

Quality of Care Summary: January to June 2023

Overview

Between 1 January and 30 June 2023, South West HHS's key achievements included:

- Continuing to deliver high rates of performance against our key targets and measures.
- Engagement with our communities, staff and partners to develop a supporting implementation plan to deliver [Our Way – Together, South West HHS First Nations Health Equity Strategy 2022-2025](#).
- Through the 3 Seeds project, co-design of a mental health strategy that is culturally appropriate for the South West community for further progression during 2023-2024.
- Continued delivery of our [Clinician and Employee Engagement Strategy](#) and [Consumer and Community Engagement Strategy](#) documents, both of which commenced effective 1 July 2022 - you can find six month progress updates at respective pages on our website.
- Generated, through a series of listening exercises initiated with staff across all locations, a new South West HHS Strategic Workforce Plan 2023-2026 was developed to fully focus on things that matter most to our staff and teams to improve working conditions and culture.
- Continuing the work of the South West Queensland Primary Care Collaborative, Darling Downs-South West HHS Medical Pathway and other nursing, allied health and profession specific initiatives to enable our staff work to top of scope in a clinically safe way.
- Progression of a South West HHS Clinical Trials and Research Framework, to highlight opportunities and benefits for South West staff and wider communities.
- Recognised annual National Reconciliation Week, National Sorry Day and National Volunteer Week, International Day of the Midwife and International Nurses Day, Administration Professionals Day and other dates of significance, including long service awards and monthly #SWSpirit staff recognition.
- Alongside our key partners, continuing to provide a range of health, mental wellbeing and resilience promotion activities across South West communities.

In keeping with other health providers, our challenges included:

- Ongoing demands on our staff, particularly within the context of national workforce pressures - including difficulties in securing external staffing and locums - which have been appropriately risk managed to ensure continuity of safe and effective services.

Looking ahead for the next six months to 31 December 2023 we will:

- Progression of implementation plans and governance structures to progress *Our Way – Together*.
- Further co-design of a supporting action plan for our Workforce Strategy, and subsequent implementation
- Continue to engage with our communities to ensure models of care meet local needs in a sustainable manner.
- Further progress our commitments towards reducing historical health inequalities, promoting partnership working, improving our working environments and defining new models of service and care for the benefit of South West communities.
- Hosting our annual Consumer Advisory Network (CAN) Forum, in Roma, during October.






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Performance snapshot – as at 30 June 2023

During the six month period from 1 July 2023 to 31 December 2023, 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 as at 30 June 2022 (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 (excl fever clinic)	<i>Measures the timely transfer of emergency patients to an inpatient bed or discharged home - reflecting overall effectiveness of hospital patient flow processes from ED</i>	≥ 80.0%	90.2%
	ED wait time by triage category	<i>Time in minutes for each ED presentation to commencement of treatment - at 2 / 10 / 20 / 60 / 120mins - with Category (CAT) 1 being highest priority</i>	Cat 1: 100%	100%
			Cat 2: ≥ 80%	100%
Cat 3: ≥ 75%			98.1%	
Cat 4: ≥ 70%			97.7%	
Cat 5: ≥ 70%	98.4%			
Patient Off Stretcher Time	<i>Timely transfer of patient from an ambulance stretcher to ED bed within 30mins</i>	≥ 90%	95.6%	
Surgical procedures				
	Elective surgery: category 1 patients (30 days)	<i>Measures the percentage of patients who received their elective surgery within clinically recommended time with CAT 1 being the highest priority.</i>	CAT 1: ≥ 98%	97.3%¹
	Elective surgery: category 2 and 3 patients (90 / 365 days)		Cat 2: ≥ 95%	97.5%
	Category 4 gastrointestinal endoscopy patients (GIE) treated within 30 days		Cat 3: ≥ 95%	97.9%
	Category 5 and 6 GIE treated within clinically recommended time (90 / 365 days)	<i>Percentage of patients who received their GIE within clinically recommended times with CAT 4 being the highest priority.</i>	Cat 4: 98%	97.4%²
			Cat 5: 95%	95.1%
		Cat 6: 98%	100%	
Dental Services				
	Access to oral health services	<i>The percentage patients waiting less than two years for treatment</i>	≥85%	100%
	Preventative Oral Health activity	<i>A healthy mouth also has general health benefits. Preventive services delivered to public dental patients, help improve and maintain the health of teeth, gums and soft tissues</i>	17%	20.2%
	Access to emergency dental care for adult public dental patients	<i>Measures the percentage people who received emergency dental care with Code 1 being the highest priority</i>	Code 1 (1 day): 100% Code 2 (3 days): ≥95% Code 3a (5 days): ≥85% Code 3bc (10 days) ≥80% Code 3d (31 days): ≥75%	94.2%³ Nil patients 95% 94% 99%

¹ South West HHS was marginally below the 98% target however, with nil long wait CAT 1 patients awaiting treatment, remained one of the highest performing HHSs.

² South West HHS was marginally below the 98% target however, with nil long wait CAT 4 patients awaiting treatment, remained one of the highest performing HHSs.

³ x1 Code 1 Emergency patient was seen in 1.5 days, with patient declining the offered appointment within the required time and requesting an alternative time outside of target.

Access to Services				
	Telehealth utilisation rates	<i>To achieve a full year target of 4,234, approximately 353 occasions of service/mth are required.</i>	100%	129% 5,442 provided
	Smoking cessation clinical pathway – public hospital inpatients, dental clients and community mental health episodes	<i>Supporting people who access our hospital, dental or mental health services who wish to quit smoking</i>	Inpt: ≥85%, with ≥60% completed	97.7% / 89.9%
			Dental: ≥80%, with ≥60% completed	92.3% / 100%
			Mental Health: ≥85%, with ≥60% completed	96.6% / 95.5%
	Proportion of mental health service episodes with a documented care plan	<i>Ensuring mental health clients have a current care plan</i>	≥85%	77%⁴
Quality and Safety				
	Hospital Acquired Complications	<i>Total number of complications arising from care in a SW facility (across 14 categories)</i>	N/A	27 1 less than June-2022
	National Sentinel events	<i>Specific patient safety events that are wholly preventable and result in serious harm, or death (across 10 categories)</i>	Nil	Nil
	SAC reporting	<i>Completion of Severity Access Code 1 reviews within 90 days – incidents that have or could have caused serious harm or death</i>	≥ 70%	33%⁵
	Healthcare-associated Staphylococcus Aureus (including MRSA) rates	<i>Rate of healthcare associated infections per 10,000 acute public hospital patient.</i>	≤2 per 10,000 bed days	Nil
	Complaints resolved within 35 calendar days	Percentage of submitted complaints within 35 days	≥ 80%	100%



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 Board@health.qld.gov.au](mailto:SWHHS_Board@health.qld.gov.au)

⁴ With this statewide target increasing by 20% compared to the previous financial year (2021-2022), South West HHS continues to work towards progressively achieving the 85% target by 30 June 2023. For comparative purposes, South West HHS's performance as at 30 June 2022 was 67% (target: 65%).

⁵ Three (3) SAC 1 incidents occurred during the reporting period, with two (2) of these reviews completed within the required 90 day timescale. The overdue item was formally closed in time however formal submission was delayed resulting in closure at Day 108. Internal procedures have subsequently been updated.