Question on Notice

No. 297

Asked on 30 March 2022

MR R STEVENS ASKED THE MINISTER FOR HEALTH AND AMBULANCE SERVICES (HON Y D'ATH)—

QUESTION

With reference to the Caboolture Hospital Surgical Services Review—
Will the Minister provide (a) which items on the Surgery Review Implementation Plan have been completed and (b) the date each item was completed?

ANSWER

I have been advised the following in relation to the Caboolture Hospital Surgical Services Review Implementation plan:

1	Educate all Caboolture Hospital (CH) operating room staff on Metro-North intranet page and credentialing information that is available	*Completed 10/12/2021*
2	Caboolture Hospital to ensure a Caboolture Hospital surgical consultant is available using an on-call roster that is centrally accessible to all staff	*Completed 12/11/2021*
3	Caboolture Hospital to establish a surgical clinical development facilitator (CDF) to improve education/training for nursing staff and provide support to less experienced staff.	*Completed 28/01/2022*
4	Mandate more multidisciplinary team members (MDT) to attend the Morbidity and Mortality (M&M) monthly meetings held, to identify achievements and opportunities for improvement related to surgical outcomes and performance.	*Completed 12/11/2021*
6	Establish a peer review process across the MNHHS Surgery and Intensive Care Stream of surgical complication cases and document actions for improvement.	*Completed 28/01/2022 Caboolture*
9	MNHHS CGSQR provide Serious Clinical Incident Review committee members and senior clinicians with clinical incident management and open disclosure training.	*Completed 28/01/2022*
10	MNHHS CGSQR amend and standardise Caboolture Hospital and all MNHHS Facilities and Directorates:	*Completed 11/02/2022*

	a. HEAPS and RCA templates to include a 'contributing factor' box above each 'recommendation' box so that factors are clearly linked to recommendations and to include a 'Timeline' section. The use of contributing factor diagrams (e.g. 'fish' diagram, tree diagram etc.) is strongly encouraged. b. The Metro North Clinical Incident Management Procedure be amended by MNHHS CGSQR to include a system of sharing of incident analysis findings/recommendations across the whole MNHHS. c. The Initial Briefing Document – Severity Assessment Classification 1 (SAC1), be amended to include the question, 'Has a similar SAC1 event occurred previously?' d. The approval of recommendations includes a process to check if previous recommendations have been duplicated and ensure MNHHS policy is followed by Caboolture Hospital and all MNHHS Facilities and Directorates and all RCA, SAC and HEAPS reports are sent to MNHHS CGSQR unit for review before finalisation.	
11	MNHHS Surgery and Intensive Care Stream committee collaboratively develop, implement, and monitor additional surgical process and outcome measures benchmarked across all surgical sites, to inform and drive safety and quality improvements in partnership with MNHHS CGSQR unit.	*Completed 25/02/2022*
12	MNHHS establishes a protocol for access to health information data to ensure it remains secure and is not used for unauthorised dissemination.	*Completed 28/01/2022.*
14	Improve the content of the safety and quality reports produced by and for Caboolture Hospital through the inclusion of critical analysis and links to improvement actions at Caboolture Hospital and the Surgical and Intensive Care department Safety and Quality committees respectively.	*Completed 28/01/2022*
18	Ensure that Quality Action Plans include non-clinical aspects of care.	*Completed 12/11/2022*
19	Implementation of empathy training and improved patient communication/feedback for all staff at Caboolture Hospital to enhance patient and staff health literacy skills.	*Completed 25/03/2022*