

2022

**THE LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

**CANBERRA HEALTH SERVICES HALF YEARLY PERFORMANCE REPORT
(31 DECEMBER 2021)**

**Presented by
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Minister for Health
10 February 2022**

**CANBERRA HEALTH SERVICES
STATEMENT OF PERFORMANCE
FOR THE PERIOD ENDED 31 DECEMBER 2021**

Output Class 1: Health and Community Care

Output 1.1 Acute Services

Description

Canberra Health Services provides a comprehensive range of acute care, including:

- tertiary inpatient, outpatient and ambulatory services to the ACT and surrounding NSW;
- emergency department, intensive care unit and retrieval services;
- a range of medical speciality services including cardiology, respiratory, gastroenterology, neurology, endocrinology, rheumatology and renal services;
- elective and emergency surgery services in general surgery; and
- services for women, youth and children in obstetrics, gynaecology, gynaecology surgery, paediatrics and paediatric surgery.

	Original Target 2021-22	Actual YTD Result 2021-22	YTD Target	% Variance from YTD Target	Notes
Accountability Indicators					
a. Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions	<=20	11	<=20	-	
b. Number of avoidable readmissions for selected conditions per 10,000 hospital admissions	<123	128	<123	4%	
Percentage of elective surgery cases admitted on time by clinical urgency					
c. 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	100%	98%	100%	-2%	
d. Semi-urgent – within 90 days is desirable for a condition causing some pain, dysfunction or disability which is not likely to deteriorate quickly or become an emergency	80%	53%	80%	-34%	1
e. Non-urgent – admission within 365 days is desirable 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	93%	61%	93%	-34%	1

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Output 1.1 Acute Services (Continued)

	Original Target 2021-22	Actual YTD Result 2021-22	YTD Target	% Variance from YTD Target	Notes
Proportion of emergency department presentations that are treated within clinically appropriate timeframes					
f. One (resuscitation, seen immediately)	100%	100%	100%	-	
g. Two (emergency, seen within 10 minutes)	80%	77%	80%	-4%	
h. Three (urgent, seen within 30 minutes)	75%	33%	75%	-56%	2
i. Four (semi-urgent, seen within 60 minutes)	70%	47%	70%	-32%	2
j. Five (non-urgent, seen within 120 minutes)	70%	78%	70%	11%	3
k. All presentations	70%	51%	70%	-27%	2
National Weighted Activity Units					
l. Admitted Acute Care {NWAU 21}	82,000	40,357	41,000	-2%	
m. Non-admitted services {NWAU 21}	25,500	12,901	12,750	1%	
n. Emergency services {NWAU 21}	12,500	5,444	6,250	-13%	4

Explanation of Accountability Indicators

- a. Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions.
- b. Number of avoidable readmissions for selected conditions per 10,000 hospital admissions.
- c. Percentage of elective surgery cases admitted on time by clinical urgency—urgent (within 30 days of listing).
- d. Percentage of elective surgery cases admitted on time by clinical urgency—semi-urgent (within 90 days of listing).
- e. Percentage of elective surgery cases admitted on time by clinical urgency—non-urgent (within 365 days of listing).
- f. The proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes—triage category one (Immediately).
- g. The proportion of triage category two Emergency Department presentations that were treated within clinically appropriate timeframes (10 minutes).
- h. The proportion of triage category three Emergency Department presentations that were treated within clinically appropriate timeframes (30 minutes).
- i. The proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes—triage category four (60 minutes).
- j. The proportion of Emergency Department Presentations that are treated within clinically appropriate timeframes—triage category five (120 minutes).
- k. The proportion of all Emergency Department presentations that were treated within clinically appropriate timeframes.
- l. Number of national weighted activity units for admitted services undertaken by Canberra Health Services. Note Admitted Acute Care NWAU includes figures that relate to output 1.3 – Cancer Services.
- m. Number of national weighted activity units for non-admitted services undertaken by Canberra Health Services. Note Non-admitted services NWAU includes figures that relate to output 1.3 – Cancer Services.

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Output 1.1 Acute Services (Continued)

Explanation of Accountability Indicators (Continued)

- n. Number of national weighted activity units for emergency services undertaken by Canberra Health Services.

Explanation of Material Variance (>5 per cent)

1. A significant number of Category 2 and Category 3 patients have become overdue due to COVID-19 related disruption to elective surgery. With a focus on treating in order, a significant percentage of elective surgery cases are being completed on overdue patients, dropping the timeliness percentage which measures percentage of patients done in time.
2. The CHS Emergency Department responded to the evolving COVID-19 situation in the ACT during this period. The protocols required to manage COVID-19 placed a significant burden on Emergency Department staff impacting the flow of patients and staff and directly impacted waiting times.
3. This target was achieved due to CHS Emergency Department staff being able to identify a number of patients presenting for care that were more clinically appropriately treated by one of the Walk-in Centres, or primary care and did not require Emergency Department intervention.
4. The CHS Emergency Department experienced a decrease of eight percent in presentations during the first half of 2021-22 compared with the previous corresponding period, due to the COVID-19 situation. Canberra Health Services provided well planned Emergency Department alternatives - especially Respiratory clinics and COVID testing centres which mitigated demand to allow the Emergency Department to manage only the most urgent cases. It is however anticipated that Emergency Department demand will increase significantly post the COVID-19 disruptions.

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Output 1.2 Mental Health, Justice Health and Alcohol and Drug Services

Description

Canberra Health Services (CHS) provides a range of Mental Health, Justice Health and Alcohol and Drug Services through the public and community sectors in hospitals, community health centres and other community settings, adult and youth correctional facilities and people's homes across the Territory. These services work to provide integrated and responsive care to a range of services including hospital based specialist services, therapeutic rehabilitation, counselling, supported accommodation services and other community based services.

	Original Target 2021-22	Actual YTD Result 2021-22	YTD Target	% Variance from YTD Target	Notes
Accountability Indicators					
a. Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	100%	100%	-	
b. Proportion of detainees in the Bimberi Youth Detention Centre with a completed health assessment within 24 hours of detention	100%	100%	100%	-	
c. Percentage of current clients on opioid treatment with management plans	98%	97%	98%	-1%	
d. Proportion of mental health clients contacted by a Canberra Health Services community facility within 7 days post discharge from inpatient services	75%	74%	75%	-1%	
e. The rate of mental health clients who are subjected to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days	<7 per 1,000 bed days	0.63 per 1,000 bed days	<7 per 1,000 bed days	-	
f. Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<17%	16%	<17%	-	
National Weighted Activity Units					
g. Acute admitted mental health services {NWAU 21}	7,300	3,739	3,650	2%	

Explanation of Accountability Indicators

- a. The proportion of detainees at the Alexander Maconochie Centre who have a health assessment completed within 24 hours of detention.
- b. The proportion of detainees in Bimberi Youth Detention Centre who have a health assessment completed within 24 hours of detention.
- c. Percentage of current clients on opioid treatment who have management plans.
- d. Proportion of mental health clients contacted by a Canberra Health Services and or a Health Directorate community facility within 7 days of discharge from inpatient services.
- e. The number of seclusion events of mental health patients whilst being an admitted patient in an ACT public mental health inpatient unit per 1,000 bed days.
- f. 28 days of discharge from an ACT acute psychiatric mental health inpatient unit.

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Output 1.2 Mental Health, Justice Health and Alcohol and Drug Services (Continued)

- g. Number of national weighted activity units for acute admitted mental health services undertaken by Canberra Health Services.

Output 1.3 Cancer Services

Description

Canberra Health Services provides a comprehensive range of screening, assessment, diagnostic, treatment and palliative care services. CHS services are provided in inpatient, outpatient and community settings.

	Original Target 2021-22	Actual YTD Result 2021-22	YTD Target	% Variance from YTD Target	Notes
Accountability Indicators					
a. Percentage of screened patients who are assessed within 28 days	90%	99%	90%	10%	1
Radiotherapy treatment within standard timeframes					
b. Emergency—treatment starts within 48 hours	100%	91%	100%	-9%	2
c. Palliative—treatment starts within 2 weeks	90%	59%	90%	-35%	2
d. Radical—treatment starts within 4 weeks	90%	58%	90%	-36%	2

Explanation of Accountability Indicators

- a. The percentage of women requiring assessment who wait 28 days or less from their breast screen appointment to their assessment appointment.
- b. The percentage of patients requiring emergency radiotherapy treatment who started treatment within 48 hours of requiring it.
- c. The percentage of patients requiring palliative radiotherapy treatment who started treatment within 2 weeks of requiring it.
- d. The percentage of patients requiring radical radiotherapy treatment who started treatment within 4 weeks of requiring it.

Explanation of Material Variances (>5 per cent)

1. Timeliness to assessment has continued to improve through continuous improvement and having a full establishment of breast radiologists to staff the assessment clinics.
2. There has been a 15 percent increase in clinic consultation activity in 2021-22 year to date resulting in an increased demand for treatment services compared to the corresponding period of the previous year. The ongoing linear accelerator replacement program means that radiation therapy services are provided using three of four machines. This will continue until at least the end of 2022. All operating machines are booked to full capacity and for extended operating hours.

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Output 1.4 Subacute and Community Services

Description

The provision of timely and effective, coordinated and comprehensive services which optimise the functionality and quality of life of adult patients. Following illness, injury or surgery, subacute services enable individuals to safely transition to community living. Community based services sees care delivered safely and closely to where people live.

	Original Target 2021-22	Actual YTD Result 2021-22	YTD Target	% Variance from YTD Target	Notes
Accountability Indicators					
a. Mean waiting time for clients on the dental services waiting list	12 months	14 months	12 months	16%	1
b. Median wait time to be seen, in minutes (all Walk-in Centres combined)	<30 minutes	9 minutes	<30 minutes	-	
National Weighted Activity Units					
c. Sub-Acute services {NWAU 21}	8,700	5,434	4,350	25%	2

Explanation of Accountability Indicators

- a. Client mean waiting time is defined as the mean waiting period between when a client is placed on the adult dental central waiting list and the receipt of treatment.
- b. Median wait time to be seen for client at all Walk in Centres.
- c. Number of national weighted activity units for sub-acute services undertaken by Canberra Health Services.

Explanation of Material Variances (>5 per cent)

1. Due to COVID-19 no clients were removed from the waiting list in the July – October 2021 period with services at reduced capacity under the public health advice.
2. The number of NWAUs for sub-acute services exceeded the target due to the additional bed demand for Maintenance Care patients, particularly those waiting for residential age care facilities due to the COVID-19 disruptions. The delay of discharge for patients to residential age care facilities increased the length of stay for sub-acute patients and this in turn increased the NWAUs for this cohort.