

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

Department of Human Services, Victoria
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July to December 2008

Figure 1: Patients admitted to hospital.

- 1.1 Hospitals reporting: All Victorian public hospitals (refer to Attachment 1).
- 1.2 Source: VAED – Victorian Admitted Episodes Dataset.
- 1.3. Latest edition/update of the data: March 2009 consolidated file.
- 1.4 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).
- 1.5 Comments: Estimates may be calculated for hospitals that have not submitted data for the period.

Figure 2: Total hospital utilisation.

- 2.1 Hospitals reporting: All Victorian public hospitals (refer to Attachment 1).
- 2.2 Source: VAED – Victorian Admitted Episodes Dataset.
- 2.3 Latest edition/update of the data: March 2009 consolidated file.
- 2.4 Definition: The total number of bed days for all admissions.
- 2.5 Comments: Estimates may be calculated for hospitals that have not submitted data for the period.

Figure 3: Patients admitted for same-day treatment.

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

Figure 4: Proportion of patients admitted for same-day and non-same-day treatment.

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

Figure 5: Patient treatments in specialist clinics.

- 5.1 Hospitals reporting: Victorian Ambulatory Classification System (VACS) reporting hospitals (refer to Attachment 1).
- 5.2 Source: VACS Reporting System.
- 5.3 Latest edition/update of the data: March 2009.
- 5.4 Definition: Total encounters for all patients (including DVA patients)

Figure 6: Average daily hours of care in intensive care units.

- 6.1 Hospitals reporting: All Victorian public hospitals (refer to Attachment 1).
- 6.2 Source: VAED - Victorian Admitted Episodes Dataset.
- 6.3 Latest edition/update of the data: June 2009.
- 6.4 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 7: Babies admitted to neonatal intensive care units and special care nurseries.

- 7.1 Hospitals reporting: Hospitals with neonatal intensive care units and special care nurseries (refer to Attachment 1).
- 7.2 Source: VAED - Victorian Admitted Episodes Dataset.
- 7.3 Latest edition/update of the data: March 2009 consolidated file.
- 7.4 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 8: Patients attending emergency departments.

- 8.1 Hospitals reporting: Victorian hospitals with emergency departments (38) (refer to Attachment 1).
- 8.2 Source: VEMD - Victorian Emergency Minimum Dataset.
- 8.3 Latest edition/update of the data: June 2009 consolidated file.
- 8.4 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.
- 8.5 Comments: This includes Williamstown Hospital, even though it does not have a 24 hour emergency department, however it is included due to the high level of attendances. There are seventeen additional non-major emergency departments located in small rural, small metropolitan, or specialist metropolitan hospitals.

Figure: 9 Number of emergency department patients transferred to a hospital bed.

- 9.1 Hospitals reporting: Victorian hospitals with emergency departments (38) (refer to Attachment 1).
- 9.2 Source: VEMD - Victorian Emergency Minimum Dataset.
- 9.3 Latest edition/update of the data: June 2009 consolidated file.
- 9.4 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 10: Percentage of time hospitals went on bypass.

- 10.1 Hospitals reporting: 13 major metropolitan hospitals excluding Royal Children’s Hospital (see Attachment 1).
- 10.2 Source: Hospital Bypass Data Collection.
- 10.3 Latest edition/update of the data: February 2009 consolidated file.
- 10.4 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 11 - 24: 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: June 2009 consolidated file.

Figure 11: Resuscitation (triage category 1) patients treated in emergency departments.

- 11.4 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 12: Proportion of resuscitation (triage category 1) patients treated immediately.

- 12.4 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 13: Emergency (triage category 2) patients treated in emergency departments.

13.4 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 14: Proportion of emergency (triage category 2) patients treated within 10 minutes.

14.4 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 15: Urgent (triage category 3) patients treated in emergency departments.

15.4 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 16: Proportion of urgent (triage category 3) patients treated within 30 minutes.

16.4 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 17: Semi-Urgent (triage category 4) patients treated in emergency departments.

17.4 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 18: Proportion of semi-urgent (triage category 4) patients treated within one hour.

18.4 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 19: Non-Urgent (triage category 5) patients treated in emergency departments.

19.4 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 20: Proportion of non-urgent (triage category 5) patients treated within two hours.

20.4 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 21: Number of patients transferred from emergency departments to hospital beds within 8 hours.

21.4 Definition:

- (a) ED patients admitted to an inpatient bed – this means ED patients whose departure status indicates they were admitted 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 admitted 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 22: Proportion of patients transferred from emergency departments to hospital beds within 8 hours.

22.4 Definition:

- (a) Number of ED patients admitted 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 admitted to an inpatient bed - this means ED patients whose departure status indicates they were admitted 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 23: Number of non-admitted emergency department patients whose stay is less than 4 hours.

23.4 Definition:

- (a) ED patients not admitted 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 admitted 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 to the inpatient bed is less than or equal to 4 hours.

Figure 24: Proportion of non-admitted emergency department patients whose stay is less than 4 hours.

24.4 Definition:

- (a) Number of ED patients not admitted 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 to the inpatient bed is less than or equal to 4 hours.

as a percentage of:

- (b) Total ED patients not admitted 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 25-36: 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: April 2009 consolidated file.

Figure 25: Access to elective surgery – urgent patients.

25.4. 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 26: Percentage of urgent patients admitted within 30 days.

26.4 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 27: Median time to treat - urgent patients admitted from the elective surgery list.

- 27.4 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 28: Access to elective surgery – semi-urgent patients.

28.4. 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 29: Percentage of semi-urgent patients admitted within 90 days.

29.4. 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 30: Median time to treat - semi-urgent patients admitted from the elective surgery list.

30.4. 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 31: Access to elective surgery - non-urgent patients.

31.4. 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 32 Percentage of non-urgent patients admitted within 365 days.

32.4 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 33: Median time to treat - non-urgent patients admitted from the elective surgery list.

33.4 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 34: Median time to treat urgent patients by clinical specialty, July to December 2008.

- 34.4 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 35: Median time to treat semi-urgent patients by clinical specialty, July to December 2008.

- 35.4 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 36: Median time to treat non-urgent patients by clinical specialty, July to December 2008.

- 36.4. 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 37: Patients treated in public school and community dental services.

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

Figure 38: Average time to treatment for priority dentures.

- 38.2 Source: Dental Health Services Victoria; Community Dental program.
38.3 Latest edition/update of the data: December 2008.
38.4 Definition: The average number of months waited for priority dentures.

Figure 39: Average time to treatment for non-priority dentures and restorative dental care.

- 39.2 Source: Dental Health Services Victoria; Community Dental program.
39.3 Latest edition/update of the data: December 2008.
39.4 Definition: The average number of months waited for non-priority dentures and restorative dental care.

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: March 2009 consolidated file.
- 1.4 Definition: Total separations for the period 1 July 2008 to 31 December 2008.
- 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: June 2009 consolidated file.
- 2.4 Definition: Total ED presentations, excluding 'Dead on arrival' records for the period 1 July 2008 to 31 December 2008.
- 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) of 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) of 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) of 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. Admitted to a bed within 8 hours (%).

5.1. Definition: % emergency patients admitted 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 ward, for all ED patients who were admitted 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 non-admitted (not admitted 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. Non admitted 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 31 Dec 2008
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.

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 31 Dec 2008
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.

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 31 Dec 2008
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.

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 -31 Dec 2008	All patients admitted between July and December 2008
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.
Overadmt	All	Used to calculate % patients admitted in time.
Intime		Calculated field derived from Overadmt. $N \backslash (N + Y) * 100$.

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 -31 Dec 2008	All patients admitted between July and December 2008
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.
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 -31 Dec 2008	All patients admitted between July and December 2008
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.
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

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

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

ESIS Reporting Hospitals (29)

Alfred Hospital
Angliss Hospital
Austin Hospital (includes Repatriation Hospital)
Ballarat Health Services
Bendigo Health Care Group
Box Hill Hospital
Broadmeadows 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
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

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)
McIvor 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)