

Hospital Services Report

December 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/pub.htm>

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December 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. This edition includes data for the December Quarter 1998, which covers the months of October, November and December.

This edition includes a special feature on the Health Services Policy Review. The Department of Human Services has commissioned a major review of the Health Services Act 1988 and its underlying policy which is currently in progress. This review was triggered by the National Competition Policy process.

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.

1. Health Services Policy Review

The Department of Human Services has commissioned a major review of the Health Services Act 1988 and its underlying policy which is currently in progress.

This review was triggered by the National Competition Policy process. The National Competition Policy agreements require all Australian Governments to review legislation that may restrict competition by the year 2000.

Under National Competition Policy, legislation must be reviewed against the guiding legislative principle that -

legislation should not restrict competition unless it can be demonstrated that:

- *the benefits of the restriction outweigh the costs; and*
- *the objective of the legislation can only be achieved by restricting competition.*

It is important to note that competition is not seen as an end in itself, but a means of securing benefits for the whole community by enabling the efficient allocation of society's resources. Efficiency is not intended to override other public policy goals such as accessibility and service quality, which are particularly important in health care.

However, National Competition Policy requires any restrictions on competition to be justified by demonstrating that the public policy objectives sought to be achieved can only be attained by restricting competition.

The review is being conducted by independent consultants Phillips Fox Lawyers and Casemix Consulting Pty Ltd. Following preliminary consultation with various selected stakeholders, the Consultants produced a discussion paper which is

currently available from the Department. The public were invited to make submissions in response to the discussion paper until May 1999. After consideration of the submissions received, the Consultants will produce a final report for consideration by the Minister for Health.

The discussion paper is available on the Internet at <http://www.dhs.vic.gov.au/ahs/review/>. Copies can also be obtained by contacting Pauline Ireland on ☎9616 8421.

The Health Services Act serves three principal functions:

- it creates public hospitals, health care networks and multi purpose services as public statutory authorities, and provides for their governance, powers and functions;
- it provides for the purchasing of public health care services from a range of for profit and not for profit organisations and contains mechanisms to ensure accountability by organisations receiving government funds; and
- it provides for the regulation by DHS of the private hospital sector and of supported residential services providing special or personal care to aged, mentally ill or disabled people.

Regulations made under the Act are also under review. The Health Services (Private Hospitals and Day Procedure Centres) Regulations include provisions about patients' rights and the care and safety of patients and minimum requirements for supervision and staffing. They also prescribe the kinds of health services that may lawfully be provided by private hospitals and day procedure

centres and administrative matters such as the provision of data to the Department of Human Services and application forms and fees.

The Health Services (Residential Care) Regulations prescribe minimum standards for the safety and care of residents in supported residential services. Supported residential services are places where accommodation and "special or personal care" are provided or offered to persons other than the members of the proprietor's family for fee or reward, but do not include nursing homes or hostels, which are subject to Commonwealth controls.

The terms of reference for the review require the consultants to examine how competition could assist in achieving Government policy objectives of improved access, quality and efficiency in health services.

Because this is a National Competition Policy review, it must be conducted in accordance with the Victorian Government's Guidelines for the conduct of such reviews. The Government's guidelines outline a standard four step approach to the conduct of competition policy legislation reviews. They require the consultants to:

- describe and analyse the industry and the relevant market(s) and the existing regulatory arrangements for the industry;
- identify how the legislation affects the identified market(s) and test for restrictions on competition;
- determine whether each restriction on competition is necessary to achieve the policy objectives of the legislation; and
- assess the costs and benefits of the restrictions on competition to the community as a whole.

The markets for public and private health services are affected by factors outside State legislation and policy. The extent to which Victoria can undertake reform is constrained by the current allocation of Commonwealth and State roles and responsibilities in health policy and service delivery. These are reflected in the Australian Health Care Agreements, Commonwealth/State financial arrangements and Commonwealth statutory arrangements. The review's primary focus is on Victorian policy and legislation.

The discussion paper examines the nature and purpose of the Health Services Act and the regulations made under it. It analyses the markets for public and private health services in Victoria and supported residential services, and examines what impact the regulation has had on those markets. The paper contains various proposals for change to policy and legislation, for public consideration and comment.

Given that competition is increasingly being fostered as a means of improving the efficiency and responsiveness of health systems in other first world countries, the discussion paper canvasses some of the methods being used to foster competition in jurisdictions such as the US, the UK and New Zealand and outlines the regulatory mechanisms needed to support these techniques. The paper discusses some of the strengths and weaknesses of the different methods. However, the consultants have cautioned against simply importing solutions from overseas, tailored to the cultural and institutional systems of other countries.

The consultants consider that a necessary ingredient of a truly competitive market is an informed consumer. The discussion paper focuses strongly on improving consumer access to information, with a view to redressing the asymmetry (imbalance) of information which exists between consumers and providers of health services. It contains a number of recommendations which are designed to promote greater consumer choice and confidence.

These include changing the law to give all consumers of health services a legal right of access to their own health records, the establishment, on a pilot basis, of a call centre to assist consumers to navigate the health system, and a proposal that the Commonwealth and the State should collaborate to develop and publish risk adjusted clinical performance indicators. These recommendations have generated considerable public interest and debate.

The discussion paper notes that health systems around the world are currently undergoing significant change. For instance, some experimentation with fund holding is currently occurring in Australia via the coordinated care trials. A natural experiment is occurring in the private provision of health services, most notably through the development of privately operated public hospitals. The United States system is in the midst of a revolutionary change through the expansion of managed care for both public and private coverage.

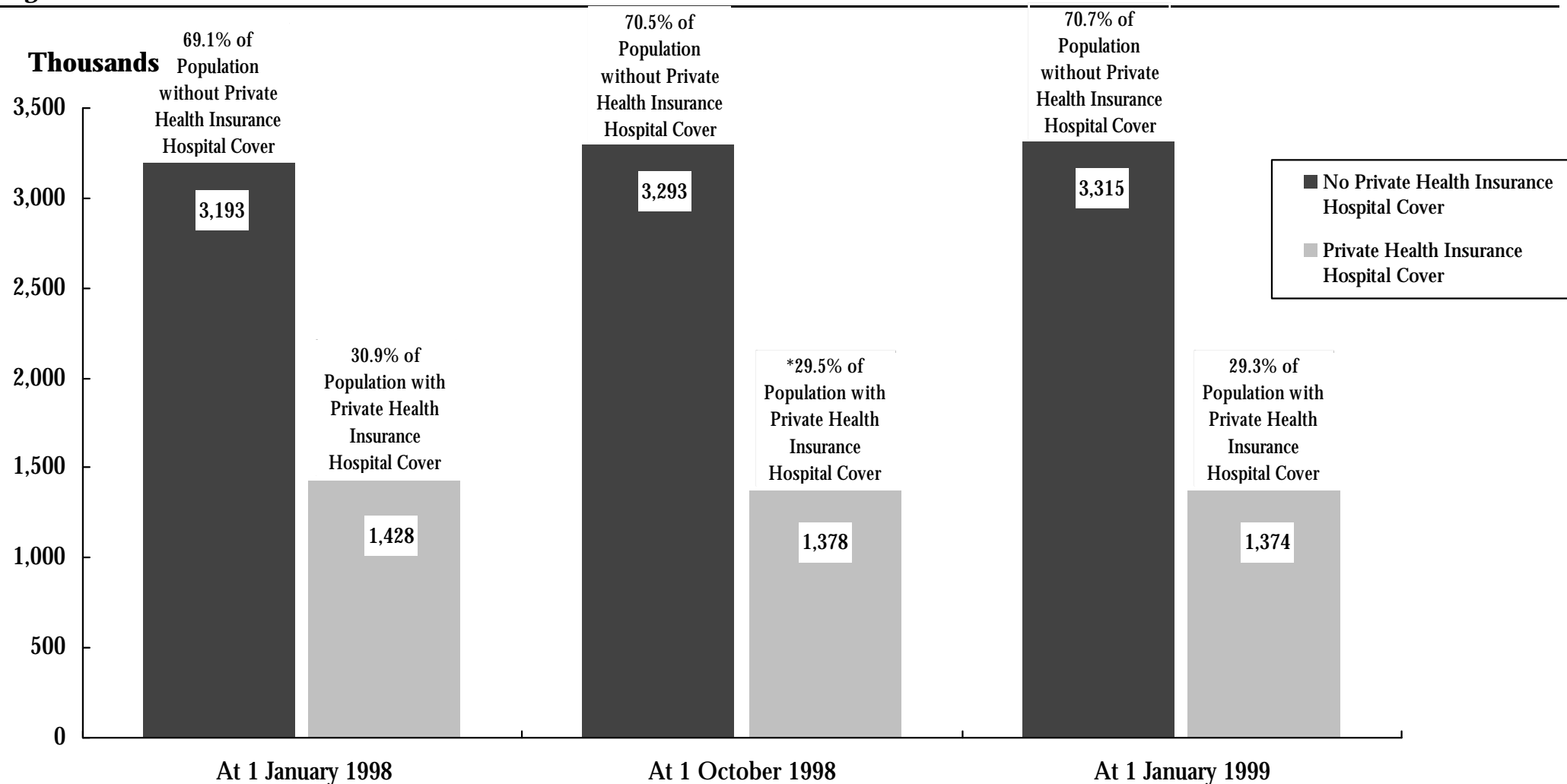
The policy environment is therefore dynamic and evolving. The Health Services Policy Review provides an opportunity to examine ways to further strengthen our health services system in Victoria.

Submissions in response to the discussion paper were received until May 1999. The Government will take into account comments received in determining its response to the Consultants' final report.

2. Private Health Insurance

How Many Victorians Have Private Health Insurance Hospital Cover?

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 Statistics reflect total persons covered by any level of hospital private health insurance.

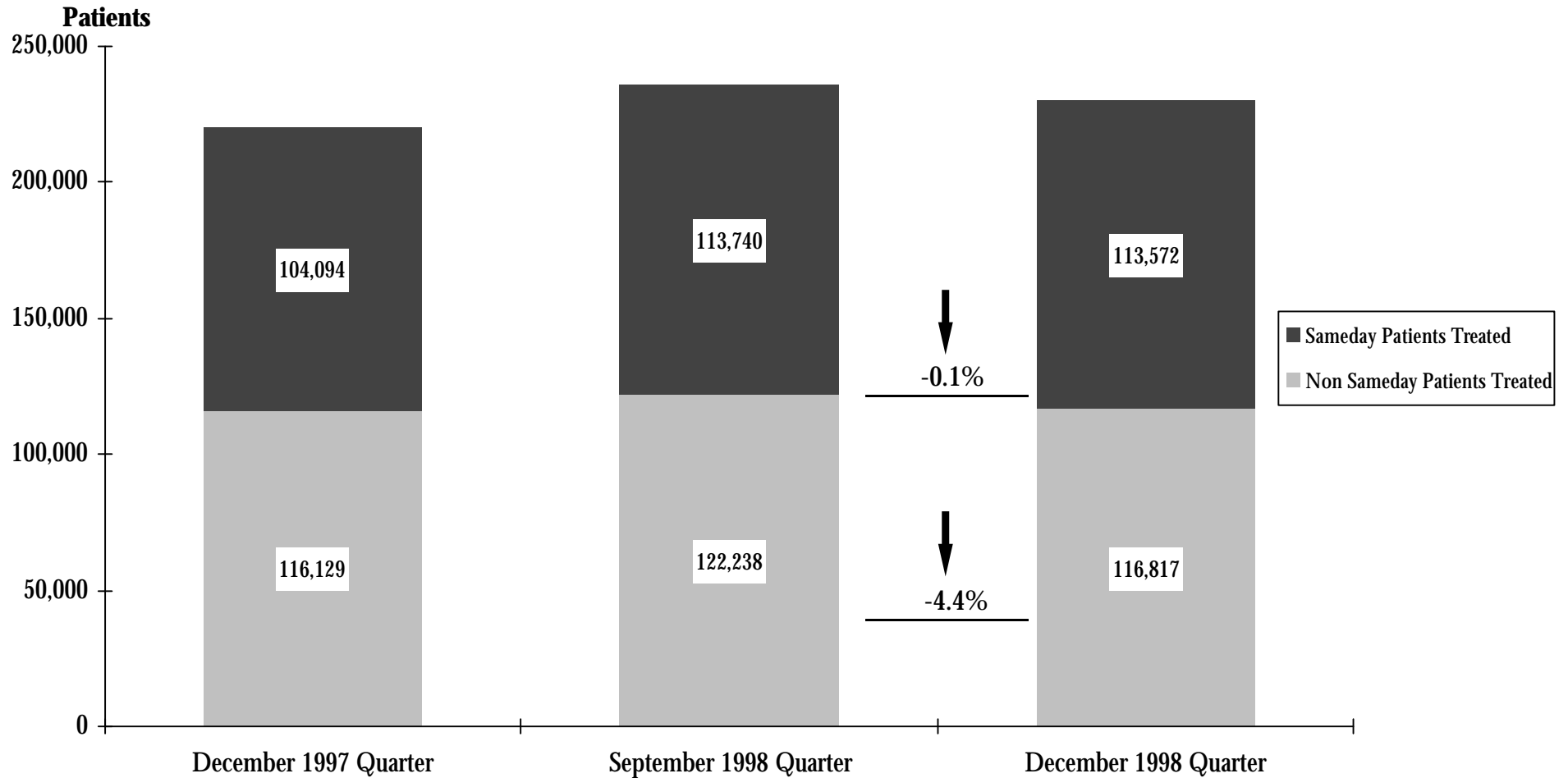
* Amended by Private Health Insurance Administration Council

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 1998/99 data is provisional.

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

Patients Treated in Each of Our Major Public Hospitals

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

Hospital	December 1997		September 1998		December 1998		Change (%) September 1998 to December 1998	
	Non Sameday Only	Quarter All	Non Sameday Only	Quarter All	Non Sameday Only	Quarter All	Non Sameday Only	All
North Western Health Care Network								
Royal Melbourne Hospital	6,373	15,277	6,067	14,942	5,694	14,291	-6.1%	-4.4%
Western Hospital ⁴	6,618	12,353	4,918	8,624	4,633	8,172	N/A	N/A
Preston & Northcote Community Hospital ⁵	3,515	5,540	-	-	-	-	N/A	N/A
Northern Hospital ⁶	-	-	3,536	5,773	3,568	5,831	0.9%	1.0%
Other North Western Health Care Network Hospitals	861	1,347	3,276	6,922	3,108	6,902	-5.1%	-0.3%
Inner and Eastern Health Care Network								
The Alfred	4,797	10,121	4,850	11,516	4,786	11,410	-1.3%	-0.9%
The Angliss Health Services	2,744	3,962	2,621	4,278	2,453	4,180	-6.4%	-2.3%
Box Hill Hospital	4,018	6,768	4,436	7,974	4,282	8,075	-3.5%	1.3%
Caulfield General Medical Centre	799	1,743	924	2,327	841	2,295	-9.0%	-1.4%
Maroondah Hospital	1,928	3,511	1,946	3,719	2,005	3,760	3.0%	1.1%
Peter MacCallum Cancer Institute	1,347	2,980	1,290	2,920	1,244	2,999	-3.6%	2.7%
Royal Victorian Eye and Ear Hospital	1,760	3,245	1,730	3,231	1,607	2,933	-7.1%	-9.2%
Other Inner & Eastern Health Care Network Hospitals ⁷	1,147	1,925	581	1,188	338	526	N/A	N/A
Southern Health Care Network								
Dandenong Hospital	4,358	6,428	4,590	6,777	4,461	6,570	-2.8%	-3.1%
Monash Medical Centre, Clayton ⁸	7,615	16,960	6,370	11,649	6,137	11,026	-3.7%	-5.3%
Sandringham & District Memorial Hospital	1,220	1,836	1,204	2,205	1,091	2,208	-9.4%	0.1%
Other Southern Health Care Network Hospitals	-	-	1,643	6,091	1,543	5,849	-6.1%	-4.0%
Peninsula Health Care Network								
Frankston Hospital	4,125	8,565	4,426	8,876	4,353	8,745	-1.6%	-1.5%
Other Peninsula Health Care Network Hospitals	651	1,021	819	1,154	758	1,110	-7.4%	-3.8%

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 1998/99 data is provisional.

³ Non Sameday patients remain in hospital overnight or longer.

⁴ Western Hospital disaggregated and Sunshine Hospital commenced reporting separately from 1 July 1998.

⁵ Preston & Northcote Community Hospital (PANCH) closed on 2 February 1998.

⁶ Northern Hospital opened on 2 February 1998.

⁷ St George Health Service began phasing out treatment of acute patients in December 1998 quarter.

⁸ Monash Medical Centre commenced reporting by separate campuses, Clayton and Moorabbin, from 1 July 1998.

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

Hospital	December 1997		September 1998		December 1998		Change (%) September 1998 to December 1998	
	Non Sameday Only	Quarter All	Non Sameday Only	Quarter All	Non Sameday Only	Quarter All	Non Sameday Only	All
Women's and Children's Health Care Network								
Royal Children's Hospital	4,553	7,561	4,989	8,112	4,541	7,473	-9.0%	-7.9%
Royal Women's Hospital	3,551	7,786	3,088	7,102	3,042	7,213	-1.5%	1.6%
Non-networked Metropolitan Hospitals								
Austin & Repatriation Medical Centre	5,789	15,213	6,533	16,739	6,352	16,603	-2.8%	-0.8%
Austin & Repatriation - Royal Talbot	165	165	212	213	170	170	-19.8%	-20.2%
Mercy Hospital for Women	2,175	3,283	2,301	3,990	2,249	3,723	-2.3%	-6.7%
St Vincent's Hospital ⁹	3,747	8,961	4,033	9,528	3,931	9,462	-2.5%	-0.7%
Other Non-networked Metropolitan Hospitals	1,651	3,837	1,799	3,992	1,725	3,980	-4.1%	-0.3%
Non Metropolitan Hospitals								
Ballarat Health Services	3,001	5,453	3,164	5,766	3,073	5,524	-2.9%	-4.2%
Barwon Health ¹⁰	5,040	8,610	5,156	9,543	5,069	9,582	-1.7%	0.4%
Bendigo Health Care Group	2,694	4,413	2,900	5,038	2,878	5,023	-0.8%	-0.3%
Central Wellington Health Services	1,040	1,732	1,164	2,148	1,149	2,134	-1.3%	-0.7%
Goulburn Valley Health	2,187	3,173	2,493	4,112	2,414	4,099	-3.2%	-0.3%
Latrobe Regional Hospital ¹¹	2,234	5,013	1,383	2,703	-	-	N/A	N/A
New Latrobe Regional Hospital ¹²	-	-	709	1,551	2,213	4,977	N/A	N/A
Wangaratta District Base Hospital	1,457	2,461	1,741	2,704	1,490	2,395	-14.4%	-11.4%
Warrnambool & District Base Hospital	1,757	3,008	1,917	3,201	1,886	3,171	-1.6%	-0.9%
Wimmera Health Care Group	970	1,648	1,050	1,726	1,075	1,829	2.4%	6.0%
Wodonga Regional Health Service	1,252	2,811	1,612	3,331	1,515	3,331	-6.0%	0.0%
Other Non Metropolitan Hospitals	18,990	31,513	20,767	34,313	19,143	32,818	-7.8%	-4.4%
Total All Public Hospitals	116,129	220,223	122,238	235,978	116,817	230,389	-4.4%	-2.4%

⁹ St Vincent's Hospital is no longer affiliated with the Inner and Eastern Health Care Network.

¹⁰ Barwon Health is formerly known as The Geelong Hospital.

¹¹ The Latrobe Regional Hospital closed on 1 September 1998.

¹² The New Latrobe Regional Hospital opened on 1 September 1998.

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

	December 1997 Quarter	September 1998 Quarter	December 1998 Quarter	Change (%) September 1998 to December 1998
Patients Treated	158,560	158,085	158,680	0.4%

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

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}

Hospital	December 1997 Quarter	September 1998 Quarter	December 1998 Quarter	September 1998 to December 1998	Change (%)
North Western Health Care Network					
Preston & Northcote Community Hospital ⁴	8,955	–	–		N/A
Northern Hospital ⁵	–	8,737	9,521		9.0%
Royal Melbourne Hospital	10,519	10,517	10,470		-0.4%
Western Hospital, Footscray ⁶	9,130	9,164	9,188		0.3%
Inner and Eastern Health Care Network					
The Alfred	10,406	9,962	10,110		1.5%
The Angliss Health Services	8,557	7,586	7,474		-1.5%
Box Hill Hospital	8,081	8,066	8,437		4.6%
Maroondah Hospital	6,863	6,991	7,197		2.9%
Southern Health Care Network					
Dandenong Hospital	9,909	10,339	10,345		0.1%
Monash Medical Centre	12,594	12,572	12,302		-2.1%
Peninsula Health Care Network					
Frankston Hospital	7,276	7,884	7,954		0.9%

¹ Data only for hospitals participating in the Emergency Services Enhancement Program / Hospital Access 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 The Preston and Northcote Community Hospital (PANCH) closed at the end of January 1998.

⁵ The Northern Hospital opened on 2 February 1998.

⁶ Western Hospital, Footscray deaggregated from the Sunshine Hospital in July 1998. Sunshine figures have been excluded from data prior to July 1998 to enable comparative interpretation of the data.

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

Hospital	December 1997 Quarter	September 1998 Quarter	December 1998 Quarter	September 1998 to December 1998	Change (%)
Women's and Children's Health Care Network					
Royal Children's Hospital	13,692	15,260	13,129		-14.0%
Metropolitan Non-Network Hospitals					
Austin and Repatriation Medical Centre	8,957	8,890	8,829		-0.7%
St. Vincent's Hospital	5,915	6,289	6,537		3.9%
Non Metropolitan Hospitals					
Ballarat Health Services	7,587	7,093	7,313		3.1%
Barwon Health ⁷	9,015	8,806	8,963		1.8%
Bendigo Health Care Group	7,686	7,641	8,342		9.2%
Goulburn Valley Health	5,333	5,553	5,991		7.9%
Latrobe Regional Hospital	8,085	6,735	6,578		-2.3%
Total All Public Hospitals	158,560	158,085	158,680		0.4%

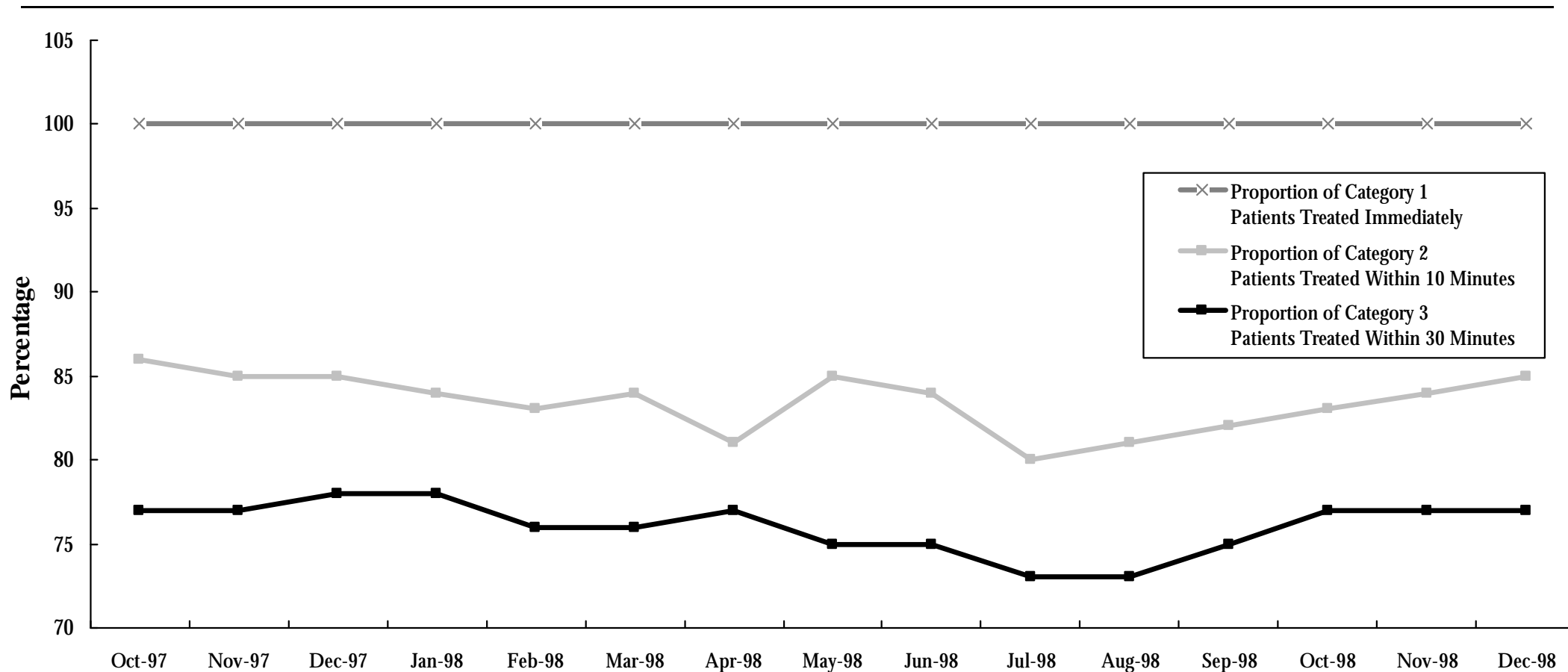
⁶ St Vincent's Hospital is no longer affiliated with the Inner and Eastern Health Care Network.

⁷ Barwon Health is formerly known as The Geelong Hospital.

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}



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 / Hospital Access Program.

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: December 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						
Northern Hospital	59	100%	208	87%	2,126	80%
Royal Melbourne Hospital	172	100%	1,130	84%	3,211	87%
Western Hospital, Footscray	126	100%	619	87%	2,485	82%
Inner and Eastern Health Care Network						
The Alfred	280	100%	871	90%	2,538	86%
The Angliss Health Services	16	100%	112	90%	1,263	88%
Box Hill Hospital	83	100%	326	88%	2,797	77%
Maroondah Hospital	30	100%	239	86%	1,418	79%
Southern Health Care Network						
Dandenong Hospital	221	100%	962	73%	4,328	70%
Monash Medical Centre	110	100%	1,074	76%	4,331	69%
Peninsula Health Care Network						
Frankston Hospital	59	100%	438	87%	3,375	67%

¹ Data only for hospitals participating in the Hospital Access Program.

² Australasian College for Emergency Medicine (ACEM).

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	37	100%	234	91%	3,039	77%
Metropolitan Non-Network Hospitals						
Austin and Repatriation Medical Centre	92	100%	681	82%	2,761	69%
St. Vincent's Hospital ³	104	100%	464	82%	2,115	79%
Non Metropolitan Hospitals						
Ballarat Health Services	40	100%	152	86%	1,729	79%
Barwon Health ⁴	26	100%	186	86%	1,161	76%
Bendigo Health Care Group	82	100%	527	85%	2,583	76%
Goulburn Valley Health	23	100%	290	92%	1,755	78%
Latrobe Regional Hospital	47	100%	402	95%	1,080	90%
All ESEP Hospitals	1,607	100%	8,915	84%	44,095	77%

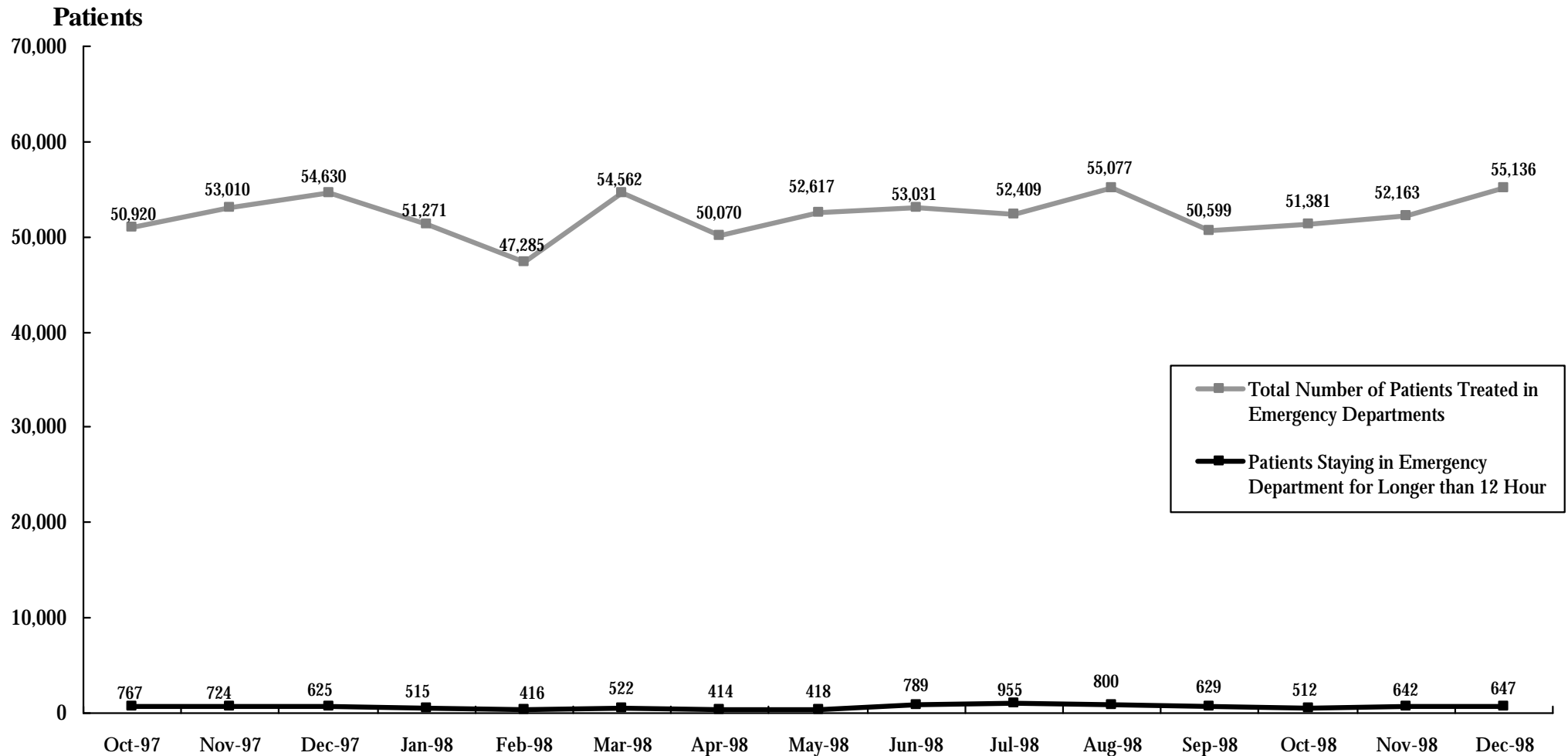
³ St Vincent's Hospital is no longer affiliated with the Inner and Eastern Health Care Network.

⁴ Barwon Health is formerly known as The Geelong Hospital.

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}

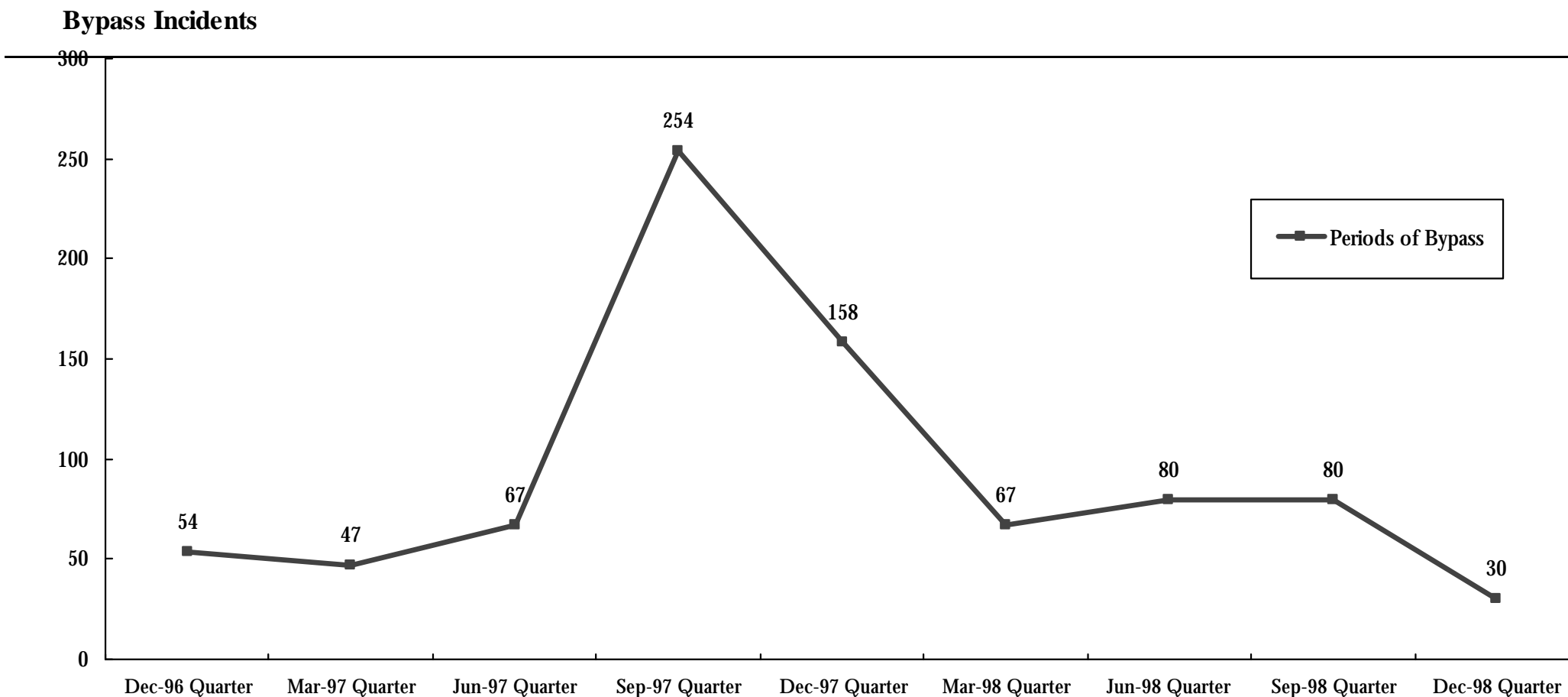


¹ The period of 'stay' is calculated from the time the patient arrives in the emergency department to the time when the patient leaves the emergency department.

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

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, phone (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 Month¹

	Oct-97	Nov-97	Dec-97	Jan-98	Feb-98	Mar-98	Apr-98	May-98	Jun-98	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98
Available ²	4.2	6.8	6.3	10.0	7.8	4.8	5.9	5.5	3.0	2.4	5.3	9.2	7.3	2.6	6.2
Total Open ³	85.5	84.1	83.7	81.3	85.9	86.5	88.6	89.2	89.6	91.7	91.8	90.4	90.6	93.9	93.5

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 Month¹

	Oct-97	Nov-97	Dec-97	Jan-98	Feb-98	Mar-98	Apr-98	May-98	Jun-98	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98
Available	9.5	10.3	9.1	12.4	10.4	9.7	7.9	8.7	8.1	9.9	10.4	8.6	9.8	8.4	8.2
Total Open	77.6	79.1	77.6	76.5	78.8	80.3	75.8	76.5	74.8	75.3	75.4	73.4	74.0	73.3	72.3

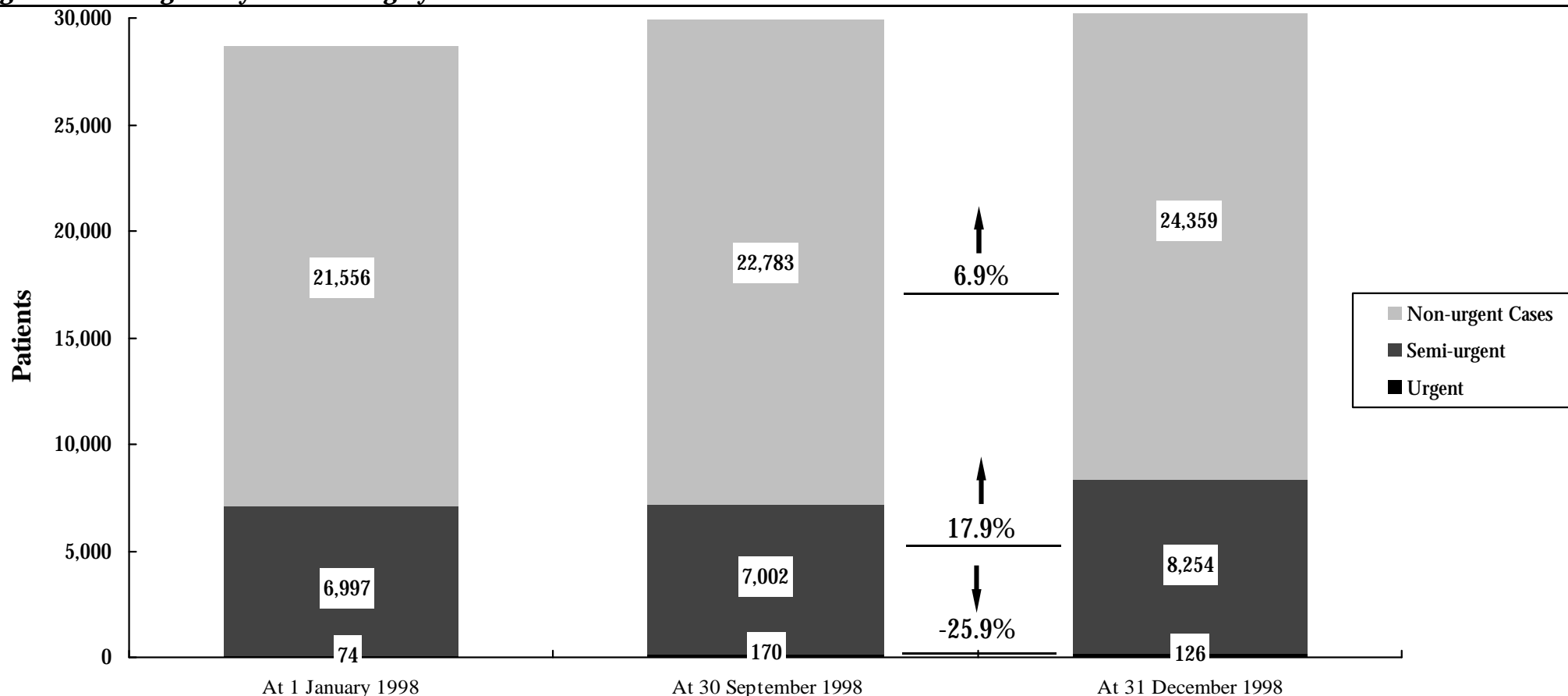
¹ Notes under Table 5.1 apply.

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): Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.
- Semi-urgent cases (waiting list category 2): 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.

³ Discrepancies between the total number of urgent, semi-urgent and non-urgent cases in Figure 6.1 & Table 6.1 and total waiting in Figure 6.2 & Table 6.2 are due to some hospitals not providing urgency categories for all patients.

⁴ December Waiting List data for Ballarat Health Services is unaudited and therefore categories are subject to amendment.

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}

Hospital	Urgent Cases			Semi Urgent Cases				Non Urgent Cases			
	31 Dec 1997	30 Sep 1998	31 Dec 1998	31 Dec 1997	30 Sep 1998	31 Dec 1998	Change % Sep 1998 to Dec 1998	31 Dec 1997	30 Sep 1998	31 Dec 1998	Change % Sep 1998 to Dec 1998
North Western Health Care Network											
Preston & Northcote Community Hospital ³	3	–	–	223	–	–	N/A	1,654	–	–	N/A
Northern Hospital ⁴	–	7	2	–	293	328	12%	–	1,799	2,076	15%
Royal Melbourne Hospital	24	40	46	497	500	676	35%	1,380	1,554	1,935	25%
Western Hospital	4	10	18	221	127	310	144%	1,940	1,632	1,722	6%
Inner and Eastern Health Care Network											
The Alfred	18	14	17	464	406	605	49%	820	1,011	1,176	16%
The Angliss Health Services	4	5	0	19	79	80	1%	265	290	254	-12%
Box Hill Hospital	0	8	2	165	265	245	-8%	370	561	431	-23%
Maroondah Hospital	0	9	3	81	152	123	-19%	1,503	1,283	1,395	9%
Royal Victorian Eye and Ear Hospital	0	0	0	1,588	1,306	1,830	40%	45	8	4	-50%
Southern Health Care Network											
Dandenong Hospital	0	3	2	139	104	119	14%	1,152	1,183	1,092	-8%
Monash Medical Centre	5	2	5	470	482	522	8%	2,663	2,610	2,805	7%
Sandringham & District Memorial Hospital	0	0	0	2	30	25	-17%	365	629	726	15%
Peninsula Health Care Network											
Frankston Hospital	3	2	1	452	544	581	7%	1,697	1,899	2,073	9%

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 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.

³ The Preston and Northern Community Hospital closed at the end of January 1998.

⁴ The Northern Hospital opened on 2 February 1998.

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

Hospital	Urgent Cases			Semi Urgent Cases				Non Urgent Cases			
	31 Dec 1997	30 Sep 1998	31 Dec 1998	31 Dec 1997	30 Sep 1998	31 Dec 1998	Change % Sep 1998 to Dec 1998 to	31 Dec 1997	30 Sep 1998	31 Dec 1998	Change % Sep 1998 to Dec 1998
Women's and Children's Health Care Network											
Royal Children's Hospital	-	9	1	68	97	55	-43%	529	926	880	-5%
Royal Women's Hospital	2	7	0	133	164	192	17%	327	352	544	55%
Metropolitan Non-Network Hospitals											
Austin and Repatriation Medical Centre	5	38	15	893	643	649	1%	1,621	1,090	1,053	-3%
St. Vincent's Hospital ⁵	4	9	4	517	563	659	17%	731	858	978	14%
Non Metropolitan Hospitals											
Ballarat Health Services ⁶	1	1	3	208	375	426	14%	965	1,401	1,466	5%
Barwon Health	1	5	0	345	459	429	-7%	1,229	1,742	1,726	-1%
Bendigo Health Care Group	0	0	4	100	105	77	-27%	737	714	758	6%
Goulburn Valley Health	0	0	0	247	137	105	-23%	898	425	394	-7%
Latrobe Regional Hospital	0	1	1	59	60	49	-18%	267	376	432	15%
Wangaratta District Base Hospital	0	0	2	25	49	112	129%	220	177	147	-17%
West Gippsland Hospital	0	0	0	81	62	57	-8%	178	263	292	11%
Total All Waiting List Hospitals	74	170	126	6,997	7,002	8,254	18%	21,556	22,783	24,359	7%

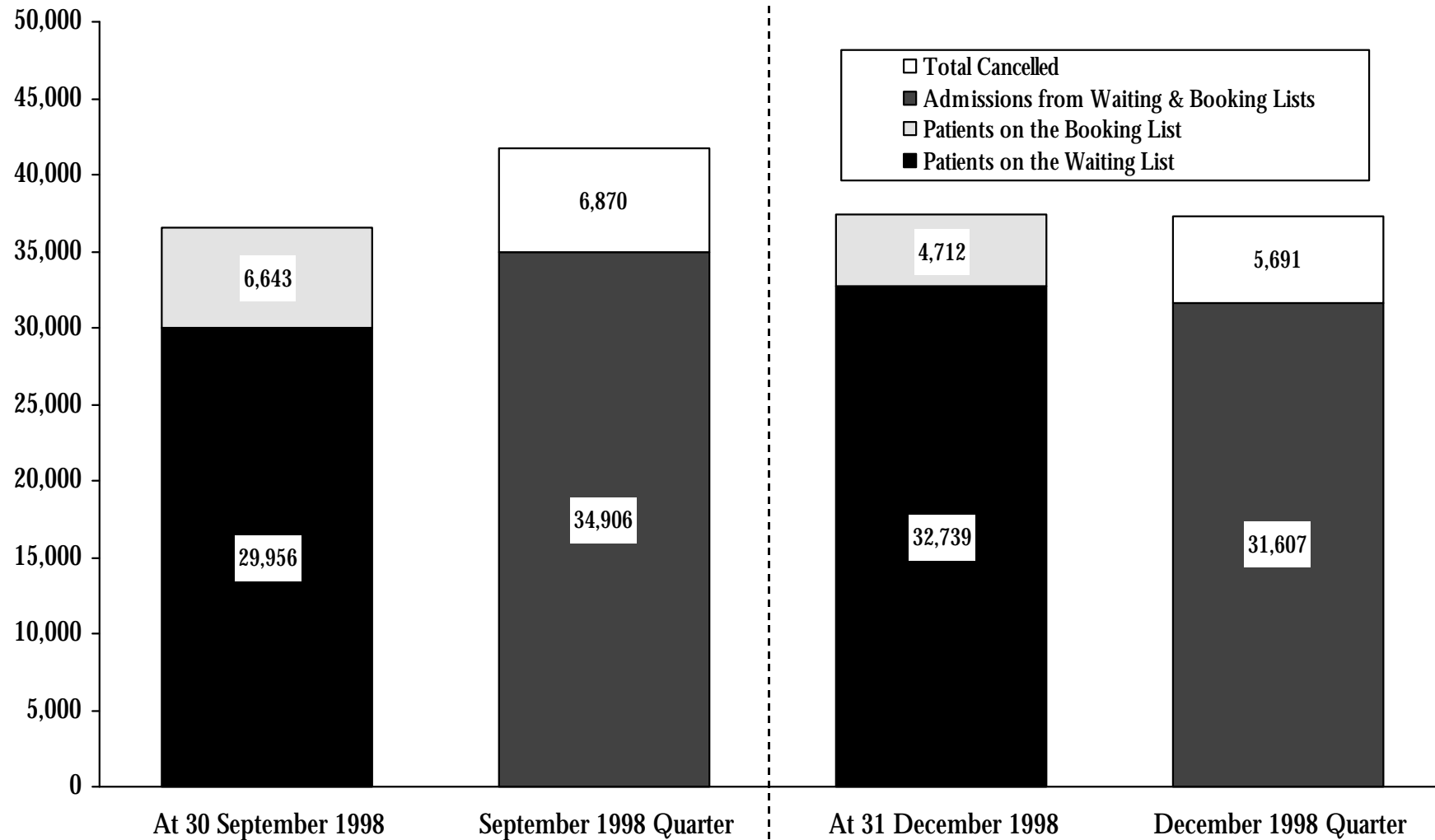
⁵ St Vincent's Hospital is no longer affiliated with the Inner and Eastern Health Care Network.

⁶ December data for Ballarat Health Service is unaudited and therefore subject to amendment.

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

How Many People were Removed from the Waiting List and the Booking List Each Quarter?

Figure 6.2: Admissions and Cancellations¹



¹ 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 for their elective surgery. Booked patients are separate to waiting list patients.

² December data for Ballarat Health Services is unaudited and therefore totals are subject to amendment.

People from the Waiting List and Booking List Who No Longer Require Treatment in Each of Our Major Public Hospitals

Table 6.2: Admissions and Cancellations, by Individual Hospital: December 1998 Quarter

Hospital	Patients on the Waiting List at 31 December 1998	Patients on the Booking List at 31 December 1998	Admissions from Waiting List & Booking List During the Quarter	Patients Cancelled from Waiting & Booking Lists	Total Permanent Removals from Waiting & Booking Lists During the Quarter
North Western Health Care Network					
Northern Hospital	2,406	130	1,043	198	1,241
Royal Melbourne Hospital	2,657	259	1,904	323	2,227
Western Hospital	2,050	169	1,941	346	2,287
Inner and Eastern Health Care Network					
The Alfred	1,798	365	1,505	434	1,939
The Angliss Health Services	334	239	492	57	549
Box Hill Hospital	678	280	1,231	234	1,465
Maroondah Hospital	1,521	138	957	261	1,218
Royal Victorian Eye and Ear Hospital	1,834	192	2,498	210	2,708
Southern Health Care Network					
Dandenong Hospital	1,213	130	919	363	1,282
Monash Medical Centre	3,332	499	2,675	679	3,354
Sandringham & District Memorial Hospital	751	53	283	78	361
Peninsula Health Care Network					
Frankston Hospital	2,655	369	1,421	301	1,722

Table 6.2: Admissions and Cancellations, by Individual Hospital: December 1998 Quarter

Hospital	Patients on the Waiting List at 31 December 1998	Patients on the Booking List at 31 December 1998	Admissions from Waiting List & Booking List During the Quarter	Patients Cancelled from Waiting & Booking Lists	Total Permanent Removals from Waiting & Booking Lists During the Quarter
Women's and Children's Health Care Network					
Royal Children's Hospital	936	503	2,614	232	2,846
Royal Women's Hospital	736	238	2,278	283	2,561
Metropolitan Non-Network Hospitals					
Austin and Repatriation Medical Centre	1,717	202	2,407	326	2,733
St. Vincent's Hospital ¹	1,641	152	1,163	218	1,381
Non Metropolitan Hospitals					
Ballarat Health Services ²	1,895	195	1,470	441	1,911
Barwon Health	2,155	130	1,220	94	1,314
Bendigo Health Care Group	839	95	791	121	912
Goulburn Valley Health	499	109	702	184	886
Latrobe Regional Hospital	482	160	1,053	129	1,182
Wangaratta District Base Hospital	261	50	452	65	517
West Gippsland Hospital	349	55	588	114	702
Total all Waiting List Hospitals	32,739	4,712	31,607	5,691	37,298

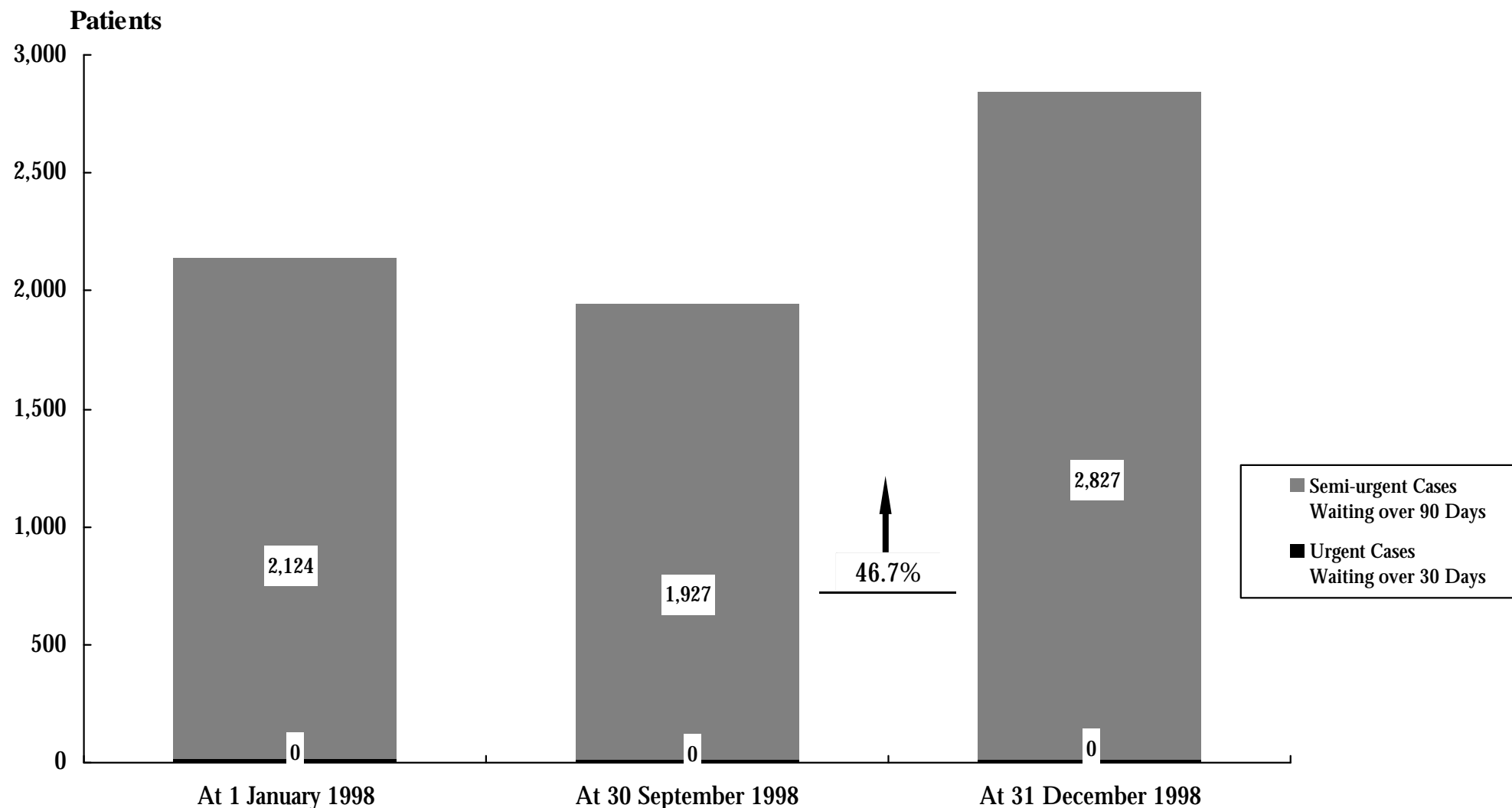
¹ St Vincent's Hospital is no longer affiliated with the Inner and Eastern Health Care Network.

² December data for Ballarat Health Services is unaudited and includes an estimate for October, and is therefore subject to amendment.

Source: Elective Surgery Information System.

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

Figure 6.3: Waiting List and Booking List Patients Exceeding Ideal Waiting Times, by Patient Category^{1 2 3}



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.

³ December Waiting and Booking List data for Ballarat Health Services is unaudited and therefore subject to amendment.

People on the Waiting List and Booking List Waiting Longer than the Ideal For Each of Our Major Public Hospitals

Table 6.3 Waiting List and Booking List Patients Exceeding Ideal Waiting Times by Patient Category, by Individual Hospital ¹

Hospital	Urgent Cases Waiting over 30 Days				Semi-Urgent Cases Waiting over 90 Days			
	31 Dec 1997	30 Sep 1998	31 Dec 1998	Change % Sep 1998 to Dec 1998	31 Dec 1997	30 Sep 1998	31 Dec 1998	Change % Sep 1998 to Dec 1998
North Western Health Care Network								
Preston & Northcote Community Hospital ²	0	–	–	N/A	46	–	–	N/A
Northern Hospital ³		0	0	-		52	58	11.5%
Royal Melbourne Hospital	0	0	0	-	143	143	300	109.8%
Western Hospital	0	0	0	-	60	18	51	183.3%
Inner and Eastern Health Care Network								
The Alfred	0	0	0	-	94	111	226	103.6%
The Angliss Health Services	0	0	0	-	2	0	1	N/A
Box Hill Hospital	0	0	0	-	1	18	22	22.2%
Maroondah Hospital	0	0	0	-	0	0	0	-
Royal Victorian Eye and Ear Hospital	0	0	0	-	576	464	673	45.0%
Southern Health Care Network								
Dandenong Hospital	0	0	0	-	0	0	16	N/A
Monash Medical Centre	0	0	0	-	237	218	298	36.7%
Sandringham & District Memorial Hospital	0	0	0	-	0	4	2	-50.0%
Peninsula Health Care Network								
Frankston Hospital	0	0	0	-	109	89	144	61.8%

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 The Preston and Northern Community Hospital closed at the end of January 1998.

³ The Northern Hospital opened on 2 February 1998.

Table 6.3 Waiting List and Booking List Patients 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			
	31 Dec 1997	30 Sep 1998	31 Dec 1998	Change % Sep 1998 to Dec 1998	31 Dec 1997	30 Sep 1998	31 Dec 1998	Change % Sep 1998 to Dec 1998
Women's and Children's Health Care Network								
Royal Children's Hospital	0	0	0	-	0	5	0	-100.0%
Royal Women's Hospital	0	0	0	-	0	9	1	-88.9%
Metropolitan Non-Network Hospitals								
Austin & Repatriation Medical Centre	0	0	0	-	445	165	204	23.6%
St. Vincent's Hospital ⁴	0	0	0	-	148	210	286	36.2%
Non Metropolitan Hospitals								
Ballarat Health Services ⁵	0	0	0	-	101	181	256	41.4%
Barwon Health	0	0	0	-	51	163	213	30.7%
Bendigo Health Care Group	0	0	0	-	18	25	28	12.0%
Goulburn Valley Health	0	0	0	-	72	27	12	-55.6%
Latrobe Regional Hospital	0	0	0	-	0	0	0	-
Wangaratta District Base Hospital	0	0	0	-	21	18	35	94.4%
West Gippsland Hospital	0	0	0	-	0	7	1	-85.7%
Total All Waiting List Hospitals	0	0	0	-	2,124	1,927	2,827	46.7%

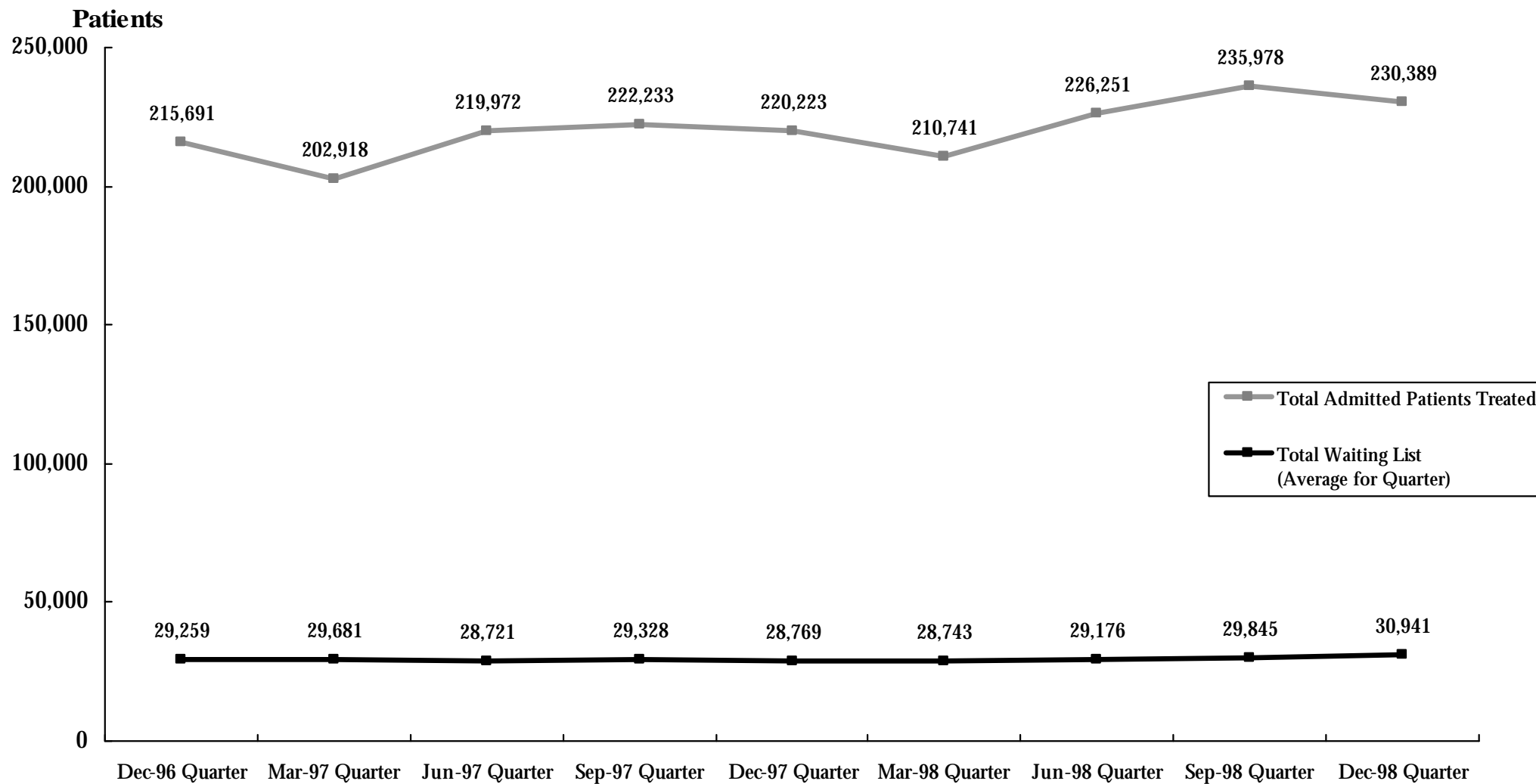
⁴ St Vincent's Hospital is no longer affiliated with the Inner and Eastern Health Care Network.

⁵ December data for Ballarat Health Services is unaudited and therefore subject to amendment.

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^{1 2}



¹ Data in the current quarter for Admitted Patients Treated is provisional.

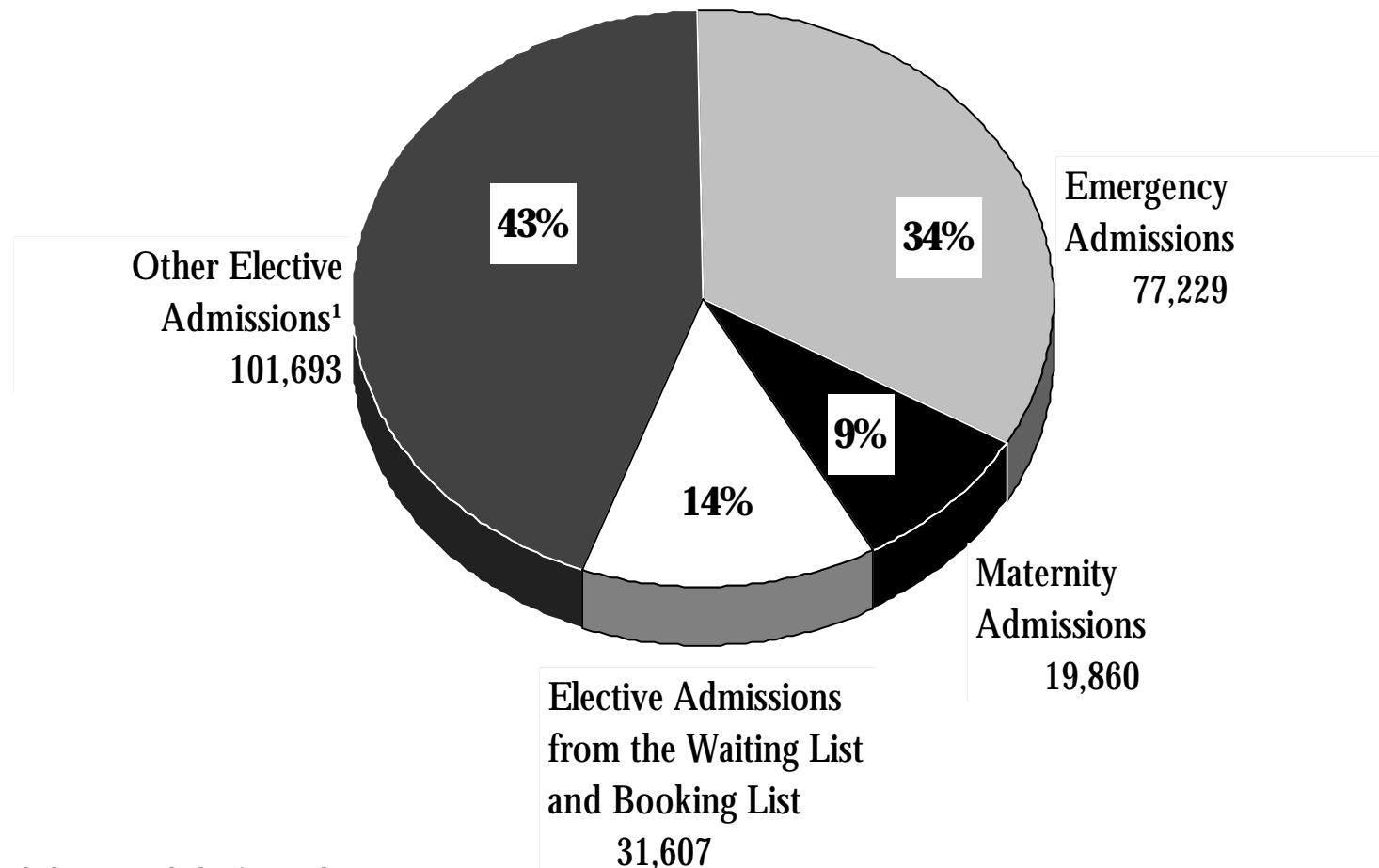
² December Waiting List total for Ballarat Health Services is unaudited and therefore subject to amendment.

Source: Victorian Inpatient Minimum Database.

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

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

Figure 6.5: Separations by Admission Type ^{2 3 4 5}



¹ Includes statistical admissions, which refer to a change in patient care type.

² Patients on the waiting list who are treated during the quarter: see definition of treated patients given in Figure 3.1.

³ Includes maternity and newborns admissions.

⁴ Percentages may not add due to rounding.

⁵ December Elective Admissions data for Ballarat Health Service is unaudited and therefore subject to amendment.

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 31 December 1997	At 30 September 1998	At 31 December 1998	Change (%)	
				At 30 September 1998 to	At 31 December 1998
Booked Patients	8,459	6,643	4,712		-29.07%

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 the time. Patients are considered to be booked when they have been given a planned date within six weeks to be admitted for their elective surgery. 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 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 AP accommodation.

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

7. 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.

Cancellation

The permanent removal of a waiting list patient from a booking list or waiting list without admission or booking for the awaited procedure

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