

Performance

Demand on services

Table 3: Delivering more care

	2018–19	Change since last year
Babies born ^a	* 8,308	* 173
Oral health treatments ^{b 1}	804,932	#-27,113
Emergency Department presentations ^c	300,613	8,767
Emergency Department 'Seen in time' ^c	204,201	9,634
Patient admissions (from ED) ^c	112,287	4,975
Emergency surgeries ^{d 2}	12,159	36
Outpatient occasions of service (specialist and non-specialist) ^{d 3}	1,503,424	58,018
Specialist outpatient first appointments delivered in time ^{e 4}	108,900	16,396
Gastrointestinal endoscopies delivered ^f	19,532	2,794
Gastrointestinal endoscopies delivered in time ^f	14,767	4,578
Elective surgeries, from a waiting list, delivered ^g	28,066	1,024
Elective surgeries, from a waiting list, delivered in time ^g	26,298	857
Number of telehealth services ^h	17,827	2,456
Hospital in the Home admissions ^{d 5}	1,670	-279

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.

The 2018-19 service target was exceeded. 3.3% (27,113) less oral health treatments in 2018-19 was due to service transition to the Metro North Oral Health Centre. Increased occasions of service activity will resume in 2019-20.

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

ZERO 
DENTAL LONG WAITS
FOR PATIENTS WAITING LONGER
THAN 2 YEARS IN 2018–19


17,827
OCCASIONS OF
TELEHEALTH SERVICE

IMPROVING HEALTH OUTCOMES



DELEGATE ELECTRONIC MENU SYSTEM ROLLS OUT AT KILCOY HOSPITAL

Caboolture Hospital Nutrition and Food Services Manager Michelle Suter continues to influence the nutritional standards of meals and menus that are served to patients in Queensland Health facilities.

As a member of the Statewide Food Services Network – Nutrition Standards Workgroup, she had an important role developing the latest version of the Queensland Health Nutrition Standards for Meals and Menus, published in December 2018, having provided input to a previous review in 2015 and initially developing the state-wide standards in 2012.

The standards provide an important framework for menu planning in hospitals, residential aged care, mental health facilities and acquired brain injury units managed by Queensland Health.

Whether it's breakfast, lunch or dinner, Michelle knows very well that serving quality meals with good nutritional value can be crucial for a patient's ability to heal well and quickly.

She said the rollout of the Delegate electronic menu system at Kilcoy Hospital recently ensured that patients had access to tasty menu choices that also comply with their dietary requirements.

“It can be tricky to know which foods contain food allergens and which are suitable for different texture modified diets,” Michelle said.

“We wanted to make sure that the food served was appealing and helps with recovery.

“The Delegate system takes the guess work away for cooks and operational staff.”

Kilcoy Hospital kitchen staff prepare about 30,000 meals for patients, staff, visitors and the community each year.

Food service staff collect menu orders each morning for lunch, dinner and breakfast the next day using a computer workstation on wheels.

The software interfaces directly with other patient information systems to ensure that the menu information is up-to-date in real time, rather than relying on manual cross-checking and updating paper menus.

“The new electronic system ensures patients are only offered menu choices that comply with their dietary requirements,” Michelle said.

We wanted to make sure that the food served was appealing and helps with recovery.



Caboolture Hospital Nutrition and Food Services Manager Michelle Suter.

“Kitchen staff appreciate the safety benefits and are pleased that they can continue to offer the same great menu choices to their patients.

“The new system has additional clinical benefits including the ability to track menu orders, calculate nutritional intakes and supplement compliance.

“It also means the dietetic team at Caboolture Hospital can more easily support the Kilcoy kitchen with menus and any tricky special diet requests.”

Service standards

Table 4: Service Standards – Performance 2018-19

Service Standards	Target	Actual
EFFECTIVENESS MEASURES		
Percentage of patients attending emergency departments seen within recommended timeframes: ^a	100%	99.4%
Category 1 (within 2 minutes)	80%	78.4%
Category 2 (within 10 minutes)	75%	59.8%
Category 3 (within 30 minutes)	70%	77.6%
Category 4 (within 60 minutes)	70%	94.8%
Category 5 (within 120 minutes)		
Percentage of emergency department attendances who depart within four hours of their arrival in the department ^a	>80%	67.0%
Percentage of elective surgery patients treated within clinically recommended times: ^b		
Category 1 (30 days)	>98%	93.6%
Category 2 (90 days)	>95%	93.6%
Category 3 (365 days)	>95%	94.1%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days	<2	0.8 ⁶
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit ^d	>65%	58.5%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge ^d	<12%	14.5% ⁷
Percentage of specialist outpatients waiting within clinically recommended times: ^e		
Category 1 (30 days)	56%	76.6%
Category 2 (90 days)	70%	69.8%
Category 3 (365 days)	94%	94.3%
Percentage of specialist outpatients seen within clinically recommended times: ^e		
Category 1 (30 days)	81%	81.0%
Category 2 (90 days)	62%	60.8%
Category 3 (365 days)	89%	83.6%
Median wait time for treatment in emergency departments (minutes) ^a	..	19
Median wait time for elective surgery (days) ^b	..	36
Efficiency Measure		
Average cost per weighted activity unit for Activity Based Funding facilities ^{f g}	\$4,395	\$4,653 ⁸
Other Measures		
Number of elective surgery patients treated within clinically recommended times: ^b		
Category 1 (30 days)	9,727	9,718
Category 2 (90 days)	10,109	10,851
Category 3 (365 days)	6,003	5,729
Number of Telehealth outpatient occasions of service events ^h	10,000	17,827
Total weighted activity units (WAU's) ^g		
Acute Inpatient	283,426	281,704 ⁹
Outpatients	86,334	96,429
Sub-acute	25,811	22,732
Emergency Department	45,637	41,949
Mental Health	33,372	35,479
Prevention and Primary Care	10,055	10,478
Ambulatory mental health service contact duration (hours) ^d	>171,919	149,919
Staffing ⁱ	16,165	16,184

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.

PUTTING PEOPLE FIRST



TEAM APPROACH TO PATIENT CARE ACHIEVES EXCELLENCE

Royal Brisbane and Women’s Hospital (RBWH) Cancer Care Services has achieved an Australian first certification as a Centre for Excellence for its new innovative model of care that involves patients and their families as part of the care team.

Cancer Care Services introduced Structured Interdisciplinary Bedside Rounds (SIBR), a multidisciplinary model to streamline care by bringing all clinicians together to work with patients during daily ward rounds, in December 2017.

Since then, more than 3000 patients have experienced 19,000 individual SIBR moments, where the clinical team has visited the bedside together to discuss and develop the patient’s care plan.

Executive Director Cancer Care Services at RBWH Associate Professor Glen Kennedy congratulated the team on their commitment to delivering the SIBR model which has had benefits for both patients and staff.

“By implementing SIBR, the team has reimagined the way care is delivered to enhance patient safety by improving communication between the teams and ensuring patients are central to making plans for their care,” Assoc Prof Kennedy said.

“SIBR has also had an impact on fostering a positive team culture within Cancer Care Services that has empowered all staff to be a part of decision making.”

“The team have done an excellent job of embracing change and have set an example for other areas of the health service to follow.”

The SIBR model is now being adopted by other RBWH services.

The team have done an excellent job of embracing change and have set an example for other areas of the health service to follow.



SIBR Founder Dr Jason Stein (left) with the Cancer Care Services team at Royal Brisbane and Women’s Hospital.



STARS

SURGICAL, TREATMENT AND REHABILITATION SERVICE

Metro North Hospital and Health Service *Putting people first*

STARS TO INCREASE PATIENT ACCESS TO SPECIALIST REHABILITATION SERVICES

The \$340 million Surgical, Treatment and Rehabilitation Service (STARS) is being delivered to increase patient access to comprehensive and specialist rehabilitation services, short-stay elective surgery, endoscopy services and outpatient services and meet the projected demand for these services.

STARS is being delivered in the form of a hybrid public private partnership (PPP) leasing arrangement as part of the redevelopment of Herston Quarter by Australian Unity.

The design and delivery of the new 184-bed specialist public health facility being developed for Metro North as part of Australian Unity's \$1.1 billion Herston Quarter Redevelopment progressed during 2018–19.

Since construction commenced in May 2018, the southern structure of STARS reached full height. It is anticipated that the northern structure will reach this milestone in Quarter 3 2019. Work on the development of public realm adjacent to STARS commenced in April 2019. The Spanish Steps will improve pedestrian access from Herston Road and public transport to the Herston Quarter heritage core.

DESIGNING FOR HEALTH OUTCOMES

A comprehensive clinical design process for STARS, which included engagement with more than 300 clinical and non-clinical stakeholders, concluded in late 2018.

The contemporary clinical design will result in healthcare service efficiencies and provide enhanced patient access to the proposed care. The design will allow for an additional bed capacity of up to 52 beds that was announced in 2017–18.

Key outcomes also included:

- a surgical and procedural centre to increase access to elective surgical services for patients
- delivery of seven operating theatres to provide high-volume, short-stay, for lower complexity cases
- three endoscopy rooms to enhance access to these services
- 20 new specialist beds for brain injured patients which will increase the state-wide capacity for early rehabilitation
- 20 new specialist rehabilitation beds for major trauma, burns and complex rehabilitation patients – the first unit of its kind in Queensland
- relocation of RBWH's 30-bed Geriatric Assessment and Rehabilitation Unit (GARU), plus an additional 30 new beds; doubling the capacity of this service
- co-location of the state-wide Rehabilitation Engineering Centre which will provide wheelchair and seating modification services along with adaptive device technology support for the 100 rehabilitation beds
- transfer of the Professor Tess Cramond Multidisciplinary Pain Centre and relocation of Rheumatology and Dermatology outpatient departments.



COMMISSIONING OF STARS

Preparing for the opening of the Surgical, Treatment and Rehabilitation Service (STARS) requires extensive planning.

From late 2018, work intensified to plan for the commissioning activities for STARS. Throughout 2019, operational readiness planning continued to ensure that the right people, systems and processes will be in place when STARS is due to open. STARS will receive its first patients in late 2020 and will officially open in early 2021 as services ramp-up and become available to patients.

The initial development of several Models of Care and Models of Service Delivery concluded in 2018 in consultation with clinicians. These will continue to evolve to define the care to be delivered at STARS.

STARS will require approximately 900 clinical and non-clinical jobs once operational. Workforce profiling commenced in 2017 and is continuing to be refined to establish the positions that will be required for STARS.

STARS has been designed to be ‘digital ready’ so wired and wireless networks can host a large quantity of diverse devices throughout the facility (e.g. PCs, Workstations on Wheels (WoWs), phones, and biomedical devices).

ICT requirements for STARS are consistent with the Digital Metro North Strategy, which includes the rollout of the integrated electronic medical record (ieMR) system for healthcare data. In 2019, work commenced to identify the ieMR-specific uplift required to satisfy ieMR clinical workflows. Preliminary testing of ICT networks and equipment commenced in early in 2019.

Also, in 2019, upgrades to the RBWH ICT network to support STARS connectivity were completed and an offsite application testing facility was established for the testing of desktop software for clinical and non-clinical services.



More than 19,000 items (across more than 800 types) of other Furniture, Fittings and Equipment (FF&E) have been identified for inclusion within STARS. Metro North is overseeing the other FF&E program to ensure that the items will be suitable for contemporary clinical service delivery. In early 2019, Metro North commenced procurement of major medical imaging equipment, network equipment, audio visual equipment and telephones and messaging devices.

In late 2018, engagement commenced with clinical and non-clinical staff and across Metro North facilities regarding the transition of STARS and the operational readiness program. Engagement will be ongoing during 2019–2020 in preparation for Day One of STARS in late 2020.

Financial summary

for the year ended 30 June 2019

High Level Profit and Loss

	2019	2018
	\$'000	\$'000
Income		
User Charges and fees	262,066	240,725
Funding for the provision of public health services	2,588,399	2,430,149
Grants and Other Contributions	43,559	43,187
Other Revenue	57,827	50,850
Gain on disposal/re-measurement of assets	395	549
Total Income	2,952,246	2,765,460
Expenses		
Employee Expenses	2,085,470	1,964,160
Supplies and Services	723,243	673,034
Grants and subsidies	1,128	1,403
Depreciation and Amortisation	117,270	103,554
Impairment losses	8,208	5,497
Other Expenses	12,626	10,431
Total Expenses	2,947,945	2,758,079
Operating result	4,301	7,381
High Level Balance Sheet		
Assets		
Cash and cash equivalents	117,803	75,925
Receivables	97,778	105,607
Property, plant and equipment	1,350,059	1,335,724
Inventories	18,218	20,164
Intangible assets	24,980	21,139
Other	12,335	9,587
Total Assets	1,621,173	1,568,146
Liabilities		
Payables	134,838	88,695
Other	104,262	119,249
Total Liabilities	239,100	207,944
Net Assets	1,382,073	1,360,202

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 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, Metro North had reported total anticipated maintenance of \$213,851,858.

Metro North has the following strategies in place to mitigate any risks associated with these maintenance items:

- actively engaging with Queensland Health to access other funding sources such as the Priority Capital Program funding
- identify current and forecast issues in the Strategic Asset Management Plan (SAMP)
- continue to address emergent issues within existing funding constraints
- wherever possible address maintenance issues through funded capital projects.

IMPROVING HEALTH OUTCOMES



IMPROVED CARE FOR CYSTIC FIBROSIS PATIENTS

A physical upgrade of The Prince Charles Hospital's (TPCH) Adult Cystic Fibrosis (CF) Centre is enabling patients to receive improved care during their hospital stay.

The \$2.925m upgrade funded by the State Government, includes the construction of six additional bathrooms, and the full refurbishment of all patient areas within the 14-bed unit, which means that patients can now receive their care in safer, more modern facilities that better support their clinical needs.

Patients now have access to their own individual bathroom during their hospital admission, which is a significant safety improvement for all patients who previously had a shared bathroom during their hospital stay.

TPCH's Director Adult Cystic Fibrosis Centre Dr David Reid said CF patients have very special clinical requirements due to the nature of their condition.

"Cystic fibrosis is a genetic condition resulting in chronic lung disease, poor nutrition and reduced life expectancy, although survival is increasing significantly and will continue to do so," Dr Reid said.

"Patients with CF are susceptible to bacterial infections and there is also the risk of cross-infection occurring between patients.



Patient Sue Hayes with Clinical Nurse, Margaret Lysaught in the upgraded Adult Cystic Fibrosis Centre at The Prince Charles Hospital.

"In a hospital setting, the opportunity for patient-to-patient contact and infection naturally increases, particularly if the individual is in hospital for a prolonged period. Patients with CF can have up to four admissions each year, with many admissions lasting 14 days or more.

"While the CF Unit employs strict infection control practices and protocols, enforcing this can be challenging, particularly if patients are sharing facilities like bathrooms."

Other improvements that have enhanced safety within the Centre include a major upgrade of the air conditioning system to enhance air quality for patients within the Centre, new electrical and nurse call systems using the latest technology, and additional hand washing basins in each patient room.

IMPROVING HEALTH OUTCOMES



ROOM SERVICE IMPROVING NUTRITIONAL OUTCOMES

The Prince Charles Hospital (TPCH) is Queensland’s first public hospital to introduce room service, giving patients greater flexibility and choice with their meals.

The room service model allows patients to order meals anytime between 6.30am and 7pm via their bedside phones or own mobile devices.

Being able to choose what they want to eat, when they want to eat it, means patients are more likely to finish their meals and improve their nutritional outcomes, which helps them recover better and get home sooner.

The hospital’s commercial kitchen has been renovated to support the room service model and now features induction cooktops and turbo chef ovens to state-of-the-art griddle plates, cappuccino machines and a cold larder station to prepare sandwich combinations at each patient’s request.

Patient Raffaella receives her new room service meal from attendant Suzanne.



Induction charging bases keep meals hot until they reach the patient’s bedside.

The variety of food on offer also has been expanded, with a greater food selection for patients with specific dietary requirements, allergies or restrictions.

Popular menu additions include an all-day hot breakfast, burgers, stir fries and pancakes.

The new model also has resulted in an increase in hospital kitchen staff including cooks to prepare meals fresh and in house, staff to take phone orders in a dedicated call centre and a reduction in plate waste.

IMPROVING HEALTH OUTCOMES



MAKING A FRESH START THROUGH NDIS

After nearly two decades of specialist care following a debilitating brain injury, Mario Albutt is now living in his new home on the Gold Coast.

Mario is one of hundreds of Metro North patients who have been supported into the National Disability Insurance Scheme (NDIS) over the past year, including seven patients from the Brighton Brain Injury Service.

“I am enjoying living independently,” Mario said. “And I am a lot closer to my family,”

Mario wasn’t expected to survive after suffering an aneurysm in the early 2000s, but with the support of family and extensive rehabilitation, he has regained some function.

Mario has spent 16 years living at the Jacana Acquired Brain Injury Centre, now relocated to the Brighton Brain Injury Service. He is wheelchair dependent and requires assistance with his general care needs.

He is now living in his own unit with support workers visiting him to attend to his care needs and provide access to activities in the community.

Mario is one of 500,000 Australians with a disability, and is being assisted with funding for living supports, equipment and treatment in the community.



A great new life has opened for former Brighton Brain Injury Service patient Mario Albutt who now lives by himself with NDIS support.