Clinical Governance Support
Sunshine Coast & Cooloola Health Service District

Queensland Government
Queensland Health

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File Ref

Health Quality and Complaints
Commission Select Committee
Parliament House
George Street
BRISBANE QLD 4000

Dear Chairman

Response by the Sunshine Coast and Cooloola Health Service District to the Review of the performance of the HQCC and the *HQCC Act 2006.*

In my role as 0.25 FTE acting director of Clinical Governance, I have consulted as widely as possible with the clinicians and non-clinical staff who it has impacted on most.

The opinion from many clinicians is "the initiatives of the HQCC are a lot of extra work for which we have limited or no resources and some of the indicators are questionable in measurement validity. This concern is chiefly regarding the administration of the Act rather than the Act per se."

The Act appears to be a political response to the lack of effectiveness in the past Queensland Health complaint and Quality Assurance processes, and many are of the opinion is that it would be appropriate to review the requirement for the Act and HQCC at some later point, and consider returning some of this responsibility to the Health department as it is improved.

a) Complaints resolution:

Timeliness a concern, median time to resolution appears to be excessively long: timeframes are not consistent with the Queensland Health expectations, timeframes are not transparent or predictable. *e.g many months after notification, we can be given a brief deadline of days to respond, and subsequently become aware the matter is not closed many months later, while Queensland Health expect response and resolution within 30 days.*

- no routine or reliable acknowledgement of receipt of material or our responses, no interim communication or feedback to initial response, progress reports would be desirable and reduce distress to all parties.
- creating systems to 'resolve' complaints appear to include inviting direct complaints to be made and then redirecting the management to the district, with no systems apparent to analyse or manage the quality or validity of the complaint prior to re-direction.
- As districts do not have a 'set' number of complaints on a weekly/ monthly basis, it may be more appropriate to risk assess each complaint and then manage within appropriate timeframes according to risk rating.

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b) Systems to monitor and report on the quality of health services:
Various reporting systems timeframes/templates do not align. Little description of what reporting system will achieve.

c) Consumer engagement: as consumers ourselves, the only engagements strategy we are aware of is word of mouth that there was a website.

d) Pro-actively engaging providers :
Professional bodies appear to have been consulted, but the key recommendation by these groups of ensuring good fit with other processes not apparently taken on board. Appears to be unsuccessful engagement and/or little compromise with key QH silos e.g. CPIC

e) making of standards,
Generally felt to be a commendable goal, but :

- Indicators are felt to be a low quality form of QA. To merely monitor ticks in boxes, with no convincing process built in for feedback and capacity to accommodate, develop or encourage changes.
- need to coordinate with existing accreditation groups like ACHS/EQUIP, colleges, CPIC and multiple QH silos to minimise multiple indicators, re-duplication or incomplete duplication, multiple variable reporting channels and reporting deadlines.
- Various reporting systems timeframes/templates do not align.
- Spreading of scarce audit and QA resources unhelpful.
    e.g in the area of surgery alone we are obliged to respond to :
    - up to eighteen surgical VLADS per 3 months each potentially requiring a response to QH within one month, and potentially to three different groups
    - up to 12 ACHS clinical indicators submitted four times a year and twice yearly response to results
    - multiple RACS college indicators.
    - CPIC audits.
    - Patient Safety Centre audits intended site of surgery yearly.
    - and now further dissimilar HQCC standards requiring twice yearly audit and response.

In summary, the key concerns are of the reporting requirements lack of alignment with existing national and state templates and timeframes, and the access to adequate resources by clinicians to manage the new expectations.

Yours sincerely,

Dr Peter Garrett
A/Director Clinical Governance
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3 August 2007

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