



**Queensland Government**  
**Queensland Health**

**REPORT FROM**  
**MEASURED QUALITY PROGRAM AREA**  
**TO THE**  
**DISTRICT MANAGER**  
**BUNDABERG HEALTH SERVICE**  
**DISTRICT**

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**CABINET IN CONFIDENCE**

18<sup>th</sup> March, 2003

# MEASURED QUALITY HOSPITAL REPORTS

## Purpose

The purpose of this report is to provide 60 major Queensland public hospital's with data on a set of core indicators measuring the quality of services. This is to assist them in identifying areas where they may be excelling, and places where they may need to make changes or improvements.

This is the first stage of a process of measurement with the current focus on the largest single area of Queensland Health services—hospital inpatient services

The report was produced from an organisational development perspective to focus on continuous quality improvement and to provide clinicians and management with some direction on areas for potential improvement in services.

No single indicator or single report can adequately represent the quality of health care services. Queensland Health believes there needs to be an ongoing systematic, comprehensive performance assessment of the State's public health care system to identify trends over time and develop a culture of continuous quality improvement.

## A Hospital Balanced Scorecard

A balanced scorecard approach is used as the framework for evaluating the quality of hospital services. The balanced scorecard has been used in a number of international quality monitoring programs with varying definitions of the scorecard quadrants. Our balanced scorecard identifies performance indicators across four perspectives or quadrants.

The following quadrants are used for this report.

<p><b>Clinical Utilisation and Outcomes</b></p> <p>Describes the clinical performance of hospitals and refers to such things as clinical efficiency and quality of care.</p>	<p><b>Patient Satisfaction</b></p> <p>Examines patients' perceptions of their hospital experience including their perceptions of overall quality of care and outcomes of care.</p>
<p><b>Efficiency</b></p> <p>Describes how hospitals utilise their resources. It refers to a hospital's cost of service, resource management and human resource allocations.</p>	<p><b>System Integration and Change</b></p> <p>Describes a hospital's ability to adapt to a changing health care environment. More specifically, it examines how clinical information technologies, work processes and hospital-community relationships function within the hospital system.</p>

# MEASURED QUALITY HOSPITAL REPORTS

## Key Messages

- The reported indicators give us potential areas for improvement. They are neither proof of a problem nor its solution.
- This report has been developed for the purposes of benchmarking for improvement, **NOT** benchmarking for judgement.
- The results should be used as clues to performance. Managers and clinicians should interpret them in light of local contexts and with the aim of continuously improving the quality of clinical care.
- This is the first step to making improvements. It is expected that clinicians and managers will be able to use this measurement process to identify trends over time, and in a continuous improvement cycle.

## Where to from here

As discussed, the report has been developed from an organisational development perspective; to focus on continuous quality improvement and provide clinicians and management with the necessary data to improve services where required.

It is anticipated this report will be used as a tool to further develop and improve service provision in the hospital setting. Suggested approaches include:

- assessment of potential risk and opportunity for change or improvement.
- engagement of clinicians and managers to commence the dissemination and interpretation of the information. Caution needs to be taken during this process to ensure the distribution restrictions placed on the reports are adhered to ie. **Access to all reports is restricted to the District Manager only and reports are NOT to be printed, forwarded, copied or distributed to anyone.**
- further investigation of indicators and outcomes to identify possible causes of variation at the local level.
- for negative results, clearly document the decision to take/not to take action and the rationale for the decision.
- for positive results clearly document reasons for variation, for the purposes of benchmarking for improvement.
- networking with similar hospitals within your peer group and existing change management groups through Zonal Management Units to identify best practice approaches and sharing knowledge.
- as required, determine corrective action/s and local indicators (process or outcome) that will monitor impact of any proposed action.
- identification and development of procedures and policies that lead to improved performance.
- a review of procedures and policies developed to ascertain their effectiveness and implementation of modifications required.
- document and share with peer hospitals, corrective action/s and improvement initiatives undertaken within a six-month period for the purposes of benchmarking for improvement.

## MEASURED QUALITY HOSPITAL REPORTS

Table 1: Hospital name and peer group

Hospital Name	Peer Group			
	Principal Referral and Specialised	Large	Medium	Small
Atherton Hospital			✓	
Ayr Hospital				✓
Barcaldine Hospital				✓
Beauresert Hospital			✓	
Biloela Hospital				✓
Bowen Hospital				✓
Bundaberg Hospital		✓		
Caboolture Hospital		✓		
Cairns Base Hospital	✓			
Caloundra Hospital			✓	
Charleville Hospital				✓
Charters Towers Hospital				✓
Cherbourg Hospital				✓
Chinchilla Hospital				✓
Cunnamulla Hospital				✓
Dalby Hospital			✓	
Emerald Hospital				✓
Gladstone Hospital		✓		
Gold Coast Hospital	✓			
Goondiwindi Hospital				✓
Gympie Hospital			✓	
Hervey Bay Hospital		✓		
Ingham Hospital			✓	
Innisfail Hospital			✓	
Ipswich Hospital		✓		
Island Medical Service				✓
Joyce Palmer Health Service				✓
Kingaroy Hospital			✓	
Logan Hospital		✓		
Longreach Hospital				✓
Mackay Base Hospital		✓		
Mareeba District Hospital				✓
Maryborough Hospital		✓		
Mater Public Adult and Mothers Hospital	✓			
Mater Public Childrens Hospital	✓			
Miles Hospital				✓
Mossman Hospital				✓
Mount Isa Hospital		✓		
Nambour Hospital	✓			
Princess Alexandra Hospital	✓			
Proserpine Hospital			✓	
Queen Elizabeth II Jubilee Hospital		✓		
Redcliffe Hospital		✓		
Redland Hospital		✓		
Rockhampton Base Hospital		✓		
Roma Hospital				✓
Royal Brisbane Hospital (inc. Royal Women's)	✓			
Royal Childrens Hospital	✓			
St George Hospital				✓
Stanthorpe Hospital				✓
The Prince Charles Hospital	✓			
Thursday Island Hospital				✓
Toowoomba Hospital	✓			
The Townsville Hospital (inc. Kirwan)	✓			
Tully Hospital				✓
Warwick Hospital			✓	
Weipa Hospital				✓
Wynnum Hospital				✓
Yeppoon Hospital				✓





# Measured Quality Hospital Report

## Clinical Utilisation and Outcomes - 2003

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Indicator	2001/02	2000/01	1999/00	3 Year Mean	Peer Group Mean	State Mean
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### Bundaberg Hospital

#### Central Zone

#### Large Peer Group

#### Acute Myocardial Infarction

CI01.1	In-hospital Mortality	19.6 *	29.8 **	14.4	20.6 **	12.0	13.9
CI01.2	Long Stay Rates	6.4	10.7	10.4	9.2	6.5	9.9

#### Heart Failure

CI02.1	In-hospital Mortality	2.3	14.1	10.2	9.4	7.3	6.6
CI02.2	Long Stay Rates	11.8	9.9	13.0	11.7	9.2	9.8

#### Stroke

CI03.1	In-hospital Mortality	37.7 *	38.4 *	44.8 *	40.2 **	19.3	19.2
CI03.2	Long Stay Rates	3.6	11.1	21.6 *	11.4	8.8	8.7
CI03.2a	Acute Long Stay Rates	4.7	0.0	-	2.7	7.7	10.9
CI03.4	Nursing Home Separations	0.0 *	7.1	17.4	8.3	15.4	13.3

#### Pneumonia

CI04.1	In-hospital Mortality	11.3	9.4	23.3 **	15.1 **	6.5	7.0
CI04.2	Long Stays	10.6	21.8 *	7.7	14.4	10.2	12.2

#### Fractured Neck of Femur

CI06.1	In-hospital Mortality	2.8	9.5	4.4	5.0	6.3	7.7
CI06.2	Long Stays	30.4 *	6.6	5.3	16.7	13.5	13.2
CI06.2a	Acute Long Stays	4.4	0.0	-	2.8	8.4	11.9
CI06.5	Nursing Home Separations	27.1	0.0 *	30.3	21.4	20.0	19.9
CI06.6	Complications of Surgery	0.0 *	0.0	8.6	3.2 *	12.0	11.8

#### Knee Replacement

CI07.1	Long Stays	0.0	12.1	-	7.7	5.6	9.4
CI07.3	Complications of Surgery	7.0	7.7	-	10.6	15.9	17.5

#### Hip Replacement

CI08.1	Long Stay Rates	7.8	0.0	-	7.7	10.6	12.6
CI08.3	Complications of Surgery	23.3	6.0	-	17.9	26.5	23.4

#### Hysterectomy

CI09.1	Long Stay rates	8.0	11.0	10.4	10.1	9.5	13.3
CI09.3	Complications of Surgery	2.8	3.4	5.8 *	4.2 *	7.9	8.6
CI09.4	on Women < 35 years	10.0	4.5 *	13.3	9.3	11.1	9.8
CI09.5	Blood Transfusion Rates	2.8	1.5	1.3	1.7	2.5	3.2

#### Standard Primiparae

CI10.1	C-section	-	12.5	12.2	12.3	-	-
CI10.2	Induction of Labour	-	14.5	9.3	12.0 *	-	-
CI10.3	Perineal Tears	-	4.9	2.1	3.5	-	-

#### Small for Gestational Age

CI11.1	Small for Gestational Age	-	3.1	3.6	3.4	-	-
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Bundaberg Hospital

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Note: Coloured text indicates the facilities performance has been identified in the outlier criteria, warranting further investigation.

Data for this quadrant has been adjusted in an attempt to allow for casemix differences between hospitals. The availability of individual patient records has also enabled the calculation of confidence intervals and thus the identification of statistical significance for these estimates.

COI.0031.0003.00427

# Measured Quality Hospital Report

## Clinical Utilisation and Outcomes - 2003

CABINET IN CONFIDENCE

Indicator		2001/02	2000/01	1999/00	3 Year Mean	Peer Group Mean	State Mean
<b>Maternal Post-Natal Long Stay Rate</b>							
CI13.1	Vaginal Births	-	3.3 **	4.2 **	3.8 **	-	-
CI13.2	Caesarean Section Births	-	3.9	2.4	3.2 *	-	-
<b>Asthma</b>							
CI14.1	Long Stay Rates	8.5	8.1	2.9 *	5.6	10.9	10.9
<b>Colorectal Carcinoma</b>							
CI15.1	Long Stay Rates	3.7	12.7	-	9.0	8.3	10.3
CI15.3	Complications of Surgery	24.4	39.5	-	30.9	18.3	20.9

### Statistical Significance

- \* Between 90% and 99.9% certain that the result for the facility is different than the cohort average. There is some evidence to suggest that these hospitals are performing differently compared to the mean of the facilities in the cohort, although there is a reasonable possibility that the result is due to chance.
- \*\* 99.9% certain that the result for the facility is different in comparison to the cohort average. There is little doubt that the performance indicator for the facility is significantly different from the mean for all hospitals in the peer group.



# Measured Quality Hospital Report - Efficiency - 2003

Indicator	Current	Previous	Peer Group Median	State Median	Potential Saving
Bundaberg Hospital					
Central Zone			Large Peer Group		
Ordinary FTE (Worked)					
EFF-01 All staff	401	414	401	95.5	
EFF-01.2 Managerial And Clerical	62.0	61.9	61.0	11.2	
EFF-01.3 Medical	36.2	34.8	45.5	4.12	
EFF-01.4 Nursing	174	187	174	48.1	
EFF-01.4a Nursing Agency	0.00	0.11	1.30	0.00	
EFF-01.5 Operational	89.0	87.8	71.5	27.3	
EFF-01.6 Trade And Artisans	5.80	6.14	1.25	1.03	
EFF-01.7 Visiting Medical Officers	2.61	3.01	3.56	0.67	
EFF-01.8 Professional	28.2	30.1	21.5	7.42	
EFF-01.9 Technical	3.89	3.69	1.23	1.59	
Total FTE					
EFF-02 All staff	511	526	511	126	
EFF-02.2 Managerial And Clerical	78.5	76.3	73.8	14.3	
EFF-02.3 Medical	49.2	47.1	62.0	5.79	
EFF-02.4 Nursing	221	235	221	60.5	
EFF-02.4a Nursing Agency	0.00	0.11	1.30	0.00	
EFF-02.5 Operational	111	110	91.5	34.6	
EFF-02.6 Trade And Artisans	7.48	8.75	1.19	1.22	
EFF-02.7 Visiting Medical Officers	3.44	4.26	4.46	0.89	
EFF-02.8 Professional	35.2	39.0	29.6	9.62	
EFF-02.9 Technical	5.51	5.65	1.10	1.96	
Proportion of Sick Leave					
EFF-03 All staff	4.26%	3.99%	4.71%	4.59%	
EFF-03.2 Managerial And Clerical	4.91%	3.73%	4.36%	3.99%	
EFF-03.3 Medical	0.97%	1.18%	1.76%	1.56%	
EFF-03.4 Nursing	4.49%	4.37%	5.24%	4.71%	
EFF-03.5 Operational	4.68%	3.97%	5.64%	4.99%	
EFF-03.6 Trade And Artisans	11.5%	16.8%	4.74%	4.26%	
EFF-03.7 Visiting Medical Officers	0.63%	0.91%	0.67%	0.60%	
EFF-03.8 Professional	2.69%	2.03%	2.95%	2.95%	
EFF-03.9 Technical	7.24%	13.1%	3.09%	3.30%	
Cost of Sick Leave per FTE					
EFF-04 All staff	\$1,455	\$1,331	\$1,470	\$1,450	
EFF-04.2 Managerial And Clerical	\$1,450	\$1,092	\$1,362	\$1,129	
EFF-04.3 Medical	\$812	\$674	\$1,202	\$1,033	
EFF-04.4 Nursing	\$1,661	\$1,597	\$1,660	\$1,582	
EFF-04.5 Operational	\$1,102	\$1,099	\$1,198	\$1,237	
EFF-04.6 Trade And Artisans	\$3,897	\$3,915	\$1,622	\$1,243	
EFF-04.7 Visiting Medical Officers	\$1,159	\$1,519	\$1,159	\$931	
EFF-04.8 Professional	\$1,454	\$1,057	\$1,290	\$1,384	
EFF-04.9 Technical	\$2,955	\$1,365	\$1,306	\$1,409	
Proportion of Overtime					
EFF-05 All staff	3.00%	2.80%	2.75%	2.47%	

Bundaberg Hospital

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Note: Current data coloured text indicates result in the 1st or 4th quartile. Previous data coloured indicates at least 5% change to the current year data. Summary data has been used for this quadrant. Consequently, it is not possible to allow for casemix differences or to identify statistical significance.



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# Measured Quality Hospital Report - Efficiency - 2003

Indicator	Current	Previous	Peer Group Median	State Median	Potential Saving
<b>Proportion of Overtime</b>					
EFF-05.2 Managerial And Clerical	0.57%	0.55%	0.51%	0.32%	
EFF-05.3 Medical	17.6%	18.7%	16.3%	20.6%	
EFF-05.3a Senior Medical	21.4%	22.9%	19.8%	23.5%	
EFF-05.3b Junior Medical	9.98%	8.97%	9.98%	14.7%	
EFF-05.4 Nursing	1.60%	1.11%	0.92%	0.88%	
EFF-05.5 Operational	0.55%	0.43%	0.85%	0.61%	
EFF-05.6 Trade And Artisans	3.21%	1.81%	2.63%	1.33%	
EFF-05.7 Visiting Medical Officers	27.6%	35.1%	21.9%	6.24%	
EFF-05.8 Professional	3.96%	3.82%	3.96%	3.96%	
EFF-05.9 Technical	0.52%	0.11%	0.00%	0.05%	
<b>Cost of Overtime per FTE</b>					
EFF-06 All staff	\$3,158	\$2,907	\$3,038	\$2,816	\$48,000
EFF-06.2 Managerial And Clerical	\$355	\$331	\$278	\$190	
EFF-06.3 Medical	\$20,604	\$20,081	\$19,404	\$25,548	\$43,000
EFF-06.3a Senior Medical	\$21,756	\$21,893	\$20,743	\$25,546	\$24,000
EFF-06.3b Junior Medical	\$18,338	\$15,931	\$18,338	\$26,031	
EFF-06.4 Nursing	\$1,194	\$780	\$669	\$595	\$91,000
EFF-06.5 Operational	\$302	\$228	\$500	\$334	
EFF-06.6 Trade And Artisans	\$2,041	\$1,059	\$1,503	\$881	
EFF-06.7 Visiting Medical Officers	\$53,150	\$67,180	\$41,843	\$12,380	\$29,000
EFF-06.8 Professional	\$4,066	\$3,616	\$3,701	\$3,679	\$10,000
EFF-06.9 Technical	\$388	\$91.12	\$0.00	\$33.32	
<b>Proportion of Unscheduled Leave</b>					
EFF-07 All staff	10.6%	10.3%	11.0%	10.9%	
EFF-07.2 Managerial And Clerical	10.6%	8.32%	9.10%	9.34%	
EFF-07.3 Medical	10.6%	7.73%	5.90%	6.18%	
EFF-07.4 Nursing	10.2%	10.5%	11.8%	10.7%	
EFF-07.5 Operational	11.5%	9.98%	13.1%	11.9%	
EFF-07.6 Trade And Artisans	12.8%	28.7%	12.0%	11.2%	
EFF-07.7 Visiting Medical Officers	0.85%	1.48%	4.60%	2.87%	
EFF-07.8 Professional	8.01%	11.1%	9.53%	9.83%	
EFF-07.9 Technical	24.9%	40.5%	9.15%	9.57%	
<b>Cost of Unscheduled Leave per FTE</b>					
EFF-08 All staff	\$4,112	\$3,779	\$3,622	\$3,391	\$197,000
EFF-08.2 Managerial And Clerical	\$3,616	\$2,657	\$2,635	\$2,632	\$61,000
EFF-08.3 Medical	\$8,497	\$6,478	\$4,098	\$3,907	\$159,000
EFF-08.4 Nursing	\$3,946	\$3,911	\$3,684	\$3,497	\$45,000
EFF-08.5 Operational	\$2,934	\$2,746	\$3,034	\$2,919	
EFF-08.6 Trade And Artisans	\$4,357	\$6,700	\$4,037	\$3,342	
EFF-08.7 Visiting Medical Officers	\$1,535	\$1,988	\$6,381	\$4,513	
EFF-08.8 Professional	\$3,447	\$3,348	\$3,994	\$3,968	
EFF-08.9 Technical	\$11,837	\$15,088	\$3,327	\$3,327	\$33,000
<b>Proportion of WorkCover Leave</b>					
EFF-09 All staff	0.46%	0.30%	0.47%	0.35%	
EFF-09.2 Managerial And Clerical	1.27%	0.43%	0.05%	0.00%	
EFF-09.3 Medical	0.00%	0.00%	0.00%	0.00%	
EFF-09.4 Nursing	0.12%	0.12%	0.43%	0.25%	
EFF-09.5 Operational	0.95%	0.30%	0.93%	0.41%	

Bundaberg Hospital

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# Measured Quality Hospital Report - Efficiency - 2003

Indicator	Current	Previous	Peer Group Median	State Median	Potential Saving
<b>Proportion of WorkCover Leave</b>					
EFF-09.6 Trade And Artisans	0.00%	7.79%	0.00%	0.00%	
EFF-09.7 Visiting Medical Officers	0.00%	0.00%	0.00%	0.00%	
EFF-09.8 Professional	0.04%	0.01%	0.04%	0.00%	
EFF-09.9 Technical	0.00%	0.00%	0.00%	0.00%	
<b>WorkCover Risk</b>					
EFF-10	1.15%	0.71%	1.76%	1.13%	
<b>Occupancy Rate (Bed Day Efficiency)</b>					
EFF-30	80.1%	82.7%	80.1%	60.2%	
<b>Average Length of Stay</b>					
EFF-31	2.54	2.55	2.71	2.78	
<b>Proportion of Same Day Patients</b>					
EFF-33	50.9%	48.9%	44.7%	35.8%	
<b>Elective Surgery Long Wait proportion</b>					
EFF-34.1 Category 1	0.00%	0.00%	0.00%	0.00%	
EFF-34.2 Category 2	4.00%	1.06%	4.00%	4.18%	
EFF-34.3 Category 3	16.4%	14.2%	16.4%	14.9%	
<b>Day Surgery Rate</b>					
EFF-35	63.7%	61.4%	57.8%	56.4%	
<b>Day of Surgery Admission Rate</b>					
EFF-36	80.9%	90.9%	91.3%	90.9%	
<b>Average Cost / Weighted Separation (NHCD)</b>					
EFF-50	\$2,739	\$1,828	\$2,739	\$2,739	
<b>Average Cost / Weighted Separation (FRAC)</b>					
EFF-51	\$1,872	\$2,002	\$2,410	\$2,598	
<b>Top 10 DRG Average cost</b>					
EFF-52.01 (1) L61Z Admit For Renal Dialysis	\$531	\$246	\$344	\$418	\$599,000
EFF-52.02 (2) O60D Vaginal Delivery - Comp Diag	\$2,289	\$1,850	\$2,017	\$1,963	\$157,000
EFF-52.03 (3) Z60A Rehabilitation + CSCC	\$7,762	\$4,619	\$9,101	\$9,688	
EFF-52.04 (4) U61A Schizophrenia Disorders+MHLS	\$12,112	\$7,661	\$13,022	\$13,022	
EFF-52.05 (5) P67D Neo,Admwt >2499g-Sig Or Pr-Prb	\$802	\$413	\$1,148	\$973	
EFF-52.06 (6) E65B Chnric Obstrct Airway Dis-CSCC	\$3,461	\$1,495	\$2,668	\$2,668	\$111,000
EFF-52.07 (7) U63B Major Affective Dsrd A<70-CSCC	\$5,984	\$6,775	\$6,211	\$8,825	
EFF-52.08 (8) U61B Schizophrenia Disorders-MHLS	\$7,146	\$5,714	\$5,792	\$5,792	\$89,000
EFF-52.09 (9) O01D Caesarean Delivery - Comp Diag	\$3,868	\$3,128	\$3,962	\$4,016	
EFF-52.10 (10) U67Z Personlty Dsrd&Acute Reactions	\$2,900	\$3,035	\$2,592	\$3,240	\$47,000
<b>Casemix Efficiency - Acute Inpatients</b>					
EFF-53	136%	93.3%	136%	129%	
<b>Asset Condition</b>					
EFF-57	60.1%	60.9%	59.9%	57.9%	
<b>Food Services - total cost per OBD</b>					
EFF-58	\$36.93	\$33.48	\$26.84	\$27.45	\$330,000
<b>Cleaning - total cost per m2</b>					
EFF-59	\$37.83	\$33.56	\$39.22	\$39.27	
<b>Linen Cost per OBD</b>					
EFF-60	\$1.41	\$0.49	\$1.42	\$1.41	
<b>Energy Consumption per square metre</b>					
EFF-61	\$14.13	\$17.95	\$20.19	\$23.59	

# Measured Quality Hospital Report

## System Integration and Change - 2003

Indicator	Current	Previous	Peer Group Median	State Median	
Bundaberg Hospital					
Central Zone		Large Peer Group			
Accreditation					
SIC01	Yes	Yes	13/13	49/57	
Credentialling					
SIC02	Yes	N/R	9/13	52/58	
Workforce Management					
SIC03.1	Retention of Nursing Staff	84.8%	85.8%	82.3%	78.1%
SIC03.2	Retention of Nursing Staff - LO1.8	81.6%	86.2%	81.6%	78.6%
SIC03.3	Median Age Nursing Staff	42.6	42.6	42.6	42.6
SIC03.4	Retention of Allied Health Staff	74.5%	81.4%	70.4%	72.3%
SIC03.5	Cost of Training and Study Leave per FTE	\$309	\$295	\$329	\$341
SIC03.6	Cost of Education and Conference Courses per FTE	\$24.32	\$96.08	\$101	\$112
Quality of information					
SIC04.1	Accuracy	87.4%	94.3%	92.6%	94.2%
SIC04.2a	Timeliness - Number of months on time	8	5	8	7
SIC04.2b	Timeliness - Number of days late per month	1.0	1.8	2.5	7.0
Use of Information					
SIC05.1	Availability of electronic information	20.8%	N/R	27.1%	22.6%
SIC05.2	Collection and use of clinical information	3/3	N/R	3	3
Benchmarking					
SIC06.1	In selected clinical areas	100%	65.4%	36.4%	27.5%
SIC06.2	In selected clinical areas - internal	100%	57.7%	0.0%	0.0%
SIC06.3	In selected clinical areas - external	100%	73.1%	72.7%	50.0%
Clinical Pathways					
SIC07.1	Extent of development and use in selected clinical areas	70.0%	N/R	27.5%	16.2%
SIC07.2	Extent of development and use as per Ontario	80.0%	66.7%	43.3%	31.7%
SIC07.3	Surgical (Orthopaedic) - extent of development and use	50.0%	50.0%	50.0%	50.0%
SIC07.4	Medical - extent of development and use	60.0%	40.0%	30.0%	19.4%
SIC07.5	O & G - extent of development and use	75.0%	75.0%	50.0%	50.0%
Facilitating continuity of care					
SIC08.1	Memorandum of understanding with local GPs	Yes	N/R	7/13	26/54
SIC08.2	Use of pre admission clinics for elective surgery	2/2	N/R	2	2
SIC08.3	Provision of discharge summaries to GPs	25.0%	N/R	37.5%	37.5%
SIC08.4	Shared ante and post natal care	4/4	N/R	3	2
SIC08.5	Cardiac rehabilitation	2/2	N/R	2	2
SIC08.6	Diabetic management service	3/3	N/R	2	2
Telehealth					
SIC09	Extent of telehealth usage	5.8%	3.8%	1.9%	3.8%

## Measured Quality Hospital Report - Patient Satisfaction - 2003

## Bundaberg Hospital

## Central Zone

## Large

Hospital Score: Peer Significance: Peer Group Mean: State Mean:

## Service Type: All types combined

PS01	Access and Admission Index	67.6	*	65.3	66.1
PS02	Complaints Management Index	64.0		64.0	65.2
PS03	Discharge and Follow-up Index	60.8		60.9	62.1
PS04	General Patient Information Index	70.4		69.2	69.9
PS05	Overall Care Index	65.7		65.2	65.9
PS06	Physical Environment Index	66.7		66.5	65.5
PS07	Treatment & Related Information Index	62.4		64.0	65.6

## Service Type: Maternity

PS01	Access and Admission Index	68.8		67.8	68.2
PS02	Complaints Management Index	62.5		65.6	66.0
PS03	Discharge and Follow-up Index	67.9		65.2	66.0
PS04	General Patient Information Index	67.8		68.1	68.0
PS05	Overall Care Index	65.7		66.9	67.2
PS06	Physical Environment Index	62.8	*	68.4	67.9
PS07	Treatment & Related Information Index	63.4		65.5	66.2

## Service Type: Medical

PS01	Access and Admission Index	67.0		64.5	65.6
PS02	Complaints Management Index	63.8		63.4	64.9
PS03	Discharge and Follow-up Index	58.5		60.1	61.4
PS04	General Patient Information Index	70.6		69.3	70.1
PS05	Overall Care Index	65.3		64.7	65.7
PS06	Physical Environment Index	67.5		66.2	65.5
PS07	Treatment & Related Information Index	61.3		63.3	65.4

## Service Type: Mental Health

PS01	Access and Admission Index	60.0		58.7	56.7
PS02	Complaints Management Index	55.9		57.2	55.6
PS03	Discharge and Follow-up Index	63.6		54.0	54.4
PS04	General Patient Information Index	61.4		58.5	58.0
PS05	Overall Care Index	58.7		57.6	56.1
PS06	Physical Environment Index	65.0		63.5	60.3
PS07	Treatment & Related Information Index	52.5		53.1	51.8

## Service Type: Surgical

PS01	Access and Admission Index	71.4		68.9	69.5
PS02	Complaints Management Index	67.9		67.8	68.6
PS03	Discharge and Follow-up Index	64.3		64.0	65.1
PS04	General Patient Information Index	73.6		72.9	73.3
PS05	Overall Care Index	69.2		68.7	68.9
PS06	Physical Environment Index	66.5		67.3	65.9
PS07	Treatment & Related Information Index	68.4		69.2	69.7

## Statistical Significance

- \* Between 90% and 99.9% certain that the result for the facility is different than the cohort average. There is some evidence to suggest that these hospitals are performing differently compared to the mean of the facilities in the cohort, although there is a reasonable possibility that the result is due to chance.
- \*\* 99.9% certain that the result for the facility is different in comparison to the cohort average. There is little doubt that the performance indicator for the facility is significantly different from the mean for all hospitals in the peer group.


  
 COI.0031.0003.00433

# Measured Quality Hospital Outlier Report CABINET IN CONFIDENCE

## Clinical Utilisation and Outcomes - 2003

Indicator	2001/02	2000/01	1999/00	3 Year Mean	Peer Group Mean	State Mean
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### Bundaberg Hospital

#### Central Zone

#### Large Peer Group

#### Acute Myocardial Infarction

CI01.1	In-hospital Mortality	19.6 *	29.8 **	14.4	20.6 **	12.0	13.9
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Analysis of this indicator has revealed the following:

- A result recorded during the three years has been identified at the 99.9% confidence level for either the state or peer result.
- A result has been recorded where performance has moved at least two peer group confidence levels in two successive periods.
- A result has been recorded where performance has been higher than or lower than the 90% peer group confidence level for two successive periods.

#### Stroke

CI03.1	In-hospital Mortality	37.7 *	38.4 *	44.8 *	40.2 **	19.3	19.2
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Analysis of this indicator has revealed the following:

- A result has been recorded where performance has been higher than or lower than the 90% peer group confidence level for two successive periods.

#### Pneumonia

CI04.1	In-hospital Mortality	11.3	9.4	23.3 **	15.1 **	6.5	7.0
--------	-----------------------	------	-----	---------	---------	-----	-----

Analysis of this indicator has revealed the following:

- A result recorded during the three years has been identified at the 99.9% confidence level for either the state or peer result.
- A result has been recorded where performance has moved at least two peer group confidence levels in two successive periods.

#### Maternal Post-Natal Long Stay Rate

CI13.1	Vaginal Births	-	3.3 **	4.2 **	3.8 **	-	-
--------	----------------	---	--------	--------	--------	---	---

Analysis of this indicator has revealed the following:

- A result recorded during the three years has been identified at the 99.9% confidence level for either the state or peer result.
- A result has been recorded where performance has been higher than or lower than the 90% peer group confidence level for two successive periods.

#### Statistical Significance

- \* Between 90% and 99.9% certain that the result for the facility is different than the cohort average. There is some evidence to suggest that these hospitals are performing differently compared to the mean of the facilities in the cohort, although there is a reasonable possibility that the result is due to chance.
- \*\* 99.9% certain that the result for the facility is different in comparison to the cohort average. There is little doubt that the performance indicator for the facility is significantly different from the mean for all hospitals in the peer group.



# Measured Quality Hospital Outlier Report - Efficiency - 2003

Indicator	Current	Previous	Peer Group Median	State Median	Potential Saving
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## Bundaberg Hospital

### Central Zone

### Large Peer Group

#### Ordinary FTE (Worked)

EFF-01.9 Technical	3.89	3.69	1.23	1.59	
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During the period of analysis, the result for this indicator (3.89) was significantly different from the peer group median result (1.23). The result for the current year has declined from the result recorded in the previous year (3.69).

#### Total FTE

EFF-02.9 Technical	5.51	5.65	1.10	1.96	
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During the period of analysis, the result for this indicator (5.51) was significantly different from the peer group median result (1.10). The result for the current year is not significantly different from the result recorded in the previous year (5.65).

#### Proportion of Sick Leave

EFF-03 All staff	4.26%	3.99%	4.71%	4.59%	
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During the period of analysis, the result for this indicator (4.26%) was significantly different from the peer group median result (4.71%). The result for the current year has declined from the result recorded in the previous year (3.99%).

EFF-03.3 Medical	0.97%	1.18%	1.76%	1.56%	
------------------	-------	-------	-------	-------	--

During the period of analysis, the result for this indicator (0.97%) was significantly different from the peer group median result (1.76%). The result for the current year has improved from the result recorded in the previous year (1.18%).

EFF-03.4 Nursing	4.49%	4.37%	5.24%	4.71%	
------------------	-------	-------	-------	-------	--

During the period of analysis, the result for this indicator (4.49%) was significantly different from the peer group median result (5.24%). The result for the current year is not significantly different from the result recorded in the previous year (4.37%).

EFF-03.5 Operational	4.68%	3.97%	5.64%	4.99%	
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During the period of analysis, the result for this indicator (4.68%) was significantly different from the peer group median result (5.64%). The result for the current year has declined from the result recorded in the previous year (3.97%).

EFF-03.9 Technical	7.24%	13.1%	3.09%	3.30%	
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During the period of analysis, the result for this indicator (7.24%) was significantly different from the peer group median result (3.09%). The result for the current year has improved from the result recorded in the previous year (13.1%).

#### Cost of Sick Leave per FTE

EFF-04.3 Medical	\$812	\$674	\$1,202	\$1,033	
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During the period of analysis, the result for this indicator (\$812) was significantly different from the peer group median result (\$1,202). The result for the current year has declined from the result recorded in the previous year (\$674).

EFF-04.6 Trade And Artisans	\$3,897	\$3,915	\$1,622	\$1,243	
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During the period of analysis, the result for this indicator (\$3,897) was significantly different from the peer group median result (\$1,622). The result for the current year is not significantly different from the result recorded in the previous year (\$3,915).

EFF-04.9 Technical	\$2,955	\$1,365	\$1,306	\$1,409	
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During the period of analysis, the result for this indicator (\$2,955) was significantly different from the peer group median result (\$1,306). The result for the current year has declined from the result recorded in the previous year (\$1,365).

#### Proportion of Overtime

EFF-05.4 Nursing	1.60%	1.11%	0.92%	0.88%	
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During the period of analysis, the result for this indicator (1.60%) was significantly different from the peer group median result (0.92%). The result for the current year has declined from the result recorded in the previous year (1.11%).

EFF-05.9 Technical	0.52%	0.11%	0.00%	0.05%	
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During the period of analysis, the result for this indicator (0.52%) was significantly different from the peer group median result (0.00%). The result for the current year has declined from the result recorded in the previous year (0.11%).

# Measured Quality Hospital Outlier Report - Efficiency - 2003

Indicator	Current	Previous	Peer Group Median	State Median	Potential Saving
<b>Cost of Overtime per FTE</b>					
EFF-06.4 Nursing	\$1,194	\$780	\$669	\$595	\$91,000
During the period of analysis, the result for this indicator (\$1,194) was significantly different from the peer group median result (\$669). The result for the current year has declined from the result recorded in the previous year (\$780). A potential saving of \$91,000.00 has been identified if performance for this facility was at the peer group median.					
EFF-06.9 Technical	\$388	\$91.12	\$0.00	\$33.32	
During the period of analysis, the result for this indicator (\$388) was significantly different from the peer group median result (\$0.00). The result for the current year has declined from the result recorded in the previous year (\$91.12).					
<b>Proportion of Unscheduled Leave</b>					
EFF-07.3 Medical	10.6%	7.73%	5.90%	6.18%	
During the period of analysis, the result for this indicator (10.6%) was significantly different from the peer group median result (5.90%). The result for the current year has declined from the result recorded in the previous year (7.73%).					
EFF-07.5 Operational	11.5%	9.98%	13.1%	11.9%	
During the period of analysis, the result for this indicator (11.5%) was significantly different from the peer group median result (13.1%). The result for the current year has declined from the result recorded in the previous year (9.98%).					
EFF-07.7 Visiting Medical Officers	0.85%	1.48%	4.60%	2.87%	
During the period of analysis, the result for this indicator (0.85%) was significantly different from the peer group median result (4.60%). The result for the current year has improved from the result recorded in the previous year (1.48%).					
EFF-07.9 Technical	24.9%	40.5%	9.15%	9.57%	
During the period of analysis, the result for this indicator (24.9%) was significantly different from the peer group median result (9.15%). The result for the current year has improved from the result recorded in the previous year (40.5%).					
<b>Cost of Unscheduled Leave per FTE</b>					
EFF-08 All staff	\$4,112	\$3,779	\$3,622	\$3,391	\$197,000
During the period of analysis, the result for this indicator (\$4,112) was significantly different from the peer group median result (\$3,622). The result for the current year has declined from the result recorded in the previous year (\$3,779). A potential saving of \$197,000.00 has been identified if performance for this facility was at the peer group median.					
EFF-08.3 Medical	\$8,497	\$6,478	\$4,098	\$3,907	\$159,000
During the period of analysis, the result for this indicator (\$8,497) was significantly different from the peer group median result (\$4,098). The result for the current year has declined from the result recorded in the previous year (\$6,478). A potential saving of \$159,000.00 has been identified if performance for this facility was at the peer group median.					
EFF-08.7 Visiting Medical Officers	\$1,535	\$1,988	\$6,381	\$4,513	
During the period of analysis, the result for this indicator (\$1,535) was significantly different from the peer group median result (\$6,381). The result for the current year has improved from the result recorded in the previous year (\$1,988).					
EFF-08.8 Professional	\$3,447	\$3,348	\$3,994	\$3,968	
During the period of analysis, the result for this indicator (\$3,447) was significantly different from the peer group median result (\$3,994). The result for the current year is not significantly different from the result recorded in the previous year (\$3,348).					
EFF-08.9 Technical	\$11,837	\$15,088	\$3,327	\$3,327	\$33,000
During the period of analysis, the result for this indicator (\$11,837) was significantly different from the peer group median result (\$3,327). The result for the current year has improved from the result recorded in the previous year (\$15,088). A potential saving of \$33,000.00 has been identified if performance for this facility was at the peer group median.					
<b>Proportion of WorkCover Leave</b>					
EFF-09.2 Managerial And Clerical	1.27%	0.43%	0.05%	0.00%	
During the period of analysis, the result for this indicator (1.27%) was significantly different from the peer group median result (0.05%). The result for the current year has declined from the result recorded in the previous year (0.43%).					
EFF-09.4 Nursing	0.12%	0.12%	0.43%	0.25%	
During the period of analysis, the result for this indicator (0.12%) was significantly different from the peer group median result (0.43%). The result for the current year is not significantly different from the result recorded in the previous year (0.12%).					



# Measured Quality Hospital Outlier Report - Efficiency - 2003

Indicator	Current	Previous	Peer Group Median	State Median	Potential Saving
<b>Day of Surgery Admission Rate</b>					
EFF-36	80.9%	90.9%	91.3%	90.9%	
During the period of analysis, the result for this indicator (80.9%) was significantly different from the peer group median result (91.3%). The result for the current year has declined from the result recorded in the previous year (90.9%).					
<b>Top 10 DRG Average cost</b>					
EFF-52.01 (1) L61Z Admit For Renal Dialysis	\$531	\$246	\$344	\$418	\$599,000
During the period of analysis, the result for this indicator (\$531) was significantly different from the peer group median result (\$344). The result for the current year has declined from the result recorded in the previous year (\$246). A potential saving of \$599,000.00 has been identified if performance for this facility was at the peer group median.					
<b>Food Services - total cost per OBD</b>					
EFF-58	\$36.93	\$33.48	\$26.84	\$27.45	\$330,000
During the period of analysis, the result for this indicator (\$36.93) was significantly different from the peer group median result (\$26.84). The result for the current year has declined from the result recorded in the previous year (\$33.48). A potential saving of \$330,000.00 has been identified if performance for this facility was at the peer group median.					
<b>Energy Consumption per square metre</b>					
EFF-61	\$14.13	\$17.95	\$20.19	\$23.59	
During the period of analysis, the result for this indicator (\$14.13) was significantly different from the peer group median result (\$20.19). The result for the current year has improved from the result recorded in the previous year (\$17.95).					

# Measured Quality Hospital Outlier Report

## System Integration and Change - 2003

Indicator	Current	Previous	Peer Group Median	State Median	
Bundaberg Hospital					
Central Zone			Large Peer Group		
Workforce Management					
SIC03.6	Cost of Education and Conference Courses per FTE	\$24.32	\$96.08	\$101	\$112
During the period of analysis, the result for this indicator (\$24.32) was significantly different from the peer group median result (\$101). The result for the current year has declined from the result recorded in the previous year (\$96.08).					
Benchmarking					
SIC06.1	In selected clinical areas	100%	65.4%	36.4%	27.5%
During the period of analysis, the result for this indicator (100%) was significantly different from the peer group median result (36.4%). The result for the current year has improved from the result recorded in the previous year (65.4%).					
SIC06.2	In selected clinical areas - internal	100%	57.7%	0.0%	0.0%
During the period of analysis, the result for this indicator (100%) was significantly different from the peer group median result (0.0%). The result for the current year has improved from the result recorded in the previous year (57.7%).					
SIC06.3	In selected clinical areas - external	100%	73.1%	72.7%	50.0%
During the period of analysis, the result for this indicator (100%) was significantly different from the peer group median result (72.7%). The result for the current year has improved from the result recorded in the previous year (73.1%).					
Clinical Pathways					
SIC07.1	Extent of development and use in selected clinical areas	70.0%	N/R	27.5%	16.2%
During the period of analysis, the result for this indicator (70.0%) was significantly different from the peer group median result (27.5%). The result for the current year is unable to be compared to previous results.					
SIC07.2	Extent of development and use as per Ontario	80.0%	66.7%	43.3%	31.7%
During the period of analysis, the result for this indicator (80.0%) was significantly different from the peer group median result (43.3%). The result for the current year has improved from the result recorded in the previous year (66.7%).					
SIC07.4	Medical - extent of development and use	60.0%	40.0%	30.0%	19.4%
During the period of analysis, the result for this indicator (60.0%) was significantly different from the peer group median result (30.0%). The result for the current year has improved from the result recorded in the previous year (40.0%).					

# Measured Quality Hospital Outlier Report

## Patient Satisfaction - 2003

### Bundaberg Hospital

**Central Zone****Large**

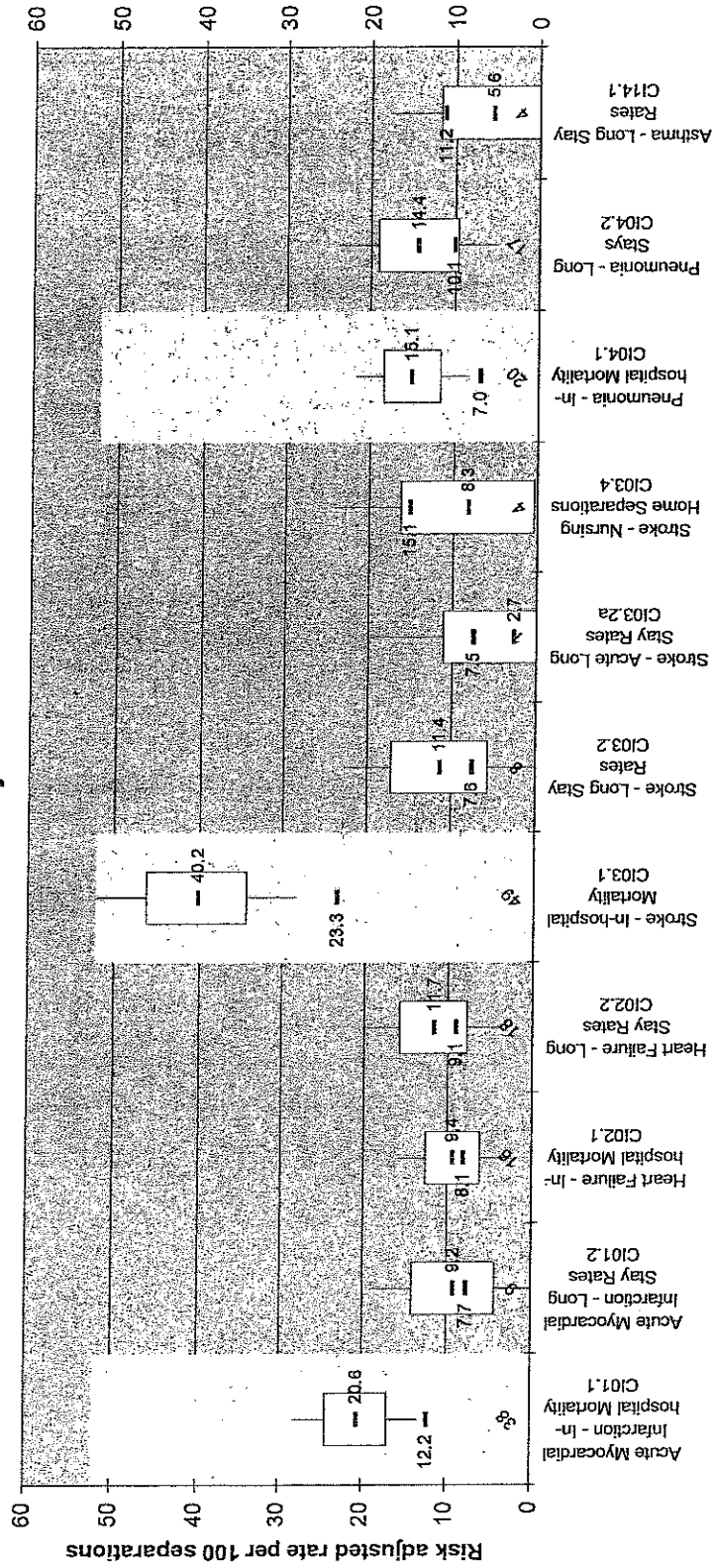
Hospital Score:    Peer Significance:    Peer Group Mean:    State Mean:

## NO INDICATORS MEET OUTLIER CRITERIA

### Statistical Significance

- \* Between 90% and 99.9% certain that the result for the facility is different than the cohort average. There is some evidence to suggest that these hospitals are performing differently compared to the mean of the facilities in the cohort, although there is a reasonable possibility that the result is due to chance.
- \*\* 99.9% certain that the result for the facility is different in comparison to the cohort average. There is little doubt that the performance indicator for the facility is significantly different from the mean for all hospitals in the peer group.

# Clinical Utilisation and Outcomes Medical - 3 year mean



Notes:

— 12.6

3 year peer group mean

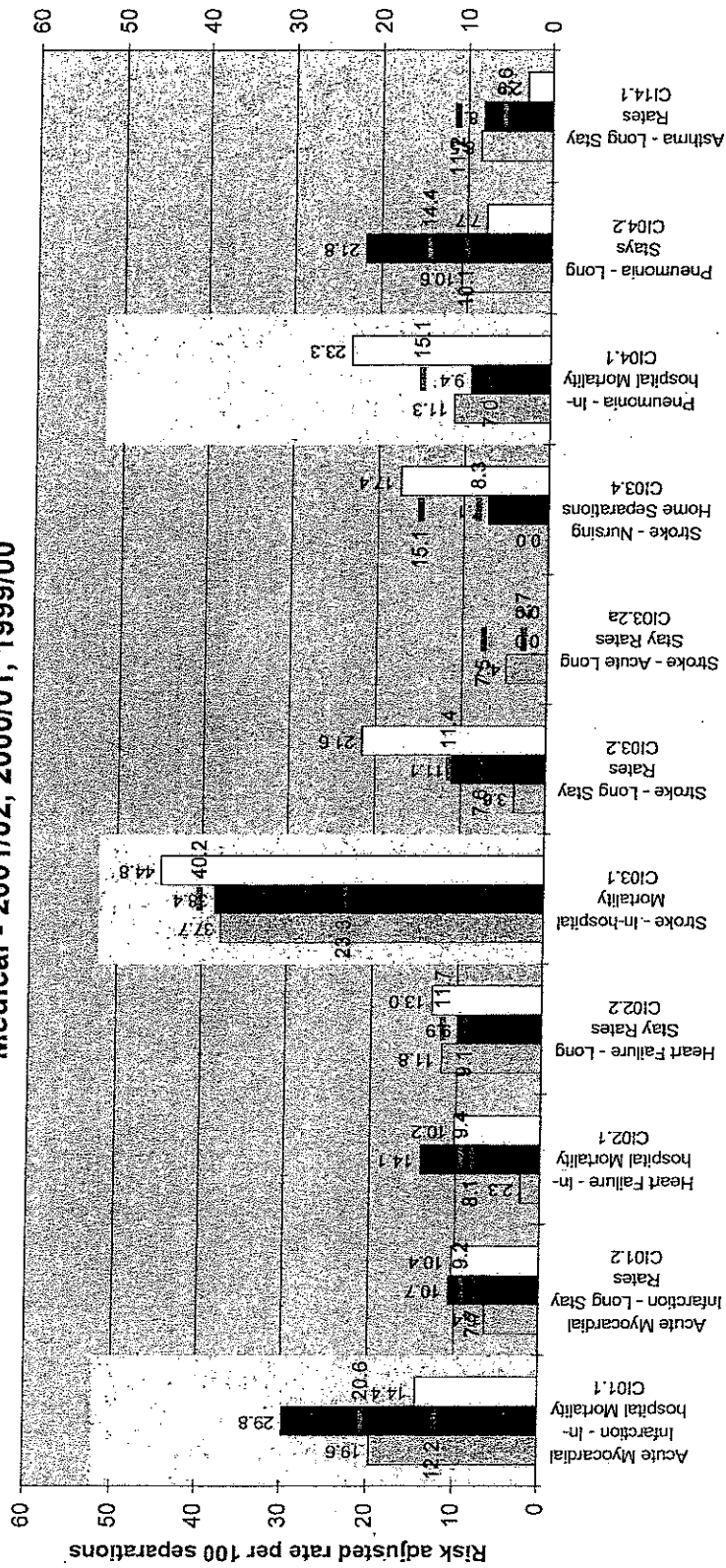
— 14.4

3 year risk adjusted rate per 100 separations

Number of observations

Outlier

# Clinical Utilisation and Outcomes Medical - 2001/02, 2000/01, 1999/00



Notes:

— 12.6 3 year peer group mean  
— 14.4 3 year risk adjusted rate per 100 separations

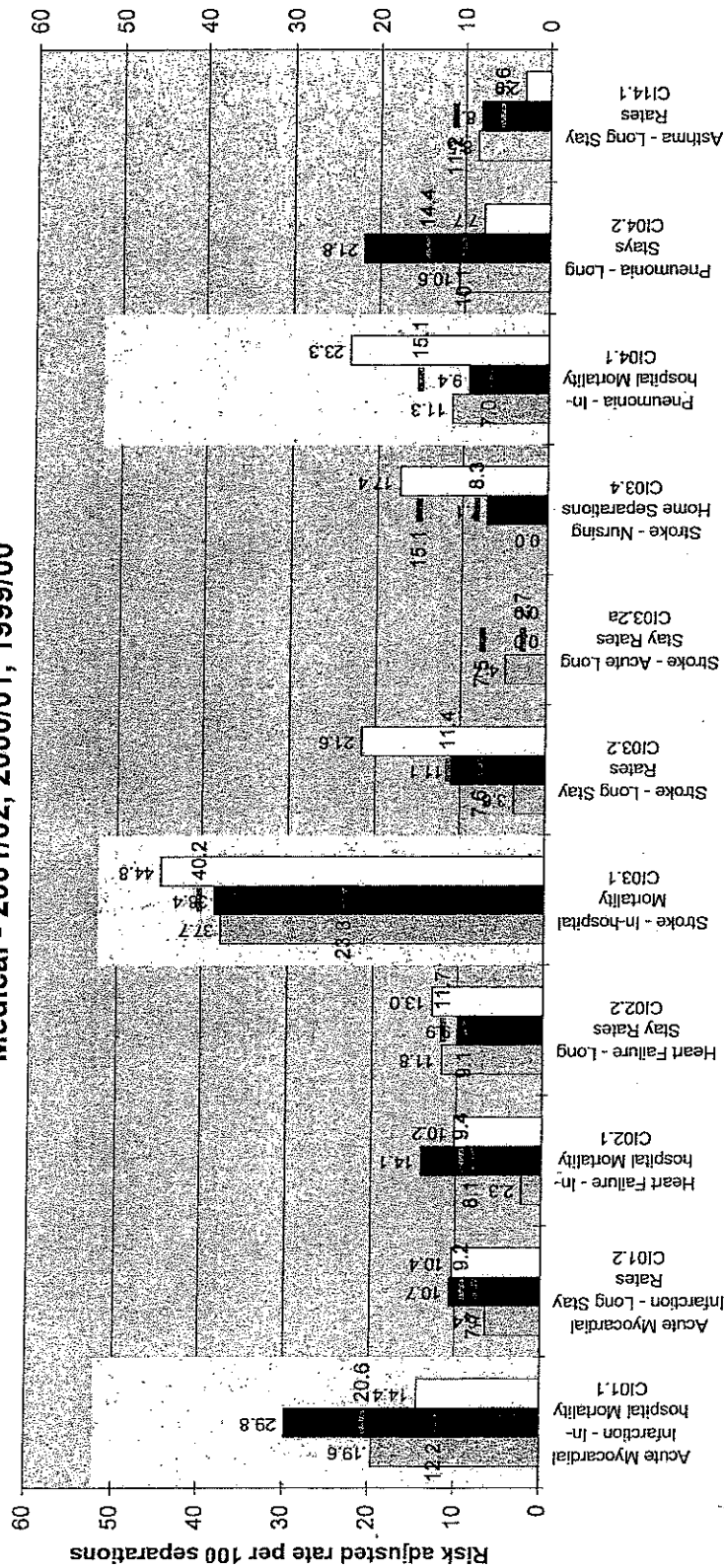
2001/02  
2000/01

1999/2000  
Outlier





# Clinical Utilisation and Outcomes Medical - 2001/02, 2000/01, 1999/00



Notes:

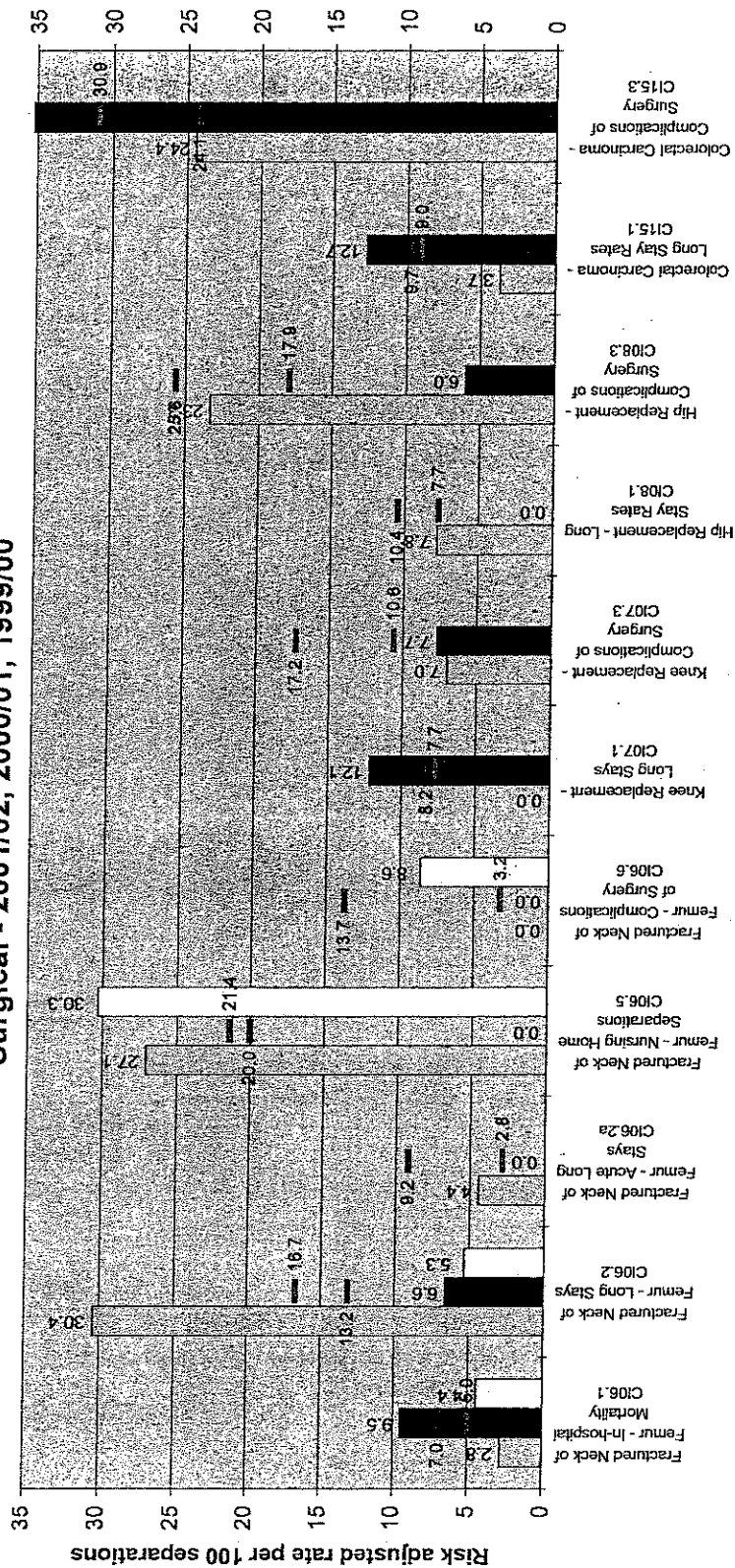
12.6 3 year peer group mean  
14.4 3 year risk adjusted rate per 100 separations

2001/02  
2000/01

1999/2000  
Outlier



# Clinical Utilisation and Outcomes Surgical - 2001/02, 2000/01, 1999/00



Notes:

— 12.6

3 year peer group mean

— 14.4

3 year risk adjusted rate per 100 separations

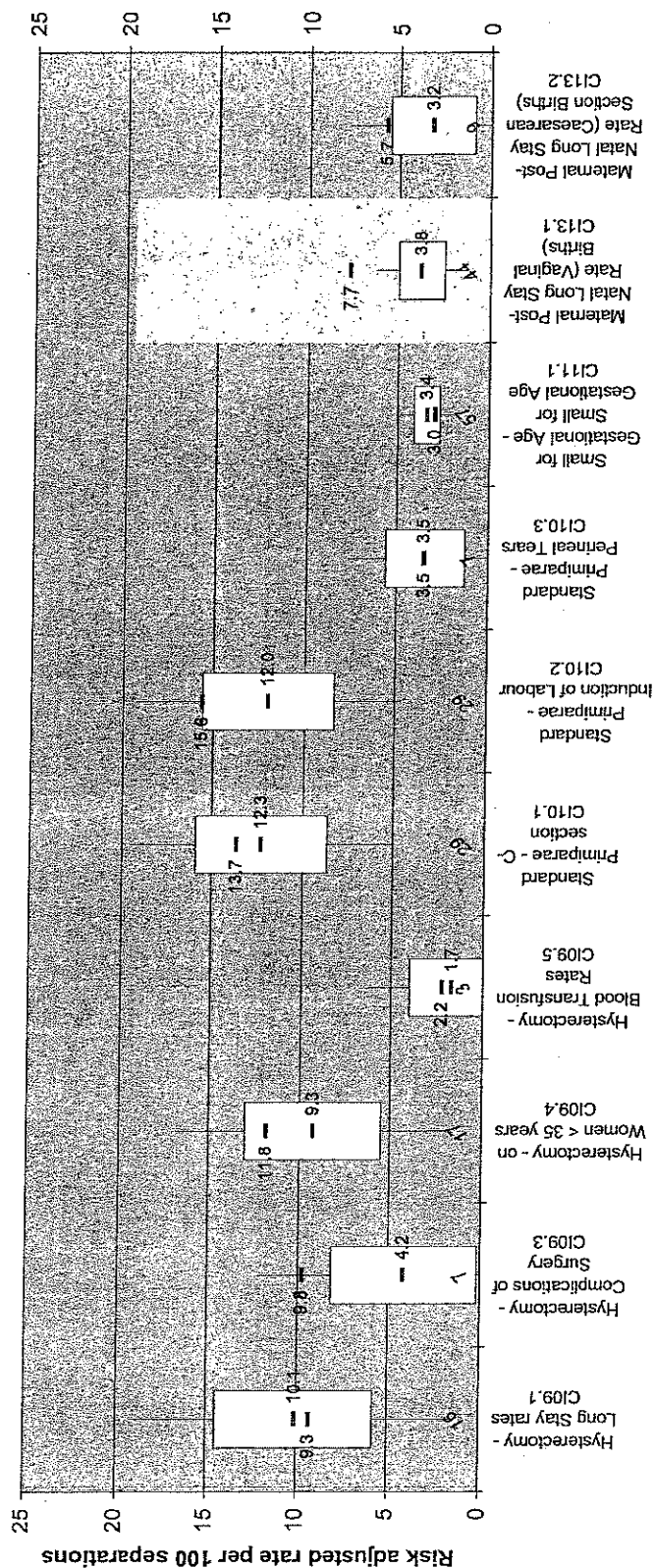
2001/02

1999/2000

Outlier

## Clinical Utilisation and Outcomes O&G Indicators

Hysterectomy - 3 year mean / Standard Primiparae & Long Stay Rates - 2 year mean



Notes:

Perinatal data currently available from Jul 1999 to Jun 2001.

12.6 3 year peer group mean

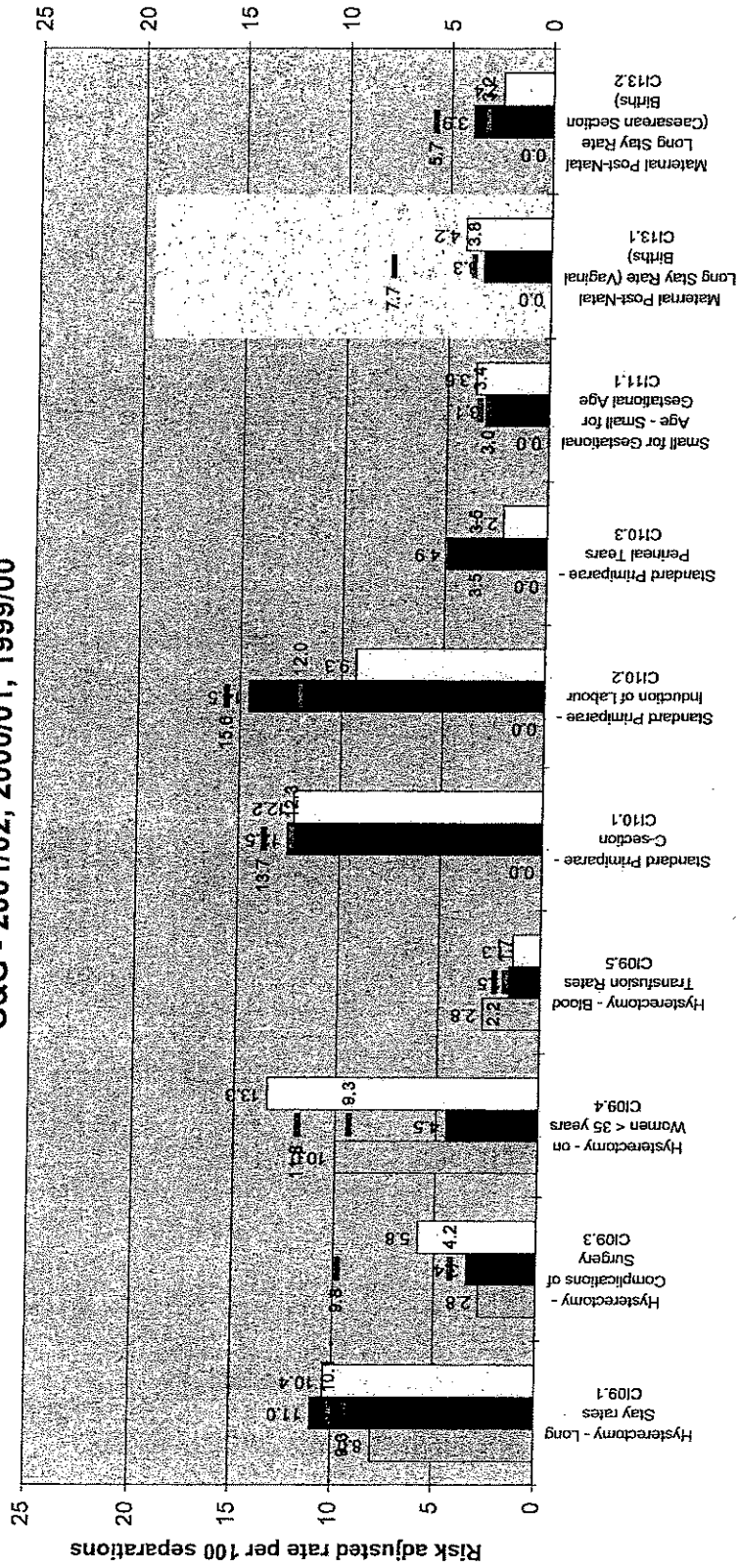
14.4 3 year risk adjusted rate per 100 separations

Number of observations

Outlier



# Clinical Utilisation and Outcomes O&G - 2001/02, 2000/01, 1999/00



Notes: Perinatal data currently available from Jul 1999 to Jun 2001

12.6

3 year peer group mean

14.4

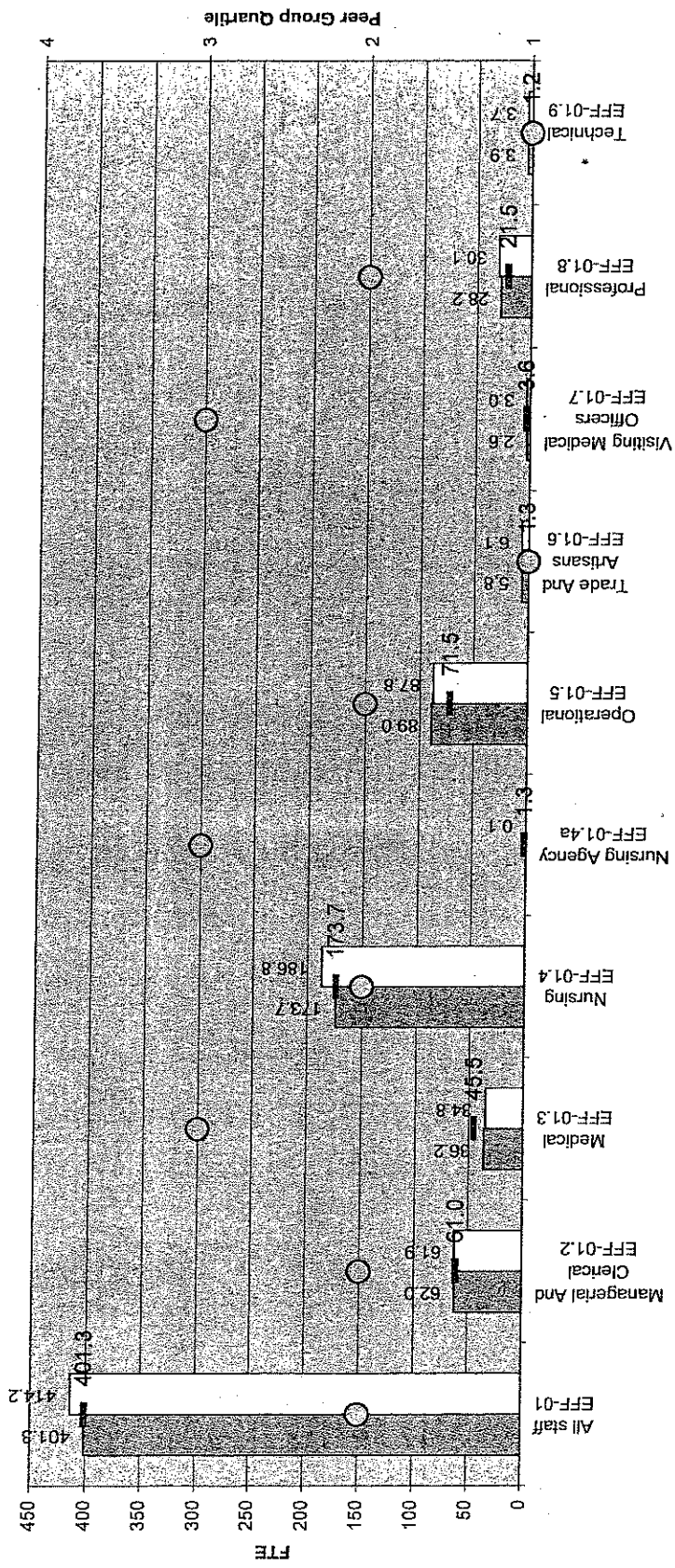
3 year risk adjusted rate per 100 separations

2001/02

1999/2000

Outlier

# Efficiency Staffing - Ordinary FTE



Notes

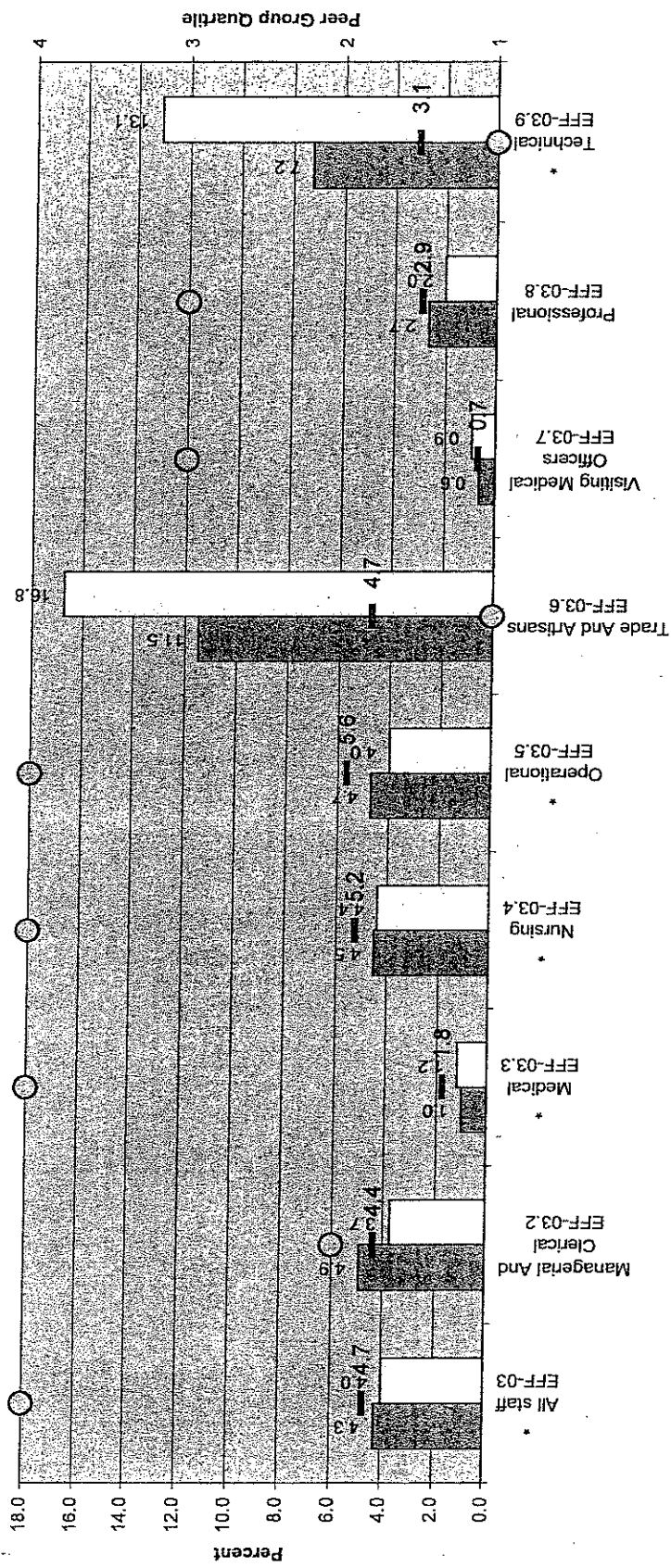
— 12.6

Peer Group Median  
Peer Group Quartile

2001/02  
2000/01

\* Indicator met outlier criteria

# Efficiency Staffing - Proportion of Sick Leave

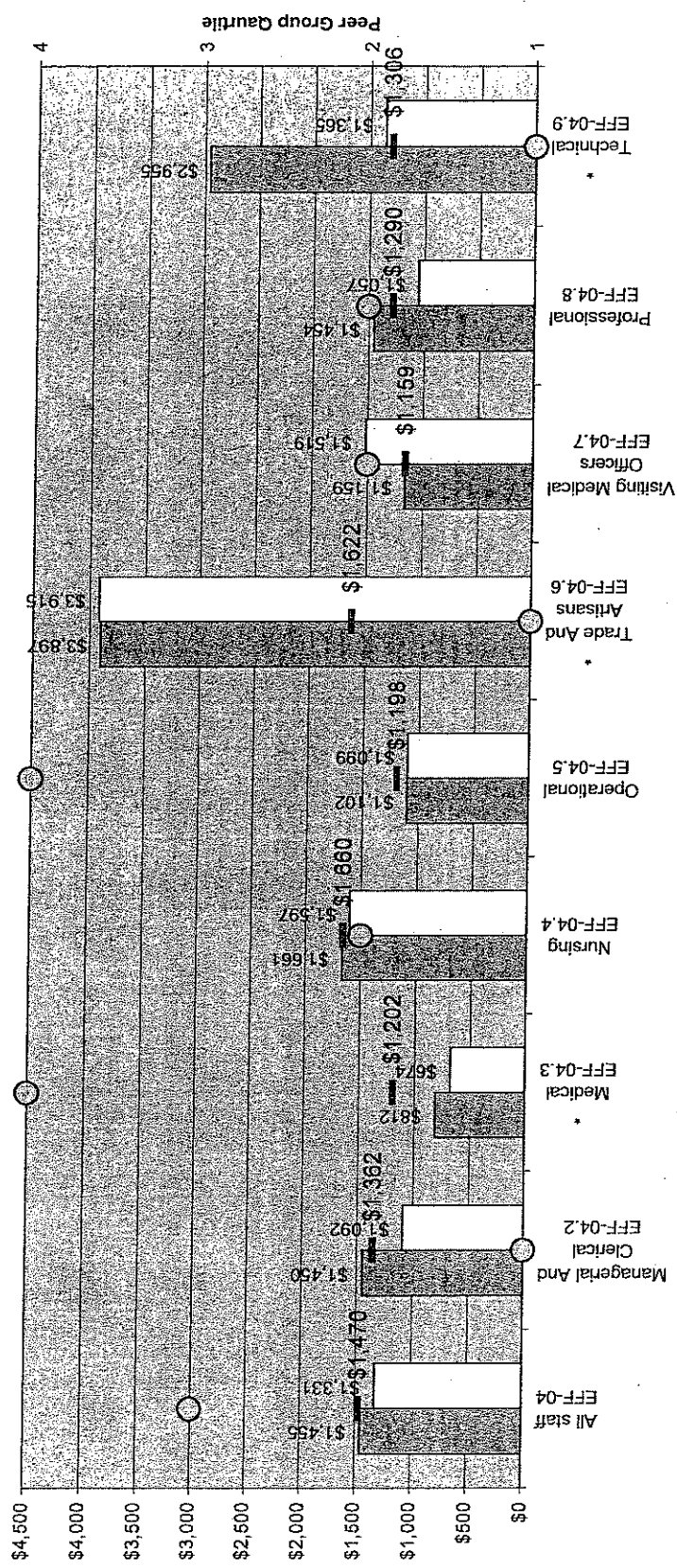


Notes: — 12.6 Peer Group Median  
 ○ Peer Group Quartile  
 \* Indicator met outlier criteria

2001/02  
2000/01



# Efficiency Staffing - Cost of Sick Leave per FTE



Notes:

— 12.6

Peer Group Median



Peer Group Quartile

2001/02

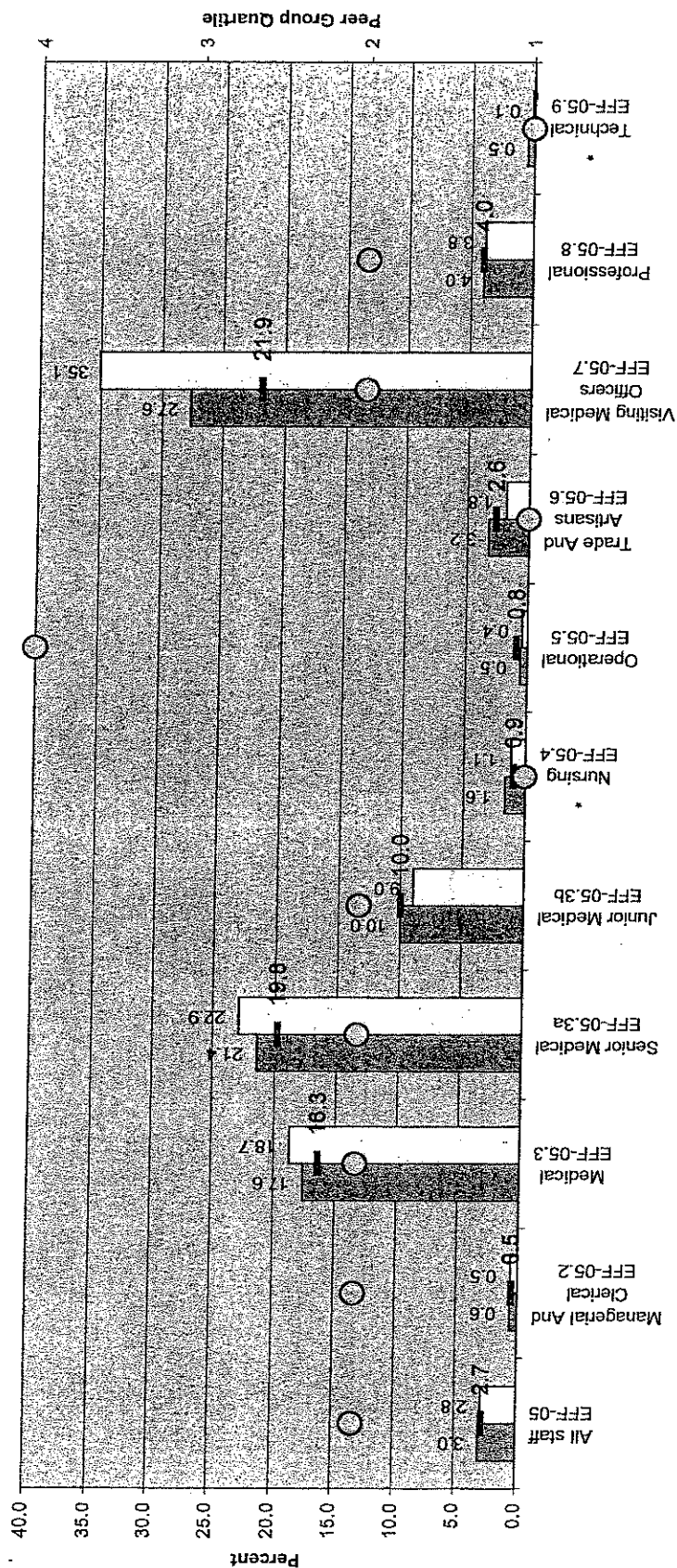
2000/01

\* Indicator met outlier criteria





# Efficiency Staffing - Proportion of Overtime



Notes:

— 12.6

Peer Group Median

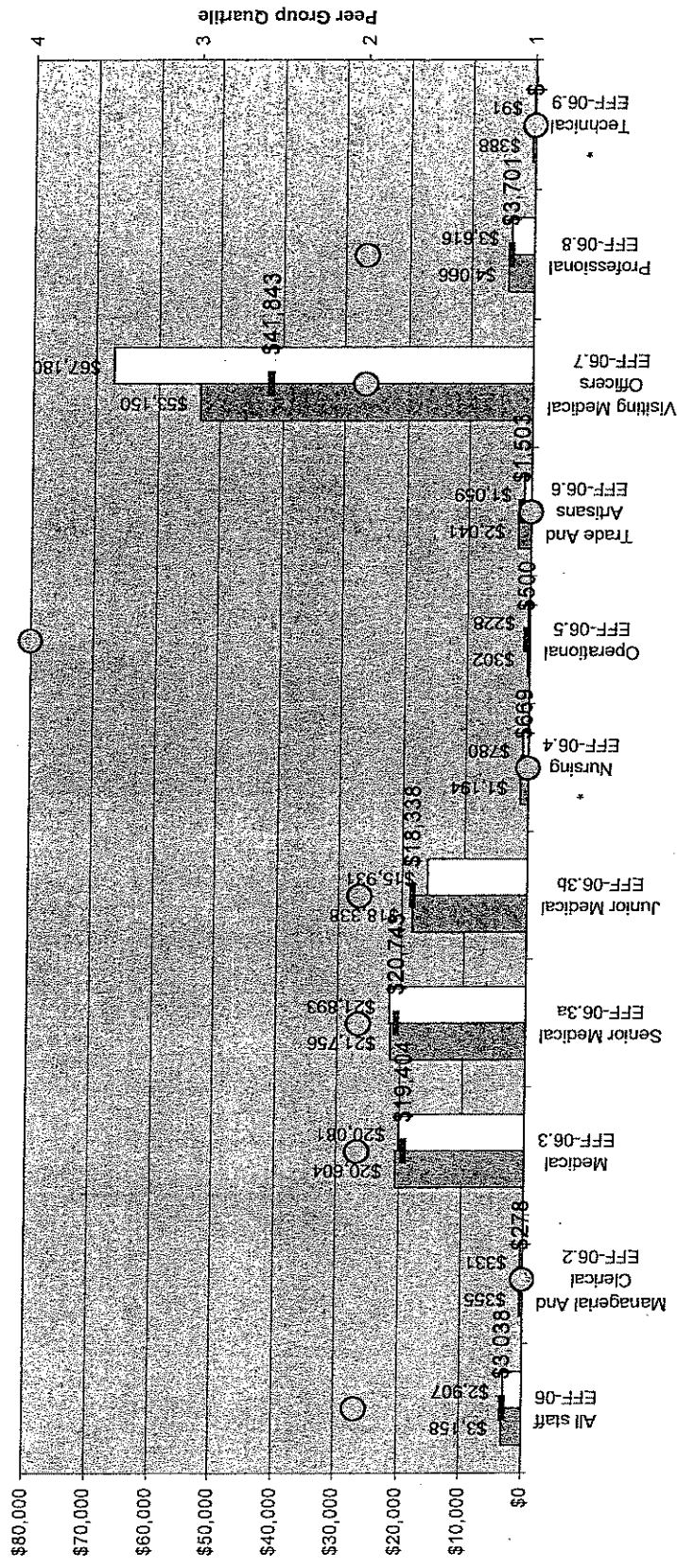
○ Peer Group Quartile

2001/02

2000/01

\* Indicator met outlier criteria

# Efficiency Staffing - Cost of Overtime per FTE



Notes:

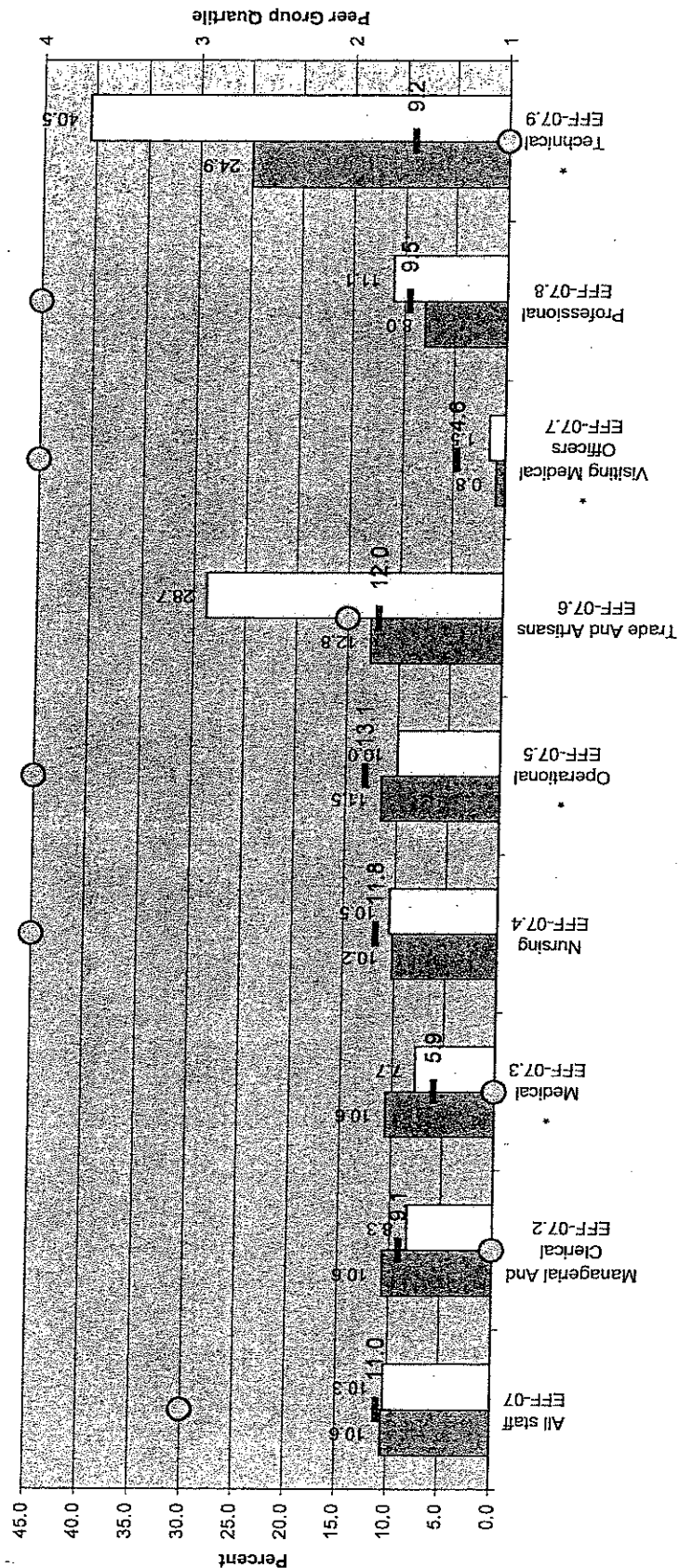
— 12.6

Peer Group Median  
Peer Group Quartile

2001/02  
2000/01

\* Indicator met outlier criteria

# Efficiency Staffing - Proportion of Unscheduled Leave



Notes:

— 12.6

Peer Group Median

Peer Group Quartile

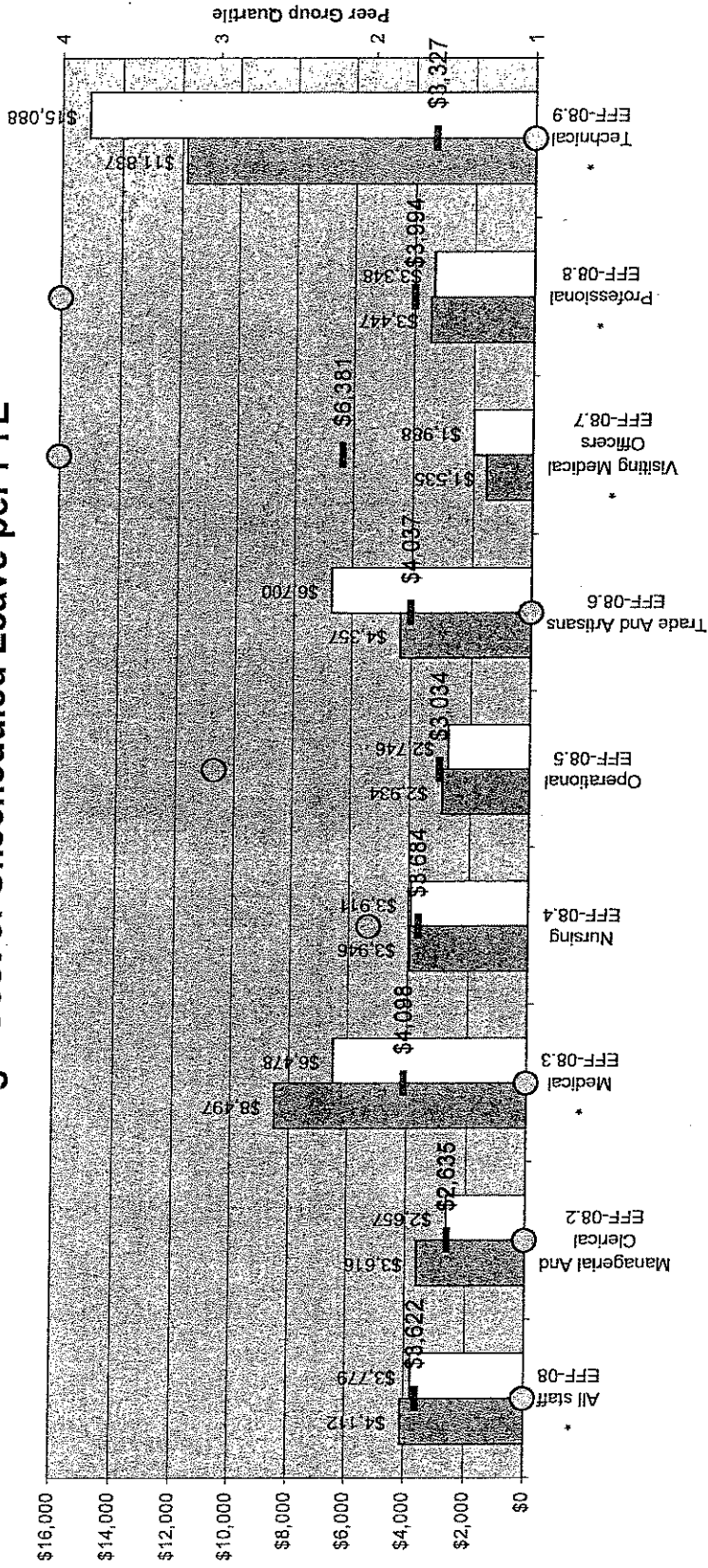
2001/02

2000/01

\* Indicator met outlier criteria



# Efficiency Staffing - Cost of Unscheduled Leave per FTE



Notes:

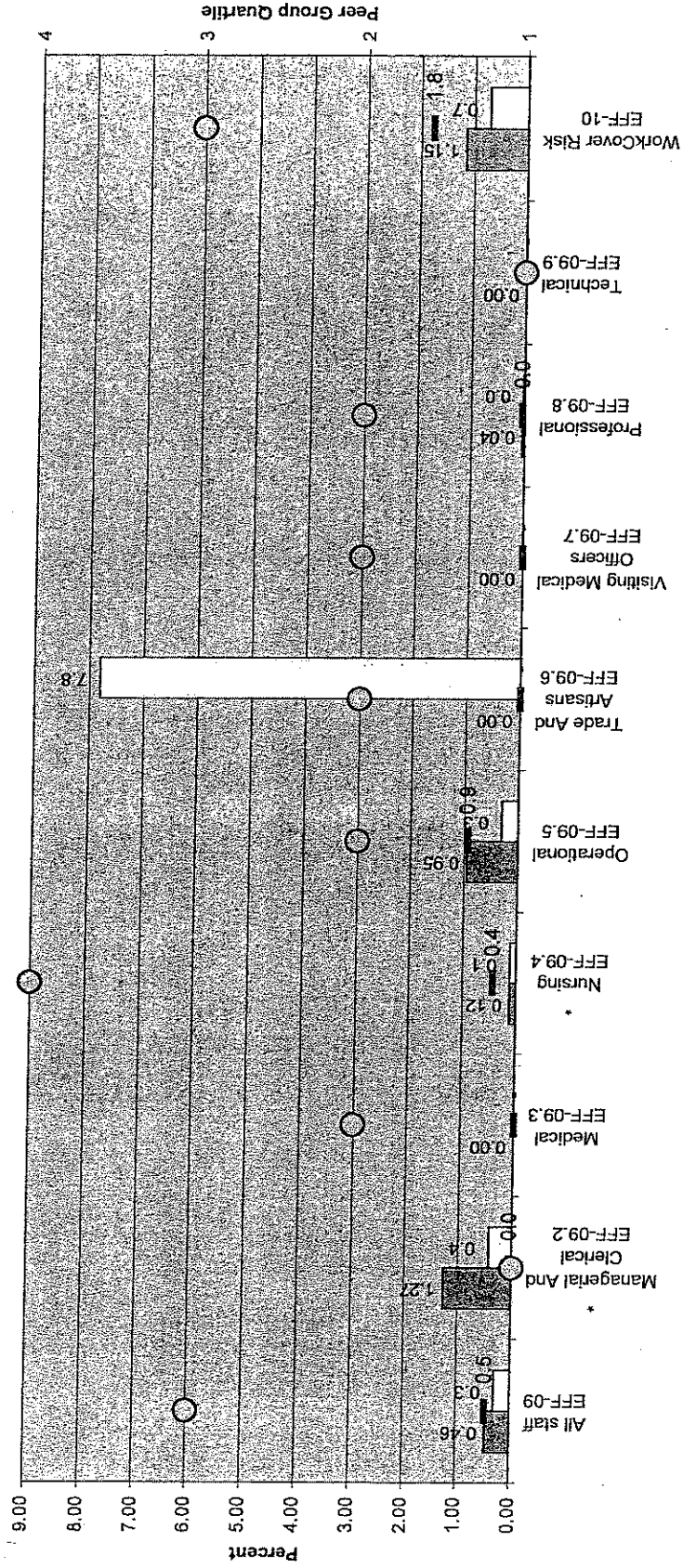
12.6

Peer Group Median  
Peer Group Quartile

2001/02  
2000/01

\* Indicator met outlier criteria

# Efficiency Staffing - Proportion of WorkCover Leave and WorkCover Risk



Notes:

— 12.6

Peer Group Median

○

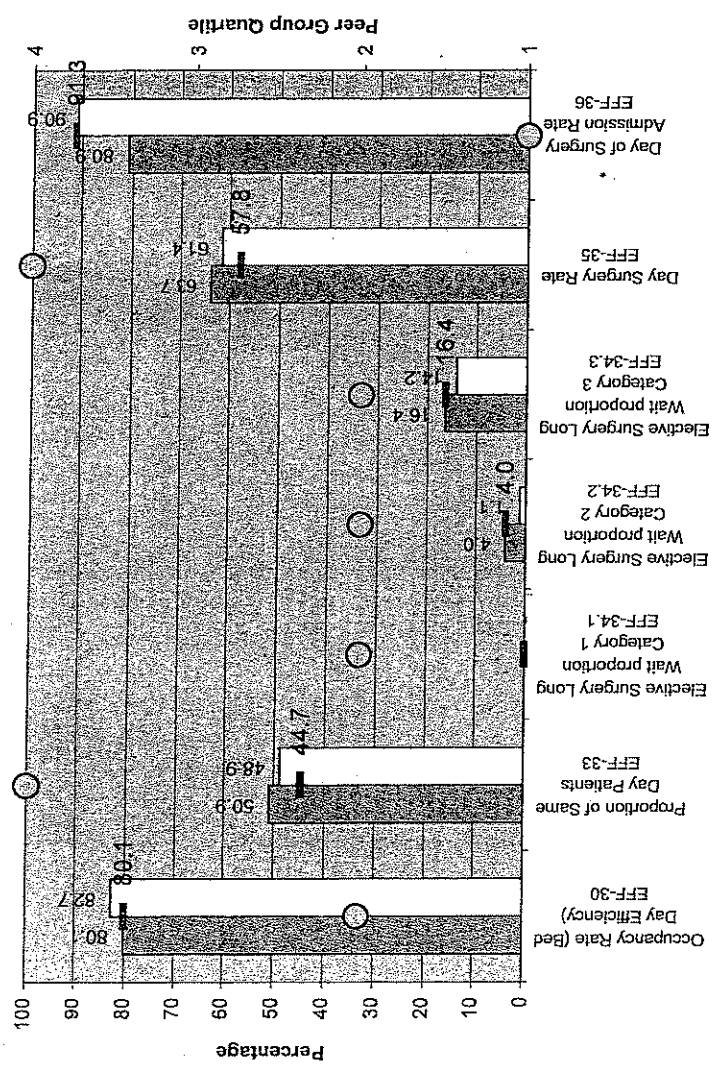
Peer Group Quartile

2001/02

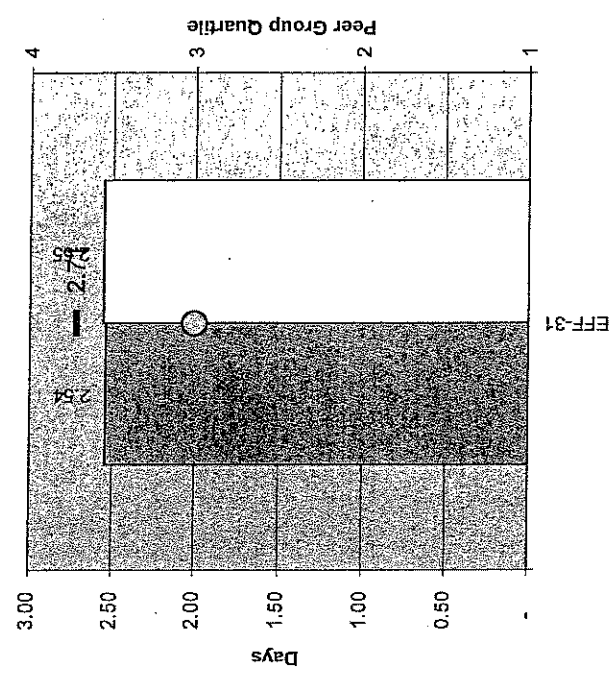
2000/01

Indicator met outlier criteria

### Efficiency Activity Indicators



### Efficiency Average Length of Stay



Notes:

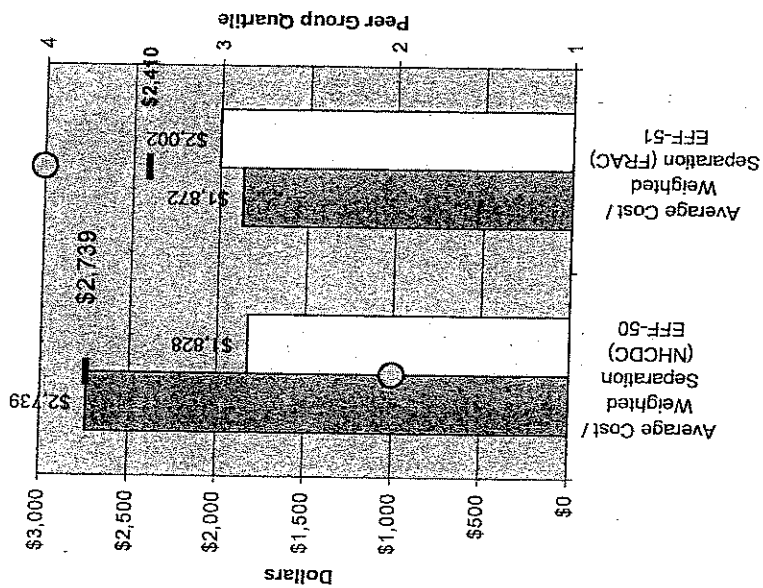
— 12.6

Peer Group Median  
Peer Group Quartile

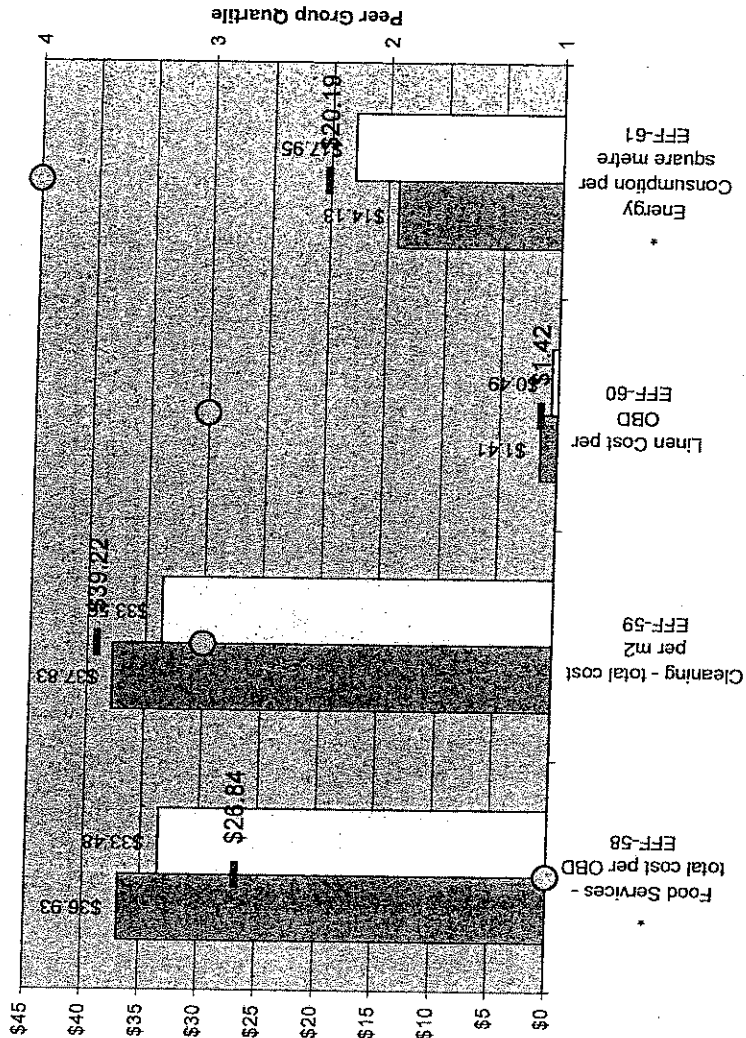
2001/02  
2000/01

\* Indicator met outlier criteria

# Efficiency Cost of Service



# Efficiency Cost of Service



Notes:

12.6

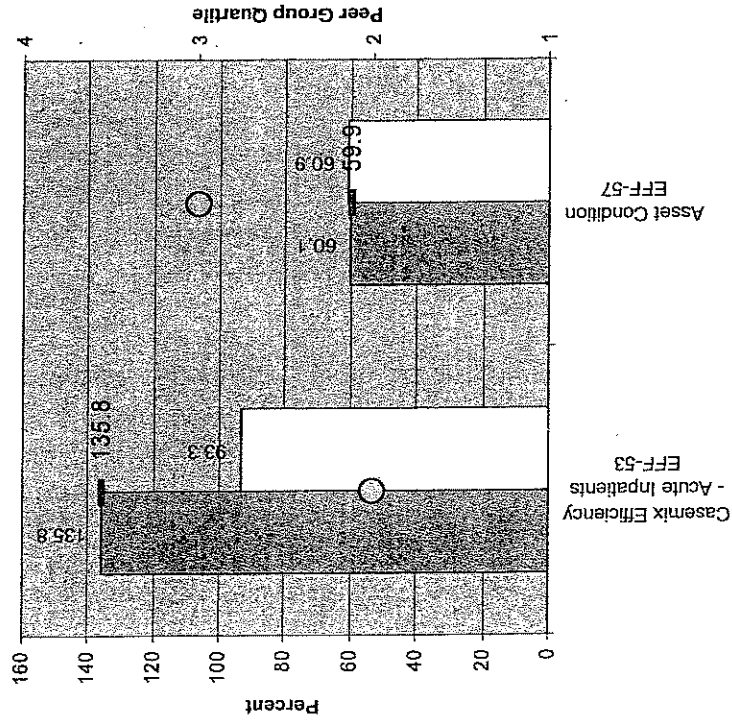
Peer Group Median  
Peer Group Quartile

Current Year  
Previous Year

Indicator met outlier criteria



## Efficiency Cost of Service



DRG	Description	Current	Previous	Peer
L61Z*	Admit For Renal Dialysis	\$ 530.75	\$ 246.39	\$ 343.82
O60D	Vaginal Delivery - Comp Diag	\$ 2,288.59	\$ 1,849.62	\$ 2,016.52
Z60A	Rehabilitation + CSCC	\$ 7,761.60	\$ 4,619.13	\$ 9,101.42
U61A	Schizophrenia Disorders+MHLS	\$ 12,112.17	\$ 7,660.90	\$ 13,021.55
P67D	Neo,Admwt >2499g-Sig Or Pr-Prb	\$ 802.14	\$ 412.74	\$ 1,147.70
E65B	Chronic Obstrct Airway Dis-CSCC	\$ 3,461.11	\$ 1,495.40	\$ 2,668.33
U63B	Major Affective Dsrd A<70-CSCC	\$ 5,983.90	\$ 6,775.46	\$ 6,211.43
U61B	Schizophrenia Disorders-MHLS	\$ 7,145.95	\$ 5,713.91	\$ 5,792.32
O01D	Caesarean Delivery - Comp Diag	\$ 3,867.58	\$ 3,128.42	\$ 3,961.52
U67Z	Personality Dsrd&Acute Reactions	\$ 2,899.81	\$ 3,035.11	\$ 2,591.67

Notes:

— 12.6

Peer Group Median

○

Peer Group Quartile

2001/02

2000/01

\* Indicator met outlier criteria

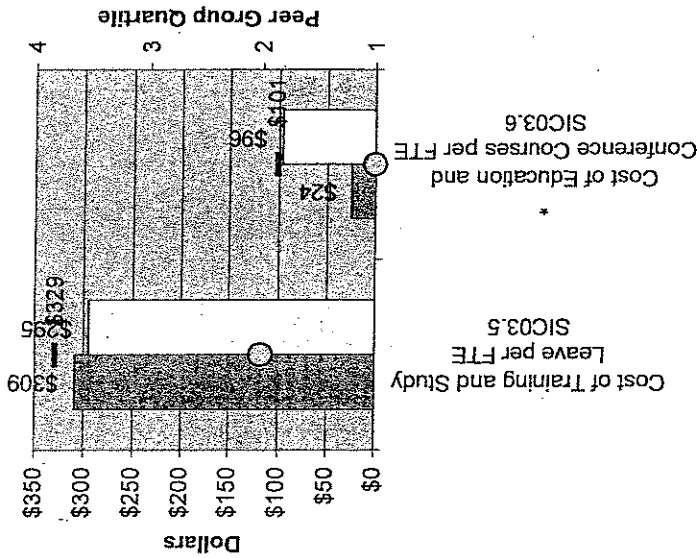


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# Workforce Management

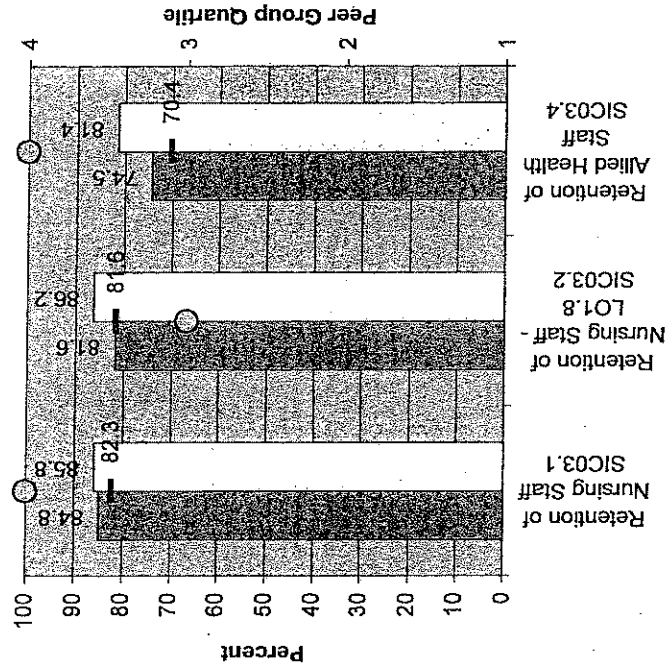
System Integration and Change



Cost of Training and Study Leave per FTE

Cost of Education and Conference Courses per FTE

System Integration and Change

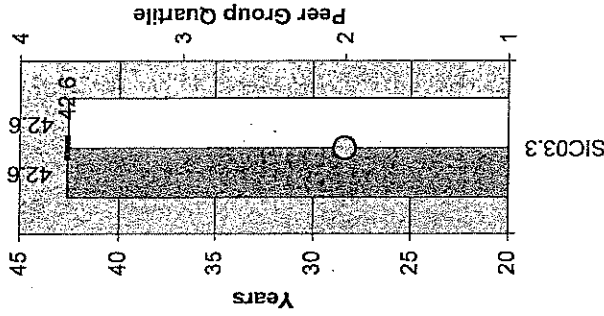


Retention of Nursing Staff

Retention of Nursing Staff - LO1.8

Retention of Allied Health Staff

Median Age Nursing Staff



Notes:

12.8

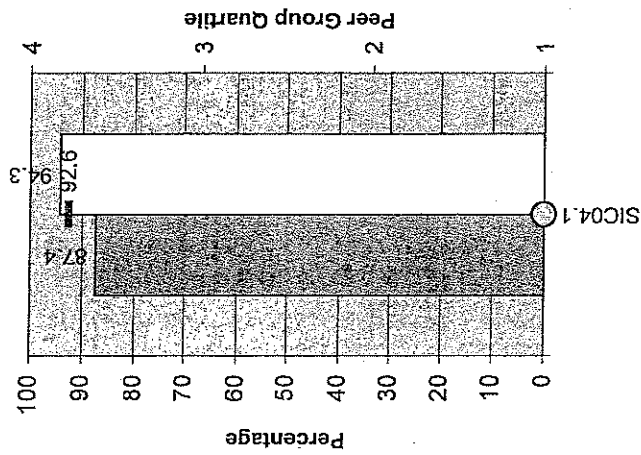
Peer Group Median  
Peer Group Quartile

2001/02  
2000/01

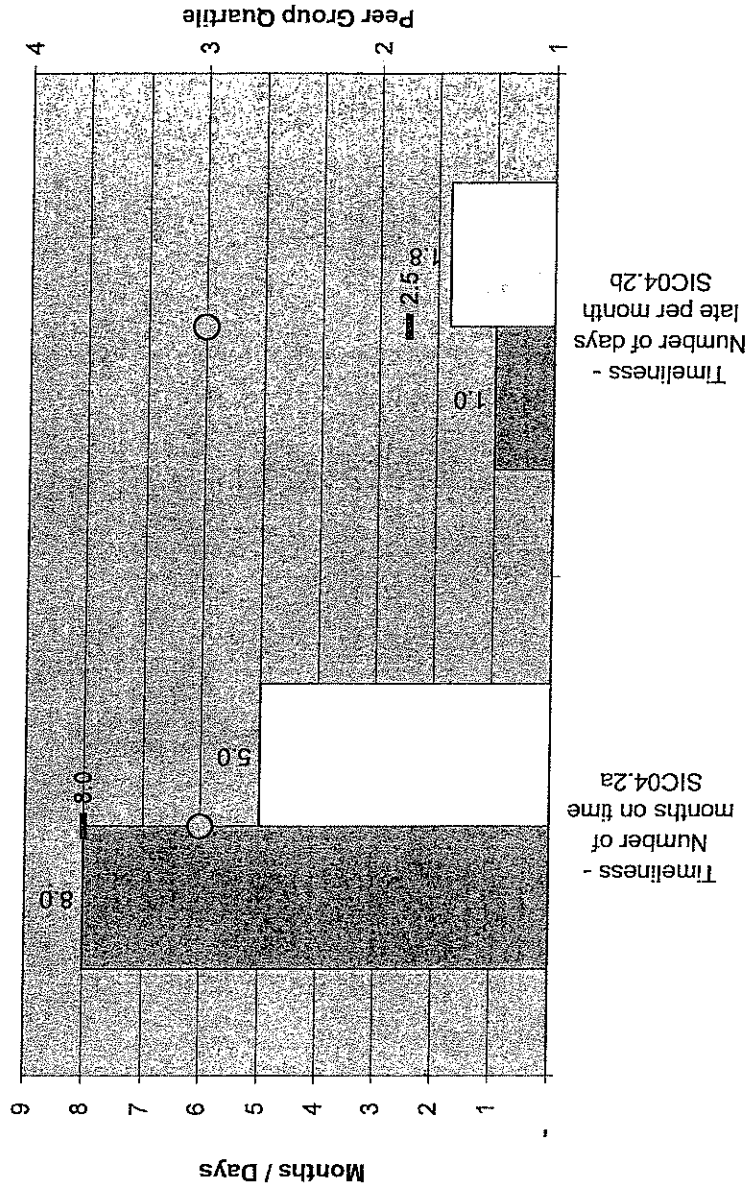
\* Indicator met outlier criteria

# Quality of Information

## Quality of Information Accuracy



## System Integration and Change



Notes:

— 12.5

○ Peer Group Median

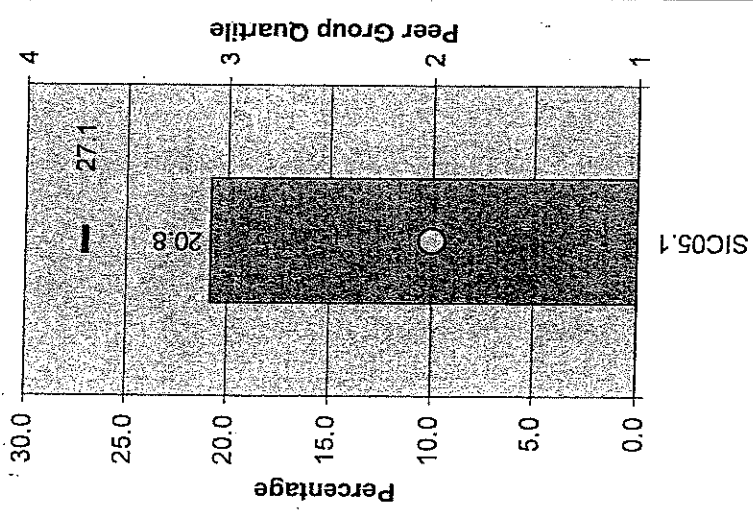
○ Peer Group Quartile

2007/02

2006/01

Indicator met outlier criteria

Use of Information  
Availability of Electronic  
Information



SIC05.2

Use of Information  
Collection and use of clinical information

2001/02	2000/01	Peer Group Median
3/3	N/R	3

Numerator  
Denominator

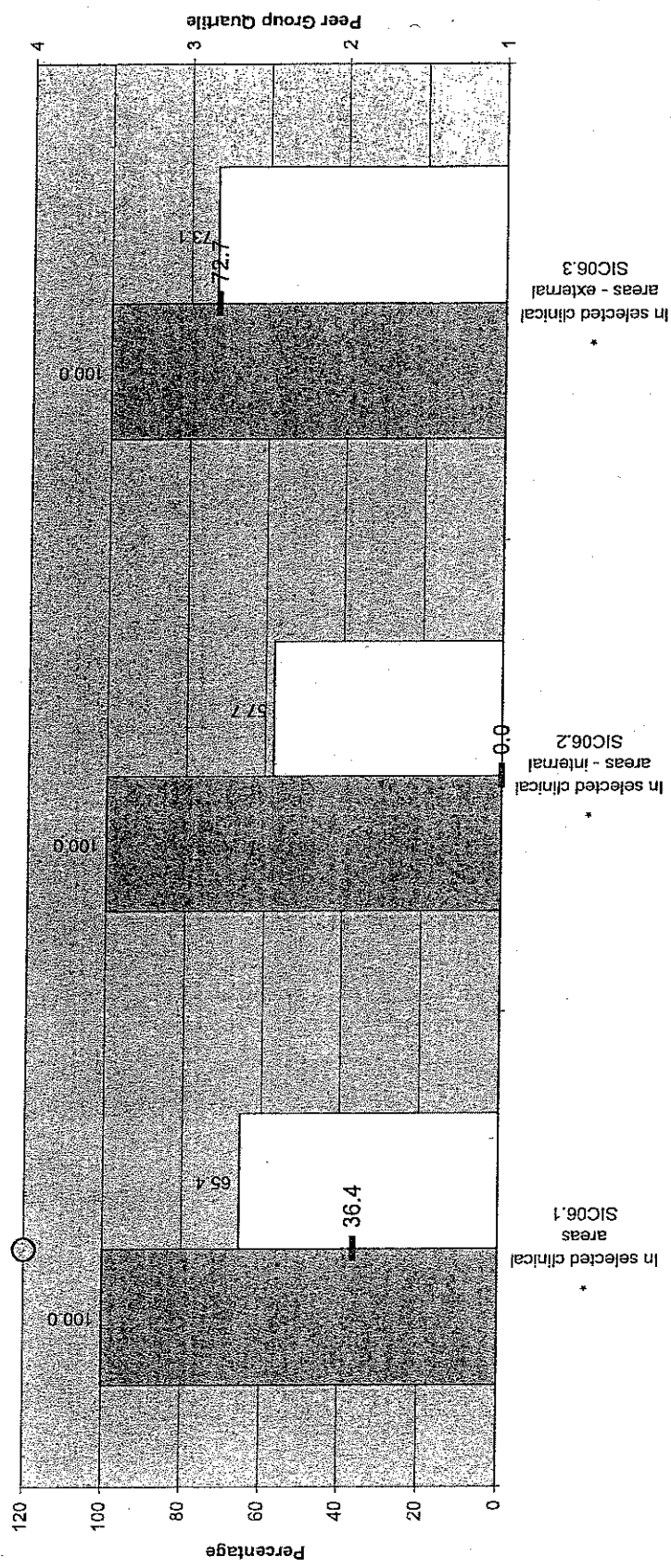
Notes:

— 12.6 Peer Group Median  
○ Peer Group Quartile

2001/02  
2000/01

Indicator met outlier criteria

# System Integration and Change Benchmarking



Notes:

— 12.6  
○

Peer Group Median  
Peer Group Quartile

2001/02  
2000/01

\* Indicator met outlier criteria



## Clinical Pathways

SIC07.1 Extent of development and use in selected clinical areas	2001/02	70.0%	2000/01	N/R	Peer Group Median	27.5%	QuartilePeer Group	4
	2001/02	80.0%	2000/01	66.7%	Peer Group Median	43.3%	QuartilePeer Group	4
SIC07.2 Extent of development and use as per Ontario	2001/02	50.0%	2000/01	50.0%	Peer Group Median	50.0%		
	2001/02	60.0%	2000/01	40.0%	Peer Group Median	30.0%		
SIC07.3 Surgical (Orthopaedic) - extent of development and use	2001/02	75.0%	2000/01	75.0%	Peer Group Median	50.0%		
	2001/02							
SIC07.4 Medical - extent of development and use	2001/02							
	2001/02							
SIC07.5 O & G - extent of development and use	2001/02							
	2001/02							

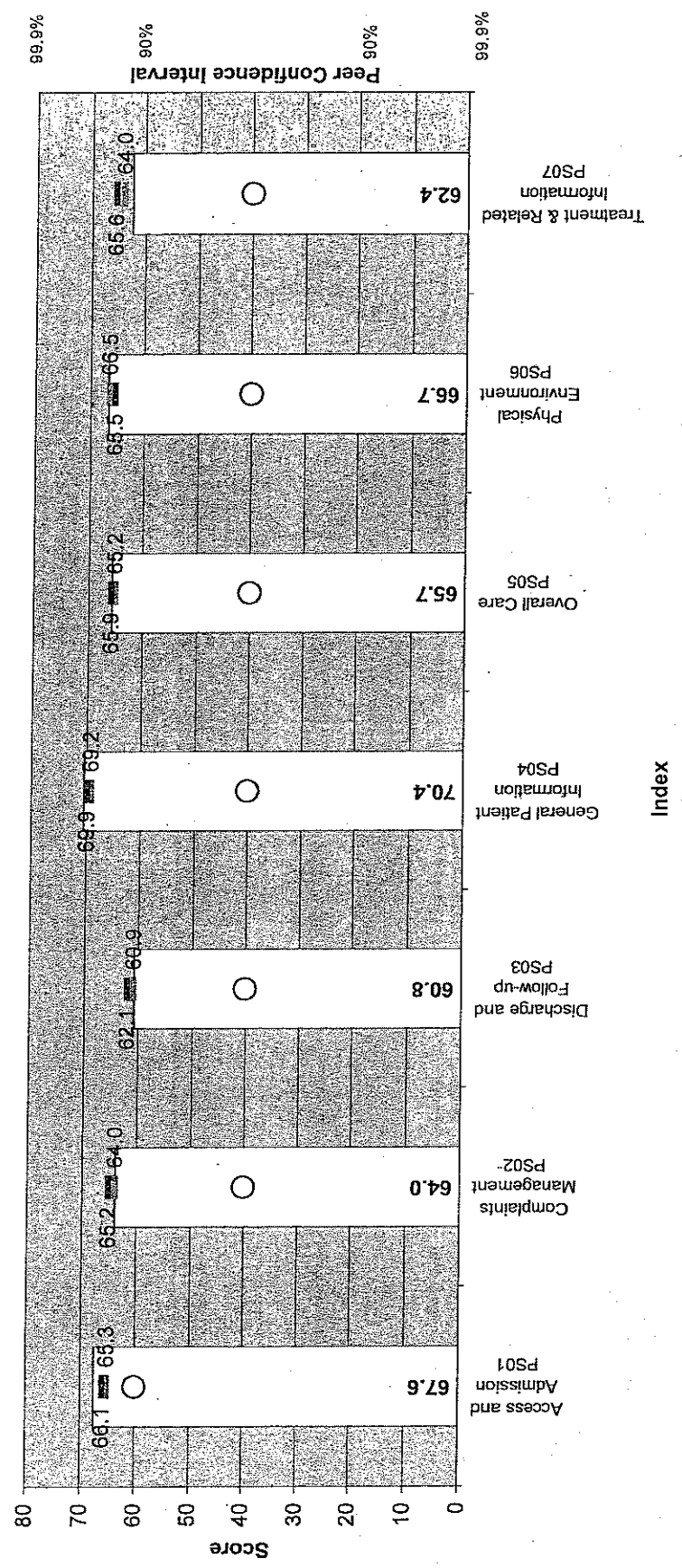
## Facilitating Continuity of Care

SIC08.1 Memorandum of Understanding with local GPs	2001/02	2000/01	Peer Group Median
	Yes	N/R	7/13
SIC08.2 Use of pre admission clinics for elective surgery	2001/02	2000/01	Peer Group Median
	2/2	N/R	2
SIC08.3 Provision of discharge summaries to GPs	2001/02	2000/01	Peer Group Median QuartilePeer Group
	25.0%	N/R	37.5% 2
SIC08.4 Shared ante and post natal care	2001/02	2000/01	Peer Group Median
	4/4	N/R	3
SIC08.5 Cardiac rehabilitation	2001/02	2000/01	Peer Group Median
	2/2	N/R	2
SIC08.6 Diabetic management service	2001/02	2000/01	Peer Group Median
	3/3	N/R	2

# System Integration and Change

SIC01 Accreditation	2001/02	2000/01	Peer Group Median
	Yes	Yes	13/13
SIC02 Credentialling	2001/02	2000/01	Peer Group Median
	Yes	N/R	9/13
SIC09 Telehealth	2001/02	2000/01	Peer Group Median
	5.8%	3.8%	1.9%
			QuartilePeer Group
			4

# All Service Types



Notes:

— 12.6

State Mean

Peer Group Confidence Interval

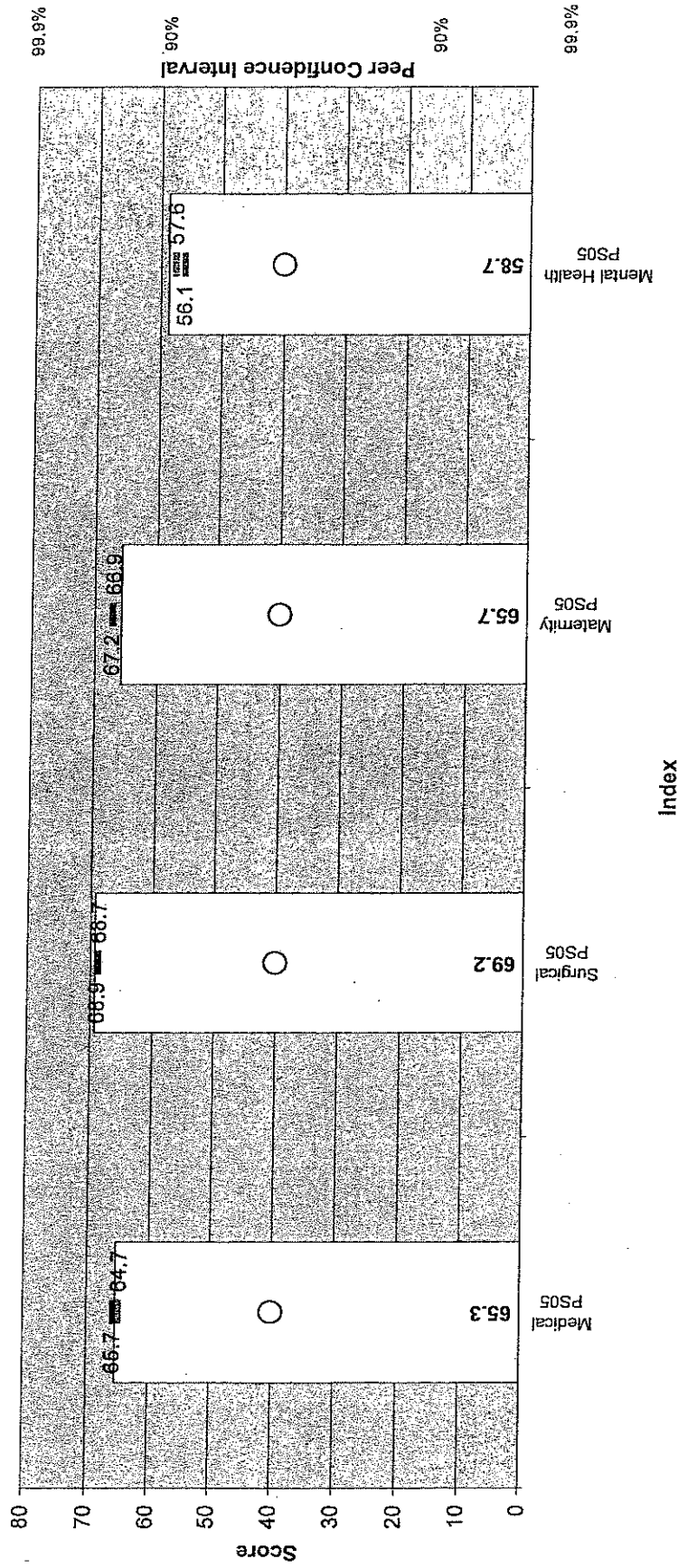
65.3 Peer Group Mean

2000/01

\* Indicator met outlier criteria



# Overall Care Index



Notes:

— 12.6

State Mean

Peer Group Confidence Interval

— 65.3

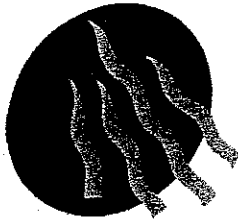
Peer Group Mean

2000/01

Indicator met outlier criteria



COI.0031.0003.00465



**Queensland Government**  
**Queensland Health**

**REPORT FROM THE  
MEASURED QUALITY SERVICE**

**TO THE**  
**DISTRICT MANAGER**  
**BUNDABERG HEALTH SERVICE**  
**DISTRICT**

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**CABINET IN CONFIDENCE**

**5<sup>th</sup> May, 2004**



**COI.0031.0003.00545**

# MEASURED QUALITY HOSPITAL REPORTS

## Purpose

The purpose of this report is to provide 78 Queensland public hospital's (across 38 Queensland Health Service Districts), with data on a core set of indicators, measuring the quality of services.

The report has been produced from an organisational development perspective, which focuses on continuous quality improvement and aims to provide clinicians and managers with an indication on areas where potential improvement can be made.

No single indicator or single report can adequately represent the quality of health care services, but Queensland Health believes in the need for an ongoing systematic, comprehensive performance assessment of the State's public health care system to identify trends over time and develop a culture of continuous quality improvement.

## A multi - dimensional report

This report focuses on four areas for evaluating the quality of hospital services. It presents data, which has been defined, collected and analysed consistently across Queensland Health and is therefore also useful for benchmarking purposes. A technical supplement has been developed with this report which provides a range of details. Some of these include indicator definitions, criteria, and data sources.

The following quadrants are used for this report.

<p style="text-align: center;"><b>Clinical Utilisation and Outcomes</b></p> <p>Describes the clinical performance of hospitals and refers to such things as clinical efficiency and quality of care. It focuses on performance in the areas of medical, surgical, obstetrics &amp; gynaecology and paediatric services</p>	<p style="text-align: center;"><b>Patient Satisfaction</b></p> <p>Examines patients' perceptions of their hospital experience including their perceptions of overall quality of care and outcomes of care.</p>
<p style="text-align: center;"><b>Efficiency</b></p> <p>Describes how hospitals utilise their resources. It refers to a hospital's staffing, activity and cost of service.</p>	<p style="text-align: center;"><b>System Integration and Change</b></p> <p>Describes a hospital's ability to adapt to a changing health care environment. More specifically, it examines how clinical information technologies, work processes and hospital-community relationships function within the hospital system.</p>



# MEASURED QUALITY HOSPITAL REPORTS

## Key Messages

- The reported indicators give us potential areas for improvement. They are neither proof of a problem nor its solution.
- This report has been developed for the purposes of benchmarking for improvement, **NOT** benchmarking for judgement.
- The results should be used as clues to performance. Managers and clinicians should interpret them in light of the local context and with the view of encouraging continuous quality improvement.
- This is the first step to making improvements. It is anticipated that clinicians and managers will be able to use this measurement process to identify trends over time, and in a continuous improvement cycle.

## Where to from here

As discussed, the report has been developed from an organisational development perspective; to focus on continuous quality improvement and provide clinicians and management with the necessary data to improve services where required.

It is anticipated this report will be used as a tool to further develop and improve service provision in the hospital setting. Suggested steps in the process of investigating results further include:

- assessment of potential risk and opportunity for change or improvement.
- engagement of clinicians and managers to commence the dissemination and interpretation of the information. Caution needs to be taken during this process to ensure the distribution restrictions placed on the reports are adhered to.
- further investigation of indicators and outcomes to identify possible causes of variation at the local level.
- networking with similar hospitals within your peer group and existing change management groups through Zonal Management Units to identify best practice approaches and sharing knowledge.
- as required, determine corrective action/s and local indicators (process or outcome) that will monitor impact of any proposed action.
- identification and development of procedures and policies that lead to improved performance.
- a review of procedures and policies developed to ascertain their effectiveness and implementation of modifications required.
- document and share with peer hospitals, corrective action/s and improvement initiatives undertaken, through the completion of the Measured Quality 'Outlier Investigations' report.
- the Measured Quality 'Outlier Investigations' report collects information on:
  - Analysis of the indicator result
  - Risk / Opportunity assessment
  - Management plan
  - Evaluation
  - Outcome

## MEASURED QUALITY HOSPITAL REPORTS

### Report Distribution

Due to the need to provide each hospital with the appropriate environment to disseminate the results and subsequently determine the reasons for variation, a number of distribution restrictions have been applied to the Measured Quality Hospital Reports.

- ◆ 2 hard copies of each hospital report have been provided to each District Manager.

These hard copies are numbered and watermarked as belonging to the District Manager. Each District Manager is encouraged to share the hospital reports with appropriate staff in each hospital, but should keep an up to date record of the 'current holder' of the reports at all times. This can be achieved through the creation and management of a 'district office register', which lists the name and position of the report holder and the date which he or she took possession. Under no circumstances should the original copies of the report be photocopied or reproduced.

- ◆ Multiple user access has been given to electronic copies of each hospital report via a secure site on QHEPS.

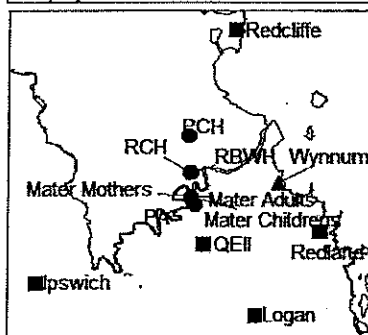
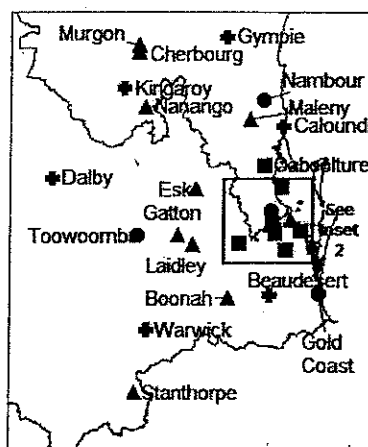
District Managers have been asked to nominate the position titles of those staff who are to be given access to electronic reports via QHEPS. Each District Manager is encouraged to share the hospital reports with appropriate staff in each hospital and indicator results should be viewed by all relevant staff, but under no circumstances should the reports be printed, copied or reproduced.

## MEASURED QUALITY HOSPITAL REPORTS

Zone	Principal Referral and Specialised	Large	Medium	Small
Central	Nambour Hospital	Bundaberg Hospital	Caloundra Hospital	Barcaldine Hospital
	Royal Brisbane & Womens Hospital	Caboolture Hospital	Gympie Hospital	Biloela Hospital
	Royal Childrens Hospital	Gladstone Hospital	Kingaroy Hospital	Cherbourg Hospital
	The Prince Charles Hospital	Hervey Bay Hospital		Emerald Hospital
		Maryborough Hospital		Longreach Hospital
		Redcliffe Hospital		Maleny Hospital
		Rockhampton Base Hospital		Monto Hospital
				Mount Morgan Hospital
				Murgon Hospital
			Nanango Hospital	
		Yeppoon Hospital		
Northern	Cairns Base Hospital	Mackay Base Hospital	Atherton Hospital	Ayr Hospital
	The Townsville Hospital	Mount Isa Hospital	Ingham Hospital	Bamaga Hospital
			Innisfail Hospital	Bowen Hospital
			Proserpine Hospital	Charters Towers Hospital
				Clermont MPHS
				Cloncurry Health Service
				Doomadgee Hospital
				Hughenden Hospital
				Joyce Palmer Health Service
				Mareeba District Hospital
				Moranbah Hospital
				Mornington Island Hospital
				Mossman Hospital
				Normanton Health Service
				Sarina Hospital
				Thursday Island Hospital
				Tully Hospital
				Weipa Hospital
Southern	Gold Coast Hospital (incl Robina)	Ipswich Hospital	Beaudesert Hospital	Boonah Hospital
	Mater Public Adult and Mothers Hospital	Logan Hospital	Dalby Hospital	Charleville Hospital
	Mater Public Childrens Hospital	Queen Elizabeth II Jubilee Hospital	Warwick Hospital	Chinchilla Hospital
	Princess Alexandra Hospital	Redland Hospital		Cunnamulla Hospital
	Toowoomba Hospital			Esk Hospital
				Gatton Hospital
				Goondiwindi Hospital
				Laidley Hospital
			Roma Hospital	
		St George Hospital		
		Stanthorpe Hospital		
		Wynnum Hospital		



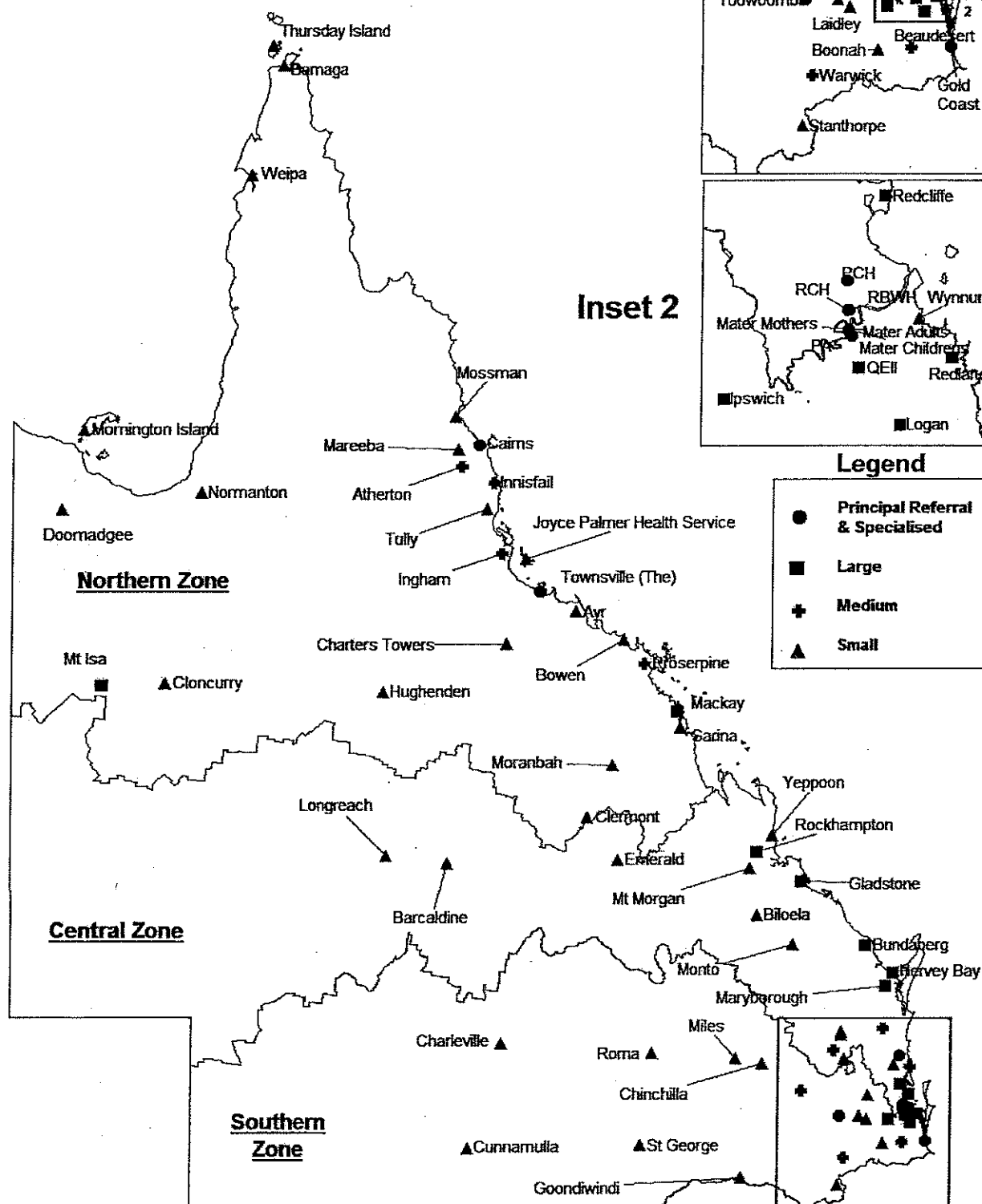
### Inset 1



### **Inset 2**

## Legend

- Principal Referral & Specialised
- Large
- + Medium
- ▲ Small



**See Inset 1**



COI.0031.0003.00550

# Measured Quality Hospital Report

## Clinical Utilisation and Outcomes - 2004

CABINET IN CONFIDENCE

Indicator	2002/03	2001/02	2000/01	3 Year Mean	Peer Group 02/03 Mean	State 02/03 Mean	Ph 2 Outlier
-----------	---------	---------	---------	-------------	-----------------------	------------------	--------------

### Bundaberg Hospital

#### Central Zone

#### Large Peer Group

##### Acute Myocardial Infarction

CI01.1 <i>In-hospital Mortality</i>	25.5 *	19.6 *	29.8 **	24.5 **	14.2	14.2	#
CI01.2 Long Stay Rate	15.0	6.4	10.7	13.5 *	8.8	11.1	

##### Heart Failure

CI02.1 In-hospital Mortality	5.1	2.3	14.1	7.3	8.1	7.7	
CI02.2 Long Stay Rate	13.1	11.8	9.9	12.0	8.5	9.4	

##### Stroke

CI03.1 <i>In-hospital Mortality</i>	30.9 *	37.7 *	38.4 *	35.8 **	19.4	21.7	#
CI03.2 Long Stay Rate	8.6	3.6	11.1	6.4	5.7	5.8	
CI03.2a Acute Long Stay Rate	14.1	4.7	0.0	6.8	10.6	11.8	

##### Pneumonia

CI04.1 In-hospital Mortality	9.0	11.3	8.8	9.5	6.4	6.7	#
CI04.2 Long Stay Rate	13.8	10.6	21.8 *	15.1 *	10.6	11.2	

##### Fractured Neck of Femur

CI06.1 In-hospital Mortality	6.0	2.8	9.5	5.5	4.0	4.8	
CI06.2 Long Stay Rate	5.5	30.4 *	6.6	14.6	10.1	10.3	
CI06.2a Acute Long Stay Rate	6.6	4.4	0.0	4.6	12.5	11.3	
CI06.6 Complications of Surgery	3.1	0.0 *	0.0	1.4 *	9.9	10.6	

##### Knee Replacement Primary

CI07.1a Long Stay Rate	0.0	9.0	12.5	8.5	8.4	10.7	
CI07.3a Complications of Surgery	7.7	0.0	0.0 *	1.9 *	12.8	10.0	

##### Hip Replacement Primary

CI08.1a Long Stay Rate	0.0 *	9.6	20.2	6.6	11.8	9.7	
CI08.3a Complications of Surgery	11.4	12.4	6.7	9.9	18.7	14.4	

##### Hysterectomy

CI09.1 Long Stay Rate	8.8	6.1	9.0	8.2	6.6	11.6	
CI09.3 Complications of Surgery	7.0	2.7	3.2	4.2 *	9.1	9.1	
CI09.4 on Women < 35 years	2.3 *	9.9	4.3 *	5.2 *	11.5	10.8	
CI09.5 Blood Transfusion Rates	2.5	2.2	1.3	1.8	3.0	3.9	

##### Standard Primiparae

CI10.4 C-section (Cal Yr)	-	14.1	9.2	11.5	14.6	14.7	
CI10.5 Induction of Labour (Cal Yr)	-	17.2	15.0	16.0	17.3	15.8	
CI10.6 Perineal Tears (Cal Yr)	-	4.6	3.9	4.3	4.0	3.8	
CI10.7 C-section (Cal Yr) (Nat def)	-	13.6 *	15.9	14.4 *	22.3	20.7	
CI10.8 Induction of Labour (Cal Yr) (Nat def)	-	39.3	21.2 *	31.5	35.7	33.6	
CI10.9 Perineal Tears (Cal Yr) (Nat def)	-	0.0	3.9	1.8	4.1	3.9	

##### Maternal Post-Natal Long Stay Rate

CI13.3 <i>Vaginal Births (Cal Yr)</i>	-	3.0 *	3.0 **	3.0 **	6.1	7.1	
CI13.4 Caesarean Section Births (Cal Yr)	-	0.8 *	4.7	2.8 *	4.4	6.2	

Bundaberg Hospital

DC: 62.q Printed: 25/05/2004

Note: Coloured text indicates the facilities performance has been identified in the outlier criteria, warranting further investigation.  
Data for this quadrant has been adjusted in an attempt to allow for casemix differences between hospitals. The availability of individual patient records has also enabled the calculation of confidence intervals and thus the identification of statistical significance for these estimates.

COI.0031.0003.00551



# Measured Quality Hospital Report

## Clinical Utilisation and Outcomes - 2004

CABINET IN CONFIDENCE

Indicator	2002/03	2001/02	2000/01	3 Year Mean	Peer Group 02/03 Mean	State 02/03 Mean	Ph 2 Outlier
<b>Asthma</b>							
CI14.1 Long Stay Rate	15.5	8.5	8.1	10.6	11.5	11.5	
<b>Colorectal Carcinoma</b>							
CI15.1 Long Stay Rate	11.8	3.7	12.7	8.5	15.6	12.7	
CI15.3 Complications of Surgery	29.2	24.4	39.5	30.9	28.2	23.8	
<b>Laparoscopic Cholecystectomy</b>							
CI16.1 Long Stay Rate	18.2*	9.5	6.4	11.4	9.2	14.6	
CI16.2 Complications of Surgery	2.4	0.0	1.3	1.3*	4.0	3.7	
<b>Paediatric Bronchiolitis</b>							
CI50.1 Long Stay Rate	2.8	2.2	3.8	3.0	5.0	5.5	
<b>Paediatric Gastroenteritis</b>							
CI51.1 Long Stay Rate	12.7	9.6*	15.3	12.4	13.1	15.4	
<b>Paediatric Asthma</b>							
CI52.1 Long Stay Rate	4.4	1.7*	3.6	3.2*	5.3	5.0	
CI52.2 Readmission Rate	Less than 1% statewide. See Technical Supplement for details.						

### Statistical Significance

- \* Between 90% and 99.9% certain that the result for the facility is different than the cohort average. There is some evidence to suggest that these hospitals are performing differently compared to the mean of the facilities in the cohort although there is a reasonable possibility that the result is due to chance.
- \*\* 99.9% certain that the result for the facility is different in comparison to the cohort average. There is little doubt that the performance indicator for the facility is significantly different from the mean for all hospitals in the peer group.



# Measured Quality Hospital Report - Efficiency - 2004

Indicator 2002/03 2001/02 2000/01 Peer Group State Potential Ph2  
02/03 Median 02/03 Median Saving Outlier

## Bundaberg Hospital

### Central Zone

### Large Peer Group

#### Ordinary FTE (Worked)

EFF-01	All staff	378	402	414	388	60.8	
EFF-01.01	Managerial And Clerical	62.7	62.0	61.9	61.9	5.48	
EFF-01.02	Medical	37.2	36.2	34.8	46.3	2.72	
EFF-01.03	Nursing	174	174	187	179	29.1	
EFF-01.03a	Nursing Agency	N/R	N/R	0.11	2.67	1.04	
EFF-01.04	Operational	75.0	89.0	87.8	73.2	17.5	
EFF-01.05	Trade And Artisans	4.91	5.80	6.14	1.45	1.04	
EFF-01.06	Visiting Medical Officers	3.12	2.85	3.19	4.17	0.85	
EFF-01.07	Professional	20.5	28.2	30.1	22.0	5.86	
EFF-01.08	Technical	0.80	3.89	3.69	0.84	1.69	#

#### Proportion of Sick Leave

EFF-02	All staff	4.93%	4.25%	3.99%	4.93%	4.44%	#
EFF-02.01	Managerial And Clerical	5.22%	4.91%	3.73%	5.15%	4.05%	
EFF-02.02	Medical	1.84%	0.97%	1.18%	1.84%	1.53%	#
EFF-02.03	Nursing	5.20%	4.49%	4.37%	5.20%	4.68%	#
EFF-02.04	Operational	6.40%	4.68%	3.97%	6.40%	5.03%	#
EFF-02.05	Trade And Artisans	1.95%	11.5%	16.8%	2.93%	2.91%	
EFF-02.06	Visiting Medical Officers	0.84%	0.77%	0.94%	0.84%	0.47%	
EFF-02.07	Professional	3.37%	2.69%	2.03%	3.00%	2.78%	
EFF-02.08	Technical	4.82%	7.24%	13.1%	2.25%	3.67%	#

#### Cost of Overtime per FTE

EFF-03	All staff	\$4,087	\$3,156	\$2,905	\$3,159	\$2,649	\$351,271
EFF-03.01	Managerial And Clerical	\$919	\$355	\$331	\$288	\$93.68	\$39,562
EFF-03.02	Medical	\$24,163	\$20,604	\$20,081	\$21,932	\$22,088	\$82,960
EFF-03.02a	Senior Medical	\$20,341	\$18,338	\$15,931	\$19,659	\$20,711	
EFF-03.02b	Junior Medical	\$26,365	\$21,756	\$21,893	\$21,102	\$24,015	\$124,159
EFF-03.03	Nursing	\$1,497	\$1,194	\$780	\$724	\$680	\$134,700 #
EFF-03.04	Operational	\$488	\$302	\$228	\$521	\$291	
EFF-03.05	Trade And Artisans	\$2,297	\$2,041	\$1,059	\$1,318	\$552	
EFF-03.06	Visiting Medical Officers	\$43,374	\$48,686	\$63,562	\$33,896	\$15,066	\$29,539
EFF-03.07	Professional	\$7,145	\$4,066	\$3,616	\$3,656	\$3,202	\$71,701
EFF-03.08	Technical	\$0	\$388	\$91.12	\$0	\$13.43	#

#### Proportion of Unscheduled Leave

EFF-04	All staff	5.99%	5.93%	5.90%	6.30%	6.08%	
EFF-04.01	Managerial And Clerical	8.67%	6.37%	4.70%	6.72%	5.37%	
EFF-04.02	Medical	2.88%	5.23%	4.01%	2.95%	2.66%	#
EFF-04.03	Nursing	5.95%	5.31%	5.68%	6.67%	6.41%	
EFF-04.04	Operational	6.52%	6.64%	4.86%	8.36%	6.55%	#
EFF-04.05	Trade And Artisans	2.57%	11.6%	28.1%	3.43%	4.49%	
EFF-04.06	Visiting Medical Officers	0.97%	0.77%	0.94%	2.49%	0.97%	#
EFF-04.07	Professional	3.57%	4.44%	6.75%	4.23%	3.96%	
EFF-04.08	Technical	4.82%	22.9%	39.5%	2.25%	3.98%	#

Bundaberg Hospital

DC: 62.q Printed: 5/05/2004

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COI.0031.0003.00553

# Measured Quality Hospital Report - Efficiency - 2004

Indicator	2002/03	2001/02	2000/01	Peer Group 02/03 Median	State 02/03 Median	Potential Saving	Ph2 Outlier
<b>Proportion of WorkCover Leave</b>							
EFF-05 All staff	0.52%	0.46%	0.30%	0.50%	0.20%		
EFF-05.01 Managerial And Clerical	1.99%	1.27%	0.43%	0.23%	0%		#
EFF-05.02 Medical	0.02%	0%	0%	0%	0%		
EFF-05.03 Nursing	0.40%	0.12%	0.12%	0.24%	0.11%		#
EFF-05.04 Operational	0.01%	0.95%	0.30%	1.04%	0.05%		
EFF-05.05 Trade And Artisans	0.18%	0%	7.79%	0%	0%		
EFF-05.06 Visiting Medical Officers	0%	0%	0%	0%	0%		
EFF-05.07 Professional	0.04%	0.04%	0.01%	0.04%	0%		
EFF-05.08 Technical	0%	0%	0%	0%	0%		
<b>WorkCover Risk</b>							
EFF-06	1.21%	1.15%	0.71%	1.63%	1.20%		
<b>Nursing FTE per Medical FTE</b>							
EFF-07	4.32	4.45	4.91	4.07	7.16		
<b>Nursing hours per patient day</b>							
EFF-08	7.94	7.79	8.06	7.94	7.67		
<b>Proportion of Prof FTE per Medical FTE</b>							
EFF-09	53.0%	82.2%	88.8%	56.3%	63.1%		
<b>Cost of Prof staff per W/Sep</b>							
EFF-10	\$137	\$203	\$205	\$126	\$150	\$114,598	
<b>Proportion of Admin FTE per Total FTE</b>							
EFF-11	16.6%	15.4%	14.9%	15.3%	9.78%		
<b>Cost of Admin staff per W/Sep</b>							
EFF-12	\$277	\$258	\$245	\$209	\$180	\$742,352	
<b>Staff to Patient Ratio</b>							
EFF-13	2.11	2.15	2.16	2.11	2.03		
<b>Occupancy Rate (Bed Day Efficiency)</b>							
EFF-30	76.1%	80.1%	82.7%	76.1%	52.3%		
<b>Average Length of Stay</b>							
EFF-31	2.55	2.54	2.55	2.75	2.84		
<b>Proportion of Same Day Patients</b>							
EFF-32	51.2%	50.9%	48.9%	46.0%	34.8%		
<b>Proportion of Aged Care - NHTP</b>							
EFF-33	1.63%	1.41%	0.95%	2.25%	3.65%		
<b>Elective Surgery Long Wait proportion</b>							
EFF-34.1 Category 1	0%	0%	0%	0%	0%		
EFF-34.2 Category 2	5.36%	4.00%	1.06%	0.39%	4.27%		
EFF-34.3 Category 3	38.4%	16.4%	14.2%	24.2%	24.2%		
<b>Avg Waiting time to admission</b>							
EFF-35	53.2	33.0	58.5	58.1	58.8		
<b>Proportion of long wait admissions</b>							
EFF-36	13.7%	3.96%	6.55%	7.70%	8.27%		
<b>Day Surgery Rate</b>							
EFF-37	62.1%	63.7%	61.4%	61.6%	59.1%		
<b>Day of Surgery Admission Rate</b>							
EFF-38	74.1%	80.9%	90.9%	89.2%	86.3%		#
<b>Day Surgery Basket</b>							
EFF-39 Standardised Rate	111	109	107	104	103		

Bundaberg Hospital

DC: 62.q Printed: 5/05/2004

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COL0031.0003.00554

# Measured Quality Hospital Report - Efficiency - 2004

Indicator	2002/03	2001/02	2000/01	Peer Group 02/03 Median	State 02/03 Median	Potential Saving	Ph2 Outlier
<b>Day Surgery Basket</b>							
EFF-39.01 Inguinal hernia repair	70.0%	47.5%	35.7%	12.5%	17.4%		
EFF-39.02 Excision of breast lump	62.5%	68.0%	83.3%	61.5%	56.3%		
EFF-39.04 Haemorrhoidectomy	54.2%	9.09%	13.3%	49.1%	42.5%		
EFF-39.05 Laparoscopic cholecystectomy	0%	0%	2.60%	0%	0.29%		
EFF-39.06 Varicose vein stripping or ligation	14.3%	14.3%	11.1%	18.7%	24.0%		
EFF-39.09 Carpal tunnel decompression	100%	100%	100%	94.7%	95.1%		
EFF-39.11 Arthroscopy	88.8%	90.9%	92.1%	78.8%	76.5%		
EFF-39.12 Bunion operation	23.1%	N/R	16.7%	27.1%	29.7%		
EFF-39.13 Removal of metalware	84.2%	71.4%	33.3%	84.2%	80.9%		
EFF-39.18 Dilatation and Curettage / Hysteroscopy	97.4%	100%	94.3%	96.5%	94.2%		
EFF-39.19 Laparoscopy	93.5%	89.9%	92.4%	88.8%	86.5%		
<b>Emergency Dept Access Block - 8 hrs</b>							
EFF-40	95.8%	98.2%	99.3%	92.7%	86.4%		
<b>Proportion of ED Patients Seen in Time</b>							
EFF-41.01 Category 1	97.9%	100%	100%	99.3%	100%		
EFF-41.02 Category 2	63.4%	76.2%	85.4%	74.0%	74.0%		
EFF-41.03 Category 3	63.5%	75.9%	86.3%	65.4%	63.5%		
EFF-41.04 Category 4	61.1%	64.9%	76.9%	61.1%	57.7%		
EFF-41.05 Category 5	81.3%	84.9%	91.4%	81.3%	74.3%		
<b>Proportion of ED Admissions</b>							
EFF-42.01 Category 1	74.0%	78.7%	72.1%	76.1%	81.0%		
EFF-42.02 Category 2	52.1%	59.4%	67.6%	61.9%	64.2%		
EFF-42.03 Category 3	30.2%	38.0%	42.7%	30.2%	35.6%		
EFF-42.04 Category 4	8.71%	10.8%	13.1%	8.71%	11.8%		
EFF-42.05 Category 5	3.12%	3.04%	2.95%	2.14%	3.42%		
<b>Proportion of Outpatients</b>							
EFF-43	25.2%	26.8%	26.9%	24.5%	24.7%		
<b>Theatre Utilisation</b>							
EFF-44	67.1%	77.8%	62.0%	55.4%	67.1%		
<b>Theatre Cancellations</b>							
EFF-45	34.7%	35.9%	34.3%	35.6%	38.4%		
<b>Avoidable Admissions</b>							
EFF-46	11.5%	13.6%	19.1%	13.7%	17.9%		
<b>Relative Stay Index</b>							
EFF-47.01 Total Patients	0.943	0.922	0.960	0.927	0.985		
EFF-47.02 Medical Patients	0.966	0.927	0.956	0.928	0.998		
EFF-47.03 Surgical Patients	0.878	0.901	0.978	0.897	0.933		
EFF-47.04 Other Patients	0.931	0.961	0.915	0.917	0.917		
<b>Average Cost / Weighted Separation (NHCDG)</b>							
EFF-50	N/R	\$2,594	\$2,499	\$2,384	\$2,465	\$2,351,484	
<b>Average Cost / Weighted Separation (FRAC)</b>							
EFF-51	\$2,731	\$2,091	\$1,839	\$2,608	\$2,667	\$1,354,393	
<b>Top 10 DRG Average cost*</b>							
EFF-52.01 D40Z Dental Extract & Restorations	\$11,099	\$1,766	\$3,078	\$1,542	\$1,401	\$1,748,938	
EFF-52.02 O60D Vaginal Delivery - Comp Diag	\$3,353	\$2,891	\$1,850	\$2,692	\$2,395	\$376,995	
EFF-52.03 L61Z Admit For Renal Dialysis	\$423	\$527	\$246	\$360	\$397	\$198,905	#
EFF-52.04 U61A Schizophrenia Disorders+MHLS	\$13,538	\$11,963	\$7,661	\$13,191	\$11,896	\$18,086	

Bundaberg Hospital

DC: 62.q Printed: 5/05/2004

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COI.0031.0003.00555

# Measured Quality Hospital Report - Efficiency - 2004

Indicator	2002/03	2001/02	2000/01	Peer Group 02/03 Median	State 02/03 Median	Potential Saving	Ph2 Outlier
<b>Top 10 DRG Average cost*</b>							
EFF-52.05 001D Caesarean Delivery - Comp Diag	\$5,108	\$4,456	\$3,128	\$5,077	\$5,013		
EFF-52.06 U63B Major Affective Dsrd A<70-cscc	\$6,432	\$5,919	\$6,775	\$6,346	\$5,825		
EFF-52.07 F72B Unstable Angina - cscc	\$1,834	\$1,979	\$1,524	\$2,323	\$1,954		
EFF-52.08 E65A Chnric Obstrct Airway Dis+cscc	\$4,853	\$3,937	\$2,989	\$4,203	\$4,803	\$57,875	
EFF-52.09 F60B Crc Dsrd+Ami-Inva Inve Pr-cscc	\$3,803	\$3,719	\$3,182	\$3,861	\$3,310		
EFF-52.10 U61B Schizophrenia Disorders-MHLS	\$4,948	\$7,070	\$5,714	\$4,876	\$4,775		
<b>Casemix Efficiency - Acute Inpatients</b>							
EFF-53	99.6%	N/R	N/R	94.2%	103.1%	\$1,459,957	
<b>Pharmacy Efficiency</b>							
EFF-54	N/R	84.1%	74.2%	90.6%	90.9%		
<b>Pathology Efficiency</b>							
EFF-55	N/R	89.9%	102.2%	90.2%	95.9%		
<b>Radiology Efficiency</b>							
EFF-56	N/R	74.0%	85.4%	78.9%	84.6%		
<b>Asset Condition</b>							
EFF-57	57.4%	60.1%	60.9%	60.7%	54.9%		
<b>Asset Utilisation</b>							
EFF-58	\$3,635	\$3,221	\$3,199	\$2,966	\$5,412		
<b>Proportion of R&amp;M Expenditure</b>							
EFF-59	2.41%	2.71%	2.92%	2.48%	3.09%		
<b>Food Services - total cost per OBD</b>							
EFF-60	\$37.46	\$36.93	\$33.48	\$27.44	\$32.41	\$330,876	#
<b>Cleaning - total cost per m2</b>							
EFF-61	\$38.82	\$37.83	\$33.56	\$43.53	\$39.08		
<b>Linen Cost per OBD</b>							
EFF-62	\$16.24	\$12.37	\$4.30	\$12.19	\$12.12	\$133,812	#
<b>Energy Consumption per square metre</b>							
EFF-63	\$13.44	\$14.10	\$17.95	\$20.61	\$23.73		#
<b>Relative Technical Efficiency</b>							
EFF-64	82.5%	94.9%	100%	99.2%	96.3%		
<b>Revenue Retention</b>							
EFF-65	1.21%	1.34%	1.31%	1.41%	2.64%		
<b>Debtor Turnover</b>							
EFF-66	70.6	23.7	36.2	64.0	52.3		
<b>Stock Turnover</b>							
EFF-67.01 Drugs	13.3	11.6	12.4	9.31	7.54		
EFF-67.02 Medical Supplies	33.7	40.2	37.3	10.8	8.03		
EFF-67.03 Catering	290	340	287	110	96.1		
<b>Litigation per 100 beds</b>							
EFF-69	8.57	5.71	10.29	10.58	2.68		

# Measured Quality Hospital Report

## System Integration and Change - 2004

2002/03      2001/02      2000/01      Peer Group      State 02/03      Ph 2  
02/03 Median      Median      Outlier

Indicator

### Bundaberg Hospital

#### Central Zone

#### Large Peer Group

<b>Accreditation</b>						
SIC01		Yes	Yes	Yes	13/13	67/76
<b>Credentials and Clinical Privileges</b>						
SIC02.01	Process in Place	Yes	Yes	na	13/13	76/76
SIC02.02	Medical staff reviewed by committee	NR	NA	NA	12.7%	59.6%
<b>Workforce Management</b>						
SIC03.01	Retention of Nursing Staff	89.2%	80.0%	89.6%	93.1%	91.5%
SIC03.02	Retention of Nursing Staff - LO1.8	85.0%	89.9%	87.0%	91.2%	90.9%
SIC03.03	Median Age Nursing Staff	44.0	43.0	42.0	43.0	44.0
SIC03.04	Retention of Allied Health Staff	80.0%	83.3%	86.1%	84.8%	86.3%
SIC03.05	Median Age Allied Health Staff	41.0	38.0	41.0	40.3	41.8
SIC03.06	Allied Health - PO2.6 to PO3 progression	0%	0%	50.0%	0%	0%
SIC03.07a	Median Age Medical staff SMO's	42.0	47.0	42.0	42.0	38.0
SIC03.07b	Median Age Medical staff VMO's	44.0	49.0	44.0	53.5	53.0
SIC03.08	Indigenous workforce / population	0.46	0.44	0.57	0.57	0.62
SIC03.09	Cost of Training and Study Leave per FTE	\$415	\$308	\$295	\$362	\$353
SIC03.10	Cost of Education and Conference Courses per FTE	\$140	\$24.31	\$96.03	\$140	\$126
SIC03.11-1	Staff development (Management Development Program)	2.04%	NA	NA	2.52%	2.67%
SIC03.11-2	Staff development (Leadership Development Program)	7.33%	NA	NA	4.91%	2.97%
SIC03.11-3	Staff development (Clinician Development Program)	7.31%	na	na	25.4%	40.9%
SIC03.12	Staff development - Cultural awareness training	1.95%	na	na	2.57%	4.04%
<b>Quality of information</b>						
SIC04.01	Accuracy	96.7%	87.4%	96.0%	94.5%	93.4%
SIC04.02a	Timeliness - Number of months on time	2	8	5	5.0	5.5
SIC04.02b	Timeliness - Number of days late per month	25.7	1.0	1.8	11.4	7.0
<b>Availability and use of information</b>						
SIC05.01	Electronic Clinical Information	40.0%	na	na	37.5%	21.3%
SIC05.02	Management Information	55.8%	na	na	62.5%	45.8%
SIC05.03	Staff Development	90.0%	na	na	80.0%	83.8%
SIC05.04	Measured Quality reports	40.0%	na	na	26.4%	27.9%
<b>Standardised approaches to clinical management</b>						
SIC06.01	Development and use of	71.4%	na	na	48.5%	48.2%
SIC06.02	Collection and management of data for	69.0%	na	na	18.1%	5.4%
SIC06.03	Development and use of QH endorsed clinical pathways	83.3%	na	na	60.0%	66.7%
SIC06.04	Selected Surgical Areas	79.2%	na	na	60.0%	54.2%
SIC06.05	Selected Medical Areas	80.0%	na	na	40.0%	40.0%
SIC06.06	Selected O & G Areas	100%	na	na	80.0%	80.0%
SIC06.07	Paediatric Areas	55.6%	na	na	66.7%	23.6%
SIC06.08	Barriers to the development and use of	87.5%	na	na	62.5%	62.5%
<b>Benchmarking</b>						
SIC07.01	In selected clinical areas - internal	0%	na	na	14.3%	0%
SIC07.02	In selected clinical areas - external	66.7%	na	na	31.8%	0%

Bundaberg Hospital

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COL0031.0003.00557



# Measured Quality Hospital Report

## System Integration and Change - 2004

Indicator		2002/03	2001/02	2000/01	Peer Group 02/03 Median	State 02/03 Median	Ph 2 Outlier
<b>Benchmarking</b>							
SIC07.03	Involvement in collaboratives and information sharing with peers	57.1%	na	na	50.0%	0%	
<b>Integration with the Local Community</b>							
SIC08.01	Consumer participation in health services	29.2%	na	na	32.1%	29.2%	
SIC08.02	Community partnerships with health services	46.7%	na	na	46.7%	42.0%	
SIC08.03	Facilitating continuity of care	70.8%	na	na	58.3%	50.0%	
SIC08.04	Continuity of Care Planning Framework	45.0%	na	na	60.0%	45.0%	
SIC08.05	Environmental management	45.0%	na	na	39.4%	32.5%	
<b>Telehealth</b>							
SIC09	Usage for staff development and training	252%	162%	na	158%	72.6%	
<b>Quality and safety of health care practices</b>							
SIC10.01	Incident management	87.5%	na	na	77.5%	77.5%	
SIC10.02	Staff development – safety and risk management	8.59%	na	na	5.14%	5.18%	

# Measured Quality Hospital Outlier Report Clinical Utilisation and Outcomes - 2004

CABINET IN CONFIDENCE

Indicator	2002/03	2001/02	2000/01	3 Year Mean	Peer Group 02/03 Mean	State 02/03 Mean
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## Bundaberg Hospital

### Central Zone

### Large Peer Group

#### Acute Myocardial Infarction

CI01.1	<i>In-hospital Mortality</i>	25.5*	19.6*	29.8**	24.5**	14.2	14.2
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Analysis of this indicator has revealed the following:

- A result recorded during the three years has been identified at the 99.9% confidence level for either the state or peer result.
- A result has been recorded where performance has been higher than or lower than the 90% peer group confidence level for two successive periods.
- This indicator was identified as an outlier in Phase 2 Measured Quality Reports.

#### Stroke

CI03.1	<i>In-hospital Mortality</i>	30.9*	37.7*	38.4*	35.8**	19.4	21.7
--------	------------------------------	-------	-------	-------	--------	------	------

Analysis of this indicator has revealed the following:

- A result has been recorded where performance has been higher than or lower than the 90% peer group confidence level for two successive periods.
- This indicator was identified as an outlier in Phase 2 Measured Quality Reports.

#### Maternal Post-Natal Long Stay Rate

CI13.3	<i>Vaginal Births (Cal Yr)</i>	-	3.0*	3.0**	3.0**	6.1	7.1
--------	--------------------------------	---	------	-------	-------	-----	-----

Analysis of this indicator has revealed the following:

- A result recorded during the three years has been identified at the 99.9% confidence level for either the state or peer result.
- A result has been recorded where performance has been higher than or lower than the 90% peer group confidence level for two successive periods.

#### Statistical Significance

- \* Between 90% and 99.9% certain that the result for the facility is different than the cohort average. There is some evidence to suggest that these hospitals are performing differently compared to the mean of the facilities in the cohort although there is a reasonable possibility that the result is due to chance.
- \*\* 99.9% certain that the result for the facility is different in comparison to the cohort average. There is little doubt that the performance indicator for the facility is significantly different from the mean for all hospitals in the peer group.

# Measured Quality Hospital Outlier Report - Efficiency - 2004

Indicator	2002/03	2001/02	2000/01	Peer Group 0203 Median	State 0203 Median	Potential Saving
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## Bundaberg Hospital

### Central Zone

### Large Peer Group

#### Cost of Overtime per FTE

EFF-03.01 Managerial And Clerical	\$919	\$355	\$331	\$288	\$93.68	\$40,000
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During the period of analysis, the result for this indicator (\$919) was significantly different from the peer group median result (\$288). The result for the current year has declined from the result recorded in the previous year (\$355). A potential saving of \$40,000 has been identified if performance for this facility was at the peer group median.

EFF-03.02 Junior Medical	\$26,365	\$21,756	\$21,893	\$21,102	\$24,015	\$120,000
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During the period of analysis, the result for this indicator (\$26,365) was significantly different from the peer group median result (\$21,102). The result for the current year has declined from the result recorded in the previous year (\$21,756). A potential saving of \$120,000 has been identified if performance for this facility was at the peer group median.

EFF-03.03 Nursing	\$1,497	\$1,194	\$780	\$724	\$680	\$130,000
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During the period of analysis, the result for this indicator (\$1,497) was significantly different from the peer group median result (\$724). The result for the current year has declined from the result recorded in the previous year (\$1,194). A potential saving of \$130,000 has been identified if performance for this facility was at the peer group median. This indicator was also identified as an outlier in the Phase 2 Measured Quality Reports.

EFF-03.07 Professional	\$7,145	\$4,066	\$3,616	\$3,656	\$3,202	\$72,000
------------------------	---------	---------	---------	---------	---------	----------

During the period of analysis, the result for this indicator (\$7,145) was significantly different from the peer group median result (\$3,656). The result for the current year has declined from the result recorded in the previous year (\$4,066). A potential saving of \$72,000 has been identified if performance for this facility was at the peer group median.

#### Proportion of WorkCover Leave

EFF-05.01 Managerial And Clerical	1.99%	1.27%	0.43%	0.23%	0%
-----------------------------------	-------	-------	-------	-------	----

During the period of analysis, the result for this indicator (1.99%) was significantly different from the peer group median result (0.23%). The result for the current year has declined from the result recorded in the previous year (1.27%). This indicator was also identified as an outlier in the Phase 2 Measured Quality Reports.

EFF-05.02 Medical	0.02%	0%	0%	0%	0%
-------------------	-------	----	----	----	----

During the period of analysis, the result for this indicator (0.02%) was significantly different from the peer group median result (0%). The result for the current year has declined from the result recorded in the previous year (0%).

EFF-05.04 Operational	0.01%	0.95%	0.30%	1.04%	0.05%
-----------------------	-------	-------	-------	-------	-------

During the period of analysis, the result for this indicator (0.01%) was significantly different from the peer group median result (1.04%). The result for the current year has improved from the result recorded in the previous year (0.95%).

#### Proportion of long wait admissions

EFF-36	13.7%	3.96%	6.55%	7.70%	8.27%
--------	-------	-------	-------	-------	-------

During the period of analysis, the result for this indicator (13.7%) was significantly different from the peer group median result (7.70%). The result for the current year has declined from the result recorded in the previous year (3.96%).

#### Day of Surgery Admission Rate

EFF-38	74.1%	80.9%	90.9%	89.2%	86.3%
--------	-------	-------	-------	-------	-------

During the period of analysis, the result for this indicator (74.1%) was significantly different from the peer group median result (89.2%). The result for the current year has declined from the result recorded in the previous year (80.9%). This indicator was also identified as an outlier in the Phase 2 Measured Quality Reports.

#### Day Surgery Basket

EFF-39 Standardised Rate	111	109	107	104	103
--------------------------	-----	-----	-----	-----	-----

During the period of analysis, the result for this indicator (111) was significantly different from the peer group median result (104). The result for the current year is not significantly different from the result recorded in the previous year (109).

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

During the period of analysis, the result for this indicator (70.0%) was significantly different from the peer group median result (12.5%). The result for the current year has improved from the result recorded in the previous year (47.5%).



# Measured Quality Hospital Outlier Report - Efficiency - 2004

Indicator	2002/03	2001/02	2000/01	Peer Group 0203 Median	State 0203 Median	Potential Saving
<b>Day Surgery Basket</b>						
EFF-39.09 Carpal tunnel decompression	100%	100%	100%	94.7%	95.1%	
During the period of analysis, the result for this indicator (100%) was significantly different from the peer group median result (94.7%). The result for the current year is not significantly different from the result recorded in the previous year (100%).						
EFF-39.19 Laparoscopy	93.5%	89.9%	92.4%	88.8%	86.5%	
During the period of analysis, the result for this indicator (93.5%) was significantly different from the peer group median result (88.8%). The result for the current year is not significantly different from the result recorded in the previous year (89.9%).						
<b>Top 10 DRG Average cost*</b>						
EFF-52.01 D40Z Dental Extract & Restorations	\$11,099	\$1,766	\$3,078	\$1,542	\$1,401	\$1,700,000
During the period of analysis, the result for this indicator (\$11,099) was significantly different from the peer group median result (\$1,542). The result for the current year has declined from the result recorded in the previous year (\$1,766). A potential saving of \$1,700,000 has been identified if performance for this facility was at the peer group median.						
EFF-52.02 O60D Vaginal Delivery - Comp Diag	\$3,353	\$2,891	\$1,850	\$2,692	\$2,395	\$380,000
During the period of analysis, the result for this indicator (\$3,353) was significantly different from the peer group median result (\$2,692). The result for the current year has declined from the result recorded in the previous year (\$2,891). A potential saving of \$380,000 has been identified if performance for this facility was at the peer group median.						
<b>Food Services - total cost per OBD</b>						
EFF-60	\$37.46	\$36.93	\$33.48	\$27.44	\$32.41	\$330,000
During the period of analysis, the result for this indicator (\$37.46) was significantly different from the peer group median result (\$27.44). The result for the current year is not significantly different from the result recorded in the previous year (\$36.93). A potential saving of \$330,000 has been identified if performance for this facility was at the peer group median. This indicator was also identified as an outlier in the Phase 2 Measured Quality Reports.						
<b>Linen Cost per OBD</b>						
EFF-62	\$16.24	\$12.37	\$4.30	\$12.19	\$12.12	\$130,000
During the period of analysis, the result for this indicator (\$16.24) was significantly different from the peer group median result (\$12.19). The result for the current year has declined from the result recorded in the previous year (\$12.37). A potential saving of \$130,000 has been identified if performance for this facility was at the peer group median. This indicator was also identified as an outlier in the Phase 2 Measured Quality Reports.						
<b>Energy Consumption per square metre</b>						
EFF-63	\$13.44	\$14.10	\$17.95	\$20.61	\$23.73	
During the period of analysis, the result for this indicator (\$13.44) was significantly different from the peer group median result (\$20.61). The result for the current year is not significantly different from the result recorded in the previous year (\$14.10). This indicator was also identified as an outlier in the Phase 2 Measured Quality Reports.						
<b>Relative Technical Efficiency</b>						
EFF-64	82.5%	94.9%	100%	99.2%	96.3%	
During the period of analysis, the result for this indicator (82.5%) was significantly different from the peer group median result (99.2%). The result for the current year has declined from the result recorded in the previous year (94.9%).						
<b>Revenue Retention</b>						
EFF-65	1.21%	1.34%	1.31%	1.41%	2.64%	
During the period of analysis, the result for this indicator (1.21%) was significantly different from the peer group median result (1.41%). The result for the current year has declined from the result recorded in the previous year (1.34%).						
<b>Stock Turnover</b>						
EFF-67.01 Drugs	13.3	11.6	12.4	9.31	7.54	
During the period of analysis, the result for this indicator (13.3) was significantly different from the peer group median result (9.31). The result for the current year has improved from the result recorded in the previous year (11.6).						
EFF-67.02 Medical Supplies	33.7	40.2	37.3	10.8	8.03	
During the period of analysis, the result for this indicator (33.7) was significantly different from the peer group median result (10.8). The result for the current year has declined from the result recorded in the previous year (40.2).						

# Measured Quality Hospital Outlier Report - Efficiency - 2004

Indicator	2002/03	2001/02	2000/01	Peer Group 0203 Median	State 0203 Median	Potential Saving
Stock Turnover						
EFF-67.03 Catering	290	340	287	110	96.1	

During the period of analysis, the result for this indicator (290) was significantly different from the peer group median result (110). The result for the current year has declined from the result recorded in the previous year (340).

# Measured Quality Hospital Outlier Report

## System Integration and Change - 2004

Indicator	2002/03	2001/02	2000/01	Peer Group 0203 Median	State 0203 Median
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### Bundaberg Hospital

#### Central Zone

#### Large Peer Group

##### Workforce Management

SIC03.07b Median Age Medical staff VMO's	44.0	49.0	44.0	53.5	53.0
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During the period of analysis, the result for this indicator (44.0) was significantly different from the peer group median result (53.5). The result for the current year has improved from the result recorded in the previous year (49.0).

SIC03.11-2 Staff development (Leadership Development Program)	7.33%	NA	NA	4.91%	2.97%
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During the period of analysis, the result for this indicator (7.33%) was significantly different from the peer group median result (4.91%). The result for the current year is not comparable with the result recorded in the previous year (NA).

##### Quality of information

SIC04.01 Accuracy	96.7%	87.4%	96.0%	94.5%	93.4%
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During the period of analysis, the result for this indicator (96.7%) was significantly different from the peer group median result (94.5%). The result for the current year has improved from the result recorded in the previous year (87.4%).

SIC04.02b Timeliness - Number of days late per month	25.7	1.0	1.8	11.4	7.0
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During the period of analysis, the result for this indicator (25.7) was significantly different from the peer group median result (11.4). The result for the current year has declined from the result recorded in the previous year (1.0).

##### Availability and use of information

SIC05.03 Staff Development	90.0%	na	na	80.0%	83.8%
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During the period of analysis, the result for this indicator (90.0%) was significantly different from the peer group median result (80.0%). The result for the current year is not comparable with the result recorded in the previous year (na).

##### Standardised approaches to clinical management

SIC06.01 Development and use of	71.4%	na	na	48.5%	48.2%
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During the period of analysis, the result for this indicator (71.4%) was significantly different from the peer group median result (48.5%). The result for the current year is not comparable with the result recorded in the previous year (na).

SIC06.02 Collection and management of data for	69.0%	na	na	18.1%	5.4%
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During the period of analysis, the result for this indicator (69.0%) was significantly different from the peer group median result (18.1%). The result for the current year is not comparable with the result recorded in the previous year (na).

SIC06.05 Selected Medical Areas	80.0%	na	na	40.0%	40.0%
---------------------------------	-------	----	----	-------	-------

During the period of analysis, the result for this indicator (80.0%) was significantly different from the peer group median result (40.0%). The result for the current year is not comparable with the result recorded in the previous year (na).

SIC06.06 Selected O & G Areas	100%	na	na	80.0%	80.0%
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During the period of analysis, the result for this indicator (100%) was significantly different from the peer group median result (80.0%). The result for the current year is not comparable with the result recorded in the previous year (na).

SIC06.08 Barriers to the development and use of	87.5%	na	na	62.5%	62.5%
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During the period of analysis, the result for this indicator (87.5%) was significantly different from the peer group median result (62.5%). The result for the current year is not comparable with the result recorded in the previous year (na).

##### Integration with the Local Community

SIC08.03 Facilitating continuity of care	70.8%	na	na	58.3%	50.0%
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During the period of analysis, the result for this indicator (70.8%) was significantly different from the peer group median result (58.3%). The result for the current year is not comparable with the result recorded in the previous year (na).



# Measured Quality Hospital Outlier Report

## System Integration and Change - 2004

Indicator		2002/03	2001/02	2000/01	Peer Group 0203 Median	State 0203 Median
Telehealth						
SIC09	Usage for staff development and training	252%	162%	na	158%	72.6%

During the period of analysis, the result for this indicator (252%) was significantly different from the peer group median result (158%). The result for the current year has improved from the result recorded in the previous year (162%).

# Measured Quality Hospital Report - 2004 CABINET IN CONFIDENCE

## Clinical Utilisation and Outcomes - Complications

Indicator

2002/03

2001/02

2000/01

### Bundaberg Hospital

#### Central Zone

#### Large Peer Group

<b>CI06.6</b>	<b>Fractured Neck of Femur - Complications of Surgery</b>			
T81	Complications of procedures not elsewhere classified, excl T81.0, T81.4	1	-	-
<b>Total for Indicator</b>		1		
<b>CI07.3a</b>	<b>Knee Replacement Primary - Complications of Surgery</b>			
I97	Postprocedural disorders of circulatory system, nec	1	-	-
T81	Complications of procedures not elsewhere classified, excl T81.0, T81.4	1	-	-
<b>Total for Indicator</b>		2		
<b>CI08.3a</b>	<b>Hip Replacement Primary - Complications of Surgery</b>			
T81	Complications of procedures not elsewhere classified, excl T81.0, T81.4	1	-	-
T81.0	Haemorrhage and haematoma complicating a procedure, not elsewhere classified	2	1	-
T81.4	Infection following a procedure, nec	-	1	-
T84	Complications of internal orthopaedic prosthetic devices, implants and grafts, excluding T84.0 (Mechanical complication of joint prosthesis)	1	-	-
T84.0	Mechanical complication of internal joint prosthesis	-	-	1
<b>Total for Indicator</b>		4	2	1
<b>CI09.3</b>	<b>Hysterectomy - Complications of Surgery</b>			
I97	Postprocedural disorders of circulatory system, nec	-	-	1
T81	Complications of procedures not elsewhere classified, excl T81.0, T81.4	2	-	-
T81.0	Haemorrhage and haematoma complicating a procedure, not elsewhere classified	1	-	-
T81.4	Infection following a procedure, nec	-	1	1
<b>Total for Indicator</b>		3	1	2
<b>CI15.3</b>	<b>Colorectal Carcinoma - Complications of Surgery</b>			
I97	Postprocedural disorders of circulatory system, nec	-	1	-
J95	Postprocedural respiratory disorders, nec	-	1	-
K91	Postprocedural disorders of digestive system, nec	2	1	1
N99	Postprocedural disorders of genitourinary system, nec	2	-	-
T80	Complications following infusion, transfusion and therapeutic injection	-	-	1
T81	Complications of procedures not elsewhere classified, excl T81.0, T81.4	3	2	-
T81.0	Haemorrhage and haematoma complicating a procedure, not elsewhere classified	-	-	2
T81.4	Infection following a procedure, nec	-	1	5
T88	Other or unspecified complications of surgical and medical care, nec	-	1	-
<b>Total for Indicator</b>		7	7	9
<b>CI16.2</b>	<b>Laparoscopic Cholecystectomy - Complications of Surgery</b>			
K91	Postprocedural disorders of digestive system, nec	2	-	-
T81	Complications of procedures not elsewhere classified, excl T81.0, T81.4	1	-	1
<b>Total for Indicator</b>		3		1
<b>Total for Hospital</b>		20	10	13



COI.0031.0003.00565

**Measured Quality - EFF-46 - Avoidable Admissions 2004**

Indicator	2002/03	2001/02	2000/01
<b>Bundaberg Hospital</b>			
<b>Central Zone</b>			<b>Large Peer Group</b>
<b>Avoidable Admission - Vaccine Preventable</b>			
Influenza and pneumonia	51	34	34
Other vaccine-preventable	4	4	3
<b>Avoidable Admission - Acute</b>			
Appendicitis	68	64	62
Cellulitis	84	58	66
Convulsions and epilepsy	96	145	140
Dehydration and gastroenteritis	47	45	56
Dental	65	100	101
Ear, nose and throat infections	147	119	112
Gangrene	9	13	11
Pelvic inflammatory disease	13	10	14
Perforated or bleeding ulcer	4	14	20
Pyelonephritis	80	83	89
<b>Avoidable Admission - Chronic</b>			
Angina	273	335	241
Asthma	88	87	137
Chronic obstructive pulmonary disease	160	190	207
Congestive cardiac failure	132	89	100
Diabetes complications	293	571	1,433
Hypertension	16	10	4
Iron deficiency anaemia	28	30	21
Nutritional deficiencies	0	0	0
<b>Avoidable Admission</b>			
Grand Total	1,593	1,961	2,835

**Notes:**

1. Data include all care types except unqualified newborns.
2. The sum of the individual categories may be greater than the total for those categories as patients may belong to more than one category.
3. Avoidable Admission criteria developed by Australian Institute of Health and Welfare (AIHW) 2003. Australian hospital statistics 2001-02. AIHW cat. no. HSE 25. Canberra: AIHW (Health Services Series no. 20).
4. Refer to the Technical Supplement (EFF-46) for ICD10 codes specific for each condition.

## EFF-64 Relative Technical Efficiency

CABINET IN CONFIDENCE

## Bundaberg Hospital

## Large Peer Group

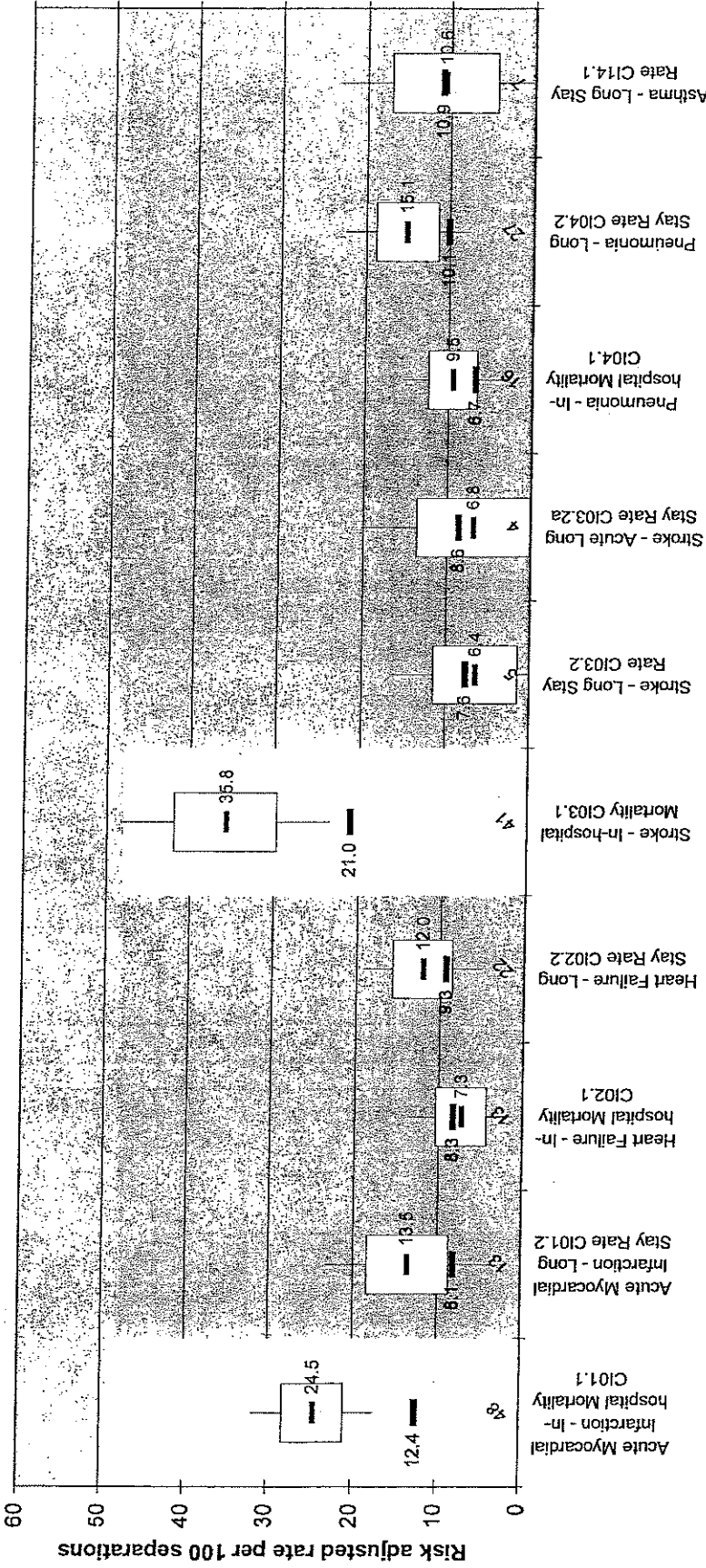
				Comparative Peer Data	
	2002/03	Peer Group Median	State Median	Peer No. 1	Peer No. 2
Relative Technical Efficiency	82.5%	99.2%	96.3%	Redland Hospital	
Scale Efficiency	94.7%				
Output Orientation					
Outputs	2002/03	Radial Movement	Output Target	2002/03	2002/03
Weighted Separations	10,923	2,323	13,246	12,368	
Weighted Outpatient Occ of Service	3,904	830	4,735	4,286	
Weighted Other Care	637	135	773	811	
Returns to Scale	Decreasing				
Peer Hospitals	Peer Weight	NOTE: A higher Peer Weight indicates a stronger association with the peer facility.			
Redland Hospital	0.986				
NOTE: From an output orientation, to achieve a Technical Efficiency score of 100%, Outputs should increase to the Output Target amount whilst maintaining the current level of inputs.					
Input Orientation					
Inputs	2002/03	Radial Movement	Input Target	2002/03	2002/03
Ordinary FTE - Worked	378	-73	305	324	
Non Labour Expenditure	\$10,400,975	-\$2,017,021	\$8,383,954	\$9,263,069	
Gross Asset Value (\$M)	\$78.804	-\$15.282	\$63.522	\$47.463	
Returns to Scale	Decreasing				
Peer Hospitals	Peer Weight				
Redland Hospital	0.828				
Maryborough Hospital	0.105				
NOTE: From an input orientation, to achieve a Technical Efficiency score of 100%, Inputs should decrease to the Input Target amount whilst maintaining the current level of outputs.					
Partial Productivity Measures		Bundaberg Hospital		Redland Hospital	
for comparative purposes only					
Weighted Separations per Ordinary FTE - Worked		28.86		38.18	
Weighted Outpatient Occasions of Service per FTE		10.32		13.23	
Weighted Other Care per FTE		1.68		2.50	
Non Labour Expenditure per FTE		\$27,482		\$28,592	
Weighted Separations per Gross Asset Value (\$M)		138.61		260.58	
Total Outputs per FTE		40.86		53.91	



COI.0031.0003.00567

# Bundaberg Hospital Large Peer Group

## Clinical Utilisation and Outcomes Medical - 3 year mean



### Notes:

- 12.6 3 year peer group mean
- 14.4 3 year risk adjusted rate per 100 separations

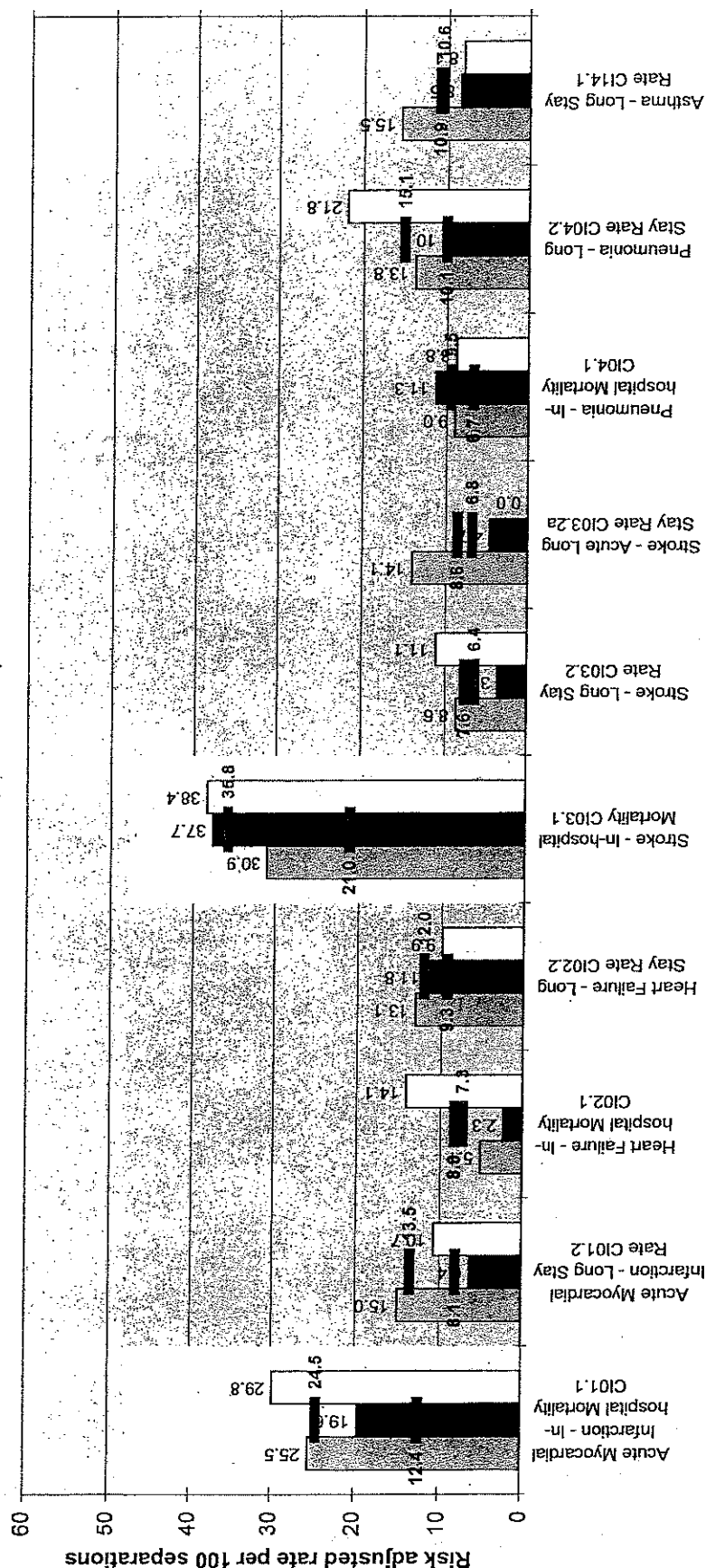
- Number of observations
- Outlier



COI.0031.0003.00568

# Bundaberg Hospital Large Peer Group

## Clinical Utilisation and Outcomes Medical - 2002/03, 2001/02, 2000/01



Notes:

— 12.6

— 3 year peer group mean

— 14.4

— 3 year risk adjusted rate per 100 separations

2002/03

2000/01

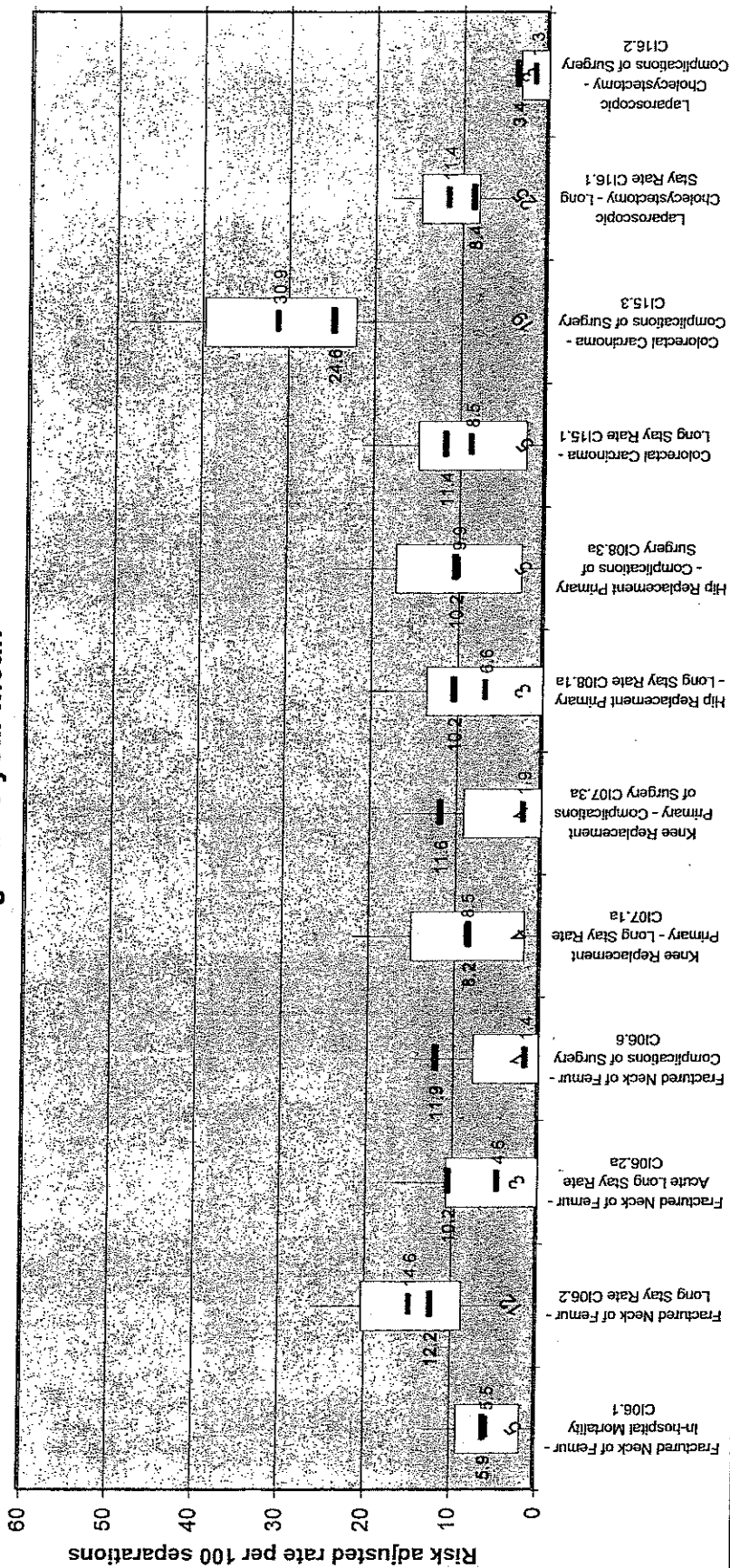
Outlier



COI.0031.0003.00569

# Bundaberg Hospital Large Peer Group

## Clinical Utilisation and Outcomes Surgical - 3 year mean



Notes:

— 12.6  
— 14.4

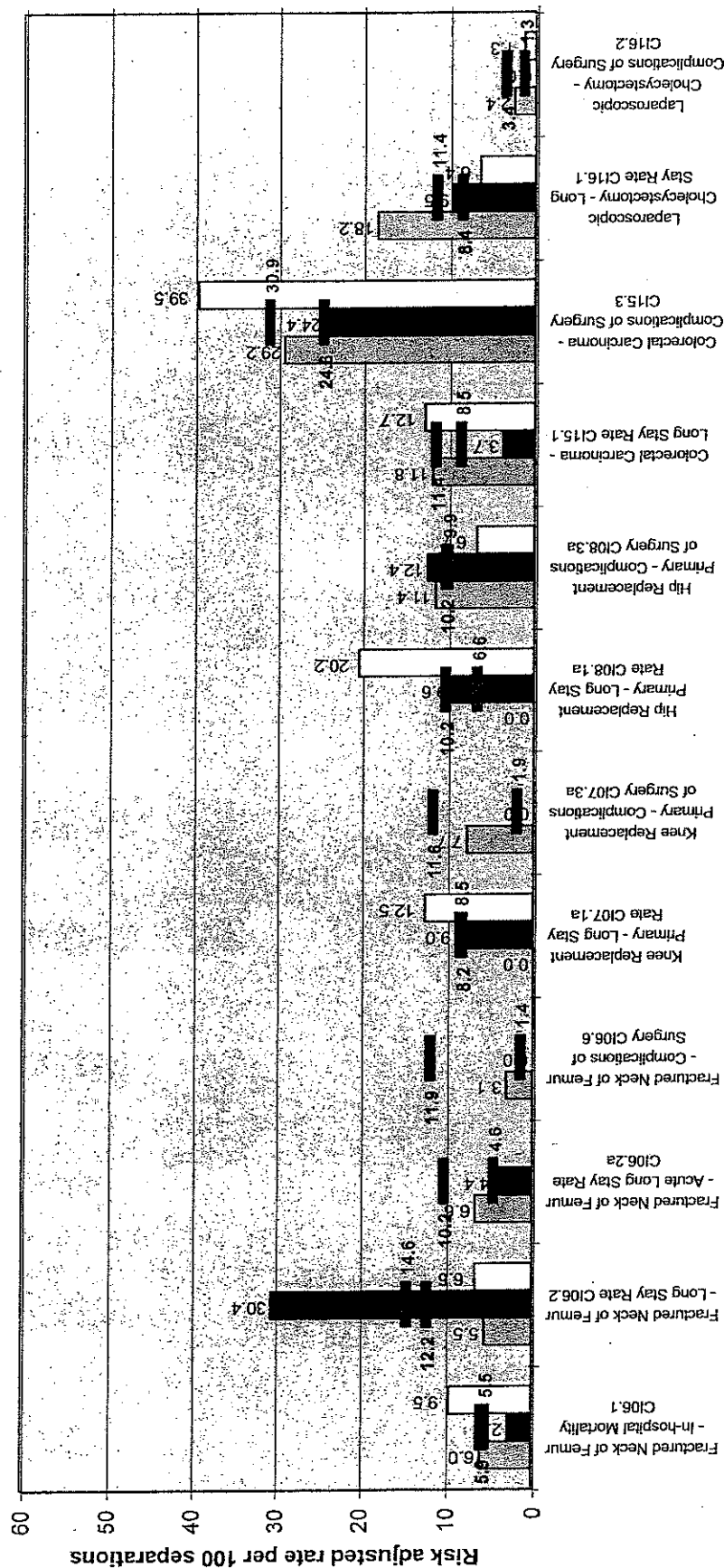
3 year peer group mean  
3 year risk adjusted rate per 100 separations

Number of observations  
Outlier



# Bundaberg Hospital Large Peer Group

## Clinical Utilisation and Outcomes Surgical - 2002/03, 2001/02, 2000/01



Notes:

— 12.6

3 year peer group mean

— 14.4

3 year risk adjusted rate per 100 separations

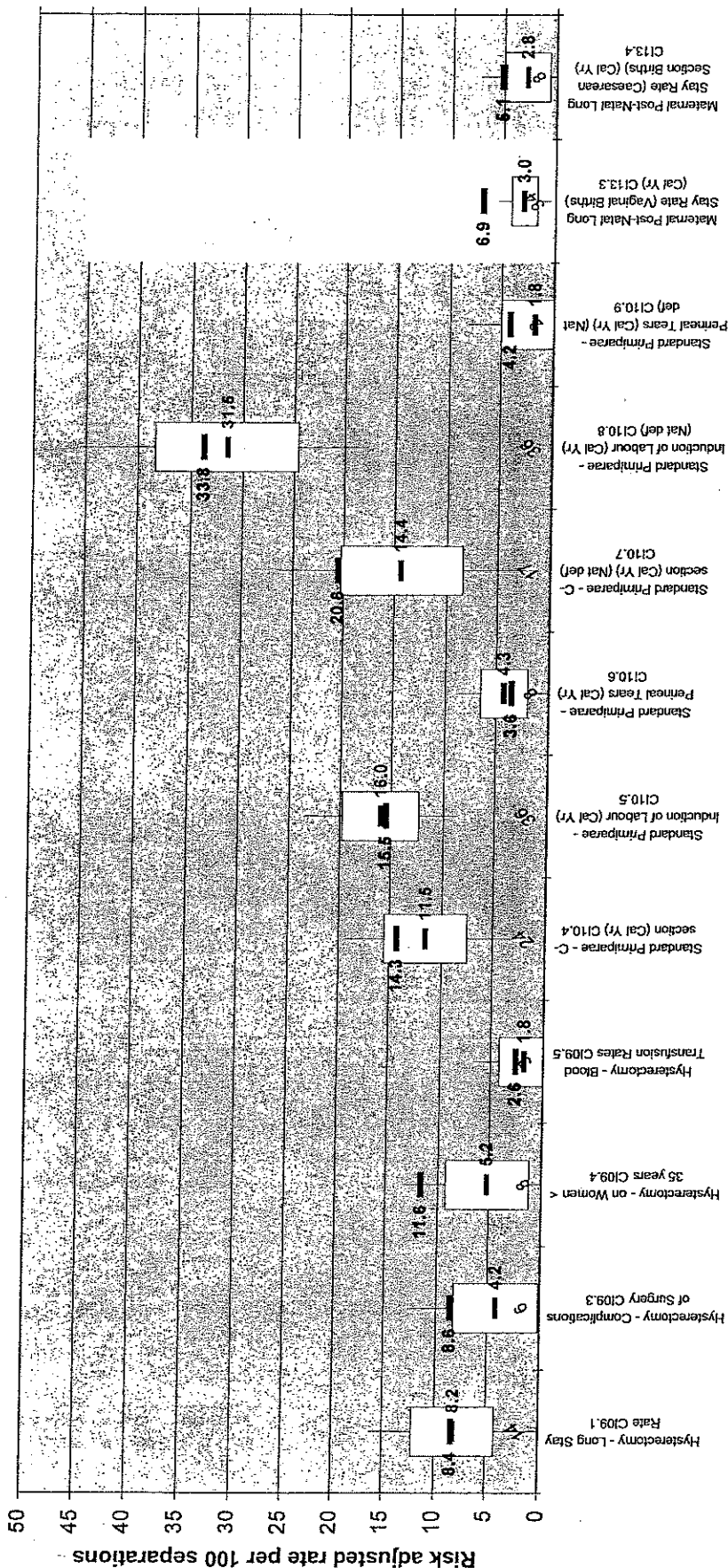
2002/03

2000/01

Outlier

# Bundaberg Hospital Large Peer Group

## Clinical Utilisation and Outcomes O&G - 3 year mean



### Notes:

Perinatal data currently available from Jan 2000 to Dec 2001.

12.6 3 year peer group mean

14.4 3 year risk adjusted rate per 100 separations

Number of observations

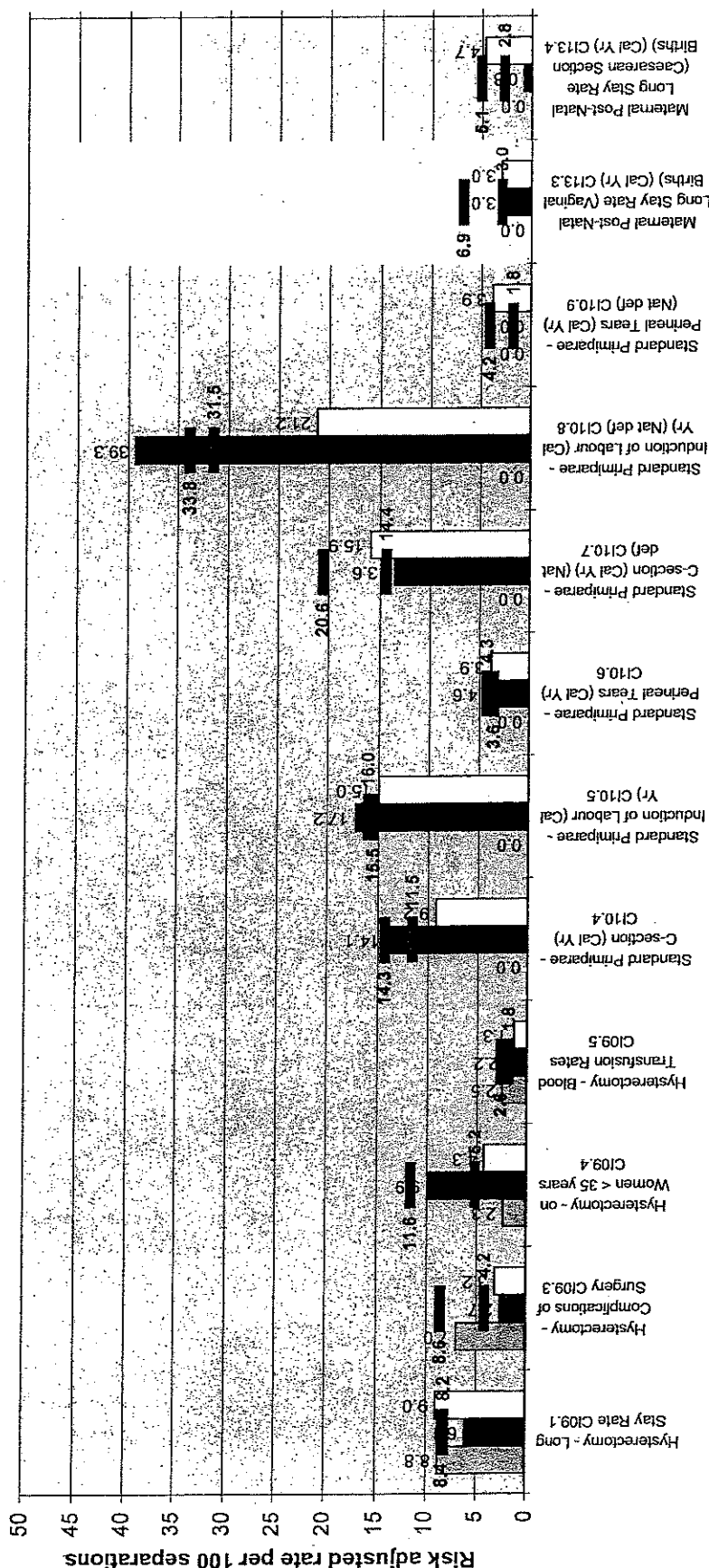
Outlier



COI.0031.0003.00572

# Bundaberg Hospital Large Peer Group

## Clinical Utilisation and Outcomes O&G - 2002/03, 2001/02, 2000/01



Notes: Perinatal data currently available from Jan 2000 to Dec 2001.

12.6

3 year peer group mean

14.4

3 year risk adjusted rate per 100 separations

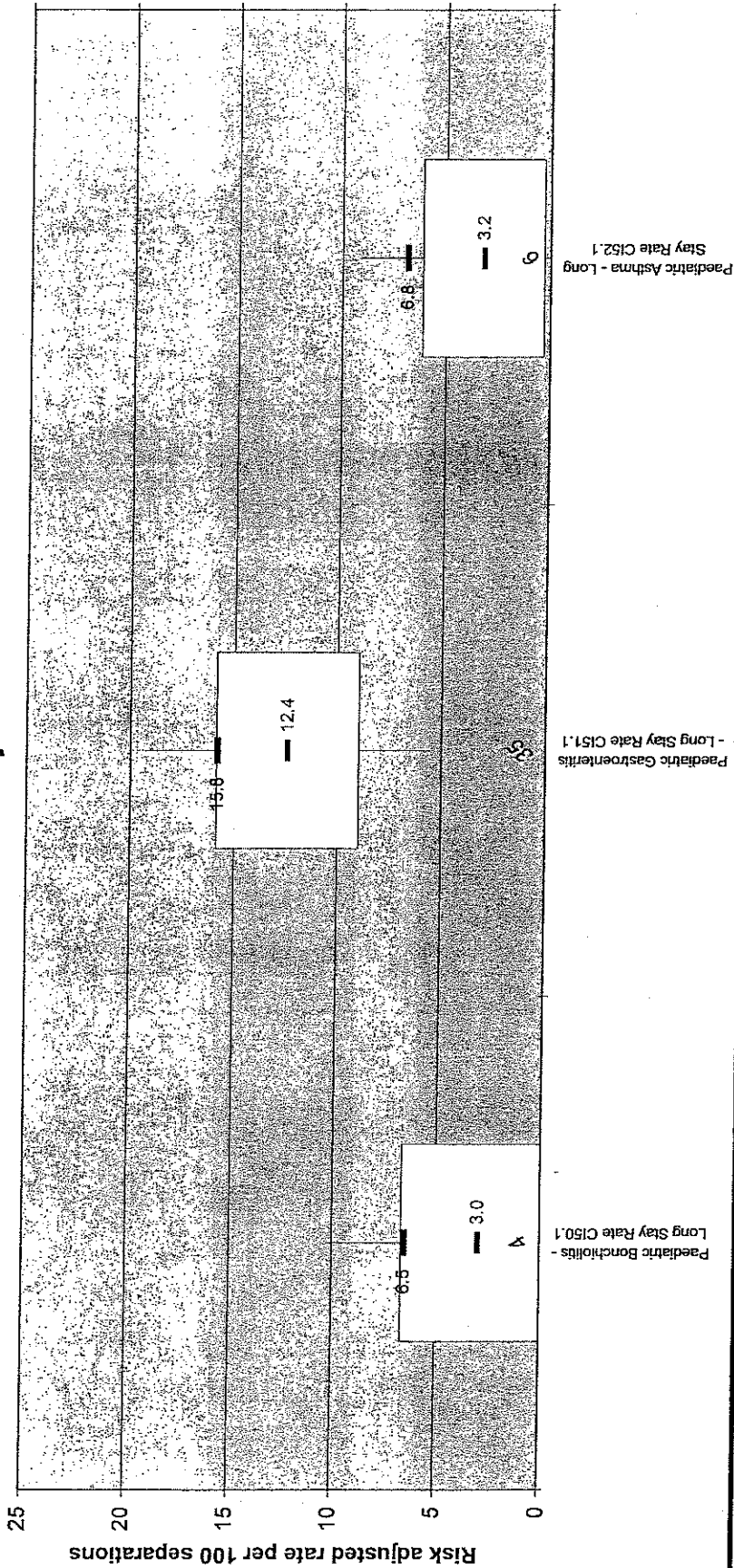
2002/03

2000/01

Outlier

Bundaberg Hospital  
Large Peer Group

Clinical Utilisation and Outcomes  
Paediatrics - 3 year mean



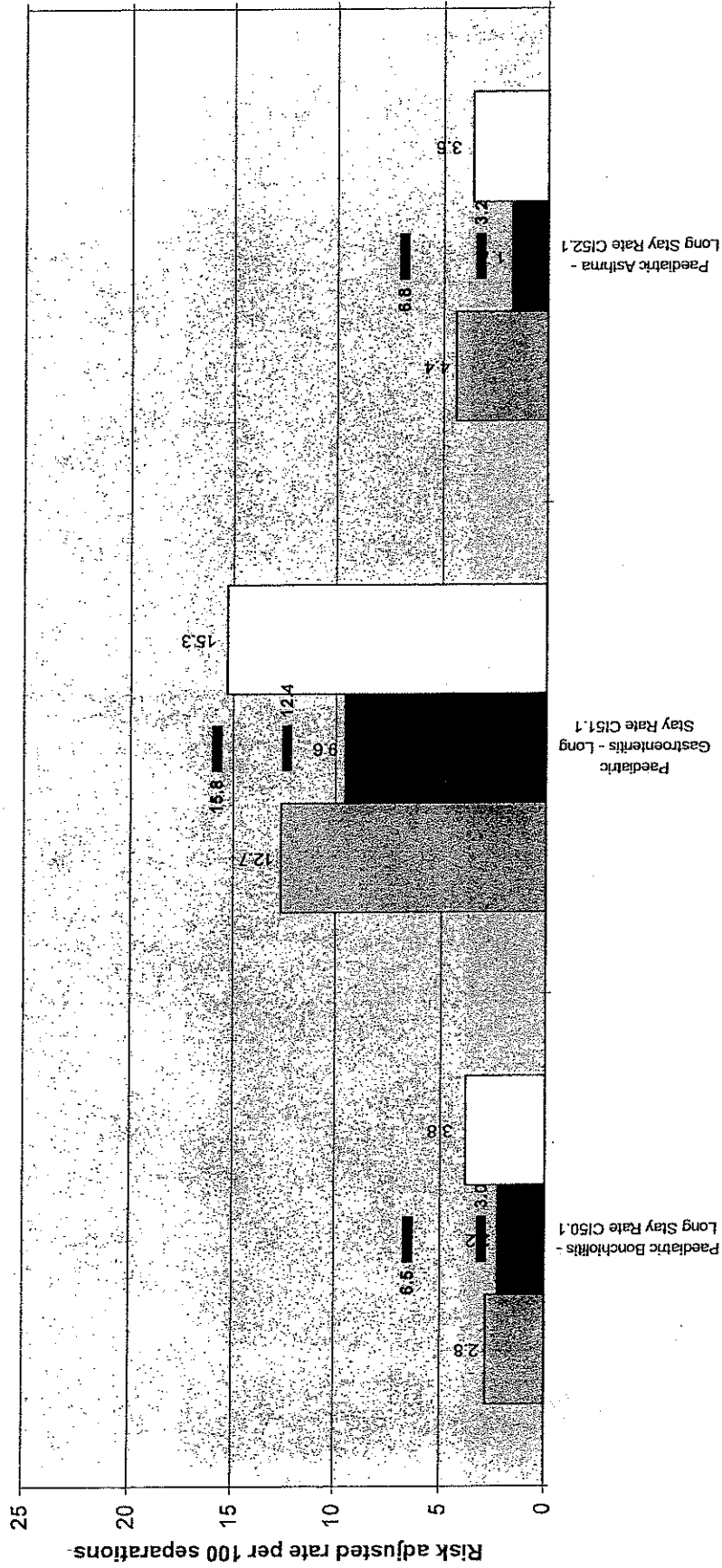
Notes:

- 12.6 3 year peer group mean
- 14.4 3 year risk adjusted rate per 100 separations

Number of observations  
Outlier

# Bundaberg Hospital Large Peer Group

## Clinical Utilisation and Outcomes Paediatrics - 2002/03, 2001/02, 2000/01



Notes:

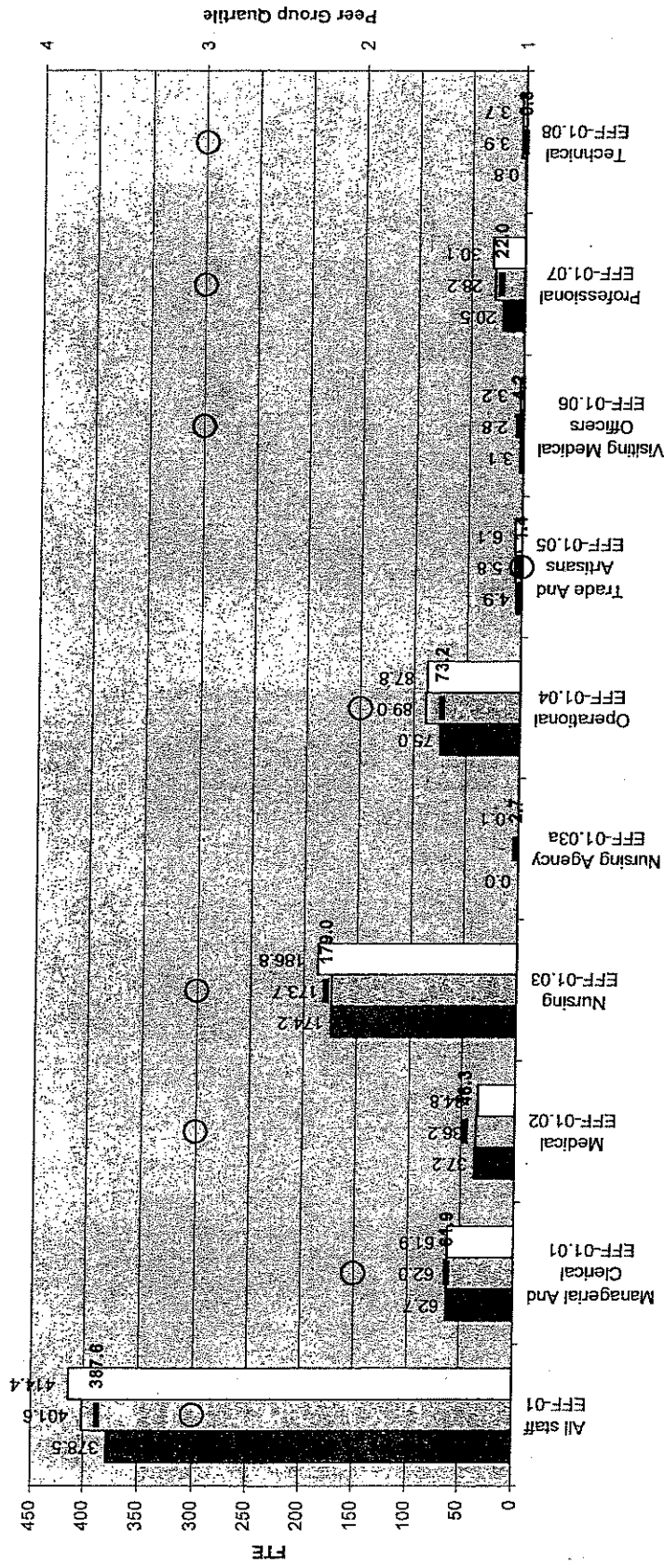
- 12.6 3 year peer group mean
- 14.4 3 year risk adjusted rate per 100 separations

2000/01  
2001/02  
2002/03  
Outlier

# Bundaberg Hospital

Large

## Efficiency Staffing - Ordinary FTE

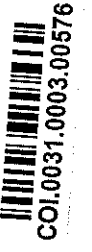


Notes:

— 12.8 Peer Group Median  
○ Peer Group Quartile

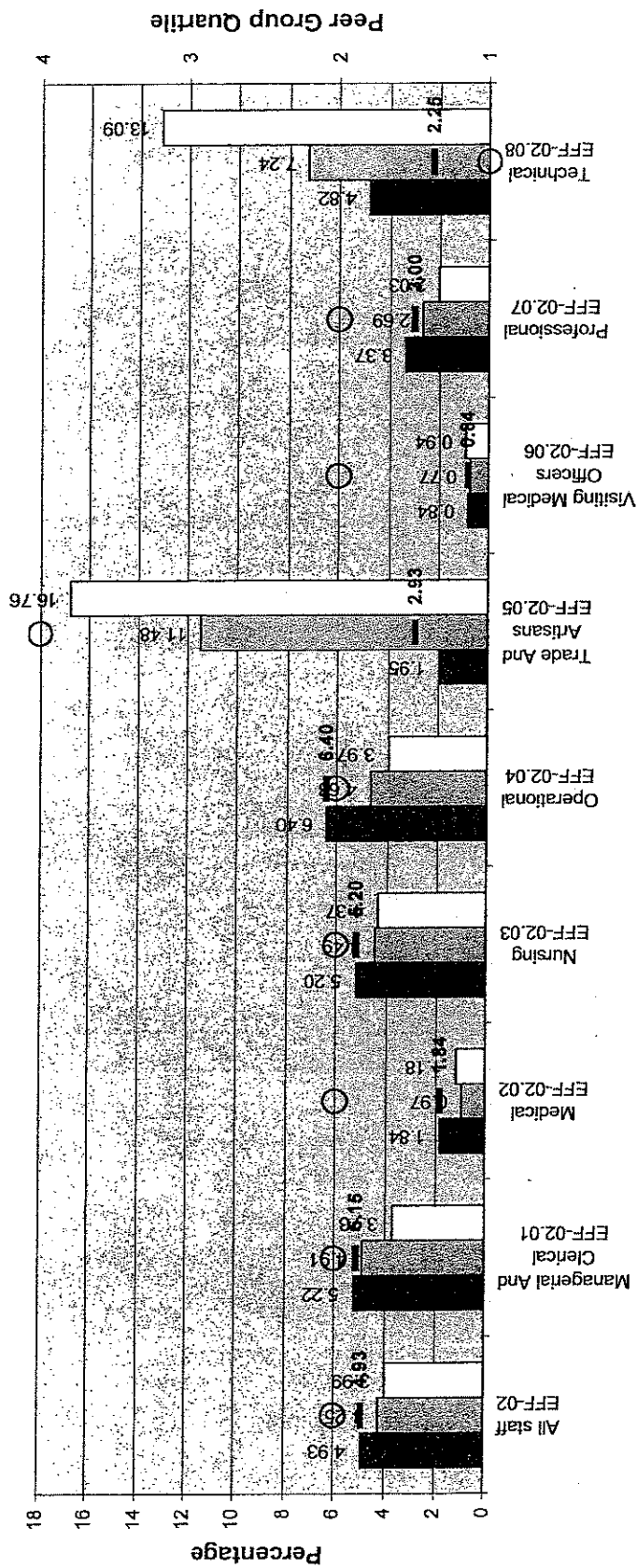
2002/03  
2001/02

2000/01  
\* Indicator met outlier criteria



COI.0031.0003.00576

# Efficiency Staffing - Proportion of Sick Leave



Notes:

— 12.6 Peer Group Median  
○ Peer Group Quartile

2002/03  
2001/02

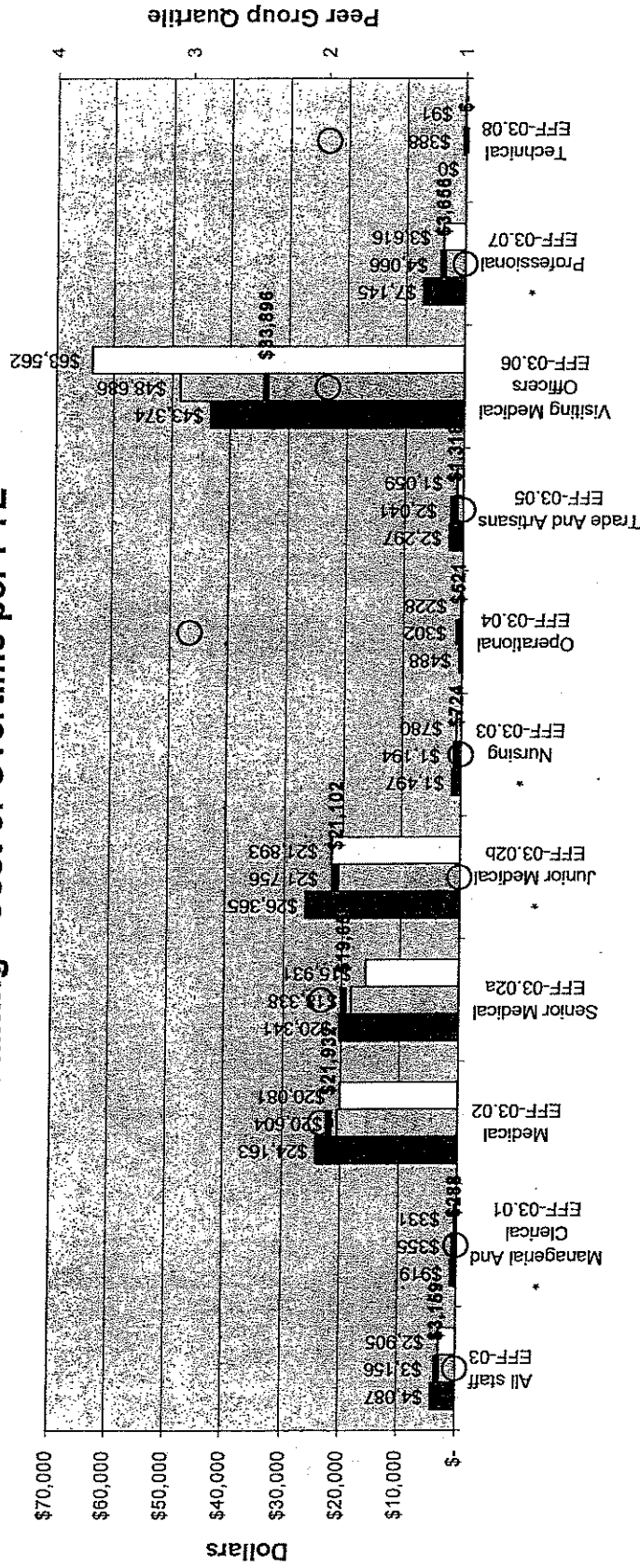
2000/01  
\* Indicator met outlier criteria



# Bundaberg Hospital

Large

## Efficiency Staffing - Cost of Overtime per FTE



Notes:

— 12.6

Peer Group Median

○

Peer Group Quartile

2002/03

2000/01

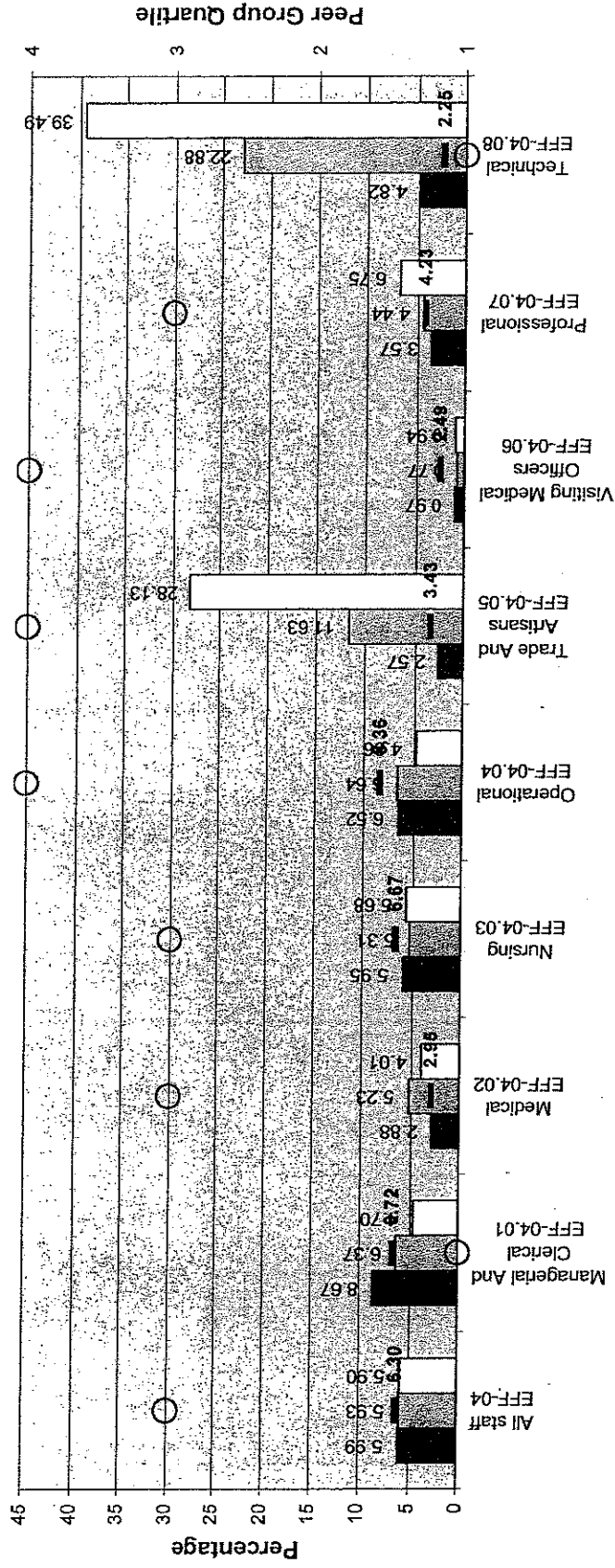
2001/02

\* Indicator met outlier criteria



COI.0031.0003.00578

# Efficiency Staffing - Proportion of Unscheduled Leave



Notes:

12.6

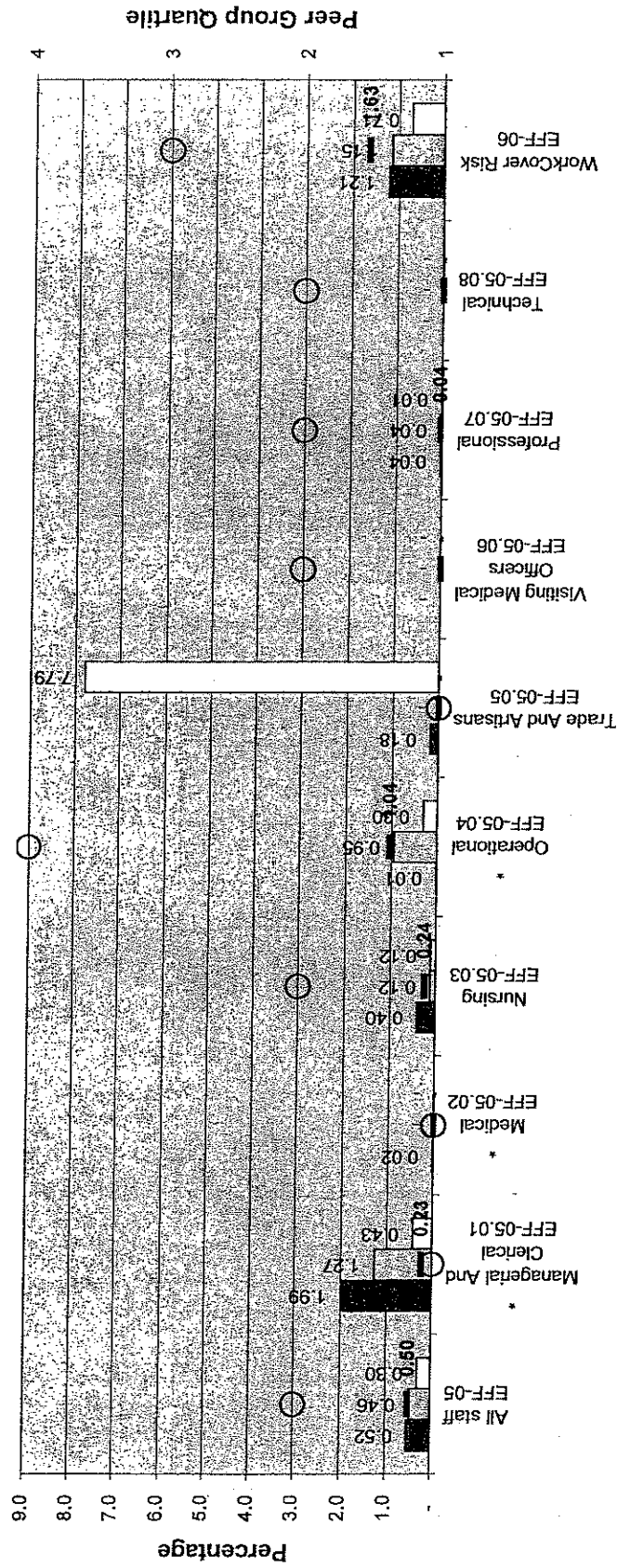
Peer Group Median  
Peer Group Quartile

2000/01

2002/03  
2001/02

\* Indicator met outlier criteria

# Efficiency Staffing - Proportion of WorkCover Leave and WorkCover Risk Rate



Notes:

— 12.6

Peer Group Median

○

Peer Group Quartile

2002/03

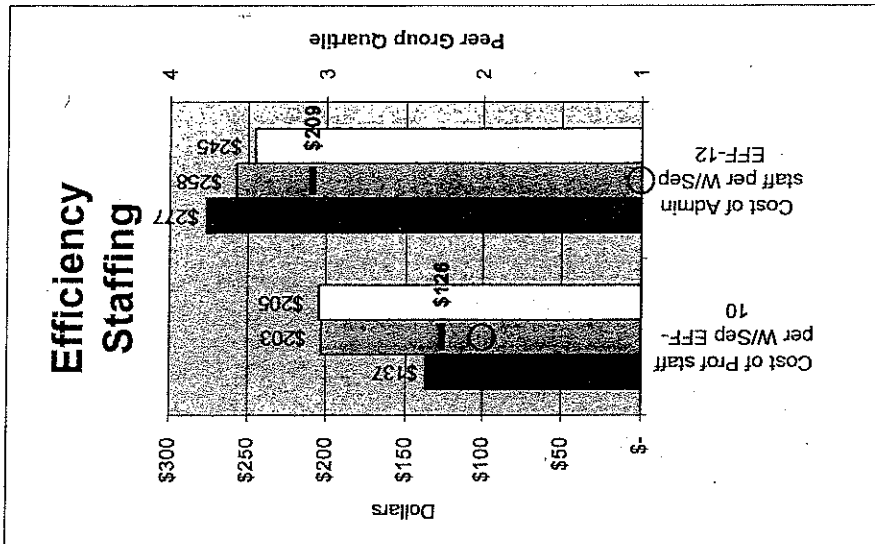
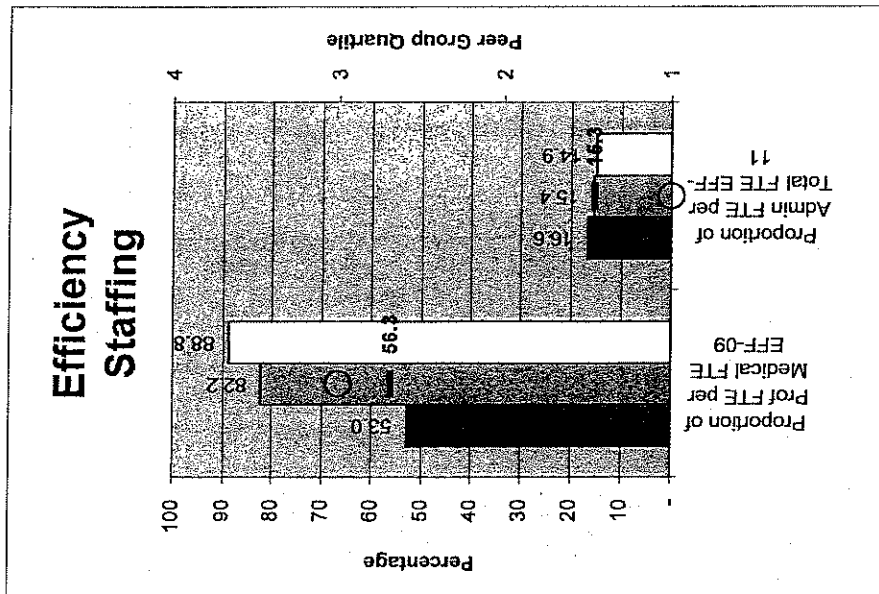
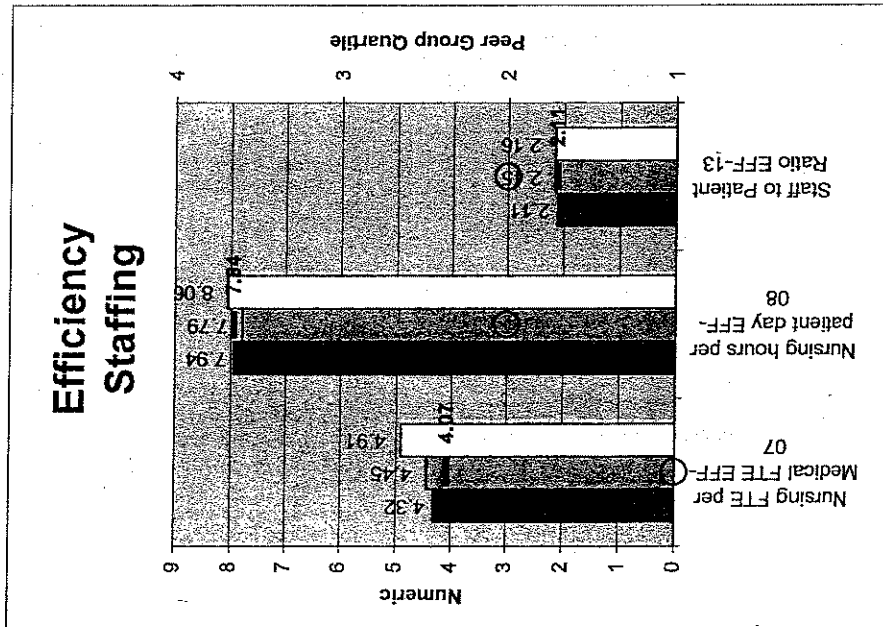
2000/01

2001/02

\* Indicator met outlier criteria

# Bundaberg Hospital

Large



Notes:

12.6

Peer Group Median  
Peer Group Quartile

2002/03  
2001/02

2000/01

\* Indicator met outlier criteria

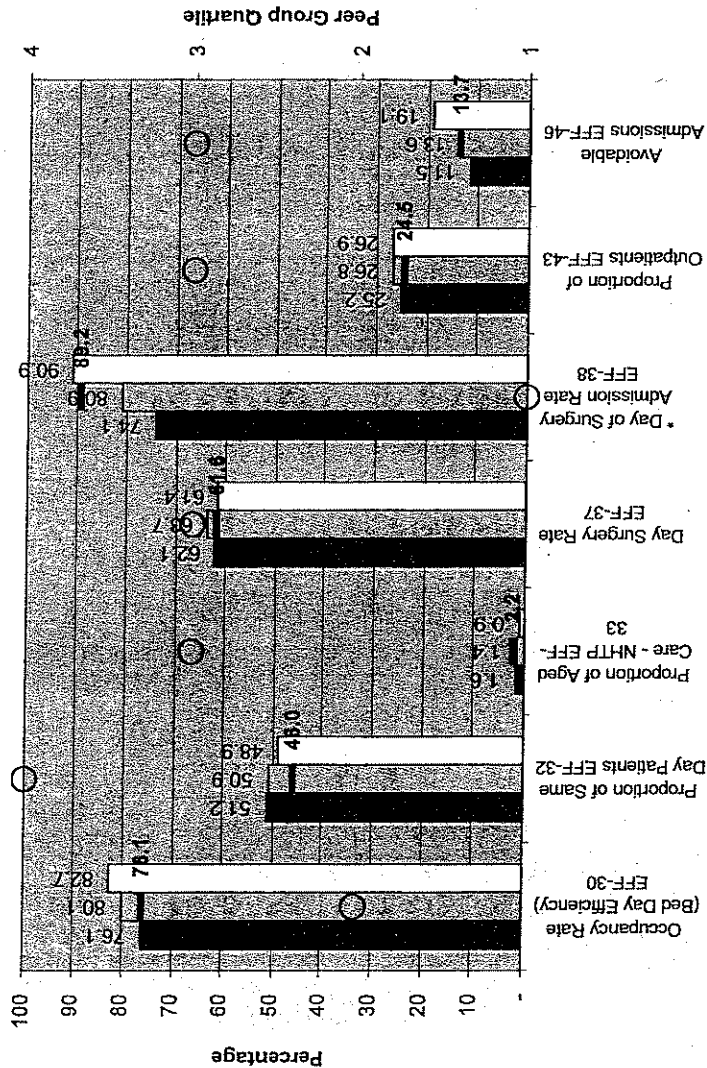


COI.00031.0003.00581

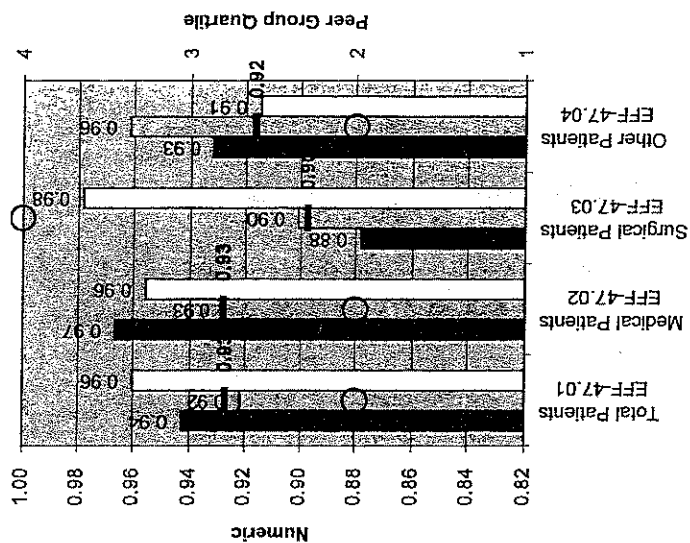
# Bundaberg Hospital

Large

## Efficiency Activity



## Efficiency - Activity Relative Stay Index



Notes:

12.6

Peer Group Median

○

Peer Group Quartile

2002/03

2001/02

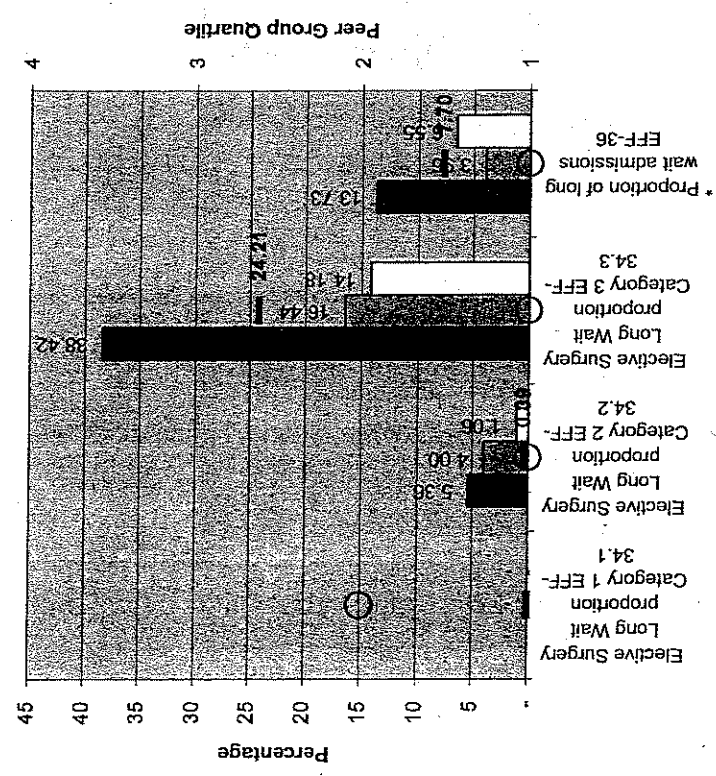
2000/01

\* Indicator met outlier criteria

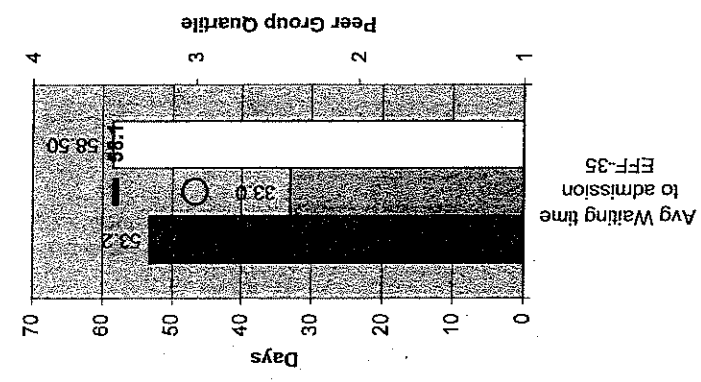


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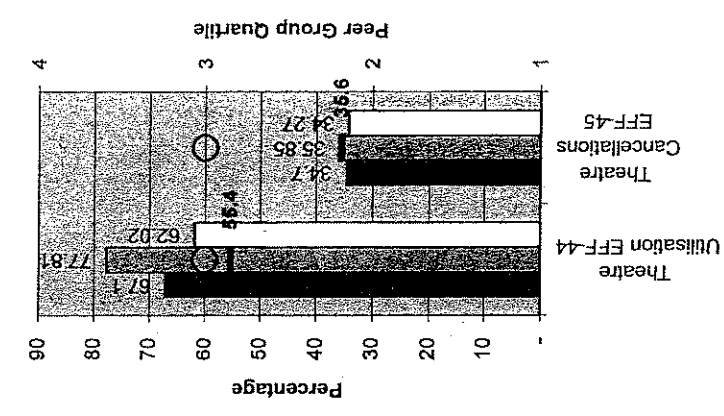
# Efficiency Activity - Elective Surgery



# Avg Waiting Time to Admission



# Efficiency Activity - Theatre



Notes:

126

Peer Group Median

Peer Group Quartile

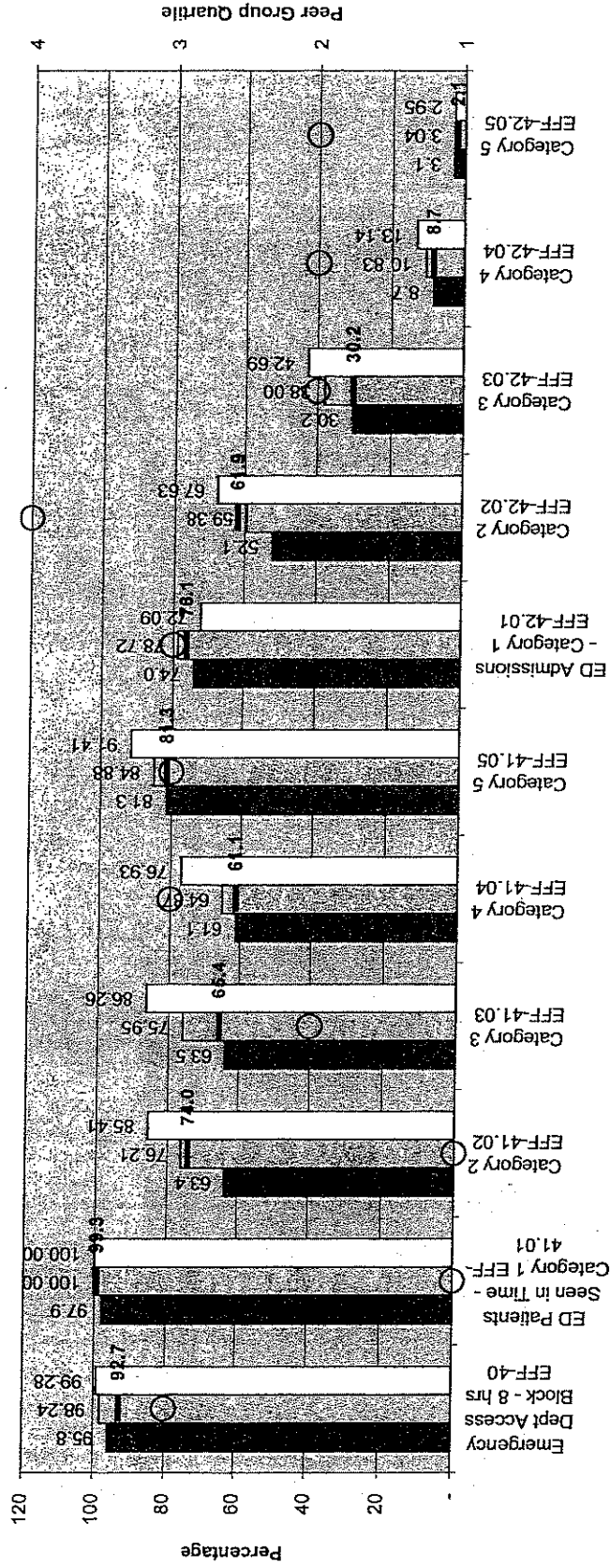
2002/03

2001/02

2000/01

Indicator met outlier criteria

# Efficiency Activity - Emergency Department



Notes:

— 12.6

Peer Group Median

○

Peer Group Quartile

2002/03

2000/01

2001/02

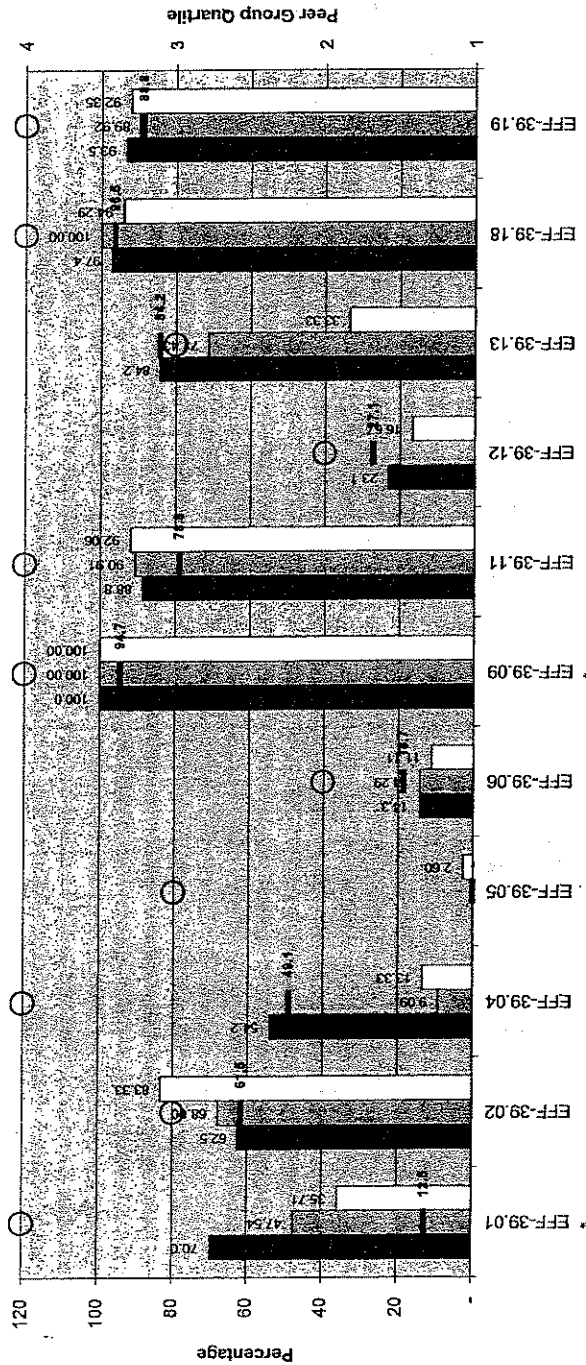
\* Indicator met outlier criteria



# Bundaberg Hospital

## Large

### Efficiency Day Surgery Basket Procedures



Notes:

12.6

Peer Group Median

Peer Group Quartile

2002/03

2001/02

2000/01

\* Indicator met outlier criteria

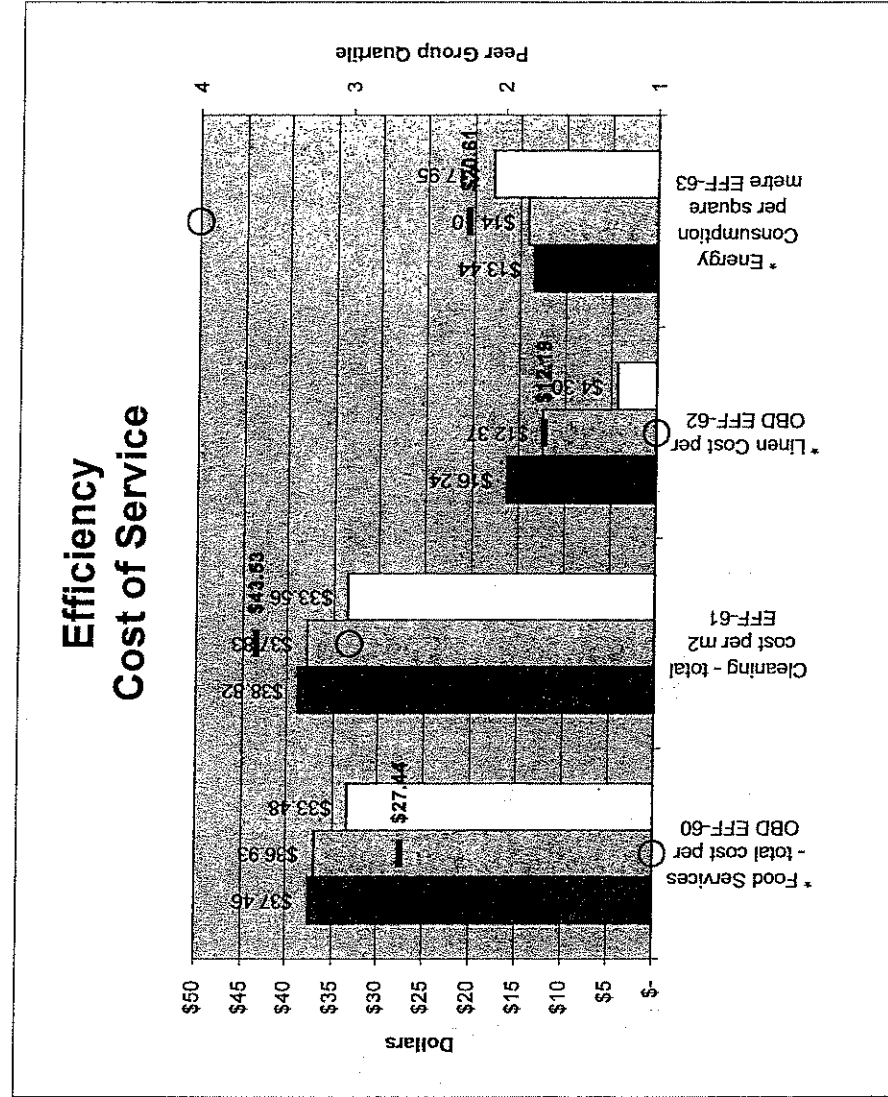
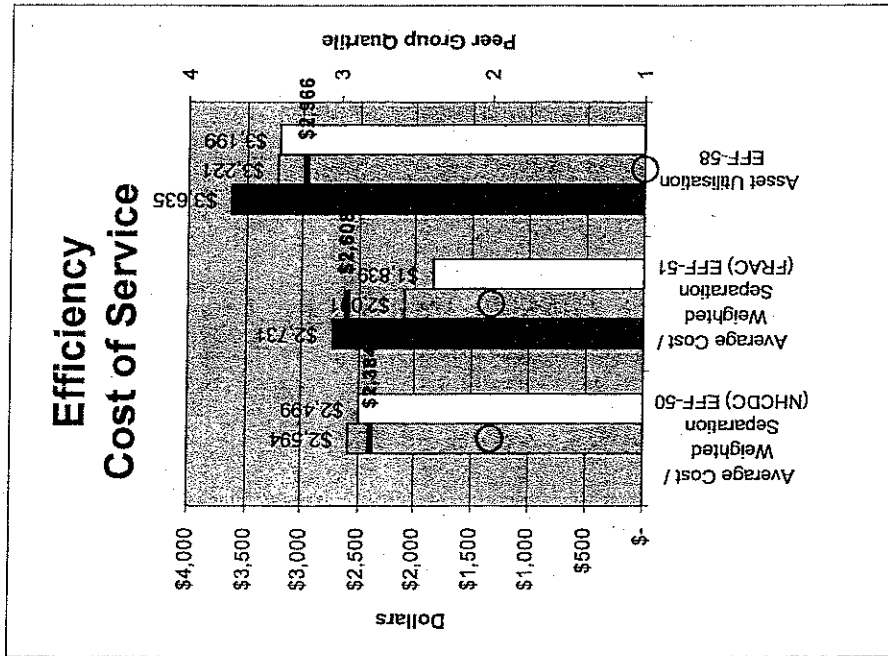
- 39.01 Inguinal hernia repair
- 39.02 Excision of breast lump
- 39.03 Anal fistula dilatation or excision
- 39.04 Haemorrhoidectomy
- 39.05 Laparoscopic cholecystectomy
- 39.06 Varicose vein stripping or ligation
- 39.07 Turethral resect. of bladder tumors
- 39.08 Excision of Dupuytren's contract
- 39.09 Carpal tunnel decompression
- 39.10 Excision of ganglion
- 39.11 Arthroscopy
- 39.12 Bunion operation
- 39.13 Removal of metalware
- 39.14 Extr of cataract w/wo implant
- 39.15 Myringotomy
- 39.16 Tonsillotomy
- 39.17 Reduction of nasal fracture
- 39.18 D&C / Hysteroscopy
- 39.19 Laparoscopy



COI.0031.0003.00585

# Bundaberg Hospital

Large



Notes:

12.6

Peer Group Median

Peer Group Quartile

2002/03

2001/02

2000/01

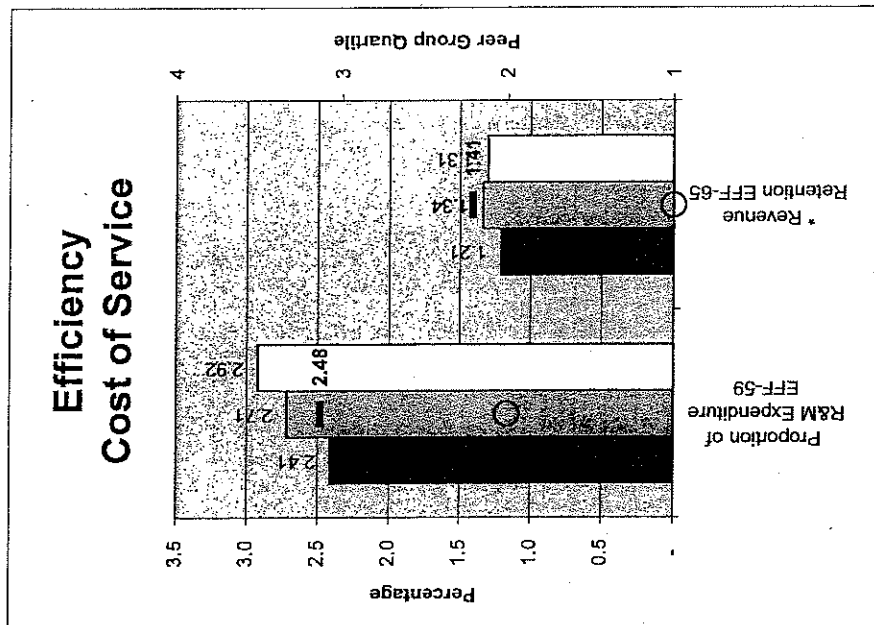
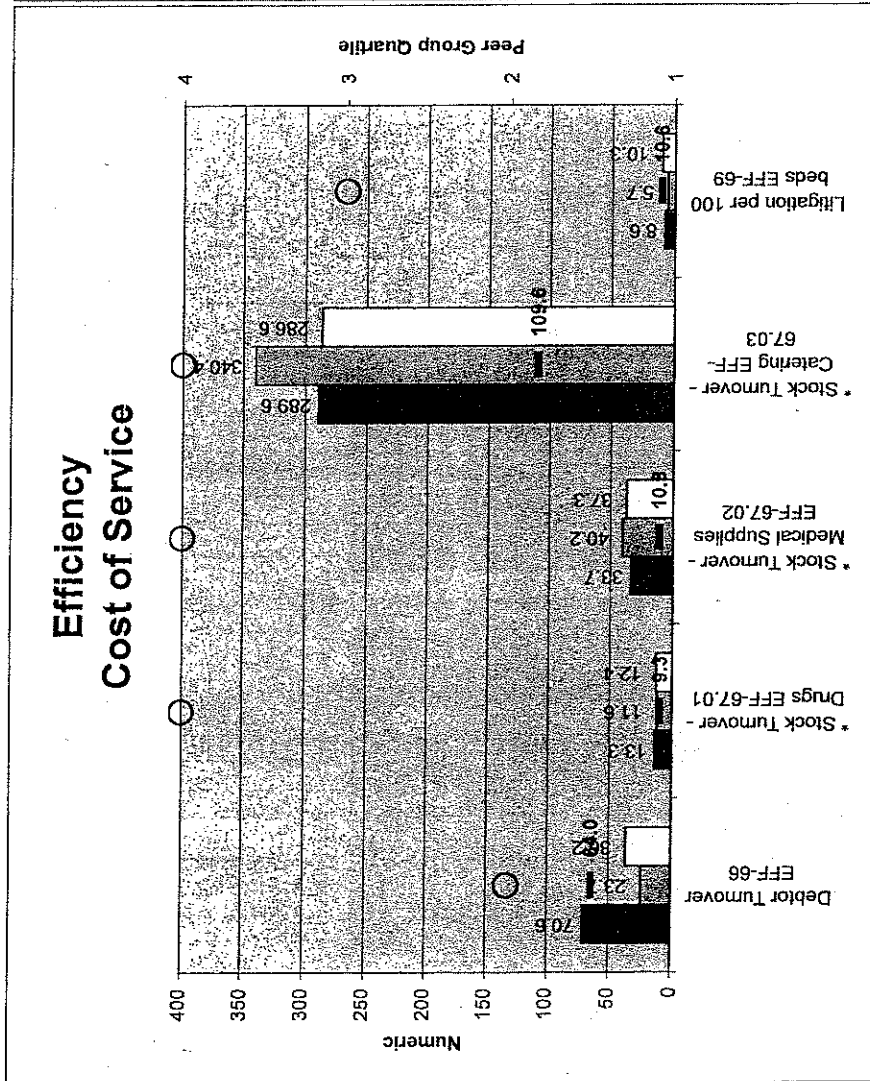
\* Indicator met outlier criteria



COI.0031.0003.00586

# Bundaberg Hospital

Large



Notes:

12.6

Peer Group Median

Peer Group Quartile

2002/03

2001/02

2000/01

Indicator met outlier criteria



COI.0031.0003.00587

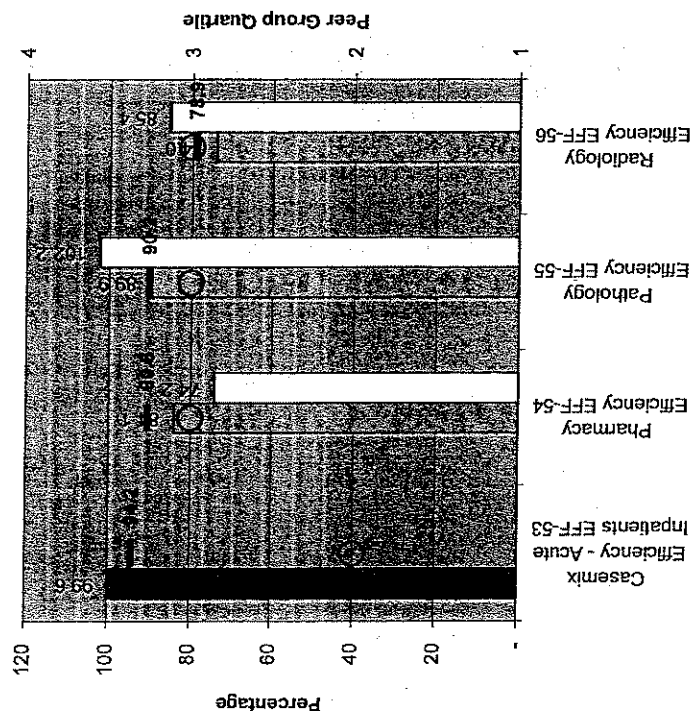
# Bundaberg Hospital

Large

## EFF-52 Top 10 DRG's (cost \* volume)

DRG	Description	2001/02	2000/01	1999/00	Peer 01/02
D40Z*	Dental Extract & Restorations	\$ 11,099.20	\$ 1,765.60	\$ 3,078.18	\$ 1,542.16
O60D*	Vaginal Delivery - Comp Diag	\$ 3,353.11	\$ 2,891.18	\$ 1,849.62	\$ 2,691.72
L61Z	Admit For Renal Dialysis	\$ 423.19	\$ 526.56	\$ 246.39	\$ 360.33
U61A	Schizophrenia Disorders+MHLS	\$ 13,538.32	\$ 11,962.73	\$ 7,860.90	\$ 13,190.52
O01D	Cesarean Delivery - Comp Diag	\$ 5,108.21	\$ 4,456.06	\$ 3,128.42	\$ 5,077.41
U63B	Major Affective Dsrd A<70-cscc	\$ 6,431.92	\$ 5,919.35	\$ 6,775.46	\$ 6,345.53
F72B	Unstable Angina - cscc	\$ 1,834.27	\$ 1,978.60	\$ 1,524.02	\$ 2,323.11
E65A	Chronic Obstruct Airway Dis+cscc	\$ 4,853.05	\$ 3,936.80	\$ 2,988.70	\$ 4,202.77
F60B	Crc Dsrd+Aml-Inva Inve Pr-cscc	\$ 3,802.86	\$ 3,719.02	\$ 3,181.73	\$ 3,860.98
U61B	Schizophrenia Disorders-MHLS	\$ 4,947.63	\$ 7,069.64	\$ 5,713.91	\$ 4,876.04

## Efficiency Cost of Service



Notes:

— 12.6

Peer Group Median

Peer Group Quartile

2002/03

2000/01

\* Indicator met outlier criteria



COI.0031.0003.00588

# Large



Technical Efficiency	82.5%
Scale Efficiency	94.7%

Scale Efficiency		94.7%		Lambda Score of Peers	
		Target	Var		
<b>Outputs</b>	2002/03				
W/Septs	10,923	13,246	2,323	Redland Hospital	-
WOOS	3,904	4,735	830		-
W Other	637	773	135		-
					0.99

## Decreasing Returns to Scale

Inputs				
Ord FTE	378.5	305.1	-73	324.0
Non Lab \$M	10,401	8,384	-2,017	9,283
GAV \$	78.80	63.52	-15	47.46

## Partial Productivity Measures

for comparative purposes only

W/Septs per FTE	28.86	38.18	-
WOOS per FTE	10.32	13.23	-
W Other per FTE	1.68	2.50	-
Non Lab \$ per FTE	27,482	28,592	-
W/Septs per GAV	138.61	260.58	-
Total Outputs per FTE	40.86	53.91	-

**Notes:**

12.6

Peer Group Median

Peer Group Quantile

2002/03

2001/02

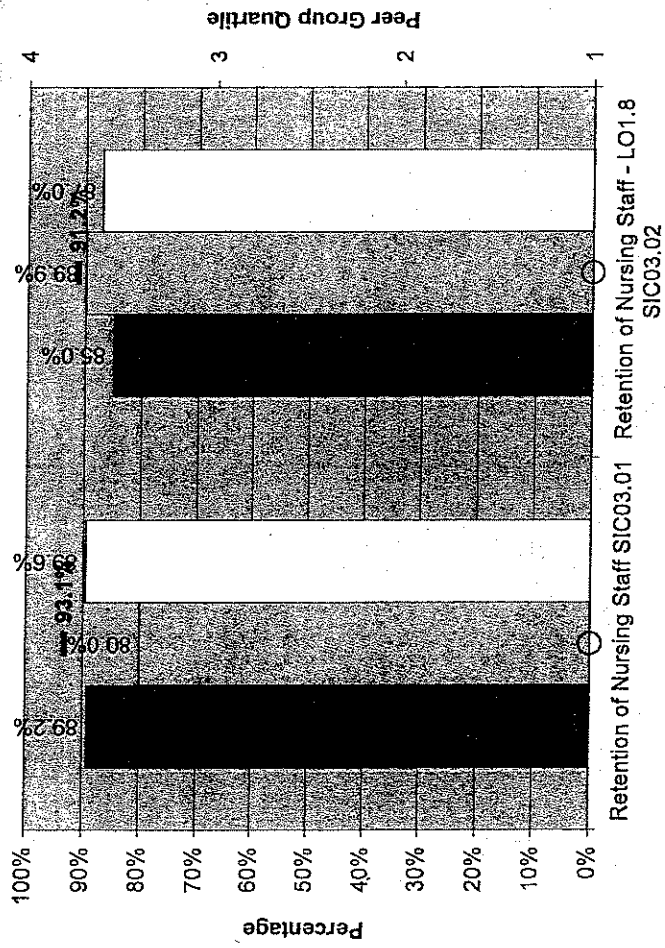
\* Indicator met outlier criteria



COI.0031.0003.00589

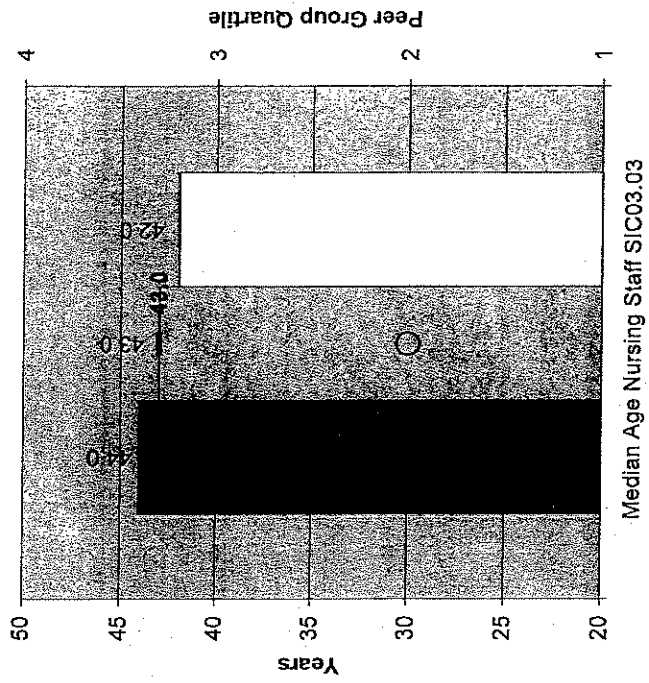
# Bundaberg Hospital

## Workforce Management



## Large

## Workforce Management



Notes:

12.6

Peer Group Median

Peer Group Quartile

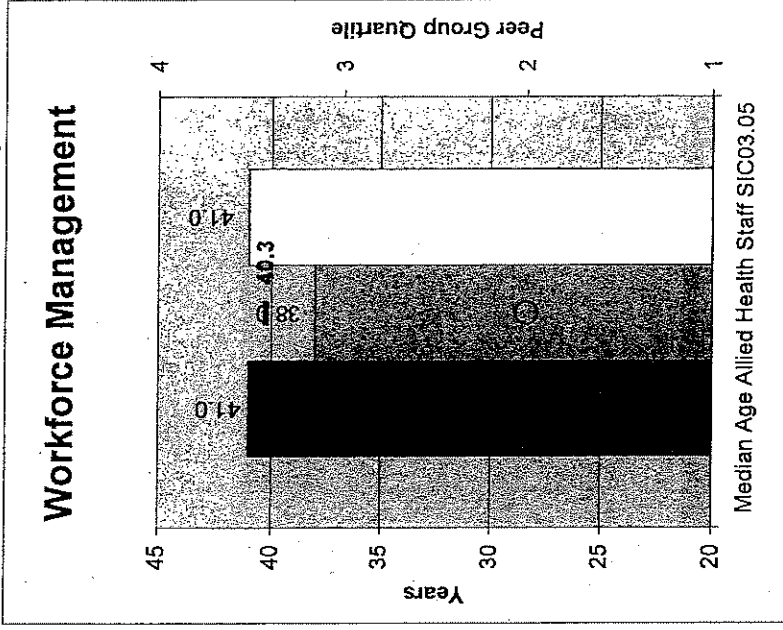
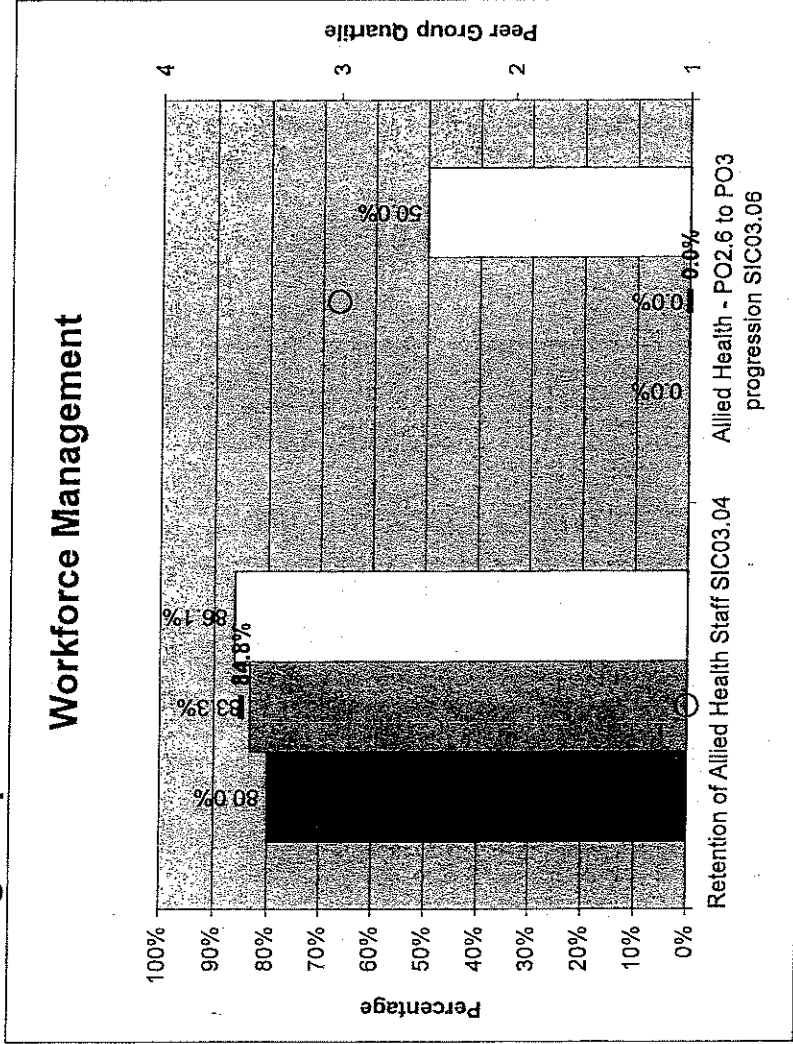
2002/03

2001/02

Indicator met outlier criteria

# Bundaberg Hospital

## Large



Notes:

12.6

Peer Group Median  
Peer Group Quartile

2002/03  
2001/02

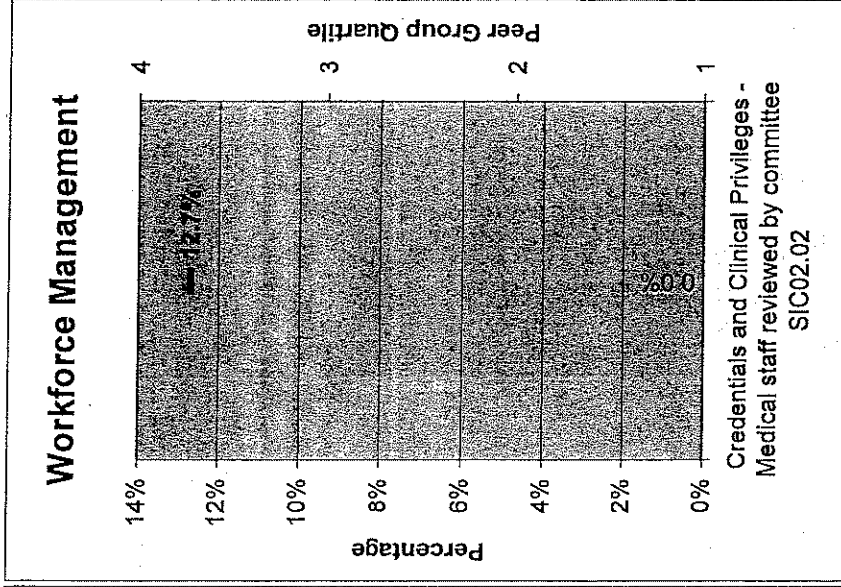
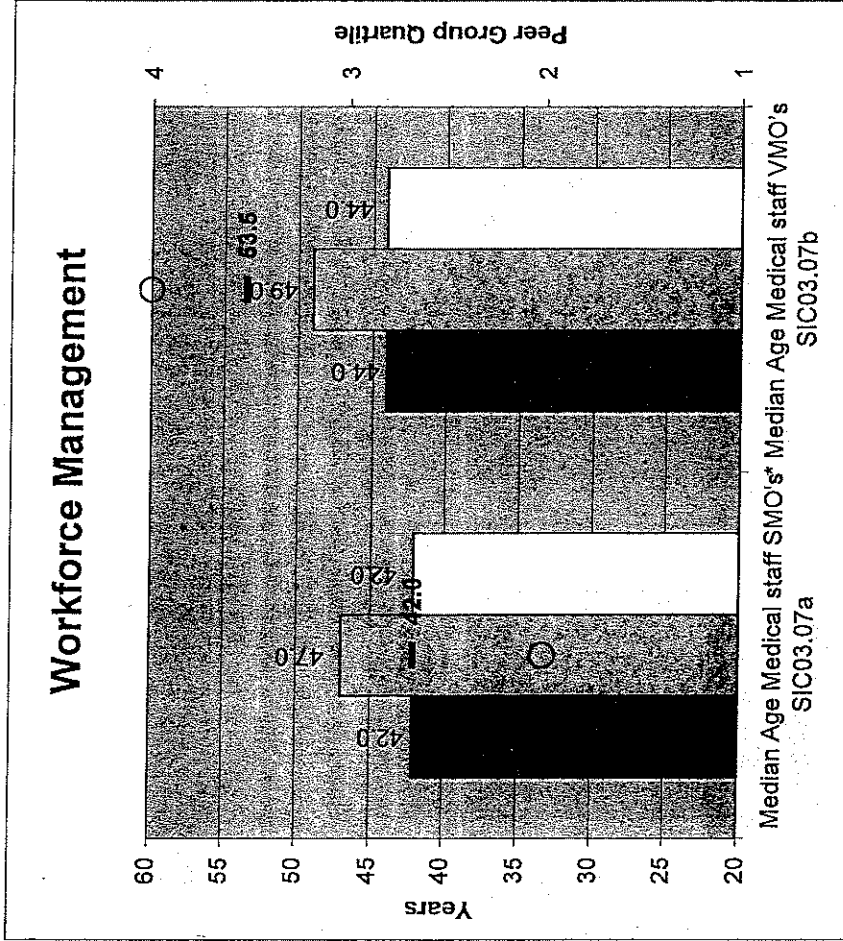
2000/01

\* Indicator met outlier criteria



# Bundaberg Hospital

Large



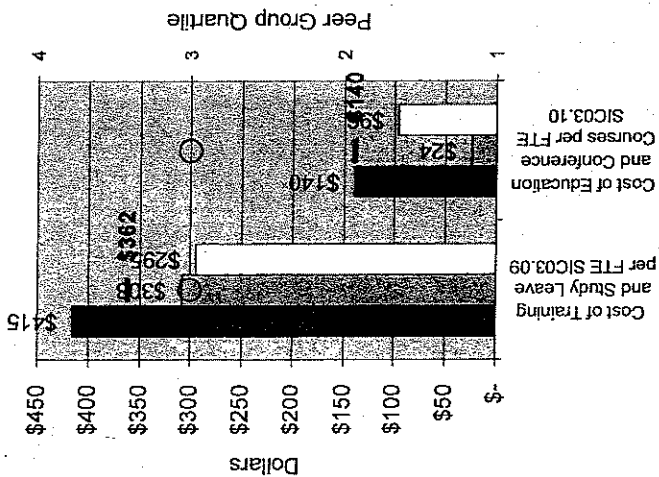
Credentials and  
Clinical Privileges -  
Process In Place  
SIC02.01

Yes

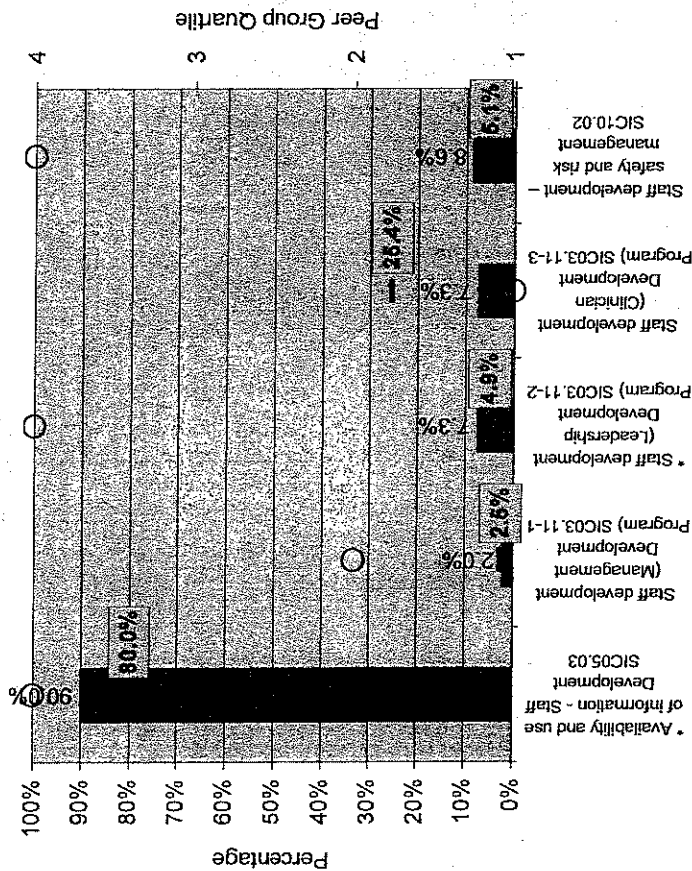
Notes:	12.6	Peer Group Median	2002/03	2000/01	Indicator met outlier criteria

# Bundaberg Hospital

## Workforce Management

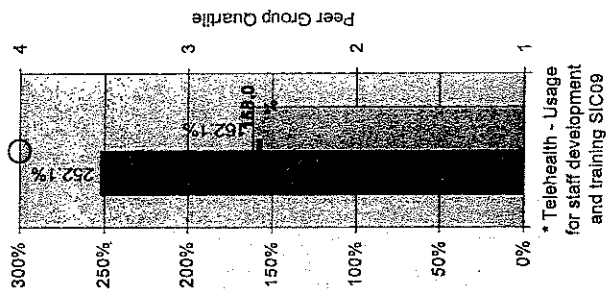


## Workforce Management



## Large

## Telehealth



Notes:

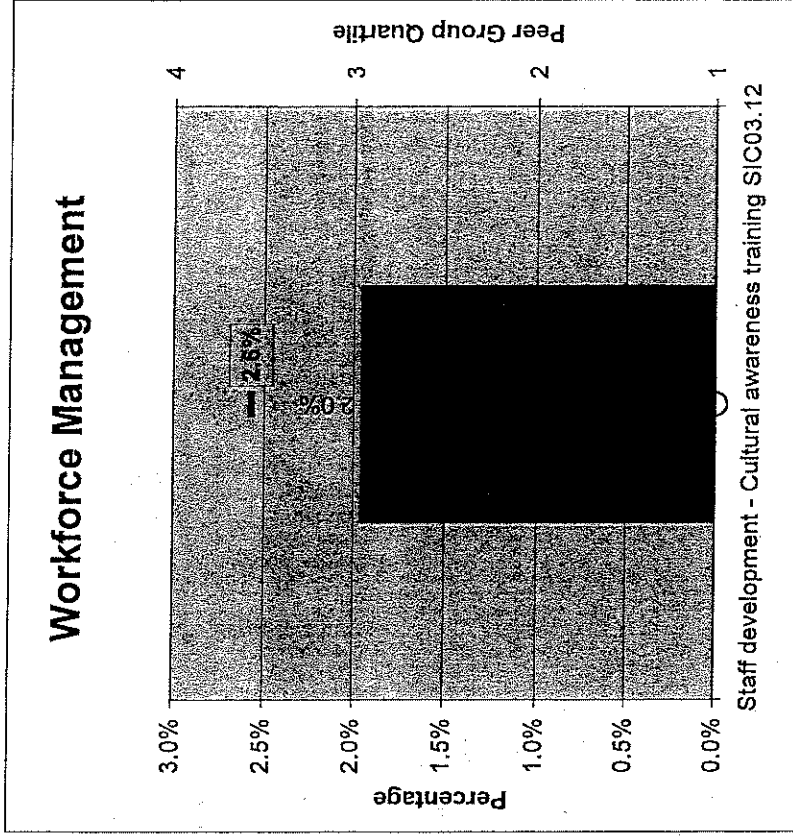
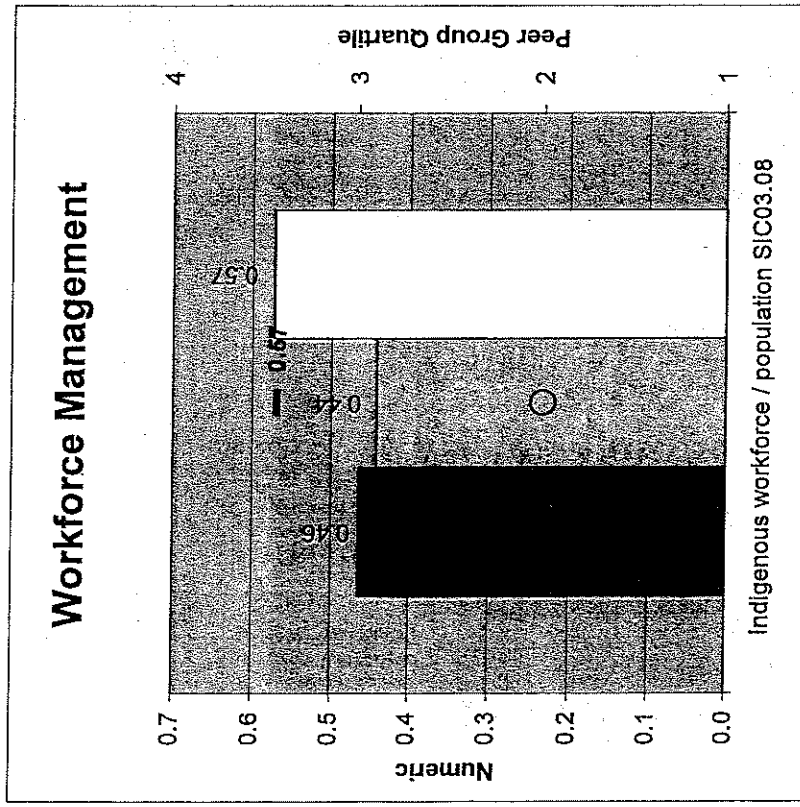
12.6 Peer Group Median  
Peer Group Quartile

2002/03  
2001/02

2000/01  
Indicator met outlier criteria

# Bundaberg Hospital

Large



Notes:

— 12.6

Peer Group Median

○

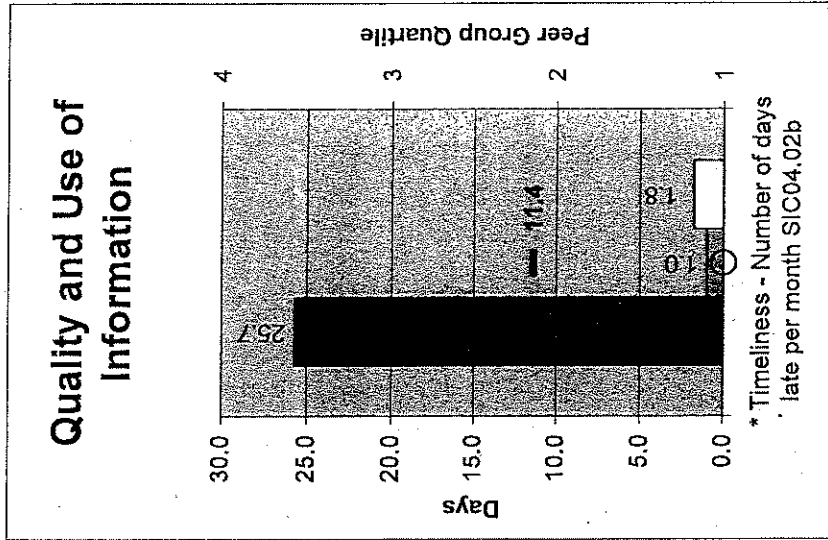
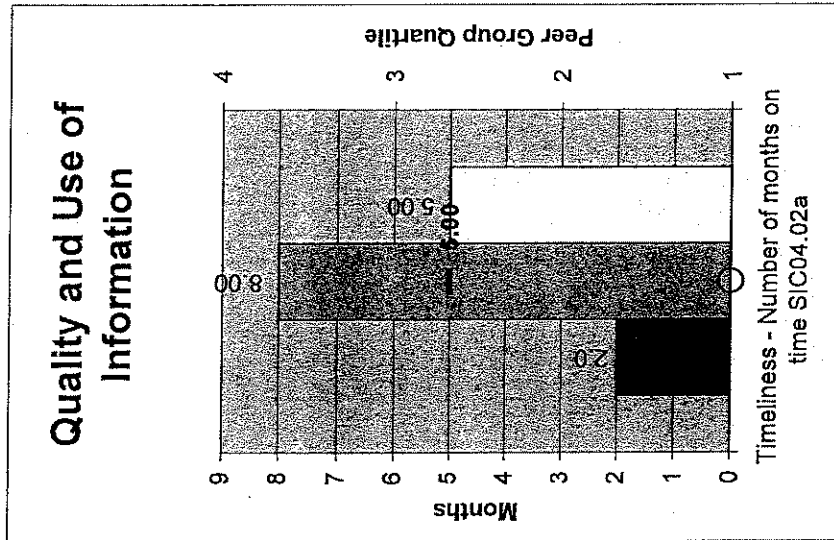
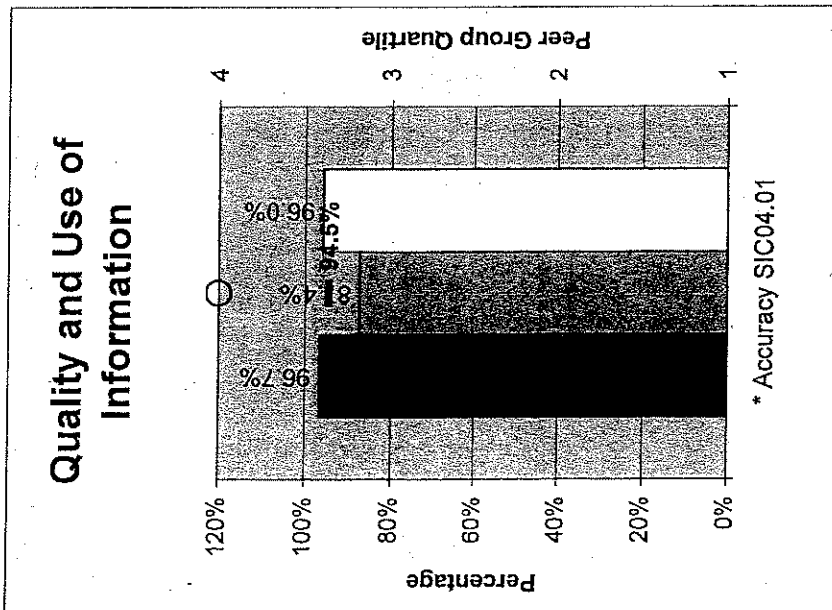
Peer Group Quartile

2002/03

2001/02

2000/01

\* Indicator met outlier criteria



Notes:

12.6

Peer Group Median

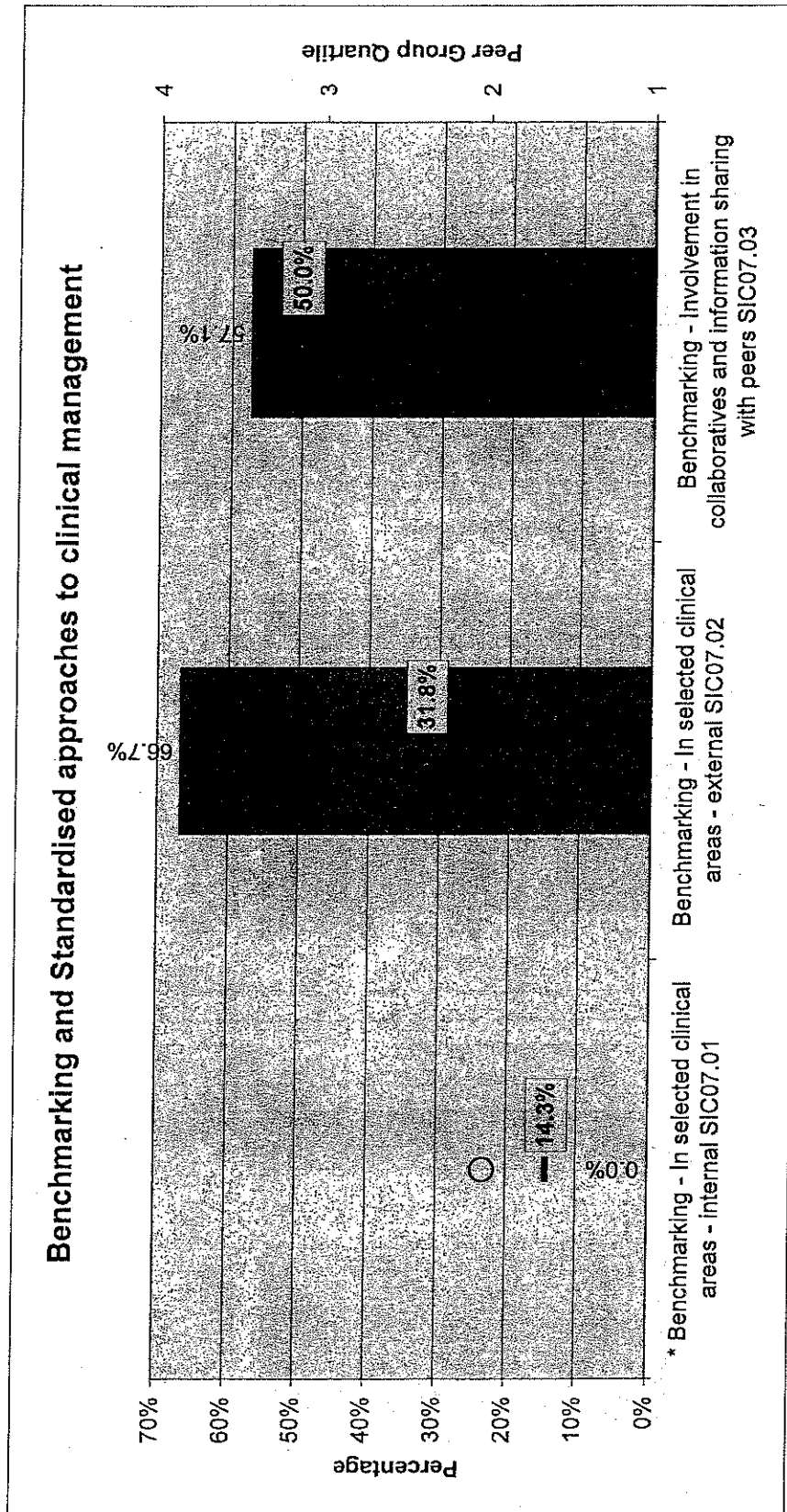
Peer Group Quartile

2002/03

2001/02

2000/01

Indicator met outlier criteria



Notes:

— 12.6 Peer Group Median  
○ Peer Group Quartile

2002/03  
2001/02

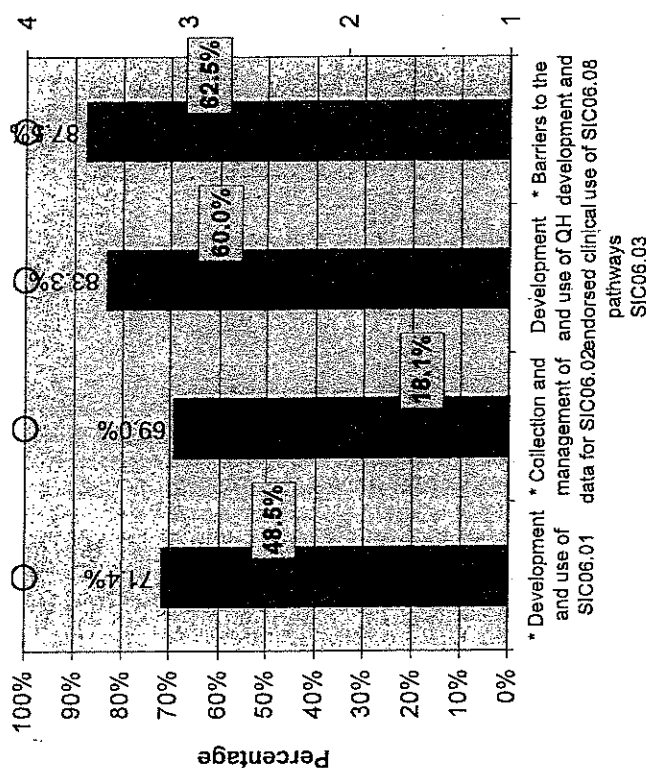
2000/01

\* Indicator met outlier criteria

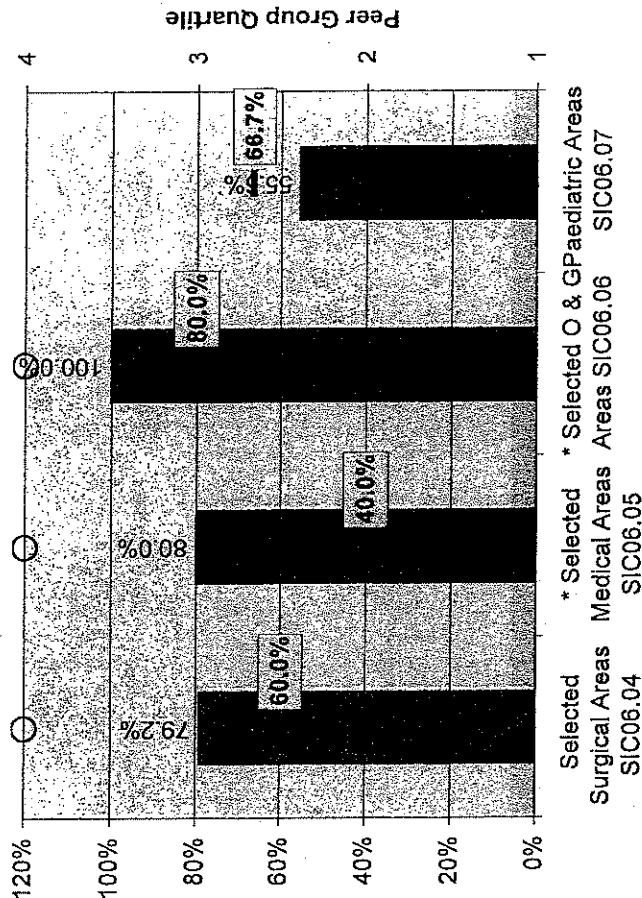
# Bundaberg Hospital

## Large

### Standardised approaches to clinical management



### Standardised approaches to clinical management



Notes:

12.6

Peer Group Median

Peer Group Quartile

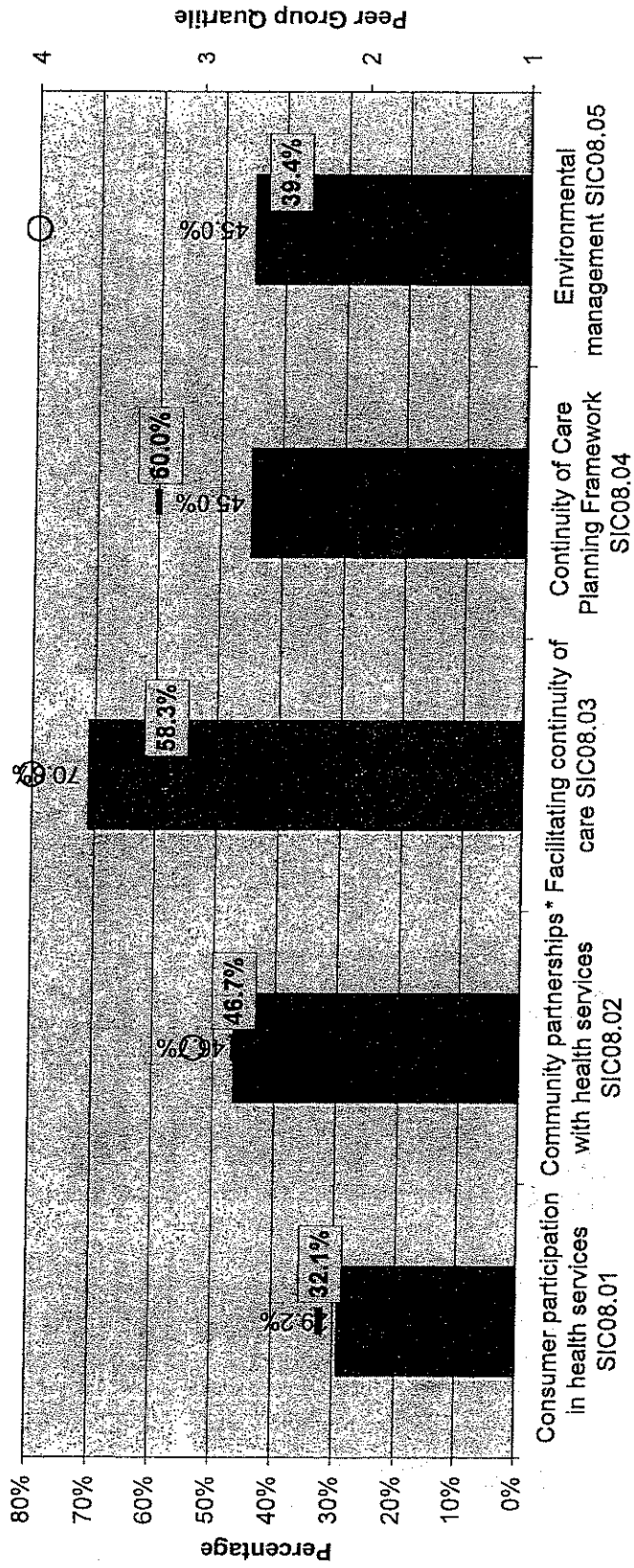
2002/03

2001/02

2000/01

\* Indicator met outlier criteria

# Integration with the Local Community



Notes:

— 12.6

Peer Group Median  
Peer Group Quartile

2002/03  
2001/02

2000/01

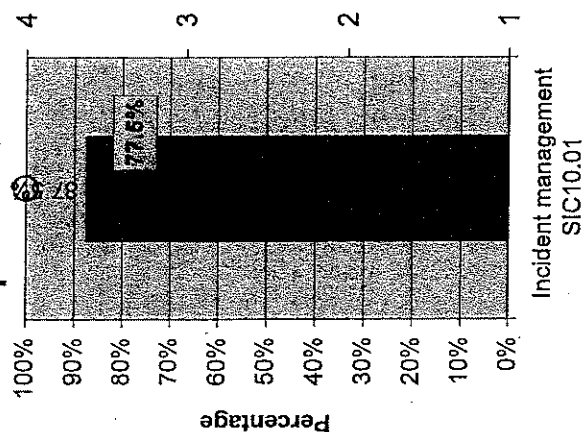
\* Indicator met outlier criteria



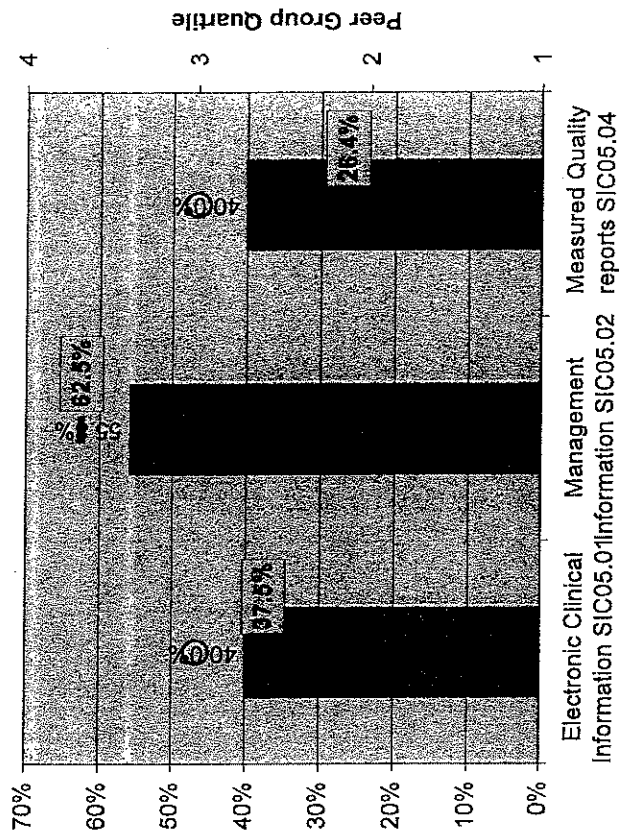
Accreditation SIC01

Yes

### Quality and safety of health care practices



### Availability and use of information



Notes:

— 12.6

Peer Group Median

○

Peer Group Quartile

2002/03

2001/02

2000/01

\* Indicator met outlier criteria



COI.0031.0003.00599