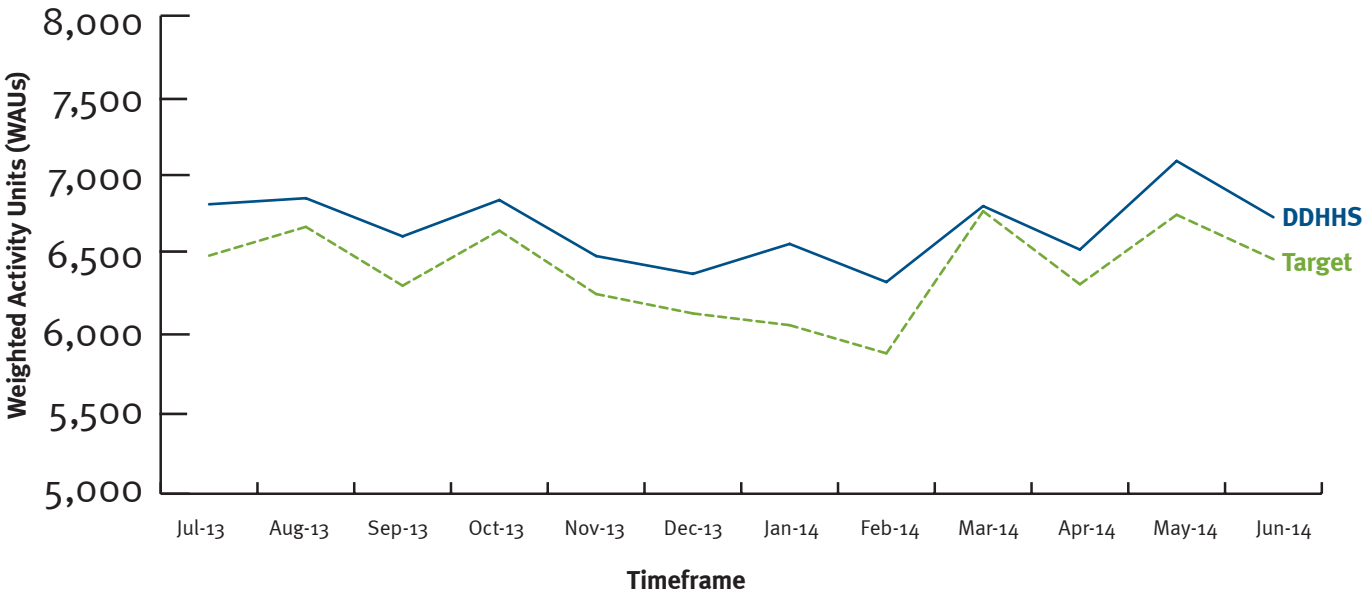
Our performance

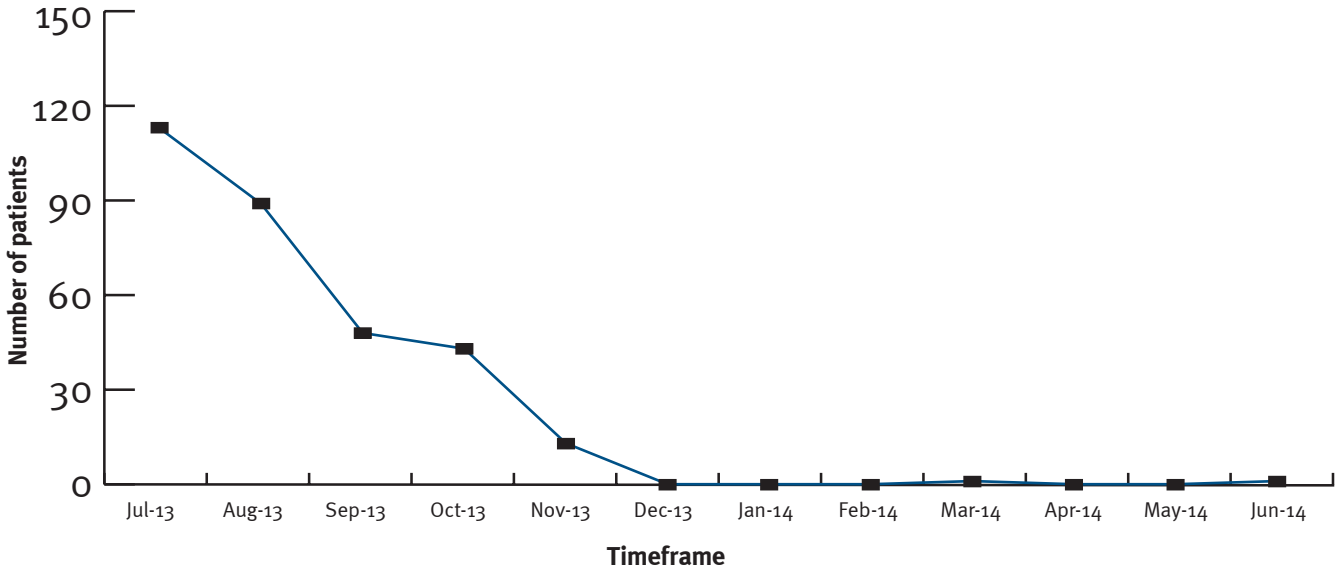
DDHHS delivers more health care than contracted

DDHHS has consistently delivered more health care than contracted to under the service agreement with the Department of Health. The top line shows what the DDHHS provided (as measured in weighted activity units which provide a common unit of comparison) while the bottom line is the contracted level of service.



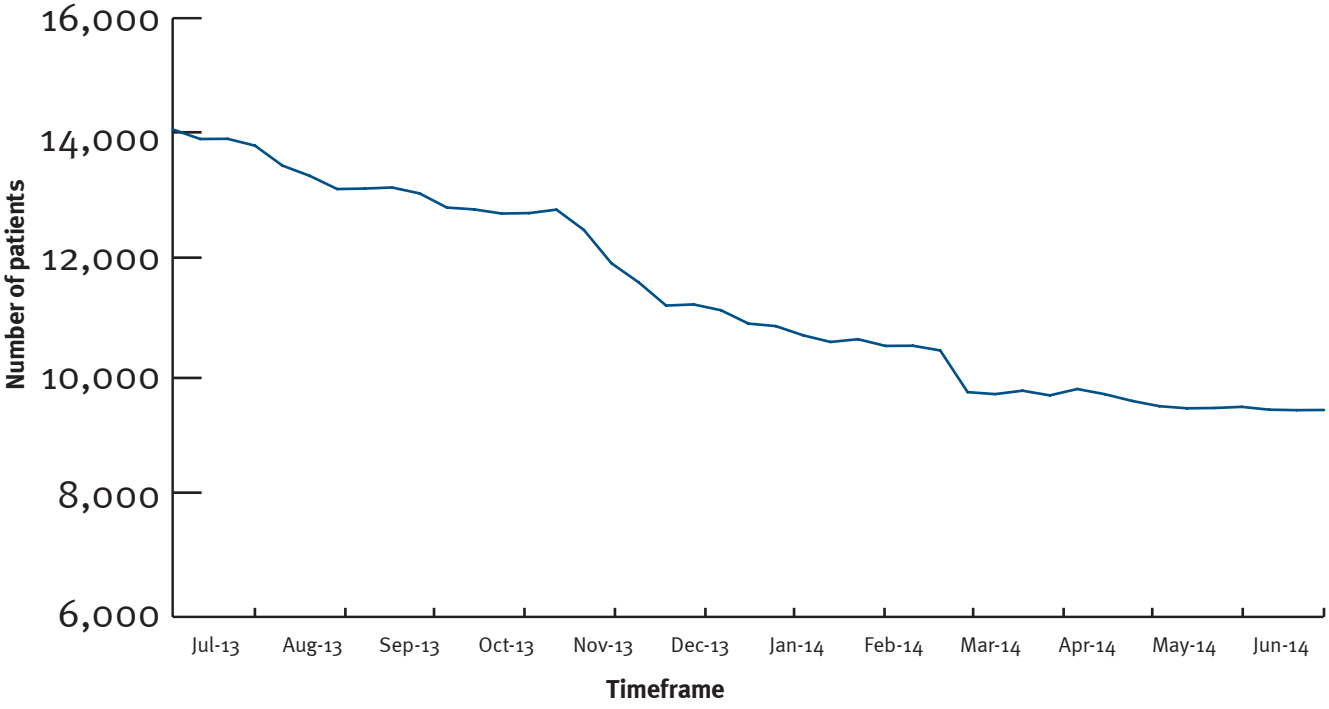
Number of long waits for routine elective surgery reduced

The numbers of people waiting longer than clinically recommended for routine (Category 3) elective surgery was significantly reduced as shown in graph below.



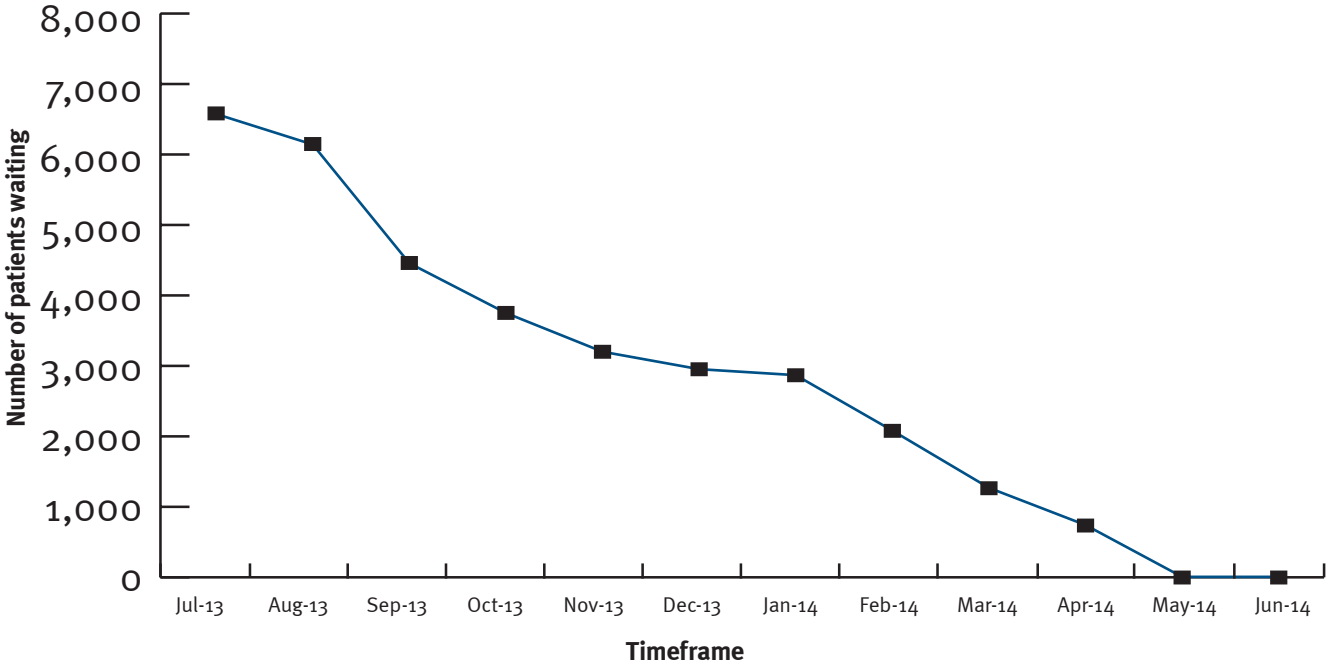
Numbers waiting for Specialist Outpatients' appointment improves

People waiting for an outpatient appointment dropped by 34 per cent between July 2013 and June 2014. Reducing the waiting list further will continue to be a focus in 2014-15.



Oral Health long waits improve

DDHHS had a strong focus on reducing waiting times for oral health care. By the end of June 2014, no one was waiting longer than clinically recommended for a routine dental check-up.



Our performance

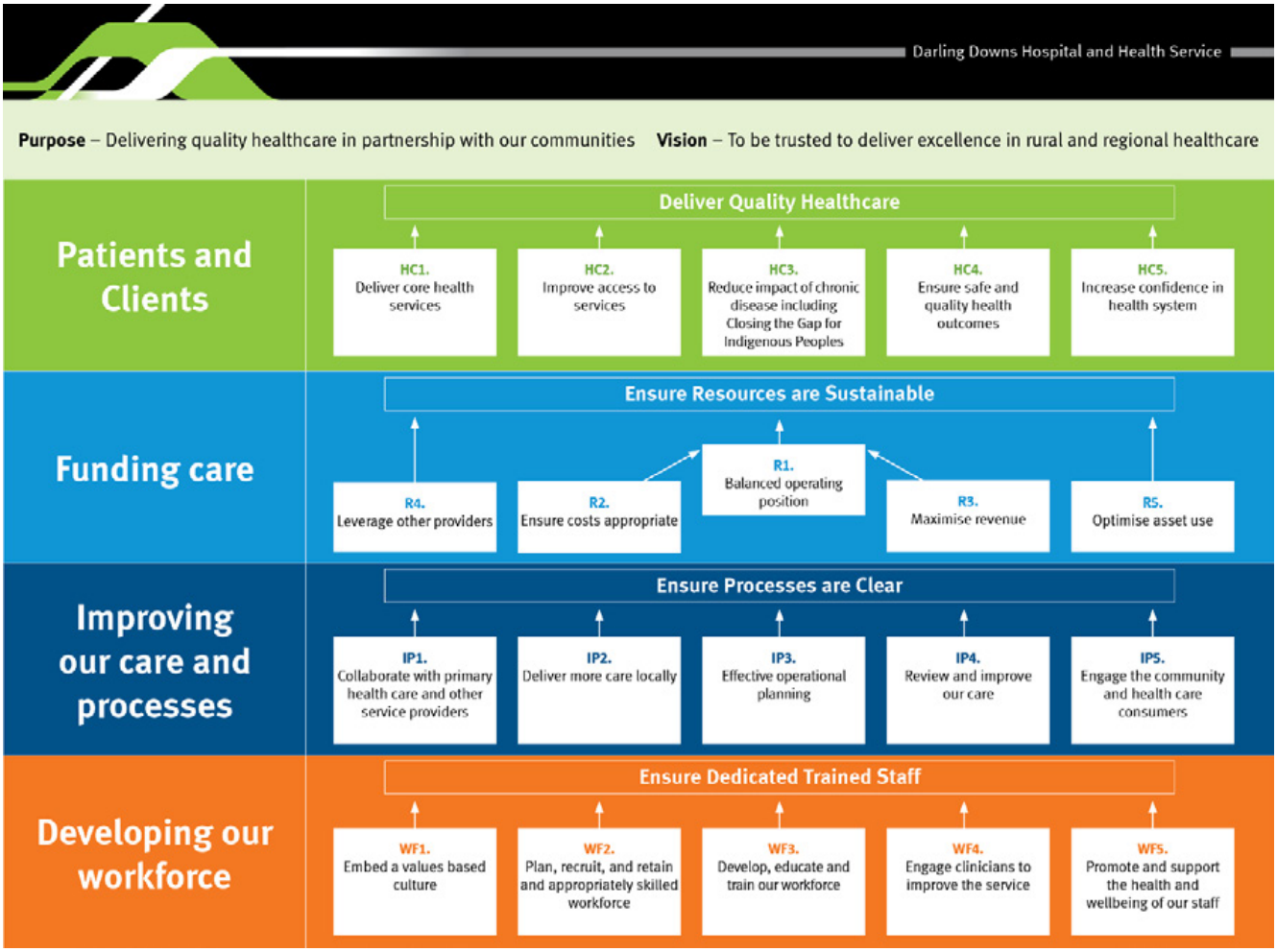
DDHHS Strategic Plan 2013-17 (below) sets out the priorities for how the service will meet our vision: to be trusted to deliver excellence in rural and regional healthcare.

It is a living document which guides planning, implementation and review of all aspects of our operations.

It focuses on our need to have dedicated trained staff who are supported with clear processes and sustainable resources so they are best placed to deliver quality healthcare.

This section of the annual report details our performance in four key areas covered in the strategic plan:

- delivering quality healthcare
- ensuring resources are sustainable
- ensuring processes are clear
- ensuring dedicated trained staff.



Delivering quality healthcare

DDHHS operates under a service agreement with the Department of Health to deliver agreed core health services. During the year we delivered above the contracted amount with 104 per cent of services provided to patients and communities.

For 2013-14, the Board had a strong focus on delivering core health services that would improve patient care on several fronts.

In 2013, the Toowoomba Emergency Department admitted to a ward, transferred or discharged within four hours, 79 per cent of the more than 46,000 presentations during the year. This was above the National Emergency Access Target (NEAT) of 77 per cent. Several rural facilities exceeded the target: Stanthorpe (97.6 per cent), Cherbourg Hospital (97 per cent), Warwick (94.5 per cent) and Kingaroy Hospital (89.5 per cent).

By the end of 2013, no patients waited longer than clinically recommended for urgent, semi-urgent or routine elective surgery at Toowoomba Hospital. In 2013-14, 4,796 elective surgical procedures were performed, 934 (24 per cent) more than in 2012-13. Surgery activity also increased in Kingaroy, Warwick and Dalby.

In July 2013 urology services were reinstated at Toowoomba Hospital. Many patients no longer have to travel for treatment. In the first year, 447 urology outpatients were seen with 301 elective surgical procedures and 51 emergency procedures performed.

In January 2014 increased ophthalmology services started at Toowoomba Hospital. In 2012-13, 327 cataract patients were treated, while in 2013-14 there were 469 patients treated.

There were 3,441 endoscopies performed, an increase of 480 on the previous year.

In June 2013, there were 6,826 people waiting longer than clinically recommended for a general dental appointment. By June 2014, there were no patients waiting outside the clinically recommended timeframes. This was achieved through recruitment of more staff, use of a voucher system to see a private dentist, a public-private partnership at Inglewood, and staff working overtime and after hours to offer more appointments.

Maternity services delivered 3,136 babies across DDHHS, 28 more than in 2012-13. This included 412 babies in Kingaroy, one of the busiest non-specialist birthing facilities in the state.

DDHHS operates seven designated birthing facilities. In 2013-14 the distribution of births at these facilities was:

Toowoomba	1,994
Kingaroy	412
Dalby	272
Warwick	195
Stanthorpe	128
Goondiwindi	95
Chinchilla	33

In addition seven babies were delivered at other facilities in DDHHS.

During the year, there were 4,210 visits to new parents under the "Mums and Bubs" program where midwives and child health nurses provide in-home support services through two visits in the first four

Allied Health Clinical Leader role example of innovation

Physiotherapist Doug Murtagh and Occupational Therapist Sue McLevie (pictured) helped host the visit.

A program developed by DDHHS allied health staff to streamline and better coordinate patient care caught the attention of allied health professionals from one of Australia's leading tertiary hospitals. Members of Melbourne's Alfred Hospital's allied health team visited Toowoomba Hospital in May to learn more about a Clinical Leader role that has been implemented in the Acute Medical Unit to improve patient flow and enhance patient care.

The visit was organised after the Toowoomba team presented at a national Allied Health conference in September 2013.

weeks after giving birth. The program gives information on immunisation, breastfeeding and nutrition, providing a safe environment and the importance of reading to children.

Toowoomba Hospital's Stroke Unit was the only facility offering stroke lysis treatment, 24/7, on the Darling Downs. The unit has had remarkable success with patients who have been able to receive treatment within hours of stroke symptoms developing. Patient feedback on the unit and rehabilitation facilities has been outstanding.

The delivery of these core health services was achieved in an environment of strong clinical governance and focus on safety and quality.

A Senior Medical Officer was appointed as the Director Clinical Governance and other senior staff were recruited to lead the safety and quality functions across the Health Service.

The Patient Safety and Quality Unit continued to play a vital function in the operation of the DDHHS. The team included quality officers and facilitators, patient safety officers, and the consumer liaison service who all had a role in maximising patient safety in line with the National Safety and Quality Health Service Standards.

DDHHS has maintained accreditation across all components of the service.

DDHHS is committed to providing safe and quality healthcare. To supplement existing processes, in 2014 the DDHHS implemented the statewide initiative "Ryan's Rule". Ryan was a child elsewhere in Queensland whose parents could see he was deteriorating. They had no way of alerting clinicians to this problem and Ryan died. As a consequence, 'Ryan's Rule' was introduced and promoted so that if families become concerned about a relative's care they can escalate their concern to a senior medical manager.

Several promotional opportunities focused on raising awareness of key safety issues. These included "April No Falls" month, a national and international initiative to raise awareness of falls and minimise preventable fall injuries. The "Be a Hand Hygiene Angel" campaign at Toowoomba Hospital won a state-wide competition for its creativity in raising awareness, joining many other initiatives across the Health Service to improve hand hygiene rates.

DDHHS launched a new clinical newsletter, *The Clinical Standard*, as part of an open communication and continuous education program to improve patient care. The publication seeks to provide valuable lessons, and includes some real-life case studies, links to relevant literature, and other useful information.

The DDHHS has a strong Patient Safety and Quality team who work across all parts of the Hospital and Health Service.

General Manager Toowoomba Hospital Dr Peter Gillies was one of more than 30 staff members who were happy to champion the infection control cause by becoming a "hand hygiene angel". The Toowoomba team took out the State award for best hand hygiene promotion campaign.

Ensuring resources are sustainable

Financial Summary

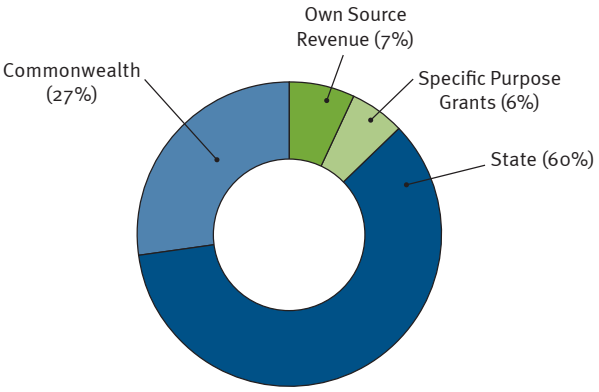
DDHHS has finished its second financial year as a statutory body with an operating surplus of $17.7 million, on revenue of $607.4 million, while still delivering on agreed major services and meeting and improving key safety and quality performance indicators. This occurred largely as a result of continued productivity improvements as well as increasing own source revenue.

Where the Money Comes From

DDHHS income is predominantly from government funding comprising:

- State Government contribution for activity based and block funded services
- Commonwealth Government contribution paid through Queensland Treasury for activity based and block funded services
- Other State and Commonwealth specific purpose grants such as Home and Community Care and Nursing Home revenue
- Own Source Revenue generated from user charges and recoveries from other agencies.

Revenue by funding source



DDHHS total income from continuing operations for 2013-14 was $607.4 million. Of this the State contribution was $366 million (60 per cent), Commonwealth contribution was $163 million (27 per cent), Specific Purpose Grants were $35 million (6 per cent) and own source and other revenue was $43 million (7 per cent).

Where the Money Goes

DDHHS operates a complex group of services. The table below shows the proportion of the budget spent on services within DDHHS.

Toowoomba Hospital	37%
Rural Health (incl. Aged Care and Public Health)	32%
Mental Health (incl. Alcohol and Other Drugs)	13%
Allied Health (incl. Commonwealth Programs)	5%
Oral Health	2%
Infrastructure Costs	4%
Other Professional and Support Services	7%

73 per cent of expenditure in the service is on employee expenses both internal and external. 23 per cent of expenditure is on non labour expenses such as clinical supplies, drugs, prosthetics, pathology, catering, repairs and maintenance, communication and energy. Four per cent of expenditure is related to depreciation of our fixed asset base.

2013-14 in review

DDHHS produced a surplus of $17.7 million (2.9 per cent of revenue) in its second year as a statutory authority, while delivering activity purchased by the Department of Health. This was achieved mainly as a result of:

1. Productivity Improvements – given 73 per cent of DDHHS expenditure is labour related it is not surprising that the most significant contribution to the surplus has been through increased productivity. In 2013-14 the DDHHS managed to deliver 6.8 per cent additional activity compared to 2012-13, with only a corresponding 5 per cent increase in expenditure including enterprise bargaining increases and additional expenditure on backlog maintenance
2. Own Source Revenue – another significant contributor to improved performance has been an increased focus on maximising all sources of revenue, including maximising revenue from patients electing to be treated privately, bulk billing for Medicare eligible services and improvements in aged care revenue. Through improvements over the last two financial years this has added $8.5 million each year to the operating income for DDHHS.

Fulltime medical imaging service set for Goondiwindi and Warwick

A contestability process ensured local access to a CT scanner at Goondiwindi Hospital for the first time.

At its April 2014 meeting, the Board accepted a recommendation for medical imaging services such as x-rays, ultrasounds and CT scans to be provided by a private company at Goondiwindi and Warwick hospitals (pictured above).

This partnership approach with the private sector is a sustainable way of providing a full time medical imaging service in the two regional centres. It is expected to be in place by late 2014.

An Outlook

In spite of the result achieved by DDHHS, the financial sustainability of services in DDHHS remains a close focus given the expected increase in demand for services over the next 5-10 years and budgetary pressures on both Commonwealth and State Governments. The Board and Management of DDHHS remain vigilant in ensuring maximum services are achieved within the finite resources of the DDHHS and continue to develop strategies to strengthen the financial sustainability of DDHHS, including the retention of a modest contingency reserve from the generated surplus.

Community dividend

The 2012-13 surplus was reinvested, as a community dividend, to deliver improved local services including a $1.2 million refurbishment of the Stanthorpe Hospital maternity unit. Warwick company FBC Constructions Pty was awarded the tender to refurbish two birthing suites and install a birthing pool. The project was the culmination of extensive consultation with local stakeholders including Mothers United Maternity Services Stanthorpe (MUMSS) and the Stanthorpe Birthing Suite User Group. Work is set to be completed in late 2014.

The surplus was also used to fund a $360,000 project to build a dedicated palliative care room at Goondiwindi Hospital. Local company RJ Hanna Constructions were awarded the tender to build the facility which will help terminally ill patients stay closer to their families and friends for their end-of-life care. The palliative care room will include an upgraded private ensuite to offer home-like facilities. It will be opened in late 2014.

Also as part of the 'community dividend', the Board announced a $2 million expansion of the endoscopy unit at Toowoomba Hospital which will double existing capacity in the unit and free up other operating theatres so more complex surgery can be performed. The expansion means patients won't wait as long for procedures to investigate bowel conditions and will also help meet an expected increase in demand for endoscopies.

The Board allocated an extra $3 million for extra elective surgery in order to meet the national target of no patients waiting longer than clinically recommended for surgery. This funding facilitated extra surgery sessions, including on weekends, to cut through the lists. By the end of 2013, the target was achieved.

Backlog Maintenance Program

Work started on a $50.6 million program of maintenance and rehabilitation works to rejuvenate buildings and other facilities across DDHHS over the next four years. The State Government provided this funding to fix the backlog of maintenance work. This is in addition to the service's regular repairs and maintenance expenditure of around $13 million each year. Some of the common works include internal and external painting, plumbing, air conditioning upgrades, fencing repairs, improved security and electrical switchboard upgrades or replacements across the whole Health Service. The program includes $10 million for painting and refurbishments at Toowoomba and Baillie Henderson hospitals which started this year.

Ensuring processes are clear

Improving our care and processes means we look for opportunities to deliver more care locally, as well as review and improve our services through engaging the community and health care consumers.

DDHHS leads the State in the most number of telehealth consultations with 3,201 'occasions of service' provided, more than double the 1,531 consultations in 2012-13. A new unit was established to provide more support to this mode of health care delivery.

Patients who presented to our rural Emergency units needing Mental Health services were able to access specialist support through the Mental Health Consistent Assessment in Rural Emergency (MH CAiRE) project. It involved the use of telehealth to increase access to after-hours specialist Mental Health assessment services located in Toowoomba.

Some patients however do need to travel. The Patient Travel Subsidy Scheme (PTSS) supported more patients than ever before to access specialist medical services.

- Number of patients 9,792
- Number of claims 29,671
- Number of nights 48,415
- Total reimbursement $6,006,678.

DDHHS established a Commercial Management Unit to identify and explore business improvement opportunities and see them through to implementation. The unit's focus was to review DDHHS's models of service provision, identify options for service improvement, procure goods and services as required and manage contracts for goods and services to ensure that DDHHS receives value from its contracts.

More than twenty community service sector and government support agencies from across the region gathered together at the Toowoomba Hospital's inaugural Big Day Out in October. The day gave hospital staff the opportunity to find out more about the services available in the community for patients and their families. A community network meeting identified that there was a need for more information sharing between the hospital and local agencies.

The day included information stalls from a wide range of local and state government services and non-government organisations, as well as presentations on topics such as homelessness and housing, refugee support services domestic violence, and refugee support.

Another example of care process improvement during the year was the establishment of the Safe Haven unit at Toowoomba Hospital. It was created especially for patients experiencing delirium (a state of acute confusion). The unit features around-the-clock, continuous nursing care, a homely atmosphere and four beds specifically designed for patients experiencing delirium. Delirium commonly occurs in elderly patients, particularly those who have undergone surgery or have experienced an infection, electrolyte imbalance, depression or dementia. Up to 80 per cent of patients in intensive care will experience delirium. The new unit provides a space for families and friends of the patients to be accommodated, as well as security provisions, diversional therapies like craft and music, and specialised beds.

Outpatients' list improves

Toowoomba Hospital's specialist outpatient waiting list (excluding endoscopy) was reduced from 11,664 at the end of June 2013 to 7,745 in June 2013, a decrease of almost 34 per cent.

This was thanks to a special project which looked at ways to reduce the list so patients were waiting within clinically appropriate times.

General Practice Liaison Officer (GPLO) Dr Debra Carroll (pictured), whose position was co-funded by Darling Downs South West Queensland Medicare Local, has been an important part of the project's success as she has worked with GPs to streamline referrals to specialists.

The GPLO position arose through the Queensland Government's commitment to improving communications between GP Practices and the Health and Hospital Service.

The Board has confirmed continued improvements in waiting lists are a priority for 2014-15.