



Our nurse practitioners within our Emergency Department's fast track area greatly facilitate the flow of patients who require treatment, but not admission to hospital.

# The total picture

## Committed to the quality and safety of our services

### Highlights

- Achieved the National Emergency Access Target (NEAT) – result: 77.1 per cent
- Reduced the average length of stay for day and overnight patients from 2.88 days (2011–12) to 2.68 days (2012–13)
- Reduced the average cost for a weighted patient activity
- Achieved positive results in an external audit of our safety management system
- Improvements made to the neck-of-femur patient journey to surgery, resulting in an increase of the percentage of patients treated in time from 66 per cent (May 2012) to 95 per cent (May 2013)
- Improved our patient off-stretcher time (POST) by seven per cent from July 2012
- Extended our midwifery service, increasing home visits by 23 per cent
- Exceeded the sub-acute target and achieved 19,000 occasions of service
- Reduced the oral health waiting time for patients aged 16 and over from 6.7 years to 2.6 years



# Strategic priority

Access to quality services delivered in the right way, the right place at the right time.

Patient safety is important in our health service. We emphasise prevention of patient harm by identifying systemic issues that contribute to adverse outcomes. There are two key elements to systemic incident analysis – learning from incident analysis, particularly near misses, and being proactive to use the knowledge to minimise the risk of adverse incidents occurring in the future.

We report and monitor patient safety via state-wide generated audits and findings, including the health service's compliance with National Standard 1, Governance for Safety and Quality in Health Service Organisation, as defined in the Australian Commission on Health Care. The main vehicle for embedding patient safety is through our culture and work practices. We continue to focus and support major organisational audits that benchmark results state wide, including the Queensland Bedside Audit (QBA) (refer to page 60). The QBA is the main driver behind change in a number of key areas, including falls management, medication, nutrition and pressure injuries. Results are widely distributed to the workforce and are used to support accountability through all levels of the organisation.

## Our commitment to patient safety

- Monitoring and trending pertinent data involving clinical adverse events across our

service as reported to align with prevailing KPIs.

- Implementing recommendations that assist clinicians with the implementation and evaluation of actions resulting from clinical audits and other data.
- Monitoring and reporting variable life adjustment display (VLADS) indicators (state-wide indicators used for benchmarking between similar hospitals), and taking actions to analyse and optimise outcomes.
- Reporting our performance against the standards defined by external bodies including the Department of Health and the Health Quality and Complaints Commission, as well as the Australian Commission on Safety and Quality in Health Care.
- Supporting the Patient Safety and Quality Committee regarding pursuit of strategic directions, as well as monitoring organisation-side safety indicators, including results from the Health Round Table, the Australian Council on Healthcare Standards Clinical Indicators, and results from the Queensland Bedside Audit.
- Provision of active support to all clinicians to facilitate meeting necessary standards.
- Focussing on key quality initiatives, including venous thromboembolism (VTE) risk assessment and prophylaxis, and the identification of priority areas for improvement to achieve best practice.

## Our performance

At the end of 2012–13, we had a total of 547 beds across all our facilities (2011–12: 541). This is made up of: Nambour 388 beds (2011–12: 379), Gympie 67 beds (2011–12: 67), Caloundra 68 beds (2011–12: 71), and Maleny 24 beds (2011–12: 24). We also had a total of 95 bed alternatives (Nambour: 53, Gympie: 22 and Caloundra: 20).

The average cost for a weighted patient activity (Weighted Activity Unit, WAU) across facilities involved in activity based funding (ABF; includes Nambour, Gympie and Caloundra), has reduced to

\$4,257, almost 2.5 per cent below the state average.

While our total occupied bed-days shows a decrease from 2011–12, this represents the achievements of an overall reduction in the average length of stay. Day-only and inpatient visits have also increased, further highlighting our positive performance in this area.

Each of our hospital's monthly performance statistics are available at [www.health.qld.gov.au/sunshinecoast](http://www.health.qld.gov.au/sunshinecoast) (under *performance*).

<b>Table 1: Occupied bed-days</b>	<b>2011–12</b>	<b>2012–13</b>
Nambour	161,156	154,435
Gympie	25,937	26,041
Caloundra	31,491	30,782
Maleny	6,628	7,590
<b>SCHHS TOTAL</b>	<b>225,212</b>	<b>218,848</b>

<b>Table 2: Average length of stay (overnight patients only)</b>	<b>2011–12 (days)</b>	<b>2012–13 (days)</b>
Nambour	4.95	4.45
Gympie	3.51	3.91
Caloundra	5.30	4.93
Maleny	7.35	8.16
<b>SCHHS TOTAL</b>	<b>4.86</b>	<b>4.53</b>

<b>Table 3: Day-only visits</b>	<b>2011–12 (patients)</b>	<b>2012–13 (patients)</b>
Nambour	21,943	23,921
Gympie	8,880	9,347
Caloundra	8,907	9,069
Maleny	428	538
<b>SCHHS TOTAL</b>	<b>40,158</b>	<b>42,875</b>

<b>Table 4: Inpatient visits (patients admitted into hospital)</b>	<b>2011–12</b>	<b>2012–13</b>
Nambour	50,076	53,264
Gympie	13,740	13,620
Caloundra	13,171	13,469
Maleny	1,271	1,402
<b>SCHHS TOTAL</b>	<b>78,258</b>	<b>81,755</b>



## Our Emergency Department performance

Table 5:

ED facility	Total attendances		Total admissions into hospital		Arrived by Queensland Ambulance Service (QAS)	Percentage of patient off stretcher time (POST) <30mins Target: >90% <sup>1</sup>
	2011-12	2012-13	2011-12	2012-13	2012-13	2012-13
Nambour	41,567	<b>45,777</b>	18,287	<b>21,149</b>	45%	88%
Gympie	29,598	<b>30,846</b>	6,047	<b>6,075</b>	16%	98%
Caloundra	25,068	<b>26,469</b>	7,998	<b>8,281</b>	30%	89%
Maleny	5,597	<b>5,206</b>	1,410	<b>1,405</b>	Not tracked	Not tracked
<b>SCHHS TOTAL</b>	<b>101,830</b>	<b>108,298</b>	<b>33,742</b>	<b>36,910</b>	<b>30.3%</b>	<b>89%</b> (excluding Maleny)

**Note:**

1 The number of patients arriving by ambulance who have a patient off stretcher time (POST) of less than 30 minutes, shown as a percentage of all patients arriving by ambulance. Off-stretcher time is defined as the time interval between the ambulance arriving at the ED and the patient being transferred off the QAS stretcher.

## Improving patient flow

In 2012-13, we achieved performance milestones as part of the National Partnership Agreement on Improving Public Hospital Services. The National Emergency Access Target (NEAT), a national performance benchmark for public hospitals, is the percentage of patients presenting to a public hospital Emergency Department (ED) who depart, by either leaving the ED for admission to hospital, are transferred to another hospital for treatment, or are discharged, within four hours of their arrival in ED.

This year, we achieved 77.1 per cent across our Hospital and Health Service (HHS) (NEAT 2013 target: 77 per cent), and are on track to achieve the national goal of 90 per cent by 2015. Gympie hospital was also named the highest performing hospital in Queensland, recording a result of 90 per cent for 2012-13.

While we fell short of the NEST targets (refer to page 17), we are making ongoing improvements. These key performance indicators (KPIs) are in place to ensure there is continual monitoring and improvement in our service efficiency while maintaining quality of care.

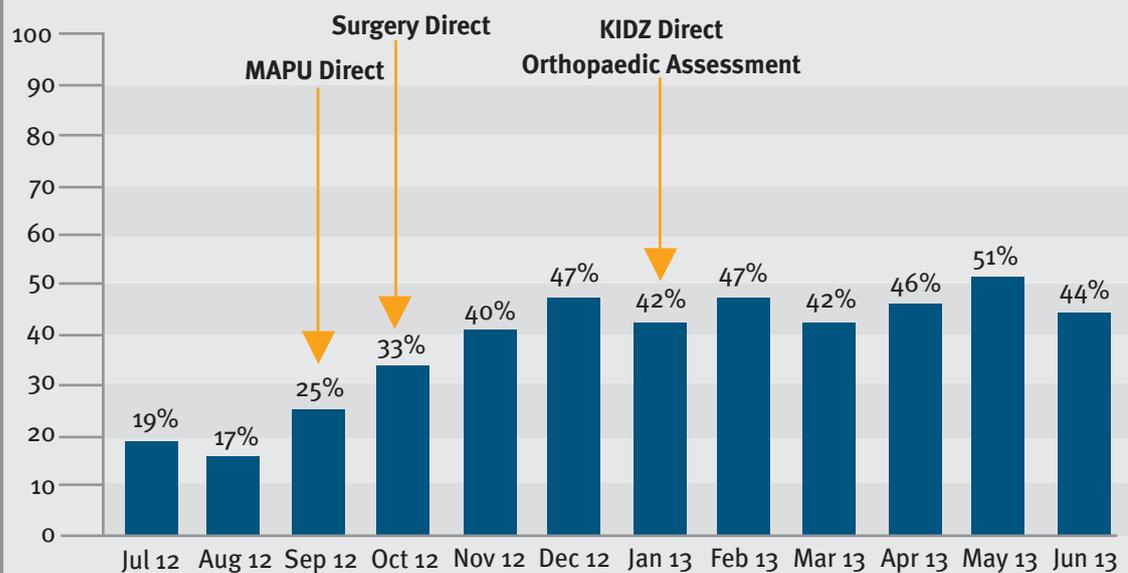
## Our contribution to a state-wide effort

As part of our strategy to achieve NEAT, this year Nambour Hospital was one of 15 hospitals across Queensland participating in a state-wide macro NEAT project. The project took a whole-hospital approach in developing and sustaining strategies to continually achieve improvements in NEAT. Focus was on the early identification of patients that meet clear admission and diagnostic pathways or requirements, and streaming those patients to appropriate locations.

Key initiatives include:

- **Medical Assessment and Planning Unit (MAPU) Direct**, implemented in September, allows selected non-urgent adult patients requiring medical admission to be referred directly from the emergency triage desk or immediately following the initial medical officer assessment within the Emergency Department, without waiting for a series of investigations and a definitive diagnosis. The majority of the MAPU Direct patient's initial care is conducted in the area where they will receive their definitive care.
- **Surgery Direct**, which commenced in October, targets stable adult surgical patients following their initial ED assessments who have a clinical diagnosis of appendicitis, cholecystitis, diverticulitis, bowel obstruction or pancreatitis. Once provided with their initial required treatment these patients are transferred from ED to a surgical assessment unit where they receive surgical team review, necessary imaging and planning for definitive operative or non-operative care.
- **KIDZ Direct** commenced in January and targets selected groups of paediatric patients who do not require prolonged ED assessment and can be managed and transferred safely and swiftly to their in-patient unit. Four specific ED admission protocols and pathways have been revised and reintroduced covering the clinical diagnoses of croup, arthritis, head injury and gastroenteritis.
- **Orthopaedic Assessment** commenced in January and targets selected groups of patients who do not require specialist inpatient treatment and can be safely referred, to return the following day for outpatient assessment and definitive treatment planning. Due to the nature of orthopaedic injuries, the process is focused on patient safety and is not injury-specific.

Graph 1: NEAT by month – Nambour Hospital: admitted presentations 2012–13



## Clinicians leading the way

In May 2012, a clinical redesign project focussed on patient flow was completed – Excellence in Clinician Led Improvements in our Patient Experience (ECLIPSE). While the official project was finalised, strategies and initiatives have continued to be implemented over the past year, focussed on improving patient flow across our organisation and assist us move towards the NEAT and NEST targets.

As a result of the project, the Patient Flow Committee and a number of working parties to support each initiative were formed, who now monitor performance and implement strategies on an ongoing basis. The project involved more than 1,360 patient and staff interviews.

Improvements include:

- redesign and introduction of processes in Medical Services which have significantly reduced the average length of stay across all medical sub specialities
- several initiatives implemented in the Department of Emergency Medicine including a fast track area and an accelerated diagnostic protocol for patients with undifferentiated chest pain
- strengthened the framework for surgical supervision
- improved the management of non-life threatening emergency cases
- improved our inter-hospital transfer process
- improve our discharge process.

Other initiatives have also been implemented across our organisation to improve NEAT. A **Rapid Access Medical Clinic** has been formed which allows medical specialists and nurses to be available to immediately receive patients referred from general practitioners (GPs), or to provide advice to GPs to assist in the effective treatment of patients. We have also focussed on developing partnerships with GPs to provide support in order for patients to receive ongoing treatment within the community rather than the hospital setting.

The **Productive Ward** project has progressed during 2012–13, aimed at improving patient experience.

It is based on a model developed and used in the United Kingdom's National Health Service to improve ward processes and environments to help the clinical team spend more time on direct patient care, reduce inefficiencies and waste, and improve safety and quality of care. The majority of our clinical wards have now implemented the program. All of our operating suites have also implemented the Productive Operating Theatre Program.

This year, we also focussed on and achieved improvements to a patient's journey to surgery, who are suffering from a fractured neck of femur. Key changes include redesigning our elective theatre lists to ensure allocated space is given to a neck of femur patient, and changing how we categorise the patients to ensure they are treated in the required timeframe. With the commitment of our surgeons, the percentage of neck of femur patients treated within 48 hours of admission has improved significantly – May 2011: 47 per cent treated in time, May 2012: 66 per cent treated in time, May 2013: 84.5 per cent treated in time.

## Improving access to emergency treatment – MEDAI

Between October 2011 and May 2012, the Metropolitan Emergency Department Access Initiative (MEDAI) was commissioned by the Department of Health to identify solutions to ambulance ramping in Queensland metropolitan hospitals, a term used to describe a delay from the ambulance trolley to an Emergency Department (ED) treatment area. A detailed analysis of the entire patient journey was undertaken by MEDAI, with a report provided to all HHSs in July 2012.

Immediately following the release of the report, we established an action plan and commenced implementation. It was positive to see a number of recommended initiatives were either already in place or the planning for them well advanced. Importantly, this year we have achieved improvements in our patient off-stretcher time (POST), with a final 2012–13 POST result of 89 per cent (target: 90 per cent).

## A SLIC Process for Nambour Emergency Department

This year a new approach towards evaluating lower risk chest pain was introduced at the Nambour Emergency Department. The aim was to safely introduce an accelerated diagnostic protocol for patients with undifferentiated chest pain that is acceptable to patients and staff.

The SLIC (Low-Intermediate Chest pain risk group suitable for a Short initial evaluation) process has been successful in improving patient flow and patient care, and is expected to be rolled out to the other hospitals in our organisation as well as hospital services across the country.

Patients with suspected acute coronary syndrome make up around 10 per cent of all

ED presentations. Around 85 per cent of these patients are eventually diagnosed with a non-cardiac cause following assessment with either an extended ED stay of at least six hours or admission to hospital.

As a result of the project, these patients were discharged within four hours of arrival to return for early outpatient investigation.

Our project team also presented the outcomes at the Australasian College for Emergency Medicine Autumn Symposium in May this year, and have been invited to present at the Cardiac Society of Australia and New Zealand annual scientific meeting in August.

A paper has also been accepted for publication in the Emergency Medicine Australasia journal for August this year.

## Our services for a healthy community

A range of primary care and community services are provided to our communities, including adult health, alcohol and drug, midwifery, BreastScreen, oral health, palliative care, transition care, community hospital interface, primary health and chronic disease programs, children's, mental health and population health. These services are underpinned by our commitment to our communities and the *National Healthcare Agreement 2012* to improve health outcomes of community members and the sustainability of our health system.

### Preventing and controlling communicable diseases

Our Public Health Unit focuses on communicable disease prevention and control, and environmental health involving those aspects of human health which are impacted by the environment. Areas of work include food safety and standards; medicines, poisons and pest management; tobacco control; water quality; mosquito borne diseases; environmental hazards; immunisation; and communicable diseases prevention and control.

Public health surveillance and control activities were undertaken regularly throughout the year. The unit also ensures ongoing key partnerships are maintained through participation in a range of community focussed groups including Health Early Years Training Strategy group, as well as with other government agencies, health care providers, childcare education and residential care facilities.

The team contributes towards the ongoing development of state and national guidelines and health publications, including the *Staying Healthy: Preventing infectious diseases in early childhood education and care services* report, coordinated by and available through the National Health and Medical Research Council.

Other key activities in 2012–13 include:

- key contributor to the development of national guidelines for: pertussis, measles, Hendra virus, and influenza outbreaks in residential care facilities
- development of state-wide immunisation resource package for public health nurses
- development of foundational documents for national vaccine storage policy
- development and ongoing support to Jabba



#### Jabba Indigenous Outreach Immunisation Program

- provided clinical advice to vaccination service providers for the school-based vaccination program, as well as handling parental enquiries and providing vaccination records
- co-authored the development of protocols and tools to guide and inform cluster investigations
- contributed to the revision of the national guidelines for environmental health risk assessment.

## Extending our midwifery service

This year, our Extended Midwifery Service delivered 2,371 in-home visits to families with newborns, through one of our experienced maternal and child health professionals (2011–12: 1065). Our service supports Queensland Health's Mums and Bubs Policy.

We also introduced the service to the Gympie and Cooloola Coast areas, allowing ongoing support to be provided to new mums as well as assisting to prevent readmission to hospital for feeding related issues.

The increase in our service was supported by Wishlist (the Sunshine Coast Health Foundation), through the donation of vehicles to our Sunshine Coast and Gympie service areas.

In collaboration with the University of the Sunshine Coast (USC), this year we also opened a new Collaborative Midwifery Clinic. The clinic provides antenatal care through a variety of programs including midwifery checks and health information.

University academics who are also midwives, practise at the clinic while students of USC's midwifery degrees gain the valuable clinical experience in a real-life setting. The clinic also assists to fill a gap in health care provision.

## Supporting young families

Our Child, Youth and Family Health Service focusses on early intervention and prevention strategies to enhance and maximise children and young people's physical, psychological and emotional health status. Our team aims to reduce the incidents of child abuse and neglect, support young people to transition from adolescence to adulthood, offering parental support to young parents, paediatric speech and occupational health service for babies, reduce obesity in young children to prevent the onset of chronic diseases, and to increase the vaccination rates of Aboriginal and Torres Strait Islander children by offering the home visiting antenatal and postnatal program.

Key improvements this year included the introduction of the Children's Healthy Weight assessment team with one program completed to date, improving our Engaging Father's program, developing the Pro Active Parenting program, and creating a client survey report for patient feedback.

We have five community health centres located at Noosa, Maroochydore, Caloundra, Gympie and Nambour. Additional outreach services are located at Pomona, Cooroy, Coolool, Kawana, Beerwah, Tin Can Bay and Maleny, as well as our team offering home visiting services. Our school-based youth health nurses are also located in all state high schools within our service area.

This year also saw our babies, toddlers and dads workshop conducted on the Sunshine Coast, helping more than 100 fathers learn attachment-based parenting, combined with the latest research on children's brain development. The workshops were held regularly throughout the year by our early intervention parenting specialist, who also presented on the topic at an Australian health conference.

## Providing a safe, comfortable environment for our little patients

Throughout the year, our teams working in the Paediatric Wards go above and beyond their roles to assist our hospitalised children get through their treatments. Theme-related projects aim to provide some degree of normality and distraction for children and their families which has included visits from a musician, games and toys, visits from a yoga therapist to assist with children relaxing and thinking more positively, and access to an occupational therapist to talk about their experience.

## Caring for our patients' nutrition

Our Department of Nutrition and Dietetics provides dieticians and nutrition assistants at our Nambour, Caloundra, Maleny and Gympie hospitals, through our acute and ambulatory care services. Our team ensures we proactively manage our patients' nutritional needs. Risk screening and assessments are conducted and managed through a database covering all of our facilities.

## New Point of Care Test for HIV

This year our Sunshine Coast Sexual Health and Human Immunodeficiency Virus (HIV) Service, based in Nambour, began providing HIV rapid testing to at-risk groups. The Alere Determine HIV-1/2 Ag/Ab Combo Test was registered for use in Australia in December 2012 by the Therapeutic Goods Administration (TGA) as a preliminary HIV screening test.

The point of care test (rapid test) for HIV has now become available through public sexual health clinics across Queensland, including our own service at Clinic 87. Test results can be made available within 20 minutes, with reactive results requiring a confirmatory laboratory test.

## Community integrated services focus on a patient's journey from hospital to home

Our Community Integrated and Sub-Acute Services provide a range of support focussed on the continuum of care of our patients including prevention, early detection, management, rehabilitation and end-of-life care. Communities have access to these services through visiting our hospitals and community based centres, as well as utilising our satellite, mobile vans and home visits.

Our community sub-acute program provides assessment and rehabilitation for selected patients who have developed, or are at the risk of developing, problems with their ability to live independently. These patients may be identified by our employees performing screening assessments or referred by their treating GP or hospital team.

As part of our commitment under the National Partnership Agreement (NPA), we exceeded the sub-acute 2012–13 target and achieved more than 19,000 occasions of service (target: 16,425 per year). As part of the program, we offer specific services to meet their individual needs including case management, allied health services, nursing care, medical services and personal care. If further aid is required at the end of the program, eligible patients can also access these through the Medical Aids Subsidy Scheme.

Other programs offered, which are in line with the *Queensland Health Disability Service Plan 2011-2014*, include the transition care program for short term low intensity rehabilitation therapy, community rehabilitation, aged care assessment and the community hospital interface program. As part of the workforce redesign, we are currently looking at restructuring these programs to ensure a consistent focus on our core business.

## Oral health vital for total health

Our Oral Health team offers an important service to our communities, providing not only dental



services but also education to encourage patients to develop good oral hygiene and healthy diet habits.

This year, we achieved a reduction in the length of time for an assessment for patients aged 16 and over, now 2.6 years (2011–12: 6.7 years). We also achieved our weighted occasions of service (WOOS) target for patients aged 15 years and under (2012–13: 110,212; target: 108,433). However, while we improved our WOOS for patients aged 16 and over from 2011–12, we fell short of the target (2012–13: 187,970; target: 194,499). Our weighted occasion of service for Aboriginal and Torres Strait Islanders was 2.60 per cent (2011–12: 2.82 per cent; state average: 6.81 per cent).

We continued to implement our child and adolescent oral health service, through on-site services, educational establishments and vans in rural and suburban locations including 122 local public schools. Importantly, this program provides access to services for many children who would not otherwise receive oral health care.

Our community dental van, has improved access to oral health services for patients in Gympie, Maleny and adjacent communities. Additional funding through the Commonwealth National Partnership Agreement has allowed recruitment of dentists and assistants to staff the van.

We have also improved the access to our dental care for patients with a disability by installing Versatilt equipment in our Caloundra facility. This equipment was funded through the Caloundra auxiliary and allows patients to be treated by a dental practitioner while remaining seated in their wheelchair.

Through our ongoing commitment to education of dentists, we will have ten fifth-year dental students on placement from Griffith University and University of Queensland. An application has also been submitted for two placements to participate in the Voluntary Dental Graduate Year Program in 2014.

## Diabetes

Diabetes is one of the fastest growing

chronic diseases in Australia. Our Diabetes and Endocrinology Service provides highly specialised, patient-centred care through medical management and self-management education, in partnership with other health care professionals from government and non-government organisations. Our communities can access these services through our Nambour, Gympie and Caloundra hospitals.

Key programs provided include diabetes in pregnancy, paediatric diabetes, high risk diabetic foot clinic, ambulatory insulin stabilisation program and a clinical psychology service.

Diabetes in children and young people is also on the increase. Young patients admitted to any of our hospitals with diabetes may be referred to our diabetes and endocrinology team to ensure extensive, critical patient education, insulin commencement and stabilisation can take place.

Our inpatient education focusses on survival skills, while follow-up appointments in the outpatient clinics aim to ensure ongoing optimal diabetes management is achieved. Our Nutrition and Dietetics Service also provides support through providing nutritional expertise to our patients. They have a central role in nutritional screening and the management of malnutrition in the hospital setting.

## Breast screening

We provide breast cancer screening services to the community through BreastScreen Queensland at our screening and assessment facility at Nambour Hospital. We also operate five satellite screening locations at Caboolture, Caloundra, Gympie, Maroochydore and Noosaville.

In 2012–13, 30,905 breast screens were conducted (target: 30,878 as per our service agreement). This included 27,507 women who were currently on our program, returning to our service, and 3,398 women who were new to the program.

## Cancer care

Our Cancer Care Services, including medical oncology, haematology and radiation oncology,



aims to support and empower patients affected by cancer to maximise their well-being through our person-centred, evidence-based approach. Key achievements this year include an improved referral process, development of patient education packs about our radiotherapy service, improved computed tomography (CT) planning processes, implementation of processes around clinical nurse support for radiation oncology clinics, and improved communication processes within the team.

## Alcohol tobacco and other drug management

In line with the *Queensland Drug Action Plan 2011*, our Alcohol, Tobacco and Other Drugs Service (ATODS) aims to provide a comprehensive range of high quality and accessible services to our communities which reduce the harms associated with alcohol and other drug use.

Our approach is evidence-based by collaboration and partnership with other internal and external services. The services we provide include intake and referral, including hospital in-reach, the Alcohol and Other Drugs Program, Opioid Treatment Program (OTP), Queensland Illicit Drug Diversion Program, and Needle and Syringe Program (NSP).

Our key achievements for 2012–13 include:

- successful implementation of general practitioner (GP) shared care for OTP, which has resulted in a reduction of the waiting list from ten to six months, with priority clients seen in less than four weeks, as well as attaining 15 GPs to work in partnership with us
- organised and held an OTP meeting where over 50 dosing pharmacists and GPs attended
- improved and increased links with internal and external agencies including Mental Health and Persistent Pain Service
- Achieved an overall occasion of service for the year across all of our ATODS program areas of 8,769, including 1,187 referrals and 2,357 clients who used NSP.

For 2013–14, we will implement bulk billing, continue to engage GPs to for partnerships,

evaluate our shared care and review our model for hospital in-reach.

## Mental health

Our mental health programs are developed and implemented in line with the *Queensland Plan for Mental Health, 2007*. In October this year, we joined the Australian College of Mental Health Nurses and more than 30 community agencies to hold the Mental Health Expo in Maroochydore, as part of Mental Health Week. The focus this year was to raise awareness of the importance of mental health and wellbeing in our work environment, where most of us spend a good proportion of our lives. The expo was open to all community members and provided a range of resources, activities and discussions to show people how they can maximise their health potential, enhance their coping capacity and increase mental health recovery. Key projects this year include:

**Working together to change initiative** – a survey across our mental health service and subsequent summary report, providing recommendations on improvement areas including infrastructure, systematic processes, clinical processes and recovery processes. Key achievements include development of a strategic plan, establishment of a sensory modulation room and gym for patients, availability of up to 12 additional beds, the opening of the secure mental health rehabilitation unit, refurbishments of community facilities, resource efficiencies, development of a consumer engagement plan, and the establishment of the Consumer and Carer Reference Groups, Consumer and Carer Forum and Consumer Companions Program.

**Perinatal depression initiative** – a three-year Commonwealth funded project aimed at improving prevention and early detection of antenatal and postnatal depression, and provide better support and treatment for expectant and new mothers experiencing depression. This year has seen us contribute to state-wide data collection to enable monitoring, deliver training and development programs to employees, facilitate the use of assessment tools, improve our diagnosis of perinatal depression and as a result treatment, facilitate pathways to care through local



partnerships, and undertake collaborative community awareness activities and promotions.

**Suicide risk assessment and management** – a Queensland Government-funded project to enhance the quality and timeliness of suicide risk assessments and management for people presenting with suicidal behaviour. This year we have focussed on building our mental health expertise, in particular in our Department of Emergency Medicine, to improve the early detection of suicide, and educate on how conducting risk assessments, the processes involved, and how to deal with patients at risk.

We have begun planning for a new Community Care Unit (CCU) which has received approved funding from the government, and will provide an additional 15 beds for the Mental Health Unit. With the planning phase underway, construction is expected to begin in December 2013.

This year we also held managing anxiety workshops in the community, aimed at assisting people to develop life skills to help manage their anxiety more effectively. The workshops were free and held across five community health centres across our service area, providing access to our social workers from our adult health program.

## Maintaining a safe and clean environment for our patients and employees

We have rigorous policies and procedures on infection control and management, in line with state-wide standards. Our Infection Control Committee oversees the management, with local processes in place across all areas. Our implementation plan also includes an organisation-wide education plan. Awareness activities and communication materials are distributed throughout the year to highlight and promote key infection prevention and control program areas, which this year included Infection Control Week.

We continued our hand hygiene campaign throughout our workplace, conducting quarterly audits. Effective hand hygiene is the most effective strategy in preventing health care associated infections. It contributes significantly to keeping patients safe, and is not only a low-cost strategy, but it can also be more effective than expensive technologies in preventing the spread of microbes that cause infections.

We are committed to improving hand hygiene compliance rates to further improve patient safety, and support the National Hand Hygiene Initiative (NHHI). Our audit result for the quarter ending June 2013 across all facilities was 76 per cent, an improvement of five per cent from the previous quarter. This is equal to the state average.

Our cleaning, disinfection and sterilisation policies and procedures assure the quality and safety of reprocessed reusable medical devices. All reprocessing is performed in accordance AS/NZ 4187, with all relevant employees required to complete reprocessing competencies.

This year has also seen a greater focus on reducing the rate of pressure and falls injuries across our facilities, following the Queensland Bedside Audit in October and November 2012, and the subsequent report released in January 2013 (refer to page 60).

As part of the holistic care improvement program, the process for reporting falls has been updated to meet the requirements of the national standards. Monthly reporting is now provided to the Holistic Care Committee and the Patient Safety and Quality Committee to identify trends and strategies to reduce these. Quality improvement plans are developed at the ward level, where regular audits take place. Two internal audits have occurred to date, and we are currently at level with the state-wide benchmark for pressure injury prevention of 76 per cent (state-wide average 77 per cent). Despite our assessed for risk of falling being lower than the state average at 61 per cent (state average 78 per cent), we are showing continual improvement.

Assessments from the patients screened for a risk of a fall is recorded in our Integrated Risk Assessment tool, and those screened as at high risk will have a care plan assigned to them. Patients and their families are informed of the identified risks from falls and are engaged in falls prevention strategies and planning.

All patients and carers receive a fact sheet on how to prevent and minimise the risk of falls. Education is also being rolled out to ensure employees know how to prevent, minimise,

assess and manage falls. To date, 95 per cent of our clinical employees have received the education.

This year, an external audit was carried out to assess our implementation of the Queensland Health Occupational Health and Safety Management System (refer to page 74). A positive overall result was achieved, which demonstrates our commitment to maintaining a safe environment for our patients and employees.

## Our annual incident reporting survey focuses on staff knowledge

Employees are invited to participate in our annual incident reporting survey to guide reporting improvement activities. This year, 498 employees responded, allowing us to assess their general knowledge regarding risk management processes, clinical incident reporting, workplace health and safety reporting and consumer feedback processes.

The 2013 results indicate improvements regarding staff awareness in all forms of incident reporting. Areas requiring future improvements are inclusion of all types of incident reporting at ward and unit meetings, feedback to reporters, and awareness of improvements made as a result of reporting.

## Key future priorities

- Maintain full accreditation through the EQulP National organisation-wide survey against the National Safety and Quality Health Service Standards
- Achieve the new NEAT and NEST targets for 2013–14 through continual improvement initiatives
- Continue to implement best practice and innovative models of care while maintaining a quality service within budget
- Work collaboratively with Medicare Local and the private sector to implement demand management models that maximise out-of-hospital care where it is clinically appropriate
- Maximise the use of technology to connect care
- Continue to build on the productive ward initiatives including patient rounding into all services and facilities

