



# ACT PUBLIC HEALTH SERVICES

## Quarterly Performance Report

December 2013

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## Introduction Summary

This is the second Quarterly Report on ACT public health system performance for 2013–14. The format for the report provides readers with additional background information as well as a visual demonstration of the performance against existing targets as well as those implemented through the National Health Reform.

The National Health Reform has introduced a number of targets relevant to both the performance of our emergency departments as well as ensuring that we provide timely access to elective surgery. The report focuses on key areas for both of these performance measures and explains the challenges and successes for the ACT in aiming to achieve a continually improving health service for people in and around the ACT surrounding region.

The quality and safety section of the report has expanded to encompass additional local Government strategic 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.

ACT Health has continued to work with the individual health services to develop reporting tools that support effective management of our available resources and ensure that clients within the ACT and surrounding region are able to gain access to services as well as information on the performance of healthcare services.

The ACT Public Health Services report for 2013–14 shows that the increased investment in the Territory's public health services is working to provide improved access to care.

Overall Emergency Department performance continued to improve over the first six months of 2013–14 compared to the same period in 2012–13, with 59% of all patients seen on time. This result is a 9% improvement when compared to the same period last year and is significant given the 5% increase in presentations to ACT Emergency Departments.

For the first six months of 2013–14, our bed occupancy rates were reported at 92%. This result is a 3% improvement when compared to the same period last year. The improved result over the first six months of 2013–14 is directly related to investment in additional beds. For 2013–14, the ACT Government has funded an additional 44 inpatient beds into ACT public hospitals. Once all beds have opened in 2013–14 this will take our public hospitals estimated capacity to 1030 beds. This is an increase of 360 beds since 2001–02 and a 54% increase over twelve years.

100% of all radiotherapy patients were seen within standard timeframes during the first six months of 2013–14. This result is consistent with the result reported for the same period last year.

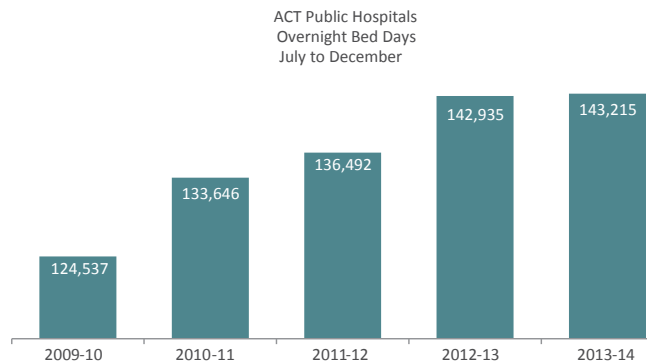
Based on preliminary data, a total of 2,565 babies were born at ACT public hospitals in the first six months of 2013–14. This result is a 6% increase when compared to the result for the same period last year.

The average waiting time for public dental health services for the first six months of 2013–14 was 6 months. This result is an improvement on the 12 months figure reported for the same period last year.

## Our public hospitals

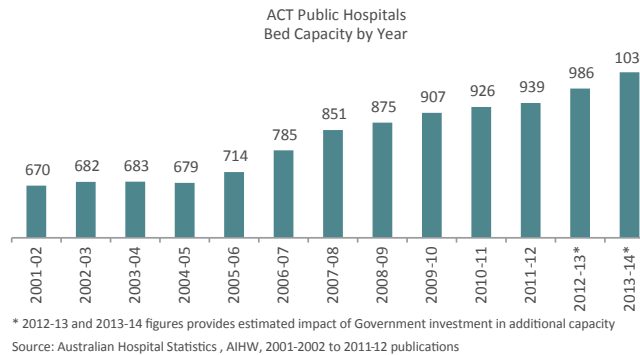
### Increasing the capacity of the ACT Public Health Services to manage growing demand for hospital services

For the first six months of 2013–14, ACT’s public hospitals provided over 143,215 overnight hospital bed days of care, this result is slightly up on the result of 142,935 reported for the same period last year.



The Australian Hospital Statistics Report for 2012–13 issued by the Australian Institute of Health and Welfare (AIHW) in April 2014 showed that the ACT had achieved the national average in providing public hospital bed availability for the third time in the almost 21 years of reporting by the AIHW. ACT Health reached 2.6 public hospital beds per 1000 people—which is on par with the national average.

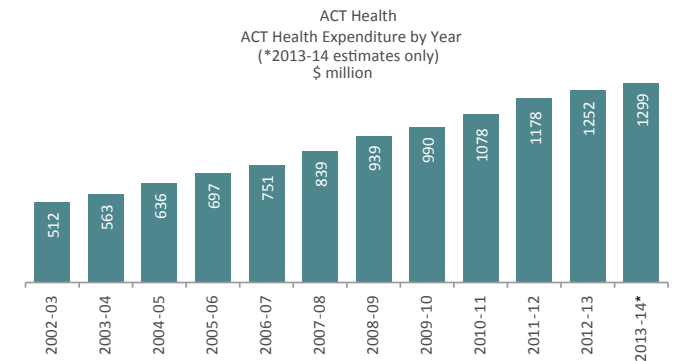
The AIHW reported that in 2011–12, ACT public hospitals provided an average of 939 beds. In 2012–13, an additional 47 beds were introduced, providing an estimated capacity of 986 beds. In addition there has been a considerable expansion to the Hospital in the Home service, with the addition of 15 bed equivalents in 2012–13.



The ACT Government has funded a further 44 inpatient beds in 2013–14, including:

- 16 general inpatient beds at Canberra Hospital
- 15 general inpatient beds at Calvary Public Hospital
- an 8-bed Rapid Assessment and Planning Unit to be established at Calvary Public Hospital.
- 5 new beds in the Centenary Hospital for Women and Children.

With the addition of 44 inpatient beds into ACT public hospitals, our public hospitals’ estimated capacity will be over 1,030 beds by mid-2014. This is an increase of 360 beds since 2001–02, or a 54% increase over twelve years. The ACT Government continues its commitment to adding bed capacity to the public hospital system to meet growing demand for care and to reduce bed occupancy to optimum levels.



The increase in bed capacity has been funded by the biggest increases in health funding by any ACT Government. The estimated budget for this financial year (2013–14) is just over \$1 billion which is 153% more than the \$512 million provided for health services in 2002–03.

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.

## Our public hospitals (continued)

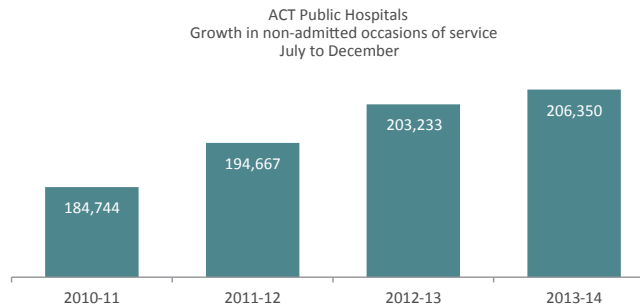
### Our public hospital activity

	July to December			
	2010–11	2011–12	2012–13	2013–14
Overnight bed occupancy rate	89%	89%	95%	92%
Inpatient episodes of care	46,365	49,391	48,078	48,717
Non-same day bed days	133,646	136,492	142,935	143,215
Non-admitted (outpatient) occasions of service	184,774	194,667	203,233	206,350

The bed occupancy rate for the first six months of 2013–14 was 92%. This is a 3% improvement when compared to the 95% reported for 2012–13. The Australian Government’s long-term target is to maintain bed occupancy levels at around 85%, which is considered the best level for best patient outcomes and to achieve maximum efficiency. However, with increasing pressure on ACT public hospitals each year, the ACT target for this indicator in 2013–14 has been revised to 90%.

This will allow for the necessary infrastructure and process improvement to take effect which will make for more realistic transition for ACT public hospitals to achieve the 85% in coming years. The additional 44 beds funded in the 2013–14 budget should assist in reducing bed occupancy rates towards the 90% target.

Over recent years, there have been significant increases in the demand for non-admitted outpatient services. In 2012–13, outpatient services experienced 6% growth in outpatient occasions of service compared with 2011–12. However, since 2010–11, demand for these services has grown by 18% across Canberra and Calvary hospitals. In response to this growth, resources have been committed to improve the function and processes of outpatient services. ACT Health is expecting 2013–14 to be another record year for outpatient services with 206,350 non admitted occasions of service reported for the first six months of 2013–14, a 2% increase on the 203,233 reported for the same period last year.



December 2013

## Births at ACT public hospitals

### Births increasing in ACT public hospitals

ACT public hospitals accommodated record numbers of births in 2012–13, with 4,854 births at Canberra and Calvary Hospitals, an 8% increase on the 2011–12 result. The result of 4,854 births in 2012–13 also represents a 70% growth (almost 2,000 additional births) in the number of ACT public hospital births since 2001–02.

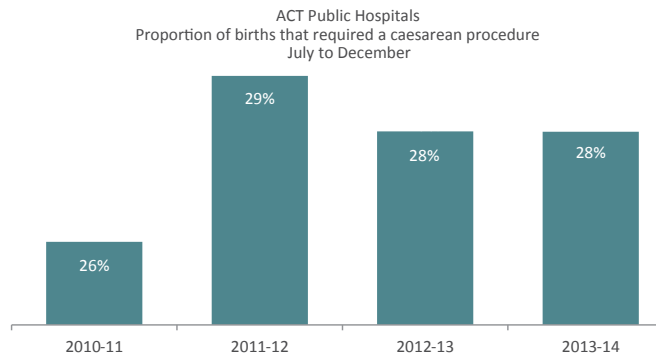
Based on preliminary data, a total of 2,565 babies were born at ACT public hospitals over the first six months of 2013–14 which is a 6% increase on the result reported for the same period in 2012–13. However, an accurate result will not be available until all medical records have been fully processed. As this can take some time, the reported result should be noted as preliminary only at this stage.

### ACT public hospital births and Caesarean sections

	July to December			
	2010–11	2011–12	2012–13	2013–14
ACT Public births*	2,073	2,195	2,426	2,565
Caesarean sections	534	644	688	717

For the first six months of 2013–14, the number of births born by Caesarean section was 28% of all births during 2013–14. This result is consistent with the 28% reported for the same period in 2012–13.

However, Caesarean rates have been steadily rising since 2001— both in the ACT and nationally. The ACT rate of 28% for the first six months of 2013–14 was lower than most recent national figure of 33% published by the AIHW, for 2011–12. ACT public hospitals continue to have a low Caesarean rate compared to benchmarking hospitals. The main strategy is to move towards further implementation of the ‘continuity of maternity model of care’ which has proven improved clinical outcomes for woman—such as reduced rate of Caesareans.



The ACT Government provided an additional \$2 million in 2010–11 and \$1.5 million in 2011–12 to enhance obstetric and gynaecological services and neonatal services. 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.

\*ACT Public births includes number of Caesarean sections performed.

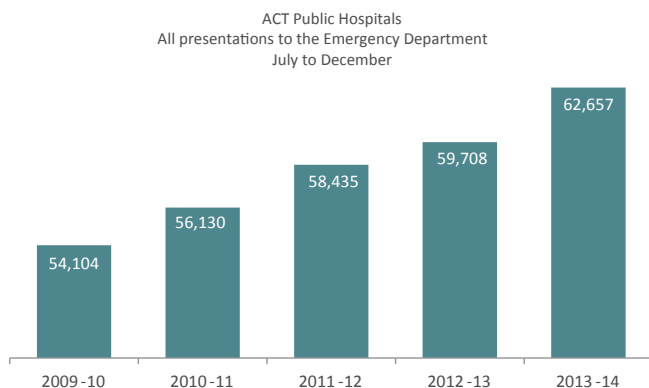
## Emergency Departments

### ED waiting times continued to improve during the second quarter of 2013-14

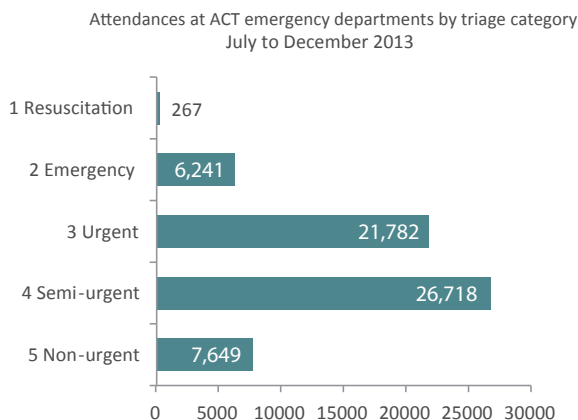
In this edition of the ACT Public Hospitals Quarterly report, ACT Health presents the results of a new analysis of the difference between hospitals across the ACT and Australia and relates their performance to important factors that can influence a patient's experience in the Emergency Department (ED).

ACT Health is committed to improving waiting times in our emergency department services and is working towards the National Emergency Access Target (NEAT).

In 2012-13, emergency department presentations continued to grow compared to previous years, with a record 118,969 presentations recorded at ACT Public Hospital emergency departments. There has been a 24% increase in emergency department presentations from 2002-03 to 2012-13, which equates to an extra 22,820 presentations over ten years.



ACT Public Hospital emergency departments in 2013-14 are again dealing with unprecedented numbers of patients presenting to ACT ED's, with a record 62,657 presentations recorded for the first six months of 2013-14, a 5% increase when compared to the same period last year.



A breakdown of emergency attendance figures shows that patients in the resuscitation category (triage 1) accounted for just less than 1% of all people triaged in ACT EDs, 10% were triaged in the emergency category (triage 2), 35% were categories as urgent (triage 3) 43% were semi-urgent (triage 4) and 12% were non-urgent (triage 5).

The greatest increase in percentage terms was in the non-urgent (triage 5) category. With this cohort of patients recording a 34% increase in presentations, there is an increase of 2,392 extra attendances to the ED compared to the same period last year.

However, semi-urgent (triage 4) category recorded a drop of 757 (3%) attendances when compared to the same period last year.

ED Activity	July to December			
	2010-11	2011-12	2012-13	2013-14
Admissions via the ED	13,207	14,910	15,715	17,061
Patients treated and discharged	42,923	43,525	43,993	45,596
Patients that did not wait to be seen	6,032	3,921	5,027	3,746

There are different ways that a patient can leave the ED. 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 treatment or are transferred to other hospitals.

Admissions to hospital via the emergency department have also grown, with 17,061 recorded for the first six months of 2013-14, a 9% increase compared to the 15,715 reported for the same period last year.

Despite the increase in presentations, the 'did not wait' rate continued to decrease over the first six months of 2013-14, with a result of 6% reported. This result is a 2% improvement when compared to the same period last year.

Overall timeliness for all triage categories to be seen on time improved significantly over the first six months of 2013-14 with a result of 59%. This result is a 9% improvement when compared to the same period last year and shows that even with a record increase in demand, ACT Public Hospital EDs are attending to patients as quickly as possible whilst ensuring that patients get the best possible care.

While there has been 5% growth in the number of presentations to the emergency departments, there has been a 9% increase in urgent category 1 presentations. An increase in higher acuity presentations places additional pressure on emergency department resources, and can restrict the ability to see and treat lower acuity presentations in a timely manner.

## Emergency Departments (continued)

### ED timeliness

Emergency department presentation seen on time	July to December		
	2012–13	2013–14	Target
Category 1 (immediately)	100%	99%	100%
Category 2 (<10 mins)	68%	82%	80%
Category 3 (<30 mins)	41%	47%	75%
Category 4 (<60 mins)	44%	56%	70%
Category 5 (<120 mins)	77%	85%	70%
Total All Categories	50%	59%	70%

All but triage category one patients had improved performance results over the first six months of 2013–14 when compared to the same period last year. Triage category one patients reported a result of 99% against a target of 100% for the first six months to December of 2013–14. This was due to two patients who were not seen within the recommended timeframe. One of the patients was not seen within the two minute target whilst the other patient was incorrectly triaged as a category one patient. However, national counting rules stipulate that the first triage assessment must be reported and cannot be changed regardless of incorrect original triage assessments.

National targets were met for triage category two and five patients. This is now the second consecutive quarter where triage category two timeliness has achieved the desired target. Category five continued to exceed national benchmarks, with 85% of this cohort seen on time. This is despite a 34% increase in category five patient presentations during the first six months of 2013–14. This is a significant improvement for the ACT emergency departments and shows that the recent initiatives are starting to take effect.

The following table shows the median waiting times for patients to be seen from when they first present to an ACT public hospital emergency department to when treatment first commences. The second table provides some 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					
	Resuscitation – Immediate within seconds	Emergency <= 10 mins	Urgent <= 30 mins	Semi-urgent <= 60 mins	Non-Urgent <= 120 mins	Total
	Median	Median	Median	Median	Median	Median
July to December 2013–14	0:00:00	0:04:00	0:34:00	0:51:00	0:38:00	0:34:00
July to December 2012–13	0:00:00	0:07:00	0:44:00	1:13:00	0:52:00	0:46:00

### 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

Over the first six months of 2013–14, all triage categories reported reduced waiting times. This is a positive result for the ACT. The highest volume category of patients that presented to ACT emergency departments were classed as triage category 4. Additionally the majority of these patients (83%) were treated and discharged (not requiring admission to an inpatient bed). This large cohort of patients and the increase in triage category 5 patients suggests that more people are presenting to the emergency department for treatment that could have been treated by their general practitioner.

The Australian Institute of Health & Welfare (AIHW) released its latest report titled *Australian hospital statistics Emergency department care 2012–13*<sup>1</sup>. Based on the figures in the report the ACT had the second highest rate of GP type presentations in Australia.

A GP type presentation is categorised as a non urgent triage category that does not require admission to hospital. Low bulk billing rates and the perceived availability of General Practitioner services in the ACT maybe a contributing factor to the increase in low acuity presentations to ACT public hospital EDs.

ACT's emergency departments are currently reviewing their processes, and working with their colleagues throughout the hospitals, to work out ways of eliminating barriers that delay quick access to services and improve patient flow through the emergency departments.

<sup>1</sup><http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129544764>



## National Health Reform

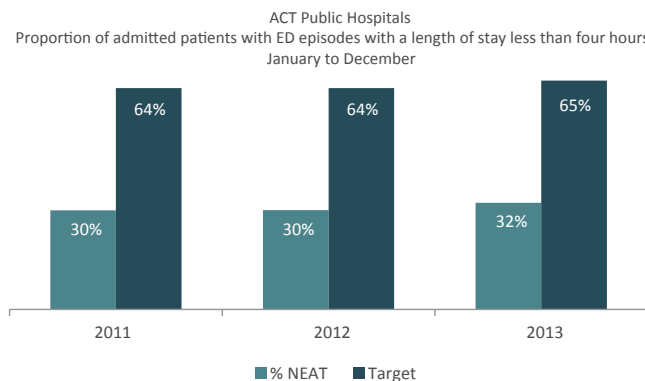
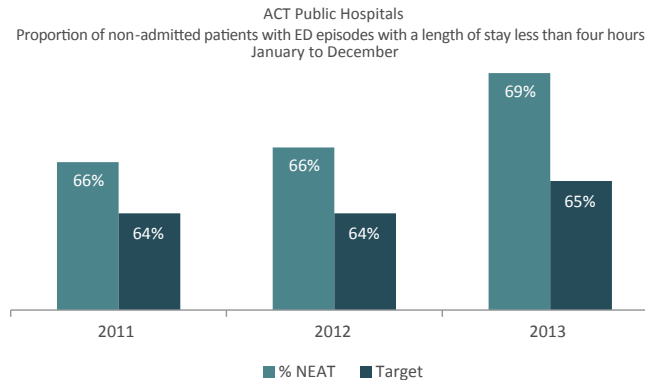
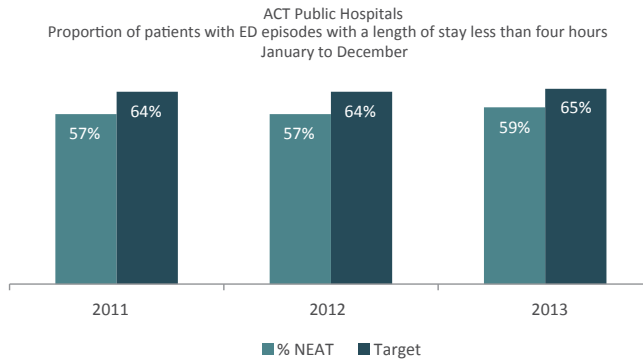
The National Health Reform agenda was agreed to by all States and Territories in August 2011. A set of performance targets was included in the agreement to ensure timely access to services was a priority for all health sectors across the nation. These performance indicators are measured over the calendar year.

The Commonwealth will deliver an additional \$67 million to the ACT under the National Partnership Agreement on Improving Public Hospital Services for ED, elective surgery and sub-acute services. This agreement commenced on 1 January 2012.

### National Emergency Access Target (NEAT)

The National Emergency Access Target (NEAT) is a set target which aims to have a certain percentage of patients leaving the ED within four hours, whether for admission to hospital, referral to another hospital for treatment, or discharge. Commencing from 2012, this target is phased over four years with annual interim targets set with the aim of achieving a 90% target by 2015. The ACT 2013 target required that 65% of all patients within the year who present to an ED leave the ED within four hours.

NEAT is measured over a calendar year. For the 2013 calendar year, preliminary figures suggest that 59% of patients left the ED within four hours of presentation. This result is a 2% improvement on the 57% reported for the same period last year but still below the desired target of 65%.



A contributing factor in achieving NEAT is determined by the types of patients who present to ACT Public Hospital EDs. When ACT Public Hospitals have an increase in urgent cases (triage 1 & 2) the achievement of NEAT becomes more challenging.

As Canberra Hospital is the main tertiary referral centre for the ACT and surrounding region, it is expected to deal with all complex and critical injured patients. The 9% increase in triage category one patients over the first six months of 2013–14 has also placed additional pressure on our emergency department resources as these patients take longer to treat and stabilise.

Currently ACT Public Hospitals are achieving the NEAT for non-admitted patients. However, improving the admitted patients percentage of NEAT remains a challenge for the ACT.

Both of ACT's public hospitals are defined as major metropolitan hospitals. The latest data released by National Health Performance Authority shows that the average NEAT performance across major metropolitan hospitals in Australia was 60% as at March 2013. For the 2013 calendar year, ACT public hospitals reported a NEAT result of 59% just below the national average for major metropolitan hospitals. However, Calvary Public Hospital exceeded this cohort of hospitals reporting a result 66% for NEAT over the same period.

ACT Health expects further improvements in NEAT in the future with increased investment in infrastructure, including an additional 170 beds over the next four years and at the same time, both public hospitals are undergoing continual redesign and process improvement initiatives to improve the way patients move into, through and out of the EDs.



## National Health Reform (continued)

### National Elective Surgery Targets (NEST)

The National Health Reform Agreement was also aimed at improving elective surgery waiting times and brought new performance measures.

There are three components to the National Elective Surgery Targets (NEST). These are aimed at ensuring timely access to surgery whilst reducing the number of patients waiting beyond clinically recommended timeframes. The final targets for all components of the NEST are to be met by December 2016; the first set of targets was to be achieved by December 2012.

In the 2012 calendar year ACT Health was successful in meeting all nine components of the NEST. On 27 February 2013, the AIHW released its first annual report on jurisdictional performance<sup>2</sup> against emergency access and elective surgery targets. The report shows that the ACT was the only jurisdiction to successfully meet all targets in each of the three components of the NEST.

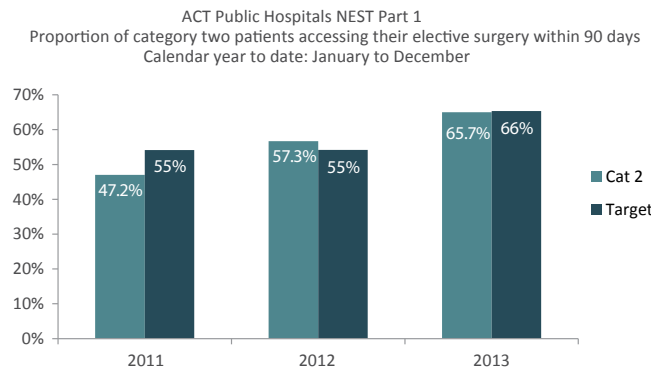
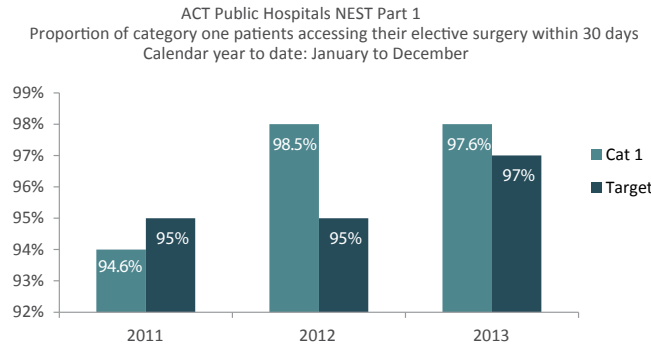
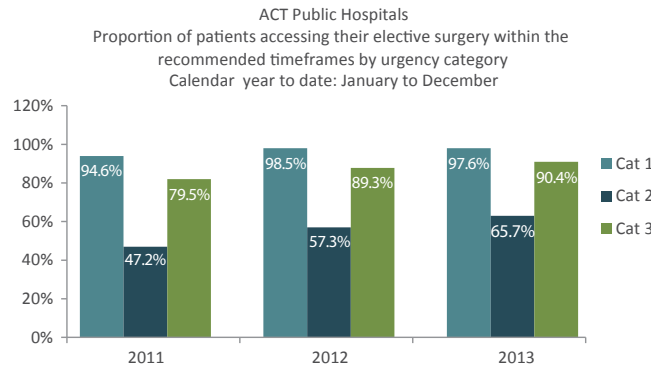
Preliminary data suggests that the ACT achieved eight out of the nine total NEST targets for 2013, with the remaining one target missing by 0.3%.

Part 1 of the NEST refers to the proportion of patients who access their elective surgery procedure within clinically recommended timeframes.

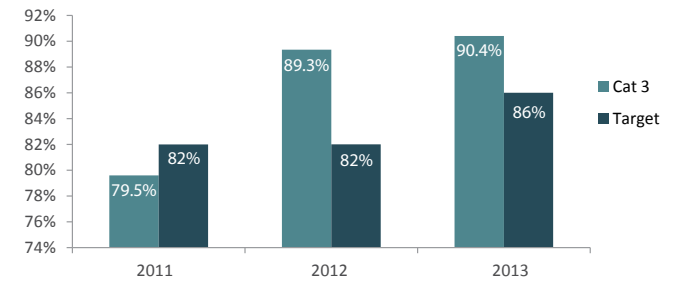
For the 2013 calendar year (January 2013 to December 2013), preliminary data suggests the ACT achieved the required targets for category one and three patients accessing their surgery on time.

Category two patients did not meet the target reporting a result of 65.7% of category two patients accessing surgery on time against a target of 66%. However, the ACT will still be eligible to receive the majority of the \$0.68 million reward funding on offer from the Commonwealth Government.

### NEST part 1 results by urgency category



ACT Public Hospitals NEST Part 1  
Proportion of category three patients accessing their elective surgery within 365 days  
Calendar year to date: January to December



### NEST Part 2A and Part 2B results

Part 2 A of the NEST is based on the requirement to reduce the average overdue waiting times for each category of patients so that there are no overdue patients by the conclusion of the agreement. In the calendar year to end December 2013 (January 2013 to December 2013), ACT public hospitals successfully met the required targets for urgency category one, two and three patients.

Part 2B of the NEST is related to the removal of the top 10% of longest waiting patients on the elective surgery waiting list. In the 2013 calendar year, ACT public hospitals removed all of the identified longest waiting patients from the list established by the Australian Government at 31 December 2012.

<sup>2</sup><http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129542732>

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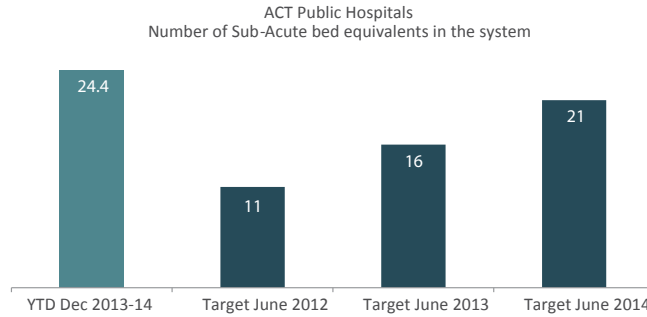
## National Health Reform (continued)

### Sub-acute care reform

The sub-acute component is aimed at improving patient health outcomes, functional capacity and quality of life by increasing access to sub-acute care services including rehabilitation, palliative care, sub-acute mental health and geriatric evaluation and management, and psycho-geriatric services in both hospitals and the community.

The ACT was required to build capacity for 11 sub-acute bed equivalents before 1 July 2012. The ACT added 6.9 bed equivalents to the system at the end of June 2012.

However, to facilitate the process, ACT Health established a National Health Reform Steering Committee. This committee has worked on alternative models to attract additional service providers, as well as contingency plans in relation to this project. Over the first six months of 2013–14, the planning into growth for sub-acute care services has paid off. The ACT has now delivered over 24 sub-acute bed equivalents into the system, above the June 2014 target of 21 bed equivalents. There is no financial reward or penalty associated with this target.



## 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 by a community facility. Timely follow-ups can reduce the number of people who need to be readmitted to an inpatient service. For the first six months of 2013–14, both public hospitals continued to report better than the target results.

% Inpatients contacted within 7 days post-discharge			
July to December			
	2012–13	2013–14	Targets 2013–14
Calvary	78%	87%	75%
CH&HS	91%	90%	75%

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

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 last three years. For the first six months of 2013–14 the current result of 1.81% is significantly better than the target set nationally at 5%.

ACT public hospitals Seclusion Rates			
July to December			
	2011–12	2012–13	2013–14
	2.18%	1.53%	1.81%

Twenty-eight day unplanned readmission rate is variable depending on the complexity of either individual consumers' needs and the number of complex consumers presenting for inpatient service support at any given time. The unplanned re-admission rate for the first six months of 2013–14 was 7.9%, slightly less than the result reported for the same period last year. It is also known that community follow-up by mental health services, carer involvement and other community supports are key factors in reducing readmissions within 28 days of an initial inpatient admission.

ACT public hospitals 28 Day Readmits			
July to December			
	2011–12	2012–13	2013–14
	8.8%	8.0%	7.9%

The readmission rate is a broad indicator of responsiveness to inpatient care and community follow up. A lower rate is preferable to promote recovery, reduce the chances of a relapse and minimise the possible need for a further acute inpatient episode. 7.9% of mental clients returned to hospital within 28 days of discharge from an ACT Mental Health inpatient unit. The latest national mental health report available (2010-11) indicates that national rate for hospitals in Group A Jurisdictions (NSW, Victoria, Queensland, Western Australia, ACT, and Northern Territory) was 14.7% for readmissions to hospital within 28 days of discharge. The ACT is currently well below that figure.

Percentage of clients with outcome measures completed			
July to December			
	2012–13	2013–14	Targets 2013–14
Calvary	86%	93%	>65%
CH&HS	56%	62%	>65%

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 a more objective assessment to monitor progress and fine tune recovery planning and response to treatment options.

For the first six months of 2013–14, outcome measures completed at the Canberra Hospital did not meet the target of greater than 65% with a result of 62%. However this result is much improved when compared with the same period last year. The Canberra Hospital result is affected by the inclusion of a large amount of community mental health episodes. The inclusion of this additional activity makes the achievement of this performance measure more challenging. Calvary hospital exceeded the target with a strong result of 93%. This result is also an improvement when compared with the same period for last year.

## 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 – our major teaching and referral hospital - manages more complex patients and higher levels of complications can be expected.

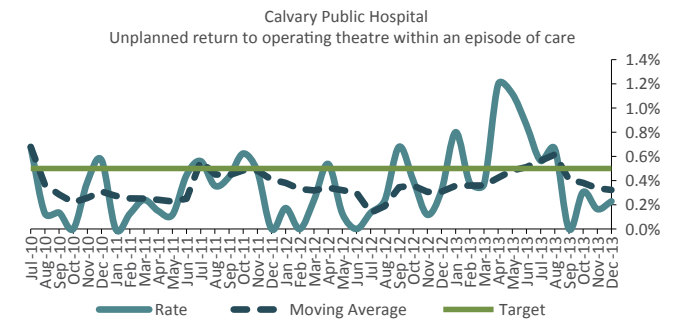
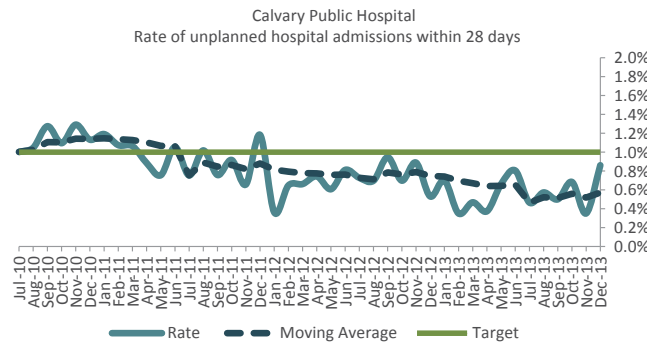
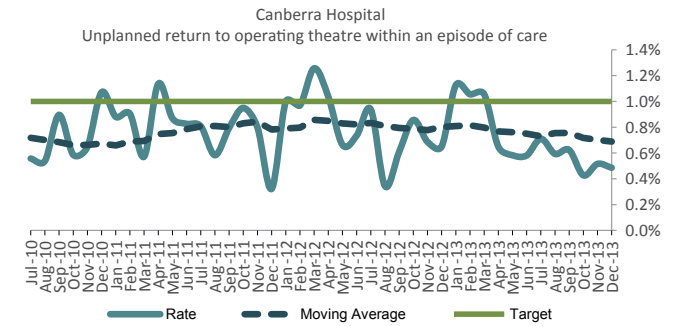
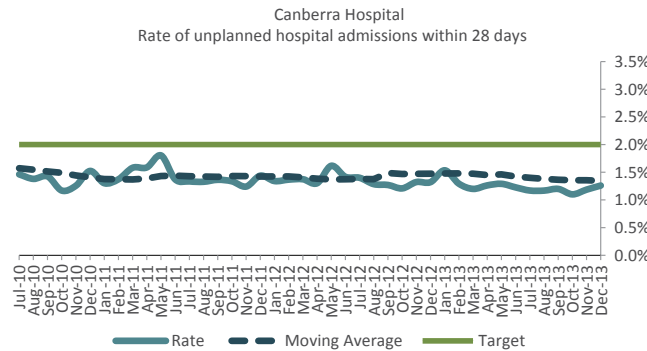
Moving averages are provided as well as month-by-month results. As there are relatively small numbers of patients who have unplanned returns to hospital or the operating theatre, or who acquire an infection during their hospital stay, there may be relatively large movements in results between months.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

Our hospitals continue to meet safety and quality standards.

Both 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 below target during the first six months to December 2013–14.

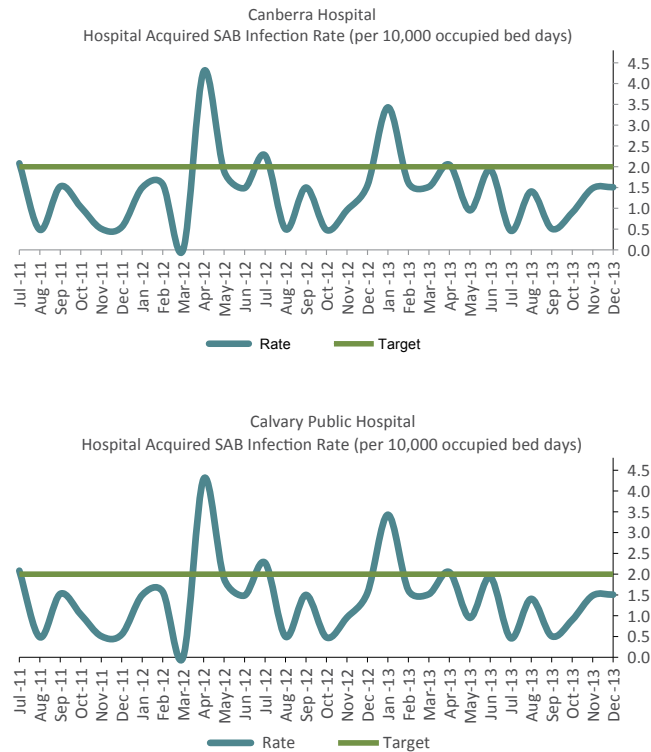
Canberra Hospital also reported continuing improvements in the proportion of people who require an unplanned return to the operating theatre during their hospital stay. Calvary Public Hospital reported improved results over the last couple of months.

### Our hospitals continue to meet safety and quality standards



## Patient Safety and Quality (continued)

### National Quality and Safety Indicators



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

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 our public hospitals maintain processes to minimise hospital acquired infections during hospital stays. As noted above, the targets for each hospital is set based on the types of services they provide. As the major trauma hospital for the region, Canberra Hospital will have higher SAB infection rates than Calvary Public Hospital. On the 13 March 2014 the National Health Performance Authority (NHPA) released its latest report titled Healthcare-associated *Staphylococcus aureus* bloodstream infection in 2012–13.

The report highlighted that in 2012–13 major peer group hospitals with more vulnerable patients had an average result of 1.35 cases per 10,000 patient bed days. For 2012–13, Canberra Hospital reported a result of 1.72 cases per 10,000 patient bed days against the national average for major metropolitan hospitals of 1.35 cases. While this result is above the national peer group average it is still well below the national target of 2.0 per 10,000 patient bed days.

For the first six months of 2013-14, Canberra Hospital reported a SAB result of 1.04 cases per 10,000 patient bed days, a significant reduction when compared to the 2012–13 result of 1.72 cases per 10,000 patient bed days.

Calvary Public Hospital reported very low results for SAB rates in 2012-13 compared to their peer hospitals in the major hospitals with fewer vulnerable patients category. Calvary Public Hospital reported a result of 0.33 cases per 10,000 patient bed days against the national peer group average of 0.92 cases per 10,000 patient bed days.

For the first six months of 2013–14, Calvary Public Hospital continued to report well under the national average for the their peer group with a SAB rate result of 0.42 cases per 10,000 patient bed days.

When combining both ACT public hospitals results for the first six months of 2013–14, the ACT reported a SAB rate result of 0.87 cases per 10,000 patient bed days. This result is under the 0.90 cases the 2012–13 national average for all hospitals.

### Hand Hygiene audit results

Hand Hygiene	2013–14 Target	2013 June Audit Result	2013 October Audit Result
Canberra Hospital	70%	67.70%	72.50%
Calvary Public Hospital	70%	74.50%	75.60%

Hand Hygiene Rate will also now be reported as it is now a National measure and an ACT strategic indicator. 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 practised in a specified audit period, by the total number of observed hand hygiene 'moments' in the same audit period.

Canberra Hospital improved its result in the latest audit undertaken in October 2013 to 72.5% from the previous audit in June 2013. Canberra Hospital is now above the national benchmark of 70%, whilst Calvary continued to improve and record results above the national benchmark with 75.6% recorded during the same audit period.

December 2013

## Capital Region Cancer Services

### Increasing demand, improving waiting times

Capital Region Cancer Services provided care for 670 new radiotherapy patients in the first six months of 2013–14. This is a 3% increase on the 652 patients beginning radiotherapy services when compared to the same period last year.

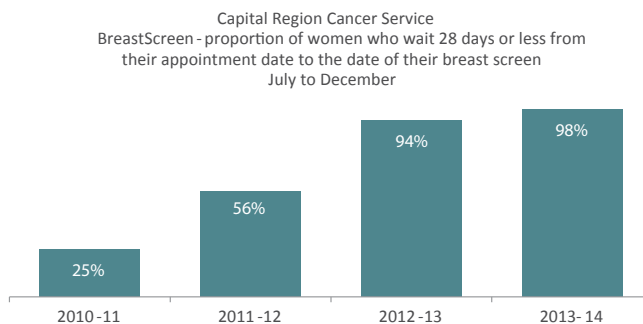
#### Percentage of radiotherapy patients who commence treatment within standard time frames

	July to December			
	2010–11	2011–12	2012–13	2013–14
Urgent: within 48 hours	100%	100%	100%	100%
Semi-urgent: with 4 weeks	100%	100%	100%	100%
Non-urgent: within 6 weeks	99%	96%	99%	100%
Total – All Radiotherapy Patients	100%	100%	100%	100%

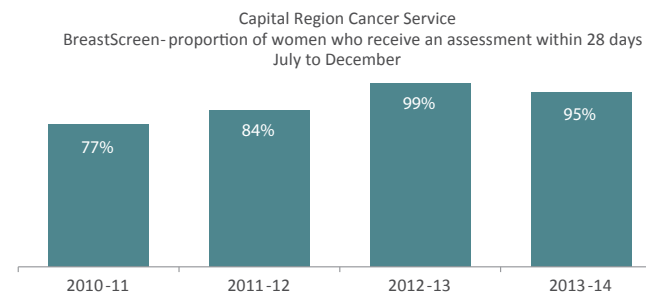
Despite the increase in demand for radiation therapy services, waiting times have maintained the excellent record of recent years with 100% of all urgency categories receiving access within the standard timeframes this year to date.

### Breast Screening

Waiting times for Breast Screen appointments have improved as a result of the engagement of additional permanent radiographers (in 2011) as well as locum and casual radiographers. The BreastScreen ACT program no longer provides services to South East New South Wales. This has freed up radiography staff to provide services to women of the ACT. However, for women who reside in NSW and who currently work in the ACT are still able to access BreastScreen services in the ACT. This is a result of negotiations between both the NSW and ACT state Governments.



For the first six months of 2013–14, 98% of women waited less than 28 days for their screening appointment. This is a marked improvement on the 25% reported in 2010–11. Waiting times for the proportion of women who receive an assessment within 28 days has also maintained an excellent record with a result of 95% reported for the first six months of 2013–14, compared to 77% reported in for the same period in 2010–11.



Despite ready availability of appointments, getting women in to the Program to attend for screening is proving difficult. To improve the numbers, BreastScreen ACT has commenced an active recruitment campaign using multiple strategies, such as contacting lapsed attendees and sending letters to General Practitioners to encourage women to have a breast screen. These new initiatives appear to be working as there has been a 23% increase in activity this quarter. There were a total of 8,426 breast screens performed for ACT residents over the first six months of 2013–14, compared with the 6,836 screening procedures reported for the same period last year.



December 2013

## Aged Care and Rehabilitation Service

### Strong results continue for aged care services

The Aged Care Assessment Team (ACAT) provided in-hospital assessments within an average of 2 days for the first six months of 2013–14. This level of service minimises delays in accessing out of hospital services for patients who no longer need hospital care. This result is demand driven.

#### Aged Care and Rehabilitation activity in ACT public hospitals

	July to December		
	2011–12	2012–13	2013–14
Aged Care Assessment Team (ACAT) mean waiting time	1.7	2.2	2.0
Average length of stay (ALOS) for Aged Care and Rehabilitation patients at ACT public hospitals	10	12	14
Aged Care and Rehabilitation non same day bed days at ACT public hospitals	14,351	16,207	17,344
Nursing home type patients (Only Canberra hospital data reported)	31	58	68
ALOS for nursing home type patient (only Canberra Hospital data reported)	51	50	53

The Aged Care and Rehabilitation Service across ACT Public Hospitals recorded a (7%) increase in overnight beds days over the first six months of 2013–14. The majority of the 7% increase in activity was attributed to growth at the Canberra Hospital Geriatrics specialty. However, when compared to the same period in 2011–12 there has been 21% growth (2,993) in the number of overnight bed days. The average length of stay for these patients has also increased by 4 days in the first six months of 2013–14 when compared to the same period in 2011–12.

The number of nursing home type patient separations from hospital for patients at the Canberra Hospital doubled over 2012–13 and continued to increase when comparing the first six months of 2013–14 to the same period last year. This is partly due to a lack of nursing home beds while the refurbishment of Ginninderra Gardens Nursing Home is underway. Additionally the increase in nursing home type patients at Canberra Hospital over the last couple of years and the increase in the average length of stay for these patients suggest that there is currently a shortfall of nursing home type places in the ACT.



## New South Wales Activity

The ACT is committed to servicing the health needs not only of the residents of the ACT, but of 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 there for a higher level of care. These patients are often very complex and require multiple services. NSW patients accounted for 15% of all public hospital admitted separations during the first six months of 2013–14.

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

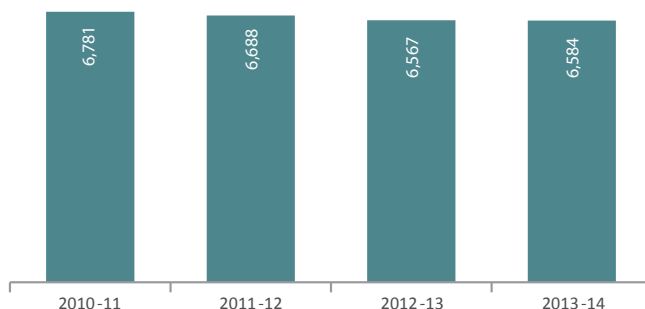
### NSW patients accessing surgery in ACT public hospitals

July to December 2013–14			
ACT public hospitals	Total Surgery	Elective Surgery	Emergency Surgery
All patients	9,696	5,997	3,699
NSW patients	2,882	1,805	1,077
% NSW patients	30%	30%	29%

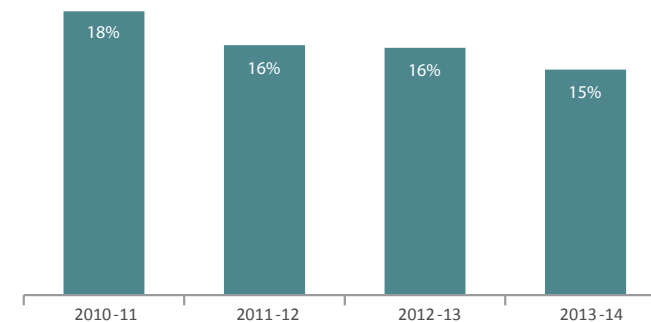
Many patients who reside in NSW also attend our public hospital emergency departments for a range of reasons. For the first six months of 2013–14, equivalent to 6,584 NSW patients presented to ACT Public Hospital ED's for treatment, 11% of all emergency department presentations and 15% of the total admissions through the ED. Whilst these results are slightly down compared to the same period for previous years, it still places additional pressure on ACT Public Hospital resources to treat patients in a timely manner.

### NSW patient activity

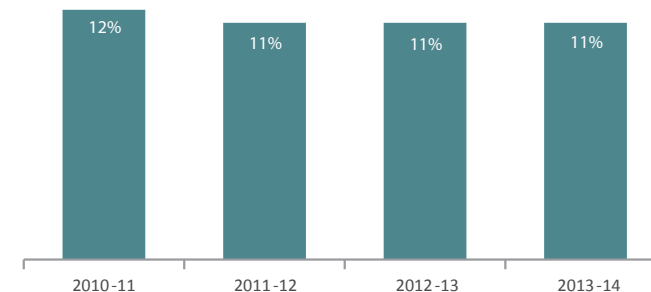
Presentations to the emergency department  
July to December



Proportion of NSW admissions to hospital via the emergency department  
July to December



Proportion of all patients who presented to an ACT public emergency department who reside in NSW  
July to December



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## Addressing Gaps in Aboriginal and Torres Strait Islander Health Status

This is a new section of the ACT Health Quarterly report for 2013–14. In this chapter ACT Health has produced a snapshot of ACT Health services provided to Aboriginal and Torres Strait Islander people who reside in the ACT and surrounding region.

Indigenous Aboriginal and Torres Strait Islander people account for less than 1% (5,184) of the ACT's total population according to the 2011 census. This small cohort also makes up around 2% of ACT Public Hospital episodes of care. These include surgical and medical procedures, as well as emergency and outpatient services.

### Aboriginal and Torres Strait Islander people accessing ACT Health Services

	July to December (Quarter 2)			
	2010–11	2011–12	2012–13	2013–14
Emergency Department presentations	1,385	1,445	1,547	1,667
Admitted inpatient episode of care	1,147	1,135	1,069	1,106
Elective Surgery operations performed	123	119	143	107

The AIHW report titled *Elective Surgery Waiting Times 2012–13*<sup>3</sup> noted that the median waiting times for Indigenous Australians having elective surgery in the ACT also improved from a 74 day wait in 2011–12 to be a 38 day wait time compared to the national figure of 40 days in 2012–13. This is a positive result for the ACT.

### Immunisation rates for the ACT indigenous population

This provides an indication of the public health services to minimise the incidence of vaccine preventable diseases, as recorded by the Australian Childhood Immunisation Register, in the ACT's indigenous population. The ACT aims to maintain the immunisation coverage rates for the vulnerable groups and, in particular, minimise disparities between Indigenous and non-Indigenous Australians.

Immunisation rates for vaccines in the national schedule for the ACT Indigenous population:	2012–13 target	2012–13 Result
12 to 15 months	>90%	81.5%
24 to 27 months	>90%	91.6%
60 to 63 months	>90%	91.0%
All	>90%	88.0%

<sup>3</sup><http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129544691>

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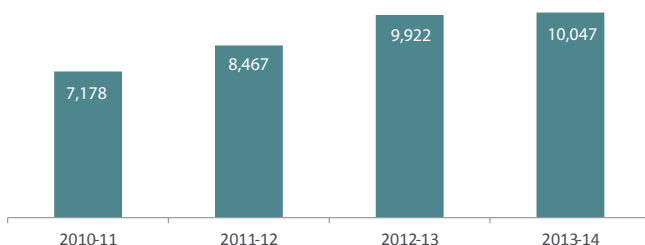
### Walk-In-Centre

Australia's first public, nurse-led Walk-in Centre (WiC) was opened in May 2010. Since then the WiC has had 63,752 presentations to December 2013.

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

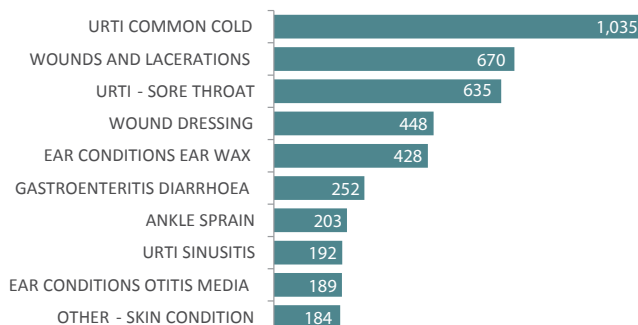
ACT Health currently operates one WiC located on the campus of the Canberra Hospital. In 2012, the ACT Government made a commitment to double the current budget for the WiC and expand the nurse-led WiCs to community locations in Belconnen and Tuggeranong.

Walk-In-Centre  
 Total Presentations to the WiC  
 July to December



Presentations to the WiC increased marginally (by 1%) in the first six months of 2013–14 compared with the same period last year. This increase reflects the value that the service provides to the community.

Walk-in-Centre  
 Top 10 conditions treated at the WiC  
 July to December 2013-14



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.

If necessary, people are redirected to more appropriate services, such as their GP or the Emergency Department.

The Walk-in Centre does not provide on-going care for patients and will not treat people with chronic conditions or children less than two years of age. These patients should seek treatment and advice from their GP or the Emergency Department.

The Walk-in Centre is not designed to provide the range of services that a GP can provide, including comprehensive medical management, referral to specialist services or general health checks. The nurses who work in the Walk-in Centre have all completed additional training and the care they provide is guided by established protocols that have been endorsed by the appropriate clinical approvals processes. A visit report is sent to the patient's general practitioner with consent.

## Surgery in ACT Public hospitals

Over the past four years the amount of surgical operations performed has risen by 21%, from 8,027 reported for the first six months of 2009–10 to 9,696 reported for the first six months of 2013–14. The most significant increase has occurred in elective surgery which has grown by 24%.

### Total surgery performed in ACT public hospitals

	July to December				
	2009–10	2010–11	2011–12	2012–13	2013–14
Emergency Surgery	3,207	3,418	3,488	3,468	3,699
Elective Surgery	4,820	5,482	5,761	6,027	5,997
Total Surgery Performed	8,027	8,900	9,249	9,495	9,696

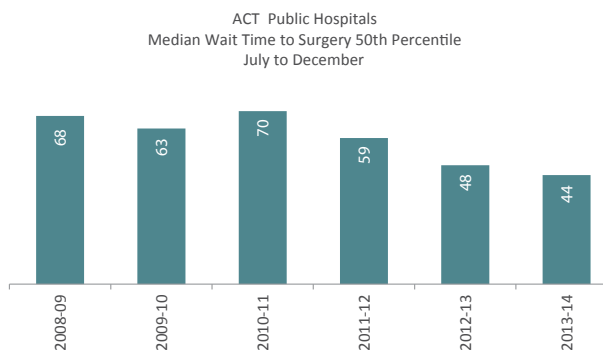
### Increasing access to elective surgery

ACT Public Hospitals provided 11,579 elective surgery procedures in 2012–13. This result is now the highest number of elective surgery procedures performed ever in a single year for the ACT.

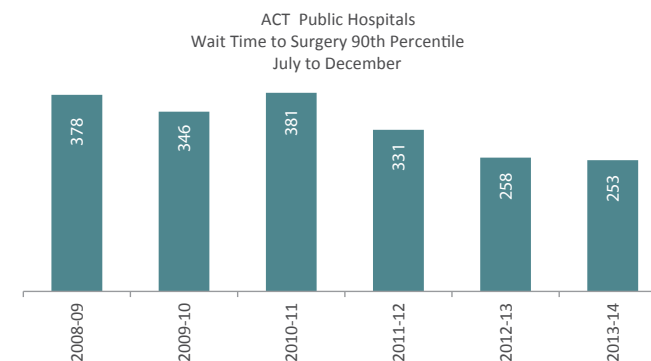
Since 2002–03 when ACT Health provided a total of 7,661 elective surgery operations, there has been a 51% increase in annual elective surgery activity over the past 10 years. 2012–13 was the third consecutive year that we have provided over 11,000 elective surgery procedures. Our public hospitals are expected to again provide over 11,000 elective surgery procedures in 2013–14, with 5,997 procedures performed in the first six months of 2013–14.

The latest Australian Hospitals Statistics (AIHW) report titled Elective Surgery Waiting Times 2012–13<sup>4</sup> noted that the ACT still had the highest median wait time in the country. ACT Health has worked very hard to reduce the number of overdue patients over the last few years.

ACT Health's focus on admitting longer waiting patients subsequently increases the median waiting time to surgery. However, as ACT Health has significantly reduced its long wait patients over the last few years the median wait time is now also the lowest it's been on record since 2002–03.



The ACT performs better than some other jurisdictions for patients admitted for surgery at the 90<sup>th</sup> percentile. The ACT Government investment in elective surgery has resulted in decreases for the longest waiting times at the 90<sup>th</sup> percentile, with an improvement from 381 days in 2010–11 down to 258 days in 2012–13. When comparing the first six months of 2013–14 to the same period in 2008-09 there has been a 33% reduction in the 90<sup>th</sup> percentile.

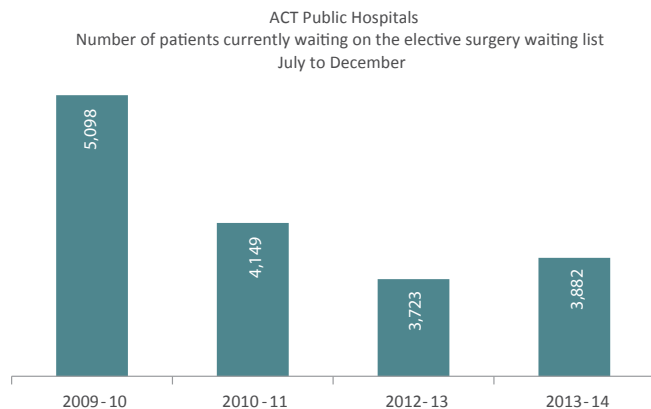


<sup>4</sup><http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129544691>

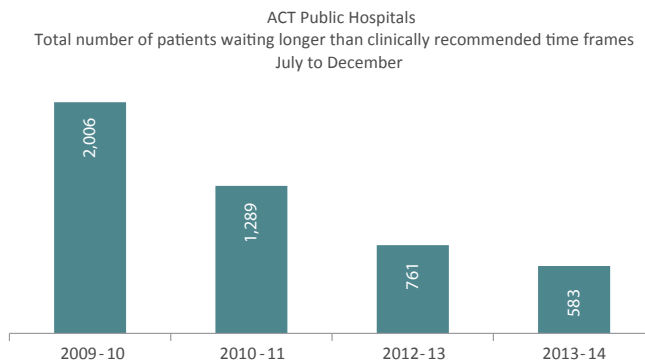
## Surgery in ACT public hospitals (continued)

### Reducing the number of patients waiting too long for elective surgery

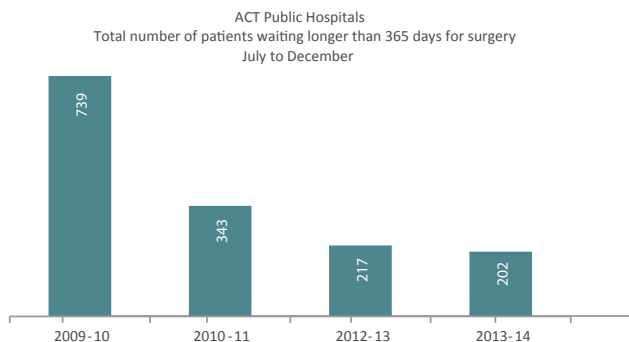
This increase in access to elective surgery had a very significant impact on the numbers of patients waiting for elective surgery and the numbers of patients waiting too long for care. At the end of December 2013, there were 3,882 patients on the elective surgery waiting list. When compared with December 2010 there has been a 24% decrease.



ACT Public Hospitals have also significantly reduced the amount of people waiting longer than the recommended timeframe for their elective surgery procedure (long waits), with a result of 583 long wait patients at the end of the first six months of 2013–14. This has resulted in a 23% reduction in the number of long waits in just 12 months and since December 2010 there has been a remarkable 71% reduction.



ACT Health continues to reduce the number of patients waiting greater than one year for surgery, with a result of 202 at the end of December 2013. This compares with the 739 people waiting in December 2010, a 73% reduction.



This table shows the significant work undertaken by ACT Health to reduce the amount of long wait patients in a number of surgical specialties. While there is still more to be done there has been significant improvement over the past few years and with plans in place to ensure all these patients access their surgery as quickly as possible.

### Reducing overdue patients by surgical specialty

Surgical Specialties	December			
	2010	2011	2012	2013
Cardiothoracic surgery	0	5	0	2
Ear, Nose & Throat surgery	510	218	141	111
General Surgery	144	66	91	51
Gynaecology surgery	45	12	17	24
Neurosurgery	13	18	8	14
Ophthalmology surgery	27	13	13	13
Orthopaedic surgery	779	485	390	308
Plastic surgery	86	38	12	8
Urology surgery	224	209	54	21
Vascular surgery	78	69	16	14
Other surgery (includes Paediatric surgery, Oral surgery & Thoracic surgery)	100	156	19	17

December 2013

## Selected Statistics

ACT Health			
Selected ACT Public hospitals and Community Activity Indicators			
	July to December		% VAR
	2012-13	2013-14	
<b>Inpatient Activity</b>			
Day only patient days	25,181	26,247	4%
Overnight patient days	142,935	143,215	0%
Total episodes of care (separations)	48,079	48,717	1%
Nursing Home Type Patient (NHTP) Bed-Days (on separation – Canberra Hospital only)	2,361	4,528	92%
Bed Occupancy Rate (total overnight hospital beds)	95%	92%	-3%
Total number of births in ACT public hospitals	2,426	2,565	6%
Proportion of births by caesarean in ACT public hospitals	28%	29%	1%
<b>Emergency Department Activity</b>			
<b>Timeliness by triage category</b>			
Category 1 Seen (immediate – 2 mins)	100%	99%	-1%
Category 2 Seen (within 10 mins)	68%	82%	14%
Category 3 Seen (within 30 mins)	41%	47%	6%
Category 4 Seen (within 60 mins)	44%	56%	12%
Category 5 Seen (within 120 mins)	77%	85%	8%
Total Emergency Department Presentations	59,708	62,657	5%
Did Not Waits	8%	6%	-2%
Admissions via Emergency department	14,910	17,061	14%
Admissions to Emergency Department observational wards	6,798	6,731	-1%
Admissions from the Emergency Department to ICU, Surgery, and general wards	8,112	10,330	27%
<b>Walk-in-Centre</b>			
Total presentations	9,922	10,047	1%
Patients treated	6,865	8,409	22%
WIC – % presentations who did not wait	2%	1.7%	0%
% Treated within the WIC	69%	84%	15%

ACT Health			
Selected ACT Public hospitals and Community Activity Indicators			
	July to December		% VAR
	2012-13	2013-14	
<b>Elective Surgery</b>			
Additions to the public hospital elective surgery waiting list	8,150	7,009	-14%
Numbers of people on the elective surgery waiting list	3,723	3,882	4%
Removals from the list for surgery	6,046	5,987	-1%
Removals from the list for other reasons	953	1,013	6%
Patients on the list recorded as “not ready for care”	1,053	1,112	7%
Hospital Initiated Postponements	7.5%	6.2%	-1%
<b>Elective surgery median waiting time to care by urgency category</b>			
Category one patients (admission required within 30 days)	13	17	4 days
Category two patients (admission desirable within 90 days)	68	66	-2 days
Category three patients (admission desirable within 365 days)	157	176	19 days
<b>Medical Services</b>			
<b>Elective endoscopies</b>			
Number of elective endoscopies performed	2,166	2,385	10%
Number of patients waiting for an endoscopy procedure	2,003	2,238	12%
<b>Medical Endoscopy median waiting time to care by patient urgency category</b>			
Category one patients (admission required within 30 days)	22	20	-2 days
Category two patients (admission desirable within 90 days)	121	107	-14 days
Category three patients (admission desirable within 365 days)	238	182	-56 days

ACT Health			
Selected ACT Public hospitals and Community Activity Indicators			
	July to December		% VAR
	2012-13	2013-14	
<b>Elective Cardiology</b>			
Number of elective cardiology procedures performed	680	601	-12%
Median waiting time to an interventional cardiology procedure in days	21	21	0%
<b>Breast screens</b>			
Total breast screens performed for ACT residents	6,836	8,426	23%
Number of breast screens for women aged 50-69	5,617	6,501	16%
Participation rate of breast screens for ACT women aged 50-69	54%	55%	1%
<b>Cervical Cytology</b>			
Additions to the Cervical Cytology Register	9,588	8,949	-7%
<b>Mental Health</b>			
<b>Community Services by Group</b>			
ACT wide mental health program community service contacts	48,674	50,557	4%
Children and youth mental health program community service contacts	28,253	29,613	5%
Adult mental health program community service contacts	55,408	56,278	2%
Proportion of mental health committees with consumer and care representation	100%	100%	0%
<b>Dental Services</b>			
Mean Waiting (time in months) for persons on the Centralised Waiting and Recall List	12	6	-50%
Proportion of urgent patients seen with standard waiting times	100%	100%	0%

## Glossary

Emergency department	
<b>Triage category</b>	<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>
<b>Target waiting times</b>	<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>
<b>Access block</b>	<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	
<b>Urgency category</b>	<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 (Health Directorate establishes a 365 day maximum desirable waiting time for category three patients).</li> </ol>
<b>Median waiting time</b>	<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>

<b>Waiting times</b>	<p>The proportion of patients admitted for surgery within a given period who are admitted within standard waiting times for their condition.</p>
<b>Removals for surgery</b>	<p>The number of people, in a given period, who are removed from the ACT public hospitals elective surgery waiting list for surgery.</p>
<b>Patients waiting longer than one year for surgery</b>	<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>
<b>Long wait patients accessing elective surgery</b>	<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>
<b>Hospital initiated postponements</b>	<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>
Endoscopy	
<b>Urgency category</b>	<p>See entry for elective surgery.</p>
<b>Median waiting time</b>	<p>See entry for elective surgery.</p>

Dental services	
<b>Waiting times (urgent)</b>	<p>The proportion of dental health program clients assessed as in need of emergency services who receive care within 24 hours of a request.</p>
<b>Waiting times (general)</b>	<p>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.</p>
Radiotherapy	
<b>Waiting times (urgent)</b>	<p>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.</p>
<b>Waiting times (general)</b>	<p>The proportion of all new radiotherapy patients who are provided with treatment within 28 days of a request.</p>
Breast screening	
<b>Wait time to assessment</b>	<p>The proportion of women requiring assessment who wait 28 days or less from their breast screen appointment to their assessment appointment.</p>
<b>Wait time to appointment</b>	<p>The proportion of women who wait 28 days or less from their appointment date to the date of their breast screen.</p>
<b>Number of screens</b>	<p>Number of ACT women who are provided with breast screens within a given period.</p>
<b>Participation rate</b>	<p>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.</p>



## Glossary (continued)

Bed usage	
<b>Occupancy rate</b>	The proportion of available overnight adult medical and surgical beds that are used on average over a given period.
Patient safety	
<b>Unplanned return to Hospital within 28 days</b>	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"> <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>
<b>Unplanned return to the operating theatre</b>	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.
<b>Hospital acquired infection rate</b>	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	
<b>Use of seclusion</b>	The proportion of patients who are separated from a psychiatric inpatient unit who were subject to seclusion during their inpatient episode.

<b>Clients seen within seven days post discharge from hospital</b>	The proportion of clients seen at or contacted by an ACT Health community facility during the seven days post-discharge from the inpatient service.
<b>Consumer and carer representation</b>	The proportion of Mental Health ACT committees upon which consumers and carers are represented.
Immunisation	
<b>Childhood immunisations</b>	The proportion of children at one year of age fully immunised in accordance with the Australian Childhood Immunisation Register Schedule.
Inpatient separations (Admitted patients)	
<b>Cost weighted separations</b>	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.
<b>NSW separations</b>	The proportion of patients separated from ACT public hospitals whose residential address is in NSW.

<b>Patient days</b>	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).
<b>Nursing home type patient days</b>	The number of patient days on separation for all patients who have been classified as nursing home type patients.
<b>Emergency surgery as a proportion of all surgical services</b>	The proportion of patients who have surgery as a result of an emergency against the total number of surgical procedures.
<b>Day of surgery rate</b>	The proportion of all elective surgery cases who are admitted to hospital on the same day that they have their surgery.
<b>Births</b>	The number of births reported at our public hospitals in a given period.
<b>Caesarean births</b>	The number of births at public hospitals that are reported as being undertaken as caesarean sections.
Mental health	
<b>Community services</b>	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>