

# Our divisions

## Toowoomba Hospital

### Achievement highlights

- National elective surgery target reached
- More patients get seen in emergency faster
- Infrastructure improvement program started

Toowoomba Hospital was able to achieve a high level of healthcare delivery in 2013-14. This included:

- 47,966 emergency department occasions of service
- 93,259 admitted patient bed days
- 111,306 outpatient department occasions of service (including 19,970 Allied Health service provisions)
- 1,997 births.

Toowoomba Hospital achieved the National Emergency Access Target (NEAT) by the end of 2013. Under NEAT, Queensland public hospitals aimed to have 77 per cent of patients who present to emergency departments admitted, discharged or transferred within four hours. For the period 1 January to 31 December 2013, Toowoomba Hospital achieved a 78 per cent rating overall with over 48,000 presentations. This great result was due to a number of factors – the extraordinary effort of the staff across the hospital but particularly in the Emergency Department and Medical Unit 1, an improved bed booking process and multi-disciplinary meetings within the

wards to improve patient flow. From 1 January 2014 the NEAT target increased to 83 per cent and despite a very busy January and February, progress towards reaching this new target was good. For the period from 1 January to 30 June 2014 Toowoomba Hospital achieved 81.1 per cent, which again, was a testament to how hard staff across the hospital worked to ensure patients were treated efficiently.

In 2013, the surgical service achieved its goal of having all patients awaiting elective surgery treated within the clinical recommended timeframes set down in the National Elective Surgery Target (NEST). Improving our NEST was a key focus of the Hospital and Health Service and by the end of December 2013 the hospital reached its target of having no elective surgery long wait patients. In 2013-14, 4,796 elective surgical procedures were performed, which was 934 (24 per cent) more than in 2012-13.

Significant progress was made in addressing the outpatients waiting list. A dedicated GP Liaison Officer, jointly funded with the Darling Downs South West Queensland Medicare Local, led a project to identify where improvements could be made. This included consistent processes and the provision of relevant information to local GPs to assist with providing good quality referrals. Within the past 12 months, the waiting list, excluding endoscopy, has reduced from 11,664 to 7,745, a reduction of almost 34 per cent.

### Toowoomba's Jenni Price named as Queensland Midwife of the Year



For the second successive year a midwife from Toowoomba Hospital was named Queensland Midwife of the Year. Jenni Price (pictured), a midwife for more than 26 years, was delighted to be named as this year's winner during celebrations for International Day of the Midwife at Toowoomba Hospital's Harbison Maternity Unit in May.

"It is a privilege and an honour to receive this award," she said.

"I have the opportunity to work within a large team of health professionals who support me in what I do and it means so much to me to work in a town where women have choices in their care and birth."

The Board committed \$2 million in funding to expand the endoscopy suite at Toowoomba Hospital, doubling existing capacity. The second endoscopy suite will free up general operating theatres for more complex surgery and will allow increased numbers of endoscopy procedures to be undertaken to detect health issues such as bowel cancer.

From 1 July 2013, when urology services were recommenced at Toowoomba Hospital, until 30 June 2014, 447 urology outpatients were seen with 301 elective surgical procedures and 51 emergency procedures performed.

Design work on a new \$9.76 million kitchen at Toowoomba Hospital commenced to replace the current kitchen which produces around 1,000 meals per day but was built in 1963 and no longer meets modern standards. Construction is scheduled to start in late 2014 with completion expected by mid-2015.

Work started to rejuvenate 24 buildings at Toowoomba Hospital as part of a \$2.2 million project. The external façade of the hospital will be extensively revamped, with repairs made as necessary to restore the infrastructure to a good condition. It was part of a \$50.6 million backlog maintenance program across the Hospital and Health Service funded by the Queensland Government over four years.

The Stroke Unit celebrated its first birthday and one year of success. The service has delivered excellent outcomes to a number of stroke patients over the past 18 months since offering stroke lysis treatment, which involves administering a clot-busting injection within hours of the first symptom of stroke.

A unit, especially created for patients experiencing delirium, was launched at the Toowoomba Hospital. The four-bed Safe Haven Unit features around-the-clock, continuous nursing care in a homely atmosphere.

Toowoomba Hospital's pastoral care team celebrated 20 years of service to patients, families and staff in 2013. Around 200 hours of pastoral care is provided at hospital bedsides each week.

## Rural Health

### Achievement highlights

- Oral health care delivered in clinically recommended timeframes
- Large increase in telehealth services provided greater local access to care
- Surgery activity increased at Kingaroy, Warwick and Dalby

During the past year the Rural Health Division provided:

- 99,103 emergency unit occasions of service
- 67,827 admitted patient bed days
- 56,924 outpatient department occasions of service
- 53,391 community-based occasions of service
- 1,142 births

More care locally was achieved through:

- Telehealth services providing access to specialist medical services for many rural patients meant that the Darling Downs is leading the State in the frequency and numbers of telehealth consultations. Telehealth services providing a geriatrician into our residential aged care facilities has also improved care and avoided costly travel.
- Surgical activity has been increased in Kingaroy, Warwick and Dalby.
- In February 2014, the Chinchilla Hospital implemented a new medical model which enabled improved service provision to the community through a primary health clinic as well as increased anaesthetic coverage following employment of a rural generalist doctor with anaesthetics qualifications. This also means more consistent availability of birth services.
- The Birthing on Country Project has started to explore culturally sensitive and safe birthing services for women in the South Burnett.

Other highlights included:

Health Minister and Member for Southern Downs, The Honourable Lawrence Springborg MP, officiated at an event to celebrate 100 years of health service delivery in Texas on 2 November 2013. A high level of community involvement in establishing the hospital on 3 December 1913 — and in its operations since then — has been proof of the extraordinary role the local health service had



played in everyday life. Staff, past and present, were praised for their work in caring for the Texas community. The facility's oldest resident, Mrs Eva Beard who turned 100 on 3 March 2014, was guest of honour at the event.

DDHHS partnered with resources company Glencore to establish the Wandoan Primary Health Care Centre. The \$950,000 primary health care centre was operational at the end of September 2013. The clinic is staffed by a full-time nurse practitioner who is able to prescribe medication and diagnose conditions. The clinic also has facilities to accommodate regular visits from other health professionals including General Practitioners from Miles, a social worker, occupational therapist, podiatrist and physiotherapist, as well as equipment for telehealth. The new primary health care clinic replaced an ageing outpatient clinic which was located on the same site.

The health of Indigenous men living in the South Burnett was given a shot in the arm with the arrival of Liaison Officer Barry Fisher in December 2013. Barry helps men from the Cherbourg community while they access health services at Kingaroy Hospital. He works alongside fellow Indigenous Liaison Officer Jocelyn Clancy who started in her role in 2012. Both officers help patients understand their treatment or other parts of the healthcare process, as well as liaise with all stakeholders.

## Oral health care

Better access to high quality oral health services has been a focus across the Darling Downs Hospital and Health Service over the past year, with significant investment in achieving the nationally recommended time for a dental assessment for eligible clients.

At the beginning of June 2014, no eligible public patient across the Darling Downs was waiting longer than clinically recommended for a routine dental check-up. This was achieved through a range of measures to see more patients including:

- Establishing relationships with private dentists
- Implementing a voucher scheme for some long-wait patients to access private dentists
- Staff undertaking overtime and working away from home in areas of need
- Supporting a private dentist to see public patients at Inglewood Multipurpose Health Service
- Appointing a range of professional staff including new principal dentists in the Southern Downs, South Burnett and Western Downs, and
- Offering after-hours appointments to patients in some areas.

There were 252,376 oral health occasions of service provided during the year. Of these, 168,037 were adult dental treatments (20.6 per cent over target) and 84,229 were child or school-based treatments (12 per cent more than targeted).

## More renal dialysis offered at Kingaroy Hospital



Renal dialysis services in the South Burnett were increased as resources were moved from Toowoomba Hospital to avoid lengthy travel for South Burnett patients and their families. There are now 18 patients who receive haemodialysis at Kingaroy Hospital, an increase from the 12 places that were previously available.

The expanded service also includes telehealth services for patients in Cherbourg to help manage chronic kidney disease. Patients receiving care closer to home say their quality of life has improved. Cherbourg resident Erica Duncan (pictured with Kingaroy Hospital Indigenous Liaison officer Barry Fisher and Renal Unit Nurse Unit Manager Karen Quealy) no longer needs to travel to Toowoomba three times a week.

## Aged care

The Darling Downs Hospital and Health Board considered the *Queensland Commission of Audit Report 2013* specifically recommendation 78, to examine options for transfer of ownership and operation of residential aged care facilities. The Board carefully considered over a period of time information regarding the six residential aged care facilities operated by the Darling Downs Hospital and Health Service.

The Hospital and Health Service management reviewed the aged care facilities in accordance with the State contestability guidelines to ensure tax payer funds are used in the best way. These investigations concluded the Health Service subsidises the operations of the aged care facilities, but the Board decided that the improvements staff had already achieved demonstrated, they could deliver the required improvements. The Board reflected that these facilities are important to our local communities and are co-located with the local hospitals in many instances. The Darling Downs Hospital and Health Board provided advice to the minister of their decision that the Health Service would continue to own and operate each of its six residential aged care facilities.

All DDHHS aged care facilities are accredited under the National Aged Care Standards. We cared for more than 300 people a day in our residential care facilities or multipurpose health services. This equated to a total of 99,355 bed days in our aged care facilities and 10,902 bed days at multipurpose health services.

## Mental Health

### Achievement highlights

- The Mental Health Division has conducted 11 Mental Health First Aid Courses to 151 participants – four courses in rural areas and seven in Toowoomba.
- Enhanced services and streamlined processes were provided for rural clinics using telehealth assessments and reviews.
- Appointed a Carer Consultant to provide advice to the service and work with carers of clients of the service

Over the year the Mental Health Community Ambulatory Service provided 242,691 occasions of service across the catchment area. This equated to 665 services of all types provided on any day.

The adult acute inpatient unit at Toowoomba Hospital had 1,151 admissions compared with 1,209 last year. This represents 16,216 occupied bed days.

The Yannanda Adolescent Unit, which admitted its first patient in August 2012, had 207 admissions representing 1,816 occupied bed days. These were days young people were able to receive appropriate care locally within the context of their family and important networks.

Baillie Henderson Hospital had 50,682 occupied bed days, a reduction from 59,038 occupied bed days last year.

Every month throughout the year the Mental Health Service has performed well on two Statewide performance indicators of note:

- The Mental Health Service has exceeded the target of 60 per cent of clients discharged from an acute inpatient unit being followed up within seven days of discharge.
- In terms of readmissions to acute Mental Health units within 28 days of discharge - for seven months of the 2013-14 financial year, our performance exceeded the target by being below 12 per cent.





## Community Care Unit

Construction started in March 2014 on a new Community Care Unit (CCU) in Kearney Springs, Toowoomba. A Community Care Unit (CCU) is a residential facility for adult mental health consumers who are in recovery but require additional support and life skills rehabilitation to successfully transition to independent community living.

The CCU will comprise 24 one-bedroom villas with some common rooms and parking areas. Construction is funded by the Commonwealth Government with a project cost of \$11.6 million and is expected to be completed in late September 2014 with the transition of consumers to start from January 2015.

The Toowoomba facility is one of four CCUs being built as part of this project, with construction of others underway at Rockhampton, Bundaberg and the Sunshine Coast. The majority of places at all CCUs will be offered to consumers currently receiving rehabilitation services at Baillie Henderson Hospital (BHH). It is anticipated that the transition of consumers from BHH will be completed by June 2015. Working parties to transfer appropriate consumers to all sites have been set up.

A Human Resources working party, to assist in minimising the impact on staff of the downsizing of BHH, was established. In particular, an expression of interest process was put in place whereby positions elsewhere in DDHHS were offered to permanent staff at BHH before they are advertised more widely. By the end of the 2013-14 financial year,

ten employees from a variety of streams had been placed into alternative permanent positions through this process.

## Ridley Incident

In January 2014, DDHHS released a report on a review of a serious incident on 19 January 2013 in which a number of staff were injured at the Ridley Unit at BHH. The independent review was commissioned by the DDHHS Chief Executive and made 62 recommendations, mainly relating to clinical processes and carer and consumer engagement, all of which the DDHHS agreed to implement. Thirty-four of the recommendations have been implemented to date, with the appointment of a Carer Consultant and the implementation of gender-sensitive protocol, already in place before the report was released. Work is ongoing to implement the remainder of the recommendations.

## Peer Support Workforce

The Mental Health Service employed two Peer Support Workers who will be working from the Services Rehabilitation and Recovery Centre. The workers are people who have lived through the challenges of mental health and can use their life experiences to walk alongside others, supporting them in their recovery journey. Peer support workers and clinical staff offer programs covering a range of topics including mental health treatments and options, life skills, physical health, wellbeing, and community involvement. This initiative complements the consumer companion program

## Access to specialist Mental Health services improves



More patients who presented to Emergency Departments at rural hospitals were able to access specialist Mental Health care after hours.

The Mental Health Consistent Assessment in Rural Emergency (MH CAiRE) has been implemented across the DDHHS. It involves telehealth being used to increase access to after-hours specialist Mental Health assessment services in rural and remote communities, access to on-call psychiatrists, and mental health education outreach.

Project Manager Greg Neilson (pictured) said the use of telehealth services avoided more than 10,000km of unnecessary travel within the first three months of the project as patients were able to be treated at their local hospitals where clinically appropriate.

which has been operating at the Acute Mental Health Unit at Toowoomba Hospital for four years.

## Carer Support

A Carer Consultant worked closely with families of mental health consumers to promote positive family involvement in the recovery process. Strong relationships with carer-focused community organisations continued to be forged through the Carer Advisory Group which looked at increasing efficiency and reducing duplication of services across the DDHHS. Carer involvement has been an important part of planning for consumers' transition to Community Care Units.

## Rehabilitation and Recovery Centre

The Rehabilitation and Recovery Centre (RRC) provided a wide range of recovery-oriented programs which supported both inpatient and community consumers to build mastery in self management. The centre provided 19 programs a week and achieved many positive outcomes for consumers, including a dramatic reduction in the number of admitted days to the Acute Mental Health Unit.

## School LinQ Project

The School LinQ pilot project promoted leveraging partnerships between the Child and Youth Mental Health Service (CYMHS), schools and other external services provided to current and potential CYMHS consumers. The project recognised teachers and school support staff were often the first to notice when a young person is at risk of developing mental illness. The CYMHS team educated school staff on referral pathways to various clinical support options, and provided clinical advice on issues such as identifying risk factors and potential impacts of mental illness on learning. The trial at five schools was a success and the project is expected to be rolled out more broadly in 2014-15.

## Alcohol and Other Drugs

The Alcohol and Other Drugs service health promotion staff were involved with several projects across DDHHS, including some in partnership with community agencies. They included Mental Health First Aid, Men's Shed, It's a Bloke Thing, as well as healthy lifestyle and wellness programs.

Underpinning this work was the acknowledgment of the strong link between mental health, general physical health, and substance use.

## Repositioning

The division has undertaken a restructuring process which aims to align the service with the current future plan for mental health and to create a more responsive and effective service, targeted at specific contemporary workforce and practice roles. This also builds on the amalgamation and integration of the Alcohol and Other Drugs service into the Mental Health division that was undertaken last financial year.

## Specialist Registrar Training Program

For the fourth consecutive year the DDHHS Mental Health Service employed a registrar under the Specialist Training Program (STP). The program is designed to work with GPs in their practices to provide collaborative care to GP clients who require specialist psychiatry input. This program is, in the major part, funded by the Commonwealth Government and has proved highly successful and beneficial to clients and to the training registrars who are supervised by the Mental Health Service psychiatrists.



## Medical Services

### Achievement highlights

- More specialist doctors join ranks
- Outreach medical services provide local care in rural facilities
- Doctor relieving service offers state-wide coverage

From late 2013 until April 2014 extensive consultation was undertaken with the Senior Medical Officers across the Health Service in relation to the transition to individual employment contracts. This was a major change for senior doctors involving a move from being an employee of Department of Health under a collective agreement and an Industrial Award to becoming an employee of the Health Service on a contract. Despite being challenging at times we are very pleased that 219 of our senior doctors signed new contracts and will migrate to being DDHHS employees from 4 August 2014.

Several new specialists have joined the DDHHS Medical team including an anaesthetist, infectious diseases specialists, an orthopaedic surgeon, a general surgeon, an obstetrician and gynaecologist, and a new Director of Clinical Governance. The new urology services are also supported by three new part-time surgeons.

These new doctors have assisted the health service to expand services in several ways, including outreach general surgical, and gynaecology services to DDHHS rural facilities in Kingaroy, Stanthorpe, Warwick and Dalby.

Our close partnerships with the private hospital sector continue

with the ongoing appointment of several medical specialists and specialist medical training positions. The federal government has also assisted in funding these training positions, allowing an expansion of learning and experience opportunities for training doctors.

Further recruitment is ongoing with a focus to extend the cardiology and palliative care services. Toowoomba Hospital continues to support the Rural Generalist Pathway with advanced skills training positions in general surgery, anaesthetics and obstetrics.

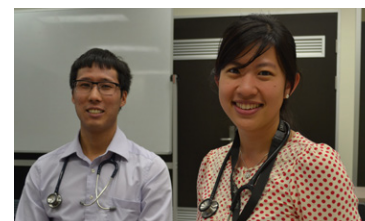
DDHHS was celebrated as the gold sponsor again this year at the 25th annual Rural Doctors Association of Queensland conference held in Brisbane in June. A large group of representatives from the DDHHS participated throughout the three-day conference, including presenting individual talks, sitting on panel discussions, moderating discussions and staffing a trade display.

### Rural and Remote Medical Support

Consolidation and development best categorises 2013-14 for the Rural and Remote Medical Support (RRMS) team and programs. The second year of being a part of DDHHS has been focussed on maintaining the relief program capacity while improving our program and service capability and efficiency. This work has positioned the team and services to springboard into an exciting year ahead.

Next year the RRMS will examine opportunities and build on its effectiveness in delivering

### Kingaroy host interns for first time



Intern Dr Tran Nguyen and second-year doctor Dr Michael Tam were part of the rotation program.

Kingaroy Hospital welcomed two medical interns on rotation from the Greenslopes Private Hospital for the first time.

Taking part in the federally-funded, Prevocational General Practice Placements Program (PGPPP), the interns spent 12 weeks in the rural hospital to gain more experience and skills.

In addition to the two interns, Kingaroy also hosted two second-year medical officers on rotation.

Kingaroy Hospital went through an accreditation process to be able to offer placements which give opportunity for doctors to participate in a continuum of training in a rural setting.

programs that contribute to rural communities' health and access to services across Queensland.

RRMS which incorporates Queensland Country Practice (QCP) has continued to work with Hospital and Health Services across the state this year and has undergone a development phase of the governance requirements for its programs, in particular how the medical employment

framework and prescribed employer structures needed the service to respond to change.

The service has approached the further development and expansion of the Rural Generalist Program with excitement as the prospect of workforce capability and rural generalist capacity is being realised, ensuring services are available where people live. The Queensland Country Relieving Doctors program has also been undertaking a project which is seeking to leverage the emerging rural medical workforce design to establish a contemporary rural generalist prevocational training program.

The goal is to further strengthen the options available to rural communities to attract and grow their own medical workforce, as well as participating in the broader medical training opportunities across the State.

Relieving services and programs have continued to perform strongly delivering:

- 186 weeks of relief by 30 senior vocational relieving doctors
- 1,179 weeks of relief by the 350 junior doctors that rotated through our program
- 818 weeks of relief by 25 health practitioners which include radiographers, pharmacists, physiotherapists and social workers
- 15 x-ray operator training courses, training 68 new x-ray operators to enable x-rays to be taken in small towns throughout rural Queensland
- management of the Queensland Health Bonded Medical Scholarship Scheme which will provide 229 doctors into communities in areas of need, of which only 12 are still at university with the rest already working in areas of priority across Queensland.

DDHHS sponsored the World Summit on Rural Generalist Medicine Australia 2013 conference in October where Health Minister The Honourable Lawrence Springborg MP announced a \$1.8 million boost and a redirection of scholarship funding to double the number of rural generalist training places in Queensland by 2016. The expansion will continue to address Queensland's rural workforce shortage to ensure rural and regional communities have better access to high quality medical services. The intake will increase from 37 in 2013 to 80 in 2016.

## Public Health

The 'Tackle Flu Before It Tackles You' campaign was a great success this year with 1,068 people vaccinated – triple the number of people vaccinated the previous year. The annual campaign targets Indigenous people aged over 15 years to increase the uptake of the seasonal flu vaccination. While the campaign was driven by the Darling Downs Public Health Unit (DDPHU), support is also provided by staff members from Toowoomba Hospital's Kobi House and health workers in each of the communities. Two DDPHU staff members showcased the successes of the locally co-ordinated Indigenous vaccination campaign at a national immunisation conference.

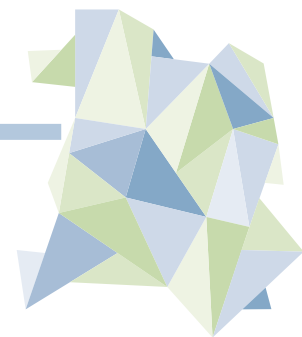
In response to a report by the Chief Health Officer on Legionella in water, all health services were required to ensure facility water supplies were monitored and managed appropriately. The DDPHU worked closely with Infrastructure and Planning and Building, Engineering and Maintenance Services to develop a sampling and water management plan for the DDHHS.

After the Toowoomba Regional Council (TRC) decision to continue water fluoridation the DDHHS assisted with the development of an education program on oral health. The DDPHU collaborated with Oral Health, the TRC, Darling Downs South West Queensland Medicare Local and the Toowoomba Hospital Foundation to coordinate a healthy teeth competition which provided an opportunity for local primary school children to create a video focussing on oral care messages.

An investigation into complaints from a member of the public, lead to the successful conviction of a company selling food past its 'use by' date. The company was fined \$10,000 and ordered to pay court costs. Several foods were also being sold that were past the 'best before' date. These foods had significantly deteriorated and were unsuitable for sale.

As part of its regulatory role to protect the public's health, Environmental Health Officers continued to monitor the sale of tobacco products in particular targeting those retailers that have previously been found to sell tobacco products to minors. It was pleasing to see that in 2013-14 no retailers were found selling smoking products to children.





## Nursing and Midwifery

### Achievement highlights

- More than 2,700 nurses employed across DDHHS
- Private Practice Midwifery Model receives Premier's Award
- DDHHS nurses score well in statewide comparisons

DDHHS employs more than 1,650 Full Time Equivalent (FTE) nurses and midwives. As many nurses work part time this number equates to more than 2,700 nurses across the service.

Of these nurses approximately 71 per cent are employed as Registered Nurses (RNs) or Midwives. The DDHHS employs first-year Registered Nurses each year through the Graduate Nurse program. In January 2014, more than 20 graduate nurses were employed across all divisions.

DDHHS is performing well on its Nurse Sensitive Indicators (NSI), a monthly scorecard which provides a comparison against other hospitals in the state. NSI data enables comparison and benchmarking of nursing indicators across 10 categories including falls, pressure injuries, medication administration, blood transfusion, hand hygiene, nursing sick leave, overtime and agency usage. In 2013-14, the DDHHS was tracking at or better than the state average on most indicators, with the greatest improvements in reduced agency and casual usage as well as overtime rates.

Thirty-five nurses working across the DDHHS Mental Health

Service have gained credentialing as a Mental Health Nurse under a program offered through the College of Mental health Nurses.

Toowoomba Hospital's gastroenterology nurse Wendy Irwin joined an elite group of nurses, after being awarded credentialing from the Gastroenterology Nursing College of Australia. Since 2004 five nurses from Toowoomba Hospital have sat and passed this exam and, of those, three have attained the highest mark in Australia, including Wendy.

Toowoomba Hospital's Maternity Service was highly commended in the 2013 Premier's Awards. The Private Practice Midwifery Model of Care is a public private partnership between Toowoomba Hospital and midwives in private practice. This model provides access for women who, with their own midwife, use the Toowoomba Hospital Birth Centre.

The successes of a Toowoomba Hospital program that provides midwifery care to local Indigenous women were highlighted at an international conference in June 2014. Midwife Linda Evans travelled to Prague in the Czech Republic to present a talk about the Boomagam Caring Outreach Midwifery Service which provides culturally appropriate antenatal and postnatal care to local Aboriginal and Torres Strait Islander women in their homes. The service started in 2010 as a way of improving the health outcomes for pregnant Indigenous women, with 100 per cent of Indigenous women who come to the Toowoomba Hospital completing the recommended five antenatal health checks.

### Toowoomba's first direct-entry midwife graduates



Susara Kitching was the Toowoomba Hospital Maternity Unit's first graduate from the direct-entry midwifery program at Griffith University.

"I've been so lucky to be in Toowoomba, because people training in big tertiary hospitals don't have what I have in terms of one-on-one training and support," Susara said.

"She's special, and we are very proud of what she's done," said Lisa Gierke, clinical midwife and Susara's training supervisor (pictured with Susara). "Susara has become an excellent midwife."

After graduating, Susara secured a midwifery position at Charleville Hospital.

Goondiwindi Hospital Director of Nursing, Lorraine McMurtrie had results of her research project published in an international nursing journal. The article, entitled “Keeping our nursing and midwifery workforce: Factors that support non-practising clinicians to return to practice” was published in the May 2014 edition of *Nurse Education Today*.

The Darling Downs Hospital and Health Service was the first Australian health service to undertake the Frontline Leadership Training offered by The Advisory Board Company based in America. The DDHHS has supported more than 30 frontline nursing staff to undertake this program. The program enables these staff to develop their leadership skills to enable them to effectively manage change, drive innovation, and lead improvement initiatives. Each of the participants is leading a project in their work unit under the guidance of leadership coaches and the Advisory Board.

Appointment of an experienced senior nurse Jill Richardson to a new position as Resource, Management and Productivity Nurse Manager, reinforces DDHHS's commitment to nursing and midwifery resource management and future workforce planning.

Following the retirement of two long-serving Directors of Nursing (DON) and the resignation of three other DONs, a recruitment process was instigated and new Directors of Nursing were appointed at Goondiwindi, Inglewood, Millmerran, Tara, and Warwick.

## Allied Health

### Achievement highlights

- Highest number ever of breast screens performed
- New Allied Health service models implemented
- More than 9,000 training activities delivered

Allied Health professions represented in the division include: occupational therapy, physiotherapy, nutrition and dietetics, speech pathology, podiatry, social work and psychology.

The Allied Health workforce is employed across the DDHHS. In Toowoomba Hospital alone a total of 68,179 occasions of service were delivered to 8,986 patients by the allied health professionals.

A report ‘*Ministerial Taskforce on Expanded Scope of Practice*’ was released in May 2014 of which a number of models of care from DDHHS were included. These were:

- Allied Health Acute Medical Clinical Leader
- Rural Generalist Allied Health Clinical Leader (Warwick Emergency Department)
- Advanced Allied Health Assistant Rural Outreach Model of Care (South Burnett)

The DDHHS had its strongest representation yet at the 10th National Allied Health Conference held in Brisbane. A wide range of allied health employees from the DDHHS were involved in delivering a pre-conference workshop, three oral presentations and four posters at the event. The Cunningham Centre also held a trade display where staff fielded many enquiries from conference attendees. The conference provided a forum for the allied health workforce, educators and researchers to showcase innovations, share their latest research findings, hear from national and international speakers, and network with colleagues from around the country.

### BreastScreen and Mobile Women's Health Services

BreastScreen Queensland Toowoomba Service continued to demonstrate its commitment to providing women in the Darling Downs and South West Hospital and Health Services, and parts of West Moreton and Central West Hospital and Health Services, with a professional, sensitive and accessible breast cancer screening service.



During the year, the Toowoomba Service and associated mobile services screened 17,888 women, the highest number of screens since the inception of the service in 1992.

In 2013, the BreastScreen Mobile Service also expanded its list of sites in Toowoomba to include an extra two locations not previously visited. The van spent two to three weeks each, at two new sites in Wilsonton and Kearney Springs in order to meet the growing demand for the service.

A new mobile screening service commenced at Kingaroy during the year. New mobile services to Drayton and Pittsworth are planned for 2014-15, along with the introduction of an annual visit to Warwick.

The commencement of mobile services to additional sites has been made possible through the sharing of mobile units between other BreastScreen Queensland Services and the Toowoomba Service. Toowoomba BreastScreen is continually reviewing program participation rates and changes in population demographics in order to improve access to the screening service.

In May and June 2014, the BreastScreen Queensland Toowoomba Service ran a successful awareness raising campaign encouraging women to have 'the coffee conversation'. Selected coffee shops in Toowoomba were stocked with limited edition pink cups emblazoned with "Keep Calm and Have a Breast Screen".

DDHHS manages three mobile women's health nursing services that operate across the Darling Downs and South Burnett, as well as some communities in the West Moreton, Wide Bay and Sunshine

Coast regions. The three nurses operate as sole practitioners and use an outreach model to provide services to women. In 2013-14 the three nurses delivered services to 3,457 women, and travelled a total of 74,000km. Consumer feedback overwhelmingly indicated that the services offered are highly valued by women and service providers in the rural communities they visit.

### Home and Community Care (HACC) Services

Members of DDHHS's HACC Continence Advisory Service were praised for their efforts during a consumer-based forum. As part of its federal funding commitment, the service is required to host a forum where clients can provide feedback. Eight clients, some with their carers, took part in the face-to-face forum in late March. The feedback provided was overwhelming positive, with clients praising staff members' discretion, sensitivity and helpfulness. The free service is located at the Toowoomba Hospital and provides education, health promotion and group programs for people in the community who experience bladder and bowel weakness.

### Aged Care and HACC Assessment Team (ACHAT)

During the year, 100 per cent of priority one clients, 98.5 per cent of priority 2 clients and 93.1 per cent of priority 3 clients were seen on time. There were 625 assessments conducted for clients as inpatients in either acute or other inpatient settings. The average timeframe for an ACHAT assessment to be conducted for clients who were inpatients was: 1 day for 7 priority 1 clients, 3-4

days for 601 priority 2 clients and 20 days for 17 priority 3 clients.

### Transition Care Program

The Transition Care Program (TCP) continued to help older people recover from illness or injury that had initially needed hospital treatment. It offered community-based rehabilitation support to help get older people back on their feet after an acute episode. The TCP provides a holistic approach to care with physiotherapists, occupational therapists, dieticians, social workers, pharmacists and nurses as part of the skill mix. Although mostly a Toowoomba-based service, there are case managers in Warwick and Kingaroy, and the team travelled to most parts of the DDHHS.

### The Cunningham Centre

The Cunningham Centre, DDHHS's registered training organisation provides allied health, medical, nursing, and vocational training to the DDHHS and statewide role-specific required training, as well as administering mandatory training for DDHHS employees.

#### Accreditation

The Rural and Isolated Practice (Scheduled Medicines) Registered Nurse (RIPRN) course obtained National Accreditation with the Australian Nursing and Midwifery Accreditation Council (ANMAC). This course enables Registered Nurses working in rural and isolated areas to initiate the administration and supply of certain medications that normally require a doctor's order.

In the previous year, the Cunningham Centre's new Immunisation Program

curriculum was re-accredited. As a result, student numbers doubled which subsequently presented the nursing team with considerable challenges in providing suitable clinical placements. In response, the Cunningham Centre set up an Immunisation Simulation Clinic in Freshney House to create a learning environment that facilitated practice and supplements training.

### Clinical Education

Evaluation of the Rural Generalist Pathway program by Ernst & Young demonstrated the success of the Rural Generalist Program.

Workshops to support and prepare Rural Generalists include introductory workshops for Obstetrics and Gynaecology and Anaesthetic trainees and the Towards Excellence in Rural Generalist Practice program.

### Education and Research

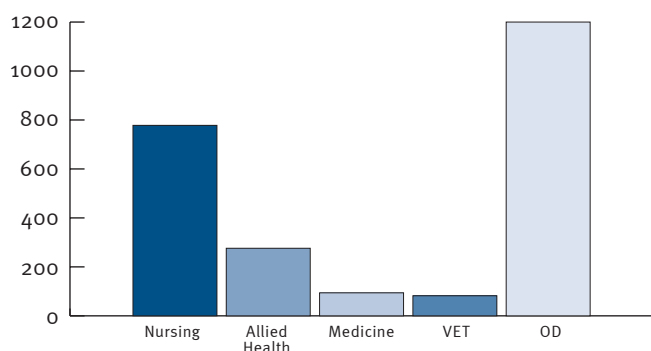
A Research paper on the quality and effectiveness of clinical supervision of occupational therapists in Queensland was presented by Ms Priya Martin at the 16th International Congress of the World Federation of Occupational Therapists in Yokohama Japan.

### Training Activities

During the financial year, the Cunningham Centre provided a total of 9,103 training activities to clients (2,430 were provided to DDHHS, 5,931 to other HHS's and 646 to non Queensland Health).

## Activities provided to DDHHS clients

2013-14



VET - Vocational Education Training

OD - Organisational Development

## Finance and Corporate Division

### Achievement highlights

- Several infrastructure projects improve local services
- Commercial management unit delivers value for money
- Occupational Health and Safety performance better than state average

### Financial Control

Assisting the operating divisions to maximise revenue remained a key focus during 2013-14. There were significant increases in the percentage of patients with private health insurance electing to be treated as private patients within DDHHS thereby providing an alternative funding source to the DDHHS.

### Management Accounting

Finance has continued to support the operating divisions to meet their objectives. One of the key support functions to the operating divisions is providing meaningful information that reinforces commercial decision making. This has been achieved through focusing on capturing the true cost of clinical service provision within the operating divisions, ensuring reporting structures are appropriate, and that corporate reporting is completed accurately and is timely.

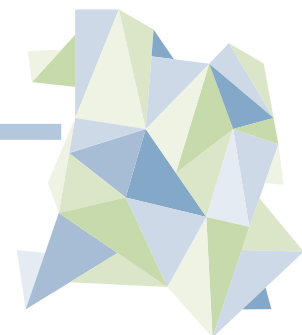
During the year the performance management framework was further refined including the introduction of key performance indicator dashboard reports at a divisional level. This ensures that the focus of performance reporting is not limited to financial performance but also considers other factors such as service provision.

### Commercial Management

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 DDHHS receives value from its contracts.

The Commercial Management Unit conducted expressions of interest to engage an operator for the Baillie Henderson Pool and Recreation Facility,





outsource endoscopies at Toowoomba Hospital while a new extra endoscopy theatre is being planned to address demand, and find a private provider for medical imaging services at Goondiwindi and Warwick hospitals.

## Human Resources

Human Resources completed a trial of an electronic rather than paper-based Employee Performance and Development (e-PAD) system. A trial evaluation survey indicated 80 per cent positive feedback, and accordingly it will need to be implemented to support managers and staff to identify and implement performance improvements and professional development opportunities.

During the period, 101 employees received redundancy packages at a cost of \$6.6 million. Employees who did not accept an offer of a redundancy were offered case management for a set period of time, where reasonable attempts were made to find alternative employment placements.

## Occupational Health and Safety

Occupational Health and Safety service performs well against its peers in metrics. The service has consistently achieved KPI target since 1 July 2012 for Workcover Absenteeism, and is one of only four HHS's to achieve this.

The OHS service continues to establish and improve the OHS safety management system in readiness for the move from the Queensland Health safety management system to DDHHS becoming a prescribed employer with their own OHS safety management system.

Occupational health, safety and injury management performance average for Quarters 1,2,3 (July 2013 – June 2014) *	KPI target	DDHHS
KPI 2.22 Workcover absenteeism Hours lost (Workcover hours) versus Occupied FTE (staff currently working in a position)	≤ 0.40	0.33
KPI 4.1.2 Average paid days per accepted Workcover claim (Average paid days, full and partial per claim per financial year)	≤ 23.21	18.7
KPI 4.1.3 Average days to first return to work (Average days to secure any form of return to work – time lost claims only)	≤ 21.44	13.94
KPI 4.1.4 Average monthly payments per accepted Workcover claim	≤ \$2,360	\$2,150

\*Information from Occupational Health Safety and Injury management Safety Assurance Report including Key Performance Indicators Quarters 1,2 & 3, 2013/14

## Infrastructure and Planning

The Infrastructure and Planning Unit oversees DDHHS service planning and physical infrastructure and buildings management requirements including capital works projects.

Projects across 2013-14 included:

- Toowoomba Hospital kitchen replacement
- Goondiwindi Palliative Care Suite
- Stanthorpe Maternity refurbishment
- Chinchilla Hospital roof replacement
- Stanthorpe Hospital water upgrades
- Baillie Henderson Hospital pool roof replacement
- Kingaroy Hospital ramp upgrade
- Dalby Hospital air conditioning upgrade
- Wondai generator replacement
- Millmerran Emergency unit extension

Infrastructure and Planning managed the development of the 2013-23 Darling Downs Health Service Plan. The plan articulates the future needs of the population and services required for their delivery. Public meetings throughout DDHHS were held to gain community input.

Building, Engineering and Maintenance Services completed approximately 19,300 work orders during the year to help maintain buildings and other infrastructure.

DDHHS has a large asset base of land and buildings with a replacement value of \$1 billion comprising 475 buildings spread across 90,000 square kilometres. We also manage over 6,000 individual pieces of medical equipment.

A Capital infrastructure planning study started for Kingaroy Hospital. The study takes into account the future demand for local health services.

Our Hospital and Health Board nominated a new Kingaroy Hospital as the most urgent infrastructure need across the health service. It recommended to the State Health Minister at the June 2014 Board meeting that a completely new hospital should be considered for State Government funding. Kingaroy Hospital staff worked closely with the Capital Infrastructure Planning Study (CIPS) team on planning for a potential new hospital. The CIPS team was commissioned by the Department of Health. Implementation of the study is subject to State Government approval and funding.

## Health Information Services

Health Information Services has the primary responsibility for:

- the management, maintenance and security of health information
- the implementation, maintenance and management of patient and clinical data systems
- management and control of patient health care records for use in continuing patient care, teaching and research
- clinical coding services; overseeing information access and clinical information analysis
- public access to records under Right to Information (RTI) and other related legislation
- the collection, extraction and provision of statistics relating to facility and individual departmental activity.

During the year DDHHS used the services of a Standing Offer Arrangement-approved company to extend its ability to store records in an offsite location, ensuring optimal security and environmental conditions were maintained.

## Records Management

The *Right to Information Act* (2009) and *Information Privacy Act* (2009) grants the public a legally enforceable right to access documents in the possession of government agencies, including clinical and non-clinical records. DDHHS processes all requests for access to documents in accordance with the provisions of the Acts and Administrative Access protocols using staff with advanced health information management skills.

DDHHS ensures records are maintained through application of the State Archives approved retention schedule.

The service has assigned formal responsibility for administrative records and clinical records to senior staff. This includes training for staff in records management.

Information system security is considered in collaboration with the Health Services Information Agency of the Department of Health.

In line with the government's commitment to open data, the DDHHS has published consultancies and overseas travel information through the Queensland Government Open Data website <https://data.qld.gov.au/>.