



18 September 2019

Committee Secretary
Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
Parliament House
George Street
Brisbane QLD 4000

Email: health@parliament.qld.gov.au

Dear Committee

Re: Health Transparency Bill 2019

As the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand, the Royal Australasian College of Surgeons (RACS) is committed to taking informed and principled positions on issues of public health at both state and federal level.

This proposed bill has the stated aim of improving safety and quality amongst hospital and aged care facilities. The proposed Bill will prescribe publishing four main types of information from health facilities:

- General information such as address, contact details and clinical services available
- Compliance with accreditation and legislation
- Access, process of care and patient outcome data such as hospital acquired complications and sentinel events
- Access, process of care and patient outcome data for clinical specialties such as waiting list data

The RACS State Committee feedback relates primarily to the last two types of published information.

The RACS supports the release of surgical reports at the Hospital level to the public that are valid, reliable and transparent with rigorous statistical analysis to avoid misrepresentation of the quality performance of institutions. In particular there should be risk adjustment methodology, to ensure accuracy for patients who are at higher risk of complications and poor outcomes such as those who have significant patient comorbidities or lower health resources available in their community. Further, when considering the health systems, the most urgent cases and those most in need or requiring the most intensive support are usually dealt with in the public sector. These patients may not be comparable with the population group operated on in the private sector or low acuity public institutions. Similarly, those populations from both remote regional areas and quaternary/tertiary facilities should not be compared with low acuity institutions.

The RACS does not support the release of reports on individual surgeon performance. Reports on institutions with too few procedures to accurately characterise performance by statistical analysis or where there is an individual practitioner who can thus be identified should not be included in any public reporting. An appropriate statement for these institutions would be that an inadequate number of procedures does not allow a meaningful analysis and in no way reflects on the performance of the institution.

The RACS is gravely concerned that the publication of the performance outcomes has been solely confined to surgical and procedural specialties' and maternity outcomes, as the purpose of the publication of performance outcome data should be to improve the quality of all medical care throughout the health facility. There has been up to this point, no direct consultation on the reasons or methodology in selecting these procedures to be reported. Whilst general consultation has been undertaken the selected list which are only now available has not involved surgical input from RACS or the Surgical Advisory Committee. This would be needed so that consideration can be given to risk adjustment or allowances for significant regional variation in health resourcing. The selection for reporting without explanatory guides, a range of procedures which have significant strict justifiable medical indications for performance in the public sector such as female sterilisation, breast reduction, circumcision,



functional endoscopic sinus surgery, tongue tie and maxillary frenulum surgery and varicose vein surgery, will have unintended consequences in public expectation and demand. The selection of this proposed list of procedures without further in-depth consultation, is particularly concerning in the environment of providing high value beneficial care and re-evaluating interventions offered in the public sector

The RACS Queensland State Committee also supports further consultation on any proposals to list options which relate to facility resourcing that do not directly improve safety and quality indicator outcomes, as once again having unintended consequences. The example of listing maternity options such as private rooms and water birthing/immersions, has led in the recent past to mothers and babies being placed at unacceptable risk to travel long distances whilst in labour past local maternity services due to perceptions of availability of public private rooms or water births.

The RACS State Committee recommends adequate timeframes be provided within the legalisation to institutions to review reports prior to publishing to verify accuracy in content. Legislation should also provide for a time period for evaluation that the stated purpose for publishing reported outcome data has been met with regard improvements in safety and quality

In conclusion the RACS considers the publication of performance outcomes data is to improve the quality of medical care and to improve public trust in delivery of health care. In regard to these principles the Queensland State committee feedback to the public reporting team and other stakeholders is:

- 1) That publishing outcomes data is not confined to surgical or procedural specialties.
- 2) Consideration of the list of procedures and the manner in which it is presented be modified by input via consultation with institutions and surgeons, as well as risk stratified according to regions and comorbidities
- 3) Further information is provided so that in depth consultation and feedback can occur, regarding the manner in which hospital acquired complications will be published – i.e. as percentage of separations; in regard to patient co-morbidity and hospital acuity; in context of appropriate responsive clinical safety governance structures such as learning environment and just culture?

Consideration of the unintended consequences of changes in demand and public expectation due to the publishing facility options and undifferentiated league tables of procedural throughput.

If you have any questions, please contact [REDACTED]

Kind regards

Dr Timothy McMeniman
 Chair
 Queensland Executive Committee
 Australian Orthopaedic Association

Prof Deborah Bailey
 Chair
 Queensland State Committee
 Royal Australasian College of Surgeons