

ACT Public Health Services Quarterly Performance Report

July to March 2013



This is the third Quarterly Report on ACT public health system performance for 2012–13. The report provides 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.

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 the first nine months to March 2012–13 shows that the increased investment in the Territory's public health services is working to provide improved access to care.

Public Hospitals

- In 2012–13 the ACT Government funded an additional 40 inpatient beds into ACT public hospitals. This takes our public hospitals estimated capacity to 979 beds. This is an increase of 309 beds since 2001–02 when we were first elected to Government, a 46% increase over nine years.
- Preliminary data for the first nine months to March 2012–13 suggests a 3% increase in cost weighed separations for our ACT Public Hospitals.
- In the first nine months to March 2012–13 there were over 3,600 births at our public hospitals, a 9% increase compared with the same period in 2011–12.
- Based on extrapolated outpatient data, Outpatient services have grown by 4% in the first nine months to March 2012–13 compared with the same period in 2011–12. In October 2012, Calvary transitioned onto the ACT Patient Administration System. The implementation of the new patient administration system has resulted in issues with data quality for non-admitted patients at Calvary public hospital. Figures for the second and third quarter of 2012–13 for Calvary public hospital outpatient care (non admitted) have been extrapolated. Work is ongoing between the Health Directorate and Calvary public hospital to address all data quality issues.

- The average waiting time for public dental health services for the first nine months to March 2012–13 was 12 months.
- Childhood immunisation rates exceed the national target of 90%, with a result of 93% for the nine months to March 2012–13.
- The Walk-in Centre (WiC) is now an established part of our health service infrastructure, providing the community with another option for the treatment of minor and one-off conditions. For the nine months to March 2012–13, 14, 415 clients presented to the WiC for treatment – a 12% increase compared with the same period last year.

Surgery

- Our public hospitals provided 11,300 elective surgery procedures in 2011–12. This was 300 above the target of 11,000. This was the second consecutive year that we have provided for over 11,000 elective surgery procedures. The number of people who had elective surgery at ACT public hospitals for the first nine months to March 2012 13 was 8,436. This is 41 surgeries above the result for the same period last year and shows that ACT Public Hospitals are on track to again provide over 11,000 elective surgery procedures.
- The increase in activity has also led to a significant decline in the number of patients waiting beyond the clinically recommended timeframes for surgery, with 922 long wait patients on the list at the end of March 2012–13. This is a 15% reduction on the 1,084 recorded for the same period in 2011–12, and 52% reduction compared with the same period in 2010–11.
- For the first nine months to March 2012–13, the number of patients waiting longer than one year for surgery was 238. This is a 58% reduction compared with the same period two years ago. Whilst this is still too high, our commitment to improving access to elective surgery will result in this number reducing in future reports.

- ACT Health reports the median wait time to access elective surgery. This ensures that any improvement or deterioration in the way we manage the elective surgery waiting list is evident so we can adjust management to improve access as required. The result of 49 days reported for the first nine months to March 2012–13 is a vast improvement on the 80 days reported for the same period in 2010–11, which is evidence that our approach is paying off.
- The increased access to elective surgery is particularly pleasing given the continued demand for emergency surgery. For the first nine months to March 2012–13, 5,074 people had emergency surgery. Whilst this is slightly lower than previous year, emergency surgery makes up 38% of the total surgical activity performed at ACT public hospitals.

Emergency Departments

- ACT Health is committed to improving waiting times in our emergency department services and is working towards meeting the newly implemented National Emergency Access Targets (NEAT).
- In 2011–12, ACT Hospital Emergency Departments saw 118,389 presentations, a 6% increase in presentations compared with 2010–11.
- Emergency department presentations grew by 1% during the first nine months to March 2012–13 from 88,141 at March 2011–12, to 88,941 at March 2012–13.
- Admissions to hospital via the emergency department have also grown, with 23,216 (2% growth) admissions reported for the first nine months to March 2012–13 compared with the same period in 2011–12.
- The proportion of patients admitted to a hospital bed within eight hours of being seen in the emergency department for the first nine months to March 2012–13, was 73%. This result is below the target of 75%, and below the 77% reported for the same period in 2011–12. The 2% increase in admissions has been a contributing factor in reducing timely access to an inpatient bed.
- ACT Public Hospital Emergency Departments did not meet National targets for timely access to emergency care in three of the five triage categories. Presentations within Triage Category one and five are currently meeting national targets.

- Targets were not reached for triage category two, three or four presentations. There has been a 6% increase in higher acuity presentations, category one and two patients compared with the same period for last year, which increases pressure on emergency department staff, and can restrict the ability to see and treat lower acuity presentations in a timely manner.
- Our emergency department staff 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.
- The 2012–13 budget provides additional investment of \$12.7 million to assist in further improving access to emergency department and inpatient services. The money will provide additional capacity and treatment options for our emergency departments to see, treat and move on patients who present to our public hospital emergency departments.

National Health Reform

- The National Health Reform agenda was agreed to by all States and Territories in August 2011.
- A set of performance targets were included in the agreement to ensure timely access to services were a priority for all health sectors across the Nation. These performance indicators are measured over the calendar year.
- The National Emergency Access Target (NEAT) requires that 90% of all presentations have a length of stay in the emergency department of no more than four hours by 2015. The targets will be staged incrementally over the next four years. In the calendar year to December 2012, ACT Public Hospitals reported a total of 57% of patients with an emergency department length of stay less than four hours against the target of 64%. For the first three calendar months to March 2013, ACT Public Hospitals reported a result of 58% of patients with a length of stay less than four hours in the emergency department against the 2013 target of 65%.

- Both Canberra Hospital and Calvary Public Hospital have shown recent monthly improvements in relation to NEAT performance. Continual process improvement and additional infrastructure should assist the ACT in meeting the NEAT targets in the future.
- There are three components to the National Elective Surgery Targets (NEST), these are aimed at both ensuring timely access to surgery whilst reducing the number of patients waiting beyond clinically recommended time frames. The final targets for all components of the NEST are to be met by December 2016, the first set of targets were to be achieved by December 2012. These targets will incrementally increase over the calendar years up the conclusion of the agreement.
- For the 2012 calendar year, ACT Public Hospitals were successful in meeting all three components of the National Elective Surgery Targets. This is a great result for the ACT.
- On 27 February 2013, the AIHW released its first annual report on jurisdictional performance against emergency access and elective surgery targets. The report shows that the ACT was the only jurisdiction to meet all three components of the national elective surgery targets.
- Part 1 of the NEST refers to the proportion of patients who access their elective surgery procedure within clinically recommended timeframes. For Category One patients (the most urgent category) surgery should be provided within 30 days (2013 target is 97%). For Category Two patients, surgery should be provided within 90 days (2013 target is 66%), and for Category three patients, surgery provided within 365 days (2013 target is 86%).
- For the first three calendar months to March 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 56% of category two patients accessing surgery on time against a target of 66%. Recent monthly results have seen an improvement and work is ongoing to improve this result for future months.

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.
- Of the 88,941 presentations to ACT public hospital emergency departments, approximately 11% of patients present from NSW.
- NSW residents account for approximately 29% of all surgical procedures from our public hospitals, and 15% of all hospital separations.

Medicine

- Medical services at our public hospitals are a large portion of the total activity generated in the health services of the ACT.
- Endoscopy services provided over 3,200 procedures in first nine months to March 2012 13. ACT Health is managing medical waiting lists in the same manner as its surgical counterparts. Timeliness for endoscopy procedures is currently below the desired targets. However, a number of strategies are underway to increase access to endoscopy services.
- Another 300 endoscopy procedures have been funded in 2012–13 to reduce the waiting list and improve timely access to this service in the Territory.
- The median waiting time for patients requiring access to interventional cardiology services was 21 days, with 967 patients being treated for the first nine months to March 2012 13. A shortage in allied health cardiac staff and increase in demand has resulted in extended waiting times.

Capital Region Cancer Service

- Despite the increase in demand for radiation therapy services, waiting times have maintained the excellent record of recent years with 100% of the two most urgent categories receiving access within the timeframes and 98% of the non-urgent category patients receiving care within standard timeframes for the first nine months to March 2012–13.

- Waiting times for Breast Screen appointments have improved as a result of improvement strategies. The engagement of two permanent radiographers in the second quarter of 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.
- For the first nine months to March 2012–13, 96% of women waited less than 28 days for their screening appointment. This is a marked improvement on the 65% reported for the same period 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 nine months of March 2012–13, compared to 85% reported for the same period last year.
- 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. There were a total of 10,383 breast screens performed for ACT residents for the first nine months to March 2012–13, compared with the 11,663 screening procedures reported for the same period last year.
- Improvements to the Breast Screen ACT program include the introduction of digital mammography machines and a Picture Archiving Communications System (PACS) which have replaced the previous analogue machines used by BreastScreen ACT. The new mammography equipment provides higher quality images while generating lower radiation exposure for clients.

Mental Health, Justice Health and Alcohol and Drug Services

- In 2012–13 the calculation methods for seven days post discharge and outcome measures completed performance indicators were changed, due to establishment of Local Hospital Network. The revised methodology calculates the total aggregate count of the individual hospital services.
- Seven day post discharge contact refers to direct contact with the consumer by community mental health services following an inpatient admission. Not all consumers will be contacted by community services as they are either referred out of area (ACT) or prefer follow-up by non-government mental health services. It is also estimated a small percentage (<2%) are not able to be contacted for a variety of reasons out of community mental health services control. For the first nine months of March 2012–13, 74% of Calvary and 90% of Canberra Hospital consumers were directly contacted, 7 days after the discharge from an inpatient unit.
- For the first nine months to March 2012–13, outcome measures completed at the Canberra Hospital are not meeting the target (>65%) with a result of 55%, while Calvary hospital exceeded the target with a result of 90%.
- Previous year's calculations were based on the average total of all mental health services combined. Due to the difference in calculation methodologies, previous year's data hasn't been reported for comparison.
- The use of seclusion in the ACT mental health services continues to remain low; however from time to time there may be a 'spike'. The first nine months to March 2012–13 indicates that seclusion is used as a last resort and kept to an absolute minimum resulting in a very low rate (1.4%).
- Twenty-eight day unplanned readmission rate is variable depending on the complexity of individual consumer's needs. The unplanned re-admission rate for the first nine months to March 2012–13 was 8.8%, exactly the same when compared with the same period in 2011–12. 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.

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Rehabilitation, Aged and Community Care Services

- The average waiting time for an in hospital Aged Care Assessment Team review is slightly above the target of 2.0 days, with a result for the first nine months to March 2012–13 of 2.4 days.
- The number of nursing home type patient separations from hospital for patients at the Canberra Hospital has doubled for the first nine months to March 2012–13. This is partly due to a lack of nursing home beds while the refurbishment of Ginninderra Gardens Nursing Home is underway.

Quality and Safety

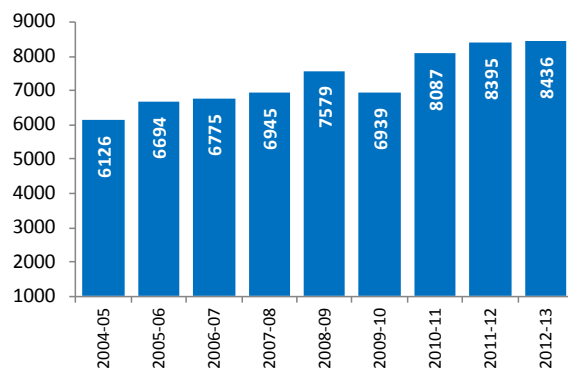
- The rate of unplanned return to hospital remains below target at both our public hospitals. The target is set higher at the Canberra Hospital due to the more complex clinical needs of the patients that this hospital treat, meaning that there is a slightly higher chance that they will require readmission to hospital for follow up treatment.
- The Hospital Acquired Infection rate at the Canberra Hospital saw some improvements in the first nine months to March 2012–13. Results for Calvary Hospital were positive, seeing a significant reduction in the hospital acquired infection rate, with the result below the hospital's target.
- Infection Prevention and Control have a program in place for continued monitoring of these infections, which is unique among Australian hospitals. Every patient with a positive blood culture is followed up to see why their infection occurred and then what might be done in the future to prevent other infections.
- This program has led to a sustained 70% decrease in the numbers of bloodstream infections caused by intravascular devices. However, in recent years there has been a noted increase in urinary tract infections related to urinary catheters.
- A number of interventions aimed at preventing the occurrence of urinary tract healthcare acquired bloodstream infections are being initiated across the hospital.

Surgery in ACT Public Hospitals

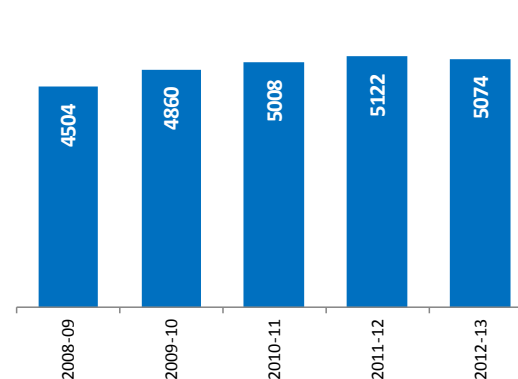
ACT continues to deliver high levels of surgery in 2012–13

2 Surgery

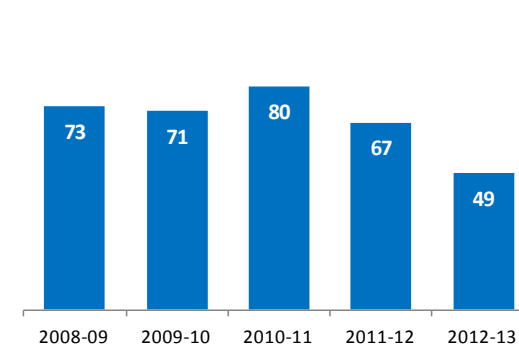
ACT Public Hospitals
Total number of elective surgery operations
July to March



ACT Public Hospitals
Total number of emergency surgery operations
July to March

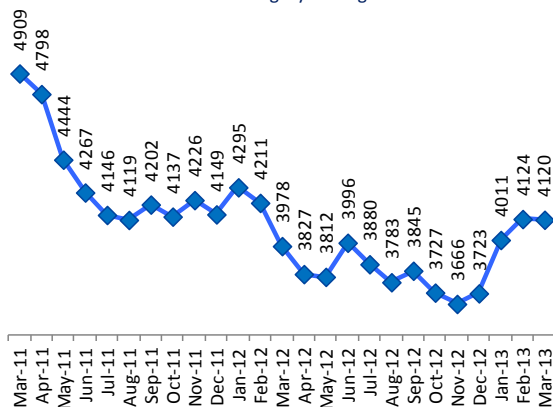


ACT Public Hospitals
Median wait time to elective surgery
July to March

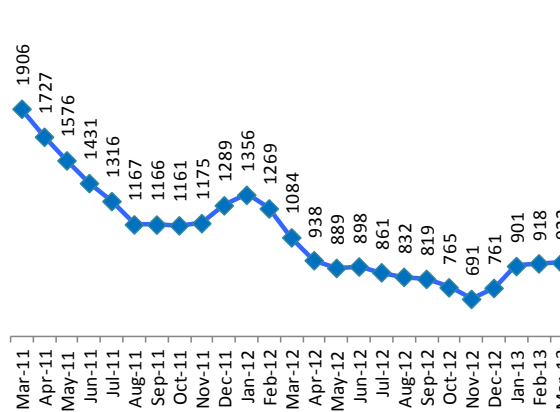


Reducing the number of patients waiting too long for care in 2012–13

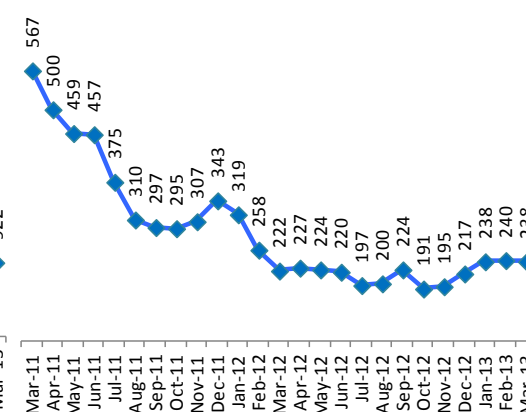
ACT Public Hospitals
Number of patients currently waiting on the elective surgery waiting list



ACT Public Hospitals
Total number of patients waiting longer than clinically recommended time frames



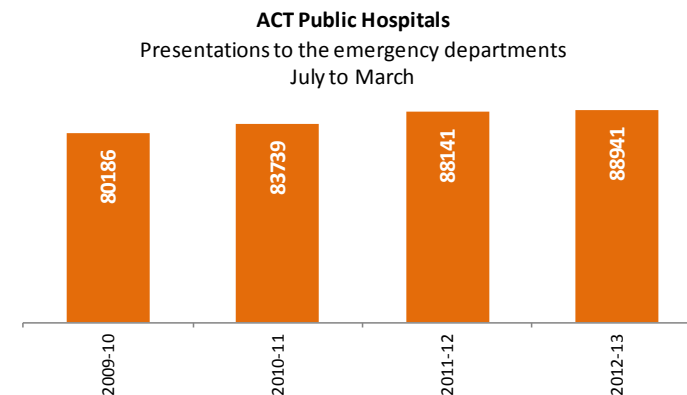
ACT Public Hospitals
Total number of patients waiting longer than 365 days for surgery



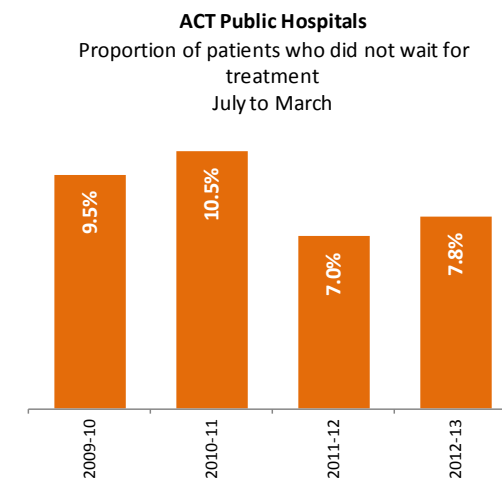
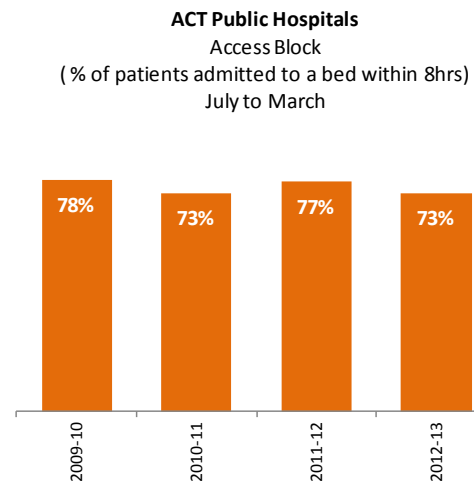
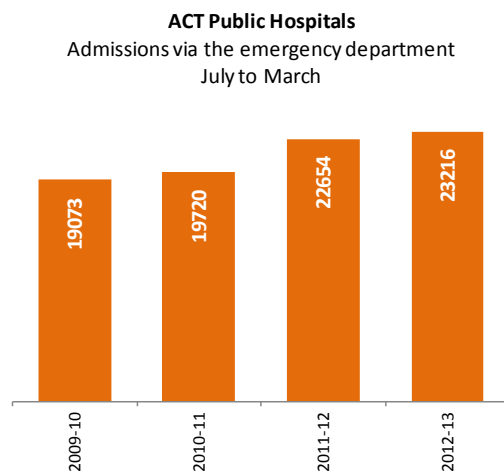
Emergency Department Services

Waiting times for emergency department care

Emergency department presentations seen on time			
July to March	2011-2012	2012-2013	Target
Category 1 (immediate)	100%	100%	100%
Category 2 (<10 mins)	76%	71%	80%
Category 3 (<30 mins)	51%	42%	75%
Category 4 (<60 mins)	48%	46%	70%
Category 5 (<120 mins)	81%	78%	70%
Total all categories	56%	51%	70%

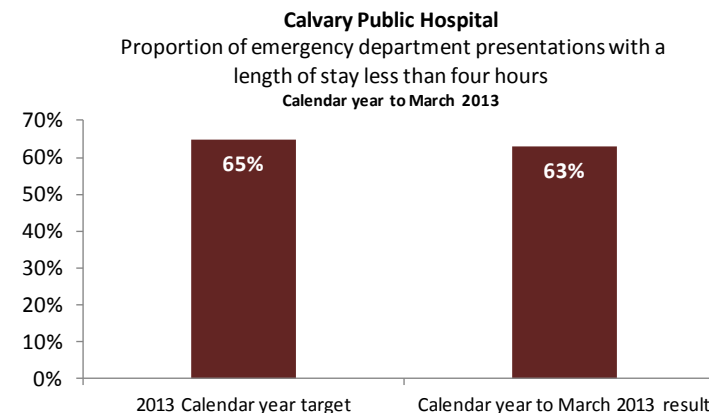
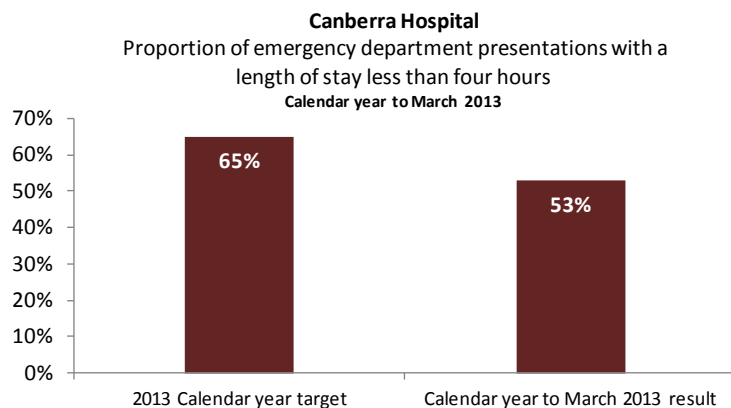


Access to ward beds from the emergency department

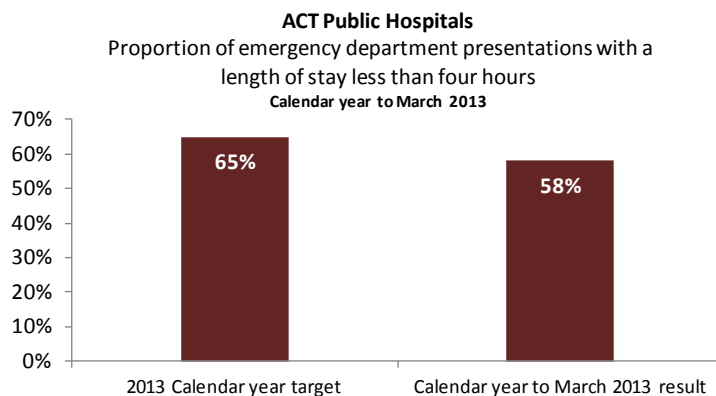


National Emergency Access Target (NEAT)

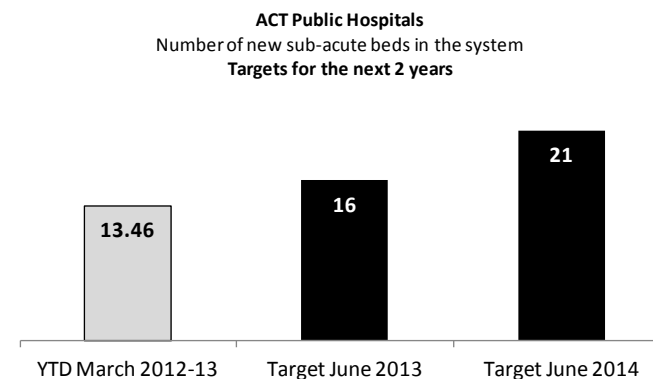
90 percent of all Emergency Department presentations to have a length of stay less than four hours by 2015



Emergency department waiting time
Target – 90% of all presentations to have an ED stay less than 4hrs by 2015



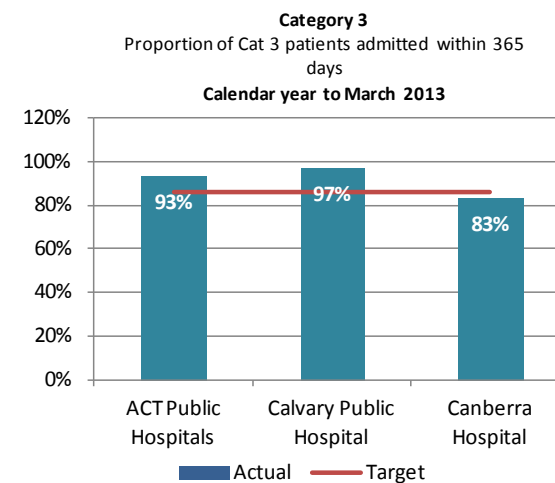
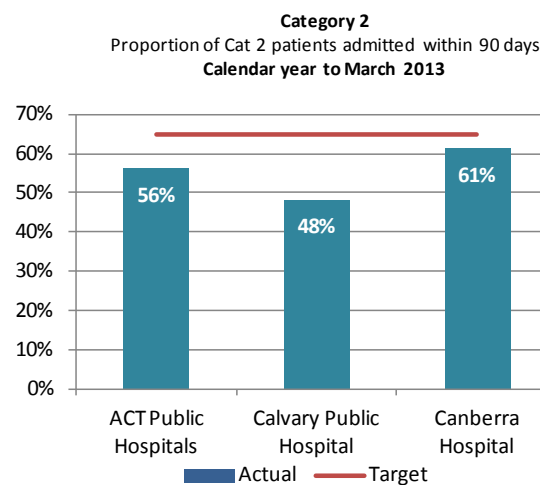
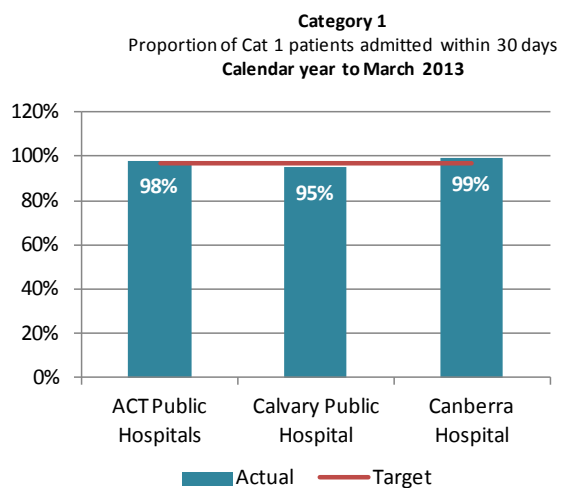
New sub-acute bed capacity
Target at least 21 new sub-acute beds in the system by 2014



National Elective Surgery Target (NEST)

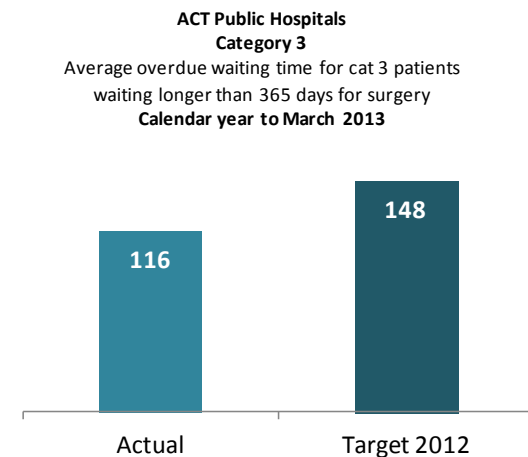
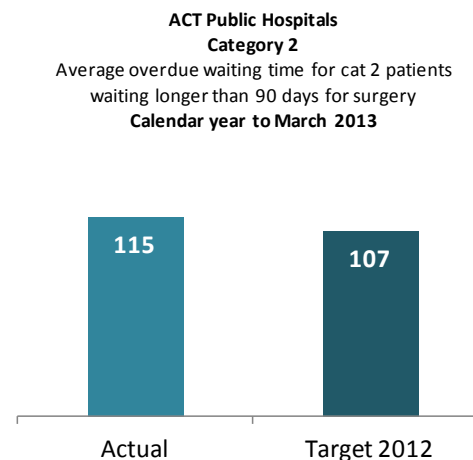
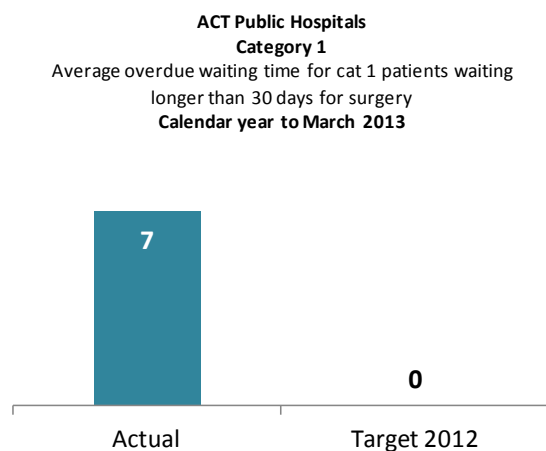
Part 1 – National Elective Surgery Target

Improvement in patients treated within clinically recommended times



Part 2 – National Elective Surgery Target

Reduction in patients waiting longer than standard timeframes

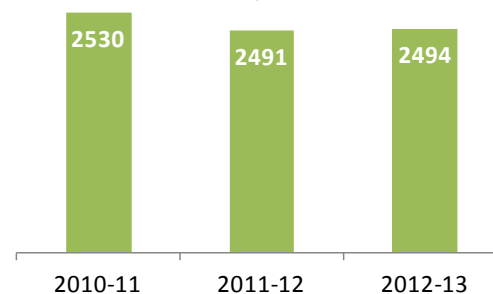


New South Wales patients accessing treatment in ACT Public Hospitals

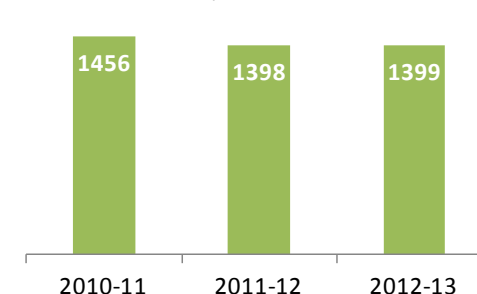
Meeting the surgical needs of our region

July to March 2012-13		
ACT Public Hospitals	Elective	Emergency
Total all Patients	8436	5074
Total NSW	2494	1399
% NSW Patients	30%	28%

ACT Public Hospitals
NSW patients
Elective surgery operations
July to March



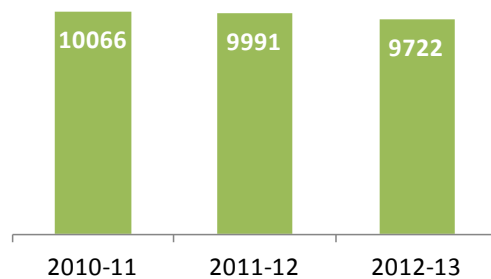
ACT Public Hospitals
NSW patients
Emergency surgery operations
July to March



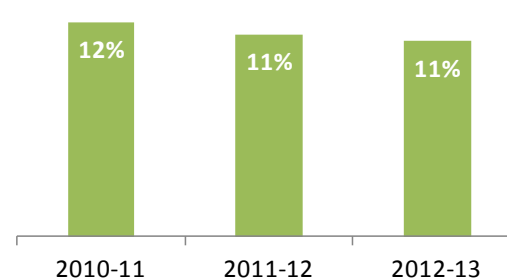
6 NSW Patients in ACT

Emergency department activity for our region

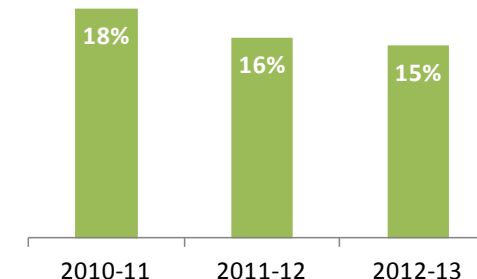
ACT Public Hospitals
NSW patients
Presentations to the emergency department
July to March



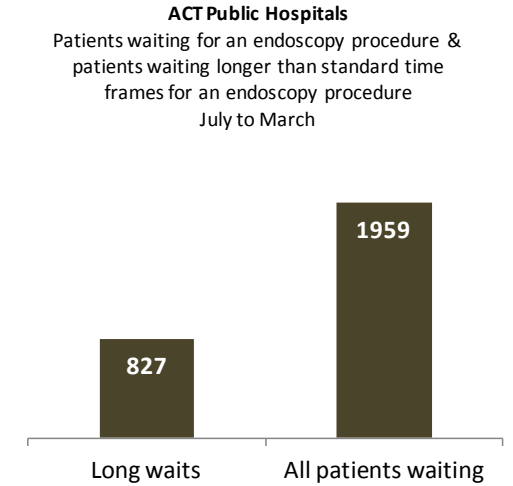
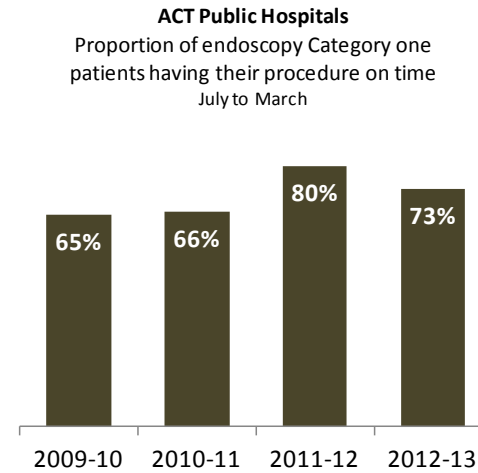
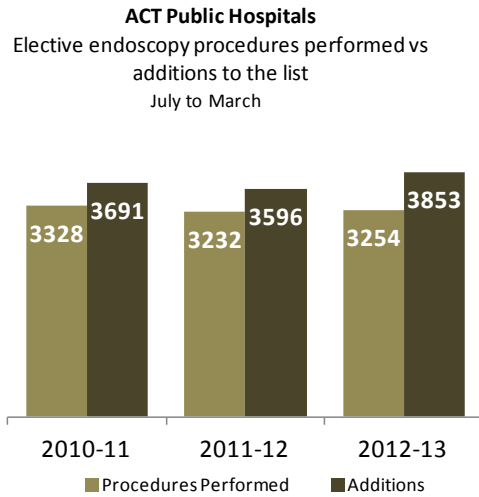
ACT Public Hospitals
NSW patients
Proportion of all patients who presented to the emergency department who reside in NSW
July to March



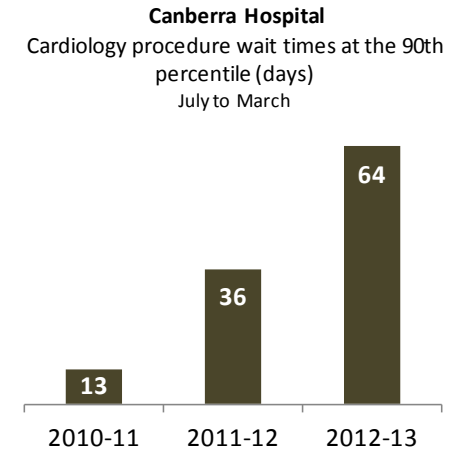
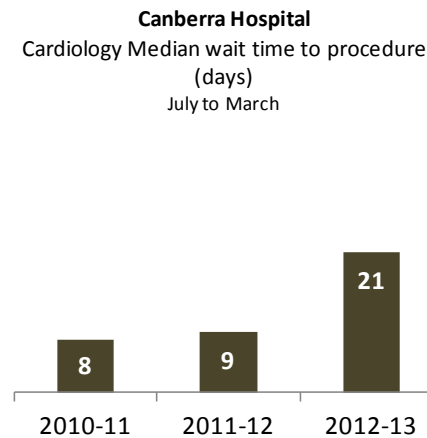
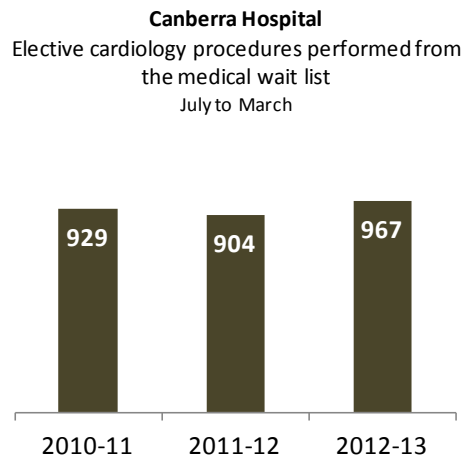
ACT Public Hospitals
NSW patients
Proportion of NSW admissions to hospital via the emergency department
July to March



Endoscopy procedures completed at ACT Public Hospitals



Cardiology procedures completed at ACT Public Hospitals

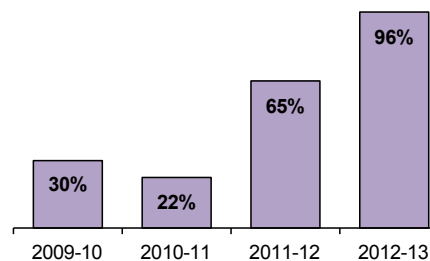


Capital Region Cancer Services

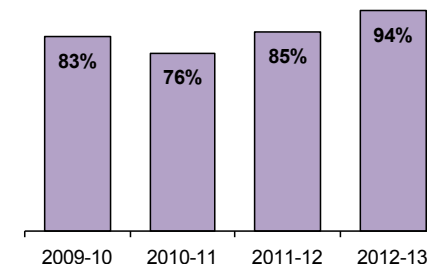
Percentage of radiotherapy patients who commence treatment within standard timeframes and Breast Screening

Radiation Therapy Access			
July to March	2010-11	2011-12	2012-13
Urgent: within 48 hours	100%	100%	100%
Semi-urgent: within 4 weeks	100%	99.8%	100%
Non-urgent: within 6 weeks	99.4%	94.1%	98.0%
Total – All Radiotherapy Patients	99.7%	96.9%	99.0%

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 March

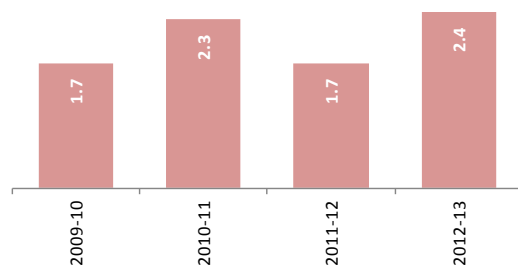


Capital Region Cancer Service BreastScreen - proportion of women who receive an assessment within 28 days
July to March

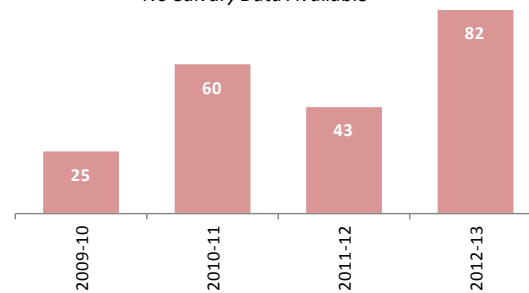


Rehabilitation and Aged Care Services

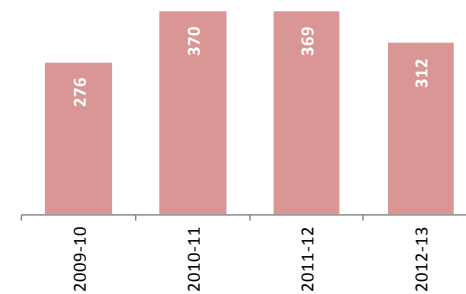
Rehabilitation, Aged and Community Care Services
Average Waiting Time (in days) for ACAT
Assessment
July to March



**Canberra Hospital
Nursing Home Type Patients**
Number of separations
July to March
**No Calvary Data Available*

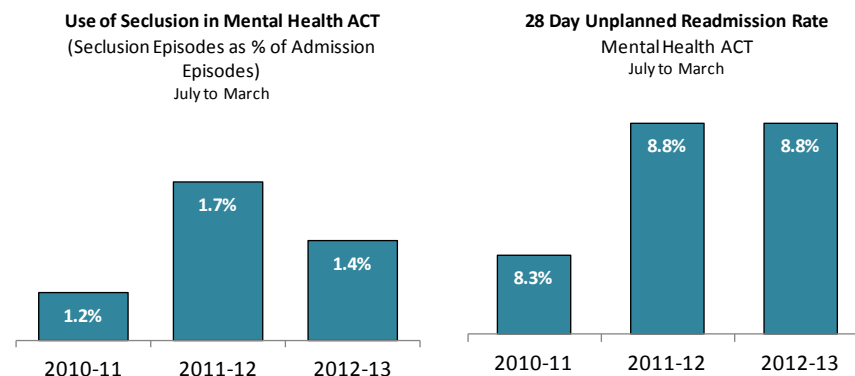


Rehabilitation, Aged and Community Care Services
Number of people assessed in falls clinic
July to March



Mental Health

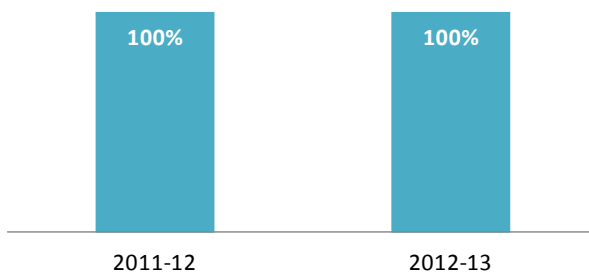
July to March	2011-12	2012-13*	Targets 2012-13
% Inpatients contacted within 7 days post-discharge			
Calvary	n/a	74%	75%
CH&S	n/a	90%	75%
Percentage of clients with outcome measures completed			
Calvary	n/a	90%	65%
CH&HS	n/a	55%	65%



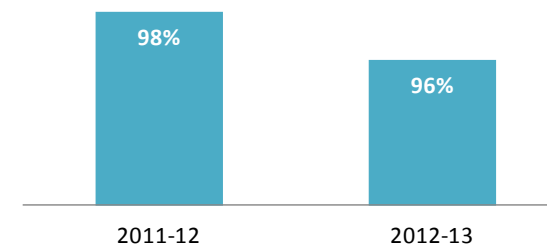
* In 2012-13 the calculation methodology was changed. The revised method calculates the total aggregate count of the individual hospital services (due to establishment of Local Hospital Network).

Justice Health

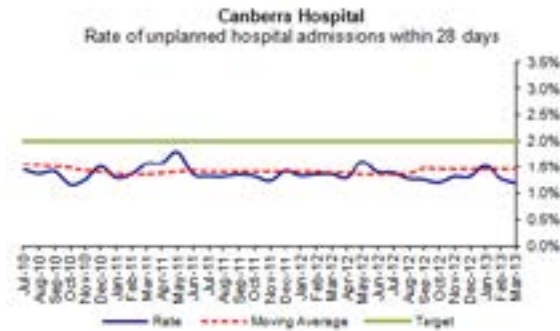
Proportion of offenders and detainees at the Alexander Maconochie Centre with a completed health care assessment within 24 hrs of detention
July to March



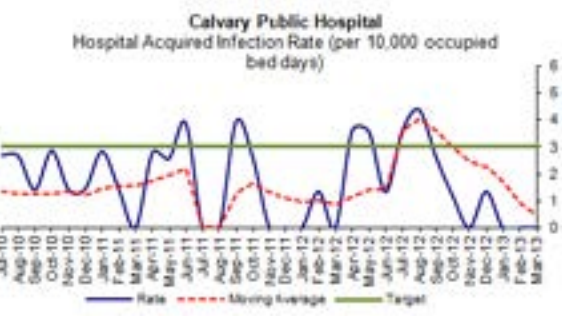
Proportion of offenders and detainees at Bimberi Youth Detention Centre with a completed health care assessment within 24hrs of detention
July to March



Quality and Safety ACT Public Hospitals



Calvary Public Hospital



Selected activity statistics

Selected ACT Public Hospitals and Community Activity Indicators

	July to March*		% VAR
	2011-12	2012-13	
Health Directorate cost-weighted separations (Round 14-DRG version 6.0x)			
Output 1.1 – Acute services *	64 077	66 091	3%
Output 1.2 – Mental Health, Justice Health and Alcohol and Drug Services *	3 164	3 294	4%
Output 1.5 – Cancer services *	3 762	3 703	-2%
Output 1.6 – Rehabilitation, Aged and Community Care *	3 205	3 197	-0%
Total cost weighted separations *	74 208	76 285	3%
Inpatient Activity			
Day only patient days (total across all outputs)	39 673	37 249	-6%
Overnight patient days (total across all outputs)	203 471	207 489	2%
Nursing Home Type Patient (NHTP) Bed-Days (on separation – Canberra Hospital only) #	1 474	2 858	94%
Day of Surgery Admission rate	89%	89%	0%
NSW residents as a proportion of total hospital separations	20%	18%	-2%
Emergency surgery as a proportion of total surgery	38%	38%	0%
Allied health services – Provided in ACT public Hospitals	75 782	76 894	1%
Bed Occupancy Rate (overnight adult medical and surgical beds)	89%	91%	2%
Total number of births in ACT public hospitals *	3 331	3 614	9%
Proportion of births by caesarean in ACT public hospitals	30%	28%	-2%
Admissions via Emergency Department	22654	23216	2%
Admissions to Emergency Department observational wards	9 283	9 861	6%
Admissions from the Emergency Department to ICU, Surgery, and general wards	13 371	13 355	-0%
Emergency Department Activity			
Category 1 Seen (immediate – 2 mins)	358	365	2%
Category 2 Seen (within 10 mins)	9 312	9 892	6%
Category 3 Seen (within 30 mins)	28 339	28 144	-1%
Category 4 Seen (within 60 mins)	35 220	35 953	2%
Category 5 Seen (within 120 mins)	8 716	7 672	-12%
Emergency Department Presentations seen	81 945	82 026	0%
Did Not Waits	6 196	6 915	12%
Total Emergency Department Presentations	88 141	88 941	1%
Walk-in-Centre			
Total presentations	12 856	14 415	12%
Patients treated	8 761	10 152	16%
WIC – % presentations who did not wait	1%	2%	1%
% Treated within the WIC	68%	70%	2%
Elective Surgery			
Additions to the public hospital elective surgery waiting list	9 822	9 992	2%
Numbers of people on the elective surgery waiting list	3 978	4 120	4%
Removals from the list for surgery	8 395	8 436	0%
Removals from the list for other reasons	1 927	1 484	-23%
Patients on the list recorded as “not ready for care”	849	898	6%
Hospital Initiated Postponements	7.5%	7.2%	-0%
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	14	13	
Category two patients (admission desirable within 90 days)	96	70	
Category three patients (admission desirable within 365 days)	206	168	

	July to March*		% VAR
	2011-12	2012-13	
Elective endoscopies			
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	19	21	
Category two patients (admission desirable within 90 days)	130	133	
Category three patients (admission desirable within 365 days)	286	288	
Breast screens			
Total breast screens performed for ACT residents	11 663	10 383	-11%
Number of breast screens for women aged 50-69	9 754	8 560	-12%
Participation rate of breast screens for ACT women aged 50-69	52%	55%	3%
Additions to the Cervical Cytology Register	25308	27269	8%
Rehabilitation, Aged and Community Care			
Allied health services – Number of regional services	16 901	16 301	-4%
Community Nursing – Number of Nursing (Domiciliary and clinic based occasions of service)	62 567	63 709	2%
Mental Health			
Community Services by Group			
Adult	140 634	150 950	7%
Child & Adolescent	33 942	35 911	6%
Older persons	12 654	11 324	-11%
Proportion of mental health committees with consumer and care representation	100%	100%	0%
Dental Services			
Mean Waiting (time in months) for persons on the Centralised Waiting and Recall List	12	12	4%
Proportion of urgent patients seen with standard waiting times	100%	100%	0%
Immunisation Coverage – Primary Immunisation schedule measured at 1 year of age (in accordance with the Australian childhood Immunisation Register)	93%	93%	0%
Outpatient Care – Non Admitted Services			
ACT public hospitals #	250 075	258 876	4%
Cancer services	47 881	51 486	8%
Aged care and rehabilitation services	789	1 124	42%
Total outpatient occasions of service	298 745	311 667	4%

* Note, Figures for CWS and Births are based on estimates

Canberra Hospital Data

In October 2012, Calvary public hospital transitioned onto ACTPAS. The implementation of the new patient administration system has resulted in issues with data quality for admitted and non-admitted patients at Calvary public hospital. Figures for the third quarter of 2012-13 for Calvary public hospital outpatient care – non admitted have been extrapolated. Work is ongoing between the Health Directorate and Calvary public hospital to address all data quality issues.

Emergency department

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

Elective surgery

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

Long wait patients accessing elective surgery	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.
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Hospital initiated postponements	The proportion of elective surgery patients booked for surgery in a given period who have their surgery postponed by the hospital (for reasons such as substitution for a more urgent patient, no beds available, etc.).
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Endoscopy

Urgency category	See entry for elective surgery.
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Median waiting time	See entry for elective surgery.
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Dental services

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

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

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

Occupancy rate	The proportion of available overnight adult medical and surgical beds that are used on average over a given period.
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Patient safety

Unplanned return to Hospital within 28 days	<p>The proportion of patients who are readmitted within 28 days to the same hospital in which they were previously a patient, where the readmission was:</p> <ul style="list-style-type: none"> • unexpected for further treatment of the same condition for which the patient was previously hospitalised • unexpected admission for treatment of a condition related to one for which the patient was previously hospitalised • unexpected admission for a complication of the condition for which the patient was previously hospitalised.
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Unplanned return to the operating theatre	The proportion of patients who are required to return to the operating room for a further procedure related to complication(s) of a previous operation/procedure within a single admission.
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Hospital acquired infection rate	The incidence of blood stream infections such as staphylococcus aureus (golden staph) acquired within ACT public hospitals, reported as the number of infections per 10,000 non-same day occupied bed days.
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Mental health

Use of seclusion	The proportion of patients who are separated from a psychiatric inpatient unit who were subject to seclusion during their inpatient episode.
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Clients seen within seven days post discharge from hospital	The proportion of clients seen at or contacted by an ACT Health community facility during the seven days post-discharge from the inpatient service.
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Consumer and carer representation	The proportion of Mental Health ACT committees upon which consumers and carers are represented.
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Immunisation

Childhood immunisations	The proportion of children at one year of age fully immunised in accordance with the Australian Childhood Immunisation Register Schedule.
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Inpatient separations (Admitted patients)

Cost weighted separations	The number of separations (completed episodes of care) expressed in cost weighted terms. “Cost weighting” allocates a weight for each hospital episode based on the average level of resources used for each type of episode (with the average episode receiving a weight of “1”). As examples, a standard dialysis episode has a weight of 0.17 of the average and a knee replacement has a weight of about “5” (or five times the average). ACT Health used national public hospital cost weights (Round 13) for counting of hospital episodes in 2011–12.
NSW separations	The proportion of patients separated from ACT public hospitals whose residential address is in NSW.
Patient days	In accordance with national definitions, the number of days that a patient spends in hospital. All day only (or same-day) patients are counted as spending one full day in hospital (regardless of the time actually spent in hospital). For non same-day patients, the number of days is calculated by subtracting the separation date from the admission date (in full days).
Nursing home type patient days	The number of patient days on separation for all patients who have been classified as nursing home type patients.
Emergency surgery as a proportion of all surgical services	The proportion of patients who have surgery as a result of an emergency against the total number of surgical procedures.
Day of surgery rate	The proportion of all elective surgery cases who are admitted to hospital on the same day that they have their surgery.
Births	The number of births reported at our public hospitals in a given period.
Caesarean births	The number of births at public hospitals that are reported as being undertaken as caesarean sections.

Mental health

Community services	The number of community based services provided to each of the three client groups: <ul style="list-style-type: none"> • Adults • Children and adolescents • Older people.
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Publication details

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

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

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

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

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

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

Cost weights in this report are provided using Round 14 National Public Cost Weights.

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

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

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