QON No. 035

LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2024-2025

Ms Nicole Lawder MLA (Chair), Ms Suzanne Orr MLA (Deputy Chair), Miss Laura Nuttall MLA

ANSWER TO QUESTION ON NOTICE

Asked By: Ms Leanne Castley MLA

Addressed to: Minister for Health

Reference: Health

Hearing Date: 25/07/2024

In relation to: ACT Health and Quarterly Performance reports and data capture

QON lodgement Date: 25/07/2024

Answer Due date: 02/08/2024

Quarterly Performance reports and data capture

ACT Quarterly Performance Report for Quarter 3 of 2023-24 which show that for the first three months of 2024 the median wait times was around 25 minutes.

This is a big improvement from what was being reported before DHR. The definitions and methodologies section of this report on page 9 say that the median wait time to treatment for minutes in ED is calculated at the 50th percentile.

1. Were wait times in previous quarterly reports calculated at the 50th percentile?

    a. Would you be able to just provide a bit more information on the differences in methodologies before and after DHR?

2. Are you aware of other jurisdictions that record this data? do they use the 50th percentile to measure the wait times? Would you be able to provide some information about what is the national approach?

3. Could you confirm that the Australian Institute of Health and Welfare ED wait times statistics record both the 50th percentile and the 90th percentile when reporting ED median wait time figures?

    b. Are you aware of why they record both of these percentiles? As opposed to just one?

In the AIHW reporting as you would know there is a big difference between 50th and 90th percentile. For example, using the 2022-23 My Hospital ED figures for Category 3 urgent patients, who should be seen within 30 minutes.

- Under the 50th percentile urgent patients were seen within 43 minutes and
- Under the 90th percentile urgent patients were seen within 194 minutes 4.5 times more than 50%.

4. Can you please provide the median wait times in minutes for each category at the 90th percentile for the Emergency Department for each month in 2023-24?

5. The Quarterly Performance report talks on page 7 about how data is drawn from different sources before and after DHR, would you be able to expand on this and how this affects comparisons of data sets constructed before and after implementation?

6. Page 7 also acknowledges that there are still issues with DHR data quality "related to contemporaneous capture of clinical care in the DHR" can you explain what is specifically meant by contemporaneous capture of clinical care and whether these issues have been solved?

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

1. Yes. The median of any set of numbers is the same as the 50th percentile of that set.

    a. There is no difference in the methodology used to calculate the 50th percentile waiting time between pre and post-Digital Health Record (DHR) reporting. The 50th percentile value in a data set is the central value of a dataset, where half of all data points fall below the value and half above it.

2. The Australian Institute of Health (AIHW) reports annually on median waiting times (waiting times at the 50th percentile) in the Emergency Department (ED) for all jurisdictions, by size and type of hospital. All jurisdictions report the required data to calculate this measure to AIHW annually as part of the National Minimum Data Set for ED Care.

    The AIHW also reports waiting time to be seen at the 90th percentile for all jurisdictions, by size and type of hospital.

    This data is reported through the MyHospitals dashboard built by AIHW and allows for more meaningful comparisons between peer hospitals on hospital performance indicators.

3. The AIHW publish 50th and 90th percentile waiting times by jurisdiction annually.

    a. When data such as waiting times are distributed over a wide range of values, examining the value in the distribution at different percentiles allows a better understanding of the distribution of values and skew of the distribution. The 50th percentile returns the middle value in the distribution, or, for waiting times, the time within which 50 per cent of patients commenced care. The 90th percentile returns the value that 90 per cent of values in the distribution are lower than. These values, along with other waiting time statistics create a more detailed picture of emergency department activity and performance.

4. See Table 1 at Attachment A for 90th percentile waiting times for ACT public hospital, by month for 2023-24.

5. Prior to the implementation of the DHR, activity and performance metrics were calculated using data sourced from the EDIS system. The intent of the collection of data within each

system is the same, to capture clinical activity in the ED. By virtue of the data being entered in a different set of workflows and underlying fields in each system, the raw data is treated differently and undergoes different processes to create matching data sets from each system. As such, the granularity of data available from each system means that the data is not as inherently comparable as it would be if it was collected under identical conditions. However, both data sets were/are intended to measure the same thing in line with national reporting requirements.

6. In the DHR, there are a number of clinical actions that, when recorded in the patient's record, constitute commencement of clinical care. The time at which these actions are recorded in the DHR may not be the same as the time the care was provided. As such, care may be commenced within the timeframe for the patient's triage category, but the time stamp recorded in the DHR may not reflect this. For example, a patient with a 'resuscitation' (category 1) triage, life-saving care is delivered immediately as the patient arrives in the ED. This care may be retrospectively documented a number of minutes after it is delivered, causing a mis-match between the time care was commenced and the time care was recorded as commenced in the DHR, as clinicians will prioritise providing the patient with life-saving care rather than clinical record-keeping.

   The time differential between care delivery and documentation will remain as an artefact of the DHR, which is primarily intended to be used as a system to support clinical care. Data quality issues that arise due to the clinical care data being repurposed for activity and performance reporting will continue to be reviewed and remediated on a case-by-case basis.

Approved for circulation to the Select Committee on Estimates 2024-2025

Signature:  Date: 2/8/24

By the Minister for Health, Rachel Stephen-Smith MLA

Attachment A

Table 1: Canberra Health Services Emergency Department 90th percentile wait time to treatment (minutes), by month and triage category, 2023-24

Category	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	FY Total
Resuscitation	1	1	1	2	1	1	2	1	1	1	1	1	1
Emergency	22	20	22	19	20	20	18	21	20	18	21	22	20
Urgent	144	141	145	118	118	98	97	131	124	113	138	127	125
Semi-urgent	155	152	159	137	141	111	123	154	139	129	158	143	142
Non-urgent	134	146	155	131	127	102	125	148	123	115	158	148	135
All	136	137	143	117	120	97	102	132	123	112	138	125	124

Note:

1. The current extract draws data from the ACT Non-admitted Patient Emergency Care data collection for 2023-24. This has been extracted from the ACT Data Holdings under the methodology specified in the National Minimum Data Set (NMDS) outlined in METeOR. Data reflects clinical information recorded at the time the submissions and extract used for this analysis were created.

2. Due to data quality issues related to contemporaneous capture of clinical care in the DHR, data in this report may not reflect the timeline of actual clinical care provided. This is important to note, specifically in relation to the proportion of patients treated within clinically recommended timeframes, for the resuscitation category.