

Tabled by John - Paul Langbrack MP budget old
26/07/17 gov. au
KH

Central Queensland Hospital and Health Service

Overview

The Central Queensland Hospital and Health Service (HHS) is an independent statutory body overseen by a local Hospital and Health Board. The Central Queensland HHS is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

The Central Queensland HHS is responsible for the direct management of more than 16 hospitals and facilities including:

- Baralaba Hospital
- Biloela Hospital
- Blackwater Hospital
- Capricorn Coast Hospital
- Emerald Hospital
- Gladstone Hospital
- Mount Morgan Hospital
- Moura Hospital
- Rockhampton Hospital
- Springsure Hospital
- Theodore Hospital
- Woorabinda Hospital

Central Queensland HHS also provides mental health services, oral health services, offender health services and aged care services, with a number of facilities also providing community health services.

Central Queensland HHS is committed to delivering safe, evidence-based, patient-centred, effective and economically sustainable care with a highly skilled and valued workforce that meets the community's needs.

Central Queensland HHS's strategic objectives contribute to the Queensland Government's objectives for the community: delivering quality frontline services; building safe, caring and connected communities and creating jobs and a diverse economy.

The health service remains committed to delivering safe and high quality care, supporting its valuable workforce and delivering its financial and performance requirements.

Service Summary

The Central Queensland HHS has an operating budget of \$566.3 million for 2017-18 which is an increase of \$34.8 million (6.5 per cent) from the published 2016-17 operating budget of \$531.5 million.

A key focus for 2017-18 will be developing a 10-year strategic vision for the effective delivery of health services to meet the needs of Central Queenslanders in a safe and sustainable manner.

The HHS will also continue to ensure that Central Queensland residents have improved access to cancer treatment services, ophthalmology and orthopaedic services.

During 2017-18, additional recurrent funding has been provided through the HHS's service agreement to increase the midwifery staff to patient ratio and purchase additional nursing and midwifery education and training services for new and existing staff.

Early works on the Rockhampton Hospital carpark began in May 2017 with completion due by late 2018. Construction at Gladstone Hospital is also expected to begin in the first half of the 2017-18.

Planning has also started to deliver a step-up step-down mental health facility at Gladstone and major renovations to the North Rockhampton Nursing Centre.

Service performance

Performance statement

Central Queensland Hospital and Health Service

Service area objective

To deliver public hospital and health services for the Central Queensland community.

Service area description

The Central Queensland HHS is responsible for providing public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services.

Central Queensland Hospital and Health Service	Notes	2016-17 Target/Est.	2016-17 Est. Actual	2017-18 Target/Est.
Service standards				
<i>Effectiveness measures</i>				
Percentage of patients attending emergency departments seen within recommended timeframes:	1			
• Category 1 (within 2 minutes)		100%	97%	100%
• Category 2 (within 10 minutes)		80%	88%	80%
• Category 3 (within 30 minutes)		75%	86%	75%
• Category 4 (within 60 minutes)		70%	89%	70%
• Category 5 (within 120 minutes)		70%	98%	70%
• All categories		..	89%	..
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department	2	>80%	84%	>80%
Percentage of elective surgery patients treated within clinically recommended times:	3			
• Category 1 (30 days)		>98%	100%	>98%
• Category 2 (90 days)		>95%	100%	>95%
• Category 3 (365 days)		>95%	100%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days	4	<2	0.5	<2
Rate of community follow-up within 1-7 days following discharge from an acute mental health inpatient unit	5	>65%	69.9%	>65%
Proportion of readmissions to an acute mental health inpatient unit within 28 days of discharge	5	<12%	13.3%	<12%
Percentage of specialist outpatients waiting	6			

Central Queensland Hospital and Health Service	Notes	2016-17 Target/Est.	2016-17 Est. Actual	2017-18 Target/Est.
within clinically recommended times:				
• Category 1 (30 days)		75%	87%	98%
• Category 2 (90 days)		85%	89%	95%
• Category 3 (365 days)		95%	96%	95%
Percentage of specialist outpatients seen within clinically recommended times:	7			
• Category 1 (30 days)		New measure	92%	98%
• Category 2 (90 days)		New measure	88%	95%
• Category 3 (365 days)		New measure	94%	95%
Median wait time for treatment in emergency departments (minutes)	8	20	10	20
Median wait time for elective surgery (days)	9	25	42	25
<i>Efficiency measure</i> Average cost per weighted activity unit (WAU) for Activity Based Funding facilities	10, 11	\$4,904	\$5,112	\$5,083
<i>Other measures</i> Number of elective surgery patients treated within clinically recommended times	12			
• Category 1 (30 days)		New measure	1,753	1,898
• Category 2 (90 days)		New measure	1,727	1,870
• Category 3 (365 days)		New measure	1,823	1,974
Number of Telehealth outpatient occasions of service events	13	New measure	6,955	8,555
Total weighted activity units:	10, 14			
• Acute Inpatient		37,551	40,613	41,320
• Outpatients		10,105	9,191	10,461
• Sub-acute		3,955	4,523	4,501
• Emergency Department		14,306	13,938	14,294
• Mental Health		3,130	3,563	3,700
• Prevention and Primary Care		2,982	3,289	2,896
Ambulatory mental health service contact duration (hours)	15	>38,352	37,002	>38,352

Notes:

1. The 2016-17 Estimated Actual figures are based on actual performance from 1 July 2016 to 30 April 2017. A Target/Estimate for percentage of emergency department patients seen within recommended timeframes is not included in the 'All Categories' as there is no national benchmark. Queensland public hospital emergency departments face ongoing increases in demand, with an average 1.3 per cent annual increase in emergency department attendances, which has an effect on emergency department performance.
2. This is a measure of access and timeliness of emergency department services. The 2016-17 Estimated Actual figures are based on actual performance from 1 July 2016 to 30 April 2017.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the recommended timeframe for each urgency category. The 2016-17 Estimated Actual figures are based on actual performance from 1 July 2016 to 30 April 2017.