



Blueprint for better healthcare in Queensland

February 2013

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Premier's message

A statewide healthcare system with new capacity, co-operation, transparent reporting systems, financial accountability and with patients the focus of attention—this is a vision all Queenslanders want to see.

From its first day, this government has worked long and hard to make lasting health improvements a reality for Queensland families.

Queensland is a great state with great opportunity. This *Blueprint for better healthcare in Queensland* is the action-plan that will move the Queensland healthcare system from the first phase of repair to lasting recovery. It will transform a struggling healthcare system that fell too far behind into a model for productivity, care and efficiency to meet and surpass national benchmarks.

The blueprint includes a long list of changes that will be instantly recognised by patients, local communities, doctors, nurses and healthcare workers. This is a system no longer constrained by historical limits to patterns of service delivery.

In all cases, the new system will work to provide Queensland communities improved access to services. Challenges, such as limited access to staff and resources in remote areas, will be addressed under the blueprint with new options and alternative solutions.

In remote communities, this government will work to provide 24-hour access to safe and sustainable care through a revised network of Telehealth facilities for the very first time.

This is a 21st century solution to a problem long-regarded as impossible. Our plan will provide reliable health services in places where they were never previously available.

Hospital in the Home, the practice of providing home-based care at hospital standards, is another priority, as is the creation of an independent Mental Health Commission for Queensland.

Across the state, Hospital and Health Services will switch their attention from measuring inputs to reporting patient outcomes. For the first time, their performance—at improving emergency department and surgery waiting times, for example—will be pro-actively published regularly in local newspapers.

This is the open and accountable health system that will rebuild the confidence of every Queenslanders.

The government is working hard for Queenslanders. In less than 12 months we have seen up to 15 per cent improvement in key performance indicators for our major hospitals.

By providing the best services, at the best time and in the best place, we can do even better.



Campbell Newman
Premier of Queensland



Minister's foreword

A healthcare system for generations to come

Queensland is a great state with a good healthcare system, but there are many opportunities for better performance. The *Blueprint for better healthcare in Queensland* sets the scene for structural and cultural improvements in a health system we will all be proud of.

In the past, this state was the national pace-setter in healthcare. Long before free hospitals appeared on the national agenda, they were a basic entitlement of Queenslanders.

Twelve months ago the Independent Hospital Pricing Authority ranked Queensland second-last among mainland states when it came to the efficient provision of healthcare services.

This is the big task of repair we began in 2012. Having a new State Government and better management is just part of the answer. Better modes of delivery and a more intelligent use of resources are key strategies to expand services and improve performance. Already the key performance indicators are turning around.

Another determining factor is culture. Good workplace culture and leadership in our hospitals and health services is essential. It frames the recommendations adopted by the government to address ambulance ramping and forms the basis for our programs of clinical redesign.

Good culture places a high value on scarce health resources, values our fellow employees and puts patients first.

Queenslanders expect high-quality healthcare whenever it is needed. An accurate understanding of the performance of the health system should be common knowledge. These expectations require continuous improvements in service delivery, no matter where people live.

The *Blueprint for better healthcare in Queensland* has four principal themes:

1. Health services focused on patients and people.
2. Empowering the community and our health workforce.
3. Providing Queenslanders with value in health services.
4. Investing, innovating and planning for the future.

Getting value from every health dollar, encouraging collaboration and providing for future needs through investment, innovation and planning will return Queensland's healthcare system to lead the nation.

Lawrence Springborg
Minister for Health

Leading up to the blueprint—the 2012 timeline



- New government elected.
- Premier appoints Lawrence Springborg MP as Minister for Health.

- Hospital and Health Board Chairs announced.
- Moratorium on payroll lifted.
- Establishment of HIV/AIDS Ministerial Advisory Committee.
- Queensland public health sector employees get three per cent pay increase.

- Nurses and midwives vote in favour of new pay agreement.
- Sunshine Coast University Hospital contract awarded.
- Parliament calls for release of former government’s Cabinet payroll documents.
- Chesterman report on public interest disclosure completed and tabled in Parliament.

March April May June July August

- Three per cent pay increase offered for the state’s nurses and midwives.

- *Hospital and Health Boards Act 2011* passes State Parliament.
- New corporate structure for health department announced with significant reduction in bureaucracy.
- First round of health grant reforms announced.
- Statewide Rural and Remote Clinical Network established.
- KPMG report on the payroll system tabled in Parliament.
- Flying Obstetric and Gynaecology Service expanded.

- *Infrastructure Renewal Planning Project for Rural and Remote Areas Report* published.
- New HIV awareness campaign commenced.
- New emergency access report recommendations signal end of ambulance bypass in 2013.



**SAFE
SEX**





- State Budget allocates record \$11.8 billion to Queensland Health.
- Extra \$814 million creates a 7.4 per cent increase to health budget over the year before.
- \$11.9 million earmarked from fake Tahitian prince to be returned into the health budget for the healthcare of Queenslanders.
- Doubling of the Patient Travel Subsidy Scheme announced.

- ‘Mums and Bubs’ policy announced.
- Australian Government health funding cuts announced (\$103 million over six months).
- Health payroll overpayment levels halve.
- Mental Health reforms introduced into Parliament to create the state’s first Mental Health Commission.
- Medical Officers Certified Agreement by the Queensland Industrial Relations Commission.
- Dental wait lists published for the first time.
- Specialist outpatient waiting lists published for the first time.



September

November

October

December



- Former government’s Cabinet payroll documents released to Parliament.
- Pay date change occurs.
- BreastScreen services enhanced.

- Auditor-General announces investigation of private practice arrangements.
- Commission of Inquiry into health payroll issues announced.



Blueprint for better healthcare in Queensland

The agenda for change

The old: Features of Queensland's former health system	The new: Features of a world-class, healthcare system for Queenslanders
Central control of the public health system.	Health boards and local people involved in making local decisions in the best interests of the community.
Large corporate office and bureaucracy.	Corporate office reduced by more than 40 per cent with resources redirected to frontline service delivery.
An industrial relations maze with complex award structures, including 24 000 pay variations to public sector health employees.	Streamlined awards and simplified entitlements.
Employees underpaid, overpaid and not paid at all.	Valuing employees by eliminating underpayments and awarding pay increases of: <ul style="list-style-type: none"> • nurses and midwives (3 per cent) • medical officers/visiting medical officers (2.5 per cent) • public health employees (3 per cent).
\$1.25 billion payroll debacle.	Payroll repair initiatives implemented: <ul style="list-style-type: none"> • end of moratorium on overpayments • employee pay date changed • historic claims for pay and entitlements limited to three months only • Commission of Inquiry established.
Health grants and other systems open to exploitation and fraud.	Grants system overhauled by former Auditor-General. Service agreements replace most grants. Duplication eliminated. Outcomes linked to Hospital and Health Board goals.
Hidden waiting lists including dental waiting lists.	Performance data published online including: <ul style="list-style-type: none"> • outpatient waiting times • detailed dental lists • hospital performance trends compared over 15 months.
Comparative service performance data lacking.	Twenty-four additional hospitals to report online by end of 2013—the first five in early 2013.
Lack of key performance indicators on local Hospital and Health Services (HHSs).	Quarterly publication in local newspapers of key performance data such as waiting times and emergency departments.
Staff morale undermined by moribund bureaucracy and payroll failures.	Healthcare staff empowered to lead system reform and improve service delivery.
Constant blowouts in annual Queensland Health budgets. Lack of financial control.	Queensland Health back within budget as part of new disciplined financial oversight.

The old: Features of Queensland's former health system	The new: Features of a world-class, healthcare system for Queenslanders
Unfunded budgetary costs of \$150 million on top of overspends in many health districts.	All Hospital and Health Boards granted state budget increases and required to balance their books.
Declining productivity and acceptance of underperforming Queensland Health business units.	Business units such as pathology services and laundry subject to test of contestability to maximise service outcomes.
Maintenance of rural and regional hospitals ignored and safety reports hidden.	Safety reports made public and \$52 million allocated in 2012–2013 to fund emergency maintenance in 12 regional hospitals.
Queensland ranked as second most inefficient provider of hospital services of mainland states.	New targets for cost of health delivery to equal and surpass national benchmarks.
Patient Travel Subsidy Scheme frozen, making access to specialists less affordable.	Patient Travel Subsidy Scheme doubled in 2013 to make it the most generous in Australia.
Lack of coordinated approach to delivery of mental health support and treatment.	Independent Mental Health Commission to be established in 2013.
Rural and remote communities condemned to declining services; lack of access to skilled clinicians.	Provide bush communities first-time access to new services via Telehealth as a mainstay of remote area healthcare.
'Ambulance bypass' allowed metropolitan hospitals to deny access to patients.	'Ambulance bypass' banned and recommendations to address ambulance ramping implemented in full.
Public health 'success' measured by the numbers of employees and beds in public hospitals.	Focus on total health capacity—greater numbers of health services in a system of public, private and not-for-profit health service providers.
Queensland Health 'closed door culture' to private sector investment in infrastructure and services.	A pro-active portal for private investment established through a new Ministerial Health Infrastructure Council and the creation of a Contestability Branch.
Limited sources of capital and infrastructure funding for public sector projects.	Access to a wide range of new capital sources creates flexibility to meet demands.
No incentive to improve performance.	Boards competing on key performance indicators. Savings redirected to boost local service.
Insufficient support for new mothers.	'Mums and Bubs' policy increases ante-natal resources from 2013 and a commitment to returning maternity services (commencing with Beaudesert).

Blueprint for better healthcare in Queensland

Challenges and fast facts

Challenges

- Queensland's population will increase by one-third to 6.1 million people between 2011 and 2026.
- 1.1 million of these people will be aged over 65—an 83 per cent increase on 2011.
- This growing population is living longer than previous generations and will need an increasing and wider range of services to meet its needs.
- Most of this growth will occur in Queensland's south-east corner.
- Queensland's population will remain Australia's most geographically dispersed and will require a service platform reaching all corners of the state.
- Queensland's increasing burden of preventable chronic disease, including diabetes and heart disease, is placing increased pressure on our health service.
- 15 per cent of Queensland's population account for about 60 per cent of healthcare costs.
- The historical tendency to declining workforce participation and productivity rates must be addressed to help grow our capacity to deliver better services.

Fast facts

- The Queensland Government will spend \$11.8 billion on health in 2012–2013.
- Two-thirds (67 per cent) of public health sector revenue for 2012–2013 will come from the state while 27 per cent will come from the Commonwealth.
- The public health sector in Queensland employs more than 80 000 staff across 182 hospitals and head office—this includes 8220 doctors and 32 684 nurses.
- Each day in the public health sector 1500 kids or teens are seen by dentists, 120 babies are born and 4500 emergency cases are treated and sent home.
- \$1.866 billion will be invested in 2012–2013 projects, such as the Gold Coast and Sunshine Coast University Hospitals and the Queensland Children's Hospital.
- Queensland has the shortest median waiting time for elective surgery in Australia.
- Of the 65 000 nurses and midwives employed in Queensland, 47 per cent (approximately 30 000) are employed by Queensland Health.



section
one



Health services focused on patients and people

- Patients are at the centre of all we do.
- Our healthcare system provides the best services, at the best time and in the best place.
- Establish Queensland's first Mental Health Commission to coordinate our strategic focus in this key area.
- Collaboration and partnerships allow the healthcare system to be less complicated and more accessible for Queenslanders.
- Remote communities gain a wide range of new services, delivered at-call through a revised statewide Telehealth network.



I just want to get the best healthcare for my children, if they ever need it.



Confidence and trust in the Queensland healthcare system will be earned by providing the best services, at the best time and in the best place.

The new government has applied six key values to assess the suitability of all new health initiatives.

They are:

1. Better service for patients.
2. Better healthcare in the community.
3. Valuing our employees and empowering frontline staff.
4. Empowering local communities with a greater say over their hospital and local health services.
5. Value for money for taxpayers.
6. Openness.

Patients and people who use health services in Queensland must have access to safe, sustainable and responsive modes of delivery. New options will emerge for patients—in private or public hospitals, General Practitioner (GP) surgeries, remote communities and in the privacy of their own home.

Patients and people at the centre of all we do

Like all service organisations, health agencies perform best with a strong culture of customer service. In this state, health providers must place patients or people and their healthcare needs at the centre of all plans for healthcare, business practice and accountability.

Queensland and other state governments are signatories to the Australian Charter of Healthcare Rights, including rights of access, safety, respect, participation and privacy. The government supports the need for such a charter and believes common ideals should inform all Australians about their health entitlements.

Making patients and people the central consideration of health planning, practice and accountability means Queenslanders can have a healthcare system that encourages choice and self-management.

Importantly, Queensland health services will operate as an integrated system so that patients can move easily between services ranging from preventative and primary healthcare through to specialised sub-acute and acute care in hospitals and non-hospital settings.



Section one: Health services focused on patients and people

The true goals for better outcomes

By providing the best services, at the best time and in the best place, waste can be eliminated and cost savings redirected to provide even more services. Waiting times in emergency departments and for elective surgery and specialist diagnostic services will be reduced.

These are true goals for better outcomes in a health system where for too long accepted standards of performance were built on inputs, such as numbers of employees and capital investment.

As part of National Health Reform, more appropriate performance targets have been set for HHSs in Queensland and for their equivalents, Australia-wide.

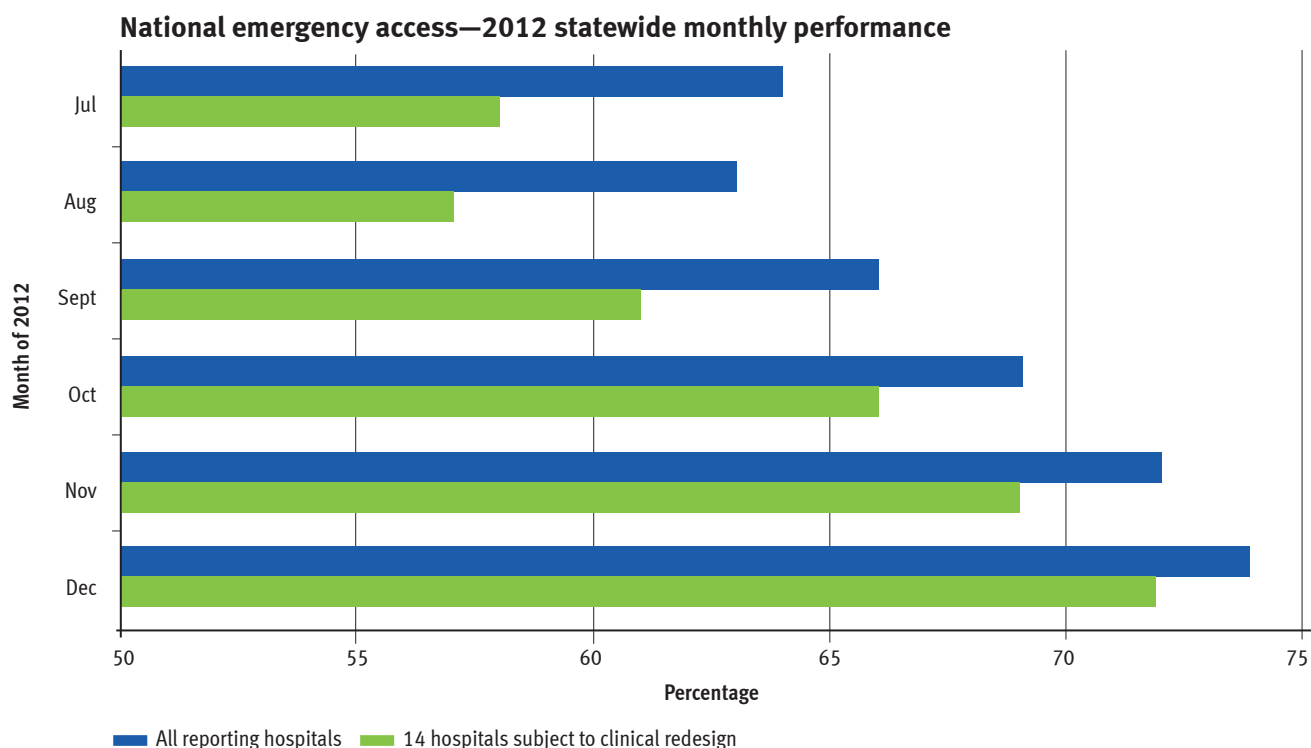
For example, the National Emergency Access Target (NEAT) is based on the proportion of patients who present to a public emergency department to be admitted, referred for treatment to another hospital

or discharged within four hours. The agreed target for 2012 was 70 per cent, rising to 90 per cent by 2015.

The higher the percentage, the better the performance. This is measured from the time the patient arrives at the emergency department to the time the patient has physically left, whether the patient is admitted to a bed in a ward, transferred to another hospital, or goes home.

Since August 2012, NEAT performance in Queensland has improved by 15 per cent across the 14 hospitals participating in the MacroNEAT Clinical Redesign Program.

Across all reporting hospitals the percentage of patients treated or discharged within four hours increased to 74 per cent in December 2012 and January 2013. This is an increase from 64 per cent in February 2012.



In addition, the National Elective Surgery Target (NEST) requires an increase in the percentage of elective surgery patients seen within the clinically recommended time. NEST also requires a reduction in the number of 'long-wait' patients, leading to the goal of 100 per cent of elective surgery patients seen within the clinically recommended time, in 2015. The clinically recommended timeframe for Category 1 patients is 30 days, Category 2 is 90 days, and Category 3 is 365 days.

To complement positive results from our current efforts in the redesign of clinical services and emergency care, the government has committed \$74 million to 27 hospitals over four years to provide additional medical, nursing and allied health staff on weekends.

Monthly elective surgery performance per urgency category



In the field of elective surgery, private providers have been engaged to treat long-wait patients. An additional 8000 procedures will be provided over the next four years through public-private partnerships at a total cost of \$55 million (approximately 2000 procedures at \$13.75 million per annum).

During 2011–2012, over 3.4 million (new and review case) specialist outpatient occasions of service were provided to patients. As at March 2012, 232 043 patients were waiting for an initial specialist outpatient clinic appointment.

The government's commitment to cut time spent waiting for specialist services is backed with \$12 million to provide up to 40 000 extra public specialist outpatient services in 2012–2013.

Enabling all health professionals to discharge patients earlier, when their condition satisfies set criteria, will also promote patient flow, cut waiting times and eliminate delays that frustrate patients and their carers. This process is referred to as 'criteria-led discharge'.

Section one: Health services focused on patients and people

Better care for Queensland kids

The Queensland Government believes in giving children the best possible start in life and in giving parents maximum access to health services and advice on the care and wellbeing of their children.

In 2013, the 'Mums and Bubs' policy began to increase the number of home visits to new-borns and their mothers. Centralised control of children's health services was replaced by a standalone Children's Health Services Board.

This board is a key contributor to the delivery of paediatric services and planning and has a significant role in working through the completion and commissioning of the Queensland Children's Hospital. This is a project more than 60 per cent complete that will bring together a range of different viewpoints, concerns and workplace cultures.

The government and Queensland Health will closely monitor the final stages of this venture to support the board and maximise the effectiveness of the new paediatric service strategy it entails.

To ensure the needs of all Queensland children are fully considered and accommodated in decision-making, service provision and funding allocations, the Children's Health Services Board will be gradually reconfigured over the next 12 months to include representatives from across the state.

Patient voice

Without a clear community perception that our system embodies high ethical standards and that it provides for a robust complaints process, overall public confidence in healthcare will be undermined.

The government will do all it can to make sure patients have a voice in the health system—so they can readily give a compliment or make a complaint.

The department's Ethical Standards Unit receives and responds to complaints and disclosures about official misconduct of department staff. Officers in each HHS are dedicated to these same responsibilities at the local level.

The 2012 Crime and Misconduct Commission (CMC)—Richard Chesterman QC Inquiry, which probed allegations of medical malpractice in the Queensland health system, considered changes to structures that oversee health complaints and enforce standards in health facilities.

In line with its recommendations, the health complaints system will be redesigned. Legislation will be introduced to improve the response to allegations of medical malpractice.



It's important to have a good partnership between Indigenous communities and Queensland Health. Health workers need to understand and respect our unique cultural differences. Indigenous people don't need to be scared of getting check-ups.



Achieving health outcomes

Queensland's healthcare system is built on the professional expertise of the medical workforce, but the true source of a healthy and productive Queensland population lies in our communities. Ultimately, people are responsible for managing their own health.

For example, BreastScreen Queensland is one of a number of health initiatives to benefit from the forecast return of \$11.9 million in funds recovered from the assets of the so-called fake Tahitian prince. One million dollars from sales of forfeited assets will enable the number of screenings in 2012–2013 to be increased to 235 335. This will include 41 702 screenings in mobile breast screening vans.

The statewide participation target is to have 70 per cent of all women in the 50–69 age category, participate in the free breast screening program every two years.

It is the government's role to keep people informed about what they can do to live longer, healthier lives and prevent ill-health. Queenslanders will be encouraged to take responsibility for their own health through broad-based community messaging.

There is a need to re-align the day-to-day delivery of preventative health services at the local level. Experience over many years has demonstrated that these measures should be more closely aligned with the activities of community-based practitioners.

Increasingly, Medicare Locals will address this opportunity. Their involvement will improve outcomes. The Australian and State Governments will collaborate on disease prevention and mass media strategies. They will support the complementary activity of HHSs, Medicare Locals, Local Government and non-government agencies.

Addressing health disparities

For too many Queenslanders, substantial health disparities have worsened over many years. In this blueprint we renew our commitment to address the full range of current policy problems, including issues pushed aside during recent difficulties, will be renewed.

Queensland's first independent Mental Health Commission will be established. In line with community expectations, the commission will work



towards a more integrated, evidence-based, recovery-oriented mental health and alcohol and other drugs system of support and treatment.

A key focus of the commission's approach will be to build partnerships to support patients and families including those from rural, regional, remote and Aboriginal and Torres Strait Islander communities. Often overlooked, these Queenslanders will have their say about the way mental health services are delivered.

Aboriginal and Torres Strait Islander people have the strong support of this government. Activity to improve health outcomes in Aboriginal and Torres Strait Islander communities will be directed on the ground by local people supported by their HHS. Collaboration between government and non-government agencies will support health enterprises designed and operated by Aboriginal and Torres Strait Islander people themselves.

Indigenous-owned and run business ventures will be afforded new opportunities to develop high standard healthcare services.

These organisations will be pivotal in achieving better health outcomes and financial sustainability for future generations of Aboriginal and Torres Strait Islander people.

As the population ages and life expectancy increases, demand for palliative care services is higher. The government is committed to looking at opportunities to improve collaboration between chronic, disability and other healthcare services.

Section one: Health services focused on patients and people

Work to deliver another government priority is currently under way in the Parliament of Queensland. The government will respond to the current 'Inquiry into Palliative Care Services and Home and Community Care Services' when the parliamentary committee tables its report (due 28 February).

Regional, rural and remote health

Queensland's well-developed regional network of cities and towns has a comprehensive range of government services, including hospital and health facilities offering the very latest in clinical support and medical technology. Over the years, many innovations have been pioneered to address the comparative difficulties faced by patients from rural or remote areas.

From January 2013, the Patient Travel Subsidy Scheme has been improved. Mileage and accommodation subsidies have been doubled to provide Australia's most generous system of support for patients travelling to seek specialised medical treatment.

The Minister for Health has established the Rural and Remote Statewide Clinical Network to guide the government in the development of sustainable levels of service in rural and remote settings. The work of the Flying Obstetrics and Gynaecology Service has been enhanced, with a view to expanding its activity across Queensland.

A new paediatric intensive care unit at the Townsville Hospital opened mid-2012. This unit treats children that would otherwise be sent to Brisbane and enables patients' families to stay closer to home.

Over the years, initiatives such as remote area health clinics, flying doctor bases and emergency helicopter networks have all contributed to better health outcomes in the bush, but under this blueprint, much more will be done.

An innovative plan for new bush services

Working together, the department and HHSs will provide unprecedented access to a new generation of safe and sustainable care for residents in small, rural or remote communities for the very first time.

The Rural Telehealth Service will be introduced as the mainstay of health delivery in these locations. Instead of being used primarily to back-up services at places like Mount Isa, Rockhampton and Maryborough, Telehealth will deliver new services and advanced treatment options in places where they were never previously available.

Telehealth activity in Queensland has more than doubled in two years. In 2011–2012, 13 635 occasions of service were reported. This remains a very small number compared to more than 3.4 million occasions of face-to-face outpatients' care at traditional public hospitals in the same period.

As part of this new initiative, the network of Telehealth facilities will be developed, expanded and co-ordinated to bring remote residents straight into the waiting room of the most advanced hospitals in this state.

Under the Rural Telehealth Service facilities in different communities will be standardised, upgraded or re-orientated to enable networking at-call. As the scope and scalability of the new facilities is developed, training and workplace arrangements will enable local emergency access for patients at-call, up to 24-hours-a-day. Six trial sites for the Rural Telehealth Service will be created in 2013.

To drive and refine this concept and to promote better, more adaptive local engagement, a governing body for remote Telehealth service delivery will be established, including representatives of the Rural Doctors Association and the Clinical Ministerial Advisory Council.

The government will extend the networking of health support across HHSs and provide access to integrated health services using a multi-purpose health services model.



Rural Telehealth Service will rebuild small towns across Queensland

While most Queenslanders taken ill or struck by injury can expect an ambulance at their door, remote area residents anticipate long delays as a fact of life.

Changes in the health workforce have made it very difficult to sustain health needs in many small communities. They are under pressure and require new thinking to reverse the gradual erosion of basic services.

Today the government presents a vision for a statewide system that will change these long-accepted facts forever.

No longer isolated from advanced healthcare, residents of remote towns will eliminate their extended wait for treatment through a statewide Telehealth network. Linked directly to the best hospitals in Queensland, they will wait no longer for advanced medical diagnosis and treatment than a Brisbane resident might expect when arriving at the emergency department of a major hospital.

Telehealth services will be available at-call in places where even the most basic diagnostic and treatment infrastructure, such as at-call access to X-ray imagery, was never previously available.

Today, specialists use Telehealth to monitor Queensland patients in intensive care. Accident victims, awaiting evacuation to hospital by air, are stabilised and prepared for flight by Telehealth doctors at the Queensland Emergency Operations Centre in Kedron, Brisbane.

Telehealth trials at Hervey Bay and Mackay have diagnosed hearing problems in newborn babies. X-ray images, taken at remote locations, are interpreted by specialists thousands of kilometres away. These and many more treatment options are being prioritised for inclusion in the standardised network and the facilities that provide public access.

This is a big step forward in response to a problem long regarded as too hard to fix.

Linkages between remote sites and treating doctors will be supported by procedures and networking so that access for patients is protected.

These protocols will develop a Telehealth hospital for the people of remote Queensland. The impact on healthcare and the quality of life in remote communities will be dramatic.

This vision—for a rapid advancement in the standard of local healthcare—will come as an immense relief to the communities concerned. Access to Telehealth services will attract patients and strengthen local confidence.

Demand for services from local pharmacists and opportunities for GPs to provide support will be generated.

This is an opportunity for the government to create a new balance and certainty in the lives of many Queenslanders.



Charleville Hospital

section two



Empowering the community and our health workforce

- The control of local healthcare decisions belongs with local communities and healthcare professionals.
- Improved collaboration with non-government providers will maximise the value of health investment.
- Transparency promotes public confidence.
- Workforce flexibility supports local healthcare decision-making, improved patient access and quality service delivery.

I enjoy empowering women to be the best mothers they can be, for better and happier communities. I want to continue to build midwifery skills.



The Queensland Government has a strong commitment to empowering local communities and the healthcare workforce to make decisions about local healthcare needs.

Hospital and Health Services

The government established 17¹ statutory Hospital and Health Services (HHSs) in July 2012. Hospital and Health Boards are answerable to the Minister for Health and accountable to the local community.

Orientating health services to better meet local health needs is a priority for all HHSs. This requires significant change to many of the established cultures and practices that impact on performance and will take time to complete.

HHSs are no longer constrained by historical patterns of service delivery. Within the context of statewide planning objectives and local factors such as geographic location, workforce supply and access to infrastructure and equipment, they have flexibility to consult the community and determine the best mix of health service.

Under a devolved system of governance, the role of the State Government is to provide boards with the full range of legislative and regulatory tools that they need to accomplish their task.

Transparency and public reporting

The government will continue to be open and honest about waiting lists. Since March 2012, we have published for the first time:

- detailed dental wait lists
- historical performance data
- specialist outpatient waiting lists.

Today, the activity and performance of 33 of Queensland's larger hospitals is reported on the Queensland Health website (www.health.qld.gov.au). Fifteen months of rolling data is now published to enable Queenslanders to follow emerging trends.

These hospitals admit almost a million patients, provide more than 1.5 million emergency services and about 3.4 million outpatient services a year. They report their performance on key measures such as emergency department attendances, elective surgery operations, hospital admissions, specialist outpatients and oral health waiting times.

In the near future, the total number of hospitals reporting on the website will increase by five. At the end-of-the-year, another 19 will be added, providing the community with unparalleled insight across a wide range of our health facilities.

The first five new additions are:

- Beaudesert
- Capricorn Coast (formerly Yeppoon)
- Emerald
- Innisfail
- Kingaroy.

HHSs will communicate at the local level to account for their financial and workforce management and the reinvestment of resources to serve healthcare needs, research and training, and other priorities. They will respond to community needs in a sustainable way while improving health outcomes for Queenslanders.

In line with the key principles of this blueprint, the government will extend public access to uniform health reporting beyond the public healthcare sector. Private facilities provide significant capacity and deliver essential services to patients in Queensland. It is important that these hospitals and facilities are benchmarked against those in the public healthcare sector.

This benchmarking will not seek to add an administrative burden on private health enterprises. In the first instance, it will draw upon material already collected (such as hospital acquired infections data).

But as the range of partnerships and service contracts between public and private providers is extended, reporting requirements will be incorporated to provide increased transparency across all sectors.


¹An administrator holding the full powers of the board has been appointed to the Torres Strait-Northern Peninsula Hospital and Health Service (TS-NP HHS). A chair and board is yet to be appointed to serve the TS-NP HHS.

Section two: Empowering the community and our health workforce

Sample of newspaper advertising:

Shorter stays in emergency departments


Reducing the length of time Queenslanders spend in emergency departments is shown to improve the patient journey and experience, reduce delays and increase access to services, and ensure best clinical practice. Through 2013, Queensland emergency departments are aiming for 77 per cent of patients to have departed the ED within four hours of their arrival.



Hospital and Health Service	2012 quarter performance	
	Jul-Sep	Oct-Dec
Cairns and Hinterland	58%	70%
Central Queensland	76%	78%
Children's Health Queensland	85%	88%

Shorter waits for elective surgery


Elective surgery patients are categorised according to the urgency of their treatment. It is clinically recommended that category 3 patients are treated within 12 months to optimise their clinical outcome. Through 2013, Queensland public hospitals are aiming for 94 per cent of category 3 patients to have their surgery within 12 months from being wait-listed.



Hospital and Health Service	2012 quarter performance	
	Jul-Sep	Oct-Dec
Cairns and Hinterland	71%	84%
Central Queensland	100%	100%
Children's Health Queensland	100%	100%

Shorter waits for specialist outpatient clinics

Patients referred to a specialist clinic in a public hospital are categorised according to the urgency of their need. It is clinically recommended that category 3 patients are seen by a specialist within 12 months. Queensland public hospitals are aiming for 90 per cent of category 3 patients to be waiting for their appointment within 12 months from the time they were referred.



Hospital and Health Service	2012 quarter performance	
	Jul-Sep	Oct-Dec
Cairns and Hinterland	70%	67%
Central Queensland	61%	75%
Children's Health Queensland	75%	75%

See pages 44–45 for full diagram.

Newspapers to publish quarterly data

In addition to the online reporting requirements that enable communities to compare the performance of HHSs across the state, the government will facilitate new arrangements to help inform local communities themselves.

Under this blueprint, HHSs will report key statistics in uniform tables to be published quarterly in a range of ways, including in local newspapers.

Boards will report their performance against six common statewide targets.

These are:

1. Shorter stays in emergency departments.
2. Shorter waits for elective surgery.
3. Shorter waits for specialist outpatient clinics.
4. Increased support for families with newborns.
5. Fewer hospital acquired infections.
6. Value for money.



Clinical engagement and leadership

Improving the engagement and leadership of clinicians at the local level is a key government strategy to advance hospital performance. Changes in the culture of the public healthcare sector are necessary to meet the state's health targets and maintain community confidence.

Across the scope of health practice, 18 key clinical advisory networks are overseen by a Clinical Senate to review current procedures and help inform Queensland Health's Director-General on strategic issues.

Recently, these processes and their links to policy-making were strengthened by the Minister for Health through the formation of a Clinical Ministerial Advisory Council.

Including all members of the Queensland Clinical Senate and representatives from Medicare Locals, primary healthcare and the private healthcare sector, the council advises the government on issues such as national health reform and efficiencies in healthcare delivery. It is chaired by Trauma Surgeon Dr Cliff Pollard.

Strong links between networks, local clinicians and HHSs will encourage the spread of innovative models of care and service delivery across the healthcare system. Networks include:

- Child and Youth Health
- Dementia
- Diabetes
- General Medicine
- Maternity and Neonatal
- Respiratory
- Stroke
- Renal
- Cardiac
- Intensive Care
- Older Person's Health
- Statewide Cancer
- Rural and Remote
- Trauma
- Anaesthesia and Perioperative Care
- Queensland Emergency Department Strategic Advisory Panel
- Surgical Advisory Committee
- Mental Health Alcohol and Other Drugs.

Fight the waste

The government's policies of transparency and local control and accountability are reinforced by these strengthened lines of communication. To provide even more direct feedback on practical issues relating to service delivery, a new intranet site will be hosted by Queensland Health.

Facts about waste and duplication and new ideas about what constitutes best practice in healthcare delivery will be able to be identified by staff and managers on the site, under the imprimatur of the Minister for Health (qheps.health.qld.gov.au/fightthewaste).

Ideas, constructive criticism and direct feedback that may be unknown to managers, as well as unions and other workplace representatives, will be collected to inform future debate about policy and systems efficiency.

Fight the waste

Name*:

Email*: @health.qld.gov.au

Location:

Facility:

Suggestion:

Submit

* optional

Section two: Empowering the community and our health workforce

Opportunities for choice

The government supports the rights of Queenslanders to choose preferred ways to meet their healthcare needs as close as possible to where they live.

It encourages local communities to support a diversity of providers. Already, in Queensland, 47 per cent of hospital separations, including discharges, are from private hospitals.

When the government purchases health services on behalf of the community, it looks for value in terms of quality, cost and access. It recognises that Queenslanders want to be able to choose preferred services in meeting their healthcare needs.

By providing greater diversity and competition in service delivery, employment options for healthcare workers will widen.

At the more personalised level, national and international reviews of initiatives to deliver hospital services in the home are generating increasing interest.

'Hospital in the Home' involves the provision of acute care at a patient's usual place of residence as a substitute for inpatient care at a hospital.



The Queensland Government is reprioritising plans to support patients in their homes, under the care of their treating clinician.

Indications of reduced costs and improved outcomes make this a priority area for Queensland Government planning.

Service delivery planning

Improving statewide planning for the longer term sustainability of the health system is a focus for Queensland Health. There will be new mechanisms for HHSs, the community, the private sector and the health workforce to inform and gain access to the planning process.

Individual HHSs are expected to work together in the interest of all Queenslanders. This is especially important when certain services are not available in the local community or where access to specialised services is limited to the larger urban centres.

Workforce strategies and training

To develop the health workforce over coming generations, the department will work with HHSs, the private and not-for-profit sectors and other levels of government on workforce planning.

Ongoing investment in workforce development strategies by HHSs will be augmented with the support of private sector providers. Through partnering and shared arrangements, the effectiveness of training, graduate employment and recruitment will be maximised into the future.

Strategies such as quarantining positions for graduates, as well as the provision of education and training and the clinical placement of students, will be pursued. Specific attention will be given to addressing the complexities of graduate employment in regional, rural and remote locations.

Today, very large recurrent costs are being diverted to sustain and gradually repair the problematic health payroll system. As these costs reduce over time, resources will be freed to be redirected into clinical services.



section three



Providing Queenslanders with value in health services

- Queenslanders expect that money provided for healthcare is spent wisely.
- Public, private and not-for-profit partnerships will improve the healthcare system to meet the needs and choices of Queenslanders.
- Replacing a system concerned with inputs with one that values outcomes.
- Contestability and new measures for financial accountability will improve performance.
- Cutting waste.



I enjoy working with my team and helping patients.



Starting point

In March 2012, following a general election preceded by months of conjecture over the problematic and costly implementation of a new health payroll system, the new government redirected the central thrust of health policy across Queensland.

At that time, the Independent Hospital Pricing Authority measured waste in Australian health systems. Adjusted for remote and Indigenous factors, the authority's data indicated that Queensland health providers were up to 11 per cent less efficient than the national average.

That suggests significant practical improvement is possible across every aspect of the healthcare system.

Across the full spread of the \$11.8 billion Queensland Health budget, this assessment indicates that each year, inefficiencies and waste cost the Queensland healthcare system hundreds of millions of dollars. This is an unacceptable loss of medical capacity that requires urgent remedial action.

Continued double-digit growth in health expenditure is unsustainable. With a growing and ageing population, where chronic disease is prevalent, costs of care are escalating and consumer expectations rising, there is no choice but to change the way we do things in health.

Public funds will be prioritised to achieve the best possible health outcomes.

The department's head office will remain comparatively small in size. It will purchase health activity, mostly from HHSs, but increasingly from the private and not-for-profit sectors as well.

Measuring achievements

The government will be measured on its health achievements; how far it makes the health dollar go. It will be measured against the range and number of health services provided to Queenslanders rather than the number of people it employs, or beds it provides in a public hospital setting.

As the public healthcare sector nears the end of its difficult phase of repair and moves on to recovery, the government turns its attention to finding new sources of health investment and services. The government's health agencies are redesigned. Their orders, to find new synergies and partners, will generate new growth and diversity in health delivery.

A large part of the new range of health jobs that result will be in different locations with different providers. But growth in health capacity, including public sector health capacity, will far outstrip anything possible under the tightly-controlled public sector model of the past.

Across the healthcare system, the consequences will be mutually beneficial for trainees, qualified employees, patients, taxpayers, health-based businesses and the wider community.

Managing demand also means purchasing the right capacity. We will move away from complex and acute services, such as those delivered in hospitals, and provide balance by investing in sub-acute care and supporting preventative and intervention services. The hallmark of modern, effective healthcare systems is an unwavering focus on maximising health outcomes from available resources.

Queensland must improve to match and surpass the performance of the most efficient healthcare systems if we are to meet the service demands of Queensland communities for generations to come.

The government has set a goal to improve the performance of our healthcare system to match the national average by mid-2014.

Clinicians need to work to their full scope of practice. We will challenge the 'myths' of what is possible and be open to new ways of working and models of care. We need to break down traditional barriers between professions, build clinician leadership and promote a culture of respect for each other's knowledge and skills.



Section three: Providing Queenslanders with value in health services

Better coordination with primary healthcare

The government views its role in healthcare as the lynchpin in a range of partnerships, including overall responsibility for public healthcare funding shared with the Australian Government.

Under National Health Reform, Queensland Health will work to clarify the separation of roles between primary and secondary healthcare and simplify their interaction.

This means a commitment to closer working relationships between GPs and the hospital system. The Australian Institute of Health and Welfare estimates about 30 per cent of people in our hospital emergency departments are likely to be more suited to treatment in GP clinics. This figure must be reduced, even as emergency department performance improves and emergency department waiting times are reduced.

To improve patient flow by improving the coordination of outpatients' services, GP liaison officers (visiting medical officers) will be placed in the 20 largest public hospitals in the state. They will work with GPs and Medicare Locals to improve outpatient services. HHSs and Medicare Locals will work together to assess the value of this new approach.

Health partnerships

The government will focus not only on improving the performance of public sector hospitals and services, but also on strengthening and expanding the health system through health partnerships.

Under this blueprint, the Minister for Health is the steward of a complex health system with multiple providers and interests. While Queensland's public health sector is large and complex, with 182 public hospitals and a workforce of more than 80 000 people, it does not operate in isolation.

It is part of a much larger system of healthcare providers with common interests, objectives and resources that caters to the health of Queenslanders. Everything from community groups providing preventative healthcare to suburban general practitioner clinics, pharmacies, private hospitals and day surgeries, aged care, step-down and rehabilitative facilities, medical researchers and remote area providers like the Royal Flying Doctor Service are part of this system.

In 2009–2010, when the state budget was \$9 billion, the total value of health across all Queensland sectors was \$23 billion.

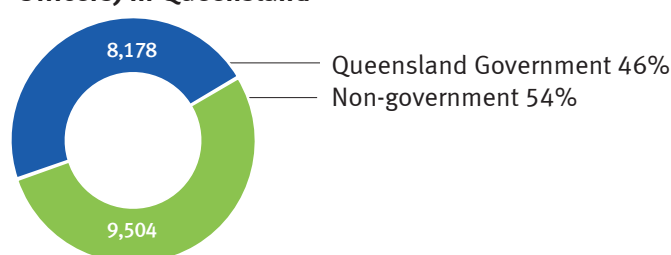
The total number of nurses and midwives delivering healthcare to Queenslanders is more than 65 000, of whom 47 per cent, or about 30 000, are employed by Queensland Health. The statistics are similar among medical staff. Of about 17 600, 8100 are Queensland Health employees. Queensland Health's share of pharmacists is 12.6 per cent, occupational therapists 30.3 per cent, physiotherapists 23.6 per cent and radiation therapists 62.3 per cent.

For many years, health advocacy in State Cabinet and in the Queensland Parliament was directed in line with a ministerial and departmental focus on the public health sector.

But health costs have far outstripped allocations, leading to forecasts that health needs will consume every cent of state income by 2030, and an alternative approach is needed.

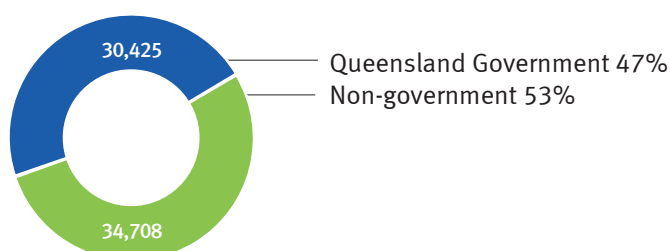
Under this blueprint, the various agencies that account to Parliament through the Minister for Health will accept responsibility for the healthcare of Queenslanders and for the development of health partnerships across all sectors and levels of government.

Total medical staff (including Visiting Medical Officers) in Queensland



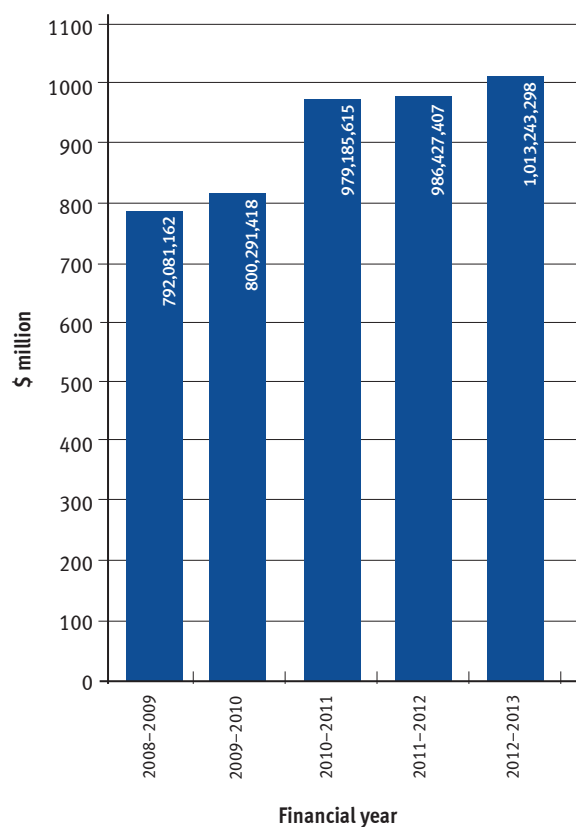
Source: Queensland Health and Australian Health Practitioners Regulation Agency

Total nurses and midwives in Queensland



Source: Queensland Health and Australian Health Practitioners Regulation Agency

Queensland Health expenditure on private provider services



By taking this much wider view and drawing together all the disparate resources and interests that engage in healthcare in this state, the government can advocate and readily support joint strategies. Partners working together will save input costs, create mass where it is needed to more easily support new service delivery options and efficiencies of scale to reduce unit costs.

Delivering joint projects, or relying on a delivery partner to supply sub-acute care or to deliver a centre for planned surgical procedures for example, will increase the overall health impact and the positive result for patients while reducing the call on taxpayers. The regional delivery of services by the very best specialists can be extended if applied through joint strategies.

This is the government's core strategy to improve the efficiency of Queensland healthcare.

Increasingly, the private and non-government sectors will be invited to partner with the state to provide healthcare facilities, operate services in facilities and to address related healthcare services in the wider community.

Accountability in 'grants' to maximise service delivery

Ensuring value for money also means looking at our relationships with non-government organisations. Last financial year, Queensland Health provided about \$945 million in grants to outside organisations.

Examples of fraud and concerns that auditing arrangements were inadequate prompted the government to engage the former Queensland Auditor-General Glenn Poole.

In a review of 'grants' in the healthcare system, the former Auditor-General identified fundamental weaknesses in definitions, accountability and a lack of clear links between funded ventures and health goals. With funding allocations from multiple levels, the grants program was open to waste and duplication.

The recommendations of the former Auditor-General will be implemented by the government. Many former grants will be replaced by contracts for service and linked to the community objectives of local HHSs. **Grants that do not support core clinical services will be discontinued.**

The legislative and operating framework for Queensland's 13 Hospital Foundations will also be reviewed, to ensure maximum benefit is achieved from resources within their control.

Contestability

Under this blueprint, public sector health services will be exposed to contestability—that is, there will be a deliberate opening up of these services to competition or the credible threat of competition. Contestability can produce significant cost savings and/or quality improvements in the supply of business inputs or in service delivery itself.

In support of local empowerment, under this blueprint a 'local budget for local communities' approach will be adopted. Freed up from previously restrictive policies, dollars saved through increased efficiencies and the adoption of alternative service delivery models will be returned to local communities enabling HHSs to improve their performance across all targets. This change in government policy will support local business, community growth and employment.

Section three: Providing Queenslanders with value in health services

Queensland Health is seeking opportunities for alternative service delivery models. Outsourcing, co-sourcing, public-private joint ventures and partnering with other government agencies will be adopted where it is efficient to do so. This is consistent with the government’s focus on improved financial performance and improved access to frontline services in Queensland Health 2012–2013 Queensland State Budget.

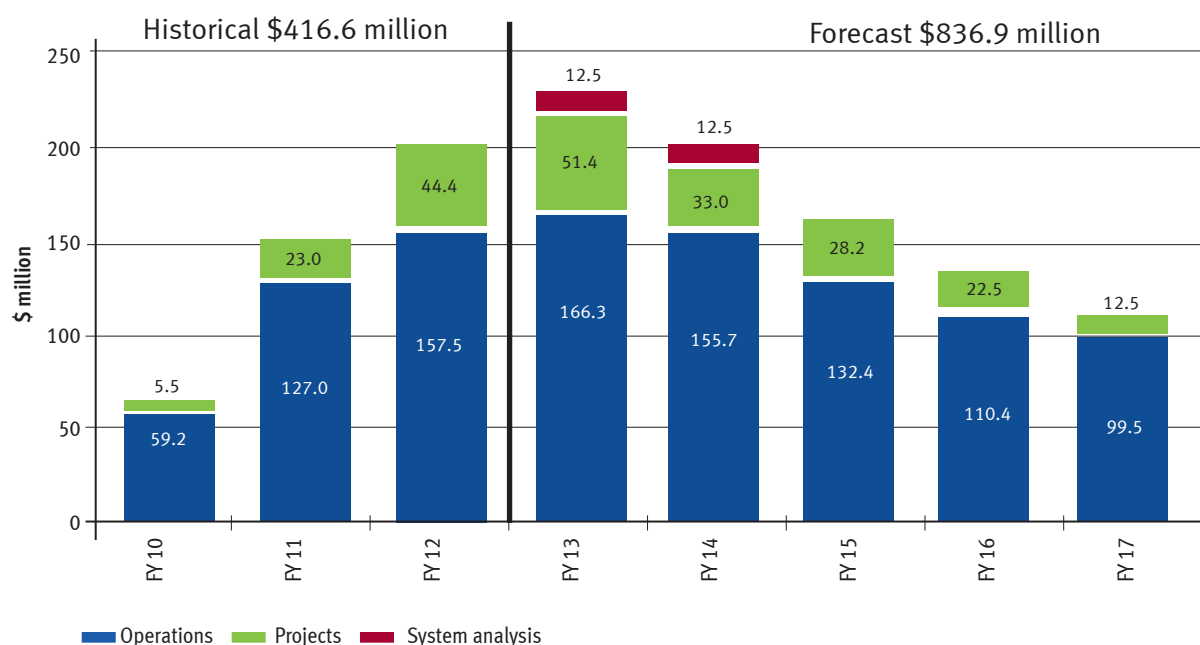
The current policy directions that bind HHSs to services provided through the Health Services Information Agency and the Health Services Support Agency will change over the next 12–18 months as the principles of contestability are applied and new models of service delivery put in place.

Over the next 12 months, the newly created Contestability Branch within the department will lead and coordinate Queensland Health’s contestability reforms. Areas of focus include the strategic sourcing of goods and services and the outsourcing of supply

chain and logistics. Options to change the business models for services such as medical equipment services, pathology and diagnostic imaging will also be prioritised. Alternative business models for payroll, internal audit and metropolitan linen services will also be examined. The immediate focus of the Contestability Branch will be to consider contestability options for central pharmacy and medical typing. Opportunities to outsource a range of information technology functions including desktop support, help desk arrangements and in-house hosted software development and infrastructure will also be pursued.

Not only will the department examine more cost-effective ways to deliver support services, it will also look at innovative models of delivering entire hospital services, particularly in new hospitals and other greenfield sites.

Breakdown of payroll spend



* The KPMG review into payroll issues estimated \$1.253 billion is required to be spent between 2010 and 2017 for payroll-related activities.

The payroll legacy

The 2012 report by the accountancy firm KPMG made it clear the legacy of the \$1.25 billion health payroll debacle will have a lasting impact on Queensland's HHSs, even as Queensland Health works to restore efficiency and overall capacity.

The process of payroll repair is slow and time-consuming given the enormous complexity of awards and entitlements that apply within Queensland Health.

In addition, the government has:

- ended the moratorium that stopped the recovery of payroll overpayments
- changed the employee pay date to provide more time for processing
- ended ancient pay claims by employees (some lodged years later).

At its peak, the health payroll system required 1032 full-time administrative employees. This disproportionate allocation required support drawn from the health budgets of communities across the state.

Today, 854 full-time payroll employees remain. They engage in a difficult task and do a great job, but the high cost of payroll stability remains a problem. At the frontline of health delivery it denies access to resources sufficient to employ hundreds of additional nurses or health workers. Significant administrative lessons arising from these problems are well learned.

At the very top, healthcare system decision-makers must not lose sight of community goals. The huge collaborative capacity of the entire Queensland healthcare system must remain at the focus of attention for the government and its health agencies.

The ability to mount a diverse, articulated, sector-wide campaign to confront and overcome entrenched problems in health is what separates this new system from that which went before.

The facts of the failed payroll system and its \$1.25 billion cost will be determined by a Commission of Inquiry being led by the Hon. Richard Chesterman QC.

Right of Private Practice Review

All health dollars must be spent properly and wisely. Fraudulent practice will not be tolerated by this government.

Medical practitioners employed by the public healthcare sector are given the opportunity to participate in private practice arrangements as part of their employment. Participating medical staff must declare their income when treating private patients in public hospital facilities.

Serious matters relating to questionable billing practices by senior medical officers in Queensland Health were raised by the Crime and Misconduct Commission (CMC) in late 2012. The CMC review indicated that some doctors and specialists may not be doing the right thing in billing and reporting private practice, and that this behaviour may be a systemic problem.

At the Minister for Health's request, the Auditor-General is undertaking a comprehensive audit of private practice arrangements in the public healthcare sector. The health and financial benefits of the right of private practice scheme are being scrutinised. So too is the way in which the scheme is administered, and whether senior medical officers participating in the scheme are doing so in full compliance with their contractual conditions.

Any potential cases of illegal activity identified during the audit will be referred by the Auditor-General to the CMC for investigation. The Auditor-General's recommendations are due to be delivered to government by mid-2013.

Section three: Providing Queenslanders with value in health services

Greenslopes Hospital success story

The rebirth of Greenslopes Private Hospital in the mid-nineties is one of the great success stories of effective cooperation between the public and private sectors of the healthcare system in Queensland.

For many decades, Greenslopes was a military and repatriation hospital operated by the Department of Veterans' Affairs, Australian Government. In the late 1980s, options for the future of the facility, including privatisation or transfer into the control of Queensland Health, were raised.

The eventual decision, in January 1995, saw the former veterans' hospital transferred into the management of Ramsay Health Care, one of Australia's largest non-government health providers.

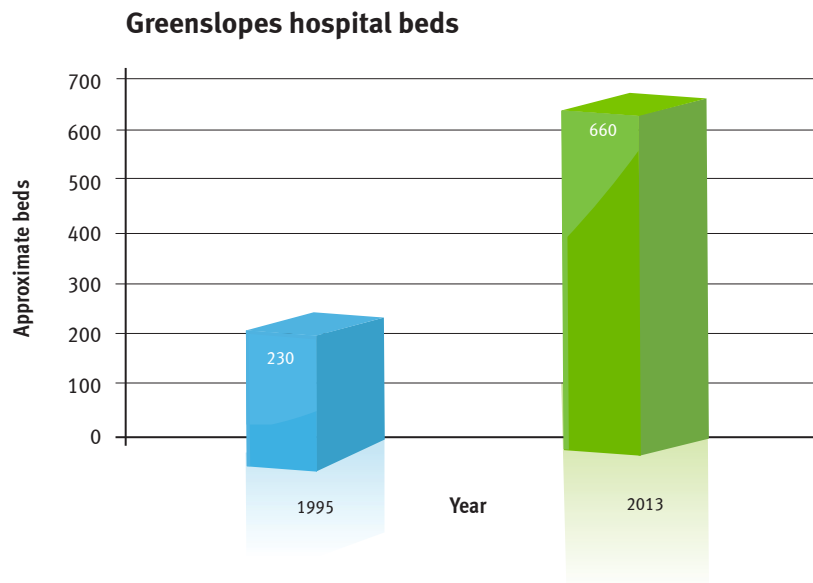
The decision transformed Greenslopes into Australia's largest private hospital whilst maintaining and respecting its tradition of providing care to entitled veterans and war widows. Although Greenslopes gained the right to admit private patients, Queensland's veteran community would continue to receive the quality and diversity of services provided prior to the sale.

Now known as Greenslopes Private Hospital, it has since grown from approximately 230 beds to a 660 bed facility offering a comprehensive and complex range of health care services including cardiac surgery and neurosurgery. In 2013, the hospital will open maternity services.

During the past 17 years, Greenslopes Private Hospital has developed a reputation for delivering the highest quality and standards of care, winning many awards and accolades across the country. Initial fears about privatisation, held by veterans, failed to come to fruition.

Today the ex-service community is a great supporter of Greenslopes Private Hospital and continues to participate in the development of services and to provide feedback to Ramsay Health Care through hospital consumer groups and committees.

Despite its growth and development, the private owners have retained and enhanced the features of the hospital that have ensured it remains a special place in the personal and national histories of those heroic generations of men and women who have served their country.



section four



Investing, innovating and planning for the future

- A lasting commitment to collaborative effort and improvement will provide Queenslanders with a world-class healthcare system.
- A simplified employment and industrial relations environment.
- A highly-skilled, capable and sustainable workforce with access to flexible opportunities for employment.
- New opportunities to promote and review infrastructure investment.



The level of care in Brisbane is really good. I wish I could get the same care back home.



Delivering the best patient care

Delivering a healthcare system that Queenslanders can be proud of requires the commitment and expertise of many people working in partnership with the government.

To address underlying reasons for growing waiting lists in the past, we need to think and act differently to reduce the pressure on public hospitals and the healthcare system. The traditional default to building more hospitals and opening more beds is not always the best approach.

The design of clinical health systems, processes and services and health planning will be constantly revised. At all times, Queensland's healthcare system will provide access to the most clinically effective and cost-efficient service settings and models of care.

The experience, judgement and expertise of HHSs and the health workforce will be integrated with research findings, audits and surveys to inform future health planning and policy.

HHSs will work to improve the emergency department patient journey and will be accountable for emergency department performance. This will support the improvement of timely access for ambulance patients into emergency departments, as highlighted in the August 2012 MEDAI Report.

In banning ambulance bypass from 1 January 2013, the government expects all HHSs to effectively manage emergency department demand.

The Queensland Ambulance Service has implemented a MEDAI matrix to improve patient delivery times. No ambulance is to be redirected by one hospital to another.

Workforce reform

The foundation of quality service delivery is the health workforce, whether the jobs are in the public, private or not-for-profit sectors.

The government's commitment to reforming industrial relations in the public healthcare sector incorporates better wages and better conditions for employees, as well as greater choice.

Since its election, the greatest single health investment of this government was its \$1.35 billion investment in pay-rises for Queensland Health employees over three years. This comprised:

- 3 per cent increase for nurses and midwives—an extra \$592 million
- 2.5 per cent increase for medical officers—an extra \$300 million
- 3 per cent increase for employees under the Queensland Public Health Sector Certified Agreement—an extra \$466 million.



Section four: Investing, innovating and planning for the future

Queensland Health will move away from the restrictive and centralised decision-making processes that currently exist. A flexible, easy to understand employment and industrial relations system that facilitates local decision-making is the goal.

The government and its agencies will work with employees to position Queensland's healthcare system to meet demands. There will be a simplified award system for health employees; one that protects the wages and conditions of workers; and where only one set of conditions applies to each category of employee.

Today, there are nine awards, six agreements and 189 human resources policies, covering more than 80 000 health staff. Complexity creates duplication and unnecessary disputes that impede productivity and flexibility. Currently, employees doing similar work at the same level of classification are subject to different pay rates, allowances and conditions because of historical quirks within award coverage.

The use of awards to cover senior roles will end. For professional categories of employment awards, they impose restrictive and outdated conditions that were eliminated in the private sector long ago. Consistent with best practice employers, flexible, simplified employment contracts will become the norm in the public healthcare sector.

The productivity of the medical workforce will be improved through best use of expertise and skills. Queensland needs highly skilled clinicians, nurses and allied health professionals, to provide services and to reach their full potential in a flexible industrial environment.

In remote areas and in other critical settings, a flexible workforce model can enable highly-skilled advanced practice nurses to provide services that meet community needs. Appropriately trained nurses can be employed in procedures, such as endoscopy, to help reduce waiting lists for patients.

Awards and agreements

Our workforce awards and agreements are unnecessarily complex. The combination of nine awards and six enterprise agreements results in a possible 24 000 permutations of payments, which have to be processed each and every pay run.

For example, 32 000 nurses are covered by one award which contains six separate sets of conditions. Two nurses, working side-by-side, doing the same thing can take home different pay.

Nurses who work at Baillie Henderson in Toowoomba are on a different set of conditions to nurses who work in the Toowoomba Hospital. Many staff need to work in both areas—creating an administrative nightmare for managers.

Administration staff working in corporate office are employed under the Public Service Award, whereas administration staff in HHSs are employed under the District Health Services Award. The awards contain different pay levels and hours of work. There is regular movement between the areas and this causes an unnecessary administrative burden.

In the administration stream, employees over the level of AO8 are no longer subject to award conditions and do not receive overtime for any extra hours or weekend work. Their wage level is up to \$115 000 per year. Our senior doctors are earning in excess of \$300 000 per year, many earn a lot more, and they are still covered by an award and receive overtime payments and allowances in a system that is meant to benefit lower paid workers.

Health and medical research

Queensland Health acknowledges the major public benefit of research undertaken in public health organisations. Research leads to better healthcare practices, less disease and improvements to quality and longevity of life. It also helps to tackle the burgeoning pressures facing the public healthcare sector.

To ensure a strong and vibrant research base, the best and brightest innovators will be supported through the Office of Health and Medical Research. Support for our Senior Clinical Research Fellowships will be retained.

Specialised services will be contracted to identify and commercialise intellectual property generated within Queensland research hospitals. Our research hospitals will be required to articulate their investment strategy for research so that it integrates with the clinical environment to improve clinical outcomes.

Established in 1945 by the Queensland Government, the Queensland Institute of Medical Research (QIMR) is one of the largest and most successful medical research institutes in Australia, and is recognised worldwide for the quality of research, both fundamental and translational.

1950s—tropical diseases studied

1963—Ross River fever discovered

1968—discovery that the Epstein-Barr Virus (which causes glandular fever) can immortalise white blood cells. These cells can then be used for an endless source of DNA and is now performed thousands of times a day, all over the world

1970s—research into melanoma begins

1990s—cancer research accelerates

2009—two new genes discovered that together double a person's risk of developing melanoma

2011—discovery of two new genes linked to glaucoma which opens the pathway to developing completely new ways of treating glaucoma patients that could delay disease progression and prevent blindness.

An Australian first initiative, Translational Research Institute (TRI) brings together four leading research institutes and a co-located biopharmaceutical manufacturer to discover, produce, test and manufacture new treatments and vaccines in one location.

Combining the research intellect of The University of Queensland, Queensland University of Technology, Mater Medical Research Institute and Queensland Health together with Biopharmaceutical Australia's (BPA) facility operated by DSM Biologics, TRI represents the future of excellence in biomedical research in Australia.

TRI's capacity to translate potential treatments into therapeutic solutions will directly result from the collaborated research of over 650 researchers, made possible through funding from the Australian and Queensland Governments, The Atlantic Philanthropies, The University of Queensland and Queensland University of Technology. The benefits of TRI are:

- local investment and commercialisation of Australian medical breakthroughs
- shorter time to market of laboratory discovery to practical treatments and therapeutics
- long-term development for the Australian medical and research industries
- synergistic collaboration through disease-focussed global research networks of clinicians and researchers
- better health for the global community, courtesy of new medical treatments and therapeutics.

Non-commercial activities in public health, health services research and hospital services will also be supported to improve efficiency and reduce the cost of clinical care. This blueprint recognises that the vast repositories of clinical and workforce data held in Queensland provide new ground for further strategic research. The government will encourage health researchers to express their interest in using this data.

To make sure conditions are right to attract private sector research investment into the state, clinical trials processes will continue to be strengthened. The approach to bio-banking (through existing stores of biological samples) will be coordinated to reduce red tape for researchers investigating the next best health treatments.

Section four: Investing, innovating and planning for the future

Enabling technologies

To improve the efficiency and effectiveness of the healthcare system and to ensure patients have the best available treatment, clinicians need access to patient information that is accurate and timely.

Today the information and communications technology (ICT) systems of Queensland Health are inadequate to fully support clinicians and help patients. In the past, systems have been created or purchased with little regard to value for money and measureable benefits for clinicians and patients.

ICT systems need to be improved and integrated to provide the government with value for money and benefits that are clearly articulated. New ICT projects will be closely scrutinised and managed.

Program governance, monitoring, oversight and benefit realisation for major ICT projects will be strengthened. But ICT systems will not be funded unless clear benefits can be articulated and measured.

The obligation of Queensland Health is to deliver the best ICT infrastructure in a highly competitive environment where uneven technology and problematic linkages to other jurisdictions are among current difficulties.

The core challenge is to advance reliable support for our staff and our patients through a trusted and reputable integrated system.

A review of the department's Health Services Information Agency to ensure that procurement processes are open and transparent and the most appropriate governance arrangements are in place has commenced.

Infrastructure and assets

Current and future infrastructure development, assets and capital works projects will be tailored to suit service delivery to local communities through HHSs. ICT infrastructure will be incorporated into works for new projects or major refurbishments to maximise operational effectiveness and cost efficiency.

There is a growing body of evidence that the cost of delivering public sector infrastructure is significantly higher than similar works in the private sector.

A total of \$1.886 billion will be invested in health infrastructure and capital grants projects in 2012–2013. Of this amount, approximately five or six per cent will be delivered by government agencies. The great majority will be provided through arrangements with the private sector.



Gold Coast University Hospital

To ensure the uniform and robust treatment of new health business opportunities involving the private and non-government sectors, the Ministerial Health Infrastructure Council will serve as a new portal for contact with project proponents.

Modern infrastructure standards that are practical and flexible will be maintained to support the delivery of innovative clinical services, research and education. Hospital projects, such as the Gold Coast and Sunshine Coast University Hospitals, will be delivered at the lowest cost while preserving longevity.

Expressions of interest will soon be called for the redevelopment of the Royal Children's Hospital site.

A focus on improving the business processes and efficiency of health services also extends to how assets are being used. For example, across Queensland, public hospital parking arrangements are failing to provide efficient and equitable hospital access for patients, visitors and staff. A statewide assessment of hospital car parking arrangements is underway.

Consultation with HHSs will determine local needs and the best ways to improve current business models and access to facilities.

The government will improve and upgrade previously neglected health facilities in regional and remote areas, including the Atherton, Sarina, Emerald and Thursday Island hospitals, and attend to the degraded foundations of block C at Mount Isa Hospital. An extra 84 beds will be delivered at Ipswich Hospital. At Cairns, additional funding of \$15 million over four years will enable the recruitment of specialists to revitalise frontline services.



Artist impression of the Sunshine Coast University Hospital

Section four: Investing, innovating and planning for the future

Ending ambulance bypass: new plan to improve emergency department performance in major Queensland Hospitals

When the report of the Metropolitan Emergency Department Access Initiative (MEDAI) project was tabled by the Minister for Health in Parliament on 2 August 2012, the government pledged full support for its implementation.

MEDAI was initiated to minimise 'ambulance ramping' and improve patient access to emergency departments (EDs) in Queensland metropolitan hospitals.

MEDAI involved staff from Hospital and Health Services (HHSs) and Queensland Ambulance Service (QAS) in a quest for recommendations based on mutual agreement.

The report found:

- internal hospital processes for the management of ED capacity issues were inconsistent
- ambulance diversion or bypass was an unacceptable mechanism to manage ED demand
- triage and Patient Off Stretcher Time (POST) varied
- roles and responsibilities between HHS and QAS staff were not clearly defined
- processes for inter-hospital transfers resulted in the inappropriate use of EDs
- HHS/QAS integration in ED planning was inadequate.

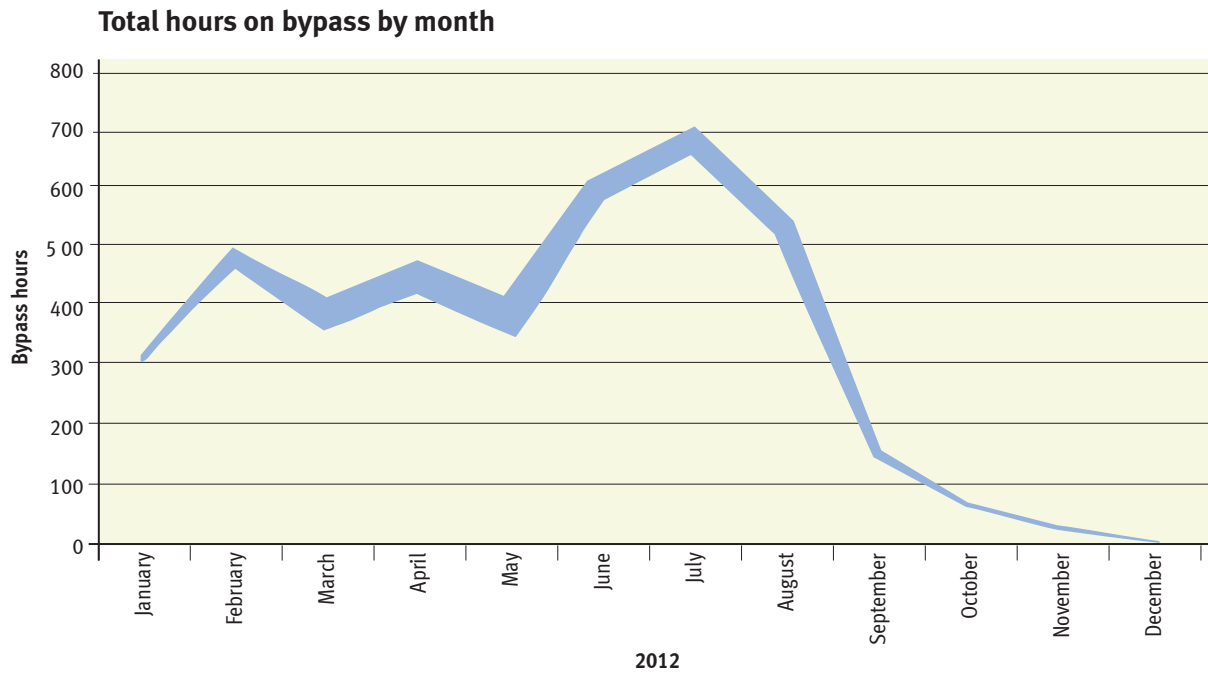
MEDAI listed 15 recommendations to correct deficiencies and an implementation oversight committee was established.

Key corrective work by Queensland Health and QAS includes:

- Health Service Directive banning bypass as a mechanism for managing hospital demand. Service protocols have been developed including *Capacity Escalation Response Protocol*, *Patient Off Stretcher Time (POST) Protocol*, *Inter Hospital Transfers (IHT) Protocol* and *Guideline for the Implementation of the Clinical Initiatives Nurse Role in Emergency Departments*
- QAS and the department now provide local and statewide input to improve their communications interface
- Improved education clarifying roles and responsibilities between QAS and triage staff
- Information technology under development to enable real-time reporting of POST times.

The most recent POST data shows a steady improvement in performance. In six months from July 2012, the proportion of patients transferred off-stretcher within 30 minutes has improved from 75 per cent to 86.3 per cent.

Ending ambulance bypass



In line with the MEDAI report on emergency department access, the government imposed a ban on the practice of ambulance bypass. The ban was implemented first in the Metro South Hospital and Health Service in October 2012. The ban took effect statewide from 1 January 2013.



section five

Queensland's Hospital and Health Services

Hospital and Health Service	Chair
Cairns and Hinterland	Mr Robert Norman
Cape York	Ms Louise Pearce (Acting)
Central Queensland	Mr Charles Ware
Central West	Mr Edward Warren
Children's Health Queensland	Ms Susan Johnston
Darling Downs	Mr Mike Horan
Gold Coast	Mr Ian Langdon
Mackay	Mr Colin Meng
Metro North	Dr Paul Alexander AO
Metro South	Mr Terry White AO
North West	Mr Paul Woodhouse
South West	Dr Julia Leeds
Sunshine Coast	Emeritus Professor Paul Thomas AM
Torres Strait–Northern Peninsula	To be announced
Townsville	Mr John Bearne
West Moreton	Dr Mary Corbett
Wide Bay	Mr Gary Kirk

Hospital and Health Services by Queensland Health Facilities



6 How is my hospital and health service performing?

The government will hold Hospital and Health Services (HHSs) accountable for their performance.

Through a robust performance management and reporting framework, HHSs will be recognised for excellence, and poor performance will be addressed in a timely way.

Regular monitoring and assessment of performance against clearly identified targets will mean that local communities will be able to hold their HHS to account.

All Hospital and Health Boards will publically report on six statewide targets on a quarterly basis from 1 July 2013.

Shorter stays in

emergency departments

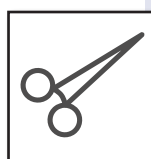
Reducing the length of time Queenslanders spend in emergency departments is shown to improve the patient journey and experience, reduce delays and increase access to services, and ensure best clinical practice. Through 2013, Queensland emergency departments are aiming for 77 per cent of patients to have departed the ED within four hours of their arrival.



Shorter waits for

elective surgery

Elective surgery patients are categorised according to the urgency of their treatment. It is clinically recommended that Category 3 patients are treated within 12 months to optimise their clinical outcome. Through 2013, Queensland public hospitals are aiming for 94 per cent of Category 3 patients to have their surgery within 12 months from being wait-listed.



Shorter waits for

specialist outpatient clinics

Patients referred to a specialist clinic in a public hospital are categorised according to the urgency of their need.



It is clinically recommended that Category 3 patients are seen by a specialist within 12 months. Queensland public hospitals are aiming for 90 per cent of Category 3 patients to be seen within 12 months from the time they were referred.

2012 quarter performance

Hospital and Health Service	Jul-Sep	Oct-Dec
Cairns and Hinterland	58%	70%
Central Queensland	76%	78%
Children's Health Queensland	85%	88%
Darling Downs	64%	73%
Gold Coast	58%	68%
Mackay	74%	79%
Mater Health Services	70%	74%
Metro North	54%	63%
Metro South	58%	67%
North West	86%	87%
Sunshine Coast	66%	73%
Townsville	64%	71%
West Moreton	61%	82%
Wide Bay	78%	79%
All HHSs	64%	72%

Percentage of emergency department patients whose length of stay in ED was within four hours.

2012 quarter performance

Hospital and Health Service	Jul-Sep	Oct-Dec
Cairns and Hinterland	71%	84%
Central Queensland	100%	100%
Children's Health Queensland	100%	100%
Darling Downs	74%	82%
Gold Coast	98%	94%
Mackay	98%	88%
Mater Health Services	99%	99%
Metro North	86%	75%
Metro South	87%	85%
North West	100%	100%
Sunshine Coast	94%	93%
Townsville	60%	65%
West Moreton	68%	61%
Wide Bay	82%	81%
All HHSs	89%	88%

Percentage of Category 3 elective surgery patients treated whose waiting time was within 12 months.

2012 quarter performance

Hospital and Health Service	Jul-Sep	Oct-Dec
Cairns and Hinterland	70%	67%
Central Queensland	61%	75%
Children's Health Queensland	58%	67%
Darling Downs	45%	48%
Gold Coast	57%	55%
Mackay	54%	59%
Metro North	55%	45%
Metro South*	44%	45%
North West	58%	53%
Sunshine Coast	55%	54%
Townsville	50%	46%
West Moreton	62%	67%
Wide Bay	52%	49%
All HHSs	52%	53%

Percentage of Category 3 specialist outpatients waiting for their first appointment whose waiting time was within 12 months.

*Excludes Princess Alexandra Hospital

These six targets, along with those identified at a national level, will form a key part of the service agreement between Queensland Health and each HHS.

Not all hospitals are required to report on data so

some HHSs may not be included in the data sets. In addition, some of the data sets are not applicable to certain HHSs, for example there are no babies born at Children’s Health Queensland.

Increased support for families with newborns

More parents of newborns are supported by a home visiting program in the first month following birth.



All families will be able to access two home visits and four community clinic consultations with an experienced maternal and child health professional during their baby’s first year of life.

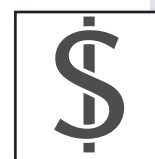
Fewer hospital acquired infections

We are working hard to reduce all hospital acquired infection rates in public hospitals. Infection rates are routinely collected in reporting hospitals as part of infection control surveillance in Queensland. Where there are multiple reporting hospitals within a service the results have been combined, and individual hospital rates can be found on the MyHospitals website.



Better value for money

We are working to create better value for money in healthcare. A standard national measurement provides a way of comparing each HHS’ average cost for admitted patient services. The table below lists the average cost for admitted patient services in the cost column. These figures have then been compared to the national average of \$4141, which will be the target for each HHS. It also shows the percentage difference between the national average and each HHS’ average costs.



Hospital and Health Service	July 2011 – June 2012
Cairns and Hinterland	2328
Central Queensland	1066
Central West	76
Darling Downs	1547
Gold Coast	3405
Mackay	1559
Metro North	6004
Metro South	10 877
North West	283
Sunshine Coast	1065
South West	131
Townsville	4505
West Moreton	2283
Wide Bay	2336
All HHSs	37 182

Number of in-home visits by an experienced maternal and child health professional.

2012 quarter performance

Hospital and Health Service	Jan–Mar SAB Rate	Apr–June SAB Rate
Cairns and Hinterland	0.82	0.27
Central Queensland	0	0.41
Children’s Health Queensland	1.68	1.57
Darling Downs	0.43	1.21
Gold Coast	0.67	0.57
Mackay	1.21	0
Mater Health Services	0	0
Metro North	0.96	1.1
Metro South	1.12	1.75
North West	0	0
Sunshine Coast	0.26	0.74
Townsville	1.43	1.03
West Moreton	0.37	0.38
Wide Bay	0.83	1.89

Healthcare associated Staphylococcus aureus (including MRSA) infections/10 000 acute public hospital patient days.

Hospital and Health Service	\$ cost	Percentage difference
Cairns and Hinterland	4,025	-2.8
Central Queensland	4,560	10.1
Children’s Health Queensland	4,650	12.3
Darling Downs	4,600	11.1
Gold Coast	4,633	11.9
Mackay	5,147	24.3
Metro North	4,887	18.0
Metro South	4,644	12.1
North West	5,129	23.9
Sunshine Coast	4,396	6.2
Townsville	4,251	2.7
West Moreton	4,175	0.8
Wide Bay	4,517	9.1
State average	4,614	11.4

Based on national weighted activity units (NWAUs)—a measure of health service activity expressed as a common unit. It provides a way of comparing and valuing hospital services. Figures are derived from unpublished estimates by the Independent Hospital Pricing Authority (IHPA) and relate to acute admitted patients only. Expenditure data derived by IHPA from several sources, including National Hospital Cost Data Collection (NHCCD) and National Public Hospital Establishments Database (NPHEd).

Blueprint for better healthcare in Queensland

Glossary of terms

AM	Member of the Order of Australia
AO	Officer of the Order of Australia
BPA	Biopharmaceutical Australia
CMC	Crime and Misconduct Commission
ED	Emergency department
GP	General practitioner
HHS	Hospital and Health Service
ICT	Information and communications technology
IHPA	Independent Hospital Pricing Authority
IHT	Inter hospital transfers
MEDAI	Metropolitan Emergency Department Access Initiative
MRSA	Methicillin Resistant Staphylococcus aureus
NEAT	National emergency access target
NEST	National elective surgery target
NHCDC	National Hospital Cost Data Collection
NPHEd	National Public Hospital Establishments Database
NWAUs	National weighted activity units
POST	Patient off stretcher time
QAS	Queensland Ambulance Service
QC	Queen's Council
QIMR	Queensland Institute of Medical Research
TRI	Translational Research Institute
TS–NP HHS	Torres Strait–Northern Peninsula Hospital and Health Service