



ACT PUBLIC HEALTH SERVICES

Quarterly performance report

March 2011



Contents

Our public hospitals	4
Elective surgery	6
Emergency department services	10
Walk-in Centre	12
Patient safety and quality	14
Capital Region Cancer Services	16
Community health services	17
Aged Care and Rehabilitation	18
Births at ACT public hospitals	19
Mental health services	20
Selected activity statistics	21
Glossary	23

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

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

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

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

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

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

Cost weights in this report are provided using Round 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 nine months of 2010–11 shows that the increased investment in the Territory's public health services is working to provide improved access to care.

- Our public hospitals have provided record levels of access to elective surgery over the first nine months of 2010–11 with 8,039 operations provided, 16 per cent above the 6,939 reported for 2009–10.
- This increase in access to surgery has resulted in a 25 per cent improvement in the number of people waiting too long for surgery, and a 28 per cent improvement in the number of people waiting longer than one year for surgery.
- These improvements will continue into the fourth quarter and throughout the next financial year as we continue to invest heavily in boosting access to elective surgery.
- This increase in access to elective surgery is particularly pleasing given the continued increase in demand for emergency surgery as well. Over the first nine months of 2010–11, 5,054 people had emergency surgery in ACT Public Hospitals which is a 13 per cent increase compared with the same period three years ago.
- Despite these good results in elective surgery, the ACT's median wait time for all elective surgery categories stands at 80 days. This result is significantly higher than the national average, but this is a result of the recent increases in elective surgery providing surgery for people who have waited longer than recommended waiting times.
- The median waiting time measures the waiting time of people who receive surgery, not the time for people on the waiting list. During periods of increased activity targeting long wait patients the median waiting time actually goes up initially because more long wait patients are receiving their surgery.
- We continue to report equal to or better than national standard performance for category 1 emergency department presentations.
- However further work is required for category three and four presentations. Both public hospital emergency departments are undergoing internal process redesigns to improve patient flow through the department.
- Our hospitals continue to treat more Canberrans, with an 8 per cent increase in the number of occupied bed days to the end of March 2011 compared with the same period last financial year.
- Our investment in additional doctors and nurses has enabled us to add 242 beds to ACT public hospital system over the last eight years to manage this increase in demand for services, for a total ACT capacity of up to 926 beds, 38 per cent up on the 670 available when we first came to Government.
- There will be a further 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.
- Outpatient occasions of service in the first nine months 2010–11 was 6 per cent 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 per cent at 94 per cent in the first nine months of 2010–11.
- Nearly 100% per cent of all radiotherapy patients were seen within standard time frames for the first nine months of this year, 17 per cent better than in the same period last year and 22 per cent better than in 2007–08.
- Data on New South Wales patients using the ACT hospitals has been added to this report. The data shows that the number of New South Wales patients receiving elective surgery in ACT Public Hospitals has increased over the last four years with New South Wales patients now making up almost one third of elective and emergency surgery.
- The Walk-in Centre is now an established part of our health service infrastructure, providing the community with another option for the treatment of minor and one-off conditions. Over the three months of the March quarter the Walk-in Centre managed about 50 patients per day, up on below-40 daily average in its first full quarter last year.

The June version of this quarterly report will be realigned to Health Directorate's new structure which became effective on 21 March 2011.

Our public hospitals

More beds to manage increasing demand for hospital services

Our hospitals provided over 190,000 overnight bed days of care in the first nine months of this financial year, eight per cent above the result reported for the same time last year, and 15 per cent above the 167,000 overnight bed days provided just three years ago. The capacity to meet this considerable growing demand for hospital services has been met by the 38 per cent increase over the last eight years in the number of hospital beds available for our public hospitals, from 670 beds when we came to Government to the 926 currently available for our community.

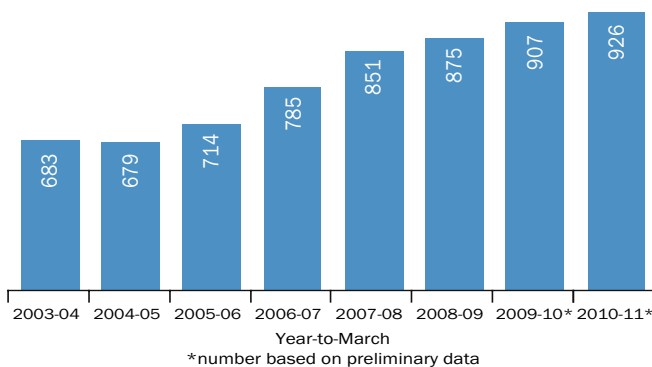
The number of non-admitted occasions of service increased by 6 per cent in 2010-11 compared with the same period last year.

Preliminary results for the nine months of 2010-11 show a 2 per cent increase in cost weighted activity. Preliminary results also show that during the first nine months of 2010-11, separations increased by 4 per cent.

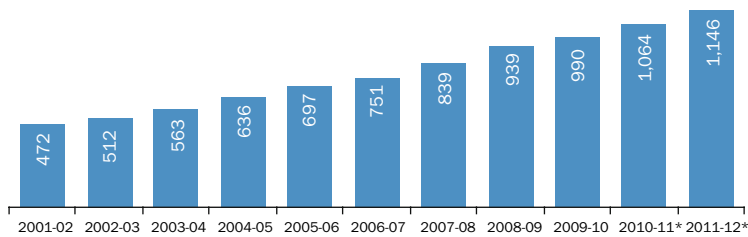
ACT public hospital activity

	Year-to-March			
	2007-08	2008-09	2009-10	2010-11
Cost weighted admitted patient separations	64,940	70,623	70,793	72,259
Non-same-day bed days	167,108	176,469	178,190	192,733
Non-admitted (outpatient) occasions of service	218,543	240,716	256,789	271,715

ACT public hospitals available beds by year



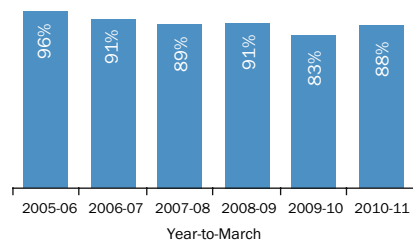
ACT Health Expenditure by Year (2010-11 and 2011-12 estimates only) \$ million



The increase in bed capacity has been funded by the biggest increases in health funding by any ACT Government. The estimated budget for the next financial year (2011-12) of \$1.146 billion is one hundred and twenty-five per cent 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.

Bed occupancy rate – Overnight adult medical and surgical beds



The Government has set a bed occupancy rate target of 85 per cent for our public hospitals. While the rate for the first nine months at 88 per cent is slightly higher than the target, and the figure reported for the last financial year, it remains down on rates of previous years and demonstrates a continuing improvement based on the Government's funding of additional beds for our public hospitals. The major cause for the increase in bed occupancy rates has been the

increase in access to elective surgery over the 2010-11 year, with increases of 16 per cent in total numbers of elective operations over the first nine months of this financial year compared with the same period last year.



Elective surgery

Record levels of access to elective surgery

	Year-to-March			
	2007-08	2008-09	2009-10	2010-11
Removals	6945	7579	6939	8089
Waiting greater than one year at census date	851	638	792	567
Long Wait patients waiting	2109	1834	2514	1906

A total of 8,089 people accessed elective surgery at ACT public hospitals over the first nine months of 2010-11, the highest figure on record for the first three quarters of a financial year. This total was 16 per cent above the 6,939 reported for the same period last year and six per cent above the previous record set two years ago.

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 increase in activity has been possible due to the partnership established between the ACT and Commonwealth Governments to boost access to elective surgery as part of the new national health reforms.

The increase in access to surgery has resulted in a 25 per cent reduction in the number of people waiting longer than recommended waiting times over the 12 months to March 2011.

Median waiting time to surgery for ACT Public Hospitals

	Year-to-March			
	2007-08	2008-09	2009-10	2010-11
Category one	14 days	14 days	13 days	14 days
Category two	98 days	98 days	104 days	102 days
Category three	203 days	171 days	192 days	226 days
Total ACT	75 days	73 days	71 days	80 days

The median waiting time for all patients accessing elective surgery for the ACT public hospitals was 80 days for the year to March 2011 compared to the 71 days reported for the same period last year.

The increase in the median waiting time is directly related to the increased access to surgery for people with extended waiting times. Under national standards, the median waiting time is counted based on the date that people are admitted for surgery, not for people still on the list. As such, the increase in the number of people with long waiting times for surgery will result in an increase in the median waiting time. This situation will continue over the next 12 to 18 months as the Government aggressively addresses the number of people with longer than recommended waiting times.

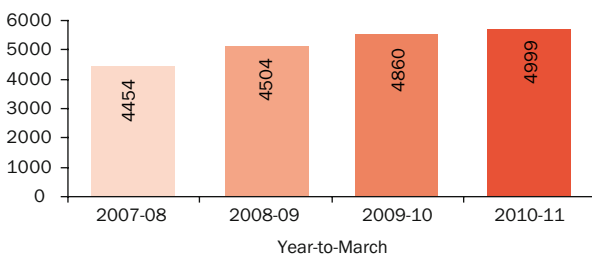
Elective surgery cases admitted on time

Elective Surgery Seen on time	Year-to-March				
	Clinical Categories	2007-08	2008-09	2009-10	2010-11
Category one		96%	93%	93%	90%
Category two		47%	46%	44%	45%
Category three		69%	76%	78%	74%
Total ACT		65%	66%	66%	64%

Of the 2,256 people classified as category one patients and admitted for surgery over the third quarter of 2010-11, 2,044 people were admitted within the national standard of 30 days (90 per cent).

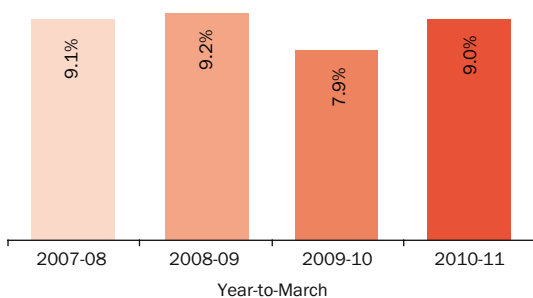
The Government continues to focus on ensuring that the most urgent elective surgery cases are seen on time, while also addressing those less-urgent patients with extended waiting times. Future reports should reflect this strategy's effectiveness through improvements in their proportion of patients accessing elective surgery within clinically recommended timeframes. While more needs to be done, the available evidence shows that this approach is working.

Increasing demand for elective surgery in an environment of additional demand for emergency surgery



The 16 per cent increase in access to elective surgery over the first nine months of 2010-11 is particularly impressive given the continuing increase in demand for emergency surgery. To the end of the third quarter of 2010-11, 4,999 people had emergency surgery at ACT Public Hospitals which is a 13 per cent increase compared with the same period three years ago.

Proportion of patients who have their elective surgery postponed



Nine per cent of elective surgery cases were postponed to the end of the third quarter of 2010-11. The main reasons for postponement were due to the need to treat more urgent patients.

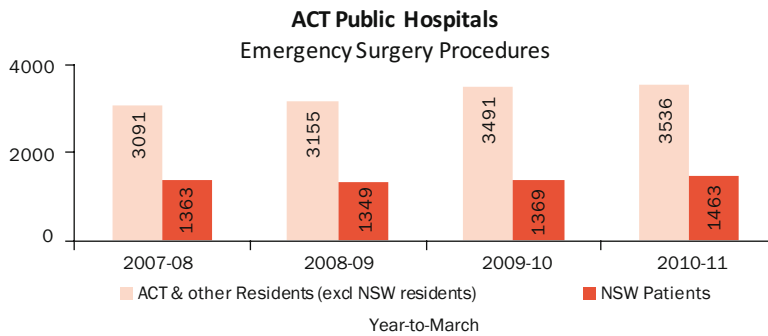
Source: Elective surgery access team

Meeting the surgical needs of our region

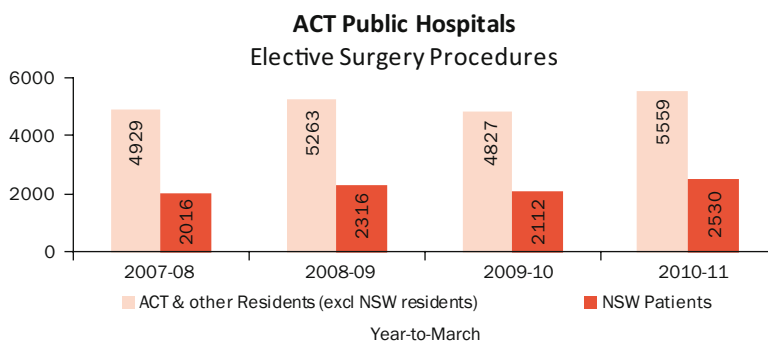
Year-to-March		
ACT Public Hospital	Elective	Emergency
Total All Patients	8089	4999
NSW	2530	1463
% NSW patients	31%	29%

Our public hospitals not only work to meet the needs of ACT residents, we also provide a large number of elective and emergency services for NSW residents who live in the areas surrounding the ACT.

Almost one third of elective and emergency surgery operations conducted in our public hospitals is for NSW residents, which is above the 24 per cent of total hospitals services provided to our neighbours across the border.



Source: Elective surgery waiting list data set 2010-11 data preliminary only



Source: Elective surgery waiting list data set 2010-11 data preliminary only



elective surgery

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 time frames. Category 2 and Category 5 patients were also seen within national benchmarks.

Emergency department presentations seen on time

	Year-to-March				
	Target	2007-08	2008-09	2009-10	2010-11
Category 1 (immediately)	100%	100%	100%	100%	100%
Category 2 (<10 mins)	80%	80%	87%	83%	79%
Category 3 (<30 mins)	75%	52%	50%	57%	51%
Category 4 (<60 mins)	70%	51%	50%	56%	50%
Category 5 (<120 mins)	70%	78%	76%	78%	76%

Waiting times to the emergency department have increased to the end of the third quarter. The increase is largely due to a 4 per cent growth in the overall total presentations to our emergency departments.

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

Category five emergency department presentations continue to exceed national benchmarks, with over 76 per cent of this cohort seen on time. This is despite a 14 per cent increase in category five patient presentations.

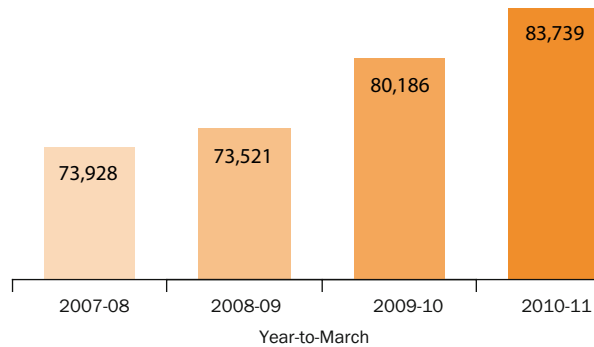
Health Directorate is committed to improving waiting times for emergency department services. During 2009-10, the Government implemented a range of initiatives to further improve Emergency Department waiting times including:

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 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.

As part of the National Health Reform, there is a review being undertaken on the way our emergency departments work, and how the rest of the hospital can work to improve the way patients move through the hospital as part of a hospital episode.

Presentations to ACT emergency departments

These initiatives are extremely timely given the continued increases in presentations to our emergency departments, with an increase of 3,546 presentations over the first nine months of 2010–11, compared with the same period in the 2009–10.



Access to ward beds from the emergency department

	Year-to-March	
	2010–11	Target
All Patients	73.4%	75.0%
Patients aged > 75yrs	62.9%	70.0%
Mental Health Clients	62.1%	80.0%

The Government has set a target of ensuring that at least 75 per cent of people spend no more than the eight hours from the start of treatment within the emergency department and transfer to a hospital bed.

For the first nine months of 2010–11, our hospitals reported that 73.4 per cent of admitted patients were transferred to a ward within the eight hour target.

Access block for older persons was below the target of 70 per cent, which 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 62.1 per cent. There has also been a 22 per cent 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. This can increase the length of time that some mental health clients spent in the Emergency Department, and can result in an increase in access block.

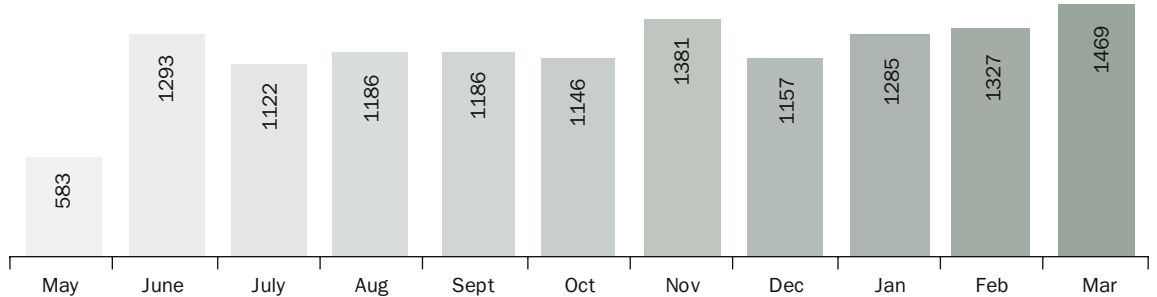
Mental health services will continue to monitor the use of this new service as it beds down to work on processes that minimise the time people spend in the ED.

Improvements in this measure can be expected in 2012–13 following the completion of the new adult mental health facility which will increase the bed capacity of our inpatient mental health services and reduce delays to inpatient care.

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

Walk-In-Centre

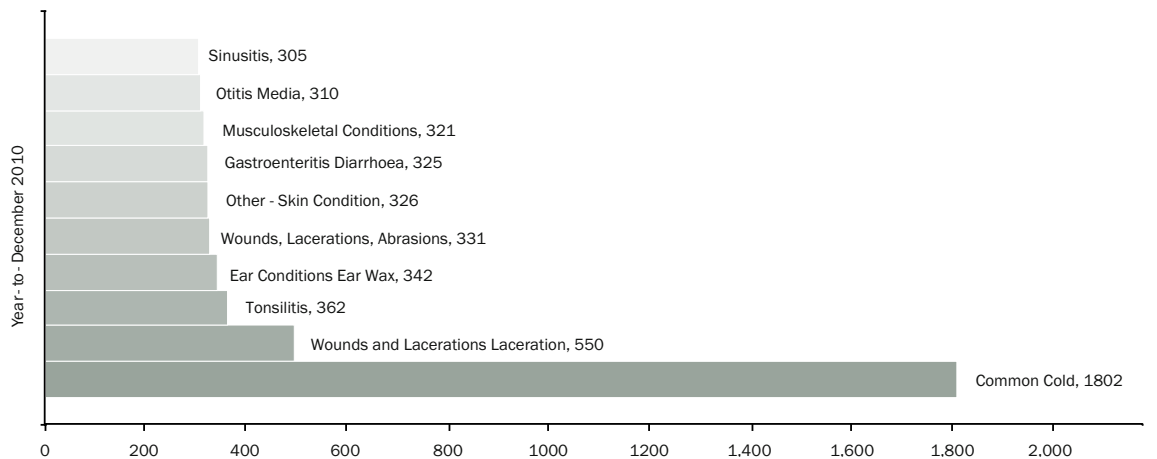
Australia's First Walk-In Centre



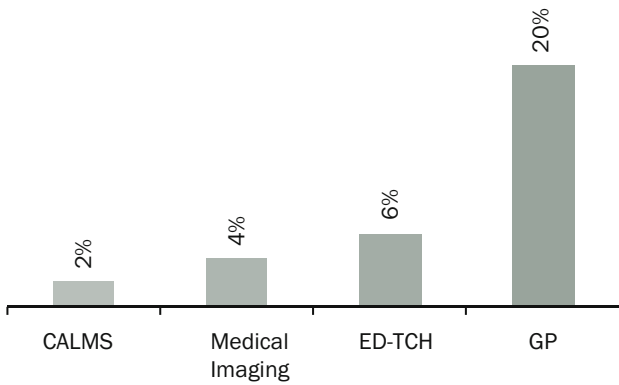
Australia's first public, nurse-led Walk-in Centre was opened in May 2010. In the 10 months to the end of March 2011, the centre had managed over 13,000 presentations.

The Walk-in 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 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 13,000 presentations (to the end of March 2011), 11,161 patients were assessed by a nurse, 20 per cent were redirected to their GP and 6 per cent 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. With the consent of the health consumers, a visit report is sent to the patient’s general practitioner.

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.

People in our community, 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.

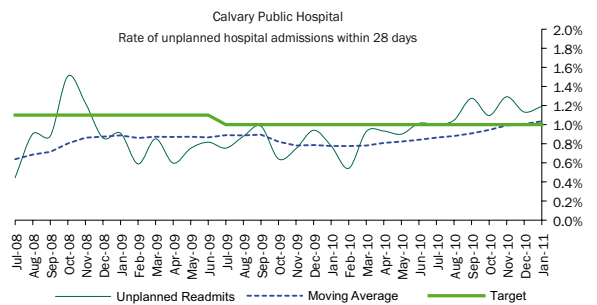
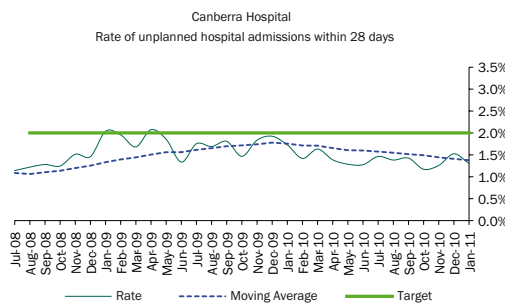
The operation of the Walk-in Centre will be externally evaluated after its first year of operation. That evaluation will provide us with valuable information about the success of the new service and how we could further extend the concept to other areas of Canberra.

Patient safety and quality

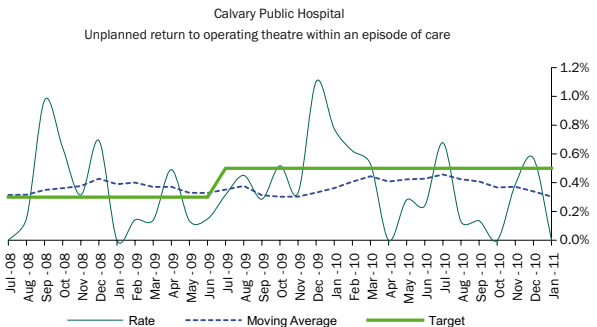
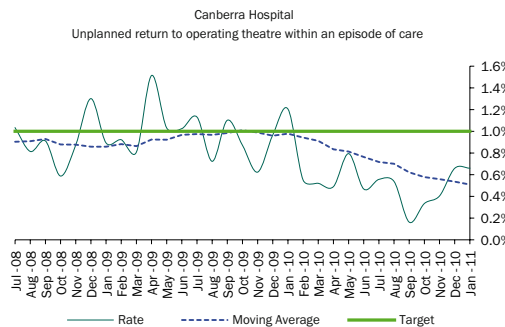
Our hospitals continue to meet safety and quality standards

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.

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 smooths out these monthly fluctuations to provide a better understanding of trends in these important indicators.

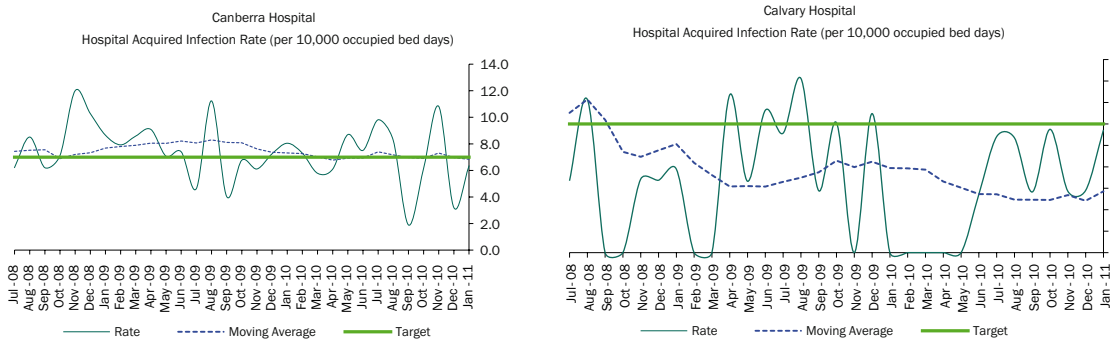


Both hospitals continue to report good results for the proportion of people who return to hospital within 28 days of discharge, with the results at the Canberra Hospital improving over the first seven months of the 2010–11 financial year.



Both hospitals also reported continuing improvements in the proportion of people who require an unplanned return to the operating theatre during their hospital stay.

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.



Both our public hospitals maintain processes to minimise hospital acquired infections during hospital stays. As noted above, the targets for each hospital are set based on the types of services they provide. As the major trauma hospital for the region, the Canberra Hospital will have higher infection rates than Calvary Public Hospital. The rate at the Canberra Hospital has improved over recent years, with the rate at Calvary Hospital halving over the last three years.



Capital Region Cancer Service

Increasing demand, improving waiting times

The Capital Region Cancer Service provided care for 911 new radiotherapy patients in the first nine months of 2010–11. This is a 4 per cent increase on the 875 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-March ^(*See note below)			
	2007–08	2008–09	2009–10	2010–11
Urgent—within 48 hours	100%	100%	98%	100%
Semi Urgent—within 28 days	87%	86%	91%	100%
Non Urgent Category A—within 28 days	70%	60%	73%	99%
Non Urgent Category B—within 42 days	64%	60%	88%	100%
Total—All Radiotherapy Patients	78%	73%	83%	100%

*All results have been rounded.

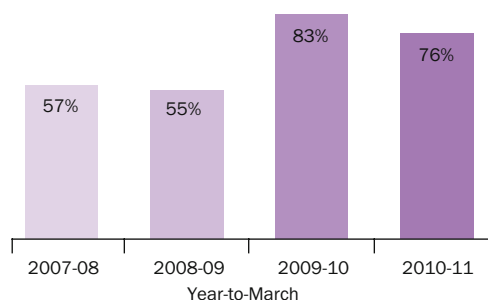
Despite the increase in demand for services, waiting times for radiotherapy services have improved, with nearly 100 per cent of all patients receiving care within standard time frames over the first nine months of 2010–11 compared with 83 per cent for the same period in 2009–10, and 73 per cent two years ago.

Breast Screening

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 receive an assessment within 28 days



BreastScreen provided more than 12,000 screens in the ACT in 2009–10 and a further 7,953 in South East NSW. In the first nine months of 2010–11 BreastScreen ACT has provided screens to 8,992 ACT women and 4,895 NSW women.

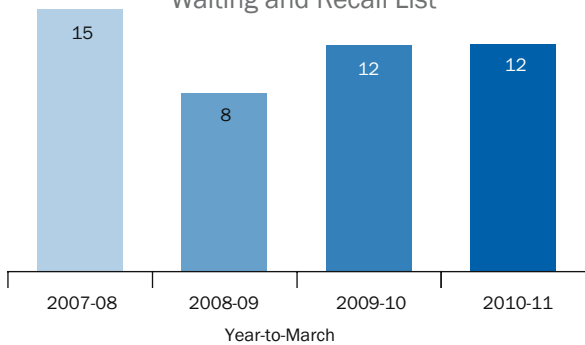
¹ Australian Institute of Health and Welfare 2010. BreastScreen Australia monitoring report 2006–2007 and 2007–2008: supplementary data tables. Cancer series no. 56. Cat. no. CAN 52. Canberra: AIHW.

Community Health Services

Dental wait times on target, immunisations above target

Our public dental services met the target for access to care, maintaining an average of 12 months between an appointment and the provision of dental care. The ACT result has the best waiting times for public dental services in the nation.

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

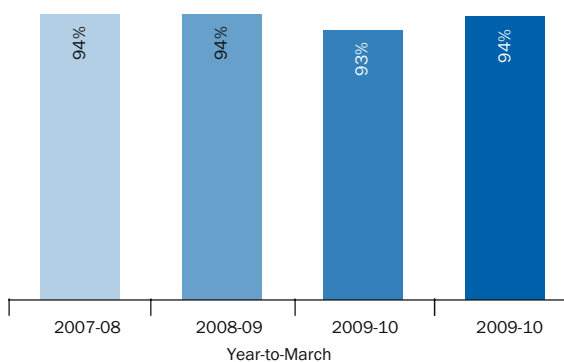


Dental Services – Proportion of urgent patients seen within standard waiting times

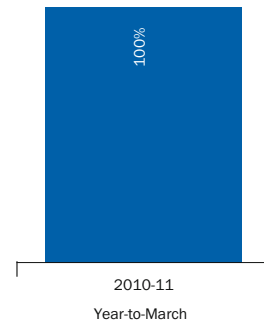


All patients gained access to urgent treatment within the set time frame of 24 hours. Immunisation rates for one year olds continue to exceed the national target of 90 per cent, with 94 per cent recorded in the first nine months of 2010–11.

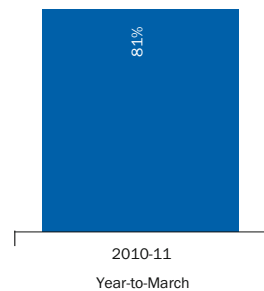
Childhood Immunisation
Proportion of one year olds fully immunised



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.



Due to small numbers of offenders who are detained care must be taken in interpreting the results.

Aged Care and Rehabilitation Service

Strong results continue for aged care services

The Aged Care Assessment Team (ACAT) provided in hospital assessments within an average of 2.3 days during the first nine 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.

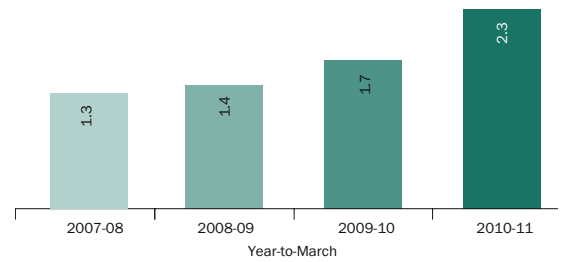
The Aged Care and Rehabilitation Service has seen a growth of 7 per cent (1580) in the number of bed days for the first nine months of 2010–11, compared with the same period in 2009–10.

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.

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

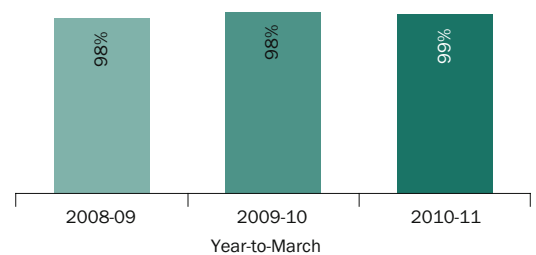
Aged Care and Rehabilitation Service—Average Waiting Time for ACAT Assessments



Aged Care and Rehabilitation Non Same Day Bed Days



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



Births at ACT Public Hospitals

Births increasing in ACT public hospitals

Based on extrapolated data, a total of 3,160 babies were born at ACT public hospitals in the nine months of 2010–11, which is about the same number born over the same period last year. 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-March			
	2007–08	2008–09	2009–10	2010–11
ACT Public births	2,698	2,816	3,131	3,160
Caesarian sections	616	670	750	831

In the nine months of 2010–11, extrapolated results show the number of caesarean sections performed in ACT public hospitals has increased when compared to the previous year (831 procedures) from the results for the same period in 2009–10.

This can be attributed to an increased demand for more complex care in the ACT from surrounding areas. However, care should be exercised in making conclusions about caesarean rates based on a single year's outcomes.

The ACT Government has provided an additional \$2 million in 2010–11 and \$1.5 million in 2011–12 to enhance obstetric and gynaecological services and neonatal services.

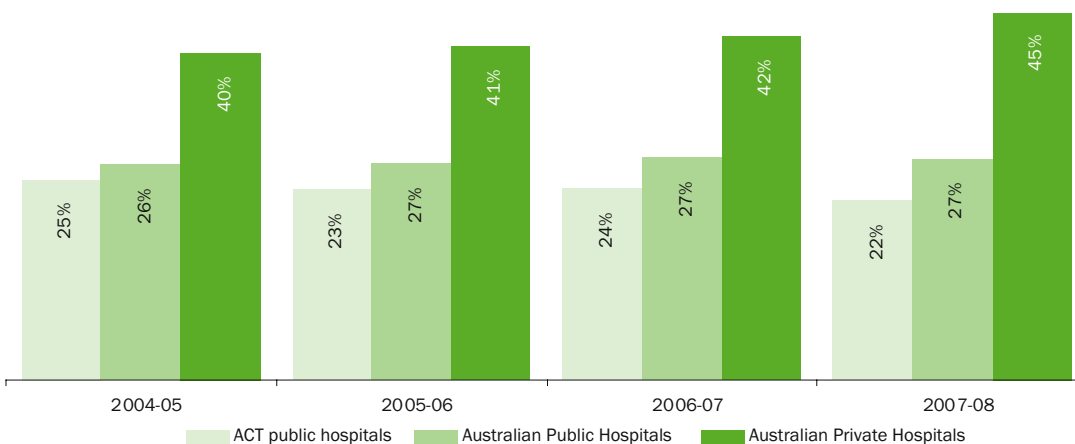
ACT Public Hospitals Proportion of Births by Caesarian Section



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.

Proportion of Births by Caesarian Section

ACT public hospitals, Australian public hospitals, and Australian private hospitals



Source: Australian Institute of Health and Welfare

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 nine months of 2010–11 of 75 per cent is better than that reported in 2009–10. 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.

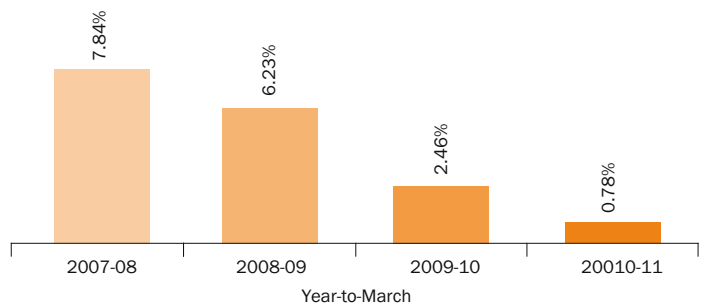
	Year-to-March		
	2008-09	2009-10	2010-11
% Inpatients contacted within 7 days post-discharge	70%	72%	75%
Proportion of clients discharged with a completed outcome assessment	73%	70%	60%
Proportion of mental health committees with consumer and carer representation	100%	100%	100%

Health Directorate 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 0.78 per cent is significantly better than the target set at five per cent and is the lowest level of seclusion on record.

Use of seclusion of clients of Mental Health ACT

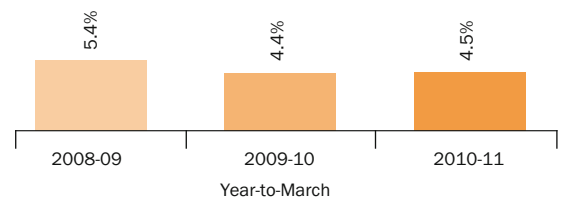


Return to ACT Health Mental Health Inpatient Unit

This is a new measure for 2010–11. 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.

Four and a half per cent 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 per cent.

28 Day Unplanned Readmission Annual Rate



Selected activity statistics

	Year-to-March*		% VAR
	2009-10	2010-11	
Health Directorate cost-weighted separations (Round 12-DRG version 5.1)			
Output 1.1—Acute services	61,275	62,924	3%
Output 1.2—Mental Health services	2,752	2,751	0%
Output 1.5—Cancer services	3,403	3,458	2%
Output 1.6—Aged care & rehabilitation services	3,363	3,393	1%
Total cost weighted separations	70,793	72,526	2%
Inpatient Activity			
Day only patient days (total across all outputs)	35,660	36,889	3%
Overnight patient days (total across all outputs)	178,190	192,733	8%
Nursing Home Type Patient (NHTP) Bed-Days (on separation) **	3,566	3,790	6%
Day of Surgery Admission rate	86%	88%	3%
NSW residents as a proportion of total hospital separations	22%	23%	1%
Emergency surgery as a proportion of total surgery	41%	39%	-2%
Allied health services – Provided in ACT public Hospitals	68,945	71,079	3%
Admissions via Emergency department			
Admissions to Emergency Department observational wards	8,446	7,640	-10%
Admissions from the Emergency Department to ICU, Surgery, and general wards	10,627	12,080	14%
Emergency Department Activity			
Category 1 Seen (immediate – 2 mins)	390	352	-10%
Category 2 Seen (within 10 mins)	7,445	8,098	9%
Category 3 Seen (within 30 mins)	24,479	24,401	0%
Category 4 Seen (within 60 mins)	31,792	32,790	3%
Category 5 Seen (within 120 mins)	8,442	9,285	10%
Emergency Department Presentations seen	72,548	74,926	3%
Did Not Waits	7,638	8,813	15%
Total Emergency Department Presentations	80,186	83,739	4%
Elective Surgery			
Additions to the public hospital elective surgery waiting list	9,270	9,297	0.3%
Numbers of people on the elective surgery waiting list	5,630	4,914	-12.72%
Removals from the list for surgery	6,939	8,039	16%
Removals from the list for other reasons	1,784	2,036	14%
Patients on the list recorded as “not ready for care”	601	666	11%

	Year-to-March*		% VAR
	2009-10	2010-11	
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)	104	102	-2 days
Category three patients (admission desirable within 365 days)	192	226	34 days
Elective endoscopies			
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	22	18	-4 days
Category two patients (admission desirable within 90 days)	124	102	-22 days
Category three patients (admission desirable within 365 days)	253	246	-7 days
Breast screens			
Total Number of ACT women	10,597	8,992	-15%
Participation rate 50-69	54%	53%	-1%
Additions to the Cervical Cytology Register	25,692	26,616	4%
Community Health			
Allied health services – Number of regional services	16,635	17,815	7%
Community Nursing – Number of Nursing (Domiciliary and clinic based occasions of service)	58,078	62,652	8%
Mental Health—Community Services by Group			
Adult	134,527	128,275	-5%
Child & Adolescent	36,227	39,766	10%
Older persons	21,070	13,109	-38%
Outpatient Care – Non Admitted Services			
ACT public hospitals	215,281	229,553	7%
Cancer services	39,965	40,640	2%
Aged care and rehabilitation services	1,543	1,522	-1%
Total outpatient occasions of service	256,789	271,715	6%

* Note: Cost-weighted separations for year to June 2010-11 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 immediately2. Emergency—treatment to commence within 10 minutes3. Urgent—within 30 minutes4. Semi-Urgent—within 60 minutes5. 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 time2. Emergency—80% seen within 10 mins3. Urgent—75% seen within 30 mins4. Semi-urgent—70% seen within 60 mins5. 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 emergency2. 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 emergency3. 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 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 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)

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:

- Physiotherapy (home and clinic)
- Occupational Therapy (home visits)
- Social Work (home and clinic)
- Podiatry (clinic)
- Nutrition (home and clinic).

Community nursing

The number of community nurse occasions of service provided to clients of the ACT Health Continuing Care area, including:

- Home visits
- Ambulatory care visits
- Foot care clinics
- Continence clinics
- Wound clinics
- Stoma clinics.

Non-admitted Services (outpatient)

Occasions of service

The number of occasions of service provided by outpatient clinics at our public hospitals, reported in terms of organisational responsibilities:

- Public hospitals
- Capital region cancer service
- Aged care and rehabilitation service.

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.

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