



Building a culture of integrity, respect, and commitment

“ The 2005-06 reporting period was a time of unprecedented change for Queensland Health. ”

## Queensland Health reform

In 2005, Mr Peter Forster undertook the Queensland Health Systems Review – an extensive consultation, research and review process that considered the needs and expectations of Queensland Health patients, as well as the effectiveness of health service systems. This report was a thorough and independent assessment of Queensland public health services.

The Queensland Health Systems Review concluded that Queensland Health provided a good service, and one that was performing as well as any other health service in Australia. However, the review found that Queensland Health was experiencing extreme demand pressures caused by population growth, advances in medicine and new technology, critical staff and infrastructure shortages, and limited service capacity in areas such as mental health and Indigenous health.

The Queensland Health Systems Review was followed in November 2005 by Commissioner Davies' Report of the Queensland Public Hospitals Commission of Inquiry, which considered systemic problems in the health system and similarly suggested ways to reform public health service systems and processes.

In October 2005, following the release of the Queensland Health Systems Review and prior to the Commission of Inquiry report, the Queensland Government outlined its reform agenda in the five-year Action Plan: Building a better health service for Queensland, as part of the Special Economic and Fiscal Statement.

The Action Plan detailed a Queensland Health commitment to:

- renew** health services, systems and structures;
- restore** trust and accountability in public health through transparent reporting and better complaint management; and
- respect** people by building a culture of integrity, respect, and commitment to the public service.

Since releasing the Action Plan, Queensland Health has progressed wide-ranging reforms to meet these commitments and create a healthier environment for all Queenslanders who use and deliver health services.

To **renew** the health system, Queensland Health

- Secured** additional funding over five years for:
  - Elective surgery (\$259.7 million);
  - emergency departments (\$280.3 million);

- intensive care units (\$229.8 million);
- cancer services (\$467.3 million);
- cardiac services (\$210.9 million);
- mental health services (\$201 million);
- renal services (\$44.5 million); and
- workforce training (\$127 million).

**Made** \$15 million available for research projects under a research and innovation fund.

**Recruited** 311 doctors, 1358 nurses and 546 allied health staff, achieving and surpassing Health Action Plan targets.

**Agreed** to new enterprise bargaining agreements that will provide higher pay and increased career development opportunities for doctors and nurses.

**Commenced** several capital works projects for new and existing Queensland Health facilities.

**Providing** scholarships for 16 nurse practitioners.

**Cut** central office bureaucracy by abolishing 168 positions, exceeding the Health Action Plan target.

**Reassigned** 1150 corporate office positions to Area Health Services, exceeding the Action Plan target.

## Case note #1

**Five year old Krystal Hall** from Bundaberg became the first Queensland child to undergo Selective Dorsal Rhizotomy surgery in Queensland in a seven hour operation at the Royal Children's Hospital in March 2006.

The surgery was a milestone for the recently established Queensland Cerebral Palsy Health Service, with assistance from Dr Mary-Beth Dunn, Neurosurgeon from Gillette Children's Services in USA, a centre-of-excellence for this complex program.

It was also a turning point for Krystal and her family as it marks a significant change for the preschooler, greatly reducing the spasticity in her lower limbs and having the potential to improve both her mobility and quality of life.

At home in Bundaberg, Krystal has continued a regime of home-based therapy and intensive physiotherapy sessions each week. She has also returned to the Royal Children's Hospital on two occasions for blocks of rehabilitation and ongoing assessment.

In the latest three-week visit improvements were noted in Krystal's endurance and strength. Krystal's ongoing progress is a team effort involving staff from Queensland Cerebral Palsy Health Service, a local physiotherapist in Bundaberg and importantly the ongoing support of her parents who are committed to ensuring her routine of therapy is followed.

**Established** clinical networks to empower clinicians and improve patient outcomes.

**Reviewed** paediatric cardiology services to improve health outcomes for Queensland children.

**Promoted** healthy lifestyles that prevent illness through healthy eating campaigns and anti-smoking legislation.

To **restore** trust and accountability, Queensland Health:

**Amended** the *Health Services Act 1991* to make public reporting of hospital performance data mandatory.

**Reviewed** the Queensland Health Consumer Complaints Management Policy as part of a reform process around consumer complaints management.

**Promoted** a culture of patient safety by introducing a new clinical governance system.

**Developed** a clinical governance framework and established the Clinical Governance Unit, as recommended by the Queensland Health Systems Review.

**Developed** clinical networks that will:

- develop and implement statewide safety initiatives;
- improve clinical service planning; and
- be involved in funding distribution processes.

To **respect** people, Queensland Health:

**Promoted** a culture of zero tolerance to bullying through a new Code of Conduct.

**Conducted** staff surveys to inform future workplace policies.

**Provided** leadership development and training programs that value honesty, professional integrity, collaborative approaches to management, and commitment to health care.

An unprecedented funding injection has helped achieve some quick wins. The support of dedicated health professionals will ensure the successful completion of the reform agenda over coming months and years.

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### New funding model

Queensland Health completed the initial development phase of its new funding model as an important step in the post-Foster Review reforms. The funding model will support the devolution of decision making closer to the patient and provide increased funding certainty for health service providers.

The funding model is being designed as a two-tiered model. The Resource Allocation Model (RAM) will inform the allocation of the department's budget between its Area Health Services, based on the health needs of their respective populations to achieve equitable distribution of funding. It takes into account the population's size, age distribution and other factors affecting relative need for health services.

The Casemix Funding Model (CFM) will allocate funding based on clinical activity. Under the CFM, District and hospital budgets will be determined by the number and clinical acuity of treated patients through the use of resource homogeneous grouping of clinical services for like patients.

This methodology promotes equity, accountability, transparency, stability and predictability. It allows for funding levels to be adjusted annually to reflect changes both in clinical needs and clinical practice patterns, as well as providing for the objective benchmarking of clinical service provision across multiple settings.

In 2006-07 the model will be further refined prior to its expected implementation at the commencement of the 2007-08 financial year.

