

ACT Public Health Services Quarterly Performance Report

September 2012



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This is the fifth Quarterly Report that the Health Directorate has issued in the revised format to ensure that it is informative and provides a visual demonstration of the performance against existing performance targets as well as those implemented through the National Health Reform.

The National Health Reform has introduced a number of targets relevant to both the performance of our emergency departments as well as ensuring that we provide timely access to elective surgery.

The Health Directorate has continued to work with the individual health services to develop reporting tools that support effective management of our available resources and ensure that clients within the ACT and surrounding region are able to gain access to services as well as information on the performance of healthcare services.

The ACT Public Health Services report for the first quarter of 2012-13 shows that the increased investment in the Territory's public health services is working to provide improved access to care.

Public Hospitals

- In 2012-13 the ACT Government funded an additional 40 inpatient beds into ACT public hospitals. This takes our public hospitals estimated capacity to 979 beds. This is an increase of 309 beds since 2001-02 when we were first elected to Government – a 46% increase over nine years.
- Preliminary data for the first quarter of 2012-13 suggests a 2% increase in cost weighed separations for our ACT Public Hospitals.
- In the first three months 2012-13 there were over 1,100 births at our public hospitals.
- Outpatient occasions of service grew by 7% in 2012-13 compared with the same period in 2011-12.
- The average waiting time for public dental health services for the first quarter of 2011-12-13 was 12 months.
- Childhood immunisation rates exceed the national target of 90%, with a result of 93% at September 2012-13.

- The Walk-in Centre (WiC) is now an established part of our health service infrastructure, providing the community with another option for the treatment of minor and one-off conditions. In the first quarter of 2012-13, 4,973 clients presented to the WiC for treatment – a 14% increase on last year.

Surgery

- Our public hospitals provided 11,300 elective surgery procedures in 2011-12. This was 300 above the target of 11,000. This was the second consecutive year that we have provided for over 11,000 elective surgery procedures.
- The increase in activity has also led to a significant decline in the number of patients waiting beyond the clinically recommended timeframes for surgery, with 819 long wait patients on the list at the end of September 2012-13. This is a 30% reduction on the 1,166 recorded for the same period in 2011-12, and a 61% reduction compared with 2010-11.
- In the three months of 2012-13, the number of patients waiting longer than one year for surgery has reduced by 25% to 224 and the number of patients waiting longer than two years has seen a remarkable 62% reduction. Whilst this is still too high, our commitment to improving access will result in this number reducing in future reports.
- The Health Directorate reports the median wait time to access elective surgery. This ensures that any improvement or deterioration in the way we manage the elective surgery waiting list is evident so we can adjust management to improve access as required. The result of 52 days reported for year to September 2012-13 is a vast improvement on the 74 days reported in 2010-11, which is evidence that our approach to management of the waiting list is paying off.
- The increased access to elective surgery is particularly pleasing given the continued demand for emergency surgery. In the three months of 2012-13, 1,676 people had emergency surgery, which equates to 35% of all surgical activity being performed as emergency procedures.





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Emergency Departments

- In April 2012, the Australian Institute of Health and Welfare raised concerns about unusual anomalies in our emergency department data.
- Once it was identified that these anomalies could not be accounted for as part of a normal data validation process, the matter was referred to the Auditor General and Price Waterhouse Coopers (PWC) for investigation of emergency department data at Canberra Hospital.
- Following this investigation, the Health Directorate has now corrected all records in ACT Emergency Department datasets dating back to 2008-09.
- In addition, a strategy has been developed to determine how data is collected, stored and accessed across the ACT Government Health Directorate. The strategy will also identify governance arrangements; training requirements; assess validation requirements; and reporting of health system information.
- The Health Directorate is committed to improving waiting times in our emergency department services and is working towards meeting the newly implemented National Emergency Access Targets (NEAT). Recent data published on the MyHospitals website shows both ACT public hospital emergency departments formed on par, or above the national peer group average for the proportion of emergency department presentations with a length of stay less than four hours.
- In 2011-12, ACT Hospital Emergency Departments saw 118,389 presentations, a 6% increase in presentations compared with 2010-11.
- Emergency department presentations grew by another 2% during the first quarter of 2012-13 from 28,911 in September 2011-12, to 29,481 in September 2012-13.
- Admissions to hospital via the emergency department have also grown, with 7,812 (8% growth) admissions reported for the first three months of 2012-13 compared with the same quarter in 2011-12.
- The proportion of patients admitted to a hospital bed within eight hours of being seen in the emergency department in the first quarter of 2012-13 was 70%. This result is below the target of 75%, and below the 77% recorded in the first quarter of 2011-12. The 8% increase in admissions has been a contributing factor in reducing timely access to an inpatient bed.

- ACT Public Hospital Emergency Departments did not meet National targets for timely access to emergency care in four of the five triage categories. Presentations within Triage Category Five were seen within clinically recommended times.
- Our emergency department staff are currently reviewing their processes, and working with their colleagues throughout the hospitals, to work out ways of eliminating barriers that delay quick access to services and improve patient flow through the emergency departments.
- The 2012-13 budget provides additional investment that will assist in further improving access to emergency department and inpatient services. The money will provide additional capacity and treatment options for our emergency departments to see, treat and move on patients who present to our public hospital emergency departments.

National Health Reform

- The National Health Reform agenda was agreed to by all States and Territories in August last year.
- A set of performance targets were included in the agreement to ensure timely access to services is a priority for all health sectors across the Nation.
- The National Emergency Access Target requires that 90% of all presentations have a length of stay in the emergency department of no more than four hours by 2015. The targets will be staged incrementally over the next four years. In the calendar year to September 2012, ACT Public Hospitals reported a total of 56% of patients with an emergency department length of stay less than four hours against the target of 64%.
- The National Elective Surgery Targets (NEST) is aimed at both improving access to elective surgery and reducing the number of patients longer than standard timeframes for elective surgery.
- For the calendar year to September 2012, ACT Public Hospitals met the targets for all three categories receiving their surgery within the recommend timeframes.





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New South Wales Activity

- The ACT is committed to servicing the health needs not only of the residents of the ACT, but of the surrounding region.
- Of the 29,481 presentations to ACT public hospital emergency departments, approximately 11% of patients present from NSW.
- NSW residents account for approximately 30% of all surgical procedures from our public hospitals, and 16% of all hospital separations.

Medicine

- Medical services at our public hospitals are a large portion of the total activity generated in the health services of the ACT.
- Endoscopy services provided over 1,193 procedures in first three months of 2012-13. The Health Directorate is managing medical waiting lists in the same manner as its surgical counterparts. Timeliness for endoscopy procedures is currently below the desired targets. However, a number of strategies are underway to increase access to endoscopy services.
- Another 300 endoscopy procedures have been funded in 2012-13 to reduce the waiting list and improve timely access to this service in the Territory.
- The median waiting time for patients requiring access to interventional cardiology services was 24 days, with 327 patients being treated in the first quarter of 2012-13.

Capital Region Cancer Service

- Despite the increase in demand for radiation therapy services, waiting times have maintained the excellent record of recent years with 100% of the two most urgent categories receiving access within the timeframes and 100% of the non - urgent category patients receiving care within standard timeframes in the first quarter of 2012-13.
- Waiting times for Breast Screen appointments have improved as a result of improvement strategies. The engagement of two permanent radiographers in the second quarter of 2011 has resulted in the full establishment of radiography staff. Locum and casual radiographers have also been engaged.

- The BreastScreen ACT program no longer provides services to the South East New South Wales. This has freed up radiography staff to provide services to women of the ACT.
- For the year to September 2012-13, 93% of women waited less than 28 days for their screening appointment. This is a marked improvement on the 25% for the year to September 2011-12.
- Waiting times for the proportion of women who receive an assessment within 28 days has also improved with a result of 99% to September 2012, compared to 92% for the year to September 2011.
- Despite ready availability of appointments, getting women in to the Program to attend for screening is proving difficult. To improve the numbers, BreastScreen ACT has commenced an active recruitment campaign using multiple strategies, such as contacting lapsed attendees and sending letters to General Practitioners to encourage women to have a breast screen. There were a total of 3,418 breast screens performed for ACT residents in year to September 2012-13, compared to 4,385 screening procedures in the same period last year.
- Improvements to the Breast Screen ACT program include the introduction of digital mammography machines and a Picture Archiving Communications System (PACS) which have replaced the previous analogue machines used by BreastScreen ACT. The new mammography equipment provides higher quality images while generating lower radiation exposure for clients.

Mental Health, Justice Health and Alcohol and Drug Services

- Seven day post discharge contact refers to direct contact with the consumer by community mental health services following an inpatient admission. Not all consumers will be contacted by community services as they are either referred out of area (ACT) or prefer follow-up by non-government mental health services. It is also estimated a small percentage (~<2%) are not able to be contacted for a variety of reasons out of community mental health services control.





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- Outcome measures completed remains variable due to a number of technical issues related to data capture and reporting. Further work is being undertaken to address these issues with a continued refinement of more accurate reporting. As at year to September 2012-13 outcome measures completed are below the target of >65%, with a result of 55%.
- The use of seclusion in the ACT mental health services continues to remain low; however from time to time there may be a 'spike'. The three months of 2012-13 indicates that seclusion is used as a last resort and kept to an absolute minimum resulting in a very low rate (1.3%).
- Twenty-eight day unplanned readmission rate is variable depending on the complexity of individual consumer's needs and the number of complex consumers presenting for inpatient service support at any given time. The unplanned re-admission rate for year to September 2012-13 was 7.2%. This is a 2.9% reduction on the same period in 2011-12. It is also known that community follow-up by mental health services, carer involvement and other community supports are key factors in the reduction of the chances of a readmission within 28 days of an initial inpatient admission.

Rehabilitation, Aged and Community Care Services

- The average waiting time for an in hospital Aged Care Assessment Team review is on the target of 2 days for the September quarter for 2012-13.
- The number of separations from hospital for patients awaiting a nursing home placement has decreased in the first quarter for 2012-13 to 86 in comparison to 118 separations reported for the September quarter 2011-12. However, the number of nursing home type patient bed days has increased by 24% suggesting that this cohort of patients are staying longer in the acute sector, primarily due to nursing home bed accessibility.

Quality and Safety

- The rate of unplanned return to hospital remains below target at both our public hospitals. The target is set higher at the Canberra Hospital due to the more complex clinical needs of the patients that this hospital treat, meaning that there is a slightly higher chance that they will require readmission to hospital for follow up treatment.
- The Hospital Acquired Infection rate at the Canberra Hospital has seen some significant improvements in 2012-13. However, Calvary has seen some increases over the same period. Slight increases to the number of infections recorded can have a large impact in the overall reporting of this indicator.
- Infection Prevention and Control have a program in place for continued monitoring of these infections, which is unique among Australian hospitals as every patient with a positive blood culture is followed up to see why their infection occurred and then what might be done in the future to prevent other infections.
- This program has led to a sustained 70% decrease in the numbers of bloodstream infections caused by intravascular devices. However, in recent years there has been a noted increase in urinary tract infections related to urinary catheters.
- A number of interventions aimed at preventing the occurrence of urinary tract healthcare acquired bloodstream infections are being initiated across the hospital.
- The rate has been trending downwards over the first quarter for 2012-13.





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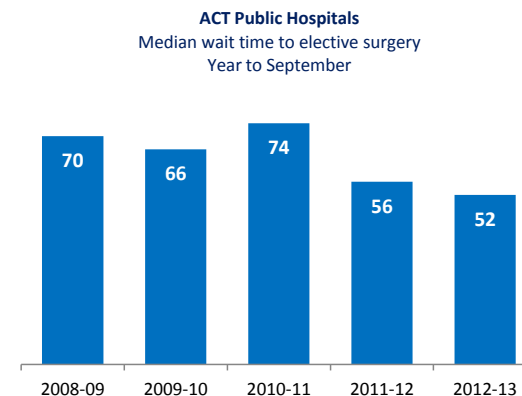
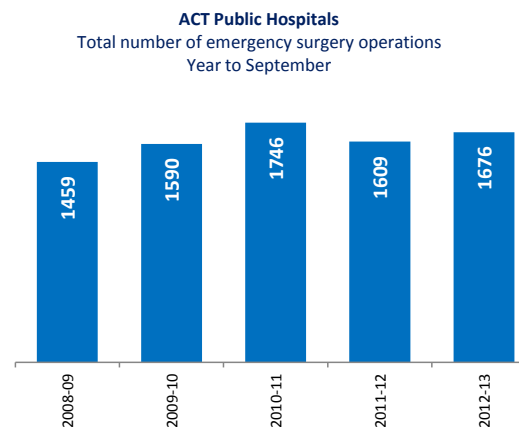
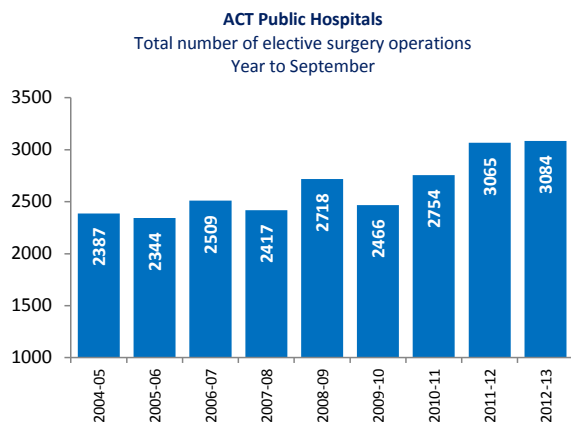
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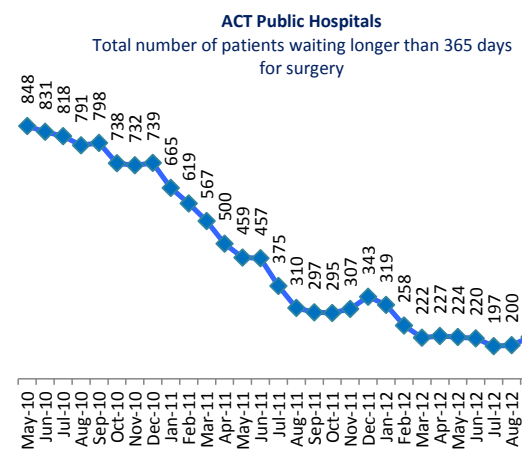
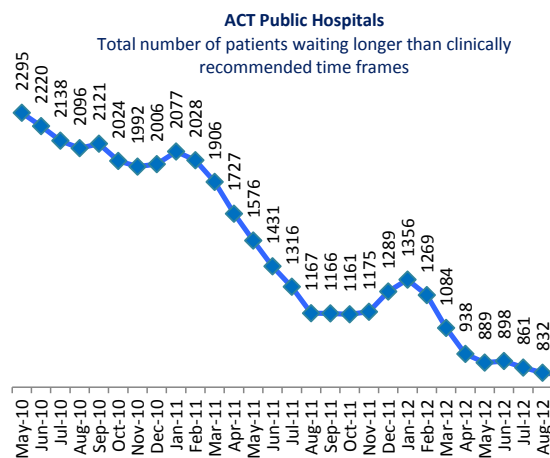
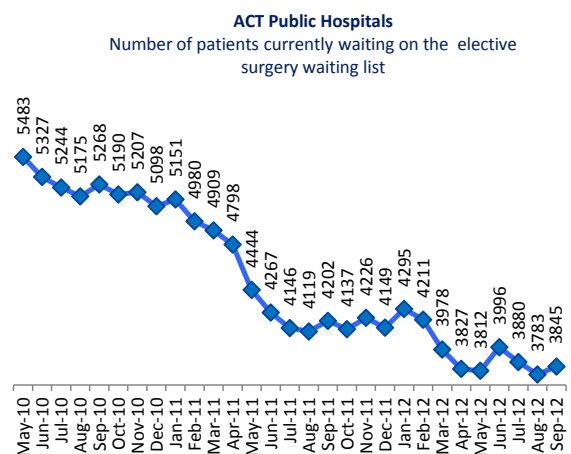
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ACT continues to deliver high levels of surgery into 2012-13



Reducing the number of patients waiting too long for care in 2012-13





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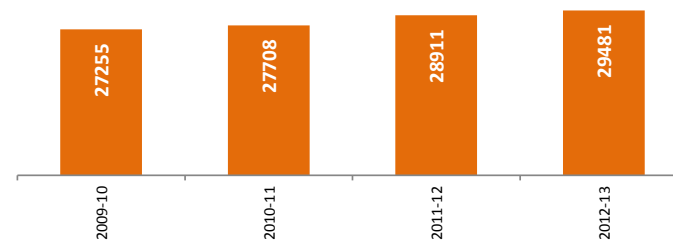
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Waiting times for emergency department care

Emergency department presentation seen on time

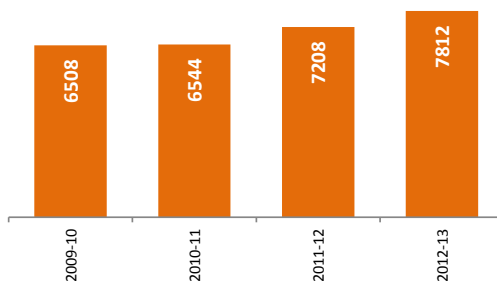
Year to September	2011-12	2012-13	Target
Category 1 (immediately)	100%	99%	100%
Category 2 (<10 mins)	73%	68%	80%
Category 3 (<30 mins)	48%	42%	75%
Category 4 (<60 mins)	47%	44%	70%
Category 5 (<120 mins)	81%	78%	70%
Total All Categories	54%	50%	70%

ACT Public Hospitals
Presentations to the emergency departments
Year to September

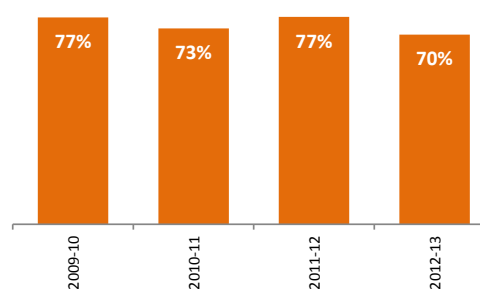


Access to ward beds from the emergency department

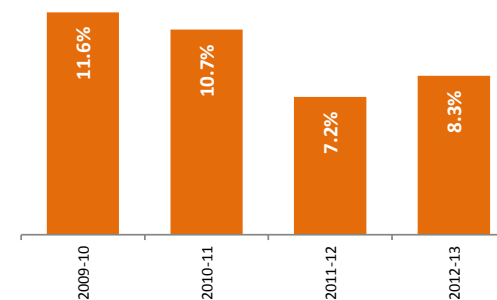
ACT Public Hospitals
Admissions via the emergency department
Year to September



ACT Public Hospitals
Access Block
(% of patients admitted to a bed within 8hrs)
Year to September



ACT Public Hospitals
Proportion of patients who did not wait for treatment
Year to September



National Emergency Access Target (NEAT)



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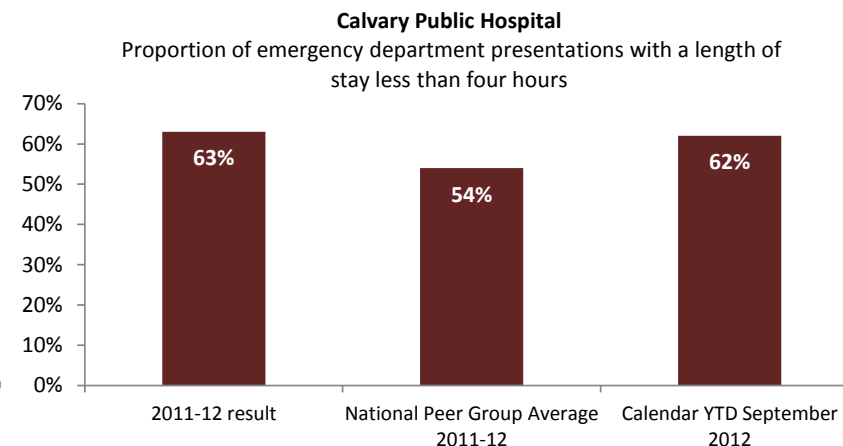
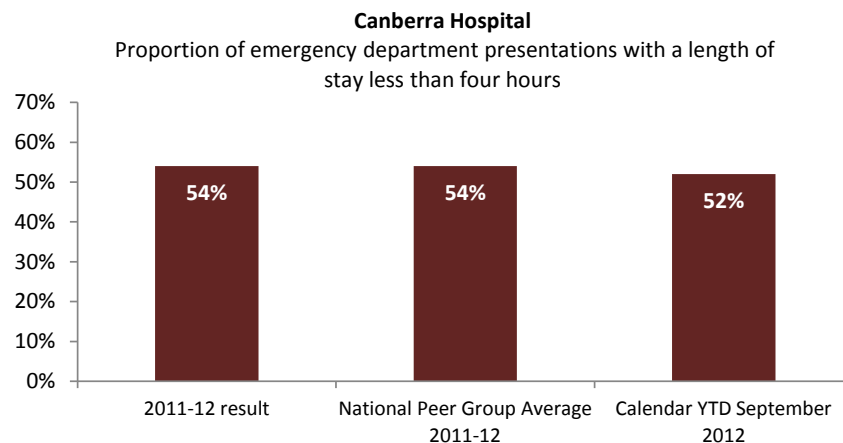
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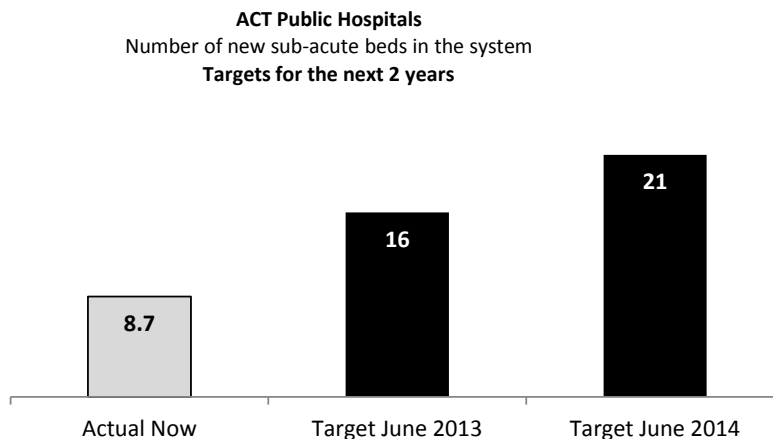
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90 percent of all Emergency Department presentations to have a length of stay less than four hours by 2015



New sub-acute bed capacity
Target at least 21 new sub-acute beds in the system by 2014



National Elective Surgery Target (NEST)



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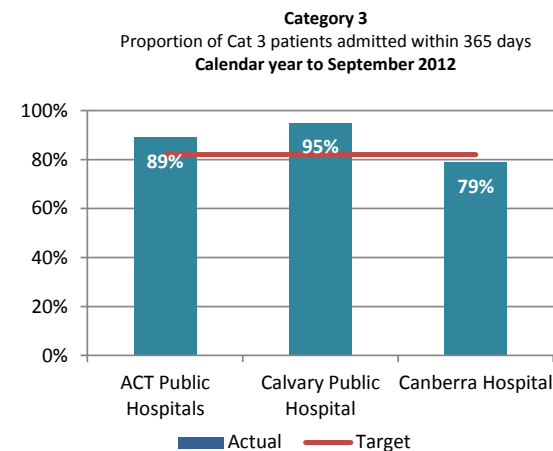
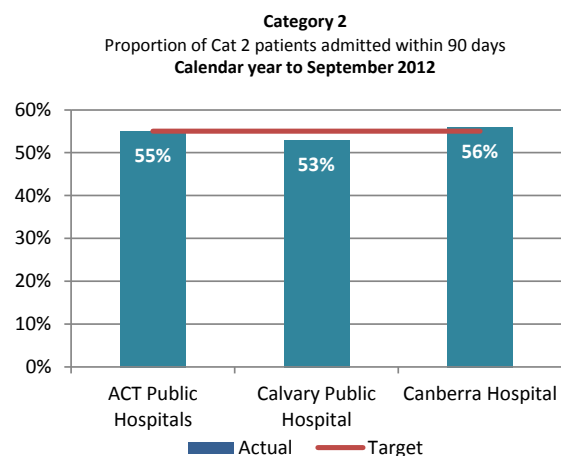
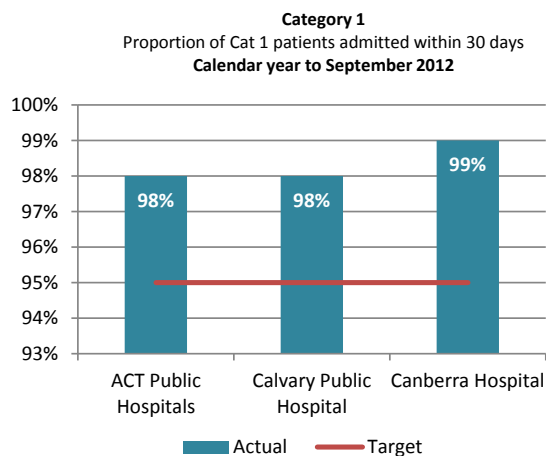
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Part 1 – National Elective Surgery Target

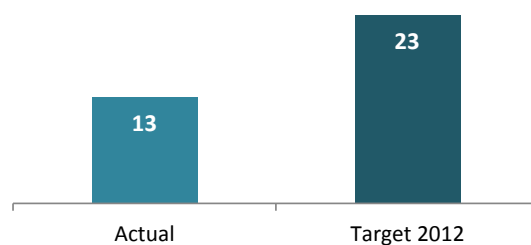
Improvement in patients treated within clinically recommended times



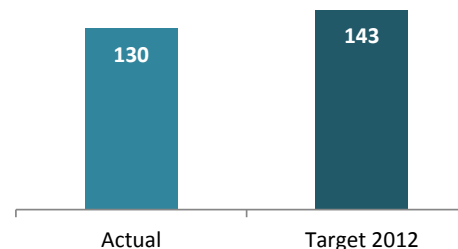
Part 2 – National Elective Surgery Target

Reduction in patients waiting longer than standard timeframes

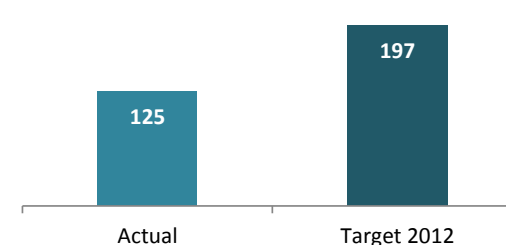
ACT Public Hospitals Category 1
Average overdue waiting time for cat 1 patients waiting longer than 30 days for surgery
Year to September 2012



ACT Public Hospitals Category 2
Average overdue waiting time for cat 2 patients waiting longer than 90 days for surgery
Year to September 2012



ACT Public Hospitals Category 3
Average overdue waiting time for cat 3 patients waiting longer than 365 days for surgery
Year to September 2012



New South Wales patients accessing treatment in ACT Public Hospitals



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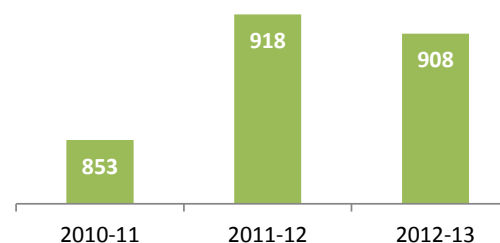
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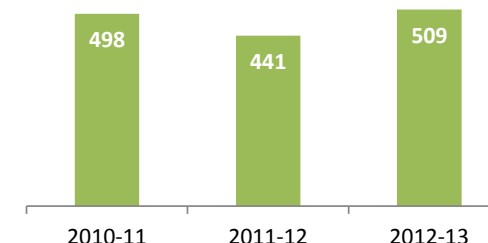
Meeting the surgical needs of our region

Year to date September 2012		
ACT Public Hospitals	Elective	Emergency
Total all Patients	3084	1676
Total NSW	908	509
% NSW patients	29%	30%

ACT Public Hospitals
NSW patients
Elective surgery operations
Year to September

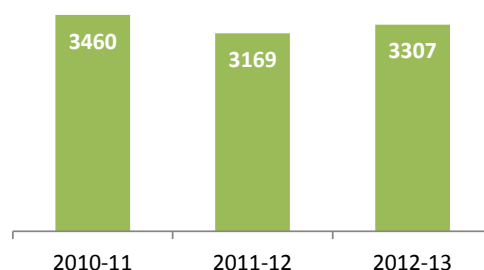


ACT Public Hospitals
NSW patients
Emergency surgery operations
Year to September

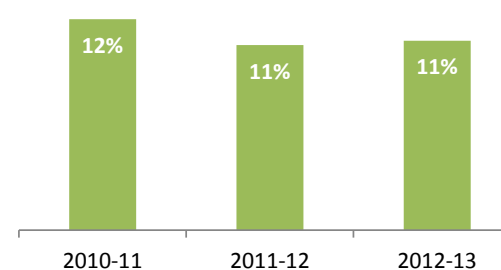


Emergency department activity for our region

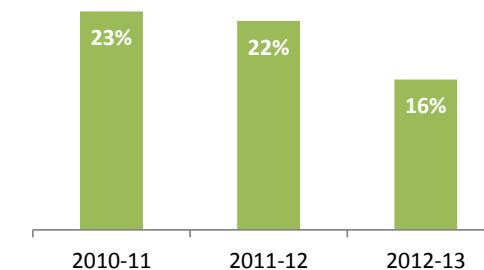
ACT Public Hospitals
NSW patients
Presentations to the emergency department
Year to September



ACT Public Hospitals
NSW patients
Proportion of all patients who present to the emergency department who reside in NSW
Year to September



ACT Public Hospitals
NSW patients
Proportion of NSW admissions to hospital via the emergency department
Year to September





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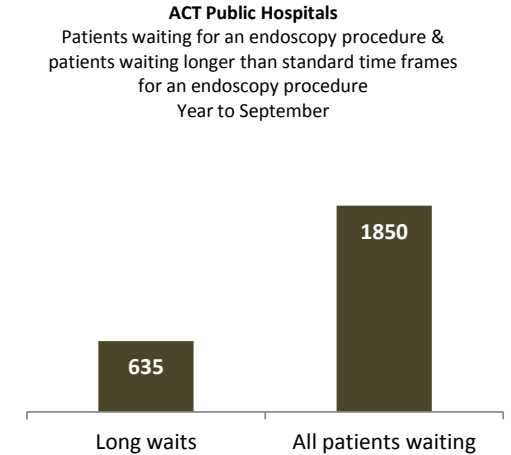
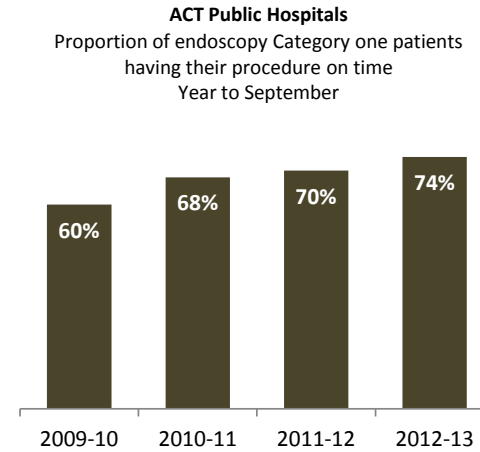
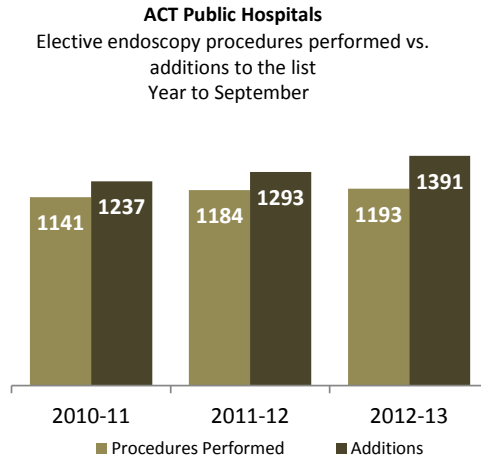
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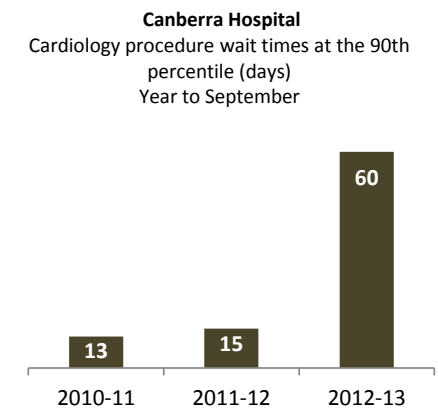
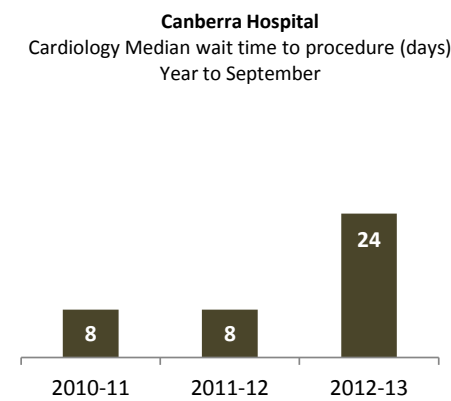
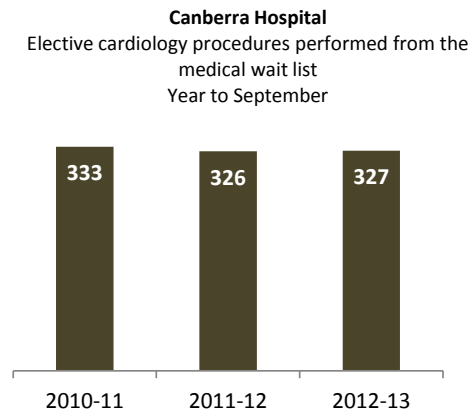
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Endoscopy procedures completed at ACT Public Hospitals



Cardiology procedures completed at ACT Public Hospitals





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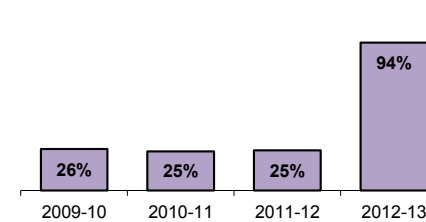
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Percentage of radiotherapy patients who commence treatment within standard timeframes and Breast Screening

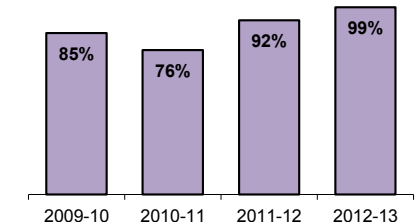
Radiation Therapy Access

Year to September	2010-11	2011-12	2012-13
Urgent : within 48 hours	100%	100%	100%
Semi-urgent: with 4 weeks	100%	100%	100%
Non-urgent : within 6 weeks	100%	100%	100%
Total - All Radiotherapy Patients	100%	100%	100%

Capital Region Cancer Service BreastScreen - proportion of women who wait 28 days or less from their appointment date to the date of their breast screen
Year to September



Capital Region Cancer Service BreastScreen - proportion of women who receive an assessment within 28 days
Year to September



Rehabilitation and Aged Care Services



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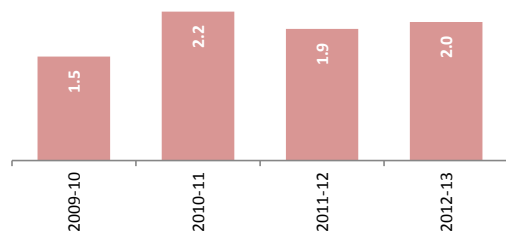
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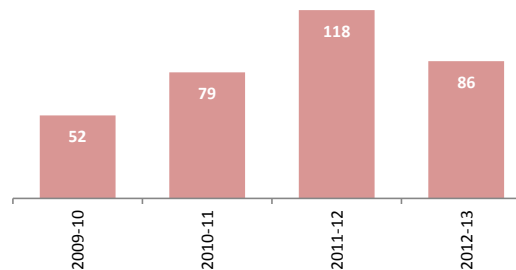
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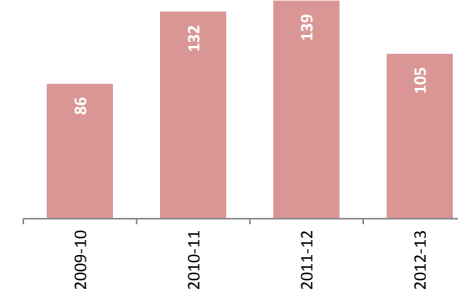
Rehabilitation, Aged and Community Care Services
Average Waiting Time (in days) for ACAT Assessment
Year to September



ACT Public Hospitals
Nursing Home Type Patients
Number of separations
Year to September



Rehabilitation, Aged and Community Care Services
Number of people assessed in falls clinic
Year to September





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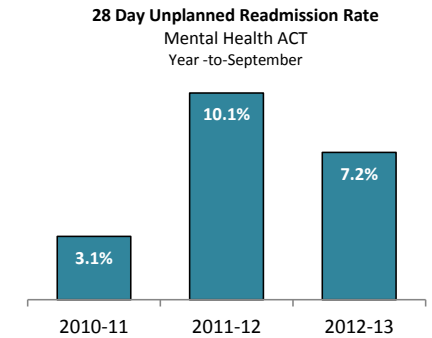
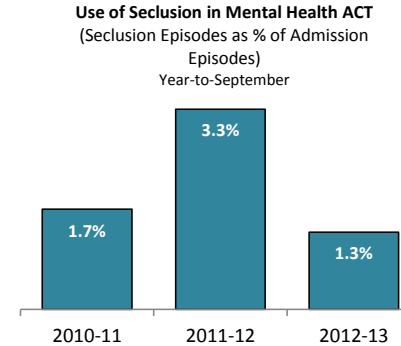
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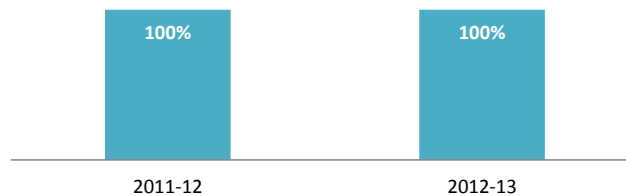
Mental Health

Year to September	2010-11	2011-12	2012-13
% Inpatients contacted within 7 days post-discharge	76%	76%	74%
Proportion of clients discharged with a completed outcome assessment	72%	66%	*55%

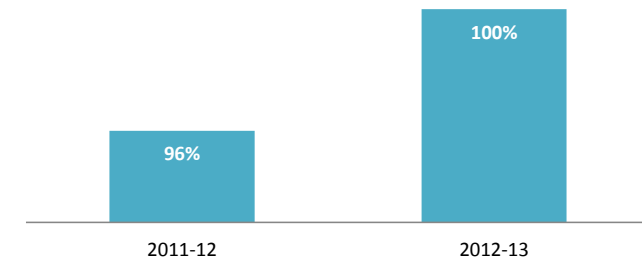


Justice Health

Proportion of offenders and detainees at the Alexander Maconochie Centre with a completed health care assessment within 24 hrs of detention
Year-to-September



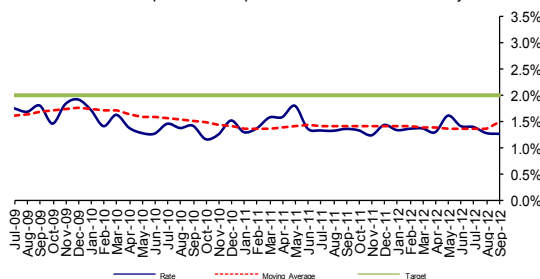
Proportion of offenders and detainees at Bimberi Youth Detention Centre with a completed health care assessment within 24hrs of detention
Year-to-September



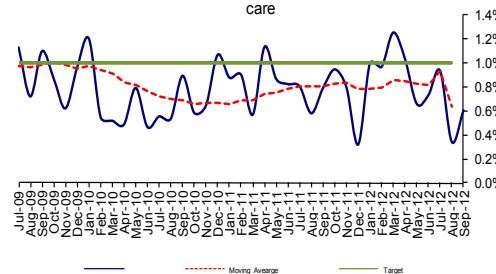


Canberra Hospital

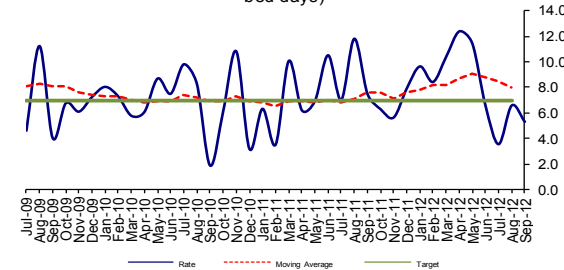
Canberra Hospital
Rate of unplanned hospital admissions within 28 days



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

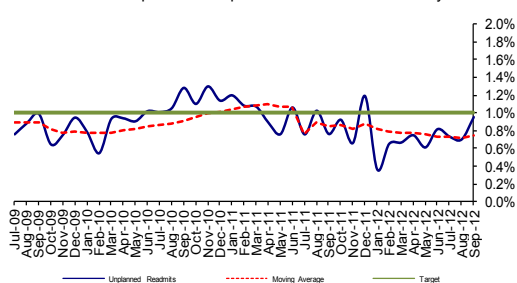


Canberra Hospital
Hospital Acquired Infection Rate (per 10,000 occupied bed days)

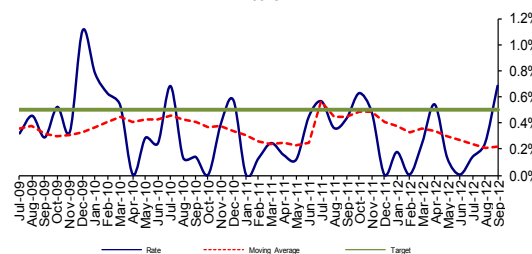


Calvary Public Hospital

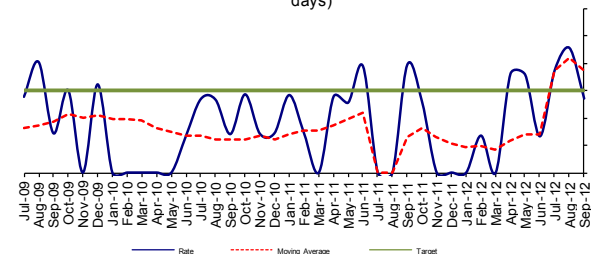
Calvary Public Hospital
Rate of unplanned hospital admissions within 28 days



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



Calvary Hospital
Hospital Acquired Infection Rate (per 10,000 occupied bed days)



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Selected activity statistics

Selected ACT Public Hospitals and Community Activity Indicators



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	Year to September*		
	2011-12	2012-13	% VAR
Health Directorate cost-weighted separations (Round 14-DRG version 6.0)			
Output 1.1 – Acute services*	21 964	22 439	2%
Output 1.2 – Mental Health, Justice Health and Alcohol and Drug Services	1 088	1 242	14%
Output 1.4a – Cancer services	1 289	1 191	-8%
Output 1.5a – Rehabilitation, Aged and Community Care	1 177	1 188	1%
Total cost weighted separations	25 518	26 060	2%
Inpatient Activity			
Day only patient days (total across all outputs)	13 445	12 481	-7%
Overnight patient days (total across all outputs)	69 902	72 117	3%
Nursing Home Type Patient (NHTP) Bed-Days (on separation) **	1 399	1 733	24%
Day of Surgery Admission rate	88%	90%	2%
NSW residents as a proportion of total hospital separations	22%	18%	-4%
Emergency surgery as a proportion of total surgery	36%	35%	1%
Allied health services – Provided in ACT public hospitals	26 236	24 215	-8%
Bed Occupancy Rate (overnight adult medical and surgical beds)	89%	92%	3%
Total number of births in ACT public hospitals	1 101	1 104	0%
Proportion of births by caesarean in ACT public hospitals	29%	29%	0%
Admissions via Emergency department			
Admissions to Emergency Department observational wards	2 890	3 363	16%
Admissions from the Emergency Department to ICU, Surgery, and general wards	4 318	4 449	3%
Emergency Department Activity			
Category 1 Seen (immediate – 2 mins)	111	105	-5%
Category 2 Seen (within 10 mins)	2 964	3 619	22%
Category 3 Seen (within 30 mins)	9 081	9 000	-1%
Category 4 Seen (within 60 mins)	11 889	11 975	1%
Category 5 Seen (within 120 mins)	2 789	2 348	-16%
Emergency Department Presentations seen	26 834	27 047	1%
Did Not Waits	2 077	2 434	17%
Total Emergency Department Presentations	28 911	29 481	2%
Walk-in-Centre			
Total presentations	4 359	4 973	14%
Patients treated	3 015	3 489	16%
WIC – % presentations who did not wait	2%	2%	0%
% Treated within the WIC	69%	70%	1%
Elective Surgery			
Additions to the public hospital elective surgery waiting list	3 593	3 514	-2%
Numbers of people on the elective surgery waiting list	4 202	3 845	-8%
Removals from the list for surgery	3 065	3 084	1%
Removals from the list for other reasons	652	515	-21%
Patients on the list recorded as “not ready for care”	1 040	1 086	4%
Hospital Initiated Postponements	10%	8%	-2%

	Year to September*		
	2011-12	2012-13	% VAR
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	15	14	-1 days
Category two patients (admission desirable within 90 days)	96	70	-26 days
Category three patients (admission desirable within 365 days)	228	162	-66 days
Elective endoscopies			
Median waiting time to care by patient urgency category	17	18	1 days
Category one patients (admission required within 30 days)	112	154	42 days
Category two patients (admission desirable within 90 days)	295	243	-52 days
Breast screens			
Number of breast screens for women aged 50-69	4 385	3 418	-22%
Participation rate of breast screens for ACT women aged 50-69	52%	53%	1%
Cervical screening			
Additions to the Cervical Cytology Register	8593	9254	8%
Rehabilitation, Aged and Community Care			
Allied health services – Number of regional services	21 273	22 492	6%
Community Nursing – Number of Nursing (Domiciliary and clinic based occasions of service)	5 588	5 559	-1%
Mental Health			
Community Services by Group			
Adult	45 839	51 765	13%
Child & Adolescent	14 678	12 474	-15%
Older persons	4 731	3 699	-22%
Proportion of mental health committees with consumer and care representation	100%	100%	0%
Dental Services			
Mean Waiting (time in months) for persons on the Centralised Waiting and Recall List	11	12	6%
Proportion of urgent patients seen with standard waiting times	100%	100%	0%
Immunisation Coverage			
Primary Immunisation schedule measured at 1 year of age (in accordance with the Australian childhood Immunisation Register)	94%	93%	-1%
Outpatient Care – Non Admitted Services			
ACT public hospitals	82 059	87 010	6%
Cancer services	15 767	17 127	9%
Aged care and rehabilitation services	292	406	39%

* Note, Figures for CWS and Births are based on estimates.



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Emergency department

Triage category	<p>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:</p> <ol style="list-style-type: none"> 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
Target waiting times	<p>The proportion of patients seen at emergency departments within standard waiting times (as set by the Australasian College of Emergency Medicine)</p> <ol style="list-style-type: none"> 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	<p>The proportion of patients admitted to hospital via the emergency department who wait less than eight hours from the time that treatment commences to the time that the patient is transferred to a hospital ward.</p>

Elective surgery

Urgency category	<p>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:</p> <ol style="list-style-type: none"> 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 (Health Directorate establishes a 365 day maximum desirable waiting time for category three patients).
Median waiting time	<p>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).</p>
Waiting times	<p>The proportion of patients admitted for surgery within a given period who are admitted within standard waiting times for their condition.</p>
Removals for surgery	<p>The number of people, in a given period, who are removed from the ACT public hospitals elective surgery waiting list for surgery.</p>
Patients waiting longer than one year for surgery	<p>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).</p>





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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.
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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.).
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Endoscopy

Urgency category	See entry for elective surgery.
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Median waiting time	See entry for elective surgery.
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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.
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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.
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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.
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Waiting times (general)	The proportion of all new radiotherapy patients who are provided with treatment within 28 days of a request.
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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.
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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.
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Number of screens	Number of ACT women who are provided with breast screens within a given period.
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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.
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Bed usage

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

Unplanned return to Hospital within 28 days	<p>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:</p> <ul style="list-style-type: none"> • 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.
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Unplanned return to the operating theatre	The proportion of patients who are required to return to the operating room for a further procedure related to complication(s) of a previous operation/procedure within a single admission.
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Hospital acquired 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 10,000 non-same day occupied bed days.
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Mental health

Use of seclusion	The proportion of patients who are separated from a psychiatric inpatient unit who were subject to seclusion during their inpatient episode.
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Clients seen within seven days post discharge from hospital	The proportion of clients seen at or contacted by an ACT Health community facility during the seven days post-discharge from the inpatient service.
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Consumer and carer representation	The proportion of Mental Health ACT committees upon which consumers and carers are represented.
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Immunisation

Childhood immunisations	The proportion of children at one year of age fully immunised in accordance with the Australian Childhood Immunisation Register Schedule.
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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 13) for counting of hospital episodes in 2011–12.
NSW separations	The proportion of patients separated from ACT public hospitals whose residential address is 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 spent 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 number of births at public hospitals that are reported as being undertaken as caesarean sections.

Mental health

Community services	The number of community based services provided to each of the three client groups: <ul style="list-style-type: none"> • Adults • Children and adolescents • Older people.
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This report contains a range of data on Health Directorate 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 and practice. Care needs to be taken in comparing data in this report with data presented in previous reports in previous years that may be presented using earlier versions of the National Public Hospital Cost Weights.

Cost weights in this report are provided using Round 13 National Public Cost Weights.

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

<http://health.gov.au/internet/wcms/publishing.nsf/Content/Casemix-1>

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