

# Performance

## Service standards

Table 3: Service Standards – Performance 2019–2020

Service Standards	Target	Actual
<b>Effectiveness measures</b>		
Percentage of patients attending emergency departments seen within recommended timeframes: <sup>a</sup>		
Category 1 (within 2 minutes)	100%	100.0%
Category 2 (within 10 minutes)	80%	60.4%
Category 3 (within 30 minutes)	75%	66.4%
Category 4 (within 60 minutes)	70%	85.4%
Category 5 (within 120 minutes)	70%	93.8%
Percentage of emergency department attendances who depart within four hours of their arrival in the department <sup>a</sup>	>80%	73.5%
Percentage of elective surgery patients treated within clinically recommended times: <sup>b</sup>		
Category 1 (30 days)	>98%	98.9% <sup>1</sup>
Category 2 (90 days)	>95%	92.8%
Category 3 (365 days)	>95%	88.9%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>c</sup>	<2	0.7 <sup>2</sup>
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit <sup>d</sup>	>65%	63.4%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge <sup>d</sup>	<12%	13.4% <sup>3</sup>
Percentage of specialist outpatients waiting within clinically recommended times: <sup>e</sup>		
Category 1 (30 days)	66%	84.0% <sup>1</sup>
Category 2 (90 days)	56%	33.4%
Category 3 (365 days)	94%	57.9%

Percentage of specialist outpatients seen within clinically recommended times: <sup>e</sup>		
Category 1 (30 days)	84%	70.3% <sup>1</sup>
Category 2 (90 days)	62%	46.6%
Category 3 (365 days)	67%	72.7%
Median wait time for treatment in emergency departments (minutes) <sup>a</sup>	..	14
Median wait time for elective surgery (days) <sup>b</sup>	..	43
<b>Efficiency Measure</b>		
Average cost per weighted activity unit for Activity Based Funding facilities <sup>f,g</sup>	\$ 5,005	\$5,291 <sup>4</sup>
<b>Other Measures</b>		
Number of elective surgery patients treated within clinically recommended times: <sup>b</sup>		
Category 1 (30 days)	6,805	6,012 <sup>1</sup>
Category 2 (90 days)	7,278	6,294
Category 3 (365 days)	3,966	2,731
Number of Telehealth outpatient occasions of service events <sup>h</sup>	2,176	5,939

Page Break Table 3: Service Standards – Performance 2019-20 (continued)

Service Standards	Target	Actual
<b>Other Measures (continued)</b>		
Total weighted activity units (WAU's) <sup>g</sup>		
Acute Inpatient	145,787	139,771 <sup>5</sup>
Outpatients	36,575	35,772
Sub-acute	11,537	11,041
Emergency Department Mental Health	28,632	26,596
Prevention and Primary Care	16,786	15,983
	3,263	3,672
Ambulatory mental health service contact duration (hours) <sup>d</sup>	>90,125	86,298
Staffing <sup>i</sup>	8,385	8,784

Table 3: Service Standards – Performance 2019-2020 (continued)

Service Standards	Target	Actual
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Ambulatory mental health service contact duration (hours) <sup>d</sup>	>90,125	86,298
Staffing <sup>i</sup>	8,385	8,784

<sup>[1]</sup> Non urgent elective surgery and specialist outpatient services were temporarily suspended as part of COVID-19 preparation. Seen in time performance and service volumes were impacted as a result.

<sup>[2]</sup> The Epidemiology and Research Unit in the Communicable Diseases Branch are unable to provide full year SAB data as resources are redirected to the COVID-19 response. SAB data presented as Mar-20 FYTD and is preliminary.

<sup>[3]</sup> Readmission to acute Mental Health inpatient unit data presented as May-20 FYTD.

<sup>[4]</sup> Cost per WAU data presented as Mar-20 FYTD.

<sup>[5]</sup> Delivery of activity and weighted activity units was impacted by two significant factors in 2019-20; the introduction of a revised Australian Coding Standard "0002 Additional diagnoses" from 1 July 2019, resulted in lower weighted activity units being calculated for admitted patients relative to the same casemix of 2018-19 year and COVID-19 preparation and the temporary suspension of non-urgent planned care services reduced the volume of patient activity. Activity data presented is preliminary. Data presented is full year as at 17 August 2020.

**Source:** <sup>a</sup> Emergency Data Collection, <sup>b</sup> Elective Surgery Data Collection, <sup>c</sup> Communicable Diseases Unit, <sup>d</sup> Mental Health Branch, <sup>e</sup> Specialist Outpatient Data Collection, <sup>f</sup> DSS Finance, <sup>g</sup> GenWAU, <sup>h</sup> Monthly Activity Collection, <sup>i</sup> DSS Employee Analysis. **Note:** Targets presented are full year targets as published in 2019-20 Service Delivery Statements

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## Emergency treatment

The continued growth in presentations, along with the increasing acuity and complexity of the patients, has presented challenges for the organisation. Despite these challenges, Gold Coast Health EDs have performed well across Categories 4 and 5, exceeding targets respectively. The overall percentage of patients attending emergency departments seen within recommended timeframes was 70.22 per cent in 2019–2020, against a target of 80 per cent for all patients to be discharged home, admitted or transferred to another facility within four hours of arrival.

## Elective surgery waiting times

Providing timely access to surgery positively contributes to a patient's quality of life. During the 2019–2020 reporting period, elective surgery was affected by the COVID-19 elective surgery ramp down period.

Category 1 patients exceeded target (98 per cent) at 98.9 per cent while patients in Categories 2 and 3 were below the NEST target (95 per cent) at 92.8 per cent and 89 per cent respectively.

The COVID-19 elective surgery ramp down had a significant effect on elective case numbers in March to May 2020, but returned to full capacity in June 2020 with ramped-up internal capacity to address the resulting long-wait patients.

As part of the *Gold Coast Health Service Plan 2016–2026*, and in response to predicted procedural and surgical elective activity over this period, the Varsity Lakes Day Hospital provided staged, flexible service delivery options that were responsive to specific demand. Increased use of clinic space and ongoing review of services continued to provide improved outcomes across patient flow, waitlist reduction and theatre capacity.

## Outpatient waiting times

The health service moved from 15.5 per cent of outpatient appointments being delivered by telephone and video conference pre-COVID to 44.1 per cent.

This change allowed for service provision to continue, protected both patients and staff from unnecessary direct contact and supported patients accessing clinical care during this challenging period.

Through the work undertaken with the Queensland Treasury Corporation (QTC), the health service has introduced outpatient future focus projects of Rigorous Referral Management and Scheduling Optimisation, targeting the reduction of waiting times and introduction of sustainable system-wide solutions.

## Financial summary

### Summary of financial performance

Gold Coast Health reported a deficit of \$11.759 million for the year. A large portion of the 2019–20 operating deficit related to the increasing demand for healthcare services.

### Where our funds came from

The Queensland Department of Health commissions services from Gold Coast Health on behalf of the State and the Commonwealth. The relationship is managed and monitored using a Service Agreement underpinned by a performance management framework. The total income for Gold Coast Health for 2019–20 was \$1.660 billion (compared to \$1.567 billion in 2018–19). The primary source of funds is the Queensland Department of Health.

### Activity-based funding

In the service agreement between Gold Coast Health and the Queensland Department of Health, the measure used to quantify activity delivered is a Queensland Weighted Activity Units (QWAU). A QWAU is a measure of the level of resources consumed during the patient's journey through our health service. The value is recalculated each year based on the national average, which is determined by the Independent Hospital Pricing Authority (IHPA).

### How our funds were used

The significant increase in demand for healthcare-related services has been the primary driver behind the 6.2 percent increase in expenditure from \$1.573 billion to \$1.671 billion, evidenced by an 8.5 percent increase in employee expenses to \$1.166 billion. For further information regarding these variances, please refer to the notes in the financial statements.

### Where our funds came from

Revenue	2018	2019	2020
Commonwealth Contributions	\$409,862,677	\$532,859,355	\$534,376,438
Queensland Government Contributions	\$928,837,767	\$907,368,532	\$983,920,564
User Charges	\$97,348,514	\$105,052,859	\$115,820,442
Other Revenue and Grants and Contributions	\$19,067,431	\$21,796,159	\$25,496,149
<b>Total Revenue</b>	<b>\$1,455,116,389</b>	<b>\$1,567,076,905</b>	<b>\$1,659,613,593</b>

### Expenses by category (over three years)

<b>Expenses</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Employee Expenses	\$971,855,515	\$1,074,491,854	\$1,165,781,951
Supplies and Services Expense	\$387,446,073	\$393,611,407	\$407,087,449
Depreciation and Amortisation Expense	\$78,648,976	\$80,061,785	\$77,942,751
Other Expenses	\$9,209,427	\$24,983,153	\$20,560,445
<b>Expenses</b>	<b>\$1,447,159,991</b>	<b>\$1,573,148,199</b>	<b>\$1,671,372,596</b>

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## Anticipated maintenance

Anticipated maintenance is a common building maintenance strategy utilised by public and private sector industries. All Queensland Health entities comply with the Queensland Government Maintenance Management Framework which requires the reporting of anticipated maintenance.

Anticipated maintenance is defined as maintenance that is necessary to prevent the deterioration of an asset or its function, but which has not been carried out. Some anticipated maintenance activities can be postponed without immediately having a noticeable effect on the functionality of the building. All anticipated maintenance items are risk assessed to identify any potential impact on users and services and are closely managed to ensure all facilities are safe. Anticipated maintenance items are identified through the completion of triennial condition assessments, and the value and quantum of anticipated maintenance will fluctuate in accordance with the assessment programs and completed maintenance works.

As of 3 June 2020, GCHHS had reported total anticipated maintenance of \$25.2 million. Gold Coast Health is currently completing a condition assessment program for its major facilities, and the value of anticipated maintenance may vary as a result.

Gold Coast Health has the following strategies in place to mitigate any risks:

- Ongoing audit and prioritisation of maintenance activities
- Identification and discussion with Department of Health for prioritisation for emerging funding
- Seek assistance from the Priority Capital Program where this applies

For the financial year the GCHHS expended \$40,509,452 on asset maintenance and associated building and infrastructure activities.