

ANNUAL REPORT SUMMARY 2015-2016

Darling Downs Hospital and Health Service

Year of achievement overview

Once again 2015-2016 has seen an increase in activity across the Darling Downs Hospital and Health Service (DDHHS).

The DDHHS has now maintained no long waits for elective surgery for two and a half years and no long waits for specialist outpatient appointments for one year. This is a significant achievement and sustaining this level of health service for a long period of time is due to the commitment of DDHHS staff as they continue to deliver quality healthcare to the community.

Additional key achievements from the year included:

- Being the only health service in Queensland to have no patients waiting longer than clinically recommended for specialist outpatient appointments
- Reducing dental waiting lists by 54 per cent resulting in no patients waiting longer than the clinically recommended time for treatment
- World first robotic ear, nose and throat (ENT) surgery performed in a regional setting on a public patient (in conjunction with St Andrews Hospital).
- Increasing telehealth consultations across the health service
- Moving to a single accreditation process under the International Organisational Standard (ISO) 9001 Quality Management Standard
- Announcing two major infrastructure projects from the accumulated surplus
 - » \$8.1 million seventh operating theatre for Toowoomba Hospital
 - » \$2.6 million new staff accommodation and private practice clinic at Miles Hospital
- Welcoming 48 graduate nurses and a record number of 39 medical interns.

Our year at a glance



Elective surgeries performed
9,110

↑ 377 from 2014-15



Aged care occupied bed days
101,000

↑ 1,300 from 2014-15



Separations (discharges)
76,087

↑ 4,227 from 2014-15



Telehealth consultations
(non-admitted patients, excluding mental health)
5,128

↑ 630 from 2014-15



Emergency department presentations
155,125

↑ 5,945 from 2014-15



Adult dental treatments
40,242

↑ 5,898 from 2014-15



All outpatient attendances
246,438

↑ 25,018 from 2014-15



Surgery hours
15,732

↑ 1,954 from 2014-15



Same day admissions
35,935

↑ 2,034 from 2014-15



Births
3,067

↑ 26 from 2014-15

Toowoomba hospital maternity refurbishments finished ahead of time

Refurbishment works at Toowoomba Hospital's Birthing Suite were completed a-week-and-a-half ahead of schedule allowing a return to full clinical services in late June.

The newly refurbished maternity and birthing facilities were welcomed by staff, expectant and new mothers, and visitors.

The Harbison Maternity Unit received extensive structural and cosmetic upgrades including the widening of some bathroom doors and showers for easier movement, and the reconfiguration of ward rooms to give mothers, babies and their visitors more space.

Other works included new floor coverings, painting, new blinds and upgraded bathrooms in the ward rooms, plus new window fittings and ensuites in single rooms.

The birthing suite makeover included new flooring coverings, repairs in two bathrooms and routine maintenance.



Harbison Nurse Unit Manager Peta Zupp and Rob McHugh from Building, Engineering and Maintenance Services celebrate the early completion of the refurbishment.

100% of patients seen on time for Elective Surgery

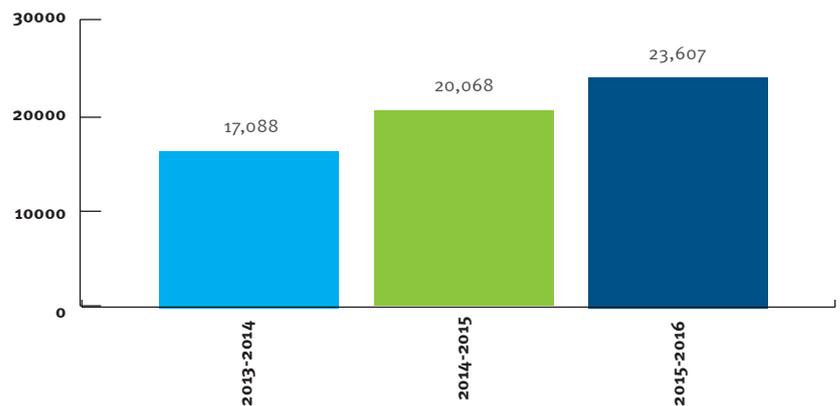
The DDHHS has surpassed the timeframes set through the National Elective Surgery Target (NEST) of 100 per cent for urgent, 97 per cent for semi-urgent and 98 per cent for routine elective surgeries, with 100 per cent of patients receiving their surgeries within these timeframes. This is despite a seven per cent increase in demand in services this year, with a total of 9,110 surgeries being performed. The DDHHS has maintained this level for over two and a half years, which is a significant achievement.

	Urgent (within 30 days)	Semi-urgent (within 90 days)	Routine (within 365 days)
Target	>98%	>95%	>95%
DDHHS Actual	100%	100%	100%

Specialist outpatient waiting lists reduced to zero

The DDHHS continues to outperform and maintain zero patients waiting longer than clinically recommended for an outpatient appointment for an entire year. This is despite a 38 per cent increase over the past two years in specialist outpatient referrals, with a total of 23,607 received in 2015-2016.

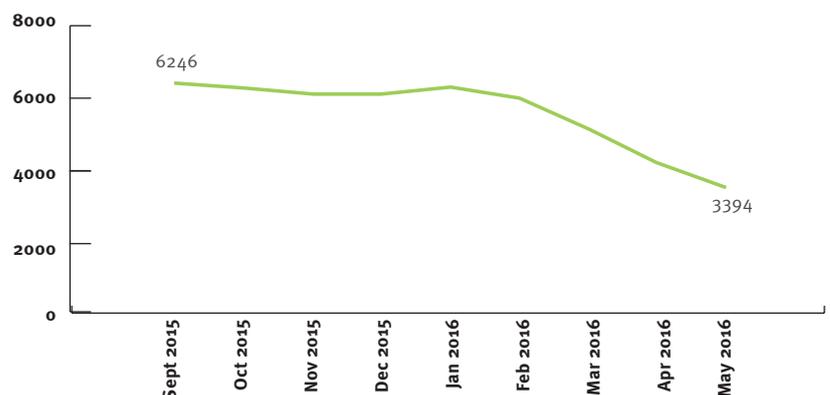
New specialist outpatient referrals



Dental waiting lists slashed

For a second year DDHHS has maintained no patients waiting longer than clinically recommended for routine dental treatment (less than two years). By the end of May 2016 the number of people waiting between one to two years was slashed from 1,127 to 195 and people waiting one year or less from 5,119 to 3,199. The total number of adult dental treatments provided in 2015-2016 was 40,242, an increase of 5,898 from the previous financial year.

Total numbers of patients waiting since late 2015





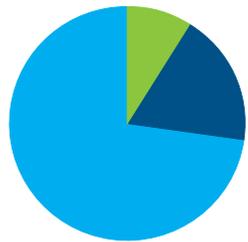
The Darling Downs Hospital and Health Board and Health Service Chief Executive (from front left) Dr Ruth Terwijn, Ms Megan O'Shannessy, Mr Mike Horan, Ms Marie Pietsch, (back row from left) Ms Corinne Butler, Ms Cheryl Dalton, Dr Ross Hetherington, Dr Peter Gillies, Dr Dennis Campbell and Ms Trish Leddington-Hill.

Year of transition for DDHHS Board

The Board is continuing their strong community engagement focus, attending over 200 meetings and events and travelling over 30,000 kilometres. The Board has continued to hold every second meeting in a rural area to facilitate strong communication channels across the health service.

The Board farewelled two members in May 2016, Dr Jeff Prebble and Mr Terry Fleischfresser. Dr Prebble retired from the Board and medical practice and Mr Fleischfresser completed his tenure with the Board. Ms Corinne Butler and Dr Ruth Terwijn were appointed to the vacant positions.

Our workforce



Contract Type	Percentage (%)
Casual	9
Temporary	18
Permanent	72



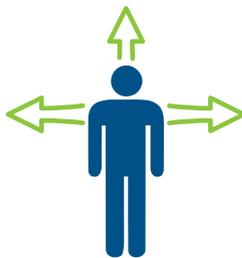
4,028

MOHRI FTE

*MOHRI – minimum obligatory human resource information

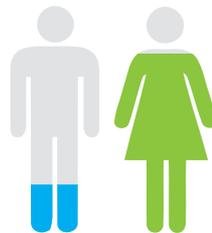


Clinical to non-clinical ratio
2:1



7.4%

Separation rate



Gender	Percentage (%)
Female	79
Male	21



5,122

Headcount



45

Average age

Infrastructure projects

In February 2016 the Board announced funding of \$8.1 million for the construction of a seventh theatre at Toowoomba Hospital. This is in addition to the \$2.48 million upgrade to the power supply, \$2.75 million to upgrade the existing computerised tomography (CT) scanner and the installation of a second CT scanner; and the \$2.86 million refurbishment of Fountain House 1 for the Alcohol and Other Drugs Service (AODS).

New CT scanners were installed at Goondiwindi and Warwick Hospitals in November 2015 and in June 2016 \$2.6 million was allocated for staff accommodation and the refurbishment of the community health building, for the co-location of the private practice clinic, at Miles Hospital.

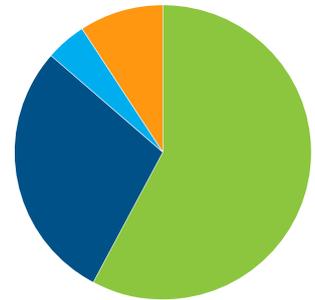
Sustainable resources

DDHHS achieved a financial result of \$3.47 million surplus for the year. This is the fourth financial year that the DDHHS has achieved an operating surplus whilst delivering more services than we are contracted by the Department of Health and improving health outcomes for our patients.

How we are funded

DDHHS's total income for the 2015-2016 financial year was \$683.9 million. This was comprised of: \$396.3 million from the State, \$195.8 million from the Commonwealth, \$30.8 million from Special Purpose Grants and \$61.015 million from other revenue sources (including self-generated).

Income

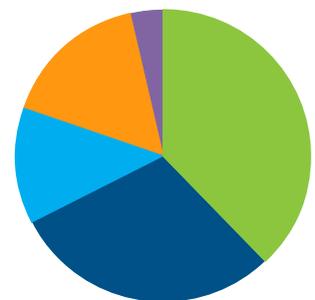


State contribution	\$396.3 M
Commonwealth contribution	\$195.8 M
Special Purpose Grants	\$30.8 M
Other revenue (including self-generated)	\$61.015 M

How the funding was distributed

DDHHS operates a complex group of healthcare services. Total expenses for 2015-2016 were \$680 million with an average of \$1.85 million per day being spent across the health service.

Budget allocation



Toowoomba Hospital	38.28%
Rural Health	30%
Mental Health	11.78%
Other Professional and Support Services	16.45%
Depreciation	3.49%

Mental Health service improvements

The DDHHS's Mental Health service continues to provide vital support to consumers in the community. Mental health inpatient activity has decreased this year and there is the continued decentralisation of services from the Baillie Henderson Hospital into the community.

The service transitioned 24 consumers from Baillie Henderson Hospital into the new community care unit at Kearneys Spring. A further 34 consumers have returned to their homes with care and support from the Mental Health Adult Mobile Outreach Team and Home Based Acute Care Team.

Patient transport service

The DDHHS has invested in a new service for patients in the South Burnett region requiring transport to Toowoomba for specialist services. The daily service was implemented in March 2016 and will improve access to specialist services for our patients.

The communities we serve



To read the full DDHHS Annual Report 2015-16 (including financial statements) go to:

<http://www.health.qld.gov.au/darlingdowns/pdf/ddhhs-annualreport-2016.pdf>



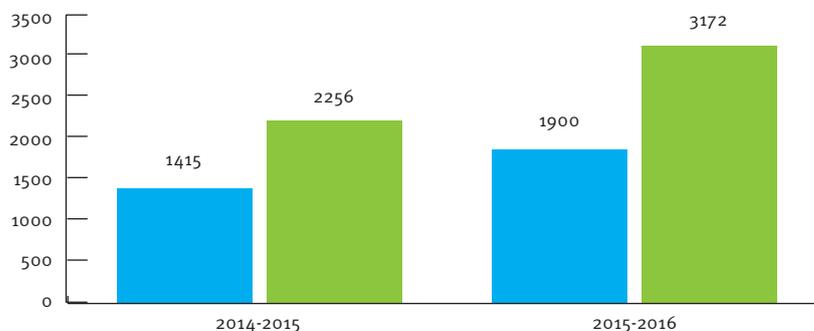
Darling Downs Hospital and Health Service

PO Box 405 Toowoomba Qld 4350
DDHHS@health.qld.gov.au
Phone (07) 4699 8412

Consumer engagement across our health service

The DDHHS encourages feedback from consumers and patients across the health service to help inform reviews and improvements in the care and services that we provide. In 2015-2016 we acknowledged all consumer complaints within five days and resolved 80 per cent of complaints within 35 days. Throughout the year compliments about our staff, facilities and the service we provide continued to exceed complaints.

Consumer feedback



	2014-2015	2015-2016
Total complaints	1415	1900
Total compliments	2256	3172



Members of the DDHHS Executive Team and Cultural Practice Coordinator (from front left): Annette Scott, Dr Hwee Sin Chong, Melanie Reimann, (back row from left): Brett Mendezona, Mick Metcalfe, Dr Peter Gillies, Rica Lacey and Dr Robyn Henderson.

Closing the Gap

On the tenth anniversary of "Closing the Gap" the DDHHS undertook an operational pledge to petition the federal and state governments to:

- recommit to Closing the Gap by 2030
- increase Aboriginal and Torres Strait Islander control and participation in the delivery of health services
- address the critical social issues of housing, education and self-determination that contribute to health inequality

The Making Tracks Committee has been formed to lead this change through the organisation.