

Hospital Services Report

March 1998 Quarter

Notes

This document contains the most up-to-date information available at the time of preparation.

This *Hospital Services Report* is available on the Department of Human Services Internet site located at:

<http://www.dhs.vic.gov.au/ahs/hsr>

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March 1998

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Introduction

Consumers, health care providers and government all need information on the quality of health services. Public access to information assists consumers to understand the health care system, it assists providers of health services in planning and increases the accountability of the Department of Human Services to the people in the state of Victoria, Australia.

The *Hospital Services Report* was introduced in 1995. As new information on the quality of health services becomes available to the Department, it is included in subsequent editions of the report so that consumers are progressively better informed. This edition includes data for the March Quarter 1998, which covers the months of January, February and March.

This edition includes a special feature on projects involving the private sector. These projects include the redevelopment and construction of metropolitan hospitals and also the building of the new Mildura Base Hospital.

The information included in this report is often requested from the Department. Since technical information of this nature is very difficult to interpret, each graph and table needs to be carefully considered in the context of the complexity of the health care system. Department staff, hospital staff, general practitioners and other health care professionals may be able to assist you to interpret this report.

Elective Surgery Information System (ESIS)

In January 1998 a new waiting list data collection system was introduced to capture information about patients waiting for elective surgery in Victoria. The Elective Surgery Information System (ESIS) provides details such as urgency category, specialty, procedure, waiting time and booking time for each patient.

The new system conforms to national standards agreed by the Australian Institute of Health and Welfare, the Commonwealth Department of Health & Family Services and the States.

At the local level the new system continues to collect the same data as provided previously in aggregated form by hospitals to the Department. However, while all practical steps have been taken to ensure that data integrity is maintained, the results may not be comparable because of the differences in the data collection methods.

ESIS is a significant improvement on the previous paper-based data collection system both in terms of quantity and detail of the data provided to the Department. One significant area of improvement relates to the capacity to analyse waiting list activity more precisely.

A number of tables previously presented in the Hospital Services Report relating to waiting list activity will be excluded from this edition and presented in subsequent editions in a different format in order to provide consumers with a more accurate picture of movement on and off the list during the quarter in question.

1. Projects Involving the Private Sector

Metropolitan Hospital Projects

Introduction

In October 1996 the Victorian Government released the Metropolitan Health Care Services Plan, the blueprint for the strategic restructuring of metropolitan health care services, to meet the public health care needs of Melbourne in the 21st Century.

The total estimated cost for implementation of the plan is \$900 million, of which the Government will provide up to \$650 million. By seeking private sector involvement and funding of the remaining balance, the Government can ensure that vital new facilities and services are available to the community much sooner, and that opportunities are maximised for each project to benefit from new innovations and operational efficiencies.

Three proposed projects have been identified as suitable for potential private sector involvement:

- The proposed Austin & Repatriation Medical Centre (A&RMC)/Mercy Redevelopment Project which incorporates the consolidation of the Austin, Repatriation and Larundel campuses on to the Repatriation site, supporting its world class teaching, training and research role and the relocation of the Mercy

Hospital for Women (the Mercy) from its current inner city site. The Mercy will continue to be operated by the Sisters of Mercy.

- The proposed development of a new community hospital in the south-eastern suburb of Berwick to provide a range of specialist services and sophisticated diagnostic facilities for people living in the most rapidly developing corridor of outer metropolitan Melbourne; and
- The proposed development of a new hospital in Knox to provide tertiary services, supported by state-of-the-art technology, and facilities to the people in the outer east of Melbourne.

These three proposed projects are designed to meet the anticipated future demands on Victoria's health system. Those demands include population growth in outer Melbourne, an ageing population and significant developments in technology and the practice of medicine, including the growth of day-only relative to multi-day hospital care.

Access for public patients will not change as the hospitals will operate within the framework of the Commonwealth/State Medicare Agreement. Under the current Medicare Agreement, services are provided at no charge to the public/eligible persons and on the basis of need.

Contracts with private providers will ensure that public patients are treated according to their clinical needs and at no cost. The Government will also impose and constantly monitor stringent measures to ensure the highest quality care is provided.

The public health care services provided as a result of these proposed new hospitals will be high quality, accessible, locally-based and responsive to community needs. The Government is committed to building hospitals where people live.

A&RMC/Mercy Redevelopment Project

The A&RMC/Mercy Redevelopment Project is the largest of the Metropolitan Hospital Projects and will provide services to the community on the same basis as other Victorian public hospitals. Access to all public hospital patients will be ensured.

The proposed basis for private sector involvement in the Project is:

- Build, own and operate the New A&RMC. The redevelopment incorporates the consolidation of the Austin, Repatriation and Larundel campuses of the A&RMC into a new teaching hospital on the Repatriation site. The Project may also include the relocation of the Royal Talbot campus on to the Repatriation site. A final decision will be made by the Government prior to release of the Project Brief to shortlisted consortia. The contract for the provision of health services includes services provided at all four campuses of the A&RMC. These services include medicine, surgery, mental health and rehabilitation.
- Build and own the New Teaching, Training and Research Facilities currently located at the A&RMC which will be relocated on to the Repatriation site. The

successful operator will be required to enter into Affiliation Agreements with the Universities and Research Institutes which are currently associated with the A&RMC.

- Build and own the New Mercy Facilities. The redevelopment incorporates the relocation of the Mercy from its current inner city site to the Repatriation site. The Mercy will continue to be operated by the Sisters of Mercy, subject to satisfactory commercial arrangements being entered into with the Government.

The Government is prepared to enter into long-term contracts to purchase services on behalf of public hospital patients. All transactions with Government will be on an arm's length commercial basis.

Support and commitment to proceed with this Project as a private sector initiative is contingent upon the cost to Government of service delivery and access for public hospital patients to new facilities not exceeding public sector benchmarks and the private sector meeting service delivery and risk transfer benchmarks.

At this stage, the Government is seeking, through a Registration of Capability (ROC), an indication of the general capacity of consortia to successfully deliver, finance and manage the new A&RMC, to deliver and finance the New Teaching, Training and Research Facilities and to deliver and finance the New Mercy Facilities. Government is not seeking proposals which incorporate detailed designs and costs. Shortlisted consortia, however, will be required to determine with a high degree of accuracy the physical and financial structure.

Project completion is expected late 2002.

Berwick Project

This project has been identified as suitable for potential private sector involvement and will be a new community hospital that will be constructed in the south-eastern suburb of Berwick. The new hospital will provide primary and secondary acute and sub-acute services for Berwick and surrounding communities.

The acute services comprise general medicine, obstetrics, paediatrics, inpatient and ambulatory care including day surgery. The sub-acute services comprise rehabilitation, geriatric and palliative care.

The new Berwick Community Hospital, will work closely with the Southern Health Care Network which provides services to the mixed rural, residential and industrial areas in the southern, bayside and south-eastern suburbs of Melbourne.

Knox Project

Another project that has been identified as suitable for potential private sector involvement is the construction of a new hospital in the eastern suburb of Knox.

The proposed new Knox Hospital, through affiliations, will develop strong links with locally-based hospitals and community health providers. Combined with the availability of state-of-the-art technology and facilities, this will allow the development of a futuristic model for the delivery of high quality health care services into the next century.

The proposed new Knox Hospital, through affiliation, will form part of the Inner & Eastern Health Care Network which provides public health care services to a population of approximately 1.2 million people in the inner and eastern metropolitan areas from Fitzroy and Port Melbourne through to Ferntree Gully and the Yarra Ranges in the outer east.

Initial service planning has begun for this project and it is expected that project completion will occur by 2002.

Mildura Base Hospital Project

A modern, state-of-the-art hospital, serving both public and private patients will be built in Mildura, equipped to meet the medical challenges of the next century.

The current hospital facilities at the Mildura Base Hospital have a proud tradition of serving the community. However, there is now a clear need to establish a new hospital which allows for an upgrade of services to cater for a growing population, new technology and enhanced medical practice.

The private sector have been invited to build and manage the new hospital, on a site to be determined, and the Government would contract with the private sector provider to provide services to the entire community.

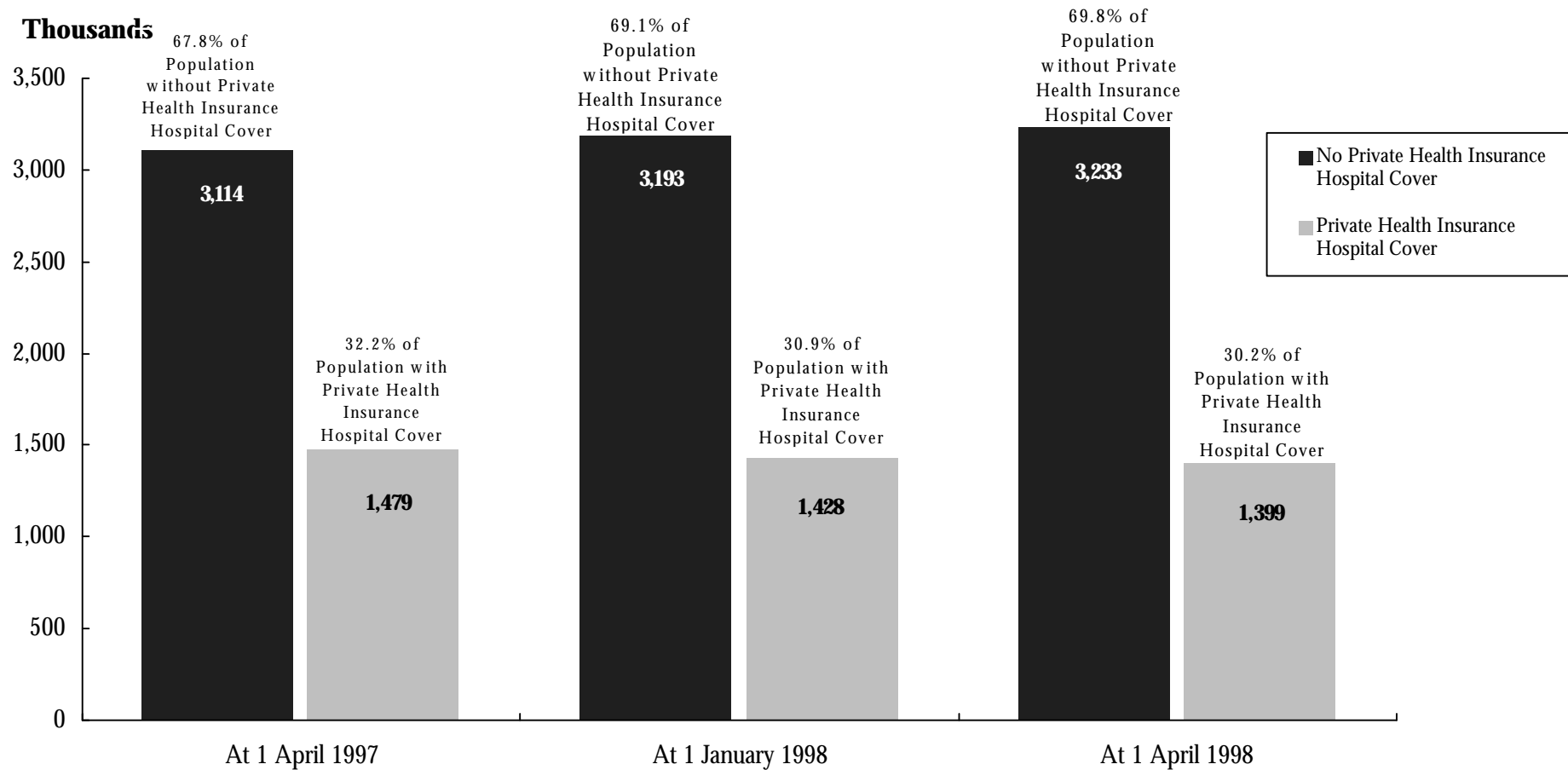
As in any public Victorian hospital, patients who are currently treated at Mildura will have full and free access to a comprehensive range of high quality health care at the new hospital.

Health services will include general and speciality medical and surgical care, a 24-hour emergency service, coronary care, intensive care, obstetrics, paediatrics, aged care and mental health services.

2. Private Health Insurance

How Many Victorians Rely Solely Upon the Public Hospital System?

Figure 2.1 Health Insurance Status of Victorians^{1 2 3}



¹ Data is for all people covered by insurance, that is, contributors, partners and dependents.

² Data for current quarter is provisional.

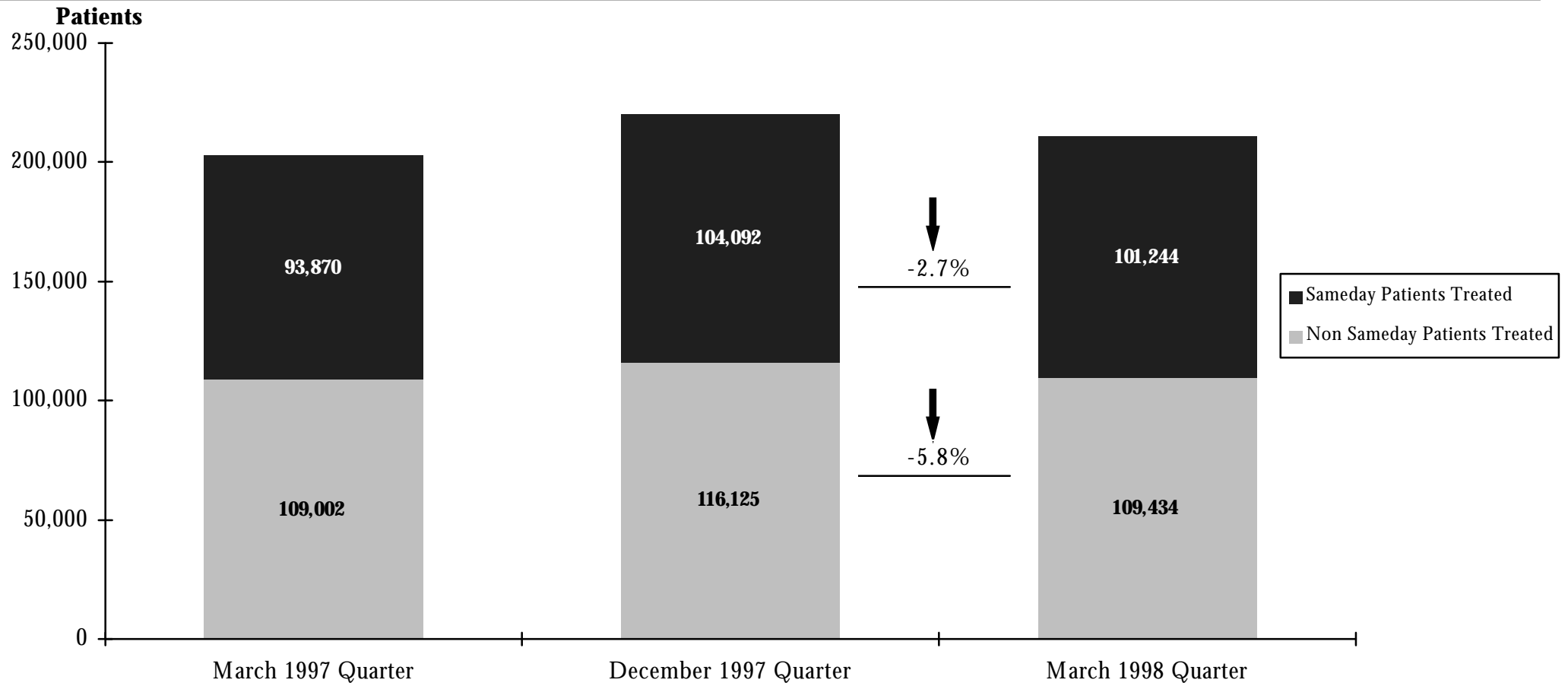
³ Hospital insurance coverage statistics reflect total persons covered by any level of hospital private health insurance.

Source: Private Health Insurance Administration Council

3. Hospital Admitted Patient Activity

How Many Patients Are Treated in Our Public Hospitals?

Figure 3.1 Admitted Patients in Public Hospitals^{1 2 3}



¹ Data is for casemix-funded acute public hospital patients. The data refers to the number of "separations" (ie. the number of patients that have been discharged from hospital).

² 1997/98 data is provisional.

³ "Sameday" patients are admitted and discharged on the same day.

Source: Victorian Inpatient Minimum Database

Patients Treated in Each of Our Major Public Hospitals

Table 3.1 Admitted Patients by Individual Hospital^{1 2 3}

Hospital	March 1997 Quarter		December 1997 Quarter		March 1998 Quarter		December 1997 to March 1998		Change (%)
	Non Sameday Only	All	Non Sameday Only	All	Non Sameday Only	All	Non Sameday Only	All	
North Western Health Care Network									
Royal Melbourne Hospital	5,564	13,190	6,373	15,277	5,951	14,616	-6.6%		-4.3%
Western Hospital	6,045	10,932	6,618	12,353	6,439	12,873	-2.7%		4.2%
Preston & Northcote Community Hospital ⁴	3,215	5,187	3,515	5,539	646	1,045	N/A		N/A
Northern Hospital ⁵	—	—	—	—	1,854	3,038	N/A		N/A
Other Hospitals	2,062	3,777	2,328	4,708	2,234	4,428	-4.0%		-5.9%
Sub Total North Western Health Care Network	16,886	33,086	18,834	37,877	17,124	36,000	-9.1%		-5.0%
Inner and Eastern Health Care Network									
Alfred Healthcare Group	4,310	10,356	4,797	10,121	4,601	8,967	-4.1%		-11.4%
Angliss Hospital	2,263	3,431	2,744	3,962	2,701	3,873	-1.6%		-2.2%
Box Hill Hospital	3,663	6,019	4,018	6,768	3,895	6,867	-3.1%		1.5%
Maroondah Hospital	2,077	3,640	1,928	3,511	1,769	3,386	-8.2%		-3.6%
Peter MacCallum Cancer Institute	1,199	2,458	1,347	2,980	1,242	2,935			-1.5%
Royal Victorian Eye and Ear Hospital	1,633	2,715	1,759	3,244	1,496	2,680	-15.0%		-17.4%
St. Vincent's Hospital	3,503	8,503	3,747	8,961	3,683	8,762	-1.7%		-2.2%
Other Hospitals	2,194	4,018	1,946	3,668	1,694	3,630	-12.9%		-1.0%
Sub Total Inner & Eastern Health Care Network	20,842	41,140	22,286	43,215	21,081	41,100	-5.4%		-4.9%

¹ Data is for casemix-funded acute public hospital patients. The data refers to the number of 'separations' (ie. the number of patients that have been discharged from hospital).

² 1997/98 data is provisional.

³ 'Non Sameday' patients remain in hospital overnight or longer.

⁴ Preston & Northcote Community Hospital (PANCH) closed on 2 February 1998. The March 1998 data includes all separations from 1 January 1998 to 1 February 1998 and all multiday stays concluding on 2 February 1998.

⁵ Northern Hospital opened on 2 February 1998. The March 1998 data includes all separations from 3 February 1998 to 31 March 1998 and all sameday separations recorded on 2 February.

Table 3.1 Admitted Patients by Individual Hospital (cont'd)

Hospital	March 1997 Quarter		December 1997 Quarter		March 1998 Quarter		December 1997 to March 1998		Change (%)
	Non Sameday Only	All	Non Sameday Only	All	Non Sameday Only	All	Non Sameday Only	All	All
Southern Health Care Network									
Dandenong Hospital	3,982	6,014	4,358	6,428	4,087	6,035	-6.2%		-6.1%
Monash Medical Centre	6,792	15,033	7,614	16,959	7,005	16,150	-8.0%		-4.8%
Sandringham & District Memorial Hospital	1,159	1,781	1,220	1,836	1,135	1,612	-7.0%		-12.2%
Sub Total Southern Health Care Network	11,933	22,828	13,192	25,223	12,227	23,797	-7.3%		-5.7%
Peninsula Health Care Network									
Frankston Hospital	4,450	8,851	4,776	9,586	4,771	9,446	-0.1%		-1.5%
Sub Total Peninsula Health Care Network	4,450	8,851	4,776	9,586	4,771	9,446	-0.1%		-1.5%
Women's and Children's Health Care Network									
Royal Children's Hospital	3,712	6,109	4,553	7,561	3,988	6,872	-12.4%		-9.1%
Royal Women's Hospital	3,477	7,541	3,551	7,786	3,100	6,962	-12.7%		-10.6%
Sub Total Women's & Children's Health Care Network	7,189	13,650	8,104	15,347	7,088	13,834	-12.5%		-9.9%
Other Metropolitan Hospitals									
Austin & Repatriation Medical Centre	5,675	14,093	5,790	15,214	5,878	15,187	1.5%		-0.2%
Austin & Repatriation Medical Centre - Royal Talbot	155	156	165	165	101	102			
Mercy Hospital for Women	2,146	3,048	2,175	3,283	2,147	3,346	-1.3%		1.9%
Sub Total Metropolitan Non-Network Hospitals	7,976	17,297	8,130	18,662	8,126	18,635	0.0%		-0.1%

Table 3.1 Admitted Patients by Individual Hospital (cont'd)

Hospital	March 1997 Quarter		December 1997 Quarter		March 1998 Quarter		December 1997 to March 1998		Change (%)
	Non Sameday Only	All	Non Sameday Only	All	Non Sameday Only	All	Non Sameday Only	All	
Non Metropolitan Hospitals									
Ballarat Base Hospital	2,775	4,773	3,001	5,453	2,716	4,761	-9.5%		-12.7%
Bendigo Health Care Group	2,323	3,873	2,694	4,413	2,434	4,173	-9.7%		-5.4%
Central Wellington Health Services	961	1,635	1,040	1,732	1,001	1,813	-3.8%		4.7%
Geelong Hospital	4,924	8,339	5,040	8,610	4,861	8,655	-3.6%		0.5%
Goulburn Valley Base Hospital	2,143	3,053	2,187	3,173	2,046	2,998	-6.4%		-5.5%
Hamilton Base Hospital	776	1,350	727	1,381	764	1,397	5.1%		1.2%
Latrobe Regional Hospital	2,237	4,591	2,234	5,013	2,156	4,584	-3.5%		-8.6%
Wangaratta District Base Hospital	1,487	2,254	1,457	2,461	1,464	2,456	0.5%		-0.2%
Warrnambool & District Base Hospital	1,882	3,086	1,757	3,008	1,714	3,001	-2.4%		-0.2%
West Gippsland Hospital	925	1,860	1,010	2,005	983	1,952	-2.7%		-2.6%
Wodonga Regional Health Service	1,218	2,334	1,252	2,811	1,235	2,782	-1.4%		-1.0%
Other	18,075	28,872	18,404	30,247	17,643	29,294	-4.1%		-3.2%
Sub Total Non Metropolitan Hospitals	39,726	66,020	40,803	70,307	39,017	67,866	-4.4%		-3.5%
Total All Public Hospitals	109,002	202,872	116,125	220,217	109,434	210,678	-5.8%		-4.3%

Source: Victorian Inpatient Minimum Database

4. Access to Emergency Services

How Many Patients Are Treated in Our Hospital Emergency Departments?

Table 4.1: Patients Treated in Hospital Emergency Departments ^{1 2}

	March 1997 Quarter	December 1997 Quarter	March 1998 Quarter	December 1997 to March 1998	Change (%)
Patients Treated	158,974	165,205	159,125		-3.7%

¹ Data only for hospitals participating in the Emergency Services Enhancement Program. A complete list of these hospitals is given in Table 4.2.

² As the Mercy Hospital and the Royal Women's Hospital are not participants in the 1997-98 Emergency Services Enhancement Program, their figures have been excluded from data prior to July 1997 to enable comparative interpretation of the data.

Source: Victorian Emergency Minimum Dataset

Patients Treated in the Emergency Department of Each of Our Major Public Hospitals

Table 4.2 Patients Treated in Hospital Emergency Departments, by Individual Hospitals^{1 2 3 4}

Hospital	March 1997 Quarter	December 1997 Quarter	March 1998 Quarter	December 1997 to March 1998	Change (%)
North Western Health Care Network					
Preston & Northcote Community Hospital ⁵	9,409	8,955	1,900		N/A
Northern Hospital ⁶	–	–	6,311		N/A
Royal Melbourne Hospital	9,987	10,519	10,674		1.5%
Western Hospital	14,808	15,775	15,130		-4.1%
Inner and Eastern Health Care Network					
Alfred Healthcare Group	10,048	10,406	10,180		-2.2%
Angliss Hospital	7,512	8,557	7,915		-7.5%
Box Hill Hospital	8,043	8,081	8,037		-0.5%
Maroondah Hospital	6,707	6,863	6,693		-2.5%
St. Vincent's Hospital	5,592	5,915	6,158		4.1%
Southern Health Care Network					
Dandenong Hospital	9,903	9,909	9,772		-1.4%
Monash Medical Centre	12,058	12,594	11,921		-5.3%
Peninsula Health Care Network					
Frankston Hospital	7,080	7,276	7,405		1.8%

¹ Data only for hospitals participating in the Emergency Services Enhancement Program.

² Data includes all emergency department patients, that is, they include patients who are subsequently admitted to hospital and patients who are treated in the emergency department without being admitted to hospital.

³ Note that some hospitals have multiple campuses and may operate separate emergency departments on each campus.

⁴ As the Mercy Hospital and the Royal Women's Hospital are not participants in the 1997-98 Emergency Services Enhancement Program, their figures have been excluded from data prior to July 1997 to enable comparative interpretation of the data.

⁵ As the Preston and Northcote Community Hospital (PANCH) closed at the end of January 1998, the March 1998 quarterly data includes figures for January only. Attendances at PANCH for this quarter should not therefore be compared with those of previous quarters.

⁶ As the Northern Hospital opened on 2 February 1998, the March 1998 quarterly data includes figures for February and March only.

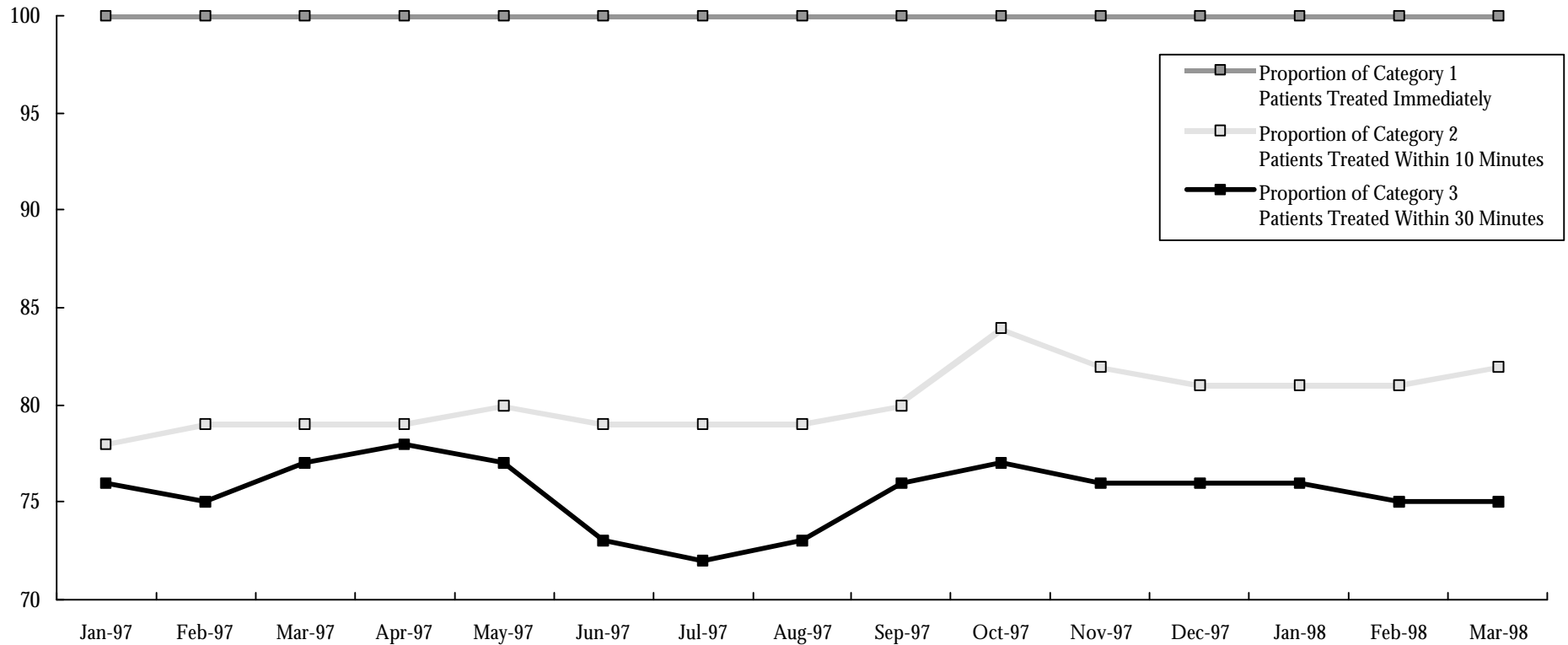
Table 4.2 Patients Treated in Hospital Emergency Departments, by Individual Hospitals (cont'd)

Hospital	March 1997 Quarter	December 1997 Quarter	March 1998 Quarter	December 1997 to March 1998	Change (%)
Women's and Children's Health Care Network					
Royal Children's Hospital	12,988	13,692	12,248		-10.5%
Metropolitan Non-Network Hospitals					
Austin and Repatriation Medical Centre	8,819	8,957	8,753		-2.3%
Non Metropolitan Hospitals					
Ballarat Base Hospital	7,541	7,587	7,115		-6.2%
Bendigo Health Care Group	6,683	7,686	7,226		-6.0%
Geelong Hospital	8,759	9,015	8,769		-2.7%
Goulburn Valley Base Hospital	5,648	5,333	5,484		2.8%
Latrobe Regional Hospital	7,389	8,085	7,434		-8.1%
Total All Public Hospitals	158,974	165,205	159,125		-3.7%

Source: Victorian Emergency Minimum Dataset

How many Patients, Classified According to Need, Are Treated Within Ideal Times in Our Hospital Emergency Departments?

Figure 4.1: Emergency Department Achievement of ACEM Waiting Times by Triage Category^{1 2 3 4}



¹ Waiting times are calculated as the time between presentation at the emergency department and commencement of treatment. The following Australasian College for Emergency Medicine (ACEM) patient categories and recommended treatment times are used:

Category 1: Resuscitation case requiring immediate treatment, for example, major trauma, cardiac arrest, unconsciousness, shock.

Category 2: Emergency case requiring treatment within 10 minutes, for example, severe trauma, chest pain, severe pain, severe breathing difficulty.

Category 3: Urgent case requiring treatment within 30 minutes, for example, moderate trauma, infection, breathing difficulty.

² Variation in waiting times may reflect delays in clerical data entry rather than delays in clinical response.

³ Data only for hospitals participating in the Emergency Services Enhancement Program.

⁴ As the Mercy Hospital and the Royal Women's Hospital are not participants in the 1997-98 Emergency Services Enhancement Program, their figures have been excluded from data prior to July 1997 to enable comparative interpretation of the data.

Patients, Classified According to Need, Who Are Treated within Ideal Times in Each of Our Hospital Emergency Departments

Table 4.3: Emergency Department Achievement of ACEM Waiting Times by Triage Category, by Individual Hospital: March 1998 Quarter^{1 2}

Hospital	Category 1 Patients		Category 2 Patients		Category 3 Patients	
	Number of Patients	Treated Immediately	Number of Patients	Treated in 10 Minutes	Number of Patients	Treated in 30 Minutes
North Western Health Care Network						
Preston & Northern Community Hospital ³	16	100%	60	82%	389	75%
Northern Hospital ⁴	33	100%	163	58%	1,364	48%
Royal Melbourne Hospital	98	100%	1,056	83%	3,489	86%
Western Hospital	190	100%	834	84%	3,294	84%
Inner and Eastern Health Care Network						
Alfred Healthcare Group	246	100%	799	81%	2,423	78%
Angliss Hospital	3	100%	42	93%	1,191	82%
Box Hill Hospital	78	100%	336	91%	2,444	75%
Maroondah Hospital	46	100%	258	91%	1,528	83%
St. Vincent's Hospital	65	100%	183	84%	1,132	84%
Southern Health Care Network						
Dandenong Hospital	178	100%	898	71%	4,180	70%
Monash Medical Centre	140	100%	1,042	73%	4,331	67%
Peninsula Health Care Network						
Frankston Hospital	57	100%	340	86%	2,547	69%

¹ Data only for hospitals participating in the Emergency Services Enhancement Program (ESEP).

² Australasian College for Emergency Medicine (ACEM).

³ The Preston and Northern Community Hospital closed at the end of January 1998. The data provided is for January 1998 only.

⁴ The Northern Hospital opened on 2 February 1998. The data provided is for February and March 1998 only.

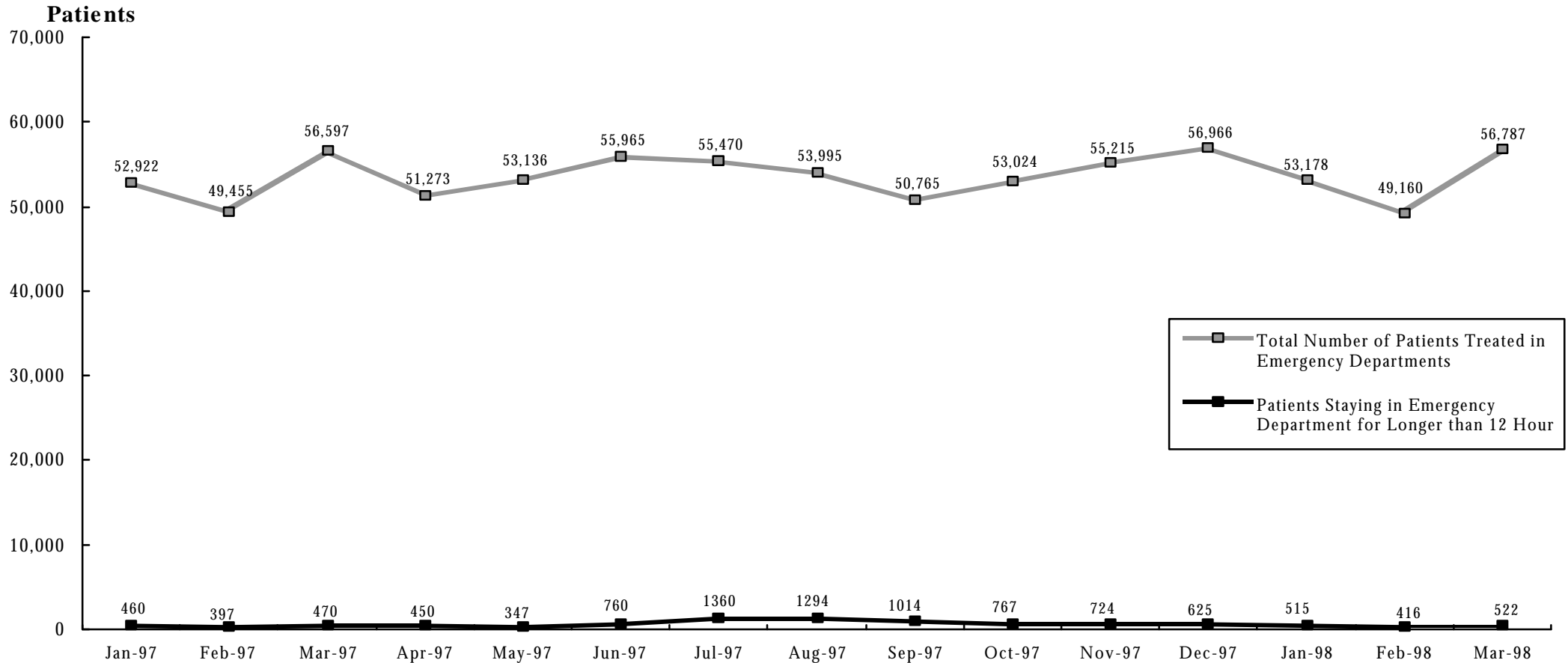
Table 4.3: Emergency Department Achievement of ACEM Waiting Times by Triage Category, by Individual Hospital (cont'd)

Hospital	Category 1 Patients		Category 2 Patients		Category 3 Patients	
	Number of Patients	Treated Immediately	Number of Patients	Treated in 10 Minutes	Number of Patients	Treated in 30 Minutes
Women's and Children's Health Care Network						
Royal Children's Hospital	52	100%	370	84%	3,193	76%
Metropolitan Non-Network Hospitals						
Austin and Repatriation Medical Centre	59	100%	653	76%	2,683	61%
Non Metropolitan Hospitals						
Ballarat Base Hospital	19	100%	127	81%	1,675	75%
Bendigo Health Care Group	12	100%	157	85%	1,021	84%
Geelong Hospital	70	100%	222	97%	1,945	81%
Goulburn Valley Base Hospital	27	100%	342	90%	1,354	80%
Latrobe Regional Hospital	33	100%	390	93%	1,113	89%
All ESEP Hospitals	1,422	100%	8,272	81%	41,296	75%

Source: Victorian Emergency Minimum Dataset

How many Patients Stay for an Extended Period in the Emergency Department?

Figure 4.2: Patients Staying in Emergency Departments for Over 12 Hours While Waiting for a Hospital Bed ^{1 2 3}



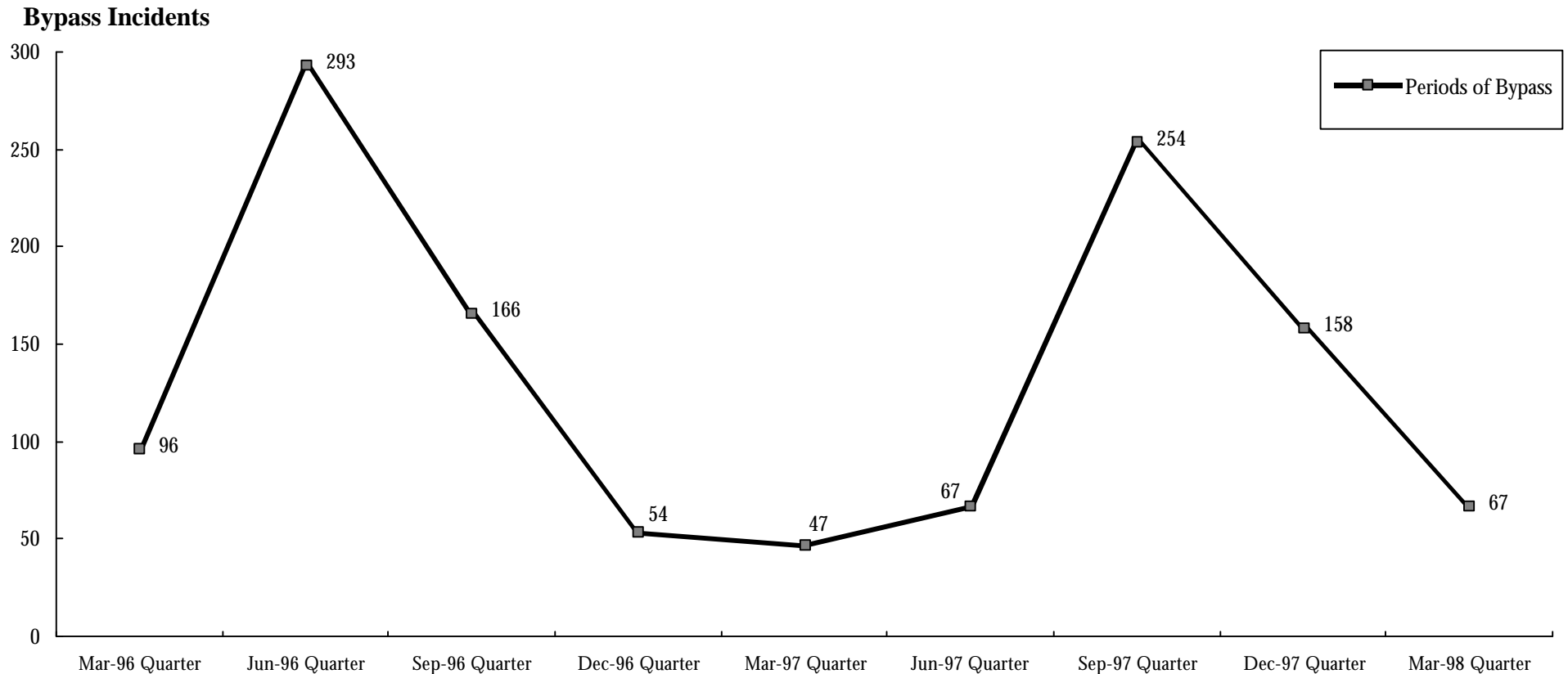
¹ The period of 'stay' is calculated from the time the patient arrives in the emergency department to the time when the patient leaves the emergency department.

² Data only for hospitals participating in the Emergency Services Enhancement Program.

³ As the Mercy Hospital and the Royal Women's Hospital are not participants in the 1997-98 Emergency Services Enhancement Program, their figures have been excluded from data prior to July 1997 to enable comparative interpretation of the data

How Often Are Hospital Emergency Departments Too Busy, and Consequently Go on 'Bypass'?

Figure 4.3: Periods of Ambulance Bypass of Public Hospitals^{1 2 3}



¹ Hospital emergency departments are bypassed by ambulances when the emergency department has reached maximum capacity and the treatment of patients already in the emergency department could be significantly compromised by the ambulance arrival of an additional patient requiring emergency treatment. Each individual period of ambulance bypass is for two hours or less.

² Data only for hospitals participating in the Emergency Services Enhancement Program.

³ Metropolitan Ambulance Service (MAS) response times are now being reported in MAS Response Report: A Quarterly Statistical Review of MAS, Melbourne. The 1st Issue (Feb 1998) of the Response Report reported on MAS response times for the December 1997 quarter. Copies of the Response Report can be obtained from MAS, Corporate Planning and Corporate Communications Unit, (03) 9840 3648.

5. Access to Critical Care Services

How Many Hospital Beds Are Available for Patients Who Need Intensive Care?

Table 5.1: Average Number of Intensive Care Beds (Excluding Step-down Beds) Available and Open at 9.00a.m., by Month ¹

	Jan-97	Feb-97	Mar-97	Apr-97	May-97	Jun-97	Jul-97	Aug-97	Sep-97	Oct-97	Nov-97	Dec-97	Jan-98	Feb-98	Mar-98
Available ²	8.6	12.6	8.8	8.3	8.2	5.9	2.4	1.7	3.4	4.2	6.8	6.3	10.0	7.8	4.8
Total Open ³	84.9	87.0	86.6	88.0	89.3	89.8	91.1	90.6	85.9	85.5	84.1	83.7	81.3	85.9	86.5

¹ Based upon hospital census taken at 9.00a.m. daily.

² Available beds are unoccupied beds which are staffed, functional and available to receive new patients.

³ Total open beds are all functioning and staffed beds, regardless of whether they are occupied.

Source: Office of the Coordinator of Emergency and Critical Care Services.

How Many Hospital Beds Are Available for Patients Who Need Coronary Care?

Table 5.2: Average Number of Coronary Care Beds (Excluding Step-down Beds) Available and Open at 9.00a.m., by Month ¹

	Jan-97	Feb-97	Mar-97	Apr-97	May-97	Jun-97	Jul-97	Aug-97	Sep-97	Oct-97	Nov-97	Dec-97	Jan-98	Feb-98	Mar-98
Available	12.1	13.7	8.5	7.9	6.4	6.4	5.4	6.5	7.3	9.5	10.3	9.1	12.4	10.4	9.7
Total Open	75.8	80.7	79.6	78.2	80.9	78.6	77.9	74.5	78.4	77.6	79.1	77.6	76.5	78.8	80.3

¹ Notes under Table 5.1 apply.

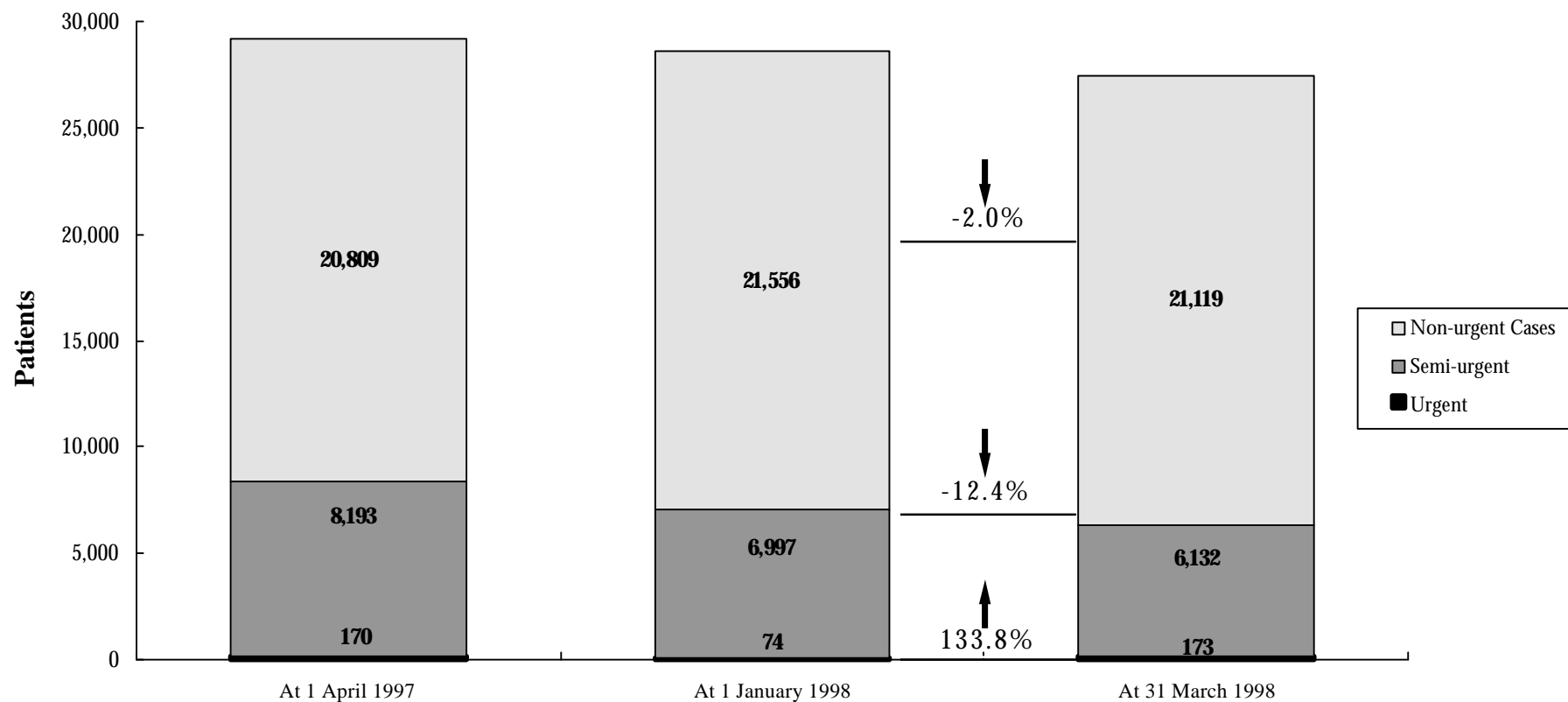
Source: Office of the Coordinator of Emergency and Critical Care Services

6. Access To Elective Surgery

How Many People, Classified According to Need, Are on the Waiting List?

Figure 6.1: Waiting List by Patient Category

^{1 2}



¹ The waiting list patient categories are:

- Urgent cases (waiting list category 1): Very urgent admission desirable for a condition that has the potential to deteriorate quickly, to the point that it may become an emergency. Admission within 30 days is desirable.
- Semi-urgent cases (waiting list category 2): Admission within 90 days acceptable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency. From 1 January 1998 the definition for category 2 patients has been changed to conform with national waiting list data definitions as published in the Australian Institute Health & Welfare National Health Data Dictionary Version 6.0 as follows: Admission within 90 days desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency.
- Non-urgent cases (waiting list category 3): Admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability which is very unlikely to deteriorate quickly and which does not have the potential to become an emergency.

² Note that for this and subsequent tables, the numbers involved may be small and therefore small absolute changes may result in large percentage changes.

Source: Hospital waiting list returns (until 1 January 1998) and Elective Surgery Information System (after 2 January 1998).

The Waiting List Patient Categories For Major Public Hospitals

Table 6.1 Waiting List by Patient Category, by Individual Hospital^{1 2 3}

Hospital	Urgent Cases			Semi Urgent Cases				Non Urgent Cases			
	1 Apr 1997	1 Jan 1998	31 Mar 1998	1 Apr 1997	1 Jan 1998	31 Mar 1998	Change % Jan 1998 to Mar 1998	1 Apr 1997	1 Jan 1998	31 Mar 1998	Change % Jan 1998 to Mar 1998
North Western Health Care Network											
Preston & Northcote Community Hospital ⁴	0	3	–	206	223	–	N/A	1,856	1,654	–	N/A
Northern Hospital ⁵	–	–	13	–	–	264		–	–	1,450	N/A
Royal Melbourne Hospital	50	24	42	606	497	385	-23%	1,310	1,380	1,510	9%
Western Hospital	1	4	20	179	221	265	20%	1,507	1,940	2,144	11%
Inner and Eastern Health Care Network											
Alfred Healthcare Group	40	18	7	560	464	241	-48%	794	820	1,031	26%
Angliss Hospital	0	4	1	0	19	22	16%	287	265	257	-3%
Box Hill Hospital	0	0	3	146	165	189	15%	489	370	431	16%
Maroondah Hospital	5	0	13	63	81	133	64%	1,554	1,503	1,517	1%
Peter MacCallum Cancer Institute	–	–	–	–	–	–	N/A	68	–	–	N/A
Royal Victorian Eye and Ear Hospital	0	0	1	1,734	1,588	1,522	-4%	59	45	21	-53%
St. Vincent's Hospital	11	4	6	596	517	431	-17%	649	731	845	16%
Southern Health Care Network											
Dandenong Hospital	3	0	4	151	139	123	-12%	1,114	1,152	926	-20%
Monash Medical Centre	17	5	11	675	470	420	-11%	3,065	2,663	2,287	-14%
Sandringham & District Memorial Hospital	3	0	2	10	2	19	850%	182	365	493	35%
Peninsula Health Care Network											
Frankston Hospital	2	3	13	465	452	393	-13%	1,488	1,697	1,677	-1%

¹ Note that for this and subsequent tables, the numbers involved may be small and therefore small absolute changes may result in large percentage changes.

² Peter MacCallum Cancer Institute, Central Wellington Health Service, Hamilton Base Hospital and Warrnambool and District Base Hospital no longer participate in the elective surgery enhancement program as of 1 July 1997.

³ Note that ESIS data collection dates are the final day of the month. The previous system measured waiting lists as at the first day of the following month.

⁴ The Preston and Northern Community Hospital closed at the end of January 1998. The data provided is for January 1998 only.

⁵ The Northern Hospital opened on 2 February 1998. The data provided is for February and March 1998 only.

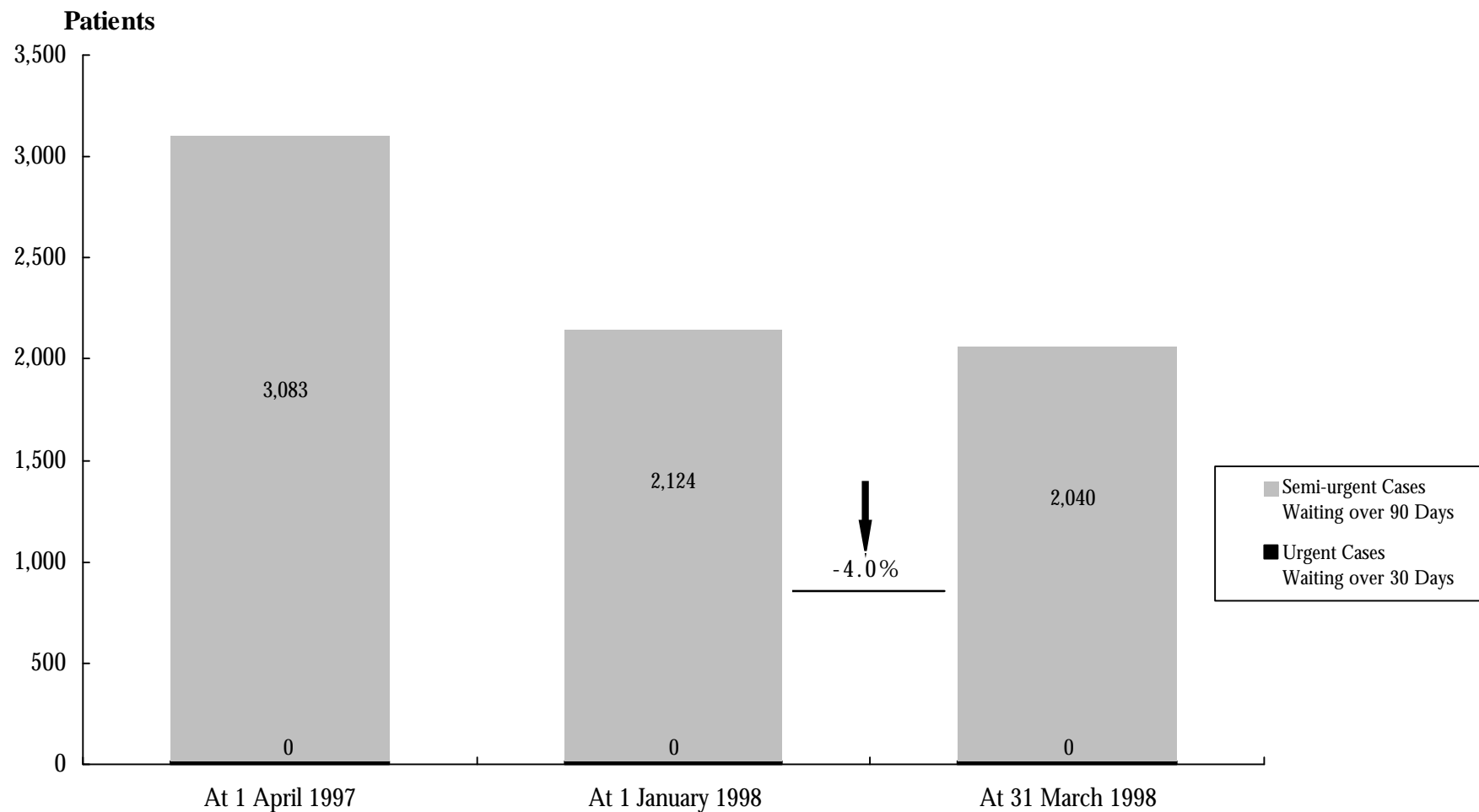
Table 6.1 Waiting List by Patient Category, by Individual Hospital (cont'd)

Hospital	Urgent Cases			Semi Urgent Cases				Non Urgent Cases			
	1 Apr 1997	1 Jan 1998	31 Mar 1998	1 Apr 1997	1 Jan 1998	31 Mar 1998	Change % Jan 1998 to Mar 1998	1 Apr 1997	1 Jan 1998	31 Mar 1998	Change % Jan 1998 to Mar 1998
Women's and Children's Health Care Network											
Royal Children's Hospital	2	0	1	101	68	44	-35%	593	529	659	25%
Royal Women's Hospital	5	2	3	169	133	188	41%	281	327	334	2%
Metropolitan Non-Network Hospitals											
Austin and Repatriation Medical Centre	20	5	17	1,060	893	686	-23%	1,531	1,621	1,487	-8%
Non Metropolitan Hospitals											
Ballarat Base Hospital	3	1	0	605	208	312	50%	602	965	1,069	6%
Bendigo Health Care Group	4	0	13	141	100	119	19%	788	737	890	21%
Central Wellington Health Service	—	—	—	5	—	—	N/A	38	—	—	N/A
Geelong Hospital	2	1	0	192	345	100	-71%	1,230	1,229	902	-27%
Goulburn Valley Base Hospital	0	0	1	192	247	180	-27%	750	898	626	-30%
Hamilton Base Hospital	—	—	—	6	—	—	N/A	43	—	—	N/A
Latrobe Regional Hospital	2	0	1	89	59	30	-49%	259	267	226	-15%
Wangaratta District Base Hospital	0	0	1	158	25	56	124%	68	220	192	-13%
Warrnambool and District Base Hospital	—	—	—	—	—	—	N/A	71	—	—	N/A
West Gippsland Hospital	0	0	0	84	81	10	-88%	133	178	145	-19%
Total All Waiting List Hospitals	170	74	173	8,193	6,997	6,132	-12%	20,809	21,556	21,119	-2%

Source: Hospital waiting list returns (until 1 January 1998) and Elective Surgery Information System (after 2 January 1998).

How Many People on the Waiting List Wait Longer than the Ideal?

Figure 6.3: Waiting List Exceeding Ideal Waiting Times, by Patient Category^{1 2}



¹ Waiting longer than ideal includes semi-urgent patients waiting over 90 days and urgent patients waiting over 30 days.

² Note that for this and subsequent tables, the numbers involved may be small and therefore small absolute changes may result in large percentage changes.

Source: Hospital waiting list returns (until 1 January 1998) and Elective Surgery Information System (after 2 January 1998).

People Who Appear on the Waiting List and Are Treated in Each of Our Major Public Hospitals

Table 6.2: Waiting List Additions and Completed Cases, by Individual Hospital: March 1998 Quarter^{1 2}

Hospital	Patients on the Waiting List as At 1 January 1998	New Patients Added During March 1998 Quarter	Total Patients Who Appear on the Waiting List during the Quarter	Patients on the Waiting List Who are Treated During the Quarter	Treated Patients as a Percentage of All Patients Who Appear on the List
North Western Health Care Network					
Preston & Northcote Community Hospital ³	1,880	356	2,236	307	13.7%
Northern Hospital ⁴	–	1,055	1,055	1,257	119.1%
Royal Melbourne Hospital	1,901	1,763	3,664	1,727	47.1%
Western Hospital	2,165	2,157	4,322	1,893	43.8%
Inner and Eastern Health Care Network					
Alfred Healthcare Group	1,302	3,574	4,876	3,597	73.8%
Angliss Hospital	288	574	862	582	67.5%
Box Hill Hospital	535	1,459	1,994	1,371	68.8%
Maroondah Hospital	1,584	963	2,547	884	34.7%
Peter MacCallum Cancer Institute	–	–	–	–	N/A
Royal Victorian Eye and Ear Hospital	1,633	1,592	3,225	1,681	52.1%
St. Vincent's Hospital	1,252	1,824	3,076	1,794	58.3%
Southern Health Care Network					
Dandenong Hospital	1,291	753	2,044	991	48.5%
Monash Medical Centre	3,138	1,884	5,022	2,304	45.9%
Sandringham & District Memorial Hospital	367	485	852	338	39.7%
Peninsula Health Care Network					
Frankston Hospital	2,152	1,858	4,010	1,927	48.1%

¹ Peter MacCallum Cancer Institute, Central Wellington Health Service, Hamilton Base Hospital and Warrambool and District Base Hospital no longer participate in the elective surgery enhancement program as of 1 July 1997.

² Figures based on data from the Elective Surgery Information System (ESIS). Differences between current data and previous Hospital Service Reports are attributable to the changeover in data collection system.

³ The Preston and Northern Community Hospital closed at the end of January 1998. The data provided is for January 1998 only.

⁴ The Northern Hospital opened on 2 February 1998. The data provided is for February and March 1998 only.

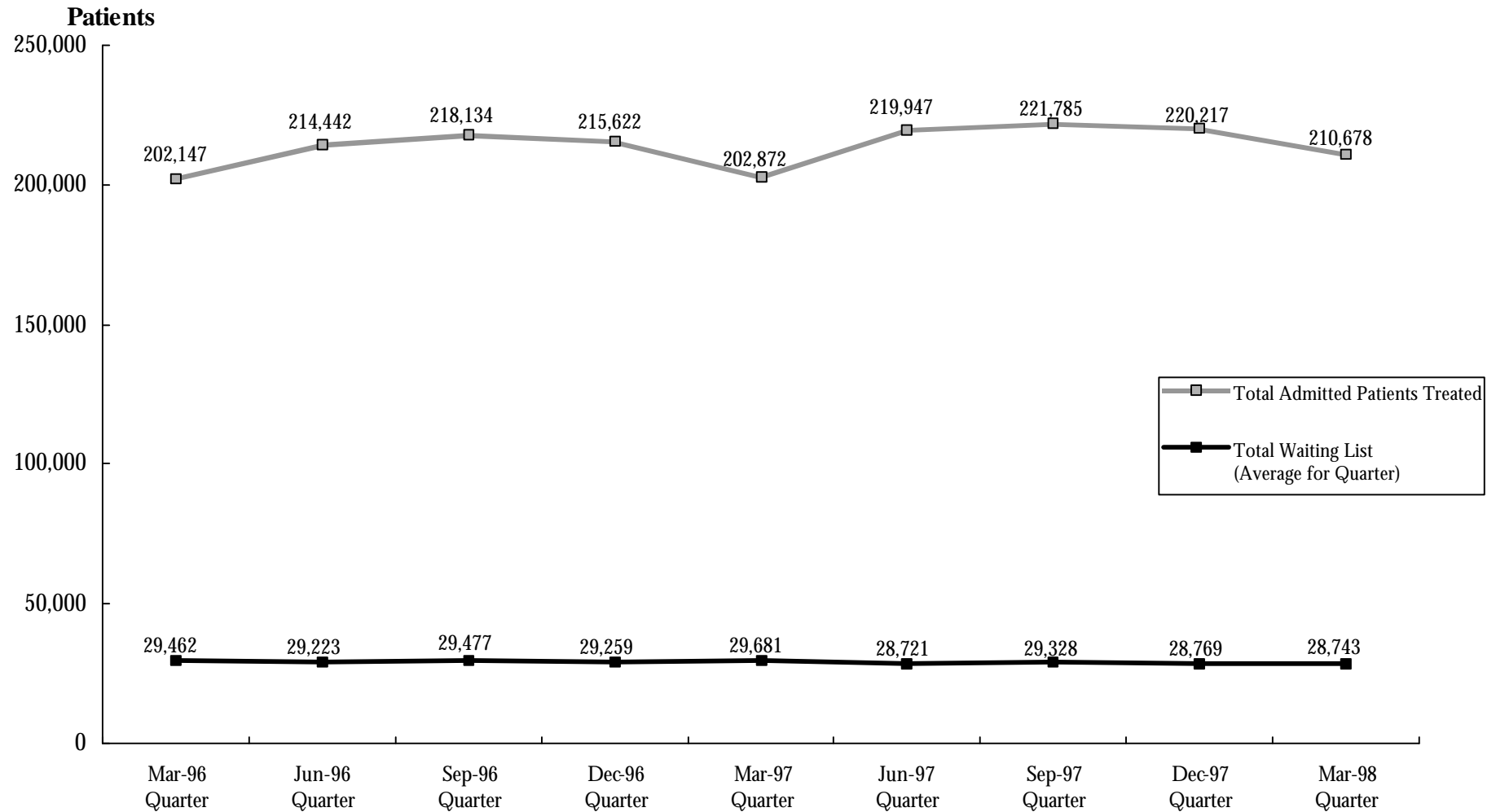
Table 6.2: Waiting List Additions and Completed Cases, by Individual Hospital (cont'd)

Hospital	Patients on the Waiting List as At 1 January 1998	New Patients Added During March 1998 Quarter	Total Patients Who Appear on the Waiting List during the Quarter	Patients on the Waiting List Who are Treated During the Quarter	Treated Patients as a Percentage of All Patients Who Appear on the List
Women's and Children's Health Care Network					
Royal Children's Hospital	597	3,087	3,684	2,980	80.9%
Royal Women's Hospital	462	1,653	2,115	1,590	75.2%
Metropolitan Non-Network Hospitals					
Austin and Repatriation Medical Centre	2,519	1,687	4,206	2,016	47.9%
Non Metropolitan Hospitals					
Ballarat Base Hospital	1,174	2,814	3,988	2,607	65.4%
Bendigo Health Care Group	837	797	1,634	612	37.5%
Central Wellington Health Service	–	–	–	–	N/A
Geelong Hospital	1,575	308	1,883	881	46.8%
Goulburn Valley Base Hospital	1,145	680	1,825	1,018	55.8%
Hamilton Base Hospital	–	–	–	–	N/A
Latrobe Regional Hospital	326	1,232	1,558	1,301	83.5%
Wangaratta District Base Hospital	245	958	1,203	954	79.3%
Warrnambool and District Base Hospital	–	–	–	–	N/A
West Gippsland Hospital	259	292	551	396	71.9%
Total all Waiting List Hospitals	28,627	33,805	62,432	35,008	56.1%

Source: Hospital waiting list returns (until 1 January 1998) and Elective Surgery Information System (after 2 January 1998).

How Does the Waiting List Compare to the Total Number of Patients Treated?

Figure 6.4: Waiting List Compared with Overall Admitted Patient Activity



Source: Victorian Inpatient Minimum Database.
Hospital waiting list returns (until 1 January 1998) and Elective Surgery Information System (after 2 January 1998).

How Many Patients Are Booked for Elective Surgery?

Table 6.4: Booked Patients at Waiting List Hospitals ^{1 2}

	At 1 April 1997	At 1 January 1998	At 31 March 1998	At 1 January 1998 to At 31 March 1998	Change (%)
Booked Patients	11,892	8,459	6,003		-29.03%

¹ Note that ESIS data collection dates are the final day of the month. The previous system measured waiting lists as at the first day of the following month.

² In Victoria, the waiting list is used to coordinate patients who have been recommended for elective surgery but who cannot be booked in for admission to hospital because the demand for elective surgery at that hospital exceeds the resources available at that hospital. Booked patients are separate to waiting list patients.

Note: Patients may be booked immediately at the time that they are referred for elective surgery or they may be booked after having waited on the waiting list. The ability of a hospital to offer bookings depends on a number of factors including (i) the urgency of the patient's condition, (ii) the suitability (fitness) of the patient to undergo surgery, and (iii) availability of resources, including appropriately skilled surgical staff, operating theatre facilities, recovery room facilities, and general ward accommodation.

Source: Hospital waiting list returns (until 1 January 1998) and Elective Surgery Information System (after 2 January 1998).

8. Glossary

What Do the Terms Used in this Report Mean?

Admitted Patient

Someone who is an inpatient in a hospital. Sameday patients who are admitted for less than 24 hours are also counted as inpatients but people who attend hospital for outpatient clinics are not.

Casemix Funded

A system of funding hospitals according to the actual number and type of services that they provide. Casemix funding was introduced for most Victorian public hospitals in July 1993.

Coronary Care

A hospital unit with specialised staff and equipment to care for patients with heart disease.

Elective Admission

A planned admission to hospital. Emergency admissions and transfers from other hospitals are not counted as elective admissions.

Elective Surgery

Planned surgery that is not an emergency requiring hospital admission within 24 hours.

Emergency Admission

An unplanned admission to hospital due to unexpected illness or injury that requires urgent care.

Emergency Department

A hospital department that specialises in providing emergency care for people who are in need of urgent care (ambulance cases for example) and people who choose to seek treatment in an emergency department.

Health Care Network

A group of community acute hospitals, psychiatric services, tertiary acute hospitals and aged care services in the metropolitan area that is managed by a single board of directors.

Intensive Care

A hospital unit with specialised staff and equipment to provide continuous care for critically ill, injured or post-operative patients.

Non Sameday Patient

In the context of this report, a non sameday patient is an inpatient who leaves hospital on a later date than when they were admitted.

Separation

When an inpatient leaves a hospital. This is the technical way of counting the number of inpatients treated by a hospital.

Step Down Bed

Hospital beds with specialised staff and equipment to care for patients who no longer need coronary or intensive care but are not yet ready to move to a general hospital ward.

Transfer

When an inpatient is moved from one hospital to another. This might be in order to obtain a specialised treatment not available at the first hospital or because of the patient's preferences.

Waiting List Hospital

A major public hospital that performs elective surgery for public patients and uses a waiting list to properly keep track of people who require elective surgery.