2.0 NON-FINANCIAL PERFORMANCE

2.1 Government objectives for the community

With the change of government in February 2015, Metro North Hospital and Health Service has focussed its efforts on implementing the government's objectives for the community:

- Delivering quality frontline services
- Building safe, caring and connected communities
- Protecting the environment
- Creating jobs and a diverse economy.

2.2 Other whole-of-government plans/specific initiatives

Metro North Hospital and Health Service objectives and strategic priorities are guided by the National Health Reform Agreement. Strategic priorities also align with the Queensland Government's key health priorities which are:

- strengthening our public health system
- providing responsive and integrated government services
- supporting disadvantaged Queenslanders
- ensuring safe, productive and fair workplaces
- achieving better health education and training outcomes.

2.3 Agency objectives and strategic priorities (MNHHS)

MNHHS developed its Health Service Strategy 2015-2020 to address challenges it shares with other health services including the increasing demand for services, changing care needs, pressure on existing infrastructure and the need to maintain a skilled and committed workforce.

The Health Service Strategy has a five year outlook and supports MNHHS to invest in responsive and integrated services for identified priority areas to strengthen the delivery of public healthcare. Models of care will support equity of access and outcomes for all patients, particularly those who are disadvantaged.

Priority areas identified in the Strategy are:

- Increasing capacity for our services to support population growth
- Supporting mental health needs of our communities
- Supporting rehabilitation needs of our communities
- Other service priorities including:
 - o Children's health services
 - o Stroke services
 - o State-wide and regional services
- Work in partnership to better connect care across the system.

The Strategy was developed in extensive consultation with clinicians and community partners. Implementation commenced in December 2014.



WARD 4EAST OPENS

Metro North Hospital and Health Service has invested \$5 million in the refurbishment of a medical ward at Redcliffe Hospital.

Ward 4East comprises of 26 beds and features single rooms as well as four-bed rooms, which includes ensuites.

Delirium and Falls Unit (DAFU) patients were the first to occupy the refurbished ward. The DAFU area has been designed to allow all patients to be monitored at all times by nursing and medical staff.

The \$5 million funding to give the ward its make-over is part of the \$320 million Queensland Government Backlog Maintenance Remediation Program.



At the launch of the Tracheostomy Management Team (TMT), Metro North Hospital and Health Service Board member Associate Professor Cliff Pollard joined patient Ted Martin (right), his wife Dianne Martin (second from left) and TMT clinical nurse coordinator Karyn Heineger to cut a celebratory cake.

GROWING INNOVATIVE CARE SOLUTIONS

Improved healthcare outcomes for patients are being provided through Metro North Hospital and Health Service's (MNHHS) innovative Support Explore, Excel and Deliver (SEED) projects.

In 2014-15, the MNHHS Board invested \$1 million to fund 15 SEED projects. One of these initiatives was the Tracheostomy Management Team (TMT) at the Royal Brisbane and Women's Hospital, which comprises a multidisciplinary team drawn from medical, nursing, speech pathology and physiotherapy.

The TMT engaged with consumers early in the project, interviewing patients to gain feedback on their care and experience with having a tracheostomy. This information has contributed to quality improvement initiatives.

Dianne Martin's husband Ted was admitted to RBWH's Intensive Care Unit in March after an accident and underwent a tracheostomy.

Speaking at the TMT's launch, Mrs Martin praised the team's staff for their open and transparent communication.

"Members of the trache team introduced themselves and described their roles and purpose and explained what they were doing and why and continued to do that throughout our hospital journey," she said.

"Their responses were always in plain English."

"They were fantastic, professional and compassionate. It truly was patient-centred care."

Challenges and Opportunities

As Metro North continues to deliver excellent patient-centred care, it is facing a number of strategic risks and opportunities:

- Responding to demand for healthcare services from an ageing and growing population as well continuing to provide care for Queenslanders outside the catchment as a provider of specialised tertiary services.
- Collaborating with our healthcare partners to better connect care for our patients. We are part of a broader health care system and to make a difference we must work closely with our community and healthcare partners so that together we can provide high quality, integrated patient care.
- Ensuring communities, consumers and clinicians are central to health service planning, design, delivery and evaluation particularly in tackling chronic disease.
- Driving improvements to quality, safety and efficiency through clinical streams in partnership with hospital networks.
- Working with the Commonwealth to ensure Metro North is well placed to respond and benefit from the introduction of the National Disability Insurance Scheme (NDIS) in 2016, the introduction of Primary Health Networks (PHNs) in 2015 and changes in Commonwealth and State funding models.
- Aligning resources to meet current service needs and areas of future growth.
- Attracting and developing an increasingly specialised and multi-disciplinary workforce providing care across a range of settings.
- Introducing innovative solutions and new technologies and treatments while managing rising costs of healthcare.



Members of The Prince Charles Hospital Endoscopy Project team were winners at the 2014 Queensland Health Awards.

EXCELLENCE IN INNOVATION AND PERFORMANCE

Metro North Hospital and Health Service's excellent standard of world class, leading-edge clinical services was recognised at the 2014 Queensland Health Awards.

The Fostering Innovation category was awarded to the Department of Anaesthesia, Royal Brisbane Women's Hospital for The Green Room – a dedicated, in-theatre, ultrasound guided procedure room created to improve clinical outcomes such as better pain management, in addition to a focus on efficiency, patient experience, quality assurance and medical education. This is a grass roots initiative developed by clinicians locally, who identified an area for improvement and engineered a practical solution.

The Excellence in Performance category was awarded to The Prince Charles Hospital Endoscopy Project and Endoscopy Nurses Collaborative.

The project delivered significant increases in endoscopic activity in three years, with procedures rising from 4,000 to 7,000 in 2014.

The increased activity improved the quality of standard polyp and adenoma detection rates, which are estimated to be highest in the state and comparable with world-class US departments.

Metro North Hospital and Health Service was also recognised with a Highly Commended accolade for The Elective Surgery Patient Long-Wait Reduction Strategy.

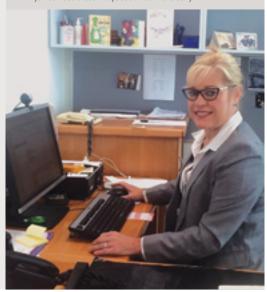
TAKING NURSING PROFESSIONALISM TO THE NEXT LEVEL

Adjunct Associate Professor Alanna Geary, Dr Raymond Chan and Professor Patsy Yates from Royal Brisbane and Women's Hospital won the Excellence in Leadership award at the annual Premier's Awards.

The award was in recognition for taking nursing professionalism to the next level: the Cancer Nursing Professorial Precinct Initiative. The team was celebrated for building a world-class academic comprehensive cancer centre, the Cancer Nursing Professorial Precinct aims to create capacity for embedding research into clinical practice by bringing the brightest minds together. This strategic collaboration between cancer nurses at the Royal Brisbane and Women's Hospital, Metro North Hospital and Health Service, and the academics at Queensland University of Technology fosters innovation in a highly complex and challenging area of healthcare.

Metro North Surgery and Perioperative Services received the Highly Commended award for Customer Focus.

Adjunct Associate Professor Alanna Geary.



2.4 Agency service areas, service standards and other measures

MNHHS is responsible for the direct management of the facilities within its geographical boundaries including Royal Brisbane and Women's Hospital, The Prince Charles Hospital, Redcliffe Hospital, Caboolture Hospital, Kilcoy Hospital and Brighton Health Campus and Services.

MNHHS has grown its knowledge base in respect of the capacity and condition of its built infrastructure in 14/15. MNHHS has commissioned and conducted further analysis of the condition of its infrastructure, the relative utilisation of its facilities, current and future costs of continuing to operate from current locations.

As a result MNHHS has prioritised its investment and continues to successfully identify and address backlog maintenance issues. It has received a further performance incentive payment from the Department during the year and remains on track to complete the four year Backlog Maintenance Remediation Program by 2017.

During 2014–15, the key initiatives the MNHHS focussed on included:

- improving outpatient access by reducing long wait patients
- continued improvement in reducing emergency room waiting times in accordance with the NEAT
- continuing to build on 2013–14 successes in reducing long wait patients on the elective surgery waiting lists
- investing in and enhancing the MNHHS information, communications and technology infrastructure and services
- integrated Electronic Medical Record implementation
- repairing and improving plant, building and equipment through the Backlog Maintenance Remediation Program
- expansion of the Redcliffe and Caboolture Paediatric Services.

Looking forward MNHHS has, in consultation with clinicians and key stakeholders, also undertaken a comprehensive master planning exercise. This exercise which has been conducted at The Prince Charles, Caboolture, Redcliffe and The Royal Brisbane and Women's hospitals identifies opportunities for current and potential growth on site to meet the demands of a growing and ageing population and to respond to clinical priorities identified in the MNHHS Strategic Plan 2015–2019.

NEW HOSPITAL FACILITY IMPROVES CARE FOR CANCER PATIENTS

A new state-of-the-art healthcare facility at The Prince Charles Hospital (TPCH) will mean improved care for patients living with cancer.

Opened in June, the new facility is a modern, purpose-built centre providing care to patients with a range of conditions including lung and bowel cancer.

The facility is a 'one-stop-shop' that provides patients access to all necessary oncology services in one single location, including day oncology, radiation oncology and haematology clinics.

The growth of patients cared for by TPCH's Cancer Care Service has increased significantly in the last decade. Since 2005, the number of patients with cancer cared for by TPCH has approximately doubled.

TPCH's Cancer Care Service provides oncology treatment and support to clients from within the Metro North Hospital and Health Service catchment.

Specialising in lung cancer treatments, the service provides lung cancer care and access to clinical trials to patients from other Hospital and Health Services.

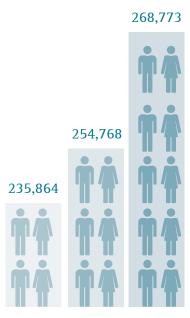
It also runs an internationally renowned cancer research centre specialising in thoracic malignancies.



2.5 Non-financial performance: An overview

The following is an overview on MNHHS's non-financial performance, with a comparison of target to actual for the financial year.

EMERGENCY



2012-13 2013-14 2014-15

INCREASE IN PRESENTATIONS

	Notes	2013–14 Actual	2014–15 Target	2014–15 Actual
Service standards**				
Percentage of patients attending emergency departments seen within recommended timeframes:				
- Category 1 (within 2 minutes)		100%	100%	99%
- Category 2 (within 10 minutes)		74%	80%	73%
- Category 3 (within 30 minutes)		64%	75%	61%
- Category 4 (within 60 minutes)		74%	70%	75%
- Category 5 (within 120 minutes)		92%	70%	92%
Percentage of emergency department attendances who depart within four hours of their arrival in the department		74%	86%*	73%
Patients treated within four hours of their arrival in the department		183,951	_	194,240
Median wait time for treatment in emergency departments (minutes)		18	20	19

^{*} Target changed during 2015. ** Excludes manually collected Kilcoy data.

ELECTIVE SURGERY

LESS THAN

1% LONG WAITS

AT 30 JUNE 2015

WITH AVERAGE OVERDUE

DAYS REDUCED TO

CAT 2: 31 DAYS

CAT 3: 12 DAYS

Percentage of elective surgery patients treated within clinically recommended times:

– Category 1 (30 days)	94%	> 98%	95%
– Category 2 (90 days)	81%	>95%	93%
– Category 3 (365 days)	87%	>95%	97%

OUTPATIENTS



Percentage of specialist outpatients waiting within clinically recommended timeframes:

- Category 1 (within 30 days)	57%	49%	58%*
- Category 2 (within 90 days)	37%	37%	44%*
- Category 3 (within 365 days)	65%	90%	68%*

^{*} Now includes all outpatient wait lists for all MNHHS facilities

ACTIVITY AND EFFICIENCY





AVERAGE COST PER WEIGHTED ACTIVITY UNIT FOR ACTIVITY BASED FUNDING FACILITIES

\$4,509



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

	Notes	2013–14 Actual	2014–15 Target	2014–15 Actual
Total weighted activity units:	1	7101001	iaiget	7,000
– Acute Inpatients		190,222	191,713	196,067
– Outpatients		49,521	51,977	49,549
– Subacute		18,911	18,584	19,263
– Emergency Department		35,831	36,311	37,953
– Mental Health		29,112	28,252	30,202
– Interventions and Procedures		24,986	25,979	25,238
Average cost per weighted activity unit for Activity Based Funding facilities	2	\$4,379	\$4,357	\$4,509
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days	3	1.48	Less than or equal to 2/10,000	1.19
Number of in-home visits, families with newborns		10,171	16,181	14,573
Rate of community follow-up within 1–7 days following discharge from an acute mental health inpatient unit		62%	>60%	61%
Proportion of re-admissions to an acute mental health inpatient unit within 28 days of discharge		15.0%	⟨12%	13.0%
Ambulatory mental health service contact duration		143,550	161,211	165,973

- 1. For comparative purposes, all WAU is reported under the current funding model (phase 17).
- Average cost per WAU (comparative) recast for phase 17 and revised metric applied for consistent reporting.
- 3. Staphylococcus aureus are bacteria commonly found on around 30% of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including MRSA) and are reported as a rate of infection per 10,000 patient days aggregated to HHS level.