Our performance

In August 2017 DDHHS became one of the first health services in the State to be moved to Performance Level 1 against the Queensland Health ‘Delivering a High Performing Health System for Queenslanders’ Framework. This is the highest level of performance attainable under the framework.

The Framework utilises Key Performance Indicators to capture information and covers aspects of performance across the following six areas of health service delivery:

- safe
- equitable
- effective
- patient-centred
- timely
- efficient.

Our service standards

DDHHS delivers services in accordance with its obligations outlined in the Service Agreement with the Department of Health and the Service Delivery Statement (SDS).

The Service Agreement identifies the health services provided by DDHHS and the funding arrangements, performance indicators and targets to ensure the achievement of outcomes. DDHHS reports against national targets as established in the National Partnership Agreement on Improving Public Hospital Services and documented in the SDS and Service Agreement.

Performance highlights

DDHHS continued to meet the increasing demand for services throughout 2017-18. Despite the increase in demand, DDHHS continued its high performance against targets and key performance indicators set by the Department of Health.

158,982 Emergency Department presentations
222,496 Specialist Outpatient attendance
85,320 Inpatient separations
2994 Births
11,170 Surgeries (including elective and emergency surgeries)
100% Specialist outpatients waiting within clinically recommended timeframes. Specialist outpatient targets have now been met for the past three years.
4 years Elective surgery targets met and maintained
4 years Consecutive period in which oral health patients have waited less than two years for treatment
Our achievements

Emergency department
Emergency Departments throughout DDHHS saw a total of 158,982 patients this financial year.

As outlined in the table below, Category 1 and 3 patients were being seen in recommended times at a slightly lower percentage than the identified target. However, results for both measures have improved from 2016-17 and both fell only two per cent short of the relevant target.

Infrastructure investments have assisted Emergency Departments to manage the continued demand for service. The refurbishment of the Toowoomba Hospital Emergency Department saw a substantial improvement in the number of treatment spaces, which increased from 21 to 30.

Further, the commencement of the $3 million redevelopment of the Warwick Hospital Emergency Department is also expected to have a positive impact on targets over the coming year, with an increase in treatment bays, short stay bays and triage bays, including an ambulance triage bay.

Specialist outpatient appointments

<table>
<thead>
<tr>
<th>Performance measure</th>
<th>Notes</th>
<th>17-18 Target</th>
<th>17-18 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of specialist outpatients waiting within clinically recommended times</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 1 (30 days)</td>
<td>1</td>
<td>98%</td>
<td>100%</td>
</tr>
<tr>
<td>Category 2 (90 days)</td>
<td>1</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Category 3 (365 days)</td>
<td>1</td>
<td>95%</td>
<td>100%</td>
</tr>
</tbody>
</table>

DDHHS had a total of 222,496 specialist outpatient attendances during 2017-18 with all patients waiting within clinically recommended timeframes. This achievement sees three years of DDHHS meeting or exceeding specialist outpatient targets.

Elective surgery

<table>
<thead>
<tr>
<th>Performance measure</th>
<th>Notes</th>
<th>17-18 Target</th>
<th>17-18 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of elective surgery patients treated within clinically recommended times</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 1 (30 days)</td>
<td>1</td>
<td>&gt;98%</td>
<td>99%</td>
</tr>
<tr>
<td>Category 2 (90 days)</td>
<td>1</td>
<td>&gt;95%</td>
<td>98%</td>
</tr>
<tr>
<td>Category 3 (365 days)</td>
<td>1</td>
<td>&gt;95%</td>
<td>99%</td>
</tr>
<tr>
<td>Median wait time for elective surgery (days)</td>
<td></td>
<td>25</td>
<td>48</td>
</tr>
</tbody>
</table>

Since December 2013, DDHHS has met the specified targets for elective surgery patients treated within clinically recommended times for all three patient categories. Achieving these targets in conjunction with specialist outpatients waiting within clinically recommended times means the patients in our region are seen by a specialist and receive their surgery (if required) within clinically appropriate timeframes. Meeting elective surgery targets in 2017-18 was achieved despite the closing of two theatres for a number of weeks to allow for works to be undertaken to build a seventh operating theatre at Toowoomba Hospital.

The median wait time for elective surgery was above the target of 25 days. As in previous years, this is largely due to the significant proportion of elective surgery patients in the region being either Category 2 or 3 patients that require treatment within 90 or 365 days respectively and may be treated on the cusp of those timeframes.
In 2017-18, a total of 6,809 elective surgery procedures were undertaken by DDHHS, which is a six per cent increase on the 2016-17 year. With the expectation that numbers will continue to increase in 2018-19, the focus is on maintaining the current results and continuing to provide services within the clinically recommended timeframes.

### Activity

<table>
<thead>
<tr>
<th>Performance measure</th>
<th>Notes</th>
<th>17-18 Target</th>
<th>17-18 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total weighted activity units</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Inpatient</td>
<td>2</td>
<td>57,878</td>
<td>54,894</td>
</tr>
<tr>
<td>Outpatients</td>
<td>2</td>
<td>12,583</td>
<td>10,877</td>
</tr>
<tr>
<td>Sub-acute</td>
<td>2</td>
<td>5,173</td>
<td>5,829</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>2</td>
<td>17,705</td>
<td>18,099</td>
</tr>
<tr>
<td>Mental Health</td>
<td>2</td>
<td>9,783</td>
<td>8,923</td>
</tr>
<tr>
<td>Prevention and Primary Care</td>
<td>2</td>
<td>3,017</td>
<td>3,426</td>
</tr>
</tbody>
</table>

### Other key performance indicators

<table>
<thead>
<tr>
<th>Performance measure</th>
<th>Notes</th>
<th>17-18 Target</th>
<th>17-18 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service delivery statement standards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of healthcare associated staphylococcus aureus bloodstream infections/10,000 acute public hospital patient days</td>
<td>1</td>
<td>&lt;2</td>
<td>0.34</td>
</tr>
<tr>
<td>Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient facility</td>
<td>3</td>
<td>&gt;65%</td>
<td>71%</td>
</tr>
<tr>
<td>Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge</td>
<td>3</td>
<td>&lt;12%</td>
<td>15%</td>
</tr>
<tr>
<td>Ambulatory mental health service contact duration (hours)</td>
<td>3</td>
<td>172,612</td>
<td>84,630</td>
</tr>
<tr>
<td>Telehealth – number of non-admitted telehealth service events</td>
<td>4</td>
<td>8,107</td>
<td>8,721</td>
</tr>
</tbody>
</table>

| Minimum Obligatory Human Resource Information (MOHRI)                              | 5     | 4,315        | 4,395        |

BreastScreen Queensland’s senior medical officer Dr Teena Haslam (left) and breast screening advocate Janine Hills celebrated the Toowoomba service’s 25-year anniversary in July.
Oral Health
For the fourth consecutive year, 100 per cent of patients were waiting less than two years for their dental treatment. This maintenance of zero long wait patients occurred despite a significant increase in activity for the 2017-18 period, with the target for oral health weighted occasions of service (WOoS) being exceeded by 13.1 per cent. This was a total of 220,766 WOoS.

There were 8484 patients on the general care waiting list at 30 June 2018, an increase of 7 per cent on 30 June 2017. Despite the increase in patients requiring care, it is envisaged that zero long waits will continue to be maintained through current strategies including wait list auditing, centralised call centre, improved coding and hub and spoke models.

Telehealth
DDHHS achieved well above the target for telehealth service events in 2017-18. A number of new telehealth initiatives commenced throughout the health service to allow patients to access specialty services without having to travel extensively to do so. For more information on telehealth projects undertaken this year, please refer to page 43.

Complaints management
A total of 1712 complaints were received in 2017-18, with 1587, or 93% resolved within 35 days, well above the target of 80%. There were significantly more compliments than complaints received in the health service, with a total of 3176 compliments received.

Explanatory Notes
The 2017-18 targets are as published in the 2018-19 Service Delivery Statement. While some 2017-18 estimated actuals published in the Service Delivery Statement are different to actuals included in this Annual Report, there are no significant variations.

1. Source: System Performance Report (SPR). Total number of patients seen in DDHHS Emergency Departments was taken from EDIS.
2. Source: DSS. Data as at 10 August 2018. Small amounts of activity will continue to be gained while coding reviews continue throughout September.
3. Source: Mental Health Performance Report produced by Clinical Systems Collections and Performance Unit. Data sources for report include Queensland Health Admitted Patient Collection, Consumer Integrated Mental Health Application, Mental Health Activity Data Collection and Alcohol Tobacco and Other Drugs Services Information System.
4. Source: Monthly Activity Collection from HBCIS.
5. Source: DSS.

Performance against Strategic Objectives
The DDHHS Strategic Plan 2016-2020 outlines six key strategic objectives as detailed on page 10. While all the work undertaken throughout the health service contributes to the organisation’s strategic objectives, outlined below are the health service’s major achievements under each of the strategic objectives for the 2017-18 period.
Accreditation confirms high standard of care

In January 2018 DDHHS underwent full accreditation against the National Safety and Quality in Healthcare Standards (NSQHS), the National Mental Health Standards and ISO 9001:2015 re-certification. Full accreditation for three years was achieved.

A “Met with Merit” status was also achieved against NSQHS 2 – Partnering with Consumers – Consumer and/or carers are involved in the governance of the health service organisation”.

Institute for Healthy Communities Australia auditors noted how much pride, commitment, professionalism, innovation and dedication they witnessed during their audit. Other areas of mention included:

- The End of Life ‘Yarning app’ in Goondiwindi
- The community-driven renal unit in Dalby
- Wondai’s innovation in operations
- Taroom’s innovation in addressing the challenges to maintain focus and skills.

Nurse navigators support patients

With 19 nurse navigator roles across the region, DDHHS has worked to streamline how patients access care. The nurse navigator positions have assisted patients with complex health conditions to manage their own healthcare and improved the accessibility of services. The nurse navigator positions significantly contribute to patient experience and their ability to access care at the right place, at the right time. This financial year saw a focus from the nurse navigators on rural, acute care, maternity, aged care and mental health.

Rural stroke pathway program

A priority for the health service is on the availability of care as close as possible to a patient’s home. In August 2017, a Rural Stroke Pathway Program was established at the Warwick Hospital to rapidly diagnose and treat suspected stroke patients. This program alleviates the need for patients brought to Warwick Hospital suffering from a suspected stroke to be transferred to Toowoomba for diagnosis.

The Rural Stroke Pathway Program, the introduction of a CT scanner and a specialist emergency medicine doctor at the Warwick Hospital has increased the capability to assess, diagnose and treat stroke patients locally.

Cognitive Institute – Speaking Up for Safety

Darling Downs Hospital and Health Service became the eighth health service in the world and the first regional service to partner with the Cognitive Institute on its Safety and Reliability Improvement Program. The Cognitive Institute is an international provider of healthcare education and its ‘Speaking Up for Safety’ program was officially launched on 19 January 2018. This mandatory training provides staff with the tools and confidence to speak up if they have concerns about the safety of patient care. The program makes safety everyone’s business and by 30 June 2018, 54 per cent of staff across the health service had completed the training.

Promoting Professional Accountability is the next stage of this important program and will commence in mid-late 2018.

Strategic Objective 1 - Healthcare

DDHHS continues to provide efficient and safe healthcare to consumers within our region. This included meeting or exceeding targets for emergency care, elective surgery, specialist outpatients, oral health and telehealth. This strategic objective incorporates these healthcare priorities together with improving access and where possible, local access to services in our region and delivering support services to close the gap in Indigenous health outcomes.
Telehealth services extended to support patients

Pharmaceutical review is a key strategy in reducing patient harm. The tele-pharmacy model uses telehealth technology for medication review and assessment. Initially trialled at Dalby Hospital, the service was extended this year to be provided by a pharmacist from Warwick, Dalby, Kingaroy or Toowoomba hospitals.

Telehealth has been undertaken over previous years throughout the health service, however there were several new initiatives in telehealth during the 2017-18 year, assisting the health service to exceed its telehealth target for the year.

Toowoomba Hospital's Telehealth Hub welcomed its first patient in August 2017 for an appointment with a Brisbane specialist. Since then, 372 patients have used the service, saving an estimated 99,256 kilometres in travel.

The Rural Outreach Ophthalmology model has been implemented across the health service. This service benefits the community in rural areas who receive diabetic retinopathy early detection screening.

Planning continues to be undertaken for a Telehealth First model; however, even at such an early stage, outpatient departments at Toowoomba Hospital increased referrals to telehealth by 39 percent in 2016-17, with a total of 1277 new referrals converted from ‘in person’ to telehealth in 2017-18.

Implementation of an adhoc tele-stroke care pathway commenced in 2017-18. Where patients present to a rural emergency department, clinicians from Toowoomba Hospital can consult into the department via telehealth to discuss treatment plans and lysis of blood clots if appropriate. This program allows patients to stay locally and also reduces admissions and transfers to the Toowoomba Hospital.

Joint replacement patients benefit from enhanced recovery program

Toowoomba Hospital this year developed a recovery program to improve outcomes for its elective joint replacement surgical patients. The Enhanced Recovery After Surgery (ERAS) program brings together a multi-disciplinary team of clinical nurses, orthopaedic specialists, pharmacists, dietitians, physiotherapists, occupational therapists and anaesthetists. The program has seen a decrease in the length of time for recovery from surgery for patients, improvements in post-operative care, reductions in the physical stress of the operation, and improvements in post-operative mobility.

All patients undergoing orthopaedic procedures are now considered for an ERAS plan including reductions in fasting times before surgery, non-diabetic patients undertaking carbohydrate loading pre-operation, optimising use of analgesics and earlier mobility post-surgery.

Top 10 non-admitted Telehealth specialities 2017-2018

<table>
<thead>
<tr>
<th>Speciality</th>
<th>2017-18</th>
<th>2016-17</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td>374</td>
<td>314</td>
<td>413</td>
</tr>
<tr>
<td>Clinical Measurement</td>
<td>304</td>
<td>305</td>
<td>309</td>
</tr>
<tr>
<td>Haematology</td>
<td>620</td>
<td>528</td>
<td>456</td>
</tr>
<tr>
<td>Midwifery</td>
<td>518</td>
<td>548</td>
<td>577</td>
</tr>
<tr>
<td>Nephrology</td>
<td>1012</td>
<td>993</td>
<td>1244</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>218</td>
<td>238</td>
<td>234</td>
</tr>
<tr>
<td>Oncology</td>
<td>390</td>
<td>318</td>
<td>320</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>1306</td>
<td>1297</td>
<td>1297</td>
</tr>
<tr>
<td>Paediatric Medicine</td>
<td>618</td>
<td>612</td>
<td>612</td>
</tr>
<tr>
<td>Pre-admission/Pre-Anaesthesia</td>
<td>662</td>
<td>662</td>
<td>662</td>
</tr>
</tbody>
</table>

Non-admitted Telehealth service events

![Graph showing non-admitted Telehealth service events from 2015-16 to 2017-18]
Shuttle services connect care
Patients eligible for the Patient Travel Subsidy Scheme (PTSS) requiring transport to specialist services in Toowoomba are now able to access a shuttle service to better connect them with care. The Goondiwindi Meditrans and Highfields shuttle bus services established this year as part of the Goondiwindi Care Coordinator and Meditrans service pilot project is a result of collaboration between the Goondiwindi Regional Council, Darling Downs Hospital and Health Service and Darling Downs and West Moreton Primary Health Network (DDWMPHN).

Sensory room helps mental health clients
Baillie Henderson Hospital’s Ridley Unit established a sensory room for its clients in early 2018 to further support mental health patients on-campus. The sensory room is a safe place for clients to feel self-regulated and grounded and uses soft lighting and relaxing imagery, music, aromatherapy, and other sensory equipment to provide stimulation of the senses. Up to four clients at a time can use the sensory room under the supervision of an occupational therapist or nurse.

More patients helped to quit smoking
The smoking cessation program achieved great results in signing up in-patients and some community-based patients to quit-smoking programs. Across the region, approximately 77 per cent of eligible patients had pathways completed each month with the target of 50 per cent consistently exceeded. Referrals from DDHHS to Quitline topped the state in January for Aboriginal and Torres Strait Islander referrals, which is a key target area to help close the health gap.
Clinical interventions were expanded to offer more nicotine replacement therapies, development of a pilot smokers’ clinic to assist patients to stop smoking before hernia surgery at Toowoomba Hospital and the use of smokerlyzers to measure carbon monoxide levels in antenatal patients.
Staff education was key to the program’s success with the internal training package reviewed and updated. Almost 3450 employees completed this training that is mandatory and role specific for the majority of clinicians and all Indigenous health workers.

Aged Care Accreditation
This year four of our six aged care facilities underwent accreditation through the Australian Aged Care Quality Agency (AACQA). Mt Lofty Heights Nursing Home (Toowoomba), Dr EAF McDonald Nursing Home (Oakey), Milton House (Miles) and The Oaks (Warwick) achieved accreditation. The auditors particularly commended the hen house at Miles which accommodates pet chickens used in progressive animal therapy with residents.

BreastScreen provides more outreach to women
BreastScreen Queensland’s Toowoomba Service this year screened 17,588 women. This was slightly less than targeted, as a mobile service at Highfields was cancelled due to issues with a suitable venue. A bus service to Toowoomba was put in place, and the service expects to screen more Highfields women when it returns to the community in late 2018.
It is important that as a health service we continue to improve access to screening mammograms for rural and remote women. Last year, the mobile van visited 12 rural communities and for the first time, the mobile van screened at an Aboriginal Medical Service; providing on-site mammograms to Aboriginal and Torres Strait Islander women at Carbal’s Women’s Wellness Day. This year also saw 77 more Indigenous women screened than the previous financial year.
A new promotions partnership was started with the Toowoomba Chamber of Commerce to engage local businesses and encourage working women to be screened. The BreastScreen health promotions officer conducted 19 breast health awareness education sessions with local organisations and had representation at 10 expos and events. The BreastScreen Queensland service also held its first culturally and linguistically diverse breast health presentation in collaboration with the Darling Downs West Moreton Primary Health Network and Multicultural Development Australia. The presentation was delivered in three different languages and attended by 30 women.
Allied health rural generalist pathway

The Allied Health Rural Generalist Pathway is a key strategy to progress the sustainability and value derived from Queensland’s rural and remote allied health workforce. This initiative provides funded supernumerary graduate positions for rural or remote allied health teams across Queensland Health. It aims to support early career rural and remote workforce development and to assist teams to implement rural generalist service redesign and development.

A key component of the allied health rural generalist pathway is a structured education program which supports the capability development for rural allied health practice. This year saw the commencement of the first cohort of the Allied Health Rural Generalist Program (Level 1), as well as the Graduate Diploma of Rural Generalist Practice (Level 2) in partnership with James Cook University.

Allied Health Rural Generalist Training Positions for 2017-18 were arranged across eight Hospital and Health Service areas including Darling Downs. This collaborative approach to training Allied Health Rural Generalists saw DDHHS support these students to gain skills in both social work and physiotherapy.

New Dalby renal service provides care close to home

From January 2018 residents of the Dalby area needing haemodialysis no longer needed to travel to Toowoomba for treatment. The establishment of a renal service at Dalby Hospital, comprising two haemodialysis chairs, with the capacity to treat four patients a day, saw significant improvements to the quality of life of patients accessing the service. Having the treatment closer to home means the four-hour round-trip to Toowoomba, three times a week, will no longer be required and patients are able to access the care needed at the Dalby Hospital. The investment saw almost $100,000 in infrastructure including water treatment plant, reverse osmosis units, haemodialysis machines, and specialised chairs installed to provide this local service to low-risk patients.

The Rotary Club of Dalby donated a hand-held ultrasound to Dalby Hospital’s new renal service in May. The diagnostic equipment is small, portable and easy to use for tasks such as detecting the presence of fluid.
Closing the Gap
DDHHS is committed to closing the gap in health outcomes for Aboriginal and Torres Strait Islander people.

Achievements under the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework for 2017-18 include:

• Cultural Practice Program
  The Cultural Practice Program develops the cultural skills of all staff, recognising that everyone plays a role in improving health outcomes for Aboriginal and Torres Strait Islander people. For the first time, DDHHS met its target of 85 per cent of staff having completed this training.

• NAIDOC celebrations
  23 events were held across the health service to celebrate National Aboriginal and Islander Day Observance Committee (NAIDOC) week. Over 2000 staff, patients, community members and other organisations attended these events.

• DDHHS Aboriginal and Torres Strait Islander Health Forum
  The DDHHS Aboriginal and Torres Strait Islander Health Forum continues to be held each quarter with attendance from both internal staff and representatives from our Aboriginal and Torres Strait Islander healthcare partners and local community members.

• Arts project
  A number of art projects have been undertaken to provide a welcoming environment for Aboriginal and Torres Strait Islander people. During 2017-18, art projects were undertaken at Toowoomba Hospital, Mt Lofty Heights Nursing Home and at the Floresco service. Artwork included a 30 metre healing carpet snake painting at Toowoomba Hospital.

• Facebook page
  The ‘Darling Downs Aboriginal and Torres Strait Islander Health’ Facebook page was launched in February 2018. The page aims to engage Aboriginal and Torres Strait Islander consumers and is used as a promotional tool for health programs including ‘Tackle Flu’ and promotes employment opportunities.

Discharge with medical support
In May 2017, a discharge with medical support process was developed to assist patients who are unable to complete their inpatient stay due to family and cultural responsibilities, transport and accommodation issues.

The process takes these issues into account and ensures the patient has the appropriate support in place for early discharge. This includes referral to the consumer’s general practitioner, community nurse, allied health, Aboriginal and Torres Strait Islander community controlled health service, and Indigenous health worker or liaison officer. Patients who do not meet the requirements to discharge with medical support continue to be documented as having been discharged against medical advice.

Maternity outreach
The Midwifery Group Practice model which has been in operation since 2008 at Goondiwindi Hospital extended its services in 2017 to also provide a service from Toomelah Health Clinic. This extension of the service has enabled Aboriginal and Torres Strait Islander women living in this community to access culturally appropriate care, health education and linkages to the wider healthcare system. Data from this service was collected for the Toomelah Boggabilla Health Action Plan Priority Outcomes 2017-18.

A number of Aboriginal and Torres Strait Islander specific services continue to operate throughout the health service to provide culturally appropriate care including:

- Outreach Maternal and Infant Health Service
- South Burnett Indigenous Hospital Liaison Services
- Indigenous Alcohol, Tobacco and Other Drugs Youth Program, Cherbourg
- Indigenous Multi-Disciplinary Care Team, Toowoomba Hospital
- South Burnett Renal Services Expansion
- Maternal Child and Youth Health Workforce Development Program
- Cherbourg Young Parent Support Service.

The Aboriginal and Torres Strait Islander Health management structure was also reviewed and a new Director position has been established and will be recruited to in 2018. This position will drive Aboriginal and Torres Strait Islander healthcare initiatives for the health service. All current Aboriginal and Torres Strait Islander services and staff will move to a centralised model. This new health management structure will provide strategic direction, leadership and oversight to support our Aboriginal and Torres Strait Islander workforce to deliver high-quality health services and improved health outcomes for our Aboriginal and Torres Strait Islander consumers.
Strategic objective 2 - Engage

Effective community and consumer liaison was the foundation of providing patient-centred care and integrated services in 2017-18. We welcomed more consumer representatives than ever before to provide input and direction to local healthcare planning and delivery. Our Board also continued its strong focus on community engagement, meeting regularly with stakeholders from right across the health service to keep in touch with local needs and priorities. These details are included on pages 19-20.

This strategic objective also encompasses collaboration with other healthcare providers, including primary health to reduce chronic disease and provide leadership in fighting obesity.

Consumer and community representation at the heart of our care

Darling Downs Hospital and Health Service is committed to providing opportunities for communities, consumers and carers, government, and individual stakeholders to provide input on our services, and how these services can best meet their needs.

As a snapshot, we have:
• 12 community advisory groups established in 12 communities
• 36 committees with more than 72 consumer representatives and 70 community organisations involved
• 12 hospital auxiliaries across 20 communities
• Four Aboriginal and Torres Strait Islander community advisory groups.

These groups contribute to meeting NSQHS Standard 2 – Partnering with Consumers. New groups in 2017-18 included:
• Warwick Hospital Community Advisory Group reformed with their first meeting held in November 2017
• Jandowae Hospital Community Advisory Group followed up the inaugural July meeting with a quarterly October meeting
• Chinchilla Hospital Consumer Advisory Group was formed in February 2018 and held its inaugural meeting. The formation of the advisory group was well received by the community and also received positive media coverage.

Mental health expo a success

This year, DDHHS worked hard to break down the stigma in accessing mental health services by celebrating Mental Health Week with a Mental Health and Wellbeing Expo at Baillie Henderson Hospital in October 2017. More than 40 mental health service providers attended including Carbal and Goolburri Aboriginal Health Services, Ozcare, Toowoomba Clubhouse, TOMNET, Richmond Fellowship Queensland, Carers Queensland, Warrina, Lifeline and the Department of Defence. The expo provided the community with an opportunity to connect with local service providers and wellbeing programs and supported a united, collaborative approach to community mental health support.

New diabetes care program

Hundreds of local residents with diabetes benefited from Toowoomba Hospital’s innovative Diabetes Model of Care project aimed at providing timely, collective access to care. Hospital staff work closely with local GPs, Queensland Ambulance Officers and community health providers to decrease hospital attendance and patient’s length of stay. This model of care also focuses on comprehensive hospital discharge planning and creating better in-home, self-management of diabetes.

Almost 400 patients took part in the program with outstanding results including improvements in blood test results, significant reduction in re-admission rates in high-risk patients, and a high level of patient satisfaction with the service and their overall quality of life. The program also included education sessions with GP practices across the health service. A presentation on the project was awarded the ‘Consumer’s Choice Award’ at Queensland Health’s Clinical Excellence Showcase annual event. It has now become the benchmark in caring for diabetes patients.
Aged care and NDIS Expo
Bringing together providers to help consumers navigate their healthcare is a key strategic vision of the Darling Downs Hospital and Health Service and this year, hundreds of people attended a community information expo for aged care and the National Disability Insurance Scheme (NDIS) in June. The expo organised in conjunction with Darling Downs West Moreton Primary Health Network featured 66 information booths, NDIS and aged care displays and health and wellness stalls. These events encouraged our consumers to take ownership of their care and aimed to improve the health literacy of our region.

New mental health hub Floresco
A significant focus for the health service is to support community initiatives that reduce the need for admissions to hospital, particularly in the mental health sector. Floresco is a collaboration between support services for mental health consumers and provides a seamless experience for holistic care. The facility was established to reduce admissions to the emergency department and improve access to non-clinical services. Floresco was made possible with $1.5 million in funding including $1.05 million from the Queensland Government Integrated Care Innovation Fund (ICIF) and $450,000 from the Darling Downs Hospital and Health Service. This demonstration project has seen clear pathways of integrated care established to help address collaboration between mental health services in our region. An evaluation will be conducted in 2018-19 to determine the full effectiveness of this service.

Social media reaches more of our community
This year, DDHHS launched a number of social media channels to engage with the community and encourage a two-way conversation. Facebook, Instagram, Twitter, YouTube and Pinterest were created with a reach of over 687,000 people since their creation in August.

As mentioned on page 46, the ‘Darling Downs Aboriginal and Torres Strait Islander Health’ Facebook page was also launched this year to improve engagement with Aboriginal and Torres Strait Islander communities to raise awareness of health initiatives, improve sentiment and access to facilities and increase visibility of important messages including ‘Tackle Flu’. The page is also being used to promote employment opportunities within the health service to increase the representation of Aboriginal and Torres Strait Islander people within the workforce.

HealthPathways helps connect clinical care
Darling Downs HealthPathways is a web-based portal with information on referral and management pathways helping clinicians to navigate patients through the complex primary, community and acute healthcare system in our region. HealthPathways is designed to be used at the point of care by general practitioners. Working collaboratively with Darling Downs West Moreton Primary Health Network, HealthPathways went live on 14 June 2018. In total, 30 pathways have been completed. Work will continue on this project into 2018-19 and Clinical Prioritisation Criteria will also be included. These are clinical decision support tools that will help ensure patients referred for public specialist outpatient services in Queensland are assessed in order of clinical urgency.

Hospital serves up healthier menu
The Darling Downs Hospital and Health Service is focussed on educating the community on the importance of wellbeing and the nutritional content of food and drink. This year saw the Toowoomba Hospital make changes to its in-patient menu to encourage healthier food choices and wellbeing. These changes included the removal of juice, flavoured milks and white bread to reduce the amount of added sugar patients consume while in hospital.
Palliative Care ‘yarning’ app

End-of-life care is an important message across the health service, particularly when it comes to starting the conversation around culturally-appropriate palliative care. This year saw the development of an innovative new palliative care app for Aboriginal and Torres Strait Islander people in Goondiwindi. The Advanced Care Yarning app is designed to assist the wider population of Indigenous communities to understand, discuss and make decisions about their palliative care.

Early stages of the app were developed with valuable input from a Goondiwindi reference group and supported by the Indigenous advisory working party. One of the key elements of the app is the use of Indigenous artwork including the bush, the river and fishing to focus on cultural storytelling to explain the concepts contained in the app. The app was further developed in partnership with a team from the Royal Brisbane and Women’s Hospital, Queensland University, SAE Qantm and eHealth Queensland Digital Innovation and Strategy Unit at Brisbane’s Health Hack 2017, where it won first place for best design.

Jamie Oliver Ministry of Food

Another focussed initiative to drive awareness of wellbeing was the attraction of the Jamie Oliver Ministry of Food van to provide a five-week education course on making basic, nutritious recipes to improve health awareness. Jamie’s van was located at the Baillie Henderson Hospital campus and was organised as a joint initiative with the Toowoomba Hospital Foundation.

Low carbohydrate diet education

This year a key focus of the Darling Downs Hospital and Health Service has been on the education of the community in low-carb nutrition and its benefits as a lifestyle choice. This has included a presentation by Low Carb Down Under with a focus on managing chronic disease and how low-carb nutrition can be used to manage diabetes and obesity. This free session saw a number of consumers living with diabetes gaining valuable insight into managing the disease, community members were educated on how to prevent diabetes and obesity and DDHHS staff received information they are able to provide to consumers as an option for managing chronic disease.

In May 2018, principal research scientist in clinical nutrition at CSIRO Health and Biosecurity, Professor Grant Brinkworth presented a ‘Low Carb Every Day’ seminar in Toowoomba. The session looked at how low carbohydrate options could be included easily into diet and the science behind why low carb diets are beneficial in preventing chronic disease.

New Healthier Together magazine launched

This year, a new digital magazine with a complementary printed version was created to educate the community on health-related information, upcoming events and putting a spotlight on our staff and the work they do to care for our communities. This quarterly publication saw two editions created this year with a readership of over 10,000 people.

Professor Grant Brinkworth (left) was presented on the benefits of a low-carb diet at a seminar in May.
Collaborative partnership boosts rural health training

Health education, training and research in rural south Queensland received a major boost this year with the establishment of a new University Department of Rural Health. DDHHS has joined University of Queensland, South West Hospital and Health Service and University of Southern Queensland in a successful bid for Commonwealth funding to establish Southern Queensland Rural Health. Nursing, midwifery and allied health students (physiotherapy, pharmacy, psychology, social work, occupational therapy, speech pathology, dietetics and exercise physiology), will have the opportunity of placement within the Darling Downs, South West and West Moreton regions. Research indicates that students who have been on rural placements are far more likely to return to work in rural areas once they qualify. Support for Southern Queensland Rural Health is part of a long-term strategy to attract graduates to rural and remote regions.

Research partnerships to foster innovation

DDHHS is a partner in the Darling Downs Health and Innovation Research Collaborative (DDHIRC) which aims to improve health outcomes in the Darling Downs through collective capability in healthcare, health and medical research and workforce development. Highlights for this year have included establishment of the collaborative, the drafting of a Statement of Intent and trial shared projects to assist in designing the DDHIRC framework.

Several projects receive accolades

The 2017 Queensland Health Awards for Excellence awarded the renal services team the Regional Rural and Remote Award for Outstanding Achievement. Reduce MILES, Spread SMILES is an innovative program to reduce travel requirements for rural and remote renal dialysis patients. The program resulted in 25 per cent of all chronic kidney disease patients being seen via telehealth.

Innovative ideas from staff improve processes

This year, DDHHS presented at Queensland Health’s Clinical Excellence Division – Clinical Showcase and was awarded the Consumer’s Choice Award for the Diabetes Model of Care project. The project aimed to provide diabetes care for consumers within their own communities, by partnering with and using existing resources, including primary health facilities. Ultimately the program aimed to decrease length of stay and allow treatment of chronic disease to be treated in the community and avoid admittance to hospital. Other projects presented to the Awards for Excellence included:

- The Rural Ophthalmology Outreach Model: making ROOM for equitable access to specialist eye care
- If the mountain doesn’t come to you – you go to the mountain; improving Chronic Kidney Disease outcomes in an Aboriginal and Torres Strait Islander population
- Caring for communities, healthier together: how Darling Downs increased participation with alcohol and other drugs services.

Innovative ideas from staff improve processes

This year we asked staff across our health service to share their ‘bright ideas’ for an innovation, a creative concept, or how we could improve patient care and better deliver services. A number of ideas were submitted by staff and investigated for implementation. One of the successful ideas resulted from an issue identified in Warwick. Staff at The Oaks Nursing Home saw the need for a cord-saving device for inpatient beds as cords are sometimes damaged when they are caught in bed rails, or run over when being moved. The cost to replace bed cords can be expensive and the ‘bright idea’ focussed on a flexible rod sleeve that would protect the cords. At $10 for each sleeve, the bright idea has helped save on the replacement of electric bed cords. It is innovations like this coming directly from our workforce that see improvements made to the way care is delivered across the region.

Strategic Objective 3 - Learning

One of our values is innovation - we strive to know more, learn more and do better. To help achieve this, we are committed to the establishment of research, learning and collaboration with the tertiary education sector as a core activity in all sectors of the health service, recognising that it provides the basis for safe and effective patient care.
Darling Downs Hospital and Health Service Executive appointed to statewide clinical senate
This year, Executive Director for Allied Health, Annette Scott, was appointed to the Queensland Clinical Senate (QCS), Queensland Health’s peak clinician advisory body. The appointment will bring an allied health perspective to planning and prioritising initiatives to be actioned through the senate. The appointment will allow DDHHS the opportunity to be involved in the strategic clinical decision-making and recommendations to Queensland Health about how to deliver the best care statewide.

Queensland know-how showcased with Japanese rural generalists
An international collaboration between Darling Downs Hospital and Health Service and Japan’s developing rural generalist program provided the opportunity to contribute to international rural generalist concepts, philosophy and training. The launch of the Queensland-based training rotation for Japanese rural generalists in early 2018 enabled two Japanese doctors to be engaged into rural Queensland as observers in Stanthorpe. Japanese rural generalists receive experiential learning, providing them with first-hand exposure to the inner workings of Queensland rural general practice by accompanying rural medical staff through daily hospital and general practice routines. Feedback from the Japanese rural generalists indicated they greatly benefited from exposure to rural training in Queensland and will use these learnings to enhance their own medical practice and further develop the Japanese rural generalist program.

Junior doctors’ support program launched
Queensland Country Practice worked collaboratively with the Australian College of Rural and Remote Medicine (ACRRM) to develop an education framework that will help prepare and support junior doctors for rural practice. The Prevocational Rural Medical Term (PRMT) was created and launched in 2018. Underpinning the importance of safety and supervision within rural terms, a series of five e-modules for junior doctors and a supervisor module was developed. The education framework was made available to all junior doctors participating in the Queensland Country jDocs program irrespective of their future career aspirations. Upon successful completion of the PMRT program, junior doctors receive a certification from ACRRM with the first certificate being issued in June.

Rural Generalist Leadership Program confers first associate fellowships
The Queensland Rural Generalist Program (QRGP), the Royal Australasian College of Medical Administrators (RACMA) and the two Australian general practice training colleges – the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) launched the Rural Generalist Leadership Program which focusses on and aligns to the professional leadership standards of RACMA. It also puts these in context to the rural practice domain of our rural generalists.
This program enables participants to apply for an Associate Fellowship of RACMA with 23 current rural generalists completing this program and being conferred with an Associate Fellowship.

Interns get a taste of rural practice
To increase the opportunity for interns to train and practise rurally, DDHHS through Queensland Country Practice, led a statewide partnership with other hospital and health services, regional training organisations and universities to bid for Commonwealth funding under the Rural Junior Doctor Training Innovation Fund. This application was successful with 30 interns participating in supervised rural general practice.
Early evaluation showed that these interns gained an appreciation of rural general practice and may consider entering rural practice either through the Queensland Rural Generalist Pathway or General Practice Independent Pathway. The introduction of this intern primary-care rotation in Queensland completes the integrated supply strategy from university to vocational practice.

Focus on pressure injury prevention
More than 90 participants attended the “Under pressure - small moves gets results” workshop. This year the workshop included presentations from Queensland University of Technology Professor Fiona Coyer and our own staff on topics including implementation of evidence-based practice to reduce pressure injuries in intensive care units and patient experience.
Strategic Objective 4 - Resources

The management of resources within the health service continues to be challenging with limited funding opportunities and increased demand for services combined with a changing healthcare landscape. This strategic objective has a focus on efficiency and effectiveness along with managing resources and enhancing infrastructure and information communication technology.

DDHHS achieved a balanced budget for the 2017-18 year.

<table>
<thead>
<tr>
<th>Revenue and expenses – FY ending 30 June 2018</th>
<th>$(000)</th>
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<tbody>
<tr>
<td>Revenue</td>
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<tr>
<td>Expenses</td>
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<td>Labour and employment</td>
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<tr>
<td>Non-labour</td>
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<tr>
<td>Depreciation, impairment and revaluation</td>
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<td>Total</td>
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<tr>
<td>Net surplus from operations</td>
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How we are funded

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<th>Income</th>
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<tr>
<td>Commonwealth contribution</td>
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<td>Special Purpose Grants</td>
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<td>Other</td>
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Funding distribution

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<tr>
<td>Toowoomba</td>
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<tr>
<td>Rural</td>
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<tr>
<td>Mental Health</td>
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<tr>
<td>Other professional and support</td>
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<tr>
<td>Depreciation</td>
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Expenses breakdown

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<tr>
<td>Other expenses</td>
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<tr>
<td>Depreciation and expenses</td>
<td>29,787</td>
<td>3.87</td>
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</table>

Financial outlook

In 2018-19 DDHHS will have a budget of $801.1 million, which is an increase of $39.3 million or 5.2 per cent from the published 2017-18 operating budget of $761.7 million.

Health Technology Equipment Replacement

The Health Technology Replacement program is a statewide rolling program to replace aged and obsolete health technology. The actual spend in 2017-18 for this program was $3,689,151. Major items replaced as part of this program in 2017-18 included:

- inspiration assessment machine, Toowoomba Hospital
- mobile x-ray units for Dalby, Kingaroy, Murgon and Stanthorpe
- colonoscopes and gastroscopes, Kingaroy Hospital
- six dialysis machines, Toowoomba Hospital
- nurse call system, Texas Hospital
- ventilator, Tara Hospital.

Toowoomba Hospital Foundation and other significant donations

There are a number of valued supporters throughout our region who donate money and equipment to our local facilities and are an incredibly valued part of each local community. DDHHS greatly appreciates the support and generous donations received from these parties. Some of the generous donations received throughout 2017-18 are outlined below:

- Our largest supporter in 2017-18, as in previous years, was the Toowoomba Hospital Foundation (THF). The THF supports Toowoomba Hospital and staff by funding projects, equipment and training for our staff. Over $1 million of funding and equipment was donated by the THF in 2017-18, including $500,000 towards the seventh operating theatre.
• Dalby Hospital Auxiliary provided over $5000 of funding and equipment to Dalby Hospital and Karingal Aged Care Facility, including chairs and chair overlays. Dalby Hospital also received a $9,500 cash donation from the Rotary Club.
• Goondiwindi Hospital Auxiliary provided over $7000 worth of funding and equipment to Goondiwindi Hospital.
• Griffith University donated over $100,000 of equipment to the refurbished dental clinic at Kingaroy Hospital.
• Over $8,000 of equipment was donated by the Inglewood Hospital Auxiliary to Inglewood Hospital.
• Miles Hospital Auxiliary made cash donations to Miles Hospital of over $4,500.
• Murgon Hospital received over $25,500 in cash and donations from the Murgon Hospital Auxiliary, including a cash donation for patient chairs and vital signs monitors.
• Texas Hospital Auxiliary provided a $12,000 donation to Texas Hospital.
• A number of individual donations and bequests were also received by facilities within the health service.

Microsoft Office 365
The Office 365 project is delivering an up-to-date Microsoft Office product suite to all Queensland Health staff. It provides benefits such as access to files and applications from both Queensland Health and personal devices, guaranteed most up-to-date versions of Microsoft Office applications, ability to collaborate on files at the same time as colleagues from any place and any device, video and audio conferencing features from the desktop, workflow tools in SharePoint Online, additional means for storing personal work-related files and access within and outside the Queensland Health network through OneDrive, easier sharing of information and applications through access to OneDrive, SharePoint, Skype for Business and Yammer.

DDHHS commenced the rollout in early 2018 and achieved a major milestone in May 2018 by completing the migration of over 2500 workstations from Microsoft Office 2003 to Office 365. This involved a significant amount of preparatory work by DDHHS in identifying, analysing and remediating, where required, every key Microsoft Word, Excel, Powerpoint and Access file used throughout DDHHS.

The migration included having DDHHS Champions at each site to support staff during the migrations by being the early adopters and super users in the new product suite.

ieMR
DDHHS is embracing the future of digital healthcare by implementing a fully integrated electronic medical record (ieMR) system at Toowoomba Hospital as part of a broader roll-out across health services in Queensland. The ieMR will promote clinical collaboration between colleagues and partners across the state, improve coordination of patient experiences and support best practice clinical care and research.

The real-time electronic record will consolidate a patient’s medical history, allowing clinicians to instantly view information when and where they need to. This digital transformation will be driven by the commitment and teamwork of clinical and business staff and supported by a dedicated project team and change network.

Central Sterilising Department refurbishment
This year a $3.4 million Central Sterilising Department redevelopment project was funded by the Board surplus. This project commenced in January 2016 and practical completion was reached in August 2017. A complete redevelopment of the existing department was undertaken with the procurement and installation of new sterilising equipment. The redevelopment resulted in work efficiencies and also assisted compliance with Australian/New Zealand Standard 4187.

Warwick Emergency Department upgrade
The update to the Warwick Emergency Department is a major infrastructure initiative due for completion in late 2018. This $3 million project, funded through the Board surplus, commenced in April 2018 and will provide critical additional spaces for emergency patient care. Demand for services at the Warwick Emergency Department continues to increase with an average of 60 patients receiving treatment per day.

Upon completion of the upgrade, there will be an additional three treatment bays, four short stay bays and three triage bays, including an ambulance triage bay. The design of the new look Emergency Department was completed in consultation with Warwick Hospital doctors, nurses and other stakeholders to ensure work flow for the treatment of patients was optimised.
Fleet centralisation
Across the 2017-18 financial year, work continued on the establishment of a pooled motor vehicle fleet management model across DDHHS. This model resulted in overall lease costs being maintained despite the introduction of three additional leased vehicles. Management of lease terms facilitated by a pooled fleet model has resulted in a reduction of potential excess disposal fees of $109,508. Additionally, lease adjustment and extension practices have resulted in a total saving of $88,278.23 across the life of the relevant leases, or $3,601.10 per month.

Biomedical Technology Services on-site
Biomedical Technology Services (BTS) have provided servicing and repair of clinical equipment from their centralised Brisbane location for several years, however, commenced operating from a dedicated workspace at Toowoomba Hospital in April 2018. Benefits to hosting BTS on-site include reduced costs, reduction in amount of time equipment is out of service and increased confidence in preventative maintenance and servicing processes to ensure all equipment used is functioning correctly.

Toowoomba Hospital Kitchen
The new Toowoomba Hospital kitchen was completed in October 2017 and became operational in November 2017. This project was funded by the Department of Health at an approximate cost of $9.78 million. The kitchen was designed for the preparation of patient meals, including climate controlled food preparation areas, but also includes office space and staff amenities. This important infrastructure initiative provides for improved food safety standards, work flow efficiencies and workplace safety.

Kingaroy Hospital re-development
The Minister for Health announced funding of $62 million in the 2017-18 budget towards the redevelopment of Kingaroy Hospital. This important project for the South Burnett, assisting to ensure the future needs of this growing region can be met, commenced in July 2017 and practical completion is due in late 2021.

The project includes the construction of a new hospital on the existing hospital site, refurbishing the existing inpatient unit building as an outpatient department and demolition of the existing hospital.

To date, the significantly large body of design work required for a project of this size has commenced and early works have also been completed; including, for example, demolitions, asbestos removal, storage arrangements, carpark construction and relocation of underground services.

Matron Farr Building
The Matron Farr Building redevelopment in Kingaroy was completed in December 2017 at a cost of $4.64 million. This redevelopment was funded jointly by Griffith University, Queensland Rural Medical Education Limited and Board surplus funds. This new facility houses both dental and community health services. The redevelopment resulted in an increase in dental capacity from a four chair surgery to a ten chair surgery, as well as increasing training capacity with Griffith University. An additional benefit of the project was the centralisation of community health functions on-site creating ease of access for consumers from Kingaroy and the greater South Burnett region.

Financial System Renewal Program
The Financial System Renewal (FSR) Program is a significant technology transformation initiative providing a contemporary business, finance and logistics solution. Integration of systems and streamlining of processes is a key focus area for the health system, including staff training in change management, finance, asset management, procurement and online accounting. Training in 2017-18 was undertaken in preparation for a more focussed system-based education required in 2018-19. FSR will provide a user-friendly, intuitive and future-proof experience for a more responsive business need into the future.

Theatre 7
Toowoomba Hospital’s seventh operating theatre was designed in consultation with surgical teams and constructed to allow for additional theatre capacity as the previous six operating theatres were at capacity. The $2.65 million project to repurpose an existing storage area and staff tea room has resulted in a state-of-the-art operating space and has enabled more patients to access elective surgeries at the Toowoomba Hospital. The new theatre was funded internally and included almost $500,000 from the Toowoomba Hospital Foundation for furniture, fittings and equipment. This project commenced in July 2017 and was completed in October 2017, with the first procedure taking place on 6 November 2017.
Emergency Management Health Service Directive

DDHHS has developed a number of new plans to meet the requirements of the Health Service Directive 003:2017 Disasters and Emergency Incidents. These include a new:

• Disaster, Emergency and Continuity Management Plan
• Pandemic Influenza Sub-Plan
• Heatwave Sub-Plan
• Chemical, Biological and Radiological Response Sub-Plan.

These plans address routine prevention and preparedness activities, as well as the response to and recovery from any emergencies that do occur.

DDHHS has also made a number of improvements to business continuity arrangements, to ensure that critical services can continue to operate in the event of infrastructure outages, loss of building access or other business disruptions. These arrangements will continue to be developed in the 2018-19 financial year, including series of drills and exercises to validate the level of preparedness in critical areas.

Operational Planning

Following the establishment of the Strategy and Planning team in April 2017, a renewed focus on effective, integrated planning was implemented for the 2017-18 period. Divisional operational plans were prepared in consultation with the Strategy and Planning team and a DDHHS-wide operational plan was developed, with clear monitoring and reporting processes established.

Initiatives identified in the operational plans aligned with the strategic objectives of the organisation while also functioning to assist in mitigating strategic or organisational risks or contributing to the development of strategic opportunities. Quarterly Executive meetings were held to report on progress of initiatives included in the DDHHS-wide operational plan and the plan was managed as a ‘live’ document to ensure effective prioritisation of initiatives as the year progressed.

A total of 46 initiatives were completed over the twelve month period, contributing greatly to the realisation of our strategic objectives.

Planning for the future

As part of future planning for the healthcare needs of the Darling Downs community, drafting of the Health Service Plan 2018 – 2028 has commenced to assist with planning for the next ten years of health service delivery for the region. A number of community engagement sessions were held across the Darling Downs to hear from our consumers what services will best suit the communities’ needs into the future. Staff workshops were also held at a range of facilities to hear from staff on the health services we provide and current and future challenges.

Further, the Queensland Treasury Corporation was engaged to complete an integrated business plan (including a report and forecast model) with a five year outlook, outlining predicted future activity and expenditure to support funding decisions and enable improved planning over that period. Both the Health Service Plan and the forecasting model will be utilised to undertake effective medium and long-term planning to ensure the future needs of the community can be met.

Climate Change planning

A strong commitment to investigating the potential effects of climate change on the health service and the Darling Downs community has been made in the 2017-18 period, with a view to extended planning in the community and environmental sustainability area to be undertaken over the next financial year.

This year, DDHHS contributed to the planning of the Queensland Health and Wellbeing Climate Adaptation Plan through its participation in forums held by the National Climate Change Adaptation Research Facility and Climate and Health Alliance. Further, to more clearly understand the potential impact of climate change on our ability to provide services and the potential changing needs of the community, a climate change risk assessment was undertaken and will underpin planning activities in this focus area for the 2018-19 year.
Total Asset Management Plan

DDHHS participates in the Total Asset Management Plan (TAMP) process, a whole-of-government framework that seeks to ensure assets are strategically planned to ensure optimal service delivery. This thorough infrastructure and asset management process provides for appropriate planning to ensure facilities are able to provide effective clinical services for our communities.

The 2017-18 TAMP was finalised detailing the long-term infrastructure plans for DDHHS. The TAMP identified the new Kingaroy Hospital as the highest priority for the health service. Infrastructure for all facilities were reviewed as part of the planning process and a full detailed infrastructure plan was endorsed by the Board in October 2017.

Infrastructure Condition Assessment

During 2017-18 building condition assessments were undertaken at Warwick, Goondiwindi, Inglewood, Millmerran, Stanthorpe and Texas hospitals as part of a three-year rolling program.

Identified condition-based maintenance works at those sites totalled $32,691,206. Details of these works have been included in the maintenance systems and work is continuing to identify works that can progress immediately within the existing maintenance budget and those that will be completed as part of future works. This program will continue in 2018-19 in the Toowoomba and South Burnett areas of the health service.

Patient Travel Subsidy Scheme improvement initiatives

In the 2016-17 Annual Report, DDHHS reported on the Patient Travel Subsidy Scheme Service Improvement report and its 16 key recommendations. At that time, 10 of the recommendations had been completed and plans for a software solution had commenced.

In 2017-18, the final six key recommendations were completed. Central to the improvement of the management of patient travel claims is the introduction of the Patient Travel Information Management System (PTIMS). PTIMS is being rolled out across the state to streamline and enhance functionality of the scheme and DDHHS is one of the first health services in the state to commence PTIMS training.
Strategic Objective 6 - Workforce

During 2017-18, there was a renewed focus on the culture of our organisation and living our shared vision and values. Included in this strategic objective are considerations for future recruitment and challenges in our workforce and the support and development of our current managers and future leaders throughout the organisation.

Vision and Values launch

Vision
Caring for our communities: Healthier Together

Values
Compassion, Integrity, Dignity, Innovation, Courage

In July 2017, DDHHS launched its new vision and values with simultaneous events held across the health service’s facilities. The launch events were the commencement of a commitment to embedding the vision and values throughout the health service. Following the launch, further activities included a ‘value of the month’ campaign, posters outlining guiding principles and key behaviours, tip sheets and other promotional and supporting materials. Videos featuring the Executive Team and other ‘champions’ across the health service discussing each value and its importance within the workplace were also created. The importance of our values has also been demonstrated through their inclusion in both recruitment and performance and development processes.

Strategic Workforce Planning

The DDHHS Strategic Workforce Plan applies the Public Service Commission’s whole of government strategic workforce planning framework and four key strategies:
- Align
- Profile
- Transition
- Review.

Workforce planning within DDHHS aims to identify critical skills gaps, integrate plans and planning cycles and develop initiatives to address workforce supply and demand. It also includes the implementation of strategies to deal with diversity, talent management and planning for attraction, succession and retention.

Wellness Program

The wellness program for DDHHS was launched in May 2017 and has been developed to provide staff with an integrated healthy lifestyle and wellbeing strategy to make informed healthy lifestyle choices. The program covers a broad range of wellness topics covering physical, emotional and financial wellbeing. Staff have a range of information and supports available to them including an internal webpage with information and resources for healthy eating and physical, emotional, financial, social, cultural and spiritual wellbeing. A staff wellness Facebook group has also been established and by joining the group, staff can access current wellness events, participate in discussions and access information on how to incorporate healthy choices into their lifestyle.

Major events for 2017-18 included:

Peak2Park

The annual Peak2Park event was held in Toowoomba on Sunday, 4 March 2018. DDHHS fully funded individual entry fees for all employees who participated in the event. Every staff member and any of their family members who also participated received a free DDHHS Wellness shirt to wear during the event. A total of 137 staff and 52 family members participated in the event this year.

Wellness Challenge

The ‘Your lifestyle, Your food, Your choice’ wellness challenge was conducted between 16 April and 29 June 2018 and was open to all staff and their immediate family members. The aim of the challenge was to increase awareness of healthy eating and for participants to increase their vegetable and whole food consumption.
Staff and their families were provided with a choice of three healthy eating styles and asked to choose the one they believed would fit with their lifestyle goals and food preferences to commit to for a four week challenge. A total of 321 staff members and their families registered for the challenge. There were incentives on offer for staff including the covering of online membership costs as well as exercise trackers and wellness merchandise. Following the challenge, 95 per cent of staff who completed the evaluation indicated they intended to continue with their chosen eating style and the participants rated the program an average of 4.31 out of 5 overall. Many testimonials were received from participants who showed great appreciation for the support received to undertake the challenge and for the health service valuing staff health and well being.

Other wellness activities undertaken throughout the health service during the year included:
- incorporating movement into daily life
- general information sharing and resources on diet, exercise and other lifestyle factors
- new tennis nets at Baillie Henderson Hospital for use by patients and staff
- gyms and fitness centres offering discounts to staff
- staff holding healthy morning teas
- wellness choir at Toowoomba Hospital
- after work jogging group at Kingaroy Hospital
- Toowoomba Hospital Foundation float for the Carnival of Flowers – wellness walkers
- planking challenges
- weight loss challenge.

Graduate nurse and midwifery program
Recruitment processes in 2017-18 were focused on providing graduate nursing and midwifery appointments in Toowoomba as well as appointments in large and small connected rural facilities in the Southern Downs, Western Downs and South Burnett regions.

In March 2018, 59 nurses and eight midwives fulfilled all requirements of the 2017 Graduate Program and received their certificates. Approximately 75 per cent of these graduates were retained in the health service. Since March 2018, DDHHS has recruited 81 graduate nurses and 18 midwives into the DDHHS Nursing and Midwifery Graduate Program.

The structured graduate pathway model of placement was supported in 2017-18 with the implementation of Clinical Facilitator positions into rural areas.

This new initiative has provided excellent results in supporting graduates to complete requirements of the program. A Clinical Facilitator model was implemented to ensure graduate placements were rewarding for the graduates, and beneficial for the organisation. They also provided graduates with the support required while transitioning into the role of registered nurse with appropriate skills, knowledge and attitudes to work effectively with patients across the continuum of care.

Resident Guide app
Toowoomba Hospital was the first in Queensland to utilise an innovative app which is helping young doctors navigate their way through the first years of residency. The app provides a digital support and efficiency tool for junior doctors and provides them with a quick understanding of their new roles and responsibilities, handover tips, protocols and prescribing guidelines. The aim of introducing the app is to nurture and support our junior doctors through reducing stress by having information available at their fingertips, particularly during busy shifts.

Nursing & Midwifery Professional Practice model
The DDHHS Nurses and Midwives Professional Practice Model was launched at International Nurses’ Day celebrations held on 10 May 2018. The Professional Practice Model, developed by DDHHS nursing and midwifery representatives, prioritises, aligns and guides the quality improvement work to be undertaken in our mission of creating positive health and wellbeing outcomes for the community. The model symbolises and communicates the two professions’ collective beliefs, values, systems and elements of practice that will enable person-centeredness. It provides nurses and midwives with the structural empowerment to collectively address and design solutions for clinical and professional issues impacting the two professions.

Alongside the launch of the Professional Practice Model was the supporting publication ‘Our Commitment to Caring’ which communicates the values of our nursing and midwifery staff and a philosophy of caring. The publication outlines the actions and behaviours identified by our nurses and midwives that demonstrate core values and contribute to building a reputation for professionalism and excellence.
Domestic & Family Violence information and training

An internal domestic and family violence webpage was developed to provide appropriate information and support tools for staff responding to a patient or client experiencing domestic or family violence. The webpage provides a wealth of internal information and resources as well as details for external specialised services.

The social work team also rolled out ‘train the trainer’ sessions as part of recommendations laid out in the ‘Not Now Not Ever’ report. The trainers will support frontline staff to respond appropriately to situations relating to domestic and family violence.

Employee awards

The 2017 DDHHS Employee Awards showcased the work undertaken by staff throughout the service in living the vision and values of the organisation. The 2017 awards marked the fourth year the awards have been held but the first year under the new vision and values. There were a total of 57 nominations under the vision and values, with a further eight across the research and volunteer sections. Winners are outlined below.

- Vision – Donella Swanton (Work Health and Safety Advisor, Workforce Division)
- Compassion – Amanda Hutchings (Senior Environmental Health Officer, Darling Downs Public Health Unit)
- Integrity – Kerrynne Maddox (Nurse Unit Manager, Midwifery and Child Health, Goondiwindi Hospital)
- Dignity – Julie Westaway (Urogynaecology Nurse Practitioner, Toowoomba Hospital)
- Innovation – Jess Birt (Graphic Design and Publishing Officer, Media and Communications Unit)
- Courage – Feena Enfantie (Advanced Cardiac Scientist, Toowoomba Hospital)
- Research (Novice) – Dr Alex King (Emergency Department Staff Specialist)
- Research (Advanced) – Linda Furness (Occupational Therapy Clinical Education Support Officer)
- Volunteer (Quiet Achiever) – Graham Bayliss (Jehovah’s Witness Hospital Liaison Officer)
- Volunteer (Commitment) – Lois Williams (Volunteer Courier Service).

Diversity and Inclusion Action Plan

The Diversity and Inclusion Action Plan provides local implementation of the Queensland Health Workforce Diversity and Inclusion Strategy 2017-22. A local diversity and inclusion community of practice has been established to be visible and vocal advocates for inclusion and diversity throughout the health service, share expertise and drive monitor implementation of the action plan.

- Equal Employment Opportunity survey completion rate: 63.7%
- Aboriginal and Torres Strait Islander staff: 2.13%
- Female employees: 80%
- People with a disability: 2.05%
- Board members are female: 6 of 9
- Executive staff are female: 6.34%
- People from a non-english speaking background: 6.34%
Pulse survey check-in
Following the workplace culture survey conducted in February 2017, a short follow-up survey on three key questions was undertaken in 2018 to assist in determining the effectiveness of activities undertaken post the initial survey to improve the culture of the organisation.
The results of the survey indicated an upwards trend for each of the three questions. When asked whether they felt DDHHS was a ‘truly great place to work’, 74 per cent of staff responded in the positive, an increase of 20 per cent on the previous survey. Regarding whether staff members would recommend the organisation to a friend or family member as a good place to work, results indicated a net promotor score of +16, a substantial increase from the 2017 result of -6.0. The third question in the check-in survey asked staff whether they would recommend DDHHS as the best choice if they required the type of services provided. In this regard, the results demonstrated a significant improvement in results with an increase in net promotor score from +9.5 to +23.9.
A full staff survey will be conducted in early 2019 to gain a thorough understanding on how staff feel the organisation is progressing with culture improvement.

Management and leadership development
The Management Development Program commenced in the 2016-17 financial year, with one cohort of staff undertaking the program. MDP aims to provide managers with training that will build their confidence and competence as effective managers and supports our managers to work in alignment with organisational values and to build cultures of engagement and excellence. The program had its first full year of operation in 2017-18 with 110 participants over nine cohorts. Participants in the program each have a mentor who plays a critical role in supporting and challenging the participant as they translate their learning from the program into their everyday practice.
At the completion of the program, each participant presents an innovative idea to the Executive Team. A number of these initiatives have been implemented in the health service.
In 2018-19, the Leadership Excellence Program will commence within DDHHS. This program is a nine month program created to build and enhance leadership capability within DDHHS and to address the development needs of our leaders. The content of the program is aligned with the Leadership Capability Framework and focuses on developing the participants’ emotional intelligence to improve their impact, influence, leadership and resilience.