



ACT PUBLIC HEALTH SERVICES

Quarterly Performance Report

September 2015

September 2015

Introduction Summary

This is the first Quarterly Report on ACT public health system performance for 2015–16. The format for the report provides readers with additional background information as well as a visualisation of the performance against existing targets. Recent targets implemented through the National Health Reform Agreement (NHRA); *Improving Public Hospitals* were discontinued in the 2014–15 Quarterly Report following the Federal Government’s decision announced in the 2014–15 Federal Budget to remove associated incentives. The performance measures have been retained by ACT Health and are contained in the respective Emergency Department (ED) and Elective Surgery sections of this report.

The Quality and Safety section of the report encompasses indicators such as the hospital acquired *Staphylococcus aureus* bacteraemia Infection rate (SAB rate) and hand hygiene audit results which are now reported nationally on the My Hospitals website.

In the first three months of 2015–16, 60% of all Emergency Department presentations had a length of stay of four hours or less. This is consistent with the results reported for the same period last year.

In the first three months of 2015–16, ACT public hospitals’ occupancy was 88%, 1% higher compared to the results for the same period in the previous year.

In the first three months of 2015–16, 90% of all radiotherapy patients were seen within standard timeframes. In 2014–15 the radiotherapy performance measures and targets were revised in line with the National Radiation Oncology Practice Standards. This means that radiotherapy waiting time results from 2014–15 on, are no longer comparable with previous years.

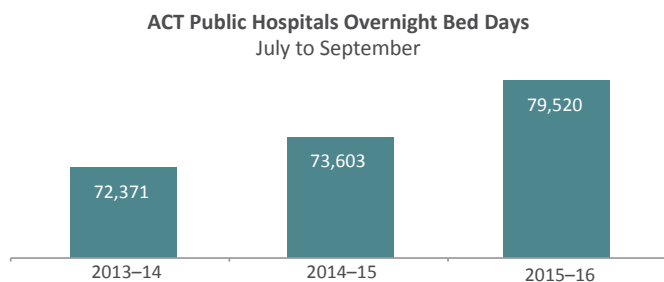
There have been a total of 1,311 births at ACT public hospitals in the first three months of 2015–16.

Note: ACT Health undertakes data validations and continuous data quality improvement. This may lead to minor changes in activity figures across years.

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Our public hospitals

In the first three months of 2015–16, ACT public hospitals provided 79,520 overnight hospital bed days of care, an 8% increase when compared to the same period last year. In 2014–15, ACT public hospitals provided over 73,603 overnight hospital bed days of care, an increase on the result of 72,371 reported for 2013–14.



The long-term target is to maintain bed occupancy levels at around 85%, which is considered the best for patient outcomes and to achieve maximum efficiency. However, with increased pressure on ACT public hospitals over recent years, the ACT target for this indicator was revised for 2013–14 to 90% and has remained at the level. The target was increased to allow infrastructure development and process improvements to take effect which will support ACT public hospitals to achieve the 85% in coming years.

During the first three months of 2015–16, ACT public hospitals reported an occupancy rate of 88%, maintaining the improved results of 2014–15 despite increased activity.

Our public hospital activity

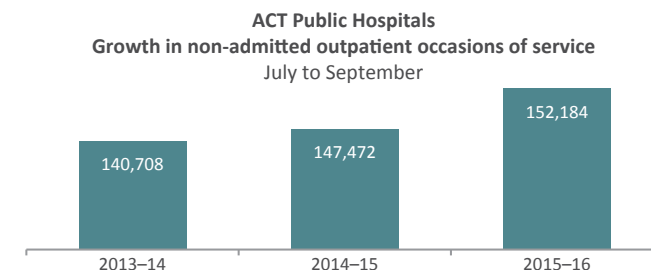
	July to September		
	2013–14	2014–15	2015–16
Overnight bed occupancy rate	91%*	87%	88%
Inpatient episodes of care	24,331	25,730	26,938
Non-same day bed days	72,371	73,603	79,520
Non-admitted (outpatient) occasions of service	140,708	147,472	152,184

* The counting methodology for the bed occupancy rate changed from 2014–15. The revised method counts all minutes of care provided as they occur, differing from the historic method of only counted activity of patients after they had left the hospital. This change means reliable comparisons of bed occupancy data can no longer be made between previous years.

Over recent years demand for non-admitted outpatient services has increased.

The first three months of 2015–16 saw 152,184 non-admitted occasions of service provided and increase of 3% on the same period last year.

The count of outpatient services from 2012–13 onwards incorporates all non-admitted activity, including activity provided off campus in the community health sector. This change in counting methodology, which was driven by the implementation and adoption of activity based funding under the National Health Reform Agreement (NHRA) means from 2012–13 on is not comparable with prior years.



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Births at ACT public hospitals

Births in ACT public hospitals

In the first three months of 2015–16, 1,311 mothers gave birth in ACT public hospitals. This is a decrease of 1% when compared with the same period in 2014–15.

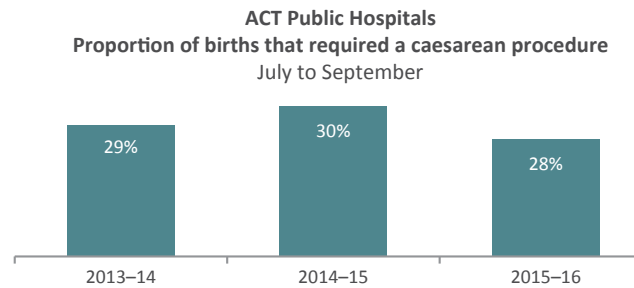
ACT Public Hospital births and caesarean sections

	July to September		
	2013–14	2014–15	2015–16
ACT Public birthing episodes*	1,237	1,325	1,311
Caesarean sections	357	400	368

*ACT Public birthing episodes includes number of Caesarean sections performed.

In the first three months of 2015–16, the proportion of births by Caesarean section was 28% of all births recorded, slightly lower than the result reported for the same period in 2014–15.

ACT public hospitals are moving towards further implementation of the ‘continuity of maternity model of care’ which has proven improved clinical outcomes for women — including a reduced rate of Caesareans.



The Continuity at the Canberra Hospital (CatCH) Program began in 2011 as a second continuity-of-care model at Canberra Hospital.

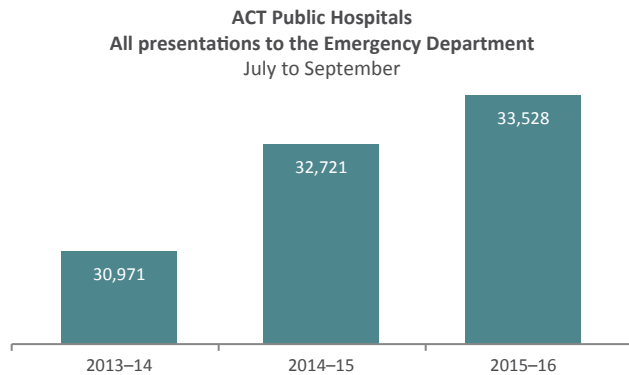
In March 2014 a Community Midwifery Program (CMP) at Calvary Public Hospital was established to further enhance obstetric services at Calvary.

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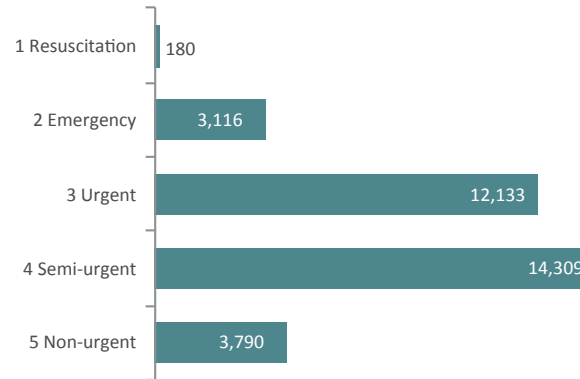
Emergency Departments

ACT Health is committed to improving waiting times in our Emergency Department services.

In 2014–15, Emergency Department presentations (ED) continued to grow at record levels compared to previous years. In the first three months of 2015–16, this trend continues with 33,528 presentations to ACT EDs. This result is a 2% increase when compared with the same period last year.



Attendances at ACT emergency departments by triage category
July to September



A breakdown of emergency attendance figures shows that patients in the resuscitation category (triage 1) accounted for less than 1% of all people triaged in ACT EDs; 9% were triaged in the emergency category (triage 2); 36% were categorised as urgent (triage 3); 43% were semi-urgent (triage 4); and 11% were non-urgent (triage 5).

ED Activity	July to September		
	2013–14	2014–15	2015–16
Admissions via the ED	8,534	9,017	9,709
Patients treated and discharged	20,304	21,493	22,008
Patients that did not wait to be seen	2,133	2,211	1,811

Admissions to hospital via the Emergency Department have increased, with 9,709 recorded in the first three months of 2015–16. This is an 8% increase when compared to the 9,017 reported for the same period last year. While the majority of patients leave the ED after their treatment is complete, or when they are admitted to hospital, some patients choose not to wait to begin, or complete their treatment.

Despite the significant increase in demand the ‘did not wait’ rate has decreased in the first three months of 2015–16, with a result of 5% reported, 2% lower than the result reported for the same period last year and well below the target of 10%.

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ED timeliness

Timeliness targets were met for triage category one and five patients. The ACT continues to treat 100% of the urgent category one patients within the recommended timeframes. Category five continued to exceed national benchmarks, with 87% of this cohort seen on time.

Emergency department presentation seen on time	July to September		
	2014–15	2015–16	Target
Category 1 (immediately)	100%	100%	100%
Category 2 (<10 mins)	78%	78%	80%
Category 3 (<30 mins)	43%	44%	75%
Category 4 (<60 mins)	44%	53%	70%
Category 5 (<120 mins)	80%	87%	70%
Total All Categories	52%	56%	70%

The following table shows the median waiting times for patients to be seen from when they present to an ACT public hospital Emergency Department to when treatment commences. The second table provides examples of the Australian Triage Scale.

Waiting time to be seen in ACT public hospital EDs

Waiting time between earliest event in episode and seen time	Triage category					Total
	Resuscitation — Immediate within seconds	Emergency <= 10 mins	Urgent <= 30 mins	Semi-urgent <= 60 mins	Non-Urgent <= 120 mins	
	Median	Median	Median	Median	Median	
July to September 2014–15	0:00:00	0:05:00	0:40:00	1:11:00	0:57:00	0:47:00
July to September 2015–16	0:00:00	0:05:00	0:37:00	0:56:00	0:42:00	0:39:00

ED triage examples

Triage Category	Australian Triage Scale	Common examples
Triage category 1	Resuscitation	Critical injury, cardiac arrest
Triage category 2	Emergency	Chest pain, severe burns
Triage category 3	Urgent	Moderate blood loss, dehydration
Triage category 4	Semi-Urgent	Sprained ankle, earache
Triage category 5	Non-Urgent	Small cuts or abrasions

According to the Australian Institute of Health and Welfare (AIHW) report titled Australian hospital statistics Emergency department care 2013–14¹, the ACT had the highest proportion of non urgent triage category five patient presentations to the Emergency Departments when compared to all other jurisdictions.

The ACT's Emergency Departments are reviewing their processes, and working with their colleagues throughout the hospitals, to eliminate barriers to improve patient flow through the Emergency Departments and hospital.

¹ <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549036>

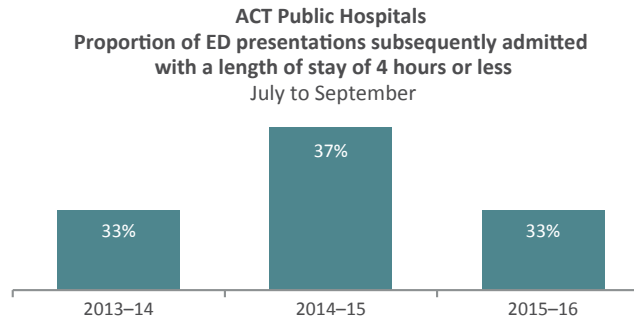
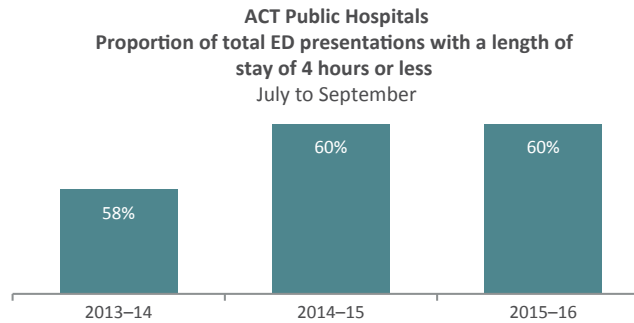
Emergency Departments (continued)

Length of stay in ACT public Emergency Departments

This component of the report looks at the proportion of patients presenting to EDs who stay less than 4 hours, as measured from their arrival at the ED to either the time they are admitted to the hospital, or their departure from ED. This performance measure was formerly known as the National Emergency Access Target (NEAT) under the National Partnership Agreement (NPA) on improving public hospitals.

In the 2014–15 Federal Budget, the Commonwealth discontinued the NPA where the NEAT performance targets were agreed. The ACT continues to monitor and report on these performance measures both publicly and internally.

During the reporting period, 60% of patients presenting to EDs experienced a wait of four hours or less. Of all ED presentations resulting in patient admission, 33% experienced lengths of stay of less than four hours. This represents a reduction in the result of 4% compared to the same period last year.



Mental Health Services

The most recent national publication released by the AIHW is the Mental Health Services in Brief Report 2015², which examines each jurisdiction's post discharge follow up performance for 2012–13, and shows the national rate is 61%. The ACT well exceeds the national rate.

% Inpatients contacted within 7 days post-discharge			
July to September	2014–15	2015–16	Targets 2015–16
ACT Public Hospitals	74%	80%	75%

In the first three months of 2015–16, the ACT reported a seclusion result of 3%, equal to our local target of 3%. Mental Health ACT has implemented a number of initiatives to reduce the level of clients secluded during an inpatient episode.

ACT Public Hospitals Seclusion Rates		
July to September	2014–15	2015–16
ACT Public Hospitals	3%	3%

The 28 day unplanned readmission rate is variable depending on the complexity of either individual consumers' needs or the number of complex consumers presenting for inpatient service support at any given time. The unplanned re-admission rate in the first three months of the 2015–16 financial year was 8%, which remains below the national target rate of 12%³

ACT public hospitals 28 Day Readmits		
July to September	2014–15	2015–16
ACT Public Hospitals	7%	8%

The readmission rate is a broad indicator of inpatient care and community follow up. A lower rate is preferable. The AIHW reported a national rate for 2013–14 of 13.7%⁴ for readmissions to hospital within 28 days of discharge. The ACT is currently well below that figure.

Outcome measures are a suite of clinical tools used to measure a consumer's clinical status at a point in time. The tools are rating scales of clinical symptoms and assessment of needs. Outcome measures are used as an assessment to monitor progress and individualise recovery planning and response to treatment options.

In the first three months of 2015–16, the outcome measures completed rate was just below target with a result of 64%.

Percentage of clients with outcome measures completed			
July to September	2014–15	2015–16	Targets 2015–16
ACT Public Hospitals	70%	64%	65%

2 <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129554634>

3 [https://www.health.gov.au/internet/main/publishing.nsf/Content/1ED20240320A3A11CA257D9B007B31C6/\\$File/mea333.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/1ED20240320A3A11CA257D9B007B31C6/$File/mea333.pdf)

4 <http://mhsa.aihw.gov.au/indicators/nkpi/>

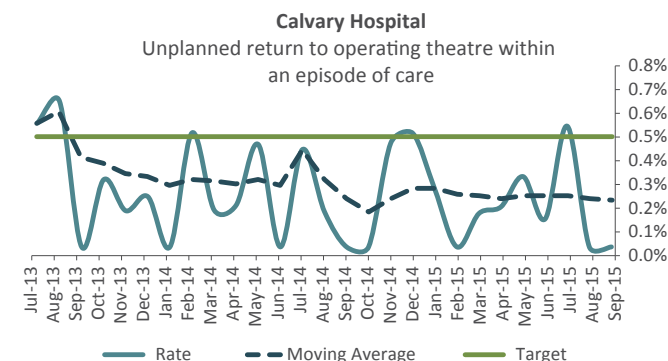
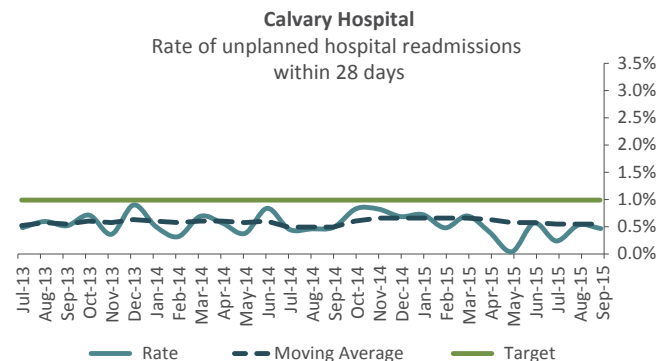
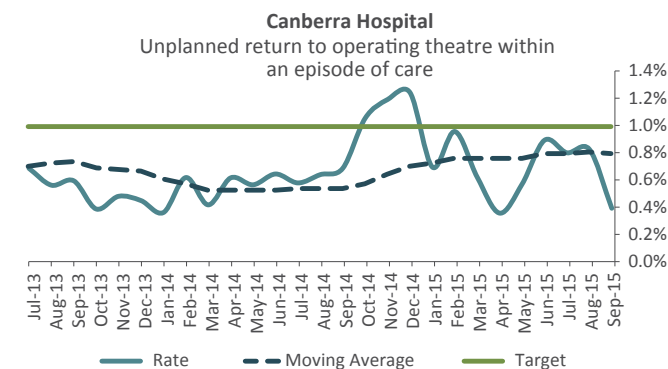
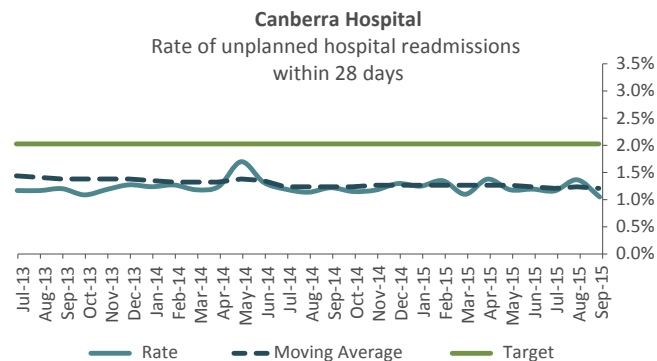
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Patient Safety and Quality

ACT Health continually strives to provide a safe and high quality health care system, and is continually implementing service improvement to increase safety for all patients.

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

Moving averages are provided as well as month-by-month results. As there are relatively small numbers of patients who have unplanned returns to hospital or the operating theatre, or who acquire an infection during their hospital stay, there may be relatively large movements in results between months. The inclusion of the moving average works to level out these monthly fluctuations and provide a better understanding of trends in these important indicators.



Both ACT public hospitals continue to report good results for the proportion of people who return to hospital within 28 days of discharge, with the results at the Canberra Hospital and Calvary Public Hospital remaining well below target at the end of September 2015.

Canberra Hospital's rolling average results for unplanned return to operating theatre during a hospital stay for the first three months of 2015–16 remained below target.

For the first three months of 2015–16, Calvary Public Hospital reported positive results for unplanned return to the operating theatre during a hospital stay compared to the same period last year. In July 2015, Calvary's result was slightly over the 0.50% target, however, overall Calvary's results have generally remained below the target of 0.50%.

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This indicator has changed based on national quality and safety standards and now only measures the number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus aureus bacteraemia Infection (SAB infection) during their stay.

Both ACT public hospitals maintain processes to minimise hospital acquired infections during hospital stays. The targets for each hospital are set based on the types of services they provide. As the major trauma hospital for the region, the Canberra Hospital could expect higher SAB rates than Calvary Public Hospital.

The ACT combined result for the first three months of 2015–16 was 0.64 cases per 10,000 bed days, this is below the 2014–15 result of 1.11 cases for the same period last year. The results for this period for both Canberra Hospital (0.9 cases per 10,000 bed days) and Calvary Hospital (0 cases per 10,000 bed days) were below the targets of 2.0 per 10,000 bed days.

The estimated hand hygiene rate for a hospital is a measure of how often (as a percentage) hand hygiene is correctly performed. It is calculated by dividing the number of observed hand hygiene ‘moments’ where proper hand hygiene was practiced in a specified audit period, by the total number of observed hand hygiene ‘moments’ in the same audit period.

Hand Hygiene audit results

Hand Hygiene	2015–16 Target	2014 June Audit	2014 October Audit	2015 March Audit	2015 June Audit
Canberra Hospital	70%	74%	76%	79%	82%
Calvary Public Hospital	70%	83%	73%	77%	87%

The June 2015 hand hygiene result for Canberra and Calvary Public Hospitals are well above the benchmark.

Regional Cancer Services

Increasing demand

ACT Health Cancer Services provided care for 352 radiotherapy patients over the first three months of 2015–16.

Percentage of radiotherapy patients who commence treatment within standard time frames

	July to September	
	2014–15	2015–16
Emergency: within 48 hours	100%	100%
Palliative: within 2 weeks	84%	84%
Radical: within 4 weeks	97%	93%
Total – All Radiotherapy Patients	93%	90%

Notes:

- From 2014–15 radiotherapy performance measures and targets were aligned to the more rigorous National Radiation Oncology Practice Standards. This means that from 2014–15 waiting time results are not comparable with previous years.
- Prior to 2014–15 the target timeframe for Palliative treatment was 4 weeks
- Prior to 2014–15 the target timeframe for Radical treatment was 6 weeks

In the first three months of 2015–16, 90% of all radiotherapy patients were seen within standard timeframes.

The performance in radiotherapy wait times has been impacted by the increased complexity of treatment techniques and related treatment delivery times. This consequently decreased access to radiotherapy services. Radiation therapist staff shortages were a factor influencing the negative impact on treatment waiting times.

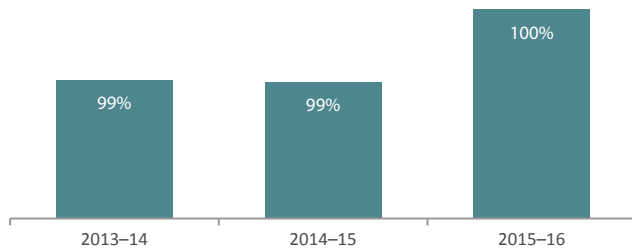
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Breast Screening

There were a total of 4,178 breast screens performed in the first three months of 2014–15. In the first three months of 2015–16, the number increased to 4,492.

In the first three months of 2015–16, 100% of BreastScreen clients waited less than 28 days for their screening appointment. The BreastScreen program has availability of screening appointments, and is undertaking an active recruitment campaign using multiple strategies, including contacting lapsed attendees and sending letters to General Practitioners to encourage more women to have a breast screen.

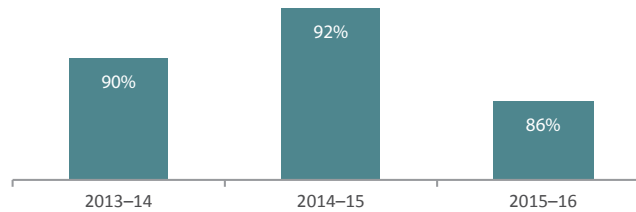
Capital Region Cancer Service
BreastScreen – proportion of women who wait 28 days or less from their appointment date to the date of their breast screen*
July to September



*Excludes women from NSW.

In the first three months of 2015–16, 86% of BreastScreen clients assessed as requiring an assessment waited less than 28 days for their assessment appointment. Although the percentage is down compared to the same period last year, this indicator deals with relatively few women (around 70 per month) and has been affected by a number of women choosing later appointments for their own reasons.

Capital Region Cancer Service
BreastScreen – proportion of women who receive an assessment within 28 days
July to September



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Rehabilitation, Aged and Community Care

For the first three months of 2015–16, there were 3,074 total Occupied Bed Days for nursing home type patients, which is a 25 per cent increase when compared to the corresponding period for 2014–15.

Aged Care and Rehabilitation activity in ACT public hospitals

	July to September		
	2013–14	2014–15	2015–16
Average length of stay (ALOS) for Aged Care and Rehabilitation patients at ACT public hospitals	14	13	13
Aged Care and Rehabilitation non same day bed days at ACT public hospitals	8,532	8,511	9,874
OBDs for nursing home type patients (Canberra Hospital only)	1,743	2,465	3,074

Notes:

- Occupied Bed Days (OBD) are calculated on discharge.

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New South Wales Activity

The ACT is committed to servicing the health needs of the residents of the ACT, and the surrounding region.

As Canberra Hospital is the major teaching and referral centre for the southern NSW region, patients who are critically unwell are transferred to this hospital when a higher level of care is required. These patients are often very complex and require multiple services.

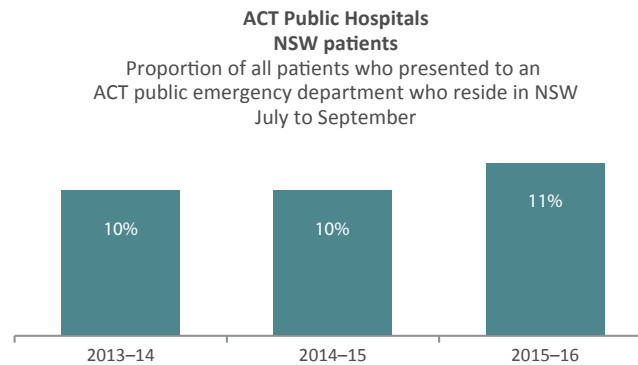
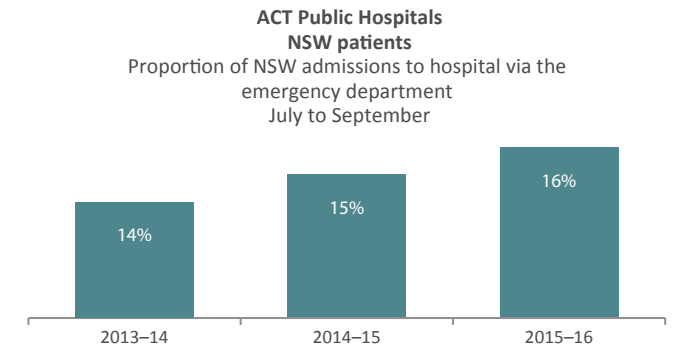
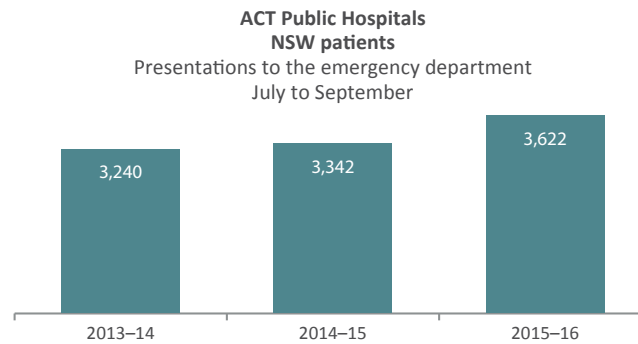
Almost a third of all surgical procedures performed in ACT Public Hospitals are performed on patients who reside in NSW.

NSW patients accessing surgery in ACT Public Hospitals

July to September 2015			
ACT public hospitals	Total Surgery	Elective Surgery	Emergency Surgery
Total all Patients	5,074	3,123	1,951
Total NSW	1,480	928	552
% NSW patients	29%	30%	28%

Many patients who reside in NSW also attend our public hospital Emergency Departments for a range of reasons. In the first three months of 2015–16, there were 3622 NSW patients presented to ACT Public Hospital EDs for treatment, accounting for 11% of all Emergency Department presentations and 16% of the total admissions through the ED. These results remain consistent compared to the same period for previous years.

NSW patient activity



The results for the first three months of 2015–16 continue to show a consistent proportion of NSW patients accessing services at ACT public hospitals.

Addressing Gaps in Aboriginal and Torres Strait Islander Health Status

Indigenous Aboriginal and Torres Strait Islander people account for around 1% (5,184) of the ACT's total population according to the 2011 census.

Aboriginal and Torres Strait Islander people accessing ACT Health Services

	July to September		
	2013–14	2014–15	2015–16
Emergency Department presentations	946	917	1,183
Admitted inpatient episodes of care	530	425	623
Elective Surgery operations performed	58	64	70

The AIHW report titled Elective surgery waiting times 2014–15⁵, noted that the median waiting times for Indigenous Australians having elective surgery in the ACT improved from a 61 day wait time in 2013–14 to a 44 day wait in 2014–15, with the national figure being 42 days.

Immunisation rates for the ACT indigenous population

The ACT aims to maintain the immunisation coverage rates for the vulnerable groups and, in particular, Indigenous Australians.

Immunisation rates for vaccines in the national schedule for the ACT Indigenous population:	2015–16 target	2015–16 Result (YTD September)
12 to 15 months	>90%	91%
24 to 27 months	>90%	79%
60 to 63 months	>90%	100%
All	>90%	91%

It should be noted that due to low numbers of Aboriginal and Torres Strait Islander children in the ACT the coverage rates can vary dramatically between cohorts and reporting periods. For this reason it is important to look at annual immunisation rates for Aboriginal and Torres Strait Islander people.

Overall, the ACT achieved close to the annual target for immunisation of children in the designated age groups.

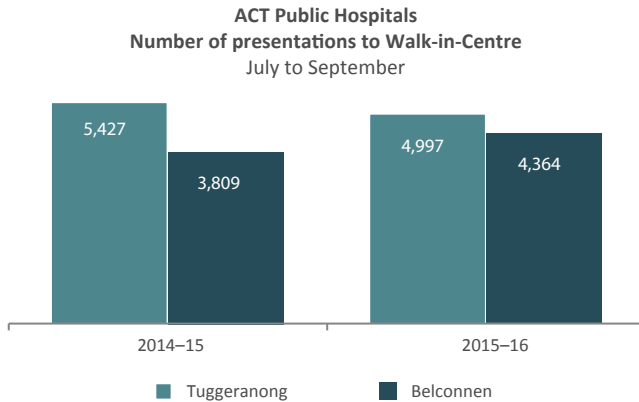
Other health services provided to Indigenous Australians in ACT — July to September	2015–16
Proportion of breast screens performed for women 50–69 yrs	0.67%
Proportion of mental health community occasions of service for Aboriginal/Torres Strait Islander consumers	5.9%
Number of Aboriginal/Torres Strait Islander Births	39
Proportion non-admitted occasions of service provided to Aboriginal/Torres Strait Islander clients	1.9%
Total non-admitted occasions of service provided to Aboriginal/Torres Strait Islander clients	2,205

⁵ <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129553169>

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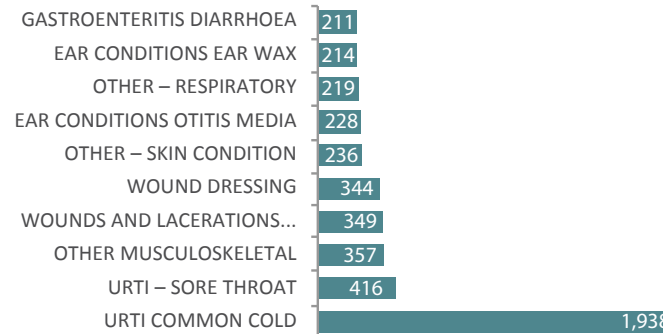
Walk-In-Centre

The Walk-in-Centres (WiC) are designed to help people get fast, free, one-off treatment for minor illnesses and injuries. The people of Canberra are able to see a specialist nurse for advice, assessment and treatment for conditions such as cuts and bruises, minor infections, strains, sprains, skin complaints, coughs and colds.



In the first three months of 2015-16 the Tuggeranong WiC reported 4,997 presentations and the Belconnen WiC reported 4,364 presentations. While total YTD presentations at both centres are in line with the same time last year, presentations at Belconnen have increased by 15%, while presentations at Tuggeranong are down 8%.

Walk-in-Centre
Top 10 conditions treated at the WiC
July to September 2016



The WiC nurses treat a wide range of conditions, with no significant changes in the top 10 conditions treated since last year. The common cold remains the main reason for presentation to the WiC.

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Surgery in ACT public hospitals

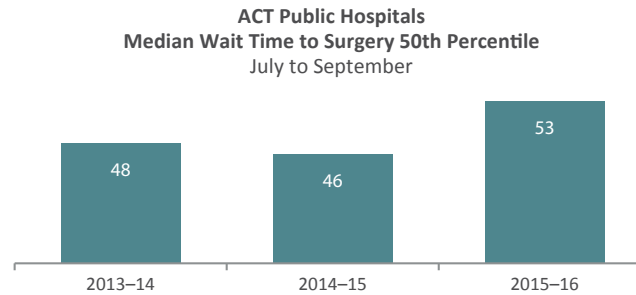
Since 2013–14, the number of surgeries performed has risen by 9%. The most significant increase has occurred in emergency surgery which has grown by 15%. The first three months of 2015–16 has seen a continuation of the increase in surgical services demand with 5,074 surgeries performed, an increase of 3% when compared to the same period last year.

Total surgery performed in ACT public hospitals

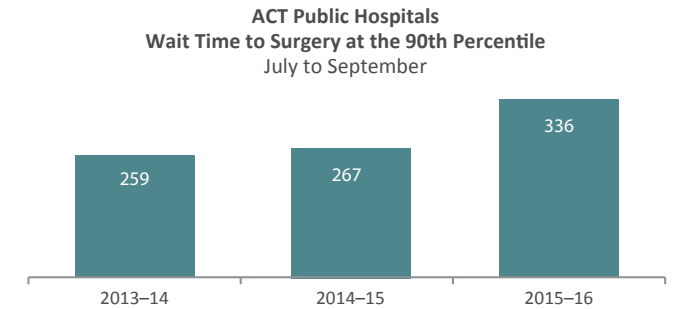
	July to September		
	2013–14	2014–15	2015–16
Emergency Surgery	1,695	1,758	1,951
Elective Surgery	2,958	3,145	3,123
Total Surgery Performed	4,653	4,903	5,074

Increasing access to elective surgery

For the first three months of 2015–16, the median wait time was 53 days. This result is higher compared to the same period last year and higher than the 2014–15 national median wait time of 35 days reported by the AIHW⁶.



In the first three months of 2015–16 waiting times at the 90th percentile increased to 336 days.

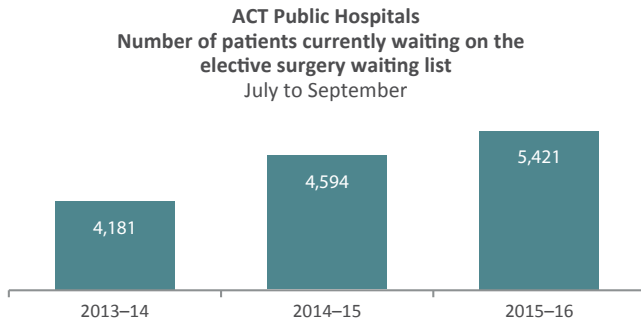


⁶ <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129553169>

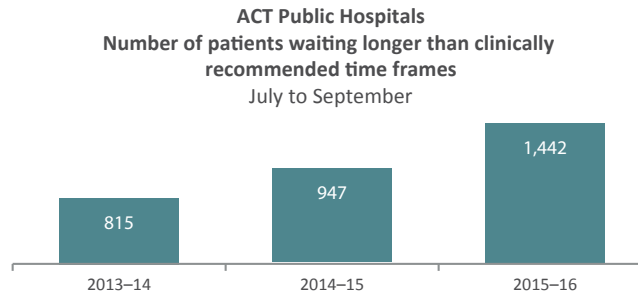
Surgery in ACT public hospitals (continued)

Reducing the number of patients waiting too long for elective surgery

The increase in demand for elective surgery over last three years has seen the numbers of patients waiting for elective surgery grow. At the end of September 2015 there were 5,421 patients on the elective surgery waiting list.



At the end of September 2015 ACT Public Hospital had a total of 1,442 long wait patients waiting for surgery. This is lower when compared with the same period last year.



This table shows the number of long waits by surgical specialty, compared with the same period last year. There have been marked reductions in long wait patients in ear, nose and throat, general, orthopaedic and other surgical specialties.

Reducing overdue patients by surgical specialty

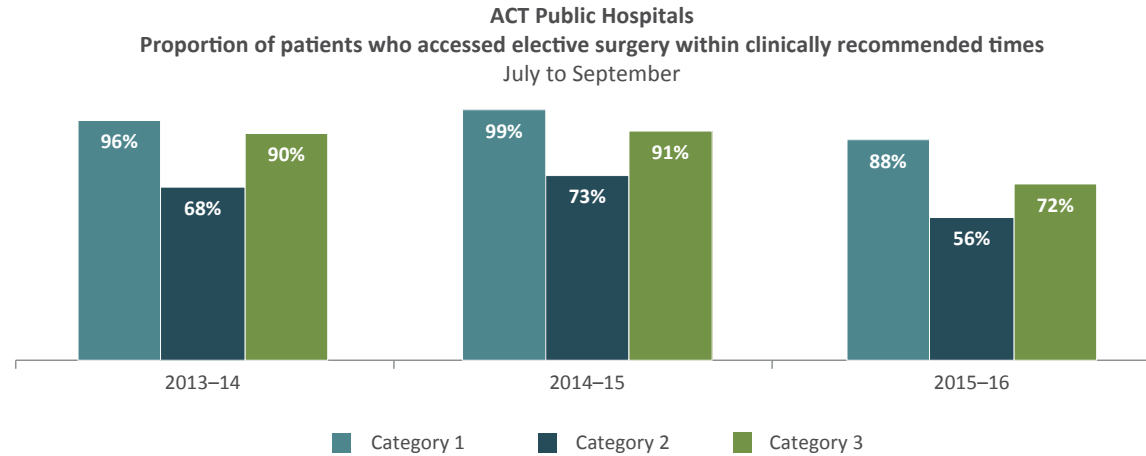
Surgical Specialties	September		
	2014	2015	2016
Cardiothoracic surgery	2	2	3
Ear, Nose & Throat surgery	205	289	372
General Surgery	96	84	62
Gynaecology surgery	21	45	62
Neurosurgery	8	5	5
Ophthalmology surgery	18	16	24
Orthopaedic surgery	393	365	534
Plastic surgery	10	10	27
Urology surgery	42	48	147
Vascular surgery	17	46	136
Other surgery (includes Paediatric surgery, Oral surgery & Thoracic surgery)	3	37	70

Surgery in ACT public hospitals (continued)

Timeliness to Elective Surgery

This section of the report looks at the proportion of patients who access their elective surgery within the clinically recommended timeframes. This performance measure had formally been known as the National Elective Surgery Target (NEST) under the NPA on Improving Public Hospitals.

Overall elective surgery timeliness performance has decreased in the first three months of 2015–16 when compared to the same period in 2014–15.



September 2015

Selected Statistics

ACT Health			
Selected ACT Public Hospitals and Community Activity Indicators			
	July to September		
	2014-15	2015-16	% VAR
Inpatient Activity			
Day only patient bed days (total across all outputs)	13,737	13,899	1%
Overnight patient bed days (total across all outputs)	73,603	79,520	8%
Total episodes of care (separations)	25,730	26,938	5%
Nursing Home Type Patient (NHTP) Bed-Days (on separation — Canberra Hospital only)	2,465	3,074	25%
Bed Occupancy Rate	87%	88%	1%
Total number of birthing episodes in ACT public hospitals	1,325	1,311	-1%
Proportion of caesarean sections in ACT public hospitals	30%	28%	-2%
Emergency Department Activity			
Category 1 Seen (immediate - 2 mins)	100%	100%	0%
Category 2 Seen (within 10 mins)	78%	78%	0%
Category 3 Seen (within 30 mins)	43%	44%	1%
Category 4 Seen (within 60 mins)	44%	53%	9%
Category 5 Seen (within 120 mins)	80%	87%	7%
Total Emergency Department Presentations	32,721	33,528	2%
Did Not Wait % Rate	7%	5%	-2%
Admissions via Emergency Department	9,017	9,709	8%
Admissions to Emergency Department observational wards	3,355	3,445	3%
Admissions from the Emergency Department to ICU, Surgery, and general wards	5,662	6,264	11%
Walk-in-Centre			
Total presentations (Tuggeranong)	5,427	4,997	-8%
Total presentations (Belconnen)	3,809	4,364	15%

ACT Health			
Selected ACT Public Hospitals and Community Activity Indicators			
	July to September		
	2014-15	2015-16	% VAR
Elective Surgery			
Additions to the public hospital elective surgery waiting list	3,781	3,826	1%
Numbers of people on the elective surgery waiting list	4,594	5,421	18%
Removals from the list for surgery	3,145	3,123	-1%
Removals from the list for other reasons	494	545	10%
Patients on the list recorded as "not ready for care"	886	882	0%
Hospital Initiated Postponements	6.8%	4.8%	-2%
Elective surgery median waiting time to care by urgency category			
Category one patients (admission required within 30 days)	15	15	0 days
Category two patients (admission desirable within 90 days)	58	80	22 days
Category three patients (admission desirable within 365 days)	151	195	44 days
Medical Services			
Elective endoscopies			
Number of elective endoscopies performed	1,286	1,338	4%
Number of patients waiting for an endoscopy procedure	2,536	3,799	50%
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	28	29	1 day
Category two patients (admission desirable within 90 days)	133	139	6 days
Category three patients (admission desirable within 365 days)	348	328	-20 days

ACT Health			
Selected ACT Public Hospitals and Community Activity Indicators			
	July to September		
	2014-15	2015-16	% VAR
Elective Cardiology			
Number of elective cardiology procedures performed	282	314	11%
Median waiting time to an interventional cardiology procedure in days	21	18	-3 days
Breast screens			
Total breast screens performed	4,178	4,492	8%
Number of breast screens for women aged 50-69*	2,760	3,399	23%
Cervical Cytology			
Additions to the Cervical Cytology Register	8,928	8,843	-1%
Mental Health			
Community Services by Group			
ACT wide mental health program community service contacts	26,520	27,018	2%
Children and youth mental health program community service contacts	16,874	19,126	13%
Adult mental health program community service contacts	30,804	30,498	-1%
Justice Health Services community contacts	26,553	38,077	43%
Alcohol and Drug Services community contacts	16,748	17,834	6%
Dental Services			
Mean waiting time in months for persons on the Centralised Waiting and Recall List	3	6	100%
Proportion of urgent patients seen within standard waiting times	100%	100%	n/a

* This measure excludes women from NSW as per the accountability indicator 1.4b in the ACT Health Budget Papers.

Note: All variances have been calculated using the relative difference with the exception of metrics that are displayed as a percentage where the actual difference has been used.

Glossary

AIHW	Australian Institute of Health and Welfare
NHRA	National Health Reform Agreement
NHPA	National Hospitals Performance Authority
IHPA	Independent Hospitals Pricing Authority
ED	Emergency Department
NSWLHD	NSW Local Health District
NEAT	National Emergency Access Target
NPA	National Partnership Agreement
NEST	National Elective Surgery Target

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"> 1. Resuscitation—treatment to commence immediately 2. Emergency—treatment to commence within 10 minutes 3. Urgent—within 30 minutes 4. Semi-Urgent—within 60 minutes 5. Non-urgent—within 120 minutes
Target 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"> 1. Resuscitation—100% seen on time 2. Emergency—80% seen within 10 mins 3. Urgent—75% seen within 30 mins 4. Semi-urgent—70% seen within 60 mins 5. Non-urgent—70% seen within 120 mins
Access block	<p>The proportion of patients admitted to hospital via the emergency department who wait less 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"> 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 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 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 (Health Directorate establishes a 365 day maximum desirable waiting time for category three patients.
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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	<p>The proportion of patients admitted for surgery within a given period who are admitted within standard waiting times for their condition.</p>
Removals for surgery	<p>The number of people, in a given period, who are removed from the ACT public hospitals elective surgery waiting list for surgery.</p>
Patients waiting longer than one year for surgery	<p>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).</p>
Long wait patients accessing elective surgery	<p>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.</p>
Hospital initiated postponements	<p>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.).</p>

September 2015

Glossary (continued)

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 women who are provided with breast screens within a given period.
Bed usage	
Occupancy rate	The actual bed days (measured as the sum of all inpatient bed minutes) attributed to the month the activity actually occurred divided by the number of funded beds available during the same period.
Patient safety	
Unplanned return to Hospital within 28 days	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: <ul style="list-style-type: none"> unexpected for further treatment of the same condition for which the patient was previously hospitalised unexpected admission for treatment of a condition related to one for which the patient was previously hospitalised unexpected admission for a complication of the condition for which the patient was previously hospitalised.
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 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 10,000 non-same day occupied bed days.

Mental health	
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.

Glossary (continued)

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 13) for counting of hospital episodes in 2011–12.
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 spent 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 number of 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"> • Adults • Children and adolescents • Older people.