



ACT PUBLIC HEALTH SERVICES

Quarterly Performance Report

June 2014

June 2014

Introduction Summary

This is the fourth Quarterly Report on ACT public health system performance for 2013–14. The format for the report provides readers with additional background information as well as a visual demonstration of the performance against existing targets as well as those implemented through the National Health Reform.

The quality and safety section of the report has expanded to encompass indicators such as the hospital acquired *Staphylococcus Aureus* Bacteraemia Infection rate (SAB rate) and hand hygiene audit results which are now reported nationally on the My Hospitals website.

ACT Health has continued to develop reporting tools that support effective management of our available resources and ensure that clients within the ACT and surrounding region are able to gain access to services as well as information on the performance of healthcare services.

The report shows that the increased investment in the Territory's public health services is working to provide improved access to care.

Overall Emergency Department performance continued to improve in 2013–14 compared to 2012–13, with 61% of all patients seen on time. This result is a 10% improvement when compared to the same period last year and is significant given the 6% increase in presentations to ACT Emergency Departments.

In 2013–14, our bed occupancy rates were reported at 90% and are in line with the set target. This result is a 2% improvement when compared to the same period last year. The improved result over 2013–14 is directly related to investment in additional beds. For 2013–14, the ACT Government has funded an additional 44 inpatient beds into ACT public hospitals. Once all beds have opened this will take our public hospitals estimated capacity to 1030 beds. This is an increase of 360 beds (or 54%) since 2001–02.

100% of all radiotherapy patients were seen within standard timeframes during 2013–14. This result is a slight improvement when compared with the result reported for the same period last year.

Based on preliminary data, a total of 5,085 babies were born at ACT public hospitals in 2013–14. This result is a 5% increase when compared to the result for the same period last year.

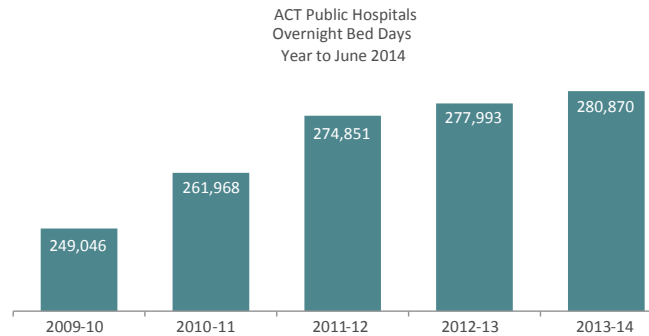
The average waiting time for public dental health services for 2013–14 was 5 months. This result is an impressive improvement on the 11 months figure reported for the same period last year.

June 2014

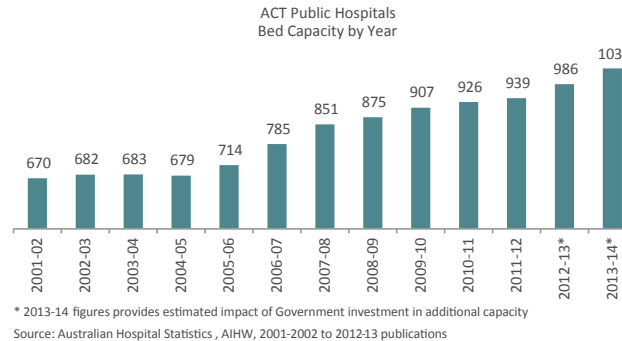
Our public hospitals

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

In 2013–14, ACT’s public hospitals provided over 280,800 overnight hospital bed days of care, slightly up on the result of 277,993 reported for the same period last year. The Australian Hospital Statistics Report for 2012–13 issued by the Australian Institute of Health and Welfare (AIHW) in April 2014 showed that the ACT reached 2.5 public hospital beds per 1000 people— which is just below the Australian national average of 2.6 hospital beds per 1000 people.



The AIHW reported that in 2012–13, ACT public hospitals provided an average of 986 beds. In 2012–13, an additional 47 beds were introduced and there was a considerable expansion to the Hospital in the Home service, with the addition of 15 bed equivalents.

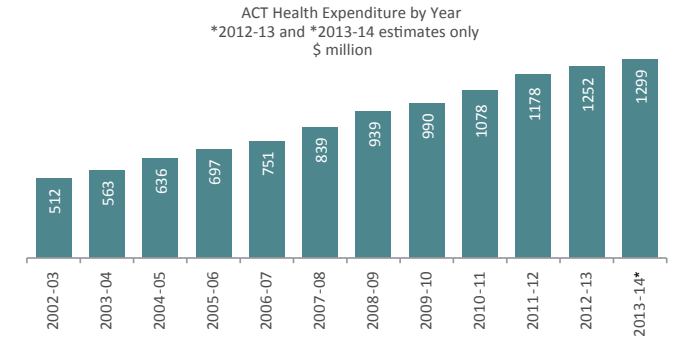


The ACT Government has funded a further 44 inpatient beds in 2013–14, including:

- 16 general inpatient beds at Canberra Hospital
- 15 general inpatient beds at Calvary Public Hospital
- an 8-bed Rapid Assessment and Planning Unit to be established at Calvary Public Hospital
- 5 new beds in the completed Centenary Hospital for Women and Children.

With this addition our public hospitals’ estimated capacity will be over 1,030 beds. The additional 44 beds became available in early September 2014. This is an increase of 360 beds since 2001–02, or a 54% increase over twelve years.

The ACT Government continues its commitment to adding bed capacity to the public hospital system to meet growing demand for care and to reduce bed occupancy to optimum levels.



The increase in bed capacity has been funded by the biggest increases in health funding by any ACT Government. The estimated budget for this financial year (2013–14) is just over \$1.2 billion which is 153% more than the \$512 million provided for health services in 2002–03.

This funding has met the cost of additional specialist clinical staff and supplies, and funded initiatives aimed at better systems and processes to improve access to services and the quality of those services.

The bed occupancy rate over 2013–14 was 90%. This is a 2% improvement when compared to the 92% reported for the same period last year. The Australian Government’s long-term target is to maintain bed occupancy levels at around 85%, which is considered the best level for best patient outcomes and to achieve maximum efficiency. However, with increasing pressure on ACT public hospitals each year, the ACT target for this indicator in 2013–14 has been revised to 90%.

This recognises a more realistic target in the transition period while the necessary infrastructure and process improvements take effect which will allow ACT public hospitals to achieve the 85% in coming years.

Our public hospitals (continued)

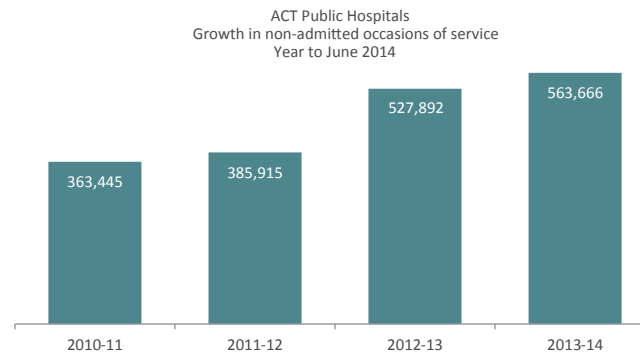
Our public hospital activity

	Year to June			
	2010–11	2011–12	2012–13	2013–14
Overnight bed occupancy rate	89%	88%	92%	90%
Inpatient episodes of care	93,745	97,454	94,712	96,963
Non-same day bed days	261,968	274,851	277,993	280,870
Non-admitted (outpatient) occasions of service	363,445	385,915	527,892	563,666

Over recent years, there have been significant increases in the demand for non-admitted outpatient services.

In 2011–12, Outpatient Services experienced 6% growth in outpatient occasions of service compared with 2010–11. In response to this growth, resources have been committed to improve the function and processes of outpatient services at both public hospitals. For ACT Health outpatient services, 2013–14 has been another busy year with 563,666 non-admitted occasions of service reported. This is a 7% increase on the 527,892 reported for 2012–13.

Outpatients services for 2012–13 and 2013–14 now encompass all non-admitted activity, including activity provided off campus in the community health spectrum. 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 reliable comparisons of outpatients/non-admitted data can no longer be made with previous years.



June 2014

Births at ACT public hospitals

Births increasing in ACT public hospitals

ACT public hospitals accommodated record numbers of births in 2012–13, with 4,857 births at Canberra and Calvary Hospitals, an 8% increase on the 2011–12 result. The result of 4,857 births in 2012–13 also represents a 70% growth (almost 2,000 additional births) in the number of ACT public hospital births since 2001–02.

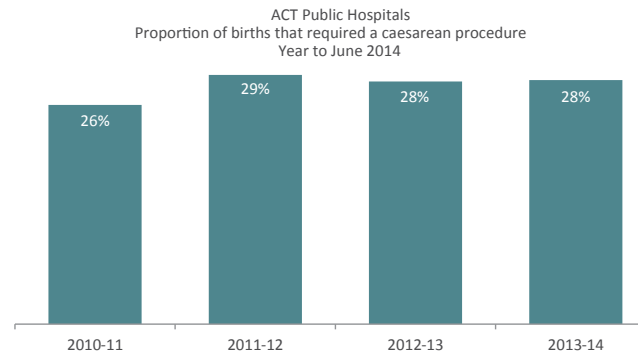
Based on preliminary data, a total of 5,085 babies were born at ACT public hospitals in 2013–14 which is a 5% increase on the result reported for the same period in 2012–13. However, a final result will not be available until all medical records have been fully processed. As this can take some time, the reported result should be noted as preliminary only at this stage.

ACT public hospital births and caesarean sections

	Year to June 2014			
	2010–11	2011–12	2012–13	2013–14
ACT Public births*	4,248	4,490	4,857	5,085
Caesarean sections	1,120	1,283	1,365	1,434

In 2013–14, the number of births born by Caesarean section was 28% of all births during 2013–14, consistent with the result reported for the same period in 2012–13.

However, Caesarean rates have been steadily rising since 2001— both in the ACT and nationally. The ACT rate of 28% in 2013–14 was lower than most recent national figures published by the AIHW, for 2012–13. ACT public hospitals continue to have a low Caesarean rate compared to benchmarking hospitals. 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 ACT Government provided an additional \$2 million in 2010–11 and \$1.5 million in 2011–12 to enhance obstetric and gynaecological services and neonatal services. The Continuity at the Canberra Hospital (CatCH) Program began in 2011 as a second continuity-of-care model at Canberra Hospital. In March 2014, a Community Midwifery Program (CMP) at Calvary Public Hospital has been established to further enhance obstetric services at Calvary.

*ACT Public births includes number of Caesarean sections performed.

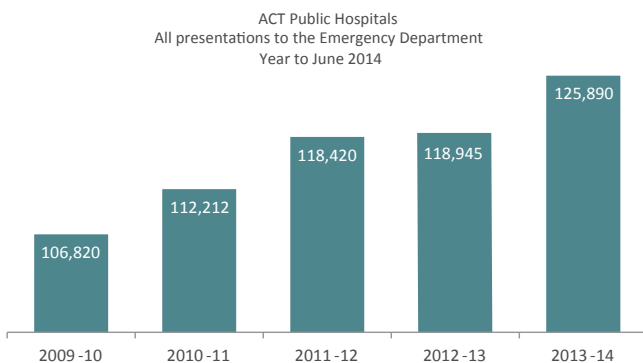
Emergency Departments

ED waiting times continued to improve in 2013-14

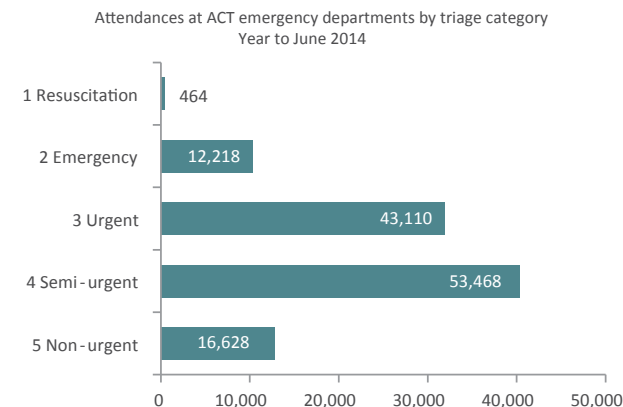
In this edition of the ACT Public Hospitals Quarterly report, ACT Health presents the results of a new analysis of the difference between hospitals across the ACT and Australia and relates their performance to important factors that can influence a patient's experience in the Emergency Department (ED).

ACT Health is committed to improving waiting times in our emergency department services.

In 2012-13, emergency department presentations continued to grow compared to previous years, with a record 118,945 presentations recorded at ACT Public Hospital emergency departments. There has been a 24% increase in emergency department presentations from 2002-03 to 2012-13, which equates to an extra 22,820 presentations over ten years.



ACT Public Hospital emergency departments in 2013-14 are again dealing with unprecedented levels of patients presenting to ACT ED's, with a record 125,890 presentations recorded, a 6% increase when compared to the same period last year. In March 2014 there were 11,321 emergency department presentations, the highest number of ED presentations in a month, on record.



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; 10% were triaged in the emergency category (triage 2); 34% were categorised as urgent (triage 3); 42% were semi-urgent (triage 4); and 13% were non-urgent (triage 5).

The greatest increase in percentage terms was in the non-urgent (triage 5) category. With this cohort of patients recording a 44% increase in presentations, that's an increase of an extra 5,068 attendances to the ED this year compared to the same period last year.

However, in terms of actual attendances, the emergency category (triage 3) reported a 7% increase and semi-urgent (triage 4) is consistent with the number of attendances reported for the same period last year.

ED Activity	July to June			
	2010-11	2011-12	2012-13	2013-14
Admissions via the ED	26,704	31,064	31,206	34,218
Patients treated and discharged	85,510	87,288	87,763	91,668
Patients that did not wait to be seen	11,099	8,578	8,922	6,506

There are different ways that a patient can leave the ED. The majority of patients leave the ED after their treatment is completed or when they are admitted to hospital. Some patients choose not to wait to begin or complete treatment or are transferred to other hospitals.

Admissions to hospital via the emergency department have also grown, with 34,218 recorded in 2013-14—10% increase compared to the 31,206 reported for the same period last year.

Despite the increase in presentations, the 'did not wait' rate continued to decrease over 2013-14, with a result of 5% reported. This result is a 2% improvement when compared to the same period last year.

Overall timeliness for all triage categories to be seen on time improved significantly over 2013-14 with a result of 61%. This result is a 10% improvement when compared to the same period last year and shows that even with a record increase in demand, ACT Public Hospital EDs are attending to patients as quickly as possible whilst ensuring that patients get the best possible care.

Emergency Departments (continued)

ED timeliness

Emergency department presentation seen on time	July to June		
	2012–13	2013–14	Target
Category 1 (immediately)	100%	100%	100%
Category 2 (<10 mins)	74%	83%	80%
Category 3 (<30 mins)	43%	50%	75%
Category 4 (<60 mins)	46%	57%	70%
Category 5 (<120 mins)	79%	86%	70%
Total All Categories	51%	61%	70%

All triage categories recorded improved performance results over 2013–14 when compared to the same period last year.

National targets were met for triage category one, two and five patients. This is now the fourth consecutive quarter where triage category two timeliness has achieved the desired target. Category five continued to exceed national benchmarks, with 86% of this cohort seen on time. This is despite a 44% increase in category five patient presentations during 2013–14. This is significant improvement for the ACT emergency departments and shows that the recent initiatives are starting to take effect.

The following table shows the median waiting times for patients to be seen from when they first present to an ACT public hospital emergency department to when treatment first commences. The 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					
	Resuscitation – Immediate within seconds	Emergency <= 10 mins	Urgent <= 30 mins	Semi-urgent <= 60 mins	Non-Urgent <= 120 mins	Total
	Median	Median	Median	Median	Median	Median
July to June 2013–14	0:00:00	0:04:00	0:30:00	0:50:00	0:37:00	0:33:00
July to June 2012–13	0:00:00	0:06:00	0:41:00	1:08:00	0:50:00	0:44:00

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 2013–14, all triage categories reported reduced waiting times. This is a positive result for the ACT. The highest volume category of patients that presented to ACT emergency departments were classed as triage category 4. Additionally the majority of these patients (83%) were treated and discharged (not requiring admission to an inpatient bed). This large cohort of patients and the increase in triage category 5 patients suggests that more people are presenting to the emergency department for treatment that could have been treated by their general practitioner.

According to the Australian Institute of Health & Welfare (AIHW) report titled *Australian hospital statistics Emergency department care 2012–13*¹, the ACT had the second highest rate of GP type presentations in Australia.

A GP type presentation is categorised as a non urgent triage category that does not require admission to hospital. Low bulk billing rates and the perceived availability of general practitioner services in the ACT may be a contributing factor to the increase in low acuity presentations to ACT public hospital EDs.

ACT's emergency departments are currently reviewing their processes, and working with their colleagues throughout the hospitals, to work out ways of eliminating barriers that delay quick access to required services and improve patient flow through the emergency departments.

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

June 2014

National Health Reform

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

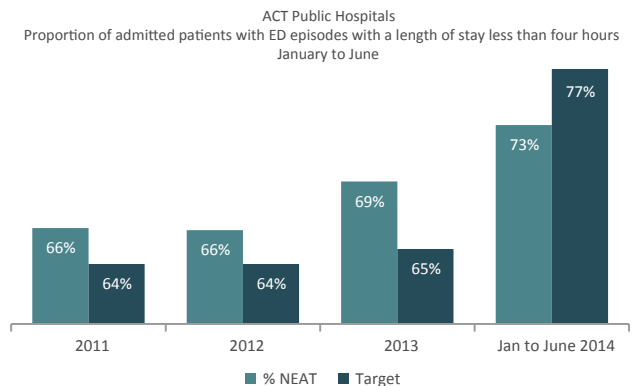
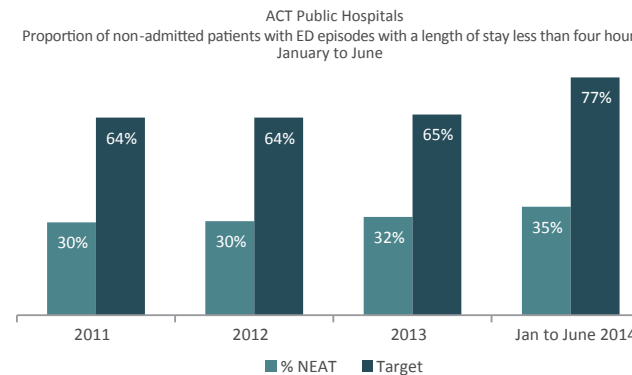
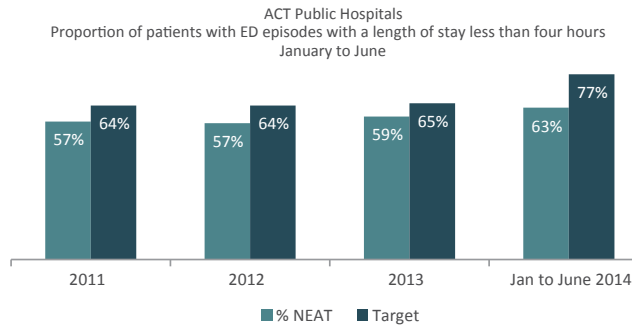
Recent Federal Budget decisions have suggested significant changes to the National Health Reform Agreement. ACT Health and the ACT Government are working through the implications of these changes.

National Emergency Access Target (NEAT)

The National Emergency Access Target (NEAT) is a set target which aims to have a set percentage of patients leaving the ED within four hours, whether for admission to hospital, referral to another hospital for treatment, or discharge. Commencing from 2012, this target is phased over four years with annual interim targets set with the aim of achieving a 90% target by 2015. The ACT 2013 target required that 65% of all patients within the year who present to an ED leave the ED within four hours.

NEAT is measured over a calendar year. For the 2013 calendar year, 59% of patients left the ED within four hours of presentation to the ACT emergency departments. This result is a 2% improvement on the 57% reported for the same period in 2012 but still below the desired target of 65%.

For the first six calendar months to June 2014, the ACT NEAT result was 63%, a considerable improvement when compared to 58% reported in June 2013.



A contributing factor in achieving NEAT is determined by the types of patients who present to ACT Public Hospital EDs. When ACT Public Hospitals have an increase in urgent cases (triage 1 & 2) the achievement of NEAT becomes more challenging.

As Canberra Hospital is the main tertiary referral centre for the ACT and surrounding region, it is expected to deal with all complex and critically injured patients.

Both of ACT's public hospitals are defined as major metropolitan hospitals. The latest data released by National Health Performance Authority (NHPA) for December 2013 shows that the average NEAT performance across major metropolitan hospitals in Australia in 2013 was 60%.

For the first time in this report, the NHPA has incorporated the hospital emergency department attendances. By doing this, it allows viewers to make more accurate comparisons between like hospitals.

For the first six calendar months of 2014, Canberra Hospital is reporting a NEAT result of 58%. Whilst this result is below the national peer group average of 60%, it is well above many other similar sized hospitals in the country. Calvary Public Hospital is continuing to report strong NEAT results into 2014 with a NEAT result of 69%.

ACT Health expects further improvements in NEAT in the future with increased investment in infrastructure, including an additional 170 beds over four years and at the same time, both public hospitals are undergoing continual redesign and process improvement initiatives to improve the way patients move into, through and out of the EDs.

<http://www.myhospitals.gov.au/publications/time-in-emergency-department/may-2014>

National Health Reform (continued)

National Elective Surgery Targets (NEST)

The National Health Reform Agreement was also aimed at improving elective surgery waiting times and brought new performance measures.

There are three components to the NEST, focussing on ensuring timely access to surgery and reducing the number of patients waiting beyond clinically recommended timeframes.

In the 2012 calendar year ACT Health was successful in meeting all nine components of the NEST. On 30 April 2014, the AIHW released their annual report on jurisdictional performance against emergency access and elective surgery targets. The report shows that the ACT was the only jurisdiction to successfully meet all targets in each of the three components of the NEST.

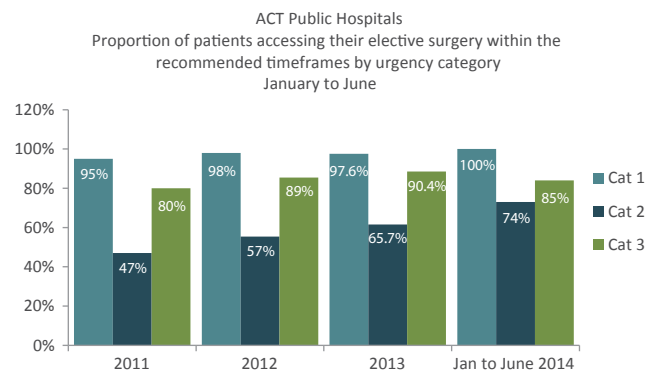
The ACT public hospitals achieved eight out of the nine total NEST targets for 2013, with the remaining one target missing by 0.3%.

Part 1 of the NEST refers to the proportion of patients who access their elective surgery procedure within clinically recommended timeframes.

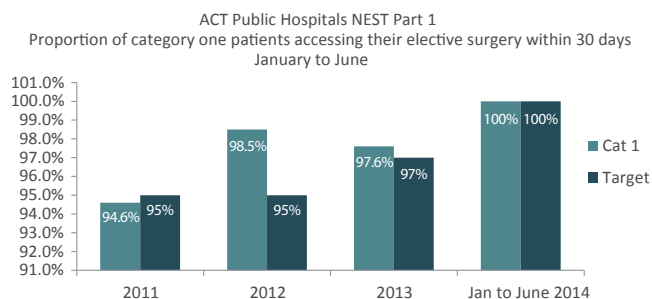
For the 2013 calendar year, ACT achieved the required targets for category one and three patients receiving their surgery on time. Category two patients did not meet the target reporting a result of 65.7% of category two patients accessing surgery on time against a target of 66%.

From January to June 2014, ACT achieved the required targets for category one patients receiving their surgery on time. Category two patients did not meet the target reporting a result of 74% of category two patients receiving surgery on time against a target of 78%, and 85% of category three patients received their surgery on time against the 2014 target of 91%.

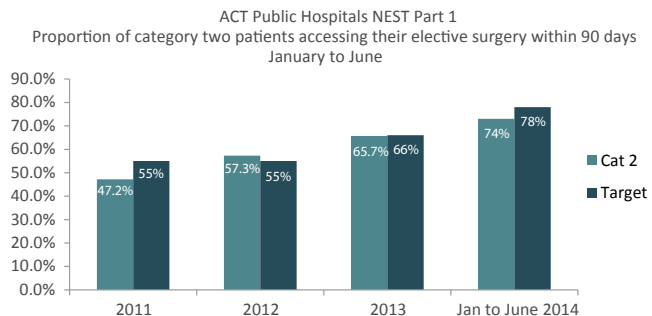
NEST part 1 results by urgency category



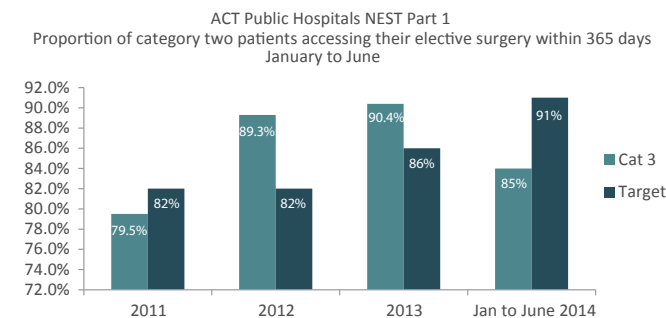
Urgency Category one performance



Urgency Category two performance



Urgency Category three performance



Part 2 A of the NEST is based on the requirement to reduce the average overdue waiting times for each category of patients so that there are no overdue patients by the conclusion of the agreement. In the calendar year to end December 2013, ACT public hospitals successfully met the required targets for urgency category one, two and three patients.

For the first six months of 2014 calendar year, ACT public hospitals achieved category one target. The ACT will continue to work on reducing the amount of long wait patients to ensure by 31 December 2014 the average overdue days are within the appropriate targets.

Part 2B of the NEST is related to the removal of the top 10 per cent of longest waiting patients on the elective surgery waiting list each year. The Australian Government issues ACT Health with the list of long-wait patients to have their surgery in that year. In the 2013 calendar year, ACT public hospitals removed all of the identified longest waiting patients from the list established for the year.

In the calendar year to June 2014 all three components of Part 2B NEST are on track.

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

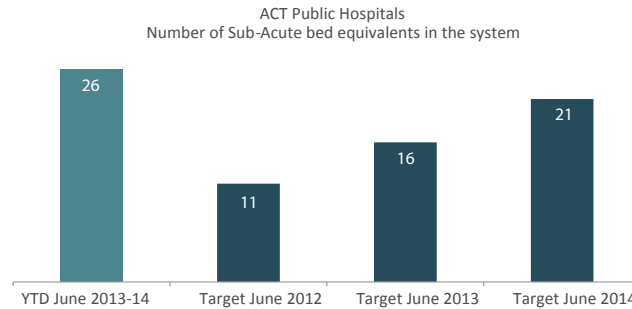
June 2014

National Health Reform (continued)

Sub-acute care reform

The sub-acute component is aimed at improving patient health outcomes, functional capacity and quality of life by increasing access to sub-acute care services including rehabilitation, palliative care, sub-acute mental health and geriatric evaluation and management, and psycho-geriatric services in both hospitals and the community.

To facilitate the process, ACT Health established a National Health Reform Steering Committee. This committee has worked on alternative models to attract additional service providers, as well as contingency plans in relation to this project. In 2013–14, the planning into growth for sub-acute care services has paid off. The ACT has now delivered 26 sub-acute bed equivalents into the system, above the June 2014 target of 21 bed equivalents. There is no financial reward or penalty associated with this target.



June 2014

Mental Health Services

Mental Health ACT continues to report strong results for the proportion of patients discharged from an inpatient service who receive follow-up care within seven days by a community facility. Timely follow-ups can reduce the number of people who need to be readmitted to an inpatient service. In 2013–14, both public hospitals continued to report better than the target results.

% Inpatients contacted within 7 days post-discharge			
Year to June 2014			
	2012–13	2013–14	Targets 2013–14
Calvary	76%	83%	75%
CH&HS	91%	91%	75%

ACT Health is committed to its mental health clients. All relevant Mental Health ACT committees include consumer and carer member involvement. This consultation process supports 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 the last three years. In 2013–14 the current result of 1.82% is significantly better than our local target of 3% and well below the national target of 5%.

ACT public hospitals Seclusion Rates		
Year to June 2014		
	2011–12	2012–13
	2.10%	1.52%
		1.82%

Twenty-eight 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 for 2013–14 was 6.9%, almost 3% less than the result reported for the same period last year. It is also known that community follow-up by mental health services, carer involvement and other community supports are key factors in reducing readmissions within 28 days of an initial inpatient admission.

ACT public hospitals 28 Day Readmits		
Year to June 2014		
	2011–12	2012–13
	9.9%	9.5%
		6.9%

The readmission rate is a broad indicator of responsiveness to inpatient care and community follow up. A lower rate is preferable to promote recovery, reduce the chances of a relapse, and minimise the possible need for a further acute inpatient episode. 6.9% of mental health clients returned to hospital within 28 days of discharge from an ACT Mental Health inpatient unit. The latest national mental health report available (2010–11) indicates that national rate for hospitals in Group A Jurisdictions (NSW, Victoria, Queensland, Western Australia, ACT, and Northern Territory) was 14.7% for readmissions to hospital within 28 days of discharge. The ACT is currently well below that figure.

Percentage of clients with outcome measures completed			
Year to June 2014			
	2012–13	2013–14	Targets 2013–14
Calvary	87%	92%	>65%
CH&HS	63%	64%	>65%

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

In 2013–14, outcome measures completed at the Canberra Hospital did not meet the target of greater than 65% with a result of 64%. This result is a 1% increase when compared with the same period last year. The Canberra Hospital result is affected by the inclusion of a large amount of community mental health episodes. The inclusion of this additional activity makes the achievement of this performance measure more challenging. Calvary hospital exceeded the target with a strong result of 92%. This result is a 5% improvement when compared with the same period for last year.

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.

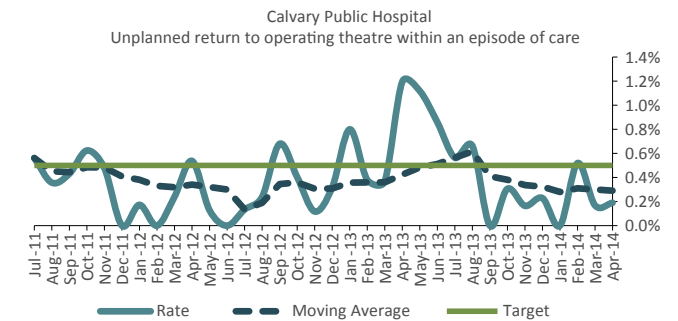
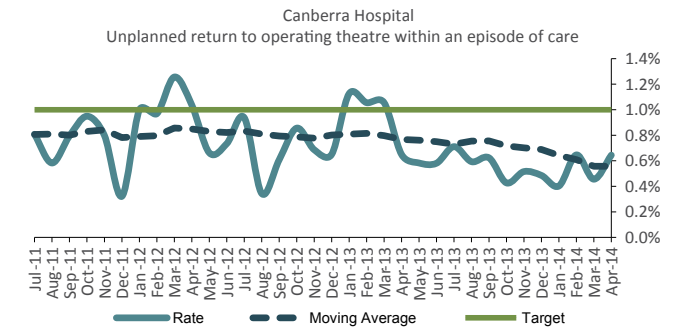
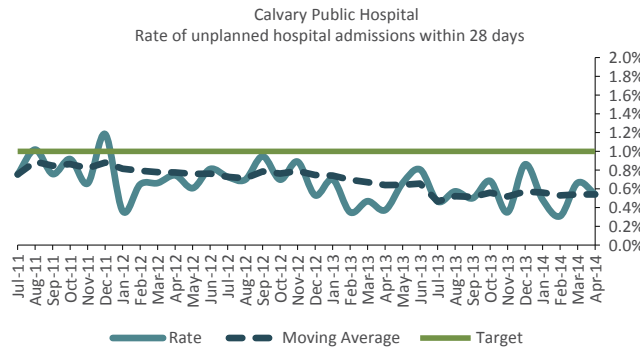
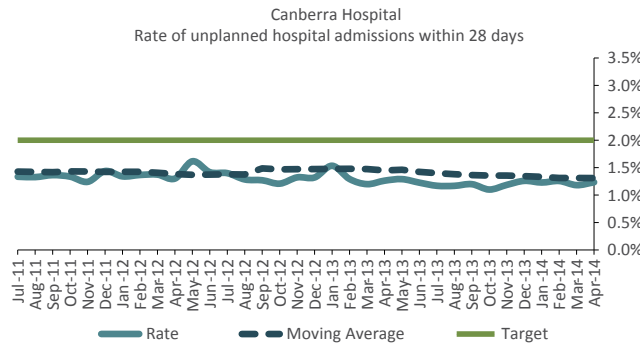
Due to the differing type and nature of services provided at each hospital campus the targets for each indicator are different. Canberra Hospital – our major teaching and referral hospital – manages more complex patients and higher levels of complications can be expected. Data for the rate of unplanned hospital readmissions within 28 days and the rate of unplanned returns to the operating room has been reported up to April 2014. This data takes some time to analyse and confirm before it can be reported and due to the timeframe of this process the data has been reported two months in arrears.

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

Our hospitals continue to meet safety and quality standards. 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 during the first ten months of 2013–14.

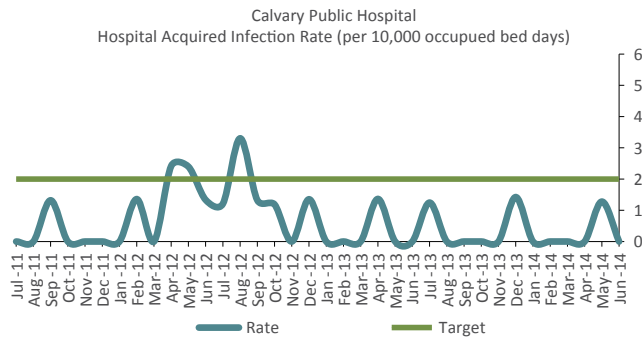
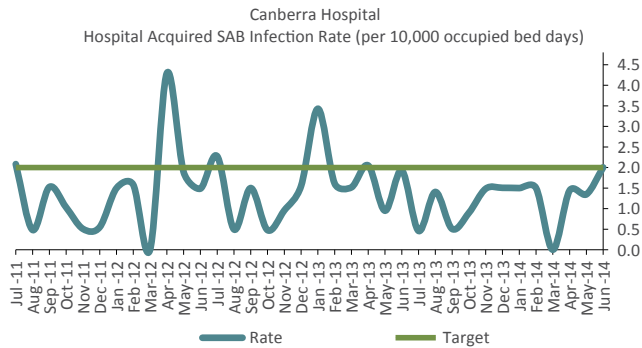
For the first ten months of 2013–14, both public hospitals reported improved results in the proportion of people who require an unplanned return to the operating theatre during their hospital stay in when compared to the same period last year. Canberra Hospital results are still well below the target of 1% whilst Calvary's results have generally remained below the target of 0.50%.

Our hospitals continue to meet safety and quality standards



June 2014

Patient Safety and Quality (continued)



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

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 our public hospitals maintain processes to minimise hospital acquired infections during hospital stays. As noted above, the target for each hospital is set based on the types of services they provide. As the major trauma hospital for the region, the Canberra Hospital will have higher SAB infection rates than Calvary Public Hospital. On the 13 March 2014 the National Health Performance Authority (NHPA) released its latest report titled Healthcare-associated Staphylococcus aureus bloodstream infection in 2012–13.

The report highlighted that in 2012–13 major peer group hospitals with more vulnerable patients had an average result of 1.35 cases per 10,000 patient bed days. For 2012–13, Canberra Hospital reported a result of 1.72 cases per 10,000 patient bed days against the national average for major metropolitan hospitals of 1.35 cases. While this result is above the national peer group average it is still well below the national target of 2.0 per 10,000 patient bed days.

For 2013–14, Canberra Hospital reported a SAB result of 1.17 cases per 10,000 patient bed days, a significant reduction when compared to the 2012–13 result of 1.72 cases per 10,000 patient bed days.

Calvary Public Hospital also reported very low results for SAB rates in 2012–13 compared to their peer hospitals in the major hospitals with fewer vulnerable patients category. Calvary Public Hospital reported a result of 0.33 cases per 10,000 patient bed days against the national peer group average of 0.92 cases per 10,000 patient bed days.

For 2013–14, Calvary Public Hospital continued to report well under the national average for their peer group with a SAB rate result of 0.33 cases per 10,000 patient bed days.

When combining both ACT public hospitals results for 2013–14, the ACT reported a SAB rate result of 0.94 cases per 10,000 patient bed days. This result is slightly above the 2012–13 national average of 0.90 cases per 10,000 patient bed days for all hospitals but still well below the national target of 2 cases per 10,000 bed days.

Hand Hygiene audit results

Hand Hygiene	2013–14 Target	2013 June Audit Result	2013 October Audit Result	2014 March Audit Result
Canberra Hospital	70%	67.70%	72.50%	73.0%
Calvary Public Hospital	70%	74.50%	75.60%	81.8%

Hand Hygiene Rate will also now be reported as it is now a national measure and an ACT strategic indicator. The estimated hand hygiene rate for a hospital is a measure of how often (as a percentage) hand hygiene is correctly performed.

It is calculated by dividing the number of observed hand hygiene 'moments' where proper hand hygiene was practiced in a specified audit period, by the total number of observed hand hygiene 'moments' in the same audit period.

Canberra Hospital improved its result in the latest audit undertaken in March 2014 to 73.0% from the previous audit in October 2013. Canberra Hospital is now above the national benchmark of 70%, whilst Calvary continued to improve and record results well above the national benchmark with 81.8% recorded during the same audit period.

June 2014

Regional Cancer Services

Increasing demand, improving waiting times

ACT Health Cancer Services provided care for 1,352 new radiotherapy patients in 2013–14. This is a 2% increase on the 1,330 patients beginning radiotherapy services when compared to the same period last year.

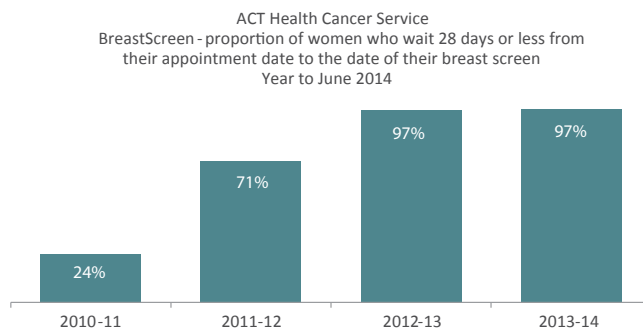
Percentage of radiotherapy patients who commence treatment within standard time frames

	July to June			
	2010–11	2011–12	2012–13	2013–14
Urgent: within 48 hours	100%	100%	100%	100%
Semi-urgent: with 4 weeks	100%	99.8%	99.8%	100%
Non-urgent: within 6 weeks	99.5%	93.6%	98%	100%
Total – All Radiotherapy Patients	99.8%	96.7%	99%	100%

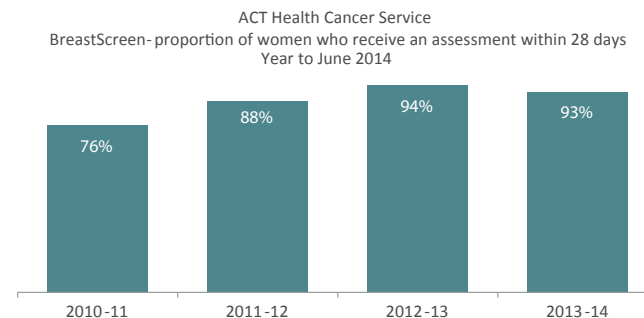
Despite the increase in demand for radiation therapy services, waiting times have maintained the excellent record of recent years with 100% of all urgency categories receiving access within the standard timeframes this year to date.

Breast Screening

Waiting times for Breast Screen appointments have improved as a result of the engagement of additional permanent radiographers (in 2011) as well as locum and casual radiographers. The BreastScreen ACT program no longer provides services to South East New South Wales. This has freed up radiography staff to provide services to women of the ACT. However, women who reside in NSW and who currently work in the ACT are still able to access BreastScreen services in the ACT. This is a result of negotiations between both the NSW and ACT state Governments.



In 2013–14, 97% of women waited less than 28 days for their screening appointment. This is a marked improvement on the 24% reported in 2010–11. Waiting times for the proportion of women who receive an assessment within 28 days has also maintained an excellent record in 2013–14 with a result of 93%, compared to 76% reported for 2010–11.



Despite ready availability of appointments, getting women in to the Program to attend for screening is proving difficult. To improve the numbers, BreastScreen ACT has commenced an active recruitment campaign using multiple strategies, such as contacting lapsed attendees and sending letters to General Practitioners to encourage women to have a breast screen. These new initiatives appear to be working as there has been a 17% increase in screenings performed in 2013–14. There were a total of 16,379 breast screens performed for ACT residents over 2013–14, compared with the 14,017 screening procedures reported for the same period last year.

June 2014

Rehabilitation, Aged and Community Care

Strong results continue for aged care and rehabilitation services

In 2013–14, the Aged Care Assessment Team (ACAT) provided in-hospital assessments within an average of 2 days. This level of service minimises delays in accessing out of hospital services for patients who no longer need hospital care. This result is demand driven.

Aged Care and Rehabilitation activity in ACT public hospitals

	July to June (Quarter 4)		
	2011–12	2012–13	2013–14
Aged Care Assessment Team (ACAT) mean waiting time	1.7	2.5	1.9
Average length of stay (ALOS) for Aged Care and Rehabilitation patients at ACT public hospitals	11	12	14
Aged Care and Rehabilitation non same day bed days at ACT public hospitals	29,930	30,433	33,376
Nursing home type patients (only Canberra Hospital data reported)	54	114	157

The Aged Care and Rehabilitation Service across ACT Public Hospitals recorded a (10%) increase in overnight beds days over 2013–14. The majority of the 10% increase in activity was attributed to growth at the Canberra Hospital Geriatrics specialty. However, when compared to the same period in 2011–12 there has been 12% growth (3,446) in the number of overnight bed days. The average length of stay for these patients has also increased by 3 days in 2013–14 when compared to the same period in 2011–12.

The number of nursing home type patient separations from hospital for patients at the Canberra Hospital doubled over 2012–13 and continued to increase when comparing 2013–14 to the same period last year. This is partly due to a lack of nursing home beds while the refurbishment of Bill McKenzie Gardens (formally Ginninderra Gardens) is underway. The refurbishment is expected to be finalised in approximately six months with an additional 75 nursing beds becoming available for the Territory. Additionally the increase in nursing home type patients at Canberra Hospital over the last couple of years and the increase in the average length of stay for these patients suggest that there is currently a shortfall of nursing home type places in the ACT.

June 2014

New South Wales Activity

The ACT is committed to servicing the health needs not only of the residents of the ACT, but of the surrounding region.

As Canberra Hospital is the major teaching and referral centre for the southern NSW region, patients who are critically unwell are transferred there for a higher level of care. These patients are often very complex and require multiple services. NSW patients accounted for 15% of all public hospital admitted separations in 2013–14.

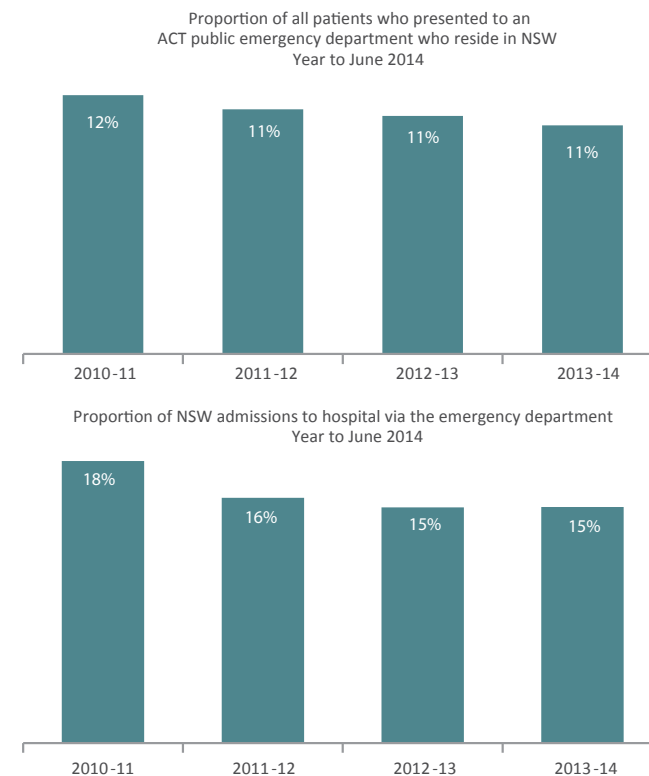
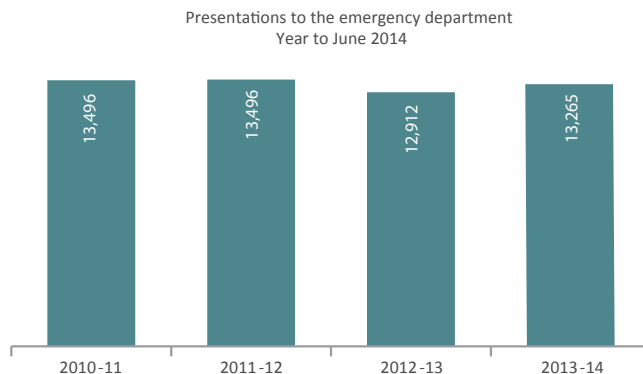
Around a third of all surgical procedures performed in ACT Public Hospitals are performed on patients who reside in NSW.

NSW patients accessing surgery in ACT public hospitals

ACT public hospitals	July to June		
	Total Surgery	Elective Surgery	Emergency Surgery
All patients	18,998	11,780	7,218
NSW patients	5,679	3,578	2,101
% NSW patients	30%	30%	29%

Many patients who reside in NSW also attend our public hospital emergency departments for a range of reasons. In 2013–14, 13,265 NSW patients presented to ACT Public Hospital ED's for treatment, 11% of all emergency department presentations and 15% of the total admissions through the ED. Whilst these results are slightly down compared to the same period for previous years, it still places additional pressure on ACT Public Hospital resources to treat patients in a timely manner.

NSW patient activity



June 2014

Addressing Gaps in Aboriginal and Torres Strait Islander Health Status

This is a new section of the ACT Health Quarterly report for 2013–14. In this chapter ACT Health has produced a snapshot of ACT Health services provided to Aboriginal and Torres Strait Islander people who reside in the ACT and surrounding region.

Aboriginal and Torres Strait Islander people account for less than 1% (5,184) of the ACT's total population according to the 2011 census. This small cohort also makes up around 2% of ACT Public Hospital episodes of care. These include surgical and medical procedures, as well as emergency and outpatient services.

Aboriginal and Torres Strait Islander people accessing ACT Health Services

	July to June			
	2010–11	2011–12	2012–13	2013–14
Emergency Department presentations	2,856	2,887	3,022	3,466
Admitted inpatient episodes of care	2,363	2,421	2,347	1,984
Elective Surgery operations performed	249	256	247	259

The AIHW report titled Elective Surgery Waiting Times 2012–13³ noted that the median waiting times for Indigenous Australians having elective surgery in the ACT improved from a 74 day wait in 2011–12 to a 38 day wait time in 2012–13 with the national figure being 40 days. This is a positive result for the ACT.

Immunisation rates for the ACT indigenous population

This provides an indication of the public health services to minimise the incidence of vaccine preventable diseases, as recorded by the Australian Childhood Immunisation Register, in the ACT's indigenous population. The ACT aims to maintain the immunisation coverage rates for the vulnerable groups and, in particular Indigenous and non-Indigenous Australians.

Immunisation rates for vaccines in the national schedule for the ACT Indigenous population:	2013–14 target	2013–14 Result
12 to 15 months	>90%	89.7%
24 to 27 months	>90%	94.8%
60 to 63 months	>90%	93.7%
All	>90%	92.6%

Other health services provided to Indigenous Australians in ACT – Year to June	2012–13	2013–14
Proportion of breast screens performed for women 50-69 years	0.37%	0.58%
Proportion of mental health community occasions of service for Aboriginal/Torres Strait Islander consumers	4%	4.2%
Number of Aboriginal/Torres Strait Islander Births	130	153
Total non-admitted occasions of service provided to Aboriginal/Torres Strait Islander clients	4,835	6,335

³<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129544691>

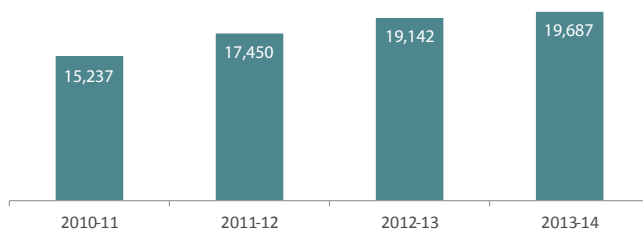
June 2014

Walk-In-Centre

Australia's first public, nurse-led Walk-in Centre (WiC) was opened in May 2010. Since then the WiC has had 73,392 presentations to June 2014.

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

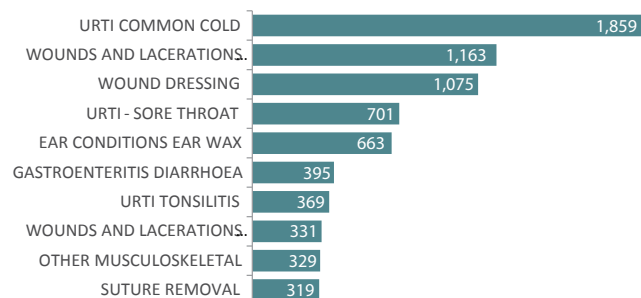
Walk-In-Centre
 Total Presentations to the WiC
 July to June



Presentations to the WiC increased by 3% in 2013–14 compared with 2012–13. This increase reflects the value that the service provides to the community.

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.

Walk-in-Centre
 Top 10 conditions treated at the WiC
 July to June 2013-14



If necessary, people are redirected to more appropriate services, such as their GP or the Emergency Department. Of the 19,687 presentations in 2013–14, a total of 14,234 had a completed treatment episode by the nurse. A total of 7 per cent of patients assessed were subsequently redirected to their GP and 5 per cent were told to present to the Canberra Hospital Emergency Department.

The WiC does not provide ongoing 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 WiC 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.

People in the ACT community now have access to a wide range of primary health services including their GPs, EDs, community health services, pharmacists and the WiC.

For the period of this report ACT Health operated one WiC located on the campus of the Canberra Hospital. In 2012, the ACT Government made a commitment to double the current budget for the WiC and expand the nurse-led WiCs to community locations in Belconnen and Tuggeranong.

The original WiC at Canberra Hospital closed in June 2014. The Tuggeranong WiC opened to the public on 26 June 2014 and the Belconnen WiC opened on 1 July 2014.

Surgery in ACT public hospitals

Over the past four years the amount of surgical operations performed has risen by 16%, from 16,364 reported for 2009–10 to 18,998 reported in 2013–14. The most significant increase has occurred in elective surgery which has grown by 20%.

Total surgery performed in ACT public hospitals

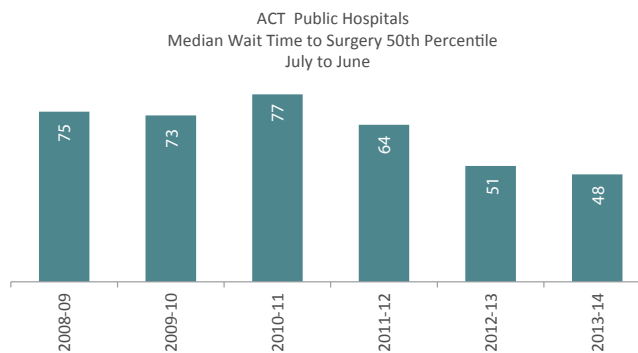
	July to June				
	2009–10	2010–11	2011–12	2012–13	2013–14
Emergency Surgery	6,534	6,599	6,958	6,890	7,218
Elective Surgery	9,830	11,392	11,360	11,624	11,780
Total Surgery Performed	16,364	17,991	18,318	18,514	18,998

Increasing access to elective surgery

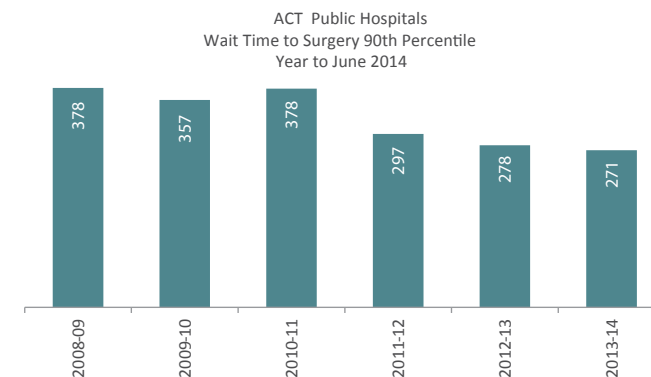
Since 2002–03, when ACT Health provided a total of 7,661 elective surgery operations, there has been a 51% increase in elective surgery activity. Our public hospitals performed 11,780 elective surgery procedures in 2013–14. This result is now the highest number of elective surgery procedures performed ever in a single year for the ACT.

The latest Australian Hospitals Statistics (AIHW) report titled Elective Surgery Waiting Times 2012–13⁴ noted that the ACT still had the highest median wait time in the country. ACT Health has worked very hard to reduce the number of overdue patients over the last few years.

ACT Health’s focus on admitting longer waiting patients subsequently increases the median waiting time to surgery. However, as ACT Health has significantly reduced its long wait patients over the last few years the median wait time is now also the lowest it’s been on record since 2002–03.



The ACT performs better than some other jurisdictions for patients admitted for surgery at the 90th percentile. The ACT Government investment in elective surgery has resulted in decreases for the longest waiting times at the 90th percentile, with an improvement from 392 days in 2010–11 down to 267 days in 2012–13. When comparing the 2013–14 result of 271 days to 2008–09, there has been a 28% reduction in the 90th percentile.



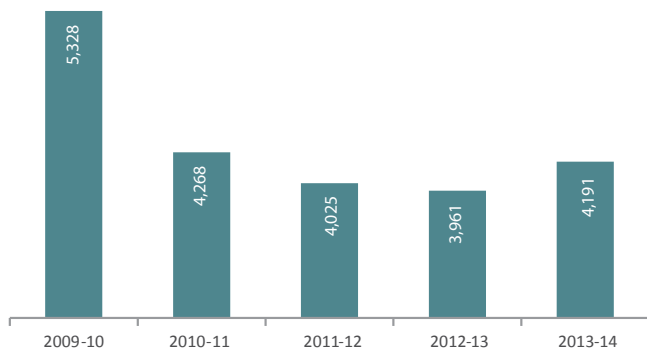
⁴<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129544691>

Surgery in ACT public hospitals (continued)

Reducing the number of patients waiting too long for elective surgery

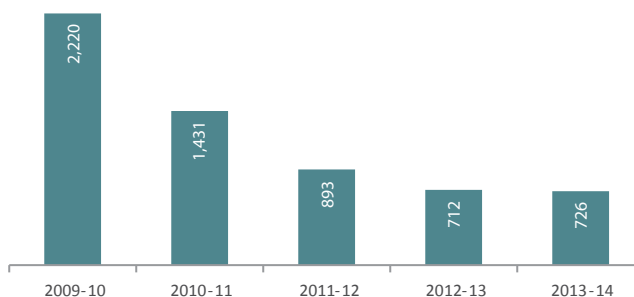
The increase in access to elective surgery over last 4 years had a very significant impact on the numbers of patients waiting for elective surgery and the numbers of patients waiting too long for care. At the end of June 2014, there were 4,191 patients on the elective surgery waiting list. This is 230 patients more (6% increase) when compared to 3,961 patients waiting at 30 June 2013, but a 21% reduction when compared to the same period in 2009–10.

Number of patients currently waiting on the elective surgery waiting list
Year to June 2014



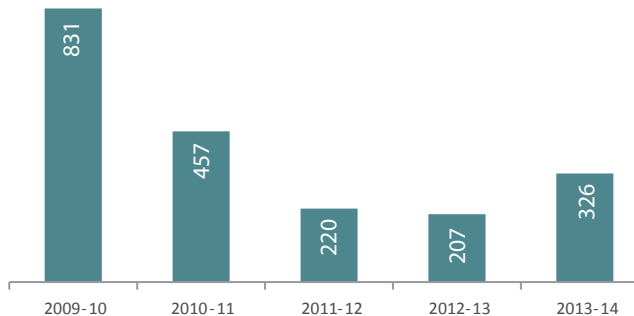
ACT Public Hospitals have recorded a slight increase in the number of patients waiting longer than the recommended timeframe for their elective surgery procedure, with a result of 726 patients at 30 June 2014. This result is an increase of fourteen patients when compared with the same period last year. However, when comparing the 726 patients with the same period two years ago there has been a 19% reduction in long wait patients.

ACT Public Hospitals
Total number of patients waiting longer than clinically recommended time frames
Year to June 2014



There has been significant work undertaken over the last few years to reduce the amount of patients waiting less than a year for their surgery. Although the latest result is a slight increase when compared to the same period last year, with a result of 326 at the end of June 2014, when compared the June 2010 result of 831 there has been 61% reduction.

ACT Public Hospitals
Total number of patients waiting longer than 365 days for surgery
Year to June 2014



This table shows the significant work undertaken by ACT Health to reduce the amount of long wait patients in a number of surgical specialties. While there is still more to be done there has been significant improvement over the past few years and plans are in place to ensure all these patients access their surgery as quickly as possible.

Reducing overdue patients by surgical specialty

Surgical Specialties	June			
	2011	2012	2013	2014
Cardiothoracic surgery	0	1	1	3
Ear, Nose & Throat surgery	275	73	150	212
General Surgery	82	62	96	67
Gynaecology surgery	38	11	19	20
Neurosurgery	12	6	12	9
Ophthalmology surgery	7	17	20	4
Orthopaedic surgery	618	489	309	309
Plastic surgery	81	21	14	18
Urology surgery	106	127	68	31
Vascular surgery	89	15	10	20
Other surgery (includes Paediatric surgery, Oral surgery & Thoracic surgery)	123	71	13	33

June 2014

Selected Statistics

ACT Health			
Selected ACT Public hospitals and Community Activity Indicators			
	July to June		% VAR
	2012-13	2013-14	
Inpatient Activity			
Day only patient days	50,088	52,155	4%
Overnight patient days	277,993	280,870	1%
Total episodes of care (separations)	94,712	96,963	2%
Nursing Home Type Patient (NHTP) Bed-Days (on separation – Canberra Hospital only)	4,390	7,567	72%
Bed Occupancy Rate (total overnight hospital beds)	92%	90%	-2%
Total number of births in ACT public hospitals	4,857	5,085	5%
Proportion of births by caesarean in ACT public hospitals	28%	28%	0%
Emergency Department Activity			
Timeliness by triage category			
Category 1 Seen (immediate – 2 mins)	100%	100%	0%
Category 2 Seen (within 10 mins)	74%	83%	9%
Category 3 Seen (within 30 mins)	43%	50%	7%
Category 4 Seen (within 60 mins)	46%	57%	11%
Category 5 Seen (within 120 mins)	79%	86%	7%
Total Emergency Department Presentations	118,969	125,886	6%
Did Not Waits	8%	5%	-3%
Admissions via Emergency department	31,206	34,218	10%
Admissions to Emergency Department observational wards	13,032	13,100	1%
Admissions from the Emergency Department to ICU, Surgery, and general wards	18,174	21,118	16%
Walk-in-Centre			
Total presentations	19,142	19,687	3%
Patients treated	13,665	14,234	4%
WIC – % presentations who did not wait	1.8%	1.7%	0%
% Treated within the WIC	71%	72%	1%

ACT Health			
Selected ACT Public hospitals and Community Activity Indicators			
	July to June		% VAR
	2012-13	2013-14	
Elective Surgery			
Additions to the public hospital elective surgery waiting list	13,729	13,848	1%
Numbers of people on the elective surgery waiting list	3,961	4,191	6%
Removals from the list for surgery	11,624	11,780	1%
Removals from the list for other reasons	2,010	3,105	54%
Patients on the list recorded as “not ready for care”	1,019	858	-16%
Hospital Initiated Postponements	7%	6.4%	-1%
Elective surgery median waiting time to care by urgency category			
Category one patients (admission required within 30 days)	14	14	0 days
Category two patients (admission desirable within 90 days)	72	59	-13 days
Category three patients (admission desirable within 365 days)	171	166	-5 days
Medical Services			
Elective endoscopies			
Number of elective endoscopies performed	4,557	4,884	7%
Number of patients waiting for an endoscopy procedure	1,898	2,420	28%
Medical Endoscopy median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	21	23	2 days
Category two patients (admission desirable within 90 days)	135	120	-15 days
Category three patients (admission desirable within 365 days)	129	313	184 days

ACT Health			
Selected ACT Public hospitals and Community Activity Indicators			
	July to June		% VAR
	2012-13	2013-14	
Elective Cardiology			
Number of elective cardiology procedures performed	1,319	1,223	-7%
Median waiting time to an interventional cardiology procedure in days	20	20	0 days
Breast screens			
Total breast screens performed for ACT residents	14,017	16,380	17%
Number of breast screens for women aged 50-69	11,385	12,832	13%
Participation rate of breast screens for ACT women aged 50-69	56%	56%	0%
Cervical Cytology			
Additions to the Cervical Cytology Register	36,857	36,624	-1%
Mental Health			
Community Services by Group			
ACT wide mental health program community service contacts	89,940	102,087	14%
Children and youth mental health program community service contacts	56,076	63,430	13%
Adult mental health program community service contacts	107,607	114,648	7%
Proportion of mental health committees with consumer and care representation	100%	100%	0%
Dental Services			
Mean waiting time (in months) for persons on the Centralised Waiting and Recall List	11.6	3.8	-7.8 months
Proportion of urgent patients seen with standard waiting times	100%	100%	0%

June 2014

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
Target waiting times	<p>The proportion of patients seen at emergency departments within standard waiting times (as set by the Australasian College of Emergency Medicine)</p> <ol style="list-style-type: none"> 1. Resuscitation—100% seen on time 2. Emergency—80% seen within 10 mins 3. Urgent—75% seen within 30 mins 4. Semi-urgent—70% seen within 60 mins 5. Non-urgent—70% seen within 120 mins
Access block	<p>The proportion of patients admitted to hospital via the emergency department who wait less than eight hours from the time that treatment commences to the time that the patient is transferred to a hospital ward.</p>
Elective surgery	
Urgency category	<p>Patients listed for elective surgery at ACT public hospitals are assigned one of three priority categories based on their surgeon's opinion about the urgency of the need for surgery in accordance with the definitions in the National Health Data Dictionary:</p> <ol style="list-style-type: none"> 1. Urgent—admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency 2. Semi-urgent—admission within 90 days is desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency 3. Non-urgent—admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is not likely to deteriorate quickly and which does not have the potential to become an emergency (Health Directorate establishes a 365 day maximum desirable waiting time for category three patients).
Median waiting time	<p>The waiting time at the fiftieth (50th) percentile for all patients admitted for elective surgery at an ACT public hospital in a given period (and for a given patient urgency category).</p>

Waiting times	<p>The proportion of patients admitted for surgery within a given period who are admitted within standard waiting times for their condition.</p>
Removals for surgery	<p>The number of people, in a given period, who are removed from the ACT public hospitals elective surgery waiting list for surgery.</p>
Patients waiting longer than one year for surgery	<p>The number of patients still on the elective surgery waiting list (and who are listed as “ready for surgery”) who have been waiting longer than 365 days (at a given census date).</p>
Long wait patients accessing elective surgery	<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	<p>The proportion of elective surgery patients booked for surgery in a given period who have their surgery postponed by the hospital (for reasons such as substitution for a more urgent patient, no beds available, etc.).</p>
Endoscopy	
Urgency category	<p>See entry for elective surgery.</p>
Median waiting time	<p>See entry for elective surgery.</p>

Dental services	
Waiting times (urgent)	<p>The proportion of dental health program clients assessed as in need of emergency services who receive care within 24 hours of a request.</p>
Waiting times (general)	<p>The average waiting time (in months) that clients of the adult centralised waiting list wait for care from the time of the request of an appointment to the date of the appointment with the dental health program.</p>
Radiotherapy	
Waiting times (urgent)	<p>The proportion of new radiotherapy patients who are assessed as in need of urgent access to treatment who are provided with treatment within 48 hours of a request.</p>
Waiting times (general)	<p>The proportion of all new radiotherapy patients who are provided with treatment within 28 days of a request.</p>
Breast screening	
Wait time to assessment	<p>The proportion of women requiring assessment who wait 28 days or less from their breast screen appointment to their assessment appointment.</p>
Wait time to appointment	<p>The proportion of women who wait 28 days or less from their appointment date to the date of their breast screen.</p>
Number of screens	<p>Number of ACT women who are provided with breast screens within a given period.</p>
Participation rate	<p>The proportion of women in the ACT in the targeted age group for breast screening (50 to 69 years) who have had a breast screen within the last two years at any given time.</p>

June 2014

Glossary (continued)

Bed usage	
Occupancy rate	The proportion of available overnight adult medical and surgical beds that are used on average over a given period.
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: <ul style="list-style-type: none"> unexpected for further treatment of the same condition for which the patient was previously hospitalised unexpected admission for treatment of a condition related to one for which the patient was previously hospitalised unexpected admission for a complication of the condition for which the patient was previously hospitalised.
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.
Inpatient separations (Admitted patients)	
Cost weighted separations	The number of separations (completed episodes of care) expressed in cost weighted terms. "Cost weighting" allocates a weight for each hospital episode based on the average level of resources used for each type of episode (with the average episode receiving a weight of "1"). As examples, a standard dialysis episode has a weight of 0.17 of the average and a knee replacement has a weight of about "5" (or five times the average). ACT Health used national public hospital cost weights (Round 13) for counting of hospital episodes in 2011–12.
NSW separations	The proportion of patients separated from ACT public hospitals whose residential address is in NSW.

Patient days	In accordance with national definitions, the number of days that a patient spends in hospital. All day only (or same-day) patients are counted as spending one full day in hospital (regardless of the time actually spent in hospital). For non same-day patients, the number of days is calculated by subtracting the separation date from the admission date (in full days).
Nursing home type patient days	The number of patient days on separation for all patients who have been classified as nursing home type patients.
Emergency surgery as a proportion of all surgical services	The proportion of patients who have surgery as a result of an emergency against the total number of surgical procedures.
Day of surgery rate	The proportion of all elective surgery cases who are admitted to hospital on the same day that they have their surgery.
Births	The number of births reported at our public hospitals in a given period.
Caesarean births	The number of births at public hospitals that are reported as being undertaken as caesarean sections.
Mental health	
Community services	The number of community based services provided to each of the three client groups: <ul style="list-style-type: none"> Adults Children and adolescents Older people.