

Performance

Service standards

Table 3: Service Standards – Performance 2021-22

| Gold Coast Hospital and Health Service | 2021-22 Target | 2021-22 Actual |
|--|----------------------------------|----------------------------------|
| Effectiveness measures | | |
| Percentage of emergency department patients seen within recommended timeframes ¹ <ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) | 100% 80% 75% 70% 70% | 100% 52% 66% 91% 92% |
| Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹ | >80% | 66% |
| Percentage of elective surgery patients treated within the clinically recommended times ² <ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ | >98% | 97% 85% 86% |
| Rate of health care associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ⁴ | <2 | 1.0 |
| Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit ⁵ | >65% | 60.0% |
| Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁶ | <12% | 10.7% |
| Percentage of specialist outpatients waiting within clinically recommended times ⁷ <ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ | 66% | 47% 30% 63% |
| Percentage of specialist outpatients seen within clinically recommended times ⁷ <ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁸ Category 3 (365 days)⁸ | 84% | 74% 55% 59% |
| Median wait time for treatment in emergency departments (minutes) ¹ | .. | 9 |
| Median wait time for elective surgery treatment (days) ² | .. | 29 |
| Efficiency measures | | |
| Average cost per weighted activity unit for Activity Based Funding facilities ⁹ | \$5,160 | \$5,615 |
| Other measures | | |
| Number of elective surgery patients treated within clinically recommended times ² <ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)³ Category 3 (365 days)³ | 6,805 | 6,564 4,935 2,015 |
| Number of Telehealth outpatients service events ¹⁰ | 10,200 | 27,169 |

| Gold Coast Hospital and Health Service | 2021-22 Target | 2021-22 Actual |
|---|-----------------------|-----------------------|
| Total weighted activity units (WAU) ¹¹ | | |
| • Acute Inpatients | 164,812 | 151,068 |
| • Outpatients | 33,372 | 35,174 |
| • Sub-acute | 11,452 | 12,663 |
| • Emergency Department | 29,231 | 26,341 |
| • Mental Health | 18,794 | 17,580 |
| • Prevention and Primary Care | 4,172 | 3,507 |
| Ambulatory mental health service contact duration (hours) ¹² | >90,125 | 84,744 |
| Staffing ¹³ | 8,981 | 9,283 |

| | |
|----|---|
| 1 | During the COVID-19 pandemic, Emergency Departments across Queensland were presented with demand from both COVID-19 and regular patients. In response, many public Emergency Departments established fever clinics to assess and treat suspected COVID-19 cases in safe and effective manner. Fever clinic services represent an extension of regular operational services and, as a result, the 2021-22 Actual includes some fever clinic activity. Emergency Department performance (including POST) has been impacted by the increased patient treatment time and resources required to manage COVID-19 precautions. |
| 2 | In response to the COVID-19 pandemic, the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result illness or Health Service Directives. |
| 3 | As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021-22 will be carried forward into 2022-23. |
| 4 | Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2021-22 Estimated Actual rate is based on data reported between 1 July 2021 and 31 March 2022. |
| 5 | Mental Health rate of community follow up 2021-22 Estimated Actuals are for the period 1 July 2021 to 31 May 2022, as of 12 July 2022. |
| 6 | Mental Health readmissions 2021-22 Estimated Actuals are for the period 1 July 2021 to 30 April 2022, as of 12 July 2022. |
| 7 | In response to the COVID-19 pandemic the delivery of planned care services has been impacted. This has resulted from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result illness or Health Service Directives. |
| 8 | As the system focuses to manage the backlog of deferred care patients, treated in time performance will continue to be impacted. As a result, the continuation of treat in time performance targets for category 2 and 3 patients applicable for 2021-22 will be carried forward into 2022-23. |
| 9 | The 2021-22 Target/Estimate varies from the published 2021-22 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. 2021-22 Estimated Actuals are for the period 1 July 2021 to 31 March 2022. |
| 10 | Telehealth 2021-22 Estimated Actual is a 12-month projection based on data for the period 1 July 2021 to 31 May 2022. |
| 11 | The 2021-22 Actual is below target due to a decrease in routine care services resulting from occasions of temporary suspension of routine planned care services to manage priority demand, increased cancellations resulting from patient illness and staff furloughing as a result illness or Health Service Directives. The 2021-22 Target/Estimate varies from the published 2021-22 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q24. The 2021-22 Actual is a 12-month projection based on data for the period 1 July 2021 to 31 May 2022. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. |
| 12 | Due to a range of factors, including the stretch nature of the target and the impact of the COVID-19 pandemic on service access and capacity, the 2021-22 Target has not been met. Figures are as of 12 July 2022. |
| 13 | Corporate FTEs are allocated across the service to which they relate. The department participates in a partnership arrangement in the delivery of its services, whereby corporate FTEs are hosted by the department to work across multiple departments. 2021-22 Actual is for pay period ending 26 June 2022. |

Emergency treatment

Gold Coast Health Emergency Departments (ED) saw more than 190,000 patients in 2021-2022. Gold Coast University Hospital received the highest volume of ED presentations among its Health Roundtable peers and exceeded the next busiest facility's presentations by 10.8 per cent. Compared with 2020-2021, Gold Coast Health saw an overall growth in demand and an increase in category 2 and 3 presentations as well as urgent presentations. Despite this, Gold Coast Health EDs have continued to perform well with 100 per cent of Category 1 patients seen in time and Categories 4 and 5 exceeding performance targets. More than 66 per cent of all presentations to our emergency departments were seen within clinically recommended timeframes for their respective urgency category and Gold Coast Health maintained its performance from last financial year with 66 per cent of patients admitted or discharged from an emergency department within four hours.

These presentations include paediatric patients (under 16 years old). In 2021-2022, Gold Coast Health EDs saw 30,789 paediatric patients, 1475 more patients than 2020-2021. Despite this increase, Gold Coast Health EDs have performed well in this cohort of patients, with 99.3 per cent of Category 1 patients seen in time and Categories 4 and 5 exceeding performance targets. Overall, more than 70 per cent of all paediatric presentations to our ED were seen within clinically recommended timeframes for their category, and Gold Coast Health maintained its performance from last financial year with 72.5 per cent of paediatric patients admitted or discharged from an emergency department within four hours.

The global health pandemic has applied extra pressure to both Robina and Gold Coast University Hospital Emergency Departments with high numbers of patients presenting. Access to timely emergency care and treatment has been impeded by reduced access to community care with GPs unable to provide care for patients with respiratory infections, reduced skills mix due to staff illness, additional requirements for increased physical distancing, additional testing requirements, personal protective equipment and dedicated spaces for isolation to prevent transmission.

ED Research

The Emergency Department Collaborative Research Group (EDCRG) is the overarching group for research conducted in its emergency departments. The EDCRG has seven research pillars with more than 30 active clinicians and researchers. In 2021-2022, EDCRG collaborated with existing and new academic and industry partners from local, state, national and international organisations. These included: Griffith University, Bond University, Southern Cross University, the University of Queensland, Queensland University of Technology, Monash University, The University of Melbourne, RMIT University, Curtin University, Cairns and Hinterland Hospital and Health Service, Townsville Hospital and Health Service, Metro North Hospital and Health Service, Queensland Police Service, Queensland Ambulance Service, World Wellness Group, University of Applied Sciences Utrecht (the Netherlands), Linköping University (Sweden), Lund University (Sweden), Harvard University (USA).

In 2021-2022, the EDCRG published more than 100 articles in peer-reviewed journals and contributed to more than 70 research projects as well as several successful grant submissions totalling more than \$10 million. EDCRG researchers continue to drive research internally including through the supervision of clinicians, PhD, Masters, and undergraduate medical, nursing and allied health students. Additionally, EDCRG researchers continue to lead and contribute to a broad range of research-related engagement activities at a local, national and international level as members of Gold Coast Health's Research Council and fellows and members of the Australasian College of Emergency Medicine (ACEM) and the College of Emergency Nursing Australasian (CENA), as well as grant and journal reviewers and invited speakers at forums and conferences.

Elective surgery waiting times

Gold Coast Health continued to deliver world-class health care to patients throughout 2021-2022 and the COVID-19 pandemic. On 18 December 2021, Gold Coast Health implemented a temporary and pre-emptive reduction in operating theatre capacity as part of the COVID-19 pandemic response, coinciding

with the opening of the Queensland border. On 12 January 2022, the Queensland Department of Health issued a Public Health Directive to temporarily cease all non-urgent elective surgeries (Category 2 and 3). This directive extended the already reduced operating theatre platform. These measures were implemented to ensure hospital capacity was available to respond to the anticipated surge in positive COVID-19 cases. Gold Coast Health continued to deliver emergency, trauma, and urgent elective surgeries (Category 1 patients) throughout the reporting period. The Gold Coast Health operating theatre platform returned to business-as-usual capacity on 28 February 2022.

Category 1 NEST achieved 96.9 per cent for the reporting period, below target of 98 per cent. Category 2 and 3 NEST achieved was also below target of 95 per cent, at 85.1 per cent and 85.8 per cent respectively. The deterioration across all three NEST categories is a result of continued growth in emergency and unplanned surgical demand and the temporary reduction in operating theatre capacity.

Elective surgery Long Wait patients (patients who have waited longer than clinically recommended for surgery) peaked at 924 Long Wait patients on 15 March 2022. Gold Coast Health reported 153 elective surgery Long Wait patients at the end of 2021-2022.

At the end of the reporting period, there was 1 Category 4 endoscopy Long Wait patient, 245 Category 5 endoscopy Long Wait patients, and 309 Category 6 endoscopy Long Wait patients. Gold Coast Health reported 555 endoscopy Long Wait patients at the end of 2021-2022.

Gold Coast Health is committed to meeting NEST for all elective surgery categories. To further support elective surgery activity returning to business-as-usual capacity and manage increasing demand on the Gold Coast Health operating theatre platform, the Surgical and Critical Care Division has implemented strategies as part of an Elective Surgery COVID-19 Recovery Plan. These strategies include close monitoring of demand, full utilisation of allocated theatre sessions, and ongoing partnering with private health providers via local contract arrangements and Surgery Connect pathways in 2022-2023. These measures will increase access to non-urgent elective surgery, thereby releasing further internal capacity to treat the highest acuity cases.

Data source: Elective Admissions Management system, 7 July 2022.

Outpatient waiting times

Each weekday, more than 3280 appointments are delivered across outpatient departments in Gold Coast Health. More than 892,000 specialist and non-specialist appointments were provided in 2021–2022, which is an approximate increase of 1.8 per cent from last year. Where clinically suitable, Outpatient services continued to support telephone and video conferencing appointments to maintain access to care while responding to the COVID-19 pandemic. More than 28 per cent of outpatient appointments were delivered via telephone or video conferencing this year, which continues to remain higher than prior to the pandemic. Specialist outpatient services continue the future focus reform program, which commenced last year. Achievements this year include the successful implementation of Smart Referrals internally in Gold Coast Health, and the roll-out of GP Smart Referrals to General Practitioners in the community. The reform programs will continue in the next financial year, with the aim of improving access and the introduction of sustainable system-wide solutions.

Highlights

Tugun Health Facility

The planning phase for a Tugun satellite facility has commenced as one of seven planned facilities across South East Queensland under the Satellite Hospitals Program. The new facility will support the emergency departments by giving consumers the option to access urgent health care through an urgent care centre within the local community. The range of services will include community health services, ambulatory, and low acuity day therapy services such as renal dialysis, complex wound management, and outpatient activities. It is anticipated the facility will open by the end of 2023.

Building partnerships

Gold Coast Health has continued to work in partnership with Gold Coast Primary Health Network (GCPHN) and Non-Government Organisations to implement the Joint Regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drug Services. These formalised partnerships have supported more effective planning for regional commissioning and implementation of models of care that reduce avoidable hospitalisations and ensure care is delivered in the optimal setting.

With the growing demand for mental health services, the Joint Regional Plan is a key platform driving Gold Coast Health's strategic priorities to make the best use of our resources and develop 'one-system' for health care.

New technology and innovations

Gold Coast Health has developed and improved a range of digital innovations. Initiatives include:

- Telehealth and video consultations

Creating innovative ways to give patients access to clinical advice and care has been one of the positive impacts of the pandemic. While the concept of telehealth and video consultations has been around for some years, there was an urgent need to understand and overcome the barriers to delivering care using these new technologies.

Teams working in this field found that 90 per cent of staff and patients are receptive to video consultation, but the key to turning that sentiment into reality was instilling confidence in those using the new platforms. For staff, that meant showing how the new platform fits easily within existing workflows and providing on-hand support and assuring clinicians that video consultations are conducive to good patient experience. For patients, information about what to expect, and ensuring their role in the consultation is clear at every touch point; in appointment letters, SMS, and patient-facing internet content, was vital.

The results are increasingly positive, and the organisation continues to invest in improving the practices, technology, workflow, and support to increase the interactions.

| | Video appointments (increase) |
|--------------|-------------------------------|
| FY 20/21 | 13,034 |
| FY 21/22 | 26,882 (106%) |
| Jan-Jul 2021 | 6,006 |
| Jan-Jul 2022 | 18,615 (210%) |

(Source: Qlik Historical Productive Appointment Activity Summary 20/7/22)

- Refer Your Patient and Health Pathways website

This initiative introduced a single point online describing Gold Coast Health outpatient services called 'Refer Your Patient'. It standardises definitions for general practitioners using three key elements: Clinical Prioritisation Criteria (CPC), Smart Referrals and HealthPathways. The initiative improves the quality of patient referrals, creates a more transparent system for general practitioners and streamlines

access to hospital services. It has been proven to reduce referrals by 11 per cent and avoid unnecessary activities to the value of \$903,000 annually.

- SMS Reply to confirm Outpatient appointments

In response to valued feedback from our patients, Gold Coast Health introduced new technology this year to simplify communication regarding outpatient appointments. Patients had the opportunity to simply reply “Y” to SMS messages to confirm their intention to attend an appointment. The outcome has resulted in significantly reduced calls to our call centre and a reduced waiting time for patients who need to speak with our team about their appointment. Patients receive an SMS message from the health service 21 days before their appointment date.

- My Health Record

To increase continuity of care, COVID-19 pathology results processed by Gold Coast Health are available in My Health Record. Medication information is available in My Health Record for patients discharged from Gold Coast University Hospital and Robina Hospital.

- Meal ordering

A pilot to support patient meal ordering in Mental Health using iPads went live on 11 April. Next steps will be rolling out external facing delegates to support patient meal ordering at Robina Hospital.

Oral Health Services

Gold Coast Health’s dental services are above the Queensland benchmark for patients being seen in time although demand has increased along with population growth. Over the past financial year, nearly all categories of Gold Coast Health’s oral health care performed above the state’s benchmark.

- 94 percent of patients with a Priority 1 dental issue, such as dental damage or mouth trauma, were seen within the clinically recommended time of 24 hours.
- 99.6 percent of patients experiencing tooth pain and requiring emergency treatment were seen within the required five days, which includes weekends.
- 100 percent of Priority 2 cases and 83 percent of Priority 3 cases seen within the clinically recommended timeframes.
- More than 98 per cent of people on the general dental list were seen within the recommended two-year timeframe. This list includes non-urgent initial appointments or periodic general dental examinations and check-ups.
- Each week, more than 50 people receive new or replacement dentures through Gold Coast Health.

Creative Health Hub initiatives

The Creative Health delivers a program of arts-based initiatives designed to improve and enrich the physical environment and health care experience across Gold Coast Health. Creative programs aim to promote healthy living and illness prevention, support management of illness and chronic disease, aid rehabilitation and recovery, and provide comfort as part of end-of-life care. Survey results from patients, staff and the community identify a range of benefits including improvement of physical and mental health. Arts initiatives include:

- Performances, workshops and exhibitions open to consumers, staff and visitors to promote social inclusion, participation, connection, and personal wellbeing.
- 10 art exhibitions at Gold Coast University Hospital and six exhibitions at Robina Hospital. Six art exhibitions highlighting health promoting events: International Women’s Day, Harmony Week, Hemochromatosis Awareness Month, Pride Month, NAIDOC Week, and Mental Health Week.

- Weekly music programs run across seven wards - Children's Emergency Department, Children's Short Stay, Acute Care of the Elderly, Medical Rehabilitation, Neonatal Intensive Care, Complex Medical Unit and Specialist Medical Unit.
- New 'Virtual Music Program' launched in Palliative Care to provide pathways for consumer engagement and social connection throughout the peak of COVID-19 lockdowns.
- A community library at Robina Hospital.
- ArtBeat music and arts festival coinciding with Mental Health Week to celebrate the creative strengths and talents of people on the Gold Coast living with mental illness.

Outcomes include:

- Health promotion by using the arts to encourage healthy lifestyles, discussing sensitive health issues, communicating health-related concerns, and increasing health literacy.
- Improving the quality of services and health experiences for consumers and staff.
- Improving community wellbeing by developing social cohesion, building resilience, cultural maintenance for Indigenous and other population groups, and promoting cultural diversity.
- Feedback from consumers and staff found decreased stress and anxiety related to treatment and hospital experience, and distraction from illness, pain and boredom.
- Feedback from consumers and staff citing improved self-esteem, positivity towards their health journey, better mood, higher happiness levels, improved community culture and feelings of reconnection to 'normal life'.

Financial summary

Summary of financial performance

Gold Coast Health reported a surplus of \$14.108 million for the year. A large portion of the 2021-2022 operating surplus related to the periods January to March when elective surgery ceased due the COVID-19 pandemic.

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 2021–22 was \$2.013 billion (compared to \$1.809 billion in 2020-21). The primary source of funds is the Queensland Department of Health. COVID-19 National Partnership Agreement funding contributed to the increase.

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.

How our funds were used

The significant increase in demand for healthcare-related services and impacts of COVID-19 have been the primary drivers behind the 11.1 per cent increase in expenditure from \$1.799 billion to \$1.999 billion. For further information regarding these variances, please refer to the notes in the financial statements.

Where our funds came from

| Revenue | 2020 | 2021 | 2022 |
|--|------------------------|------------------------|------------------------|
| Commonwealth Contributions | \$534,376,438 | \$612,026,485 | \$659,219,275 |
| Queensland Government Contributions | \$983,920,564 | \$1,037,467,809 | \$1,183,733,520 |
| User Charges | \$115,820,442 | \$125,735,775 | \$137,243,928 |
| Other Revenue and Grants and Contributions | \$25,496,149 | \$34,737,867 | \$33,547,343 |
| Total Revenue | \$1,659,613,593 | \$1,809,967,936 | \$2,013,575,956 |

Expenses by category (over three years)

| Expenses | 2020 | 2021 | 2022 |
|---------------------------------------|------------------------|------------------------|------------------------|
| Employee Expenses | \$1,165,781,951 | \$1,229,823,544 | \$1,322,457,049 |
| Supplies and Services Expense | \$407,087,449 | \$466,360,925 | \$551,630,996 |
| Depreciation and Amortisation Expense | \$77,942,751 | \$82,167,923 | \$93,422,096 |
| Other Expenses | \$20,560,445 | \$21,260,728 | \$31,957,733 |
| Expenses | \$1,671,372,596 | \$1,799,613,120 | \$1,999,467,874 |

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 30 June 2022, Gold Coast Health had reported total anticipated maintenance of \$47.559 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. The assessment was postponed due to impacts of COVID-19 and has now recommenced. 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, Gold Coast Health expended \$54.569 million on asset maintenance and associated building and infrastructure activities.