



# ACT PUBLIC HEALTH SERVICES

## Quarterly Performance Report

December 2015

December 2015

## Introduction Summary

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

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

In the first six months of 2015–16, 62% of all Emergency Department presentations had a length of stay of four hours or less. This result improved by 1% when compared with the results reported for the same period last year.

In the first six months of 2015–16, ACT public hospitals' occupancy was 86%, this is consistent with the results for the same period in the previous year.

In the first six months of 2015–16, 86% of all radiotherapy patients were seen within standard timeframes. In 2014–15 the radiotherapy performance measures and targets were revised in line with the National Radiation Oncology Practice Standards. This means that radiotherapy waiting time results from 2014–15 on, are no longer comparable with previous years.

There have been a total of 2,634 births at ACT public hospitals in the first six months of 2015–16.

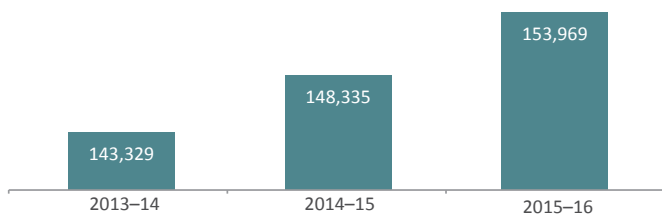
**Note:** ACT Health undertakes data validations and continuous data quality improvement. This may lead to minor changes in activity figures across years.

December 2015

## Our public hospitals

In the first six months of 2015–16, ACT public hospitals provided 153,969 overnight hospital bed days of care, a 4% increase when compared to the same period last year. In 2014–15, ACT public hospitals provided over 148,335 overnight hospital bed days of care, an increase on the result of 143,329 reported for 2013–14.

ACT Public Hospitals Overnight Bed Days  
July to December



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

During the first six months of 2015–16, ACT public hospitals reported an occupancy rate of 86%, maintaining the improved results of 2014–15 despite increased activity.

### Our public hospital activity

	July to December		
	2013–14	2014–15	2015–16
Overnight bed occupancy rate	92%*	87%	86%
Inpatient episodes of care	48,731	51,369	53,178
Non-same day bed days	143,329	148,335	153,969
Non-admitted (outpatient) occasions of service	277,737	287,289	299,752

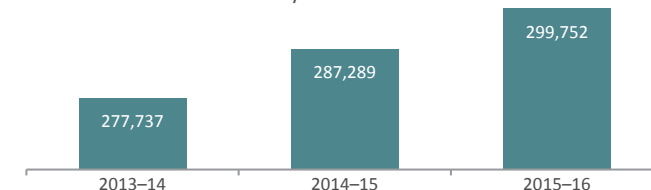
\* The counting methodology for the bed occupancy rate changed from 2014–15. The revised method counts all minutes of care provided as they occur, differing from the historic method of only counted activity of patients after they had left the hospital. This change means reliable comparisons of bed occupancy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

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

The first six months of 2015–16 saw 299,752 non-admitted occasions of service provided, an increase of 4% on the same period last year.

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

ACT Public Hospitals  
Growth in non-admitted outpatient occasions of service  
July to December



December 2015

## Births at ACT public hospitals

### Births in ACT public hospitals

In the first six months of 2015–16, 2,634 mothers gave birth in ACT public hospitals. This is consistent with the same period in 2014–15.

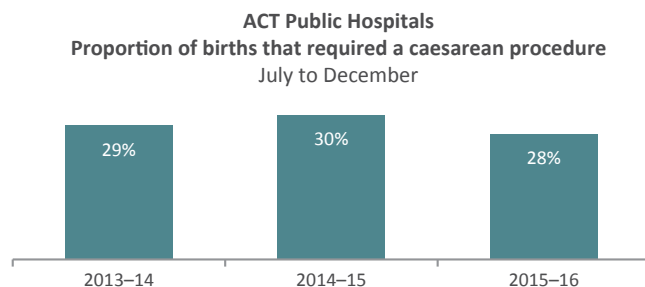
#### ACT Public Hospital births and caesarean sections

	July to December		
	2013–14	2014–15	2015–16
ACT Public birthing episodes*	2,514	2,625	2,634
Caesarean sections	728	787	749

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

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

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



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

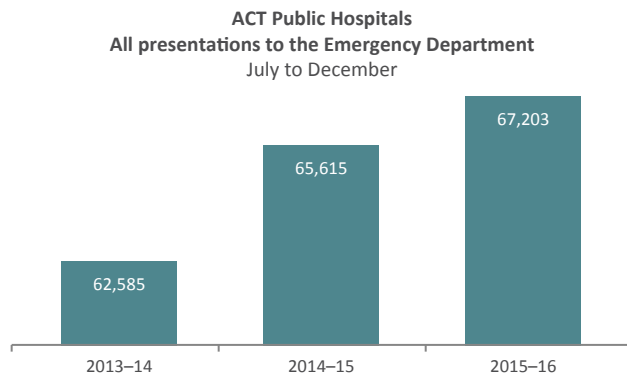
In March 2014 a Community Midwifery Program (CMP) at Calvary Public Hospital was established to further enhance obstetric services at Calvary.

December 2015

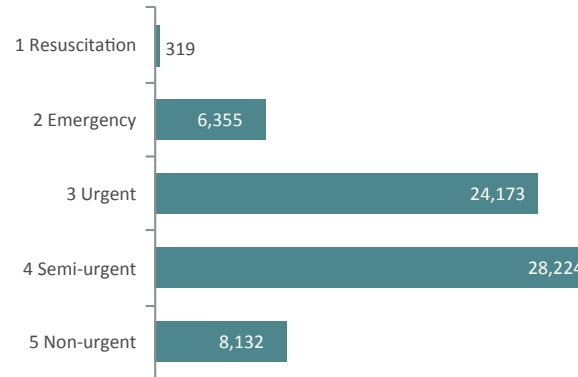
## Emergency Departments

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

In 2014–15, Emergency Department presentations (ED) continued to grow at record levels compared to previous years. In the first six months of 2015–16, this trend continues with 67,203 presentations to ACT EDs. This result is a 2% increase when compared with the same period last year.



**Attendances at ACT emergency departments by triage category  
July to December**



A breakdown of emergency attendance figures shows that patients in the resuscitation category (triage 1) accounted for less than 1% of all people triaged in ACT EDs; 9% were triaged in the emergency category (triage 2); 36% were categorised as urgent (triage 3); 42% were semi-urgent (triage 4); and 12% were non-urgent (triage 5).

ED Activity	July to December		
	2013–14	2014–15	2015–16
Admissions via the ED	17,010	18,063	19,129
Patients treated and discharged	41,879	43,567	44,542
Patients that did not wait to be seen	3,696	3,985	3,532

Admissions to hospital via the Emergency Department have increased, with 19,129 recorded in the first six months of 2015–16. This is a 6% increase when compared to the 18,063 reported for the same period last year. While the majority of patients leave the ED after their treatment is complete, or when they are admitted to hospital, some patients choose not to wait to begin, or complete their treatment.

Despite the significant increase in demand the 'did not wait' rate has decreased in the first six months of 2015–16, with a result of 5% reported, 1% lower than the result reported for the same period last year and well below the target of 10%.

December 2015

## Emergency Departments (continued)

### ED timeliness

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

Emergency department presentation seen on time	YTD 2015–16		
	2014–15	2015–16	Target
Category 1 (immediately)	100%	100%	100%
Category 2 (<10 mins)	79%	78%	80%
Category 3 (<30 mins)	46%	46%	75%
Category 4 (<60 mins)	49%	53%	70%
Category 5 (<120 mins)	82%	87%	70%
<b>Total All Categories</b>	<b>56%</b>	<b>57%</b>	<b>70%</b>

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

### Waiting time to be seen in ACT public hospital EDs

Waiting time between earliest event in episode and seen time	Triage category					Total
	Resuscitation — Immediate within seconds	Emergency <= 10 mins	Urgent <= 30 mins	Semi-urgent <= 60 mins	Non-Urgent <= 120 mins	
	Median	Median	Median	Median	Median	Median
July to December 2014–15	0:00:00	0:05:00	0:36:00	1:02:00	0:50:00	0:42:00
July to December 2015–16	0:00:00	0:05:00	0:35:00	0:56:00	0:41:00	0:37:00

### ED triage examples

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

In the first six months of 2015–16, the largest volume category of patients that presented to ACT Emergency Departments were triage category 4.

According to the Australian Institute of Health and Welfare (AIHW) report titled Australian hospital statistics Emergency department care 2014–15<sup>1</sup>, the ACT had the highest proportion of non urgent triage category five patient presentations to the Emergency Departments when compared to all other jurisdictions.

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

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



December 2015

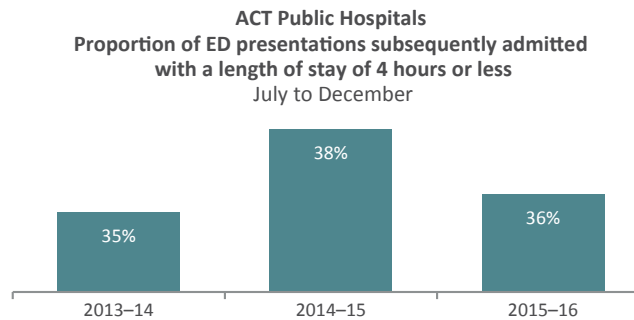
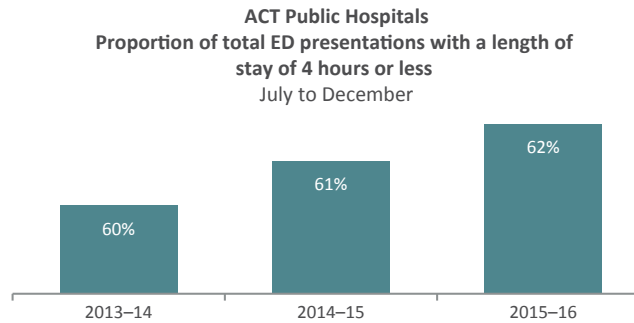
## Emergency Departments (continued)

### Length of stay in ACT public Emergency Departments

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

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

During the reporting period, 62% of patients presenting to EDs experienced a wait of four hours or less. Of all ED presentations resulting in patient admission, 36% experienced lengths of stay of less than four hours. This represents a 2% decrease in the result compared to the same period last year.



## Mental Health Services

The most recent national publication released by the AIHW is the Mental Health Services in Brief Report 2015<sup>2</sup>, which examines each jurisdiction's post discharge follow up performance for 2012–13, and shows the national rate is 61%. The ACT well exceeds the national rate.

% Inpatients contacted within 7 days post-discharge			
July to December	2014–15	2015–16	Targets 2015–16
ACT Public Hospitals	71%	77%	75%

In the first six months of 2015–16, the ACT reported a seclusion result of 4%, just above our local target of 3%. Mental Health ACT has implemented a number of initiatives to reduce the level of clients secluded during an inpatient episode.

ACT Public Hospitals Seclusion Rates		
July to December	2014–15	2015–16
ACT Public Hospitals	4%	4%

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

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

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

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

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

Percentage of clients with outcome measures completed			
July to December	2014–15	2015–16	Targets 2015–16
ACT Public Hospitals	66%	64%	65%

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

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

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

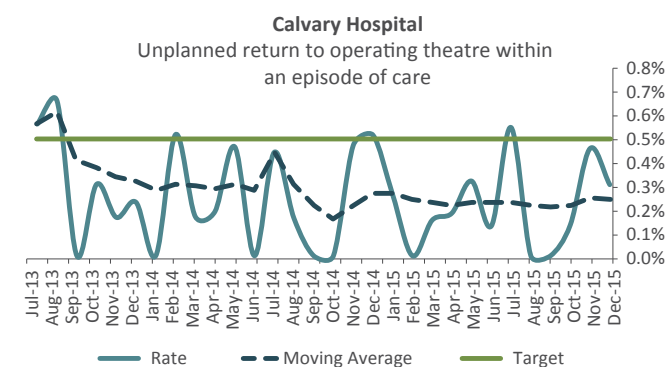
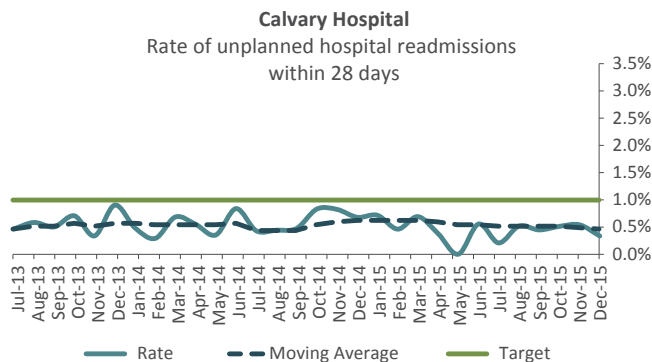
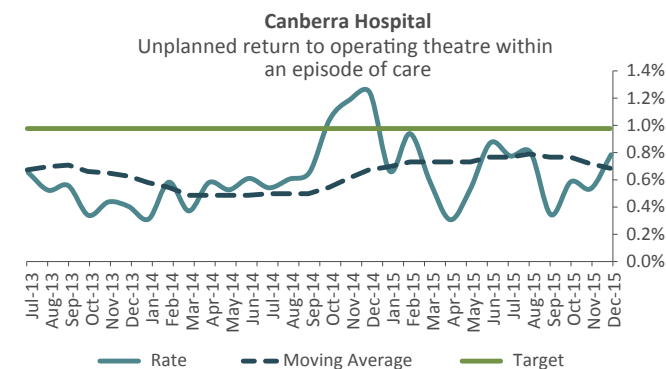
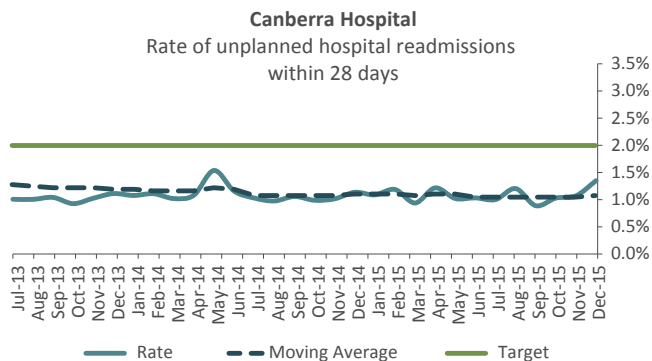


## Patient Safety and Quality

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

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

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



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

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

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

December 2015

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

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

The ACT combined result for the first six months of 2015–16 was 0.71 cases per 10,000 bed days, this is below the 2014–15 result of 0.84 cases for the same period last year. The results for this period for both Canberra Hospital (0.87 cases over 10,000 bed days) and Calvary Hospital (0.22 cases per 10,000 bed days) were below the targets of 2.0 per 10,000 bed days.

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

## Hand Hygiene audit results

Hand Hygiene	2014–15 Target	2014 June Audit	2014 October Audit	2015 March Audit	2015 June Audit	2015 October Audit
Canberra Hospital	70%	74%	76%	79%	82%	82%
Calvary Public Hospital	70%	83%	73%	77%	87%	83%

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

## Regional Cancer Services

### Radiotherapy

ACT Health Cancer Services provided care for 684 new radiotherapy patients over the first six months of 2015–16.

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

	July to December	
	2014–15	2015–16
Emergency: within 48 hours	100%	100%
Palliative: within 2 weeks	89%	83%
Radical: within 4 weeks	98%	87%
Total – All Radiotherapy Patients	95%	86%

Notes:

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

In the first six months of 2015–16, 86% of all radiotherapy patients were seen within standard timeframes.

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

December 2015

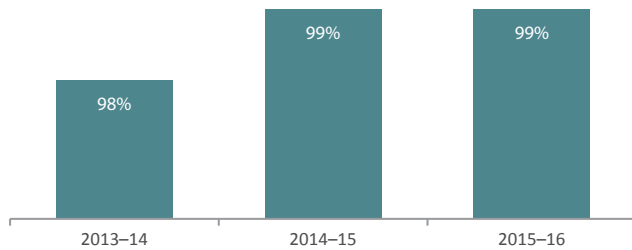
## Breast Screening

There were a total of 7,843 breast screens performed in the first six months of 2014–15. In the first six months of 2015–16, the number increased to 8,940.

In the first six months of 2015–16, 99% of BreastScreen clients waited less than 28 days for their screening appointment

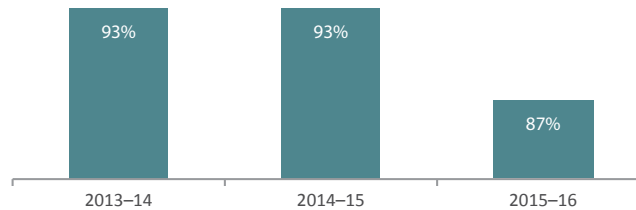
The BreastScreen program has availability of screening appointments, and is undertaking an active recruitment campaign using multiple strategies, including contacting lapsed attendees and sending letters to General Practitioners to encourage more women to have a breast screen.

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



In the first six months of 2015–16, 87% of BreastScreen clients assessed as requiring an assessment waited less than 28 days for their assessment appointment. Although the percentage is down compared to the same period last year, this indicator deals with relatively few women (around 70 per month) and has been affected by a number of women choosing later appointments for their own reasons.

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



\*Excludes women from NSW.

December 2015

## Rehabilitation, Aged and Community Care

For the first six months of 2015–16, there were total of 5,484 Occupied Bed Days for nursing home type patients, which is a 1 per cent increase when compared to the corresponding period for 2014–15.

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

	July to December		
	2013–14	2014–15	2015–16
Average length of stay (ALOS) for Aged Care and Rehabilitation patients at ACT public hospitals	14	14	13
Aged Care and Rehabilitation non same day bed days at ACT public hospitals	17,445	18,198	19,036
OBDs for nursing home type patients (Canberra Hospital only)	2,687	5,406	5,484

Notes:

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

December 2015

## New South Wales Activity

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

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

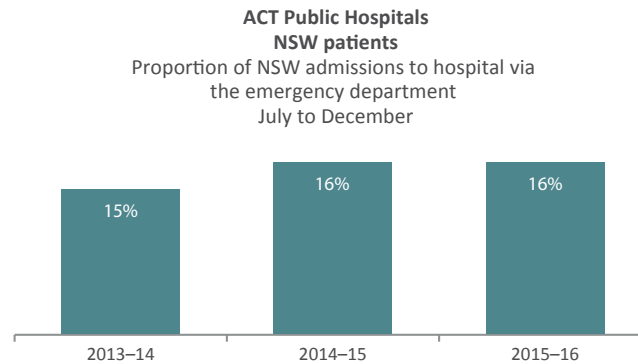
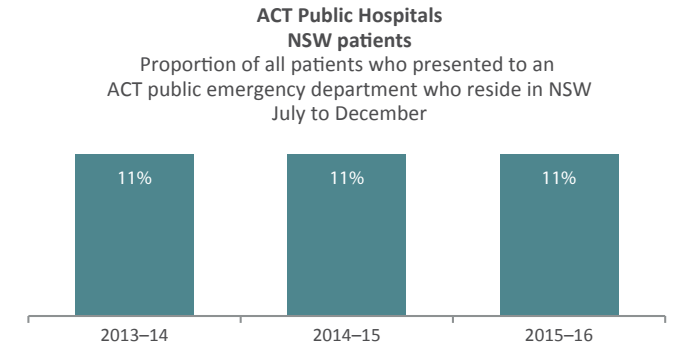
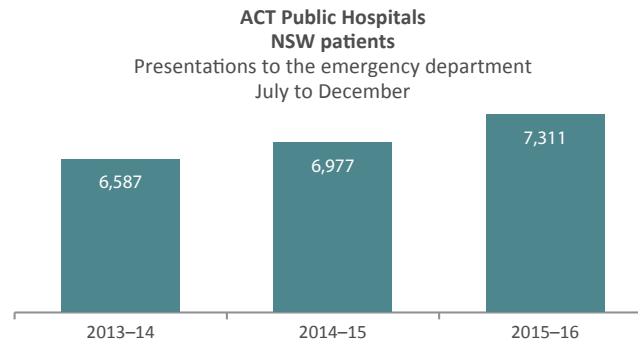
Almost a third of all surgical procedures performed in ACT Public Hospitals are performed on patients who reside in NSW.

### NSW patients accessing surgery in ACT Public Hospitals

July to December 2015			
ACT public hospitals	Total Surgery	Elective Surgery	Emergency Surgery
Total all Patients	10,221	6,193	4,028
Total NSW	2,988	1,833	1,155
% NSW patients	29%	30%	29%

Many patients who reside in NSW also attend our public hospital Emergency Departments for a range of reasons. In the first six months of 2015–16, there were 7,311 NSW patients presented to ACT Public Hospital EDs for treatment, accounting for 11% of all Emergency Department presentations and 16% of the total admissions through the ED. These results remain consistent compared to the same period for previous years.

### NSW patient activity



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

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

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

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

	July to December		
	2013–14	2014–15	2015–16
Emergency Department presentations	1,816	1,907	2,189
Admitted inpatient episodes of care	1,064	955	1,233
Elective Surgery operations performed	123	134	160

The AIHW report titled Elective surgery waiting times 2014–15<sup>5</sup>, noted that the median waiting times for Indigenous Australians having elective surgery in the ACT improved from a 61 day wait time in 2013–14 to a 44 day wait in 2014–15, with the national figure being 42 days.

### Immunisation rates for the ACT indigenous population

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

Immunisation rates for vaccines in the national schedule for the ACT Indigenous population:	2015–16 target	2015–16 Result (YTD September)
12 to 15 months	>90%	95%
24 to 27 months	>90%	81%
60 to 63 months	>90%	97%
All	>90%	91%

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

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

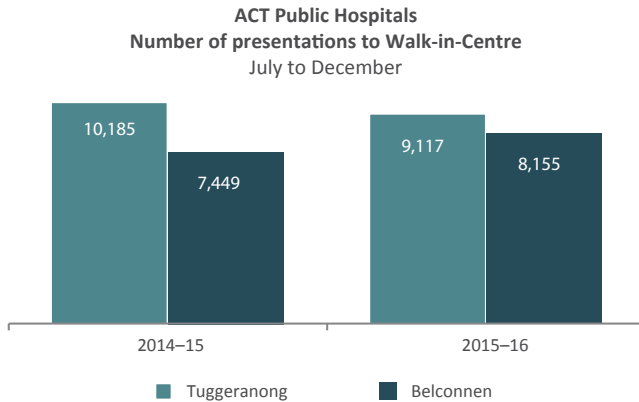
Other health services provided to Indigenous Australians in ACT — July to December	2015–16
Proportion of breast screens performed for women 50–69 yrs	0.61%
Proportion of mental health community occasions of service for Aboriginal/Torres Strait Islander consumers	5.6%
Number of Aboriginal/Torres Strait Islander Births	82
Proportion non-admitted occasions of service provided to Aboriginal/Torres Strait Islander clients	1.9%
Total non-admitted occasions of service provided to Aboriginal/Torres Strait Islander clients	4,358

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

December 2015

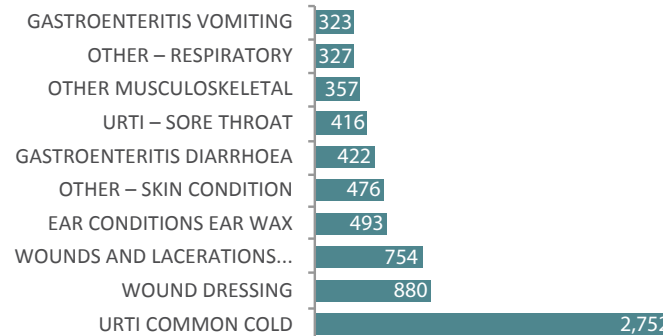
## Walk-In-Centre

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



In the first six months of 2015-16 the Tuggeranong WiC reported 9,117 presentations and the Belconnen WiC reported 8,155 presentations. While total YTD presentations at both centres are in line with the same time last year, presentations at Belconnen have increased by 9%, while presentations at Tuggeranong are down 10%.

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



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



December 2015

## Surgery in ACT public hospitals

Since 2013–14, the number of surgeries performed has risen by 7%. The most significant increase has occurred in emergency surgery which has grown by 13%. The first six months of 2015–16 has seen a continuation of the increase in surgical services demand with 10,221 surgeries performed, an increase of 3% when compared to the same period last year.

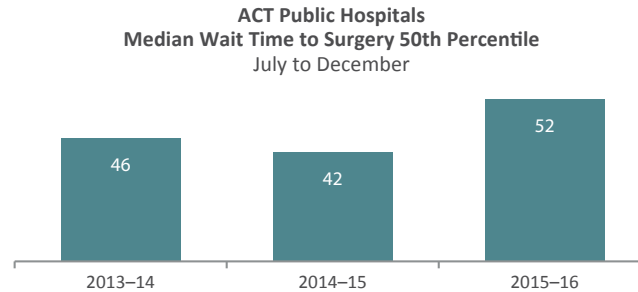
### Total surgery performed in ACT public hospitals

	July to December		
	2013–14	2014–15	2015–16
Emergency Surgery	3,558	3,685	4,028
Elective Surgery	5,977	6,204	6,193
Total Surgery Performed	9,535	9,889	10,221

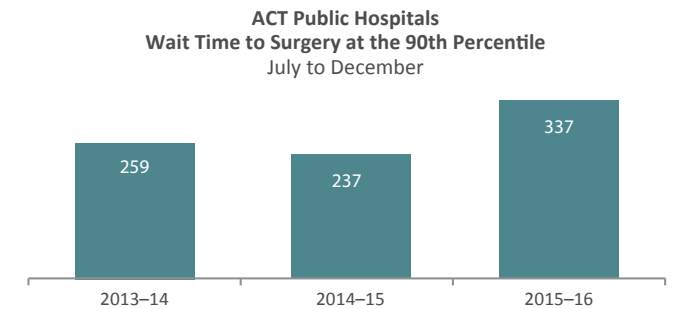
### Increasing access to elective surgery

In November 2015 the Government announced a ‘short-term blitz’ to provide additional surgery capacity over 2015–16 to significantly increase access to surgery and reduce the numbers of people waiting longer than clinically recommended timeframes.

For the first six months of 2015–16, the median waiting time was 52 days. This result is higher compared to the same period last year and higher than the 2014–15 national median wait time of 35 days reported by the AIHW<sup>6</sup>.



In the first six months of 2015–16 waiting times at the 90th percentile increased to 337 days.

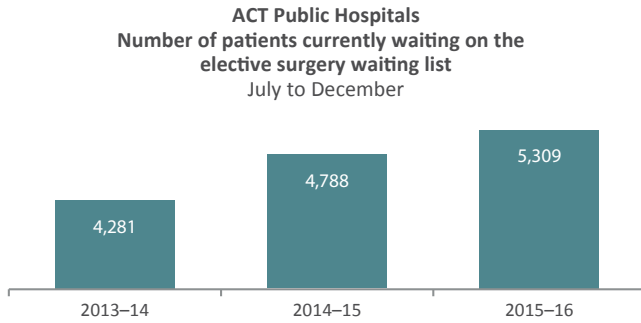


<sup>6</sup> <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129553169>

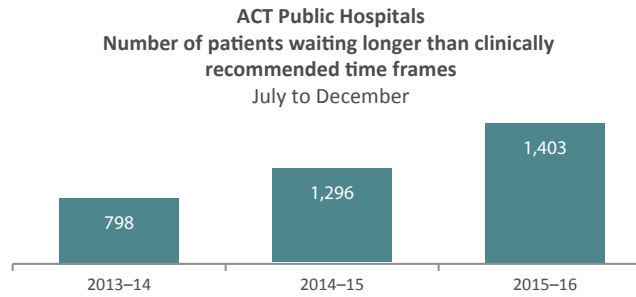
## Surgery in ACT public hospitals (continued)

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

The increase in demand for elective surgery over the last three years has seen the numbers of patients waiting for elective surgery grow. At the end of December 2016 there were 5,309 patients on the elective surgery waiting list.



At the end of December 2015 ACT Public Hospital had a total of 1,403 long wait patients waiting for surgery. This is higher when compared with the same period last year.



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

### Reducing overdue patients by surgical specialty

Surgical Specialties	December		
	2014	2015	2016
Cardiothoracic surgery	1	1	0
Ear, Nose & Throat surgery	234	424	360
General Surgery	56	94	63
Gynaecology surgery	25	82	43
Neurosurgery	8	4	5
Ophthalmology surgery	15	19	37
Orthopaedic surgery	392	426	502
Plastic surgery	9	13	31
Urology surgery	22	90	154
Vascular surgery	17	77	157
Other surgery (includes Paediatric surgery, Oral surgery & Thoracic surgery)	19	66	51

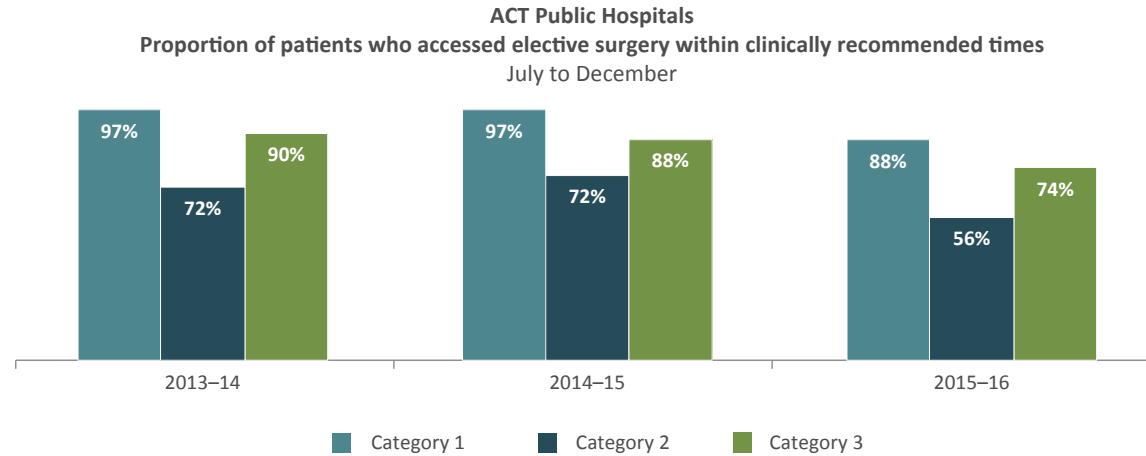
## Surgery in ACT public hospitals (continued)

### Timeliness to Elective Surgery

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

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

The short term elective surgery ‘blitz’ announced in November 2015 has impacted the performance for elective surgery timeliness.



December 2015

## Selected Statistics

ACT Health			
Selected ACT Public Hospitals and Community Activity Indicators			
	July to December		
	2014-15	2015-16	% VAR
<b>Inpatient Activity</b>			
Day only patient bed days (total across all outputs)	27,360	27,618	1%
Overnight patient bed days (total across all outputs)	148,335	153,969	4%
Total episodes of care (separations)	51,369	53,178	4%
Nursing Home Type Patient (NHTP) Bed-Days (on separation — Canberra Hospital only)	5,406	5,484	1%
Bed Occupancy Rate	87%	86%	-1%
Total number of birthing episodes in ACT public hospitals	2,625	2,634	0%
Proportion of caesarean sections in ACT public hospitals	30%	28%	-2%
<b>Emergency Department Activity</b>			
Category 1 Seen (immediate – 2 mins)	100%	100%	0%
Category 2 Seen (within 10 mins)	79%	78%	-1%
Category 3 Seen (within 30 mins)	46%	46%	0%
Category 4 Seen (within 60 mins)	49%	53%	4%
Category 5 Seen (within 120 mins)	82%	87%	5%
Total Emergency Department Presentations	65,615	67,203	2%
Did Not Wait % Rate	6%	5%	-1%
Admissions via Emergency Department	18,063	19,129	6%
Admissions to Emergency Department observational wards	6,683	6,863	3%
Admissions from the Emergency Department to ICU, Surgery, and general wards	11,380	12,266	8%
<b>Walk-in-Centre</b>			
Total presentations (Tuggeranong)	10,185	9,117	-10%
Total presentations (Belconnen)	7,449	8,155	9%

ACT Health			
Selected ACT Public Hospitals and Community Activity Indicators			
	July to December		
	2014-15	2015-16	% VAR
<b>Elective Surgery</b>			
Additions to the public hospital elective surgery waiting list	7,569	7,460	-1%
Numbers of people on the elective surgery waiting list	4,788	5,309	11%
Removals from the list for surgery	6,204	6,193	0%
Removals from the list for other reasons	955	1,050	10%
Patients on the list recorded as "not ready for care"	916	1,006	10%
Hospital Initiated Postponements	6.7%	5.4%	-1%
<b>Elective surgery median waiting time to care by urgency category</b>			
Category one patients (admission required within 30 days)	16	15	-1 days
Category two patients (admission desirable within 90 days)	59	77	18 days
Category three patients (admission desirable within 365 days)	141	186	45 days
<b>Medical Services</b>			
<b>Elective endoscopies</b>			
Number of elective endoscopies performed	2,388	2,595	9%
Number of patients waiting for an endoscopy procedure	2,949	4,124	40%
<b>Median waiting time to care by patient urgency category</b>			
Category one patients (admission required within 30 days)	25	34	9 days
Category two patients (admission desirable within 90 days)	142	133	-9 days
Category three patients (admission desirable within 365 days)	251	330	79 days

ACT Health			
Selected ACT Public Hospitals and Community Activity Indicators			
	July to December		
	2014-15	2015-16	% VAR
<b>Elective Cardiology</b>			
Number of elective cardiology procedures performed	624	618	-1%
Median waiting time to an interventional cardiology procedure in days	26	15	-10 days
<b>Breast screens</b>			
Total breast screens performed	7,843	8,940	14%
Number of breast screens for women aged 50-69*	5,490	6,760	23%
<b>Cervical Cytology</b>			
Additions to the Cervical Cytology Register	17,270	17,449	1%
<b>Mental Health</b>			
<b>Community Services by Group</b>			
ACT wide mental health program community service contacts	52,709	55,479	5%
Children and youth mental health program community service contacts	32,376	37,329	15%
Adult mental health program community service contacts	60,163	60,866	1%
Justice Health Services community contacts	54,467	76,769	41%
Alcohol and Drug Services community contacts	33,174	34,530	4%
<b>Dental Services</b>			
Mean waiting time in months for persons on the Centralised Waiting and Recall List	4	6	50%
Proportion of urgent patients seen within standard waiting times	100%	100%	n/a

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

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

## Glossary

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

### Emergency department

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

### Elective surgery

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

December 2015

## Glossary (continued)

Endoscopy	
Urgency category	See entry for elective surgery.
Median waiting time	See entry for elective surgery.
Dental services	
Waiting times (urgent)	The proportion of dental health program clients assessed as in need of emergency services who receive care within 24 hours of a request.
Waiting times (general)	The average waiting time (in months) that clients of the adult centralised waiting list wait for care from the time of the request of an appointment to the date of the appointment with the dental health program.
Radiotherapy	
Waiting times (urgent)	The proportion of new radiotherapy patients who are assessed as in need of urgent access to treatment who are provided with treatment within 48 hours of a request.
Waiting times (general)	The proportion of all new radiotherapy patients who are provided with treatment within 28 days of a request.
Breast screening	
Wait time to assessment	The proportion of women requiring assessment who wait 28 days or less from their breast screen appointment to their assessment appointment.
Wait time to appointment	The proportion of women who wait 28 days or less from their appointment date to the date of their breast screen.

Number of screens	Number of women who are provided with breast screens within a given period.
Bed usage	
Occupancy rate	The actual bed days (measured as the sum of all inpatient bed minutes) attributed to the month the activity actually occurred divided by the number of funded beds available during the same period.
Patient safety	
Unplanned return to Hospital within 28 days	<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"> <li>• unexpected for further treatment of the same condition for which the patient was previously hospitalised</li> <li>• unexpected admission for treatment of a condition related to one for which the patient was previously hospitalised</li> <li>• unexpected admission for a complication of the condition for which the patient was previously hospitalised.</li> </ul>
Unplanned return to the operating theatre	The proportion of patients who are required to return to the operating room for a further procedure related to complication(s) of a previous operation/procedure within a single admission.
Hospital acquired infection rate	The incidence of blood stream infections such as staphylococcus aureus (golden staph) acquired within ACT public hospitals, reported as the number of infections per 10,000 non-same day occupied bed days.
Mental health	

Use of seclusion	The proportion of patients who are separated from a psychiatric inpatient unit who were subject to seclusion during their inpatient episode.
Clients seen within seven days post discharge from hospital	The proportion of clients seen at or contacted by an ACT Health community facility during the seven days post-discharge from the inpatient service.
Consumer and carer representation	The proportion of Mental Health ACT committees upon which consumers and carers are represented.
Immunisation	
Childhood immunisations	The proportion of children at one year of age fully immunised in accordance with the Australian Childhood Immunisation Register Schedule.

## Glossary (continued)

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

<b>Day of surgery rate</b>	The proportion of all elective surgery cases who are admitted to hospital on the same day that they have their surgery.
<b>Births</b>	The number of births reported at our public hospitals in a given period.
<b>Caesarean births</b>	The number of births at public hospitals that are reported as being undertaken as caesarean sections.
Mental health	
<b>Community services</b>	The number of community based services provided to each of the three client groups: <ul style="list-style-type: none"> <li>• Adults</li> <li>• Children and adolescents</li> <li>• Older people.</li> </ul>