



2021-2022

Quality of Care Report



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Wide Bay Hospital and Health Service Quality of Care Report 2021-2022

Version control

This version was formally approved by the Wide Bay Hospital and Health Board and Safety and Quality Committee on March 2023.

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Wide Bay Hospital and Health Service respectfully acknowledges the Traditional Custodians of the land and water on which we work and live. We pay our respects to Elders and leaders past, present and emerging.

Introduction

What is the Quality of Care Report?

The Quality of Care Report is an annual document reporting on the quality of services delivered by Wide Bay Hospital and Health Service (WBHHS). The report's aim is to increase public awareness of health service performance, as well as to enhance accountability and drive quality improvement. The Quality of Care Report demonstrates our commitment to providing the best possible outcomes for the patients and communities we serve.

What does the Quality of Care Report tell you?

This report summarises how WBHHS is performing against state and health service targets. The report describes:

- WBHHS performance against key measures
- Why monitoring the measure is important to improving patient outcomes
- Our goals for the future to ensure continued improvements
- How we are using these measures to make a difference for our community and our health service.






For each measure, our performance is illustrated both by data and a colour-coded comparison to state benchmarks as follows:

Met or exceeded benchmark

Almost met benchmark

Did not meet benchmark

The report has also been designed to demonstrate our performance against the strategic directions laid out in WBHHS Strategic Plan 2018-2022, *Care Comes First... Through Patients' Eyes*.

Care Comes First... Through Patients' Eyes	<ul style="list-style-type: none"> • Our strategic directions • How we are ensuring quality care is being delivered every day, through external accreditation processes.
 Enhance holistic health care	<ul style="list-style-type: none"> • Our partnerships with consumers and community • Management of complaints and compliments • Measuring our patient experience • Promoting healthier communities through proactive care delivery models • Ensuring continuous care after discharge
 Deliver more care locally	<ul style="list-style-type: none"> • Highlighting the new services provided for our region • Wait time performance for our emergency, surgical and outpatient departments • Utilisation of telehealth
 Plan today for future infrastructure	<ul style="list-style-type: none"> • Highlighting the new builds and infrastructure planning for our region
 Develop and support our staff	<ul style="list-style-type: none"> • WBHHS employment data • Highlights of organisational development activities • Performance data for clinical incident management, hospital acquired complications, and clinical effectiveness
 Excellence through innovation	<ul style="list-style-type: none"> • Newly established partnerships to improve health outcomes • Research, training and innovative activities



Throughout the report, you will also see icons which indicate the National Safety and Quality Health Service Standard for which the indicators apply.

Why are we producing a Quality of Care Report?

There is no statutory duty, nor requirement from the State Government in Queensland, to produce a Quality of Care Report. WBHHS has committed to voluntary disclosure of its performance on quality indicators. The 2018–2022 WBHHS Strategic Plan, *Care Comes First...Through Patients' Eyes*, demonstrates our commitment to putting the patient at the heart of everything we do. By transparently communicating our quality performance, we allow the community to reflect on and analyse the care we are providing. We are proud to have voluntarily produced a report of this detail since 2014-15.

In December 2019, the *Health Transparency Act 2019* was passed by the Queensland Government. The purpose of this Act is to improve the transparency of the quality and safety of health services and to help consumers make better informed decisions about their health care. The WBHHS Quality of Care Report meets the legislated requirements under the Act and ensures our community is fully informed about all aspects of the quality of our health service.

The Quality of Care report supplements the WBHHS Annual report, which can be found on our website at: www.health.qld.gov.au/widebay/annual-report

Providing feedback on this report

We welcome your feedback on this year's report. Partnering with our community ensures that we provide information that is valuable to you as well as structuring the report to meet your needs.

To share your thoughts on this year's report, please email WBHHS-QUALITY@health.qld.gov.au



Statement from the Chief Executive

The 2021-2022 Wide Bay Hospital and Health Service Quality of Care Report covers a 12-month period that proved challenging in the face of continued COVID-19 pandemic. The rapidly changing nature of the pandemic response as well as the increase in service demand as a result of illness certainly impacted our service delivery. Despite this, our commitment to strong planning and the dedication and skills of our staff ensured we could continue to provide high-quality, person-centred care to our community.

In addition to the unique and unprecedented pandemic impacts, our service demand has significantly increased in line with local population growth. We serve a community that is larger, older and has complex and often compounding health care needs. We have had to be innovative and agile in our approach to delivering care to balance the needs of the community with our capacity, and once again, our staff are to be commended for their efforts in safeguarding the health of the Wide Bay region.










In the midst of these challenges, our commitment to safety and quality patient care remained an unwavering priority. The 2021-2022 Quality of Care report is a transparent account of how our health service has performed against a broad range of quality and safety measures. It displays our strengths as a health service, recognises areas where we have improved, and provides information on where more work is required to provide the best care possible.

This report not only holds our organisation accountable to our community, it helps our teams as they strive to ensure the best possible outcome for every patient we have the privilege of caring for. At the heart of this report lies our commitment to our patients and community, as they are our most important partners in health care, and we thank them for helping us to be a stronger organisation.

When reviewing this report and reflecting on the results, I am exceptionally proud of what our WBHHS teams have achieved, and the evidence of their continuing passion and dedication, particularly in light of increased challenges. I know we will continue to build upon the results in this report and strive to keep improving our services for you, our community.

Debbie Carroll
Chief Executive

Activity snapshot 2021-2022

130,178		Emergency Department (ED) presentations	↓ 2.0% (2020-2021: 132,591)
26,676		Patient admissions from ED	↓ 15% (2020-2021: 31,092)
350,653		Outpatient occasions of service (specialist and non-specialist)	↑ 1% (2020-2021: 350,451)
4,170		Elective surgeries from a waiting list, delivered	↓ 14% (2020-2021: 4,312)
284,429		Oral health treatments	↓ 7% (2020-2021: 305,031)
2,436		Endoscopies	↓ 32% (2020-2021: 3,549)
33,073		Cancer care occasions of service	↑ 8% (2020-2021: 30,682)
8,431		Telehealth occasions of service	↑ 8% (2020-2021: 7,818)
1,931		Babies born	↑ 6% (2020-2021: 1,816)

Care Comes First...Through Patients' Eyes

Our Vision

Care Comes First... Through Patients' Eyes

Our Purpose

We support people to improve their lives by delivering patient-centred, high-quality health care for Wide Bay.



The 2018-2022 WBHHS Strategic Plan, *Care Comes First... Through Patients' Eyes*, commits to a consumer-centred perspective in delivering quality health care for the Wide Bay region. Central to the strategic plan is the health service's commitment to ensuring high-quality and safe outcomes for all who access our services. The five strategic directions of the plan are summarised to the left.



Through engaging with our community and healthcare consumers, we aim to ensure enhanced holistic care is delivered as locally as possible. Through planning our future infrastructure, developing our workforce and striving for excellence through innovation, high-quality, patient-centred care will be strengthened.

Quality care, every day

All health services across Australia are required to be accredited against the National Safety and Quality Health Service Standards (the 'National Standards'). The indicators in this report are linked to the National Standards so we can demonstrate our commitment to ensuring every patient receives the best possible care. Our current accreditation status is as follows:

Benchmark	2019-20	2020-21	2021-22
Met all core standards	Met	Met	Met

WBHHS is committed to ensuring that these standards of care are embedded into everyday practice.



Taking action to improve

WBHHS has continued its commitment to the short-notice accreditation process, which we have jointly led Australia-wide. Awarding of accreditation to a health service organisation provides assurance to the community that the organisation meets expected patient safety and quality standards.

The Australian Commission on Safety and Quality in Healthcare (ACSQHC) is currently reviewing accreditation models. Queensland Health has advised that short-notice accreditation will be mandated across all Hospital and Health Services within Queensland commencing in 2023.

The short-notice accreditation process supports continuous improvement and the embedding of a safety and quality culture across the organisation. Rather than a single, scheduled review every three years, short-notice accreditation surveys ensure organisational readiness as surveyors are only required to provide 48 hours' notice prior to a review. WBHHS has undergone multiple reviews across safety and quality standards can occur within the last 12-month period. This model improves consumer and staff participation in the accreditation process and promotes a daily commitment to continually improving and providing the best possible care.

In 2021-22, WBHHS engaged with two short-notice accreditation reviews under the National Safety and Quality Health Service Standards. The reviews enabled us to work collaboratively with the accrediting agency to provide evidence of our continuous improvement of our performance.

We have maintained our accreditation status and are committed to embedding Quality Care, Every Day to ensure we are truly delivering the best possible outcomes for our community.

Governance



Partnering with Consumers



Infection Control



Medication Safety



Comprehensive Care



Communicating for Safety



Blood Management



Recognising and Responding to Acute Deterioration





Enhance holistic health care

We will put patients, carers and consumers at the centre of all we do.

Consumer and community engagement



Partnering with consumers

WBHHS recognises and values the importance of partnering with consumers and communities. These partnerships bring a broad range of perspectives to the planning, design and delivery of services which may not otherwise be considered.

2021-22 saw consumer and community engagement existing partnerships strengthened with increases in the number of participants.

Consumer partnerships

The Consumer Partnership Group (CPG), an advisory committee to the Executive, has further matured during the 2021-22 period. The CPG has continued to implement its established mission and vision statements along with its strategic action plan.

The action plan has seen the CPG undertake a more strategic focus within WBHHS working with executives and senior staff to improve the care delivered within our services. The consumer-led plan includes specific, measurable, achievable goals and actions which have been progresses throughout the year. A major element of that plan is considering the impacts for vulnerable people accessing WBHHS services.

WBHHS Consumer Advisory Groups (CAG) have continued to expand and increase with the development of more meaningful linkages including networking of consumers across the health service. A review of onboarding education for CAG members has been undertaken to standardise the delivery of onboarding requirements across the Hospital and Health Service.

Consumer input into the planning and design of the new Bundaberg Hospital has continued with consumers being included in Project User Groups.

Community partnerships

WBHHS has eleven Community Reference Groups (CRG) made up of consumers that represent the interests of our Gayndah, Mundubbera, Eidsvold, Monto, Biggenden, Mount Perry, Childers, Discovery Coast, Bundaberg, Fraser Coast and Gin Gin communities. The CRGs are chaired by a community member and membership includes a Board member and WBHHS representative, which gives an opportunity for community members to directly provide input into the planning, design and delivery of services. The CRGs met consistently across 2021-22.

Other community engagement activities have included participation in community events and initiatives such as Seniors Expos, interagency meetings, local council events and community group meetings. This has helped strengthen community partnerships throughout the Wide Bay.

Volunteer and auxiliary services

On-site Volunteer Services have continued to grow over the past 12 months. The team of volunteers provide numerous services across WBHHS which enhance the patient experience. These include volunteer positions in the Geriatric Emergency Department Intervention program, pathology, information desks, heart support, rehabilitation, supportive therapies and spiritual care.

National Volunteer Week lunches were celebrated across WBHHS in May 2022. The lunches were attended by Bundaberg Health Services Foundation, Red Cross and pastoral care volunteers, as well as auxiliary members and WBHHS staff.

WBHHS is continuing to progressively increase the number of volunteers who are active participants in NSQHS committees, which are linked to The Standards.

Patient experience

Improvements to the patient experience have been made through community partnerships. Some examples include the installation of a Share the Dignity vending Machine in Bundaberg Hospital. WBHHS is partnering with Queensland Health to Share the Dignity across all hospitals within the health service.

Would you like to be involved?

The Consumer and Community Engagement team welcome contact from people who want to contribute and connect with WBHHS.

Contact us at:

WBHHS.Consumer@health.qld.gov.au



Quality care, every day

Red benches across the region spread domestic violence awareness

Thirteen bright red benches were installed across the region as WBHHS and its community partners take a stronger stance against domestic and family violence.

The Red Bench Project is an initiative of the Red Rose Foundation, which works towards ending domestic violence related deaths in Australia.

Coinciding with Domestic and Family Violence Prevention Month, the installation of the benches are designed to act as visible and permanent reminders that domestic violence occurs in all communities.

WBHHS joined with EDON Place and the Red Rose Foundation for an official unveiling ceremony of one of the benches at Gayndah.

EDON Place Chief Executive Officer said the presence of a red bench in a public place such as the hospital grounds within the North Burnett region aims to raise awareness and provide an opportunity for this important issue to remain visible.

Complaints, compliments and feedback



Clinical Governance

WBHHS is committed to understanding the needs of our patients and consumers. Feedback from our community is important to us. It enables us to respond appropriately and to provide the best possible consumer experience. Your feedback helps us understand where we need to improve.

How do we manage your feedback?

When we receive feedback, we take the following steps to thoroughly investigate the concern.



All feedback is logged into our electronic database (Riskman).



We provide you with a formal acknowledgement that we have received your feedback within 5 days.



We assess your concerns and investigate the issues. This is undertaken by senior clinicians or leaders in the area of concern. The process is supported and coordinated by our Clinical Governance Facilitators to assist in providing a thorough and timely response.



We aim to give you a response within 35 days. Depending on the complexity of your concern, it could take a little longer. If it does take longer than 35 days, we will keep you informed as to our progress.

How can you provide a complaint, compliment or feedback?



In person to the staff member who is providing your service, or the person in charge of the area



Call the Clinical Governance Support Unit on 07 4184 1824



Complete a feedback form or letter and hand it to a staff member, or send to Clinical Governance Support Unit, PO Box 592, Hervey Bay Qld 4655



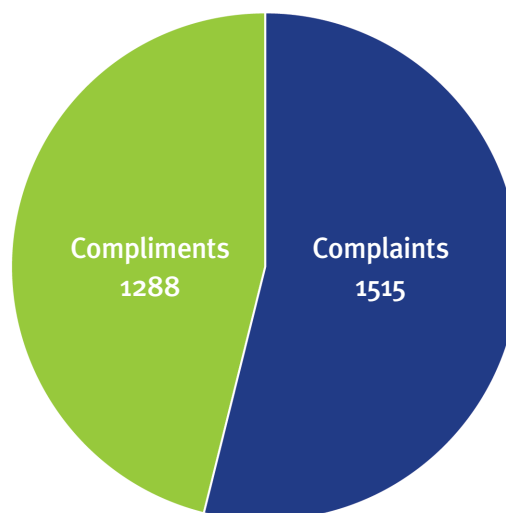
Email us at WBHHS-CGSU@health.qld.gov.au



Complete our online form at www.health.qld.gov.au/widebay/consumer_feedback

Compliments

Understanding what we are doing well is important. It helps us to understand whether we are meeting your needs and helps us to keep doing what we are doing well.



In 2021-2022, we received 1,288 compliments about the care we provided. Due to the changing nature of the community's communications and social media use, and the many different platforms now available to people to provide feedback, WBHHS is also exploring new ways of more accurately capturing consumer input to help us further enhance our services.



Complaints

Acknowledgement of complaints

Responding to our consumers ensures the organisation creates the culture of trust that enables us to work together with the community. Consumers need to be reassured that their complaint has been received and is being dealt with appropriately.

Complaints acknowledged within 5 calendar days			
WBHHS performance			QH benchmark
2019-20	2020-21	2021-22	
99.7%	99.8%	99.8%	100%

Resolution of complaints

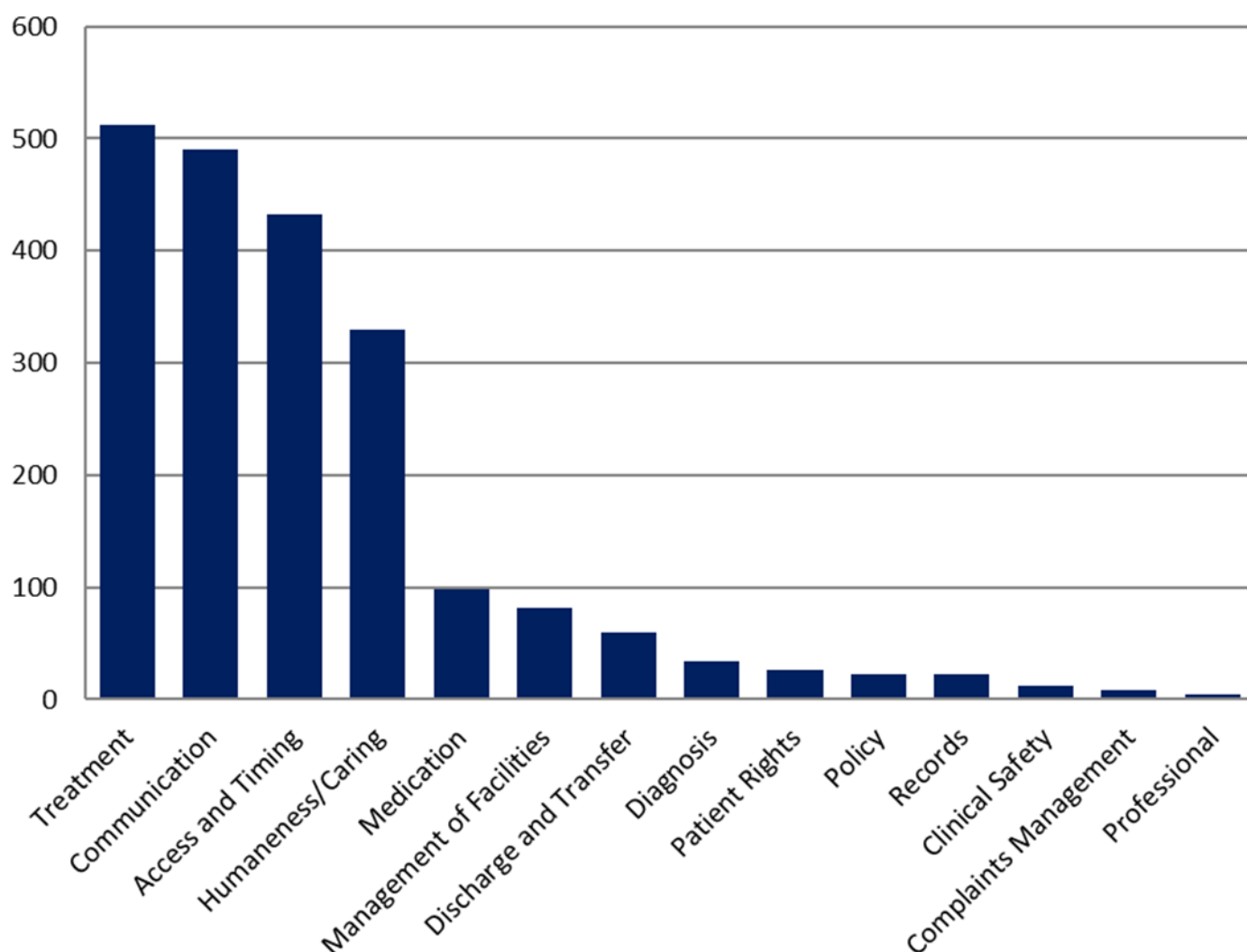
Complaints are an important source of information that we use to improve quality and safety. Timely investigation and appropriate resolution demonstrates a willingness to listen, act and work with consumers to continuously improve our services.

Complaints resolved within 35 calendar days			
WBHHS performance			QH benchmark
2019-20	2020-21	2021-22	
91%	80.1%	79.8%	80%

Our complaints

In the 2021-2022 financial year, WBHHS received a total of 1515 complaints. Of these, 99 (6.5%) were resolved at the front-line, with 1416 requiring further action to remediate or improve identified concerns.

The complaints we received are grouped into themes. This allows WBHHS to target improvement activities to meet the needs of our community.



Patient Reported Experience Measures

Patient Reported Experience Measures (PREMs) are indicators provided by consumers to the organisation and are used to better understand the experience of care from the patient’s perspective. These indicators support the organisation to adjust service delivery models to ensure continual provision of high-quality care.

WBHHS is committed to engaging with consumers and the community in a meaningful and mutually beneficial way to guide key decision-making processes for the development, implementation and improvement of health services.

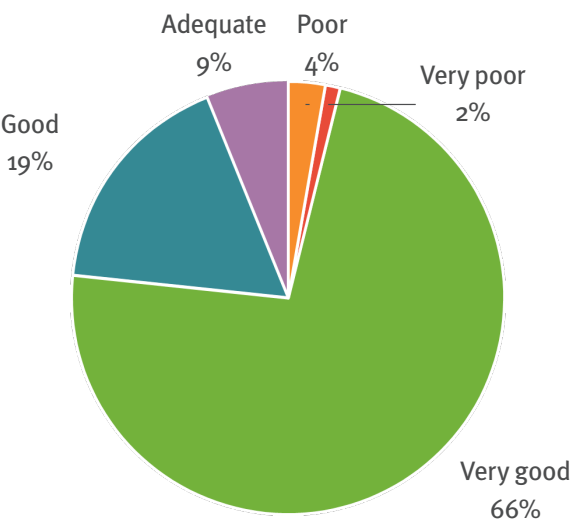
PREMs is a state-wide, online, real-time reporting system, implemented on 24 January 2021 across WBHHS facilities and service areas.

PREMs captures the patient’s perspective of their hospital stay experience, as well as their satisfaction with the health service.

All patients who have a mobile phone number documented in their medical record receive an SMS invitation to take part in the voluntary survey two days after they or their child leaves hospital.

51,000 individual surveys have been distributed to WBHHS consumers. PREMs has seen the expansion of feedback to include patients who have accessed inpatient, general surgery, outpatients, endoscopy, paediatrics, COVID-19 care, Hospital in the Home, and emergency care.

Patient Reported Experience Measures (PREMs) 2021-2022



Quality care, every day

New service gives Wide Bay aged care residents greater choice in care setting

Aged care residents are now receiving better support in the place of their choice thanks to a new WBHHS program.

The Residential Aged Care Facility (RACF) Support Service (RaSS) was launched by WBHHS in October 2021 and is a new patient-focused team made up of multi-disciplinary members including medical, nursing, allied health (pharmacy) and administration.

Under the new collaboration, the RaSS team works with RACFs to give residents the option of receiving safe clinical support in their own environment rather than visiting a hospital setting.

Acutely unwell residents living in RACFs have specific care needs that may, at times, exceed the capability of the RACF to manage independently of the hospital sector.

RaSS provides care in collaborative partnership with RACFs, general practitioners (GPs) and community service providers to improve the quality and safety of care provided across the care continuum, in a location of the patients’ choice where they feel most comfortable, when it is safe to do so.

While the primary focus of the model is empowering patients to choose their preferred care setting, it also frees up our emergency departments and hospitals, and ensures our older patients are not unnecessarily coming into an unfamiliar and often stressful environment.

Our RaSS clinicians can link residents to community-based providers or hospital-based services (in-person, or via telehealth) to fulfil the resident’s care needs in a manner consistent with their goals of care.

We also follow-up with all of our residents, whether they have remained at home or presented to hospital.

Immunisation rates



Comprehensive care

Immunisations are simple, effective and safe ways to protect individuals against serious disease. Immunisation programs help protect the community against the spread of potentially serious illness and disease, but success depends on maintaining high immunisation rates over time. Consistently, the children within Wide Bay have higher immunisation rates than the Queensland benchmark.

Immunisation rates - all children				
Fully vaccinated at...	WBHHS performance			QH benchmark
	2019-20	2020-21	2021-22	
1 year	95.6%	95.0%	94.5%	90%
2 years	92.3%	93.6%	94.2%	90%
5 years	96.3%	95.6%	94.6%	90%

Immunisation rates - First Nations				
Fully vaccinated at...	WBHHS performance			QH benchmark
	2019-20	2020-21	2021-22	
1 year	95.3%	92.1%	93.4%	90%
2 years	91.7%	96.2%	92.4%	90%
5 years	97.3%	95.1%	97.0%	90%

Immunisation rates - non First Nations				
Fully vaccinated at...	WBHHS performance			QH benchmark
	2019-20	2020-21	2021-22	
1 year	95.3%	95.6%	94.7%	90%
2 years	92.5%	93.1%	94.5%	90%
5 years	95.6%	95.7%	94.3%	90%

The rates of vaccine-preventable diseases within Wide Bay are very low. This is due to the high rates of immunisation achieved.

Mental health re-admission rates



Comprehensive care

Mental health care is focused on a recovery-based model that provides treatment in the least restrictive environment. The following measures assist Mental Health teams to monitor a person's discharge and their engagement in the community for follow-up. This includes the monitoring and management of symptoms to decrease relapse and the need for inpatient admission.

28-day Mental health re-admission rates			
WBHHS performance (WBHHS goal)			QH benchmark
2019-20	2020-21	2021-22	
9.1%	10.2%	7.93%	<12%

Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit			
WBHHS performance			QH benchmark
2019-20	2020-21	2021-22	
66.9%	66.7%	59.6%	>65%



Quality care, every day

Wide Bay leads the way

After delivering more than 186,000 cumulative doses, WBHHS COVID-19 vaccination centres in Bundaberg, Hervey Bay and Maryborough closed in June 2022.

Opening in May 2021, the clinics were a vital part of WBHHS's COVID-19 response and complemented the innovative pop up clinics that were provided to workplaces and community during the height of the pandemic.

Our local teams were among the first in the state to roll out pop up clinics, beginning with clinics for the Fraser Coast Regional Council, and expanding to locations including Bunnings, K'gari, Evolution Mining, community markets and local beaches.

Other health services across Queensland quickly adopted this flexible and responsive approach to vaccination delivery, and pop up clinics were offered at various locations, including a state-wide schools vaccination pop up clinic promotion.

Through the pop up clinics and established vaccination centres, WBHHS significantly contributed to the regions high vaccination rate, with 99% of the region receiving their first dose of the COVID-19 vaccine within 12 months of the vaccination program commencing.

The pop up clinics are a record of how WBHHS vaccination teams led the way, including being among the first health services to open public vaccination hubs and bring vaccination to rural locations via our mobile outreach van.



Quality care, every day

Inpatient Paediatric Sepsis Pathway

Bundaberg Hospital's paediatric ward was selected as a key site to pilot a consumer co-designed inpatient paediatric sepsis pathway, as part of a state-wide quality improvement project.

Sepsis represents a leading cause of death and disability in children with more than 50 children in Australia dying of sepsis every year and a greater number having long-term morbidity.

The pathway, developed by the Clinical Excellence Queensland Paediatric Sepsis Program in partnership with Children's Health Queensland, assists clinicians to screen children for sepsis, promoting early recognition to commence timely treatment in line with international best practice guidelines.

It includes a sepsis screening and recognition tool, treatment bundle, antibiotic prescribing and administration guidelines for paediatric patients and a tear away fact sheet for parents.

The tools assist as a cognitive aid when your gut instinct says: "something isn't right with this patient" and empowers clinicians to ask, "could this be sepsis?"

In late 2021, Bundaberg Hospital also hosted members from the Queensland Paediatric Sepsis Program team who delivered a paediatric sepsis teaching session and simulation exercise to local clinicians.

The education and training help front-line hospital staff to understand, identify and treat sepsis earlier.

WBHHS's paediatric team has since provided valuable feedback to help Queensland Paediatric Sepsis Program shape tools to assist other health facilities in implementing the pathway.

Continuity of care



Communicating for safety

To ensure high-quality and continuous care is delivered, information needs to be appropriately transferred and communicated. A breakdown in the transfer of information between care providers is identified as an important contributing factor to poor outcomes for patients. Indicators such as discharge summary completion rates, discharge against medical advice and diagnostic imaging reporting rates ensure that clinicians and patients have the right information to support continuous, coordinated and safe care for patients.

Discharge summaries

The completion of discharge summaries assists with ensuring continuity of care. Discharge summaries enable the patient and/or carers to know what care had been provided during their admission with us, as well as knowing what they need to do when they return home. Further, it assists the patient's General Practitioner to ensure ongoing care needs are provided for.

Discharge summary completion rates				
	WBHHS performance			QH benchmark
	2019-20	2020-21	2021-22	
Finalised <24 hours	41%	37%	36%	Nil
Finalised <48 hours	53%	48%	45%	
Total finalised	99%	96%	94%	

WBHHS aims to have same-day discharge summaries completed and provided to consumers and their community care providers. The increasing volume of patients we see on a daily basis means this is not always possible, but it is something we are working on improving. We have been able to demonstrate that almost all discharge summaries are finalised to support ongoing care needs.

WBHHS is establishing a multidisciplinary working party to better understand and enhance communication and information flow from the acute care phase to the community. It is proposed that this will be undertaken in a two-phased approach through nursing and medical discharge, which will include medication reconciliation and medical referral letters provided to community General Practitioners.

WBHHS's commitment is to ensure safe communication of patient care through the continuous performance monitoring of discharge summary finalisation and same-day discharge summary completion rates.



Taking action to improve

Increased transit lounge utilisation benefits everyone

Hervey Bay Hospital saw an increase in transit lounge utilisation throughout March 2022, thanks to staff education sessions and a friendly competition between wards.

WBHHS Project Lead for Optimising Patient Flow said the hospital was tracking to have more than 200 patients through the transit lounge, which was an amazing effort.

Staff on the wards have provided feedback that improved patient flow to the wards during business hours is safer for their patients, reflecting the right patient, right time, right care principles.

Bundaberg Hospital was next cab off the ranks with staff education sessions covering topics such as patient inclusion/exclusion criteria, showing their ward utilisation compared with others and reviewing the current peak discharge times.

Patients cleared for discharge but awaiting discharge summaries, transport, test results, final wound dressings, allied health reviews and/or the supply, education and administration of medications are perfect candidates for our transit lounges.

We want these patients receiving safe and appropriate nursing care in the right environment – we don't want them to be treated as sick in the ward when they are otherwise well.

By discharging earlier, we're also able to relieve the afternoon congestion and increase efficiency and productivity across all departments, improving the patient journey and staff satisfaction.

Discharge Against Medical Advice (DAMA)

Patients have the right to discharge themselves from our care against medical advice. However, all clinical staff have a responsibility to ensure that our patients understand the consequences of their decision, and have the capacity to make an informed decision. Measuring DAMA rates provides WBHHS with an indicator to intervene and ensure that quality information is provided to patients about the importance of their care decisions.

Discharge Against Medical Advice (DAMA)			
WBHHS performance			QH benchmark
2019-20	2020-21	2021-22	
1.3%	1.3%	1.6%	<1.00%

Diagnostic imaging reporting rates

Timely access to appropriate reporting of diagnostic images allows clinicians to provide the most appropriate treatment choice for patients. Diagnostic images cover such things as x-rays, ultrasound scans, computerised tomography (CT) scans and magnetic resonance imaging (MRI) scans. These images are taken by a radiographer (a person qualified to use the equipment for the purposes of taking clinical images and scans). The images are then reviewed by a radiologist (a doctor who specialises in performing, interpreting, and diagnosing images and who can carry out interventional procedures or treatments using diagnostic imaging equipment).

Diagnostic imaging reporting rates			
WBHHS performance			QH benchmark
2019-20	2020-21	2021-22	
100%	100%	100%	100%



Taking action to improve

First Nations voices lead the way for Health Equity Strategy

The highly-anticipated First Nations Health Equity Strategy is now under way in the Wide Bay Hospital and Health Service (WBHHS) with a project team now in place to lead the local effort.

As part of the project, WBHHS team leaders and Aboriginal and Torres Strait Islander Health Workers are working with our First Nations community of the WBHHS region to drive culturally safe engagement and ensure their people are seen and heard.

On a national and global scale Australians experience high rates of health and wellbeing alongside other first world countries. This high ranking of health is not shared by First Nations Australians whose rankings are on par with populations of less-developed low socioeconomic countries.

This difference is reflected in the life expectancy gap between First Nations and non-Indigenous Australians being 12 years.

Queensland's Aboriginal and Torres Strait Islander Health Equity Framework places First Nations peoples and voices at the centre of healthcare service design and delivery in Queensland.

This major health reform signifies the strongest public health system legislation ever enacted in Queensland through new provisions in the Hospital and Health Boards Act 2011 and Hospital and Health Boards Regulation 2012, that is now supported through a robust and considered public policy environment.

Firmly embedded within this legislative framework is a commitment to improve First Nations health and wellbeing outcomes by:

- actively eliminating racial discrimination and institutional racism within the service
- increasing access to healthcare services

- influencing the social, cultural and economic determinants of health
- delivering sustainable, culturally safe and responsive healthcare services; and
- working with First Nations peoples, communities and organisations to design, deliver, monitor and review health services.

The first of two planned facilitated consultation rounds with key prescribed stakeholders occurred on November 11 in Maryborough when at the Aboriginal and Torres Strait Islander Advisory Council Moonaboola Duwalami and First Nations Health Equity Stakeholders Members Forum.

Included as part of the forum was a 'Kitchen Table Yarn up Murri Way' Q n A session with the various representatives Raelene Baker being the moderator.

The forum also included presentations, round table discussions and summary of findings from the recent QAIHC consultations. The discussion driven by key stakeholders, including Aboriginal and Torres Strait Islander people at the table and hearing their voices.

The forum concluded with an interactive Health Equity Strategy Focus Group Workshop which produced a range of actions, measures and strategies to address impacts of historical policies and the fundamentals underpinning contemporary systemic racism barriers and challenges that are faced by Indigenous people in the health system.

The workshop also opened up conversations about the social and economic determinants of health and concerns of Aboriginal and Torres Strait Islander people in the WBHHS region. A second follow up planned consultation round was then held in January 2022, to ensure that the strategy puts First Nations peoples first, and provides an achievable pathway to Closing the Gap on health inequity.





Deliver more care locally

WBHHS is committed to ensuring we provide the right care, in the right place, at the right time.

Providing high-quality services for our region



Clinical Governance

Throughout 2021-22, WBHHS further enhanced services for patients across Wide Bay through improved performance, new services or new models of care. These include:

- Bundaberg Hospital's newly-installed high volume testing pathology instrument, dubbed the 'Panther,' expanded local COVID-19 and other respiratory condition testing capacity.
- Hervey Bay Hospital hosted a class of senior students from Fraser Coast Anglican College for a dynamic and interactive 'Prevent Alcohol and Risk Related Trauma in Youth' (P.A.R.T.Y.) program. The program involved presentations and interactive simulated clinical scenarios, where students met local health professionals, emergency workers, along with people who had experienced trauma and survived.
- Hervey Bay Hospital celebrated the opening of its new operations area for the Integrated Care Service. The new base of operations is located in part of the former Emergency Department and consists of nine treatment spaces, a private consultation space and a procedure room.
- Specialist Palliative Care in Aged Care (SPACE) was launched, providing people living in residential aged care facilities with improved access to end-of-life care.
- Establishing Residential Aged care Support Service (RaSS), which gives residents the option of receiving safe, clinical support in their own environment rather than a hospital setting.
- Working alongside Queensland Health's Preventative Health Branch to roll out initiatives supporting local pregnant women to quit smoking – addressing a 2019 survey which found 20 per cent of Wide Bay women smoked during their pregnancy
- Establishing a local rheumatology outpatient clinic to the region at Hervey Bay hospital which sees Metro North HHS specialists visit to provide in-person outpatient clinics with telehealth follow up.
- Opening the newly refurbished Ward 1 at Maryborough Hospital, providing an additional 18 beds and increasing after-hours medical cover at Maryborough Hospital.
- Launching the Rapid Interdisciplinary Seniors Engagement pilot program to allow older Fraser Coast community members return to and safely stay in their own home via flexible care alternatives after discharge.
- Opening the Oasis Crisis Support Space, which provides high-quality and timely after-hours crisis care to people in distress, as an alternative to the Emergency Department.
- Expanding the Mobile Women's Health Service to provide clinics in Maryborough and Miriam Vale.

Emergency care



Comprehensive care

Overcrowding and excessive lengths of stay in emergency departments (ED) are associated with poorer patient outcomes. Benchmark measures for triage and treatment have been developed to improve quality of care and the patient experience.

Emergency Departments across WBHHS have had an average 2% decrease in presentations. Category 1 and 2 patients represent approximately 13% of presentations.

Triage waiting times

Triage waiting times				
Patient category	WBHHS performance			ACEM benchmark
	2019-20	2020-21	2021-22	
1 (seen within 2 mins)	99%	99%	99%	100%
2 (seen within 10 mins)	82%	74%	61%	80%
3 (seen within 30 mins)	78%	70%	51%	75%
4 (seen within 60 mins)	81%	74%	58%	70%
5 (seen within 120 mins)	95%	93%	88%	70%
ACEM = Australasian College for Emergency Medicine				

Emergency Length of Stay (ELOS)

ELOS is measured as the percentage of patients who leave the emergency department (ED) or are admitted to the hospital within four hours of arrival. The time is calculated from when patients arrive at the ED to the time they are discharged or admitted.

Emergency length of stay			
WBHHS performance			QH benchmark
2019-20	2020-21	2021-22	
80.2%	72.5%	60.7%	80%

Patient Off Stretcher Time (POST)

For patients arriving to our emergency departments via ambulance, the time between the ambulance arriving and the patient being transferred off the stretcher into the care of hospital staff is measured. During this time, appropriate handover is provided from the paramedics to the emergency department doctors and nurses to ensure the best possible care is continued to be provided. The aim is to have our patients off an ambulance stretcher within 30 minutes of arrival to the emergency department.

Patient off stretcher time (>30 minutes)			
WBHHS performance			QH benchmark
2019-20	2020-21	2021-22	
82.9%	80.8%	71.4%	90%



Quality care, every day

Oasis Crisis Support Space provides support in times of distress

WBHHS launched a new service that provides high-quality and timely after-hours crisis care to people experiencing mental health distress, as an alternative to the emergency department.

The support space is a warm, welcoming, therapeutic and non-clinical environment for people seeking urgent support out of hours. Staffed by mental health clinicians, as well as peer workers with lived experience of mental health challenges, the space provides person centred care to those in need.

Located in a temporary building just next to the Hervey Bay Hospital emergency department, it is a more conducive space to calm; the emergency department's bustling atmosphere can heighten people's distress, particularly when waiting for long periods before being seen.

This new crisis support space will enable more members of our community experiencing mental health challenges to get the right care, in the right place, at the right time.

The Oasis was given its name for a reason – because consumers in particular related to it as a place of calm, and because it's been set up to feel comfortable and homely, with lounge chairs, a 'chill zone' and a kitchenette with a coffee machine.

Wide Bay is one of eight HHSs taking part in a state-wide trial of crisis support spaces, and at the moment we're the only service trialling a model that will be available to people aged as young as 16.

"Our team has also worked on a really special co-designed art project involving both consumers and staff, which has led to the creation of a beautiful mural and signage for the service, as well as an ongoing visual identity for it.

Elective surgery care



Comprehensive care

When patients receive their surgical procedure within the clinically recommended time frames, optimal health outcomes can be achieved. WBHHS is committed to providing appropriate treatment options that will result in surgery as close as possible to clinically recommended time frames.

Elective surgery performance

Elective surgery is planned surgery that can be booked in advance as a result of a specialist clinical assessment. Patients who require an elective procedure are assigned an urgency category as judged by the treating clinician. This measure is the percentage of patients receiving treatment within clinically recommended time frames.

2021-2022 Elective surgery treated in time		
Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
2,044 patients	1,378 patients	1,407 patients
96%	88%	91%

Wait time per elective surgery specialty (Category 3)				
Specialty	WBHHS performance (WBHHS goal)			QH benchmark
	2019-20	2020-21	2021-22	
General Surgery	168 days	273 days	306 days	365 days
Gynaecology	82 days	128 days	174 days	365 days
Orthopaedic Surgery	141 days	195 days	248 days	365 days
Urology	5 days	160 days	N/A	365 days

WBHHS has consistently delivered shorter wait times than the Queensland Category 3 target of 365 days for elective surgery.

Specialist outpatient performance

Patients referred for appointments with our specialists need to be seen within clinically recommended time frames identified in the Clinical Prioritisation Criteria (CPC). The CPC is developed by clinicians to ensure patients receive equitable and timely access to specialist care they require.

Specialist outpatients seen within clinically recommended time frames				
	WBHHS performance			QH benchmark
	2019-20	2020-21	2021-22	
Category 1 (within 30 days)	99.2%	97.5%	94%	98%
Category 2 (within 90 days)	97.9%	75.3%	62.5%	95%
Category 3 (within 365 days)	97.5%	68.7%	81.5%	95%

The requirement for specialist outpatient services has increased by over 1% over the financial year.

Telehealth

The use of telehealth services assists in ensuring our patients receive the right care at the right time as close as possible to their home. Some specialist appointments and treatments can be conducted via a telehealth option, which decreases the burden of travel and separation from family and support networks. WBHHS has seen steady growth in telehealth utilisation rates, meaning patients in our rural and regional centres can receive specialist care within their home towns.

Telehealth utilisation rates			
	WBHHS performance		
	2019-20	2020-21	2021-22
Variance on QH target	15%	0%	-5%
Delivered occasions of service	6,619	7,250	8,431
QH target occasions of service	6,936	6,911	6,911
Variance on QH target	-5%	5%	11%

WBHHS continues to increase the number of telehealth appointments. These appointments have allowed more of our community to access timely and appropriate health services closer to their home.



Quality care, every day

Telehealth outcomes

Telehealth has proven to be a silver lining of the COVID-19 pandemic, with a dramatic increase in uptake and the opportunity to re-imagine how healthcare is delivered to the community.

WBHHS experienced growth on last financial year's telehealth occasions of service, with consumers embracing telehealth technology and improved access to healthcare, particularly in regional and rural areas.

Incredible success was also achieved by our COVID-19 virtual ward, which continues to attract positive feedback from our staff and the community.

WBHHS is also trialling a telehealth clinic for rheumatology patients to help reduce waiting times and support faster diagnosis and appropriate treatment.

These success stories reinforce that virtual care is here to stay and has a vital role to play in safe, sustainable and equitable healthcare delivery into the future. WBHHS is eager to work with our colleagues to enhance access and improve equity of care between rural and metropolitan areas to truly embody the WBHHS value to deliver services 'through patients' eyes.'



Plan today for future infrastructure



Clinical Governance

Developing our infrastructure is crucial to delivering high-quality care for our communities. The NSQHS standards have incorporated a component in ensuring we provide a safe environment that promotes safe and high-quality health care for patients.

This is how we're delivering.

- In July 2021, Bundaberg Hospital underwent maintenance works of the main hospital building and helipad. The works involved replacing the existing pedestrian footpath and upgrading the road pavement within the delivery area.
- Planning is underway to deliver a new alcohol and other drug service to better meet the health needs of people and families in Bundaberg and surrounding communities in our Wide Bay region.
- Secured \$1.2 billion for the new Bundaberg Hospital following the successful submission of a detailed business case to the Queensland Government. This will see the largest health infrastructure investment the Wide Bay region has seen.
- Maryborough Hospital underwent roof replacement work in 2022. The project involved upgrading 16 buildings' roofs, with seven replaced and nine having improvement works.
- Continuation of the Fraser Coast Mental Health Service project, which involves building a new 22-bed acute mental health inpatient unit at Hervey Bay and refurbishment of the existing Maryborough inpatient unit into a 10-bed specialist sub-acute unit for older persons.
- Almost \$1.4 million funding was secured for minor capital works at Biggenden, Eidsvold and Mundubbera to improve the aged care service environment and support daily living, providing a more homelike environment and promoting residents' independence, dignity and choice.
- Aged electrical infrastructure was replaced at Hervey Bay Hospital's four inpatient units.
- Air-conditioning infrastructure was improved at Bundaberg's Adult Mental Health Inpatient Unit.
- Two new chillers were installed at Bundaberg Hospital, as well as replacing four existing chillers with new ones, each 6.3 metres in length and weighing almost six tonne.



Taking action to improve

Record health budget to deliver more beds and better services across Wide Bay

As part of a record \$23.6 billion health budget, the Palaszczuk Government will invest \$1.2 billion to deliver a new state-of-the-art Bundaberg Hospital on a new site, as part of the largest investment in hospitals and beds in Queensland's history.

This is a significant development for Bundaberg – creating jobs, easing pressure on the health service and ensuring locals have better access to care when and where they need it.

The Bundaberg region has felt the significant demand pressures of the past two years; the population is growing, it's ageing, and more people are presenting with more complex conditions than ever before.

The new Bundaberg Hospital will expand the region's capacity with 121 new beds, ensuring the health service can continue to provide the care the community needs into the future.

Hervey Bay Hospital will also benefit, with the main hospital being expanded and a new mental health unit delivered.

The \$40 million Hervey Bay Hospital expansion will provide around 35 additional beds, including 10 more intensive care beds, and a new rooftop helipad.

We're also continuing development of the hospital's new 22-bed acute mental health inpatient unit, which will enable us to transition the existing mental health inpatient unit at Maryborough Hospital to a 10-bed sub-acute specialist unit for older people.

Together these two projects at Hervey Bay Hospital will support 215 construction jobs, while the new mental health inpatient unit will create 30 full-time health jobs locally.

This increase and repositioning of services across the region will better serve the needs of the community and will lead to improved health outcomes.



Develop and support our staff

We will invest in and nurture our staff.

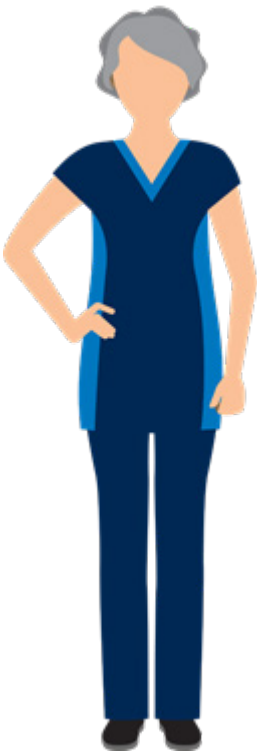
Our strength is in our team



Clinical Governance

Our workforce

WBHHS is committed to delivering safe, high-quality care to our patients and community. In order to achieve this, we need to invest in our workforce to ensure they have the skills and resources to perform at their best. Through developing and empowering our workforce, and ensuring they are delivering the best outcomes for our patients, we can be assured we are delivering “Quality Care, Every Day”.



Staff headcount **4,426**

Staff full-time equivalent **3,532**

New starters 2021-2022 **618**

Longest serving staff member **52 years**

Staff turnover rate **11%**

Figures current as at October 2022





Quality care, every day

Regional Medical Pathway welcomes first cohort

WBHHS welcomed the first cohort of Regional Medical Pathway (RMP) students in Bundaberg. The RMP is a partnership of Wide Bay Hospital and Health Service, Central Queensland Hospital and Health Service, CQUniversity and the University of Queensland.

The RMP is an Australian-first program and an important part of improving the sustainability of the WBHHS medical workforce, by developing doctors through local networks of clinicians. The program also focuses on establishing community bonds, which are important factors for these doctors when deciding where they pursue their careers, not only as junior doctors, but down the track as General Practitioners and specialists.

The RMP provides a pathway in the Wide Bay which will help build a cohort of future health professionals who wish to practise here and, importantly, includes local Year 12 graduates and mature-aged students. The pathway is important because often when they leave our community to study medicine, they do not return due to the links and roots they establish in their new communities.

Students complete a three-year Bachelor of Medical Science (Pathway to Medicine) undergraduate course with CQUniversity before moving into the University of Queensland's four-year Doctor of Medicine program. Throughout their studies, WBHHS and Central Queensland HHS will provide student placements, internship opportunities, and prevocational and vocational training places within their regional footprints.

On top of creating career pathways for our future doctors and the sustainability of the region's medical workforce, the RMP will also help us attract more senior doctors due to the supervision, research and teaching opportunities that are now on offer here in the Wide Bay.

WBHHS Excellence Awards

Values are the core beliefs, philosophies and principles that underpin our organisation. They are integrated into our everyday practices and drive our behaviours. To be truly effective, they must influence our daily decisions, including our strategic planning.

The WBHHS Excellence Awards are an annual celebration of our wonderful teams and staff, and are aligned with our values. The awards aim to celebrate excellence across WBHHS, regardless of rank or role. They are a chance to recognise our colleagues for the extraordinary effort and difference they make - to their patients, to their colleagues, and to our whole health service.

In addition to the values-based and volunteer awards, the Cultural Connections Award recognises a team or individual who has shown a commitment to enhancing cultural capability and improving health outcomes for First Nations peoples.

The 2022 awards had 39 finalists, both individual and teams, across 12 award categories, with the winners as follows:

Collaboration Award

Regional Medical Pathway - Steering Committee and Partnership Team

Accountability Award

Rachel Loague - Acting Nurse Unit Manager, Specialist Outpatient Department, Hervey Bay

Respect Award

Dr Madelyn Gramlick - Surgical Registrar, Hervey Bay

Excellence Award

Alastair Ginman - Senior Podiatrist, Hervey Bay

Through Patients' Eyes Award

Oasis Crisis Support Space

Volunteer Award

Marion Larsen - Volunteer, Mundubbera

Cultural Connections Award

Tamara Olive - Aboriginal and Torres Strait Islander Health Worker, Social Work, Bundaberg

Every Value Every Day Award

Deyarn Williams - Senior Executive Support and Communications Officer

Sarah Bainbridge - Manager, Employment Relations, Bundaberg

Bundaberg Board Values Ambassador

Darren Bell - Porter

Hervey Bay Board Values Ambassador

Mandy Jones - Residential Aged Care Facility Coordinator, Social Work

Maryborough Board Values Ambassador

Dr Mohammed Sabry - Clinical Director, Mental Health and Alcohol and Other Drugs Service

Rural Board Values Ambassador

Anna Amith - Registered Nurse, Childers

Do no harm



Clinical Governance

WBHHS continually strives to minimise clinical incidents. If they do occur, we ensure we record, review, improve and learn from each case. We aim to review every clinical incident within the time frames set by the Board.

Our staff are committed and highly qualified clinicians who work every day to provide the best care for our patients. Despite their best efforts, preventable patient harm may occur. It is through reviewing these cases that patients, families and clinicians can understand what happened, what can be done to improve the system and how we can reduce the risk of this happening to patients in the future.

Clinical incident management

A clinical incident is defined as any event that may have caused injury, harm or resulted in the death of a patient. By reporting these incidents, we are able to reduce harm to our future patients through analysis, action and learning. The abbreviation “SAC” means Severity Assessment Code. The number after the SAC indicates the severity of outcomes for the patient:

- SAC1 = death or permanent harm
- SAC2 = temporary harm
- SAC3 = minimal harm
- SAC4 = no harm

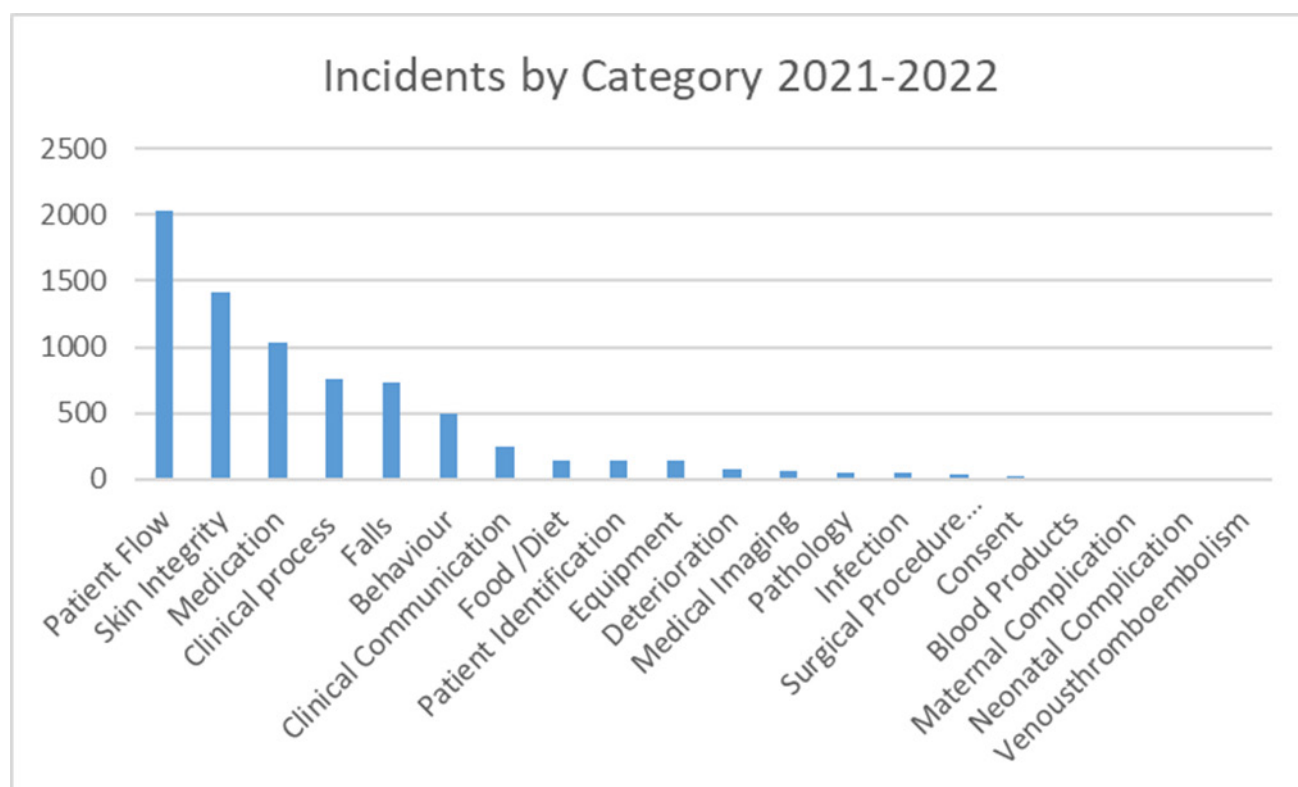
Clinical incident reporting rates

Reporting of all adverse events is encouraged; the reporting of SAC4 incidents is highly encouraged so we can learn from potential incidents and make changes before an actual incident even reaches a patient.

Early identification of potential and actual deficiencies provides timely opportunities to rectify the deficiencies and prevent any future harm to our patients and community. There are no targets set for incident reporting, however WBHHS encourages reporting of all incidents. The higher rates of reporting in the SAC3 and SAC4 categories are seen as a positive indicator for the HHS and reflect a healthy reporting culture. WBHHS has a very good reporting culture as evidenced by the maintenance of reporting, particularly for incidents that cause minimal or no harm.

Rates are calculated on episodes of care. An increase in episodes of care has not seen an increase related to temporary or permanent harm.

Clinical incident reporting rates			
	WBHHS performance		
	2019-20	2020-21	2021-22
Total incidents	7.16%	8.54%	6.67%
SAC1	0.04%	0.05%	0.03%
SAC2	0.15%	0.17%	0.11%
SAC3	3.40%	3.80%	3.10%
SAC4	3.57%	4.52%	3.43%
Number of incidents reported/patient separations			



The vast majority of incidents listed in this graph fall within the 'no harm' group for the identified category. The willingness of staff to report near misses provides WBHHS with an opportunity to implement strategies to prevent harm or injury reaching our patients.

Clinical incident closure rates

Timely and appropriate review and closure of clinical incidents ensures we are responding and acting to make improvements to the quality of care provided.

Time frames are balanced to ensure incidents requiring the highest degree of analysis are given the greatest amount of time to appropriately review.

The Department of Health requires that at least 70% of SAC1 incidents are closed within 90 days of the incident being reported, with no time frames required for other incident criteria. WBHHS has set criteria of at least 95% of SAC2 incidents to be closed within 60 days and at least 90% of SAC3 and SAC4 incidents to be closed within 30 days.

Clinical incident closure rates				
	WBHHS performance (WBHHS Target)			QH benchmark
	2019-20	2020-21	2021-22	
SAC1	71%	73%	62%	70% closed in 90 days
SAC2	56%	41%	55%	Nil
SAC3	93%	87%	80%	Nil
SAC4	96%	91%	81%	

Despite increase reporting rates, a focused effort on timely review of all reported incidents has occurred. Closure within a 90-day benchmark allows for timely information to be provided back to the patient and/or their family and carers about the investigation.

While it is important to have timely reviews of all serious incidents, WBHHS places a higher focus on ensuring a thorough and quality review is undertaken. It is more important that we truly understand what happened, why it happened, and how we can prevent the incident from recurring, than having an incomplete review in order to meet an arbitrary time frame.

Sentinel events

Sentinel events (sometimes referred to as "never



events”) are classified as serious clinical incidents resulting in serious harm or patient death, which are considered to be wholly preventable. These events are identified as events that should not happen within health care. Where they do happen, rigorous reviews as to what happened, and why, are undertaken. The reviews focus on what WBHHS can do to prevent never events.

Sentinel events are determined by the Department of Health’s healthcare purchasing specifications:

1. Surgery or other invasive procedure performed on the wrong site resulting in serious harm or death
2. Surgery or other invasive procedure performed on the wrong patient resulting in serious harm or death
3. Wrong surgical or other invasive procedure performed on a patient resulting in serious harm or death
4. Unintended retention of a foreign object in a patient after surgery or other invasive procedure resulting in serious harm or death
5. Haemolytic blood transfusion reaction resulting from ABO incompatibility resulting in serious harm or death
6. Suspected suicide of a patient in an acute psychiatric unit or acute psychiatric ward
7. Medication error resulting in serious harm or death
8. Use of physical or mechanical restraint resulting in serious harm or death
9. Discharge or release of an infant or child to an unauthorised person
10. Use of an incorrectly positioned oro- or naso-gastric tube resulting in serious harm or death

Sentinel events			
WBHHS performance			QH benchmark
2019-20	2020-21	2021-22	
0	1	1	0

Key patient safety indicators

Medication errors, falls and hospital-acquired pressure injuries are the most prevalent clinical incidents that occur in hospitals throughout the world. Given their prevalence, hospitals focus specifically on these areas to continually improve patient outcomes. Further, Hospital-Acquired Complications are a new set of mandatory indicators that health services are required to report on from 1 July 2018. These indicators are now included in this year’s Quality of Care report.

Hospital-acquired complications

Hospital-Acquired Complications (or HACs) are another quality indicator that focus on the hospital’s performance in relation to safe and quality care delivery. The 14 indicators have been set by the Australian Commission on Safety and Quality in Health Care (ACSQHC) and are mandatory for all Australian hospitals to report and manage to ensure the best possible patient outcomes.

These indicators are recorded from coded data from patient medical records and are not reliant on incident reporting. The following indicators are included in our reporting tables.

1. Pressure Injuries
2. Falls resulting in fracture or intracranial injury
3. Healthcare-associated infections
4. Respiratory complications
5. Venous thromboembolism
6. Renal failure
7. Gastrointestinal bleeding
8. Medication complications
9. Delirium
10. Persistent incontinence
11. Malnutrition
12. Cardiac complications
13. 3rd and 4th degree perineal laceration during delivery
14. Neonatal birth trauma.

Medication errors



Medication safety

Use of medications is one of the most common therapeutic interventions in Australian hospitals. The potential for error is high because medications are so commonly used. Monitoring the error rate allows an organisation to improve safety systems in targeted areas. WBHHS has consistently demonstrated low levels of medication error due to integrated medication management processes in place.

Reported medication Incidents				
	WBHHS performance (WBHHS goal)			QH Benchmark
	2019- 20	2020- 21	2021- 22	
Total reported incidents	11%	16%	12%	Nil
SAC 1 & SAC2 reported incidents	0.004%	0.014%	0.062%	
HACs*	8.6	9.3	8.9	<35**
Number of incidents reported/patient separations *Rate/10,000 separations **ACSQHC Suggested Rate				

There is no state-wide set benchmark for the rates of medication error a health service should experience.



Taking action to improve...

Benchmarking data

The Wide Bay Hospital and Health Service has a regular scheduled reporting framework for its coded patient data. The reporting is through both benchmarking at the state level with the Inform My Care website and at a national level through the Health Roundtable website.

Safety and Quality Committees including Infection Control, Falls and Pressure Injury committees have all instituted monthly review of coded data to ensure data accuracy and identify opportunities for improvement. This process has been expanded to include Neonatal Birth trauma. A Hospital Acquired Complication which has been flagged through special cause variation within the Inform My Care data.

All reviews are undertaken utilising clinical expertise and administration assistance with the result being a demonstrated reduction in complication rates and process improvements to enhance coding data quality and clinical integration.

Pressure injury prevention



Comprehensive care

Pressure injuries are localised injuries to the skin and/or underlying tissue caused by unrelieved pressure, friction and shear factors. The majority of pressure injuries are preventable, particularly hospital-acquired pressure injuries, which result in considerable cost to the patient, their family, the organisation and health system.

Health services are required to monitor pressure injuries. Stage 3, 4 and 'unstageable' pressure injuries cause the greatest harm to our patients.

Pressure injury incidents				
	WBHHS performance (WBHHS goal)			QH benchmark
	2019-20	2020-21	2021-22	
Stage 3 & 4	0.006%	0.009%	0.011%	Nil
Unstageable	0.009%	0.011%	0.013%	
HACs*	0.96	5.85	3.97	<9.8**
Number of incidents reported/patient separations *Rate/10,000 separations **ACSQHC Suggested Rate				

Falls prevention



Comprehensive care

In Australia, falls are the leading cause of death and injury for older people. Hospitalised people are at greater risk of falling than the general population (mainly due to their health condition or medication they may be taking), and the risk of falling increases the longer the person remains in hospital. A comprehensive falls prevention program within WBHHS has contributed to ensuring a relatively low number of falls occurs within our facilities, and staff participate annually in "April No Falls Month" activities and promotion.

Falls Incidents				
	WBHHS performance (WBHHS goal)			QH Benchmark
	2019- 20	2020- 21	2021- 22	
Total reported incidents	0.60%	0.83%	0.94%	Nil
SAC 1 & SAC2 reported incidents	0.02%	0.03%	0.02%	
HACs*	3.1	2.8	2	<4**
Number of incidents reported/patient separations *Rate/10,000 separations **ACSQHC Suggested Rate				

There is no state-wide set benchmark for the rates of falls incidents a health service should experience.



Taking action to improve...

Infection control

The Preventing and Controlling Healthcare-Associated Infection Committee has developed a WBHHS Staphylococcus Bloodstream Infection (SABSI) Management Bundle to lower the SABSI rate.

An elevated rate of healthcare-associated Staphylococcus aureus blood stream infections was identified across the three WBHHS hospitals when compared against statewide and national benchmarking data. The Preventing and Controlling Healthcare-Associated infection Committee undertook a deep dive into the reported data from January to August 2021. The data revealed that of the eleven identified SABSI cases, only three were actually SABSI cases. The differential was due to documentation and coding discrepancies.

The Preventing and Controlling Healthcare-Associated Infection Committee as part of the deep dive have further identified that there is a need to reduce unnecessary peripheral intravenous cannulas (PIVCs). PIVCs should not be utilised when sampling for blood stream infection and that PIVC cannulas in the ante cubital fossa are associated with a 70% increase in infections.

The Preventing and Controlling Healthcare-Associated Infection Committee have implemented changes to blood culturing techniques, documentation requirements, education to staff across the HHS and improvement in the dissemination of learnings through communication.

Infection control



Preventing and controlling healthcare-associated infections

Healthcare-associated infections are infections that patients contract while in hospitals. Millions of people worldwide are affected by infections acquired in hospitals and at least half of these are thought to be preventable. By monitoring these indicators, we can identify any problems and review and improve our infection prevention and control strategies.

Healthcare-associated infections

Surveillance of infection rates through indicators such as bacteraemias (blood infections) play a key role in assisting the organisation to improve infection control practices.

Healthcare-associated infections				
	WBHHS performance per 10,000 bed days (WBHHS goal)			QH Benchmark
	2019-20	2020-21	2021-22	
Staphylococcus aureus bacteraemia	0.98	2.7	1.02	≤2.0
HACs*	68.4	47	52	<47.1**
Staphylococcus aureus = Rate per 10,000 patient days *Rate/10,000 separations **ACSQHC Suggested Rate				

Other hospital-acquired complications

Other hospital acquired conditions			
	WBHHS Performance		ACSQHC
	2020-21	2021-22	
Respiratory complications	14	15	<30
Venous thromboembolism	6.8	4	<9
Renal failure	1	0.5	<3
Gastrointestinal bleeding	4.4	3.5	<16
Delirium	12	12	<61
Persistent incontinence	1.5	0.5	<9.3
Malnutrition	3	1.7	<14
Cardiac complications	25	13	<84
Rate/10,000 separations *Rate/10,000 vaginal births **Rate/10,000 births			

Hospital Standardised Mortality Ratios

Hospital Standardised Mortality Ratios (HSMR) are a universal system-level indicator for comparing deaths between hospitals. This indicator is a comparison between the expected in-hospital deaths and the actual number of deaths, based on the patient population characteristics.

Hospital Standardised Mortality Ratios (HSMR)			
WBHHS Performance per 10,000 bed days (WBHHS Goal)			QH Benchmark
2019-20	2020-21	2021-22	
56	44	0.69	<100



Quality care, every day

New model changing the way we deliver end-of-life care

A newly-established Specialist Palliative Care in Aged Care (SPACE) service is providing people living in residential aged care facilities (RACF) with improved access to specialist palliative and end-of-life care.

SPACE, a patient-centered service that is nurse-led and referral-based, is a collaborative partnership between Wide Bay Hospital and Health Service, RACF and general practitioners, with input from our local primary health network.

SPACE aims to support RACF residents to receive high-quality palliative care in the setting of their choice. It supports RACF staff and general practitioners to manage residents with complex palliative and end-of-life care needs, along with providing education to RACF staff to increase capability and confidence.

The SPACE team is an extension of the multi-disciplinary primary care team, and participates in case and family conferences to help guide discussions with residents about palliative and end-of-life care. It also provides support to patients, families, carers, nurses on diagnosis to bereavement, with the aim of strengthening the skills and understanding of aged care staff.

The service also focuses on promoting and increasing advance care planning, and where it aligns to the resident's wishes and where clinically appropriate, supporting avoidable transfers to hospital, which in turn allows WBHHS to maintain its hospital capacity for more acute cases.

In the WBHHS catchment alone, there are 33 accredited RACF which includes four multipurpose health services, which are home to almost 2300 residents. As our population grows and ages, so too will the demand for palliative and end of life care in aged care.

WBHHS presented at the Bundaberg Region 2021 Seniors Forum: My Future, My Choice. The forum provided the opportunity to share information about the SPACE service along with advanced care planning, Geriatric Emergency Department Intervention (GEDi) and the Residential Aged Care Facility Support Service (RaSS).

Quality and effectiveness



Governance for Safety and Quality in Health Service Organisations

As part of any good governance system, reliable processes for ensuring quality care and the effective use of data are vital to drive continual improvement in the health service. The below monitoring indicators are used by WBHHS to ensure quality care is delivered and that we are continually improving.

Clinical audit compliance and review

Clinical audit is a quality improvement process implemented to measure and improve care and patient experience of care. Reviewing our data to make meaningful change is required in an organisation committed to continual improvement.

Clinical audit rate			
WBHHS performance (WBHHS goal)			
	2019-20	2020-21	2021-22
Audits Conducted	85%	87%	70%
Audits analysed at ward level	69%	70%	55%

Throughout the 2021-2022 year, 7,900 patients had aspects of their care reviewed and audited. This provides opportunity for the health service to continually improve the quality of care delivered.



Quality care, every day

Rheumatology sub-specialty returned to Wide Bay

Wide Bay residents with conditions affecting their joints, muscle and soft tissue are receiving quality care closer to home with a new rheumatology specialist outpatient service now in place. The outreach model, which aims to improve health outcomes through better access to care, is a collaboration between Wide Bay Hospital and Health Service (WBHHS) and Metro North Health.

Patients with a rheumatologic disorder are often suffering from severe and chronic inflammatory conditions, such as arthritis, which results in pain, swelling, stiffness and sometimes loss of function. Providing a service of in-person and technology-enabled care will greatly improve their quality of life.

Rheumatology specialists from The Prince Charles Hospital will hold a monthly full day outpatient clinic in conjunction with a telehealth clinics three times a month for residents within the WBHH

More than 600 patients and in many cases their carers or escorts, who ordinarily would have had to complete a round trip to Brisbane for a rheumatology consultation, can now be seen locally. The new outreach service also presents local training opportunities, particularly for students who are receiving training through the Rural Clinical School.





Excellence through innovation

We will improve our services through strategic partnerships and active innovation

Building partnerships

We will actively engage, communicate and collaborate with our partners and communities to improve health outcomes.

WBHHS has established partnerships with the following local health service providers to enhance access to specialist services close to home:

- GenesisCare Cardiology - cardiac investigations, coronary angiography and interventions (Bundaberg and Hervey Bay)
- GenesisCare Oncology - radiation and oncology services (Bundaberg and Hervey Bay)
- Mater Hospital Bundaberg - paediatric ear, nose and throat services
- iMed (CQ) - onsite and offsite radiologist services, including interventional and consultancy services (Bundaberg, Hervey Bay and Maryborough) and radiology reporting (all Wide Bay facilities)
- Bundaberg Private Day Hospital - endoscopy and ophthalmology services
- Wide Bay Neuroscience - neurological services
- Bundaberg Health Promotions - cardiac and pulmonary rehabilitation programs.

Digital innovation

The WBHHS is currently undertaking consultation to inform planning of the Hospital and Health Services future digital hospital strategy. The WBHHS digital strategy will be in part aligned and informed by the Department of Health 10 year digital strategy for rural and remote Healthcare.

Research and training

Wide Bay Hospital and Health Service nephrologist has achieved an exciting milestone in his Doctor of Philosophy (PhD) research degree, with his study protocol recently published in British Medical Journal Open.

WBHHS Clinical Director, Renal (Bundaberg and rural facilities), is researching referral patterns, disease progression and impact of the kidney failure risk equation (KFRE) in a Queensland Chronic Disease Registry cohort.

An increase in the burden of diabetes and hypertension, considered as the two leading drivers of Chronic Kidney Disease (CKD), has led to an increase in individuals diagnosed with CKD in primary care, which in turn has translated into a surge in referrals to nephrology specialists.

Optimal timing for referral of individuals with CKD from primary care to specialist nephrologists has been the subject of debate for several decades. Although timely referral from primary care to secondary care confers favourable outcomes, it is not possible for every patient with CKD to be managed at secondary care.

The study will examine referral patterns to specialist nephrology services from primary care and map the patient trajectory and outcomes to inform the optimal referral timing for disease mitigations. The study will also be evaluating the application of the KFRE (not widely adopted in Australia), which was developed in 2011 to quantify the risk of progression of CKD to ESKD, and its impact on referral patterns.

The research findings will inform considerations of a risk stratification strategy that will ensure adequate pre-dialysis management and add to the discussion of the time interval between referral and initiation of kidney replacement therapy or development of cardiovascular events. This research will benefit patients across Australia and provide evidenced-based data to influence and drive policy-making decisions and service providers.



Taking action to improve...

Speech pathology Late Talker model builds language skills in toddlers across Wide Bay

WBHHS Speech pathologists at Bundaberg Hospital are about to embark on their second pilot of a new model of care which aims to build language and social interaction skills for toddlers identified as 'late talkers'. A 'late talker' is a toddler aged between 18-30 months and commonly:

- has a good understanding of language (spoken words)
- has appropriate play skills, motor skills (movement), thinking skills, and social skills
- doesn't talk very much at all.

The new model of care involved provides a more coordinated, consistent, and equitable approach to treatment. The model will provide patients with a more structured, consistent and efficient treatment pathway rather than leaving it to individual clinician decision.

Each toddler who meets the criteria for a 'late talker' receives three face-to-face sessions with a speech pathologist where they're given techniques and strategies to practice at home. Our team then checks in via a phone call after three months, and again face-to-face in six months, to see how the child is responding to treatment and determines if more intensive therapy with a speech pathologist is required.

Some toddlers are delayed in reaching typical language milestones in the first three years of life, but we can 'catch them up' with use of key strategies at home, while others will require more intensive therapy on an ongoing basis.

This pathway is about meeting the needs of both groups in the most efficient way possible, as it is difficult to tell which group a child will belong to at the outset of therapy.

The team partner with parents utilising play-based therapy sessions that are demonstrated back to the team to ensure parents walk away feeling confident that they can apply these strategies at home during normal, everyday activities.

The pilot completed in 2021, had resulted in some unexpected outcomes such as referral for 'late talkers' with additional needs. The remaining kids on the pilot who we considered to be true 'late talkers', we did see improvements in expected language output in line with the research in our literature review.

Glossary

Abbreviation or term	Definition
Accreditation	A voluntary program in which trained, external peer reviewers evaluate a healthcare organisation's compliance and compare it with pre-established performance standards.
ACEM	Australian College of Emergency Medicine A not-for-profit organisation responsible for training emergency physicians and advancement of professional standards in emergency medicine.
Discharge summary	Information about events during care of a patient by provider or organisation. The document is produced during a patient's stay in hospital, either as an admitted or non-admitted patient, and issued when or after the patient leaves the care of the hospital.
ED	Emergency Department.
Elective surgery	Planned surgery that can be booked in advance as a result of a specialist clinical assessment, resulting in placement on an elective surgery waiting list.
ELOS	Emergency Length of Stay The time from a patient's arrival in an ED until their departure, either to be admitted to hospital, transferred to another hospital or discharged home.
Endoscopy	Examination of the inside of the body using an illuminated, flexible instrument called an endoscope. In general, an endoscope is introduced into the body through a natural opening such as the mouth or nose.
HAC	Hospital Acquired Complication A complication for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring. For example, surgical complications or pressure injuries.
NSQHS Standards	National Safety and Quality Health Service Standards Nationally consistent statement on the level of care consumers can expect from health service organisations.
Outpatient	A hospital service in which patients receive treatment without being admitted. The classification of certain services as 'outpatient' varies between hospitals as similar treatments may require admission in some hospitals but not in others.
POST	Patient Off Stretcher Time The time between when an ambulance is parked at an ED and the patient has been transferred off the stretcher to the care of the ED clinical staff after handover.
PREMs	Patient Reported Experience Measures Target surveys to obtain patients' views and observations on aspects of the healthcare services they have received.
Radiographer	An allied health professional who takes x-rays and other medical images to assist doctors in diagnosing diseases and injuries.

Abbreviation or term	Definition
Radiologist	A medical doctor who specialises in diagnosing and treating disease and injury, using medical imaging techniques such as x-rays, computed tomography (CT), magnetic resonance imaging (MRI), nuclear medicine, positron emission tomography (PET), fusion imaging and ultrasound.
SAC	<p>Severity Assessment Code</p> <p>A clinical incident is defined as any event which may have caused injury, harm or resulted in the death of a patient. By reporting these incidents, we are able to reduce harm to our future patients through analysis, action and learning. The number after 'SAC' indicated the severity of outcomes for the patient:</p> <p>SAC1 = death or permanent harm</p> <p>SAC2 - temporary harm</p> <p>SAC3 = minimal harm</p> <p>SAC4 = no harm</p>
Sentinel event	<ol style="list-style-type: none"> 1. Surgery or other invasive procedure performed on the wrong site resulting in serious harm or death 2. Surgery or other invasive procedure performed on the wrong patient resulting in serious harm or death 3. Wrong surgical or other invasive procedure performed on a patient resulting in serious harm or death 4. Unintended retention of a foreign object in a patient after surgery or other invasive procedure resulting in serious harm or death 5. Haemolytic blood transfusion reaction resulting from ABO incompatibility resulting in serious harm or death 6. Suspected suicide of a patient in an acute psychiatric unit or acute psychiatric ward 7. Medication error resulting in serious harm or death 8. Use of physical or mechanical restraint resulting in serious harm or death 9. Discharge or release of an infant or child to an unauthorised person 10. Use of an incorrectly positioned oro- or naso- gastric tube resulting in serious harm or death
Short-notice accreditation	The short-notice assessment process requires health service organisations to fully comply with the requirements of the NSQHS Standards and have in place processes to demonstrate compliance at any time.
Telehealth	The utilisation of telecommunication technology via means of video conferencing to link patients with clinicians or allied health providers to improve patient care delivery. Patients are able to be at a distance of at least 15kms away from the specialist providing the service.
QH	Queensland Health



Wide Bay Hospital and Health Service

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