

ANSWER QoN No 12.



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON PUBLIC ACCOUNTS
Vicki Dunne MLA (Chair), Tara Cheyne MLA (Deputy Chair)
Nicole Lawder MLA, Bec Cody MLA



Inquiry into the Appropriation Bill 2019-2020 (No 2)

ANSWER TO QUESTION ON NOTICE

The Committee asks ministers to respond within 5 working days of receiving the QoNs, where Day One is the first working day after receipt.

MRS VICKI DUNNE MLA: To ask the Minister for Health

In relation to: Financials

1. Has Canberra Health Services benchmarked its efficiencies with its peers in other jurisdictions?
2. If yes, what did it find, and, if no: (a) why; and (b) will it undertake such a study, and, if no, why?
3. In reviewing efficiencies in Canberra Health Services, what areas have been identified as having the biggest opportunities for achieving efficiencies, and what is the extent of those efficiencies?

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

1. Canberra Health Services (CHS) subscribes to several health services benchmarking groups, covering for adult, child and rehabilitation inpatients. Efficiencies in hospital length of stay are benchmarked against peer hospitals at a whole of hospital level, within each specialty, and by diagnosis groups. Rates of hospital acquired complications (HACs) are also benchmarked with peers.
2. Patient length of stay and rate of hospital acquired complications have benchmarked increasingly well over the last two years for many specialty areas within CHS. In many instances this is a result of clinicians investigating and acting after being informed of their benchmarked performance.

CHS is an exemplar in relation to the rate of HACs when compared to peers. Within the service there is some variation, and clinical areas that benchmark less well are informed and deeper investigation and action encouraged.

When comparing length of stay an adjustment is made to cater for a range of patient complexities. CHS performance in relation to complexity adjusted length of stay is outside the peer group average. However, the range of performance is wide, with plans being developed to assist clinical areas that under-perform for specific diagnosis groups.

3. CHS continues to improve against peer group hospital benchmarks by working with clinicians to improve against benchmarked performance. CHS has identified further opportunities to improve performance for the patient cohort whose length of stay is greater than 21 days, where it is longer when compared with peer hospital benchmarking. There are numerous local activities across the service to address this and improve access for patients.

Approved for circulation to the Standing Committee on Public Accounts

Signature:



Date: 19/3/20

By the Minister for Health, Rachel Stephen-Smith MLA