

2 Right way, right place, right time

Access to quality services delivered in the right way, at the right place and the right time

Objectives

- 2.1 Ensure sufficient service capacity in order to respond to and manage growing and changing community needs.
- 2.2 Increase coordination and continuity between health services and sectors to ensure consumers experience a streamlined and smooth healthcare journey.
- 2.3 Provide consumers and carers with information to make informed choices about their care and service options.
- 2.4 Support an expanded range of services available in a primary care setting through working with the Australian Government and our partners.
- 2.5 Provide mothers and babies with the best start and support the achievement of the best possible early child health and development.
- 2.6 Improve the safety, quality, effectiveness, efficiency and sustainability of health services with a focus on emergency departments, medical and surgical services, post-acute and sub-acute care and rehabilitation.
- 2.7 Provide chronic disease management and end-of-life services in an appropriate setting.
- 2.8 Provide safe, sustainable and appropriate oral health services on a statewide basis.
- 2.9 Improve access, coordination and continuity of care across mental health services and providers.

Key strategies

- 2.1.1 Develop a new *Queensland Health Services Plan 2011–2026*.
- 2.1.2 Implement the Clinical Services Capability Framework (v3) and prepare to evaluate its effectiveness to identify potential improvements and prospective planning opportunities.
- 2.2.1 Work with Medicare Locals and other healthcare providers to better integrate local health services and drive improvements in health outcomes across the entire health system.
- 2.3.1 Develop mechanisms to ensure consumers and the community have meaningful opportunities to engage with Hospital and Health Services to achieve better health outcomes.
- 2.3.2 Empower and assist consumers to manage their own health by providing interactive access to a network of health resources.
- 2.4.1 Continue to develop and support the provision of telephone and online health services.
- 2.4.2 Continue to work with General Practice Queensland and other partners to improve health outcomes for patient, consumers and communities.
- 2.5.1 Provide mothers with access to ante- and post-natal care and increase opportunities for women to give birth closer to home.
- 2.5.2 Develop smarter ways to deliver health care by implementing midwifery led models of care including continuity of care models.
- 2.5.3 Work with our partners to establish centres that integrate early years services.
- 2.6.1 Improve access to services through the use of demand management strategies such as:
 - the development and implementation of the Statewide Surgical Services Program with a focus on meeting NPA targets
 - the continued development and implementation of the Queensland Health Patient Flow Strategy, including expanding and upgrading emergency departments.

- 2.6.2 Increase the number of beds consistent with the More Beds for Queensland strategy.
- 2.6.3 Develop a Strategic Directions Framework for sub-acute care.
- 2.6.4 Develop and coordinate the implementation of programs for older people that align with national directions.
- 2.6.5 Continue to implement the *Patient Safety and Quality Plan 2008–2012* and *Queensland Medication Management Directional Plan 2009–2014* within all services to safeguard and improve the quality of services and safety of consumers.
- 2.6.6 Ensure all healthcare professionals working in Queensland Health facilities are appropriately registered and credentialed.
- 2.7.1 Review of the *Queensland Strategy for Chronic Disease 2005–2015*.
- 2.7.2 Implement the Diabetes Action Plan.
- 2.7.3 Continue the development and implementation of the *End-of-Life Care Strategy for Queensland*.
- 2.7.4 Develop strategic directions for:
 - cancer and renal health services
 - palliative care in the context of the Sub-Acute Care Framework.
- 2.8.1 Continued implementation of *Australia's National Oral Health Plan 2004–2013*.
- 2.9.1 Commence implementation of Phase 2 of the *Queensland Plan for Mental Health 2007–2017*.
- 2.9.2 Progress the clinical reform process to ensure healthcare coordination across mental health care providers (government and non-government).
- 2.9.3 Commence implementation of the *Queensland Mental Health Natural Disaster Recovery Plan 2011–2013*.

Key performance indicators

- Number and age standardised rate of potentially preventable admitted patient episodes of care.
- Percentage of women who during their pregnancy were smoking after 20 weeks.
- Percentage of women who gave birth and had five antenatal visits or more in the antenatal period.
- Percentage of new case referrals categorised within five days of receipt of referral.
- Percentage of emergency department patients seen within recommended timeframes.
- Percentage of admissions via the emergency department who are admitted within eight hours of their arrival in the emergency department.
- Percentage of elective surgery patients waiting more than the clinically recommended time for their category.
- Percentage of elective surgery patients treated within the recommended timeframe for their category.
- Median waiting times for emergency departments.
- Median waiting times for elective surgery.
- Percentage of elective surgery cancellations (hospital initiated).
- Average number of public hospital beds occupied each day by nursing home type patients.
- Rate of healthcare associated staphylococcus aureus bacteraemia in hospital.
- Percentage of patients that acquire a pressure ulcer during their stay in hospital.
- Percentage of patients receiving appropriate venous thromboembolism (VTE) prophylaxis.
- Hospital Standardised Mortality Ratio.
- Percentage of staff vaccinated against seasonal influenza.
- Number of children, adolescents and adults oral health occasions of service.
- Rate of community follow-up within seven days post-discharge from acute mental health inpatient care.

Providing quality service

Patient flow strategy

An audit conducted in January 2012 indicated that in the first six months of 2011–2012 Queensland Health built an additional 185 beds (including medical, surgical, maternity, neonatal, paediatric, short stay, intensive care, mental health and sub-acute) and 37 emergency department treatment spaces.

Meeting the increased demand and changing health needs of the population also requires innovation in the way we deliver services. As Queensland public hospitals provide both elective and emergency services the increased demand for emergency services impacts on the ability of hospitals to provide elective surgery services. To meet these demands innovative ways to balance these competing services need to be explored.

The *Queensland Health Patient Flow Strategy 2010* was developed to define a statewide approach to better manage the entire journey for patients. The strategy aims to challenge the way that staff think and to reshape Queensland Health processes to enable our health system to cope with the additional pressures being placed upon it. The goals of the strategy are to:

- improve the patient journey and experience
- reduce delays and increase access to services
- ensure best clinical practice across the state.

Key initiatives that have been implemented in emergency departments, inpatient wards, outpatient clinics and elective surgery services in 2011–2012 to support service improvement in relation to the Patient Flow Strategy include the following:

All services

- creation of a central repository of over 30 service improvement initiatives and service delivery models that have proven efficacy in relation to patient flow
- commencement or completion of over 20 clinical redesign projects in health service districts across the state to holistically examine performance, diagnose impediments to patient flow and make recommendations to improve the healthcare experience of patients and improve access to services.

Outpatients

- temporary recruitment of 78 business process officers across the state to improve data capture and reporting processes in order to meet national

requirements associated with the implementation of ABF

- implementation of the Queue Manager System in the Mackay Health Service District to streamline patient registration and queuing in outpatient clinics
- statewide review of four outpatient clinics where there is consistently high demand for services, namely: gastroenterology, ophthalmology, urology and orthopaedics. The reviews will include analysis of current and future demand for service provision and recommendations for change to improve access to specialist services
- awarding clinical practice improvement payments to TPC and Ipswich Hospital in recognition of outstanding performance in improving categorisation of outpatient referrals.

Emergency departments

- appointment of business process improvement officers in 27 emergency departments across the state to examine the quality of data used to report emergency department performance (focussing on triage category one and two patients) and identify key issues impacting on patient flow through the emergency department
- development of an Emergency Department Short Stay Unit Policy and Implementation Standard and associated changes to the Emergency Department Information System (EDIS) to address variation in the operation and data capture of patients admitted to emergency department short stay units
- external review of the interface between Queensland Ambulance Service and the Queensland public emergency departments as part of the Metropolitan Emergency Department Access initiative (MEDAI), including the development of strategies to improve patient access and flow through key emergency departments located in the south-east corner of the state
- implementation of the Emergency Capacity Hospital Overview System (ECHO) with links to EDIS, to provide live updates on emergency department activity, and the installation of ambulance arrival boards in 14 hospitals across the state. This provides real-time feed from the Emergency Services Computer Aided Dispatch System to allow emergency department services to monitor the current status of ambulances en-route to each emergency department.

- development of the Admission Facilitation Implementation Standard to facilitate the timely transfer of patients from the emergency department to an inpatient ward when review by the inpatient team is delayed.

Inpatient services

- installation of 49 Electronic Patient Journey Boards in 14 facilities across the state to improve admission practices, bed management, discharge planning and care coordination
- initiated development of statewide guidelines for Hospital-in-the-Home (HITH) Services to assist health service districts to administer HITH services within appropriate governance and funding structures, deliver high-quality services to patients, promote consistency of access and reduce variation in service provision across the state
- commenced the development of the Patient Flow Survey (PFS) to systematically capture and quantify data about the types of clinical and non-clinical delays in a patient's journey across hospital settings (i.e. from the emergency department through to all inpatient ward types) and provide detailed information about bed utilisation across facilities.

Clinical services capability

The Queensland Health Clinical Services Capability Framework (CSCF) for Public and Licensed Private Health Facilities (Version 3.0) outlines the minimum service, workforce and support service requirements to ensure safe and appropriately supported public hospital and licensed private hospital services. In 2011–2012, implementation of Version 3.0 of the CSCF was supported with the development of a resource kit, including standardised self-assessment checklists, reporting templates and education and training packages for use by public hospitals and privately licensed facilities. As at 30 June 2012, all 17 health service districts had received training in the revised framework and completed self-assessment and reporting requirements.

Senior medical officers and dentists are credentialed in accordance with the updated Credentialing and Defining the Scope of Clinical Practice for Medical Practitioners and Dentists in Queensland Health Policy and Implementation Standards that became effective on 30 January 2012. Daily audits match Queensland Health employment records with the Australian Health Practitioner Regulation Agency (AHPRA) detailing registered and unregistered healthcare professionals.

Patient safety and quality

In 2011–2012, in accordance with the *Patient Safety and Quality Plan 2008–2012*, Queensland Health:

- interviewed 9518 patients across 31 Queensland public hospitals to gain feedback on their experience of care during their visit to the emergency department
- collected extensive information on a range of patient safety and quality areas of the National Safety and Quality Health Service (NSQHS) Standards across 122 hospitals and 24 residential aged care facilities within Queensland Health (2011 Patient Safety Bedside Audit)
- implemented root cause analysis recommendations to develop clinical pathways for meningococcal disease and head injury
- assessed 164 patient safety device concerns and issued two Patient Safety Alerts and two Patient Safety Notices
- developed the Standardised Paediatric Diabetic Ketoacidosis protocol
- developed the transition framework for adolescents with chronic disease
- developed the Statewide Transient Ischaemic Attacks (TIA)/Stroke Pathway
- developed an asthma control pack and DVD
- conducted the statewide VTE Prophylaxis Audit of 1038 eligible acute adult inpatients to assess the extent to which prescribed chemical prophylaxis is documented in the National Inpatient Medication Chart
- revised statewide Mental Health Standardised Suite of Clinical Documentation, including the accompanying tools for assessing substance use and dependence
- launched the Interim Medication Administration Record (IMAR) in September 2011. The IMAR provides a discharge medication list for patients discharged to residential aged care facilities. In January 2012, 188 IMARs were produced by seven early adopter sites, targeting those patients at higher risk of medication mishap
- disseminated 690 Variable Life Adjusted Display (VLAD) charts each month across 74 public hospitals and 330 charts across 37 private hospitals to monitor safety and quality
- reviewed 200 hospital investigation reports in response to VLAD flags
- provided 1600 hours of education on clinical pathways
- launched Clinician Disclosure Online Learning and facilitated simulation training programs

- trained an additional 26 open disclosure consultants and conducted a refresher master class for 11 existing open disclosure consultants
- implemented the new Informed Decision-Making in Healthcare Policy and published a comprehensive accompanying Guide to Informed Decision-Making in Healthcare for staff
- launched nine new eLearning courses in the clinical skills development services and increased eLearning enrolments by 15 per cent
- established 34 pocket simulation centres throughout the state
- launched the Vocational Graduate Certificate in Healthcare Simulation
- immunised 51.75 per cent of Queensland Health staff against influenza
- conducted a staff opinion survey (12 590 staff) in 11 districts, divisions and statewide services, and included three new measures, (communication, stress and work pressure and respectful workplace) and recorded a positive change in comparison to the 2009 data in 13 of the 18 measures.

Medication management

Implemented the department's *Medication Management Directional Plan 2009–2014*:

- provided education and training to trainee and recently registered pharmacists to improve their core knowledge and skills
- developed tools and decision support for safer prescribing and monitoring of high risk medicines such as clozapine and insulin
- improved patient access by adding cost-effective medicines to the Queensland Health List of Approved Medicines (LAM)
- advanced the role of pharmacy assistants as support personnel to free up the pharmacist's time to focus on clinical issues
- worked in partnership with the National E-Health Transition Authority to map the Queensland Health medicines file with the Australian Medicines Terminology to ensure consistent clinical terminology. A paper outlining this work, *Mapping the Queensland Health iPharmacy Medication File to the Australian Medicines Terminology* won the Branko Cesnck Award for Best Scientific Paper at the 2011 Health Informatics Conference.

Haemovigilance report

Queensland Health's Haemovigilance Report details adverse transfusion-related events and uses this information to develop recommendations for improved

patient safety. Information and data obtained from the report is forwarded to the National Blood Authority and contributes to both national and state initiatives to improve patient safety in the use of blood and blood products. The inaugural Haemovigilance Report, *The Queensland Blood Management Program: Queensland Incidents in Transfusion (QiT) Report—A Safer Future for Emily*, was published as an appendix to the *Patient Safety: From Learning to Action Report* in June 2012.

Pathology utilisation medical program

The Pathology Utilisation Medical Program (PUMP) provided health service districts with support material to manage and monitor their pathology activity and decrease the number of unnecessary tests being ordered. Its *Right Time, Right Test, Right Patient* initiative incorporates online resources and tools to ensure appropriate and relevant tests are done.

Emergency departments

Queensland made significant improvements in terms of emergency department waiting times with the median waiting time improving from 29 minutes in 2006–2007 to 23 minutes in 2010–2011.

Queensland also made significant improvements in emergency department median waiting times, improving from sixth place in 2006–2007 to fourth in 2010–2011. The proportion of patients who presented to Queensland emergency departments who were seen within clinically recommended times was 67 per cent, below the national performance of 70 per cent. Queensland improved from sixth place in 2006–2007 to fourth place in 2010–2011 for this measure.

Queensland Health's strategies to improve access included expanding and upgrading emergency departments at a number of facilities throughout the state included:

- The \$17.1 million Cairns Hospital Emergency Department (ED) Expansion Project was completed in March 2011 and increased the existing ED capacity to 50 treatment spaces.
- As a component of the \$437 million Townsville Hospital Redevelopment, the ED opened in July 2011 with an expanded capacity to 75 treatment spaces. The short stay ward was expanded to 16 treatment spaces and was completed in December 2011.
- The \$408 million redevelopment of Mackay Base Hospital includes a significant expansion of the emergency department to 36 treatment spaces.

- Construction of the \$65 million Mount Isa Health Campus Redevelopment is underway and includes an expansion and refurbishment of the ED increasing capacity to 27 treatment spaces.
- The \$145 million Logan Hospital Emergency Department Upgrade Project will transform Logan Hospital into a new expanded health facility offering a collocated adult and children's ED, increasing the capacity by 18 adult treatment spaces, 12 new paediatric treatment spaces, 8 paediatric short stay beds and the reinstatement of 14 existing inpatient paediatric beds.
- Construction of the \$9.7 million Caboolture Hospital Paediatric Services Facility is currently underway with an expected completion date at the end of 2012. The facility will provide five new paediatric short stay beds which will be used to fast track paediatric patients (where appropriate) from the ED.
- Construction of the six paediatric short stay beds component at the \$2.8 million Redcliffe Hospital Paediatric Emergency Services facility was completed in March 2012. The facility will be used to fast track paediatric patients, where appropriate, from the ED.
- Construction of a new \$45.6 million Paediatric ED at TPCCH is scheduled to be completed by the end of 2012. It is providing 20 short stay paediatric ward beds, 12 paediatric ED treatment spaces and eight paediatric outpatient clinics.
- The \$134.6 million PAH Expansion officially opened in January 2012. The initiative included a major expansion to the hospital's ED, providing 25 additional adult ED treatment spaces, one additional adult ED short stay bed and a 30-bed Medical Assessment and Planning Unit.
- The \$5 million Toowoomba Hospital Emergency Department Expansion Project was completed in January 2012 and delivered four short stay beds and a 12 person transit lounge.
- Construction of the \$37 million QEII Hospital Emergency Department enhancement will commence in mid-2012 and is designed to create 11 fast track treatment bays and additional short stay capacity.
- The \$128.7 million Ipswich Hospital Expansion Project will deliver an additional 84 beds, 18 adult and 12 paediatric ED treatment spaces, six adult and paediatric ED short stay beds, as well as a dedicated paediatric emergency area.
- The \$13.6 million expansion of the Redland Hospital Emergency Department will include a new helipad, four paediatric ED treatment spaces, five

adult short stay beds, three inpatient paediatric beds, a new ambulance work station, and four consulting rooms. The expected completion date is the end of 2012.

Elective surgery

Queensland ranked equal first nationally (together with Western Australia) for elective surgery median waiting time performance. Queensland maintained its performance for having the best median waiting time for elective surgery of 29 days compared with the national average of 36 days. Queensland has held this first place position nationally for the past five years.

In 2010–2011, 82 per cent of elective surgery patients in Queensland were seen within clinically recommended timeframes. This result can be attributed to Queensland's focus on treating the longest waiting patients. As a national comparative figure for the median waiting time for elective surgery is no longer available, Queensland is only able to publish a state figure for this indicator.

Queensland Health implemented the following service improvement initiatives to achieve elective surgery performance targets associated with the National Partnership Agreement on Improving Public Hospitals:

- Checklist software was implemented across the state to support health service districts model the impact of process redesign on hospital waiting lists. Checklist software provides local staff with the ability to develop and test scenarios regarding patient queuing. In turn, this allows them to identify process changes required for optimal management of elective surgery waiting lists.
- Progressive implementation of The Productive Theatre Program to improve operating theatre productivity. The program is informed by international best practice.
- Implementation of Operating Room Management Information System (ORMIS) version 7.0 into 24 hospitals across the state. The rollout of ORMIS allows benchmarking of operating room performance through capture and collation of key process metrics for operating theatres.
- Providing additional treatment opportunities through the Surgery Connect Program. The program provides alternative treatment options for long wait elective surgery patients, either in the private sector or by using available capacity in the public sector outside normal operating hours. Since its inception in late 2007, Surgery Connect has undertaken approximately 33 000

procedures, either internally or through outsourcing to the private sector. In 2011–2012, 2123 procedures were undertaken in the private sector through Surgery Connect. The program also provided \$23 million to facilitate treatment of long wait elective surgery patients internally in Queensland public hospitals. Investment in minor capital developments and additional surgical equipment to improve surgical throughput in Queensland public hospitals.

- The purchase of additional equipment, including ophthalmology equipment and instruments for the Townsville Hospital Vitreo-Retinal Service in North Queensland and endoscopic equipment for the Metro South Health Service District. This equipment has improved internal capacity with flow on effects in terms of operating room efficiency and waiting times for elective surgery.

Midwifery

Queensland Health continued to increase access to a variety of models of maternity care.

By the end of 2013, it is anticipated that for 10 per cent of all births in Queensland public hospitals, the woman will see the same midwife or small group of midwives during the pregnancy, birth and postnatal period. In 2011–2012, a second edition of the Midwifery Led Model of Care Implementation Guidelines was issued by Queensland Health.

Three projects were funded in 2011–2012 under the Rural Maternity Initiative:

- Darling Downs for the Statewide Collaborative Arrangements Project (\$157 000)
- Townsville Indigenous Midwifery Pilot Project (\$280 000)
- Beaudesert Midwifery Led Model of Care—Group Practice (\$503 000).

In 2011–2012 other initiatives included:

- Credentialing private practice midwives to provide care for private patients and an employment model to ensure continuity of midwifery care if a woman's risk profile changes (Toowoomba Hospital).
- Gold Coast, Ipswich and Caboolture Hospitals local steering committees examining credentialing private practice midwives.
- The Beaudesert Midwifery Led Model of Care is progressing postnatal inpatient services at Beaudesert Hospital. Negotiations are underway with Griffith University to form a partnership aimed at evaluating the model of care and developing strategies to enhance the model. Recruitment of additional

continuity of care midwives and a manager position is expected to be fully implemented by late 2012.

- The Townsville Indigenous Midwifery Pilot, assisting Indigenous women to become midwives. The second year (2011) of the pilot had five Indigenous midwifery students enrolled in full time study.
- Updating the Midwifery Drug Therapy Protocol and related Health Management Protocol (HMP) and making it available online. The Workbook Education Tool was updated and is also available online.

End-of-Life Care Strategy

In 2011–2012 Queensland Health:

- continued embedding the Acute Resuscitation Plan (ARP) form and resources into Queensland Health facilities. The ARP, which replaced Not For Resuscitation Orders in 2010, documents decision-making to help reduce unnecessary and unwanted treatments for dying patients
- developed and implemented policies and resources to ensure patients at the end-of-life are appropriately managed in the community, rather than in the hospital
- developed and provided public resources, including a website, that enable Queenslanders to conduct advance care planning to ensure their preferences at the end-of-life are respected
- developed and provided staff resources, including a website, for training around end-of-life decision-making and documentation to enable staff to better meet the legal and ethical frameworks in Queensland.

Outpatient services

Over 290 000 finalised electronic discharge summaries were sent from Queensland Health hospitals to GPs in 2011–2012. A further initiative was introduced to support the creation and delivery of electronic referrals from GPs to Queensland Health specialist outpatient departments. The initiative is improving the quality of communication between the primary and acute care sectors when a patient's condition requires specialist assessment.

In March 2011, a joint General Practice and Queensland Health Outpatient Operational Advisory Committee (OOAC) was convened to assist Queensland Health to:

- identify key priority areas impacting negatively

or positively on delivery of specialist outpatient services

- formulate strategies for each of the key priority areas to minimise their impact on the delivery of specialist outpatient services
- develop an open and supportive environment for all clinicians working within, or referring to, specialist outpatient services in Queensland
- promote education and research in the outpatient setting
- deliver high-quality experiences to patients and carers during their encounter with outpatient services.

The committee met every two months from March 2011 to May 2012, to provide advice in relation to the following:

- the Outpatient Improvement Program—OOAC monitored implementation of the department’s statewide program of work designed to better manage the outpatient journey and improve access to outpatient services
- statewide reviews of ophthalmology and gastroenterology outpatient services
- Queensland Health 2011–2012 Purchasing Initiative for Outpatient Services
- management of Category 1 specialist outpatient referrals
- review of acute primary care clinics in Queensland.

Organ and tissue donation service

The Organ and Tissue Donation Service administers and provides organ and tissue donation, retrieval, tissue banking and distribution services for Queensland for transplantation purposes, under the

Transplantation and Anatomy Act 1979.

In 2011–2012, the service worked to increase organ and tissue donation outcomes through measures such as:

- further roll-out of the donation after cardiac death program to increase options for donation
- opening of the Queensland Skin Bank in July 2011 to better enable life saving treatment of burns patients in Queensland
- delivering in-service education to 5172 clinicians at 30 hospitals across the state to increase capacity and opportunity for donation to occur
- undertaking community awareness-raising activities particularly during DonateLife Week 2012.

Those measures led to significant improvements in Queensland’s donation rates, including:

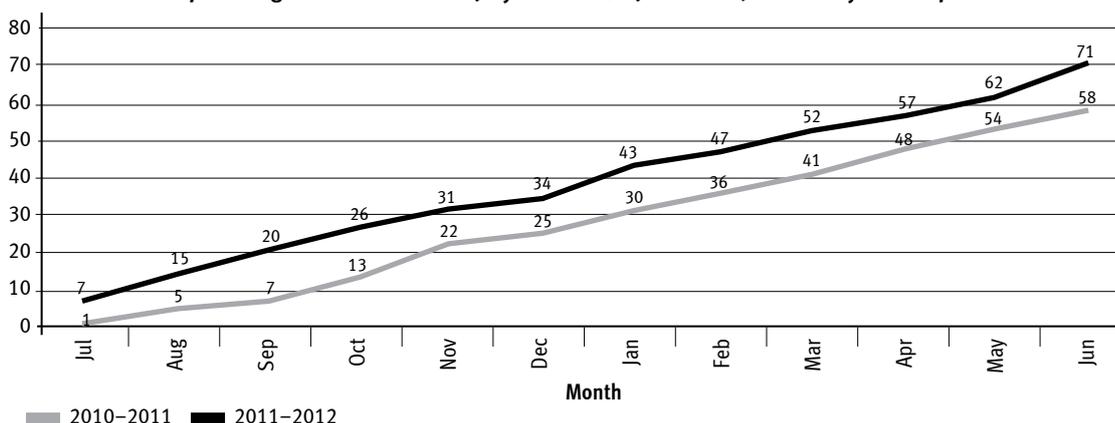
- improved the organ donor outcome by 18 per cent from July 2011 to June 2012 (71 donors) compared with the same period in 2011 (58 donors)
- improved the tissue donation outcome with 335 donations to the Queensland Eye Bank, 63 to the Queensland Heart Valve Bank, 1351 to the Queensland Bone Bank and 63 to the Queensland Skin Bank.

In 2012–2013, the Organ and Tissue Donation Service will continue to work with the Australian Government’s Organ and Tissue Authority and services in other jurisdictions to deliver the National Reform Agenda *A World’s Best Practice Approach to Organ and Tissue Donation for Transplantation.*

The 2012–2013 priorities will include:

- further establishment of a clinical governance framework to direct and support the DonateLife network within Queensland and nationally

Graph 2: Organ donation rate 1 July 2010 to 30 June 2012, financial year comparison



- continued delivery of targeted education to those health professionals involved in organ donation to increase effectiveness of conversations with families of potential donors
- improve data collection, evaluation and record capabilities within the DonateLife network to better realise potential
- proactively engage CALD audiences within Queensland to raise awareness of organ and tissue donation for transplantation.

Aged care

A further 127 Transition Care Program places became operational in Queensland bringing the total number of places to 733. This program assists approximately 5000 older people each year with a period of restorative care following hospitalisation.

Aged care assessment teams conducted approximately 30 000 assessments of older Queenslanders this year, assisting them to gain access to community care services and residential aged care services. Queensland Health has maintained improvements in the timeliness of these assessments exceeding the Queensland key performance timeliness benchmark for this activity.

Queensland Health met accreditation standards for its 20 residential aged care facilities and has implemented a quality assurance process to ensure that it continues to meet these standards.

Primary and community healthcare

The current National Health Reform Agreement commits the Commonwealth to developing a National Primary Health Care Framework by December 2012 to set out agreed future policy directions and priority areas for general practice and primary healthcare. Improved service integration is an important focus area for that framework and Queensland Health has been proactively engaging with other states, territories and the Commonwealth to identify and advocate for practical solutions to address the current gaps in primary care service provision.

Oral health services

A number of key strategies were progressed to provide safe, sustainable and appropriate oral health services:

- construction and delivery of three mobile dental clinics to improve dental services to rural and remote Indigenous Queenslanders, funded by the Commonwealth under the NPA on Health Infrastructure

- recruitment of a statewide manager of Indigenous oral health to promote oral health outcomes and service accessibility for Indigenous Queenslanders
- planning for new dental clinics in Hervey Bay and Bundaberg
- continued support for the ongoing roll out of the *Water Fluoridation Implementation Plan*
- completion of the first phase of research into the oral health status of five to 14-year-old children across Queensland to inform future service delivery priorities
- development of oral health resources available to Aboriginal and Torres Strait Islander clients and those from diverse cultural and linguistic backgrounds
- ongoing development of a program to support the future introduction of a full electronic paperless patient dental record
- support for professional development opportunities and the establishment of a culture of continuous learning for dental practitioners in collaboration with Clinical Education and Training Queensland
- support for an increase in the number of Queensland dental graduates by providing support to three Queensland dental schools
- the School Oral Health Service Information Project (SOHSIP) increased the ability for school oral health services to respond to children's needs regardless of location through the implementation of a seamless statewide oral health record for school children. This was delivered to 197 mobile and 158 fixed clinics statewide.

Telephone and online services

In 2011–2012, 13 HEALTH (13 43 25 84) received 305 019 calls, with a majority of calls answered within 20 seconds. More than 84 per cent of calls to 13 HEALTH were referred to health providers other than an emergency department. Following a call to 13 HEALTH, callers are free to use the doctor or service they choose. The most common health issues raised by callers to 13 HEALTH are chest pain, abdominal pain, unwell newborns (age 0–3 months), fever (toddlers) and wound infection.

From 1 July 2011 to 30 June 2012, more than 28 per cent of callers (66 215 calls) that were triaged by 13 HEALTH nurses called from outside South East Queensland.

13 HEALTH is a 24-hour-a-day, seven-days-a-week phone service for Queenslanders, to help take the worry out of health concerns. The community can contact the service for the price of a local call.

Qualified Queensland Health staff operate the service, triaging enquires and providing advice on health issues as well as referral to other health providers, as needed. The advice is confidential, qualified and supportive. The service is designed to help reduce pressure on the state emergency departments.

During natural disasters the Health Contact Centre assists public hospitals emergency department staff by answering all phone-based enquiries. Between 1 July 2011 and 30 June 2012, more than 84 per cent of calls to 13 HEALTH from flood and cyclone-affected areas were referred to health providers other than an emergency department.

Health consumers

By December 2012, HHSs are required to have in place consumer and community engagement strategies that enable participation by health consumers and community members in the delivery and planning of local health services. In 2011–2012, Health Consumers Queensland (HCQ) developed a Consumer and Community Engagement Framework to assist health service districts anticipate this requirement and implement such strategies. The framework provides a consistent and overarching guide to effective engagement strategies. It supports collaborative approaches to engagement that promote seamless and integrated service provision across primary, sub-acute and acute health services.

The framework was released in February 2012, and work is continuing on the development of tools and resources to support this renewed emphasis on effective engagement.

In 2011–2012, HCQ developed *Getting the Healthcare You Need: An Advocacy Toolkit for people using the healthcare system in Queensland* to empower and assist consumers (patients, their families and carers) to more actively participate and make informed decisions around their healthcare and broader health services. The toolkit comprises two documents, a quick reference brochure and a larger document which includes tips, ideas, resources and practical case studies on engaging effectively with health professionals and health services.

Mental health

The Four Year Report on *The Queensland Plan for Mental Health 2007–2017* was published and released in October 2011.

The plan challenges government, private sector, and non-government organisations to work collaboratively to provide recovery-oriented, consumer-focussed mental health services that:

- promote mental health and wellbeing
- where possible, prevent mental health problems and mental illness
- reduce the impact of mental illness on individuals, their families and the community
- promote recovery and build resilience
- enable people who live with a mental illness to participate meaningfully in society.

There are clear targets to measure and evaluate progress over the course of the plan.

Priority 1: Promotion, prevention and early intervention

The Four Year Report noted a downward trend in high or very high levels of psychological distress since 2007, compared with the time of publication. However, the data was gathered prior to the unprecedented natural disasters experienced by Queensland in the summer of 2010–2011.

In this context, the department established a specialist family bereavement service to provide intensive assessment, intervention and support to families who lost loved ones as a result of the 2011 summer disasters. The Mater Statewide Recovery and Resilience Team was established to provide specialist clinical services to children and young people affected by the disasters, and to develop a range of programs and resources for implementation across the state.

There are now recovery and resilience teams (specialised trauma-focussed mental health teams) which can be mobilised to work in disaster affected areas, and which are supported by a referral pathway using 13 HEALTH. In addition, training in Skills for Psychological Recovery was rolled out to appropriately qualified staff across various government and non-government agencies, and training in trauma focussed therapies was provided to specialist mental health clinicians.

The following initiatives undertaken in 2011–2012 were relevant to the plan's first priority:

- *Ed-LinQ* worked at a state and district level to strengthen partnerships between child and youth mental health services, the primary care sector and the education sector to improve prevention, early detection, support and access to referral pathways for school children and young people experiencing mental illness. The *Ed-LinQ* workforce of 13 district coordinators, a statewide coordinator and a transcultural coordinator was enhanced with additional funding to establish an Aboriginal and Torres Strait Islander coordinator and district coordinator for Mount Isa. In collaboration with the New South Wales Department of Health, *Ed-LinQ* modified the New South Wales School-Link statewide training modules for joint delivery to more than 350 child and youth mental health, student support, pastoral care, and primary care service providers. The training covered collaborative management of child and adolescent mental health issues and self harming behaviours.
- Development and implementation of *Change our Minds*, a stigma reduction campaign. This campaign successfully raised awareness and addressed negative perceptions of, and behaviours towards, people with a mental illness. The campaign featured a range of community-based support activities as well as television, radio and print advertising and an interactive website. Evaluation of the *Change our Minds* campaign showed there was a positive impact on community understanding and awareness of the effects of stigma on people with mental illness. Eighty-three per cent of respondents confirmed the importance of reducing negative perceptions of mental illnesses; 28 per cent recalled the billboard/outdoor campaign; 57 per cent recalled the TV campaign; and 42 per cent agreed the campaign increased their level of understanding for people with mental illness.
- *Mental Health First Aid* for youth, and for Aboriginal and Torres Strait Islander Queenslanders: more than 100 Queensland Health and cross-sectoral staff were trained as instructors and three dedicated cluster coordinator positions were funded.
- Development of the *Mental Health Essentials* resource package in collaboration with the Hunter Institute of Mental Health—this is a practical mental health literacy resource for emergency service workers to increase their knowledge and understanding of common mental health disorders, and to improve their detection of

symptoms associated with a suspected mental illness. The project provided every Queensland police and ambulance officer with a resource folder containing eight essential fact sheets on mental illness topics including depression and suicide.

- Development of the *Queensland Government Suicide Prevention Action Plan*—a blueprint for a whole-of-government, whole-of-community approach to suicide prevention across the state. Enhances the cross-sectoral response in detecting, responding and managing suicide risk in Queensland. Clinicians worked within 11 acute care teams across the state to strengthen the quality and timeliness of suicide risk assessment and management.
- Five suicide prevention project positions were established to equip frontline staff within the Department of Education Training, and Employment, the Department of Communities, Child Safety and Disability Services, the Department of Community Safety (Queensland Corrective Services) and the Queensland Police Service with the skills and knowledge to detect and manage suicide risk.

Priority 2: Integrating and improving the care system

\$380.6 million was invested in the first four years of the plan, to integrate and improve the care system and establish statewide service models that support integrated services and implement a new Consumer Carer and Family Participation Framework.

The plan's 2017 target is to have 40 beds per 100 000 population.

Work progressed on capital works projects to deliver new, upgraded and redeveloped mental health beds, which will result in a net increase of 146 beds. By the end of June 2012, six projects were completed, delivering 70 new and redeveloped beds, including:

- upgrade to eight extended treatment beds in Townsville (completed June 2008)
- five new older persons' extended treatment beds at Nambour (completed December 2009)
- nine new beds in the High Secure Unit at The Park Centre for Mental Health (commenced operation in January 2012)
- a new 20-bed CCU at Coorparoo (completed September 2011)
- an eight-bed adolescent inpatient unit and day program at Toowoomba (construction completed October 2011)

- a new 20-bed forensic extended treatment rehabilitation unit at The Park Centre for Mental Health.

There has been an increase of 569 full-time equivalent (FTE) community mental health positions across Queensland since 2007, including: 366 nurses and allied health professionals; 78 medical officers; 25 technical and operational staff and 100 administration positions to support clinicians. Queensland Health currently has 47 FTE per 100 000 population, resulting in the achievement of 61 per cent progress to the target of 70 FTE per 100 000 population (required by 2016–2017).

A key performance indicator for this priority is the readmission rate within 28 days of inpatient treatment. The Four Year Report found that readmissions had decreased from more than 20 per cent in 2005–2006 to 17 per cent of all separations in 2010–2011. In 2011–2012, preliminary data showed that the readmission rate continued to fall. The Four Year Report noted that decreases in this indicator, demonstrated more sustainable patient care and a reduction in unplanned readmissions.

Priority 3: Participation in the community

The *Supporting Recovery: Mental Health Community Services Plan 2011–17* provided a road map for the future of Queensland’s non-government mental health services sector.

Initiatives included:

- **Transitional Recovery Program:** this provides non-clinical personal support (24/7 if required) to help transition; the target group includes people from inpatient services transitioning back into the community through a residential program (flexible stay to 12 months) and outreach. Transitional Recovery Programs are being established at the Gold Coast, Logan, Caboolture and the Sunshine Coast. The four current programs will provide a total of 33 residential places and 16 outreach places.
- **Resident Recovery Program:** this program provides short to medium term non-clinical community based support to assist individuals to break the cycle of moving through acute care, boarding house or hostel accommodation and homelessness in inner north and inner south Brisbane, Ipswich and Toowoomba. 328 people have been supported through the service model during 2011–2012.
- **Transition from Correctional Facilities:** this program provides short to medium term non-clinical support for people transitioning from correctional facilities to improve continuity of care. The program has been expanded and now supports

people in South East Queensland, Rockhampton, Maryborough, Townsville and Cairns.

- **Consumer Operated Services:** this program provides a range of services including one-on-one and group peer support programs, telephone support lines and intensive short-term residential support (up to three weeks) to reduce the likelihood of escalation to crisis. Three programs are established—Brisbane, Sunshine Coast and Hervey Bay. The three programs provide a total of 10 residential places providing for throughput of 160 people per year, and non-residential support to 350 people per year. Peer worker training held in 2011–2012 provided 19 days of training with a total attendance of 144 peer workers.
- **Housing and Support Program (HASP):** this program was delivered collaboratively by the Department of Communities, Queensland Health and non-government service providers to support recovery for individuals with psychiatric disability. It provides social housing linked with non-clinical support services. During 2011–2012, approximately 240 people were supported through HASP.
- **Recovery oriented Certificate IV in Community Mental Health:** provided through the Department of Education and Training, ensured statewide availability of disaster recovery training resulting in 82 workshops to 1600 Queensland Government and non-government staff working in disaster affected communities.
- **Clinical Reform Initiative:** Building the foundations for recovery and participation for people with severe mental illness and psychiatric disability is a focus of the reform agenda in the Queensland Plan for Mental Health. These consumers require dedicated and sustained assistance to access, and remain engaged with the range of health and social support services needed for sustained recovery. Since its commencement in 2010, the clinical reform initiative has supported the progression of needs analysis and strategic planning to achieve better coordinated care and has had a positive impact on a range of mental health services.

Intended system outcomes include:

- increased capacity in community-based mental health services
- processes for performance measurement and service improvement
- strengthened collaboration and coordination across mental health, primary health and social support services at the local level.

Priority 4: Coordinating care

The Four Year Report on the Plan noted the establishment of 20 service integration coordinators to facilitate more seamless care across primary health, housing, employment, disability and mental health services. In 2011–2012, an additional three Aboriginal and Torres Strait Islander Service Integration Coordinators were recruited to implement a Child and Youth Care Coordination project.

Priority 5: Workforce, information, quality and safety

Implementation continued on developing workforce capacity to deliver mental health programs through the *Mental Health Leadership Program* and the Centralised Recruitment Project.

A Statewide Clinical Governance Steering Committee was established to develop and coordinate clinical governance activities in Queensland Mental Health Services. It provides oversight of safe, high-quality and evidence-based care to ensure that patients are the main focus and priority of mental health service delivery.

The Consumer Integrated Mental Health Application (CIMHA) supported mental health clinicians across 120 Queensland locations in providing safer quality mental health services. This integrated system displays a comprehensive picture of a patient's mental health care needs, with a second phase now underway to further support mental health clinicians.

Key achievements for 2011–2012 included:

- continued development of statewide mental health models of service
- targeted implementation of priority models of service in selected areas to improve access, clinical leadership, service responsiveness, consistency of treatment, and quality of care to consumers of public mental health services
- building capacity within mental health services to use data and information to effectively target service improvement initiatives
- a Mental Health and Alcohol and Other Drugs Policy that sets out principles for service integration and associated implementation standard for care coordination.

Queensland Health Victim Support Service

The Queensland Health Victim Support Service (QHVSS) is a service that promotes and supports

the recovery of victims of mentally ill offenders. Information, counselling and other supportive activities are provided to clients and their families at any stage after the initial offence and for as long as needed by the client.

There was an increase of 42 per cent in the number of open cases managed by the service in 2011–2012. The service had 172 clients at 30 June 2012 compared with 121 clients at the same time last year. Seventy per cent of these were clients of the service prior to 1 July 2011.

The 172 clients were victims, or family of victims, of a range of offences. These included:

- 58 (34 per cent)—assault causing grievous bodily harm, assault occasioning bodily harm, robbery with violence, serious assault and common assault
- 39 (23 per cent)—murder and dangerous driving causing death
- 34 (20 per cent)—attempted murder
- 16 (9 per cent)—unlawful stalking
- 14 (8 per cent)—rape and sexual assault
- 11 (6 per cent)—miscellaneous offences.

The seriousness and complexity of the offences provide some insight into the traumatic grief experienced by, and the complex psychological needs of, those clients. The QHVSS has managed a total of 428 clients since the establishment of the service in 2008.

Key achievements in 2011–2012 include:

- Negotiation of an arrangement with the Queensland Police Service to identify eligible victims. The police will contact the victim to advise them of the QHVSS and its role. This process of early recognition and intervention with victims is leading to increased referrals to the service and applications for orders and, most importantly, provides victims with access to information and support in a timely and responsive way.
- A representative from the QHVSS participates as a member of a committee which reviews the documentation in relation to a forensic patient when the victim has a Forensic Information Order (FIO) in place. The purpose is to ensure the issues faced by the victim are given due consideration; the proposed risk management plan for the patient minimises risk for both the victim and the patient; and also ensures that information about the offence and the victim is accurately represented.

National partnership agreements

National Partnership Agreement on Improving Public Hospital Services

The National Partnership Agreement on Improving Public Hospital Services (NPAIPHS) has been developed to improve access to public hospital services, including elective surgery, subacute care and emergency department services.

A total of \$83.8 million in reward funding is available to Queensland under the NPAIPHS—\$42.2 million for National Elective Surgery Target (NEST) and \$41.6 million for the National Emergency Access Target (NEAT), subject to achievement of performance targets. Queensland performance against these targets will be assessed at 31 December 2012.

Queensland Health has initiated the following projects to deliver public hospital service improvements:

- QEII Hospital elective surgery enhancement
- Surgical activity (additional)
- Surgical equipment purchase
- Logan Hospital elective surgery and emergency department expansion
- Clinical redesign program
- Caboolture Hospital paediatric emergency department expansion
- Redcliffe Hospital paediatric emergency department enhancement
- Toowoomba Hospital emergency department enhancement
- QEII Hospital emergency department enhancement
- Maryborough Hospital additional rehabilitation beds and space
- QEII Hospital Palliative Care Unit
- Townsville Hospital subacute enhancement
- Cairns Base Hospital enhanced subacute services
- Rockhampton Hospital subacute enhancement
- Logan Hospital subacute expansion
- Provision of new bed based subacute services
- Non-admitted subacute services
- Data improvement project
- Purchase of subacute services from the non-government sector.

National Partnership Agreement on Hospital and Health Workforce Reform

The NPA on Hospital and Health Workforce Reform has been established to improve public hospitals' efficiency and capacity through the following reform components:

- introducing a nationally consistent activity based funding approach
- improving health workforce capability and supply
- enhancing the provision of subacute services
- taking the pressure off public hospitals.

A nationally consistent ABF model has been developed and will be incorporated into the Queensland Health funding process by July 2012. The Queensland Health ABF model was used during 2011–2012 to formulate the HHS contract offers. Queensland Health also exceeded the 20 per cent growth in subacute activity during 2011–2012, as required under the agreement.

Improving international health workforce recruitment efforts is a key platform of workforce reform under this national partnership agreement to address workforce shortages and ensure the workforce can meet increasing demands for services. Through a variety of national health and workforce committees and working groups, Queensland Health has provided comment on the direction and initiatives under the International Health Professionals Work Program.

National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan

The NPA on the Elective Surgery Waiting List Reduction Plan provides funding to reduce the number of Australians waiting longer than clinically recommended times for elective surgery by improving efficiency and capacity in public hospitals.

Queensland Health commenced implementation of the following service improvement initiatives to achieve elective surgery performance targets outlined in the national partnership agreement:

- statewide implementation of checklist software to assist in modelling the impact of process redesign on hospital waiting lists
- progressive implementation of *The Productive Theatre Program* to improve operating theatre productivity
- implementation of ORMIS version 7.0 into 24 hospitals across Queensland
- provision of additional treatment opportunities through the *Surgery Connect Program*, which aims to provide alternative treatment options for 'long wait' elective surgery patients, either in the private sector or by using available capacity in the public sector outside normal operating hours
- purchasing additional equipment to improve capacity and operating room efficiency and waiting times for elective surgery.

National Partnership Agreement on Health Infrastructure

The NPA on Health Infrastructure provides funding to improve the health and wellbeing of Australians through the provision of high-quality physical and technological health infrastructure.

The following projects have been initiated to support the outcomes of the national partnership agreement:

- Central Integrated Regional Cancer Centre—development of cancer centres in Rockhampton, Bundaberg and Hervey Bay, with appropriate networking and linkages to comprehensive cancer services; scheduled for completion in late 2014.
- Sabai Island Primary Health Care Clinic—Indigenous Land Use Agreement registration with the National Native Title Tribunal in June 2012, with award of tender for design and construction in July 2012.
- Digital technology for BreastScreen—BreastScreen Queensland has implemented digital mammography equipment in all services, which has provided additional capacity to screen more women, particularly in rural and remote areas, through the substantial reduction in technical repeats, as digital image quality can be checked immediately.

- Indigenous Mobile Dental Infrastructure—three drover mobile dental clinics have been purchased to improve dental services to Indigenous Queenslanders; and purpose-built facilities have been constructed and delivered to Cherbourg, Cape York, and the Torres Strait and Northern Peninsula.
- Rockhampton Hospital Expansion—scheduled for completion in late 2013 and includes additional operating theatres, refurbishment of central sterile supply department and additional inpatient accommodation.
- Toowoomba and South West Queensland Regional Cancer Centres—completed in April 2012 and expanded the capability of the Toowoomba Hospital to deliver effective cancer care to rural and regional patients through the provision of additional chemotherapy facilities.
- Townsville Hospital Expansion—additional operating theatres, new central energy facility, additional clinical and non-clinical support services and additional inpatient accommodation scheduled for completion in mid 2014.
- Townsville and Mount Isa Regional Cancer Centre—expand the physical infrastructure and existing regional cancer services provided by the Townsville Hospital (scheduled for completion by mid 2014) and the Mount Isa Hospital (scheduled for completion by the end of 2012).

National Partnership Agreement on Health Services

The NPA on Health Services has been developed to improve the health and wellbeing of Australians through the delivery of high-quality health services, including:

- Implementation Plan for *Aedes albopictus* Prevention and Control in the Torres Strait Program—the objective of this program is the surveillance, control and possible elimination of *Aedes albopictus* in the Torres Strait. Queensland Health is also working toward decreasing the risk of incursion of the *Aedes albopictus* mosquito into South East Queensland.
- Implementation Plan for the Aged Care Assessment Program—this program has been developed to assess the care needs of frail older people, and to ensure they are able to gain access to the most appropriate types of care for their needs.

- Implementation Plan for the Extension of the Council of Australian Governments (COAG) Long Stay Older Patients Initiative—this initiative provides funding for minor capital works for services in rural locations to make sure they are more ‘age friendly’. It also provides funding to services in metropolitan and regional areas to improve the transition of patients to more appropriate long-term care arrangements.
- Implementation Plan for Healthy Kids Check—the objective of the Healthy Kids Check initiative is to strengthen the linkages between the MBS Healthy Kids Check and state-funded child health services; and to further promote the provision of and uptake of health assessment services to children about to enter the school system. In Queensland, this funding has been used to deliver a child health check program in the remote Cape York communities of Kowanyama, Hopevale, Wujal Wujal, Aurukun, Lockhart River, Coen, Pormpuraaw, Napranum, Laura and Mapoon. This Commonwealth funded initiative ceased on 30 June 2012.
- National Perinatal Depression Initiative—this initiative is focussed on the prevention and early detection of antenatal and postnatal depression and providing better support and treatment for expectant and new mothers experiencing depression. The Queensland Centre for Perinatal and Infant Mental Health promotes accessible and responsive services for optimum mental health and social and emotional wellbeing for women, their infants and families during the perinatal period.
- OzFoodNet—this initiative is a collaborative network of epidemiologists conducting enhanced surveillance, outbreak investigations and applied research into food-borne disease. The OzFoodNet surveillance network actively investigates food-borne disease at the national and local level to improve knowledge of this disease and describe more effectively its epidemiology, and to provide information to assist public health efforts in minimising its incidence in Australia. Surveillance data is collected and reported for the following twelve pathogens/conditions: salmonella, campylobacter, listeria monocytogenes, shiga toxin-producing e. coli (STEC), shigella, yersinia enterocolitica, typhoid fever, paratyphoid fever, ciguatera poisoning, clostridium botulinum, hepatitis A and haemolytic uraemic syndrome (HUS). There were 8204 cases of foodborne illness

due to the twelve pathogens or conditions under surveillance notified to Queensland Health during 2011. This compares with 7948 cases and 7277 cases notified in 2010 and 2009 respectively.

- Rheumatic heart fever—the Rheumatic Heart Disease Register and Control Program was established as a coordinated approach to control acute rheumatic fever and the management of the resultant condition, rheumatic heart disease. For the 12-month period between 1 July 2011 and 30 June 2012, 73 new acute rheumatic fever notifications were received, the majority from north Queensland. There are now a total of 1405 registered individuals on the register.

National Partnership Agreement on Financial Assistance for Long Stay Older Patients

The NPA for Long Stay Older Patients (LSOP) provides funding to Queensland Health in recognition of the costs incurred in providing care for people in public hospitals who are not able to access nursing home care. Queensland Health has been liaising with the Australian Government’s Department of Health and Ageing regarding the national census of LSOP. Census data is used to determine the number of LSOP in each state.