



# ACT PUBLIC HEALTH SERVICES

## Quarterly Performance Report

September 2013

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## Introduction Summary

This is the first Quarterly Report on ACT public health system performance for 2013–14. The new format for the 2013–14 report has changed and now provides viewers 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.

The overall percentage of Emergency Department patients seen on time increased by 4% to 54% for the first three months of 2013–14 compared to the same period last year, which is significant given the 5% increase in all presentations to our Emergency Departments.

For the first quarter of 2013–14, bed occupancy rates were reported at 91%. This result is a 1% improvement when compared to the same period last year. The improved result over the first quarter of 2013–14 is directly related to the investment in additional beds. For 2013–14, the ACT Government has funded an additional 44 inpatient beds into ACT public hospitals. This takes the ACT's 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 for the first quarter of 2013–14. This result is consistent with the result reported for the same period last year.

Based on preliminary data, a total of 1,270 babies were born at ACT public hospitals in the first quarter of 2013–14. This result is a 4% increase when compared to the result for the same period last year.

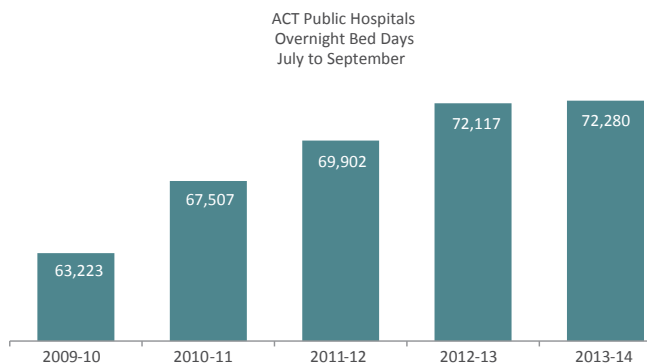
The average waiting time for public dental health services is well within the target of 12 months with a result of 7 months reported for the first quarter of 2013–14. This result is an improvement on the 12 months figure reported for the same period last year.

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## Our public hospitals

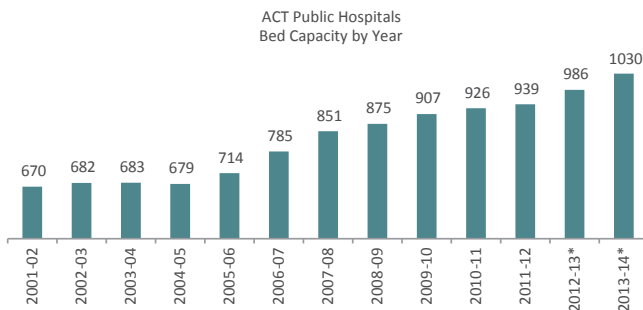
### Increasing the capacity of the ACT Public Health Services to manage growing demand for hospital services

For the first quarter of 2013–14, ACT’s public hospitals provided over 72,280 overnight hospital bed days of care, this result is slightly up on the result of 72,117 reported for the same period last year.



The *Australian Hospital Statistics Report* for 2011–12 issued by the Australian Institute of Health and Welfare (AIHW) in April 2013 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 Australian 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.



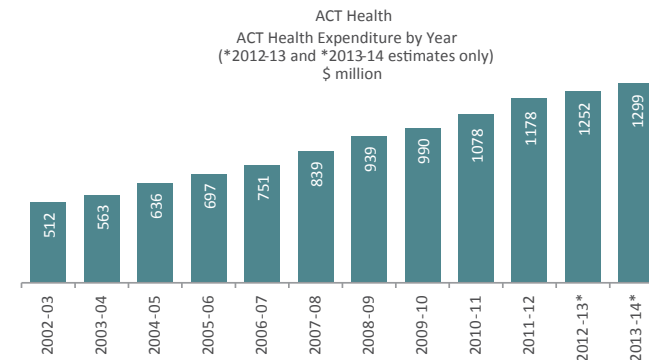
\* 2012-13 and 2013-14 figures provides estimated impact of Government investment in additional capacity  
Source: Australian Hospital Statistics, AIHW, 2001-2002 to 2011-12 publications

The ACT Government has proposed funding for another 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.

The additional 44 inpatient beds added into ACT public hospitals takes the ACT’s estimated capacity to 1,030 beds. This is an increase of 360 beds since 2001–02 and 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 the this financial year (2013–14) of \$1,299 billion 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 September			
	2010–11	2011–12	2012–13	2013–14
Overnight bed occupancy rate	90%	89%	92%	91%
Inpatient episodes of care	23,271	25,035	23,992	24,323
Non-same day bed days	67,507	69,902	72,117	72,280
Non-admitted (outpatient) occasions of service	92,215	98,118	104,137	107,496

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 17% at both Canberra and Calvary hospitals. In response to this growth, resources have been committed to improve the function and processes of Outpatient Services. ACT Health are expecting 2013–14 to be another record year for outpatient services with 107,496 non admitted occasions of service reported for the first quarter of 2013–14, a 3% increase on the 104,137 reported for the same period last year.

The bed occupancy rate for overnight adult medical and surgical beds in 2012–13 was 93%. The bed occupancy rate for the first quarter of 2013–14 was 91%. The ACT 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 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.

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## Births at ACT public hospitals

### Births increasing in ACT public hospitals

ACT public hospitals have 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 1,270 babies were born at ACT public hospitals over the first quarter of 2013–14 which is a 4% increase on the result reported for the same period in 2012–13. However, an accurate result requires all medical records to be fully processed. As this can take some time, the reported result should be noted as preliminary only at this stage.

### ACT public hospital births and Caesarean sections

	July to September			
	2010–11	2011–12	2012–13	2013–14
ACT Public births	1047	1076	1220	1270
Caesarean sections	253	315	348	319

For the first quarter of 2013–14, the number of births born by Caesarean section has reduced to 25% of all births during 2012–13, down from the 29% 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 25% in the first quarter of 2013–14 was lower than most recent national figures published by the AIHW, for 2009 published in 2011. 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.

ACT Public Hospitals  
Proportion of births that required a caesarean procedure  
July to September



The ACT Government has also 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 the Canberra Hospital. In 2013–14, a Community Midwifery Program (CMP) at Calvary Public Hospital will be established to further enhance obstetric services at Calvary.

## Emergency Departments

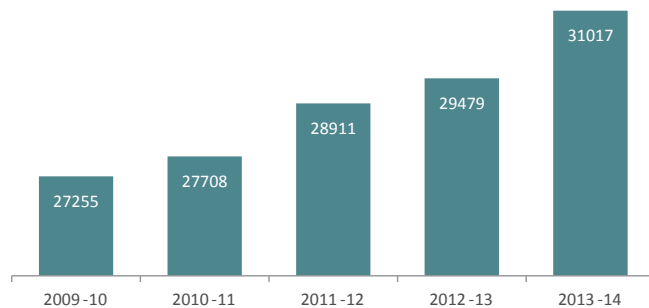
### Improved ED waiting times during the first quarter of 2013-14

In this edition of the ACT Public Hospitals Quarterly Report, ACT Health presents the results of a new analysis of important factors that can influence a patient's experience in the ED.

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

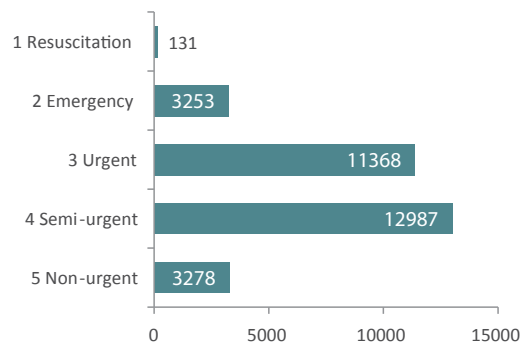
In 2012-13, emergency department presentations continued to grow compared to previous years, with a record 118,969 presentations recorded at ACT public hospital emergency departments. There has been a 24% increase in emergency department presentations from 2002-03 to 2012-13, that's an extra 22,820 people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

ACT Public Hospitals  
All presentations to the Emergency Department  
July to September



ACT public hospital emergency departments in 2013-14 are again dealing with unprecedented levels of patients presenting to ACT ED's, with a record 31,017 presentations recorded for the first quarter of 2013-14, this result is a 5% increase when compared to the same period last year. For the month of August 2013, the ACT had recorded the highest amount of presentations on record, with a staggering 10,825 people presenting for treatment.

Attendances at ACT emergency departments by triage category  
July to September 2013



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), 37% were categories as urgent (triage 3) 42% were semi-urgent (triage 4) and 11% were non-urgent (triage 5).

The greatest increase from last year in percentage terms was in the resuscitation (triage 1) category with a 27% increase. However in terms of actual attendances the emergency category (triage 3) reported an extra 1,956 attendances and Semi-urgent (triage 4) recorded a drop of 739 (5%) attendances compared to the same period last year.

ED Activity	July to September			
	2010-11	2011-12	2012-13	2013-14
Admissions via the ED	6,544	7,208	7,810	8,567
Patients treated and discharged	21,164	21,703	21,669	22,450
Patients that did not wait to be seen	2,963	2,077	2,440	2,165

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.

Admission to hospital via the emergency department have also grown, with 8,567 recorded for the first quarter of 2013-14, that's a 10% increase compared to the 7,810 reported for the same period last year.

Despite the increase in presentations, the proportion of did not waits also decreased over the first quarter of 2013-14, with a result of 7% reported. This result is a 1% improvement when compared to the same period last year.

This increase in activity over the first quarter did have a negative impact on how quickly patients were seen for the month of August 2013. However, overall timeliness for all triage categories to be seen in the emergency department improved over the first quarter of 2013-14 with a result of 54%, this is an improvement of 3% when compared to the same period last year and shows that even with an increase in demand ACT public hospital ED's are attending to patients as quickly as possible whilst ensuring that patients get the best possible care.

## Emergency Departments (continued)

While there has been growth in the number of presentations to the emergency departments, there has been a 27% increase urgent category 1 presentations. This significant 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.

### ED timeliness

Emergency department presentation seen on time	July to September		
	2012–13	2013–14	Target
Category 1 (immediately)	100%	98%	100%
Category 2 (<10 mins)	69%	81%	80%
Category 3 (<30 mins)	43%	43%	75%
Category 4 (<60 mins)	45%	50%	70%
Category 5 (<120 mins)	78%	81%	70%
Total All Categories	51%	54%	70%

All but triage category one patients had improved performance results over the first quarter of 2013–14 when compared to the same period last year. Triage category one patients reported a result of 98% against a target of 100% for the first quarter 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 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 the first time triage category two patients have achieved the desired target in over three years. Category five continued to exceed national benchmarks, with 81% of this cohort seen on time. This is despite a 23% increase in category five patient presentations during the quarter. This is significant improvement for the ACT Emergency Departments and shows that the continual hard work and 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 final 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					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 2013–14	0:00:00	0:05:00	0:40:00	1:00:00	0:44:00	0:39:00
July to September 2012–13	0:00:00	0:06:00	0:42:00	1:12:00	0:50:00	0:43:00

The Australian Institute of Health & Welfare (AIHW) released their latest report titled *Australian Hospital Statistics Emergency Department Care 2012–13* in October 2013. Based on the figures in the report the ACT had the second highest rate of GP type presentations in Australia.

### 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

A GP type presentation is categorised as a non urgent triage category that does not require admission to hospital. The increase in low acuity patients is partly due to the ACT having fewer General Practitioner services compared to the other states and territories, and the lowest bulk billing rates in Australia.

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.

Over the first quarter of 2013–14, all triage categories reported reduced waiting times. This is a positive result for the ACT. The majority 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 five patients suggests that more people are presenting to the emergency department for treatment that could have been treated at their General Practitioner.

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



## National Health Reform

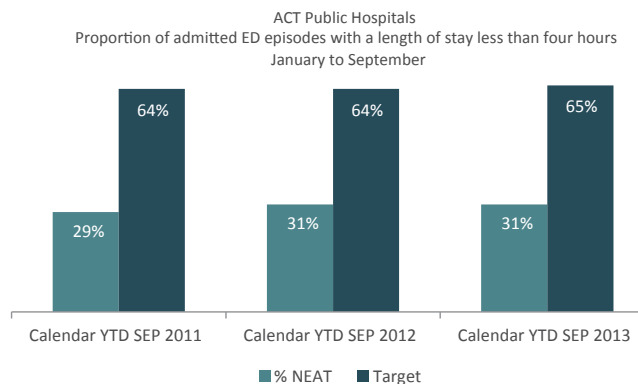
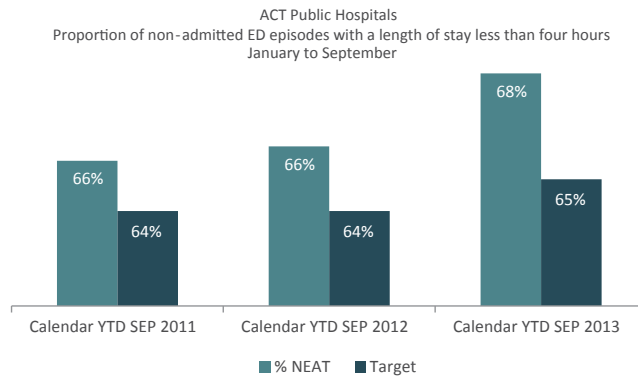
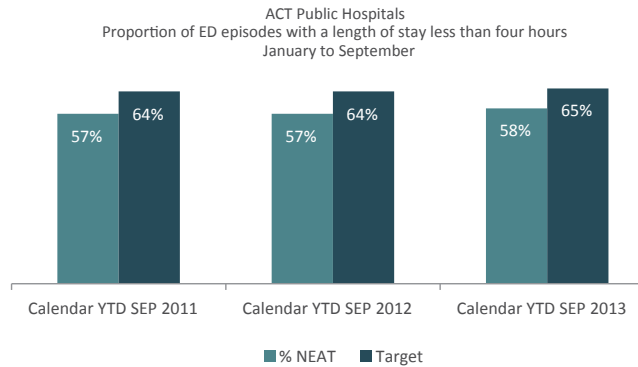
The National Health Reform agenda was agreed to by all States and Territories in August 2011. A set of performance targets was included in the agreement to ensure timely access to services was a priority for all health sectors across the nation. These performance indicators are measured over the calendar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

The Commonwealth is delivering 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 being phased in over four years with annual interim targets set with the aim of achieving a 90% target by 2015. The ACT 2013 target requires that 65% of all patients who present to an ACT ED leave the ED within four hours.

NEAT is measured over a calendar year. For the first nine calendar months to September 2013, 58% of patients left the ED within four hours of presentation. This result is a 1% improvement on the 57% reported for the same period last year.



A contributing factor in achieving NEAT is the complexity of type of patients that 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.

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.

As Canberra Hospital is the main tertiary referral centre for the ACT and surrounding region, it is expected to deal with all complex and critically injured patients. The 27% increase in triage category one patients over the first quarter of 2013–14 has also placed additional pressure on emergency department resources as these patients take longer to treat and stabilise.

Both of ACT's public hospitals are defined as major metropolitan hospitals and when compared to peer group hospitals ACT public hospitals compare well, with Calvary Public Hospital performing above the average for this cohort of hospitals.

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. 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)

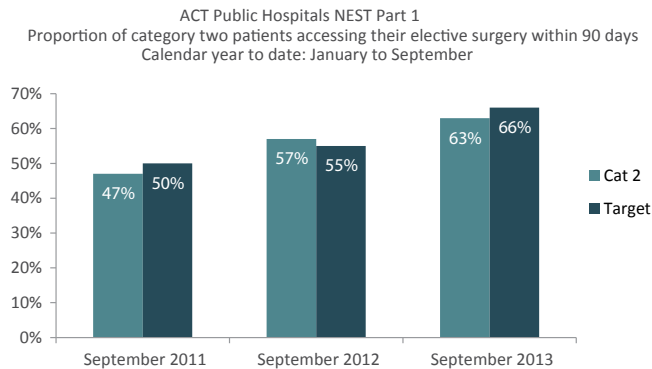
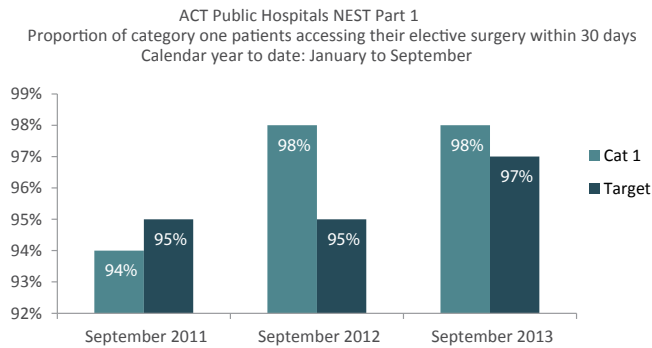
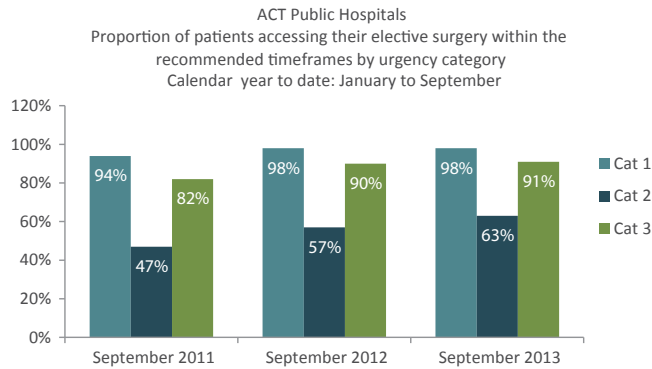
The National Health Reform Agreement was also aimed at improving elective surgery waiting times and has its own performance measures.

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.

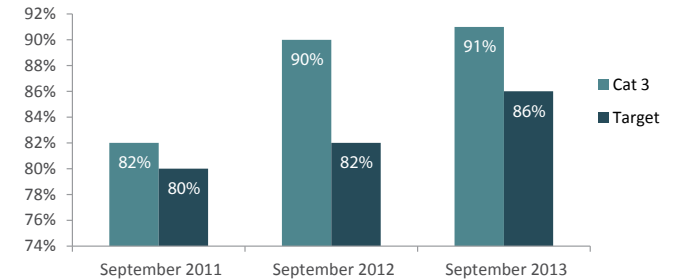
In the 2012 calendar year (January 2012 to December 2012) the ACT Health was successful in meeting all three components of the NEST. On 27 February 2013, the AIHW released its first annual report on jurisdictional performance against emergency access and elective surgery targets<sup>2</sup>. The report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

Part 1 of the NEST refers to the proportion of patients who access their elective surgery procedure within clinically recommended timeframes. In the calendar year to September 2013 (January 2013 to September 2013), ACT public hospitals 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 63% of category two patients accessing surgery on time against a target of 66%. However, based on recent monthly results it is anticipated that ACT Health will again meet the NEST targets for 2013.

### NEST 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 September



Part 2A 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 September 2013 (January 2013 to September 2013), ACT public hospitals were on track to meet 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 per cent of longest waiting patients on the elective surgery waiting list. The Australian Government has issued ACT Health with the 2013 cohort of long-wait patients to have their surgery in 2013. In the calendar year to end September 2013 (January 2013 to September 2013), ACT public hospitals removed 89% of the longest waiting patients from the list established at 31 December 2012, and remain on track to meet the end of 2013 calendar year target.

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

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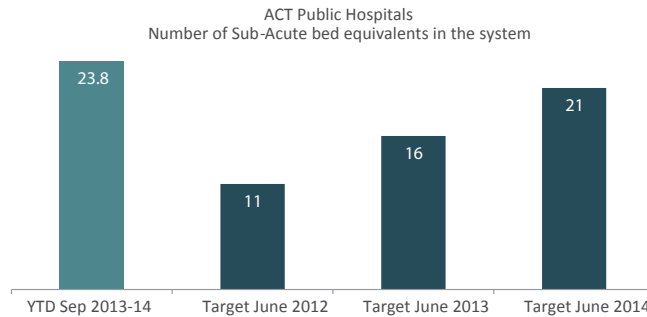
## National Health Reform (continued)

### 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. ACT has 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 quarter of 2013–14, the planning into growth for sub-acute care services has paid off. The ACT has now delivered over 23 sub-acute bed equivalents into the system, above the June 2013 target of 16 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 quarter of 2013–14, both public hospitals reported better than the target results as well improvements when compared to the same period for last year.

	July to September		
	2012–13	2013–14	Targets 2013–14
% Inpatients contacted within 7 days post-discharge			
Calvary	75%	84%	75%
CH&HS	91%	92%	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 provides 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 2012–13 and further in the first quarter of 2013–14 compared with the same period last year and two years ago. The current result of 1.87% is significantly better than the target set at 5%.

ACT public hospitals Seclusion Rates			
2010–11	2011–12	2012–13	2013–14
1.66%	3.23%	2.23%	1.87%

Twenty-eight day unplanned readmission rate is variable depending on the complexity of individual consumer’s needs and the number of complex consumers presenting for inpatient service support at any given time. The unplanned re-admission rate for the first quarter of 2013–14 was 7.8%, a similar result when compared with 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 the reduction of the chances of a readmission within 28 days of an initial inpatient admission.

ACT public hospitals 28 Day Readmits			
2010–11	2011–12	2012–13	2013–14
3.1%	10.1%	7.2%	7.8%

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. The latest national mental health report available (2010–11) indicates that the 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.

	July to September		
	2012–13	2013–14	Targets 2013–14
<b>Percentage of clients with outcome measures completed</b>			
Calvary	84%	90%	>65%
CH&HS	56%	63%	>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 quarter of 2013–14, outcome measures completed at the Canberra Hospital did not meet the target of greater than 65% with a result of 63%. However, this result is much improved when compared with the same period last year. Calvary hospital exceeded the target with a strong result of 90%, this result is also an improvement when compared with the same period for last year.

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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.

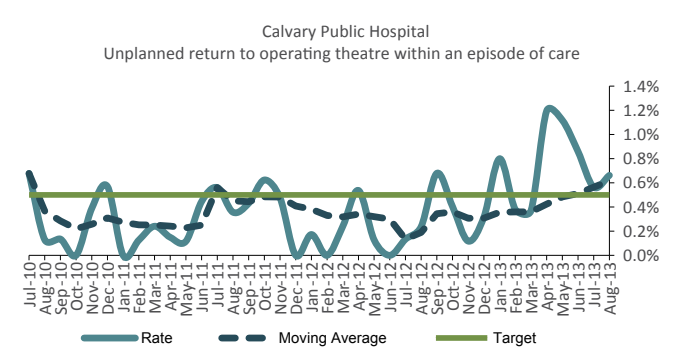
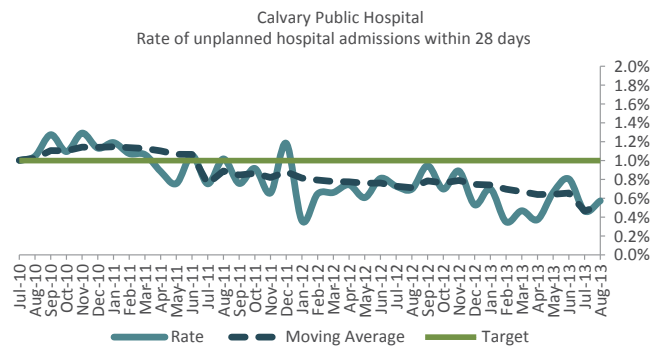
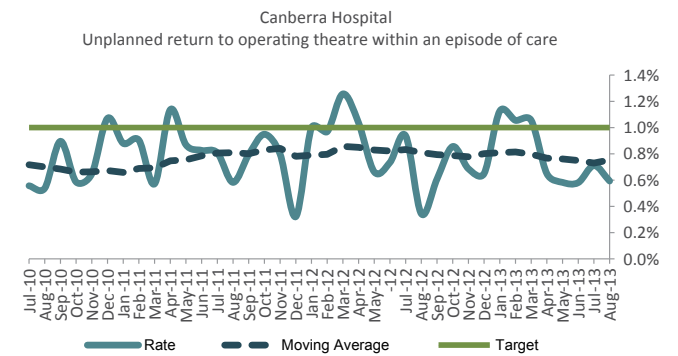
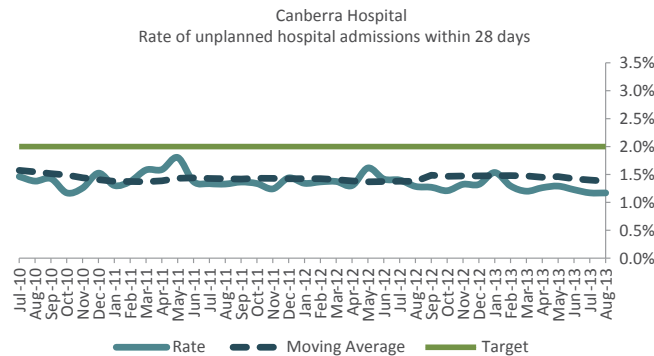
Due to the differing type and nature of services provided at each hospital campus the targets for each indicator are different. The Canberra Hospital – our major teaching and referral hospital – manages a higher proportion of complex patients and higher levels of complications can be expected.

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.

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 two months of 2013–14.

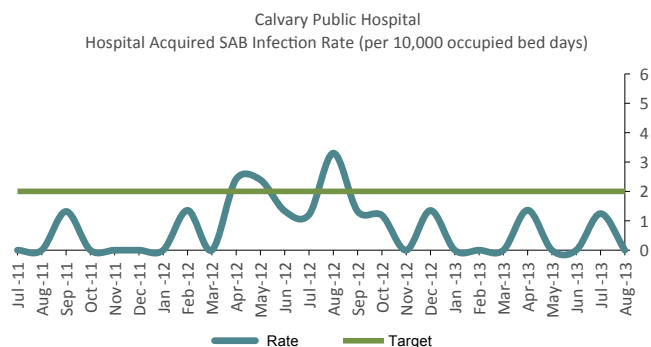
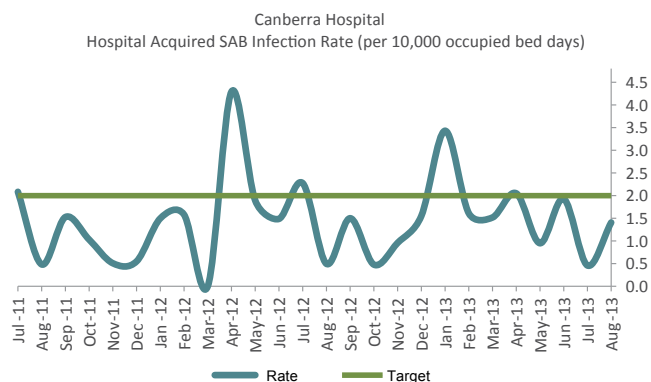
Canberra Hospital also reported continuing improvements in the proportion of people who require an unplanned return to the operating theatre during their hospital stay. Calvary Public Hospital reported slightly above target results recently. However, the target for Calvary is 50% lower than the target for Canberra Hospital target so these results can be expected from time to time.

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



## Patient Safety and Quality (continued)

### National Quality and Safety Indicators



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.

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

Both our public hospitals maintain processes to minimise hospital acquired infections during hospital stays. As noted above, 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 will have higher SAB infection rates than Calvary Public Hospital. For the first two months of 2013–14 both public hospitals are reporting below target result for this indicator.

Hand hygiene rate will also now be reported as it is now a national measure and a local budgeted 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 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	2013–14 Target	2013 March Audit Result	2013 June Audit Result
Canberra Hospital	70%	65.38%	67.70%
Calvary Public Hospital	70%	71.74%	74.50%

Canberra Hospital improved its result in the latest audit undertaken in June 2013 to 67.7%, slightly under the national benchmark of 70%. Whilst Calvary continued to record results above the national benchmark with 74.5% recorded during the same audit period.

September 2013

## Capital Region Cancer Services

### Increasing demand, improving waiting times

The Division of Capital Region Cancer Services provided care for 343 new radiotherapy patients in the first quarter of 2013–14. This is a 3% increase on the 334 patients beginning radiotherapy services when compared to the same period last year.

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

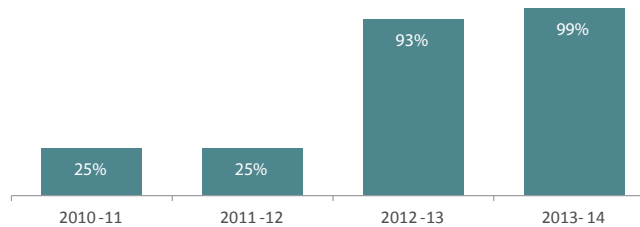
	July to September			
	2010–11	2011–12	2012–13	2013–14
Urgent: within 48 hours	100%	100%	100%	100%
Semi-urgent: with 4 weeks	100%	100%	100%	100%
Non-urgent: within 6 weeks	98.9%	99.3%	100%	100%
Total – All Radiotherapy Patients	99.4%	99.7%	100%	100%

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.

### Breast Screening

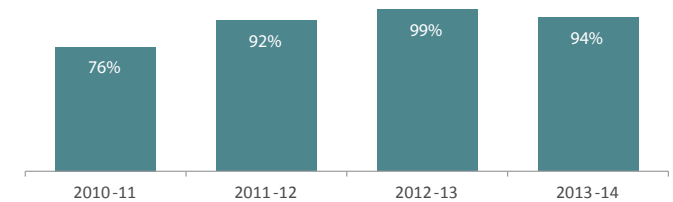
Waiting times for Breast Screen appointments have improved as a result of improvement strategies. The engagement of additional permanent radiographers in 2011 has resulted in the full establishment of radiography staff. Locum and casual radiographers have also been engaged. The BreastScreen ACT program no longer provides services to the South East New South Wales. This has freed up radiography staff to provide services to women of the ACT.

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



For the first quarter of 2013–14, 99% of women waited less than 28 days for their screening appointment. This is a marked improvement on the 25% reported in 2011–12. Waiting times for the proportion of women who receive an assessment within 28 days has also improved with a result of 94% reported for the first quarter of 2013–14, compared to 76% reported in for the same period in 2011–12.

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



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 24% increase in activity this quarter. There were a total of 4,256 breast screens performed for ACT residents over the first quarter of 2013–14, compared with the 3,419 screening procedures reported for the same period last year.

September 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 in the first quarter 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 September (Quarter 1)		
	2011–12	2012–13	2013–14
Aged Care Assessment Team (ACAT) mean waiting time	1.9	2.0	2.0
Average length of stay (ALOS) for Aged Care and Rehabilitation patients at ACT public hospitals	9	12	14
Aged Care and Rehabilitation non same day bed days at ACT public hospitals	7,188	8,621	8,663
Nursing home type patients (Only Canberra hospital data reported)	6	14	58

The Aged Care and Rehabilitation Service increased marginally over the first quarter of 2013–14 compared to the same period last year. However, when compared to the same period in 2011–12 there has been 21% growth (1475) in the number of overnight bed days. The average length of stay for these patients has also increased by 5 days in the first quarter 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 has doubled over 2012–13 and also when comparing the first quarter 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 lack of nursing home type facilities in the ACT.



September 2013

## 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 14% of all public hospital separations during the first quarter of 2013–14.

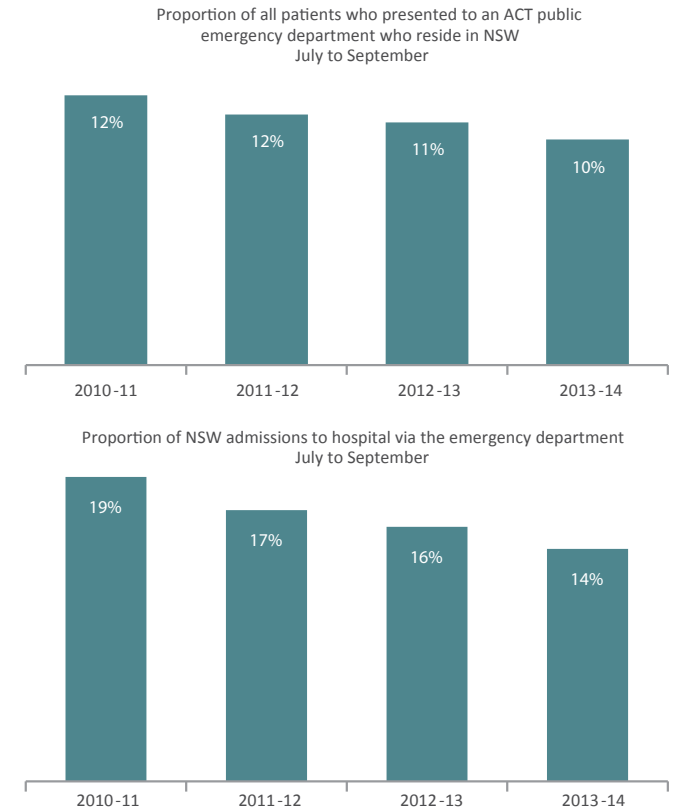
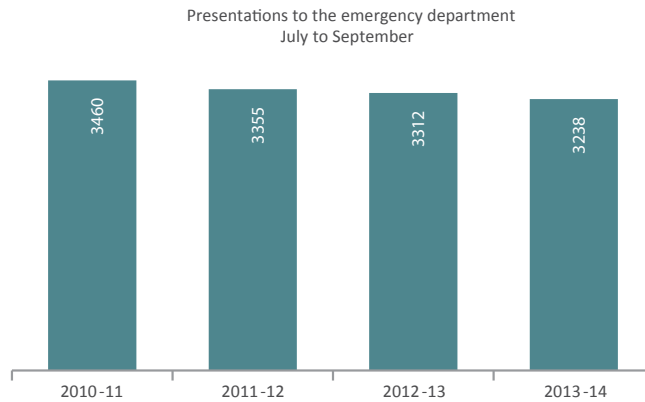
Around a third of all surgical procedures performed in ACT public hospitals are performed on patients that reside in NSW.

### NSW patients accessing surgery in ACT public hospitals

July to September 2013–14			
ACT public hospitals	Total Surgery	Elective Surgery	Emergency Surgery
All patients	4,755	2,954	1,801
NSW patients	1,396	864	532
% NSW patients	29%	29%	30%

Many patients that reside in NSW also attend our public hospital emergency departments for a range of reasons. For the first quarter of 2013–14, there were 3,312 NSW patients that presented to ACT public hospital EDs for treatment. NSW patients accounted for 10% of all emergency department presentations during the first quarter of 2013–14 and 14% 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



## 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 that 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 count. 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 health services in the ACT

	July to September (Quarter 1)			
	2010–11	2011–12	2012–13	2013–14
Emergency Department presentations	659	731	766	868
Admitted inpatient episode of care	595	559	565	532
Elective Surgery operations performed	60	62	77	45

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 to be a 38 day wait time compared to the national figure of 40 days. 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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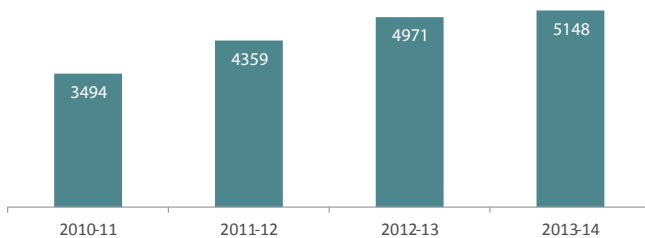
## Walk-In-Centre

Australia's first public, nurse-led Walk-in Centre (WiC) was opened in May 2010. Since then the WiC has had 58,853 presentations from May 2010 up to September 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 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, and coughs and colds.

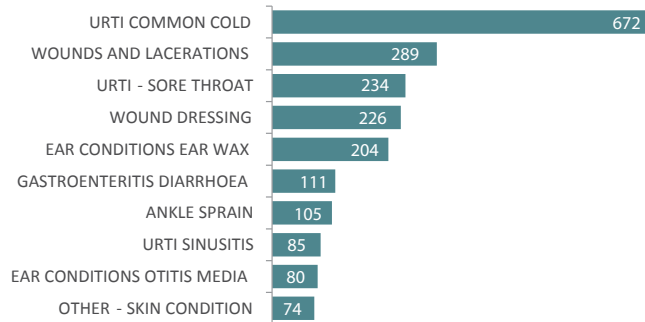
ACT Health currently operates one WiC located on the campus of the Canberra Hospital. In 2012, the ACT Government made an election commitment to double the current budget for the WiC and expand the nurse-led WiCs to community locations in Belconnen and Tuggeranong. It is proposed that the two WiCs be located within the new Community Health Centres at Belconnen and Tuggeranong.

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



Presentations to the WiC increased by 10% in the first quarter 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 September 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 three years the amount of surgical operations performed has risen by 17%, from 4,056 reported for the first quarter in 2009–10 to 4,755 reported for the first quarter in 2013–14. The most significant increase has occurred in elective surgery which has grown by 20%.

### Total surgery performed in ACT public hospitals

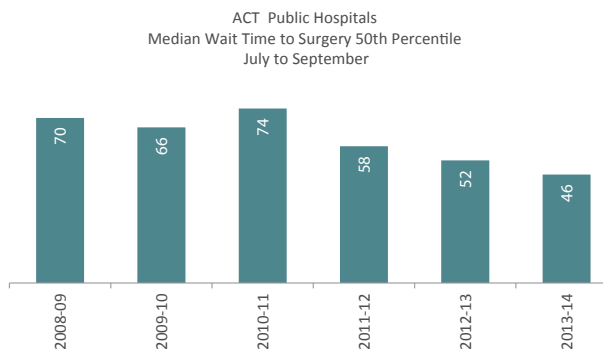
	July to September				
	2009–10	2010–11	2011–12	2012–13	2013–14
Emergency Surgery	1,590	1,746	1,609	1,676	1,801
Elective Surgery	2,466	2,754	3,065	3,132	2,954
Total Surgery Performed	4,056	4,500	4,674	4,808	4,755

### Increasing access to elective surgery

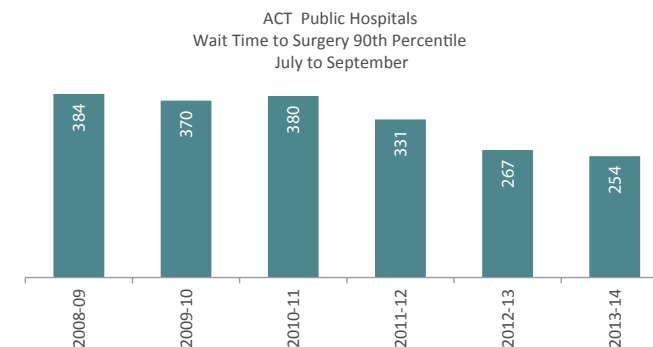
In 2002–03 ACT Health provided a total of 7,661 elective surgery operations, which shows over 50% increase in access to elective surgery over the past 10 years.

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. This is also now the third consecutive year that over 11,000 elective surgery procedures have been provided. ACT public hospitals will again provide over 11,000 elective surgery procedures in 2013–14, with 2,943 procedures performed in the first quarter of 2013–14. Whilst this result is below the figure reported for the same period last year ACT Health is still above target and remains on track to meet the 11,000 annual target for 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 has been on record since 2002–03.



It should also be noted that in the AIHW's 2012–13 elective surgery report ACT Health had better results than when compared to some other jurisdictions for patients admitted for surgery at the 90<sup>th</sup> percentile. The ACT Government investments in elective surgeries have so far resulted in decreases for some of the longest waiting times at the 90<sup>th</sup> percentile, with an improvement from 377 days in 2010–11 down to 277 days in 2012–13. When comparing the first quarter of 2013–14 to the same period in 2008-09 there has been a 34% reduction in the 90<sup>th</sup> percentile waiting time.



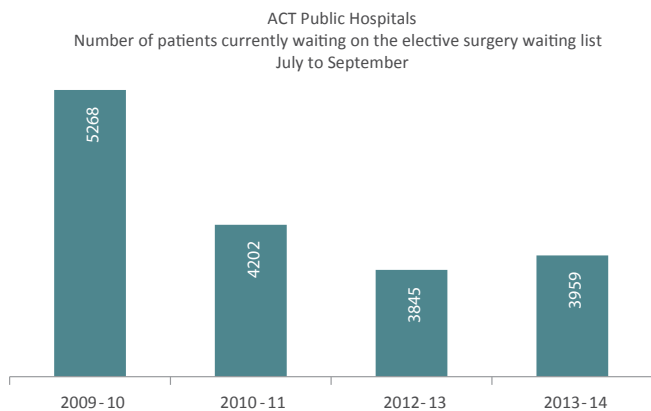
<sup>4</sup><http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129544691>

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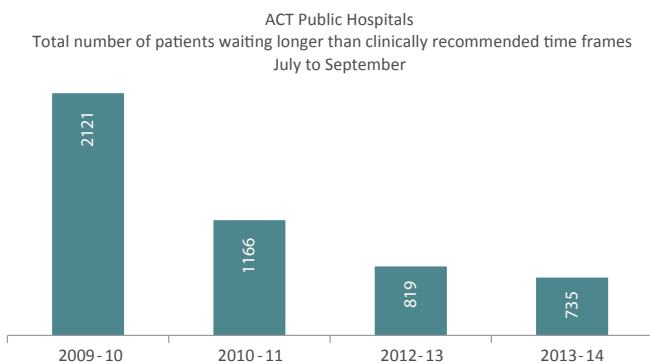
## Surgery in ACT public hospitals (continued)

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

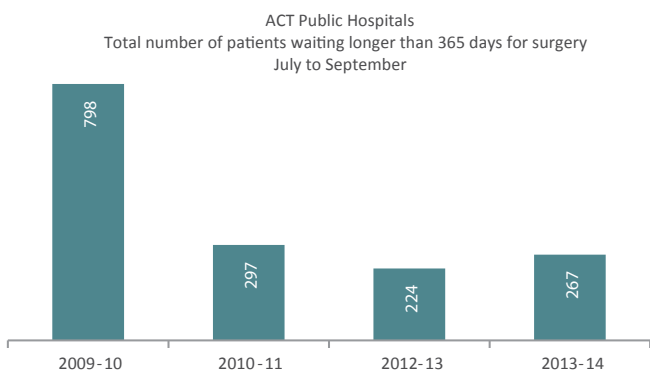
This increase in access to elective surgery had a very significant impact on the numbers of patients waiting for elective surgery and the numbers of patients waiting too long for care. At the end of September 2013, there were 3,959 patients on the elective surgery waiting list, when compared with September 2010 there has been a 25% decrease. When comparing long wait patients for the same period there has been a remarkable 65% reduction.



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 735 long wait patients at the end of the first quarter of 2013–14. This has resulted in a 10% reduction in the number of long waits in just 12 months. When comparing the 735 long wait patients waiting at the end of the September 2013 with the 2,121 waiting at the end of September 2010 there has been a remarkable 65% reduction.



ACT Health continues to reduce the number of patients waiting greater than one year for surgery, with a result of 267 at the end of September 2013. This compares with the 798 people waiting in September 2010, a 66% reduction compared with the same period three years ago.



This table shows the significant work undertaken by ACT Health to reduce the amount of long wait patients in a number of surgical specialities.

### Reducing overdue patients by surgical speciality

Surgical Specialities	September			
	2010	2011	2012	2013
Cardiothoracic surgery	0	6	0	3
Ear, Nose & Throat surgery	547	227	117	185
General Surgery	154	79	86	79
Gynaecology surgery	48	13	10	24
Neurosurgery	19	8	4	13
Ophthalmology surgery	32	9	3	11
Orthopaedic surgery	732	468	460	358
Plastic surgery	120	50	15	11
Urology surgery	315	138	79	41
Vascular surgery	70	51	9	9
Other surgery (includes Paediatric surgery, Oral surgery & Thoracic surgery)	84	117	36	1

September 2013

## Selected Statistics

ACT Health			
Selected ACT Public hospitals and Community Activity Indicators			
	July to September		% VAR
	2012-13	2013-14	
<b>Inpatient Activity</b>			
Day only patient days (total across all outputs)	12 485	13 198	6%
Overnight patient days (total across all outputs)	72 117	72 326	0%
Total episodes of care (separations)	23 992	24 323	1%
Nursing Home Type Patient (NHTP) Bed-Days (on separation – Canberra Hospital only)	1 086	2 529	133%
Bed Occupancy Rate (overnight adult medical and surgical beds)	92%	91%	-1%
Total number of births in ACT public hospitals	1 225	1 160	-5%
Proportion of births by caesarean in ACT public hospitals	28%	28%	0%
<b>Emergency Department Activity</b>			
<b>Timeliness by triage category</b>			
Category 1 Seen (immediate – 2 mins)	100%	98%	-2%
Category 2 Seen (within 10 mins)	69%	81%	17%
Category 3 Seen (within 30 mins)	43%	43%	0%
Category 4 Seen (within 60 mins)	45%	50%	11%
Category 5 Seen (within 120 mins)	78%	81%	4%
Total Emergency Department Presentations	50%	54%	8%
Did Not Waits	8%	7%	-13%
Admissions via Emergency department	7 810	8 567	10%
Admissions to Emergency Department observational wards	3 430	3 479	1%
Admissions from the Emergency Department to ICU, Surgery, and general wards	4 380	5 088	16%
<b>Walk-in-Centre</b>			
Total presentations	4 971	5 148	4%
Patients treated	3 486	3 824	10%
WIC – % presentations who did not wait	2%	2%	0%
% Treated within the WIC	70%	74%	4%

ACT Health			
Selected ACT Public hospitals and Community Activity Indicators			
	July to September		% VAR
	2012-13	2013-14	
<b>Elective Surgery</b>			
Additions to the public hospital elective surgery waiting list	3 989	3 554	-11%
Numbers of people on the elective surgery waiting list	4 843	5 040	4%
Removals from the list for surgery	3 143	2 954	-6%
Removals from the list for other reasons	506	544	8%
Patients on the list recorded as “not ready for care”	998	1 081	8%
Hospital Initiated Postponements	7.6%	6.5%	-1%
<b>Elective surgery median waiting time to care by urgency category</b>			
Category one patients (admission required within 30 days)	14	15	
Category two patients (admission desirable within 90 days)	70	63	
Category three patients (admission desirable within 365 days)	162	173	
<b>Medical Services</b>			
<b>Elective endoscopies</b>			
Number of elective endoscopies performed	1 195	1 346	13%
Number of patients waiting for an endoscopy procedure	1 850	2 015	9%
<b>Median waiting time to care by patient urgency category</b>			
Category one patients (admission required within 30 days)	20	21	
Category two patients (admission desirable within 90 days)	147	107	
Category three patients (admission desirable within 365 days)	164	268	

ACT Health			
Selected ACT Public hospitals and Community Activity Indicators			
	July to September		% VAR
	2012-13	2013-14	
<b>Elective Cardiology</b>			
Number of elective cardiology procedures performed	323	291	
Median waiting time to an interventional cardiology procedure in days	24	23	
<b>Breast screens</b>			
Total breast screens performed for ACT residents	3 419	4 256	24%
Number of breast screens for women aged 50-69	2 829	3 391	20%
Participation rate of breast screens for ACT women aged 50-69	53%	55%	2%
<b>Cervical Cytology</b>			
Additions to the Cervical Cytology Register	9531	9315	-2%
<b>Mental Health</b>			
<b>Community Services by Group</b>			
ACT wide mental health program community service contacts	21 744	25 296	16%
Children and youth mental health program community service contacts	15 183	15 144	-0%
Adult mental health program community service contacts	26 205	28 313	8%
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	7	-68%
Proportion of urgent patients seen with standard waiting times	100%	100%	0%

September 2013

## 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>