



ACT PUBLIC HEALTH SERVICES

Quarterly performance report

June 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
“Monitoring our Health” Health status of the ACT Population	21
Selected activity statistics	23
Glossary	25

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 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 in 2010–11 with 11,336 operations which is the highest result on record. This result is 16 percent above the 9,778 reported for 2009–10.
- This increase in access to surgery has resulted in a 35 percent improvement in the number of people waiting too long for surgery, and a 45 percent improvement in the number of people waiting longer than one year for surgery.
- These improvements will continue into 2011–12 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. At the end of 2010–11, 6,569 people had emergency surgery at ACT Public Hospitals which is a 11 percent increase compared with the same period three years ago.
- Preliminary data for 2010–11 reported a 5 percent increase in cost weighed separations for our ACT Public Hospitals.
- We continue to report equal to or better than national standard performance for category 1 emergency department presentations.
- However, results for category two, three and four patients are below national standards.
- The Health Directorate is committed to improving waiting times in our emergency department services.
- Our hospitals continue to treat more Canberrans, with an 6 per cent increase in the number of occupied bed days to the end of March 2011 compared with the same period last financial year.
- Preliminary data for 2010–11 shows a 5 percent increase in cost weighed separations for our ACT Public Hospitals.
- Our investment in additional doctors and nurses which 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 percent up on the 670 available when we first came to Government.
- And we're not stopping there, with another 22 sub-acute beds to come on line over the next four years as part of the Commonwealth's commitment to improving access to hospital services.
- Outpatient occasions of service grew by 7 percent in 2010–11
- The average waiting time for public dental health services for the first half of 2010–11 was on target.
- Childhood immunisation rates exceed the national target of 90 percent at 94 percent in the in 2010–11.
- Nearly 100% percent of all radiotherapy patients were seen within standard timeframes for the first nine months of this year, 16 percent better than in the same period last year and 27 percent 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 (WiC) 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 June quarter the Walk-in Centre managed about 45 patients per day, up on the daily average in its first full quarter last year.
- In the first month of operation, 44 percent of attendances were referred to more appropriate services.
- In June 2011, 21 percent of people who attended the WiC were referred elsewhere (mostly to their GP). This improvement suggests that the community is becoming more aware of the nature of services provided by the Walk-in Centre.
- This report also contains data on a number of population health measures which we only reported annually, including the maintenance of the highest life expectancy in the nation and continued drops in youth smoking rates.

Our public hospitals

More beds to manage increasing demand for hospital services

Our hospitals provided over 250,000 overnight bed days of care in the 2010–11, six percent above the result reported for the same time last year, and 18 percent above the 225,095 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 percent 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.

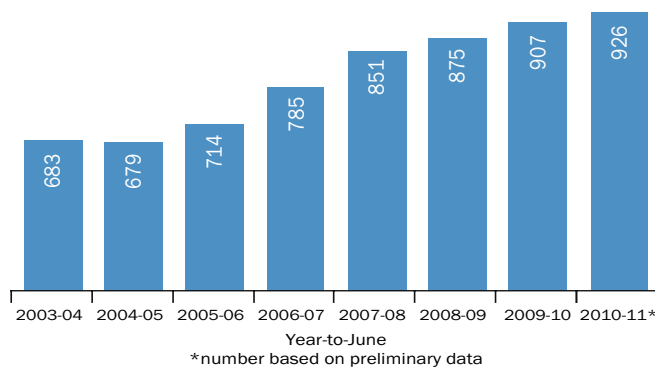
The number of non-admitted occasions of service increased by 7 percent in 2010–11 compared with the same period last year.

Preliminary results show that there was a 5 per cent increase in cost weighted activity in 2010–11.

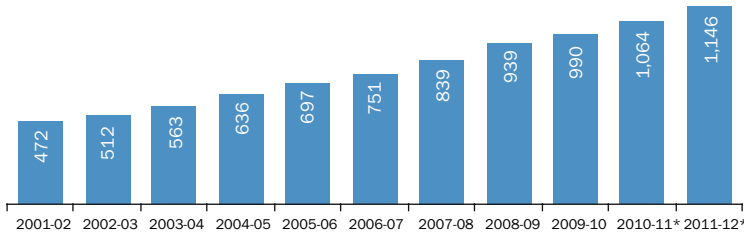
ACT public hospital activity

	Year-to-June			
	2007–08	2008–09	2009–10	2010–11
Cost weighted admitted patient separations	87,507	94,410	93,963	98,388
Non-same-day bed days	225,095	235,932	241,573	256,888
Non-admitted (outpatient) occasions of service	299,375	327,667	349,179	363,445

ACT public hospitals available beds by year



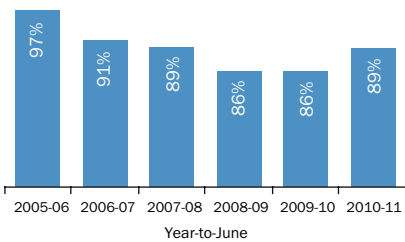
ACT Health Expenditure by Year (2010–11 and 2011–12 estimates only) \$ million



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 percent 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 percent 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 percent in total numbers of elective operations in 2010–11.

Elective surgery

Record levels of access to elective surgery

	Year-to-June			
	2007–08	2008–09	2009–10	2010–11
Removals	9595	9595	9778	11336
Waiting greater than one year at census date	768	586	831	457
Long Wait patients waiting	1873	1737	2220	1431

A total of 11,336 people accessed elective surgery at ACT public hospitals over the 2010–11 financial year period. The 11,336 elective surgery operations recorded for the 2010–11 financial year is the highest result on record, easily eclipsing the 2008–09 record of 10,107 operations. This result was 16 percent above the 9,778 reported for the same period last year and six percent above the previous record set two years ago. The impressive result for this year includes 171 people who have had their surgery completed in private hospitals.

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 support provided by the Commonwealth to increase access to elective surgery, together with the more than \$90 million already added to the health system for extra elective surgery by the ACT Government, is providing more access to elective surgery and reducing overall waiting times for care.

The additional activity is making a big impact on the numbers of people waiting too long for care. Over 2010 11, there has been a 35 percent improvement in the numbers of people waiting longer than recommended waiting times. The new partnerships we have built with private hospitals will provide us with the capacity to further boost elective surgery into 2011–12 and further reduce the number of people waiting too long for surgery.

Median waiting time to surgery for ACT Public Hospitals

	Year-to-June			
	2007–08	2008–09	2009–10	2010–11
Category one	14 days	14 days	13 days	14 days
Category two	98 days	101 days	106 days	103 days
Category three	203 days	172 days	200 days	225 days
Total ACT	72 days	75 days	73 days	77 days

The median waiting time for all patients accessing elective surgery for ACT public hospitals was 77 days for the 2010–11 financial year, compared to the 73 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 access for people with long waiting times for surgery will result in an increase in the median waiting time. This situation has arisen as the Government addresses the number of people with longer than recommended waiting times.

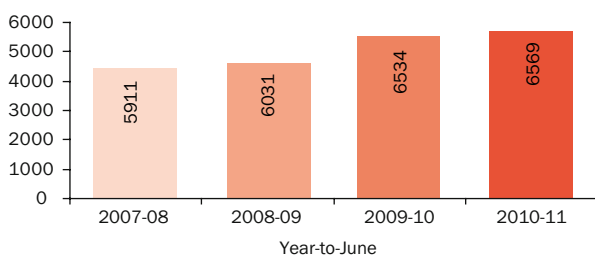
Elective surgery cases admitted on time

Elective Surgery Seen on time	Year-to-June				
	Clinical Categories	2007–08	2008–09	2009–10	2010–11
Category one		96%	94%	93%	90%
Category two		47%	45%	44%	45%
Category three		71%	75%	78%	77%
Total ACT		66%	66%	66%	65%

Of the 3,293 people classified as category one patients and admitted for surgery over the 2010 11 financial year period, 2,969 people were admitted within the national standard of 30 days (90 percent).

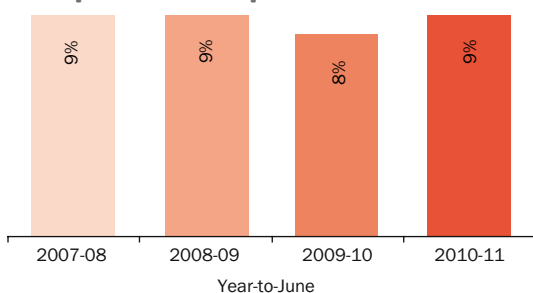
The Government continues to focus on ensuring that the most urgent elective surgery cases are seen on time, while also addressing those less-urgent patients with extended waiting times. Future reports should reflect this strategy’s effectiveness through improvements in the proportion of patients accessing 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 percent increase in access to elective surgery over 2010–11 is particularly impressive given the continuing increase in demand for emergency surgery. At the end of the 2010–11 financial year period, 6,569 people had emergency surgery at ACT Public Hospitals which is an 11 percent increase compared with the same period three years ago.

Proportion of patients who have their elective surgery postponed



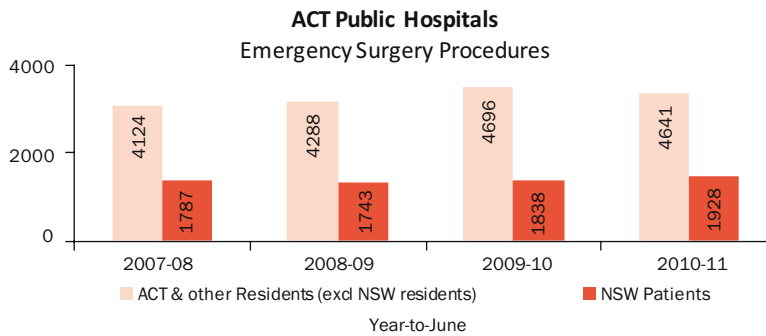
Nine percent of elective surgery cases were postponed to the end of the 2010–11 financial year. The main reasons for postponement were due to the need to treat more urgent patients.

Meeting the surgical needs of our region

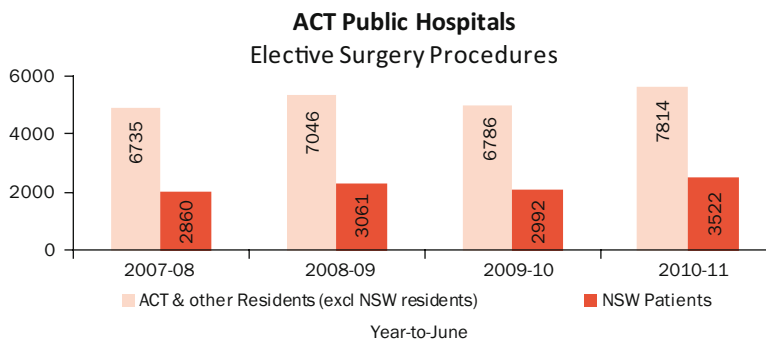
Year-to-June		
ACT Public Hospital	Elective	Emergency
Total All Patients	11336	6569
NSW	3522	1928
% NSW patients	31%	29%

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.

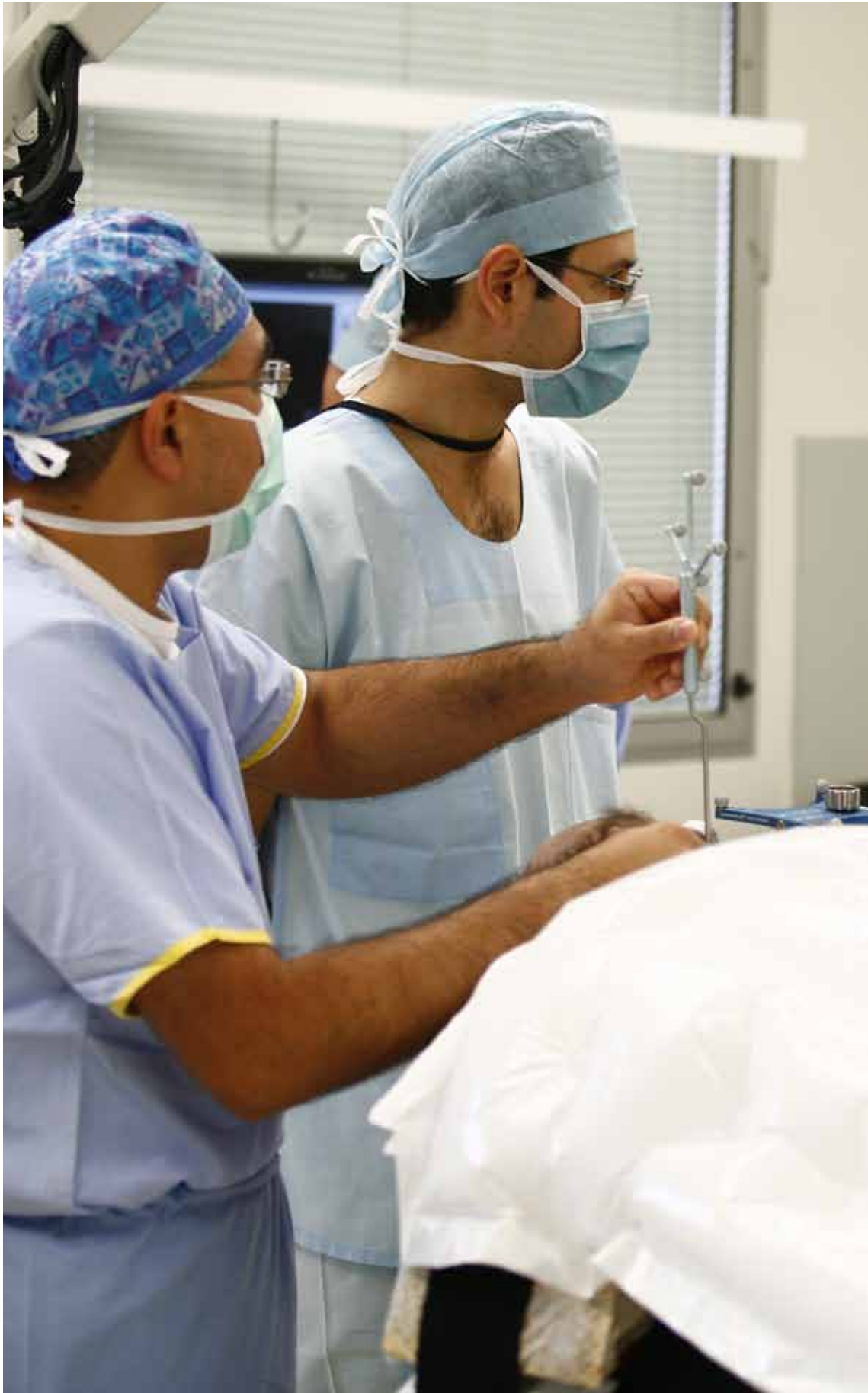
Almost one third of elective and emergency surgery operations conducted in our public hospitals is for NSW residents, which is above the 24 percent of total hospitals services provided to our neighbours across the border.



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

Emergency department presentations seen on time

	Year-to-June			
	2007–08	2008–09	2009–10	2010–11
Category 1 (immediately)	100%	100%	100%	100%
Category 2 (<10 mins)	81%	86%	83%	78%
Category 3 (<30 mins)	52%	53%	57%	48%
Category 4 (<60 mins)	51%	53%	56%	48%
Category 5 (<120 mins)	78%	79%	77%	75%

Waiting times to the emergency department have increased to the end of the fourth quarter. The increase is largely due to a 5 percent 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.

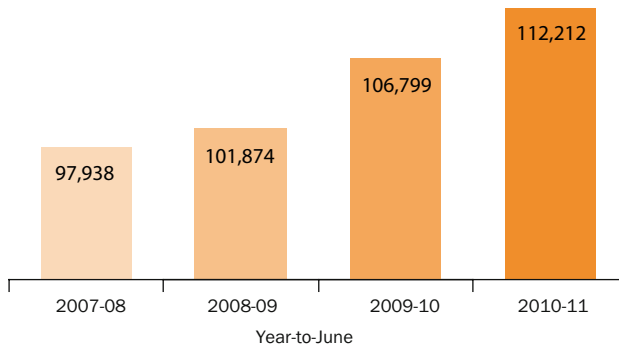
Category five emergency department presentations continue to exceed national benchmarks, with 75 percent of this cohort seen on time. This is despite a 3% increase in category five patient presentations.

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

The opening of the 10 bed Short Stay Surgical Ward in 2009–10 reduces the number of short stay surgical patient in acute inpatient beds. This allows for better access to surgical beds from the emergency department. In addition in 2010–11 the government has opened a Surgical Assessment and Planning Unit (SAPU) with 16 beds which provides for quick transfer from the Emergency Department for people who need surgery.

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 5,413 presentations in 2010–11, compared with 2009–10. This equates to a 5 percent growth in twelve months.

Access to ward beds from the emergency department

	Year-to-June	
	2010–11	Target
All Patients	73.5%	75.0%
Patients aged > 75yrs	62.7%	70.0%
Mental Health Clients	63.6%	80.0%

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

In 2010–11, our hospitals reported that 73.5 percent of admitted patients were transferred to a ward within the eight hour target.

Access block for older persons was below the target of 70 percent, which can be attributed to growth in overall presentations to the emergency department.

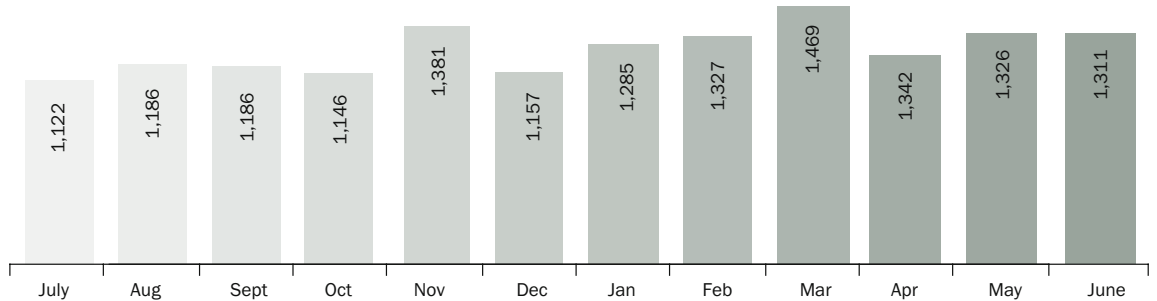
The increase in presentation numbers has affected the access block rate for mental health clients as they posted a result of 64 percent. There has also been a 22 percent increase in admissions of mental health patients via the Emergency Department. The results for mental health should be assessed with care given the relatively low number of clients in this cohort. A Mental Health Assessment Unit opened in April 2010 which enables mental health staff to provide more complex interventions within the Emergency Department which can increase the length of time that some mental health clients spent in the Emergency Department. This increased length of time can result in an increase in access block. However, this should not result in delays in accessing inpatient services within the Psychiatric Services Unit when required.

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.

We could also expect that access block could reduce with the Commonwealth Government’s Health Reforms surrounding the ‘four hour rule’. The aim is that at least 90 percent of people will spend no longer than four hours in the emergency department.

Walk-In-Centre

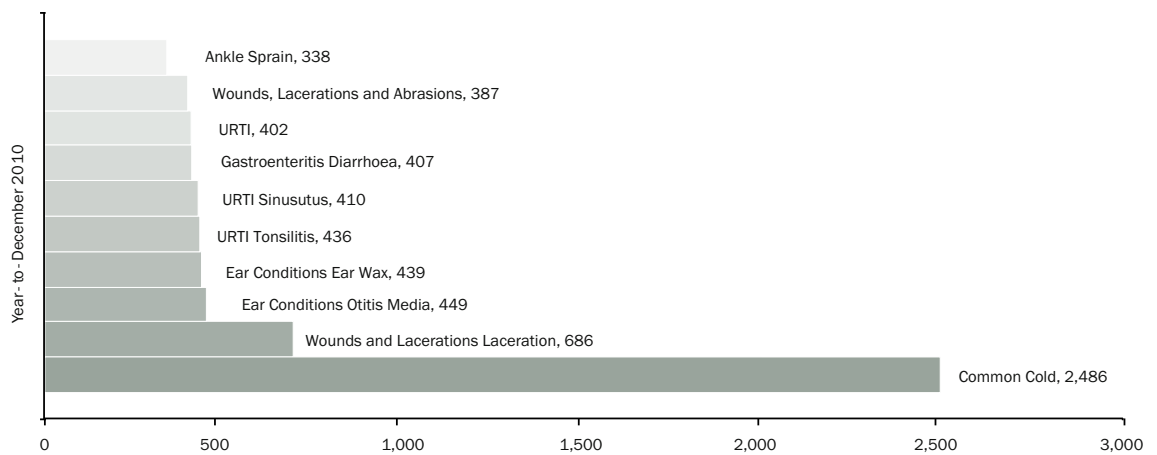
Australia's First Walk-In Centre



Australia's first public, nurse-led Walk-in Centre was opened in May 2010. In the twelve months of 2010–11, the Walk in Centre managed over 15,238 presentations.

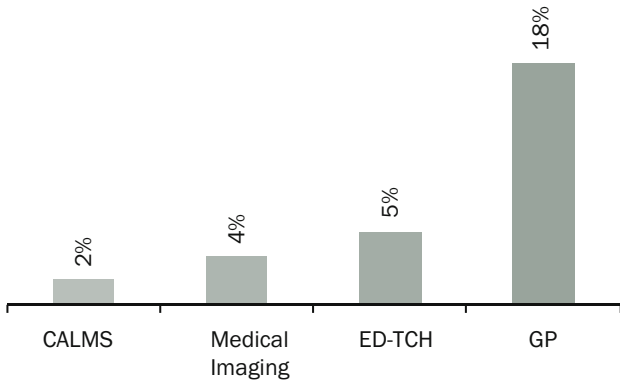
The Walk-in Centre, located on the campus of the Canberra Hospital at Garran, provides free treatment for people with minor illnesses or injuries. The Centre has been funded by the ACT and Commonwealth Governments.

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.



*URTI - Upper respiratory tract infection

If necessary, people are redirected to more appropriate services, such as their GP or the Emergency Department. Of the 15,238 presentations in 2010–11, 4,653 patients were assessed by a nurse and redirected to the end of 2010–11. 18 percent were redirected to their GP and 5 percent were advised to present to the Canberra Hospital Emergency Department.



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

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

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

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

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

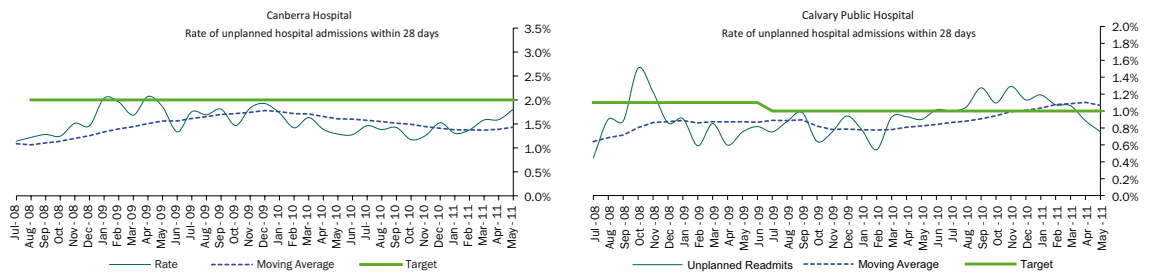
The operation of the Walk-in Centre will be externally evaluated after its first year of operation. That evaluation will provide us with valuable information about the success of the new service and how we could further extend the concept to other areas of Canberra.

Patient safety and quality

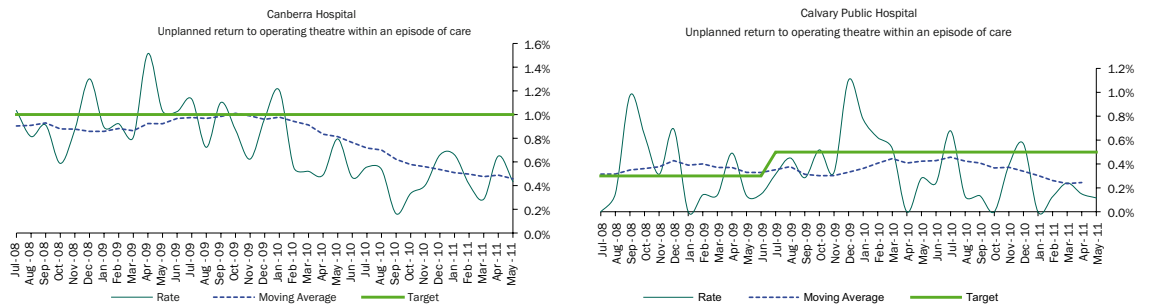
Our hospitals continue to meet safety and quality standards

Due to the differing type and nature of services provided at each hospital campus the targets for each indicator are different. 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 smoothes out these monthly fluctuations to provide a better understanding of trends in these important indicators.

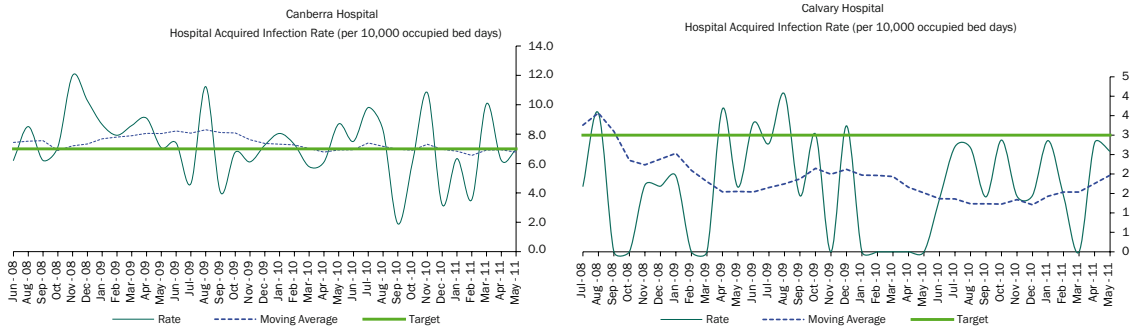


Both hospitals continue to report good results for the proportion of people who return to hospital within 28 days of discharge, with the results at the Canberra Hospital remaining below target for the year to May 2011.



The calculation methodology for unplanned return to operating theatre within an episode of care is under review and results may change in future reports.

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 is 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 Services

Increasing demand, improving waiting times for radiotherapy

The Division of Capital Region Cancer Services provided care for 1229 new radiotherapy patients in 2010–11. This is a 2.5 per cent increase on the 1199 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-June (*See note below)			
	2007–08	2008–09	2009–10	2010–11
Urgent—within 48 hours	100%	100%	98%	100%
Semi Urgent—within 28 days	83%	90%	93%	100%
Non Urgent Category A—within 28 days	65%	67%	75%	99.5%
Non Urgent Category B—within 42 days	59%	68%	86%	100%
Total—All Radiotherapy Patients	73%	78%	84%	99.8%

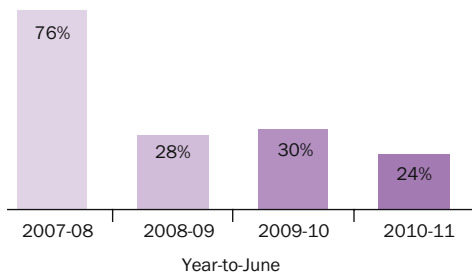
*All results have been rounded.

Despite the increase in demand for services, waiting times for radiotherapy services have improved, with nearly 100 percent of all patients receiving care within standard timeframes in 2010–11, compared with 84 percent for the same period in 2009–10, and 78 percent two years ago.

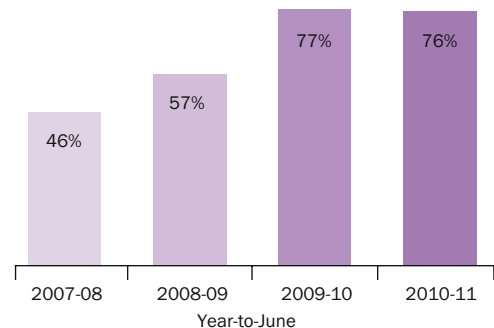
Breast Screening

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 wait 28 days or less from their appointment date to the date of their breast screen



BreastScreen— proportion of women who are assessed within 28 days of their breast screen appointment



BreastScreen provided more than 12,000 screens in the ACT in 2009–10 and a further 7,953 in South East NSW. During 2010–11, BreastScreen ACT provided screens to 11,666 ACT women and 6,091 NSW women. Strong demand for BreastScreen services and radiographer shortages continue to put pressure on waiting times for appointments. Identifying and implementing strategies to improve performance in this regard remains a priority.

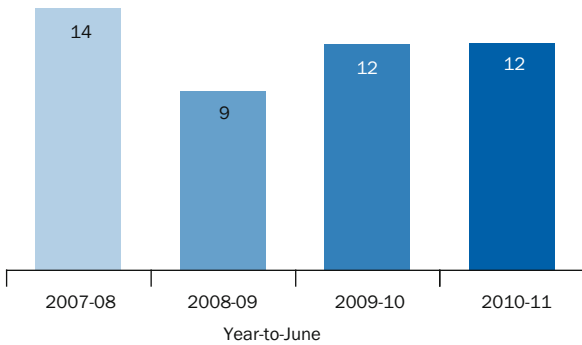
¹ Australian Institute of Health and Welfare 2010. BreastScreen Australia monitoring report 2006–2007 and 2007–2008: supplementary data tables. Cancer series no. 56. Cat. no. CAN 52. Canberra: AIHW.

Community Health Services

Dental wait times on target, immunisations above target

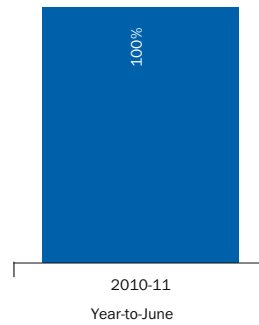
Our public dental services met the target for access to care, maintaining an average of 12 months between an appointment and the provision of dental care. The ACT result has the best waiting times for public dental services in the nation.

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



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

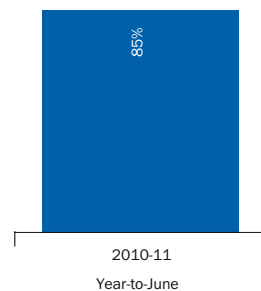
Community Health—Proportion of offenders and detainees at the Alexander Maconochie Centre with a completed health care assessment within 24hrs of detention.



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



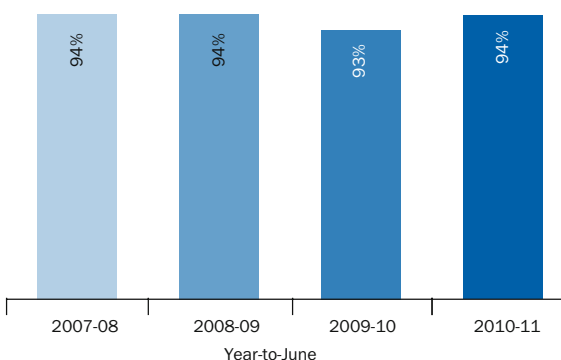
Community Health—Proportion of offenders and detainees at Bimberi Youth Detention Centre with a completed health care assessment within 24hrs of detention.



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

Immunisation rates for one year olds continue to exceed the national target of 90 percent, with 94 percent recorded in 2010–11.

Childhood Immunisation Proportion of one year olds fully immunised



The 85 percent reported for Bimberi Youth Centre is a result of improvement in client access in October, November and December 2010, and following the appointment of a dedicated nurse to this service in January 2011. An audit of all Bimberi Youth Justice Centre Data was carried out on 5 May 2011 to ensure data integrity.

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 in 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.

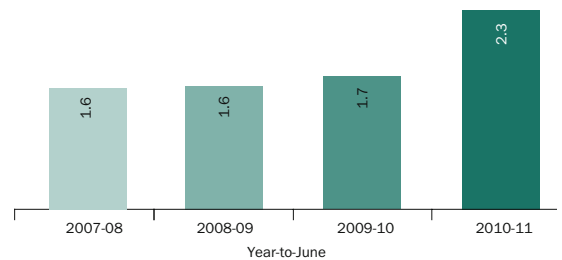
The Aged Care and Rehabilitation Service has seen a growth of 4 percent (1247) in the number of bed days in 2010–11, compared with the same period in 2009–10.

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.

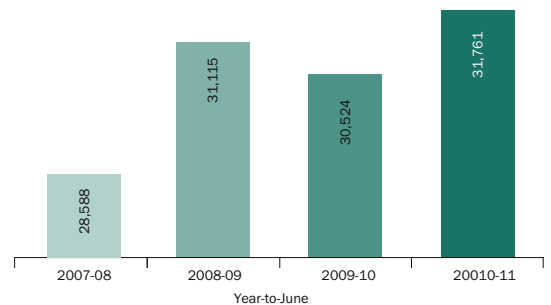
An additional 22 new sub-acute hospital beds will be made available over four years, funded through the National Health Reform Package. These beds will free up acute beds and allow for more appropriate level for care for sub-acute patients.

The rate at which clients in the Aged Care and Rehabilitation Service receive a comprehensive discharge plan is 98 percent in 2010–11.

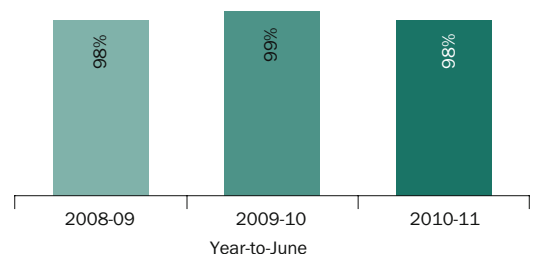
Aged Care and Rehabilitation Service—
Average Waiting Time for ACAT
Assessments



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 preliminary data, a total of 4,236 babies were born at ACT public hospitals in 2010–11 which is one per cent higher than the same number born in 2009–10. 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

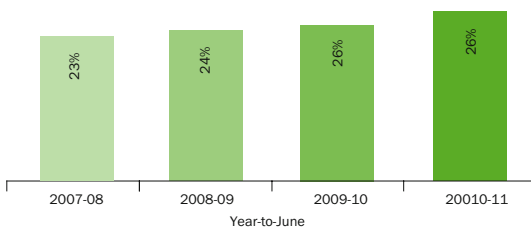
	Year-to-June			
	2007–08	2008–09	2009–10	2010–11
ACT Public births	3,561	3,774	4,184	4,234
Caesarian sections	816	885	1,040	1,114

In 2010–11 preliminary results show the number of caesarean sections performed in ACT public hospitals has increased when compared to the previous year (1,040 procedures) from the results in 2010–11 (1,114).

Caesarean rates have been steadily rising since 2001 both in the ACT and nationally. In 2001 concerns were raised about the safety of vaginal birth after caesarean (VBAC) which caused rates for this choice for women to plummet both nationally and internally. Other reasons for this increase in caesarean rates include more high-risk women being referred to the ACT for birth. There have also been demographic changes in both age and size of birthing mothers. Measures to address this trend include activity promoting (VBAC) as a safe birthing option and increasing the availability of continuity of midwifery care models.

Despite this increase in the number of caesareans in the ACT, the Canberra Hospital has a low caesarean rate compared to peer hospitals. 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



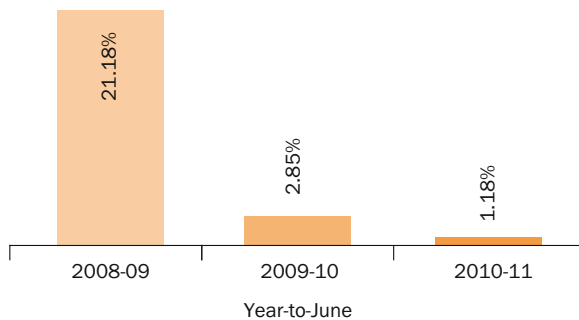
Source: Australian Institute of Health and Welfare

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 by a community facility. Timely follow-ups can reduce the number of people who need to be readmitted to an inpatient service. The result for 2010–11 of 75 percent is higher 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-June		
	2008–09	2009–10	2010–11
% Inpatients contacted within 7 days post-discharge	71%	72%	75%
Proportion of clients discharged with a completed outcome assessment	72%	68%	63%
Proportion of mental health committees with consumer and carer representation	100%	100%	100%

Use of seclusion of clients of Mental Health ACT



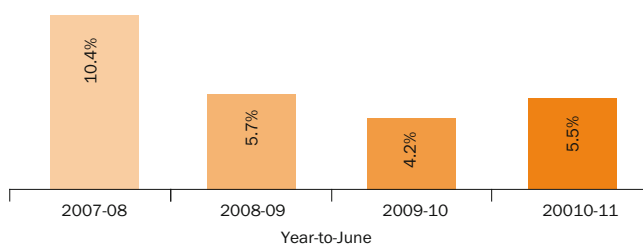
Health Directorate is committed to its mental health clients. All relevant Mental Health ACT committees include consumer and carer member involvement. This consultation process provides the best possible integrated mental health services for our community.

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 1.18 percent is significantly better than the target set at five percent.

In 2009–10 MHACT established the learnings gained from the National Seclusion and Restraint Project by incorporating a clinical review working group that would review each seclusion episode and identify what could be improved to reduce the use of seclusion. The overall aim of the national project was to reduce the use of seclusion by using alternative methods of managing events in an inpatient setting to minimise the need for seclusion where ever possible. This has had a positive impact on the use of seclusion in 2009–10 and continues to be sustained in 2010–11.

Return to ACT Health Mental Health Inpatient Unit

28 Day Unplanned Readmission Annual Rate



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. 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.

“Monitoring our Health”

Health status of the ACT Population

Achieve lower than the Australian average in the decayed, missing or filled teeth (DMFT) Index

	ACT rate	National rate
Dental Health – Decay, Missing or Filled Teeth (DMFT)		
dmft index at 6 years	1.6	2
DMFT index at 12 years	1.1	1.1

Source: Water fluoridation and children’s dental health. The Child Dental Health Survey 2005 (AIHW, Australian Research Centre for Population

The mean number of teeth with dental decay, missing or filled teeth at ages 6 and 12. This gives an indication of the effectiveness of prevention, early intervention and treatment services in the ACT. The aim for the ACT is to better the Australian average.

The ACT has the second lowest rate of dmft index at 6 years in Australia. Western Australia has the lowest rate at 1.5.

Maintenance of the highest life expectancy at birth in Australia

Maintenance of the highest life expectancy at birth in Australia	ACT rate	National rate
Females	84.3	83.9
Males	80.5	79.3

Source: Deaths Australia, 2009

Life expectancy at birth provides an indication of the general health of the population and reflects a range of issues other than the provision of health services, such as economic and environmental factors. The ACT has the highest life expectancy of any jurisdiction in Australia and the Government aims to maintain this result. Life expectancy for ACT females has increased by 0.3 years and for ACT males by 0.5 years (Source: Deaths Australia, 2007).

Prevalence of circulatory disease

Circulatory disease

The proportion of the ACT population with some form of circulatory disease.

Cardiovascular Disease	ACT rate	National rate
Proportion of the ACT population diagnosed with some form of cardiovascular disease	15.2%	16.4%

Source: National Health Survey 2007-08 (ABS)

The prevalence of cardiovascular disease is an important indicator of general population health, as it is a major cause of mortality and morbidity. The ACT is committed to prevention and early intervention efforts to assist in achieving a decline in the prevalence of this disease. In 2007–08 the proportion of ACT residents with a long-term cardiovascular condition was slightly lower than in the whole of Australia. There has also been an encouraging decrease from 2004–05, when the proportion was 18.9 per cent in the ACT.

Prevalence of diabetes

Diabetes

The proportion of the ACT population diagnosed with some form of diabetes. This provides an indication of the success of prevention and early intervention initiatives. Prevalence rates may increase in the short term as a result of early intervention and detection campaigns. This would be a positive result as experts predict that only half of those with diabetes are aware of their condition which can have significant impacts on their long-term health. Significant impacts on long-term health can be gained from lifestyle modification and early intervention programs and treatment.

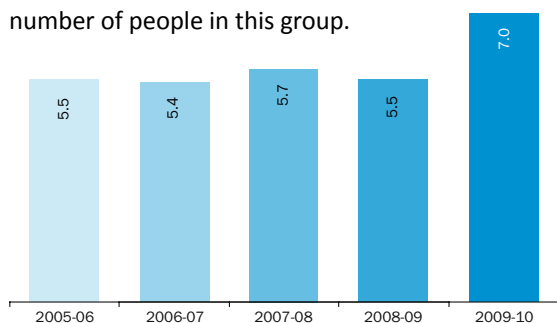
Diabetes	ACT rate	National rate
Prevalence of diabetes in the ACT	3.1%	4.0%

Source: National Health Survey 2007–08 (ABS)

Reduction in the rate of broken hips (fractured neck of femur)

Reducing the risk of fractured femurs in ACT residents aged over 75 years

The reduction or maintenance of the rate of fractured femurs for ACT residents aged over 75 years. This provides an indication of the success of public and community health initiatives to prevent hip fractures. At present, the rate for ACT residents is 7.0 fractures per 1,000 for ACT residents aged over 75 years up from 5.5 in 2008-09. Fluctuations in the annual rate of fractured neck of femurs are expected in the ACT due to the small number of people aged 75 and over. However, the rate of fractured femurs should be monitored over time to ensure that the upward trend does not continue. The ageing of the population will significantly increase the number of people in this group.

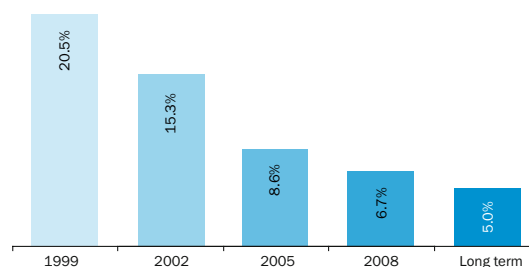


Source: ACT Health, Admitted Patient Care, confidential unit record file, 2005-2010

Reduction in the Youth smoking rate

Percentage of persons aged 12-17 years who smoke regularly

The ACT rate has dropped significantly between 2002 (15.3 per cent) and 2008 (6.7 per cent). The Government aims to continue to reduce youth smoking rate within the objective of reaching five per cent in the long term.



Source: ACT Health, Australian Secondary School Alcohol and Drug Survey, confidential unit record file, 1999-2008

Selected activity statistics

	Year-to-June*		% VAR
	2009–10	2010–11	
Health Directorate cost-weighted separations (Round 12-DRG version 5.1)			
Output 1.1—Acute services	81,497	85,256	5%
Output 1.2—Mental Health services	3,496	3,799	9%
Output 1.5—Cancer services	4,548	4,763	5%
Output 1.6—Aged care & rehabilitation services	4,422	4,569	3%
Total cost weighted separations	93,963	98,388	5%
Inpatient Activity			
Day only patient days (total across all outputs)	47,767	50,013	5%
Overnight patient days (total across all outputs)	241,573	256,888	6%
Nursing Home Type Patient (NHTP) Bed-Days (on separation) **	6,173	4,894	–21%
Day of Surgery Admission rate	86%	89%	4%
NSW residents as a proportion of total hospital separations	23%	22%	–4%
Emergency surgery as a proportion of total surgery	46%	45%	–2%
Allied health services – Provided in ACT public Hospitals	94,453	99,550	5%
Admissions via Emergency department	25,345	26,704	9%
Admissions to Emergency Department observational wards	11,027	10,364	5%
Admissions from the Emergency Department to ICU, Surgery, and general wards	14,318	16,340	11%
Emergency Department Activity			
Category 1 Seen (immediate – 2 mins)	515	496	–4%
Category 2 Seen (within 10 mins)	9,861	11,099	13%
Category 3 Seen (within 30 mins)	32,241	33,204	3%
Category 4 Seen (within 60 mins)	42,163	44,383	5%
Category 5 Seen (within 120 mins)	11,759	11,931	1%
Emergency Department Presentations seen	96,539	101,113	5%
Did Not Waits	10,260	11,009	8%
Total Emergency Department Presentations	106,799	112,212	5%
Elective Surgery			
Additions to the public hospital elective surgery waiting list	12,425	12,877	3.6%
Numbers of people on the elective surgery waiting list	5,327	4,267	–19.90%
Removals from the list for surgery	9,778	11,336	16%
Removals from the list for other reasons	2,521	2,817	12%
Patients on the list recorded as “not ready for care”	631	849	35%

Quarterly Performance Report Year to June 2011

	Year-to-June*		% VAR
	2009–10	2010–11	
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	13	15	2 days
Category two patients (admission desirable within 90 days)	106	103	–3 days
Category three patients (admission desirable within 365 days)	200	225	25 days
Elective endoscopies			
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	35	36	1 day
Category two patients (admission desirable within 90 days)	119	114	–5 days
Category three patients (admission desirable within 365 days)	241	264	23 days
Breast screens			
Total Number of ACT women	12,909	11,666	–10%
Participation rate 50–69	55%	53%	–4%
Additions to the Cervical Cytology Register	34,797	35,185	1%
Community Health			
Allied health services – Number of regional services	22,746	23,474	3%
Community Nursing – Number of Nursing (Domiciliary and clinic based occasions of service)	77,860	83,446	7%
Mental Health—Community Services by Group			
Adult	180,800	174,551	–3%
Child & Adolescent	47,336	51,207	8%
Older persons	29,527	17,120	–42%
Outpatient Care – Non Admitted Services			
ACT public hospitals	293,336	305,781	4%
Cancer services	53,800	55,637	3%
Aged care and rehabilitation services	2,013	2,027	1%
Total outpatient occasions of service	349,179	363,445	4%

* 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 immediately 2. Emergency—treatment to commence within 10 minutes 3. Urgent—within 30 minutes 4. Semi-Urgent—within 60 minutes 5. Non-urgent—within 120 minutes.
Waiting times	<p>The proportion of patients seen at emergency departments within standard waiting times (as set by the Australasian College of Emergency Medicine)</p> <ol style="list-style-type: none"> 1. Resuscitation—100% seen on time 2. Emergency—80% seen within 10 mins 3. Urgent—75% seen within 30 mins 4. Semi-urgent—70% seen within 60 mins 5. Non-urgent—70% seen within 120 mins.
Access block	<p>The proportion of patients admitted to hospital via the emergency department who wait longer than eight hours from the time that treatment commences to the time that the patient is transferred to a hospital ward.</p>

Elective surgery

Urgency category	<p>Patients listed for elective surgery at ACT public hospitals are assigned one of three priority categories based on their surgeon's opinion about the urgency of the need for surgery in accordance with the definitions in the National Health Data Dictionary:</p> <ol style="list-style-type: none"> 1. Urgent—admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency 2. Semi-urgent—admission within 90 days is desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency 3. Non-urgent—admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is not likely to deteriorate quickly and which does not have the potential to become an emergency (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	The number of people, in a given period, who are removed from the ACT public hospitals elective surgery waiting list for surgery.
Patients waiting longer than one year for surgery	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).
Long wait patients accessing elective surgery	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.
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	<p>The number of community based services provided to each of the three client groups:</p> <ul style="list-style-type: none"> • Adults • Children and adolescents • Older people.
--------------------	--

Community services

Allied health (in hospitals)	<p>The number of allied health occasions of service provided to hospital inpatients (covering the areas of:</p> <ul style="list-style-type: none"> • Physiotherapy • Occupational Therapy • Social Work • Psychology • Speech Pathology • Nutrition.
Allied health (community)	<p>The number of allied health occasions of service provided to clients in a community setting (including their home or in a clinic) in the following areas:</p> <ul style="list-style-type: none"> • Physiotherapy (home and clinic) • Occupational Therapy (home visits) • Social Work (home and clinic) • Podiatry (clinic) • Nutrition (home and clinic).
Community nursing	<p>The number of community nurse occasions of service provided to clients of the ACT Health Continuing Care area, including:</p> <ul style="list-style-type: none"> • Home visits • Ambulatory care visits • Foot care clinics • Continence clinics • Wound clinics • Stoma clinics. • Non-admitted Services (outpatient)
Occasions of service	<p>The number of occasions of service provided by outpatient clinics at our public hospitals, reported in terms of organisational responsibilities:</p> <ul style="list-style-type: none"> • Public hospitals • Capital region cancer service • Aged care and rehabilitation service. <p>A non-admitted (outpatient) occasion of service is an episode of care where a client interacts with one or more health professionals for assessment, consultation and/or treatment, but does not undergo a hospital's formal admission process.</p>

Accessibility

The ACT Government is committed to making its information, services, events and venues, accessible to as many people as possible.

- If you have difficulty reading a standard printed document and would like to receive this publication in an alternative format—such as large print or audio—please telephone 13 2281 or email HealthACT@act.gov.au.
- If English is not your first language and you require the translating and interpreting service—please telephone 131 450.
- If you are deaf or hearing impaired and require the TTY typewriter service—please telephone (02) 13 3677, then ask for 13 2281.
- Speak and listen users—phone 1300 555 727 then ask for 13 2281.
- Internet Relay Users—connect to the NRS, then ask for 13 2281.

© Australian Capital Territory, Canberra, June 2011

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without written permission from the Territory Records Office, Community and Infrastructure Services, Territory and Municipal Services, ACT Government, GPO Box 158, Canberra City ACT 2601.

Enquiries about this publication should be directed to ACT Government Health Directorate, Communications and Marketing Unit, GPO Box 825 Canberra City ACT 2601 or email: HealthACT@act.gov.au www.health.act.gov.au | www.act.gov.au | Enquiries: Canberra 13ACT1 or 132281
