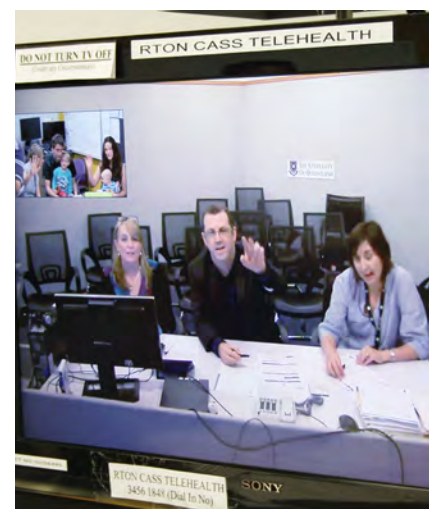


# Chapter 4

## Accessible, sustainable services

**Objective:** Provide accessible, sustainable, networked services in a quality setting



Providing treatment options close to where people live improves health outcomes and quality of life.

Innovation, such as our Telehealth service, provides a vital lifeline for regional and rural communities to connect with health professionals without the need for travel.

In 2013-2014 we linked patients to clinicians via Telehealth 2,699 times.

Central Queensland benefits from having a diverse geography that is home to a culturally diverse population with equally diverse needs.

CQHHS aims to accurately identify those needs through a range of measures such as the Central Queensland Health Needs Assessment, and respond to those needs regardless of how challenging they might be.

To meet the challenge of distance and isolation head-on, CQHHS uses innovative techniques and strategies to deliver quality health care services.

We continue to develop new and contemporary ways for the people of Central Queensland to access health care services equal to, or better than, those available elsewhere in Queensland.

The health service is determined that patients should only travel as part of planned service delivery.

Innovation is encouraged and an environment that rewards new processes, procedures and approaches is fostered to meet the diversity of needs.

Utilising technology is key to providing improved access in rural and regional areas.

CQHHS has also developed partnerships to improve accessibility and sustainability of services, such as partnering with Vanguard Health in a program to reintroduce an ophthalmology service to Central Queensland.

The funding, development and upgrade of brick-and-mortar resources play a necessary role in the development of new, improved and innovative services. There has been extensive investment in CQHHS facilities.

## **Cancer Centre**

One of the greatest improvements to the delivery of safe and sustainable services to Central Queenslanders will be delivered through the development of the Regional Cancer Centre at Rockhampton Hospital.

It is well established that people with cancer who live in rural areas have poorer survival rates than Australians with cancer who live in the major metropolitan centres. Several factors are thought to contribute to lower survival rates including:

- Rural patients' cancers are often diagnosed at a later stage, meaning their conditions are more advanced and more difficult to successfully treat
- Poorer access to specialised treatment
- Relative shortage of health care providers in rural and regional areas
- Higher proportion of disadvantaged groups such as Aboriginal and Torres Strait Islander people.

There are currently no comprehensive cancer services between the Sunshine Coast and Townsville. This covers a distance of more than 1,257km, a population of 700,000 people, and about 4,300 new cancer incidences each year - or 15% of Queensland in total.

It is estimated the cancer centre will deliver radiotherapy to about 500 patients in the first year alone, reducing the need for patients to travel and increasing their quality of life and health outcomes.

As the centre is developed, the services it delivers are strengthened, new services developed, and as staffing and expertise allows the development of outreach centres, it will change the lives of many Central Queenslanders for the better.

## Telehealth

The use of Telehealth technology has saved thousands of Central Queenslanders from the need to travel for a specialist appointment.

During 2013-2014 there were 2,699 Telehealth sessions, an increase of 69% from the 1,598 from the previous calendar year. This means almost 2700 appointments that would usually have required face-to-face consultation were provided by real-time television links from a hospital closer to where the patient lives.

The largest Telehealth clinic in the health service was for orthopaedic fractures. There were 534 Telehealth appointments for patients in Emerald alone. The service is also provided to Gladstone, Blackwater, Springsure and Central West districts.

Other Telehealth clinics provided from Rockhampton Hospital include blood-borne viruses and liver clinic and pre-admission clinic.

Rockhampton also has patients attend clinics provided from other Hospital and Health Services including irritable bowel disease, burns and paediatrics with a proposed persistent pain clinic for the coming year.

Moura started a pilot for a *Blueprint for better health care in Queensland* initiative called Telehealth Emergency Management Support Unit in December 2013 with five patients receiving clinical assessment and treatment through a local nurse videoconferencing to a senior medical officer.

Biloela, Emerald Blackwater and Moura have been funded through the Rural Revitalisation program for additional staffing to support Telehealth service delivery from sites.

Expanded paediatric development to Biloela, antenatal services for women birthing in Rockhampton and a urology service are Telehealth initiatives planned for the 2014-2015 financial year.

## Rural Health

A major workforce initiative was approved to stabilise the medical officer positions in the Rural Health Services Division to benefit our patients, doctors and the community. This initiative will decrease locum dependency and remove pressure from Gladstone and Rockhampton hospitals.

The plan will also bring to an end to sole-doctor towns which will improve fatigue and clinical safety in small rural communities. As part of this plan, recruitment for a medical educator position will ensure quality of training and education for our rural generalist trainees based in Emerald.

The Rural Generalist Training Program (24 month program) commenced in February 2013 with accreditation for six rural generalists. Two rural generalists commenced in February 2013 and four in February 2014. The plan incorporates an expansion in rural generalist numbers to eight in 2015.

Further development of an after-hours model with the Telehealth Emergency Management Support Unit resulted in Emerald supporting Moura and the roll out of services into Springsure to allow support for rural medical officers.

This model has also been used to provide support to the Capricorn Correction Centre from Emerald Hospital when medical officers have been unavailable.

Partnering with CQUniversity to recruit seven midwifery students to enable sustainable midwifery workforce has also been a positive boost for rural health.

This has resulted in the employment of 14 graduate nurses in rural areas and places newly graduated nurses with either a nursing or nursing/midwifery (dual) degree into vacant positions.

These nurses will participate in further tertiary studies to facilitate employment in rural areas (e.g. midwifery, rural and isolated practice).

Another boost in the midwifery field was the establishment of the caseload midwifery model at Emerald with midwives providing a total care for a defined caseload of women – the roll-out of a similar model is now being extended into Rockhampton in the coming financial year.

The continuation of the Beach to Bush Program for registered and enrolled nurses has allowed these nurses to rotate through rural facilities and, on completion, a permanent registered nurse position may be negotiated in one of those sites.

The implementation of the Vanguard Health consultancy solution at the Capricorn Coast Hospital aims to provide delivery of a health service program that will remove delays to health services and reduce the healthcare inequality caused by service availability.

Consultation with the Moura community has reached agreement for a smaller, smarter model of health care that will serve the community into the future. A contemporary design has been agreed upon in conjunction with the community and the new Community Hospital is due for construction by early 2015.

Emerald's after-hours General Practitioner Clinic partnership between Emerald Hospital and Central Queensland Medicare Local commenced in May 2013 finishing in June 2014. Though it was not continued, the exercise was a success in terms of developing working arrangements between the two organisations.

Flying surgeon services and flying obstetrician services expanded in Emerald with procedure numbers increasing from 500 in 2012 to approximately 800 in 2013. These services also started in Biloela during April 2014 with the intention of expanding the services to residents of the Banana Hub.

A Memorandum of Understanding with Check Up funded visiting specialists for endocrinology; gastroenterology; hearing; ophthalmology; obstetrics, women's health and diabetes. Provision of the services was arranged through consultation rooms at Emerald Hospital while the Emerald General Practitioner Super Clinic is being built.

Funding (\$8 million) was approved through the Rural and Remote Infrastructure Rectification Works Project for the Emerald Hospital. The scope of the project included redesign of the emergency department with an update to the department's security plan to ensure staff safety as well as security and upgrades to the operating theatre complex. The works project commenced in July 2013 with the opening by the Minister scheduled August 2014.

Funding (\$7 million) was also allocated at Biloela Hospital under the Rural and Remote Infrastructure Rectification Works Projects for a new emergency department. The project included refurbishment to accommodate community health (which will be moving to the hospital and will be collocated in August 2014), and offices for the management team and clinical governance support unit.

In September 2013 construction was completed for the private medical clinic in Theodore for the Medical Superintendent with Right of Private Practice. The facility was officially opened by the Minister for Health in October 2013.

## **Mental Health**

Central Queensland Mental Health Alcohol and Other Drugs Division concluded an extensive review of its operations which was provided to the Chief Executive in early 2013.

The outcome of the review provided a redesign for the division leading into the future and recognised the need for additional leadership support for community teams as well as the provision of leadership for growth in inpatient and residential mental health services.

A major capital project to enhance services for mental health consumers was progressed with the identification and purchase of a site for the construction of a new 20-unit community rehabilitation centre (Community Care Unit) in North Rockhampton.

Enhancement to the treatment and assessment options for older people with a mental illness has also progressed with the identification of a site and allocation of capital funds to construct a four bed Acute Older Persons Mental Health Inpatient Assessment Unit within Rockhampton's Quarry Street Mental Health facility.

## **Subacute, Ambulatory and Community Services**

The division aims to support integrated models of care across the range of health services and focuses on alternatives to hospital care, pre and post discharge planning and to ensure integration with community-based partner organisations and acute services.

All current services provided are being reviewed to ensure they are innovative and integrated with our partners to provide patient-centred, safe and efficient care focused on the transition between community and acute health services.

The division delivers services in a number of community settings, including: Capricornia Offender Health Services; Hospital in the Home; Hospital Avoidance Risk Program (HARP) Acute Aged Care; HARP Community Interface Program; HARP Post Acute Care; Community Palliative Care (non-cancer); Chronic Disease / Subacute, and Chronic Care; Rehabilitation Services (joint CQHHS and CQUniversity health clinic); Blood-Borne Virus and Sexual Health Service (HIV, Hep B and C); Aged Care Assessment Team; Transition Care Program; Public Health Services; Environmental Health Services; Geriatric Services ; Rehabilitation Services including outreach services Gladstone and Yeppoon; Residential Aged Care Facilities and Oral Health Services.

An effective review and reform of clinical and administration practices in Oral Health Services achieved an 83% reduction in public dental waiting lists in 10 months. In that time the seven-year waiting list was reduced to a little more than a year.

A 27-bed Geriatric Evaluation Management Step-Down Unit is being developed in the New Ward Block at Rockhampton Hospital and will allow the implementation of a "Geriatric Flying Squad" model of care.

A new service and staffing model was implemented in Geriatric and Rehabilitation Services after an external culture review.

The Hospital in the Home program effectively decreased admissions in CQHHS hospitals. At the start of the reporting period the program was diverting 1.5% of admissions from hospitals and by the end of the reporting period 3.5% of overall admissions were receiving care in their own home.

The division works with the Rural Health Services Division to ensure integrated models of service are delivered, with a focus on diverting patients from unnecessary admissions to hospital in the safest and most efficient model of health care delivery.

In February 2013, 3569 people had waited more than two years for an oral health appointment.

In February 2014 there was not a single person who had waited more than two years.



## Rockhampton Hospital

The external work on the Rockhampton Hospital Ward Block development neared completion allowing the internal fit out to start. This development includes the new regional cancer service and general wards. The project is expected to be completed in October 2014.

Planning continued for the development of the new intensive care unit and construction of the roof-top helipad funded from the 2012-2013 CQHHS budget surplus. The helicopter landing site is expected to be completed mid-2015 and completion of the intensive care unit is expected by the end of first quarter, 2015.

Expansion of the peri-operative suite was completed, upgrading of the air conditioning system in the kitchen neared completion at the end of the financial year and tenders for the expansion and refurbishment of the central sterilising department had closed and were being evaluated.

## Gladstone Hospital

Planning for the upgrade of the Operating Theatres and High Dependency Unit continued and the project is expected to be completed in early 2015.

With the arrival of permanent specialists it will be possible to apply for accreditation for specialist registrar training across the campus. This would encourage trainees to enter rural and remote practice once qualified (as detailed in Chapter 3).

2014 is the first year a rural generalist obstetric trainee has been working in Gladstone. Intern accreditation was undertaken and provisionally approved for a number of units in Gladstone. Interns will be able to start working in Gladstone from 2015. This will increase the likelihood of getting good quality junior doctors in Gladstone.

## Tier 1 Key Performance Indicators

	2013-14 Target/Estimate	2013-14 Estimated Actual	2013-14 Actual
<i>Performance measure as published in the 2012-13 SDS</i>	<i>(published target in 2012-13 Service Delivery Statement)</i>	<i>(published estimated actual data in 2013-14 Service Delivery Statement)</i>	<i>(Actual data as at 30 June 2014)</i>
<b>E4: National Emergency Access Target (NEAT) % of Emergency Department attendances who depart within 4 hours of their arrival in the Emergency Department</b>	80.00%	79.00%	77.71%
<b>Variance Reporting:</b> CQHHS has not met the NEAT Target for attendances who depart within 4 hours of their arrival in the Emergency Department.			
<b>E5: Emergency Department: % seen within recommended time frame</b>			
<b>E5.1: Category 1 (within 2 minutes)</b>	100.00%	100.00%	100.00%
<b>Variance Reporting:</b> All Category 1 patients are being seen immediately upon arrival in the Emergency Department.			
<b>E5.2: Category 2 (within 10 minutes)</b>	80.00%	84.00%	84.51%
<b>Variance Reporting:</b> CQHHS has met and exceeded the target for Category 2 patients seen in time.			
<b>E5.3: Category 3 (within 30 minutes)</b>	75.00%	82.00%	78.43%
<b>Variance Reporting:</b> CQHHS has met and exceeded the target for Category 3 patients seen in time.			

	2013-14 Target/Estimate	2013-14 Estimated Actual	2013-14 Actual
<i>Performance measure as published in the 2012-13 SDS</i>	<i>(published target in 2012-13 Service Delivery Statement)</i>	<i>(published estimated actual data in 2013-14 Service Delivery Statement)</i>	<i>(Actual data as at 30 June 2014)</i>
<b>E5.4 Category 4 (within 60 minutes)</b>	70.00%	78.00%	78.43%
<b>Variance Reporting:</b> CQHHS has met and exceeded the target for Category 4 patients seen in time.			
<b>E5.5 Category 5 (within 120 minutes)</b>	70.00%	93.00%	93.02%
<b>Variance Reporting:</b> CQHHS has met and exceeded the target for Category 5 patients seen in time.			
<b>E6: Patient Off Stretcher Time (POST): &lt; 30 minutes (%)</b>	90.00%	90.00%	96.68%
<b>Variance Reporting:</b> CQHHS has met and exceeded the target for Patient Off Stretcher Time.			
<b>E7: Elective Surgery: % treated within clinically recommended time frames</b>			
<b>E7.1: Category 1: within 30 days</b>	100.00%	98.00%	99.41%
<b>Variance Reporting:</b> CQHHS has achieved 100% throughout the majority of the 2013-14 Financial Year.			
<b>E7.2: Category 2: within 90 days</b>	91.00%	97.00%	89.32%
<b>Variance Reporting:</b> CQHHS has not met the target for Category patients being seen in time.			
<b>E7.3: Category 3: within 365 days</b>	96.00%	100.00%	98.80%
<b>Variance Reporting:</b> CQHHS has met and exceeded the target for Category 3 patients being seen in time.			
<b>E8 Elective Surgery: Number of patients waiting more than the clinically recommended time frame:</b>			
<b>E8.1: Category 1: within 30 days</b>	0	0	1
<b>Variance Reporting:</b> CQHHS has again performed soundly in achieving only 1 Category 1 patient waiting more than the clinically recommended time frame.			
<b>E8.2: Category 2: within 90 days</b>	0	0	42
<b>Variance Reporting:</b> CQHHS experienced challenges in provision of some Category 2 surgical services during 2013/14, but overall performance remains strong.			
<b>E8.3: Category 3: within 365 days</b>	0	0	2
<b>Variance Reporting:</b> CQHHS has again performed soundly in achieving only 2 Category 3 patients waiting more than the clinically recommended time frame.			
<b>E9: Activity: variance between Purchased activity and Year to Date activity:</b>			
<b>E9.1: Inpatients</b>			114.08
<b>E9.2: Outpatients</b>			-24.35
<b>E9.3: Emergency Department</b>			15.8
<b>E9.4: Mental Health</b>			73.26
<b>E9.5: Critical Care</b>			33.58
<b>E9.6: Sub and Non-Acute Patients</b>			-170.28