



Health action:
delivering reform

health • care • people

Health action: **delivering reform**

Published by the Queensland Government

October 2007

ISBN 978-1-921021-95-4

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Preferred citation: Queensland Government (2007).

Health action: delivering reform.

Queensland Government, Brisbane.



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Foreword



Queensland's health system, like other health systems around the world, faces a number of significant 21st century challenges – a growing and ageing population, rapid advances in technology, and the delivery of quality and safe services by a sustainable health workforce.

It is now two years since the Queensland Government moved to address these challenges. The release of the *Action Plan – Building a better health service for Queensland*, coupled with the biggest funding injection in this State's history, started the reform and renewal of the public health system. The Government has built on this commitment, providing an extra \$2 billion in funding to take the 2007-08 budget to \$7.151 billion.

More funding means more doctors, nurses and allied health professionals. Additional professional and dedicated staff means safer and more sustainable health services. Continuing improvements to the quality, safety and sustainability of health services, in partnership with clinicians and other service providers, remains an important goal of the Health Action Plan.

By establishing the Health Quality and Complaints Commission, implementing new processes for reporting and managing clinical errors and improving patient safety, Queensland is now leading the nation in some clinical areas.

Clinicians have led many recent improvements in quality and safety of our services. Through their clinical networks and with support from the Clinical Practice Improvement Centre, clinicians have demonstrated real leadership in reforming and improving health service delivery. We will

continue to strengthen the role of clinicians – nursing, medical and allied health – in leading the reform of the public health system.

The Government's investment of an extra \$243 million over four years to implement the eHealth Strategy will further improve the quality and safety of services for patients. For example, electronic discharge summaries from hospitals means GPs will get patient information sooner, thereby reducing the risk of medication and other mistakes. New technologies will help drive changes in service delivery to better meet people's needs. Importantly, these changes will place the patient at the centre of all we do.

Over the past two years, Queensland Health has been dedicated to reforming the public health system. Our work has reached the point where the benefits of reform are generating their own momentum. We will continue the drive for improvements and innovations which are necessary if we are to meet the challenges faced by all health systems in the 21st century. We can only do this in continuing partnership with the community, clinicians and other health providers.

As we work together, we will need to make difficult, but important, decisions. These include the range of health services we provide, how services are funded, how we deliver better prevention and early intervention programs to deal with chronic disease, how each of us can take greater responsibility for our own health, and how we can work better with the Commonwealth.

We commend this report, *Health action: delivering reform*, and thank everyone who has worked with us over the past two years to deliver a better health system for all Queenslanders.

Stephen Robertson MP
Minister for Health

Uschi Schreiber
Director-General



Executive summary

Challenges

Queensland's population and its health care needs are changing, and our public health system must also evolve to ensure we remain responsive.

Sustained population growth, an ageing population, and increasing levels of chronic disease, are all contributing to the steady increase in the demand for public health services.

A few figures tell the story. In the twelve months to June 2007, there was a 4.5 per cent increase in the number of patients admitted to public hospitals and a 4.8 per cent increase in the number of elective surgeries performed. Attendances at public hospital emergency departments increased by five per cent and the number of people seen at specialist outpatient clinics increased by 7.2 per cent.

This increased demand is accompanied by a world-wide shortage of health professionals, which has led to fierce competition for experienced staff.

We are dedicated to meeting the health needs of Queenslanders by providing a mix of health services, including illness and injury prevention, promotion of healthy lifestyles and environments, protection of a population's health status, early detection, timely and effective treatment, rehabilitation, and palliative care.

Queensland Health is not alone in needing to change; public health systems around the world are undergoing major reform. Queensland Health is now aiming to be among the world leaders in public health provision.

A plan for reform

In October 2005, the Queensland Government released the *Action Plan – Building a better health service for Queensland*. This Action Plan addressed issues arising from the Queensland Health Systems Review, known as the Forster Review and the Queensland Public Hospitals Commission of Inquiry, known as the Davies Inquiry. The Action Plan also heralded the beginning of the renewal and reform required for our health system to meet the increased demand for health services.

Actions

In the two years since release of the Action Plan, we have made significant progress in improving the quality and safety of the health system.

We have employed additional health professionals including an extra 1,073 doctors, another 3,801 nurses and 1,228 more allied health professionals. In addition, we have significantly increased wages for our staff.

Extra hospital beds are important and we are commissioning more than 2,500 additional beds between 2006 and 2016, at a cost of \$3.6 billion.

We have established an independent watchdog, the Health Quality and Complaints Commission, to monitor standards in health services and investigate complaints. We established the Office of the Medical Board of Queensland to help tighten the assessment processes for doctors' registration.



At a glance:

Queensland Health reports

The public hospitals report released this year showed that Queensland hospitals equalled or bettered the national performance on 21 clinical indicators for the 2004-05 period.

Just as important, patient satisfaction is very high. An independent survey conducted across Queensland in 2005 showed that 92 per cent of patients were either very satisfied or fairly satisfied with their experience in a public hospital. Eighty percent of patients said they had been helped a great deal or quite a bit by their stay, and 83 per cent were satisfied with the length of their hospital stay.



South East Queensland infrastructure projects



- 1 Robina Hospital redevelopment
- 2 Gold Coast University Hospital
- 3 Browns Plains Health Precinct
- 4 Princess Alexandra Hospital – Smart State Therapies Institute
- 5 Princess Alexandra Hospital – Emergency Department upgrade
- 6 Queensland Children’s Hospital
- 7 QEII Hospital elective surgery centre
- 8 Royal Brisbane and Women’s Hospital – Smart State Medical Research Centre
- 9 The Prince Charles Hospital upgrade
- 10 North Lakes Community Health project
- 11 Caloundra Hospital expansions
- 12 Sunshine Coast Hospital at Kawana
- 13 Sunshine Coast Health Precinct at Maroochydore
- 14 Nambour Hospital expansions

We are committed to openness and accountability and have established a number of reporting mechanisms to provide performance information to the community and our staff. The Queensland Health internet site provides up to date information on emergency department activity, elective surgery waiting times, results of patient satisfaction surveys, and progress on the employment of extra clinical staff.

Each year, we report on the performance of our public hospitals. This includes information on clinical performance, efficiency, patient satisfaction and system integration and change.

A sustainable health system is about more than hospitals and beds; it is also about keeping people well and avoiding the need for acute hospital services. We must increase our focus on disease prevention, better management of chronic diseases, and provision of primary health care services in the community.

Queensland Health has conducted a number of statewide social marketing campaigns integrated with local level support strategies to increase awareness of health risk factors and promote healthy lifestyle options. The campaigns – including *Go for 2&5 fruit and vegetable®*, *Eat well be Active* and *Nobody Smokes Here Anymore* – encouraged people to improve their health through good nutrition, exercise and quitting smoking. Queensland Health is also increasing access to group-based healthy lifestyle programs through the employment of Healthy Lifestyle Coordinators in various locations throughout the state.

We have committed more than \$150 million over four years towards the *Queensland Strategy for Chronic Disease 2005-2015*. This strategy is aimed at preventing chronic diseases, improving the quality of life for people with chronic diseases and reducing the level of avoidable hospital admissions.

In addition, \$28.5 million has been allocated to boost community mental health services.

Improving the health of Aboriginal and Torres Strait Islander peoples remains a priority. The *Strategic Policy for Aboriginal and Torres Strait Islander Children and Young People’s Health 2005-2010* outlines strategies and actions designed to improve Aboriginal and Torres Strait Islander health to a level commensurate with that of other children and young people.

Partnerships

Quality health services also depend on collaboration and sharing of consumer and patient information with our external service partners like GPs, non-government organisations and government agencies.

We are working to improve integration and coordination of primary health care services in the community through the *Connecting Healthcare in Communities* program. This initiative will develop partnerships within each of the 20 Health Service Districts, between Queensland Health, the Divisions of General Practice and other primary health care providers.

Infrastructure and technology

As part of our investment in infrastructure, \$2.85 billion has been allocated to build new tertiary hospitals at the Gold Coast and Sunshine Coast and the new Queensland Children’s Hospital.

Over the next seven years a significant investment in smart technologies will see the introduction of improved mobile devices, faster broadband and telecommunications capability, and the information systems necessary to deliver world class health care in Queensland.

Information and new technologies will play an integral part in reforming and building our health services. For example, the Emergency Department Information System has been introduced in 20 hospitals to date. This system helps provide safer, more efficient services in our emergency departments by recording and tracking patient information including conditions, treatments and movements to departments such as radiology.

Continuing reform

We have come a long way over the last two years but there is more to be done. To ensure the momentum and commitment to reform continues, Queensland Health has developed the *Queensland Statewide Health Services Plan 2007-2012*. This builds on the 2005 Action Plan and provides medium to long term strategies to improve health services across the public and private health sectors. Area Health Service Plans are now being developed to provide detail on how the reforms outlined in the statewide plan will be enacted at a local level.

The *Queensland Statewide Health Services Plan 2007-2012* will be updated every two years to ensure initiatives and actions are current and reflect the health service needs of the community. Implementation will be regularly monitored and there will be quarterly and annual performance reports, as well as the regular updates on the Queensland Health internet site regarding hospital and emergency department activity, elective surgery and specialist outpatient activity and recruitment of staff.





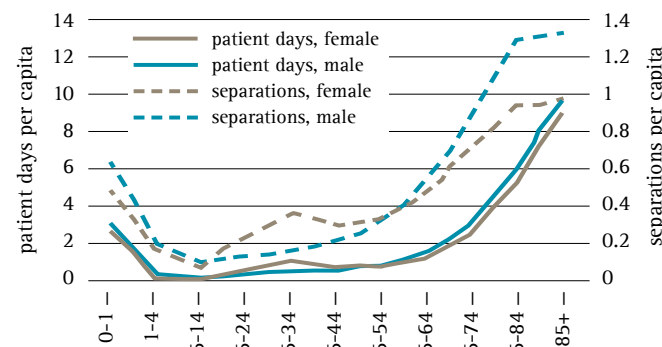
Challenges of the 21st century

Our changing population

Two factors will have a big impact on the health needs of Queensland over the coming decades. First, there is sustained population growth, particularly in the south-east and coastal areas. Queensland's population is growing by almost 1800 people every week; the highest population growth in the country. Second, the state's population is ageing. Health needs increase dramatically as people age. People aged 65 and over require hospital beds at more than ten times the rate of younger people. The over-65 age group accounts for about one-third of all hospital stays, also described as hospital separations, and almost one-half of bed-days in hospitals across Australia.

Figure 1

Australia: hospitalisation utilisation rate (separations per capita and patient days per capita) by age group and gender 2003-04



Increasing obesity and chronic disease

We expect that the number of hospital admissions will double over the next 15 years because of the growing and ageing population and the increasing incidence of chronic diseases.

Obesity has been identified as a significant contributing factor to the increase in chronic diseases such as type 2 diabetes and osteoarthritis. Increases in these diseases will place increasing pressure on our health care systems. It is projected that by 2023, type 2 diabetes will be the single largest cause of the total burden of disease, which is the impact of health conditions judged by years of life lost due to disability and premature mortality. However, many cases of type 2 diabetes are preventable. Around three-quarters of the cases reported in 2003 were due to the combined effects of patients being overweight or obese, and physically inactive.

A recent report by Access Economics estimated that expenditure on osteoarthritis in Australia in 2007 to be around \$2 billion. As with type 2 diabetes, obesity is one of the most preventable risk factors for osteoarthritis. Obese people are almost two and a half times more likely to develop the disease than people of normal weight.

Another area showing an increasing incidence and significantly impacting on Australia's burden of disease is anxiety and depression. *The Health of Queenslanders* report released in 2006 showed anxiety and depression was the leading specific cause of disability in Queensland. In 2003, about 349,000 Queenslanders were estimated to be suffering from anxiety or depression.

In addition, as the population ages, dementia and adult onset hearing loss also are projected to become larger causes of the total burden of disease.

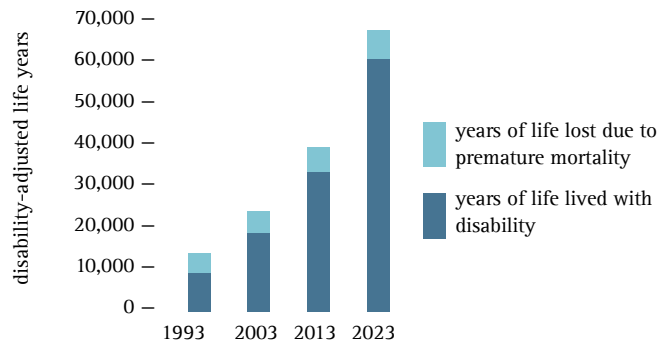
Delivering services to regional areas

Queensland is one of the most decentralised states in Australia. In 2006, more than half the population of just over four million was living outside of Brisbane. Of these, 1.4 million people were living in rural areas and around 200,000 were living in remote and very remote areas. While Aboriginal and Torres Strait Islander people are less urbanised than non-Indigenous people, in 2001 about 50,000 lived in major cities and inner regional areas and another 33,000 lived in outer regional areas.

There are also unique issues related to the international border between the Torres Strait and Papua New Guinea. Key challenges include prevention of the spread of HIV/AIDS and minimisation of the impact of other communicable diseases (tuberculosis, dengue fever and malaria) on the Torres Strait population.

Figure 2

Projected change in the burden of Type 2 diabetes Queensland 1993-2023



Queenslanders want quality health care, no matter where they live. Delivering health services to a widely-dispersed population, however, is a challenge. It is not always easy to connect people living in rural and remote areas with medical specialists who are concentrated in the state's south east and the Townsville Hospital.

Populations have declined in some areas of western Queensland in the last ten years. Declining numbers of patients in small rural hospitals limit our capacity to maintain both the numbers and the skills of health workers, which in turn decreases a hospital's ability to provide safe and sustainable services. As a result, specialist services such as cardiology and intensive care have been established in major regional health facilities. This has led to an increased demand for patient transport including aeromedical and road ambulance services provided by the Royal Flying Doctor Service, the Queensland Ambulance Service, and the CareFlight Medical Services. Demand for the Patient Travel Subsidy Scheme is growing at a rate of 10 per cent each year.

Figure 3

Population by location

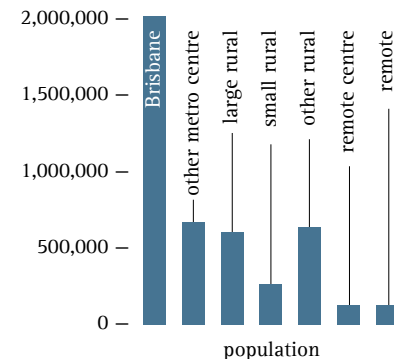


Figure 4

Population change 1996-2006

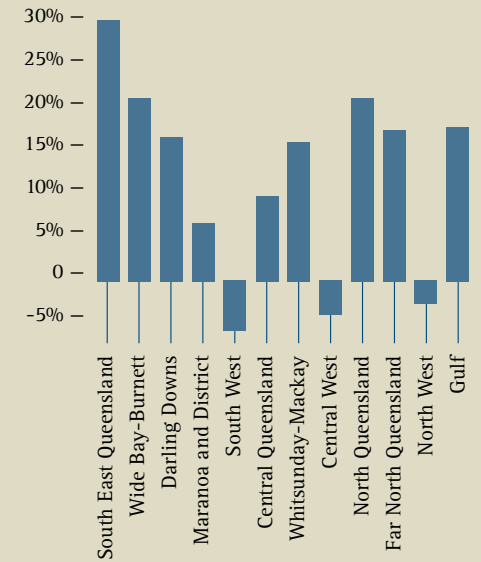
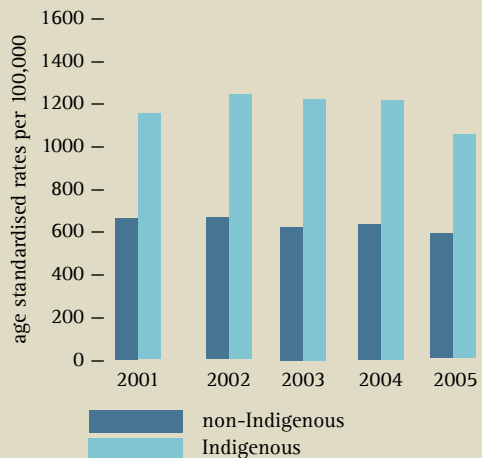


Figure 5

Age standardised mortality rates, Queensland 2001-2005

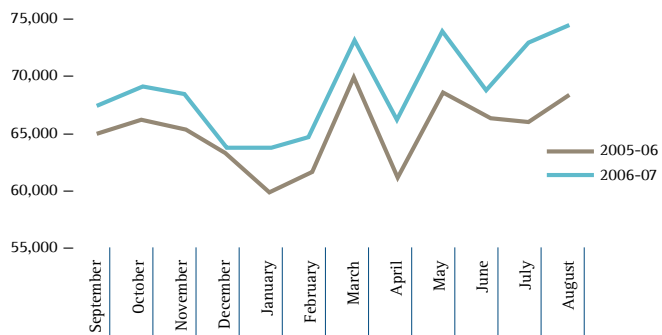


Aboriginal and Torres Strait Islander health

The health disadvantage among Aboriginal and Torres Strait Islander people is well reported. In recent years there have been a few small gains in some areas, but a weakening in others. Overall, there remains a great difference in general health status between Aboriginal and Torres Strait Islander people and non-Indigenous people. The age-adjusted death rate of Aboriginal and Torres Strait Islander people in Queensland is estimated to be more than three times greater than that for the total population. The Aboriginal and Torres Strait Islander infant mortality rate is two and half times greater than the total population rate. The common misconception is that the health disadvantage of Aboriginal and Torres Strait Islander people is associated with living in remote locations; however, the health disadvantage also extends to Aboriginal and Torres Strait Islander people living in urban areas.

Figure 6

Admissions to public hospitals by month September 2005 to August 2007



Source: Health Information Centre, Australian Bureau of Statistics.

Increasing demand for health services

Admissions to public hospitals

There has been a steady increase in the number of patients admitted to Queensland public hospitals. In 2006-07, a total of 817,313 patients were admitted which represents a 4.5 per cent increase on the previous year. But in the first eight months to August 2007, the increase was 6.2 per cent on the same period in 2006 – over 69,000 admissions per month.

Emergency department activity

On average, around 70,000 people are seen each month in Queensland’s 21 biggest hospital emergency departments. But the first eight months to August 2007 have seen a massive increase in the monthly average to over 76,000.

Figure 7 *Emergency department presentations*



The 2006-07 year set a record for emergency department attendances at public hospitals, with 886,829 patients treated. This was an increase of five per cent on the previous year.

Elective surgery

Access to surgical services in Queensland public hospitals requires a balance between meeting the needs of patients requiring emergency surgery and providing care for elective surgery patients. Those patients requiring elective surgery are categorised by the attending medical officer, according to clinical urgency as defined in the National Health Data Dictionary. Category 1 is the most urgent with guidelines recommending surgery be performed for these patients within 30 days.

Outpatient appointments

Through Queensland public hospital specialist outpatient services, people can access free specialist services. During 2006-07, an estimated 3,504,305 people were treated in specialist outpatient departments. This was a 7.2 per cent increase on the previous year. Despite this increase, 143,940 people were waiting for a new specialist outpatient appointment at 1 March, 2007.

The length of time a patient waits for an appointment will vary depending on the urgency category assigned by the specialist at the time of referral. Category 1 referrals are the most urgent and will be assigned an appointment at the earliest possible time, usually within 30 days. Category 2 (semi-urgent) and Category 3 (non-urgent) should be seen within 90 days and 365 days respectively.

Elective surgery – Queensland

	Jul - Sep 05	Oct - Dec 05	Jan - Mar 06	Apr - Jun 06	Jul - Sep 06	Oct - Dec 06	Jan - Mar 07	Apr - Jun 07
Category 1	9,991	10,181	9,553	9,947	10,716	11,142	10,366	10,928
Category 2	12,705	12,253	11,866	12,254	12,909	12,520	11,690	12,411
Category 3	5,534	5,075	4,975	5,201	5,291	4,792	4,951	5,391
Total treated	28,230	27,509	26,394	27,402	28,916	28,454	27,007	28,730

Specialist Outpatient Services – Queensland

	number seen		increase in	number waiting
	2005-06	2006-07	number seen	as at 01-03-07
<i>Total from the 32 Reporting Hospitals</i>	2,518,310	2,767,457	9.9%	143,940
Total from all Queensland Health hospitals	3,270,304	3,504,305	7.2%	-

Figure 8 Elective surgery performed

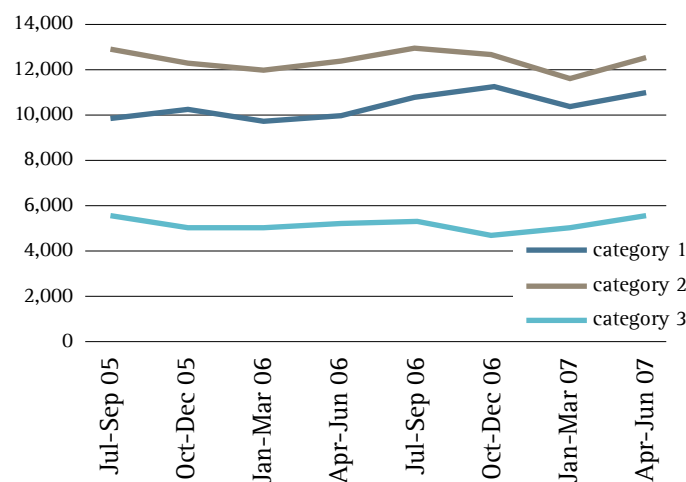


Figure 9

An ageing workforce: nurses and doctors
Australia 2005

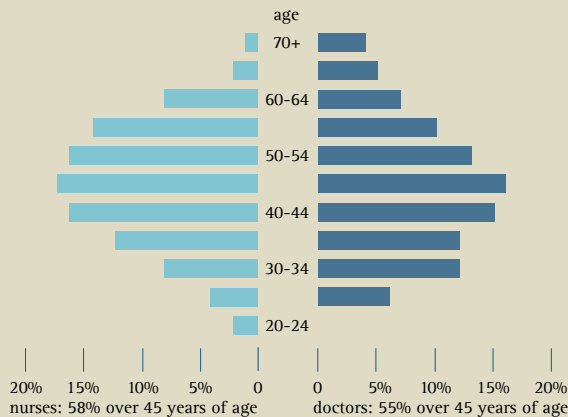
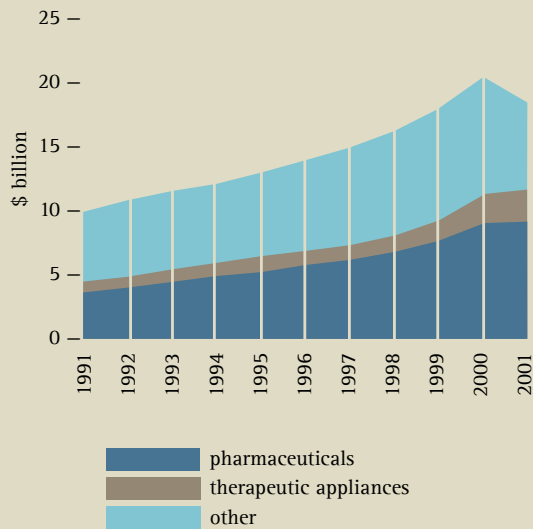


Figure 10

Real health expenditure: 2001-02 prices



Health workforce shortages

Like health departments in other states, Queensland Health faces major challenges in providing the health workforce needed to meet the increased demand, and to staff the new hospitals being built. For example, for every new hospital bed opened, we need between 1.5 and 2 extra nurses. It is estimated that in four years we will need an extra 500 doctors, 2,800 nurses and 740 allied health and other professional officers. However, it takes between three to ten years to train these professionals, so even if we started training extra clinicians now, they would not be ready in time to meet this demand.

In addition, Australia's current health workforce is ageing. For example, three-quarters of Australian nurses who were working in 2005 will have reached retirement age by 2020. There is also an increasing trend towards part-time work as people seek a better work-life balance. This, coupled with increasing career choices, will further exacerbate health workforce shortages.

Rural and remote Queensland will continue to experience a shortage of doctors and nurses. The number of graduating medical practitioners per year will more than double from 232 in 2004 to 562 in 2009. Of these, only 94 will graduate outside south east Queensland, and experience shows that doctors who are trained in the city tend to work in the city.

Increasing cost of health services

The cost of treating each hospital patient has grown by 8.2 per cent a year over the past two years, and this increasing cost is placing additional pressure on health budgets in all Australian states. Extra staff also means additional salary costs to the public health system. A further impact on costs will be the continuing development of new technologies, both equipment and drugs. The Productivity Commission estimates that over one third of the annual

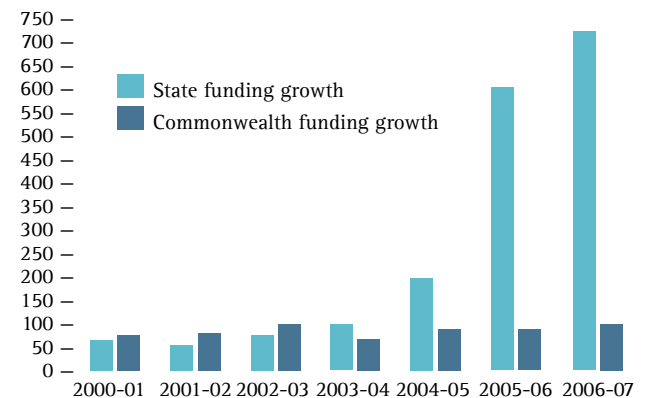
growth in Australia's health care expenditure over the past decade or so has been attributable to technological change.

Funding growth: State and Commonwealth

The 2007-08 Queensland Health budget of \$7.151 billion provided an increase of 30 per cent on the comparable 2005-06 financial year – approximately an extra \$2 billion. Hospital services account for around half the Queensland Health budget. In 2007-08, the Queensland Government will provide an estimated \$3.54 billion – an increase of 43 per cent on 2005-06. The Commonwealth Government's contribution under the Australian Health Care Agreement has only increased 13 per cent over the same period to \$1.796 billion in 2007-08. Over the life of this Agreement, the Queensland Government's contribution to public hospital funding will increase by 123 per cent, while the Commonwealth's will increase by 32.8 per cent. If the Commonwealth matched Queensland's funding, we would be entitled to an additional \$2.9 billion.

Figure 11

Annual growth (\$million) in public hospital funding
State v Commonwealth



**A glance at the future: quality and safety**

Building on significant achievements over the past two years, Queensland Health is exploring a range of strategies to further improve patient safety and quality. These include:

- investment in technology leading to an electronic health record, computerised ordering for pathology, radiology and medicines, and decision-support for staff, leading to improved communication and safer care
- improving the quality of clinical handover through improved training and the use of technology
- improved measurement and monitoring of safety in hospitals leading to a better understanding of safety interventions
- reduced fatigue in medical practitioners through the effective use of fatigue risk management strategies
- safer doctors through the implementation of the *Safe Doctors: Fair System Framework* for early identification and management of concerns raised about doctors performance
- improved communication and care of patients and families suffering unexpected outcomes of health care, through the full implementation of open disclosure.



Our Health Action Plan

meeting the challenge

Safe and sustainable health services

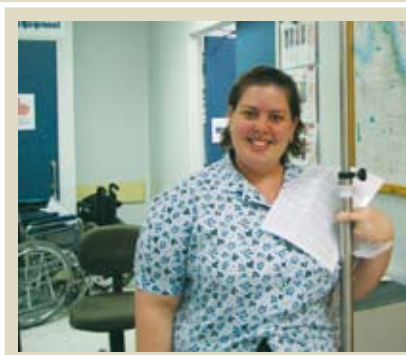
The Queensland Public Hospitals Commission of Inquiry and the Queensland Health Systems Review highlighted the need for improvements to quality and safety processes, and recommended increased clinician involvement in monitoring of standards. A significant component of our reform process has focused on building better systems and procedures to ensure a high quality of health care in Queensland. We have:

- established an independent health watchdog, the Health Quality and Complaints Commission, to improve the quality and safety of health services. With a budget of \$7.7 million, the Commission has developed quality standards, monitors their implementation and manages and investigates health service complaints
- established the Office of the Medical Board to support the Medical Board of Queensland in maintaining the professional registration standards and professional conduct of the medical workforce
- tightened assessment procedures for doctors' registration. Hospitals and employers are notified when a doctor's registration is due to expire within six weeks and when a doctor's condition of registration has been changed by the Medical Board of Queensland
- developed and introduced a new method to measure clinical performance that allows for more timely and frequent reviews of hospital performance and clinical outcomes
- monitored hospital performance on 31 clinical indicators and provided this information back to hospitals every month since March 2007
- developed and piloted a state-wide consumer complaints information system, which will be rolled-out across Queensland by mid-2008
- commenced annual surveys of consumer satisfaction, the results of which are included in the annual *Queensland Public Hospitals Performance Report*
- established the Patient Safety Centre as part of our commitment to reducing preventable patient harm. In the two years it has been operating, the Centre has introduced a number of initiatives including:
 - a policy and standard that focuses on what went wrong and why, rather than who is to blame. The standard also assists staff to identify system errors and ways to prevent harm in the future
 - the first Queensland report on clinical incidents and sentinel events – *Patient Safety: From Learning to Action*
 - training more than 8,000 staff in Human Error and Patient Safety enabling them to understand and identify error chains and focus on teamwork to prevent error
 - introducing Root Cause Analysis for analysing and investigating all serious incidents
 - employing 41 patient safety officers across the state to support patient safety initiatives at the service



Graduate nurses making a difference:

Graduate nurses at Mount Isa Health Service District are taking a leading role in evaluating and improving the quality of clinical services. The graduates are involved in patient assessment and care planning, patient discharge, patient discharge from the emergency department, patient falls and waste management. The outcome of these projects is expected to provide direction for sustainable improvements to patient services.



level, manage adverse incidents and provide patient safety training to frontline staff

- recently added the *Safe Doctors: Fair System* program to patient safety programs, to increase the skills and knowledge of medical staff identified as needing extra support
- established 36 Area-based clinical networks and 13 state-wide clinical networks, led by clinicians, so that the knowledge and experience of clinicians can be used to improve the quality of care for patients and the efficiency and planning of health services and
- Area clinical governance units established to monitor and support the management and assessment of clinical and systems performance. They are an important new avenue for staff to raise concerns about a clinician's performance.

Better structures, local control

In 2005-06, Queensland Health underwent a substantial organisational restructure that saw hundreds of corporate office positions abolished or reassigned to provide greater resources to Area Health Services and Districts. This restructure has reduced bureaucratic dominance and led to greater clinician involvement, with decision-making and accountability devolved to Area Health Services and the 20 Health Service Districts. We have also revised the boundaries of our Districts to more closely align with the General Practice division boundaries.

These changes allow for decision-making close to where health care is provided and enable Area Health Services to plan and manage health services and monitor the quality of care at a local level. The new structure has:

- improved integration of rural and regional health services with larger districts providing better links

between small rural communities and larger regional facilities

- enabled Health Service Districts to work closer with general practitioners in providing primary health care in the community and
- ensured Area Health Services better share accountability for clinical governance including the monitoring and managing of clinical performance, promoting patient safety initiatives and minimising preventable patient harm.

Along with this organisational change we have established Health Community Councils. These new Councils are community advisory bodies which have been established in legislation to play a key role in the governance of public health services. The Councils are there to strengthen community input into the provision of public health services and to ensure that health services are highly responsive to their local communities by:

- undertaking community and consumer engagement activities
- providing a consumer and community perspective to the monitoring of quality and safety of local public health services and
- assisting with community education about the health system.



13 HEALTH feedback *I would just like to thank the nurse I spoke to for being so thorough and informative. I knew my complaint wasn't an emergency but wanted to know whether I should be worried about my symptom. She put me at ease and provided sound advice, all within minutes. My experience of this service has been fabulous and I will recommend it to others."*

Meeting people's needs, smarter health services

As well as providing for current health needs, we must also plan services to meet future needs as the population grows and ages; that means providing new services and new ways of delivering health services.

- One of our best new services is the 13 HEALTH hotline, which started in April 2006. The hotline connects patients to trained and experienced health professionals who provide advice about the care that is required and the timeframe in which it is required. Since it started, 13 HEALTH has provided help and advice to more than 230,000 people.
- We are introducing new roles, such as nurse practitioners, to improve patient access to health services and to make full use of the knowledge and expertise of all our staff. Working in collaboration with the medical team, nurse practitioners see and treat patients with non-complicated injuries and illnesses. Since 2005, the Queensland Government has provided 40 scholarships to experienced nurses to cover their fees for nurse practitioner courses. Currently, 10 nurse practitioners work across the State in a variety of areas including emergency departments, diabetes, chronic renal disease, rural and isolated practices, wound management, continence management and neonatal intensive care. All new roles undergo extensive trials before full implementation to ensure safety and clinical standards are maintained.
- We are running trials on new ways to deliver maternity services in a number of areas. We have brought together teams of midwives, doctors, allied health workers, child health professionals, nurses, anaesthetists and Aboriginal and Torres Strait Islander health workers. The aim is to provide comprehensive care

for women and their babies in, or close to, their local community.

- Primary health care services across the State are being integrated and coordinated, under an initiative called *Connecting Healthcare in Communities* which was launched in November 2006. Aided by the realignment of Queensland Health Service District boundaries with the General Practice divisions, we are developing partnerships between the Health Service Districts, the General Practice divisions and other primary health care providers in the community.
- As part of the Government's ongoing commitment to improving the Queensland public health system, we commissioned a review into specialist outpatient services in five of our largest hospitals. The review found some serious issues and made recommendations to correct them. Queensland Health has now dedicated \$20 million in the 2007-08 budget for service expansions and innovative, longer-term reform strategies. They include:
 - increasing system capacity to shorten waiting times for new outpatient appointments
 - introducing a waiting time guarantee for patients awaiting specialist outpatient services
 - publishing realistic waiting times for new outpatient appointments in 2008
 - improving the local management of specialist outpatient services through better information systems and performance benchmarking and
 - developing alternative and innovative models of care for patients waiting to see a specialist, including nursing and allied health led clinics.



Clinical networks: a doctor's view

Clinical networks have provided a new connection between senior clinicians and management. This relationship has allowed a sense that finally clinicians and executive management are working together for the future. You cannot put the genie back in the bottle as clinicians love this new role."



Nurse practitioners: making a difference

Nurse practitioners are working in the Redcliffe Emergency Department ten hours per day, seven days per week. Nurse practitioners see nine per cent of all the patients who attend the emergency department. Since the introduction of nurse practitioners in 2005, patient flow in the Emergency Department has improved significantly. Waiting times have been cut and patients are spending less time in hospital.

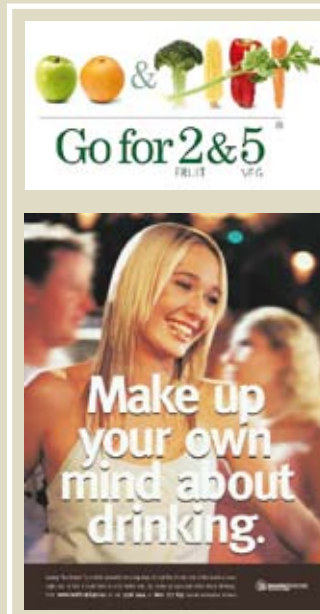




Helping smokers to Quit:

A new Queensland Quitline telephone service (13 QUIT) was established to provide additional support and services, including call-back counselling and new self-help guides, for smokers wanting to quit.

Social marketing campaigns highlighting healthy lifestyle options



Healthy lifestyles, better chronic disease management

Queensland Health has an enhanced emphasis on programs to promote healthy lifestyles and environments, and reduce the incidence of preventable diseases. Improving the quality of life for people with chronic diseases and reducing the level of avoidable hospital admissions is the focus of the *Queensland Strategy for Chronic Disease 2005-2015*.

The Strategy targets chronic diseases including heart disease, stroke, chronic respiratory disease, asthma, type 2 diabetes and renal disease. Prevention focuses on improving nutrition and physical activity, and reducing misuse of alcohol and tobacco smoking. More than \$150 million will be spent over four years, in collaboration with the Australian Government, other Queensland Government departments, GPs, universities, non-government organisations, peak bodies and patients.

We continue to run social marketing campaigns highlighting healthy lifestyle options. Queensland Health's *Go for 2&5 fruit and vegetable* and *Nobody Smokes Here Anymore* campaigns, and the *Eat well be Active* campaign led by Sport and Recreation Queensland with collaborative involvement from Queensland Health are aimed at raising community awareness about healthy lifestyles and reducing risk factors associated with many diseases.

Queensland Health is also increasing access to group-based healthy lifestyle programs through the employment of Healthy Lifestyle Coordinators in various locations throughout the State. Queensland Health also enforced tobacco laws with more than 133,000 inspections of licensed premises, food outlets, and tobacco retail outlets during the period January 2005 to June 2007. As a result of these new laws, 22 per cent of smokers (approximately 123,000 Queenslanders) report they have attempted to quit

and 2 per cent (14,000 new ex-smokers) reported they have successfully quit.

Health sector preparedness and response capacity for a potential influenza pandemic was enhanced through the establishment of an antiviral stockpile. During October 2006, Queensland hosted the national Exercise Cumpston in Brisbane to test this preparedness in a national context.

In 2006, we doubled the investment in skin cancer prevention and awareness initiatives to \$1 million per year for the next three years.

Community mental health services received a funding boost of \$28.5 million in the 2007-08 budget, which will be used to employ and accommodate extra staff to assess and treat patients. Recruitment for an extra 199 full-time equivalent positions is well underway.

Improving the health of Aboriginal and Torres Strait Islander peoples

In 2005-06, the Queensland Government made a commitment to invest \$89.5 million over four years on whole-of-government initiatives to improve the health of Aboriginal and Torres Strait Islander peoples. This funding included \$68.8 million in health-specific initiatives and a further \$20.7 million in other government activities addressing some of the contributors to ill-health in Aboriginal and Torres Strait Islander people. This investment supports the Queensland Government Implementation Plan for the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* and is focused on the following five priority areas:

- increasing the focus on prevention and early intervention in chronic disease
- supporting healthy and safe children, young people and families. Specific funding (\$21 million of the \$68.8

million) was allocated to implement the *Strategic Policy for Aboriginal and Torres Strait Islander Children and Young People's Health 2005-2010*

- strengthening responses to alcohol and substance misuse
- improving environmental health and
- improving data, research and evidence.

This package is expected to provide more than 290 additional positions to improve Aboriginal and Torres Strait Islander health. A large proportion of these positions are likely to be filled by Aboriginal and Torres Strait Islander staff, thus contributing to the provision of culturally-appropriate health services.

Other initiatives to improve the health of Aboriginal and Torres Strait Islander peoples announced in the 2007-08 budget include:

- continued implementation of Queensland Health's response to the *National Strategic Framework for Aboriginal and Torres Strait Islander Health*
- \$7.82 million for the implementation of the Aboriginal and Torres Strait Islander Alcohol Diversion Program in three pilot locations, offering eligible offenders the opportunity to undertake treatment prior to sentencing
- \$450,000 from 2006 to 2009 for development and implementation of the North Queensland Indigenous Alcohol Awareness and Education Project to provide an overarching culturally effective communication strategy that connects and supports local initiatives to address alcohol misuse
- \$200,000 in 2007-08 towards accreditation of a Certificate IV (Aboriginal and Torres Strait Islander Child Health Work) training course for Aboriginal and Torres Strait Islander Child Health Workers and

- \$99,000 for the evaluation of the Rio Tinto Child Health Partnership Initiative's three trial sites at Inala, Woorabinda and the Townsville Aboriginal and Islander Health Service.

While these initiatives are crucial for improving Aboriginal and Torres Strait Islander health, more is required. To that end, Queensland Health recently developed a strategy for effective management of adult chronic disease and improvements in maternal and child health.

New funding, new approaches

Extra funding

The initial investment in the Health Action Plan was \$6.367 billion over five years. This has since increased to more than \$10 billion over five years. In 2007-08, the health budget has grown to \$7.151 billion, which is an increase of 12 per cent on the comparable 2006-07 budget. This includes \$224.9 million in new funding, in addition to new capital funding of \$132.2 million in 2007-08.

Spending will focus on strengthening our health system by building our capacity to meet patient demand, building and retaining our health workforce, continuing major capital infrastructure projects and upgrading our information and communications technology.

An additional \$20 million per year has been allocated for specialist outpatient services. These funds will support service expansion and the development and introduction of innovative models of service delivery for outpatients. The priority will be to treat additional patients and reduce waiting times for outpatient bookings.

Pressure points in the elective surgery system will be targeted with an extra \$259.7 million over five and a half years.



Funding the priorities:

extra funding in the 2007-08 Budget

\$25.4 million to meet the increasing cost of providing inter-facility transfers and aero-medical retrievals.

\$5.6 million to meet the increased demand for renal services.

\$17.8 million to improve neonatal intensive care services for seriously ill and premature babies.

\$7.1 million to enhance injury prevention and improve trauma management across the state.

\$4.8 million to help prevent misuse of substances, including "ice", by young people.

\$2.8 million to meet the increasing costs of ensuring the safety and quality of blood and blood products.

\$1.5 million to support the implementation of final recommendations in the reform of forensic and scientific services, including the recruitment of additional staff in forensic pathology, toxicology and mortuary.

\$1.2 million to develop, implement and manage a regulatory program for recycled water and progress development of a regulatory framework for use of recycled water.

\$0.5 million for the expanded school-based vaccination program, including vaccination against human papilloma virus for teenage girls.





Emergency Department improvements:

Robina New Emergency Department is now open and will significantly enhance health services

Redlands Emergency Department is being extended and upgraded to enhance a range of services, and is due for completion by the end of January 2008.

Logan Extensions and upgrades to the Emergency Department were completed in August 2007.

Redcliffe Expanded Emergency Department is under construction and due for completion January 2008. The existing Emergency Department will be converted into a specialist outpatient area by October 2008.

Gympie Work is almost complete on the upgrade of the Emergency Department.

Dalby Upgrades to the Emergency Department and maternity ward are underway and due for completion in December 2007.

Southport Expansion of the Emergency Department will include an acute medical ward to relieve Emergency Department congestion, with completion due by October 2007.

The Prince Charles Hospital New Emergency Department completed and opened on 3 July 2007.

Princess Alexandra Planning is underway to expand the Emergency Department and deliver 30 extra beds.



We have allocated \$198.9 million from 2006–2011 for intensive care services across the State. This is in addition to the \$30.9 million provided in 2005–06 to meet demand.

Existing cardiac diagnostic and intervention services will be enhanced and new services will be established to meet regional needs, at a cost of \$210.9 million (2005–2011).

Additional funding of \$353.5 million over four years has been committed to support implementation of the *Queensland Mental Health Strategic Plan 2007–2017* (currently being finalised).

New model of funding

In 2005, Queensland's public health system was funded based on historical budgets. From 1 July 2007, we introduced a contemporary model that combines the population-based Resource Allocation Model with casemix funding.

The Resource Allocation Model measures population and uses indicators of health need to determine the funding required by each Area. Health needs indicators include demographic and social factors, service use and mortality. That means, for example, that areas with low socio-economic status, higher death rates and older populations get a larger share of funding. This model also recognises the lower health status of rural and remote residents relative to residents in urban areas, and takes into account the higher cost of health service delivery in regional and rural areas.

Casemix funding provides resources based on the number and category of cases treated. This model has been introduced in 23 hospitals.

The new funding model is an important step towards the reform of the health system. It means funding decisions

are devolved to health staff working more closely with patients. It also enables local managers to respond to emerging pressures and adapt budgets accordingly. This allows for better planning and increases transparency by linking funding to populations and hospital activity.

Transparency and accountability in budget management

A major focus of reform since 2005 has been to increase the transparency and accountability of resources and budget management within Queensland Health. This is about getting the most out of every health dollar and has been achieved through several strategies including:

- ensuring the maximum amount of funds are allocated and transferred to Area Health Services at the beginning of the financial year
- establishing formal budget parameters which link key inputs such as staff costs with outputs such as activity
- developing budgeted staff profiles to assist in predicting and managing the impact of staff increases and decreases on budget performance
- developing a standard reporting scorecard to monitor District, Area and overall Departmental performance on a monthly basis and
- establishing formal quarterly, mid year and end of year reviews with all major budget holders, including Areas, to monitor, review and predict budget performance against agreed targets and outcomes.

More beds, better infrastructure

We have recognised the need for more hospital beds to meet increasing patient demand. Since 2005-06 we have steadily increased bed numbers and will continue to do so. More than 2,500 additional beds will be commissioned between 2006 and 2016, at a cost of \$3.6 billion. These additional beds will be distributed across the major growth areas of Queensland to meet current demand and anticipated future growth.

In addition, we are investing \$2.85 billion to establish three new hospitals – the 400-bed Queensland Children’s Hospital, and tertiary hospitals at the Gold Coast and Sunshine Coast.

A new Children’s Hospital

Good progress has been made towards the new Queensland Children’s Hospital. A draft Health Services Plan defining the scope and configuration of services for the new hospital has been completed and master planning for the site is underway. Concurrently, as part of the consolidation of tertiary paediatric services, work is underway for the transfer of paediatric cardiac services from The Prince Charles Hospital to Mater Children’s Hospital. This includes:

- appointment of extra clinical and support staff as part of service enhancement at The Prince Charles Hospital
- capital works to accommodate the cardiac service at Mater Children’s Hospital
- consolidation of paediatric oncology services at the Royal Children’s Hospital site from October 2007
- transfer of the paediatric cardiac service from The Prince Charles Hospital to Mater Children’s Hospital by the end of March 2008

- staged opening of the Queensland Children’s Hospital from 2011 to 2014.

A new hospital for the Gold Coast

Planning for the delivery of a new 750 bed hospital on the Gold Coast is well underway. The hospital is on track to open in 2012 and has already achieved a number of milestones:

- clinical service planning has commenced and a Health Services Plan is being completed
- Government has announced a new preferred site for investigation, to the north of the Griffith University Gold Coast campus
- a Gold Coast University Hospital and Knowledge Precinct Master Plan will be complete in October 2007
- a project team has been formed and a team of consultants has been commissioned to plan and design the hospital and
- site master planning commenced in August 2007 and schematic design will start in 2009.

A new Sunshine Coast Hospital

A new 650 bed tertiary hospital on the Sunshine Coast is expected to open in 2014. A Health Service Plan for the Sunshine Coast Health Service District has been completed and clinical service planning specifically for the hospital is underway. A project team has been formed and a team of consultants commissioned to start the planning phase for the hospital and to develop a business case as part of the Public Private Partnership evaluation process. Other notable achievements include:

- formation of a Stakeholder Advisory Group
- acquisition of a 20 hectare greenfield site for the hospital at Kawana and

A new Children’s Hospital



A new hospital for the Gold Coast



A new Sunshine Coast hospital





- establishment of a Precinct Planning Group with representatives from state and local government and the private sector.

Other investments in infrastructure include:

- \$30 million to establish an Elective Surgery Centre at the QEII Hospital
- \$34.7 million in 2007–08 to continue construction of the \$51.93 million commitment to new Primary Health Care Centres at Erub (Darnley) Island, Warraber Island, Gin Gin, Hope Vale, Wondai and Yarrabah
- \$958.47 million (\$155.18 million in 2007–08) for the upgrade of hospitals including the Ingham, Innisfail, Yeppoon and The Prince Charles hospitals
- \$53.04 million in 2007–08 for new health technology equipment
- \$143.5 million over four years for capital works projects for mental health services and
- \$30.6 million capital funding in 2007-08 to progress North Lakes Health Precinct (\$14.5 million), Browns Plains Health precinct (\$10.2 million) and the Thursday Island Chronic Disease Centre (\$5.9 million) as part of an increased investment commitment of \$229.29 million for community health centres.

Improved systems, smarter technology

Information and new technologies will play an integral part in reforming and building our health services. Quality health services depend on collaboration and sharing of consumer and patient information with our external service partners such as GPs, non-government organisations and government agencies.

Over the next seven years, a significant investment will see the introduction of improved mobile devices, faster broadband and telecommunications capability, and the information systems necessary to deliver world class health care in Queensland.

We have installed faster, more reliable technology to better support the delivery of health services to rural and remote communities, including:

- upgraded bandwidth and local and area wide networks at about 300 health facilities and community care centres across the State. The speed of network services is up to 16 times faster at the majority of sites, meaning less time spent on managing information and more time spent on health care and
- improved high speed links with next generation mobile data services in areas with limited telecommunications services, such as the Torres Strait Islands.

We have introduced the Emergency Department Information System to provide safer, more efficient services in our Emergency Departments. To date, 20 hospitals across Queensland are using the system which provides better workflows and processes to record patient information and track patient conditions, treatments and movements.

We also have introduced the Information System for Oral Health in 249 Queensland Health Oral Health Service adult clinics. The system provides health care professionals with a central database of oral health information to support quality and safety in clinical decisions. A further 121 school dental clinics and 189 mobile vans will take up the system.

Sharing of patient information between health care providers is an important component of a sustainable and efficient health system. A number of initiatives have been

implemented to ensure the secure transfer and storage of patient information, such as:

- trials of secure information sharing between Queensland Health hospitals and general practitioners in a number of areas including Townsville, the Sunshine Coast, Redcliffe, Caboolture, The Prince Charles Hospital, Logan, Ipswich and the Royal Children's Hospital. Information being sent via secure electronic transfer includes discharge summaries, patient letters and referrals
- non-government and community health organisations are electronically exchanging secure patient assessments with health care partners on the Darling Downs, Southern Downs and Gold Coast
- for the first time, patient registration information can be linked across more than 130 Queensland Health hospitals and community centres
- storage of patient information is safer, following the roll-out of new data backup and recovery infrastructure systems in 26 hospitals and Queensland Health facilities. Another 175 hospitals and facilities will take up the system
- community pharmacists across the State have direct access to the Schedule 8 drug information system, as well as to external pathology providers and electronic medical imaging services and pathology results
- between 100,000 to 200,000 secure messages are being sent electronically between Queensland Health and external health care providers each month as part of the Secure Transfer Project and
- commencement of the transition to digital mammography for the BreastScreen Queensland Program.

New technology that allows for the storage and transfer of digital images is being rolled out across the State. We will invest more than \$78 million between 2006 and 2008 to introduce new radiology equipment and technology that allows secure and fast transfer of digital images to radiologists in regional hospitals and the private sector. This means the x-rays of rural patients can be reviewed by experts at larger regional or metropolitan areas. Hospitals at Roma and St George, for example, can now access radiology reporting support from The Prince Charles Hospital in Brisbane.

We have implemented significant enhanced technology in the AUSLAB Laboratory Information System which provides real-time, virtual access to patients' pathology results from 12,000 patient episodes per day for more than 30,000 clinical users, at 300 health care facilities throughout Queensland.

There have also been significant improvements in forensic DNA analysis by integrating the enhanced AUSLAB Laboratory Information System with robotic automation technology. In addition, Queensland Health implemented the first bio-directional electronic interface between health and police within Australia. This system is the only one of its kind in Australia and allows comprehensive tracking of exhibit details and forensic analysis results from crime scene through to case finalisation.

Technology also increases safety in the management of a patient's medications. The Enterprise-wide Liaison Medication System, operating in 44 hospitals, improves medication management by recording the patient's medication history on admission, generating a medication record for patients to take home, and generating a discharge medication profile that can be sent to GPs and community pharmacists.



Future IT needs

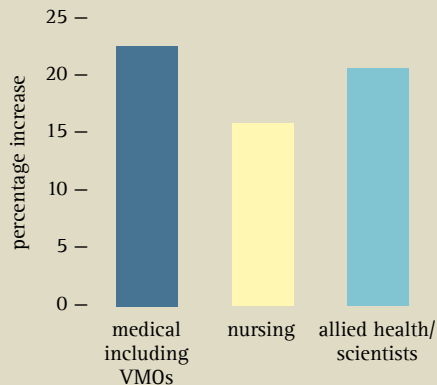
We have undertaken significant consultation and planning to finalise the e-Health Strategy, and will spend an extra \$243 million over the next four years on information systems and technologies that support clinical practice and deliver better health services. The technology will:

- make information accessible and reusable by health care providers
- provide information when and where it is needed to support patient care and patient safety
- simplify the integration of existing applications and allow integration of new systems
- optimise the quality of the data available
- allow for authorised clinical data sharing
- improve clinical and operational workflows



Figure 12

Clinical staff growth since June 2005



Recruitment: graduate nurses' views

The Queensland Health online application system was easily accessible and user-friendly. With a few simple clicks of the mouse, I had applied for several positions at different Queensland Health facilities.

The Queensland Health Post-Graduate Programme has offered me much support throughout my Post-Grad year. It provided me with a positive learning environment which constantly encouraged further education. This support provided a smooth transition from university to the workplace.

The support has been great - I was quite worried that there would be high expectations when I started but all staff have been very accepting of our novice status."

More staff, stronger workforce

With more staff, we can provide patients with safer and sustainable health services. In 2005, we promised to recruit additional clinical staff and set a target of 300 doctors, 500 nurses and 400 allied health professionals. Our intensive recruitment drives have meant we have exceeded this target. By August 2007, we had recruited 1,073 additional doctors, another 3,801 nurses and 1,228 extra allied health professionals.

We are also building our capacity to train more doctors. In 2007, we funded 388 medical intern positions, an increase of 128 since 2005, and created an additional 55 registrar training posts in 2006-07.

We are employing more graduate nurses than ever with a total of 1,079 employed in 2007; a 54 per cent increase on 2005. We also increased our funding to Queensland TAFE for extra clinical training positions for enrolled nursing students.

Recruitment and retention of doctors in rural and remote Queensland communities remains a priority. Twenty-seven interns commenced a medical rural generalist program in 2007. Five additional rural generalist positions were funded in 2007-08 and we will increase these positions again in 2008-09.

In 2008, Queensland Health and the Postgraduate Medical Education Council of Queensland will pilot accredited rural generalist intern electives at Stanthorpe, Innisfail, Atherton, Warwick, Roma, St George and Proserpine hospitals.

Staff accommodation in rural and regional centres is important in attracting health professionals to the bush. We have embarked on a \$91 million program to upgrade and improve staff accommodation, and work is almost complete.

The Regional Accommodation Program is expected to provide 267 units of accommodation. It has already delivered 170 units of accommodation by purchase, with two additional purchases planned. As well, 59 units have been built, with 15 more under construction and work yet to commence on 21 units.

Investing in our future health workforce

Sixty million dollars has been allocated over eight years to fund 235 doctor training places at Griffith University. The first 35 medical scholarship holders commenced in 2006, another 50 in 2007 and a further 50 are due to start in 2008.

Another \$145 million will be spent over four years to improve and expand clinical education and training of our health professional workforce.

A pilot population health scholarship program is being introduced in 2008. The program will focus on areas of population health need and be reconfigured annually based on emerging priority areas.

We are also making it more attractive to work for Queensland Health. Following enterprise bargaining agreements reached in 2006, an additional \$587 million was provided for competitive remuneration packages for doctors and nurses. Salaries for allied health workers have also increased and will further improve through the enterprise bargaining negotiations currently underway.

In addition, we are also addressing issues that impact on retention of staff including doctor fatigue, workloads, paid professional development and staff facilities and accommodation.

Safe workplaces, better workplaces

A key factor in retaining staff is providing a safe and positive working environment. Queensland Health's new code of conduct, released in 2006, is part of our commitment to creating workplaces that are free from bullying, harassment and discrimination. The code's key values are: caring for people, respect, leadership, and integrity.

We are addressing fatigue-related risks for doctors and patients through the \$3.6 million Alert Doctors Strategy. Work has started in 13 hospitals and primary health care centres on measures to better manage doctors' fatigue in a diverse range of settings.

The quality of health care improves in an organisation that emphasises leadership, teamwork and innovation. During 2006-07, Queensland Health started one of the most ambitious and challenging leadership development programs undertaken in the national and international health industry.

The Queensland Health Leadership Development Framework includes leadership development workshops for clinical and non-clinical managers and supervisors, 360-degree feedback and coaching for clinical and non-clinical executives. The Framework is connected to performance appraisal and development processes.

So far, 549 clinical and non-clinical executives have attended two-day residential leadership workshops, 535 clinical and non-clinical executives have undertaken 360-degree feedback, 78 clinical and non-clinical executives have undertaken executive coaching, and 1,417 clinical and non-clinical managers and supervisors have attended two-day non residential leadership workshops.

The Queensland Health Systems Review recommended regular surveys on workplace culture and staff satisfaction

across the organisation. Opinion surveys were conducted among three-quarters of Queensland Health staff in May and September 2006 and April 2007, and the remainder surveyed in September 2007. Staff can attend presentations on the survey results, and district and divisional reports are made available on the intranet. Surveys are conducted by a consultancy team from the Community and Organisational Research Unit at the University of Southern Queensland.

Staff opinion surveys will occur every two years. Results will be measured against previous outcomes for each Queensland Health District and Division, from 2008. Information from the surveys is being used to identify what is good about working for Queensland Health and where improvements can be made. Districts and Divisions are required to prepare an action plan detailing strategies for improvement and funding is available to assist with implementing these strategies. Progress reports will be submitted bi-annually.

Queensland Health People Plan

The people who work for Queensland Health are our most important resource. We developed the *Queensland Health People Plan 2007-2012* and *Guide for Implementation* to ensure we properly manage our staff. The People Plan provides clear direction on attracting and retaining people, building our workforce and creating a positive workplace culture. These goals will be achieved through good policies, systems and performance appraisal.



Training our Aboriginal and Torres Strait Islander Child Health Workers

Queensland Health, through the Cunningham Centre, has developed the Certificate IV in Children and Young People's Health (Aboriginal and Torres Strait Islander). The course has received accreditation and negotiations are underway to deliver the course in 2008 to all Queensland Health's Aboriginal and Torres Strait Islander Child Health Workers. This is the first time a maternal and child health course for Aboriginal and Torres Strait Islander health workers will be offered in Queensland at a Certificate IV level. This course will provide Aboriginal and Torres Strait Islander Child Health Workers with specialised skills and knowledge to provide maternity and child health services to Aboriginal and Torres Strait Islander families across Queensland.





A glance at the future: allied health

Queensland Health is exploring a range of initiatives to ensure the recruitment and retention of a skilled allied health workforce, to enhance future service delivery. Proposals include:

- the introduction of a new Health Practitioner career structure to recognise and reward clinical, teaching, managerial and research skills
- to explore new and innovative models of service delivery to most effectively use allied health professionals skills; and
- implementation of a robust framework to support allied health clinical education and training across the continuum, from pre-entry to specialist clinicians.



Improved union relationships

Queensland Health has involved unions in the reform process, through a joint management-union committee called the Reform Consultative Group which meets regularly. Another group, comprising Queensland Health executives and union secretaries, has produced two strategy papers – on Effective Consultation Processes and Practices and another on Workplace Bullying and Harassment – and recommendation papers on Inconsistent Application of HR/IR Policies and Staff Complaints. In addition, industrial agreements have been negotiated for medical, nursing, allied health and administration workers, using an interest based negotiation approach.

Working for Queensland Health: staff views

The staff opinion surveys offered opportunities for comments on 14 themes. The comments were divided into suggestions and improvements, and while the suggestions outnumbered the improvements, it was encouraging to see the reforms to date are delivering some benefits.

Workplace

“With the introduction of new clinical areas and changes within existing ones, we have banded together in surgery and critical care to support and assist each other.”

“There has been more skills sharing and collaboration (staff mobility) across teams in the workgroup. This is strengthening the team overall.”

Leadership

“Relationships with direct supervisor and team are much better and supervisor is very supportive and will advocate on teams behalf where possible”

“Management has improved with some newer senior staff,

who are actively working to improve our work situation.”

“Having more Indigenous leadership is a plus.”

Infrastructure

“Updated equipment purchases have kept the Department on the leading edge of technology.”

“Larger working facility to house all relevant staff with enough space for service delivery.”



Statewide Health Services Plan *delivering for the future*

“**We want to maintain** the momentum and commitment to system reform. Our goal is to ensure that Queenslanders have a high-quality, safe, accessible, and sustainable health system that meets all their needs from disease prevention to acute care services.

The *Queensland Statewide Health Services Plan 2007-2012* (the Plan) provides directions for the safe and efficient delivery of health services to Queenslanders. This document builds on the 2005 Action Plan and supports the ongoing reform process by providing medium to long term strategies to improve health services across the public and private health sectors.

The Plan identifies two key objectives in reforming Queensland's health system:

- improve access to safe and sustainable health services and
- better meet people's needs across the health continuum

To achieve these objectives, we must ensure the necessary resources which include:

- appropriate funding
- a skilled workforce in adequate numbers and
- suitable infrastructure, information technology and assets

The Plan encompasses all health service providers across Queensland. A key focus is to improve links between the public sector, private sector, non-government organisations, other key agencies and departments and the broader community.

The Plan outlines key actions under the areas identified above. It will remain current for a five-year period and will be updated every two years to ensure our reform process keeps pace with the needs of our rapidly changing population.

Area Health Services Plans are being developed and are expected to be completed by December 2007. These Area plans will detail how the reforms outlined in the Plan will be enacted at the local level. Additionally, statewide service plans will be developed for designated services such as cancer treatment, renal and rehabilitation services.

The *Queensland Health Population Health Plan 2007-2012* outlines the major service reforms for Queensland Health's population health function. It builds on the overarching direction and guidance provided by the Plan and the Queensland Health Strategic Plan for the same period.

A number of the reforms and initiatives contained in the Plan are already underway. Other strategies will be implemented throughout the five year life of the Plan.

For more information on the actions outlined in the *Queensland Statewide Health Services Plan 2007-2012* visit our website at: <http://www.health.qld.gov.au/publications/corporate/stateplan2007/default.asp>

Progress will be monitored via quarterly and annual performance reports, as well as regular updates on the Queensland Health internet site regarding hospital and emergency department activity, elective surgery and specialist outpatient activity and staffing recruitment outcomes. To view our website performance reporting visit: <http://www.health.qld.gov.au/performance/default.asp>

Delivering for the future: improving access

- Establish links between services and service networks and establish partnerships with other providers.
- Define hospital roles to improve planning and service delivery.
- Define statewide and super-specialty services
- Improve the safety of health services.
- Plan for safe and sustainable health services in small communities.
- Develop strategies to assist patients to access services (medical transport and travel subsidy).
- Improve access for Aboriginal and Torres Strait Islander peoples.

Delivering for the future: meeting needs

- Increase capacity to promote and protect the health of Queenslanders.
- Build capacity to provide health care in the community.
- Expand acute care services to meet population growth.
- Increase capacity to manage demand.
- Improve the efficiency of service delivery.

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