

Queensland Health
Community Health Services Reform Project

Snapshot survey May-July 2007

Smart Health:
Reforming community health services in Queensland



**Queensland
Government**
Queensland Health

Acknowledgements

This paper has been prepared by the Community Health Services Reform Project Team on behalf of Queensland Health. It aims to contribute to an understanding of Queensland Health community health services and to inform future strategic directions for this sector.

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Reference

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1. Introduction

The Community Health Services Reform Project was initiated in early 2007 in recognition that an integrated, comprehensive and responsive community health sector is an essential element in any future solution to meeting the growing health needs of Queenslanders and the increasing demands on the health system in Queensland. The purpose of the Project is to develop future directions for community health services over the next five years (2007-2012) where Queenslanders can access services as close to their community as possible, with relevant consideration of safety and sustainability.

In order to formulate future directions, it was necessary for the Project Team to have a comprehensive understanding of services currently provided by Queensland Health in the community, how they operate, how they are funded and how they link with other sectors and services.

While it is known that community health services in Queensland are provided by a mix of State and Australian Government funded services, local governments, private providers and non-government organisations (NGOs), Queensland Health community health services had not been recently mapped at an Area Health Service or a state-wide level. It is also known that Queensland Health community health services are funded through internal historical funding and other State and Commonwealth grant funding arrangements. However, in the absence of statewide strategic directions, policies and protocols and information systems have developed at District or community health service level. As such, it is not possible to currently compare or evaluate services against statewide performance indicators or policies.

In order to develop statewide strategic directions for the sector as a whole, it is important to understand the breadth and scope of the work currently provided by Queensland Health community health services. The need to undertake a statewide survey of existing Queensland Health community services arose out of the identified gap in comprehensive, statewide data on the types of services provided by Queensland Health community health services.

To inform the Community Health Services Reform Project the Project Team in collaboration with Queensland Health Area Health Services conducted a snapshot survey across community health services delivered by Queensland Health during May – July 2007.

This paper

This paper provides a broad overview of the existing Queensland Health community health sector derived from information provided by Queensland Health community health staff. Staff were asked to complete two surveys to describe the services they provided (Appendix 1) (for example who they provided these services to, how they were funded, the staff employed to do this work) and the partnerships established to support delivery of these services (Appendix 1). This 'snapshot' survey provides a broad picture of the range of services and staff working in Queensland Health and aims to contribute to a better understanding of the work which occurs in Queensland Health community health services.

2. Definition of community health services

For the purpose of the Project, *community health services* are defined as:

Non-hospital services providing prevention, promotion, protection, early identification and intervention, assessment, treatment, health maintenance and continuing care services delivered by a variety of providers to individuals and/or small groups.

The scope of the project specifically excludes renal and oral health services (which are both the subject of concurrent statewide service planning processes), and health promotion, prevention and protection programs targeting the whole population.

3. Methodology

To identify available information on Queensland Health community health services, a search for existing reports or data collections was conducted through QHEPS (Queensland Health's intranet) and via discussion with Queensland Health stakeholders. As no single suitable information source was identified, a decision to undertake a survey of existing community health services was made. As working in partnership is a key Queensland Health priority, the survey was also to obtain data relating to the types of partnerships Queensland Health community health services engaged in to provide their services.

The Project Consultant and the Project Team engaged with the General Managers, Queensland Health Area Health Services (AHS), to identify Directors of Community Health Services to assist with the development and implementation of the survey. A brainstorming workshop was held with these representatives to develop the scope of the Existing Community Health Services survey. Advice regarding survey design was also from the Health Information Centre, Queensland Health.

The Existing Community Health Services survey template was then developed by the Project Team in collaboration with the AHS community health service representatives. The Northern Areas Health Service representative developed a user guide to assist in completing the Survey (Appendix 1). The Partnership survey was adapted from the Victorian Department of Health's *Partnership Analysis Tool: for Partners in Health Promotion*¹.

The two surveys were piloted for two weeks by the AHS representatives and, following feedback, a final version was distributed electronically to services identified by the AHS representatives. The AHS representatives were available for support via email, by telephone and in person in some cases. The surveys were returned via email to the AHS representatives for collation and then forwarded to the Project Team.

The Project Team sought the support of the Clinical Practice Improvement Centre (CPIC) regarding the establishment of a database to facilitate collation and analysis. CPIC developed an Access database and supported the Project Team to check for errors in the data entry, make corrections and produce reports for interpretation.

Queensland Health service information was mapped across the three Area Health Services and within the 20 Health Service Districts.

Following initial analysis the results were forwarded to the General Managers for verification. This process enabled further refinement of the data.

¹ Victorian Department of Human Services (2003). *Partnership Analysis Tool: For Partners in Health Promotion*. Victorian Government. Melbourne. The Partnership types used in this document were developed from the work of Arthur T Himmelman.

Limitations

It is recognised that the validity and comprehensiveness of data gathered is subject to a number of qualifications imposed by limitations in the methodology, including:

1. Time constraints.
 - The Project timeframe allowed for approximately one month to complete and return the survey.
 - The time constraints of the project did not allow for extensive follow-up of omitted information.
2. Personnel support
 - AHS representatives provided support to this process as an additional task within their usual positions and roles.
 - Community health service staff capacity to complete the survey was impacted by competing demands relating to the end of the financial year and the amalgamation of Health Service Districts.
2. Survey distribution:
 - Surveys were distributed via AHS and District contacts and no central record was maintained as to recipient services. For this reason it is difficult to determine response rate. However, responses were received from all 20 Health Service Districts.
3. Data definition and scope:
 - Some surveys included the details of more than one service type and there was insufficient capacity to separate out these surveys.
 - While seeking information about service types and infrastructure, the survey did not request patient activity data.

4. Results

4.1 Existing Community Health Services Survey

A total of 652 health services² were recorded in this mapping exercise. Two hundred and forty seven responses were received from Southern Area Health Service, 146 from Central Area Health Service and 259 from Northern Area Health Service. Responses were received from all 20 Health Service Districts.

For the purposes of this Paper, the 652 responses were collated into 293 service types (Appendix 2) and then into 36 overarching service areas (Appendix 2).

In summary, the surveys showed:

- Queensland Health community health services cover 36 broad service areas and provide health care across the health continuum³ and across the Queensland Health New Funding Model program areas⁴.
- Queensland Health provides a broad range of community health services including but not limited to Aboriginal and Torres Strait Islander Health Services; Aged Care; Alcohol, Tobacco & Other Drugs Services; Breastscreen Clinics; Child & Youth Health Centres; Community Mental Health; Dental Clinics & Oral

² Service responses were collated by service type/name. Generally each survey represented on health service provided as respondents were asked to complete one survey form per service (activity). However a small percentage of respondents described a group of activities provided by a particular Centre or Program. The Project Team did not have capacity within the time constraints of the Project to seek amendment of these surveys.

³ See glossary for definition

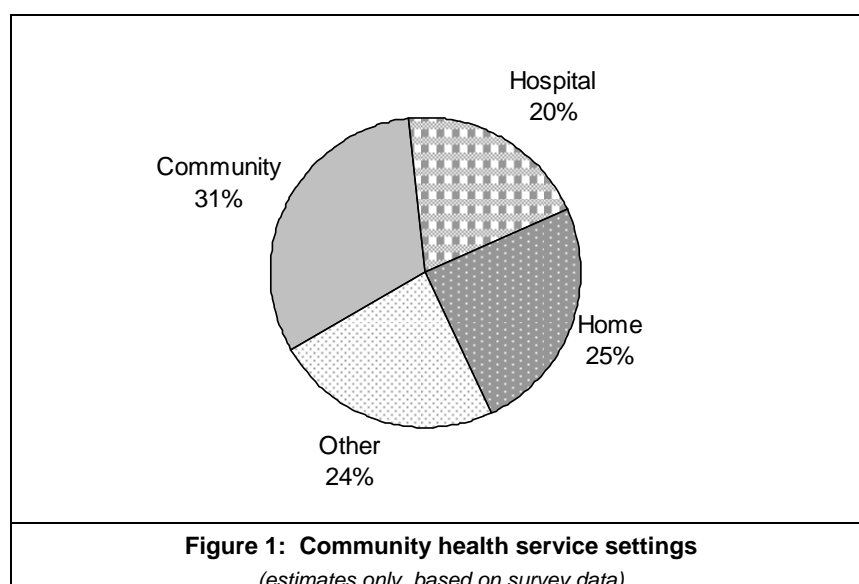
⁴ See glossary for definition

Health Services; Family Health; Home and Community Care; Sexual Health; and Women's Health.

4.1.1 Summary of broad service areas

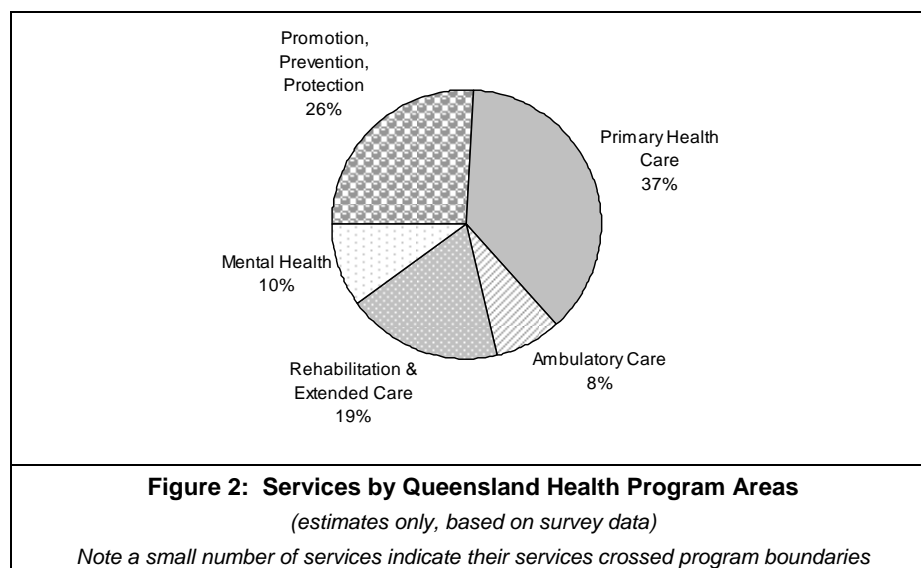
Aboriginal and Torres Strait Islander people's health Accident and Emergency/Acute/Inpatient care Adult Health Aged Care /Health Aged Care /Support Allied health Accident and Emergency/Acute/Inpatient care Adult Health Aged Care /Health Aged Care /Support Alcohol, Tobacco and Other Drugs Service Business and staff support Child & Youth health Chronic disease management Clinical Services Community Hospital Interface Program Education and training Family health	Generalist community health service Health promotion Hospital avoidance Immunisations Integrated Mental Health (Adult) Integrated Mental Health (Child and Youth) Maternal Medical Aid Supply Scheme Outpatient services Palliative care Post acute care Primary Health Care Public health Rehabilitation Screening Sexual and Reproductive Health Specialist clinics Women's health
--	---

- Thirty one per cent of services were provided in a community health centre, 25 per cent were provided in the consumer's home, 20 per cent on a hospital campus and 24 per cent of services were provided in 'other' places, including schools, prisons, detention centres, police stations, on the street (to people who are homeless) and in shopping centres (Figure 1).

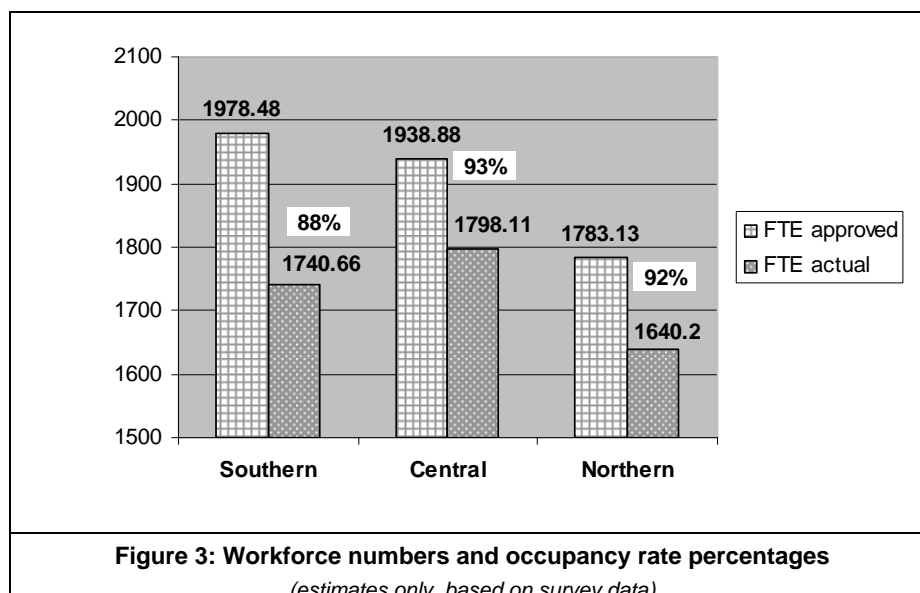


- The majority of services (37 per cent) were identified as Primary Health Care according to Queensland Health Program Area classification. Twenty six per cent were identified as Promotion, Prevention and Protection, eight per cent as

Ambulatory Care, 19 per cent as Rehabilitation and Extended Care and 10 per cent Integrated Mental Health⁵ (Figure 2).



- Responding services identified approximately 5,700 full time equivalent (FTE) approved and 5,179 FTE occupied staffing positions (Figure 3) comprising approximately 387 Aboriginal and Torres Islander Health Workers, 1,891 nurses and midwives⁶, 286 medical officers, 949 allied health staff (including 8 Audiologists, 67 Dietitians, 8 Pharmacists, 182 Physiotherapists, 22 Podiatrists; 272 Psychologists; 24 Radiographers, 372 Social Workers, 45 Speech Pathologists); 30 Generic Mental Health Workers; 610 operational staff, 689 administrative staff and 444 'other' staff⁷. (Figure 4).



⁵ Please see the glossary for definitions of Queensland Health's program areas.

⁶ Unfortunately the survey did not separate nursing and midwifery staff.

⁷ 'Other' positions noted in Table 8.15 in Appendix 4. Figures listed may differ slightly from the associated tables as some categories of allied health professionals were not available on the original survey form and were identified in the 'other' section. Also some respondents put medical, nursing and allied health professionals in the 'other' category and these were then moved to the correct field in the database when the data was cleaned.

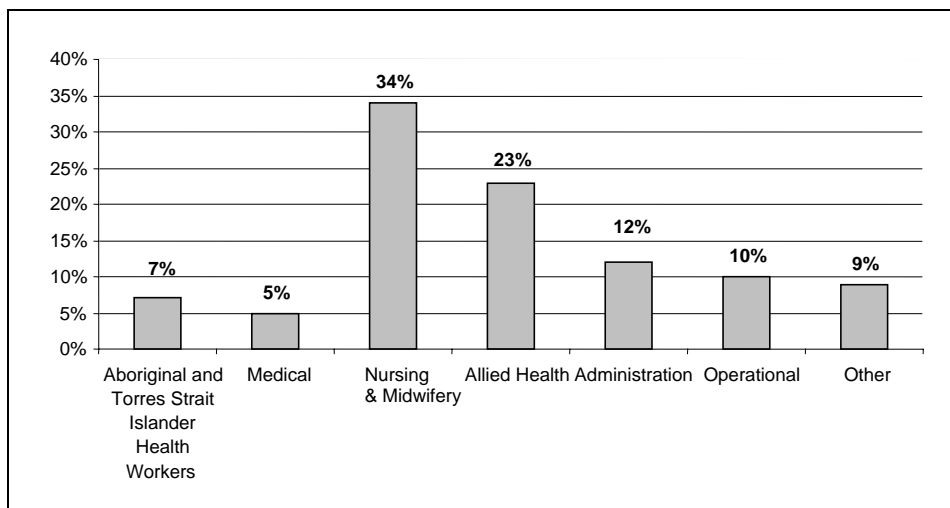


Figure 4: Workforce by profession

(estimates only, based on survey data)

- Responding Queensland Health community health services advised they received approximately \$550 million from all funding sources. Eighty per cent of this funding came directly from Queensland Health, with the Australian Government contributing 20 per cent of total funding (Figure 5).

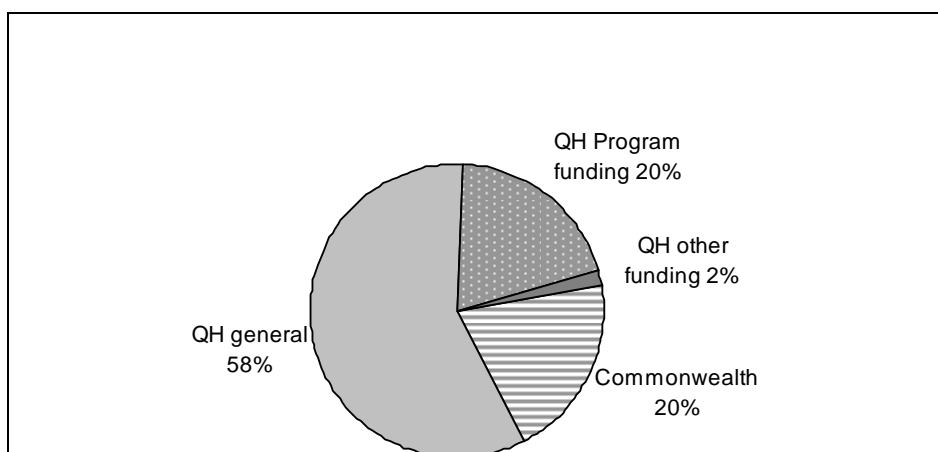


Figure 5: Sources of funding

(estimates only, based on survey data)

- Population groups targeted by these services included specific age groups (Figure 6), Aboriginal and Torres Strait Islander peoples and people from Culturally and Linguistically Diverse communities (Figure 7).

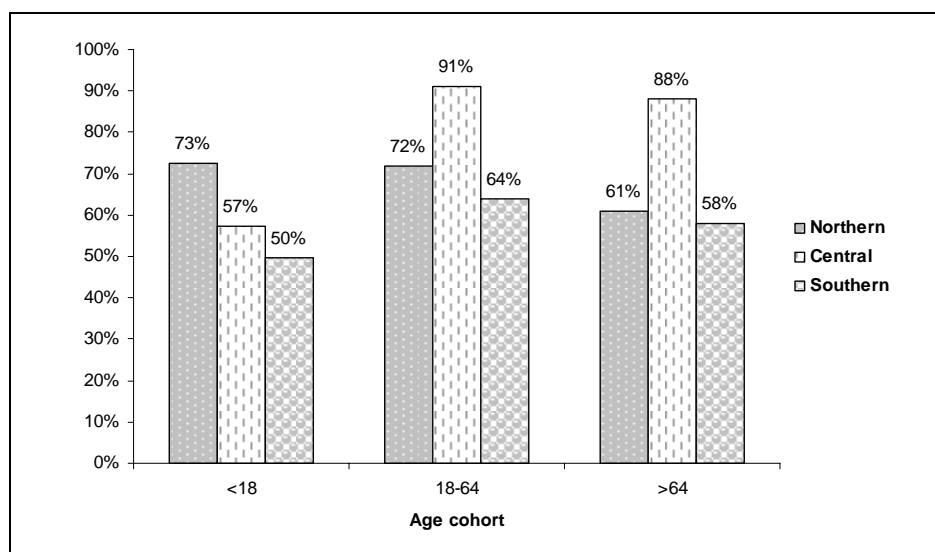


Figure 6: Groups targeted by community health services by age cohort

(estimates only, based on survey data)

Note: total percentages will be greater than 100% as categories are not mutually exclusive

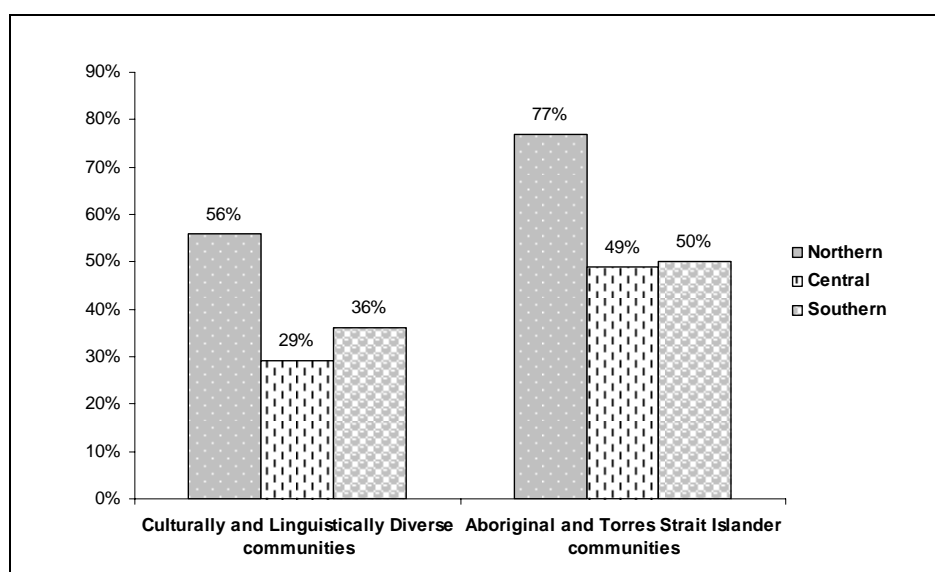


Figure 7: Groups targeted by community health services by ethnicity

(estimates only, based on survey data)

Note: Numbers do not add up to 100% as services can target more than one population group

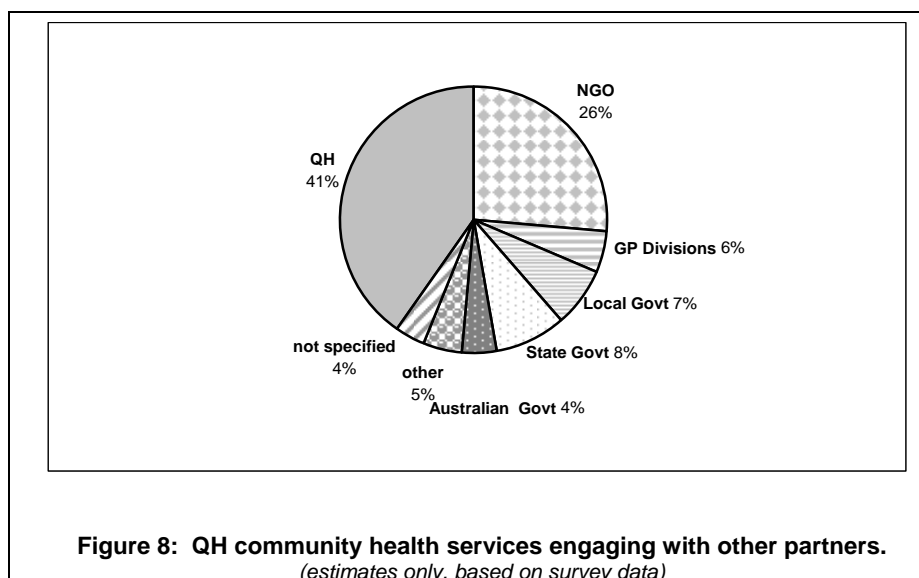
4.2 Current partnership arrangements within Queensland Health community health services.

The snapshot survey also sought information regarding the range of partnerships in which the community health services engaged with other stakeholders⁸. Although there was variation in the level of reporting across Queensland Health Districts, services supplying partnership information identified 1232 different partnerships occurring across community health services in a wide range of partnership

⁸ Refer to the Glossary for a definition of the partnership categories. The partnership survey was adapted from the Victorian Department of Human Services (2003). Partnership Analysis Tool: For Partners in Health Promotion. Victorian Government. Melbourne.

arrangements. These varied according to the type of agencies involved, the level of partnership and whether funding was linked to these arrangements.

- Of the 1232 partnerships identified, 38 per cent occurred with other areas of Queensland Health, 23 per cent with non-government organisations, 10 per cent with other State Government departments, six per cent with Divisions of General Practice, five per cent with local government and four per cent with Australian Government departments (Figure 8).



- Across the State, these Queensland Health community health services invested over \$31.4 million in partnered activities, with 42.4 per cent being expended on shared care, 10.5 per cent on service networking, and with collaborative and cooperative partnerships attracting 23.8 per cent and 20.5 per cent of funding respectively. Less than one percent of respondents indicated they funded coordinated partnerships and two per cent of respondents did not specify the funding source for their partnership arrangement.

5. Conclusion

The snapshot survey was undertaken to inform the work of the Community Health Services Reform Project.

The Existing Community Health Services survey provides data to support the information the Project Team received in interviews and consultations⁹ regarding the diversity of health and health support services which occur in Queensland Health community health services, the range of locations where community health services are provided, current workforce issues, as well as the diversity of information systems used across the State. The data shows that the Queensland Health community health services workforce comprises a wide range of health professionals, health support staff, administrative and operational staff and is currently experiencing workforce shortages. The Partnership survey results indicates that Queensland Health community health services work in varying degrees in partnership with all levels of government, non-government organisations and private providers to provide health care and support to Queenslanders.

As stated in the Methodology, there are some limitations on the ability to generalise the data to the whole sector. However, with 652 surveys returned and 1232 partnerships associated with these services identified, the survey has captured a broad snapshot of Queensland Health community health services.

Through its reform and e-health strategies, Queensland Health is currently working to identify and develop a statewide information system and uniform data collection tools. The introduction of a statewide community health information system will provide the quality data necessary for patient-centred care and effective health services planning.

⁹ The Project's *Consultation summary May-July 2007* can be found at www.health.qld.gov.au/chsrp.

6. Appendix 1 - Survey forms

**Community Health Services Reform Project
 Survey of existing Community Health Services**

Your name:
 Position:
 Contact details:

This information will be used to inform the review of existing services within Community Health. The Project Team will use the information in our Options Paper to map the services that are currently being delivered in the community health sector.

To complete the form click in the first field (ie "Your name") and then tab through the form. The check boxes can be marked via the 'x' key and the grey fields can be typed into.

1.	QH Area Health Service	NAHS <input type="checkbox"/>	CAHS <input type="checkbox"/>	SAHS <input type="checkbox"/>
2.	District			
3.	QH RAM Program Area	Ambulatory Care <input type="checkbox"/>	Mental Health <input type="checkbox"/>	
		Primary Health Care <input type="checkbox"/>	Promotion, Prevention & Protection <input type="checkbox"/>	
		Rehabilitation & Extended Care <input type="checkbox"/>		
4.	Sub-program area			
5.	Service Types/Names			
6.	Target Groups	Age <18 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65+ <input type="checkbox"/>	Culturally and Linguistically Diverse <input type="checkbox"/>	
		Indigenous <input type="checkbox"/>	Other	
7.	Service Objectives			
8.	Service Setting	Community Health Centre <input type="checkbox"/>	Hospital <input type="checkbox"/>	
		Home <input type="checkbox"/>	Other <input type="checkbox"/>	Please specify
9.	Hours of service	Hours of operation:	After hours: <input type="checkbox"/> On-call <input type="checkbox"/>	
10.	Has your Service been evaluated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what was the date of evaluation	
11.	Has your Service undertaken a Process Review	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give the details:	
12.	Has your Service undertaken an Outcome Review?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give the details:	
13.	Staff (numbers)	F/T	P/T	Casual
14.	Staff (FTE)	FTE approved		FTE actual
15.	Staff mix	Administration <input type="checkbox"/> FTE	Indigenous Health Workers <input type="checkbox"/> FTE	

Community Health Services Reform Project
 Snapshot survey of existing Queensland Health community health services

		Medical <input type="checkbox"/> FTE	Nutritionists & Dieticians <input type="checkbox"/> FTE
		Nursing <input type="checkbox"/> FTE	Occupational Therapists <input type="checkbox"/> FTE
		Operational Staff <input type="checkbox"/> FTE	Pharmacist <input type="checkbox"/> FTE
		Physiotherapist <input type="checkbox"/> FTE	Podiatrist <input type="checkbox"/> FTE
		Psychologist <input type="checkbox"/> FTE	Social Workers <input type="checkbox"/> FTE
		Other: <input type="checkbox"/> FTE	Please specify
16.	What is your funding source	Commonwealth <input type="checkbox"/>	Amount
		QH general funding <input type="checkbox"/>	Amount
		QH program funding <input type="checkbox"/>	Amount
		Other <input type="checkbox"/> please specify type	Amount
17.	Is there a Waiting List for your program/service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what is the length of wait:
18.	Do you collect data for your service/program?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list systems used to capture the information:
19.	Are you required to report your data?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please attach a list or outline of data headings:
20.	Do you use a quality framework?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give the name:
21.	Do you have an organisational chart?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provided: Yes <input type="checkbox"/> No <input type="checkbox"/>
22.	Notes/ other comments	•	

If you have any questions at all, please call the contact person in your area:

Northern Area: Peter McCormack at Peter_Mccormack@health.qld.gov.au

Central Area: Mary Massey at MasseyM@health.qld.gov.au

Southern Area: Mandy Beylacq at Mandy_Beylacq@health.qld.gov.au

or

The Project Team on 07 3234 1893 or CHSRP@health.qld.gov.au

**A GUIDE TO THE COMMUNITY HEALTH SERVICES REFORM SURVEY OF
 EXISTING COMMUNITY HEALTH SERVICES**

SERVICE INCLUSIONS: This survey is collecting information on all Queensland Health non-hospital services providing prevention, promotion, protection, early identification and intervention, assessment, treatment, health maintenance and continuing care services.

SERVICE EXCLUSIONS: This survey excludes all hospital services as well as all Oral Health and community-based Renal services – which are undergoing separate review processes.

Section	Guiding statements
1.	Identify which Area Health Service you are located under.
2.	Please insert the name of the District responsible for the service described below.
3.	<p>This is the first of three question that are working from the very broad to the specific in collecting information on your services.</p> <p>To identify the appropriate Program Area please use the “Service Definitions” document. This describes the program areas under the Resource Allocation Model (RAM).</p> <p>For example, if you are reporting on an ATODS Service the Program area this would fit into would be Primary Health Care.</p>
4.	The appropriate Sub-program area will be a more specific description of the nature of the service provided e.g. ATODS service (more specific than Primary Health Care).
5	<p>Service Types/Names is requesting more specific information again e.g. within ATODS there may be a range of service types/names including Cannabis Diversion, Drug Court, Opioid Replacement, Day Detox, etc.</p> <p>Each one of these sub-program areas requires a separate response to the data collection.</p>
6.	Target groups can be answered by clicking on the appropriate box, or boxes, to identify the population group(s) your service is aimed at.
7.	Service Objectives can also be answered by clicking on the appropriate box – or boxes – that describes the overall objectives of the Service Type identified at Question 5.
8.	<p>Service Setting can be answered by clicking on the appropriate box - or boxes as services may be provided across a range of settings.</p> <p>If you provide outreach services, please identify the setting in which you provide the services and also click on “Other” and specify “Outreach – within District” or “Outreach – across Districts”.</p>
9.	Hours of Service can be answered by inserting the hours of operation and also by clicking on the appropriate box - or boxes for after hours and/or on call depending on when your service is available.
10.	Has your service undergone an internal or external evaluation – click “yes” or “no” – and then insert the date of the evaluation.

Community Health Services Reform Project
 Snapshot survey of existing Queensland Health community health services

11.	Process Review may include internal or external review of service processes against the service's objectives. Please provide details about the method and/or content of the review.
12.	Outcome Review may include internal or external review of service processes against the service's objectives. Please provide details about the method and/or content of the review.
13.	Staff (Numbers) is a "head count" i.e. number of people employed, with a breakdown into the number Full Time employees, the number of Part Time employees and the number of casuals. N.B. Where the actual delivery of different service types (Question 5) may be integrated under one sub-program area (Question 4) then Questions 13, 14, 15 & 16 may require a notional allocation of staff and/or funding to each service type. The basis for a breakdown would be how the services are actually delivered.
14.	Staff (FTE) is the number of Full Time Equivalents and this section asks two questions. <ul style="list-style-type: none"> - the number of FTEs on the service's approved establishment, and - the number of FTEs the service actually employs.
15.	Staff mix is asking for a breakdown of staff by disciplines and also asks two questions <ul style="list-style-type: none"> - which disciplines are employed - how many staff in each discipline
16.	Funding source is asking both how your service is funded and the amount of funding. Commonwealth – if there is a component of Commonwealth funding and the cost centre is treated as Commonwealth funds QH general funding – State base funding for District core business which is not tied to any specific purpose. QH Program funding – State funds that are tied to a specific purpose. Other – If there are other sources of funding not described above, please identify here.
17.	Whether a Waiting List exists for the service identified at Question 5 to be identified, and how long the wait for a service is.
18.	This is looking at whether any data is actually collected by the service. If so, please identify the systems used to capture the information. Please provide as much information as possible.
19.	This is looking at whether data is reported. If so, please identify the data items that are captured & reported. Please provide as much information as possible.
20.	This is asking whether you actually use a Quality Framework . This is not a question about whether you are currently accredited, but whether there is a quality framework used to guide the service. If there is, please identify the one used.

Community Health Services Reform Project
 Snapshot survey of existing Queensland Health community health services
Community Health Services Reform Project
Survey of existing Community Health Services - Partnership arrangements

This information will be used to inform our understanding of existing services within Community Health. The Project Team will use the information in our Options Paper to map partnerships across the community health sector. To complete the form click in the first field (ie "name") and then tab through the form. The check boxes can be marked via the 'x' key and the grey fields can be typed into.

The Partnership Table has been modified from Elliot, H (2007) *Partnerships Relevant to Divisions of General Practice within the Queensland Health Southern Area*. South East Alliance of General Practice and is based on the Victorian Health *'The Partnerships Analysis Tool'*.

1.	Name	
2.	Position	
3.	Contact Details	
4.	QH Area Health Service	NAHS <input type="checkbox"/> CAHS <input type="checkbox"/> SAHS <input type="checkbox"/>
5.	District	
6.	Service Name	

Key to Partnership type:

Service Networking	Coordination	Cooperation	Collaboration	Shared Care
<ul style="list-style-type: none"> Information exchange only 	<ul style="list-style-type: none"> Information exchange Altering activities for common purpose 	<ul style="list-style-type: none"> Information exchange Altering activities for common purpose Sharing resources 	<ul style="list-style-type: none"> Information exchange Altering activities for common purpose Sharing resources Enhancing capacity of other partnership 	<ul style="list-style-type: none"> Information exchange Altering activities for common purpose Sharing resources Enhancing capacity of other partnership Case conferencing Coordinated individual service delivery
Example:	Example:	Example:	Example:	Example
HACC forums (meetings with Terms of Reference/ formal agenda).	Services providing services to the aged population may meet and plan a coordinated campaign.	QH and NGO services may share a worker across their services	A government department may fund an NGO to establish a full-time position to develop a training	Services work together on individual care plans, have regular case conferences across organisations

Community Health Services Reform Project
 Snapshot survey of existing Queensland Health community health services

			resource to work with CALD clients	and share information.
--	--	--	------------------------------------	------------------------

Partnership 1

Level	District: <input type="checkbox"/> Town: <input type="checkbox"/> Other <input type="checkbox"/>				
Partnership name					
Partnership Type	Service Networking <input type="checkbox"/>	Coordination <input type="checkbox"/>	Cooperation <input type="checkbox"/>	Collaboration <input type="checkbox"/>	Shared care <input type="checkbox"/>
Type of Agreement	Terms of Reference <input type="checkbox"/>	MOU <input type="checkbox"/>	Service Agreement <input type="checkbox"/>	Other <input type="checkbox"/> Please specify	
Agencies involved	Agency	Deliverables		Provides admin support	Other. Please specify
	QH <input type="checkbox"/> Please specify	<input type="checkbox"/>	<input type="checkbox"/> Type	<input type="checkbox"/>	<input type="checkbox"/>
	NGO <input type="checkbox"/> Please specify	<input type="checkbox"/>	<input type="checkbox"/> Type	<input type="checkbox"/>	<input type="checkbox"/>
	Division of GP <input type="checkbox"/> Please specify	<input type="checkbox"/>	<input type="checkbox"/> Type	<input type="checkbox"/>	<input type="checkbox"/>
	Local Government <input type="checkbox"/> Please specify	<input type="checkbox"/>	<input type="checkbox"/> Type	<input type="checkbox"/>	<input type="checkbox"/>
	State <input type="checkbox"/> Please specify	<input type="checkbox"/>	<input type="checkbox"/> Type	<input type="checkbox"/>	<input type="checkbox"/>
	Commonwealth <input type="checkbox"/> Please specify	<input type="checkbox"/>	<input type="checkbox"/> Type	<input type="checkbox"/>	<input type="checkbox"/>
	Other <input type="checkbox"/> Please specify	<input type="checkbox"/>	<input type="checkbox"/> Type	<input type="checkbox"/>	<input type="checkbox"/>
Funding arrangements	Funding arrangements: Not applicable: <input type="checkbox"/> Pooled funding: <input type="checkbox"/> Amount of QH funding: \$ Amount of other funding (if known): \$ Brokerage model: <input type="checkbox"/> Amount of QH funding: \$ Other arrangements (eg in-kind resources): <input type="checkbox"/> Please specify:				
Notes	•				

7. Appendix 2 – Summary of key service areas

The 293 service types were analysed and collated into 36 service areas

1. Aboriginal and Torres Strait Islander peoples health
2. Accident and Emergency/Acute/Inpatient care
3. Adult Health
4. Aged Care /Health
5. Aged Care /Support
6. Allied health
7. Accident and Emergency/Acute/Inpatient care
8. Adult Health
9. Aged Care /Health
10. Aged Care /Support
11. ATODS
12. Business and staff support
13. Child & Youth health
14. Chronic disease management
15. Clinical Services
16. Community Hospital Interface Program (CHIP)
17. Education and training
18. Family health
19. Generalist community health service
20. Health promotion
21. Hospital avoidance
22. Immunisations
23. Integrated Mental Health (Adult)
24. Integrated Mental Health (Child and Youth)
25. Maternal health
26. Medical Aid Supply Scheme
27. Outpatient services
28. Palliative care
29. Post acute care
30. Primary Health Care
31. Public health
32. Rehabilitation
33. Screening
34. Sexual and Reproductive Health
35. Specialist clinics
36. Women's health

8. Appendix 3 – Summary of services identified in the survey

The 652 responses were analysed and collated into 293 service types

1.	ACAT
2.	Access and Extended Team
3.	Acquired Brain Injury Outreach Service
4.	Acute Inpatient
5.	Addiction Counselling
6.	Adolescent Health Promotion
7.	Adult Case Management
8.	Adult Community Rehabilitation
9.	Adult Health Check
10.	Adult Nursing and Assessment
11.	Aged Care Assessment Teams
12.	Aged Care Outpatients
13.	Aged Care Psychiatry
14.	AIDS Medical Unit
15.	Alternatives to Admission & Early Discharge
16.	Alternatives To Hospital Program
17.	Ambulatory Care
18.	Ambulatory Opioid Detox Clinic
19.	Ambulatory Outpatients Service
20.	Amputee Prosthetic Service
21.	Antenatal Care
22.	Assessment & Screening of at risk patients
23.	ATODS Community Education
24.	Audiology
25.	Audiometry/Hearing Tests (Healthy Hearing)
26.	Breast Care (Including Breast Screen
27.	Breastscreen (population-based breast cancer screening program)
28.	Brief Intervention
29.	Cannabis Diversion Program
30.	CAPS
31.	Cardiac (Healthy Heart, Heart Failure, Inpatient, Acute Recovery, Maintenance)
32.	Cardiovascular & Pulmonary Education Rehabilitation & Self Management (CAPERS) Team
33.	Care Coordination
34.	Carer Support
35.	Centre/Service Support
36.	Cervical Screening
37.	Child & Youth Team
38.	Child and Youth
39.	Child Development Unit (Including Early Intervention For Children 0-5 With A Disability, Developmental Delay Or Risk Of Developmental Delay & Their Families)
40.	Child Health Immunisations
41.	Child Protection Liaison Team
42.	Child Protection Unit
43.	Child Safety
44.	Child Safety
45.	CHIP Nurse
46.	Chronic Disease
47.	Chronic Disease Management

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48.	Chronic Disease Screening
49.	Client Records
50.	Clinical Interventions
51.	Clinical Services [Melaleuca Clinic (Opioid Replacement Program.) Roma St Clinic (Opioid Replacement Program) Biala Ground Floor (Acute Care Service) Brisbane Watchhouse Consultation Liaison Service, Biala Ground Floor (Harm Reduction Centre)]
52.	Community Aged Care Packages (Including Rural and Remote)
53.	Community Forensic Outreach Service
54.	Community Groups
55.	Community Health Assessment
56.	Community Mental Health (Case Management, Acute Care, Treatment)
57.	Community Midwifery & Postnatal Midwifery Program
58.	Community Old Age Psychiatry
59.	Community Team
60.	Community Visiting For At Risk Clients
61.	Community-Based and Home 'Day Care'
62.	Continence Advisory Services & Home Care Services
63.	Continence Assessment)
64.	Continence Clinic
65.	Continence Clinics (Waterworx Continence Clinics
66.	Continence Promotion
67.	Continuum Of Care and Prevention Services
68.	Corporate Services
69.	Counselling
70.	Counselling
71.	Day Detox
72.	Day Rehab
73.	Day Stay
74.	Deafness and Mental Health
75.	Dementia Respite
76.	Dementia Respite
77.	Department of Veteran Affairs clients
78.	Development/ Behavioural Assessment & Treatment
79.	Diabetes (Renal, Maternal)
80.	Diabetes Clinic
81.	Diabetes Education
82.	Diabetes in Pregnancy
83.	Diagnostic
84.	Dietetics & Nutrition
85.	Dietetics/Dietician (Outpatient)
86.	Discharge Planning
87.	Domestic Assistance
88.	Domiciliary Allied Health Aged Care & Rehab Team
89.	Domiciliary Allied Health Aged Care & Rehab Team
90.	Dressings
91.	Dressings, Primary Health Care Clinics
92.	Drop-In Clinics
93.	Drop-In Clinics
94.	Drug Court
95.	Dual Diagnosis
96.	Early Intervention (Child Health and Safety)
97.	Early Intervention Specialist Program
98.	Early Intervention Specialist Program

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99.	Early Midwifery Discharge (EMS), Lactation Consultancy, Antenatal Classes, Home Visiting Antenatal Care
100.	Emergency Care
101.	Emergency Department Activities/Emergency Care
102.	End Of Life Care Pathway Project
103.	Enhanced Palliative Care
104.	ENT Surgical Outreach
105.	Environmental Health
106.	Extended Care
107.	Falls Prevention
108.	Family Care Programs
109.	Fire Safety and Security
110.	Fit For Surgery (Hand, Vascular, Burns, Lymphoedema, Encopresis)
111.	Fracture Clinic
112.	Frequent & Avoidable Admissions Project
113.	Future Families Infant Mental Health Service
114.	General Community Adult Health Assessments
115.	General Health
116.	Generalist Social Work
117.	GP Rural Education Project
118.	Group Work
119.	Growth Assessment & Action for remote communities
120.	HACC Assessments
121.	HACC Continence Clinic/ Advisory Service
122.	HACC Resource Unit - Information, Education & Training
123.	HACC Service Frail Aged & Young Disabled
124.	Health Promotion
125.	Health Promotion
126.	Health Promotion and Education
127.	Health Promotion Coordination Unit
128.	Health Weight Program
129.	Health Worker Support for Indigenous Women
130.	Healthy Lifestyle Programs
131.	Healthy Weight Program
132.	Hearing Health (Including Speech Pathology)
133.	Heart/Lung Team
134.	Hepatitis C
135.	Hepatitis C Satellite Clinic
136.	Hepatitis Clinic
137.	High Risk Foot Clinic
138.	HIV & Hep C Area Coordinator
139.	HIV/AIDS & Sexual Health program
140.	Home Care
141.	Home Maintenance and Modification
142.	Home Visiting Service
143.	Home Visiting Service
144.	Homeless Health Outreach
145.	Homeless Outreach
146.	Homelessness & Public Intoxication Program
147.	Hospital in The Home
148.	Hospital in The Nursing Home (Aged Care Early Intervention Management)
149.	Hospital Liaison Unit/Officer
150.	HPV Immunisation

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151.	Hygiene
152.	Immunisation
153.	Incontinence Management
154.	Indigenous Drug Diversion Initiative
155.	Indigenous Health Continence
156.	Indigenous Health Service
157.	Indigenous Liaison Worker
158.	Indigenous Liaison Worker
159.	Indigenous Sexual Health
160.	Industry Partnership (crime prevention partnership program)
161.	Infection Control Management For Staff
162.	Information Management Service
163.	Inpatient Assessment and Support For Detox
164.	Inpatient Unit and Community Link Service
165.	Integrated Respiratory Service
166.	Intensive Care (Home Ventilation Service - District Funded/ICU Supported Patient, Home Ventilation Service - High Cost Programme)
167.	Lactation Education
168.	Lawn Maintenance
169.	Lay Carer Project
170.	Library
171.	Liver Clinic & Blood Borne Virus Clinic
172.	Low intensity rehabilitation/restorative care for the Elderly
173.	Lung Health
174.	Mammography, School Screening (Vision
175.	MASS (Continence Aids and Oxygen)
176.	Meals (providing meals)
177.	Medications
178.	Men's Health
179.	Midwifery Clinic
180.	Minor Surgery
181.	Mobile Assessment & Acute Treatment Team
182.	Mobile Community Assessment & Treatment Team
183.	Mobile Detox
184.	Mobile Intensive Support & Treatment Team (Recovery and Rehab)
185.	Mobile Rural and Remote Outreach
186.	Mobile Women's Health Nurse/Unit - assessment and screening of women's health, outreach service
187.	Monitoring
188.	Mother's Group/New Mothers group
189.	MS Society Physiotherapy Service
190.	Needle and Syringe Program
191.	NHTP
192.	Nursing Care and Coordination
193.	Occupational Therapy
194.	Occupational Therapy and Physiotherapy
195.	Occupational Therapy Community Education
196.	Older Persons Mental Health Program
197.	ONI Assessment
198.	Opioid Replacement Therapy
199.	Oral Health
200.	Organising Meals On Wheels
201.	Outpatient Care

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202.	Outpatient Counselling
203.	Outpatient Review
204.	Outreach
205.	Outreach Immunisation Programs
206.	Outreach Services
207.	Over 55 Health Check
208.	Paediatric Care (Complex Paediatric Case Management)
209.	Pain Management
210.	Palliative Care and Cancer Support
211.	Palliative Care Coordination
212.	Palliative Care GP Rural Education Project
213.	Palliative Care Outreach
214.	Palliative Care Program Liaison Service
215.	Palliative Care Service
216.	Parenting Day Stay Centre
217.	Parenting Programs
218.	Pathology, Pharmacy
219.	Pathways Home
220.	Personal Care
221.	Pharmacy Supply
222.	Physical Activity Promotion
223.	Physiotherapy
224.	Place based Chronic Disease Initiative
225.	Podiatry & Foot Protection Program
226.	Population-Specific Immunisation Programs
227.	Positive Parenting Programs
228.	Post Acute and Palliative Care
229.	Post Acute and Palliative Care
230.	Post-Acute Follow-up Brief Intervention
231.	Postnatal Care
232.	Pre-Anaesthetic Check Clinic
233.	Primary Care Program
234.	Primary Clinical Care
235.	Psychology
236.	Public Health Program (Immunisation Programs, Tropical Disease Outbreaks, Etc.)
237.	Pulmonary
238.	QI and Clinical Development Unit
239.	Queensland Illicit Drug Diversion Initiative
240.	Radiography & Medical Imaging
241.	Regional Obstetric and Gynaecology Service
242.	Rehab and Self-Management
243.	Relapse Prevention
244.	Relearning and Maintenance (CHARM)
245.	Remote Outreach
246.	Renal Program
247.	Research and Education Collaborative
248.	Residential Aged Care/Nursing Homes
249.	Respiratory Outreach
250.	Respite Care
251.	Rural Stroke Outreach
252.	School Based Health Advice
253.	School Based Youth Health Nurses
254.	School-Based Vaccinations/Immunisations Program

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255.	Screening
256.	Screening Mammography
257.	Self-Management (Including Osteoarthritis, Arthritis, Fibromyalgia)
258.	Sexual & Reproductive Health Service (Assessment, screening, treatment, education)
259.	Sexual Assault Service
260.	Sexual Health & AIDS Counselling Service
261.	Sexual Health Services
262.	Shopping and Social Support
263.	Short-Term Accommodation Support
264.	Sleep Disorders Treatment
265.	Social Services
266.	Social Work (Grief and Loss, Women's Issues, Self Esteem, Youth Issues, Support To Acute Care Section, Outreach To RHS, Generalist Service, Sexual Assault)
267.	Social Worker (counselling and social support for residents of the Health Service)
268.	Social Worker (counselling and social support for residents of the Health Service)
269.	Speech Pathology
270.	Spinal Outreach Team (Allied Health Consultancy and Advisory Service)
271.	Spinal Outreach Team (allied health/ nursing consultancy and advisory service)
272.	Staff and Community Education (incl Schools)
273.	STI Clinics
274.	Support, Advocacy, Education For Clients Diagnosed With Breast Cancer and Their Families)
275.	Telepsychiatry
276.	Tertiary Consultancy and Referral Service
277.	Therapeutic Opioid Dependency Advisory Service
278.	Transcultural Mental Health
279.	Transition Care
280.	Transition to School Developmental Assessment Team
281.	Transitional Housing Team
282.	Transitional Rehabilitation Program
283.	Transport
284.	Triage
285.	Urban Well Women's Clinic
286.	Well Women's Clinic
287.	Well-Baby Clinics
288.	Well-Child/ Child Health Clinics
289.	Women's Health Nurse
290.	Women's Health Counselling and Sexual Assault Program
291.	Women's Health Unit
292.	Wound Care
293.	Young Parents Program

9. Appendix 4 - Tables

9.1. Number of health services identified

Area	Number of responses
Southern Area Health Service (SAHS)	247
Central Area Health Service (CAHS)	146
Northern Area Health Service (NAHS)	259
Total statewide	652

9.2. Number of services by service setting

Area Health Service	Community	Hospital	Home	Other
Southern	164	112	125	124
Central	100	88	89	76
Northern	196	90	147	143
Statewide	460 (32%)	290 (20%)	361(25%)	343 (24%)

9.3. Services per QH New Funding Model Program Area

Area Health Service	Promotion, Prevention, Protection	Primary Health Care	Ambulatory Care	Rehabilitation & Extended Care	Mental Health
Southern	79 (24%)	115 (36%)	29 (9%)	59 (18%)	41 (13%)
Central	37 (21%)	60 (35%)	26 (15%)	29 (17%)	21 (12%)
Northern	112 (30%)	161 (43%)	17 (4%)	62 (16%)	26 (7%)
Statewide	228 (26%)	336 (38%)	72 (8%)	170 (19%)	88 (10%)

9.4. Number of services by target group

Area Health Service	Age			Aboriginal and Torres Strait Islander peoples	Culturally and Linguistically Diverse communities
	>18	18-64	>64		
Southern	123	158	143	124	88
Central	63	100	97	68	37
Northern	188	186	158	200	144
Statewide	374	444	398	269	392

9.5. Hours of service

Area Health Service	After-hours	On-Call
Southern	37 (15%)	28 (11%)
Central	25 (17%)	18 (12%)
Northern	55 (21%)	13 (5%)
Statewide	117 (18%)	59 (9%)

9.6. Number of services evaluated

	yes	%	no	%	
Southern	129	55	107	45	236
Central	69	51	67	49	136
Northern	101	40	149	60	250
Statewide	299	48	323	52	622

9.7. Number of services reviewed (process review)

	yes	%	no	%	
Southern	134	57	103	43	237
Central	102	75	34	25	136
Northern	94	38	152	62	246
Statewide	330	53	289	47	619

9.8. Number of services reviewed (outcome review)

	yes	%	no	%	
Southern	102	44	131	56	233
Central	56	44	71	56	127
Northern	72	29	176	71	248
Statewide	230	38	378	62	608

9.9. Number of staff (F/T, P/T, casual, approved positions, actual)

	FT	PT	Casual	Total
Southern	1397.67 (56%)	964.29 (39%)	124.24 (5%)	2486.2
Central	1356.11 (52%)	1057.37 (41%)	174.17 (7%)	2587.65
Northern	1354.54 (60%)	711.47 (32%)	180.84 (8%)	2246.85
Statewide	4108.32 (56%)	2733.13 (37%)	479.25 (7%)	7320.7

9.10. Number of staff (Full-time approved and full-time actual)

	FTE approved	FTE actual	Shortfall	Occupancy rate
Southern	1978.48	1740.66	-237.82	88%
Central	1938.88	1798.11	-140.77	93%
Northern	1783.13	1640.2	-142.93	92%
Statewide	5700.49	5178.97	-521.52	91%

9.11. Waiting lists by Area

	Total number	%
Southern	75	30
Central	67	46
Northern	105	41
Statewide	247	38

9.12. Workforce by Area Health Service

	Aboriginal and Torres Strait Islander Health Workers	Medical	Nursing	Administration	Operational	Other ¹⁰
Southern	71.01 (3% ¹¹)	122.57 (6%)	621.09 (31%)	246.13 (12%)	275.57 (14%)	213.49 (11%)
Central	76.9 (5%)	108.06 (8%)	713.05 (36%)	248.2 (18%)	158.29 (11%)	196.49 (14%)
Northern	238.59 (15%)	54.06 (3%)	554.43 (35%)	194.54 (12%)	152.52 (10%)	110.87 (7%)
Statewide	386.5 (7%)	284.69 (5%)	1888.57 (34%)	688.87 (12%)	586.38 (10%)	520.85 (9%)

9.13. Allied Health workforce by Area Health Service

	Audiologist	Dieticians	Occupational Therapists	Pharmacists	Physiotherapists	Podiatrists	Radiographers	Speech Pathologists	Psychologists	Social Workers
Southern	6 (0.3%)	27.08 (1%)	122.26 (6%)	3.16 (0.2%)	61.59 (3%)	7.6 (0.4%)	3 (0.1%)	16.3 (0.8%)	98.22 (5%)	161.5 (8%)
Central	1 (0.1%)	23.3 (2%)	96.83 (5%)	3 (0.2%)	60.84 (4%)	9.1 (0.6%)	9.5 (0.5%)	13.8 (0.7%)	116.33 (8%)	146.43 (10%)
Northern	1 (0.1%)	17.28 (1%)	62.84 (4%)	1.78 (0.1%)	59.26 (4%)	5.74 (0.4%)	11 (0.7%)	15 (0.9%)	56.98 (4%)	64.13 (4%)
Statewide	8 (0.1%¹²)	67.66 (1%)	281.93 (5%)	7.94 (0.2%)	181.69 (4%)	22.44 (0.4%)	23.5 (0.4%)	45.1 (0.8%)	271.53 (5%)	372.06 (7%)

9.14. Funding by Area Health Service by source

	Commonwealth	QH general	QH Program funding	QH other funding	Total
Southern	\$40,483,538.00 (21%)	\$104,083,039.54 (55%)	\$42,419,441.00 (22%)	\$2,698,765.00 (1%)	\$189,684,783.54
Central	\$49,504,584.88 (25%)	\$105,524,581.00 (52%)	\$43,891,550.00 (22%)	\$2,944,629.00 (1%)	\$201,865,344.88
Northern	\$22,388,827.00 (14%)	\$108,723,904.00 (68%)	\$24,274,887.00 (15%)	\$3,495,763.20 (2%)	\$158,883,381.20
Statewide	\$112,376,949.88 (20%)	\$318,331,524.54 (58%)	\$110,585,878.00 (20%)	\$9,139,157.20 (2%)	\$550,433,509.62

¹⁰ Other' positions included: Allied Health Assistant, Allied Health Leader, Allied Health Worker, Assessor, Case Manager, Chronic Disease Worker, Clinical Management Technologist, Consumer Support, Data Manager, Early Intervention Specialist, Exercise Physiologist, HACC Worker/Coordinator, Health Prevention/Promotion, Health Worker (ATODS), Healthy Lifestyle Coordinator, Home Care/Social Support Workers (all part time), Hospital Liaison, Indigenous Health Nurse, Indigenous Health Worker Trainee, Indigenous Mental Health Worker, Intake Officer, Managers/Team Leaders, Palliative Care/Volunteer Coordinator, Prosthetist, Recreation Officer, Research Officer, Social Work Associate, Technical Officers, Therapist/Counsellor, Trades Assistant, Welfare Officer (Disability).

¹¹ Percentages of the total workforce figures – includes Aboriginal and Torres Strait Islander workers, Medical, Nursing, Administration, Operational, Other and all Allied Health professionals.

¹² Percentages of the total workforce figures – includes Aboriginal and Torres Strait Islander workers, Medical, Nursing, Administration, Operational, Other and all Allied Health professionals.

9.15. Workforce identified in 'other' category

Profession	Number
Allied Health Assistant	3
Allied Health Leader	3
Allied Health	1
Assessor	1
Audiologist	8
Case Manager	4.5
Chronic Disease Worker	1
Clinical Management Technologist	1
Consumer Support	6.6
Data Manager	3
Early Intervention Specialist	6
Exercise Physiologist	3
Generic Mental Health Worker	18
HACC Worker/Coordinator	3.61
Health Prevention, Promotion	10.5
Health Worker (ATODS)	1
Healthy Lifestyle Coordinator	2
Home Care/Social Support Workers (Part Time)	82
Hospital Liaison	1
Indigenous Health Nurse	1
Indigenous Health Worker Trainee	2
Indigenous Mental Health Worker	2
Intake Officer	1
Managers	62.5
Palliative Care/Volunteer Coordinator	0.6
Prosthetist	1
Radiographers	23.5
Recreation Officer	3.5
Research Officer	9.4
Social Work Associate	2
Speech Pathologist	45.1
Technical Officers	3
Therapist/Counsellor	7
Trades Assistant	1
Welfare Officer (Disability)	2

9.16. Qualitative data by Area Health Service

9.16.1 Data collection tools – used by five or more services.

	Number of services who use this tool ¹³
Excel spreadsheet	102
CESA/CESA Discoverer	44
HBCIS	41
Paper based	41
Community Health Information System	33
Ferrett	27
Outcomes information system (OIS)	27
HACC MDS	26
ATODS IS	24
Local database	18
CHIMS	17
ACE	16
Mental Health Act Information System (MHAIS)	16
QH occasions of service database	13
Care continuum software	10
School-Based Youth Health Nurse program	10
QH statistical information	9
BreastScreen Queensland Registry (BSQR2)	8
CHIME	8
CPIC	8
Medical Director	8
Sexual health information program (SHIP)	8
TRACCS	8
TPHU Immunisation data collection	7
Access database	6
Community Health data template	6
DAART	5
Medicare	5
Needle and Syringe Program database	5

¹³ This is a summary from the approximately 90 different data collection tools identified (see Table 8.16.2). Two (2) services identified that they did not use any data collection tools.

9.16.2 Total list of data collection tools used.

1.	ACE
2.	ABS
3.	ACAP annual report
4.	ACAT database
5.	Access
6.	ACS database
7.	ADS month report spreadsheet
8.	ADTRU training database
9.	AHIS
10.	Annual client satisfaction survey
11.	ATODS IS
12.	B SHARP information system
13.	Breast Care Nurses Daily Spreadsheet
14.	BreastScreen Queensland Registry (BSQR2)
15.	CACP provider claim form
16.	Cancer screening program
17.	Care continuum software
18.	CAHS PHU database
19.	CATI
20.	CDU
21.	Cecil
22.	CESA
23.	CESA Discoverer
24.	Child Safety Unit statistics
25.	CHIME
26.	CHIMS
27.	CHIP database
28.	CIMHS
29.	Client register system
30.	Community Health data template
31.	Community Health Information System
32.	COPD
33.	CPIC
34.	CRS Diabetes Centre Database
35.	Cue Master
36.	DAART
37.	Department of Justice database
38.	Diary
39.	DSS
40.	EDIS
41.	ERIC
42.	eVici Clinical Management System
43.	Excel spreadsheet
44.	FAMMIS
45.	Ferrett
46.	Financial information system
47.	HACC MDS
48.	Hanen Pro
49.	HBCIS

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50.	Healthy lifestyles data
51.	Heart failure data collection
52.	Internal Social Work Services statistics
53.	Lighten up statewide evaluation process
54.	Link Nurse data log
55.	Local database
56.	Medical Director
57.	Medicare
58.	Mental Health Act Information System (MHAIS)
59.	Milliman Care Guidelines
60.	Monthly statistics sent to Masmail
61.	None used
62.	NSP
63.	QH occasions of service database
64.	OSIM
65.	Outcomes information system (OIS)
66.	PH4
67.	PAH TCP database
68.	Pap smear registry
69.	Paper based
70.	PCOC
71.	Perinatal data
72.	Practix
73.	Purpose designed Child Health Information System
74.	QH statistical information
75.	QMDS-NSP
76.	Queensland Minimum Data set
77.	QUIDDI database
78.	RHS
79.	SCAN
80.	School-based data system
81.	School-Based Youth Health Nurse program
82.	Sexual Assault data collation tools
83.	Sexual health information program (SHIP)
84.	SPSS
85.	Statewide data program
86.	Surveys and Chart Audits
87.	Thin database
88.	TPHU Immunisation data collection
89.	TRACCS
90.	Transcare

10. Appendix 5 - Glossary

Community health services¹⁴

Non-hospital services providing prevention, promotion, protection, early identification and intervention, assessment, treatment, health maintenance and continuing care services delivered to individuals and/or small groups by a variety of providers.

Health continuum¹⁵

The spectrum of services provided ranges from supporting (people across the health continuum), that is people who are well, those who are at risk of developing a health condition, those who need treatment when they are injured or are ill and people who have long term conditions. Services will be planned, organised and delivered on the basis of what services are needed most, by whom, and which services will give the greatest benefit.

New Funding Model – program structure

Promotion, Prevention and Protection – encompasses services that promote and protect the health and wellbeing of the population or population subgroups and prevent disease, illness and injury.

Primary Health Care – encompasses the majority of treatment and care services QH funds and/or provides within a community setting.

Ambulatory – includes services provided through emergency departments and other outpatient services, i.e. specialist medical, allied health and ancillary services.

Acute Inpatient – includes services provided to inpatients in hospital-based general, medical, surgical and obstetric care.

Rehabilitation and Extended Care – includes services provided through QH's residential aged care facilities, Multipurpose Health Services, residential care for young people with physical and intellectual disabilities who need high or complex levels of support. This program also covers services assisting individuals to maintain their quality of life and their ability to continue living in their homes, such as Home and Community Care and the Medical Aids Subsidy Scheme.

Integrated Mental Health – spans the entire health continuum – through the provision of promotion, community-based, inpatient, outpatient treatment and services provided through designated mental health units will also be a component of this program.

Partnerships (in health)

Coalitions, alliances, consortia and related forms of inter-organisational relations created to improve health.¹⁶ The partnership models include:¹⁷

Service networking (information exchange only)

Coordination (information exchange and altering activities for a common purpose)

Cooperation (information exchange; altering activities for a common purpose and sharing resources)

Collaboration (information exchange, altering activities for a common purpose and sharing resources and enhancing capacity of partnership; and finally)

Shared Care (information exchange, altering activities for a common purpose, sharing resources, enhancing capacity of partnership, case conferencing and coordinated individual service delivery).

¹⁴ Definition developed for this Project and signed-off by the CHSRP Project Management Group.

¹⁵ Queensland Health (2007). *Strategic Plan 2007 – 2012*. Queensland Government, Brisbane.

¹⁶ Mitchell S M and Shortell S M (2002). The governance and management of effective community health partnerships: a typology for research, policy and practice. *The Milbank Quarterly*, 78(2).

¹⁷ Adapted from VicHealth (2003). *The Partnerships Analysis Tool: For Partners in Health Promotion*. Victorian Department of Health and Human Services, Melbourne.