



Artist impression of the Queensland Children's Hospital

2

{ Meeting Queenslanders' healthcare needs safely and sustainably



Strategic Plan 2010–2011

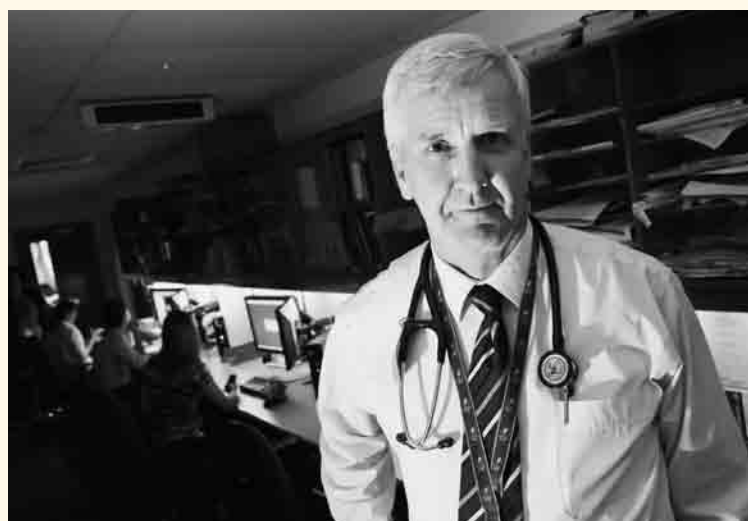
2. Meeting Queenslanders' healthcare needs safely and sustainably

Objectives and expected outcomes

- 2.1 Support an expanded range of services available in a primary care setting through working with the Commonwealth Government.
- 2.2 Provide mothers and babies with the best start evident by implementing the *Maternity and Newborn Services in Queensland Work Plan 2008–2012*.
- 2.3 Expand hospital and related services to meet the needs of a growing population so Queensland has:
 - the shortest median waiting time for elective surgery in Australia
 - the lowest percentage of elective surgery patients waiting longer than clinically recommended in Australia
 - an equal or shorter median waiting time for emergency department treatment than the national average
 - an equal or lower percentage of emergency department patients waiting longer than the clinically recommended time than the national average.
- 2.4 Expand access to subacute care services in hospital and community settings evident by increasing the range and usage of subacute care services.
- 2.5 Improve older Queensland assessment services and access to high-quality appropriate aged care services evident by:
 - reducing the number of days between assessment referral and approval
 - improving the uptake of transition care program places
 - compliance with residential aged care accreditation standards.
- 2.6 Improve patient care, safety and patient outcomes evident by implementing the *Patient Safety and Quality Plan 2008–2012*.

Key strategies

- 2.1.1 Implement oral health strategies that will provide safe, sustainable and appropriate services on a statewide basis.
- 2.2.1 Implement the *Maternity and Newborn Services in Queensland Workplan 2008–2012* to guide consistent best practice across the state.
- 2.2.2 Establish a baseline measure for mothers' satisfaction with maternity care.
- 2.3.1 Improve access to services through using demand management strategies such as:
 - continuing the Surgery Connect program
 - establishing Elective Surgery Centres in South-east Queensland
 - auditing existing and implementing new patient flow initiatives
 - implementing discharge protocols such as:
 - early discharge
 - nurse initiated discharge protocols



- more appropriate use of ambulatory care or non-hospital settings
 - expanding and upgrading emergency departments, including dedicated waiting areas for children.
- 2.3.2 Increase the number of beds by:
- progressing the major capital works program for the Queensland Children's Hospital and hospitals at the Gold Coast, Sunshine Coast, Cairns and Mackay
 - upgrading/expanding the Bundaberg and Robina hospitals
 - accelerating delivery of The Prince Charles Hospital redevelopment.
- 2.3.3 Progress the Mount Isa Hospital redevelopment.
- 2.3.4 Completion and communication of a new *Queensland Health Services Plan 2011–2026*.
- 2.4.1 Improve access to services through:
- providing alternatives to hospital admission, such as sub-acute, rehabilitation or step-down facilities for non-acute type patients
 - increasing the range of hospital substitution, interim care and transition care beds and diversionary programs available.
- 2.5.1 Progress building the Cloncurry Hospital aged care annex.
- 2.5.2 Work with non-Queensland Health service providers to maximise the capacity in the system for nursing home type patients and older Queenslanders.
- 2.5.3 Develop and coordinate implementation of programs for older people that align with national directions with a specific focus on:
- accreditation of all Queensland Health residential aged care facilities
 - improved timeliness of Aged Care Assessment Programs (ACAP) for older people
 - maximising occupancy levels in the Transition Care Program statewide.
- 2.6.1 Continue to implement the *Patient Safety and Quality Plan 2008–2012* with specific focus on Open Disclosure, Clinician Performance and Support Service and high-risk areas of patient harm.
- 2.6.2 Ensure all healthcare professionals working in Queensland Health facilities are appropriately registered.
- 2.6.3 Ensure compliance with the credentialing policy for medical practitioners.
- 2.6.4 Implement the *Queensland Medication Management Plan* to ensure a high-quality, sustainable, responsive and integrated management system.

Key performance indicators

- access to hospital
- percentage of emergency department patients seen within recommended timeframes
- median waiting times for emergency department
- percent of elective surgery patients waiting more than the clinically recommended time for their category
- median waiting times for elective surgery
- elective surgery cancellations
- categorisation of new case outpatient department referrals
- rate of healthcare associated *Staphylococcus Aureus* bacteraemia in hospital
- rate of pressure ulcers in hospital
- rate of VTE prophylaxis
- Hospital Standardised Mortality Ratio.





Improved access to healthcare

Patient flow strategy

The Queensland Health patient flow strategy aims to reshape Queensland Health processes to enable the system to better cope with additional pressures being placed on it. The ultimate goals of the strategy are:

- improved performance
- reduced delays and increased access to services
- best clinical practice across the state.

The patient flow strategy was launched in March 2010 in response to the Auditor-General of Queensland's Report to Parliament No. 5 for 2009, Management of patient flow through Queensland Hospitals. In 2010–2011 a patient flow website was launched that provides information and toolkits for staff on:

- system redesign processes and methodologies
- effective service delivery models across the acute, ambulatory and sub-acute settings
- access to a range of performance measurement tools and data for districts.

In addition, the Centre for Healthcare Improvement conducted a series of site visits to Queensland Health hospitals. The visits included meetings with key clinicians to discuss current patient flow issues and identify solutions currently in place that may be transferable across other Queensland Health sites.

Criteria led discharge

The initial criteria led discharge pilot project concentrated on developing specific tools and policy to support criteria led discharge. It also examined measures that support optimal discharge practices to ensure patients can return home as soon as they are clinically able to do so.

As part of the pilot project, consultation was undertaken with relevant clinical networks to develop the discharge criteria. That was subsequently endorsed by peer clinicians across the state. Discharge protocols have been implemented, including protocols for early discharge and nurse-initiated discharge protocols.

In 2010–2011 criteria led discharge initiatives were trialled in 10 Queensland Health hospitals—Cairns, Townsville, Mackay, Rockhampton, Bundaberg, Prince Charles, Princess Alexandra, Gold Coast, Toowoomba and Roma hospitals.

Implementing criteria led discharge is designed to reduce the length of stay; increase discharges earlier in the day and on weekends; and increase patient and staff satisfaction. The Centre for Healthcare Improvement provided an option of funding for a project manager at each pilot site to support the uptake and embed criteria led discharge in hospital protocols and procedures. Currently six of the 10 pilot sites have sought assistance, which is subject to reporting requirements.

In 2010–2011, the criteria led discharge Steering Committee endorsed all processes and supporting documents for continuing criteria led discharge on a statewide basis. The Access Improvement Service in the Centre for Healthcare Improvement will continue to support the initiative and any other facilities seeking to implement criteria led discharge.

Toward Q2: Tomorrow's Queensland

Making Queenslanders Australia's healthiest people

2020 target: Queensland will have the shortest public hospital waiting times in Australia.

As part of the Toward Q2 strategy, the Queensland Government aims to have the shortest median waiting time for elective surgery and emergency department treatment and the largest per cent of elective surgery patients and emergency department attendances seen within clinically recommended times in Australia by 2020.

Elective surgery

In 2010–2011, Queensland Health focused on significantly reducing the number of patients waiting longer than clinically recommended to reach the Commonwealth's target of no more than 10 per cent 'long waits' against categories 1, 2 and 3 by 31 December 2010.

In 2009–2010, Queensland had the shortest median waiting time for elective surgery in Australia. Queensland's median waiting time was 27 days—the national median was 35 days.

In 2008–2009, 84.7 per cent of patients had surgery within clinically recommended timeframes. That put Queensland slightly less than the national average of 86.2 per cent and ranking fifth highest in Australia.

Queensland's performance on that criterion has remained relatively stable. There has been a national trend toward an increased percentage of patients treated in time. Queensland did not follow the national trend due to our focus on treating the longest waiting patients.

Emergency departments

In 2010–2011, 66 per cent of patients were seen in emergency departments within the clinically recommended timeframes. That was the same percentage as 2009–2010. At that time the national

average was 70 per cent. In 2009–2010—the most recent comparative figures available—the Queensland median waiting time was 24 minutes. That compares with the national median waiting time of 23 minutes.

Public hospitals transfer health inquiry calls to 13 HEALTH, reducing the time switchboard and emergency department staff spend dealing with telephone inquiries. From 1 July 2010 to 30 June 2011, 83 per cent of calls to 13 HEALTH were referred to health providers other than an emergency department.

Surgery Connect

Queensland Health's Surgery Connect program aims to provide alternative treatments 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 facilitated the treatment of about 26,000 patients, either internally or through outsourcing to the private sector.

In 2010–2011, 3,334 patients were treated in the private sector through Surgery Connect. The program also provided \$46.4 million to facilitate treatment of 'long wait' elective surgery patients internally in Queensland public hospitals.





Establishing elective surgery centres

As part of the Commonwealth Government's Waiting List Reduction Plan and the National Partnership Agreement on Improving Public Hospital Services, Queensland received funding to support the development of additional elective surgery capacity at the Gold Coast, Townsville and Cairns hospitals. Funding under the Waiting List Reduction Plan facilitated the opening of the Gold Coast Surgery Centre on 31 October 2008. The centre continues to provide surgery for an additional 4,000 to 6,000 patients a year.

In addition, \$12.1 million is being invested in a new day procedure centre at Townsville Hospital that will include:

- 12 beds for treating same-day admissions
- two purpose-built procedure rooms
- pre-procedure and peri-operative recovery areas
- outpatient consultation rooms
- reception, admissions and support areas
- patient change rooms with ensuites.

An additional \$12.1 million is being invested at Cairns Base Hospital for a new day treatment centre that will include:

- 12 new same-day beds
- two purpose-built procedure rooms
- pre-procedure and peri-operative recovery areas
- outpatient consultation rooms
- new reception, admissions and support areas
- patient change rooms with ensuites.

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*.

A range of measures was implemented in 2010–2011 to increase the donation rate, including:

- implementing the clinical triggers protocol to improve the rate of identification of potential donors
- developing a statewide donation after cardiac death policy to expand donation opportunities to circumstances other than brain death
- additional recruitment to the donation clinical network
- targeted training for clinicians, particularly in regional areas, and community awareness-raising activities.

Those measures have led to significant improvements in donation and transplantation services in Queensland, including:

- Queensland's tissue donation rate achieved a 22.3 per cent increase in 2010 compared with the previous year
- a 53 per cent increase in the number of donors during January to April 2011 (23 donors) compared with the same period in 2010 (15 donors).

The Organ and Tissue Donation Service will continue to work with the Australian Organ and Tissue Donation and Transplantation Authority and other services in other jurisdictions to improve organ and tissue donation services through initiatives such as:

- the Electronic Donor Record—a national safety and quality process that includes the element of bio-vigilance
- a national education program for professionals working in the area
- a national communications and media strategy.

13 HEALTH

13 HEALTH is a 24-hour, seven-day-a-week, statewide telephone service providing health information, triage and referral, health coaching and smoking cessation services.

- 258,235 calls were received by 13 HEALTH from 1 July 2010 to 30 June 2011.
- The one millionth call was answered by 13 HEALTH in January 2011.
- Health inquiry calls from public hospitals are transferred to 13 HEALTH—reducing the time hospital switchboard staff and emergency department staff spend dealing with telephone inquiries.
- The most common health issues raised by callers include abdominal pain, fevers, vomiting, headaches, chest pain and insect bites.
- 13 HEALTH aims to answer 85 per cent of calls within 20 seconds.
- From 1 July 2010 to 30 June 2011, 83 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.
- From 1 January to 30 June 2011 there were 54,881 calls to 13 HEALTH from flood and cyclone-affected areas.

From 2012, Queenslanders will have access to after-hours general practice services through 13 HEALTH.

Persistent Pain Health Services Strategy

Implementation of the Statewide Persistent Pain Health Services Strategy began in September 2010. In January 2011 pilot sites were established at the Gold Coast and Metro South Health Service Districts. Funding was distributed to the pilot sites for recruiting core positions and starting service delivery. Pilot sites in the Townsville and Sunshine Coast Health Service Districts have been involved in planning and it is anticipated they will become operational in 2011–2012. All pilot sites, together with key stakeholder groups, have been involved in developing consistent tools and processes to support and ensure equity of service delivery.



Oral health

Several key strategies were progressed in 2010–2011 to provide safe, sustainable and appropriate oral health services, including:

- establishing two new dental teams in Cape York
- completing new clinics in Cairns and Gladstone and planning for new clinics in Hervey Bay and Bundaberg
- expanding the suite of oral health brochures available to Queenslanders, including a range for clients who speak languages other than English.

Queensland Health continues research into the oral health status of five to 14-year-old children across Queensland to inform future service delivery priorities.

Pathology services

The 33 Pathology Queensland laboratories provided testing to more than 10,000 patients every day with 10 million tests performed annually. Planning for new laboratories to service the Gold Coast University Hospital and Queensland Children's Hospital began to ensure those facilities have the most modern, state-of-art pathology laboratories in line with the clinical services provided in those hospitals. A new laboratory for Charleville was commissioned, along with expansion of existing laboratories at Nambour.





Maternity and Newborn Services

Implementing the *Maternity and Newborn Services in Queensland Work Plan 2008–2012* continued in 2010–2011. Key initiatives included:

- Establishing a new birth centre in Toowoomba—in addition to those already operating in Townsville, Mackay, Royal Brisbane and Women’s and the Gold Coast hospitals—with commissioning of an additional centre as part of the Cairns Base Hospital redevelopment.
- In the six months from 1 July 2010 to 31 December 2010, about 19,000 families accessed newborn and family drop-in services to receive parenting and infant care support. The services have been opened in Mackay, Cairns, Townsville, Maroochydore, Logan, the Gold Coast, Toowoomba, Hervey Bay, Mount Isa, Bundaberg, Caboolture, Kingaroy, Longreach, Proserpine and Emerald. Existing clinics are in Ipswich and Deception Bay.
- Over 16,000 calls were made to the Child Health Line from 1 July 2010 to 30 June 2011.
- Services were funded to ensure families have access to flexible health care options after the birth of a baby.

- Continuation of the Rural Maternity Services Enhancement initiative is designed to increase access for rural families to midwifery care closer to where they live.
- Based on the Queensland Government’s commitment that, by the end of 2013, 10 per cent of all births in Queensland Health public hospitals will occur using a continuity-of-carer model, opportunities are currently being examined to increase the number of public maternity facilities offering that option. In the continuity-of-carer model, the woman sees the same midwife or small group of midwives during the pregnancy, the birth, and the post-natal period.
- The scope of midwifery practice has been expanded to include ordering routine medications for maternity clients.
- Establishing the Queensland Maternal Perinatal Quality Council to:
 - review and analyse maternal and perinatal deaths
 - review implementation of statewide guidelines
 - review, benchmark and provide commentary on congenital anomalies.
- The Queensland Centre for Mothers and Babies was funded and established under the work plan to provide information for consumers and carers about maternity care options and evidence about different birthing choices. The centre also initiated the Queensland Maternity Experience Survey, which was piloted in 2009 with 2,000 maternity consumers. In 2010, the centre surveyed more than 20,000 women who had a single live birth in Queensland. Birth information was made available via the Queensland Registry of Births, Deaths and Marriages. At four to five months after birth, the women were invited to participate in the survey and 6,902 responded. Key findings of the 2010 survey will be included in the Queensland Hospitals Performance Report. Workforce initiatives include multidisciplinary training programs, re-entry pathways, and scholarships to support midwifery workforce development.



Long stay older people initiative

The National Partnership Agreement on Health Services provided \$6.75 million during the 2010–2011 financial year for Long Stay Older People initiatives. Funding was directed to:

- purchase interim care beds
- deliver Hospital in the Home acute inpatient treatment services
- implement activities focused on hospital avoidance and early intervention strategies.

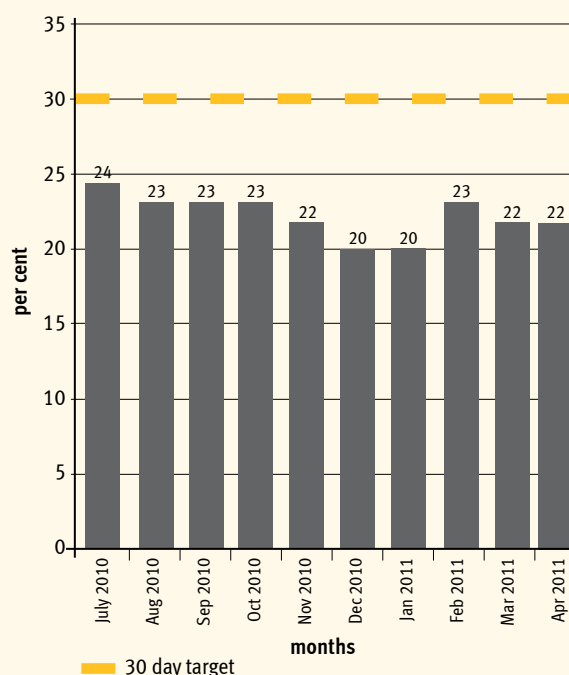
Aged care

In 2010–2011, Queensland Health operated 20 residential aged care facilities providing care to more than 1,400 older Queenslanders. All 20 residential aged care facilities maintained their accreditation status during the year. A project is in progress to improve the standardisation of quality systems across all Queensland Health residential aged care services. A system was implemented in 2010–2011 that benchmarks Queensland Health residential aged care facilities with each other and with other services in Australia to assist in performance monitoring and management.

Queensland Health operates 17 aged care assessment teams who determine eligibility to receive aged care services, such as nursing home care or a package of care in the community. Queensland Health has sustained its improved assessment timeframes averaging 23 days in 2010–2011. Minimising the time to finalise assessments and determine eligibility improves patient flow and access to the available aged care places.

A Transition Care Program provides a time-limited period of restorative care at the end of an older person's admission to hospital. In 2010–2011, Queensland Health increased the number of transition care places it operated from 480 to 606, assisting about 4,000 older people to regain their independence and return to live in their own homes rather than entering nursing homes.

**Graph 8: Statewide ACAT KPI 1
Referral date to delegation date 2010–11**



Queensland Health has also entered into contractual arrangements with non-government providers to assist older Queenslanders who no longer have a clinical need to remain in hospital to receive care in more appropriate settings. They include:

- palliative care in hospices
- interim care
- transition care
- slow stream rehabilitation.





The Falls Injury Prevention Program

The Falls Injury Prevention Program is supported by the Falls Injury Prevention Collaborative, a clinician-led group that provides support and direction to reduce falls and injury from falls. The group has a membership of 1,000 key stakeholders across the state.

The program developed an e-learning package for nurses for which there have been 1,173 enrolments; is currently undertaking a multi-site effectiveness trial of a standardised falls assessment and care plan and post-falls clinical pathway; and has collected and analysed falls and falls injury data for 2007 and 2008 from a range of data sources, including ambulance attendances, presentations to emergency departments, hospitalisation, hospital-acquired falls and fall-related injuries and deaths.

The Falls Injury Prevention Program has developed the draft five-year Queensland Stay On Your Feet® Statewide Falls Prevention Plan. The plan is currently being revised based on consultation with a key expert review group and a wide range of internal and external stakeholders. The plan seeks to align health service delivery with the needs of the ageing population and address policy initiatives, future directions and resource implications using a targeted and evidence-based approach.

Service planning and infrastructure

Service planning

A *Queensland Health Services Plan for 2011–2026* is currently under development. Extensive consultation with internal and external stakeholders has been undertaken to inform the plan, which will guide the delivery of public sector health services over the next 15 years. After a final round of consultation, the plan is scheduled to be submitted for approval in the latter half of 2011.

Emergency departments

Expansion of the Cairns Base Hospital emergency department was completed in March 2011. The number of treatment spaces has increased from 36 to 50, including 12 short-stay beds. There is a separate waiting area within the emergency department for people with young children and a separate Paediatric Unit and procedure area for children. Ambulance vehicle bays have increased from four to six bays and a Queensland Ambulance Service staff write-up room and toilet have been provided.

The Princess Alexandra Hospital expansion provided a new and expanded emergency department with one additional short-stay bed and 25 additional treatment spaces. Construction was completed in October 2010.

Expansions to the Bundaberg Hospital emergency department opened in September 2010 with an additional 19 adult emergency department treatment spaces (an increase from 13 to 32 treatment spaces) and 14 additional adult emergency department short-stay beds (an increase from six to 20 beds).

A new Paediatric emergency department for The Prince Charles Hospital progressed throughout 2010–2011 with enabling works completed in 2010 and early works on the main construction starting in December. The expansion will include 20 short-stay paediatric ward beds, 12 paediatric emergency department treatment spaces and eight specialist outpatient clinics. The paediatric component is on track for completion in March 2012.

A new emergency department at the Rockhampton Base Hospital became operational in April 2011. It has 17 fully equipped treatment bays, two dedicated children's treatment bays and four short-term observation beds. The designated paediatric treatment area is a first for the Rockhampton Base Hospital. The old emergency department will be rebuilt to house six observation beds and a six-bed acute assessment unit. The work is expected to be completed by early 2012.

More Beds

The Sunshine Coast University Hospital will be Queensland's first hospital Public Private Partnership project. The Sunshine Coast University Hospital procurement process began in April 2011. Ramsay Health Care was awarded the contract to develop and operate a co-located private hospital on the Sunshine Coast University Hospital site at Kawana. Queensland Health will purchase services for public patients from the private hospital while the Sunshine Coast University Hospital is being built and commissioned. The Sunshine Coast University Hospital will open with 450 beds in 2016 growing to 738 beds by 2021. Other infrastructure projects include:

- A 96-bed ward block was completed at Nambour Hospital in August 2010 with commissioning of beds progressing through 2011.
- Construction of the Queensland Children's Hospital continued in 2010–2011. When completed, it will provide 359 public beds, 71 more beds than the current Mater and Royal Children's hospitals combined.
- The Cairns Base Hospital redevelopment progressed. During 2010–2011, the Cairns North Community Health Facility stage 2 and new multistorey car park were completed. Ambulatory oncology and radiation oncology services commenced in June 2011.
- Mackay Base Hospital's redevelopment is well underway. Stage 1 works is largely complete. Construction of a new acute hospital building began in February 2011. A new southern car park was completed in July 2010. K Block, which houses a temporary outpatients department and James Cook University (JCU) Education and Administration was completed in December 2010. Part of Block L (engineering) was completed in November 2010 with Stage 3 (laundry) set for completion in September 2011. A part of the main car park was completed in May 2011 with the remaining 332 spaces to be completed by the end of 2011.
- During 2010–2011, the Gold Coast University Hospital project progressed according to schedule, with construction set for completion in December 2012. The new hospital will deliver an increase of 298 beds more than currently available at the Gold Coast Hospital.

The additional beds will be commissioned on a progressive basis from early 2013 to 2016, based on service demand.

- The Robina Hospital expansion project has progressed ahead of the program with the official opening of Blocks H and J on 5 March 2010. The project will continue until scheduled completion in June 2012 and deliver an additional 179 overnight beds, bringing the facility's capability to 364 overnight beds.
- Bundaberg Hospital's expansion progressed with the delivery of four re-commissioned mental health beds, 14 additional adult emergency department short-stay beds and 19 additional adult emergency department treatment spaces. The project is scheduled for completion later in 2011, delivering an additional 61 beds and treatment spaces.
- Delivery of The Prince Charles Hospital redevelopment has been accelerated. Design began in September 2009 with sign off on the developed design in July 2010. Enabling works were completed in October 2010 and included major refurbishments of buildings 12 and 14. The managing contractor was appointed in August 2010 and early works began in December 2010. The main construction started in April 2011. When completed, the project will deliver a dedicated paediatric emergency department with 12 treatment bays; 20 paediatric beds and eight paediatric outpatient clinic rooms. The paediatric emergency department will be integrated with the existing



Artist impression of The Prince Charles Hospital redevelopment.





adult service and house an enlarged medical imaging service. The building has been future proofed to accommodate an additional floor. The paediatric component is due to be completed by the end of March 2012.

- Construction continued in 2010–2011 on the Mount Isa Hospital redevelopment with completion scheduled for mid to late 2012. The project will deliver 15 additional treatment spaces and consulting rooms in the emergency department and 12 additional treatment spaces and consultation rooms in the outpatients department. Other infrastructure improvements include refurbishing medical and surgical wards, a doctors' common room, five staff residential units and three additional chemotherapy chairs, as part of the Regional Cancer Centre Program. Expansion of the mental health building is also part of the project. Block C work was completed in October 2010. The work included upgrading inpatient wards, repairing the lift foyers, upgrading the fire detection system and providing a temporary stress testing room. The new ambulance bay opened in December 2010.
- Design is well progressed for a new aged care annexe at Cloncurry Hospital, with construction due to start in late 2011 and be complete in mid-2012. The project will deliver a new 10-bed aged care annexe, adding seven new beds to the existing capacity. Developed design was completed in April 2011 with construction to be undertaken during 2011–2012.

Native Title

Queensland Health is currently negotiating—with the assistance of Crown Law—several Indigenous land use agreements with native title holders. The agreements will provide trustee leases to validate the tenure of current facilities and ensure planned infrastructure projects in Aboriginal and Torres Strait Islander communities can proceed as soon as possible.

Community engagement is being conducted with traditional owners at Doomadgee in north-western Queensland and Saibai Island in the Torres Strait to finalise Indigenous land use agreements, which will provide planned new facilities to benefit both communities.

BreastScreen Queensland – digital technology

The implementation plan for digital technology for BreastScreen Queensland (BSQ) is on schedule with three key milestones achieved in 2010–2011:

- Fit-out works to reconfigure the reading rooms for a digital reading environment were completed at all eleven BSQ Services and the Statewide Coordinated Reading Hub in readiness for the statewide implementation of the picture archiving and communication system (PACS). PACS will provide the capability to store, distribute, view and interpret digital images electronically. The BSQ Registry is being modified to ensure it interfaces with PACS. PACS server and workstation procurement is in progress.
- Seven new direct radiography mammography units were installed at BSQ Satellite Services at Keperra, Coorparoo, Gympie, Logan, Noosa, Helensvale and Hervey Bay.
- One new direct radiography mammography unit with stereotactic attachment was installed at the BSQ Sunshine Coast Service on 20 June 2011.

A third digital mobile unit for South East Queensland has been ordered. Planning is on track for its completion by February 2012.





Future infrastructure

In 2011–2012, \$1.82 billion will be invested in new capital acquisitions across Queensland Health. The Queensland Institute of Medical Research (QIMR) will also invest \$75 million in 2011–2012. The Queensland Government's investment in health infrastructure is the largest in Australia.

The program includes about 200 projects ranging from the delivery of new tertiary hospitals on greenfield sites to expanding and refurbishing smaller regional hospital and community based facilities across the state.

It includes investment in three new tertiary hospitals to be delivered by 2016:

- Gold Coast University Hospital (\$1.76 billion, completed in 2012)
- Queensland Children's Hospital (\$1.447 billion, completed in 2014)
- Sunshine Coast University Hospital (\$2.03 billion, completed in 2016).

The infrastructure program is generating about 40,000 construction jobs over the life of the projects.

Gold Coast University Hospital's design includes future proofing initiatives to cater for changing models of care and technology. The design also includes initiatives in energy and services infrastructure to optimise environment

sustainability. The major initiative in model of care, patient safety and management flexibility is having 70 per cent single rooms as opposed to the traditional 25 per cent ratio.

The \$1.447 billion Queensland Children's Hospital is scheduled to be completed in December 2014. It will be a purpose-built facility providing major specialist children's health services for all of Queensland. It will provide high-level medical, surgical and emergency services for the most seriously ill children. It provides for the future through retaining vacant land and a shell floor has been included in the current build to meet growth demand.

The \$2.03 billion Sunshine Coast University Hospital is Queensland's first Public Private Partnership (PPP) hospital project. The procurement process for consortia to design, build, finance and maintain the hospital began in April 2011. It is Australia's largest hospital PPP. The PPP model has been used to deliver many hospitals in Australia and overseas, including the Royal Children's Hospital and Royal Women's Hospital in Victoria, the Royal North Shore Hospital in NSW and most recently the new Royal Adelaide Hospital in South Australia. Queensland Health expects the PPP model will deliver improved value for money for the state and is greatly encouraged by the extent of market interest in the project.

Patient safety

Patient Safety and Quality Plan

In 2010–2011, in accordance with its *Patient Safety and Quality Plan 2008–2012*, Queensland Health:

- trained a further 34 senior clinicians to be open disclosure consultants
- appointed a second consumer representative to the Open Disclosure Strategic Advisory Panel to ensure consumer perspectives are heard and considered
- developed online training to support staff undertaking 'first contact' clinician disclosure following an adverse event
- developed a handbook for medical managers to guide the management of medical practitioner performance concerns





- started two performance assessments through the Clinician Performance Support Service (CliPSS)
- prepared 12 new consent documents for statewide use and translated 10 medical imaging patient information sheets into 10 languages
- prepared a new policy for informed decision-making in healthcare
- developed a peri-operative record to be used in all Queensland Health facilities. It includes:
 - a preoperative checklist
 - a surgical safety checklist (approved for use on 14 June)
 - a count record
 - sterility tracking
 - a record of the prosthesis used
- started developing an intrapartum health record to be used in all Queensland Health facilities
- started developing a head injury clinical pathway based on a recommendation from a root cause analysis
- started developing a clinical pathway for adult meningococcal meningitis
- completed a bi-annual review of a suite of maternity clinical pathways.

Variable life adjustment displays

Queensland Health's variable life adjustment displays (VLAD) is a monitoring tool that records patient outcomes in a precise way to allow unexpected trends to be seen. The outcomes for a clinical indicator in a particular hospital or facility can be plotted against state averages, and the points at which outcomes at one hospital or facility go significantly above or below the state average are automatically marked as needing review or explanation.

Appendix 9.4, pages 152–153 details results in Queensland Health facilities from April 2010 to March 2011.

Pressure injury prevention

A pressure injury prevalence audit was conducted in Queensland Health hospitals and residential

aged care facilities and the Mater Public Hospital from 31 January to 4 March 2011. The overall hospital acquired pressure injury prevalence rate was 11.1 per cent. That was an overall reduction of about one per cent compared with 2008 results. The improvement is estimated to have saved about 21,000 occupied beds days a year.

A Pressure Injury Prevention Strategic Advisory Panel supports a statewide collaborative of 141 key stakeholders. A brochure providing evidence-based information on pressure injury prevention was developed and distributed in 2010–2011. In addition, 1,070 nurses enrolled to use the Queensland Health e-learning package on pressure injury prevention.

Malnutrition Prevention Program

The nutritional status of older people is a risk factor for falls and pressure injury.

A Malnutrition Prevention Program began in August 2010 and will conclude in August 2012. The project, led by the Centre for Healthcare Improvement, in consultation with Health Service Districts, is designed to deliver a Queensland Health policy, implementation standard and protocol for nutrition screening, assessment and support.

Three regional workshops on the new EQUIP 5 Nutrition standards were held in partnership with the Australian Council on Healthcare Standards.

An integrated nutrition working group has now been established to plan, discuss, and support initiatives, strategies, research and policy to improve nutrition for older people.

Protected Mealtimes
Patients' nutrition is important to us.
On this ward Protected Mealtimes operate between:
12.30pm and 1.30pm
During these times interruptions to meals are minimised.
Staff and visitors are encouraged to offer assistance.
When you are visiting during mealtimes, you can help by:
• Clearing tray table prior to meal arriving
• Placing meals / snacks within reach
• Opening food containers / lids
• Providing encouragement
• Assisting with feeding, if required.
Queensland Government

Haemovigilance

The Queensland Incidents in Transfusion (QiiT) haemovigilance system was established by the Queensland Blood Management Program in 2007. QiiT records adverse events related to use of fresh blood products and the information is used to produce regular recommendations and initiatives that enhance the quality of transfusion practice and improve patient safety.

Its coverage was extended in 2010–2011 and QiiT now covers 120 public and private sector hospitals. There are ongoing efforts to include Queensland hospitals still outside the system. An analysis of outcomes of the first 12 months of recorded incidents has been undertaken with a draft report prepared for publication.

The 3Cs Project

Clinical and Statewide Services and the Centre for Healthcare Improvement implemented the 3Cs Project (correct patient, correct procedure, correct site/side), a patient safety initiative, across 126 Queensland Health medical imaging sites. More than 900 staff were trained. Compliance with the 3Cs approach ensures sites meet relevant accreditation standards mandated by the Department of Health and Ageing Diagnostic Imaging Accreditation Scheme.

Medication management

Medication management describes an integrated approach to medicines—from approval for use, to acquisition, storage and distribution, prescription, dispensing and administration.

Queensland Health has adopted a statewide model to improve the effectiveness of the management approach and leverage on enterprise (whole of system) approaches where possible. Under the *Medication Management Plan 2009–2013*, a Queensland Health Medicines Advisory Committee was established. The committee is responsible for creating, reviewing and maintaining a statewide list of medicines recommended for use in Queensland public hospitals—the List of Approved Medicines (LAM). The committee evaluates evidence of safety and cost effectiveness, and considers equity of access and any precautionary

restrictions. Although the number of items listed on the LAM is greater than the number of items listed on the Pharmaceutical Benefits Scheme (PBS)—with a difference of about 20 per cent for 2010—the LAM has remained steady in size over the past four years, while the PBS has continued to increase.

Queensland Health has established a single standardised Pharmacy Service Operating System. It includes 112 sites and more than 1,500 system users. The system is robust with operating availability at 99.99 per cent in all but the remotest sites, where it is still more than 99 per cent. All sites are supported by a single expert centre. This allows all sites to communicate directly with its supplier, Central Pharmacy. In 2010–2011 the centre responded to more than 8,600 calls for support.

Decreasing the risk posed by concentrated potassium

A further initiative under the Medication Management Plan has reduced the risk posed by concentrated potassium. A sudden injection of potassium can be life threatening. The inappropriate availability of very concentrated potassium in a general ward setting has been addressed and alternate solutions found. Potassium safety strategies implemented include:

- introducing 10mmol ampoules to phase out use of 20mmol ampoules and removing 20mmol potassium ampoules from the LAM
- availability of IV fluid and electrolytes guidelines at every bedside, now up to version 4
- providing pre-mix alternatives to concentrated potassium ampoules:
 - various potassium strengths in one litre premixed bags (13 types in total)
 - isotonic 10mmol potassium in 100mL mini-bags
 - potassium 40mmol in 100mL mini-bags for critical care areas
- raising clinician awareness of risk by including:
 - potassium scenarios in the Medication Risk Awareness Training Package for nurses

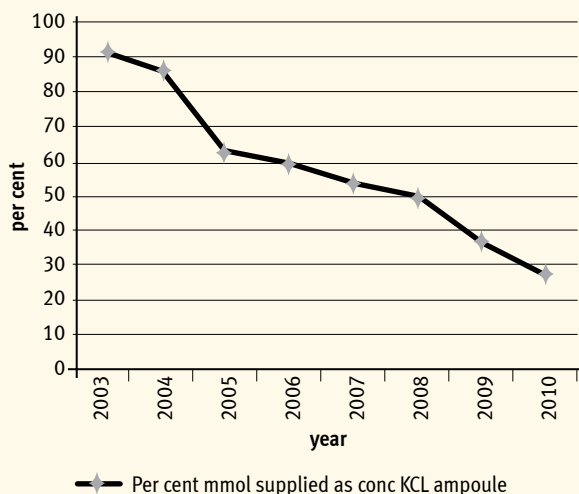




- potassium scenarios in the Queensland Health Safe Medication Practice tutorials to final-year medical students
- further restricting access to 10mmol concentrated potassium ampoules on the LAM.

The percentage of potassium chloride supplied as concentrated ampoules has been reduced from 90.9 per cent to 27.2 per cent. That means most of the replacement is now done in the form of premixed bags—a significant change in practice behaviour.

Graph 9: Percentage of potassium chloride supplied as concentrated ampoules



Warfarin safety strategy

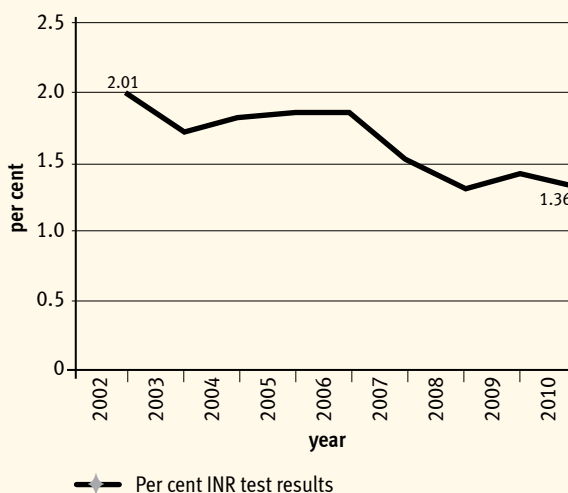
A further initiative under the Medication Management Plan addresses the risk to patients using warfarin anticoagulation. Over the last nine years, Medication Services Queensland, in conjunction with health carers, has coordinated a multifaceted approach to reduce the risk of bleeding for patients taking the anticoagulant, warfarin. There is an increased risk of bleeding for patients with an International Normalised Ratio (INR) of greater than five. The INR is a measure of the blood thinning effect of warfarin.

Warfarin safety strategies implemented include:

- a designated warfarin section on National Inpatient Medication Chart with the following safety prompts:
 - 1600hrs dosing time
 - prompt for indication and target INR
 - space to document INR results
 - space to document patient education
- availability of Warfarin Guidelines at every bedside, now up to version 7
- raising clinician awareness of risk by including warfarin scenarios in the Medication Risk Awareness Training Package for nurses and the Queensland Health Safe Medication Practice tutorials to final-year medical students
- changing laboratory result notification thresholds from greater than six to greater than five
- introducing a Medication Management key performance indicator allowing benchmarking of warfarin safety performance.

A 32 per cent reduction in bleeding risk for patients on warfarin has been achieved with the percentage of all results of INR greater than five (2002–2010) at all Queensland Health sites, decreasing from 2.01 per cent to 1.36 per cent.

Graph 10: Percentage of all INR test results greater than five between 2002 and 2010



National Partnership Agreements

National Partnership Agreement on Improving Public Hospital Services

On 19 July 2010, the Queensland Government signed a National Partnership Agreement (NPA) on Improving Public Hospital Services. The NPA's objective was to improve access to public hospital services, including elective surgery and emergency department services, and subacute care. The Council of Australian Governments (COAG) agreed to a revised range of initiatives to be implemented under the NPA on 13 February 2011.

The NPA supports and complements existing agreements on elective surgery, emergency departments and subacute care—including the National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan, the National Partnership Agreement on Hospitals and Health Workforce Reform, and the National Partnership Agreement on Health Infrastructure.

The NPA provides Queensland with funding of around \$675.6 million to deliver improvement in priority healthcare areas across elective surgery, emergency department and subacute services, including:

- \$160.5 million for elective surgery
- \$150.4 million for emergency departments
- \$327 million for more subacute care beds or bed equivalents
- \$37.7 million in flexible funding to be used across elective surgery, emergency department and subacute care.

The NPA includes reward funding of \$83.8 million that is contingent on the achievement of meeting performance benchmarks and targets for elective surgery and emergency departments.

Under Schedule A: Elective Surgery National Access Guarantee and Targets, the Commonwealth will provide Queensland with \$90.7 million in facilitation funding, and up to \$42.2 million in reward funding.

Under Schedule C: Emergency Department Four Hour National Access Target, the Commonwealth will provide Queensland with \$60.9 million in facilitation funding, and up to \$41.6 million in reward funding.

Under Schedule E: New subacute Beds Guarantee Funding, the Commonwealth will provide Queensland with \$327 million, subject to meeting agreed conditions and targets. As part of Queensland's approved implementation plan under this NPA, it has been agreed with the Commonwealth to deliver 265 subacute beds or bed equivalents (rehabilitation, palliative care, geriatric evaluation and management, mental health). The additional beds/places will progressively begin operation over the next four years.

National Partnership Agreement on Hospital and Health Workforce Reform

The NPA on Hospital and Health Workforce Reform was signed in February 2009. Its key purpose is to improve public hospitals' efficiency and capacity through four reform components. They are:

- 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.

As part of Queensland Health's commitment under the NPA on Hospital and Health Workforce Reform (Subacute Care), the provision of subacute care services, such as rehabilitation, palliative care and geriatric evaluation management services, during 2010–2011 exceeded the required annual increase in activity of 5 per cent. This included an expansion in the provision of community based rehabilitation services in Toowoomba and the Gold Coast.

Queensland Health delivered 59 additional rehabilitation places at Eventide, Brighton and in Rockhampton. Queensland Health has also finalised contract negotiations to enable the roll out of an online geriatric assessment tool. This will improve access to and the efficiency of geriatric consultations throughout Queensland.





National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan

The NPA on the Elective Surgery Waiting List Reduction Plan provided funding of up to \$300 million throughout 2009–2010 and 2010–2011 to reduce the number of Australians waiting longer than clinically recommended times for elective surgery by improving efficiency and capacity in public hospitals. The initiative is split into three parts:

- meeting jurisdiction specific elective surgery volume targets
- exceeding the jurisdiction specific elective surgery volume targets
- improving elective surgery waiting list management.

National Partnership Agreement on Health Infrastructure

The NPA on Health Infrastructure was signed on 7 December 2009. Through that NPA, the parties committed to improving the health and wellbeing of Australians through the provision of high quality physical and technological health infrastructure.



Funding was received from the Commonwealth Government in accordance with the NPA to enhance the Townsville Hospital redevelopment and the Rockhampton Hospital expansion. Planning and design progressed in 2010–2011 for both projects. Rockhampton is scheduled for completion in 2013 and Townsville in 2014.

The Commonwealth also provided a funding contribution to the Cairns Base Hospital redevelopment to establish radiation oncology. In June 2011 the project reached construction completion and the service is scheduled to start soon.

National Partnership Agreement on Health Services

The National Partnership Agreement on Health Services commenced in 2009–2010 to improve the health and wellbeing of Australians through delivering high quality health services through the:

- Implementation plan for the Extension of the COAG Long Stay Older Patients Initiative
 - The Commonwealth is contributing funding in 2010–2011 to build on the 2006–2007 budget measure COAG Health Services – improving care for older patients in public hospitals, which provides funding to jurisdictions for a range of initiatives to enhance in-patient experience in rural and regional areas, improve and expedite transition to appropriate long-term care and provide hospital avoidance programs for older people.
- Implementation plan for the Aged Care Assessment Program (ACAP)
 - The core objective of the ACAP is to comprehensively assess the care needs of frail older people and to assist them to gain access to the most appropriate types of care, including approval for Commonwealth Government-subsidised care services.