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# ACT PUBLIC HEALTH SERVICES

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## Quarterly performance report

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March 2010

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This report contains a range of data on ACT Health services.

The data is correct as at the time of publication. However, some changes to published data may be apparent in subsequent reports due to the availability of more up to date data.

The results and trends noted in the report should be considered in terms of national trends, changes in the level of demand, targets (where appropriate) and recent initiatives aimed at improving performance.

Large amounts of health service information, particularly hospital data, is categorised in accordance with the relative resource usage of the particular service (this is referred to as cost weighted activity).

The allocation of particular codes (or cost weights) in relation to the type of services provided can take some time to complete, especially in relation to those patients who require a range of services during a single hospital stay.

Cost weights are updated regularly to reflect changes in costs and practice. Care needs to be taken in comparing data in this report with data presented in previous reports in previous years that may be presented using earlier versions of the National Public Hospital Cost Weights.

Cost weights in this report are provided using Round 11 National Public Cost Weights.

For further information about cost-weights, visit the Commonwealth Department of Health and Ageing website:

<http://health.gov.au/internet/wcms/publishing.nsf/Content/Casemix-1>

# Minister's Foreword



The ACT Public Health Services report for the first nine months of 2009–10 shows that the increased investment in the Territory's public health services is working to provide improved access to care.

- Waiting times for emergency department services continue to improve.
  - We continue to report equal to or better than national standard performance for the most serious emergency department presentations (category one and two) despite the 14% increase in category 1 and 2 presentations over the first nine months of 2009-10;
  - Waiting times for category three patients continue to improve; and
  - Waiting times for category five patients are better than the national standard.
- The overall percentage of Emergency Department patients seen on time increased by 4% to 62% for the first nine months of 2009–10 compared to the same period last year, which is significant given the 6% increase in all presentations to our Emergency Departments.
- Our hospitals reported bed occupancy rates of 85% for the first nine months of 2009–10 — on target and at the level recommended for peak operating efficiency.
  - This is directly related to our investment in additional doctors and nurses which has enabled us to add 230 beds over the last six years — for a total ACT capacity of almost 900 beds, 34% up on the 670 available when we first came to Government.
  - And we're not stopping there, with a further 19 beds to be added to our hospital system in 2010–11, from additional ACT Government funding — and another 22 sub-acute beds to come on line over the next four years as part of the Commonwealth's commitment to improving access to hospital services.
- Our hospitals continue to treat more Canberrans.
  - While preliminary results for the first nine months of 2009–10 for inpatient (admitted patient) services show a slight decrease in cost weighted activity, this is up by 7.3% compared to the previous three year average. Using this same comparison non same-day bed numbers have increased by 6%.
  - Outpatient occasions of service for the first nine months of 2009–10 were 8 percent above the total reported for 2008–09 and 19 percent above 2007–08.
  - The Canberra Hospital Intensive Care Unit reported 3,738 bed days for the first nine months - the highest level of ICU bed days on record — up 12% on the 3,323 reported for the same period last year.
- The average waiting time for public dental health services is on target at 12 months.
- Childhood immunisation rates exceed the national target of 90 percent at 93 percent in the first nine months of 2009–10.
- 83% of all radiotherapy patients were seen within standard timeframes for the first nine months of this year, 10% more than in same period last year.
- This report also shows that our level of elective surgery at our public hospitals is lower this year compared with last year. The reduced number is due to the planned reduction in elective surgery in July and August 2009 to reduce pressure on our hospitals during the H1N1 outbreak. However, the additional \$14.7 million allocated across the next four years in the 2010–11 ACT Budget — comprising additional Commonwealth and ACT Government commitments — will enable the ACT to continue to post record levels of access surgery into the future.

## Our public hospitals

### Activity up, increased bed numbers and reduced bed occupancy

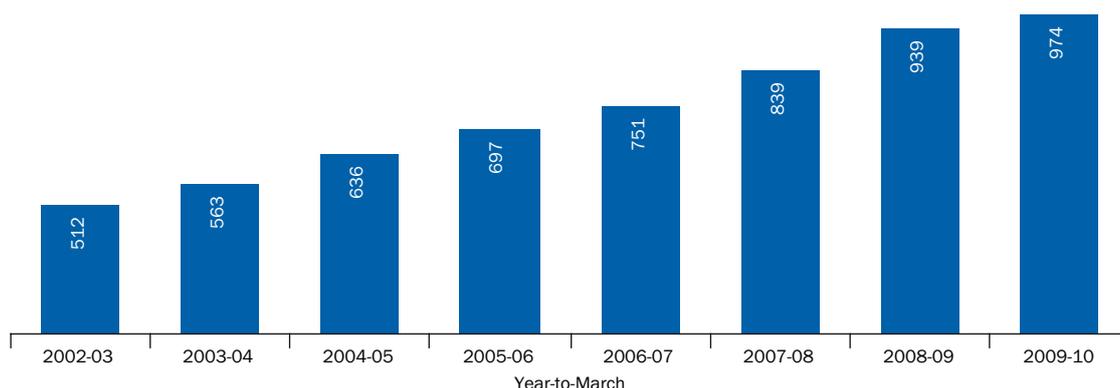
Over the previous two years our public hospitals responded to unprecedented increases in demand for inpatient (admitted patient) services. Preliminary results for the first nine months of 2009–10 show a slight decrease in cost weighted activity. The slight decrease in cost weighted activity (which weights patient activity based on the level of resources required to provide care) is due to a change in the type of services provided in the first quarter of 2009-10 compared with last year and the level of medical record coding.

### ACT public hospital activity

	Year-to-March			
	2006-07	2007-08	2008-09	2009-10
Cost Weighted admitted patient separations	60,699	65,626	71,094	70,630
Non-same-day bed days	161,519	167,108	176,469	178,199
Non-admitted (outpatient) occasions of service	175,457	218,543	240,716	259,141

In addition to this, the number of non same-day bed days rose by 6 percent over the first nine months of this year compared with the previous three-year average, and the number of non-admitted occasions of service increased by 8 percent in the year to March 2009–10 compared with the same period last year.

### ACT Health expenditure by year - \$million

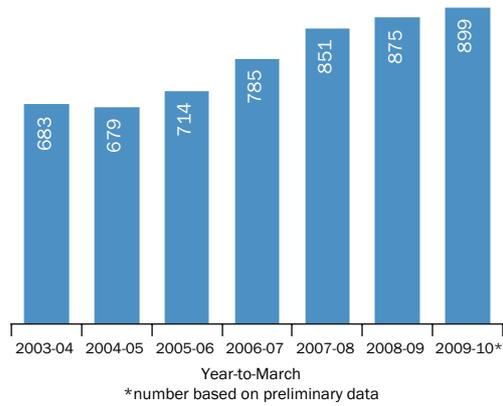


There has been a consistent increase in the level of activity at our public hospitals over recent years. As a result, the Government has responded to the increased demand for health services in the ACT with considerable additional investments in health services over the last eight years. The budget for 2009–10 (\$973.2 million) is 90 percent above the \$512 million provided for health services in 2001–02.

This funding has met the cost of additional specialist clinical staff and supplies, and funded initiatives aimed at better systems and processes to improve access to services and the quality of those services.

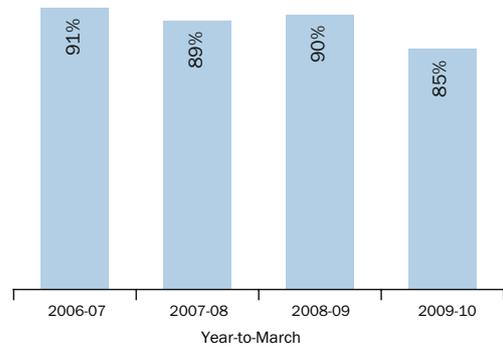
## ACT public hospitals available beds by year

These additional funds have enabled the Government to add up to an additional 230 beds within public hospital system, including the beds coming on line during 2009-10. These additional beds will provide up to 900 available hospital beds by the end of 2009-10, up considerably from the 670 available in 2001-02.



## Bed occupancy rate - Overnight adult medical and surgical beds

The beds added to our public hospitals have enabled us to meet increasing demand for services, and increased capacity to take some pressure off services. This continued investment in additional capacity is working, with a reduction in the bed occupancy over the first six months of 2009-10. The 85 percent result for the first six months is below the Government's full year target for 2009-10 of 87 percent. The Government's long term target is to maintain bed occupancy levels at around 85 percent, which is considered the best level for best patient outcomes and to achieve maximum efficiency.



# Elective surgery

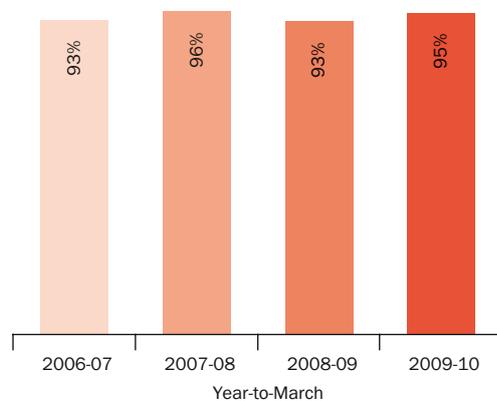
## Median waiting time to surgery for ACT Public Hospitals

	Year-to-March			
	2006-07	2007-08	2008-09	2009-10
Category one	16 days	14 days	14 days	13 days
Category two	87 days	98 days	99 days	104 days
Category three	171 days	203 days	171 days	192 days
Total ACT	62 days	75 days	73 days	72 days

The median waiting time for all patients accessing elective surgery for the ACT public hospitals was 72 days for the year to March 2010. This is an improved result compared to the 73 days reported for the same period last year. In addition the median waiting time for the most serious elective surgery cases (category one patients) dropped marginally, from 14 days over the first nine months of 2008–09 to 13 days for the same period this financial year (against the standard maximum waiting time of 30 days). The median waiting times for category two and three patients who had their surgery during the year-to-March 2009–10 has increased as ACT Health continues to focus on patients with extended waiting times.

Of the 2,025 people classified as category one patients admitted for surgery over the first nine months of 2009–10, 1,929 people were admitted within the national standard of 30 days (95%). This is a very good result. The Government continues to focus on ensuring that the most urgent elective surgery cases are seen on time, while also addressing those less-urgent patients with extended waiting times. While more needs to be done, the available evidence shows that this approach is working.

## Proportion of Category 1 patients who have their elective surgery on time



## Elective Surgery Activity Breakdown

	Year-to-March			
	2006-07	2007-08	2008-09	2009-10
Removals	6775	6945	7579	6930
Greater than one year	950	851	638	792
Long Wait patients	2107	2414	2602	2349

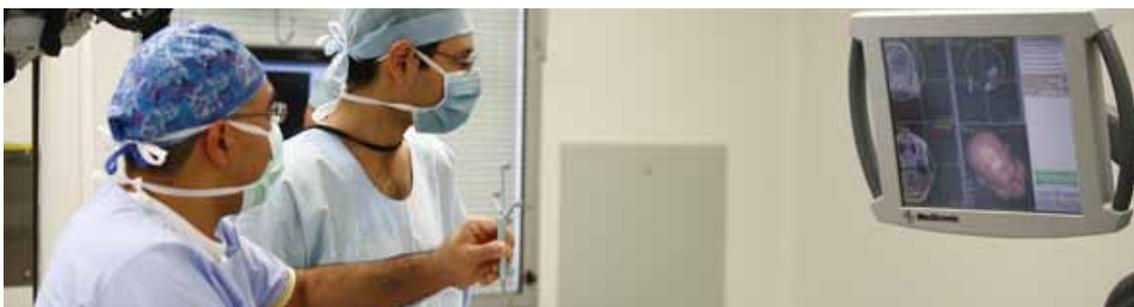
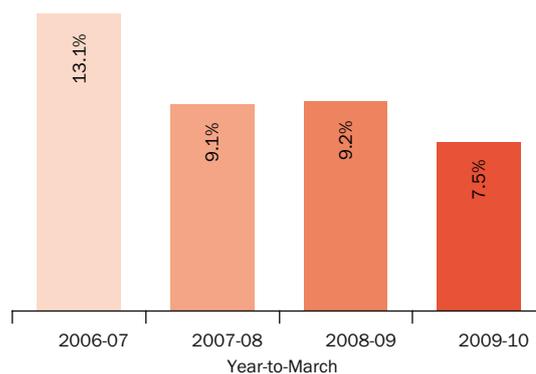
ACT public hospitals are on track to meet this year's target for elective surgery operations, despite reporting lower levels of activity in the third quarter of 2009–10 compared with the same period last year. A total of 6,930 elective surgery operations were performed over the first nine months of 2009–10. The decrease in the number of surgeries performed this year compared with the same period last year can be attributed to the H1N1 outbreak and the need to reduce activity to provide bed capacity in the event of an epidemic. The reduction in elective surgery activity was planned by our hospitals as a means to meet any upsurge in demand for public hospital services during this period.

There is also a planned reduction in elective surgery at Calvary in May and June 2010 to enable Calvary to effectively manage the opening of their new intensive care unit.

However the additional funding provided by both ACT and the Commonwealth governments for additional elective surgery in 2010-11 and beyond will see ACT Health provide record levels of surgery into the future.

## Proportion of patients who have their elective surgery postponed

Eight percent of elective surgery cases were postponed during the first nine months of 2009–10. The main reasons for postponement were due to the need to treat more urgent patients, and the increased medical activity surrounding the H1N1 virus. Despite this, the result for the first nine months of this financial year was an improvement on previous years – and well below the 13 percent reported in 2006–07.



## Emergency department services

### Improvements in waiting times for emergency department care

ACT public hospitals have an excellent record of ensuring our most urgent emergency department presentations, category one and two, are seen within national benchmarks.

This is an impressive effort given the 14 percent increase in category one and two presentations in the first 9 months of 2009-10 compared with the same period last year.

### Emergency department presentations seen on time

	Year-to-March			
	2006-07	2007-08	2008-09	2009-10
Category 1 (immediately)	100%	100%	100%	100%
Category 2 (<10 mins)	76.7%	80.3%	86.6%	82.9%
Category 3 (<30 mins)	47.3%	52.2%	50.3%	57.1%
Category 4 (<60 mins)	49.8%	51.3%	50.2%	56.4%
Category 5 (<120 mins)	82.5%	77.8%	76.2%	77.8%

In addition, this significant increase of more complex patients has not stopped our hospitals reporting improvements in waiting times for category three, four and five patients. The improvements in category three and four patients are particularly pleasing, with our hospitals reporting the best third quarter timeliness results for category three and four patients in the past four years.

Category five emergency department presentations continue to exceed national benchmarks, with almost 78 percent of this cohort seen on time.

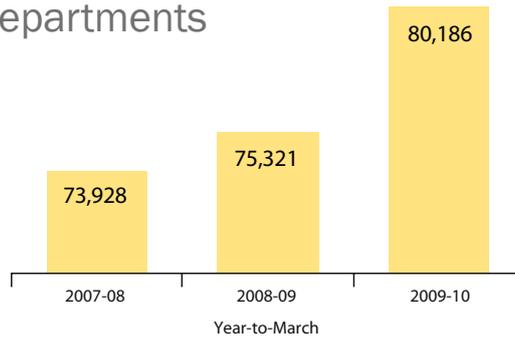
Notwithstanding this, ACT Health is committed to continuing the improvement in waiting times for emergency department services. During 2009-10, the Government is implementing a range of initiatives to further improve Emergency Department waiting times including:

The opening of the Short Stay Surgical Ward, reducing the number of short stay surgical patient in acute inpatient beds. This will allow for better access to surgical beds from the emergency department;

A Walk in Centre opened in May this year. The Centre is designed to treat clients with less serious conditions to help alleviate the pressures on the Emergency Department.

## Presentations to ACT emergency departments

These initiatives are extremely timely given the large increases in presentation numbers to our emergency departments, with a 6 percent increase (4,865 presentations) from the year to March 2009-10, compared with the same period in the 2008-09 financial year.



## Emergency department access block

	Year-to-March			
	2006-07	2007-08	2008-09	2009-10
All Patients	29.2%	29.8%	20.6%	22.2%
Patients aged > 75yrs	41.2%	37.6%	30.5%	31.1%
Mental Health Clients	9.6%	16.7%	12.1%	11.2%

The proportion of patients who wait longer than eight hours from the start of treatment at an emergency department to transfer to a hospital bed (referred to as ‘access block’) increased by 1.6 percent during the third quarter of 2009–10 compared with the same period in 2008–09.

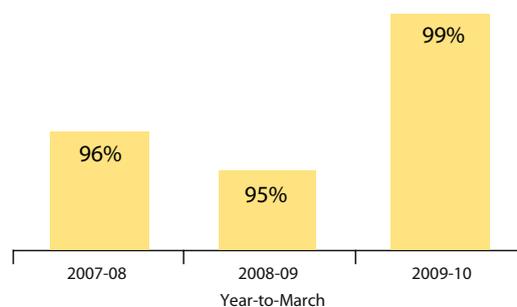
Access block for older persons has shown an improvement on the result reported two years ago.

The increase in presentation numbers however, has not affected the access block rate for mental health clients as they posted a result of 11.2 percent, an improvement on the result for the third quarter of 2008–09. The results for mental health should be assessed with care given the relatively low number of clients in this cohort.

We could expect that access block could reduce considerably when the Commonwealth Health Reforms surrounding the ‘four hour rule’ come into affect in coming years. The aim is that most people, either admitted or not admitted to further care will spend no longer than four hours in the emergency department.

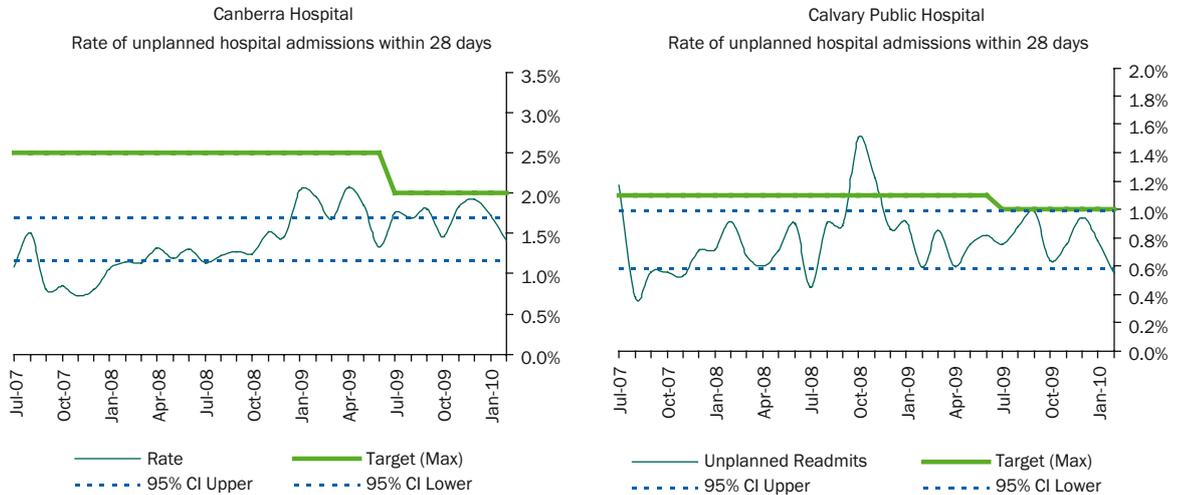
## Ambulance off stretcher time

Continued improvements within emergency department processes have been noted in ambulance off-stretcher times. The year to March 2010 result of 99 percent of all ambulance attendances being transferred from ambulances to emergency departments within 20 minutes is very impressive. well above the benchmark rate of 90 percent.



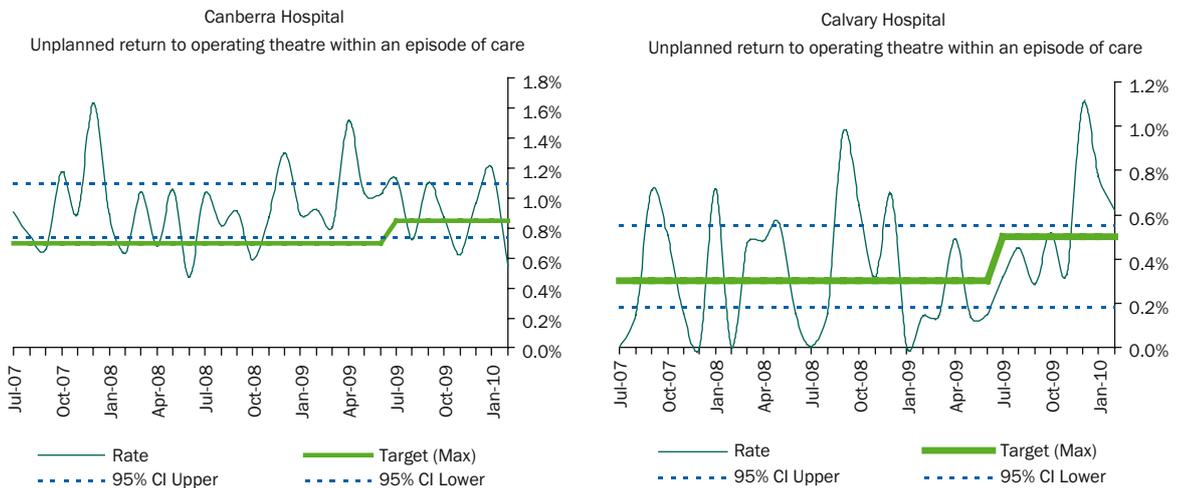
# Patient safety and quality

Our hospitals continue to meet safety and quality standards



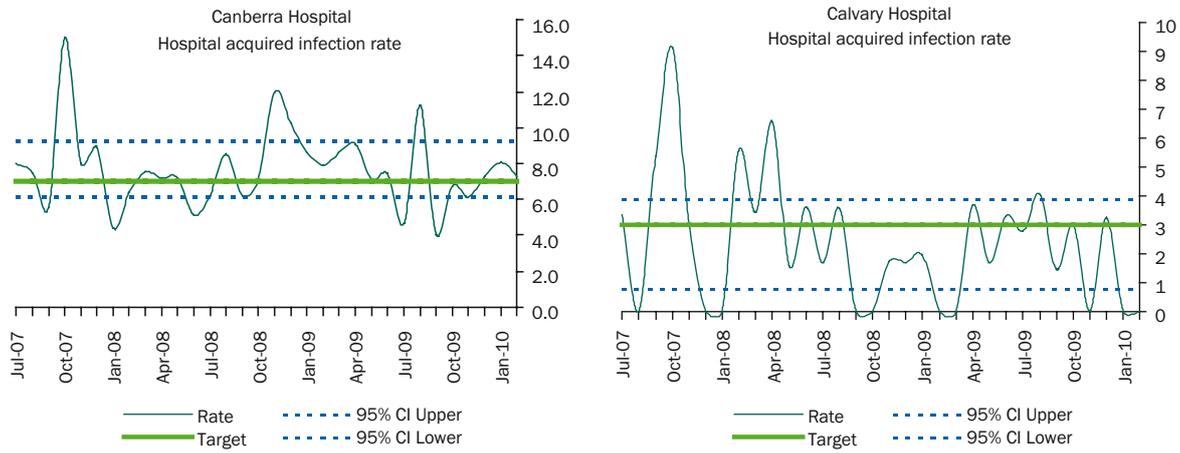
Due to the differing type and nature of services provided at each hospital campus the targets for each indicator are different. The Canberra Hospital - our major teaching and referral hospital - manages more complex patients and higher levels of complications can be expected.

The Australian Council on Healthcare Standards published a revised version of the method for calculating unplanned readmissions commencing on 1 January 2009. This may influence the monthly rate and future results will clarify the longer term effect of these changes.



The return to operating theatre within an episode of care at The Canberra Hospital for January 2010 is 1.2%. All cases are reviewed by safety and quality officers and the Clinical Director of Surgery. Due to the small volume of patients care must be taken in interpreting the results as small variations result in large fluctuations on charts.

Our infection control officers continue to develop and rollout programs and processes to further limit the transfer of infections within hospitals. This includes communication and education for clinicians, patients, general staff and visitors.



patient safety and quality

# Capital Region Cancer Service

## Continued increases in demand for radiotherapy services

The Capital Region Cancer Service provided care for 1,235 new radiotherapy patients in 2008–09. A further 875 people began radiotherapy services in the first nine months of 2009–10.

## Percentage of radiotherapy patients who commence treatment within standard time frames

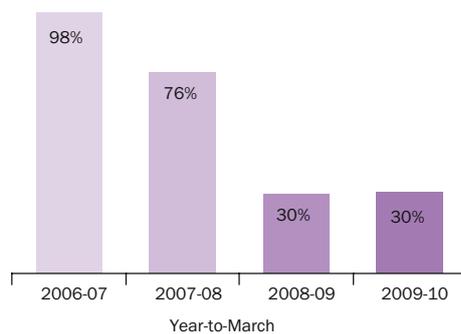
	Year-to-March			
	2006-07	2007-08	2008-09	2009-10
Urgent - within 48 hours	93%	100%	100%	98%
Semi Urgent - within 28 days	94%	87%	86%	91%
Non Urgent Category A - within 28 days	62%	70%	60%	73%
Non Urgent Category B - within 42 days	70%	64%	60%	88%
Total - All Radiotherapy Patients	77%	78%	73%	83%

Waiting times for radiotherapy services have improved significantly, with 83 percent of all patients receiving care within standard timeframes over the first nine months of 2009–10 compared with 73 percent for the same period in 2008–09.

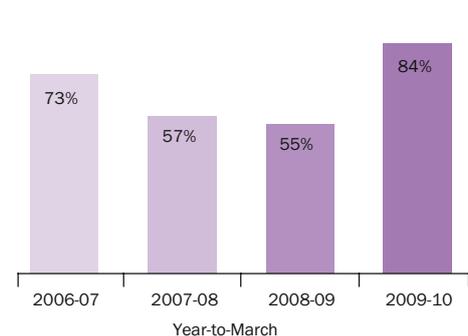
The BreastScreen ACT Program is a population based screening program for well women which is aimed at detecting abnormalities early.

Most women return a 'normal' result from their screen, however, about one in twenty screens are referred to a specialist clinician for assessment and further investigations if required. The BreastScreen ACT Program currently has the best small cancer detection rate in the country.

BreastScreen - The proportion of women who receive an appointment within 28 days



BreastScreen - The proportion of women who receive an assessment within 28 days



BreastScreen ACT provided more than 12,000 breast screens in 2008–09 and a further 8,151 screens in SE NSW. The service has continued to grow in 2009–10. Over the first nine months of this financial year, BreastScreen ACT has already provided services to 10,588 ACT women, a 17 percent increase (1548 screens) on the 9,040 screens provided over the same period in 2008–09.

Continued strong demand for BreastScreen services continues to put pressure on waiting times for appointments. Identifying and implementing strategies to improve performance in this regard remains a priority.

# Community Health Services

## Dental wait times on target, immunisations above target

The additional funding added to the dental health program's budget by the government has resulted in a considerable improvement in the mean waiting time for appointments – from the 14 months recorded in the year 2007–08 to just 12 months in the year-to-March 2009–10.

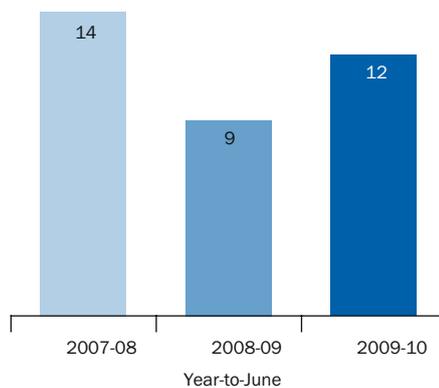
While this result is above the 9 months recorded in the third quarter 2008–09 it is on target. This excellent result continues to ensure that ACT residents have access to dental treatment within the set target of 12 months.

Immunisation rates for one year olds continue to exceed the national target of 90 percent, with 94 percent recorded for the year to December 2009.

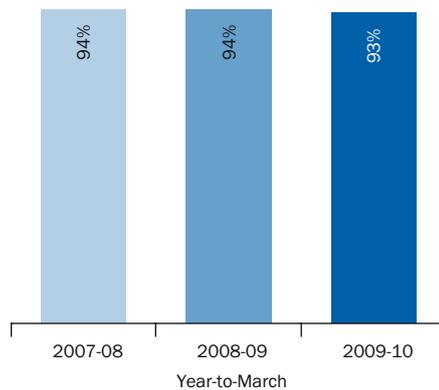
Alexander Maconochie Centre (adult corrections centre) and Bimberi (the youth corrections centre) reported that 82 percent of offenders and detainees received their health care assessment plan within 24 hours of detention.

The reduction from the 94 percent reported for the same period in 2008–09 is a result of changed practices which has resulted in many detainees at Bimberi being held for very short periods, therefore not requiring health assessments. Given this, ACT Health has reviewed this indicator, and will be changing the measure to provide a more accurate picture of performance in this area in the 2010–11 reports.

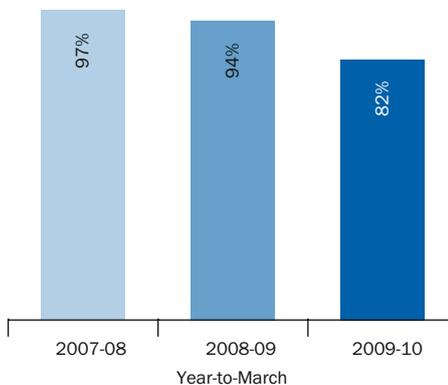
Dental Services - Mean Waiting Time (months) for persons on the Centralised Waiting and Recall List



Childhood Immunisation  
Proportion of one year olds fully immunised



Proportion of offenders and detainees in Bimberi and AMC with health care assessment plans with 24 hours



# Aged Care and Rehabilitation Service

Strong results continue to ensure targets are achieved for aged care services

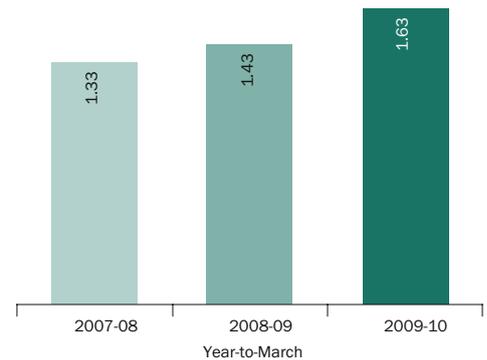
Our aged care assessment team provided in hospital assessments within an average of 1.63 days during the first six months of 2009–10. This is a good result and below the target of two days.

This level of service minimises delays in accessing out of hospital services for patients who no longer need hospital care.

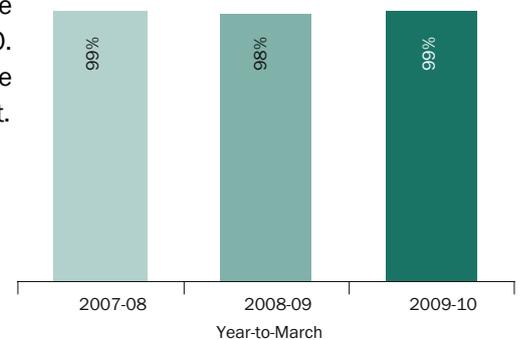
It is important that clients who receive care from the Aged Care and Rehabilitation Services of the ACT are discharged from care with comprehensive discharge plans. This level of service ensures that these clients receive the most appropriate and timely follow up to further care, and assists in their rehabilitation to improve outcomes and reduce the risk of relapse or deterioration in their health.

The rate at which clients in the Aged Care and Rehabilitation Service receive a comprehensive discharge plan is 99 percent for the first nine months of 2009–10. This is an improvement on the result recorded for the same period last year, and is above the target of 98 percent.

Aged Care and Rehabilitation Service - Waiting Time for ACAT Assessments



Proportion of Aged Care and Rehabilitation Service clients Discharged with Comprehensive discharge plans



# Births at ACT Public Hospitals

## Births increasing in ACT public hospitals

Based on preliminary data, a total of 3,144 babies were born at ACT public hospitals over the first nine months of 2009–10. This is a very significant 12 percent increase on the same period last year.

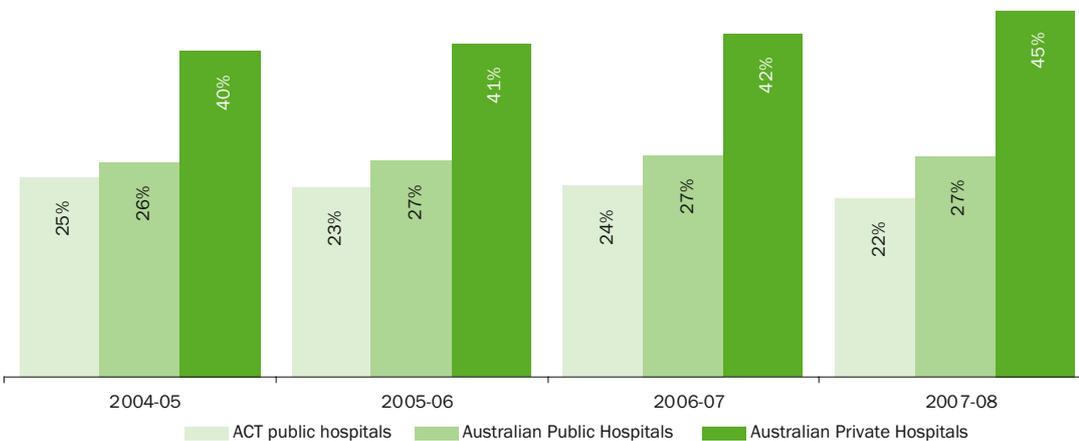
However, an accurate result requires all medical records to be fully processed. As this can take some time, the reported result should be noted as preliminary only at this stage. Based on previous month's birth rates, extrapolation of the data shows a year to March result of 3,144, which is a higher rate of growth than that of previous years.

### ACT Public Hospital births and caesarean sections

	Year-to-March			
	2006-07	2007-08	2008-09	2009-10
ACT Public births	2,682	2,698	2,816	3,144
Caesarian sections	664	616	670	743

In the year to March 2009–10, the number of caesarean sections performed in ACT public hospitals has increased by 11 percent (73 procedures) from the results for the same period in 2008–09. Using the extrapolation process, 743 caesarean sections have been performed in our public hospitals in the first nine months of the 2009–10 financial year, which is consistent with the additional births over this period.

### Proportion of Births by Caesarian Section ACT public hospitals, Australian public hospitals, and Australian private hospitals



Based on the latest available national data (2007–08), ACT public hospitals continue to provide lower levels of caesarean births compared to public hospitals in the rest of the nation, and are considerably below the levels reported in Australian private hospitals.

## Mental Health services

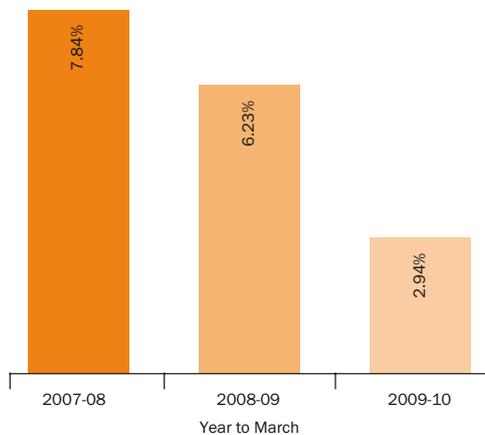
Mental Health ACT continues to report strong results for the proportion of patients discharged from an inpatient service who receive follow-up care within seven days. Timely follow-ups can reduce the number of people who need to be readmitted to an inpatient service. The result for the first nine months of 2009–10 of 74 percent is better than that reported in 2008–09. This is a particularly good result despite the increase in voluntary short-stay admissions, with this client group more likely to elect to receive follow-up with their GP or private psychiatrist, rather than from ACT Mental Health services.

	Year to March		
	2007-08	2008-09	2009-10
% Inpatients contacted within 7 days post-discharge	75%	70%	74%
Proportion of clients discharged with a completed outcome assessment	60%	73%	68%
Proportion of mental health committees with consumer and carer representation	100%	100%	100%

A total of 68 percent of patients discharged from an inpatient mental health service have completed outcome assessments.

ACT Health is committed to its mental health clients. All relevant Mental Health ACT committees include consumer and carer member involvement. This consultation process provides the best possible integrated mental health services for our community.

### Use of seclusion for consumers third quarter



Mental Health ACT has implemented a number of initiatives to reduce the level of clients secluded during an inpatient episode. These initiatives are working with the rate of seclusion decreasing considerably over the first nine months of 2009–10 compared with last year and two years ago. The current result of 2.94 percent is significantly better than the target set at nine percent and is the lowest level of seclusion on record.

# Selected activity statistics

	Year to March*		% VAR
	2008-09	2009-10	
<b>ACT Health cost-weighted separations ( Round 11 DRG version 5.1)</b>			
Output 1.1 – Acute services	62 056	61 534	-1%
Output 1.2 – Mental Health services	1 976	2 059	4%
Output 1.5 – Cancer services	3 329	3 499	5%
Output 1.6 – Aged care & rehabilitation services	3 733	3 538	-5%
Total cost weighted separations	71 094	70 630	-1%
<b>Inpatient Activity</b>			
Day only patient days (total across all outputs)	36 282	35 660	-2%
Overnight patient days (total across all outputs)	176 469	178 199	1%
Nursing Home Type Patient (NHTP) Bed-Days (on separation)**	3 054	3 567	17%
Day of Surgery Admission rate	88%	86%	-2%
NSW residents as a proportion of total hospital separations	23%	23%	0%
Emergency surgery as a proportion of total surgery	49%	47%	-1%
Allied health services – Provided in ACT public Hospitals	68 759	66 914	-3%
Admissions via Emergency department	20 303	19 073	-6%
Admissions to Emergency Department observational wards	11 286	8 445	-25%
Admissions to Emergency Department to ICU, Surgery and general wards	9 017	10 628	18%
<b>Emergency Department Activity</b>			
Category 1 (immediate – 2 mins)	381	390	2%
Category 2 (within 10 mins)	6 462	7 445	15%
Category 3 (within 30 mins)	22 171	24 479	10%
Category 4 (within 60 mins)	29 001	31 792	10%
Category 5 (within 120 mins)	9 662	8 442	-13%
Emergency Department Presentations seen	67 677	72 548	7%
Did Not Waits	7 644	7 638	0%
Total Emergency Department Presentations	75 321	80 186	6%

## Quarterly Performance Report Year to March 2010

	Year to March*		
	2008-09	2009-10	% VAR
<b>Elective Surgery</b>			
Additions to the public hospital elective surgery waiting list	9 194	9 185	-0.10%
Numbers of people on the elective surgery waiting list	4 778	5 387	12.75%
Removals from the list for surgery	7 579	6 930	-9%
Removals from the list for other reasons	1 716	1 778	4%
Patients on the list recorded as 'not ready for care'	553	545	-1%
<b>Median waiting time to care by patient urgency category</b>			
Category one patients (admission required within 30 days)	14	13	-1 days
Category two patients (admission desirable within 90 days)	99	104	5 days
Category three patients (admission desirable within 365 days)	171	192	21 days
<b>Elective endoscopies</b>			
<b>Median waiting time to care by patient urgency category</b>			
Category one patients (admission required within 30 days)	28	21	-7 days
Category two patients (admission desirable within 90 days)	117	132	15 days
Category three patients (admission desirable within 365 days)	241	241	0 days
<b>Breast screens</b>			
Total Number of ACT women	9 040	10 593	17%
Participation rate 50-69	55%	54%	-1%
Additions to the Cervical Cytology Register	27 313	25 692	-6%
<b>Community Health</b>			
Allied health services - Number of regional services	15 125	16 635	10%
Community Nursing - Number of Nursing (Domiciliary and clinic based occasions of service)	56 001	58 078	4%
<b>Mental Health - Community Services by Group</b>			
Adult	125 379	134 527	7%
Child & Adolescent	29 390	36 227	23%
Older persons	12 554	21 045	68%
<b>Outpatient Care - Non Admitted Services</b>			
ACT public hospitals	200 906	217 193	8%
Cancer services	38 234	40 405	6%
Aged care and rehabilitation services	1 576	1 543	-2%
Total outpatient occasions of service	240 716	259 141	8%

\* Note: Cost-weighted separations for March year-to-date 2009-10 are preliminary estimates only.

\*\* Variations occur when NHTP with a long length of stay are separated from hospital

# Glossary

## Emergency department

Triage category	<p>Patients presenting to an emergency department are seen on the basis of clinical urgency as determined by trained medical professionals. Patients are classified into one of five categories, and their access to treatment is based on this clinical categorisation</p> <ol style="list-style-type: none"> <li>1. Resuscitation – treatment to commence immediately</li> <li>2. Emergency – treatment to commence within 10 minutes</li> <li>3. Urgent – within 30 minutes</li> <li>4. Semi-Urgent – within 60 minutes</li> <li>5. Non-urgent – within 120 minutes</li> </ol>
Waiting times	<p>The proportion of patients seen at emergency departments within standard waiting times (as set by the Australasian College of Emergency Medicine)</p> <ol style="list-style-type: none"> <li>1. Resuscitation – 100% seen on time</li> <li>2. Emergency – 80% seen within 10 mins</li> <li>3. Urgent – 75% seen within 30 mins</li> <li>4. Semi-Urgent – 70% seen within 60 mins</li> <li>5. Non-urgent – 70% seen within 120 mins</li> </ol>
Access block	<p>The proportion of patients admitted to hospital via the emergency department who wait longer than eight hours from the time that treatment commences to the time that the patient is transferred to a hospital ward.</p>

## Elective surgery

Urgency category	<p>Patients listed for elective surgery at ACT public hospitals are assigned one of three priority categories based on their surgeon's opinion about the urgency of the need for surgery in accordance with the definitions in the National Health Data Dictionary:</p> <ol style="list-style-type: none"> <li>1. Urgent – admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency</li> <li>2. Semi-urgent – admission within 90 days is desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency</li> <li>3. Non-urgent – admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is not likely to deteriorate quickly and which does not have the potential to become an emergency (ACT Health establishes a 365 day maximum desirable waiting time for category three patients)</li> </ol>
Median waiting time	<p>The waiting time at the fiftieth (50th) percentile for all patients admitted for elective surgery at an ACT public hospital in a given period (and for a given patient urgency category)</p>

Waiting times	The proportion of patients admitted for surgery within a given period who are admitted within standard waiting times for their condition.
Removals for surgery	The number of people, in a given period, who are removed from the ACT public hospitals elective surgery waiting list for surgery.
Patients waiting longer than one year for surgery	The number of patients still on the elective surgery waiting list (and who are listed as “ready for surgery”) who have been waiting longer than 365 days (at a given census date).
Long wait patients accessing elective surgery	The number of patients on the ACT public hospitals’ waiting lists who have had surgery within a given period whose waiting time was longer than the standard waiting time for their condition when admitted for surgery.
Hospital initiated Postponements	The proportion of elective surgery patients booked for surgery in a given period who have their surgery postponed by the hospital (for reasons such as substitution for a more urgent patient, no beds available, etc)

### Intensive care unit

Patient days	The total number of days that intensive care unit resources were used to care for patients (calculated as the total number of patient days reported for Intensive Care Units in the department’s ward transfer file)
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### Endoscopy

Urgency category	See entry for elective surgery
Median waiting time	See entry for elective surgery

### Dental services

Waiting times (urgent)	The proportion of dental health program clients assessed as in need of emergency services who receive care within 24 hours of a request
Waiting times (general)	The average waiting time (in months) that clients of the adult centralised waiting list wait for care from the time of the request of an appointment to the date of the appointment with the dental health program

### Radiotherapy

Waiting times (urgent)	The proportion of new radiotherapy patients who are assessed as in need of urgent access to treatment who are provided with treatment within 48 hours of a request
Waiting times (general)	The proportion of all new radiotherapy patients who are provided with treatment within 28 days of a request

## Breast screening

Wait time to assessment	The proportion of women requiring assessment who wait 28 days or less from their breast screen appointment to their assessment appointment
Wait time to appointment	The proportion of women who wait 28 days or less from their appointment date to the date of their breast screen
Number of screens	Number of ACT women who are provided with breast screens within a given period
Participation rate	The proportion of women in the ACT in the targeted age group for breast screening (50 to 69 years) who have had a breast screen within the last two years at any given time.

## Bed usage

Occupancy rate	The proportion of available overnight adult medical and surgical beds that are used on average over a given period
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## Ambulance services

Off-stretcher times	The proportion of emergency department presentations who arrive by ambulance who are transferred from the care of the ACT Ambulance Service to the staff of the emergency department within 20 minutes of arrival at hospital by the Ambulance
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## Rehabilitation

Acute rehabilitation length of stay	The average length of stay for all patients of the rehabilitation service who separated from inpatient services at The Canberra Hospital
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## Aged care assessment

In-hospital waiting times	The mean waiting time in working days between a request for, and the provision of, an in-hospital assessment by the Aged Care Assessment Team (ACAT)
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## Patient safety

Unplanned return to Hospital within 28 days	<p>The proportion of patients who are readmitted within 28 days to the same hospital in which they were previously a patient, where the readmission was:</p> <ul style="list-style-type: none"> <li>▪ unexpected for further treatment of the same condition for which the patient was previously hospitalised</li> <li>▪ unexpected admission for treatment of a condition related to one for which the patient was previously hospitalised</li> <li>▪ unexpected admission for a complication of the condition for which the patient was previously hospitalised</li> </ul>
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Unplanned return to the operating theatre      The proportion of patients who are required to return to the operating room for a further procedure related to complication(s) of a previous operation/procedure within a single admission

Hospital acquired blood stream infection rate      The incidence of blood stream infections such as staphylococcus aureus (golden staph) acquired within ACT public hospitals, reported as the number of infections per 1,000 non-same day occupied bed days

## Mental health

Outcome assessments      The proportion of clients separated from a mental health inpatient unit who have a completed outcome assessment

Use of seclusion      The proportion of patients who are separated from a psychiatric inpatient unit who were subject to seclusion during their inpatient episode

Clients seen within seven days post discharge from hospital      The proportion of clients seen at or contacted by an ACT Health community facility during the seven days post-discharge from the inpatient service

Consumer and carer representation      The proportion of Mental Health ACT committees upon which consumers and carers are represented

## Immunisation

Childhood immunisations      The proportion of children at one year of age fully immunised in accordance with the Australian Childhood Immunisation Register Schedule

## Opioid treatment

Clients with plans      The number of opioid treatment scheme clients who have a management plan

## Inpatient separations (Admitted patients)

Cost weighted separations      The number of separations (completed episodes of care) expressed in cost weighted terms. "Cost weighting" allocates a weight for each hospital episode based on the average level of resources used for each type of episode (with the average episode receiving a weight of "1"). As examples, a standard dialysis episode has a weight of 0.17 of the average and a knee replacement has a weight of about "5" (or five times the average. ACT Health used national public hospital cost weights (Round 9) for counting of hospital episodes in 2007-08.

Day only separations      The number of admitted patients (inpatients) who are admitted and separated on the same day.

Overnight separations      The number of admitted patients who are admitted and separated on different days

NSW separations	The proportion of patients separated from ACT public hospitals whose residential address is in NSW
Patient days	In accordance with national definitions, the number of days that a patient spends in hospital. All day only (or same-day) patients are counted as spending one full day in hospital (regardless of the time actually spend in hospital). For non same-day patients, the number of days is calculated by subtracting the separation date from the admission date (in full days)
Nursing home type patient days	The number of patient days on separation for all patients who have been classified as nursing home type patients.
Emergency surgery as a proportion of all surgical services	The proportion of patients who have surgery as a result of an emergency against the total number of surgical procedures
Day of surgery rate	The proportion of all elective surgery cases who are admitted to hospital on the same day that they have their surgery.
Births	The number of births reported at our public hospitals in a given period
Caesarean births	The proportion of all births at public hospitals that are reported as being undertaken as caesarean sections.

## Mental health

Community services	The number of community based services provided to each of the three client groups: <ul style="list-style-type: none"> <li>▪ Adults</li> <li>▪ Children and adolescents</li> <li>▪ Older people</li> </ul>
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## Community services

Allied health (in hospitals)	The number of allied health occasions of service provided to hospital inpatients (covering the areas of: <ul style="list-style-type: none"> <li>▪ Physiotherapy</li> <li>▪ Occupational Therapy</li> <li>▪ Social Work</li> <li>▪ Psychology</li> <li>▪ Speech Pathology</li> <li>▪ Nutrition</li> </ul>
Allied health (community)	The number of allied health occasions of service provided to clients in a community setting (including their home or in a clinic) in the following areas: <ul style="list-style-type: none"> <li>▪ Physiotherapy (home and clinic)</li> <li>▪ Occupational Therapy (home visits)</li> <li>▪ Social Work (home and clinic)</li> <li>▪ Podiatry (clinic)</li> <li>▪ Nutrition (home and clinic)</li> </ul>

- Community nursing      The number of community nurse occasions of service provided to clients of the ACT Health Continuing Care area, including:
- Home visits
  - Ambulatory care visits
  - Foot care clinics
  - Continence clinics
  - Wound clinics
  - Stoma clinics

### Non-admitted Services (outpatient)

- Occasions of service      The number of occasions of service provided by outpatient clinics at our public hospitals, reported in terms of organisational responsibilities:
- Public hospitals
  - Capital region cancer service
  - Aged care and rehabilitation service

A non-admitted (outpatient) occasion of service is an episode of care where a client interacts with one or more health professionals for assessment, consultation and/or treatment, but does not undergo a hospital's formal admission process