

# Auditor-General of Queensland

Report to Parliament No. 12 for 2010  
Follow up of 2009 Queensland Health audits  
*A Performance Management Systems audit*



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*A Performance Management Systems audit*



**QUEENSLAND**

Prepared under Part 3 Division 3 of the  
Auditor-General Act 2009

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# Auditor-General of Queensland

November 2010

The Honourable R J Mickel MP  
Speaker of the Legislative Assembly  
Parliament House  
BRISBANE QLD 4000

Dear Mr Speaker

This report is prepared under Part 3 Division 3 of the *Auditor-General Act 2009*, and is titled Follow up of 2009 Queensland Health audits. It is number twelve in the series of Auditor-General Reports to Parliament for 2010.

In accordance with s.67 of the Act, would you please arrange for the report to be tabled in the Legislative Assembly.

Yours sincerely



Glenn Poole  
Auditor-General



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# Contents

<b>1   Executive summary</b> .....	<b>1</b>
1.1 Audit overview .....	1
1.2 Audit conclusion.....	2
1.3 Key findings .....	3
1.4 Departmental response .....	5
<b>2   Audit outline</b> .....	<b>7</b>
2.1 Background .....	8
2.2 Audit objective .....	8
2.3 Audit scope .....	9
2.4 PMS audit approach .....	9
<b>3   Service planning</b> .....	<b>11</b>
3.1 Background .....	12
3.2 Follow up audit findings .....	14
<b>4   Management of patient flow through Queensland hospitals</b> .....	<b>19</b>
4.1 Background .....	20
4.2 Follow up audit findings .....	22
<b>5   Quality assurance and engaging clinicians</b> .....	<b>31</b>
5.1 Quality assurance processes.....	32
5.2 Engaging clinicians .....	32
<b>6   Impact of the National Health and Hospitals Network Agreement</b> .....	<b>35</b>
6.1 Background .....	36
6.2 Impact.....	36
<b>7   Appendices</b> .....	<b>37</b>
7.1 Recommendations from Auditor-General Report No. 2 for 2009 .....	37
7.2 Recommendations from Auditor-General Report No. 5 for 2009 .....	38
7.3 Acronyms.....	39
7.4 Glossary .....	40
7.5 References .....	41
<b>8   Auditor-General Reports to Parliament</b> .....	<b>43</b>
8.1 Tabled in 2010.....	43



# 1 | Executive summary

## 1.1 Audit overview

In 2008–09 two Performance Management Systems (PMS) audits were undertaken at Queensland Health; one on service planning for the future, and one on the management of patient flow through Queensland hospitals. The findings and recommendations were reported in *Auditor-General Report to Parliament No. 2 for 2009 Health service planning for the future*, tabled in June 2009 and *Auditor-General Report to Parliament No. 5 for 2009 Management of patient flow through Queensland hospitals*, tabled in July 2009.

Queensland Health committed to implementing the recommendations made in both reports.

The objective of this follow up audit was to assess the progress made by Queensland Health in implementing these recommendations. Specifically the audit assessed the quality, appropriateness and maturity of implementation, including appropriate communication strategies and continuing support at the corporate level. The audit also assessed whether Queensland Health has a:

- sound quality assurance process to ensure initiatives and strategies are implemented and that policies and procedures are adhered to
- clear communication strategy to ensure clinicians are engaged in improvement initiatives as required.

This follow up audit was undertaken earlier than is normal practice due to the significance of the issues raised in the original audits and the level of public interest. Given the short timeframe, it was not expected that all of the recommendations be fully implemented or all outcomes be measurable at this stage.

It is also acknowledged that in April 2010, the Commonwealth, States and Territories entered into a National Health and Hospitals Network Agreement, as part of the Australian Government's National Health Reform Plan. The National Health and Hospitals Network as established under this agreement will be a nationally unified and locally controlled health system, in which the Commonwealth will be the majority funder of public hospital services and the States will be responsible for Statewide public hospital service planning and performance, purchasing of public hospital services and capital planning.<sup>1</sup>

Although these national health reforms are significant, it is unlikely that they will have a material impact on Queensland Health's ability or need to implement the recommendations made in the original audit reports.

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<sup>1</sup> A National Health and Hospitals Network For Australia's Future Commonwealth of Australia 2010, page 64.



## 1.2 Audit conclusion

Queensland Health has made substantial progress in a relatively short period of time to address the recommendations from the initial reports. The department has changed their planning processes and introduced new governance arrangements, mandatory requirements and supporting material.

To enhance the quality of service plans and therefore the outcome, Queensland Health has completed a significant review, an update of their clinical services capability framework and added to their list of endorsed health service planning benchmarks.

Service planning undertaken over the past year by Queensland Health includes a revision of the Statewide Health Services Plan, Statewide clinical stream planning and some hospital service planning. A range of service planning activities are also ongoing. While no district service plans have been completed Queensland Health anticipate that over the next three years all districts will have an endorsed district health service plan.

Significant action is therefore still required before Queensland Health has a Statewide Health Services Plan which is fully informed by priorities identified in endorsed district service plans, as recommended in Report No. 2 for 2009. However, Queensland Health has advised it has undertaken sufficient Statewide data analysis over the last year to identify priority service planning requirements that address significant population growth, major infrastructure renewal or expansion and/or significant service reform.

In terms of patient flow there is now a Statewide approach to better managing the patient journey, through the introduction of the Patient Flow Strategy and proven service delivery models. The Centre for Healthcare Improvement has been established to play a key role in managing patient flow and driving change. There is now a clear focus on improving patient outcomes.

The follow up audit also noted a ground swell movement in accepting and adopting better practice patient flow initiatives. More is being done to address patient flow issues at the district and hospital level, through the implementation of process improvement initiatives. However, as initiatives are in varying stages of implementation across the State, it will be some time before the material impacts to patient flow and patient outcomes are evident. An improvement in hospital performance indicators such as Emergency Department waiting times, admission time from the Emergency Department to hospital wards and ultimately a reduction in elective surgery waiting lists would be expected over the coming years.

## 1.3 Key findings

### *Auditor-General Report to Parliament No. 2 for 2009 Health service planning for the future*

#### Achievements over the last year

- Queensland Health has revised its planning processes and developed new mandatory requirements and supporting material for service planning, including governance arrangements and clear linkages between all service plans. Generally the requirements are clear and comprehensive.
- There is a key governance body providing central oversight, coordination and endorsement of planning activity at various stages in the process. Part of the role of this body is to ensure all service plans are developed using the endorsed guidelines.
- Queensland Health is in transition, moving from varied approaches to service planning across the department to a more consistent centrally managed process.
- Service planning has occurred at a Statewide level and in some districts at a hospital level, with sufficient coverage to identify the need for further priority service planning that addresses significant population growth, major infrastructure renewal or expansion and/or significant service reform.

#### Work that still needs to be done

- None of the 15 health service districts have a corporately endorsed district wide service plan. While the draft *Queensland Health Services Plan for 2011-26* was informed by Statewide data analysis and other local and Statewide service planning, it has not been informed by priorities identified in endorsed district service plans as recommended.
- Queensland Health anticipate that a district health service plan will be completed for every district within the next three years.
- The Guide to Health Service Planning (the Guide) does not adequately cover monitoring, reviewing and evaluating service plans. An implementation supplement is nearing completion which will expand on these elements outlined in the Guide. This supplement will be informed by other departmental governance and performance management frameworks recently developed.
- Improved systems are needed for primary and community data collection to facilitate the identification of community based services.
- A formal methodology is needed for prioritising service planning activity within Planning and Coordination Branch (PCB).

## *Auditor-General Report to Parliament No. 5 for 2009 Management of patient flow through Queensland hospitals*

### **Achievements over the last year**

- There has been significant activity undertaken by all levels (hospital, district and corporate) in addressing and managing patient flow issues. The Centre for Healthcare Improvement (CHI) has been established to play a key role in managing patient flow and driving change. It was evident from the fieldwork undertaken that patient flow is now considered to be 'everyone's business' including corporate, district and hospital (management and clinical) staff.
- There is a coordinated and integrated approach to raising the profile and importance of patient flow through the development of the Patient Flow Strategy (PFS), and associated toolkit. The PFS includes proven innovative service delivery models to assist hospitals address patient flow issues through a process redesign approach.
- The PFS launch in Brisbane, March 2010, was attended by key health administrators, clinicians and nursing staff. Road shows began in May 2010 to promote the strategy across the State. The road shows provide hospitals with a structured approach to patient flow training for medical and non-medical staff. To date, road shows have been held at 13 of Queensland's largest hospitals.
- A performance reporting system has also recently been implemented with the PFS. It includes provision for monitoring and managing non-compliance and underperformance.
- Increased activity was found in addressing patient flow issues at the district and hospital level, through the implementation of process improvement initiatives. This included some of the service delivery models recommended in the PFS, and the use of performance reports to identify patient flow issues.

### **Work that still needs to be done**

- To fully implement the PFS will take time, for example, time to review and select relevant service delivery models and to develop plans to integrate the PFS into operational areas.
- While there has been good take up so far of the PFS, it will be some time before the material impacts to patient flow and patient outcomes become evident and for the results to show in the metrics for each hospital. The full impact on process improvement and performance will need to be evaluated at a later date.
- The corporate assessment framework which will be used to evaluate new service delivery models of care for inclusion in the PFS, could be tailored for use at districts and hospitals so they can evaluate their process improvement initiatives.
- The provision of timely training at the district and hospital level in the new PFS reporting system, that includes data interrogation, analysis and interpretation techniques.
- Despite Queensland Health acknowledging that effective bed management is dependent on the recording and regular updating of the estimated date of discharge (EDD), it was noted that the process of recording and updating the EDDs is still not consistently undertaken by three of the four hospitals visited. As highlighted in the 2009 audit report (Report No. 5 for 2009), if EDD data is not recorded, monitored or reviewed on a timely basis it impacts on the ability to determine bed capacity, limits effective tracking of patients and delays patient flow. The apparent difficulty experienced by the department in achieving the consistent application of this improvement measure demonstrates the significant challenge it faces in the effective implementation of new patient flow practises.

## Corporate quality assurance and engagement with clinicians

- Queensland Health has developed appropriate quality assurance processes which, when fully implemented, should help ensure endorsed initiatives and strategies are implemented and evaluated and that policies and procedures are adhered to.
- A wide range of communication strategies have been developed and implemented to engage clinicians in service planning and patient flow process improvement.

### 1.4 Departmental response

The Director-General, Queensland Health provided the following response on 27 October 2010:

*We are pleased that the follow-up audit and report identifies the significant progress which has been achieved in relation to both health service planning and patient flow across Queensland Health. Certainly, your findings confirm what we have seen from a corporate perspective in regard to this improvement and we recognise the large amounts of work that have occurred at both corporate and District level in achieving these outcomes. This is particularly so, given the fact that the original reports were only issued just over twelve months ago.*

*With regard to your specific comments in relation to Health service planning, the Queensland Health focus for the next twelve months is to ensure that sound integrated service planning continues with the intent to both meet the recommendations of the Report and build sustainable service planning capacity and capability across the department whilst keeping the context of the National Health reform in mind.*

*In relation to the identified work that still needs to be undertaken we acknowledge the opportunity for improvement with regards to:*

- *completing a district health service plan for all districts, within the three year district planning schedule*
- *enhancing information available on monitoring, reviewing and evaluation of service plans ensuring minimum standards are established*
- *implementing systems to improve primary and community data collection to facilitate the identification of community based services; and*
- *implementing a formal methodology for prioritising service planning within the Planning and Coordination Branch.*

*Whilst none of the 15 health service districts has a corporately endorsed district wide service plan, substantial district planning activities have occurred over the past year. Under Queensland Health's district service planning schedule, all districts will have a district service plan completed within three years. Significant work has been undertaken through state-wide and regional planning with planning resources applied to high priority activities.*

*A draft Implementation Standard has been developed based on consultation and the current context to support best practice. The supplement provides principles and guidance to support best practice in implementing health service plans; an overview of how implementation processes are integrated with existing Queensland health governance, planning and performance frameworks and other guidelines; recommended steps in implementing, monitoring and reviewing health plans; checklists and tools.*

*The Department will align health information strategies and implement such systems for data collection for primary and secondary use in a way that is consistent with national e-health strategies and national data collection requirements.*

*IPPEC will consider and endorse planning priorities on annual basis. The prioritisation process will be based on a range of agreed criteria and will include strategic alignment and input from districts, divisions, executive and government.*

*In relation to the management of patient flow through Queensland hospitals we do appreciate that whilst initial feedback has been overwhelmingly positive in regard to the management of patient flow, the QAO did identify ongoing opportunities for development, specifically:*

- *the continued roll-out of the Patient Flow Strategy across Queensland Hospitals*
- *improved use of Estimated Date of Discharge (EDD) to facilitate a more focussed approach on achieving timely discharge*
- *the development of a corporate assessment framework to support evaluation of new service delivery models/process improvement initiatives and consequent statewide promotion of these initiatives to improve patient flow*
- *the timely provision of training at District and hospital level in the new patient flow reporting system including data interrogation, analysis and interpretation.*

*In response to these suggestions we would like to confirm that ongoing work facilitated by the Centre for Healthcare Improvement (CHI) focuses on addressing these opportunities. These examples highlight that while there has been good take up so far of the Patient Flow Strategy, the material impacts to patient flow and patient outcomes will become more evident over time as Districts operationalise the concepts outlined in the strategy.*

*This ongoing direction and support will be provided through CHI via the Access Improvement Service (AIS) Patient Flow Team and the recently established Clinical Redesign Program. With the cooperation of Districts, the clinical redesign program will facilitate the redesign of patient journeys across Queensland's thirty larger hospitals. It aims to improve patients' experiences and access to services and to achieve better performance.*

*In closing, we would like to thank the Queensland Audit Office for the constructive and informed assessment of patient flow in Queensland hospitals, and assure you that while we are extremely proud of the achievements made to date in relation to patient flow, there is also a recognition that there is significant work still to come. We look forward to our current work program delivering those improved results which ultimately deliver improved health services to the people of Queensland.*

# 2 | Audit outline

## Summary

### Background

In 2008-09 two Performance Management Systems (PMS) audits were undertaken at Queensland Health; one on service planning for the future, and one on the management of patient flow through Queensland hospitals.

Findings and recommendations from these two audits were reported to Parliament in

- *Report to Parliament No. 2 for 2009 Health service planning for the future*
- *Report to Parliament No. 5 for 2009 Management of patient flow through Queensland hospitals.*

### Audit objective

- The objective of this follow up audit was to assess the progress made by Queensland Health in implementing the recommendations made in the two 2009 audit reports.

## 2.1 Background

The objective of the original service planning audit (Report No. 2 for 2009), was to determine whether there were adequate planning systems in place to ensure Queensland public health services are sustainable and will support future community needs.

Although Queensland Health was undergoing substantial organisational change at the time, it was expected that with a focus on service planning since 2005, they would have advanced service planning systems in place. The 2009 audit (Report No. 2 for 2009), found there had been some progress towards implementing a service planning system however, fundamental weaknesses in practices were identified.

The objective of the original patient flow audit (Report No. 5 for 2009), was to determine whether suitable systems were operating across Queensland's public hospitals to ensure the efficient and effective management of patient flow including admission to, and discharge from hospital.

The 2009 audit (Report No. 5 for 2009), found that Queensland Health had recognised the importance of efficient patient flow, and had introduced some initiatives to improve hospital systems. However, increased action was required to ensure these initiatives were implemented consistently across the State. In addition, further development of the performance management systems in place was needed to fully assess whether hospital patient flow processes across Queensland Health are efficient and effective.

## 2.2 Audit objective

The objective of this follow up audit was to assess the progress made by Queensland Health in implementing recommendations made in *Auditor-General Report to Parliament No. 2 for 2009 Health service planning for the future* and *Auditor-General Report to Parliament No. 5 for 2009 Management of patient flow through Queensland hospitals*.

The audit assessed the quality, appropriateness and maturity of implementation, including appropriate communication strategies and ongoing support at the corporate level.

There was particular emphasis placed on assessing whether Queensland Health has a:

- sound quality assurance process to ensure initiatives and strategies are implemented and that policies and procedures are adhered to
- clear communication strategy to ensure clinicians are engaged in improvement initiatives as required.

The lack of adequate quality assurance processes and difficulties engaging clinicians were identified as fundamental issues in the original audits (Reports No. 2 and No. 5 for 2009). A number of the recommendations related to these systems.

The follow up audit also assessed any better practice planning and patient flow initiatives that have been implemented since the original audit that are proving to have a positive impact.

## 2.3 Audit scope

### Entities subject to audit

Queensland Health was the only entity subject to this audit.

### Fieldwork

Fieldwork was conducted at Queensland Health corporate office in Brisbane, and at the following districts and hospitals, to assess the extent to which these recommendations had been implemented across Queensland Health.

- Townsville Health Service District\*
  - The Townsville Hospital\*
- Cairns and Hinterland Health Service District
  - Cairns Base Hospital
- Darling Downs – West Moreton Health Service District\*
  - Ipswich Hospital\*
- Metro South Health Service District.
  - Princess Alexandra Hospital.

\*included in the original audits of 2009.

Queensland Health corporate office executive management has responsibility to address the recommendations of both reports, including the development of consistent Statewide policies, procedures and guidelines as well as holding a central coordination role. They are also responsible for training and performance measurement and reporting.

### Time period covered by the audit

Fieldwork was conducted from May 2010 to July 2010.

## 2.4 PMS audit approach

A Performance Management Systems (PMS) audit is an independent examination which includes determining whether an entity or part of an entity's activities have performance management systems in place to enable management to assess whether its objectives are being achieved economically, efficiently and effectively.

The legislative basis for this audit is the *Auditor-General Act 2009* (the Act).<sup>2</sup> The Act prescribes that the Auditor-General may conduct an audit in the way the Auditor-General considers appropriate. While the Auditor-General takes note of the entity's perspective, the scope of a public sector audit is at the sole discretion of the Auditor-General.

The Auditor-General applies the standards of the Auditing and Assurance Standards Board to audits in the Queensland public sector to the extent that they are not inconsistent with the requirements of the Act and other legislation that prescribes the Auditor-General's work.

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<sup>2</sup> *Auditor-General Act 2009*.



While a PMS audit will not review or comment on government policy, it will have regard to any relevant prescribed requirements. It may also extend to include a focus on the entity's performance measures and whether, in the Auditor-General's opinion, the performance measures are relevant, appropriate and fairly represent the entity's performance.

The intent of a PMS audit is to provide independent assurance to Parliament, and to act as a catalyst for adding value to the quality of public administration by assisting entities in the discharge of their governance obligations.

A PMS audit has a focus on ascertaining whether systems and controls used by management to monitor and measure performance, assist the entity in meeting its stewardship responsibilities.

# 3 | Service planning

## Summary

### Background

*Report to Parliament No. 2 for 2009 Health service planning for the future* looked at whether there were adequate planning systems in place to ensure Queensland public health services are sustainable and will support future community needs.

Although Queensland Health was still undergoing substantial organisational change, it was expected that with a focus on service planning since 2005, the department would have more advanced service planning systems in place. While some progress had been made towards implementing a service planning system, the audit identified fundamental weaknesses in practice.

### Key findings from follow up audit

- Since the original audit, Queensland Health's service planning systems and capability have matured.
- Planning processes have changed and new mandatory requirements and supporting material to facilitate effective service planning have been developed. Generally these requirements are clear and comprehensive.
- There is a key governance body providing central oversight, coordination and endorsement of planning activity at various stages in the process, which ensures that service plans are developed using the endorsed guidelines.
- Service planning undertaken over the past year by Queensland Health includes a revision of the Statewide Health Services Plan, Statewide clinical stream planning and some hospital service planning. A range of service planning activities are also ongoing.
- Queensland Health has advised it has undertaken sufficient Statewide data analysis over the last year to identify priority service planning requirements that address significant population growth, major infrastructure renewal or expansion and/or significant service reform.
- None of the 15 health service districts have a corporately endorsed district service plan. Therefore the draft *Statewide Health Services Plan for 2011-26* has not been informed by priorities identified in endorsed district service plans as recommended.
- Developing a service plan for all districts is a significant undertaking. Queensland Health anticipate that over the next three years, there will be a District Health Service Plan completed for every district.
- The Guide to Health Service Planning only briefly covers monitoring, reviewing and evaluating service plans. However, an implementation supplement, currently nearing completion, is intended by Queensland Health to address this issue.

## 3.1 Background

### Overview of Report to Parliament No. 2 for 2009 Health service planning for the future

#### Audit overview

*Auditor-General Report to Parliament No. 2 for 2009 Health service planning for the future* looked at whether there were adequate planning systems in place to ensure Queensland public health services are sustainable and will support future community needs.

Fieldwork for the original audit was conducted from November 2008 to March 2009, at Queensland Health's corporate office in Brisbane and the following health service district offices:

- Darling Downs – West Moreton district office
- Gold Coast district office
- Mt Isa district office
- Townsville district office.

#### Overall findings

Although Queensland Health was still undergoing substantial organisational change, it was expected that with a focus on service planning since 2005, the department would have more advanced service planning systems in place. While there had been some progress towards implementing a service planning system, the 2009 audit (Report No. 2 for 2009), identified fundamental weaknesses in current practices. These weaknesses included:

- Since the department's commitment to improve service planning in response to the Forster report in 2005<sup>3</sup>, there had been a high level of planning activity. However limited central oversight and coordination created complex planning processes and contributed to a lack of transparent linkages between Statewide and district service plans.
- The Statewide Health Services Plan (SHSP) was developed to guide health system reform and provide a framework for the efficient and effective delivery of all health services to Queenslanders. However the plan was not adequately informed by comprehensive district or area health service needs analysis and prioritisation. The SHSP was due for review in 2009 however, at the time of the audit it was unclear how district data analysis, interpretation and prioritisation processes of local health service needs would inform future Statewide service plans.
- The existing planning guidance was not being used by all districts and corporate office did not monitor compliance. As a result, there were varying levels of quality in plans and planning processes throughout Queensland Health, including a lack of clear prioritisation of needs within all district service plans reviewed.
- The limited data available and lack of prediction methodologies was a barrier to identifying needs for community based services.

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<sup>3</sup> P.Forster, *Queensland Health Systems Review Final Report*, September 2005, The Consultancy Bureau.

- In three of the four districts subject to the 2009 audit (Report No. 2 for 2009), the ability to develop effective health service strategies for the future was restricted by recent infrastructure decisions to increase capacity, which had not been based on a thorough assessment of service needs. Such decisions may limit the ability to consider alternative approaches to meeting service needs. For example, the Townsville Hospital expansion was announced in the absence of an endorsed service plan and capital infrastructure plan. An improved process with clear linkages and a methodology to prioritise new works nominations was proposed by Queensland Health.
- There was no clear linkage between service plans and the funding allocation process, and funding and resourcing implications were not identified in most plans reviewed. The lack of linkages between service planning and funding allocation was partly attributed to a lack of prioritisation of needs and strategies within service plans.
- No timeframes or performance indicators were established and most district plans reviewed did not include clear actions to implement the SHSP.
- Limited guidance had been provided to districts to assist them with implementation strategies for service plans and there were no templates to ensure a consistent approach across the department.

It was acknowledged in Report No. 2 for 2009 that a number of initiatives were commencing and were expected to improve coordination and guidance over health service planning. However, momentum is needed to be maintained to ensure that these new efforts produce sustainable results in a timely manner.

These findings are detailed in *Report No. 2 for 2009 Health service planning for the future*, which is available on our website [www.qao.qld.gov.au](http://www.qao.qld.gov.au)

### Report No. 2 for 2009 audit recommendations

The recommendations made in the 2009 report (Report No. 2 for 2009) are summarised below.

It was recommended that Queensland Health:

- implement an integrated service planning process throughout the department, with appropriate governance arrangements and clear linkages between all service plans
- provide adequate support to districts to build service planning capacity and ensure effective plans are produced of a consistent quality
- ensure all endorsed service plans are adequately supported by resources and funding
- develop and implement framework and guidance material for implementing, measuring progress and evaluating the success of strategies within service plans.

The detailed recommendations made can be found in Appendix 7.1 of this report.

## 3.2 Follow up audit findings

Based on the recommendations made in the 2009 audit (Report No. 2 for 2009), progress made by Queensland Health and areas identified as still requiring development are outlined as follows.

### Governance

Since the original audit (Report No. 2 for 2009), Queensland Health has revised its planning processes and implemented strong governance arrangements. The new processes are outlined in the mandatory Guide to Health Service Planning (the Guide) and supporting material. Generally the Guide and supporting material are clear and comprehensive however there is a noticeable gap in defining the expectations regarding monitoring, reviewing and evaluation. An implementation supplement is currently being developed, which will expand on the requirements outlined in the Guide and link with other departmental governance and performance management frameworks.

The Integrated Policy and Planning Executive Committee (IPPEC) is the key governance body overseeing the integration of service planning. IPPEC is a sub-committee of Queensland Health's Executive Management Team and provides central oversight, coordination and endorsement of planning activity at various stages in the process. IPPEC aims to ensure service plans are developed using the endorsed guidelines.

To date no district service plan has been fully developed under the new guidelines released in February 2010. Depending on what stage of the process they are at, parts of the new process have been used by various districts.

### Implementation of an integrated planning process

It is recognised that Queensland Health is in a transition phase. All districts have undertaken some service planning either before the organisational restructure in September 2008, or more recently at a hospital level. Planning undertaken by Queensland Health over the past year has identified the need for priority service planning for particular communities of high population growth, where infrastructure renewal is required and/or service reform needed.

In the period since the 2009 audit, Queensland Health has drafted a new Statewide Health Services Plan for 2011-26. The draft plan has been informed by planning activity completed to date, as well as consideration of department and government priorities. However, the draft plan was not informed by priorities identified in corporately endorsed district service plans as recommended in the 2009 audit report (Report No. 2 for 2009), as none of the 15 districts have an endorsed district wide service plan. Queensland Health anticipate that over the next three years, there will be a completed district health service plan for every district. While the planning already undertaken has provided some coverage to identify the priority service planning needs, a full district service planning process will identify all service needs to enable the department's executive to make fully informed decisions.

Queensland Health has integrated the service planning and capital infrastructure planning functions to improve the linkages between service planning and infrastructure decisions. The newly created Health Planning and Infrastructure Division (HPID) commenced operations in September 2009.

## Building service planning capacity

The Planning and Coordination Branch (PCB), within HPID has actively supported districts to build service planning capacity and ensure plans are produced of a consistent quality. PCBs role includes the provision of expert advice and training, facilitating or leading service planning projects and the development of mandatory requirements.

Given the lack of service planning capability at a district level, all of the service planning over the last year has been led by PCB, to ensure rigour and quality are maintained. Queensland Health intends to continue to have priority service planning led by PCB.

PCB has limited capacity to undertake this lead role and has to prioritise its effort. A formal methodology for prioritising planning activity will be developed in the near future. Queensland Health have also established a pre-qualified panel of external health service providers to assist with the workload.

## Primary and community health data

With regard to the collection of primary and community health data, Queensland Health has assessed the risks and challenges with current information management systems. A study has been undertaken to better understand current processes and information flows, and to identify benefits from the application of information communications technologies. Subsequently, a Primary and Community Health Information Strategy has been drafted and is in the final consultation stage.

Queensland Health intends to align community health information strategies across the department. Systems will be implemented to facilitate data collection for primary and secondary care consistent with national e-health strategies and national data collection requirements. In terms of service planning, this should provide consistency, improved accuracy in identifying community health service needs and the ability to compare those needs across the State.

## Service planning benchmarks

Queensland Health has continued to develop service planning benchmarks, to ensure consistent and agreed projection methodologies are used to determine service requirements. These benchmarks are intended to be used for all relevant service planning activities across Queensland. In cases where they are not appropriate, justification for the alternative must be provided.

The benchmarks are based on extensive national and international literature research, clinician input (for example through Clinical Networks) and consideration of practice in other jurisdictions. There are currently eight endorsed benchmarks and a further eight are expected to be endorsed by the end of 2010.

## Prioritising needs

Under the new Guide, Queensland Health requires planners to develop criteria for prioritising needs and strategies. A list of recommended criteria has been developed. However, the Guide also recommends that the local service environment and input from relevant stakeholders should also inform the final prioritisation of service needs.

Planners are then to analyse service options for priority needs. In considering the endorsement of service options, IPPEC assess:

- the ability to implement each option
- the evidence base supporting the options
- alignment with the Clinical Services Capability Framework
- other service frameworks and endorsed service delivery models.

Queensland Health has acknowledged that, provided resource implications are rigorously assessed and prioritisations are made as part of the planning process, needs identification should not be constrained by a lack of allocated or identified implementation resources.

Queensland Health's service planning frameworks and templates also require service planners to consider and identify alternative service delivery models in future service provision.

## Service plan funding and resourcing

Under Queensland Health's new processes, endorsed service plans must be appropriately supported by enabling plans (such as capital infrastructure, funding, workforce, and information management) and clinical and operational support services (such as pathology, pharmacy, and catering). To provide clear information regarding the implications of each strategy, costing of the service is required where additional resources are sought.

While IPPEC provides central oversight, coordination and endorsement of Statewide planning activity, the framework provides for involvement by other corporate committees in the final endorsement processes to ensure all endorsed service plans are adequately supported by resources and funding. Such committees include the Human Resources Executive Committee, Information Communication Technology Executive Committee, Health Infrastructure and Projects Executive Committee, and the Resource Executive Committee.

Queensland Health advised that district led planning which identifies service or operational improvement within budget is encouraged. However, service planning that addresses significant population growth, major infrastructure projects and/or significant service reform will usually require resources additional to district operational budgets. This service planning is led at a corporate office level in consultation with the district/hospital and requires the service need and the additional resources required to address that need to be articulated in a preliminary evaluation submitted to government in consultation with the districts and hospitals.

The purpose of the preliminary evaluation stage is to provide sufficient information to government decision makers to enable them to make an informed decision as to whether to proceed further with the project by investing in fully developing a business case. Therefore, the information that is generated in the preliminary evaluation stage should be sufficiently detailed to facilitate an assessment of the priority and affordability of the project options.

Given the short timeframe since the original audit and the limited number of corporately endorsed service plans developed under the new framework, this audit was unable to fully assess whether strategies within service plans are supported by enabling plans such as workforce, capital infrastructure and information management. However, it was noted the Townsville Clinical Services Plan, which covers the Townsville Hospital redevelopment, has been linked to funding, infrastructure planning and a comprehensive workforce plan.

## Case study – Townsville Hospital health service planning

### Findings from Report No. 2 for 2009

As highlighted in the original audit (Report No. 2 for 2009), the Queensland Government announced in 2006, a 100 bed expansion of The Townsville Hospital by 2011.

The audit (Report No. 2 for 2009) found that the planning and decision-making process over the need and allocation of additional beds was unclear. The decision to announce the provision of additional beds was made in the absence of an endorsed health service plan and capital infrastructure plan. It was also unclear whether the additional bed numbers had been factored into the draft 2008 Townsville District Health Services Plan.

The audit noted a number of limitations in the budgeting and planning processes. For example, services such as medical records, pharmacy, hotel services and waste management were not scheduled to expand in parallel with the increased beds and did not appear adequate to support the new expanded clinical services. The audit also noted that the 2009 business case (prepared as part of the funding submission process) recognised that unless additional funds were granted, the commitment would establish a service that will be dysfunctional.

This example was used to illustrate the importance of comprehensive health service planning.

### Findings from this follow up audit

PCB subsequently undertook a comprehensive review of the draft 2008 Townsville Health Service District Services Plan. This review highlighted a number of inadequacies including:

- poor linkages with Statewide direction and regional planning
- the use of data
- assumptions and methodologies not consistent with departmental standards and inconsistently applied
- no prioritisation of strategies.

An outcome of PCB's review and further planning work was the Townsville Hospital Clinical Services Plan, in October 2009. A decision was made by the Executive Management Team to focus on the Townsville Hospital only, due to the significant government commitments and infrastructure projects which had already been endorsed and the limited planning resources and tight time frames set.

The current construction work and the draft 2010 infrastructure plan have taken into account the requirement for additional services to support the expansion of the hospital.

### Conclusion

This case study highlights the importance of establishing a comprehensive service planning process that not only considers the future needs of the population, but also assesses additional resource implications for the hospital in increasing the number of beds. Enabling plans, such as workforce, capital infrastructure and information management, will identify implications and the need for further resources.



## Framework to monitor and evaluate service plans

The Guide to Health Service Planning highlights the importance of developing and initiating an implementation plan to assist in managing the change process. It allows for a transfer of responsibility from the planner to those who have been tasked with, and are accountable for, implementation of the plan's strategies. The Guide states that an implementation plan should include:

- mechanisms to progress the plan's strategies within the appropriate operational processes
- the position nominated responsible for progressing each strategy
- a communication plan to advise all key stakeholders how the plan will be implemented, who is responsible, the timeframe for completing the strategy and how strategies will be monitored
- an evaluation plan that includes the key performance indicators against which the successful implementation of the plan will be measured and evaluated.

An example of a template to identify strategies, performance indicators, timeframes, responsible officers and resources is included in the Guide.

The Guide also outlines the importance of monitoring, reviewing and evaluating plans however there are limited minimum requirements and no specific processes recommended.

An implementation supplement is nearing completion. It will expand on the requirements outlined in the Guide and link with other departmental governance and performance management frameworks. The supplement should provide additional guidance and outline the requirements for:

- developing an implementation plan
- establishing KPIs to monitor progress against service plans
- the process that should be undertaken to regularly monitor, review and evaluate plans.

Implementation and monitoring of strategies included in service plans were mainly occurring through the annual operational planning process, with varying levels of maturity. None of the districts visited were using the template or an appropriate alternative, to implement and monitor strategies in their service plans.

## Work that still needs to be done

To fully implement the recommendations of *Auditor-General Report to Parliament No. 2 for 2009 Health service planning for the future*, Queensland Health will need to:

- complete a district health service plan for all districts in accordance with their proposed 'district service planning' schedule. Under this schedule all districts will have a district service plan completed within three years.
- enhance information available on monitoring, reviewing and evaluation of service plans ensuring clear minimum standards are established. An implementation supplement, nearing completion, is intended by the department to cover these aspects.
- implement systems to improve primary and community data collection to facilitate the identification of community based services.
- implement a formal methodology for prioritising service planning activity within PCB.

# 4

## Management of patient flow through Queensland hospitals

### Summary

#### Background

*Auditor-General Report to Parliament No. 5 for 2009 – Management of patient flow through Queensland hospitals* looked at the efficiency and effectiveness of the management of patient flow including admission to, and discharge from hospital.

#### Key findings from follow up audit

- There has been significant activity in addressing and managing patient flow issues.
- The Centre for Healthcare Improvement (CHI) has been established to play a key role in managing patient flow and driving change. It was evident from the fieldwork undertaken that patient flow is now considered to be 'everyone's business'.
- The Patient Flow Strategy (PFS) was launched in March 2010 and road shows began in May 2010 to promote the strategy. The road shows provide hospitals with a structured approach to patient flow training for medical and non-medical staff.
- A performance reporting system has recently been implemented with the PFS. It includes provision for monitoring and managing non-compliance and underperformance.
- Timely training is needed at the district and hospital level in the new PFS reporting system, which includes data interrogation, analysis and interpretation techniques.
- There was increased activity in addressing patient flow issues at the district and hospital levels. However, it will be some time before the material impacts on patient flow and patient outcomes become evident and for the results to show in the metrics for each hospital.
- The corporate assessment framework which will be used to evaluate new service delivery models of care for inclusion in the PFS, could be tailored for use at districts and hospitals so they can evaluate their process improvement initiatives.
- The process of recording and updating the estimated date of discharge (EDD) is undertaken irregularly at three of the four hospitals assessed. More consistent monitoring of EDDs in the patient administration system and the reporting of compliance is identified as an improvement opportunity.

## 4.1 Background

### Overview of Report to Parliament No. 5 for 2009 Management of patient flow in Queensland hospitals

#### Audit overview

*Auditor-General Report to Parliament No. 5 for 2009 – Management of patient flow through Queensland hospitals* looked at the efficiency and effectiveness of the management of patient flow including admission to, and discharge from hospital.

Audit fieldwork for the original audit (Report No. 5 for 2009) was conducted from November 2008 to March 2009 at Queensland Health's corporate office in Brisbane and at the following health service district offices and hospitals:

- Metro North district office
  - Royal Brisbane and Women's Hospital
  - The Prince Charles Hospital
- Gold Coast district office
  - Gold Coast Hospital
- Townsville district office
  - The Townsville Hospital
  - Charters Towers Multi Purpose Health Services (hospital)
- Mt Isa district office
  - Mt Isa Hospital.

#### Overall findings

Queensland Health recognised the importance of efficient patient flow, and had introduced a number of initiatives to improve hospital systems. The audit found increased action was required to ensure these initiatives were implemented consistently across the State. In addition, the performance management system in place at Queensland Health required further development to enable management to fully assess whether hospital patient flow processes across the State were efficient and effective. The audit found that:

- There were a number of Statewide frameworks that provided general guidance and minimum standards to facilitate patient flow through hospitals. However, the application of these frameworks had not been fully monitored.
- There were some corporate systems to formally identify locally implemented inpatient flow initiatives and then share the benefits and learnings from these initiatives across the State. However, there was a lack of awareness of these initiatives at some of the hospitals visited.
- Inconsistent admission and discharge policies and procedures across hospitals that did not always comply with corporate guidance.
- Only three of the six hospitals visited in the 2009 audit (Report No. 5 for 2009) had documented bed management policies and procedures. This could result in inconsistent bed management practices.

- Initiatives contributing to efficient patient discharge were observed in some hospitals visited in the 2009 audit, however, there were barriers to timely patient discharge including insufficient discharge planning, not recording and updating estimated discharge dates, and limited out-of-hours discharges.
- There was no hospital-wide monitoring, analysis or reporting of the appropriateness of staff skill mix throughout hospitals and its impact on patient flow.
- While most staff appeared to have general patient flow skills and knowledge, there would be benefit for all staff involved in the patient journey to gain a better understanding of patient flow processes through regular training.
- Queensland Health had processes in place to monitor some aspects of hospital performance. However, there was no clear and consistent mechanism to guide performance monitoring and reporting across hospitals, districts and corporate for inpatient flow or for interaction with external health service providers.
- While Queensland Health monitored some patient flow outcome measures such as access block, a comprehensive suite of outcome measures was not consistently used or analysed by district or corporate management.

While hospitals can develop and implement solutions independently to address patient flow challenges, maximum efficiency can be gained from a coordinated and holistic approach to improving systems and processes through sharing examples of better practice. A whole of system approach to address patient flow issues was recommended to reduce the ripple effect on patient care, such as ambulance waiting times and hospital capacity.

These findings are detailed in Report No. 5 for 2009 Management of patient flow, which is available on our website [www.qao.qld.gov.au](http://www.qao.qld.gov.au)

### *Auditor-General Report to Parliament No. 5 for 2009 – Management of patient flow through Queensland hospitals audit recommendations*

The recommendations made in the 2009 report (Report No. 5 for 2009) are summarised below.

It was recommended that Queensland Health:

- monitor compliance with implemented patient flow frameworks, policies and procedures and take action to address non-compliance with approved policies
- create greater consistencies and efficiencies by further developing systems to identify and assess localised better practice on patient flow, and communicate and implement relevant better practice
- improve patient flow systems to reduce bottlenecks and delays, through:
  - reviewing discharge planning at all hospitals
  - investigating and developing bed management systems
  - implementing a system to monitor the staff skill mix
  - continuing to deliver ongoing formal training on patient flow concepts and processes to all relevant staff
- develop a suite of performance indicators for all aspects of patient flow and interaction with external health service providers to be reported against consistently by all hospitals and actively monitored by an identified corporate area.

The detailed recommendations made can be found in Appendix 7.2 of this report.

## 4.2 Follow up audit findings

Based on the recommendations made in the 2009 audit (Report No. 5 for 2009), progress made by Queensland Health and areas identified as still requiring development are outlined as follows.

### Direction

Strong governance strategies have been implemented in Queensland Health since the tabling of the original audit report in 2009. The Centre for Healthcare Improvement (CHI) has been established to play a key role in managing patient flow and changing the organisation's culture to achieve large scale change throughout Queensland hospitals. The Access Improvement Service (AIS) branch has been created within the CHI Division to provide overall governance and coordination for patient flow issues. It is the central body responsible to coordinate, monitor and report on patient flow issues at all levels across the State, and is supported by a Patient Flow Steering Committee.

The Patient Flow Steering Committee provides executive oversight, direction, guidance and support to CHI in the development of the Statewide patient flow framework, supporting guidelines and toolkit. It also endorses and promotes the policy framework across the state. Statewide membership includes a number of district Chief Executive Officers (CEO) and executive directors, and senior clinical and nursing representatives. The committee is chaired by the CEO CHI.

There has been a coordinated and integrated approach to raising the profile and importance of patient flow. This has predominantly been through the development and introduction of the Health Patient Flow Strategy (PFS), as well as through the drive for change at the hospital level. The PFS was developed in response to the *Auditor-General's Report No. 5 for 2009 Management of patient flow through Queensland hospitals*. It outlines a Statewide, standardised and structured approach to managing patient flow, that applies to all Queensland public hospitals.

The PFS was launched in March 2010, attended by key health administrators, clinicians and nursing staff. Road shows commenced in May 2010 to promote awareness of the strategy across the State. The largest hospitals were the initial target for the road shows, followed by an ongoing program of visits. It is expected that this policy framework will provide hospitals and districts with a consistent approach to patient flow training for medical and non-medical staff.

### Monitoring

CHI is responsible for monitoring district and hospital performance as well as compliance with the patient flow framework, using a new mandatory performance reporting and assessment process. The Performance Escalation Protocol (PEP) provides the framework for the ongoing management of patient flow indicators that support the PFS. Hospitals will be required to meet defined performance targets or show action plans for improvement if targets are not met. Performance issues are escalated to an appropriate level where necessary.

The AIS supports the districts and hospitals where under-performance is identified. For example, improved diagnostic reports have led to issues being more clearly understood, with clinical redesign interventions put in place to address them. The AIS actively monitors and reports on each district's performance to ensure expected performance improvement occurs. Accountability mechanisms have been developed to measure impact, monitor and report on the implementation of the PFS to ensure compliance. Measures are contained within each district CEOs Performance Agreement.

The monitoring of district and hospital performance by CHI is being staged to coincide with the PFS road show schedule. Therefore, the effectiveness of this process can not be assessed at this point in time.

## Support

The PFS is supported by a toolkit which includes evidence-based, internationally proven strategies and service delivery models (interventions) to improve patient flow by reducing bottlenecks and delays in the patient journey. There are currently 28 proven service delivery models to solve particular patient flow problems using a process redesign approach. The models provide a consistent approach to address patient flow issues in public hospitals across the State.

The AIS uses data interrogation techniques in their performance management system to identify existing patient flow blockages in the course of planning and developing specific interventions at hospitals. Each intervention is implemented and tested, and its effectiveness evaluated prior to inclusion in the PFS.

During fieldwork, audit observed varying levels of maturity in the process undertaken by districts and hospitals to evaluate process improvement initiatives. The AIS includes a District Engagement and Support Team which is the central coordinating body for managing process improvement initiatives. The team is developing an assessment framework to implement a standardised process to evaluate new service delivery models and relevant district process improvement initiatives.

It is considered that the framework could be tailored for use at the hospital and district levels to achieve a consistent approach when assessing the outcomes and benefits of such models. This will provide robust evidence and assist decision-making when determining whether to implement a particular patient flow solution as standard practice across facilities in the district.

The PFS toolkit contains a set of practical tools to assist facilities implement sustainable improvements to patient flow. It includes detailed diagnostic tools, and a methodology to help define and measure specific problems and an aid to prioritise patient flow issues. Service delivery models, case studies, supporting documentation and performance monitoring and reporting information to facilitate mandatory reporting requirements are also available.

Systems have been developed to identify, assess, monitor, report and share initiatives that originate either at corporate office, such as the service delivery models, or at the hospital level. In addition, there is a submission process for initiatives originating at the hospital level to seek funding from corporate office. One example of a unique process improvement initiative was in practice at the Townsville Hospital as illustrated in the following case study.

## Case study – Townsville Health Service District

### '2 hour admission rule' – using the push system to improve patient flow

#### The Townsville Hospital (TTH)

Patients in Emergency Departments (ED) waiting for an inpatient bed for an extended period of time is a common occurrence in busy tertiary hospitals. Delays in patients being admitted to a ward can be caused by the requirement of a ward clinician to review the patient in ED prior to authorising admission to a ward. Frequently, ward clinicians are extremely busy and cannot go to the ED on a timely basis to review patients for admission to their ward.

Within TTH discussions took place between clinicians and management to work out a solution to address unnecessary delays. As a result of effective collaboration across all service lines, the '2 hour admission rule' was agreed upon and is documented in the hospital's admission policy:

*'Patients in the Emergency Department, [whom have been assessed as needing admission to an inpatient ward] referred to an inpatient team, shall be seen /consulted within 2 hours of that referral. If this does not occur, with notification to the inpatient team consultant and in the presence of an available inpatient bed, the patient can be admitted to a ward with interim orders written by Emergency Department staff.'*

The process has improved communication between ward clinicians and the ED, and minimised the occurrence of patients waiting in the ED for a bed. Now, if a patient is waiting in ED for admission to a ward the 'interim orders' assist patients being admitted to a bed earlier than usual if an inpatient bed is available. The rule clearly places an expectation on staff to ensure patients in ED are admitted to a ward within a reasonable period of time when an inpatient bed is available.

#### Why is this better practice?

The '2 hour rule' is a unique process improvement initiative for a high demand hospital, frequently operating at capacity. The rule results in less waiting time in the ED for patients assessed as needing admission to an inpatient ward, subject to the availability of an inpatient bed. The need for an inpatient medical officer to assess a patient is formed when the inpatient admitting team is fully occupied in the ward.

Significant effort has been undertaken by CHI to promote awareness of the PFS and toolkit. A range of strategies have been developed to facilitate effective implementation. These strategies are implemented on an ongoing basis to engage and support clinicians and other key staff in resolving patient flow issues. They include:

- a schedule of road shows across the State
- a Patient Flow website on the Queensland Health Intranet that contains all the elements of the toolkit
- daily conversations by AIS staff with district and hospital staff to inform them of process improvement initiatives being implemented and to assist with any issues
- AIS staff placed in specific service lines to assist hospital staff to resolve patient flow issues
- a number of dedicated CHI staff to support hospital staff on location
- teams from Clinical Networks sent to 'hot spot' hospitals
- patient flow presentations by the CEO, CHI at district CEO forums and Clinical Network meetings
- a dedicated patient flow email address
- a PFS newsletter.

The schedule of initial road shows and subsequent follow up visits provide hospitals with a structured and consistent approach to managing patient flow for medical and non-medical staff. To date, the road show has been held at 13 hospitals. The road show at Townsville hospital was attended during the course of the audit. It will take time to develop a plan to integrate the PFS into operational areas, to review and select relevant service delivery models and for the results to show in the metrics for the hospital. The AIS will undertake formal evaluation on the value of the road show once the initial schedule has been completed.

The audit also found examples of strong patient flow related governance at the hospital level. The following case study outlines the patient flow governance structure at the Princess Alexandra Hospital.

## Case study – Metro South Health Service District

### Governance structure facilitates strong focus on patient flow at all levels

#### Princess Alexandra Hospital (PAH)

PAH is a tertiary hospital that frequently operates at full capacity. The hospital has established a sound governance structure at all levels to ensure patient flow issues are identified, monitored, managed and reported to at an appropriate level across the district. Specifically, two units are primarily responsible for managing patient flow: the Patient Flow Unit (PFU) and the Patient Access Operational Committee (PAOC).

#### *Patient Flow Unit (PFU)*

The Unit was established in March 2007 as a dedicated unit to manage patient flow. A Director of Nursing and 5 staff work in the Unit. The PFU is also responsible for the Transit Lounge facility and the Bed Management Unit.

The Unit has a strong focus on using performance data to identify patient flow issues. Information analysts in PFU produce performance reports and provide analysis of issues. They have also developed an information system called FACE (Forecasting Activity Capacity Electronically) to more effectively manage beds using, as near as possible, real time data.

Process improvement initiatives are managed by the PFU and PAOC. Once the PFU has identified a patient flow issue a report is provided to PAOC for endorsement prior to commencing a trial. Initiatives are selected and prioritised by PAOC. Selection of a project is based on who is available in the Patient Flow team to support the initiative and the level of impact on patient flow.

The Unit undertakes an evaluation process to determine if a process improvement initiative can be used more broadly across the hospital. Once the process has been implemented and tested it will be introduced to one area for an appropriate period of time to identify further improvements. When ready it may be rolled out across the district, where appropriate.

PFU has developed an Action Directory to record process improvement initiatives and ideas for improvement that have been raised at various meetings and forums attended by PFU staff.

Patient flow staff are regular attendees at the medical and surgical division's meetings, clinical council meetings, and are members of PAOC. The PFU has a standing agenda item at all meetings where they provide an update on their work. They pro-actively request attendees to advise them of any patient flow issues so they can assist accordingly. This wide spread involvement in the hospital's operations ensures the Unit is well informed and up-to-date with patient flow issues so they can act in a timely manner to address them. Similarly, the attendees at the meetings are kept up-to-date with the work undertaken by the Unit and provide feedback on initiatives.

The PFU is also responsible for policy and flowchart reviews.

#### *Patient Access Operational Committee (PAOC)*

The PAOC monitors patient flow activities throughout the hospital and initiates corrective actions where patient flow issues arise. Membership includes representation from all divisions and the PFU. The committee meets weekly and provides briefings to the District Executive Committee.

Regular agenda items include a review of performance reports such as the Hospital Wide Dashboard report. Updates are provided by all divisions e.g. medicine, surgery, allied health, the Transit Lounge facility and the PFU on process improvement initiatives.

### Why is this better practice?

The PFU and PAOC provide a strong, coordinated governance approach to managing patient flow at the PAH. The representation by PFU at key meetings throughout the hospital is an effective, integrated two-way process to ensure patient flow issues are identified and resolved in a timely manner across the hospital.

The establishment of the PFU and the PAOC supports the recommendation in the PFS that there needs to be ultimate accountability and responsibility for patient flow management.<sup>4</sup>

<sup>4</sup> Department of Health, *Queensland Health Patient Flow Strategy 2010*.



## Discharge

A formal review of discharge planning has not been undertaken across the State. However, many PFS service delivery models include processes to improve discharge practices such as discharge planning and the recording and regular updating of estimated discharge dates (EDDs). In particular, the Criteria Led Discharge Project, which is underway at 10 pilot sites, is expected to have a significant impact on discharge efficiency and average length of stay across the State, particularly when hospitals experience increased demand that may lead to bed block, especially when reaching capacity.

Some hospitals have clear guidelines when EDDs should be recorded and updated however, in practice it is undertaken irregularly at the three of the four hospitals assessed in this audit. One tertiary hospital has implemented an automatic seven day default date for EDDs in the patient administration system, which is required to be reviewed and updated on a daily basis. It has also implemented vigilant systems to ensure EDDs are recorded and monitored across the hospital and reported to executive management. This contributes to the hospital having a reliable system to manage patient flow particularly when experiencing high demand. As a result, bed management and the avoidance of exit block has improved. Monitoring EDDs and greater enforcement and take up of the EDD policies was identified during the follow up audit as an improvement opportunity.

The following case study outlines the pull system to improve patient flow at Townsville Hospital.

**Case study –  
Townsville Health Service District**

**Discharge efficiency – using the pull system to improve patient flow**

**The Townsville Hospital (TTH) – Day of Discharge Unit (DoDU)**

The DoDU was established primarily to more effectively address access block through the timely transfer of patients from the Emergency Department (ED) to ward accommodation. It also provides accommodation for inpatients who are medically ready for discharge, and for those patients who require day treatment.

The two elements that have led to the success of this Unit are its location and it being embedded in the hospital practice of discharging patients.

The location was considered important so it had to be:

- located close to transport facilities to enable convenient transfer of patients
- a visible location to enable families to easily locate patients
- sufficient size to accommodate required services.

The use of the DoDU has become embedded in hospital practice due to factors including:

- The Manager, Bed Management is based at the facility to actively manage the DoDU.
- The role of coordinating patient transport and the medical aids service were transferred to the Unit in order to improve the flow of patients from the wards, who otherwise may not have been transferred because of transport issues, or may have been waiting for medical aids.
- The role of discharge coordination is located physically adjacent to the DoDU to ensure there is maximum opportunity for good communication.
- Staff from the Unit attended ward meetings and Institutes' management meetings to outline the role and functioning of the Unit and how the wards can improve their accommodation availability through the effective use of the Unit's service.
- DoDU staff are provided with a printout of the expected discharges for each day. The wards are contacted each morning to determine which patients potentially could be transferred to the Unit. This pro-active approach pulls patients to the Unit. At the end of each day the list of potential transfers is compared to the actual transfers and the wards are required to explain any variation.
- Patients waiting for transfer from ED are expected to be accommodated in the facility to ensure it is fully used.

Results show that the daily average number of patients transferred from the wards has increased from 10.4 for the period June-September 2009 to 15.6 for the period January to April 2010, a 50 per cent increase. On average, 15 beds per day are made available earlier than would have occurred pre DoDU to enable transfer of patients from the ED.

**Why is this better practice?**

TTH is a busy tertiary hospital for North Queensland. Demand for inpatient beds is constantly high. The establishment of the DoDU has helped alleviate access and exit block. A positive approach is used by DoDU staff to identify suitable patients and make sure they utilise the facility. This approach improves patient flow and frees up inpatient beds.

## Bed management

The AIS has recently developed a system-wide approach to bed management. Clear direction and strategies are provided to districts in the PFS together with timely support and guidance. There is now a requirement that each hospital has capacity plans and year-round bed management plans that work alongside their admission criteria and discharge policies. Districts will now be required to submit bed management reports on a four-monthly basis to AIS.

Work is underway to implement a patient admission prediction tool which is expected to be implemented on a staged basis across the State. It may be incorporated into the Bed Manager software system used by some hospitals as a means of using real time data for bed allocation.

## Monitoring skill mix

Rostering staff by hospitals to improve patient flow, particularly on weekends and during periods of high demand, is difficult. Hospitals operate their own rostering systems as management have direct knowledge of the varying types of patient acuity and demand at their hospitals. Similarly, they are responsible for employing the optimal skill mix to match such demand, subject to the availability of appropriate staff and the constraints of their budget.

Various strategies have been developed by corporate office to assist districts to manage workforce and skill mix issues. Strategies include service delivery models that use innovative clinical workforce redesign approaches. For example, each district's annual bed management plan identifies staffing needs to help them more effectively manage demand. A new workforce planning tool is also being rolled out which is designed to standardise, guide and enhance workforce planning across the State.

Queensland Health recognise that major hospitals will need to gradually move from a five to seven day business model and redesign their services to manage demand. However, industrial and training issues impose constraints on districts rostering clinicians out of hours and on weekends to manage demand. There are good governance mechanisms in place to manage these issues, and negotiations are underway with Unions to progress problems to improve staff flexibility, although this process will take time.

## Training

The AIS has a dedicated unit responsible for facilitating ongoing training and education in patient flow concepts and clinical redesign methodology that underpin the PFS. It is expected that the policy framework and the road shows will provide hospitals and districts with a consistent approach to patient flow training for medical and non-medical staff.

Innovative strategies have been developed by AIS to formally train and support district and hospital staff in the implementation of the PFS service delivery models, and the roll-out of pilot projects across the State to address specific patient flow issues.

Education and training strategies include the Patient Flow website, regular email and phone support by AIS, and formal training that includes building capacity in the districts with a train the trainer approach. In addition, the CEO CHI, plays an active role in supporting clinicians to resolve issues through presentations at Clinical Network meetings and at District CEO forums.

## Performance framework and indicators

Queensland Health has introduced a performance management framework to manage performance. This includes 20 standard key performance indicators (KPIs) and associated targets relating to patient flow. The standard KPIs support the patient flow agenda and are incorporated in the performance agreements of relevant district and divisional executive. They are cascaded throughout the districts and hospitals. The KPIs are reviewed annually for appropriateness.

Performance reporting and assessment against the KPIs and targets is mandatory. Reporting is done monthly and quarterly to allow performance issues to be identified early and acted on. Performance is assessed against the targets according to a Performance Escalation Protocol.

AIS has developed an additional 18 KPIs that focus on six key areas which complement the standard KPIs and allows benchmarking across Queensland public hospitals. A new electronic dashboard reporting system has been developed as part of the PFS toolkit. It will provide performance data reports for key and complementary indicators to enable facilities to identify patient flow problems, support clinical and managerial decision making, provide them with greater capability for managing patient flow, and to monitor their progress.

The new reporting system will also include strategic reports on each district's performance against the standard KPIs for patient flow. Each hospital will be measured on their performance improvements achieved through implementing the PFS service delivery models and their impact over time. CHI is responsible for providing diagnostic reports to hospitals, and for the monitoring and reporting on district and hospital performance.

The reporting system is introduced to the districts during the PFS road show. It is considered that it could assist hospitals and districts to better understand and act more quickly in addressing their patient flow issues if CHI trains end users on a timely basis after each road show. This training could include data interrogation along with analysis and interpretation techniques to assist in the use of diagnostic tools in the PFS toolkit.

Nationally benchmarked stretch targets are set at a level to challenge staff to consider alternative service delivery models to improve patient flow.

The Queensland Health performance management framework and CHIs new performance monitoring and reporting system provide a consistent approach to managing public hospital performance across the State. The appropriateness and effectiveness of the performance system can be assessed once it has been fully implemented, tested and refined over time.

### Work that still needs to be done

To fully implement the recommendations of *Auditor-General Report to Parliament No. 5 for 2009 Management of patient flow through Queensland hospitals*, Queensland Health will need to:

- continue the roll-out of the PFS across Queensland major public hospitals, and then commence targeting medium and smaller hospitals where patient flow issues exist
- fully implement the proposed system for assessing, monitoring and evaluating the impact of process improvement initiatives
- provide timely training at the district and hospital level in the new PFS reporting system, that includes data interrogation, analysis and interpretation techniques
- tailor the proposed corporate assessment framework which will be used to evaluate new service delivery models of care for inclusion in the PFS, for use at districts and hospitals so they can evaluate their process improvement initiatives
- ensure the take up of specific Statewide patient flow initiatives such as the process of recording the estimated date of discharge for inpatients.



# 5

## Quality assurance and engaging clinicians

### Summary

#### Background

The audit assessed whether Queensland Health has a sound quality assurance process to ensure:

- endorsed initiatives and strategies are implemented and evaluated
- policies and procedures are adhered to at all levels.

The audit also assessed whether Queensland Health has a clear communication strategy to ensure clinicians are engaged in endorsed improvement initiatives as required.

#### Key findings

- Queensland Health has developed appropriate quality assurance processes which, when fully implemented, should help ensure endorsed initiatives and strategies are implemented and evaluated and that policies and procedures are adhered to.
- Various communication strategies have been developed and implemented to engage clinicians in service planning and patient flow process improvement.

## 5.1 Quality assurance processes

Queensland Health recently revised its quality assurance process, including the development of the Queensland Health Governance Framework (February 2010). The framework outlines the principles and mechanisms used to ensure adequate accountability and encourage performance improvement. A Performance Management Framework was also developed in June 2010. This framework explains how accountability is assigned for the achievement of strategic objectives, through the development of performance agreements and performance indicators, and ongoing performance measurement, reporting and management. The development and implementation of lower level measurement and reporting will take a further one to two years.

Performance Management Implementation Guidelines and a Toolkit have been developed to enhance the Performance Management Framework. The Toolkit provides a more detailed explanation, with practical advice, checklists and templates to help districts and divisions. A Toolkit is also being developed to support the Queensland Health Governance Framework.

When fully implemented, these frameworks and toolkits should provide the department with a sound quality assurance process to ensure endorsed initiatives and strategies are implemented and evaluated and policies and procedures are adhered to.

## 5.2 Engaging clinicians

It is considered that a clear communication strategy to engage clinicians in endorsed improvement initiatives has the following benefits:

- involving clinicians in shaping the initiatives would lead to greater clinician satisfaction with the final product
- a broader perspective helps to challenge traditional thinking and encourages innovation in problem solving
- greater ownership by clinicians increases the likelihood of successful implementation
- enhanced transparency and communication between corporate and clinicians.

Queensland Health has developed various communication strategies to engage clinicians in improving service planning and process improvement initiatives to address patient flow issues.

Health service planners are encouraged to engage with stakeholders throughout the health service planning process to ensure a plan is successful and implemented. A Consultation Supplement has been produced to provide information and guidance to assist service planners undertake consultation activities. This supplement directly refers to engagement with clinicians.

In terms of patient flow, the Centre for Healthcare Improvement (CHI), plays an active role in engaging clinicians at various forums. For example, clinical network meetings are used to discuss patient flow issues common across the State, with the purpose of developing process improvement initiatives to address them.

CHI is also responsible for developing and promoting the Patient Flow Strategy (PFS), launched in March 2010, and attended by key clinicians from around the State. The PFS is currently being promoted through road shows at the 23 largest hospitals and there is significant effort by CHI to ensure key clinicians attend at each hospital.

Queensland Health's PFS includes innovative service delivery models to address patient flow issues. It was developed through widespread consultation and working jointly with hospital and other staff. The PFS includes a number of service delivery models that were developed by clinicians and were either being trialled or were already in place at a number of Queensland hospitals.

A Patient Flow Steering Committee has been established, which includes clinicians from around the State, providing executive oversight of patient flow policy and strategy development, and coordination and integration within Queensland Health.

The committee's role includes:

- considering identified issues and risks
- providing direction to other clinicians and hospital staff on implementation implications including links with other Queensland Health initiatives
- communicating and advocating improvement initiatives to other clinicians and hospital staff.





# 6

## Impact of the National Health and Hospitals Network Agreement

### Summary

#### Background

As part of the Australian Government's National Health Reform Plan, the Commonwealth, States and Territories have entered into a National Health and Hospitals Network Agreement. The National Health and Hospitals Network will be a nationally unified and locally controlled health system. The Commonwealth will be the majority funder of public hospital services and the States will be responsible for system-wide public hospital service planning and performance, purchasing of public hospital services and capital planning.

#### Key impact

- Although these national health reforms are significant, it is unlikely that they will have a large impact on Queensland Health's ability or need to implement the recommendations made in the original audit reports.

## 6.1 Background

Under the new system, States will purchase services from Local Hospital Networks (LHNs) under a service agreement between each LHN and the State. LHNs will be established as separate legal entities under State legislation. Operational management and accountability for public hospitals will be devolved to the local level. LHNs will be the direct managers of single or small groups of public hospital services and their budgets, and will be held directly accountable for hospital performance under a new Performance and Accountability Framework.

LHNs will give communities and clinicians greater say in how their hospitals are run. State health departments will still have responsibilities for some service planning and performance management issues, and will work with networks to negotiate service contracts, meet unanticipated challenges, transfer good practice and identify and remediate poor practice.

## 6.2 Impact

In terms of service planning, under the National Health and Hospitals Network Agreement, States will still be responsible for:

- system-wide public hospital service planning and policy, including arrangements for providing highly specialised services and adjusting services between LHNs to meet changes in demand (including the number and location of staff)
- system-wide public hospital capital planning and management.

The States will also be responsible for purchasing services from LHNs under a service agreement, and will be required to understand and determine the number and broad mix of services required in the region and the quality and service standards that apply to services delivered. They will also need a solid grasp on future service requirements. It is considered that implementing a consistent and sound service planning approach, would greatly assist with this process.

In terms of patient flow, the agreement affirms that governments should continue to support diversity and innovation in the health system, as a crucial mechanism to achieving better outcomes. Nationally consistent and independent performance monitoring at the local level will build on the work already undertaken by Queensland Health. It will identify high-performing public hospitals, facilitating sharing of effective and innovative practices and incorporate strong national service standards and financial performance standards. These standards will increase accountability and drive improved patient outcomes.

State health departments will still be required to work with Clinical Networks to transfer good practice and identify and remediate poor practice. It is expected that *“in circumstances in which independent and transparent reporting concludes that network performance is good, LHN could expect relatively ‘light touch’ management from States in an earned autonomy system. Conversely, where network performance is not meeting the performance standards outlined in the service contract, State health departments will take a more visible and intrusive role”*.<sup>5</sup>

Although these national health reforms are significant, it is unlikely that they will have a substantial impact on Queensland Health’s ability to implement the recommendations made in the original audit reports.

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<sup>5</sup> A National Health and Hospitals Network For Australia’s Future Commonwealth of Australia 2010, Page 64.

# 7 | Appendices

## 7.1 Recommendations from Auditor-General Report No. 2 for 2009

It was recommended that Queensland Health:

- 1 **Implement an integrated service planning process throughout the department, with appropriate governance arrangements and clear linkages between all service plans.**  
Specifically, Queensland Health should ensure that Statewide plans are informed by priorities identified in district service plans.
- 2 **Provide adequate support to districts to build service planning capacity and ensure effective plans are produced of a consistent quality. Specifically, Queensland Health should ensure:**
  - all districts use the endorsed health service planning framework and guidance material
  - systems are developed to collect and analyse relevant community health data
  - consistent methodologies are developed and implemented to determine current and future service needs
  - service planning processes consider and document a range of service delivery options to manage identified needs
  - all needs and strategies identified in service plans are clearly prioritised using consistent criteria.
- 3 **Ensure all endorsed service plans are adequately supported by resources and funding. Specifically, Queensland Health should ensure:**
  - all endorsed service plans identify appropriate funding sources and resources for implementation
  - a process is in place to revise strategies which cannot be fully resourced to ensure critical needs are still met
  - all endorsed strategies within service plans are supported by enabling plans such as workforce, capital infrastructure and information management.
- 4 **Develop and implement a framework and guidance material for implementing, measuring progress and evaluating the success of strategies within service plans. Specifically, Queensland Health should ensure:**
  - guidance and templates are developed for implementation strategies which include specific actions, performance indicators, assigned responsibilities and timeframes
  - a monitoring, evaluation and reporting framework and templates are developed to measure progress against and success of the strategies within health service plans.

## 7.2 Recommendations from Auditor-General Report No. 5 for 2009

It was recommended that Queensland Health:

- 1 **Monitor compliance with implemented patient flow frameworks, policies and procedures and take action to address non-compliance with approved policies.**
- 2 **Create greater consistencies and efficiencies by further developing systems to:**
  - **identify localised better practice on patient flow**
  - **assess whether identified better practice can be utilised more broadly across hospitals**
  - **communicate and implement relevant better practice.**
- 3 **Improve patient flow systems to reduce bottlenecks and delays, through:**
  - **reviewing discharge planning at all hospitals from point of admission, including the recording and regular updating of expected discharge dates to ensure consistency with policy and to further develop processes within relevant hospitals**
  - **investigating and developing, in conjunction with hospitals, systems which manage bed allocation and provide real time data that is readily available to staff to assist in bed management**
  - **implementing a system to monitor the staff skill mix operating within individual hospitals to ensure rostering issues impacting on patient flow and out of hours discharge are promptly brought to the attention of management for appropriate remedial action**
  - **continue to deliver ongoing formal training on patient flow concepts and processes to all relevant staff.**
- 4 **Develop a suite of performance indicators for all aspects of patient flow and interaction with external health service providers to be reported against consistently by all hospitals and actively monitored by an identified corporate area.**

## 7.3 Acronyms

AIS	Access Improvement Service
CEO	Chief Executive Officer
CHI	Centre for Healthcare Improvement
DoDU	Day of Discharge Unit
ED	Emergency Departments
EDD	Estimated Date of Discharge
FACE	Forecasting Activity Capacity Electronically
Forster Report	<i>Queensland Health Systems Review Final Report 2005</i>
HPID	Health Planning and Infrastructure Division
HSD	Health Service District
IPPEC	Integrated Policy and Planning Executive Committee
KPI	Key Performance Indicators
LHNs	Local Hospital Networks
PAH	Princess Alexandra Hospital
PAOC	Patient Access Operational Committee
PCB	Planning and Coordination Branch
PEP	Performance Escalation Protocol
PFS	Patient Flow Strategy
PFU	Patient Flow Unit
PMS	Performance Management Systems
PPAS	Policy, Planning and Asset Services
SHSP	Statewide Health Services Plan 2007-2012
The Guide	Guide to Health Service Planning
The Act	<i>Auditor-General Act 2009</i>
TTH	The Townsville Hospital.

## 7.4 Glossary

### Access block

The situation where patients in the Emergency Department who require inpatient care are unable to gain access to appropriate hospital beds within a reasonable timeframe.

### Acute illness

Serious, but short term, medical problem with rapid onset and severe symptoms but brief duration.

### Average length of stay

The total number of days for all admissions divided by the number of admissions.

### Business/operational planning

Operational planning should follow service planning and focus on the specific activities to be undertaken within the short-term to implement the service plan, including establishing timeframes and responsibilities.

### Effectiveness

The achievement of the objectives or other intended effects of activities at a program or entity level.

### Efficiency

The use of resources such that output is optimised for any given set of resource inputs, or input is minimised for any given quantity and quality of output.

### Elective surgery

Surgery which, although deemed necessary by the treating clinician, can be delayed, in their opinion, for at least 24 hours.

### Exit block

The situation where patients occupying acute hospital beds cannot be discharged despite their acute care treatment being completed. It may result from unavailability of non-acute services, transport issues or other factors.

### Governance

Regulating systems such as coordination, monitoring and reporting, to ensure accountability, consistency and compliance with policies and procedures.

## Health service planning

Health service planning is the process of ensuring community needs are managed using a deliberate and well thought out strategy, making the most effective use of resources. The outcome should be an actionable link between needs and resources.

## Hospital staff

This includes medical officers, nurses and administrative staff.

## Inpatients

Patients who are admitted to a hospital ward or health service facility for same day or overnight treatment.

## Models of care

Different ways of delivering health care services, which may change over time.

## Monitor

Periodically assess the implementation progress of actions within service plans.

## Outcome measures

Outcome measures indicate whether changes made are leading to improvement. Outcome measures relevant to inpatient flow and interaction with external health service providers may include access block, length of stay, patient days, bed capacity and exit block (patients waiting for placement in external care).

## Patient journey

The patient experience during the course of clinical care. It begins from the pre-admission stage and continues through to post-acute care.

## Patient flow

The way in which a patient is moved through the hospital system.

## 7.5 References

*A National Health and Hospitals Network For Australia's Future Commonwealth of Australia 2010*, Page 64.

P.Forster, *Queensland Health Systems Review Final Report*, September 2005, The Consultancy Bureau.

Department of Health, *Queensland Health Patient Flow Strategy 2010*.





# 8

## Auditor-General

### Reports to Parliament

#### 8.1 Tabled in 2010

Report No.	Subject	Date tabled in Legislative Assembly
1	<i>Auditor-General Report to Parliament No. 1 for 2010</i> <i>Audit of A1 Grand Prix Agreements</i> <b>A Financial and Compliance audit</b>	4 February 2010
2	<i>Auditor-General Report to Parliament No. 2 for 2010</i> <i>Follow-up of selected audits tabled in 2007</i> <b>A Performance Management Systems audit</b>	23 March 2010
3	<i>Auditor-General Report to Parliament No. 3 for 2010</i> <i>Administration of Magistrates Court Services in Queensland</i> <b>A Performance Management Systems audit</b>	13 April 2010
4	<i>Auditor-General Report to Parliament No. 4 for 2010</i> <i>Results of local government audits</i> <b>Financial and Compliance audits</b>	21 April 2010
5	<i>Auditor-General Report to Parliament No. 5 for 2010</i> <i>Performance Reviews – Using performance information to improve service delivery</i> <b>A Performance Management Systems audit</b>	18 May 2010
6	<i>Auditor-General Report to Parliament No. 6 for 2010</i> <i>Using student information to inform teaching and learning</i> <b>A Performance Management Systems audit</b>	20 May 2010
7	<i>Auditor-General Report to Parliament No. 7 for 2010</i> <i>Information systems governance and control, including the Queensland Health Implementation of Continuity Project</i> <b>Financial and Compliance audits</b>	29 June 2010
8	<i>Auditor-General Report to Parliament No. 8 for 2010</i> <i>Results of audits at 31 May 2010</i> <b>Financial and Compliance audits</b>	6 July 2010

Report No.	Subject	Date tabled in Legislative Assembly
9	<i>Auditor-General Report to Parliament No. 9 for 2010</i> <i>Sustainable management of national parks and protected areas</i> <b>A Performance Management Systems audit</b>	5 October 2010
10	<i>Auditor-General Report to Parliament No. 10 for 2010</i> <i>Expenditure under the Nation Building – Economic Stimulus Plan at 31 August 2010</i> <b>A Financial and Compliance audit</b>	27 October 2010
11	<i>Auditor-General Report to Parliament No. 11 for 2010</i> <i>Implementation and enforcement of local laws</i> <b>A Performance Management Systems audit</b>	9 November 2010
12	<i>Auditor-General Report to Parliament No. 12 for 2010</i> <i>Follow up of 2009 health audits</i> <b>A Performance Management Systems audit</b>	November 2010

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