ACT Health

ACT PUBLIC HEALTH SERVICES

QUARTERLY PERFORMANCE REPORT

JUNE QUARTER 2007-08

your health, our priority

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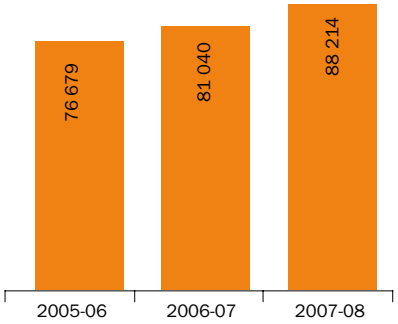
OUR PUBLIC HOSPITALS

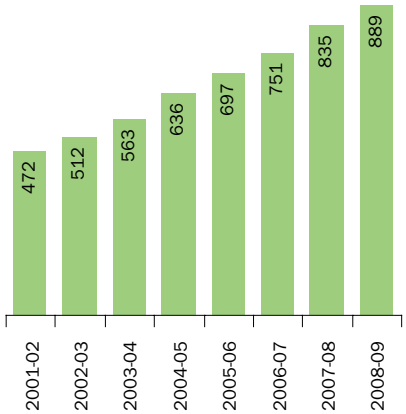
Busier hospitals, more beds

ACT Public Hospitals
Cost weighted admitted patient separations
(Round 9 National cost weights, AR-DRG Version 5.0)

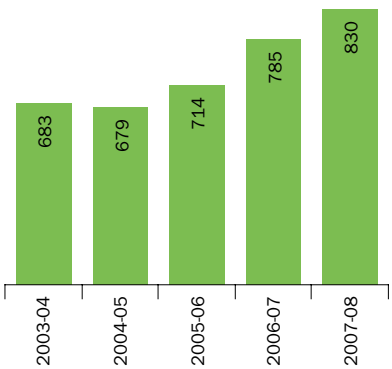


Source: Admitted patient care data set. Includes all inpatient activity at The Canberra Hospital, Calvary Public Hospital, Aged Care and Rehabilitation Services and the Capital Region Cancer Service.

ACT Health
ACT Health Expenditure by Year
(2007-08 and 2008-09 estimates only)
$ million



ACT Public Hospitals
Available beds by year



Source: Australian Hospital Statistics , AIHW, 2002-03 to 2006-07 publications, with ACT Health estimate for 2007-08

Our public hospitals responded to unprecedented increases in demand for inpatient (admitted patient) services during 2007–08. Preliminary results for the recently completed financial year show that our public hospitals provided over 88,000 cost weighted separations, a 9 percent increase on the 81,040 cost weighted separations reported in 2006–07 and 15 percent up on two years ago (left).

This significant increase in demand over a short period places considerable pressures on our public hospitals services. However, as this report shows, our hospitals and other health services have continued to meet the growing the demands from our community for high quality and accessible health services.

The Government has responded to the increased demand for health services in the ACT with considerable additional investments in health services over the last eight years (left).

The $889 million provided for public health services in the ACT in 2008–09 is almost 90 percent higher than the Government's first year in office in 2001–02.

This funding has not only met the cost of additional specialist clinical staff and supplies, but has also funded initiatives aimed at improving systems and processes to improve access to services and the quality of those services.

As part of the additional $417 million added to the health budget, $85 million has been allocated over the last five years to address the shortage of bed numbers left over from the previous government. These additional funds have enabled the Government to open an additional 147 beds within public hospital system since 2003–04.

In the 2008–09 budget, the Government has provided a further $7.5 million to fund another 25 beds across general inpatient, cancer and intensive care services. In addition, a further $6.5 million has been provided in capital funding to provide space for another 40 beds to open over the next few years.

The new 147 beds added to our public hospitals have not only ensured that our hospitals have been able to meet increasing demand for services, but has also increased capacity to a level that has taken some of the pressure off services. While the Government continues to add beds to meet growing demand, the rate of bed occupancy has been dropping which provides hospitals with additional capacity to meet spikes in demand.

The provision of additional beds to meet the shortfall left over from the previous administration required considerable investment in additional medical, nursing, allied health and support staff.

Given the considerable competition for these resources across the nation and the world, it was not possible to replace the lost beds over a single year. The Government's bed strategy has been complemented by a new focus on medical, nursing and allied health recruitment to ensure that we have the trained workforce necessary to continue to open new beds.

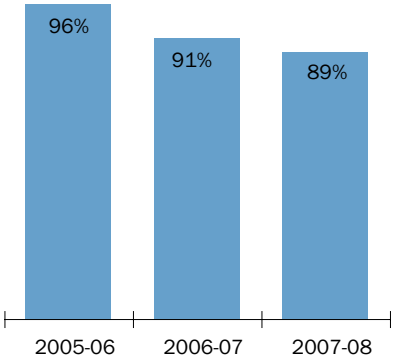
This new focus includes the establishment of the Medical Appointments and Training Unit, which provides a designated unit which searches Australia and the world for the medical specialists needed to meet current and emerging needs.

In addition the Nursing and Midwifery Office and the Office of the Allied Health Adviser have similar roles in recruiting in response to specific needs. These units have been extremely successful in attracting qualified staff to the ACT.

The increase in demand for services has not only been felt within our inpatient services. Over 2007–08, outpatient services (those services provided at hospitals which do not require admission) have increased by six percent in 2007–08 over the 2006–07 total and is almost 14 percent above the total provided three years ago.

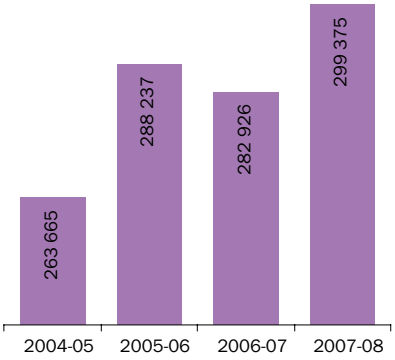
The largest growth in demand for outpatient services has been felt in cardiology, cancer and rehabilitation medicine services as well as within the ear, nose and throat, neurosurgery, ophthalmology and plastic surgery (reflecting growth in demand for elective and emergency surgery and the provision of new services in the ACT).

ACT Public Hospitals
Bed occupancy rate
(overnight adult medical and surgical beds)



Source: ACT Public Hospitals

ACT Public Hospitals
Non-admitted (outpatient) occasions of service

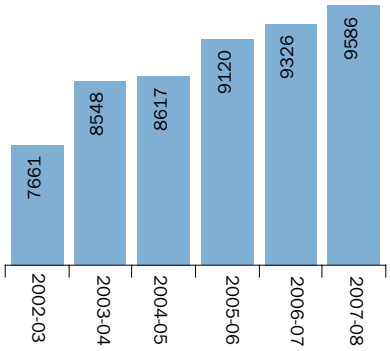


The Canberra Hospital, Calvary Public Hospital, Aged Care and Rehabilitation Service and Capital Region Cancer Service

ELECTIVE SURGERY

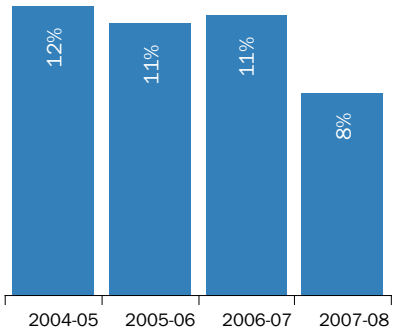
More people accessing surgery, fewer people waiting too long for care and fewer postponements

ACT Elective Surgery Waiting List
Number of people removed from the list for surgery



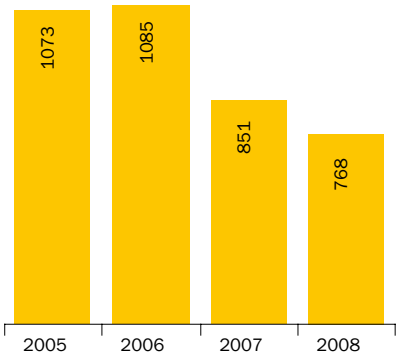
Source: Elective surgery data set

ACT Elective Surgery Waiting List
Proportion of patients who have their elective surgery postponed



Source: Elective surgery access team

ACT elective surgery waiting list
Number of people waiting longer than one year for surgery



Source: Elective surgery data set

ACT Public Hospitals reported another record year in terms of access to elective surgery. The 9,586 elective surgery operations performed in 2007–08 was 260 more than the 9,326 provided in the previous year and 1,925 more than provided in 2002–03.

This increase in access to elective surgery has been a direct result of the additional $33 million investment in this area funded by the ACT Government over the last five years, which has funded additional medical specialists, nurses and allied health staff.

Despite the increased demand for elective surgery, the proportion of elective surgery cases that have been postponed has dropped to eight percent in 2007–08, down from between 11 and 12 percent in each of the last three years.

This result has been able to be achieved due to the considerable increase in funding in this area which has provided for the opening of new theatres which has enabled our public hospitals to meet growing demand for emergency surgery as well as providing much greater access to elective surgery.

The effectiveness of the additional funding for elective surgery is also shown in the significant improvement in the number of people waiting greater than one year for elective surgery.

At 30 June 2008, there were 768 people with waiting times of greater than 12 months, which is about 10 percent fewer than the 851 people waiting longer than one year on 30 June 2007 and almost 30 percent below the 1,085 reported just two years ago.

The drop in the number of people waiting longer than one year for surgery is directly related to the effectiveness of the Government's 'long wait' elective surgery strategy.

Under this strategy, ACT Health is focussing on the provision of elective surgery for those people waiting beyond standard waiting times for care, while still ensuring that those patients with more urgent elective surgery needs continue to get their operations on time.

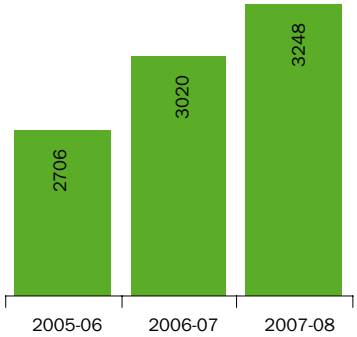
Under the 'long wait' strategy, ACT Health has increased the number of long wait patients accessing elective surgery by 20 percent over the last two years (right).

However, at the same time, our public hospitals have been able to ensure that the majority of patients with the most urgent elective surgery needs (mainly cancer and major heart surgery patients) continue to access elective surgery within the standard 30 day timeframe. During 2007–08, 96 percent of all category one (urgent) elective surgery cases were admitted for surgery within 30 days (right).

The success of the Government's long wait strategy can also be seen in the median waiting times for care. The median waiting time for the most serious elective surgery cases (category one patients) during 2007–08 dropped to 14 days from 16 days in 2006–07 (against the standard maximum waiting time of 30 days).

In addition, the median waiting times for category two and three patients who has their surgery during 2007–08 has increased as more people with longer waiting times get access to surgery (below).

Elective Surgery Waiting List
Number of long wait patients receiving surgery

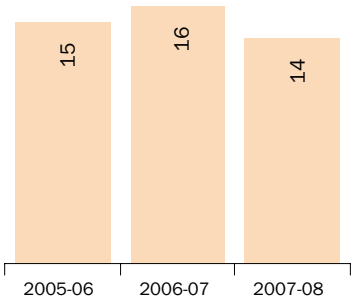


Source: Elective surgery data set

Elective Surgery Waiting List
Proportion of category one patients admitted within standard times
(surgery desirable within 30 days)

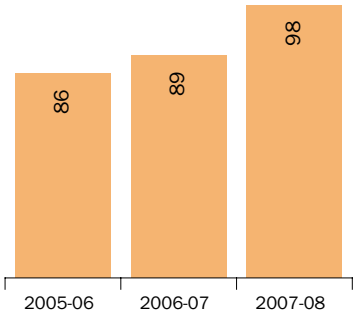
Source: Elective surgery data set

Elective Surgery Waiting List
Median wait time for category one patients
(surgery desirable within 30 days)



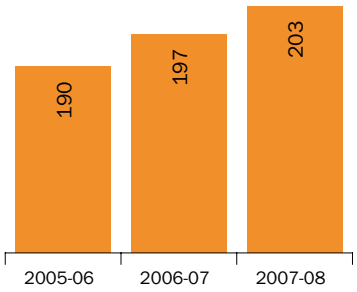
Source: Elective surgery data set

Elective Surgery Waiting List
Median wait time for category two patients
(surgery desirable within 90 days)



Source: Elective surgery data set

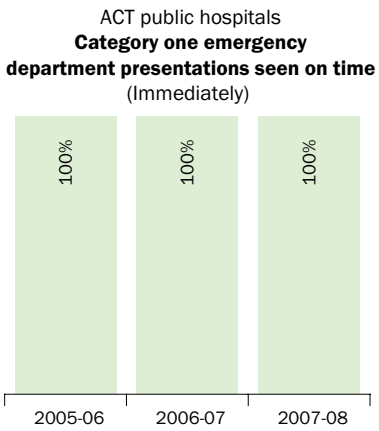
Elective Surgery Waiting List
Median wait time for category three patients
(surgery desirable within 365 days)

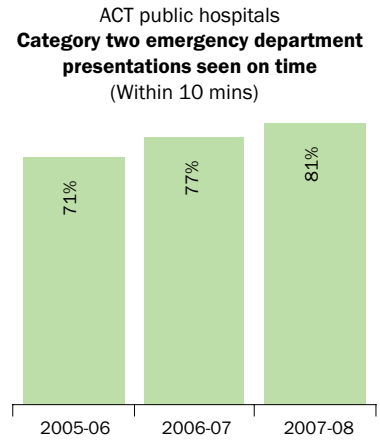


Source: Elective surgery data set

EMERGENCY DEPARTMENT SERVICES

Improvements in waiting times for emergency department care





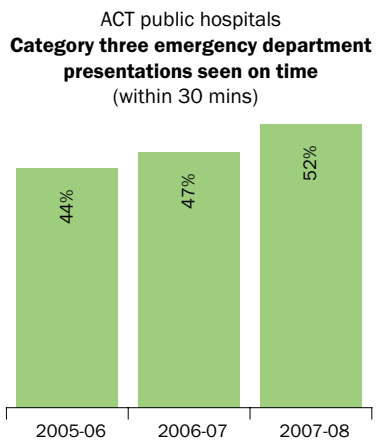
Waiting times for emergency department services at ACT public hospitals continued to improve through 2007–08, building on the improvements noted in 2006–07.

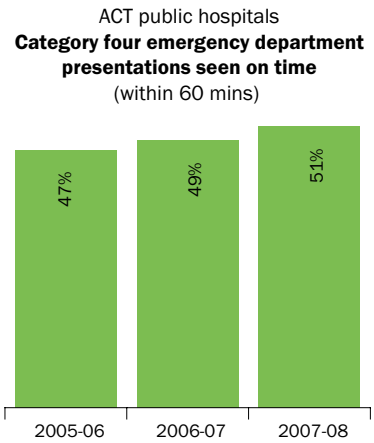
ACT public hospitals have an excellent record in ensuring that all category one emergency department patients are seen on arrival at hospital.

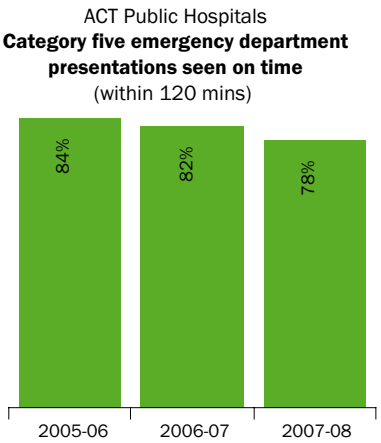
In addition, our hospitals have made strong progress in improving waiting times for most other emergency department patients.

In 2007–08, 81 percent of category two patients were seen on time. This was a four percent improvement on last year's total and 10 percent above the performance noted two years ago. The 81 percent reported in 2007-08 was just above the national target of 80 percent on time for this group of patients.

Waiting times for category three emergency department presentations increased by five percent during 2007–08, up to 52 percent. While this is still below the national target of 75 percent, the improvements noted over the last two years are welcome. In addition, waiting times for category four patients also continued to improve in 2007–08, albeit more moderately than for category three patients. The 51 percent of presentations seen on time in 2007–08 for this category of patients was two percent better than last year and four percent better than in 2005–06. The national target is 70 percent on time.







Waiting times for category five patients declined slightly during 2007–08 (down to 78 percent on time). However this total remains above the national average of 70 percent on time.

The improvements in waiting times for emergency department services are related to increased funding for specialised staff as well as investments in new processes and systems for better managing patients in need of emergency department services. These initiatives include:

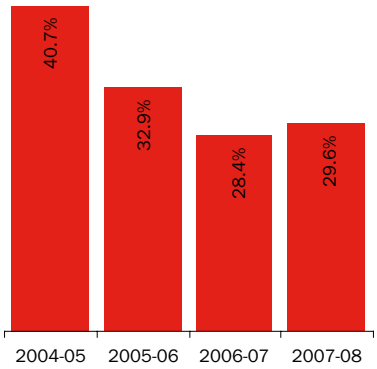
- The establishment of a 'fast track' service which refers less seriously ill patients to specialised services;
- The provision of the Medical Assessment and Planning Unit – a 16 bed unit which enables the quick transfer of people with complex needs (particularly older people) to a service that can best meet their needs;
- The establishment of a registrar review clinic which negates the need for people who have to re-attend the emergency department to go through the entire waiting process again; and
- The provision of an additional 147 beds in our public hospitals over the last five years which improve the flow of patients between the emergency department and the ward (which improves access to services).

These improvements have also been noted in the time it takes for patients to be transferred to a hospital bed from the emergency department (access block). The proportion of patients who wait longer than eight hours from presentation at an emergency department to transfer to a hospital bed has shown considerable improvement in all categories over the last four years.

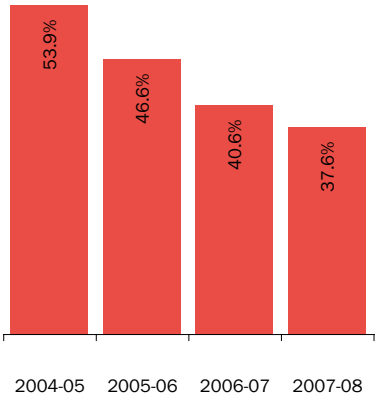
While the level of access block for all patients rose slightly in 2007–08 (above right), the result was considerably lower than the figures reported two and three years ago. The impact of services such as the new Medical Assessment and Planning Unit on access block for older patients is also clearly shown above, with the rate for 2007–08 of 37.6 percent well below the 53.9 percent reported three years ago. While the rate for mental health clients has increased in 2007–08, these figures need to be assessed with care given the relatively small number of patients in this client group.

Improvements within emergency department processes developed as part of the Access Improvement Program can also be noted in the improvement in ambulance off-stretcher times. In 2007–08, 96 percent of all ambulance attendances were transferred from ambulances to emergency departments within 20 minutes. This is particularly impressive given the 14 percent increase in more urgent emergency department presentations (category one and two patients) during 2007–08, and a 9% increase in cost weighted separations.

ACT Public Hospitals
Emergency Department Access Block
(all Patients)



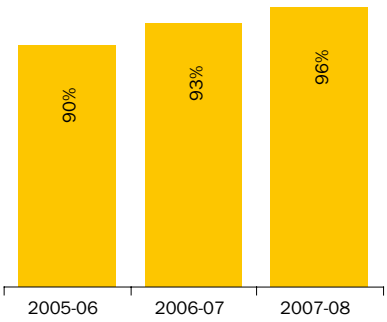
ACT Public Hospitals
Emergency Department Access Block
(patients aged over 75 yrs)



ACT Public Hospitals
Emergency Department Access Block
(Mental health clients)

Source: Emergency department data set and ward transfer data set

ACT Public Hospitals
Ambulance Off Stretcher Time



Source: ACT Ambulance Service

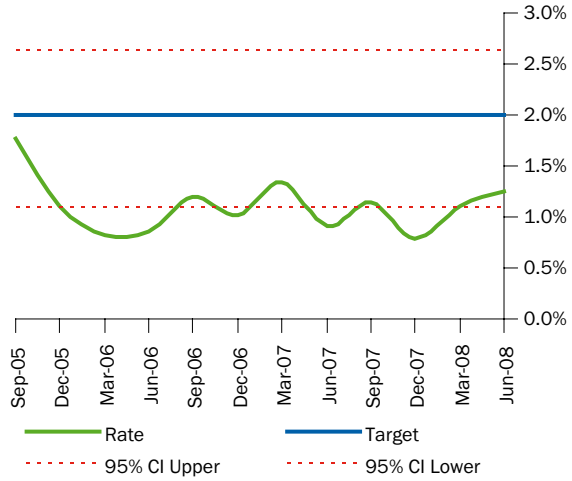
Patient safety and quality

Our hospitals continue to meet safety and quality standards

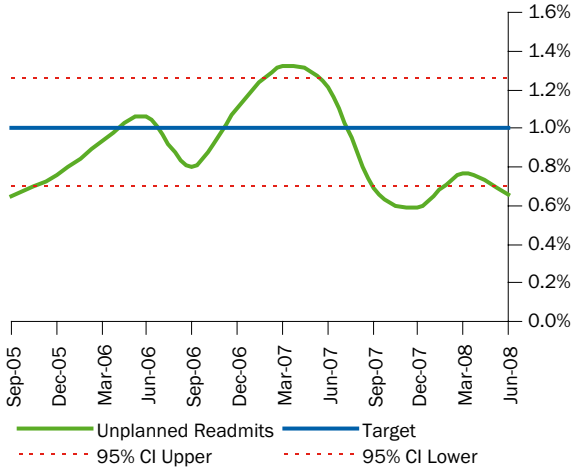
ACT Health currently reports on four major national patient safety and quality indicators. The targets for each of the indicators is different for each of our hospitals due to the type and nature of services provided at each of the campuses. As a major teaching and referral hospital, The Canberra Hospital manages more complex patients. As such, higher levels of complications can be expected.

Unplanned readmissions to The Canberra Hospital averaged around one percent during 2007–08. This rate is impressive given the hospital's role as the major tertiary hospital in the region. While there was a peak in the number of readmissions

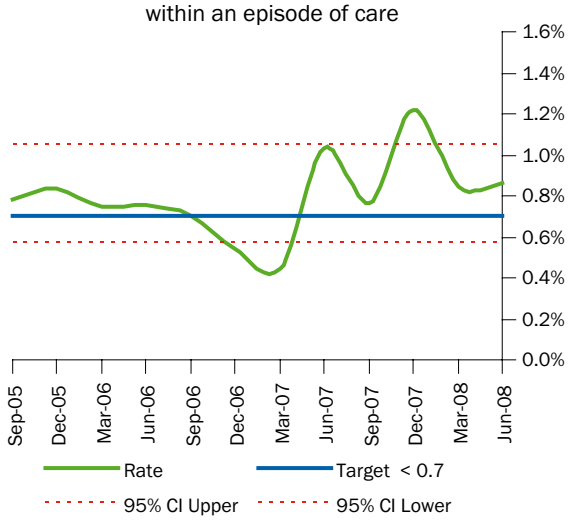
The Canberra Hospital
Rate of unplanned hospital admissions within 28 days



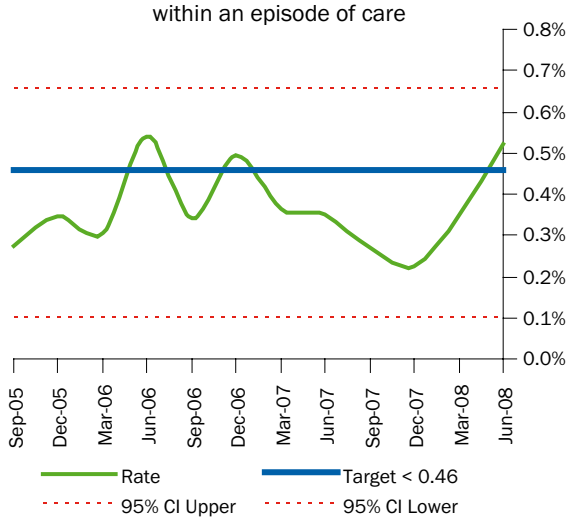
Calvary Hospital
Rate of unplanned hospital admissions within 28 days



The Canberra Hospital
Unplanned return to operating theatre within an episode of care



Calvary Hospital
Unplanned return to operating theatre within an episode of care



at Calvary Public Hospital during the 2006–07 financial year, the results for each of the quarters during 2007–08 was below the target of one percent.

Unplanned returns to operating theatres at both hospitals remained within confidence intervals over the full 2007–08 year.

The rate of hospital acquired blood stream infections averaged under one patient per thousand at The Canberra Hospital during 2007–08 and just over one per thousand separations at Calvary Public Hospital.

These results demonstrate the continued efforts being under-taken at our public hospitals to ensure that clinicians, patients, general staff and visitors use adequate precautions to minimise the possibility of transferring bacteria from patient to patient or bringing germs in from outside of our hospitals.

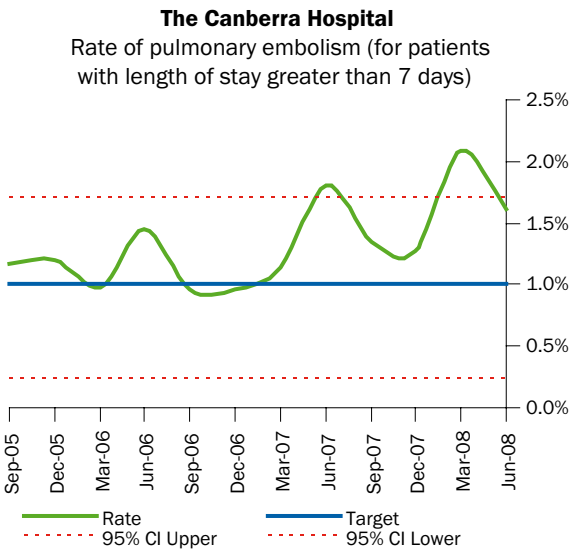
Our infection control officers continue to develop and roll-out programs and processes to further limit the transfer of infections within hospitals.

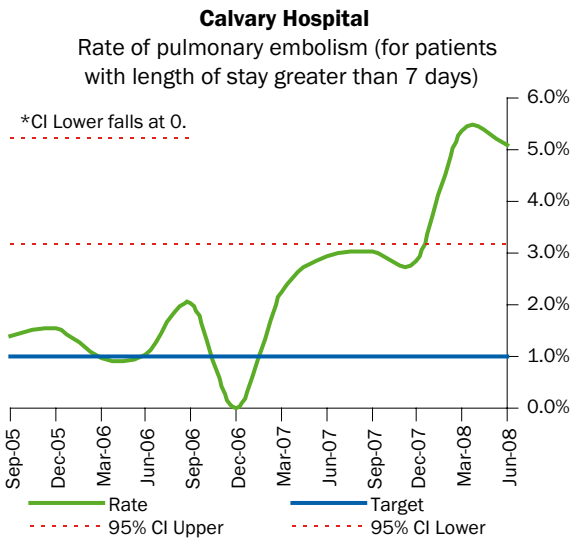
Hospital acquired blood stream infections

	Result	Target	Variation
Rate per 1,000 non-same day occupied bed days (by quarter)			
The Canberra Hospital			
Dec-06	0.99	5.00	-4.01
Mar-07	0.66	5.00	-4.34
Jun-07	0.54	5.00	-4.46
Sep-07	0.71	5.00	-4.29
Dec-07	1.07	5.00	-3.93
Mar-08	0.61	5.00	-4.39
Jun-08	0.76	5.00	-4.24
Calvary			
Dec-06	0.72	0.90	-0.18
Mar-07	1.02	0.90	0.12
Jun-07	0.45	0.90	-0.45
Sep-07	1.12	0.90	0.22
Dec-07	1.60	0.90	0.70
Mar-08	1.17	0.90	0.27
Jun-08	1.56	0.90	0.66

Source: Patient Safety and Quality Unit and Calvary Public Hospital

Recent results for pulmonary emboli at our public hospital have shown an increase in incidence over recent quarters. However, as this indicator relates to only people with a length of stay of greater than seven days, small variations over time can result in major changes to results. Patient Safety and Quality officers have reviewed the current levels of pulmonary emboli at our hospitals and confirm that the increases noted over recent quarters are not a result of issues with clinical practice and are within expected fluctuations over time.

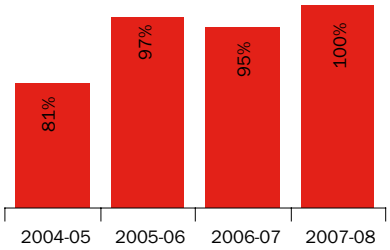




Capital Region Cancer Service

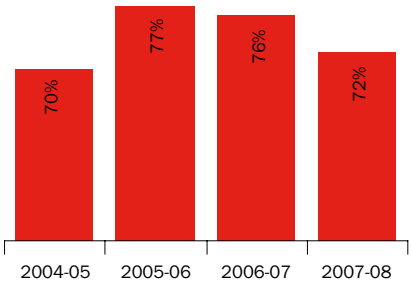
Continued increase in demand for radiotherapy services

Capital Region Cancer Service
Urgent Radiotherapy patients seen on time



Source: Capital Region Cancer Service

Capital Region Cancer Service
Radiotherapy patients seen on time



Source: Capital Region Cancer Service

Despite an increase in demand for radiotherapy services, the Capital Region Cancer Service reported that 100 percent of urgent patients received care within 48 hours – an increase of five percent on the 2006-07 outcome.

However, the continued increase in demand for these services (up seven percent in 2007-08 and almost 30 percent up over the last three years) has resulted in a drop in the number of all patients seen on time – down to 72 percent in 2007-08 from 76 percent in 2006–07.

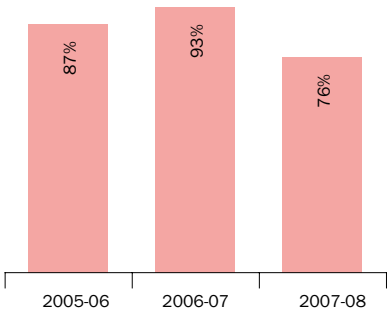
Waiting times are expected to improve markedly during 2008–09 following the commissioning of the ACT's third linear accelerator in July 2008, which increases the service's capacity by 30 percent.

The drops reported in the proportion of women who receive their breast screen appointments and assessments within 28 days (below) is related to the rise in the increase in the need for assessment services. An expansion of screening and assessment services is planned for 2008–09 to cater for the increased demand for these services.

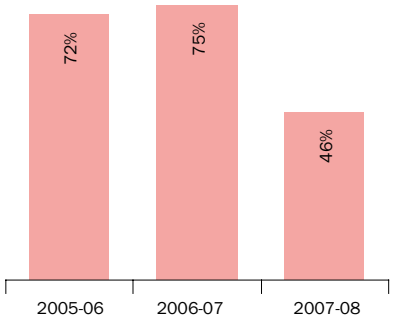
Capital Region Cancer Service
New Radiotherapy Patients

Source: Capital Region Cancer Service

Capital Region Cancer Service
Breastscreen - proportion of women who receive an appointment within 28 days



Capital Region Cancer Service
Breastscreen - proportion of women who receive an assessment within 28 days



Community health services

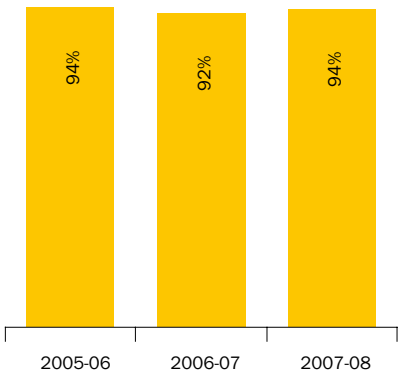
Dental wait times down, immunisations up, increasing responsiveness

The additional $0.5 million added to the dental health program's budget in 2007–08 has resulted in a considerable drop in the mean waiting time for appointments — from 16 months in the first quarter of 2007–08 to just 11 months in the fourth quarter. This excellent result continues to ensure that ACT residents have access to the shortest waiting times in the nation.

Immunisation rates for one year olds continue to exceed the national target of 91 percent.

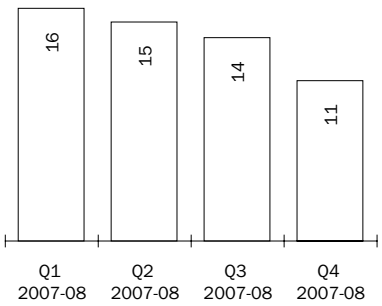
The number of clients with opioid treatment plans is above the target of 450 and all detainees within the Belconnen Remand Centre and Quamby received their health care assessment plan within 24 hours of detention.

Childhood Immunisation
Proportion of one year olds fully immunised



Source: Population Health Division

Dental Services
Mean Waiting Times (in months) for persons on the Centralised Waiting and Recall List

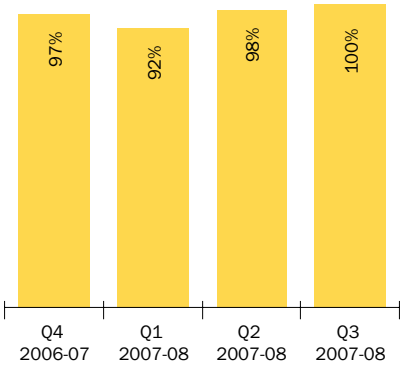


Source: Dental Health Program

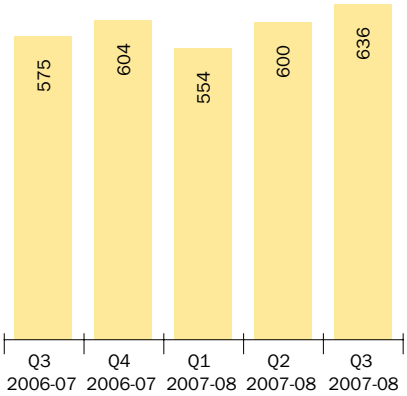
Dental Services
Proportion of urgent patients seen within standard waiting times

Source: Dental Health Program

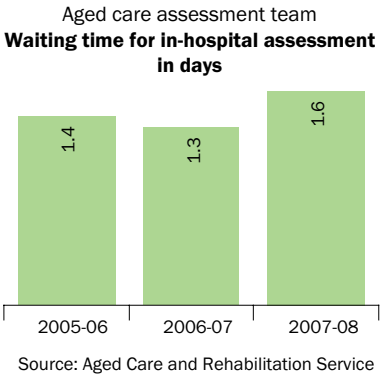
Community Health
Offenders and detainees in Quamby & BRC with health care assessment plans within 24 hours of dentention

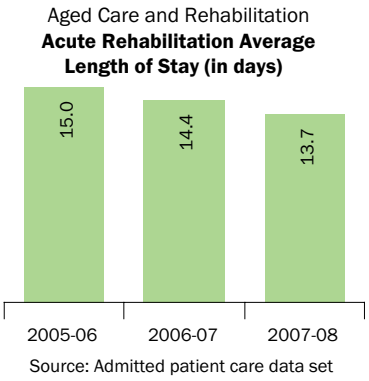


Community Health
Opioid treatment clients with management plans



Responsiveness to older Canberrans



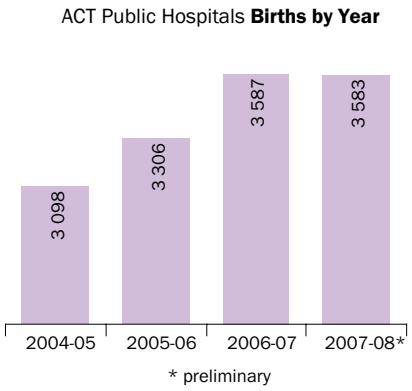


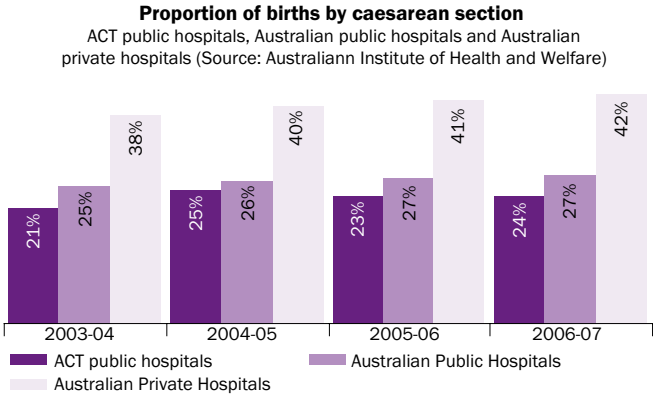
Our aged care assessment team continues to exceed the two day maximum for the provision of in hospital assessments – at 1.6 days during 2007–08. This level of service minimises delays in accessing out of hospital services for patients who no longer need hospital care. The new aged care and rehabilitation service at Calvary Public Hospital is working in reducing the level of acute rehabilitation provided at The Canberra Hospital – with the average length of stay for acute rehabilitation dropping to 13.7 days in 2007–08 (above).

Births at ACT public hospitals

Births stabilise – but still well above the last few years

Preliminary results for 2008–09 show that just under 3,600 babies were born at our public hospitals during 2007–08, almost the same number as in 2006–07. However, this rate is well above the levels provided in each of the two previous years (above). ACT public hospitals continue to provide lower levels of caesarean births compared to public hospitals in the rest of the nation — and considerably below the levels reported in Australian private hospitals.





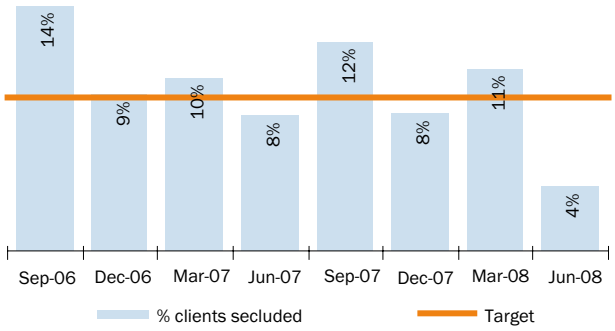
Mental health services

Mental Health ACT are continuing in their efforts to minimise the level of institutional based care to essential cases only. As part of this strategy, Mental Health ACT has implemented a number of initiatives to reduce the level of clients secluded within an inpatient episode. These initiatives are working with the rate of seclusion dropping in 2007–08 compared to 2006–07 — and a result of just four percent in the fourth quarter of 2007–08 — well below the target of nine percent (below left).

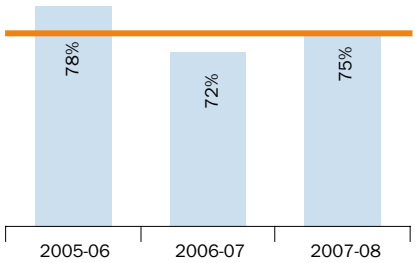
Mental Health ACT continues to report excellent results for the proportion of patients discharged from an inpatient service who receive follow-up care within seven days (above right). Timely follow-ups can reduce the number of people who need to be readmitted to an inpatient service. The 75 percent reported for this indicator in 2007–08 is right on target and three percent above the rate reported in 2006–07. The rate is set at 75 percent (rather than 100 percent) as approximately 25 percent of clients receive follow-up services from private providers rather than from Mental Health ACT services.

A total of 58 percent of patients discharged from an inpatient mental health service have completed outcome assessments. Mental Health ACT are implementing new measures to increase this level in 2008–09. All Mental Health ACT committees have consumer and carer members.

Mental Health ACT
Proportion of clients secluded by quarter

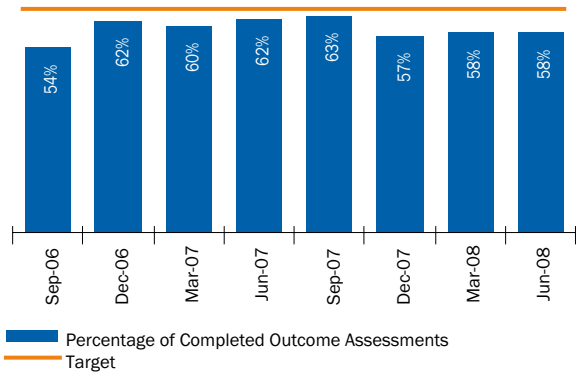


Mental Health ACT
Clients followed up within 7 days of discharge from an inpatient service

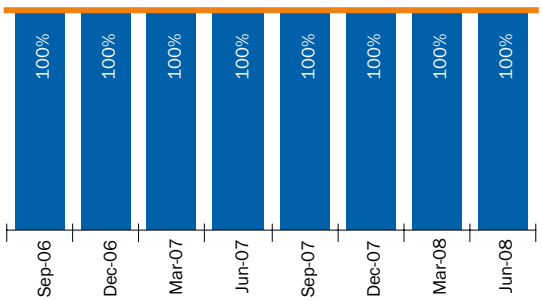


Source: Mental Health ACT

Mental Health ACT **Proportion of clients discharged with a completed outcome assessment**



Mental Health ACT **Proportion of mental health committees with consumer and carer representation**



Source: Mental Health ACT

ACT Health Selected activity statistics

	Year 2006–07	Year 2007–08	% VAR
ACT Health cost-weighted separations (Round 9 DRG version 5)			
Output 1.1 – Acute services[1]	74 033	81 857	9%
Output 1.5 – Cancer services	3 246	3 109	–4%
Output 1.6 – Aged care & rehabiliation services[2]	3 761	3 248	–14%
Total cost weighted separations	81 040	88 214	8%
Inpatient Separations			
Day only patient days (total across all outputs)	41 474	43 986	6%
Overnight patient days (total across all outputs)	226 395	238 412	5%
Nursing Home Type Patient Bed-Days (on separation)	9 918	6 793	–32%
Day of Surgery Admission rate	85%	86%	1%
NSW residents as a proportion of total hospital separations	24%	24%	0%
Emergency surgery as a proportion of total surgery	39%	39%	0%
Admissions via Emergency department	24 274	24 814	2%
Emergency Department Presentations by triage category			
Category 1 (immediate – 2 mins)	616	492	–20%
Category 2 (within 10 mins)	6 573	7 699	17%
Category 3 (within 30 mins)	30 523	30 502	–0%
Category 4 (within 60 mins)	41 248	38 828	–6%
Category 5 (within 120 mins)	10 040	11 469	14%
Emergency Department Presentations	96 283	97 967	2%
Elective Surgery			
Additions to the public hospital elective surgery waiting list	11 407	11 532	1%
Number of people on the elective surgery waiting list	4 842	4 791	–1%
Removals from the list for surgery	9 326	9 595	3%
Removals for other reason for surgery	2 091	2 255	8%
Patients on the list recorded as 'not ready for care'	582	535	–8%

	Year 2006–07	Year 2007–08	% VAR
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	16 days	14 days	–2 days
Category two patients (admission desirable within 90 days)	89 days	98 days	9 days
Category one patients (admission desirable within 365 days)	197 days	203 days	6 days
Elective endoscopies			
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	25 days	26 days	1 day
Category two patients (admission desirable within 90 days)	92 days	108 days	16 days
Category one patients (admission desirable within 365 days)	208 days	188 days	–20 days
Breast screens			
Total Number of ACT women	11 965	11 702	–2%
Participation rate 50–69	60%	58%	–3%
Additions to the Cervical Cytology Register	38 595	37 648	–2%

Community Health			
Allied health services – Provided in ACT public Hospitals		86 890	
Allied health services – Number of regional services		17 921	
Community Nursing – Number of Nursing (Domicilliary and clinic based occasions of service)		70 801	
NOTE: Method of counting these services changed in 2007–08. As such, activity is not comparable to 2006–07 data			
Mental Health – Community Services by Group			
Adult	159 693	152 289	–5%
Child & Adolescent	35 565	39 372	11%
Older persons	12 108	16 405	35%
Supported Accomodation Bed Occupancy rate	95%	95%	0%
Outpatient Care – Non Admitted Services			
ACT public hospitals	241 876	254 545	5%
Cancer services	39 724	43 811	10%
Aged care and rehabilitation services	1 326	1 656	25%
Total outpatient occasions of service	282 926	299 375	9%

1. Includes mental health separations (2,318 in 2006–07 and 2,423 in 2007–08). These will be reported separately from 2008–09.
2. Includes TCH based services only. A further 1,325 cost weighted separations were provided in 2007–08 in the new Calvary sub-acute service. These are reported in Output 1.1 in 2007–08 but will be reported under Output 1.6 from 2008–09.

Glossary

Emergency department

Triage category

Patients presenting to an emergency department are seen on the basis of clinical urgency as determined by trained medical professionals. Patients are classified into one of five categories, and their access to treatment is based on this clinical categorisation

1. Resuscitation – treatment to commence immediately
2. Emergency – treatment to commence within 10 minutes
3. Urgent –within 30 minutes
4. Semi-Urgent – within 60 minutes
5. Non-urgent –within 120 minutes

Waiting times

The proportion of patients seen at emergency departments within standard waiting times (as set by the Australasian College of Emergency Medicine)

1. Resuscitation – 100% seen on time
2. Emergency – 80% seen within 10 mins
3. Urgent – 75% seen within 30 mins
4. Semi-Urgent – 70% seen within 60 mins
5. Non-urgent – 70% seen within 120 mins

Access block

The proportion of patients admitted to hospital via the emergency department who wait longer than eight hours from the time that treatment commences to the time that the patient is transferred to a hospital ward.

Elective surgery

Urgency category

Patients listed for elective surgery at ACT public hospitals are assigned one of three priority categories based on their surgeon's opinion about the urgency of the need for surgery in accordance with the definitions in the National Health Data Dictionary:

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
2. Semi-urgent – admission within 90 days is desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency
3. Non-urgent – admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is not likely to deteriorate quickly and which does not have the potential to become an emergency
   (ACT Health establishes a 365 day maximum desirable waiting time for category three patients

Median waiting time

The waiting time at the fiftieth (50th) percentile for all patients admitted for elective surgery at an ACT public hospital in a given period (and for a given patient urgency category)

Waiting times	The proportion of patients admitted for surgery within a given period who are admitted within standard waiting times for their condition.
Removals for surgery	The number of people, in a given period, who are removed from the ACT public hospitals elective surgery waiting list for surgery.
Patients waiting longer than one year for surgery	The number of patients still on the elective surgery waiting list (and who are listed as "ready for surgery") who have been waiting longer than 365 days (at a given census date).
Long wait patients accessing elective surgery	The number of patients on the ACT public hospitals' waiting lists who have had surgery within a given period whose waiting time was longer than the standard waiting time for their condition when admitted for surgery.
Hospital initiated Postponements	The proportion of elective surgery patients booked for surgery in a given period who have their surgery postponed by the hospital (for reasons such as substitution for a more urgent patient, no beds available, etc)

Intensive care unit

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

Endoscopy

Urgency category	See entry for elective surgery
	Median waiting time See entry for elective surgery

Dental services

Waiting times (urgent)	The proportion of dental health program clients assessed as in need of emergency services who receive care within 24 hours of a request
Waiting times (general)	The average waiting time (in months) that clients of the adult centralised waiting list wait for care from the time of the request of an appointment to the date of the appointment with the dental health program

Radiotherapy

Waiting times (urgent)	The proportion of new radiotherapy patients who are assessed as in need of urgent access to treatment who are provided with treatment within 48 hours of a request
Waiting times (general)	The proportion of all new radiotherapy patients who are provided with treatment within 28 days of a request

Breast screening

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

Wait time to appointment	The proportion of women who wait 28 days or less from their appointment date to the date of their breast screen
Number of screens	Number of ACT women who are provided with breast screens within a given period
Participation rate	The proportion of women in the ACT in the targeted age group for breast screening (50 to 69 years) who have had a breast screen within the last two years at any given time.

Bed usage

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

Ambulance services

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

Rehabilitation

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

Aged care assessment

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

Patient safety

Unplanned return to Hospital within 28 days	The proportion of patients who are readmitted within 28 days to the same hospital in which they were previously a patient, where the readmission was: ▪ unexpected for further treatment of the same condition for which the patient was previously hospitalised ▪ unexpected admission for treatment of a condition related to one for which the patient was previously hospitalised ▪ unexpected admission for a complication of the condition for which the patient was previously hospitalised
Unplanned return to the operating theatre	The proportion of patients who are required to the operating room for a further procedure related to complication(s) of a previous operation/ procedure within a single admission
Hospital acquired blood stream infection rate	The incidence of blood stream infections such as staphylococcus aureus (golden staph) acquired within ACT public hospitals, reported as the number of infections per 1,000 non-same day occupied bed days

Pulmonary embolisms	The proportion of surgical patients with a length of stay of greater than seven days who develop a pulmonary embolism while in hosptial

Mental health

Outcome assessments	The proportion of clients separated from a mental health inpatient unit who have a completed outcome assessment
Use of seclusion	The proportion of patients who are separated from a psychiatric inpatient unit who were subject to seclusion during their inpatient episode
Clients seen within seven days post discharge from hospital	The proportion of clients seen at an ACT Health community facility during the seven days post-discharge from the inpatient service
Consumer and carer representation	The proportion of Mental Health ACT committees upon which consumers and carers are represented

Immunisation

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

Opioid treatment

Clients with plans	the number of opioid treatment scheme clients who have management a management plan

Inpatient separations (Admitted patients)

Cost weighted separations	The number of separations (completed episodes of care) expressed in cost weighted terms. "Cost weighting" allocates a weight for each hospital episode based on the average level of resources used for each type of episode (with the average episode receiving a weight of "1"). As examples, a standard dialysis episode has a weight of 0.17 of the average and a knee replacement has a weight of about "5" (or five times the average. ACT Health used national public hospital cost weights (Round 9) for counting of hospital episodes in 2007–08.
Day only separations	The number of admitted patients (inpatients) who are admitted and separated on the same day.
Overnight separations	The number of admitted patients who are admitted and separated on different days
NSW separations	The proportion of patients separated from ACT public hospitals whose residential address in NSW
Patient days	In accordance with national definitions, the number of days that a patient spends in hospital. All day only (or same-day) patients are counted as spending one full day in hospital (regardless of the time actually spend in hospital). For non same-day patients, the number of days is calculated by subtracting the separation date from the admission date (in full days)

Nursing home type patient days	The number of patient days on separation for all patients who have been classified as nursing home type patients.
Emergency surgery as a proportion of all surgical services	The proportion of patients who have surgery as a result of an emergency against the total number of surgical procedures
Day of surgery rate	The proportion of all elective surgery cases who are admitted to hospital on the same day that they have their surgery.
Births	The number of births reported at our public hospitals in a given period
Caesarean births	The proportion of all births at public hospitals that are reported as being undertaken as caesarean sections.

Hearing screening

Newborn screening

The proportion of all babies who meet the screening criteria who are screened for early signs of hearing abnormalities. Babies meeting the screening criteria are those who:

- had a gestation period of greater than 34 weeks
- are at least six hours onle
- are able to feed properly by either the breast or bottle
- are considered to be "well"

Cytology register

Additions

The number of women who are added to the cervical cytology register in a given period

Mental health

Community services

The number of community based services provided to each of the three client groups:

- Adults
- Children and adolescents
- Older people

Community services

Allied health (in hospitals)

The number of allied health occasions of service provided to hospital inpatients (covering the areas of:

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

Allied health (community)	The number of allied health occasions of service provided to clients in a community setting (including their home or in a clinic) in the following areas: ▪ Physiotherapy (home and clinic) ▪ Occupational Therapy (home visits) ▪ Social Work (home and clinic) ▪ Podiatry (clinic) ▪ Nutrition (home and clinic)
Community nursing	The number of community nurse occasions of service provided to clients of the ACT Health Continuing Care area, including: ▪ Home visits ▪ Ambulatory care visits ▪ Foot care clinics ▪ Continence clinics ▪ Wound clinics ▪ Stoma clinics

Non-admitted Services (outpatient)

Occasions of service	The number of occasions of service provided by outpatient clinics at our public hospitals, reported in terms of organisational responsibilities: ▪ Public hospitals ▪ Capital region cancer service ▪ Aged care and rehabilitation service A non-admitted (outpatient) occasion of service is an episode of care where a client interacts with one or more health professionals for assessment, consultation and/or treatment, but does not undergo a hospital's formal admission process