

Quality of Care Summary: July to December 2021

Overview

Between July 2021 and December 2021, South West HHS's key achievements included:

- Continuing to deliver high rates of performance against our key targets and measures
- Maintained one of the highest rates of COVID Vaccinations across Queensland, with:
 - 86.9% eligible aged 12+ fully vaccinated (and 93.6% having had their first dose)
 - 85% eligible First Nation people aged 12+ fully vaccinated (93.6% had first dose)
 - all staff members at work were vaccinated in accordance with requirements as at 31 December 2021.
- Signed a Memorandums of Understanding with:
 - [Health and Wellbeing Queensland](#) - to deliver a range of innovative programs to help South West residents combat obesity, improve their food literacy and build healthier lifestyles
 - the University of Queensland, the University of Southern Queensland and Darling Downs Health - to create a new continuous medical education pathway
- Initiated a tender for the installation of water filtration and treatment systems, as well as the replacement of aged water reticulation pipework and tapware across 11 facilities
- Initiated Rural Maternity Taskforce listening exercises in St George and Charleville
- Hosted its annual Staff Awards celebration in October, receiving almost 85 nominations across a range of categories including a new *Deadly Achiever Award*, presented by the South West HHS Aboriginal and Torres Strait Islander Leadership Advisory Council and a *Clinical Excellence Award*, presented by the South West HHS Clinical Council
- Welcomed 50 Community Advisory Network (CAN) members from across the South West to the St George Golf Club for the annual CAN Forum
- Having recently passed 12 months operational service, Roma Hospital received *Highly Commended* recognition at the Premier's Awards for Excellence during December 2021.

In keeping with other health providers, our challenges included:

- Maintaining service delivery standards in the face of sustained pressures, due to COVID-19 response.
 - Due to necessary travel restrictions, this also included difficulties in terms of external staffing and locum availability which was appropriately risk managed to ensure continuity of services.

Looking ahead for the next six months to 30 June 2022 we will:




- Continue roll out of COVID vaccination program, with 5-12 year old program and boosters commencing January 2022, and wider statewide COVID response
- Initiate community, staff and stakeholder engagement in support of a new Strategic Plan, a Community and Consumer Engagement Strategy and a Clinician and Employee Engagement Strategy which will all commence from 1 July 2022
- Co-develop our first Health Equity Strategy (due April 2022)
- Progress a Local Area Needs Assessment (due September 2022)
- Introduce a new *Australian Hospital Patient Safety Culture Survey* (A-HSOPS 2.0) - developed by the Australian Commission on Safety and Quality in Healthcare, in conjunction with clinicians, and supported with a wide range of resources for implementation

Performance snapshot – year to date December 2021









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

One performance measure – Category 4 gastrointestinal endoscopy patients – was 1.7% below benchmark, of 98% of patients treated within 30 days, due to locum availability and short notice changes to commercial flight schedules impacting upon service delivery during the first half of the financial year although - compared to the equivalent period during the 2020-21 Financial Year, South West HHS treated an additional 40 Category 4 patients.

The following table below provides a summary of our performance against key performance indicators for the period 1 July to 31 December 2021 (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% 99.8% 99.0% 99.0% 99.9%
	Patient Off Stretcher Time	<i>Timely transfer of patient from ambulance stretcher to ED bed within 30mins</i>	≥ 90%	93.8%
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%	100%
	Elective surgery: category 2 and 3 patients (90 / 365 days)		Cat 2: ≥ 95%	99.1%
	Category 4 gastrointestinal endoscopy patients (GIE) treated within 30 days		Cat 3: ≥ 95%	100%
	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%	96.4%¹ 100% 100%
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	73
	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%	100% Nil to date 98.2%

¹ Necessary COVID-19 travel restrictions, which also resulted in difficulties to source external staff and locum positions has impacted on achieving this target however patients were appropriately triaged to minimise disruption and maintain focus on ensuring patients continue to be treated in a safe and effective manner.

Key Performance Indicators		Why is this important?	Target	Our performance
			Code 3bc (10 days) ≥80%	99.4%
			Code 3d (31 days): ≥75%	97.8%
Access to Services				
	Telehealth utilisation rates	To achieve full year target of 4,000, approximately 333 occasions of service/mth are required.	100%	102.2%
	Smoking cessation clinical pathway – public hospital inpatients, dental clients and community mental health episodes	Supporting people who access our hospital, dental or mental health services who wish to quit smoking	Inpt: ≥85%, with ≥60% completed Dental: ≥80%, with ≥60% completed Mental Health: ≥85%, with ≥60% completed	98.7% / 81.9% 95.6% / 100% 96.2% / 85.4%
	Proportion of mental health service episodes with a documented care plan	Ensuring mental health clients have a current care plan	≥65%	69%
Quality and Safety				
	Hospital Acquired Complications	Total number of complications arising from care in a SW facility (across 14 categories)	N/A	18
	National Sentinel events	Specific patient safety events that are wholly preventable and result in serious harm, or death (across 10 categories)	Nil	Nil
	SAC reporting	Completion of SAC 1 review within required timeframes	Nil	100%
	Healthcare-associated Staphylococcus Aureus (including MRSA) rates	Rate of healthcare associated infections per 10,000 acute public hospital patient.	≤2 per 10,000 bed days	Nil as at 30 Sept-21
	Complaints resolved within 35 calendar days	Percentage of submitted complaints within 35 days	≥ 80%	100%

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

FY2020-2021	RCA	HEAPS	Clinical Review	TOTAL
June	1	3	7	10
July	1	4	2	7
August	-	1	-	1
September	-	2	3	5
October	1	2	3	6
November	-	1	2	3
December	1	-	3	4
TOTAL (at 31 Dec-21)	3	10	13	26

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 ND Quality and Safety@health.qld.gov.au](mailto:SWHHS_ND_Quality_and_Safety@health.qld.gov.au)