

Hospital Services Report

September 1997 Quarter

Notes

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

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

<http://hna.ffh.vic.gov.au/ahs/index.html>

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Intr oduction

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.

The *Hospital Services Report* was introduced as a regular publication 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 September Quarter 1997, which covers the months of July, August and September.

This edition includes a special report on the redevelopment of health services in small rural communities into Rural Healthstreams.

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. Departmental staff, hospital staff, general practitioners and other health care professionals may be able to assist you to interpret this report.

1. Rural Healthstreams: Redevelopment of Health Services in Small Rural Communities

Rural communities have a diverse range of health service needs, but because of relatively small populations and more geographically disparate demands, the range of services provided has been historically limited.

In September 1996 the Minister for Health, the Hon. Rob Knowles, announced a new integrated health care funding and delivery system called Rural Healthstreams, designed to better meet the local needs of Victorians.

The purpose of Rural Healthstreams funding is to enable the development of a more responsive, flexible health care system which encourages cooperation between all health and welfare sectors.

Implementation of the Rural Healthstreams Program is ensuring that health agencies in small rural communities are able to provide a broader range of services, in both community-based and home-based settings, through the flexibility of funding afforded under the Program.

Five rural health agencies have been approved for participation in the Rural Healthstreams Program:

- Port Fairy Hospital.
- Beaufort and Skipton Health Services.
- Mt Alexander Hospital.
- Tallangatta Hospital.
- Yarram and District Health Service.

A further eleven communities have been approved in principle for participation in the Rural Healthstreams Program, covering services in:

- Casterton.
- Heywood.

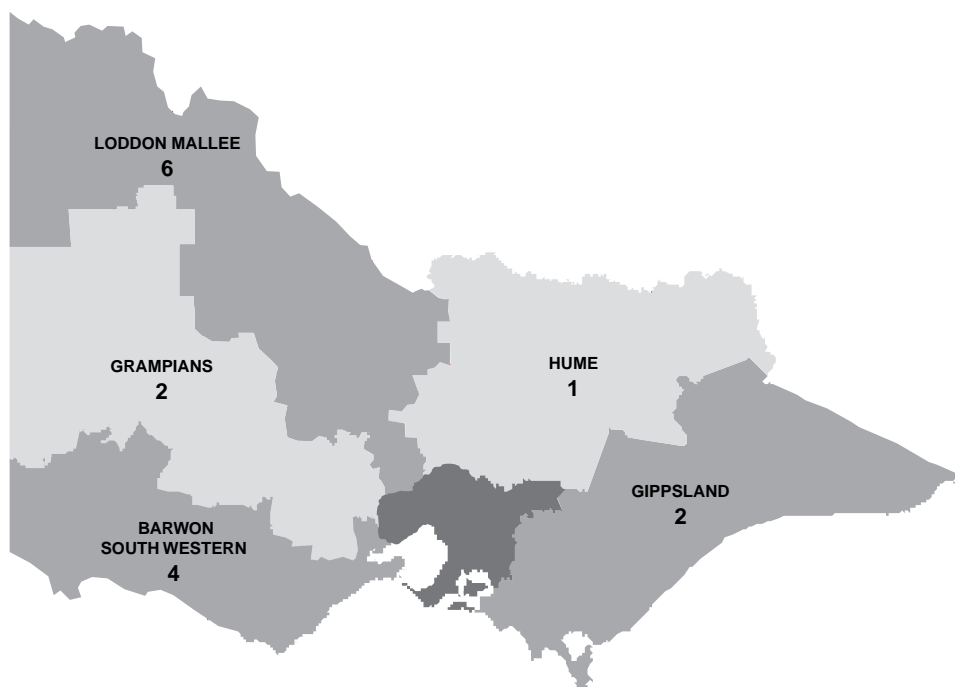
- Winchelsea.
- Bacchus Marsh.
- Melton and Ballan.
- Dunolly.
- Manangatang.
- Kerang.
- Wycheproof and Sea Lake.
- Maldon.
- Koo Wee Rup, Pakenham and Bunyip.
- Colac.

Each of the approved agencies, and seven of the approved-in-principle agencies, have completed implementation plans incorporating service planning, information technology, training and staff development and startup measures.

Rural Healthstreams involves the combination of funding and programs from a number of Divisions of the Department of Human Services, enabling a single flexible purchasing strategy for those agencies and populations. Rural Healthstreams agencies provide a range of services, including acute care, residential care, community health, primary care, home-based health services, and health education and promotion. Rural Healthstreams is encouraging a broader, more diverse range of services with an emphasis on improved community- and home-based care. There is an increasing recognition of alternatives to the traditional bed-based services of acute hospitals.

Participation in the Rural Healthstreams Program requires substantial community support and internal agency support. The service planning process provides a framework for agencies to implement change from current funding and service delivery models to the Rural Healthstreams model, so as to best service the needs of the community.

Figure 1.1: Number of Rural Healthstream Agencies by Region



A Rural Healthstreams Case Study: Yarram and District Health Service

Yarram is a town of about 2,000 people situated in southern Gippsland, 200 kms to the south-east of Melbourne. Set in a small regional centre, the health service now provides responsive, integrated and appropriate services to a total community of around 9,000 local residents.

Ten years ago in its historical acute-focused form, the services offered by the Yarram Hospital were becoming less and less sustainable. The Board began to address this situation nine years ago with the appointment of a joint Director of Nursing/Chief Executive Officer to tackle the challenges being faced by many health services in small rural communities. The initiatives subsequently undertaken in consultation with the Gippsland Regional Office of the Department of Human Services culminated in the transformation of the hospital into the Yarram and District Health Service, and in its approval as one of the first five rural agencies to pilot the Rural Healthstreams Program.

The focus of the Health Service has been to channel resources and energy into expanding the range of community-based and collocated services it offers local residents. This focus has been informed by extensive service planning and community consultation. Rural Healthstreams has enabled the Health Service to formalise the consultation and business planning process and to further expand its range of services by permitting the interchange of acute funding into such services as: community rehabilitation conducted in the specially converted decommissioned operating theatres; increased community nursing; in-home respite care; social support programs, school health and immunisation programs; home and community care; and family counselling.

The Health Service also provides contracted services which include; the school support program, psychiatric disability support service; the health promotion program at the nearby prison and youth services. Collocated services include drug and alcohol services; the community mental health team; financial counselling; and maternal and child health.

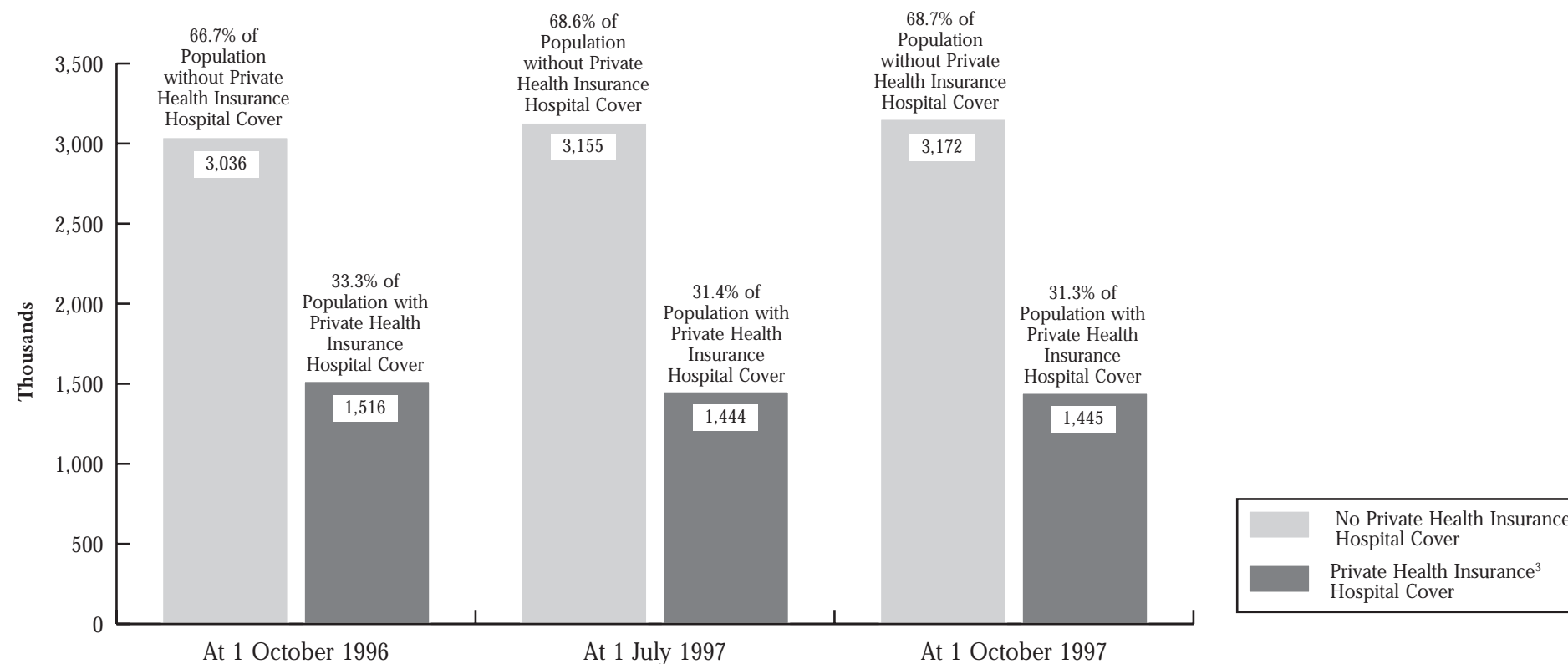
The benefit of such initiatives is maximised through the multi-skilling of staff, their inclusion in service planning, rostering and staffing decisions, generous educational support offered by the Board and a commitment to quality improvement and ongoing accreditation as a quality health care provider.

Rural Healthstreams is a way in which innovative rural health agencies such as Yarram and District Health Service can continue to provide quality services which the community needs, by efficiently and appropriately directing their resources without the boundaries of program areas largely designed for metropolitan 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}



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

² Data for current quarter is provisional.

³ From 1 July 1995, Australian hospital insurance statistics include both *basic* and *supplementary* levels of insurance cover under the category of hospital insurance.

Basic hospital insurance provides sufficient benefits to fully cover shared ward accommodation in public hospitals.

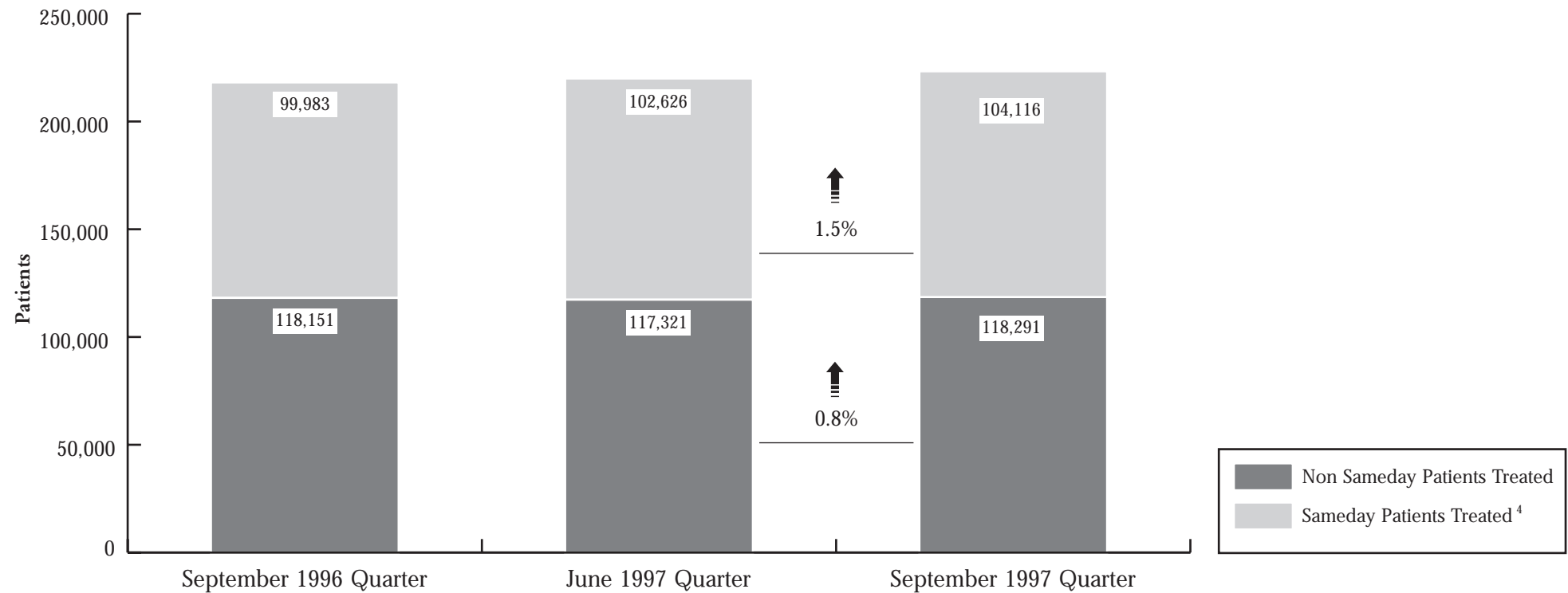
Supplementary hospital insurance provides additional benefits to meet most of the cost of accommodation in private hospitals.

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, 4}



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

² All data is provisional and may alter in future as it is updated.

³ Throughput for this quarter appears lower than usual due to industrial action. Data from five non-metropolitan hospitals (Mildura Base, Robinvale, Warrnambool, West Wimmera and Yarra Ranges) is unavailable due to testing of new data submission processes. An estimate based on throughput for the same time last year has been included in this table for comparative purposes.

⁴ "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, 4}

Hospital	September 1996 Quarter		June 1997 Quarter		September 1997 Quarter		Change (%) June 1997 to September 1997	
	Non Sameday Only	All	Non Sameday Only	All	Non Sameday Only	All	Non Sameday Only	All
Western Health Care Network								
Royal Melbourne Hospital	6,011	14,213	6,097	14,291	6,529	15,138	7.1	5.9
Western Hospital	6,544	11,127	6,521	11,763	6,558	11,849	0.6	0.7
Other Hospitals	2,313	4,541	2,361	4,625	2,223	4,522	-5.8	-2.2
Sub Total Western Health Care Network	14,868	29,881	14,979	30,679	15,310	31,509	2.2	2.7
Inner and Eastern Health Care Network								
Alfred Healthcare Group	5,596	14,873	5,868	13,674	4,711	11,733	-19.7	-14.2
Angliss Health Service	1,985	3,207	2,635	3,747	2,692	3,876	2.2	3.4
Box Hill Hospital	3,645	5,983	4,029	6,557	4,120	6,790	2.2	3.5
Maroondah Hospital	2,123	3,861	1,960	3,565	1,980	3,740	1.0	4.9
Royal Victorian Eye and Ear Hospital	2,124	3,235	1,946	3,436	1,820	3,202	-6.5	-6.8
St Vincent's Hospital	4,497	9,905	3,889	9,145	3,884	9,250	0.03	1.1
Other Hospitals	3,097	5,615	2,400	4,553	3,355	6,726	39.8	47.7
Sub Total Inner and Eastern Health Care Network	23,067	46,679	22,727	44,677	22,562	45,317	-0.7	1.6

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

² All data is provisional and may alter in future as it is updated and re-checked.

³ Throughput for this quarter appears lower than usual due to industrial action. Data from five non-metropolitan hospitals (Mildura Base, Robinvale, Warrnambool, West Wimmera and Yarra Ranges) is unavailable due to testing of new data submission processes. An estimate based on throughput for the same time last year has been included in this table for comparative purposes.

⁴ "Sameday" patients are admitted and discharged on the same day.

Source: Victorian Inpatient Minimum Database

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

Hospital	September 1996 Quarter		June 1997 Quarter		September 1997 Quarter		Change (%)	
	Non Sameday Only	All	Non Sameday Only	All	Non Sameday Only	All	Non Sameday Only	All
North Eastern Health Care Network								
Austin and Repatriation Medical Centre	6,305	15,083	6,086	15,243	6,016	15,187	-1.2	-0.4
Mercy Hospital for Women	2,232	3,265	2,048	3,064	2,173	3,403	6.1	11.1
Preston and Northcote Community Hospital	3,538	5,547	3,644	5,724	3,123	5,181	-14.3	-9.5
Sub Total North Eastern Health Care Network	12,075	23,895	11,778	24,031	11,312	23,771	-4.0	-1.1
Southern Health Care Network								
Dandenong Hospital	3,986	6,094	4,327	6,558	4,214	6,431	-2.6	-1.9
Monash Medical Centre	7,167	14,986	4,541	16,289	7,450	16,671	-1.2	2.3
Sandringham and District Memorial Hospital	1,102	1,765	1,225	1,845	1,214	1,823	0.1	-1.2
Sub Total Southern Health Care Network	12,926	23,905	13,093	24,692	12,878	24,925	-1.6	0.9
Peninsula Health Care Network								
Mornington Peninsula Hospital	4,611	9,088	4,944	9,672	4,787	9,244	-3.2	-4.4
Sub Total Peninsula Health Care Network	4,611	9,088	4,944	9,672	4,787	9,244	-3.2	-4.4
Women's and Children's Health Care Network								
Royal Children's Hospital	4,785	7,794	4,679	7,454	4,852	7,681	3.7	3.0
Royal Women's Hospital	3,760	8,007	3,597	7,930	3,697	8,056	2.8	1.6
Sub Total Women's and Children's Health Care Network	8,545	15,801	8,276	15,384	8,549	15,737	3.3	2.3

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

Hospital	September 1996 Quarter		June 1997 Quarter		September 1997 Quarter		Change (%)	
	Non Sameday Only	All	Non Sameday Only	All	Non Sameday Only	All	June 1997 to September 1997 Non Sameday Only	All
Non Metropolitan Hospitals								
Ballarat Base Hospital	3,140	5,286	2,999	5,441	2,943	5,249	-1.9	-3.5
Bendigo Health Care Group	2,798	4,522	2,672	4,520	2,764	4,502	3.4	-0.4
The Geelong Hospital	5,116	8,799	5,104	9,054	5,092	8,841	0.02	-2.4
Goulburn Valley Base Hospital	2,381	3,350	2,238	3,250	2,369	3,406	5.8	4.8
Latrobe Regional Hospital	2,354	4,957	2,248	4,822	2,356	5,044	4.8	4.6
Wangaratta District Base Hospital	937	1,565	1,584	2,436	1,519	2,328	-4.1	-4.4
West Gippsland Hospital	958	2,303	1,042	2,114	1,040	1,992	-0.2	-5.8
Other Hospitals	24,375	38,103	23,637	39,175	21,089	34,456	-10.8	-12
Sub Total Non Metropolitan Hospitals	42,059	68,885	41,524	70,812	42,893	71,904	+3.3	+1.5
Total All Public Hospitals	118,151	218,134	117,321	219,947	118,291	222,407	+0.8	+1.1

4. Access to Emergency Services

How Many Patients Are Treated in Our Hospital Emergency Departments?

Table 4.1: Patients Treated in Hospital Emergency Departments ^{1,2,3}

	September 1996 Quarter	June 1997 Quarter	September 1997 Quarter	Change (%) June 1997 to September 1997
Patients Treated	155,033	160,374	160,230	-0.09

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 Statistics up to September 1995, in this and previous editions of the Hospital Services Report, have been supplied from the Agency Information Management System (AIMS) which reports on the number of occasions of service. As of January 1997, all data is supplied from the Victorian Emergency Minimum Dataset (VEMD).

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.

Sources: Victorian Emergency Minimum Dataset, Agency Information Management System

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

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

Hospital	September 1996 Quarter	June 1997 Quarter	September 1997 Quarter	Change (%) June 1997 to September 1997
Western Health Care Network				
Royal Melbourne Hospital	9,408	10,171	10,229	0.57
Western Hospital	14,702	15,356	15,329	-0.18
Inner and Eastern Health Care Network				
Alfred Healthcare Group	9,967	9,704	9,764	0.62
Angliss Health Service	6,909	7,688	7,793	1.37
Box Hill Hospital	7,670	8,166	7,974	-2.35
Maroondah Hospital	6,062	6,370	6,202	-2.64
St Vincent's Hospital	6,028	5,751	5,621	-2.26
North Eastern Health Care Network				
Austin and Repatriation Medical Centre	9,121	8,380	8,721	4.07
Preston and Northcote Community Hospital	9,197	8,900	8,339	-6.30
Southern Health Care Network				
Dandenong Hospital	9,245	9,964	9,761	-2.04
Monash Medical Centre	11,487	12,519	12,391	-1.02

¹ The data are only for hospitals participating in the Emergency Services Enhancement Program.

² The data are for all emergency department services, that is, they include patients who are subsequently admitted to hospital and patients who are treated in the emergency department without needing to be 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.

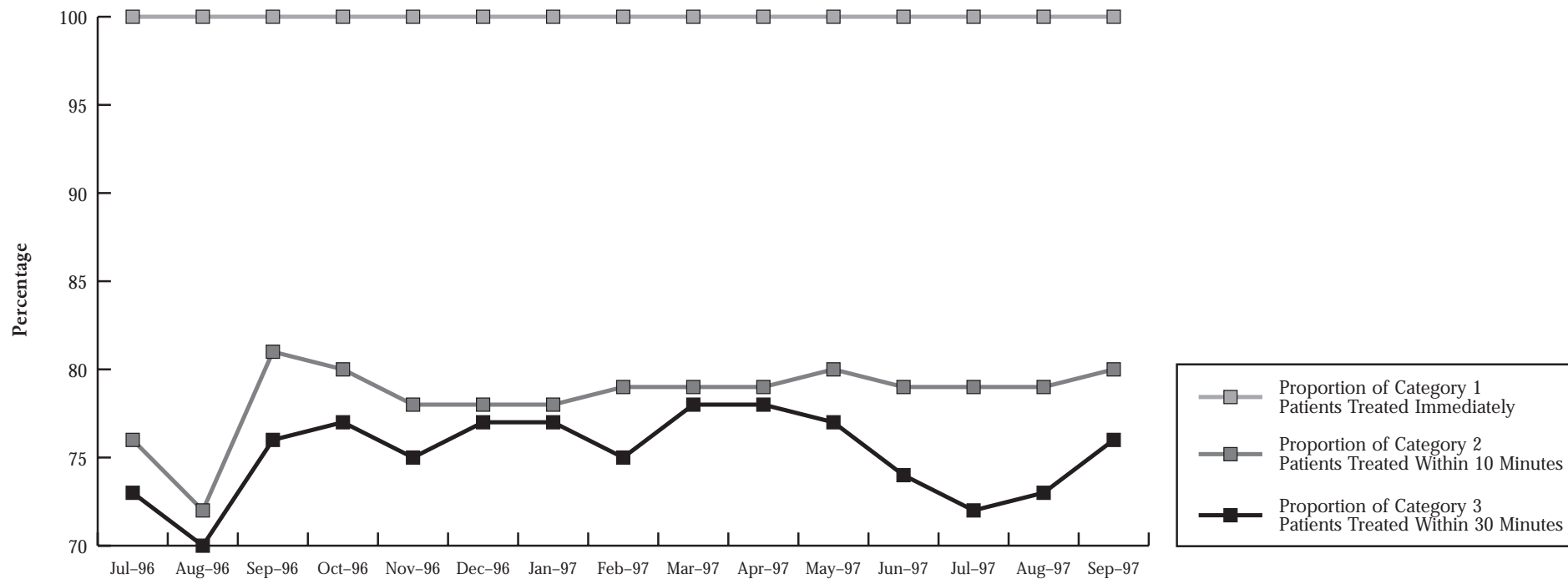
Table 4.2: Patients Treated in Hospital Emergency Departments, by Individual Hospital (Cont'd)

Hospital	September 1996 Quarter	June 1997 Quarter	September 1997 Quarter	Change (%) June 1997 to September 1997
Peninsula Health Care Network				
Mornington Peninsula Hospital	6,810	7,252	7,195	-0.79
Women's and Children's Health Care Network				
Royal Children's Hospital	15,153	15,103	15,274	1.13
Non Metropolitan Hospitals				
Ballarat Base Hospital	7,021	7,581	7,657	1.00
Bendigo Health Care Group	6,065	6,945	7,068	1.77
The Geelong Hospital	8,052	8,061	8,449	4.81
Goulburn Valley Base Hospital	5,355	4,916	4,995	1.61
Latrobe Regional Hospital	6,781	7,547	7,468	-1.05
Total	155,033	160,374	160,230	-0.09

Source: Victorian Emergency Minimum Dataset, Agency Information Management System

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.

Source: Victorian Emergency Minimum Dataset

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: September 1997 Quarter ^{1, 2, 3}

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
Western Health Care Network						
Royal Melbourne Hospital	153	100%	1,041	82%	3,499	84%
Western Hospital	146	100%	653	87%	3,049	85%
Inner and Eastern Health Care Network						
Alfred Healthcare Group	255	100%	891	79%	2,495	70%
Angliss Health Service	9	100%	90	91%	1,400	66%
Box Hill Hospital	105	100%	289	85%	2,257	77%
Maroondah Hospital	56	100%	317	73%	1,501	70%
St Vincent's Hospital	73	100%	271	82%	1,367	77%
North Eastern Health Care Network						
Austin and Repatriation Medical Centre	91	100%	844	80%	2,655	65%
Preston and Northcote Community Hospital	96	100%	250	68%	1,850	64%
Southern Health Care Network						
Dandenong Hospital	185	100%	1,045	72%	4,210	69%
Monash Medical Centre	151	100%	1,327	69%	4,953	69%

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 Statistics up to September 1995, in this and previous editions of the Hospital Services Report, have been supplied from the Agency Information Management System (AIMS) which reports on the number of occasions of service. As of January 1997, all data is supplied from the Victorian Emergency Minimum Dataset (VEMD).

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.

Sources: Victorian Emergency Minimum Dataset, Agency Information Management System

Table 4.3: Emergency Department Achievement of ACEM Waiting Times by Triage Category, by Individual Hospital: September 1997 Quarter

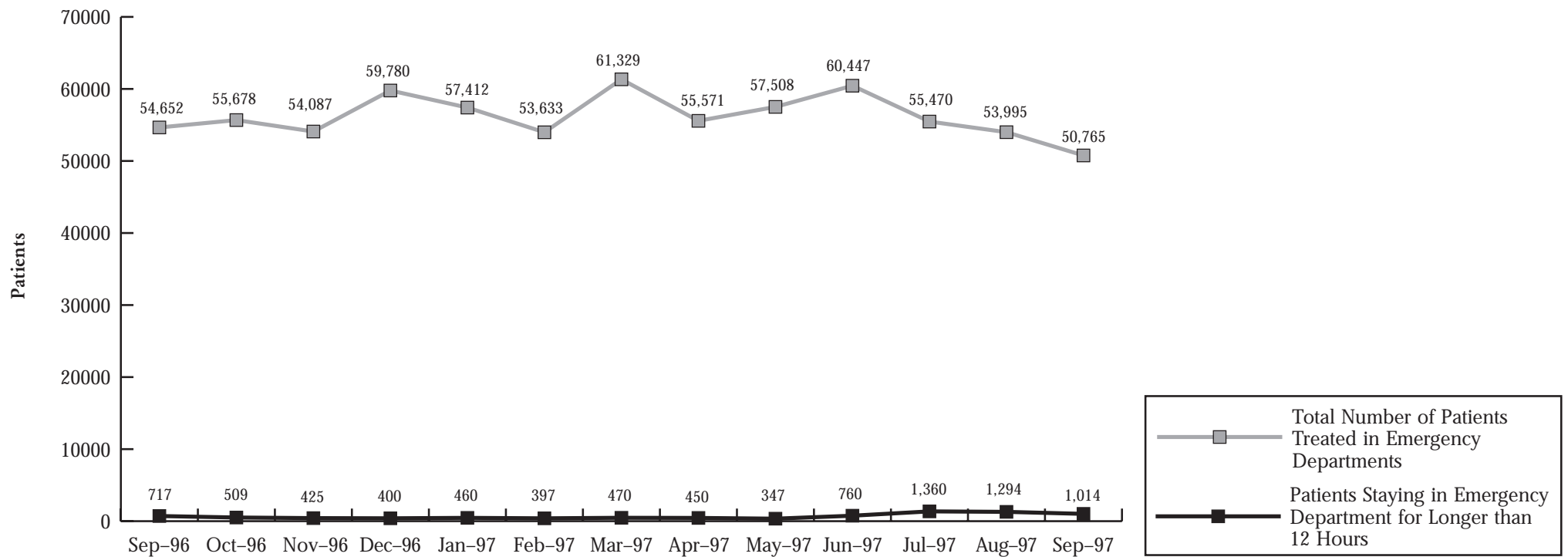
(Cont'd)

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
Peninsula Health Care Network						
Mornington Peninsula Hospital	66	100%	218	83%	1,930	66%
Women's and Children's Health Care Network						
Royal Children's Hospital	48	100%	406	78%	3,270	66%
Ballarat Base Hospital	25	100%	161	88%	1,925	81%
Bendigo Health Care Group	17	100%	178	88%	1,116	77%
The Geelong Hospital	79	100%	225	90%	1,824	82%
Goulburn Valley Base Hospital	32	100%	301	88%	1,598	83%
Latrobe Regional Hospital	42	100%	362	93%	1,116	88%
All ESEP Hospitals	1,629	100%	8,869	79%	42,015	74%

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, 4}



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

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

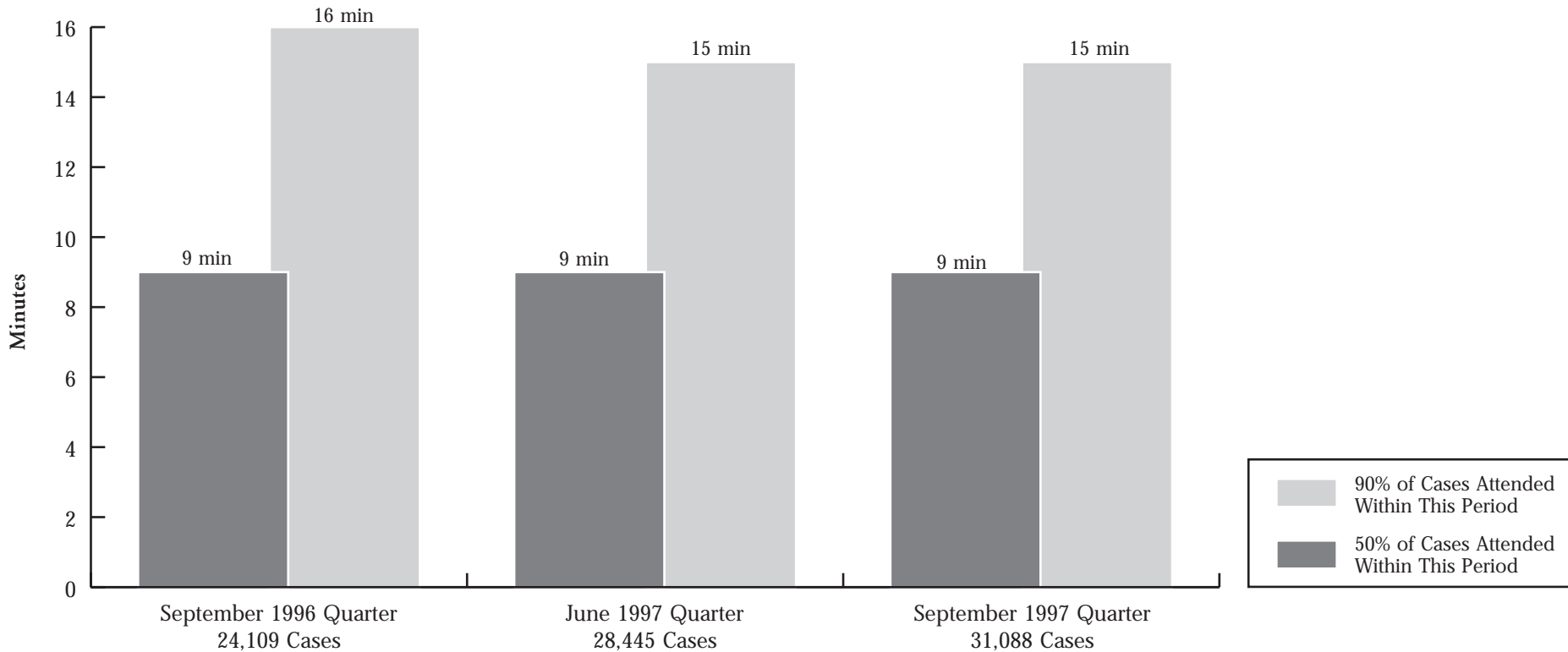
³ An internal hospital review by the Alfred Health Care Group has resulted in amended figures for October and November 1996.

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.

Source: Victorian Emergency Minimum Dataset.

How Quickly Do Ambulances Respond to Emergencies?

Figure 4.3: Metropolitan Ambulance Emergency Response Times: Code One ^{1, 2, 3}



¹ Emergencies are ambulance requests where 'presenting information indicates that time is critical and that an ambulance should respond as quickly as possible'.

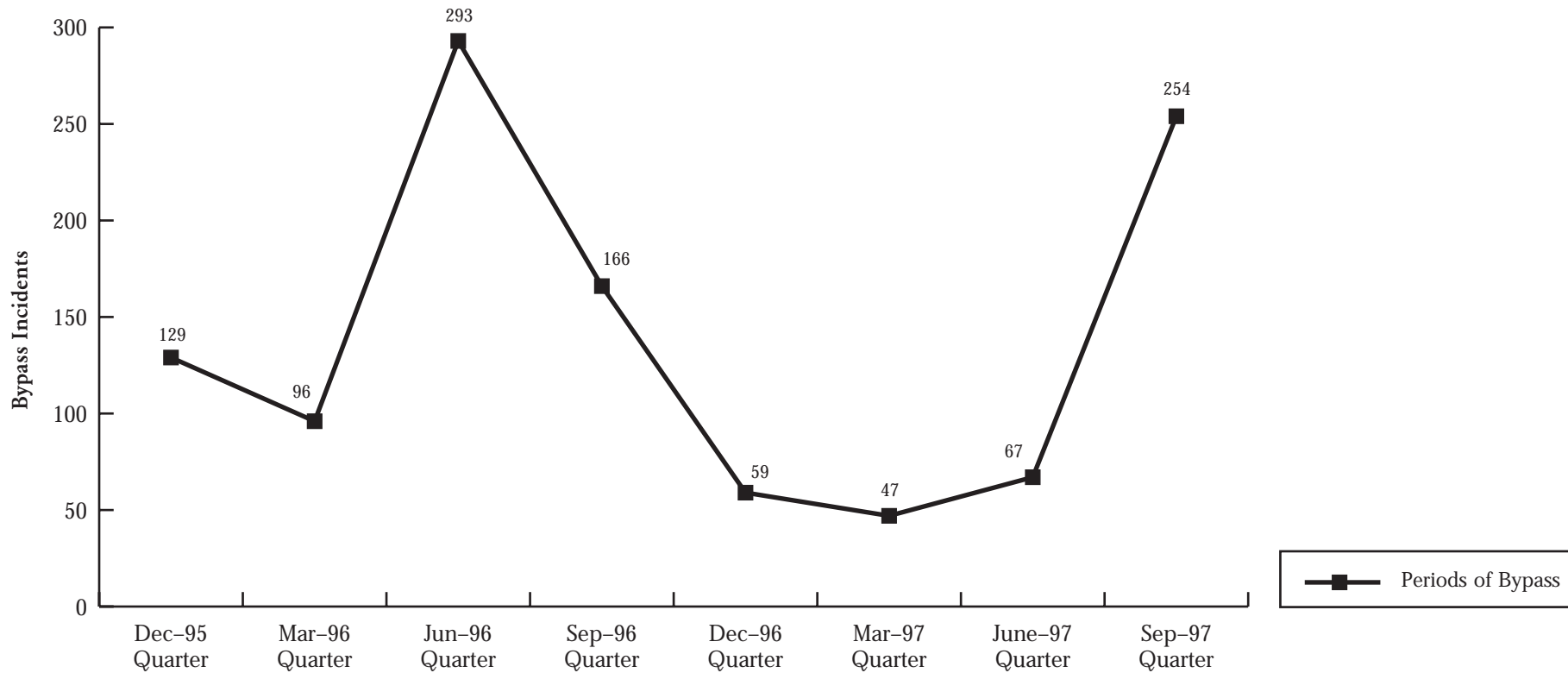
² Code One: A time critical incident to which one or more ambulances are dispatched.

³ Data are response times for the Metropolitan Ambulance Service only.

Source: Metropolitan Ambulance Service

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

Figure 4.4: Periods of Ambulance Bypass of Public Hospitals ^{1, 2}



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.

Source: Metropolitan Ambulance Service

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 9.00 a.m., by Month ¹

	Jul-96	Aug-96	Sep-96	Oct-96	Nov-96	Dec-96	Jan-97	Feb-97	Mar-97	Apr-97	May-97	June-97	July-97	Aug-97	Sept-97
Available ²	4.4	6.6	4.7	5.2	5.8	8.1	8.6	12.6	8.8	8.3	8.2	5.9	2.4	1.7	3.4
Total Open ³	84.2	82.9	83.3	85.6	86.2	85.5	84.9	87.0	86.6	88.0	89.3	89.8	91.1	90.6	85.9

¹ Based upon hospital census taken at 9:00 a.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 9.00 a.m., by Month ¹

	Jul-96	Aug-96	Sep-96	Oct-96	Nov-96	Dec-96	Jan-97	Feb-97	Mar-97	Apr-97	May-97	June-97	July-97	Aug-97	Sept-97
Available	5.8	8.8	7.2	10.8	6.1	9.0	5.6	13.7	8.5	7.9	6.4	6.4	5.4	6.5	7.3
Total Open	78.5	79.4	78.8	79.1	79.7	79.5	45.9	80.7	79.6	78.2	80.9	78.6	77.9	74.5	78.4

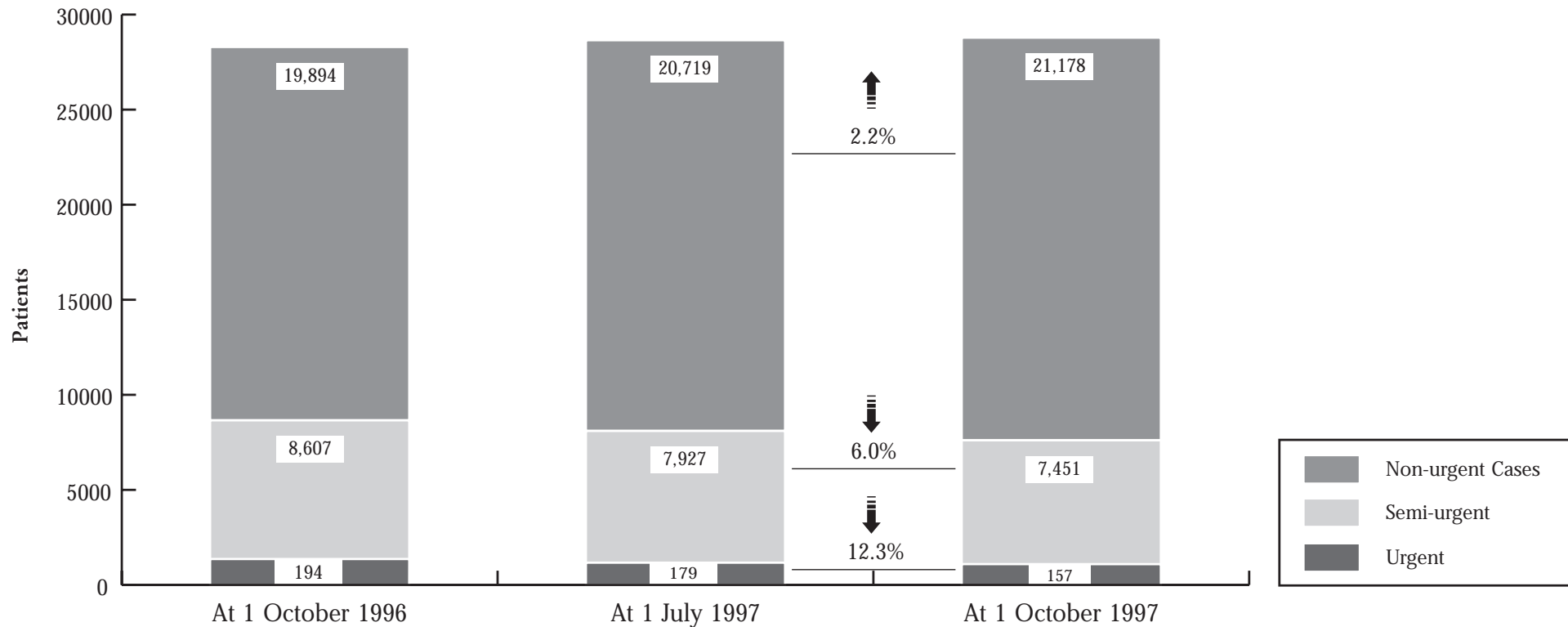
¹ Notes under Table 5.1 apply.

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



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.
- 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.

Source: Hospital waiting list returns.

The Waiting List Patient Categories for Each of Our Major Public Hospitals

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

Hospital	Urgent Cases				Semi-urgent Cases				Non-urgent Cases			
	I Oct 1996	I July 1997	I Oct 1997	Change (%) July to Oct 1997	I Oct 1996	I July 1997	I Oct 1997	Change (%) July to Oct 1997	I Oct 1996	I July 1997	I Oct 1997	Change (%) July to Oct 1997
Western Health Care Network												
Royal Melbourne Hospital	41	58	45	-22	524	587	439	-25	1,498	1,330	1,335	0
Western Hospital	1	1	4	300	219	232	247	6	1,525	1,595	2,042	28
Inner and Eastern Health Care Network												
Alfred Healthcare Group	47	40	31	-23	548	457	432	-5	763	702	764	9
Angliss Hospital	0	0	0	-	4	29	2	-93	387	353	262	-26
Box Hill Hospital	0	0	0	-	121	178	231	30	522	475	659	39
Peter MacCallum Cancer Institute	0	0	-	NA	0	0	-	NA	35	49	-	-
Maroondah Hospital	4	1	2	100	112	53	70	32	1,619	1,554	1,574	1
Royal Victorian Eye and Ear Hospital	0	0	0	-	1,637	1,681	1,422	-15	22	83	57	-31
St Vincent's Hospital	19	10	10	0	586	658	651	-1	482	722	707	-2
North Eastern Health Care Network												
Austin and Repatriation Medical Centre	21	16	16	0	1,286	1,003	1,017	1	1,371	1,584	1,480	-7
Preston and Northcote Community Hospital	0	0	0	-	274	201	210	4	2,082	1,819	1,611	-11
Southern Health Care Network												
Dandenong Hospital	4	2	1	-50	180	129	117	-9	1,050	998	1,112	11
Monash Medical Centre	25	26	11	-58	525	632	512	-19	2,440	2,853	2,497	-12
Sandringham and District Memorial Hospital	0	1	0	-100	0	23	21	-9	82	361	356	-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.

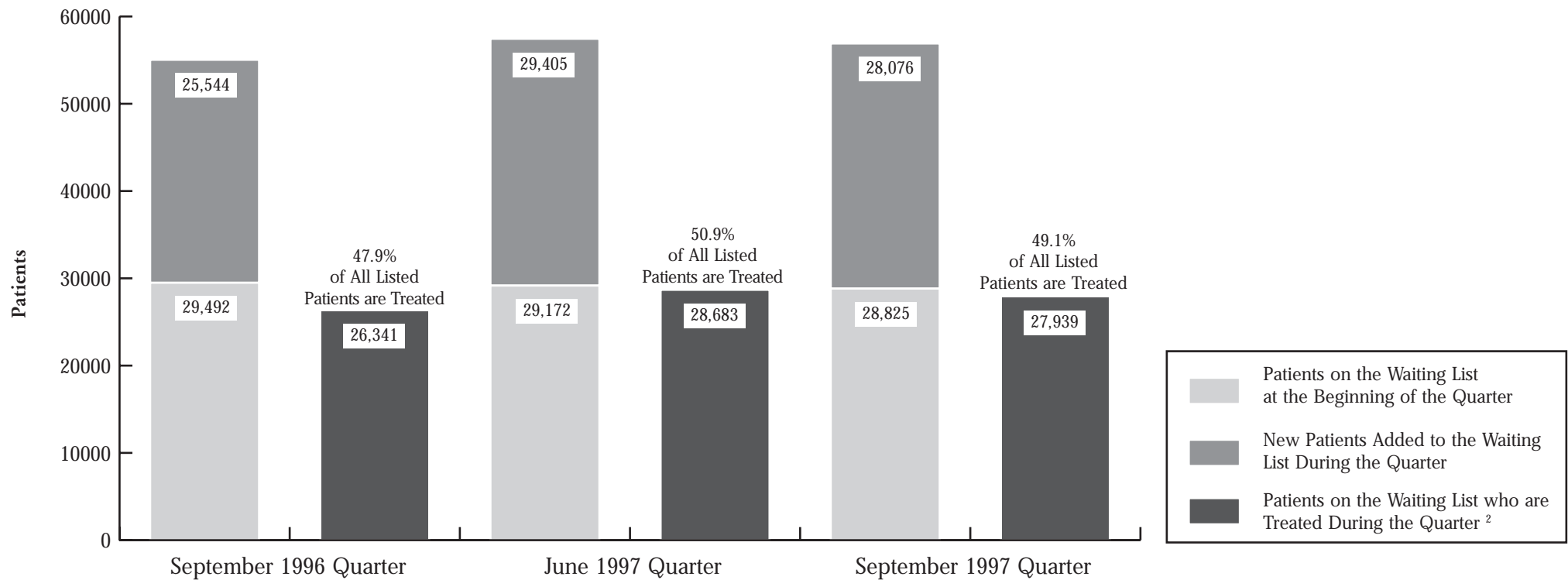
Table 6.1: Waiting List by Patient Category, by Individual Hospital (Cont'd)

Hospital	Urgent Cases				Semi-urgent Cases				Non-urgent Cases			
	I Oct 1996	I July 1997	I Oct 1997	Change (%) July to Oct 1997	I Oct 1996	I July 1997	I Oct 1997	Change (%) July to Oct 1997	I Oct 1996	I July 1997	I Oct 1997	Change (%) July to Oct 1997
Peninsula Health Care Network												
Frankston Hospital	4	4	11	175	580	471	498	6	1,454	1,511	1,705	13
Women's and Children's Health Care Network												
Royal Children's Hospital	5	5	11	120	108	98	41	-58	604	581	617	6
Royal Women's Hospital	5	4	5	25	236	163	169	4	233	274	299	9
Non Metropolitan Hospitals												
Ballarat Base Hospital	1	1	4	300	715	583	565	-3	543	602	652	8
Bendigo Health Care Group	7	9	1	-89	63	139	157	13	497	750	716	-5
Central Wellington Health Service	6	0	-	NA	139	4	-	NA	176	43	-	NA
The Geelong Hospital	0	0	5	100	203	170	266	56	1,238	1,058	1,273	20
Goulburn Valley Base Hospital	0	0	0	-	134	214	182	-15	744	785	843	7
Hamilton Base Hospital	0	0	-	NA	4	2	-	NA	18	17	-	NA
Latrobe Regional Hospital	2	1	0	-100	133	70	66	-6	359	299	287	-4
Wangaratta District Base Hospital	2	0	0	-	180	67	43	-36	56	144	205	42
Warrnambool and District Base Hospital	0	0	-	NA	0	0	-	NA	28	61	-	NA
West Gippsland Hospital	0	0	0	-	96	83	93	12	66	116	125	8
Total All Waiting List Hospitals	194	179	157	-12	8,607	7,927	7,451	-6	19,894	20,719	21,178	3

Source: Hospital waiting list returns

How Many People Who Appear on the Waiting List Are Treated Each Quarter?

Figure 6.2: Waiting List Additions and Completed Cases ^{1, 2}



¹ Note that this does not represent the size of the waiting list at any one point in time. Throughout the quarter, patients are continuously added to and treated from the waiting list according to clinical assessment of need.

² Treated patients includes cases taken off the waiting list when they have undergone the planned procedure as well as cases booked to undergo the planned procedure and cases in which the previously intended procedure is cancelled.

Source: Hospital waiting list returns.

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: September 1997 Quarter*¹

Hospital	Patients on the Waiting List as at 1 July 1997	New Patients Added during September 1997 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
Western Health Care Network					
Royal Melbourne Hospital	1,975	1,496	3,471	1,652	47.6
Western Hospital	1,828	1,611	3,439	1,146	33.3
Inner and Eastern Health Care Network					
Alfred Healthcare Group	1,199	1,150	2,349	1,122	47.8
Angliss Hospital	382	105	487	222	45.6
Box Hill Hospital	653	893	1,546	656	42.4
Peter MacCallum Cancer Institute	49	NA	49	49	100
Maroondah Hospital	1,608	738	2,346	700	29.8
Royal Victorian Eye and Ear Hospital	1,764	1,312	3,076	1,597	51.9
St Vincent's Hospital	1,390	933	2,323	955	41.1
North Eastern Health Care Network					
Austin and Repatriation Medical Centre	2,603	1,454	4,057	1,544	38.0
Preston and Northcote Community Hospital	2,020	1,227	3,247	1,426	43.9
Southern Health Care Network					
Dandenong Hospital	1,129	1,703	2,832	1,602	56.6
Monash Medical Centre	3,511	4,102	7,613	4,593	60.3
Sandringham and District Memorial Hospital	385	572	957	580	60.6

¹ 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.

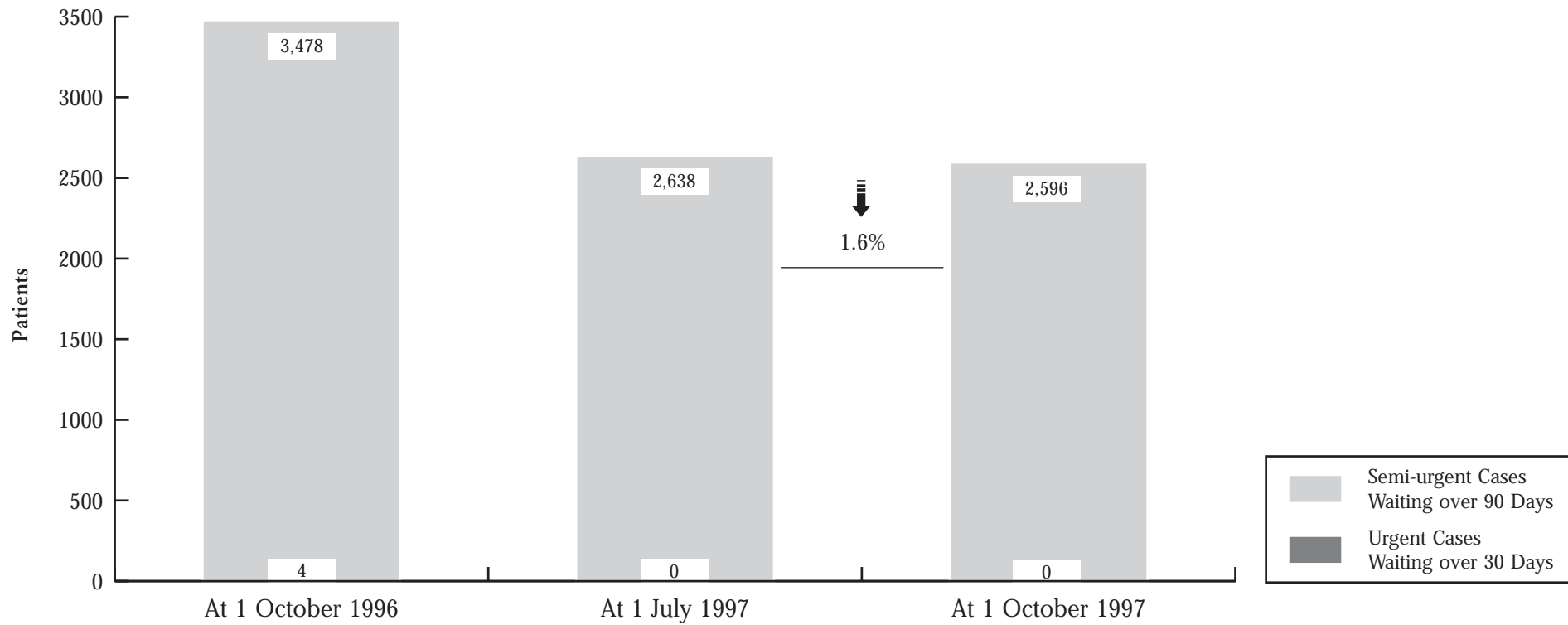
Table 6.2: Waiting List Additions and Completed Cases, by Individual Hospital: September 1997 Quarter (Cont'd)

Hospital	Patients on the Waiting List as at 1 July 1997	New Patients Added during Sept 1997 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
Peninsula Health Care Network					
Frankston Hospital	1,986	1,617	3,603	1,389	38.5
Women's and Children's Health Care Network					
Royal Children's Hospital	684	2,849	3,533	2,864	81.1
Royal Women's Hospital	441	997	1,438	965	67.1
Non Metropolitan Hospitals					
Ballarat Base Hospital	1,186	591	1,777	556	31.3
Bendigo Health Care Group	898	583	1,481	607	40.9
Central Wellington Health Service	47	NA	47	47	100
The Geelong Hospital	1,228	1,112	2,340	796	34.0
Goulburn Valley Base Hospital	999	726	1,725	700	40.6
Hamilton Base Hospital	19	NA	19	19	100
Latrobe Regional Hospital	370	1,258	1,628	1,275	78.3
Wangaratta District Base Hospital	211	218	429	181	42.2
Warrnambool and District Base Hospital	61	NA	61	61	100
West Gippsland Hospital	199	829	1,028	811	78.9
Total All Waiting List Hospitals	28,825	28,076	56,901	28,115	49.4

Source: Hospital waiting list returns

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

Figure 6.3: Waiting List Exceeding Ideal Waiting Times, by Patient Category



Source: Hospital waiting list returns.

People on the Waiting List Waiting Longer than the Ideal for Each of Our Major Public Hospitals

Table 6.3: Waiting List Exceeding Ideal Waiting Times, by Patient Category, by Individual Hospital

Hospital	Urgent Cases Waiting over 30 Days				Semi-urgent Cases Waiting over 90 Days			
	Change (%)	Change (%)						
	1 Oct 1996	1 July 1997	1 Oct 1997	July to Oct 1997	1 Oct 1996	1 July 1997	1 Oct 1997	July to Oct 1997
Western Health Care Network								
Royal Melbourne Hospital	0	0	0	-	165	177	135	-24
Western Hospital	0	0	0	-	98	59	67	14
Inner and Eastern Health Care Network								
Alfred Healthcare Group	0	0	0	-	246	80	88	10
Angliss Hospital	0	0	0	-	0	0	0	-
Box Hill Hospital	0	0	0	-	9	5	10	100
Peter MacCallum Cancer Institute	0	0	NA	-	0	0	NA	-
Maroondah Hospital	0	0	0	-	7	0	0	-
Royal Victorian Eye and Ear Hospital	0	0	0	-	736	690	611	-11
St Vincent's Hospital	0	0	0	-	202	176	254	44
North Eastern Health Care Network								
Austin and Repatriation Medical Centre	0	0	0	-	803	508	464	-9
Preston and Northcote Community Hospital	0	0	0	-	98	55	47	-15
Southern Health Care Network								
Dandenong Hospital	0	0	0	-	15	0	0	-
Monash Medical Centre	0	0	0	-	166	244	273	12
Sandringham and District Memorial Hospital	0	0	0	-	0	3	0	-100

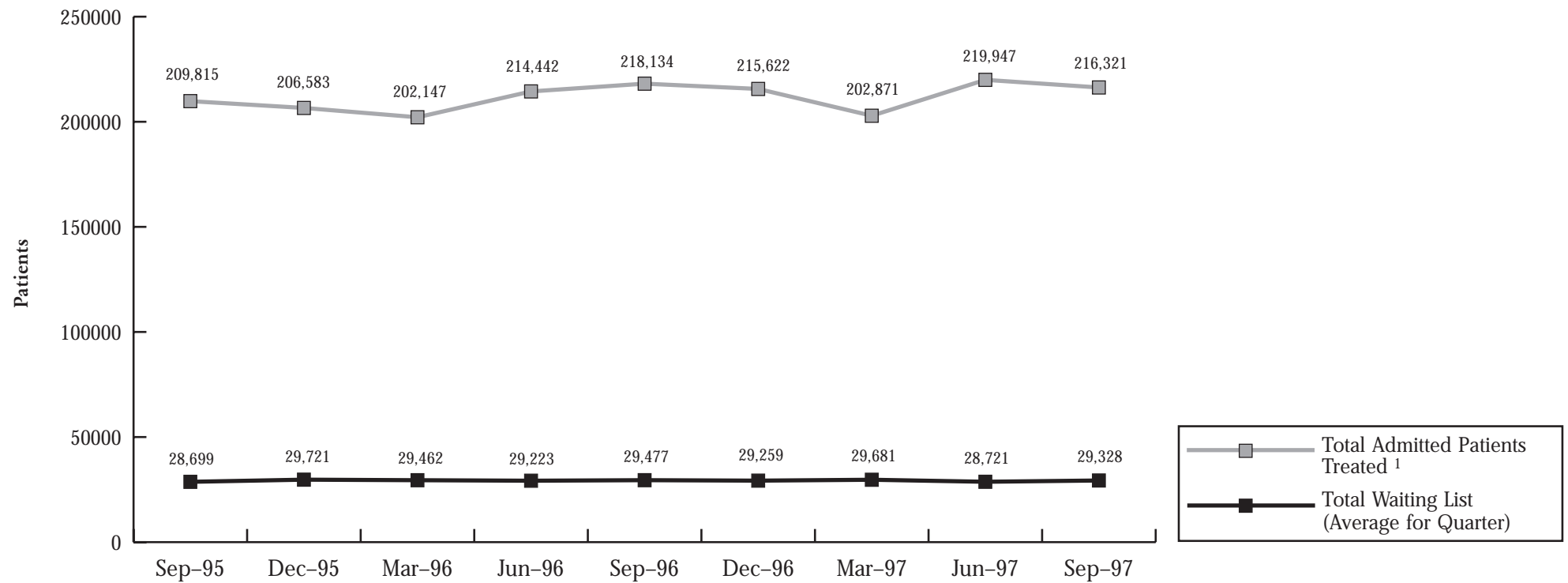
Table 6.3: Waiting List Exceeding Ideal Waiting Times, by Patient Category, by Individual Hospital (Cont'd)

Hospital	Urgent Cases Waiting over 30 Days				Semi-urgent Cases Waiting over 90 Days			
	1 Oct 1996	1 July 1997	1 Oct 1997	Change (%) July to Oct 1997	1 Oct 1996	1 July 1997	1 Oct 1997	Change (%) July to Oct 1997
Peninsula Health Care Network								
Frankston Hospital	0	0	0	-	274	150	173	15
Women's and Children's Health Care Network								
Royal Children's Hospital	0	0	0	-	0	0	0	-
Royal Women's Hospital	0	0	0	-	44	30	17	-43
Non Metropolitan Hospitals								
Ballarat Base Hospital	0	0	0	-	422	360	320	6
Bendigo Health Care Group	0	0	0	-	15	18	33	83
Central Wellington Health Service	4	0	NA	-	53	0	NA	-
The Geelong Hospital	0	0	0	-	35	45	43	-4
Goulburn Valley Base Hospital	0	0	-	-	0	16	27	69
Hamilton Base Hospital	0	0	NA	-	0	0	NA	-
Latrobe Regional Hospital	0	0	0	-	0	0	0	-
Wangaratta District Base Hospital	0	0	0	-	63	12	21	75
Warrnambool and District Base Hospital	0	0	NA	-	0	0	NA	-
West Gippsland Hospital	0	0	0	-	27	10	13	30
Total All Waiting List Hospitals	0	0	0	-	3,478	3,083	2,596	-2

Source: Hospital waiting list returns

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

Figure 6.4: Waiting List Compared with Overall Admitted Patient Activity

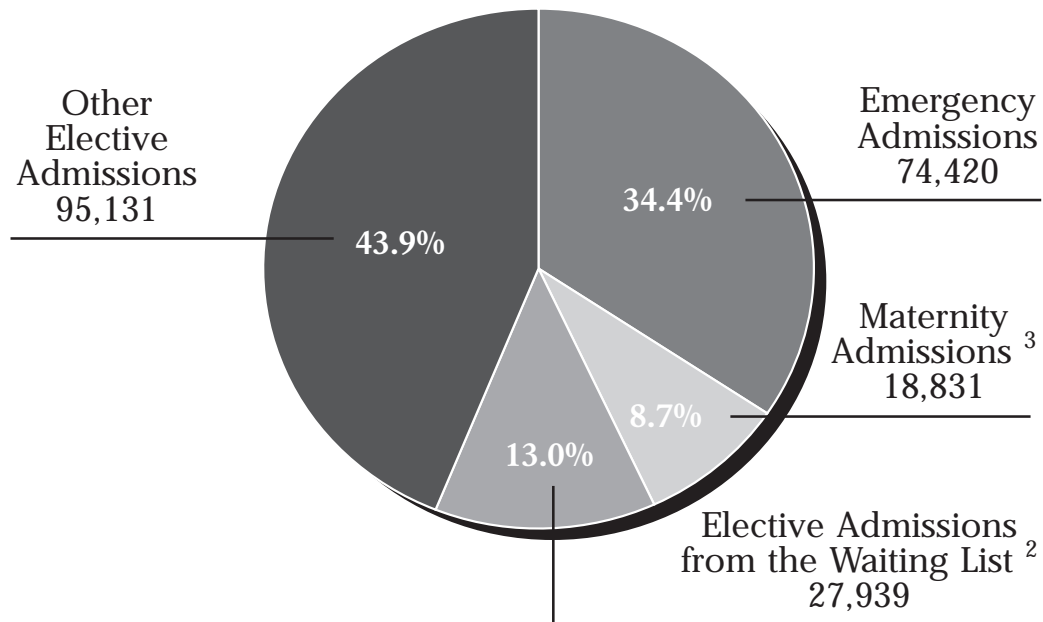


¹ Data does not include Latrobe Valley, Mildura Base, Robinvale, Warrnambool, West Wimmera and Yarra due to testing of computer equipment.

Sources: Victorian Inpatient Minimum Database, hospital waiting list returns.

How Much of Total Hospital Activity Comes from the Waiting List?

Figure 6.5: Separations by Admission Type: June 1997 Quarter ^{1, 2, 3}



¹ Percentages may not add due to rounding.

² Patients on the waiting list who are treated during the quarter: see definition of treated patients given under Figure 6.2.

³ Includes maternity and newborns admissions.

Sources: Victorian Inpatient Minimum Database, hospital waiting list returns.

How Many Patients Are Booked for Elective Surgery?

*Table 6.4: Booked Patients at Waiting List Hospitals*¹

	At 1 Oct 1996	At 1 July 1997	At 1 Oct 1997	Change (%) July to Oct 1997
Booked Patients	12,378	10,834	10,795	-0.4

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 time. Patients are considered to be *booked* when they have been given a planned date within six weeks to be admitted to hospital for their elective surgery. *Booked* patients are not included in the waiting list statistics.

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 as determined by the treating surgeon, (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.

¹ Patients may be booked for elective surgery at any public hospital with surgical facilities. The data shown are for the designated waiting list hospitals only.

Source: Hospital waiting list returns

7. Monitoring Effectiveness

How Many Patients Need to Return Unexpectedly to Hospital for Further Care?

Figure 7.1: *Unplanned Readmissions to Hospital*^{1, 2}

	Sept 1996	June 1997	Sept 1997	Change (%) June to 1996 to Sept 1997
(1) Total Patients Treated ³	218,134	219,947	216,321	-1.6
(2) Total Patients Treated Less Patients with Readmission 'Not Applicable' ⁴	200,921	202,825	199,026	-1.9
(3) Total Patients Readmitted to Hospital	63,105	65,381	65,652	0.4
(4) Total Patients with Unplanned Readmission Within 28 Days of Initial Discharge	21,067	20,377	20,321	-0.3
(5=4/2) Unplanned Readmissions as a Proportion of Total Patients Treated	10.5%	10.0%	10.2%	

¹ Data for current quarter is provisional.

² The indicator of unplanned readmissions for further treatment of the same or a related condition is still being developed. Currently the indicator includes readmissions for chronic conditions and for unrelated conditions. The indicator does not include unplanned readmissions for the same condition to a different hospital.

³ The number of patients treated is counted when they leave hospital (separation). Total patients treated includes all separations from Victorian Public Hospitals except unqualified newborns and separations from stand alone, non-casemix funded hospitals.

⁴ Readmission category 'not applicable' includes changes in care type, transfers from other acute hospitals, patients leaving at own risk against medical advice, and deaths.

Source: *Victorian Inpatient Minimum Database*

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.