



ACT PUBLIC HEALTH SERVICES

Quarterly performance report

September 2010



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

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

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

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

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

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

Cost weights in this report are provided using Round 12 National Public Cost Weights.

For further information about cost-weights, visit the Commonwealth Department of Health and Ageing website: <http://health.gov.au/internet/wcms/publishing.nsf/Content/Casemix-1>

Minister's Foreword



The ACT Public Health Services report for the first quarter of 2010–11 shows that the increased investment in the Territory's public health services is working to provide improved access to care.

- We continue to report equal to or better than national standard performance for the most serious emergency department presentations (category one).
 - Waiting times for category five patients are better than the national standard.
- Our hospitals reported bed occupancy rates of 84percent in the first quarter of 2010–11 .

- This is directly related to our investment in additional doctors and nurses which has enabled us to add 242 bed, including the beds coming on line this year during 2010–11 for a total ACT capacity of up to 912 beds, 36 percent up on the 670 available when we first came to Government.
- And we're not stopping there, with another 22 sub-acute beds to come on line over the next four years as part of the Commonwealth's commitment to improving access to hospital services.
- Our hospitals continue to treat more Canberrans.
 - While preliminary results for 2010–11 for inpatient (admitted patient) services show a slight decrease in cost weighted activity, this is up by 3 percent compared to the average of the previous three year first quarter result.
 - The number of non same-day bed days rose by 9 percent in the first quarter of 2009–10.
 - Outpatient occasions of service in 2009–10 was 2 percent above the total reported for the first quarter of 2009–10.
- The average waiting time for public dental health services is on 11 months which is one day below the target at 12 months.
- Childhood immunisation rates exceed the national target of 90 percent at 94 percent in the first quarter of 2009–10.
- 99percent of all radiotherapy patients were seen within standard timeframes for the first quarter of this year, 2 percent better than in the same period last year and 16 percent better than in 2007–08.
- This report also shows that the number of people who had elective surgery at ACT public hospitals over the first quarter of 2010–11 was 2,752, which is 12 percent above the 2,466 reported for 2009–10. The additional \$14.7 million allocated across the next four years in the 2010–11 ACT Budget – comprising additional Commonwealth and ACT Government commitments – will enable the ACT to continue to post record levels of access surgery into the future.

For the first time this report includes information on Australia's First Walk-In Centre. The Walk-in Centre is a major new service for the people of the ACT and fulfils a commitment we made at the last election. This new health service is designed to help people get fast, free, one-off treatment for minor illnesses and injuries. Some of the highlights from this new service are—

- From the opening to the end of September the Centre has seen 5,370 patients.
- Thirty-four percent of patients were redirected to other health care services (including but not limited to the Canberra After Hours Locum Medical Service, the Emergency Department and general practitioners).
- Upper Respiratory Tract Infections and Cold was the most common type of condition treated.

Our public hospitals

Activity up, increased bed numbers and reduced bed occupancy

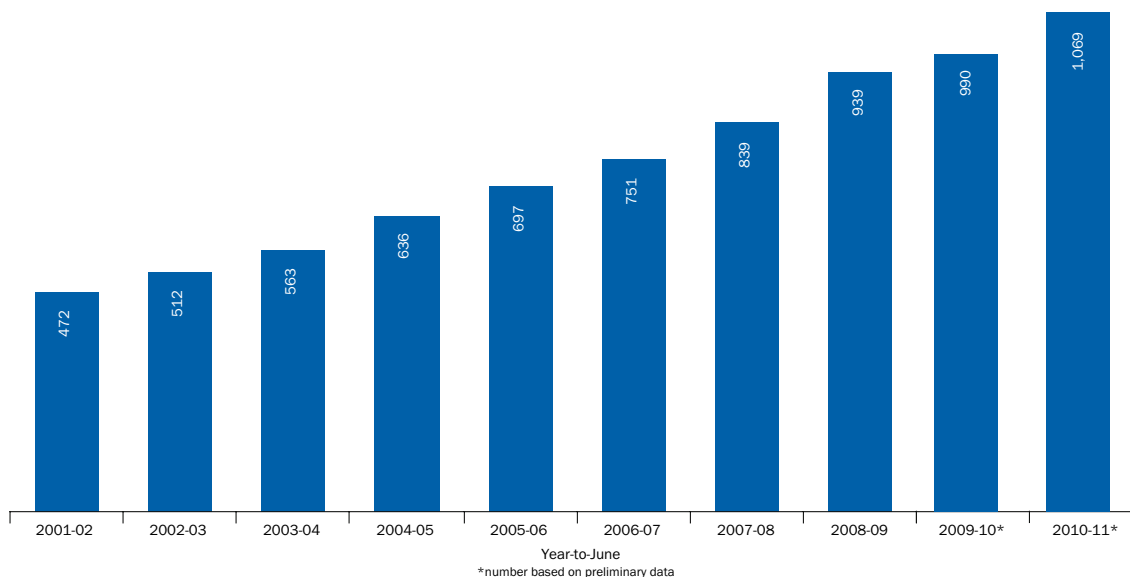
Preliminary results for the first quarter of 2010–11 show a slight increase in separations and a slight decrease (preliminary) in cost weighted activity. The slight decrease in cost weighted activity (which weights patient activity based on the level of resources required to provide care) is due to a change in the type of services provided in the first quarter of 2010–11 compared with last year and the level of medical record coding.

ACT public hospital activity

	Year-to-September			
	2007–08	2008–09	2009–10	2010–11
Cost weighted admitted patient separations	22,473	24,617	24,306	23,862
Non-same-day bed days	57,503	58,096	60,186	65,698
Non-admitted (outpatient) occasions of service	73,863	82,137	90,158	92,215

In addition to this, the number of non same-day bed days rose by 9 percent in the first quarter of 2010–11 when compared to 2009–10 and 14 percent compared to the same period four years ago (2006–07). The number of non-admitted occasions of service increased by 2 percent in 2010–11 compared with the same period last year.

ACT Health expenditure by year – \$million (2010–11 estimates only)

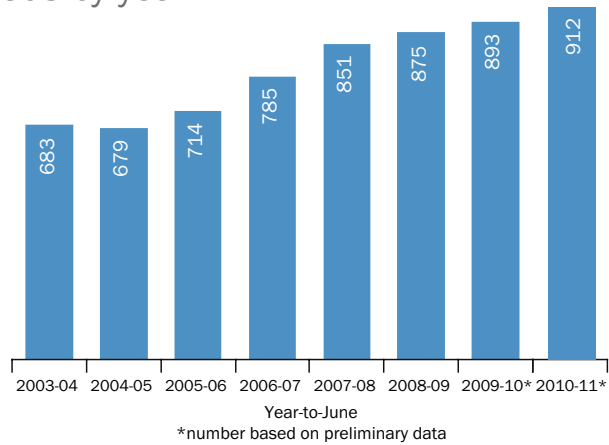


There has been a consistent increase in the level of activity at our public hospitals over recent years. As a result, the Government has responded to the increased demand for health services in the ACT with considerable additional investments in health services over the last nine years. The budget for 2010–11 (\$1,069 million) is more than double 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.

ACT public hospitals available beds by year

These additional funds have enabled the Government to add up to an additional 242 beds within public hospital system, including the beds coming on line this year during 2010–11. These additional beds will provide up to 912 available hospital beds by the end of 2010–11, up considerably from the 670 available in 2001–02.



Bed occupancy rate — Overnight adult medical and surgical beds

The beds added to our public hospitals have enabled us to meet increasing demand for services, and increased capacity to take some pressure off services. This continued investment in additional capacity is working, with a reduction in the bed occupancy in the first quarter of 2010 11 to 84percent which is below the long term target of 85percent. The Government’s long term target is considered the best level for best patient outcomes and to achieve maximum efficiency.



Elective surgery

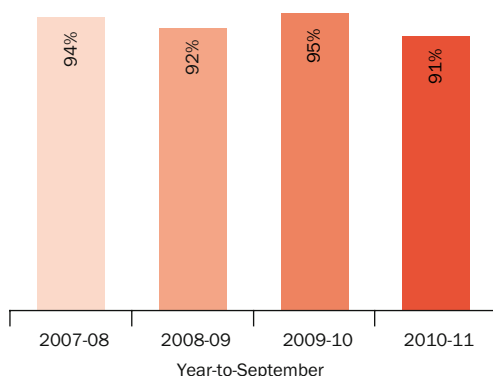
Median waiting time to surgery for ACT Public Hospitals

	Year-to-September			
	2007-08	2008-09	2009-10	2010-11
Category one	14 days	15 days	14 days	13 days
Category two	91 days	98 days	99 days	102 days
Category three	195 days	168 days	178 days	197 days
Total ACT	71 days	70 days	66 days	74 days

The median waiting time for all patients accessing elective surgery for the ACT public hospitals was 74 days for the year to September 2010 compared to the 66 days reported for the same period last year. In addition the median waiting time for the most serious elective surgery cases (category one patients) dropped marginally, from 14 days over the first three months of 2009-10 to 13 days for the same period this financial year (against the standard maximum waiting time of 30 days). The median waiting times for category two and three patients who had their surgery during the year-to-September 2010-11 has increased as ACT Health continues to focus on patients with extended waiting times.

Of the 799 people classified as category one patients and admitted for surgery over the first quarter of 2010-11, 725 people were admitted within the national standard of 30 days (91 percent). The Government continues to focus on ensuring that the most urgent elective surgery cases are seen on time, while also addressing those less-urgent patients with extended waiting times. While more needs to be done, the available evidence shows that this approach is working.

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



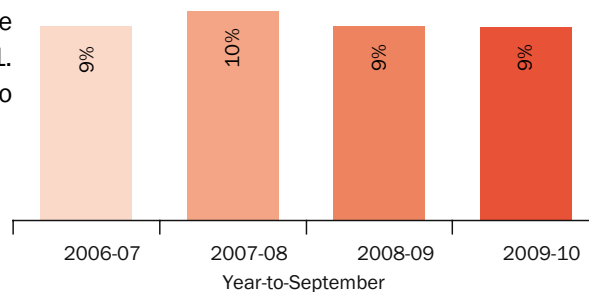
Elective Surgery Activity Breakdown

	Year-to-September			
	2007-08	2008-09	2009-10	2010-11
Removals	2417	2718	2466	2752
Greater than one year	885	707	606	798
Long Wait patients	1993	1743	1992	2121

The number of people who had elective surgery at ACT public hospitals over the first quarter of 2010-11 was 2,752, which was twelve percent above the 2,466 reported for 2009-10 for the same period last year and 92 above the target to the end of September 2010. Based on full year targets for elective surgery (10,712 at present), this will be a record high for the elective surgery procedures in the ACT. The full year target for the ACT for 2010-11 is 10,712, well above the 2009-10 outcome of 9,778. This figure is possible due to the additional \$14.7 million available to ACT Health over the next four years to increase access to elective surgery. The additional funding provided by both ACT and the Commonwealth governments for additional elective surgery in 2010 11 and beyond will see ACT Health provide record levels of surgery into the future.

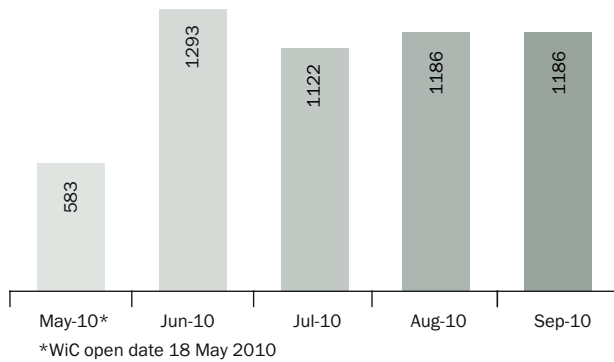
Proportion of patients who have their elective surgery postponed

Nine percent of elective surgery cases were postponed during the first quarter of 2010-11. The main reasons for postponement were due to the need to treat more urgent patients.



Walk-In-Centre

Australia's First Walk-In Centre

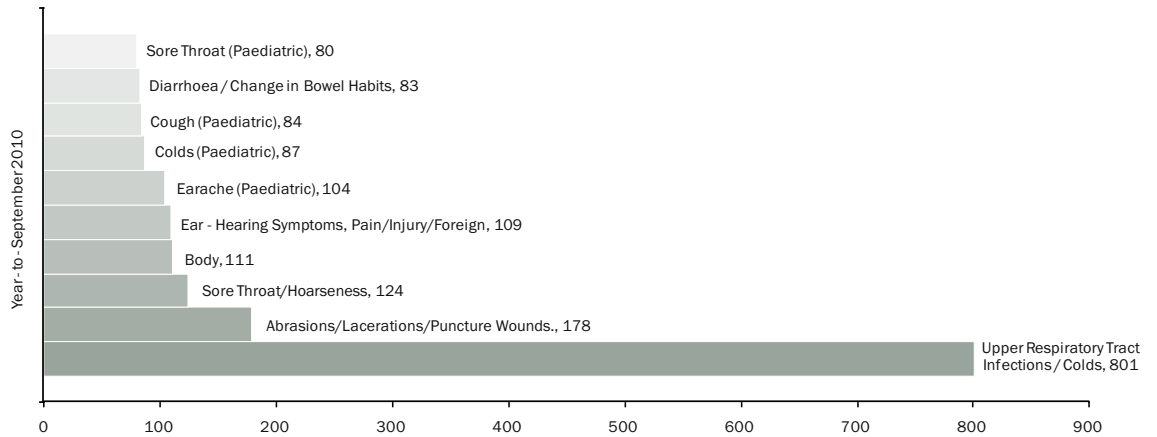


Australia's first public, nurse-led Walk-in Centre was launched on Wednesday, 12 May 2010. The Centre opened to the public from 7:00am on Tuesday, 18 May 2010. From the opening to end of September the centre has seen 5370 patients.

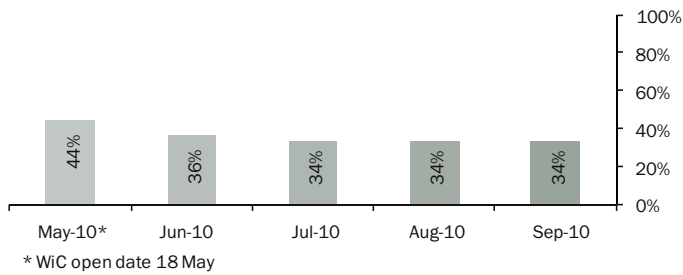
The new Centre, located on the campus of the Canberra Hospital at Garran, provides free treatment for people with minor illnesses or injuries. The Centre has been funded by the ACT and Commonwealth Governments.

The Commonwealth provided \$9.969 million for the recurrent funding of the Walk-in Centre for its first four years. The ACT Government provided the \$2.157 million for the capital costs of the building of the Centre and will fund the ongoing costs of the centre after its first four years.

The Walk-in Centre is designed to help people get fast, free, one-off treatment for minor illnesses and injuries. The people of Canberra will be 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.



If necessary, people are redirected to more appropriate services, such as their GP or the Emergency Department. The figures for people redirected currently do not split whether patients are treated then subsequently referred to these services or directly referred to these services. The percentage of patients redirected to other health care services (including but not limited to CALMS, ED, GP and Imaging) is shown below.



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.

The Walk-in Centre is a major new service for the people of the ACT and fulfils a commitment we made at the last the election.

People in our community now have access to a wide range of primary health services including their GPs, emergency departments, community health services, pharmacists and now the Walk in Centre.

The operation of the Walk-in Centre will be externally evaluated after its first year of operation. That evaluation will provide us with valuable information about the success of the new service and how we could further extend the concept to other areas of Canberra.

Emergency department services

Improvements in waiting times for emergency department care

ACT public hospitals have an excellent record of ensuring the most urgent category one patients are seen within clinically recommend timeframes.

Emergency department presentations seen on time

	Year-to-September			
	2007-08	2008-09	2009-10	2010-11
Category 1 (immediately)	100%	100%	100%	100%
Category 2 (<10 mins)	83%	86%	84%	79%
Category 3 (<30 mins)	46%	46%	57%	57%
Category 4 (<60 mins)	42%	41%	54%	54%
Category 5 (<120 mins)	74%	67%	76%	75%

Waiting times have increased in the first quarter because of a three percent increase in category 4 and 5 presentations to ED.

This increase in low acuity patients is partly due to the lack of General Practitioner services in the ACT and the lowest bulk billing rates in Australia.

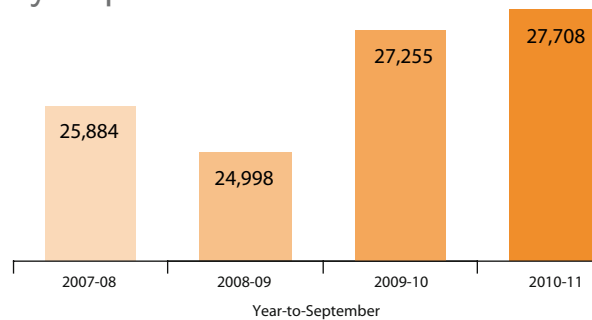
Category five emergency department presentations continue to exceed national benchmarks, with almost 75 percent of this cohort seen on time even with the 7 percent increase in category five patient presentations.

ACT Health is committed to improving waiting times for emergency department services. During 2009-10, the Government implemented a range of initiatives to further improve Emergency Department waiting times including:

- A Walk in Centre (WiC) opened in May last year. The Centre is designed to treat clients with less serious conditions to help alleviate the pressures on the Emergency Department. Based on preliminary data, over 5,370 people registered at the WiC for treatment to 30 September 2010.
- The opening of the 10 bed Short Stay Surgical Ward in 2009-10 reduces the number of short stay surgical patient in acute inpatient beds. This allows for better access to surgical beds from the emergency department. In addition in 2010-11 the government has implemented a Surgical Assessment and Planning Unit (SAPU) with 16 beds which provides for quick transfer from the Emergency Department for people who need surgery.

Presentations to ACT emergency departments

These initiatives are extremely timely given the continued increases in presentations to our emergency departments, with an increase of 453 presentations from the year to September 2010–11, compared with the same period in the 2009–10 financial year.



Emergency department access block

	Year-to-September	
	2010–11	Target
All Patients	27.5%	25.0%
Patients aged > 75yrs	37.8%	30.0%
Mental Health Clients	29.0%	15.0%

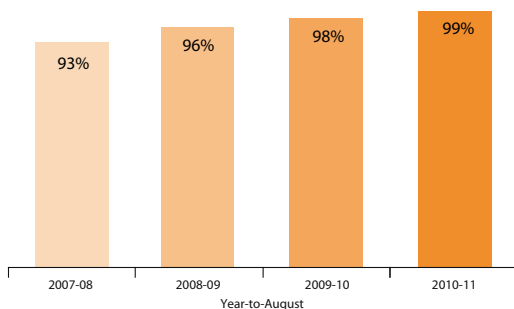
The proportion of patients who wait longer than eight hours from the start of treatment at an emergency department to transfer to a hospital bed (referred to as ‘access block’) was 2.5 percent above the target (25 percent) during the first quarter of 2010–11.

Access block for older persons has also shown slight increases and can be attributed to growth in overall presentations to the emergency department. There has also been a 9 percent increase in admissions of older persons via the Emergency Department.

The increase in presentation numbers has affected the access block rate for mental health clients as they posted a result of 29 percent. There has also been a 42 percent increase in admissions of mental health patients via the Emergency Department. The results for mental health should be assessed with care given the relatively low number of clients in this cohort. A new Mental Health Assessment Unit opened in April 2010 which enables mental health staff to provide more complex interventions within the Emergency Department can increase the length of time that some mental health clients spent in the Emergency Department. This increased length of time can result in an increase in access block.

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

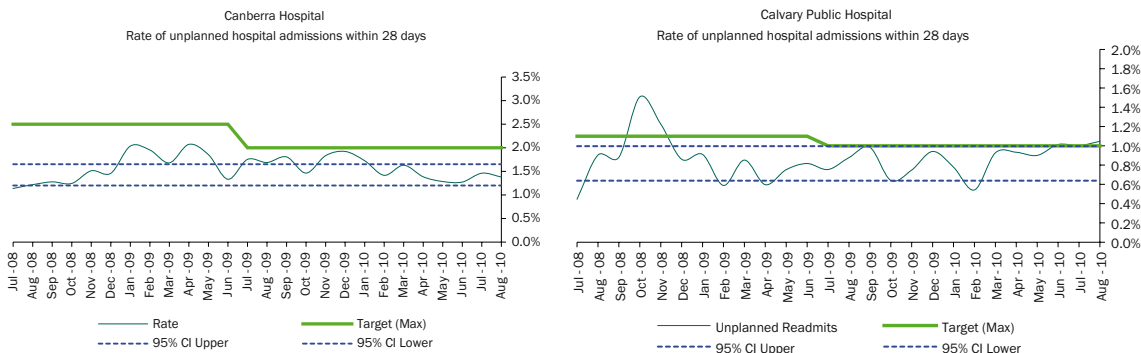
Ambulance off stretcher time



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

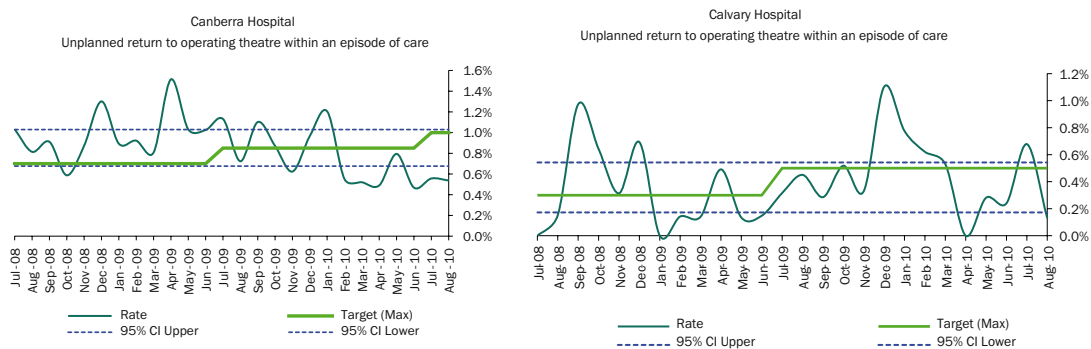
Patient safety and quality

Our hospitals continue to meet safety and quality standards



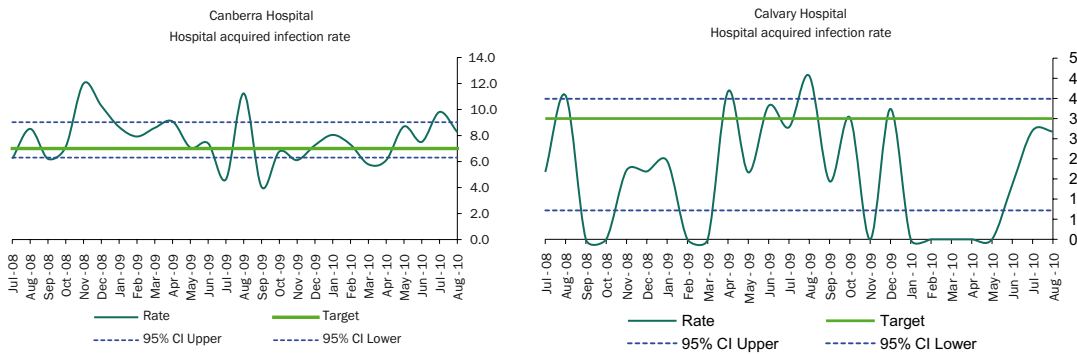
Due to the differing type and nature of services provided at each hospital campus the targets for each indicator are different. The Canberra Hospital—our major teaching and referral hospital—manages more complex patients and higher levels of complications can be expected.

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



The return to operating theatre within an episode of care at The Canberra Hospital for May 2010 is 0.79%. All cases are reviewed by safety and quality officers and the Clinical Director of Surgery. Due to the small volume of patients care must be taken in interpreting the results as small variations result in large fluctuations on charts.

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



Capital Region Cancer Service

Demand for radiotherapy services

The Capital Region Cancer Service provided care for 324 new radiotherapy patients in the first quarter of 2010–11. This is a slight increase on the 313 patients beginning radiotherapy services in the first quarter of 2009–10.

Percentage of radiotherapy patients who commence treatment within standard time frames

	Year-to-September			
	2007–08	2008–09	2009–10	2010–11
Urgent—within 48 hours	100%	100%	100%	100%
Semi Urgent—within 28 days	97%	90%	100%	100%
Non Urgent Category A—within 28 days	73%	65%	93%	99%
Non Urgent Category B—within 42 days	84%	79%	100%	100%
Total—All Radiotherapy Patients	83%	78%	97%	99%

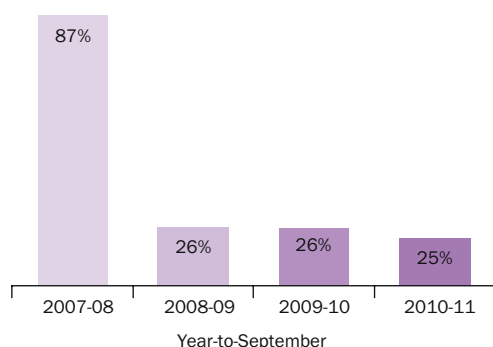
Waiting times for radiotherapy services have improved with 99 percent of all patients receiving care within standard timeframes over the first three months of 2010–11 compared with 97 percent for the same period in 2009–10.

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

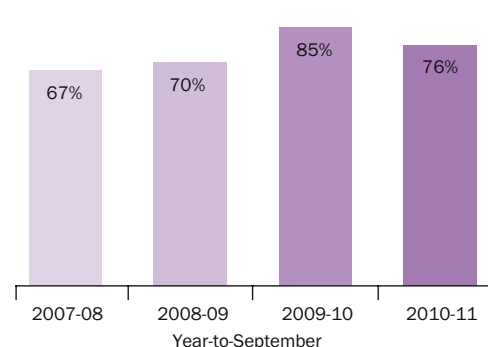
Most women return a ‘normal’ result from their screen; however, about one in twenty screens are referred to a specialist clinician for assessment and further investigation if required. The BreastScreen ACT Program currently has the best detection rate for all-size invasive cancers in the country¹.

Digital mammography machines and a Picture Archiving Communications System (PACS) 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.

BreastScreen—proportion of women who wait 28 days or less from their appointment date to the date of their breast screen



BreastScreen—proportion of women who receive an assessment within 28 days



BreastScreen provided more than 12,000 screens in the ACT in 2009-10 and a further 7,953 in South East NSW. In the first Quarter of 2010-11, BreastScreen ACT has provided screens to 3,150 ACT women and 2,147 NSW women. Strong demand for BreastScreen services and radiographer shortages continue to put pressure on waiting times for appointments. Identifying and implementing strategies to improve performance in this regard remains a priority.

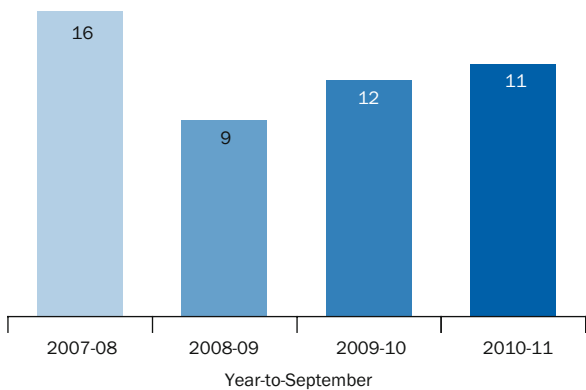
¹ Australian Institute of Health and Welfare 2010. BreastScreen Australia monitoring report 2006–2007 and 2007–2008: supplementary data tables. Cancer series no. 56. Cat. no. CAN 52. Canberra: AIHW.

Community Health Services

Dental wait times on target, immunisations above target

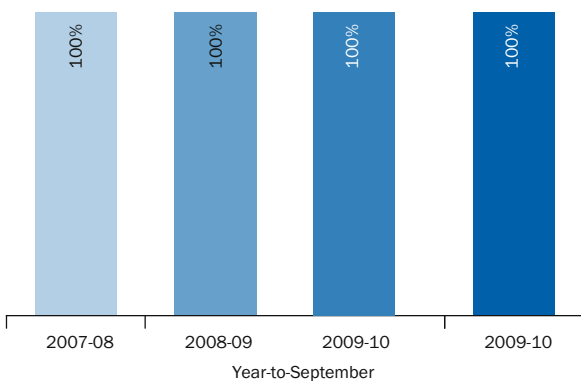
The additional funding added to the dental health program's budget by the government has resulted in a considerable improvement in the mean waiting time for appointments – from the 16 months recorded in the year 2007–08 to 11 months in 2010–11.

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



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

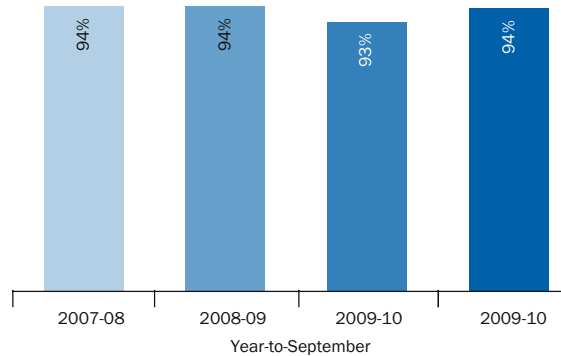
Dental Services – Proportion of urgent patients seen within standard waiting times



All patients gained access to urgent treatment within the set time frame of 24 hours.

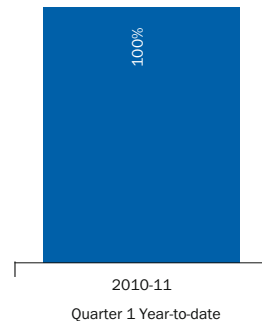
Immunisation rates for one year olds continue to exceed the national target of 90 percent, with 94 percent recorded in the September quarter 2010.

Childhood Immunisation
Proportion of one year olds fully immunised

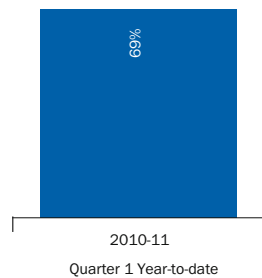


The previous combined Alexander Maconochie Centre (adult corrections centre) and Bimberi (the youth corrections centre) indicator has been revised to show individual performance from 2010–11.

Community Health—Proportion of offenders and detainees at the Alexander Maconochie Centre with a completed health care assessment within 24hrs of detention.



Community Health—Proportion of offenders and detainees at Bimberi Youth Detention Centre with a completed health care assessment within 24hrs of detention.



The new measures are not historically comparable to the previous combined indicator. In 2010–11, offenders who are detained for periods in which it is not possible to assess them due to unavailability of staff will be excluded from these measures.

Aged Care and Rehabilitation Service

Strong results continue for aged care services

Our aged care assessment team provided in hospital assessments within an average of 2.2 days during the first quarter of 2010–11. This level of service minimises delays in accessing out of hospital services for patients who no longer need hospital care.

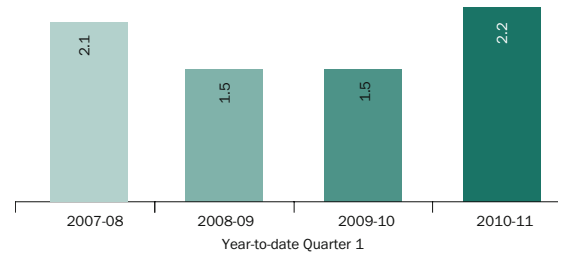
The average length of stay of acute rehabilitation of 27.5 days for the first quarter 2010-11 has increased two-fold compared to previous years. This increase is primarily due to a large accrual of patient bed-days on departure in the month of September from the Rehabilitation and Rheumatology ward (12B) at The Canberra Hospital.

An additional 22 new sub-acute hospital beds will be made available over four years, funded through the National Health Reform Package. These beds will free up acute beds and allow for more appropriate level of care for sub-acute patients.

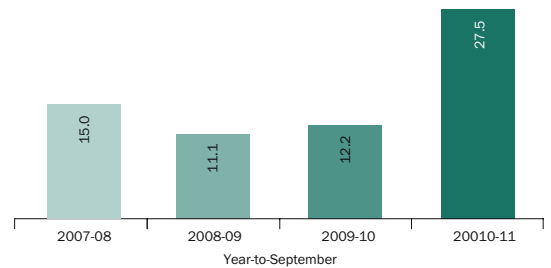
It is important that clients who receive care from the Aged Care and Rehabilitation Services of the ACT are discharged from care with comprehensive discharge plans. This level of service ensures that these clients receive the most appropriate and timely follow up to further care, and assists in their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

The rate at which clients in the Aged Care and Rehabilitation Service receive a comprehensive discharge plan is 99 percent in the first quarter 2010–11.

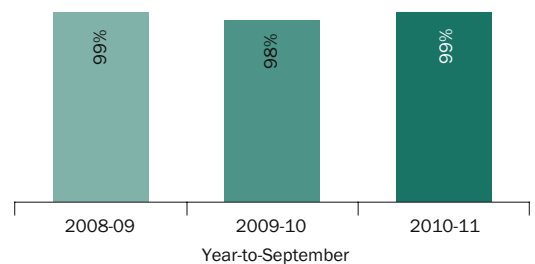
Aged Care and Rehabilitation Service—Average Waiting Time for ACAT Assessments



Aged Care and Rehabilitation Acute Rehabilitation Average Length of Stay



Proportion of Aged Care and Rehabilitation Services clients discharged with a comprehensive discharge plan



Births at ACT Public Hospitals

Births increasing in ACT public hospitals

Based on preliminary data, a total of 1,093 babies were born at ACT public hospitals in the first quarter of 2010–11. 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.

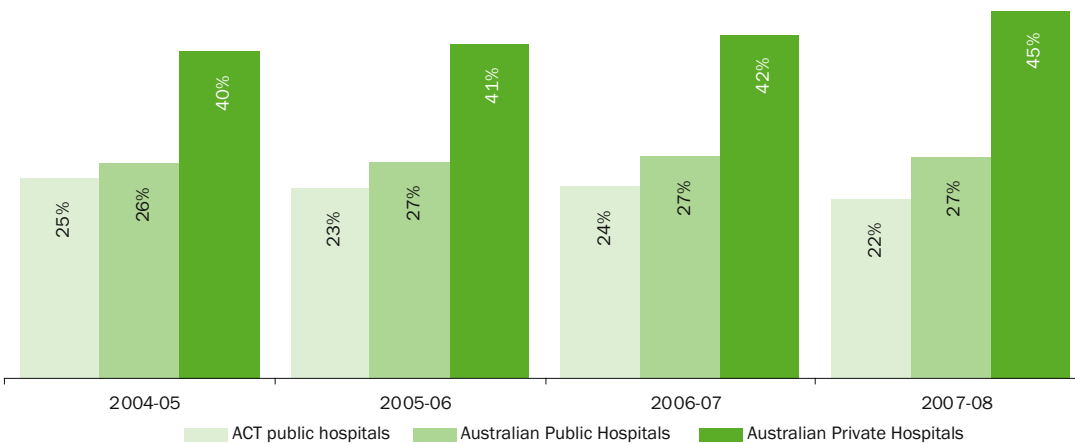
ACT Public Hospital births and caesarean sections

	Year-to-September			
	2007–08	2008–09	2009–10	2010–11
ACT Public births	909	948	1075	1093
Caesarian sections	210	249	268	261

In the first quarter 2010–11, preliminary results show the number of caesarean sections performed in ACT public hospitals remained comparable to the previous year (261 procedures) from the results for the same period in 2009–10.

The ACT Government has provided an additional \$2 million in 2010–11 to fund this increased demand in Obstetrics and Gynaecology Services.

Proportion of Births by Caesarean Section ACT public hospitals, Australian public hospitals, and Australian private hospitals.



Source: Australian Institute of Health and Welfare

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

Mental Health services

Mental Health ACT continues to report strong results for the proportion of patients discharged from an inpatient service who receive follow-up care within seven days. Timely follow-ups can reduce the number of people who need to be readmitted to an inpatient service. The result for the first quarter 2010–11 of 74 percent is better than that reported in 2008–09. This is a particularly good result despite the increase in voluntary short-stay admissions, with this client group more likely to elect to receive follow-up with their GP or private psychiatrist, rather than from ACT Mental Health services.

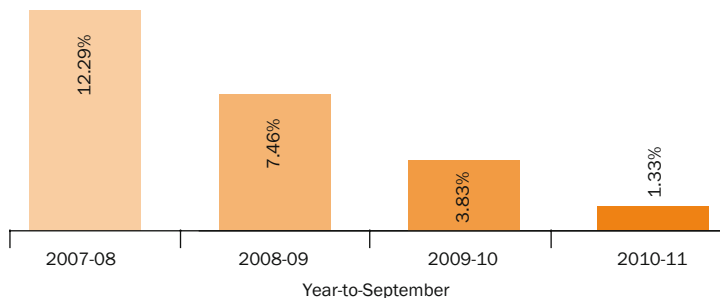
	Year to September		
	2008-09	2009-10	2010-11
% Inpatients contacted within 7 days post-discharge	69%	76%	74%
Proportion of clients discharged with a completed outcome assessment	74%	70%	53%
Proportion of mental health committees with consumer and carer representation	100%	100%	100%

A total of 53 percent of patients discharged from an inpatient mental health service have completed outcome assessments. This outcome must be taken in consideration of the 4877 outcomes recorded in the first quarter; this figure has increased by 48 percent compared to the 3285 outcomes in the previous year. Furthermore this figure does not represent that there were an additional 12percent (266) completed assessments compared to the 2310 in the previous year.

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 2009–10 and further in 2010–11 compared with last year and two years ago. The current result of 1.33percent is significantly better than the target set at nine percent and is the lowest level of seclusion on record.

Use of seclusion of clients of Mental Health ACT



Selected activity statistics

	Year to September*		% VAR
	2009-10	2010-11	
ACT Health cost-weighted separations (Round 12-DRG version 5.1)			
Output 1.1—Acute services	21 033	20 929	-0%
Output 1.2—Mental Health services	727	746	3%
Output 1.5—Cancer services	1 184	1 045	-12%
Output 1.6—Aged care & rehabilitation services	1 202	1 142	-5%
Total cost weighted separations	24 146	23 862	-1%
Inpatient Activity			
Day only patient days (total across all outputs)	12 202	12 307	1%
Overnight patient days (total across all outputs)	60 189	65 698	9%
Nursing Home Type Patient (NHTP) Bed-Days (on separation) **	1 618	1 734	7%
Day of Surgery Admission rate	87%	90%	2%
NSW residents as a proportion of total hospital separations	23%	23%	0%
Emergency surgery as a proportion of total surgery	46%	47%	1%
Allied health services - Provided in ACT public Hospitals	22 725	23 376	3%
Admissions via Emergency department	6 508	6 544	1%
Admissions to Emergency Department observational wards	2 955	2 605	-12%
Admissions from the Emergency Department to ICU, Surgery, and general wards	3 553	3 939	11%
Emergency Department Activity			
Category 1 Seen (immediate - 2 mins)	120	103	-14%
Category 2 Seen (within 10 mins)	2 484	2 500	1%
Category 3 Seen (within 30 mins)	8 289	8 282	0%
Category 4 Seen (within 60 mins)	10 337	10 844	5%
Category 5 Seen (within 120 mins)	2 850	3 016	6%
Emergency Department Presentations seen	24 080	24 745	3%
Did Not Waits	3 175	2 963	-7%
Total Emergency Department Presentations	27 255	27 708	2%
Elective Surgery			
Additions to the public hospital elective surgery waiting list	3 277	3 215	-1.89%
Numbers of people on the elective surgery waiting list	5 188	5 268	1.54%
Removals from the list for surgery	2 466	2 754	12%
Removals from the list for other reasons	575	670	17%
Patients on the list recorded as "not ready for care"	568	658	16%

Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	14	13	-1 days
Category two patients (admission desirable within 90 days)	99	102	3 days
Category three patients (admission desirable within 365 days)	178	197	19 days

Elective endoscopies

Median waiting time to care by patient urgency category

Category one patients (admission required within 30 days)	27	18	-9 days
Category two patients (admission desirable within 90 days)	125	104	-21 days
Category three patients (admission desirable within 365 days)	372	273	-99 days

Breast screens

Total Number of ACT women	3 673	3 150	-14%
Participation rate 50-69	53%	54%	0%
Additions to the Cervical Cytology Register	8 615	8 832	3%

Community Health

Allied health services - Number of regional services	5 754	6 203	8%
Community Nursing – Number of Nursing (Domiciliary and clinic based occasions of service)	19 641	21 379	9%

Mental Health—Community Services by Group

Adult	44 985	43 888	-2%
Child & Adolescent	13 577	12 585	-7%
Older persons	3 433	4 779	39%

Outpatient Care - Non Admitted Services

ACT public hospitals	75 547	77 845	3%
Cancer services	14 111	13 796	-2%
Aged care and rehabilitation services	500	574	15%
Total outpatient occasions of service	90 158	92 215	2%

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

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

Glossary

Emergency department

Triage category	<p>Patients presenting to an emergency department are seen on the basis of clinical urgency as determined by trained medical professionals. Patients are classified into one of five categories, and their access to treatment is based on this clinical categorisation</p> <ol style="list-style-type: none"> 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
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 longer than eight hours from the time that treatment commences to the time that the patient is transferred to a hospital ward.</p>

Elective surgery

Urgency category	<p>Patients listed for elective surgery at ACT public hospitals are assigned one of three priority categories based on their surgeon's opinion about the urgency of the need for surgery in accordance with the definitions in the National Health Data Dictionary:</p> <ol style="list-style-type: none"> 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 (ACT Health 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	<p>The number of patients on the ACT public hospitals' waiting lists who have had surgery within a given period whose waiting time was longer than the standard waiting time for their condition when admitted for surgery.</p>

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

Intensive care unit

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

Endoscopy

Urgency category See entry for elective surgery

Median waiting time See entry for elective surgery

Dental services

Waiting times (urgent) The proportion of dental health program clients assessed as in need of emergency services who receive care within 24 hours of a request

Waiting times (general) The average waiting time (in months) that clients of the adult centralised waiting list wait for care from the time of the request of an appointment to the date of the appointment with the dental health program

Radiotherapy

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

Waiting times (general) The proportion of all new radiotherapy patients who are provided with treatment within 28 days of a request

Breast screening

Wait time to assessment The proportion of women requiring assessment who wait 28 days or less from their breast screen appointment to their assessment appointment

Wait time to appointment The proportion of women who wait 28 days or less from their appointment date to the date of their breast screen

Number of screens Number of ACT women who are provided with breast screens within a given period

Participation rate The proportion of women in the ACT in the targeted age group for breast screening (50 to 69 years) who have had a breast screen within the last two years at any given time.

Bed usage

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

Ambulance services

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

Rehabilitation

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

Aged care assessment

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

Patient safety

Unplanned return to Hospital within 28 days The proportion of patients who are readmitted within 28 days to the same hospital in which they were previously a patient, where the readmission was:

- unexpected for further treatment of the same condition for which the patient was previously hospitalised
- unexpected admission for treatment of a condition related to one for which the patient was previously hospitalised
- unexpected admission for a complication of the condition for which the patient was previously hospitalised

Unplanned return to the operating theatre The proportion of patients who are required to return to the operating room for a further procedure related to complication(s) of a previous operation/procedure within a single admission

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

Mental health

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

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

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

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

Immunisation

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

Opioid treatment

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

Inpatient separations (Admitted patients)

Cost weighted separations	The number of separations (completed episodes of care) expressed in cost weighted terms. "Cost weighting" allocates a weight for each hospital episode based on the average level of resources used for each type of episode (with the average episode receiving a weight of "1"). As examples, a standard dialysis episode has a weight of 0.17 of the average and a knee replacement has a weight of about "5" (or five times the average. ACT Health used national public hospital cost weights (Round 9) for counting of hospital episodes in 2007–08.
Day only separations	The number of admitted patients (inpatients) who are admitted and separated on the same day.
Overnight separations	The number of admitted patients who are admitted and separated on different days
NSW separations	The proportion of patients separated from ACT public hospitals whose residential address is in NSW
Patient days	In accordance with national definitions, the number of days that a patient spends in hospital. All day only (or same-day) patients are counted as spending one full day in hospital (regardless of the time actually spend in hospital). For non same-day patients, the number of days is calculated by subtracting the separation date from the admission date (in full days)
Nursing home type patient days	The number of patient days on separation for all patients who have been classified as nursing home type patients.
Emergency surgery as a proportion of all surgical services	The proportion of patients who have surgery as a result of an emergency against the total number of surgical procedures
Day of surgery rate	The proportion of all elective surgery cases who are admitted to hospital on the same day that they have their surgery.
Births	The number of births reported at our public hospitals in a given period
Caesarean births	The proportion of all births at public hospitals that are reported as being undertaken as caesarean sections.

Mental health

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

Allied health (in hospitals)	The number of allied health occasions of service provided to hospital inpatients (covering the areas of: <ul style="list-style-type: none">▪ Physiotherapy▪ Occupational Therapy▪ Social Work▪ Psychology▪ Speech Pathology▪ Nutrition
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Allied health (community)	<p>The number of allied health occasions of service provided to clients in a community setting (including their home or in a clinic) in the following areas:</p> <ul style="list-style-type: none"> ▪ Physiotherapy (home and clinic) ▪ Occupational Therapy (home visits) ▪ Social Work (home and clinic) ▪ Podiatry (clinic) ▪ Nutrition (home and clinic)
Community nursing	<p>The number of community nurse occasions of service provided to clients of the ACT Health Continuing Care area, including:</p> <ul style="list-style-type: none"> ▪ Home visits ▪ Ambulatory care visits ▪ Foot care clinics ▪ Continence clinics ▪ Wound clinics ▪ Stoma clinics

Non-admitted Services (outpatient)

Occasions of service	<p>The number of occasions of service provided by outpatient clinics at our public hospitals, reported in terms of organisational responsibilities:</p> <ul style="list-style-type: none"> ▪ Public hospitals ▪ Capital region cancer service ▪ Aged care and rehabilitation service <p>A non-admitted (outpatient) occasion of service is an episode of care where a client interacts with one or more health professionals for assessment, consultation and/or treatment, but does not undergo a hospital's formal admission process</p>
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