

2.0 NON-FINANCIAL PERFORMANCE

2.1 Government objectives for the community

Committed to contributing to the Queensland Government's objectives, Metro North Hospital and Health Services has focussed its efforts on implementing the government's objectives for the community.

Delivering quality frontline services

Quality frontline services are realised across Metro North with all services successfully achieving Australian Council on Health Care Standards accreditation.

The quality of frontline services is strongly affected by the level of employee engagement. Participation in the annual employee engagement survey increased by 14 per cent in 2016 and showed that over 80 per cent of employees have high job engagement and satisfaction across Metro North.

Building safe, caring and connected communities

Metro North recognises quality health care can only be realised by understanding the needs of consumers and the community through establishing strong dynamic partnerships. In 2015 Metro North developed *Connecting for Health*, a strategy that outlines our commitment to inclusive engagement, involvement and partnership with consumers and the community. Aligned with the *Putting People First* strategy, consumers and community have the opportunity to partner with us and contribute ideas for innovation or improvement based on their personal experience or that of their community. At a strategic level, this includes over 60 consumers and community members involved as consumer advisors or representatives on committees and working groups across all Metro North hospitals.

Achievements include establishing a Community Board Advisory Group that provides a vital link between Metro North and the community and a staff Consumers Leaders Group. Local Consumer Advisory Groups have also been established at four of the five hospitals and in Mental Health.

Protecting the environment

Metro North is committed to delivering sustainable and safe infrastructure policy and built solutions. The HHS currently has over \$300M worth of capital projects in various stages of development—all of which are delivered with the environment in mind.

Staff are supported to make recycling easy and to think about paper use through the implementation of new systems and education. The HHS also has an ongoing program to reduce our power usage.

Creating jobs and a diverse economy

Metro North employs more than 14,400 full time equivalent employees and over 17,400 headcount making it one of Queensland's largest employers. In 2015–16 Metro North welcomed:

- a 21.6 per cent increase in the number of new nursing and midwifery graduates
- a record number of nursing and allied health graduates placed in hospitals across Metro North
- establishment of medical officer information support systems
- establishment of leadership development programs.

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Partnership supports local jobs

When you meet Caboolture high school student Daniel Tucker you can tell that he is a young man with a grand plan.

While studying year 11 at Caboolture State High School, Daniel jumped at the chance to join 15 other high school students participating in the first ever Caboolture Health Care Academy trial.

Daniel said that he has always been interested in working in a hospital.

“Working as a doctor or a nurse would be a great job, but performing a job behind the scenes is more my type of role,” Daniel said.

As part of the Academy, Daniel is working toward a Certificate II in Health Support Services, as he continues studying, and participating in Caboolture State High School’s Triple S Leadership Program.

“I am looking forward to getting a job after I leave school to help me through university,” Daniel said.

“I see the Academy as a good stepping stone to gain the experience to do this.

“Ultimately, when I finish high school I want to study a Bachelor of Science at university.”

As part of the Academy, Daniel is working closely with teachers and hospital staff to complete a learning program at TAFE and gain on the job training at Caboolture Hospital as a patient porter, food services staff member or cleaner.

The Caboolture Health Care Academy trial is a partnership between Caboolture State High School, St Columban’s College, TAFE Queensland Brisbane (Caboolture Campus) and Caboolture Hospital.

2.2 Other whole-of-government plans/specific initiatives

Metro North's objectives and strategic priorities are guided by the National Health Reform Agreement and the vision and 10 year strategy for health in Queensland – *My health, Queensland's future: Advancing health 2026*.

Key directions of the strategy, which underpin Metro North strategic priorities are:

- Promoting wellbeing
- Delivering health care
- Connecting health care
- Pursuing innovation

Metro North is supporting the implementation of other key state and national reform agendas including:

- leadership of the implementation of the DoH occupational violence taskforce
- the Queensland Government's commitments for health in Metro North
- National Disability Insurance Scheme
- initiatives to achieve Closing the Gap targets
- initiatives in response to the Queensland Government response to the report of the Special Taskforce on Domestic and Family Violence, *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland*

2.3 Agency objectives and strategic priorities (Metro North)

Significant progress occurred in 2015–16 toward implementing the Metro North Health Service Strategy 2015–2020. The strategy has a five-year outlook, setting out how Metro North will achieve its Strategic Plan objectives. Particular focus is given to supporting investment in responsive and integrated services for identified priority areas to strengthen the delivery of public health care. Models of care will support equity of access and outcomes for all patients, particularly those who are disadvantaged. Priority areas identified in the strategy are:

- increasing capacity for our services to support population growth
- supporting mental health needs of our communities
- supporting rehabilitation needs of our communities

other service priorities including:

- children's health services
- stroke services
- statewide and regional services
- work in partnership to better connect care across the system.

Community Health goes mobile

Keeping up with paperwork and emails can be tricky for a busy clinician on the road. But a mobile tablet trial is making life easier for community-based health teams.

The Out & About Mobile Technology project, coordinated by Metro North IT's Trisha Belford, trialled three different tablets in the field to see which work best for mobile clinicians in Community, Indigenous & Subacute Services (CISS).

"Each device has benefits and issues," Ms Belford said. "We're looking for the best service for a clinician out in the client's home. Some clinicians don't need access to every program."

The nine-month pilot tested the usability of Samsung Galaxy, Apple iPad and HP Revolve tablets and access to Queensland Health's various software, intranet, and clinical tools.

"We did a six week trial with three services, weeded out any issues, and then rolled in another service every six weeks," Ms Belford said. "All home care services will eventually have mobile devices. We've been measuring and evaluating the project all the way through."



The project aims to increase occasions of service by reducing the amount of times clinicians need to visit the office between clients. Doing paperwork on the go will ensure other members of the team can see the most up-to-date client information.

"We have also started doing mobile telehealth from the client's home," Ms Belford said.

The trial included Community Transition Care Program, Palliative Care, Community Based Rehabilitation Team, Post Acute Care Service, Aged Care Assessment Team, Hospital in the Home, Complex Chronic Disease Team, and the Community Diabetes team.

"We've trialled it with staff from different centres, seeing where the network can pick up 4G to map how it works across CISS services," Ms Belford said.



Maternity patients glowing with new online resource

Pregnant women can now access antenatal education online, thanks to the Royal Brisbane and Women's Hospital's innovative new GLOW program. Launched in April 2016, GLOW resources are offered to pregnant women intending to deliver at the hospital.

Clinical Midwife Consultant Libby Ryan led the project to provide women with an alternative to the traditional face-to-face antenatal classes.

"We're thrilled to be able to offer women online learning which provides a flexible way to access antenatal information," Ms Ryan said.

"Everyone who signs up to the program will have online access for a year. It gives women the opportunity to go back to topics of interest like breastfeeding where the information is more useful once you're home with the baby."

The topics covered include pregnancy, breastfeeding, labour, what happens after the baby is born and other useful resources.

Mum-to-be Katrina Clamp said the program was really simple to use.

"I really enjoyed the videos and it's great to learn information about what to expect during my time in hospital," Ms Clamp said.

Staff and patients tested out GLOW during the official launch during Patient Experience Week

GPLOs help improve access in outpatients

Working in partnership to better connect care across the health system is a priority for Metro North Hospital and Health Service and Brisbane North PHN.

Twelve local general practitioners have been recruited to improve the patient journey by working with specialist outpatient services across our hospitals to improve the systems and services that underpin efficient patient flow.

The General Practitioner Liaison Officers (GPLOs) work in a range of specialty areas across hospital outpatient departments. They draw on their knowledge of general practice, referral systems and clinical handover processes to make recommendations for improvement.

Coordinated by Metro North and the PHN, GPLOs work in selected specialty outpatient departments, such as rheumatology, cardiology, orthopaedics, neurology, maternity, and ear, nose and throat. Over time, the program will expand into other specialist outpatient areas.

GPLO Dr James Martin said GPs can have a positive influence on communication between hospitals and primary care.

“Through involvement in specialist outpatient departments across the North Brisbane and Moreton Bay region, GPLOs can identify practical strategies which can positively impact patient outcomes,” Dr Martin said.

The GPLO program has been operating in our region since 2013 and has contributed to a range of outcomes including:

- implementing strategies to address waiting times in specialist outpatient departments
- supporting Metro North to improve its interface with primary care

- assist with creating standardised referral criteria in the region for most major specialties
- supporting the development of Clinical Prioritisation Criteria
- working with clinical sub-streams to better structure services around common patient pathways
- providing direct liaison with GPs to improve patient referrals
- reviewing specialist outpatient department waiting lists to inform decision-making around timely access for patients, and
- helping the PHN address inequality and improve health care delivery in the region.

GPLOs also work with the Brisbane North PHN’s Pathways Program to develop care pathways for a range of clinical conditions to support management in primary care. There are currently more than 90 pathways pages covering around 50 clinical conditions.



Dr James Martin is a GPLO working with Brisbane North PHN and the Metro North Hospital and Health Service in the area of rheumatology.

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Achievements for 2015-16:

Active implementation of the *Health Service Strategy 2015-2020* has resulted in:

- enhanced subacute rehabilitation service capacity at The Prince Charles Hospital,
- investment in neuro-otology specialty services at the Royal Brisbane and Women's Hospital,
- growth in intensive care service in the northern region of Metro North with new beds opening at Caboolture and Redcliffe Hospitals,
- expansion of the Indigenous hospital liaison service to be available to seven days a week,
- health service planning commenced for children's services, cancer services, heart and lung services, stroke services, rehabilitation services and Genetic Health Queensland.

Further *Health Service Strategy 2015-2020* initiatives commenced in 2015-16 include:

- development of comprehensive multidisciplinary team epilepsy services at RBWH,
- investment in a step-up/step-down mental health facility at Nundah. The facility will provide short term mental health care for those who need it when they leave hospital, or for those who could benefit from short term care to avoid a hospital admission,
- development of a Police, Ambulance and Clinical Early Response (PACER) model at Caboolture and Redcliffe Hospitals to build on existing relationships and provide an appropriate response for people who may be at risk/in crisis,
- increase capacity of the RBWH milk bank to enable back-transfer babies to have access to donor milk,
- investment in expansion of point of care for echocardiography, including improving early access for Aboriginal and Torres Strait Islander communities to detect rheumatic heart disease, and improving early access for the general community to detect heart failure disease,
- collaboration with subacute services in Metro North to develop and implement a model of service and associated inpatient services that meets the needs of older people with a mental illness who have subacute care needs.

Forum spotlight on integration

Integrated care and health reform were on the agenda at the third annual Metro North Health Forum hosted by Metro North Hospital and Health Service and Brisbane North PHN.



Metro North HHS Chief Executive Ken Whelan talks about the importance of connected care

This year's forum was the largest, attracting more than 300 health professionals, service providers and consumer representatives to hear updates on the National Disability Insurance Scheme (NDIS), mental health, and initiatives to help people access the right care, in the right place, at the right time.

Metro North HHS Chief Executive Ken Whelan said that although integrated care is extremely challenging, connecting care is something that's very achievable.

"If we are to make a difference at a system level, the HHS needs to have its act together and be very clear about what it does, what it doesn't do, and how it's going to work in partnership with those people that can provide health care, in some cases better than Metro North," he said.

2.4 Agency service areas, service standards and other measures

In addition to active implementation of the *Health Service Strategy 2015–2020*, Metro North has also achieved many key performance indicators identified in the *Strategic Plan 2015–19*.

Establishing and implementing clinical streams

Six clinical streams were established in 2015. Clinical streams support direction to provide integrated and coordinated patient-centred care across Metro North, crossing traditional hospital location boundaries. Six clinical streams currently operational include:

- women’s and children
- medicine
- surgical
- cancer care
- heart and lung
- critical care.

Achievements in 2015-16 include:

- a review of neurology long wait referrals completed in May 2016. As a result a neurology clinical nurse has been recruited to undertake long wait phone clinics and map referral criteria processes across Metro North;
- new rheumatology clinics commenced at Redcliffe, RBWH and Caboolture and TPCH including specialist gout, biological, pharmacist and nurse clinics;
- rheumatology referral guidelines developed and implemented across Metro North;
- advance care planning education sessions with our communities occurred in 2015–16;
- a trial at RBWH to better support the care of people in the hospital setting who have dementia through introducing two nurse champions;
- implementation of the Queensland Ambulance to Patient Off-Stretcher Time (POST) strategy across Metro North.

Award winning waste management

Metro North Hospital and Health Service’s ‘Green Team’ is leading the way in recycling waste and health materials with award-winning, international-first and environmentally sustainable practice.

Metro North environmental waste manager Gregg Butler said the team’s success is down to experience, commitment and a proactive approach.

“We are very proactive, we don’t just wait for waste to come to us we actively look for it,” Mr Butler said.

“Our motto is to recycle and regenerate. We want to make sure that materials brought on site have a purpose and a second purpose.”

With an Australian Council on Health care Standards (ACHS) ‘Met with Merit’ accreditation, the ‘Green Team’ has been implementing initiatives such as a colour coded ‘know which bin to throw it in’ disposal system, sourcing nil-cost suppliers, waste segregation and power usage reduction.

Financially, there have been significant savings made across Metro North through the implementation of these award winning initiatives.

“People don’t realise that there is money to be made in waste and if it’s handled correctly, the savings are enormous,” Mr Butler said.

Metro North is also known for its international waste management education program and was recognised by the Australian Leadership Awards for educating overseas students in correct protocols for environment and waste.

Facts and Figures of Metro North Recycling

- Cardboard – 50 to 60 tonnes a month
- Paper – 12 tonnes a month
- Batteries – 8 tonnes a month
- Clinical waste – cut from 90% of waste to 30% of waste across Metro North
- Saved \$120,000 from the waste budget in the Green Team’s first year



Working together to improve health

Pictured (L-R) are: Ms Shelley Kleinhans (Chief Operations Officer, Brisbane North PHN), Jeff Cheverton (Deputy CEO, Brisbane North PHN), Dr Elizabeth Whiting (Executive Director, Clinical Services, Metro North), Chris Seiboth (Executive Director, Community, Indigenous & Subacute Services), Terry Mehan (Executive Consultant, Metro North), Pauline Coffey (Executive Manager, Commissioned Services, Brisbane North PHN), Luke Worth (Executive Director, Metro North), Ms Abbe Anderson (CEO, Brisbane North PHN), Ken Whelan (Chief Executive, Metro North).

Metro North Hospital and Health Service has reaffirmed its commitment to work together with key partner Brisbane North PHN to improve continuity of quality patient-centred care.

The protocol between the two organisations recognises that better health outcomes are achievable when there is effective collaboration between primary health care and hospital services.

The agreement further strengthens the long history of collaboration between the largest hospital

service in the nation and one of Queensland's key health agencies.

The two organisations will work together to better manage health resources across the health system in Metro North and identify and prioritise local health needs to ensure patients can access the care they need in the right place and at the right time.



App Tracks Indigenous Health on the Go

A new mobile device app is helping to inform and shape Indigenous health services on the go. The Effort Tracker app was developed for Metro North's Aboriginal and Torres Strait Islander Health Unit as a way to capture data across a mobile and dispersed team.

The Effort Tracker records the Indigenous patient experience with on-the-spot accurate, relevant and timely data which will help inform service provision, resource allocation and policy development and to enable comparisons with non-Indigenous outcomes.

The custom-built application works across multiple platforms, computer, tablet and smart phones, so staff can use it wherever they are. It streamlines data collection for Indigenous health staff working across Metro North's various facilities.

Data from the app helps the unit plan for service provision, track incidences of discharge against medical advice, and reduce potentially preventable hospitalisations. It also provides a way for staff to reduce the numbers of patients not recorded as identifying as Aboriginal or Torres Strait Islander.

Establishing and implementing the Patient Access Coordination Hub

Implemented in May 2016 the Patient Access Coordination Hub (PACH) is a health care logistics hub that uses live data from across the network and partners to see the whole system live in action. The service currently operates over 12 hours per day including the peak activity period seven days a week. PACH is staffed with four assistant nursing directors and a medical director, all with extensive experience in patient flow and bed management. This team identifies delays and blockages across the entire HHS and takes immediate action to resolve them ensuring patients get the right treatment where and when they need it.

LINK and SEED innovative projects

Introduced in 2015, LINK innovation funding contributes to our commitment to work in partnership to better connect care across the system. Ten innovation projects were funded through LINK which all commenced in December 2015 and will be completed by December 2016. These projects develop or build on new and established partnerships including those with Brisbane North PHN, Micah, Footprints, MS Queensland and many more. Some of the projects include: GP rapid access to consultative expertise, extended eligible private midwife practices, MS connect, and a private public kidney partnership.

SEED funding is now in its fifth year and demonstrates our continued commitment to developing a culture of innovation and excellence from the ground up. SEED projects trial innovative ways to deliver quality health care. Projects are selected on the basis of their potential effect on reducing unnecessary hospital admission or re-admissions, improving discharge and admission practices and delivering quality patient-centred care. In 2015, 11 projects were funded including: RBWH Long Stay Patient Project, "Pen Pals" – Statewide Enteral Nutrition Feeding Program, Moving Brighton Forwards, and Central Venous Access Device Registry.

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Telehealth – The best thing since sliced bread!

Lynette Davidson and Jessie, the Jack Russell

Ask patient Lynette Davidson about telehealth and the care she received at Kilcoy Hospital and she will tell you that it was the “best thing since sliced bread”.

“Teleconferencing is one of the greatest ideas that the hospital has brought in. It was brilliant. When I needed to speak to a doctor at Redcliffe Hospital – I would sit up in bed and get all dolled up for television,” Lynette said.

“It was so good I didn’t have to go all the way to Redcliffe Hospital Fracture Clinic in an ambulance and wait at the hospital, then come all the way back.”

After breaking her leg in a fall last year, Lynette had to undergo surgery at Redcliffe Hospital, before she was offered a place at Kilcoy Hospital to recover under the care of allied health and nursing staff.

“When I was at Kilcoy all I had to do was focus on mending my leg,” Lynette said.

“The allied health assistant and nurses were so friendly and encouraging, they were absolutely wonderful.”

Lynette is one of more than 100 patients in the past year who have benefited from the expansion of allied health services at Kilcoy

to support a geriatric evaluation and management model of care.

Kilcoy Hospital Director of Nursing Lyndie Best said the expansion saw eight hospital beds dedicated to elderly patients recovering from various conditions like falls, surgery or heart attacks.

“The service includes increased visits from allied health staff in the areas of occupational therapy, speech therapy, dieticians, physiotherapy, psychology and social work, plus the introduction of a full-time allied health assistant,” Ms Best said.

Lynette also enjoyed the beautiful gardens at Kilcoy and the areas where patients could go sit in the sun.

“When Graham the gardener wasn’t there we would go around and pinch a rose,” Lynette added.

Although she loved her stay at Kilcoy Hospital, Lynette was glad to settle back into her life, talk to her friends and walk her treasured Jack Russell terrier, Jessie.



Bus Stop Therapy

Patients who are confused or at risk of falling are being supported by a novel diversion activity program at Redcliffe Hospital's Delirium and Falls Unit (DAFU).

A bus stop has been installed in the unit as a point of interest and focus for patients who are unwell and have a tendency to wander or try to leave the unit.

Director of Medicine and Older Persons Services Dr Catherine Yelland said the bus stop was installed to help keep patients engaged.

"Complete with a bench and bus timetables, patients are able to quietly wait for the bus," Dr Yelland said. "One patient even commented that the bus stop had been upgraded since he was last there."

She says many patients with delirium or dementia want to go home, and will walk around, trying to leave. Patients in the eight-bed DAFU are often confused or at risk of falling, and can be watched more closely in this special part of Ward 4East which is set up to make their daily routine appear as normal as possible.

Future innovations include a walking track and the corridor walls now have pictures of Redcliffe scenes which encourage patients to reminisce. Beach and forest scenes also provide a calming spot to take a break while walking.

These innovations are based on what is best practice in the care of patients who are confused, and will enhance the excellent nursing care given in DAFU. The concept will be shared with colleagues in other hospitals.

DAFU nurse Simon Gibbs and Wardie Scott Clark test drive the newly installed bus stop in Redcliffe Hospital's Delirium and Falls Unit (DAFU).

Partnerships to address challenges of chronic disease management

The integrated care alliance between Metro North and Brisbane North PHN has worked together during the year to support people with chronic diseases to manage their disease with appropriate community support preventing hospital admission. Together the HHS and PHN have targeted strategies to work with patients who regularly present to hospital emergency departments and to work with general practitioners across the region to improve the uptake of the chronic disease management Medicare items.

Innovation Alliance solutions

Since March 2016 over 100 of our most influential clinicians, administrators and operational staff have come together at more than 20 Innovation Alliance meetings to share data, agree on problem areas and identify high value solutions to the problems of patient access and flow across Metro North hospital and community services. This included key partners from Brisbane North PHN, residential aged care, Queensland Ambulance Services, other HHSs, state-wide agencies and GPs.

The Alliances have identified approximately 20 prioritised solutions to challenges of patient access and flow in the patient journey, including:

- *Inter-hospital transfer initiative* to discharge patients safely back to their local hospital in a much more timely and well governed way.
- *Improved Metro North residential aged care pathways.* This includes a revitalised policy, better integration with the sector to facilitate timely discharge, and improved discharge planning and use of transition capacity.
- *Improved QCAT timeliness.* In partnership with the Department of Justice and Attorney-General a new model will be trialled commencing July 2016.
- *Improved performance metrics and visibility across patient transitions.* The key performance and capacity metrics of priority to clinicians were developed and will be integrated into systems such as the Patient Access Coordination Hub and the enterprise Contracting and Performance Reporting System in partnership with the Department of Health.
- *Improved clinical communication* with our partners, such as improving discharge summaries, and redevelopment of "Yellow Envelopes" as a method for communicating key patient information between hospitals and aged care facilities.

Importantly, while many of these solutions are not necessarily new, they are solutions that are produced, owned, and being taken forward by staff on the ground.

Improving outpatient access by reducing long wait patients

The Improving Outpatient Access (IOA) initiative is on track to meet the goal of less than 11,245 long wait outpatients for in-scope specialties. In May 2016, Metro North recorded its lowest long wait numbers for this initiative, 11,785 patients. General Practitioner Liaison Officers are supporting the development and implementation of initiatives to support sustainable outpatient services, including improved referral management, streaming of patients and alternative pathways of care.

Business Process Improvement Officers at each site have increased scheduling and room use efficiencies, ensuring clinic and room use and appointment attendance are maximised.

Telehealth services

Telehealth continues to grow as a priority service across Metro North. Teleconferencing equipment has been set up in RBWH emergency department and operating room to assist with red blanket trauma patients who require urgent surgery, saving time by allowing theatre staff to view the patient and vital signs before they reach the operating theatre.

Community, Indigenous and Subacute Services have started home based telehealth services for wound and stoma patients. Nursing teams are able to receive advice, support and education via telehealth. This has resulted in reductions in patient travel within Metro North.

Kidney Health telehealth services commenced in June at North Lakes (supported by RBWH) to Kilcoy Hospital reducing the need for patients to travel.



29.5%
INCREASE IN
TELEHEALTH
(NON-ADMITTED SERVICES)

4,543 2014–15 **5,884** 2015–16



Patients benefitting from new tracheostomy management program

Patients are now going home sooner thanks to an innovative new approach to managing tracheostomies.

The benefits have included reductions in the amount of time taken to remove a tracheostomy tube, shorter hospital stays for patients, fewer complications and reduced numbers of readmissions in emergency and intensive care.

A patient experience DVD has been developed to easily explain tracheostomy procedures and emergency kits containing spare tracheostomy tubes are now readily available.

The improvements follow a successful pilot program in early 2015 which involved a four person multidisciplinary Tracheostomy Management Team including a medical consultant, clinical nurse coordinator, speech pathologist and physiotherapist.

To develop the Tracheostomy Management Team model of care, the team talked to patients with a tracheostomy and their families to learn their primary concerns. This feedback was vital in improving the model of care and developing new staff education resources.

The new approach is delivering consistent treatment across all acute wards that receive patients following treatment in intensive care, generating great outcomes and a positive response from patients.

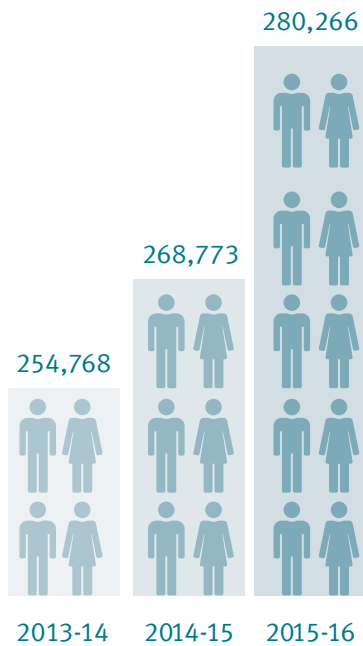
The pilot program was established with SEED funding support received from Metro North Hospital and Health Service.

Rockhampton grandmother Patricia Wehmeier at the Royal Brisbane and Women's Hospital in June 2016.

2.5 Non Financial performance: An Overview

The following is an overview of Metro North’s actual performance results for each service standard, with a comparison of target to actual for the financial year.

EMERGENCY



INCREASE IN PRESENTATIONS

	Notes	2014–15 Actual	2015–16 Target	2015–16 Actual
Service standards*				
Percentage of patients attending emergency departments seen within recommended timeframes:				
– Category 1 (within 2 minutes)		99%	100%	99%
– Category 2 (within 10 minutes)		73%	80%	74%
– Category 3 (within 30 minutes)		61%	75%	59%
– Category 4 (within 60 minutes)		75%	70%	77%
– Category 5 (within 120 minutes)		92%	70%	95%
Percentage of emergency department attendances who depart within four hours of their arrival in the department				
		73%	90%	71%
Patients treated within four hours of their arrival in the department				
		194,240	–	196,363
Median wait time for treatment in emergency departments (minutes)				
		19	20	19

* Excludes manually collected Kilcoy data.

ELECTIVE SURGERY

LESS THAN 1% LONG WAITS AT 30 JUNE 2016
WITH AVERAGE OVERDUE DAYS REDUCED TO



CAT 2: 25 DAYS
CAT 3: 27 DAYS

Percentage of elective surgery patients treated within clinically recommended times:

– Category 1 (30 days)	95%	> 98%	95%
– Category 2 (90 days)	93%	> 95%	93%
– Category 3 (365 days)	96%	> 95%	97%

OUTPATIENTS

TARGETS EXCEEDED



FOR IMPROVING OUTPATIENT ACCESS (IOA)

The number of long wait patients waiting for a new case appointment has reduced in the ‘Improving Outpatient Access Specialist Outpatient Clinics’.

14–15 Actual	15–16 Target	15–16 Actual
16,245 patients	11,245 patients	10,750 patients

ACTIVITY AND EFFICIENCY



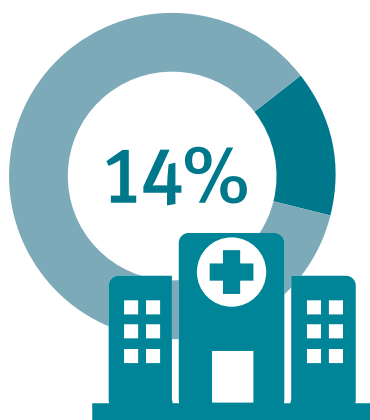
3.5 MILLION
EPISODES OF CARE
PROVIDED ACROSS
OUR SERVICES



239,376
ADMISSIONS TO HOSPITAL

AVERAGE COST PER WEIGHTED
ACTIVITY UNIT FOR ACTIVITY
BASED FUNDING FACILITIES

\$4,961



RE-ADMITTED
TO AN ACUTE
MENTAL HEALTH
INPATIENT UNIT
WITHIN 28 DAYS

	Notes	2014–15 Actual	2015–16 Target	2015–16 Actual
Total weighted activity units:	1	361,576	360,125	394,561
– Acute Inpatients		201,987	201,518	219,150
– Outpatients		44,368	53,242	48,189
– Subacute		21,696	16,114	20,358
– Emergency Department		37,150	34,387	39,028
– Mental Health		28,760	25,888	37,633
– Interventions and Procedures		27,615	28,976	30,202
Average cost per weighted activity unit for Activity Based Funding facilities		\$4,787	\$4,919	\$4,961
Rate of health care associated <i>Staphylococcus aureus</i> (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days	2	1.19	Less than 2/10,000 acute public hospital patient days	0.91
Rate of community follow-up within 1–7 days following discharge from an acute mental health inpatient unit		61%	> 65%	63%
Proportion of re-admissions to an acute mental health inpatient unit within 28 days of discharge		13%	< 12 %	14%
Ambulatory mental health service contact duration (hours)		165,973	> 161,759	151,063

- All WAU actuals reported under the funding model (phase 18).
- Staphylococcus aureus* are bacteria commonly found on around 30% of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with *Staphylococcus aureus* (including MRSA) and are reported as a rate of infection per 10,000 patient days aggregated to HHS level.