

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on Monday 20 February 2023, which was rescoped on **Monday 27 February 2023**. This application requested access to:

'Any briefing, document or spreadsheet sent to the Ministers office concerning wait times for medical imaging since 2018.

- *This should include wait lists for the division of medical imagery in CHS.*
- *A list of patients by category for both (a) inpatient and (b) outpatient including total amount of patients, total amount overdue and average wait times for each medical imaging specialty.*
- *Broken down by Division of Surgery, Division of Medicine, Women Youth and Children and Division of Cancer and Ambulatory Support.'*

I am an Information Officer appointed by the Chief Executive Officer of CHS under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Tuesday 28 March 2023**.

I have identified 10 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at Attachment A to this decision letter.

Decisions on access

I have decided to grant full access to 10 documents. The documents released to you are provided as Attachment B to this decision letter.

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

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application and my decision released to you will be published in the 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 Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access application is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the FOI Act within 20 working days from the day that my decision is published in 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

Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the FOI 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/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or via email at HealthFOI@act.gov.au.

Yours sincerely,



David Jean

Acting Executive Branch Manager

Strategy and Governance

Canberra Health Services

20 March 2023

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

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>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
	<i>Any briefing, document or spreadsheet sent to the Ministers office concerning wait times for medical imaging since 2018</i>	CHSFOI22-23.46

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 2	MIN18-1654 CHS talking points on medical imaging	11 October 2018	Full Release	Out of scope information redacted	YES
2.	3 – 6	GBCHS2033 - Response to QoN 2958 Medical Imaging at Canberra Hospital - Alistair Coe	21 February 2020	Full Release		YES
3.	7 – 9	MCHS22/444 Initiated Brief - Minister for Health - CHS Weekly Brief (20 to 24 June 2022)	24 June 2022	Full Release	Out of scope information redacted	YES
4.	10 – 14	MCHS22/521 - Initiated Brief - Minister for Health - CHS Weekly Brief (18 to 22 July 2022)	22 July 2022	Full Release	Out of scope information redacted	YES
5.	15 – 19	MCHS22/719 Minister for Health - Weekly Brief - 19 to 23 September 2022	23 September 2022	Full Release	Out of scope information redacted	YES

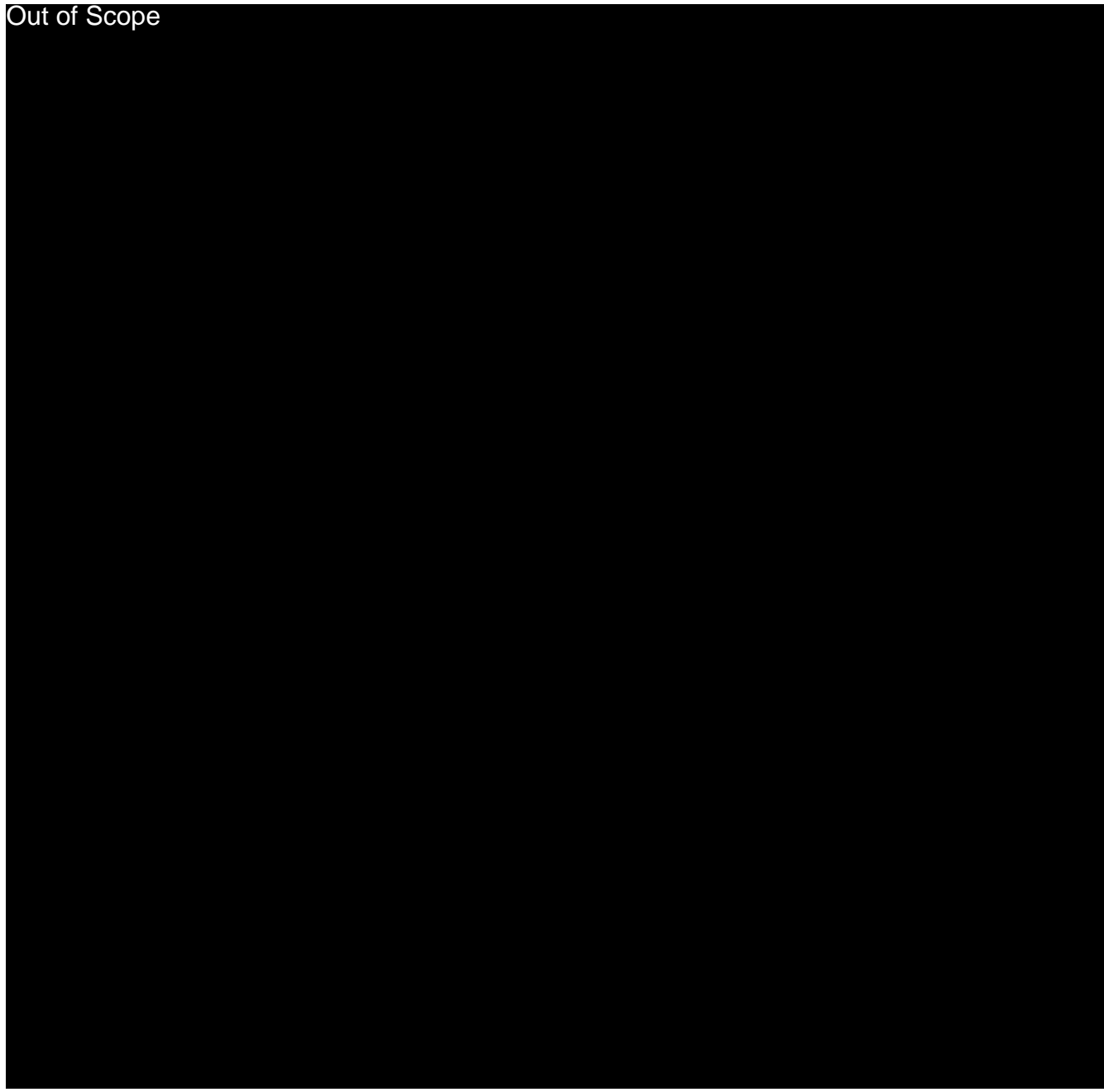
6.	20 – 22	MCHS22/790 - Minister for Health - Weekly Brief - 17 to 21 October 2022	21 October 2022	Full Release	Out of scope information redacted	YES
7.	23 – 27	MCHS22/851 - Minister for Health - Weekly Brief - 14 to 18 November 2022	18 November 2022	Full Release	Out of scope information redacted	YES
8.	28 – 32	MCHS22/940 - Minister for Health - Weekly Brief - 12 to 16 December 2022	16 December 2022	Full Release	Out of scope information redacted	YES
9.	33 – 36	MCHS23/31 Minister for Health - Canberra Health Services Weekly Brief - 16 January 2023 to 20 January 2023	20 January 2023	Full Release	Out of scope information redacted	YES
10.	37 – 39	MCHS23/87 - Minister for Health - Weekly Brief - 13 - 17 February 2023	17 February 2023	Full Release	Out of scope information redacted	YES
Total Number of Documents						
10						

Medical Imaging talking points

Improvements in the performance of medical imaging

- There have been significant improvements to the Medical Imaging Department in recent years.
- This has led to increased access to medical imaging and a significant reduction in wait list times for patients.
- For example, there is currently no wait list for children to have MRI scans under a general anaesthetic and for breast imaging modalities.
- The findings of the 2017 Health Roundtable, which mapped Canberra Hospital's median wait time performance against 19 other public hospitals, showed significant improvements across the board, and that Canberra Hospital is a leading hospital in this area.
- Canberra Hospital's median performance against these other hospitals for inpatient requests was:
 - **15.5 hours** vs 26.2 hours for MRI
 - **8.2 hours** vs 11.2 hours for CT
 - **3.7 hours** vs 5.6 hours for X-Ray
- Canberra Hospital's performance against these other hospitals for Emergency Department requests was:
 - **3.1 hours** vs 24.8 hours for MRI
 - **1 hour** vs 2.5 hours for CT
 - **0.5 hours** vs 1.5 hours for X-Ray
- The performance of Canberra Hospital's Medical Imaging Department has continued to improve since the 2017 Health Roundtable.
- The wait times for MRI, CT and X-Ray in both inpatient and emergency settings have improved.
- Medical imaging is a critical tool for clinicians to ensure timely outcomes for patients.
- The improvements in wait times mean better access to this important diagnostic information for our clinicians. It also means more timely access to health care for our patients.
- It is important to note that these results could not have been achieved without an improvement to the Medical Imaging team culture.
- The management team has worked hard to ensure staff feel valued, efforts are recognised and the team have been engaged in the objectives.

Out of Scope



Notice Paper 42
21 February 2020

Question No. 2958

MR COE - Asked the Minister for Health upon notice on 21 February 2020:

- (1) In relation to the Medical Imaging Department at The Canberra Hospital, how many images were undertaken for each financial year since 2011-12 to date broken down by (a) computed tomography, (b) magnetic resonance imaging, (c) ultrasound, (d) x-ray, (e) nuclear medicine, (f) image intensifier, (g) mammography, (h) positron emission tomography scan, (i) radio fluoroscopy, (j) angiography and (k) any other categories.
- (2) Further to part (1), what is the number of images in each category which were read offsite during each financial year to date.
- (3) Why has there been a significant increase in the proportion of x-ray images being read offsite when the number of procedures has only increased incrementally over the same period.
- (4) Why has there been a significant increase in the number of computed tomography images being read offsite when the number of procedures has only increased incrementally over the same period.
- (5) For each type of image identified in part (1), what is the (a) average, (b) median, (c) longest and (d) shortest wait time between (i) referral and the patient undergoing the procedure, (ii) the procedure occurring and the results being returned from an onsite reading, (iii) the procedure occurring and the results being returned from an offsite reading and (iv) the patient undergoing the procedure and being informed of the results.
- (6) What concerns have been raised by medical professionals regarding the offsite readings, including questions about the results being unavailable or inaccurate and how have these concerns been addressed.
- (7) Were all patients who had their results read offsite informed the images would be or had been read offsite; if not, why not.

MINISTER STEPHEN-SMITH - The answer to the Member's question is as follows:

- (1) The table below shows the number of images produced at Canberra Health Services (CHS) each financial year from 2011/2012 to 2018/2019 inclusive, for each category including:
 - (a) Computerised Tomography (CT)
 - (b) Magnetic Resonance Imaging (MR)
 - (c) Ultrasound (US)
 - (d) X-ray (XR)
 - (e) Nuclear Medicine (NM)
 - (f) Image Intensifier (II)
 - (g) Mammography (MG)
 - (h) Positron Emission Tomography (PT)
 - (i) Radio Fluoroscopy (RF)
 - (j) Angiography (XA)

	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19
CT	14331	16039	16004	17708	18944	21422	23370	25968
MR	4912	5007	5113	5045	5462	6203	6790	6104
US	11494	12118	11889	12076	11499	12294	12290	11916
XR	68432	74939	79076	82270	85351	87841	89553	91461
NM	2597	2895	3138	3195	2979	2952	2573	1897
II	3035	3408	3441	3636	4173	4358	4115	2849
MG	378	462	439	416	396	328	271	238
PT	861	1177	1267	1248	1431	1275	912	940
RF	1288	1461	1521	1597	1557	1503	1552	1036
XA	1403	1618	1596	1561	1577	1625	1610	2836

- (2) The table below shows the number of studies (by category) sent to the offsite provider in the financial years from 2015/2016 when use of the offsite provider began, to 2018/2019 inclusive.

Year	15/16	16/17	17/18	18/19
XR	33075	37368	37987	60257
CT	419	41	38	8799
MR	0	82	26	130
US	0	2	2	29

- (3) In the period from 2015/16 when use of the offsite provider began, to 2018/2019 inclusive, the number of x-rays performed increased by 11 per cent and the number of CTs performed increased by 46 per cent. It is important to note that a CT scan is a more labour-intensive procedure than an x-ray. In the same period, the use of the offsite provider increased by 207 per cent across all categories of testing.

The increase in offsite radiology reporting enabled CHS to sustain a timely 24-hour medical imaging service while also supporting the effective management of leave, staff fatigue, and surges in activity, in the context of a national and international shortage of radiologists. In addition, there was an increase in interventional radiology activity during this period, and the use of the offsite radiology provider allowed on-site radiology resources to be focused on the most complex procedures.

Offsite reporting at CHS reached its highest peak in December 2018 to January 2019. Since then, offsite reporting has been on a steady downward trend as CHS has employed more staff radiologists. In February 2020, CHS recorded its lowest use of offsite radiology reporting since November 2017.

- (4) Please see response to question 3.
- (5) This data is not readily available and would require significant resources to calculate manually for the full period requested. CHS captures turn-around time (TAT) statistics for the indicators of (a) time from order received to image acquisition, (b) time from image acquisition to preliminary report and (c) time from preliminary to final report. The table below shows the TAT statistics for the month of February 2020, given as mean times in an hour:minute format.

	Order received to image acquisition	Image acquisition to preliminary report	Preliminary report to final report	Total TAT
CT				
Emergency	1:02	1:40	6:31	9:13
Inpatient	10:12	11:06	3:29	24:47
Outpatient	9:19	11:27	5:18	26:04
XR				
Emergency	0:28	8:45	1:55	11:08
Inpatient	4:37	14:16	2:02	20:55
Outpatient	18:32	20:10	1:37	40:19
MRI				
Emergency	4:31	5:40	3:13	13:24
Inpatient	11:44	14:28	2:53	29:05
Outpatient	8:07	3:34	3:37	15:18
NM				
Emergency	0:47	1:29	0:40	2:56
Inpatient	9:42	13:15	0:22	23:19
Outpatient	9:30	15:19	2:51	27:40
PT/CT				
Inpatient	18:43	20:44	2:11	41:38
Outpatient	13:19	15:36	1:49	30:44
US				
Emergency	2:31	3:28	1:45	7:44
Inpatient	6:52	8:00	0:43	15:35
Outpatient	7:27	8:39	0:35	16:41
Mammo (all outpt)	19:44	21:18	0:38	41:40
Angio				
Inpatient	8:37	0:02	3:31	12:10
Outpatient	14:20	5:28	1:32	21:20

- (6) Concerns have been raised by CHS clinicians about the need to seek further review or speak to offsite radiologists where they have concern about the quality and accuracy of their readings. These concerns have been reported through CHS quality improvement processes, and the specific details are confidential under the *Health Act 1993*. In response to these concerns, CHS has reviewed our contract with the offsite provider and stipulated in the contract that they must have a robust system for incident review and feedback. CHS is confident in the quality of this system.

CHS has also implemented a process under which if the clinician who requested the medical imaging study is unsure about the quality of the report, they can ask for a second reading and report, which are always done by a CHS radiologist.

- (7) No, because the radiology specialists who work for the offsite provider and provide a service to CHS are credentialed by CHS to provide this service to the same standard and using the same process as our staff radiologists, and it is a standard practice nationally for acute care hospitals to engage offsite providers to undertake overnight readings of CTs and x-rays, as well as during surges in demand, to enable prompt reporting for timely patient care.

Approved for circulation to the Member and incorporation into Hansard.

**Rachel Stephen-Smith MLA
Minister for Health**

Date:.....

This response required 980 minutes to complete at an approximate cost of \$2001.78

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Canberra Health

OFFICIAL

Services

MINISTERIAL BRIEF

To: Minister for Health Tracking No.: MCHS22/444

Date: 23 June 2022

CC: Dave Pepper, Chief Executive Officer

From: Cathie O’Neill, Chief Operating Officer

Subject: Minister’s Weekly Brief – 20 - 24 June 2022

Critical Date: 24/06/2022

Critical Reason: To ensure you are briefed on current issues and events

COO .../.../...

Recommendations

That you note the information contained in the Minister’s Weekly Brief – 20 - 24 June 2022.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister’s Office Feedback

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KEY TOPICS/EMERGING ISSUES

Out of Scope

UPDATES ON KEY PROJECTS/PIECES OF WORK

Medical Imaging Waitlist Reduction Strategy

The numbers provided below outline progress in relation to the Medical Imaging waitlist management strategy as of 16 June. Due to significant staffing shortages, there has been no further progress in reducing waitlists.

CT Outpatients	May 2022
Patients Contacted	121
Patients Attempted to be contacted	28
Patients successfully contacted	93
Patients to remain on waitlist	7
Patients Removed	73
Sent Privately	73
Cancelled	13

MRI Outpatients	April/May 2022
Patients Contacted	145
Patients Attempted to be contacted	16
Patients successfully contacted	129
Patients to remain on waitlist	6
Patients Removed	71
Sent Privately	71
Cancelled	52

Out of Scope

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/521

Date: 21 July 2022

CC: Dave Peffer, Chief Executive Officer

From: Janet Zagari, Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 18 – 22 July 2022

Critical Date: 22/07/2022

Critical Reason: To ensure you are briefed on current issues and events

DCEO .../.../...

Recommendations

That you note the information contained in the Minister's Weekly Brief – 18 – 22 July 2022.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

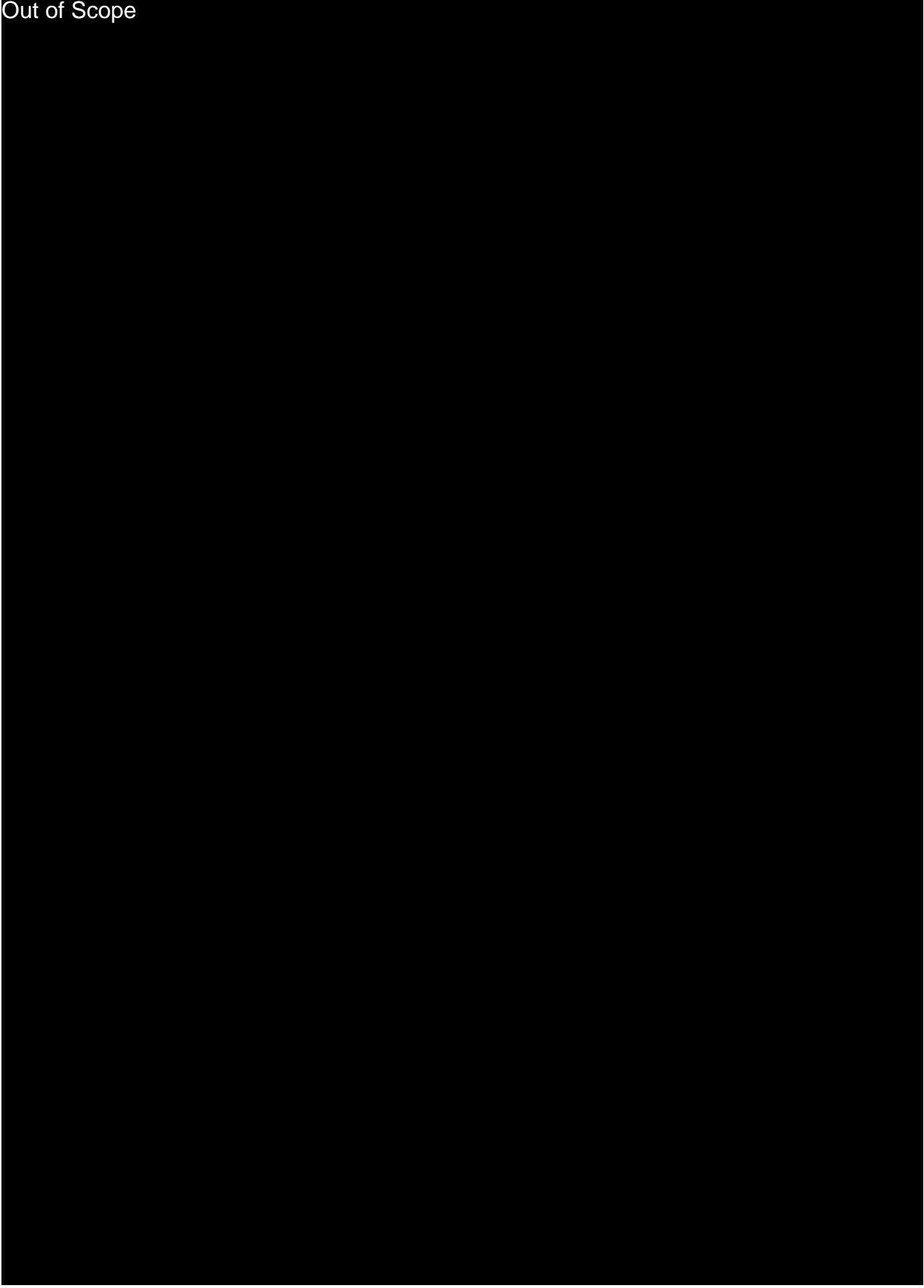
KEY TOPICS/EMERGING ISSUES**Medical Imaging Waitlist Reduction Strategy**

The numbers provided below outline progress in relation to the Medical Imaging waitlist management strategy as of 18 July 2022. Due to significant staffing shortages, there has been only minimal progress in reduction of waitlists. The numbers listed below are cumulative.

CT Outpatients	June 2022
Total patients attempted to be contacted	194
Patients contacted unsuccessfully	42
Patients contacted successfully	152
Patients to remain on waitlist	12
Patients Removed	113
Sent Privately	
Cancelled	27

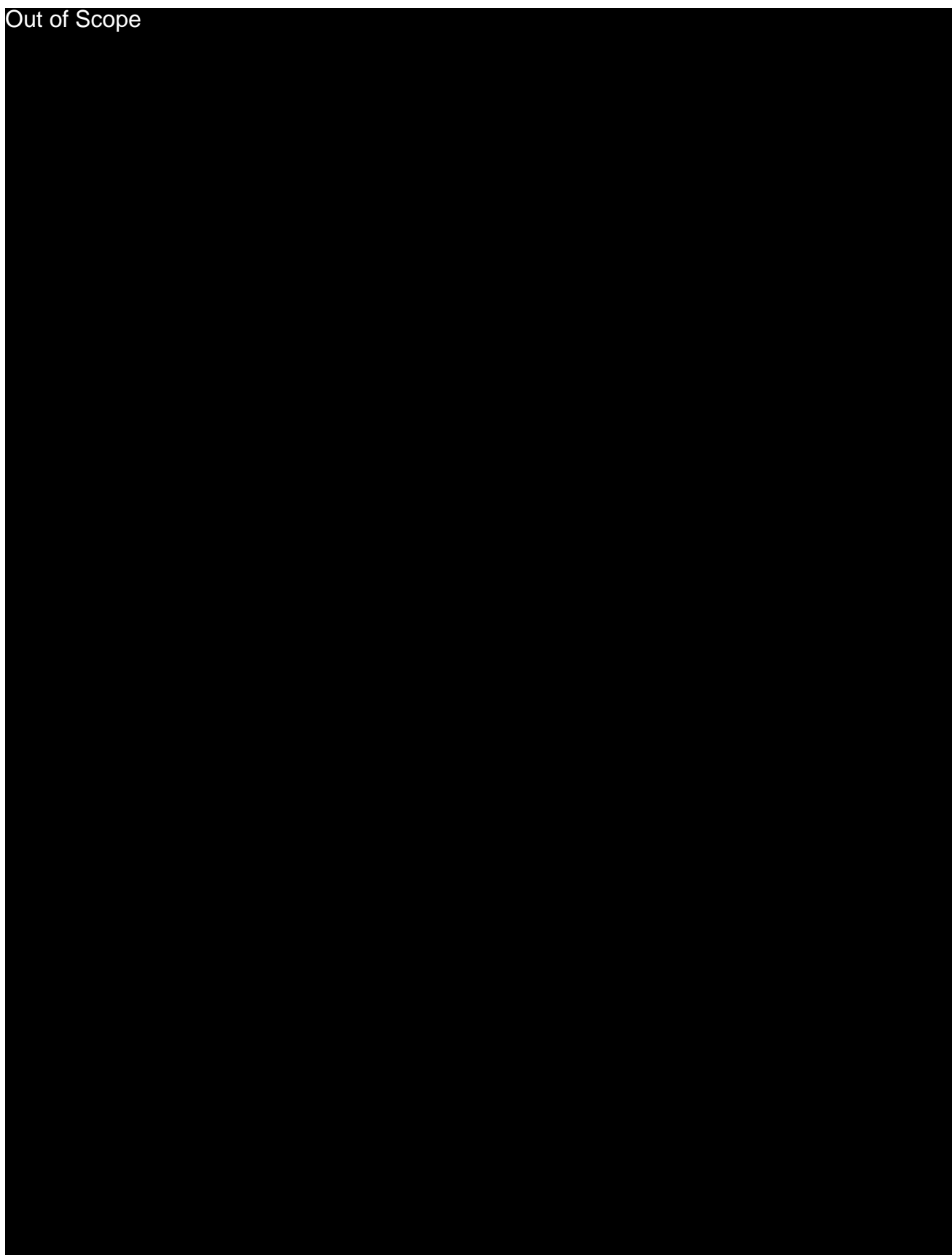
MRI Outpatients	June 2022
Total patients attempted to be contacted	166
Patients contacted unsuccessfully	21
Patients contacted successfully	145
Patients to remain on waitlist	6
Patients Removed	88
Sent Privately	
Cancelled	51

Out of Scope



UPDATES ON KEY PROJECTS/PIECES OF WORK

Out of Scope



Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/719

Date: 22 September 2022

CC: Dave Peffer, Chief Executive Officer

From: Kalena Smitham, Acting Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 19 to 23 September 2022

Critical Date: 23/09/2022

Critical Reason: To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

That you note the information contained in the Minister's Weekly Brief – 19 to 23 September 2022.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUESOut of Scope
**Medical Imaging Waitlist Reduction Strategy**

Medical Imaging is currently working to reduce outpatient waitlists for Ultrasound (US), Computed Tomography (CT) and Magnetic Resonance Imaging (MRI).

Two additional staff have been employed to focus on this project in preparation for the Digital Health Record 'Go-Live', which has allowed for significant progress to be made in reducing these waitlists.

As part of the waitlist reduction process, patients are contacted (by oldest date of referral to newest) to confirm if they still require the referred scan. Where a patient no longer requires the scan, verbal consent is obtained to cancel their referral and remove them from the waitlist.

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The below numbers outline progress made on reducing these waitlists during the month of August 2022:

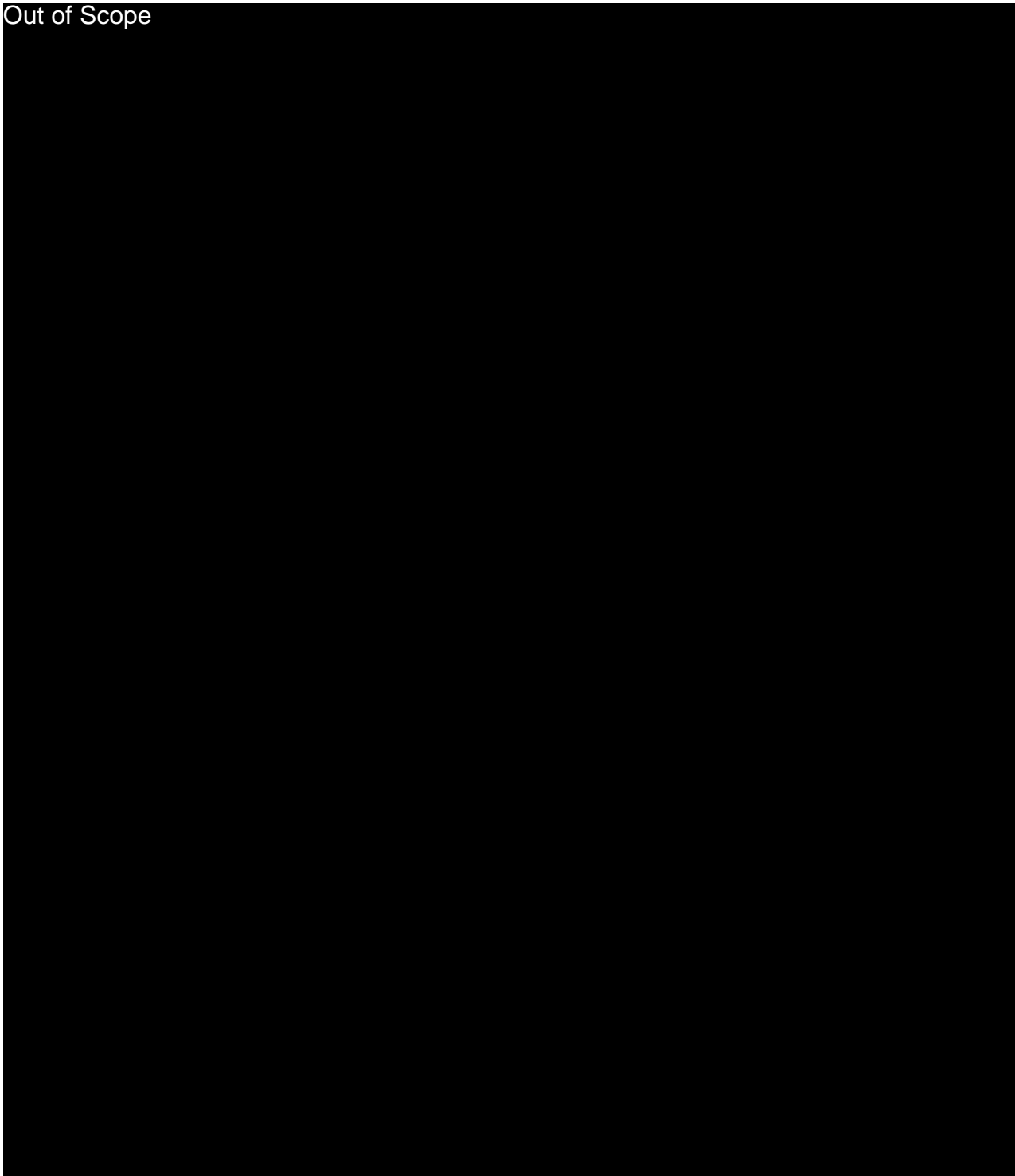
Ultrasound Outpatients	August 2022
Patients contacted	377
Outcome	
Patients sent privately	132
Ultrasound no longer required	216
Appointments booked	14
Patient to remain on waitlist	15
End of Month Figures	
Total patients remaining on waitlist	404

Computed Tomography Outpatients	August 2022
Patients contacted	211
Outcome	
Patients sent privately	66
CT no longer required	69
Appointments booked	21
Patient to remain on waitlist	55
End of Month Figures	
Total patients remaining on waitlist	386

Magnetic Resonance Imaging Outpatients	August 2022
Patients contacted	726
Outcome	
Patients sent privately	272
MRI no longer required	309
Appointments booked	33
Patient to remain on waitlist	112
End of Month Figures	
Total patients remaining on waitlist	574

UPDATES ON KEY PROJECTS/PIECES OF WORK

Out of Scope



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Out of Scope



Signatory Name: Kalena Smitham Phone: 5124 8737
Acting Deputy Chief Executive Officer

Action Officer: Josephine Smith Phone: 5124 9564
Executive Branch Manager
Strategy and Governance

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/790

Date: 21 October 2022

CC: Dave Peffer, Chief Executive Officer

From: Janet Zagari, Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 17 to 21 October 2022

Critical Date: 21/10/2022

Critical Reason: To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

That you note the information contained in the Minister's Weekly Brief – 17 to 21 October 2022.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

Out of Scope

UPDATES ON KEY PROJECTS/PIECES OF WORK**Medical Imaging Waitlist Reduction Strategy**

Despite past efforts, the numbers on the Ultrasound (US), Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) waitlists have grown as a result of a mismatch between supply and demand.

The below numbers represent patients remaining on US, CT and MRI waitlists at 30 September 2022 compared to 31 August 2022.

Modality	September 2022	August 2022
Ultrasound	556	404
CT	552	386
MRI	793	574

Reduction in waitlist numbers achieved prior to August 2022 were the result of removing people from the list (test no longer required) or finding an alternative provider, rather than the provision of service in greater numbers.

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/851

Date: 17 November 2022

CC: Dave Peffer, Chief Executive Officer

From: Janet Zagari, Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 14 to 18 November 2022

Critical Date: 18 November 2022

Critical Reason: To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

That you note the information contained in the Minister's Weekly Brief – 14 to 18 November 2022.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

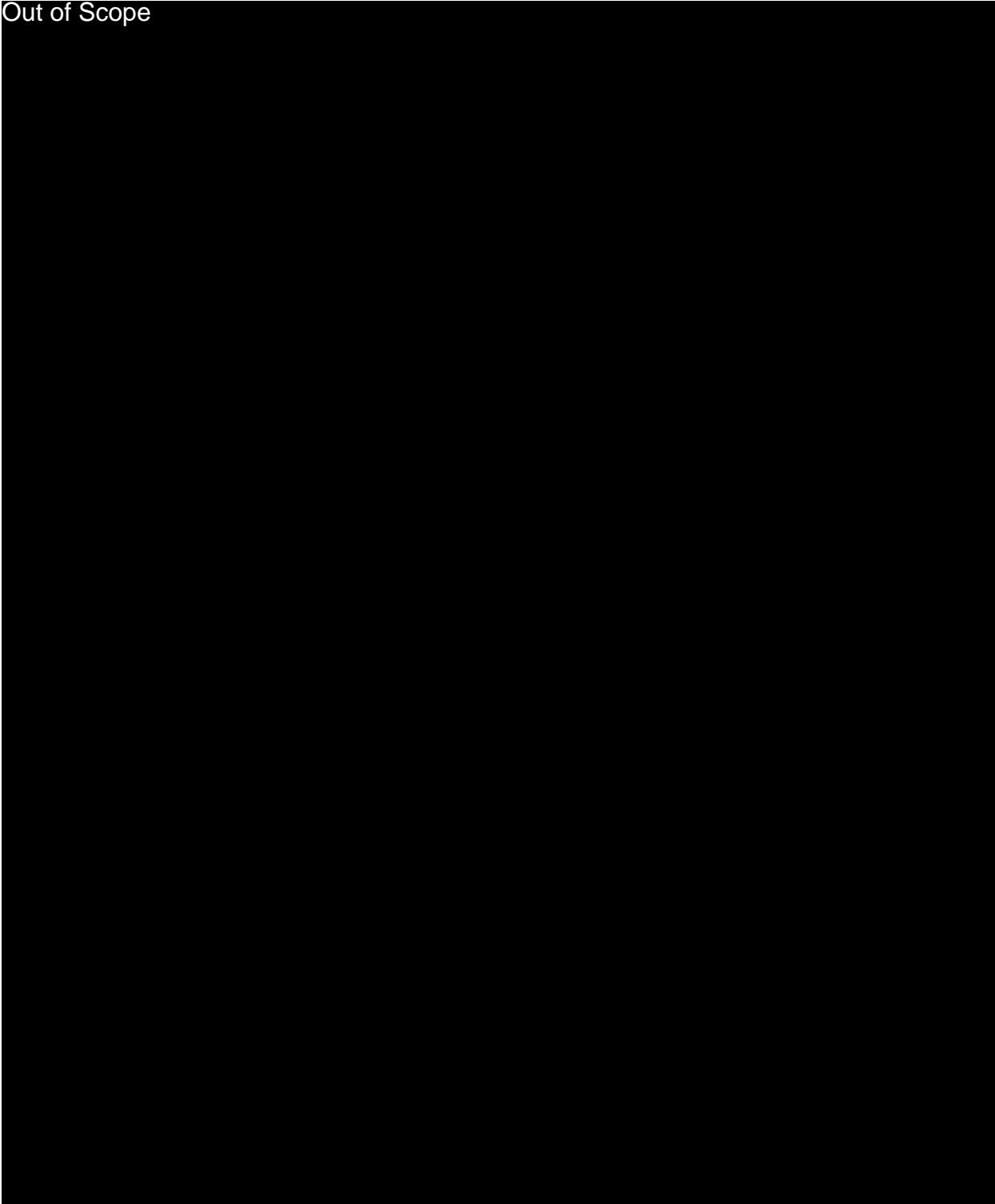
Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES

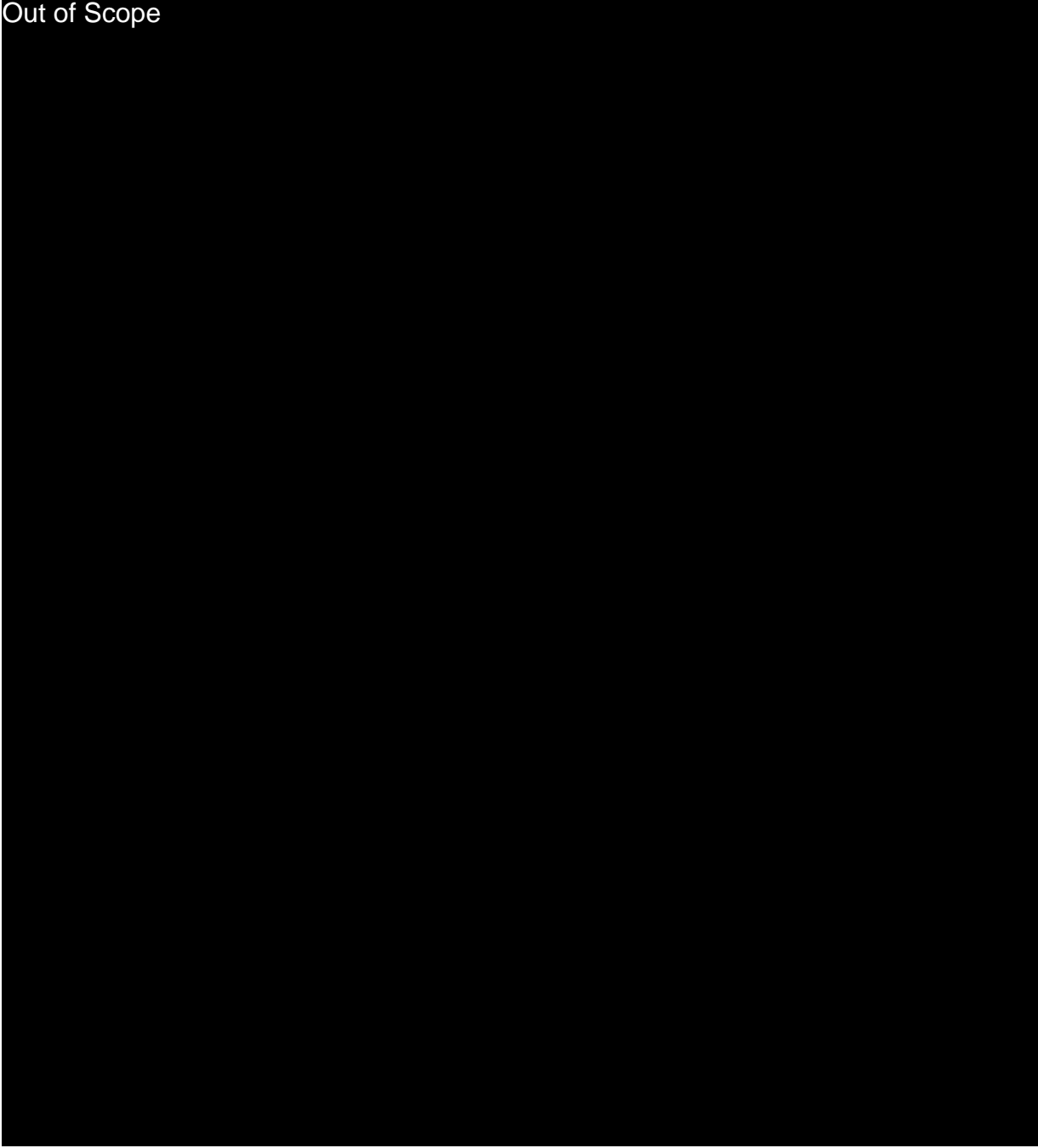
Nil updates.

UPDATES ON KEY PROJECTS/PIECES OF WORK

Out of Scope



Out of Scope



Medical Imaging Waitlist Reduction Strategy

The below numbers represent patients remaining on ultrasound (US), computerised tomography (CT) scan and magnetic resonance imaging (MRI) waitlists as at 24 October 2022, compared to 30 September 2022.

Modality	October 2022	September 2022
US	663	556
CT	580	552
MRI	1,137	793

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While the waitlist for all modalities have grown, not all patients require imaging at present (i.e., patients who require a scan at a specific time interval/pre-determined future date). The below numbers represent a breakdown of patients currently awaiting a scan at the earliest date, and those with scans at a planned interval as at 24 October 2022.

Modality	Scan at earliest date	Future scans	Total Waitlist
US	530	133	663
CT	266	314	580
MRI	636	501	1137

Historically Medical Imaging waitlist reports have been extracted from the AGFA PACS system on an ad-hoc basis each time a request is made. This means each time the report has been run, different parameters may have been applied and the results filtered in non-standard ways. Standardised reporting has now been implemented in Medical Imaging to ensure consistent reporting methodology.

Out of Scope



Canberra Health Services

To: Acting Minister for Health

Tracking No.: MCHS22/940

Date: 15 December 2022

CC: Dave Peffer, Chief Executive Officer

From: Janet Zagari, Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 12 to 16 December 2022

Critical Date: 16 December 2022

Critical Reason: To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

That you note the information contained in the Minister's Weekly Brief – 12 to 16 December 2022.

Noted / Please Discuss

Chris Steel MLA/...../.....

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES**Medical Imaging Waitlist Reduction Strategy**

The below table represents patients remaining on ultrasound (US), computerised tomography (CT) scan and magnetic resonance imaging (MRI) waitlists as at

24 November 2022, compared to 24 October 2022.

Modality	November 2022	October 2022
US	731	663
CT	588	580
MRI	1,005	1,137

While waitlists for all modalities have grown, not all patients require imaging at present (i.e., patients who require a scan at a specific time interval/pre-determined future date).

The below table represents a breakdown of patients currently awaiting a scan at the earliest date, and those with scans at a planned interval as at 24 November 2022.

Modality	Scan at earliest date	Future scans	Total Waitlist
US	553	178	731
CT	359	229	588
MRI	670	335	1005

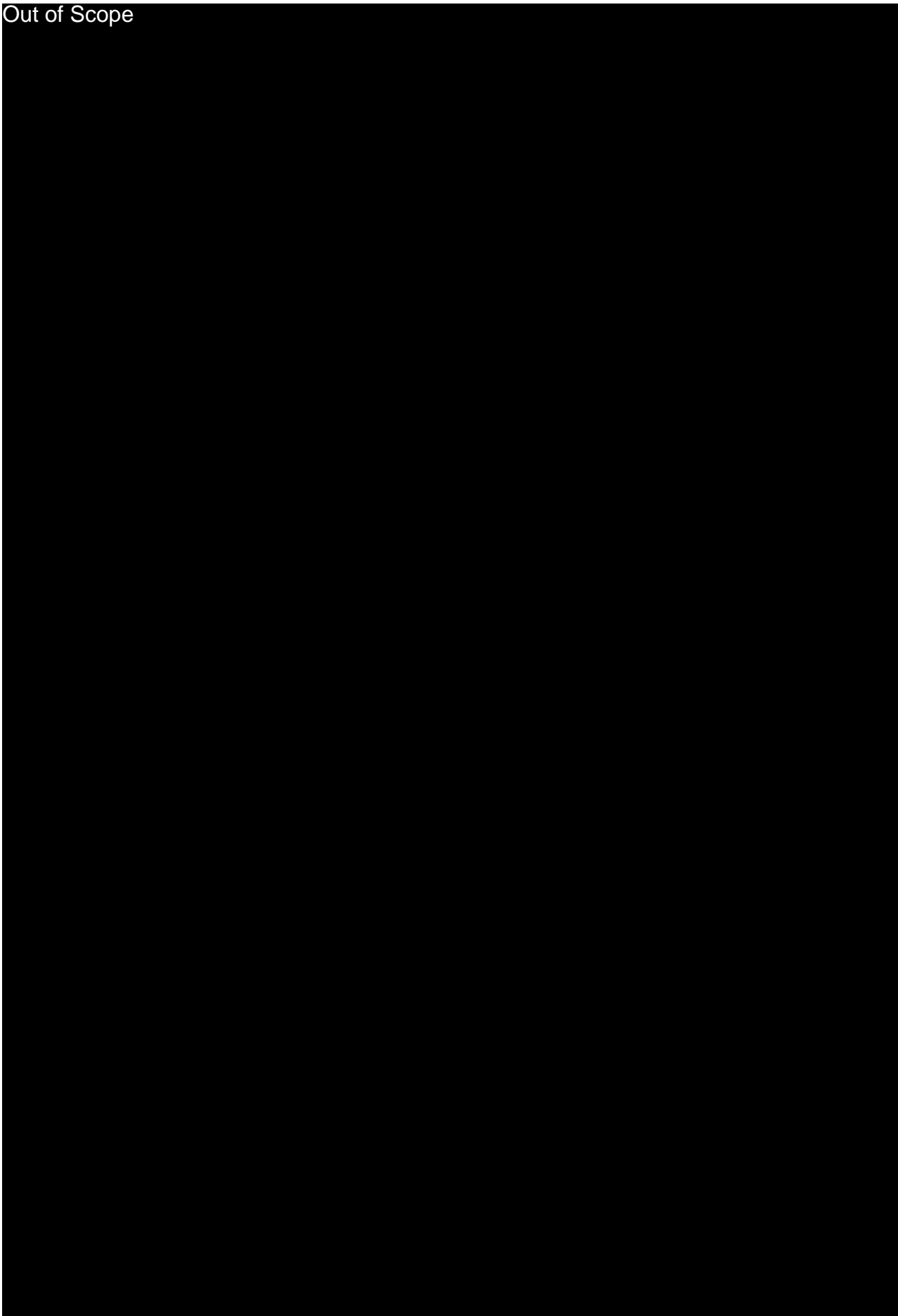
Evening and weekend MRI shifts are currently running to work on reducing the MRI waitlist with additional capacity for US and CT scanning to be brought online as planned in 2023 at Canberra Hospital, until the Weston Creek Walk-in Centre is operational.

These activities should have a positive impact on the CT and US waitlists, which should be seen from February 2023.

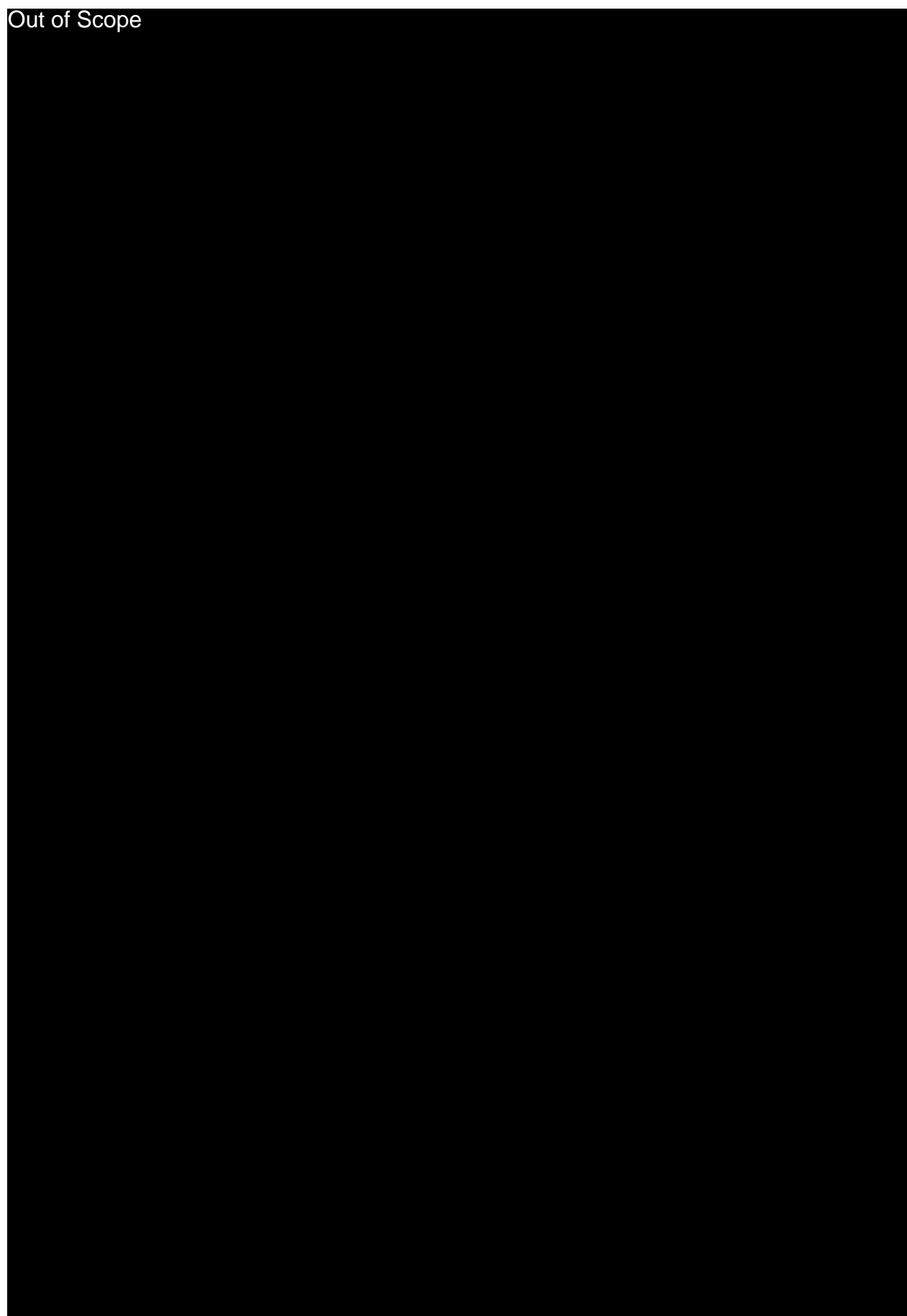
Out of Scope



Out of Scope



Out of Scope



Canberra Health Services

To: Minister for Health

Tracking No.: MCHS23/31

Date: 20 January 2023

From: Janet Zagari, Deputy Chief Executive Officer

Subject: Minister's Weekly Brief – 16 to 20 January 2023

Critical Date: 20 January 2023

Critical Reason: To ensure you are briefed on current issues and events

- DCEO .../.../...

Recommendation

That you note the information contained in the Minister's Weekly Brief – 16 to 20 January 2023.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES**Medical Imaging Waitlist Reduction Strategy**

The below table represents patients remaining on ultrasound (US), computerised tomography (CT) scan and magnetic resonance imaging (MRI) waitlists as at 24 December 2022, compared to 24 November 2022.

Modality	December 2022	November 2022
US	707	731
CT	286	588
MRI	879	1,005

The below table represents a breakdown of patients currently awaiting a scan at the earliest date, and those with scans at a planned interval as at 24 December 2022.

Modality	Scan at earliest date	Future scans	Total Waitlist
US	642	65	707
CT	273	13	286
MRI	693	186	879

Out of Scope

Out of Scope



Canberra Health Services

To:	Minister for Health	Tracking No.: MCHS23/87
Date:	16 February 2023	
CC:	Dave Peffer, Chief Executive Officer	
From:	Janet Zagari, Deputy Chief Executive Officer	
Subject:	Minister's Weekly Brief – 13 to 17 February 2023	
Critical Date:	17 February 2023	
Critical Reason:	To ensure you are briefed on current issues and events	

Recommendation

That you note the information contained in the Minister's Weekly Brief – 13 to 17 February 2023.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

KEY TOPICS/EMERGING ISSUES**Out of Scope****Medical Imaging Waitlist Reduction Strategy**

The below table represents patients remaining on Ultrasound (US), Computerised Tomography (CT) scan and Magnetic Resonance Imaging (MRI) waitlists as of 24 January 2023, compared to 24 December 2022:

Modality	January 2023	December 2022
US	417	707
CT	252	286
MRI	722	879

The below table represents a breakdown of patients currently awaiting a scan at the earliest date, and those with scans at a planned interval as of 24 December 2022:

Modality	Scan at earliest date	Future scans	Total Waitlist
US	408	9	417
CT	248	4	252
MRI	582	140	722

Medical Imaging commenced an audit of the US waitlist by contacting patients (oldest date of referral to newest) to confirm if they still require the referred scan. Where a patient no longer requires the scan, verbal consent is obtained to cancel their referral and remove them from the waitlist. This resulted in significant reduction as patients were removed and booked.

Extended Monday to Friday hours and weekend service commenced in December 2022 which has contributed to decrease in MRI waitlist.

