Royal Australasian
College of Surgeons

QUEENSLAND ELECTION STATEMENT

OCTOBER 2020

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The Queensland State Committee of the Royal Australasian College of Surgeons (RACS) in this RACS election statement outlines its proposals for improvement and concerns with the progress of healthcare and surgical services in Queensland. RACS Queensland offers its expertise in the areas of surgical standards, workforce engagement and the delivery of surgical services to the incoming government.

The RACS election statement includes advice and proposals from the College to the incoming government in the areas of:

- Delivery of surgical services especially in regional and rural areas – particularly the "Support Our Surgical Services (SOSS)" program
- Engagement with the surgical workforce
- Trauma care
- Improving Patient Safety and Surgical Outcomes:
  - The shortfalls in the Health Transparency Act 2020
  - Building Respect Initiative (BRI)
  - Queensland Audit of Surgical Mortality (QASM) – and other valuable audits, research and evidence-based system reviews and analysis. Including Getting It Right First Time (GIRFT), National Surgical Quality Improvement Program (NSQIP) and Australia & New Zealand Emergency Laparotomy Audit Quality Improvement (ANZELA QI).

Role of RACS within the Health Sector in Queensland

- RACS represents all surgeons, as all surgeons are Fellows (members)
- RACS regulates the standards of surgical care, education and professionalism
- RACS engagement is the surest method of surgical workforce engagement
- Failure to engage RACS affects communication with surgeons about waiting list management, surgery in regional areas and application of infection control principles to surgical procedures during pandemic situations.
- Federal, state and territory governments have directly utilised RACS leadership in managing elective waiting lists and surgery during the initial pandemic response.

The RACS and senior Queensland Health leadership are currently engaged in meetings regularly to build on the relationship between government and surgeons as that relationship impacts on patient care. This is a return to the standard and acknowledged practice for the RACS State Committee Chair and executive representative to meet regularly with the Director-General, Deputy Director-Generals and the Health Minister.

These strong communication links have not always been present in recent times, possibly due to the pandemic disruption. RACS did offer its expertise to the Government during this challenging time, to provide clinical surgical engagement for surgery provision during and in recovery from pandemic, including public private partnership arrangements. The ministry has looked to strengthen the relationship between Queensland Health and RACS to work towards meeting the ongoing challenges of COVID-19 and other surgical service provision planning.

The different roles of RACS, the AMAQ (Australian Medical Association Queensland) and the Surgical Advisory Committee (SAC) are often misunderstood. Firstly, RACS represents all surgeons both in public and private practice, as all surgeons are Fellows (members) of RACS in Queensland.

There are clear distinctions between the roles of RACS, the AMAQ and the Clinical Networks. AMAQ can act as a union with regards to contract negotiation or payments, whereas the College doesn't discuss contracts unless it is a matter affecting professional standards. The SAC is appropriately focussed on public health matters, but its membership doesn't cover all surgical specialities, all health services or all hospitals.

RACS is responsible for benchmarks of surgical standards and professionalism and surgical education, therefore it is the appropriate body for the interpretation and operationalisation of infection control during COVID-19 as it applies to surgery and operating theatres. RACS particularly led in producing guidelines for

types of procedures, personal protective equipment (PPE) and tiered surgical responses during pandemic and in recovery phases.

How will your party ensure that RACS has access to both the Minister and the senior decision makers in Queensland Health particularly during times of critical health issues that impact on surgery? All other states and territories have this heightened engagement with the College of Surgeons.

Improving patient safety and surgical outcomes

- RACS seeks a commitment from the incoming government to continue funding for participation in international and national surgery specific audits that improve surgical outcomes and safety (QASM, NSQIP, ANZELA and GIRFT)
- RACS proposes working with the incoming government on programs, policies and processes that deal with Discrimination, Bullying and Harassment for all health care staff
- RACS advises the incoming government that not continuing funding for the internationally recognised QASM project will result in loss of surgical knowledge and improvement initiatives in decreasing surgical mortality in public and private hospitals, which clearly will have an adverse impact on the Queensland population.

Building Respect Initiative (BRI)

The RACS Building Respect Initiative to improve patient safety program was developed in recognition of the need to address unprofessional conduct, including Discrimination, Bullying & Sexual Harassment (DBSH), within surgery and within the health care system more broadly, as key contributors and indicators of quality and patient safety.

RACS proposes continuing to work with the incoming Government and health facilities on the development of policies, programs and processes to deal with DBSH in the workplace, in surgery and in the health sector. This involves arrangements to ensure that all healthcare staff can undertake required training and education in relation to DBSH.

If elected, as an operator of public hospitals and employer of Trainees, Surgeons and Specialist International Medical Graduates through Queensland Health, **RACS is seeking confirmation of your support** for the sharing of information between RACS and employers regarding instances of DBSH in the workplace involving members of the surgical profession, considering privacy legislation and procedural fairness.
Read more

Queensland Audit of Surgical Mortality (QASM)

The QASM includes all surgeons and public and private hospitals in Queensland that have surgical service capability levels greater than three. Public hospitals have participated since 2007 and private hospitals since 2013.

QASM has reviewed more than 11,600 patients' deaths and provided peer-review feedback to individual surgeons for all these deaths. Continuous peer-review feedback to individual surgeons, ensures that surgeons reflect on their surgical practice which may lead to changes in surgical practice.

QASM has demonstrated improvements in patient care in Queensland by monitoring the rate of clinical management issues reported through the peer-review process. There has been a decrease in the overall percentage of clinical management issues reported, from 10.9 per cent in 2009 to 7.2 per cent in 2015. In addition, preventable clinical incidents also decreased over time from 8 per cent to 5.4 per cent for the same period above.

QASM has demonstrated it can assist surgeons in developing and changing their practice. The data from QASM has led to more than 20 surgical publications. The data gathered since the start of this project in 2007 provides a critical mass of information to inform surgical practice and to not continue funding this project will result in loss of surgical knowledge and improvement initiatives. RACS requests an election commitment from political parties to continued funding for this important quality audit project beyond its current funding, which concludes 30 June 2021.
Read more

GIRFT, NSQIP and ANZELA QI

- These programs present an opportunity for surgeons to measure their performance (usually against peers) and allow for patient experience and outcomes which are based on good quality work.
- In simple terms there are so many factors which relate to the patient, the disease and the environment for achieving successful healing after a surgical intervention. The only way to continually improve surgical healing is to analyse it in a way that measures outcomes across all patients' morbidity statuses across many, multiple encounters. This is achieved through these international and national audits.
- **NSQIP** reviews surgical complications, **ANZELA QI** – looks at emergency laparotomy where there are variations in mortality and morbidity across health services and **GIRFT** looks at reducing outcome variation and thus improving department budget management by giving surgeons their unit data as compared to other surgeons on specific caseloads.

Trauma

- Trauma is a key cost burden to the public health system. RACS request an election commitment from political parties to support its research and advocacy to prevent trauma and provide best surgical care and rehabilitation for all of Queensland residents.
- RACS research has underpinned advocacy for legislative changes in vehicle design, access to alcohol and other drugs and other injury prevention strategies. RACS requests a commitment that any incoming government will work with RACS, to develop policy on these issues and standards.

The Queensland Trauma Committee (QTC) has played a significant role in road safety issues from the 1960's where there was considerable RACS advocacy to government based on evidence that led to many changes in regulations around transport and injury prevention such as mandatory seatbelts, random breath tests and bicycle safety.

In recent decades, the QTC has focused on preventative measures in relation to quad bikes, personal mobility devices, fitness to drive and pedestrian safety. The Committee is very appreciative of the engagement and support from the Queensland Department of Transport and Main Roads on these matters. However, whilst progress has been made, particularly on quad bikes, some issues remain a concern for the safety of the public.

RACS nationally have advocated and will continue to advocate on alcohol availability, consumption and hours of trading due the link to violence, accidents and resultant trauma. RACS has supported the successful recent mandatory requirement for pregnancy health warning labels on alcoholic beverages. Support from the Queensland Government in addressing these matters over the past term of government has been encouraging. We seek an election commitment from political parties to apply a principled stance in relation to these matters of public safety and health spending (decreasing injury from alcohol directly decreases the health care burden, policing cost, long term care subsequent to birth defects and community support expenses).

Another key area within the QTC is injury prevention, research and education. Current areas the QTC is reviewing:

- Substance abuse other than alcohol
- Falls in the elderly
- Dog bite injuries in Queensland children
- Financial burden of trauma

Road safety improvement

There are over 4,500 hospitalisations each year in Queensland following road trauma. Despite the overall fatality rate falling slightly, the rate of hospitalisation continues to rise. Motorcycle riders are known to be a high-risk group. This results in increasing costs of treatment, care needs and long-term disability. RACS strongly supports continued statewide improvements to address the financial and healthcare implications of the ongoing road trauma.

RACS and our members are be interested in receiving your party's policies in relation to road safety improvement initiatives, which we will provide to our members.

Read more - The burden and cost of pelvic and lower limb orthopaedic injuries from land transport crashes in Queensland

Reduce drug and alcohol-related harm

Alcohol related harm continues to result in more than 1000 deaths per year in Queensland. The rate of alcohol related hospitalisations continues to rise. This includes medical and injury related deaths. These figures do not

include alcohol related harm to the unborn child during pregnancy or harm secondary to alcohol or drug related violence. RACS supports research into data collection concerning the increasing occurrence of drug-related trauma.

RACS and our members will be interested in receiving your party's policies in relation to reduction of drug and alcohol related harm, which we will provide to our members.

Dog bites in children

Dog bites in children continue to be a major cause of injury and long-term disability. The rate of dog bites in children is double that of adolescents and adults. In most cases the dog is known to the family and victim. These injuries are preventable. RACS has collaborated with Queensland Children's Hospital, RSPCA, Kidsafe and the Department of Health. RACS seeks a commitment for ongoing Government support for the preventative measures identified. These measures include awareness campaigns, education and research.
Read more

Reduce death and disability from quad bike accidents

Of the fourteen quad bike related deaths this year in Australia, seven have been in Queensland. Quad bike rollover remains the main mechanism of injury. 15 per cent of fatalities occur in the under 16 age group and disproportionately affect rural populations. RACS has been a long-term proponent of safety measures for quad bikes and seeks a reassurance from parties that these measures will remain mandatory.

Statewide Trauma Clinical Network

RACS QTC supports the work of the Statewide Trauma Clinical Network to provide streamlined care so that patients with specific injuries can be transported and treated at centers where the resources for surgery and rehabilitation are located, whilst allowing early supported return to local home facilities. Current shortfalls in the provision of rehabilitation placement has been identified in the Statewide Trauma review and stakeholder consultations undertaken by Deloitte. RACS requests details of your party's policy of how these matters will be addressed. QTC will be willing to work with the new Government on these recommendations and is interested in your party's position and commitment to support rehabilitation services.

Funding of trauma care

QTC is involved in establishing the true cost of trauma healthcare in Queensland. To date, this work has not been undertaken. When completed, this will provide accurate information that will guide prevention and treatment requirement.

Injury following trauma consumes enormous resources. Currently Queensland Health does not routinely measure either the level of resources used or the outcome markers for complex trauma.

RACS seeks commitment for support and would like to work collaboratively with the new government establish measurable outcome indicators for trauma.
Currently trauma surgery and extended health care are funded publicly (via taxation). QTC recommends that resources be directed to reviewing potential alternative funding models that would help drive both quality of trauma care and preventative measures. These resources should involve clinicians in a similar model to Victoria's Transport Accident Commission.

RACS wants commitment from the new government to continue the prioritisation of trauma prevention and understanding of current funding and practices to improve the outcome for Queenslanders.

Regional surgical services

- A RACS partnership with government will help to develop and deliver strategies for equitable delivery of specialist surgical services to remote and rural areas through support of local services and programs for upskilling and outreach services

RACS is acutely aware that Queensland is the most de-centralised state, and this is reflected in the fact that 55 per cent of RACS Fellows in Queensland are located in Brisbane whilst 45 per cent are located outside Brisbane. This changes to 75 per cent and 25 per cent when looking at the south-east corner of the state by including the Gold Coast and Sunshine Coast with Brisbane.

The Queensland RACS State Committee (QSC) has regularly visited major regional Hospitals & Health Services over the past decade. These visits have recently expanded from half a day to two days to allow detailed interaction with the culture and activities of the surgical departments in those areas. Insights from our

most recent expanded visits to Cairns and Townsville have helped RACS Queensland executive members to assist with local departmental restructuring and recruitment and advise federal RACS policy towards regional surgical provision and surgical training. These visits have been undertaken with Queensland Health's Healthcare Improvement Unit and we are grateful for their support. We wish to continue this important collaborative engagement into the future as it can have a great positive impact on the delivery of surgical services in regional areas. In consequence of COVID-19, we ask for more support from the Government in continuing these visits. The QSC feels that the Support Our Surgeons (SOSS) program offers solutions to many matters that have been raised with us on our visits and presents great opportunities to advance care for the public in regional/rural Queensland.

Support Our Surgical Services (SOSS) program

The disruptive effects of the current COVID pandemic have severely stressed many aspects of Queensland society including provision of health services, especially elective surgery.

In contemplating and planning a post-COVID recovery strategy for surgical services, Queensland Health should not merely return to the status quo but should take the opportunity to develop a "new normal" with new models of care and to grow meaningful partnerships between tertiary hospitals and remote, rural and regional facilities to better serve patients' needs.

A SOSS Partnership Program is aimed at strengthening and safeguarding the provision of specialist surgical services by supporting staff in rural, regional and remote hospitals across Queensland. This is achieved by partnering tertiary centres (hubs) with rural, regional and remote centres (spokes), with a focus on streamlining referral pathways, establishing peer support and advisory networks and, where appropriate, providing surgical services either routinely or on an ad-hoc basis as required. This may be via outreach services, visiting specialist support during periods of need (e.g. workforce shortages, spikes in demand etc.) and/or supporting upskilling of rural surgical staff in tertiary centres.

A recent meeting of the Surgical Advisory Committee (SAC) was supportive of developing and formalising these "hub and spoke" models to enhance the sustainability of surgical services across the state. These enhancements would be facilitated by the Healthcare Improvement Unit (HIU), to ascertain and anticipate gaps in service provision. RACS Queensland seeks commitment from political parties to support funding for the SOSS program.

Anticipated benefits include:

- Risk mitigation to ensure service continuity in areas where medical workforce is scarce and/or dependent on sole-service providers
- Improved equity and consistency of care
- Enhanced collegiality across the surgical community
- Enabling care closer to home
- Improved appropriateness of referrals
- Education and upskilling opportunities for rural, regional and remote colleagues
- Improved incentives for recruitment and retention in for rural, regional and remote areas

The shortfalls in the Health Transparency Act 2020

- RACS warns that the proposed Health Advisory ('Inform My Care") website will result in unintended consequences of misleading public expectations with regards their ability to choose public health service and wait-times, particularly in remote and regional areas.

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. Regarding these principles the Queensland State Committee feedback to the involved government agencies, other stakeholders and political parties was and is:

- That publishing outcomes data must not be confined to just surgical or procedural specialties in its current format.
- Government and political consideration of the unintended consequences of changes in demand and public expectation due to the publishing of facility options and undifferentiated league tables of procedural throughput. Unintended consequences include: expectations that issues with wait-time, facility and outcome are due to government funding policy; expectations that consumers can choose their public facility, health service or clinician despite their home location or underlying medical condition; that outcomes are the result of facility or clinician factors without context of local

epidemiological, patient and geographical factors; and, that all services, facilities and complexities of service should be available locally.

- The list of published procedures and outcome data must be risk stratified according to regional factors and comorbidities.
- International evidence base is that surgical outcomes are not solely due to individual surgeons, as there are institutional factors at play. In smaller hospitals where there are one or two surgeons providing services to widely geographically distributed rural areas, the proposed publishing of outcomes will result in identification with individual practitioners.
- That further information is provided prior to extending publication of outcome data, so that in-depth consultation and feedback can occur, regarding the manner in which hospital acquired complications will be published – i.e. as a 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?
- That Health outcome or KP indicator sets can skew improvement efforts when they are not aligned to strategic outcome goals as unrealistic targets create political problems. Examples are: NEAT targets rather demand management strategies, or access to complex quaternary “end-of-line” adjunct therapies rather than reduction in cancer mortality via early detection.
- That rushed adherence to apparently politically driven deadlines without proper clinical input and evidence results in failed technology projects, poor data and statistical unreliability.
- Over-simplification of categories for comparison or definitions in data-sets will result in misleading results and political consequences from mis-representation in media or amongst consumer groups.

In summary

RACS invites Queensland political parties to share their policies and support for advocacy in trauma prevention, improving surgical quality via RACS supported surgical audits and formal strengthening of engagement with RACS surgical leadership in strategies that improve surgical wait list management, surgical standards of care, regional surgical service and expertise in health disaster responses. We also seek your party’s responses and commitment to the following specific questions:

Surgical Workforce Engagement

1. If elected, will your party’s Health Minister commit to meeting with RACS at least once a year to discuss issues of surgical services across Queensland?
2. Will your party also commit to facilitating quarterly meetings between RACS and key decision makers in Queensland Health, such as the Director-General for Health?
3. What is your clinical engagement strategy to foster a culture of mutual respect and ensure that decision making is clinician-led?

Improving Surgical Patient Outcomes

4. Will your party commit to funding QASM beyond the current contract and through to 30 June 2024?
5. Will your party also commit to supporting (and provide funding for) GIRFT, NSQIP and ANZELA QI?
6. What are your party’s policies in working with RACS to develop programs and processes to ensure health care staff undertaking training, education and management in relation to DBSH?
7. RACS is seeking confirmation of your support for the sharing of information between RACS and employers regarding instances of DBSH in the workplace involving members of the surgical profession, considering privacy legislation and procedural fairness.
8. Will your party commit to support RACS research into prevention of trauma in key areas of substance abuse, road safety improvement, falls in the elderly, dog bites injuries and long-term financial burden of trauma?
9. Will your party commit to legislative and policy development to enable access to best trauma care and rehabilitation including changing funding of trauma care?
10. What is your party’s specific detailed responses to concerns raised by RACS as outlined, by the Health Advisory Website (“Inform My Care”) regarding over-simplification of data set definitions and comparators, unrealistic unintended consequences, lack of risk stratification and outcome data denominator consultation?

Improving Surgical Services Access

11. In response to the COVID-19 pandemic, will your party commit to increase funding to the SOSS program, as a way of improving efficiencies and outcomes in the service delivery to regional Queensland?

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