

Our performance

Our performance reports on the objectives of the *Department of Health strategic plan 2014–2018*. This is a sample of performance highlights from 2014–15 and is not representative of all work undertaken during this period.

Strategic objective 1—healthy Queenslanders

Facilitate the integration of health system services that focus on keeping patients, people and communities well.

Key performance indicators

- Percentage of Queenslanders who smoke daily.
- Aboriginal and Torres Strait Islander closing the gap target performance (refer to Strategy 1.3).
- Percentage of Queenslanders who are overweight or obese.

Key achievements 2014–15:

- Banned smoking (including e-cigarettes) in all Queensland public and private hospitals and health facilities, and schools, and for five metres beyond their boundaries under the *Tobacco and Other Smoking Products Act 1998*.
- Continued to run the \$1.65 million *All by myself* campaign, targeting a larger segment of smokers aged 24–44 years, resulting in a 26% increase in calls to Quitline (13 QUIT or 13 78 48) over the campaign period.
- Continued to run the \$1.5 million *Your future's not pretty* tobacco campaign—specifically targeting young women—achieving more than 79% recall with the target audience. This campaign was awarded the Public Relations Institute of Australia State Award—Health Category in September 2014.
- Performed 34,270 smoking cessation interactions with clients, including responding to 4718 referrals from health professionals via Quitline, the confidential service providing support and advice to Queenslanders who wish to quit smoking.
- Incentivised increased delivery of clinician-led quit smoking interventions for acute adult hospital inpatients. From 1 November 2014, \$5 million in Quality Improvement Payments was made available to Hospital and Health Services (HHSs), including Mater Services. The initiative resulted in:
 - a three-fold increase in smokers receiving quit support and an offer of nicotine patches following admission to a public hospital during the first six months of the initiative
 - an increase in the number of in-scope patients with a reported smoking status (75.5% to 81%) and identified smokers receiving a brief intervention (11.5% to 33.8%)
 - 10 out of 16 HHSs joining the initiative and qualifying for full or partial incentive payments
 - an increase in patient referrals to Quitline, provision of nicotine replacement therapy and clinician participation in online brief intervention training.
- Updated online brief intervention training for *Healthy Lifestyles*, providing health professionals with the skills to help patients make healthy lifestyle changes that increase healthy eating, incorporate physical activity into daily life and address tobacco, alcohol and other drug use. More than 600 health professionals have registered to complete the training.

- Released the *Queensland Aboriginal and Torres Strait Islander Cardiac Health strategy 2014–2017* to improve the cardiac health of Aboriginal and Torres Strait Islander people in Queensland.
- 327 children participated in the *PEACH™ program*—a free, parent-led, family-focussed healthy lifestyle program, that supports parents struggling to manage their children’s weight. It offers families practical advice on healthy eating and physical activity options over a six-month period. The Queensland University of Technology (QUT) delivered the program to 32 groups across the state on behalf of the department.
- Delivered the *Need for Feed* cooking program within 27 schools across the state—in partnership with Diabetes Queensland—to provide practical healthy cooking classes for high school students in years 7–10. The program has seen a:
 - 22.2% increase in students eating the recommended serves of fruit a day
 - 40% increase in students eating the recommended serves of vegetables a day
 - 6% decrease in the number of serves of unhealthy foods and drinks consumed by students.
- Delivered the *Jamie’s Ministry of Food* course—in partnership with the Good Foundation—to teach people to prepare simple, healthy, fresh and affordable meals, and get ‘back to basics’ in the kitchen. More than 5000 Queenslanders attended a cooking demonstration or community course.
- Delivered the *Healthier. Happier. workplaces program* to assist organisations and employees adopt healthier lifestyle behaviours. Achievements included:
 - 289 workplaces implemented the *10,000 steps workplace program*, reaching 10,042 workers
 - 1989 workplaces are registered members of the *Healthier. Happier. workplaces program*

Call for healthier lifestyle

The department trialled the *Upselling prevention pilot project* as a way of improving the health and wellbeing of Queenslanders.

Clients who contacted 13 HEALTH (13 43 25 84) or 13 QUIT (13 78 48) were asked to participate in a screening of their broader health and offered an intervention, information on the risk and a follow-up phone call—based on certain criteria and four risk factors:

- smoking cessation
- physical health and nutrition
- blood pressure and cholesterol
- cancer screening.

Key findings from the pilot include:

Smoking cessation

- 258 out of 425 clients accepted the intervention and completed the follow-up process.
- 122 clients acted on the intervention, such as:
 - contacting and/or making an appointment with Quitline
 - visiting a pharmacy for smoking cessation products and information
 - speaking to their local general practitioner (GP).



Physical health and nutrition

- 238 out of 345 clients accepted the intervention and completed the follow-up process.
- 106 clients acted on the intervention, including:
 - 33 clients accessing the Get Healthy program or speaking with their local GP
 - 73 clients accessing the Healthier. Happier website.



Blood pressure and cholesterol

- 90 out of 141 clients accepted the intervention and completed the follow-up process.
- 45 clients acted on the intervention, including:
 - 44 clients speaking to their local GP
 - 1 client visiting their pharmacy.

Cancer screening

- 206 out of 383 clients acted on the intervention and completed the follow-up process.
- 70 clients acted on the intervention, including 51 who spoke with their local GP.

Summary

In total, 26.5% of clients who participated in the pilot took action regarding their intervention. This figure indicates the use of existing mass population services, such as 13 HEALTH or 13 QUIT, to provide opportunistic intervention and increase the reach of prevention health programs.

- 640 workplaces and 1438 individuals attended *Leading safer and healthier workplaces* forums
- 327 workplaces and 621 individuals attended Workplace health and wellbeing professional development workshops
- 2483 workers registered in the *Workplace quit smoking program*, with a 20% quit rate 12 months post-program.
- Delivered additional phases of the *Healthier. Happier.* campaign, resulting in more than 628,000 visitors to the campaign website and more than 549,000 people completing the *Health & Fitness Age* person assessment calculator. This campaign won a highly commended award at the World Social Marketing Conference 2015.
- A total of 49,823 Queensland adults were provided with free blood pressure checks and type 2 diabetes risk assessments as part of the National Stroke Foundation's *Know your numbers program*. This pharmacy-based program promotes regular health monitoring of risk factors for stroke, heart disease and type 2 diabetes.

Strategy 1.1: Facilitate statewide health promotion activities and regulatory frameworks to protect Queenslanders' health.

Key achievements 2014–15:

- Trialled the *Upselling prevention pilot project* to increase consumer participation in programs to improve lifestyle, early detection and avoidance of disease and illness. During the pilot, 1476 consumers were asked about their health and were provided with brief interventions.
- Responded to more than 19,000 enquiries relating to the regulation of scheduled medicines in treatment of patients, processed more than 6500 admissions and discharges to the *Opioid treatment program*, and processed 4462 approvals and processed 5010 reports under the Health (Drugs & Poisons) Regulation 1996 relating to treatment of patients with controlled or restricted drugs.
- Launched the *Queensland immunisation strategy 2014–17* to protect Queenslanders from vaccine-preventable diseases.
- Contributed more than \$2 million in funding to deliver human immunodeficiency virus (HIV) prevention, support and education services within hospitals and community health services.

- Implemented and monitored the *Queensland HIV strategy 2013–2015* to reduce HIV transmission by 50% in Queensland by the end of 2015.
- Developed compliance plans—in partnership with HHS—for nine public health Acts and Regulations to safeguard the community from potential harm or illness caused by exposure to hazards, disease or harmful practices.
- Delivered 1676 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, radiation safety, tobacco and other smoking products. Enforcement actions comprised:
 - 1384 (83%) formal advices or warnings
 - 156 (9%) compliance/remedial/improvement notices, public orders and administrative law actions
 - 33 (2%) seizures
 - 92 (5%) prescribed infringement notices
 - 11 (1%) prosecutions.
- Commenced negotiations with a prospective possession licensee for a new radiation therapy device—*Leksell Gamma Knife*. Negotiations will continue into 2015–16 to ensure the device meets radiation safety, source security and legislative requirements.
- Granted 18,437 licences approvals and certificates, comprising:
 - 14,405 (78%) under the *Radiation Health Safety Act 1999*
 - 1630 (9%) under the Health (Drugs and Poisons) Regulation 1996
 - 2402 (13%) the *Pest Management Act 2001*.
 Total revenue raised by these licensing activities was \$3.4 million.

Strategy 1.2: Support disease prevention and early intervention strategies to promote healthy lifestyles and reduce disease.

Key achievements 2014–15:

- Conducted 2216 first aid courses, and issued 21,652 accredited certificates and 1122 non-accredited statements of attendance certificates to course participants facilitated by the Queensland Ambulance Service.

- Delivered the *CPR awareness program* to provide life-saving cardiopulmonary resuscitation (CPR) skills to the community. The volunteer program is delivered by Local Ambulance Committees (LACs) in partnership with the Queensland Ambulance Service.
- Extended the scope of practice for advanced care paramedics to provide clot busting drugs for patients suffering heart attacks.
- Implemented a statewide *Acute stroke referral hotline* for Queensland Ambulance Service paramedics to allow early entry of patients into the stroke management pathway.
- Received 322,780 calls via 13 HEALTH (13 43 25 84)—the 24-hour, seven days a week phone service for Queenslanders with health concerns—with the majority answered within 20 seconds.
- Performed 34,270 smoking cessation interactions with clients, including responding to 4718 referrals from health professionals via Quitline—the confidential service providing support and advice to Queenslanders who wish to quit smoking.
- Assisted local governments carry out their duties to manage health risks arising from asbestos containing material as outlined in the *Public Health Act 2005*.
- Provided more than \$484,000 in funding to HHSs to implement 29 immunisation rate improvement initiatives.
- Coordinated the *National uniform control on poisons project* on behalf of the Australian Health Ministers' Advisory Committee to address disparities with the control of poisons in Australia.
- Surveyed 87% of Queensland's licensed pest management technicians to determine baseline compliance of the pest management industry—key findings were disseminated to industry stakeholders.
- Continued to implement recommendations (prevention and control measures) from the Chief Health Officer's report—*Review of the prevention and control of Legionella pneumophila infection in Queensland* (September 2013). Recommendations included legislative reform, upgrade of information systems and national collaboration (e.g. changes to national standards).
- Addressed potential food safety issues by working with HHSs to investigate 1494 complaints, 300 prescribed contaminant in food notifications, 285 Australian Competition and Consumer mandatory reports, and 37 of 58 national food recalls which involved Queensland.
- Banned the possession of commercial tanning units under the Radiation Safety Regulation 2010. As a result, the 143 commercial solaria in Queensland are no longer operating, as 124 units have been destroyed and the remaining 19 units have been seized.
- Increasing public education and awareness, and proposed changes to legislation regarding tattoo removal are being progressed in consultation with industry and stakeholders. This is an ongoing focus of the department's public health work program during 2015–16, in response to the growth in the number of personal appearance services (including tattoo removal services) and the associated public health risks of tattoo removal using injectable products.
- Participated in interagency investigations to provide advice on the potential health impacts of environmental hazards, including the former asbestos factories, Townsville Port lead dust, drinking water disinfection by products, and groundwater contamination.
- Reviewed the *Public health practice manual* to provide a framework for the complementary and interdependent roles of the department and HHSs in the delivery of public health services and programs to protect and improve the health and wellbeing of Queenslanders.
- Released *The health of Queenslanders 2014: Fifth report of the Chief Health Officer Queensland* to provide data about the preventable health burden in Queensland. The report also included a booklet with data specific to each HHS.

Strategy 1.3: Support health service providers to close the health gap for Aboriginal and Torres Strait Islander Queenslanders.

Key achievements 2014–15:

- Contributed \$75.24 million 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. Strategies include:
 - implementing Indigenous maternal and child health multidisciplinary services in hospitals and communities across Queensland

- establishing new community-controlled clinics in Edmonton, Laidley, Goodna, Caboolture, Maryborough, Wynnum and Warwick to target chronic disease
- 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
- implementing hospital liaison services in major Queensland hospitals to assist Indigenous patients navigate the health system
- continuing the *Deadly ears, deadly kids, deadly communities* child hearing health outreach program to reduce the high rates of conductive hearing loss
- introducing drug and alcohol services in 21 discrete Indigenous communities
- continuing Quitline's *Yarn to Quit smoking program*. There are 1613 clients registered with the program and Quitline performed 2133 interactions with clients
- delivering training to Indigenous healthcare workers to gain qualifications to perform blood collection. This training is provided by Pathology Queensland in conjunction with the *Indigenous cardiac outreach program*
- providing funding to the Queensland Aboriginal and Islander Health Council to improve immunisation rates in Queensland, by employing clinical nurse consultants to:
 - support Aboriginal and Torres Strait Islander medical services
 - develop resources to raise awareness and promote immunisation
 - provide assistance to locally initiated immunisation projects.
- Continued the *Aboriginal and Torres Strait Islander cadet program* (Queensland Ambulance Service) which provides a vital link between Indigenous communities and pre-hospital patient care. It also supports employment, with cadets appointed and supported at Doomadgee, Normanton, Palm Island, Yarrabah, Thursday Island and Woorabinda.
- Continued the *Field officer program* (Queensland Ambulance Service) at Horn Island, Coen, Kowanyama and Cook Town, which allows 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.

Sun safety a burning issue



Sun safety is an ongoing challenge in Queensland, particularly for people in the 15–24 years age group.

Research indicates that this age group has the worst sun-safe behaviour, despite knowing the risks of developing skin cancer.

That is the reason behind Sun Mum—a unique character who effectively communicates sun safety messages and behaviours in a caring, informative and out-of-the-box way, which is hard to ignore.

First launched in November 2013, Sun Mum quickly became a cult figure, providing constant reminders of the five sun-safe behaviours in a fun and entertaining way through Facebook, YouTube, television advertising and when out and about.

Campaign results include:

- 3 in 5 young people would take precautions when out in the sun and 55% would consider their sun safe behaviours
- a very high-level of interaction with the campaign, with 60% of those who had seen the Sun Mum Facebook page engaging with it in some way
- Sun Mum Facebook page has received over 42,000 likes, with 91% of likes in the target market (45% male and 46% female).

The campaign won two gold, six silver and three bronze awards at the Brisbane Advertising and Design Club awards in October 2014.



Strategy 1.4: Maintain capacity and capability to coordinate and lead disaster and emergency response.

Key achievements 2014–15:

- Consolidated the *Queensland Health disaster plan* to ensure frameworks are in accordance with the state disaster management arrangements, and aids the escalation pathway to support HHSs and Queensland Ambulance Service disaster management plans in the event of a disaster in Queensland.
- Queensland Health, including the Queensland Ambulance Service, provided responses in consultation with a number of government agencies to a range of events across Queensland, including the 2014 G20 Leaders' Summit, Cricket World Cup, Asian Cup Football, and Tropical Cyclone Marcia, Pam and Nathan.
- Queensland Ambulance Service has an ongoing commitment to the effective disaster management training of its officers. In 2014–15, this included:
 - 523 officers completing the *State major disaster awareness course*, bringing the total number of officers trained to 4025.
 - 117 supervisors completed the *Emergency management leadership* training, bringing the total number of supervisors trained to 308
 - 117 supervisors completing Module 1 of the *Working in a disaster coordination centre* course
 - 1850 frontline paramedics certified or recertified in *Scott M98 respirator mask*, enabling effective forward command participation in, and coordination of, an emergency response
 - urban search and rescue officer capability increasing from four to 38
 - 20 officers participated in counter terrorism workshops and exercises aimed at disaster preparation, joint emergency services training, and chemical, biological, and radiological exercises.
- Provided coordination and leadership of emergency ambulance services to the Cairns Finance Ministers Meeting and the 2014 G20 Leaders' Summit in Brisbane.
- Engaged with key stakeholders regarding areas of security, health and disaster preparedness for Queensland Ambulance Service delivery and response to the 2014 G20 Leaders Summit in Brisbane.
- Reviewed biohazard containment procedures and infection control precautions as part of Ebola Virus Disease (EVD) preparedness.
- Sourced personal protective equipment (PPE), specifically for use with persons suspected or confirmed to have EVD to ensure high-level protection of healthcare workers across the state.
- Assessed and monitored 108 people who returned to Queensland from areas with wide-spread transmission of EVD for signs of infection with EVD—zero cases of EVD were confirmed in Australia.
- Simulated training for clinical management of an EVD case was developed and three one-day training workshops conducted.
- Implemented (Queensland Ambulance Service) a range of initiatives, including the *Clinical quality and safety communique*, education and training and additional PPE to appropriate staff to increase awareness and response capability in the event of a public health emergency within the state.
- Implemented a customised ambulance vehicle to respond in the event of an EVD outbreak. The ambulance unit isolates the driver's compartment from the patient, and can be used in the transport of haemorrhagic and/or infectious patients in an isolation pod. This unit has been used in both training and response situations.
- 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)* courses across HHSs to assist disaster preparedness, and the roll out of the new hospital MIMMS to HHSs as the first state in Australia to deliver such a course.

Strategic objective 2—accessible services

Ensure equitable access to safe, timely and quality health services for all Queenslanders.

Key performance indicators

- Length of stays in emergency departments.
- Length of waits for elective surgery.
- Length of waits for specialist outpatient clinics.
- Level of support for families with newborns.
- Ambulance responsiveness (refer to Strategy 2.3).
- 28 day mental health readmission rate.

Key achievements 2014–15:

- Invested an additional \$30 million in HHSs to deliver more than 10,000 additional specialist outpatient appointments.
- Invested \$30 million over the next two years to ensure long-wait ear, nose and throat patients receive their outpatient appointment and any required follow-up treatment by 30 June 2017.
- Reduced the number of patients waiting longer than the clinically recommended time for their initial specialist outpatient appointment from more than 100,000 as at 1 January 2015 to 82,088 as at 1 July 2015.
- Performed 60,738 postnatal care visits across the state under the *Mums and Bubs program*. Of these:
 - 51,845 were provided by public health practitioners
 - 8893 were provided by private practitioners.
- Responded to 40,266 calls, via 13 HEALTH (13 43 25 84), from parents and carers of children under 12 months of age, including 16,100 calls for babies under three months of age. These calls sought advice on the unwell/irritable newborns, fever, child development, sleeping/settling, breastfeeding, nutrition and immunisation.
- Child health clinical nurses facilitated five forums on the Queensland Health Facebook page with an overall reach of 42,110 users. Topics included breastfeeding, child development, sleep and settling, and fever.

- Continued to deliver the *Hospital in the Home* service to support patient flow, assist hospitals in meeting National Emergency Access Targets (NEAT), National Elective Surgery Targets (NEST), and increase the capacity within the public health system.
- Increased the percentage of emergency department attendances who depart within 4 hours of their arrival in the department from 75.5% for July–December 2014 to 77.9% for January–June 2015.
- Reduced the number of ready-for-surgery patients waiting longer than the clinically recommended time for their elective surgery.

Urgency category	1 July 2014	1 January 2015	1 July 2015
Category 1	13	10	7
Category 2	672	234	137
Category 3	124	46	35
Total	809	290	179

- Received 21,229 referrals to Retrieval Services Queensland (RSQ) from across the state, resulting in 11,843 fixed wing tasks, 3615 helicopter tasks and 2312 road tasks performed in conjunction with Queensland Ambulance Service. A further 3459 referrals to RSQ received clinical advice and other non-transport services.
- Complete 2014–15 financial year data for the key performance indicator—28 day mental health readmission rate is currently unavailable, with complete results anticipated to be available in September 2015.

- Preliminary data available for the period 1 July 2014 to 30 May 2015 is 13.4%. The target of 12% for mental health readmissions is the nationally indicative target identified in the *Fourth national mental health plan: measurement strategy* (May 2011). As such, it represents a stretch target of good practice for HHSs to attain collectively rather than an incremental improvement from prior year performance. Improvements on this measure have been made in recent years and a range of initiatives continue to be progressed to achieve targets on this measure.

Strategy 2.1: Collaborate with Hospital and Health Services, government agencies and the non-government sector to identify and foster best-practice innovations.

Key achievements 2014–15:

- Extended the scope of practice of advanced care paramedics to provide clot busting drugs for patients suffering heart attacks.
- Implemented a statewide, dedicated *Acute stroke referral hotline* for Queensland Ambulance Service paramedics to allow early entry of patients into the stroke management pathway.
- Adopted a nurse endoscopy model in Queensland to address the rapidly growing demand for endoscopy services.
- Implemented four nurse-led clinics across the state to reduce acute hospital presentations for clients with chronic disease, stimulate early interventions and enhance community support.
- Discontinued the *Wait Time Guarantee program* in response to the renewed focus that patients have timely access to public health services at all points in the patient journey—not just elective surgery. The department is developing a program to tackle the number of people waiting longer than clinically recommended for specialist outpatient appointments (known as the ‘wait for the wait’) in 2015.
- Implemented the *Enterprise picture archiving communication system*—a system that stores, moves and displays medical images—at the Townsville, and Torres and Cape HHSs diagnostic imaging sites. With 82 medical imaging facilities (across nine HHSs) now sharing the system, these sites have seamless access to medical images to

support patient care across the Queensland Health continuum through availability of relevant clinical information.

- Collected data from each state integrated public pathology service to establish and compare service indicators across the country. Pathology Queensland, in partnership with the National Coalition of Public Pathology, will use the comparative report and key performance indicators to benchmark, identify and implement best-practise systems to improve the efficiency of its operations.
- Upgrades to *The Viewer*, including *Consumer integrated mental health application* accessibility and the *Mater doctor portal*. It has also been made available on mobile devices through Queensland Health Wi-Fi.
- Developed strategic partnerships with other government agencies, local government and non-government organisations to coordinate a response in the prevention and control of communicable disease outbreaks.
- Participated in the review of best practice arrangements for the collection, euthanasia, transportation and testing of Category 3 bats that have bitten or scratched a human (Category 3 bats) for Australian Bat Lyssavirus. Identified best practice arrangements are implemented through the *Memorandum of Understanding* between Queensland Health, the Department of Environment and Heritage Protection, and the Royal Society for the Prevention of Cruelty to Animals Qld Inc.
- Continued to oversee the implementation of recommendations from the Ministerial Taskforce on health practitioner expanded scope of practice. This will support collaboration between HHSs to implement models of care that best meet patient needs through the effective and efficient use of the allied health workforce skills and knowledge.
- Established the *Role assessment and evaluation framework* to assist HHSs in undertaking a systematic post-implementation assessment and evaluation of new occupational roles, including physician assistants and Indigenous health practitioners that are piloted or implemented in Queensland public health facilities.
- Allocated \$5 million to the *New technology and evaluation program* to assist with the introduction and evaluation of health technologies new to Australia or the Queensland public health system. In 2014–15, 45 applications were received and 10 were recommended for funding.

Make a date to vaccinate

Immunisation saves around three million lives world-wide each year and helps to prevent outbreaks and hospitalisations from vaccine-preventable diseases.



The *Queensland immunisation strategy 2014–17* aims to protect Queenslanders from vaccine-preventable diseases by providing information about immunisation and how to make decisions based on credible evidence-based information when it comes to vaccinations.

Since the strategy commenced in July 2014, we have:

- launched the Vaccination dates/facts matter campaign to improve childhood immunisation rates
- launched *If you think* campaign to raise awareness of the benefits of adult immunisation and encourage adults to talk to their GP about measles, influenza and whooping cough vaccinations
- launched the *VacciDate* immunisation smartphone app, a free tool to improve parent access to reliable program and vaccination reminder information for their children
- improved public access to evidence-based immunisation information via www.vaccinate.initiatives.qld.gov.au
- fully immunised more than 90% of five-year-old children entering primary school
- introduced free whooping cough vaccination to women in the last trimester of pregnancy—with 11,424 pregnant women vaccinated as at 30 June 2015
- delivered the school immunisation program to secondary schools, including bringing forward



the dTpa (whooping cough) vaccination from Year 10 to Year 8

- provided access to statewide immunisation rates by HHSs on a quarterly basis via www.performance.health.qld.gov.au
- provided quality improvement payments for childhood immunisation of up to \$3 million to HHSs for improving immunisation rates
- processed more than 22,000 vaccine orders and distributed more than 2.2 million doses of vaccine across Queensland.

Immunisation is one of the department's most significant achievements.

- Extended *Hospital in the Home* public-private partnerships with Blue Care and Silver Chain until 2017 with a revised funding model and competitive pricing schedule.
- Transferred primary healthcare services from Yarrabah (Cairns and Hinterland HHS) to Gurriny Yeamucka, the local Aboriginal medical service, giving the community a stronger say in how their health services are delivered and providing opportunities for Indigenous ownership.
- Completed the *Allied health telehealth capacity building scoping project*. Key findings related to

current telehealth service models and barriers to accessing services, as well as opportunities for the expansion of allied health telehealth services. This will guide the development of training programs and support resources in the implementation phase of the project in 2015–2016. The project was a joint initiative of the department and the Cunningham Centre.

- Delivered telehealth services in collaboration with HHSs, primary healthcare and key partners:

- 27,331 non-admitted patient telehealth service events—an increase of 38% from 2013–14
- 1697 admitted patient telehealth events (as of March 2015)—an increase of 82% on the same period the previous year
- 12,613 tele-mental health provisions of service have been reported as of March 2015—an increase of 17% on the same period the previous year
- 189 telehealth-enabled trauma support and aeromedical retrieval services have been provided to March 2015—an increase of 103% on the same period the previous year.
- Expanded telehealth emergency management support services to 66 sites to provide support and advice in rural and remote communities. The scope of the service has grown to include maternity and mental health services.
- Collaborated with primary healthcare providers and non-government organisations to support the expansion of telehealth services, and to identify, prioritise and implement new and innovative telehealth-enabled models of care.
- Collaborated with CareFlight to establish a dedicated interfacility aeromedical transport helicopter based at Brisbane airport with an innovative flight nurse model, with the department leading the development of standards for this.
- Worked with CareFlight, Brisbane Airport Corporation and Queensland Ambulance Service to establish the only civilian aeromedical transport team for possible Ebola cases in Australia, with a full scale exercise conducted out of Roma to test capability and a suspect case also transported by road from regional Queensland.
- Commenced participation in a national ambulance-based \$2.7 million project to reduce suicide and to improve the mental health of men and boys. The three-year project is being led by Monash University and funded by the Movember Foundation. The project will map the needs of men and boys through ambulance presentations and identify key intervention points for linkage to appropriate care.

Strategy 2.2: Ensure health infrastructure has the flexibility and capacity to meet future service requirements.

Key achievements 2014–15:

- Completed the Queensland Ambulance Service capital works projects, including the refurbishment of the Gladstone Ambulance Station, replacement of the Pittsworth Ambulance Station, redevelopment of the Spring Hill Ambulance Complex and Station, and the Injune Ambulance Station and its residential property.
- Reviewed the statewide medicines formulary (*List of Approved Medicines*) to ensure it continues to support HHSs in managing pharmaceuticals. The review recommended continuation of a statewide approach to maintaining a narrow formulary, supported by a centralised procurement model.
- Collaborated with HHSs to ensure infrastructure has the flexibility and capacity to meet health service requirements, and to deliver upgrades to emergency departments' operating theatres, outpatient clinics, birthing suites and services in line with Queensland performance objectives.
- Refigured the management and operation of the Queensland Government's radioactive waste store in Esk that provides safe storage for radioactive substances which have outlived their useful service and cannot be disposed of by other methods. The store's operation is the responsibility of Forensic and Scientific Services, with the Health Protection Unit retaining responsibility for overall management of the facility. This delineation will enable more transparent regulatory oversight over the operations of store.
- Continued to work closely with clinical teams across the state to develop and implement innovative in-home water treatment solutions to allow home dialysis to take place in rural and remote locations.
- Commenced a number of information and communications technology (ICT) enabled projects to help Pathology Queensland improve the flow of information to its referring clinicians:
 - upgraded the *AUSCARE laboratory patient management program* and extended to new sites
 - developed an application to deliver information and patient results to a referring clinician's smart phone or tablet device

- developed the *Digital hospital platform* which provides electronic requests of pathology tests and delivery of results directly into patients' *integrated electronic Medical Record (ieMR) system*.
- Developed the *ICT strategic roadmap* which provides a 10-year vision for ICT to ensure it meets the expanding needs of the public health system.
- Increased emergency capacity and capability through new and upgraded emergency department facilities and services at the Caboolture and Redcliffe Hospitals' Paediatric Emergency Services.
- Sought expressions of interest from the private sector on the redevelopment of the Royal Children's Hospital site as a world class health precinct (Herston Health Precinct)—submissions closed 4 February 2015.
- Progressed statewide health infrastructure planning with the HHSs with a focus on the prioritisation of new or replacement infrastructure and incorporating non-traditional design solutions that allow for rapid change, growth and efficient delivery.
- Maintained the *Emergency department information system* which currently captures Queensland Health emergency department attendance data at 58 sites across the state. The system monitors patient progress, provides alerts and records treatment details.
- Maintained the *Patient flow manager* which provides HHSs with a whole-of-health-service view of patient flow, including admissions, impending discharges across all hospitals in a geographic catchment, with live data on bed availability.
- Improved clinical management of patient care from admission to discharge by using electronic patient journey boards. As at 30 June 2015, 410 boards have been implemented across the state, with an additional three boards scheduled to be installed.
- Responded to 946,370 incidents (Code 1–4 and casualty room attendances) across 290 response locations.
- Responded to 325,877 Code 1 emergency incidents with 50% responded to within 8.3 minutes, and 90% within 16.4 minutes. Response performance in 2014–15 was maintained despite a 5.6% increase in the demand for Queensland Ambulance Service services impacted by an increasing and ageing population with burgeoning levels of chronic disease. Over the last 10 years, Queensland Ambulance Service has experienced an average of 4.9% per annum increase in demand.
- Funded the recruitment of an additional 100 ambulance officers to provide enhanced roster cover in response to increasing demand for ambulance services.
- Commissioned 155 new and replacement ambulance vehicles as part of a *Rolling vehicle replacement program* critical to ensuring quality frontline ambulance services.
- Approximately 89% of patients who received care from Queensland Ambulance Service reported clinically meaningful pain reduction. This measure provides an indication of the effective management by Queensland Ambulance Service of severe injury related pain.
- Received a 99% overall patient satisfaction rating from Codes 1 and 2 patients treated by the Queensland Ambulance Service (emergency and urgent cases) as reported in the *Report on Government Services (ROGS, 2015)*.
- Expanded the *Lower acuity response unit model* to the Townsville, Metro North, Metro South and Gold Coast Local Ambulance Service Networks (LASNs). The response model allows for alternative and appropriate treatment pathways for those patients not requiring stretcher transport in an emergency ambulance, thereby reducing emergency department presentations.
- Commenced a two-year statewide rollout of replacement defibrillators which provide state-of-the-art vital signs monitoring, defibrillation and early detection of lifethreatening cardiac conditions.
- Expanded the *Emergency vehicle priority (EVP)* capability, which provides green lights at traffic signals to approaching ambulance vehicles responding under emergency lights and sirens conditions, to improve travel time and safety for paramedics and the community:
 - a total of 215 ambulance vehicles have been equipped with the EVP technology since the introduction of this initiative

Strategy 2.3: Provide safe, timely and quality ambulance services to meet the needs of the community.

Key achievements 2014–15:

- Received 684,446 Triple Zero (000) calls for assistance and attained 91.24% of calls answered by Queensland Ambulance Service operations centres staff within 10 seconds.

- the initiative resulted in 232,516 green light activations, of which Queensland Ambulance Service vehicles progressed through intersections 81% of the time
- the project also received the report on the *Performance evaluation of Gold Coast emergency vehicle priority system*, an independent evaluation conducted by the ARRB Group that demonstrated a 17% to 26% improvement in travel time for ambulance vehicles.

Strategy 2.4: Support Hospital and Health Services in maximising patient safety outcomes and patient experience.

Key achievements 2014–15:

- Implemented the *Guideline for medical imaging–patient identification and procedure matching* to prevent patient harm from clinical incidents associated with wrong patient or wrong body part.
- Trialled the automation of computed tomography imaging radiation dose monitoring and reporting to improve and expand dose optimisation programs.
- Sponsored statewide standardisation of point-of-care-testing (POCT) availability to health services which do not have comprehensive on-site pathology services. This assisted in the delivery of readily accessible, quality services to patients in rural and remote areas.
- Expanded the *ieMR program* to securely capture a patient’s known allergies and reactions, reducing the risk of adverse events during care.
- Integrated the *Consumer integrated mental health application (CIMHA)* with *The Viewer*. This provides clinicians with added consumer mental health information alongside existing patient history details, and enables mental health staff to access wider held patient history and clinical event details recorded across Queensland Health facilities and services.
- Conducted the inaugural *2014 Statewide small hospitals patient experience survey* to measure the experience of patients with health services delivered in small, rural and remote hospitals:
 - 9347 patients were interviewed from 83 small hospitals and multipurpose health services across Queensland
 - 71% of patients rated their care as very good, 20% as good and 6% as adequate.
- Conducted the inaugural *2014–15 Statewide maternity patient experience survey* to measure the experience of patients with maternity services:
 - 4977 patients were interviewed from 38 hospitals across Queensland
 - 57% of patients rated their antenatal care as very good, 31% as good and 9% as adequate
 - 72% of patients rated their labour and birth care in hospital as very good, 17% as good and 7% as adequate
 - 55% of patients rated their postnatal care in hospital as very good, 28% as good and 12% as adequate
 - 75% of patients rated their home maternity care as very good, 20% as good and 5% as adequate.
- Provided safety and quality key performance indicator reports quarterly to Health Service Chief Executives (HSCEs) and statewide quarterly reports to the Patient Safety Board to assist in monitoring patient safety and quality.
- Raised awareness of falls prevention via the *April No Falls* month campaign to help those at risk of falling to stay on their feet.
- Reviewed the *Falls assessment and management plan*–the statewide clinical form to document initial and ongoing falls injury prevention strategies. This was promoted via video-conference education sessions to HHS staff.
- Developed the *Adult pressure injury risk assessment tool* to assess and manage a patient’s skin integrity on admission and throughout their stay in hospital to minimise the risk of patients acquiring pressure injuries during their stay.
- Developed 38 early warning and response system 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.
- Issued three alerts, four notices and five communiqués relating to patient safety on a range of topics, including snake bites, intravenous fluid bags, anaphylaxis, and heparin and lignocaine look-alike medication ampoules to support HHSs in providing the safest care possible.
- Conducted the *Bedside patient safety audit* across 120 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.

- Revised statewide standing orders for the release of glucose, glucagon and naloxone for patients presenting with a condition that requires a prompt response to improve the outcome. This revision enables standing orders to reflect current best practice to ensure patients receive the best treatment possible.
- Developed three new guidelines and implemented the *Intravascular device management program* to support HHSs in reducing preventable healthcare-associated infections.
- Reviewed the *I-Care™ guidelines*—an evidence-based bundle that addresses the insertion and management of intravascular devices—introducing six POCTs to complement the guidelines.
- Conducted the *Mental health consumer perceptions of care survey 2014* to measure consumers' perceptions of the care they received from Queensland public mental health services. The survey response rate was 44%. Following analysis of consumer feedback, each service developed an action plan that identified opportunities to improve the safety and quality of care within the service. In 2014, many services demonstrated improved scores that directly linked to the improvement initiatives outlined in the action plans.
- Adopted *Ruby's Rule* within clinical practice to ensure intravenous fluid infusions are managed appropriately.
- Engaged HHSs to:
 - place dedicated collection staff within emergency departments to support medical and nursing staff with pathology specimen collection and training
 - implement POCT and the *Laboratory instruments upgrade program* to perform on-site testing, resulting in a quick turnaround for results and earlier clinical intervention.
- Expanded the scope of practice of allied health professionals to improve patient access to services, reduce waiting times in emergency departments and specialist outpatient appointments, and facilitate patient flow across the public health system.

Strategy 2.5: Continuously improve clinical governance systems and regulatory frameworks to ensure accountable, safe, high-quality health services to improve the performance of, and public confidence in, the health sector.

Key achievements 2014–15:

- Developed the *Action plan: regulatory reform for the Department of Health 2014–2015* aimed at reducing red tape and regulatory burden as a result of out-dated legislation, unnecessary government administration and over burdensome compliance and enforcement practices. This resulted in the introduction of technology and improved processes to minimise unnecessary restrictions on business generated from the state's legislative and regulatory system.
- Reported against the *Mental health alcohol and other drugs performance framework* monthly to facilitate quality improvements in service delivery with the goal of achieving better outcomes for consumers. The framework will be reviewed every three years to maintain focus on current and emerging priorities. A new framework will be released during the 2015 calendar year.
- Completed the *Clinical services capability framework (v3.1) functional assessment project* to deliver an updated, more flexible and concise version. This removed unnecessary regulatory burden for both public and private health sectors where possible, without compromising patient safety and quality care.
- Implemented the revised *Queensland Ambulance Service clinical practice manual* to improve patient care guidelines and consolidate clinical changes in the scope of practice for all Queensland Ambulance Service paramedics.
- Designed and introduced a major restructure of the *Queensland Ambulance Service clinical governance framework, policy and procedures* to ensure greater accountability and enhance patient safety. The framework identifies systems, processes and behaviours to maintain high standards in delivering safe clinical care across all LASNs.

- Expanded quality and safety governance processes using the *Queensland Ambulance Service clinical audit review tool* (CART) continue to provide systematic review of patient care and clinical outcomes, and measure compliance to clinical standards. In 2014–15, more than 11% of all Queensland Ambulance Service emergency responses were subject to quality and safety governance processes through the CART.
- Developed and implemented a reporting framework for the *Public Health (Infection Control for Personal Appearance Services) Act 2003* and the *Public Health (Infection Control for Personal Appearance Services) Regulation 2003* which are administered and enforced by local government. The framework enables local government to demonstrate compliance with legislation that regulates the body art and personal appearance service industry in Queensland.

- Commenced the review of the public health regulatory framework, including its regulatory and enforcement guidelines for public health legislation. These documents assist and support authorised officers within the department and HHSs to undertake consistent, best practice regulatory decision-making and enforcement action for public health legislation across Queensland.
- Developed and implemented a statewide aeromedical clinical governance framework to ensure a consistently high standard of care during the patient retrieval process. All government and non-government service providers collaborated to develop best practice standards across multiple aeromedical platforms.

Fighting obesity



Our obesity rates are the highest in Australia, costing our healthcare system over \$391 million per year.

Obesity-related chronic disease, such as diabetes, heart disease and some cancers can reduce life expectancy up to 10 years.

It is a massive issue, which is why the department launched *Healthier. Happier.* a positive and inclusive multi-channel campaign designed to encourage all Queenslanders to be healthier, regardless of size.

Phase one was launched in October 2013 and asked people to perform an honest assessment of their weight, nutrition and physical activity habits using the *Health & Fitness Age calculator* via www.healthier.qld.gov.au. Since it launched, the calculator has been completed more than half a million times.

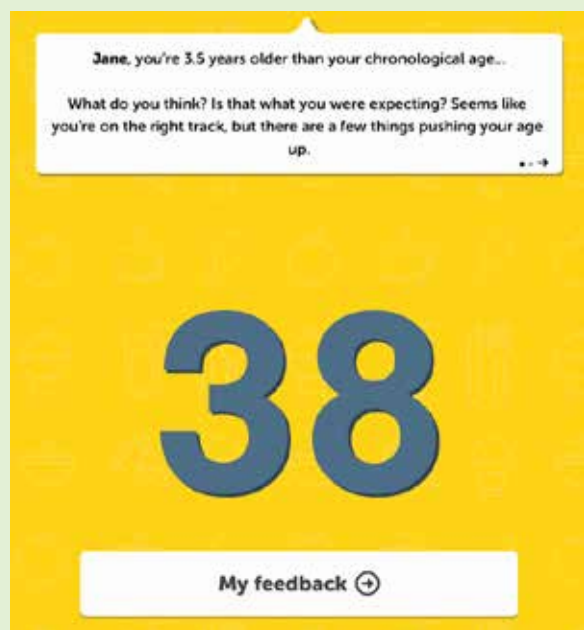
Phase two introduced small changes people could make to be healthier. It showed people that being healthier doesn't necessarily require a dramatic or daunting change. It could be as simple as:

- eating more fruit and vegetables
- watching your portions
- being aware of sugary drinks
- moving more and sitting less.

Research indicates the campaign has delivered positive results, with a large portion of people starting to make healthier changes:

- 47% having fewer sugary drinks
- 46% eating more fruit and vegetables
- 44% having smaller portions
- 31% spending less time sitting down.

Fighting obesity in Queensland is a challenge we are tackling head on.



Strategic objective 3—innovation and research

Foster innovation and research that contributes to quality patient care and outcomes, and health system improvement.

Key performance indicators

- Rates of preventable hospital acquired infections.
- Collaboration with universities and/or research institutions to underpin development of innovative models of care.

Key achievements 2014–15:

- The rate of hospital acquired infections is measured as the rate of *Staphylococcus aureus* (including MRSA) bloodstream infections for the period 1 July 2014 to 30 June 2015 was 0.8 per 10,000 patient days.
- Reviewed six intravascular device *I-Care™* guidelines and introduced six POCTS to complement the guidelines. Intravascular devices are a focus of more than 30% of blood stream infections in Queensland public hospitals. The guidelines provide best practice advice for the management of intravascular devices.
- Partnered with five Queensland universities to provide clinical placements for students undertaking degrees in paramedical science and double degrees in paramedical science and nursing.
- Partnered with the Queensland University of Technology (QUT) to deliver two postgraduate programs as part of the *Queensland nurse endoscopy project* to address the rapidly growing demand for endoscopy services:
 - Graduate Certificate in Nursing (Gastroenterology)—currently there are 47 registered nurses enrolled in the course
 - Master of Nursing (with a focus on endoscopy).
- Engaged with the School of Economics at the University of Queensland (UQ) to conduct a productivity measurement study of Pathology Queensland's laboratories. The study, using different analysis methods, will look at how to decrease costs in the face of increasing test volumes, without compromising quality or service standards. The results of the study are expected in late 2015. It is hoped that the study, design

and data analysis techniques will assist Pathology Queensland to better understand and develop more meaningful key performance indicators to better manage the organisation.

- Partnered with UQ to establish the HIV STI Professorial Chair, to develop and lead research into HIV and sexually transmissible infections.

Strategy 3.1: Support health system and clinical innovations, strategic partnerships, and leadership within and across service providers, and across all levels of government.

Key achievements 2014–15:

- Made strategic investments to support the development of innovative integrated care models in Metro North and Gold Coast HHSs with the aim to build an evidence-based on the clinical and cost effectiveness of new models of care.
- Fostered strategic partnerships with interagency health jurisdictions via Australasian Health Infrastructure Alliance membership.
- Delivered programs in partnership with:
 - Queensland Treasury (Projects Queensland)
 - Department of the Premier and Cabinet—*State health infrastructure plan*
 - Department of State Development, Infrastructure and Planning—*Royalties for regions* and the Alpha Community Hospital.
- Supported and provided advice to HHSs on the delivery of capital infrastructure planning

- studies, business cases and building performance evaluations (BPEs).
- Delivered the *New technology funding evaluation program* and the *Health innovation fund program* to improve service delivery and patient care by providing grants for innovative solutions, including a new model of care, new health technology and significant clinical redesign. A total of \$10.6 million was allocated for both programs in 2014–15.
 - Established a National Disability Insurance Scheme (NDIS) Committee to oversee and coordinate Queensland Health's NDIS transition plan to assist in preparing Queenslanders, the department and HHSs from progressive roll out of the scheme in Queensland.
 - Partnered with the Department of Communities, Child Safety and Disability Services, HHSs and the Statewide Child Protection Clinical Partnership to support the implementation of the recommendations of the *Queensland child protection commission of inquiry*.
 - Provided (via the Queensland Clinical Senate) independent strategic advice and leadership on system-wide issues affecting quality, affordability and efficient patient care.
 - Engaged (via the Statewide Clinical Networks) clinicians to innovate for service improvement, embed evidence-based practice and monitor clinical standards. There are:
 - 20 networks, each representing their own peak body of clinical expertise in Queensland
 - more than 1000 clinicians actively participating in network meetings and work groups
 - more than 6000 clinicians who receive and provide information and feedback.
 - Updated and implemented the *Non-government organisations performance framework* to ensure non-government organisations meet governance requirements and service quality to provide safe, high-quality healthcare.
 - Upgraded the BreastScreen Queensland (BSQ) register to send text messages reminding women of their appointments, and transitioning towards an online bookings and electronic notification system.
 - Produced and distributed quarterly performance dashboard reports (data from the BSQ register) to HHSs to monitor performance against BreastScreen Australia accreditation requirements. Data was also provided to external agencies, including the Australian Institute of Health and Welfare to

report on screening participation and the overall performance of BSQ.

- Provided pap smear screening histories to pathology laboratories, health providers and women for clinical management purposes. External pathology laboratories were provided with data on performance measures aligned to their accreditation requirements. Data was also provided to external agencies, such as the Australian Institute of Health and Welfare to report on screening participation and the overall performance of the Queensland Health Pap Smear Register.
- Delivered the *Paramedic induction program* to provide 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. In 2014, 15,325 participants were enrolled in the program.
- Participated in the *Prehospital anti-fibrinolytics for traumatic coagulopathy and haemorrhage*—a national ambulance and emergency department study—to examine the efficacy of tranexamic acid for severely injured trauma patients. Protocol development and endorsement occurred in 2014–15 with paramedic training and rollout to occur in July 2015. This study will inform best practice treatment for trauma patients in Queensland.

Strategy 3.2: Supporting ongoing innovation, teaching, research and continuous learning.

Key achievements 2014–15:

- Commenced the rollout of operational iPads to paramedics as part of the *Queensland Ambulance Service operational mobility strategy*. The strategy provides a mobile platform for the provision of real time in-field communications and training, including access to the new digital *Clinical practice manual, Field reference guide*, streamlining administrative functions, and facilitating the future transition to a new electronic patient care record.
- Queensland Ambulance Service managers and frontline supervisors now have mobile access to the *Integrated real-time operational ambulance management (iROAM) system* via the iPad platform. iROAM has a number of tools

that aid in the overall analysis of incidents and is an important instrument to support real time operational decision making and provide retrospective incident review.

- A Queensland Ambulance Service *Officer dashboard* with workforce profiles is also accessible through the iPad, and provides each officer as well as supervisors with a further tool to monitor individual officer workload and performance.
- Provided supervision and training of 70 medical officers to participate in the *Royal College of Pathologist Australasia pathology training program*.
- Employed six full-time employees and provided funding of approximately \$1.2 million to commence 28 research projects in conjunction with HHS partners and associated Queensland academic institutions, across the disciplines of haematology, chemical pathology, anatomical pathology and microbiology.
- As at 30 May 2015, Queensland Health has 40 *Student Placement Deeds* with Australian universities and registered training organisations to provide an overarching framework under which students of health training programs can undertake clinical placements and ensure consistency across all placement activities in HHS facilities.
- Commenced phase one of a clinical safety trial for a monoclonal antibody against Hendra virus. The first cohort of volunteers (eight) have been dosed and tested, with five cohorts to be tested throughout the trial. The trial is expected to be completed by August 2016.
- Delivered three simulated training workshops in the management of EVD to ensure clinicians can safely manage a person with the disease and reduce the likelihood of healthcare worker infection.
- Released the inaugural *Health of the Queensland clinical workforce 2015 report* to provide a statistical analysis of the Queensland clinical workforce, including the benchmarking of clinical workforce data against other Australian jurisdictions. The report, published annually, will support workforce planning activities within the department, HHSs and the broader health industry.
- Partnered with the University of Adelaide to develop and release the *Queensland child oral health survey 2010–2012, the beginning of change* (final report). The report is a descriptive ‘snapshot’ of the oral health and dental behaviours of Queensland children, and provides baseline

information to evaluate the benefits of water fluoridation in Queensland. Key findings included:

- 49.5% of 5–10 year olds had decay experience in their primary teeth, while 30% of 6–14 year olds had decay experience in their permanent teeth
- most children have good oral health, however levels of tooth decay were much higher among some groups, including Aboriginal and Torres Strait Islander children, and those children from low-income households
- children from long-term fluoridated Townsville had significantly lower tooth decay compared with children from previously non-fluoridated regions of Queensland.

The department is working with HHSs to provide up-to-date oral health outcomes and dental service information relevant to their local communities to assist with public service planning and evaluation.

- Led the development of a request for offer for the establishment of the Queensland Alliance for Environmental Health Science (QAEHS). The QAEHS will receive funding of \$2.27 million over three years (to 30 June 2018) to provide a range of research, training and advisory services to the Queensland Government relating to environmental health. This initiative will be coordinated via the department. Submissions closed 4 June 2015, and the successful tenderer is expected to be announced in mid-2015.

Strategy 3.3: Develop statewide policy and strategy in line with Queensland Government priorities for health, current research, and new and emerging strategic health issues.

Key achievements 2014–15:

- Produced 38 health technology briefs, and three new and emerging health technology reports, ensuring clinicians have access to leading-edge, evidence-based technology and models of care.
- Continued to work with the Department of Communities, Child Safety and Disability Services to prepare for the implementation of NDIS in Queensland from July 2016. NDIS will bring greater choice and control in disability supports for eligible people with a disability and is intended to improve integration of care across disability and other mainstream systems, including healthcare.

- Following an investigation into the potential contamination of Propofol, the department developed a statewide *Wipe the stopper* resource to increase awareness of practice requirements and reduce the risk of infection to patients.
- Developed resources to support Queensland health services to identify and manage patients with suspected or confirmed EVD.
- Released the *Queensland Health research strategy and investment plan 2015–2018* to guide health and medical research within Queensland Health.
- Awarded four physiotherapy and seven nursing and midwifery fellowships to Queensland health professionals to conduct research into healthcare improvements, bringing the total number of research fellows supported by health and medical research funding to 51 fellows (clinicians and allied health professionals).
- Provided more than \$55 million to HHSs and a further \$23 million to QIMR Berghofer, Queensland Emergency Medicine Research Foundation, and the Australian Centre for Health Services Innovation to undertake research to improve healthcare for Queenslanders across a wide range of health issues, including cancer, infectious diseases and mental health.
- Invested \$650,000 to support Cancer Council Queensland in the recruitment of patients to participate in clinical trials of new cancer treatments.

Get the knives out!



Queensland has the highest rate of obesity in Australia—with 65% of adults and 25% of children overweight or obese.

To tackle the problem, a unique cooking skills program—*Jamie's Ministry of Food*—was introduced to improve skills and confidence in healthy cooking and eating practices.

The program commenced in 2011 with the establishment of a fixed food centre in Ipswich and a purpose-built mobile kitchen that travels across the state to local communities.

Four years on and the program is still thriving, teaching and empowering people to cook healthy, fresh and affordable meals at home.

Since the program's introduction, more than:

- 22,000 people have attended a cooking course, cooking demonstration or community event
- 4000 people have completed a five or 10-week course at the Ipswich food centre
- 4500 people have attended a five-week course through the mobile kitchen.

The program is a practical solution to obesity and diet-related disease, and a successful response to developing basic healthy food practices among Queenslanders.

Strategy 3.4: Enable a health service planning environment that supports the planning, delivery and monitoring of integrated services and innovative models of care to better meet the needs of the community.

Key achievements 2014–15:

- Engaged HHSs to assess health service and infrastructure needs, identify health service gaps and priorities, and develop future planning. This included:
 - developing, reviewing and updating health service planning resources
 - providing relevant health service planning support to inform policy development and development of statewide health service plans and strategies
 - working to improve health outcomes for Aboriginal and Torres Strait Islander people by providing leadership, strategic advice and direction on effective and appropriate policies and programs
 - working with stakeholders to maximise the effectiveness of the Aboriginal and Torres Strait Islander services and programs across the health system
 - managing the pre-qualified health service planning and functional design panel
 - leading and managing the *Health service planning quality management system* and scheduled certification processes.
- Commenced planning in accordance with the Queensland Government’s *Total asset management plan* framework as part of Queensland Health’s future asset requirements to support the health service delivery needs of the Queensland community.
- Progressed infrastructure planning to identify capital requirements of HHSs, with a view to prioritise facilities across Queensland for potential capital investment.
- Performed BPEs in conjunction with the HHSs on the following projects:
 - Gold Coast University Hospital post commissioning (BPE is nearing completion)
 - Queen Elizabeth Hospital—emergency department and endoscopy unit (post-commissioning BPE planning underway)

- Mackay Base Hospital Redevelopment Stage 1 and 2 completion works (completed and report provided to the Mackay HHS end of July 2014)
- multiple mid-project BPEs are underway across capital planning and delivery programs.
- Commenced reporting on oral health clinical indicators to assist HHSs in evaluating the treatment provided by public dental services. Indicator rates are not an absolute measure of performance, but allow benchmarking between services, clinics and individuals, flag issues for further investigation and identify opportunities for improvement. 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*.
- Published health service activities and performance on the Hospital Performance website to maximise transparency around hospital performance, to keep communities informed about their local hospital, and to drive improvements within the HHSs.
- Established a baseline data confidence level for departmental data collections and a data assurance program of work for 2015–16. This will further develop the initial data integrity baseline and will involve engagement with data sources at a HHS level.
- Continued to provide Queenslanders with detailed information on public dental waiting lists via 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. Monthly updates ensure accurate, transparent and relevant reporting on access to public dental care in Queensland.
- Clinically and logistically coordinated the transfer of 17,770 patients and provided clinical advice and other non-transport services for a further 3459 patients.

	Fixed wing transfers	Rotary wing (helicopter) transfers	Road transfers	Advice	Other	Total
Adult	9,936	3,331	459	660	1,162	15,548
Paediatric	1,907	284	1,853	643	994	5,681
Total	11,843	3,615	2,312	1,303	2,156	21,229

Strategic objective 4—governance and partnerships

Provide effective governance of the health system and engage with key partners to provide health services that are sustainable and value for money.

Key performance indicators

- HHS average cost per Queensland weighted activity unit.
- Percentage of capital infrastructure projects delivered on scope, time, cost and fit-for-purpose.
- Number of service provision contracts released to open tender.
- Number of data sets released under the Open Data Initiative.
- Percentage of agreed red tape reduction initiatives on track.

Key achievements 2014–15:

- Addressed the HHS average cost per Queensland weighted activity unit and facilitated enhanced HHS efficiency and financial performance with service agreement key performance indicators that:
 - explicitly linked funding to the delivery of services
 - enhanced the focus on outputs, outcomes and quality
 - provided mechanisms to reward good practice and support quality initiatives
 - highlighted HHS variations in costs and practices to improve service cost-effectiveness.
- The Queensland funding model, using activity based funding and the Queensland Efficient Price, in conjunction with the *HHS performance management framework*, will continue to enhance public accountability while driving technical efficiency in the delivery of health services in 2015–16.
- Achieved 96% for capital infrastructure projects delivered on budget, time and scope within a 5% unfavourable tolerance. The 2014–15 target estimate was 95%. Note: although all projects were completed or are forecast to be completed within scope, a small number of projects did not meet or are forecast not to meet the time tolerance.
- Delivered (Queensland Ambulance Service) four out of five published capital infrastructure projects (80%) within budget, scope, time and fit-for-purpose objectives in 2014–15. The Russell Island Ambulance Station was completed in August 2015.
- 49 service provision contracts released to open tender including:
 - 9 for social support services, both statewide and location-specific
 - 4 for medical consumable services
 - 13 medical equipment and maintenance services
 - 19 medical services.
- Three service provision (Queensland Ambulance Service) contracts released to open tender:
 - electronic *Ambulance report form (eARF) application development and deployment with managed service*
 - Queensland Ambulance Service portal replacement
 - fit-out of Mercedes-Benz Sprinter Vans.
- Published 39 new data sets (a total of 52 new resources).
- Published the data sources outlined in the *Open data roadmap* (an open data release schedule), contained in the *Department of Health open data strategy*.
- Implemented the *Investment management framework*, including the establishment of the Investment Review Committee to support clear governance pathways, process and accountability towards investment decision making.
- Implemented the *Expenditure delegations framework* and individual delegations to more than 800 banded positions.

Strategy 4.1: Commission services that deliver healthcare in ways that maximise clinical and cost effectiveness, and which meets the needs of the community.

Key achievements 2014–15:

- Continued strategies to derive increased value from commissioning expenditure as well as maintain the focus on reducing avoidable harm and incentivising the uptake of good clinical practice through pricing and incentive funding. Strategies included:
 - introducing two new *Pay for outcomes* schemes to incentivise HHSs to improve access for specialist outpatients and reduce avoidable readmissions for chronic disease
 - engaging with:
 - Townsville, Wide Bay and Mackay HHSs in health services planning activities
 - all HHSs in modelling the *Estimate of future activity* and community needs to inform the 2015–16 commissioning negotiations
 - implementing a shadow purchasing model for specialised community mental health services to provide greater visibility of services, including improvements to the recording of clinical activity and subsequent increase in packages of care meeting minimum service expectations.
- The expenditure on blood and blood products for 2014–15 was expected to be \$96.5 million—a 7.2% increase on 2013–14 expenditure. A major driver for this growth was the use of Intravenous Immunoglobulin, which is used for the treatment of immunodeficiency disorders. Queensland is participating in a national program of measures to contain the growth in demand for Immunoglobulin and its cost to governments. This includes:
 - developing and maintaining policies and procedures for access to Immunoglobulin products
 - establishing and supporting a national network of committees
 - evolving the criteria for access to products
 - developing and implementing a national ordering and outcomes database, and a performance improvement program

- potential efficiency improvements through improved governance and streamlined product distribution.

- Negotiated a partnership with Spleen Australia to ensure Queenslanders living without a spleen or reduced spleen function have access to a specialised statewide support service. This partnership was publically launched on 11 May 2015 and uptake of the service has been very encouraging. As at 8 July 2015, more than 130 patients have registered with Spleen Australia.
- The average gross cost per incident for the Queensland Ambulance Service was \$649 per incident compared to the national average of \$855 per incident as published in the *Report on Government Services (ROGS, 2015)*.

Strategy 4.2: Develop strategic partnerships with providers to make more efficient use of resources and ensure value for money in the provision of health services.

Key achievements 2014–15:

- Targeted investment towards tackling chronic disease among Aboriginal and Torres Strait Islander people through a request for offer to procure culturally appropriate, evidence-based and patient-centred health services. Thirteen new initiatives proposed by 11 different organisations were successful in attracting funding. This new funding round represents approximately \$24 million for targeted Indigenous health service delivery until June 2016.
- Worked with HHSs to ensure the most efficient use of linen and minimise the volume of linen returned through misguided work practices.
- Established four-year agreements with three Queensland dental schools, including UQ, Griffith University and James Cook University to enable undergraduate and postgraduate students to undertake clinical work experience, and provide eligible public dental patients with free access to dental care.
- Evaluated *Hospital in the Home* services public-private partnerships, resulting in the development and implementation of a revised funding model and pricing schedule—representing competitive value for money for Queensland Health.

- Employed general practice liaison officers in Queensland's 20 largest public hospitals to:
 - address the service gap between primary and specialist outpatient care
 - improve access to specialist outpatient services by developing innovative and alternate treatment models
 - develop referral and discharge criteria.
- Extended service agreements with nine non-government organisations to provide domiciliary community nursing care until 30 June 2018.
- Commissioned the Royal Australasian College of Surgeons to perform the *Queensland audit of surgical mortality* to collect and analyse Queensland hospital surgical mortality data to identify trends in the quality of surgical care. There are 38 Queensland public hospitals and 37 private hospitals currently participating in the audit.
- Continued to progress the *Mental health capital works program* to contribute to the provision of recovery-focused and localised services for individuals and better healthcare for the community. In 2014–15, three community care units located in Redland Bay (containing 20 beds), Bundaberg (containing 20 beds) and Logan (containing 16 beds) commenced services.
- Partnerships with the Department of Communities, Child Safety and Disability Services and the Department of Housing and Public Works continue to support the transition of individuals to community-based accommodation and models of care. Queensland Health community care units provide an alternative contemporary service option for individuals relocating to their home community from The Park Centre for Mental Health in Wacol and Baillie Henderson Hospital in Toowoomba.

Strategy 4.3: Enable Hospital and Health Boards to transition appropriate cost-effective healthcare services to select non-government and private providers.

Key achievements 2014–15:

- The statewide *Ophthalmology outpatient waiting list reduction* was a one-off initiative that saw 8000 patients reviewed by an ophthalmologist or removed from the waiting list (no longer requiring treatment).

Strategy 4.4: Support the Hospital and Health Services, statutory agencies' and other organisations' compliance with governance requirements by providing information, resources and advice, as well as facilitating education and network forums for key officers.

Key achievements 2014–15:

- Managed flow of information between the department, other government departments and statutory bodies as well as incoming patient and customer feedback.
- Assisted the Minister and Director-General to perform executive government functions, including Cabinet, Executive Council and parliamentary services.
- Provided secretariat support for system level and departmental executive committees.
- Provided support and advice to the Director-General and Minister in relation to all health portfolio statutory agencies, including monitoring of key governance compliance requirements.
- Provided governance advice and support to all health portfolio statutory agencies, including a central point of contact for advice and guidance on application of whole-of-government policy and statutory obligations.
- Collaborated with government agencies in relation to whole-of-government processes, including statutory and significant appointments, remuneration and legislation.
- Partnered with the Department of Communities Child Safety and Disability Services, key HHS stakeholders and the Statewide Child Protection Clinical Partnership to revise and implement a number of resources, and jointly facilitated training for public health professionals to understand and respond to the legislative changes in relation to mandatory reporting of child physical and sexual abuse. The following initiatives were undertaken:
 - revision and republication of educational resources on the Queensland Health intranet and Child Safety webpages. These resources were also provided to private sector health services

- delivered information sessions to both public and private health sector on the child protection reform agenda
- provided jointly facilitated statewide train-the-trainer sessions to key clinicians in the HHSs regarding child protection legislation changes and reporting processes
- reviewed and republished the *Queensland Health child protection guidelines*
- developed a comprehensive communication and stakeholder engagement strategy on the Queensland child protection reform.
- Hosted the inaugural *Patient Safety....first and foremost* forum in Brisbane to allow clinicians and frontline managers to share lessons learned aimed at strengthening the culture of safety and quality in facilities across the state.
- Partnered with the department's Patient Safety Unit, 13 HEALTH (13 43 25 84) and Smart Services Queensland to deliver *Ryan's Rule* to help patients and families receive help when they are concerned about a patient in hospital who is getting worse or not improving. On average, there are one to two calls per day across approximately 10,000 public acute admissions with positive feedback regarding the service.

Strategy 4.5: Support Hospital and Health Boards to assume responsibility for both the employment of staff and ownership of land and facilities.

Key achievements 2014–15:

- Progressed the transfer of assets, as part of the *Lands and buildings transfer project*, with the 16 HHSs allocated to three tranches:
 - Tranche 1: Metro North, Metro South, Townsville—transfer effective 1 July 2014
 - Tranche 2: Cairns and Hinterland, Darling Downs, Gold Coast, Mackay, Sunshine Coast, West Moreton—transfer effective 1 December 2014
 - Tranche 3: Central Queensland, Central West, Children's Health Queensland, North West, South West, Wide Bay, Torres and Cape—transfer effective 1 July 2015.

- Eight HHSs were prescribed as employers through amendment of the Hospital and Health Boards Regulation 2012.
- Increased the number of human resource delegations to non-prescribed employer HHSs. Seven non-prescribed employer HHSs were granted delegations to administer more complex human resources issues.

Strategy 4.6: Promote innovative, continuously improving, robust and effective corporate governance systems and regulatory frameworks.

Key achievements 2014–15:

- Reviewed financial delegations with new expenditure delegations which came into effect November 2014 for 823 banded positions under a consolidated *Financial and procurement delegations framework*. The old frameworks were inconsistent and overly complicated, resulting in confusion, lack of accountability and bottlenecks in decision-making. The new framework established a 'banded' model and combined the former finance and procurement delegations. This approach reduced the number of combinations from 173 to eight delegation bands, and delivered a framework for staff that is easy to follow as it provides consistent delegations for staff at the same classification level, regardless of position. The delegations are reviewed each quarter to address changes in positions and identify process or business rules needing amendments.
- The *Action plan: regulatory reform for the Department of Health 2014–2015* identified a program of reforms to reduce the regulatory burden on government, business and the community. Significant reform initiatives include:
 - rural telehealth services providing rural and remote patients with audio and video-active linkages to communication with nurses, doctors and other specialists—reducing travel time and inconvenience
 - establishment of the Office of the Health Ombudsman on 1 July 2014 as the one-stop-shop in Queensland to deal with complaints in relation to health service providers

- implementation of a *Patient data to GP system* in all Queensland Health facilities providing electronic hospital admission data directly and securely to the general practitioners
- a faster and more efficient online licencing system is being developed to allow for application and payment of 30 different licence, permit and application types
- the *Online data submission initiative*—a system to allow licensed private health facilities to report on the collection and review of patient data, diagnosis and activity outcomes, perinatal data and provide quality assurance reports directly via the department’s website—is being developed to improve consistency and reduce time for completion and processing by the department.



Tan ban

Melanoma is caused by ultra-violet radiation exposure, either from the sun or a UV-emitting device such as a solarium.

Queensland has the highest rate of melanoma in Australia, which is why it’s good to see amendments to the *Radiation Safety Act 1999* banning the possession and commercial use of solariums across the state.

Incentive packages were offered to businesses who surrendered their solarium prior to 31 December 2014. As a result, 143 commercial solarium formerly operating in Queensland were closed down as at October 2013.

The department continues to promote the importance of sun safety and skin care, and the prevention of skin cancer, including the risks of artificial tanning.



Strategy 4.7: Provide information management, and information and communication technology governance and enterprise architecture to enable appropriate access to, management and sharing of patient information, corporate and health system data.

Key achievements 2014–15:

- Provided governance and guidance services on 18 ICT projects.
- Implemented the latest version of the statewide *Information system for oral health* with a new clinical record module that can provide electronic patient oral health records, eliminating the need for paper records in public dental clinics.
- Trialled the new clinical record module at the Ipswich Community Dental Clinic and following its success, it was implemented to clinics in the Wide Bay HHS. There is a commitment for further deployments across Queensland during the 2015–16 financial year.
- Completed two major enhancements to the CIMHA—the statewide electronic record system used by mental health services:
 - redeveloped the module used to record services provided to mental health consumers to improve useability and efficiency
 - developed a capability to display a subset of mental health information with *The Viewer* application. This can be accessed by other areas of Queensland Health, including emergency departments to enhance continuity of care.
- Implemented ieMR to an additional five HHSs, enabling clinicians and supporting staff to securely access a single, electronic view of a patient’s medical record. These releases have introduced new functionality to already existing functions in ieMR which include:
 - clinical data entry
 - clinician’s message centre
 - renal specialty system
 - radiology orders and results
 - emergency department information system interface
 - integration of *The Viewer* into the ieMR.

- Developed an *ICT governance framework* designed to guide the principles for ICT investment governance within Queensland Health. The framework outlines committee structures and assurance models aligned to whole-of-government ICT investment management processes and governing controls.
- Developed the *eHealth architecture vision*—an architectural approach to ICT that provides clinicians, consumers and health administrators with access to quality information, enabling better health outcomes across the state. It will guide ICT investment and serve as a basis for ongoing technology roadmapping and architectural standards development.
- Delivered a comprehensive view of co-designed ICT investment priorities across the health system. The *Digital Prospectus* details priority investments, including clinical systems, business systems, ICT infrastructure and the digital future of Queensland Health. This investment strategy will enable a more consistent standard of care, particularly in regional, rural and remote healthcare settings.

New viewpoint on mental health



Key information in the department's Consumer Integrated Mental Health Application (CIMHA) is now available via The Viewer—the statewide application that provides a web-based view of patient information from speciality and clinical systems across Queensland Health.

CIMHA provides healthcare professionals, including those in administrative roles, with timely access to key alert notifications, demographics and encounter history. Clinicians also have access to additional information such as clinical notes, mental health assessment, care plans and discharge summaries.

Accessing CIMHA via The Viewer gives Queensland Health clinicians a more comprehensive picture of a patient's clinical history, and to ensure patients receive the best possible care.

The CIMHA has demonstrated a capability to develop key solutions regarding mental health service delivery in Queensland.

Strategic objective 5—workforce

Cultivate an engaged, capable, innovative and efficient workforce.

Key performance indicators

- An appropriately planned and distributed health workforce (also refer to section *Our people*).

Key achievements 2014–15:

- Increased workforce planning capability through the continued rollout and in-house development of the WorkMAPP planning model. The development of the nursing performance scorecard was enhanced to enable the review of multiple interlinked datasets across the workforce focussing on sustainability, productivity, efficiency and quality metrics.
- Continued development of clinician leadership and management skills by delivering the *Clinician business development*, *medical leadership in action program*, the *Emerging clinical leaders program* and the *Step up programs* to more than 305 health clinicians.
- Collaborated with the Greater Northern Australia Regional Training Network to optimise the uptake of the Aboriginal and Torres Strait Islander health practitioner role in North Queensland.
- Implemented strategies to increase the uptake of new graduates into the health sector. Priority was given for nursing specialties where future workforce growth is required to sustain services and where significant numbers of nurses are close to retirement. Areas such as rural practice, primary healthcare and mental health were targeted. As at 30 June 2014, 846 graduate registered nurses (RN) were employed by Queensland Health hospitals to support succession planning strategies. In 2014, 109 graduate RNs were placed in rural facilities.
- The *Queensland rural generalist pathway* is a supported training pathway to a career in medical rural generalist medicine. The intake into this state-recognised medical discipline was greatly expanded from 37 in 2013 to 57 in 2015. Eighty trainees are offered entry for 2016.
- Developed workforce models that support expanded practice roles for clinicians around the state, particularly in nursing and allied health. Allied health practitioners, such as physiotherapists and social workers are now employed in primary contact roles in some emergency departments. Some hospitals have allied health professionals authorised and credentialed to prescribe, supply, obtain or administer medications as part of their scope of practice.
- Introduced new workforce models for rural and remote areas using telehealth, including 17 telehealth coordinator positions which have been created in hospitals around the state. The *Telehealth emergency management support service* was implemented in June 2014 at 36 facilities across South West, Central West, West Moreton Wide Bay, and Cape York HHSs. This includes five of the identified evaluation sites at Alpha, Eidsvold, Kowanyama, Moura and Roma.
- Returned maternity services to targeted rural communities. Beaudesert and Cooktown communities now have re-established birthing services and HHSs are evaluating prospects in other rural communities.
- Increased clinician input in workforce decision making through the Clinical Senate and Clinical Networks.

Strategy 5.1: Continue the cultural transformation of the department, which is underpinned by contemporary public sector values, to build a lean, dynamic, responsive and customer centric workforce.

Key achievements 2014–15:

- Implemented the *Indigenous employment and training policy* as part of the *Capital works asset management framework*.
- Redesigned a number of iLearn modules to provide an interactive learning environment for its 75,000 users and to support a highly-skilled, capable and sustainable workforce.
- Developed *Leader profiles* for supervisors, leaders and executives that identify the current and desired behaviours of leaders at all levels of the organisation, and implemented 360 degree surveys to assess leader behaviours.
- Introduced a new recruitment model—*Recruit for Fit*—to ensure the department attracts and assesses candidates in a way that better aligns with the department’s success factors and public service values.

Strategy 5.2: Collaborate with Hospital and Health Services to develop a shared understanding of workforce capacity and capability frameworks required to deliver effective services across the sector.

Key achievements 2014–15:

- Funded and implemented 11 supernumerary graduate allied health rural generalist training positions within rural and remote health services. The initiative supported the development of a rural generalist workforce and service models for six allied health professions.
- Continued to deliver training and coordinate the statewide implementation of the *Calderdale framework*—a workforce redesign methodology. Twenty allied health professionals completed the *Calderdale framework* training program with each facilitating a workforce redesign process within their work unit.

- Commenced development of a *Medical workforce plan for Queensland* to align with state government and departmental strategic objectives to develop a sustainable medical workforce that meets the needs of Queenslanders. The plan will be developed in consultation with HHSs and specialist medical colleges.

Strategy 5.3: Lead the development of a high performing public health leadership capability that aligns with executive leadership profiles across both clinical and non-clinical areas.

Key achievements 2014–15:

- Continued to implement the *Leadership development strategy* with the rollout of 13 new development programs for executives, leaders and supervisors.
- Participated in industry best practise courses in project management methodologies, including *Managing successful programs* and *Agile*.
- Delivered 11 leadership and business development programs to develop the leadership skills and business acumen of the next generation of clinical and executive leaders to support innovative and sustainable healthcare services both now and into the future. Programs included:
 - *Medical leadership in action program*—two programs, 52 participants
 - *Emerging clinical leaders program*—four programs, 113 participants
 - *Step up leadership program*—two programs, 60 participants
 - *Clinician business development program*—three programs, 76 participants.
- Commenced the *Frontline management development program* to train supervisors and team leaders in the management of techniques and processes. This program improves communication, reduces workplace conflict and provides effective management in the environment of delivering complex services and products across Queensland Health and to external customers.
- Leaders and future leaders participated in the departmental leadership program to successfully manage organisational change, motivate and engage teams and individuals, and lead with authenticity. The program benefits included:

- support to embed *Leader Profiles*
- support to achieve individual performance targets
- harnessing of shared knowledge through access to content experts and peer networks
- coaching in pairs to assist the implementation of learning projects and tasks.
- Delivered (Queensland Ambulance Service) the *Classified officer development program* to develop the confidence and leadership capabilities of officers delivering frontline health services. During 2014–15, eight programs were delivered to 221 participants.

Strategy 5.4: Provide a simplified, relevant suite of human resource policies and processes that guide and support best practice human resource management in the health sector.

Key achievements 2014–15:

- Reviewed and republished 23 human resource policies to increase clarity and consistency of application of employee entitlements and conditions.

Strategy 5.5: Lead statewide industrial relations reforms and provide the supporting infrastructure required for sustainable change and improvement.

Key achievements 2014–15:

- Developed a modern award—the *Health Practitioners and Dental Officers (Queensland Health) Award – State 2014*—for health practitioners and dental officers.
- Introduced changes to employment arrangements for senior medical staff in line with government policy.
- Contributed to the *National intern review* of medical intern training commissioned by the Council of Australian Governments Health Council. The review examined the current medical internship model and will consider potential reforms to support medical graduate transition into practice and further training.

- Implemented the *Queensland rural generalist program* to encourage general physicians, intensive care, paediatrics and advanced general medicine to undertake vocational training. The program addresses issues of workforce distribution, particularly in rural and remote areas, and has increased the number and retention of rural generalists.
- Committed to sourcing a viable and permanent Professional Indemnity Insurance (PII) solution for eligible private practice midwives to provide women and their families with choice and access to the best maternity services:
 - partnered with the Australian College of Midwives to develop a midwifery practice scheme for private practice midwives
 - engaged insurance broker, JLT Australia, to prepare the information and profile approach to the insurance market and identify possible insurance products to provide PII for all private practice midwives.