



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

"We know that data is an important indicator of the quality and safety of our health system", Dr Thomas said.

"HCCA has had good preliminary discussions with ACT Health in the development of this new report and it is good to see the report has a focus on some of the most utilised health services in the ACT, including our Walk-in Centres and Emergency Departments. While some areas are performing well, the report shows that there is room for improvement in some sections of the health system."

"HCCA will work with ACT Health to ensure as quarterly reporting evolves, it will provide not only information on performance activity, but also information on outcomes for patients. This information will be even more useful for the community and will ensure that consumers and carers can use the data to make decisions about their own health care" Dr Thomas said.

Information reported in the July to September 2018 report provides the most up to date statistics about our health services. However, the real benefit of these reports is to look at them over the longer term and examine the trends across quarters and the impacts of seasonal demands on health services.

To view the July to September 2018 Quarterly Performance Report and the data that is available digitally visit: <https://health.act.gov.au/about-our-health-system/data-and-publications/reports/act-public-health-services-quarterly>

In addition, ACT Health provides data for over 130 publicly reported performance indicators, which are published in a variety of different reports by multiple organisations.

A consolidated list of all publicly reported metrics can also be found on the ACT Health website at <https://www.health.act.gov.au/about-our-health-system/data-and-publications/published-data>

Statement ends

Media contact/s:

Claire Johnston T (02) 6205 0022 M [REDACTED] ClaireV.johnston@act.gov.au

ACT Legislative Assembly

Phone (02) 6205 0051 Email: fitzharris@act.gov.au

@ MeeganFitzMLA

MeeganFitzharrisMLA



Talking points

Issue: Release of the new ACT Health Quarterly Performance Report – July to September 2018

High level messages

- Improving the quality of health care across the ACT is a key priority for ACT Health. So is ensuring the care we provide is person-centred.
- Transparency and accountability are key to improving the performance of the health care system and data reporting is integral to informing these improvements in our hospitals and health services.
- This is the first quarterly performance report produced by ACT Health since 2016, and reports will continue to be published every quarter going forward.
- 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.
- The new report provides patients, consumers and the ACT community with a summary of the activity and performance across a range of services, including Emergency Departments, Elective Surgery and Walk-in Centres to name a few.
- The report has data from July through to September 2018-19 – the first quarter of this financial year.
- One area of improvement that the report highlights is elective surgery – where the Government is making significant investments.
- The report shows:
 - There has been an increase in the number of elective surgeries performed within clinically recommended timeframes, with 95% of Category 1 patients seen on time (within 30 days) in the first quarter of 2018-19 compared to 91% seen on time in 2017-18; and
 - 80% of Category 2 patients seen on time (within 90 days) in the first quarter of 2018-19 compared to 70% seen on time in 2017-18.
- This statistical information is the most up-to-date on ACT Health services, and at this point in time shows some positive results.
- However, the real benefit of the quarterly reports is getting information about services in time and place over the longer term.
- What will be very useful is to examine the trends across quarters to look at the impacts of seasonal demands on health services.

- The quarterly report will continue to evolve over time and be complemented by data that is available on the ACT Health website.
- As part of this, and to ensure that we continue to improve the availability and usefulness of information about our health system, ACT Health is talking with a range of consumer groups to better understand what information health consumers want. There will be broader community consultation on this in 2019.
- As we learn more about what information the ACT community expects, the quarterly performance reports will evolve to meet those expectations.

Background

- Throughout the System-Wide Data Review that I announced in 2017, the publication of quarterly performance reports was put on hold.
- This was done to allow time for ACT Health to review and develop new reporting processes to ensure that all data released has undergone a robust quality assurance process.
- The Review is now complete, and I presented the final Outcomes Report and Implementation Plan to the Legislative Assembly in August 2018.
- For more details about the Review go to: <https://www.health.act.gov.au/about-our-health-system/data-and-publications/published-data>

Retained from previous report, removed, or new indicator	Service Type	Quarterly Report New and Old Performance Indicators	Recs from Ministers meeting 12 November 2018	Included in Qtr 1 - 2018-19	New Repository	LHN Strategic Indicators	Comments / Rationale
Retained	Emergency	All ED presentations		Yes	Yes		
Retained	Emergency	ED presentations by NSW residents	Include	Yes	Yes		
Retained	Emergency	Admissions to hospitals from EDs		Yes	Yes		
Retained	Emergency	Patients treated and discharged		Headline	Yes		
Retained	Emergency	Patients starting treatment on time		Yes	Yes	LHN Strategic Indicator 2.1 - The Proportion of Emergency Department Presentations that are Treated within Clinically Appropriate Timeframes	
Retained	Emergency	Resuscitation		Yes	Yes		
Retained	Emergency	Emergency		Yes	Yes		
Retained	Emergency	Urgent		Yes	Yes		
Retained	Emergency	Semi-urgent		Yes	Yes		
Retained	Emergency	Non-urgent		Yes	Yes		
Retained	Emergency	Patients leaving the ED within 4 hours of presentation		Yes	Yes	LHN Strategic Indicator 2.2 - The proportion of Emergency Department presentations whose length of stay in the Emergency Department is four hours or less	These performance indicators are nationally reported and align strongly with all jurisdictional reports.
Retained	Emergency	Percentage of patients that did not wait to be seen		Yes	Yes		
Retained	Emergency	Percentage of patients admitted via the ED		Yes	Yes		
Retained	Emergency	Presentations by triage category		Headline	Yes		
Retained	Emergency	Resuscitation		Yes	Yes		
Retained	Emergency	Emergency		Yes	Yes		
Retained	Emergency	Urgent		Yes	Yes		
Retained	Emergency	Semi-urgent		Yes	Yes		
Retained	Emergency	Non-urgent		Yes	Yes		
Removed	Emergency	Arrivals at ED by ambulance		Yes	Yes		This is a new proposed indicator which provides the viewer with an additional insight.
Retained	Emergency	Median wait time to be seen in an ACT ED by triage category	Include	Headline	Yes		These performance indicators are nationally reported and align strongly with all jurisdictional reports.
Retained	Emergency	Resuscitation	Include	Yes	Yes		
Retained	Emergency	Emergency	Include	Yes	Yes		
Retained	Emergency	Urgent	Include	Yes	Yes		
Retained	Emergency	Semi-urgent	Include	Yes	Yes		
Retained	Emergency	Non-urgent	Include	Yes	Yes		
Removed	Emergency	Admissions to Emergency Department observational wards		No	No		Not meaningful and can be confusing to the viewer
Removed	Admitted	Overnight bed occupancy rate	Include	No	No	Strategic Indicator 7 - Percentage of Overnight Hospital Beds in Use	The current definition of this indicator can result in the indicator being misunderstood. The definition is being reviewed.
Removed	Non-Admitted	Non-admitted (outpatient) occasions of service		No	n/a		A count of this data is not seen to be an indicator of performance. The collection is extremely complex and comes from a wide range of sources and therefore recommend more meaningful as an annual statistic.
Retained	Admitted	Total admitted patient episodes of care at ACT public hospitals		Yes	No		New indicators that align with other jurisdictions and provides more insight into the volumes of patients we treat in ACT public hospitals.
Retained	Admitted	Same day episodes		Yes	No		
Retained	Admitted	Overnight episodes		Yes	No		
Removed	Admitted	Same day episodes for dialysis		No	No		Not meaningful and can be confusing to the viewer
Retained	Admitted	Total bed days of care at ACT public hospitals		Yes	No		
Removed	Admitted	Total overnight bed days of care by care type stream		Yes	No		Continue to report is recommended
New	Admitted	Acute overnight bed days		Yes	No		New indicators that align with other jurisdictions and provides more insight into the volumes of patients we treat in ACT public hospitals.
New	Admitted	Sub-acute and non-acute overnight bed days		Yes	No		Continue to report is recommended
New	Admitted	Mental health overnight bed days		Yes	No		Continue to report is recommended
Retained	Admitted	Total babies born at ACT public hospitals		Yes	No		Continue to report is recommended
Retained	Admitted	Number of babies born by caesarean section		Yes	No		Continue to report is recommended
New	Admitted	Total Average Length of Stay (ALOS) for overnight patients at ACT public hospitals by care type stream (days)		Yes	No		Continue to report is recommended
New	Admitted	Acute ALOS		Yes	No		Continue to report is recommended
New	Admitted	Sub-acute and non-acute ALOS		Yes	No		Continue to report is recommended
New	Admitted	Mental health ALOS		Yes	No		Continue to report is recommended
Retained	ESWL	Total number of elective surgery operations performed by urgency category		Yes	No		Continue to report is recommended
Retained	ESWL	Urgent, Category 1 (within 30 days)		Yes	No		Continue to report is recommended
Retained	ESWL	Semi-urgent, Category 2 (within 90 days)		Yes	No		Continue to report is recommended
Retained	ESWL	Non-urgent, Category 3 (within 365 days)		Yes	No		Continue to report is recommended
Removed	ESWL	Patients who are classified as not ready for care waiting for their elective surgery		No	No		Not meaningful and can be confusing to the viewer. Not reported nationally.
Removed	ESWL	Hospital Initiated Postponements		No	No		Technical issues to be resolved
Retained	ESWL	Number of patients removed from the elective surgery waiting list for reasons other than surgery		Yes	No		Continue to report is recommended
Retained	ESWL	Additions to the elective surgery waiting list		Yes	No		Continue to report is recommended
Retained	ESWL	Patients waiting for their elective surgery		Yes	No		Continue to report is recommended

Retained from previous report, removed, or new indicator	Service Type	Quarterly Report New and Old Performance Indicators	Recs from Ministers meeting 12 November 2018	Included in Qtr 1 - 2018-19	New Repository	LHN Strategic Indicators	Comments / Rationale
Retained	ESWL	The number of overdue patients waiting for their elective surgery		Yes	No	Strategic Indicator 1: Reducing the Number of People Waiting Longer than Clinically Recommended Timeframes for Elective Surgery	Continue to report is recommended
Removed	ESWL	Total Emergency surgery operations performed		No	No		Technical issues to be resolved
Retained	ESWL	Percentage of elective surgery operations performed within clinically recommended timeframes:		Headline	No	LHN Strategic Objective 1: Percentage of Elective Surgery Cases Admitted on Time by Clinical Urgency	
Retained	ESWL	Urgent, Category One (within 30 days)		Yes	No		
Retained	ESWL	Semi-urgent, Category Two (within 90 days)		Yes	No		
Retained	ESWL	Non-urgent, Category Three (within 365 days)		Yes	No		
Removed	ESWL	Overdue patients waiting by surgical speciality	Include	No	No		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Retained	ESWL	Median wait time to elective surgery	Include	Headline	No		
Retained	ESWL	Urgent, Category 1 (within 30 days)	Include	Yes	No		
Retained	ESWL	Semi-urgent, Category 2 (within 90 days)	Include	Yes	No		
Retained	ESWL	Non-urgent, Category 3 (within 365 days)	Include	Yes	No		
Retained	ESWL	90th percentile wait time to elective surgery	Include	No	No		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Removed	Dental	Mean waiting time in months for persons on the Centralised Waiting and Recall List		No	No		Not meaningful and can be confusing to the viewer
Removed	Dental	Proportion of urgent patients seen within standard waiting times		No	No	Strategic Indicator 2: Percentage of Assessed Emergency Clients Seen within 24 hours	Not meaningful and can be confusing to the viewer
Removed	WIC	All presentations		Yes	Yes		
Removed	WIC	presentations at Tuggeranong		Yes	Yes		
Retained	WIC	presentations at Belconnen		Yes	Yes		
New	WIC	presentations at Gungahlin		Yes	Yes		
New	WIC	Median wait time to treatment (minutes)		Yes	Yes		
New	WIC	Tuggeranong		Yes	Yes		
New	WIC	Belconnen		Yes	Yes		
New	WIC	Gungahlin		Yes	Yes		
New	WIC	Fully treated in the WIC		Headline	Yes		
New	WIC	Tuggeranong		Yes	Yes		
New	WIC	Belconnen		Yes	Yes		
New	WIC	Gungahlin		Yes	Yes		
New	WIC	Redirected to ED		Headline	Yes		
New	WIC	Tuggeranong		Yes	Yes		
New	WIC	Belconnen		Yes	Yes		
New	WIC	Gungahlin		Yes	Yes		
Removed	WIC	WIC top ten diagnosis presentations	Include	No	Yes		Adds complexity. This indicator will be reviewed for inclusion in future QPRs.
Removed	Mental Health	% of patients contacted within 7 days post-discharge	Include	No	No	LHN Indicator 1.h	Is being reviewed to align with National definitions
Removed	Mental Health	ACT public hospital seclusion rates		No	No	Strategic Indicator 5: Proportion of Clients with a Mental Health Seclusion Episode	Different methodologies to national indicators and are included in the current review of Mental Health indicators
Removed	Mental Health	ACT public hospital 28 day readmissions		No	No	Strategic Indicator 6: Acute Psychiatric Unit Patient 28 Day Readmission Rate	Different methodologies to national indicators and are included in the current review of Mental Health indicators
Removed	Mental Health	Percentage of clients with outcome measures completed	Include	No	No	LHN Indicator 1.g	
Removed	Mental Health	ACT wide mental health program community service contacts	Include	No	No	Performance Indicator 1.2.c	
Removed	Mental Health	Children and youth mental health program community service contacts	Include	No	No	Performance Indicator 1.2.b	Resolve technical issues, these are counts only and do not reflect performance
Removed	Mental Health	Adult mental health program community service contacts	Include	No	No	Performance Indicator 1.2.a	
Removed	Mental Health	Justice Health Services community contacts	Include	No	No	Performance Indicator 1.2.f	
Removed	Mental Health	Alcohol and Drug Services community contacts	Include	No	No	Performance Indicator 1.2.h	
Retained	Safety and Quality	Rate of unplanned hospital readmissions within 28 days	Include	Yes	No	LHN Strategic Indicator 3.2 - The proportion of people separated from ACT public hospitals who are readmitted to hospital within 28 days of their separation due to complications of their condition (where the re-admission was unforeseen at the time of separation)	
Retained	Safety and Quality	Unplanned return to the operating theatre within an episode of care	Include	Yes	No	LHN Strategic Indicator 3.1 - The proportion of people who undergo a surgical operation requiring an unplanned return to the operating theatre within a single episode of care due to complications of their primary condition	
Retained	Safety and Quality	People admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus aureus bacteraemia infection (SAB infection) during their stay	Include	Yes	No	LHN Strategic Indicator 3.3 - The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus aureus Bacteraemia infection (SAB infection) during their stay	
Retained	Safety and Quality	Hand hygiene audit results	Include	Yes	No	LHN Strategic Indicator 3.4 - The Estimated Hand Hygiene Rate	
New	Safety and Quality	Surgical Safety Checklist	Include	No	No		Technical issues to be resolved

Retained from previous report, removed, or new indicator	Service Type	Quarterly Report New and Old Performance Indicators	Recs from Ministers meeting 12 November 2018	Included in Qtr 1 - 2018-19	New Repository	LHN Strategic Indicators	Comments / Rationale
Retained	Regional Cancer Services	Radiotherapy Waiting times by clinical urgency	Include	No	No	Strategic Indicator 3 - Percentage of Radiotherapy Patients who Commence Treatment within Standard Timeframes	Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Retained	Regional Cancer Services	% of Women who wait 28 days or less from their appointment date to the date of their breast screen	Include	No	No		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Retained	Regional Cancer Services	% of Women who receive an assessment within 28 days	Include	No	No		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Retained	Regional Cancer Services	Total breast screens performed	Include	No	No		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Retained	Regional Cancer Services	Number of breast screens for women aged 50-69*	Include	No	No	Not a SI but relates to Strategic Indicator 4 - Participation Rate for Breast Screening	Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Removed	Regional Cancer Services	Additions to the Cervical Cytology Register		No	No		Technical issues to be resolved
Retained	Rehab and Aged Care	Average length of stay for aged care and rehabilitation patients	Include	No	No		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements. Can be a confusing metric. Sub-acute has been included.
Retained	Rehab and Aged Care	Aged care and rehabilitation non same day bed days	Include	No	No		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Retained	Rehab and Aged Care	Bed days for nursing home type patients	Include	No	No		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Retained	NSW activity	NSW Emergency Surgery	Include	No	No		Resolve technical issues
Retained	NSW activity	NSW Elective Surgery	Include	Yes	No		
Retained	NSW activity	% NSW Elective Surgery	Include	Yes	No		
Retained	NSW activity	NSW presentations to ED	Include	duplicate - see ED	No		This is presented in ED section above.
Retained	NSW activity	% NSW presentations to ED	Include	Yes	No		
Retained	ATSI	Aboriginal and Torres Strait Islander ED presentations	Include	No	n/a		Removed at request of MC.
Retained	ATSI	Aboriginal and Torres Strait Islander inpatient episodes of care	Include	No	n/a		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements
Retained	ATSI	Aboriginal and Torres Strait Islander elective surgery operations	Include	Yes	No		
Retained	ATSI	Aboriginal and Torres Strait Islander immunisation rates in the national schedule for the ACT (by age group)	Include	No	n/a		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements. Technical issues.
Retained	ATSI	Aboriginal and Torres Strait Islander breast screens for women aged between 50-69 yrs	Include	No	n/a		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements. Technical issues.
Removed	ATSI	Aboriginal and Torres Strait Islander Mental Health non-admitted community occasions of service		No	n/a		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements. Technical issues.
Retained	ATSI	Aboriginal and Torres Strait Islander births in ACT public hospitals	Include	No	n/a		Being reviewed by EY through the audit of health indicators for inclusion in future reporting requirements. Technical issues.
Retained	Endoscopes	Number of elective endoscopies performed		No	No		
Removed	Endoscopes	Number of patients waiting for an endoscopy procedure		No	No		Technical issues to be resolved
Removed	Endoscopes	Median wait time to endoscopy procedure		No	No		
Removed	Endoscopes	Median wait time to endoscopy procedure (cat 1)		No	No		
Removed	Endoscopes	Median wait time to endoscopy procedure (cat 2)		No	No		
Removed	Endoscopes	Median wait time to endoscopy procedure (cat 3)		No	No		
Total Indicators Included							73



MINISTERIAL BRIEF

Health Directorate

FOR OFFICIAL USE ONLY

To:	Minister for Health and Wellbeing	Tracking No.: MIN18/1825
From:	Michael De'Ath, Director-General, ACT Health	
Subject:	ACT Health Quarterly Performance Report – July to September 2018	
Critical Date:	As soon as possible	
Critical Reason:	The Quarterly Performance Report is due for release	

• DG *2.11.18* *[Signature]*

Purpose

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

Recommendations

That you:

- Note the information contained in this brief; Noted / Please Discuss
- Agree to release the new ACT Health Quarterly Performance Report for the July to September 2018 quarter at Attachment A on the ACT Health website; and Agreed / Not Agreed / Please Discuss
- Note the Media Dot Points at Attachment B. Noted / Please Discuss

Meegan Fitzharris MLA *[Signature]* *11/11/2018*

Minister's Office Feedback

as discussed, please reconsider some elements that aren't currently proposed for inclusion. Please also consider how Sept Qtr ^{Report} can better foreshadow the General Framework for Reporting indicators

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

Background

1. The last time ACT Health published a QPR was in late 2016 for the 2015-16 financial year.
2. On 14 February 2017, you announced a System-Wide Data Review (the Review) of ACT Health's data and reporting processes due to ongoing data accuracy concerns.
3. Throughout the Review process, the publication of QPRs was put on hold. This was to allow ACT Health time to review and develop new reporting processes to ensure that all data released undergoes a robust quality assurance process.
4. On 21 August 2018, you tabled in the Legislative Assembly the System-Wide Data Review (SWDR) Outcomes Report and Implementation Plan. This included a commitment to re-establishing QPRs from the first quarter of the 2018-19 financial year, with the first QPR to be published by October 2018.

Issues

5. The QPR for the July to September 2018 quarter reflects local and nationally consistent performance indicators and is considered a base line report that will evolve over time.
6. The QPR contains performance and activity information across the following four reporting categories:
 - a) Walk-in Centres;
 - b) Emergency Departments;
 - c) Admitted Patients; and
 - d) Elective Surgery Waiting Lists (ESWL).
7. The metrics for Emergency Departments and Walk-in-Centres has been sourced from the new Data Repository as specified in the SWDR Implementation Plan. Development work on ESWL and Admitted Patients has commenced and the next QPR should include metrics direct from the new Repository.
8. The QPR has been streamlined to include approximately 60 indicators, compared to previous reports which included 100+ indicators.
9. Most key indicators for Emergency Departments and ESWL have been retained. The removal of Bed Occupancy rates may attract some attention, noting this indicator will continue to be reported in the Annual Report.
10. The content of the QPR is considered low risk as the indicators included are comparable with other jurisdictions routine public reporting.

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

11. It is expected the next QPR will include additional performance information that is currently being developed by Ernst & Young (EY). EY have been undertaking a desktop audit of all indicators, developing options for inclusion in the next QPR, and will shortly commence a targeted piece of work for new performance information for Mental Health. The first phase is almost complete with a new General Reporting Framework that 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.

Notable improvements in this QPR for ESWL

12. 95 per cent of Category 1 patients received their elective surgery on time (within 30 days). This is a 4 per cent increase when compared to 91 per cent reported in the 2017-18 Annual Report.
13. 80 per cent of Category 2 patients received their elective surgery on time (within 90 days) – a significant increase of 14 per cent when compared to the 2017-18 result (70 per cent).
14. The number of patients who were overdue for their elective surgery has decreased by 19 per cent, compared to the same quarter last year – noting the QPR only reports a comparison the last quarter, not the same quarter last year. This metric increased by 3 per cent compared to the last quarter.

Financial Implications

15. Not applicable.

ConsultationInternal

16. The 'look-and-feel' of the QPR has been developed in consultation with the ACT Health Communications team, using info graphics, tables and charts rather than lengthy narratives as in previous QPRs. This aligns with other ACT publications and with quarterly reports from other jurisdictions.

Cross Directorate

17. Senior Executives from Calvary and Canberra Hospital Health Services have been consulted about the QPR.

External

18. The HCCA have been consulted about the look, feel and content of the QPR and recommended minor aesthetic changes which have largely been incorporated.

Work Health and Safety

19. Not applicable.

Benefits/Sensitivities

20. All ACT Health data is sensitive and there may be some media attention about not producing the same 100+ metrics that were included in the previous QPR.

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

21. In 2019 ACT Health intends to publish annual metrics for the missing QPRs for financial years (i.e. 2016-17 and 2017-18) likewise resubmit the missing 2015-16 datasets to the AIHW for updating their on-line tables.

Communications, media and engagement implications

22. Media dot points have been provided at Attachment B.
23. The CHS Media Team has advised that it will do reactive media as required, and it is exploring the possibility of a media stand-up at Canberra Hospital.

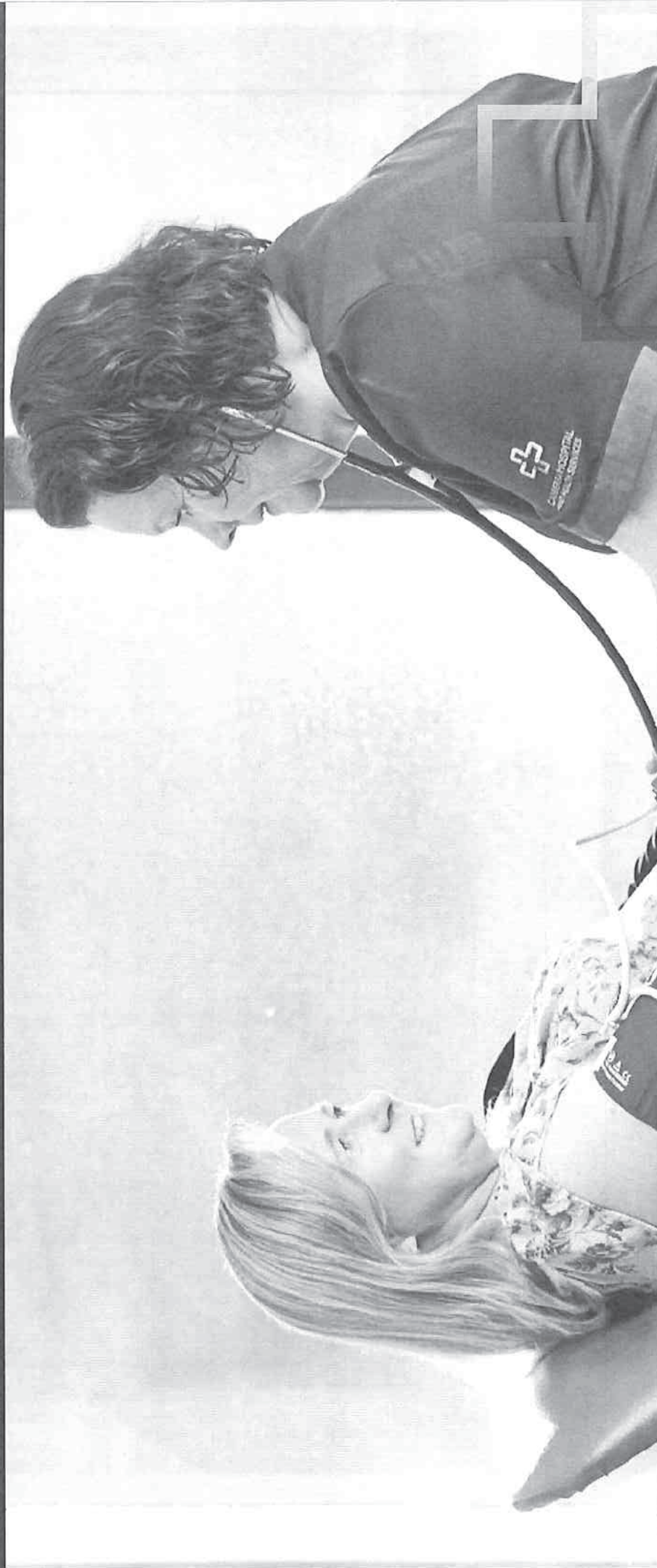
Signatory Name: Karen Doran Phone: 52248
 Action Officer: Karen Chudleigh Phone: 72324

Attachments

Attachment	Title
Attachment A	ACT Health Quarterly Performance Report – July to September 2018
Attachment B	Media Dot Points
Attachment C	Summary of Indicators included in the QPR
Attachment D	Comparison of QPR metrics against 2017-18 metrics

Quarterly Performance Report

July to September 2018



ACT
Government

ACT Health

health.act.gov.au



Contents Page

	Page
ACT Health summary	3
University of Canberra Hospital	4
About the Quarterly Performance Report	5
Quality and Safety	6
Walk-in Centres	7
Emergency Departments	10
Admitted Patients	14
Elective Surgery	18
Quality and Safety	22
Future direction	24

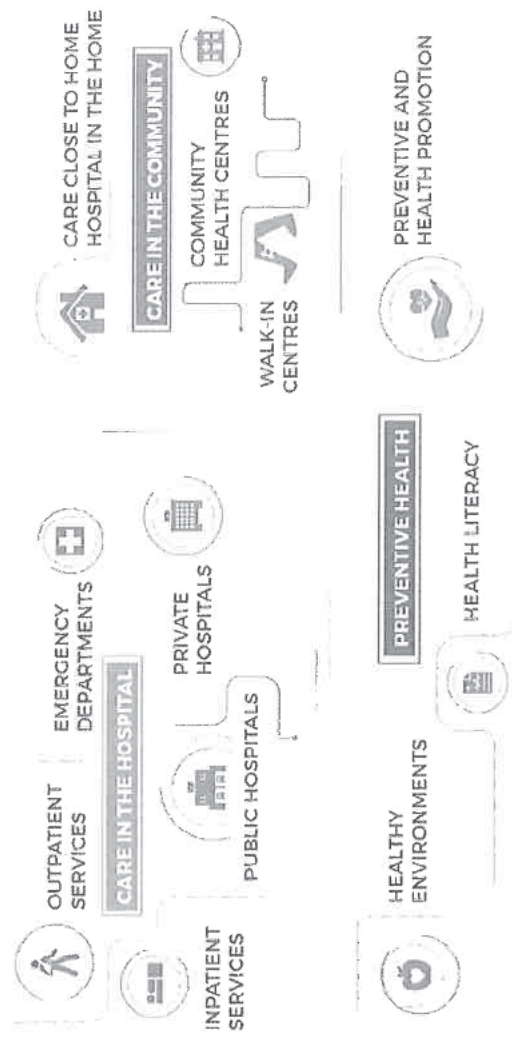
Canberra is Healthy

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



Healthcare in Canberra

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



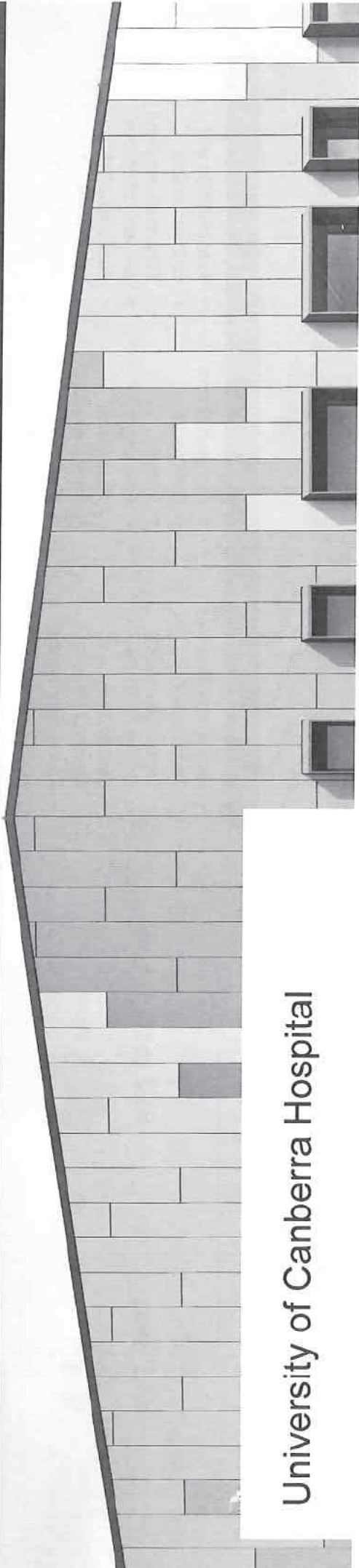
Public Health Services

- Alcohol and drug
- BreastScreen
- Cancer Counselling
- Children's health
- Community
- Health Centre
- Community nursing
- Community care
- Community care
- Contingence
- Dental
- Emergency department
- Mental Health
- Nutrition
- Pathology
- Rehabilitation and related services
- Pregnancy, newborn and early childhood
- Public Hospital
- Social work
- Walk-in Centre

LIFE EXPECTANCY¹¹ IN 2016



*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.

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 additional outpatient services.

About the Quarterly Performance Report

This report shows consumers how the local public health system is performing. The system includes:

- **Community-based care**
 - Walk-In Centres, Maternal and Child Health Services, physiotherapy, dental, mental health (ETC)
- **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 focused on clinical operations and operational delivery of quality health services to 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 city and is supporting the transformation of our growing 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.



93.1%

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

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

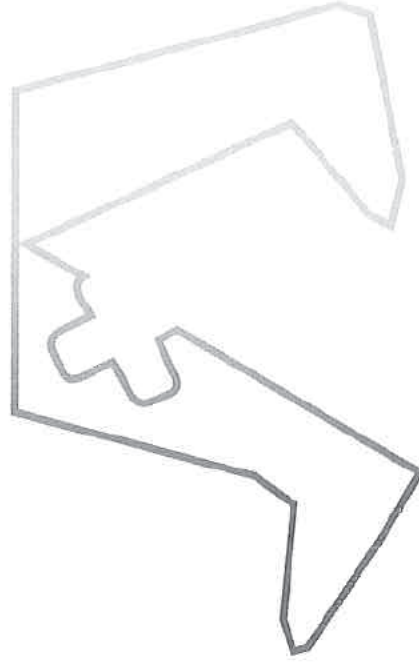
These results demonstrate the quality of care in the ACT's public health system and are a testament to staff working to provide care 24 hours a day, 7 days a week. However, we can always find areas to improve and meaningful consumer data and feedback is key to this.

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



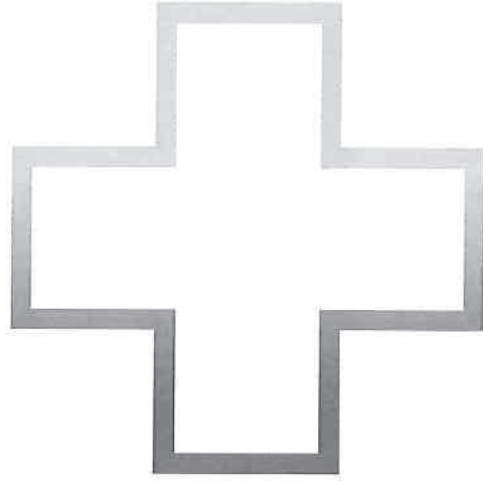
Median wait time to treatment
(minutes)



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



There were
36,845



emergency department presentations

859 more than last quarter



7,765



patients arrived at EDs via an ambulance



61%

of patients spent four hours or less in ACT public hospital EDs



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%	
ED presentations by NSW residents	3,908	11%	4,139	11%	6%	



Emergency Department Performance

Emergency department performance		June quarter 2018 (%)	September quarter 2018 (%)	2018-19 Target (%)	Change from last quarter (%)	Last 5 quarters
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		5%	4%	-	-1%	
Median waiting time to treatment in ED by urgency category (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.

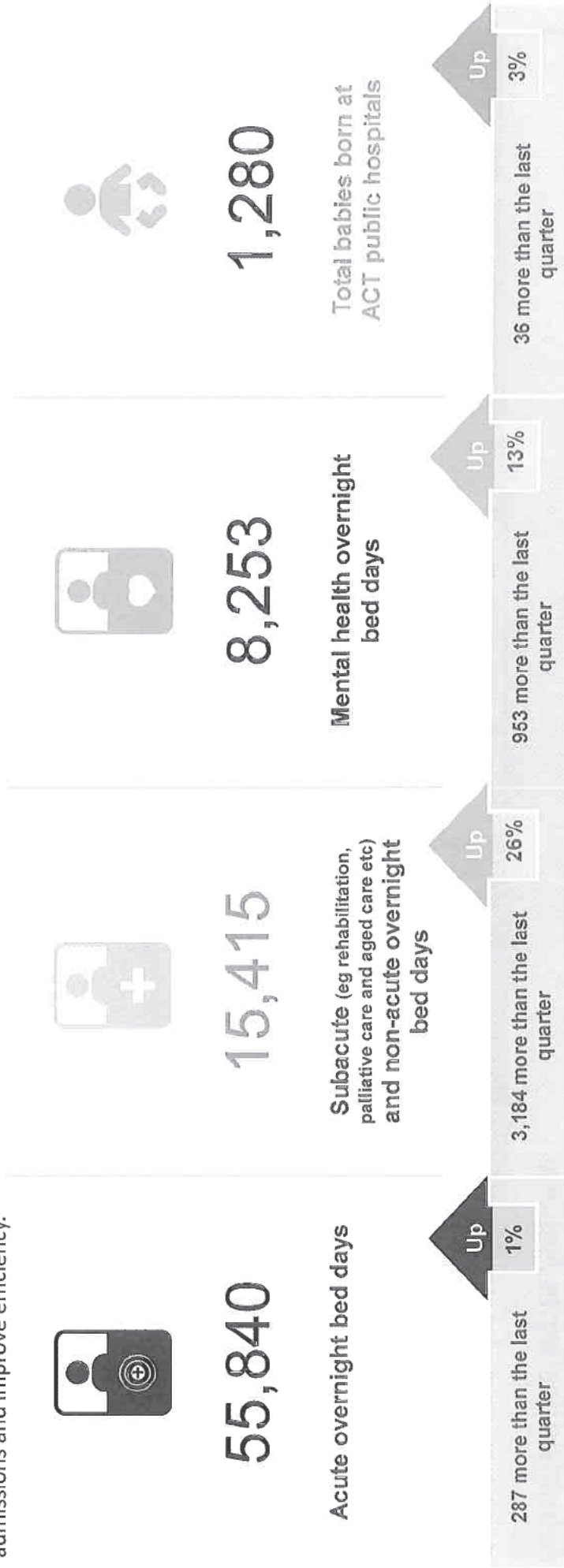
Admitted patients are patients who are admitted to a hospital for care and does not include emergency department patients, outpatients or other non-admitted patients treated on the hospital site.



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 (CPHB) is a public acute care hospital and University of Canberra Hospital (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, CPHB and the Dhulwa 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



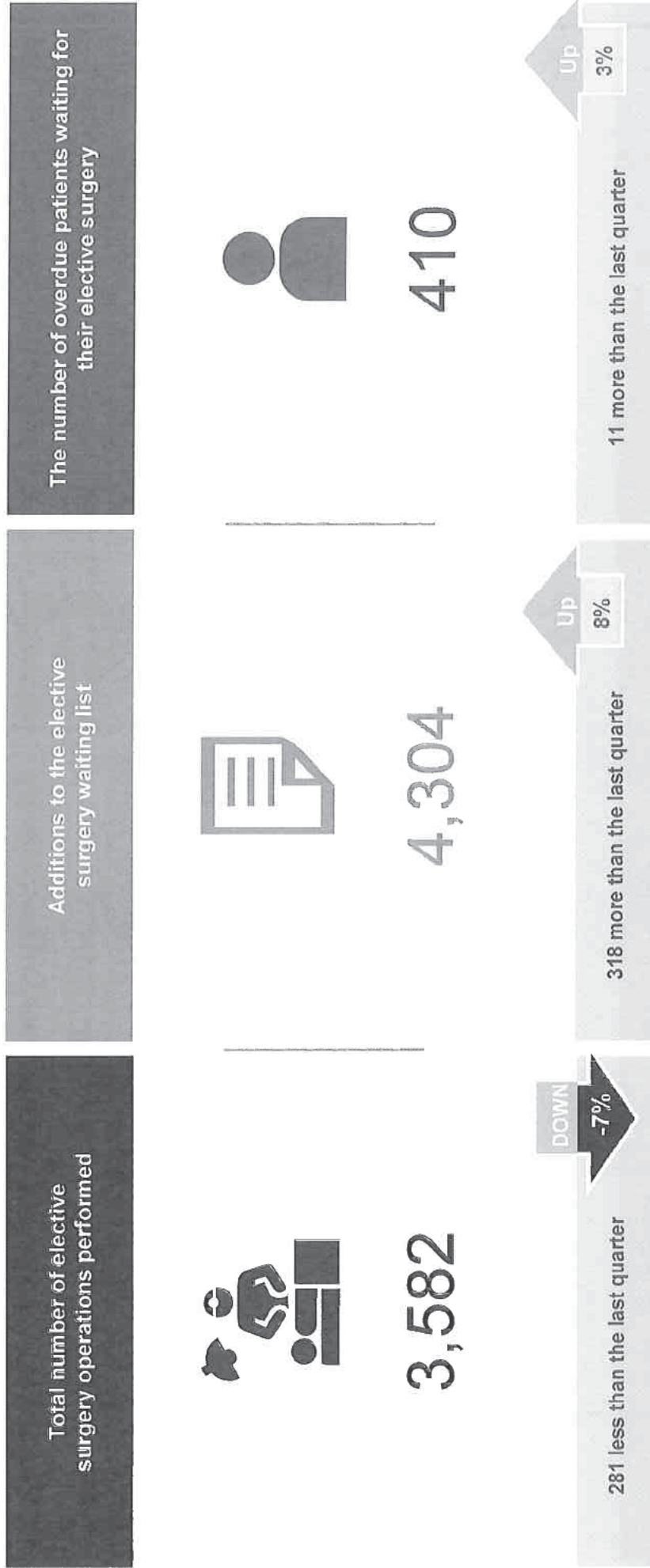
Public elective surgery is provided at Canberra Hospital, Calvary Public Hospital Bruce and specifically selected private provider facilities in the ACT contracted by ACT Health.



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 (TCH) is the major tertiary referral centre for the region, both TCH and Calvary Public Hospital Bruce (CPHB) 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 operations 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%	
Elective surgery operations performed for NSW residents	430	11%	618	17%	44%	
Elective surgery removals for Aboriginal and Torres Strait Islander persons	122	0.3%	102	0.3%	-16%	

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.



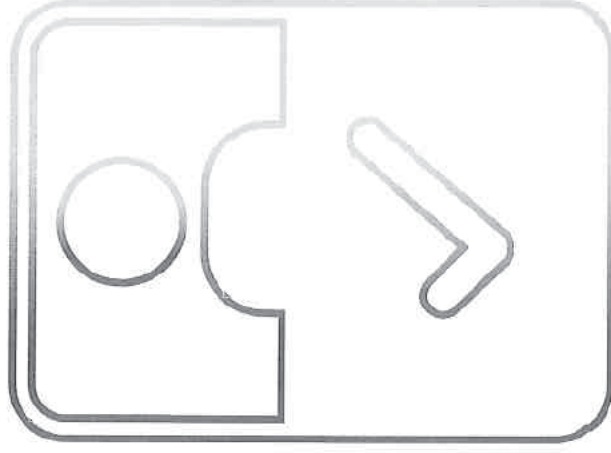
Elective Surgery Performance

	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 (days)	-	-5%	
Semi-urgent, Category 2 (within 90 days)	62 (days)	56 (days)	-	-10%	
Non-urgent, Category 3 (within 365 days)	268 (days)	240 (days)	-	-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 of 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 operation 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 Staphylococcus Aureus Bacteraemia infection (SAB infection)					
Canberra Hospital	0	0	<2	0	
Calvary Hospital	0.5	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 October, March and June. The results used are those of the audit that occurred during that Quarter. In this report the June quarter 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 <http://www.health.act.gov.au/sites/default/files/2018-10/About%20this%20report%20-%20Quarter%201%202018-19.pdf>



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 digitally on the ACT Health website and through other media. ~~with quarterly reporting to continue to evolve overtime.~~

"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 ~~finalise a new General Data Framework in the coming months~~ 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.

ACT Legislative Assembly

Phone (02) 6205 0051 Email: fitzharris@act.gov.au

@MeeganFitzMLA

MeeganFitzharrisMLA



CANBERRA