

**Follow up review – Metro North Hospital and Health Service
Independent Governance Review.**

**Metro North Hospital and Health Service – Caboolture Hospital –
Surgery.**

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Background

An Independent Governance Review was commissioned by the Chair, Metro North Hospital and Health Service (MNHHS) in response to media allegations of preventable deaths, negligent surgery, and bullying at Caboolture Hospital (CH). The external independent review was undertaken between September and October 2021 with the final report delivered to the Chair, Metro North Health Board in October 2021. This report was subsequently released publicly on the 3rd of November 2021.

The report identified 19 recommendations required to be addressed by Caboolture Hospital and Metro North Hospital and Health Service and whilst a 12-month review was not part of those recommendations the Board determined 6 additional actions. Action 2 was to commission Dr James Sweeney to evaluate the implementation of the recommendations of the Independent Review after a period of 12 months. This report documents that review. This report should be read in the context of a thorough understanding of the previously published Independent Governance Review.

This report was prepared after a 3-day site visit, 26th – 28th September 2022 involving extensive interviews with staff, attendance at scheduled hospital meetings, demonstrations of new systems and review of extensive evidentiary documentation.

Executive Summary

Recommendations 1,2,3,5,8,9,10 and 18 have been actioned and completed.

Recommendation 12 has been closed (processes already exist to satisfy this).

Recommendations 4,6,7,11,14,16,17 and 19 have been actioned and require ongoing monitoring.

Recommendation 13 has been actioned and can be closed after the implementation of a new system.

Recommendation 15 has been actioned, but further work is required to reach a consensus on the best structure to achieve the required outcome.

The Metro North Health Board Chair established a Caboolture Hospital Review Steering Committee to ensure all Caboolture Hospital review recommendations and additional actions were fully implemented and evaluated in a timely, effective, and sustainable manner.

Each recommendation will be addressed in order and progress documented.

Summary of Recommendations

Recommendation 1: Educate all Caboolture Hospital operating room staff on Metro-North intranet page and credentialing information that is available.

All key Caboolture Hospital operating staff have been provided with education on how to access the well-established credentialing portal across MNHHS and a shortcut to the credentialing portal has been placed on the desktop computers within the operating rooms. This information is included in staff orientation. The reviewer received a demonstration to confirm this process.

Recommendation 1. has been actioned and is considered completed.

Recommendation 2: Caboolture Hospital to ensure a Caboolture Hospital surgical consultant is available using an on-call roster that is centrally accessible to all staff

A review has been undertaken of where the on-call rosters are held and available for staff. All relevant staff have access to the on-call roster and education on appropriate escalation pathways is now included in nursing orientation. Medical staff have been re-educated on their obligations regarding on call and that this is now included in the medical orientation. Appropriate changes have been made to ensure that telecommunications to the on-call house phone has secure and reliable connection via land lines.

The reviewer has verified documentation that these processes have been implemented.

Recommendation 2. has been actioned and deemed completed.

Recommendation 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.

The review of the current education roles in surgical service at Caboolture Hospital revealed that no existing positions were available for conversion or adaptation and an approval process for a new position was completed. An external recruitment process was undertaken, and the position has been recently filled by a current employee of Caboolture Hospital. This appointment has been greeted enthusiastically both by staff and the appointee.

Recommendation 3. has been actioned and is deemed complete.

Recommendation 4: Encourage 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

Terms of reference have been established for Morbidity and Mortality meetings. These meetings are:

- 1) Surgical M&M meeting monthly.
- 2) The Peer review meeting bi-monthly (this review is a joint meeting with Caboolture, Redcliffe, and The Prince Charles Hospital Surgical Services teams).
- 3) Multidisciplinary meeting quarterly. This is a joint meeting between Caboolture Surgical, Intensive Care and Anaesthetic teams.
- 4) Combined Gastroenterology and surgical M&M meeting quarterly. This a joint meeting with Caboolture Surgery and Gastroenterology teams. A meeting template has been developed; the reviewer had the opportunity to attend a multi-disciplinary meeting which was badged as a “Lessons Learnt” meeting. It was well attended, and discussion was appropriate.
- 5) Attendance records are kept and considered as part of the performance review for the individual. A template form for recording the meetings has been developed and reporting lines have been established with cross correlation to ensure adverse events are captured and key performance indicators (KPIs) have been established.

This recommendation has been initiated but Covid has impacted the ability to have face to face meetings and as such the process and the acceptance by staff is not yet fully established and needs to be driven by the Caboolture, Kilcoy, and Woodford (CKW) Hospital Executive Director and Leadership Team to ensure it becomes embedded practice. A further evaluation in 6-12 months by Metro North Clinical Governance, Safety, Quality and Risk (MN CGSQR) with the CKW Leadership team is advised to ensure that this has been fully embedded in practice at CKW.

Recommendation 4. has been actioned however ongoing monitoring needs to ensure it becomes embedded practice.

Recommendation 5: Develop a flow chart/process for new employment of medical officers (MOs) defining and communicating the scope of practice.

A credentialing flow chart has been developed and is sent to new applicants after their appointment. This is separate, but parallel, to the Human Resources (HR) Medical Workforce processes. The document is undergoing internal review to determine if more detail is required prior to endorsing it within the MNHHS Credentialing procedure. A copy of the Metro North Medical and Dental Scope of Clinical Practice (SOCP) register is available for all staff as required by Queensland Health. The Caboolture Hospital theatre complex and Executive have been briefed on the requirement to have a published, up to date register of health professionals who are credentialed and have a defined scope of practice.

The register has been viewed by the reviewer and is readily available within the theatre complex and staff have been educated on how to access.

Recommendation 5. has been actioned and deemed complete.

Recommendation 6: Establish a peer review process across the MNHHS Surgery and Intensive Care Stream of surgical complication cases and document actions for improvement.

The ED of MN Surgery and Intensive Care Stream has established a program whereby the Directors of Surgery across MNHHS attend M&M case review meetings. The improvement actions are documented in the minutes and reported to the monthly surgical stream meeting to enhance collaboration between and across the sites of MNHHS. Mr Robert Franz has been appointed to be a mentor and support for the Director of Surgery Caboolture Hospital.

Recommendation 6. has been actioned but needs to be monitored to ensure it becomes embedded in practice.

Recommendation 7: Executive Director CGSQR, MNHHS and Executive Director Caboolture and Kilcoy Hospitals and Woodford Corrections Health Centre (for the purpose of this report, this position will be referred to as Executive Director Caboolture Hospital) to ensure the Patient Safety Officer and Service Improvement Unit team of Caboolture Hospital are provided with clinical incident management and report writing training, supervision, networking opportunities and quality assurance, improvement, consumer complaint management and audit training.

Clinical Incident Analysis virtual training sessions, report writing workshops, health service investigation and clinical review information sessions, open disclosure and incident management training and mastering difficult interactions with patients' workshops have been provided and attended by Caboolture Hospital staff with a record of those attending the sessions provided. In addition, the appointment by the Executive Director MN CGSQR of a Clinical Nurse Consultant (CNC) in the MN Clinical Skills Development Service for 12 months to develop a suite of education programs for CKW and all MNHHS facilities has occurred, and this is progressing very satisfactorily with a demonstration of the progress provided to the reviewer.

Recommendation 7. has been actioned but an ongoing program to ensure that new staff and those that have yet to attend workshops are included.

Recommendation 8: Ensure that past RCAs and HEAPS analyses between 2020 and 2021 are re-reviewed independently by MNHHS CGSQR to identify and strengthen recommendations for improvement.

An evaluation of the clinical incident management reviews at Caboolture Hospital, 2020 – 2021 has been conducted and 20 RCAs and 26 HEAPS have been performed.

Recommendations from this specific review include education and training and this has been encompassed in recommendation 7. There has been a reassignment of SAC 2 incident analysis to service lines with the introduction of a peer review process and support. The transfer of recommendations, currently documented in the quality action plan located in the Oracle database, to Riskman is underway. SAC 1 Incidents in Riskman are to be managed, coordinated, and closed by the Patient Safety Officer (PSO).

Recommendation 8. has been actioned and is considered to be completed.

Recommendation 9: MNHHS CGSQR provide Serious Incident Review committee members and senior clinicians with clinical incident management and open disclosure training.

Open disclosure training coordinated, facilitated, and attended by MN CGSQR and Caboolture Hospital delivered by the Patient Safety and Quality Improvement Service (PSQIS), was completed on the 24 and 25th January 2022. Attendance records were provided to the reviewer and whilst attendance was high not all staff have been availed of this training.

The online open disclosure training program, which is coordinated through MN CGSQR, has increased the opportunity for clinicians and staff to undergo open disclosure training. MNHHS are increasing through MN Clinical Skills Development Service (CSDS) the provision of extra open disclosure training courses which are now available for all clinicians in MNHHS with prioritised access for Caboolture Hospital staff. MN CGSQR report yearly to the Queensland Department of Health on who has completed open disclosure training under Standard 1 and maintain a register of all staff who are trained in open disclosure to assist all areas across MNHHS with access to staff trained in open disclosure if required to support patients and families.

Recommendation 9. has been actioned and provisions are in place to ensure that there is ongoing opportunities and availability for new staff and those who are unable to attend these sessions to be educated in this regard. This action is deemed complete.

Recommendation 10: MNHHS CGSQR amend and standardise Caboolture Hospital and all MNHHS Facilities and Directorates:

- 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.**

A standardisation of MNHHS SAC 1 Incident Management templates and associated SAC 1 procedures is underway. The RCA and Clinical Incident Analysis and learning review templates now include a causation statement box above each recommendation box. The initial briefing document SAC 1 has been amended to include the question '*has a similar SAC 1 event occurred previously*'. This question has also been included in the other templates. Introduction of the PowerBi dashboard and recommendations report enables the review of similar events and associated or duplicated recommendations. All SAC 1 reports are to be sent to the Executive Director MN CGSQR for review and forwarding to PSQIS. Currently the MNHHS Clinical Incident Procedure is undergoing an unscheduled review to align to the amendments outlined above.

Extensive documentation was provided to the reviewer verifying the robust nature of the review and demonstration of the PowerBi dashboard confirmed its introduction.

Recommendation 10. has been implemented and is deemed complete.

Recommendation 11: MNHHS Surgical 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.

The establishment of a National Surgical Quality Improvement Program (NSQIP) position at Caboolture Hospital to align with the other positions across MNHHS has been established. Opportunities are being explored to facilitate supervision by a senior surgeon at the Royal Brisbane and Women's Hospital (RBWH)/ The Prince Charles Hospital (TPCH) and this will ensure mentoring and the potential for upskilling of surgeons at Caboolture Hospital.

The intent of this recommendation 11. has been actioned but needs monitoring to ensure continuation.

Recommendation 12: MNHHS establishes a protocol for access to health information data to ensure it remains secure and is not used for unauthorised dissemination.

This recommendation is addressed and is adequately documented in the MNHHS Health Information Data Security document. MNHHS has robust health information privacy policies aligned to Queensland Health policies. The conclusion was that no further action is required to satisfy recommendation 12 of the independent external governance review.

The reviewer has concluded that protocols already exist to satisfy this recommendation 12. and as such is deemed closed.

Recommendation 13: Metro North centralise to MNHHS CGSQR team existing Caboolture Hospital and all local Safety and Quality facility data roles and resources to develop and support a contemporary, standardised, mature clinical health informatics system that provides transparent, timely, consistent, and accountable “Ward to Board” Safety and Quality performance measures that can be benchmarked for all its hospitals and across clinical streams, including surgical services.

A comprehensive dashboard has been developed to meet this requirement. PowerBi demonstration indicated that this would fulfil the requirements and MNHHS are in the process of a full procurement process for the purchase of an integrated management system.

Recommendation 13. has been actioned and can be closed after the implementation of the new system.

Recommendation 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.

Extensive work has been done on this recommendation and multiple documents provided for review which substantiates the amount of work involved. This recommendation is linked with Recommendation 7 and with the continued peer support continued improvement is to be expected.

Recommendation 14. has been actioned and procedures are now in place for ongoing improvement however ongoing monitoring is required.

Recommendation 15: Review and restructure the Service Improvement Unit, Caboolture Hospital to provide contemporary support of safety and quality systems and reporting. Change the Director’s position to operational, and professional reporting to the Executive Director CGSQR, MNHHS in partnership with the Executive Director Caboolture Hospital with embedded day to day reporting to enhance professional and operational support and a level of transparency and independent objective leadership aligned to the MNHHS Safety and Quality Strategy.

The Director role of CKW Safety and Quality Unit has been filled and regular meetings are ongoing with regards to this recommendation. A review of the CKW Safety and Quality unit has been undertaken and the safety and quality systems have been redesigned including, incident management recording and reporting of recommendations and complaints management. A “Community of Practice” for all MN Quality and Safety staff has been established, chaired by Executive Director MN CGSQR, across MNHHS and this should enhance professional collaboration and support. Ongoing direction is required to ensure

that Safety and Quality processes and onsite work patterns and data flow is consistent across all MNHHS facilities. This will ensure the ability to flex staff as required between sites.

More collaboration across Metro North by the Directors of Safety and Quality units will be enhanced by these changes and is considered essential to achieve the Recommendation. A consensus on the ideal structure is yet to be achieved.

Recommendation 16: Ensure that collated consumer feedback and experiences data and information is monitored and used by the Surgery and Intensive Care department to improve the safety and quality of services and care, including:

Develop consumer feedback summaries across MNHHS from a range of resources including Riskman, PREMS, OHO requests, Ryan's Rule requests, and analyse the frequencies and free text data about consumer complaints to regularly inform communication, staff attitude and timeliness with consumers and their families.

A welcome to ward document has been developed with consumer input and staff are engaged in conducting this process. PREMS results are now being displayed prominently throughout the hospital. A new consumer feedback report has been tabled at the Patient Safety and Quality meeting monthly and the PREMS data reports are being tabled at the service line Surgery, Intensive Care, Gastroenterology and Anaesthetics (SIGA) meeting monthly. The witnessed demonstration of the PowerBi dashboard demonstrates the integration of this information.

Recommendation 16. has been actioned and is expected to become embedded in the processes.

Recommendation 17: Consider ways to educate and address the underlying culture issues prevalent throughout Caboolture Hospital. This may include implementation or refresher empathy training, leadership mentoring, Communication and Patient Safety (CaPS) and Communication, Respect, Accountability = Safe Healthcare (CRASH). Also enhanced opportunities for collaboration with multidisciplinary teams through attendance at safety and quality committee meetings.

Mastering difficult interactions workshops have been delivered by the Cognitive institute for the Caboolture Hospital Surgical and Medical staff and Obstetrics & Gynaecology Medical teams. Mary Freer (Compassion Revolution) has been engaged to provide compassionate leadership training for CKW staff commencing in October 2022.

Zero Tolerance of Bullying and Harassment has been reinforced and communication and processes in this regard has been provided to all staff.

Recommendation 17. has been actioned, but an ongoing program of reinforcement and continued education, particularly for new staff, will be required.

Recommendation 18: Ensure that Quality Action Plans include non-clinical aspects of care.

All clinical incident recommendations are now managed through Riskman. Non-clinical aspects of care are now included. Reports are regularly provided at the Safety and Quality meetings and quality improvements are managed and reported at Service Line level and discussed at SIGA meetings.

Recommendation 18. has been actioned and is deemed complete.

Recommendation 19: Implementation of empathy training and improved patient communication/feedback for all staff at Caboolture Hospital to enhance patient and staff health literacy skills.

Extensive training has been provided to surgical and safety and quality teams throughout 2022. This training has encompassed the following: Communication that makes a difference, Open Disclosure, Royal Australasian College of Surgeons (RACS) Surgical Safety training (which was attended by all Surgical Consultants) along with clinical incident management and quality improvement activities. In addition to this, the previously mentioned Cognitive Institute communication training was undertaken. Compassionate training (see Recommendation 17 above) is to be provided in October 2022.

Recommendation 19. has been actioned however ongoing processes need to be instituted to ensure the continued provision of this recommendation.

Summary

An enormous amount has been achieved in the last 12 months and all people involved are to be commended for their engagement. In particular the Clinical Governance, Safety, Quality and Risk Unit of Metro North Hospital and Health Service has driven this process along with the Caboolture Hospital Surgical Review Action Implementation Committee with clearly articulated targets, time frames and expectations whilst delivering support and education opportunities which are already making a difference not only to the atmosphere within the institution but also within the community.

This is the start of a process and many of the recommendations still need to be embedded. The next 18 months will be critical in continuing the changes outlined above however structures required, in regards to Safety and Quality, for this have now been clearly established.

The ongoing stress of the new hospital development will be a significant challenge and will need clear and definitive Executive leadership with positive Clinical Leadership engagement to deliver the community needs without degrading the base services currently provided by the Hospital.

Appendix 1: acronyms

Acronyms	In full
CAPS	Communication and Patient Safety
CDF	Clinical Development Facilitator
CGSQR	Clinical Governance, Safety, Quality and Risk
CH	Caboolture Hospital
CKW	Caboolture, Kilcoy, Woodford
CNC	Clinical Nurse Consultant
CRASH	Communication, Respect, Accountability = Safe Healthcare
CSDS	Clinical Skills Development Service
DMS	Director Medical Services
FRACS	Fellowship of RACS
HEAPS	Human Error and Patient Safety
HR	Human Resources
KPI	Key Performance Indicator
M&M	Morbidity and Mortality
MDT	Multidisciplinary Teams
MN	Metro North
MNHHS	Metro North Hospital and Health Service
MO	Medical Officer
NSQIP	National Surgical Quality Improvement Program
OHO	Office of the Health Ombudsman
PREMS	Patient Reported Experience Measures
PSO	Patient Safety Officer
PSQIS	Patient Safety and Quality Improvement Service
RACS	Royal Australasian College of Surgeons

RBWH	Royal Brisbane and Women's Hospital
RCA	Root Cause Analysis
S&Q	Safety and Quality
SAC	Severity Assessment Classification
SIGA	Surgery, Intensive Care, Gastroenterology and Anaesthetics
SOCP	Scope of Clinical Practice
TPCH	The Prince Charles Hospital