



**Queensland  
Government**  
Queensland Health

# MEMORANDUM

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**To:** Ms Karen Hamilton- A/ESO ZM CZ

**Copies to:** Mr Justin Collins, Manager MQ Program  
Mr Peter Leck, DM, BHSD

**From:** Dr Darren Keating, DMS, BHSD      **Contact No:** ?  
Mr Peter Heath, DCS, BHSD      **Fax No:** 4150 2029

**Subject:** Measured Quality Hospital Report 2004 – Bundaberg Hospital

**File Ref:** Ref Number

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On behalf of Mr Peter Leck, District Manager, Bundaberg Health Service District, we submit the endorsed Measured Quality Hospital Report 2004 for Bundaberg Hospital.

Regards,

Sighted and signed

Dr Darren Keating  
Director of Medical Services  
18/03/2005

Sighted and signed

Mr Peter Heath  
Director of Corporate Services  
18/03/2005

Measured Quality Hospital Report 2004  
 Outlier Investigation  
 Bundaberg Hospital

Clinical Utilisation and Outcome Indicators

Indicator	2002/03	2001/02	2000/01	Peer Group Mean	State Mean
Acute Myocardial Infarction C101.1 In-hospital Mortality	25.5	19.6	29.8	14.2	14.2

**1. Investigation / Evaluation:**

- Revised care management has resulted in improved thrombolytic treatment initiation
- Flow charts for thrombolysis developed and implemented by DEM and ICU staff
- Medication procedure book updated
- Staff workshops regarding thrombolytics
- Decreased in 2004 due to discharge summary awareness
- Improved identification of high risk patients requiring transfer to tertiary cardiology services

**2. Management / Action Plan:**

- An audit of 2003/04 data indicated no ongoing concerns
- Visiting Cardiologist sees inpatients three days a week

**3. Opportunity to communicate best practice to other facilities:** The hospital believes that changes in care management adequately addresses issues regarding acute myocardial infarction in-hospital mortality.

**4. Contact:** Dr Darren Keating, DMS, 07 4150 2210

Stroke

C103.1 In-hospital Mortality	30.9	37.7	38.4	19.4	21.7
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**1. Investigation / Evaluation:**

- A chart audit of deceased clients with stroke for the 1<sup>st</sup> July 2003 - 30 June 2004 was conducted. The audit found that patients continue to receive care appropriate for their individual condition.
- Audit of patient charts coded as transient ischemic attack (TIA) for the time period July 2003 – June 2004 with a length of stay greater than state average length of stay. The audit found that patients continue to receive care appropriate for their individual condition. Coding issue apparent with TIA patients, who should have been coded as having a stroke.
- Reviewed stroke and TIA patient management and guidelines.

**2. Management / Action Plan:**

- Monthly audit by staff physician and stroke project officer of all patients coded as stroke and TIA before data sent to QH Data Services
- Monthly audit of all stroke mortality, including nursing home status and transfers in and out of hospital
- Began hospital participation in the Collaborative for Healthcare Improvement (CHI) Stroke
- Developed multidisciplinary working group
- Staff orientation and education instigated to enhance staff awareness

**3. Opportunity to communicate best practice to other facilities:** The hospital believes that changes in care management adequately addresses issues regarding stroke in-hospital mortality.

**4. Contact:** Dr Darren Keating, DMS, 07 4150 2210

Maternal Post-Natal Long Stay Rate

CII3.3 Vaginal Births (Cal Yr)

- 3.0 3.0 6.1 7.1

**1. Investigation / Evaluation:**

- Extended Midwifery Service (EMS)
- Use of Antenatal Clinical Pathway. Postnatal length of stay is discussed with mothers as part of the education component.

**2. Management / Action Plan:**

- Continued delivery of EMS
- Continued use of Antenatal Clinical Pathway

**3. Opportunity to communicate best practice to other facilities:** The hospital believes that this program adequately addresses issues regarding maternal post-natal long-stay rates and is willing to share this knowledge with other facilities.

**4. Contact:** Ann Robinson, Family Unit NUM, 07 4150 2412

**Measured Quality Comments:** Good. Should share positive outlier information with other hospitals.

**Efficiency Indicators**

Indicator	2002/03	2001/02	2000/01	Peer Group Median	State Median
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**Cost of Overtime per FTE**

EFF-03 All Staff

\$4087	\$3156	\$2905	\$3159	\$2649
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**1. Investigation / Evaluation:**

- Organisational performance discussed in Improving Performance and Executive Council monthly meeting

**2. Management / Action Plan:**

- Ongoing monitoring and regular review of workload and overtime by department managers
- Ongoing assurance of sufficiently trained relief pool

**3. Opportunity to communicate best practice to other facilities: Not applicable**

**4. Contact: Peter Heath, DCS, 07 4150 2705**

EFF-03.01 Managerial/Clerical

\$919	\$355	\$331	\$288	\$93.68
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**1. Investigation / Evaluation:**

- Overtime in Human Resources (HR) Service related to implementation of ESP
- Additional hours due to work practices in various departments and insufficient relief staff

**2. Management / Action Plan:**

- Changed rostering practice in HR Service
- Reviewed HR Service workload
- Ongoing assurance of sufficiently trained relief pool

**3. Opportunity to communicate best practice to other facilities: Not applicable**

**4. Contact: Peter Heath, DCS, 07 4150 2705**

EFF-03.02b Junior Medical

\$26365	\$21756	\$21893	\$21102	\$24015
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**1. Investigation / Evaluation:**

- Increase in the number of junior medical officers
- Reflects increase in Enterprise Bargaining Agreement Award rates
- Higher proportion of overseas trained junior doctors who were more reliant on Principal House Officer/Registrar support

**2. Management / Action Plan:**

- Director of Medical Services (DMS) continues to monitor number of hours of overtime
- Continue to provide comprehensive training program for junior medical officers, addressing needs of overseas trained doctors

- Refined selection process of junior medical officers. Encourage selection of junior medical officers with previous experience in Australian health system so they are more independent and require less supervision.
3. **Opportunity to communicate best practice to other facilities:** Not applicable
  4. **Contact:** Dr Darren Keating, DMS, 07 4150 2210

EFF-03.03 Nursing

\$1497                  \$1194                  \$780                  \$724                  \$680

1. **Investigation / Evaluation:**
  - Rostering issues contributing to overtime
  - Identified four clinical areas with high nursing overtime hours
2. **Management / Action Plan:**
  - Review clinical areas with high nursing hours
  - Established joint working parties, including Queensland Nursing Union, in four clinical areas with high nursing hours
  - Roster re-engineering in progress with clinical areas in different stages of progress. Trial in progress in one clinical area with others to follow.
3. **Opportunity to communicate best practice to other facilities:** None
4. **Contact:** Mrs Linda Mulligan, DDON, 07 4150 2025

EFF-03.07 Professional

\$7145                  \$4066                  \$3616                  \$3656                  \$3202

1. **Investigation / Evaluation:**

**Pharmacy**

  - Provision of oncall and weekend service contributes overtime hours
  - Provision of Methadone Clinic daily
  - Pharmacist staff shortage
  - Difficulty in obtaining casual staff

**Diagnostic Imaging**

  - Difficulty in obtaining casual staff
  - Limited radiographer staffing allocation for 24/7 coverage
2. **Management / Action Plan:**

**Pharmacy**

  - Development of staffing structure
  - Investigating feasibility of additional professional staffing

**Diagnostic Imaging**

  - Consider implementation of a late shift on weekends
  - Investigate additional staffing
3. **Opportunity to communicate best practice to other facilities:** Not applicable
4. **Contact:** Dr Darren Keating, DMS, 07 4150 2210

**Proportion of Work Cover Leave**

EFF-05.01 Managerial/Clerical	1.99%	1.27%	0.43%	0.23%	0%
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1. **Investigation / Evaluation:**
  - Isolated incidents of PPI claims related to organisational change and disciplinary issues
2. **Management / Action Plan:**
  - Ongoing management and organisational change implemented
  - Disciplinary matters finalised
  - Improvements made in case management in PPI claims (e.g., investigation process improved)
3. **Opportunity to communicate best practice to other facilities:** Not applicable
4. **Contact:** Peter Heath, DCS, 07 4150 2705

**Proportion of Admin FTE per Total FTE**

EFF-11	16.6%	15.4%	14.9%	15.3%	9.78%
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1. **Investigation / Evaluation:**
  - Review of administrative staffing conducted 2002/2003
  - Minimal additional staff in HR Service, front desk and medical records
  - Assumption made that other districts apportion Admin FTEs to other district facilities
2. **Management / Action Plan:**
  - Transition to Shared Services
  - No further efficacies can be identified
3. **Opportunity to communicate best practice to other facilities:** Not applicable
4. **Contact:** Peter Heath, DCS, 07 4150 2705

**Cost of Admin Staff per W/Sep**

EFF-12	\$277	\$258	\$245	\$209	\$180
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1. **Investigation / Evaluation:**
  - Review of administrative staffing conducted 2002/2003
  - Minimal additional staff in HR Service, front desk and medical records
  - Assumption made that other districts apportion Admin FTEs to other district facilities
  - Recent investigations indicate Bundaberg Hospital performance is 16 W/Sep per month per Admin FTE, compared to two peers of 14 and 11 W/Sept per month per Admin FTE.
2. **Management / Action Plan:**
  - Transition to Shared Services
  - No further efficacies can be identified
3. **Opportunity to communicate best practice to other facilities:** Not applicable
4. **Contact:** Peter Heath, DCS, 07 4150 2705

### Proportion of Same Day Patients

EFF-32                      51.2%                      50.9%                      48.9%                      46.0%                      34.8%

**1. Investigation / Evaluation:**

- Surgical staff, Anaesthetists and Elective Surgery Coordinator have worked together to identify suitable procedures and patients for day only procedures
- Day Surgery Unit role promoted within hospital

**2. Management / Action Plan:**

- Regular reporting available to Director of Surgery and Director of Anaesthetics
- Development of Day Only Laparoscopic Cholecystectomy protocol by Director of Surgery, Director of Anaesthetics and Day Surgery Nurse Unit Manager

**3. Opportunity to communicate best practice to other facilities:** Not applicable

**4. Contact:** Dr Darren Keating, DMS, 4150 2210

### Elective Surgery Long Wait Proportion

EFF-34.2 Category 2

5.36%                      4.00%                      1.06%                      0.39%                      4.27%

**1. Investigation / Evaluation:**

- Reflects significant Specialist surgical staff turnover with reliance on locum staff
- Locum surgical staff had focused primarily on emergency and elective surgery Category 1 patients
- Stabilised senior workforce in surgery and anaesthetics in 2003
- Increased familiarity with system by overseas trained surgeons
- Subsequent improvement with 0% Category 2 (2003/2004)

**2. Management / Action Plan:**

- Continue ongoing focus on long waits

**3. Opportunity to communicate best practice to other facilities:** Not applicable

**4. Contact:** Dr Darren Keating, DMS, 4150 2210

EFF-34.3 Category 3

38.4%                      16.4%                      14.2%                      24.2%                      24.2%

**1. Investigation / Evaluation:**

- Reflects significant Specialist surgical staff turnover with reliance on locum staff
- Stabilised senior workforce in surgery and anaesthetics in 2003
- Increased familiarity with system by overseas trained surgeons
- Subsequent improvement with 33% Category 3 (2003/2004)

**2. Management / Action Plan:**

- Continue ongoing focus on long waits

**3. Opportunity to communicate best practice to other facilities:** Not applicable

**4. Contact:** Dr Darren Keating, DMS, 07 4150 2210

### Proportion of Long Wait Admissions

EFF-36	13.7%	3.96%	6.55%	7.70%	8.27%
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#### 1. Investigation / Evaluation:

- Reflects significant Specialist surgical staff turnover with reliance on locum staff
- Stabilised senior workforce in surgery and anaesthetics in 2003
- Increased familiarity with system by overseas trained surgeons

#### 2. Management / Action Plan:

- Continue ongoing focus on long waits

#### 3. Opportunity to communicate best practice to other facilities: Not applicable

#### 4. Contact: Dr Darren Keating, DMS, 07 4150 2210

### Day of Surgery Admission Rate

EFF-38	74.1	80.9	90.9	89.2	86.3
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#### 1. Investigation / Evaluation:

- Reflects significant Specialist surgical staff turnover with reliance on locum staff
- Stabilised senior workforce in surgery and anaesthetics in 2003
- Increased familiarity with system by overseas trained surgeons
- Surgical staff, Anaesthetists and Elective Surgery Coordinator work together to optimise Day of Surgery admissions

#### 2. Management / Action Plan:

- Regular reporting available to Director of Surgery and Director of Anaesthetics
- Increased throughput in Pre-Admission Clinic

#### 3. Opportunity to communicate best practice to other facilities:

#### 4. Contact: Dr Darren Keating, DMS, 07 4150 2210

### Day Surgery Basket

EFF-39 Standardised rate

111	109	107	104	103
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#### 1. Investigation / Evaluation:

- Apply best practice for appropriate procedures by experienced surgical staff

#### 2. Management / Action Plan:

- Continue current best practice

#### 3. Opportunity to communicate best practice to other facilities: The hospital believes that changes in care management adequately addresses issues regarding the proportion of day surgery procedures undertaken and is willing to share this knowledge with other facilities.

#### 4. Contact: Dr Darren Keating, DMS, 07 4150 2210



EFF-39.01 Inguinal hernia repair  
70.0%            47.5%            35.7%            12.5%            17.4%

1. **Investigation / Evaluation:**
  - Apply best practice for procedure by experienced surgical staff
2. **Management / Action Plan:**
  - Continue current best practice
3. **Opportunity to communicate best practice to other facilities:** The hospital believes that changes in care management adequately addresses issues regarding the proportion of day surgery procedures undertaken for inguinal hernia repair and is willing to share this knowledge with other facilities.
4. **Contact:** Dr Darren Keating, DMS, 07 4150 2210

EFF-39.04 Haemorrhoidectomy  
54.2%            9.09%            13.3%            49.1%            42.5%

1. **Investigation / Evaluation:**
  - Apply best practice for procedure by experienced surgical staff
2. **Management / Action Plan:**
  - Continue current best practice
3. **Opportunity to communicate best practice to other facilities:** The hospital believes that changes in care management adequately addresses issues regarding the proportion of day surgery procedures undertaken for haemorrhoidectomy and is willing to share this knowledge with other facilities.
4. **Contact:** Dr Darren Keating, DMS, 07 4150 2210

EFF-39.09 Carpal tunnel decompression  
100%            100%            100%            94.7%            95.1%

1. **Investigation / Evaluation:**
  - Apply best practice for procedure by experienced surgical staff
  - Orthopaedic surgeon with special interest in hand and foot surgery
2. **Management / Action Plan:**
  - Continue current best practice
3. **Opportunity to communicate best practice to other facilities:** The hospital believes that changes in care management adequately addresses issues regarding the proportion of day surgery procedures undertaken for carpal tunnel decompression and is willing to share this knowledge with other facilities.
4. **Contact:** Dr Darren Keating, DMS, 07 4150 2210

EFF-39.11 Arthroscopy  
88.8%            90.9%            92.1%            78.8%            76.5%

1. **Investigation / Evaluation:**
  - Apply best practice for procedure by experienced surgical staff
2. **Management / Action Plan:**
  - Continue current best practice
3. **Opportunity to communicate best practice to other facilities:** The hospital believes that changes in care management adequately addresses issues regarding the proportion of day surgery procedures undertaken for arthroscopy procedures and is willing to share this knowledge with other facilities.
4. **Contact:** Dr Darren Keating, DMS, 07 4150 2210

EFF-39.18 Dilatation and Curettage/Hysteroscopy

97.4% 100% 94.3% 96.5% 94.2%

1. **Investigation / Evaluation:**
  - Apply best practice for procedure by experienced surgical staff
2. **Management / Action Plan:**
  - Continue current best practice
3. **Opportunity to communicate best practice to other facilities:** The hospital believes that changes in care management adequately addresses issues regarding the proportion of day surgery procedures undertaken for dilatation and curettage and hysteroscopy procedures and is willing to share this knowledge with other facilities.
4. **Contact:** Dr Darren Keating, DMS, 07 4150 2210

EFF-39.19 Laparoscopy

93.5% 89.9% 92.4% 88.8% 86.5%

1. **Investigation / Evaluation:**
  - Apply best practice for procedure by experienced surgical staff
2. **Management / Action Plan:**
  - Continue current best practice
3. **Opportunity to communicate best practice to other facilities:** The hospital believes that changes in care management adequately addresses issues regarding the proportion of day surgery procedures undertaken for laparoscopy procedures and is willing to share this knowledge with other facilities.
4. **Contact:** Dr Darren Keating, DMS, 07 4150 2210

Proportion of ED Patients Seen in Time

EFF-41.01 Category 1

97.9% 100% 100% 99.3% 100%

1. **Investigation / Evaluation:**
  - Lack of full-time Medical Director
  - Shortage of RMOs with high turnover
  - Lack of awareness of benchmarks
  - Achieved benchmarks Sept '04 through Feb '05
2. **Management / Action Plan:**
  - Medical Director provides consistent leadership
  - Enabled process for appropriate triage
  - Greater collaboration between medical and nursing staff
  - Improved rostering of medical and nursing staff to adjust for peak demand periods
  - Better balance of senior and junior medical staff on roster
3. **Opportunity to communicate best practice to other facilities:** Not applicable
4. **Contact:** Dr Darren Keating, DMS, 07 4150 2210

EFF-41.02 Category 2

63.4%                      76.2%                      85.4%                      74.0%                      74.0%

**1. Investigation / Evaluation:**

- Lack of full-time Medical Director
- Shortage of RMOs with high turnover
- Lack of awareness of benchmarks
- Achieved benchmarks Sept '04 through Feb '05

**2. Management / Action Plan:**

- Medical Director provides consistent leadership
- Enabled process for appropriate triage
- Greater collaboration between medical and nursing staff
- Improved rostering of medical and nursing staff to adjust for peak demand periods
- Better balance of senior and junior medical staff on roster

**3. Opportunity to communicate best practice to other facilities:** Not applicable

**4. Contact:** Dr Darren Keating, DMS, 07 4150 2210

**Top 10 DRG Average Cost**

EFF-52.01 D40Z Dental Extract & Restorations

\$11099                      \$1766                      \$3078                      \$1542                      \$1401

**1. Investigation / Evaluation:** Cost modelling error identified in Transition II

**2. Management / Action Plan:**

- Correction made in assignment of costs and cost type categories in Transition II correcting the error.
- No further management or action required.

**3. Opportunity to communicate best practice to other facilities:** Not applicable

**4. Contact:** Jennifer Kirby, Manager DQDSU, 4150 2210

EFF-52.02 O60D Vaginal Delivery – Comp Diag

\$3353                      \$2891                      \$1850                      \$2692                      \$1401

**1. Investigation / Evaluation:**

- Variance associated with cost assignment due to reduced LOS and EMS

**2. Management / Action Plan:**

- Review of costing assignment

**3. Opportunity to communicate best practice to other facilities:** Not applicable

**4. Contact:** Jennifer Kirby, Manager DQDSU, 4150 2208

**Food Services – total cost per OBD**

EFF-60

\$37.46      \$36.93      \$33.48      \$27.44      \$32.41

1. **Investigation / Evaluation:**
  - Investigation to progress
2. **Management / Action Plan:**
  - Will study services at peer groups
  - Identify further efficiency changes and opportunities to implement efficiencies (e.g., attrition)
3. **Opportunity to communicate best practice to other facilities:** Not applicable
4. **Contact:** Peter Heath, DCS, 07 4150 2705

**Linen Cost per OBD**

EFF-62

\$16.24      \$12.37      \$4.30      \$12.19      \$12.12

1. **Investigation / Evaluation:**
  - Service reviewed in 2002/2003
  - Considerable excess costs identified
  - Work practice inefficiencies identified
2. **Management / Action Plan:**
  - Efficiencies have been implemented
3. **Opportunity to communicate best practice to other facilities:** Not applicable
4. **Contact:** Peter Heath, DCS, 07 4150 2705

**Revenue Retention**

EFF-65

1.21%      1.34%      1.31%      1.41%      2.64%

1. **Investigation / Evaluation:**
  - Revenue retention project was underway in 2002/2003
  - Improved revenue retention since 2002/2003
2. **Management / Action Plan:**
  - Systems subsequently implemented to maximise revenue
3. **Opportunity to communicate best practice to other facilities:** Not applicable
4. **Contact:** Jennifer Kirby, Manager DQDSU, 07 4150 2208

**Stock Turnover**  
EFF-67.01 Drugs

13.3                      11.6                      12.4                      9.31                      7.54

**1. Investigation / Evaluation:**

- Monitored on a monthly basis in Finance meeting
- Strict stock control measures in place to assure stock levels reflect demand
- Usage pattern reflected in ordering processes
- Maximise usage of economical supply methods

**2. Management / Action Plan:**

- Continue current management strategies
- Daily monitoring of usage to be responsive to supply and demand issues
- Weekly review to monitor growth in demand

**3. Opportunity to communicate best practice to other facilities:** The hospital believes that this management system adequately addresses issues regarding drug stock turnover and is willing to share this knowledge with other facilities.

**4. Contact:** Paul Cracknell, Director Pharmacy, 07 4150 2511

EFF-67.02 Medical Supplies

33.7                      40.2                      37.3                      10.8                      8.03

**1. Investigation / Evaluation:**

- Stock Out reports identified occurrences of high stock turnover
- Ward Imprest List reviewed and adjusted
- Stock Outs occur less frequently

**2. Management / Action Plan:**

- Ongoing analysis of high volume stock items

**3. Opportunity to communicate best practice to other facilities:** None

**4. Contact:** Peter Heath, DCS, 07 4150 2705

EFF-67.03 Catering

290                      340                      287                      110                      96.1

**1. Investigation / Evaluation:**

- Use of precooked frozen food with some fresh food prepared onsite
- Frozen food ordered on monthly basis according to demand
- Fresh food delivered weekly
- Data possibility reflects frequent supply of fresh foods from local suppliers

**2. Management / Action Plan:**

- Current management is satisfactory to hospital needs

**3. Opportunity to communicate best practice to other facilities:** None

**4. Contact:** Peter Heath, DCS, 07 4150 2705

System Integration and Change Indicators

Indicator	2002/03	2001/02	2000/01	Peer Group Median	State Median
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**Quality of information**

SIC04.02a Timeliness – Number of months on time

2	8	5	5	5.5
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**1. Investigation / Evaluation:**

- Review of coding process identified the need for additional coding service hours
- Reporting has improved by 62 days for BBH from 61 days over deadline (July '03) to 1 day under deadline (March '04)

**2. Management / Action Plan:**

- Coders travel to rural hospitals to complete coding from previous month
- Coding service hours have been extended

**3. Opportunity to communicate best practice to other facilities:** The hospital believes that these actions adequately addresses issues regarding timeliness of information and is willing to share this knowledge with other facilities.

**4. Contact:** Peter Heath, DCS, 07 4150 2705

**MQ Comment:**

Clearly the strategies which have been put in place have led to a significant improvement. Measured Quality are planning for an information sharing system to be available through QHEPS, which will include information such as this.

SIC04.02b Timeliness – Number of days late per month

25.7	1.0	1.8	11.4	7.0
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**1. Investigation / Evaluation:**

- Review of coding process identified the need for additional coding service hours
- Reporting has improved by 62 days for BBH from 61 days over deadline (July '03) to 1 day under deadline (March '04)

**2. Management / Action Plan:**

- Coders travel to rural hospitals to complete coding from previous month
- Coding service hours have been extended

**3. Opportunity to communicate best practice to other facilities:** The hospital believes that these actions adequately addresses issues regarding timeliness of information and is willing to share this knowledge with other facilities.

**4. Contact:** Peter Heath, DCS, 07 4150 2705

**MQ Comment:**

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