

Michael Allsopp

CURRICULUM VITAE

Michael Bede ALLSOPP

Date of Birth:

Address:

HERVEY BAY Q 4655

Telephone: (07)

(07)

Email:

Status:

Education:

Secondary 1971 *Higher School Certificate
Christian Brothers College, Tamworth*

Tertiary 1986 *Bachelor of Business Degree, Nepean College of
Advanced Education (now University of Western Sydney)*

1996 *Master Business Administration
University of New England*

Other 1999 *Fellowship Australian College of Health Service
Executives*

1994 *Enterprise Bargaining Certificate - Mount Eliza Australian
Management College*

1995 *Quality Management Course- Australian Quality Council*

Interests: Golf, Touch Football, Squash, Camping, Sailing

Physical: Height: 180cm
Weight: 80kg

Professional: Fellow, Australian College of Health Service Executives.



EMPLOYMENT HISTORY

April 01-
Present.

QUEENSLAND HEALTH
Position: District Manager, Fraser Coast Health Service District
District Executive Service
Level 2 Position

Reporting to the Manager, Central Zone, Queensland Health, I am responsible for the management of the Health Service which includes: two Acute Hospitals totalling 210 beds, one Aged Care facility totalling 98 beds, comprehensive Community Health service and Mental Health service. Total staff employed are approximately 1000 and the annual operating budget is \$85M.

Responsibilities include:

- Leadership in the delivery of efficient, effective quality health services within allocated budget.
- Provision of support, information and advice to the Zonal Manager on issues impacting on the delivery of health services within the District.
- Work in conjunction with the District Health Council and other service providers within the District to ensure that services delivered are responsive to community need.
- Development of a service and operational plan optimising the District's health service resources through a consultative process.
- Participation on statewide committees including Information Services Advisory Board and Measured Quality Board.

Achievements during this time include:

- successful community consultation process to establish a Rehabilitation service and Extended Renal service for the District with funding reallocated from the transfer of Bayhaven residential care facility to the non government sector.
- development of a District Services Plan in consultation with the Unions through the District Consultative Forum, General Practitioners, St Stephen's Private Hospital, other district service providers and the District Health Council .
- restructured Maternity and Emergency Surgery services based on patient safety requirements.
- restructured services to achieve budget integrity and patient safety requirements.
- restructured management and reporting systems and responsibilities to ensure management effectiveness through devolution of responsibility and budgets to clinical service areas.
- negotiated workpractice reforms with various Unions to achieve service efficiency without industrial action.
- increased efficiency of the service in terms of benchmarked performance with peer Hospitals to now be in the leading quartile.
- led the organisation through achievement of ACHS accreditation.
- revision of District organisational and clinical governance structures.

April 99-
April 2001.

QUEENSLAND HEALTH
Position: Director of Finance, Royal Brisbane
and Royal Womens Health Service Districts
District Executive Service
Level 2 Equivalent Position
Recurrent Budget \$310M

Reporting to the District Manager and as a Director on the District Executive Committee this position is responsible for the leadership of the District financial services and budget management strategy. In particular the responsibilities of the position include:

- *development and implementation on an annual basis of a financial management plan for the achievement of specified activity/service targets within the \$297M recurrent budget allocated to RBH and \$50 allocated to RWH.*
- *close liaison with Divisional Directors in the negotiation of actions necessary to achieve budget in the terms of the overall District strategy.*
- *Chairperson of the District Finance Committee which is a sub-committee of the District Executive charged with the responsibility of advising on the financial management strategy development, implementation and management of operational variances.*
- *Chairperson of District Private Practice and Revenue Generation Steering Committee.*
- *responsible for ensuring that financial systems and practices operating within the District comply with Statutory and Queensland Health requirements.*
- *negotiation with Queensland Health Corporate Office in relation to all financial issues affecting the District.*
- *provision of consultancy services to other Health Service Districts and Zones in analysing financial performance and preparation of financial management plans.*

The restructuring of financial services and devolution of accountability to Divisions has resulted in annual anticipated savings of approximately \$200K with a 20% reduction in the financial services workforce.

As a result of those achievements I was awarded the District Managers Annual Award for Leadership in Management and Department Improvement for 2000.



Aug 1997-

Apr 1999

QUEENSLAND HEALTH

Position: Team Leader- Commissioning Royal Brisbane/
Royal Women's Hospitals, Redevelopment
Project. Project Budget \$511M.

District Executive Service Level 1 Position

Reporting directly to the District Manager the purpose of this position is to provide an interface between the Hospital community and the Project Design Team in the planning of services and facilities in the RBH/RWH Redevelopment Project. In particular the responsibilities of the position incorporate the following areas:

- identifying opportunities for process improvement and service rationalisations within existing health services to assist in achieving the Capital repayment requirements for the project.
- facilitating the resolution of service delivery, functional planning and master planning issues with the Hospital community.
- working with the Project Director and Architects to ensure the physical design of the buildings reflect the functional needs and optimise cost efficiencies.
- managing the effective and efficient decanting and staging activities required during the redevelopment processes and commissioning.

The major achievement during my occupancy of this position was the management of user groups with outcomes within the timeframes and budget allocated in the project plan.

Evidence of this planning was the successful Commissioning of the Royal Womens Hospital component of the Redevelopment in 2000.

Oct 1996 -

HEALTH MANAGEMENT IMPROVEMENTS

Jul 1997

Principal of private management consultancy business specialising in healthcare management

Apr 1996 -

QUEENSLAND HEALTH

Oct 1996

Position: Implementation Director - New Hervey Bay
Hospital
130 Acute Beds - Level 4/5
Senior Executive Service Level 1 Position

This position was responsible for the preparation and implementation of the transitional plan for services for the new Hervey Bay Hospital including: stakeholder consultation; recurrent budget preparation; recruitment strategies; project management plan (i.e. timetables/Gantt charts); staffing profiles; activity projections;

service range/ levels; private sector contracting options; industrial negotiations; ensuring that all planned services are cost effective in terms of Casemix funding and

efficiency benchmarked. During this period I developed a funding model for recurrent costs associated with Capital Works projects.

Mar 1992 - **WIDE BAY REGIONAL HEALTH AUTHORITY**

Apr 1996 Position: Assistant Regional Director
 Corporate Services

Region included 15 Hospitals, 4 Nursing Homes and
Recurrent Budget of \$98M (1995/96)
Senior Executive Service Level 1 Position

This position was the second most senior position in the Region and was responsible for executive support to the Regional Director in the operational management of the Wide Bay Regional Health Authority. In particular the position was focussed as one of change agent in driving the implementation of the healthcare reform agenda in providing client focussed, cost efficient and effective health services within the Regions \$98M recurrent budget.

Major achievements in this period included:

- service reviews resulting in recurrent productivity savings from improved nurse rostering, operating theatre management, hotel services, asset management and preventative maintenance programs totalling approximately \$3.8M per annum;
- design and implementation of a management information system reporting on financial, human resource and output performance;
- achievement of budget within each year with no audit qualifications;
- Casemix funded Hospitals within Region were most efficient on a Statewide benchmarking of Relative Efficiency Indicators;
- implementation of multi-disciplinary Quality Management structure producing continuous improvement in services particularly in relation to Clinical Pathways in a continuity of care model;
- introduction of Department/Centre management and reporting;
- review of financial, management and service structure of Townsville General Hospital resulting in the adoption of a 3 year business plan by Queensland Health;
- introduction of Enterprise Bargaining into Region being Chair of the Regional Consultative Forum;
- development of workplace health and safety strategies including early return to work initiatives;
- led review of staff development and training needs of Region and developed Middle Management training program;
- planning team member in needs assessment and project definition planning for major capital works projects of \$61M;
- development and negotiation of service agreements with Health Services;
- all service improvements and efficiencies achieved without any industrial disputation;

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As a member of the Regional Senior Executive, I had an integral role in the development, implementation and review of the Region's Strategic Plan particularly

with regard to resourcing strategies and operationalising those strategies through Business Plans and Service Agreements.

The position held line responsibility for human resource management including industrial relations/enterprise bargaining and Workplace Health and Safety; planning regional resource allocation and activity management strategies; information technology including regional information systems; Casemix; financial management and performance monitoring systems for the Region's Health Services; capital and minor works programs consistent with the Region's Strategic Plan and Queensland Health Corporate Plan.

The position was accountable for policy and statutory obligations under the position's control. e.g. Public Finance Standards, Health Services Act, Judicial Review Act, Anti-Discrimination Act, Equal Opportunity in Public Employment Act, PSMC Standards and Workplace Health and Safety Act. The position undertook the role of Regional Review Officer for Judicial Review and Senior Executive Responsible for Equal Opportunity for the Wide Bay Region.

Consultation with, and advice to, the Health Service Executive Officers as well as advocacy on their behalf to Central Office were important roles of the position in maintaining effective organisational communication. There was also a requirement to liaise with professional bodies, tertiary institutions, community groups and other government agencies and to act as a spokesperson on Regional finance and administrative matters as appropriate.

Developed Quality Management programs throughout the Region to monitor and evaluate the quality, appropriateness and financial efficiency of health service provision within the Region and identify investment opportunities for improvement. Represented the region in industrial negotiations including Chairperson of Regional Consultative Forum for Enterprise Bargaining.

Whilst in this position, I also participated on Statewide Committees including Casemix, Information Management and Resource Allocation. In addition, I relieved the position of Queensland Health, Director of Finance for the State as well as from time to time providing consultancy services in business planning for other Regions.

Relieved the position of Regional Director when that officer was on leave.

Sept 1986 - **TAMWORTH BASE HOSPITAL AND
 HEALTH SERVICE**
Mar 1992 *Position: Deputy Chief Executive Officer*
 312 Acute Beds - Level 4/5

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Similar to the abovementioned position, but on a smaller scale, the position was one of general management responsible for the operational management of the Hospital particularly in relation to the areas of : finance; human resources including industrial relations; information technology; engineering services and capital works.

The position worked as part of an effective Senior Executive including Chief Executive Officer, Medical Superintendent, Director of Nursing and Director of Community Health

Services in strategic planning as well as operational management in ensuring quality service provision within budget allocation.

Major achievements in this period included :

- *capital works expansion including Aged Care, Rehabilitation, Mental Health facilities, ward refurbishment and re-equipping;*
- *service expansion into specialist areas i.e Breast Screening, Occupational Rehabilitation, CT Services;*
- *introduction of Quality Management structure and process principles;*
- *introduction of Department/ Cost Centre management and reporting;*
- *improved efficiency of Hotel services areas by 18%;*
- *introduced Workplace Health and Safety programs including rehabilitation and early return to work strategies;*
- *introduction of planned preventative maintenance/ asset management programs;*
- *Hospital was most cost efficient Base Hospital in NSW ;*
- *all service improvements and efficiencies achieved without industrial disputation.*

Represented the Hospital in industrial negotiations.

Attended full Board meetings and was a member of relevant committees including Finance, House and Works as well as Chair of the Administration and Environmental Services Committee.

Relieved the Chief Executive Officer when that officer was on leave.

Dec 1985 - **ST VINCENT'S HOSPITAL, SYDNEY.**
Sept 1986 **Position: Financial Accountant**
 590 Acute Beds - Level 5/6

This position was responsible for the financial accounting, revenue, private practice and assets management functions of the Hospital.

Major achievement during this time was the introduction of Department/Cost Centre management and reporting throughout the Hospital; introduction of new financial management software; successful costing and funding applications for AIDS, Heart Transplant and Bone Marrow Transplant programs.

Duties involved the supervision of the various areas of responsibility, including the implementation of the new computer programs, and ensuring that timely reports were submitted to Department Managers, Board of Directors and Department of Health.

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In addition, at that time I was involved in the costing and negotiation with Department of Health, at a Federal and State level with regard to the AIDS, Heart Transplant and Bone Marrow Transplant programs.

Relieved the Chief Accountant when that officer was on leave.

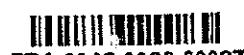
**Feb 1982- ST. VINCENT'S HOSPITAL, SYDNEY.
Dec 1985 Position: Employee Services Manager**

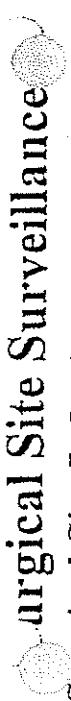
This position was responsible for leading the provision of the following infrastructure functions within the Hospital: Personnel and Industrial Relations; Payroll; Staff Development and Training; Employee Assistance Scheme; Equal Employment Opportunity and Anti discrimination, Occupational Health and Safety.

Major achievements included: introduction of computerised staff establishment system; staff costing program; introduction of employee assistance program; introduction of staff appraisal system; achievement of major staff efficiencies in review of cleaning services; introduction of workplace health and safety program (before it was legislated)

**Feb 1972 - NSW PUBLIC SERVICE
Feb 1982**

During this period, I worked in several junior/senior clerical and junior management in the Attorney Generals Department, Cumberland College of Health Sciences but predominantly within the NSW Health Department. These roles varied and included: finance; personnel and staff development; office manager; ministerial correspondence; training officer and general clerical.





eICAT
Surgical Site Infection Surveillance System
Version 1.0, 2002

HERVEY BAY HOSPITAL, MARYBOROUGH

Date Range: 01/07/2002 - 31/12/2002

Specialty: orthopaedic

Class: All

		In-hospital Infection			Post Discharge Infection								
		Total Operations:	Superficial:	Deep:	OrganSpace:	Total:	Rate:	Superficial:	Deep:	OrganSpace:	Total:	Rate:	Overall Rate:
	HERVEY BAY HOSPITAL												
49318-00	Total Hip Replacement	9	1	0	0	1	11.11%	0	0	0	0	0.00%	11.11%
49518-00	Total Knee Replacement	25	0	0	0	0	0.00%	1	0	0	1	4.00%	4.00%
	MARYBOROUGH HOSPITAL												
49318-00	Total Hip Replacement	8	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
49518-00	Total Knee Replacement	25	0	0	0	0	0.00%	1	0	0	1	4.00%	4.00%

Print Date: 5/07/2005
Data Date: 5/07/2005

Printed by: Dr. John T. Akers, MD, FRCR
Reviewed by: Dr. John T. Akers, MD, FRCR

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49318-00	Total Hip Replacement	9	1	0	0	11.11%	0	0	0	0.00%	0	0	11.11%
MRN	SURNAME	Procedure Date	Consultant	Surgeon	Class	ASA	Infection	Infection Type	Organism				
0053372		14/11/2002	Naidoo	Naidoo	clean	3	No infection	No infection					
007340		26/03/2002	Naidoo	Naidoo	clean	3	No infection	No infection					
009287		24/09/2002	Naidoo	Naidoo	clean	4	No infection	No infection					
021628		26/02/2002	Naidoo	Naidoo	clean	2	No infection	No infection					
029566		03/04/2002	Mullen	Mullen	clean	1	No infection	No infection					
030273		30/07/2002	Naidoo	Naidoo	clean	2	In hospital	Superficial incisional	other				
031855		16/04/2002	Naidoo	Naidoo	clean	3	No infection	No infection					
033738		30/04/2002	Naidoo	Naidoo	clean	2	No infection	No infection					
070057		08/10/2002	Naidoo	Naidoo	clean	2	No infection	No infection					

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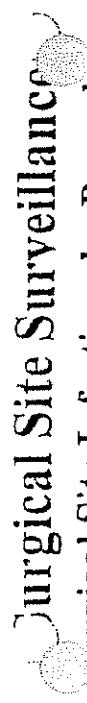


MRN	Procedure Date	Consultant	Surgeon	Class	ASA	Infection	Infection Type	Organism
002358	09/07/2002	Khursandi	Khursandi	clean	1	No infection		
002645	19/11/2002	Khursandi	Khursandi	clean	3	No infection	No infection	
003172	20/06/2002	Khursandi	Khursandi	clean	2	No infection	No infection	
007342	31/03/2002	Khursandi	Khursandi	clean	2	No infection	No infection	
017240	21/10/2002	Naidoo	Naidoo	clean	2	No infection	No infection	
025174	23/07/2002	Khursandi	Khursandi	clean	3	No infection	No infection	
025334	31/01/2002	Khursandi	Khursandi	clean	2	No infection	No infection	
025545	02/07/2002	Khursandi	Khursandi	clean	3	No infection	No infection	
026733	23/10/2002	Naidoo	Naidoo	clean	3	No infection	No infection	
035323	12/08/2002	Naidoo	Naidoo	clean	2	No infection	No infection	
036911	30/09/2002	Naidoo	Naidoo	clean	0	No infection	No infection	
042593	23/05/2002	Khursandi	Khursandi	clean	3	No infection	No infection	
042922	20/08/2002	Khursandi	Khursandi	clean	2	No infection	No infection	
043700	16/05/2002	Khursandi	Khursandi	clean	0	No infection	No infection	
046336	27/04/2002	Khursandi	Khursandi	clean	2	No infection	No infection	
048337	04/04/2002	Khursandi	Khursandi	clean	2	No infection	No infection	
052478	02/09/2002	Naidoo	Naidoo	clean	3	No infection	No infection	
056653	21/03/2002	Khursandi	Khursandi	clean	2	No infection	No infection	
059161	18/07/2002	Khursandi	Khursandi	clean	3	No infection	No infection	
064774	24/09/2002	Khursandi	Khursandi	clean	2	No infection	No infection	
067123	26/08/2002	Naidoo	Naidoo	clean	2	No infection	No infection	
072883	07/10/2002	Naidoo	Naidoo	clean	2	No infection	No infection	
081906	17/09/2002	Khursandi	Khursandi	clean	2	No infection	No infection	

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	Date	Surgeon	Wound Status	Post Discharge	Notes
081945	09/05/2002	Khursandi	clean	3	No infection
093607	11/11/2002	Naidoo	clean	2	Post Discharge Superficial [incisional]



eICAT
electronic Infection Control Audit Tool

Surgical Site Infections by Procedure
HERVEY BAY HOSPITAL, MARYBOROUGH

Date Range: 11/07/2003 - 31/12/2003

Specialty: orthopaedic

Class: All

		In-hospital Infection			Post Discharge Infection								
		Total Operations:	Superficial:	Deep:	OrganSpace:	Total:	Rate:	Superficial:	Deep:	OrganSpace:	Total:	Rate:	Overall Rate:
	HERVEY BAY HOSPITAL												
49318-00	Total Hip Replacement	16	2	0	0	2	12.50%	0	0	0	0	0.00%	12.50%
49518-00	Total Knee Replacement	19	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
	MARYBOROUGH HOSPITAL												
49318-00	Total Hip Replacement	13	0	0	0	0	0.00%	0	0	0	0	0.00%	0.00%
49518-00	Total Knee Replacement	25	0	0	0	0	0.00%	2	0	0	2	8.00%	8.00%

Print Date: 5/07/2005
Data Date: 5/07/2005

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MIRN	Total Hip Replacement	Procedure Date	Consultant	Surgeon	Class	ASA	Infection	Infection Type	Organism
000019	16	02/07/2003	Naidoo	Naidoo	clean	3	No infection	No infection	
000327	2	23/09/2003	Naidoo	Naidoo	clean	3	Inhospital	Superficial incisional	Mixed enterics
002261	0	14/05/2003	Naidoo	Naidoo	clean	2	No infection	No infection	
029628	0	22/10/2003	Naidoo	Naidoo	clean	3	No infection	No infection	
031158	0	18/11/2003	Naidoo	Naidoo	clean	4	No infection	No infection	
034039	0	28/05/2003	Naidoo	Naidoo	clean	3	No infection	No infection	
047910	0	28/05/2003	Naidoo	Naidoo	clean	2	No infection	No infection	
049743	0	29/04/2003	Naidoo	Naidoo	clean	3	No infection	No infection	
057114	0	25/07/2003	Naidoo	Naidoo	clean	2	No infection	No infection	
057804	0	01/07/2003	Naidoo	Naidoo	clean	2	No infection	No infection	
057895	0	25/07/2003	Naidoo	Naidoo	clean	2	No infection	No infection	
062450	0	04/06/2003	Naidoo	Naidoo	clean	3	No infection	No infection	
065710	0	07/05/2003	Naidoo	Naidoo	clean	3	No infection	No infection	
071424	0	13/05/2003	Naidoo	Naidoo	clean	0	Inhospital	Superficial incisional	Staphylococcus aureus
085687	0	12/06/2003	Naidoo	Naidoo	clean	2	No infection	No infection	
087589	0	01/03/2003	Kwan	Kwan	clean	2	No infection	No infection	

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49518-00 Total Knee Replacement		25	1	0	0	0	0.00%	2	0	0	2	8.00%	1	8.00%
MRN		Procedure Date	Consultant	Surgeon	Class	ASA	Infection	Infection Type	Organism					
000194		20/05/2003	Khursandi	Khursandi	clean	0	No infection	No infection						
000474		09/12/2003	Khursandi	Khursandi	clean	2	Post Discharge	Superficial incisional						
001007		16/09/2003	Khursandi	Khursandi	clean	2	No infection	No infection						
001322		14/01/2003	Khursandi	Khursandi	clean	3	No infection	No infection						
005495		30/09/2003	Khursandi	Khursandi	clean	3	No infection	No infection						
006983		23/01/2003	Khursandi	Khursandi	clean	2	No infection	No infection						
020045		11/5/10/2003	Khursandi	Khursandi	clean	0	No infection	No infection						
028817		10/06/2003	Khursandi	Khursandi	clean	2	No infection	No infection						
031677		09/09/2003	Khursandi	Khursandi	clean	3	No infection	No infection						
042752		02/10/2003	Khursandi	Khursandi	clean	2	No infection	No infection						
046100		13/05/2003	Khursandi	Khursandi	clean	3	No infection	No infection						
047409		25/11/2003	Khursandi	Khursandi	clean	0	No infection	No infection						
048337		07/10/2003	Khursandi	Khursandi	clean	2	Post Discharge	Superficial incisional	Streptococcus sp.					
064601		24/06/2003	Khursandi	Khursandi	clean	3	No infection	No infection						
067923		04/11/2003	Khursandi	Khursandi	clean	2	No infection	No infection						
068850		05/08/2003	Khursandi	Khursandi	clean	3	No infection	No infection						
077598		03/06/2003	Khursandi	Khursandi	clean	0	No infection	No infection						
078469		21/10/2003	Khursandi	Khursandi	clean	2	No infection	No infection						
081749		06/05/2003	Khursandi	Khursandi	clean	2	No infection	No infection						
082100		16/12/2003	Khursandi	Khursandi	clean	3	No infection	No infection						
084457		18/11/2003	Khursandi	Khursandi	clean	3	No infection	No infection						
085601		11/11/2003	Khursandi	Khursandi	clean	3	No infection	No infection						
091186		31/07/2003	Khursandi	Khursandi	clean	2	No infection	No infection						

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09161

28/10/2003

clean

Khursandi

3

No infection

096884

10/07/2003

clean

Khursandi

2

No infection

|||||||
FRA.0002.0002.00045

Surgical Site Surveillance

Surgical Site Infections by Procedure

HERVEY BAY HOSPITAL, MARYBOROUGH

Date Range: 1/1/2004 - 31/12/2004

Specialty: orthopaedic

Class: All

Total Operations:	In-hospital Infection			Post Discharge Infection	Overall Rate:
	Superficial:	Deep:	OrganSpace:		
HERVEY BAY HOSPITAL					
49318-00 Total Hip Replacement	20	0	0	0.00%	0.00%
49518-00 Total Knee Replacement	27	0	0	0.00%	0.00%
MARYBOROUGH HOSPITAL					
49318-00 Total Hip Replacement	10	0	0	0.00%	0.00%
49518-00 Total Knee Replacement	34	0	0	0.00%	0.00%

Print Date: 5/07/2005
 Data Date: 5/07/2005

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49518-00		Total Knee Replacement		27		0		0		0		0		0		3		0		0		3		0		3		11.11%			
0	MRN	SURNAME		Procedure Date	Consultant	Surgeon	Class	ASA	Infection		Infection Type		Organism																		
	000352			02/06/2004	Naidoo	Naidoo	clean		3	Post Discharge		Superficial Incisional																			
	007753			04/02/2004	Naidoo	Naidoo	clean		2	No infection		No infection																			
	010422			26/05/2004	Naidoo	Naidoo	clean		3	No infection		No infection																			
	015516			28/04/2004	Naidoo	Naidoo	clean		3	Post Discharge		Superficial incisional																			
	017178			04/02/2004	Naidoo	Naidoo	clean		3	No infection		No infection																			
	021881			16/06/2004	Naidoo	Naidoo	clean		2	No infection		No infection																			
	023884			11/05/2004	Naidoo	Naidoo	clean		3	No infection		No infection																			
	024351			16/11/2004	Naidoo	Naidoo	clean		3	No infection		No infection																			
	030736			13/07/2004	Naidoo	Naidoo	clean		3	No infection		No infection																			
	030829			08/06/2004	Naidoo	Naidoo	clean		3	No infection		No infection																			
	0311880			06/10/2004	Mullen	Mullen	clean		2	No infection		No infection																			
	034604			23/11/2004	Naidoo	Naidoo	clean		3	No infection		No infection																			
	044193			09/06/2004	Mullen	Mullen	clean		2	No infection		No infection																			
	044270			16/06/2004	Naidoo	Naidoo	clean		2	No infection		No infection																			
	047640			18/02/2004	Naidoo	Naidoo	clean		2	No infection		No infection																			
	049743			03/02/2004	Naidoo	Naidoo	clean		3	No infection		No infection																			
	055441			18/02/2004	Naidoo	Naidoo	clean		2	No infection		No infection																			
	056164			03/11/2004	Mullen	Mullen	clean		2	No infection		No infection																			
	058194			17/03/2004	Mullen	Mullen	clean		2	Post Discharge		Superficial incisional																			
	058511			14/01/2004	Naidoo	Naidoo	clean		3	No infection		No infection																			
	058716			23/06/2004	Naidoo	Naidoo	clean		2	No infection		No infection																			
	059378			27/04/2004	Naidoo	Naidoo	clean		3	No infection		No infection																			
	061578			21/01/2004	Naidoo	Naidoo	clean																								

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064199	12/10/2004	Naidoo	Naidoo	clean	2	No infection
064369	10/02/2004	Naidoo	Naidoo	clean	3	No infection
070088	04/08/2004	Mullen	Mullen	clean	3	No infection
095778	06/08/2004	Mullen	Mullen	clean	2	No infection

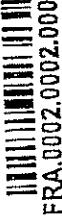
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49518-00	Total Knee Replacement	34	0	0	0	0	0	0	0	3	0	3	8.82%	0	8.82%
MRN		Procedure Date	Consultant	Surgeon	Class	ASA	Infection	Infection Type	Organism						
002358		10/02/2004	Khursandi	Khursandi	clean	2	Post Discharge	Superficial incisional							
006663		10/06/2004	Naidoo	Naidoo	clean	4	Post Discharge	Superficial incisional							
007214		11/05/2004	Naidoo	Naidoo	clean	2	No infection	No infection							
016591		02/11/2004	Khursandi	Khursandi	clean	2	No infection	No infection							
018384		03/06/2004	Naidoo	Naidoo	clean	2	No infection	No infection							
020496		23/11/2004	Khursandi	Khursandi	clean	2	No infection	No infection							
025174		06/04/2004	Khursandi	Khursandi	clean	3	No infection	No infection							
025334		03/02/2004	Khursandi	Khursandi	clean	2	No infection	No infection							
035479		15/06/2004	Khursandi	Khursandi	clean	2	No infection	No infection							
038461		01/06/2004	Khursandi	Khursandi	clean	0	No infection	No infection							
039413		10/08/2004	Khursandi	Khursandi	clean	3	No infection	No infection							
039505		14/07/2004	Naidoo	Naidoo	clean	3	No infection	No infection							
039577		27/04/2004	Khursandi	Khursandi	clean	3	No infection	No infection							
042942		18/06/2004	Naidoo	Naidoo	clean	2	No infection	No infection							
046138		17/11/2004	Naidoo	Naidoo	clean	2	No infection	No infection							
047851		27/05/2004	Naidoo	Naidoo	clean	2	No infection	No infection							
058697		03/11/2004	Naidoo	Naidoo	clean	3	No infection	No infection							
060808		20/01/2004	Khursandi	Khursandi	clean	2	No infection	No infection							
069299		25/05/2004	Khursandi	Khursandi	clean	3	No infection	No infection							
071156		09/11/2004	Khursandi	Khursandi	clean	2	No infection	No infection							
081906		14/09/2004	Khursandi	Khursandi	clean	2	No infection	No infection							
082170		27/04/2004	Khursandi	Khursandi	clean	2	No infection	No infection							
088943		26/10/2004	Khursandi	Khursandi	clean	3	No infection	No infection							

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090198	06/04/2004	Khursandi	Khursandi	clean	clean	2	No infection	No infection
093607	10/11/2004	Naidoo	Naidoo	clean	clean	2	No infection	No infection
094221	10/06/2004	Naidoo	Naidoo	clean	clean	3	No infection	No infection
097619	17/06/2004	Khursandi	Khursandi	clean	clean	2	No infection	No infection
101828	03/06/2004	Naidoo	Naidoo	clean	clean	3	No infection	No infection
101848	13/05/2004	Naidoo	Naidoo	clean	clean	3	No infection	No infection
101869	13/10/2004	Naidoo	Naidoo	clean	clean	2	No infection	No infection
101870	24/06/2004	Naidoo	Naidoo	clean	clean	2	No infection	No infection
101871	24/06/2004	Naidoo	Naidoo	clean	clean	2	Post Discharge	Superficial incisional
103546	16/09/2004	Khursandi	Khursandi	clean	clean	1	No infection	No infection
104271	20/10/2004	Naidoo	Gupta	clean	clean	2	No infection	No infection

FRA.0002.0002.00050



MA 3



Queensland Government

Queensland Health

FRASER COAST HEALTH SERVICE DISTRICT TERMS OF REFERENCE THEATRE REVIEW COMMITTEE

AIMS OF THE COMMITTEE

The Purpose of the Committee is to examine all matters relating to the efficiency and quality in all aspects of the Perioperative Services and to provide information, data and quality performance to the Surgical Advisory Committee and the District Executive to facilitate planning and decision making across the district.

OBJECTIVES

1. To have a broad understanding of the strategic direction for Perioperative Units in line with the District Operational Plan and individual Site Operational Plans.

2. To promote commitment to quality, evidence-based practice, research and innovation by providing measurable standards and evaluation methods, which will demonstrate the contribution and value of Perioperative practice in the District.

3. To develop key performance indicators, review and implement strategies for change as required. The KPI are as follows but not limited to:

- Late starts/ over runs
- Overtime
- Theatre utilisation
- Infection rates
- Waiting list
- Budget

4. To develop strategic alliances with tertiary centres for the advancement of Perioperative practices and to facilitate benchmarking activities

5. To undertake strategic workforce planning across the District, develop and share strategies to maintain budget integrity and improve financial management skills.

6. To make recommendations to Surgical Management Advisory Group regarding finance, activity, efficiency, human resources, resource management, quality improvement.

7. To establish and support project teams as required with clearly established objectives and time frames.

8. To work within the guidelines established by the Surgical Access Strategy and legislative guidelines and recommendation from appropriate authorities and Queensland Health.

COMMERCIAL MEMBER STAFF

Directors or their nominated appointee of Surgery, Anaesthesia,
Gynaecology/Obstetrics
Orthopaedics, ESC, NPC Perioperative Unit at HBH & MBH

ELECTION OF OFFICE BEARERS

A chairperson and his Deputy from the membership to be elected annually on a rotational basis. Additional members of staff will be seconded as required for their expertise in certain areas. A quorum of 50% of the members is required to ratify the meeting as being official. Voting at meetings will be based on a majority vote on agenda items with the Chairperson having the right to a casting vote.

MINUTES OF THE MEETING

Minutes of the meeting will be the responsibility of the AO Executive Department HBH. Agenda items to be forwarded to the Chairperson or the AO HBH. All recorded minutes to be circulated to members within 7 working days of the last meeting. Copies of the minutes to be presented to the Chairperson of MAG for record purposes.

Endorsed by: Mike Allsopp
District Manager
Fraser Coast Health Service District
15 / 05 / 2002

MA 4



Queensland Government Queensland Health

FRASER COAST HEALTH SERVICE DISTRICT TERMS OF REFERENCE SURGICAL SERVICES MANAGEMENT ADVISORY COMMITTEE

PURPOSE OF THE MANAGEMENT ADVISORY GROUP

To monitor and improve the service provision of the Surgical Services of the Fraser Coast Health Service District.

TERMS OF REFERENCE

The Surgical Services MAG will consider the following criteria and issues in the development and management of surgical services, using a balanced scorecard approach.

Quality:

- Safety for patients and staff e.g infection rates, adverse incidents, incident reports etc.
- Appropriateness of service e.g intervention rates and site delivery;
- Acceptability of service in terms of outcome and community acceptance/satisfaction.
- Efficiency of service by establishing, measuring and analysing appropriate recognised performance criteria e.g average length of stay and utilisation rates.
- Accessibility in terms of distance and waiting times.
- Performance within the ACHS Accreditation requirements and other standards applicable to the delivery of the particular service.
- Evidence based practice in assessing clinical protocols to be applied to continuity of service delivery and models of care.
- Ensure that policies and procedure protocols relating to service provision are regularly reviewed and updated.

Finance:

- Benchmarked service cost efficiency in comparison to similar services, State averages and "best practice" performers.
- Assessing financial implications of service improvement and change for consideration by the District Finance Committee.

- Annual preparation of an Operational Plan for the service within allocated budget.
- Oversight of the implementation of the Operational Plan to ensure service is provided within the budget allocated.

Staffing:

- Ensuring service provided occurs within the affordable staffing levels determined by the budget allocation.
- Ensuring appropriate skill mix for staff providing services including identification of training and development needs for the service.

Activity:

- Management of the service to identified activity targets applicable to the particular service.
- Strategies for management of patient categories to designated waiting time parameters where appropriate e.g emergency department triage and elective surgery waiting time management to Queensland Health Corporate benchmark requirements.
- Ensuring appropriate bed/facility/service management strategies and flexibilities to cater for peaks and troughs in service demand.
- Development of demand management strategies to ensure service is provided within the allocated budget and affordable staffing levels.

Innovation:

- Encouraging innovation that improves service delivery and outcome.
- Assessment of evidence based improvements in service delivery in operation in other services for application within the District.
- Review of Corporate initiatives and appropriate strategies for implementation within the service.

Networking:

- Consider opportunities for improved service provision to the community through improved networking with other public and private service providers.
- Awareness of the impact that service decisions may have on other service providers particularly the viability of the private sector.
- Development of service networks to improve staff recruitment and retention of staff through rotational opportunities.
- Recognise the responsibility of the District as a referral centre for smaller Districts.

MAG MEMBERSHIP

Membership is as follows:

- Director Medical Services (Chairperson)
- Deputy Director Medical Services

- Director of Surgery
- 2 x Staff Surgeons
- Director Orthopaedics
- VMO Orthopaedics
- Director Obstetrics & Gynaecology
- Director Anaesthetics & ICU
- NUM Perioperative Unit HBH
- NUM Perioperative Unit MBH
- Waiting List Coordinator
- NUM Surgical Ward, HBH
- NUM General Ward, MBH
- NUM A&E, MBH
- NUM A&E, HBH
- Allied Health Representative

The Surgical Services Management Advisory Group has the power to co-opt other members from appropriate departments, other services or professional groups. However, co-opted members will be in attendance for the special business relating to their particular expertise only and will not have the right to vote.

Membership changes and vacancy replacements are to be approved by the Chairperson and ratified through the District Executive.

Members will be appointed for a two-year period and will be eligible for reappointment.

AUTHORISATION OF THE MAG

The Surgical Services Management Advisory Group is authorised by the District Executive.

MEETING PROCESS

The quorum for the Surgical Services MAG to begin and to continue to transact business is half plus one.

The business of the Surgical Services MAG shall be formally conducted and all decisions properly recorded in minute form.

An agenda and action list shall accompany the minutes of the previous meeting one week prior to the proposed meeting.

Secretarial support for the Surgical Services MAG will be arranged by the Chairperson utilising existing Executive Secretaries.

Meetings will be regularly held on a not less than 2 monthly basis. Duration should be of 1 hour.

Meeting decisions will be on a consensus basis. If consensus is unable to be reached and a vote is required then the simple majority of members present will be the determinant. The Chairperson has a casting vote in the case of a tied vote. Proxy voting is not permitted.

Items will be placed on the Agenda via the Chairperson.

The Surgical Services MAG is authorised to refer matters to any other MAG through the Chairperson.

PROCESS CONSIDERATIONS OF THE MAG

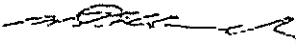
The Surgical Services MAG may in the process of its deliberations make use of sub-groups and forums. These sub-groups and their nominees and forums, will be authorised by the MAG. Forums may be utilised as an avenue for consumer input/consultation. All sub-groups/forums will have a definite terms of reference determined by the MAG.

MAG RECOMMENDATIONS AND REPORTING

The Surgical Services MAG reports to the District Executive. Reports will be in the form of the minutes of the MAG meeting. These will be presented on a monthly basis at the regular District Executive meetings.

The Surgical Services MAG may make recommendations to modify its terms of reference from time to time as it sees fit. However, such recommendations must be approved by the District Executive.

Endorsed by:


Mike Allsopp
District Manager
Fraser Coast Health Service District

01/07/2004

General Comparison - Hospital Wide Clinical Indicators Version 8

Comparison of your results to all organisations in your sector submitting data

ACHS organisation code: 710763
HGH

Total number of organisations in your sector submitting data for this set January - June 2003: 302

Indicator number	Indicator description	Number of organisations contributing to this set	99% Confidence Interval for your rate	Your expected number of events	Your observed minus expected (Excess events)	No. ALL organisations submitting data	Aggregate rate for these organisations
1.1	Inpatients undergoing surgery with a post-operative LOS equal to or greater than seven days who develop post-operative pulmonary embolism	0	32	0.0	(0.0 - 10.8)	0.2	-0.2
2.1	Number of unplanned and unexpected readmissions within 28 days of separation	82	1071	7.7	(5.6 - 9.7)	23.4	58.6
3.1	Number of patients having an unplanned return to the operating room during the same admission	1	1381	0.1	(0.0 - 0.3)	6.6	-5.6
4.1	Total number of patients who develop > or = one pressure ulcer during their admission	1	1976	0.1	(0.0 - 0.2)	0.4	-7.4

* A high rate is desirable

The information in this report is provided to assist your organisation in continuous quality improvement. Responsibility for the accuracy of submitted data lies with the contributing organisations. The ACHIS makes every effort to validate the information it receives, where there are apparent inconsistencies, prior to report printing and analysis. We thank you for your contribution.

Clinical Indicator Report - F

Report compiled by ACHS Performance and Outcomes Service

Report run date: 23/10/03

FRA.0002.0002.00057

MA5

General Compare in Hospital Wide Clinical Indicator Version 8

Comparison of your results to all organisations in your sector submitting data

ACHS organisation code: 712062
MBH

Total number of organisations in your sector submitting data for this set January -
June 2003: 303

Indicator number	Indicator description	99% Confidence interval for your rate	Your expected number of events	Your observed minus expected (Excess events)	No. ALL organisations submitting data	Aggregate rate for these organisations
1.1	Inpatients undergoing surgery with a post-operative LOS equal to or greater than seven days who develop post-operative pulmonary embolism	0 (0.0 - 4.2)	0.0	0.4	137	0.63
2.1	Number of unplanned and unexpected readmissions within 28 days of separation	57 (2.9 - 5.9)	4.4	28.2	243	2.19
3.1	Number of patients having an unplanned return to the operating room during the same admission	1 (0.0 - 0.3)	0.1	0.5	240	0.48
4.1	Total number of patients who develop a = one pressure ulcer during their admission	3 (0.0 - 0.2)	0.1	12.9	42	0.42

* A high rate is desirable

This information in this report is provided to assist your organisation in continuous quality improvement. Responsibility for the accuracy of submitted data lies with the contributing organisations. The ACHS makes every effort to validate the information it receives, where there are significant inconsistencies, prior to reporting and analysis, we thank you for your contribution.

Clinical Indicator Report - F

Report compiled by ACHS Performance and Outcomes Service Report run date: 21/11/03

FRA.0002.0002.0058

AGHS organisation code: 710763
HBT

Total number of beds at this site, location or campus = 50 - 99 beds
Total number of beds at this site, location or campus = 50 - 99 beds
December 2003; 85

Indicator number	Indicator description	Is this indicator a denominator? (Observed number of events)	Your observed rate	99% Confidence Interval for your rate	Your expected number of events	No. public organisations submitting data	Aggregate rate for these organisations
1.1	Inpatients undergoing surgery with a post-operative LOS equal to or greater than seven days who develop post-operative pulmonary embolism	0	21	(0.0 - 16.2)	0.0	0.0	0.08
2.1	Number of unplanned and unexpected readmissions within 28 days of separation	195	3513	5.6 (4.6 - 6.5)	109.3	86.7	21
3.1	Number of patients having an unplanned return to the operating room during the same admission	2	1332	0.2 (0.0 - 0.4)	3.0	-1.8	17
4.1	Total number of patients who develop > or = one pressure ulcer during their admission	10	2489	0.4 (0.1 - 0.7)	7.3	2.7	4

* A high rate is undesirable

No notes collected
at HBT during
this period due
to illness and
people being away.

The information in this report is provided to assist your organisation in validating its results, where the

Clinical Indicator Report - G

The accuracy of submitted data lies with the contributing organisations. The AGHS makes every effort to validate the information it receives, where the report compiled by AGHS Performance and Outcomes Service Report run date: 19/04/04

FRA.0002.0002.00059

General Comparison - Hospital Wide Clinical Indicators Version 8

Comparison of your results to all organisations in your sector submitting data

ACHS organisation code: 710763
HGH
June 2004: 354

Total number of organisations in your sector submitting data for this set January - June 2004: 354

Indicator number	Indicator description	99% Confidence Interval for your rate	Your expected number of events	Your observed minus expected events (Excess events)	No. ALL organisations submitting data	Aggregate rate for these organisations	
2.1	Number of unplanned and unexpected readmissions within 28 days of separation	201	3731	5.4	(4.4 - 6.3)	66.6	134.4
3.1	Number of patients having an unplanned return to the operating room during the same admission	3	1383	0.2	(0.0 - 0.5)	6.6	-3.6

* A high rate is desirable

The information in this report is provided to assist your organisation in continuous quality improvement. Responsibility for the accuracy of submitted data lies with the contributing organisations. The ACHS makes every effort to validate the information it receives, where there are apparent inconsistencies, prior to report printing and analysis. We thank you for your contribution.

Clinical Indicator Report - F

Report compiled by ACHS Performance and Outcomes Service

Report run date: 28/10/04

FRA.0002.0002.00060



General Complaint - Hospital Wide Clinical Indicator Version 8

15/06/2005 13:23

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PAGE 11

ACHS organisation code: 712062
NJBH

Comparison of your results to all organisations in your sector submitting data

Total number of organisations in your sector submitting data for this set January - June 2004: 354

Indicator number	Indicator description	99% Confidence Interval for your rate	Your expected number of events	Your observed minus expected (Excess events)	No. ALL organisations submitting data	Aggregate rate for these organisations
2.1	Number of unplanned and unexpected readmissions within 28 days of separation	217	6217	3.5 (2.9 - 4.1)	110.8	106.1
3.1	Number of patients having an unplanned return to the operating room during the same admission	5	1747	0.3 (0.0 - 0.6)	8.3	-3.3

* A high rate is desirable

The information in this report is provided to assist your organisation in continuous quality improvement. Responsibility for the accuracy of submitted data lies with the contributing organisations. The ACHS makes every effort to validate the information it receives, where there are apparent inconsistencies, prior to report printing and analysis. We thank you for your contribution.

Clinical Indicator Report - F

Report compiled by ACHS Performance and Outcomes Service

Report run date: 28/10/04

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FRA.0002.0002.00061

General Comparison - Hospital Wide Clinical Indicators Version 8

Comparison of your results to all organisations in your sector submitting data

ACHS organisation code: 710763
H/B/H

Total number of organisations in your sector submitting data for this set July -
December 2004: 346

Indicator number	Indicator description	Your observed rate	99% Confidence Interval for your rate	Your expected number of events	No. ALL organisations submitting data	Aggregate rate for these organisations
2.1	Number of unplanned and unexpected readmissions within 28 days of separation	227	3928B	5.8 (4.8 - 6.7)	67.9	159,1
3.1	Number of patients having an unplanned return to the operating room during the same admission	2	735	0.3 (0.0 - 0.8)	3.0	-1.0
4.1	Total number of patients who develop > or = one pressure ulcer during their admission	40	2239	1.8 (1.1 - 2.5)	7.9	32.1

* A High rate is desirable

The information in this report is provided to assist your organisation in continuous quality improvement. Responsibility for the accuracy of submitted data lies with the contributing organisations. The ACHS makes every effort to validate the information it receives, where there are apparent inconsistencies, prior to report printing and analysis. We thank you for your contribution.

Clinical Indicator Report - F

Report compiled by ACHS Performance and Outcomes Service Report run date: 3/05/05

FRA.0002.0002.00062



General Comparison - Hospital Wide Clinical Indicators Version 8

ACHS organisation code: 712062
MBII

Comparison of your results to all organisations in your sector submitting data

Total number of organisations in your sector submitting data for this set July -
December 2004: 346

Indicator number	Indicator description	Actual rate (Number of events)	95% Confidence Interval for your rate	Your expected number of events	Your observed minus expected events (Excess events)	No. ALL organisations submitting data	Aggregate rate for these organisations
2.1	Number of unplanned and unexpected readmissions within 28 days of separation	239	6446	3.7	(3.1 - 4.3)	111.4	127.6
3.1	Number of patients having an unplanned return to the operating room during the same admission	9	1195	0.8	(0.1 - 1.4)	5.9	3.1
4.1	Total number of patients who develop > or = one pressure ulcer during their admission	13	3481	0.4	(0.1 - 0.6)	12.3	0.7

*A high rate is desirable

The information in this report is provided to assist your organisation in continuous quality improvement. Responsibility for the accuracy of submitted data lies with the contributing organisations. The ACHS makes every effort to validate the information it receives, where there are apparent inconsistencies, prior to reporting and analysis. We thank you for your contribution.

Clinical Indicator Report - F

Report run date: 30/05/05 Report run date: 30/05/05

Report compiled by ACHS Performance and Outcomes Service

FRA.0002.0002.00063