

Our service delivery statements

Table 1: Department of Health Performance Statement

Service area: Queensland Health Corporate and Clinical Support	Notes	2014-15 Target/est.	2014-15 Actual
Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5% unfavourable tolerance	1	95.0%	97.0%
Percentage of correct, on time pays	2	98.5%	99.1%
Percentage of calls to 13HEALTH answered within 20 seconds	3	80.0%	82.5%
Percentage of ICT availability for major enterprise applications:			
• Metro		99.8%	99.95%
• Regional		95.7%	99.91%
• Remote		92.0%	99.71%
Percentage of all high level ICT incidents resolved within targets defined in the Service Catalogue	5	80.0%	91.0%
Percentage of initiatives with a status reported as critical (Red)	6	<20.0%	11.4%
Percentage of formal reviews undertaken on Hospital and Health Service responses to significant negative variance in Variable Life Adjusted Displays and other National Safety and Quality indicators		100%	100%

Notes:

1. Although all projects were completed within scope, a small number of projects did not meet the time or budget tolerance.
2. This service standard represents a combination of the number of underpayment payroll enquiries received and the number of overpayments identified each fortnight divided by the number of employee pays processed, based on an average across the last six pay periods for the year of reporting.
3. Funding and human resources is calculated to achieve the performance indicator of 80% of calls answered in 20 seconds as this is internationally recognised as a suitable target/grade of service for health call centres.
4. This service standard measures continuity and availability of ICT services via the wide area network (WAN).
5. This service standard measures ICT incidents resolved within recommended timeframes.
6. This measure relates to all new initiatives and initiatives that are not yet fully operational. The 2014-15 Actual figure of 11.4% is based on actual reported critical (Red) status for July 2014 to June 2015. The Health Services Information Agency 1PMO continues to monitor performance status on a monthly basis.

Table 2: Acute Inpatient Care

Health Consolidated	Notes	2014-15 Target/est.	2014-15 Actual
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days	1	<2.0	0.8
Percentage of elective surgery patients treated within clinically recommended times:	2		
• Category 1 (30 days)		100%	98%
• Category 2 (90 days)		97%	94%
• Category 3 (365 days)		98%	97%
Median wait time for elective surgery (days):	3		
• Category 1 (30 days)			12
• Category 2 (90 days)			49
• Category 3 (365 days)			148
• All categories		25	29
Percentage of admitted patients discharged against medical advice:	4		
• Non-Aboriginal and Torres Strait Islander patients		0.8%	1.0%
• Aboriginal and Torres Strait Islander patients		1.4%	3.4%
Percentage of babies born of low birth weight to:	5		
• Non-Aboriginal and Torres Strait Islander mothers		4.0%	4.9%
• Aboriginal and Torres Strait Islander mothers		8.4%	9.0%
Average cost per weighted activity unit for Activity Based Funding facilities	6	\$4,613	\$4,646
Total weighted activity units – acute inpatient	7	924,463	945,699

Notes:

1. *Staphylococcus aureus* are bacteria commonly found on around 30% 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.
2. 2014-15 Actual performance is actual performance from 1 July 2014 - 30 June 2015. The 2014-15 Target/est. is set as the midway point between the calendar years.
3. A Target/est. is not included for categories 1-3 as there is no national benchmark for this measure.
4. The 2014-15 Actual figures are based on data for the period 1 July 2014 to 30 June 2015.
5. The 2014-15 Actual figures represent the latest available 2014-15 perinatal data within reporting databases as at 25 August 2015.
6. The determination of the cost per weighted activity unit (WAU) 2014-15 targets has been based on the revised Final Offers (V14) finance and activity schedules of the 2015-16 Service Agreements. 2014-15 actual cost per WAU has been determined based on ABF expenditure identified by cost centre applied percentages and activity reported as delivered or contracted from the private sector by the HHS. The activity does not include any private provider services of public activity contracted directly by the Department of Health. Queensland Health Consolidated Overall includes Mater Health Services. Central West, South West and Torres and Cape HHSs don't have any activity based funding facilities.
7. All Weighted Activity Units have been converted to the Activity Based Funding Model phase that applies to 2015-16. This phase is referred to as Q18. The Weighted Activity Unit targets are as per the original Final Offers (V13) finance and activity schedules of the 2015-16 Service Agreements. The Weighted Activity Unit actuals exclude public activity contracted directly by the Department of Health with private providers. Other exclusions include block funded services in 2014-15 that move into the Q18 Activity Based Funding QWAU Model in 2015-16.

Table 3: Outpatient Care

Health Consolidated	Notes	2014-15 Target/est.	2014-15 Actual
Percentage of specialist outpatients waiting within clinically recommended times:	1		
• Category 1 (30 days)		48%	61%
• Category 2 (90 days)		33%	49%
• Category 3 (365 days)		90%	70%
Total weighted activity units – Outpatients	2	224,283	241,078

Notes:

- 2014-15 Actual performance is actual performance as at 1 July 2015. There is no nationally agreed target for this measure.
- All Weighted Activity Units have been converted to the Activity Based Funding Model phase that applies to 2015-16. This phase is referred to as Q18. The Weighted Activity Unit targets are as per the original Final Offers (V13) finance and activity schedules of the 2015-16 Service Agreements. The Weighted Activity Unit actuals exclude public activity contracted directly by the Department of Health with private providers. Other exclusions include block funded services in 2014-15 that move into the Q18 Activity Based Funding QWAU Model in 2015-16.

Table 4: Emergency Care

Health Consolidated	Notes	2014-15 Target/est.	2014-15 Actual
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	1	86%	77%
Percentage of emergency department patients seen within recommended timeframes:	2		
• Category 1 (within 2 minutes)		100%	100%
• Category 2 (within 10 minutes)		80%	77%
• Category 3 (within 30 minutes)		75%	63%
• Category 4 (within 60 minutes)		70%	73%
• Category 5 (within 120 minutes)		70%	91%
• All categories			70%
Percentage of patients transferred off-stretcher within 30 minutes	3	90%	85.3%
Median wait time for treatment in emergency departments (minutes)	4	20	20
Total weighted activity units – Emergency Department	5	224,031	234,044

Notes:

- 2014-15 Actual performance is actual performance from 1 July 2014 to 30 June 2015. The 2014-15 Target/est. is set as the midway point between the calendar years. The target aligns with the National Emergency Access Target. In recent years, Queensland has seen an increase in emergency department presentations which has impacted the achievement of this target. Despite the increase seen in admissions, this measure has and continues to improve.
- 2014-15 Actual performance is actual performance from 1 July 2014 - 30 June 2015. 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 2014-15 are based on the Australasian Triage Scale (ATS). The 2014-15 Target/est. aligned with the National Emergency Access Target. In recent years, Queensland has seen an increase in emergency department presentations which has impacted the achievement of this target. Despite the increase seen in admissions, this measure has and continues to improve.
- Major Queensland Health Reporting Hospitals. Off-stretcher time is defined as the time interval between the ambulance arriving at the emergency department and the patient transferred off the Queensland Ambulance Service stretcher.
- 2014-15 Actual performance is actual performance from 1 July 2014 - 30 June 2015.
- All Weighted Activity Units have been converted to the Activity Based Funding Model phase that applies to 2015-16. This phase is referred to as Q18. The Weighted Activity Unit targets are as per the original Final Offers (V13) finance and activity schedules of the 2015-16 Service Agreements. The Weighted Activity Unit actuals exclude public activity contracted directly by the Department of Health with private providers. Other exclusions include block funded services in 2014-15 that move into the Q18 Activity Based Funding QWAU Model in 2015-16.

Table 5: Sub and Non-Acute Care

Health Consolidated	Notes	2014-15 Target/est.	2014-15 Actual
Total weighted activity units – sub acute	1	93,232	103,296

Notes:

1. All Weighted Activity Units have been converted to the Activity Based Funding Model phase that applies to 2015-16. This phase is referred to as Q18. The Weighted Activity Unit targets are as per the original Final Offers (V13) finance and activity schedules of the 2015-16 Service Agreements. The Weighted Activity Unit actuals exclude public activity contracted directly by the Department of Health with private providers. Other exclusions include block funded services in 2014-15 that move into the Q18 Activity Based Funding QWAU Model in 2015-16.

Table 6: Integrated Mental Health Services

Health Consolidated	Notes	2014-15 Target/est.	2014-15 Actual
Proportion of re-admissions to acute psychiatric care within 28 days of discharge	2	<12%	13.4%
Rate of community follow up within 1 – 7 days following discharge from an acute mental health inpatient unit		>60%	65.4%
Percentage of the population receiving clinical mental healthcare	3	1.8% - 2.0%	2.0%
Ambulatory mental health service contact duration (hours)	4	>934,589	884,114
Total weighted activity units – Mental Health	5	140,842	134,204

Notes:

1. These Service Standards reflect the performance of the specialist integrated mental health sector only. Alcohol, Tobacco and Other Drug Services, and mental health related admitted patient activity in non-specialist beds is excluded.
2. Final data for 2014-15 is not yet available; as such this only includes separations up to 31 May 2015. Queensland has made significant progress in reducing readmission rates over the past 5 years, with continued incremental improvements towards the nationally recommended target.
3. The indicator provides a mechanism for monitoring population treatment rates and assesses these against what is known about distribution of a mental disorder in the community. This measure is also reported through the National Healthcare Agreement.
4. The 2014-15 Target/est. was set utilising a standard formula based upon available clinical staffing. Due to a range of issues including known under-reporting within clinical information systems which capture the data, most HHSs are not expected to meet the target for 2014 15. The 2015-16 Target/est. has been revised to take these issues into account.
5. All Weighted Activity Units have been converted to the Activity Based Funding Model phase that applies to 2015-16. This phase is referred to as Q18. The Weighted Activity Unit targets are as per the original Final Offers (V13) finance and activity schedules of the 2015-16 Service Agreements. The Weighted Activity Unit actuals exclude public activity contracted directly by the Department of Health with private providers. Other exclusions include block funded services in 2014-15 that move into the Q18 Activity Based Funding QWAU Model in 2015-16.

Table 7: Prevention, Primary and Community Care

Health Consolidated	Notes	2014-15 Target/est.	2014-15 Actual
Percentage of the Queensland population who consume recommended amounts of:	1		
• Fruits		56.6%	58.3%
• Vegetables		9.2%	9.2%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit:	2		
• Persons		64.0%	59.5%
• Male		69.7%	61.3%
• Female		58.2%	57.8%
Percentage of the Queensland population who are overweight or obese:	1		
• Persons		60.1%	57.8%
• Male		67.2%	63.3%
• Female		53.0%	52.4%
Percentage of the Queensland population who consume alcohol at risky and high risk levels:	3		
• Persons		11.4%	18.9%
• Male		13.2%	28.9%
• Female		9.5%	9.2%
Percentage of the Queensland population who smoke daily:	1		
• Persons		15.8%	14.0%
• Male		17.1%	16.2%
• Female		14.4%	11.8%
Percentage of the Queensland population who were sunburnt in the last 12 months:	4		
• Persons		53.0%	54.3%
• Male		55.0%	57.4%
• Female		50.9%	51.4%
Annual notification rate of HIV infection	5	5.0	5.3
Vaccination rates at designated milestones for:	6		
• All children 12-15 months		92.5%	91.7%
• All children 24-27 months		92.5%	90.2%
• All children 60-63 months		92.5%	92.2%
Percentage of target population screened for:	7		
• Breast cancer		58.0%	57.6%
• Cervical cancer		57.2%	56.0%
• Bowel cancer		33.9%	35.5%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter	8	57.0%	59.4%
Ratio of potentially preventable hospitalisations - rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations	9	1.7	2.0

Table 7: Prevention, Primary and Community Care (cont.)

Health Consolidated	Notes	2014-15 Target/est.	2014-15 Actual
Percentage of women who, during their pregnancy were smoking after 20 weeks:	10		
• Non-Aboriginal and Torres Strait Islander women		9.5%	8.5%
• Aboriginal and Torres Strait Islander women		37.6%	38.9%
Number of adult oral health weighted occasions of service (ages 16+)	11	2,275,265	2,751,511
Number of children and adolescent oral health weighted occasions of service (0-15 years)	12	1,300,000	1,200,952
Percentage of public general dental care patients waiting within the recommended timeframe of two years		95%	100%
Percentage of oral health weighted occasions of service which are preventative	13	15%	13%
Number of rapid HIV tests performed	14	1,500	3,407
Total weighted activity units – Interventions and procedures	15	139,852	133,530

Notes:

1. The 2014-15 Target/Estimate is derived from the time trend for this indicator since 2001. The 2014-15 Actual is from the 2014 self-report adult telephone survey.
2. The 2014-15 Target/Estimate is derived from the time trend for this indicator since 2004. The 2014-15 Actual is from the 2014 self-report adult telephone survey.
3. The 2014-15 Target/Estimate is derived from the time trend for this indicator since 2010. Risky drinking is defined as 'lifetime risk' from the 2009 National Health and Medical Research Council (NRMRC) safe drinking guidelines. The 2014-15 Actual is from the 2014 self-report adult telephone survey.
4. The 2014-15 Target/Estimate is derived from the time trend for this indicator since 2010. The 2014-15 Actual is from the 2014 self-report adult telephone survey.
5. The annual notification rate of HIV infection is a reflection of the number of notifications per 100,000 population. The 2014-15 Est. Actual is an estimate based on the number of first diagnoses of HIV in Queensland for the 2014 calendar year.
6. The definition of fully immunised at 24-27 months changed at 1 October 2014 (now includes 3 additional vaccines), resulting in a decreased coverage rate. Est/ actual coverage data is rolling four quarters ending 30 June 2015.
7. The 2014-15 Target/est. relate to the following periods: 2012-13 biennial period breast cancer and cervical cancer; 2012-13 financial year bowel cancer (when people aged 50, 55, 60 and 65 years of age were invited to participate). The 2014-15 Actuals relate to the following periods: 2013-14 biennial period breast cancer and cervical cancer; 2013-14 financial year bowel cancer (when people aged 50, 55, 60 and 65 years of age were invited to participate).
8. The 2014-15 Target/est. and 2014-15 Actual relate to the 2013 calendar year.
9. The technical definition for potentially preventable hospitalisations (PPH) changed nationally from 14 January 2015. The 2014-15 Actual figure is based on the new definition, and relates to PPH data recorded between 1 July 2014 and 30 June 2015.
10. The 2014-15 Actual figures represent the latest available 2014-15 perinatal data within reporting databases as at 25 August 2015.
11. The 2014-15 Target/est. is based on funding allocated by the Department of Health to Hospital and Health Services (HHSs), including Commonwealth funding under the National Partnership Agreement for Treating More Public Dental Patients. The 2014-15 Actual is over target primarily due to Medicare payments claimed directly by HHSs under the Child Dental Benefits Schedule (CDBS) that were invested in additional adult dental services.
12. The 2014-15 Actual is below target in part due to the ongoing implementation of the Medicare Child Dental Benefits Schedule by HHS oral health services, which commenced on 1 January 2014.
13. Preventative treatment is reported according to item numbers recorded in each patient's clinical record. This measure includes procedures such as removal of plaque and calculus from teeth, application of fluoride to teeth, dietary advice, oral hygiene instruction, quit smoking advice, mouthguards and fissure sealants. All of these items are important to improve and maintain the health of teeth, gums and soft tissues within the mouth, and also have general health benefits.
14. The number of rapid HIV tests performed increased significantly above the predicted number in the 2014-15 Target/est. because of the roll out of this testing into the community sector where tests are largely performed by peers. This was part of an initiative funded by the Department of Health. The numbers in the community sector have increased almost four fold from the first quarter of the 2014-15 year to the third quarter. This rise is expected to stabilise at current levels and should be maintained at this higher level on the basis that the program and the demand for testing continues.
15. All Weighted Activity Units have been converted to the Activity Based Funding Model phase that applies to 2015-16. This phase is referred to as Q18. The Weighted Activity Unit targets are as per the original Final Offers (V13) finance and activity schedules of the 2015-16 Service Agreements. The Weighted Activity Unit actuals exclude public activity contracted directly by the Department of Health with private providers. Other exclusions include block funded services in 2014-15 that move into the Q18 Activity Based Funding QWAU Model in 2015-16.

Table 8: Ambulance Services

Queensland Ambulance Service	Notes	2014-15 Target/est.	2014-15 Actual
Time within which code 1 incidents are attended:	1		
• 50th percentile response time		8.2 minutes	8.3 minutes
• 90th percentile response time		16.5 minutes	16.4 minutes
Percentage of Triple Zero (000) calls answered within 10 seconds	2	90%	91.2%
Percentage of non-urgent incidents attended to by the appointment time	3	>70%	85.5%
Percentage of patients who report a clinically meaningful pain reduction	4	>85%	88.7%
Patient satisfaction	5	New measure	New measure
Gross cost per incident	6	\$642	\$629

Notes:

1. A code 1 incident is potentially life threatening necessitating the use of ambulance warning devices (lights and/or siren) en route. An incident is an event that results in one or more responses by the ambulance service. This measure reports the time within which 50% of the first responding ambulance resources arrive at the scene of an emergency in code 1 situations. This measure reports the time within which 90% of the first responding ambulance resources arrive at the scene of an emergency in code 1 situations.
2. This measure reports the percentage of Triple Zero (000) calls answered by ambulance service communication centre staff in a time equal to or less than ten seconds.
3. An incident is an event that results in one or more responses by the ambulance service. This measure reports the proportion of medically authorised road transports (code 3) (excluding Queensland Health and aero-medical transports) which arrive on time for a designated appointment, or are met for returned transport within two hours of notification of completion of an appointment (code 4).
4. Clinically meaningful pain reduction is defined as a minimum two point reduction in pain score from first to final recorded measurement. Includes patients aged 16 years and over who received care from the ambulance service which included the administration of pain medication (analgesia). Includes patients where at least two pain scores (pre- and post-treatment) were recorded and, on a numeric rating scale of one to ten, the initial pain score was at least seven.
5. This is the total number of patients who were either 'satisfied' or 'very satisfied' with ambulance services they had received, divided by the total number of patients that responded to the National Patient Satisfaction Survey of the Council of Ambulance Authorities.
6. An incident is an event that results in one or more responses by the ambulance service.