LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2023-2024
Mr Mark Parton MLA (Chair), Ms Jo Clay MLA (Deputy Chair),
Mr Michael Pettersson MLA

ANSWER TO QUESTION ON NOTICE

MS LEANNE CASTLEY MLA: To ask the Minister for Health

Ref: Health, Digital Health

Hearing Date: 19/07/2023

In relation to: Health - DHR data not available

1) In relation to CHSFOI22-23.72, Page 2. Could the Minister: (1) Provide the Monthly benchmarking packages for September and October that the Director of Clinical Benchmarking said was available.

2) Can the Minister provide a detailed response on why these two months were not included in the QON even though the Clinical Director of Clinical Benchmarking said they were available?

    a. This should include whose decision and what date this was decided as it was not picked up in the FOI.

    b. Whether the two months of benchmarking was included in any drafts?

    c. Whether you or your office asked for this information to be included given we asked for a period that started two months before go-live?

3) How are CHS monitoring their benchmarks currently?

    a. Are CHS comparing their performance against peer hospitals or is this not available because of significant DHR issues?

    b. Could the Minister provide any alternative benchmarking measures that executives or the Minister is using to analyse CHS performance? If not, why?

MINISTER STEPHEN-SMITH: The answer to the Member's question is as follows: –

1) The monthly benchmarking report including data for September 2022 and October 2022 is at Attachment A. Performance data can also be found in the Quarterly Performance Report for 1 July 2022 to 30 September 2022 on the ACT Health website and includes some this information.

2) I am advised that when the response for this question was brought together by the line area in Canberra Health Services (CHS) it was internally decided – as per the Freedom of Information (FOI) reference – that requests for data receive the standardised response that data is not available for release for the 2022-23 Financial Year. CHS did not advise me or my office that

clinical benchmarking data from the legacy system was available given the use of internally agreed wording regarding external data reporting. The decision to provide the response in the form it was provided is outlined in the FOI, including the date this was decided within CHS and approval by the Chief Information Officer. I am advised the two months of data were not included in any drafts or attached to the emails.

3) Since the DHR go-live, a number of Epic dashboard reports within the system provide information on the quality and safety metrics, but these are not the same measures as clinical benchmarking datasets.

   a. The July 2022 to September 2022 clinical benchmarking data was provided to the relevant clinical teams and executives. Formal collection of the Health Round Table (HRT) clinical benchmarking data has not yet commenced from DHR data sources, so this external benchmarking is currently unavailable. Work will commence on clinical benchmarking datasets after the completion of national submission datasets.

   b. CHS has released Hospital Acquired Complication data reports for testing and validation, which include the HRT peer comparisons. This report is available to all clinical team members.

      CHS continues to have access to the HRT dashboards that include de-identified peer hospitals' measures. While CHS has been unable to submit data from November to date, monthly data of peers is available. Full year comparisons of 2021-22 released this month are available to CHS key team members to review and provide analysis into the comparisons. I am advised the terms and conditions of being a member of HRT mean that no data or reporting is approved for public release.

      Operational reporting is available within DHR to support CHS executives and clinical areas to understand current performance in order to manage operation of the organisation. There reports are not validated for external reporting.

Approved for circulation to the Select Committee on Estimates 2023-2024

Signature:  Date: 8/8/23

By the Minister for Health, Rachel Stephen-Smith MLA

GBCHS22-383 Attachment A CHS Benchmarked Elements updated to October 2022

Attachment A

Category	HRT Indicator	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Hospital-Acquired Comp-lications (HAC)	1 - Pressure injury per 10,000 episodes																
	2 – Falls resulting in fracture or intracranial injury per 10,000 episodes																
	3 – Healthcare associated infection per 10,000 episodes																
	4 – Surgical complications per 10,000 episodes																
	6 – Respiratory complications per 10,000 episodes																
	7 – Venous thromboembolism per 10,000 episodes																
	8 – Renal failure per 10,000 episodes																
	9 – Gastrointestinal bleeding per 10,000 episodes																
	10 – Medication complications per 10,000 episodes																
	11 – Delirium per 10,000 episodes																
	12 – Incontinence per 10,000 episodes																
	13 – Endocrine complications per 10,000 episodes																
	14 – Cardiac complications per 10,000 episodes																
	15 – Perineal laceration during delivery per 10,000 vaginal delivery eps.																
	16 – Neonatal birth trauma per 10,000 neonatal episodes																
Combined HAC																	
National Standard 1	Percentage of ED departures within 4 hours																
	Acute RSI (with exclusions)																
National Standard 2	Proportion of formal complaints closed within 35 days^																
	Proportion of formal complaints acknowledged in 5 days^																
National Standard 3	Healthcare associated SAB per 10,000 bed days																
	Rate of hand hygiene compliance^																
	Risk adjusted ratio of urinary tract infections																
National Standard 4	Drug related respiratory complications/depression per 10,000 episodes																
	Haemorrhagic disorder due to circulating anticoagulants per 10,000 eps.																
	Hypoglycaemia per 10,000 episodes																
National Standard 5	Rate of pressure injuries per 10,000 episodes																
	Risk adjusted ratio of pressure injuries																
	Risk adjusted ratio of stage 3 and 4 pressure injuries																
	Rate of unspecified pressure injuries																
	Rate of falls resulting in fracture and intracranial injury per 10,000 episodes																
	Risk adjusted ratio of in-hospital falls																
National Standard 6	28 day emergency readmission rate																
	28 day emergency readmission rate (excluding short stay)																
	Mental health 28 day readmission rate																
National Standard 7	Transfusions in planned major gastrointestinal surgeries																
	Transfusions in planned hip and knee replacements (low Nos.)																
Mortality	Hospital Diagnosis Standardised Mortality Ratio																
	CHBOI 1 similar to HSMR																
	CHBOI 2 Deaths in low mortality DRG's																
	CHBOI 3a In-hospital mortality for acute myocardial infarction																
	CHBOI 3b In-hospital mortality for stroke																
	CHBOI 3c In-hospital mortality of patients with #NOF																
	CHBOI 3d In-hospital mortality for pneumonia																
General KPI's	Long stay patients - share of bed days																
	Acute Average Length of Stay (ALOS)																
	Indigenous RSI																
	Mental Health RSI																
	Mental Health ALOS																
	Same day elective surgery rate																
	Proportion of discharges before Noon																
	Percentage ED patients seen within clinically recommended time																
	Percentage of ED waiting times within 4 hours (non-admitted)																
	Percentage of ED waiting times within 4 hours (admitted)																
	Percentage of inpatients presenting to ED within 14 days of discharge																
	Percentage of non-admitted ED patients returning to ED within 24 hours																

CHS performed worse than the average standard
CHS performed at the average standard
CHS performed better than the average standard
TBA - Submission of this data is still in progress