

Ex. 385



Crown Law

Queensland Government

Your ref:
Our ref:
Contact: Peter Dwyer
Direct ph:
Direct fax:

Department of
Justice and Attorney-General

27 September 2005

Mr A S Stella
Solicitor to Commission of Inquiry
Queensland Public Hospitals Commission of Inquiry
Level 9
Brisbane Magistrates Court
363 George Street
BRISBANE Q 4000

Dear Mr Stella

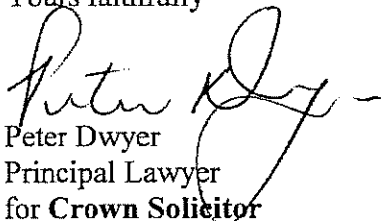
Evidence of Mr Justin Collins

I refer to the evidence given by Mr Justin Collins of Queensland Health on Monday, 26 September 2005.

In Mr Collins' first statement, dated 19 September 2005, he makes reference in paragraph 43 to the "*MOS reports for Bundaberg HSD for 2003, 2004 and 2005...*" which were to be annexed as "JEC21". As Mr Richard Douglas SC, Senior Counsel Assisting correctly noted, those reports were not in fact annexed to Mr Collins' statement.

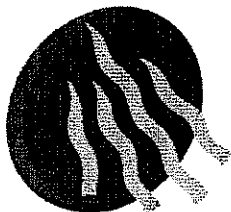
I now **enclose** a copy of those reports.

Yours faithfully


Peter Dwyer
Principal Lawyer
for Crown Solicitor

encl

State Law Building
50 Ann Street Brisbane
GPO Box 149 Brisbane
Queensland 4001 Australia
Dx 40121 Brisbane Uptown
CDE D38
Telephone
Facsimile



Queensland Government
Queensland Health

**REPORT FROM THE
MEASURED QUALITY SERVICE**

TO THE

**DISTRICT MANAGER
BUNDABERG HEALTH SERVICE
DISTRICT**

This is a confidential report prepared by Queensland Health.

This document is classified as “strictly confidential”. Any attempt to copy, reproduce, quote or refer to this document without the prior approval of Director-General, Queensland Health, is prohibited.

All official copies of this report have been numbered in accordance with the distribution list. The unauthorised possession, copying or discussion of the contents of this report may result in prosecution.

If in doubt as to the dealing with information arising out of this document please contact the Office of the Director-General, Queensland Health.

CABINET IN CONFIDENCE

9th July, 2005

MEASURED QUALITY HOSPITAL REPORTS

Purpose

The purpose of this report is to assist Zonal Management Units (ZMU's) by providing Queensland Health Service Districts (HSD's) with data on a core set of indicators, measuring the quality of services for 75 Queensland public hospital's.

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 of areas where potential improvement may be made.

No single indicator or single report can adequately represent the quality of health care services, however 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.

Multi - dimensional report

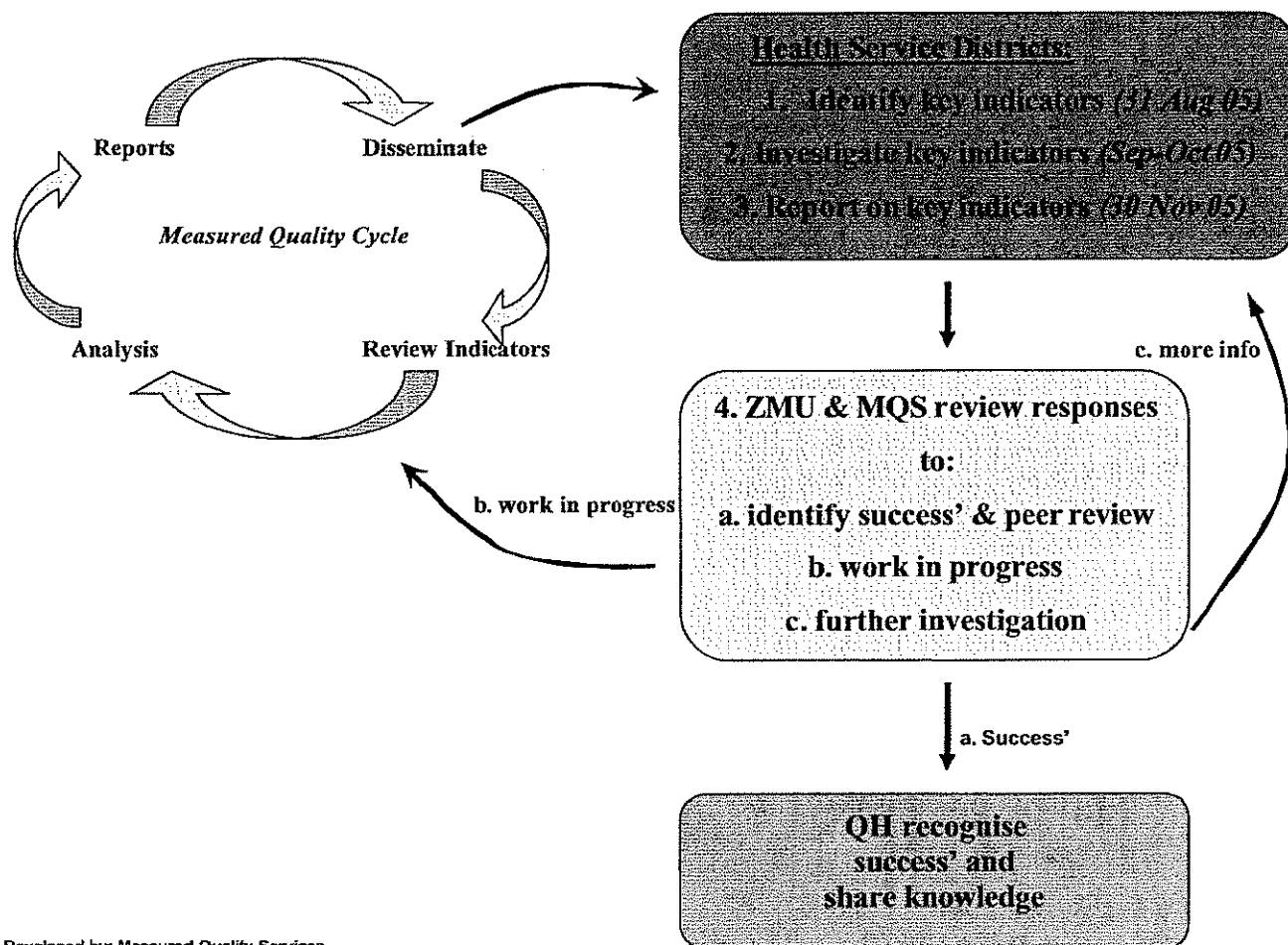
This report focuses on key areas for evaluating the quality of hospital services. It presents information that has been defined, collected and analysed consistently across Queensland Health, and is therefore also useful for benchmarking purposes. A technical supplement has been developed in conjunction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

Through a process of identifying and developing performance indicators (in conjunction with clinicians and managers) the following performance areas have been identified within each quadrant:

<p>Clinical Utilisation and Outcomes Performance areas:</p> <ul style="list-style-type: none"> • <i>Medical</i> • <i>Surgical</i> • <i>Obstetrics & Gynaecology</i> • <i>Paediatrics</i> • <i>Mental Health</i> 	<p>Patient Satisfaction (survey in progress and will be distributed during 2005) Performance areas:</p> <ul style="list-style-type: none"> • <i>Access and Admission</i> • <i>General Patient Information</i> • <i>Treated and Related Information</i> • <i>Complaints Management</i> • <i>Physical Environment</i> • <i>Discharge and Follow-up</i> • <i>Overall Care</i>
<p>Efficiency Performance areas:</p> <ul style="list-style-type: none"> • <i>Staff</i> • <i>Activity</i> • <i>Cost of Service</i> 	<p>System Integration and Change Performance areas:</p> <ul style="list-style-type: none"> • <i>Benchmarking and standardised approaches to clinical management</i> • <i>Integration with the local community</i> • <i>Quality and use of information</i> • <i>Safety and Quality</i> • <i>Workforce management</i>

MEASURED QUALITY HOSPITAL REPORTS

Measured Quality Cycle



Developed by: Measured Quality Services

Next step

This report has been developed as a flag so that Health Service Districts can focus their improvement activities in identified areas of performance variation.

The **first section** of this report provides a list of outliers ie "The Outlier Report" and should be used to determine the 'Key Indicators' and those areas where most attention should be focussed for quality improvement purposes.

The **second section** of this report can be used by clinicians and managers to review other areas of interest (as identified through the HSD quality improvement officers, clinicians and executive) and in particular can assist with identifying trends in performance over a given period and assist.

The **third section** of this report provides more specific information relating to three indicators including:

- complication of surgery rates (clinical quadrant)
- avoidable admissions (efficiency quadrant, EFF-46)
- relative technical efficiency (efficiency quadrant, EFF-64)

MEASURED QUALITY HOSPITAL REPORTS

Steps in the process for investigating results further include:

Step 1 – identify ‘key indicators’ from outlier report. (report back by 31 Aug 2005)

- in conjunction with your Zonal Management Unit, identify ‘Key Indicators’ by:
 1. assessing potential risk and opportunity for change or improvement.
 2. where possible, determine trend since indicator was flagged by using:
 - information systems available locally and corporately (refer technical supplement for data source and other indicator criteria) and/or
 - CUSUM technique / Process Control Charts (*Cusum technique provides a visual and mathematical means to ascertain whether a process is “in control” or has become “out of control”*)
 3. report back to ZMU & MQS by the **31 August 2005** on the ‘Key Indicators’ ie. those indicators that will be investigated further to determine causes, intervention and results of intervention and the provision of a detailed report on ‘Outlier Actions’ for 2005 by the Health Service District.

Step 2 – investigate ‘key indicators’ to determine possible reasons for variation in performance

- undertake more detailed analysis of ‘key indicators’ by drilling into data to obtain more specific information at the facility level
- engage clinicians and managers to commence the dissemination and interpretation of the information with a view to determine possible reasons for variation. eg. use of process flow chart, cause and effect diagrams.

Actions taken: determine corrective action / intervention. Plan the change, do it in a small test, study its effect, act on the results (PDSA). Measure impact locally using CUSUM technique / Process Control Charts.

Step 3 - report back to Zonal Management Unit and Measured Quality Services on results of investigation into ‘key indicators’ and actions taken to improve (where applicable)

- Using the Measured Quality ‘outlier investigation’ reporting categories, provide Zonal Management Unit and Measured Quality Services with details on the process of investigating ‘key indicators’, and results of Step 2 (as above) by **30 November 2005**.

Step 4 - Zonal Management Unit and Measured Quality Service review reports from Health Service Districts with the aim of identifying:

- successful improvement activities
- work in progress to improve results
- further investigation into key indicators is required

MEASURED QUALITY HOSPITAL REPORTS

Report Distribution

The unlawful disclosure of Cabinet-in-Confidence information may constitute an offence under the *Criminal Code*, *Public Sector Ethics Act 1994* and constitute official misconduct under the *Crime and Misconduct Act 2001*. Any offence provisions relating to the unlawful disclosure of Cabinet-in-Confidence information relates to both electronic and hardcopy forms of information.

In addition to the above provisions, Queensland Health employees are also governed by the confidentiality provisions contained in the Queensland Health Code of Conduct and section 63 of the *Health Services Act 1991*. These confidentiality provisions are to be observed by all staff in their dealing with any information or material that may come into their possession in the course of their employment within the Department.

- ◆ Two 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.

District Support

Clinical Practice Improvement Centre (CPIC)

A senior representative from the Clinical Practice Improvement Centre will visit each District and discuss any assistance the Centre may be able to provide in addressing areas of the Measured Quality report for which it is responsible, including:

1. Clinical Utilisation and Outcomes

- Review of Acute Myocardial Infarction Mortality Rates
- Review of Obstetric Services
- Processes & Procedures Laparoscopic Cholecystectomy
- Length of stay for Paediatric Gastroenteritis
- Measured Quality to proactively investigate positive hospital outliers (in order to share learnings with other districts)

2. Efficiency

- Review of Day of Surgery Admission Rates
- Review of Emergency Department access block

3. System Integration and Change

- Standardised Approaches to Clinical Management
- Acute Audit of Surgical Mortality

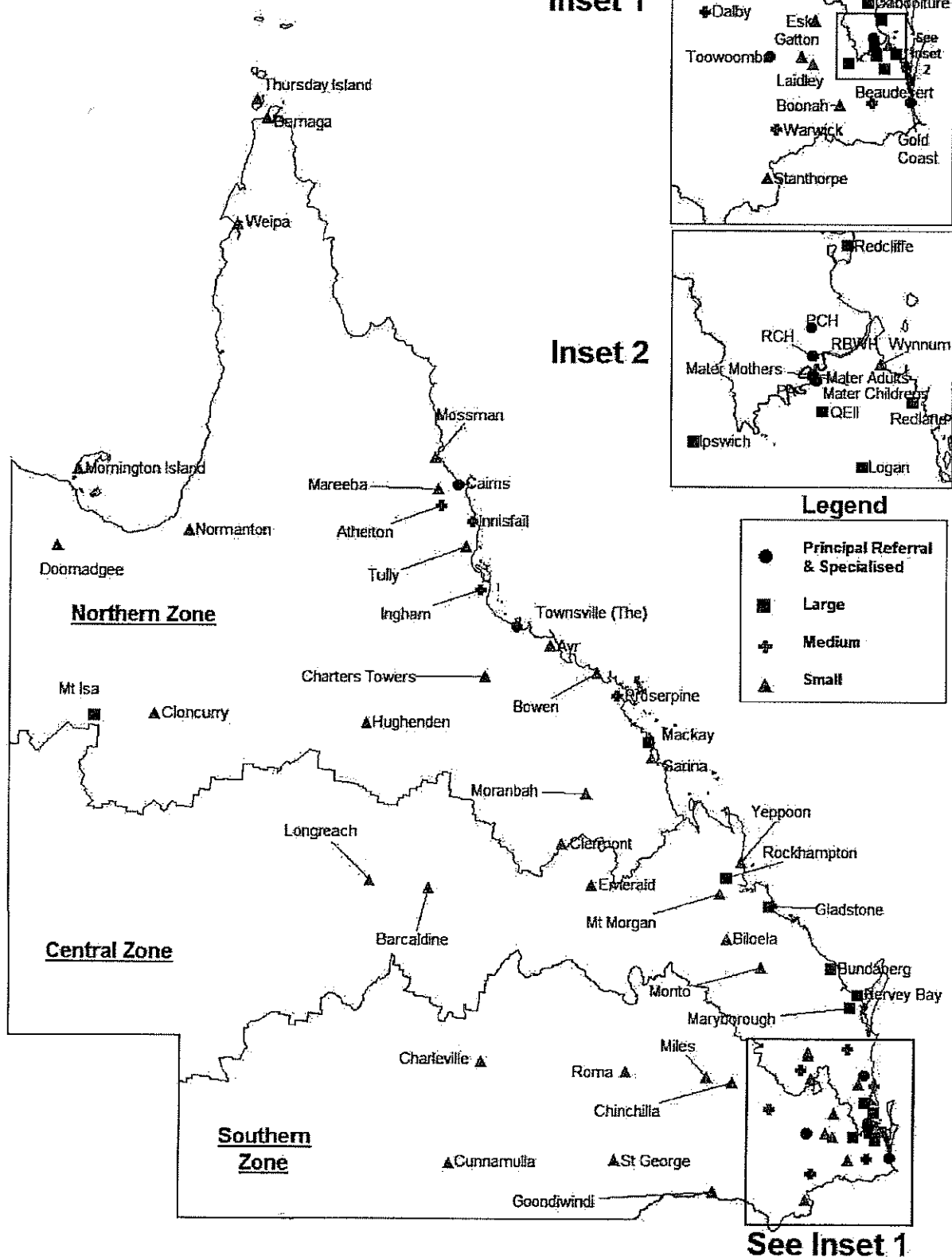
Contact: CPIC Executive Director – Prof Michael Ward – 3636 9083 or michael_ward@health.qld.gov.au and CPIC Administration – 3636 6363 or cpic@health.qld.gov.au

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
				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
				Miles Hospital
				Roma Hospital
				St George Hospital
				Stanthorpe Hospital
				Wynnum Hospital

MEASURED QUALITY HOSPITAL REPORTS

Queensland by Zones and Selected Facilities



Measured Quality Hospital Outlier Report

Clinical Utilisation and Outcomes - 2005

CABINET IN CONFIDENCE

Indicator	2003/04	2002/03	2001/02	3 Year Mean	Peer Group 03/04 Mean	State 03/04 Mean	Key Ind
-----------	---------	---------	---------	----------------	--------------------------	---------------------	------------

Bundaberg Hospital

Central Zone

Large Peer Group

Acute Myocardial Infarction

CI01.1	<i>In-hospital Mortality</i>	20.1 *	25.5 **	19.6 *	21.8 **	10.7	12.1	K I
--------	------------------------------	--------	---------	--------	---------	------	------	-----

Maternal Post-Natal Long Stay Rate

CI13.3	<i>Vaginal Births (Cal Yr)</i>	1.5 **	0.9 **	3.0 *	1.8 **	5.0	5.7	
--------	--------------------------------	--------	--------	-------	--------	-----	-----	--

Laparoscopic Cholecystectomy

CI16.1	<i>Long Stay Rate</i>	11.8 *	18.2 *	9.5	13.3 *	6.1	9.3	
--------	-----------------------	--------	--------	-----	--------	-----	-----	--

Statistical Significance

* - Peer Group Significance

- State 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 - 2005

Indicator	2003/04	2002/03	2001/02	Peer Group 03/04 Median	State 03/04 Median	Potential Saving	Key Ind
Bundaberg Hospital							
Central Zone				Large Peer Group			
Proportion of Sick Leave							
EFF-02.01	Managerial And Clerical	5.72%	5.22%	4.91%	5.16%	4.14%	
EFF-02.02	Medical	1.16%	1.84%	0.97%	2.08%	1.61%	
Cost of Overtime per FTE							
EFF-03	All staff	\$4,627	\$4,087	\$3,156	\$3,857	\$2,820	\$275,984
EFF-03.03	Nursing	\$1,690	\$1,497	\$1,194	\$823	\$685	\$151,630 #
EFF-03.08	Technical	\$4,173	\$0	\$388	\$307	\$0	
Proportion of WorkCover Leave							
EFF-05.03	Nursing	0.99%	0.40%	0.12%	0.42%	0.12%	
Average Length of Stay							
EFF-31		2.33	2.55	2.54	2.61	2.91	
Proportion of Same Day Patients							
EFF-32		55.6%	51.2%	50.9%	48.5%	35.3%	
Elective Surgery Long Wait proportion							
EFF-34.3	Category 3	33.1%	38.4%	16.4%	22.0%	19.2%	
Avg Waiting time to admission							
EFF-35.02	Category 2	68.8	72.8	37.7	40.8	46.8	
Proportion of long wait admissions							
EFF-36.01	Category 1	1.61%	5.64%	1.95%	4.63%	6.86%	
Day Surgery Basket							
EFF-39.01	Inguinal hernia repair	66.7%	70.0%	47.5%	16.3%	21.1%	
EFF-39.05	Laparoscopic cholecystectomy	16.5%	0%	0%	0.93%	0.85%	
EFF-39.09	Carpal tunnel decompression	100%	100%	100%	96.7%	96.8%	
EFF-39.11	Arthroscopy	93.0%	88.8%	90.9%	80.9%	73.3%	
EFF-39.12	Bunion operation	50.0%	23.1%	n/a	23.9%	24.1%	
EFF-39.19	Laparoscopy	93.2%	93.5%	89.9%	88.0%	84.6%	
Proportion of ED Patients Seen in Time							
EFF-41.03	Category 3	72.2%	63.5%	75.9%	67.9%	61.1%	
Adverse Events							
EFF-48.01	Adverse Effects of Drugs	0.37%	0.63%	0.50%	0.87%	0.70%	
EFF-48.06	Selected post-procedural disorders	0.94%	0.56%	0.80%	0.34%	0.27%	
EFF-48.07	Haemorrhage and haematoma	0.17%	0.28%	0.24%	0.29%	0.24%	
Top 10 DRG Average cost*							
EFF-52.04	U63B Major Affective Dsrd A<70-CSCC	\$9,854	\$6,432	\$5,919	\$6,961	\$6,961	\$159,105
EFF-52.05	F62B Heart Failure & Shock - CCC	\$4,160	\$3,308	\$3,018	\$3,233	\$3,282	\$101,086
EFF-52.10	E62C Respiratory Infectn/Inflam-CC	\$3,138	\$2,314	\$2,469	\$2,283	\$2,236	\$84,642
Energy Consumption per square metre							
EFF-63		\$13.77	\$13.44	\$14.10	\$20.81	\$23.57	
Stock Turnover							
EFF-67.01D	Drugs	12.9	13.3	11.6	9.27	7.79	
EFF-67.02D	Medical Supplies	36.0	33.7	40.2	9.56	9.27	
EFF-67.03D	Catering	426	290	340	125	97.1	

Measured Quality Hospital Outlier Report - Efficiency - 2005

CABINET IN CONFIDENCE

Indicator	2003/04	2002/03	2001/02	Peer Group 03/04 Median	State 03/04 Median	Potential Saving	Key Ind
Component Proportion of Total Cost							
EFF-71.11 Ward Supplies	5.67%	6.80%	n/a	3.03%	3.40%		
EFF-71.14 On-costs	6.58%	6.88%	n/a	7.17%	7.38%		

Measured Quality Hospital Outlier Report 2005

System Integration and Change

Indicator		2003/04	2002/03	2001/02	Peer Group 03/04 Median	State 03/04 Median	Key Ind
Bundaberg Hospital							
Central Zone				Large Peer Group			
Workforce Management							
SIC03.05D	Median Age Allied Health Staff - District	41.5	41.0	40.0	38.0	38.0	
SIC03.07a	Median Age Medical staff SMO's	47.0	51.0	49.5	45.5	44.0	
SIC03.07b	Median Age Medical staff VMO's	43.0	42.0	43.0	51.0	50.0	
SIC03.09	Cost of Training and Study Leave per FTE	\$684	\$415	\$308	\$472	\$461	
Quality of information							
SIC04.01	Accuracy	92.8%	96.7%	87.4%	97.3%	96.4%	
Availability and use of information							
SIC05.02	Implementation of Secure e-mail (PKI)	56.1%	n/a	n/a	53.3%	46.7%	
Standardised approaches to clinical							
SIC06.01	Development and use of	92.7%	71.4%	n/a	64.6%	48.6%	
SIC06.03	Including care in the emergency department	0.0%	n/a	n/a	17.4%	0.0%	
SIC06.04	Development and use of QH endorsed clinical pathways	100%	83.3%	n/a	83.3%	66.7%	
SIC06.05	Selected Surgical Areas	100%	79.2%	n/a	70.4%	55.6%	
SIC06.07	Selected O & G Areas	100%	100%	n/a	86.7%	80.0%	
SIC06.08	Paediatric Areas	100%	55.6%	n/a	50.0%	33.3%	
SIC06.09	Barriers to the development and use of	82.4%	87.5%	n/a	47.1%	58.8%	
Benchmarking							
SIC07.02	In selected clinical areas - external	100%	66.7%	n/a	60.0%	15.0%	
Quality and safety of health care practices							
SIC10.01	Service Capability Framework	51.6%	n/a	n/a	73.3%	52.4%	
SIC10.02A	Patient Safety Culture - internal reporting	83.3%	n/a	n/a	66.7%	66.7%	
SIC10.03	Incident management	100%	87.5%	n/a	97.8%	91.1%	

Measured Quality Hospital Report

Clinical Utilisation and Outcomes - 2005

CABINET IN CONFIDENCE

Indicator	2003/04	2002/03	2001/02	3 Year Mean	Peer Group 03/04 Mean	State 03/04 Mean	Key Ind
Bundaberg Hospital							
Central Zone				Large Peer Group			
Acute Myocardial Infarction							
CI01.1 In-hospital Mortality	20.1 *	25.5 **	19.6 *	21.8 **	10.7	12.1	K I
CI01.2 Long Stay Rate	3.5	15.0	6.4	11.3	6.3	9.3	
CI01.3 Readmission Rate	8.6	12.1	12.8	11.1	8.8	8.1	
Heart Failure							
CI02.1 In-hospital Mortality	2.2	5.1	2.3	3.6 *	7.0	6.8	
CI02.2 Long Stay Rate	9.5	13.1	11.8	12.0	7.8	9.9	
CI02.3 Readmission Rate	10.2	14.7 *	5.0	10.9	9.2	10.8	
Stroke							
CI03.1 In-hospital Mortality	29.9	30.9 *	37.7 *	32.7 **	21.7	22.0	K I
CI03.2 Long Stay Rate	13.2	8.6	3.6	7.3	8.4	8.8	
CI03.2a Acute Long Stay Rate	9.9	14.1	4.7	9.5	12.1	11.5	
Pneumonia							
CI04.1 In-hospital Mortality	13.1 *	9.0	11.3	11.1 *	7.1	6.4	
CI04.2 Long Stay Rate	12.1	13.8	10.6	12.5	10.6	11.0	
Fractured Neck of Femur							
CI06.1 In-hospital Mortality	6.6	6.0	2.8	5.3	7.0	6.7	
CI06.2 Long Stay Rate	15.2	5.5	30.4 *	16.1	10.2	13.1	
CI06.2a Acute Long Stay Rate	5.0	6.6	4.4	5.3 *	12.6	13.3	
CI06.6 Complications of Surgery	8.3	3.1	0.0 *	4.3 *	14.3	13.4	
Knee Replacement Primary							
CI07.1a Long Stay Rate	9.2	0.0	9.0	7.1	5.8	7.0	
CI07.3a Complications of Surgery	4.8	7.7	0.0	4.3	11.3	10.9	
Hip Replacement Primary							
CI08.1a Long Stay Rate	0.0	0.0 *	9.6	2.3 *	9.2	8.8	
CI08.3a Complications of Surgery	8.7	11.4	12.4	10.5	12.8	12.4	
Hysterectomy							
CI09.11 Abdominal Long Stay Rate	5.8	13.3	8.9	9.5	9.2	14.5	
CI09.12 Vaginal Long Stay Rate	8.0	0.0	0.0	4.7	8.1	10.8	
CI09.31 Abdominal Complications of Surgery	10.7	8.4	3.2	7.4	9.5	10.5	
CI09.32 Vaginal Complications of Surgery	18.0	0.0	0.0	11.9	8.8	8.4	
CI09.4 on Women < 35 years	10.1	2.3 *	9.9	7.9	10.8	9.8	
CI09.5 Blood Transfusion Rates	8.2	2.5	2.2	3.7	4.3	4.7	
Standard Primiparae							
CI10.7 C-section (Cal Yr) (Nat def)	20.4	20.3	13.6 *	17.9 *	27.6	24.4	
CI10.8 Induction of Labour (Cal Yr) (Nat def)	33.0	42.3	39.3	37.8	32.5	30.1	
CI10.9 Perineal Tears (Cal Yr) (Nat def)	7.3	2.3	0.0	3.2	5.0	4.4	
Maternal Post-Natal Long Stay Rate							

Bundaberg Hospital

DC: 6362.Q Printed: 8/07/2005

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.

Measured Quality Hospital Report

Clinical Utilisation and Outcomes - 2005

CABINET IN CONFIDENCE

Indicator	2003/04	2002/03	2001/02	3 Year Mean	Peer Group 03/04 Mean	State 03/04 Mean	Key Ind
CI13.3 Vaginal Births (Cal Yr)	1.5 **	0.9 **	3.0 * _{##}	1.8 **	5.0	5.7	
CI13.4 Caesarean Section Births (Cal Yr)	0.8 *	3.3	0.8 *	1.6 *	4.2	4.4	
Asthma							
CI14.1 Long Stay Rate	4.5	15.5	8.5	9.5	11.1	11.1	
Colorectal Carcinoma							
CI15.1 Long Stay Rate	7.0	11.8	3.7	6.9	13.0	11.8	
CI15.3 Complications of Surgery	5.9 *	29.2	24.4	20.6	26.8	24.5	
Laparoscopic Cholecystectomy							
CI16.1 Long Stay Rate	11.8 *	18.2 *	9.5	13.3 *	6.1	9.3	
CI16.2 Complications of Surgery	6.9	2.4	0.0	3.5	4.0	3.8	
Mastectomy							
CI17.1 Long Stay Rate	5.9	0.0	-	2.9	3.1	10.1	
Lumpectomy							
CI18.1 Long Stay Rate	2.1	2.3	-	2.2	5.8	7.5	
Depression							
CI20.1 Long Stay Rate	0.0	0.0	3.7	1.7 * _{##}	7.0	11.4	
CI20.2 Readmission Rate	5.5	7.8	14.7	10.1	11.0	12.1	
Schizophrenia							
CI21.1 Long Stay Rate	0.0	9.9	5.9	5.1	6.9	10.9	
CI21.2 Readmission Rate	8.2	2.8 *	15.3	10.5 *	16.3	16.2	
Paediatric Bronchiolitis							
CI50.1 Long Stay Rate	12.1	2.8	2.2	6.1	6.1	7.2	
Paediatric Gastroenteritis							
CI51.1 Long Stay Rate	11.8	12.7	9.6 *	11.3 *	14.8	13.4	
Paediatric Asthma							
CI52.1 Long Stay Rate	5.8	4.4	1.7 *	3.9	5.3	5.0	
CI52.2 Readmission Rate	Less than 1% statewide. See Technical Supplement for details.						

Statistical Significance

* - Peer Group Significance

- State 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 - 2005

Indicator	2003/04	2002/03	2001/02	Peer Group 03/04 Median	State 03/04 Median	Potential Saving	Key Ind
-----------	---------	---------	---------	----------------------------	-----------------------	---------------------	------------

Bundaberg Hospital

Central Zone

Large Peer Group

Ordinary FTE (Worked)

EFF-01	All staff	358	378	402	388	58.9	
EFF-01.01	Managerial And Clerical	46.7	62.7	62.0	49.0	4.64	
EFF-01.02	Medical	38.8	37.2	36.2	50.9	2.85	
EFF-01.03	Nursing	175	174	174	181	29.0	
EFF-01.03a	Nursing Agency	0.08	0	0	0.82	0.08	
EFF-01.04	Operational	68.4	75.0	89.0	68.4	17.2	
EFF-01.05	Trade And Artisans	4.99	4.91	5.80	0.86	0.01	
EFF-01.06	Visiting Medical Officers	2.51	3.12	2.85	3.41	0.05	
EFF-01.07	Professional	21.6	20.5	28.2	22.9	4.41	
EFF-01.08	Technical	0.44	0.80	3.89	0.91	0	

Proportion of Sick Leave

EFF-02	All staff	4.76%	4.93%	4.25%	5.18%	4.89%	
EFF-02.01	Managerial And Clerical	5.72%	5.22%	4.91%	5.16%	4.14%	
EFF-02.02	Medical	1.16%	1.84%	0.97%	2.08%	1.61%	
EFF-02.03	Nursing	5.55%	5.20%	4.49%	5.68%	5.46%	
EFF-02.04	Operational	4.97%	6.40%	4.68%	6.57%	5.26%	
EFF-02.05	Trade And Artisans	3.10%	1.95%	11.5%	4.20%	4.17%	
EFF-02.06	Visiting Medical Officers	0.66%	0.84%	0.77%	1.17%	0.12%	
EFF-02.07	Professional	3.02%	3.37%	2.69%	3.32%	3.11%	
EFF-02.08	Technical	3.72%	4.82%	7.24%	2.63%	3.22%	

Cost of Overtime per FTE

EFF-03	All staff	\$4,627	\$4,087	\$3,156	\$3,857	\$2,820	\$275,984	
EFF-03.01	Managerial And Clerical	\$185	\$919	\$355	\$176	\$45.79		
EFF-03.02	Medical	\$25,553	\$24,163	\$20,604	\$21,592	\$20,929	\$153,675	
EFF-03.02a	Senior Medical	\$24,009	\$20,341	\$18,338	\$19,523	\$20,177	\$65,090	
EFF-03.02b	Junior Medical	\$26,476	\$26,365	\$21,756	\$20,577	\$23,173	\$143,235	
EFF-03.03	Nursing	\$1,690	\$1,497	\$1,194	\$823	\$685	\$151,630	K
EFF-03.04	Operational	\$654	\$488	\$302	\$620	\$265		
EFF-03.05	Trade And Artisans	\$2,341	\$2,297	\$2,041	\$2,179	\$472		
EFF-03.06	Visiting Medical Officers	\$55,649	\$43,374	\$48,686	\$39,907	\$13,566	\$39,499	
EFF-03.07	Professional	\$7,614	\$7,145	\$4,066	\$3,024	\$2,797	\$98,982	K
EFF-03.08	Technical	\$4,173	\$0	\$388	\$307	\$0		

Proportion of WorkCover Leave

EFF-05	All staff	0.70%	0.52%	0.46%	0.55%	0.19%	
EFF-05.01	Managerial And Clerical	0.00%	1.99%	1.27%	0%	0%	
EFF-05.02	Medical	0%	0.02%	0%	0%	0%	
EFF-05.03	Nursing	0.99%	0.40%	0.12%	0.42%	0.12%	

Bundaberg Hospital

DC: 63Q.Q Printed: 8/07/2005

Note: Blue coloured result indicates a favourable outlier. Red coloured indicates a non favourable outlier. Summary data has been used for this quadrant. Consequently, it is not possible to allow for casemix differences or to identify statistical significance in most indicators

Measured Quality Hospital Report - Efficiency - 2005

Indicator	2003/04	2002/03	2001/02	Peer Group 03/04 Median	State 03/04 Median	Potential Saving	Key Ind
Proportion of WorkCover Leave							
EFF-05.04 Operational	1.10%	0.01%	0.95%	1.10%	0.16%		
EFF-05.05 Trade And Artisans	0.17%	0.18%	0%	0.09%	0%		
EFF-05.06 Visiting Medical Officers	0%	0%	0%	0%	0%		
EFF-05.07 Professional	0%	0.04%	0.04%	0.01%	0%		
EFF-05.08 Technical	0%	0%	0%	0%	0%		
WorkCover Risk							
EFF-06D	1.51%	1.21%	1.15%	1.38%	1.26%		
Nursing hours per patient day							
EFF-08	7.62	7.94	7.79	7.93	7.62		
Staff Ratio							
EFF-11.01 Managerial And Clerical	13.0%	16.6%	15.4%	12.0%	8.47%		
EFF-11.02 Medical	10.8%	9.82%	9.00%	11.9%	6.41%		
EFF-11.03 Nursing	48.8%	46.0%	43.3%	48.3%	50.3%		
EFF-11.04 Operational	19.1%	19.8%	22.2%	18.5%	27.3%		
EFF-11.05 Trade And Artisans	1.39%	1.30%	1.44%	0.19%	0.01%		
EFF-11.06 Visiting Medical Officers	0.70%	0.82%	0.71%	0.78%	0.09%		
EFF-11.07 Professional	6.02%	5.43%	7.02%	6.77%	5.87%		
EFF-11.08 Technical	0.12%	0.21%	0.97%	0.23%	0%		
Staff to Patient Ratio							
EFF-13	1.97	2.11	2.15	2.05	1.99		
Occupancy Rate (Bed Day Efficiency)							
EFF-30	79.6%	76.1%	80.1%	79.6%	53.9%		
Average Length of Stay							
EFF-31	2.33	2.55	2.54	2.61	2.91		
Proportion of Same Day Patients							
EFF-32	55.6%	51.2%	50.9%	48.5%	35.3%		
Proportion of Aged Care - NHTP							
EFF-33	4.39%	1.63%	1.41%	1.89%	3.91%		
Elective Surgery Long Wait proportion							
EFF-34.1 Category 1	0%	0%	0%	0%	0%		
EFF-34.2 Category 2	0%	5.36%	4.00%	0%	0%		
EFF-34.3 Category 3	33.1%	38.4%	16.4%	22.0%	19.2%		
Avg Waiting time to admission							
EFF-35.01 Category 1	11.7	10.9	7.79	12.8	13.5		
EFF-35.02 Category 2	68.8	72.8	37.7	40.8	46.8		
EFF-35.03 Category 3	211	218	163	186	144		
Proportion of long wait admissions							
EFF-36.01 Category 1	1.61%	5.64%	1.95%	4.63%	6.86%		
EFF-36.02 Category 2	8.59%	20.9%	5.00%	8.59%	8.59%		
EFF-36.03 Category 3	13.7%	20.8%	13.0%	12.1%	10.9%		
Day Surgery Rate							
EFF-37	64.0%	62.1%	63.7%	62.7%	58.8%		

Bundaberg Hospital

DC: 63Q.Q Printed: 8/07/2005

Note: Blue coloured result indicates a favourable outlier. Red coloured indicates a non favourable outlier. Summary data has been used for this quadrant. Consequently, it is not possible to allow for casemix differences or to identify statistical significance in most indicators

Measured Quality Hospital Report - Efficiency - 2005

Indicator	2003/04	2002/03	2001/02	Peer Group 03/04 Median	State 03/04 Median	Potential Saving	Key Ind
Day of Surgery Admission Rate							
EFF-38	93.1%	74.1%	80.9%	90.9%	86.8%		K
Day Surgery Basket							
EFF-39.01 Inguinal hernia repair	66.7%	70.0%	47.5%	16.3%	21.1%		
EFF-39.02 Excision of breast lump	60.0%	62.5%	68.0%	57.1%	54.5%		
EFF-39.04 Haemorrhoidectomy	n/a	54.2%	9.09%	47.7%	42.1%		
EFF-39.05 Laparoscopic cholecystectomy	16.5%	0%	0%	0.93%	0.85%		
EFF-39.06 Varicose vein stripping or ligation	12.5%	14.3%	14.3%	14.8%	13.4%		
EFF-39.09 Carpal tunnel decompression	100%	100%	100%	96.7%	96.8%		
EFF-39.11 Arthroscopy	93.0%	88.8%	90.9%	80.9%	73.3%		
EFF-39.12 Bunion operation	50.0%	23.1%	n/a	23.9%	24.1%		
EFF-39.13 Removal of metalware	90.2%	84.2%	71.4%	85.8%	81.5%		
EFF-39.18 Dilatation and Curettage / Hysteroscopy	96.4%	97.4%	100%	94.1%	92.9%		
EFF-39.19 Laparoscopy	93.2%	93.5%	89.9%	88.0%	84.6%		
Emergency Dept Access Block - 8 hrs							
EFF-40	96.1%	95.8%	98.2%	94.4%	85.0%		
Proportion of ED Patients Seen in Time							
EFF-41.01 Category 1	100%	97.9%	100%	100%	100%		
EFF-41.02 Category 2	82.5%	63.4%	76.2%	77.0%	75.5%		
EFF-41.03 Category 3	72.2%	63.5%	75.9%	67.9%	61.1%		
EFF-41.04 Category 4	58.7%	61.1%	64.9%	60.4%	55.5%		
EFF-41.05 Category 5	75.8%	81.3%	84.9%	77.6%	75.8%		
Proportion of ED Admissions							
EFF-42.01 Category 1	80.7%	74.0%	78.7%	76.3%	80.7%		
EFF-42.02 Category 2	55.4%	52.1%	59.4%	60.8%	61.7%		
EFF-42.03 Category 3	31.2%	30.2%	38.0%	29.9%	34.7%		
EFF-42.04 Category 4	9.19%	8.71%	10.8%	9.19%	10.2%		
EFF-42.05 Category 5	2.76%	3.12%	3.04%	2.33%	2.76%		
Proportion of Outpatients							
EFF-43	26.6%	25.2%	26.8%	28.3%	26.7%		
Theatre Utilisation							
EFF-44	71.1%	67.1%	77.8%	66.0%	75.0%		
Theatre Cancellations							
EFF-45	31.6%	34.7%	35.9%	30.0%	29.5%		
Avoidable Admissions							
EFF-46	10.4%	11.5%	13.6%	13.9%	18.3%		
Relative Stay Index							
EFF-47.01 Total Patients	91.3%	95.6%	93.5%	91.3%	100.4%		
EFF-47.02 Medical Patients	91.2%	98.2%	94.1%	91.2%	100.4%		
EFF-47.03 Surgical Patients	91.3%	89.0%	91.3%	91.7%	95.3%		
EFF-47.04 Other Patients	93.6%	93.3%	96.3%	93.6%	93.7%		

Measured Quality Hospital Report - Efficiency - 2005

Indicator	2003/04	2002/03	2001/02	Peer Group 03/04 Median	State 03/04 Median	Potential Saving	Key Ind
Adverse Events							
EFF-48.01 Adverse Effects of Drugs	0.37%	0.63%	0.50%	0.87%	0.70%		
EFF-48.02 Misadventure	0.11%	0.04%	0.06%	0.09%	0%		
EFF-48.03 Abnormal Reaction to procedure	2.51%	2.39%	2.45%	2.14%	1.83%		
EFF-48.04 Other external cause	0%	0.01%	0.01%	0.02%	0%		
EFF-48.05 Health Service area occurrence	2.99%	2.96%	3.11%	2.99%	2.60%		
EFF-48.06 Selected post-procedural disorders	0.94%	0.56%	0.80%	0.34%	0.27%		
EFF-48.07 Haemorrhage and haematoma	0.17%	0.28%	0.24%	0.29%	0.24%		
EFF-48.08 Infection following procedure	0.50%	0.63%	0.56%	0.49%	0.49%		
EFF-48.09 Complications of internal device	0.46%	0.61%	0.60%	0.46%	0.43%		
EFF-48.10 Other diagnoses of complication	0.50%	0.40%	0.38%	0.42%	0.39%		
ED Cat 4 and 5 presentations							
EFF-49	67.2%	71.3%	79.0%	65.3%	62.4%		
Average Cost / Weighted Separation							
EFF-50	\$2,780	\$2,594	\$2,499	\$2,445	\$2,665	\$3,546,942	
Average Cost / Weighted Separation							
EFF-51	\$2,240	\$2,731	\$2,091	\$2,651	\$2,764		
Top 10 DRG Average cost*							
EFF-52.01 O60D Vaginal Delivery - Comp Diag	\$3,594	\$3,353	\$2,891	\$2,361	\$2,400	\$633,932	K
EFF-52.02 L61Z Admit For Renal Dialysis	\$419	\$423	\$527	\$367	\$403	\$170,492	
EFF-52.03 O01D Caesarean Delivery - Comp Diag	\$5,593	\$5,108	\$4,456	\$5,086	\$5,137	\$53,722	
EFF-52.04 U63B Major Affective Dsrd A<70-CSCC	\$9,854	\$6,432	\$5,919	\$6,961	\$6,961	\$159,105	
EFF-52.05 F62B Heart Failure & Shock - CCC	\$4,160	\$3,308	\$3,018	\$3,233	\$3,282	\$101,086	
EFF-52.06 F60B Crc Dsrd+Ami-Inva Inve Pr-CSCC	\$3,739	\$3,803	\$3,719	\$3,739	\$3,144		
EFF-52.07 F72B Unstable Angina - CSCC	\$2,636	\$1,834	\$1,979	\$2,126	\$1,994	\$71,965	
EFF-52.08 E65A Chrmic Obstrct Airway Dis+CSCC	\$5,482	\$4,853	\$3,937	\$4,367	\$4,821	\$69,103	
EFF-52.09 U61A Schizophrenia Disorders+MHLS	\$16,301	\$13,538	\$11,963	\$10,372	\$10,774	\$118,582	
EFF-52.10 E62C Respiratory Infectn/Inflam-CC	\$3,138	\$2,314	\$2,469	\$2,283	\$2,236	\$84,642	
Casemix Efficiency - Acute Inpatients							
EFF-53	95.1%	99.6%	n/a	94.6%	97.0%	\$137,759	
Pharmacy Efficiency							
EFF-54	88.8%	84.1%	n/a	108%	99.7%		
Pathology Efficiency							
EFF-55	102%	89.9%	n/a	101%	96.3%	\$12,165	
Radiology Efficiency							
EFF-56	71.7%	74.0%	n/a	80.6%	95.4%		
Asset Condition							
EFF-57	49.7%	57.4%	60.1%	52.8%	43.2%		
Asset Utilisation							
EFF-58	\$7,950	\$7,214	\$6,384	\$5,593	\$13,148		
Proportion of R&M Expenditure							
EFF-59D	3.02%	2.41%	2.71%	2.91%	3.19%		

Measured Quality Hospital Report - Efficiency - 2005

Indicator	2003/04	2002/03	2001/02	Peer Group 03/04 Median	State 03/04 Median	Potential Saving	Key Ind
Food Services - total cost per OBD							
EFF-60	\$34.95	\$37.46	\$36.93	\$27.22	\$29.54	\$259,380	K
Cleaning - total cost per m2							
EFF-61	\$43.90	\$38.82	\$37.83	\$40.09	\$40.34	\$89,852	
Linen Cost per OBD							
EFF-62	\$14.14	\$16.24	\$12.37	\$10.86	\$10.94	\$110,111	
Energy Consumption per square metre							
EFF-63	\$13.77	\$13.44	\$14.10	\$20.81	\$23.57		
Relative Technical Efficiency							
EFF-64	82.5%	82.5%	94.9%	91.2%	88.5%		
Revenue Retention							
EFF-65D	2.55%	1.21%	1.34%	1.94%	3.00%		K
Debtor Turnover							
EFF-66D	41.7	70.6	23.7	45.4	50.4		
Stock Turnover							
EFF-67.01D Drugs	12.9	13.3	11.6	9.27	7.79		
EFF-67.02D Medical Supplies	36.0	33.7	40.2	9.56	9.27		
EFF-67.03D Catering	426	290	340	125	97.1		
Critical Care Efficiency							
EFF-68	69.0%	69.4%	n/a	73.9%	74.2%		
Litigation per 100 beds							
EFF-69	2.14	5.71	4.29	3.00	0		
Component Proportion of Total Cost							
EFF-71.01 Ward Medical	15.3%	14.3%	n/a	12.9%	10.6%		
EFF-71.02 Ward Nursing	26.9%	26.0%	n/a	25.4%	26.4%		
EFF-71.03 Non-clinical Salaries	8.83%	9.49%	n/a	7.67%	5.88%		
EFF-71.04 Pathology	2.72%	2.92%	n/a	2.85%	2.60%		
EFF-71.05 Imaging	1.19%	1.27%	n/a	1.25%	1.61%		
EFF-71.06 Allied Health	1.31%	3.55%	n/a	1.44%	1.88%		
EFF-71.07 Pharmacy	3.29%	3.17%	n/a	3.51%	3.61%		
EFF-71.08 Critical Care	4.96%	4.57%	n/a	6.27%	6.30%		
EFF-71.09 Operating Rooms	9.87%	9.65%	n/a	11.3%	11.3%		
EFF-71.10 Emergency Department	3.37%	1.92%	n/a	3.37%	2.13%		
EFF-71.11 Ward Supplies	5.67%	6.80%	n/a	3.03%	3.40%		
EFF-71.12 Specialised Procedure Suites	0%	0.06%	n/a	0%	0.01%		
EFF-71.13 Prostheses	1.05%	0.96%	n/a	1.85%	1.33%		
EFF-71.14 On-costs	6.58%	6.88%	n/a	7.17%	7.38%		
EFF-71.15 Hotel	3.08%	1.70%	n/a	3.31%	3.59%		
EFF-71.16 Depreciation	5.85%	6.81%	n/a	5.59%	5.04%		

Measured Quality Hospital Report 2005

System Integration and Change

Indicator		2003/04	2002/03	2001/02	Peer Group 03/04 Median	State 03/04 Median	Key Ind
Bundaberg Hospital							
Central Zone				Large Peer Group			
Accreditation							
SIC01	Hospital accreditation	100%	100%	100%	100%	100%	
Credentials and Clinical Privileges							
SIC02	Medical staff with current clinical privileges	74.4%	n/a	n/a	51.9%	97.6%	
Workforce Management							
SIC03.01	Retention of Nursing Staff	89.7%	87.9%	91.0%	91.0%	89.7%	
SIC03.02	Retention of Nursing Staff - LO1.8	89.2%	83.8%	89.9%	89.2%	88.9%	
SIC03.03	Median Age Nursing Staff	43.0	43.0	42.0	42.0	43.0	
SIC03.04	Retention of Allied Health Staff	83.3%	65.2%	87.0%	83.3%	87.5%	
SIC03.04D	Retention of Allied Health Staff - District	84.8%	79.5%	89.5%	86.4%	85.3%	
SIC03.05	Median Age Allied Health Staff	42.0	41.5	40.0	38.5	40.0	
SIC03.05D	Median Age Allied Health Staff - District	41.5	41.0	40.0	38.0	38.0	
SIC03.06D	Allied Health - PO2.6 to PO3 progression - District	9.09%	0.0%	0.0%	12.5%	7.42%	
SIC03.07a	Median Age Medical staff SMO's	47.0	51.0	49.5	45.5	44.0	
SIC03.07b	Median Age Medical staff VMO's	43.0	42.0	43.0	51.0	50.0	
SIC03.08D	Indigenous workforce / population	0.58	0.46	0.33	0.58	0.56	
SIC03.09	Cost of Training and Study Leave per FTE	\$684	\$415	\$308	\$472	\$461	
SIC03.10D	Cost of Education and Conference Courses per FTE	\$173	n/a	n/a	\$191	\$198	
SIC03.11-1D	Staff development (Management Development Program)	3	2	n/a	3	3	
SIC03.11-2D	Staff development (Leadership Development Program)	11	30	n/a	5	4	
SIC03.11-3D	Staff development (Clinician Development Program)	155	34	n/a	160	160	
SIC03.11-4D	Staff development (Assesment and Training - Operational Staff)	4	0	n/a	5	5	
SIC03.12D	Sustainability of QIEP programs	61.5%	n/a	n/a	69.2%	70.8%	
SIC03.13D	Staff development – Cultural awareness training	32	15	n/a	39	34.5	
Quality of information							
SIC04.01	Accuracy	92.8%	96.7%	87.4%	97.3%	96.4%	
SIC04.02a	Timeliness - Number of months on time	8	2	8	8	8	
SIC04.02b	Timeliness - Number of days late per month	3.00	25.7	1.00	4.0	3.0	
Availability and use of information							
SIC05.01	Electronic Clinical Information	30.0%	40.0%	n/a	20.0%	20.0%	
SIC05.02	Implementation of Secure e-mail (PKI)	56.1%	n/a	n/a	53.3%	46.7%	
SIC05.03	Management Information	83.2%	55.8%	n/a	75.0%	50.0%	

Measured Quality Hospital Report 2005

System Integration and Change

Indicator		2003/04	2002/03	2001/02	Peer Group 03/04 Median	State 03/04 Median	Key Ind
Availability and use of information							
SIC05.04	Staff Development Information	90.0%	90.0%	n/a	85.0%	87.5%	
SIC05.05	Measured Quality reports	61.4%	n/a	n/a	65.7%	25.7%	
Standardised approaches to clinical							
SIC06.01	Development and use of	92.7%	71.4%	n/a	64.6%	48.6%	
SIC06.02	Collection and management of data for	2.27%	69.0%	n/a	23.9%	7.14%	
SIC06.03	Including care in the emergency department	0.0%	n/a	n/a	17.4%	0.0%	
SIC06.04	Development and use of QH endorsed clinical pathways	100%	83.3%	n/a	83.3%	66.7%	
SIC06.05	Selected Surgical Areas	100%	79.2%	n/a	70.4%	55.6%	
SIC06.06	Selected Medical Areas	60.0%	80.0%	n/a	60.0%	40.0%	
SIC06.07	Selected O & G Areas	100%	100%	n/a	86.7%	80.0%	
SIC06.08	Paediatric Areas	100%	55.6%	n/a	50.0%	33.3%	
SIC06.09	Barriers to the development and use of	82.4%	87.5%	n/a	47.1%	58.8%	
Benchmarking							
SIC07.01	In selected clinical areas - internal	0.0%	0.0%	n/a	4.35%	0.0%	
SIC07.02	In selected clinical areas - external	100%	66.7%	n/a	60.0%	15.0%	
SIC07.03	Involvement in collaboratives and information sharing with peers	28.6%	n/a	n/a	57.1%	14.3%	
Integration with the Local Community							
SIC08.01	Consumer participation in health services	32.1%	29.2%	n/a	32.1%	35.0%	
SIC08.02	Community partnerships with health services	42.8%	46.7%	n/a	42.8%	46.7%	
SIC08.03	Continuity of Care Planning Framework	82.9%	45.0%	n/a	49.3%	50.7%	
SIC08.04	Shared care with General Practitioners	45.0%	n/a	n/a	35.0%	35.0%	
SIC08.05	Pre admission clinics	100%	n/a	n/a	100%	100%	
SIC08.06	Referral processes	56.9%	n/a	n/a	68.5%	56.9%	
SIC08.07	Discharge processes	65.9%	n/a	n/a	59.2%	60.6%	
SIC08.08	Patient / carer participation in discharge planning	75.0%	n/a	n/a	87.5%	66.7%	
SIC08.09aD	Consumer representation on formal committees	80.0%	80.0%	80.0%	80.0%	80.0%	
SIC08.09bD	Other participation by 'primary consumers'	80.0%	80.0%	60.0%	80.0%	60.0%	
SIC08.09cD	Other participation by 'carers'	80.0%	80.0%	60.0%	80.0%	60.0%	
SIC08.09D	Consumer participation - Mental Health	80.0%	80.0%	66.7%	76.7%	60.0%	
SIC08.10	Environmental management	54.0%	45.0%	n/a	57.0%	34.3%	
Telehealth							
SIC09	Usage for staff development and training	159%	252%	162%	96.8%	62.5%	
Quality and safety of health care practices							
SIC10.01	Service Capability Framework	51.6%	n/a	n/a	73.3%	52.4%	
SIC10.02A	Patient Safety Culture - internal reporting	83.3%	n/a	n/a	66.7%	66.7%	
SIC10.02B	Patient Safety Culture - external reporting	27.8%	n/a	n/a	27.8%	38.9%	

Measured Quality Hospital Report 2005

System Integration and Change

Indicator		2003/04	2002/03	2001/02	Peer Group 03/04 Median	State 03/04 Median	Key Ind
Quality and safety of health care practices							
SIC10.03	Incident management	100%	87.5%	n/a	97.8%	91.1%	
SIC10.04D	Staff development – safety and risk management	16	71	n/a	48	30	
SIC10.05	Emergency preparedness and continuity management	88.9%	n/a	n/a	77.8%	69.4%	

Measured Quality Hospital Report - 2005

CABINET IN CONFIDENCE

Clinical Utilisation and Outcomes - Complications

Indicator

2003/04

2002/03

2001/02

Bundaberg Hospital

Central Zone

Large Peer Group

CI06.6	Fractured Neck of Femur Complications of Surgery Rate			
T81	Complications of procedures not elsewhere classified, excl T81.0, T81.4	1	1	-
T810	Infection following a procedure, nec	1	-	-
Total for Indicator		2	1	
CI07.3	Knee Replacement Complications of Surgery Rate			
I97	Postprocedural disorders of circulatory system, nec	-	1	-
T81	Complications of procedures not elsewhere classified, excl T81.0, T81.4	-	2	-
T810	Infection following a procedure, nec	-	1	-
T840	Infection and inflammatory reaction due to internal joint prosthesis	-	-	1
T845	Infection and inflammatory reaction due to internal joint prosthesis	-	1	-
Total for Indicator			5	1
CI07.3a	Knee Replacement (Primary) Complications of Surgery Rate			
I97	Postprocedural disorders of circulatory system, nec	-	1	-
T81	Complications of procedures not elsewhere classified, excl T81.0, T81.4	1	1	-
Total for Indicator		1	2	
CI08.3	Hip Replacement Complications of Surgery Rate			
T81	Complications of procedures not elsewhere classified, excl T81.0, T81.4	-	1	-
T810	Infection following a procedure, nec	-	2	1
T814	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	-
T840	Infection and inflammatory reaction due to internal joint prosthesis	-	-	2
Total for Indicator			4	4
CI08.3a	Hip Replacement (Primary) Complications of Surgery Rate			
I97	Postprocedural disorders of circulatory system, nec	1	-	-
T81	Complications of procedures not elsewhere classified, excl T81.0, T81.4	-	1	-
T810	Infection following a procedure, nec	-	2	1
T814	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	-
Total for Indicator		1	4	2
CI09.31	Abdominal Hysterectomy Complications of Surgery Rate			
K91	Postprocedural disorders of digestive system, nec	1	-	-
T81	Complications of procedures not elsewhere classified, excl T81.0, T81.4	2	2	-
T810	Infection following a procedure, nec	-	1	-
T814	Infection following a procedure, nec	-	-	1
Total for Indicator		3	3	1
CI09.32	Vaginal Hysterectomy Complications of Surgery Rate			
T81	Complications of procedures not elsewhere classified, excl T81.0, T81.4	1	-	-
T810	Infection following a procedure, nec	3	-	-
Total for Indicator		4		
CI15.3	Colorectal Carcinoma Complications of Surgery Rate			
I97	Postprocedural disorders of circulatory system, nec	-	-	1
J95	Postprocedural respiratory disorders, nec	-	-	1
K91	Postprocedural disorders of digestive system, nec	1	2	1
N99	Postprocedural disorders of genitourinary system, nec	-	2	-
T81	Complications of procedures not elsewhere classified, excl T81.0, T81.4	1	3	2

Measured Quality Hospital Report - 2005 CABINET IN CONFIDENCE **Clinical Utilisation and Outcomes - Complications**

Indicator		2003/04	2002/03	2001/02
T814	Infection following a procedure, nec	-	-	1
T88	Other or unspecified complications of surgical and medical care, nec	-	-	1
Total for Indicator		2	7	7
CI16.2	Laparoscopic Cholecystectomy Complications of Surgery Rate			
I97	Postprocedural disorders of circulatory system, nec	1	-	-
K91	Postprocedural disorders of digestive system, nec	-	2	-
T81	Complications of procedures not elsewhere classified, excl T81.0, T81.4	3	1	-
T810	Infection following a procedure, nec	1	-	-
T88	Other or unspecified complications of surgical and medical care, nec	2	-	-
Total for Indicator		7	3	
CI19.2	Prostatectomy Complications of Surgery Rate			
T83	Complications of genitourinary prosthetic devices, implants and grafts	1	-	-
Total for Indicator		1		
Total for Hospital		21	29	15

Measured Quality - EFF-46 - Avoidable Admissions 2005

Indicator

2003/04

2002/03

2001/02

Bundaberg Hospital

Central Zone

Large Peer Group

Avoidable Admission - Vaccine Preventable

Influenza and pneumonia	24	51	34
Other vaccine-preventable	2	4	4

Avoidable Admission - Acute

Appendicitis	69	68	64
Cellulitis	49	84	58
Convulsions and epilepsy	104	96	145
Dehydration and gastroenteritis	98	47	45
Dental	108	65	100
Ear, nose and throat infections	109	147	119
Gangrene	17	9	13
Pelvic inflammatory disease	18	13	10
Perforated or bleeding ulcer	13	4	14
Pyelonephritis	79	80	83

Avoidable Admission - Chronic

Angina	279	273	335
Asthma	96	88	87
Chronic obstructive pulmonary disease	157	160	190
Congestive cardiac failure	119	132	89
Diabetes complications	331	293	571
Hypertension	18	16	10
Iron deficiency anaemia	12	28	30
Nutritional deficiencies	0	0	0

Avoidable Admission

Grand Total	1,657	1,593	1,961
-------------	-------	-------	-------

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 statistic 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.

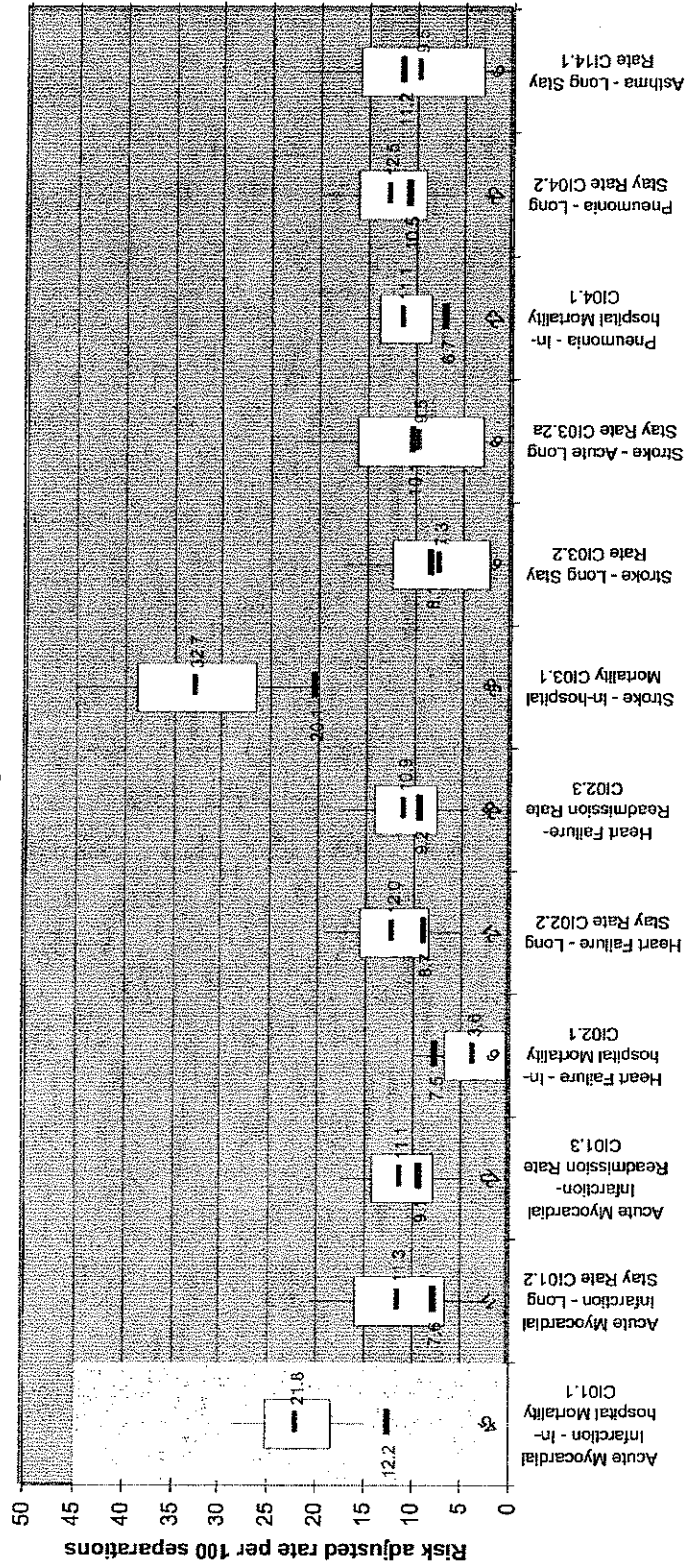
EFF-64 Relative Technical Efficiency

Bundaberg Hospital

Large Peer Group

				Comparative Peer Data	
	2003/04	Peer Group Median	State Median	Peer No. 1	Peer No. 2
Relative Technical Efficiency	82.5%	91.2%	88.5%	Redland Hospital	Ipswich Hospital
Scale Efficiency	99.6%				
Output Orientation					
Outputs	2002/03	Radial Movement	Output Target	2003/04	2003/04
Weighted Separations	11,997	2,536	14,533	13,413	26,886
Weighted Outpatient Occ of Service	4,619	1,226	5,845	5,681	7,657
Weighted Other Care	758	263	1,021	881	2,569
Returns to Scale	Decreasing				
Peer Hospitals	Peer Weight	NOTE: A higher Peer Weight indicates a stronger association with the peer facility.			
Redland Hospital	0.917				
Ipswich Hospital	0.083				
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	2003/04	Radial Movement	Input Target	2003/04	2003/04
Ordinary FTE - Worked	358	-63	295	329	676
Non Labour Expenditure	\$13,035,262	-\$3,877,611	\$9,157,651	\$10,276,670	\$20,677,552
Gross Asset Value (\$M)	\$95,369	-\$49,199	\$46,170	\$51,024	\$118,135
Returns to Scale	Increasing				
Peer Hospitals	Peer Weight				
Redland Hospital	0.887				
Yeppoon Hospital	0.113				
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 Measure		Bundaberg Hospital		Redland Hospital	Ipswich Hospital
for comparative purposes only					
Weighted Separations per Ordinary FTE - Worked		33.49		40.72	39.79
Weighted Outpatient Occasions of Service per FTE		12.90		17.24	11.33
Weighted Other Care per FTE		2.12		2.67	3.80
Non Labour Expenditure per FTE		\$36,393		\$31,198	\$30,599
Weighted Separations per Gross Asset Value (\$M)		125.79		262.88	227.58
Total Outputs per FTE		48.51		60.64	54.92

Clinical Utilisation and Outcomes Medical - 3 year mean

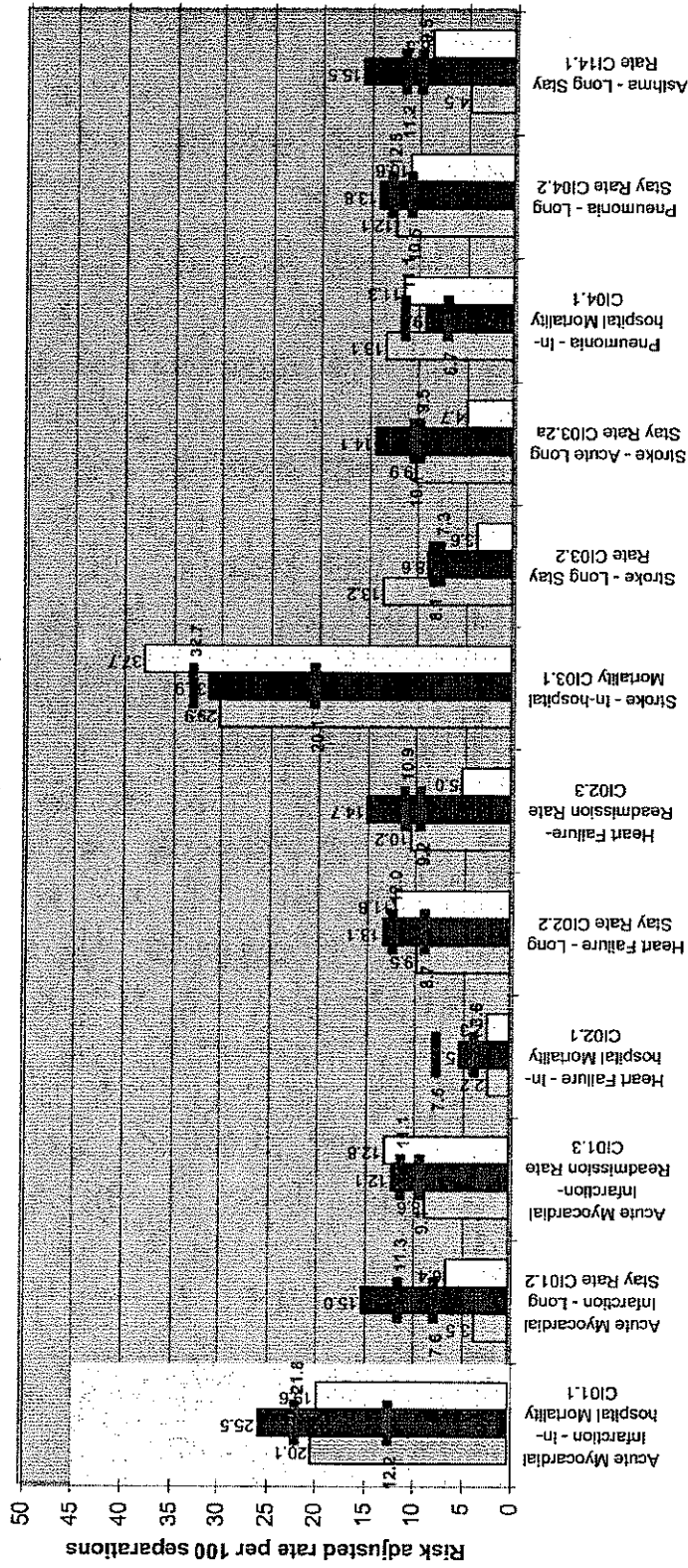


Notes:

— 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 - 2003/04, 2002/03, 2001/02



Notes:

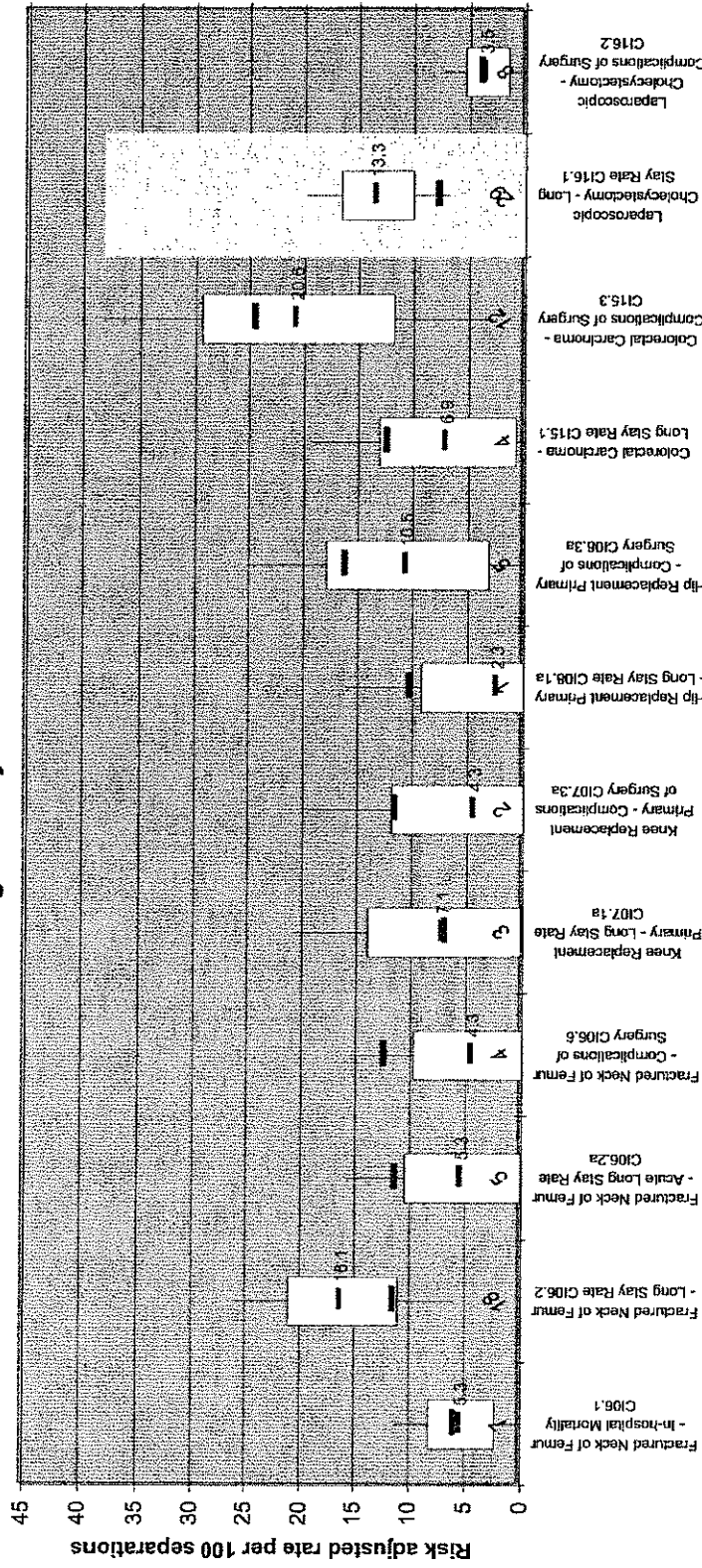
— 12.6
 — 14.4

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

2003/04
 2002/03

2001/02
 Outlier

Clinical Utilisation and Outcomes Surgical - 3 year mean



Notes:

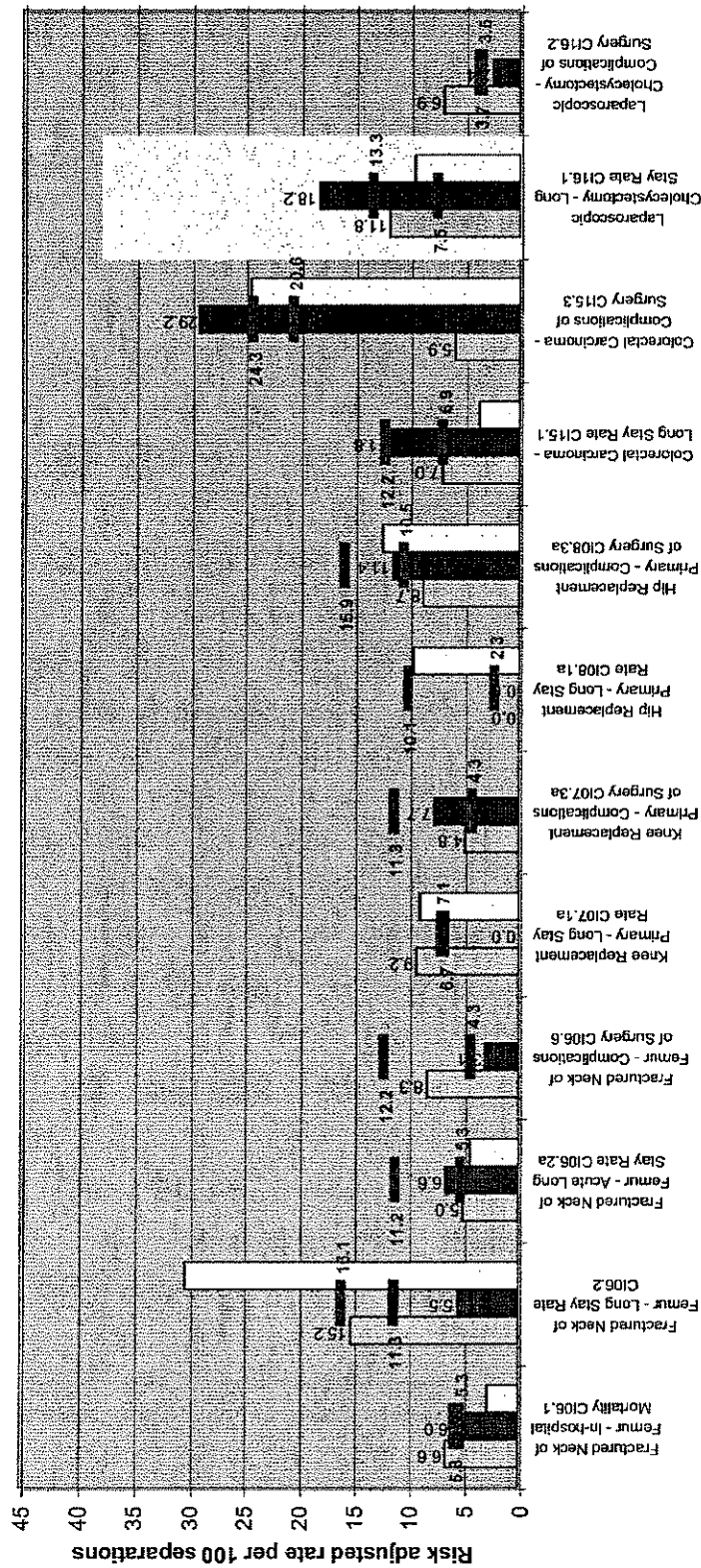
— 12.6 3 year peer group mean

— 14.4 3 year risk adjusted rate per 100 separations

Number of observations

Outlier

Clinical Utilisation and Outcomes Surgical - 2003/04, 2002/03, 2001/02



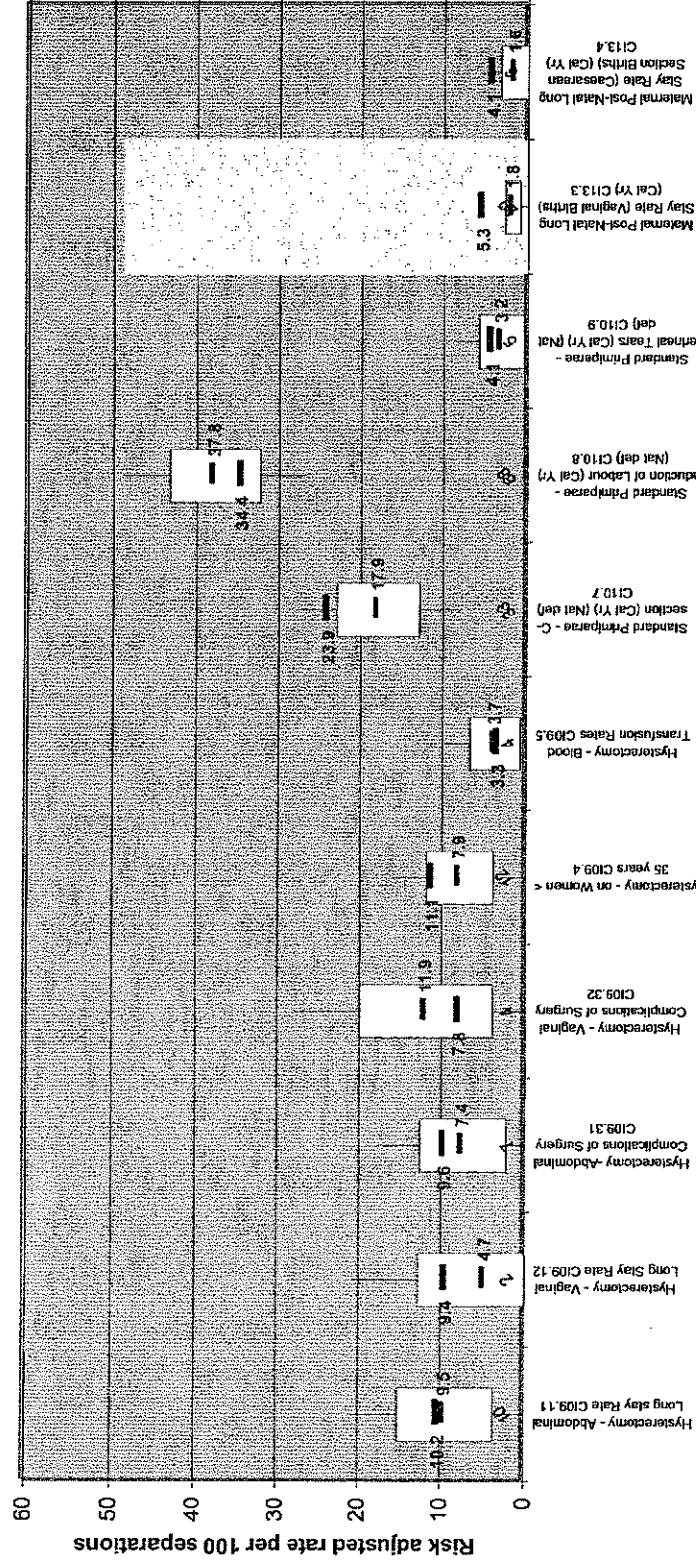
Notes

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

2003/04
2002/03

2001/02
Outlier

Clinical Utilisation and Outcomes O&G - 3 year mean



Notes:

Perinatal data currently available from Jan 2001 to Dec 2003

— 12.5

3 year peer group mean

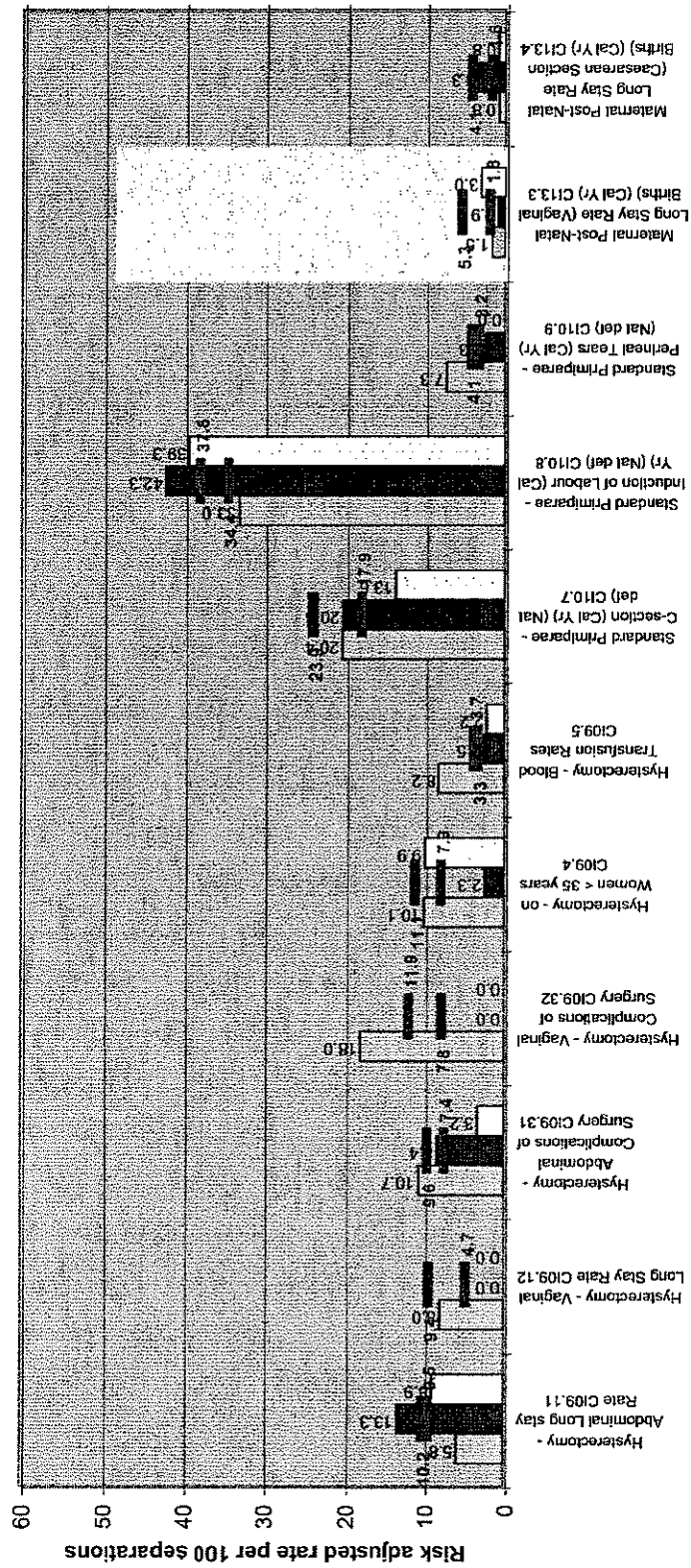
— 14.4

3 year risk adjusted rate per 100 separations

Number of observations

Outlier

Clinical Utilisation and Outcomes O&G - 2003/04, 2002/03, 2001/02



Notes: Perinatal data currently available from Jan 2001 to Dec 2003.

12.6 3 year peer group mean

14.4 3 year risk adjusted rate per 100 separations

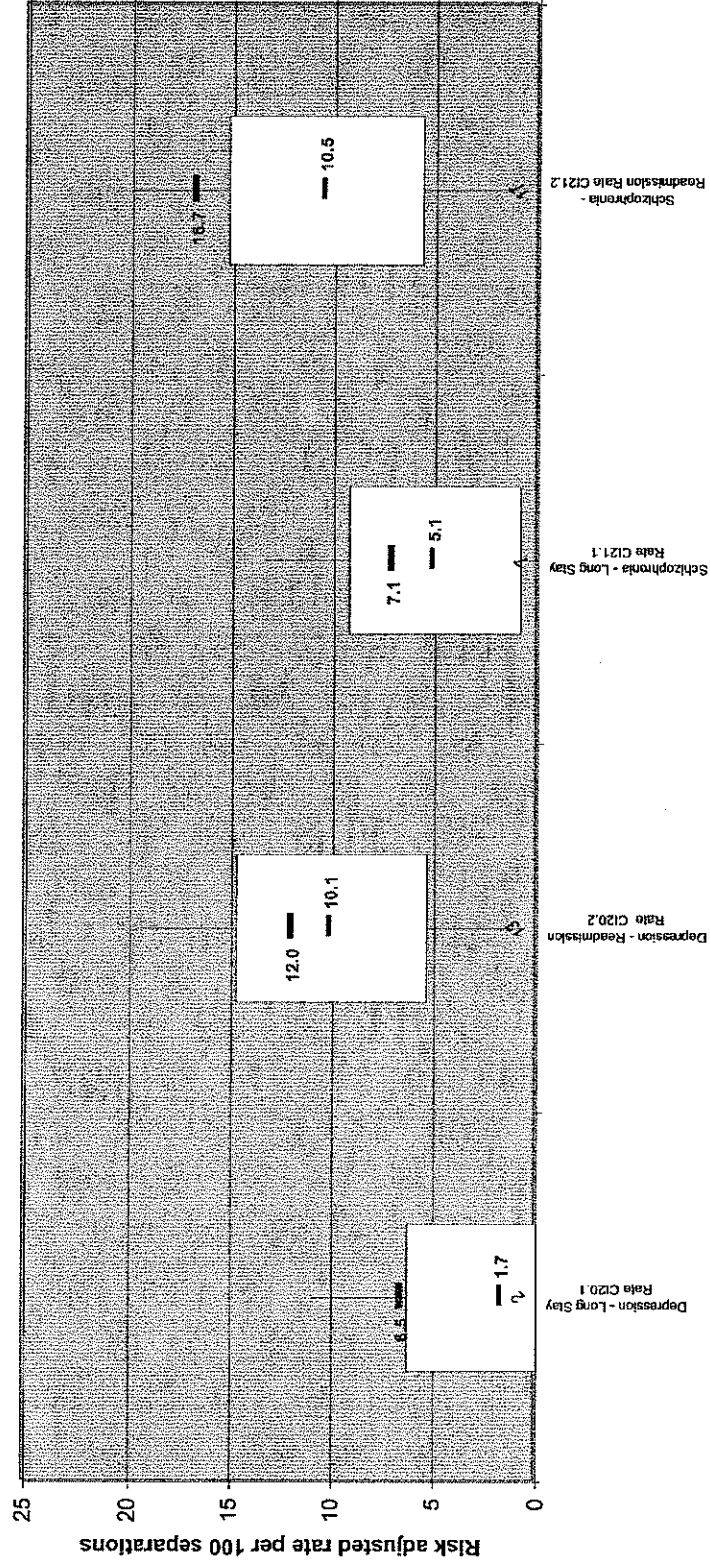
2001

2002

2003

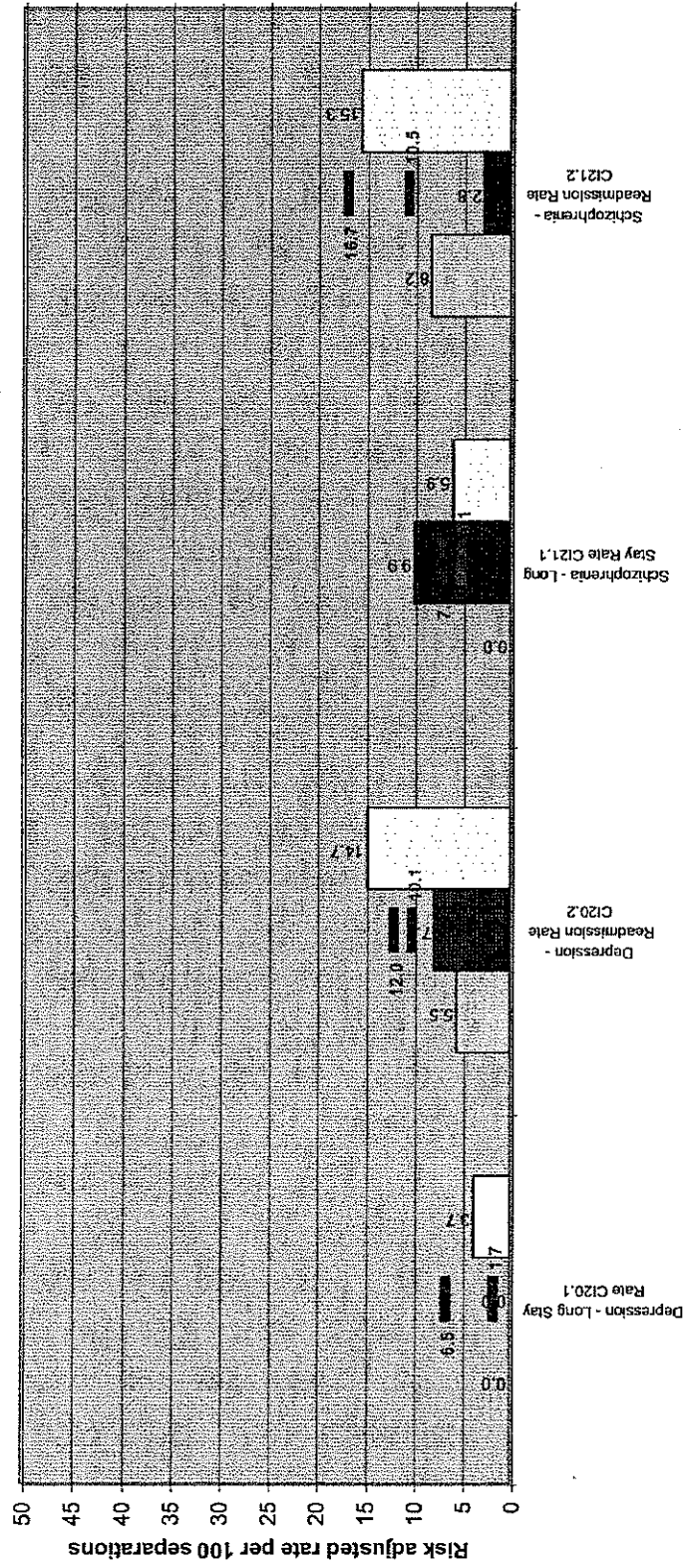
Outlier

Clinical Utilisation and Outcomes Mental Health - 3 year mean



Notes:	— 12.6	3 year peer group mean	↗	Number of observations
	— 14.4	3 year risk adjusted rate per 100 separations		
				Outlier

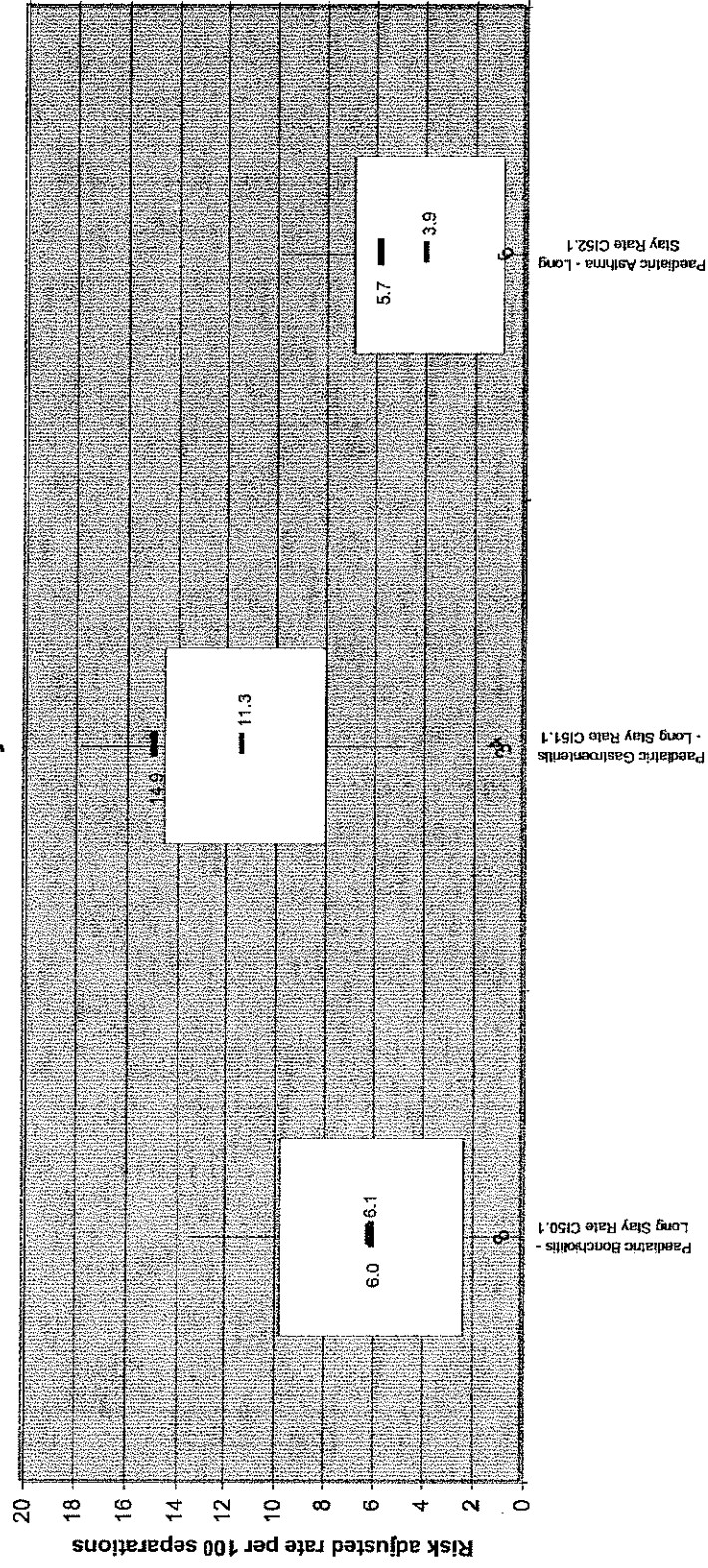
Clinical Utilisation and Outcomes Mental Health - 2003/04, 2002/03, 2001/02



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

2001/02
2002/03
2003/04
Outlier

Clinical Utilisation and Outcomes Paediatrics - 3 year mean

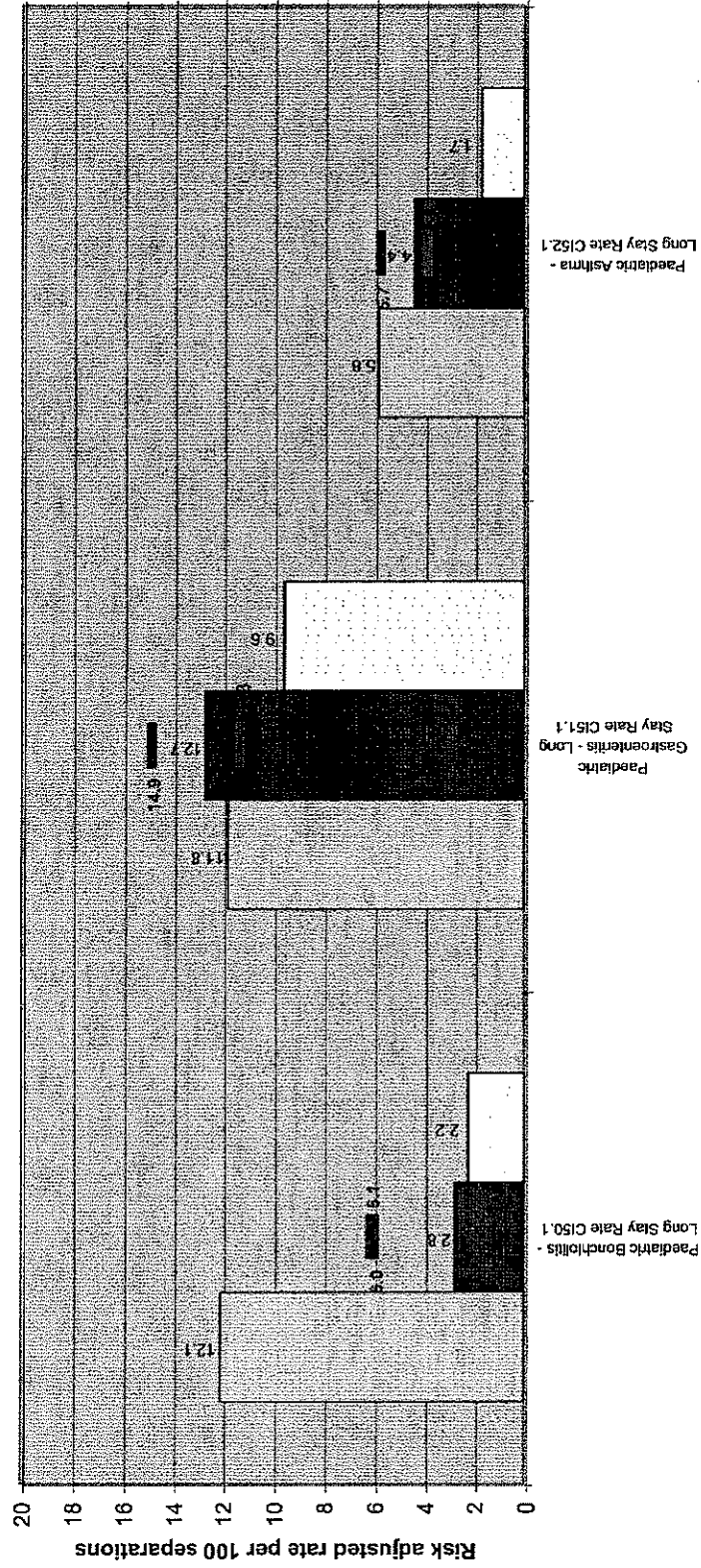


Notes:

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

Number of observations
Outlier

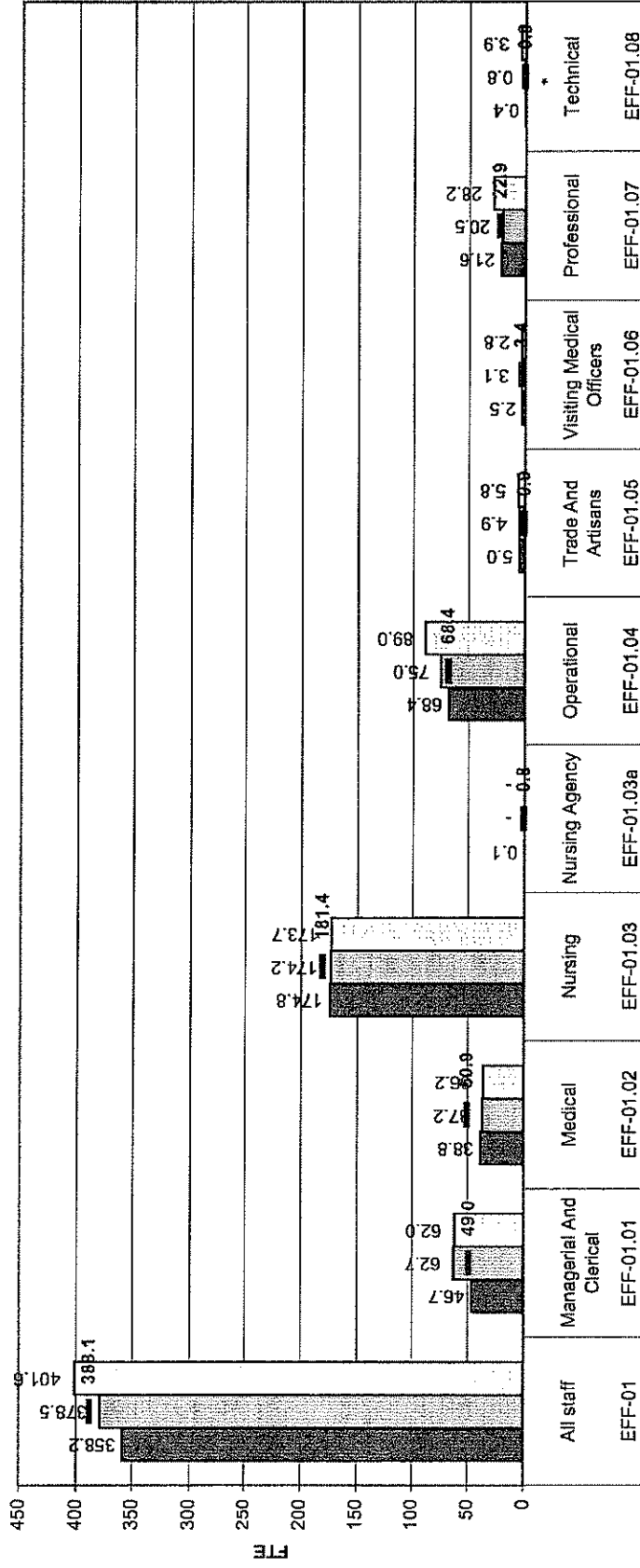
Clinical Utilisation and Outcomes Paediatrics - 2003/04, 2002/03, 2001/02



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

2003/04 2002/03 2001/02
Outlier

Efficiency
Staffing - Ordinary FTE



Notes:

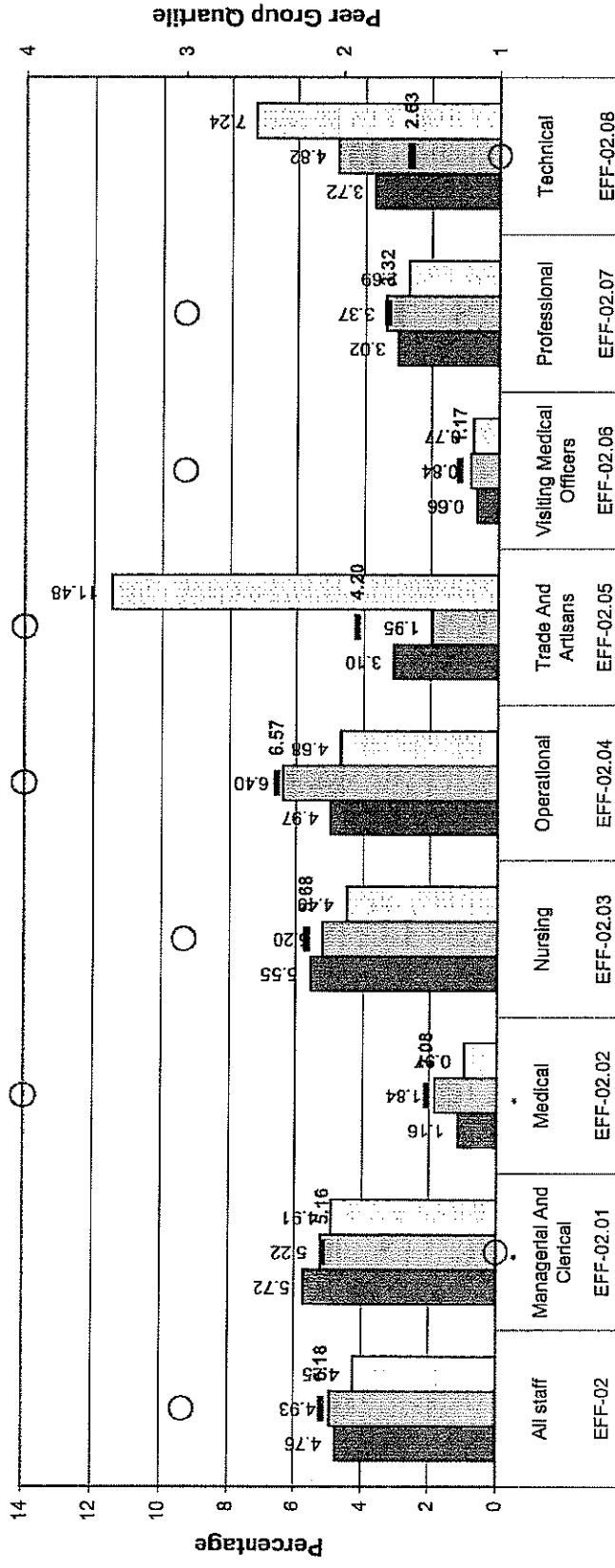
— 12.6 Peer Group Median

2003/04

2001/02

* Indicator met outlier criteria

Efficiency Staffing - Proportion of Sick Leave



Notes:

12.6

Peer Group Median

Peer Group Quartile

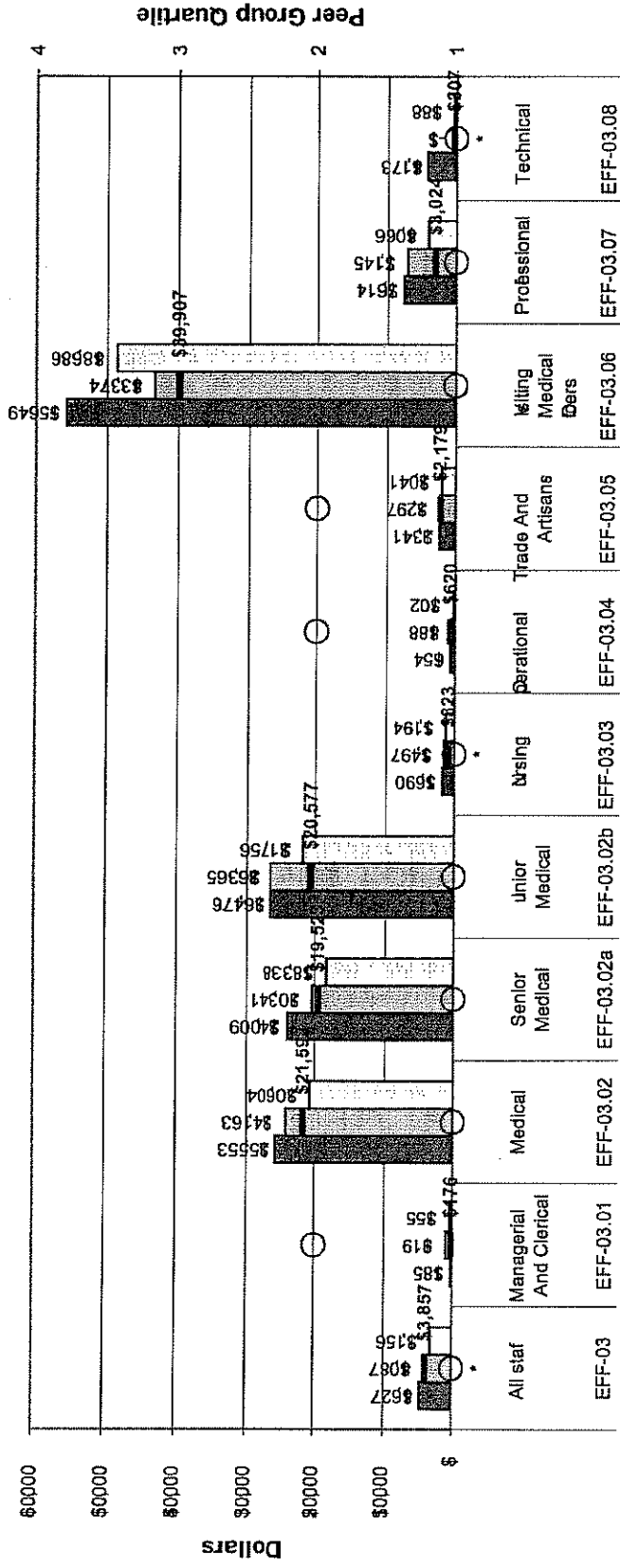
2003/04

2002/03

2001/02

Indicator met outlier criteria

Efficiency
Staffing - Cost of Overtime per FTE



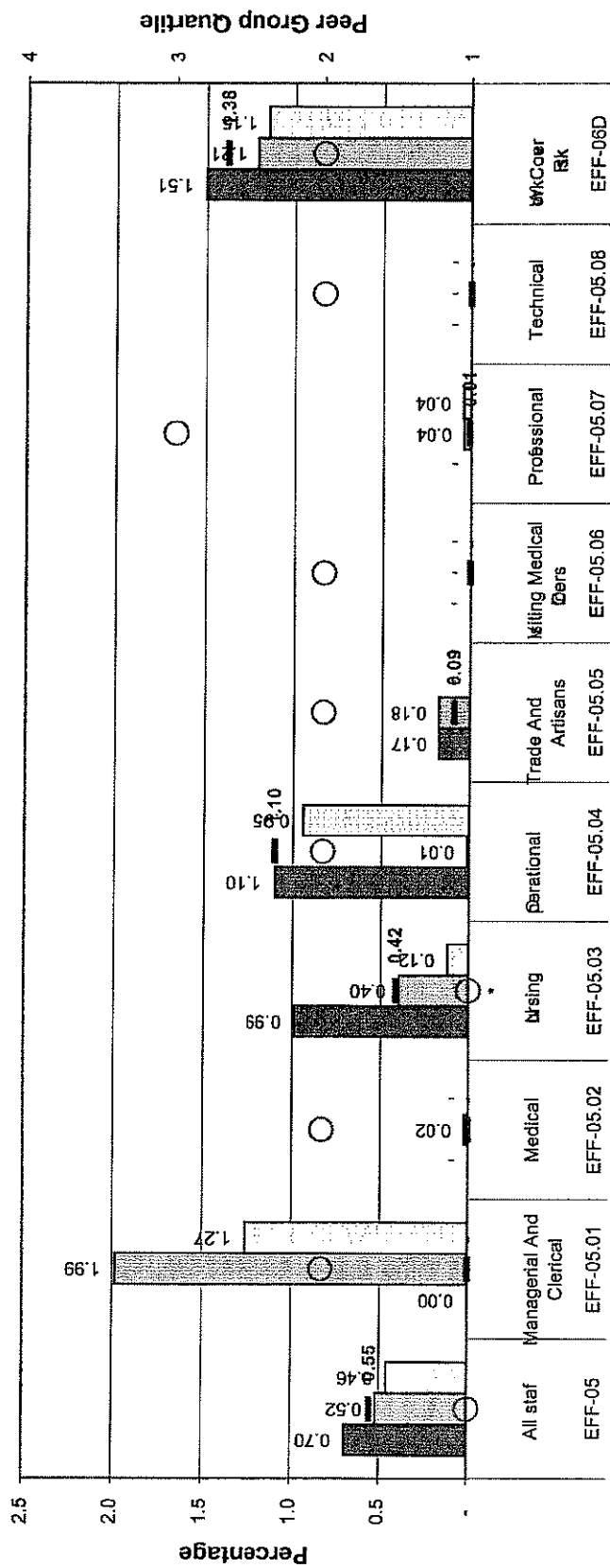
Notes:

— 12.6 Peer Group Median
○ Peer Group Quartile

2003/04
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

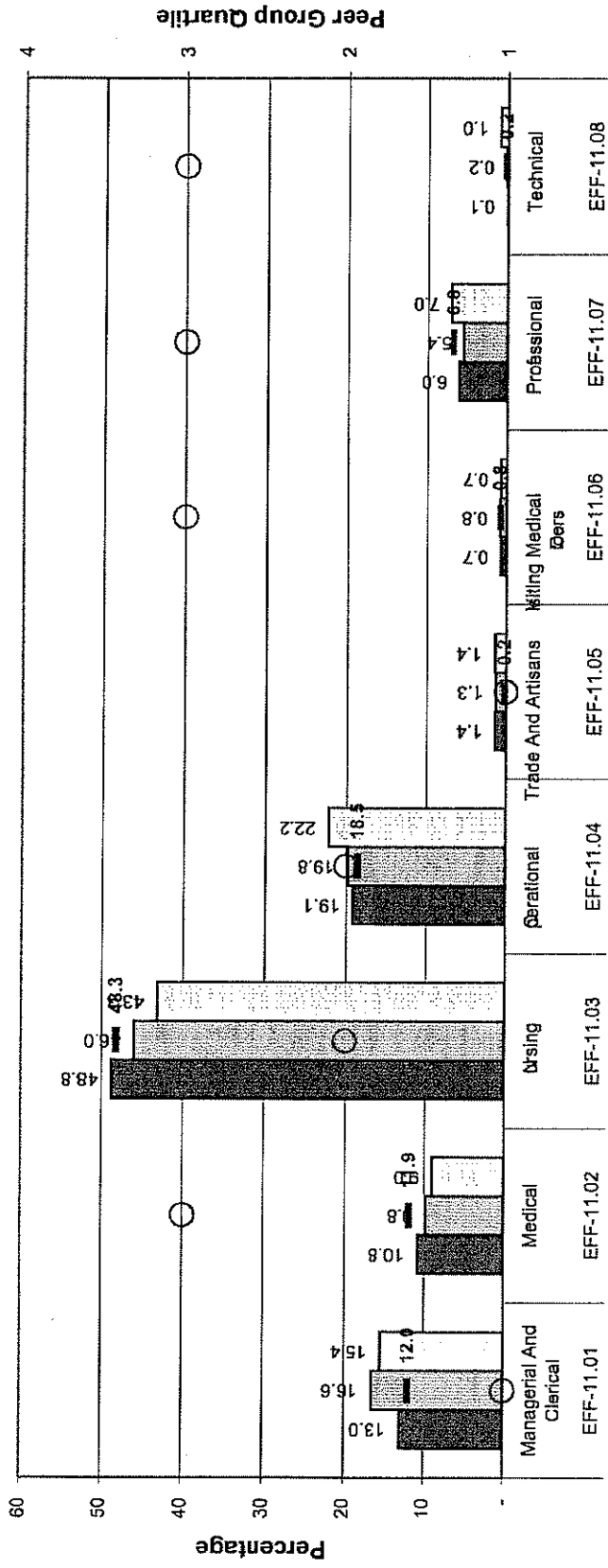
2003/04

2002/03

2001/02

* Indicator met outlier criteria

Efficiency Staff Ratio - Percentage of Total Staff



Notes:

— 12.6

Peer Group Median

○

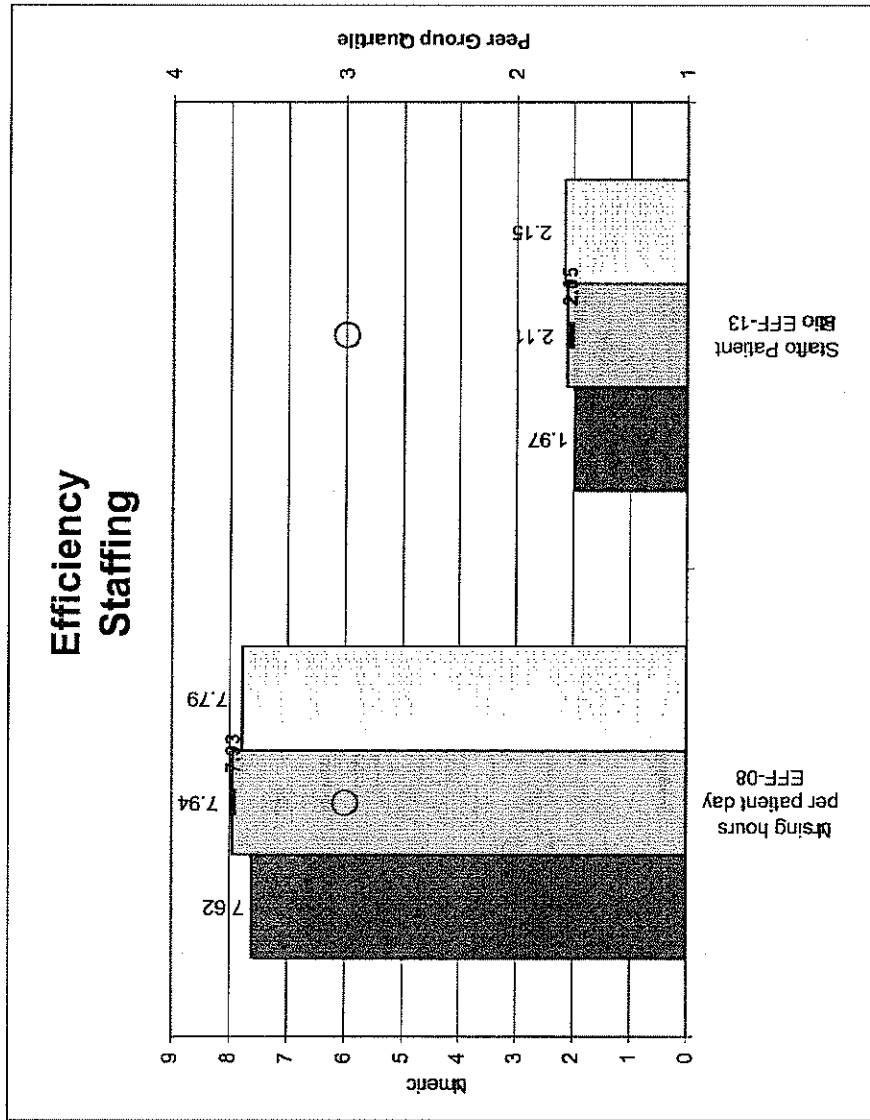
Peer Group Quartile

2007/02

Indicator met outlier criteria

2003/04

2002/03



Notes:

— 12.6



Peer Group Median

Peer Group Quartile

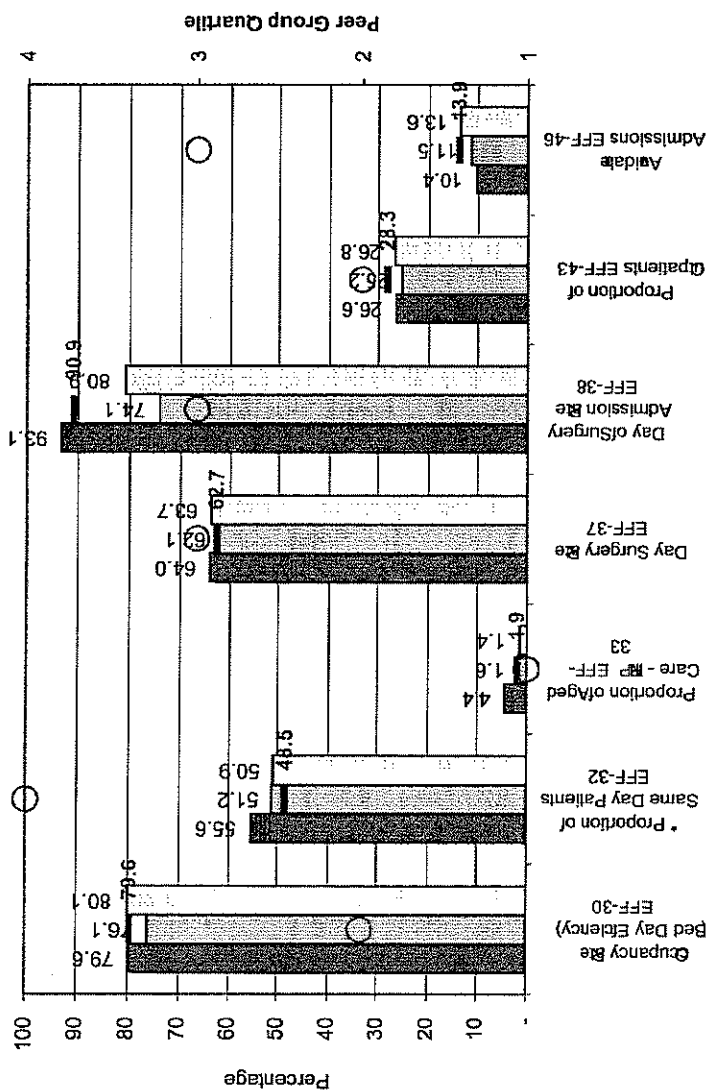
2003/04

2002/03

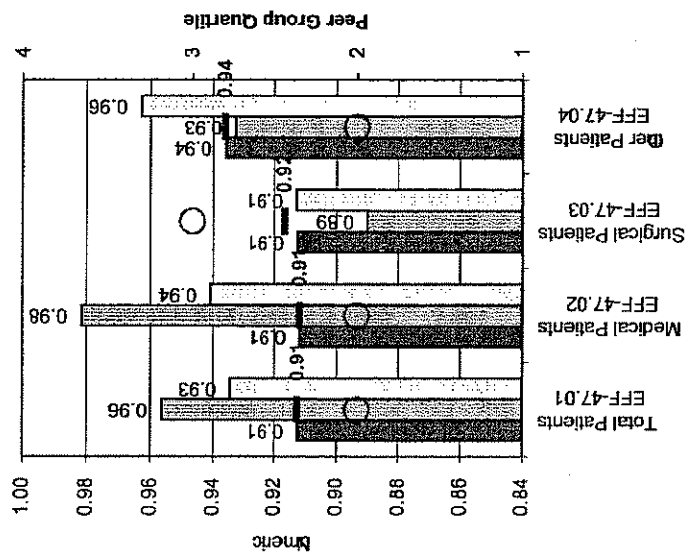
2007/02

Indicator met outlier criteria

Efficiency Activity



Efficiency - Activity Relative Stay Index



Notes:

12.6

Peer Group Median

○

Peer Group Quartile

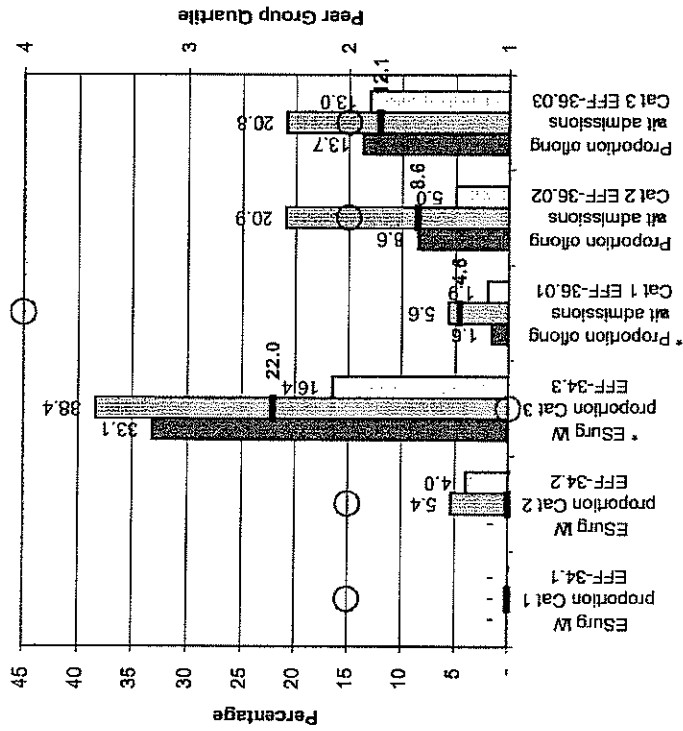
2003/04

2002/03

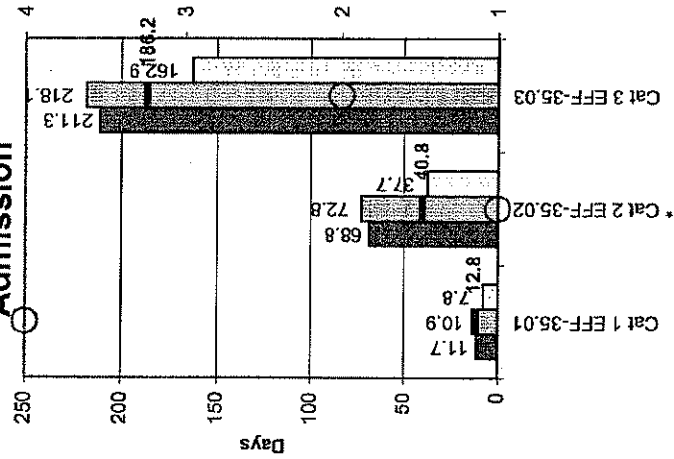
2001/02

Indicator met outlier criteria

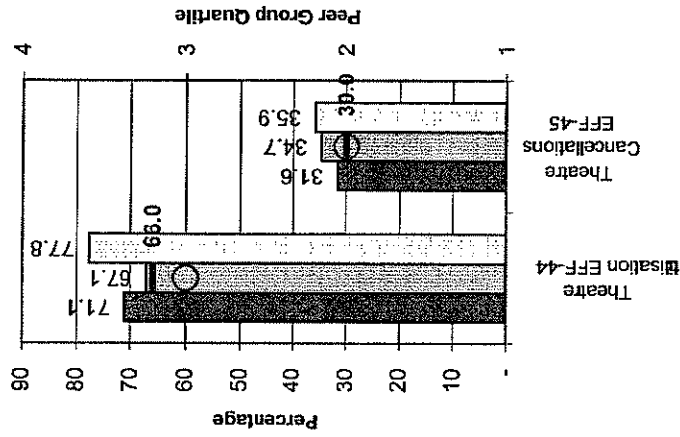
Efficiency Activity - Elective Surgery



Elective Surg - Avg Waiting Time to Admission



Efficiency Activity - Theatre



Notes:

12.6

Peer Group Median

Peer Group Quartile

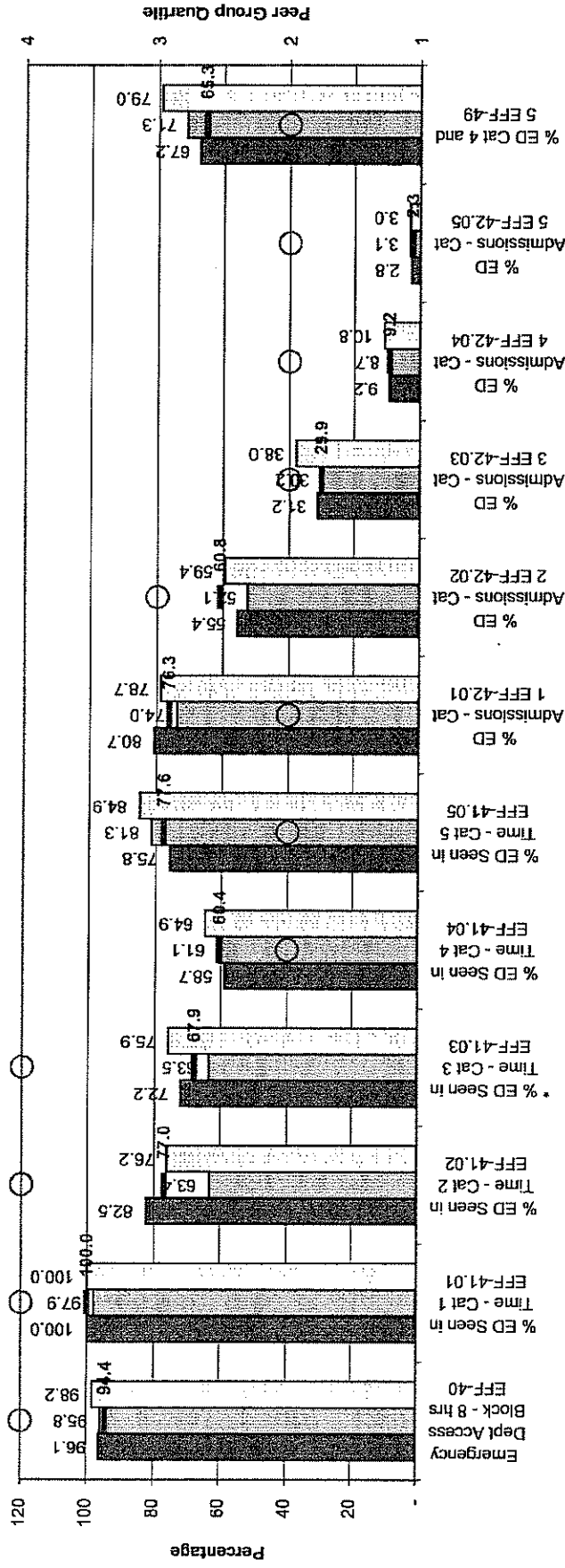
2003/04

2002/03

2001/02

Indicator met outlier criteria

Efficiency Activity - Emergency Department

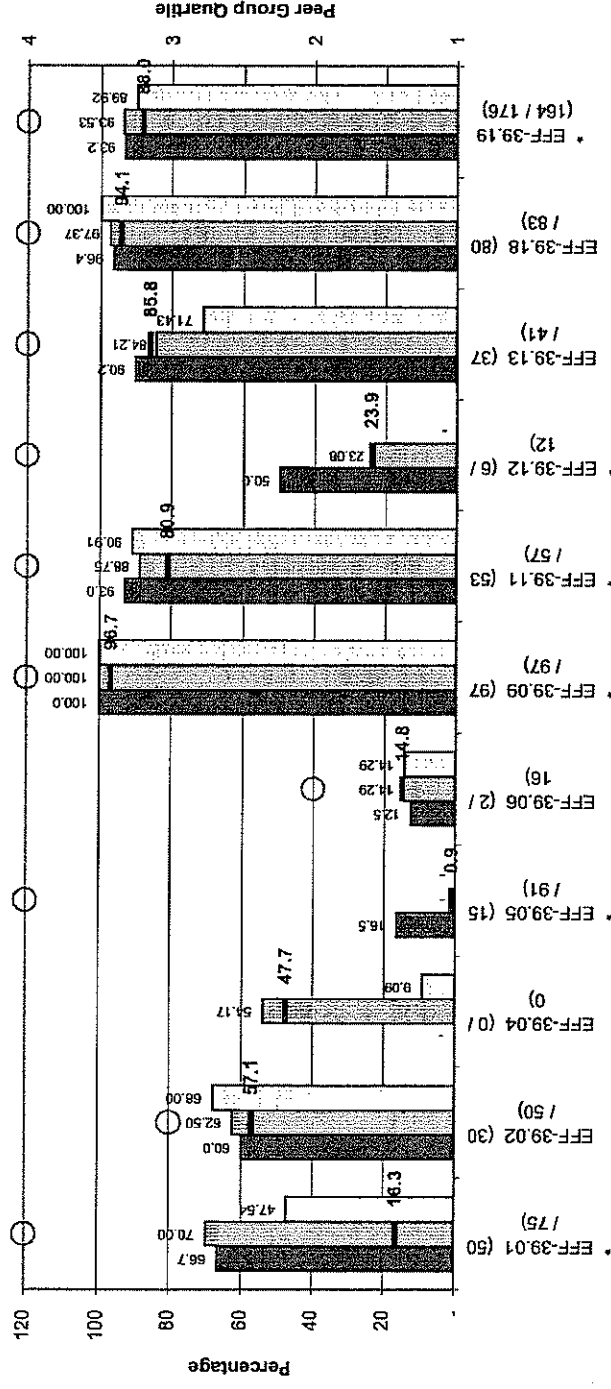


Notes: — 12.6 Peer Group Median ○ Peer Group Quartile

2001/02 2002/03 2003/04

* Indicator met outlier criteria

Efficiency Day Surgery Basket Procedures



- 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/o implant
- 39.15 Myringotomy
- 39.16 Tonsillectomy
- 39.17 Reduction of nasal fracture
- 39.18 D&C / Hysteroscopy
- 39.19 Laparoscopy

Notes:

12.6

Peer Group Median

Peer Group Quartile

2003/04

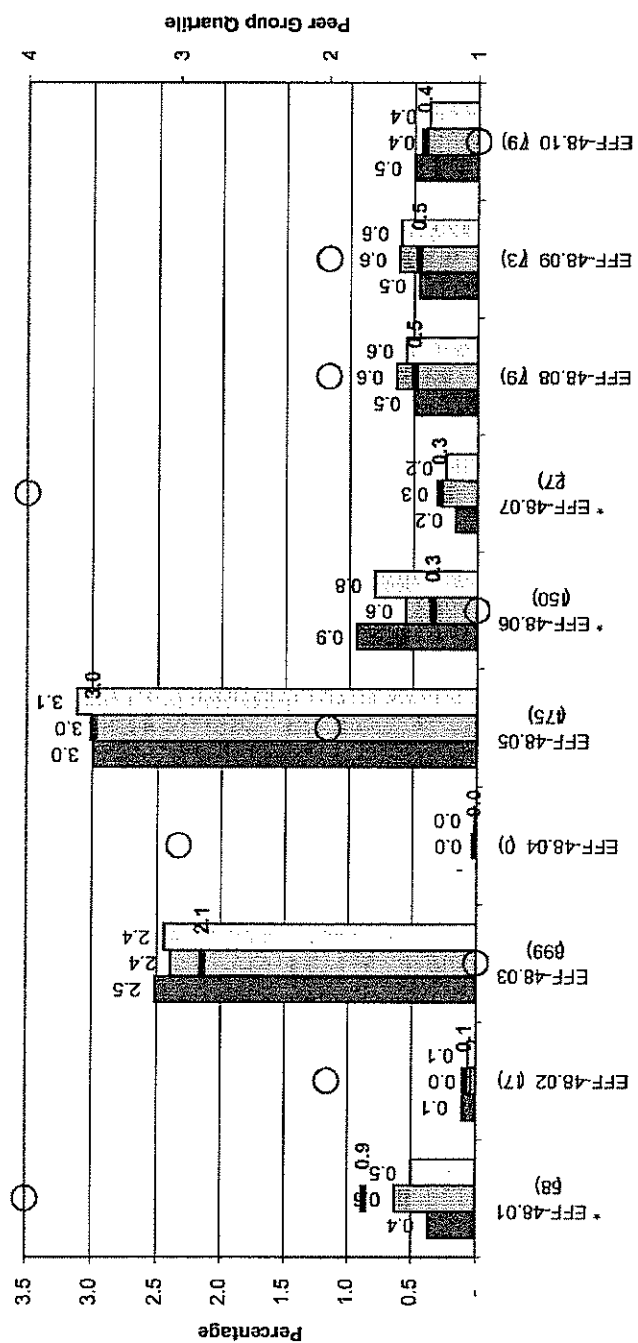
2002/03

2001/02

Indicator met outlier criteria

Efficiency
Adverse Events

- 48.01 Adverse Effects of Drugs
- 48.02 Misadventure
- 48.03 Abnormal Reaction to procedure
- 48.04 Other external cause
- 48.05 Health Service area occurrence
- 48.06 Selected post-procedural disorders
- 48.07 Haemorrhage and haematoma
- 48.08 Infection following procedure
- 48.09 Complications of internal device
- 48.10 Other diagnoses of complication



Notes:

12.6

Peer Group Median

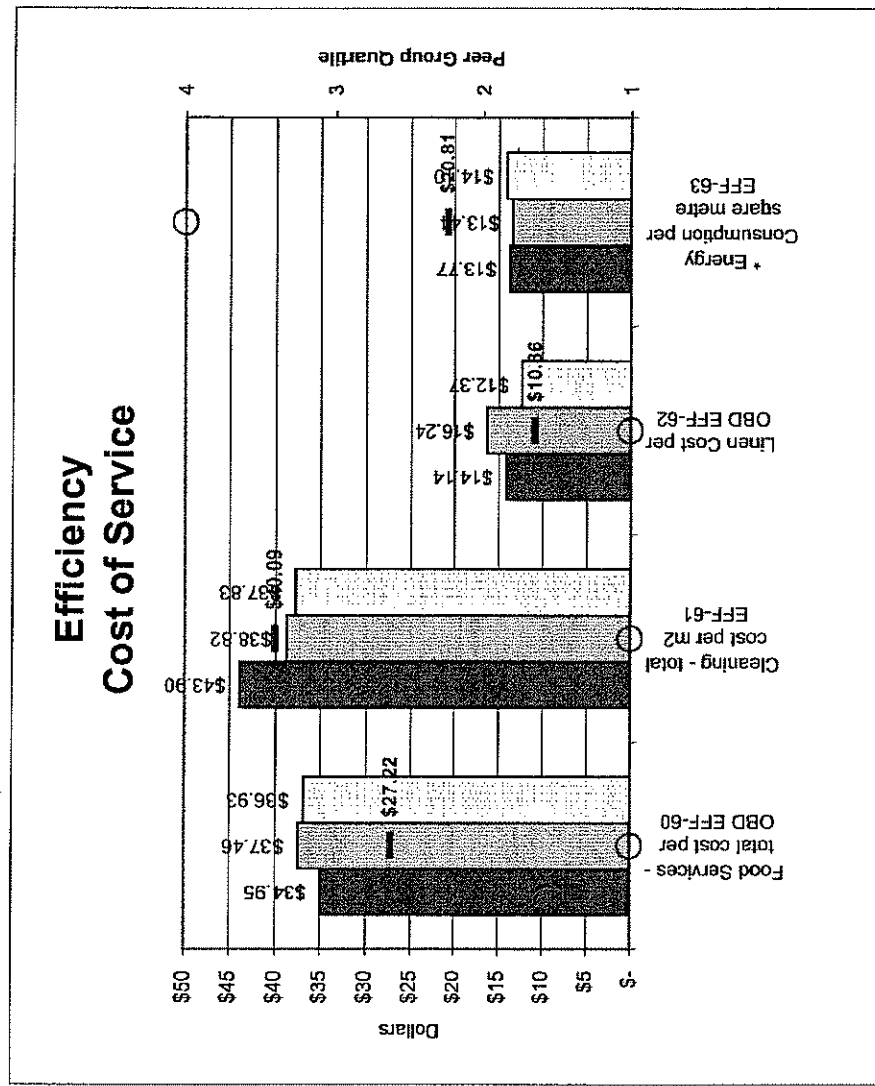
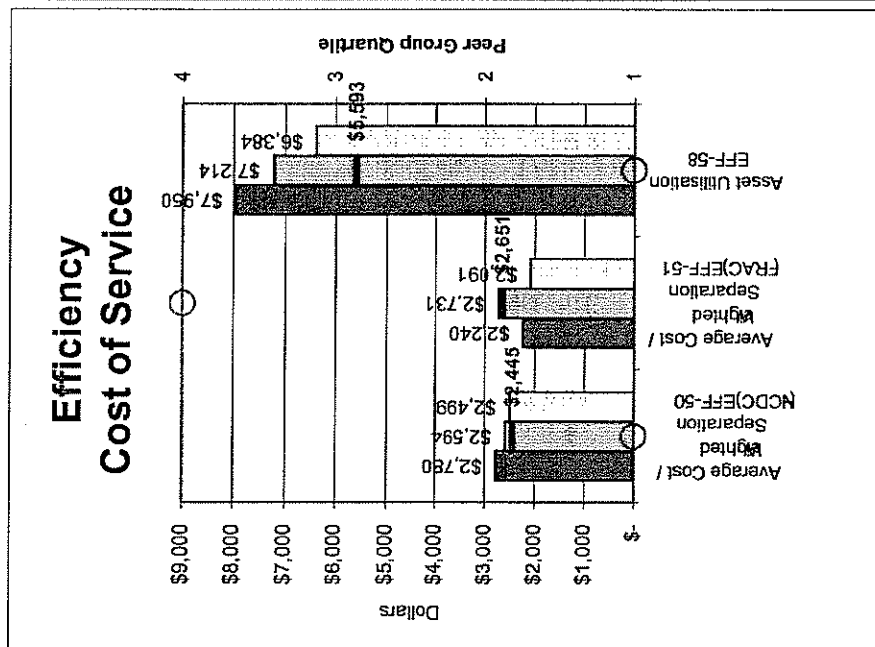
Peer Group Quartile

2003/04

2002/03

2001/02

* Indicator met outlier criteria



Notes:

12.6

Peer Group Median

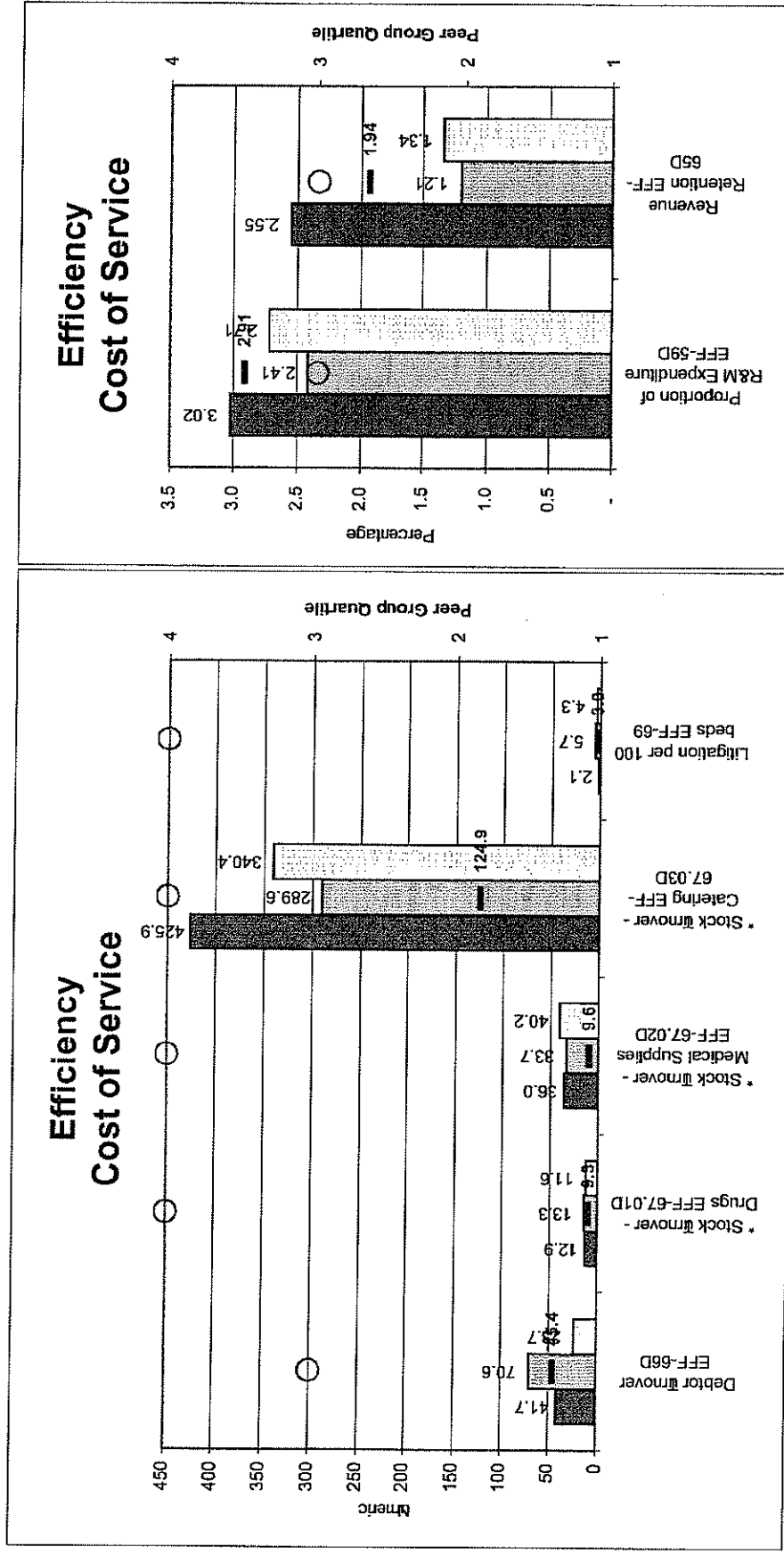
Peer Group Quartile

2003/04

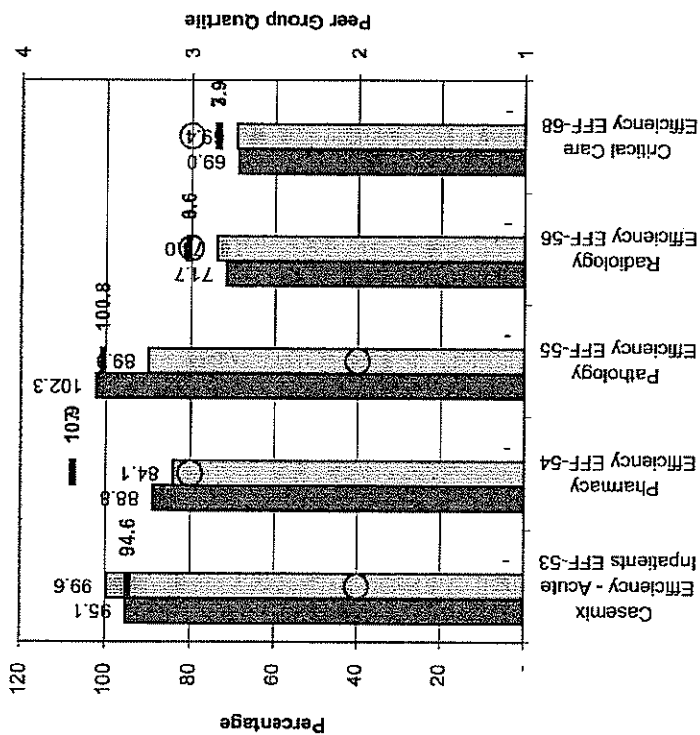
2002/03

2001/02

* Indicator met outlier criteria



Efficiency
Cost of Service



g	Description	200203	200102	200001	Peer 0203
O60D	Vaginal Delivery - Comp Diag	\$ 3,594.43	\$ 3,353.11	\$ 2,891.18	\$ 2,361.10
L61Z	Admit For Renal Dialysis	\$ 418.77	\$ 423.19	\$ 526.56	\$ 367.36
O01D	Caesarean Delivery - Comp Diag	\$ 5,592.50	\$ 5,108.21	\$ 4,456.06	\$ 5,085.69
U63B*	Major Affective Dstrd A<70-CSCC	\$ 9,854.14	\$ 6,431.92	\$ 5,919.35	\$ 6,981.33
F62B*	Heart Failure & Shock - CCC	\$ 4,160.03	\$ 3,308.48	\$ 3,018.36	\$ 3,232.64
F80B	Crc Dstrd+Aml-Inva Inve Pr-CSCC	\$ 3,739.19	\$ 3,802.86	\$ 3,719.02	\$ 3,739.19
F72B	Unstable Angina - CSCC	\$ 2,636.28	\$ 1,834.27	\$ 1,978.60	\$ 2,125.89
E65A	Chronic Obstruct Airway Dis+CSCC	\$ 5,481.93	\$ 4,853.05	\$ 3,936.80	\$ 4,367.37
U61A	Schizophrenia Disorders+MHLS	\$ 16,301.06	\$ 13,536.32	\$ 11,962.73	\$ 10,371.95
E62C*	Respiratory Infectn/Inflamm-CC	\$ 3,137.83	\$ 2,313.92	\$ 2,468.73	\$ 2,282.86

Notes:

— 12.6

Peer Group Median



Peer Group Quartile

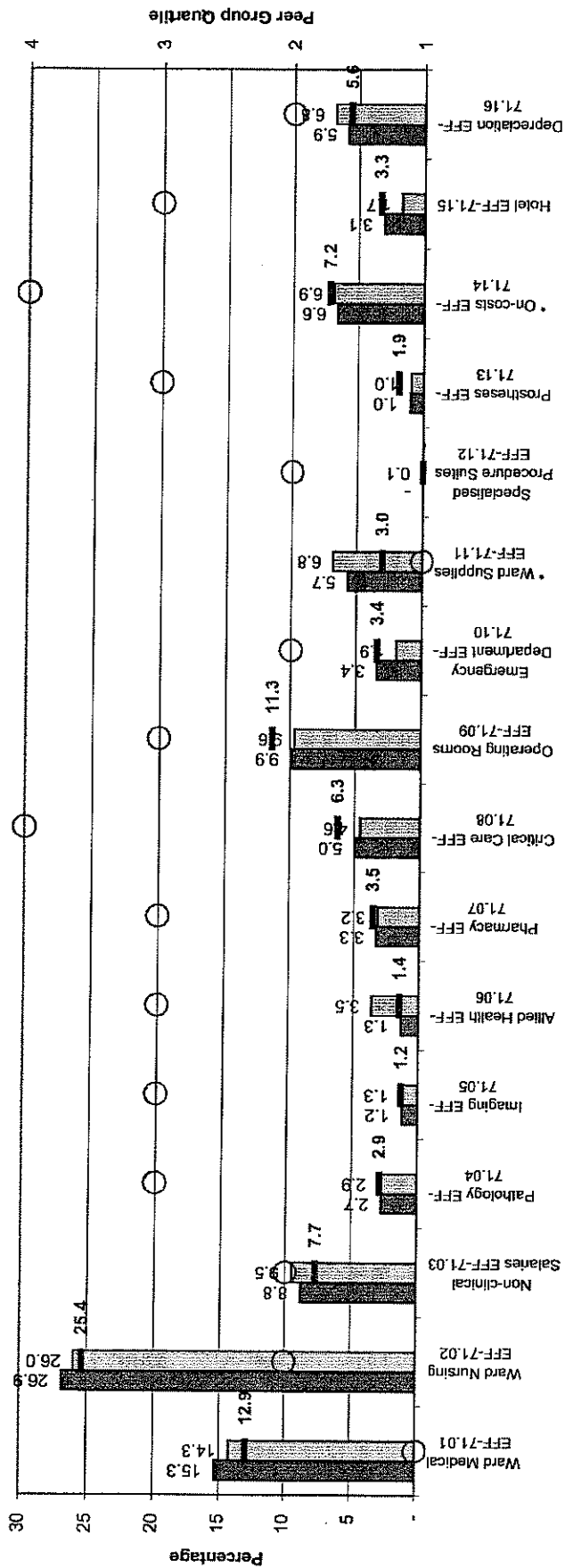
2003/04

2002/03

2001/02

* Indicator met outlier criteria

Efficiency Component Proportion of Total Cost

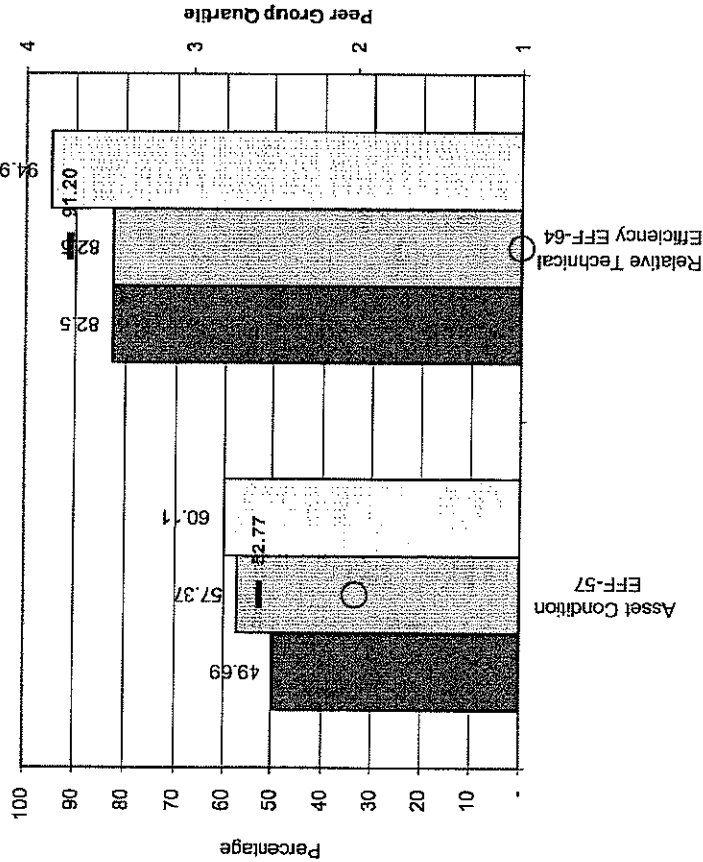


Notes: — 12.6 Peer Group Median
 ○ Peer Group Quartile
 ■ Indicator met outlier criteria

Bundaberg Hospital

Large

Efficiency Cost of Service



Bundaberg Hospital

Technical Efficiency	82.5%
Scale Efficiency	99.6%

Lambda Score of Peers

Outputs	2003/04	Target	Var	Redland Hospital	Ipswich Hospital
W/Seps	11,997	14,533	2,536	13,413	26,886
WOOS	4,619	5,845	1,226	5,681	7,657
W Other	758	1,021	263	881	2,569
Decreasing Returns to Scale					
Inputs					
Ord FTE	358.2	295.1	-63	329.4	675.7
Non Lab \$M	13,035	9,158	-3,878	10,277	20,678
GAV \$	95.37	46.17	-49	51.02	118.14
Increasing Returns to Scale					
Partial Productivity Measures					
for comparative purposes only					
W/Seps per FTE			33.49	40.72	39.79
WOOS per FTE			12.90	17.24	11.33
W Other per FTE			2.12	2.67	3.80
Non Lab \$ per FTE			36,393	31,198	30,599
W/Seps per GAV			125.79	262.88	227.58
Total Outputs per FTE			48.51	60.64	54.92

Notes:

12.6

Peer Group Median

Peer Group Quartile

2003/04

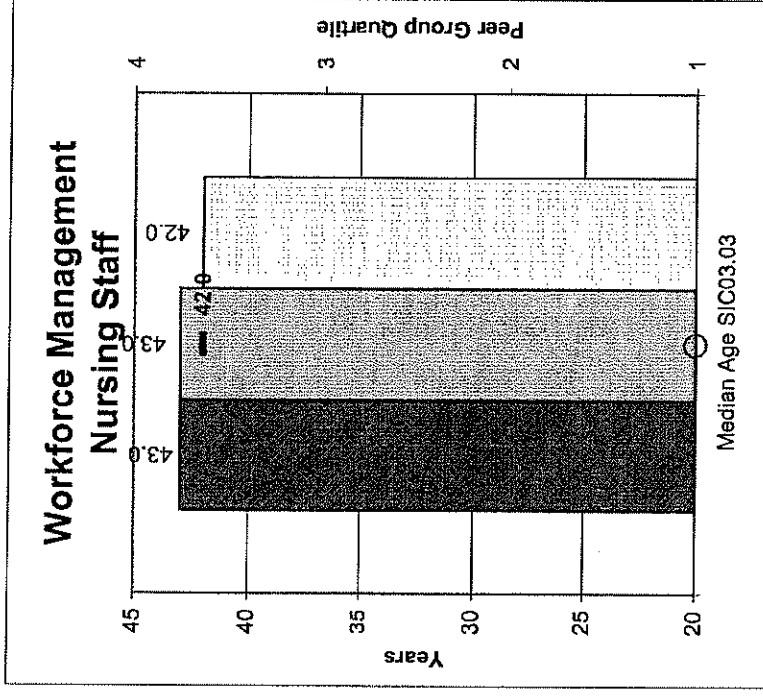
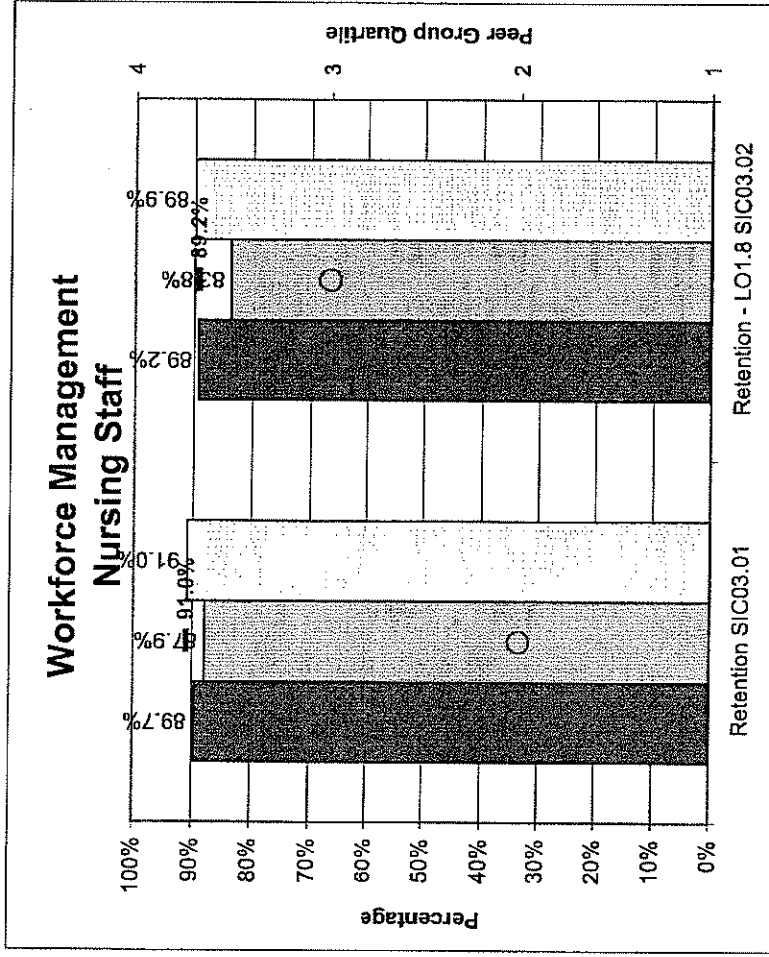
2002/03

2001/02

* Indicator met outlier criteria

Bundaberg Hospital

Large



Notes:

12.6

Peer Group Median
Peer Group Quartile

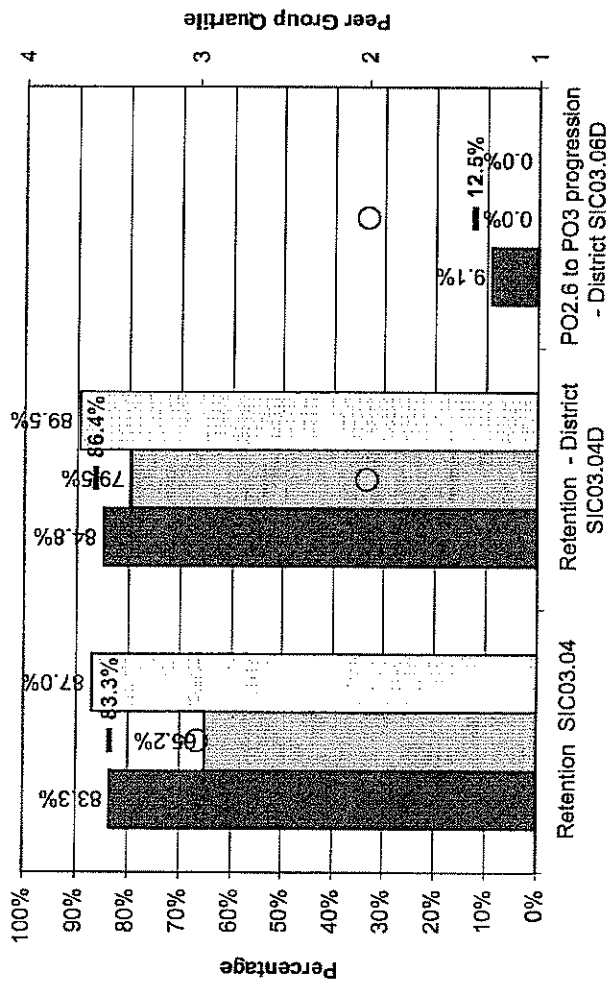
2003/04
2002/03

2001/02

* Indicator met outlier criteria

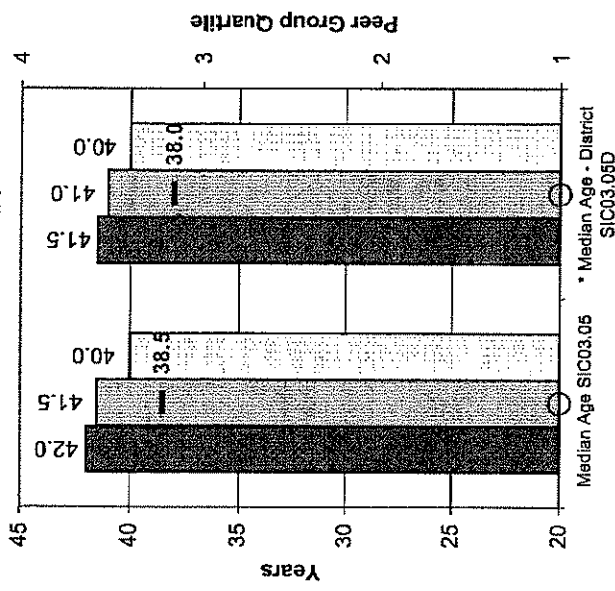
Bundaberg Hospital

Workforce Management Allied Health



Large

Workforce Management Allied Health



Notes:

12.6

Peer Group Median

Peer Group Quartile

2003/04

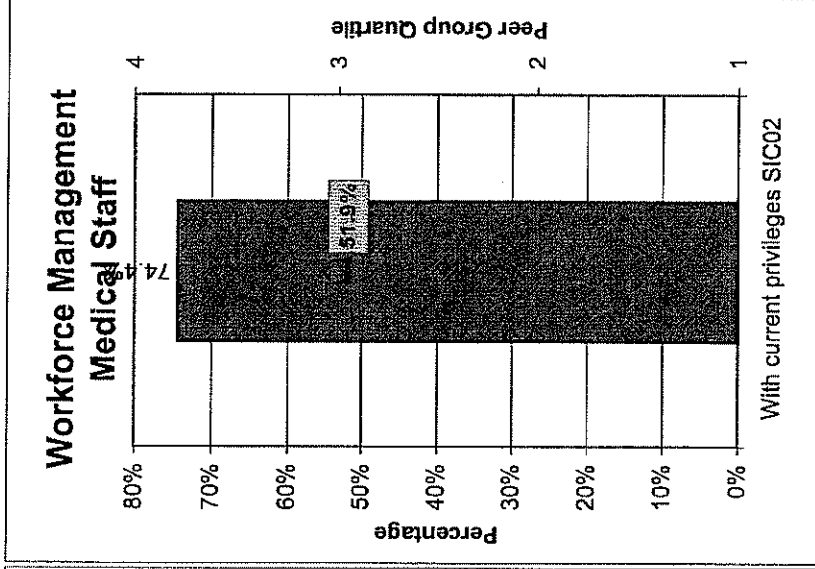
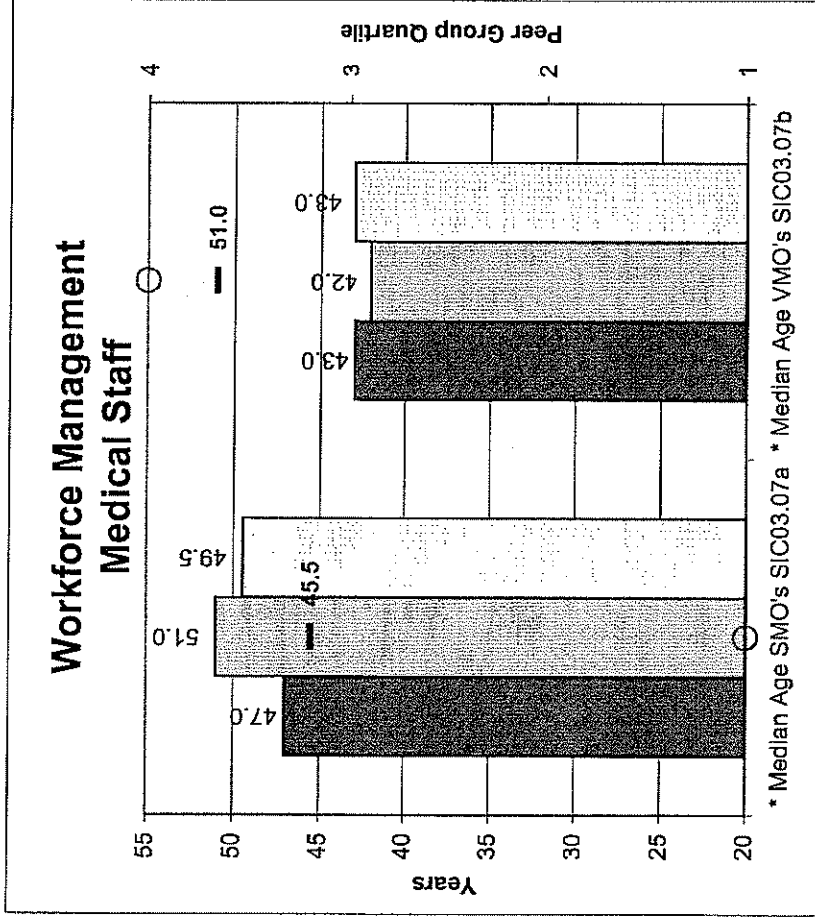
2002/03

2001/02

Indicator met outlier criteria

Bundaberg Hospital

Large



Notes:

12.6

Peer Group Median

Peer Group Quartile

2003/04

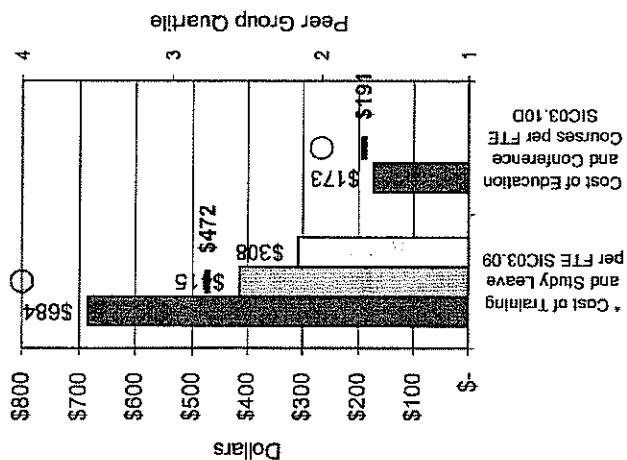
2002/03

2001/02

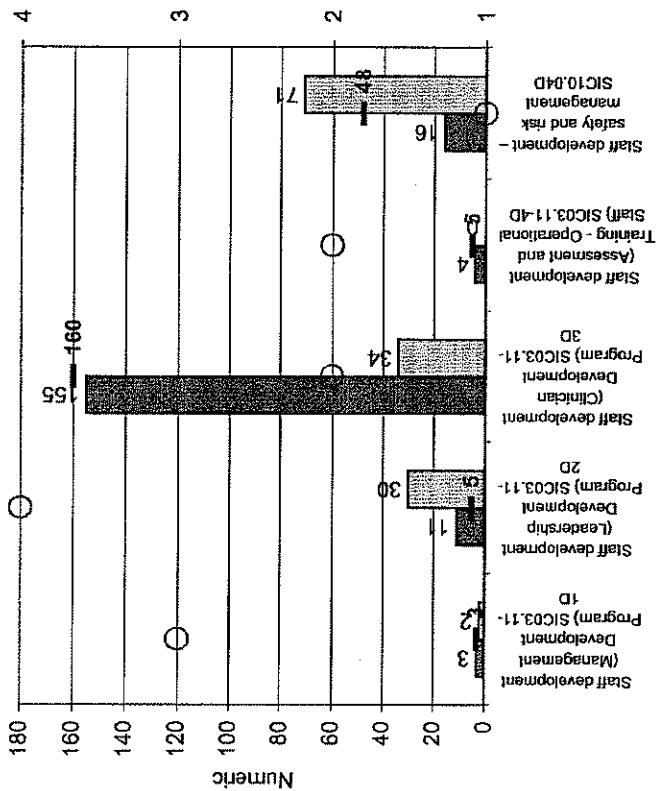
* Indicator met outlier criteria

Bundaberg Hospital

Workforce Management

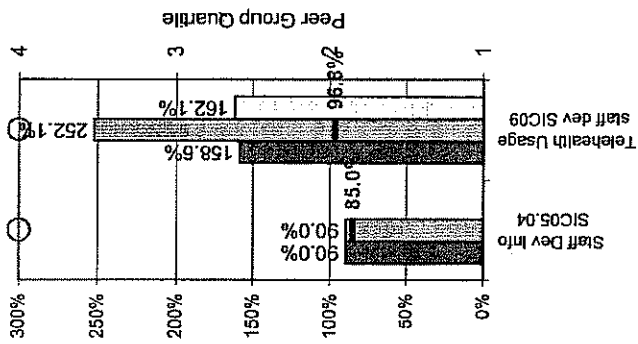


Workforce Management



Large

Workforce Management



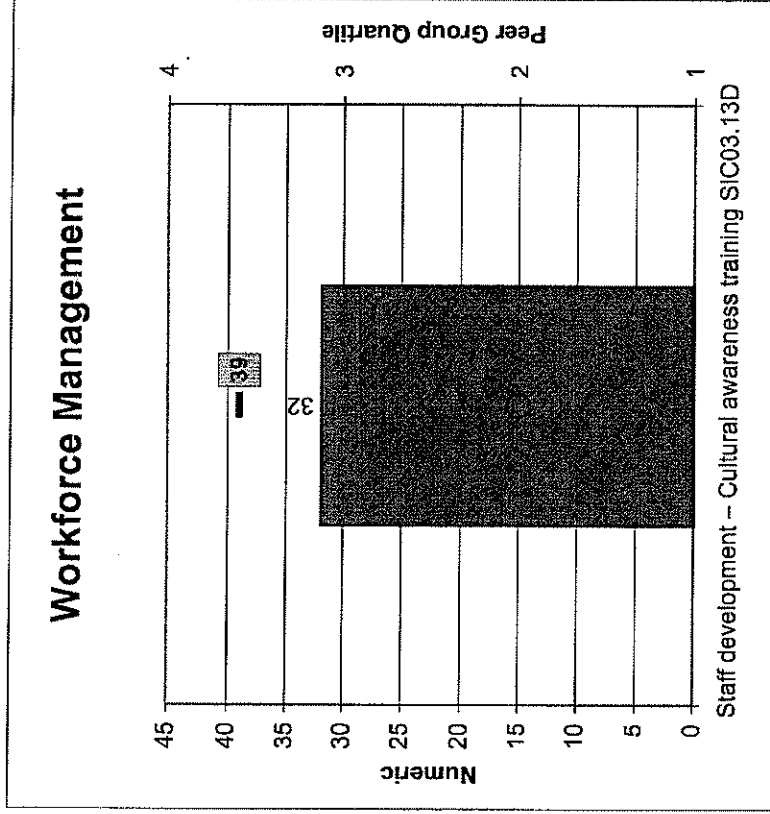
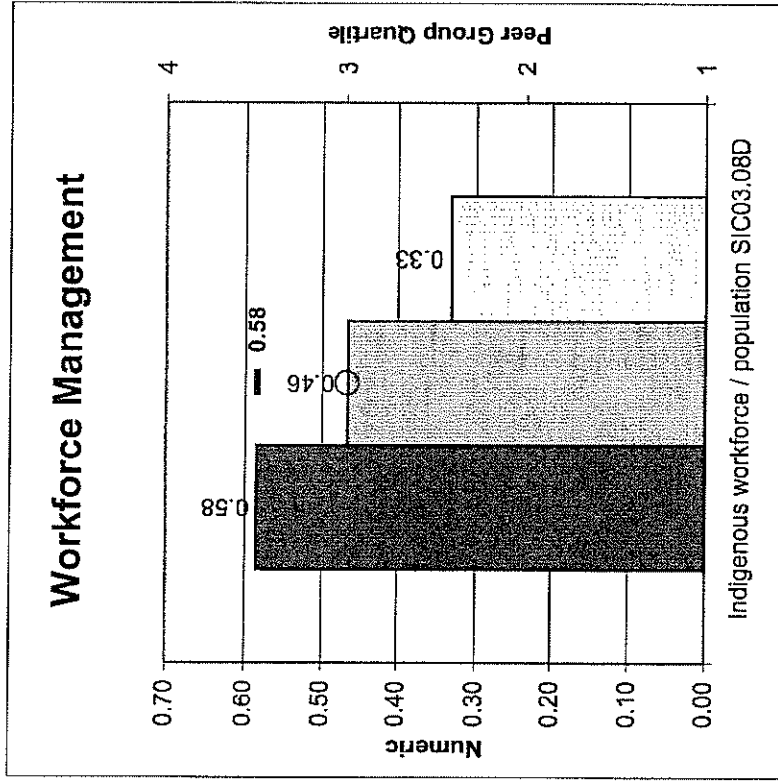
Notes: — 12.6 Peer Group Median
○ Peer Group Quartile

2003.04
2002.03

2001.02
Indicator met outlier criteria

Bundaberg Hospital

Large



Notes:

— 12.6

Peer Group Median

○

Peer Group Quartile

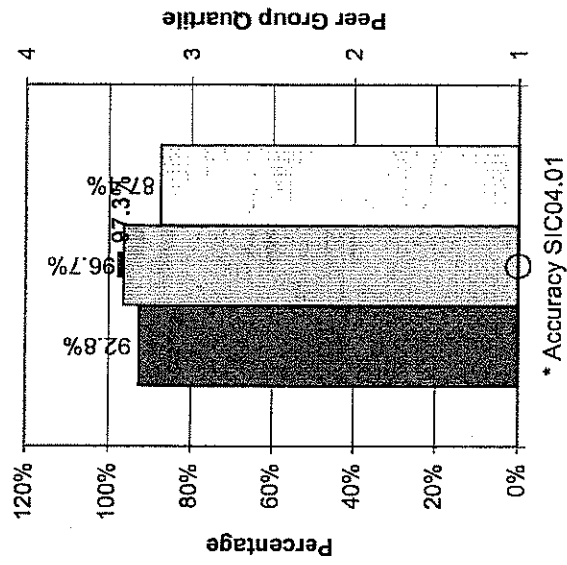
2003/04

2002/03

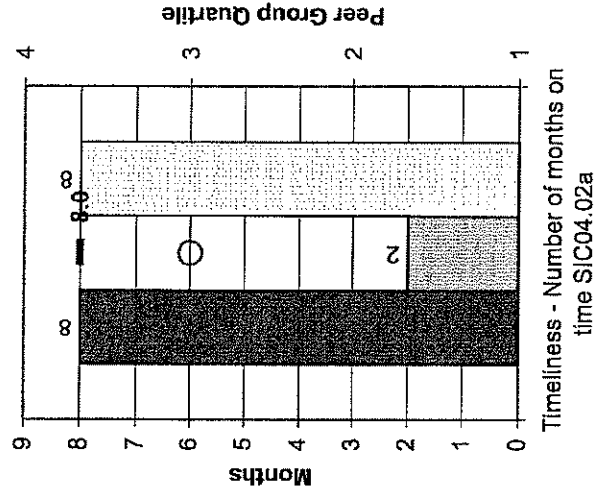
2001/02

* Indicator met outlier criteria

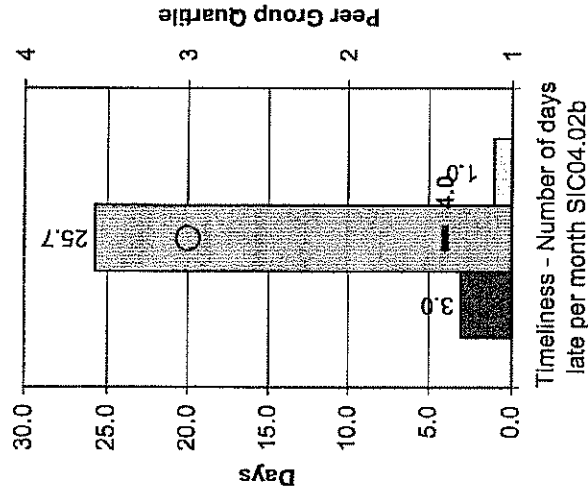
Quality and Use of Information



Quality and Use of Information



Quality and Use of Information



Notes:

— 12.6

Peer Group Median

○

Peer Group Quartile

2003/04

2002/03

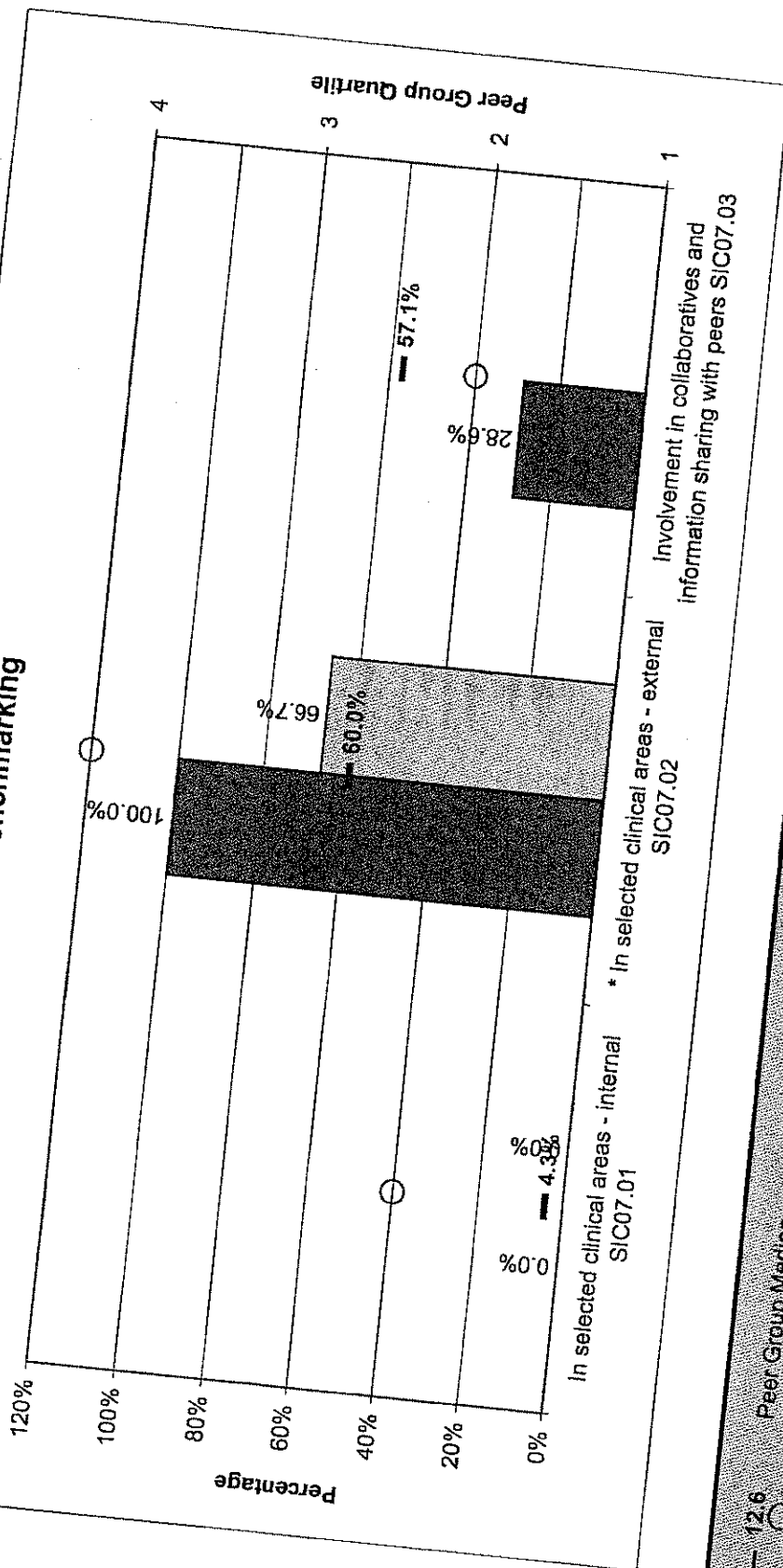
2001/02

* Indicator met outlier criteria

Bundaberg Hospital

Large

Benchmarking



2003/04
2002/03

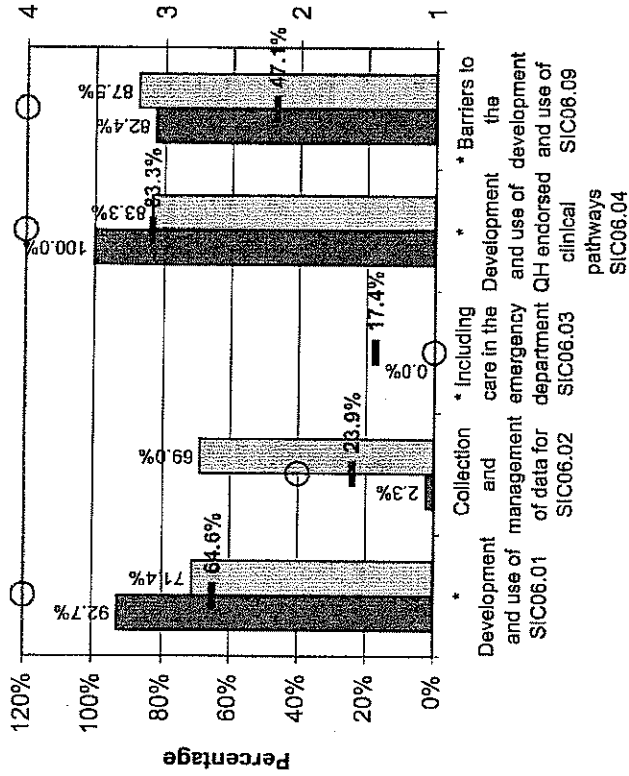
2001/02

Indicator met outlier criteria

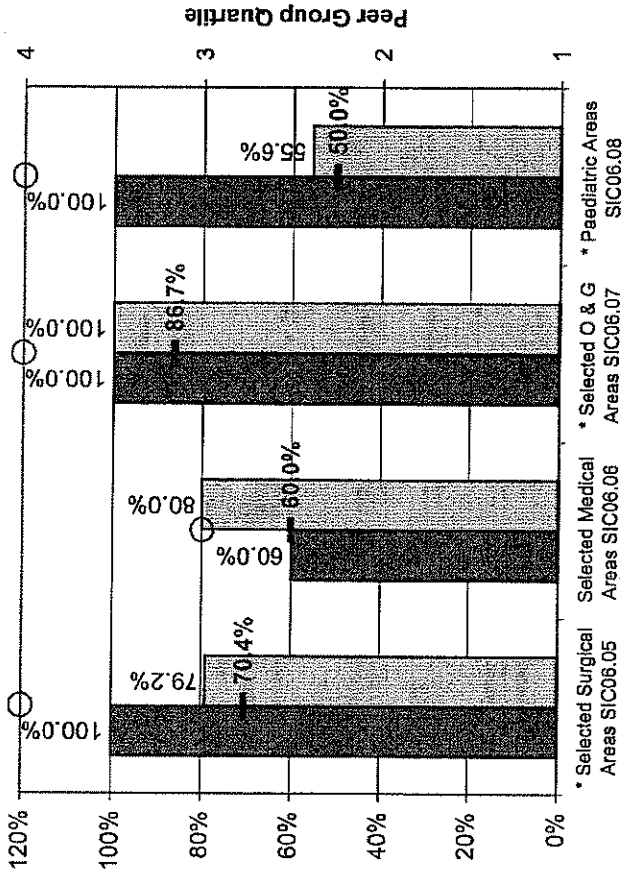
Bundaberg Hospital

Large

Standardised approaches to clinical management



Standardised approaches to clinical management



Notes:

— 12.6

Peer Group Median

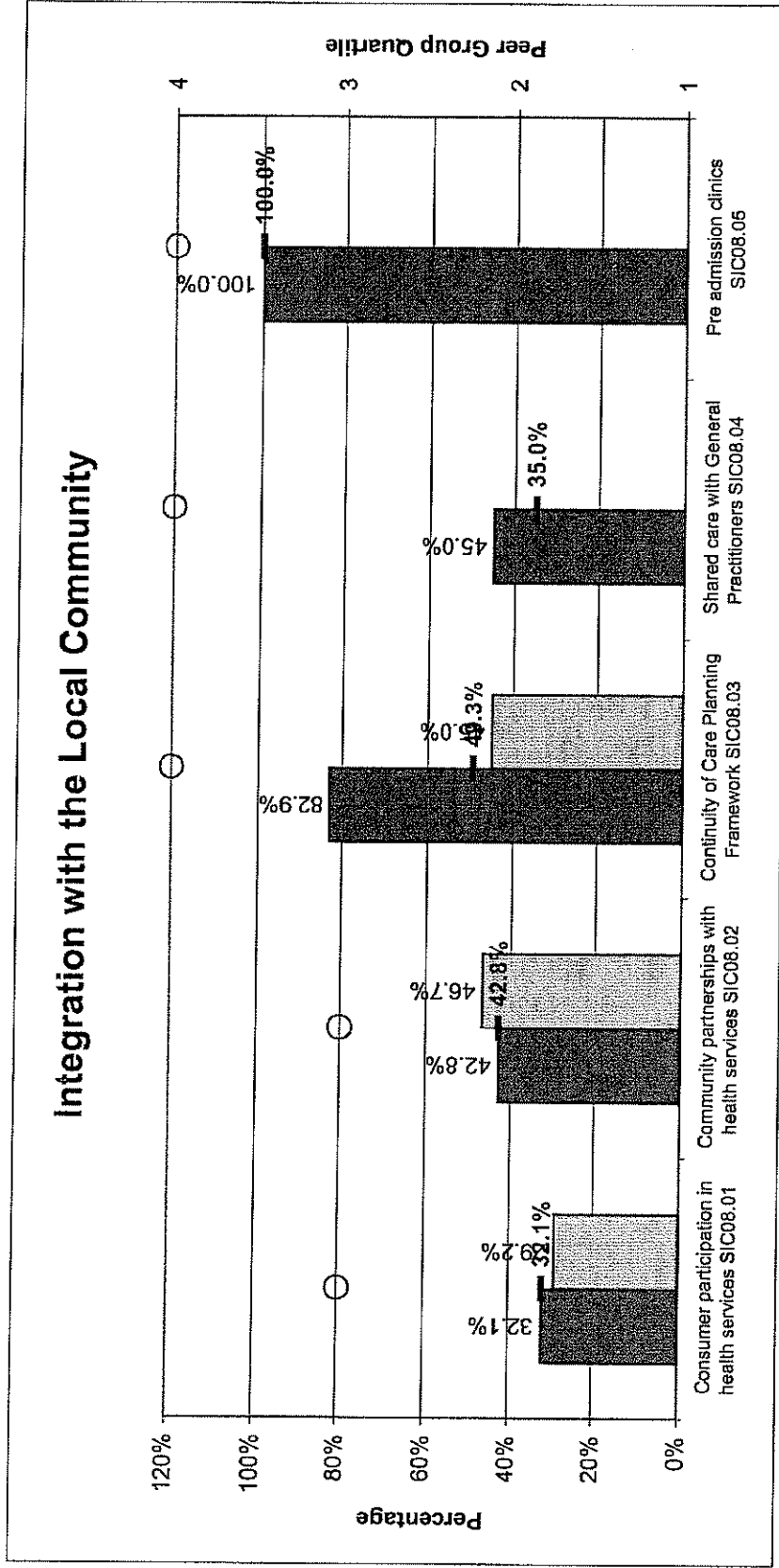
Peer Group Quartile

2003/04

2002/03

2001/02

Indicator met outlier criteria



Notes:

— 12.6

Peer Group Median

○

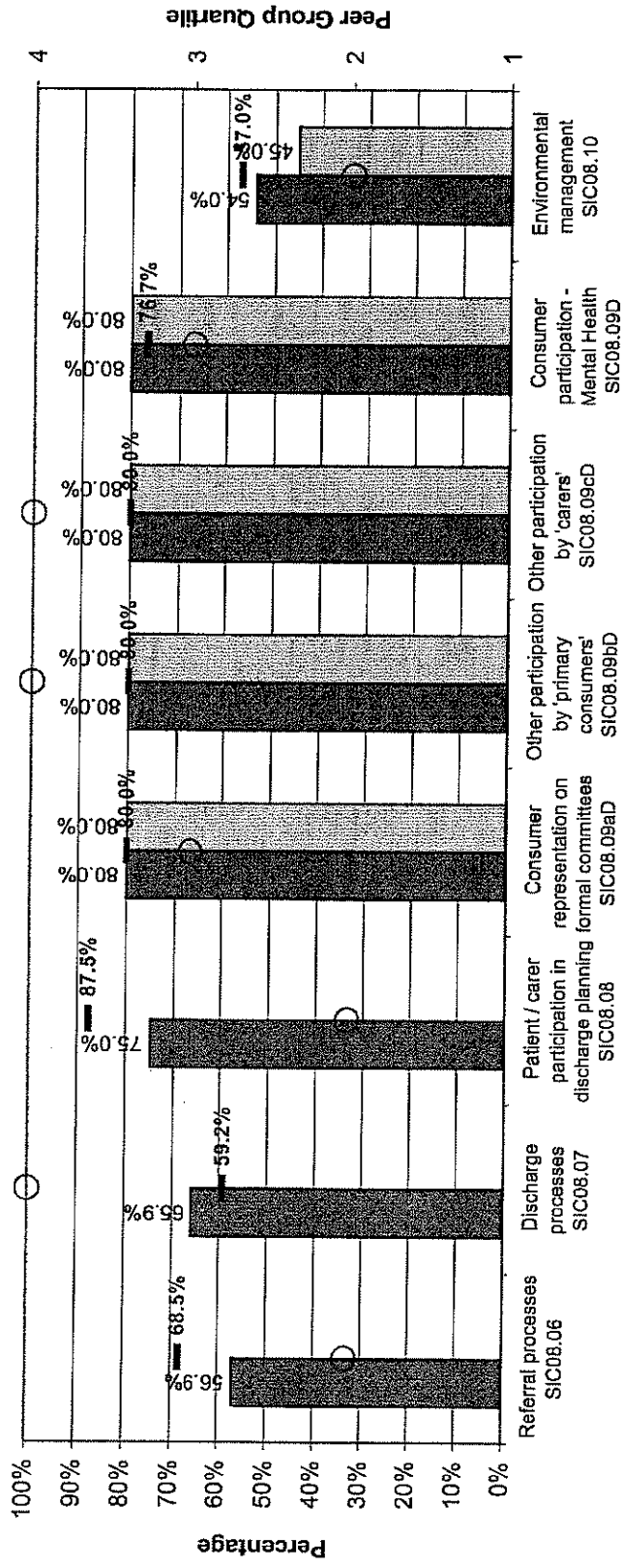
Peer Group Quartile

2003/04

2001/02

Indicator met outlier criteria

Integration with the Local Community



Notes:

12.6

Peer Group Median

○

Peer Group Quartile

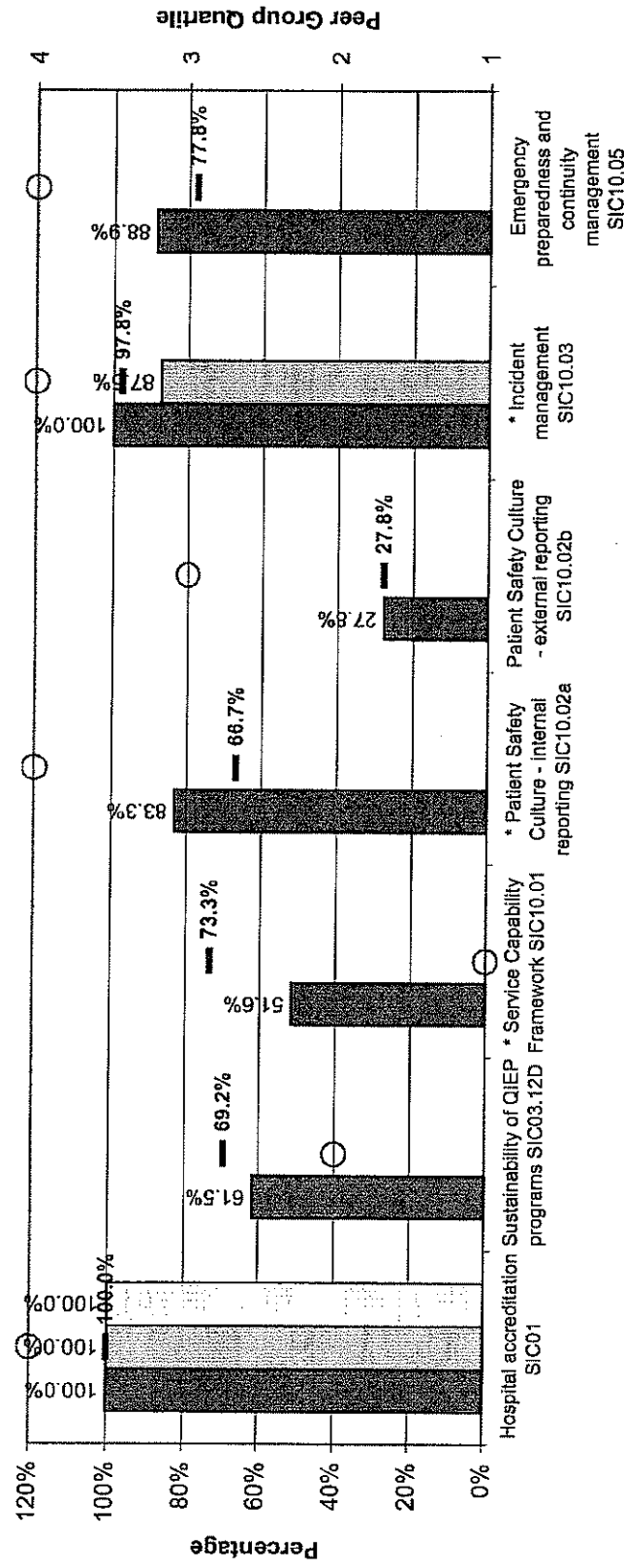
2003/04

2002/03

2001/02

* Indicator met outlier criteria

Quality and Safety



Notes:

— 12.6

Peer Group Median

Peer Group Quartile

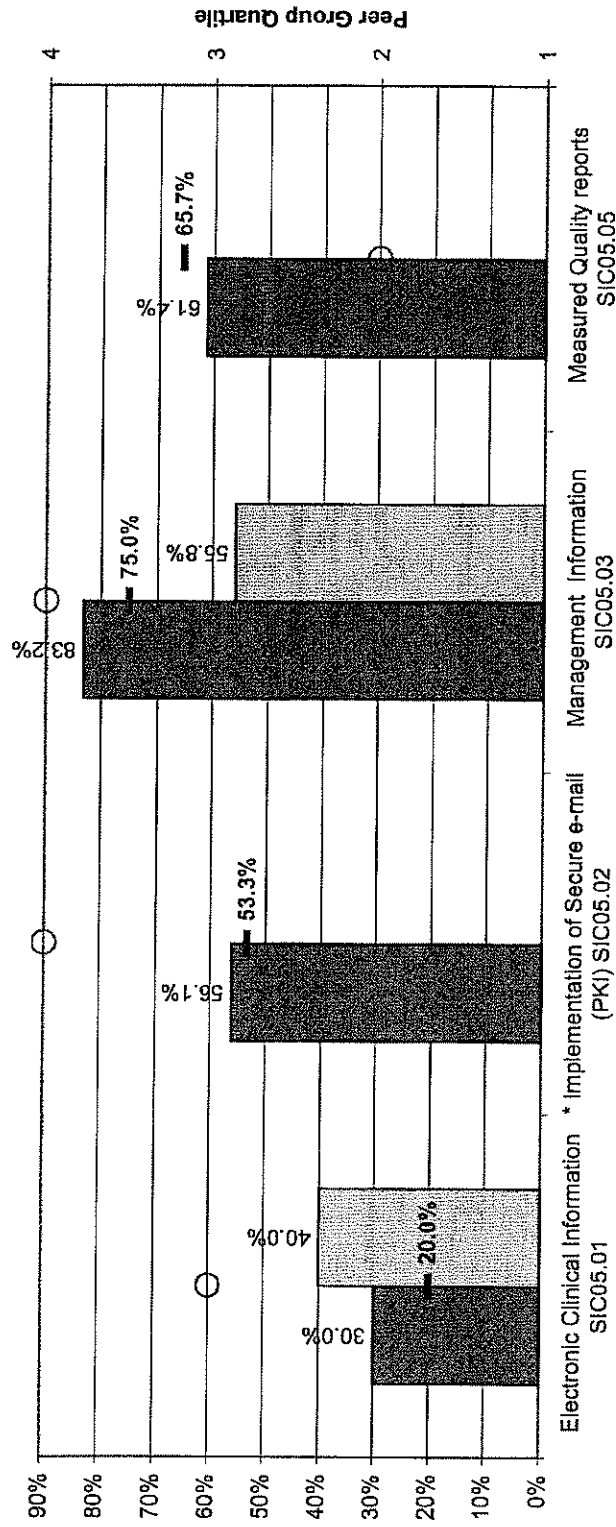
2003/04

2002/03

2001/02

* Indicator met outlier criteria

Availability and use of information



Notes:

— 12.6

Peer Group Median

Peer Group Quartile

2003/04

2002/03

2001/02

* Indicator met outlier criteria