



Delivering health services that meet community needs

“ Community engagement brings additional perspectives to health planning, and improves the quality, accountability and responsiveness of health services. ”

### Involving the community

District Health Councils are an essential component of Queensland Health community engagement activities. They provide a direct link between the community and district health services.

District Health Councils are statutory bodies with a legislative basis under the *Health Services Act 1991*. Their objectives are to:

**increase** community awareness about health issues and how the health system works;

**identify** community health issues and concerns and raise them with decision makers; and

**ensure** decisions about health services reflect community needs.

District Health Councils perform numerous roles to ensure community needs are represented and reflected in local health services.

Members of District Health Councils use their positions to participate constructively in the health care debate. As well as advocating for consumers, council members perform an educative role in the community and facilitate feedback and debate about health issues.

Community engagement activities vary between District Health Councils, however some common community engagement activities include:

**liaising** with community groups;

**convening** community meetings to present information and receive feedback;

**publishing** newsletters;

**holding** focus groups;

**attending** events and information displays;

**media** monitoring and promoting District Health Council activities in the media;

**inviting** feedback and information from consumers;

**gathering** data for input into needs analysis planning; and

**convening** consultative committees as required.

District Health Councils report directly to the Health Minister. Each District Health Council is required by legislation to provide the Minister with a written report on the performance of its functions each financial year. Councils are also required to provide a written report about any of their functions when directed by the Minister.

Membership of District Health Councils vary, but they generally possess a balance between community and health providers, public and private sectors, government and non-government, population groups, groups with special needs and professional groups.

The Queensland Health Systems Review recommended that District Health Councils have an expanded role to include enhanced consultative mechanisms and increased performance monitoring activities. During the reporting period, Queensland Health developed a number of policies in response, for example:

**the draft** Clinical Governance Improvement Framework, released as a discussion paper in March 2006, states that hospitals and District Health Services will be accountable to a broader group of potential consumers through the District Health Council. The public will have a critical involvement in the Clinical Governance Framework through District Health Councils and public reporting.

**the draft** Consumer Complaints Management Implementation Standard, released as a discussion paper in June 2006, specifies that District Health Councils will monitor consumer complaints management and provide support for community participation in decision making around health services.

### Case note #7

**Being Australia's first** female to undergo a triple organ transplant has given Lucinda Simpson a new lease on life. The 26-year-old Gold Coast resident, who is affected by Cystic Fibrosis, underwent a 12-hour operation in late 2005. A surgical team from The Prince Charles Hospital's Heart/Lung Transplant Unit and Princess Alexandra Hospital's Liver Transplant Unit performed a heart-lung-liver transplant.

Head of The Prince Charles Hospital's Transplant Unit, Dr Keith McNeil, said: "Before her transplant, Lucinda's condition was deteriorating steadily. She was becoming increasingly short of breath, and was coming into hospital much more often for intensive treatment.

"It was becoming increasingly difficult for Lucinda to cope with the simple tasks of day to day living, and her life expectancy was diminishing quickly," Dr McNeil said.

Since her transplant, Lucinda has made an excellent recovery and has been able to resume a relatively normal life. Lucinda, who married her fiancée, Damon Simpson late last year said: "Before the transplant, my lifestyle was very limited. I couldn't work or continue with my college and found it hard to do basic day-to-day things like shopping. Since having the transplant, I have been able to gradually get my life back on track and make plans for the future."

**the Queensland Health Integrated Performance Reporting Policy**, released in May 2006, stipulates that Districts must consult with District Health Councils on the key performance indicators to be used to formally measure District performance, and must provide them with regular District performance reports.

### Other avenues for community involvement

#### *Consumer Complaints Management Policy*

Queensland Health has developed a new policy and implementation standard to demonstrate integrity and accountability to the community by having an ethical, comprehensive and consumer-friendly complaints management process. A consumer complaints management data system (PRIME Consumer Feedback) has been trialled and is being reviewed for statewide implementation.

#### *Indigenous health*

**Local** Health Forums for individuals and community organisations allowed direct input into the delivery of health services at the community level.

**Regional** Health Forums attended by representatives of Queensland Health, the Department of Health and Ageing, Local Health Forum Chairs, community organisations, Divisions of General Practice and the Queensland Aboriginal and Islander Health Council, provided community input into regional health planning processes.

**Queensland** Aboriginal and Torres Strait Islander Health Partnership oversee the Regional Health Forums and comprise of representatives from State and Commonwealth Health, and the community health sector. Issues raised at Regional Health Forums are further examined at a statewide level.

**Partnerships** Queensland negotiation tables exist predominantly in Cape York and the Gulf of Carpentaria. These are the key mechanism for community engagement, can be community-based, issue-based or regional and consist of Aboriginal and Torres Strait Islander community representatives, government representatives of all levels and non-government and private sector representatives as appropriate. Queensland Health, along with other Queensland Government agencies, is represented at negotiation tables as required. As the Government Champion for Yarrabah, Queensland Health's Director-General convenes that community's negotiation table.

#### *Hospital open days*

Cunnamulla Hospital held an open day on 26 November 2005 in conjunction with the Queensland Ambulance Service, Police, Fire Brigade and local Polocrosse Club. All proceeds from the generous local community members were donated to the hospital.

Childers Hospital held an open day on 23 November 2005 in partnership with local emergency services and community groups with about 200 people attending.

The Douglas Shire Multipurpose Health Service (Mossman) Open Day on 1 September 2005 celebrated the 75th birthday of the Health Service.

Mackay Birth Centre, the oldest birth centre in Queensland, celebrated its 12th year of operation with an open day on 17 June 2006.

Wondai Hospital auxiliary, Queensland Health staff and other external organisations held a market day on 27 May 2006 with more than 1000 attending.

Cairns Base Hospital held its Nurse Education Open Day, in collaboration with James Cook University academic staff, in March 2006. More than 110 visitors attended the day to learn more about formal nursing education programs.

Bundaberg Base Hospital celebrated the Renal Unit's 15th Anniversary on 27 May 2006 with more than 50 visitors and local radio station 4BU.

### Multicultural initiatives

The focus of Queensland Health's activities to cater for the needs of the multicultural community is derived from the Queensland Government's multicultural policy Making a World of Difference. The full report on the activities is available at



<http://www.health.qld.gov.au/multicultural/initiative.asp>

Initiatives undertaken included:

**The research** phase to develop a sustainable statewide interpreter service was completed. Researchers analysed the interpreting service models used by other State's health departments and Queensland Health. After consultations in Brisbane and Cairns, three models were identified for consideration as the future statewide interpreter service provision model and one model will be chosen and implemented in 2006-07.

**Various** Health Service Districts implemented strategies to support a multicultural workforce including:

- Orientation programs;
- welcome functions and settlement support for international medical graduates and their families;
- cultural awareness programs for staff;
- increasing literacy of staff from non-English speaking backgrounds;
- assisting staff to gain a broader understanding of the organisation;
- implementing service/team-specific peer group mentoring programs; and
- building in flexible rostering to cater for specific religious and cultural needs.

**Working** parties developed a draft resource audit tool, identified existing Queensland cross-cultural training programs and assessed their suitability for Queensland Health.

**An on-line** multicultural interest group, with 68 participants, informed stakeholders about

progress in implementing the healthier multicultural communities initiative and provided an avenue for stakeholders to communicate with Queensland Health.

**A review** of transcultural mental health services in Queensland was completed in October 2005. The recommendations of the review were endorsed and \$1.6 million was provided for transcultural mental health service enhancements and the establishment of a statewide model of multicultural mental health coordinators in district mental health services.

**\$1.1 million** was provided for community agencies to provide services for consumers from culturally and linguistically diverse backgrounds.

**\$7 million** was allocated for 19 Home and Community Care funded ethno-specific service providers to deliver services targeted toward clients from culturally and linguistically diverse backgrounds. A multicultural services development strategy for the Home and Community Care Program was developed and implementation will begin in the 2006-2007 financial year.

**Activities** to build community awareness included providing health care and promotion information through ethnic radio and multicultural community events.

**Health** Service Districts worked towards improving service delivery to culturally and linguistically diverse communities through the following strategies:

- Cross-cultural training was provided in West Moreton, Gold Coast, and Cairns Health Service District;
- Logan Beaudesert Health Service District conducted specific training on African refugee issues for staff, in partnership with local multicultural organisations;
- Royal Children's Hospital worked with the local Division of General Practice on the development of a cross-cultural training program;
- Cross-cultural mental health training was conducted by the Queensland Transcultural Mental Health Centre;
- Logan Beaudesert Health Service District established a Multicultural Advisory Group, convened a refugee health network and participates in a sub-committee on multicultural issues through the local Regional Managers Coordination Network;
- The Gold Coast's District Health Council



included a representative of multicultural communities;

- The Royal Brisbane and Women’s Hospital worked towards establishing a community engagement committee;
- Townsville Health Service District conducted regular consumer groups with multicultural representation; and
- West Moreton used an established mechanism to facilitate wider information sharing with the multicultural community and provided Health Service District meeting rooms for multicultural community groups to use for community meetings.

**Queensland Health**, through the Queen Elizabeth II Health Service District, collaborated with Queensland University of Technology and MDA on the Nourishing New Communities project which produced a resource for Queensland Health and MDA staff to familiarise recently-arrived refugees (through settlement agency) with food and kitchen safety and healthy eating in the first seven days.

**The Queensland Health Equal Opportunity Operational Plan 2003-05** was implemented to build a skilled workforce that was representative of the Queensland community. Evaluations show some increased workforce diversity including an increase in the number of trainees from a non-English speaking background. Queensland Health is developing a new Equal Opportunity and Employment Plan in 2006-07.

**Native title**

The Queensland Government Native Title Work Procedures ensure native title issues are considered in all of Queensland Health’s land and natural resource management activities.

All dealings pertaining to land held by, or on behalf of, Queensland Health must take native title into account before proceeding. These dealings include disposal, acquisition, development, redevelopment, clearing, fencing and the granting of leases, licences or permits. Dealings may proceed on departmental land where native title continues to exist provided native title holders/claimants receive the necessary procedural rights.

In accordance with State Government Land Policies, in most cases once native title over a particular holding has been cleared, Queensland Health is required to convert the title to Crown Freehold.

Queensland Health has completed native title assessments of 79.6 per cent of departmental land holdings, 94.1 per cent of which have been cleared of Native Title. A total of 93.7 per cent of those sites cleared of native title have now been converted to freehold tenure.

On 24 May 2005 the Federal Court determined native title to exist over five islands in the Torres Strait, Badu, Darnley (Erub), Boigu, Stephen (Ugar) and Yam (Iama) Islands, on which Queensland Health owns facilities and provides services to the community.

Each of the determinations of Native Title allowed for an Indigenous Land Use Agreement (ILUA) between the Native Title holders and the State to validate the provision of infrastructure by a number of government departments. The ILUA’s allow Queensland Health to obtain trustee leases, which are presently being prepared by Crown Law, over the site of facilities on four of the islands, Badu, Boigu, Stephen (Ugar) and Yam (Iama) Islands, to maintain the provision of effective health services to those communities.

*Native title claims lodged in Queensland Health Service Districts*

1 July 2005 – 30 June 2006

District	Number of claims
Central Highlands/Northern Downs	1
Charters Towers	1
Fraser Coast/Gympie	1
Mackay/Moranbah	1
Mt Isa	3
Northern Downs	1
Redcliffe-Caboolture/Sunshine Coast/Gympie/Bundaberg	3
<b>Total</b>	<b>11</b>

**Public interest disclosures**

Section 62F of the *Health Services Act 1991* enables the Chief Executive to disclose certain information if the Chief Executive believes, on reasonable grounds, the disclosure would be in the public interest.

During 2005-06, seven disclosures were made in the public interest pursuant to section 62F of the Health Services Act.

Four of these disclosures related to the release of patient information associated with former patients of Dr Patel. This information was used to either assist the Commission of Inquiry or was provided to medical practitioners who were reviewing patient files to ensure former patients of Dr Patel received appropriate follow-up medical attention.

One disclosure of information was made to the health economist appointed to undertake the Health Economist Review following recommendations made by the Davies Report. The information provided to the health economist may have contained patient data that could have potentially identified individual patients.

A further disclosure of bulk patient data was also made in the public interest to Health Outcomes International Pty Ltd. The company was engaged to assist in developing a new health funding model for Queensland Health. The information may also have contained patient data that could have potentially identified individual patients.

Another disclosure was made to the Queensland Police Service to assist in identifying and notifying relatives of a critically injured unconscious patient. The patient had potentially been the victim of a serious criminal assault. Fingerprints, a photograph and DNA were provided to assist with identification.



*Consultancy expenditure*

Consultancy category	Expenditure
Administration	1,040,097.39
Financial and accounting	114,923.97
Information and technology	75,045.82
Human resource management	241,490.27
Communications	30,960.77
Professional and technical	3,959,826.73
<b>Total</b>	<b>5,462,344.95</b>

**Voluntary early retirement**

One employee retired voluntarily from Queensland Health during 2005-06, resulting in a total package payout of \$50,974.62. This was part of Queensland Health's standard voluntary early retirement (VER) process. No VER packages were given under the whole-of-government Workforce Renewal Program.

**Funded organisations**

Some 982 individuals and organisations received grants that totalled over \$674 million during 2005-06. This funding was integral to the provision of health services. Full details of the funding and organisations can be found at [www.health.qld.gov.au](http://www.health.qld.gov.au)

**Overseas travel**

In the health industry, travel by clinical and professional staff is critical to upgrade knowledge and skills, keep up with trends in health care particularly in relation to health systems and medical technology and to transfer Queensland Health knowledge and expertise.

Queensland Health staff made a total of 400 overseas trips of which 93 per cent were to attend conferences, congresses and seminars to present papers or to participate in training, study tours, data gathering and visits to international health facilities. The remaining seven per cent of travel related to health administration and management outcomes.

Sixty-three per cent of all trips (253) were for award-based travel with a total expenditure of \$1,117,338.54 and 33 per cent of trips (147) were for non-award based travel at a cost of \$557,271.02.

Funding sources for all travel comprised \$1,674,609.56 from operational budgets with \$193,493.52 of these costs for travel coming from trust funds. Additional funding amounting to \$39,892.09 came from external sources and is not included in the above figures.

Destinations	Number of trips	% of trips
Europe	127	32
New Zealand	115	29
North America	102	25
Asia	34	8
Oceania (South Pacific)	9	2
South America	7	2
Africa	6	2
<b>Total</b>	<b>400</b>	<b>100</b>

### Clinical drug trials

Queensland Health participates in a wide range of clinical trials sponsored by the pharmaceutical industry. These trials contribute significantly to the continuing progress of medical treatment.

Sixteen health service districts/business areas noted clinical drug trials worth more than \$7.9 million in sponsorship from a wide variety of pharmaceutical companies.

In accordance with the National Statement on the Ethical Conduct of Research Involving Humans, all research, including clinical trials carried out in Queensland Health facilities, are subject to stringent examination by the Human Research Ethics Committee.



Researchers are required to demonstrate that informed consent is obtained from all participants before they are recruited into trials. Research protocols must include close monitoring of patients involved. All serious adverse incidents are reported to the Human Research Ethics Committee.

All funds received from pharmaceutical companies to conduct research are managed according to Queensland Health financial practice management standards.

District	Amount received \$
<i>Northern Zone</i>	
Cairns	401,504
Mackay	8,370
Sub total	409,874
<i>Central Zone</i>	
Bundaberg	28,092
Prince Charles Hospital	291,269
Redcliffe-Caboolture	233,724
Rockhampton	39,529
Royal Brisbane Hospital	3,530,116
Royal Children's Hospital	551,963
Sunshine Coast	207,264
Sub total	4,881,958
<i>Southern Zone</i>	
Bayside	32,552
Gold Coast	641,523
Logan-Beaudesert	155,946
Princess Alexandra Hospital	1,241,352
QEII	38,277
Toowoomba	106,317
Sub total	2,215,967
<i>Other business areas</i>	
Pathology and Scientific Services	413,854
<b>Total</b>	<b>7,921,653</b>

### Energy and water management

Queensland Health is supporting the Government Energy Management Strategy through its Eco-Efficiency Program, which encourages innovation in energy and water management statewide.

To achieve water and energy efficiencies and reduce carbon dioxide emissions, the Eco-Efficiency Unit fosters and promotes partnerships between Queensland Health staff, energy service companies, government agencies, councils and the broader industry. The Eco-Efficiency Program encourages engineering staff to consider new engineering solutions pertaining to sustainable energy and water measures.

The Unit uses an innovative purchasing model called an Energy Performance Contract (EPC), which includes water conservation measures as a total solution to implement eco-efficiencies, minimise government risk and enable savings after the payback period to be redirected into healthcare.

Queensland Health has 21 health facilities engaged in some stage of EPC. Collectively, these sites are expected to realise annually:

total savings	\$4,0008,419
reduction in CO2 emissions	42,452 tonnes
reduction in electricity used	47,080,880 kWh
reduction in gas used	29,559 Gj
reduction in water used	468,587 Kls

The above savings, teamed with contestable energy purchasing, are expected to realise about \$10 million in annual savings for Queensland Health.

The Eco-Efficiency Unit is also coordinating Energy



and Water Efficiency Studies in small Queensland Health facilities such as community health centres. Working in collaboration with energy service companies, these smaller facilities will undergo retrofitting with lighting and water-saving devices.

The retrofits will generate additional savings in electricity, water and gas and a reduction in carbon dioxide emissions.

### Waste management

An evaluation of the performance of Health Service District's waste management against selected key requirements and undertakings in the first Queensland Health Waste Management Strategic Plan and the first Queensland Health Waste Management System was completed in November 2005. The report found that:

**consumption** and expenditure data be linked to activity and output including kilowatt hours per occupied bed days, cost of occupied bed days;

**data** be available across common time frames for all districts;

**Area** Waste Coordinators meet to determine a uniform data collection for clinical waste, water and energy;

**Area** Management Units provide the necessary support to ensure that Area Waste Coordinators are provided with appropriate data;

**the lack** of water and energy data for Northern Area Health Service Districts needs to be addressed as a priority so as to meet the requirements;

**Area** Waste Coordinators investigate the variation of performance across the districts; and



**Area** Waste Coordinators ensure that district data sets are inclusive of all significant facilities and services.

The evaluation findings in the four areas of the waste management strategic plan for the Northern Area Health Service (NAHS) included:

*Legal and other requirements*

Health Service Districts have complied with relevant waste management legislation, and undertake audits to assess compliance and identify areas for improvement.

*Governance*

A process for reporting back to NAHS management is being established to ensure that all opportunities for improvements and cost savings can be readily identified and actioned.

*Resource management*

Advice was provided during the consultation phase of constructing new health facilities to ensure that waste management needs were met.

*Education*

Existing resources for waste education have been maintained to ensure that the most accurate and up-to-date information is available to staff at all times. These include a dedicated intranet site, waste management manual, newsletters and various educational stickers and posters.

Ongoing waste education campaigns continue throughout NAHS to ensure staff are adequately trained to manage health care waste.

**Clinical waste**

The data from the evaluation (see table) demonstrates that in the specified financial years 2002 to 2005 there were significant gains across the three areas in reducing the volume of clinical waste and that significant savings were made. This reflects the effort expended in meeting EPA requirements with respect to clinical waste and addressing safety concerns expressed in the media.

*Clinical waste*

Zone	Kilogram savings	\$ savings
Southern	281,000	\$210,600
Central	293,000	\$319,000
Northern	115,500	\$254,000

In Central Area Health Service there was a reduction in clinical waste volume of 0.3 per cent kilograms of clinical waste generated. This translates to about 6478kg and a saving of about \$3471. The data also show that 1.15 kilograms of clinical waste was generated per occupied bed days and the cost per occupied bed day was \$1.19.

**Energy (electricity)**

The Central Area Health Service had an increase in kilowatt hours of 2 per cent. This represents an increase of 4,371,490 kilowatt hours of electricity and \$963,393. The data also show that 167 kilowatt hours were consumed per occupied bed day at a cost per occupied bed day of \$9.92.

**Water**

The Central Area Health Service experienced an estimated reduction of about 34,593 kilolitres (2.5 per cent) in water consumption in districts. This translates to a saving of about \$36,693. 1.31 kilolitres of water were used per occupied bed day and the cost per occupied bed day was \$1.43.