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**ACT Health Public Services  
Performance Report**

**Quarter 2  
2005-2006**

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## Minister's foreword

Welcome to the ACT Health Public Services Performance Report for the second quarter of 2005-06.

This report is produced each quarter and provides the people of the ACT with an overview of the performance of the public health system in meeting the needs of the community.

The second quarter report contains two new mental health measures that were not previously reported. These relate to consumer participation in the development of care plans and the occupancy rate for supported accommodation services. These indicators add to the mental health data in the report as this is a major focus area for the Government.

This report includes a range of information on the performance of all public health services in the ACT, including hospital and community based services.

I am particularly pleased that our hospitals continue to provide services on time for those most in need – despite a significant increase in demand for services.

I am also pleased that our hospitals are on track to post a record for the number of elective surgery operations in a year – evidence that our additional investment is working. Further evidence is provided by the number of people on the elective surgery waiting list – which has shown a consistent drop over the 2005 calendar year.

Other items of note for the second quarter of 2005-06 include:

- waiting times for breast screening have dropped in the second quarter and the number of screens was more than 50% up on the same quarter last year
- the rate of post hospital follow-up services for mental health clients exceed the target
- day of surgery admissions also exceeded the target of 80% for the time
- waiting times for in-hospital aged care assessments averaged 1.3 days in the quarter, well below the target of 10 days for 2005-06

The report also highlights areas where there's still work to do.

- too many people still wait too long for care at our emergency departments.
- too many people still wait too long to get into a hospital bed when they need one.
- too many people still wait too long for non-urgent elective surgery

As a means of addressing these, and other access to care issues in our health system, the Government launched the Access Improvement Program in November 2005. The program uses the experiences of consumers and clinicians to identify barriers to care and to develop solutions to those barriers.

Over the next year, people involved throughout our health system will be analysing the way they do business and making changes that place the patient at the centre of the system.

I encourage you to keep an eye on the next editions of this report to monitor the impact of the Access Improvement Program on access to our health services.

Simon Corbell MLA  
Minister for Health

## Important Notes about this publication.

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

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

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

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

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

Cost weights are updated regularly to reflect changes in costs, practice  
`Round 6 of the National Public Hospital Cost Weights. Care needs to be taken in comparing data in this report with data presented in previous reports in previous years may be presented using earlier versions of the National Public Hospital Cost Weights.

For further information about cost-weights, visit the Commonwealth Department of Health and Ageing website:

[\[http://www.dhac.gov.au/internet/wcms/publishing.nsf/Content/health-casemix-costing-costmain1.htm\]](http://www.dhac.gov.au/internet/wcms/publishing.nsf/Content/health-casemix-costing-costmain1.htm)

# Access

## How timely is access to our services?

### Emergency Department Timeliness by Category

Emergency Department  
*Equity and Priority of Access*

#### Indicator

The proportion of patients who receive care within standard timeframes for their condition.

#### Definition

Patients presenting to emergency departments are seen on the basis of clinical urgency. Patients are classified into one of five triage categories based on their clinical need.

The five triage categories and standard waiting times for assessment and treatment are:

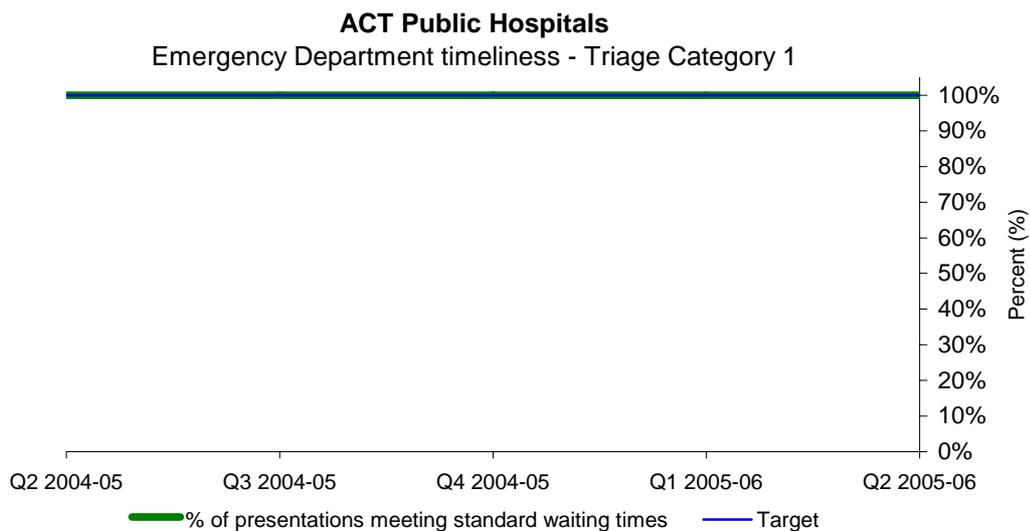
1	Resuscitation	Immediate assessment and treatment
2	Emergency	Assessment and treatment starts within 10 mins
3	Urgent	Assessment and treatment starts within 30 mins
4	Semi-urgent	Assessment and treatment starts within 60 mins
5	Non-urgent	Assessment and treatment starts within 120 mins

Details about the types of conditions that fall within each of the triage scales can be found at the website of the Australasian College of Emergency Medicine [<http://www.acem.org.au/open/documents/triage.htm>].

#### Results

Total Emergency Department presentations to the end of December 2005 were 9% above the total reported for the same period in 2004-05. Activity in the 2nd Quarter of 2005-06 was 6% above the total for the second quarter of 2004-05.

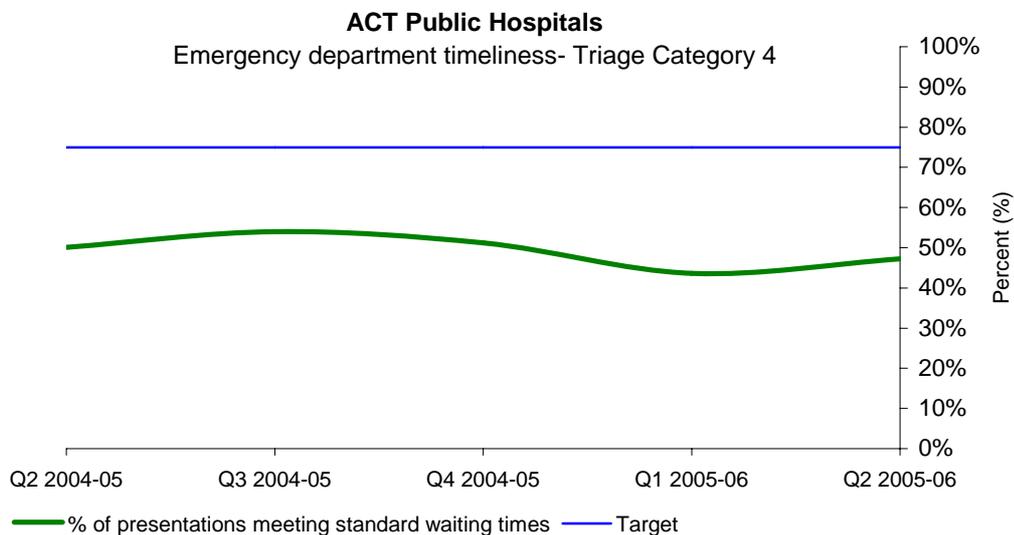
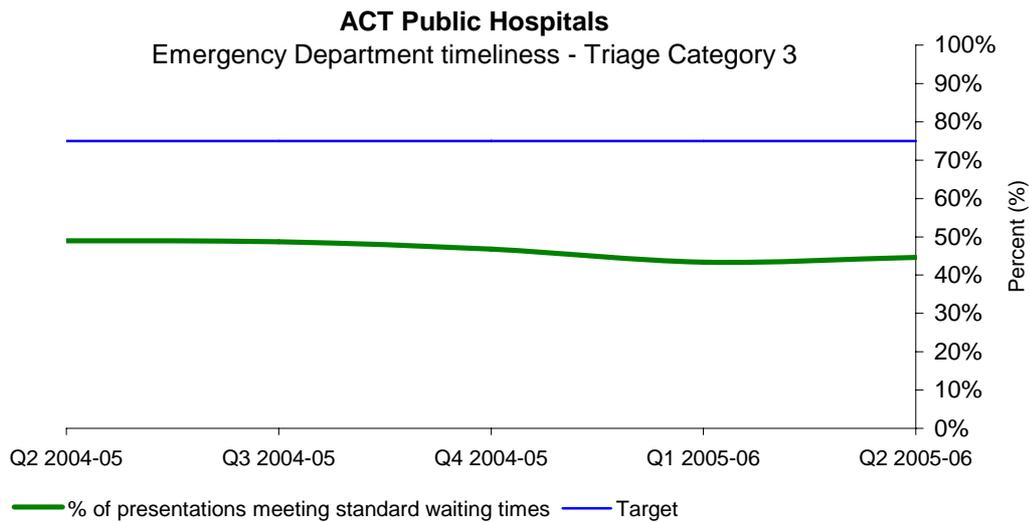
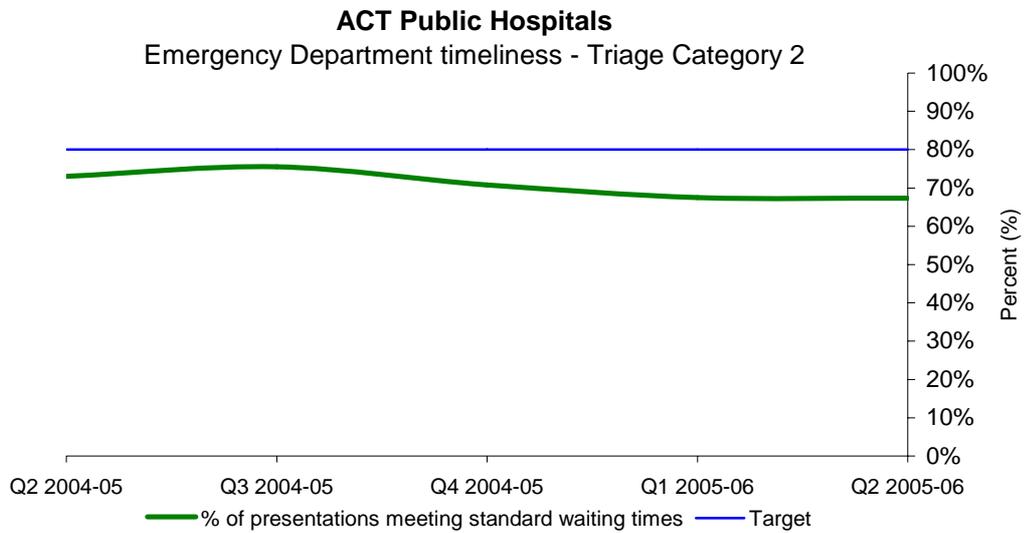
All category one emergency department presentations are seen on arrival.



Waiting times for category two, three and four emergency department presentations remain below target, although there was a noticeable improvement in category 4 timeliness rates. The below target results are principally due to the large increase in demand in urgent and semi-urgent presentations (category three and four patients), which were up 19% to the end of December 2005 compared with the same period in 2004-05.

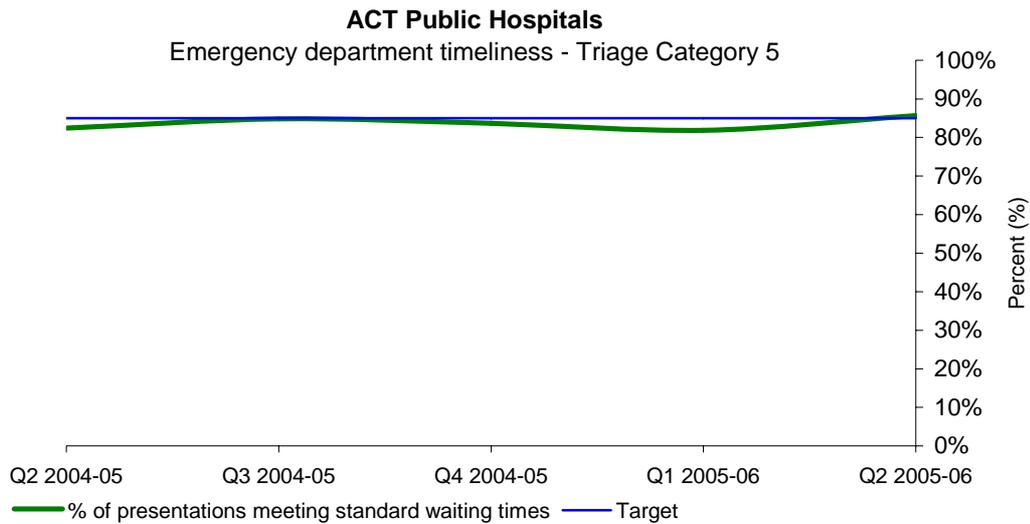
## Access - How timely is access to our services?

The Government established the Access Improvement Program in November 2005. This program brings together clinicians and administrators to identify barriers to efficient access to hospital services and develop solutions to overcome those barriers. As the program rolls out over the next two years, the people of the ACT should notice a reduction in waiting times at our emergency departments.



## Access - How timely is access to our services?

Most category 5 patients continue to be seen within standard timeframes.



## Emergency Department Did not wait presentations

Emergency Department  
*Equity and Priority of Access*

### Indicator

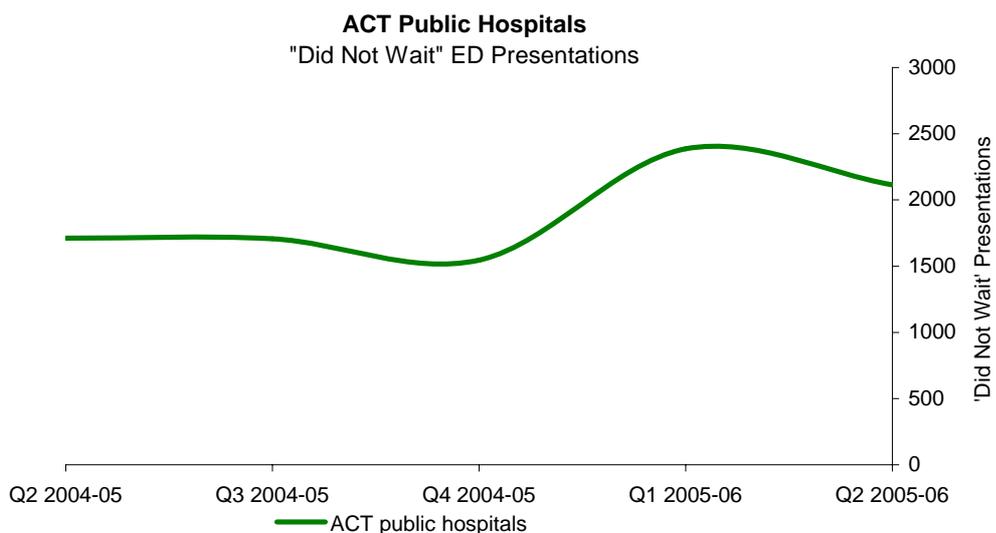
The number of persons who present to emergency departments who do not wait for treatment by a health care professional.

### Definition

Patients counted at the end of a non-admitted patient emergency department service episode who did not wait to be attended by a health care professional.

These presentations chose not to wait after being assessed by the triage nurse.

### Results



The number of people who did not wait for care following presentation averages around 600 people per month. The overwhelming majority of "did not waits" are people with non-urgent conditions who attend the emergency department.

# Access - How timely is access to our services?

## Emergency Department Access Block - General

Emergency Department  
Timeliness of access to care

### Indicator

The proportion of patients admitted to an inpatient bed via the emergency department who are not admitted within eight hours of the commencement of treatment.

### Definition

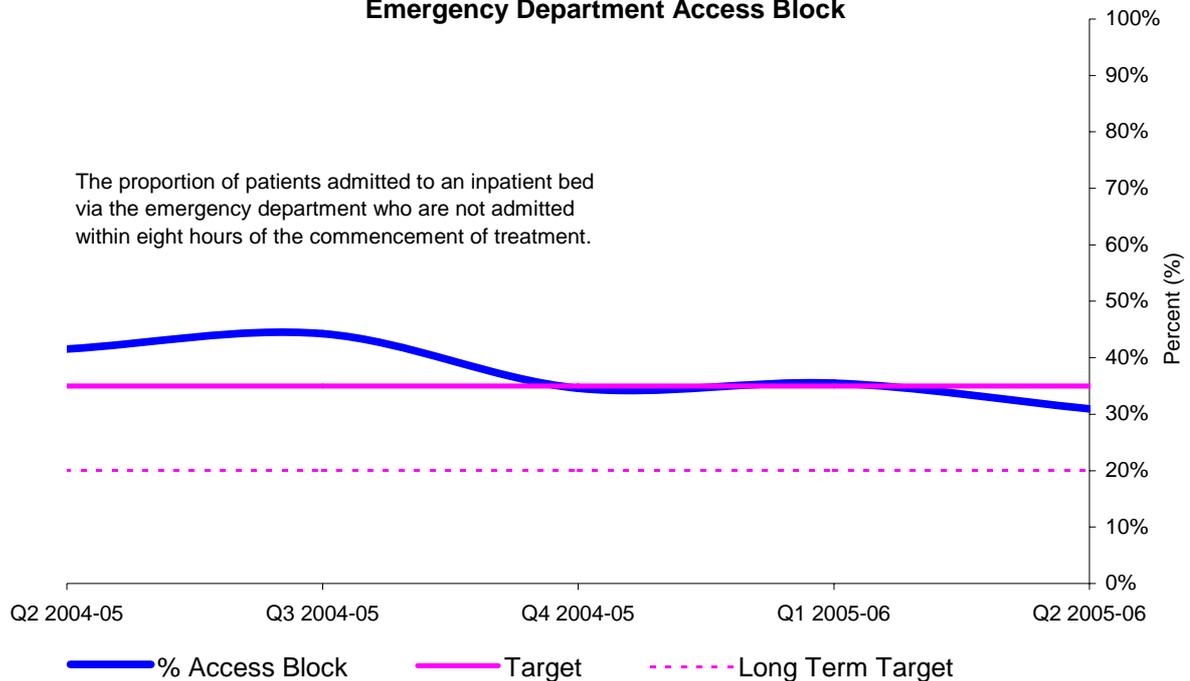
“Access Block” to inpatient care occurs where patients cannot be transferred from the emergency department to a bed on a ward due to unavailability of beds.

While some people presenting to emergency departments require a number of interventions and tests over a period of time, in general, people should not have to wait more than eight hours between the time at which treatment commences in the emergency department and access to inpatient care (where this is required).

### Results

The level of access block reported in our emergency departments dropped to 31% for the second quarter in 2005-06. This was due to increased efficiencies in the provision of care (such as the extension of operating room hours at TCH which improves the flow of patients throughout the hospital) and a moderation in the increased demand for emergency department services - up 6% in the December quarter 2005 over the same quarter in 2004 compared with a 12% rise reported in the first quarter of this year compared to last year.

ACT Public Hospitals  
Emergency Department Access Block



The calculation of access block data is a relatively new measure for the ACT. The results reported in this report are different from those reported in the first quarter report due to improved data collection methods.

## Emergency Department Access Block 75 Years and Over

Emergency Department  
– Aged Care  
Timeliness of access to care

### Indicator

The proportion of patients aged 75 years and over admitted to an inpatient bed via the emergency department who are not admitted within eight hours of commencement of treatment.

### Definition

“Access Block” to inpatient care occurs where patients cannot be transferred from the emergency department to a bed on a ward due to unavailability of beds

While some people presenting to emergency departments require a number of interventions and tests over a period of time, in general, people should not have to wait more than eight hours between the time at which treatment commences in the emergency department and access to inpatient care (where this is required).

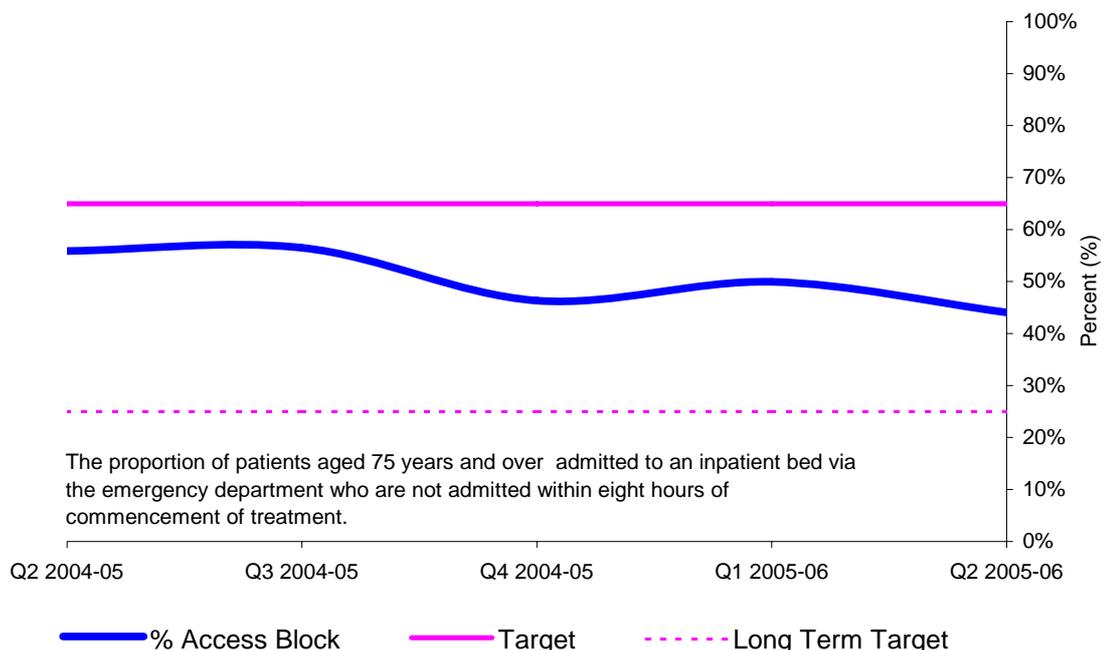
### Description

Access block for persons aged 75 years dropped to 43% in the second quarter of 2005-06 from 50% in the first quarter. This is principally due to the drop in emergency department activity in the second quarter after the peak winter months.

The result for the second quarter (43%) is also below the 56% reported for the second quarter of 2004-05. This is due, in part, to the establishment of the Aged Care and Rehabilitation Service. This service was established to provide a special focus on the needs of older people in the community and to improve access to care for people in this age group.

A major focus of the Access Improvement Program and the establishment of the Aged Care and Rehabilitation Service is the improvement of the patient journey for older people.

ACT Public Hospitals  
Emergency Department Access Block  
75+ Years



## Emergency Department Access Block Mental Health Patients

Emergency Department  
- Mental Health  
*Timeliness of access to care*

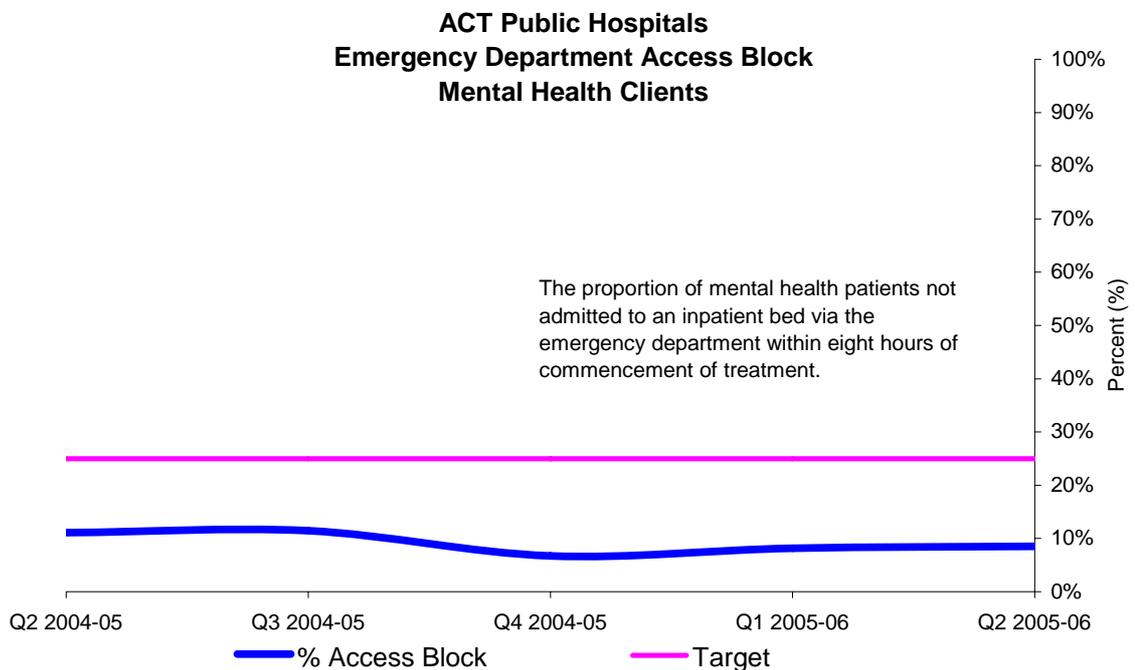
### Indicator

The proportion of mental health patients not admitted to an mental health services inpatient bed via the emergency department who are not admitted within eight hours of commencement of treatment.

### Definition

See "Definition" for Access Block – General on page 3.

### Results



Consistent with the overall aims of the Access Improvement Program, ACT Health will be aiming to maintain access block below 25%. Caution should be exercised in the interpretation of this information and any trends due to small sample size. This is a new measure for ACT Health. The target has proven to be conservative and will be adjusted for 2006-07.

## Access to Elective Surgery

**Elective Surgery**  
Timeliness of access to care

### Proportion of category one patients admitted within 30 days

#### Indicator

Responsiveness of the hospital system to those in urgent need of elective surgery.

#### Definition

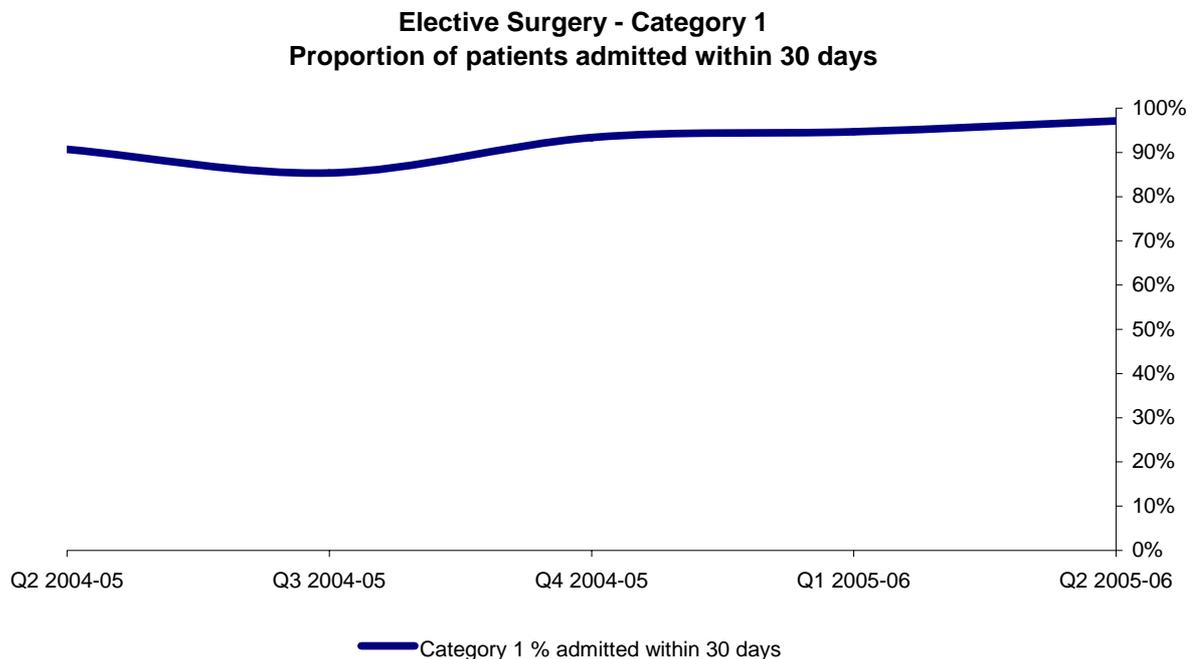
Percentage of category one elective surgery patients who receive surgery within 30 days of listing.

Patients listed for elective surgery at ACT public hospitals are assigned a priority category based on their surgeon's opinion about the urgency of the need for surgery. The definition of a Category one patient is:

- Category 1 – Urgent – admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency

National Health Data Dictionary

#### Results



ACT Health performs well by national comparison on category 1 targets. This means that highest priority patients get timely access to surgical care. In the second quarter of 2005-06, 97.1% of category one patients were admitted within 30 days – up from 90% in the first quarter of 2004-05. The second quarter 2005-06 result also compares favourably to the 91% recorded in the second quarter of 2004-05.

The average waiting time of those patient who waited more than 30 days for surgery was 36 days.

# Access - How timely is access to our services?

## Proportion of category two admitted within standard times

### Indicator

Responsiveness of the hospital system to those in semi-urgent need of elective surgery.

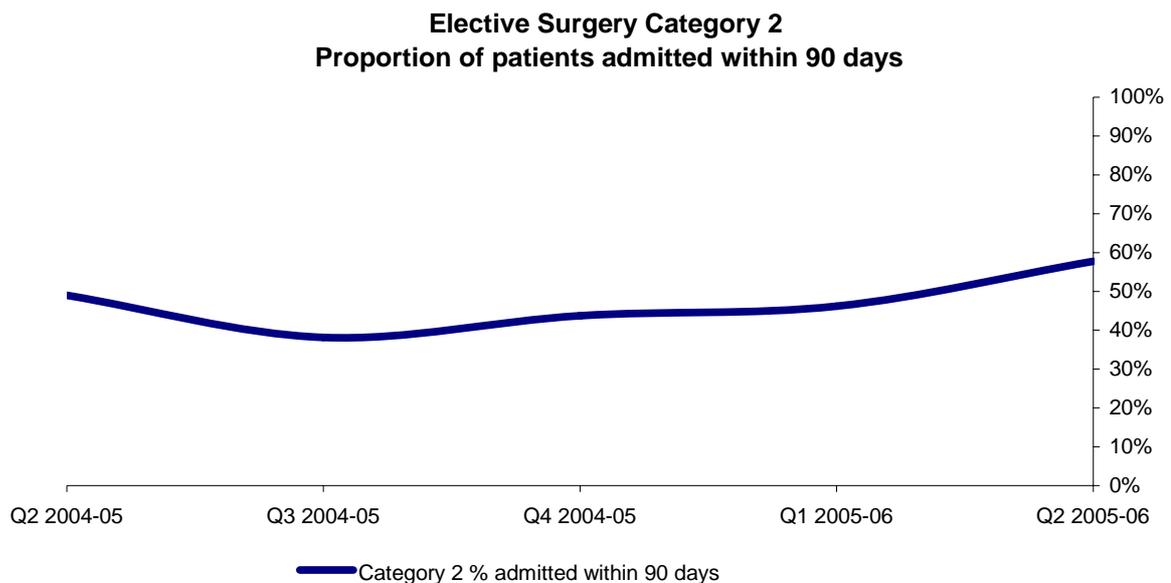
### Definition

Patients listed for elective surgery at ACT public hospitals are assigned a priority category based on their surgeon's opinion about the urgency of the need for surgery. The definition of a Category two patient is:

- Category 2 – Semi-Urgent – admissions within 90 days is desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency

National Health Data Dictionary

### Results



There was a marked improvement in the number of category two patients admitted for surgery within the standard timeframe (90 days).

58% of all category two patients admitted for surgery received their procedure within 90 days in the second quarter of 2005-06— up from 46% in the first quarter of this year. This is also up from the 49% reported for the same quarter last year and well above the 38% reported for the third quarter of 2004-05.

This steady improvement is evidence of the positive impact of the additional Government investment in elective surgery.

## Access - How timely is access to our services?

### Proportion of category three admitted within standard times

#### Indicator

Responsiveness of the hospital system to those in need of elective surgery within 365 days.

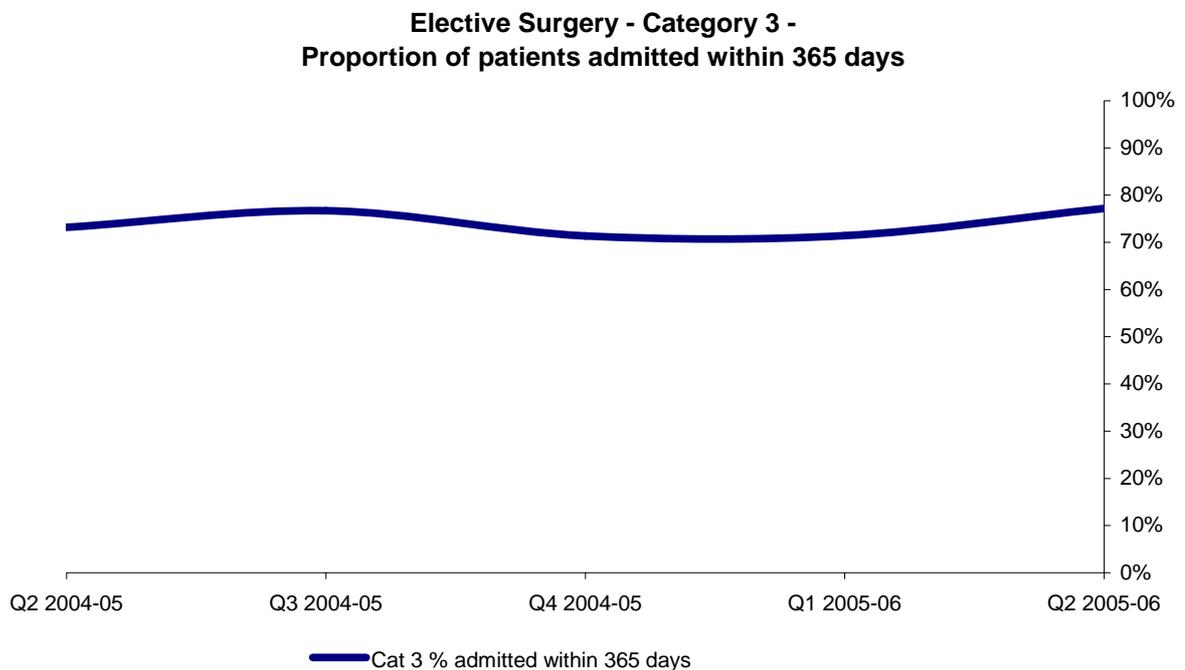
#### Definition

Patients listed for elective surgery at ACT public hospitals are assigned a priority category based on their surgeon's opinion about the urgency of the need for surgery. The definition of a Category three patient is:

- Category 3 – Non-Urgent – admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency

The ACT applies target of less than 1 year for people classified as Category 3 patients

#### Results



Of all category three patients admitted for surgery in the second quarter of 2005-06, 77% were admitted within the standard timeframe of 365 days. This compares with 73% who received surgery within standard timeframes in the same quarter of 2004-05 and 6% up on the total reported in the first quarter of 2005-06.

## Elective Surgery Mean Waiting Times at Admission by Category

Elective Surgery  
Access to Hospital Services

### Indicator

The average waiting time for people who received elective surgery by urgency category

### Definition

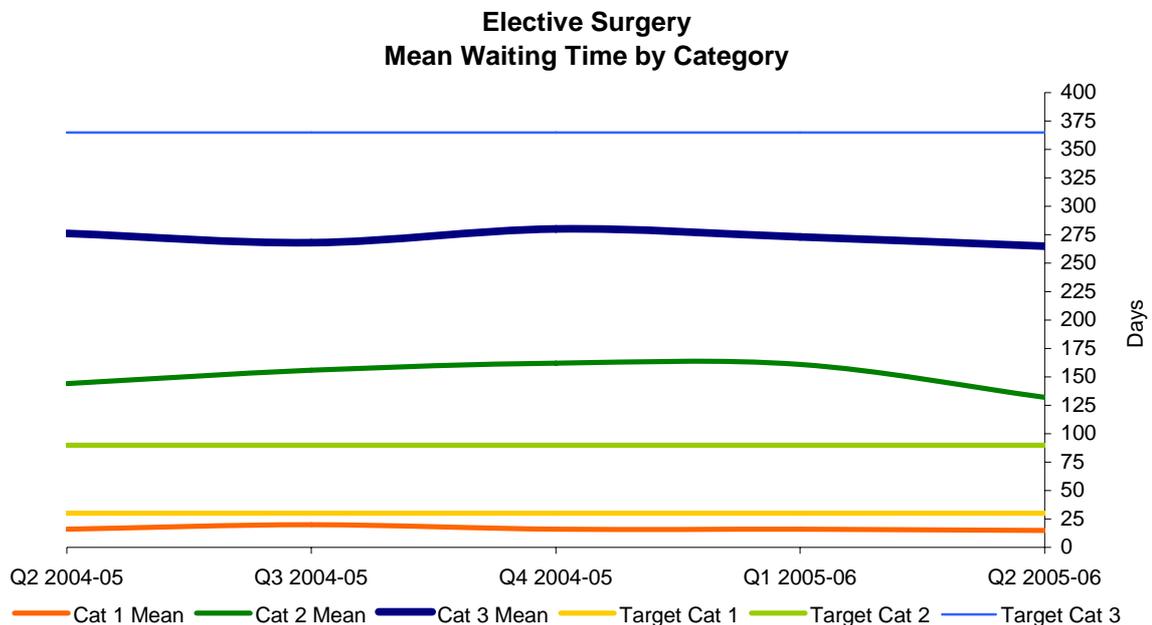
People scheduled for elective surgery are assigned an urgency category dependent on the clinical need for that surgery:

- ◆ Category 1 – Urgent – admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency
- ◆ Category 2 – Semi-Urgent – admissions within 90 days is desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency
- ◆ Category 3 – Non-Urgent – admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency

The ACT applies a target of 1 year for people classified as Category 3 patients

The results show the average waiting time by category for those who received surgery during the reported time period.

### Results



The mean waiting time for patients admitted as category one or three elective surgery patients was well within the standard waiting times for those categories. The mean waiting time for category two patients admitted for surgery in the second quarter of 2005-06 was 132 days. This is above the target for the maximum waiting time for category two patients of 90 days, but is 18% or 29 days under the mean waiting time reported for the first quarter or 2005-06. The drop in the mean waiting time is due to the additional Government investment in elective surgery.

# Elective Surgery

## Waiting Times by Category at 50th and 90th Percentile

### Indicator

The waiting time at admission for elective surgery by category at the 50th and 90th percentile

### Description

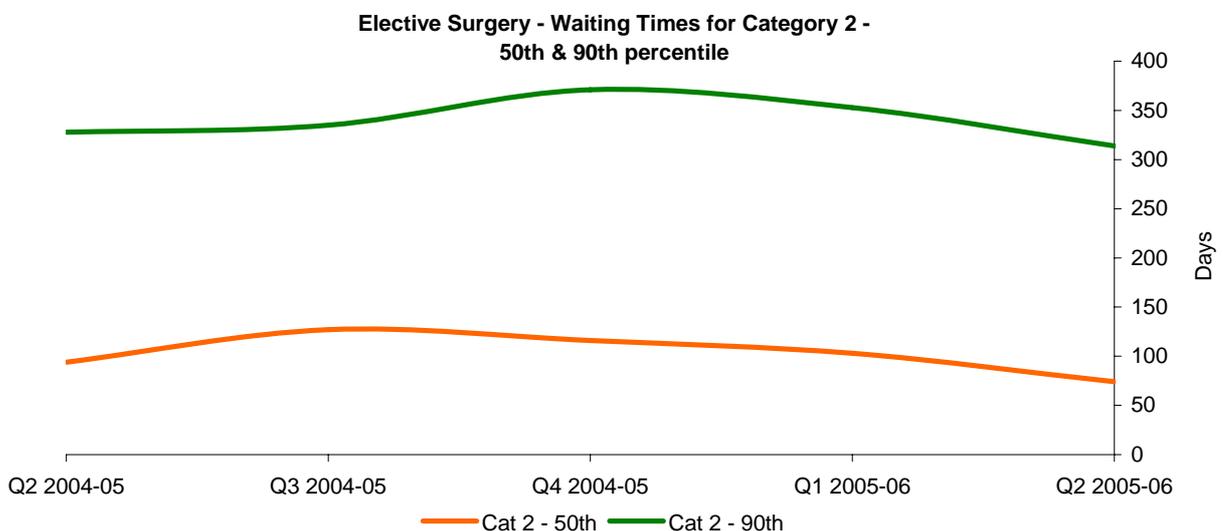
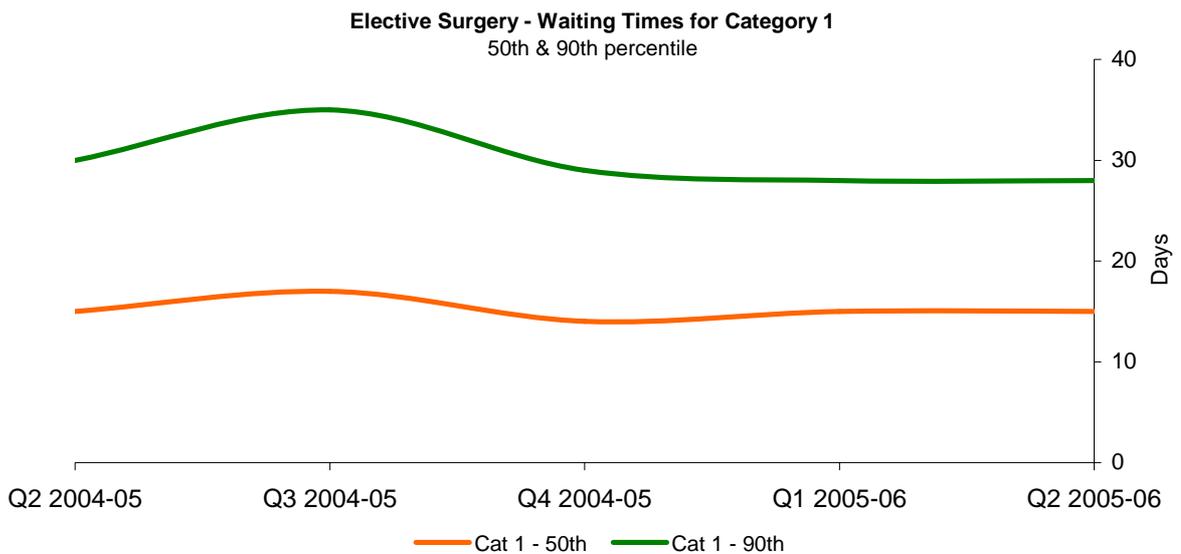
Waiting times at the 50<sup>th</sup> and 90<sup>th</sup> percentile are presented as the number of days within which 50 per cent of patients are admitted and the number of days within which 90 per cent of patients are admitted.

Report on Government Services  
Productivity Commission

The information is valuable in providing an understanding of general access to elective surgery (the 50th percentile) as well as the waiting time for those who are among those who have been waiting the longest for surgery. (90<sup>th</sup> percentile).

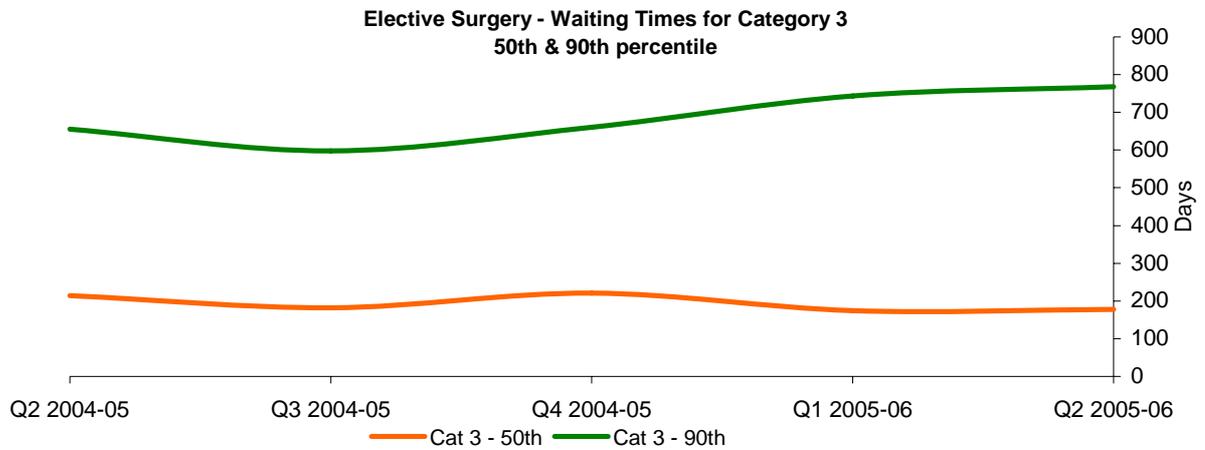
The 50<sup>th</sup> percentile lines below shows the number of days within which 50% of people were admitted for surgery. The 90<sup>th</sup> percentile line shows the number of days within which the overwhelming majority, or 90% of people were admitted.

### Results



## Access - How timely is access to our services?

The waiting times for the people at the 50th and 90th percentiles for Category two patients in the second quarter continued the improvement noted in first Quarter 2005-06.



The waiting times for category three people at the 50<sup>th</sup> percentile for the 2nd Quarter 2005-06 has been maintained at well below the standard maximum waiting time of 365 days. The large waiting time for persons at the 90<sup>th</sup> percentile demonstrates the continuing effort to provide surgery for those who have been waiting the longest for care.

## Endoscopy Waiting Times

Proportion of category one, two and three patients admitted within standard timeframes

### Indicator

Responsiveness of the hospital system to those in urgent need of an endoscopy.

### Definition

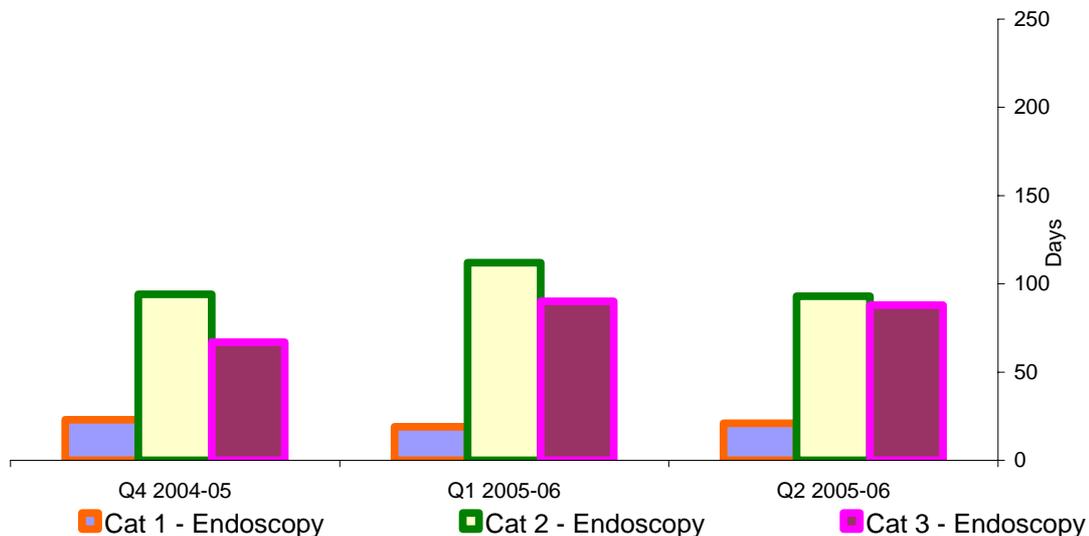
Patients requiring an endoscopy are classified along the same lines of those people waiting for elective surgery

- ◆ Category 1 – Urgent – admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency
- ◆ Category 2 – Semi-Urgent – admissions within 90 days is desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency
- ◆ Category 3 – Non-Urgent – admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency

The ACT applies a target of 1 year for people in Category three.

### Results

#### ACT Public Hospitals Waiting Times for Endoscopy



The average waiting time for patients in category one and three patients requiring elective endoscopy procedures was within required timeframes in the second quarter. The average waiting time for category two patients for the second quarter of 2005-06 was 93 days, which is slightly above the standard timeframe of 90 days, and down from the 108 days reported for the first quarter of 2005-06.

Quarter 1 average waiting times have been adjusted in this report to include additional procedures not reported in the quarter 1 report.

## Intensive Care Unit - The Canberra Hospital

Acute Care Services  
Access to Hospital Services

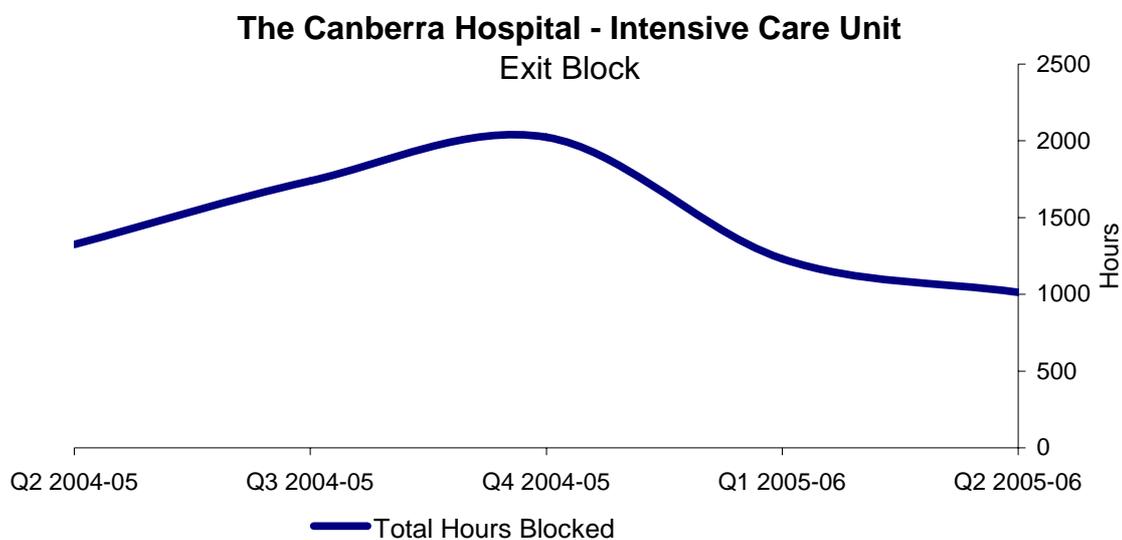
### Indicator

Efficiency of the hospitals to transfer patients out of the intensive care unit.

### Definition

“Exit Block” from the intensive care unit occurs where patients wait 4 hours or more within the intensive care unit after a general ward bed request has been made. The total number of hours of ICU exit block is presented below.

### Results



The Canberra Hospital's Intensive Care Unit reported 1,014 hours or exit block in the second quarter of 2005-06. This is 23% below the 1,325 hours reported in the same quarter in 2004-05.

A major aim of the Access Improvement Program (established in 2005-06) is improving the flow of patients from and between emergency department, operating theatres, intensive care units and general wards. For the Intensive Care Unit, our aim is to progressively reduce exit block hours, and thereby improve the flow of patients throughout the hospital.

## Dental Health Services

### Dental services - waiting times (urgent)

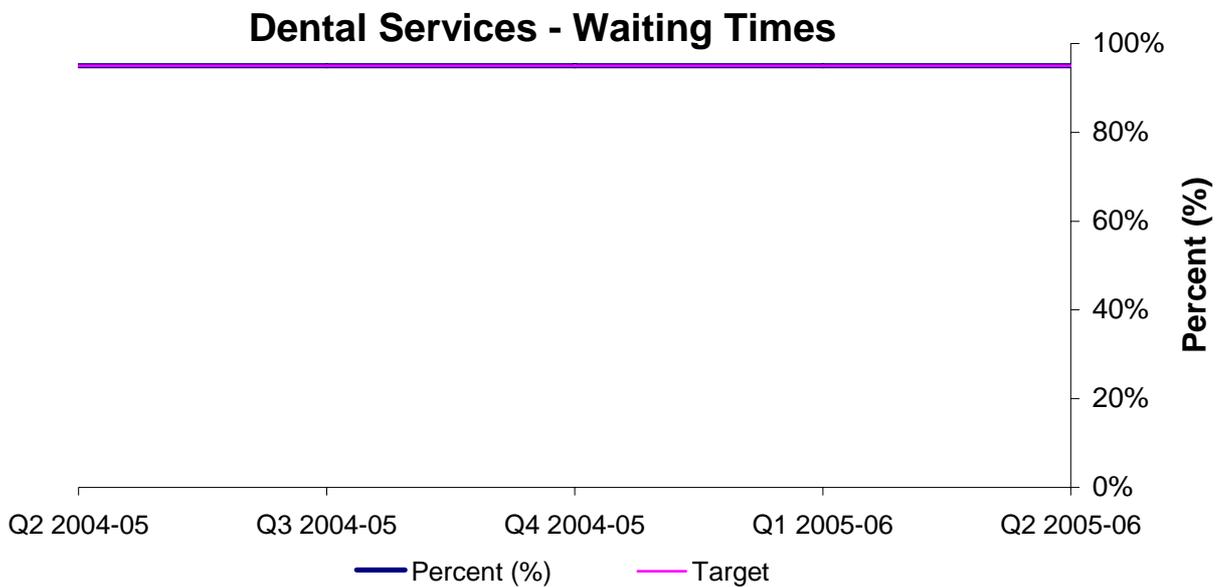
#### Indicator

Responsiveness of the dental service to emergency need.

#### Definition

The proportion of clients assessed with emergency dental health needs that are seen within 24 hours.

#### Results



Community health have met the target of 95% of people accessing emergency services within 24 hours for each of the last 5 quarters.

## Dental services - waiting times for Centralised Waiting and Recall List (CWRL)

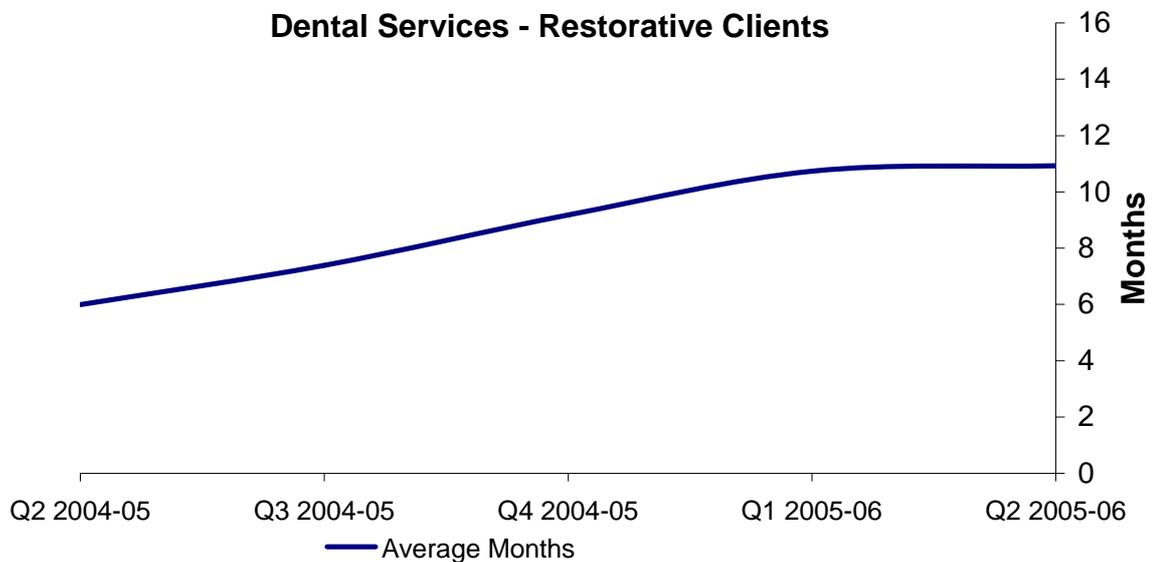
### Indicator

Responsiveness of the adult dental program to treat clients on the Centralised Waiting and Recall List (CWRL) requiring restorative treatment.

### Definition

The mean waiting time for clients requiring restorative treatment on the Centralised Waiting and Recall List (CWRL). Restorative refers to all routine dental treatment excluding denture fittings.

### Results



There has been an increase in demand for restorative services in the past 12 months. In the second quarter 2004/05 there was an average of 1,174 clients on the Centralized Waiting and Recall List (CWRL) with an average waiting time of 25.5 weeks. In the same period in 2005-06 there was an average increase of 206% in demand for restorative services with 2,425 clients on the CWRL and a waiting time of 46.8 weeks

The Centralized Waiting and Recall List (CWRL) also includes clients that have received a full course of dental treatment. These clients may place their name back on the CWRL 12 months from the date of completion of their full course of dental treatment.

This is a fair and equitable system that creates a balance between people who are on the waiting list with high treatment needs that have never received a service and those clients who are dentally fit after receiving a full course of treatment.

The Australian Health Ministers' Advisory Council set minimum standard benchmarks in a number of areas, including access to restorative services stating that:

*All adults should receive at least one course of general dental care every three years on average.*

At January 2006 the ACT is exceeding this benchmark offering adult clients a full course of care every 2 years.

## Radiation Oncology

### Urgent and semi-urgent patient access times

Cancer Stream - Outpatients  
Timeliness of access to care

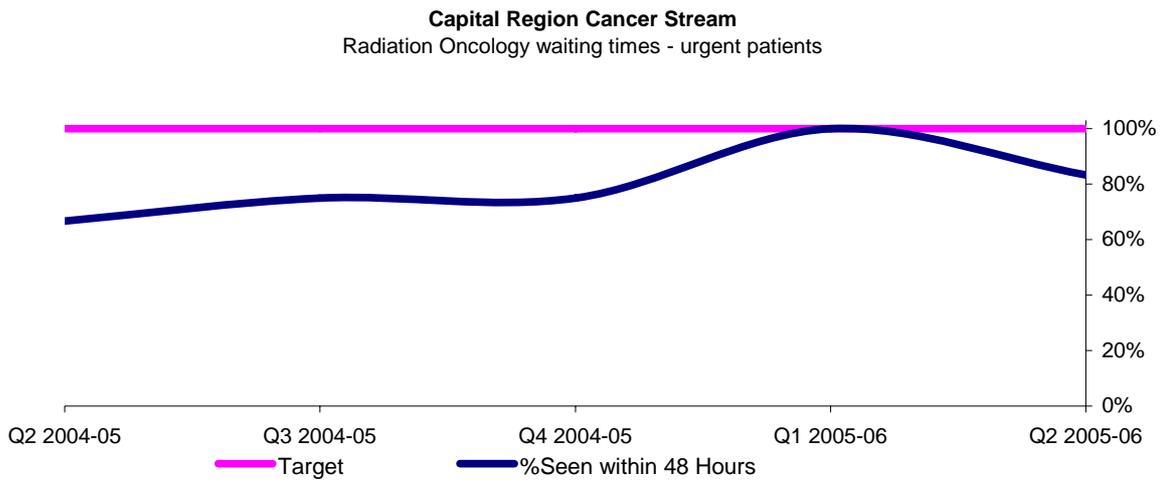
#### Indicator

Effectiveness of radiotherapy services in meeting the need for urgent and semi-urgent demand for services for the people of the ACT and region.

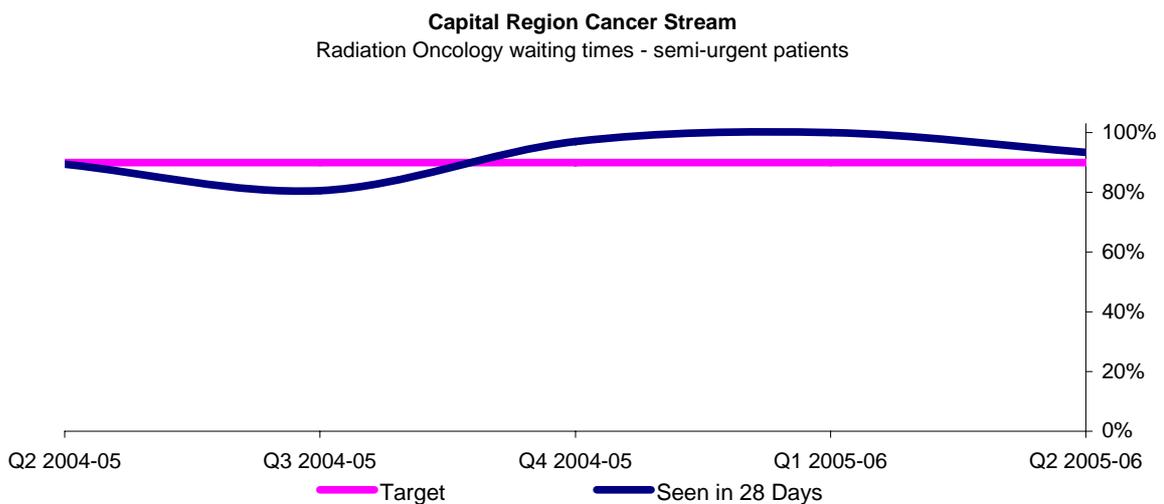
#### Definition

Percentage of urgent radiotherapy patients who receive care within 48 hours and proportion of semi-urgent patients who receive care within 28 days.

#### Results



Care needs to be taken in drawing conclusions from the performance for urgent clients due to the small number of people represented by the data. Five out of the six urgent patients in the second quarter of 2005-06 received care within 48 hours. The maximum waiting time for urgent patients was 72 hours



Of the 76 patients categorised as semi-urgent in the second quarter of 2005-06, 71 received care within 28 days. The maximum waiting time for a semi-urgent patient during the quarter was 31 days.

## Breast Screening

### Waiting times for breast screening and assessments

#### Indicator

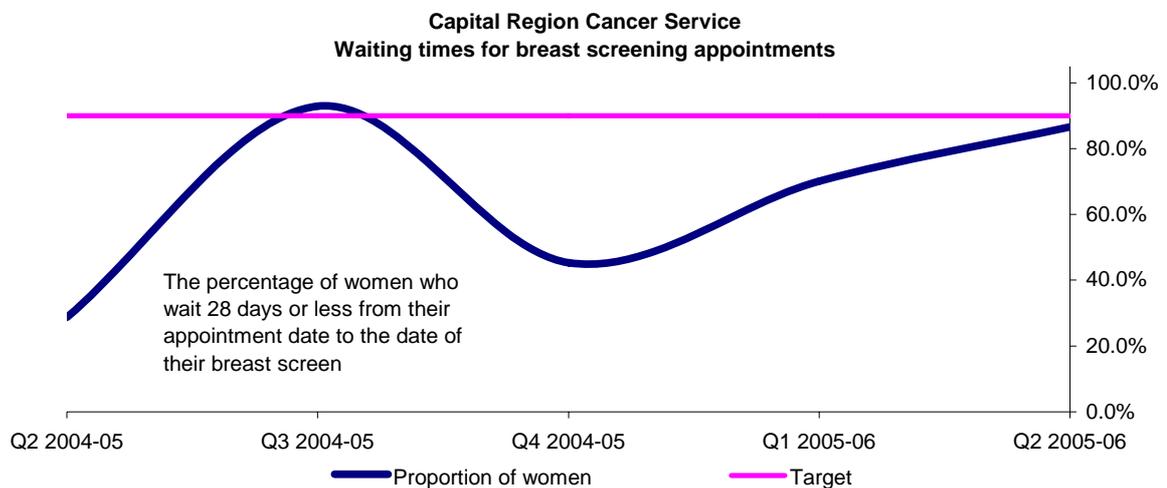
Effectiveness of the Breast Screen ACT in providing timely advice to women on the results of their breast screen

#### Definition

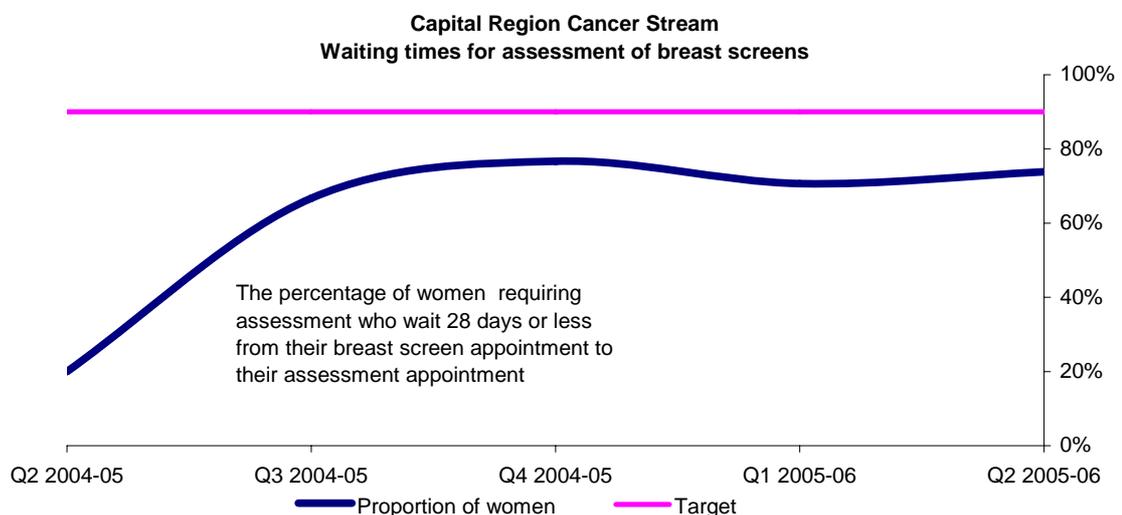
1. The percentage of women who wait 28 days or less from their appointment date to the date of their breast screen
2. The percentage of women who wait 28 days or less from their breast screen to the assessment of the results of their breast screen.

Note: The target for the percentage of women who wait 28 days or less from their appointment date to the date of their breast screen have been amended to 90% (previously 100%). This amendment to the target reflects the national standard which is 90% of women will wait 28 days or less for a breast screening appointment.

#### Results



Waiting times for appointments are progressively improving. The Capital Region Cancer Service reported 86% of women received their appointment within 28 days in the second quarter – a significant improvement on the 70% reported in the first quarter. Earlier problems with availability of radiologists and the introduction of new software have largely been overcome.



Waiting times for assessments have been generally maintained in the 2<sup>nd</sup> quarter of 2005-06.

# Safety

## How do we measure the safety and quality of our services?

There are several indicators currently reported that measure the quality of care provided to the community. They are continually under review and change as better indicators are developed to measure the safety and quality of health care.

For this report ACT Health has selected quality indicators that are used routinely across Australia. In future reports ACT Health will provide more robust statistical analysis. Cumulative data will allow interpretation of trends and statistical significance will become more valid over time.

Some charts in this section show confidence intervals (CI). CI upper and CI lower refer to the statistical confidence limits. Variations in rates within these limits are not statistically significant.

The collection and reporting of patient safety data is time consuming and complex as it requires interrogation of a large number of medical records. Therefore, the data reported for the most recent quarter is subject to change following finalisation of data interrogation by patient safety auditors.

### Unplanned return to hospital within 28 days

Acute Care  
Quality – Safety Measures

#### Indicator

The proportion of people readmitted to hospital within 28 days of their discharge, where the readmission was not planned at time of discharge.

#### Definition

ACT Public Hospitals use the Australian Council on Healthcare Standards (ACHS) definitions, website: [<http://www.achs.org.au/>]

Unplanned hospital re-admission refers to an:

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

Day stay patients are included in both the numerator and denominator figures. Day stay patients are those whose admission date equals the discharge date. Hospital in the Home patients and emergency department patients re-admitted to the emergency department only, are not included in this indicator. This indicator addresses patients re-admitted to the same organisation. The numerator and denominator figures are calculated as follows:

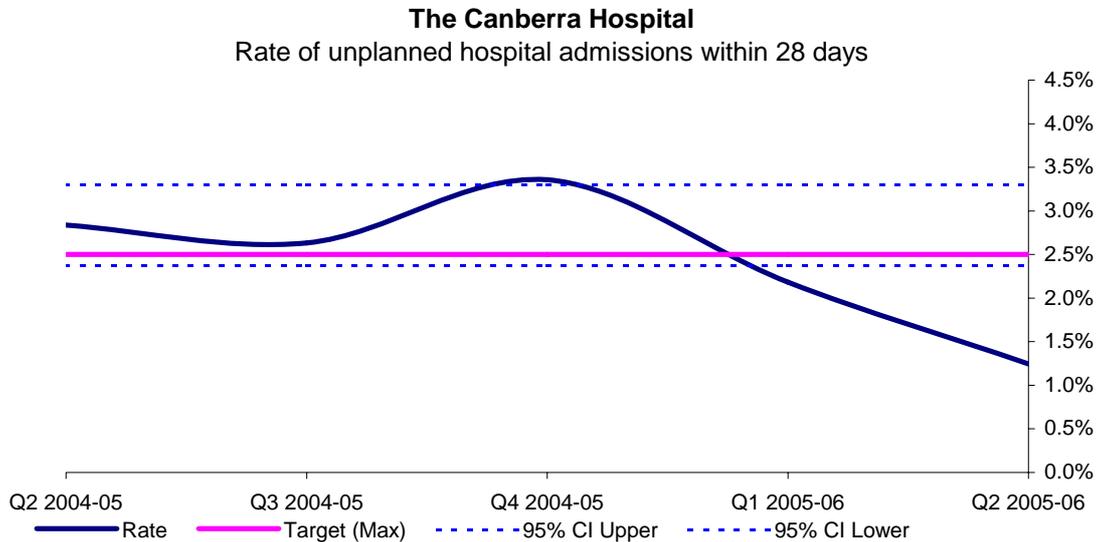
- ◆ Numerator The total number of unplanned and unexpected re-admissions within twenty-eight days of separation, during the time period under study.

## Safety - How do we measure the safety & quality of our services?

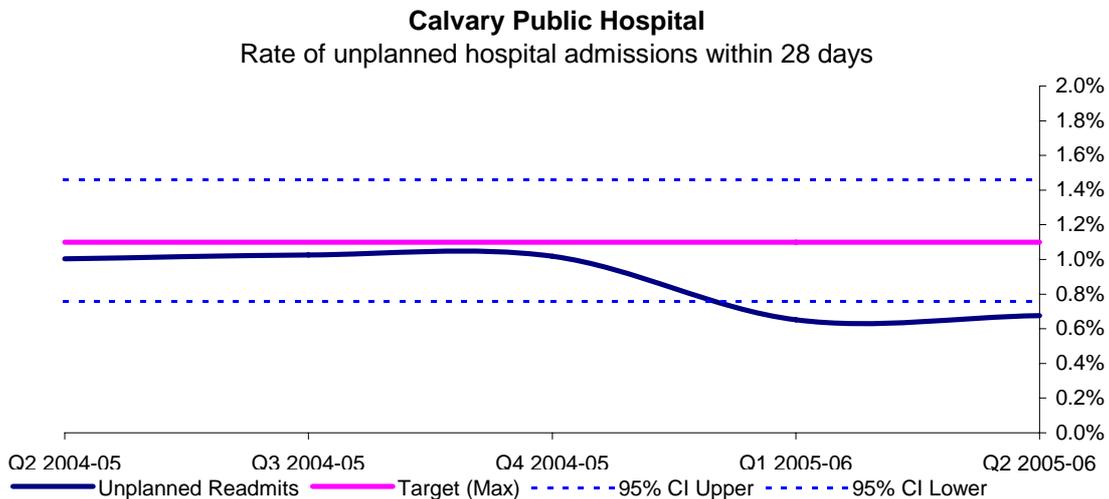
- ◆ Denominator The total number of separations (excluding deaths) during the time period under study.

Given the different nature of our two public hospitals, there are separate targets for each hospital.

### Results



The Canberra Hospital reported an unplanned readmission rate of 1.24% for the second quarter – a drop from the 2.18% reported for the first quarter and well within the target range.



Calvary continues to meet the target for unplanned re-admissions, reporting a figure of 0.67% for the second quarter

## Unplanned return to operating theatre

### Indicator

Unplanned return to the operating room during the same admission measuring quality of theatre and post-operative care.

### Definition

ACT Public Hospitals use the Australian Council on Healthcare Standards (ACHS) definitions, website: <http://www.achs.org.au/>

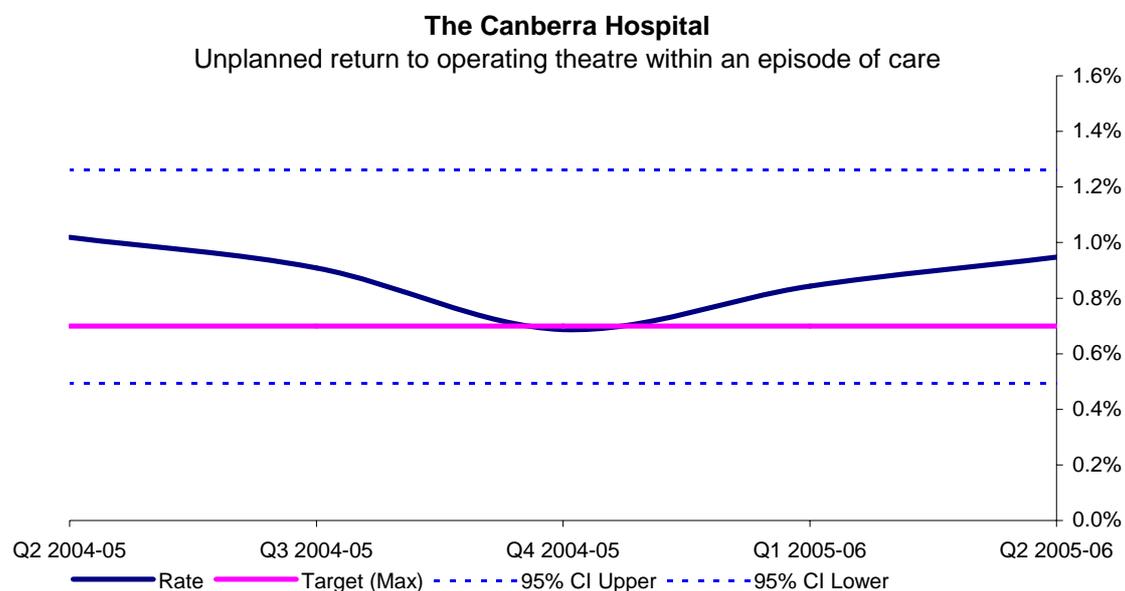
Unplanned refers to the necessity for a further operation for complication(s) related to a previous operation/procedure in the operating room. Return refers to re-admissions to the operating room for a further operation/procedure. An operating room is defined as a room, within a complex, specifically equipped for the performance of surgery and other therapeutic procedures.

Day stay patients are included in both the numerator and the denominator.

Patients returning to the operating room from the recovery room are included in the numerator figure. When there are multiple returns to the operating room for the one patient, that patient is counted only once.

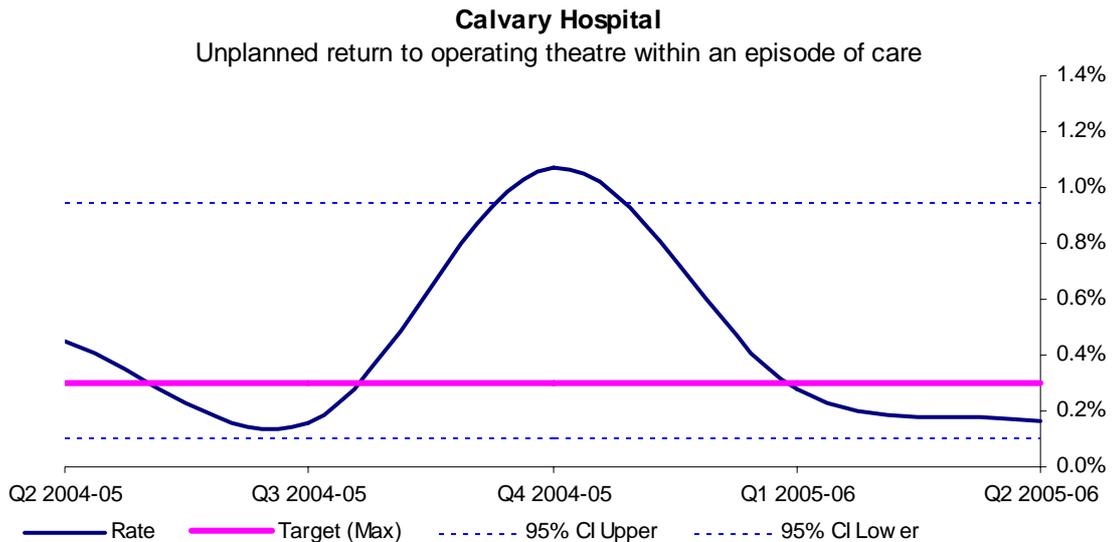
- ◆ Numerator The number of patients having an unplanned return to the operating room during the same admission, during the time period under study.
- ◆ Denominator The total number of patients having operations or procedures in the operating room during the time period under study.

### Results



Unplanned returns to operating theatre historically demonstrate variability particularly as the numbers concerned are very small, artificially highlighting the peaks and troughs. Caution should be used when interpreting this information, due to the small sample size.

## Safety - How do we measure the safety & quality of our services?



Caution should be used when interpreting this information, due to the small sample size.

## Hospital acquired blood stream infections

**Acute Care**  
Quality – Safety Measures

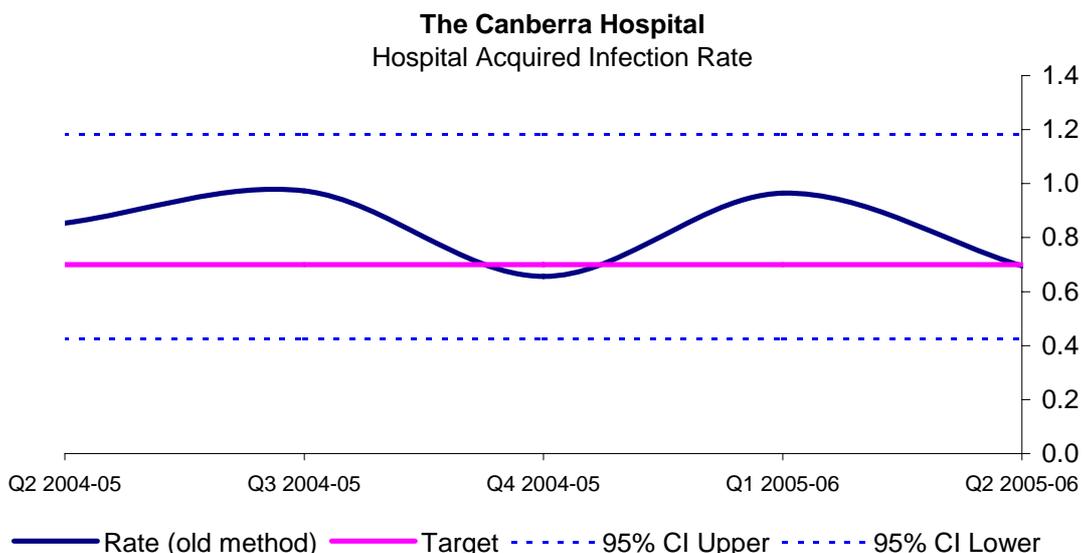
### Indicator

The rate of blood stream infections acquired within a healthcare service as a proportion of total hospital episodes.

### Definition

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

### Results



Blood stream infections such as *staphylococcus aureus* act as a trigger indicator and can result in serious illness or even death. The rate is within the target range, despite quarterly variations.

## Safety - How do we measure the safety & quality of our services?

### Calvary Hospital Hospital acquired blood stream infections

Calvary Hospital's reported rate for hospital acquired blood stream infections in September 2005 is 0.07%. Their target rate for 2005-06 is 0.1%. Given Calvary's patient mix, there are rarely more than one or two instances of blood borne infection in any month. This data is not provided graphically as the small numbers can result in large fluctuations that are not reflective of actual results.

## Rate of pulmonary embolism

Acute Care  
Quality – Safety Measures

### Indicator

This indicator shows quality of care and the effectiveness of the hospital system in meeting the needs of patients.

### Definition

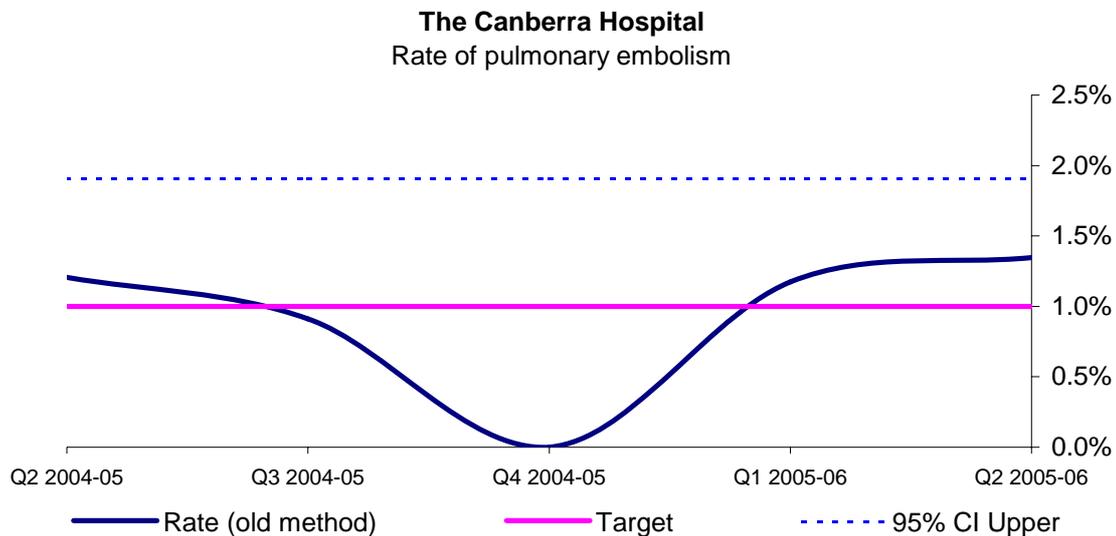
This complication, with its attendant risk of death, is to some extent, avoidable through the use of appropriate prophylaxis.

Post-operative transfers from other health care organizations are not included.

Surgery is defined as a therapeutic procedure involving incision into body tissue. This indicator relates to the admissions during which surgery is performed, hence, patients with a length of stay of greater than seven days are included.

- ◆ Numerator The number of inpatients undergoing surgery with a post-operative length of stay equal to or greater than 7 days who develop post-operative pulmonary embolism during the time period under study.
- ◆ Denominator The total number of inpatients undergoing surgery with a post-operative length of stay equal to or greater than seven days during the time period under study.

### Results



These figures are reported for The Canberra Hospital due to its role as the major tertiary hospital in the region and the major trauma centre for the ACT and southeast NSW. It should be noted that The Canberra Hospital treats more complex emergency cases with higher likelihood of hospital acquired infection and pulmonary embolisms.

## Safety - How do we measure the safety & quality of our services?

It is important to note that the denominator value is the number of patients with post-operative length of stay equal to or greater than seven days. Under improving methods and national practice, many post-operative patients are discharged within a few days. Hence the result shown must be considered with caution as a small shift in reported numbers (i.e., 1 patient) will cause large fluctuations in the reported chart.

Calvary Hospital's reported rate for pulmonary embolism in September is 1.25%. Their target rate for 2005-06 is <1%. Given Calvary's patient mix, there are rarely more than one or two instances of pulmonary embolism in any month. This data is not provided graphically as the small numbers can result in large fluctuations that are not reflective of actual results.

## Mental Health clients seen within 7 days post discharge from hospital

Acute Care  
Quality – Safety Measures

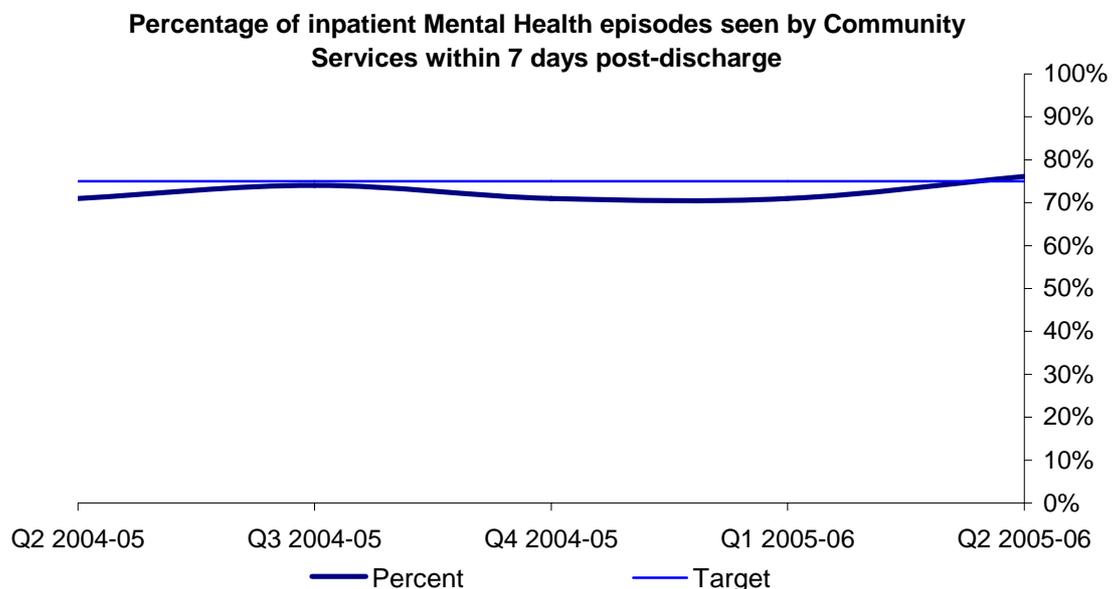
### Indicator

Effectiveness of Mental Health ACT in providing an integrated response to the needs of its clients.

### Definition

The proportion of clients seen at an ACT Health community facility during the 7 days post discharge from the inpatient services.

### Results



Mental Health ACT exceeded the target in the second quarter of 2005-06, reporting 76% of inpatients receiving community based services within 7 days of their discharge. The target of 75% is set as some clients chose to receive follow services from private practitioners rather than Mental Health ACT community services.

## Safety - How do we measure the safety & quality of our services?

### Use of seclusion for clients

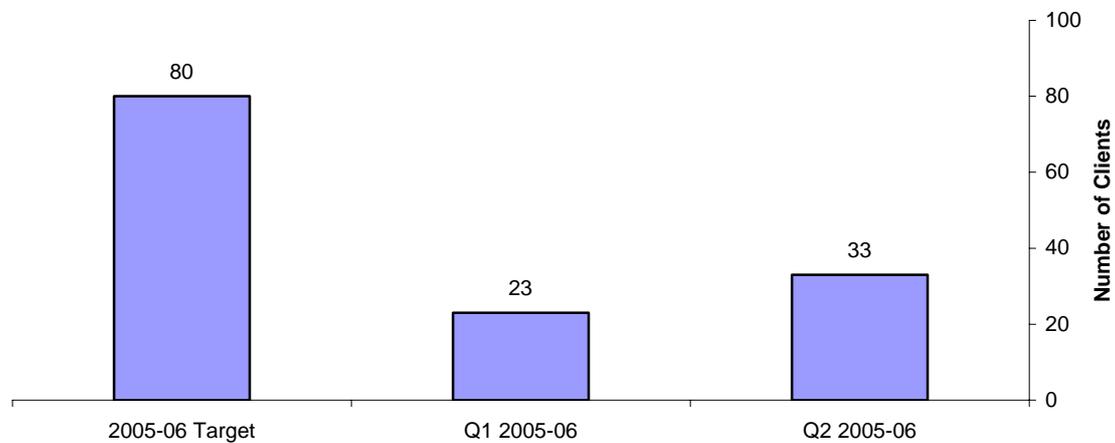
#### Indicator

Effectiveness of Mental Health ACT in providing an integrated response to the needs of its clients.

#### Definition

The number of persons subject to seclusion under the Mental Health (treatment and Care) Act 1994 at the Canberra Hospital Psychiatry Services Unit and Brian Hennessy Rehabilitation Centre and recorded in the Units seclusion registers. *(The registers are a statutory requirement).*

#### Results



The September 2005 quarter level is slightly above the pro-rata target for the second quarter (20). However, it should be noted that cost weighted activity at the Psychiatric Services Unit at The Canberra Hospital are up 4.6% on the previous year. There has been an increase in the acuity of patients admitted to the PSU, including young people with drug induced psychosis.

# Efficiency & Effectiveness

## How efficient and effective are our public health services

### Day of Surgery Admission

Acute Care  
Efficient & Effective Health Services

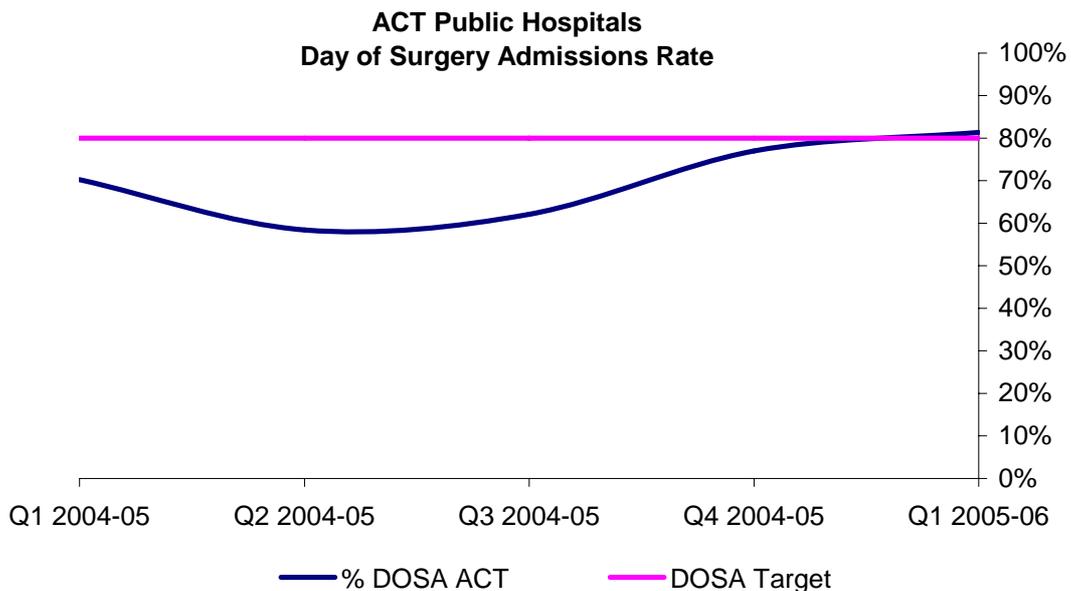
#### Indicator

The proportion of multi-day patients admitted to hospital for elective surgery procedures who are admitted on the day of their procedure.

#### Description

Day of surgery admission is an expanding practice that is based on improving health outcomes for the community. Preparatory work that used to be undertaken after a patient was admitted for a procedure is now (where clinically appropriate) undertaken in a coordinated manner in outpatient pre-admission clinics. This also increases the number of available beds in the hospital, increasing the efficiency of the service.

#### Results



The Day of Surgery Admission (DOSA) rate for the first quarter 2005-06 was above target (81.4%). The DOSA rate has improved steadily over recent months reaching 77% in the 4<sup>th</sup> Quarter 2004-05 (from a low of 58% in the second quarter of 2004-05) and then rising to 81.4% in the 1<sup>st</sup> Quarter 2005-06. This improvement is part of the suite of initiatives implemented to improve patient outcomes and increase the efficiency of our hospitals

## Nursing Home Type Patient Bed-Days

**Acute Care**  
Efficient & Effective Health Services

### Indicator

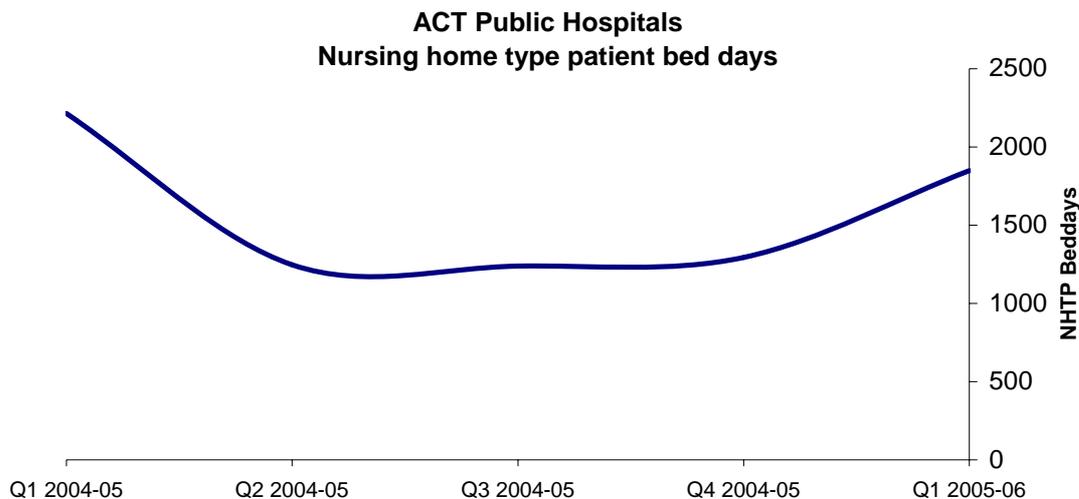
The number, reported following discharge from hospital, of acute hospital bed days each quarter occupied by people who have been assessed as no longer in need of acute care, but in need of some level of supported care.

### Description

The number of acute hospital bed days used by people who are assessed as not needing acute hospital type care but need nursing home type care. This is a measure of the effectiveness of health, aged care and community services in providing the best care for the people related to their specific care needs.

People who no longer require acute care should not continue to occupy acute hospital beds. An acute care environment is not appropriate for people whose needs are for supported accommodation and not medical assessment, treatment and care. Continued accommodation in a hospital setting can reduce health outcomes as well as reduce the capacity of the hospital to meet acute care demands

### Results



ACT public hospitals reported 1,848 nursing home type patient (NHTP) bed days for the first quarter of 2005-06, a drop of 17% on the 2,214 reported for the same quarter in 2004-05. The increase in NHTP separations reported in the first quarter of 2005-06 compared to the previous quarter relates to higher demand for hospital service by older people during the winter months.

## Bed Occupancy Rate

Acute Care  
Efficient & Effective Health Services

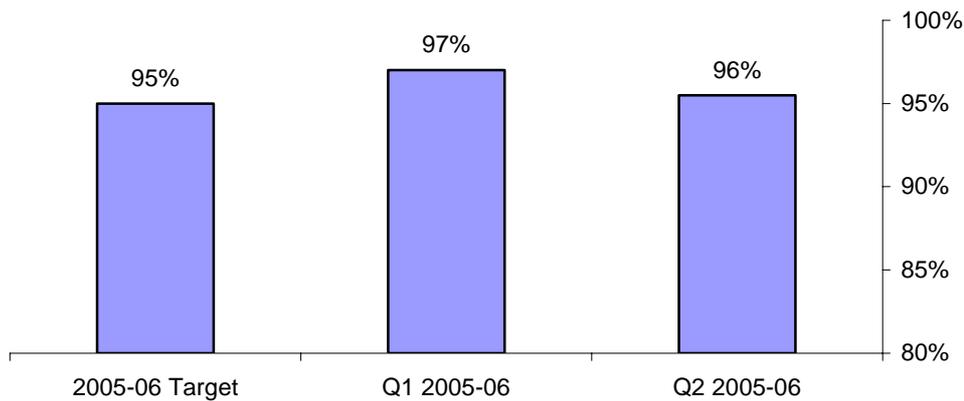
### Indicator

The percentage of acute overnight adult medical and surgical hospital beds in use.

### Description

The number of occupied acute overnight medical and surgical beds is expressed as a percentage of beds immediately available for use by admitted patients. The reduction of bed occupancy rates facilitates patient safety, reduces access block, establishes efficient workflows and minimises disruption to elective surgery.

### Results



ACT Public Hospitals have made steady progress over the first two quarters of 2005-06 towards meeting the target occupancy rate of 95% for the year. The improvement noted over recent months is due to the additional capacity provided in the 2005-06 budget – with an additional 20 medical beds added to hospital capacity.

## Ambulance Off-Stretcher Time

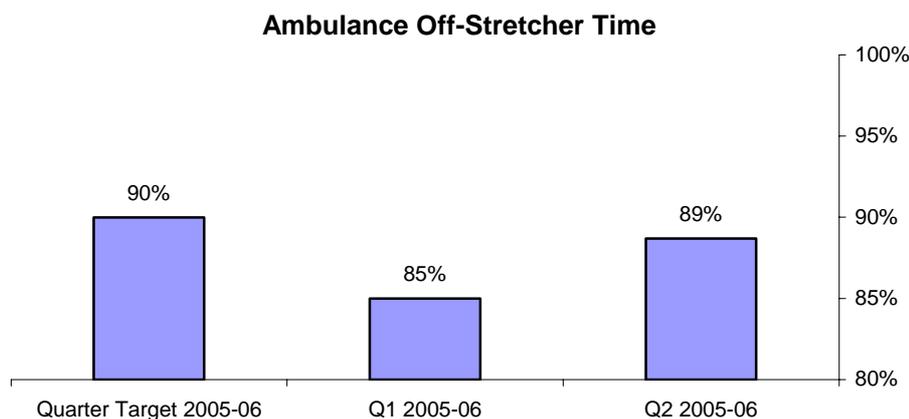
Acute Care  
Efficient & Effective Health Services

### Indicator

Percentage of ambulance off-stretcher times of less than 20 minutes expressed as a percentage of the total number of ambulances presenting to emergency departments.

### Description

Ambulance off-stretcher delays are defined as those situations where an ambulance is unable to transfer care of a patient to a hospital emergency department in less than 20 minutes



## Elective Surgery - Hospital initiated postponements

Elective Surgery  
Efficient & Effective Health Services

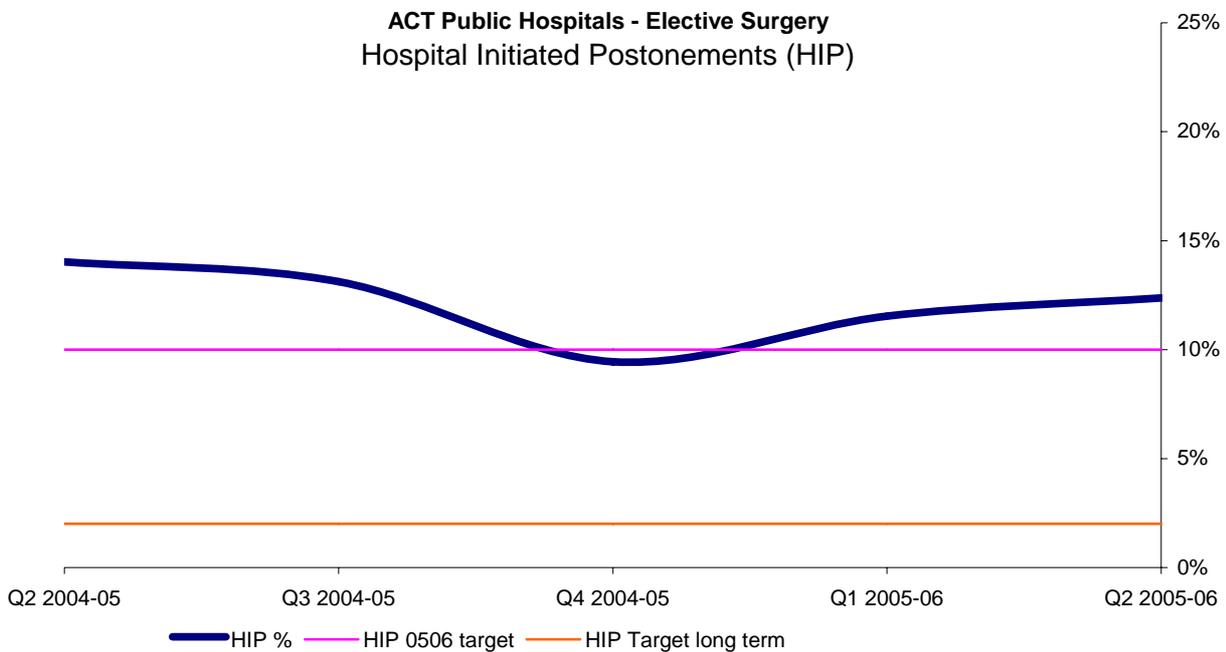
### Indicator

The proportion of people scheduled for elective surgery who have their surgery postponed by the hospital.

### Description

The level of postponement of elective surgery by hospitals is a major indicator for the effectiveness of the management of the elective surgery waiting list. The main reason for elective surgery postponement is due to substitution of a more urgent patient.

### Results



The hospital initiated elective surgery postponements rate (HIP) increased slightly in the second quarter to 12.4% - up from 11.5% reported for the first quarter of 2005-06. This rate recorded in the second quarter was 1.6% below the 14% reported in the second quarter of 2004-05.

The slight increase in the HIP rate has not impacted on elective surgery throughput due to increased surgical capacity following the extension of operating theatre times at The Canberra Hospital in recent months.

The long term target for rate of HIP is 2%. Further work will be undertaken via the Access Improvement Program to improve the management of operating theatres to maximise throughput and increase the proportion of people accessing elective surgery.

## Acute rehabilitation length of stay

**Acute Care**  
Efficient & Effective Health Services

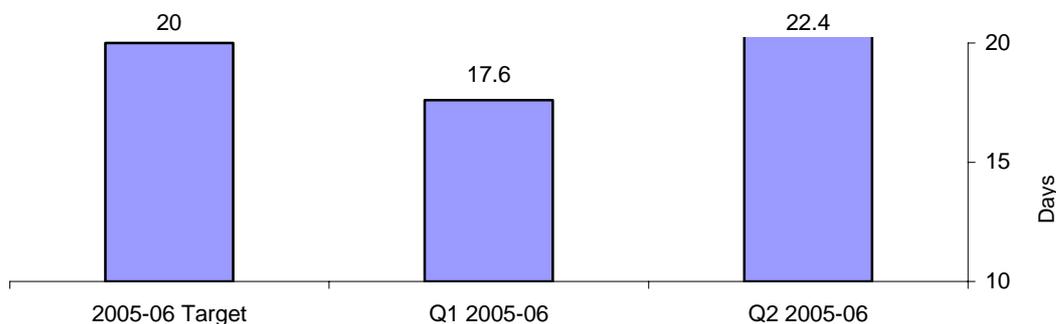
### Indicator

The average length of stay, in days, of people receiving acute rehabilitation care in our hospitals.

### Description

Average length of stay for acute rehabilitation patients is an indicator of the effectiveness of the continuity of care for people who require rehabilitation following an hospital episode. The establishment of effective sub-acute and community based rehabilitation services means that patients can be referred from acute care to less intensive forms of care in a shorter time, providing better environments to maximise health outcomes.

### Results



## Waiting Time for ACAT Assessments

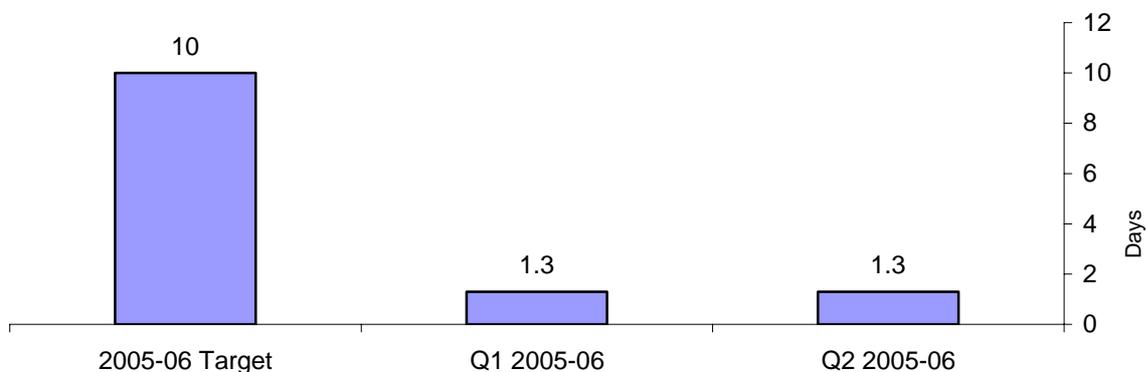
**Aged Care**  
Efficient & Effective Health Services

### Indicator

Waiting times for in hospital assessment by the Aged Care Assessment Team

### Description

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



The Quarter 1 result was previously reported as 3.3 days and included weekends. In accordance with the definition for this indicator, the Q1 result has been adjusted to 1.3 working days. An increased emphasis on providing prompt in-hospital assessment by the Aged Care Assessment Team (ACAT) has significantly improved on waiting times. Timely ACAT assessments facilitate the transfers to more appropriate care environments such as supported care at home or aged care residential services.

## Mental Health

**Mental Health**  
Efficient & Effective Health Services

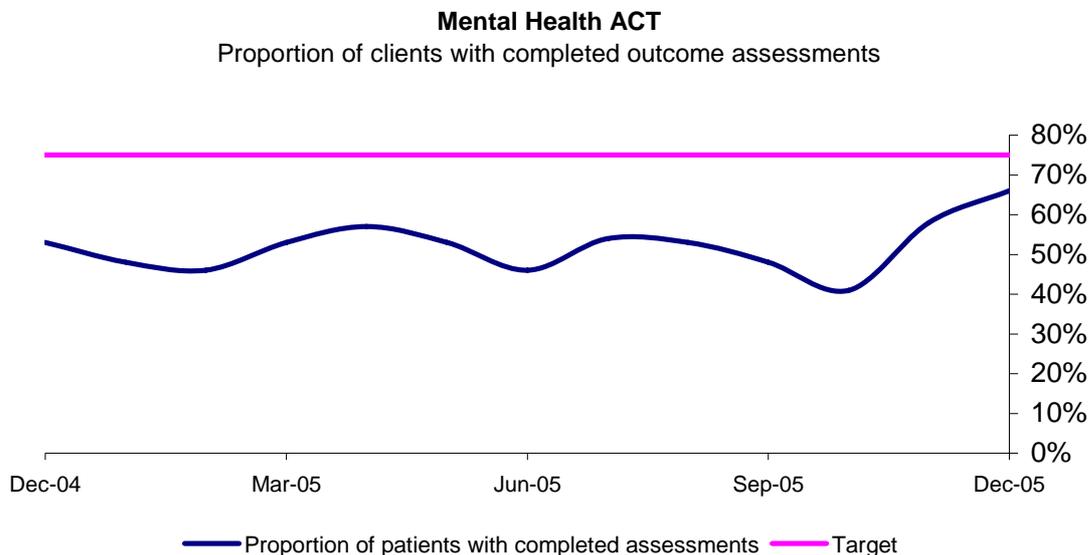
### Proportion of Clients with Completed Outcome Measures

#### Indicator

The proportion of clients of Mental Health ACT with completed outcome assessments.

#### Description

There is a national commitment to introduce consumer outcomes measurement as part of day-to-day service delivery. Outcome assessments provide a holistic, consumer focused approach to care. "The introduction by Australia of routine outcome assessment in mental health services is a major undertaking that has few international precedents. Arguably, it represents the most significant industry development in the mental health sector since the beginning of deinstitutionalisation in the 1960s" (National Mental Health Report 2004).



Progress in the introduction of outcome measurement in the ACT has been mixed. This is consistent with other jurisdictions. However recent improvements can be noted in the above graph.

Mental Health ACT is seeking to establish outcome measurement as a routine part of client care. Some of the initiatives include

- Improvements to align data collection with national standards and mandate requirement as part of a national agreement for recording data
- Enhance auditing, monitoring, training and reporting
- Improvements in business process in mental health data bases to align the data with national standards and to mandate the requirement for data to be recorded;
- release of a position statement and accompanying policy to reinforce with clinicians and medical staff that outcome measures are mandated as part of a national agreement;

## Mental Health Supported Accommodation Bed Occupancy Rate Provided by Community Service providers

**Mental Health**  
Efficient & Effective Health Services

### Indicator

Occupancy rate for supported accommodation places provided by Community Service Providers: Richmond Fellowship, Centracare, ACT Mental Health Foundation and Inanna. (Occupancy Rate is calculated by a bed place per day accommodating a mental health consumer.)

### Description

Four Community Mental Health Service Providers are funded to provide long term rehabilitation, support and accommodation services for 38 places.

### Results

Community Service Providers are required to report bi-annually and the actual occupancy rate expressed as a percentage of the total supported accommodation places was 95% for the period 1 July to 31 December 2005.

## Mental Health Clients with Individual Care plans Increasing consumer and carer participation

**Mental Health**  
Efficient & Effective Health Services

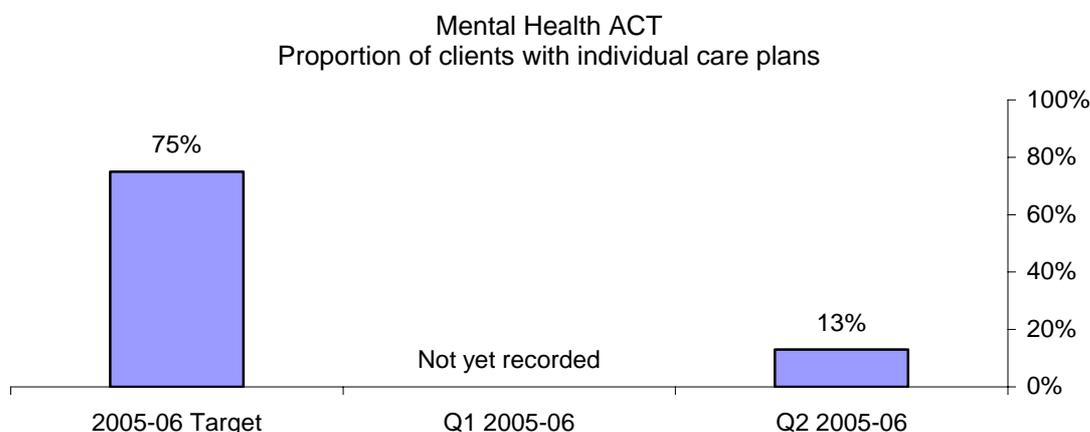
### Indicator

The proportion of Mental Health ACT clients with individual care plans incorporating consumer and/or carer comment and signed agreement.

### Description

This measure will require the adaptation of current records (to include paper based reporting) to provide the necessary paper based care plan record to accurately measure results. This figure is arrived at using Adult mental health case manager data only (doctor only managed data is not included) and also takes into account those consumers who were approached but refused to be involved, as well as consumers which were not approached/will not be approached due to clinical decision on risk.

### Results



This is a new measure. Processes are being developed to improve performance.

## Immunisation - Coverage at 1 Year of Age

**Community Health**  
Efficient & Effective Health Services

### Indicator

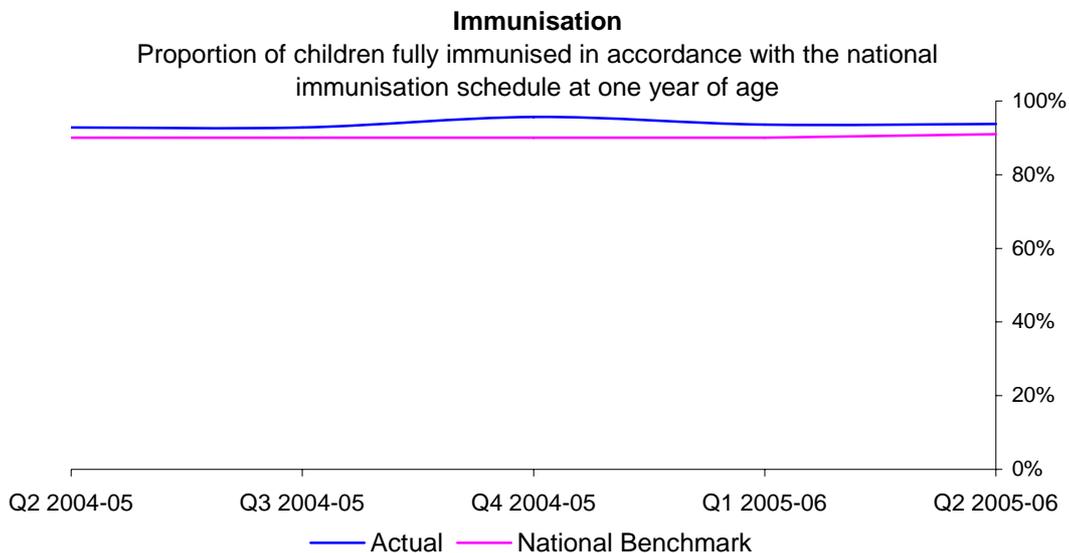
The proportion of children fully immunised, in accordance with the national immunisation schedule, at one year of age.

### Description

The immunisation rate is a good public health measure. The national benchmark for full immunisation at 1 year is 90%.

The ACT regularly exceeds the target of 90% coverage based on available data.

### Results



Immunisation rates over the past 12 months have consistently been above the national benchmark. The rates are also increasing, rising from 90.8% at the beginning of the 2004-05 financial year to 93.6% at the end Quarter 1 2005-06 and up slightly further in the second quarter of 2005-06 (93.8%). Data for the past 2 years show that this is the highest rate achieved in that period.

# Activity

## How busy are our public hospitals and health care services?

### ACT Health Services Throughput

ACT Health Services  
*Hospital Activity measures*

#### Indicator

- ◆ **ACT Public Hospital Cost-Weighted Separations (CWS)** - The total number of inpatient cost-weighted separations to meet the demand for acute care needs by the people of the ACT and surrounding region.
- ◆ **General Hospital cost weighted separations**  
The number of cost weighted separations provided by The Canberra Hospital (excluding those services provided on the campus but operated by the services noted below) and Calvary Public Hospital
- ◆ **ACT Mental Health Cost-Weighted Separations (CWS)** – The number of inpatient cost-weighted separations from the TCH and Calvary psychiatry inpatient units.
- ◆ **Capital Region Cancer Stream Inpatient Services Cost-Weighted Separations (CRCS CWS)** – The number of inpatient cost-weighted separations from the Capital Region Cancer Stream (CRCS) for non-surgical cancer services to meet the needs of the people of the ACT and surrounding region.
- ◆ **Aged Care and Rehabilitation Inpatient Services Cost-Weighted Separations (ACRS CWS)** – The number of inpatient cost-weighted separations from the Aged Care and Rehabilitation Stream (ACRS) to meet the needs of the people of the ACT and surrounding region.

#### Definition

- ◆ **Cost-Weighted Separations (CWS)** –

The counting of hospital separations so as to give an indication of the level of resources employed to provide services.

Not all hospital separations require the same level of resource usage. A heart bypass operation consumes vastly more resources than a regular dialysis episode. Rather than count each of these separations as being equal, health services weight the episodes by attaching a cost weight to every episode of hospital care. The cost weight provides an indication of the resource use for each activity represented as a ratio of the average cost of all services. So the cost weight for a heart bypass operation may be presented as 7.8 cost weights (or almost 8 times the average resource use for a hospital episode) and renal dialysis as a cost weight of 0.25 cost weights.

The classification system used for this process – The Australian Refined Diagnosis Related Groups Version 4.2 groups all hospital related stays into 665 groups, with each group of services relating to the same types of clinical conditions and each requiring a similar level of resources to provide.

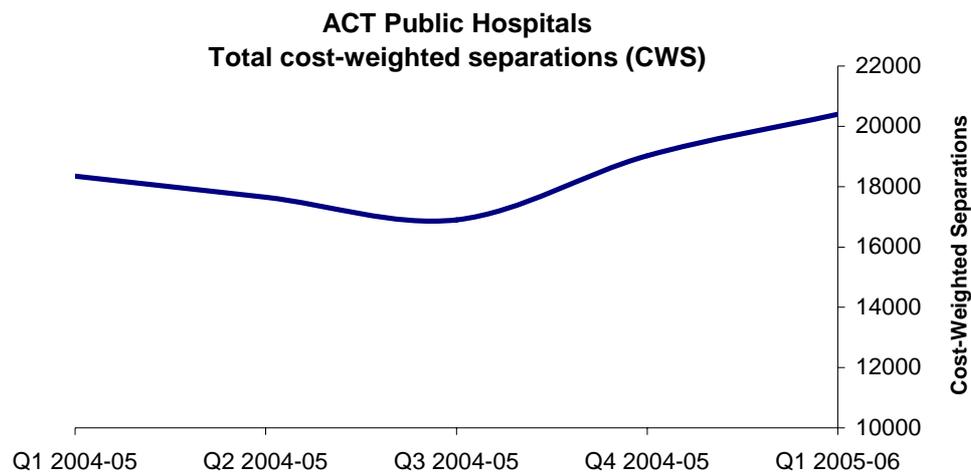
## Activity - How busy are our public hospitals and health care services?

In order to attach cost weights to hospital episodes, hospital administrators must read every hospital record and apply the relevant diagnostic group to each record. This process is very time consuming – and can take up to 45 days from the end of each month to complete. As such, in order to provide an accurate picture of hospital activity, cost weighted data is presented one-quarter in arrears.

### Results

#### Total hospital cost weighted separations

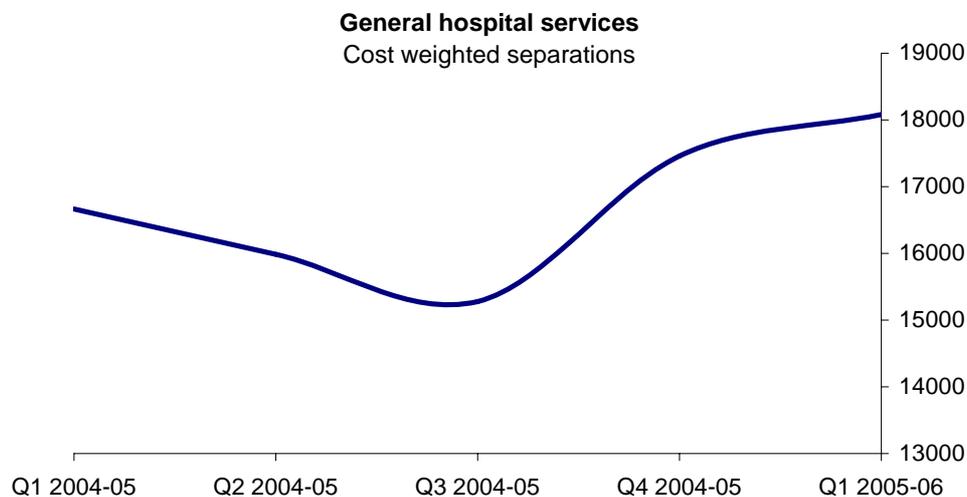
The total number of cost weighted presentations provided at public hospitals including general hospital, mental health, Capital Region Cancer Services and Aged Care and Rehabilitation Services.



Total hospital inpatient activity in the second quarter of 2005-06 is 11% above the total reported for the same quarter in 2004-05. This increased demand is a result of a range of factors, including:

- increased efficiencies within our hospitals that enable greater numbers of people to be treated
- additional Government investment in areas such as elective surgery
- the establishment of new services such as the inpatient observation unit adjacent to our emergency departments

#### General hospital inpatient services



## Activity - How busy are our public hospitals and health care services?

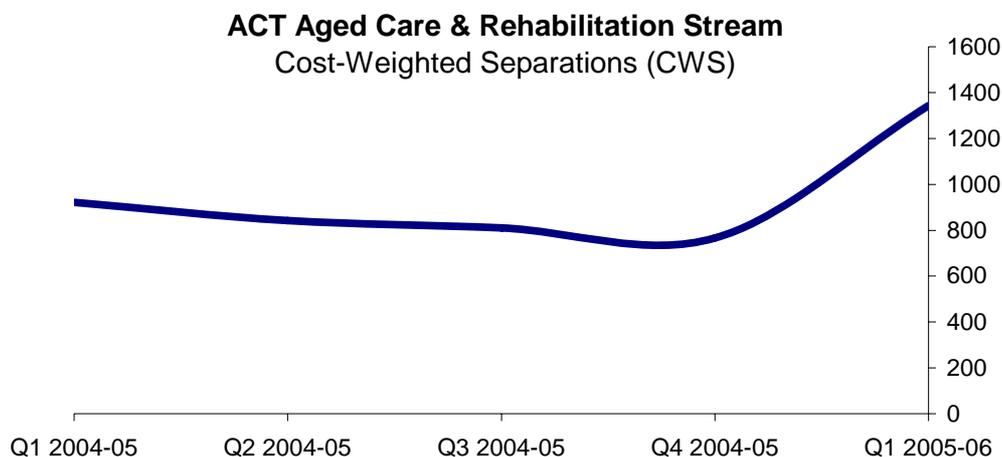
The 9% increase in general hospital inpatient services (all hospital services except for cancer and aged care and rehabilitation services) reported in the first quarter of 2005-06 compared with the same period in 2004-05 was due to:

- higher than average winter months demand; and
- increased service capacity, comprising:
  - additional investment in elective surgery
  - additional hospital bed capacity
  - new services, such as inpatient observation units adjacent to emergency departments

### Aged care and rehabilitation inpatient services

The new Aged Care and Rehabilitation Service provides the full range of hospital (inpatient and outpatient) and community services provided by ACT Health to its target population under a single management and clinical umbrella. This provides a more integrated model of care that can better meet the needs of its clients.

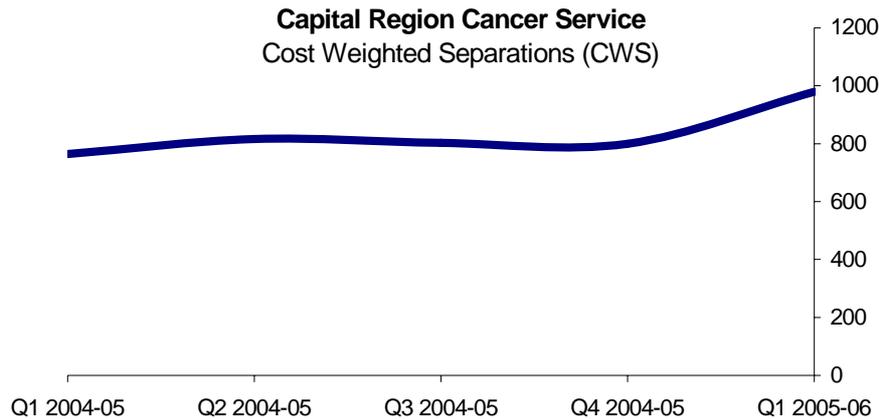
In the second quarter of 2005-06, the Aged Care and Rehabilitation Service reported a total of 1,342 cost weighted separations. This is an apparent increase of 42% on the 921 cost weighted separations reported for the same quarter in the previous year. However, the main reason for the increase is better counting methods following the establishment of the new service. In the past, many aged care and rehabilitation patients were counted as a single episode of care as they moved through the hospital system. However, under national reporting standards, when a person's type of care changes within a single hospital stay (such as from acute care to rehabilitation care), both these different types of care should be recorded.



Until the new counting system has been in place for a year, a better indication of the increase in activity in this area is the number of bed days. The Aged Care and Rehabilitation Service reported a total of 5,733 bed days in the first quarter of 2005-06, an 11% increase over the 5,080 bed days reported for the same quarter in 2004-05.

# Activity - How busy are our public hospitals and health care services?

## Capital Region Cancer Service



The Capital Region Cancer Service reported a 24% increase in cost weighted separations in the first quarter of 2005-06 compared with the same quarter in 2004-05 – up to 979 cws from 764 cws. The increase was principally in the areas of haematology and radiation oncology. This is due to both increased demand for care and increased capacity in the service due to the recruitment of additional clinical expertise.

## Inpatient Separations Day Only and Overnight

**Acute Services**  
*Hospital Activity measures*

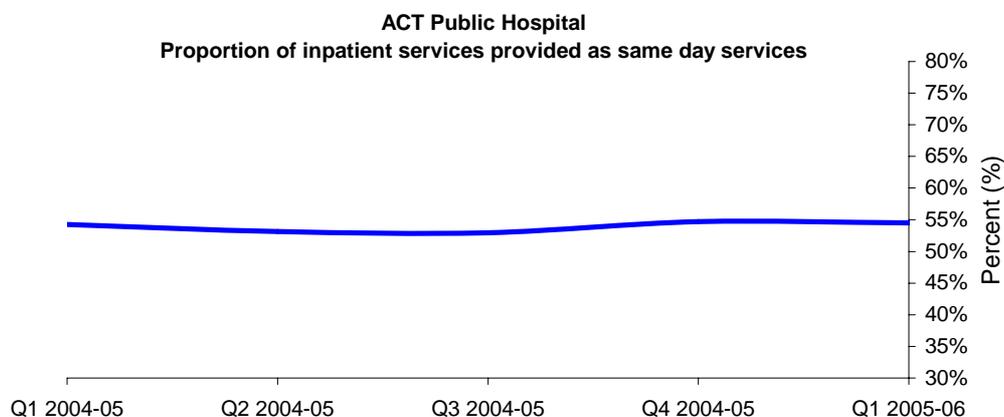
### Indicator

Proportion of Day Only inpatient separations as a percentage of total inpatient separations.

### Definition

Day only (also called Same Day) separations are an expanding practice that is based on improved procedures. Day only separations reduce pressure on overnight beds, to allow more procedures to be performed, and to better meet the needs of patients. Inpatient separations exclude unqualified neonates and mental health activity.

### Results



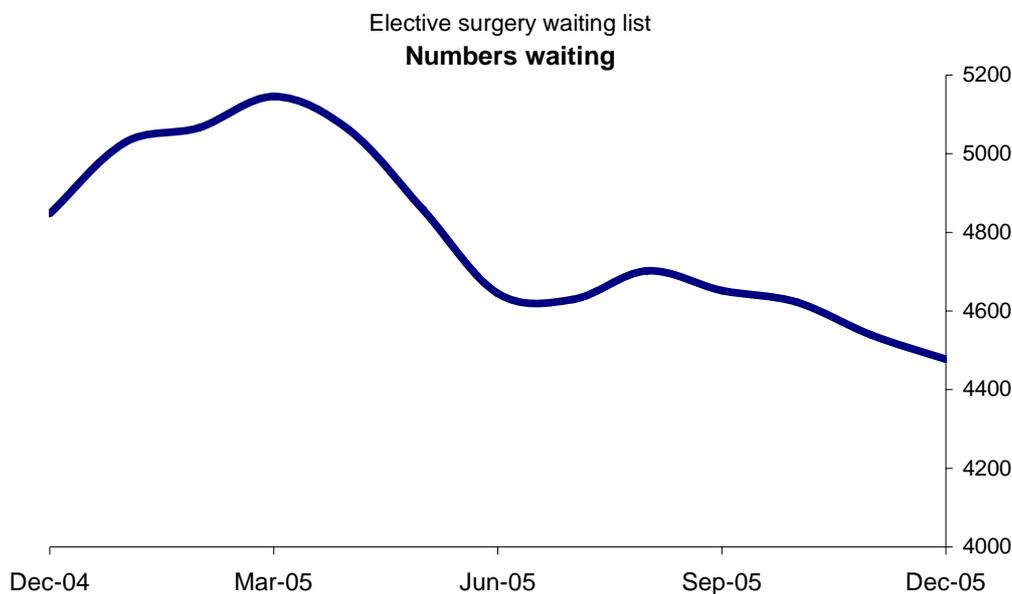
Same day care continues to comprise around 55% of total activity. A large proportion of the same day activity refers to renal dialysis services.

## Elective surgery

### Numbers of people on the elective surgery waiting list

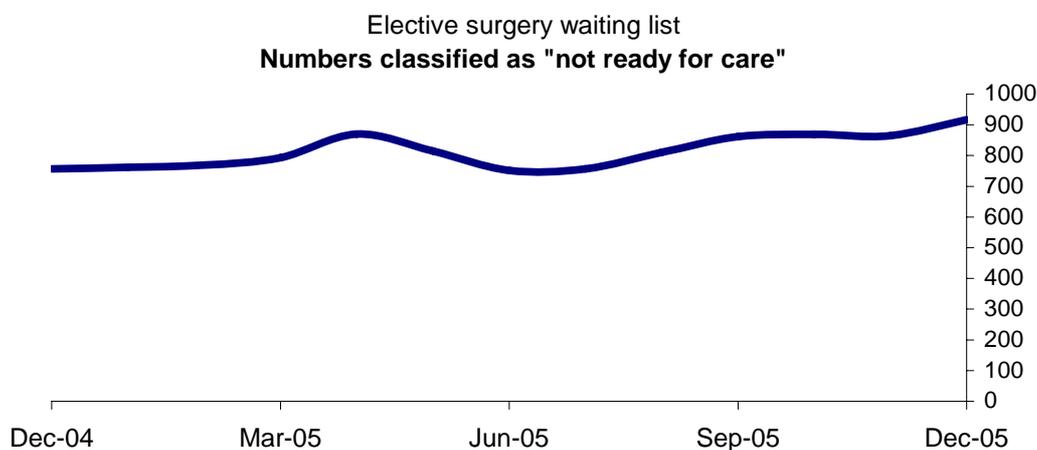
**Elective Surgery**  
*Hospital Activity measures*

Increased Government investment and increased efficiencies has increased access to elective surgery and resulted in a drop in the number of people on the waiting list.



At 31 December 2005, there were 4,477 people on the ACT public elective surgery waiting list. This is the lowest number recorded since April 2004 and is 13% or 669 fewer than the highest recorded number of 5,146 people recorded in March 2005. The drop in the number of people waiting and the increase in the number of people accessing surgery is due to the Government's additional investment in elective surgery over recent times. These figures are published biannually.

The Government accepted a recommendation from the Auditor General to also provide the public with information on the number of people on the elective surgery waiting list who are classified as "not ready for care". Under national reporting guidelines, these people are excluded from the count of the number of people waiting.



## Activity - How busy are our public hospitals and health care services?

Not ready for care patients are those who are not in a position to be admitted to hospital. These patients are either:

- staged patients whose medical condition will not require or be amenable to surgery until some future date; for example, a patient who is listed for cataract removals from both eyes. As only one eye can be done at a time, the first eye will be listed on the ready for care list and the other on the not ready for care list; or
- deferred patients who for personal reasons are not yet prepared to be admitted to hospital; for example, patients who are medically unfit and patients with work or other commitments which preclude their being admitted to hospital for a time.

## Emergency Admissions

**Acute Services**  
*Hospital Activity measures*

### Indicator

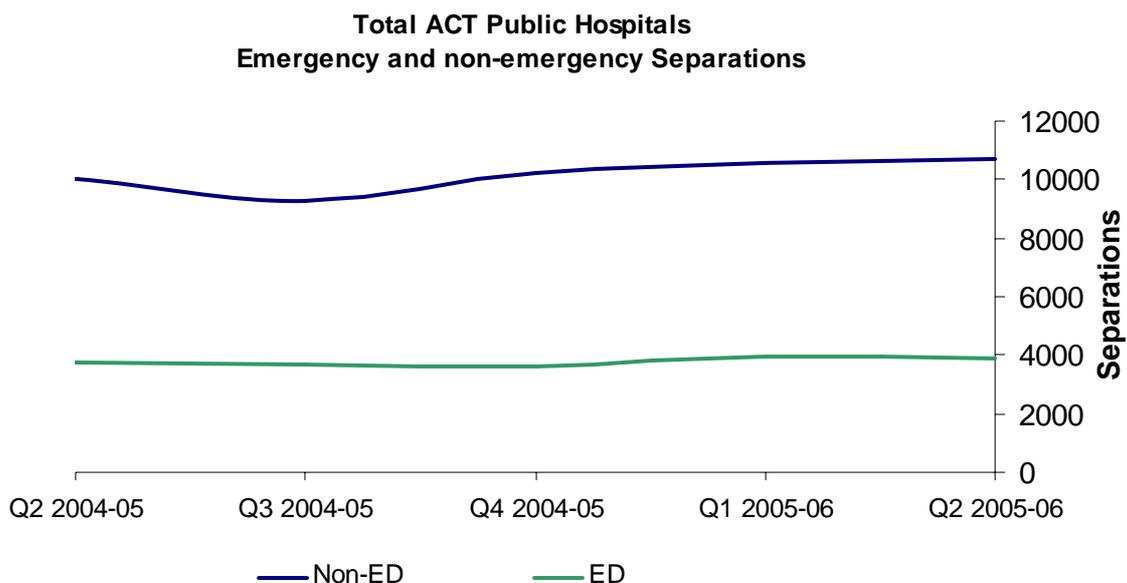
The number of patients admitted to hospital as emergency and non-emergency patients

### Definition

An admission is the process by which a hospital accepts a patient for inpatient care.

- Emergency admission - When a patient's clinical condition indicates that he or she must be admitted to hospital within 24 hours, the patient is classified as an emergency admission. If already on the waiting list the patient must be removed and reclassified as an emergency admission.
- Elective admission (non-emergency) - An admission is elective if, in the opinion of the treating clinician, the admission is not essential within 24 hours.

### Results



The number of emergency admissions in the September quarter 2005-06 is consistent with the same quarter in 2004-05 and is due to peak winter demand. Importantly, the increase in emergency care has not been at the expense of non-emergency care.

## ACT and NSW resident separations

### Indicator

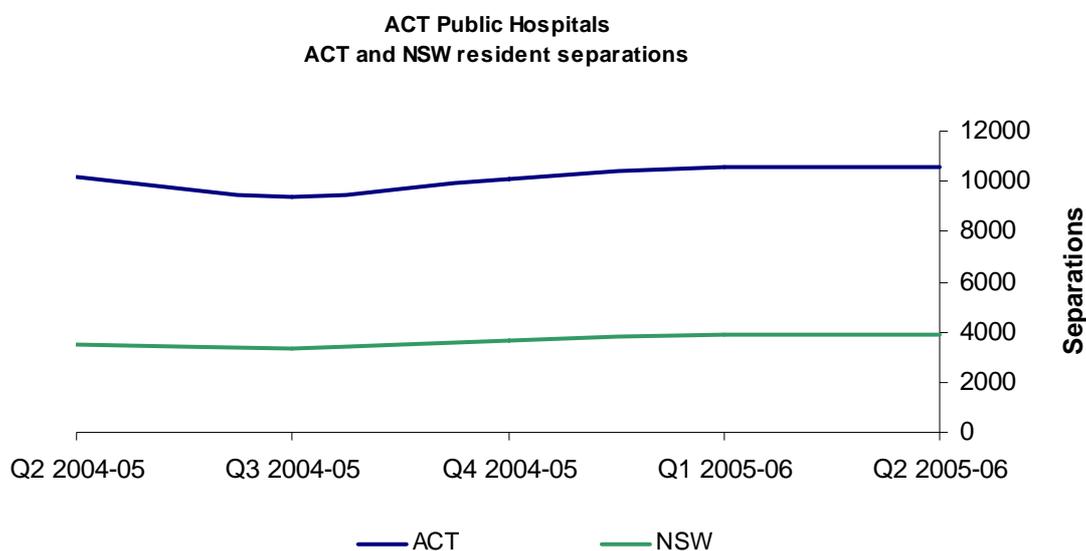
The total number of separations from ACT Public Hospitals, for ACT and NSW residents.

### Definition

A separation is the process by which an admitted patient completes an episode of care. A patient may be formally separated from the hospital:

- Through recognised discharge procedures at the end of an episode of care;
- Because of transfer to another hospital or inpatient institution for more than 7 days;
- Because the patient was reclassified to nursing home or rehabilitation status; or
- Because of death.

### Results



Due to its role as a major provider of complex and tertiary health care services, the ACT public hospital systems provides a significant proportion of its hospital services to non-ACT residents.

## Births

Acute Services  
Hospital Activity measures

### Total and by Caesarean Section

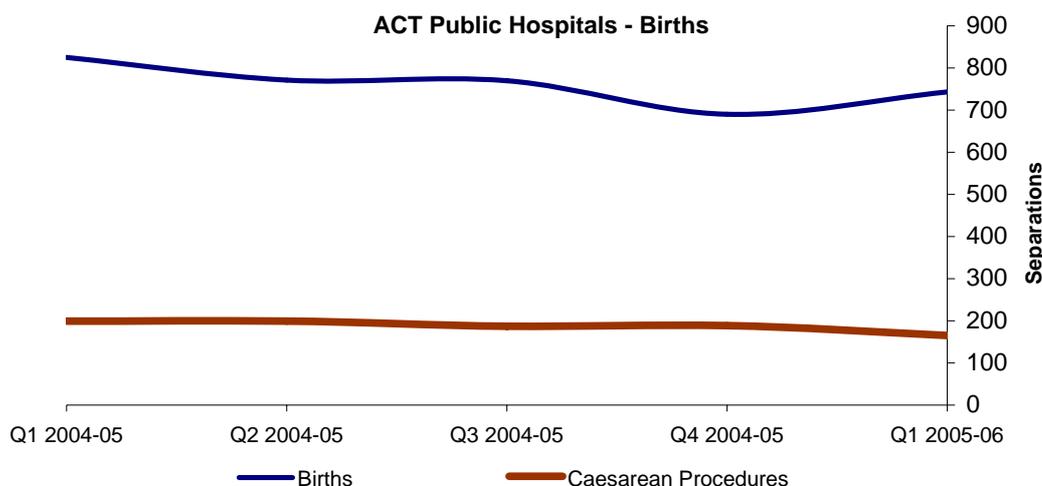
#### Indicator

Total number of ACT Public Hospital Births (including caesarean) and the number of caesarean section procedures.

#### Definition

Births are defined as all babies born in the ACT. Caesarean births are defined as all babies born by caesarean section in the ACT.

#### Results



ACT public hospitals reported 743 births in the first quarter of 2005-06, a drop of 10% (82 births) on the 825 births reported for the same quarter in 2004-05 but up 53 from the previous quarter.

## Newborn Hearing Screening

Acute Services  
Hospital Activity measures

#### Indicator

Proportion of all newborns in the ACT who have been tested by the Newborn Hearing Screening Program.

#### Definition

Hearing screening of newborns detects early signs of hearing abnormalities. This enables early intervention that greatly improves the overall health outcome of infants with hearing impairment. The Newborn Hearing Screening Program reports on a 'three month' retrospective basis for all babies falling into the following categories:

- Being over 34 weeks gestation
- Being more than 6 hours old
- Having suck feeds
- Being a well baby

#### Results

The target for this service is 100% of babies falling into the defined categories above. There are some babies who do not meet the criteria for screening within the reported timeframe these reasons include:

- Some patients go directly home after the birth of their baby or are discharged out of hours and are not available for screening.

## Activity - How busy are our public hospitals and health care services?

- Unwell babies who are not suck feeding.

Through contact with parents, these babies are screened when they meet the criteria. There are occasional instances when parents of babies cannot be contacted. Their General Practitioners are therefore contacted in an effort to locate them.

There were 1292 babies screened from July to September 2005, which is 99.92% of all babies born in the ACT during that period. This data is presented one quarter in arrears due to the time required in collecting and collating the information.

## Emergency Surgery

**Acute Services**  
*Hospital Activity measures*

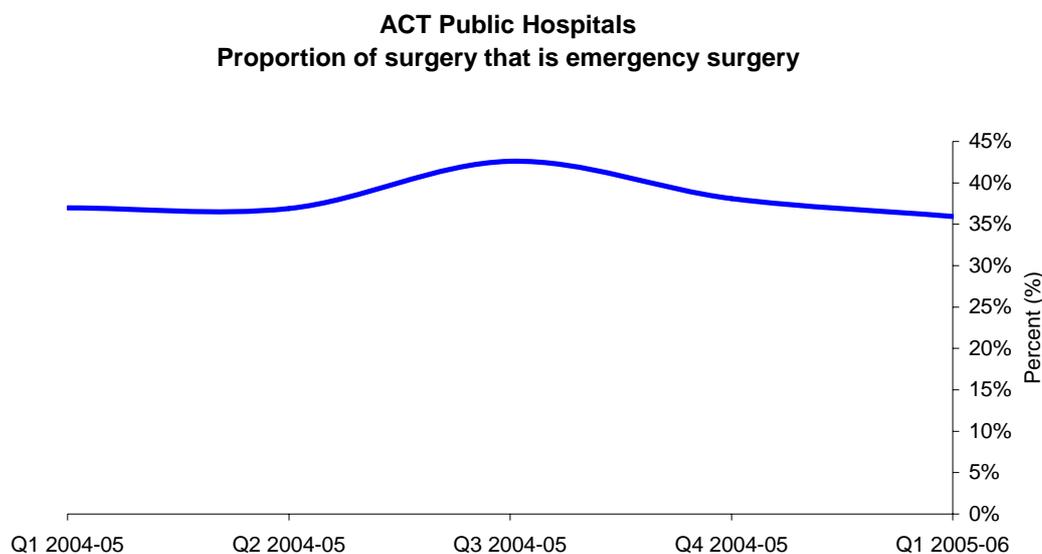
### Indicator

Multi-day surgical separations referred from emergency department expressed as a percentage of total multi-day surgical separations.

### Definition

When a patient's clinical condition indicates that the patient must be admitted to hospital within 24 hours, the patient is classified as an emergency admission. Emergency Surgery patients are persons with an emergency admission who have been admitted for surgery.

### Results



The drop in the proportion of emergency surgery is due to an increase in the level of elective surgery. The additional investment by Government in elective surgery should ensure that record numbers of people access elective care in 2005-06.

## Elective Surgery Removals from the List for Surgery

Elective Surgery  
Hospital Activity measures

### Indicator

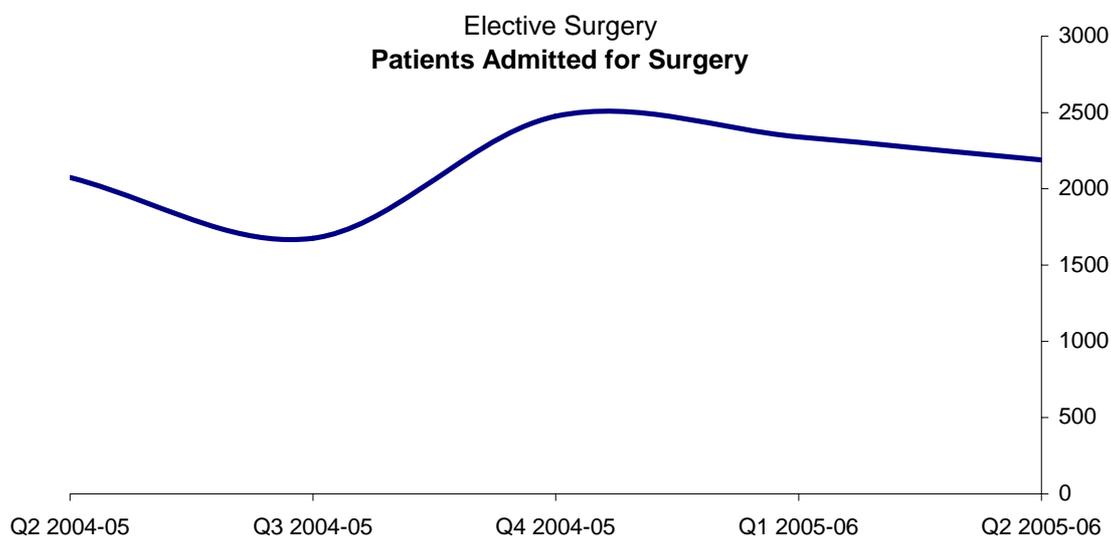
The number of people admitted for elective surgery.

### Definition

“Elective surgery” is surgery, which is deemed necessary by the treating clinician but can be delayed in the clinician’s opinion for at least 24 hours and in some cases several months. The ACT has adopted the nationally agreed definition of elective surgery, as specified by the Australian Institute of Health and Welfare.

A removal from the list for surgery occurs when the person has been admitted to the hospital for the purpose of receiving the required treatment; or, if admitted as an emergency for another clinical condition, proceeds to have the planned procedure completed in conjunction with this episode of care.

### Results



ACT Public hospitals provided 2,189 elective surgery procedures in the second quarter of 2005-06, a 6% increase on the level provided in the same quarter of 2004-05 (2,073). The drop from the first quarter 2005-06 to the second quarter result is due to the normal seasonal reduction in elective activity over the Christmas break due to patient and clinician unavailability.

In 2004-05, we achieved a record number of elective surgery procedures (8,614). We are on target to exceed this total in 2005-06 by about 300 additional procedures.

## Emergency Department Activity by Triage Category

### Indicator

The number of Triage Category 1, 2, 3, 4 and 5 presentations to ACT Public Hospital Emergency Departments.

### Definition

Patients presenting to emergency departments are seen on the basis of clinical urgency. Patients are classified into one of five triage categories based on their clinical need.

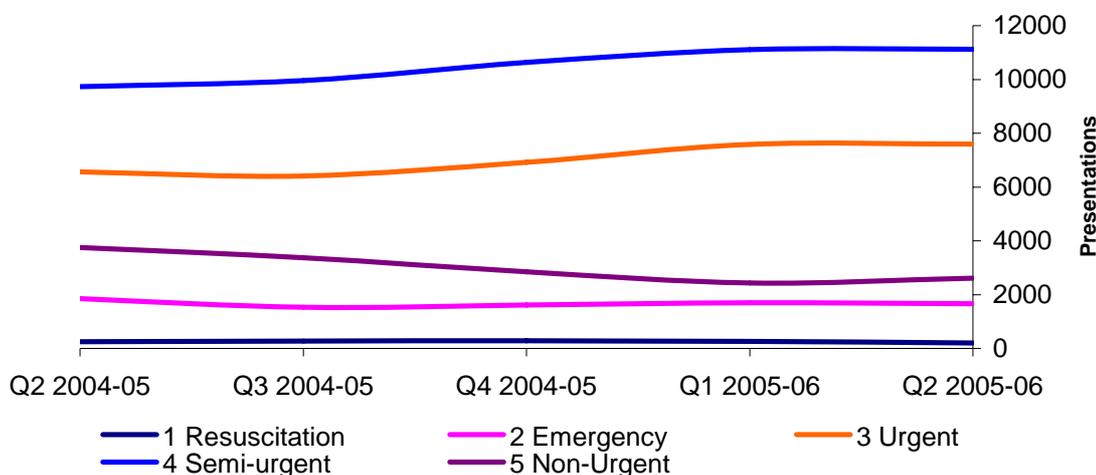
The five triage categories and standard waiting times for assessment and treatment are:

1	Resuscitation	Immediate assessment and treatment
2	Emergency	Assessment and treatment starts within 10 mins
3	Urgent	Assessment and treatment starts within 30 mins
4	Semi-urgent	Assessment and treatment starts within 60 mins
5	Non-urgent	Assessment and treatment starts within 120 mins

Details about the types of conditions that fall within each of the triage scales can be found at the website of the Australasian College of Emergency Medicine [link to ACEM website].

### Results

ACT Emergency Departments - Triage Presentations by Category



Changes in emergency department presentations reflect the increase in demand from more serious cases (the rise in the number of category 3 and 4 patients). The drop in the number of category 5 patients is due to, in part, the introduction of after-hours GP services adjacent to emergency departments. However, a longer time frame is needed to accurately reflect the impact of these services on emergency department demand.

## Breastscreens Total and Number Aged 50-69

Cancer Stream  
Activity measures

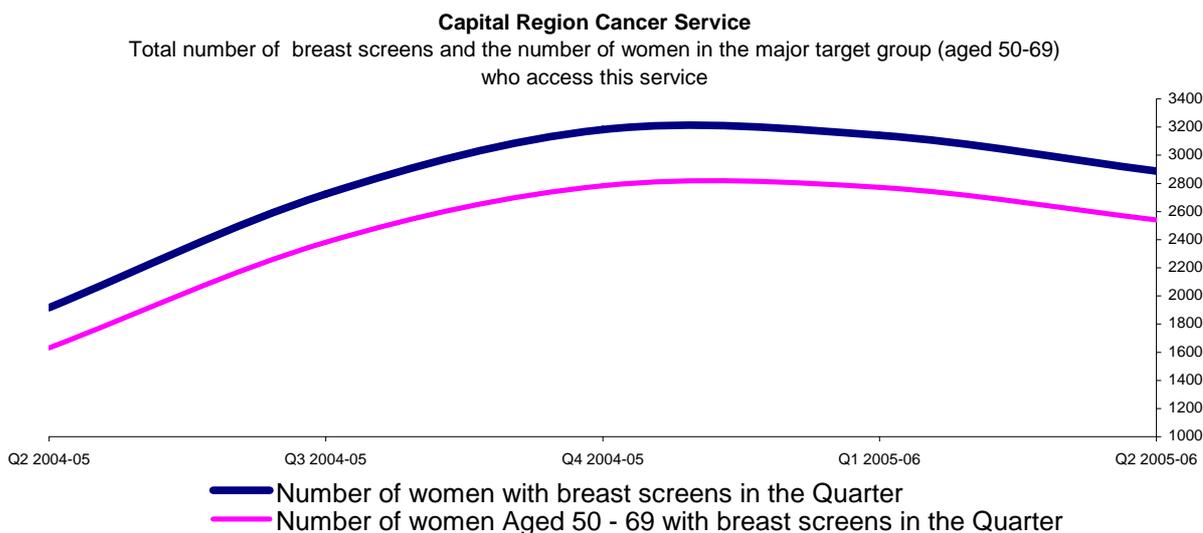
### Indicator

The total number of women who have breast screens.

### Definition

The total number of breast screens each year and the number of women in the major target group (aged 50 to 69) who access this service.

### Results



The number of women screened in total and for the target age group (aged 50 to 69) for the second quarter was 2,888 and 2,541 respectively. These figures are a significant improvement on the 1,917 (+50%) and 1,613 (58%) reported respectively for the second quarter in 2004-05. The large increase is due to increased availability of necessary clinical services.

## Additions to the Cervical Cytology Register

Cancer Stream  
Activity measures

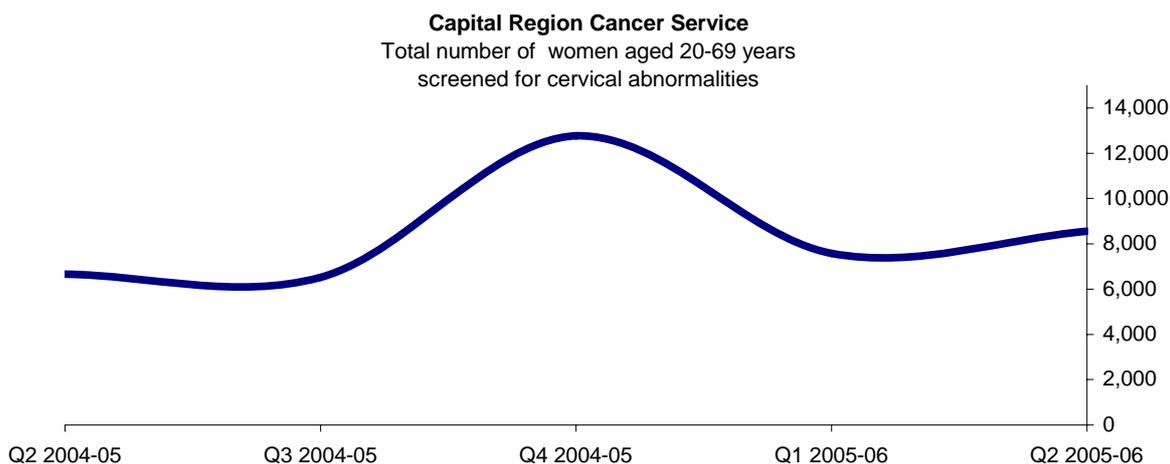
### Indicator

The number of women aged 20-69 years screened for cervical abnormalities.

### Definition

The Cervical Cytology Register is a central and confidential list of ACT women's Pap test results.

### Results



## Mental Health Community Services by Group

Community Health  
– Mental Health  
*Activity measures*

### Indicator

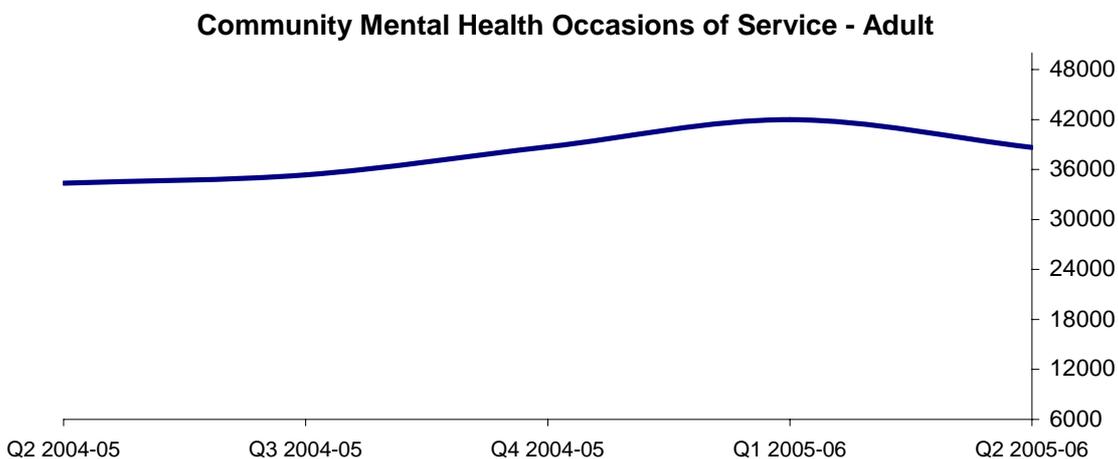
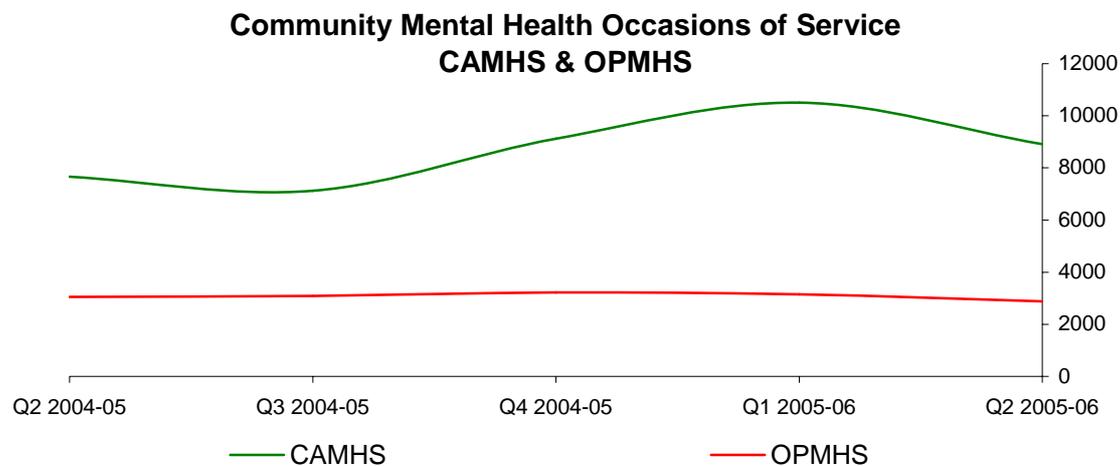
The number of community based services provided by Mental Health ACT by client group

### Definition

Mental Health ACT provide community based services to three client groups

- Adults
- Older Persons Mental Health Services (OPMHS)
- Child Adolescent Mental Health Services (CAMHS)

### Results



In total, Mental Health ACT provided an additional 5,387 (+11%) community occasions of service in the second quarter of 2005-06 compared with the same quarter in 2004-05. This comprised:

- an increase of 1,246 child and adolescent services – up 14% (8,913)
- a drop of 161 older persons' services – down 6% (2,885)
- an increase of 4,302 adult service – up 11% to 38,647 services for the quarter

## Allied Health Services Provided in ACT Public Hospitals

Community Health  
– Acute Care  
Activity measures

### Indicator

Number of allied health care services provided for acute care patients in ACT public hospitals

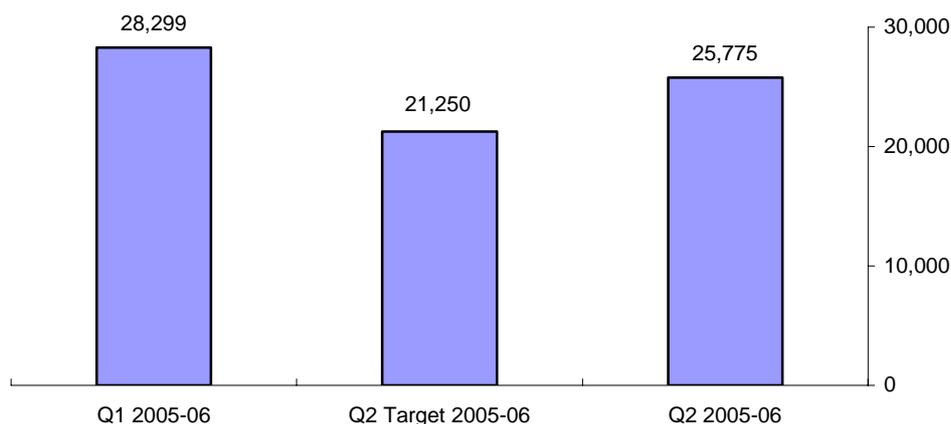
### Definition

This indicator identifies all allied health occasions of service for the following patients;

- Physiotherapy
- Occupational Therapy
- Social Work
- Psychology
- Speech Pathology
- Nutrition

These services are provided in inpatient settings at the Canberra and Calvary Public Hospitals by staff of the Acute Support Program.

### Results



Quarter 1 data has been amended from 34,795 allied health occasions of service to 28,299 to report only on those services identified as being delivered by Acute Support. Over target performance (27% over target for the period YTD December 2005) is reflective of increased throughput and increasing acuity of patients requiring follow-up, as a direct result of increased inpatient activity.

## Outpatient Care Non-Admitted Services

ACT Health Services  
Hospital Activity measures

### Indicator

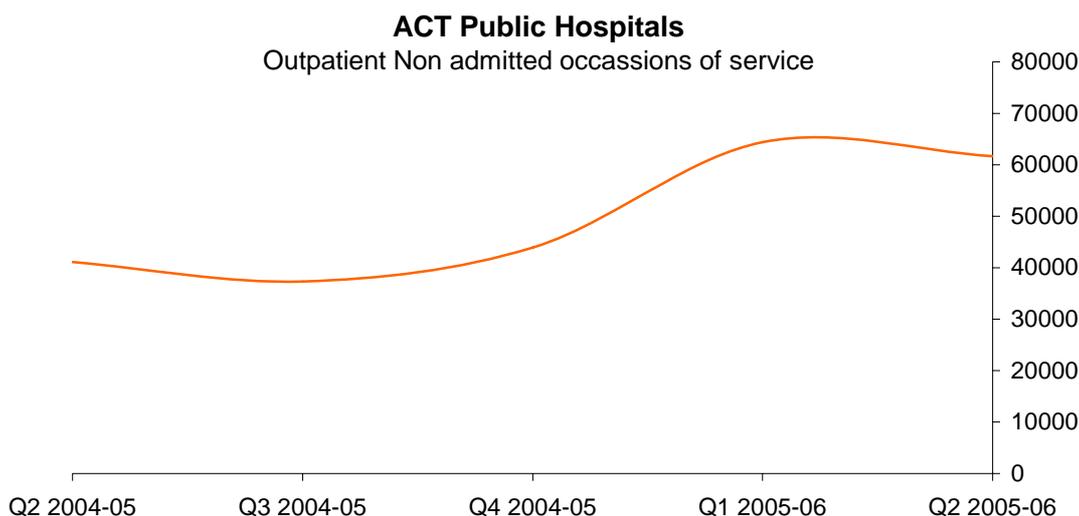
- **ACT Public Hospital Outpatient (non-admitted) occasions of service** - The number of outpatient occasions of service (face to face).
- **ACT Mental Health Service Outpatient (non-admitted) occasions of service** - The number of outpatient occasions of service (face to face).
- **Capital Region Cancer Stream Outpatient (CRCS) (non-admitted) occasions of service** - The number of outpatient occasions of service (face to face).
- **Aged Care and Rehabilitation Stream (ACRS) (non-admitted) occasions of service** – The number of outpatient occasions of service (face to face).

### Definition

A non-admitted outpatient occasion of service is a patient who interacts with one or more health care professional for assessment, consultation, and/or treatment intended to be unbroken in time but does not undergo a hospital's formal admission process. These occasions of services are shown for:

- **ACT Public Hospitals**
- **ACT Mental Health Services**
- **Capital Region Cancer Stream (CRCS)**
- **Aged Care and Rehabilitation Stream (ACRS)**

### Results



ACT public hospitals reported 61,684 outpatient occasions in the second quarter for 2005-06. This is down on the 64,395 reported in the first quarter due to seasonal factors. However, it is up significantly on the 41,134 reported in the second quarter of 2004-05. This increase is principally due to significant increased demand for renal services, cardiology, endocrinology (particularly diabetes education) and pre-admission (related to additional elective surgery and orthopaedics).

# Activity - How busy are our public hospitals and health care services?

