



# ACT PUBLIC HEALTH SERVICES

## Quarterly Performance Report

December 2014

December 2014

## Introduction Summary

This is the second Quarterly Report on ACT public health system performance for 2014–15. The format for the report provides readers with additional background information as well as a visual demonstration of the performance against existing targets. Recent targets implemented through the National Health Reform Agreement (NHRA) *Improving Public Hospitals* have been discontinued in the 2014–15 Quarterly Report following the Federal Government's decision announced in the 2014–15 Federal Budget to remove associated incentives. The performance measures have been retained by Health and are contained in the respective Emergency Department and Elective Surgery sections of this report.

The quality and safety section of the report has expanded to encompass indicators such as the hospital acquired *Staphylococcus Aureus* Bacteraemia Infection rate (SAB rate) and hand hygiene audit results which are now reported nationally on the My Hospitals website.

ACT Health has continued 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 report shows that the increased investment in the Territory's public health services is working to provide improved access to care.

Emergency Department (ED) timeliness improved significantly in 2013–14 when compared with 2012–13 across all categories. However, a 5% increase in presentations to ACT public hospital EDs for the first six months to December 2014, has seen a slight decrease in these performance results. This additional demand restricts ED resources and can lead to extended waiting times for some patients.

In the first six months to December 2014, 62% of all emergency department presentations had a length of stay of 4 hours or less. This is a 1% improvement when compared to the same period last year.

For the first six months of 2014–15, the ACT public hospitals' bed occupancy was 86%, 6% lower than the result reported for the same period last year. The improved results over 2013–14 and 2014–15 are directly related to investment in additional beds with 1,048 beds now available across Canberra Hospital and Calvary Public Hospital. This is an increase of 378 beds (or 56%) since 2001–02.

For 2014–15, radiotherapy performance measures and targets have been revised in line with the National Radiation Oncology Practice Standards. This means that radiotherapy waiting time results for 2014–15 are no longer comparable with previous years. For the first six months to December 2014, 95% of all radiotherapy patients were seen within standard timeframes.

Based on preliminary data, there were a total of 2,646 births at ACT public hospitals in the first six months to December 2014. This result is a 4% increase when compared to the result reported for the same period last year.

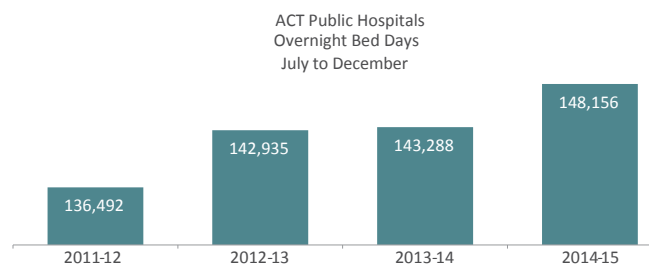
The average waiting time for public dental health services for the first six months to December 2014 was 4 months. This result is a very positive improvement on the 7 months figure reported for the same period last year.

December 2014

## Our public hospitals

### Increasing the capacity of the ACT Public Health Services to manage growing demand for hospital services

In 2013–14, ACT's public hospitals provided over 280,800 overnight hospital bed days of care, slightly up on the result of 277,993 reported for 2012–13. In first six months to December 2014, ACT public hospitals provided 148,156 overnight hospital bed days of care, a 3% increase when compared to the same period in 2013–14. The Australian Hospital Statistics Report for 2012–13 issued by the Australian Institute of Health and Welfare (AIHW) in April 2014 showed that the ACT reached 2.6 public hospital beds per 1000 people— which is on par with the Australian national average.



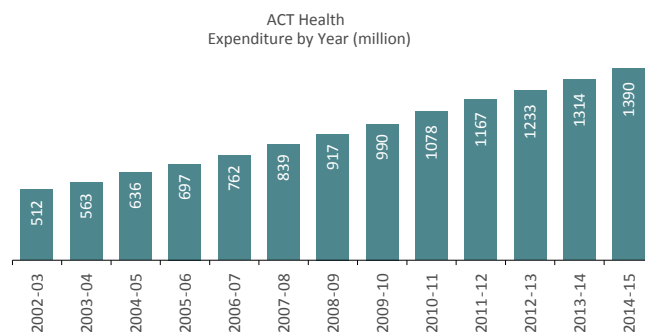
The AIHW reported that in 2012–13, ACT public hospitals provided an average of 986 beds.

In 2013–14, the Government funded an additional 44 beds across our health system, however, 16 general beds at Canberra Hospital were delayed until 2014–15 due to capacity constraints. The Government again invested in an additional 39 beds in 2014–15. Canberra Hospital has undergone an extensive bed realignment program in recent months, enabling the opening of both the funded 2013–14 and 2014–15 beds.

The final 15 general inpatients beds funded for Calvary in 2014–15 will become operational in March 2015. It is estimated, once all beds are on-line, the ACT public hospital bed stock will reach 1,068 beds.

In 2013–14, there was a considerable expansion to the Hospital in the Home service (HITH), with the addition of 15 bed equivalents. ACT Health has again built on this, with a further 6 bed equivalents to be provided through the expansion of the HITH program in 2014–15.

The ACT Government continues its commitment to adding bed capacity to the public hospital system to meet growing demand for care and to reduce bed occupancy to optimum levels.



The increase in bed capacity has been funded by the biggest increases in health funding by any ACT Government. The estimated budget for this financial year (2014–15) is almost \$1.4 billion 171% more than the \$512 million provided for health services in 2002–03.

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.

The bed occupancy rate over 2013–14 was 90%. This is a 2% improvement when compared to the 92% reported for the same period in 2012–13. The ACT Government's long-term target is to maintain bed occupancy levels at around 85%, which is considered the best for patient outcomes and to achieve maximum efficiency. However, with increasing pressure on ACT public hospitals over recent years, the ACT target for this indicator was revised for 2013–14 to 90% and will remain at the level for 2014–15 due to the increased level of demand. This recognises a more realistic target in the transition period while the necessary infrastructure and process improvements take effect which will allow ACT public hospitals to achieve the 85% in coming years.

Furthermore, the counting methodology for the bed occupancy rate has also changed in 2014–15. The revised method counts all minutes of care provided as they occur, whereas historic methods only counted activity of patients who had left the hospital. This change in counting methodology means reliable comparisons of bed occupancy data can no longer be made between previous years.

In the first six months to December 2014, ACT public hospitals reported an occupancy rate of 86%, a 6% improvement compared to 92% reported for the same period in 2013–14. Again, this improvement is directly related to the additional beds that have been injected into ACT public hospitals over recent months.

December 2014

## Our public hospitals (continued)

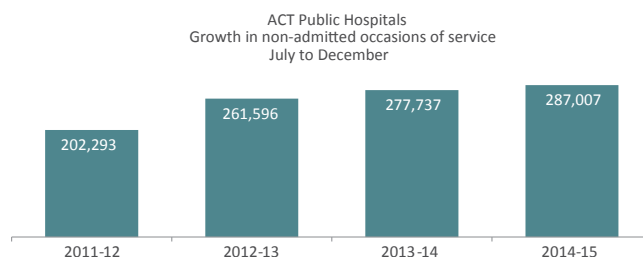
### Our public hospital activity

	July to December			
	2011-12	2012-13	2013-14	2014-15
Overnight bed occupancy rate	89%	95%	92%	86%
Inpatient episodes of care	49,391	48,079	48,727	51,338
Non-same day bed days	136,492	142,935	143,288	148,156
Non-admitted (outpatient) occasions of service	202,293	261,596	277,737	287,007

Over recent years, there have been significant increases in the demand for non-admitted outpatient services.

In 2013-14, Outpatient Services experienced 6% growth in occasions of service compared with 2012-13. In response to this growth, resources were committed to improve the function and processes of outpatient services at both public hospitals. For the first six months to December 2014, ACT outpatient services have been very busy with 287,007 non-admitted occasions of service reported. This is a 3% increase on the 277,737 occasions of service reported for the same period in 2013-14.

Outpatient services from 2012-13 onwards now encompass all non-admitted activity, including activity provided off campus in the community health sector. This change in counting methodology, which was driven by the implementation and adoption of activity based funding under the NHRA means reliable comparisons of outpatients/non-admitted data can no longer be made with years preceding 2012-13.



December 2014

## Births at ACT public hospitals

### Births increasing in ACT public hospitals

ACT public hospitals accommodated record numbers of births in 2013–14, with 4,999 births at Canberra and Calvary Hospitals, a 4% increase on the 2012–13 result. This also represents over 70% growth (almost 2,000 additional births) in the number of ACT public hospital births since 2001–02.

Based on preliminary data, there has been a total of 2,646 births at ACT public hospitals in the first six months to December 2014. This is a 4% increase on the result reported for the same period in 2013–14. However, a final result will not be available until all medical records have been fully processed. As this can take some time, the reported result should be noted as preliminary only at this stage.

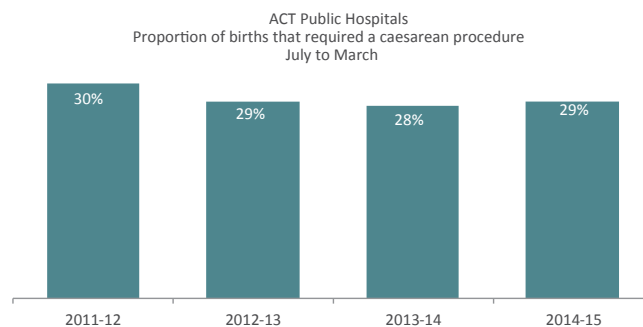
### ACT public hospital births and caesarean sections

	July to December			
	2011–12	2012–13	2013–14	2014–15
ACT Public births*	2,195	2,426	2,553	2,646
Caesarean sections	644	688	728	778

\*ACT Public births includes number of Caesarean sections performed.

For the first six months of 2014–15, the number of births born by Caesarean section was 29% of all births, on par with the result reported for the same period in 2013–14.

Caesarean rates have been steadily rising since 2001— both in the ACT and nationally. The ACT rate of 28% in 2013–14 was lower than most recent national figures published by the AIHW, for 2012–13 and our hospitals continue to have a low Caesarean rate compared to benchmarking hospitals. ACT public hospitals are moving towards further implementation of the ‘continuity of maternity model of care’ which has proven improved clinical outcomes for women – including a reduced rate of Caesareans.



Over recent years, the ACT Government has provided considerable funding to enhance obstetric and gynaecological services and neonatal services. The Continuity at the Canberra Hospital (CatCH) Program began in 2011 as a second continuity-of-care model at Canberra Hospital.

Since 2011–12, the ACT Government has invested in excess of \$10 million into Women Youth and Children’s services. In 2014–15, the Government invested \$2.14 million into expanding services for Women and Children. This money provides for:

- An increase of one bed for the Neonatal Intensive Care Unit,
- An increase of one bed for the Paediatric Inpatient Unit,
- An extra paediatric day-surgery bed,
- Expansion of the delivery suite and birthing centre by an additional bed, and
- Expansion of the Maternity Assessment Unit by an additional bed.

In March 2014, a Community Midwifery Program (CMP) at Calvary Public Hospital was established to further enhance obstetric services at Calvary.

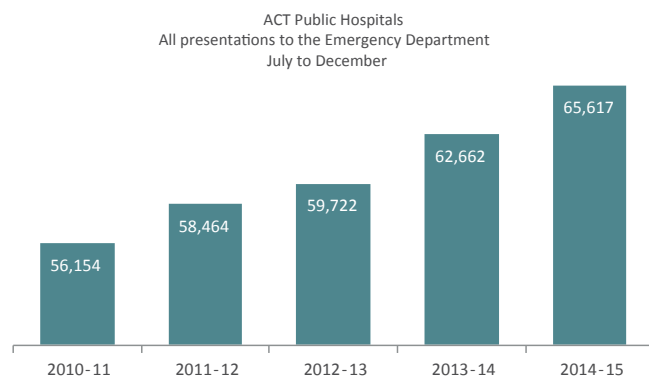
December 2014

## Emergency Departments

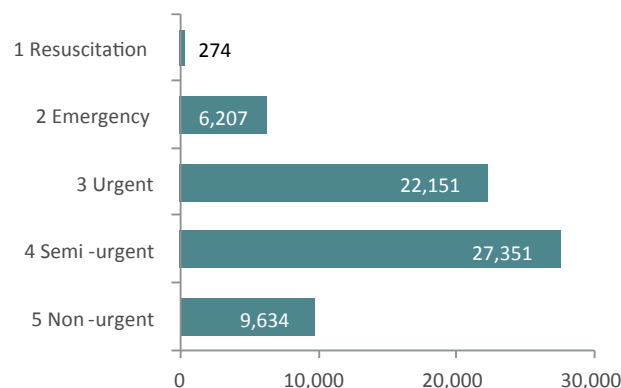
### Demand for ACT ED services continues to grow in 2014–15

In this edition of the ACT Public Hospitals Quarterly report, ACT Health presents the results of a new analysis of the difference between hospitals across the ACT and Australia and relates their performance to important factors that can influence a patient's experience in the ED.

ACT Health is committed to improving waiting times in our emergency department services.



Attendances at ACT emergency departments by triage category  
July to December



In 2013–14, emergency department presentations grew at record levels compared to previous years, with a record 125,890 presentations recorded at ACT Public Hospitals. This is 31% (or an extra 29,741 presentations) more than occurred 11 years ago (2002–03).

ACT Public Hospital emergency departments in 2014–15 are again dealing with unprecedented levels of patients presenting, with 65,617 presentations recorded in the first six months to December 2014–15. This is a 5% increase when compared to the same period last year. For August 2014, there were 11,393 emergency department presentations, the highest monthly total.

A breakdown of emergency attendance figures shows that patients in the resuscitation category (triage 1) accounted for just less than 1% of all people triaged in ACT EDs; 9% were triaged in the emergency category (triage 2); 34% were categorised as urgent (triage 3); 42% were semi-urgent (triage 4); and 15% were non-urgent (triage 5).

The greatest increase in percentage terms was in the non-urgent (triage 5) category, with this cohort of patients recording a 26% increase in presentations compared to the same period in 2013–14.

The emergency category (triage 2) reported 1% decrease and semi-urgent (triage 4) a 2% increase compared to the number of attendances reported for the same period last year.

ED Activity	July to December			
	2011–12	2012–13	2013–14	2014–15
Admissions via the ED	14,822	15,729	17,098	18,063
Patients treated and discharged	39,721	38,966	41,867	43,569
Patients that did not wait to be seen	3,921	5,027	3,697	3,985

There are different ways that a patient can leave the ED. The majority of patients leave the ED after their treatment is completed or when they are admitted to hospital. Some patients choose not to wait to begin or complete treatment or are transferred to other hospitals.

Admissions to hospital via the emergency department have also grown, with 18,063 recorded in the first six months to December 2014. This is a 6% increase when compared to the 17,098 reported for the same period last year.

Despite the significant increase in demand, the 'did not wait' rate remained unchanged over the first six months to December 2014, with a result of 6% reported. This result is consistent with the 6% reported for the same period last year and well below the target of 10%. This performance indicator is one way of measuring an ED's efficiency and effectiveness. This result is particularly impressive for the ACT given the increase in demand over the first six months of 2014–15.

December 2014

## Emergency Departments (continued)

ED timeliness improved significantly in 2013–14 when compared with 2012–13 across all categories. However, a 5% increase in presentations to ACT public hospital EDs for the first six months to December 2014, has seen a slight decrease in the performance results. This increase in activity places additional pressure on ED resources and can lead to extended waiting times for some patients.

### ED timeliness

Emergency department presentation seen on time Year to September	July to December		
	2013–14	2014–15	Target
Category 1 (immediately)	99%	100%	100%
Category 2 (<10 mins)	83%	79%	80%
Category 3 (<30 mins)	47%	45%	75%
Category 4 (<60 mins)	56%	49%	70%
Category 5 (<120 mins)	85%	83%	70%
Total All Categories	59%	56%	70%

Timeliness targets were met for triage category one and five patients. Category five continued to exceed national benchmarks, with 83% of this cohort seen on time. This is despite a 26% increase in category five patient presentations over the six months of 2014–15 when compared to the same period last year. It is important to note that the ACT continues to treat 100% of the urgent category one patients within the recommended timeframes.

The following table shows the median waiting times for patients to be seen from when they first present to an ACT public hospital emergency department to when treatment first commences. The second table provides some examples of the Australian Triage Scale.

### Waiting time to be seen in ACT public hospital EDs

Waiting time between earliest event in episode and seen time	Triage category					Total
	Resuscitation – Immediate within seconds	Emergency <= 10 mins	Urgent <= 30 mins	Semi-urgent <= 60 mins	Non-Urgent <= 120 mins	
	Median	Median	Median	Median	Median	Median
July to December 2014–15	0:00:00	0:05:00	0:36:00	1:02:00	0:50:00	0:42:00
July to December 2013–14	0:00:00	0:04:00	0:34:00	0:51:00	0:38:00	0:34:00

### ED triage examples

Triage Category	Australian Triage Scale	Common examples
Triage category 1	Resuscitation	Critical injury, cardiac arrest
Triage category 2	Emergency	Chest pain, severe burns
Triage category 3	Urgent	Moderate blood loss, dehydration
Triage category 4	Semi-Urgent	Sprained ankle, earache
Triage category 5	Non-Urgent	Small cuts or abrasions

In 2013–14, the highest volume category of patients that presented to ACT emergency departments were classed as triage category 4. Additionally the majority of these patients (83%) were treated and discharged (not requiring admission to an inpatient bed). This large cohort of patients and the increase in triage category 5 patients suggests that more people are presenting to the emergency department for treatment who could have been treated by alternative options such as their general practitioner.

According to the Australian Institute of Health & Welfare (AIHW) report titled *Australian hospital statistics Emergency department care 2013–14*<sup>1</sup>, the ACT had the highest rate of GP type presentations in Australia.

A GP type presentation is categorised as a non urgent triage category that does not require admission to hospital. Low bulk billing rates and the perceived availability of General Practitioner services in the ACT maybe a contributing factor to the increase in low acuity presentations to ACT public hospital EDs.

ACT's emergency departments are currently reviewing their processes, and working with their colleagues throughout the hospitals, to identify ways of eliminating barriers that delay quick access to required services and improve patient flow through the emergency departments.

<sup>1</sup> <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549036>



December 2014

## Emergency Departments (continued)

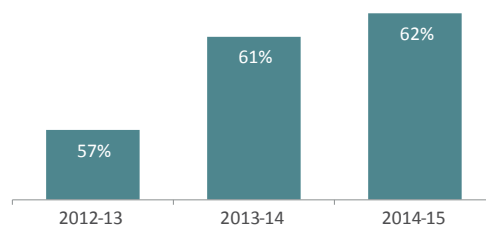
### Length of stay in ACT public Emergency Departments

This component of the report looks at the proportion of patients who present to EDs who stay less than 4 hours from their arrival to either admission or their departure home. This performance measure had formally been known as the National Emergency Access Target (NEAT) under the auspice of the NHRA – National Partnership Agreement (NPA) – on improving public hospitals.

The 2014–15 Federal Budget announced the cessation of components under the NHRA, including the discontinuation of the NPA where the NEAT performance targets were governed. Due to these performance targets being discontinued nationally, ACT Health will no longer be reporting against the previous targets associated with NEAT, but will continue to monitor and report on these performance measures both publicly and internally.

The AIHW has recently reported ED length of stay measures by jurisdiction in its latest report titled *Emergency Department care 2013–14*. However, these measures have not been reported against targets associated with the previous NPA agreement and are reported over the financial year rather than the previous calendar year reporting of NEAT. ACT Health is also now reporting these measures over a financial year.

ACT Public Hospitals  
Proportion of total ED presentations with a length of stay of 4 hours or less  
July to December

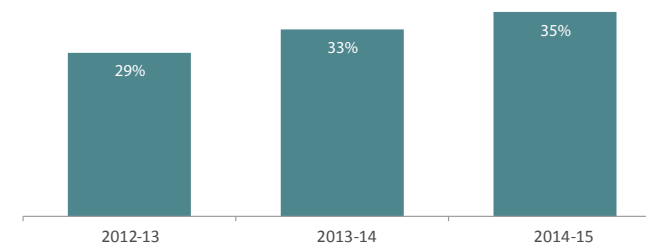


The AIHW report found that the ACT reported an increase in the proportion of emergency department presentations that waited 4 hours or less, from 58% in 2012–13 to 62% in 2013–14. For the first six months to December 2014, 62% of all emergency department presentations had a length of stay of 4 hours or less. This result is on par with the end of year result for 2013–14 and a 1% improvement when compared to the 61% reported in December 2013.

A contributing factor in achieving a reduced ED length of stay is the types of patients who present to ACT Public Hospital EDs. When ACT Public Hospitals have an increase in urgent cases (triage 1 & 2), achieving a reduced ED length of stay becomes more challenging.

As Canberra Hospital is the main tertiary referral centre for the ACT and surrounding region, it is expected to deal with more complex and critically injured patients. Both of ACT's public hospitals are defined as major metropolitan hospitals. The latest data released by National Health Performance Authority (NHPA) for December 2013 shows that the average for this measure across major metropolitan hospitals in Australia in 2013 was 60%, on par with the ACT's result for the first six months to December 2014–15.

ACT Public Hospitals  
Proportion of ED presentations subsequently admitted with a length of stay of 4 hours or less  
July to December



For the first six months to December 2014, 35% of all emergency department presentations who were subsequently admitted waited four hours or less, a 2% improvement when compared to the same period last year.

For people to be seen in the ED in a timely fashion there needs to be a bed space available to take them from the waiting room into the ED. To make bed spaces available in the ED, those already in the ED must first be moved out (either home or up to the inpatient wards). With an increasing level of demand for inpatient beds, this means either creating additional beds or getting more efficient with their use. ACT Health is aiming to do both.



December 2014

## Mental Health Services

It is widely recognised that there is significant variation in calculating mental health indicators across the nation, and it is therefore difficult to draw conclusion on comparative mental health performance indicators. However, in recent months, ACT Health has evaluated the methodology for deriving these figures through the process of submitting national data for 2012–13 to the AIHW. In fully adopting national definitions and ensuring the use of the most robust data source available, ACT performance against mental health indicators is likely to reduce.

The target for the percentage of inpatients contacted within 7 days post-discharge indicator was increased from 75% in 2013–14 to 85% in 2014–15 based of a former methodology. ACT Health will monitor achievement against this indicator in 2014–15 and reset the target for 2015-16 to reflect the change in performance against the methodology used for national purposes.

The most recent national publication released by the AIHW is the Mental Health Services in Brief Report 2014, which examines each jurisdiction's post discharge follow up performance for 2011–12, and shows the national rate is 54.6%. The ACT, in fully adopting the national methodology, will well exceed the national rate.

% Inpatients contacted within 7 days post-discharge	July to December		
	July to December		
	2013–14	2014–15	Targets 2014–15
ACT Public Hospitals	76%	71%	85%

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

Mental Health ACT has implemented a number of initiatives to reduce the level of clients secluded during an inpatient episode. For the first six months to December 2014–15, the ACT reported a seclusion result of 4%, 1% above our local target of 3%.

ACT public hospitals Seclusion Rates		
July to December		
2012–13	2013–14	2014–15
1%	2%	4%

Twenty-eight day unplanned readmission rate is variable depending on the complexity of either individual consumers' needs or the number of complex consumers presenting for inpatient service support at any given time. The unplanned re-admission rate for the year to December 2013 was 8%, and has further improved in the first six months to December 2014 to 7%. It is also known that community follow-up by mental health services, carer involvement and other community supports are key factors in reducing readmissions within 28 days of an initial inpatient admission.

ACT public hospitals 28 Day Readmits		
July to December		
2012–13	2013–14	2014–15
8%	8%	7%

The readmission rate is a broad indicator of responsiveness to inpatient care and community follow up. A lower rate is preferable to promote recovery, reduce the chances of a relapse, and minimise the possible need for a further acute inpatient episode. For the first six months to December 2014, 7% of mental health clients returned to hospital within 28 days of discharge from an ACT Mental Health inpatient unit. Based on 2011–12 data, AIHW indicates that the national rate for jurisdictional performance was 14.4% for readmissions to hospital within 28 days of discharge. The ACT is currently well below that figure.

Outcome measures are a suite of clinical tools used to measure a consumer's clinical status at a point in time. The tools are rating scales of clinical symptoms and assessment of needs. Outcome measures are used as a more objective assessment to monitor progress and fine tune recovery planning and response to treatment options.

For the first six months to December 2013, outcome measures completed in ACT public hospitals were slightly below the target of 65% with a result of 63%. In the first six months to December 2014 the outcome measures completed rate has increased to 66% – a 3% increase compared to the result reported for the same period last year.

Percentage of clients with outcome measures completed			
July to December			
	2013–14	2014–15	Targets 2014–15
ACT Public Hospitals	63%	66%	65%

December 2014

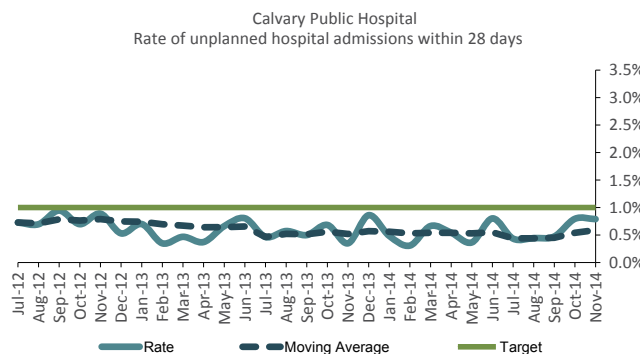
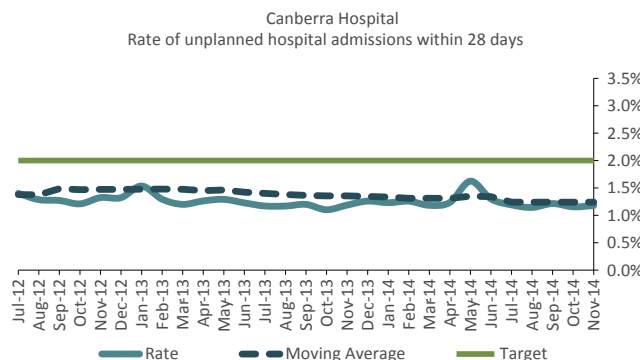
## Patient Safety and Quality

ACT Health continually strives to provide a safe and high quality health care system, and is continually implementing service improvement to increase safety for all patients.

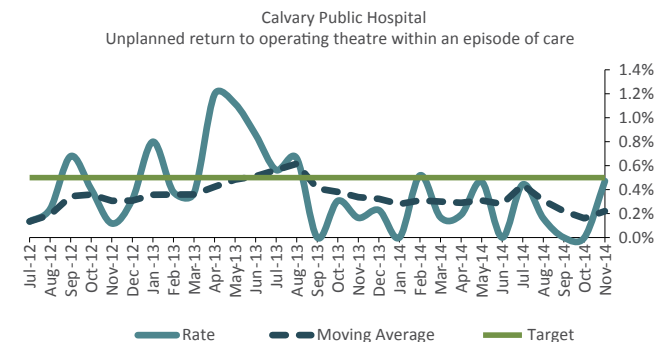
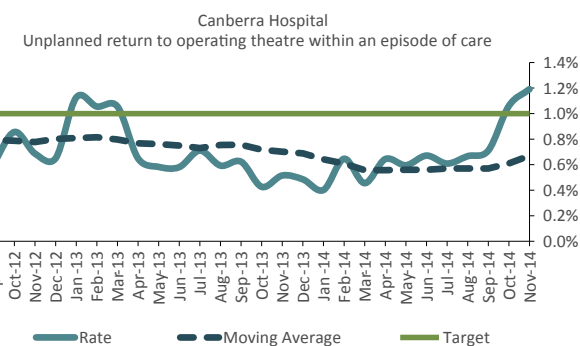
Due to the differing type and nature of services provided at each hospital campus the targets for each indicator are different. Canberra Hospital – our major teaching and referral hospital – manages more complex patients and higher levels of complications can be expected. Data for the rate of unplanned hospital readmissions within 28 days and the rate of unplanned returns to the operating room has been reported up to November 2014. These two measures take some time to analyse and confirm before they can be reported and due to the timeframe of this process the data has been reported one month in arrears.

Moving averages are provided as well as month-by-month results. As there are relatively small numbers of patients who have unplanned returns to hospital or the operating theatre, or who acquire an infection during their hospital stay, there may be relatively large movements in results between months. The inclusion of the moving average smoothes out these monthly fluctuations and provide a better understanding of trends in these important indicators.

Our hospitals continue to meet safety and quality standards.



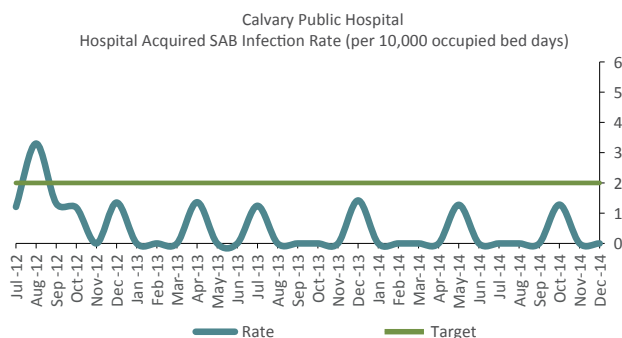
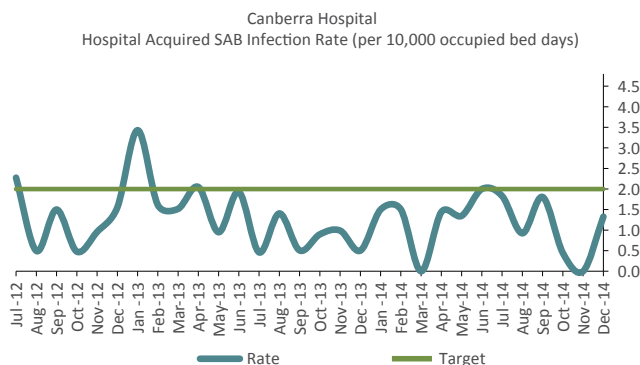
Both hospitals continue to report good results for the proportion of people who return to hospital within 28 days of discharge, with the results at the Canberra Hospital and Calvary Public Hospital remaining well below target during the first five months to November 2014–15.



For the first five months to November 2014, Calvary Public Hospital reported positive results in the proportion of people who require an unplanned return to the operating theatre during their hospital stay when compared to the same period last year. Canberra Hospital has reported an increase in these results over October and November 2014. However, this increase is only marginally higher than the target set at 1.0% whilst Calvary's results have generally remained below the target of 0.50%.

December 2014

### Patient Safety and Quality (continued)



Both our public hospitals maintain processes to minimise hospital acquired infections during hospital stays. As noted above, the target for each hospital is set based on the types of services they provide. As the major trauma hospital for the region, the Canberra Hospital can be expected to have higher SAB infection rates than Calvary Public Hospital. On the 13 March 2014 the NHPA released its latest report titled Healthcare-associated *Staphylococcus aureus* bloodstream infection in 2012–13.

The report highlighted that in 2012–13 major peer group hospitals with more vulnerable patients had an average result of 1.35 cases per 10,000 patient bed days. For 2012–13, Canberra Hospital reported a result of 1.72 cases. While this result is above the national peer group average it is still well below the national target of 2.0 per 10,000 patient bed days.

For 2013–14, Canberra Hospital reported a SAB result of 1.17 cases per 10,000 patient bed days, a significant reduction when compared to the 2012–13 result. For the first six months to December 2014, Canberra Hospital results per 10,000 bed days have further improved to 1.06.

Calvary Public Hospital also reported very low results for SAB rates in 2012–13 compared to peer hospitals in the major hospitals with fewer vulnerable patients category. (0.33 cases per 10,000 patient bed days against the national peer group average of 0.92).

This result was maintained for 2013–14 and the first six months to December 2014, Calvary's SAB rate continued to decrease with a result of 0.21 cases per 10,000 bed days.

When combining both ACT public hospitals results for 2013–14, the ACT reported a SAB rate result of 0.94 cases per 10,000 patient bed days. This result is slightly above the 2012–13 national average of 0.90 cases per 10,000 patient bed days for all hospitals but still well below the national target of 2 cases per 10,000 bed days. The ACT combined result for the first six months to December 2014 improved to 0.84 cases per 10,000 bed days.

Hand Hygiene Rate will also now be reported as it is now a national measure and an ACT strategic indicator. The estimated hand hygiene rate for a hospital is a measure of how often (as a percentage) hand hygiene is correctly performed.

It is calculated by dividing the number of observed hand hygiene 'moments' where proper hand hygiene was practiced in a specified audit period, by the total number of observed hand hygiene 'moments' in the same audit period.

### Hand Hygiene audit results

Hand Hygiene	2014–15 Target	2014–15 March Audit	2014–15 June Audit	2014–15 October Audit
Canberra Hospital	70%	73%	74%	76%
Calvary Public Hospital	70%	82%	83%	73%

Canberra Hospital improved its result in the latest audit undertaken in October 2014 to 76% from the previous audit in June 2014. Canberra Hospital is now above the national benchmark of 70%. Whilst Calvary recorded a 10% drop in the October 2014 audit with a result of 73%, this result is still above the national benchmark.

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

This indicator has changed based on national quality and safety standards and now only measures the number of people admitted to hospitals per 10,000 occupied bed days who acquire a *Staphylococcus Aureus* Bacteraemia Infection (SAB infection) during their stay.

December 2014

## Regional Cancer Services

### Increasing demand, improving waiting times

ACT Health Cancer Services provided care for 666 new radiotherapy patients in the first six months to December 2014.

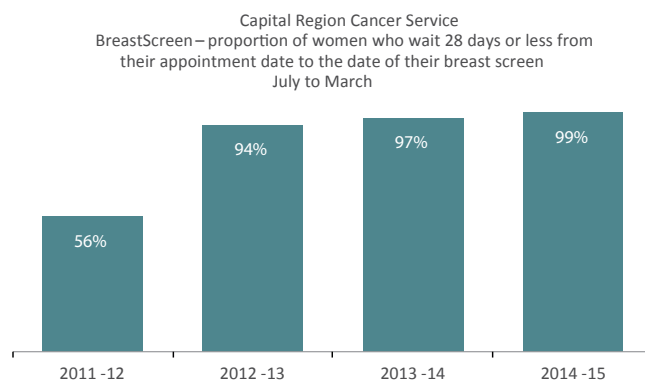
#### Percentage of radiotherapy patients who commence treatment within standard time frames

	July to December				
	2010-11	2011-12	2012-13	2013-14	2014-15
Emergency: within 48 hours	100%	100%	100%	100%	98%
Palliative: with 2 weeks	100%	100%	100%	100%	89%
Radical: within 4 weeks	99%	96%	99%	100%	98%
Total – All Radiotherapy Patients	100%	98%	100%	100%	95%

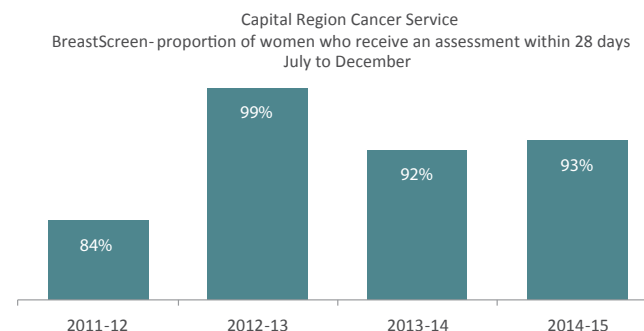
For 2014-15, radiotherapy performance measures and targets have been revised in line with the National Radiation Oncology Practice Standards. This means that radiotherapy waiting time results for 2014-15 are no longer comparable between previous years. For the first six months to December 2014, 95% of all radiotherapy patients were seen within standard timeframes.

### Breast Screening

Waiting times for Breast Screen appointments have improved as a result of the engagement of additional permanent radiographers (in 2011) as well as locum and casual radiographers. The BreastScreen ACT program no longer provides services to South East New South Wales. This has freed up radiography staff to provide services to women of the ACT. However, women who reside in NSW and who currently work in the ACT are still able to access BreastScreen services in the ACT. This is a result of negotiations between the NSW and ACT Governments.



For the first six months to December 2014, 99% of women waited less than 28 days for their screening appointment. This is a marked improvement on the 56% reported in 2011-12. Waiting times for the proportion of women who receive an assessment within 28 days have decreased in 2014-15, with a result of 93% reported for the first six months to December 2014. This is a 1% improvement when compared to 92% reported for the same period last year.



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 was a total of 7,559 breast screens performed for ACT residents in the first six months to December 2014, compared with the 8,425 screening procedures reported for the same period last year.

December 2014

## Rehabilitation, Aged and Community Care

### Strong results continue for aged care and rehabilitation services

For the first six months to December 2014, the Aged Care Assessment Team (ACAT) provided in-hospital assessments within an average of 2 days. This level of service minimises delays in accessing out of hospital services for patients who no longer need hospital care. This result is demand driven.

#### Aged Care and Rehabilitation activity in ACT public hospitals

	July to December		
	2012–13	2013–14	2014–15
Aged Care Assessment Team (ACAT) mean waiting time	2.0	2.0	2.0
Average length of stay (ALOS) for Aged Care and Rehabilitation patients at ACT public hospitals	12	14	13
Aged Care and Rehabilitation non same day bed days at ACT public hospitals	16,207	17,344	18,198
Nursing home type patients (only Canberra Hospital data reported)	31	35	59

The Aged Care and Rehabilitation Service across ACT Public Hospitals recorded a slight increase in overnight beds days in the first six months to December 2014 when compared with the same period last year. When compared to the same period in 2012–13 there has been 1% growth in the number of overnight bed days. The average length of stay for these patients has decreased by 1 day in 2014–15 when compared to the same period in 2013–14.

The number of nursing home type patient separations from hospital for patients at the Canberra Hospital almost doubled over first six months to December 2014 when compared to the same period last year. This is partly due to a lack of nursing home beds while the refurbishment of Bill McKenzie Gardens (formally Ginninderra Gardens) occurs. The refurbishment is currently expected to be fully finalised by late 2015, with an expected 75 nursing beds becoming available for the Territory. The increase in nursing home type patients at Canberra Hospital over the last couple of years and the increase in the average length of stay for these patients suggest that there is currently a shortfall of nursing home type places in the ACT.

December 2014

## 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.

As Canberra Hospital is the major teaching and referral centre for the southern NSW region, patients who are critically unwell are transferred there for a higher level of care. These patients are often very complex and require multiple services. NSW patients accounted for 16% of all public hospital admitted separations in the first six months of 2014–15.

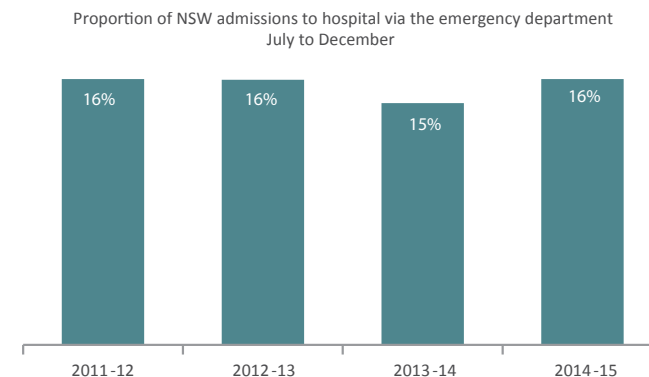
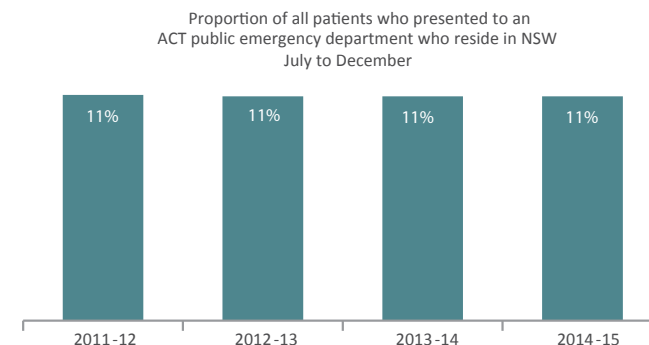
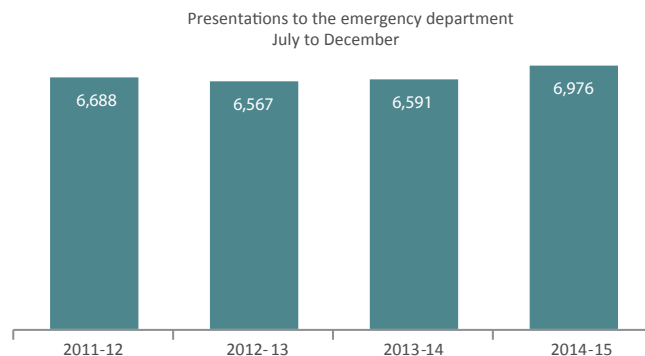
Over a third of all surgical procedures performed in ACT Public Hospitals involve patients who reside in NSW.

### NSW patients accessing surgery in ACT public hospitals

	July to December		
ACT public hospitals	Total Surgery	Elective Surgery	Emergency Surgery
All patients	10,189	6,220	3,969
NSW patients	3,383	1,893	1,490
% NSW patients	33%	30%	38%

Many patients who reside in NSW also attend our public hospital emergency departments for a range of reasons. For the first six months to December 2014, 6,976 NSW patients presented to ACT Public Hospital ED's for treatment, 11% of all emergency department presentations and 16% of the total admissions through the ED. These results remain consistent compared to the same period for previous years, however it still places additional pressure on ACT Public Hospital resources to treat patients in a timely manner.

### NSW patient activity



December 2014

## Addressing Gaps in Aboriginal and Torres Strait Islander Health Status

In this chapter ACT Health has produced a snap shot of ACT Health services provided to Aboriginal and Torres Strait Islander people who reside in the ACT and surrounding region.

Indigenous Aboriginal and Torres Strait Islander people account for less than 1% (5,184) of the ACT's total population according to the 2011 census. This small cohort also makes up around 2% of ACT Public Hospital episodes of care. These include surgical and medical procedures, as well as emergency and outpatient services.

### Aboriginal and Torres Strait Islander presentations at ACT Health Services

	July to December		
	2012–13	2013–14	2014–15
Emergency Department presentations	1,547	1,694	1,810
Admitted inpatient episodes of care	1,168	1,264	1,200
Elective Surgery operations performed	143	109	131

The AIHW report titled Elective surgery waiting times 2013–14<sup>2</sup> noted that the median waiting times for Indigenous Australians having elective surgery in the ACT improved from a 74 day wait in 2011–12 to a 61 day wait time in 2013–14 with the national figure being 41 days.

### Immunisation rates for the ACT indigenous population

This provides an indication of the public health services to minimise the incidence of vaccine preventable diseases, as recorded by the Australian Childhood Immunisation Register, in the ACT's indigenous population. The ACT aims to maintain the immunisation coverage rates for the vulnerable groups and, in particular Indigenous and non-Indigenous Australians.

Immunisation rates for vaccines in the national schedule for the ACT Indigenous population:	2013–14 target	2013–14 Result
12 to 15 months	>90%	89.7%
24 to 27 months	>90%	94.8%
60 to 63 months	>90%	93.7%
All	>90%	92.6%

Other health services provided to Indigenous Australians in ACT – July to December	2013–14	2014–15
Proportion of breast screens performed for women 50-69 years	0.52%	0.54%
Proportion of mental health community occasions of service for Aboriginal/Torres Strait Islander consumers	4.5%	4.8%
Number of Aboriginal/Torres Strait Islander Births	73	71
Total non-admitted occasions of service provided to Aboriginal/Torres Strait Islander clients	3,664	4,126

<sup>2</sup> <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549058>



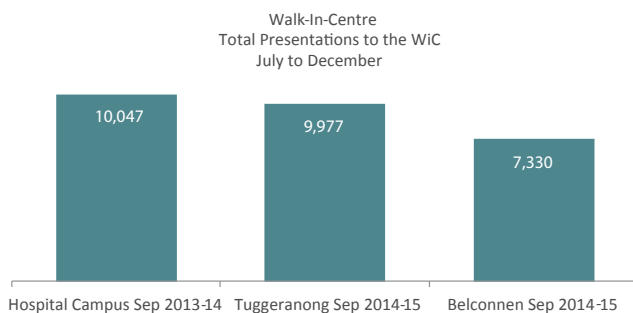
December 2014

## Walk-In-Centres

Australia's first public, nurse-led Walk-in Centre (WiC) was opened in May 2010. From its opening in May 2010, until it closed on 25 June 2014, 73,392 clients presented to the WiC. The Tuggeranong WiC opened to the public on 26 June 2014 and the Belconnen WiC opened on 1 July 2014.

In the first six months of opening, Tuggeranong WiC reported 9,977 and Belconnen WiC 7,330 presentations.

The WiC is designed to help people get fast, free, one-off treatment for minor illnesses and injuries. The people of Canberra are able to see a specialist nurse for advice, assessment and treatment for conditions such as cuts and bruises, minor infections, strains, sprains, skin complaints, and coughs and colds.



The WiC nurses treat a wide range of conditions, with no significant changes in the top 10 conditions treated since last year. The common cold remains the main reason for presentation to the WiC.

The WiC nurses treat a wide range of conditions, with no significant changes in the top 10 conditions treated since last year. The common cold remains the main reason for presentation to the WiC.



The WiC does not provide ongoing care for patients and will not treat people with chronic conditions or children less than two years of age. These patients should seek treatment and advice from their GP or the ED.

The WiC is *not* designed to provide the range of services that a GP can provide, including comprehensive medical management, referral to specialist services or general health checks. The nurses who work in the WiC have all completed additional training and the care they provide is guided by established protocols that have been endorsed by the appropriate clinical approvals processes. A visit report is sent to the patient's general practitioner with consent.

People in the ACT community now have access to a wide range of primary health services including their GPs, community health services, pharmacists and the WiC.

December 2014

## Surgery in ACT public hospitals

Over the past four years the amount of surgical operations performed has risen by 14%, from 8,930 reported for 2010–11 to 10,189 reported for the first six months to December 2014. The most significant increase has occurred in emergency surgery which has grown by 16%.

### Total surgery performed in ACT public hospitals

	July to December				
	2010–11	2011–12	2012–13	2013–14	2014–15
Emergency Surgery	3,418	3,488	3,468	3,699	3,969
Elective Surgery	5,512	5,791	6,046	5,989	6,220
Total Surgery Performed	8,930	9,279	9,514	9,688	10,189

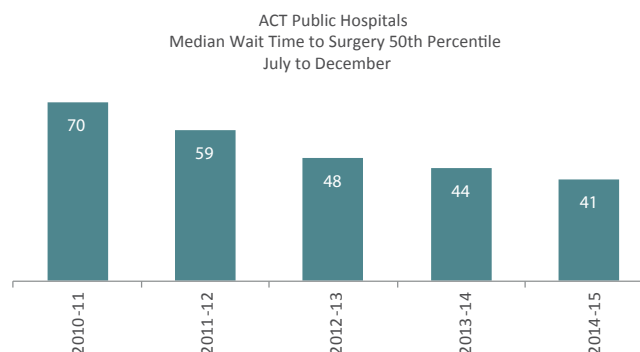
### Increasing access to elective surgery

Since 2002–03, when ACT Health provided a total of 7,661 elective surgery operations, there has been a 51% increase in elective surgery activity. Our public hospitals performed 11,780 elective surgery procedures in 2013–14, the fourth consecutive year that we have provided over 11,000 elective surgery procedures. This result is also the highest number of elective surgery procedures performed ever in a single year for the ACT.

ACT Public Hospitals are planning to perform 12,000 elective surgery procedures in 2014. For the first six months to December 2014, ACT Public Hospitals performed 6,220 elective surgery procedures.

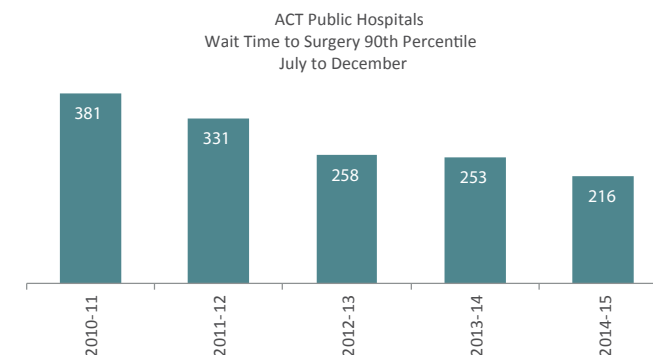
The latest Australian Hospitals Statistics (AIHW) report titled *Elective Surgery Waiting Times 2013–14*<sup>3</sup> showed that for the first time in the history of this report the ACT has not reported the highest median wait time to surgery in the country. While the ACT's result of 48 days for 2013–14 is still above the national average of 36 days, it demonstrates the significant improvement the ACT has made over recent years – in 2010–11, the ACT reported a median wait time to surgery of 74 days. As ACT Health has significantly reduced its long wait patients over the last few years the median wait time is now also the lowest on record since 2002–03.

The median waiting time continued to decrease in the first six months to December of 2014 with a result of 41 days.



The AIHW report also showed that the ACT performed better than some other jurisdictions for patients admitted for surgery at the 90th percentile. The ACT Government investment in elective surgery has resulted in decreases for the longest waiting times at the 90th percentile, with an improvement from 392 days in 2010–11 down to 270 days in 2013–14. When comparing the 2013–14 result of 271 days to 2008-09, there has been a 28% reduction in the 90th percentile.

In the first six months of 2014–15 the waiting time at the 90th percentile has further decreased to 216 days. This result is 37 days lower than result reported for the same period last year.

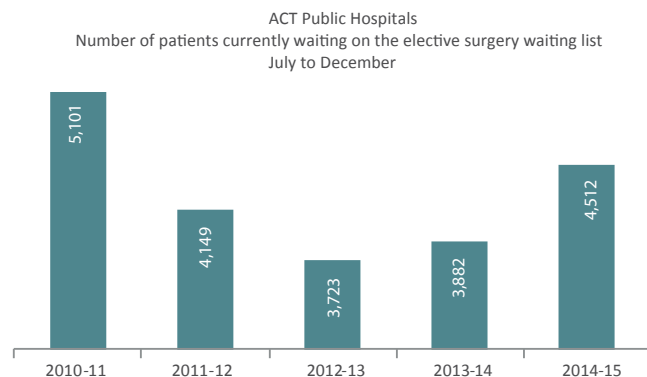


December 2014

## Surgery in ACT public hospitals (continued)

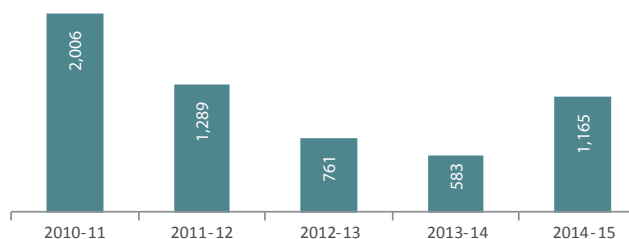
### Reducing the number of patients waiting too long for elective surgery

The increase in access to elective surgery over last 4 years had a very significant impact on the numbers of patients waiting for elective surgery and the numbers of patients waiting too long for care. At the end of December 2014, there were 4,512 patients on the elective surgery waiting list. This is a 16% increase when compared to 3,882 patients waiting at 31 December 2013, but a 12% reduction when compared to the same period in 2010–11.



ACT Public Hospitals have recorded a slight increase in the number of patients waiting longer than the recommended timeframe for their elective surgery procedure, with a result of 1,165 patients at 31 December 2014. This result is a significant increase when compared with the same period for last year. However, when comparing the 1,165 patients with the same period in 2010-11 there has been a 42% reduction in long wait patients.

ACT Public Hospitals  
Total number of patients waiting longer than clinically recommended time frames  
July to December



This table shows the significant work undertaken by ACT Health to reduce the amount of long wait patients in a number of surgical specialties. While there is still more to be done there has been significant improvement over the past few years and plans are in place to ensure all these patients access their surgery as quickly as possible.

ACT Health and Southern NSW Local Health District (NSWLHD) have been negotiating for some years to provide for the increased delivery of services within regional facilities to assist in reducing pressures on ACT public hospital services. As part of these negotiations, ACT Health has entered into an agreement with the Southern NSWLHD for patients on the ACT elective surgery waiting list to access their elective surgery at Queanbeyan Public Hospital.

In addition, ACT Health's current arrangement with the private hospitals will expand as another way of trying to reduce the backlog of extended waiting patients on the ACT elective surgery waiting list. It is expected that these arrangements to increase elective surgery will have a positive impact on the ACT public hospitals elective surgery waiting list.

### Reducing overdue patients by surgical specialty

Surgical Specialties	December			
	2011	2012	2013	2014
Cardiothoracic surgery	5	0	2	1
Ear, Nose & Throat surgery	218	141	111	325
General Surgery	66	91	51	95
Gynaecology surgery	12	17	24	79
Neurosurgery	18	8	14	2
Ophthalmology surgery	13	13	13	13
Orthopaedic surgery	485	390	308	432
Other surgery (includes Paediatric surgery, Oral surgery & Thoracic surgery)	156	19	17	65
Plastic surgery	38	12	8	9
Urology surgery	209	54	21	77
Vascular surgery	69	16	14	67

December 2014

## Surgery in ACT public hospitals (continued)

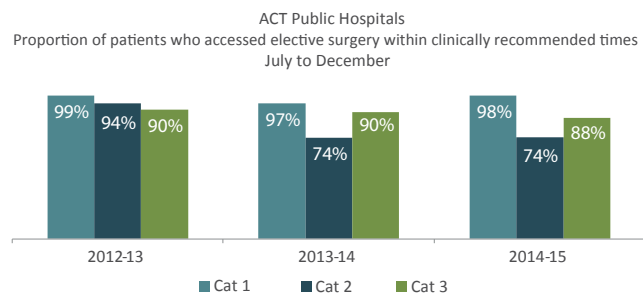
### Timeliness to Elective Surgery

This component of the report looks at the proportion of patients who access their elective surgery with the clinically recommended timeframes. This performance measure had formally been known as the National Elective Surgery Target (NEST) under the auspice of the NHRA –NPA – on improving public hospitals.

Announced in the 2014–15 Federal Budget was a cessation of components under the NHRA, specifically including the discontinuation of the NPA where the NEST performance targets were governed. Due to these performance targets being discontinued nationally, ACT Health will longer be reporting against the previous targets associated with NEST for any future reporting. ACT Health will however continue to monitor and report on these performance measures both publicly and internally.

This component of the report had previously been incorporated under a section on the NHRA. Information on previous years' performance can still be found under that section of the report.

Overall elective surgery timeliness performance continues to improve over the first six months to December 2014–15 when compared to the same period for previous years across all urgency categories.



December 2014

### Selected Statistics

ACT Health			
Selected ACT Public Hospitals and Community Activity Indicators			
	July to December		% VAR
	2013–14	2014–15	
Inpatient Activity			
Day only patient bed days (total across all outputs)	26 254	27 353	4%
Overnight patient bed days (total across all outputs)	143 228	148 156	3%
Total episodes of care (separations)	48 727	51 338	5%
Nursing Home Type Patient (NHTP) Bed-Days (on separation – Canberra Hospital)	2 861	5 396	41%
Bed Occupancy Rate*	92%	86%	-6%
Total number of births in ACT public hospitals	2 553	2 646	4%
Proportion of births by caesarean in ACT public hospitals	29%	29%	0%
* new counting methodology used from 2014–15			
Emergency Department Activity			
Category 1 Seen (immediate – 2 mins)	99%	100%	1%
Category 2 Seen (within 10 mins)	83%	79%	-4%
Category 3 Seen (within 30 mins)	47%	45%	-2%
Category 4 Seen (within 60 mins)	56%	49%	-7%
Category 5 Seen (within 120 mins)	85%	83%	-2%
Total Emergency Department Presentations	62662	65617	5%
Did Not Wait % Rate	6%	6%	0%
Admissions via Emergency department	17 098	18 063	6%
Admissions to Emergency Department observational wards	6 801	6 606	-3%
Admissions from the Emergency Department to ICU, Surgery, and general wards	10 297	11 457	11%
Walk-in-Centre**			
Total presentations (Tuggeranong)	9 977		
Total presentations (Belconnen)	7 330		
** CH&HS WiC closed in June 2014 when the 2 new WiCs opened in Tuggeranong and Belconnen.			

ACT Health			
Selected ACT Public Hospitals and Community Activity Indicators			
	July to December		% VAR
	2013–14	2014–15	
Elective Surgery			
Additions to the public hospital elective surgery waiting list	7 081	7 463	5%
Numbers of people on the elective surgery waiting list	3 882	4 512	16%
Removals from the list for surgery	5 989	6 220	4%
Removals from the list for other reasons	2 034	1 880	-8%
Patients on the list recorded as “not ready for care”	1 122	794	-29%
Hospital Initiated Postponements	6.4%	6.5%	0.1%
Elective surgery median waiting time to care by urgency category			
Category one patients (admission required within 30 days)	15	15	0 days
Category two patients (admission desirable within 90 days)	59	58	-1 days
Category three patients (admission desirable within 365 days)	163	135	-28 days
Medical Services			
Elective endoscopies			
Number of elective endoscopies performed	2 306	2 388	4%
Number of patients waiting for an endoscopy procedure	2 238	2 967	33%
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	20	25	5 days
Category two patients (admission desirable within 90 days)	102	140	38 days
Category three patients (admission desirable within 365 days)	253	251	-2 days
Elective Cardiology			
Number of elective cardiology procedures performed	608	625	3%
Median waiting time to an interventional cardiology procedure in days	21	26	5 days

ACT Health			
Selected ACT Public Hospitals and Community Activity Indicators			
	July to December		% VAR
	2013–14	2014–15	
Breast screens			
Total breast screens performed for ACT residents	8 425	7 559	-10%
Number of breast screens for women aged 50-69	6 500	5 420	-17%
Participation rate of breast screens for ACT women aged 50-69	55%	55%	0%
Cervical Cytology Register			
Additions to the Cervical Cytology Register	18264	17752	-3%
Mental Health			
Community Services by Group			
ACT wide mental health program community service contacts	50 201	52 708	5%
Children and youth mental health program community service contacts	29 757	32 376	9%
Adult mental health program community service contacts	55 548	60 163	8%
Justice Health Services community contacts	55 542	54 467	-2%
Alcohol and Drug Services community contacts	28 542	33 085	16%
Dental Services			
Mean waiting time in months for persons on the Centralised Waiting and Recall List	7.0	4.0	-3.0
Proportion of urgent patients seen with standard waiting times	100%	100%	0%

December 2014

## Glossary

<b>AIHW</b>	Australian Institute of Health and Welfare
<b>NHRA</b>	National Health Reform Agreement
<b>NHPA</b>	National Hospitals Performance Authority
<b>IHPA</b>	Independent Hospitals Pricing Authority
<b>ED</b>	Emergency Department
<b>NSWLHD</b>	NSW Local Health District
<b>NEAT</b>	National Emergency Access Target
<b>NPA</b>	National Partnership Agreement
<b>NEST</b>	National Elective Surgery Target

Emergency department	
<b>Triage category</b>	<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"> <li>1. Resuscitation—treatment to commence immediately</li> <li>2. Emergency—treatment to commence within 10 minutes</li> <li>3. Urgent—within 30 minutes</li> <li>4. Semi-Urgent—within 60 minutes</li> <li>5. Non-urgent—within 120 minutes</li> </ol>
<b>Target waiting times</b>	<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"> <li>1. Resuscitation—100% seen on time</li> <li>2. Emergency—80% seen within 10 mins</li> <li>3. Urgent—75% seen within 30 mins</li> <li>4. Semi-urgent—70% seen within 60 mins</li> <li>5. Non-urgent—70% seen within 120 mins</li> </ol>
<b>Access block</b>	<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	
<b>Urgency category</b>	<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"> <li>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</li> <li>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</li> <li>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.</li> </ol>

<b>Median waiting time</b>	<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>
<b>Waiting times</b>	<p>The proportion of patients admitted for surgery within a given period who are admitted within standard waiting times for their condition.</p>
<b>Removals for surgery</b>	<p>The number of people, in a given period, who are removed from the ACT public hospitals elective surgery waiting list for surgery.</p>
<b>Patients waiting longer than one year for surgery</b>	<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>
<b>Long wait patients accessing elective surgery</b>	<p>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.</p>
<b>Hospital initiated postponements</b>	<p>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.).</p>

December 2014

### Glossary (continued)

Endoscopy	
Urgency category	See entry for elective surgery.
Median waiting time	See entry for elective surgery.
Dental services	
Waiting times (urgent)	The proportion of dental health program clients assessed as in need of emergency services who receive care within 24 hours of a request.
Waiting times (general)	The average waiting time (in months) that clients of the adult centralised waiting list wait for care from the time of the request of an appointment to the date of the appointment with the dental health program.
Radiotherapy	
Waiting times (urgent)	The proportion of new radiotherapy patients who are assessed as in need of urgent access to treatment who are provided with treatment within 48 hours of a request.
Waiting times (general)	The proportion of all new radiotherapy patients who are provided with treatment within 28 days of a request.
Breast screening	
Wait time to assessment	The proportion of women requiring assessment who wait 28 days or less from their breast screen appointment to their assessment appointment.
Wait time to appointment	The proportion of women who wait 28 days or less from their appointment date to the date of their breast screen.

Number of screens	Number of ACT women who are provided with breast screens within a given period.
Participation rate	The proportion of women in the ACT in the targeted age group for breast screening (50 to 69 years) who have had a breast screen within the last two years at any given time.
Bed usage	
Occupancy rate	The actual bed days (measured as the sum of all inpatient bed minutes) attributed to the month the activity actually occurred divided by the number of funded beds available during the same period.
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"> <li>unexpected for further treatment of the same condition for which the patient was previously hospitalised</li> <li>unexpected admission for treatment of a condition related to one for which the patient was previously hospitalised</li> <li>unexpected admission for a complication of the condition for which the patient was previously hospitalised.</li> </ul>
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 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.

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.
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.



December 2014

## Glossary (continued)

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"> <li>• Adults</li> <li>• Children and adolescents</li> <li>• Older people.</li> </ul>