



ACT PUBLIC HEALTH SERVICES

Quarterly performance report

December 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 six months 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 national standard performance for category 1 emergency department presentations.
 - Waiting times for category five patients continue to be better than the national standard.
- Our public hospitals provided record levels of access to elective surgery for the first six months of 2010–11. The 5,488 procedures was 12 percent above the figure for the same period last year.
 - Over the period from January to December 2010 there was a 20 percent reduction in the number of people waiting longer than recommended waiting times.
 - However, we know there is more to do and we will ensure we will continue to provide record levels of access to elective surgery into the future.
- Our hospitals reported bed occupancy rates of 83 percent in the first six months of 2010–11.
 - This is directly related to our investment in additional doctors and nurses which has enabled us to add 242 beds, 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.
 - Preliminary results for the first six months of 2010–11 for inpatient (admitted patient) services show an increase in 520 cost weighted activity.
 - The number of non same-day bed days rose by 9 percent in the first six months of 2010–11.
 - Outpatient occasions of service in the first six months 2010–11 was 6 percent above the total reported in 2009–10.
- The average waiting time for public dental health services for the first half of 2010–11 was on target.
- Childhood immunisation rates exceed the national target of 90 percent at 94 percent in the first six months of 2010–11.
- Nearly 100 percent of all radiotherapy patients were seen within standard timeframes for the first six months of this year, 3 percent better than in the same period last year and 21 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 six months of 2010–11 was 5,476, which is 14 percent above the 4,820 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 public, nurse-led 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.

Our public hospitals

Activity up, increased bed numbers and reduced bed occupancy

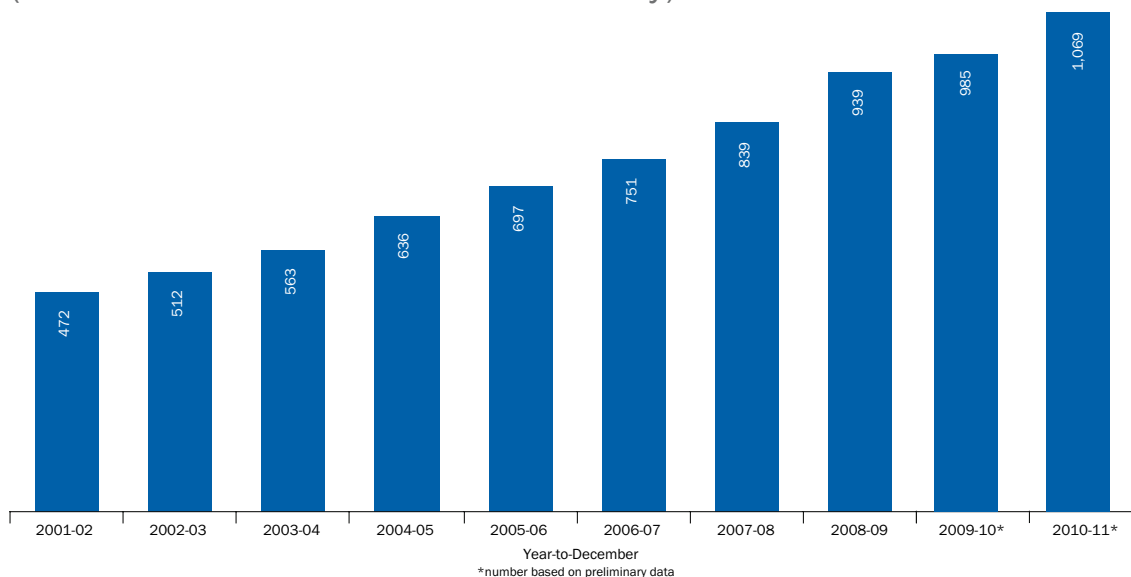
Preliminary results for the six months of 2010–11 show a 1 per cent increase (preliminary) in cost weighted activity. Preliminary results also show that during the first six months of 2010–11, separations increased by 3 per cent.

ACT public hospital activity

	Year-to-December			
	2007–08	2008–09	2009–10	2010–11
Cost weighted admitted patient separations	48,217	48,290	47,949	48,469
Non-same-day bed days	113,177	118,040	120,491	131,021
Non-admitted (outpatient) occasions of service	145,449	161,409	174,376	184,774

In addition to this, the number of non same-day bed days rose by 9 percent in the first six months of 2010–11 when compared to 2009–10 and 16 percent compared to the same period three years ago (2007–08). The number of non-admitted occasions of service increased by 6 percent in 2010–11 compared with the same period last year.

ACT Health Expenditure by Year (2009–10 and 2010–11 estimates only) \$ million

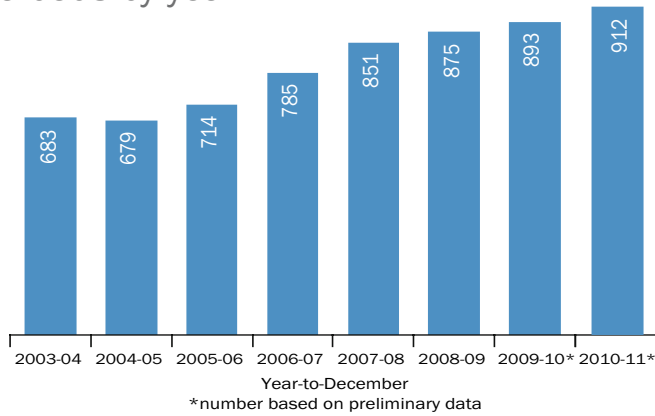


There has been a consistent increase in the level of activity at our public hospitals over recent years. As a result, the Government has responded to the increased demand for health services in the ACT with considerable additional investments in health services over the last nine years. The budget for 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.

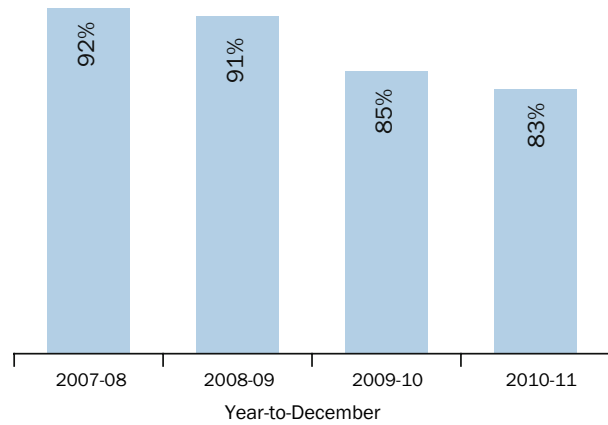
ACT public hospitals available beds by year

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 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 this increased capacity will enable us to take some pressure off services. This continued investment in additional capacity is working, with a reduction in the bed occupancy to December 2010 to 83 percent which is below the long term target of 85 percent. The Government's long term target is considered the best level for best patient outcomes and to achieve maximum efficiency.



Elective surgery

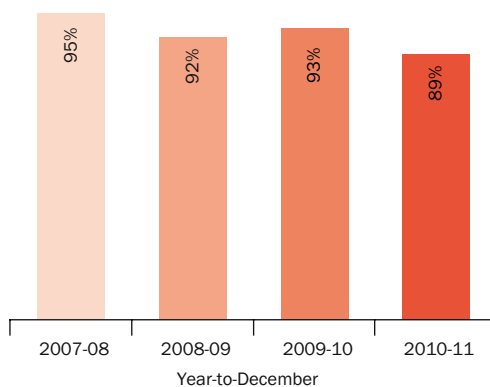
Median waiting time to surgery for ACT Public Hospitals

	Year-to-December			
	2007-08	2008-09	2009-10	2010-11
Category one	14 days	14 days	13 days	14 days
Category two	88 days	97 days	97 days	99 days
Category three	213 days	165 days	178 days	221 days
Total ACT	67 days	68 days	63 days	70 days

The median waiting time for all patients accessing elective surgery for the ACT public hospitals was 70 days for the year to December 2010 compared to the 63 days reported for the same period last year. In addition the median waiting time for the most serious elective surgery cases (category one patients) increased marginally, from 13 days over the first six months of 2009-10 to 14 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-December 2010-11 has increased as ACT Health continues to focus on patients with extended waiting times.

Of the 1,630 people classified as category one patients and admitted for surgery over the second quarter of 2010-11, 1,453 people were admitted within the national standard of 30 days (89 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



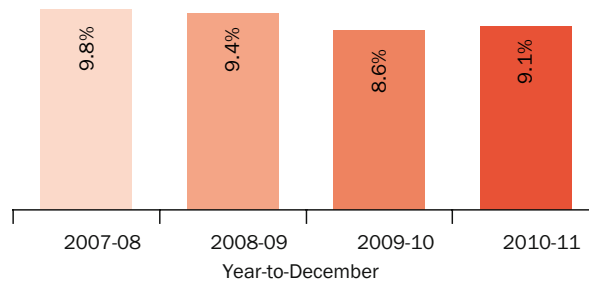
Elective Surgery Activity Breakdown

	Year-to-December			
	2007-08	2008-09	2009-10	2010-11
Removals	4691	5246	4820	5476
Waiting greater than one year at census date	989	702	645	739
Long Wait patients	2261	1887	2223	2006

The number of people who had elective surgery at ACT public hospitals to the end of the second quarter of 2010-11 was 5,476, which was 12 percent above the 4,820 reported for 2009-10 for the same period last year and 252 above the target to the end of December 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. This funding is working with a 10 percent drop in the number of people waiting too long for surgery at the end of December 2010 compared with December 2009.

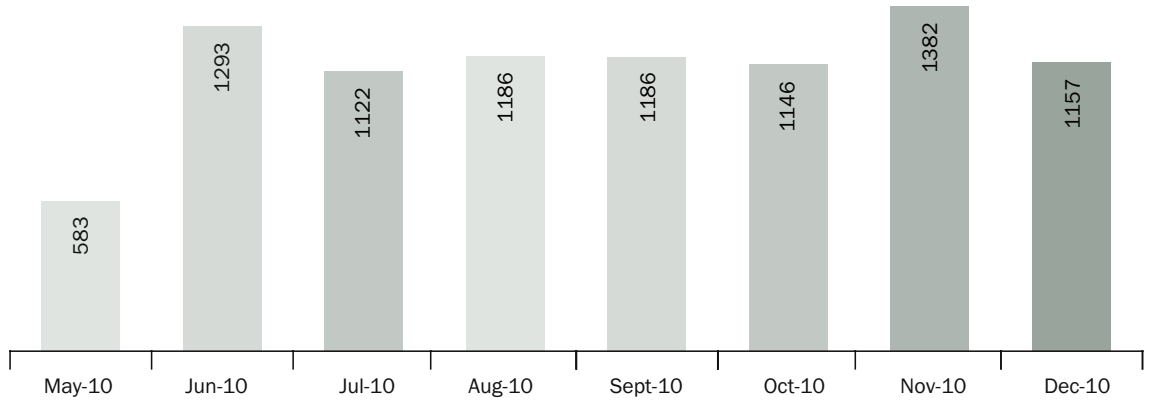
Proportion of patients who have their elective surgery postponed

Nine percent of elective surgery cases were postponed to the end of the second 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

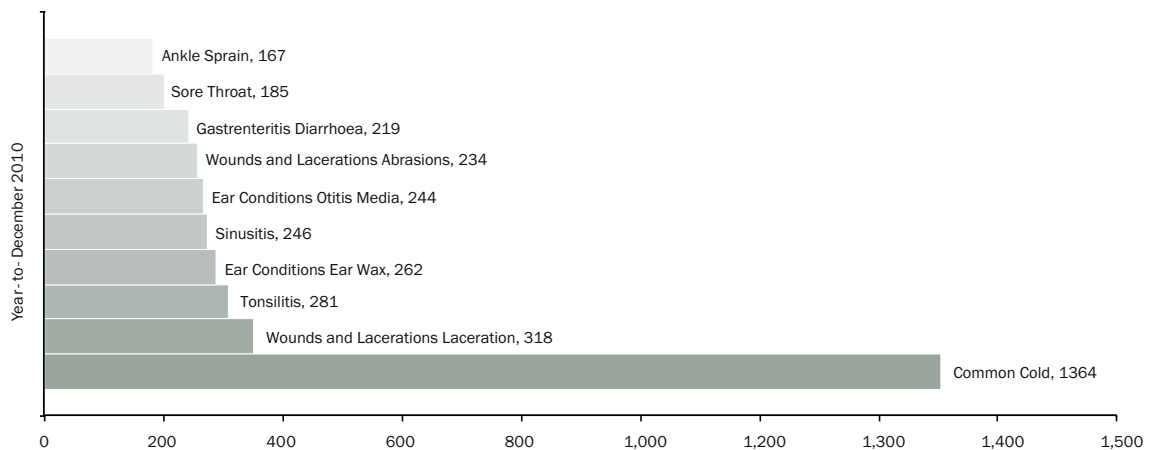


Australia's first public, nurse-led Walk-in Centre was launched on Wednesday, 12 May 2010. The Centre opened to the public from 7:00am on Tuesday, 18 May 2010. From the opening to end of December the centre has seen 9,055 patients.

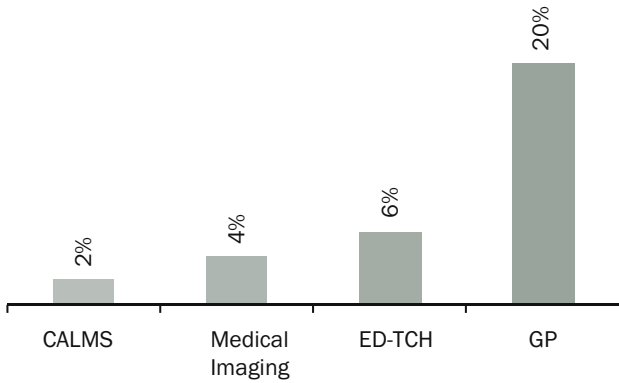
The new Centre, located on the campus of the Canberra Hospital at Garran, provides free treatment for people with minor illnesses or injuries. The Centre has been funded by the ACT and Commonwealth Governments.

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. Of the 7,120 patients assessed by a nurse and redirected to the end of December 2010, 20 percent were redirected to their GP and 6 percent were told to present to the Canberra Hospital Emergency Department.



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

The Walk-in Centre is not designed to provide the range of services that a GP can provide, including comprehensive medical management, referral to specialist services or general health checks. The nurses who

work in the Walk-in Centre have all completed additional training, and the care they provide is guided by established protocols that have been endorsed by the appropriate clinical approvals processes. A visit report is sent to the patient's general practitioner with consent.

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-December			
	2007-08	2008-09	2009-10	2010-11
Category 1 (immediately)	100%	100%	100%	100%
Category 2 (<10 mins)	82%	87%	83%	79%
Category 3 (<30 mins)	51%	47%	57%	54%
Category 4 (<60 mins)	50%	46%	56%	53%
Category 5 (<120 mins)	78%	72%	78%	77%

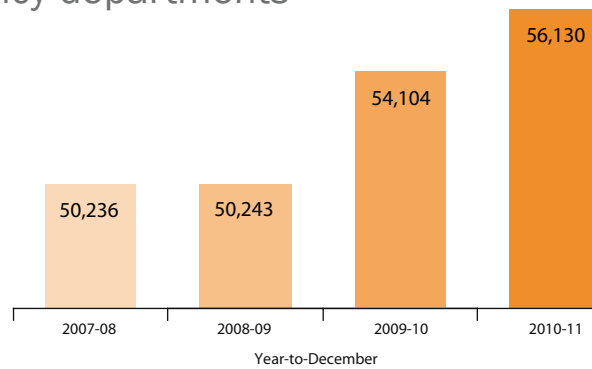
Waiting times to the emergency department have increased to the end of the second quarter due to a 5 percent increase in category 4 and 5 presentations to ED.

Category five emergency department presentations continue to exceed national benchmarks, with almost 77 percent of this cohort seen on time even with the 12 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 10,340 people registered at the WiC for treatment to 31 December 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 opened a Surgical Assessment and Planning Unit (SAPU) with 16 beds which provides for quick transfer from the Emergency Department for people who need surgery.
- Employed three new ED physicians at the Canberra Hospital emergency department.

Presentations to ACT emergency departments

These initiatives are extremely timely given the continued increases in presentations to our emergency departments, with an increase of 2026 presentations over the first six months of 2010–11, compared with the same period in the 2009–10 financial year.



Emergency department access block

	Year-to-December	
	2010–11	Target
All Patients	26.3%	25.0%
Patients aged > 75yrs	37.4%	30.0%
Mental Health Clients	34.8%	15.0%

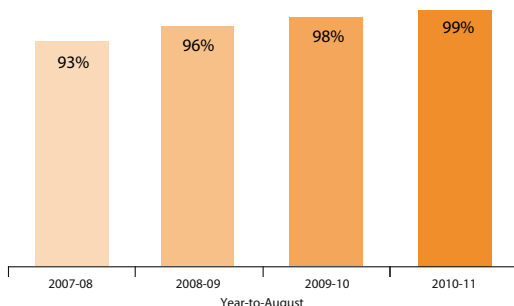
The proportion of patients who wait longer than eight hours from the start of treatment at an emergency department to transfer to a hospital bed (referred to as ‘access block’) was 1.3 percent above the target (25 percent) to December 2010.

Access block for older persons has also shown slight increases and can be attributed to growth in overall presentations to the emergency department.

The increase in presentation numbers has affected the access block rate for mental health clients as they posted a result of 34.8 percent. There has also been a 32 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 which 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 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.

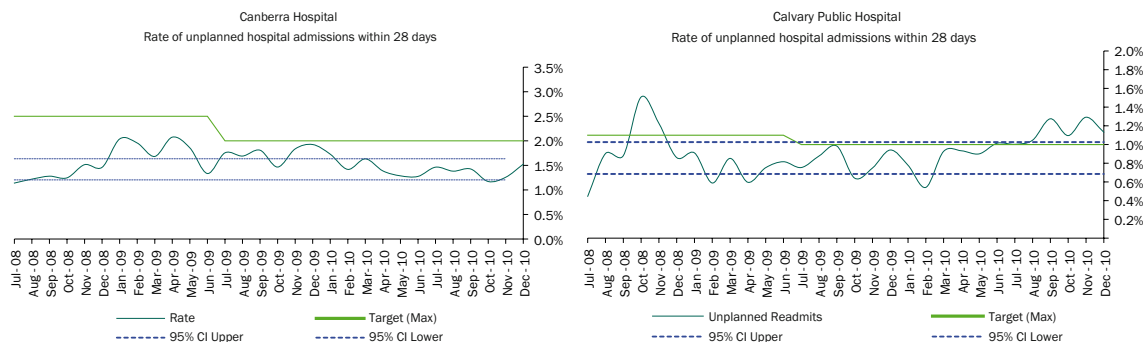
Ambulance off stretcher time



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, well above the benchmark rate of 90 percent.

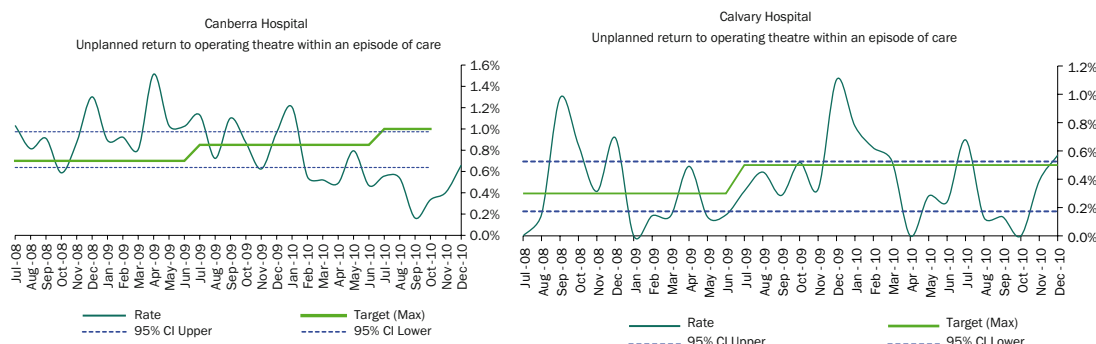
Patient safety and quality

Our hospitals continue to meet safety and quality standards



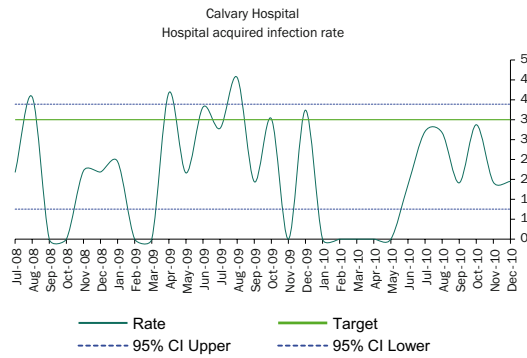
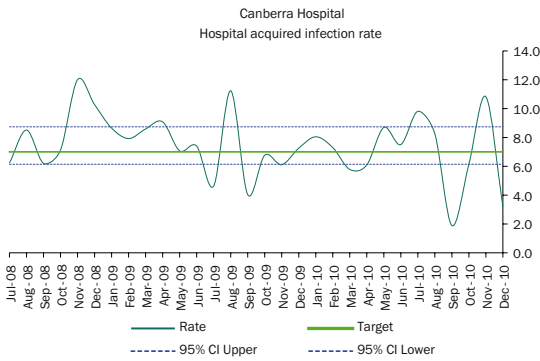
Due to the differing type and nature of services provided at each hospital campus the targets for each indicator are different. The Canberra Hospital – our major teaching and referral hospital – manages more complex patients and higher levels of complications can be expected.

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.



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.



patient safety and quality

Capital Region Cancer Service

Demand for radiotherapy services

The Capital Region Cancer Service provided care for 610 new radiotherapy patients in the first six months of 2010–11. This is a 6 per cent increase on the 570 patients beginning radiotherapy services when compared to the same period last year.

Percentage of radiotherapy patients who commence treatment within standard time frames

	Year-to-December <small>(*See note below)</small>			
	2007–08	2008–09	2009–10	2010–11
Urgent—within 48 hours	100%	100%	100%	100%
Semi Urgent—within 28 days	91%	88%	100%	100%
Non Urgent Category A—within 28 days	71%	61%	93%	99%
Non Urgent Category B—within 42 days	62%	82%	100%	100%
Total—All Radiotherapy Patients	79%	75%	97%	100%

*All results have been rounded.

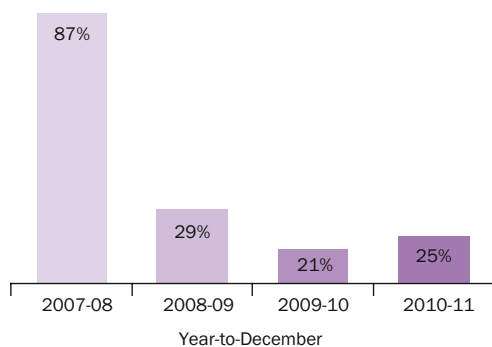
Waiting times for radiotherapy services have improved with nearly 100 percent of all patients receiving care within standard timeframes over the first six months of 2010–11 compared with 97 percent for the same period in 2009–10.

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

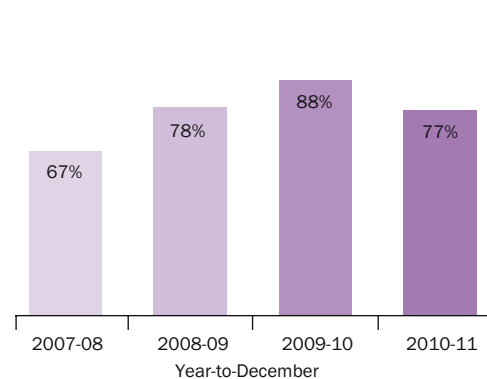
Most women return a 'normal' result from their screen; however, about one in twenty screens are referred to a specialist clinician for assessment and further investigation if required. The BreastScreen ACT Program currently has the best detection rate for all-size invasive cancers in the country¹.

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 six months of 2010. BreastScreen ACT has provided screens to 6,004 ACT women and 3,558 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.

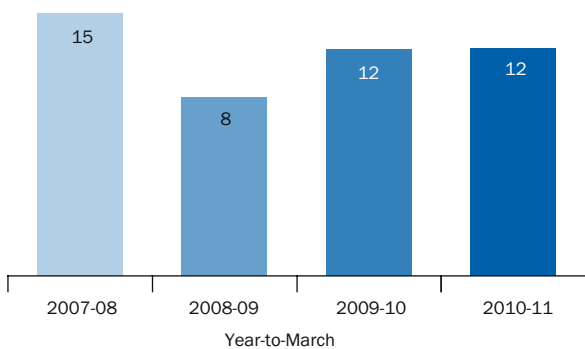
¹ Australian Institute of Health and Welfare 2010. BreastScreen Australia monitoring report 2006–2007 and 2007–2008: supplementary data tables. Cancer series no. 56. Cat. no. CAN 52. Canberra: AIHW.

Community Health Services

Dental wait times on target, immunisations above target

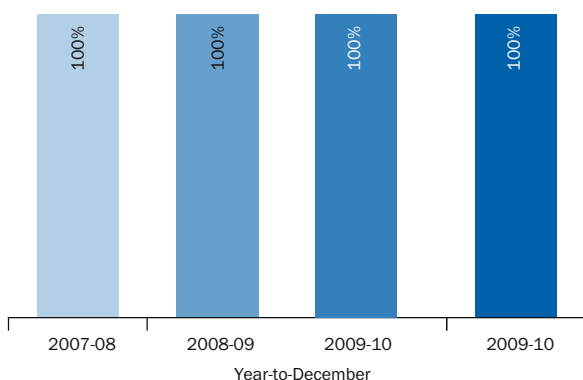
The additional funding added to the dental health program's budget by the government has resulted in a considerable improvement in the mean waiting time for appointments – from the 15 months recorded in the year 2007–08 to 12 months in 2010–11.

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



While this result is above the 8 months recorded in 2008–09 it is on target. This excellent result continues to ensure that ACT residents have access to dental treatment within the set target of 12 months.

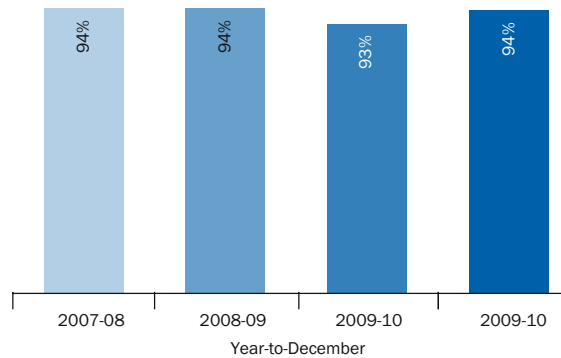
Dental Services – Proportion of urgent patients seen within standard waiting times



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

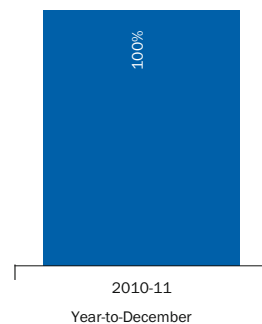
Immunisation rates for one year olds continue to exceed the national target of 90 percent, with 94 percent recorded in the first six months of 2010.

Childhood Immunisation
Proportion of one year olds fully immunised

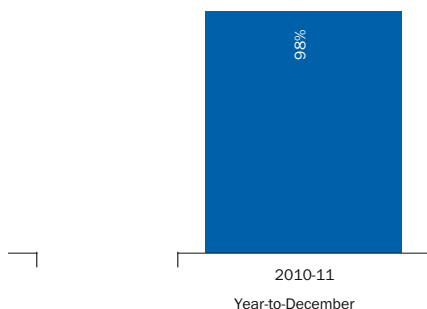


The previous combined Alexander Maconochie Centre (adult corrections centre) and Bimberi (the youth corrections centre) indicator has been revised to show individual performance from 2010–11.

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 2009-10 this measure included result for people who were detained for only a few hours and who therefore could not receive a health assessment.

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 2.1 days during the first six months of 2010–11. This level of service minimises delays in accessing out of hospital services for patients who no longer need hospital care. This result is demand driven.

ALOS for acute rehabilitation of 22.6 days for the first six months of 2010–11, is an increase of 9.9 days (or 78 percent) from the 12.7 days reported for the first six months in 2009–10.

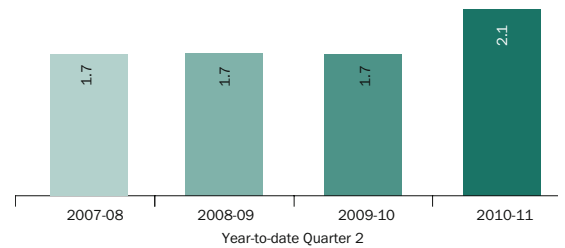
The main reason for the rise in ALOS has been a decline since December 2009 in the number of separations, with occupied bed days remaining largely the same. The average number of rehabilitation separations for the first 6 months of 2009–10 was 77.5 per month, this has fallen to 45.17 for the first 6 months of 2010–11.

Separations at both the Rehabilitation Independent Living Unit and on Ward 12B at The Canberra Hospital have decreased, due to the increasing clinical complexity of patients being treated in the wards. Patients with higher needs take longer to achieve their goals, and the current trend of rehabilitation ward patients are lower numbers of more complex patients, than seen in the 6 months up to December 2009.

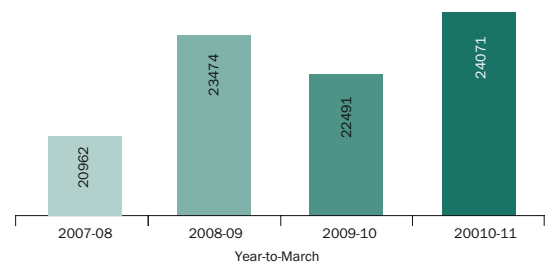
It is important that clients who receive care from the Aged Care and Rehabilitation Services of the ACT are discharged from care with comprehensive discharge plans. This level of service ensures that these clients receive the most appropriate and timely follow up to further care, and assists in their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

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 for care for sub-acute patients.

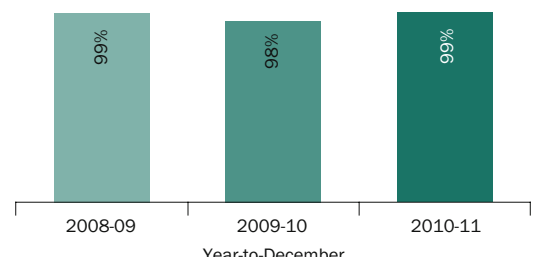
Aged Care and Rehabilitation Service—Average Waiting Time for ACAT Assessments



Aged Care and Rehabilitation Acute Rehabilitation Average Length of Stay



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



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

Births at ACT Public Hospitals

Births increasing in ACT public hospitals

Based on preliminary data, a total of 2,081 babies were born at ACT public hospitals in the six months 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.

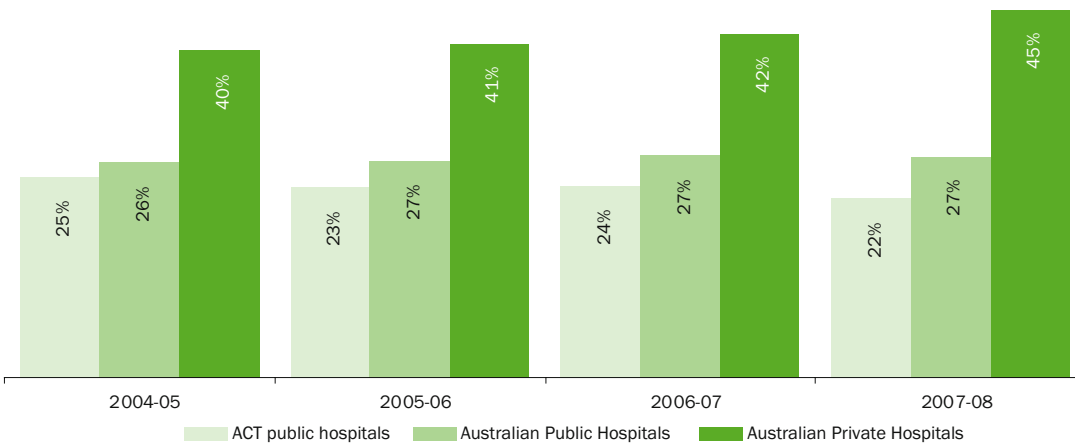
ACT Public Hospital births and caesarean sections

	Year-to-December			
	2007–08	2008–09	2009–10	2010–11
ACT Public births	1,817	1,949	2,084	2,081
Caesarian sections	415	496	497	527

In the six months of 2010–11, preliminary results show the number of caesarean sections performed in ACT public hospitals has increased when compared to the previous year (527 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.

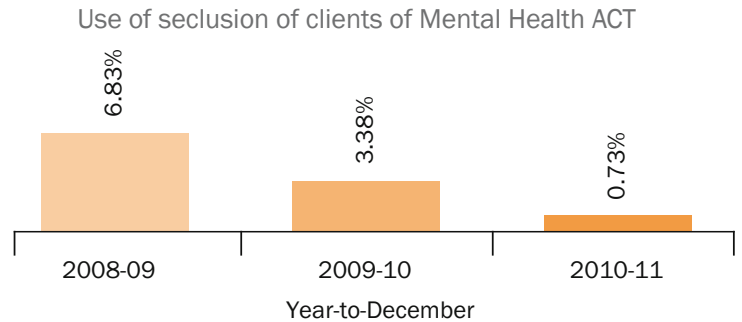
Mental Health services

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 six months of 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-December		
	2008-09	2009-10	2010-11
% Inpatients contacted within 7 days post-discharge	70%	74%	74%
Proportion of clients discharged with a completed outcome assessment	75%	71%	59%
Proportion of mental health committees with consumer and carer representation	100%	100%	100%

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.

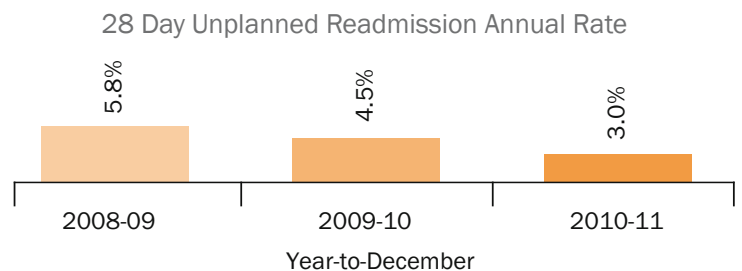
Mental Health ACT has implemented a number of initiatives to reduce the level of clients secluded during an inpatient episode. These initiatives are working with the rate of seclusion decreasing considerably over 2009–10 and further in 2010–11 compared with last year and two years ago. The current result of 0.73 percent is significantly better than the target set at five percent and is the lowest level of seclusion on record.



Return to ACT Health Mental Health Inpatient Unit

This is a new measure for 2010–11. The measure provides an indication of the quality of support provided to Mental Health clients being discharged, so as to avoid unnecessary returns to hospital.

Three percent of mental clients returned to hospital within 28 days of discharge from an ACT Mental Health inpatient unit. In 2008–09 the national rate for hospitals in Group A Jurisdictions (NSW, Victoria, Queensland, Western Australia, ACT, Northern Territory) was 13 percent.



Selected activity statistics

	Year-to-December*		% VAR
	2009-10	2010-11	
ACT Health cost-weighted separations (Round 12-DRG version 5.1)			
Output 1.1—Acute services	41,782	42,287	1%
Output 1.2—Mental Health services	1,493	1,609	8%
Output 1.5—Cancer services	2,304	2,275	-1%
Output 1.6—Aged care & rehabilitation services	2,370	2,298	-3%
Total cost weighted separations	47,949	48,469	1%
Inpatient Activity			
Day only patient days (total across all outputs)	12,205	12,302	1%
Overnight patient days (total across all outputs)	120,491	131,021	9%
Nursing Home Type Patient (NHTP) Bed-Days (on separation) **	2,662	2,895	9%
Day of Surgery Admission rate	86%	88%	3%
NSW residents as a proportion of total hospital separations	23%	23%	0%
Emergency surgery as a proportion of total surgery	46%	46%	0%
Allied health services - Provided in ACT public Hospitals	44,768	47,165	5%
Admissions via Emergency department			
Admissions to Emergency Department observational wards	5,813	5,213	-10%
Admissions from the Emergency Department to ICU, Surgery, and general wards	7,137	7,994	12%
Emergency Department Activity			
Category 1 Seen (immediate - 2 mins)	243	222	-9%
Category 2 Seen (within 10 mins)	5,036	5,339	6%
Category 3 Seen (within 30 mins)	16,520	16,676	1%
Category 4 Seen (within 60 mins)	21,509	21,960	2%
Category 5 Seen (within 120 mins)	5,516	5,901	7%
Emergency Department Presentations seen	48,824	50,098	3%
Did Not Waits	5,280	6,032	14%
Total Emergency Department Presentations	54,104	56,130	4%
Elective Surgery			
Additions to the public hospital elective surgery waiting list	6,457	6,354	-1.60%
Numbers of people on the elective surgery waiting list	5,387	5,100	-5.33%
Removals from the list for surgery	4,820	5,476	14%
Removals from the list for other reasons	1,202	1,357	13%
Patients on the list recorded as "not ready for care"	545	692	27%

Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	13	14	1 days
Category two patients (admission desirable within 90 days)	97	99	2 days
Category three patients (admission desirable within 365 days)	178	221	43 days

Elective endoscopies

Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	23	12	-11 days
Category two patients (admission desirable within 90 days)	105	97	-8 days
Category three patients (admission desirable within 365 days)	139	301	162 days

Breast screens

Total Number of ACT women	7,132	6,004	-16%
Participation rate 50-69	55%	54%	-1%
Additions to the Cervical Cytology Register	16,859	17,448	3%

Community Health

Allied health services - Number of regional services	11,369	11,869	4%
Community Nursing - Number of Nursing (Domiciliary and clinic based occasions of service)	40,147	42,784	7%

Mental Health—Community Services by Group

Adult	88,056	85,821	-3%
Child & Adolescent	25,089	27,618	10%
Older persons	10,698	8,696	-19%

Outpatient Care - Non Admitted Services

ACT public hospitals	145,824	156,407	7%
Cancer services	27,511	27,329	-1%
Aged care and rehabilitation services	1,041	1,038	0%
Total outpatient occasions of service	174,376	184,774	6%

* 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 The number of opioid treatment scheme clients who have a management plans plan.

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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