



ACT
Government

ACT Health

FOI18-129

Dear [REDACTED]

Freedom of information request: FOI18/129

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by ACT Health on 13 December 2018.

In your application you requested:

"...documents related to reporting of ACT Health data. Scope of FOI request related to Health Data December 2018:

- Correspondence between ACT Health and the Australian Institute of Health and Welfare during 2018 regarding the calculation of recurrent expenditure per person for the ACT.*
- Correspondence between the Minister for Health and Wellbeing and the Director-General of ACT Health regarding timing of quarterly performance reports during 2018.*
- Briefs prepared for the Minister of Health and Wellbeing during 2018 regarding quarterly performance reports and timing of quarterly performance reports. This includes Question Time Briefs, Estimates Briefs and Annual Reports Briefs.*
- Documents prepared for the Director-General of ACT Health regarding quarterly performance reports and timing of quarterly performance reports during 2018."*

I am an Information Officer appointed by the Director-General of ACT Health under section 18 of the Act to deal with access applications made under Part 5 of the Act.

ACT Health was required to provide a decision on your access application by 23 January 2019.

Decision on access

Searches were completed for relevant documents and five documents were identified that fall within the scope of your request.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

I have decided to grant full access to four documents and partial access to one document as document identified as relevant to your request contains information that I consider to be

information that would, on balance, be contrary to the public interest to disclose under the test set out in section 17 of the Act.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- the FOI Act, Schedule 1 and Schedule 2;
- the content of the documents that fall within the scope of your request;
- the *Human Rights Act 2004*.

My reasons for deciding to grant partial access to the information in Document Number 1 of the identified documents is that the document comprises of, or contains information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in this document is personal information about individuals.

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1. I have identified that the following factor favours non-disclosure:

- Schedule 2 2.2 (ii) - prejudice the protection of an individual's right to privacy or any other right under the *Human Rights ACT 2004*.

On balance, the information identified is contrary to the public interest and I have decided not to disclose this information.

Charges

Processing charges are not applicable for this request under Section 107 (2) (e) of the Act.

Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the ACT Health disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

You may view ACT Health's disclosure log at <https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published on ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601

Via email: ACTFOI@ombudsman.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

If you have any queries concerning the ACT Health's processing of your request, or would like further information, please contact the FOI Coordinator on 5124 9831 or e-mail HealthFOI@act.gov.au.

Yours sincerely



Karen Doran
Deputy Director-General
Corporate

22 January 2019

FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
[REDACTED]	<p>"...documents related to reporting of ACT Health data. Scope of FOI request related to Health Data December 2018:</p> <ul style="list-style-type: none"> •Correspondence between ACT Health and the Australian Institute of Health and Welfare during 2018 regarding the calculation of recurrent expenditure per person for the ACT. •Correspondence between the Minister for Health and Wellbeing and the Director-General of ACT Health regarding timing of quarterly performance reports during 2018. •Briefs prepared for the Minister of Health and Wellbeing during 2018 regarding quarterly performance reports and timing of quarterly performance reports. This includes Question Time Briefs, Estimates Briefs and Annual Reports Briefs. •Documents prepared for the Director-General of ACT Health regarding quarterly performance reports and timing of quarterly performance reports during 2018." 	FOI18/129

Document No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1.	1 - 78	<p>Ministerial Brief – ACT Health Quarterly Performance Report – July to September 2018 (FINAL) with the following attachments:</p> <ul style="list-style-type: none"> - Act Health Quarterly Performance Report – July to September 2018 - Media Release and Media Talking Points - Summary of Indicators included in the QPR - MIN18/1825 	06/12/2018	Partial	Schedule 2, 2.2 (a)(ii)	Yes
2.	79 - 80	Question Time Brief – Update on Quarterly Reporting	12/10/2018	Full		Yes
3.	81 - 82	Question Time Brief – Update on Quarterly Reporting	12/10/2018	Full		Yes
4.	83 - 84	Question Time Brief – Update on Quarterly Reporting	12/09/2018	Full		Yes



5.	85 - 88	Ministerial Brief – Update on ACT Quarterly Performance reports	13/08/2018	Full		Yes
Total No of Docs						
5.						



MINISTERIAL BRIEF

Health Directorate

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To:	Minister for Health and Wellbeing	Tracking No.: MIN18/2005
From:	Michael De'Ath, Director-General, ACT Health	
Subject:	ACT Health Quarterly Performance Report – July to September 2018 (FINAL)	
Critical Date:	29 November 2018	
Critical Reason:	The Quarterly Performance Report is due for release by 30 November 2018.	

- DG .../.../...

Purpose

To seek your agreement to release the new ACT Health Quarterly Performance Report (QPR) for the July to September 2018 quarter and agree to the Media Release and Talking Points.

Recommendations

That you:

1. Note the information contained in this brief;

Noted / Please Discuss

2. Agree to release the new ACT Health Quarterly Performance Report (QPR) for the July to September 2018 quarter at Attachment A on the ACT Health website;

Agreed / Not Agreed / Please Discuss

3. Agree to the Media Release and Talking Points at Attachment B; and

Agreed / Not Agreed / Please Discuss

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- 4. Agree to provide a copy of this brief to the Minister for Mental Health.

Agreed / Not Agreed / Please Discuss

Meegan Fitzharris MLA *Meegan* *6/12/18*

Minister's Office Feedback

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Background

1. A package for the release of the first version of the QPR for the first quarter of 2018-19 was provided to your office in October 2018 (MIN18/1825) Attachment D.
2. A meeting was held on 12 November 2018 to discuss the first version of the QPR. You provided feedback to review the inclusion of some indicators and the alignment for external reporting for consumers.

Issues

3. The latest version of the QPR contains additional indicators following your feedback on the first version of the QPR provided in October 2018.
4. The QPR now contains additional performance and activity information in the following sections:
 - ED Section:
 - Median wait times to treatment Emergency Department (ED) by urgency category; and
 - NSW ED presentations, volume and proportions;
 - Elective Surgery section:
 - Median wait times to surgery by urgency category;
 - Aboriginal and Torres Straight elective surgery removals, volume and proportions;
 - NSW elective surgery removals, volume and proportions;
 - A new section for Quality and Safety has been created with the following indicators:
 - Proportion of patients readmitted to hospital within 28 days due to complications of their condition;
 - Proportion of people who undergo a surgical operation requiring an unplanned return to the operating theatre due to complications;
 - Number of patients per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia infection (SAB infection);
 - Estimated Hand Hygiene Rate;
5. The updated QPR includes 73 indicators; an internal reconciliation against previous and current indicators is provided at Attachment C.
6. As noted in MIN18/1825, Ernst and Young have been undertaking an audit of ACT Health indicators and developing options for inclusion in future reporting requirements. The first phase of developing a reporting framework is almost complete. The framework has been heavily influenced by clinicians, the Health Care Consumers Association (HCCA), and includes direct linkages with the ACT Health Quality Strategy 2018-2028, and the new Australian Health Performance Framework.

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7. As agreed, the next phase to finalise the framework will include a formal consultation process with the HCCA members and a broader public consultation process which we anticipate will be finalised in the second quarter of 2019.
8. The structure of future QPRs will be reviewed to align with the GRF once the public consultation process has been completed.

Financial Implications

9. Nil

ConsultationInternal

10. The 'look-and-feel' of the QPR has been developed in consultation with the ACT Health Communications team.

Cross Directorate

11. Senior Executives from Calvary and Canberra Hospital Health Services have been consulted.

External

12. The HCCA has been consulted about the look, feel and content of the QPR and recommended minor aesthetic changes which have largely been incorporated. The HCCA have also agreed to provide quotes in the Media Release at Attachment B. The media quotes included in Attachment B are expected to be approved by the HCCA until early Thursday 29 November 2018.

Benefits/Sensitivities

13. All ACT Health data is sensitive, and it is anticipated that there will be media interest in the publishing of the QPR.

Media Implications

14. The media release and talking points at Attachment B have been provided by the ACT Health Directorate Communications Branch and in consultation with the HCCA.
15. The Canberra Health Services Media Team has advised that it will do reactive media as required, and it is exploring the possibility of a media stand-up at the Canberra Hospital.

Signatory Name: Karen Doran Phone: X52248
 Action Officer: Karen Chudleigh Phone: X72324

Attachments

Attachment	Title
Attachment A	ACT Health Quarterly Performance Report – July to September 2018
Attachment B	Media Release and Media Talking Points
Attachment C	Summary of Indicators included in the QPR
Attachment D	MIN18/1825

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About this report

Data sources

This quarterly report draws data from these main sources:

- ACT Treasury and Australian Bureau of Statistics;
- ACT Patient Administration System;
- Emergency Department Information System;
- Walk-in Centre Electronic Clinical Record;

Data on business activity is captured by clinical and administrative staff via the above sources. ACT Health's Commissioning and Performance team extracts the data and calculates performance against the range of activity and performance measures. Measures are defined (definitions included below) in accordance with accepted standards. Quarterly results for each measure are compiled by Commissioning and Performance team analysts and peer-reviewed for quality assurance.

Analysis

Activity is conducted at a whole-of-ACT level, except where stated in the report. Because ACT hospitals vary in size and type in terms of the services they provide, in most instances comparisons between them on activity or performance are not valid.

This quarterly report compares the latest performance results with those from the previous quarter and provides a graphical indication of trending results using the latest five quarters.

Stratification of results by priority, acuity or urgency is used to indicate performance against recommended standards. For example, triage categories 1 to 5 and the respective service time standards for each category are used to show emergency department performance. Similarly, hospital admissions are categorised as 'Acute', 'Subacute and Non-acute' and 'Mental health'. Elective surgeries and associated waiting times are categorised as 'Urgent', 'Semi-urgent' and 'Non-urgent'.

A selection of indicators to reflect the clinical quality of hospital services have been included in the Quality and Safety section.



Terms and definitions

Walk-in Centres (WIC)	
WIC presentations	Number of attendances at all WIC during the quarter.
Presentations at Tuggeranong	Number of attendances at the Tuggeranong WIC during the quarter.
Presentations at Belconnen	Number of attendances at the Belconnen WIC during the quarter.
Presentations at Gungahlin	Number of attendances at the Gungahlin WIC during the quarter.
Median wait time to treatment	Median time that patients waited from arrival to treatment, in minutes, at all WIC during the quarter.
Median wait time at Tuggeranong	Median wait time to treatment, in minutes, at the Tuggeranong WIC during the quarter.
Median wait time at Belconnen	Median wait time to treatment, in minutes, at the Belconnen WIC during the quarter.
Median wait time at Gungahlin	Median wait time to treatment, in minutes, at the Gungahlin WIC during the quarter.
Percentage fully treated in the WIC	Proportion of attendances recorded with an outcome of fully treated in the WIC and referred to home during the quarter.
Fully treated at Tuggeranong	Proportion of attendances recorded with an outcome of fully treated in the WIC and referred to home, at the Tuggeranong WIC during the quarter.
Fully treated at Belconnen	Percentage of attendances recorded with an outcome of fully treated in the WIC and referred to home, at the Belconnen WIC during the quarter.
Fully treated at Gungahlin	Percentage of attendances recorded with an outcome of fully treated in the WIC and referred to home, at the Gungahlin WIC during the quarter.
Percentage redirected to ED	Percentage of all WIC attendances that were redirected to an emergency department during the quarter.
Redirected to ED from Tuggeranong	Percentage of Tuggeranong WIC attendances that were redirected to an emergency department during the quarter.
Redirected to ED from Belconnen	Percentage of Belconnen WIC attendances that were redirected to an emergency department during the quarter.
Redirected to ED from Gungahlin	Percentage of Gungahlin WIC attendances that were redirected to an emergency department during the quarter.



Terms and definitions continued

Emergency departments (EDs)

ED Presentations	Number of patient attendances at EDs during the quarter.
ED Presentations by triage category	Number of patient attendances at EDs within each triage category (1 – Resuscitation; 2 – Emergency; 3 – Urgent; 4 – Semi-urgent; 5 – Non-urgent).
Admission to hospitals from EDs	Number of patient attendances at EDs where the outcome was admission to hospital.
Patients treated and discharged	Number of patient attendances at EDs where the outcome was treatment and discharge to home.
Arrivals at ED by Ambulance	Number of attendances at EDs where the patient arrived by ambulance.
Patients starting ED treatment on time by triage category	Percentage of patients starting treatment within the recommended timeframe for their triage category (Category 1 – immediate/within 2 minutes; Category 2 – within 10 minutes, Category 3 – within 30 minutes; Category 4 – within 60 minutes, Category 5 – within 120 minutes).
Patients starting ED treatment on time for all triage categories combined	Percentage of patients starting treatment within the recommended timeframe for all triage categories combined.
Patients leaving ED within 4 hours	Percentage of attendances at EDs where the patient was either discharged (defined as when the patient was departure ready) from the ED or subsequently admitted as an admitted patient within 4 hours of arriving.
Patients who did not wait to be seen	Percentage of attendances at EDs where the patient did not wait to be seen.
Admissions from ED	Percentage of patient attendance at EDs that resulted in an admission to hospital.
Median waiting time to treatment in ED by urgency category	Median time between arriving at the ED and commencing treatment, by triage category. Calculated for patients who waited for treatment.



Terms and definitions continued

Admitted patients	
Admitted patient episodes of care	Number of hospitalisations that ended during the quarter.
Same day episodes of care	Number of hospitalisations for patients admitted to and discharged from hospital on the same date.
Overnight episodes of care	Number of hospitalisations for patients admitted to and discharged from hospital on different dates.
Total bed days of care	Sum of days stayed by patients discharged from hospital in the quarter (same day episodes are counted as 1 bed day).
Total overnight bed days of care	Sum of days stayed by patients discharged from hospital in the quarter, where the patient stayed overnight.
Acute overnight bed days	Sum of overnight bed days where hospitalisations were categorised as acute care.
Non-acute overnight bed days	Sum of overnight bed days where hospitalisations were categorised as non-acute care.
Mental health overnight bed days	Sum of overnight bed days where hospitalisations were categorised as mental health care.
Babies born	The number of babies born in hospital during the quarter.
Babies born by caesarean section	The number of babies born in hospital during the quarter where the birth method was caesarean section.
Average Length of Stay (ALOS) for overnight patients	ALOS for overnight hospitalisations for patients discharged during the quarter.
ALOS for acute patients	ALOS for overnight hospitalisations that were categorised as acute care.
ALOS for subacute and non-acute patients	ALOS for overnight hospitalisations that were categorised as subacute or non-acute care.
ALOS for mental health patients	ALOS for overnight hospitalisations that were categorised as mental health care.

Terms and definitions continued

Elective surgery	
Total elective surgery procedures	Number of elective surgery procedures performed during the quarter.
Category 1 urgent elective surgery procedures performed	Number of elective surgery procedures performed during the quarter that were categorised by the patient's surgeon as Urgency Category 1 (required within 30 days).
Category 2 semi-urgent elective surgery procedures performed	Number of elective surgery procedures performed during the quarter that were categorised by the patient's surgeon as Urgency Category 2 (required within 90 days).
Category 3 non-urgent elective surgery procedures performed	Number of elective surgery procedures performed during the quarter that were categorised by the patient's surgeon as Urgency Category 3 (required within 365 days).
Patients removed from the elective surgery waiting list for reasons other than surgery	Number of patients removed from the ACT elective surgery waiting list for reasons other than the patient received the surgery that they were waiting for during the quarter.
Additions to the ACT elective surgery waiting list	Number of patients added to the ACT elective surgery waiting list during the quarter.
Patients waiting for elective surgery	Number of patients on the ACT elective surgery waiting list who are classed as waiting for surgery and who are ready for care at the end of the quarter.
Patients overdue for elective surgery	Number of patients on the ACT elective surgery waiting list at the end of the quarter who have waited longer than the recommended timeframes for their respective urgency category.
Urgent elective surgeries performed on time	Percentage of urgent elective surgeries performed during the quarter where patients waited 30 days or less.
Semi-urgent elective surgeries performed on time	Percentage of semi-urgent elective surgeries performed during the quarter where patients waited 90 days or less.
Non-urgent elective surgeries performed on time	Percentage of non-urgent elective surgeries performed during the quarter where patients waited 365 days or less.
Median waiting time to surgery	Median time spent waiting for surgery for patients who were removed from the waiting list for surgery during the quarter. This excludes any days the patient was waiting with a less urgent clinical urgency category than their clinical urgency category at removal.



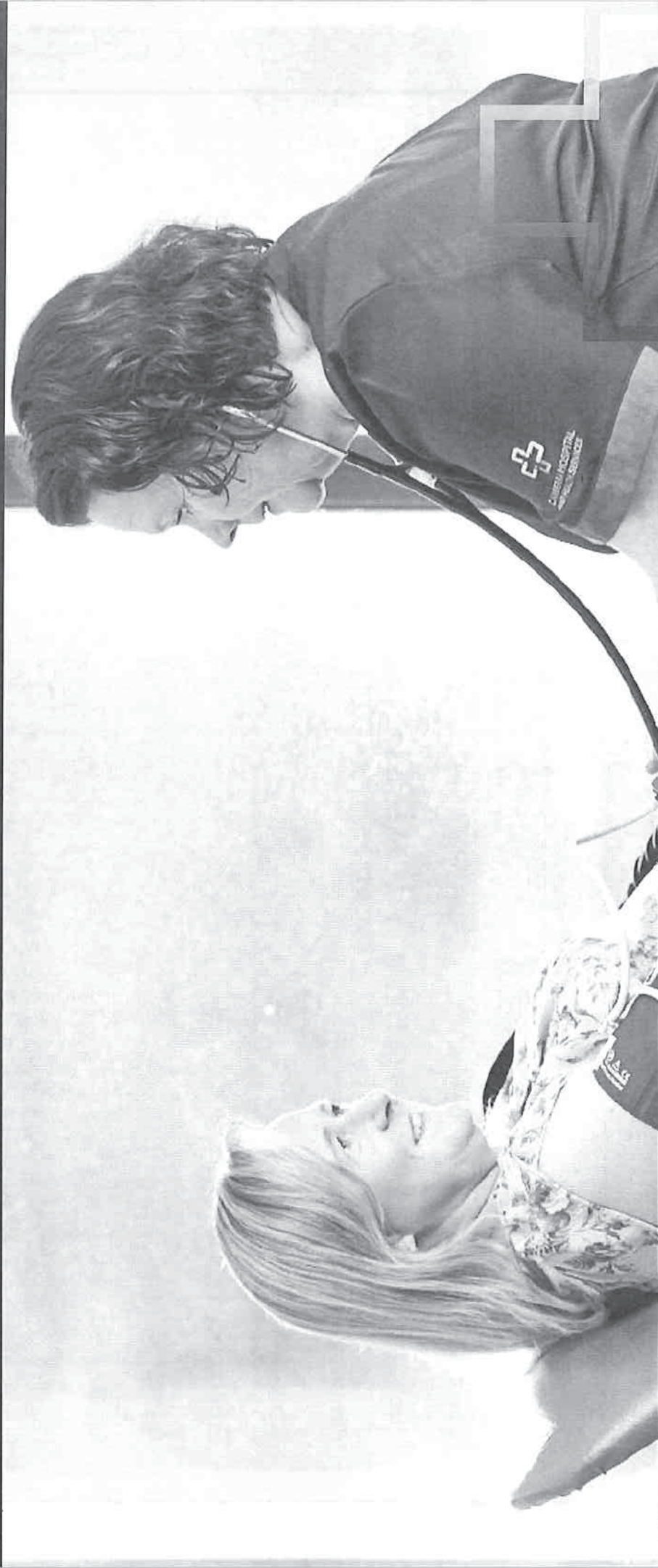
Terms and definitions continued

Quality & Safety

Proportion of patients readmitted to hospital within 28 days due to complications associated with their condition	The proportion of people separated from ACT public hospitals who are readmitted to hospital within 28 days of their separation due to complications associated with their condition (where the re-admission was unforeseen at the time of separation).
Proportion of people who undergo a surgical procedure requiring an unplanned return to the operating theatre due to complications	The proportion of people who undergo a surgical procedure requiring an unplanned return to the operating theatre within a single episode of care due to complications associated with their principal diagnosis.
Number of patients per 10,000 occupied bed days who acquire a <i>Staphylococcus aureus</i> bacteraemia infection (SAB infection)	The number of people admitted to hospitals per 10,000 occupied bed days who acquire a SAB infection during their episode of care.
Estimated Hand Hygiene Rate	The estimated hand hygiene rate for a hospital is a measure of how often (as a percentage) hand hygiene is correctly performed.

Quarterly Performance Report

July to September 2018



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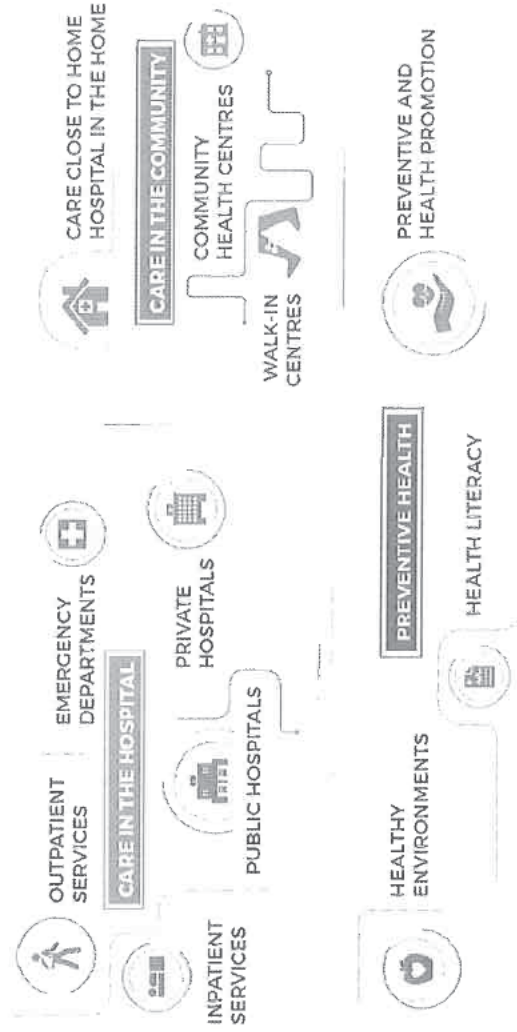
Canberra is Healthy

The ACT public health system is a well functioning system that responds in a balanced way to Canberrans needs by improving the health status of individuals and families.



Health Care in Canberra

Our public health system works across primary, tertiary and community care.

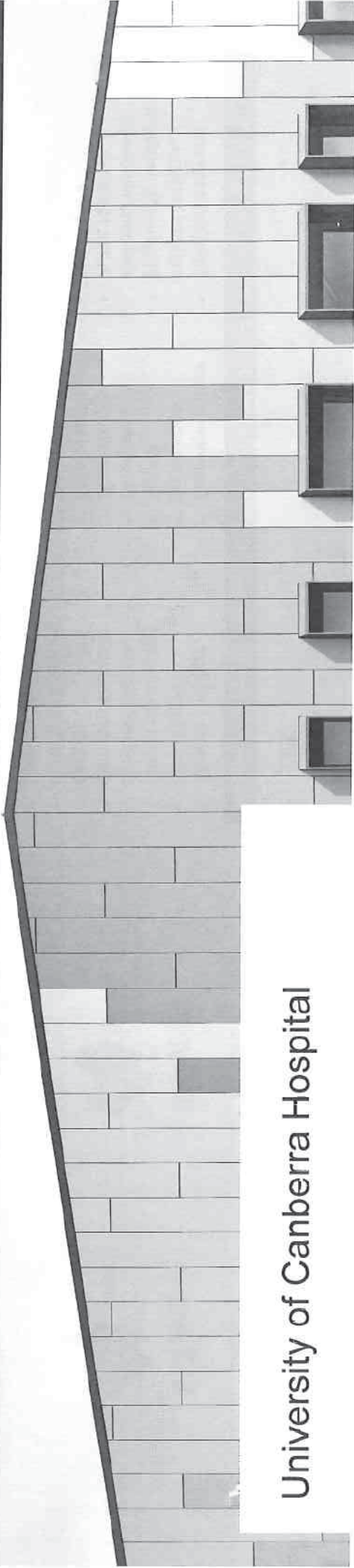


Public Health Services

- Alcohol and drug
- Breast Screen
- Cancer Counselling
- Children's health
- Community Health Centres
- Community nursing
- Community care
- Contenance
- Dental
- Emergency Departments
- Mental Health
- Nutrition
- Pathology
- Rehabilitation and related services
- Pregnancy, newborn and early childhood
- Public Hospitals
- Social work
- Walk-in Centres



Age standardised rate per 1,000 population



University of Canberra Hospital

The new University of Canberra Hospital (UCH) is a specialist centre for rehabilitation, recovery and research. It is a dedicated and purpose-built rehabilitation facility for people over the age of 18 who are recovering from surgery, illness or injury, or mental illness. In July 2018, the first patients were transferred to the new hospital from seven different locations across Canberra, including Canberra Hospital and Calvary Public Hospital Bruce.

The UCH provides overnight inpatient, day admission and ambulatory services:

84  inpatient beds

40  day places

Ambulatory  services

The UCH is the largest rehabilitation centre in the ACT and surrounding region. Planned with the future in mind, UCH will grow to provide 140 inpatient beds, 75 day places and outpatient services.

About the Quarterly Performance Report

This report provides information for consumers about how our local public health system is performing. The system includes:

- **Community-based care**
 - Walk-in Centres, Maternal and Child Health Services, physiotherapy, dental, mental health
- **Hospital-based care**
 - Emergency Departments, elective surgery, admitted patients, Hospital in the Home

Improving timely, safe and sustainable care across the ACT is a key priority for the ACT Government. We aim to be the safest health care system in Australia, delivering high quality, person-centred care for Canberrans.

Data reporting and management is integral to running an informed hospital and health care system that is accountable, transparent and responsive. It is also key to improving health service performance to ensure better access to timely, safe and sustainable care, a key focus for the community and the ACT Government.

On 1 October 2018, ACT Health successfully transitioned to two distinct organisations, ACT Health and Canberra Health Services.

- Canberra Health Services is focussed on clinical operations and operational delivery of quality health services for our growing community.
- ACT Health is focussed on delivering the strategy and policy agenda across the health system as a whole: building the health system we need for our future - increasing community health services, embedding preventive health measures and supporting the delivery of enhanced hospital services.

The creation of these two organisations symbolises the beginning of a new era for public health care in our growing city and is supporting the transformation of our health system into one that is truly modern.

ACT public health services receive very positive feedback on the care they provide.

A recent inpatient experience survey of patients at the Canberra Hospital found:



89.6%

of patients would recommend Canberra Hospital to family and friends.



87.9%

of patients rated their care as Good or Very Good.

A recent inpatient experience survey of patients at Calvary Public Hospital Bruce found:



93.1%

of patients reported a positive experience and were satisfied with the care provided.

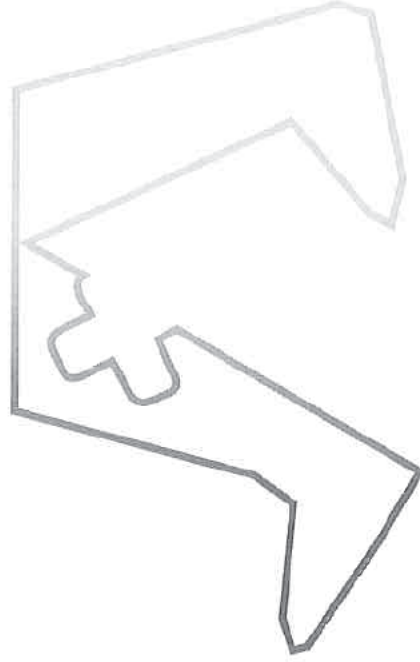
These results demonstrate the quality of care in the ACT's public health system and are a testament to staff working to provide care 24 hours a day, 7 days a week. However, we can always find areas to improve and meaningful consumer data and feedback is key to this.

During the System-Wide Data Review announced in 2017, the publication of quarterly performance reports was put on hold to allow time for ACT Health to review and develop new reporting processes. The Review is now complete and this is the first quarterly report on the performance of the ACT's public health system to be released since the Review.

Reports will now be published each quarter, providing readers with a summary of territory-wide performance of public health services across various domains. This report includes Emergency Departments, Elective Surgery, Admitted Patients and Walk-in Centres, and will evolve over time to include more information.

The ACT Health Directorate would like to thank the Health Care Consumers Association for their input to the design and format of the new quarterly report, making it more meaningful for consumers.

Walk-in Centres



ACT Health's Walk-in Centres provide free efficient access to treatment and health advice for one-off, minor injuries and illness. Patients requiring urgent attention for serious injury or illness are directed to Emergency Departments.

Walk-in Centres

All Walk-in Centres are led by a team of highly skilled advanced practice nurses and nurse practitioners with extensive experience in treating people with minor injuries and illnesses. There are three Walk-in Centres across the ACT: Tuggeranong, Belconnen and Gungahlin.



12,690



All presentations
(2,436 more than the previous
quarter)



23



Median wait time to treatment
(minutes)



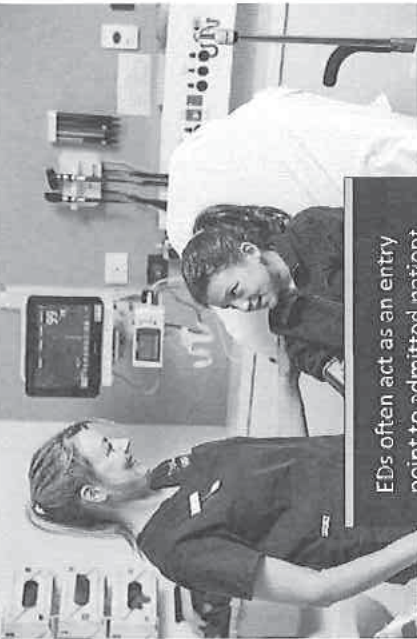
Walk-in Centres Activity and Performance

Walk-in Centre activity	June quarter 2018	September quarter 2018	Change from last quarter (%)	Last 5 quarters
Presentations at Tuggeranong	4,738	5,699	20%	
Presentations at Belconnen	5,516	5,809	5%	
Presentations at Gungahlin	-	1,182	-	
Note: Gungahlin opened in September 2018.				
Walk-in Centre performance				
Median wait time to treatment (minutes)				
Tuggeranong	16	31	94%	
Belconnen	13	22	69%	
Gungahlin	-	7	-	
Fully treated in the Walk-in Centre				
Tuggeranong	84%	84%	0%	
Belconnen	87%	86%	-1%	
Gungahlin	-	83%	-	
Redirected to Emergency Department				
Tuggeranong	7%	7%	0%	
Belconnen	4%	5%	1%	
Gungahlin	-	6%	-	

EMERGENCY DEPARTMENT

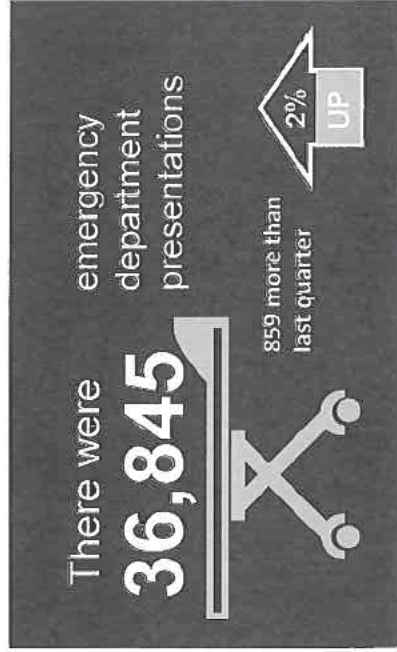


ACT public hospital Emergency Departments (EDs) are open to everyone, providing triage, assessment and treatment for patients suffering from a range of medical conditions as well as providing life-saving care for acutely unwell patients.



EDs often act as an entry point to admitted patient services. All results below are presented as ACT public hospital EDs and are a combination of activity from Canberra Hospital ED and Calvary Public Hospital Bruce ED.

Emergency Departments





Emergency Department Activity

Emergency department activity	June quarter 2018		September quarter 2018		Change in volume from last quarter %	Last 5 quarters
	Volume	Share of total (%)	Volume	Share of total (%)		
All ED presentations and by triage category	35,986		36,845		2%	
Resuscitation	174	0%	187	0%	7%	
Emergency	3,609	10%	3,960	11%	10%	
Urgent	15,509	43%	16,202	44%	4%	
Semi-urgent	13,842	39%	13,718	37%	-1%	
Non-urgent	2,852	8%	2,778	8%	-3%	
Admissions to hospitals from EDs	11,358	32%	11,402	31%	0%	
Patients treated and discharged	22,023	61%	23,002	62%	4%	
Arrivals at ED by ambulance	7,463	21%	7,765	21%	4%	

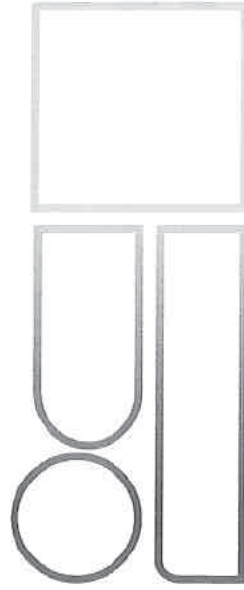


Emergency Department Performance

	June quarter 2018 (%)	September quarter 2018 (%)	2018-19 Target (%)	Change from last quarter (%)	Last 5 quarters
Emergency department performance					
Patients starting treatment on time					
Resuscitation	100%	100%	100%	0%	
Emergency	76%	77%	80%	1%	
Urgent	33%	33%	75%	0%	
Semi-urgent	45%	47%	70%	2%	
Non-urgent	77%	83%	70%	6%	
Patients leaving the ED within 4 hours of presentation					
Percentage of patients that did not wait to be seen					
	(mins)	(mins)			
Resuscitation	0	0	-	0%	
Emergency	6	6	-	0%	
Urgent	55	53	-	-4%	
Semi-urgent	70	66	-	-6%	
Non-urgent	58	51	-	-12%	

Note: All variances have been calculated using the relative difference with the exception of metrics that are displayed as a percentage where the actual difference has been used.

Admitted Patients



The ACT has some of the nation's highest quality health care services and facilities, including three large public hospitals.

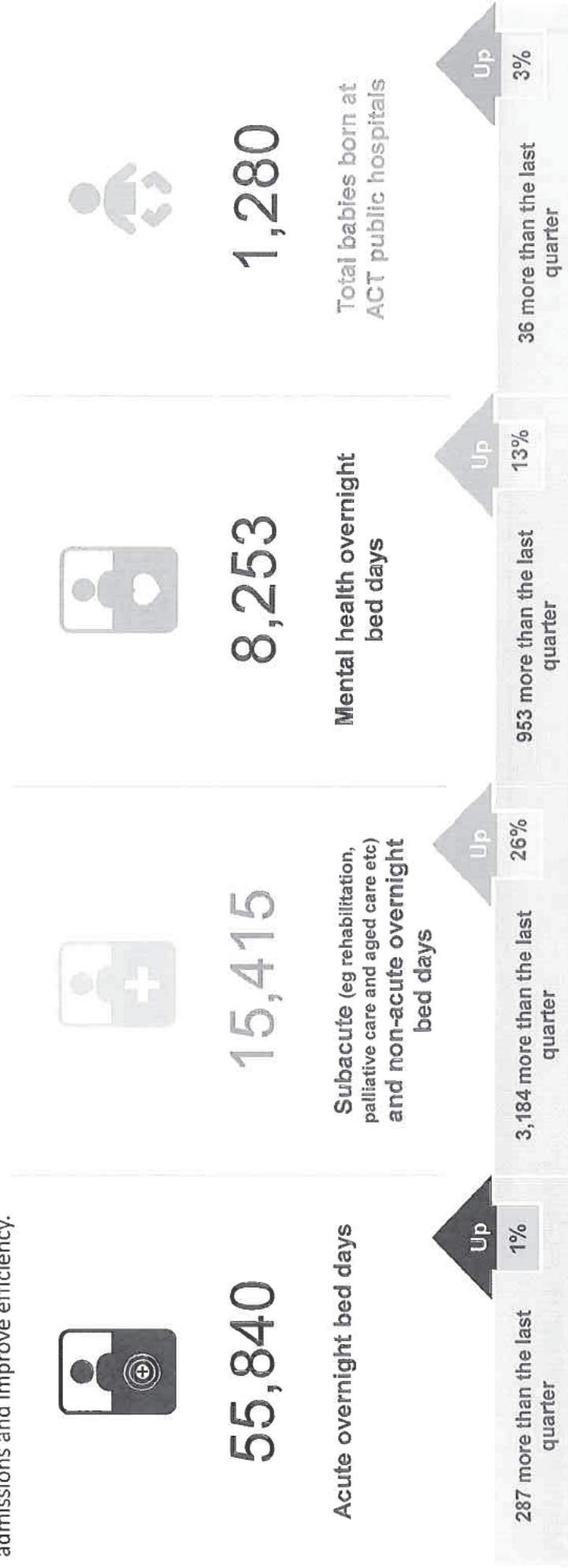
Admitted patients are patients who are admitted to a hospital for care and does not include emergency department patients, outpatients or other non-admitted patients treated on the hospital site.



Admitted Patients summary

The ACT has three public hospitals, each providing a different mix of admitted patient services. Canberra Hospital is a tertiary referral hospital, Calvary Public Hospital Bruce is a public acute care hospital and UCH is a public rehabilitation and subacute hospital.

The length of stay in hospitals is an important indicator of efficiency. By reducing the average length of stay (ALOS), hospitals are able to accept more new admissions and improve efficiency.



Note: The increase in subacute and non-acute overnight bed days includes activity at UCH. Mental health overnight bed days includes services delivered by Canberra Hospital, Calvary Public Hospital Bruce and the Dhuluiwa Mental Health Unit.



Admitted Patients Activity

Admitted Patients Activity	June quarter 2018		September quarter 2018		Change in volume from last quarter (%)	Last 5 quarters
	Volume	Share of total (%)	Volume	Share of total (%)		
Total admitted patient episodes of care at ACT public hospitals	28,675		29,021		1%	
Same day episodes (including day surgeries)	14,943	52%	14,502	50%	-3%	
Overnight episodes	13,732	48%	14,519	50%	6%	
Total bed days of care at ACT public hospitals	90,027		94,010		4%	
Total overnight bed days of care by care type stream	75,084		79,508		6%	
Acute overnight bed days of care	55,553	74%	55,840	70%	1%	
Subacute and non-acute overnight bed days of care	12,231	16%	15,415	20%	26%	
Mental health overnight bed days of care	7,300	10%	8,253	10%	13%	
Total babies born at ACT public hospitals	1,244		1,280		3%	
Number of babies born by caesarean section	369		384		4%	



Admitted Patients Performance

	June quarter 2018	September quarter 2018	Change from last quarter (%)	Last 5 quarters
Admitted Patients Performance				
Total Average Length of Stay (ALOS) for overnight patients at ACT public hospitals by care type stream (in days)	5.5	5.5	0%	
Acute ALOS	4.5	4.4	-2%	
Subacute and non-acute ALOS	14.5	13.1	-10%	
Mental health ALOS	14.1	14.9	6%	

Elective Surgery



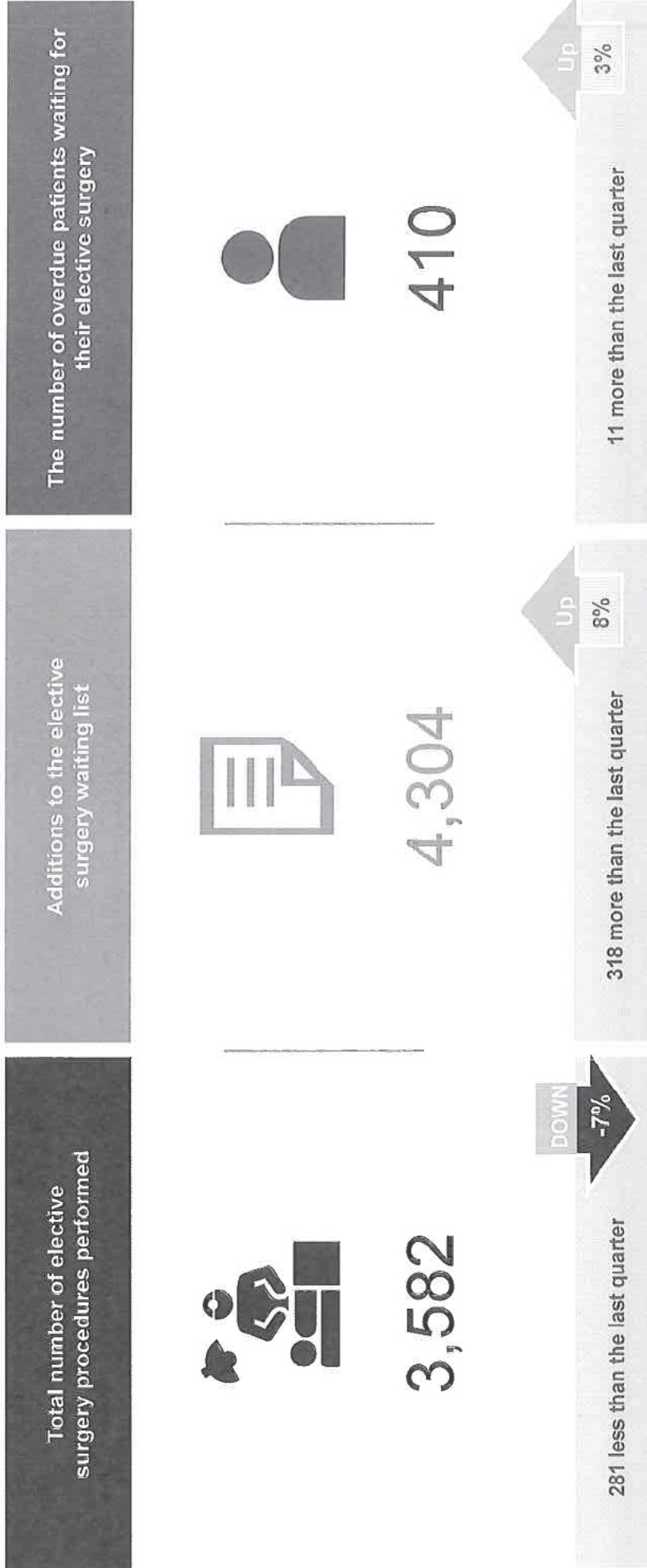
Public elective surgery is provided at Canberra Hospital, Calvary Public Hospital Bruce and specifically selected private provider facilities in the ACT contracted by ACT Health.



Elective Surgery

There are three main urgency categories for elective surgery: urgent, semi-urgent and non-urgent. The urgency category is determined by the surgeon and is based on clinical criteria. While the Canberra Hospital is the major tertiary referral centre for the region, both the Canberra Hospital and Calvary Public Hospital Bruce provide care to people from the surrounding NSW region as well as other patients from interstate.

The ACT provides complex elective surgery for a large number of patients across the ACT community and those that are from interstate. The results below provide information on all public elective surgery performed in the ACT.



Elective Surgery Activity

Elective Surgery activity	June quarter 2018		September quarter 2018		Change in volume from last quarter %	Last 5 quarters
	Volume	Share of total (%)	Volume	Share of total (%)		
Total number of elective surgery procedures performed and by urgency category	3,863		3,582		-7%	
Urgent, Category 1 (within 30 days)	1,117	29%	1,133	31%	1%	
Semi-urgent, Category 2 (within 90 days)	1,249	32%	1,247	35%	0%	
Non-urgent, Category 3 (within 365 days)	1,497	39%	1,202	34%	-20%	
Number of patients removed from the elective surgery waiting list for reasons other than surgery	615		572		-7%	
Additions to the elective surgery waiting list	3,986		4,304		8%	
Patients waiting for their elective surgery	4,842		5,026		4%	
The number of overdue patients waiting for their elective surgery	399	8%	410	8%	3%	

Note: Patients may be removed from the elective surgery waiting list for a range of reasons other than surgery including patient recovery without surgery or patient relocation.

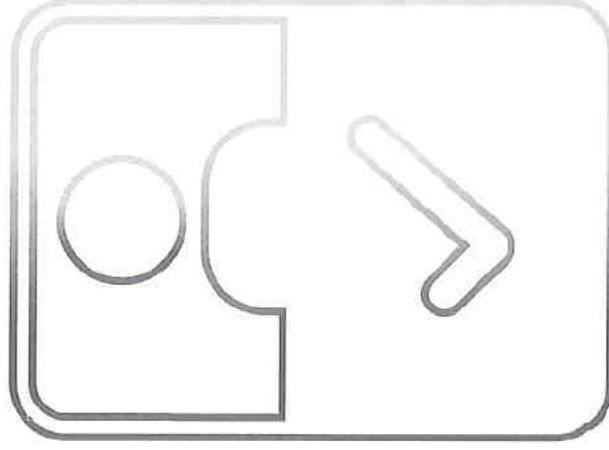
Elective Surgery Performance

	June quarter 2018 (%)	September quarter 2018 (%)	2018-19 Target (%)	Change from last quarter (%)	Last 5 quarters
Elective Surgery Performance					
Percentage of elective surgery operations performed within clinically recommended timeframes:					
Urgent, Category 1 (within 30 days)	90%	95%	100%	5%	
Semi-urgent, Category 2 (within 90 days)	75%	80%	78%	5%	
Non-urgent, Category 3 (within 365 days)	77%	79%	91%	2%	
Median wait times to surgery					
Urgent, Category 1 (within 30 days)	19 (days)	18	-	-5%	
Semi-urgent, Category 2 (within 90 days)	62	56	-	-10%	
Non-urgent, Category 3 (within 365 days)	268	240	-	-10%	

Note: All variances have been calculated using the relative difference with the exception of metrics that are displayed as a percentage where the actual difference has been used.

Quality and Safety

ACT Health continually strives to provide a safe and high quality health care system, and is continually implementing service improvement to increase safety for all patients.



Quality and Safety

	June quarter 2018 (%)	September quarter 2018 (%)	2018-19 Target (%)	Change from last quarter (%)	Last 5 quarters
Maximising the quality of hospital services					
Proportion of patients readmitted to hospital within 28 days due to complications associated with their condition					
Canberra Hospital	1.4%	1.4%	<2%	0%	
Calvary Hospital	0.5%	1.0%	<1%	0.5%	
Proportion of people who undergo a surgical procedures requiring an unplanned return to the operating theatre due to complications					
Canberra Hospital	0.7%	0.8%	<1%	0.1%	
Calvary Hospital	0.2%	0.5%	<0.5%	0.3%	
Number of patients per 10,000 occupied bed days who acquire a <i>Staphylococcus aureus</i> bacteraemia infection (SAB infection)					
Canberra Hospital	0.9	0.7	<2	-0.2	
Calvary Hospital	0.5	0.0	<2	-0.5	
Estimated Hand Hygiene Rate*					
Canberra Hospital	81.1%	81.1%	75%	n/a	
Calvary Hospital	73.0%	73.0%	75%	n/a	

Note: *Hand Hygiene audits are undertaken three times a year in March, June and October. In this report the June audit result is reported in both the last quarter of the previous financial year, and the first quarter of the current financial year.

Future Direction

To ensure we continue to improve the availability and usefulness of information about our health system, ACT Health is now undertaking work to refresh the publication of data for patients, practitioners and the ACT community. The new quarterly reporting framework will provide key information about the delivery of ACT public health services. This will mean the local community can access important and relevant data about how timely, safe and sustainable care is being delivered.

Although this work is still in progress, it is vital to ensure Canberrans have timely access to information about our health services. This first quarterly performance report since the completion of the System-Wide Data Review presents up-to-date information about the activity and performance of our health services. As ACT Health learns more about what information patients, consumers and the ACT community require, the quarterly reports will evolve to meet those expectations.

Engagement is continuing with a range of consumer groups to better understand consumer requirements for information about the ACT's public health services. Broader community consultation will also be conducted to ensure a full range of views are obtained to inform ACT Health's ongoing public reporting.

ACT Health provides data for over 130 publicly reported performance indicators, which are published in a variety of different reports by multiple organisations. To ensure Canberrans always have access to information about our health services, a consolidated list of all publicly reported metrics can be found on the ACT Health website at <https://www.health.act.gov.au/about-our-health-system/data-and-publications/published-data>.

Further information about this report, including definitions, can be found on the ACT Health website at <https://www.health.act.gov.au/about-our-health-system/data-and-publications/reports/act-public-health-services-quarterly>



Meegan Fitzharris MLA

Minister for Health and Wellbeing
Minister for Higher Education
Minister for Medical and Health Research
Minister for Transport
Minister for Vocational Education and Skills

Member for Yerrabi

XX November 2018

ACT Health releases new Quarterly Performance Report

As part of the ACT Government's commitment to improving the information on health services available in the community, a new Quarterly Performance Report has been released today.

The Minister for Health and Wellbeing Meegan Fitzharris, said the report covers the period of July to September 2018 and is the first report to be released since 2016, with the System-wide Data Review now complete and being implemented.

Reports will now be published each quarter, providing information on territory-wide performance of public health services. The quarterly report will continue to evolve over time. The report will be complemented by data that is available on the ACT Health website.

"Data reporting and management is integral to running an informed hospital and health care system that is accountable, transparent and responsive," Minister Fitzharris said.

"It is key to the continual improvement of health services, ensuring we are providing better access to more timely care. It also serves as evidence about the quality of care provided to the community and is a testament to staff across the system.

"ACT Health has worked to ensure the report is more meaningful and relevant to the community than previous reports, with the Health Care Consumers Association (HCCA) providing advice on the report.

"This work to better understand what information is useful for patients and consumers is ongoing, and our quarterly reporting will continue to evolve as ACT Health continue to implement the recommendations of the System-wide data review.

"This will involve further engagement with the community to learn more about what information is useful for consumers and carers and what this looks like," Minister Fitzharris said.

Dr Alan Thomas, president of the HCCA, welcomed the release of the new quarterly report saying that HCCA would continue to work with the Health Directorate to expand the level of information on health care available to the public.

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