



ACT PUBLIC HEALTH SERVICES QUARTERLY PERFORMANCE REPORT SEPTEMBER 2009

Your health — our priority



CONTENTS

Our Public Hospitals	6
Elective surgery.	8
Emergency Department services	10
Patient Safety and Quality Unit	12
Capital Region Cancer Services.....	14
Community Health Services	15
Responsiveness to Older Canberrans	16
Births at ACT public hospitals.....	16
Mental Health Services	17
Selected activity statistics	18
Glossary	20

MINISTER'S FOREWORD



Welcome to the ACT Public Health Services quarterly performance report for the first quarter of 2009–10.

The first quarter of 2009–10 was particularly challenging for our public health services. Our emergency departments reported the highest levels of activity on record in July and August 2009, and our hospitals re-adjusted elective surgery schedules for the year to ensure that we would have had the capacity to effectively manage swine flu had it turned into a more virulent strain during the winter months.

As a result, elective surgery throughput over the first three months of 2009–10 was lower than for the same period last year. However, full year targets are expected to be achieved based on anticipated levels of demand for services.

Items of note for the first quarter of 2009–2010:

- Demand for inpatient services continues to grow. While preliminary results show a drop in 'cost weighted' activity, our hospitals reported a 1.4 percent increase in the number of people treated over the first three months of 2009–10 compared with the same period in 2008–09, and a 4.5 percent increase in non same-day bed numbers.
- Work is underway to provide up to an additional 24 beds for our public hospital system during 2009–10, on top of the 206 extra beds we have added to the system over the last seven years.
- This increased investment in extra beds is working to reduce bed occupancy rates. Preliminary results for the first quarter of 2009–10 show a bed occupancy rate of 88 percent (against the target 87%), a decrease of three percent on the previous year.
- Our outpatient occasions of service for the first quarter 2009–10 were 10% above the total reported for 2008–09 and 22% above 2007–08.
- The number of elective surgery operations during the first three months of 2009–10 (2,453), was 10 percent down on the previous year's result due to planned reductions in elective care as part of ACT Health's management strategy for the H1N1 outbreak and increased demand for respiratory medicine services this year.

- This was also reflected in our intensive care services (ICU), with The Canberra Hospital reporting the highest ever level of ICU bed days on record during the first quarter of 2009–10 – with 1,344 bed days, up 17 percent from the 1,144 reported for the same period last year.
- Despite this reduced elective surgery activity, the number of extended wait patients continues to improve. At the end of September 2009, 606 people had been waiting for elective surgery longer than one year, a 42% drop on the 1085 reported at the same time three years ago.
- Emergency department waiting times for the most urgent categories (category one and two patients) continue to meet or exceed national targets. This is despite an 15% growth in more urgent category 1 and 2 admissions compared with the first quarter of 2008-09. In addition, there has been more considerable improvements in waiting times for category three, four and five patients, despite the highest level of demand for emergency department care on record.
- The average waiting time for public dental health services – at 12 months in the September quarter 2009 – is up on last year's result, but right on target (and below the 14 months reported for the same quarter of 2007–08).
- Our childhood immunisation rates remain above the national target of 92% reporting an outcome of 94% in the first quarter of 2009–10.
- Notwithstanding the increased pressures on the system as part of the H1N1 outbreak, there remain some areas that require attention including:
 - Waiting times for less urgent (category 3 and 4) emergency department patients remain below target. However there has been significant improvements for both category 3 and 4 patients this year compared to the same period in 2008-09, with category 3 timeliness reporting an 11% improvement, and category 4 timeliness improving by 13%.
 - Access block (the delay in transfer from the emergency department to a hospital ward) is around 23%, up 1% on last year. While this is due to the considerable increase in demand for emergency department services, the rate is well above our target of 25%.
 - Waiting time for breast screening services is higher than the national target. However, demand for breast screen

services is at an all time high – up 28% in the first quarter of 2009–10 compared with the same quarter last year

- In light of the above, the government is funding a range of initiatives including adding beds to the system, introducing new ways to provide services, and expanding services to improve access to services.

This report demonstrates our continued commitment to provide our clinicians with the resources necessary to meet increasing demands for services. The public will also begin to see more evidence of our \$1 billion investment in our public health infrastructure as the first of the plans that have been developed over recent months begin to be turned into steel and concrete. The new buildings and services that will progressively come on line over the next decade will ensure that we are able to respond more effectively to the health needs of our community well into the future.

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

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

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

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

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

Cost weights are updated regularly to reflect changes in costs 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.

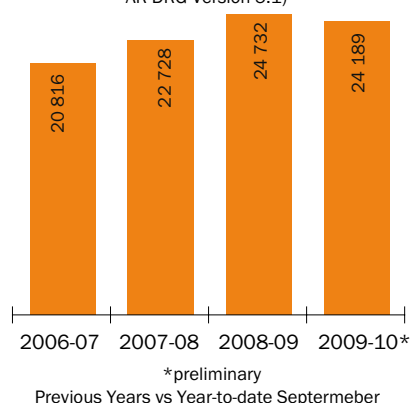
Cost weights in this report are provided using Round 11 National Public Cost Weights.

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>

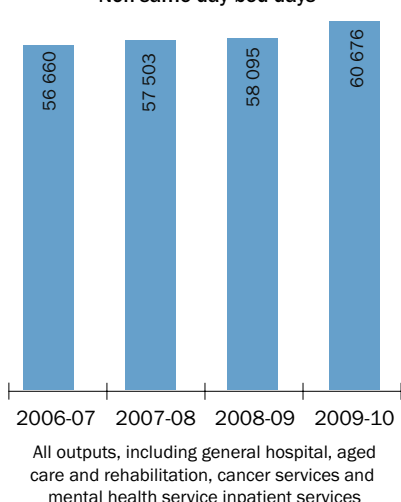
OUR PUBLIC HOSPITALS

Busier hospitals, more beds

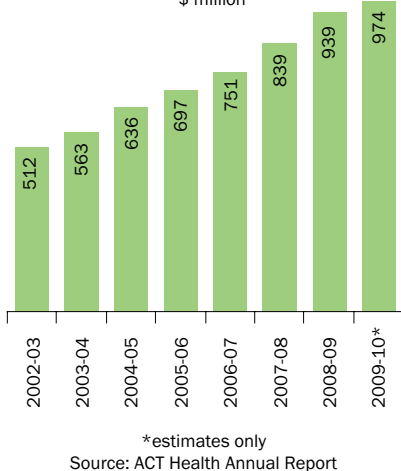
ACT Public Hospitals
Cost weighted admitted patient separations
(Round 11 National cost weights,
AR-DRG Version 5.1)



ACT Public Hospitals
Non-same day bed days



ACT Health
ACT Health Expenditure by Year
\$ million



Over the previous two years our public hospitals responded to unprecedented increases in demand for inpatient (admitted patient) services. Preliminary results for the first quarter of 2009-10 are yet to show a continuation of this growth, however, despite a drop in cost weighted activity, the actual number of patients treated at our hospitals increased by 1.4 percent, and the number of non same-day bed days rose by 4.5 percent over the first quarter of this year compared with the same period last year.

The apparent drop in cost weighted activity (which weights patient activity based on the level of resources required to provide care) is due to a change in the type of services provided in the first quarter of 2009-10 compared with last year and the level of medical record coding.

In July and August this year our hospitals reported an increase in medical conditions (such as flu and respiratory diagnoses) with smaller cost weights, and a drop in higher cost weight activity, such as orthopaedic surgery as part of the planned reduction in elective surgery to meet increased demand for medical services. This will return to a more normal mix of cases as the year progresses.

In addition, the results for the first quarter of any year contains a large proportion of 'uncoded records'. At the end of a patient's stay, her or his medical record is checked by a specialist coder, who allocates certain codes to a patient's medical record based on clinician notes. These codes determine the cost weight allocated to each patient stay. However, this process is time consuming. As such, the September figures for 2009-10 contain a large proportion of uncoded records, and as such, should be considered with care. This situation is less of an issue for later reports as the proportion of uncoded records will comprise a smaller and smaller percentage of the total records.

Notwithstanding this, there has been a consistent increase in the level of activity at our public hospitals over recent years. As a result, 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 budget for 2009-10 (\$973.2 million) is 106 percent above the \$472 million provided for health services in 2001-02.

This funding has met the cost of additional specialist clinical staff and supplies, and funded initiatives aimed at better systems and processes to improve access to services and the quality of those services.

These additional funds have enabled the Government to add up to an additional 230 beds within public hospital system, including the beds coming on line during 2009–10. These additional beds will provide up to 900 available hospital beds by the end of 2009–10, up considerably from the 670 available in 2001–02.

The specific funding provided in the 2009–10 budget included:

- \$2.5 million toward increased critical care capacity, providing up to two additional critical care beds.
- \$3 million toward increased acute care capacity including a 16 bed Surgical Assessment and Planning Unit.
- \$2 million for additional elective surgery capacity
- \$2.6 million each year (in a full year) to provide a Mental Health Assessment Unit, planned to work like its medical and surgical counterparts by providing quicker access to specialist care for people arriving at emergency departments.

The beds added to our public hospitals have enabled us to meet increasing demand for services, and increased capacity to take some pressure off services. This continued investment in additional capacity is working, with a reduction in the bed occupancy over the first three months of 2009–10. The 88 percent result for the first quarter is marginally above the Government’s full year target for 2009–10 of 87 percent. The Government’s long term target is to further reduce bed occupancy levels to around 85 percent, which is considered the best level for best patient outcomes and to achieve maximum efficiency.

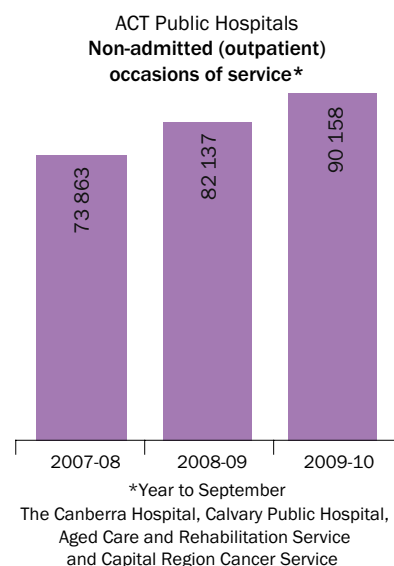
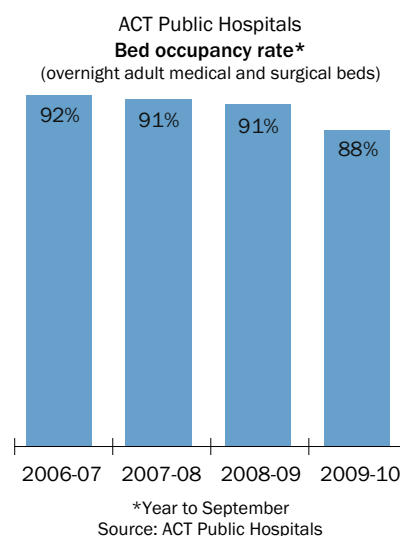
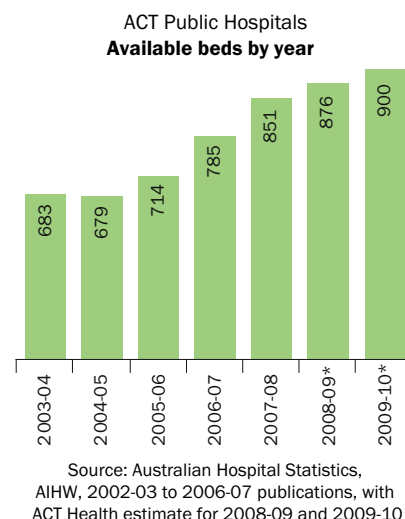
The Government’s bed strategy has been complemented by a new focus on medical, nursing and allied health recruitment to ensure that we have the trained workforce necessary to continue to open new beds.

Data published by the Productivity Commission in their recent report on government statistics demonstrates our success in this area, with our hospitals having higher levels of doctors and nurses per 100, 000 residents than the Australian average.

The Medical Appointments and Training Unit, Nursing and Midwifery Office and the Office of the Allied Health Adviser all continue to focus on the development of new ways to attract qualified staff to the ACT.

The increase in demand for services has not only been felt within our inpatient services. Over the first quarter 2009–10, outpatient services (those services provided at hospitals which do not require admission) have increased by 10 percent compared with the same period in 2008–09, and 22 percent above the total provided two years ago.

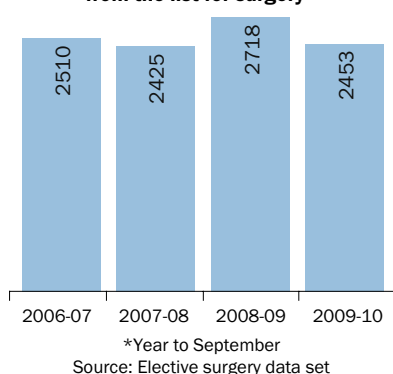
The growth in the provision of outpatient services is anticipated to continue over the medium term as more services are provided in an outpatient setting (where appropriate).



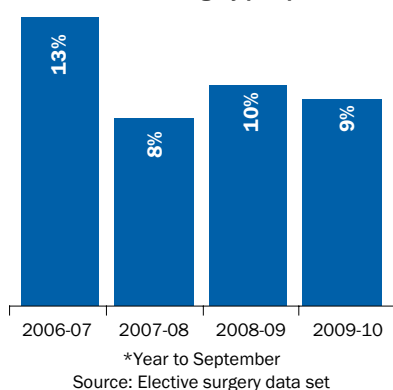
ELECTIVE SURGERY

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

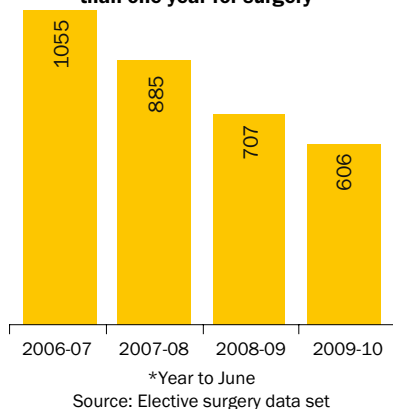
ACT Elective Surgery Waiting List
Number of people removed from the list for surgery*



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



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



ACT Public Hospitals are on track to meet this year's target for elective surgery operations, despite reporting lower levels of activity in the first quarter of 2009–10 compared with the same period last year.

A total of 2,453 elective surgery operations were performed over the first three months of 2009–10. The decrease in the number of surgeries performed this year compared with the same period last year can be attributed to the H1N1 outbreak and the need to reduce activity to provide bed capacity in the result of an epidemic. The reduction in elective surgery activity was planned by our hospitals as a means to meet any upsurge in demand for public hospital services during this period.

Nine percent of elective surgery cases were postponed during the first three months of 2009–10. The main reasons for postponement were due to the need to treat more urgent patients, and the increased medical activity surrounding the H1N1 virus. Despite this, the result for the first three months of this financial year was an improvement on the previous year – and well below the 13% reported in 2006–07.

The Government continues to focus on ensuring that the most urgent elective surgery cases are seen on time, while also addressing those less-urgent patients with extended waiting times. While more needs to be done, the available evidence shows that this approach is working.

At 30 September 2009, there were 606 people with waiting times of greater than 12 months, which is 14 percent fewer than the 707 people waiting longer than one year on 30 September 2008 and 42 percent below the 1,055 reported just three 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 over recent years.

While this strategy is continuing, the Government will always focus on more urgent patients. This can be seen in the reduction in long wait patients accessing elective surgery during the first three months of 2009–10. As our hospitals focussed on more urgent cases due to the planned reduction in elective

surgery in July and August 2009, the number of extended wait patients accessing surgery dropped to 811 in the first quarter of 2009–10, down from the 945 for the same period last year.

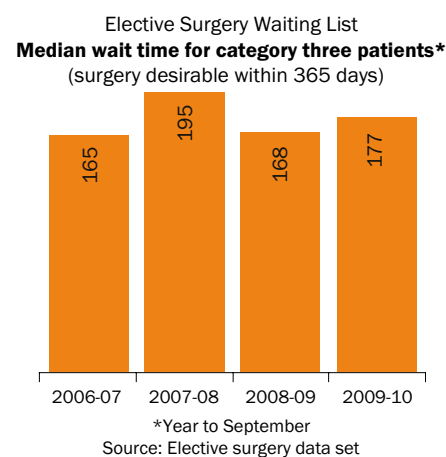
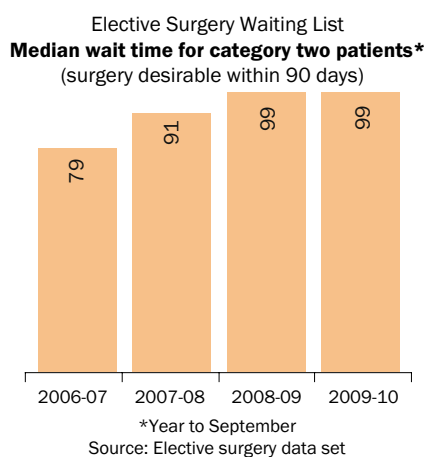
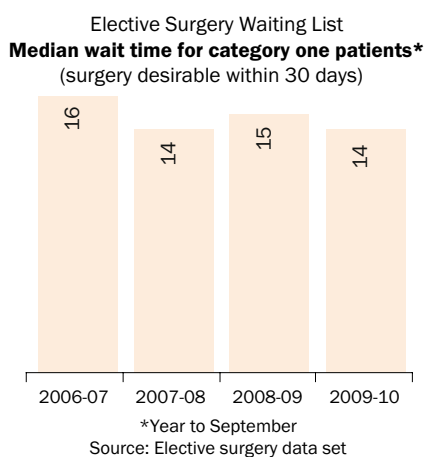
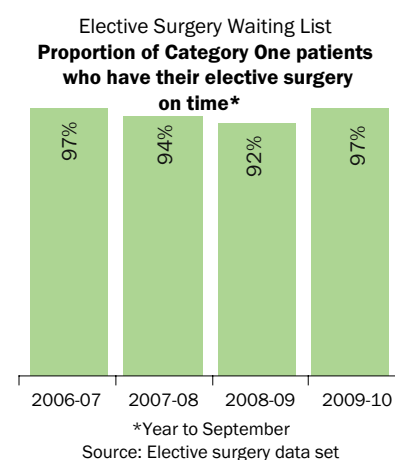
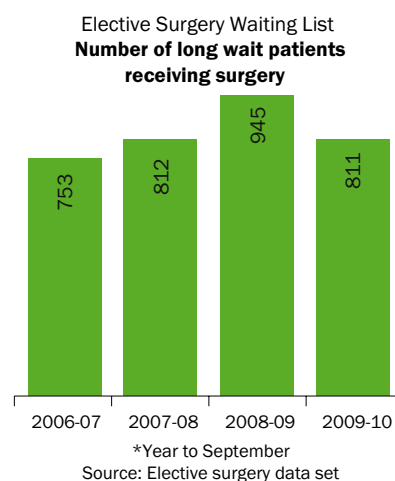
While there has been a large decrease in the number of patients waiting longer than one year for surgery over recent years, our public hospitals have been able to ensure that the majority of patients with the most urgent elective surgery needs (mainly cancer and major heart surgery patients) continue to access elective surgery within the standard 30 day timeframe.

Of the 717 people classified as category one patients admitted for surgery in over the first three months of 2009–10, 693 people were admitted within the national standard of 30 days (97%). This is a very good result and a significant improvement on the previous two years.

In addition the median waiting time for the most serious elective surgery cases (category one patients) dropped marginally, from 15 days over the first three months of 2008–09 to 14 days for the same period this financial year (against the standard maximum waiting time of 30 days).

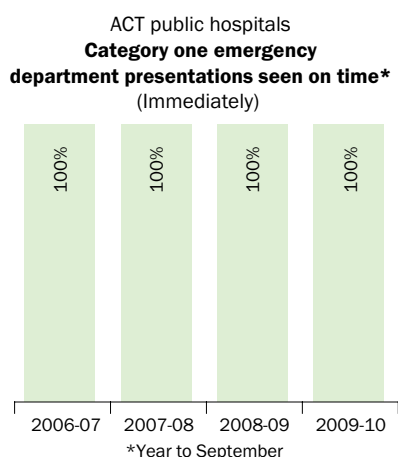
The median waiting times for category two patients who had their surgery during the year-to-September 2009–10 has remained steady at 99 days. This can be attributed to the push to ensure our most urgent (category one) patients are seen in the shortest time possible.

At the same time the median waiting times for category three patients over the first three months of 2009–10 is 177 days and remains well below the desired time of 365 days. The reduction in the median waiting time for category three patients in 2009–10 reflects the considerable effort in increasing access to elective surgery for patients with excessive waiting times in previous years. The Government is directing resources in 2009–10 to provide additional access to category two patients in 2009–10 and future years.



EMERGENCY DEPARTMENT SERVICES

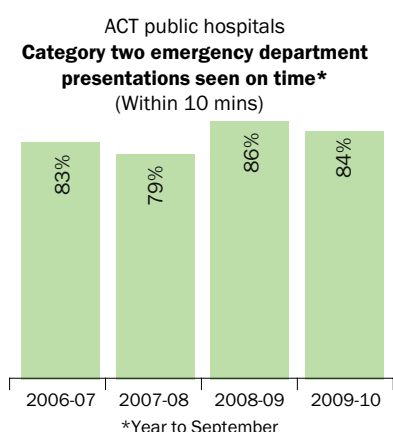
Improvements in waiting times for emergency department care



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

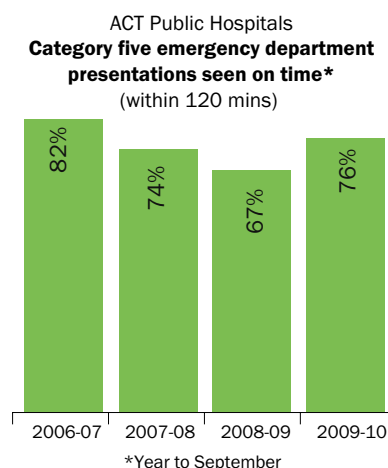
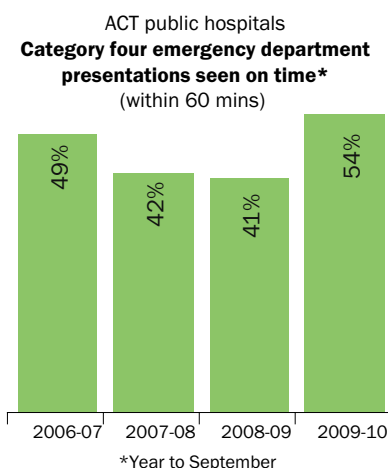
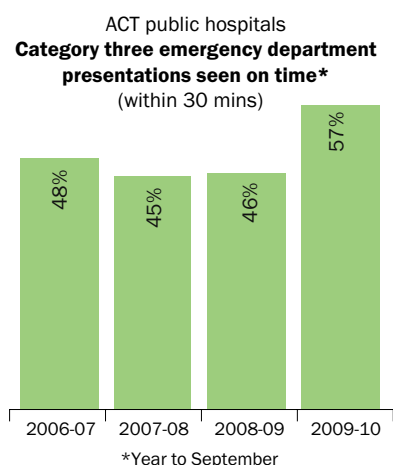
Over the first three months of 2009–10, 84 percent of category two patients were seen on time. Whilst this is a slightly lower than the result recorded for the same period last year, it remains above the national target of 80 percent on time for this group of patients.

This is an excellent result considering the 15 percent increase in the number of category one and two patient presentations compared with the same period in 2008–09. Despite the considerable increase in complex patients our public hospitals still managed to treat patients in these categories within national standard benchmarks.



In addition this significant increase of more complex patients has not stopped our hospitals reporting improvements in waiting times for category three, four and five patients. The improvements in category three and four patients are particularly pleasing, with our hospitals reporting the best first quarter timeliness results for category three patients in six years and the best category four results for a first quarter in five years.

Notwithstanding this, waiting times for category three and four presentations to the emergency department need further improvement with the proportion of presentations seen on time for these categories to the emergency department is below national benchmarks (of 75% on time for category three and 70% on time for category four patients)



ACT Health is committed to continuing the improvement in waiting times for emergency department services. During 2009–10, the Government is implementing a range of initiatives to further improve Emergency Department waiting times including:

- The opening of a 16 bed Surgical Assessment and Planning Unit in 2009–10 to provide quicker transfer of surgical patients out of the emergency department. This will reduce access block as at present, surgical patients are the main driver of the higher than target access block figures; and
- A Walk in Centre to be opened in the 2009–10 financial year. The Centre will be designed to treat clients with less serious conditions to help alleviate the pressures on the Emergency Department.

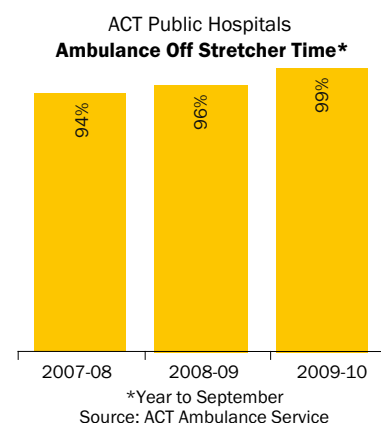
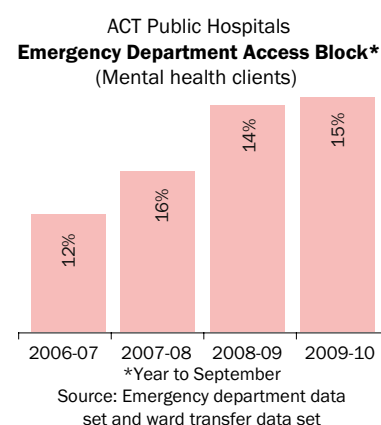
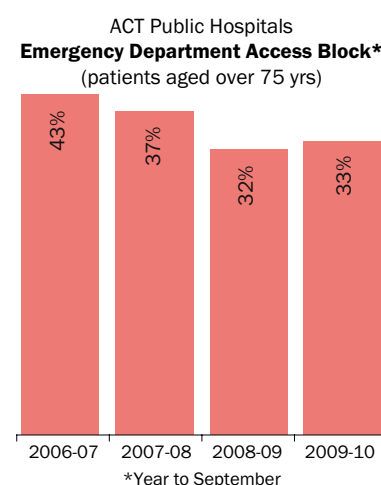
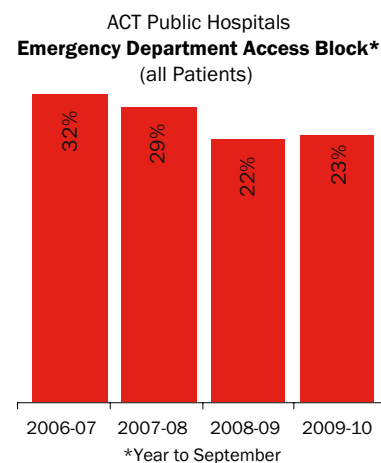
The proportion of patients who wait longer than eight hours from the start of treatment at an emergency department to transfer to a hospital bed (referred to as “access block”) increased slightly by 1 percent during the first quarter of 2009–10 compared with the same period in 2008–09. This is a direct result of the nine percent increase in emergency department presentations over this period. The ACT currently uses the NSW Health definition for access block.

In order to further improve ‘access block’ results, the Government provided ACT Health with the funding to provide up to a further 24 hospital beds during 2009–10. This will provide our hospital system with the capacity to improve the flow of patients from the emergency department to hospital wards – thus freeing up emergency department resources to provide quicker access to care.

Access block for older persons has increased this quarter. The result of 33 percent of older persons blocked from admission to an inpatient bed is above the target of 30 percent, also related to the considerable increase in emergency department presentations over the first three months of 2009–10.

The access block rate for mental health clients increased slightly in 2009–10 compared with the same period last year, however it is on par with the target of 15 percent. These figures should also be assessed with care given the relatively small number of patients in this client group. Notwithstanding this, in the 2009–10 Budget the Government funded the establishment of a Mental Health Assessment Unit that (like its medical counterpart) will provide for timely assessment of mental health clients who present at the emergency department and more rapid transfer to an inpatient environment when needed. This six bed unit will help to reduce access block and is another component of the government’s \$1 billion Capital Asset Development Plan. The Unit is scheduled to commence operations in early 2010.

Continued improvements within emergency department processes have been noted in ambulance off-stretcher times. During 2009–10, 99 percent of all ambulance attendances were transferred from

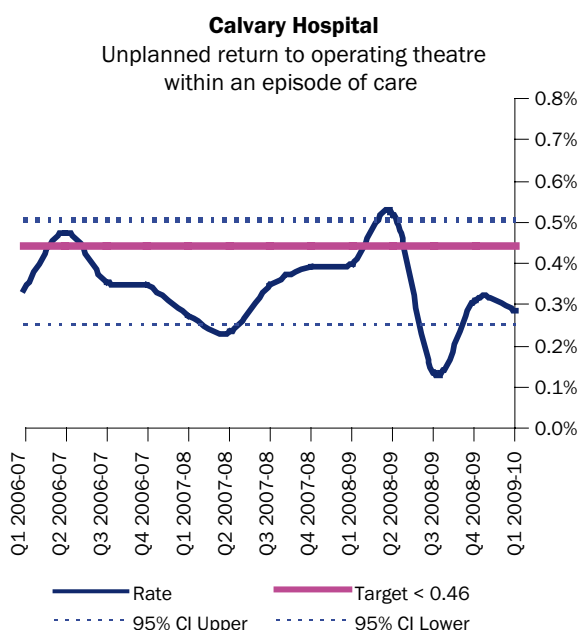
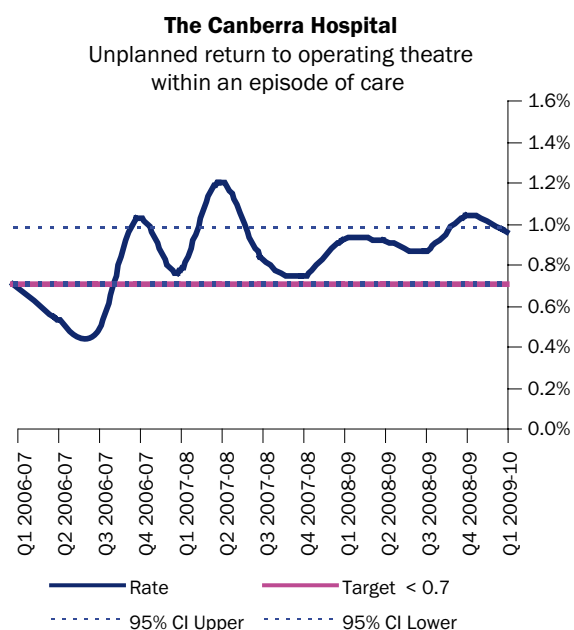
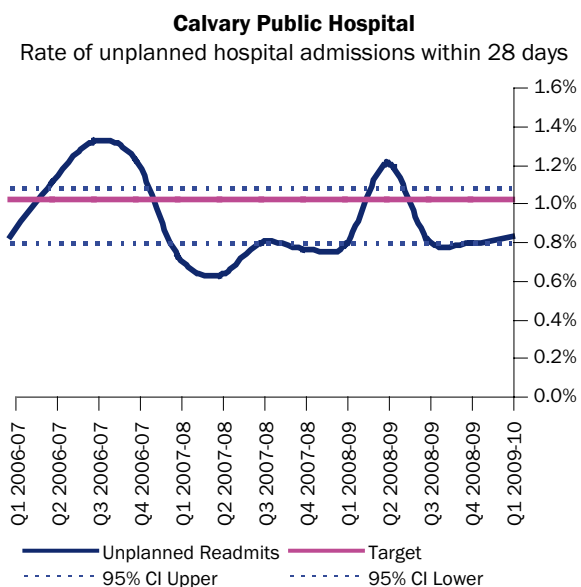
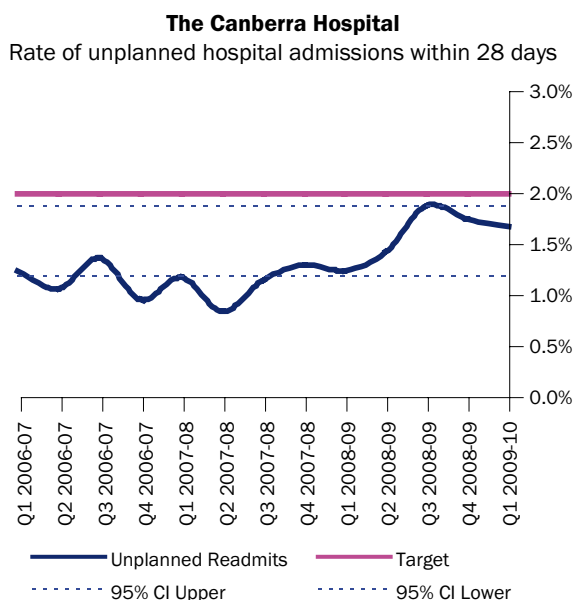


PATIENT SAFETY AND QUALITY

Our hospitals continue to meet safety and quality standards

ambulances to emergency departments within 20 minutes, well above the benchmark rate of 90 percent.

ACT Health currently reports on three major national patient safety and quality indicators. The targets for each of the indicators are 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. This quarter features enhanced



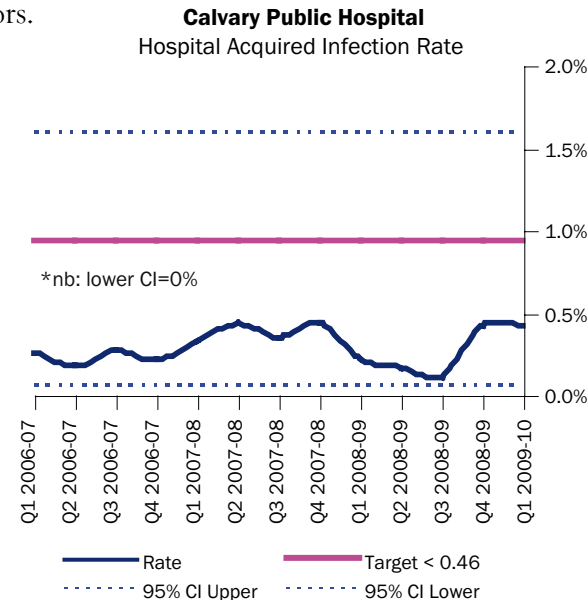
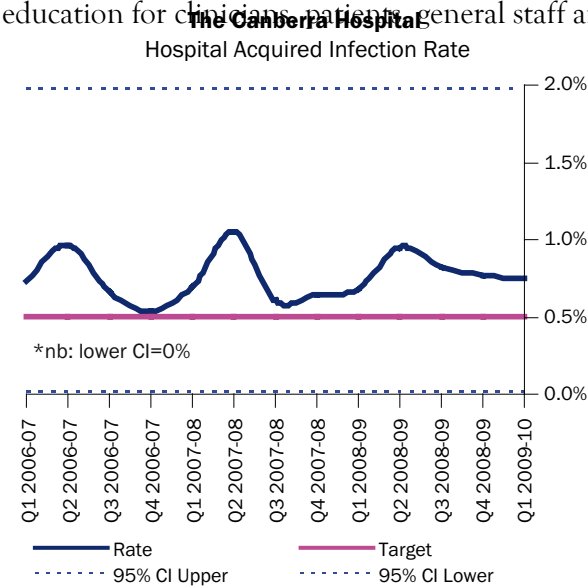
charts with confidence intervals to better describe Patient Safety and Quality activity.

The Australian Council on Healthcare Standards published a revised version of the method for calculating unplanned readmissions commencing on 1 January 2009. This may influence the monthly rate and future results will clarify the longer term effect of these changes.

The role that The Canberra Hospital plays in our health service means that they have to manage a range of very serious and complex emergency and elective surgery procedures. The current rate for return to operating theatre with an episode of care of 0.97% is above the target rate of 0.7%, but this is not significantly different to the rate of peer organisations participating in the Australian Council on Healthcare Standard clinical indicator program for 2009–10. The result is also not statistically significant given all results fall within the 95% confidence intervals. All cases of unplanned return to the operating theatre are reviewed by safety and quality officers and the Clinical Director of Surgery.

As noted above, the different roles of our public hospitals also impact on the rate of hospital acquired infections. Both hospitals rate well compared with similar hospitals across the nation.

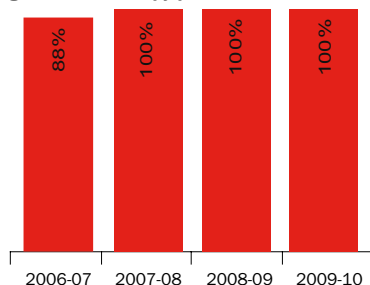
Our infection control officers continue to develop and rollout programs and processes to further limit the transfer of infections within hospitals. This includes communication and education for clinicians, patients, general staff and visitors.



CAPITAL REGION CANCER SERVICE

Continued increase in demand for radiotherapy services

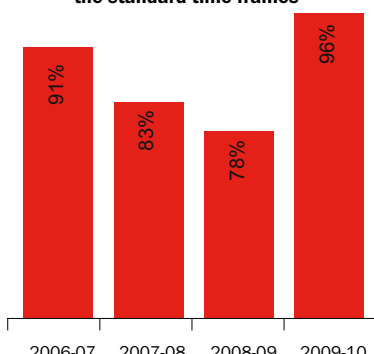
Capital Region Cancer Service
Urgent Radiotherapy patients seen on time*



*Year to September

Source: Capital Region Cancer Service

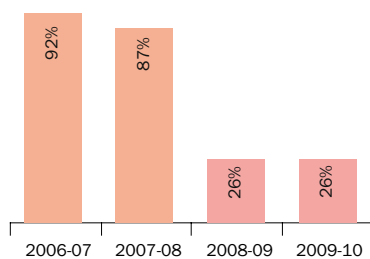
Capital Region Cancer Service
Radiotherapy Patients seen within the standard time frames*



*Year to September

Source: Capital Region Cancer Service

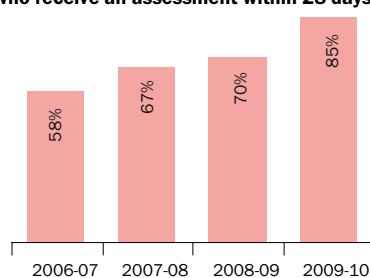
Capital Region Cancer Service
BreastScreen - proportion of women who receive an appointment within 28 days*



*Year to September

Source: Capital Region Cancer Service

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



*Year to September

Source: Capital Region Cancer Service

The Capital Region Cancer Service provided care for 1,248 new radiotherapy patients in 2008-09, an increase of 19 percent on the 1,047 people who began radiotherapy services in the previous financial year (2007-08).

By end September 2009 (the first quarter of 2009-10) Radiation Oncology provided treatment services for 567 new radiotherapy patients which is a six per cent increase on the 536 patients who began radiotherapy services in the same period during 2008-09.

Now that the ACT's third linear accelerator is operating at full capacity, waiting times for radiotherapy services have improved significantly, with 96 percent of all clients receiving care within standard timeframes over the first three months of 2009-10 compared with 78 percent for the same period in 2008-09.

The BreastScreen ACT Program is a population based screening program for well women which is aimed at detecting abnormalities early.

Most women return a 'normal' result from their screen however, about one in twenty screens are referred to a specialist clinician for assessment and further investigations if required.

The BreastScreen ACT Program currently has the best small cancer detection rate in the country.

BreastScreen ACT provided more than 12,000 breast screens in 2008-09 and a further 8,151 screens in SE NSW. This growth in levels of service has continued into 2009-10. Over the first quarter of this financial year, BreastScreen ACT has provided services to 3,674 Canberra women, a 28 percent increase (801 screens) on the 2,873 screens provided over the same period in 2008-09.

ACT Health acknowledges that the BreastScreen ACT Program has experienced a large increase in the number of women waiting extended periods for screening. This is directly related to the significant improvements in women waiting for assessment (a 27 percent improvement on three years ago). BreastScreen ACT Programs' clinical priority is on the assessment of women, ensuring detection rates and clinical outcomes are the focus of the Program.

Despite this, waiting times for assessments have improved during the first quarter of 2009-10 compared with last year. However, the unprecedented increase in demand for breast screens has resulted in a continuation of long waiting times to screening.

COMMUNITY HEALTH SERVICES

Dental wait times down, immunisations up, increasing responsiveness

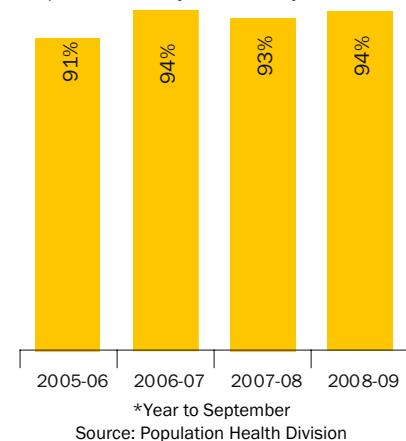
The additional funding added to the dental health program's budget by the government has resulted in a considerable improvement in the mean waiting time for appointments – from the 16 months recorded in the year 2007–08 to just 12 months in the year-to-September 2009–10. While this result is above the 9 months recorded in the first quarter 2008–09 it is on target. This excellent result continues to ensure that ACT residents have access to urgent dental treatment within the set target of 12 months.

Immunisation rates for one year olds continue to exceed the national target of 90%, with 94% recorded for the first quarter of 2009–10.

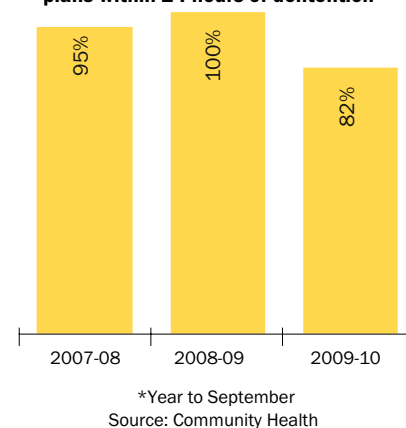
Alexander Maconochie Centre (adult corrections centre) and Bimbiri (the youth corrections centre) reported that 82 percent of offenders and detainees received their health care assessment plan within 24 hours of detention.

This is a reduction from the 100 percent reported for the same period in 2008–09. The reduction is a result of changed practices which has resulted in many detainees at Bimbiri being held for short periods, therefore not requiring health assessments. Given this, ACT Health is reviewing this indicator, with the view to changing this measure to provide a more accurate picture of performance in this area.

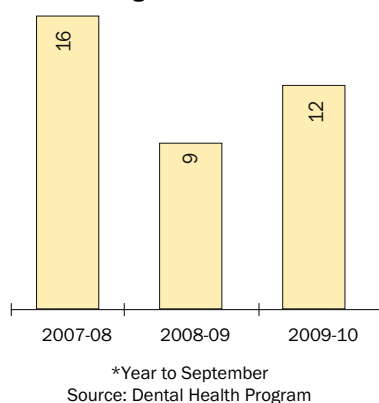
Childhood Immunisation*
Proportion of one year olds fully immunised



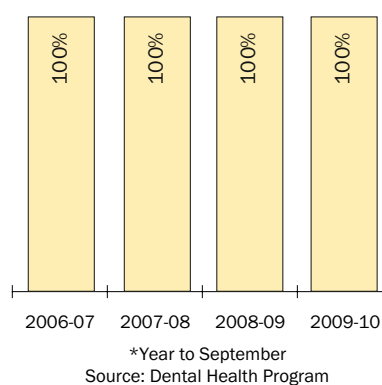
**Community Health
Offenders and detainees in Quamby
& BRC with health care assessment
plans within 24 hours of detention***



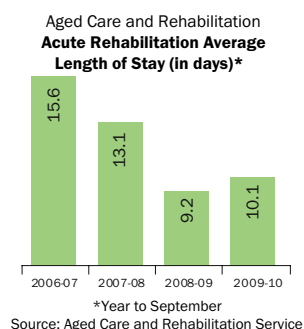
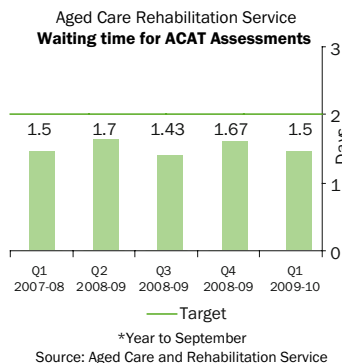
**Dental Services
Mean Waiting Times (in months)
for persons on the Centralised
Waiting and Recall List***



**Dental Services
Proportion of urgent patients
seen within standard waiting times***



RESPONSIVENESS TO OLDER CANBERRANS



Our aged care assessment team provided in hospital assessments within an average of 1.5 days during the first three months of 2009–10 which is better than the target of two days.

This level of service minimises delays in accessing out of hospital services for patients who no longer need hospital care.

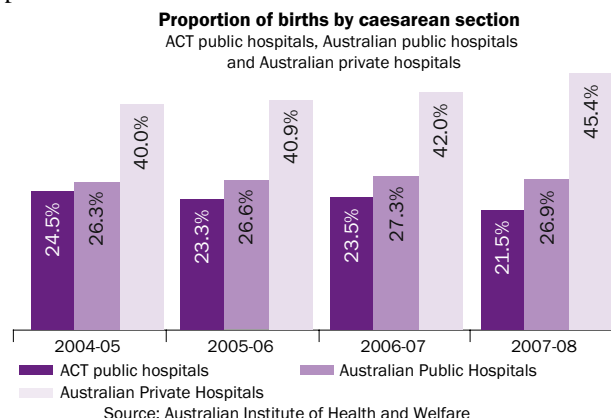
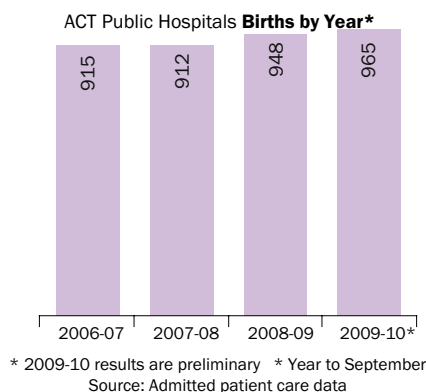
The average length of stay for acute rehabilitation of 10.1 days for the first three months of 2009 10, is slightly up on the 9.2 days reported for the same period last year. However, the result is consistent with the general reduction in length of stay following the establishment of the sub-acute rehabilitation facility at the Calvary Public Hospital site. The capacity to transfer people to more appropriate sub-acute services has resulted in a drop of more than five days stay on average within the acute service over the figures reported three years ago.

BIRTHS AT ACT PUBLIC HOSPITALS

Births stabilise – but still well above the last few years

Based on preliminary data, a total of 965 babies were born at ACT public hospitals over the first three months of 2009-10, a two percent increase on the same period last year. However, an accurate result requires all medical records to be fully processed. As this can take some time, the reported result should be noted as preliminary only at this stage.

Based on the latest available national data (2007–08), ACT public hospitals continue to provide lower levels of caesarean births compared to public hospitals in the rest of the nation, and are considerably below the levels reported in Australian private hospitals.



MENTAL HEALTH SERVICES

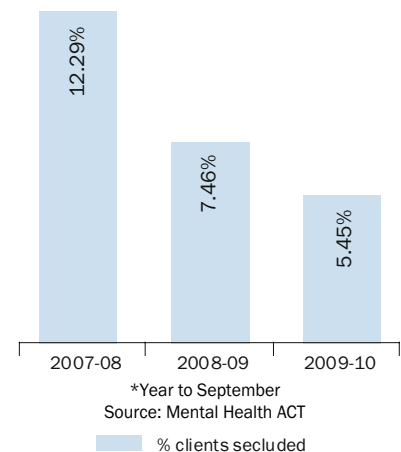
Mental Health ACT has implemented a number of initiatives to reduce the level of clients secluded during an inpatient episode. These initiatives are working with the rate of seclusion decreasing considerably over the first three months of 2009-10 compared with last year and two years ago. The current result of 5.46 percent is significantly better than the target set at nine percent and shows constant improvement on recent years' results.

Mental Health ACT continues to report strong results for the proportion of patients discharged from an inpatient service who receive follow-up care within seven days (right). Timely follow-ups can reduce the number of people who need to be readmitted to an inpatient service. The result for the first three months of 2009-10 of 79 percent is better than that reported in 2008-09. This is a particularly good result despite the increase in voluntary short-stay admissions, with this client group more likely to elect to receive follow-up with their GP or private psychiatrist, rather than from ACT Mental Health services.

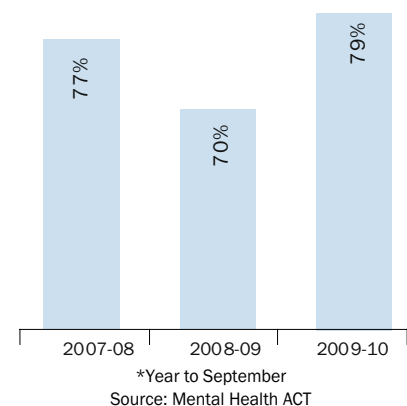
ACT Health is committed to its mental health clients. All Mental Health ACT committees include consumer and carer member involvement. This consultation process provides the best possible integrated mental health services for our community.

A total of 59 percent of patients discharged from an inpatient mental health service have completed outcome assessments. The decrease in this result is largely due to restructuring in staff and projects within the mental health team.

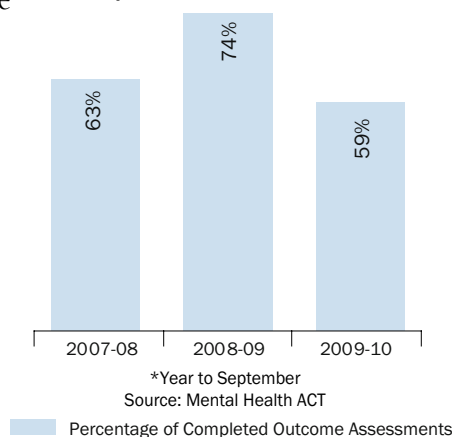
Mental Health ACT
Use of seclusion for clients*



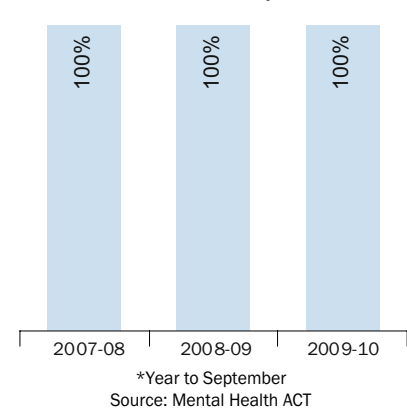
Mental Health ACT
Clients followed up within 7 days of discharge from an inpatient service*



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*



ACT HEALTH SELECTED ACTIVITY STATISTICS

	Year to September*		% VAR
	2008-09	2009-10	
ACT Health cost-weighted separations (Round 11 DRG version 5.1)			
Output 1.1 – Acute services	21 748	21 045	-3%
Output 1.2 – Mental Health services	745	610	-18%
Output 1.5 – Cancer services	976	1 216	25%
Output 1.6 – Aged care & rehabilitation services	1 264	1 318	4%
Total cost weighted separations	24 732	24 189	-2%
Inpatient Activity			
Day only patient days (total across all outputs)	11 879	12 208	3%
Overnight patient days (total across all outputs)	58 095	60 676	4%
Nursing Home Type Patient Bed-Days (on separation)**	372	1 586	326%
Day of Surgery Admission rate	88%	87%	-1%
NSW residents as a proportion of total hospital separations	23%	23%	0%
Emergency surgery as a proportion of total surgery	43%	46%	3%
Allied health services – Provided in ACT public Hospitals	24 969	22 725	-9%
Admissions via Emergency department	6 878	6 508	-5%
Emergency Department Activity			
Category 1 (immediate – 2 mins)	131	120	-8%
Category 2 (within 10 mins)	2 133	2 486	17%
Category 3 (within 30 mins)	7 848	8 674	11%
Category 4 (within 60 mins)	11 073	12 446	12%
Category 5 (within 120 mins)	3 813	3 529	-7%
Emergency Department Presentations	24 998	27 255	9%
Elective Surgery			
Additions to the public hospital elective surgery waiting list	3 388	3 170	-6.43%
Numbers of people on the elective surgery waiting list	5 402	5 756	6.55%
Removals from the list for surgery	2 718	2 453	-10%
Removals for other reason for surgery	651	571	-12%
Patients on the list recorded as ‘not ready for care’	556	568	2%

	Year to September*		% VAR
	2008-09	2009-10	
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)	98	99	1 days
Category one patients (admission desirable within 365 days)	168	177	9 days
Elective endoscopies			
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	29	27	-2 days
Category two patients (admission desirable within 90 days)	99	125	26 days
Category one patients (admission desirable within 365 days)	291	372	81 days
Breast screens			
Total Number of ACT women	2 873	3 674	28%
Participation rate 50-69	56%	53%	-3%
Additions to the Cervical Cytology Register	10 391	9 153	-12%
Community Health			
Allied health services – Number of regional services	5 307	5 754	8%
Community Nursing – Number of Nursing (Domicilliary and clinic based occasions of service)	18 098	20 266	12%
Mental Health – Community Services by Group			
Adult	42 539	44 985	6%
Child & Adolescent	9 377	13 576	45%
Older persons	4 494	3 433	-24%
Outpatient Care – Non Admitted Services			
ACT public hospitals	68 805	75 547	10%
Cancer services	12 746	14 111	11%
Aged care and rehabilitation services	586	500	-15%
Total outpatient occasions of service	82 137	90 158	10%

* Note: Cost-weighted separations for September year-to-date 2009-10 are preliminary estimates only.

GLOSSARY

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
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 longer 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 (ACT Health 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	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)
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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.
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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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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
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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
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Aged care assessment

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

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 or contacted by 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
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Opioid treatment

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

Mental health

Community services	<p>The number of community based services provided to each of the three client groups:</p> <ul style="list-style-type: none"> ▪ Adults ▪ Children and adolescents ▪ Older people
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Community services

Allied health (in hospitals)	<p>The number of allied health occasions of service provided to hospital inpatients (covering the areas of:</p> <ul style="list-style-type: none"> ▪ Physiotherapy ▪ Occupational Therapy ▪ Social Work ▪ Psychology ▪ Speech Pathology ▪ Nutrition
Allied health (community)	<p>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:</p> <ul style="list-style-type: none"> ▪ Physiotherapy (home and clinic) ▪ Occupational Therapy (home visits) ▪ Social Work (home and clinic) ▪ Podiatry (clinic) ▪ Nutrition (home and clinic)
Community nursing	<p>The number of community nurse occasions of service provided to clients of the ACT Health Continuing Care area, including:</p> <ul style="list-style-type: none"> ▪ Home visits ▪ Ambulatory care visits ▪ Foot care clinics ▪ Continence clinics ▪ Wound clinics ▪ Stoma clinics

Non-admitted Services (outpatient)

Occasions of service	<p>The number of occasions of service provided by outpatient clinics at our public hospitals, reported in terms of organisational responsibilities:</p> <ul style="list-style-type: none"> ▪ Public hospitals ▪ Capital region cancer service ▪ Aged care and rehabilitation service <p>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</p>
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