

Our performance

4

The Sunshine Coast Hospital and Health Board sets the organisation's strategic agenda and monitors its performance against the delivery of quality health outcomes.

We measure our success by our ability to achieve the objectives set out in our Strategic Plan 2013-2017. The Sunshine Coast Hospital and Health Service (the health service) performance is also monitored through a Service Agreement with Department of Health and is underpinned by a performance framework.

Delivering our services

In 2014-2015 the health service delivered increased services to our growing population. The tables below provide information on the services we have delivered in this financial year.

Service delivery statement

Our performance against the Service Delivery Statements as set out in the State Budget 2014-2015 is outlined below.

Table 16: Service Delivery Statement

	Notes	2014/15 Target/Est	2014/15 Est Actual	2014/15 Actual
Percentage of patients attending emergency departments seen within recommended timeframes:	1			
Category 1 (within 2 minutes)		100 per cent	100 per cent	100 per cent
Category 2 (within 10 minutes)		80 per cent	83 per cent	83 per cent
Category 3 (within 30 minutes)		75 per cent	63 per cent	63 per cent
Category 4 (within 60 minutes)		70 per cent	69 per cent	69 per cent
Category 5 (within 120 minutes)		70 per cent	86 per cent	86 per cent
All categories		-	70 per cent	70 per cent
Percentage of emergency department attendances who depart within four hours of their arrival in the department	2	86 per cent	77 per cent	76.8 per cent
Median wait time for treatment in emergency departments (minutes)	3	20	21	24
Median wait time for elective surgery (days)	4	25	23	26
Percentage of elective surgery patients treated within clinically recommended times:	5			
Category 1 (30 days)		100 per cent	97 per cent	96.8 per cent
Category 2 (90 days)		97 per cent	94 per cent	96.8 per cent
Category 3 (365 days)		98 per cent	99 per cent	99.7 per cent

	Notes	2014/15 Target/Est	2014/15 Est Actual	2014/15 Actual
Percentage of specialist outpatients waiting within clinically recommended times	6			
Category 1 (30 days)		68 per cent	85 per cent	83.6 per cent
Category 2 (90 days)		36 per cent	58 per cent	57.5 per cent
Category 3 (365 days)		90 per cent	70 per cent	66.7 per cent
Total weighted activity units:	7			
Acute inpatient		63,350	65,329	67,154
Outpatients		13,410	13,012	14,563
Sub-acute		5,885	5,715	5,476
Emergency Department		15,175	16,120	15,877
Mental Health		7,148	7,470	7,618
Interventions and procedures		9,805	11,429	11,472
Average cost per weighted activity unit for activity based funding facilities	8	\$4,608	\$4,509	\$4,329
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days	9	<2.0	0.6	0.41
Number of in-home visits, families with newborns	10	4,833	4,720	4,701
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	11	>60 per cent	69.5 per cent	69.5 per cent
Proportions of readmissions to an acute mental health inpatient unit within 28 days of discharge	12	<12 per cent	13.0 per cent	13.0 per cent
Ambulatory mental health service contact duration (hours)	13	59,648	64,413	65,798

Notes:

1. A target for percentage of emergency department patients seen within recommended timeframes is not included for the 'All categories' as there is no national benchmark. The included triage category targets for 2014-2015 are based on the Australasian Triage Scale (ATS). The 2014-2015 Target/Est. aligned with the National Emergency Access Target. The 2014-2015 actuals are based on health service facilities using then emergency department information system (EDIS) and therefore do not include Maleny Soldiers Memorial Hospital.
2. The 2014-2015 Target/Est. are set as the midway point between the calendar years. The 2014-2015 Target/Est. aligned with the National Emergency Access Target. Sunshine Coast Hospital and Health Service has seen an increase in presentations above 2013-2014 which has impacted the achievement of this target. . The 2014-2015 actuals are based on health service facilities using then emergency department information system (EDIS) and therefore do not include Maleny Soldiers Memorial Hospital.
3. There is no nationally agreed 2014-2015 Target for this measure. Work in relation to the setting of new targets/measures is currently being investigated to ensure an appropriate target is set in line with the government's priorities and the Service Agreements with the hospital and health services. The 2014-2015 actuals are based on health service facilities using then emergency department information system (EDIS) and therefore do not include Maleny Soldiers Memorial Hospital.
4. The 2014-2015 Est. Actual figures are provided from 11 months of actual performance from 1 July 2014 to 31 May 2015. There is no nationally agreed target for this measure. There is no nationally agreed 2014-2015 Target for this measure. Work in relation to the setting of new targets/measures is currently being investigated to ensure an appropriate target is set in line with the government's priorities and the Service Agreements with the hospital and health services.
5. 2014-2015 Estimated Actual figures are provided from 10 months of actual performance from 1 July 2014 to 30 April 2015. The 2014-2015 Target/Est. are set as the midway point between the calendar years.
6. More suitable target/measure is currently being investigated. This work will ensure an appropriate measure and target is set in line with the Government's priorities and the Service Agreements with the hospital and health services. The Government convened a Wait Times Summit and is currently undertaking further consultation with the health sector, which will inform work around the target/measure for future reporting. The 2014-2015 Est. actual figures are provided using actual performance as at 1 April 2015. Category 1 and Category 2 are meeting the original targets.
7. The weighted Activity Units are as per the original Final Offers finance and activity schedules of the 2014-2015 Service Agreements.
8. 2014-2015 Target/Est. was calculated as per the Blueprint Value for Money indicator methodology, excluding Site Specific Grants and Clinical Education and Training.
9. Staphylococcus aureus are bacteria commonly found on around 30per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including MRSA) and are reported as a rate of infection per 10,000 patient days. The Target/Est. for this measure aligns with the national benchmark of 2.0 cases per 10,000 acute public hospital patient days. The 2014-2015 Actual is for the time period July 2014 to March 2015.
10. This measure has been discontinued in 2015-2016 due to limited confidence in the data and a recommendation towards a shift away from counting to a comprehensive postnatal service with measurement of clinical outcomes.
11. This represents performance above the nationally recommended target. 2014-2015 result is for period Jul 2014 to Mar 2015.
12. Queensland has made significant progress in reducing readmission rates over the past 5 years. This represents performance above the nationally recommended target. 2014-2015 result is for period Jul 2014 to Feb 2015.
13. The 2014-2015 Target/Est. is set via a standardised formula, based on available clinical hours, hospital and health service rurality, and historical perform.

The table below (Table 17) shows Sunshine Coast Hospital and Health Service performance against KPIs contained in our Service Agreement that are not included in the Service Delivery Statement or Safety and Quality sections (see page 55).

Key Performance Indicator (KPI)	Target	Actual performance
Access		
Long wait Specialist Outpatients ¹		
Category 1 (30 days)	0	144 (16.4 per cent)
Category 2 (90 days)	1,500	2,482 (42.5 per cent)
Category 3 (365 days)	850	2,213 (33.3 per cent)
Efficiency and Financial Performance		
	Target	Actual performance
Forecast Operating Position ²	Balanced or surplus	Agreed deficit
Length of Stay selected diagnostic related groups ³		
ALOS multi-day E65A Chronic Obst Airways with catastrophic cc	9	8.11
ALOS multi-day E65B Chronic Obst Airways w/o catastrophic cc	5.4	4.69
ALOS multi-day F62A Heart Failure and Shock with catastrophic cc	10.6	7.78
ALOS multi-day F62B Heart Failure and Shock w/o catastrophic cc	5.7	3.48
ALOS multi-day G07B Appendectomy w/o malignancy or peritonitis w/o catastrophic or severe cc	2.2	2.09
ALOS multi-day H08B Laparoscopic Cholecystectomy w/o closed CDE w/o catastrophic or severe cc	1.8	2.04
ALOS multi-day I03B Hip Replacement w/o catastrophic cc	6.4	5.08
ALOS multi-day I04B Knee Replacement w/o catastrophic or severe cc	5.9	4.33
ALOS multi-day J64B Cellulitis w/o catastrophic or severe cc	4	2.78
ALOS multi-day L63A Kidney and Urinary Tract Infections with catastrophic or severe cc	8	3.91
ALOS multi-day L63B Kidney and Urinary Tract Infections w/o catastrophic or severe cc	3.5	2.00
ALOS multi-day M02B Transurethral Prostatectomy w/o catastrophic or severe cc	2.7	1.86
ALOS multi-day N04B Hysterectomy for non-malignancy w/o catastrophic or severe cc	3.3	2.41
ALOS multi-day N06B Female reproductive system reconstructive w/o catastrophic or severe cc	2.5	1.44
ALOS multi-day O01C Caesarean Delivery w/o catastrophic or severe cc	4.3	3.18
ALOS multi-day O60B Vaginal Delivery w/o catastrophic or severe cc	3	2.27
Effectiveness		
	Target	Actual performance
Patient experience Maternity (Nambour and Gympie) ⁴	-	Nambour - 71 per cent Gympie - 62 per cent
Patient experience – small facilities (Maleny) ⁵	-	85 per cent

1. Numerical Targets set as goals by the health service and submitted to Department of Health. Compared to July 2014 there has been a significant decrease in long waits: Category 1 long waits were at 251 (23 per cent); Category 2 long waits were at 3,142 (54 per cent); Category 3 long waits were at 3,941 (45 per cent).

2. Footnote to be taken from financial statements.

3. Apr-May 2015 results shown with fifteen (15) DRGs under the target Average Length of Stay (ALOS). One (1) DRG is just over the expected ALOS H08B Laparoscopic Cholecystectomy. With a 10per cent variance as the threshold and very low expected LOS for this DRG a small amount of variance is expected.

4. Overall satisfaction to hospital care for (labour and) birth result shown for "very good" responses.

5. Overall satisfaction result shown for "very good" responses.

Patient Safety and Quality snapshot and Key Performance Indicator report

This table (Table 18) provides a snapshot of patient safety and quality indicators for the third quarter - March 2015 as provided to the Department of Health Patient Safety Board. Note: data for the fourth quarter is not currently available.

		Indicator	Target	SCHHS	Notes	
Variable Life Adjusted Display (VLAD)	Surgical	Colorectal Carcinoma Complications of Surgery ^{1 2}	Upper or not sig.			
		Fractured Neck of Femur Complications of Surgery ^{1 2}	Upper or not sig.			
		Fractured Neck of Femur In-hospital Mortality ^{1 2}	Upper or not sig.			
		Hip Replacement Complications of Surgery ^{1 2}	Upper or not sig.			
		Hip Replacement Longstay ^{1 2}	Upper or not sig.			
		Hip Replacement Readmissions within 60 days ^{1 2}	Upper or not sig.			
		Knee Replacement Complications of Surgery ^{1 2}	Upper or not sig.			
		Knee Replacement Longstay ^{1 2}	Upper or not sig.			
		Knee Replacement Readmissions within 60 days ^{1 2}	Upper or not sig.			
		Laparoscopic Cholecystectomy Longstay ^{1 2}	Upper or not sig.	L2	C	
		Laparoscopic Cholecystectomy Readmissions ^{1 2}	Upper or not sig.			
		Prostatectomy Complications of Surgery ^{1 2}	Upper or not sig.			
		Paediatric Tonsil and Adenoid Longstay ^{1 2}	Upper or not sig.			
		Paediatric Tonsil and Adenoid Readmission ^{1 2}	Upper or not sig.			
		Medical	Acute Myocardial Infarction In-hospital Mortality ^{1 2}	Upper or not sig.		
			Acute Myocardial Infarction Longstay ^{1 2}	Upper or not sig.	U3	D
Acute Myocardial Infarction Readmission ^{1 2}	Upper or not sig.		U3	E		
Heart Failure Longstay ^{1 2}	Upper or not sig.					
Heart Failure Readmission ^{1 2}	Upper or not sig.					
Pneumonia In-hospital Mortality ^{1 2}	Upper or not sig.		U1	F		
Stroke In-hospital Mortality ^{1 2}	Upper or not sig.		L1	G		
Mental Health	Depression Longstay ^{1 2}	Upper or not sig.				
	Depression Readmission ^{1 2}	Upper or not sig.				
	Schizophrenia Longstay ^{1 2}	Upper or not sig.				
	Schizophrenia Readmission ^{1 2}	Upper or not sig.				

	Indicator	Target	SCHHS	Notes
Obstetrics and Gynaecological	Selected Primip Caesarean Section (public mothers) ^{1 2}	Upper or not sig.		
	Selected Primip Caesarean Section (private mothers) ^{1 2}	Upper or not sig.		
	Selected Primip Induction of Labour ^{1 2}	Upper or not sig.	U1	H
	Selected Primip Instrumental Delivery ^{1 2}	Upper or not sig.		
	Selected Primip (Assisted) Episiotomy / third and fourth degree tears ^{1 2}	Upper or not sig.	U3	I
	Selected Primip (Unassisted) Episiotomy / third and fourth degree tears ^{1 2}	Upper or not sig.		
	Abdominal Hysterectomy Complications of Surgery ^{1 2}	Upper or not sig.		
	Vaginal Hysterectomy Complications of Surgery ^{1 2}	Upper or not sig.		
Never Events	Death or neurological damage as a result of Intravascular gas embolism	0		
	Procedures involving the retention of instruments or other material after surgery	0		
	Procedures involving the wrong patient or body part resulting in death or major permanent loss of function	0		
	Death or likely permanent harm as a result of bed rail entrapment or entrapment in other bed accessories	0		
	Death or likely permanent harm as a result of haemolytic blood transfusion reaction resulting from ABO incompatibility	0		
	Infants discharged to the wrong family	0		
System Wide Governance	Accreditation Status ¹	Met all core actions		
	Complaints Acknowledged within five Calendar Days	100 per cent	99.0 per cent (101/102)	
	Complaints Resolved within 35 Calendar Days	≥80 per cent	93.7 per cent (251/268)	
	SAC 1 incidents with an analysis completed in 90 Calendar days ¹	≥70 per cent	100.0 per cent (4/4)	
System Wide Infections	Antimicrobial utilisation per 1000 total patient days ¹	<1		
	Healthcare-Associated Staphylococcus aureus bacteraemia per 10,000 total patient days	≤2	0.18	
	Hospital Standardised Mortality Ratio	Not sig.		
	Death in Low Mortality DRGs	Not sig.		
	Hospital Acquired third and fourth Stage Pressure Injuries	≤0.05		
	Acute Stroke Care in Recognised Stroke Unit	≥75 per cent	77 per cent (71/92)	
System Wide Mortality	Seclusion rate (adults and older persons) per 1000 total patient days	≤10	4	
	Seclusion rate (children and adolescents)	≤10		
System Wide Radiology	Diagnostic Imaging reporting rates	≥90 per cent	93.9 per cent 31386/33418)	

¹ Reporting period different to Jan - Mar 2015 - ² Green cell without a result denotes the VLAD indicator is monitored, however has not flagged.

Notes:

A	L3	75% higher / lower than expected
B	L1	30% higher / lower than expected
C	L2	75% higher / lower than expected
D	U1	50% higher / lower than expected
E	U1	30% higher / lower than expected
F	U1	30% higher / lower than expected
G	L1	30% higher / lower than expected
H	U1	30% higher / lower than expected
I	U3	30% higher / lower than expected

Met target

Below target

Well below target

Not applicable

Performance against strategic objectives

Sunshine Coast Hospital and Health Service has created a dynamic planning framework to ensure sustainable services are provided over the long term and are responsive to our communities. The framework focuses on the opportunities and challenges to best support the transformation and transition of health services occurring through the commissioning of Sunshine Coast Public University Hospital.

The *Sunshine Coast Hospital and Health Service Strategic Plan 2013-2017* was reviewed and updated in 2015. It reflects the most recent health of Queenslanders (Sunshine Coast population) results, an increasing emphasis on the significant change program to develop the new hospital and the associated changes across the health service's health systems, and alignment to the Queensland Governments objectives for the community. There is also close alignment with National Healthcare Agreement; Government Health Priorities; and the *Department of Health Strategic Plan 2015-2019*.

Accountability for implementing, monitoring and review of this strategic plan lies with the Health Service Chief Executive supported by the Executive Leadership Team. Progress towards the achievement of our objectives will be monitored by the Sunshine Coast Hospital and Health Board annually.

Our performance against our strategic objectives

Below are some examples of how the health service has worked to meet its strategic objectives:

Care is person-centred and responsive

- Expanding our antenatal care to Tin Can Bay to provide Cooloola mothers-to-be care closer to home.
- Implementing a new community support and rehabilitation clinic in the Gympie community.

Care is safe, accessible, appropriate and reliable.

- Maleny Soldiers Memorial Hospital received some of the highest patient satisfaction results in the Queensland Health Small Hospitals Patient Experience Survey 2014.

- Implementation of a new Musculoskeletal Pathway Clinic (MPC) running from Caloundra, Nambour and Gympie Hospital outpatient departments. This has helped to reduce orthopaedic surgery waiting lists. Under this model of care, patients suffering musculoskeletal pain are now assessed by a physiotherapist, and streamlined into operative or non-operative pathways of care.
- The health service maintained full accreditation in June 2015 through the Australian Council of Healthcare Standards, meeting all Mandatory Standards for the three mandatory National Safety and Quality Health Standards (NSQHS) standards; and all mandatory criteria for the five EQIP National standards. The continued full accreditation for the health service is valid until 9 December 2017.
- Continued operation of the the SCIg (subcutaneous immunoglobulin) blood program providing a safe, home treatment service for patients with immune deficiencies.

Care through engagement and partnerships with our consumers and community

- Strengthening our partnerships with non-government organisations to deliver the Black Swans initiative as part of our Cultural Healing Program.
- Delivering better access to health information and referral guidelines to General Practitioners in partnership with the Primary Health Network (formerly Medicare Local).
- Ensuring consumers were provided with opportunities to input into the development of new models of care for the new Sunshine Coast Public University Hospital.
- Inviting consumers to provide feedback on their care in relation to cancer care, maternity services and neonatal care, as well as diabetes care.
- Ensuring all patient information is consumer tested prior to publication. The information contained is evaluated on clarity, relevance and design. Changes are made to the publication based on the feedback to ensure the final document meet consumer needs.

Caring for people through sustainable, responsible and innovative use of resources

- Expanding Telehealth services such as providing pre-admission clinics via telehealth to Gympie residents who are about to undergo surgery at Nambour General Hospital.

- Annual improvement in chronic disease risk factors in our populations.
- Increase the ability to provide care and treatments for residents closer to home.

Care is delivered by an engaged, competent and valued workforce

- 10 per cent increase in participation in the 2015 Working for Queensland Employee Opinion Survey.
- Offering graduate dentists a Voluntary Dental Graduate Year Program - a full 12-month paid experience gaining exposure to a variety of clinical experiences.
- Gympie Hospital's Nurse Practitioner became the first Australian Nurse Practitioner to be selected as a 2015 Fellow of the American Association of Nurse Practitioners.
- Supporting six clinical nurses through nurse practitioner training at Caloundra Health Service.
- Development of a policy, education and training for staff to combat elder abuse.

Opportunities and priorities for 2015-2016:

- Maximising the benefits of the private hospital contracts with Ramsay Health Care.
- Realising the benefits of building and commissioning of the Sunshine Coast Public University Hospital.
- Enhancing research and academic initiatives including the establishment of the Skills Academic and Research Centre (SARC) in partnership across University of Sunshine Coast, Sunshine Coast TAFE and a University with a medical school.
- Enhancing consumer and community engagement in service planning, service delivery and performance monitoring and evaluation in collaboration and partnerships with Primary Healthcare Networks.
- Developing models of care/service models across the broader health service that include workforce innovation, service redesign and new technologies to improve access, safety and consistent care across all HHS services and locations.
- Engage and involve our staff in planning and preparing for future service transition, transformation and innovation.
- Increase involvement of consumers at all levels of the organisations that lead to improvements.
- Meet or exceed national, state and local healthcare standards
- Increasing the range and diversity of services provided by health service to Sunshine Coast, Noosa and Gympie populations.
- Decrease the number of potentially avoidable hospitalisations for chronic conditions.