

Specifications of Your Hospitals Report Data, July 2008 to July 2009.

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Specifications of Your Hospitals Report Data

July 2008 to June 2009

Figure 1: Public hospital admissions, Victoria and Australia.

- 1.1 Hospitals reporting: All Australian public hospitals as reported by the Australian Hospital Statistics (AIHW).
- 1.2 Source: Australian Hospital Statistics, Australian Institute of Health and Welfare, and Australian Bureau of Statistics (Table 2.4).
- 1.3 Latest edition/update of the data: 2007-08.
- 1.4 Definition: Separations per 1,000 persons – sum of total public hospital admissions divided by the aged-standardised Australian population (June 2006).
- 1.5 Comments: Separations for which the care type was reported as newborn with no qualified days, and records for hospital boarders and posthumous organ procurement have been excluded.

Figure 2: Proportion of emergency department patients seen within desirable treatment times, Victoria and Australia, 2007-08.

- 2.1 Hospitals reporting: As reported by jurisdictions to National Emergency Department Minimum Dataset (Refer Australian Hospital Statistics, AIHW).
- 2.2 Source: Australian Hospital Statistics, Australian Institute of Health and Welfare (Table 5.3).
- 2.3 Latest edition/update of the data: 2007-08.
- 2.4 Definition: Proportion of emergency department patients whose time to treatment was within the desirable time, i.e. triage category 1 (resuscitation) treated immediately, triage category 2 (emergency) treated within 10 minutes, triage category 3 (urgent) treated within 30 minutes, triage category 4 (semi-urgent) treated within 1 hour and triage category 5 (non-urgent) treated within 2 hours.
Time to treatment equals **a-b**, where:
a is arrival date and time; and
b is the date and time the patient is first seen by a nurse, doctor or mental health practitioner (whichever was first).
- 2.5 Comments: National figures calculated are for peer group hospitals and includes records where triage category not assigned or reported.

Figure 3: Median waiting time to treatment for emergency patients, Victoria and Australia, 2007-08.

- 3.1 Hospitals reporting: As reported by jurisdictions to National Emergency Department Minimum Dataset (Refer Australian Hospital Statistics, AIHW).
- 3.2 Source: Australian Hospital Statistics, Australian Institute of Health and Welfare (Table 5.3).
- 3.3 Latest edition/update of the data: 2007-08.
- 3.4 Definition: The median time to treatment for emergency department patients.
Time to treatment equals **a-b**, where:
a is arrival date and time; and
b is the date and time the patient is first seen by a nurse, doctor or mental health practitioner (whichever was first).

Figure 4: Median waiting times for patients admitted from the waiting list, Victoria and Australia.

- 4.1 Hospitals reporting: As reported by jurisdictions to National Elective Surgery Waiting Times Data Collection (Refer Australian Hospital Statistics, AIHW).
- 4.2 Source: Australian Hospital Statistics, Australian Institute of Health and Welfare (Table 6.2).
- 4.3 Latest edition/update of the data: 2007-08.
- 4.4 Definition: The median total waiting time for patients admitted for elective surgery during the reporting period. Total waiting time is the difference between the date that the patient was listed for the procedure and the date they were admitted to hospital for the awaited procedure.
- 4.5 Comments: Only records assigned an ESIS principle code of less than 500 and where the patient status is *ready for care* are included.

Figure 5: Funding for health and aged care services.

- 5.1 Hospitals reporting: NA.
- 5.2 Source: Victorian State Government Budget Papers (Table 3.2).
- 5.3 Latest edition/update of the data: 2008-09.
- 5.4 Definition: Public hospital operating funds budget (not revised) and split by public hospitals (acute health) and other health and aged care services.
- 5.5 Comments: Output areas excluded from funding for health and aged care services include disability services, child protection and family services, youth services and youth justice, concessions for pensioners and beneficiaries and housing assistance.

Table 1: Funding for public hospitals, ambulance, mental health and dental health services (\$ million).

- 1.1 Hospitals reporting: NA.
- 1.2 Source: Victorian State Government Budget Papers (Table 3.2).
- 1.3 Latest edition/update of the data: 2008-09.
- 1.4 Definition: Public hospital operating funds as allocated in the state budget (not revised) and split by public hospitals (acute health), mental health, ambulance, dental, aged care, primary health and public health.

Figure 6: Capital funding.

- 6.1 Hospitals reporting: NA.
- 6.2 Source: Victorian State Government Budget Papers (Table 3.2).
- 6.3 Latest edition/update of the data: 2008-09.
- 6.4 Definition: Total estimated investment of initiatives (not revised) and split by public hospitals (acute health) and other health facilities.

Figure 7: Total hospital capacity.

- 7.1 Hospitals reporting: All Victorian public hospitals (refer to attachment 1).
- 7.2 Source: VAED - Victorian Admitted Episodes Dataset.
- 7.3 Latest edition/update of the data: September 2009 consolidated file.
- 7.4 Definition: The total number of bed days for all admissions. Length of stay (bed days) is calculated using the following definition; 'The length of stay of an admitted patient is measured in patient days. A same day patient should be allocated a length of stay of one patient day. The length of stay of an overnight or multi-day stay patient is calculated by subtracting the admission date from the separation date and deducting total leave with and without permission days.' (VAED Manual, July 2008).
- 7.5 Comments: Estimates may be calculated for hospitals that have not submitted data for the period.

Figure 8: Total emergency cases by ambulance Victoria metropolitan Melbourne for the period 1 December to 1 February, 2007-2009.

- 8.1 Hospitals reporting: NA.
- 8.2 Source: Ambulance Victoria.
- 8.3 Latest edition/update of the data: 30 June 2009
- 8.4 Definition: The total number of emergency ambulance cases reported in metropolitan Melbourne.

Figure 9: Maximum temperature anomalies for the period 27-31 January 2009

- 9.1 Hospitals reporting: NA.
- 9.2 Source: Commonwealth of Australia, Australian Bureau of Meteorology.
- 9.3 Latest edition/update of the data: Issued 3 February 2009.
- 9.4 Definition: Australia's annual mean temperature anomaly is calculated using maximum and minimum temperature data from approximately 130 non-urban observing stations throughout the country. These stations are part of a high-quality temperature dataset developed to monitor long-term temperature trends in Australia. The temperature records at these stations have been corrected for discontinuities caused by changes such as instrumentation and site location.

Figure 10: Patients admitted to hospital.

- 10.1 Hospitals reporting: All Victorian public hospitals (refer to Attachment 1).
- 10.2 Source: VAED – Victorian Admitted Episodes Dataset.
- 10.3. Latest edition/update of the data: September 2009 consolidated file.
- 10.4 Definition: Total public hospital separations. A separation is defined as ‘the process by which an episode of care for an admitted patient ceases.’ (VAED Manual, July 2005).
- 10.5 Comments: Estimates may be calculated for hospitals that have not submitted data for the period.

Figure 11: Patients attending emergency departments.

- 11.1 Hospitals reporting: Victorian hospitals with emergency departments (38) (refer to Attachment 1).
- 11.2 Source: VEMD – Victorian Emergency Minimum Dataset.
- 11.3 Latest edition/update of the data: September 2009 consolidated file.
- 11.4 Definition: Total number of emergency department (ED) presentations – an ED presentation is reported for every patient who is triaged, including those patients who subsequently leave the ED before treatment commences.
- 11.5 Comments: This includes Williamstown Hospital, even though it does not have a 24 hour emergency department, however because it has a high level of attendances. There are seventeen additional non-major emergency departments located in small rural, small metropolitan, or specialist metropolitan hospitals.

Table 2: Number of primary care type patients attending emergency departments

- 2.1 Hospitals reporting: Victorian hospitals with emergency departments (38) (refer to Attachment 1).
- 2.2 Source: VEMD – Victorian Emergency Minimum Dataset.
- 2.3 Latest edition/update of the data: September 2009 consolidated file.
- 2.4 Definition: Primary care type patients (PCT) are those patients triaged as categories 4 and 5, who have not arrived by ambulance or been referred by a General Practitioner, not admitted and have a length of stay less than 12 hours.

Figure 12: Number of emergency department patients transferred to a hospital bed.

- 12.1 Hospitals reporting: Victorian hospitals with emergency departments (38) (refer to Attachment 1).
- 12.2 Source: VEMD – Victorian Emergency Minimum Dataset.
- 12.3 Latest edition/update of the data: September 2009 consolidated file.
- 12.4 Definition:
 - (a) Total number of emergency department (ED) presentations – an ED presentation is reported for every patient who is triaged, including those patients who subsequently leave the ED before treatment commences.
 - (b) ED patients admitted an inpatient ward – ED patients whose departure status indicates they were admitted to a ward (including a medical assessment and planning unit), a short stay unit or an emergency medical unit.

Figure 13: Patient treatments in specialist outpatient clinics.

- 13.1 Hospitals reporting: Victorian Ambulatory Classification System (VACS) reporting hospitals (refer to Attachment 1).
- 13.2 Source: VACS Reporting System.
- 13.3 Latest edition/update of the data: October 2009.
- 13.4 Definition: Total encounters for all patients (including DVA patients)

Figure 14: Service contact hours for consumers of community mental health services

- 14.1 Hospitals reporting: NA.
- 14.2 Source: Mental Health Reporting System (CMI/ODS).
- 14.3 Latest edition/update of the data: 2008-09.
- 14.4 Definition: Number of service contact hours for consumers of community mental health services

Figure 15: Average daily hours of care in intensive care units.

- 15.1 Hospitals reporting: All Victorian public hospitals (refer to Attachment 1).
- 15.2 Source: VAED - Victorian Admitted Episodes Dataset.
- 15.3 Latest edition/update of the data: September 2009.
- 15.4 Definition: Hours in an Intensive Care Unit (ICU) were attributed to the patient's hospital separation date. All episodes for newborns, or with an accommodation status indicating Neonatal Intensive Care Unit or Special Care Nursery care, were excluded. The sum of all Hours in ICU were divided by the number of days in the period to derive an average number of hours of ICU care per day within the period

Figure 16: Babies admitted to neonatal intensive care units and special care nurseries.

- 16.1 Hospitals reporting: Hospitals with neonatal intensive care units and special care nurseries (refer to Attachment 1).
- 16.2 Source: VAED – Victorian Admitted Episodes Dataset.
- 16.3 Latest edition/update of the data: September 2009 consolidated file.
- 16.4 Definition: The number of separations where the patient spends all or part of their stay in a neonatal intensive care unit or special care nursery.

Figure 17: Percentage of time emergency departments went on bypass.

- 17.1 Hospitals reporting: 13 major metropolitan hospitals excluding Royal Children’s Hospital (see Attachment 1).
- 17.2 Source: Hospital Bypass Data Collection.
- 17.3 Latest edition/update of the data: September 2009 consolidated file.
- 17.4 Definition: Percentage of time a hospital defers the metropolitan ambulance service when the ED is full. Calculated as:

$$\% \text{ TIME ON HOSPITAL BYPASS} = \frac{\text{BYPASSES (HOURS)}}{\text{HOURS IN TIME PERIOD FOR SYSTEM}}$$

Time on bypass is calculated as end time less start time.

Figures 18 - 31: Emergency department care.

- 1 Hospitals reporting: 16 major metropolitan hospitals and 5 major rural hospitals (refer to Attachment 1).
- 2 Source: VEMD – Victorian Emergency Minimum Dataset.
- 3 Latest edition/update of the data: September 2009 consolidated file.

Figure 18: Resuscitation (triage category 1) patients treated in emergency departments.

- 18.4 Definition:
 - (a) Total number of resuscitation (triage category 1) patients treated in emergency departments – excludes those who left at their own risk without treatment, those who left after clinical advice regarding treatment options and/or those who were dead on arrival (which means that there was no attempt to resuscitate the patient in the ED).
 - (b) Number of resuscitation (triage category 1) patients as defined above (a) who were seen immediately – that is, where their “time to treatment” was less than or equal to 1 minute.
- Time to treatment equals **a-b**, where:
a is arrival date and time; and
b is the date and time the patient is first seen by a nurse, doctor or mental health practitioner (whichever was first).

Figure 19: Proportion of resuscitation (triage category 1) patients treated immediately.

- 19.4 Definition:
 - (a) Number of resuscitation (triage category 1) patients treated in emergency departments who were seen immediately- that is, where their “time to treatment” was less than or equal to 1 minute – excludes those who left at their own risk without treatment, those who left after clinical advice regarding treatment options and/or those who were dead on arrival (which means that there was no attempt to resuscitate the patient in the ED).
- as a percentage of:
- (b) Total number of resuscitation (triage category 1) patients treated in emergency departments- excludes those who left at their own risk without treatment, those who left after clinical advice regarding treatment options and/or those who were dead on arrival (which means that there was no attempt to resuscitate the patient in the ED).

Figure 20: Emergency (triage category 2) patients treated in emergency departments.

20.4 Definition:

- (a) Total number of emergency (triage category 2) patients treated in emergency departments – excludes those who left at their own risk without treatment, those who left after clinical advice regarding treatment options and/or those who were dead on arrival (which means that there was no attempt to resuscitate the patient in the ED).
- (b) Number of emergency (triage category 2) patients as defined above (a) who were treated within 10 minutes – that is, where their “time to treatment” was less than or equal to 10 minutes.

Time to treatment equals **a-b**, where:

a is arrival date and time; and

b is the date and time the patient is first seen by a nurse, doctor or mental health practitioner (whichever was first).

Figure 21: Proportion of emergency (triage category 2) patients treated within 10 minutes.

21.4 Definition:

- (a) Number of emergency (triage category 2) patients treated in emergency departments who were treated within 10 minutes- that is, where their “time to treatment” was less than or equal to 10 minutes – excludes those who left at their own risk without treatment, those who left after clinical advice regarding treatment options and/or those who were dead on arrival (which means that there was no attempt to resuscitate the patient in the ED).

as a percentage of:

- (b) Total number of emergency (triage category 2) patients treated in emergency departments- excludes those who left at their own risk without treatment, those who left after clinical advice regarding treatment options and/or those who were dead on arrival (which means that there was no attempt to resuscitate the patient in the ED).

Figure 22: Urgent (triage category 3) patients treated in emergency departments.

22.4 Definition:

- (a) Total number of urgent (triage category 3) patients treated in emergency departments – excludes those who left at their own risk without treatment, those who left after clinical advice regarding treatment options and/or those who were dead on arrival (which means that there was no attempt to resuscitate the patient in the ED).
- (b) Number of urgent (triage category 3) patients as defined above (a) who were treated within 30 minutes – that is, where their “time to treatment” was less than or equal to 30 minutes.

Time to treatment equals **a-b**, where:

a is arrival date and time; and

b is the date and time the patient is first seen by a nurse, doctor or mental health practitioner (whichever was first).

Figure 23: Proportion of urgent (triage category 3) patients treated within 30 minutes.

23.4 Definition:

- (a) Number of urgent (triage category 3) patients treated in emergency departments who were treated within 30 minutes- that is, where their “time to treatment” was less than or equal to 30 minutes – excludes those who left at their own risk without treatment, those who left after clinical advice regarding treatment options and/or those who were dead on arrival (which means that there was no attempt to resuscitate the patient in the ED).

as a percentage of:

- (b) Total number of urgent (triage category 3) patients treated in emergency departments- excludes those who left at their own risk without treatment, those who left after clinical advice regarding treatment options and/or those who were dead on arrival (which means that there was no attempt to resuscitate the patient in the ED).

Figure 24: Semi-Urgent (triage category 4) patients treated in emergency departments.

24.4 Definition:

- (a) Total number of semi-urgent (triage category 4) patients treated in emergency departments – excludes those who left at their own risk without treatment, those who left after clinical advice regarding treatment options and/or those who were dead on arrival (which means that there was no attempt to resuscitate the patient in the ED).
- (b) Number of semi-urgent (triage category 4) patients as defined above (a) who were treated within 1 hour – that is, where their “time to treatment” was less than or equal to 60 minutes.

Time to treatment equals **a-b**, where:

a is arrival date and time; and

b is the date and time the patient is first seen by a nurse, doctor or mental health practitioner (whichever was first).

Figure 25: Proportion of semi-urgent (triage category 4) patients treated within one hour.

25.4 Definition:

- (a) Number of semi-urgent (triage category 4) patients treated in emergency departments who were treated within 1 hour- that is, where their “time to treatment” was less than or equal to 60 minutes – excludes those who left at their own risk without treatment, those who left after clinical advice regarding treatment options and/or those who were dead on arrival (which means that there was no attempt to resuscitate the patient in the ED).

as a percentage of:

- (b) Total number of semi-urgent (triage category 4) patients treated in emergency departments- excludes those who left at their own risk without treatment, those who left after clinical advice regarding treatment options and/or those who were dead on arrival (which means that there was no attempt to resuscitate the patient in the ED).

Figure 26: Non-Urgent (triage category 5) patients treated in emergency departments.

26.4 Definition:

- (a) Total number of non-urgent (triage category 5) patients treated in emergency departments – excludes those who left at their own risk without treatment, those who left after clinical advice regarding treatment options and/or those who were dead on arrival (which means that there was no attempt to resuscitate the patient in the ED).
- (b) Number of non-urgent (triage category 5) patients as defined above (a) who were treated within 2 hours – that is, where their “time to treatment” was less than or equal to 120 minutes.

Time to treatment equals **a-b**, where:

a is arrival date and time; and

b is the date and time the patient is first seen by a nurse, doctor or mental health practitioner (whichever was first).

Figure 27 Proportion of non-urgent (triage category 5) patients treated within two hours.

27.4 Definition:

- (a) Number of non-urgent (triage category 5) patients treated in emergency departments who were treated within 2 hours- that is, where their “time to treatment” was less than or equal to 120 minutes – excludes those who left at their own risk without treatment, those who left after clinical advice regarding treatment options and/or those who were dead on arrival (which means that there was no attempt to resuscitate the patient in the ED).

as a percentage of:

- (b) Total number of non-urgent (triage category 5) patients treated in emergency departments- excludes those who left at their own risk without treatment, those who left after clinical advice regarding treatment options and/or those who were dead on arrival (which means that there was no attempt to resuscitate the patient in the ED).

Figure 28: Number of patients transferred from emergency departments to hospital beds within 8 hours.

28.4 Definition:

- (a) ED patients transferred to an inpatient bed – this means ED patients whose departure status indicates they were transferred to a ward, short stay observation unit (SSOU), emergency medical unit (EMU), medical assessment and planning unit (MAPU), intensive care bed (ICU) – this campus, mental health bed (MHB) – this campus, or coronary care unit (CCU) – this campus (departure status codes 03, 13, 14, 15, 16, 18, 22, 25 & 26).
- (b) ED patients transferred to an inpatient bed within 8 hours - where the interval between the patient’s arrival (date and time) and their departure (date and time) from the ED to the inpatient bed is less than or equal to 8 hours.

Figure 29: Proportion of patients transferred from emergency departments to hospital beds within 8 hours.

29.4 Definition:

- (a) Number of ED patients transferred to an inpatient bed within 8 hours - where the interval between the patient's arrival (date and time) and their departure (date and time) from the ED to the inpatient bed is less than or equal to 8 hours.

as a percentage of:

- (b) Total ED patients transferred to an inpatient bed - this means ED patients whose departure status indicates they were transferred to a ward, short stay observation unit (SSOU), emergency medical unit (EMU), medical assessment and planning unit (MAPU), intensive care bed (ICU) - this campus, mental health bed (MHB) - this campus, or coronary care unit (CCU) - this campus (departure status codes 03, 13, 14, 15, 16, 18, 22, 25 & 26).

Figure 30: Number of non-admitted emergency department patients whose stay is less than 4 hours.

30.4 Definition:

- (a) ED patients not transferred to an inpatient bed - this means ED patients whose departure status indicates they departed to the following: home, left after advice re treatment options, correctional/custodial facility, mental health residential facility and aged care residency, (departure status codes 01, 10, 12, 23 & 24).
- (b) ED patients not transferred to an inpatient bed whose length of stay was less than 4 hours - where the interval between the patient's arrival (date and time) and their departure (date and time) from the ED is less than or equal to 4 hours.

Figure 31: Proportion of non-admitted emergency department patients whose stay is less than 4 hours.

31.4 Definition:

- (a) Number of ED patients not transferred to an inpatient bed whose length of stay was less than 4 hours- where the interval between the patient's arrival (date and time) and their departure (date and time) from the ED bed is less than or equal to 4 hours.

as a percentage of:

- (b) Total ED patients not transferred to an inpatient bed - this means ED patients whose departure status indicates they departed to the following: home, left after advice re treatment options, correctional/custodial facility, mental health residential facility and aged care residency, (departure status codes 01, 10, 12, 23 & 24).

Figures 32-43: Elective surgery performance data.

1. Hospitals reporting: ESIS reporting hospitals (see Attachment 1).
2. Source: ESIS - Elective Surgery Information System.
3. Latest edition/update of the data: September 2009 consolidated file.

Figure 32: Access to elective surgery – urgent patients.

32.4. Definition:

- (a) Number of urgent (category 1) patients listed for elective surgery as at end of the reporting period. Patients who are “not ready for care” and those waiting for a non-surgical procedure (principal prescribed procedure code greater than or equal to 500) are excluded.
- (b) Number of urgent (category 1) patients admitted for elective surgery during the reporting period. Patients who are “not ready for care” and those waiting for a non-surgical procedure (principal prescribed procedure code greater than or equal to 500) are excluded.

Figure 33: Percentage of urgent patients admitted within 30 days.

33.4 Definition:

- (a) Number of urgent (category 1) patients admitted for elective surgery during the reporting period whose “total waiting time” is less than or equal to 30 days. Total waiting time is the difference between the date that the patient was listed for the procedure to the date they were admitted to hospital for the awaited procedure (excluding *Not Ready for Care Days*).
- as a percentage of:
- (b) Total number of urgent (category 1) patients admitted for elective surgery during the reporting period.

Figure 34: Median time to treat - urgent patients admitted from the elective surgery list.

- 34.4 Definition: The median “total waiting time” for urgent (category 1) patients admitted for elective surgery during the reporting period. Total waiting time is the difference between the date that the patient was listed for the procedure to the date they were admitted to hospital for the awaited procedure (excluding *Not Ready for Care Days*).

Figure 35: Access to elective surgery – semi-urgent patients.

35.4. Definition:

- (a) Number of semi-urgent (category 2) patients listed for elective surgery as at end of the reporting period. Patients who are “not ready for care” and those waiting for a non-surgical procedure (principal prescribed procedure code greater than or equal to 500) are excluded.
- (b) Number of semi-urgent (category 2) patients admitted for elective surgery during the reporting period. Patients who are “not ready for care” and those waiting for a non-surgical procedure (principal prescribed procedure code greater than or equal to 500) are excluded.

Figure 36: Percentage of semi-urgent patients admitted within 90 days.

36.4. Definition:

- (a) Number of semi-urgent (category 2) patients admitted for elective surgery during the reporting period whose “total waiting time” is less than or equal to 90 days. Total waiting time is the difference between the date that the patient was listed for the procedure to the date they were admitted to hospital for the awaited procedure (excluding *Not Ready for Care Days*).

as a percentage of:

- (b) Total number of semi-urgent (category 2) patients admitted for elective surgery during the reporting period.

Figure 37: Median time to treat - semi-urgent patients admitted from the elective surgery list.

37.4. Definition: The median “total waiting time” for semi-urgent (category 2) patients admitted for elective surgery during the reporting period. Total waiting time is the difference between the date that the patient was listed for the procedure to the date they were admitted to hospital for the awaited procedure (excluding *Not Ready for Care Days*).

Figure 38: Access to elective surgery - non-urgent patients.

38.4. Definition:

- (a) Number of non-urgent (category 3) patients listed for elective surgery as at end of the reporting period. Patients who are “not ready for care” and those waiting for a non-surgical procedure (principal prescribed procedure code greater than or equal to 500) are excluded.
- (b) Number of non-urgent (category 3) patients admitted for elective surgery during the reporting period. Patients who are “not ready for care” and those waiting for a non-surgical procedure (principal Prescribed Procedure code greater than or equal to 500) are excluded.

Figure 39 Percentage of non-urgent patients admitted within 365 days.

39.4 Definition:

- (a) Number of non-urgent (category 3) patients admitted for elective surgery during the reporting period whose “Total waiting time” is less than or equal to 365 days. Total waiting time is the difference between the date that the patient was listed for the procedure to the date they were admitted to hospital for the awaited procedure (excluding *Not Ready for Care Days*).

as a percentage of:

- (b) Total number of non-urgent (category 3) patients admitted for elective surgery during the reporting period.

Figure 40: Median time to treat - non-urgent patients admitted from the elective surgery list.

40.4 Definition: The median “total waiting time” for non-urgent (category 3) patients admitted for elective surgery during the reporting period. Total waiting time is the difference between the date that the patient was listed for the procedure to the date they were admitted to hospital for the awaited procedure (excluding *Not Ready for Care Days*).

Figure 41: Median time to treat urgent patients by clinical specialty, 2008-2009.

- 41.4 Definition: The median “total waiting time” by clinical specialty for urgent (category 1) patients admitted for elective surgery during the reporting period. Total waiting time is the difference between the date that the patient was listed for the procedure to the date they were admitted to hospital for the awaited procedure (excluding *Not Ready for Care Days*).

Figure 42: Median time to treat semi-urgent patients by clinical specialty, 2008-2009.

- 42.4 Definition: The median “total waiting time” by clinical specialty for Semi-Urgent (category 2) patients admitted for elective surgery during the reporting period. Total waiting time is the difference between the date that the patient was listed for the procedure to the date they were admitted to hospital for the awaited procedure (excluding *Not Ready for Care Days*).

Figure 43: Median time to treat non-urgent patients by clinical specialty, 2008-2009.

- 43.4. Definition: The median “total waiting time” by clinical specialty for non-urgent (category 3) patients admitted for elective surgery during the reporting period. Total waiting time is the difference between the date that the patient was listed for the procedure to the date they were admitted to hospital for the awaited procedure (excluding *Not Ready for Care Days*).

Figure 44: Funding for dental health services.

- 44.1 Hospitals reporting: NA.
44.2 Source: Victorian State Government Budget Papers
44.3 Latest edition/update of the data: 2008-09.
44.4 Definition: Total funds allocated to dental health services.

Figure 45: Patient visits to public dental services.

- 45.2 Source: Dental Health Services Victoria; Community Dental program.
45.3 Latest edition/update of the data: 2008-09.
45.4 Definition: The total number of patient visits to public school and community dental services.

Figure 46: Average time to treatment for priority dentures.

- 46.2 Source: Dental Health Services Victoria; Community Dental program.
46.3 Latest edition/update of the data: June 2009.
46.4 Definition: The average number of months waited for priority dentures.

Figure 47: Average time to treatment for non-priority dentures and restorative dental care.

- 47.2 Source: Dental Health Services Victoria; Community Dental program.
47.3 Latest edition/update of the data: June 2009.
47.4 Definition: The average number of months waited for non-priority dentures and restorative dental care.

Figures 48-50: Patient satisfaction.

- 1 Hospitals reporting: All Victorian public hospitals
- 2 Source: Victorian Patient Satisfaction Monitor questionnaire.
- 3 Latest edition/update of the data: 2008-09.

Figures 48: Overall Care Index.

- 48.4 Definition: Calculated from the scores for the six individual measures. The maximum possible score is 100 for each measure.

Figures 49: Score for six measures.

- 49.4 Definition: The scores for the six individual measures - *access and admission, general patient information, treatment and related information, complaints management, physical environment, and discharge and follow-up.*

Figures 50: Maternity score for six measures.

- 50.4 Definition: The scores for the six individual measures - *access and admission, general patient information, treatment and related information, complaints management, physical environment, and discharge and follow-up.*

Figure 51: Hospital cleanliness: selected metropolitan health services.

- 43.1 Hospitals reporting: Alfred Health, Southern Health, Women and Children's Health and Austin Health.
- 43.2 Source: Health Services Environment Service Departments.
- 43.3 Latest edition/update of the data: 2008-09.
- 43.4 Definition: Summary of health service results from external cleaning audits providing an independent evaluation of the cleanliness.

Figure 52: Hospital cleanliness: selected rural health services.

- 52.1 Hospitals reporting: Alpine Health Services, East Wimmera Health Service, Hepburn Health Services and Rural Northwest Health.
- 52.2 Source: Health Services Environment Service Departments.
- 52.3 Latest edition/update of the data: 2008-09.
- 52.4 Definition: Summary of health service results from external cleaning audits providing an independent evaluation of the cleanliness.

Figure 53: Patients admitted for same-day treatment.

- 53.1 Hospitals reporting: All Victorian public hospitals (refer to Attachment 1).
- 53.2 Source: VAED – Victorian Admitted Episodes Dataset.
- 53.3 Latest edition/update of the data: September 2009 consolidated file.
- 53.4 Definition: The total separations where admission date equals separation date.
- 53.5 Comments: Estimates may be calculated for hospitals that have not submitted data for the period.

Figure 54: Proportion of patients admitted for same-day and non-same-day treatment.

- 54.1 Hospitals reporting: All Victorian public hospitals (refer to Attachment 1).
- 54.2 Source: VAED – Victorian Admitted Episodes Dataset.
- 54.3 Latest edition/update of the data: September 2009 consolidated file.
- 54.4 Definition:
 - (a) The total separations where admission date equals separation date.
 - (b) The total separations where admission date does not equal separation date.
- 54.5 Comments: Estimates may be calculated for hospitals that have not submitted data for the period.

Figure 55: Number of bed days for patients waiting in major metropolitan public hospitals for suitable ongoing care services

- 55.1 Hospitals reporting: Major Metropolitan Hospitals (refer Major Metropolitan Hospitals (16), Attachment 1).
- 55.2 Source: Department of Human Services Aged Care Assessment Dataset and Victorian Admitted Episodes Dataset.
- 55.3 Latest edition/update of the data: September 2009 consolidated file.
- 55.4 Definition: Bed days incurred by older patients who have been assessed by the Aged Care Assessment Services and continue to wait in hospital to access suitable ongoing care services.

Figure 56: Immunisation rates for children at two years of age, Victoria.

- 56.1 Hospitals reporting: NA.
- 56.2 Source: Australian Childhood Immunisation Register.
- 56.3 Latest edition/update of the data: 30 June 2009.
- 56.4 Definition: The percentage of two-year-old Victorian children fully immunised.

Figure 57: Immunisation rates for children at five years of age, Victoria.

- 57.1 Hospitals reporting: NA.
- 57.2 Source: Australian Childhood Immunisation Register.
- 57.3 Latest edition/update of the data: 30 June 2009.
- 57.4 Definition: The percentage of five-year-old Victorian children fully immunised.

Figure 58: Participation rates of eligible women aged 50-69 years in the BreastScreen program in 24 month periods, Victoria.

- 58.1 Hospitals reporting: NA.
- 58.2 Source: BreastScreen Victoria Registry.
- 58.3 Latest edition/update of the data: 2008-09.
- 58.4 Definition: The percentage of eligible Victorian women aged 50-69 years who have been through the breast screening program.
- 58.5 Comments: Each reporting period is over two financial years beginning 1 July and ending 30 June two years later.

Figure 59: Participation rates of eligible women aged 20-69 in the cervical screening program in 24 month periods, Victoria.

- 59.1 Hospitals reporting: NA.
- 59.2 Source: Victorian Cervical Cytology Register (VCCR).
- 59.3 Latest edition/update of the data: 2008-09.
- 59.4 Definition: The percentage of eligible Victorian women aged 20-69 years who have been through the cervical screening program.
- 59.5 Comments: 2008-09 data is estimated by VCCR at time of publication. Each reporting period is over two calendar years beginning 1 January and ending 31 December the year after.

Figure 60: Number of doctors working wholly in the Victorian public hospital system.

- 60.1 Hospitals reporting: All Victorian public hospitals (refer to All Victorian Public Hospitals, Attachment 1).
- 60.2 Source: Minimum Employment Dataset.
- 60.3 Latest edition/update of the data: 30 June 2009.
- 60.4 Definition: The total number of full-time equivalent doctors employed in Victorian public hospital system as at 30 June 2009.

Figure 61: Number of full-time equivalent nursing staff, Victorian public hospitals.

- 61.1 Hospitals reporting: All Victorian public hospitals (refer to Victorian Public Hospitals, Attachment 1).
- 61.2 Source: Minimum Employment Dataset.
- 61.3 Latest edition/update of the data: 30 June 2009.
- 61.4 Definition: The total number of full-time equivalent registered nurses employed in the Victorian public hospital system as at June 2008.

Figure 62: Number of dental clinicians in the dental program, Victoria.

- 62.1 Hospitals reporting: All Victorian public hospitals (refer to Victorian Public Hospitals, Attachment 1).
- 62.2 Source: Minimum Employment Dataset.
- 62.3 Latest edition/update of the data: 30 June 2009.
- 62.4 Definition: The total number of dental clinicians employed in school and public dental services as at 30 June 2009.

Specifications for Appendix 1

A. Patients treated.

1. Total admissions.

- 1.1 Hospitals reporting: 27 hospitals (major metropolitan and major rural hospitals (see Attachment 1) plus Royal Woman's Hospital, Mercy, Mercy Werribee, Royal Victorian Eye and Ear Hospital, Williamstown, Sandringham, Casey and Rosebud).

Specific groupings:

- Austin Hospital data covers both Austin (1031) campus and Repatriation (1032) campus.
 - Monash Medical Centre data covers both Clayton (1170) and Moorabbin (1220) campuses.
 - Frankston (1250) and Rosebud (2220) campuses reported separately.
 - Dandenong Hospital data covers only Dandenong (2111) campus, i.e. excludes Cranbourne (2112) campus.
- 1.2 Source: VAED – Victorian Admitted Episodes Dataset.
 1.3 Latest edition/update of the data: September 2009 consolidated file.
 1.4 Definition: Total separations for the period 1 July 2008 to 30 June 2009.
 1.5 Comments: Data is supplied by hospital for both the six month period and the financial year.

2. Emergency department presentations.

- 2.1 Hospitals reporting: 27 Hospitals (major metropolitan and major rural hospitals (see Attachment 1) plus Royal Woman's Hospital, Mercy, Mercy Werribee, Royal Victorian Eye and Ear Hospital, Williamstown, Sandringham, Casey and Rosebud).

Specific groupings:

- Only Austin (1031) campus of Austin Hospitals has an Emergency Department.
 - Only Clayton (1170) campus of Monash Medical Centre has an Emergency Department.
 - Frankston (1250) and Rosebud (2220) campuses reported separately.
 - Only Dandenong (2111) campus of the Dandenong Hospital has an Emergency Department.
- 2.2 Source: VEMD – Victorian Emergency Minimum Dataset.
 2.3 Latest edition/update of the data: September 2009 consolidated file.
 2.4 Definition: Total ED presentations, excluding 'Dead on arrival' records for the period 1 July 2008 to 30 June 2009.
 2.5 Comments: Data is supplied by hospital for both the six month period and the financial year.

3. Outpatients

- 3.1 Definition: Non-admitted public encounters in specialist clinics (non-weighted encounters).
 3.2 Source: AIMS S9, Victorian Ambulatory Classification System (VACS) System.
 3.3 Data Specifications:

Field	Value	Comments
Site		VACS submitting campuses.
EncounterType	1	Public and DVA encounters.
EncounterClass	<550	Specialist clinics only. Does not include emergency and allied health encounters.
Period (F/Y)	7-12 1-6 1-12	January to June July to December July to June
FY	2008-09	Financial year reported.

B. Emergency department patients.

1. Hospital bypass (%).

- 1.1. Definition: Percentage of time a hospital defers the Metropolitan Ambulance Service (MAS) when the A&E is full.
- 1.2. Source: Ambulance Bypass data collection (from MAS).
- 1.3. Data specifications:

Field	Value	Comments
Site		Major metros except Royal Children's Hospital

2. Triage category 1 patients seen immediately (%).

- 2.1. Definition: % triage category 1 emergency patients seen immediately or within 1 minute by a nurse or doctor (whichever was first) on arrival in an emergency department. Excludes 'left after advice re: treatment options', 'left at own risk without treatment' and 'dead on arrival' (departure status codes 08, 10 & 11).
- 2.2. Source: VEMD
- 2.3. Data specifications:

Field	Value	Comments
Site		VEMD submitting campuses (Major metros, major rurals, RWH, Mercy x2, RVEEH, Williamstown, Sandringham, Casey, Rosebud)
Period (F/Y)	7-12 1-6 1-12	January to June July to December July to June
Fin Yr	2008-09	Financial year reported

3. Triage category 2 patients seen within 10 minutes (%).

- 3.1. Definition: % Triage category 2 emergency patients seen within 10 minutes (≤ 10 mins) by a nurse or doctor (whichever was first) on arrival in an emergency department. Excludes 'left after advice re: treatment options', 'left at own risk without treatment' and 'dead on arrival' (departure status codes 08, 10 & 11).
- 3.2. Source: VEMD
- 3.3. Data specifications: see above triage category 1 patients seen immediately (%).

4. Triage category 3 patients seen within 30 minutes (%).

- 4.1. Definition: % triage category 3 emergency patients seen within 30 minutes (≤ 30 mins) by a nurse or doctor (whichever was first) on arrival in an emergency department. Excludes 'left after advice re: treatment options', 'left at own risk without treatment' and 'dead on arrival' (departure status codes 08, 10 & 11).
- 4.2. Source: VEMD
- 4.3. Data specifications: see above triage category 1 patients seen immediately (%).

5. Transferred from emergency departments to hospitals beds within 8 hours (%).

5.1. Definition: % emergency patients transferred to an inpatient bed within 8 hours. The interval is measured from the time of arrival in an emergency department (ED) to the departure time from the ED to the inpatient bed, for all ED patients who were transferred to a ward, short stay unit or emergency medical unit (departure status codes 02, 03 & 13).

5.2. Source: VEMD

5.3. Data specifications:

Field	Value	Comments
Site		VEMD submitting campuses (Major metros, major rurals, RWH, Mercy x2, RVEEH, Williamstown, Sandringham, Casey, Rosebud)
Period (F/Y)	7-12	January to June
	1-6	July to December
	1-12	July to June
Fin Yr	2008-09	Financial year reported

6. Non-admitted with length of stay less than 4 hours (%).

6.1. Definition: % emergency patients not transferred to a ward or short stay unit with length of stay less than 4 hours. The interval is measured from the time of arrival in an emergency department (ED) to the departure time from the ED. Not transferred includes aged care residency, home, mental health residential facility, left after advice re treatment options, correctional/custodial facility (departure status codes 00, 01, 09, 10 & 12).

6.2. Source: VEMD

6.3. Data specifications:

Field	Value	Comments
Site		VEMD submitting campuses (Major metros, major rurals, RWH, Mercy x2, RVEEH, Williamstown, Sandringham, Casey, Rosebud)
Period (F/Y)	7-12	January to June
	1-6	July to December
	1-12	July to June
Fin Yr	2008-09	Financial year reported

C. Elective surgery.

1. Category 1 patients listed.

- 1.1. Definition: Number of category 1 patients on the waiting list as at (end of period).
 1.2. Source: ESIS
 1.3. Data Specifications:

Field	Value	Comments
C_date	DDMMMYYYY	Patients waiting as at 30 June 2009
Ppproc	0 < ppproc < 500	Waiting episodes with excluded principal prescribed procedures not counted
W_stat	W	Ready for care waiting patients counted only
Urgency	1	Category 1 patients only
Campus	All campus codes	29 of the ESIS reporting campuses (Major metros, major rurals, RWH, Mercy x2, RVEEH, Williamstown, Sandringham, Casey and Broadmeadows). Specific groupings: <ul style="list-style-type: none"> • Austin Hospital data covers both Austin (1031) & Repatriation (1032) campuses. • Monash Medical Centre data covers both Clayton (1170) and Moorabbin (1220) campuses. • Frankston Hospital data covers both Frankston (1250) and Rosebud (2220) campuses. • Dandenong Hospital data covers both Dandenong (2111) and Cranbourne (2112) campuses. • Northern Hospital data covers both Northern (1280) and Broadmeadows (2970) campuses.

2. Category 2 patients listed.

- 2.1. Definition: Number of category 2 patients on the waiting list as at (end of period).
 2.2. Source: ESIS
 2.3. Data Specifications:

Field	Value	Comments
C_date	DDMMMYYYY	Patients waiting as at 30 June 2009
Ppproc	0 < ppproc < 500	Waiting episodes with excluded principal prescribed procedures not counted
W_stat	W	Ready for care waiting patients counted only
Urgency	2	Category 2 patients only
Campus	All campus codes	29 of the ESIS reporting campuses (Major metros, major rurals, RWH, Mercy x2, RVEEH, Williamstown, Sandringham, Casey and Broadmeadows). Specific groupings: <ul style="list-style-type: none"> • Austin Hospital data covers both Austin (1031) & Repatriation (1032) campuses. • Monash Medical Centre data covers both Clayton (1170) and Moorabbin (1220) campuses. • Frankston Hospital data covers both Frankston (1250) and Rosebud (2220) campuses. • Dandenong Hospital data covers both Dandenong (2111) and Cranbourne (2112) campuses. • Northern Hospital data covers both Northern (1280) and Broadmeadows (2970) campuses.

3. Category 3 patients listed.

3.1. Definition: Number of category 3 patients on the waiting list as at (end of period)..

3.2. Source: ESIS

3.3. Data Specifications:

Field	Value	Comments
C_date	DDMMYYYY	Patients waiting as at 30 June 2009
Ppproc	0 < ppproc < 500	Waiting episodes with excluded principal prescribed procedures not counted
W_stat	W	Ready for care waiting patients counted only
Urgency	3	Category 3 patients only
Campus	All campus codes	29 of the ESIS reporting campuses (Major metros, major rurals, RWH, Mercy x2, RVEEH, Williamstown, Sandringham, Casey and Broadmeadows). Specific groupings: <ul style="list-style-type: none"> • Austin Hospital data covers both Austin (1031) & Repatriation (1032) campuses. • Monash Medical Centre data covers both Clayton (1170) and Moorabbin (1220) campuses. • Frankston Hospital data covers both Frankston (1250) and Rosebud (2220) campuses. • Dandenong Hospital data covers both Dandenong (2111) and Cranbourne (2112) campuses. • Northern Hospital data covers both Northern (1280) and Broadmeadows (2970) campuses.

4. Urgent patients admitted within 30 days (%).

4.1. Definition: The percentage of patients from the elective surgery waiting list that have been classified as requiring admission within 30 days that have been admitted within this timeframe.

4.2. Source: ESIS

4.3. Data Specifications:

Field	Value	Comments
C_date	1 July 2008–30 June2009	All patients admitted between July 2008 and June 2009
Ppproc	0 < ppproc < 500	Admitted episodes with excluded principal prescribed procedures not counted
W_stat	A	Admitted patients only
Urgency	1	Category 1 patients only
Campus	All campus codes	29 of the ESIS reporting campuses (Major metros, major rurals, RWH, Mercy x2, RVEEH, Williamstown, Sandringham, Casey and Broadmeadows). Specific groupings: <ul style="list-style-type: none"> • Austin Hospital data covers both Austin (1031) & Repatriation (1032) campuses. • Monash Medical Centre data covers both Clayton (1170) and Moorabbin (1220) campuses. • Frankston Hospital data covers both Frankston (1250) and Rosebud (2220) campuses. • Dandenong Hospital data covers both Dandenong (2111) and Cranbourne (2112) campuses. • Northern Hospital data covers both Northern (1280) and Broadmeadows (2970) campuses
Overadmt	All	Used to calculate % patients admitted in time.
Intime		Calculated field derived from Overadmt. $N/(N + Y) * 100$.

5. Semi-urgent patients admitted within 90 days (%).

5.1. Definition: The percentage of patients from the elective surgery waiting list that have been classified as requiring admission within 90 days that have been admitted within this timeframe.

5.2. Source: ESIS

5.3. Data Specifications:

Field	Value	Comments
C_date	1 July 2008–30 June2009	All patients admitted between July 2008 and June 2009
Ppproc	0 < ppproc < 500	Admitted episodes with excluded principal prescribed procedures not counted
W_stat	A	Admitted patients only
Urgency	2	Category 2 patients only
Campus	All campus codes	29 of the ESIS reporting campuses (Major metros, major rurals, RWH, Mercy x2, RVEEH, Williamstown, Sandringham, Casey and Broadmeadows). Specific groupings: <ul style="list-style-type: none"> • Austin Hospital data covers both Austin (1031) & Repatriation (1032) campuses. • Monash Medical Centre data covers both Clayton (1170) and Moorabbin (1220) campuses. • Frankston Hospital data covers both Frankston (1250) and Rosebud (2220) campuses. • Dandenong Hospital data covers both Dandenong (2111) and Cranbourne (2112) campuses. • Northern Hospital data covers both Northern (1280) and Broadmeadows (2970) campuses
Overadmt	All	Used to calculate % patients admitted in time.
Intime		Calculated field derived from Overadmt. $N/(N + Y) * 100$.

6. Non-urgent patients admitted within a year (%).

6.1. Definition: The percentage of patients from the elective surgery waiting list that have been classified as requiring admission sometime in the future that have been admitted within 365 days.

6.2. Source: ESIS

6.3. Data Specifications:

Field	Value	Comments
C_date	1 July 2008–30 June2009	All patients admitted between July 2008 and June 2009
Ppproc	0 < ppproc < 500	Admitted episodes with excluded principal prescribed procedures not counted
W_stat	A	Admitted patients only
Urgency	3	Category 3 patients only
Campus		29 of the ESIS reporting campuses (Major metros, major rurals, RWH, Mercy x2, RVEEH, Williamstown, Sandringham, Casey and Broadmeadows). Specific groupings: <ul style="list-style-type: none"> • Austin Hospital data covers both Austin (1031) & Repatriation (1032) campuses. • Monash Medical Centre data covers both Clayton (1170) and Moorabbin (1220) campuses. • Frankston Hospital data covers both Frankston (1250) and Rosebud (2220) campuses. • Dandenong Hospital data covers both Dandenong (2111) and Cranbourne (2112) campuses. • Northern Hospital data covers both Northern (1280) and Broadmeadows (2970) campuses
Overadmt	All	Used to calculate % patients admitted in time.
Intime		Calculated field derived from Overadmt. $N/(N + Y) * 100$.

Hospital Lists

Attachment 1

Major Metropolitan Hospitals (16)

Alfred Hospital
Angliss Hospital
Austin Hospital
Box Hill Hospital
Casey Hospital
Dandenong Hospital
Frankston Hospital
Maroondah Hospital
Mercy Werribee Hospital
Monash Medical Centre
Northern Hospital
Royal Children's Hospital
Royal Melbourne Hospital
St Vincent's Hospital
Sunshine Hospital
Western Hospital

Major Rural Hospitals (5)

Ballarat Health Services
Barwon Health (Geelong Hospital)
Bendigo Health Care Group
Goulburn Valley Health Shepparton
Latrobe Regional Hospital

Victorian Hospitals with Emergency Departments (38)

Alfred Hospital
Angliss Hospital
Austin Hospital
Bairnsdale Regional Health Service
Ballarat Health Services
Barwon Health (Geelong Hospital)
Bendigo Health Care Group
Box Hill Hospital
Casey Hospital
Central Gippsland Health Service (Sale)
Dandenong Hospital
Echuca Regional Health
Goulburn Valley Health Shepparton
Hamilton Base Hospital
Frankston Hospital
Latrobe Regional Hospital
Maroondah Hospital
Mercy Hospital for Women
Mercy Werribee Hospital
Mildura Base Hospital
Monash Medical Centre
Northeast Health Wangaratta
Northern Hospital
Rosebud Hospital
Royal Children's Hospital
Royal Melbourne Hospital
Royal Victorian Eye & Ear Hospital
Royal Women's Hospital
Sandringham & District Memorial Hospital
St Vincent's Hospital

Sunshine Hospital
South West Healthcare (Warrnambool)
Swan Hill District Hospital
West Gippsland Healthcare Group
Western Hospital
Williamstown Hospital
Wimmera Base Hospital (Horsham)
Wodonga Regional Health Service

Victorian Ambulatory Classification System (VACS) reporting hospitals (32)

Alfred Hospital
Angliss Hospital
Austin Hospital
Ballarat Health Services
Barwon Health (Geelong Hospital)
Bendigo Health Care Group
Box Hill Hospital
Casey Hospital
Dandenong Hospital
Frankston Hospital
Goulburn Valley Health Shepparton
Latrobe Regional Hospital
Maroondah Hospital
Mercy Hospital for Women
Mercy Werribee Hospital
Mildura Base Hospital
Monash Medical Centre
Northeast Health Wangaratta
Northern Hospital
Peter MacCallum Cancer Institute
Rosebud Hospital
Royal Children's Hospital
Royal Melbourne Hospital
Royal Victorian Eye and Ear Hospital
Royal Women's Hospital
Sandringham & District Memorial Hospital
South West Healthcare (Warrnambool)
St Vincent's Hospital
Sunshine Hospital
West Gippsland Healthcare Group
Western Hospital
Wodonga Regional Health Service

Hospital Bypass Reporting Hospitals (13)

Alfred Hospital
Angliss Hospital
Austin Hospital
Box Hill Hospital
Dandenong Hospital
Frankston Hospital
Maroondah Hospital
Monash Medical Centre
Northern Hospital
Royal Melbourne Hospital
St Vincent's Hospital
Sunshine Hospital
Western Hospital

Mental Health Services (20)

Bayside Health
Austin Health
Eastern Health
Southern Health
Peninsula Health
Melbourne Health
St Vincent's Health
Werribee Mercy Hospital
Ballarat Health
Bendigo Health
Barwon Health
Goulburn Valley Health
Latrobe Regional Hospital
Mildura Base Hospital
South West Health Care
Northeast Health Wangaratta
Wodonga Regional Health
Royal Children's Hospital
Victorian Institute of Forensic Mental Health
Bouverie Family Therapy Centre

ESIS Reporting Hospitals (29)

Alfred Hospital
Angliss Hospital
Austin Hospital (includes Repatriation Hospital)
Ballarat Health Services
Bendigo Health Care Group
Box Hill Hospital
Casey Hospital
Dandenong Hospital (includes Cranbourne Integrated Care Centre)
Frankston Hospital (includes Rosebud Hospital)
Barwon Health (Geelong Hospital)
Goulburn Valley Health Shepparton
Latrobe Regional Hospital
Maroondah Hospital
Mercy Hospital for Women
Mercy Werribee Hospital
Monash Medical Centre
Northeast Health Wangaratta
Northern Hospital (includes Broadmeadows Hospital)
Royal Children's Hospital
Royal Melbourne Hospital
Royal Victorian Eye and Ear Hospital
Royal Women's Hospital
Sandringham Hospital
St Vincent's Hospital
Sunshine Hospital
West Gippsland Healthcare Group
Western Hospital
Williamstown Hospital

Hospitals with Neonatal Intensive Care Units and/or Special Care Nurseries (25)

Alfred Hospital
Angliss Hospital
Austin Hospital (includes Repatriation Hospital)
Ballarat Health Services
Bendigo Health Care Group
Box Hill Hospital
Casey Hospital
Central Gippsland Health Service (Sale)
Dandenong Hospital (includes Cranbourne Integrated Care Centre)
Frankston Hospital
Barwon Health (Geelong Hospital)
Goulburn Valley Health Shepparton
Latrobe Regional Hospital
Mercy Hospital for Women
Mercy Werribee Hospital
Monash Medical Centre
New Mildura Base Hospital
Northeast Health Wangaratta
Northern Hospital
Royal Children's Hospital
Royal Women's Hospital
South West Healthcare (Warrnambool)
Sunshine Hospital
Wimmera Base Hospital (Horsham)
Wodonga Regional Health Service

Hospitals with Intensive Care Units (18)

Alfred Hospital
Austin Hospital (includes Repatriation Hospital)
Ballarat Health Services
Bendigo Health Care Group
Box Hill Hospital
Central Gippsland Health Service (Sale)
Dandenong Hospital (includes Cranbourne Integrated Care Centre)
Frankston Hospital
Barwon Health (Geelong Hospital)
Goulburn Valley Health Shepparton
Latrobe Regional Hospital
Maroondah Hospital
Monash Medical Centre (Clayton)
Northern Hospital
Royal Children's Hospital
Royal Melbourne Hospital
St Vincent's Hospital
Western Hospital

All Victorian public hospitals (110)

Alexandra District Hospital (R)	(R) – Rural
Alfred Hospital (M)	(M) – Metro
Alpine Health (R)	
Angliss Hospital (M)	
Austin Hospital (including Repatriation Hospital) (M)	
Bairnsdale Regional Health Service (R)	
Ballarat Health Services (R)	
Barwon Health (Geelong Hospital) (R)	
Bass Coast Regional Health (R)	
Beaufort & Skipton Health Service (R)	
Beechworth Health Service (R)	
Benalla & District Memorial Hospital (R)	
Bendigo Hospital (R)	
Boort District Hospital (R)	
Box Hill Hospital (M)	
Broadmeadows Health Service (M)	
Bundoora Extended Care Centre (M)	
Calvary Health Care Bethlehem (M)	
Caritas Christi Hospice Ltd (M)	
Casey Hospital (M)	
Casterton Memorial Hospital (R)	
Caulfield General Medical Centre (M)	
Central Gippsland Health Service (R)	
Cobram District Hospital (R)	
Cohuna District Hospital (R)	
Colac Area Health (R)	
Coleraine District Health Services (R)	
Cranbourne Integrated Care Centre (M)	
Craigieburn Health Service (M)	
Dandenong Campus (M)	
Daylesford District Hospital (R)	
Djerriwarrh Health Service (R)	
Dunmunkle Health Services (R)	
East Grampians Health Service (R)	
East Wimmera Health Service (R)	
Echuca Regional Health (R)	
Edenhope & District Hospital (R)	
Frankston Hospital (M)	
Goulburn Valley Health Shepparton (R)	
Hamilton Base Hospital (R)	
Healesville and District Hospital (M)	
Hesse Rural Health Service (R)	
Heywood Rural Health (R)	
Inglewood & District Health Service (R)	
Kerang District Health (R)	
Kilmore & District Hospital (R)	
Kingston Centre (M)	
Kooweerup Regional Health Service (M)	
Korumburra Hospital (R)	
Kyabram & District Health Service (R)	
Kyneton District Health Service (R)	
Latrobe Regional Hospital (R)	
Lorne Community Hospital (R)	
Maldon Hospital (R)	
Mallee Track Health & Community Service (R)	
Manangatang & District Hospital (R)	
Mansfield District Hospital (R)	
Maroondah Hospital (M)	

Maryborough District Health Service (R)
Mclvor Health & Community Services (R)
Melton Health (M)
Mercy Hospital for Women (M)
Mercy Werribee Hospital (M)
Mildura Base Hospital (R)
Monash Medical Centre (M)
Mount Alexander (R)
Mount Eliza Aged Care and Rehabilitation Service (M)
Moyne Health Services (R)
Nathalia District Hospital (R)
Northeast Health Wangaratta (R)
Northern Hospital (M)
Numurkah & District Health Service (R)
O'Connell Family Centre Inc (M)
Omeo District Health (R)
Orbost Regional Health (R)
Otway Health & Community Services (R)
Peter James Centre (M)
Peter MacCallum Cancer Institute (M)
Portland District Health (R)
Queen Elizabeth Centre [Noble Park] (M)
Robinvale District Health Services (R)
Rochester & Elmore District Health Service(R)
Rosebud Hospital (M)
Royal Children's Hospital (M)
Royal Dental Hospital (M)
Royal Melbourne Hospital (M)
Royal Victorian Eye & Ear Hospital (M)
Royal Women's Hospital (M)
Rural Northwest Health (R)
Sandringham & District Memorial Hospital (M)
Seymour District Memorial Hospital (R)
South Gippsland Hospital (R)
South West Healthcare (R)
St George's Health - Normanby House (M)
St Vincent's Hospital (M)
Stawell Regional Health (R)
Sunshine Hospital (M)
Swan Hill District Hospital (R)
Tallangatta Health Service (R)
Terang & Mortlake Health Service (R)
Timboon & District Healthcare Service (R)
Tweddle Child & Family Health Centre (M)
Upper Murray Health & Community Services (R)
West Gippsland Healthcare Group (R)
West Wimmera Health Service (R)
Western Hospital (M)
Williamstown Hospital (M)
Wimmera Base Hospital (R)
Wodonga Regional Health Service (R)
Yarram & District Health Service (R)
Yarrawonga District Health Service (R)
Yea & District Memorial Hospital (R)