Quality of Care Summary: July to December 2025

Between 1 July and 31 December 2025, South West HHS's key achievements included:

- ✓ A range of local co-design, quality improvement and community engagement sessions, including with First Nations People, continued to be held on a regular basis.
- ✓ We undertook extensive engagement across our communities, and with staff and partners, to discuss key achievements from our first three years of the *Our Way – Together* First Nations Health Equity program, and to hear from people about what matters most for them to inform our next three year schedule of priorities. In total, we travelled to nine communities across the South West and received almost 150 virtual engagement responses.
- ✓ We reviewed resident handbook and admission information to align with the new national *Aged Care Act* requirements, which commenced in November.
- ✓ We formally launched our zero-tolerance statement for racial discrimination and / or institutional racism, including supporting communications and staff awareness activities.
- ✓ Achievements of almost 175 colleagues and teams were acknowledged at our annual Staff Awards celebration, hosted in Charleville during October. New categories this year included Operational Services and Administrative Professional recognition.
- ✓ And we continued to host and participate alongside our partners in a wide range of health promotion and community focused activities across the South West:
  - Approximately 155 events, engaging 7,950 participants, were hosted over the six-month period.
  - Broadly, we continued to host at least one event every 1.5 days.

In keeping with other health providers, our challenges included:

- Ongoing demands on our staff, particularly within the context of national workforce pressures and increasing demand on patient services. This included difficulties in securing external staffing and locums for our services - which continue to be appropriately risk managed to ensure continuity of safe and effective services.
- However, through the hard work and dedication of our staff and teams, South West HHS has continued to deliver high rates of favourable performance against many of our key targets.
- Overall:
  - We received 76 complaints, providing valuable feedback informing service improvements – including measures to support dementia care and continence services, updating our consent procedure and enhancing our discharge management processes for mental health clients.
  - We also welcomed 98 compliments, particularly in relation to our levels of caring.

Looking ahead to 30 June 2026 we will continue to:

- ❖ Keeping in touch with our Community Advisory Networks across the South West, and also online, during CAN Link-In sessions, in addition to other local engagement opportunities and scheduled Board and other meetings around the South West.
- ❖ Finalising a new Strategic Plan and other supporting documents to commence from 1 July.
- ❖ Taking further steps to grow our own locally based workforce for the future, across all workstreams, positions and locations.
- ❖ Launching our next three year round of First Nations Health Equity commitments, through our updated *Our Way – Together* strategy.
- ❖ Alongside CAN and wider valued partners, continuing to advocate on behalf of communities to ensure safe, effective, responsible and sustainable health services that people trust and value.

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Performance snapshot: at 31 December 2025

South West HHS continued to deliver strong levels of safe, effective, and equitable care against its performance expectations.

The following table below provides a summary of our performance against key performance indicators between 1 July and 31 December 2025 (unless otherwise indicated)

Key Performance Indicators		Why is this important?	Target	Our performance
Emergency Presentations				
	Emergency Department (ED) length of stay: % of emergency stays within 4 hours	*Measures the timely transfer of emergency patients to an inpatient bed or discharged home - reflecting overall effectiveness of hospital patient flow processes from ED*	≥ 80.0%	84%
	ED wait time by triage category[1]	*Time in minutes for each ED presentation to commencement of treatment - at 2 / 10 / 20 / 60 / 120mins - with Category (CAT) 1 being highest priority*	Cat 1: 100%	99.5%
			Cat 2: ≥ 80%	95.5%
			Cat 3: ≥ 75%	95.9%
			Cat 4: ≥ 70%	95.9%
			Cat 5: ≥ 70%	99.5%
Surgical procedures[2]				
	Elective surgery: category 1 patients (30 days)	*Measures the percentage of patients who received their elective surgery within clinically recommended time with CAT 1 being the highest priority.*	CAT 1: ≥ 98%	79%
	Elective surgery: category 2 and 3 patients (90 / 365 days)		Cat 2: ≥ 95%	92%
			Cat 3: ≥ 95%	97%
	Category 4 gastrointestinal endoscopy patients (GIE) treated within 30 days	*Percentage of patients who received their GIE within clinically recommended times, with CAT 4 being the highest priority.*	Cat 4: 98%	62%
	Category 5 and 6 GIE treated within clinically recommended time (90/365 days)		Cat 5: 95%	66%
			Cat 6: 98%	53%
Dental Services				
	Access to oral health services	*The percentage patients waiting less than two years for treatment*	≥85%	100%
	Preventative Oral Health activity	*A healthy mouth has general health benefits. Preventive services delivered to public dental patients, help improve and maintain the health of teeth, gums and soft tissues*	17%	23%
	Access to emergency dental care for adult public dental patients	*Measures the percentage people who received emergency dental care with Code 1 being the highest priority*	Code 1 (1 day): 100%	98%[3]
			Code 2 (3 days): ≥95%	Nil patients
			Code 3a (5 days): ≥85%	85%
			Code 3bc (10 days): ≥80%	88%
			Code 3d (31 days): ≥75%	100%

[1] Effective 1 July 2025, Patient Off Stretcher Time (from ambulance stretcher to ED bed within 30mins, previously 97% at 30 June 2025 against 90% target) is not centrally reported and has therefore been removed from this summary.

[2] Ensuring all South West Elective Surgical and GIE patients received treatment within their clinically recommended timeframes has, at times, proved challenging over the past six months – however the HHS is also treating more patients overall compared to the equivalent reporting period:

- In total, 523 of 565 Elective Surgeries were provided within their clinically recommended times (93%).
  - The 79% rate for CAT 1 patients equates to 81 of 103 patients treated within 30 days. Where this could not be achieved, patients were risk managed and scheduled for the next available booking.
  - Overall, this equates to approximately one CAT 1 patient per week – however during this time, 28 additional CAT 1 patients were treated compared to July-December 2024.

- In total, 219 of 349 GIE patients were seen within their clinically recommended times (63%).
  - Where these appointments could not be scheduled within required timescales, patients were also risk managed and scheduled for the next available booking.
  - However, the six months to 31 December 2025, an additional 60 of the highest priority CAT 4 – and 31 CAT 5 patients – were treated compared to July-December 2024.

[3] There was one instance where a patient presented for emergency dental care and was triaged as a Code 1 patient based on their symptoms, however treatment could not be provided on the day of arrival.

Access to Services				
	Telehealth utilisation rates	*To achieve a full year target of 4,481, approximately 374 occasions of service/mth are required.*	100%	**137%** 3,066 provided in total
	Smoking cessation clinical pathway – public hospital inpatients, dental clients and community mental health episodes	*Supporting people who access our hospital or dental services who wish to quit smoking*[4]	Inpt: ≥85%, with ≥60% completed	**91% / 60%** (31 August 2025)
			Dental: ≥80%, with ≥60% completed	**97% / 100%** (31 October 2025)
	Proportion of mental health service episodes with a documented care plan	*Ensuring mental health clients have a current care plan which is refreshed at least every 91 days*	≥85%	**76%**[5]
Quality and Safety				
	Hospital Acquired Complications	*Total number of complications arising from care in a SW facility (across 14 categories)*	N/A	**Within target**[6] At 31 October 2025
	National Sentinel events	*Specific patient safety events that are wholly preventable and result in serious harm, or death (across 10 categories)*	Nil	**Nil** As at 30 September 2025
	SAC reporting	*Completion of Severity Access Code 1 reviews within 90 days – reviewing incidents that have or could have caused serious harm or death, and making improvements*	≥ 70%	**100%** Between 1 July and 30 September 2025, one incident occurred which was reviewed in time
	Healthcare-associated Staphylococcus Aureus (including MRSA) rates	*Rate of healthcare associated infections per 10,000 acute public hospital patients*	≤2 per 10,000 bed days	**Nil** At 30 September 2025
	Complaints resolved within 35 calendar days	*Percentage of submitted complaints within 35 days, ensuring feedback is resolved in a timely manner*	≥ 80%	**100%** 76 complaints were formally submitted, of which 87% were resolved in less than 14 days. We also welcomed 98 compliments in this period.

Further information regarding our performance is also maintained on the Queensland Health website

If you require more information, or would like to suggest further measures for inclusion in this summary please contact us at: SWHHS-EDGSP@health.qld.gov.au

[4] Effective 1 July 2025, equivalent data for mental health clients is no longer reported.

[5] Mental health care plan performance is marginally above the current statewide rate and during the reporting period monthly data exceeded 80% on three of six months, with a further month being within 10% of target. A separate reporting measure, almost 80% of clients separately accessing Alcohol or Other Drugs service support have valid care plans (65% target).

[6] From 1 July 2025, the way Hospital Acquired Complications data is managed has changed compared to previous years. For the first six months of the current reporting period, South West HHS facilities are rated as performing within expected tolerances. In total 212 instances were recorded across 11 of our hospitals and multipurpose health services – equivalent to approximately eight instances per week (or around one per day).