

## Our performance

Our performance reports on the objectives of the *Department of Health strategic plan 2014–2018 (2015 update)*. This is a sample of the department's performance highlights from 2015–16 and is not representative of all work undertaken during this period.

### Strategic objective 1—Healthy Queenslanders

Outcome: Queenslanders live longer, healthier and more independent lives.

Performance indicators:

- life expectancy for Queenslanders
- percentage of Queenslanders who smoke
- Aboriginal and Torres Strait Islander closing the gap targets
- percentage of Queenslanders who are overweight or obese.

#### **Lead development and implementation of health promotion activities and regulatory frameworks to protect Queenslanders' health.**

Key achievements:

- Continued the *Healthier. Happier.* campaign to deliver nutrition and physical activity information to Queenslanders.

The relaunched website provides people with more resources to help improve their lifestyle habits and achieved more than 1.2 million page views during 2015–16. A Facebook page was also launched which achieved 28,000 likes during the same period.

Other promotional activities included the *Healthier. Happier. Give colour a spin* campaign which was designed to encourage increased fruit and vegetable consumption. A \$2.17 million *Healthier. Happier. Straight Answers* campaign was launched in April 2016 to provide people with simple and straight forward answers to many myths and misconceptions around exercise and nutrition.

- Delivered health specific recommendations under the Special Taskforce on Domestic and Family Violence (DFV) in Queensland report, *Not Now, Not Ever—Putting an End to Domestic and Family Violence in Queensland*, including the development of a toolkit of DFV resources, DFV clinical guidelines and a statewide 'train the trainer' program for health professionals.
- Commenced project scoping to evaluate the frequency and efficacy of DFV screening in antenatal settings.
- Continued the implementation of the *What's your relationship with alcohol?* campaign—a key initiative of the Queensland Government's *Tackling Alcohol-fuelled Violence* strategy. Phase one of the campaign encouraged people to consider their drinking behaviours and achieved 68 per cent recall with the target audience.

Findings included the following positive behaviour changes in people who saw the campaign:

- 45 per cent thought about their level of alcohol consumption

- 36 per cent thought about the impact it had on the people around them
- 18 per cent reduced their intake of alcohol
- 15 per cent talked to someone they know with alcohol consumption they were worried about
- 11 per cent started a conversation with someone about their alcohol consumption.
- Launched *Second-hand smoke*, the next phase of the *All by myself* tobacco cessation campaign, targeted to adult smokers aged 25–44 years. The \$2.4 million campaign was supported by two sub-campaigns that focused on Quitline and tobacco legislation changes.
- Continued to participate in Queensland child protection reform activities and support the implementation of the Queensland Child Protection Commission of Inquiry through participation in the Child Protection and DFV Interdepartmental Chief Executive Officer (CEO) Committee, the Child Protection Reform Leaders Group and working with other key agencies to implement the reform agenda.
- Released the draft *Queensland Sexual Health Strategy 2016–2021*, the first of its kind in Australia, for public consultation. Informed by a statewide service mapping survey and targeted consultation with key stakeholders, the draft strategy addresses a broad range of sexual and reproductive health issues, including health promotion, prevention, clinical service provision and community education to meet the needs of all Queenslanders, including specific population groups. The draft strategy provides an overarching framework for the:
  - *Queensland Hepatitis B Action Plan 2016–2021*
  - *Queensland Hepatitis C Action Plan 2016–2021*
  - *Queensland HIV Action Plan 2016–2021*
  - *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021*.
- Amended the *Public Health Act 2005* to implement measures to improve the management and control of health risks associated with the supply and use of water in hospitals and residential aged care facilities, in particular the risks associated with Legionella bacteria, and to provide greater public transparency of Legionella-related water testing activities being undertaken by these facilities. These requirements will apply initially to public hospitals, licensed private health facilities, and public residential aged care facilities from 1 February 2017.
- Progressed amendments to the Public Health (Infection Control for Personal Appearance Services) Regulation 2003 so that tattoo removal is prescribed as a high risk personal service, and advised business and local government stakeholders of changes.
- Amended the *Food Act 2006* in March 2016 to require food outlets with either 20 outlets in Queensland or 50 outlets nationally to display kilojoule content on their food and drinks menus to help inform healthier choices. An amendment was also made to the existing confidentiality provisions in the *Food Act 2006*, to enable the Chief Executive of the Department of Health to authorise the disclosure of confidential information to the public in certain circumstances. This aims to prevent or reduce the possibility of serious danger to public health, or mitigate the adverse consequences of a serious danger to public health.

- Amended the *Tobacco and Other Smoking Products Act 1998* to extend smoking bans, including for e-cigarettes, in Queensland. Bans were extended to outdoor public areas popular with families and children, (including under 18 sporting events, skate parks and public swimming facilities), perimeter bans for early childhood education and care services, public transport waiting points, all outdoor pedestrian malls, residential aged care facilities, national parks and government precincts. Local governments were given power to introduce local smoking bans in public spaces not covered under state law.
- Promoted a new Protocol for Tuberculosis Screening for use under the *Radiation Safety Act 1999*.
- Completed the multi-agency investigation led by Queensland Health into asbestos-related health concerns from the former asbestos products manufacturing factories in Gaythorne and Newstead, Brisbane. The investigation concluded there is no evidence of elevated asbestos-related health risk to residents who have commenced living near the former factory sites in Gaythorne and Newstead since the mid-1980s following the clean-up of the sites. However, there was likely to have been asbestos exposure in the vicinity of the former factories while they were operational. Air monitoring conducted in the communities near the former factory sites showed there is no greater risk of exposure to asbestos fibres than for people living in other areas of Brisbane.
- Developed intelligence-driven, risk-based 2016–18 compliance plans for public health Acts and Regulations, for implementation beginning 1 July 2016, in consultation with HHSs where relevant. An enhanced public health legislation compliance reporting regime was also established, comprising emergent, quarterly and annual compliance reporting.
- Proactive compliance monitoring highlights for 2015–16 include:
  - 53 per cent (n=27) of 51 water fluoridation plants were audited. A high level of compliance was identified with both the various legislative requirements and the Water Fluoridation Code of Practice.
  - 56 per cent (n=22) of 39 high risk radiation practices were audited. Issues identified related to poor inventory control, failure to have radiation sources and premises tested for compliance with relevant standards within the prescribed period and non-compliance with safety measures outlined in radiation safety and protection plans. Work continues to address these issues as part of ongoing compliance activities.
  - Commenced implementation of a quality assurance program to improve levels of all clinical diagnosis and provisional diagnosis notifications to the notifiable conditions system (NoCS). Key improvements implemented included changes to notification practices to ensure lead notifications received at Pathology Queensland are automatically sent through to NoCS and changes to processes at Children’s Health Queensland HHS to ensure acute flaccid paralysis is notified as required.
  - Audits of 369 pharmacies found that 46 per cent (n=171) were compliant, 20 per cent (n=74) had minor non-compliance issues and 34 per cent (n=124) required enforcement action to ensure legislative compliance.

- Completed a review of the portfolio legislation delegations procedure and the annual review of the delegations for all public health legislation administered by the Prevention Division.
- Officers authorised under public health legislation in the department and HHSs received and managed around 2224 complaints and 1531 enquiries. In addition, authorised officers completed more than 2085 investigations and audits and 1500 inspections.
- Delivered 824 enforcement actions in response to identified non-compliance with public health legislation in the areas of food safety, health drugs, poisons, pest management, public health, and radiation safety. Enforcement actions include:
  - 542 (66 per cent) formal advices or warnings
  - 193 (23 per cent) compliance/remedial/improvement notices, public health orders and administrative law actions
  - 12 (one per cent) seizures
  - 65 (eight per cent) prescribed infringement notices
  - 12 (one per cent) prosecutions.
- Completed 19,397 licence approvals and certificates, comprising:
  - 15,026 (77 per cent) under the *Radiation Safety Act 1999*
  - 2420 (13 per cent) under the *Pest Management Act 2001*
  - 1951 (10 per cent) under the Health (Drugs and Poisons) Regulation 1996.
- Total revenue raised by these licensing activities was \$3.8 million. There were approximately 25,000 enquiries to the licensing team, comprising of an average of 50 telephone enquiries and 30 emails per working day. The number and type of public health licences granted in 2015 was published on the Open Data Portal at: <https://data.qld.gov.au/dataset/health-protection-licences>

### **Engage consumers in their health to promote healthy lifestyles and behaviours.**

#### Key achievements:

- Performed 34,802, 13 QUIT smoking cessation interactions with clients, including responding to 6952 referrals from health professionals via Quitline (13 QUIT or 13 78 78).
- 2114 workers registered for the workplace quit smoking program, with a 22 per cent quit rate 12 months post program.
- Promoted BreastScreen Queensland's *An invitation that could save your life* campaign across Queensland throughout May and June 2016. The campaign targeted women aged 50–74 years, including women from culturally and linguistically diverse (CALD) groups and Aboriginal and Torres Strait Islander women to increase awareness of free breast screens for women aged up to 74 years.
- Conducted 1955 first aid courses, resulting in 15,321 accredited certificates and 722 non-accredited statements of attendance certificates being issued. Delivered CPR Awareness Program sessions to 24,385 participants.
- Delivered the \$2.6 million *Vaccination Matters* immunisation social marketing campaign to promote childhood vaccinations and support changes in childcare

legislation. Promotional activity included childhood immunisation, whooping cough vaccine for pregnant women and *Bubba Jabs* (promoting childhood vaccination for Aboriginal and Torres Strait Islander Queensland children).

A VacciDate app was implemented and used by 47,878 people throughout the year. Mid-campaign evaluation in May 2016 revealed that of those who had seen the advertising, 81 per cent strongly agreed they understood the message being delivered and 51 per cent had done something after seeing the campaign.

Total number of views of the Vaccination Matters website throughout the year reached 322,856.

- Established a service agreement with Health Consumers Queensland (HCQ) to advocate independently for patients and their families, and empower health consumers in the planning, design delivery, monitoring and evaluation of HHSs. HCQ will also provide training and support for HHS consumer representatives.
- Delivered promotional activity for 'Whooping cough and pregnancy' to the community through posters, brochures, online and social media posts. Mid-campaign evaluation in May 2016 revealed that seven in 10 people (71 per cent) acknowledged that the recommended frequency of Pertussis (whooping cough) immunisation is for each and every pregnancy.
- Continued to run the \$435,000 *Sun Mum* campaign to promote healthier sun safety habits among Queensland's youth.

In addition to delivering sun safety messages, *Sun Mum* focused on the serious consequences of not adopting sun safe behaviours. *Sun Mum* videos were viewed more than 850,000 times on Facebook and a further 550,000 times on YouTube, reaching more than 1.4 million views.

The campaign resulted in a strong call to action among the youth audience, with two in three claiming they will use sun protection measures more regularly, consider their sun safety behaviours and take precautions when out in the sun.

- Delivered the Jamie Oliver's *Ministry of Food* program—in partnership with The Good Foundation—to teach people how to prepare simple, healthy, fresh and affordable meals and to help them to 'get back to basics' in the kitchen. More than 5,600 Queenslanders attended a cooking demonstration, event or completed a cooking course.
- Delivered the *Need for Feed* cooking program within 25 high schools across the state, in partnership with Diabetes Australia Queensland—to provide practical, healthy cooking classes for students in years 7–10. Evaluation showed the following sustained behaviour change six months post program:
  - 22 per cent increase in students eating the recommended two serves of fruit a day
  - 50 per cent increase in students eating the recommended five serves of vegetables a day
  - 13 per cent decrease in the number of times unhealthy food and drinks were consumed by students in a week.
- 650 children participated in the face-to-face PEACH program—a free, parent-led, family-focused healthy lifestyle program that supports parents struggling to manage their children's weight. Since its launch in February 2016, PEACH online has enrolled more than 100 families and 123 children.

- Delivered the Healthier. Happier. Workplaces Initiative in collaboration with Workplace Health and Safety Queensland and WorkCover, to assist organisations to implement healthy lifestyle activities that influence employee behaviours and support positive workplace culture. In 2015–16, 540 new workplaces registered with the program, taking the total to 2529. Since the program began in 2011, 53 workplaces have been awarded recognition for their health and wellbeing program.
- Chaired a working group to develop options for expanding access to HIV Pre-Exposure Prophylaxis and assisted Cairns and Hinterland HHS to facilitate the expansion of the Demonstration Project into a large scale Implementation Trial for up to 2000 people at high risk of developing HIV.
- Conducted a Queensland-wide investigation into laser possession and use in cosmetic and beauty therapy businesses. This involved raising public awareness of risks of lasers and Intense Pulsed Light (IPL) sources by releasing alerts on Facebook and Twitter and establishing lists of licensed companies possessing lasers and licensed users on the Queensland Health website.
- Delivered 11 local government workshops across Queensland involving 230 environmental health officers from 39 local government areas with respect to food business inspections and food borne illness outbreak learnings.
- Addressed potential food safety issues by working with HHSs to investigate 187 prescribed contaminant in food notifications, 319 Australian Competition and Consumer mandatory reports and 51 of 98 national food recalls which involved Queensland.
- Published the *Safe water on rural properties* guide to assist in responding to public queries relating to risks to public health from drinking and recreational water on rural properties which manage their own water supplies.
- Commenced the 18-month transition of all functions and data of the Queensland Health Pap Smear Register to the National Cancer Screening Register to achieve increased consumer engagement and access to personalised information for cervical cancer screening.

### **Align system services to the integrated continuum of care for consumers**

#### Key achievements:

- Received 334,715 calls to 13 HEALTH with the majority answered within 20 seconds. Of callers seeking triage advice, 77 per cent were recommended a non-emergency level of care. The greatest call volume occurred between 3pm and 10pm each day of the week.
- Collaborated with the Department of Community, Child Safety and Disability Services (DCCSDS) to assist individuals with psychiatric disabilities to transition to the National Disability Insurance Scheme (NDIS) and ensure both NDIS eligible and non-NDIS eligible individuals continue to receive integrated mental health services.
- Developed an integrated model of care and support for people affected by adversity associated with natural disasters, droughts or other community crisis in nine regional and remote HHSs. The Tackling Regional Adversity Through Integrated Care program aims to improve integration of healthcare and community support, building resilience and fostering recovery in affected communities.

- Partnered with DCCSDS and the Department of Housing and Public Works (DHPW) to provide non-acute mental health services in the community and access to services closer to family and community networks. Projects to support the transition of individuals to contemporary services options from The Park Centre for Mental Health in Wacol and Baillie Henderson Hospital in Toowoomba were concluded. Over the previous two-year period, mental healthcare for more than 70 individuals changed to a more appropriate community-based environment.
- Developed the following action plans to complement the Queensland Sexual Health Strategy:
  - draft Queensland Hepatitis B and C action plans (2016–2021)—these plans focus on targeted best practice prevention activities, increasing access to testing for viral hepatitis and increasing access to treatment for people diagnosed with chronic hepatitis.
  - draft Queensland HIV Action Plan (2016–2021)—focuses on a comprehensive preventive approach, increasing voluntary testing for HIV, increasing treatment uptake for people with HIV, increasing awareness of HIV transmission and addressing stigma and discrimination, and improving surveillance, monitoring, research and evaluation.
- Commenced the provision of recurrent funding to the LCCH to establish a dedicated expert statewide specialist immunisation service for children with complex vaccination needs.

### **Support health service providers to close the health gap for Aboriginal and Torres Strait Islander Queenslanders.**

#### Key achievements:

- Developed Making Tracks investment strategy for Indigenous-specific health services to better support Aboriginal and Torres Strait Islander Queenslanders and help close the gap in health outcomes, comprising:
  - more than \$200 million over three years (2015–2018) for evidence-based initiatives to address the health gap
  - provision of integrated culturally and clinically effective healthcare focusing on preventing ill health, improving diagnosis and early intervention, and better management and treatment of illness
  - More than \$80 million in 2015–16 to HHSs and Aboriginal and Torres Strait Islander community-controlled health services to help close the gap in health outcomes for Aboriginal and Torres Strait Islander Queenslanders.
- Developed the *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021*, supported by \$15.8 million over the first three years, as a direct response to the increasing incidence of infectious syphilis in North Queensland.
- Developed the Queensland Health *Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021* to improve the responsiveness of services to the needs of Aboriginal and Torres Strait Islander Queenslanders with severe mental illness. The strategy:
  - provides direction to HHSs on priority areas for action

- emphasises the need for effective partnerships between HHSs, Aboriginal and Torres Strait Islander Community Controlled Health Services and Primary Health Networks (PHNs) and between the health sector and wider social services sector
- focuses on embedding cultural capability into mainstream mental health services and clinical practice.
- Other strategies/initiatives include:
  - Implementing Indigenous maternal and child health multidisciplinary services in hospitals and communities across Queensland.
  - Continuing the Indigenous Cardiac Outreach Program and the Indigenous Respiratory Outreach Program to support people with chronic disease living in remote and very remote locations.
  - Continuing to implement hospital liaison services in major Queensland hospitals to assist Aboriginal and Torres Strait Islander patients navigate the health system.
  - Continuing the award-winning *Deadly Ears* program to reduce the high rates of conductive hearing loss.
  - Providing drug and alcohol services in 21 discrete Aboriginal and Torres Strait Islander communities.
  - Funding a \$300,000 per year, three-year partnership between the Brisbane Broncos and the Institute for Urban Indigenous Health to support the Deadly Choices initiative, which promotes healthy lifestyles and regular health checks.
  - Continuing Quitline’s *Yarn to Quit* smoking program, with the registration of 347 new clients in 2015–16.
  - Continuing the QAS Aboriginal and Torres Strait Islander Cadet Program, providing a vital link between Indigenous communities and pre-hospital patient care. Two cadets joined Ravenshoe in addition to cadets at Cooktown, Doomadgee, Mount Isa, Normanton, Palm Island, Thursday Island, Woorabinda and Yarrabah.
  - Continuing the QAS Field Officer Program at Horn Island, Coen, Kowanyama and Cooktown, allowing field officers to work with very remote and isolated communities to enhance the capacity of these communities to prevent and better respond to healthcare emergencies and illness.
  - Continuing to work with the Indigenous Cardiac Outreach Program to provide training for Indigenous healthcare workers to gain a qualification in pathology specimen collection in their communities.
- Provided approximately \$289,000 to the Queensland Aboriginal and Islander Health Council to support Aboriginal and Torres Strait Islander Community Controlled Health Services in improving immunisation coverage rates for Aboriginal and Torres Strait Islander Queenslanders.

### **Enhance responsiveness to disaster and emerging health threats.**

#### Key achievements:

- Continued delivering key initiatives under the Queensland Health ICT Roadmap: Network and Infrastructure Information Security to ensure the efficient delivery of healthcare services while protecting patients, staff and the organisation from

information security threats. Ninety initiatives have been mapped over five years to address these issues within the core network and infrastructure foundation. More than 15 initiatives have been delivered during 2015–16, including the establishment of the Information Security Working Group, mandatory ICT training and new/updated standards and tools.

- Established Zika virus Polymerase Chain Reaction testing in Pathology Queensland's Townsville laboratory improving patient access to specialised testing service, reducing the wait for results and providing early diagnosis and intervention in confirmed cases of Zika virus infection.
- Provided enhanced surveillance for and control of the vectors of Zika virus in north Queensland, including the development of new approaches for vector control around high risk locations to reduce the risk of infection for pregnant women.
- Took part in Zika virus research to produce a virus protein with potential for use in diagnostic tests and vaccine production.
- Led and coordinated Zika virus preparedness activities in response to a global outbreak. The World Health Organization declared the Zika virus outbreak a public health emergency of international concern because of the (since confirmed) association between Zika virus infection during pregnancy and the development of microcephaly in the unborn baby. Worked collaboratively with a range of stakeholders to implement a coordinated response to Zika virus prevention and control, including HHSs, Forensic and Scientific Services, Pathology Queensland, local government and Integrated Communications Branch.
- Provided critical assistance during the Cannon Valley bus rollover near Proserpine—staff from the Townsville and Mackay pathology laboratories assisted during the emergency by ensuring continuity of blood supply to an unknown (at the time) number of casualties.
- With the commencement of the cardiac rehabilitation practice improvement payment, referrals to The COACH Program, (a telephone-based coaching program that assists people with chronic disease), have continued to rise. The COACH Program mini-case study was included in the Review of Government Services 2016 publication. An article about The COACH Program, 'Improving access and equity in reducing cardiovascular risk: the Queensland Health Model', co-authored by the Health Contact Centre team, was subsequently published in the Medical Journal of Australia, winning a high commendation award from the Australian Medical Association.
- Developed a whole genome sequencing genotyping scheme for the surveillance of salmonella enteritidis, a significant pathogen linked with contaminated eggs. Use of this technology for this purpose is an Australian first, and assists with controlling the spread of the disease and expanding knowledge on salmonella enteritidis risk factors.
- Identified statewide learnings and system-wide service improvement recommendations relating to suicide prevention in a health service delivery context after data from the interim Queensland Suicide Register, administered by the Australian Institute for Suicide Research and Prevention (Griffith University), showed a potential increase in the number of suspected suicides in Queensland in 2015.
- Continued effective disaster management preparedness training of QAS officers during 2015–16:

- 353 officers completed the state major disaster awareness course
- 43 supervisors participated in emergency management leadership training
- 201 officers participated in Queensland Disaster Management Arrangements program
- 33 officers participated in Joint Emergency Services Training
- 325 officers completed Chemical Biological Radiological Awareness program.

## Salmonella and Campylobacter Project

Queensland has been experiencing a significant increase in the incidence of foodborne illness caused by Salmonella and Campylobacter during 2015–16. In response, an Incident Management Team was established and a range of strategies implemented.

The department held workshops for environmental health officers from both local government and public health units across Queensland, with a focus on risk based inspections strategies. A total of 230 environmental health officers from 39 local government areas attended 11 workshops, with a further 31 environmental health officers from 11 public health units.

A microbiological baseline study for the occurrence of Salmonella and Campylobacter in raw chicken meat began in July 2015. The study involved four HHS Public Health Units and ran for 12 months. The research established a baseline for Campylobacter and engaged industry and retail sectors into setting new performance targets.

A survey of 102,633 eggs sold in Queensland was undertaken. Of these, 2534 eggs (2.5%) were deemed unacceptable as they were cracked or dirty.

A public awareness campaign on food hygiene was also conducted. The 'Foodsafe in Seconds' campaign involved nine short videos on basic food handling hygiene and practices in relation to chicken and eggs. The videos were distributed through a variety of platforms including the *Healthier. Happier* website and social media.

After the conclusion of the campaign (31 March 2016), a post-campaign evaluation study was done to assess community changes in attitudes and behaviours. Key findings included:

- prompted and unprompted awareness of the Foodsafe in Seconds campaign was low, with only four per cent of the public having visited the website, and between one to seven per cent having seen the ad.
- despite low awareness, perceptions of the ad were positive. All ads were considered easy to understand and believable by at least 80 per cent of the public, and at least 60 per cent believed the ads made them think about their behaviour.

- Increased capacity of QAS disaster management equipment:
  - three additional Emergency Support Units (ESU) across the state bringing the total to seven
  - replaced Mackay ESU
  - three Multi Casualty Incident Trailers were finalised and are strategically located within the Torres and Cape LASN.
- Released the QAS *Paramedic Safety Taskforce Final Report* in April 2016. The report is aimed at reducing the level of occupational violence against ambulance officers through the implementation of 15 recommendations. The report was informed by a taskforce that included QAS staff, United Voice Queensland and representatives from the university sector, and undertook targeted consultation with other key stakeholders.
- Implemented stronger governance arrangements for disaster and emergency management across Queensland Health through establishment of the State Health Emergency Management Committee (SHEMC) at operational level, engaging with all HHSs, and the Tier 3 Disaster Management Executive Committee (DEMC) at strategic level.
- Implemented improved information sharing arrangements through formal distribution process of the State Disaster Coordination Centre (SDCC) daily Queensland Emergency Management Report and hazard specific warnings based on local government boundaries to all HHSs and Department of Health divisions.
- Updated Crisis and Continuity Plan in line with the Risk Management Framework and strengthened links with state health disaster management arrangements.
- Implemented improved task tracking processes in the State Health Emergency Coordination Centre (SHECC).
- Implemented a formal role based training program for staff working in SHECC to ensure a trained, prepared workforce with consistency of Incident Management Team (IMT) processes.
- Ongoing partnership with the National Critical Care and Trauma Response Centre in Darwin to help support development of a trained and prepared cohort of clinical staff capable of deploying to disasters within Queensland, Australia or internationally.
- Delivered *Major Incident Medical Management and Support (MIMMS) and Hospital MIMMS* courses across HHSs to assist disaster preparedness.
- Provided input as requested to the Ravenshoe Review and commenced implementing recommendations.
- Participated in preparedness activities for 2018 Commonwealth Games (GC2018) including establishing a Queensland Health Commonwealth Games Committee.
- Revised the Queensland Health Heatwave Plan in accordance with changes to the National Heatwave Warning System developed by the Bureau of Meteorology (BOM).

## Paramedic Safety Taskforce

A taskforce was established to investigate and implement strategies to improve paramedic safety and reduce incidents of occupational violence against paramedics to provide a safer working environment.

The taskforce proposed nine discrete initiatives critical to the success of the project:

1. Occupational violence education and training
2. Media and communications
3. Occupational violence data analysis
4. Queensland Ambulance Service supervisory model
5. Identify linkages with staff support
6. Post-incident response and support
7. Queensland Ambulance Service clinical practice and patient safety
8. Research and development
9. Technology options

From the nine key initiatives, 15 achievable recommendations were developed to reduce the risk of occupational violence and significantly enhance the future safety of QAS staff. To date, eight of the 15 recommendations of the Paramedic Safety Taskforce have been implemented, the remaining seven recommendations are on target to be finalised by the end of 2016. Through the delivery of practical and working solutions, these achievements will serve to reduce violence against QAS officers, and will help to protect officers in the event of violence or assault while at work. These achievements will contribute to the QAS's goal of building a safer workplace for all officers.

The Paramedic Safety Implementation Oversight Committee will provide the strategic oversight for the implementation of the recommendations contained within the Paramedic Safety Taskforce Final Report. The implementation of all recommendations will be completed by December 2016.

## Strategic objective 2— Safe, equitable and quality services

Outcome: The health system is safe, affordable, sustainable and continually improving

Performance indicators:

- rates of preventable hospital acquired infections
- percentage of formal reviews undertaken on HHS responses to significant negative variance in Variable Life Adjusted Displays and other national safety and quality indicators
- ambulance responsiveness
- inter-HHS variation in access-related key performance indicators.

### **Plan to ensure health infrastructure has the flexibility and capacity to meet future service requirements.**

Key achievements:

- Completed the QAS capital works projects, including replacement of the Miriam Vale Ambulance Station, and the Russell Island Ambulance Station and its residence.
- Started planning for the new Birtinya Ambulance Station on the Sunshine Coast University Hospital campus and the delivery of co-located services at the Alpha Community Hospital.
- Developed a portfolio level Total Asset Management Plan in collaboration with the Department of Infrastructure, Local Government and Planning.
- Performed Building Performance Evaluations (BPE) in conjunction with HHSs on the following projects:
  - Gold Coast University Hospital post commissioning
  - Queen Elizabeth II Jubilee Hospital—emergency department (ED) and endoscopy unit
  - integration with other post occupancy evaluations at LCCH
  - multiple mid-project BPEs underway across capital planning and delivery programs throughout Queensland.
- Advanced key infrastructure planning priorities under the Enhancing Regional Hospitals Program, including the Gladstone and Hervey Bay Hospital ED upgrades and Caloundra Hospital, with the detailed business case for Roma Hospital completed June 2016.
- Completed the last seven projects in the mental health capital works program comprising: five community care units located in Sunshine Coast (15-beds), Rockhampton (20-beds), Toowoomba (24-beds), Cairns (20-beds) and Gailles (18-beds); an Older Persons Inpatient Unit in Rockhampton (8-beds), and redeveloped Medium Secure Unit (25-beds) in Townsville. The capital program contributed to the provision of recovery-focused and localised services for individuals and better healthcare for the community.
- Delivered upgraded ED operations theatres, outpatient clinics, and birthing suites facilities and services in line with Queensland performance objectives.

- Purchased a nucleic acid testing analyser to support the transition of cervical cancer screening from traditional pap smears to a molecular diagnostics technique screening for oncogenic human papillomavirus subtypes. The new analyser allows Pathology Queensland to consolidate many tests to a single analytical platform, reducing both the time and cost to provide results.
- Established a Sunshine Coast based diagnostic imaging medical physics service to better support radiation safety and image quality optimisation.
- Established an onsite biomedical technology support service at Bundaberg Hospital to better support users of clinical equipment.
- Worked collaboratively with HHSs to design healthcare and support facilities based on models of care:
  - ensuring non-traditional design solutions that allow for rapid change and growth are considered and implemented
  - ensuring new facility design and investment focused on services and infrastructure to ensure ongoing support and continuing of clinical infrastructure.
- Commenced roll-out of a contemporary workspace program to deliver a flexible, modern ICT platform:
  - 60,000 workstations upgraded to Windows 7
  - more than 200 workstations upgraded to Windows 10
  - 1600 staff enrolled on Follow-Me Desktop Service, allowing them to switch between computers and access their desktop anytime, from anywhere, on any device
  - introduction of Bring Your Own Device (BYOD) enabling staff to access their work email, calendar, contacts and a selection of ICT systems
  - planning began to deliver staff and guests free Wi-Fi at selected health facilities.

## Innovative infrastructure delivery

Alpha Hospital is Queensland's first co-located Hospital and Emergency Services facility, located at Alpha 440 kilometres west of Rockhampton.

Similar to Moura Community Hospital, the \$17.5 million Alpha facility used modular construction methods to co-locate the hospital, ambulance, police and fire and emergency services.

The Alpha community and region will benefit from better integrated emergency services and responses by co-locating these vital services.

The modular construction of the new facility will also make it easy to expand the facility as future service needs require.

The facility includes staff accommodation, a combined Queensland Police Service and Queensland Fire and Rescue facility, provision for a future State Emergency Service presence and provision for a hospital-based ambulance service. The new hospital replaces the old hospital, parts of which are more than 85 years old.

The hospital and associated staff accommodation components of the new co-located emergency services facility comprised a total of 42 separate modules that were built in Toowoomba and then transported to Alpha on 37 separate truckloads for assembly on-site.

- Began ICT project allowing line managers with real-time access to workforce management information.

### **Provide safe, timely and quality ambulance services to meet the needs of the community.**

#### Key achievements:

- Reinstated the Patient Centred Emergency Access Health Service Directive encouraging faster turn-around times of ambulances at public hospitals.
- Reconvened the Emergency Services Management Committee comprising QAS, HHSs, department and union representatives to monitor hospital emergency access performance and identify tactical solutions to common issues faced across the health system.
- Received 737,803 Triple Zero (000) calls for assistance and attained 91.63 per cent of calls answered within 10 seconds by QAS operations centre staff.
- Responded to 986,129 incidents (Codes 1 to 4 and casualty room attendances) across 290 response locations.
- Responded to 342,613 Code 1 emergency incidents, with 50 per cent responded to within 8.6 minutes, and 90 per cent within 17.1 minutes. These are outside the Service Delivery Statement's (SDS) target/estimate of 8.2 minutes and 16.5 minutes, respectively. Response performance in 2015–16 was impacted with a 5.14 per cent increase in code 1 emergency incidents compared to 2014–15.
- Recruited an additional 75 ambulance officers to provide enhanced roster coverage. A further 40 ambulance officers were recruited in June 2016, which were brought forward from the planned recruitment of 150 ambulance officers in 2016–17 in response to increasing demand for services as part of the department's 2016 Winter Beds Strategy.
- Commissioned 155 new and replacement ambulance vehicles as part of a rolling vehicle replacement program, critical to ensuring quality frontline ambulance services.
- Completed statewide rollout of replacement defibrillators, which provide vital signs monitoring, defibrillation and early detection of life threatening cardiac conditions.
- Transitioned from analogue radio communications to the Government Wireless Network (GWN) across South East Queensland. The GWN delivers enhanced digital radio voice and narrowband data communications. Key features include crisp, clear voice communications, voice and data encryption, increased radio coverage, portable and vehicle radio location services, and the availability of a duress button on the portable radios.
- Completed rollout of operational iPads to more than 3000 paramedics as part of the Operational Mobility Strategy, which provides a mobile platform for real time in-field communications and training.
- Improved officer safety and travel times through implementing Emergency Vehicle Priority (EVP) capability, which switches lights to green at traffic signals for approaching ambulance vehicles responding under lights and sirens conditions. Approximately 1460 intersections across the state and 274 ambulance vehicles are now EVP-enabled, providing more than 439,000 green lights to emergency vehicles during 2015–16.

- Expanded the Low Acuity Response Unit (LARU) model in the Cairns and Hinterland and the Sunshine Coast LASNs to further support the existing models in the Townsville, Metro North, Metro South and Gold Coast LASNs. LARU provides alternate and appropriate treatment pathways for patients not requiring stretcher transport in an emergency ambulance, therefore reducing the impact on EDs by decreasing presentations.
- Expanded the High Acuity Response Unit (HARU) model to the Gold Coast LASN to support the existing model in the Metro North LASN. This response model provides additional clinical interventions including blood transfusion, field ultrasound, and anaesthesia, as well as undertaking surgical procedures to the chest. The program is under direct clinical governance by the QAS Medical Director, with the support of senior specialist doctors from the major trauma services in South East Queensland.

### **Support HHSs in maximising patient safety outcomes and patient experience.**

#### Key achievements:

- Developed and implemented the 2016 Winter Beds Strategy assisting the QAS and EDs to cope with the expected increase in demand for services experienced during winter. The principal strategy was to maximise the QAS's resource availability by providing additional staff for the predicted demand period to support HHSs to meet the 30-minute patient off-stretcher time (POST) target. Forty additional ambulance officers were recruited in response to the strategy, brought forward from the planned recruitment of 150 ambulance officers in 2016–17. Twelve new clinical initiative nurses were deployed in metropolitan hospitals to supervise patients arriving by ambulance and to provide assistance to the QAS. The Winter Beds Strategy provided access to an extra 139 beds across the state to provide additional surge capacity across our major hospitals.
- Upgraded water systems as part of the Priority Capital Program, as well as fire and electrical systems, ensuring patients and staff have safe and compliant facilities to work and be treated within.
- Added waitlist audits to service delivery at the Health Contact Centre, supporting HHSs to manage their wait lists, resulting in:
  - nine per cent reduction in wait lists at Cairns and Hinterland HHS
  - six per cent reduction in wait lists at Mount Isa Hospital
  - 50 per cent reduction in 'fail to attend' rates across most speciality areas at the LCCH.
- Delivered Ryan's Rule, which supports patients, families and carers to initiate an escalation of care response when they are concerned about a patient in hospital. On average, the service receives one to two calls per day across approximately 10,000 public acute admissions, with positive feedback from customers.
- Introduced a new molecular polymerase chain reaction technique to replace traditional faeces microscopy, culture and sensitivity testing in those patients suffering severe gastrointestinal infections. The new test has reduced the time for a result from 48 hours to less than four hours and provides greater sensitivity in detecting and identifying disease causing microorganisms, enabling earlier and better targeted treatments.

- Introduced next generation sequencing technology in pathology which has reduced costs for screening of the BRCA 1 and 2 gene. This has enabled the price of BRCA 1 and 2 genetic screening test for breast cancer to be reduced, providing significantly greater access to at risk patients.
- Continued building the point-of-care testing network to support the delivery of accessible, high-quality, diagnostic services to patients in rural and remote locations by:
  - installing additional devices into health facilities
  - increasing the range of tests offered at the bedside as new tests and devices become available
  - developing a data interface with the laboratory information system to improve results capture and reporting.
- Co-designed a cost-effective solution to provide pathology services at Maryborough Hospital by establishing an extended point-of-care testing laboratory allowing urgent pathology testing to be provided onsite at a reduced cost.
- Assisted Torres and Cape HHS with a comprehensive review of medicine management and pharmacy services, resulting in streamlined services and consistency of service delivery as well as an opportunity to reduce cost.
- Supported delivery of the integrated electronic Medical Record (ieMR) digital hospital solution at the Princess Alexandra and Cairns hospitals. Over time, this will replace the paper-based system facilitating digital access to patient information:
  - enabling faster access to accurate and timely information
  - reducing errors and variation in care processes
  - progressing treatments more efficiently so patients get home sooner
  - enabling staff to spend more time providing patient care and less time chasing paper charts
  - reducing inefficiency and wastage.
- Introduced electronic pathology requests at the Princess Alexandra and Cairns hospitals improving access to laboratory diagnostic services as well as patient outcomes by making results available through ieMR.
- Supported the national digital health agenda for integrated patient care. Far North Queensland is one of two sites to take part in an opt-out trial of the My Health Record—a secure, online summary of an individual’s health information accessible by doctors, nurses, pharmacists and patients.
- Commenced prioritisation and delivery of enhancements to the Enterprise Discharge Summary (EDS) and The Viewer ICT systems. The Viewer is a read-only online application for clinicians and supporting staff to gain immediate statewide access to vital, real-time clinical information. The updates include:
  - access to radiology images within The Viewer
  - access to My Health Record information within The Viewer
  - clinical reports in EDS and The Viewer from the cardiology information management system IMPAX CV
  - statement of choices capability (document upload)
  - patient confidentiality banner and alert

- The Viewer on BYOD
- additional emergency encounter content in The Viewer.

## Digital hospital revolution begins

In November 2015, Brisbane's Princess Alexandra Hospital became Australia's first public digital hospital, heralding a revolution in the way healthcare will be delivered in Queensland.

With one patient, one record, clinicians can focus on the patient, not the paperwork.

Rollout of the project required training nearly 6000 staff and integrating more than 1600 new digital devices across the hospital. In February 2016, the Cairns Hospital went digital and is the first Australian hospital to use maternity digital records.

Since go-live in November 2015: 3,595,614 electronic charts were opened, 75,744 clinical notes documented, 38,284 diagnoses created and 29,955 allergies written up at the Princess Alexandra Hospital.

Cairns HHS was the first Queensland public hospital to scan clinical records and information, and use paediatric and community digital records.

- Established dedicated business reference group to decide future direction in relation to the access, usage, production and distribution of electronic discharge summaries and the prioritisation of production changes for the EDS and The Viewer applications. The group has statewide representation from HHSs, pathology, pharmacy, PHNs, and mental health.
- Commenced an Interoperability Project allowing information to be captured and exchanged consistently, accurately and in an easily understood format. Initially it focuses on the replacement and upgrade of two key legacy ICT systems, and will then look at providing new information services to give improved access to patient and clinical information.
- Established a new web interface for the List of Approved Medicines to improve usability for clinicians.
- Launched an automated process for the monthly collection of radiology reporting rates from HHSs.
- Assisted HHSs to achieve their Diagnostic Imaging Accreditation Scheme accreditation at 114 medical imaging sites.
- Assisted in the evaluation of new 3D breast imaging technology within breast screen assessment services.
- Continued reporting on oral health clinical indicators to assist HHSs in evaluating the quality of dental treatment provided by public oral health services. This initiative aims to improve patient outcomes and the cost-effectiveness of public dental care

and support HHSs in meeting the National Safety and Quality Health Service Standards (NSQHSS). The clinical indicators:

- allow for benchmarking between services, clinics and individuals and, over time, flag issues for further investigation
- identify opportunities for improvement.

### Electronic oral health record

Queensland Health has an extensive network of public dental clinics across the state, treating more than 350,000 eligible patients every year.

New functionality within the statewide Information System for Oral Health (ISOH) is being introduced to provide a complete electronic oral health record (EOHR) for these patients.

The new EOHR allows public dental clinics in Queensland to enter and store all clinical information in a single statewide database, including medical history, tooth charting, treatment planning, clinical notes, periodontal charting, diagrams, referrals and medication lists.

This will enhance patient care through real-time access to treatment history from any public dental clinic in Queensland. It will also support a paperless clinical environment, improving efficiency by eliminating physical patient charts and related handling costs such as storage in clinics, archiving, retrieval and destruction.

During 2015–16, the EOHR functionality was implemented in adult clinics in six HHSs, with continued roll out planned for next financial year.

Implementation has involved upgrading IT infrastructure, adapting local business processes, training oral health staff in each dental clinic, providing on site go-live support and handing over support to local super users.

- Supported HHSs to develop, implement and embed allied health led models of care improving patient access to timely and effective healthcare. This allows medical specialists increased time to see patients that require medical or surgical intervention. Models include allied health first contact services in the ED and allied health first contact outpatient services for priority areas, including orthopaedics and neurosurgery (physiotherapy) and ear, nose and throat (audiology and speech pathology).
- Led a major international research initiative through the Collaboration for Emergency Admission Research and Reform (CLEAR) project to ensure an evidence based approach to performance monitoring for EDs, leading to reduced mortality and improved patient outcomes.
- Conducted the 2015 Statewide Emergency Department patient experience survey:
  - 14,737 patients were interviewed from 53 hospitals across Queensland
  - 61 per cent of patients rated the care they received as very good, 24 per cent as good and 10 per cent as adequate.

- Conducted the 2015 Statewide Maternity Outpatients Department patient experience survey:
  - 5444 patients were interviewed from 32 hospitals across Queensland
  - 61 per cent of patients rated the care they received as very good, 30 per cent as good and seven per cent as adequate.
- Conducted the 2015 Statewide Orthopaedic Outpatients Department patient experience survey (fracture clinics and general orthopaedic clinics):
  - Fracture Outpatient Clinics
    - 5495 patients were interviewed from 19 hospitals across Queensland
    - 57 per cent of patients rated the care they received as very good, 29 per cent as good and nine per cent as adequate.
  - General Orthopaedic Outpatient Clinics
    - 6308 patients were interviewed from 20 hospitals across Queensland
    - 59 per cent of patients rated the care they received as very good, 26 per cent as good and nine per cent as adequate.
- Conducted the 2015–16 Statewide General Surgery Outpatient Clinic Department patient experience survey to measure the experience of patients with health services delivered in outpatients:
  - 7975 patients were interviewed from 45 hospitals across Queensland
  - 90 per cent of patients rated the care they received as very good or good.
- Raised awareness of falls prevention via the April No Falls month campaign to help those at risk of falling to stay on their feet.
- Developed six new early warning and response system (EWARS) tools to assist clinicians to quickly detect when a patient's health is deteriorating and to support a more timely response to improve the patient's outcome:
  - total EWARS increased to 45
  - more than two million EWARS forms used annually.
- Issued three patient safety alerts, five patient safety notices and seven patient safety communiqués to inform HHSs of patient safety issues and recommend mitigation strategies
- Made changes to user-applied labelling of injectable medicines, fluids and lines, skin tears related to electrocardiography (ECG) dots and precautions for providing ice from ice machines to compromised patients.
- Continued exploring an affordable and sustainable professional indemnity insurance (PII) solution for privately practising midwives (PPM) through investigating insurance product options. In April 2016, the COAG Health Council agreed to the need for safety and quality standards to be set by regulation. On this basis, the council agreed to extend for three years, the current statutory exemption from PII requirements for PPMs who provide home birthing services, to allow further work to be undertaken on a viable PII solution for PPMs.
- Implemented the new nurse navigator model of care, supporting patients with complex healthcare needs to smoothly navigate through the healthcare system and to receive the right care as required.

- Implemented the national Your Experience of Service (YES) survey tool within public mental health services, assisting specialised mental health services gauge what consumers think about the services they receive. The information is used to improve and shape better mental healthcare and in the planning and delivery of safe, high quality healthcare through effective quality improvement processes.
- Implemented the Suicide Prevention in Emergency Departments project, enabling 148 ED and mental health clinicians across all HHSs to be trained in the Suicide Risk Assessment and Management in Emergency Departments (SRAM-ED) train-the-trainer package. The project included the development of other resources to support ED staff to recognise, assess and manage people at risk of suicide.
- Supported the Sentinel event clinical review which examined mental health sentinel events between 1 January 2013 and 30 April 2015, and made recommendations to improve the system. The clinical review was carried out by an independent team of four expert clinicians in partnership with a person with a lived experience of mental illness, focusing on homicides or attempted homicides involving people with a mental illness, either as a perpetrator or victim. The clinical review also examined fatalities resulting from police use of force intervention where the person may have had a mental illness. The report noted the high level of commitment to the service and professionalism by HHS staff members and all persons with whom the review committee consulted, that no new or emerging issues within mental health services were identified and that Queensland has made genuine efforts and significant progress in implementation of the recommendations set out in the 2005 report *Achieving Balance: Report of the Queensland review of fatal mental health sentinel events*.
- Delivered more than \$105 million of replacement health technology equipment on behalf of the HHSs as part of the two-year Health Technology Equipment Replacement program.
- Facilitated the sale of more than 1000 items of equipment, raising more than \$1.2 million for the HHSs.
- Provided support and advice to HHSs resulting in delivery of approved preliminary evaluation and business cases for prioritised projects through relevant stage gates of the Investment Management Framework (IMF).
- Incentivised increased delivery of clinician-led quit smoking interventions for acute and mental health hospital inpatients. In 2015–16, \$5 million in Quality Improvement Payments was made available to HHSs, including Mater Services. Results show a 400 per cent increase in smokers receiving quit support and an offer of nicotine patches following admission to a public hospital since program commencement in November 2014.
- Use of the Telehealth Emergency Management Support Unit (TEMSU) increased by 56 per cent from 2014–15. The unit provides access to local HHS non-emergency medical, nursing and specialist support, which improves early detection of deteriorating patients and allows patients to stay closer to home. TEMSU also assists rural clinicians' fatigue management by providing secondary support to rural staff, and access to medical support from nurse only facilities which improves patient safety.
- Retrieval Services Queensland worked collaboratively with Children's Health Queensland HHS to develop targeted paediatric triage tools specifically to identify

children who are 'at risk of deterioration' for aeromedical retrieval and transfer across the state.

- Hosted a statewide Medication Safety Workshop focusing on strategies to reduce the risk of harm from medication omissions.
- Revised statewide standing orders for glyceryl trinitrate and salbutamol to promote safe and quality use of these rescue medications.
- Revised statewide guidelines for anticoagulation using warfarin both for inpatients and patients in the community setting to reduce the risk of harm from this high-risk medication.
- Re-launched Six Rights for Safe Medication Administration materials to support facilities deliver medication safety education.
- Implemented the 3rd edition of the 'National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines', facilitating specialised labels for clinical areas' centralised purchase of labels.
- Collaborated with HHSs and private sector clinicians to finalise the development of a single electronic haemovigilance adverse event report form for use by public and private health facilities, with proposal to integrate the form for HHSs into the Queensland Health incident management system.

### **Ensure investment strategies are aligned to patient outcomes.**

Key achievements:

- Released the eHealth Investment Strategy representing \$1.26 billion of investment in eHealth over 20 years. The strategy ensures ICT investments form part of a considered and cohesive plan between HHSs and the department to better enable the delivery of quality and efficient health services. Key investment priorities identified include:
  - ICT infrastructure—replacement and enhancement of core infrastructure to support the implementation of digital hospitals and provide staff with contemporary, responsive and flexible equipment and business tools.
  - Business systems—implementation of a new financial system to improve decision making and provide HHSs with the ability to access, control, manage and report on their own financial data.
  - Digital future—investment in eHealth architecture and interoperability to develop capacity to accurately, cost-effectively and seamlessly store and share data across the continuum of care.
  - Clinical systems—ensuring quality healthcare outcomes and patient safety by investing in five key clinical systems: patient administration, ieMR and digital hospitals, pathology management, primary and community care, and digital imaging and transmission.
- Updated key forensic pathology infrastructure to support coronial services, including the replacement of the eight-year-old CT scanner at Forensic and Scientific Services.
- Purchased a new nucleic acid test analyser for screening of organ donors to minimise the risk of disease transmission to recipients of donated organs. This allows consolidation of many molecular diagnostic assays to a single analytical platform, reducing both the time and cost to produce a result.

- Worked with the National Blood Authority (NBA) to support its strategic initiative to improve the management of blood and blood products. They have proposed a national, online system for monitoring blood supply and demand, by introducing electronic tracking of all blood and blood products. Pathology Queensland has been engaged by the NBA to develop a bi-directional interface between its BloodNet blood tracking system and Pathology Queensland's laboratory information system to pilot its end-to-end blood fate system.
- Invested in and leveraged funding for health and medical research including:
  - supporting a cohort of young clinician scientists through investment in six Junior Research Fellowships to fund two-year research and mentoring programs to fast track research career pathways
  - funding for Nursing and Midwifery and Physiotherapy Research Fellowships building research capacity and improving patient outcomes across the continuum of care
  - translating health and medical research from theoretical outcomes into practice, products and services, resulting in meaningful change for patients. Queensland Health supported the Medical Research Commercialisation Fund, including the appointment of a Queensland-based Investment Manager to facilitate this transition
  - building a strong Queensland profile in emerging healthcare areas by committing \$25 million over five years to establish the Queensland Genomics Health Alliance to advance genomics
  - supporting QIMR Berghofer Medical Research Institute across a range of health issues including cancer, infectious diseases and mental health.
- Authorised more than 1110 research proposals in public hospitals in 2015–16. The most frequently researched areas are public health and health services, clinical sciences and oncology. This research is assisted by Queensland's nation leading research ethics and governance reform agenda that attracts researchers to undertake studies in Queensland. The state also has cooperative relationships across Australia to ensure patients can access new and improved treatments through clinical trials.
- Ensured greater coordination of specialist outpatient services through:
  - investing in new ways of providing care
  - developing and implementing process and practice standards to ensure consistency of service delivery
  - continuing centralised support and guidance for the statewide network of outpatient and ED Business Practice Improvement Officers and General Practice Liaison Officers to further drive consistency in practice.
- Established a \$35 million Integrated Care Innovation Fund to invest in initiatives that deliver better integration of care, address fragmentation in services and provide high-value healthcare. Continued the investment in alternative models of care such as Hospital in the Home to support patient flow and increased patient satisfaction.
- Invested \$1.7 million to establish a paediatric pain service at the LCCH broadening the existing pain service and enabling it to act as a dedicated statewide hub with capability to support regional services. This included support to six pilot paediatric 'spoke' services.

- Invested \$1 million to support the effective implementation of the Statewide Strategy for End-of-Life Care and an additional \$5 million in Quality Improvement Payments to assist HHSs to develop processes which facilitate Advanced Care Planning for in-scope patients.
- Advanced the use of telehealth to improve access to services and reduce costs across the state.
- Supported HHSs in decision making with regard to the adoption of new and emerging health technologies and service delivery models.
- Provided \$350,000 to the Heart Foundation to ensure better statewide support to people after a heart attack including a thorough discharge plan, access to life-saving cardiac rehabilitation programs and high quality self-management tools.
- Completed further work to improve the turn-around time of applications for licences and approvals under the *Radiation Safety Act 1999* and provide more consistent assessment arrangements. This includes:
  - development of standards and associated procedures for a more systematic approach to deal with the administrative components of applications for approval to acquire or relocate radiation sources, and the processes to seek criminal history and security checks
  - development of standards for the systematic assessment of certain applications for approvals to acquire, considerably improving processing times for these applications.
- Managed and maintained nine statewide applications (Epilog, SPA, CHA, Multiprac, NoCS, VIVAS, TARDIS, OrgTRx, MedTRx) to support services delivery in the department and HHSs.
- Began the electronic transfer of women's breast screen images between BreastScreen Queensland, Queensland Health and private provider systems.
- Imposed a condition on all radiation oncology possession licensees to promote sustainability and compliance with existing national radiation oncology practice standards in a transparent way. Compliance with this condition will assist in demonstrating that radiation oncology practices in both public and private sectors meet the Radiation Oncology Practice Standards developed by the Radiation Oncology Tripartite Committee, and should provide additional public confidence in the quality of radiation oncology services offered in Queensland.
- Changes were made to all relevant diagnostic imaging radiation safety and protection plans to ensure particular attention is given to the use of X-ray diagnostic imaging of paediatric patients.
- Received 21,098 referrals to Retrieval Services Queensland in 2015 (calendar year) from across Queensland, with 11,453 fixed wing tasks and 3763 helicopter tasks undertaken.
- Enhanced access to restricted medicines under the regulation in clinical groups for specific purposes, such as rural General Practitioner (GP) use of restricted drugs for induction of labour and speech pathologist use of local anaesthetics during fibrotic endoscopic evaluation of swallowing.
- Facilitated Federal Government changes to the Pharmaceutical Benefits Scheme to allow community-based GPs to prescribe clozapine.

- Developed a *Never Event* to highlight the unacceptability of patient death or likely permanent harm as a result of re-exposure of a patient to a medication to which they have a documented allergy or adverse drug reaction for inclusion in the 2016–17 service level agreement with HHSs.
- Delivered a range of clinical and community based healthcare services to improve health outcomes including two newly funded initiatives, Health for Life! and Long Day Respite Care for Seniors with Dementia.

**Continuously improve clinical governance systems and regulatory frameworks to ensure accountable, safe, high-quality health services—leading to increased performance and public confidence in the health sector.**

Key achievements:

- Continued to provide coroners with high-quality autopsy reports prepared by forensic pathologists. Results inform mortality statistics, which are used to devise and monitor interventions to reduce the incidence of homicides, fatal accidents and suicides, including those related to domestic violence.
- Developed Clinical Quality and Safety Framework, providing governance for quality and safety within the QAS. The framework provides guidance to assist LASNs in establishing systems, processes and behaviours to identify and maintain high standards in delivering safe clinical care. This framework will be overarched by the Clinical Quality and Safety Strategy document which outlines initiatives and strategies to form the quality and safety provisions within the QAS and a range of strategies designed to enhance the quality of clinical practice.
- Collaborated with the Queensland Clinical Senate and Statewide Clinical Networks to guide quality improvement reform and support clinical policy development, emphasising evidence-based practice and clinical consensus to guide implementation, optimisation and provision of high-quality, patient-focused healthcare.
- Mental Health Alcohol and Other Drugs (MHAOD) Clinical Network supported projects to progress key service development priorities, including promoting consumer and carer engagement, the integration of MHAOD service delivery, alcohol and other drug models of service, provision of acute mental health services in hospital EDs, promotion of recovery based practice and the promotion of best practice relating to risk assessment and management of suicide risk.
- Re-established the Patient Safety and Quality Improvement Service through the transfer of 40 positions from the previous Patient Safety Unit and the establishment of 20 new positions.
- Provided safety and quality key performance indicator reports quarterly to HSCEs to assist in monitoring patient safety and quality.
- Conducted the Bedside patient safety audit across 117 inpatient and 20 residential aged care facilities to ensure HHSs met the National Safety and Quality Health Service Standards, and to identify and implement actions at a local level to improve patient outcomes.
- Continued to support health system and clinical innovations , strategic partnerships, and leadership within and cross service providers and all levels of governments by:

- fostering strategic partnerships and leadership with inter-agency health jurisdictions through membership in the Australasian Health Infrastructure Alliance
- providing support and advice to HHSs on the delivery of business cases
- providing support and advice to HHSs on procurement of infrastructure delivery services
- providing facility design guidance and advice to HHSs and inter-state government agencies.
- Became the first state/territory to apply the National Code of Conduct for Health Care Workers, agreed by the COAG Health Council, which sets minimum standards of conduct and practice for all health care workers. The code, as applied in Queensland, provides greater protection to health consumers in relation to health services delivered by non-registered healthcare workers and registered health practitioners who provide a health service unrelated to their registration. It also sets standards for health service delivery that the Health Ombudsman may consider when dealing with a relevant complaint and determining what action may be taken.
- Conducted an extensive review of HHS performance measures resulting in the development of new key performance indicators which provide a more holistic and robust assessment of HHS performance.
- Revised the HHS Service Agreements which now incorporate the revised key performance indicators within six performance domains. The domains, which focus on the delivery of critical strategic objectives and state wide priorities, are:
  - safe
  - patient-centred
  - efficient
  - effective
  - timely
  - equitable.

Primary and secondary KPIs within each performance domain will be used, and will be further informed by a suite of supporting measures. As well as the KPIs, HHS performance assessments will also include each HHS's accreditation status, service agreement performance, compliance with Health Service Directives and fiscal management.

## Strategic objective 3—A well-governed system

Outcome: Queenslanders have confidence in their health system to respond effectively and efficiently to their needs.

Performance indicators:

- HHS average cost per weighted activity unit
- length of waits for the following services:
  - specialist outpatient clinics
  - elective surgery
  - lengths of stay in emergency departments.

### **Determine funding priorities through evidence-based health service planning.**

Key achievements:

- Continued to contribute to the development of the Australian Mental Health Care Classification (AMHCC)—endorsed in February 2016. The AMHCC provides a way of linking patients to the resources consumed in providing treatments. Work has begun to implement the new data requirements within existing systems.
- Continued to investigate interim options for monitoring activity of community mental health services that aligns to and supports the requirements of the new AMHCC, to increase transparency for these services.
- Developed the annual *Health Priorities for Investment* paper to inform purchasing directions in line with identified need.
- Developed statewide health service plans for spinal cord injury rehabilitation, acquired brain injury rehabilitation and End-of-Life Care implementation.
- Initiated a health service planning project for children’s health services across Queensland to:
  - enhance understanding of the health needs of children and young people
  - identify priorities for the commissioning of future new or enhanced services
  - provide service directions for the future delivery of public sector health services.
- Initiated development of a planning framework for the future delivery of high complex clinical services across Queensland. The framework will list service characteristics for each high complex service to guide planning for future services.
- Provided input into the Health Priorities for Investment paper and estimated future activity (EFA) analysis which supported purchasing processes throughout the year. The Health Priorities paper identified top areas for investment based on government strategic directions, demographic and burden of disease data, clinical activity trends, and expert opinion. The EFA used a range of methodologies and assumptions to anticipate future levels of health service activity that may be required to satisfy the population’s demand for healthcare.

## **Commission services that deliver healthcare to maximise clinical and cost effectiveness to meet the needs of the community.**

### Key achievements:

- Supported the nurse endoscopy program to educate and train nurses to perform endoscopy, to increase capacity to meet service demand.
- Delivered two Youth Residential Rehabilitation Services and a Family Accommodation Service for 16–21 year-olds in Townsville. The Youth Residential Rehabilitation Service (a partnership between Mind Australia, Townsville HHS, and Children’s Health Queensland HHS), provides long-term supported accommodation for young people and assists them to develop life skills to maintain and build independence and emotional well-being.
- Delivered a Family Residential Accommodation Service for 16–21 year-olds in Townsville. This service enables patients receiving treatment for severe mental health issues to maintain connection with their family and community and is an important part of providing young people with contemporary, family-centred services as close to their home and community as possible.
- Enrolled 74 participants in the LARU Education Program to help manage increasing demand for pre-hospital patient care. The program develops, coordinates and monitors statewide collaboration between the QAS, PHNs, general practitioners, hospitals and the community.
- Enrolled 265 participants in the Graduate Paramedic Induction Program, a practical foundation program preparing university graduates for operational duties as advanced care paramedics, and to provide orientation and induction for paramedics from interstate and international jurisdictions.
- Recruited five participants for the Critical Care Paramedic (CCP) internship providing paramedics with the necessary qualifications to be credentialed as a CCP.
- Recruited 55 participants in the Emergency Medical Dispatcher (EMD) program equipping newly recruited officers with the confidence, skills, knowledge and ability to manage increasingly complex emergency requests for service.
- Released an open tender contract for the provision of accommodation services for the QAS Education Centre.
- Enabled health services expansion in multiple HHSs through funding allocations in rural and remote areas.
- Delivered the Queensland Government’s election commitment to increase the availability of long day respite for elderly people with dementia. Seven non-government organisations were provided with a total \$20 million in grants over four years to provide these services.
- Expected expenditure on blood and blood products for 2015–16 is \$106.2 million.
- Managed the increased use of immunoglobulin to participate in, and support the national program of measures, including:
  - developed and maintained policies and procedures for access to immunoglobulin products
  - established and supported a national network of committees
  - evolved the criteria for access to products
  - devolved a new ordering and dispensing system, BloodSTAR

- improved governance and streamlined product distribution.
- Continued to implement the national reform program to improve organ and tissue donation rates. Over the past six years, Queensland recorded a 53 per cent increase in organ donors from 47 donors in 2009 to 72 donors in 2015.
- However, unlike some other large jurisdictions, Queensland organ donation rates have not improved since 2012. To improve this, the Department of Health and Metro South HHS have implemented:
  - an Organ and Tissue Strategic Plan
  - developed a Best Practice Processes to Optimise Organ Donation for Transplantation Guideline.
- Entered into service agreements with HHSs that are based on purchasing a level of public health services that meet the local population's health needs while driving cost efficiencies to achieve equitable funding across the state. Productivity dividends were applied to HHSs to increase efficiency within the system.
- Continued investment into strategies that incentivise clinical and cost effective practice, including: quality improvement payments for smoking cessation, childhood immunisation and Advance Care Plans.
- Continued to provide incentives for innovative models of care, including telehealth and Hospital in the Home.

### **Collaborate with service providers to establish agreed targets and outcomes.**

#### Key achievements:

- Co-designed a model of care to reduce pathology costs at the new Sunshine Coast University Hospital.
- Extended operational hours of the Molecular Diagnostics Unit to provide a seven-day service, catering for increased service demand (32 per cent growth per annum). This provides timely viral testing results allowing for earlier clinical intervention leading to better outcomes for both the patient and the health system.
- Developed a pathology utilisation reporting tool which allows HHS managers to review pathology usage and costs on a daily basis. Reports can be customised, allowing comparison of performance with peers across the state. Transparency enables HHSs to manage and control pathology use to eliminate inappropriate testing and reduce costs.
- Restructured the state-funded perinatal autopsy service with additional pathologist support to help eliminate the significant backlog of cases, and extend the provision of this service to families undergoing care in non-Queensland Health facilities.
- Continued collaboration with the Statewide Stroke Clinical Network to ensure appropriate and value-added pre-hospital medical treatment and transportation of patients to dedicated stroke centres.
- Continued QAS representation on the National Stroke Foundation for the 2016 Guideline Review (Working Party) to ensure appropriate representation and development of pre-hospital specific guidelines aimed at early stroke recognition and appropriate referral.
- Continued to provide QAS representation on the National Heart Foundation Australia/Cardiac Society of Australia and New Zealand—Guidelines for the

Management of Acute Coronary Syndromes—to ensure appropriate representation and development of pre-hospital specific guidelines aimed at early heart attack recognition and appropriate treatment and/or referral.

- Aeromedical Retrieval and Disaster Management Branch developed robust aviation and clinical standards to guide the provision of high quality and consistent health service delivery by contracted service providers.
- Partnered with seven ante-natal clinics in regional and metropolitan areas to increase the provision of tailored smoking cessation support for pregnant women and their partners. More than 100 smokers have joined the program.
- Worked with relevant HHSs to develop targets to reduce the number of patients waiting longer than clinically recommended for a specialist outpatient appointment. The department monitors the performance against these targets and will continue to work with HHSs to improve wait times in this area.
- In addition, the department incorporated Results Based Accountability measures into new service agreements with community based organisations, effective 1 January 2016.

### **Monitor and manage the performance of all funded organisations across the health system.**

Key achievements:

- Monitored access to public oral health services and published information on public dental waiting lists on the Queensland Health and Hospital Performance websites. Data includes the number of people waiting in every public dental clinic, how long people have been waiting, and the number of patients who recently began dental care.
- Published up-to-date data on the activity and performance of a number of health service areas on the Health Performance website, including EDs, elective surgery, hospital activity, oral health, patient experience, health workforce, healthcare infection rates, specialist outpatients, and radiation services. Data transparency around hospital performance keeps communities informed about their local hospital, and drives improvements within HHSs.
- Continued to monitor performance across a range of measures outlined in the MHAOD Performances Framework. Development of a measurement strategy for the MHAOD Services Plan has commenced and will identify a performance measurement and reporting framework to facilitate regular monitoring of the implementation of the plan, performance of services and the outcomes associated with receiving care. Reporting against the measurement strategy will begin in 2016–17, which should rationalise and, where feasible, avoid duplicative reporting and performance management processes.
- Continued to monitor the performance of the department-funded Community Managed Mental Health sector, particularly those services supporting individuals who are transitioning to the NDIS.
- To ensure continued high performance of non-government service providers, the department undertook site visits across the state as part of a rolling program of compliance and risk management reviews. This ensures agreed targets/outcomes are achieved in the community-based health sector.

## Strategic objective 4—Strategic policy leadership

Outcome: Policy is evidence-based, reflects government direction, and supports a safe and continually improving health system.

Performance indicators:

- high performing policy portfolio within the department developed
- ministerial satisfaction with policy advice.

### Lead the development of a high performing policy portfolio within the Department of Health.

Key achievements:

- Led Queensland Health's contribution to the 2016–17 State Budget process, resulting in a record \$15.274 billion health operating budget—7.7 per cent higher than the previous year.
- Continued implementation of an Investment Management Framework—a stage-gated project development process aligned to the Queensland Treasury Project Assessment Framework. The framework ensured initiatives requiring capital funding were identified, assessed, prioritised and managed to optimise performance and return on investment.
- Committed to assisting refugees with their settlement in Queensland through the Refugee Health and Wellbeing Project. The project consists of three components:
  - Launched the *Refugee Health and Wellbeing: A strategic framework for Queensland 2016*. The framework establishes a policy structure for refugee health and wellbeing and is a useful tool for healthcare workers that may be unfamiliar with the sector. This includes information about where to go for help, details of existing refugee services and information on the challenges faced by refugees.
  - Established a Refugee Health and Wellbeing Network, hosted by Mater Health Services. This network aims to support health professionals working in the sector, encourage them to work together and participate in policy and program development.
  - Developed a Queensland Refugee Health Policy in collaboration with HHSs, non-government organisations and other key stakeholders to improve refugee health and wellbeing in Queensland.
- Led the development of a Health Service Directive and protocol for evidence-based management of tuberculosis in Queensland.
- The department achieved the following for blood management:
  - implemented national governance measures for high cost immunoglobulins
  - contributed to development and implementation of national blood policy strategies and plans to improve efficiency, safety and sustainability of blood supply across Australia
  - blood supply planning for Queensland
  - devolved the blood budget to HHSs

- developed tools to support HHSs to conduct haemovigilance activities
- implemented and promoted strategies for HHSs to reduce blood wastage
- implemented and reviewed national and state blood contingency plans.
- Contributed to the development and implementation of policy and programs under the National Reform Agenda relating to organ donation and transplantation.
- Contributed to the implementation of the national cord blood agenda to enable access to safe, affordable and clinically appropriate cord blood under the national arrangements.
- Developed a policy framework to support the introduction of a requirement that certain categories of healthcare workers be vaccinated for specified vaccine preventable diseases as a condition of employment. In addition, a Health Service Directive and Health Employment Directive with supporting subsidiary policy documents were developed and published.

### **Rebuild the capacity to identify and respond to emergent issues and opportunities.**

Key achievements:

- Increased the number of graduate nurses and midwives across the state, supported by the commitment to fund an additional 400 nurse navigators in HHSs over the next four years.
- Further increase to staff capability through enhanced occupational violence education and training. In 2015–16, 2622 QAS officers participated in Occupational Safety Training.
- Began developing a three-year digital health strategy, a supporting strategic roadmap for eHealth Queensland and finalising a detailed organisational design to facilitate its delivery. Based on extensive customer and stakeholder feedback, the strategy will determine the key areas that eHealth Queensland will focus on over the period with a view to transform its role to one of an eHealth enabler.
- Provided \$6 million of new funding to support individuals, families and communities to manage crystal methamphetamine (ice) addiction and relieve pressure on the public health system. This focuses on ED presentations, hospital admissions and demand for alcohol and other drug treatment services. It also expands targeted treatment services, prevention programs and support for frontline workers, including:
  - Three new Drug and Alcohol Brief Intervention Teams (DABIT) in the EDs of Townsville, Rockhampton and Logan Hospitals.
  - Enhanced DABIT services at Gold Coast University and Robina Hospitals.
  - Additional clinical positions in Cooktown, Weipa, Logan, Gold Coast and Rockhampton to support service delivery to young people, families and Aboriginal and Torres Strait Islanders Community engagement and prevention programs in Logan, Gold Coast, Cunnamulla and Charleville.
- Delivered specialised training and education, tools, resources and support for frontline workers and clinicians working in mental health, including Aboriginal and Torres Strait Islander workforces.
- Adopted business processes that support individuals with psychiatric disabilities to transition to the Federal Government's NDIS. HHSs will continue to provide clinical mental health services that support individuals to live in their communities.

## **Ensure robust and analytical processes are in place to develop, deploy and evaluate policy.**

Key achievements:

- Developed a Queensland Health Financial Projection Model that brings new levels of sophistication to projecting and planning longer term (10 year) health service funding requirements.
- Established the Departmental Policy and Planning Executive Committee to integrate, coordinate and endorse statewide policy, health service and strategic planning development and implementation, and oversee monitoring and review.
- Developed and published a range of data dashboards on the Queensland Health website to improve access to key data and performance indicators in an innovative interactive format to support policy, planning and research activity.
- Continued to expand data collections and years of data included in the Master Linkage File of core health data collections. By the end of 2015–16, the Master Linkage File included 28 million records and incorporated patient admission, ED, birth and death registration, perinatal and waiting list data.
- Developed the specifications and processing system for the collection of non-admitted patient activity to enable the department to collect information about these services to inform policy and planning.
- Expanded the Queensland Health Data Dictionary to include more than 150 new data standards which will improve the quality of reporting on these data items to better inform policy and planning.
- Secured a contract with the world leader in research on the impact of nurse-to-patient ratios, the University of Pennsylvania. The university will continue to work in conjunction with Queensland University of Technology to evaluate patient, nurse and organisational outcomes following introduction of minimum ratios.
- Committed to an evidence-based approach to delivering first class ambulance care to Queensland communities. The research and analysis informs ongoing quality improvement strategies in all aspects of operational and strategic development.
- QAS commenced the design and development of a new electronic Ambulance Report Form (eARF) to operate on mobile devices used by officers in the field.
- Continued use of evidence-based advice from academic research, expert opinion and ongoing analysis. The service collaborates with other government, non-government and university sector researchers to develop a shared understanding of issues and problems and to identify effective policy solutions.
- Key examples in 2015–16 include:
  - representation on the newly formed Trauma Registry Reference Group, as part of the Queensland Statewide Trauma Clinical Network
  - progress of the incorporation of QAS records within the Queensland Health Master Linkage File to enable identification of episodes of care across the agencies
  - expansion of the evaluation of Acute Coronary Syndromes management in collaboration with the Central Cardiac Network (Queensland Health)
  - development of a research program focusing on stroke diagnosis and management

- progression of key clinical research to inform clinical policy development, including the Emergency Medicine Foundation-funded studies evaluating the feasibility of pre-hospital focussed sonography for trauma (TUPhEN) and point-of-care testing for acute coagulopathy in trauma (PROPHIICY study).
- Extended research activities relating to mental health, alcohol and drug-related presentations to ambulance, including participation in a Movember Foundation and collaborations with Queensland Mental Health Commission to inform service provision and policy development in the area of mental health.
- Combined inpatient and community mental health data from multiple source systems as part of the Integrated Mental Health Data Reporting Repository. This provides more efficient reporting of linked data and a platform for specialised mental health services to analyse their data and build reports.
- Started the development of a reporting system that enables the department to more accurately understand the policy and financial levers that should be engaged to better deliver infrastructure services.
- Addressed barriers to the implementation of the *Guideline for Compression Garments for Adults with Malignancy Related Lymphoedema: Eligibility, Supply and Costing*. Findings from the project indicated that compression garment selection, fitting and monitoring could be undertaken safely by physiotherapists and occupational therapists, supported by training, supervision and governance processes.
- Launched the online Queensland Survey Analytic System for user-friendly, timely access to data on the health of Queenslanders to inform strategic decision making, policy and planning. There have been more than 1500 data downloads.

### **Develop and review legislation to support effective health outcomes.**

#### Key achievements:

- Reviewed Department of Health legislation and identified compliance issues in relation to HHS requirements.
- Participated in inter-jurisdictional development of policy settings to prepare for the regulation of paramedics under the Health Practitioner Regulation National Law.
- Legislated minimum nurse-to-patient ratios for prescribed wards and facilities within the state's public health services to take effect from 1 July 2016. The aim of the ratios is to ensure minimum nurse staffing levels on prescribed wards in Queensland public hospitals.
- Amended the Radiation Safety Regulation 2010 to streamline the process for registered nurses to request plain film diagnostic radiography (X-rays).
- Passed the *Mental Health Act 2016*, to improve patient rights, strengthen the involvement of support persons and improve service delivery in mental health services. The Act is expected to commence in March 2017.
- Amended the *Tobacco and Other Smoking Products Act 1998* to reduce the public's exposure to second-hand smoke, reduce the social acceptability of smoking behaviours and provide supportive environments to help people quit smoking, by creating more smoke-free public places and prohibiting the sale of smoking products from temporary retail outlets.

## Passage of the *Mental Health Act 2016*

The Department of Health recognised that the *Mental Health Act 2000* was outdated, did not reflect contemporary approaches to individual rights and clinical practice, and was difficult to administer.

To address this, new mental health legislation needed to be developed through rigorous and detailed consultation and policy analysis.

This resulted in a draft Mental Health Bill 2015, which was distributed for public comment in mid-2015.

The Parliament passed a revised Bill in February 2016. The *Mental Health Act 2016* is at the forefront of mental health legislation nationally and internationally.

- Introduced the *Health and Other Legislation Amendment Bill 2016* to amend the Criminal Code to standardise the age of consent for sexual intercourse to 16 years, and amend Health portfolio Acts to enhance the operation of the legislation and improve health outcomes for Queenslanders.
- Introduced the *Public Health (Medicinal Cannabis) Bill 2016* for the purpose of establishing a regulatory framework for prescribing and dispensing medicinal cannabis products to patients where it may improve the patient's quality of life where traditional treatments have failed.
- Amended the *Transplantation and Anatomy Act 1979* to facilitate national blood supply arrangements and legitimate trade in tissue-based therapeutic products, enabling Queensland doctors and patients timely access to these important therapeutic products.
- In addition, the department:
  - implemented changes to enable a pharmacist to immunise under a Pharmacy Immunisation Drug Therapy Protocol and the Pharmacy Immunisation Standard
  - consulted on the draft exposure Bill for the new Medicines, Poisons and Therapeutic Goods regime
  - improved the process for the reporting of lost or stolen scheduled medicines as required.

## Medicinal Cannabis approval

The benefits of using medicinal cannabis to treat some conditions in certain circumstances is a topic which has long been debated.

In December 2015, amendments to the Health (Drugs and Poisons) Regulation 1996 (HDPR) we made to enable access to medicinal cannabis for therapeutic use—a first in Australia.

A new approval system needed to be developed to manage this process in a lawful manner, as the first application to use medicinal cannabis was received by the department in March 2016.

An expert group was assembled under the HDPR to review and advise the Director-General in the first instance.

As a result, an application and approval process was developed, an expert approval panel established, and interstate consultation and discussions were undertaken with the Therapeutic Goods Administration to inform the Director-General about the decision making process and to ensure the process was lawful.

On 29 April 2016, the Director-General approved the use of a medicinal cannabis product as part of a patient's treatment. This is the first time unregistered medicinal cannabis containing tetrahydrocannabinol has been approved for therapeutic use in Australia.

While the approval was specific to an individual patient, this landmark decision paves the way for other Queenslanders wishing to apply for the use of medicinal cannabis.

## Strategic objective 5—Broad engagement with partners

Outcome: An inclusive community; supported by collaborative partnerships across health service providers and all levels of government.

Performance indicators:

- community and consumer strategy developed.

### **Advocate at jurisdictional and whole-of-government levels to promote the health needs of Queenslanders.**

Key achievements:

- Provided advice and support in the negotiations that led to the 2016 COAG Heads of Agreement on Public Hospital Funding. This agreement will result in significant additional funding for Queensland hospitals between 2017–18 and 2019–20 as part of the Commonwealth budget.
- The Minister and Director-General participated in the COAG Health Council and the AHMAC to advocate for better health outcomes for Queenslanders. The Director-General was also the Chair of the CCPHPC, a sub-committee of AHMAC which provides advice on national community and population based health service activities, including primary care.
- Participated in inter-jurisdictional development of policy settings for amendments to the *Health Practitioner Regulation National Law* arising from the Independent Review of the National Registration and Accreditation Scheme for Health Professions, and the COAG Health Council's decision to include paramedics in the scheme.
- Continued to develop a three-year digital health strategy, a supporting strategic roadmap for eHealth Queensland and finalising a detailed organisational design to facilitate its delivery. Based on extensive customer and stakeholder feedback, the strategy will outline how the organisation will become an enabler and leader for Queensland's public health system.
- Established a tri-partite arrangement with the Office of Industrial Relations and WorkCover Queensland to fund strategic engagement with peak industry groups and member organisations to promote health and wellbeing in the workplace.
- Participated in the Queensland child protection reform activities and support the implementation of the Queensland child protection commission of inquiry through participation in the Child Protection and Domestic and Family Violence Interdepartmental CEO Committee; the Child Protection Reform Leaders Group and working with other key agencies to implement the reform agenda.
- The Chief Health Officer represents Queensland on the Jurisdictional Blood Committee. This national committee provides advice on matters of national blood supply and the safety and quality of the blood sector to Health Ministers for consideration by the COAG Health Council. It also considers and manages less significant issues in relation to blood supply and management.
- The Chief Health Officer and the Queensland State Medical Director, Organ and Tissue Donation Service represent Queensland on the Jurisdictional Advisory

Group. The committee is the primary governance body for the national reform agenda on organ and tissue donation for transplantation, and provides guidance to the Organ and Tissue Authority in its work to implement the reform agenda.

### **Develop strategic partnerships with providers to deliver health priorities.**

Key achievements:

- A \$2.27 million agreement was entered into with the University of Queensland to deliver a Queensland Alliance for Environmental Health Science (QAEHS). The initial agreement will run until the end of June 2018. QAEHS will provide Queensland Health with access to a range of scientific and academic environmental health experts from the university research sector to ensure government policy is evidence based and reflects the latest scientific findings. QAEHS also provides training opportunities and enhanced engagement with the research sector, enabling opportunities for Queensland Health to influence the research agenda in the field of environmental health science.
- A Charter of Responsibility came into effect in May 2016 and was co-developed with the 16 HHSs to improve clarity of responsibilities. The Charter of Responsibility supports the effective functioning of the Queensland public health system by establishing a shared commitment to system mindedness, a culture of respect and clarity of roles and responsibilities per the *Hospital and Health Boards Act 2011*.
- Engaged DHPW in the review and revision of the whole-of-government Maintenance Management Policy, Capital Works Management Policy, and the Building Performance Management Policy to ensure the requirements of Queensland Health were considered in regards to supporting the delivery of health care services to the Queensland community.
- Facilitated engagement between DHPW and the HHS's to negotiate their incorporation into the whole-of-government electricity purchasing arrangement, leveraging the group's size to achieve energy saving discounts for electricity consumption.
- The Queensland Health capital investment program worked to ensure staff, patients, and communities have access to contemporary health infrastructure that supports the delivery of health services. Queensland Health will continue to invest in health infrastructure, capital works and purchases across a broad range of areas including hospitals, health technology, ambulance stations and mental health services. The Sunshine Coast University Hospital and Sunshine Coast Health Institute at Kawana will be delivered as a public private partnership, and will be the first tertiary hospital to be built at the Sunshine Coast.
- Partnered with 17 organisations to provide sponsorships totalling \$432,945. This included Surf Life Saving Queensland, Queensland University of Technology and the World Indigenous Cancer Conference. The department also received \$318,082 in sponsorships from partnering with 54 organisations for the eHealth Expo and the Aspiring Women Leaders' Summit.
- Worked towards the adoption of a new procurement operating model based on category management— consistent with the whole-of-government portfolio approach. This change will ensure improved procurement performance, capacity and capability to provide better value for money and a greater commercial focus.

- Established linkages with Building Queensland with the inclusion of a Business Queensland representative on project governance committees for high value projects.
- Collaborated with the Department of State Development (DSD) to identify ways to coordinate infrastructure development in areas requiring provision of public services.
- Fostered strategic partnerships with interagency health jurisdictions via Australasian Health Infrastructure Alliance membership.
- Provided eligible patients with free access to dental care by maintaining professional service agreements with the University of Queensland, Griffith University and James Cook University dental schools.
- Established the Midwifery and Maternity Services Reference Group to bring consumers and leaders in the field together to continue to provide high quality and sustainable midwifery and maternity services.
- Coordinated the delivery of the statewide Queensland Health Interpreter Services for clients who are non-proficient in English in HHSs and Mater Health Services, with over 97,500 completed bookings in 2015–16.
- Assisted individuals with psychiatric disabilities to receive appropriate psychosocial supports in the community by continuing to collaborate with relevant Queensland Government agencies, community-managed organisations and the NDIS.
- Supported people affected by adversity from droughts, disasters and other community crisis events in regional Queensland through the Tackling Adversity in Drought and Disaster affected communities through Integrating Health Services Program.
- Continued to strengthen partnerships with the Queensland Police Service (QPS) through a range of initiatives. This includes, improving forensic testing to meet demand and adopting the QPS Forensic Register system as the laboratory information system for police services and coronial services.
- Formed an alliance between Pathology Queensland and NSW Health Pathology to explore areas where duplication between the organisations may be removed to reduce the cost of providing pathology services.
- QAS partnered with the Mental Health Commissioner, the QPS and the department's Forensic Mental Health Service as part of the Strategic Conversation on Police Interactions to deliver improved outcomes for people experiencing mental health crisis incidents.
- Continued to work in collaboration with Mater Health Services to extend the delivery of public health services.
- Provided funding to HHSs to allow them to work collaboratively with healthcare providers, including those in the primary healthcare sector, to deliver integrated healthcare services responsive to community needs. In some cases, the department directly contracts alternative healthcare providers in the areas of community and mental healthcare to provide additional complementary services.
- The department identified and established strategic relationships with key mental health service providers, mental health and disability peak organisations, HHSs and other government departments such as the DCCSDS to implement the NDIS.

## **Utilise robust, culturally-appropriate and ethical processes to engage with all partners.**

Key achievements:

- Monitored and evaluated the department's internal and external partnerships with the goal of ensuring integrity, transparency and cultural awareness, and to deliver on the department's commitment of partnerships withstanding public scrutiny, remaining ethical, lawful and fair and complying with the principals and values of the Code of Conduct for the Queensland Public Service.
- Followed the Indigenous Economic Opportunities Plan to provide tenderer(s) with information about the Indigenous employment, training and business supply that is available in the area. It is also a priority that the core requirements of the training policy be met by Aboriginal and Torres Strait Islander apprentices, and trainees and local Aboriginal and Torres Strait Islander workers.
- Undertook a procurement process to engage a suitable supplier to provide independent advice on the implementation of the *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033*, including reviewing its effectiveness in building the cultural capacity and responsiveness of Queensland Health's service provision to Aboriginal and Torres Strait Islander Queenslanders.
- Developed and commenced implementation of the department's cultural success factors to foster a vibrant, innovative, collaborative and inclusive culture in order to support engagement with all staff and partners. Cultural success factors were also integrated with the Charter of Responsibility to ensure principles supported positive engagement and respect.

## **Actively engage with the community to develop a statewide health services plan.**

Key achievements:

- Undertook extensive community engagement in the development of the department's 10-year vision—*My health, Queensland's future: Advancing health 2026*. This included health consumer, clinical and non-clinical representatives from the public health system, private and non-profit health providers, universities, professional organisations, unions and several Queensland Government departments.
- Implemented and participated in the whole-of-government transformation program.
- Collaborated with more than 150 LACs and their 1300+ volunteer members, including for the delivery of programs such as the CPR Awareness Program.

## Strategic objective 6—Engaged people

Outcome: A culture of high engagement and performance to get the best out of our people.

Key indicators:

- improved Working for Queensland Employee Opinion Survey results.

### **Build a culture across our workplace where workforce inclusion and diversity is embraced and fostered.**

Key achievements:

- Contributed to the Queensland Public Sector Inclusion Champions of Change.
- Supported the Anti-Discrimination Commission Queensland's Human Rights Month by delivering a range of staff training, resources and releasing 'inclusive workplaces' messages across the department in November 2015.
- Commenced large-scale cultural change that aimed to foster respect for people in the organisation. This work complements programs designed to increase inclusion of specific diverse target groups.
- Established The Way of Working team to drive positive employee engagement and cultural change, and improve organisational outcomes.
- Implemented the Spark Change initiative to mobilise informal leaders. This was a key element of a broader culture change program and part of the Hunter Review implementation for cultural improvement to engage staff, develop capability, create an environment of respect and inclusion, enable innovation and create a more connected organisation.
- Implemented a public awareness campaign that draws attention to negative workplace behaviours and why it is not okay to harass, bully and discriminate anyone. This was followed by a positive workplace culture campaign that aimed to empower supervisors and employees within local work areas to have more meaningful conversations about workplace behaviours.
- Participated in the Queensland Health Women's Network which aims to identify and address challenges and barriers for women to progress into more senior roles.
- Supported a vast array of public awareness initiatives that promote workplace diversity and equality by promoting events such as International Women's Day, NAIDOC Week, Harmony Day, Domestic and Family Violence Awareness Month, Mental Health Week, and the Lesbian, Gay, Bi-sexual, Transgender and Intersex (LGBTI) Pride Festival.
- Reviewed the department's workplace demographic data to drive a diverse culture in the development of its Human Resources Strategy.

**Support our people to understand their role in service delivery and ensure they are resourced to deliver the department's objectives and excellent customer service.**

Key achievements:

- Introduced an induction passport for new starters to guide them through their first 90 days with the department and ensure they build a good understanding of their role and the organisation's culture.
- Developed functional statements to complement the system-wide Charter of Responsibility and clarify departmental roles. The functional statements were co-designed with staff, enabling a greater understanding of service delivery functions and interactions in customer service delivery across the department.
- Ran a two-day workshop for more than 50 staff employed as part of the Nurse Navigator program, and established a network to support them as they provide care to Queenslanders through this new model of care.

**Provide capability development, systems and opportunities enabling our people to realise their potential and contribute to departmental outcomes.**

Key achievements:

- Annually funded approximately \$1.5 million in pathology-related research projects in conjunction with HHS partners and associated Queensland academic institutions.
- Dedicated \$435,000 in funds to Forensic and Scientific Services research projects.
- Expanded the QAS's Classified Officer Development Program to reinforce leadership learnings and build further capability and knowledge around the QAS's governance and management framework. During 2015–16, five programs were delivered to 145 participants.
- Delivered 12 managerial and business development programs to clinical and executive leaders to support innovative and sustainable healthcare services and, develop leadership skills and business acumen of the next generation. Programs included the Learn2Lead Junior Doctors, Step Up Leadership and Medical Leadership in Action programs.

**Set system-wide recruitment and retention strategies that underpin the development and sustainability of an efficient and effective healthcare system**

Key achievements:

- Implemented the iLearn@QHealth online learning management system to enable just-in-time learning and cost effective, time relevant delivery of development programs.
- Introduced the Capability Development Strategy to build employee capability through a range of activities including:
  - Career Centre—capability development workshops, seminars and short courses for staff with a focus on core leadership and business acumen topics. A total of 67 workshops were attended by 1200 participants between October 2015 and June 2016.

- Leadership and Management—delivered the pilot of the Next Generation program which aims to build the capability of high performing senior leaders.
- Accelerate Your Career—provided services including workforce capability assessments, scholarships and capability consultancy.
- Established a Capability Development Network to encourage collaboration across the department, minimise duplication and enhance opportunities for co-design and joint investment.
- Launched the MentorMe program to build the capability of aspiring employees through exposure to mentors at senior levels in the department. A total of 52 mentees and 45 mentors participated.
- Reviewed and enhanced base-grade recruitment and selection processes for operational roles with the QAS. This included implementation of assessment centres for the purpose of employing the highest performing Graduate Paramedics and Emergency Medical Dispatchers.
- Continued the QAS's annual Supervisory Recruitment Campaign and expanded it to encompass 10 key operational supervisory positions.
- Funded and implemented 10 supernumerary Allied Health Rural Generalist training positions in rural and remote health services to support the development of service capabilities in these areas.
- Employed 19 science graduates into Pathology Queensland's new graduate program.
- Provided supervision and training to 62 registrars in the Royal College of Pathologists of Australasia's pathology training program.
- Expanded the Biomedical Technology Services' cadetship program to include seven new roles across Queensland.

### **Recognise and reward improved performance.**

#### Key achievements:

- Enhanced statewide recruitment systems to ensure better pre-employment screening, recording of job evaluation data and streamlined recruitment processing.
- Introduced cognitive and personality-based assessments for greater insight into cultural and behavioural fit.
- Recognised the achievements of individuals and teams through the Department of Health Awards for Excellence and the Queensland Health Awards for Excellence. The department awards received 33 submissions and the Queensland Health awards received 157 nominations across five categories.
- Showcased and rewarded excellence in eHealth with the Queensland Health's inaugural eAwards. More than 80 nominations were presented across five categories.