

Performance



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We're digital!

Sunshine Coast University and Nambour General hospitals successfully went live with the new integrated electronic Medical Record (ieMR)—the tenth and thirteenth hospitals in Queensland to implement this state-wide system.

The implementation of ieMR at this health service heralded the largest full stack single implementation in Queensland to date and brings both hospitals into a new age of digital health. The ieMR replaces many of our paper forms and charts, along with some clinical applications, with an interconnected digital system.

New software and medical devices integrate with patients' electronic medical records, allowing authorised clinicians and staff real-time access to patient information when and where they need it, which will significantly improve clinical practice and patient safety.

Patient information is available at other hospitals across Queensland that have the ieMR, such as the Queensland Children's Hospital and Princess Alexandra, enabling clinicians to see exactly what treatment and medications a patient has had at another site.

Clinical staff have embraced the ieMR, particularly for the patient safety aspects that it enables. Clinicians can see, in real time, medications that have been administered, allergies and alerts, and other treatment plans without having to look through paper charts and decipher a colleague's handwriting.

Patient pathology and radiology requests are ordered from, and results available for viewing in the integrated solution, saving clinicians time in accessing critical patient health information. All clinicians who are involved in a patient's episode of care can see what tests have been ordered, reducing the possibility of duplicate tests.

Additionally, there is a significant benefit in relation to medications management, where all treating clinicians can see the actions that have been taken to order and administer patient medications. Nursing staff are alerted automatically to administer ongoing medications, reducing medication omissions.

Clinicians can take patient observations with biomedical equipment, and have the data upload automatically to the patient's electronic chart. The system then makes instant calculations and immediately alerts if the patient is deteriorating.

Performance

Demand on services

The Sunshine Coast Hospital and Health Board is responsible for the delivery of the organisation's strategy and monitoring of performance. We measure our success by our ability to achieve the objectives set out in our Strategic Plan 2016-2020. Sunshine Coast Hospital and Health Service performance is also monitored through a Service Agreement with Department of Health. In 2018-2019 the health service experienced significant demand for services while still maintaining quality care to our growing population. Our performance against the Service Standards is outlined below.

Table 3: Delivering more care within clinically recommended time

	2018-19	Change since last year
Babies born ^a	3,435*	243*
Oral health treatments ^{b1}	367,271	44,317
Emergency department presentations ^c	175,557	8,701
Emergency department 'seen in time' ^c	117,916	3,624
Patient admissions (from ED) ^c	50,219	3,408
Emergency surgeries ^{d2}	4,462	662
Outpatient occasions of service (specialist and non-specialist) ^{d3}	546,782	54,281
Specialist outpatient first appointments delivered in time ^{e4}	31,544	-1,006
Gastrointestinal endoscopies delivered ^f	5,173	350
Gastrointestinal endoscopies delivered in time ^f	3,198	-42
Elective surgeries, from a waiting list, delivered ^g	8,875	-787
Elective surgeries, from a waiting list, delivered in time ^g	7,345	-580
Number of telehealth services ^h	3,791	455
Hospital in the Home admissions ^{d5}	610	251

Notes:

1. Oral Health treatments are identified as Weighted Occasions of Service.
2. Emergency surgeries data is preliminary.
3. Only includes Activity Based Funding (ABF) facilities.
4. Specialist outpatient services are a subset of outpatient services, where the clinic is led by a specialist health practitioner.
5. Hospital in the Home admissions data is preliminary.

* Perinatal data collection is based on calendar year 2018.

Source: ^a Perinatal Data Collection, ^b Oral Health Service, ^c Emergency Data Collection, ^d GenWAU, ^e Specialist Outpatient Data Collection, ^f Gastrointestinal Endoscopy Data Collection, ^g Elective Surgery Data Collection, ^h Monthly Activity Collection.

Service standards

Table 4: Service standards—Performance 2018-2019

Service Standards	2018-19 Target	2018-19 Actual
Effectiveness measures		
Percentage of patients attending emergency departments seen within recommended timeframes: ^a		
Category 1 (<i>within 2 minutes</i>)	100%	98.1%
Category 2 (<i>within 10 minutes</i>)	80%	68.2%
Category 3 (<i>within 30 minutes</i>)	75%	62.2%
Category 4 (<i>within 60 minutes</i>)	70%	78.3%
Category 5 (<i>within 120 minutes</i>)	70%	97%
Percentage of emergency department attendances who depart within four hours of their arrival in the department ^a	>80%	73.1%
Percentage of elective surgery patients treated within clinically recommended times: ^b		
Category 1 (<i>30 days</i>)	>98%	86.8%
Category 2 (<i>90 days</i>)	>95%	78%
Category 3 (<i>365 days</i>)	>95%	86.5%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ^c	<2	0.6 ⁶
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit ^d	>65%	67.6%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge ^d	<12%	9.6% ⁷
Percentage of specialist outpatients waiting within clinically recommended times: ^e		
Category 1 (<i>30 days</i>)	80%	71.8%
Category 2 (<i>90 days</i>)	70%	44.1%
Category 3 (<i>365 days</i>)	90%	80.5%
Percentage of specialist outpatients seen within clinically recommended times: ^e		
Category 1 (<i>30 days</i>)	82%	82.8%
Category 2 (<i>90 days</i>)	70%	55.9%
Category 3 (<i>365 days</i>)	90%	65.9%
Median wait time for treatment in emergency departments (minutes) ^a	..	20
Median wait time for elective surgery (days) ^b	..	45
Efficiency Measure		
Average cost per weighted activity unit for Activity Based Funding facilities	\$5,327	\$5,279 ⁸

Other Measures		
Number of elective surgery patients treated within clinically recommended times: ^b		
Category 1 (30 days)	3,094	2,745
Category 2 (90 days)	4,321	3,106
Category 3 (365 days)	1,764	1,494
Number of Telehealth outpatient occasions of service events ^h	3,119	3,791
Total weighted activity units (WAU's) ^g		
Acute Inpatient	98,231	100,703 ⁹
Outpatients	24,206	22,066
Sub-acute	9,951	8,214
Emergency Department	22,614	21,888
Mental Health	10,600	9,936
Prevention and Primary Care	4,394	5,091
Ambulatory mental health service contact duration (hours) ^d	67,780	57,690
Staffing	6,400	5,954

Notes:

6. SAB data presented is preliminary.
7. Readmission to acute Mental Health inpatient unit data presented as May-19 FYTD.
8. Cost per WAU data presented as Mar-19 FYTD.
9. As extracted on 19 August 2019.

Source: ^a Emergency Data Collection, ^b Elective Surgery Data Collection, ^c Communicable Diseases Unit, ^d Mental Health Branch, ^e Specialist Outpatient Data Collection, ^f DSS Finance, ^g GenWAU, ^h Monthly Activity Collection, ⁱ DSS Employee Analysis.

Table 5: Additional measures

	2018-19	Change since last year
Childhood Immunisation ^a		
All children 1 year	90.4%	-0.9 p.p.
All children 2 years	89.4%	-0.1 p.p.
All children 5 years	92.7%	1.0 p.p.
Discharge against medical advice ^b	0.7%	0.0 p.p.
Non-Aboriginal and Torres Strait Islander	0.7%	0.1 p.p.
Aboriginal and Torres Strait Islander	1.6%	0.0 p.p.
Women who gave birth and attended 5 or more antenatal visits ^{b10}	97.1%	-0.1 p.p.
Non-Aboriginal and Torres Strait Islander	97.3%	-0.2 p.p.
Aboriginal and Torres Strait Islander	89.8%	0.8 p.p.
Completed general courses of oral health care ^c	22,949	2,846
Non-Aboriginal and Torres Strait Islander	21,956	2,780
Aboriginal and Torres Strait Islander	993	66
Mothers who had > 5 antenatal visits, with first visit in the 1st trimester ^{d11}	65.6%	N/A
Non-Aboriginal and Torres Strait Islander	65.6%	N/A
Aboriginal and Torres Strait Islander	64.8%	N/A

10. Data presented as Mar-19 FYTD.

11. New data collection commenced in Dec-18. Preliminary data is available for the period Dec-18 to May-19. Lag of data due to trimester reporting. Data is only collected after the birth of the baby and is available for reporting two to three months after this event. It is a prerequisite that HHSs must also maintain their performance with respect to the performance standards under this QIP in terms of non-Indigenous mothers.

Source: ^a Communicable Diseases Unit, ^b Health Statistical Branch, ^c Oral Health Service, ^d Healthcare Purchasing Strategy Unit.

Financial summary

Sunshine Coast Hospital and Health Service reported total comprehensive income of \$64.1 million for the year incorporating a net revaluation increment of \$86.3 million on land and buildings and an underlying operating deficit of \$22.2 million.

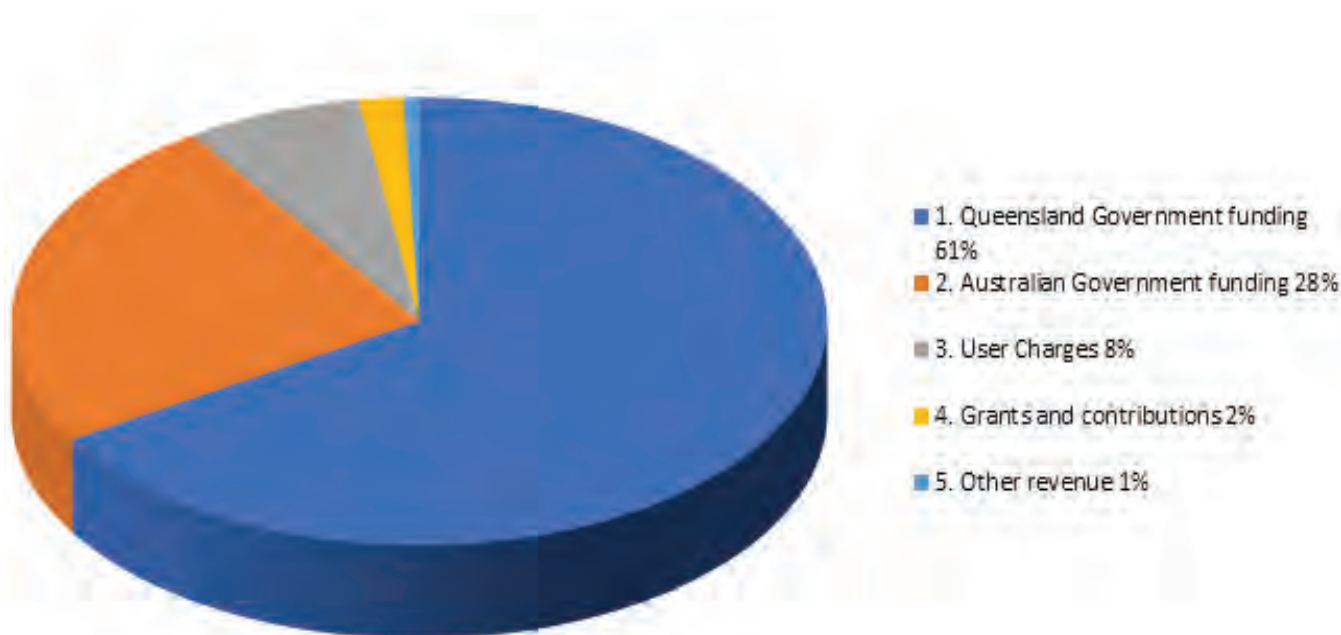
Operating result for the year ended 30 June 2019	\$'000's
Operating income	1,254,834
Operating expenditure	(1,277,016)
Deficit from operations	(22,182)

The operating result for the year is a deficit of \$22.2 million (2017-18: \$13.9 million deficit) with total operating revenues of \$1.255 billion. The result reflects the health services commitment to delivering care to the community. Additional costs were incurred in partnering with local private hospitals as some services were temporarily reduced to ensure the safe implementation of the ieMR, as well as the continued impact of the increase in fixed costs associated with operating the new Sunshine Coast University Hospital (SCUH) and maintaining Nambour General Hospital. A combination of demand management, efficiency and sustainability strategies have been earmarked for 2018-2019 and beyond to address this and enable the health service to transition back to a balanced operating position.

Operating income

Total operating income for 2018-2019 was \$1.255 billion, up \$60.5 million or 5.1 per cent from 2017-2018 (\$1.194 billion) with the majority of this increase relating to additional growth funding and activity purchased by the Department of Health associated with Sunshine Coast University Hospital.

The following chart shows the major sources of total operating income by percentage, with the Queensland Government (predominately the Department of Health) contributing the majority of the total source of funds.



Operating expenditure

Total operating expenditure for 2018-2019 was \$1.277 billion, up \$68.7 million or 5.7 per cent from 2017-2018 (\$1.208 billion), averaging \$3.5 million a day. Major drivers for the increase include an 8.6 per cent increase in labour and other employment related costs offsetting a seven per cent increase in delivered activity, and a 10.5 per cent increase in depreciation and amortisation costs largely stemming from the annual review of asset useful lives.

The following chart shows the breakdown of operating expenditure with labour and employment related expenses being the largest component.

Total operating expenditure = \$1,277,016,043



Balance sheet

High level balance sheet as at 30 June 2019	\$'000's
Current assets	122,284
Non-current assets	1,996,093
Current liabilities	(126,046)
Non-current liabilities	(595,524)
Net assets (equity)	1,396,807

The health service's asset base amounts to \$2.118 billion. 94 per cent or \$1.988 billion of this is invested in property plant and equipment. Total assets decreased by \$14.2 million in 2018-2019 (2017-2018: increase of \$94.3 million) reflecting investment in new and replacement plant, equipment and technology offset by accumulated depreciation and amortisation.

Anticipated maintenance

Anticipated maintenance is a common building maintenance strategy used 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 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.

As of 30 June 2019, Sunshine Coast Hospital and Health Service had reported total anticipated maintenance of \$18,492,000.

Cash and cash equivalents

At balance date, the health service had \$85.7 million in cash and cash equivalents. This balance includes the unspent portion of the Sunshine Coast University Hospital ICT Program (Stages 2 and 3) capital funding received for information and communications technology assets and equipment. Depreciation expenditure is not cash funded however investment in non-current assets is.

Financial sustainability

Current ratio: At 30 June 2019, the health service had a current ratio of 0.97 (includes restricted cash of \$5.3 million). This means for every \$1.00 of current liabilities payable the health service held \$0.97 in cash and receivables. Further information on economic dependency is provided in the Financial Statements under note 2, Health Service Funding.

Average number of day's cash available: At 30 June 2019, the health service has cash available to cover 24.7 days of operating expenditure (FY2018: 24.1 days). The current target adopted by the health service is to have cash holdings equivalent to at least 14 days of operating cash outflows .

Operating ratio: As at 30 June 2019, the operating ratio was negative 1.77 per cent (extent to which operating revenue covers operating expenditure).

Future financial outlook

The health service is committed to providing better health outcomes for its community through redesign and innovation but also investment in its people and infrastructure. Financial year 2019-2020 will see continued focus on sustainability and efficiency as we continue to strive to improve on several areas of service delivery performance despite increasing demand for services. 2018-2019 produced several milestone achievements including the completion of the Caloundra Health Service redevelopment, the introduction of the integrated electronic Medical Record (ieMR) at Sunshine Coast University Hospital (SCUH) and Nambour General Hospital, and the introduction of new tertiary services at SCUH. In 2019-20, construction works on the \$86.2 million redevelopment of Nambour General Hospital will commence which will provide additional capacity and capability across the health service. This will be balanced against the continued focus on our sustainable future.