

**QUALITY
IMPROVEMENT

AND

ENHANCEMENT
PROGRAM

REVIEW**

April 2003

Background

Queensland Health's *Strategic Plan for Quality* was endorsed by Commonwealth and State Health Ministers in August 2000. Queensland Health was allocated \$120M of ACHA funds to progress the plan until June 2003.

The program of Queensland Health activity is known as the Quality Improvement and Enhancement Program (QIEP). The QIEP is scheduled to cease on 30 June, 2003. The purpose of this report is to summarise each of the program areas, identify roles and functions that should continue in the organisation and briefly address the issues relevant to sustainability.

The report was prepared primarily based on consultation with the Program Area Managers and background reading. In some cases discussions were also held with Program Sponsors and/or project officers in some of the project areas, if they made themselves available. Once each Program Area Summary was completed, these were returned to the Program Area Managers for comment and to ensure there were no errors of fact.

In addition to summaries of each of the Program Areas, which include specific recommendations for sustainability, more general recommendations have been made relating to the future support and management of Quality within Queensland Health.

General Commentary

The assistance of Ms Elizabeth Garrigan and her team in the Quality Strategy Unit needs to be acknowledged. In addition, the reviewers have appreciated the openness and assistance of Project Area Managers who gave time and effort to explain details of the individual projects.

It has been clear that all projects have been approached with enthusiasm and a commitment to the principles of Quality Improvement. The funding made available by the QIEP Project has given a number of areas in Queensland Health the opportunity to deliver Quality products which lead the nation in innovation and best practice.

The reviewers are aware that due to unforeseen circumstances, a number of areas had significant delays in various phases of their projects. Delays have sometimes prevented projects from completing a full implementation or project evaluation.

Financial data presented in the report are correct at 28 February 2003.

Lessons from QIEP

The Quality Improvement and Enhancement Program was seen as an opportunity for Queensland Health to support development of multiple quality improvement projects. These projects may not have otherwise proceeded. The selection of project areas was based on submission of business cases from a wide range of areas, with over 300 initial proposals. These were subsequently reviewed and the number of projects, which successfully achieved funding, was reduced to 23. These projects were grouped into seven clusters. There was a mixture of project areas funded, those that were directed towards corporate process improvement, and those that were more clearly directed towards clinical improvement.

Funding was assigned at the beginning of the Quality Improvement and Enhancement Program to support implementation of the other program area deliverables. This program area (Clinician Development Program) commenced concurrently with the other program areas. As the deadline for completion of the Quality Improvement and Enhancement Program approaches only a small proportion of the assigned funds has been expended to support implementation. Separation of program development from program implementation and evaluation has resulted in many instances where these stages are not aligned with the given timeframes.

While there were positive achievements made by the program areas, because of the project-orientated nature of the approach to fund distribution, issues of planning for broad implementation, subsequent evaluation and sustainability do not appear to have been given sufficient emphasis from the outset.

The project approach also put a defined time limit around programs without due consideration to the support needed for long term Organisational growth in each particular area. This results in "completed" programs, which deserve further attention and support. Queensland Health is then at risk of losing the momentum gained by the short-term project. The return on investment is not realised, there is a drain on intellectual capital as project staff move on, and the culture of innovation and quality improvement is stifled.

Future decisions on expenditure of external funds in the area of Quality, should they materialise, need to be allocated more proactively. In this process, at the very early planning stages, due consideration must be given to:

- Future sustainability
- Alignment with Organisational goals
- Alignment with National and State Health agendas and priorities
- Improved management of human resources to retain developed intellectual capital
- On going development of resources
- Marketing of intellectual property (potential for revenue creation)

Additional Comments

Internet Site Access

Access to multiple Internet sites, which were not previously available, have been supported by QIEP funding, making them allowable sites on QHEPS. The sites that are supported by QIEP funding should be documented prior to 30 June, 2003. A determination will then need to be made regarding which sites should continue to be available and how this will be funded.

QHEPS Site Maintenance

Information relating to QIEP program areas been published on QHEPS needs to be documented, with review and update or cull dates set, to ensure available information remains current.

GENERAL RECOMMENDATIONS

On going coordination of Quality and Safety

Queensland Health needs to progress the quality agenda in the organisation in a coordinated and integrated manner. These functions need to be managed by a dedicated unit. The role needs to encompass coordination of major quality improvement projects, communication within the Organisation with respect to the quality agenda, management of future funds allocated to quality and provision of advice on State and National issues. There should also be linkages developed with other health services providers (government and non-government, public and private).

Recommendation 1

A Quality Unit should be created within Queensland Health

Quality framework

The initial funding allocations under QIEP were linked to a framework for quality, as outlined in *Strategic plan for Quality: Quality Improvement and Enhancement Program: 1999-2004*, Queensland Health, October 2000. This area needs to be revisited to ensure that the Quality Framework for Queensland Health into the future is focused and responds to the challenges faced by the organisation as it tries to deliver the best quality health care in the current environment.

The quality framework should address the needs of all areas throughout the Organisation, both clinical and corporate. There must be a focus on the outcome of quality patient care which is supported by leadership and professional development, information and data management, research and innovation, and other quality systems.

Recommendation 2

Queensland Health needs a quality management framework that addresses quality improvement across the Organisation

Queensland Health Quality Council

The Quality Council was created to oversee the QIEP program. Now that the program is coming to completion the Quality Council should continue to drive the quality agenda for Queensland Health. This role should be undertaken with support from a Quality Unit. The Quality Council will need to review its membership and terms of reference, prior to 30 June 2003.

Recommendation 3

Queensland Health Quality Council should continue to lead the quality agenda for the organisation

PROGRAM AREA SUMMARIES/RECOMMENDATIONS

CLUSTER 1: Clinical and Non-Clinical Risk Management

1.1 Incident Monitoring

Not adequately addressed through QIEP. A Queensland Health solution needs to be developed

1.2 Infection Control Program and Pressure Ulcer Project

1.2.1 Infection Control Program

CHRISP requesting roll over of unexpended fund to 2005. Annual funding post 2005 required for sustainability

Matrix model project incomplete and requesting additional funding

1.2.2 Pressure Ulcer Project

Late starting program requesting roll over of unexpended fund to 2004. Copyright issue unresolved

1.3 Prevention of Falls

Funding expended. 50% implemented in Districts and requesting additional funds

1.4 Risk Management

Not adequately addressed through QIEP. Approaching next phase of implementation. Further support requested

CLUSTER 2: Consumer Participation

2.1 Consumer Participation

Completed. Placement of deliverables being negotiated.

2.2 Informed Consent

High status project linked to indemnity. On going support required

2.3 Patient Complaints and Surveys

Survey linked to balanced scorecard. Funding for repeat survey in 2004 requested

CLUSTER 3: Reducing Variation in Health Services

3.1 Clinical Audit Processes

Direction changes to include statewide audits. Decision required on future support and funding source

3.2 Clinical Pathways

No funding for support post 30 June 2003. Failure to maintain existing pathways is an organisational risk

3.3 Credentials and Clinical Privileges

Policy and guidelines completed. Issues with implementation not addressed

3.4 Measured Quality

Funds expended. Decision required on future support and funding source

3.5 Collaborative for Healthcare Improvement / Medical Quality Processes

Requesting roll over of unexpended funds. Area does not appear sustainable without on going funding support from Queensland Health. Decision to continue required at Executive level

CLUSTER 4: Information Management

4.1 Clinical Informatics

High risk, high expense program area. Requires ongoing support

4.2 Quality Use of Medicines (including QHPIMS)

Requesting roll over of unexpended funds to 2004 and continuation of Board. Programs requested to continue are QHPIMS, ADE and APAC. QHPIMS implementation delayed, IT contract for 10 years

CLUSTER 5: Distance Management

5.1 Rural and Remote

Completed on budget. Continued support for revision of Primary Clinical Care Manual required biannually

5.2 Telehealth

Completed on budget. Executive sponsorship needed to ensure strategic targeting of priority clinical areas

CLUSTER 6: Quality Systems

6.1 Accreditation Review and Policy and Procedure Standardisation Project

Review completed, standardisation project stalled. May need to be addressed again in the future

6.2 Measuring Quality in the Non-Government Health Sector

Requesting roll over of unexpended funds to complete IM/IT if not completed by 30 June 2003

6.3 Pathology Quality Systems

Program completed, projecting budget overspend

CLUSTER 7: Change Management

7.1 Education in Quality (CDPA sub-program)

Not planning for completion until 2004. Sits under CDP area

7.2 Clinician Development Program

Not planning for completion until 2004. Funding support for "Clinical Improvement Projects" should cease post 30 June 2003. Review of training modules delivered should be undertaken prior to June 30 2003 if funding for this area is to continue

7.3 Central Zone Projects

Completed on budget. Zonal funding required if to continue after 30 June 2003

7.4 Northern Zone Projects

Completed within budget.

7.5 Southern Zone Projects, Emergency Department Project, Remote Sleep Study Project

Completed, minor budget over spend.

CLUSTER 8: Program Delivery

8.1 Australian Council for Safety and Quality in Health Care and Administration Fee

Roll over of funding allocations scheduled to June 2005 aligned with life of ACSQHC

8.2 Corporate Management of Program, Projects and Grants

Projects of various types and magnitudes. Most will cease before 30 June 2003, with some major projects anticipated to extend until 2005 with roll over of unexpended funds requested.

8.3 Central Zone Quality Coordination

8.4 Northern Zone Quality Coordination

8.5 Southern Zone Quality Coordination

Completed according to original timeline. Matter of continuing financial support for Zonal Quality Coordinator post QIEP is a Zonal issue

INDIVIDUAL PROGRAM AREA REVIEWS

CLUSTER 1: Clinical and Non-Clinical Risk Management

1.1 Incident Monitoring

Achievements/Outcomes	<ul style="list-style-type: none"> Program delayed by internal and external factors, rolled into Risk Management program area in 2002. Statewide Discussion Paper on Incident Monitoring Specifications for Incident Monitoring system Development of draft statewide incident policy which includes development of a draft sentinel event list and draft adverse event list Early development work on a statewide incident analysis methodology with local and statewide reporting systems as well as mechanisms for systems review and enhancements.
Deliverables not achieved	<ul style="list-style-type: none"> Incident Monitoring System Incident Management Policy (in draft not finalised)
Evaluation / Evidence of Change	
Financial	
Allocation pre 15/3/02	\$2,000,000
Allocation at 15/3/02	\$2,000,000
Changes post 15/3/02	
Total Budget	\$2,000,000
Expenditure at 31/12/02	\$202,546
Forecast Exp at 30/6/03	\$371,467
Forecast variance 30/6/03	\$1,628,533
Project status by 30/6/03	<ul style="list-style-type: none"> Draft policy, draft sentinel event list, and primary work completed concerning incident monitoring system (business process mapping conducted at 3 sites and system specifications) and evaluation of Root Cause Analysis Training
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> Linked to risk management
Financial requirements for continuation	<ul style="list-style-type: none"> If this program area is to continue the financial requirements will need to encompass development, implementation and ongoing maintenance of statewide information system for incident monitoring – costs depend on type of system.
Risks and Issues	<ul style="list-style-type: none"> Qualified privilege of collected data Links to Australian Council on Safety and Quality in Health Care initiatives regarding root cause analysis, open disclosure and sentinel event monitoring. The program relates to clinical incidents only There are links to other program monitoring such as fall prevention program, pressure ulcer project, complaints monitoring and management, measured quality and adverse drug events
SUMMARY	<ul style="list-style-type: none"> Significant budget underspend forecast due to inability to achieve deliverables Important area which needs to be addressed by the organisation Significant issues regarding development related to noted risks and issues Placement of this program area post 30/6/03 will depend on Executive decisions regarding the future of Quality Management, Risk Management and whether clinical and non-clinical risk incident reporting should be integrated.

1.2 Infection Control Program and Pressure Ulcer Project

1.2.1 Infection Control Program

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Policy area: Capital works infection control guidelines and statewide infection control manual produced ▪ District Standardisation area: endoscopy cleaning project completed, instrument tracking system created and piloted ▪ Matrix Structure for Infection Control (Central Zone): model implemented in Central Zone and evaluation expected be completed by 30/6/03 –consistent streamlined practice. ▪ CHRISP: 3 arms (surveillance, economic evaluation and health care worker behaviour) all underway. Program area not planned for completion until 2005
Deliverables not achieved	<ul style="list-style-type: none"> ▪ Rollout of Matrix Structure to other Zones ▪ CHRISP program ongoing – have planned for funding to extend to 2005
Evaluation / Evidence of Change	<ul style="list-style-type: none"> ▪ Consistency in infection control practice related to introduction of Matrix being evaluated ▪ CHRISP data being used to monitor and inform practice
Financial Allocation pre15/3/02 Allocation at 15/3/02 Changes post 15/3/02 Total Budget Expenditure at 31/12/02 Forecast Exp at 30/6/03 Forecast variance 30/6/03	\$3,540,000 \$4,500,000 \$4,500,000 \$1,857,626 \$2,610,889 \$1,889,111
Project status by 30/6/03	<ul style="list-style-type: none"> ▪ Request to roll over funding to support CHRISP using QIEP funds to 2005 ▪ Request submitted for continued financial support of Matrix project to examine and facilitate the incorporation of the model into other zones
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ CHRISP – continued operation under current governance with maintenance and monitoring of other program areas linked to CHRISP
Financial requirements for continuation	<ul style="list-style-type: none"> ▪ CHRISP - roll over of funds at 30/6/03: \$1,889,111. This will support CHRISP until mid 2005. Ongoing funding requirements anticipated to be approximately \$750,000/annum (source of funding post 2005 not identified) ▪ Matrix project: requested \$150,000 for extension to 2004
Risks and Issues	<ul style="list-style-type: none"> ▪ Project sponsor and PAM requested roll over to five years from Commonwealth.
SUMMARY	<ul style="list-style-type: none"> ▪ With consideration of funding to 2005 for CHRISP the program area is on time, on budget and deliverables will be achieved. ▪ Matrix model project not rolled out across all Zones by 30/6/03.

1.2 Infection Control Program and Pressure Ulcer Project

1.2.2 Pressure Ulcer Project

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Audit of all Districts pre-guideline implementation ▪ Guidelines for assessment and management of pressure ulcers have been introduced to most District ▪ Approval to arrange Standing Offer Agreement for pressure relieving devices
Deliverables not achieved	<ul style="list-style-type: none"> ▪ Statewide implementation and evaluation not expected to be completed by 30/6/03
Evaluation / Evidence of Change	<ul style="list-style-type: none"> ▪ Not expected to be completed by 30/6/03
Financial Allocation pre 15/3/02 Allocation at 15/3/02 Changes post 15/3/02 Total Budget Expenditure at 31/12/02 Forecast Exp at 30/6/03 Forecast variance 30/6/03	\$1,000,000 \$1,000,000 \$1,000,000 \$360,598 \$637,106 \$362,894
Project status by 30/6/03	<ul style="list-style-type: none"> ▪ Request for extension of pressure ulcer project to June 2004
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ Given that expertise in the area has sat at Prince Charles District this could continue post QIEP, after negotiation with District Manager. If funds are available through QIEP roll over or next AHCA, funds may be able to be transferred to PC District for project continuation
Financial requirements for continuation	<ul style="list-style-type: none"> ▪ Requesting roll over of unexpended funds: \$362,894 to extend project to 2004.
Risks and Issues	<ul style="list-style-type: none"> ▪ The Australian Council for Safety and Quality in Health Care has been asked to develop a National Incident Monitoring system for pressure ulcers ▪ Copyright issue related to developed materials (being investigated by Crown law)
SUMMARY	<ul style="list-style-type: none"> ▪ Late starting program area (January 2002) ▪ Program area not expected to be completed by 30/6/03 ▪ Request for roll over of unexpended funds to enable completion of project by June 2004.

1.3 Prevention of Falls

Achievements/Outcomes	<ul style="list-style-type: none"> • All deliverables achieved • Queensland model being used as model for best practice in other states • Best practice guidelines endorsed for distribution by ACSQHC, national distribution • Additional deliverables include development of falls management process and development of community supplement to accompany best practice guidelines
Deliverables not achieved	<ul style="list-style-type: none"> • Not all Districts will have completed implementation by 30/6/03 (has been proposed that continued implementation be managed by CDP area, though CDP has only been involved via provision of financial support to date)
Evaluation / Evidence of Change	<ul style="list-style-type: none"> • Compliance evaluation undertaken
Financial Allocation pre 15/3/02 Allocation at 15/3/02 Changes post 15/3/02 Total Budget Expenditure at 31/12/02 Forecast Exp at 30/6/03 Forecast variance 30/6/03	\$972,146 \$700,000 \$700,000 \$503,579 \$699,981 \$19
Project status by 30/6/03	<ul style="list-style-type: none"> • Implementation expected to be 50% completed
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> • Program area has links to Health Service Districts, Organisational Improvement Unit and Public Health Services. Future maintenance and development of this area will require Corporate support and ongoing clinical input – consider a Corporate sponsor (eg Statewide Public Health Unit) plus resources maintained and reviewed with clinician input. • Consideration should be given to short-term sponsorship remaining with QEII District for a further 12 months, in view of current negotiations with the Commonwealth for national adaptation of the guidelines and given that QEII Hospital Health Service District contains expertise and knowledge of the project.
Financial requirements for continuation	<ul style="list-style-type: none"> • Possibly needed to ensure implementation in Districts post 30/6/03 • Support for review of guidelines in the future
Risks and Issues	<ul style="list-style-type: none"> • Program has national applicability and support • Lack of incident monitoring system produces difficulty in monitoring and evaluating success of program area • Funding for hip protector pads not included (this area may benefit from further research in Queensland (most research undertaken in cold climates))
SUMMARY	<ul style="list-style-type: none"> • Program area will be completed with the possible exception of implementation in all Health Service Districts • Guidelines endorsed for distribution by ACSQHC and distributed nationally • Future placement of program area and maintenance of resources needed

1.4 Risk Management

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Development and endorsement of Integrated Risk Management Policy, Framework, Guidance document and brochure ▪ Distribution of IRM framework across Queensland Health
Deliverables not achieved	<ul style="list-style-type: none"> ▪ Risk treatment and financing strategy ▪ Model for system-wide monitoring and review of identified risk (dependent on the Incident Monitoring project) ▪ Risk register and data linkages currently under review
Evaluation / Evidence of Change	National Benchmarking Pre and Post Survey anticipated in May 2003
Financial Allocation pre 15/3/02 Allocation at 15/3/02 Changes post 15/3/02 Total Budget	\$1,310,069 \$1,230,000 \$500,000 \$1,730,000
Expenditure at 31/12/02 Forecast Exp at 30/6/03 Forecast variance 30/6/03	\$921,056 \$1,345,348 \$384,652
Project status by 30/6/03	<ul style="list-style-type: none"> ▪ Stage 1 completed: first risk register for all areas following the endorsed policy and framework
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ Current reporting structure is to the DDG, P&O ▪ Placement depends on future governance structure
Financial requirements for continuation	<ul style="list-style-type: none"> ▪ Business case submitted – Future Directions Integrated Risk Management: ▪ Requesting \$600,000 per annum recurrent to cover base level staffing plus request for additional \$400,000 for temporary staffing to undertake projects in systems development, skills development and coroners database management (this includes staffing for the Incident Monitoring project).
Risks and Issues	<ul style="list-style-type: none"> ▪ The major issue relates to the need for a clear governance structure that incorporates risk management (both clinical and corporate – as a single or separates entities) within Queensland Health. ▪ Recommendation from Queensland Audit Office to implement risk management across the organisation made in 2001. It is anticipated that they will revisit this area in 2003 and Queensland Health is expected to have made significant progress towards implementation ▪ Further development needs support in the areas of risk registers, incident monitoring and analysis, and development of information systems, which will integrate reporting with service enhancement.
SUMMARY	<ul style="list-style-type: none"> ▪ Risk management needs to be incorporated into Queensland Health core business and needs ongoing support after June 2003. ▪ Development of an integrated risk management framework with associated policies and procedures has been undertaken ▪ A clear governance structure is required to facilitate implementation of risk management across the organisation

CLUSTER 2: Consumer Participation

2.1 Consumer Participation

Achievements/Outcomes	<ul style="list-style-type: none"> Major deliverables achieved including development of resources for consumers, District Health Councils and front-line staff, fact sheets and QH position statement. Education sessions delivered to many District Health Councils.
Deliverables not achieved	<ul style="list-style-type: none"> Register of Resources: funds for the development of this resource currently sit with Information Services for Government Service Delivery Project (\$230,400 moved from Consumer Participation budget)
Evaluation / Evidence of Change	<ul style="list-style-type: none"> Evaluation of program has been undertaken (draft). Subjective report outlining conduct of program and post implementation interview. Interviews reflect increased awareness of consumer participation at the District level.
Financial Allocation pre 15/3/02 Allocation at 15/3/02 Changes post 15/3/02 Total Budget	\$2,966,000 \$2,500,000 -\$356,900 \$2,143,100
Expenditure at 31/12/02 Forecast Exp at 30/6/03 Forecast variance 30/6/03	\$812,325 \$1,764,661 \$378,439
Project status by 30/6/03	<ul style="list-style-type: none"> Within budget, project complete. (Issue of Register of Resources not resolved (funds not spent at March 03))
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> As negotiated by Program Area Manager: Health Systems Strategy Branch: Position Statement/Policy maintenance and dissemination of resource documents Organisational Improvement Unit: Support of "Training Manual: Customer Focus" Ministers Office: taking over responsibility for "Community Engagement Handbook for Queensland Health District Health Council members".
Financial requirements for continuation	<ul style="list-style-type: none"> Nil for continuation of Consumer participation program area.
Risks and Issues	<ul style="list-style-type: none"> State agenda - Community Engagement: needs to be addressed separately from this program area. As this is this one of the five whole of State Government priority areas consideration needs to be given to ensuring this remains on the QH strategic agenda. Continued interest and success requires District ownership
SUMMARY	<ul style="list-style-type: none"> On time, on budget Deliverables left with program area have been achieved Register of Resources removed to ISU – project has stalled due to accommodation problem Future development lies with Health Service Districts with some continued central support from relevant units within Corporate Office Community Engagement – separate area, not addressed in this program area but consideration should be given to how this will be addressed in the future.

2.2 Informed Consent

Achievements/Outcomes	<ul style="list-style-type: none"> All deliverables will be completed, including a greater number of consent forms for invasive procedures than originally proposed
Deliverables not achieved	<ul style="list-style-type: none"> Statewide implementation (in collaboration with CDPA) in all Districts except Logan expected to be achieved by 30/6/03
Evaluation / Evidence of Change	<ul style="list-style-type: none"> New consent forms being used in most major hospitals and requests are being received by the program area manager for additional consent forms to be developed
Financial Allocation pre 15/3/02 Allocation at 15/3/02 Changes post 15/3/02 Total Budget	\$250,000 \$270,000 \$80,000 \$350,000
Expenditure at 31/12/02 Forecast Exp at 30/6/03 Forecast variance 30/6/03	\$275,662 \$350,000 \$0
Project status by 30/6/03	<ul style="list-style-type: none"> Statewide implementation is expected to be achieved in all hospitals except Logan by 30/6/03
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> Responsibility delegated to Ipswich Hospital, West Moreton Health Service District (Southern Zone Manager delegated to EDMS Ipswich Hospital)
Financial requirements for continuation	<ul style="list-style-type: none"> \$20,000 provided from Surgical Access Team budget for maintenance Business case being developed to request ongoing funding of full time project manager to support the Informed Consent process: additional \$80,000 per annum recurrent (total for program area of \$100,000 per annum recurrent)
Risks and Issues	<ul style="list-style-type: none"> Implementation is not uniform across the Health Service Districts with barriers to implementation in some hospitals Informed consent linked to indemnity for Medical Practitioners working in Queensland Health hospitals (will support implementation). Developed informed consent forms will need on going review with College input to ensure they remain up to date with emerging issues, as well as the ongoing development of further consent forms in other areas (including cardiothoracic and radiology)
SUMMARY	<ul style="list-style-type: none"> All deliverables excluding implementation at Logan Hospital will be achieved Given status of project, growth in the number of consents developed, requests for additional consent forms and links to indemnity, ongoing support will be required. Ongoing support in addition to the \$20,000 provided from the Surgical Access area will need to be considered (Business Case expected).

2.3 Patient Complaints and Surveys

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Patient Satisfaction: Consumer feedback model and policy developed, Statewide survey conducted, reported in a benchmarking format (Balanced Scorecard) and Health Service Districts utilised this information in their quality processes. Included incorporation of Feedback Consent process as a HBCIS field (records outcome of request for consent from patient to be contacted re health services received). ▪ Patient Complaints: Complaints management information policy implemented statewide, Complaints coordinators designated in Health Services Districts and training and resources developed (Complaints Coordinators Kit) and delivered including report on pilot implementation of the complaints management process.
Deliverables not achieved	<ul style="list-style-type: none"> ▪ Statewide complaints management information system and associated guidelines for the collection and utilisation of patient complaints data were not produced. All specifications for this system have been completed to build stage.
Evaluation / Evidence of Change	<ul style="list-style-type: none"> ▪ 38 complaints coordinators statewide supported by Health Service District funds
Financial Allocation pre 15/3/02 Allocation at 15/3/02 Changes post 15/3/02 Total Budget Expenditure at 31/12/02 Forecast Exp at 30/6/03 Forecast variance 30/6/03	\$1,214,710 \$1,250,000 \$1,250,000 \$963,937 \$1,205,186 \$44,814
Project status by 30/6/03	<ul style="list-style-type: none"> ▪ Completed excluding information system
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ Patient Satisfaction Survey: if linked to Balanced Scorecard may sit with Procurement Strategy Unit or possibly Health Information Centre. ▪ Complaints Management: District ownership + resources and policies need to be reviewed and updated at a Corporate level.
Financial requirements for continuation	<ul style="list-style-type: none"> ▪ Financial support for repeat of Statewide Survey:
Risks and Issues	<ul style="list-style-type: none"> ▪ Statewide survey is linked to Balanced Scorecard. Next scorecard currently to be released November 2004, therefore survey needs to be completed prior to this deadline. For the survey to be undertaken in 2004 contract preparation and setup will need to commence in the later half of 2003.
SUMMARY	<ul style="list-style-type: none"> ▪ If the Patient Satisfaction survey to be repeated it will require a Corporate Office Unit to adopt it, finances will need to be provided and the process will need to commence in the later half of 2003. ▪ Complaints management will need a Corporate sponsor and the issue of an information system will need to be considered in the future (possible links to risk management and incident monitoring database). ▪ Feedback consent process needs to be continued and carried over to any new patient information system (post HBCIS).

CLUSTER 3: Reducing Variation in Health Services

3.1 Clinical Audit Processes

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Developed methodology of audit ▪ Developing Clinical Audit Toolkit for Clinicians ▪ 2 statewide audits conducted, third under way
Deliverables not achieved	<ul style="list-style-type: none"> ▪ Deliverables changed during life of program area – emphasis on statewide audits (2 completed) ▪ Post implementation evaluation not completed in Cardiac Review ▪ Zonal Audit plans not completed
Evaluation / Evidence of Change	<ul style="list-style-type: none"> ▪ Issues identified by audit process addressed at relevant sites
Financial Allocation pre 15/3/02 Allocation at 15/3/02 Changes post 15/3/02 Total Budget Expenditure at 31/12/02 Forecast Exp at 30/6/03 Forecast variance 30/6/03	\$2,341,572 \$2,000,000 - \$209,862 \$1,790,138 \$715,975 \$1,011,602 \$778,536
Project status by 30/6/03	<ul style="list-style-type: none"> ▪ Project deliverables should be achieved by 30 June 2003
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ Responsibility for central coordination of statewide audits, if required in the future, should remain with the Office of the Chief Health Officer ▪ Developed resources to remain with Office of the Chief Health Officer
Financial requirements for continuation	<ul style="list-style-type: none"> ▪ Dependent on option chosen (refer Risks and Issues)
Risks and Issues	<ul style="list-style-type: none"> ▪ Decision required on future support for this program area ▪ Options: <ol style="list-style-type: none"> 1. Cease program area, no financial support required, developed resources remain with Office of the Chief Health Officer 2. Sporadic audits on an as needed basis – short term project funding 3. Continued financial support for a central coordination unit – business case required to assess costing of this option
SUMMARY	<ul style="list-style-type: none"> ▪ Deliverables achieved ▪ Decision required on future support for this program area based on perceived need at the Executive level for on going statewide audit activity

3.2 Clinical Pathways and University of Queensland Foetal Pulse Oximetry

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ U of Q Foetal Pulse Oximetry project completed ▪ Pathway development framework and education package to guide utilisation of clinical pathways ▪ Developed 10 evidence based clinical pathways in surgical, orthopaedics and obstetrics and gynaecology ▪ Developed mechanism for clinical benchmarking and the analysis of variance
Deliverables not achieved	<ul style="list-style-type: none"> ▪ Nil (automated electronic variance analysis process removed from scope)
Evaluation / Evidence of Change	<ul style="list-style-type: none"> ▪ Undertaking chart audit pre and post introduction to assess user compliance, completeness, length of stay
Financial Allocation pre 15/3/02 Allocation at 15/3/02 Changes post 15/3/02 Total Budget Expenditure at 31/12/02 Forecast Exp at 30/6/03 Forecast variance 30/6/03	\$1,670,704 \$1,700,000 \$1,700,000 \$760,628 \$1,418,688 \$281,312
Project status by 30/6/03	<ul style="list-style-type: none"> ▪ Completed, under budget
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ Clinical networks or collaboratives may be able to take responsibility for the developed clinical pathways including ongoing review (if these entities are on going. There is currently no Surgical Network) ▪ Alternatives: ▪ Organisational Improvement Unit ▪ One facility to take responsibility for a group of pathways in a particular discipline
Financial requirements for continuation	<ul style="list-style-type: none"> ▪ Nil to complete deliverables for this program area
Risks and Issues	<ul style="list-style-type: none"> ▪ Developed pathways which are in use need to be regularly reviewed to ensure they align with current best practice ▪ No funding for support post 30 June 2003 if additional pathways are to be developed and existing pathways maintained ▪ Pathway utilisation is variable across the state. Standardised pathways are implemented in 9 Districts and are being implemented in a further 8 Districts.
SUMMARY	<ul style="list-style-type: none"> ▪ On time, under budget ▪ Important to ensure that pathways currently in use are reviewed or there is a risk that QH hospitals may be following pathways which are not supported by current best practice (need some system of review and way of monitoring what pathways are used in each hospital)

3.3 Credentials and Clinical Privileges

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Updated statewide policy endorsed, Credentials and Clinical Privileges Guidelines for Medical Practitioners produced and distributed.
Deliverables not achieved	<ul style="list-style-type: none"> ▪ Statewide information system - Development plan completed and signed off (in-house web-based system though iNet). ?possibility of completion and implementation prior to 30/6/03
Evaluation / Evidence of Change	<ul style="list-style-type: none"> ▪ Implementation not evaluated (outside scope)
Financial Allocation pre 15/3/02 Allocation at 15/3/02 Changes post 15/3/02 Total Budget Expenditure at 31/12/02 Forecast Exp at 30/6/03 Forecast variance 30/6/03	\$106,200 \$150,000 \$150,000 \$82,688 \$165,041 - \$15,041 (over budget)
Project status by 30/6/03	<ul style="list-style-type: none"> ▪ Implementation not included in this program area ▪ Program area completed excluding possibly statewide information system
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ Southern Zone Management Unit currently manages both rural and metropolitan credentialing committees. Ownership and implementation should be at a District level with a corporate sponsor. This should be a quality entity if one exists or one or more of the Zonal Units post June 2003.
Financial requirements for continuation	<ul style="list-style-type: none"> ▪ The development of an IT system is in the process of being costed (~\$80,000) ▪ Cost of ongoing support and maintenance: needs to be determined
Risks and Issues	<ul style="list-style-type: none"> ▪ Lack of evaluation of the guidelines and issues with policy implementation have not been addressed by this program area.
SUMMARY	<ul style="list-style-type: none"> ▪ Policy and implementation guidelines developed separately from the implementation process. ▪ Evaluation of implementation and review of guidelines needs to be addressed in the future by the Corporate Sponsor who assumes responsibility for this program area. ▪ Information system development may not be completed and ongoing funding needs to be addressed.

3.4 Measured Quality

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Development of a core set of indicators for measuring quality of services and performance of QH hospitals using the Balanced Scorecard methodology ▪ Phase 1 completed with data collected from 60 hospitals
Deliverables not achieved	<ul style="list-style-type: none"> ▪ Public report not released ▪ No further dissemination of Phase 1 hospital reports due to age of clinical data (1999-2000)
Evaluation / Evidence of Change	<ul style="list-style-type: none"> ▪ Subjective feedback has been received from 19 hospitals as well as District Manager and State Manager working party, which is supportive of the program area. ▪ Negative indicator results already investigated by 19 sites
Financial Allocation pre 15/3/02 Allocation at 15/3/02 Changes post 15/3/02 Total Budget Expenditure at 31/12/02 Forecast Exp at 30/6/03 Forecast variance 30/6/03	\$1,037,382 \$1,000,000 \$140,900 \$1,140,900 \$825,605 \$1,143,717 - \$2,810 (over budget)
Project status by 30/6/03	<ul style="list-style-type: none"> ▪ Phase 2 repeat hospital reports expected to be completed
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ Procurement Strategy Unit ▪ May sit with a Quality entity if one is established post 30/6/03
Financial requirements for continuation	<ul style="list-style-type: none"> ▪ Business case being developed
Risks and Issues	<ul style="list-style-type: none"> ▪ The dissemination strategy is critical to successful engagement of clinicians and managers in their application of measured quality reports in effecting change. ▪ Repeat patient satisfaction survey 2003/04 is necessary to complete phase 3 Balanced Scorecard. ▪ Failure to release public report due to potential political sensitivity of indicator data. ▪ Data extracted from central data systems by staff in Corporate Office – issue of ownership and utilisation of data at an individual hospital level
SUMMARY	<ul style="list-style-type: none"> ▪ Program area inhibited in achieving deliverables due to data sensitivity ▪ Data derived external to the Districts – local application and usefulness as a quality management tool has not been evaluated ▪ Consider need for ownership and funding for continuation post 30/6/03

3.5 Collaborative for Healthcare Improvement / Medical Quality Processes

Achievements/Outcomes	<ul style="list-style-type: none"> Established collaboratives in 5 areas with plans to develop collaboratives in other clinical areas. Systematic approach to clinical indicator development with integrated systems for data collection using scannable forms Use of collected data for benchmarking by collaborative members using CHI indicator analysis tool (created clinical module in DSS)
Deliverables not achieved	<ul style="list-style-type: none"> Technology areas: EPOC not continuing, MEDSEED on hold
Evaluation / Evidence of Change	<ul style="list-style-type: none"> Networks of clinicians actively involved in local service improvement Data being used to inform practice at collaborative sites
Financial Allocation pre 15/3/02 Allocation at 15/3/02 Changes post 15/3/02 Total Budget Expenditure at 31/12/02 Forecast Exp at 30/6/03 Forecast variance 30/6/03	\$5,000,000 \$5,000,000 \$5,000,000 \$2,088,855 \$3,787,657 \$1,212,343
Project status by 30/6/03	<ul style="list-style-type: none"> Additional collaboratives in oncology, aged care and diabetes proposed but not developed Requesting rollover of unexpended funds to finance project for an additional year to develop new areas and consolidate work to date
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> Queensland Health Skills Development Centre (addressed in Business Case)
Financial requirements for continuation	<ul style="list-style-type: none"> Requesting \$1,200,000 to continue for a further year (see Business Case: CHI: realigning priorities and resources for 2003/2004 and Collaborative for Health Care Improvement – Future Planning). The current Business Cases estimate on going costs in the region of \$1.4M per annum and sustainability relies on assumptions regarding revenue sources that do not appear realistic. Plans for possible sustainable sources of funding considered include UQ, marketing to external sources and to Districts on a user pays basis have been suggested.
Risks and Issues	<ul style="list-style-type: none"> Does not appear that this program area is sustainable without ongoing funding from Queensland Health
SUMMARY	<ul style="list-style-type: none"> The collaboratives have undertaken a process of collecting meaningful indicator data from a wide network of hospital sites CHI has actively engaged clinicians to focus on improved outcomes at the local level A decision on whether to continue to support the collaboratives is required at an Executive level given the likelihood that the program area is unlikely to be self supporting

CLUSTER 4: Information Management

4.1 Clinical Informatics

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Vendor selection and contract signed with TrakHealth ▪ Stage one implementation planning study completed (July 2002) ▪ Stage two proof of concept implementation commenced (March 2003)
Deliverables not achieved	<ul style="list-style-type: none"> ▪ No additional deliverables expected to be achieved by 30/6/03 ▪ Decision to proceed to Stage 3 expected December 2004 ▪ Implementation expected to be completed within 4 years, December 2007
Evaluation / Evidence of Change	
Financial	
Allocation pre 15/3/02	\$44,000,000
Allocation at 15/3/02	\$44,000,000
Changes post 15/3/02	
Total Budget	\$44,000,000
Expenditure at 31/12/02	\$5,547,771
Forecast Exp at 30/6/03	\$8,971,650
Forecast variance 30/6/03	\$35,028,350
Project status by 30/6/03	▪ Stage 1 completed, Stage 2 commenced
SUSTAINABILITY	▪
Possible ownership / placement of developed resources	▪ Information Services
Financial requirements for continuation	▪ Remainder of initial allocation (\$35,028,350) expected to maintain program area until completion of Stage 2 (December 2004) with additional funding required to continue with Stage 3
Risks and Issues	<ul style="list-style-type: none"> ▪ Scope of this program area has changed significantly over time from a Clinical Information System to include the development of a multifaceted patient information management system anticipated to replace HBCIS ▪ HBCIS (Queensland Health core patient management information system) will be supported by iSOFT Pty Ltd post 2005 (pending further contract negotiations this may be extended to 2008) ▪ Considerable number of interfaces to be developed to enable continuum of care communications to be realised (EDIS, ORMIS, RadNet, RIPS, Trendcare, Auslab)
SUMMARY	<ul style="list-style-type: none"> ▪ High risk, high expense program area ▪ Requires ongoing support ▪ Next review date at the completion of Stage 2

4.2 Quality Use of Medicines (including QHPIMS)

Achievements/Outcomes	<ul style="list-style-type: none"> Coordinated implementation of medicines management initiatives to improve patient quality and safety QHPIMS ("Stocca"): implementation at prime site (Logan Hospital) Development of business processes for combined implementation with QHPIMS eg <ul style="list-style-type: none"> Medications Management Manual and processes (APAC project), education of clinical staff (RIP project), decision support for prescribing in 5 national health priority areas (eg asthma, cardiac etc), support for rural sites with insufficient resources to develop medication management processes (RIP), development of work practices for medication related services in surgical pre-admission clinics (PAC project), process for collaboration on initiatives to prevent adverse drug events (eg develop and implement systems to reduce risk of ADE's with high risk drugs, introduced standard medication chart, trialed IV ordering form) (Adverse Drugs Events Prevention Project), suite of endorsed, validated and reliable performance indicators and business process for collecting (KPI project); local development of QUM initiatives to facilitate implementation of new business processes for more effective and safe medicines management in QH (Local QUMI) Leading national agenda on medication safety and quality 				
Deliverables not achieved	<ul style="list-style-type: none"> Implementation of medicines management systems with implementation of QHPIMS and associated business practices to achieve improved medicines management at remaining 49 sites ADEPP: will not have all achieved all objectives APAC: will not have all achieved all objectives 				
Evaluation / Evidence of Change	<ul style="list-style-type: none"> Medication Liaison proven to reduce hospital readmission and reduce incidence of adverse drug events in Queensland (part of APAC) QHPIMS implemented at Logan- Post implementation performance indicators currently being collected ADEPP: reduction in unacceptable prolonged APTT, reduction in errors in warfarin dosing related to changing dose time from 6pm to 4pm (error rate 5-7 reduced to 0), Alert wrist band reduced adverse drug event rate Pharmacy involvement in PAC clinic proven to increase appropriateness of medication use associated with surgery (Nambour PAC project) National uptake of QH developed QUM and medication safety resources 				
Financial	Total	Implementation and business processes	Software Capital Acquisition	ADE	APAC
Allocation pre 15/3/02	\$11,750,000	\$5,058,841	\$6,691,159	\$232,680	\$654,490
Allocation at 15/3/02	\$11,750,000	\$5,058,841	\$6,691,159	\$232,680	\$654,490
Changes post 15/3/02					
Total Budget	\$11,750,000	\$5,058,841	\$6,691,159	\$232,680	\$654,490
Expenditure at 31/12/02	\$3,337,385	\$2,424,128	\$913,257		
Forecast Exp at 30/6/03	\$9,038,895	\$3,417,623	\$5,621,272	\$186,935	\$384,102
Forecast variance 30/6/03	\$2,711,105	\$1,164,593	\$1,069,887	\$34,017	\$270,388
Potential unexpended funds not associated with above	Nambour PAC - \$21,516 District QUM implementation \$85,893 Rural \$64,811				

Project status by 30/6/03	<p>QHPIMS and business process implementation</p> <ul style="list-style-type: none"> ▪ Contract signed ▪ Prime site implementation ▪ Planned for go-live at Royal Brisbane Hospital July 2003 <p>QUM Subprojects</p> <ul style="list-style-type: none"> ▪ ADEPP: will not have all achieved all objectives ▪ APAC: will not have all achieved all objectives ▪ KPI project, RIP project and additional projects: all deliverables achieved
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ Retain existing sponsor, board (PAS and IS represented) and structure for remaining implementation (anticipated 12 months) with clinical governance and location in district ▪ Maintain medication related quality, safety and IT components under existing single umbrella for coordinated implementation ▪ Ongoing ownership and placement of developed resources post June 2004 subject to submission to GMHS prior to 30/6/2004
Financial requirements for continuation	<p>QHPIMS and business process implementation</p> <ul style="list-style-type: none"> ▪ Source of recurrent funding for this project area is currently being identified ▪ The quantum required for recurrent funding is currently being detailed ▪ The iSOFT costs are outlined in the contract at approx \$350,000 per annum for a contract period of ten years (contract commenced Oct 2002) <p>ADE / APAC</p> <ul style="list-style-type: none"> ▪ Business case required for ongoing functions ▪ Quantum needs to be outlined post 30/6/03
Risks and Issues	<p>QHPIMS</p> <ul style="list-style-type: none"> ▪ Late start related to delay in contract negotiation ▪ Source and quantum of recurrent funding needs to be addressed <p>APAC / ADE</p> <ul style="list-style-type: none"> ▪ APAC: Committed to implementation of APAC guidelines, linked to PBS ▪ ADEPP: will more than likely link to ACQSHC medication collaboratives (\$4.5M over 3 years) and this may be a possible source of funding for some hospitals post QIEP. Additional financial support will be required for continuation of ADEPP as this is a national health priority ▪ QUM Board has recommended that the program continues under their management to ensure coordinated implementation and no duplication of infrastructure
SUMMARY	<p>Diverse collection of projects related to medicines management which have predominantly achieved objectives in given time and with proven patient outcomes</p> <ul style="list-style-type: none"> ▪ QHPIMS implemented at prime site (Logan Hospital) ▪ Roll out to other 49 sites planned, full roll out forecast for completion by June 2004 ▪ Roll over of funds requested to support implementation ▪ APAC: continuation required due to national commitment and links to PBS, some financial support may be available related to PBS refunds ▪ ADEPP: late start, not all deliverables achieved, should be completed by June 2004 additional year of funding. Quantum for this component for 1 additional year needs to be outlined in separate business case ▪ QUM Board has recommended that the program continues under their management

CLUSTER 5: Distance Management

5.1 Rural and Remote

Achievements/Outcomes	<p>Primary Clinical Care Manual, third revision completed by 30/6/03</p> <p>Rural and Isolated Practice Course (well established in Northern Zone, supported in Southern Zone, not taken up by Central Zone)</p> <p>Diploma of Indigenous Primary Health Care - originally contracted to U.Q. (1 cohort), subsequently run by Rural and Remote program area with 2 additional cohorts undertaking diploma course</p> <p>Database of Clinical Services – trialed in Northern Zone</p> <p>Rural and Remote Indigenous Workforce Plan – incorporated into CHIRRP</p>
Deliverables not achieved	
Evaluation / Evidence of Change	
Financial	
Allocation pre 15/3/02	\$2,317,000
Allocation at 15/3/02	\$2,000,000
Changes post 15/3/02	
Total Budget	\$2,000,000
Expenditure at 31/12/02	\$1,434,080
Forecast Exp at 30/6/03	\$1,999,079
Forecast variance 30/6/03	\$921
Project status by 30/6/03	Completed, on budget
SUSTAINABILITY	
Possible ownership / placement of developed resources	Northern Zone Management Unit
Financial requirements for continuation	
Risks and Issues	Two yearly update of Primary Clinical Care manual is legislated (Health (Drugs and Poisons) 1996)
SUMMARY	<p>Completed on budget</p> <p>Revision of Primary Clinical Care Manual is required every 2 years. Responsibility for this process needs to be determined and a source of funding will also be required.</p> <p>Training for practitioners in Rural and Remote Communities needs on going support</p>

5.2 Telehealth

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Telehealth resource kit developed which includes the following: Telehealth Planning Tool, Business Case templates, Service Agreement templates, Policy and Procedure – Business Rules for Funding and Cost Allocation, Policy and Procedure – Clinical Telehealth Consultations, consumer booklet and Indigenous ‘bookmark’, consumer information video, staff training video, suite of Telehealth training modules, model for delivering Telehealth training, evaluation tools for Telehealth and Policy and Procedure – Digital Wound Photography ▪ 1180 Queensland Health staff trained in videoconferencing for Telehealth ▪ Telehealth implementations have occurred in at least 16 clinical areas ▪ Equipment and service standardisation in non-metropolitan areas (2/3’s of fleet – 160 sites)
Deliverables not achieved	Nil
Evaluation / Evidence of Change	<ul style="list-style-type: none"> ▪ Snap shot audit performed in November 2002 demonstrated improvements in clinician confidence and competence and increased uptake and variety of clinical Telehealth applications compared with November 2001. Also showed that greater than 50% use is for education. ▪ The organisation now has the capability to compare and contrast Telehealth applications across the same parameters
Financial	
Allocation pre 15/3/02	\$893,453
Allocation at 15/3/02	\$1,000,000
Changes post 15/3/02	
Total Budget	\$1,000,000
Expenditure at 31/12/02	\$634,707
Forecast Exp at 30/6/03	\$999,322
Forecast variance 30/6/03	\$678
Project status by 30/6/03	▪ Program area completed
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ Future needs for clinical applications of this technology should be driven by the business (not Information Services) ▪ An executive level sponsor with a clear role in clinical service delivery is required. ▪ Statewide Telehealth Services should manage the resources
Financial requirements for continuation	▪ Funding requested to undertake the next phase of Telehealth development: \$900,000 (request for funding will need to be supported by business case)
Risks and Issues	<ul style="list-style-type: none"> ▪ Strategic targeting of priority clinical areas is needed to facilitate improvement in future delivery of Telehealth Services and maximise return on investment. ▪ Staffing post 30 June only addresses technical support ▪ Implications of do nothing option include: Telehealth continues to be developed on the fringes of Queensland Health, Telehealth is not focused to deliver outcomes for Health 2020, duplication, lack of replication, and an unknown and limited scope to achieve organisational return on investment
SUMMARY	<ul style="list-style-type: none"> ▪ All deliverables achieved ▪ Technology management should remain with Information Services ▪ Strategic focusing of Telehealth investment and activities needs to be led by an appropriate executive sponsor. This must occur to maximise patient benefits from this technology.

CLUSTER 6: Quality Systems

6.1 Accreditation Review

Policy and Procedure Standardisation Project

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Accreditation Review: cost benefit analysis of various accreditation systems used across Queensland Health with a number of recommendations. None of these recommendations has been endorsed ▪ Policy and Procedure Standardisation: consideration of some corporate policies for dissemination across the state to prevent duplication. Project status on hold pending ISAP
Deliverables not achieved	
Evaluation / Evidence of Change	
Financial	
Allocation pre 15/3/02	\$117,500
Allocation at 15/3/02	\$118,000
Changes post 15/3/02	
Total Budget	\$118,000
Expenditure at 31/12/02	\$38,000
Forecast Exp at 30/6/03	\$47,000
Forecast variance 30/6/03	\$70,480
Project status by 30/6/03	Accreditation Review: completed, deliverables met Policy and Procedure Standardisation: hold pending ISAP
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ May sit with a Quality entity if one is established post 30/6/03 ▪ Needs to be reconsidered by Quality Council
Financial requirements for continuation	
Risks and Issues	<ul style="list-style-type: none"> ▪ Pursuit of core standards being undertaken by the ACSQHC
SUMMARY	<ul style="list-style-type: none"> ▪ Accreditation Review completed however decision for Queensland Health direction yet to be made ▪ Policy and Procedure Standardisation project stalled, may resume after ISAP

6.2 Measuring Quality in the Non-Government Health Sector

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Developed a web-based electronic and paper-based Performance Measurement Framework (PMF), used to improve the capacity of health organisations funded through SNGHS to provide accountable, continuously improving, quality health services ▪ The PMF will assist Queensland Health staff to manage the risks posed by funded organisations ▪ IT/IM Business Case completed and awaiting approval
Deliverables not achieved	<ul style="list-style-type: none"> ▪ IT/IM Business Case for web-based application awaiting approval. Full specifications have been completed and costed. I-NET development timeline still achievable
Evaluation / Evidence of Change	<ul style="list-style-type: none"> ▪ Interim evaluation and trials of framework completed. Positive feedback from non-government funded health services and SNGHS Branch staff ▪ Formal PMF training of all SNGHS staff will be undertaken in May 2003
Financial	
Allocation pre 15/3/02	\$1,000,000
Allocation at 15/3/02	\$1,000,000
Changes post 15/3/02	
Total Budget	\$1,000,000
Expenditure at 31/12/02	\$393,612
Forecast Exp at 30/6/03	\$660,483
Forecast variance 30/6/03	\$339,517
Project status by 30/6/03	<ul style="list-style-type: none"> ▪ Change management strategies developed and education completed to enable implementation of new framework post June 2003.
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ Remains with Statewide Non-Government Health Services Branch (Guidelines and procedures have been developed for internal and external users)
Financial requirements for continuation	<ul style="list-style-type: none"> ▪ IT/IM system will have average annual recurrent cost over four years of \$11,000
Risks and Issues	<ul style="list-style-type: none"> ▪ Requesting support of small recurrent costs through SNGHS Branch for IM/IT project ▪ Continued support for a Performance Management Framework to ensure accountability, transparency and to enable monitoring of performance of non-government funded health services is vital to the organisation (over \$400M per annum expenditure in this area)
SUMMARY	<ul style="list-style-type: none"> ▪ Late starting project ▪ Requesting roll-over of funds to complete IM/IT web-based application after June 2003, if not completed ▪ Evaluation of PMF post-implementation should be considered

6.3 Pathology Quality Systems

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Integration of all pre-existing quality systems meeting all accreditation and certification requirements ▪ Multiple sub-projects to improve service delivery, communication and continuing education
Deliverables not achieved	
Evaluation / Evidence of Change	<ul style="list-style-type: none"> ▪ All laboratories accredited and certified ▪ Improved specimen handling documented in remote area
Financial	
Allocation pre 15/3/02	\$1,596,311
Allocation at 15/3/02	\$1,340,000
Changes post 15/3/02	\$120,000
Total Budget	\$1,460,000
Expenditure at 31/12/02	\$1,280,239
Forecast Exp at 30/6/03	\$1,490,447
Forecast variance 30/6/03	- \$30,447 (over budget)
Project status by 30/6/03	<ul style="list-style-type: none"> ▪ All deliverables achieved ▪ Forecast of \$30,447 over budget
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ QHPSS
Financial requirements for continuation	<ul style="list-style-type: none"> ▪ Nil ▪ Business case requesting funding: Bridging finance for BTS equipment calibration
Risks and Issues	<ul style="list-style-type: none"> ▪ Requesting ongoing funding for further development of quality system
SUMMARY	<ul style="list-style-type: none"> ▪ All deliverables achieved ▪ Program area projecting budget over run

CLUSTER 7: Change Management

7.1 Education in Quality (CDPA sub-program)

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Training for District Quality Coordinators ▪ Continuous Quality Improvement training module developed ▪ Approved position description ▪ Continuous Quality Improvement incorporated into District orientation ▪ Approval of all Clinician Development Program Area improvement projects at District level requires the use of a Continuous Quality Improvement approach
Deliverables not achieved	
Evaluation / Evidence of Change	
Financial	
Allocation pre 15/3/02	\$1,000,000
Allocation at 15/3/02	\$1,000,000
Changes post 15/3/02	
Total Budget	\$1,000,000
Expenditure at 31/12/02	\$191,210
Forecast Exp at 30/6/03	\$417,192
Forecast variance 30/6/03	\$582,808
Project status by 30/6/03	▪ Not planning for completion until June 2004
SUSTAINABILITY	
Possible ownership / placement of developed resources	▪ District Quality Coordinators report to District Manager
Financial requirements for continuation	<ul style="list-style-type: none"> ▪ Quality Coordinators financed from District Budgets ▪ Program area forecasting spending for next financial year (2003/2004): ▪ \$324,476
Risks and Issues	<ul style="list-style-type: none"> ▪ Program area moved under CDP area ▪ 2 Districts have elected not to continue Quality Coordinators
SUMMARY	▪ Program area sits under Clinician Development program and is not planning for completion until June 2004

7.2 Clinician Development Program

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Eight agreements in place to support implementation of other program areas (financial support for education, creation of resources, conducting workshops, back filling of staff taken offline to implement/receive education) ▪ Worked with Districts to develop District plans and District facilitation structures were set up. These were to coordinate implementation of QIEP Program Areas and deliver training modules in the Districts (the training module were targeted at "specific change objectives" but were not necessarily linked to implementation of other QIEP programs) ▪ Funding for multiple "Clinical Improvement Projects" within Hospitals and Districts which were approved by District Facilitation Structures (CDFGs) (significant financial input to individual hospitals)
Deliverables not achieved	<ul style="list-style-type: none"> ▪ CDP area not planning for completion until June 2004
Evaluation / Evidence of Change	<ul style="list-style-type: none"> ▪ Nil at time of review, evaluation strategy prepared. Resurveys in progress in 5 Districts.
Financial Allocation pre 15/3/02 Allocation at 15/3/02 Changes post 15/3/02 Total Budget Expenditure at 31/12/02 Forecast Exp at 30/6/03 Forecast variance 30/6/03	\$17,991,750 \$18,000,000 \$18,000,000 \$4,814,514 \$8,772,961 \$9,227,039
Project status by 30/6/03	<ul style="list-style-type: none"> ▪ Program area not planning for completion until June 2004
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ Developed resources provided to each District at time of training and available electronically. Updating by Organisational Improvement Unit ▪ Possible place for interactive/on-line resources in Skill Centre
Financial requirements for continuation	<ul style="list-style-type: none"> ▪ Forecasted spending to support program for additional year (2003/2004): \$8,369,000
Risks and Issues	<ul style="list-style-type: none"> ▪ Role of CDP area needs to be defined if it is to continue beyond 30 June 2003: implementation of QIEP program areas versus training and support activities in Districts. ▪ Some contracts in existence with external agencies for provision of training until June 2004 (on-line EBP, doctor-patient Communication and ErroMed) ▪ Approval to continue for 1 year post June 30, 2003 with reduced staffing level in final year, was given by GMHS on 23/3/2001 ▪ Funds have been allocated in 6 monthly blocks (\$13.4M committed to Districts via signed Improvement plans)
SUMMARY	<ul style="list-style-type: none"> ▪ Significant financial resources still available ▪ Continued financial support for "Clinical Improvement Projects" at individual sites should cease post 30 June 2003. ▪ Review of training modules delivered under CDP area should be undertaken prior to June 30 2003 if funding for this area is to continue

7.3 Central Zone Projects

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Development of Zonal Networks which focus on provision of services ▪ Funding for Districts projects: including Maternity Review, Clinician led management
Deliverables not achieved	
Evaluation / Evidence of Change	
Financial	
Allocation pre15/3/02	\$1,302,500
Allocation at 15/3/02	\$1,000,000
Changes post 15/3/02	
Total Budget	\$1,000,000
Expenditure at 31/12/02	\$405,103
Forecast Exp at 30/6/03	\$1,000,000
Forecast variance 30/6/03	\$0
Project status by 30/6/03	<ul style="list-style-type: none"> ▪ Program area finalised
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ Central Zone Management Unit
Financial requirements for continuation	<ul style="list-style-type: none"> ▪ Nil
Risks and Issues	<ul style="list-style-type: none"> ▪ To be sustained post 30 June 2003 with funding from Zone
SUMMARY	<ul style="list-style-type: none"> ▪ Program area complete, on budget

7.4 Northern Zone Projects

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ 10 of 11 Districts have achieved ACHS accreditation ▪ District projects including Innisfail Project – clinical pathways/models of care across continuum (asthma, diabetes, cardiac)
Deliverables not achieved	
Evaluation / Evidence of Change	ACHS accreditation achieved
Financial	
Allocation pre 15/3/02	\$1,322,000
Allocation at 15/3/02	\$1,000,000
Changes post 15/3/02	
Total Budget	\$1,000,000
Expenditure at 31/12/02	\$621,478
Forecast Exp at 30/6/03	\$970,125
Forecast variance 30/6/03	\$29,875
Project status by 30/6/03	<ul style="list-style-type: none"> ▪ Completed
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ Northern Zone Management Unit
Financial requirements for continuation	<ul style="list-style-type: none"> ▪ Nil
Risks and Issues	<ul style="list-style-type: none"> ▪ Maintenance of accreditation status post QIEP may need financial support in the future
SUMMARY	<ul style="list-style-type: none"> ▪ Completed ▪ Small budget underspend forecast

7.5 Southern Zone Projects
Emergency Department Project
Remote Sleep Study Project

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Development of Clinical Service Networks – Paediatrics, Maternity, Neonatal & Gynaecology, Orthopaedics – focus on service planning and development ▪ Working on additional networks – General Medicine Bed management, Oncology Reference Group, re-establishment of ICU network (following external review) 		
Deliverables not achieved	<ul style="list-style-type: none"> ▪ Networks ongoing, newer networks not expected to be established by 30/6/03 		
Evaluation / Evidence of Change	<ul style="list-style-type: none"> ▪ Evaluation of Orthopaedic network planned for third quarter of 2003 		
Financial	S Zone Projects Emergency Dept Project Remote Sleep Study Project		
Allocation pre15/3/02	\$1,333,333		
Allocation at 15/3/02	\$1,000,000		
Changes post 15/3/02	\$34,000		
Total Budget	\$1,034,000	\$34,000	\$189,000
Expenditure at 31/12/02	\$549,508	\$18,049 (31/3/03)	
Forecast Exp at 30/6/03	\$1,034,665	\$30,049	\$57,768
Forecast variance 30/6/03	- \$665(over budget)		
Project status by 30/6/03	<ul style="list-style-type: none"> ▪ Networks ongoing 		
SUSTAINABILITY			
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ Southern Zone Management Unit 		
Financial requirements for continuation	<ul style="list-style-type: none"> ▪ Business case requesting ongoing funding to support clinical coordinators 		
Risks and Issues	<ul style="list-style-type: none"> ▪ There is a potential risk that the Clinical Service Networks will not be self-sustaining without ongoing financial support. This issue needs to be addressed at the Zonal level 		
SUMMARY	<ul style="list-style-type: none"> ▪ Minor budget overspend forecast ▪ Networks on going with new networks under development ▪ Issue of sustainability, need for and source of on going funding to be determined at Zonal level 		

CLUSTER 8: Program Delivery

8.1 Australian Council for Safety and Quality in Health Care and Administration Fee

Achievements/Outcomes	<ul style="list-style-type: none"> Provision of funds for the administration and project costs of the Australian Council for Safety and Quality in Health Care
Deliverables not achieved	<ul style="list-style-type: none"> All funding milestones met to date. Funding allocations scheduled to June 2005 aligned with life of ACSQHC.
Evaluation / Evidence of Change	
Financial Allocation pre 15/3/02 Allocation at 15/3/02 Changes post 15/3/02 Total Budget	\$5,000,000 \$5,000,000 \$200,000 \$5,200,000
Expenditure at 31/12/02 Forecast Exp at 30/6/03 Forecast variance 30/6/03	\$1,797,249 \$3,283,824 \$1,916,176
Project status by 30/6/03	<ul style="list-style-type: none"> Funding provided as per schedule from ACSQHC
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> Quality entity (if one is established post QIEP) would distribute and monitor after 30 June 2003.
Financial requirements for continuation	<ul style="list-style-type: none"> Projected additional financial requirements to completion: \$1,854,000 (2003/2004: \$1,204,800; 2004/2005: \$649,200)
Risks and Issues	<ul style="list-style-type: none"> On going funding required
SUMMARY	<ul style="list-style-type: none"> Continuing until June 2005 with total expenditure of \$5,137,824 Projected unused funds at completion date: \$62,176

8.2 Corporate Management of Program Projects and Grants

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Range of projects including Queensland Health Skills Development Centre
Deliverables not achieved	<ul style="list-style-type: none"> ▪ Number of projects completed. ▪ Some projects delayed in their initiation e.g. Skills Centre, Government Service Delivery
Evaluation / Evidence of Change	
Financial	
Allocation pre 15/3/02	\$2,200,000
Allocation at 15/3/02	\$11,043,000 includes \$8,500,000 for QHealth Skills Development Centre
Changes post 15/3/02	\$260,024
Total Budget	\$11,303,024
Expenditure at 31/12/02	\$1,766,457
Forecast Exp at 30/6/03	\$3,771,134
Forecast variance 30/6/03	\$7,531,890
Project status by 30/6/03	<ul style="list-style-type: none"> ▪ Varied
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> ▪ Each project has owner / Sponsor in organisation ▪ Consider transferring funds for Queensland Health Skills Development Centre infrastructure to Capital Works Branch ▪ Continued management of project funds under the supervision of a "Quality Unit" post 30/6/03
Financial requirements for continuation	<ul style="list-style-type: none"> ▪ Grant money for incomplete special projects in this program area to be retained by the projects and funds managed by a "Quality Unit" ▪ Quantum of grant money to unfinished projects has not been addressed in this review
Risks and Issues	<ul style="list-style-type: none"> ▪ Delayed commencement means significant underspend in some projects. Any potential draw-back of funding may place these at risk.
SUMMARY	<ul style="list-style-type: none"> ▪ Projects of various types and magnitudes. Most will cease before 30 June 2003, with some major projects anticipated to extend until 2005. ▪ Grant money for incomplete special projects in this program area to be retained by the projects

8.3 Central Zone Quality Coordination

Achievements/Outcomes	<ul style="list-style-type: none"> ▪ Coordination of QIEP Program Areas and QIEP Zonal Projects across the Zone. Contact and professional support for District Quality Coordinators or their equivalent. ▪ Clinician-Led Management, Zonal Networks, major practice reviews., e.g. Maternity Services
Deliverables not achieved	
Evaluation / Evidence of Change	
Financial	
Allocation pre 15/3/02	\$333,333
Allocation at 15/3/02	\$333,333
Changes post 15/3/02	
Total Budget	\$333,333
Expenditure at 31/12/02	\$237,081
Forecast Exp at 30/6/03	\$327,431
Forecast variance 30/6/03	\$5,902
Project status by 30/6/03	▪ Completed according to original timeline
SUSTAINABILITY	
Possible ownership / placement of developed resources	▪ Central Zone Management Unit
Financial requirements for continuation	
Risks and Issues	<ul style="list-style-type: none"> ▪ On going support for District Quality Coordinators (or equivalent) and links between Districts and the Zonal Management Unit are required, particularly with high turnover of District Quality Coordinators. Matter of continuing financial support for Zonal Quality Coordinator post QIEP is a Zonal issue.
SUMMARY	<ul style="list-style-type: none"> ▪ This position has provided direction and focus for the quality agenda in the Zone. The coordination of the impact of QIEP Program Areas in the Zone and the management of the Zonal Projects have also been their responsibility.

8.4 Northern Zone Quality Coordination

Achievements/Outcomes	<ul style="list-style-type: none"> Coordination of QIEP Program Areas and QIEP Zonal Projects across the Zone. Contact and professional support for District Quality Coordinators or their equivalent.
Deliverables not achieved	
Evaluation / Evidence of Change	
Financial Allocation pre 15/3/02 Allocation at 15/3/02 Changes post 15/3/02 Total Budget Expenditure at 31/12/02 Forecast Exp at 30/6/03 Forecast variance 30/6/03	\$333,333 \$333,333 \$333,333 \$256,484 \$310,171 \$23,162
Project status by 30/6/03	<ul style="list-style-type: none"> Completed according to original timeline
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> Northern Zone Management Unit
Financial requirements for continuation	
Risks and Issues	<ul style="list-style-type: none"> On going support for District Quality Coordinators (or equivalent) and links between Districts and the Zonal Management Unit are required, particularly with high turnover of District Quality Coordinators. Matter of continuing financial support for Zonal Quality Coordinator post QIEP is a Zonal issue.
SUMMARY	<ul style="list-style-type: none"> This position has provided direction and focus for the quality agenda in the Zone. The coordination of the impact of QIEP Program Areas in the Zone and the management of the Zonal Projects have also been their responsibility.

8.5 Southern Zone Quality Coordination

Achievements/Outcomes	<ul style="list-style-type: none"> Coordination of QIEP Program Areas and QIEP Zonal Projects across the Zone. Contact and professional support for District Quality Coordinators or their equivalent.
Deliverables not achieved	
Evaluation / Evidence of Change	
Financial Allocation pre 15/3/02 Allocation at 15/3/02 Changes post 15/3/02 Total Budget Expenditure at 31/12/02 Forecast Exp at 30/6/03 Forecast variance 30/6/03	\$333,333 \$333,333 \$333,333 \$191,804 \$309,561 \$23,773
Project status by 30/6/03	<ul style="list-style-type: none"> Completed according to original timeline
SUSTAINABILITY	
Possible ownership / placement of developed resources	<ul style="list-style-type: none"> Southern Zone Management Unit
Financial requirements for continuation	
Risks and Issues	<ul style="list-style-type: none"> On going support for District Quality Coordinators (or equivalent) and links between Districts and the Zonal Management Unit are required, particularly with high turnover of District Quality Coordinators. Matter of continuing financial support for Zonal Quality Coordinator post QIEP is a Zonal issue.
SUMMARY	<ul style="list-style-type: none"> This position has provided direction and focus for the quality agenda in the Zone. The coordination of the impact of QIEP Program Areas in the Zone and the management of the Zonal Projects have also been their responsibility.