

2011-2012 Target Delivery Plan

Part 1: Outline of the target

Target: Queensland will have the shortest public hospital waiting times in Australia

Definition of target

- Patients are seen within clinically recommended timeframes for elective surgery and emergency departments.

Measurement

- Median waiting times and percentage of patients seen within clinically recommended times for elective surgery and emergency treatment.

Baseline

Source: The State of our Public Hospitals Report, Australian Government, Department of Health and Ageing (Baseline: current performance measure available when Toward Q2 was released 8 September 2008).

- Elective surgery (2006–07)
 - Median waiting time: 25 days
 - 85 per cent of patients seen within clinically recommended timeframes.
- Emergency department
 - Median waiting time: 29 minutes
 - 61 per cent of patients seen within clinically recommended timeframes.

Reporting

- Australian public hospital statistics are released annually through the Australian Hospital Statistics and State of our Public Hospitals reports. Queensland Health releases comprehensive information on elective surgery and emergency department performance, available on the Queensland Health website.

Complementary indicators

- The additional performance information is available on the Queensland Health website.

Lead agency

Queensland Health

Contributing agencies

Department of Communities (DoC)
Department of Community Safety (DCS)

About the target

The Toward Q2 target is that Queensland will have the shortest public hospital waiting times in Australia by 2020. While elective surgery and emergency department waiting times do not capture all factors relating to quality and efficient delivery of hospital services, they are a useful indicator of how public hospitals are performing and responding to demand.

Meeting the increased demand and changing health needs of the population requires innovation in the way we deliver services. To achieve the target over the next 10 years we need to manage the demand for services, expand health services and provide care in the most appropriate settings.

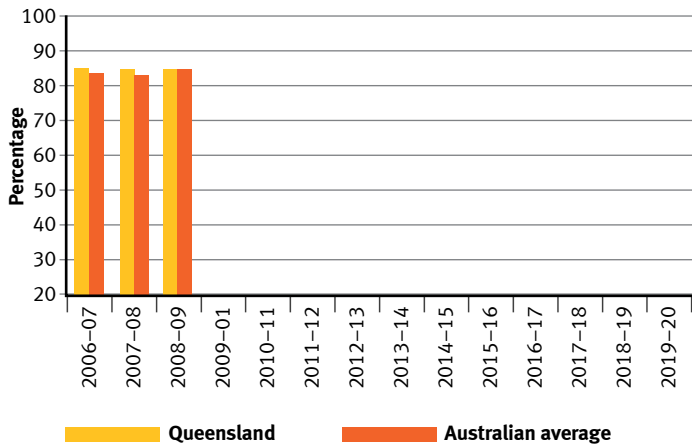
Progress

Queensland Health is on track to meet both Toward Q2 targets for elective surgery and emergency department waiting times by 2020.

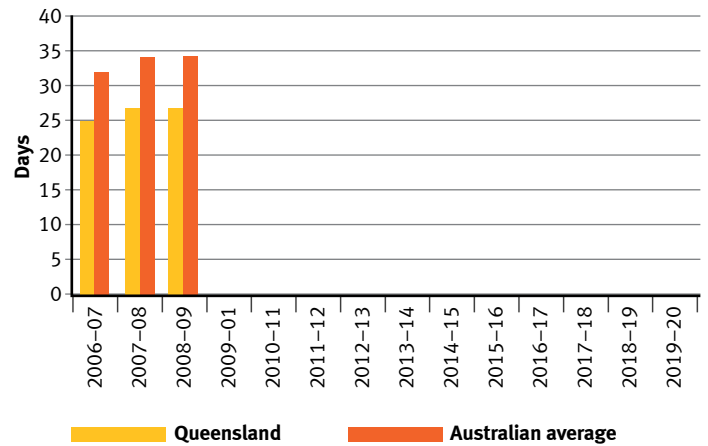
Elective surgery

Over the past three years, Queensland has maintained its performance as having the best median waiting times for elective surgery in the country. Queensland has maintained its performance for patients receiving treatment within the clinically recommended timeframes, and is continuing to focus on longest waiting patients to ensure they receive their treatment as soon as possible.

Patients seen within clinically recommended times—elective surgery



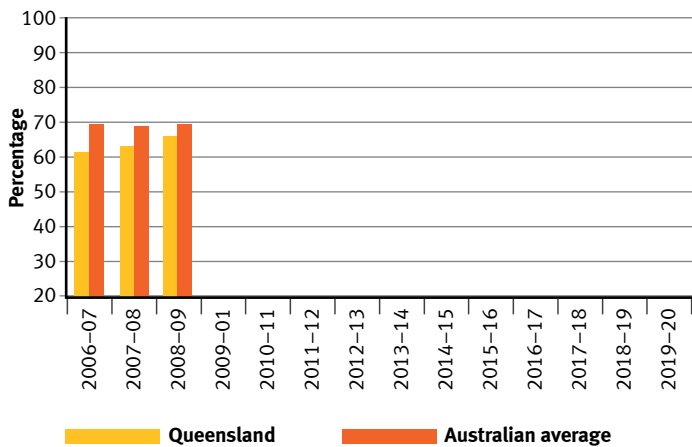
Median waiting times—elective surgery



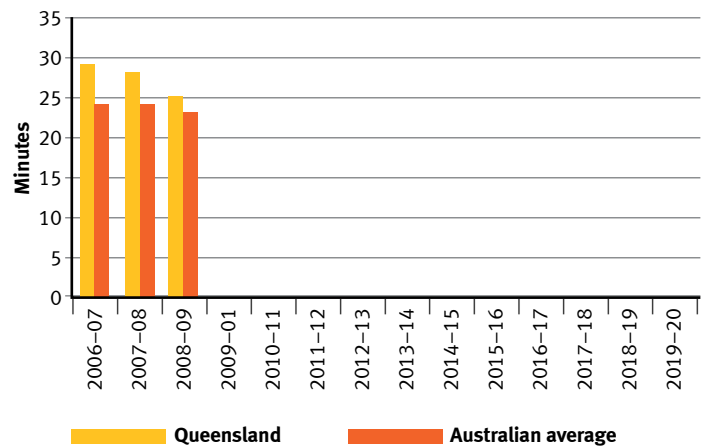
Emergency department

Queensland has made significant improvements in terms of emergency department waiting times, improving from sixth place in 2006-07 to third in 2007-08 and 2008-09, for median waiting times and patients treated within clinically recommended times.

Patients seen within clinically recommended times—emergency departments



Median waiting times—emergency departments



National Health Reforms

Under the current National Partnership Agreement on Improving Public Hospital Services, the Queensland Government is responsible for providing health and emergency services through the public hospital system on the basis of equitable access to services, free-of-charge, and within a clinically appropriate period.

This agreement will see the Australian Government take the lead on reform of primary care, and greater policy and funding responsibility for aged care. The Commonwealth will also take more funding responsibility for health and hospital services through funding: 50 per cent of the efficient growth in public hospital services by July 2017.

The new National Partnership Agreement on Improving Public Hospital Services and associated implementation plans will enable Queensland to use its share of funding announced in the 2010-2011 Federal Budget to implement initiatives to:

- improve emergency department capacity (infrastructure, staffing, etc.) to allow public hospitals to achieve, over time, the new National Emergency Access Target
- expand elective surgery capacity to enable public hospitals to achieve over time the new National Elective Surgery Target
- increase access to sub-acute care services so more Queenslanders can receive appropriate rehabilitation services and reduce their need to remain in acute hospital beds.

These initiatives will significantly improve the capacity of Queensland's public hospital system to provide the shortest public hospital waiting times in Australia. This can be achieved by reducing the proportion of people using the hospital system as the default health care option, reducing avoidable hospital admissions and reducing length of stay, and as a result, improving patient flow.

Delivering more services sooner

Our continuing commitment to initiatives such as expanding emergency departments, increasing the number of beds and using available capacity in both public and private sectors through Surgery Connect will improve access to public hospital services. Further details on these initiatives and other strategies are outlined in the Annual Action Plan attached. A number of programs are contributing to shorter waiting times and delivering more services sooner.

Patient Flow Strategy

In response to the Auditor General's report to Parliament in July 2009 on patient flow through Queensland hospitals (Report No. 5 for 2009), Queensland Health launched its Patient Flow Strategy on 12 March 2010. This strategy is improving patient access and flow across the continuum of care provided in public hospitals. An initiative of the Patient Flow Strategy is the patient flow website that provides information to staff on system redesign processes and methodologies; effective service delivery models across the acute, ambulatory and sub acute settings; and access to a range of performance measurement tools and data for Districts.

A follow-up audit by the Queensland Audit Office (tabled in Parliament on 16 November 2010) assessed the progress made by Queensland Health in implementing recommendations made in the initial report to Parliament.

Key findings identified that 'what was observed can be described as a groundswell movement in the acceptance and take-up of better practice patient flow initiatives'. Further, the Queensland Audit Office identified 'this comprehensive response to the original recommendations of the audit is a very positive achievement by the department, which will have significant benefits to the community'.

Elective Surgery Strategy

Queensland Health, in striving to achieve Toward Q2 and National Partnership Agreement elective surgery targets, has developed a comprehensive strategy to improve access to elective surgery. Key elements of this strategy include:

- providing additional treatment opportunities through the Surgery Connect Program
- improving the balance between elective and emergency surgery through the development of dedicated elective surgery capacity in public hospitals across the state
- improving operating theatre efficiency to enable better throughput of elective and emergency surgery cases
- improving elective surgery booking systems and processes.

Emergency department strategies

Queensland Health is implementing a number of strategies to improve access to public hospital emergency services. These strategies aim to assist Queensland meet the Toward Q2 targets as well as the National Partnership Agreement emergency access target and include:

- delivering better systems and processes to support the implementation of the national emergency access target
- building greater emergency department capacity across the state through the Queensland Health Capital Works Program
- continuing to explore and develop effective emergency department models of care to ensure timely treatment of patients including the continued rollout of nurse practitioner roles in emergency departments
- improving the interface between Queensland Ambulance Service and emergency departments.

Part 2: Annual Action Plan for 2011-2012

Action	Why	Impact
<p>Emergency department expansion</p> <ul style="list-style-type: none"> Faster Emergency Care in our Hospitals initiative—upgrading the emergency departments at Logan, QELI, Toowoomba, Caboolture, Ipswich and Redland hospitals. In addition, a dedicated paediatric emergency department to be built at The Prince Charles Hospital; and rehabilitation services will be increased at Townsville, Yeppoon and Mt Morgan. 	<ul style="list-style-type: none"> Expanding emergency department capacity will help reduce emergency department waiting times. 	<p>Assist to meet the following targets:</p> <ul style="list-style-type: none"> By 2011–2012, 75 per cent of emergency department presentations are seen within the Australian Triage Scale (ATS) clinically recommended triage times.
<p>Recruitment of specialist emergency department nurses</p> <ul style="list-style-type: none"> Recruit 30 specialist emergency department nurses (or nurse practitioners) over the next three years. 	<ul style="list-style-type: none"> Reducing emergency department waiting times—the specialist nurses will be able to begin treating patients after they are appropriately triaged on arrival. For example, for less serious cases, treatment can begin sooner, allowing doctors to focus more heavily on more complex and serious emergency cases. 	<ul style="list-style-type: none"> By June 2012, 30 nurse practitioners will be employed within the busiest emergency departments. To date an additional 23 nurse practitioners have been employed in emergency departments throughout Queensland as a result of this initiative.
<p>Increasing bed numbers</p> <ul style="list-style-type: none"> Increasing hospital capacity by increasing the number of beds. 	<ul style="list-style-type: none"> Additional beds will enhance the capacity of hospitals to deliver more elective surgeries and reduce waiting lists. Additional beds will help reduce access block by improving bed availability and admitting patients to beds in a more timely manner. 	<ul style="list-style-type: none"> More than 1,700 beds and 250 emergency department bays will be built between 2009 and 2016 through the More Beds for Hospitals (MBfH) program. In 2011 – 12 Queensland Health will build more than 350 beds.
<p>Surgery Connect</p> <ul style="list-style-type: none"> Surgery Connect uses two complementary approaches—investing in internal activity and outsourcing to the private sector—to deliver additional elective surgery. Surgery Connect targets elective surgery patients who have waited longer than clinically recommended 	<ul style="list-style-type: none"> Surgery Connect’s two complementary approaches to treating ‘long wait’ elective surgery patients have proven successful to ensure the longest waiting elective surgery patients receive their treatment. 	<ul style="list-style-type: none"> Surgery Connect will provide an additional 20,000 elective operations over 2009-2010, 2010–2011 and 2011–2012 to reduce numbers of ‘long wait’ patients on the elective surgery waiting lists. Of these operations, up to 3,300 will be for children. This will result in the reduction in the number of ‘long wait’ paediatric elective surgery patients. 2009–2010 = 6,637 procedures facilitated by Surgery Connect During the March quarter 2011 Surgery Connect facilitated the treatment of 1,013 elective surgery patients in the private sector and 554 elective surgery patients internally. The Surgery Connect program is on track to reach the additional 20,000 procedures under this election commitment by June 2012.
<p>Gold Coast Elective Surgery Centre</p> <ul style="list-style-type: none"> Queensland Health has undertaken a five-year lease for a dedicated day surgery facility at Southport to accommodate 6–10 beds. 	<ul style="list-style-type: none"> Additional capacity will facilitate increased surgical activity. 	<ul style="list-style-type: none"> The Surgery Centre is freeing up operating time for both Southport and Robina hospitals, allowing emergency surgery to be performed without the need to cancel patients from the elective surgery waiting list. This centre continues to provide surgery for an additional 4,000 to 6,000 patients a year.

Action	Why	Impact
The Townsville Hospital Day Procedure Centre	<ul style="list-style-type: none"> The new day procedure centre will include 12 beds for treating same day admissions; two purpose built procedure rooms; pre-procedure and peri-operative recovery areas; outpatient consultation rooms; reception, admissions and support areas; and patient change rooms with ensuites. 	<ul style="list-style-type: none"> New day procedure unit will help reduce waiting times by allowing a rapid turnaround on minor operations.
Cairns Base Hospital Day Procedures Centre	<ul style="list-style-type: none"> The new day treatment centre which will include 12 new same-day beds, two purpose-built procedure rooms, pre-procedure and peri-operative recovery areas, outpatient consultation rooms, new reception, admissions and support areas and patient change rooms and en-suites. 	<ul style="list-style-type: none"> New day procedure unit will help reduce waiting times by allowing a rapid turnaround on minor operations.
<p>Patient Flow Strategy</p> <ul style="list-style-type: none"> The Patient Flow strategy will continue to be used throughout Queensland. This strategy aims to identify areas where bottle-necks occur, diagnose the potential causes and implement interventions and service delivery models. 	<ul style="list-style-type: none"> One element of the Strategy is the Patient Flow Toolkit—includes detailed diagnostic tools to assist identifying areas where bottle-necks are occurring and in diagnosing the potential causes. The toolkit includes a standard set of interventions and service delivery models which aim to improve patient flow and system efficiencies in response to the identified issue. 	<ul style="list-style-type: none"> Improved patient flow will reduce waiting times, improve patient experience and promote efficiencies in the hospital system.
<p>Clinical Service Redesign Program</p> <ul style="list-style-type: none"> Clinical Service Redesign Program (CSRP) will facilitate the redesign of patient journeys across Queensland’s largest reporting hospitals. It aims to improve patients’ experiences and access to acute public health services and to achieve better performance in emergency departments and surgery. Over four years (2011–2014) the Program aims to fund up to 50 major redesign projects in the largest Queensland hospitals. 	<ul style="list-style-type: none"> Projects funded under the CSRP will look at ways to streamline the flow of patients through acute public health services to ensure patients are receiving the right care at the right time. Streamlining the underpinning systems and processes will allow doctors and nurses to spend more time on their first priority; their patients. This will improve the efficiency of inpatient care, reduce access block from the emergency department and reduce adverse events associated with emergency department overcrowding, long length of stay and ‘outliers’. Projects will use a proven redesign methodology that has been successfully applied in health departments in other Australian States to improve access to public health services. Projects will be clinician led and will proactively seek the view of patients to identify local problems and potential solutions. 	<ul style="list-style-type: none"> The CSRP will commence at least 12 major redesign projects in Queensland public hospitals during 2011–2012. The projects will deliver a combination of short term impacts and medium term improvements in emergency department wait times, reduce waiting for inpatient hospital beds (access block) and improve the patient experience in accessing acute care services. Reports on progress of the CSRP will be provided monthly indicating project status, project outcomes and planned activity.

Action	Why	Impact
<p>Spinal Cord Injury Response (SCIR)</p> <ul style="list-style-type: none"> The Spinal Cord Injuries Response is a coordinated whole-of-government approach to support people with newly acquired spinal cord injuries transition back to community living in a timely manner, reducing the burden on the health care system and enhancing quality of life. 	<ul style="list-style-type: none"> Ensure people who have been recently injured have timely access to rehabilitation and improve the flow through the Spinal Injuries Unit. Provides a coordinated response for essential equipment, housing, home modifications and disability support which addresses the challenges faced by specialist non-government service providers in resourcing the needs of individuals upon discharge from hospital. Ensuring people with recently acquired spinal cord injuries resume a lifestyle amongst family and friends with ongoing community based disability support. 	<ul style="list-style-type: none"> The SCIR program will provide personal care support for up to 17 people with a spinal cord injury. Approximately 26 people will be assisted through prioritised access to accessible social housing, and 30 supported through modifications to their private homes. A further 105 people will be supported through Queensland Health's Medical Assistance Subsidy Scheme. Data is collected by the Disability and Community Care Services and reported quarterly and annually.
<p>Younger people in Residential Aged Care (YPIRAC) initiative</p> <ul style="list-style-type: none"> Younger people assisted to move out (or diverted from) residential aged care. 	<ul style="list-style-type: none"> The Younger People in Residential Aged Care initiative frees up beds by supporting younger people to move out or be diverted from residential aged care. 	<ul style="list-style-type: none"> This initiative will assist younger people with a disability in residential aged care to move to more appropriate accommodation, divert younger people who are at risk of admission to residential aged care, and provide disability support for younger people who remain in residential aged care.
<p>Queensland Ambulance Service (QAS) support for improving patient flow in hospitals</p> <ul style="list-style-type: none"> QAS Hospital Liaison Officers work with hospital staff at selected emergency departments (EDs) to release ambulance crews with the prompt triaging of all patients and where possible off loading lower acuity patients to emergency department waiting areas. QAS Hospital Liaison Officers are in place at the Royal Brisbane and Women's, Logan, Princess Alexandra, Gold Coast, Nambour, Caboolture, Redcliffe, Ipswich and Cairns emergency departments. Emergency Capacity for Hospitals Overview (ECHO) system which provides live Emergency Department data to all QAS Communications centres to allow for better coordination of patients and workload. Improved information sharing from QAS to Queensland Health emergency departments through the implementation of an Ambulance Arrivals Board. Secondary Triage and Referral (STAR) provides enhanced clinical input through secondary triage and referral service for Triple Zero callers who are identified as low acuity and may not require an emergency ambulance response, but who may still require assistance with a health related matter. 	<ul style="list-style-type: none"> Managing demand for services through effective support by the QAS for Queensland Health patient flow strategies. 	<ul style="list-style-type: none"> Provision of off-stretcher performance times by QAS to Queensland Health for ongoing performance management and quarterly reporting via the Queensland Health website. Apart from enhancing the safety of low acuity patients, the STAR system also reduces the number of ambulance transports. All TDP initiatives are monitored quarterly through the departments performance management system Queensland Health has introduced a broad range of initiatives aimed at addressing the effects of emergency department demand increases to provide better patient experiences and more timely access to care. This range of initiatives, including employment of QAS Hospital Liaison Officers at nine of the busiest emergency departments, aim to improve patient access to hospital services, specifically addressing ambulance ramping and bypass. Individual initiatives are not linked to a performance measure. It is anticipated that the range of initiatives will positively impact on Patient Off Stretcher Time Performance Measure.