

# Divisional reports



- ↑ Some of Toowoomba Hospital's emergency department team (from left) Erin Frost, Dr Paul Ferguson, Yaana Watts and Andrea Hewett, who helped achieve more than eight in 10 patients being admitted, discharged or transferred within four hours.

## Toowoomba Hospital

Toowoomba Hospital operates with four clinical services groups - Surgical, Medical, Ambulatory Care Support Services, and Women's and Children's Services. Facility Services for Toowoomba and Baillie Henderson hospital are also operationally aligned to this division.

Highlights for the year included:

- outpatients wait list reduced by 56 per cent, including long wait patients reduced from 4,788 to 17
- endoscopy long wait patients reduced from 1,478 patients waiting to zero
- second endoscopy suite commissioned
- record number of elective surgery patients treated with a 19.7 per cent increase on prior year.

Toowoomba Hospital emergency department continued to improve against the National Emergency Access Target (NEAT). On average during 2014-15, 82.5 per cent of patients presenting to the emergency department were admitted, discharged or transferred within four hours, with a record high of 85.2 per cent achieved in April.

This ongoing improvement was achieved despite a three per cent increase in people (1,412 increase for the year) presenting in 2014-15 compared to the previous year. Importantly, this was achieved while maintaining safety and quality. Patient re-admission rates have not increased during the year, indicating they had not been discharged too quickly.

# 49,406

PATIENTS TREATED IN EMERGENCY DEPARTMENT THIS YEAR

# 101,603

ADMITTED PATIENT BED DAYS

# 133,059

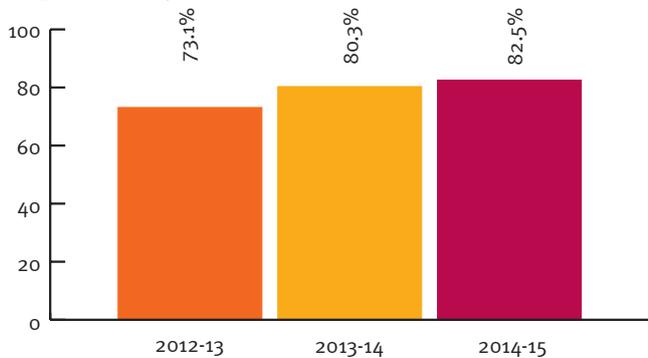
OUTPATIENT OCCASIONS OF SERVICE (INCLUDING 25,514 ALLIED HEALTH SERVICES)

# 1,941

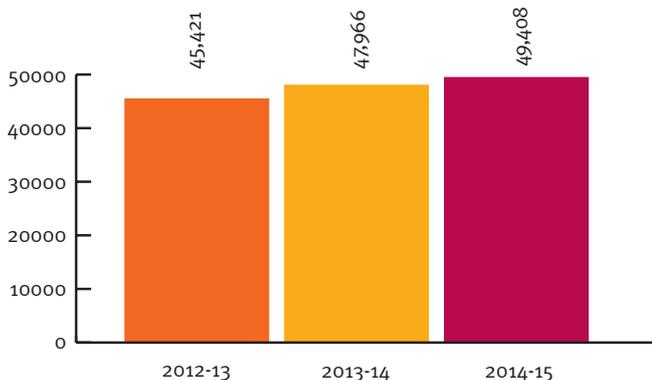
BABIES DELIVERED THIS YEAR.

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## Toowoomba Hospital National Emergency Access Target (NEAT) per cent

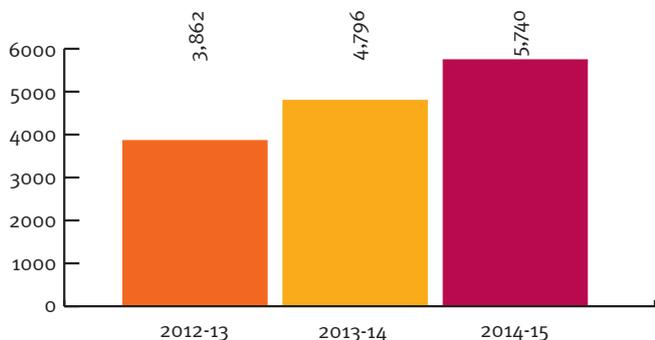


## Toowoomba Hospital emergency presentations



The NEAT success was due to a number of factors including increased medical and nursing staff, support from other parts of the hospital in admitting patients in a timely way, and the trial of a new 'nurse pilot' role.

## Toowoomba Hospital elective surgery procedures



Maintaining National Elective Surgery Targets (NEST) remained a key focus for the Toowoomba Hospital. In 2014-15 5,740 elective surgery procedures were performed which was 944 more than in 2013-14. Of these, 99.8 per cent were provided within the clinically recommended timeframe.

A number of strategies helped achieve this success, including the introduction of weekend surgery sessions for some specialities.

Two other major challenges were overcome during the year – increasing the number of endoscopies performed, and reducing the outpatients' waiting list.

There was an 86 per cent reduction in the endoscopic waiting list (1,751 patients to 244), with no one waiting later than clinically recommended.

Over 2014-15, the outpatient waiting list reduced by 56 per cent (5,028 patients), including a reduction in long-wait patients from a total of 62 per cent in July 2014 to less than one per cent in June 2015.

Patients in need of corrective facial surgery were able to access a range of services following the appointment of oral-maxillofacial surgeon Dr Duncan Campbell (pictured below) who started at Toowoomba Hospital in early 2015.



The new local services include corrective surgery for trauma to the face, orthognathic (jaw corrective surgery), and surgery to deal with sleep apnoea. Previously, patients would have travelled to PA Hospital in Brisbane to receive care.

Toowoomba Hospital's Geriatric, Adult Rehabilitation and Stroke Service (GARSS) led the State across a range of performance indicators. Toowoomba Hospital is the only facility on the Darling Downs to offer an acute stroke unit and lysis (clot-busting thrombolysis) service seven days a week.

Lysis treatment isn't applicable to all strokes, but if eligible patients are provided with lysis treatment within four-and-a-half hours of having a stroke their chances of recovery are significantly increased. Our average 'door-to-needle time' (time between the patient presenting

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at emergency and receiving the lysis injection) is 57 minutes. The national average is 87 minutes.



↑ Ben Stuart, A/Senior Physiotherapist, helps members of the GARSS balance through their rehab and recovery.

The stroke service's expected in-hospital mortality rate is considerably lower than that recorded across 45 similarly benchmarked hospitals throughout Australia and New Zealand. The expected mortality rate is 10.14 per cent while Toowoomba Hospital sits at 3.8 per cent.

A second geriatrician, Dr Kurugamage Wijyaratne, started at Toowoomba Hospital in February 2015.

Dr Kurugamage Wijyaratne works alongside fellow geriatrician Dr Nisal Gange to support the orthogeriatric services offered at the hospital including stroke recovery, the Geriatric Evaluation and Management Service (GEMS) program, and the service's memory clinics. Before his arrival, memory clinics were held twice a month. This increased to twice a week.

Facility upgrades helped provide better care to patients and improved working environments for our staff.

The \$2.2 million Toowoomba Hospital endoscopy suite refurbishment project included a new operating procedure room, a new waiting room and three extra Stage 1 recovery spaces, giving the unit six in total.

The expansion also included renovations to existing utility rooms; refurbishment of Stage 2 recovery and waiting area bathrooms; new storage facilities, new staff facilities and bathrooms; and installation of state-of-the-art endoscope drying cabinets.

Toowoomba Hospital Foundation donated its highest amount ever, \$1 million, towards fitout of the suite.

## ROBOTIC ENT SURGERY IMPROVES PATIENT OUTCOMES



Toowoomba Hospital patient Mervyn Pennell received state-of-the-art surgery at St Andrew's Hospital by ENT surgeon Dr Suresh Mahendran.

A new partnership between Toowoomba Hospital and the city's St Andrew's Hospital using robotic-assisted surgery was the first of its kind in Queensland.

It enabled state-of-the-art ear, nose and throat (ENT) surgery to be performed on public patients, rather than conventional open and laparoscopic procedures.

By using the technology, patients can expect a shorter hospital stay, faster return to normal daily activities, reduced risk of infection and disfigurement, and a less painful recovery.

This arrangement not only enables patients to access modern surgical practices but it also increases the skills of our clinicians working at the Toowoomba Hospital.

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A major project to rejuvenate 24 buildings on the Toowoomba Hospital campus was undertaken. The \$2.2 million extensive external revamp included painting and other repairs.

Separate works included air-conditioning upgrades, repair and resurfacing of the roadway at the main campus entrance off Pechey Street, fencing repairs, removal of redundant steam pipes, a replaced main switchboard to enable an increase in capacity, and replacement of three elevators.

More than \$440,000 worth of funding for equipment purchases for Toowoomba Hospital was made available by the Board in February to help in the delivery of better health care for patients.

Purchases included:

- orthopaedic saws and drill sets (including attachments) for increased orthopaedic surgery
- an ultrasound machine for Transrectal Ultrasound (TRUS) guided biopsy for best-practice prostate surgery diagnosis and surgical management.

The Toowoomba Hospital Consumer Advisory Group (CAG) was established and met monthly. The membership includes representatives from the community, Toowoomba Hospital and the clinical governance team.

During the year the group focused on car parking, signage, consumer documents, and volunteer services.

Two of the outcomes included:

- advocating for the Guiding Stars volunteers to have an electric wheelchair to transport patients within the hospital as the traditional wheelchair was difficult for some volunteers to use.
- providing feedback to the pharmacy, which now offers mobile eftpos processing, to make paying accounts convenient for patients.

CAG members and volunteers conduct a discharge survey that is collected on an iPad for a number of patients each weekday. This feedback is available daily and allows for any follow-up by Toowoomba Hospital staff quickly. It also shows any trends that are occurring in clinical services or clinical environments.

Facility Services recorded a major milestone with the Baillie Henderson Laundry processing almost 1.2 million kilograms of laundry during the year.

The 1,194,000kg was up 177,000kg on 2013-14 and included a weekly average of:

-  **10,500 towels**
-  **8,200 sheets**
-  **6,500 pillow cases**
-  **2,600 blankets**
-  **2,150 sets of scrubs**
-  **725 pyjamas.**



Operations Manager Linen Services Terry Harris shows the new chemical injection system installed at the Baillie Henderson Hospital laundry in early 2015.

The service has a weekly throughput of around 230 tonnes, handling linen from Baillie Henderson, Toowoomba and Oakey hospitals, Mt Lofty Heights Nursing Home, and flat linen from our South Burnett facilities, plus a small amount for Queensland Police Service and Queensland Ambulance Service.

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↑ Enrolled nurse Rhonda Ballin prepares the theatre ahead of scheduled surgeries at Kingaroy Hospital.

## Rural Division

Rural Division operates 18 hospitals (three of which are multi-purpose health services), five outpatient clinics, and six residential aged care facilities. Oral health services are also delivered through this division. Highlights for the year included:

- successful re-accreditation for three years of all our residential aged care facilities (RACFs)
- re-invigoration of permanent full-time birthing services at Chinchilla
- improved infrastructure at several facilities including refurbished maternity suite at Stanthorpe Hospital, improved palliative care and quiet room at Goondiwindi Hospital, a new single building for women's and children's services at Cherbourg, and the official opening of Wandoan's Primary Health Care Centre.

More care locally was achieved through:

- Kingaroy Hospital provided more public general surgical services than the previous five years. The activity for general surgery increased by 15 per cent from 2013-14. The number of endoscopy procedures was an all-time high with 636 performed, an increase of 118 from the previous year. All "long wait" patients for not only the surgical service but outpatient specialist appointments were also cleared at Kingaroy Hospital. The facility is well positioned to provide services for general surgery within the clinically recommended timeframes.

# 99,774

PATIENTS TREATED  
IN RURAL EMERGENCY  
DEPARTMENTS THIS YEAR

# 1,926

MUMS AND BUBS VISITS,  
A RECORD NUMBER

# \$840,000

FROM BUDGET SURPLUS  
FOR RURAL FACILITY  
EQUIPMENT

# 53,429

DENTAL PROCEDURES DELIVERED.

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- Nanango and Kingaroy hospitals started a post-discharge phone call service to inpatients within 72 hours of discharge. This service was implemented in response to patient feedback provided in patient experience surveys. The service has been well received by patients and provides patients/carers with an opportunity to ask any questions that they may have thought of since they returned home. It also provides an opportunity for staff to remind patients on what follow-up care they may need.
- Increased medical and nursing staff were allocated to Warwick Hospital to improve services.
- The establishment of a Palliative Care Coordinator position in the South Burnett provided much-needed support to the local community. Within a couple of weeks of operation, referrals had more than tripled into the service.

Improved facilities and equipment enabled better care for patients. Highlights included:

- Stanthorpe Hospital underwent a \$1.1 million upgrade funded from DDHHS surplus to improve its maternity unit. The maternity suite is now equipped with soundproofing, telehealth capabilities, showers and a birthing pool.
- \$360,000 was spent on the redesign of the palliative care room and new quiet room at Goondiwindi Hospital funded from a DDHHS budget surplus. The work was undertaken by a local company and was the result of extensive community engagement. The room enables terminally ill patients to stay closer to their friends and family during their end-of-life care. Kind donations from the hospital auxiliary and the community helped purchase a specially designed palliative care bed and other equipment and furnishings for the rooms.
- A formerly empty building at Cherbourg Health Service came full circle with the re-establishment of services for women and children in the one space. The large refurbished building, located on the campus, now has three 'fit-for-purpose' clinical areas, as well as modern meeting rooms, waiting room and a reception area. The \$860,000 project was funded by DDHHS and the Department of Health and was officially opened by DDHH Board Chair Mike Horan AM in February 2015.



Community elder Kathryn Hopkins (left), Cherbourg Aboriginal Council Shire Mayor Cr Ken Bone and DDHH Board Chair Mike Horan AM the official opening of Cherbourg's Women's and Children's Service facility.

- The pride of the Wandoan community was on show during the opening of the Primary Health Care Centre in October 2014. The \$950,000 centre was officially opened by DDHH Board Chair Mike Horan AM. The building offers videoconferencing and state-of-the-art telehealth capabilities. It replaced an ageing outpatients' clinic, offering a new model of health care not previously available to residents of Wandoan and surrounds. Resource company Glencore contributed \$750,000 towards the construction of the clinic, with additional funds coming from DDHHS and the Western Downs Regional Council through a community grant.
- Other infrastructure works included:
  - » asbestos removal in a variety of rural hospitals
  - » refurbishment of the kitchen at Texas Multipurpose Health Service
  - » replacement of nurse call systems at Tara, Goondiwindi, Millmerran, Taroom, and Chinchilla
  - » hydraulic works at Goondiwindi and stormwater drainage and road works at Stanthorpe
  - » roof replacement on buildings at Stanthorpe and Tara hospitals
  - » resurfacing of roads, external painting, replacement of floor coverings at Tara and Jandowae hospitals
  - » replacement of electrical infrastructure at Murgon, Jandowae, and Tara hospitals.
- More than \$840,000 worth of funding for equipment purchases for rural hospitals was made available by the Board in February to help deliver better healthcare for patients.

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Purchases included: Pressure redistribution mattresses, vital signs monitors, telehealth equipment, vaccine fridges, steriliser, electrocardiographs, scanners, mobility aids, defibrillator, armchairs, ultrasounds and range of other clinical equipment items.

The Patient Travel Subsidy Scheme (PTSS) provides assistance to patients, and in some cases their carers, to enable them to access specialist medical services that are not available locally. The PTSS supported more patients than ever before.

	Last year (2013-14)	This year (2014-15)
Number of patients	9,792	9,896
Number of claims	29,671	31,263
Number of nights	48,415	47,907
Total reimbursement	\$6,006,678	\$6,395,615

## Oral health

DDHHS maintained the achievement of no dental patients waiting longer than clinically recommended for routine treatment during the year. Around eight in 10 patients waited less than a year (up to two years is the recommended timeframe).

Oral health services achieved many outcomes during the year including:

### Reduction of school recall times

- School dental revisit times reduced from over four years to under two years in Southern Downs
- Recalls for school dental services reduced from five years in South Burnett to just over three years.
- Recalls for school dental services reduced from 31 months in Western Downs to 19 months.

### Reduction in waiting lists

- Oral health assessment waiting lists for adults reduced to under 12 months for whole of Southern Downs
- Patients needing dental treatment under a general anaesthetic reduced to 24 on the waiting list
- Only one in 10 of general waitlist patients on the Western Downs waited more than one year, while in the South Burnett one in five waited more than a year
- Waitlists for prosthetics are under a year in the South Burnett

## Other achievements

- The Tara Oral Health Committee was formed, bringing together all stakeholders to improve provision of oral health services to the area.
- Cherbourg offered appointments to 76 per cent of children and worked successfully with community health to ensure attendance.
- Greatest exposure for many years of oral health promotion activities to Cherbourg and other areas in South Burnett and Western Downs, including health expo events and oral health promotion events in playgroups, day care facilities, and schools.
- Warwick Hospital's dental clinic also received a new shipment of chairs. The chairs are specially designed to support dentists and dental assistants as they work on patients. The chairs can be adjusted for each person, and are designed to support the backs of staff as they work.
- The "Healthy Mouth, Healthy Me" travelling expo visited several Southern Downs locations in August, spreading the message of good oral hygiene and its importance for overall wellbeing. The expo featured a variety of fun activities for children such as storytelling with the tooth fairy, face painting, germ busting, craft activities, balloon art and science experiments to show the effect of acid on teeth.



Tooth fairy and Warwick Oral Health Therapist Jo Gratton shares the message of good oral hygiene to prep school student Rhiannon Gaal at a health expo in Millmerran.

- General anaesthetic dental procedures were reintroduced at Warwick Hospital. This move benefits patients, mostly children, who are ordinarily too anxious or nervous to be treated in the dental chair. Previously, patients had to travel to either Stanthorpe or Toowoomba to have their treatment carried out in an operating theatre.

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↑ Milton House resident Gwen Williams and Clinical Nurse Di Tong at the residential aged care facility.

## Aged care

We cared for more than 300 people a day in our residential aged care facilities (RACFs) or multipurpose health services. This equated to a total of 100,951 bed days in our aged care facilities, including 1,253 respite bed days, and 11,233 bed days at multipurpose health services.

One of the main highlights for 2015 was the successful re-accreditation of four of our RACFs. These were Dr EAF McDonald Nursing Home at Oakey and Mt Lofty Heights in Toowoomba who underwent the process in March, Milton House at Miles in April, and The Oaks at Warwick in May. These facilities are now fully accredited until 2018. Karingal RACF at Dalby and Forest View RACF at Wondai were accredited for three years in 2013 and 2014 respectively.

The past financial year saw many changes within the aged care sector including the introduction of legislative changes to accommodation payments from 1 July 2014. A new residential and accommodation agreement was compiled and standardised to meet these changes and was put in place in all six RACFs. This also included publishing our maximum accommodation prices on the My Aged Care website.

The Home and Community Care (HACC) program provided funding for services which support frail older people, younger people with disabilities, and their carers. These services provide basic support and maintenance to people living at home and whose capacity for independent living is at risk, or who are at risk of premature or inappropriate admission to long-term residential care.

During the year, 148,621 HACC client hours were delivered, of which 4,382 (2.9 per cent) were identified as Aboriginal or Torres Strait Islander.

## DDHHS TELEDENTISTRY PROGRAM A QUEENSLAND FIRST



Dental technician Eileen Shepherd with resident Daphne Hintz.

A new teledental program was rolled out to help aged care residents access oral health treatment.

Using a specially designed camera probe and video conferencing equipment, the program enables an oral review of aged-care residents wherever they are located, without the need for travel or too much disruption of the daily routine.

Real-time video images of the resident's mouth, teeth and gums are transmitted to Toowoomba Hospital's Oral Health clinic where dentists conduct the reviews.

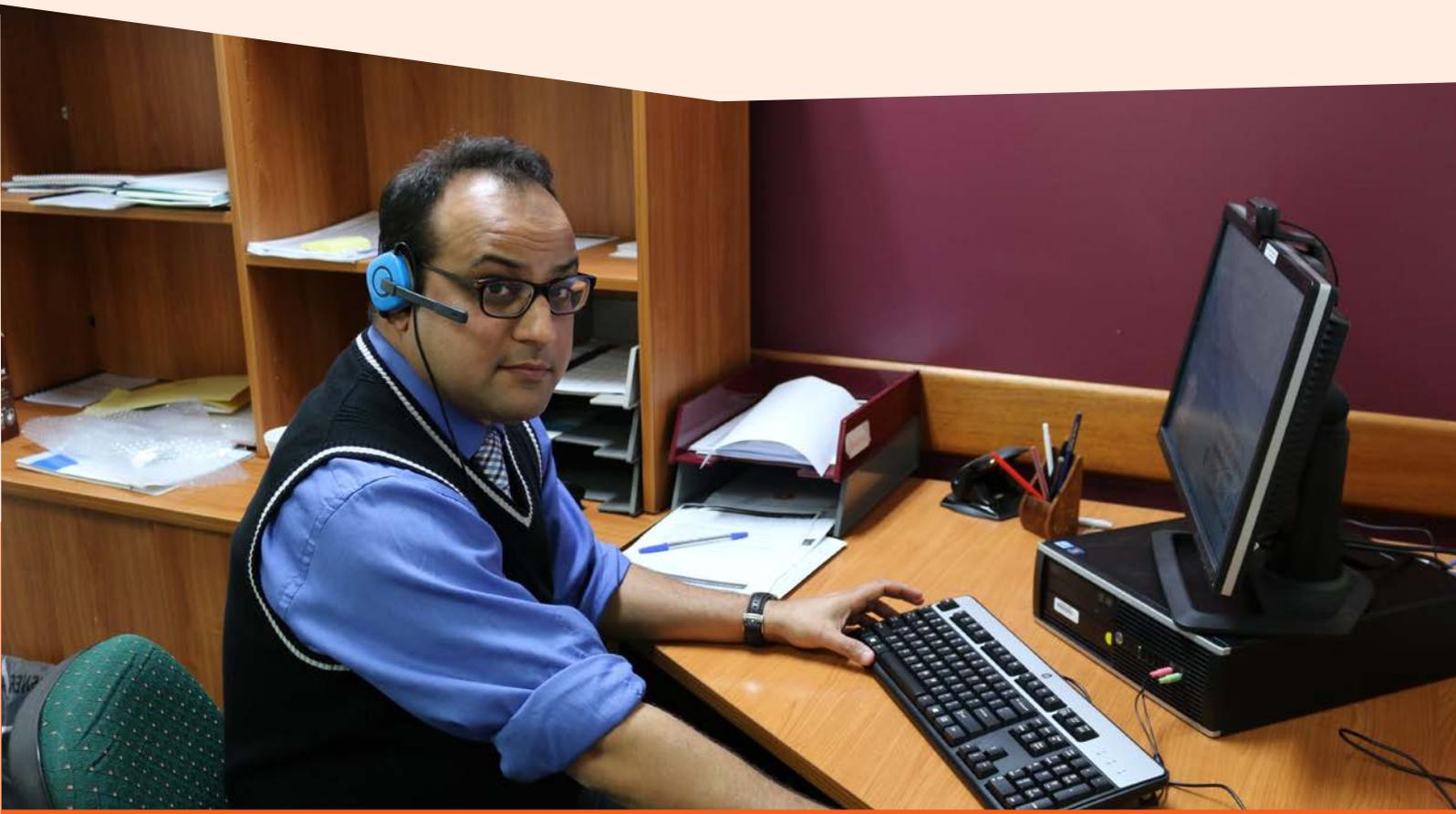
Millmerran Multipurpose Health Service (MPHS) resident Daphne Hintz was the first patient to step into the teledental chair at Millmerran.

"Daphne didn't quite know what to expect, but we talked her through the process," Millmerran MPHS Director of Nursing Cath Frame said.

"In the end she was amazed at the technology and was glad she didn't have to travel to Toowoomba for the appointment."

The teledental program, the first of its kind in Queensland, started in the DDHHS at at Toowoomba's Mt Lofty Heights Nursing Home earlier in 2015.

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## Mental Health

Mental Health includes child and youth, adult and older persons, acute inpatient services at Toowoomba Hospital, extended treatment and rehabilitation services and Baillie Henderson Hospital and community services in Toowoomba and a range of rural centres.

The Alcohol and Other Drugs Service (AODS) for DDHHS is operationally aligned to this division.

The Mental Health Service received 6,976 new referrals within the year with 59,681 clinical interventions provided for these clients. There were 226,927 episodes of community care provided across the service.

The adult acute inpatient unit at Toowoomba Hospital had 1,196 admissions compared with 1,151 last year. This represented 16,195 occupied bed days. The average length of stay was 8.9 days for the year – below the target of 9.1.

↑ Psychiatrist Dr Ashar Imam gets ready to conduct a telehealth consultation.

The Yannanda Adolescent Unit had 184 admissions throughout the year (207 last year) with 1,991 occupied bed days at 68 per cent occupancy.

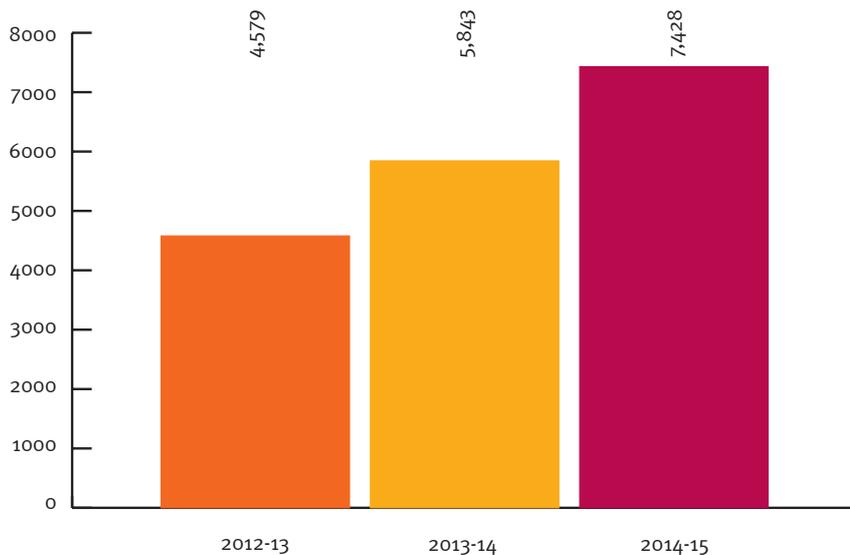
Baillie Henderson Hospital discharged 31 people who returned to successful community living during the year. The facility recorded 44,620 occupied bed days at 87.5 per cent bed occupancy.

74 per cent of patients were followed up within one and seven days following discharge from inpatient care. This is well above the State target of 60 per cent. Four in five discharge summaries to GPs were completed within 48 hours.

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Specialist mental health care was also provided through videoconferencing technology during the year. There were 7,428 episodes of telehealth assessments and treatment, which was a 33 per cent increase on 2013-14 and constituted 49 per cent of mental health telehealth consultations across the State.

## Mental health telehealth consultations



The Mental Health Division implemented a centralised phone system for access to its services. From 1 December 2014, new referrals needing to contact mental health services in DDHHS used the phone number 1300 MH CALL (1300 64 22 55). The 1300 number is part of a state-wide initiative which provides a triage response that is managed by the Acute Care Teams located in Toowoomba and Warwick.

The Division of Mental Health has well established consumer engagement mechanisms via community groups and committees, consumer and carer consultants and peer support programs. In 2014-15 a Carer Advisory Group was established to provide feedback on service delivery from a carer perspective.

The Mental Health Service also delivered five Mental Health First Aid courses to improve the mental health literacy of the community. The course provides practical information on different ways of helping people in mental health crisis situations, as well as those in early stages of mental health problems.

## RECOGNISING DDHHS STAFF CONTRIBUTIONS



(From left) Alex Blonski, Merelyn Dowdle, and Sarah-Jane Auchter with their awards.

A number of staff from the Toowoomba Acute Mental Health Unit (AMHU) were recognised at the inaugural Toowoomba Clubhouse Mental Health Week awards in October.

The AMHU Group Program (Activities) nurses were recipients of a Recovery Ambassador Award, which recognised the tireless efforts of individuals who actively support the recovery of consumers who access Clubhouse. The group received a stone award made by Clubhouse members.

Three Group Program (Activities) staff were also individually recognised. Merelyn Dowdle (Registered Nurse), Sarah-Jane Auchter (Clinical Nurse) and Alexandra Blonski (Clinical Nurse) received Recovery Ambassador Award certificates in 'recognition of valuable contributions to mental health recovery in the Toowoomba community'.

The recipients were nominated and voted for by Clubhouse members.

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The Minister for Health and Minister for Ambulance Services the Honourable Cameron Dick MP officially opened the newly constructed Community Care Unit (CCU) in Toowoomba in May 2015.

The opening of the CCU is part of a worldwide shift towards community-based models of mental health care which offers contemporary, recovery-focused programs.

The CCU will be staffed 24 hours a day by trained mental health professionals. Consumers will be supported to regain skills but also have the freedom to start making some of their own decisions as they progress towards independent living as they recover from mental illness.

The architecturally designed facility comprises 24 one-bedroom villas with some common rooms and parking areas. Construction was funded by the Commonwealth Government at a project cost of \$11.6 million.

↑ Baillie Henderson Hospital Director of Nursing Kaye Carncross and Clinical Director Dr Karen Brown at the official opening of the new community care unit.

Baillie Henderson Hospital provides mental health services for consumers who require extended treatment and rehabilitation. Baillie Henderson Hospital celebrated 125 years of providing mental health care in May.

The Minister Health and Minister for Ambulance Services the Honourable Cameron Dick MP and two of special guests – the granddaughters of the hospital's first medical superintendent Dr James Hogg – planted a bottle tree to mark the occasion. Staff and consumers also enjoyed an afternoon tea with the Minister.

Guests also celebrated at a 125th anniversary dinner dance which included a keynote address by Board Chair Mr Mike Horan AM.

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## Nursing and Midwifery

The Nursing and Midwifery division provides professional leadership for Nursing and Midwifery Services (including workforce planning, education and standards).

DDHHS employs around 1,750 Full Time Equivalent (FTE) nurses and midwives. As many nurses work part time this number equates to more than 2,400 nurses who care for patients and consumers across the service.

Nurses and midwives make up the majority of our workforce and are integral to making decisions on the ground – or on the ward or community nursing setting – that help us get the best value from our funding to provide care to as many people as possible.

While individual facilities celebrated International Day of the Midwife on 5 May 2015, most DDHHS events to acknowledge and applaud the work of nurses and midwives were held on International Nurses' Day (IND) on 12 May 2015.

↑ Graduate nurses attended an orientation day in late 2014 ahead of starting their new careers with DDHHS.

The International Council of Nurses' IND theme for 2015 was: Nurses: A Force for Change: Care Effective, Cost Effective. DDHHS took this opportunity reflect on nurses' and midwives' roles in providing safe and quality care while also effectively managing resources.

2014-15 saw a change in leadership of the nursing and midwifery profession for DDHHS.

Ms Judy March retired as the Executive Director of Nursing and Midwifery after 48 years in the profession, the last 14 of those in our health service. Ms Robyn Henderson took over the role in December 2014.

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Rural and Isolated Practice Registered Nurse (RIPRN) is a scheduled medicines endorsement for registered nurses (RNs) who work in rural and remote locations. In 2014-15, DDHHS's training organisation, the Cunningham Centre, had the highest number of RIPRN students enrolled in the one year.

More than 80 nurses from Queensland, Torres Strait and New South Wales got together for the RIPRN Forum in late October. In addition to presenters from DDHHS, the forum also featured presentations by representatives from a broad cross-section of the nursing profession including the Deadly Ears program (hearing issues in Aboriginal and Torres Strait Islander children); Mayo Health Care; Pathology Queensland; Laerdal (medical equipment manufacturer); Queensland Nurses' Union; and Mandy Dederer from DDHHS Public Medicine.

The Defence Force piloted the centre's RIPRN program for RNs. The pilot was extremely successful with a proposal made for all RNs working in Defence to complete the program.

Johnson's Baby Midwife of the Year for Queensland was awarded to a midwife from Toowoomba Hospital for third year in a row. This year's winner was Donna Cooper.

Twenty-five graduate nurses began in their new roles in February working across the health service in a variety of locations including Toowoomba, the South Burnett, Warwick, Texas, Oakey and Dalby.

In the South Burnett, eight first-year registered nurses (RNs) rotated through the Kingaroy, Murgon, Cherbourg and Wondai hospitals. The year-long graduate nurse program provides them with an overview of the diversity of public health care in the local area.

The Business Planning Framework (BPF): A Tool for Nursing Workload Management is the industrially mandated methodology to ensure safe and sustainable nursing and midwifery workloads. It provides nurses and midwives with a business planning process to help determine appropriate nursing staff levels to meet service requirements, and evaluate the performance of the nursing service.

It is a move away from historical staffing establishment ratios, to a method based on a demand and supply approach that is responsive to the changing healthcare delivery environment and the subsequent nursing resource requirements.

A recent review using the BPF at Warwick Hospital identified a number of new opportunities to increase nursing staff and responsibilities. The appointment of extra nurses came after the Board approved the recruitment of four additional doctors for the hospital's emergency unit late last year.

Nursing leadership was strengthened with the addition of three nursing directors. Ms Susanne Pearce was appointed to an education directorship role, while Ms Ali Broadbent and Ms Lynn Boundy took up senior clinical governance positions.

## DALBY HOSPITAL MIDWIVES BECOME INTERNATIONALLY QUALIFIED LACTATION CONSULTANTS



Dalby midwives (from left) Anne Lane, Alison Fels, Danita Driscoll, Kerry Noller, and Melinda Daniels were recognised for their efforts to become accredited lactation consultants at the DDHHS Employee Awards.

Five midwives at Dalby Hospital underwent a 12-month course in preparation for the International Lactation Consultant Exam which is held annually on the same day across the world.

The high interest from local midwives meant a facilitator was able to provide the course in Dalby, negating the need for them all to travel.

All five successfully passed the exam to become internationally qualified lactation consultants and have the most up-to-date knowledge about breast feeding.

Previously, local women had to travel to Toowoomba or Brisbane for the services our Dalby-based lactation consultants can now provide.

The Dalby midwives were recognised for their efforts at the DDHHS Employee Awards as finalists in the 'openness to learning and change' category.

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## Medical Services

The Medical Services division includes Medical Workforce, Medical Education, Clinical Governance, Rural and Remote Medical Support, Health Information Services, Public Health, and Pastoral Care.

The division faced some challenges in the past year with the formation of an ebola management group to develop preventative measures and processes to ensure that any suspected cases of ebola could be managed appropriately and safely. In collaboration with the Alcohol and Other Drugs Service, the division also led the implementation of a smoke-free environment across all DDHHS facilities, in compliance with changes to state legislation.

The division has also assisted in hosting two Clinical Leaders' Engagement Forums in February and June 2015, with the themes of "Aged Care" and "Obesity". These forums were designed to reinforce discussions that occur in the Queensland Clinical Senate and stimulate thoughts and ideas about how clinicians can lead changes for better healthcare services for patients in DDHHS and the community.

A major achievement for the ongoing development of medical professionalism and leadership for all senior medical officers was the commencement of the medical leadership program that included a 360° feedback component. Sixty-six senior medical officers across the Toowoomba and Baillie Henderson facilities completed the program.

↑ Kingaroy Senior Medical Officer Dr Brendan Carrigan (right) was presented with his completion of Rural Generalist Training award at the Rural Doctors Association Queensland (RDAQ) Conference in June. He received his award from Dr Denis Lennox, Director Rural and Remote Medical Support and Associate Professor Lucie Walters, President of Australian College of Rural and Remote Medicine (ACRRM).

## Clinical governance

The Clinical Governance Unit grew with patient safety officer positions successfully recruited to in Toowoomba Hospital and three of our rural clusters. This assisted the unit to meet its key performance indicators and deliver an unprecedented zero overdue Severity Assessment Code (SAC) 1 and 2 reports, for DDHHS.

Clinical incident management remains a priority for DDHHS. Information on the Queensland Adult Deterioration Detection System (QADDS) and sepsis detection tools and modules were rolled out across the health service through DD-LOL in an effort to prevent clinical incidents and better support our clinical and nursing staff with practical resources.

The Clinical Governance Unit oversaw the successful Australian Council on Healthcare Standards (ACHS) and International Organization for Standardization (ISO) accreditation, against all 10 National Safety and Quality Standards and the National Standards for Mental Health Services.

# Divisional reports

The 'End-of-Life' working party developed strategies and facilitated discussions across DDHHS with GPs about the importance of patients and their families to consider what extent of care they want towards the end of their life, especially by capturing these views in advance care plans.

To facilitate these messages Toowoomba Hospital, in conjunction with Medicare Local, hosted two 'End of Life' twilight evenings, stimulating the initiative behind these new reforms to manage the advanced care plans for our ageing population.

As a culmination of the work and dedication of the involvement of the DDHHS staff and the wider community of GPs, the 'Advanced Care Planning' charter was devised.

There was increased infection control surveillance and support with the creation of a Clinical Nurse Consultant (CNC) rural infection control position.

Antibiotic stewardship across DDHHS was implemented by Dr Kathryn Wilks, infectious disease physician, to ensure that clinicians use antibiotics appropriately so that the development of antibiotic resistance is minimised.

## Rural and Remote Medical Support (RRMS)

The RRMS Unit has a state-wide remit but is hosted and managed by DDHHS.

This past year we focussed on consolidating our Rural and Remote Medical Support (RRMS) team and programs. We have worked with many hospital and health services (HHSs) across the State to provide relieving services for medical and allied health colleagues as well as working to support and deliver workforce initiatives in many communities. It has been an exciting year that brought strong partnerships with our HHS clients and realised many of our program goals.

RRMS, which incorporates the business unit of Queensland Country Practice (QCP), continued to focus on improving access and service continuity for rural and remote communities across the State. Our team is energised to continue into the next year with more outcomes from long-term projects.

Our relieving services and programs have continued to perform strongly, delivering the combined equivalent of 49 FTE in relieving services across rural Queensland:

- 276 weeks of relief by our 30 senior vocational relieving doctors

- 1430 weeks of relief by the 290 junior doctors who rotated through our program
- 649 weeks of relief by our 25 health practitioners which include radiographers, pharmacists, physiotherapists and social workers
- 10 x-ray operator training courses, training 44 new x-ray operators to enable x-rays to be taken in small towns throughout rural Queensland
- Management of the Queensland Health Bonded Medical Scholarship Scheme which will provide 229 doctors into communities in areas of need across Queensland.

Our rural generalist workforce program is working in partnership with many HHSs to improve the sustainability and reliability of medical services through capitalising on the available rural generalist workforce being delivered through the now-maturing rural generalist pathway. These projects aim to optimise the role of the rural generalist in meeting the needs of rural and remote communities, working with service managers to design roles that are suitable and interesting for rural generalists and safe and reliable for service delivery.



Taking part in a trainee x-ray operator course in Inglewood were (from left) Sally Hunter, course co-ordinator Kirsty McMurtrie, Mark Ihle, Wendy West and Melissa McDowall.

We have entered into a research partnership with University of Queensland and South West Hospital and Health Service to better understand the outcomes of the rural generalist workforce redesign work, which will be undertaken over the next two years. This will deliver an evidence based process that QCP and our client HHSs can use to measure efficiency and effectiveness of service delivery through a rural generalist service and workforce design.

## **Darling Downs Public Health Unit (DDPHU)**

DDPHU ran another successful Aboriginal and Torres Strait Islander influenza vaccination campaign with nearly 1,500 people vaccinated. This year Johnathan Thurston, first-grade rugby league player and captain of the North Queensland Cowboys, was engaged to help promote the program.

The “Tackle Flu before it Tackles You” program was run in partnership with the Darling Downs and South West Queensland Medicare Local and the Toowoomba Hospital Foundation.

The Darling Downs Public Health Unit also launched its “Guide to Immunisation” for local vaccine service providers. The guide was designed to provide easy access to advice on areas of immunisation such as catch up and eligibility criteria.

DDPHU officers continued to work with councils across the Darling Downs and South West Queensland to conduct mosquito surveillance targeting mosquito breeding around homes. This year Gravid Aedes Traps (GATs) were introduced into the surveillance activities. These traps were a new, low-cost, low-maintenance technology that allowed surveillance to be conducted with fewer human resources. GATs were deployed in 17 towns across eight local government areas. A house-to-house survey was also conducted at Cherbourg. These activities enabled the unit to update data on the spread of *Aedes aegypti*, a vector of dengue fever, across the region. This data was used to assess the risk of local disease transmission from imported cases of dengue fever.

DDPHU staff continued to work with the Health Protection Unit within the Department of Health and other government departments to investigate potential health issues related to environmental incidents such as coal seam gas, underground coal gasification, and ground water contamination with perfluorochemicals.

## **Medical recruitment**

The Medical Recruitment team appointed 28 senior medical officers/staff specialists in 2014-15 as well as recruiting 185 junior medical officers for 12-month placements throughout DDHHS. The unit developed a new credentialing and scope of clinical practice policy for doctors and dentists as well as implementing the CGOV electronic database to record the status of almost 500 senior doctors’ credentials. The system provides an

on-line application process as well as providing on-line access for managers which is of great benefit given the health service’s large geographical spread.

## **Medical education**

Medical Education recorded several achievements. Highlights included:

- Successful orientation of 35 interns in 2015
- Establishment of Deputy Director Clinical Training (DCT) temporary position as Advanced Emergency Department registrar. This position was extremely helpful in facilitating extra assistance to the DCT and junior doctor support
- Teaching On the Run (TOTR) training modules delivered to senior medical staff in May. Excellent feedback was received for these sessions
- Mandatory Cultural Practice Training was delivered face-to-face at a junior doctor education session for the first time. The district facilitator delivered the session. Attendance was exceptional and feedback was positive.

## **Darling Downs Learning On-Line (DD-LOL)**

DDHHS uses an eLearning program to provide training and education for all staff. The online portal is made up of a series of educational modules to enhance healthcare workers’ knowledge and provide them with resources to assist them in safe practice, quality healthcare delivery, and risk management strategies.

The implementation of DD-LOL during the year meant:

- records of mandatory training were stored centrally
- individual staff members were able to easily access their own training records
- organisational unit managers were able to report on training completions by staff within their unit
- training courses could be delivered online, with staff training records automatically updated when online training was completed.

In 2014-15 achievements included:

- 150 courses and workshops were added to DD-LOL
- 279 managers had access to reports
- 68,875 courses were completed.

# Divisional reports

## Library

The library has been active in the previous 12 months consolidating its core services while also establishing new programs and investing in new products. The library has played a central coordinating role in ensuring Grand Rounds are now a consistent monthly event available to all staff across DDHHS. The library has also initiated a series of “Twilight Talks” where the public are invited to attend lectures on health topics of broad interest delivered by DDHHS specialists.



Dr Sheila Cook presented a Twilight Talk on “Healthy Living Tips To Avoid Diabetes” in September.

After much support from medical staff and the Private Practice Trust Fund, the library implemented ‘UpToDate’, an important online evidence-based, point-of-care information resource that will assist in providing better quality to patients across DDHHS.

The library has also recently made available additional computers to facilitate improved access to UpToDate and DD-LOL and the like. As well as this new and expanded work, the library continues to support the core information needs of clinical care and research output and professional development, supplying staff with some 50 books and 300 articles and 40 literature searches a month.

Librarian Daniel McDonald presented at two national conferences on various aspects of health librarianship and also received a DDHHS employee award in the category “Being Open and Transparent”.

## Human Research Ethics Committee (HREC)

Within DDHHS’s facilities, 30 new research projects were approved to be undertaken in a variety of topics and across the professional streams of medical, nursing, mental health, and allied health. The researchers in nine of the studies are taking the lead role in most of these projects but are working in collaboration with universities and privately sponsored studies. In 2015 there were eight published papers and five conference presentations as a result of the work of DDHHS researchers.

The DDHHS HREC committee continues to assess projects and provide advice on whether there is a research component in service evaluation and improvements. The work of this committee is invaluable in providing advice to our novice researchers.

## Health Information Services (HIS)

HIS has focussed attention on several key areas with very positive outcomes. DDHHS clinicians have embraced their ability to endorse pathology results online, streamlining this aspect of their role and reducing both turnaround time and the unnecessary production of paper.

Equally useful to clinicians was their access to The Viewer, an online application that provided visibility of clinical information, results and summaries for patients regardless of which facility they attended in the State. The most recent addition to this suite of information was mental health data which had been much anticipated. This Viewer ensures that treatment can be administered without delay, as patient history is readily available.

Clinical forms management was also an area of notable achievement, with DDHHS advised that our process was so professional and of such high standard that no further benefit could be gained by adopting State-wide processes. One significant aspect was that as much production as possible is maintained locally, supporting local companies.

# Divisional reports

The coding Clinician Liaison Program at Toowoomba was hugely successful, attracting interest from around the State and added to undergraduate modules. The program fostered ongoing liaison between clinicians and clinical coding staff, such that both documentation in the health record and assignment of codes to describe the treatment provided to inpatients was improved. There was also a direct impact on revenue attracted under activity-based funding.

## Records management

The *Right to Information Act* (2009) and *Information Privacy Act* (2009) grants the public a legally enforceable right to access documents in the possession of government agencies, including clinical and non-clinical records. DDHHS processes all requests for access to documents in accordance with the provisions of the Acts and Administrative Access protocols using staff with advanced health information management skills.

DDHHS ensures records are maintained through application of the State Archives-approved retention schedule.

The service has assigned formal responsibility for administrative records and clinical records to senior staff. This includes training for staff in records management.

Information system security is considered in collaboration with the Health Services Information Agency of the Department of Health.

## Pastoral care

Pastoral care provided 200 hours of service weekly to Toowoomba and Baillie Henderson hospitals, including 24/7 service to Toowoomba Hospital.

Trained pastoral carers also worked in rural areas including Miles, Chinchilla, Dalby, Stanthorpe, Goondiwindi, Oakey, and Warwick hospitals.

Ten people graduated from the annual pastoral care 12-month training course in 2014, with 12 people studying in 2015.

Pastoral care participated in the new staff orientation program by holding a monthly session in Toowoomba Hospital's Place of Prayer.

Support to patients and families included a new initiative of a monthly support service for home dialysis patients and their carers, and facilitating the Pink Ribbon Day- Walk of Hope for patients living with cancer.

The team was also involved in funerals for patients at Baillie Henderson Hospital; naming and claiming ceremonies for early pregnancy loss; an organ donation service of remembrance; and an annual memorial service for renal patients' families and staff.

Celebrations were also held for International Nurses' Day and the annual carols in wards in the lead-up to Christmas.

The pastoral care team helped organise the memorial service for Toowoomba Hospital Head of Pathology Dr Roger Guard who was tragically killed on 17 July 2014 in the MH17 plane crash, along with his wife Dr Jill Guard. The service was attended by 200 staff.

# Divisional reports



↑ Toowoomba Hospital speech therapist Prue Smeaton provides support to Archer Hazeldene and his mum, Maree.

## Allied Health

The Division of Allied Health provides professional leadership for allied health services (including workforce planning, education and standards) across DDHHS. Allied health professions represented in the division include: occupational therapy, physiotherapy, nutrition and dietetics, speech pathology, audiology, podiatry, social work and psychology. The division also provides professional oversight of the additional health practitioner professional groups including radiography, sonography, pharmacy, oral and dental therapists, anaesthetic technicians and clinical measurement professions.

This division provides operational management of the Cunningham Centre (Registered Training Organisation), BreastScreen, Mobile Women's Health Services, and the Aged Care and Home and Community Care (HACC) assessment team.

Highlights from the year included:

- 18,927 breast screens have been delivered to women of which 543 (2.9 per cent) were provided to women who identified as coming from an Aboriginal or Torres Strait Islander background. This was the highest number of breast screens the service has delivered, and a 25 per cent increase in Aboriginal and Torres Strait Islander participation rates on the previous year
- 359 community visits were provided by the Mobile Women's Health Service, including 2,100 cervical screens
- 200 allied health students completed a total of 7,203 clinical placement days

# 18,927

BREAST SCREENS PERFORMED

# 2,100

CERVICAL CANCER SCREENS

# 7,203

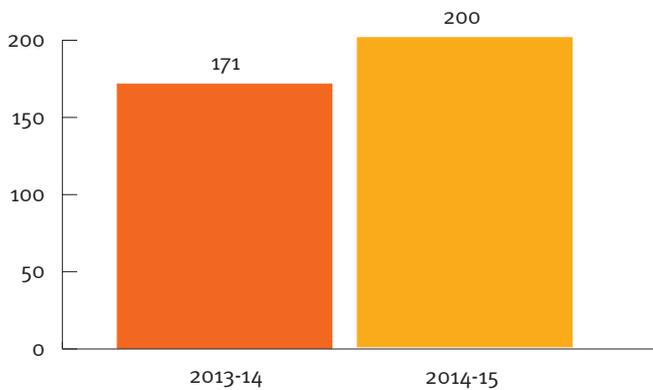
STUDENT PLACEMENT DAYS

# 169

QUALIFICATIONS  
AWARDED THROUGH  
CUNNINGHAM CENTRE

# Divisional reports

## Total number of students all disciplines

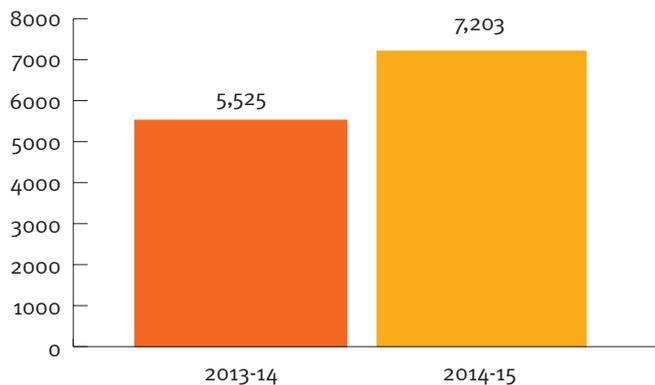


- Eight allied health research papers were published in high-impact, professional journals
- 14 allied health conference papers were presented at national and state conferences
- Five new models of care including two Allied Health Rural Generalist positions commenced
- 169 qualifications were awarded through the Cunningham Centre.

## Clinical education

Two hundred allied health students completed a total of 7,203 clinical placement days. The number of innovative models of clinical education increased with a greater number of interprofessional opportunities for students and use of telehealth technology to support students in rural placements. Evaluations of the clinical placements consistently demonstrated high levels of satisfaction and quality.

## Total number of placement days all disciplines

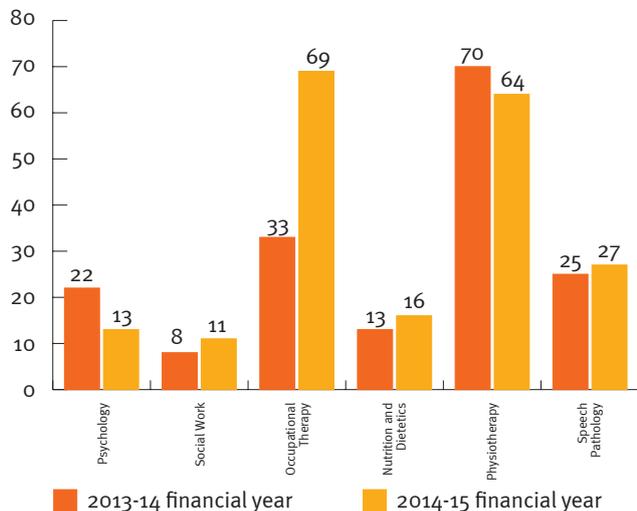


## Models of care

A number of new models of care were introduced:

- Weekend allied health service for acute stroke patients started in April 2015. It was designed to facilitate timely initial assessment and management for acute stroke patients admitted on or just before the weekend. Preliminary feedback has indicated that this model improves patient outcomes and a formal evaluation will commence in October 2015.
- Weekend allied health assistant service for rehabilitation and geriatric emergency medicine (GEMS) patients was implemented in April 2015 and was designed to increase task delegation and improve intensity of practice for rehabilitation and GEMS patients. Clinical activity increased with an average of greater than 20 patients receiving additional support each day of the weekend.
- Two allied health rural generalist positions, one in South Burnett and one in Western Cluster, and an advanced allied health rural generalist position were created.
- A vestibular outpatient clinic was established with an advanced allied health practitioner providing a limited vestibular screening service for patients and education for medical officers in the emergency department at Toowoomba Hospital.
- The Orthopaedic Physiotherapy Outpatient Clinic was expanded in September 2014 to allow rural patients to be treated locally.

## Number of clinical placements - DDHHS



# Divisional reports



## Education and research

Dr Anna Tynan (pictured) was appointed to the Research Fellow position in February 2015. A research advisory committee was established to provide strategic oversight for fostering and building capacity for research across DDHHS. Two research grants were received, eight research papers published, and 14 conference papers were presented. A number of research collaborations with other facilities and tertiary institutions also commenced.

Research grant projects underway included:

- Toowoomba Hospital Foundation/Pure Land Learning College

- Geriatric Adult Rehabilitation and Stroke Service research project: A retrospective cohort study to examine the clinical efficiency and effectiveness of the Toowoomba hospital Geriatric, Adult Rehabilitation and Stroke Service Model of Care.

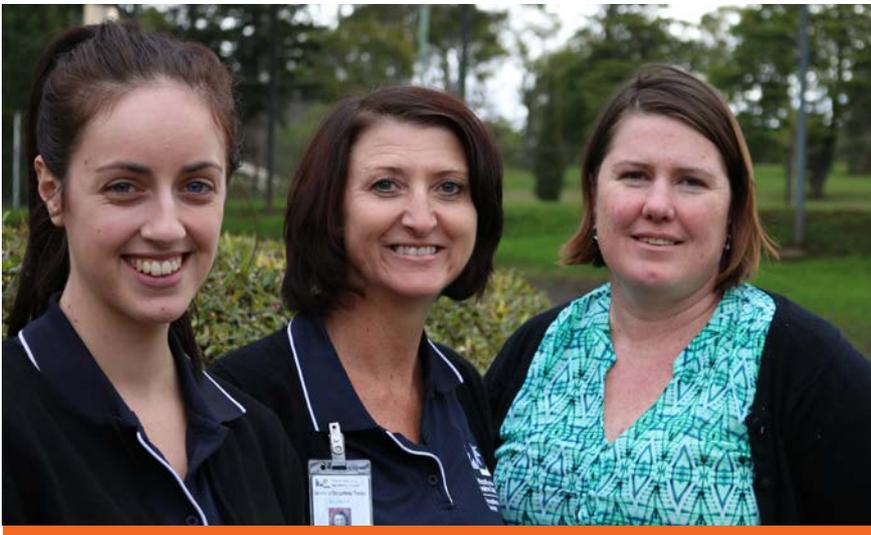
Several other grants were received and research work will commence in the 2015-16 financial year.

Research collaborations included DDHHS participating in the Queensland gestational diabetes mellitus (GDM) collaborative for the 'Full scope of dietetic practice in GDM' project. This work is a component of Dr Shelley Wilkinson's Queensland Health - Health Research Fellowship (2014-2016) and also includes Cairns and Hinterland Hospital and Health Service.

# Divisional reports

## Expanded scope of practice

- Podiatrist-led nail surgery started at Toowoomba Hospital in January 2015 and involved triaging patients on the surgical waitlist to the Orthopaedic Podiatry Triage Clinic for nail surgery. The wait list for nail surgery is now zero.
- Speech pathologist requesting of videofluoroscopic swallow studies started in June 2015, enabling patients to be assessed in a more timely manner.
- Tracheal suctioning was endorsed as an extended scope of practice for speech pathologists which will improve the efficiency and effectiveness of patient care.



University of Sunshine Coast occupational therapy students Alice Curtis (left), Nora English, are pictured with DDHHS Community Care Allied Health team leader Michelle Forrest. Their student placement in June 2015 took a different approach to the norm, being project-focused, rather than purely clinical.

## Cunningham Centre

The Cunningham Centre, a Registered Training Organisation, maintains the delivery of education and training programs across the State with employees of all 16 Hospital and Health Services accessing training products.

Highlights for the year include:

- Certificate III in Sterilisation HLT31112 - 91 qualifications issued and 51 Statement of Attainments resulted in the highest number of completion ever with a 160 per cent increase from last financial year.
- Certificate II in Health Support Services HLT21212 - 78 qualifications issued, an increase of 52.9 per cent since the previous year.
- The management of the Allied Health Rural Generalist Pathway Scoping Project started with 11 clinicians appointed (two in DDHHS including a physiotherapist in Kingaroy and an occupational therapist in Dalby/Chinchilla).

## FORUM A FIRST



Allied Health Assistants Luis Escalante and Marina Smith demonstrate a manual handling technique on fellow AH Assistant Greg Leonard during a special forum held in Toowoomba in March

The inaugural Allied Health Assistants' Forum was held in Toowoomba in March 2015, attracting 49 participants (35 per cent from DDHHS).

Allied health assistants work under the supervision and delegation of allied health professionals and are key members of patient care teams.

The forum included workshops about professional boundaries, patient communication and effective delivery of information to patients.

Sessions on grief and loss and manual handling were presented by the Toowoomba Hospital social work and physiotherapy departments respectively.

Evaluation of the forum was extremely positive, with 100 per cent of participants reporting that they intended to make changes to their workplace and clinical practice as a result of attending the forum.



## Workforce Division

The Workforce division supports the organisation to deliver on the key priority of ensuring a dedicated trained workforce.

In 2014-15, our organisational structure was modified to include a standalone Workforce Division incorporating Human Resources, People and Culture, Work Health and Safety, Recruitment Services, and Emergency Preparedness.

To lead this division, Mr Michael Metcalfe was appointed and started in the new role of Executive Director Workforce in January 2015.

↑ Chief Executive Dr Peter Bristow congratulates Colleen Stower on her nomination for a staff award. The awards are part of the Our Values in Action program.

In 2015 the DDHHS Workforce Committee was reconfigured to provide a focus on the progression of workforce issues and initiatives.

Reporting to the workforce committee are sub-committees focussing on work health and safety, performance and culture, training and education, and workforce planning and design.

# Divisional reports

The Workforce Committee and its sub-committees led in the delivery of the key priorities of the Board under the DDHHS strategic plan:

- embedding a values-based culture
- planning for, recruiting and retaining an appropriately skilled workforce
- development, education and training of the workforce
- employee engagement for improvements of the service
- promotion of employee health and wellbeing.

We maintained a strong consultative relationship with unions through scheduled consultative forums, with a key focus of these meetings being any proposed organisational change. The DDHHS developed a succinct template to map the proposed change process.

Our strategic objective was to “embed a values-based culture” which included the Queensland Public Sector Code of Conduct framework. It provides principles and expected behaviours that are mandatory practice for employees in line with our values. Every DDHHS employee plays a part in creating a quality workplace culture by expressing a positive and respectful attitude and remaining resilient in challenging work situations.

DDHHS’s *Our Values in Action* which was launched in 2014-15, highlighted the importance of values-based behaviour in order to be trusted to deliver excellence in rural and regional healthcare. *Our Values in Action* provides a framework to promote understanding of what values-based behaviour looks like in the workplace. The values were also the basis of the employee performance appraisal and development discussions with staff and line managers.

In 2014, we undertook a review of the employee performance procedure including the performance appraisal and development process. Effectiveness of the current process and tools were evaluated and this feedback was incorporated in a redesign of the electronic performance appraisal and development form (E-PAD) including the development of a suite of support tools.

The E-PAD supports two-way discussions in the following areas: clarifying performance objectives and expectations; providing feedback and guidance on performance; and identifying learning and development needs and activities.

To ensure the ongoing E-PAD experience is considered a “value add” activity in our workplaces we are committed to continually reviewing and evaluating this process, ensuring that there is understanding and active participation in performance, appraisal and development.

In terms of business continuity, DDHHS proactively implemented emergency preparedness through training programs and by providing emergency drill situations to ensure facilities were prepared for potential disasters. This included major exercises to test capacity in these situations. Processes and templates have been developed to guide employees and managers and support in the ongoing review of facility-based contingency and business continuity plans.

## 68,875

ONLINE TRAINING COURSES  
COMPLETED BY STAFF THIS YEAR

## 2,235

STAFF PROVIDED FEEDBACK  
THROUGH WORKING FOR  
QUEENSLAND SURVEY

## 4,345

STAFF COMPLETE  
PATIENT-CENTRED  
CARE TRAINING

## 3,485

STAFF PERFORMANCE  
PLANS IN PLACE, ALMOST  
DOUBLE THE NUMBER  
SINCE ELECTRONIC  
VERSION LAUNCHED

# Divisional reports

## Finance Division

The Finance Division provides DDHHS-wide support functions comprising Financial Control, Management Accounting, Commercial Management, and Infrastructure and Planning to optimise quality healthcare and business outcomes.

### Financial control

The Financial Control area assisted the operating divisions to maximise revenue, an ongoing focus during 2014-15.

There were significant changes in the aged care sector with the introduction of refundable accommodation deposits and daily accommodation payments. Financial Control was able to assist with the development in internal processes to ensure DDHHS was compliant with the revised requirements and continued to maximise this revenue stream.

### Management accounting

Management Accounting continued to support the clinical divisions to meet their objectives. One of the key support functions was providing meaningful finance and activity information which strengthened decision making. This was achieved through ensuring costing and reporting structures were appropriate to capture the true cost of clinical service provision within the clinical divisions, development of budgets to align to clinical needs, and ensuring performance reporting was effective and accurate.

A new dashboard reporting technology called Qlikview was piloted. The introduction of Qlikview will improve the health service's ability to respond rapidly to emerging trends by enabling better drill-down on issues by frontline managers.

### Commercial management

The Commercial Management Unit explored opportunities for business improvement with operations managers and assisted with procurement and contract management activity.

The unit assisted DDHHS to:

- reduce surgery waiting lists through the establishment of surgical services contracts (general surgery, dental, endoscopy and ophthalmology)
- improve access to local providers in the procurement of consultants' services through the establishment of local architecture and engineering standing offer arrangements
- improve processes through the development of DDHHS policies and procedures for contract management and procurement.

# 25,268

WORK ORDERS COMPLETED  
TO MAINTAIN OUR BUILDINGS

# 475

BUILDINGS ACROSS 90,000  
SQUARE KILOMETRES

# 6,000

PIECES OF MEDICAL  
EQUIPMENT MANAGED

# \$1.3

MILLION IN FUNDING  
FOR EQUIPMENT  
ALLOCATED FROM  
BUDGET SURPLUS



↑ Michelle Miller, with her son Samuel Miller-Atkins, Dr Dan Halliday and Tracey Gunnlaugsson. On 21 September, 2014 Samuel was the first baby born in Stanthorpe Hospital's new birthing suites, a project overseen by DDHHS's Infrastructure and Planning Unit. Dr Halliday and midwife Tracey performed the delivery.

## Infrastructure and Planning

The Infrastructure and Planning Unit oversaw DDHHS physical infrastructure planning and buildings management requirements including capital works projects.

The unit undertook a major project to prepare for the transfer of legal ownership of land and building assets from the Department of Health to DDHHS which happened in December 2014.

Building, Engineering and Maintenance Services completed approximately 25,268 work orders during the year to help maintain buildings and other infrastructure.

DDHHS has a large asset base of land and buildings with a replacement value of \$1 billion comprising 475 buildings spread across 90,000 square kilometres. We also manage over 6,000 individual pieces of medical equipment.

Capital infrastructure planning studies were undertaken at several sites to plan for future needs.

## Information Communication Technology

DDHHS completed an information communication and technology plan to guide the development and implementation of future hardware and software ensuring that all services were supported with contemporary technology.

A number of local software applications were rolled out to improve service delivery. After a successful pilot in the South Burnett, an automated accounts payable system was implemented across DDHHS, reducing paperwork and handling and improving timeliness and reducing errors.

Pyxis (a pharmacy dispensing technology system) was implemented at Toowoomba Hospital. As at June 30, eight rural facilities with emergency treatment areas had an emergency department information system (EDIS) in place.

Significant Technology Infrastructure Renewal (TIR) projects at Stanthorpe, Goondiwindi and Chinchilla hospitals were completed. These involved cabling and servers as well as telecommunications infrastructure.