



ACT PUBLIC HEALTH SERVICES

Quarterly Performance Report

March 2015

Introduction Summary

This is the third 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 4 per cent increase in presentations to ACT public hospital EDs for the first nine months to March 2015, 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 nine months to March 2015, 63 per cent of all emergency department presentations had a length of stay of 4 hours or less. This is a 1 per cent improvement when compared to the 62 per cent reported for the same period last year.

For the first nine months of 2014–15, the ACT public hospitals' occupancy was 85 per cent, 5 per cent 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 1,068 beds now available across Canberra Hospital and Calvary Hospital. This is an increase of 398 beds (or 59 per cent) 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 between previous years. For the first nine months to March 2015, 94 per cent of all radiotherapy patients were seen within standard timeframes.

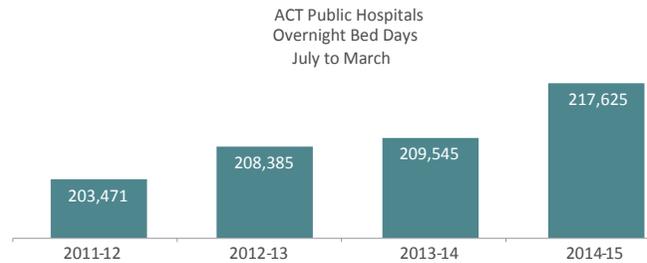
Based on preliminary data, there were a total of 3,843 births at ACT public hospitals in the first nine months to March 2015. This result is a 1 per cent increase when compared to the result reported for the same period last year.

The average waiting time for public dental health services for the first nine months to March 2015 was 4 months. This result is a positive improvement on the 6 months figure reported for the same period last year.

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 nine months to March 2015, ACT public hospitals provided 217,625 overnight hospital bed days of care, a 4 per cent 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 of 2.6 hospital beds per 1000 people.



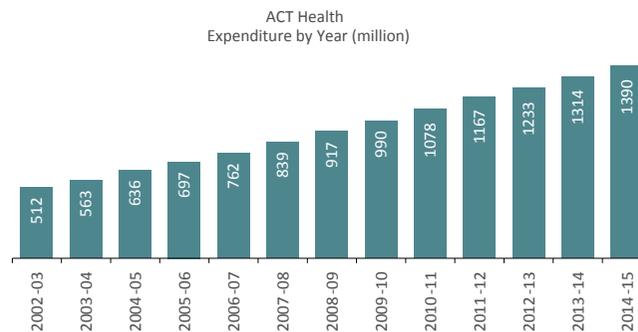
The AIHW reported that in 2012–13, ACT public hospitals provided an average of 986 beds.

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 became operational in March 2015. This brings the total number of beds available in ACT public hospitals to 1,068, a 59 per cent increase compared to 2001-02.

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 which is 171 per cent 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 per cent. This is a 2 per cent improvement when compared to the 92 per cent reported for the same period in 2012–13. The ACT Government’s long-term target is to maintain bed occupancy levels at around 85 per cent, 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 per cent and has remained 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 per cent 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 nine months to March 2015, ACT public hospitals reported an occupancy rate of 85 per cent, a 5 per cent improvement compared to 90 per cent 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.

Our public hospitals (continued)

Our public hospital activity

	July to March			
	2011–12	2012–13	2013–14	2014–15
Overnight bed occupancy rate	89%	92%	90%	85%
Inpatient episodes of care	73,353	70,604	72,336	75,621
Non-same day bed days	203,471	208,385	209,545	217,625
Non-admitted (outpatient) occasions of service	317,871	390,651	417,421	423,754

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

In 2013–14, Outpatient Services experienced 7 per cent growth in outpatient 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 nine months to March 2015, ACT outpatient services have been very busy with 423,754 non-admitted occasions of service reported. This is a 2 per cent increase on the 417,421 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 National Health Reform Agreement (NHRA) means reliable comparisons of outpatients/non-admitted data can no longer be made with years preceding 2012–13.



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 per cent increase on the 2012–13 result. This also represents over 77 per cent growth (over 2,100 additional births) in the number of ACT public hospital births since 2001-02.

Based on preliminary data, there have been a total of 3,843 births at ACT public hospitals in the first nine months to March 2015. This is a 1 per cent 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.

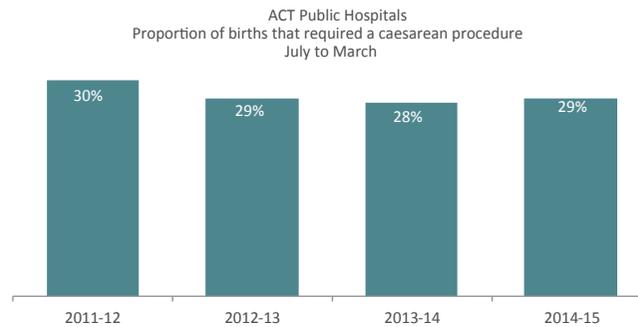
ACT public hospital births and caesarean sections

	July to March			
	2011–12	2012–13	2013–14	2014–15
ACT Public births*	3,332	3,581	3,800	3,843
Caesarean sections	1,005	1,022	1,071	1,111

*ACT Public births includes number of Caesarean sections performed.

For the first nine months of 2014–15, the number of births born by Caesarean section was 29 per cent of all births, 1 per cent increase compared to 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 per cent 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.

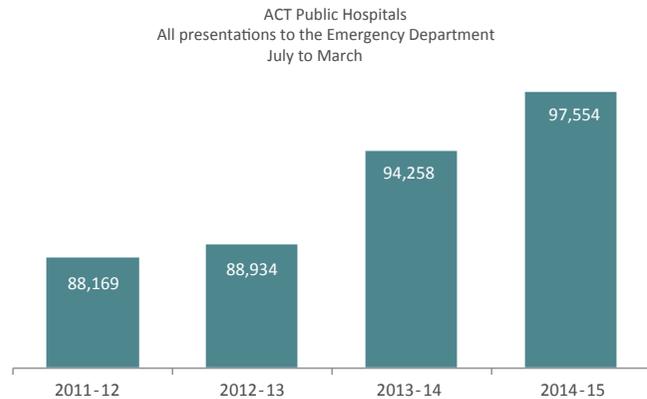
In March 2014, a Community Midwifery Program (CMP) at Calvary Public Hospital was established to further enhance obstetric services at Calvary.

Emergency Departments

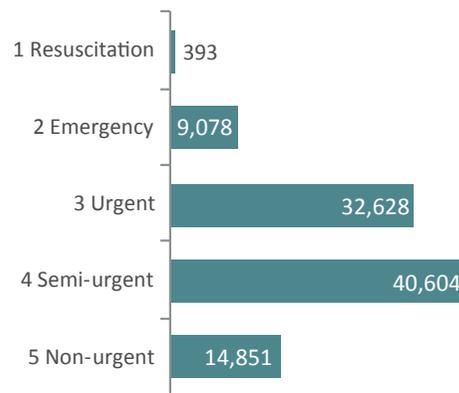
Demand for ACT ED services continues to grow in 2014-15

In this edition of the ACT public hospital's 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 March



In 2013-14, emergency department presentations grew at record levels compared to previous years, with a record 125,890 presentation recorded at ACT Public Hospitals. This is 31 per cent (or an extra 29,741 presentations) more than occurred 11 years ago (2002-2003).

ACT Public Hospital emergency departments in 2014-15 are again dealing with unprecedented levels of demand, with 97,554 presentations recorded in the first nine months of 2014-15. This is a 4 per cent increase when compared to the same period last year. For August 2014, there were 11,393 emergency department presentations, the highest monthly total ever.

A breakdown of emergency attendance figures shows that patients in the resuscitation category (triage 1) accounted for just less than 1 per cent of all people triaged in ACT EDs; 9 per cent were triaged in the emergency category (triage 2); 33 per cent were categorised as urgent (triage 3); 42 per cent were semi-urgent (triage 4); and 15 per cent 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 23 per cent increase in presentations compared to the same period in 2013-14.

The emergency category (triage 2) reported 1 per cent decrease and urgent (triage 3) and semi-urgent (triage 4) categories a 1 per cent increase compared to the number of attendances reported for the same period last year.

ED Activity	July to March			
	2011-12	2012-13	2013-14	2014-15
Admissions via the ED	22,562	23,225	25,517	26,693
Patients treated and discharged	65,607	65,709	68,741	70,861
Patients that did not wait to be seen	6,197	6,951	5,126	5,366

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 26,693 recorded in the first nine months to March 2015. This is a 5 per cent increase when compared to the 25,517 reported for the same period last year.

Despite the significant increase in demand, the 'did not wait' rate remained unchanged over the first nine months to March 2015, with a result of 6 per cent reported. This result is a slight increase compared to the 5 per cent reported for the same period last year and well below the target of 10 per cent. 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 2014-15.

Emergency Departments (continued)

ED timeliness improved significantly in 2013–14 when compared with 2012–13 across all categories. However, a 4 per cent increase in presentations to ACT public hospital EDs for the first nine months to March 2015, 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	July to March		
	2013–14	2014–15	Target
Category 1 (immediately)	100%	100%	100%
Category 2 (<10 mins)	83%	78%	80%
Category 3 (<30 mins)	49%	47%	75%
Category 4 (<60 mins)	57%	52%	70%
Category 5 (<120 mins)	86%	85%	70%
Total All Categories	61%	58%	70%

Timeliness targets were met for triage category one and five patients. Category five continued to exceed national benchmarks, with 85 per cent of this cohort seen on time. This is despite a 23 per cent increase in category five patient presentations over the nine months of 2014–15 when compared to the same period last year. It is important to note that the ACT continues to treat 100 per cent 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					
	Resuscitation – Immediate within seconds	Emergency <= 10 mins	Urgent <= 30 mins	Semi-urgent <= 60 mins	Non-Urgent <= 120 mins	Total
	Median	Median	Median	Median	Median	Median
July to March 2014–15	0:00:00	0:05:00	0:34:00	0:58:00	0:44:00	0:38:00
July to March 2013–14	0:00:00	0:04:00	0:31:00	0:49:00	0:37:00	0:32:00

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 the first nine months of 2014–15, the highest volume category of patients that presented to ACT emergency departments were classed as triage category 4. Additionally the majority of these patients (82 per cent) 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 that 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*¹, 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 reviewing their processes, and working with their colleagues throughout the hospitals, to work out ways of eliminating barriers that delay quick access to required services and improve patient flow through the emergency departments.

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

Emergency Departments (continued)

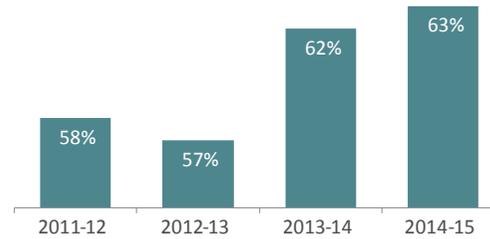
Length of stay in ACT public Emergency Departments

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 have recently reported ED length of stay measures by jurisdiction in their latest report titled *Emergency Department care 2013–14*. However, these measures have not been reported against any 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 March

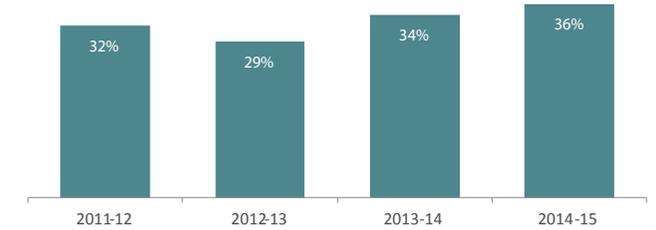


The AIHW report found that the ACT reported an increase in the proportion of emergency department presentation that waited 4 hours or less, from 58 per cent in 2012–13 to 62 per cent in 2013–14. For the first nine months to March 2015, 63 per cent of all emergency department presentations had a length of stay of 4 hours or less. This result is a 1 per cent improvement when compared to the 62 per cent reported at the end of 2013–14 and in March 2014.

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 2013–14 shows that the average for this measure across major metropolitan hospitals in Australia in 2013–14 was 66 per cent, 3 per cent above the ACT's result for the first nine months to March 2015.

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



For the first nine months to March 2015, 36 per cent of all emergency department presentations who were subsequently admitted waited four hours or less, a 2per cent 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.

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 conclusions 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 per cent in 2013–14 to 85 per cent in 2014–15 based on a former counting 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.

% Inpatients contacted within 7 days post-discharge			
July to March			
	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 nine months to March 2015, the ACT reported a seclusion result of 5 per cent, 2 per cent above our local target of 3 per cent.

ACT public hospitals Seclusion Rates		
July to March		
2012–13	2013–14	2014–15
1%	2%	5%

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 March 2014 was 8 per cent, and has further improved in the first nine months to March 2015 to 6 per cent. 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 March		
2012–13	2013–14	2014–15
9%	8%	6%

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 nine months to March 2015, 6 per cent 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 per cent 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.

In the first nine months of 2013–14, outcome measures completed in ACT public hospitals were on target with a result of 65 per cent. In the first nine months to March 2015 the outcome measures completed rate has decreased to 63 per cent – a 2 per cent decrease compared to the result reported for the same period last year.

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

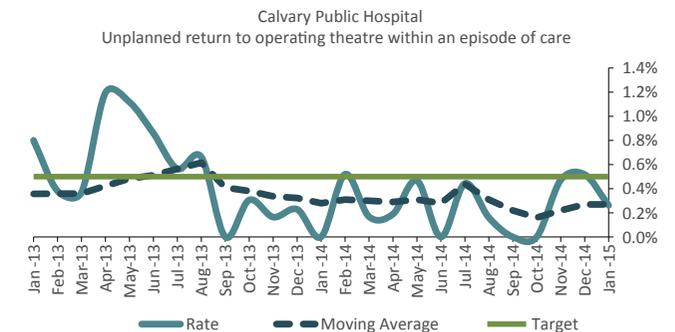
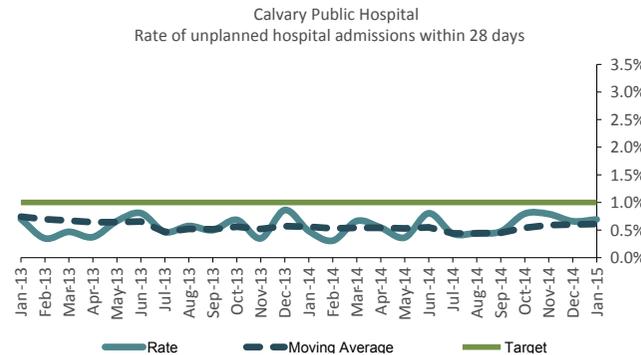
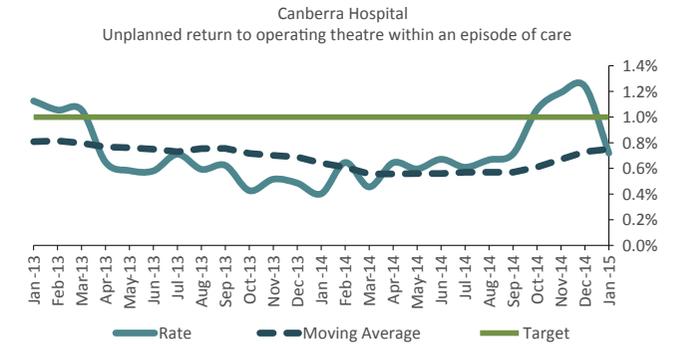
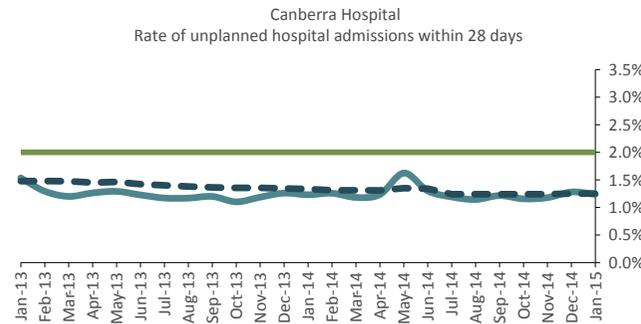
Patient Safety and Quality

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 January 2015. 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 two 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.

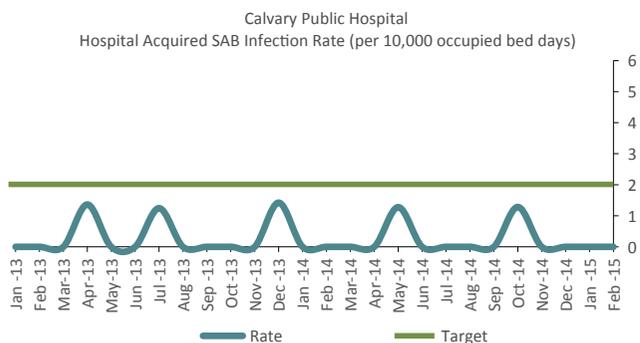
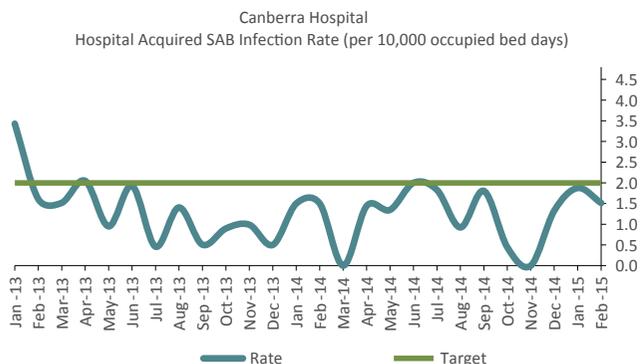
Our hospitals continue to meet safety and quality standards.



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 seven months to January 2015.

For the first seven months to January 2015, 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 November and December 2014. However, this increase is only marginally higher than the target set at 1.0 per cent, whilst Calvary's results have generally remained below the target of 0.50 per cent.

Patient Safety and Quality (continued)



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.

Both our public hospitals maintain processes to minimise hospital acquired infections during hospital stays. As noted above, the targets for each hospital are 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 9 April 2015 the National Health Performance Authority (NHPA) released its latest report titled Healthcare-associated *Staphylococcus aureus* bloodstream infection in 2013–14.

The report highlighted that in 2013–14 major peer group hospitals with more vulnerable patients had an average result of 1.28 cases per 10,000 patient bed days. For that same period, Canberra Hospital reported a result of 1.05 cases per 10,000 patient bed days, well below the peer group average and a significant decrease compared to the result reported for 2012–13 of 1.55 cases per 10,000 patient days.

For the first eight months to February 2015, Canberra Hospital results are still below the targets of 2.0 per 10,000 bed days (1.21).

Calvary Public Hospital reported very low results for SAB rates in 2013–14 compared to their peer hospitals in the major hospitals with fewer vulnerable patients category. Calvary Public Hospital reported a result of 0.33 cases per 10,000 patient bed days against the peer group average of 0.78 cases per 10,000 patient bed days.

In the first eight months of 2014/15, Calvary's SAB rate continued to decrease with a result of 0.16 cases per 10,000 bed days.

The ACT combined result for the first eight months to February 2015 was 0.94 cases per 10,000 bed days, on par with the 2013–14 result.

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 Target	2014 March Audit	2014 June Audit	2014 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 per cent from the previous audit in June 2014. Canberra Hospital is now above the national benchmark of 70 per cent, whilst Calvary recorded a 10 per cent drop in the October 2014 audit with a result of 73 per cent. This result is still above the national benchmark of 70 per cent.

Regional Cancer Services

Increasing demand, improving waiting times

ACT Health Cancer Services provided care for 1,007 new radiotherapy patients in the first nine months to March 2015.

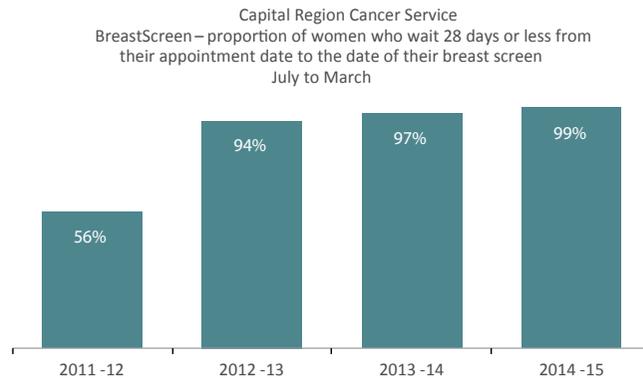
Percentage of radiotherapy patients who commence treatment within standard time frames

	July to March			
	2011-12	2012-13	2013-14	2014-15
Emergency: within 48 hours	100%	100%	100%	96%
Palliative: with 2 weeks	100%	100%	100%	88%
Radical: within 4 weeks	94%	98%	100%	98%
Total – All Radiotherapy Patients	97%	99%	100%	94%

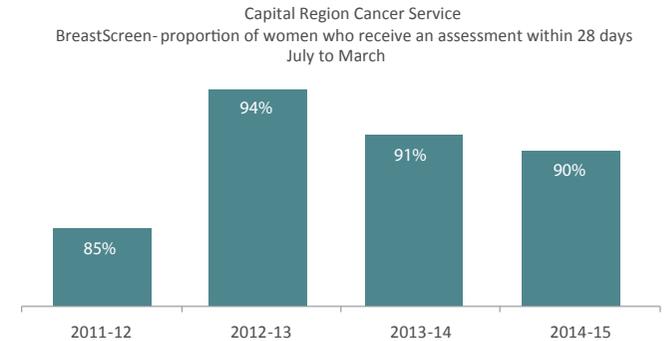
For 2014–15, radiotherapy performance measures and targets have been revised in line with the National Radiation Oncology Practice Standards. This means that radiotherapy waiting time results for 2014–15 are no longer comparable between previous years. For the first nine months to March 2015, 94 per cent of all radiotherapy patients were seen within standard timeframes.

Breast Screening

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 nine months to March 2015, 99 per cent of women waited less than 28 days for their screening appointment. This is a marked improvement on the 65 per cent reported in 2011–12. Waiting times for the proportion of women who receive an assessment within 28 days have decreased, with a result of 90 per cent reported in the first nine months of 2014–15. This is a 1 per cent decrease when compared to 91 per cent 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 were a total of 11,392 breast screens performed for ACT residents in the first nine months to March 2015, compared with the 12,555 screening procedures reported for the same period last year.

Rehabilitation, Aged and Community Care

Strong results continue for aged care and rehabilitation services

For the first nine months to March 2015, the Aged Care Assessment Team (ACAT) provided in-hospital assessments within an average of 1.7 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 March		
	2012–13	2013–14	2014–15
Aged Care Assessment Team (ACAT) mean waiting time	2.4	2.0	1.7
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	23,409	24,543	26,054
Nursing home type patients (only Canberra Hospital data reported)	83	111	167

The Aged Care and Rehabilitation Service across ACT Public Hospitals recorded a 6 per cent increase in overnight beds days in the first nine months to March 2015 when compared with the same period last year. When compared to the same period in 2012–13 there has been 11 per cent growth in the number of overnight bed days. The average length of stay for these patients has decreased by 1 day in the first nine months of 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 significantly increased over first nine months to March 2015 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.

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 18 per cent of all public hospital admitted separations in the first nine months of 2014–15.

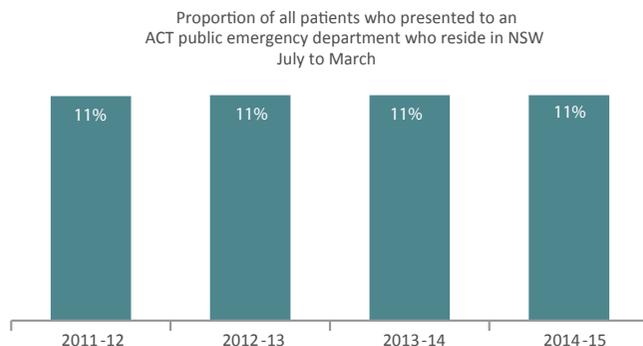
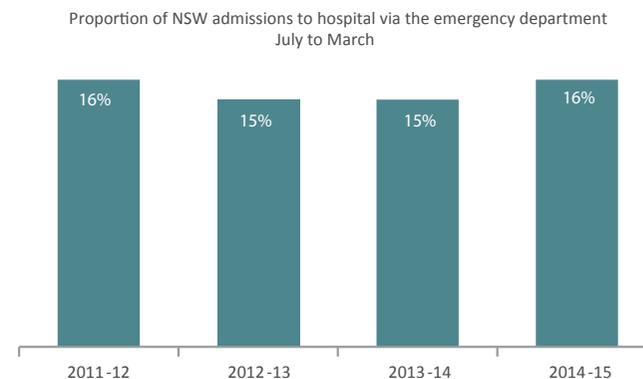
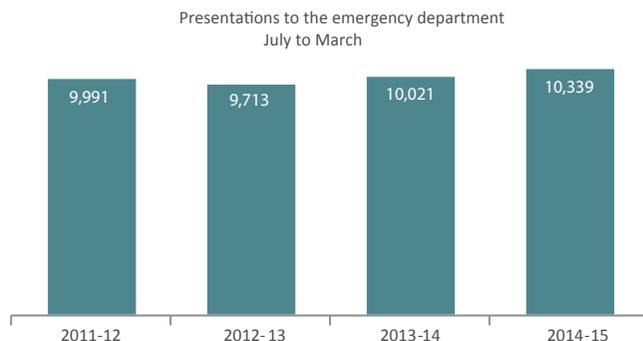
Over a third of all surgical procedures performed in ACT Public Hospitals are performed on patients who reside in NSW.

NSW patients accessing surgery in ACT Public Hospitals

	July to March		
ACT public hospitals	Total Surgery	Elective Surgery	Emergency Surgery
All patients	14,528	8,822	5,706
NSW patients	4,310	2,654	1,656
% NSW patients	30%	30%	29%

Many patients who reside in NSW also attend our public hospital emergency departments for a range of reasons. For the first nine months to March 2015, 10,339 NSW patients presented to ACT Public Hospital EDs for treatment, 11 per cent of all emergency department presentations and 15 per cent 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



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 per cent (5,184) of the ACT's total population according the 2011 census. This small cohort also makes up around 2 per cent 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 people accessing ACT Health Services

	July to March		
	2012-13	2013-14	2014-15
Emergency Department presentations	2,259	2,457	2,796
Admitted inpatient episodes of care	1,765	1,831	1,781
Elective Surgery operations performed	179	178	200

The AIHW report titled Elective surgery waiting times 2013-14² 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:	2014-15 target	July-Dec 2014 Result
12 to 15 months	>90%	94.5%
24 to 27 months	>90%	92.1%
60 to 63 months	>90%	94.4%

Other health services provided to Indigenous Australians in ACT – July to March	2013-14	2014-15
Proportion of breast screens performed for women 50-69 years	0.43%	0.41%
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	113	106
Total non-admitted occasions of service provided to Aboriginal/Torres Strait Islander clients	5,517	5,449

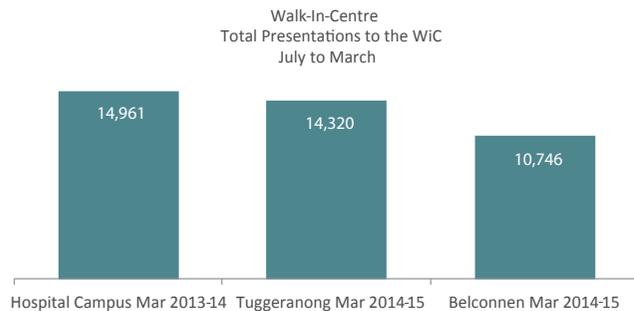
² <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549058>

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 nine months of opening, Tuggeranong WiC reported 14,320 and Belconnen WiC 10,746 presentations.

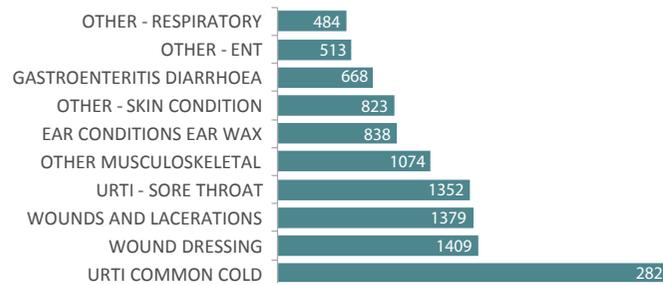
The WiC is designed to help people get fast, free, one-off treatment for minor illnesses and injuries. The people of Canberra are able to see a specialist nurse for advice, assessment and treatment for conditions such as cuts and bruises, minor infections, strains, sprains, skin complaints, and coughs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

Walk-in-Centre
Top 10 conditions treated at the WiC
July to March 2014-15



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.

Surgery in ACT public hospitals

Over the past four years the amount of surgical operations performed has risen by 11 per cent, from 13,134 reported for 2011–12 to 14,528 reported for the first nine months to March 2015. The most significant increase has occurred in emergency surgery which has grown by 22 per cent.

Total surgery performed in ACT public hospitals

	July to March			
	2011–12	2012–13	2013–14	2014–15
Emergency Surgery	4,695	5,008	5,490	5,706
Elective Surgery	8,439	8,468	8,743	8,822
Total Surgery Performed	13,134	13,476	14,233	14,528

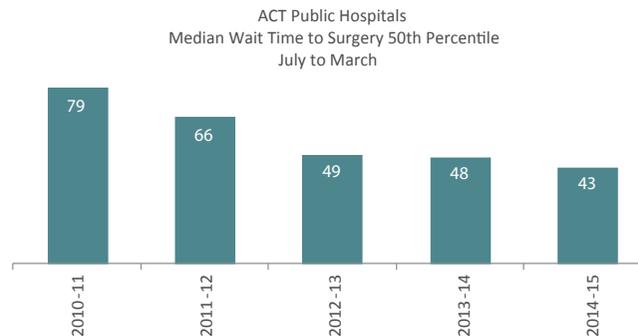
Increasing access to elective surgery

Since 2002–03, when ACT Health provided a total of 7,661 elective surgery operations, there has been a 54 per cent 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 2014–15. For the first nine months to March 2015, ACT Public Hospitals performed 8,822 elective surgery procedures.

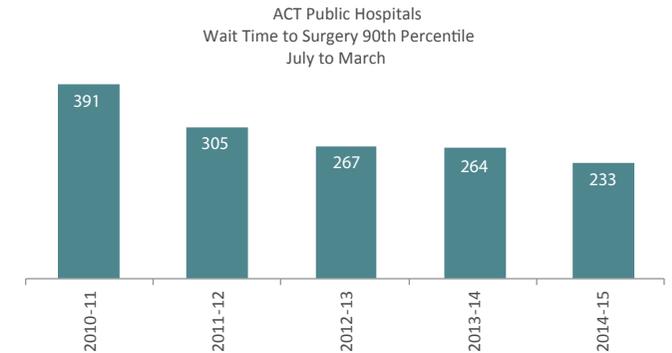
The latest Australian Hospitals Statistics (AIHW) report titled *Elective Surgery Waiting Times 2013–14*³ showed that for the first time in the history of this report the ACT has not reported the highest median wait time to surgery in the country. While the ACT’s result of 48 days for 2013–14 is still 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 it’s been on record since 2002–03.

The median waiting time continued to decrease in the first three quarters of 2014–15 with a result of 43 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’s 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.

In the first nine months of 2014–15 the waiting time at the 90th percentile has further decreased to 233 days. This result is 31 days lower than result reported for the same period last year.



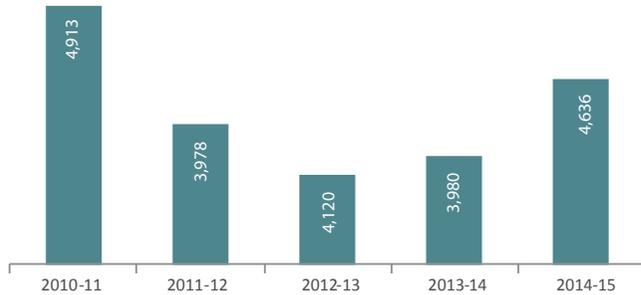
³ <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549058>

Surgery in ACT public hospitals (continued)

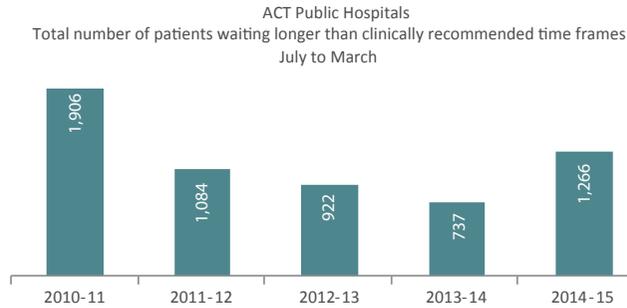
Reducing the number of patients waiting too long for elective surgery

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 March 2015, there were 4,636 patients on the elective surgery waiting list. This is a 16 per cent increase when compared to 3,980 patients waiting at 31 March 2014.

ACT Public Hospitals
Number of patients currently waiting on the elective surgery waiting list
July to March



ACT Public Hospitals have recorded a slight increase in the number of patients waiting longer than the recommended timeframe for their elective surgery procedure over 2014–15. Whilst the number of long wait patients has started to decrease, with 1,266 patients waiting at the end of March 2015, this result is a significant increase when compared with the same period last year. However, when comparing the 1,266 patients with the same period in 2010–11 there has been a 36 per cent reduction in long wait patients.



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. These arrangements are expected to increase elective surgery and will have a positive impact on the ACT public hospitals elective surgery waiting list.

Reducing overdue patients by surgical speciality

Surgical Specialties	March			
	2012	2013	2014	2015
Cardiothoracic surgery	0	0	1	1
Ear, Nose & Throat surgery	101	168	176	312
General Surgery	69	134	86	91
Gynaecology surgery	16	13	23	85
Neurosurgery	23	9	15	0
Ophthalmology surgery	19	15	8	7
Orthopaedic surgery	484	417	314	444
Other surgery (includes Paediatric surgery, Oral surgery & Thoracic surgery)	127	25	34	82
Plastic surgery	37	14	36	18
Urology surgery	176	111	28	134
Vascular surgery	32	17	16	92

Surgery in ACT public hospitals (continued)

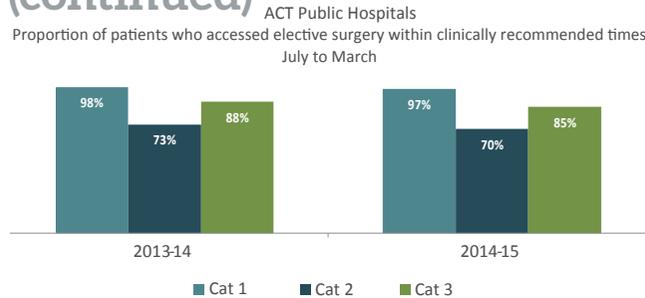
Timeliness to Elective Surgery

This component of the report looks at the proportion of patients who access their elective surgery within 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 funding rewards for NEST performance. Due to this, ACT Health will no 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 has slightly decreased in the first nine months to March 2015 when compared to the same period for previous years across all urgency categories.



Selected Statistics

ACT Health			
Selected ACT Public Hospitals and Community Activity Indicators			
	July to March		VAR
	2013-14	2014-15	
Inpatient Activity			
Day only patient bed days (total across all outputs)	38,976	40,159	3%
Overnight patient bed days (total across all outputs)	209,545	217,625	4%
Total episodes of care (separations)	72,336	75,621	5%
Nursing Home Type Patient (NHTP) Bed-Days (on separation – Canberra Hospital)	4,887	6,748	38%
Bed Occupancy Rate*	90%	85%	-5%
Total number of births in ACT public hospitals	3,800	3,843	1%
Proportion of births by caesarean in ACT public hospitals	28%	29%	1%
* new counting methodology used from 2014-15			
Emergency Department Activity			
Category 1 Seen (immediate – 2 mins)	100%	100%	0%
Category 2 Seen (within 10 mins)	83%	78%	-5%
Category 3 Seen (within 30 mins)	49%	47%	-2%
Category 4 Seen (within 60 mins)	57%	52%	-5%
Category 5 Seen (within 120 mins)	86%	85%	-1%
Total Emergency Department Presentations	94,258	97,554	4%
Did Not Wait % Rate	5%	6%	1%
Admissions via Emergency department	25,517	26,693	5%
Admissions to Emergency Department observational wards	9,964	9,732	-2%
Admissions from the Emergency Department to ICU, Surgery, and general wards	15,553	16,961	9%
Walk-in-Centre**			
Total presentations (Tuggeranong)	14,320		
Total presentations (Belconnen)	10,746		
** TCH 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 March		VAR
	2013-14	2014-15	
Elective Surgery			
Additions to the public hospital elective surgery waiting list	10,233	10,892	6%
Numbers of people on the elective surgery waiting list	3,980	4,636	16%
Removals from the list for surgery	8,743	8,822	1%
Removals from the list for other reasons	3,098	2,964	-4%
Patients on the list recorded as "not ready for care"	919	690	-25%
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)	60	61	1 day
Category three patients (admission desirable within 365 days)	165	142	-23 days
Medical Services			
Elective endoscopies			
Number of elective endoscopies performed	3 453	3 541	3%
Number of patients waiting for an endoscopy procedure	2 268	2 970	31%
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	21	25	4 days
Category two patients (admission desirable within 90 days)	110	147	37 days
Category three patients (admission desirable within 365 days)	274	294	20 days
Elective Cardiology			
Number of elective cardiology procedures performed	895	912	2%
Median waiting time to an interventional cardiology procedure in days	20	25	5 days

ACT Health			
Selected ACT Public Hospitals and Community Activity Indicators			
	July to March		VAR
	2013-14	2014-15	
Breast screens			
Total breast screens performed for ACT residents	12,529	11,392	-9%
Number of breast screens for women aged 50-69	9,807	8,404	-14%
Participation rate of breast screens for ACT women aged 50-69	55%	55%	0%
Additions to the Cervical Cytology Register	27,161	26,981	-1%
Mental Health			
Community Services by Group			
ACT wide mental health program community service contacts	75,884	79,507	5%
Children and youth mental health program community service contacts	45,512	47,535	4%
Adult mental health program community service contacts	84,178	86,942	3%
Justice Health Services community contacts	80,516	81,222	1%
Alcohol and Drug Services community contacts	52,825	50,650	-4%
Dental Services			
Mean waiting time in months for persons on the Centralised Waiting and Recall List	6	4	-1.8
Proportion of urgent patients seen with standard waiting times	100%	100%	0%

Glossary

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

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.
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Median waiting time	<p>The waiting time at the fiftieth (50th) percentile for all patients admitted for elective surgery at an ACT public hospital in a given period (and for a given patient urgency category).</p>
Waiting times	<p>The proportion of patients admitted for surgery within a given period who are admitted within standard waiting times for their condition.</p>
Removals for surgery	<p>The number of people, in a given period, who are removed from the ACT public hospitals elective surgery waiting list for surgery.</p>
Patients waiting longer than one year for surgery	<p>The number of patients still on the elective surgery waiting list (and who are listed as "ready for surgery") who have been waiting longer than 365 days (at a given census date).</p>
Long wait patients accessing elective surgery	<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>
Hospital initiated postponements	<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>

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"> unexpected for further treatment of the same condition for which the patient was previously hospitalised unexpected admission for treatment of a condition related to one for which the patient was previously hospitalised unexpected admission for a complication of the condition for which the patient was previously hospitalised.
Unplanned return to the operating theatre	The proportion of patients who are required to return to the operating room for a further procedure related to complication(s) of a previous operation/procedure within a single admission.
Hospital acquired 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.

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