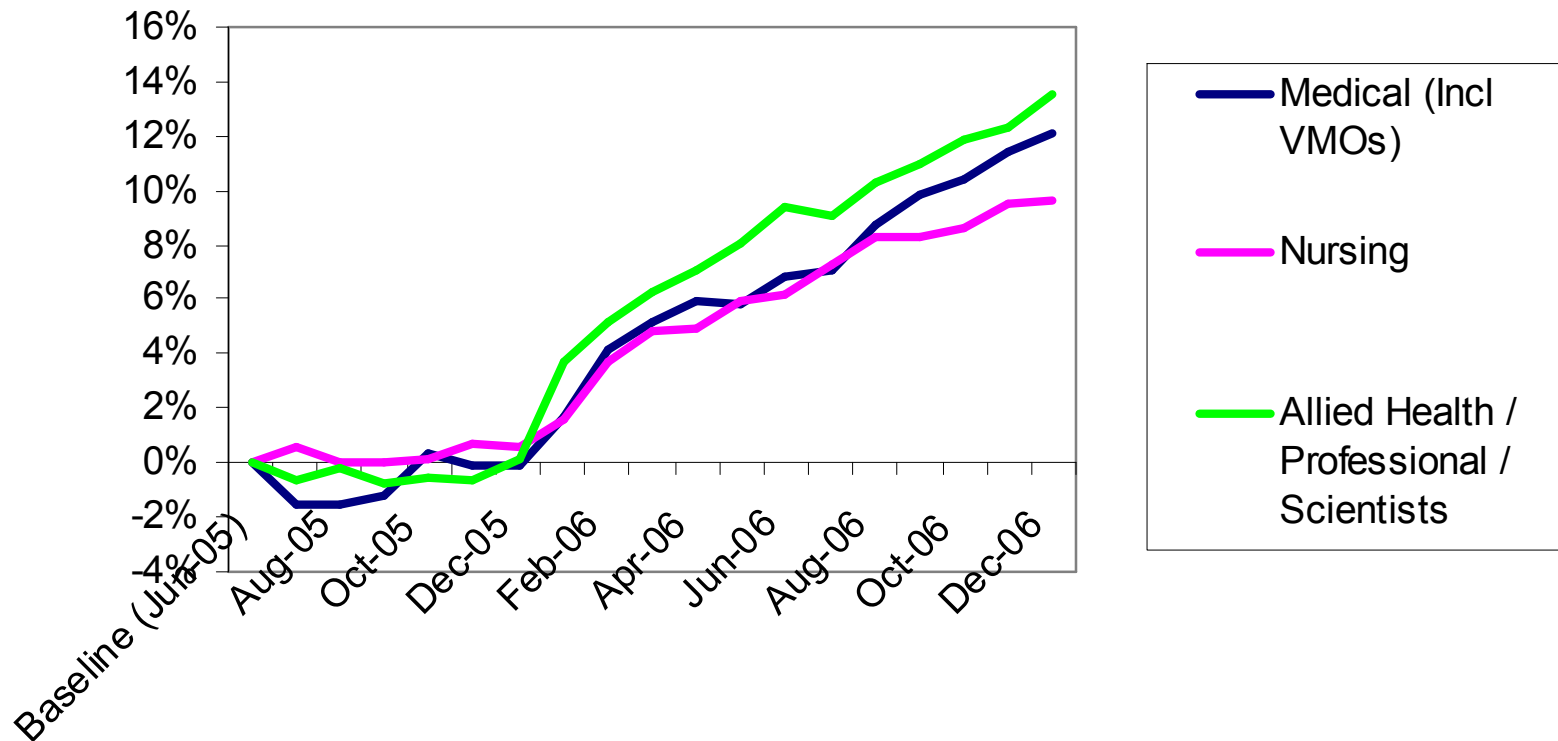
- Meeting needs
- Culture change
- Transparency and openness
- Holding to account
- Innovation

# Queensland- a state on the move

- Each week 1200 people migrate to Queensland
- To meet their health needs, we need:
  - 12 extra nurses each week
  - 4 to be doctors each week
  - To open 5 hospital beds each week (public or private)
- \$10b 5-year Action Plan

# Staffing has increased 10-14% since June 2005

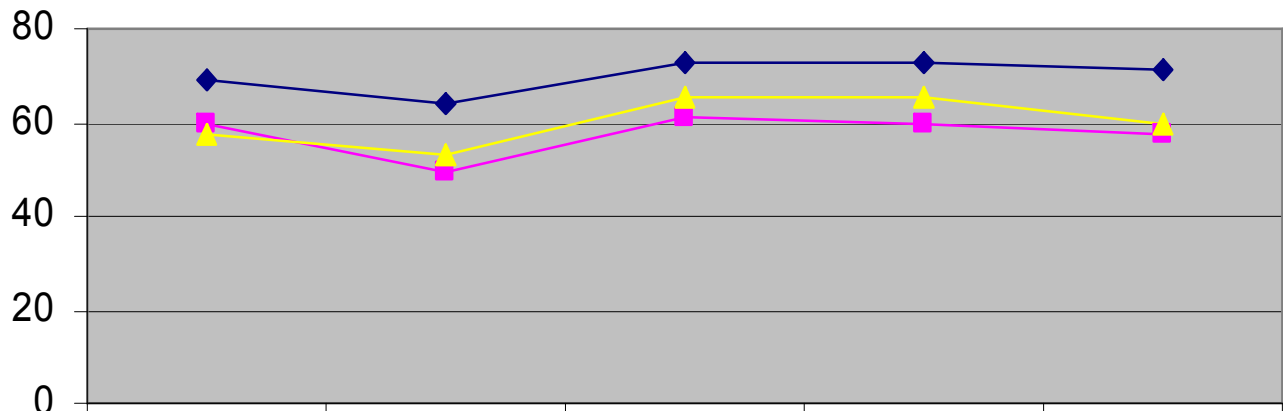
**Percent increase in staff employed by Queensland Health, June 2005 to date**



# Culture change

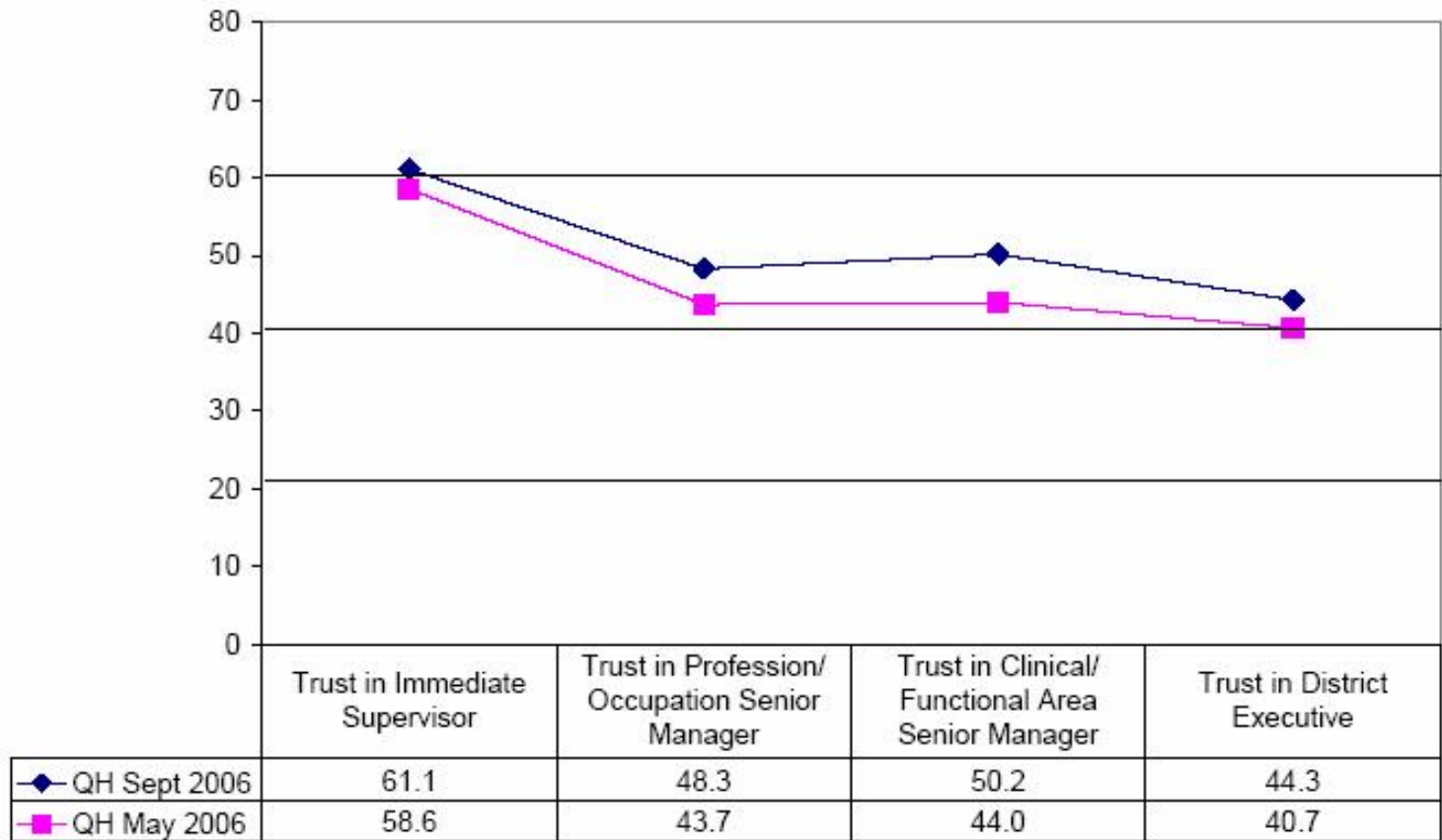
- developed and implemented a new Code of Conduct and related training
- commenced regular staff opinion surveys with every staff member to be surveyed by the end of 2007

# Better Workplaces Staff Opinion Survey Results May and September 2006



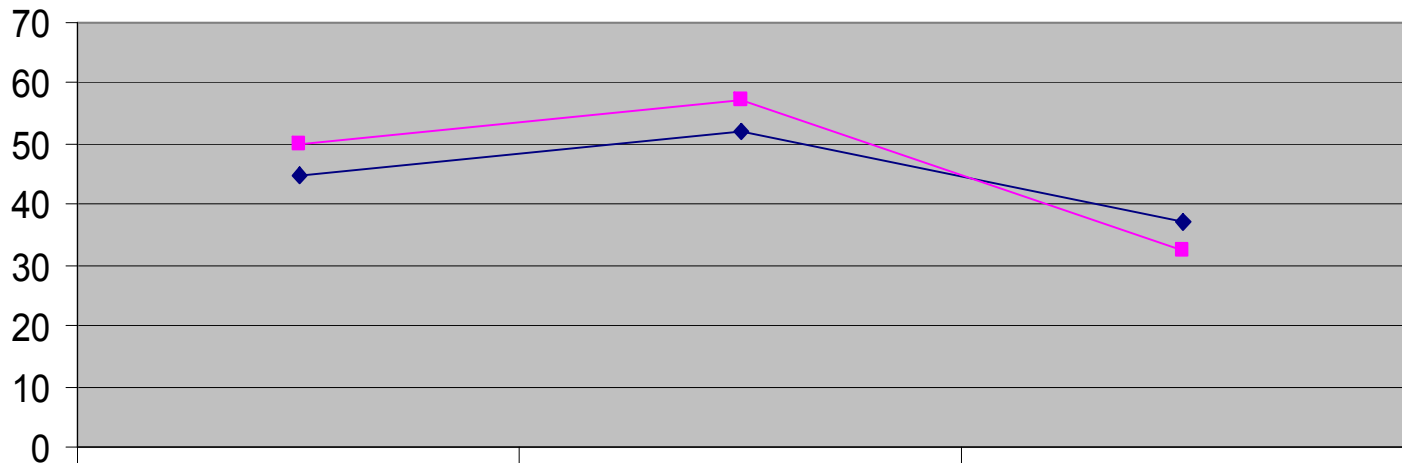
	Respect for People	Integrity	Respect for Law &	Dilligence	Economy & Efficiency
—◆— RDD	69.42	64	73.07	72.66	71.26
—■— May-06	59.88	49.75	61.38	59.56	57.44
—▲— Sep-06	57.41	53.3	65.25	65.54	59.3

## Better Workplaces Staff Opinion Survey Results May and September 2006 - Trust in Leadership



# Better Workplaces Staff Opinion Survey Results May and September 2006

Individual Outcomes



◆ May	44.7	52.07	36.96
■ September	49.91	57.3	32.55

# The role of the leader

➤ 'the only thing of real importance that leaders do is to create and manage culture'

- Schein, E. H. (1992). *Organizational culture and leadership*. San Francisco: Jossey Bass

➤ Leadership Development Program with clinical and non-clinical executives: 500 in 2½ day residential, 4,500 in 2 day non-residential program. Probably largest leadership development program in country!

# Queensland Health Leadership Development Framework FY 07/08

## Leadership Sub-Programs

- 1.1 Leading Edge Program for EMT
- 1.2 Transformational Leadership for District Managers
- 1.3 Top 500 Executive Leaders - High Performance Teams Program
- 1.4 Inspiring Leadership for Managers/Supervisors
- 1.5 Emerging Leaders Program
- 1.6 Leadership for Clinical Networks Program
- 1.7 Plan and consult on the development of an indigenous leaders Program

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## Leadership Assessment

- 2.1 Assessment tools eg: Annual 360 Degree Feedback Pre-development Online Assessment Tool
- 2.2 Culture & Climate Survey
- 2.3 Annual Performance Appraisal & Development (PAD)

3

## Leadership Development Activities

- 3.1 Executive Coaching
- 3.2 Leadership Development Modules
- 3.3 Leadership website, including Experienced Based Opportunities Program
- 3.4 Reward and recognition for outstanding leadership
- 3.5 Leadership breakfast series / Strategic partnerships
- 3.6 Sponsored research projects / Interstate study tours
- 3.7 Bi-annual Workplace Culture and Leadership Conference

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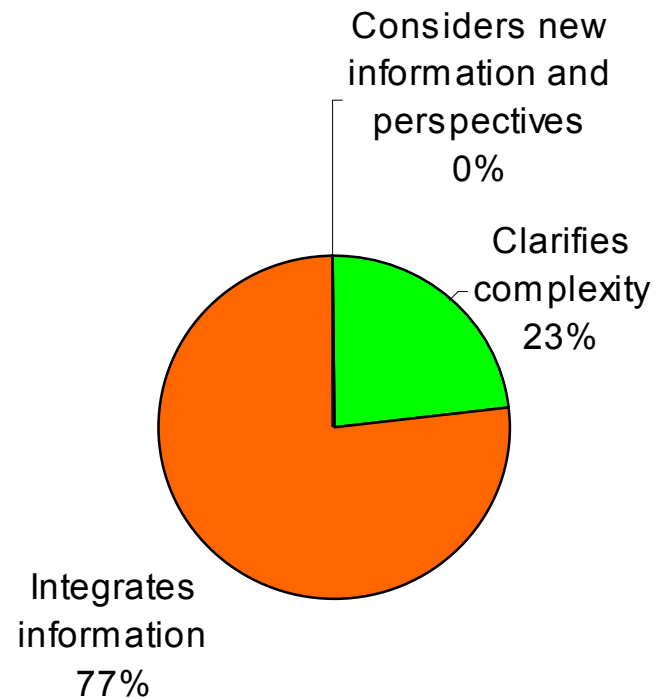
## Annual Reassessment

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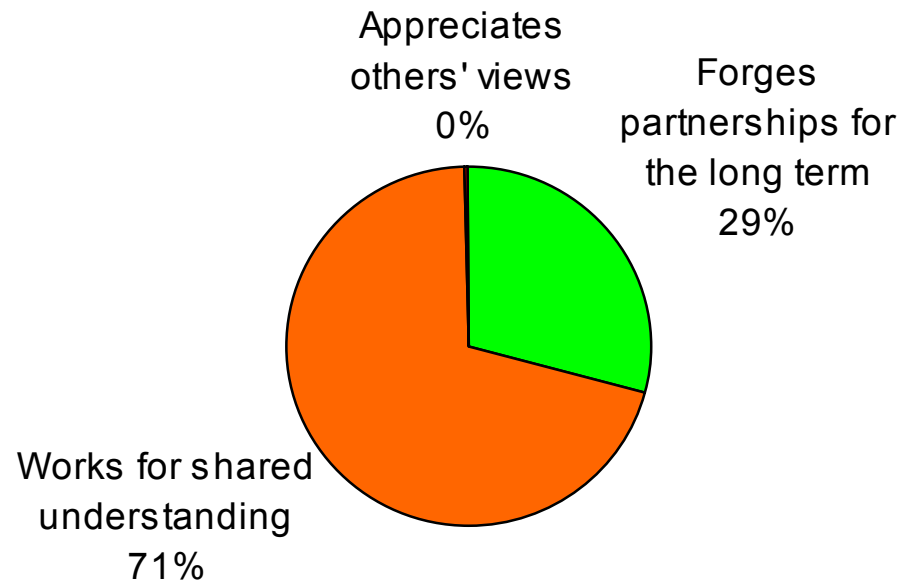
# Culture change

- Code of Conduct
- Staff opinion surveys
- Leadership Development Program with clinical and non-clinical executives: 500 in 2½ day residential, 4,500 in 2 day non-residential program. Probably largest leadership development program in country!
- commenced 360 degree feedback and individual coaching with 242 executives

# Intellectual flexibility



# Collaborative working



# Culture change

- Code of Conduct
- Staff opinion surveys
- Leadership Development Program
- 360 degree feedback
- Introduced Clinical Networks to enhance clinician involvement in decision -making

# Culture change: clinical networks

- Stage 1: 'Facilitating clinical engagement'
  - Permissive policy
  - 'good idea', 'let 1000 flowers bloom'
  - 'investigator initiated', untargetted innovation grants program

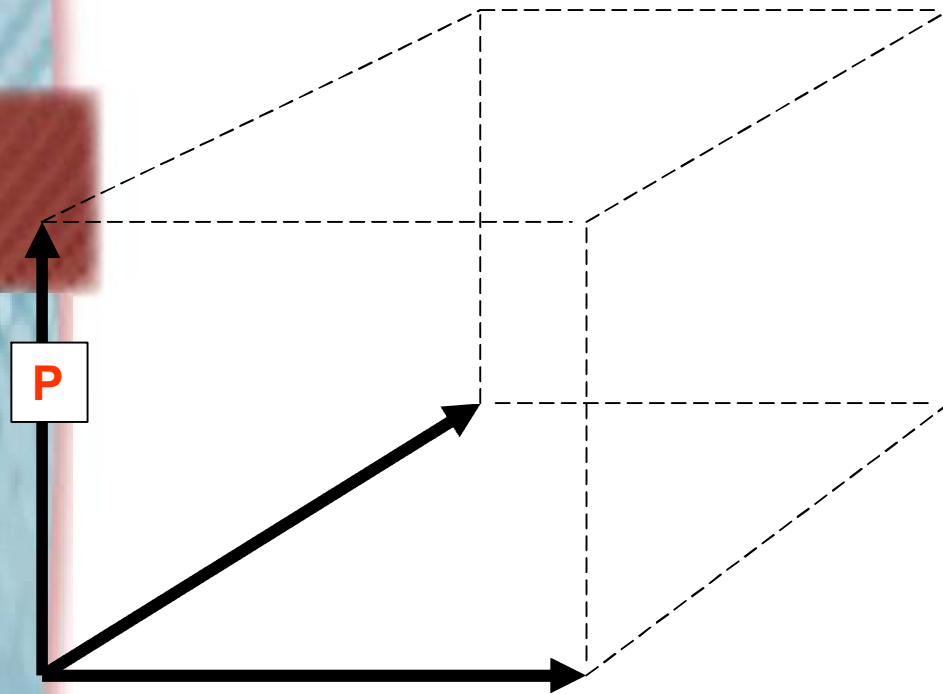


# Culture change: clinical networks

- Stage 1: 'Facilitating clinical engagement'
- Stage 2: 'Clinical leadership'
  - The first task for clinical leaders/managers is to optimise each dimension of the 'value cube'

# Building the 'value cube'

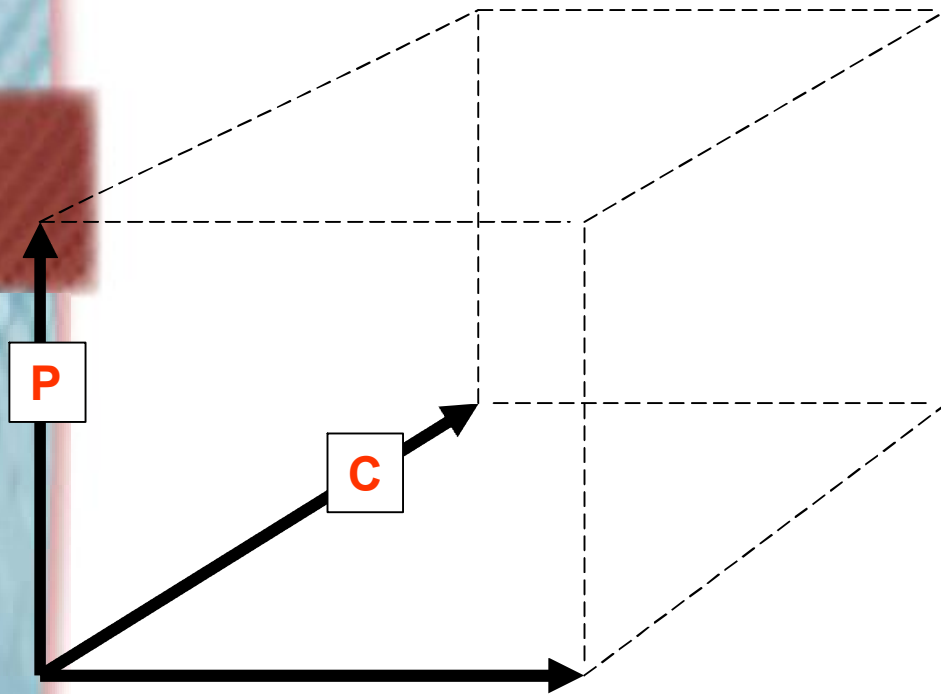
## 3 key perspectives (and trade-offs) of healthcare performance



**P – Patient assessed value**  
eg expectations of symptom relief, functional improvement, being treated with dignity, Information, access etc

Maybe different in different populations

# Building the 'value cube'

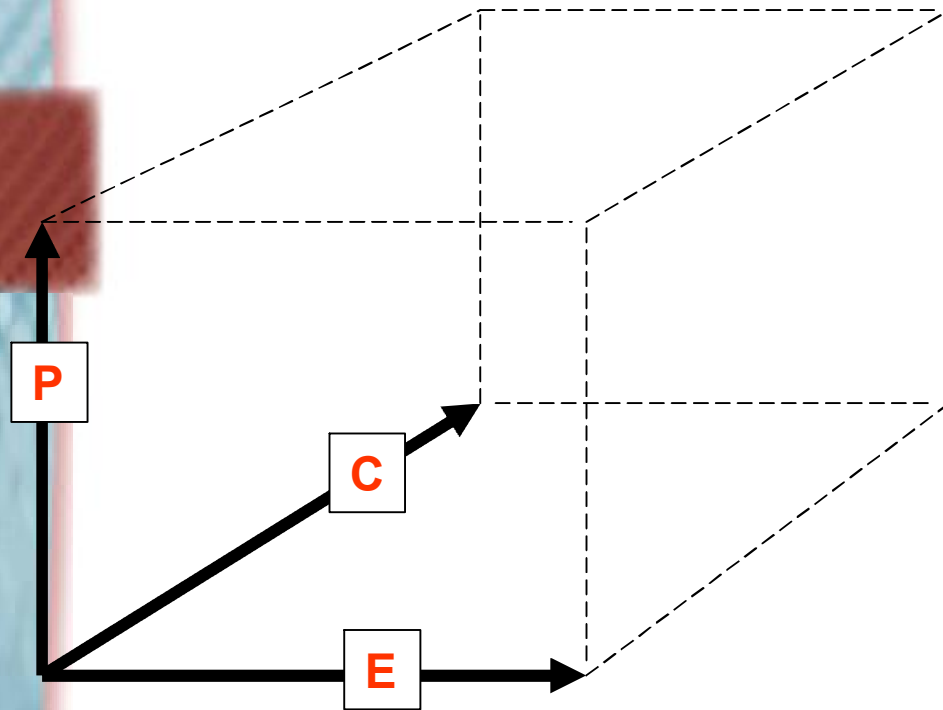


**P** – Patient assessed value

**C** – **Clinical quality**  
e.g. process & outcome  
markers lab tests,  
interventions,  
teamwork, communication

Need to define 'the normal'  
and then measure individual  
and systematic variation

# Building the 'value cube'



**P** – Patient assessed value

**C** – Clinical quality

**E** – **Efficiency**

- Allocative
- Technical
- Dynamic



# Culture change: clinical networks

- Stage 1: 'Facilitating clinical engagement'
- Stage 2: 'Clinical leadership'
  - The first task for clinical leaders/ managers is to optimise each dimension of the 'value cube'
  - The second task is to address individual and systematic variation in the 'value cube'
  - In terms of the latter task, networks should clearly and demonstrably focus on the 'systematic' component of this task. This requires support
    - To measure systematic variation
    - To develop/implement tools to reduce systematic variation
  - And all with links to Areas and new Districts

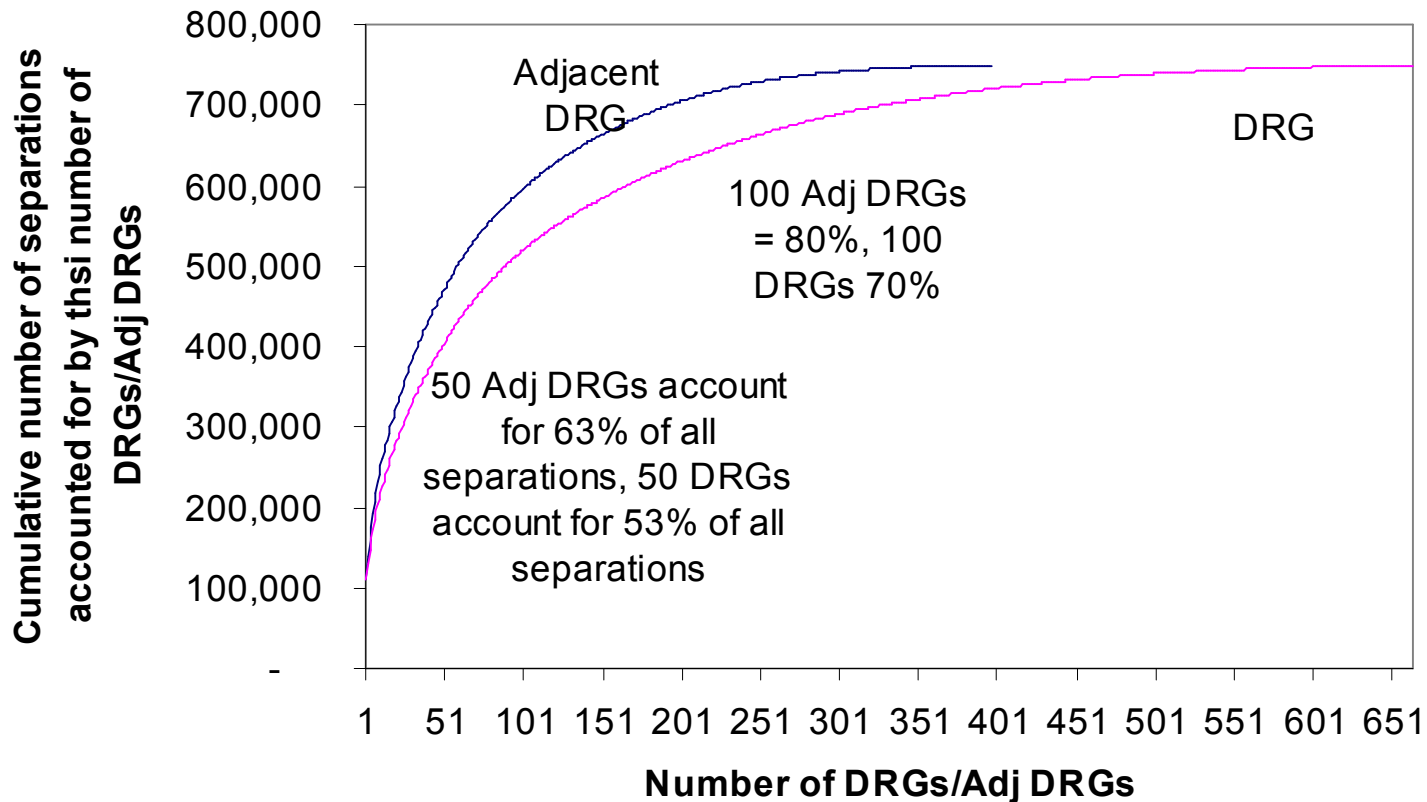
# The clinical leadership tasks

- Optimising all dimensions of value cube
  - 'Identifying the normal': clinical pathways
    - Pathway to include all events which have significant impact on any dimension of value cube

# The number of care paths to be developed is quite small

(note some are same day DRGs)

Cumulative separations by DRG and Adjacent DRG, Queensland public hospitals, 2005-2006



# The clinical leadership tasks

- Optimising all dimensions of value cube
  - 'Identifying the normal': clinical pathways
    - Pathway to include all events which have significant impact on any dimension of value cube
    - Common priority setting/access to pathway tools
    - Common referral/access to pathway guidelines
    - ICT support for pathway
  - Clinical measurement
    - Measure development
    - CPIP - pay for reporting
  - Clinical policy development
    - Clinical standards
    - Clinical services capability framework
    - CPIP - pay for participation/process markers
  - Clinical choices/ PBMA
- Addressing (individual and) systematic variation
  - Clinical measurement

# The task

- At the right time and in the right place,  
doing the right thing and  
doing the thing right
- And being able to demonstrate that
- And being required to demonstrate that

# Transparency and openness

- On the web:
  - daily reporting on emergency department performance
  - monthly reporting on staffing and hospital activity
  - quarterly reporting on elective surgery waiting times
  - Quarterly hospital activity report
- biennial reports by the Chief Health Officer on the Health of Queenslanders
- To come:
  - More flexible data presentation on hospitalisations
  - Better information on inpatient and outpatient waiting

# Transparency and Openness

- Annual reports
  - Clinical incidents
  - Annual public hospitals performance report
  - District Annual reviews
- Health Community Councils
  - Mandate to consider quality issues, consumer complaints. Including random sample of closed complaints.
- Consumer Complaints
  - Systematic process
    - timelines
  - Evaluation by consumers of the process and outcomes

# Transparency and Openness

- Annual reports
  - Health Community Councils
  - Consumer Complaints
  - VLADs (Variable Life-Adjusted Display)
    - Public presentation
      - 'Quality of surgical care' - July 2007
      - Annual Public hospital performance report 2007
      - Ideological aside: strict vs nurturing parent
  - Internal transparency (Clinical Networks, CAG, ?IBB)
- Navigation icons: back, forward, search, etc.
- Checks and balances - closing the loop

# Holding to account

- Clinical governance processes emphasising closing the loop
  - Patient Safety and Quality Board (including externals -transparency and openness)
  - Clinical incident management policy
  - RCA
  - Focused skills development/training
- VLADs (Variable life-adjusted display)
  - Ward sensitive indicators
    - Falls
    - Pressure sores
    - infections
  - Possibly preventable complications
  - Small hospital death rates/RoM
  - Excess length of stay
  - Patient Safety and Quality Board
  - Management action plans
- Clinical service capability framework
  - Support services assessment underway

# Holding to account

- Integrated performance reporting policy
  - Scorecard development
  - Audit of implementation within Districts, Areas in June-August
- Culture and climate measurement
- New funding model
  - RAM ↔ ASP, 'Business cases'
  - CFM:
    - Budget allocation versus allocation of revenue streams/targets
    - 'Business cases'
  - **CFM:** Incentives
    - Flow
    - ED
    - ?Waiting lists
    - CPIP

# Holding to account

- Integrated performance reporting policy
- Culture and climate measurement
- New funding model
- New District Managers
  - PD - Integrated performance reporting policy
  - PAD
  - 100 day Action plan
- Performance appraisal and development

# Innovation

- Workforce reform
  - 'mid level practitioners'
- CPIP
- Process reform
  - 'People plan'
- Telehealth
- Diversion strategies
  - Outpatient physiotherapy screening clinics
  - Community health reform
- Elective surgery centres

# Current status

- Probably world's best practice
  - Presentation of, and systems to review, quality of care using administrative data sets
  - State-wide collection of clinical indicator data and use for benchmarking (and methods of collection e.g. digital pens)
  - (Central) management and reporting of clinical incidents
- Potentially world's best practice (probably will be over next two years)
  - Skills development
  - Clinical Practice Improvement Payment
  - Use of staff opinion data to drive culture change

# Current status

- Australian best practice
  - Leadership development
    - Integrated f2f, learning modules, 360°
    - (Learning modules may be world's best practice)

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# Any questions?