

# Performance

## Service standards

Table 3: Service Standards – Performance 2020–2021

| Gold Coast Hospital and Health Service   | 2020-21 Target | 2020-21 Actual |
|--|----------------|----------------|
| <b>Effectiveness measures</b>  |                |                |
| Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>  |                |                |
| • Category 1 (within 2 minutes)  | 100%           | 100%           |
| • Category 2 (within 10 minutes)   | 80%            | 52%            |
| • Category 3 (within 30 minutes)   | 75%            | 61%            |
| • Category 4 (within 60 minutes)   | 70%            | 91%            |
| • Category 5 (within 120 minutes)  | 70%            | 91%            |
| Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>                                 | >80%           | 73%            |
| Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>   |                |                |
| • Category 1 (30 days)   | >98%           | 98%            |
| • Category 2 (90 days) <sup>3</sup>  | ..             | 95%            |
| • Category 3 (365 days) <sup>3</sup>   | ..             | 92%            |
| Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>4</sup> | <2             | 1.0            |
| Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit <sup>5</sup>                    | >65%           | 64.0%          |
| Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>6</sup>   | <12%           | 11.7%          |
| Percentage of specialist outpatients waiting within clinically recommended times <sup>7</sup>  |                |                |
| • Category 1 (30 days)   | 66%            | 72%            |
| • Category 2 (90 days) <sup>8</sup>  | ..             | 40%            |
| • Category 3 (365 days) <sup>8</sup>   | ..             | 83%            |
| Percentage of specialist outpatients seen within clinically recommended times <sup>9</sup>   |                |                |
| • Category 1 (30 days)   | 84%            | 75%            |
| • Category 2 (90 days) <sup>8</sup>  | ..             | 53%            |
| • Category 3 (365 days) <sup>8</sup>   | ..             | 51%            |
| Median wait time for treatment in emergency departments (minutes) <sup>1</sup>   | ..             | 10             |
| Median wait time for elective surgery treatment (days) <sup>2</sup>  | ..             | 38             |
| <b>Efficiency measure</b>  |                |                |
| Average cost per weighted activity unit for Activity Based Funding facilities <sup>10</sup>  | \$5,081        | \$5,219        |
| <b>Other measures</b>  |                |                |
| Number of elective surgery patients treated within clinically recommended times <sup>2</sup>   |                |                |
| • Category 1 (30 days)   | 6,805          | 6,659          |
| • Category 2 (90 days) <sup>3</sup>  | ..             | 6,912          |
| • Category 3 (365 days) <sup>3</sup>   | ..             | 2,765          |
| Number of Telehealth outpatients service events <sup>11</sup>  | 5,876          | 11,843         |
| Total weighted activity units (WAU) <sup>12</sup>  |                |                |
| • Acute Inpatients   | 161,125        | 156,098        |
| • Outpatients  | 33,762         | 35,811         |
| • Sub-acute  | 11,175         | 11,087         |

|  |         |        |
|--|---------|--------|
| • Emergency Department   | 27,892  | 34,416 |
| • Mental Health  | 17,022  | 17,697 |
| • Prevention and Primary Care  | 3,834   | 3,067  |
| Ambulatory mental health service contact duration (hours) <sup>5</sup> | >90,125 | 91,589 |
| Staffing <sup>13</sup>   | 8,555   | 8,945  |

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|----|--|
| 1  | During the rapid response to the COVID-19 pandemic, facilities utilised existing systems to manage presentations at fever clinics. In some cases, the management of these clinics was closely related to the management of the emergency department meaning that some fever clinic activity was managed via the emergency department systems. As a result, the 2020-21 Actual includes some fever clinic activity. |
| 2  | In preparation for COVID-19 and consistent with the National Cabinet decision, Queensland Health temporarily suspended non-urgent elective surgery in 2019-20. This has impacted the treat in time performance and has continued to impact performance during 2020-21 as the system worked to reduce the volume of patients waiting longer than clinically recommended.  |
| 3  | Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery, and the continual impacts to services as a result of responding to COVID-19, treated in time performance targets for category 2 and 3 patients are not applicable for 2020-21.  |
| 4  | Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Actual rate is based on data reported between 1 January 2020 and 31 December 2020.   |
| 5  | Mental Health measures reported as at 22 August 2021.  |
| 6  | Mental Health readmissions 2020-21 Actual is for the period 1 July 2020 to 31 May 2021.  |
| 7  | Waiting within clinically recommended time is a point in time performance report and was impacted by preparing for COVID-19 in 2019-20.  |
| 8  | Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, and the continual service impacts as a result of responding to COVID-19, seen in time performance targets for category 2 and 3 patients are not applicable for 2020-21.   |
| 9  | As a result of preparing for COVID-19, the seen in time performance was impacted in 2019-20. This impact has continued throughout 2020-21 as the system has worked to address provision of care to those patients waiting longer than clinically recommended.  |
| 10 | The 2020-21 Target varies from the published 2020-21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. The variation in difference of Cost per WAU to target is a result of the additional costs of the COVID-19 pandemic. Data reported as at 23 August 2021.   |
| 11 | Telehealth data reported as at 23 August 2021.   |
| 12 | The 2020-21 Target varies from the published 2020-21 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q23. As HHSs have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to target can occur. Data reported as at 23 August 2021.                               |
| 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.   |

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## Emergency treatment

In 2020-21 Gold Coast Health Emergency Departments saw more patients than in 2019-20. Not only have we seen overall growth in demand, but our emergency departments have also seen an increase in the most complex and urgent presentations compared to the previous financial year. Despite this, Gold Coast Health EDs have performed well, with 100 per cent of Category 1 patients seen in time and Categories 4 and 5 exceeding performance targets. Overall, more than 73 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 73 per cent of patients admitted or discharged from an emergency department within four hours.

## Elective surgery waiting times

Providing timely access to surgery positively contributes to a patient's quality of life.

During the 2020–2021 Financial Year, Gold Coast Health's National Elective Surgery Target (NEST) was affected by the COVID-19 elective surgery ramp-down period and continued growth in emergency and unplanned surgical demand.

Category 1 NEST achieved was 97.8 per cent for the reporting period, slightly below target of 98 per cent. This was due to unprecedented demand in Category 1 Cardiac Surgery patients.

Category 2 and 3 NEST achieved was also below target of 95 per cent, at 94.9 per cent and 91.7 per cent respectively. This was due to the COVID-19 elective surgery ramp-down period in March to May 2020. Although services returned to full capacity in June 2020 with ramped-up internal capacity to address the resulting long-wait patients, there was a significant backlog of patients to be treated in the first quarter of 2020–2021 Financial Year.

Gold Coast Health is committed to meeting NEST for all category patients and has plans in place to address the demand issues.

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. This staged approach at the Varsity Lakes Day Hospital will continue to expand services over the 2021-22 financial year and beyond.

A new seven bed, 23-hour surgical unit at Robina Hospital opened in June 2021 to relieve bed pressure by assisting patient flow from the Emergency Department and surgical recovery. The unit is designed for patients who do not need to stay in hospital long after their surgery or those who can be admitted from the Emergency Department before their surgery to relieve pressure on the wards.

Additional Acute Surgical Unit emergency lists were opened at Gold Coast University Hospital in December 2020 to improve emergency theatre access. This has assisted with bed flow, although additional emergency theatre access is still required to fully address the demand issue and will be addressed in the 2021–22 financial year.

## Outpatient waiting times

Each weekday, more than 3,400 appointments are delivered across outpatient departments in Gold Coast Health. More than 890,000 specialist and non-specialist appointments were provided in 2020–2021 which is an approximate increase of 12.4 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 24 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

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the 'Refer Your Patient' website, the roll out of HealthPathways and the introduction of SMS replies for patients to respond to review appointment offers. The reform programs will continue in 2022 with the aim of improving access and the introduction of sustainable system-wide solutions.

## Highlights

### New Hybrid theatre

In May 2021, a state-of-the-art new hybrid operating theatre saw its first patient. The \$6 million theatre is the first significant construction at Gold Coast University Hospital since its opening in 2013. The surgical operating room is equipped with medical imaging equipment and gives surgeons the ability to tackle challenging and complex procedures without the risk of moving the patient for x-rays and scans. The hybrid theatre is mostly used for elective and emergency vascular surgery, as well as trauma surgery. The inclusion of the hybrid theatre will contribute to Gold Coast Health's Level 1 Trauma Service accreditation and allow us to facilitate real-time live-case transmission of surgery to other hospitals and conferences worldwide for teaching and education.

### Modelling software helps fight against COVID-19

Ground-breaking COVID-19 modelling software designed on the Gold Coast is playing a key role in the fight against the pandemic. The software can replicate the outbreak of any disease in any city or region, using demographic details for the geographic area being modelled, and variables related to the specific disease.

Professor Chris Stapelberg, the Joint Chair in Mental Health for Gold Coast University Hospital and Bond University, began work on the Discrete-Event Simulated Social Agent-Based Network Transmission and worked in collaboration with colleagues from Bond University, Gold Coast Health, the Melbourne School of Population and Global Health, Central Queensland Public Health Unit, and the National Centre for Immunisation Research and Surveillance.

The software has been used to model real-life COVID-19 outbreaks in Melbourne and Sydney, as well as the smaller wave of COVID-19 on the Gold Coast. The platform can model the impact of putting COVID restrictions in place, as well as removing them.

### Emergency Department study is set to transform treatment

A clinical trial by Gold Coast Health's Emergency Department into the treatment of a collapsed lung is set to revolutionise how this condition is treated in the future, after the Australian Clinical Trials Alliance named the study equal winner of the 2021 Trial of the Year. It is estimated that up to 3000 Australians present to emergency departments each year experiencing a collapsed lung or pneumothorax. This condition can be caused by an underlying lung disease or, more commonly, for no obvious reason at all. For decades, standard hospital treatment for a collapsed lung has been interventional, with doctors inserting a plastic tube into the patient's chest to drain the collected air to help the lung reinflate. Not only is this treatment often painful, but it can also lead to organ injury, bleeding, and infection.

The trial recruited 316 patients, of which 154 received the standard treatment of lung drainage, while the remaining 162 were managed conservatively with simple pain relief and observation.

The results showed that 85 per cent of the people treated with the conservative approach had recovered within eight weeks. The conservative approach also resulted in a significantly lower risk of complications.

### Bond Translational Simulation collaborative

A Bond University and Gold Coast Health partnership, formed in 2020, is helping to transform healthcare teams and systems worldwide through the provision of hyper-realistic, scenario-based training delivered on the job.

The Bond Translational Simulation Collaborative is an academic and operational alliance aimed at improving patient care – through research and training with high performing healthcare teams who practice their work through simulation.

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The collaboration builds on the comprehensive simulation strategy developed at Gold Coast Health, where participants ranged from health and medical students to specialist practitioners with years of experience.

### **New specialist prostate cancer nurse**

About 500 men on the Gold Coast are diagnosed with prostate cancer each year, and many of them need ongoing care and support before and after treatment. Gold Coast men with prostate cancer now have access to specialised support following the region's first-ever Prostate Cancer Specialist Nurse appointment at the Gold Coast University Hospital.

### **Skin Lesion Assessment and Management clinic**

The Skin Lesion Assessment and Management Clinic was opened in response to the growing demand for patients requiring surgical treatment for non-melanoma skin cancers. Patients attend a specialist outpatient appointment at Varsity Lakes Day Hospital and receive surgical treatment on the same day. The new same-day-see-and-treat service reduces patient wait times and reduces the complexity of surgery as skin lesions are not advancing while the patient is waiting for treatment.

### **Primary Contact Hand Therapy**

The Primary Contact Hand Therapy team has been expanded to include two additional occupational therapists and a physiotherapist, supporting a 68 per cent reduction in patients with hand and wrist conditions waiting longer than recommended timeframes. In about a third of cases, the therapy that patients receive from the team helps them avoid surgery altogether. The initiative has received permanent funding, and the clinical model is being considered for expansion to other specialties.

### **Hearing Access program**

The Hearing Access Program aims to overcome barriers to communication for inpatients with hearing loss by providing access to loan amplification devices and basic hearing aid repair services whilst in hospital. Patients with hearing loss are more vulnerable to miscommunication in inpatient settings. Being able to hear well and communicate effectively with hospital staff is critical to informed consent and patient engagement in care. Around 70 per cent of clinical staff using the service felt it improved communication and patient engagement in their health care, while 67 per cent of participating patients reported enhanced communication and medical care.

### **Creative Health Hub**

The Creative Health Hub delivered arts and health programs for the workforce and consumers that address government priority areas. Through the Creative Health Hub, Gold Coast Health has:

- Utilised the arts in supporting health communication and education about the social determinants of health, including mental health and preventative health matters (drugs and alcohol risk and harm reduction).
- Facilitated creative workshops to support health literacy, education and wellbeing.
- Utilised the arts as a mechanism to celebrate diversity (including LGBTQIA+, Culturally and Linguistically Diverse and Aboriginal and Torres Strait Islander people).
- Ensured the safety and wellbeing of our workforce through providing opportunities for creative activities and music performances to promote social inclusion, participation, sense of belonging and connection.
- Hosted the 'ArtBeat' Music and Arts Festival during Mental Health Week in October. This event celebrated the creative strengths and talents of people living with mental illness on the Gold Coast to raise awareness and reduce stigma.
- Increased opportunities for local artists and musicians within clinical settings

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- Developed models of practice that optimised the potential of the arts to contribute to achieving health and wellbeing outcomes

## Financial summary

### Summary of financial performance

Gold Coast Health reported a surplus of \$10.634 million for the year. A large portion of the 2020–2021 operating surplus related to stretched financial improvement plans to support non-recurrent funds needed to be allocated to critical service delivery improvements.

### 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 2020–21 was \$1.808 billion (compared to \$1.660 billion in 2019–20). The primary source of funds is the Queensland Department of Health. COVID 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 7.5 percent increase in expenditure from \$1.671 billion to \$1.797 billion. For further information regarding these variances, please refer to the notes in the financial statements

### Where our funds came from

| Revenue                                    | 2019                   | 2020                   | 2021                   |
|--|------------------------|------------------------|------------------------|
| Commonwealth Contributions                 | \$532,859,355          | \$534,376,438          | \$ 612,026,485         |
| Queensland Government Contributions        | \$907,368,532          | \$983,920,564          | \$ 1,037,467,809       |
| User Charges                               | \$105,052,859          | \$115,820,442          | \$ 125,735,775         |
| Other Revenue and Grants and Contributions | \$21,796,159           | \$25,496,149           | \$ 32,773,213          |
| <b>Total Revenue</b>                       | <b>\$1,567,076,905</b> | <b>\$1,659,613,593</b> | <b>\$1,808,003,282</b> |

### Expenses by category (over three years)

| Expenses                              | 2019            | 2020            | 2021            |
|---------------------------------------|-----------------|-----------------|-----------------|
| Employee Expenses                     | \$1,074,491,854 | \$1,165,781,951 | \$1,229,823,544 |
| Supplies and Services Expense         | \$393,611,407   | \$407,087,449   | \$466,360,925   |
| Depreciation and Amortisation Expense | \$80,061,785    | \$77,942,751    | \$79,924,324    |

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|                 |                        |                        |                        |
|-----------------|------------------------|------------------------|------------------------|
| Other Expenses  | \$24,983,153           | \$20,560,445           | \$21,260,728           |
| <b>Expenses</b> | <b>\$1,573,148,199</b> | <b>\$1,671,372,596</b> | <b>\$1,797,369,521</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 30 June 2020, Gold Coast Health had reported total anticipated maintenance of \$41.66 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, Gold Coast Health expended \$41.02 million on asset maintenance and associated building and infrastructure activities.