



ACT PUBLIC HEALTH SERVICES

Quarterly performance report

June 2010



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

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

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

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

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

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

Cost weights in this report are provided using Round 11 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 2009–10 shows that the increased investment in the Territory's public health services is working to provide improved access to care.

- Waiting times for emergency department services continue to improve.
 - We continue to report equal to or better than national standard performance for the most serious emergency department presentations (category one and two) despite the 9% increase in category 1 and 2 presentations over the first twelve months of 2009–10;
 - Waiting times for category three patients continue to improve; and
 - Waiting times for category five patients are better than the national standard.
 - The overall percentage of Emergency Department patients seen on time increased by 2% to 62% for the first twelve months of 2009–10 compared to the same period last year, which is significant given the 5% increase in all presentations to our Emergency Departments.
- Our hospitals reported bed occupancy rates of 87% in 2009–10 .
 - This is directly related to our investment in additional doctors and nurses which has enabled us to add up to 242 beds, including the beds coming on line during 2010–11— for a total ACT capacity of up to 912 beds, 36% up on the 670 available when we first came to Government.
 - And we're not stopping there, with another 21 sub-acute beds to come on line over the next four years as part of the Commonwealth's commitment to improving access to hospital services.
- Our hospitals continue to treat more Canberrans.
 - In 2009–10 inpatient (admitted patient) services were comparable to 2008–09, however this is up by 7.6% compared to the previous three year average. Using this same comparison non same-day bed numbers have increased by 2 %.
 - Outpatient occasions of service in 2009–10 was 7 per cent above the total reported for 2008–09 and 17 per cent above 2007–08.
 - The Canberra Hospital Intensive Care Unit reported 5,022 bed days for the first twelve the highest level of ICU bed days on record – up 14% on the 4,412 reported for the same period last year.
- The average waiting time for public dental health services is on target at 12 months.
- Childhood immunisation rates exceed the national target of 90 per cent at 93 per cent in 2009–10.
- 84% of all radiotherapy patients were seen within standard timeframes for the first twelve months of this year, 8% more than in the same period last year.
- This report also shows that our level of elective surgery at our public hospitals is lower this year compared with last year. The reduced number is due to the planned reduction in elective surgery in July and August 2009 to reduce pressure on our hospitals during the H1N1 outbreak. However, the additional \$14.7 million allocated across the next four years in the 2010–11 ACT Budget—comprising additional Commonwealth and ACT Government commitments—will enable the ACT to continue to post record levels of access surgery into the future.

Based on preliminary data, a total of 4,183 babies are born at ACT public hospitals in 2009–10. This is a very significant 10 per cent increase on the same period last year.

Based on the most current data available, in 2007, the life expectancy of ACT males and females and was the highest in the country along with Western Australian females. The government aims to maintain this result.

Our public hospitals

Activity up, increased bed numbers and reduced bed occupancy

Over the previous two years our public hospitals responded to unprecedented increases in demand for inpatient (admitted patient) services. Preliminary results for 2009–10 show a slight decrease in cost weighted activity. The slight decrease in cost weighted activity (which weights patient activity based on the level of resources required to provide care) is due to a change in the type of services provided in the first quarter of 2009–10 compared with last year and the level of medical record coding.

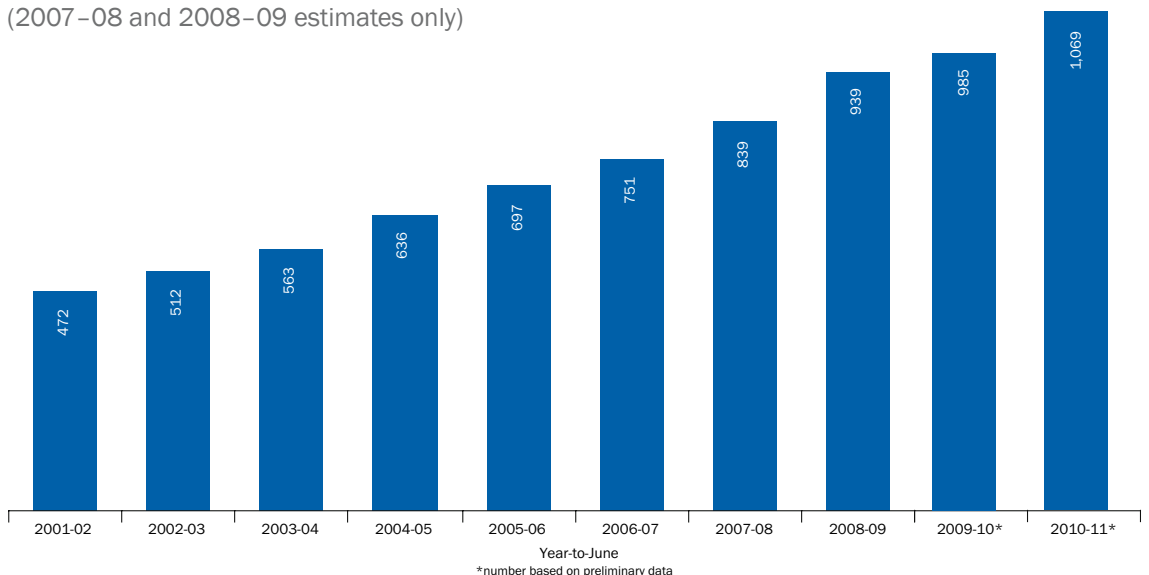
ACT public hospital activity

	Year-to-June			
	2006–07	2007–08	2008–09	2009–10
Cost Weighted admitted patient separations	81,036	88,476	95,079	94,909
Non-same-day bed days	218,245	225,095	235,932	241,585
Non-admitted (outpatient) occasions of service	282,991	229,375	327,667	349,367

In addition to this, the number of non same-day bed days rose by 2 per cent in 2009–10 when compared to 2008–09 and 19 per cent compared to three years ago (2006–07). The number of non-admitted occasions of service increased by 7 per cent in 2009–10 compared with the same period last year.

ACT Health expenditure by year – \$million

(2007–08 and 2008–09 estimates only)

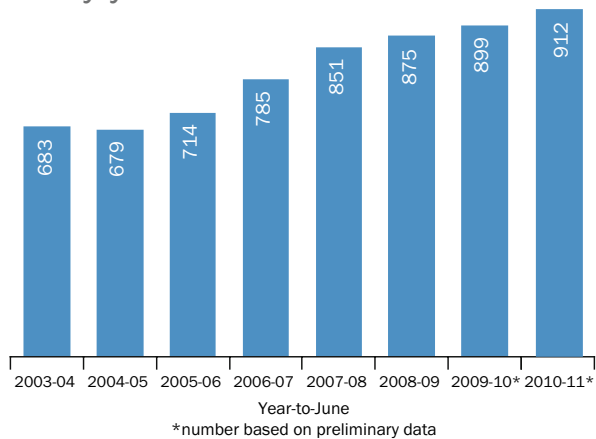


There has been a consistent increase in the level of activity at our public hospitals over recent years. As a result, the Government has responded to the increased demand for health services in the ACT with considerable additional investments in health services over the last eight years. The budget for 2010–11 (\$1,069 million) is more than double the \$512 million provided for health services in 2002–03.

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

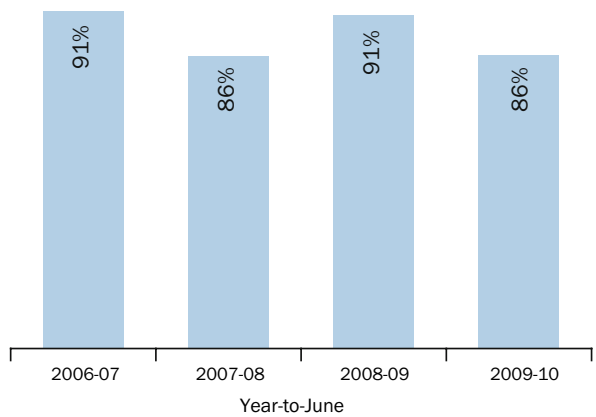
ACT public hospitals available beds by year

These additional funds have enabled the Government to add up to an additional 242 beds within public hospital system, including the beds coming on line during 2010-11. These additional beds will provide up to 912 available hospital beds by the end of 2010-11, up considerably from the 670 available in 2001-02.



Bed occupancy rate — Overnight adult medical and surgical beds

The beds added to our public hospitals have enabled us to meet increasing demand for services, and increased capacity to take some pressure off services. This continued investment in additional capacity is working, with a reduction in the bed occupancy in 2009-10 to 87% which is the 2009-10 target. The Government's long term target is to maintain bed occupancy levels at around 85 per cent, which is considered the best level for best patient outcomes and to achieve maximum efficiency.



Elective surgery

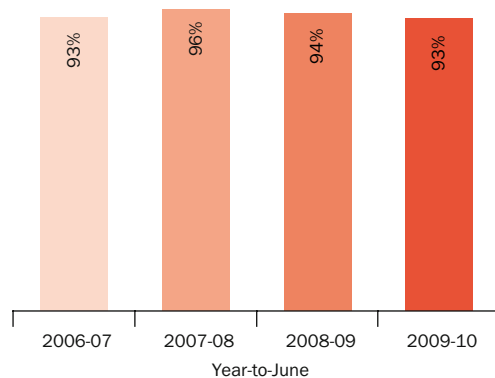
Median waiting time to surgery for ACT Public Hospitals

	Year-to-June			
	2006-07	2007-08	2008-09	2009-10
Category one	16 days	14 days	14 days	13 days
Category two	89 days	98 days	101 days	105 days
Category three	197 days	203 days	172 days	200 days
Total ACT	63 days	72 days	75 days	74 days

The median waiting time for all patients accessing elective surgery for the ACT public hospitals was 74 days for the year to June 2010. This is an improved result compared to the 75 days reported for the same period last year. In addition the median waiting time for the most serious elective surgery cases (category one patients) dropped marginally, from 14 days over the first twelve months of 2008-09 to 13 days for the same period this financial year (against the standard maximum waiting time of 30 days). The median waiting times for category two and three patients who had their surgery during the year-to-June 2009-10 has increased as ACT Health continues to focus on patients with extended waiting times.

Of the 2,915 people classified as category one patients admitted for surgery over 2009-10, 2,722 people were admitted within the national standard of 30 days (93%). This is a very good result. The Government continues to focus on ensuring that the most urgent elective surgery cases are seen on time, while also addressing those less-urgent patients with extended waiting times. While more needs to be done, the available evidence shows that this approach is working.

Proportion of Category 1 patients who have their elective surgery on time



Elective Surgery Activity Breakdown

	Year-to-June			
	2006-07	2007-08	2008-09	2009-10
Removals	9305	9595	10107	9769
Greater than one year	852	768	586	830
Long Wait patients	1959	1873	1737	2217

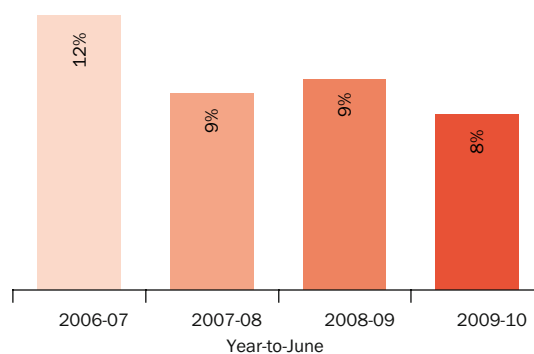
ACT public hospitals have achieved and surpassed this year's target for elective surgery operations, despite reporting lower levels of activity in the fourth quarter of 2009-10 compared with the same period last year. A total of 9,769 elective surgery operations were performed over the first twelve months of 2009-10. The decrease in the number of surgeries performed this year compared with the same period last year can be attributed to the H1N1 outbreak and the need to reduce activity to provide bed capacity in the event of an epidemic. The reduction in elective surgery activity was planned by our hospitals as a means to meet any upsurge in demand for public hospital services during this period.

There was also a planned reduction in elective surgery at Calvary in May and June 2010 to enable Calvary to effectively manage the opening of their new intensive care unit.

However the additional funding provided by both ACT and the Commonwealth governments for additional elective surgery in 2010-11 and beyond will see ACT Health provide record levels of surgery into the future.

Proportion of patients who have their elective surgery postponed

Eight per cent of elective surgery cases were postponed during 2009-10. The main reasons for postponement were due to the need to treat more urgent patients, and the increased medical activity surrounding the H1N1 virus. Despite this, the result for the first twelve months of this financial year was an improvement on previous years – and well below the 12 per cent reported in 2006-07.



Emergency department services

Improvements in waiting times for emergency department care

ACT public hospitals have an excellent record of ensuring our most urgent emergency department presentations, category one are seen within national benchmarks.

This is an impressive effort given the 9 per cent increase in category one and two presentations in the first 12 months of 2009–10 compared with the same period last year.

Emergency department presentations seen on time

	Year-to-June			
	2006–07	2007–08	2008–09	2009–10
Category 1 (immediately)	100%	100%	100%	100%
Category 2 (<10 mins)	76.7%	80.9%	85.9%	82.5%
Category 3 (<30 mins)	46.6%	51.8%	52.8%	56.8%
Category 4 (<60 mins)	48.6%	51.2%	53.1%	56.1%
Category 5 (<120 mins)	81.8%	77.7%	78.5%	77.1%

In addition, this significant increase of more complex patients has not stopped our hospitals reporting improvements in waiting times for category three patients. The improvements in category three patients are particularly pleasing, with our hospitals reporting the best fourth quarter timeliness results for category three patients in the past five years.

Category five emergency department presentations continue to exceed national benchmarks, with over 77 per cent of this cohort seen on time.

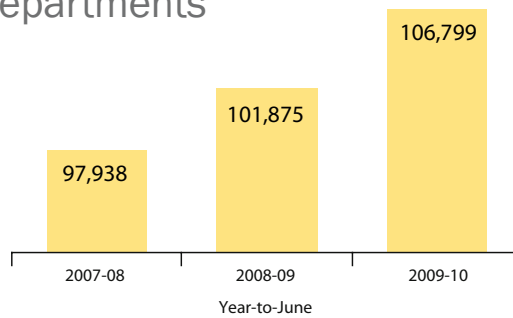
Notwithstanding this, ACT Health is committed to continuing the improvement in waiting times for emergency department services. During 2009–10, the Government is implementing a range of initiatives to further improve Emergency Department waiting times including:

The opening of the Surgical Assessment and Planning Unit. This will allow for better access to surgical beds from the emergency department;

The first public nurse-led Walk in Centre (WiC) opened in May this year. The Centre is designed to treat clients with less serious conditions to help alleviate the pressures on the Emergency Department. Based on preliminary data, over 2,000 people registered at the WiC for treatment to 30 June 2010.

Presentations to ACT emergency departments

These initiatives are extremely timely given the increase in presentation numbers to our emergency departments, with a 5 per cent increase (4,924 presentations) from the year to June 2009–10, compared with the same period in the 2008–09 financial year.



Emergency department access block

	Year-to-June			
	2006–07	2007–08	2008–09	2009–10
All Patients	28.5%	29.4%	19.8%	23.2%
Patients aged > 75yrs	40.5%	37.2%	29.0%	33.2%
Mental Health Clients	11.3%	16.3%	11.8%	12.4%

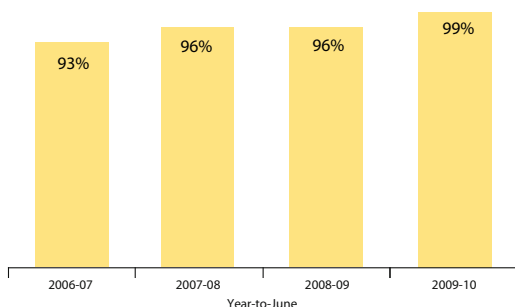
The proportion of patients who wait longer than eight hours from the start of treatment at an emergency department to transfer to a hospital bed (referred to as ‘access block’) increased by 3.4 per cent during the fourth quarter of 2009–10 compared with the same period in 2008–09.

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

The increase in presentation numbers however, has not affected the access block rate for mental health clients as they posted a result of 12.4 per cent, below the target of 15 per cent. 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 to enable patients to be transferred more quickly to more appropriate services rather than wait in the emergency department.

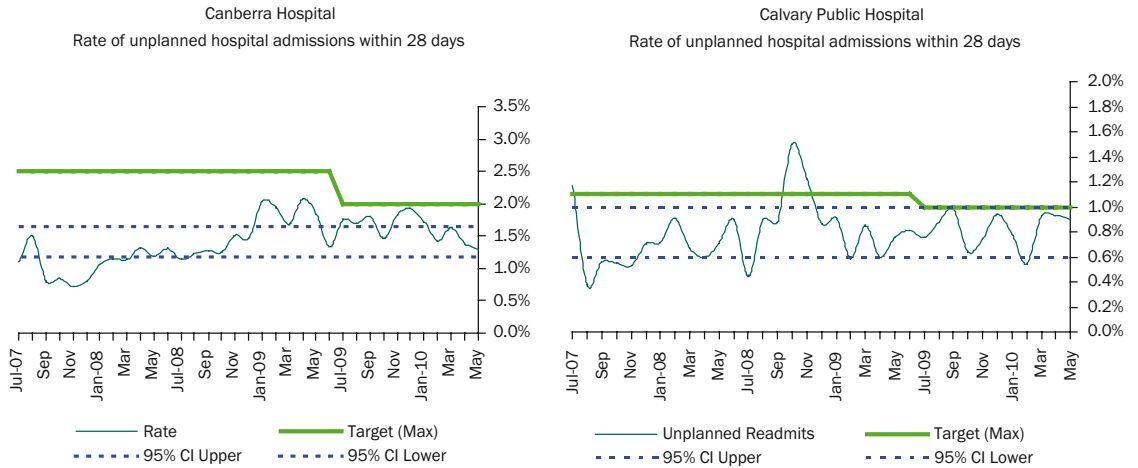
Ambulance off stretcher time

Continued improvements within emergency department processes have been noted in ambulance off-stretcher times. The year to June 2010 result of 99 per cent of all ambulance attendances being transferred from ambulances to emergency departments within 20 minutes is very impressive, well above the benchmark rate of 90 per cent .



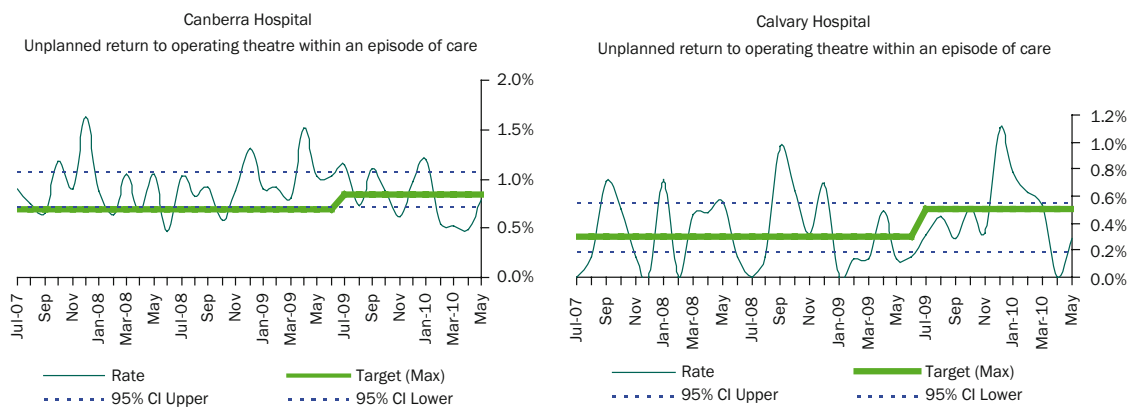
Patient safety and quality

Our hospitals continue to meet safety and quality standards



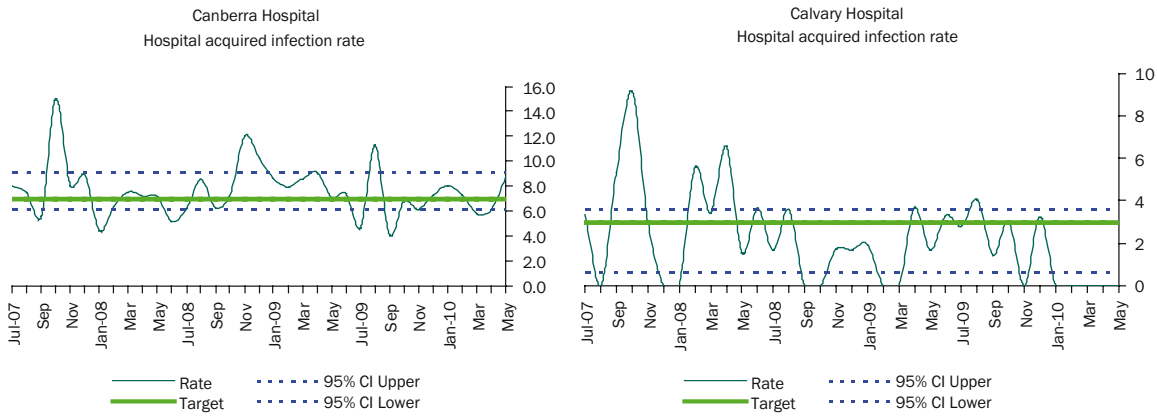
Due to the dissimilar type and nature of services provided at each hospital campus the targets for each indicator are dissimilar. The Canberra Hospital – our major teaching and referral hospital – manages more complex patients and higher levels of complications can be expected.

The Australian Council on Healthcare Standards published a revised version of the method for calculating unplanned readmissions commencing on 1 January 2009. This may influence the monthly rate and future results will clarify the longer term effect of these changes.



The return to operating theatre within an episode of care at The Canberra Hospital for May 2010 is 0.79%. All cases are reviewed by safety and quality officers and the Clinical Director of Surgery. Due to the small volume of patients care must be taken in interpreting the results as small variations result in large fluctuations on charts.

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



patient safety and quality

Capital Region Cancer Service

Continued increases in demand for radiotherapy services

The Capital Region Cancer Service provided care for 1,238 new radiotherapy patients in 2008–09.

A further 1197 people began radiotherapy services in the first 12 months of 2009–10.

Percentage of radiotherapy patients who commence treatment within standard time frames

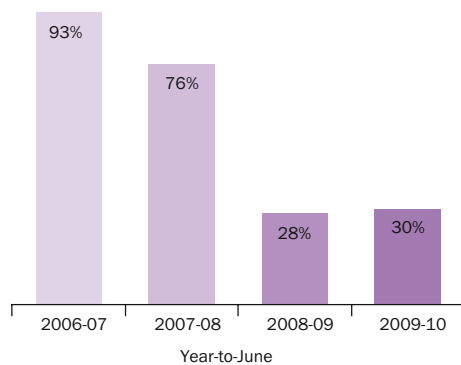
	Year-to-June			
	2006–07	2007–08	2008–09	2009–10
Urgent—within 48 hours	95%	100%	100%	98%
Semi Urgent—within 28 days	94%	83%	84%	93%
Non Urgent Category A—within 28 days	65%	65%	67%	75%
Non Urgent Category B—within 42 days	66%	55%	68%	86%
Total—All Radiotherapy Patients	78%	73%	76%	84%

Waiting times for radiotherapy services have improved significantly, with 84 per cent of all patients receiving care within standard timeframes over the first twelve months of 2009–10 compared with 76 per cent for the same period in 2008–09.

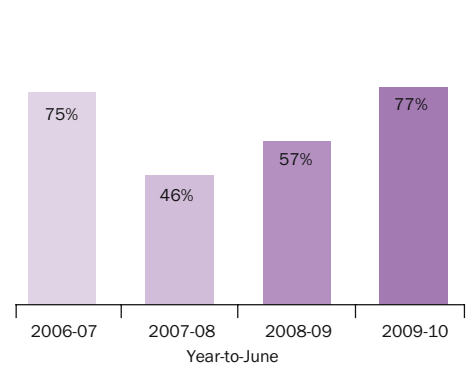
The BreastScreen ACT Program is a population based screening program for well women which is aimed at detecting abnormalities early.

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 investigations if required. The BreastScreen ACT Program currently has the best small cancer detection rate in the country.

BreastScreen — The proportion of women who receive an appointment within 28 days



BreastScreen — The proportion of women who receive an assessment within 28 days



BreastScreen ACT provided more than 12,013 breast screens in 2008–09 and a further 7,953 screens in SE NSW. The service has continued to grow in 2009–10. In 2009-10 BreastScreen ACT has already provided services to 12,908 ACT women, a 7 per cent increase (895 screens) on the 12,013 screens provided over the same period in 2008–09.

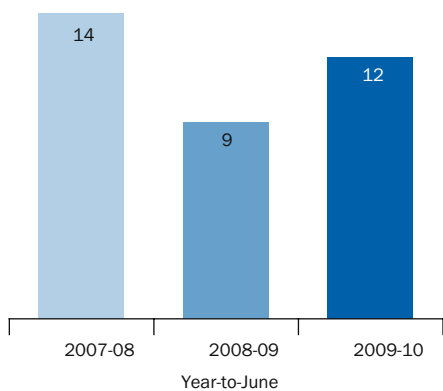
Strong demand for BreastScreen services continues to put pressure on waiting times for appointments. Identifying and implementing strategies to improve performance in this regard remains a priority.

Community Health Services

Dental wait times on target, immunisations above target

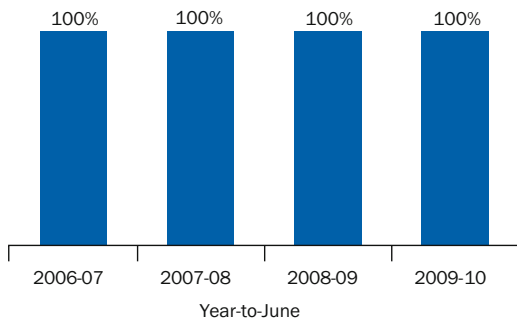
The additional funding added to the dental health program's budget by the government has resulted in a considerable improvement in the mean waiting time for appointments – from the 14 months recorded in the year 2007–08 to 12 months in 2009–10.

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



While this result is above the 9 months recorded in 2008–09 it is on target. This excellent result continues to ensure that ACT residents have access to dental treatment within the set target of 12 months.

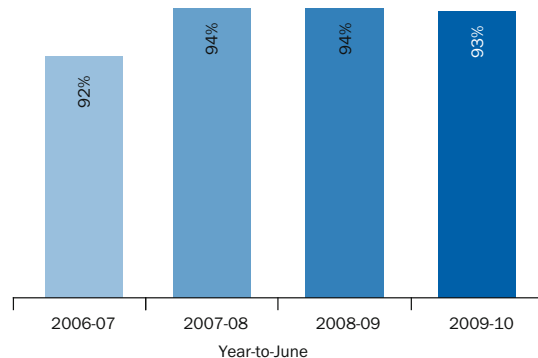
Dental Services – Proportion of urgent patients seen within standard waiting times



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

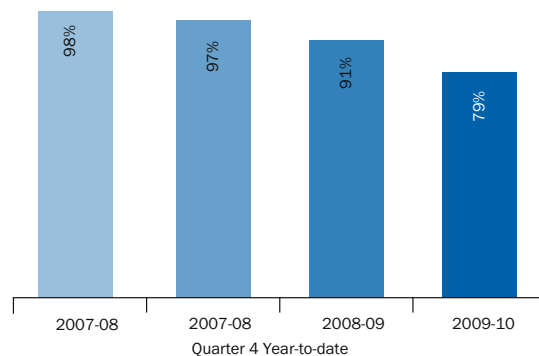
Immunisation rates for one year olds continue to exceed the national target of 90 per cent , with 93 per cent recorded in 2009–10.

Childhood Immunisation
Proportion of one year olds fully immunised



Alexander Maconochie Centren (AMC) (adult corrections centre) and Bimberi (the youth corrections centre) reported that 79 per cent of offenders and detainees received their health care assessment plan within 24 hours of detention.

Offenders and detainees in Bimberi & AMC with health care assessment plans within 24 hours of detention



The reduction from the 91 per cent reported for the same period in 2008–09 reflects changed practices which has resulted in many detainees at Bimberi being held for very short periods, therefore not requiring health assessments. Given this, ACT Health has reviewed this indicator, and will be changing the measure to provide a more accurate picture of performance in this area in the 2010–11 reports.

Aged Care and Rehabilitation Service

Strong results continue to ensure targets are achieved for aged care services

Our aged care assessment team provided in hospital assessments within an average of 1.7 days during 2009–10. This is a good result and below the target of two days.

This level of service minimises delays in accessing out of hospital services for patients who no longer need hospital care.

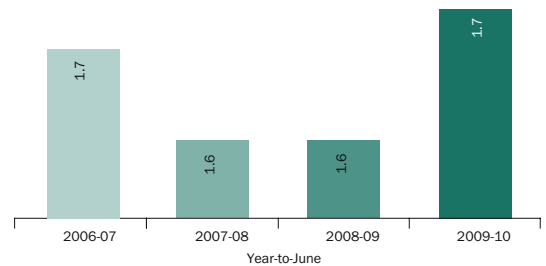
The average length of stay for acute rehabilitation of 13 days for 2009–10 has improved on the 14.7 days reported for 2008–09. This impressive result is consistent with the general reduction in length of stay following the establishment of the sub-acute rehabilitation facility at the Calvary Public Hospital site. The capacity to transfer people to more appropriate sub-acute services has resulted in a drop of more than five days since 2006–07.

An additional 21 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 a more appropriate level of care for sub-acute patients. The number includes additional older persons mental health beds, of which 4 will be opened in 2010–11.

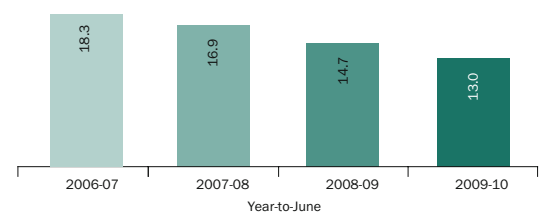
It is important that clients who receive care from the Aged Care and Rehabilitation Services of the ACT are discharged from care with comprehensive discharge plans. Comprehensive discharge planning is imperative for the older client to ensure continuity of care back out into the community and to reduce readmission. 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.

The rate at which clients in the Aged Care and Rehabilitation Service receive a comprehensive discharge plan is 99 per cent in 2009–10. This is an improvement on the result recorded for the same period last year, and is above the target of 98 per cent.

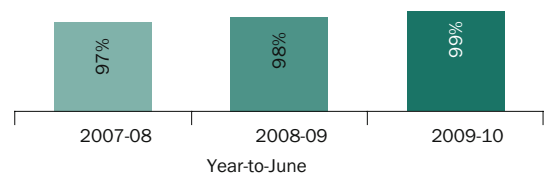
Aged Care and Rehabilitation Service—
Waiting Time for ACAT Assessments



Aged Care and Rehabilitation
Acute Rehabilitation Average Length of Stay



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



Births at ACT Public Hospitals

Births increasing in ACT public hospitals

Based on preliminary data, a total of 4,183—babies were born at ACT public hospitals in 2009–10. This is a very significant 10.8 per cent increase on the same period last year.

ACT Public Hospital births and caesarean sections

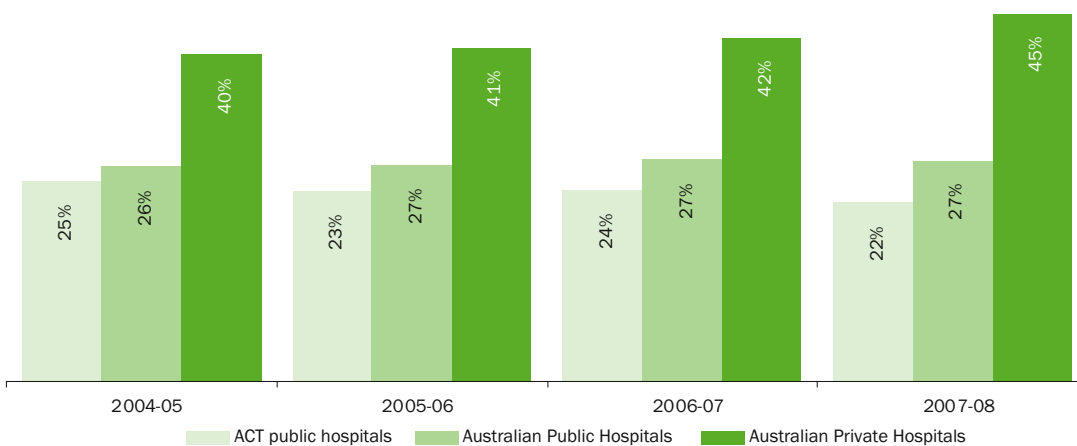
	Year-to-June			
	2006–07	2007–08	2008–09	2009–10
ACT Public births	3,570	3,561	3,774	4,183
Caesarian sections	890	816	885	1,040

In 2009–10 the number of caesarean sections performed in ACT public hospitals has increased by 17.5 per cent (155 procedures) from the results for the same period in 2008–09.

The ACT Government has provided an additional \$2 million in 2010–11 to fund this increased demand in Obstetrics and Gynaecology Services.

Proportion of Births by Caesarian Section ACT public hospitals, Australian public hospitals, and Australian private hospitals

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.



Source: Australian Institute of Health and Welfare

births at ACT public hospitals

Mental Health services

Mental Health ACT continues to report strong results for the proportion of patients discharged from an inpatient service who receive follow-up care within seven days. Timely follow-ups can reduce the number of people who need to be readmitted to an inpatient service. The result for 2009–10 of 72 per cent is better than that reported in 2008–09. This is a particularly good result despite the increase in voluntary short-stay admissions, with this client group more likely to elect to receive follow-up with their GP or private psychiatrist, rather than from ACT Mental Health services.

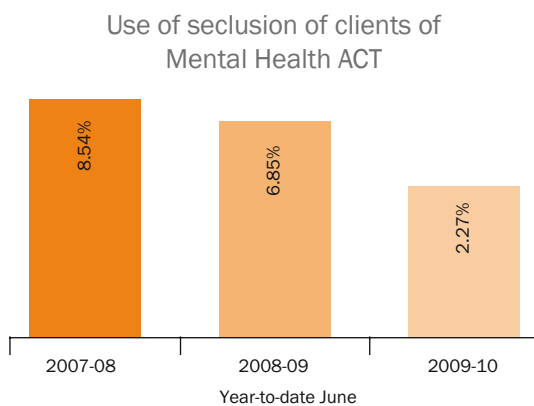
	Year to March		
	2007-08	2008-09	2009-10
% Inpatients contacted within 7 days post-discharge	75%	71%	72%
Proportion of clients discharged with a completed outcome assessment	59%	68%	68%
Proportion of mental health committees with consumer and carer representation	100%	100%	100%

A total of 68 per cent of patients discharged from an inpatient mental health service have completed outcome assessments.

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

Mental Health ACT has implemented a number of initiatives to reduce the level of clients secluded during an inpatient episode. These initiatives are working with the rate of seclusion decreasing considerably over 2009–10 compared with last year and two years ago. The current result of 2.27 per cent is significantly better than the target set at nine per cent and is the lowest level of seclusion on record.

NP. An additional 7 older persons mental health beds will be made available of which 4 will be opened in 2010–11.



Selected Annual Snapshot

Health status of the ACT population

DMFT Index (Decayed, missing or filled teeth index)

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.

Age	ACT	Australia
DMFT index at 6 years	2.30	1.89
DMFT index at 12 years	1.27	1.08

Source: Water fluoridation and children's dental health. The Child Dental Health Survey 2002 (AIHW < Australian Research Centre for Population Oral Health 2006)

While the table still reflects the latest published national figures, ACT Health's figures from 2008–09 have improved against 1.63 at 6 years and 0.81 at 12 years.

Maintenance of the highest life expectancy at birth in Australia

Life expectancy at birth	ACT	Australia	Next Best Jurisdiction
Females	84.0	83.7	(WA) 84.0
Males	80.0	79.2	(Vic) 79.6

Source: Deaths Australia, 2007 cat no 3302.0 Australian Bureau of Statistics

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. In 2007, the life expectancy for ACT males and females and WA females was the highest in the country. The government aims to maintain this result.

Prevalence of circulatory disease

Circulatory disease

The proportion of the ACT population diagnosed with some form of circulatory disease. The Government aims to further reduce the rate for the ACT.

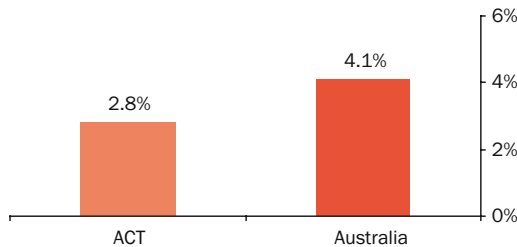


Source: National Health Survey 2007–08, Confidentialised Unit Record File, Australian Bureau of Statistics. (There has been no updated national data released for this indicator since the publication of the ACT Public Health Services, Quarterly Performance Report June 2009)

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 reported to have a long-term cardiovascular condition was slightly lower than the whole of Australia. There has been an encouraging decrease from 2004–05 when the proportion was 18.9% in the ACT.

Prevalence of 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. This can have significant impacts on their long-term health. Significant impacts on long-term health can be gained from lifestyle modifications and early intervention program treatment.



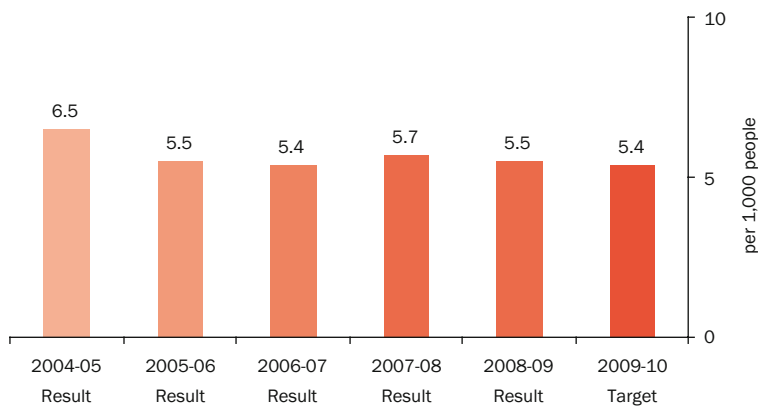
Source: National Health Survey 2007–08, Confidentialised Unit Record File, Australian Bureau of Statistics. (There has been no updated national data released for this indicator since the publication of the ACT Public Health Services, Quarterly Performance Report June 2009)

In 2007–08, the proportion of ACT residents reporting diabetes or high blood sugar levels was 2.8%. This compares to 4.1% for the whole of Australia.

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

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.

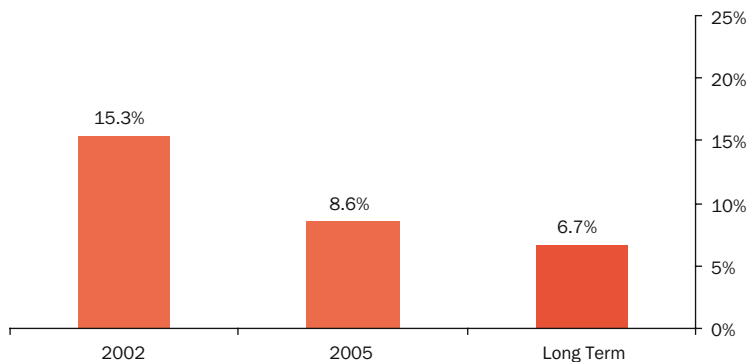


Source: Admitted Patient Care data collection 2004–05, 2005–06, 2006–07, 2007–08 and 2008–09 ACT Health. The 2009–10 result is not yet known.

The rate of hip fractures in the community is an indication of the success of health initiatives designed to prevent hip fractures. In 2008–09, the rate of ACT residents was 5.5 fractures per 1,000 ACT residents aged over 75 years and over. Though this rate is lower than in 2007–08 in line with the general decline in the rate of hip fractures over the last five years.

Reduction in the youth smoking rate

Percentage of persons aged 12–17 years who smoke regularly



Source: The ACT Secondary School Alcohol and Drug Survey, 1999 to 2008, ACT Health. (There has been no updated national data released for this indicator since the publication of the ACT Public Health Services, Quarterly Performance Report June 2009)

The rate of youth smoking in the ACT has dropped markedly over the last decade. In 2008, the rate of students aged 12 to 17 years reporting to be regular smokers were 6.7%. This rate was less than a third of the rate reported in 1999 (20.5%). The Government aims to maintain this reduction in smoking with the objective of reaching 5 per cent in the long term.

Selected activity statistics

	Year to June *		% VAR
	2008-09	2009-10	
ACT Health cost-weighted separations (Round 11-DRG version 5.1)			
Output 1.1—Acute services	83 068	82 756	0%
Output 1.2—Mental Health services	2 595	2 839	9%
Output 1.—Cancer services	4 546	4 635	2%
Output 1.6—Aged care & rehabilitation services	4 870	4 679	-4%
Total cost weighted separations	95 079	93 909	0%
Inpatient Activity			
Day only patient days (total across all outputs)	48 822	47 768	-2%
Overnight patient days (total across all outputs)	235 932	241 585	2%
Nursing Home Type Patient (NHTP) Bed-Days (on separation) **	3 768	6 156	63%
Day of Surgery Admission rate	87%	86%	-2%
NSW residents as a proportion of total hospital separations	22%	23%	0%
Emergency surgery as a proportion of total surgery	49%	46%	-2%
Allied health services – Provided in ACT public Hospitals	91 416	94 453	3%
Admissions via Emergency department	27 083	25 345	-6%
Admissions to Emergency Department observational wards	15 022	11 027	-27%
Admissions from the Emergency Department to ICU, Surgery, and general wards	12 061	14 318	19%
Emergency Department Activity			
Category 1 Seen (immediate—2 mins)	510	515	1%
Category 2 Seen (within 10 mins)	9 004	9 861	10%
Category 3 Seen (within 30 mins)	30 068	32 241	7%
Category 4 Seen (within 60 mins)	39 211	42 163	8%
Category 5 Seen (within 120 mins)	13 011	11 759	-10%
Emergency Department Presentations seen	91 804	96 539	5%
Did Not Waits	10 070	10 260	2%
Total Emergency Department Presentations	101 874	106 799	5%
Elective Surgery			
Additions to the public hospital elective surgery waiting list	12 394	12 418	0.19%
Numbers of people on the elective surgery waiting list	4 906	5 335	8.74%
Removals from the list for surgery	10 107	9 769	-3%

Removals from the list for other reasons	2 311	2 523	9%
Patients on the list recorded as “not ready for care”	593	622	5%
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	14	13	-1 days
Category two patients (admission desirable within 90 days)	101	105	4 days
Category three patients (admission desirable within 365 days)	172	200	28 days
Elective endoscopies			
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	28	22	-6 days
Category two patients (admission desirable within 90 days)	121	131	9.5 days
Category three patients (admission desirable within 365 days)	260	234	-26.5 days
Breast screens			
Total Number of ACT women	12 013	12 909	7%
Participation rate 50-69	55%	55%	-0%
Additions to the Cervical Cytology Register	36 667	34 797	-5%
Community Health			
Allied health services – Number of regional services	20 174	22 746	13%
Community Nursing – Number of Nursing	74 750	77 860	4%
(Domiciliary and clinic based occasions of service)			
Mental Health – Community Services by Group			
Adult	167 436	180 799	8%
Child & Adolescent	39 979	47 336	18%
Older persons	16 507	29 527	79%
Outpatient Care – Non Admitted Services			
ACT public hospitals	273 343	293 366	7%
Cancer services	52 211	53 800	3%
Aged care and rehabilitation services	2 113	2 013	-5%
Total outpatient occasions of service	327 667	349 179	7%

* Note: Cost-weighted separations for year to June 2009–10 are preliminary estimates only.

** Variations occur when NHTP with a long length of stay are separated from hospital

Glossary

Emergency department

Triage category	<p>Patients presenting to an emergency department are seen on the basis of clinical urgency as determined by trained medical professionals. Patients are classified into one of five categories, and their access to treatment is based on this clinical categorisation</p> <ol style="list-style-type: none">1. Resuscitation—treatment to commence immediately2. Emergenc—treatment to commence within 10 minutes3. Urgent—within 30 minutes4. Semi-Urgent—within 60 minutes5. Non-urgent—within 120 minutes
Waiting times	<p>TThe 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 (ACT Health establishes a 365 day maximum desirable waiting time for category three patients)
Median waiting time	<p>The waiting time at the fiftieth (50th) percentile for all patients admitted for elective surgery at an ACT public hospital in a given period (and for a given patient urgency category)</p>
Waiting times	<p>The proportion of patients admitted for surgery within a given period who are admitted within standard waiting times for their condition.</p>
Removals for surgery	<p>The number of people, in a given period, who are removed from the ACT public hospitals elective surgery waiting list for surgery.</p>
Patients waiting longer than one year for surgery	<p>The number of patients still on the elective surgery waiting list (and who are listed as “ready for surgery”) who have been waiting longer than 365 days (at a given census date).</p>
Long wait patients accessing elective surgery	<p>The number of patients on the ACT public hospitals’ waiting lists who have had surgery within a given period whose waiting time was longer than the standard waiting time for their condition when admitted for surgery.</p>

Hospital initiated Postponements The proportion of elective surgery patients booked for surgery in a given period who have their surgery postponed by the hospital (for reasons such as substitution for a more urgent patient, no beds available, etc)

Intensive care unit

Patient days The total number of days that intensive care unit resources were used to care for patients (calculated as the total number of patient days reported for Intensive Care Units in the department’s ward transfer file)

Endoscopy

Urgency category See entry for elective surgery

Median waiting time See entry for elective surgery

Dental services

Waiting times (urgent) The proportion of dental health program clients assessed as in need of emergency services who receive care within 24 hours of a request

Waiting times (general) The average waiting time (in months) that clients of the adult centralised waiting list wait for care from the time of the request of an appointment to the date of the appointment with the dental health program

Radiotherapy

Waiting times (urgent) The proportion of new radiotherapy patients who are assessed as in need of urgent access to treatment who are provided with treatment within 48 hours of a request

Waiting times (general) The proportion of all new radiotherapy patients who are provided with treatment within 28 days of a request

Breast screening

Wait time to assessment The proportion of women requiring assessment who wait 28 days or less from their breast screen appointment to their assessment appointment

Wait time to appointment The proportion of women who wait 28 days or less from their appointment date to the date of their breast screen

Number of screens Number of ACT women who are provided with breast screens within a given period

Participation rate The proportion of women in the ACT in the targeted age group for breast screening (50 to 69 years) who have had a breast screen within the last two years at any given time.

Bed usage

Occupancy rate The proportion of available overnight adult medical and surgical beds that are used on average over a given period

Ambulance services

Off-stretcher times The proportion of emergency department presentations who arrive by ambulance who are transferred from the care of the ACT Ambulance Service to the staff of the emergency department within 20 minutes of arrival at hospital by the Ambulance

Rehabilitation

Acute rehabilitation
length of stay

The average length of stay for all patients of the rehabilitation service who separated from inpatient services at The Canberra Hospital

Aged care assessment

In-hospital
waiting times

The mean waiting time in working days between a request for, and the provision of, an in-hospital assessment by the Aged Care Assessment Team (ACAT)

Patient safety

Unplanned return to
Hospital within
28 days

The proportion of patients who are readmitted within 28 days to the same hospital in which they were previously a patient, where the readmission was:

- unexpected for further treatment of the same condition for which the patient was previously hospitalised
- unexpected admission for treatment of a condition related to one for which the patient was previously hospitalised
- unexpected admission for a complication of the condition for which the patient was previously hospitalised

Unplanned return to
the operating theatre

The proportion of patients who are required to return to the operating room for a further procedure related to complication(s) of a previous operation/procedure within a single admission

Hospital acquired blood
stream infection rate

The incidence of blood stream infections such as staphylococcus aureus (golden staph) acquired within ACT public hospitals, reported as the number of infections per 1,000 non-same day occupied bed days

Mental health

Outcome assessments

The proportion of clients separated from a mental health inpatient unit who have a completed outcome assessment

Use of seclusion

The proportion of patients who are separated from a psychiatric inpatient unit who were subject to seclusion during their inpatient episode

Clients seen within
seven days post
discharge from hospital

The proportion of clients seen at or contacted by an ACT Health community facility during the seven days post-discharge from the inpatient service

Consumer and carer
representation

The proportion of Mental Health ACT committees upon which consumers and carers are represented

Immunisation

Childhood
immunisations

The proportion of children at one year of age fully immunised in accordance with the Australian Childhood Immunisation Register Schedule

Opioid treatment

Clients with
plan

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

Inpatient separations (Admitted patients)

Cost weighted separations	The number of separations (completed episodes of care) expressed in cost weighted terms. "Cost weighting" allocates a weight for each hospital episode based on the average level of resources used for each type of episode (with the average episode receiving a weight of "1"). As examples, a standard dialysis episode has a weight of 0.17 of the average and a knee replacement has a weight of about "5" (or five times the average. ACT Health used national public hospital cost weights (Round 9) for counting of hospital episodes in 2007–08.
Day only separations	The number of admitted patients (inpatients) who are admitted and separated on the same day.
Overnight separations	The number of admitted patients who are admitted and separated on different days
NSW separations	The proportion of patients separated from ACT public hospitals whose residential address is in NSW
Patient days	In accordance with national definitions, the number of days that a patient spends in hospital. All day only (or same-day) patients are counted as spending one full day in hospital (regardless of the time actually spend in hospital). For non same-day patients, the number of days is calculated by subtracting the separation date from the admission date (in full days)
Nursing home type patient days	The number of patient days on separation for all patients who have been classified as nursing home type patients.
Emergency surgery as a proportion of all surgical services	The proportion of patients who have surgery as a result of an emergency against the total number of surgical procedures
Day of surgery rate	The proportion of all elective surgery cases who are admitted to hospital on the same day that they have their surgery.
Births	The number of births reported at our public hospitals in a given period
Caesarean births	The proportion of all births at public hospitals that are reported as being undertaken as caesarean sections.

Mental health

Community services	The number of community based services provided to each of the three client groups: <ul style="list-style-type: none"> ▪ Adults ▪ Children and adolescents ▪ Older people
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Community services

Allied health (in hospitals)	The number of allied health occasions of service provided to hospital inpatients (covering the areas of: <ul style="list-style-type: none"> ▪ Physiotherapy ▪ Occupational Therapy ▪ Social Work ▪ Psychology ▪ Speech Pathology ▪ Nutrition
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Allied health (community)	<p>The number of allied health occasions of service provided to clients in a community setting (including their home or in a clinic) in the following areas:</p> <ul style="list-style-type: none">▪ Physiotherapy (home and clinic)▪ Occupational Therapy (home visits)▪ Social Work (home and clinic)▪ Podiatry (clinic)▪ Nutrition (home and clinic)
Community nursing	<p>The number of community nurse occasions of service provided to clients of the ACT Health Continuing Care area, including:</p> <ul style="list-style-type: none">▪ Home visits▪ Ambulatory care visits▪ Foot care clinics▪ Continence clinics▪ Wound clinics▪ Stoma clinics

Non-admitted Services (outpatient)

Occasions of service	<p>The number of occasions of service provided by outpatient clinics at our public hospitals, reported in terms of organisational responsibilities:</p> <ul style="list-style-type: none">▪ Public hospitals▪ Capital region cancer service▪ Aged care and rehabilitation service
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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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