



Creating a patient-focused health system

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## National health priorities

The Council of Australian Governments met on 10 February 2006 and agreed to a health reform package with priority areas addressing chronic disease (Australian Better Health Initiative), mental health, health workforce, aged care and the establishment of a National Health Call Centre Network. Queensland Health has contributed to the development and implementation of proposals in areas of reform. Strategies that support the national health reform package include the Queensland Strategy for Chronic Disease, Queensland's individual implementation plan as part of the National Action Plan for Mental Health and the Australian Better Health Initiative – Queensland.

The Australian Better Health Initiative represents a collaborative approach between the Australian Government and States and Territories to address five key priority areas for action that aim to shift the focus of the health care system towards promoting good health and reducing the burden of chronic disease. The key priorities include promoting healthy lifestyles, supporting the early detection of lifestyle risks and chronic disease, supporting lifestyle and risk modification, encouraging active patient self-management of chronic disease, and improving the integration and coordination of care.

The Australian Government will contribute \$250 million with the States and Territories providing \$250 million over the next four years. Queensland Health will contribute \$48.25 million (based on the AHMAC formula) over the four years from 2006-07.

Throughout 2005 Queensland Health contributed to the development of the National Service Improvement Frameworks. Consultation workshops and a separate consultation process, through written submissions, were coordinated across Queensland on frameworks for the national health priority area conditions of:

- osteoarthritis, rheumatoid arthritis and osteoporosis;
- asthma;
- diabetes; and
- heart, stroke and vascular disease.

The frameworks complement the National Chronic Disease Strategy and the Queensland Strategy for Chronic Disease. These strategies are high level guides for policy makers, service designers and planners, clinicians, consumers and managers of effective evidenced-based care for the condition and to guide action within existing resources at the local, jurisdictional and national level.

The frameworks focus on person-centred care and outline critical intervention points along the continuum of care where significant health gains and service improvements can be made.

## Maternity services

Queensland Health has begun the first stage of maternity services reform in accordance with the Government Response to Re-birthing: Report of the Review of Maternity Services in Queensland, March 2005. A Maternity Services Steering Committee, chaired by Dr Cherrell Hirst AO and reporting directly to the Minister, has been established. Funding of \$1 million has been provided to oversee the first stage of implementation and progress the priorities as endorsed by the government. These priorities include:

**developing** a risk management framework for maternity services;

**developing** key performance indicators to measure the performance of maternity services;

**planning** the establishment of the independent centre for mothers and families; and

## Case note #4

**For the past year**, pregnant women of Mareeba have been able to give birth at the local hospital thanks to the piloted midwife-led, low risk birthing project. The project follows a model of care that was developed to provide viable options to meet community needs and expectations in maternity care.

The project operates through the Mareeba maternity unit which, working with the local general practitioners and Cairns Base Hospital obstetricians, provided 298 women with antenatal care of which 203 birthed.

A total of 2794 antenatal visits were provided with more than 75 per cent of women receiving eight or more visits. The project has seen 93 per cent of babies breastfeeding on discharge compared with the State average of 83 per cent.

The highly skilled and experienced midwives undertake peer review, case conferencing and clinical audit activities including competency assessment with ongoing commitment to clinical improvement processes.

An evaluation of the pilot was undertaken in August 2006 by an external obstetrician and midwife to determine whether it could be adopted in full or in part for use in other rural centres. The District eagerly awaits the outcome of the evaluation.

**developing** a statewide consumer information strategy and information resource for consumers.

More complex projects that require detailed planning with maternity services and care providers include models of maternity care for Aboriginal and Torres Strait Islander women and babies, the provision of rural maternity care through clustering of services and a statewide consumer survey.

In addition to the work of the steering committee, the department has undertaken a range of initiatives in maternity services reform establishing three Area Health Service Clinical Networks in maternity and gynaecology, commencing implementation of the Queensland Health Strategic Policy for Aboriginal and Torres Strait Islander Children and Young People's Health 2005-2010 Implementation Plan and participation in the National Collaboration on Maternity Services Policy for the Australian Health Ministers' Advisory Council. Queensland Health also made progress to the Enhanced Child Health Model of Care 0-12 years project which supports interventions and strategies across the continuum i.e. accessible community-based antenatal care, breastfeeding preparations, and parenting support in the early years.

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### Key partnerships

#### *Queensland Divisions of General Practice*

Queensland Health forged a strong partnership with Queensland Divisions of General Practice to strengthen the primary health care system. In late 2005 an agreement was made to formalise this partnership through the development of a joint work

plan. The work plan signals a formal commitment to work collaboratively to build local and statewide partnerships to develop a more integrated health care system. The work plan is expected to be finalised in late 2006.

#### *General Practice Advisory Council*

Queensland Health has continued to work with the General Practice Advisory Council (GPAC) partners and other health service providers to improve the health of Queenslanders. GPAC provides the major mechanism for formal consultation between general practitioners and government in Queensland and has auspiced a range of collaborative activities. A statewide workshop was held to further define key performance indicators to measure the application of GPAC's Continuity of Care Planning Framework at the local and statewide level. Work will continue throughout 2006-07 to support the further implementation of the framework.

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### Indigenous health

Queensland Health led the development of a Strategic Policy and Implementation Plan in collaboration with representatives from key government departments, the Queensland Aboriginal and Torres Strait Islander Partnership and Queensland Health's workforce, health information, public health and area health services. Implementation of the strategic policy is supported by investment of about \$21 million over four years. It is part of the Indigenous health package funded under the 2005-06 State budget and has a significant emphasis on prevention, early detection and intervention. The strategic policy is aligned with Queensland Health responsibilities under Partnerships Queensland and the Queensland Aboriginal and Torres Strait Islander Health Partnership.

In partnership with the Indigenous community sector, an Indigenous Health Worker Scope of Practice is being developed to establish draft minimum standards for Indigenous health workers. Phase 1 was completed in March 2006 and phase 2 will be completed in November 2006. The Indigenous Health Worker Scope of Practice will ensure that Indigenous health workers receive due recognition as well as providing opportunities for cross sectorial pathways. Queensland Health has committed \$72,291 to the Indigenous Health Worker Scope of Practice Project.

The Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (ATSIHWNSF) provides a workforce reform agenda



that aims to achieve a competent health workforce to address the health needs of Aboriginal and Torres Strait Islander people. The ATSIHWNSF Queensland Implementation Plan was endorsed by the Director-General in October 2005 as a strategic planning framework for Queensland Health to develop an Indigenous workforce to compliment the current and future health workforce needs.

### *Indigenous programs and initiatives*

Queensland Health provides programs and opportunities for Indigenous Australians such as:

**Aboriginal** and Torres Strait Islander Education to Employment Scheme offers four scholarships per year to Indigenous Australian students commencing Year 10. The scheme provides financial assistance and practical support to students throughout Years 10, 11 and 12. Queensland Health has committed \$23,664 per year to the scholarship program.

**The** Indigenous Allied Health Cadetship Program is a response to the need to increase Indigenous Australians working in the professional stream. The program is an initiative of the Commonwealth Department of Employment and Workplace Relations (DEWR) in partnership with Queensland Health. Queensland Health is committed to offering three sponsored cadetships at a cost of \$42,000 per year.

**ExCiHTe** program is designed to help young Indigenous Australian students develop an awareness of health careers and offer guidance and support. The program places great importance on students participating in interactive sessions supported by observation and information provided by role models. Partners in the program include Commonwealth

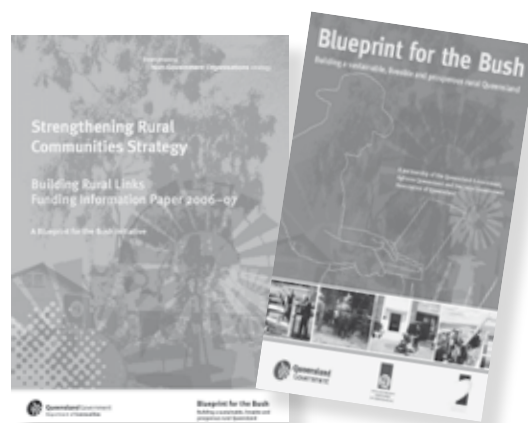
Department of Education Science and Training, Queensland Health, Catholic Education and Queensland Education schools, Indigenous health organisations and Indigenous registered training organisations. Queensland Health is continuing to develop the program with the goal of long-term sustainability with a clear aim to identify multiple pathways for students between school, further education and employment within vocations in the health industry.

**Breaking** the Unemployment Cycle program aims to increase the retention and completion rates of Aboriginal and Torres Strait Islander apprentices, trainees and vocational students and to maximise employment opportunities for Indigenous job seekers within the health industry. Queensland Health set a target of 5 per cent Indigenous traineeship recruitment during the period 1998 – 2005 and achieved a recruitment total of 222 Indigenous Australians or 23 per cent of the total.

### **Rural health**

In June 2006, the Queensland Government launched the Blueprint for the Bush and the related Rural Economic Development and Infrastructure Plan outlining actions and investments to build a sustainable, liveable and prosperous rural Queensland. These initiatives are a culmination of a strong partnership between the Queensland Government, AgForce and the Local Government Association of Queensland.

The Blueprint for the Bush outlines a number of Queensland Health initiatives to ensure that rural Queenslanders have access to quality health care in the decades to come. Rural health services and



facilities will be further strengthened by using new technologies to deliver an all-day, statewide health phone service (13 HEALTH), which was launched in April 2006, and expanding the Telehealth network. Queensland Health will continue to work hard to attract, retain and support skilled health professionals for rural health services by reforming scholarship schemes to support career development and progressing the Rural Generalist Initiative to better recognise the specialist skills of rural doctors.

The Health Careers in the Bush is another government long-term recruitment initiative administered by the department, aimed at attracting rural students into rural health careers. Each year the Government invests \$88,000 to provide health careers workshops across the State for Indigenous and non-Indigenous students. Recent evaluation of the program identified that 90 per cent of the students attending these workshops enter into a health career.

#### *Rural scholarship scheme*

As part of its commitment to maintain and improve the health status of rural communities, the Government invests \$3 million per annum in the Queensland Health Rural Scholarship Scheme. A total of 61 scholarships are offered annually to undergraduates in dental, medicine, nursing, pharmacy, physiotherapy, podiatry, psychology (clinical masters), occupational therapy, radiography, social work, speech pathology and oral health.

Scholarship holders are provided with financial assistance to support them during their full-time tertiary study in their chosen field. Following graduation, scholarship holders are contracted to be employed by the Health Service Districts in rural health care facilities throughout the State, providing rural communities with essential health services.



There are currently 170 undergraduates studying their chosen health career and 110 post graduates providing health services in rural communities. In 2006, the Government increased the QHRSS medical scholarships from 20 to 30, an increase of \$840,000 over a four-year period.

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#### **Oral health**

The Queensland Health Systems Review identified the relatively poor standard of oral health in Queensland compared with the rest of Australia and emphasised the lack of water fluoridation as a key contributing factor.

To raise community awareness of the issue, a range of information resources were developed and distributed to councils, schools and other stakeholders throughout Queensland ([www.health.qld.gov.au/fluoride](http://www.health.qld.gov.au/fluoride)). As part of the Health Action Plan \$6 million was allocated to subsidise the capital costs incurred by councils implementing water fluoridation programs.

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#### **Alert Doctors Strategy**

The Medical Officers' (Queensland Health) Certified Agreement (No.1) 2005 commits Queensland Health to implementing an Alert Doctors Strategy over an 18-month period. Funding of \$3.6 million has been approved to support the roll-out of the strategy in full consultation with doctors' unions. Recruitment to project positions has commenced.

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#### **Ministerial Taskforce on Clinical Education and Training**

The Ministerial Taskforce on Clinical Education and Training was established to examine issues and make recommendations in relation to clinical education and training to ensure Queensland is well positioned to train the health professional workforce that it will need in future years.

The medical, nursing and allied health professions all have their own unique professional issues. However, clinical training and education is a critically important issue for all these professional groups. Dealing with this issue within the one framework will ensure that, wherever it is appropriate, a consistent approach to health professional education and training can be taken.

The taskforce will be completed by the end of 2006

with the recommendations from the taskforce to be reported to Cabinet in early 2007.

### Queensland Centre for Mental Health Learning

The Queensland Centre for Mental Health Learning was formally established in June 2006 with the appointment of a Strategic Advisory Board, and will be officially launched in late 2006.

The centre was established to support statewide mental health reform by providing strategic direction and coordination in mental health education and training occurring within and in association with Queensland Health. The centre will support innovative educational developments and inter-sectoral educational partnerships as appropriate for the mental health workforce.

### Community renewal

Queensland Health contributed \$383,000 to projects, which received \$1,364,000 in funding under phase 2 of the community renewal program. Projects included:

**capacity** building and celebration of Indigenous culture through the Traditional Indigenous Games Program in Inala and Logan primary schools;

**the Move It** physical activity project in Inala primary schools focused on parents, teachers and students and inclusion of the Indigenous games in the school curriculum;

**refugee** health services in Logan-Beaudesert providing enhanced response to health assessment and treatment of newly-arrived refugees;

**the Travel Smart** program for all Varsity Lakes residents promoting active transport options such as walking, cycling and public transport;

**enhanced** community cohesion in Townsville and Upper Ross communities through neighbourhood events; and

**developed** participatory action research skills through the Labrador Local Research Team.

### Blood Management Program

The Queensland Blood Management Program (QBMP) was established in July 2005 to meet Queensland's obligations under the National Blood Agreement and the *National Blood Act 2003*.

The program is responsible for ensuring the safe and efficient use of the Queensland blood supply. Specifically this includes:

**supporting** and informing State and national level blood and blood product policy decisions;

**effective** management of the Queensland blood budget (in excess of \$50 million per annum);

**improving** the accuracy of supply planning processes to better predict demand and ensure an adequate supply of blood and blood products; and

**implementation** of safety and quality programs promoting the appropriate use of blood and blood products.

A number of key safety and quality initiatives were undertaken by the QBMP under the clinical leadership of the clinical advisor to the program. These include:

**development** of partnerships with key clinical groups;

**development** of a quality and safety program for transfusion services; and

**clinical** leadership in the appropriate use of blood and blood products.

### Treating chronic disease

Launched in December 2005, the Queensland Strategy for Chronic Disease 2005–2015 aims at preventing chronic diseases and their key risk factors, improving the quality of life for people with chronic diseases, and reducing the level of avoidable hospital admissions.

The Chronic Disease Implementation Steering Committee, consisting of key partners and stakeholders, was established to oversee



implementation of the strategy with advice and assistance from the Queensland Health Reference Group and Implementation Team.

### QHPS – Central

Queensland Health invested \$35 million to build a new Queensland Health Pathology Service laboratory in Block 7 at the Royal Brisbane and Women's Hospital campus. This facility is QHPS – Central Laboratory and is among the largest and most sophisticated laboratory of its type in Australia.

The refurbishment was completed at the end of 2005 and services moved into the laboratory in February 2006. The laboratory consists of five clinical divisions, with a total staff of 480, who provide a comprehensive, quality, diagnostic, clinical and consultative service to the whole of Queensland.

The centralised facility provides training and postgraduate education for administrative, medical, nursing, operational, scientific and technical staff and will have a major research and development role in diagnostic pathology.

The key advantages to having a central referral laboratory are:

- streamlined** processes;
- minimised** duplication of equipment across Queensland;
- consolidated** and reallocated resources;
- effective** and more efficient use of existing staff, space, equipment and technology;
- streamlined** courier services; and
- a stimulating** and safe working environment.

### Scientific services reform

On 11 October 2005, the Report of the Ministerial Taskforce on the Role and Function of Forensic and Scientific Services in the Queensland Government was released. The government approved 71 actions (134 individual tasks) from the recommendations made in the report for implementation, with a heavy emphasis on actions within the first four months of the implementation process.

The implementation process began on 31 October 2005, with the commencement of an Acting Director of QHSS and the QHSS Implementation Team.

The reform process is overseen by a Council

for QHSS comprising the Chief Executives of Queensland Health (chair), the Queensland Police Service, the Department of Justice and Attorney-General, the Department of the Premier and Cabinet and Queensland Treasury. The Director of QHSS also serves on this council.

During the first seven months of a 16-month time frame, 70 per cent of the tasks outlined in the actions list were completed. Key achievements include:

**The number** of tests being processed by the DNA laboratory has increased by 187 per cent over the past 12 months. This has led to the number of cases older than three months falling from 12,657 in December 2005 to 12,088 in June 2006 despite a 23 per cent increase in exhibits submitted for analysis.

**During** 2005-06, automated analytical equipment was purchased to accelerate the clearing of the backlog. The implementation and validation of the equipment for DNA testing began in May 2006 and will be completed in January 2007.

**The** backlog of clandestine drug laboratory cases older than three months has fallen from 92 in December 2005 to 68 in June 2006. The result is due to case management of clandestine drug laboratories with the Queensland Police Service and changed business processes at Scientific Services. The time to test a clandestine drug laboratory for the courts has now fallen to six months from up to two and a half years in early 2005.

**Amendments** to the *Drugs Misuse Act 1986* have been passed by the Queensland Parliament and enacted. These amendments will lead to reduced testing requirements for clandestine drug laboratories, as well as introducing new offences for the possession of precursors such



pseudoephedrine, and the possession of certain combinations of chemicals used in illicit drug production.

**A project** initiated at the end of 2005 to progress the DNA examination of skeletal remains has identified three persons who had been missing for seven, nine and 14 years respectively.

**Public Works** has completed a condition assessment of the Scientific Services campus. This included examining the electricity supply, water supply, air conditioning and security to recommend the need and priority of infrastructure upgrades.

### Queensland Health helpline

13 HEALTH is a 24-hour, 7-days-a-week, health contact centre providing triage, information and referral services. 13 HEALTH achieved statewide coverage on 24 April 2006. By 30 June, 35,819 calls were taken, with an average of 527 calls per day.

A total of 1760 calls were regarding general health information and 34,059 consumers were seeking triage advice. The most common symptoms experienced by callers included fever, abdominal pain, vomiting, vaginal bleeding in pregnancy, chest pain, headache and rashes.

13 HEALTH is delivered in partnership with the whole-of-government contact centre, Smart Service Queensland. The triage component of the service is operated by registered nurses using evidenced-based clinical protocols.

Consumers are provided with a recommendation care required for the symptoms they are experiencing and the time frame in which they should seek that care. In situations when an emergency response

is required, 13 HEALTH transfers the call to the Queensland Ambulance Service.

### The healthy hearing universal newborn screening program

A total of 87 per cent of all babies born in Queensland are offered the hearing screen. The program is implemented in 19 public hospitals and 12 private hospitals across the State. By the end of December 2006, all birthing hospitals will be able to offer the screen. Public paediatric diagnostic audiology services are now available in nine sites across Queensland.

The program's key objective is to diagnose and offer intervention to children with a hearing loss by six months of age. The program aims to ensure babies with a bilateral refer (a refer result in both ears), are seen by a paediatric diagnostic audiologist by two weeks corrected age. If the baby has a unilateral refer result, the baby must be seen by six weeks corrected age.

An in-depth consultation with parents of children with a hearing loss was conducted in 2005-06. The report from this consultation is being used to further inform service development and practice.

### Case note #5

**During 2005-06** Queensland Health Clinical and Statewide Services installed their 100<sup>th</sup> i-STAT analyser, a new life-saving pathology device that gives patients immediate blood test results at their bedside.

The \$12,000 i-STAT Point of Care testing analyser is about the size of a television remote control and is used to perform a range of tests such as blood gases, electrolytes, heart, kidney function and blood clotting.

Results are transmitted electronically to the Queensland Health Pathology Service central laboratory where they are uploaded to the AUSLAB pathology system, making the results viewable from anywhere in the state. Analysers have been installed from Thursday Island to Stanthorpe making it the largest geographical network of these devices in the world.

The 100<sup>th</sup> i-STAT was installed at the Bundaberg Hospital's maternity suite and was launched by the Queensland Health Minister, Stephen Robertson. The device will allow Bundaberg Hospital to provide a limited pathology service during hours not normally viable for conventional pathology laboratories and is particularly useful during emergencies.

Queensland Health has more Point of Care testing devices under its supervision than any other public pathology provider in Australia.

