

Quality of Care Summary: January to June 2022

Overview

Between 1 January and 30 June 2022, South West HHS's key achievements included:

- Continuing to deliver high rates of performance against our key targets and measures
- Maintaining one of the highest rates of COVID Vaccinations across Queensland, with over 61,000 COVID-19 vaccinations administered by the HHS and our key partners in the previous 16 months to 17 June when our final community clinics transferred to a GP led services
- Completion of a new four year [Strategic Plan](#), [Clinician and Employee Engagement Strategy](#) and [Consumer and Community Engagement Strategy](#) documents – all which commence effective 1 July 2022 to 30 June 2026
- Progressed extensive engagement and consultation to inform our First Nations Health Equity Strategy
- Initiated data review and partner engagement in support of Local Area Needs Assessment development
- Formally opened the \$5.95 million, 20-bed, Gundhi Roma Hospital Student Accommodation precinct, for students commencing their rural and remote adventures
- Welcomed 26 nursing and midwifery graduates to South West facilities as part of a record breaking total intake of 50 graduates during the financial year
- For the first time, welcomed five Year Four Griffith University Medical Students to the South West to undertake 10 month rotational placements
- Alongside our key partners, continued 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:

- Maintaining service delivery standards in the face of sustained pressures, due to COVID-19 response and also other winter pressures:
 - Between January and March 2022, a statewide pause in elective procedures was introduced to reduce pressure on hospital services
 - Coinciding with annual influenza season, local COVID-19 outbreaks also impacted on service provision throughout the first half of 2022
 - Difficulties in securing external staffing and locum availability continued to place additional pressures on our staff which were appropriately risk managed to ensure continuity of services.





Looking ahead for the next six months to 31 December 2022 we will:

- Transition to a COVID 'business as usual' response level in line with Public Health Directions
- Complete our inaugural First Nations Health Equity Strategy by the end of September 2022 and commence further co-design of implementation and governance plans
- Complete our first Local Area Needs Assessment for publication online
- Further progress our commitments towards reducing historical health inequalities, promote partnership working opportunities, improving our working environments and defining new models of service and care for the benefit of South West communities.






Performance snapshot – as at 30 June 2022

During the six month period, 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%	92%
	ED wait time by triage category	<i>Time in minutes for each ED presentation to commencement of treatment with CAT 1 being the highest priority (at 2 / 10 / 20 / 60 / 120 mins)</i>	Cat 1: 100% Cat 2: ≥ 80% Cat 3: ≥ 75% Cat 4: ≥ 70% Cat 5: ≥ 70%	100% 100% 99% 99% 100%
	Patient Off Stretcher Time	<i>Timely transfer of patient from ambulance stretcher to ED bed within 30mins</i>	≥ 90%	94.2%
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%	99%
	Elective surgery: category 2 and 3 patients (90 / 365 days)		Cat 2: ≥ 95%	93%¹
	Category 4 gastrointestinal endoscopy patients (GIE) treated within 30 days		Cat 3: ≥ 95%	95%
	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% Cat 5: 95% Cat 6: 98%	97%¹ 89%¹ 84%¹
Dental Services				
	Access to oral health services	<i>The percentage patients waiting less than two years for treatment</i>	≥85%	100%
	Number of completed courses of oral healthcare - First Nation adults	<i>Ensuring increased numbers of First Nations people receive treatment</i>	At least 168 courses by 30 June 2022	133¹
	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%	100% Nil patients 98.2% 98% 98.8%
Access to Services				
	Telehealth utilisation rates	<i>To achieve a full year target of 4,000, approximately 333 occasions of service/mth are required.</i>	100%	117.7% 4,706 provided

¹ Necessary COVID-19 related pauses in activity throughout the year may have impacted on overall achievement of this target. However, patients were appropriately triaged to minimise disruption and maintain focus on ensuring all patients continue to be treated in a safe and effective manner.

Key Performance Indicators		Why is this important?	Target	Our performance
	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	97.8% / 83.3%
			Dental: ≥80%, with ≥60% completed	94.5% / 99.7%
			Mental Health: ≥85%, with ≥60% completed	96.5% / 91.2%
	Proportion of mental health service episodes with a documented care plan	<i>Ensuring mental health clients have a current care plan</i>	≥65%	66.1%
Quality and Safety				
	Hospital Acquired Complications	<i>Total number of complications arising from care in a SW facility (across 14 categories)</i>	N/A	28 6 less than June 2021
	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 – of incidents that have or could have caused serious harm or death</i>	≥ 70%	50%²
	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 as at 31 March-2022
	Complaints resolved within 35 calendar days	Percentage of submitted complaints within 35 days	≥ 80%	100% as at 31 March-2022

Year to date Root Cause Analysis (RCA), Human Error and Patient Safety (HEAPS) and Clinical Reviews undertaken following reported incidents are as follows:

2022	RCA	HEAPS	Clinical Review	TOTAL
January	-	-	1	1
February	-	-	1	1
March	-	1	2	3
April	-	2	-	2
May	1	2	2	5
June	-	-	-	-
Total (Jan-June 2022)	1	5	6	12
Total (July 2021-June 2022)	4	15	13	38

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)

² Two (2) SAC 1 incidents occurred during the reporting period, one of which was completed within 90 days but not formally submitted within the required period. Following initial delays to recruit an external reviewer, reporting for the second SAC 1 incident was completed and submitted at Day 94.