This report:

- fulfils statutory reporting requirements; and
- provides operational and performance data for the 2009-10 financial year.

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Office of the Director-General
147-163 Charlotte Street Brisbane Q 4000
GPO Box 48 Brisbane Q 4001

More information about Health Community Councils can be found at www.health.qld.gov.au
Letter of transmittal

The Honourable Paul Lucas MP
Deputy Premier and Minister for Health
Member for Lytton
GPO Box 48
Brisbane Qld 4001

Dear Deputy Premier

I am pleased to present to you the Logan-Beaudesert Health Community Council Annual Report for 2009-10. This report is a statutory function of the council and provides an outline of our performance during the year.

The report highlights activities and recommendations made against our key statutory functions of:

- undertaking community engagement about the health of, or health care for, the community;
- monitoring the quality, safety and effectiveness of public sector health services delivered in the council’s district; and
- enhancing community education about the delivery of public sector health services.

The council has now been in operation for its third year, and continues to play an important role in the reform process of Queensland Health. The activities of the council over the past three years have also included building partnerships between the community and Queensland Health to ensure that communities play a part in influencing, informing and improving the delivery of public health services in Queensland.

Appreciation is extended to all the members of the council for their efforts during the year and their being integral to improving the quality and accountability of health services within the district. The council wishes also to acknowledge the dedicated and valued service provided to the council by members Beverley Richardson and Lynn Bartimote who both resigned during the year.

Over the past year, the district has made great strides in providing to the council useful and informative quality and safety data. Management and staff have been responsive to any requests for clarification and modification of data sets to assist transparency. The council also wishes to record its appreciation for the administration support provided by Queensland Health in assisting the council to meet its responsibilities.

We look forward to continuing our role within the community, working in partnership with Queensland Health and most importantly being able to bring continued improvements in the delivery of health services through our role and functions.

Yours sincerely

Max Howard
Chairperson
Logan-Beaudesert Health Community Council
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About health community councils

Health Community Councils are a key component of the Queensland Government’s commitment to reforming the public health system and improving health service delivery for all Queenslanders.

Queensland's 36 Health Community Councils are advisory bodies established under the provisions of Health Services Act 1991. The councils play an important role in the governance of public sector health services and work in partnership with Queensland Health.

The focus of the councils is to provide a community perspective in regards to the delivery of public sector health services in the local district. Councils do this through community engagement, community education and looking at safety, quality and effectiveness of the delivery of public sector health services within the local district.

Councils provide an opportunity for community members to participate in decision-making about health services by providing feedback about what is working well and areas for improvement. Council members facilitate community participation and contribute specialist knowledge and expertise to the delivery of public sector health services in the local district.

Queensland Health is responsible for providing administrative and funding support to councils to meet their responsibilities.
Establishment

Logan-Beaudesert Health Community Council was established under the authority of the Health Services Act 1991 on 9 July, 2007. Members are appointed for a term of not more than four years.

Councils ordinarily do not consist of more than eight members and, if practicable, must include at least one member who is a general practitioner. Councils must also not include more than one member who is engaged in the delivery of public sector health services in the council’s district.

Membership

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Term of appointment</th>
<th>Attendance*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td>Max Howard</td>
<td>9 July 2007 – current</td>
<td>10</td>
</tr>
<tr>
<td>Member</td>
<td>Lynn Bartimote</td>
<td>9 July 2007 – 16 February 2010</td>
<td>2</td>
</tr>
<tr>
<td>Member</td>
<td>Delaune Pollard</td>
<td>9 July 2007 – current</td>
<td>10</td>
</tr>
<tr>
<td>Member</td>
<td>Beverley Richardson</td>
<td>9 July 2007 – 15 December 2009</td>
<td>2</td>
</tr>
<tr>
<td>Member</td>
<td>Christine Tracey-Patte</td>
<td>9 July 2007 – current</td>
<td>7</td>
</tr>
</tbody>
</table>

* Number of meetings attended during 2009-10

Total

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General practitioners</td>
<td>1</td>
</tr>
<tr>
<td>Members engaged in the delivery of public sector health services in council district</td>
<td>0</td>
</tr>
</tbody>
</table>

Location

There is at least one health community council for each health service district. Logan-Beaudesert Health Community Council is located within the Metro South Health Service District of Queensland Health. Refer to Appendix A for a map of health service districts.

Statutory functions

Section 28M of the Health Services Act 1991 (the Act) prescribes that health community councils are advisory bodies having the following functions.

(a) undertaking community engagement activities about the health of, or health care for, the community, including, for example—
   (i) obtaining information and feedback from users of public sector health services about public sector health service issues; and
   (ii) considering planning proposals in relation to the delivery of public sector health services, and facilitating community debate and feedback on the proposals; and
   (iii) advocating for users of public sector health services, so as to influence decision-making about the delivery of the services;

(b) monitoring the quality, safety and effectiveness of public sector health services delivered in the council’s district;
(c) considering and evaluating reports about the delivery of public sector health services in the council’s district;

(d) enhancing community education about the delivery of public sector health services;

(e) advising, and making recommendations to, the manager for the council’s district about the matters mentioned in paragraphs (a) to (d);

(f) giving the Minister, within 3 months after the end of each year, a written report on the performance of its other functions during the year; and

(g) performing other functions as directed by the Minister.

Operations

For the reporting period of 1 July 2009 to 30 June 2010.

Meetings

Councils should meet at least once every two months in addition to any specific meetings directed by the Minister.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council meetings held</td>
<td>10</td>
</tr>
<tr>
<td>Extra meetings held at direction of the Minister</td>
<td>0</td>
</tr>
</tbody>
</table>

Record keeping

Queensland Health is responsible for managing the records of Health Community Councils within the district and ensuring compliance with the provisions of the Public Records Act 2002 and Information Standard 40.

Expenditure

Council members are remunerated in accordance with the Queensland Government’s Remuneration Policy. Fees outlined are chairperson and members’ meeting fees and any special assignment fees. Other costs include travel allowances, motor vehicle allowances, catering, venue hire and any other costs associated with the activities of the council.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees</td>
<td>7,095.00</td>
</tr>
<tr>
<td>Other costs</td>
<td>2,757.53</td>
</tr>
<tr>
<td>Total expenditure:</td>
<td>$9,852.53</td>
</tr>
</tbody>
</table>
Community engagement

The Act provides that Health Community Councils undertake community engagement activities about the health of, or health care for, the community. Councils may do this through:

- obtaining and providing information and feedback to and from users of public sector health services about public sector health service issues;
- considering planning proposals in relation to the delivery of public sector health services, and facilitating community debate and feedback on the proposals; and
- advocating for users of public sector health services, so as to influence decision-making about the delivery of the services.

In 2009-10, Logan-Beaudesert Health Community Council undertook the following community engagement activities.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Outcome</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council held a Young Carers Forum in July 2009 which brought together stakeholders and the local community to discuss and prioritise issues and suggest possible solutions.</td>
<td>A report was generated and forwarded to key stakeholders. As a result of the recommendations included in the report the Nurse Unit Manager of the Logan Hospital Community Hospital Interface Program implemented a quality project to collect data on the number of young carers admitted/presenting to Logan Hospital. In addition, a follow-up forum was held by the council which was another key recommendation.</td>
<td>Completed</td>
</tr>
<tr>
<td>A Young Carers Forum and Networking meeting was also held in April 2010 to bring together stakeholders in the local area to discuss issues and progress in the area of health of young carers.</td>
<td>As a result of this forum, service providers and other stakeholders gained insight into other avenues of support for young carers (including Centrelink assistance) and the Federally funded regional Young Carers Project Officer developed links with Logan Hospital Community Hospital Interface staff and Social Workers.</td>
<td>Completed</td>
</tr>
<tr>
<td>Advocacy in partnership with other stakeholders for introduction of an electricity rebate for people with neurological disabilities that require cooling devices.</td>
<td>Minister for Energy announced a new scheme which allows for people with certain medical conditions to access an electricity rebate for use of air conditioners/cooling devices.</td>
<td>Completed</td>
</tr>
<tr>
<td>Consultation regarding Indigenous health services and issues in the Beaudesert area.</td>
<td>Council liaised with the area’s Indigenous Health Coordinator to schedule a meeting to gather feedback from the community.</td>
<td>Progressing</td>
</tr>
<tr>
<td>Advocacy for addition of new cognitive impairment measures in the National Centre for Classification in Health’s Australian Coding Standards to ensure that accurate data can be collected for research and health service planning.</td>
<td>The National Centre for Classification in Health advised that they would consider these recommendations during their next review phase.</td>
<td>Completed</td>
</tr>
<tr>
<td>Consultation regarding transport issues to and from Logan Regional Hospital</td>
<td>Whilst council recommendations such as the</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
from health services in the local area and representation at a Transport Forum.
(This activity commenced in 2008/09 comprising of information gathering, including consultation with transport planners, local private transport providers, private sector transport consultants and international experts, collection of previous transport forum results to inform a council report and recommendations.)

<table>
<thead>
<tr>
<th>Action</th>
<th>Result</th>
</tr>
</thead>
</table>
| repositioning of bus stops and the building of bus shelters outside of the Browns Plains Ambulatory Centre have occurred, the issue of frequency of accessible public transport was still not addressed. Through persistent advocacy by the council to all levels of government (Local, State and Federal), the following actions have taken place. | - Bus stops reviewed.  
- A new prepaid service from Beaudesert commenced.  
- An express service to and from Brisbane City from Greenbank and Park Ridge commenced.  
This has resulted in:  
- increased independence for patients who travel to the Princess Alexandra Hospital;  
- choices for patients so that they can be less reliant on volunteers for transport to Browns Plains or the Princess Alexandra Hospital; and  
- patients being able to keep their appointments. |

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Council held a meeting with the Executive Director, Logan Beaudesert Hospitals and local representatives from Mount Tamborine including general practitioners, community centre staff and key community leaders.
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Following issues raised in the meeting, the Director requested the team leader of the new primary care and partnerships team to make contact with the local Division of General Practice and work with the division to assess how resources in the Beenleigh area can respond to local need. In addition, Executive Director, Community and Primary Health Services (CPHS), Metro South advised the council that they are working with Gold Coast Health Service District to improve referral processed for post acute public patients discharged from Gold Coast Hospital. Furthermore the Executive Director of CPHS will be progressing this with the Chief Operations Officer from the Gold Coast Health Service District.
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Completed
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Council visits to various community centres.
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To ensure the local community is aware of the council and its role and to seek feedback via suggestion boxes and contact with local residents, the council held planning dates at the following locations: CADDIES (Jimboomba), Logan Central Community Health Centre, Beenleigh Community Health Centre, Mt Tamborine Community Health Centre, Beenleigh Community Centre.
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Ongoing
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Other
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Nil.
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Logan-Beaudesert Health Community Council Annual Report 2009-10
Monitoring quality, safety and effectiveness

The Act provides that Health Community Councils monitor the quality, safety and effectiveness of public sector health services delivered in the council’s district. Councils can do this by considering and evaluating reports about the delivery of public sector health services in the district and then advising and making recommendations to the district chief executive officer.

In 2009-10, Logan-Beaudesert Health Community Council monitored the quality, safety and effectiveness of public sector health services through the following reports.

<table>
<thead>
<tr>
<th>Reports considered</th>
<th>Regularity</th>
<th>Feedback or recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer Feedback</td>
<td>Monthly</td>
<td>Council members enquired regarding timeframes for completion of complaints and the Director, Allied Health advised that whilst they aim to meet benchmarked standards, they also ensure that all complaints are investigated thoroughly and can be referred to another organisation which can lead to increased timeframes.</td>
</tr>
<tr>
<td>PRIME Clinical Incidents</td>
<td>Monthly</td>
<td>The council noted that there were still high levels of medication errors. Director, Allied Health advised that there is preventative training to minimise these errors. Executive Director also advised that staff, as part of preventive measures, are increasingly encouraged to report incidents which leads to higher numbers reported and Logan Hospital performs well against other sites statewide. The council raised concerns regarding rates of falls. The Acting Executive Director of Logan-Beaudesert Hospitals advised that in addition to the falls prevention program, a new nursing program called ‘Transforming Care at the Bedside’ which increases nurse presence may assist in reducing falls.</td>
</tr>
<tr>
<td>Human Error and Patient Safety (HEAPS)</td>
<td>Monthly</td>
<td>Noted.</td>
</tr>
<tr>
<td>Variable Life Adjusted Data (VLAD)</td>
<td>Monthly</td>
<td>Council enquired regarding upper level flags at Logan Hospital. Executive Director advised that following investigation of the results, no issues with safety and quality at Logan Hospital were found and the flags represent the complexity of the patients admitted to Logan Hospital.</td>
</tr>
</tbody>
</table>

Other

Executive Director gave an overview of the ‘hospital at night program’ which has seen a reduction in adverse events and deterioration in patients overnight.

Acting Executive Director advised management of stroke patients has improved at Logan Hospital. A new patient management guideline has been developed and the stroke patients are now co-located in one ward.

Members questioned how patients travel home after being discharged from hospital who do not own a car, or not physically mobile. Director of Nursing (Women and Children) advised that taxi vouchers may be available but advised there is no current policy. Director of Nursing advised that a policy regarding use of taxi vouchers for patients would be written.
Community education

The Act requires that Health Community Councils enhance community education about the delivery of public sector health services. Councils may do this through receiving factual information from the district chief executive officer about public sector health services and giving that information to the community and raising community awareness and understanding about available services, service delivery and issues impacting on public sector health services in the district.

In 2009-10, Logan-Beaudesert Health Community Council enhanced community education through the following activities.

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community education activities undertaken</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Outcome</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council members network with various community groups and other organisations including the Consumers Association, Rural Health, Dementia Network, Health Coalition, Southside Partnership Council.</td>
<td>Council informally disseminated information to the community regarding updates and changes in public health service delivery.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

Other
Nil.
## Special assignment activities

Councils may be directed by the Minister to undertake other functions. Additionally, a council chairperson or member may undertake specific activities on behalf of or representing the council outside the council’s planned activities or arrangements. Special assignment fees are applicable for these activities or arrangements.

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special assignment activities undertaken</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Outcome</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance at launch of ‘Banyar Nyargu’ – Be Well Stay Well Indigenous Health Program.</td>
<td>Improved networks between the council and the Indigenous community.</td>
<td>Completed</td>
</tr>
<tr>
<td>Membership of Rural Division of General Practice.</td>
<td>This representation facilitates two way information and feedback regard health service issues, needs and trends. Key topics discussed included the impacts of the Federal Government’s Local Hospital Networks, elective surgery accessibility and transport issues for consumers to access hospital appointments.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Membership of the Logan-Beaudesert Health Coalition.</td>
<td>As approximately 70% of Logan-Beaudesert is rural, the coalition provides the council access to the local GP networks for two-way communication about health service issues and information. Key outcomes have been identifying gaps in service delivery, feedback on the CD initiative and better inroads to the Indigenous services within the Beaudesert region. The coalition is also utilised by council to source information and/or feedback around future health planning that the council is required to participate in.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Communication and consultation between statewide health service and advocacy groups such as Carers Queensland, Alzheimer’s Queensland and Statewide Dementia Network.</td>
<td>Liaison with these groups assists to identify health service issues and preventative strategies. This is cross sector collaboration bringing in collective skills and competencies of each of these sectors. This has achieved a much more integrated approach to solving some of the more complex development challenges such as transport, young carers.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Advocacy for inclusion of several health disciplines in National Registration Scheme.</td>
<td>Council received correspondence advising that suggested recommendations are being considered.</td>
<td>Completed</td>
</tr>
<tr>
<td>Representation on the Connecting Healthcare in Communities (CHIC) and the Southside Partnership Council (SPC).</td>
<td>Representation has given the council a form of strategic alliance between the many organisations that makes up the partnership council eg. non-government organisations such as SEPHN, SEA-GP, Blue Care, Mater Health Services and our public health sector. This gives council better access to resources, networking, intellectual property and the capacity to develop our own individual skills with the added capacity to engage for mutual benefit for the entire district.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Community engagement planning meetings. (11 meetings)</td>
<td>Meetings included visits to various community centres, consultation with Mount Tamborine representatives, information gathering regarding transport issues and planning for future activities.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Appendix A

Health service districts from August 2008