



**Queensland
Government**
Queensland Health

**Hospital Survey 2004
Measured Quality
Phase III**

System Integration and Change

Measured Quality Service
Quality and Safety Program
7 January 2004

Final Draft

Final Draft

Hospital Survey 2004

System Integration and Change

Measured Quality

Phase III

**Measured Quality Service
Quality and Safety Program**

Introduction

The System Integration and Change quadrant of the Measured Quality Service report for Queensland Health hospitals is one of four quadrants of the balance scorecard report. This scorecard attempts to measure issues important to Queensland Health regarding the quality and efficiency of its services.

Smart State: Health 2020 Directions Statement and the Integrating Strategy and Performance (ISAP) process have reinforced the need for measuring the performance of health services as a mechanism to facilitate quality provision and quality improvement in services.

Under the objectives of its Strategic Plan 2000-2010 and the 'Good Health and Better Health Services 2004' framework for the Quality Improvement and Enhancement Program, Queensland Health aims to provide services which:

- are evidence-based and consistent across the State
- use information systems to manage and deliver services and evaluate outcomes
- are well integrated and coordinated within districts and with other government and non-government providers
- are delivered by highly skilled and experienced staff
- encourage members of the community to take responsibility for their health and be involved in decision-making
- are monitored and evaluated to ensure continual quality improvement.

The System Integration and Change quadrant particularly focuses on:

1. **How well placed are public hospitals to develop and implement new practices that meet future health care changes, demands and challenges?**
2. **To what extent do public hospitals integrate their services with community partners?**

A number of indicators have been derived from these objectives and this questionnaire has been developed to gather information to report on them. The questionnaire relates to **patient services** at your hospital and consists of five parts:

- A Use of Information**
- B Standardised approaches to clinical management**
- C Benchmarking**
- D Integration with the Local Community**
- E Quality and Safety of Health Care Practices**

Instructions

1. As previously indicated, this survey is divided into 5 sections for ease of completion and to obtain the most accurate information from your hospital. To achieve this, please forward each section to the member of staff in your hospital who is most familiar with the content in the particular section.
2. Following completion of all 5 sections of this survey, please compile and forward to the District Manager for his/her approval and signature. Please use the table below to assist in ensuring all sections are completed and received.

Section	Date distributed	Completed by	Date collected
A. Use of Information			
B. Standardised approaches to clinical management			
C. Benchmarking			
D. Integration with the Local Community			
E. Quality and Safety of Health Care Practices			

Statement of Accuracy

These statements pertaining to **System Integration and Change Survey** at this hospital are accurate and reflect the current normal operating circumstances at our facility.

District Manager Name

District Manager Signature

Phone No.

3. Once all 5 sections are complete and are approved by the District Manager, please return your completed questionnaire by **Friday, 29 January 2004**, to the address below in the reply paid envelope provided.

Dr Glenn Cuffe
 Manager, Procurement Strategy Unit
 17th Floor, Queensland Health Building
 GPO Box 48
 BRISBANE Q 4000

If you have any queries, please contact Noela Zuk, Senior Project Officer, Measured Quality Service on (07) 3247 4930 or email: Noela_Zuk@health.qld.gov.au

Hospital:

District:

SECTION A – Use of Information

Information systems have the potential to refine the quality of patient records, reduce the time it takes to receive diagnostic reports, decrease the number of medication errors, and facilitate timely patient follow-up. Queensland Health has implemented a range of information systems across the State that facilitates access to such comprehensive information for clinical decision making. Queensland Health provides information systems with reporting capabilities to provide information to management at a variety of levels in facilities. The use of this information in managing the efficiency and effectiveness of health service delivery will also impact on the quality of services. Use of information is vital in decision making, both in clinical and management arenas. As information technology is increasingly becoming an important part of patient care and hospital management, we are seeking information about the extent and effectiveness of its use.

Once the section is completed, please sign the statement of accuracy below and forward to your District Manager for sign off.

Statement of Accuracy

These statements pertaining to **Use of Information** at this hospital are accurate and reflect the current normal operating circumstances at our facility. I am authorised to make these statements on behalf of our organisation.

Name

Hospital.....

Title

Phone No.

Signature

Date

If you have any queries, please contact Noela Zuk, Senior Project Officer, Measured Quality Service on (07) 3247 4930 or email: Noela_Zuk@health.qld.gov.au

Section A – Use of Information

Availability and use of clinical information

Question 1: In each of the following clinical service areas, please indicate the extent to which patient records/ data is **currently available electronically** throughout your hospital, by ticking one box for each clinical service area.

Clinical Service Areas	Tick ONE box for each row			
	(i) All paper records / data	(ii) Electronic records/data partially accessible throughout the hospital	(iii) Electronic records/data fully accessible throughout the hospital but not outside the hospital	(iv) Electronic records/data fully accessible throughout and outside the hospital **
a. Patient registration and admission system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medical images (eg X-rays, CT scans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reports of diagnostic imaging results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Diagnostic laboratory results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Transcribed reports (eg rehabilitation reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Medication profiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Standardised clinical pathways, guidelines, protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Progress reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** within the constraints of Legislation

Question 2a: Can clinical information relating to individual patients be made available **electronically** (not including fax) to any health care providers outside your hospital using current systems?

Yes 01

No..... 02

Question 2b: The Public Key Infrastructure (PKI) project will deliver a secure E-mail capability for Queensland Health District hospitals.

Is your hospital planning to use PKI for the secure transfer of patient information with external health partners?

Yes 01

No..... 02

Availability and use of management information

Question 3: A number of electronic information reporting systems are available in Queensland Health to assist with management decision making. For each of the reporting systems in the table below, please indicate in relation to your hospital:

- (i) What systems are **accessible**?
- (ii) What systems are **used on a regular basis**?
- (iii) Is there a **process** whereby the hospital **monitors the frequency of use by staff who have been given access**?

		Tick ALL boxes that apply for each row		
Reporting System		(i) Accessible	(ii) Used on a regular basis	(iii) Monitor frequency of use
a	Clinical Benchmarking System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Queensland Health Electronic Reporting System (QHERS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Crystal Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DSS modules (specify)				
d	FAMMIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Workforce Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Human resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Casemix activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Central Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	LATTICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	CMMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	HBCIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n	Local (hospital based) systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o	Other (please specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 4: Timely access to a suite of reports will assist management with decision making. Irrespective of what electronic reporting system/s are used in your hospital, are there formal processes for hospital staff who use reports to:

- (i) **Identify reports** that are **useful** for potential and existing users
- (ii) **Monitor use** of the reports available
- (iii) **Add or delete reports** based on user feedback

		Tick ALL boxes that apply for each row		
Report users		(i) Identify useful reports	(ii) Monitor use of reports	(iii) Add / delete reports
a	District Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Hospital Executive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heads of Departments				
c	Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Non - clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The question below (Question 5) has been developed in consultation with a number of staff in Health Service Districts. Because of the qualitative nature of the information, it is envisaged that the reporting of this information may require additional analysis or a follow-up interview or question. For these reasons, the results may not appear in the first round of hospital reports, however will be included in the updated reports later in 2004. Please complete the table as fully as possible.

Question 5: Irrespective of what electronic reporting system/s are used in your hospital, please indicate for each of the report users:

- (i) What are the top 5 reports most useful for management purposes in your facility or department
- (ii) What is the reporting system for these reports
- (iii) How frequently are these reports produced

Report users	Name of Report	Reporting system	Frequency weekly/ monthly/ quarterly/ ad hoc
District Manager	1		
	2		
	3		
	4		
	5		
Hospital Executive	1		
	2		
	3		
	4		
	5		
Heads of Departments Clinical			
• Medical Unit Directors	1		
	2		
	3		
	4		
	5		
• Nursing Unit Managers	1		
	2		
	3		
	4		
	5		
• Allied Health Managers	1		
	2		
	3		
	4		
	5		
Heads of Departments Non-clinical			
• Corporate Services	1		
	2		
	3		
	4		
	5		
• Other (specify)	1		
	2		
	3		
	4		
	5		

Availability and use of information for staff development

Question 6: Do you have a formal process in place to identify educational and professional development needs of your staff?

Yes 01

No..... 02

Question 7: In relation to Performance Appraisal and Development for hospital staff, please indicate if any of the following are in place at your hospital.

Performance Appraisal and Development	Tick ONE box for each row	
	(i) Yes	(ii) No
a. A formal / documented definition of performance appraisal	<input type="checkbox"/>	<input type="checkbox"/>
b. A formal / documented process for conducting performance appraisal	<input type="checkbox"/>	<input type="checkbox"/>
c. A process for providing written feedback to staff	<input type="checkbox"/>	<input type="checkbox"/>
d. A data collection for completed / active status of performance appraisals for staff members	<input type="checkbox"/>	<input type="checkbox"/>

Question 8: Please indicate how widespread the implementation of performance appraisal and development processes are for clinical and non-clinical staff of your hospital.

Hospital Staff	Tick ONE box for each row			
	(i) No performance appraisal	(ii) Performance appraisal in some departments	(iii) Performance appraisal in most departments	(iv) Performance appraisal in all departments
a. Clinical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Non-Clinical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 9: Indicate the extent to which electronic resources are available on-line throughout your hospital

Resources	Tick ONE box for each row		
	(i) All paper resources	(ii) Electronic resources are partially accessible on-line throughout the hospital	(iii) Electronic resources fully accessible on-line throughout the hospital
a. Library resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Education materials or programs eg. CKN, QHEPS, tutorials, continuing education, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Measured Quality Reports 2003

In 2003, the Measured Quality Program Area produced 2 reports. The report *Queensland hospitals in the twenty-first century* was published for public distribution, and **individual hospital reports** were only accessible by District Managers on a secure web site. The information in these reports related to indicators in four quadrants:

Clinical Utilisation and Outcomes	System Integration and Change
Efficiency	Patient Satisfaction

Question 10: In relation to the public report *Queensland hospitals in the twenty-first century*, please indicate all of the methods your hospital used to disseminate the report and information contained in the report to the following groups of staff.

Group	Tick ALL boxes that apply for each row				
	(i) Report and/ or information was not disseminated to this group	(ii) Specific meeting for Measured Quality public report	(iii) Information presented in an existing district forum	(iv) Newsletter	(v) Electronic mail
a Health Service District Councils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b The Community at large	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Senior Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Medical Officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Allied Health and Professional staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Other hospital staff (eg administration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 11: Following the two hour **Individual Hospital Report** presentation in your district by the Measured Quality team in March/ April 2003, please indicate the methods used by your District Manager to disseminate the information contained in your hospital report to the following groups of staff.

Group	Tick ALL boxes that apply for each row		
	(i) We did not disseminate the information to this group	(ii) Specific meeting for Measured Quality Report	(iii) Information presented in an existing district forum
a Senior Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Medical Officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Allied Health and Professional staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Business Managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Cost centre Managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Other hospital staff (eg administration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 12: Has your hospital or Health Service District nominated a Unit or position to manage the process of dissemination of information contained in both the public report *Queensland hospitals in the twenty-first century* and your **Individual Hospital Report**?

Yes 01

No..... 02

Question 13: Has your District Health Council engaged the community to ascertain the usefulness of the public report *Queensland hospitals in the twenty-first century*?

Yes 01

No..... 02

Question 14: Has your hospital or Health Service District brought together a multi-disciplinary working party or a project to investigate outliers from your **Individual Hospital Report**?

Yes 01

No..... 02

Thank you for completing this section of the questionnaire. Your help is very much appreciated.

Once this section is completed, please sign the statement of accuracy on the front page of this section and forward to your District Manager for sign off.

SECTION B – Standardised approaches to clinical management

The use of standardised clinical protocols, clinical practice guidelines and clinical pathways as a system wide strategy facilitates the development of a consistent standard of high quality care. It moves care from fragmented strategies with a single department focus to emphasis on care provided by the organisation as a whole. These approaches to clinical management allow the care of high volume conditions to be standardised and therefore streamlines care. We are seeking information about the extent of development and use of these standardised protocols and procedures in clinical settings.

Once the section is completed, please sign the statement of accuracy below and forward to your District Manager for sign off.

Statement of Accuracy

These statements pertaining to ***Standardised approaches to clinical management*** at this hospital are accurate and reflect the current normal operating circumstances at our facility. I am authorised to make these statements on behalf of our organisation.

Name	Hospital.....
Title	Phone No.
Signature	Date

If you have any queries, please contact Noela Zuk, Senior Project Officer, Measured Quality Service on (07) 3247 4930 or email: Noela_Zuk@health.qld.gov.au

Section B – Standardised approaches to clinical management

Clinical protocols, practice guidelines and pathways are standardised, evidence-based multi disciplinary management plans, which identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for a homogenous patient group¹. They are used to **manage** and **document** patient care.

Question 15: In each of the following clinical areas, please tick one box that most accurately describes the extent to which standardised protocols, guidelines or pathways are used in your hospital.

Tick ONE box for each row					
Clinical Area	(i) Clinical area not treated in our hospital	(ii) Clinical treatment offered in this area but no standardised clinical approaches currently exist	(iii) Standardised clinical approaches for this area are currently being developed but not yet in use	(iv) Standardised clinical approaches are developed and some eligible patients are cared for using these guidelines / pathways	(v) Standardised clinical approaches are developed and all eligible patients are cared for using these guidelines / pathways
a Total hip arthroplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Total knee arthroplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Fractured neck of femur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Cholecystectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Herniorrhaphy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Mastectomy / Lumpectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Day surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i Antenatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j Caesarean section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k Vaginal birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l Neonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m Hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q Heart failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r Acute myocardial infarction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s Paediatric asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t Paediatric bronchiolitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u Paediatric gastroenteritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v Paediatric tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w OTHER – specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Clinical Pathways Program Arca, QIEP, Queensland Health 2001.

Question 16: For each of the clinical areas where you indicated that a standardised approach to clinical management is currently in use, please indicate if, during 2003 your hospital had:

- (i) a process for **collecting variances** from these standardised protocols/ guidelines/ pathways in order to improve patient care,
- (ii) a process for **reviewing and responding to the variance data** collected,
- (iii) determined that the use of these standardised protocols/ guidelines/ pathways **reduced other documentation**,
- (iv) standardised approaches to care that included aspects of care provided **outside your hospital** (eg. general practitioners, home care agencies or rehabilitation services etc.)

For those clinical areas not treated in your hospital, or in clinical areas where no standardised clinical management is in use, please leave the row blank

Tick ALL boxes that apply for each row				
Clinical Area	(i) There is a process for collecting variances	(ii) There is a process for reviewing and responding to the data	(iii) The use of standardised approaches to clinical management has reduced other documentation	(iv) Includes care outside the hospital
a. Total hip arthroplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Total knee arthroplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fractured neck of femur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Appendicectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cholecystectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Hemiorrhaphy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Mastectomy / Lumpectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Day surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Antenatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Caesarean section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Vaginal birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Neonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Heart failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Acute myocardial infarction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Paediatric asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Paediatric bronchiolitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Paediatric gastroenteritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Paediatric tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. OTHER – specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 17: Hospitals have identified different barriers to the development and use of standardised approaches to clinical management. Please indicate which of the following barriers your facility faced in 2003.

Tick ALL that apply

(i) Barriers to the DEVELOPMENT of standardised approaches to clinical management

- a insufficient clinician time commitment available for protocol / pathway development
- b insufficient financial resources for staff necessary to support development.....
- c medical staff resistance to standardised approaches to care - a belief of medical staff that individual patient care can not be approached with standardised protocols / pathways
- d nurse resistance to standardised approaches to care – a belief of nurses that individual patient care can not be approached with standardised protocols / pathways
- e diversity and complexity of patients mean that standardised protocols / pathways do not address patient needs
- f absence of outcome data that demonstrates the advantages of use of these clinical management tools
- g insufficient management leadership to champion development.....
- h insufficient medical staff leadership to champion development
- i insufficient patient volumes to justify development
- j more pressing issues faced the hospital.....
- k Other (please specify) _____

(ii) Barriers to the USE of standardised approaches to clinical management

- l standardised protocols/ guidelines/ pathways were not developed by those who use them.....
- m the kind of patients we care for do not lend themselves to standardised protocols/ guidelines/ pathways
- n insufficient management leadership to champion use
- o inability to follow standardised protocols/ guidelines/ pathways because of delays in other support services
- p standardised protocols/ guidelines/ pathways are not integrated with hospital documentation..
- q IT systems are not available to support use of standardised protocols/ guidelines/ pathways ..

r Other (please specify _____)

Question 18: In relation to a formal / documented process for **auditing the use of** standardised protocols/ guidelines/ pathways, please indicate which of the statements below best describes your hospital's audit process.

- An audit process is applied to all protocol / pathway use 01
- An audit process is applied to most protocol / pathway use 02
- An audit process is applied to some protocol / pathway use ... 03
- No audit process is in place..... 04

Thank you for completing this section of the questionnaire. Your help is very much appreciated.

Once this section is completed, please sign the statement of accuracy on the front page of this section and forward to your District Manager for sign off.

Final Draft

Do you have any further comments about ***Standardised approaches to clinical management*** and System Integration and Change, either directly related to your hospital or issues affecting Queensland Health as a whole?
(Please use BLOCK letters. If you require more space, please attach a separate page to the back of the questionnaire.)

Section C – Benchmarking

Benchmarking is defined as the ongoing, systematic process to search for and introduce best practice into an organisation². It provides a 'yardstick' of performance and can be a powerful diagnostic tool for identifying where improvements are possible and enables the hospital to examine its care over time and/or to compare its care with comparable organisations or with 'best practice'. We are seeking information about the extent of this activity within and across hospitals.

Once the section is completed, please sign the statement of accuracy below and forward to your District Manager for sign off.

Statement of Accuracy

These statements pertaining to **Benchmarking** at this hospital are accurate and reflect the current normal operating circumstances at our facility. I am authorised to make these statements on behalf of our organisation.

Name	Hospital.....
Title	Phone No.
Signature	Date

If you have any queries, please contact Noela Zuk, Senior Project Officer, Measured Quality Service on (07) 3247 4930 or email: Noela_Zuk@health.qld.gov.au

² Adapted from - Fourth national report on health sector performance indicators. July 2000.
Hospital Survey 2004 – System Integration and Change
Noela Zuk – Measured Quality Service
7 January 2004

Section C – Benchmarking

Internal benchmarking involves benchmarking within your hospital. This may involve a process where you compare variations in clinical practices and outcomes between individuals, clinicians or teams within your hospital and/or comparisons over time.

External benchmarking involves comparing your performance including variations in clinical practices and outcomes with other comparable organisations.

Question 19: For each of the clinical areas listed, please indicate:

- (i) if the **clinical area is available** in your hospital
- (ii) if your hospital is currently engaged in **internal benchmarking**
- (iii) if your hospital is currently engaged in **external benchmarking**

Tick ALL boxes that apply for each row			
Clinical Area	(i) Clinical area available	(ii) Internal benchmarking	(iii) External benchmarking
a Total hip arthroplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Total knee arthroplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Fractured neck of femur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Cholecystectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Herniorrhaphy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Mastectomy / Lumpectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Day surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i Antenatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j Caesarean section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k Vaginal birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l Neonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m Hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q Heart failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r Acute myocardial infarction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s Paediatric asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t Paediatric bronchiolitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u Paediatric gastroenteritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v Paediatric tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w OTHER – specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sharing information with peers

Question 20: Is your hospital engaged in any of the following clinical benchmarking initiatives?

Benchmarking Initiatives	Tick ONE box for each row		
	(i) Yes	(ii) No	(iii) Clinical area not available
Collaboratives for Healthcare Improvement (CHI)			
a Bed Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Cardiac – In hospital management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Cardiac – Outpatient cardiac rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d MAPU – Medical Assessment and Planning Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Paediatric Day Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i Regional Health Improvement Networks (RHIN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j Health Round Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k Other – (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this section of the questionnaire. Your help is very much appreciated.

Once this section is completed, please sign the statement of accuracy on the front page of this section and forward to your District Manager for sign off.

Do you have any further comments about **Benchmarking** and System Integration and Change, either directly related to your hospital or issues affecting Queensland Health as a whole? *(Please use BLOCK letters. If you require more space, please attach a separate page to the back of the questionnaire.)*

Section D – Integration with the Local Community

Continuity of care requires a system of integrated services that guide and track patients over time and through a comprehensive array of health services spanning all levels of care. Queensland Health is committed to community engagement through processes that include participation by consumers and carers and by developing partnerships with general practice and other providers to improve access to effective health services across Queensland³. As an integral member of the local community Queensland Health also aims to provide leadership in responsible environmental management. We are seeking information about how well these processes are functioning.

Once the section is completed, please sign the statement of accuracy below and forward to your District Manager for sign off.

Statement of Accuracy

These statements pertaining to **Integration with the Local Community** at this hospital are accurate and reflect the current normal operating circumstances at our facility. I am authorised to make these statements on behalf of our organisation.

Name

Hospital.....

Title

Phone No.

Signature

Date

If you have any queries, please contact Noela Zuk, Senior Project Officer, Measured Quality Service on (07) 3247 4930 or email: Noela_Zuk@health.qld.gov.au

³ Strategic Plan 2000-2010
Hospital Survey 2004 – System Integration and Change
Noela Zuk – Measured Quality Service
7 January 2004

Section D – Integration with the Local Community

Consumer participation

Integration of hospital health services with the community can be supported through consumer and carer participation

Question 21: For each of the representative groups listed, please indicate which of the following strategies are used by your hospital to involve **carer and consumer group participation**. (Note: The strategies may be specific to a particular group or in a general consumer forum)

- (i) regular meetings or discussions
- (ii) documentation eg plans, written agreements
- (iii) joint initiatives involving shared resources

Consumer representatives	Tick ALL boxes that apply for each row		
	(i) Regular meetings / discussion	(ii) Documentation eg plans, written agreements	(iii) Joint initiatives involving shared resources
a Aboriginal and Torres Strait Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Multicultural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Women's Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Men's Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Youth Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Aged care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 22: Does you hospital have formal processes to monitor and review the effectiveness of consumer participation?

Yes 01

No 02

Community partnerships

Processes that develop partnerships with general practice and other health care providers can lead to an improvement in access and continuity of care for patients.

Question 23: For each of the community partners listed, please indicate which of the following strategies are used by your hospital to enhance the integration of health services in your area

- (i) regular meetings or discussions
- (ii) documentation eg plans, written agreements
- (iii) joint initiatives involving shared resources

Community partners	Tick ALL boxes that apply for each row		
	(i) Regular meetings / discussion	(ii) Documentation eg plans, written agreements	(iii) Joint initiatives involving shared resources
a. Local division of GP's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community health service providers			
b. Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Non-government organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other Government departments (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Local industry / business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 24: Does your hospital have formal processes to **monitor and review** the effectiveness of **hospital / community partnerships** and programs?

Yes 01

No..... 02

Pre-admission clinics

Question 25: Is there a process available to prepare patients for elective surgery procedures prior to their admission, such as pre-admission clinics, outpatient clinics or clinics in other facilities?

Yes 01

No..... 02 (Go to Question 27)

No elective surgery..... 03 (Go to Question 27)

Question 26: If 'yes' to Question 25, do you have a formal process to monitor and review the effective use of this service?

- Yes 01
No..... 02

Discharge information

Discharge information is essential information that advises general practitioners about patients' health status on discharge from hospital. It provides information needed to manage ongoing care⁴.

Question 27: Does your hospital include general practitioners in discharge planning meetings?

- Yes 01
No..... 02
No general practitioners in the community 03 *(Go to Question 31)*

Question 28: Is there a policy in your hospital for discharge information to be provided to patients' general practitioners?

- Yes, a formal policy exists 01
No, but a formal policy is being developed 02 *(Go to Question 31)*
No..... 03 *(Go to Question 31)*

Question 29: If 'yes' to Question 28, do you have a formal process to monitor and review the effective implementation of this policy?

- Yes 01
No..... 02

Question 30: From a **hospital-wide perspective** please indicate how often discharge summaries are provided within 24 hours to general practitioners.

- Never 01
Some of the time 02
Most of the time 03
All of the time..... 04

⁴ Adapted from Effective Discharge Strategy Performance Indicators. Acute Health Division, Department of Human Services Victoria. 2001/2002.
Hospital Survey 2004 – System Integration and Change
Noela Zuk – Measured Quality Service
7 January 2004

Continuity of care planning

The General Practice Advisory Council (of which Queensland Health is a member) developed the Continuity of Care Planning Framework, during 2003, to guide recommended practice in admission and discharge planning across the hospital/community interface.

Question 31: Does your hospital plan to provide training and / or promotion activities for the **General Practice Advisory Council (GPAC) Continuity of Care Planning Framework**?

- Yes, activities already provided 01
- Yes, activities planned but not yet provided 02
- No activities planned 03 (Go to Question 33)

Question 32: Please indicate the ways in which your hospital has promoted or is planning to promote the **GPAC Continuity of Care Planning Framework**, by ticking all that apply.

- Written notification (eg newsletter, e-mail bulletin) 01
- Staff meetings 02
- Training sessions..... 03
- Hyper-linked on QHEPS to District QHEPS site 04
- Collaborative processes with Divisions of
General Practice (please specify)
..... 05
- Collaborative processes with community sector
(please specify)
..... 06
- Other (please specify)..... 07

Question 33: Please indicate where copies of the **GPAC Continuity of Care Planning Framework** are available in your hospital for staff use.

- Pre-admission clinics 01
- Emergency Departments 02
- Wards 03
- Day clinics 04
- Outpatient departments 05
- Other (please specify)
..... 06
- Not yet circulated 07

Ambulatory care programs

Health care professionals can help individuals stay healthy by preventing complications of existing disease and helping patients live with their illness.

Antenatal and post-natal care

Question 34: Regarding **ante and postnatal care**, is there a policy in your hospital for care to be shared with general practitioners? *(Please tick one only)*

- Yes, a formal policy exists 01
- No, but a policy is being developed 02 *(Go to Question 36)*
- No 03 *(Go to Question 36)*
- No maternity services / no GP's in area 04 *(Go to Question 36)*

Question 35: If 'yes' to **Question 34**, do you have a formal process to monitor and review the effective use of this shared care?

- Yes 01
- No 02

Diabetes management

Patients with diabetes may be hospitalised for diabetic complications if their condition is not adequately monitored or if they do not receive the patient education for appropriate self-management.

Question 36: Is there a local **diabetes management** service available for referral of post discharge diabetic patients?

- Yes 01
- No 02

Question 37: Does the hospital participate in any other Diabetes Shared Care program with General Practitioners?

- Yes 01
- No 02 *(Go to Question 39)*

Question 38: If 'yes' to **Question 37**, do you have a formal process to monitor and review the effective use of this program?

- Yes 01
- No 02

Cardiac Rehabilitation

Cardiac rehabilitation offers patients who have heart conditions, continuity of care by the provision of on ongoing community based rehabilitation activities. Comprehensive cardiac rehabilitation includes physical activity, education, counselling, interventions targeting behaviour change in areas of inactivity, weight control, healthy diet, smoking cessation, stress management, control of hypertension and psychological issues⁵.

Question 39: Is there a local outpatients **cardiac rehabilitation** program available for referral of post discharge acute myocardial infarction patients?

Yes 01

No..... 02 (Go to Question 41)

Question 40: If 'yes' to **Question 39**, do you have a formal process to monitor and review the effective use of this program?

Yes 01

No..... 02

Asthma management

Question 41: Regarding management of patients with **asthma**, is there a policy in your hospital for care to be shared with general practitioners?

Yes, a formal policy exists 01

No, but a policy is being developed 02 (Go to Question 43)

No..... 03 (Go to Question 43)

No GP's in the area 04 (Go to Question 43)

Question 42: If 'yes' to **Question 41**, do you have a formal process to monitor and review the effective use of this shared care?

Yes 01

No..... 02

Environmental management

As part of the whole of Government Energy Management Strategy, Queensland Health is committed to establishing eco-efficiency strategies by implementing energy, water and waste management initiatives statewide.

Question 43: For each of the eco elements listed, please indicate which of these strategies for responsible environmental management are currently in place in your hospital.

- (i) documentation eg plans, contracts written agreements
- (ii) educational, training materials, brochures
- (iii) saving initiatives or projects
- (iv) a process to measure / monitor and review environmental management strategies

Tick ALL boxes that apply for each row				
Eco-elements	(i) Documentation (eg. plans, contracts, written agreements)	(ii) Educational, training materials, brochures	(iii) Saving initiatives or projects	(iv) A process to measure / monitor and review
a Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 44: Does your hospital have staff awareness training modules on *eco-friendly behaviours* and / or *eco-efficiency*?

Yes 01

No..... 02

Thank you for completing this section of the questionnaire. Your help is very much appreciated.

Once this section is completed, please sign the statement of accuracy on the front page of this section and forward to your District Manager for sign off.

Section E – Quality and Safety of Health Care Practices

Safety of health care practice is underpinned by an organisational structure that supports a well trained workforce and includes an integrated approach to risk management. We are seeking information about how processes of risk management and employee training in patient safety are functioning.

Once the section is completed, please sign the statement of accuracy below and forward to your District Manager for sign off.

Statement of Accuracy

These statements pertaining to **Quality and Safety of Health Care Practices** at this hospital are accurate and reflect the current normal operating circumstances at our facility. I am authorised to make these statements on behalf of our organisation.

Name

Hospital.....

Title

Phone No.

Signature

Date

If you have any queries, please contact Noela Zuk, Senior Project Officer, Measured Quality Service on (07) 3247 4930 or email: Noela_Zuk@health.qld.gov.au

Section E – Quality and Safety of Health Care Practices

Incident management. Incident management helps to prevent situations where incidents and near misses may arise, and to monitor and learn from the system errors or underlying causes to reduce the likelihood of recurrence.

Incident management enables hospitals and Health Service Districts to expose systems failures and implement strategies to provide better quality services.

Question 45: In relation to the management of incidents at your facility, please indicate for each of the categories listed, which of the following are currently in place in your hospital.

- (i) a documented **policy**
- (ii) a written **definition** of the category within the policy
- (iii) formal / documented processes to **identify**
- (iv) formal / documented processes to **report**
- (v) formal / documented processes to **take action**

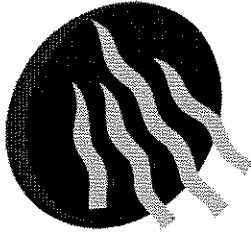
Category	Tick ALL boxes that apply in each row				
	(i) Facility has a documented policy in place	(ii) The policy includes a written definition	Hospital has formal / documented processes to		
			(iii) identify	(iv) report	(v) take action
a adverse event – medication error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b adverse event – other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c sentinel event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d deaths reported to coroner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e customer complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f staff related incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g hazardous situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h bomb threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this section of the questionnaire. Your help is very much appreciated.

Once this section is completed, please sign the statement of accuracy on the front page of this section and forward to your District Manager for sign off.

Final Draft

Do you have any further comments about **Quality and Safety of Health Care Practices** and System Integration and Change, either directly related to your hospital or issues affecting Queensland Health as a whole? *(Please use BLOCK letters. If you require more space, please attach a separate page to the back of the questionnaire.)*



Queensland Government

Queensland Health

BAR CODE & ADDRESS PANEL

LETTER PANEL