# Chapter 3 Integrated health services

**Objective:** Delivering integrated health services in partnership with other providers



Together we achieve great things.

CQHHS develops partnerships to achieve better outcomes for our community, staff and patients, such as the link with CQUniversity.

This partnership improves care, develops students' career pathways and aids recruitment and retention.

There are many health service providers in Central Queensland and across Australia who have the expertise and processes to enhance the delivery of health services to out patients.

The health service continues to identify partnership opportunities to enhance patient care and during 2013-2014 there was considerable progress in the strengthening of existing partnerships and development of effective new relationships.

### **Health Needs Assessment**

CQHHS partnered with Central Queensland Medicare Local to produce the *Central Queensland Health Needs Assessment 2014*.

The Health Needs Assessment identifies the burden of ill health that will face Central Queensland communities if there is not a significant behaviour change at an individual level.

There are many warning signs in the Health Needs Assessment that suggest a significant growing burden of disease and ill health that may lead to premature and avoidable death is facing our region. They include:

- the impact of the aging population;
- smoking remains the single largest cause of premature mortality and ill
  health in Central Queensland, but will soon be overtaken by obesity and
  nutrition-related conditions;
- current levels of obesity (1 in 3 for our adults);
- only 1 in 2 adults participate in the minimum level of physical activity;
- 1 in 4 consume risky levels of alcohol; and
- 9 out of 10 adults in Central Queensland do not eat the recommended daily intake of fruit and vegetables.

This is on top of a growing population and the significant inequity between the health of the Indigenous and the non-Indigenous populations. Life expectancy for the Indigenous population is approximately 10 years less than the non-Indigenous population. Differences in terms of accessibility to services is also an important factor.

If behavioural change is not encouraged it is conceivable that the burden of ill health and disease will far exceed the ability of health agencies to develop the required capacity and capability to respond effectively.

Findings from the HNA highlight the need for a multi-agency approach. The health service has developed a strategy to establish a Coalition for Health - a partnership of health providers, community and statutory organisations - to explore the development of a Social Movement for Change.

### **CQUniversity**

The Sub-Acute Chronic Care Rehabilitation Interdisciplinary Student Clinic at CQUniversity is the result of an effective partnership between CQUniversity and the health service.

The clinic integrates and coordinates clinical placements for more than 150 preentry students each year. It creates a functional workforce that provides sub-acute care to clients with a range of complex chronic diseases.

The clinic provides interdisciplinary, goal-oriented, time-limited intervention to clients with disabling conditions. After assessing a client's condition, those who have the potential to improve their independence and quality of life are managed through a rehabilitation program.

Preliminary research data has demonstrated that the clinic has achieved a significant reduction in hospitalisations and average length of stay for clients who have multi-morbidity and a significant improvement of quality of life.

While addressing gaps in service delivery, the clinic also improves health workforce recruitment and retention.

The clinic was Australia's first interdisciplinary student-assisted clinic based in a health service and currently supports clinical placements from more than 10 universities across Australia.

The students are from the disciplines of occupational therapy, podiatry, physiotherapy, speech pathology, exercise physiology, nutrition and dietetics, social work, pharmacy, nursing and medical science.

## Ophthalmology

The public ophthalmology service within the health service ceased in 2007. Ongoing recruitment attempts to re-establish the service were unsuccessful and ophthalmology patients were being put on waiting lists outside the health service. In late 2013, a partnership with Vanguard Health led to the implementation of a three phase plan for the reintroduction of an ophthalmic service to treat patients locally so as to reduce the need for patients to travel to South East Queensland for treatment.

The first phase was designed to re-establish a public service utilising private service providers. This phase was completed by mid 2014 and about 200 public patients received their surgery closer to home.

The second phase is starting towards the end of the financial year and is designed to introduce more ophthalmologists to Central Queensland with an agreed contract for the provision of 623 ophthalmic procedures to Central Queenslanders in Central Queensland.

Phase 3 is the consolidation of full consultative and surgical services at Rockhampton Hospital. Phase 3 is service vision for the future.

### **Gladstone Hospital**

Gladstone Hospital is part of the Rio Tinto One Gladstone Health Plan Executive Group which is focussing on working together to improve services for the whole population of Gladstone and its greater area.

This group has spent the past 18 months identifying barriers to working together and working to remove them. It is intended over the coming 6 months to define health care priorities for Gladstone and to conduct a community consultation through a citizens' jury.

Gladstone Hospital is working in partnership with the Gladstone Mater to create more sustainable services moving away from the single practitioner model. The collaboration includes working together for out-of-hours emergency care and working towards the appointment of two paediatricians, an extra surgeon, an extra physician, an anaesthetist and an orthopaedic surgeon across the two hospitals.

The reduction in services which has resulted from some tertiary providers in Brisbane reviewing their outreach services are being addressed through the new paediatrics, endocrinology and diabetics service. Telehealth endocrinology, paediatrics and diabetes services are to be developed during the coming year.

With the arrival of permanent specialists it will be possible to apply for accreditation for specialist registrar training across the campus. Until now this has not been possible because the colleges need two specialists available for training registrars. The hope is that trainees will be encouraged to enter rural and remote practice once qualified.

Work started on the rebuild of Gladstone Hospital's operating theatre and high dependency unit in a partnership with local industry with the work funded through generous industry donations by QGC (\$1.5 million for operating theatre work) and Santos GLNG (\$1.45 million for high dependency unit work).

The operating theatre upgrade includes modern air filtration which will mean joint replacements can be done locally by Gladstone's new orthopaedic surgeon.

The high dependency unit will include new clinical measurement facilities, a redesigned nurses' station with the latest monitoring equipment and toilet and showering facilities.

# **Capricorn Coast Hospital**

To address the historic recruitment and retention difficulties at Capricorn Coast Hospital, the health service partnered with Vanguard Health for the attracting, contracting, payroll and retention of 6 full-time medical practitioners over a three year agreement at the Capricorn Coast Hospital.

The instability of the medical workforce was affecting the service's ability to deliver and develop sustainable health services to the coastal community.

Vanguard Health was contracted to create stability in the workforce to allow the health service to concentrate on the design and implementation of a sustainable and attractive service model.

## Contestability

CQHHS continues to test the efficiency and effectiveness of its service delivery in the open market to ensure Central Queenslanders are receiving the maximum health returns.

# **Aged Care**

A revised Aged Care Facility Divestment Strategy was developed in consultation with the Department of Health Contestability Branch for the sale of aged care facilities in Rockhampton to a non-government provider. The strategy put to the open market was for:

- Both facilities to a single purchaser;
- Each facility "as is" to independent purchasers;
- Separate divestment negotiations to ensure maximum value for the health service including the possible transition of residents to an alternate aged care provider and the closure of the facility/facilities as an aged care centre.

The strategy is expected to be finalised by August 2014.

# Radiology

An Expression of Interest for the provision of medical imaging services across the health service attracted considerable market interest and highlighted potentially significant improvements for patient access to critical imaging solutions for our patients.

The health service's intention was to present an Invitation to Offer to the open market early in the 2014-2015 financial year. Additional services that will be invited as part of this process would include:

- 24-hour on-site general / computed tomography (CT) radiographer service in Rockhampton Hospital and increased services at Gladstone Hospital;
- 24-hour coverage (through on-call) at Emerald and Biloela;
- Expanded on-site coverage for ultrasound and MRI at Rockhampton Hospital;
- New CT service on-site for Gladstone (128 slice) and Emerald (16 slice);

- Ultrasound service for Emerald and a roving rural ultrasound for Biloela, Moura, Mt Morgan and Blackwater;
- Radiology registrar position in addition to onsite radiologist at Rockhampton Hospital;
- On-site radiologist at Gladstone Hospital for a minimum of 15 hours per week; and
- Improvement in interventional radiology services including nuclear medicine at Rockhampton Hospital.

A contract with a private provider would also ensure:

- Capacity for Positron Emission Tomography/CT services for cancer care;
- Capacity for services to a cardiac catheter laboratory at Rockhampton Hospital;
- Commitment to participate in our training and development strategies; and
- Improved training for radiographers and sonographers.

# **Radiation Oncology**

A radiation oncology market sounding questionnaire was developed to assess private radiation oncology practice interest in providing services at CQHHS.