

ACT Public Health Services Quarterly Performance Report

March 2012



1 Minister's Foreword

2 Surgery in ACT Public Hospitals

3 Emergency Department Services

4 National Emergency Access Target (NEAT)

5 National Elective Surgery Target (NEST)

6 New South Wales patients accessing treatment in ACT Public Hospitals

7 Medical Services

8 Capital Region Cancer Services

9 Rehabilitation and Aged Care Services

10 Mental Health, Justice Health and Alcohol and Drug Services

11 Quality and Safety ACT Public Hospitals

12 Selected activity statistics

13 Glossary

14 Publication details



Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

11 Quality and Safety

12 Statistics

13 Glossary

14 Publication details

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

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

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

The ACT Public Health Services report for the third quarter of 2011–12 shows that the increased investment in the Territory's public health services is working to provide improved access to care.

Public Hospitals

- Results for 2010–11 show that our public hospitals had access to an average capacity of 926 beds during last financial year, an additional 256 beds on the 670 beds that were available in 2001–02 when we were first elected to Government – a 38% increase over eight years.
- And we're not stopping there, with another 21 sub-acute beds to come on line over the next four years as part of the Commonwealth's commitment to improving access to hospital services.
- Preliminary data for the third quarter of 2011–12 suggests a 4% increase in cost weighted separations for our ACT Public Hospitals, with particular growth in cancer services which saw a 9% growth in cost weighted activity compared with the same period last year.
- In the first nine months of 2011–12, there were 3,794 births at our public hospitals, up 20% on last year and the busiest year on record to date.
- Outpatient occasions of service grew by 7% in the third quarter of 2011–12 compared with the same period in 2010–11.

- The average waiting time for public dental health services for the third quarter of 2011–12 was 12 months.
- Childhood immunisation rates exceed the national target of 90% with a result of 93% to March 2012.
- The Walk-in Centre (WiC) is now an established part of our health service infrastructure, providing the community with another option for the treatment of minor and one-off conditions.
- For the first nine months of 2011–12, 12,856 clients presented to the WiC for treatment.

Surgery

- Our public hospitals provided record levels of access to elective surgery in 2010–11. This progress has continued into the first nine months of 2011–12 with 8,315 elective surgery procedures being completed to the end of the third quarter, a 3% increase on the 8,087 reported for the same period in 2010–11.
- This increase in access to elective surgery has resulted in a 19% reduction in the number of people waiting for surgery in the ACT.
- The increasing activity has also led to a significant decline in the number of patients waiting beyond the clinically recommended timeframes to access their surgery, with 1,084 long wait patients on the list at the end of March 2012, a 43% reduction on the 1,906 recorded for the same period in 2010. Whilst this is still too high, our commitment to improving access will result in this number reducing in future reports.
- For the same period the number of patients waiting longer than one year for surgery has reduced by 61% and the number of patients waiting longer than two years has seen a remarkable 83% reduction. These results have produced the lowest numbers of people waiting for elective surgery since 2003, and with over 11,000 elective surgery procedures planned for this financial year we should see further improvements in these figures by the end of 2011–12.





Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

11 Quality and Safety

12 Statistics

13 Glossary

14 Publication details

- The Health Directorate reports the median wait time to access elective surgery. The result of 67 days in the first nine months of 2011–12 is an improvement on the 80 days reported for the same period in 2011.
- The increased access to elective surgery is particularly pleasing given the continued demand for emergency surgery. At the completion of the third quarter of 2011–12, 5,192 people had emergency surgery, which equates to 38% of all surgical activity being performed as emergency procedures.

Emergency Departments

- The Health Directorate is committed to improving waiting times in our emergency department services and is working towards meeting the newly implemented National Emergency Access Targets (NEAT).
- In the first nine months of 2011-12, ACT Hospital Emergency Departments saw 88,141 presentations, a 5% increase in presentations compared with the same period last year.
- Admissions to hospital via the emergency department have also grown, with 22,654 (15% growth) admissions reported for the third quarter of 2011–12.
- Despite the increased demand for emergency care, the proportion of patients admitted to a hospital bed within eight hours of being seen in the emergency department in the year to March 2012 was 77%. This result is above the target of 75%, and an improvement on the 73% recorded for the same period last year.
- ACT Public Hospital Emergency Departments met or exceeded National targets for timely access to emergency care in two of the five triage categories, categories one and five.
- Targets were not reached for triage category two, three and four presentations.
- Our emergency department staff are currently reviewing their processes, and working with their colleagues throughout the hospitals, to work out ways of eliminating barriers that delay quick access to services and improve patient flow through the emergency departments.

- This process will result in the development of initiatives that will be implemented to improve the way patients access hospital services, as well as how they move through the hospital in a more patient-centred and efficient manner.

National Health Reform

- The National Health Reform agenda was agreed to by all States and Territories in August last year.
- A set of performance targets were included in the agreement to ensure timely access to services were a priority for all health sectors across the Nation.
- The National Emergency Access Target requires that 90% of presentations have a length of stay in the emergency department of no more than four hours by 2015. The targets will be staged incrementally over the next four years, for the first nine months of 2011–12 ACT Public Hospitals reported a total of 57% of patients with an emergency department length of stay less than four hours against the target of 64%.
- The National Elective Surgery Targets (NEST) is aimed at both improving access to elective surgery and reducing the number of patients waiting longer than standard timeframes for elective surgery.
- In the calendar year of 2012 ACT Public Hospitals met the targets for category 1 and 3 patients receiving their surgery within the recommended timeframes. Category 2 timeliness is currently below the required target, however we are working on improving waiting times for this category of patients. For the same period the ACT is meeting all the targets for Part 2 of the NEST, with the number of patients waiting too long for surgery declining steadily. While more work needs to be done, it shows we are on track to meet this target.





Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

11 Quality and Safety

12 Statistics

13 Glossary

14 Publication details

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.
- NSW residents account for around 30% of all surgical procedures from our public hospitals, and 21% of all hospital separations.

Medicine

- Improvements in monitoring and reporting on Medical Waiting lists was undertaken in 2010–11 with greater visibility now available on the performance of Endoscopy and Cardiology.
- Medical services at our public hospitals are a large portion of the total activity generated in the health services of the ACT.
- Endoscopy services provided over 3,226 procedures in the first nine months of 2011–12. The Health Directorate is managing medical waiting lists in the same manner as its surgical counterparts. Timeliness for endoscopy procedures is currently below the desired targets. Strategies are being developed to reduce the waiting list and improve timely access to this service.
- The median waiting time for patients requiring access to interventional cardiology services was 9 days, with 905 patients being treated in the year to March 2011–12.

Capital Region Cancer Service

Despite the increase in demand for radiation therapy services, waiting times have maintained the excellent record of recent years with 100% of the two most urgent categories receiving access within the timeframes and 99% of the non – urgent category patients receiving care within standard timeframes in the third quarter of 2011–12.

- Waiting times for breast screen appointments have improved as a result of improvement strategies. The engagement of two permanent radiographers in the second quarter of 2011 has resulted in the full establishment of radiography staff.
- The BreastScreen ACT program no longer provides services to the South East New South Wales and this has freed up radiography staff to provide services to women of the ACT.
- For the year to March 2012, 65% of women waited less than 28 days for their screening appointment. This is a marked improvement on the 22% for the year to March 2011.
- Waiting times for the proportion of women who receive an assessment within 28 days has also improved to 85% to March 2012, compared to 76% for the year to March 2011.
- There were a total of 9,754 breast screens performed for ACT residents in year to March 2011–12, compared to 7,612 screening procedures in the same period last year.
- Improvements to the BreastScreen ACT program include the introduction of digital mammography machines and a Picture Archiving Communications System (PACS) which have replaced the previous analogue machines used by BreastScreen ACT. The new mammography equipment provides higher quality images while generating lower radiation exposure for clients.





Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

11 Quality and Safety

12 Statistics

13 Glossary

14 Publication details

Mental Health, Justice Health and Alcohol and Drug Services

- Seven day post discharge contact refers to direct contact with the consumer by community mental health services following an inpatient admission. Not all consumers will be contacted by community services as they are either referred out of area (ACT) or prefer follow-up by private or non-government mental health services. It is also estimated a small percentage (~<2%) are not able to be contacted for a variety of reasons out of community mental health services control.
- Outcome measures completed remains variable due to a number of technical issues related to data capture and reporting. Further work is being undertaken to address these issues with a continued refinement of more accurate reporting.
- The use of seclusion in the ACT mental health services continues to remain low; however from time to time there may be a 'spike'. The first nine months of 2011–12 indicates that seclusion is used as a last resort and kept to an absolute minimum resulting in a very low rate (2%).
- Twenty-eight day unplanned re-admission rate is variable depending on the complexity of individual consumers needs and the number of complex consumers presenting for inpatient service support at any given time. The unplanned re-admission rate for the third quarter of 2011–12 was 9%. This is a 2% reduction on the same period in 2010–11. It is also known that community follow-up by mental health services, carer involvement and other community supports are key factors in the reduction of the chances of a re-admission within 28 days of an initial inpatient admission.

Rehabilitation, Aged and Community Care Services

- The average waiting time for an in hospital Aged Care Assessment Team review remains below the target of 2 days, with the March 2011–12 result of 1.7 days.
- The number of separations from hospital for patients awaiting a nursing home placement has increased in the year to March 2011–12 to 266 in comparison to 185 for the year to March 2010–11. However, the number of nursing home type patient bed days has remained stable suggesting these patients are being transferred to a nursing home more quickly.

Quality and Safety

- The rate of unplanned returns to hospital remains below target at both our public hospitals. The target is set higher at the Canberra Hospital due to the more complex clinical needs of the patients that this hospital treat, meaning that there is a slightly higher chance that they will require readmission to hospital for follow up treatment.





Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

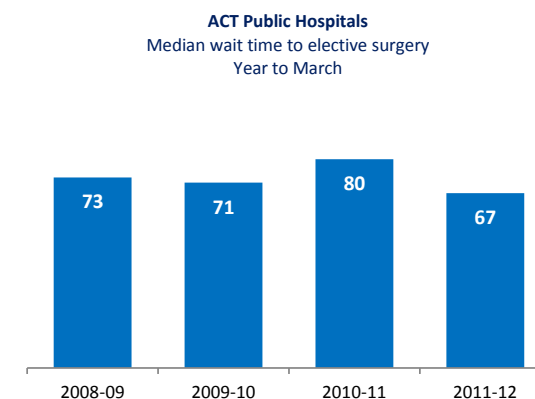
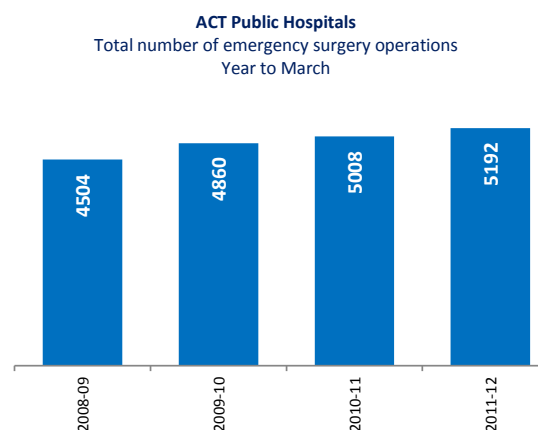
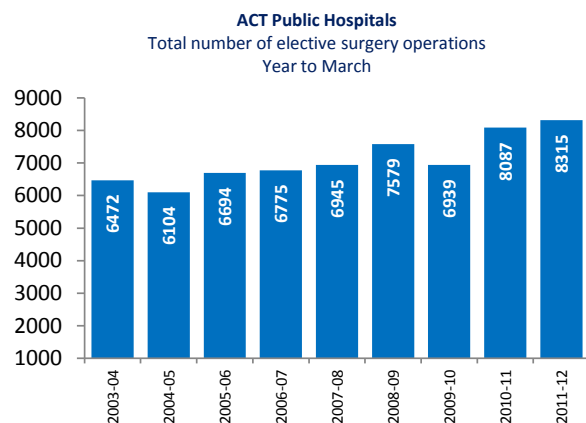
11 Quality and Safety

12 Statistics

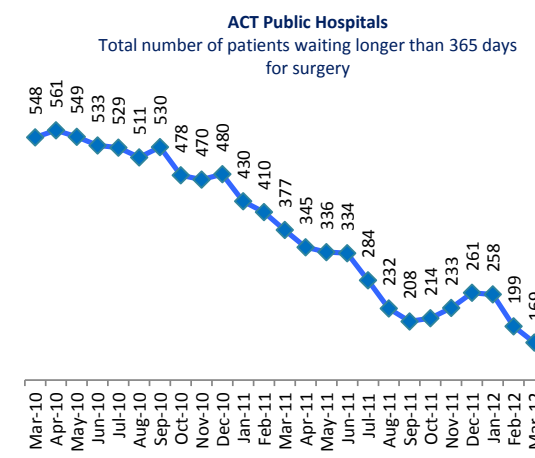
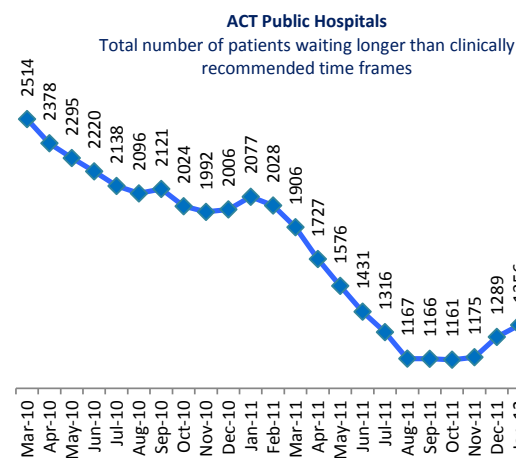
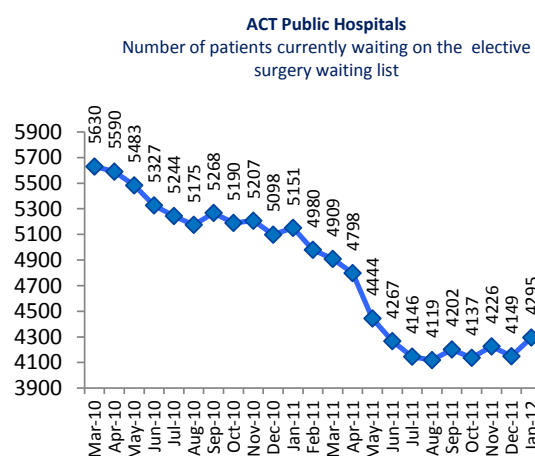
13 Glossary

14 Publication details

Record levels of access to elective surgery for the third quarter of 2011–12



Record levels of access to elective surgery for the third quarter of 2011–12





Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

11 Quality and Safety

12 Statistics

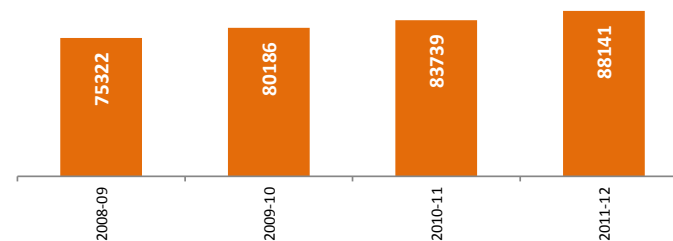
13 Glossary

14 Publication details

Waiting times for emergency department

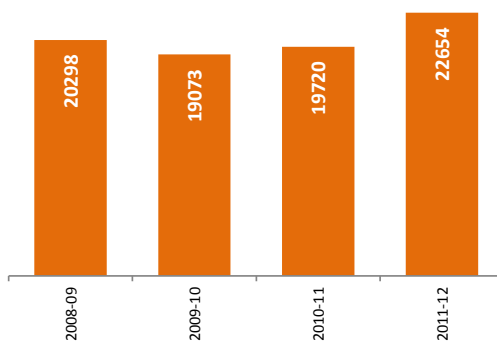
Emergency department presentation seen on time			
Year to March	2010-11	2011-12	Target
Category 1 (immediately)	100%	100%	100%
Category 2 (<10 mins)	79%	76%	80%
Category 3 (<30 mins)	51%	51%	75%
Category 4 (<60 mins)	50%	48%	70%
Category 5 (<120 mins)	76%	81%	70%
Total All Categories	57%	56%	70%

ACT Public Hospitals
Presentations to the emergency departments
Year to March

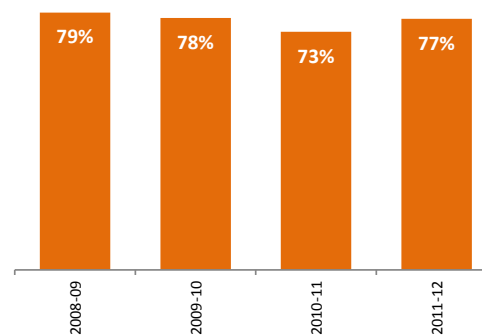


Access to ward beds from the emergency department

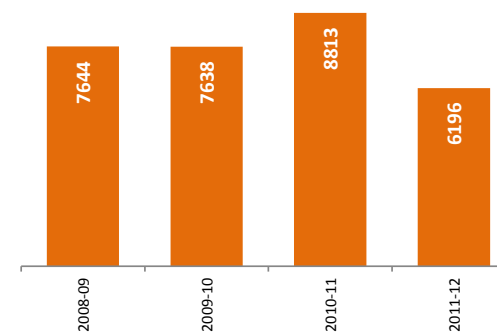
ACT Public Hospitals
Admissions via the emergency department
Year to March



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



ACT Public Hospitals
Did not wait for treatment
Year to March



National Emergency Access Target (NEAT)



Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

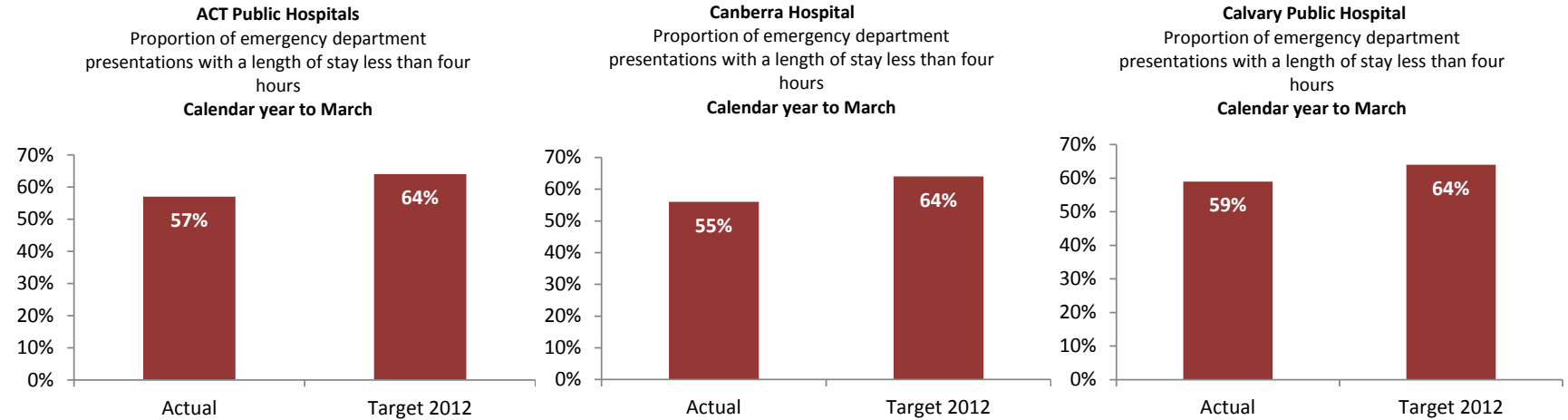
11 Quality and Safety

12 Statistics

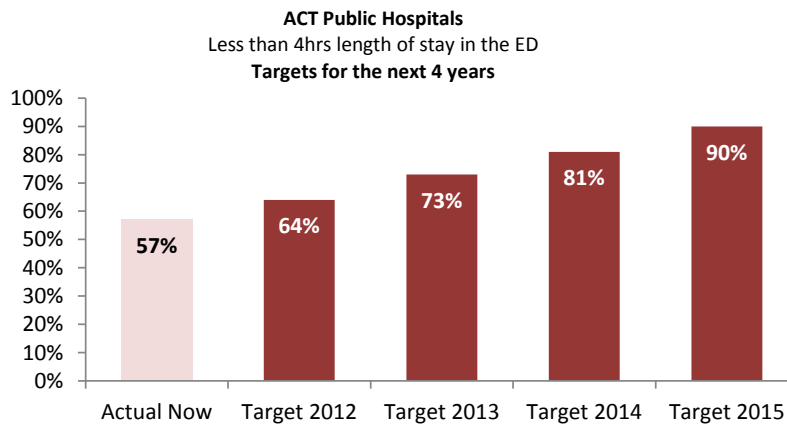
13 Glossary

14 Publication details

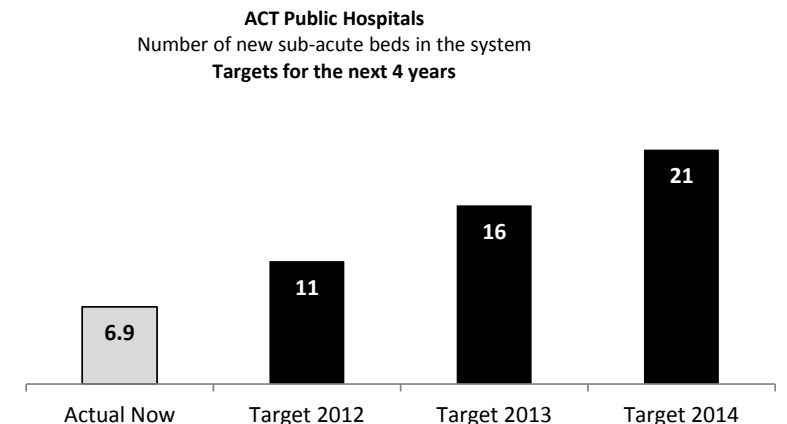
90 percent of all Emergency Department presentations to have a length of stay less than four hours by 2015



Emergency department waiting time Target – 90% of all presentations have an ED stay less than 4 hours



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





Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

11 Quality and Safety

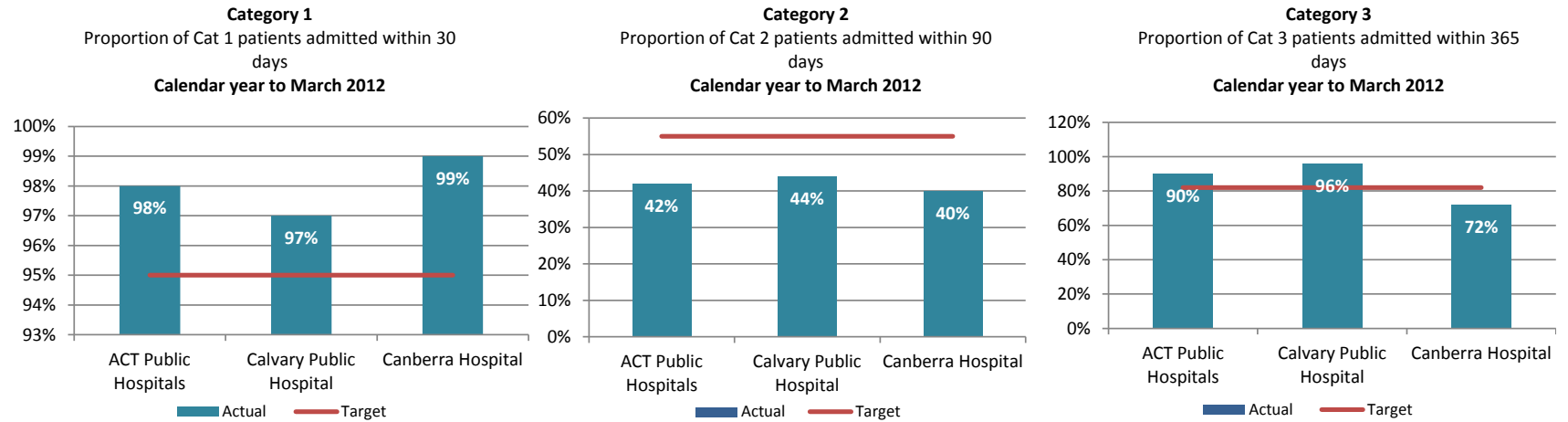
12 Statistics

13 Glossary

14 Publication details

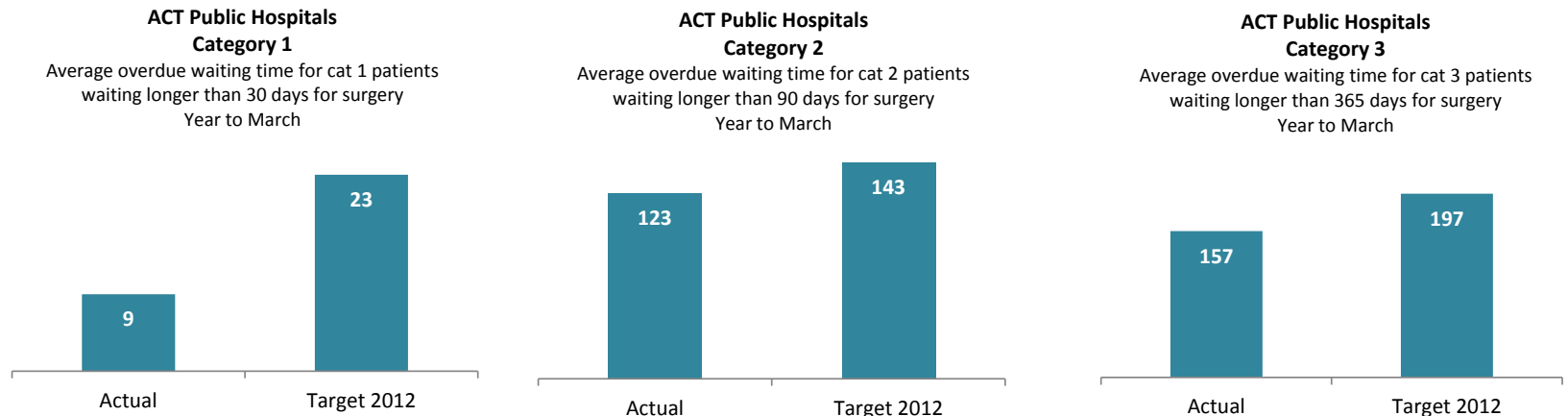
Part 1 – National Elective Surgery Target

Improvement in patients treated within clinically recommended times



Part 2 – National Elective Surgery Target

Reduction in patients waiting longer than standard timeframes



New South Wales patients accessing treatment in ACT Public Hospitals



Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

11 Quality and Safety

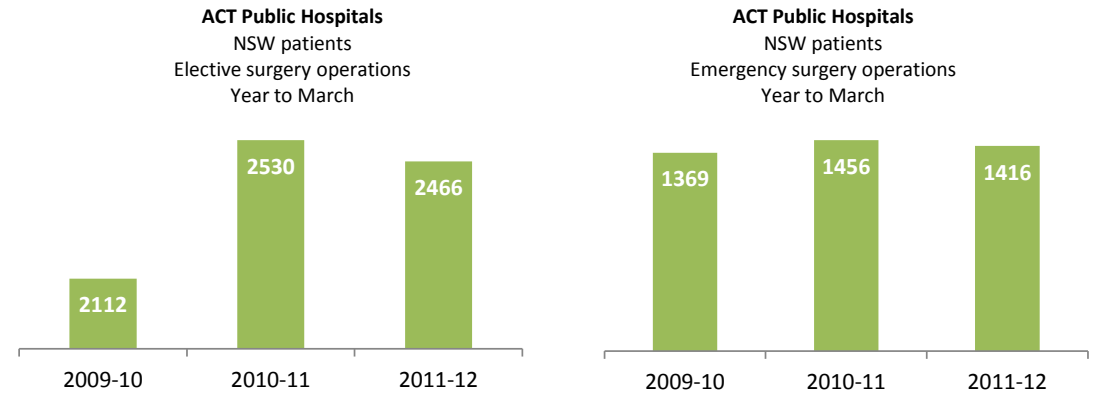
12 Statistics

13 Glossary

14 Publication details

Meeting the surgical needs of our region

Year to date March 2012		
ACT Public Hospitals	Elective	Emergency
Total all Patients	8315	5192
Total NSW	2466	1416
% NSW patients	30%	27%





Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Division of Medicine

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

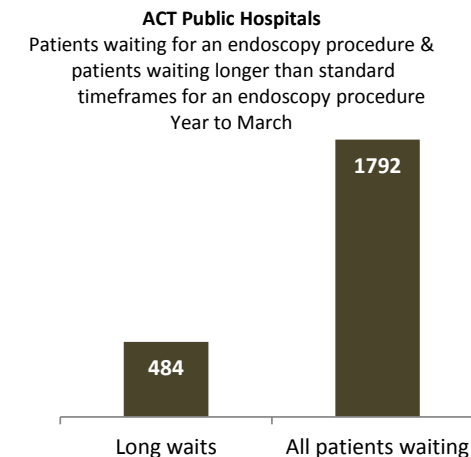
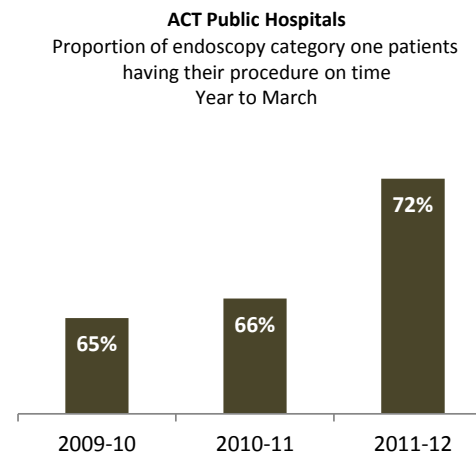
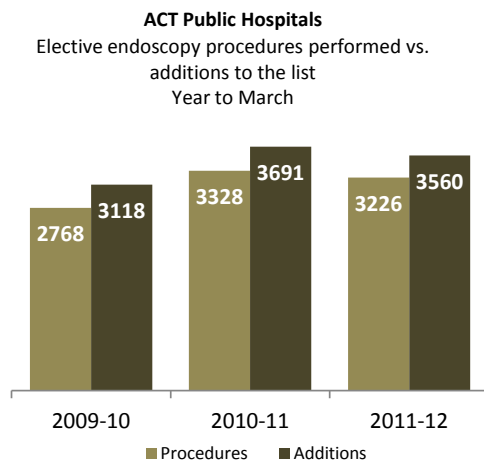
11 Quality and Safety

12 Statistics

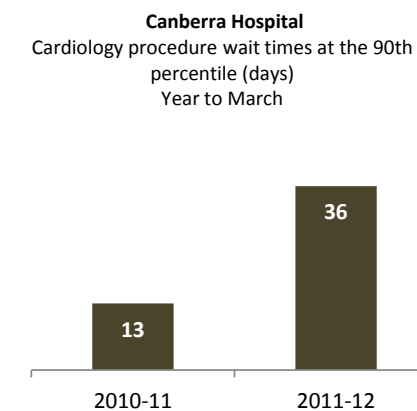
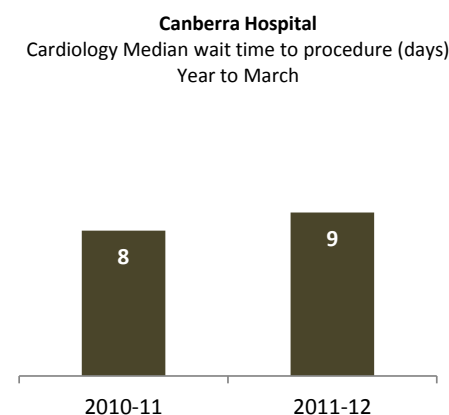
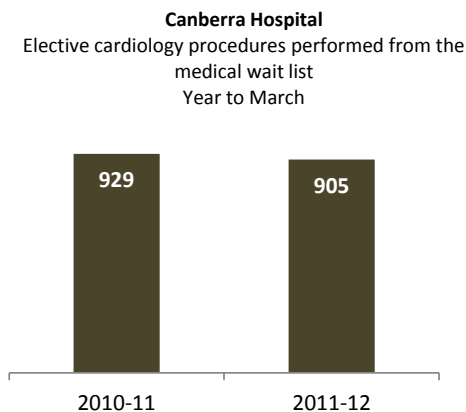
13 Glossary

14 Publication details

Endoscopy procedures completed at ACT Public Hospitals



Cardiology procedures completed at ACT Public Hospitals





Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

11 Quality and Safety

12 Statistics

13 Glossary

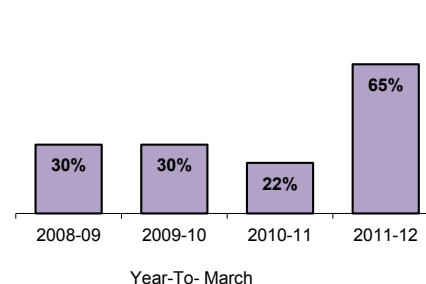
14 Publication details

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

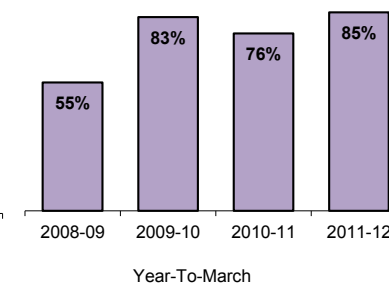
Radiation Therapy Access

Year to March	2009-10	2010-11	2011-12
Urgent : within 48 hours	98%	100%	100%
Semi-urgent: with 4 weeks	91%	100%	100%
Non-urgent : within 6 weeks	86%	100%	99%
Total - All Radiotherapy Patients	89%	100%	100%

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



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



Rehabilitation and Aged Care Services



Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

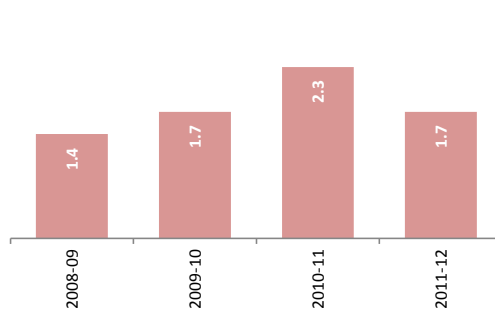
11 Quality and Safety

12 Statistics

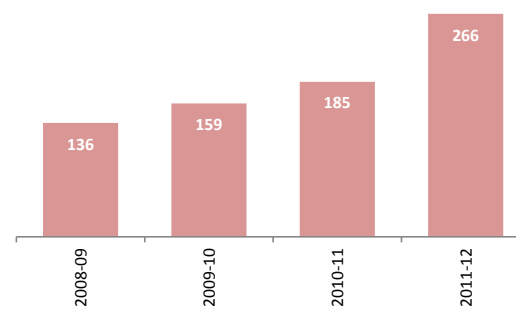
13 Glossary

14 Publication details

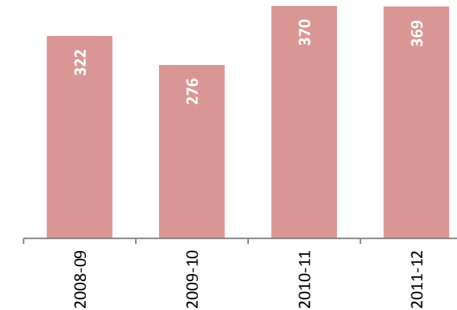
Rehabilitation, Aged and Community Care Services
Average Waiting Time (in days) for ACAT Assessment
Year to March



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



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





Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

11 Quality and Safety

12 Statistics

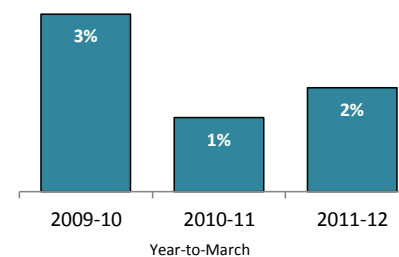
13 Glossary

14 Publication details

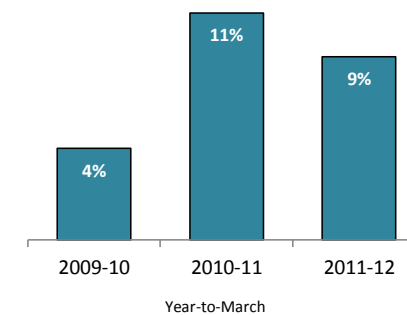
Mental Health

Year to March	2009-10	2010-11	2011-12
% Inpatients contacted within 7 days post-discharge	72%	77%	75%
Proportion of clients discharged with a completed outcome assessment	71%	64%	65%

Use of Seclusion in Mental Health ACT
(Seclusion Episodes as % of Admission Episodes)

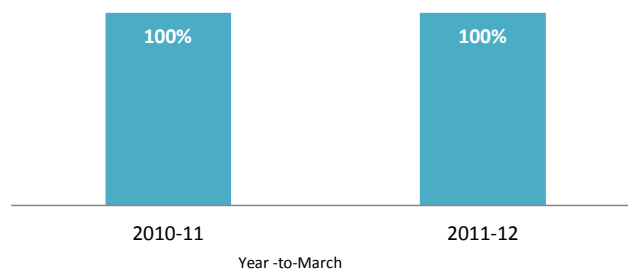


28 Day Unplanned Readmission Rate
Mental Health ACT

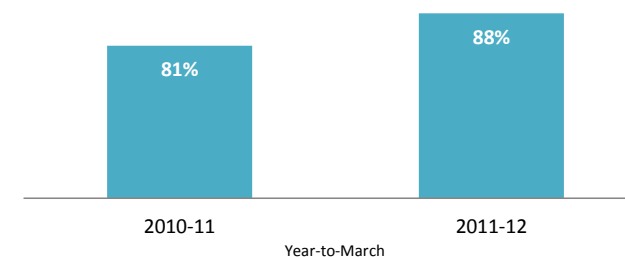


Justice Health

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



Proportion of offenders and detainees at Bimberi Youth Detention Centre with a completed health care assessment within 24 hours of detention





Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

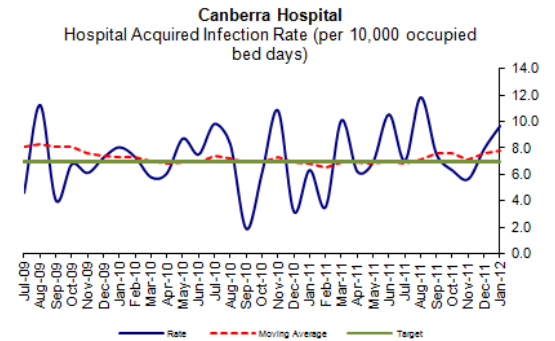
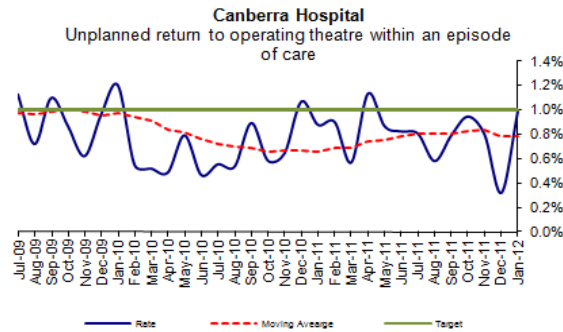
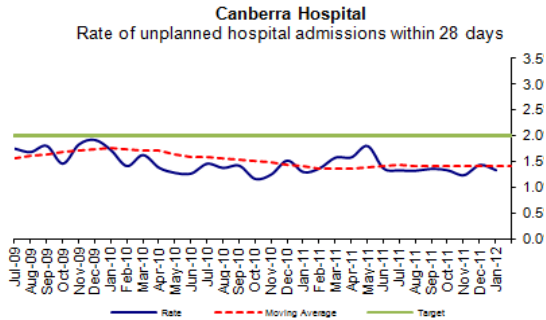
11 Quality and Safety

12 Statistics

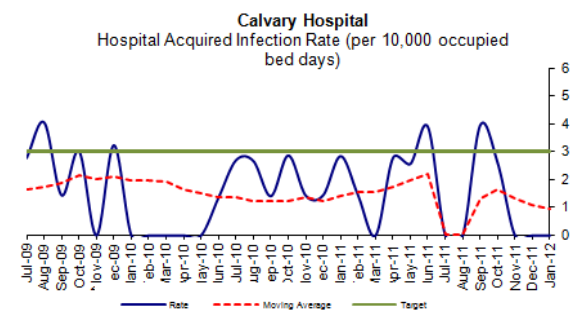
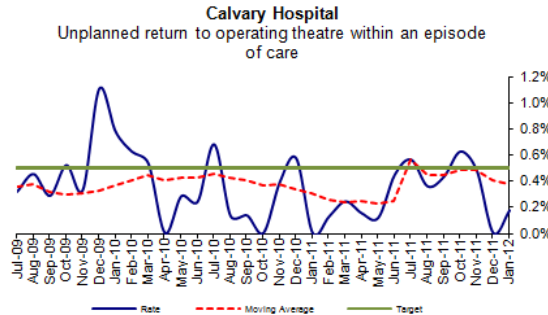
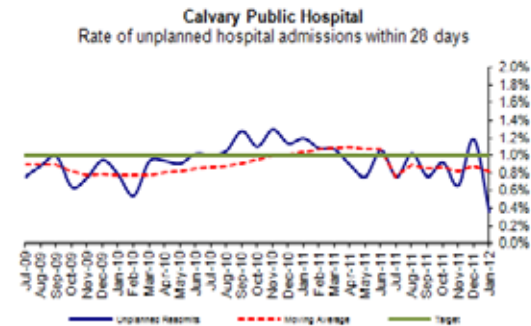
13 Glossary

14 Publication details

Canberra Hospital



Calvary Public Hospital



Selected activity statistics

Selected ACT Public Hospitals and Community Activity Indicators



Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

11 Quality and Safety

12 Statistics

13 Glossary

14 Publication details

	Year to March*		% VAR
	2010-11	2011-12	
Health Directorate cost-weighted separations (Round 13-DRG version 5.2)			
Output 1.1 – Acute services	63 152	65 957	4%
Output 1.2 – Mental Health, Justice Health and Alcohol and Drug Services	3 137	3 426	9%
Output 1.5 – Cancer services	3 474	3 797	9%
Output 1.6 – Rehabilitation, Aged and Community Care	3 704	3 547	-4%
Total cost weighted separations	73 466	76 728	4%
Inpatient Activity			
Day only patient days (total across all outputs)	36 801	39 899	8%
Overnight patient days (total across all outputs)	196 338	203 447	4%
Nursing Home Type Patient (NHTP) Bed-Days (on separation) **	3 721	3 780	2%
Day of Surgery Admission rate	87%	92%	5%
NSW residents as a proportion of total hospital separations	23%	21%	-2%
Emergency surgery as a proportion of total surgery	38%	38%	0%
Allied health services – Provided in ACT public hospitals	73 845	77 622	5%
Bed Occupancy Rate (overnight adult medical and surgical beds)	88%	89%	1%
Total number of births in ACT public hospitals	3 168	3 794	20%
Proportion of births by caesarian in ACT public hospitals	27%	30%	3%
Admissions via Emergency department	19 720	22 654	18%
Admissions to Emergency Department observational wards	7 641	9 283	23%
Admissions from the Emergency Department to ICU, Surgery, and general wards	12 079	13 371	15%
Emergency Department Activity			
Category 1 Seen (immediate – 2 mins)	352	358	2%
Category 2 Seen (within 10 mins)	8 098	9 312	15%
Category 3 Seen (within 30 mins)	24 399	28 339	16%
Category 4 Seen (within 60 mins)	32 794	35 220	7%
Category 5 Seen (within 120 mins)	9 283	8 716	-6%
Emergency Department Presentations seen	74 926	81 944	9%
Did Not Waits	8 813	6 196	-30%
Total Emergency Department Presentations	83 740	88 140	5%
Walk-in-Centre			
Total presentations	11 259	12 856	14%
Patients treated	7 465	8 761	17%
WIC – % presentations who did not wait	1%	1.1%	0%
% Treated within the WIC	66%	68%	2%
Elective Surgery			
Additions to the public hospital elective surgery waiting list	9 437	9 794	4.0%
Numbers of people on the elective surgery waiting list	4 909	3 982	-19%
Removals from the list for surgery	8 087	8 315	3%
Removals from the list for other reasons	2 040	1 925	-6%

	Year to March*		% VAR
	2010-11	2011-12	
Elective Surgery (continued)			
Patients on the list recorded as “not ready for care”	666	849	27%
Hospital Initiated Postponements	796	652	-18%
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	15	14	
Category two patients (admission desirable within 90 days)	126	114	
Category three patients (admission desirable within 365 days)	271	181	
Elective endoscopies			
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	18	19	
Category two patients (admission desirable within 90 days)	102	129	
Category three patients (admission desirable within 365 days)	246	286	
Breast screens			
Number of breast screens for women aged 50-69	7 612	9 754	28%
Participation rate of breast screens for ACT women aged 50-69	53%	52%	-1%
Additions to the Cervical Cytology Register	27421	26665	-3%
Rehabilitation, Aged and Community Care			
Allied health services – Number of regional services	17 815	16 785	-6%
Community Nursing – Number of Nursing (Domiciliary and clinic based occasions of service)	62 652	62 500	-0%
Proportion of aged care and rehabilitation clients discharged with a comprehensive discharge plan	100%	100%	0%
Mental Health			
Community Services by Group			
Adult	130 075	141 141	9%
Child & Adolescent	37 979	39 450	4%
Older persons	13 019	12 653	-3%
Proportion of mental health committees with consumer and care representation	100%	100%	0%
Dental Services			
Mean Waiting (time in months) for persons on the Centralised Waiting and Recall List	12	12	0%
Proportion of urgent patients seen with standard waiting times	100%	100%	0%
Immunisation Coverage – Primary Immunisation schedule measured at 1 year of age (in accordance with the Australian childhood Immunisation Register)			
	94%	93%	1%
Outpatient Care – Non Admitted Services			
ACT public hospitals	226 496	241 369	7%
Cancer services	40 640	44 741	10%
Aged care and rehabilitation services	1 522	1 310	-14%
Total outpatient occasions of service	268 658	287 420	7%

* Note: Cost-weighted separations for YTD March 2012 are preliminary estimates only.



Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

11 Quality and Safety

12 Statistics

13 Glossary

14 Publication details

Emergency department

Triage category	<p>Patients presenting to an emergency department are seen on the basis of clinical urgency as determined by trained medical professionals. Patients are classified into one of five categories, and their access to treatment is based on this clinical categorisation:</p> <ol style="list-style-type: none"> 1. Resuscitation—treatment to commence immediately 2. Emergency—treatment to commence within 10 minutes 3. Urgent—within 30 minutes 4. Semi-Urgent—within 60 minutes 5. Non-urgent—within 120 minutes
Target waiting times	<p>The proportion of patients seen at emergency departments within standard waiting times (as set by the Australasian College of Emergency Medicine)</p> <ol style="list-style-type: none"> 1. Resuscitation—100% seen on time 2. Emergency—80% seen within 10 mins 3. Urgent—75% seen within 30 mins 4. Semi-urgent—70% seen within 60 mins 5. Non-urgent—70% seen within 120 mins
Access block	<p>The proportion of patients admitted to hospital via the emergency department who wait less than eight hours from the time that treatment commences to the time that the patient is transferred to a hospital ward.</p>

Elective surgery

Urgency category	<p>Patients listed for elective surgery at ACT public hospitals are assigned one of three priority categories based on their surgeon's opinion about the urgency of the need for surgery in accordance with the definitions in the National Health Data Dictionary:</p> <ol style="list-style-type: none"> 1. Urgent—admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency 2. Semi-urgent—admission within 90 days is desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency 3. Non-urgent—admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is not likely to deteriorate quickly and which does not have the potential to become an emergency (Health Directorate establishes a 365 day maximum desirable waiting time for category three patients).
Median waiting time	<p>The waiting time at the fiftieth (50th) percentile for all patients admitted for elective surgery at an ACT public hospital in a given period (and for a given patient urgency category).</p>
Waiting times	<p>The proportion of patients admitted for surgery within a given period who are admitted within standard waiting times for their condition.</p>
Removals for surgery	<p>The number of people, in a given period, who are removed from the ACT public hospitals elective surgery waiting list for surgery.</p>





Home

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

11 Quality and Safety

12 Statistics

13 Glossary

14 Publication details

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).
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Long wait patients accessing elective surgery	The number of patients on the ACT public hospitals' waiting lists who have had surgery within a given period whose waiting time was longer than the standard waiting time for their condition when admitted for surgery.
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Hospital initiated postponements	The proportion of elective surgery patients booked for surgery in a given period who have their surgery postponed by the hospital (for reasons such as substitution for a more urgent patient, no beds available, etc.).
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Endoscopy

Urgency category	See entry for elective surgery.
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Median waiting time	See entry for elective surgery.
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Dental services

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

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

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

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

11 Quality and Safety

12 Statistics

13 Glossary

14 Publication details

Bed usage

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

Unplanned return to Hospital within 28 days	<p>The proportion of patients who are readmitted within 28 days to the same hospital in which they were previously a patient, where the readmission was:</p> <ul style="list-style-type: none"> • unexpected for further treatment of the same condition for which the patient was previously hospitalised • unexpected admission for treatment of a condition related to one for which the patient was previously hospitalised • unexpected admission for a complication of the condition for which the patient was previously hospitalised
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Unplanned return to the operating theatre	The proportion of patients who are required to return to the operating room for a further procedure related to complication(s) of a previous operation/procedure within a single admission.
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Hospital acquired infection rate	The incidence of blood stream infections such as staphylococcus aureus (golden staph) acquired within ACT public hospitals, reported as the number of infections per 10,000 non-same day occupied bed days.
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Mental health

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

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

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

11 Quality and Safety

12 Statistics

13 Glossary

14 Publication details

Inpatient separations (Admitted patients)

Cost weighted separations	The number of separations (completed episodes of care) expressed in cost weighted terms. "Cost weighting" allocates a weight for each hospital episode based on the average level of resources used for each type of episode (with the average episode receiving a weight of "1"). As examples, a standard dialysis episode has a weight of 0.17 of the average and a knee replacement has a weight of about "5" (or five times the average). ACT Health used national public hospital cost weights (Round 13) for counting of hospital episodes in 2011–12.
NSW separations	The proportion of patients separated from ACT public hospitals whose residential address is in NSW.
Patient days	In accordance with national definitions, the number of days that a patient spends in hospital. All day only (or same-day) patients are counted as spending one full day in hospital (regardless of the time actually spent in hospital). For non same-day patients, the number of days is calculated by subtracting the separation date from the admission date (in full days).
Nursing home type patient days	The number of patient days on separation for all patients who have been classified as nursing home type patients.
Emergency surgery as a proportion of all surgical services	The proportion of patients who have surgery as a result of an emergency against the total number of surgical procedures.
Day of surgery rate	The proportion of all elective surgery cases who are admitted to hospital on the same day that they have their surgery.
Births	The number of births reported at our public hospitals in a given period.
Caesarean births	The number of births at public hospitals that are reported as being undertaken as caesarean sections.

Mental health

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

1 Minister's Foreword

2 Surgery

3 Emergency Department

4 NEAT

5 NEST

6 NSW Patients in ACT

7 Medical Services

8 CRCS

9 Rehab & Aged Care

10 MH, JH & A & DS

11 Quality and Safety

12 Statistics

13 Glossary

14 Publication details

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

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

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

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

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

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

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

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

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