



Government of **Western Australia**
Department of **Health**

WA Health Performance Report

April to June 2014 Quarter



Contents

List of Acronyms	iii
Introduction	iv
Notes	v
At a Glance	vii
WA Health System Performance – Statewide	vii
WA Health System Performance – Metropolitan	ix
WA Health System Performance – Country	xi
1. Public Hospital Separations	1
1.1 Separations	1
1.2 Acute Separations	2
1.3 Elective Acute Separations	3
1.4 Acute Medical Separations	4
1.5 Acute Surgical Separations	5
1.6 Renal Dialysis Separations	6
1.7 Acute Average Length of Stay	7
1.8 Newborn Separations	8
2. Public Hospital Capacity	9
2.1 Available Active Sameday Beds	9
2.2 Available Active Overnight Beds	10
2.3 Occupancy of Overnight beds	11
3. Elective Surgery Wait List	12
3.1 Patients on the Elective Surgery Wait List	12
3.2 Admissions from Elective Surgery Wait List	13
3.3 Median Waiting Time (In Months)	14
4. Public Emergency Departments (ED)	15
4.1 Total Emergency Department Attendances	15
4.2 ED Triage 1	16
4.3 ED Triage 2	17
4.4 ED Triage 3	18
4.5 ED Triage 4	19
4.6 ED Triage 5	20
4.7 Admissions from Emergency Departments	21

5. Mental Health	22
5.1 Mental Health Separations	22
5.2 Mental Health Outpatients	23
6. Ambulatory Surgery Initiative (ASI)	24
6.1 Ambulatory Surgery Initiative Cases	24
7. Public Dental Clinics	25
7.1 Dental Visits	25
7.2 Dental Clinic Waiting List	26
8. Activity – General Practitioner (GP) After Hours Clinics	27
8.1 Clients attending GP After Hours Clinics	27
9. National Elective Surgery Targets	28
9.1 Elective Surgery Wait List Category 1 Cases Treated (Admitted) within Clinically Recommended Time	29
9.2 Elective Surgery Wait List Category 2 Cases Treated (Admitted) within Clinically Recommended Time	30
9.3 Elective Surgery Wait List Category 3 Cases Treated (Admitted) within Clinically Recommended Time	31
9.4 Average Overdue Wait Time (Days) for Category 1 Cases	32
9.5 Average Overdue Wait Time (Days) for Category 2 Cases	33
9.6 Average Overdue Wait Time (Days) for Category 3 Cases	34
10. National Emergency Access Target (NEAT)	35
10.1 NEAT Total Emergency Department Attendances	36
10.2 NEAT Total Admissions from Emergency Department	37
10.3 NEAT Percentage of Emergency Department Attendances Admitted	38
10.4 NEAT Total Mental Health Admissions from Emergency Department	39
10.5 NEAT Total Emergency Department Attendances Transferred to another Hospital	40
10.6 NEAT Percentage of Emergency Department Attendances with Length of Episode (LOE) of Four Hours or Less	41
10.7 NEAT Percentage of Emergency Department Attendances with LOE greater than Twelve Hours	42
10.8 NEAT Percentage of Emergency Department Admissions with LOE of Four Hours or Less	43
10.9 NEAT Percentage of Emergency Department Transfers with LOE of Four Hours or Less	44
10.10 NEAT Percentage of Emergency Department Departures with LOE of Four Hours or Less	45
10.11 Ambulance Ramping	46
11. Data Definitions and Business Rules	47

List of Acronyms

ACEM	The Australasian College of Emergency Medicine
AH	Albany Hospital
AIHW	Australian Institute of Health and Welfare
AKMH	Armadale-Kelmscott Memorial Hospital
ASI	Ambulatory Surgery Initiative
BH	Broome Hospital
BRH	Bunbury Regional Hospital
DHS	Dental Health Services
ED	Emergency Department
EDDC	Emergency Department Data Collection
FH	Fremantle Hospital
GH	Geraldton Hospital
GP	General Practitioner
HCARe	Health Care and Related Information System
HHC	Hedland Health Campus
HMDC	Hospital Morbidity Data Collection
JHC	Joondalup Health Campus
KEMH	King Edward Memorial Hospital
KH	Kalgoorlie Hospital

LOE	Length of Episode
MHIS	Mental Health Information System
NBH	Nickol Bay Hospital
NEAT	National Emergency Access Target
NEST	National Elective Surgery Target
NGOs	Non Government Organisations
NPA	National Partnership Agreement
PHC	Peel Health Campus
PMH	Princess Margaret Hospital
RGH	Rockingham General Hospital
RPH	Royal Perth Hospital
SCGH	Sir Charles Gairdner Hospital
SDH	Swan District Hospital
SJAA	St John Ambulance Australia
TOPAS	The Open Patient Administration System
WA	Western Australia
webPAS	Web-based Patient Administration System
WLDC	Wait List Data Collection
YTD	Year to date

Introduction

Western Australia's (WA) public health system aims to ensure healthier, longer and better lives for all West Australians and to improve and protect the health of our community by providing a safe, high-quality, accountable and sustainable health care system.

WA Health is focused on managing improvements in health performance, particularly in the areas of Emergency Demand, Elective Surgery, Outpatients and Mental Health. WA Health is committed to meeting the National Elective Surgery Target (NEST) and National Emergency Access Target (NEAT) reforms outlined in The National Health Reform Agreement - National Partnership Agreement on Improving Public Hospital Services.

The purpose of the WA Health Performance Report is to provide information to monitor WA Health's performance at the state, metropolitan and country level. Performance information is reported on a quarterly basis for:

- Hospital separations
- Hospital capacity
- Elective surgery wait list
- Emergency Departments
- Mental Health
- Ambulatory Surgery Initiative
- Dental Care
- General Practitioner After Hours
- National Elective Surgery Target Indicators
- National Emergency Access Target Indicators.

To interpret the figures including symbols in this report, refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69).

The report supports government's policies of accountability and commitment to informing consumers and makes information on system performance readily accessible to WA Health staff to support the management and planning of services.

Notes

- ¹ “Discharges” refers to the count of separations.
 - ² Figures represent the average number of available active sameday beds/chairs for a weekday (Monday-Friday) of the last month of the quarter. Available active includes all beds/chairs that are immediately available for use.
 - ³ Figures represent the average number of available active overnight beds on each day for the last month of the quarter. Available active includes all overnight beds that are immediately available for use.
 - ⁴ Figures reflect patients waiting for elective surgery on the last day of the quarter.
 - ⁵ Figures are calculated as the percentage variation from the Jun 2013 to Jun 2014 quarters.
 - ⁶ Figures for mental health separations are preliminary for the June 2014 quarter.
 - ⁷ Figures for mental health services at outpatient clinics are preliminary for the June 2014 quarter.
 - ⁸ Figures represent the number of people waiting for dental services on the last day of the quarter.
 - ⁹ National Partnership Agreement (NPA) National Elective Surgery Target (NEST) Indicator.
 - ¹⁰ Data includes National Emergency Access Target (NEAT) participating hospitals only – refer to page 35.
 - ¹¹ Data includes National Emergency Access Target (NEAT) participating hospitals only, excluding Peel Health Campus as a result of data capture system limitations - refer to page 35.
 - ¹² Ramping data includes the following metropolitan hospitals: Princess Margaret, Royal Perth, Sir Charles Gairdner, Fremantle, Armadale-Kelmscott Memorial, King Edward Memorial, Rockingham General, Swan District, Joondalup Health Campus and Peel Health Campus.
 - ¹³ Figures represent the percentage of occupied overnight beds to total available active overnight beds for the last month of the quarter. Available active includes all overnight beds that are immediately available for use.
 - ¹⁴ Data includes Royal Perth, Sir Charles Gairdner, Fremantle, Princess Margaret, Armadale-Kelmscott Memorial, Rockingham General, King Edward Memorial, Swan District, Joondalup Health Campus and Peel Health Campus.
 - ¹⁵ Data includes Royal Perth, Sir Charles Gairdner, Fremantle, Princess Margaret, Armadale-Kelmscott Memorial, Rockingham General, King Edward Memorial, Swan District, and Joondalup Health Campus. Excludes Peel Health Campus as a result of data capture system limitations.
 - ¹⁶ Data includes Bunbury Regional Hospital, Albany Hospital, Geraldton Hospital, Kalgoorlie Hospital, Nickol Bay Hospital and Hedland Health Campus.
- N/A - June 2013 quarter to June 2014 quarter comparison is not available due to June 2014 quarter data not being complete. The data will be available in future reports.
- [^] Data is not complete for the quarter.

N/C - Data is not calculable due to division of 0

- No change

For sections 1.1 to 2.3; 3.2; 4.1 to 7.1; 9.1 to 9.3; 10.1 to 10.10, figures are preliminary. Figures may change within the 2012-13 and 2013-14 reporting period due to timing of coding and editing.

For section 7.1, figures are calculated based on state funded operational activity.

For sections 10.1 to 10.10, the extraction dates for the National Emergency Access Target indicators differ from other indicators in this report. Refer to the Data Definitions and Business Rules Section for extraction dates.

For section 10.4, Metropolitan excludes Peel Health Campus.

For section 10.11, ambulance ramping is not applicable to country hospitals.

At a Glance

WA Health System Performance – Statewide

April to June 2014		Compared to April to June 2013	
136,076	people were discharged from hospital ¹	2,224	less discharged from hospital, or 1.6% decrease ¹
127,559	acute admissions that have been discharged from hospital ¹	2,360	less acute admissions that have been discharged from hospital, or 1.8% decrease ¹
67,898	elective acute admissions that have been discharged from hospital ¹	1,046	more elective acute admissions that have been discharged from hospital, or 1.6% increase ¹
87,508	acute medical admissions that have been discharged from hospital ¹	2,748	less acute medical admissions that have been discharged from hospital, or 3.0% decrease ¹
33,757	acute surgical admissions that have been discharged from hospital ¹	63	more acute surgical admissions that have been discharged from hospital, or 0.2% increase ¹
31,988	renal dialysis admissions that have been discharged from hospital ¹	680	more renal dialysis admissions that have been discharged from hospital, or 2.2% increase ¹
2.68	days acute average length of stay for discharged patients ¹	0.07	less days for acute admissions that have been discharged from hospital, or 2.7% decrease ¹
6,504	newborn admissions that have been discharged from hospital ¹	59	more newborn admissions that have been discharged from hospital, or 0.9% increase ¹
16,184	patients on elective surgery wait list ⁴	247	more patients on the elective surgery wait list, or 1.5% increase ⁴
21,380	admissions from the elective surgery wait list	222	less admissions from the elective surgery wait list, or 1.0% decrease
1.81	months median waiting time for patients on elective surgery wait list ⁴	0.03	months less waiting time for patients on elective surgery wait list, or 1.8% decrease ⁴
241,148	people attended emergency departments	1,489	less emergency department attendances, or 0.6% decrease
99.1%	Triage 1 patients were seen within recommended time (immediately)	0.3%	decrease in Triage 1 patients seen within recommended time (immediately) ⁵
88.5%	Triage 2 patients were seen within recommended time (10 minutes)	5.5%	increase in Triage 2 patients seen within recommended time (10 minutes) ⁵
67.3%	Triage 3 patients were seen within recommended time (30 minutes)	14.5%	increase in Triage 3 patients seen within recommended time (30 minutes) ⁵
78.0%	Triage 4 patients were seen within recommended time (1 hour)	5.7%	increase in Triage 4 patients seen within recommended time (1 hour) ⁵
96.8%	Triage 5 patients were seen within recommended time (2 hours)	1.3%	increase in Triage 5 patients seen within recommended time (2 hours) ⁵
54,456	people were admitted into hospitals from emergency departments	2,165	less hospital admissions from emergency departments, or 3.8% decrease
2,708	people were discharged from mental health units ⁶	49	more people discharged from mental health units, or 1.8% increase ⁶
212,111	attendances at mental health outpatient clinics ⁷	121	more attendances at mental health outpatient clinics, or 0.1% increase ⁷
2,394	Ambulatory Surgery Initiative cases	723	less Ambulatory Surgery Initiative cases, or 23.2% decrease
114,162 ^A	visits to dental clinics	N/A	visits to dental clinics
7,537	people waiting for services at dental clinics ⁸	14,448	less people waiting for dental clinic services, or 65.7% decrease ⁸
13,767	people attended a General Practitioner After Hours service	1,571	less people attended a General Practitioner After Hours service, or 10.2% decrease

WA Health System Performance – Statewide (cont.)

April to June 2014		Compared to April to June 2013	
National Elective Surgery Target Indicators			
98.0%	elective surgery Category 1 cases treated within recommended time ⁹	4.0%	increase in Category 1 cases treated within recommended time ⁹
92.4%	elective surgery Category 2 cases treated within recommended time ⁹	6.0%	increase in Category 2 cases treated within recommended time ⁹
98.5%	elective surgery Category 3 cases treated within recommended time ⁹	1.4%	increase in Category 3 cases treated within recommended time ⁹
9.64	days average overdue wait time for elective surgery Category 1 cases ^{4,9}	3.55	days less for Category 1 cases on elective surgery wait list, or 26.9% decrease ^{4,9}
41.95	days average overdue wait time for elective surgery Category 2 cases ^{4,9}	1.42	days less for Category 2 cases on elective surgery wait list, or 3.3% decrease ^{4,9}
44.79	days average overdue wait time for elective surgery Category 3 cases ^{4,9}	23.98	days less for Category 3 cases on elective surgery wait list, or 34.9% decrease ^{4,9}
National Emergency Access Target Indicators (data is for participating hospitals only – refer to page 35)			
191,096	people attended emergency departments ¹⁰	473	less emergency department attendances, or 0.2% decrease ¹⁰
51,524	people were admitted to hospital from emergency departments ¹⁰	1,435	more admissions from emergency departments, or 2.9% increase ¹⁰
27.0%	emergency department attendances who were admitted ¹⁰	3.1%	increase in emergency department attendances who were admitted ¹⁰
3,201^	mental health patients admitted to hospital from emergency departments ¹¹	N/A	mental health admissions from emergency departments ¹¹
2.4%	emergency department attendances transferred to another hospital ¹⁰	4.9%	increase in emergency department attendances transferred to another hospital ¹⁰
81.1%	emergency department attendances with length of episode (LOE) of four hours or less ¹⁰	5.1%	increase in emergency department attendances with LOE of four hours or less ¹⁰
2.1%	emergency department attendances with LOE greater than twelve hours ¹⁰	15.1%	decrease in emergency department attendances with LOE greater than twelve hours ¹⁰
59.3%	emergency department admissions with LOE of four hours or less ¹⁰	23.4%	increase in emergency department admissions with LOE of four hours or less ¹⁰
55.7%	emergency department transfers with LOE of four hours or less ¹⁰	1.1%	decrease in emergency department transfers with LOE of four hours or less ¹⁰
90.3%	emergency department departures with LOE of four hours or less ¹⁰	2.0%	increase in emergency department departures with LOE of four hours or less ¹⁰
2,073.7	ambulance ramping hours ¹²	2,068.4	less hours of ambulance ramping, or 49.9% decrease ¹²

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

WA Health System Performance – Metropolitan

April to June 2014		Compared to April to June 2013	
106,015	people were discharged from hospital ¹	2,261	less discharged from hospital, or 2.1% decrease ¹
99,185	acute admissions that have been discharged from hospital ¹	2,370	less acute admissions that have been discharged from hospital, or 2.3% decrease ¹
53,037	elective acute admissions that have been discharged from hospital ¹	366	more elective acute admissions that have been discharged from hospital, or 0.7% increase ¹
68,012	acute medical admissions that have been discharged from hospital ¹	2,445	less acute medical admissions that have been discharged from hospital, or 3.5% decrease ¹
25,189	acute surgical admissions that have been discharged from hospital ¹	297	less acute surgical admissions that have been discharged from hospital, or 1.2% decrease ¹
24,254	renal dialysis admissions that have been discharged from hospital ¹	161	less renal dialysis admissions that have been discharged from hospital, or 0.7% decrease ¹
2.81	days acute average length of stay for discharged patients ¹	0.09	less days for acute admissions that have been discharged from hospital, or 3.1% decrease ¹
5,135	newborn admissions that have been discharged from hospital ¹	44	more newborn admissions that have been discharged from hospital, or 0.9% increase ¹
389 [^]	average number of available active sameday (occupied and unoccupied) beds/chairs ²	N/A	average number of available active sameday beds/chairs ²
3,073 [^]	average number of available active overnight (occupied and unoccupied) beds ³	N/A	average number of available active overnight beds ³
93.8% [^]	overnight bed occupancy ¹³	N/A	overnight bed occupancy ¹³
12,537	patients on elective surgery wait list ⁴	213	more patients on the elective surgery wait list, or 1.7% increase ⁴
17,035	admissions from the elective surgery wait list	511	less admissions from the elective surgery wait list, or 2.9% decrease
1.81	months median waiting time for patients on elective surgery wait list ⁴	0.03	months more waiting time for patients on elective surgery wait list, or 1.9% increase ⁴
148,080	people attended emergency departments	2,280	more emergency department attendances, or 1.6% increase
99.8%	Triage 1 patients were seen within recommended time (immediately)	0.1%	increase in Triage 1 patients seen within recommended time (immediately) ⁵
87.3%	Triage 2 patients were seen within recommended time (10 minutes)	8.1%	increase in Triage 2 patients seen within recommended time (10 minutes) ⁵
58.2%	Triage 3 patients were seen within recommended time (30 minutes)	30.4%	increase in Triage 3 patients seen within recommended time (30 minutes) ⁵
70.0%	Triage 4 patients were seen within recommended time (1 hour)	12.4%	increase in Triage 4 patients seen within recommended time (1 hour) ⁵
94.8%	Triage 5 patients were seen within recommended time (2 hours)	4.4%	increase in Triage 5 patients seen within recommended time (2 hours) ⁵
42,340	people were admitted into hospitals from emergency departments	1,102	less hospital admissions from emergency departments, or 2.5% decrease
2,359	people were discharged from mental health units ⁶	59	more people discharged from mental health units, or 2.6% increase ⁶
172,274	attendances at mental health outpatient clinics ⁷	1,857	less attendances at mental health outpatient clinics, or 1.1% decrease ⁷
2,233	Ambulatory Surgery Initiative cases	771	less Ambulatory Surgery Initiative cases, or 25.7% decrease

WA Health System Performance – Metropolitan (cont.)

April to June 2014		Compared to April to June 2013	
29,347^	visits to dental clinics	N/A	visits to dental clinics
13,767	people attended a General Practitioner After Hours service	1,571	less people attended a General Practitioner After Hours service, or 10.2% decrease
National Elective Surgery Target Indicators			
97.8%	elective surgery Category 1 cases treated within recommended time ⁹	4.6%	increase in Category 1 cases treated within recommended time ⁹
90.9%	elective surgery Category 2 cases treated within recommended time ⁹	6.8%	increase in Category 2 cases treated within recommended time ⁹
98.5%	elective surgery Category 3 cases treated within recommended time ⁹	1.7%	increase in Category 3 cases treated within recommended time ⁹
9.64	days average overdue wait time for elective surgery Category 1 cases ^{4,9}	3.55	days less for Category 1 cases on elective surgery wait list, or 26.9% decrease ^{4,9}
42.05	days average overdue wait time for elective surgery Category 2 cases ^{4,9}	1.32	days less for Category 2 cases on elective surgery wait list, or 3.0% decrease ^{4,9}
47.86	days average overdue wait time for elective surgery Category 3 cases ^{4,9}	23.99	days less for Category 3 cases on elective surgery wait list, or 33.4% decrease ^{4,9}
National Emergency Access Target Indicators (data is for participating hospitals only – refer to page 35)			
148,040	people attended emergency departments ¹⁴	2,266	more emergency department attendances, or 1.6% increase ¹⁴
43,929	people were admitted to hospital from emergency departments ¹⁴	1,559	more admissions from emergency departments, or 3.7% increase ¹⁴
29.7%	emergency department attendances who were admitted ¹⁴	2.1%	increase in emergency department attendances who were admitted ¹⁴
2,723	mental health patients admitted to hospital from emergency departments ¹⁵	22	less mental health admissions from emergency departments, or 0.8% decrease ¹⁵
2.8%	emergency department attendances transferred to another hospital ¹⁴	0.4%	decrease in emergency department attendances transferred to another hospital ¹⁴
79.5%	emergency department attendances with length of episode (LOE) of four hours or less ¹⁴	6.9%	increase in emergency department attendances with LOE of four hours or less ¹⁴
2.5%	emergency department attendances with LOE greater than twelve hours ¹⁴	18.1%	decrease in emergency department attendances with LOE greater than twelve hours ¹⁴
59.4%	emergency department admissions with LOE of four hours or less ¹⁴	27.7%	increase in emergency department admissions with LOE of four hours or less ¹⁴
57.1%	emergency department transfers with LOE of four hours or less ¹⁴	0.01%	increase in emergency department transfers with LOE of four hours or less ¹⁴
89.2%	emergency department departures with LOE of four hours or less ¹⁴	2.6%	increase in emergency department departures with LOE of four hours or less ¹⁴
2,073.7	ambulance ramping hours ¹²	2,068.4	less hours of ambulance ramping, or 49.9% decrease ¹²

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

WA Health System Performance – Country

April to June 2014		Compared to April to June 2013	
30,061	people were discharged from hospital ¹	37	more discharged from hospital, or 0.1% increase ¹
28,374	acute admissions that have been discharged from hospital ¹	10	more acute admissions that have been discharged from hospital, or 0.04% increase ¹
14,861	elective acute admissions that have been discharged from hospital ¹	680	more elective acute admissions that have been discharged from hospital, or 4.8% increase ¹
19,496	acute medical admissions that have been discharged from hospital ¹	303	less acute medical admissions that have been discharged from hospital, or 1.5% decrease ¹
8,568	acute surgical admissions that have been discharged from hospital ¹	360	more acute surgical admissions that have been discharged from hospital, or 4.4% increase ¹
7,734	renal dialysis admissions that have been discharged from hospital ¹	841	more renal dialysis admissions that have been discharged from hospital, or 12.2% increase ¹
2.20	days acute average length of stay for discharged patients ¹	0.001	less days for acute admissions that have been discharged from hospital, or 0.1% decrease ¹
1,369	newborn admissions that have been discharged from hospital ¹	15	more newborn admissions that have been discharged from hospital, or 1.1% increase ¹
3,647	patients on elective surgery wait list ⁴	34	more patients on the elective surgery wait list, or 0.9% increase ⁴
4,345	admissions from the elective surgery wait list	289	more admissions from the elective surgery wait list, or 7.1% increase
1.78	months median waiting time for patients on elective surgery wait list ⁴	0.36	months less waiting time for patients on elective surgery wait list, or 16.9% decrease ⁴
93,068	people attended emergency departments	3,769	less emergency department attendances, or 3.9% decrease
96.2%	Triage 1 patients were seen within recommended time (immediately)	1.5%	decrease in Triage 1 patients seen within recommended time (immediately) ⁵
92.0%	Triage 2 patients were seen within recommended time (10 minutes)	1.3%	decrease in Triage 2 patients seen within recommended time (10 minutes) ⁵
85.9%	Triage 3 patients were seen within recommended time (30 minutes)	2.1%	decrease in Triage 3 patients seen within recommended time (30 minutes) ⁵
89.7%	Triage 4 patients were seen within recommended time (1 hour)	0.7%	increase in Triage 4 patients seen within recommended time (1 hour) ⁵
97.9%	Triage 5 patients were seen within recommended time (2 hours)	0.1%	increase in Triage 5 patients seen within recommended time (2 hours) ⁵
12,116	people were admitted into hospitals from emergency departments	1,063	less hospital admissions from emergency departments, or 8.1% decrease
349	people were discharged from mental health units ⁶	10	less people discharged from mental health units, or 2.8% decrease ⁶
39,837	attendances at mental health outpatient clinics ⁷	1,978	more attendances at mental health outpatient clinics, or 5.2% increase ⁷
161	Ambulatory Surgery Initiative cases	48	more Ambulatory Surgery Initiative cases, or 42.5% increase
8,455 [^]	visits to dental clinics	N/A	visits to dental clinics

WA Health System Performance – Country (cont.)

April to June 2014		Compared to April to June 2013	
National Elective Surgery Target Indicators			
99.6%	elective surgery Category 1 cases treated within recommended time ⁹	0.1%	increase in Category 1 cases treated within recommended time ⁹
99.8%	elective surgery Category 2 cases treated within recommended time ⁹	0.3%	increase in elective surgery Category 2 cases treated within recommended time ⁹
98.5%	elective surgery Category 3 cases treated within recommended time ⁹	0.6%	increase in elective surgery Category 3 cases treated within recommended time ⁹
0.00	days average overdue wait time for elective surgery Category 1 cases ^{4,9}	-	no change for Category 1 cases on elective surgery wait list ^{4,9}
8.00	days average overdue wait time for elective surgery Category 2 cases ^{4,9}	8.00	days more for Category 2 cases on elective surgery wait list ^{4,9}
2.33	days average overdue wait time for elective surgery Category 3 cases ^{4,9}	43.77	days less for Category 3 cases on elective surgery wait list, or 94.9% decrease ^{4,9}
National Emergency Access Target Indicators (data is for participating hospitals only – refer to page 35)			
43,056	people attended emergency departments ¹⁶	2,739	less emergency department attendances, or 6.0% decrease ¹⁶
7,595	people were admitted to hospital from emergency departments ¹⁶	124	less admissions from emergency departments, or 1.6% decrease ¹⁶
17.6%	emergency department attendances who were admitted ¹⁶	4.7%	increase in emergency department attendances who were admitted ¹⁶
478^	mental health patients admitted to hospital from emergency departments ¹⁶	N/A	mental health admissions from emergency departments ¹⁶
0.9%	emergency department attendances transferred to another hospital ¹⁶	70.8%	increase in emergency department attendances transferred to another hospital ¹⁶
86.8%	emergency department attendances with length of episode (LOE) of four hours or less ¹⁶	0.6%	increase in emergency department attendances with LOE of four hours or less ¹⁶
0.8%	emergency department attendances with LOE greater than twelve hours ¹⁶	14.4%	increase in emergency department attendances with LOE greater than twelve hours ¹⁶
58.4%	emergency department admissions with LOE of four hours or less ¹⁶	3.6%	increase in emergency department admissions with LOE of four hours or less ¹⁶
41.9%	emergency department transfers with LOE of four hours or less ¹⁶	6.0%	decrease in emergency department transfers with LOE of four hours or less ¹⁶
93.4%	emergency department departures with LOE of four hours or less ¹⁶	0.9%	increase in emergency department departures with LOE of four hours or less ¹⁶

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

1. Public Hospital Separations

1.1 Separations

What do these figures show?

For the June 2014 quarter, there were 2,224 (or 1.6%) less public hospital separations compared with the June 2013 quarter.

For the same period, metropolitan public hospital separations decreased by 2,261 (or 2.1%) and country public hospital separations increased by 37 separations (or 0.1%).

Separations includes all public hospitals and public patients at Joondalup and Peel Health Campuses.

Figure 1: Public hospital separations (WA State)

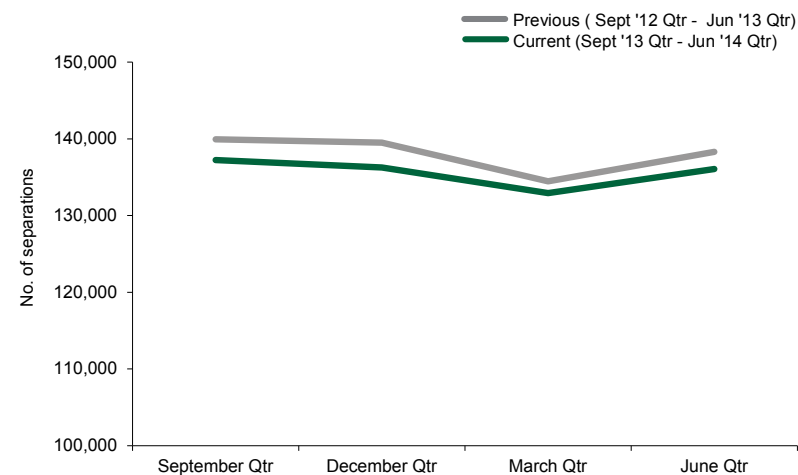


Table 1: Public hospital separations*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	108,849	108,665	105,056	108,276	106,406	105,976	103,771	106,015	-2.1%
Country	31,087	30,852	29,402	30,024	30,830	30,290	29,159	30,061	0.1%
WA State	139,936	139,517	134,458	138,300	137,236	136,266	132,930	136,076	-1.6%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

1.2 Acute Separations

What do these figures show?

For the June 2014 quarter, there were 2,360 (or 1.8%) less public hospital acute separations compared with the June 2013 quarter.

For the same period, metropolitan public hospital acute separations decreased by 2,370 (or 2.3%) and country public hospital acute separations increased by 10 separations (or 0.04%).

Acute separations includes all public hospitals and public patients at Joondalup and Peel Health Campuses.

Figure 2: Public hospital acute separations (WA State)

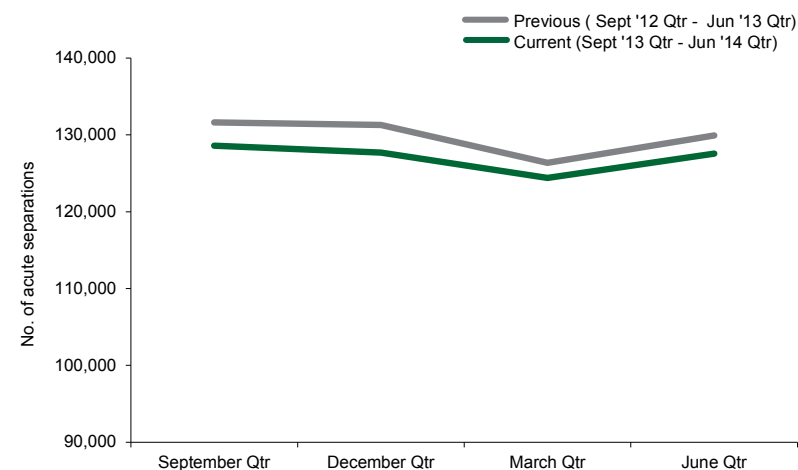


Table 2: Public hospital acute separations*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	102,301	102,106	98,698	101,555	99,483	99,133	96,985	99,185	-2.3%
Country	29,325	29,161	27,656	28,364	29,120	28,566	27,420	28,374	0.04%
WA State	131,626	131,267	126,354	129,919	128,603	127,699	124,405	127,559	-1.8%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

1.3 Elective Acute Separations

What do these figures show?

For the June 2014 quarter, there were 1,046 (or 1.6%) more public hospital elective acute separations compared with the June 2013 quarter.

For the same period, metropolitan public hospital elective acute separations increased by 366 (or 0.7%) and country public hospital elective acute separations increased by 680 separations (or 4.8%).

Elective acute separations includes all public hospitals and public patients at Joondalup and Peel Health Campuses.

Figure 3: Public hospital elective acute separations (WA State)

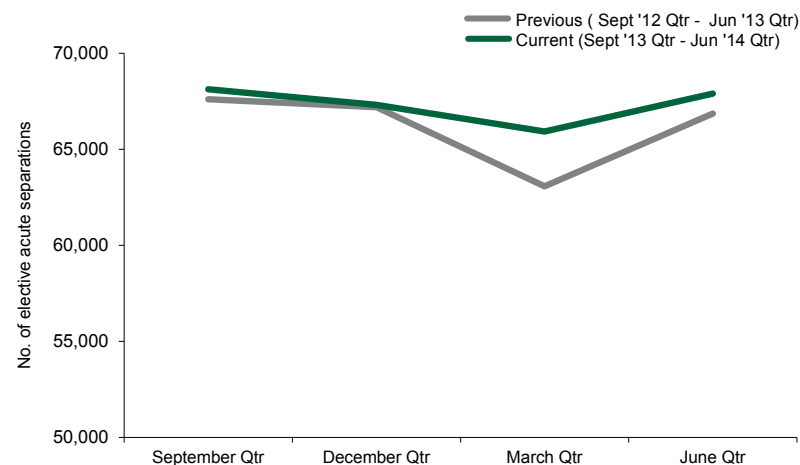


Table 3: Public hospital elective acute separations*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	52,371	52,237	49,751	52,671	53,215	52,665	51,830	53,037	0.7%
Country	15,229	14,948	13,323	14,181	14,911	14,646	14,098	14,861	4.8%
WA State	67,600	67,185	63,074	66,852	68,126	67,311	65,928	67,898	1.6%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

1.4 Acute Medical Separations

What do these figures show?

For the June 2014 quarter, there were 2,748 (or 3.0%) less public hospital acute medical separations compared with the June 2013 quarter.

For the same period, metropolitan public hospital acute medical separations decreased by 2,445 (or 3.5%) and country public hospital acute medical separations decreased by 303 separations (or 1.5%).

Acute medical separations includes all public hospitals and public patients at Joondalup and Peel Health Campuses.

Figure 4: Public hospital acute medical separations (WA State)

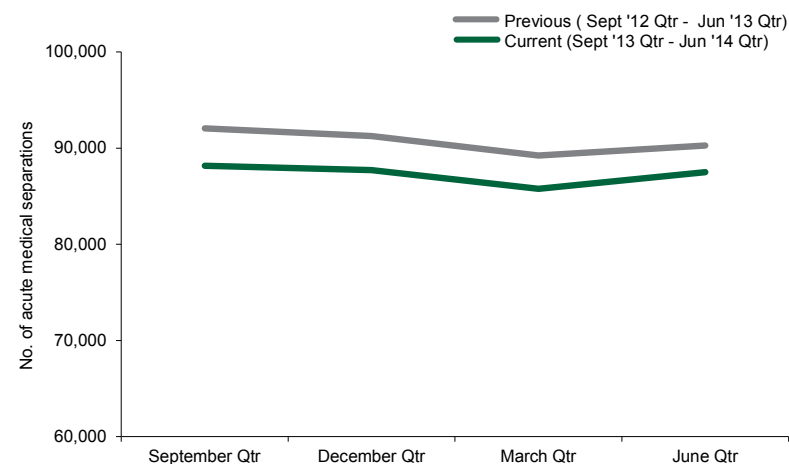


Table 4: Public hospital acute medical separations*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	71,870	71,224	69,441	70,457	67,814	67,914	66,541	68,012	-3.5%
Country	20,182	20,029	19,787	19,799	20,349	19,810	19,218	19,496	-1.5%
WA State	92,052	91,253	89,228	90,256	88,163	87,724	85,759	87,508	-3.0%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

1.5 Acute Surgical Separations

What do these figures show?

For the June 2014 quarter, there were 63 (or 0.2%) more public hospital acute surgical separations compared with the June 2013 quarter.

For the same period, metropolitan public hospital acute surgical separations decreased by 297 (or 1.2%) and country public hospital acute surgical separations increased by 360 separations (or 4.4%).

Acute surgical separations includes all public hospitals and public patients at Joondalup and Peel Health Campuses.

Figure 5: Public hospital acute surgical separations (WA State)

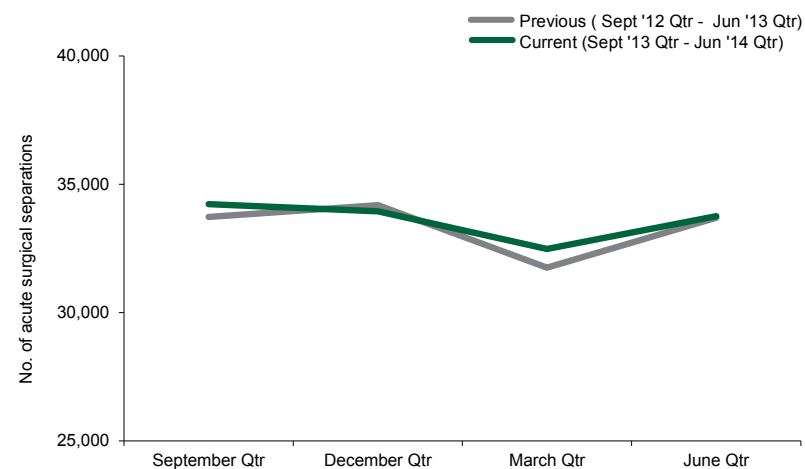


Table 5: Public hospital acute surgical separations*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	24,755	25,341	24,253	25,486	25,791	25,546	24,603	25,189	-1.2%
Country	8,975	8,848	7,500	8,208	8,432	8,401	7,878	8,568	4.4%
WA State	33,730	34,189	31,753	33,694	34,223	33,947	32,481	33,757	0.2%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

1.6 Renal Dialysis Separations

What do these figures show?

For the June 2014 quarter, renal dialysis separations were 680 (or 2.2%) more compared with the June 2013 quarter.

For the same period, metropolitan renal dialysis separations decreased by 161 (or 0.7%) and country renal dialysis separations increased by 841 (or 12.2%).

Figures show renal dialysis treatment for patients at public hospitals and include public patients at Joondalup and Peel Health Campuses. Includes public dialysis patient services contracted to non-government organisations.

Figure 6: Number of renal dialysis separations (WA State)

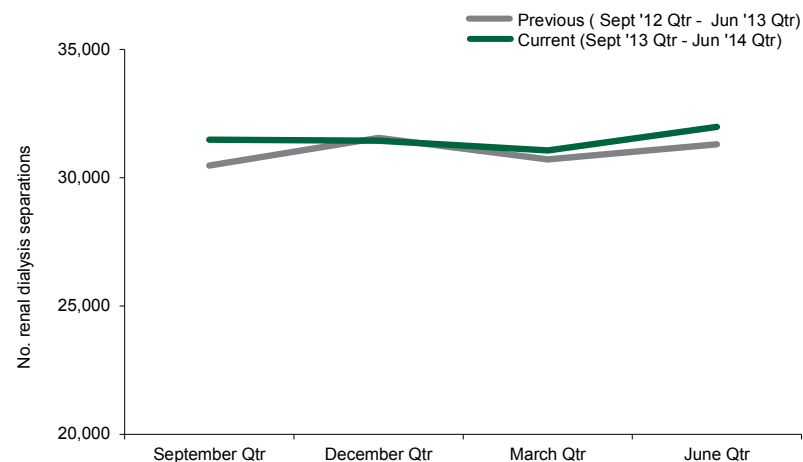


Table 6: Number of renal dialysis separations*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	23,436	24,372	23,947	24,415	24,036	23,872	23,733	24,254	-0.7%
Country	7,040	7,183	6,766	6,893	7,448	7,569	7,330	7,734	12.2%
WA State	30,476	31,555	30,713	31,308	31,484	31,441	31,063	31,988	2.2%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

1.7 Acute Average Length of Stay

What do these figures show?

For the June 2014 quarter, the average length of stay for overall (sameday and overnight) acute separations was 0.07 days (or 2.7%) less than in the June 2013 quarter.

For the same period, metropolitan public hospital average length of stay decreased by 0.09 days (or 3.1%) and country public hospital average length of stay decreased by 0.001 days (or 0.1%).

Average length of stay includes all public hospitals and includes public patients at Joondalup and Peel Health Campuses.

Note: Figures shown in the table are rounded to two decimal places. The actual and % changes in figures between the June 2013 and June 2014 quarters are calculated using actual numbers that contain more than two decimal places, and therefore the change figures presented in the table and text may be slightly different to those calculated using the rounded figures in the table.

Figure 7: Public hospital overall acute (sameday and overnight) average length of stay (in days) (WA State)

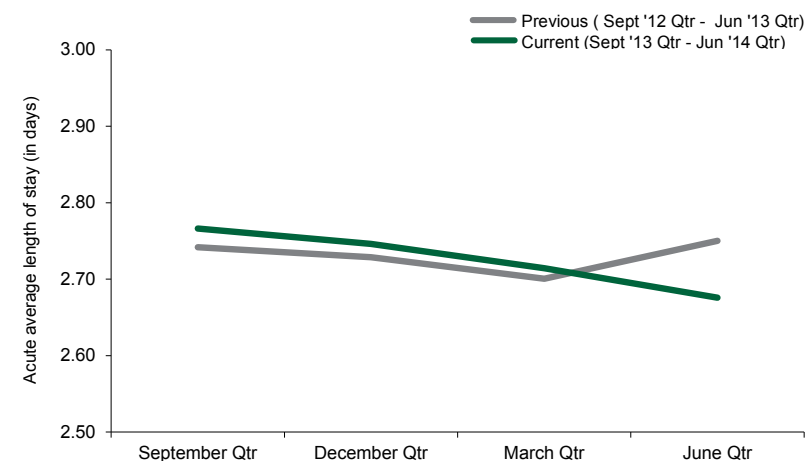


Table 7: Public hospital overall acute (sameday and overnight) average length of stay (in days)*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	2.89	2.89	2.84	2.90	2.93	2.91	2.85	2.81	-3.1%
Country	2.23	2.17	2.19	2.20	2.21	2.19	2.24	2.20	-0.1%
WA State	2.74	2.73	2.70	2.75	2.77	2.75	2.71	2.68	-2.7%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

1.8 Newborn Separations

What do these figures show?

The number of newborn separations increased by 59 (or 0.9%) in the June 2014 quarter compared with the same quarter in 2013.

For the same period, metropolitan public hospital newborn separations increased by 44 (or 0.9%). There were 15 (or 1.1%) more newborn separations in country public hospitals for the June 2014 quarter compared with the June 2013 quarter.

Figures include newborns at all public hospitals and public patients at Joondalup and Peel Health Campuses.

Figure 8: Number of public hospital newborns (WA State)

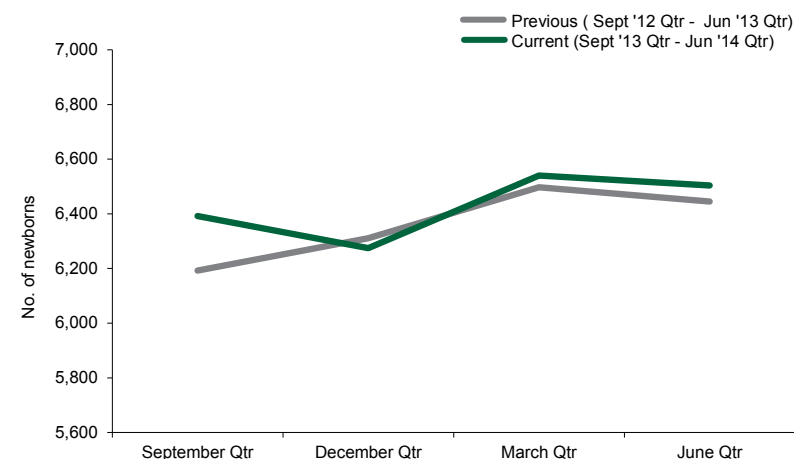


Table 8: Public hospital newborns*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	4,876	5,025	5,086	5,091	5,085	4,995	5,130	5,135	0.9%
Country	1,317	1,286	1,411	1,354	1,307	1,280	1,410	1,369	1.1%
WA State	6,193	6,311	6,497	6,445	6,392	6,275	6,540	6,504	0.9%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

2. Public Hospital Capacity

2.1 Available Active Sameday Beds

What do these figures show?

For June 2014, there were, on average, 389 available sameday active beds/chairs in metropolitan hospitals.

The available sameday active beds/chairs data in metropolitan hospitals is not complete for June 2014; therefore a comparison can not be made between June 2013 and June 2014.

Figures include the average number of available sameday beds/chairs at all public hospitals, excluding Joondalup and Peel Health Campuses.

Note: Available active sameday beds/chairs includes all sameday beds/chairs that are immediately available for use. Figures shown in the table are rounded to whole numbers. The actual and % changes in figures between June 2013 and June 2014 are calculated using actual numbers that contain decimal places, and therefore the change figures presented in the table and text may be slightly different to those calculated using the rounded figures in the table.

Figure 9: Average available active sameday beds/chairs (Metropolitan)

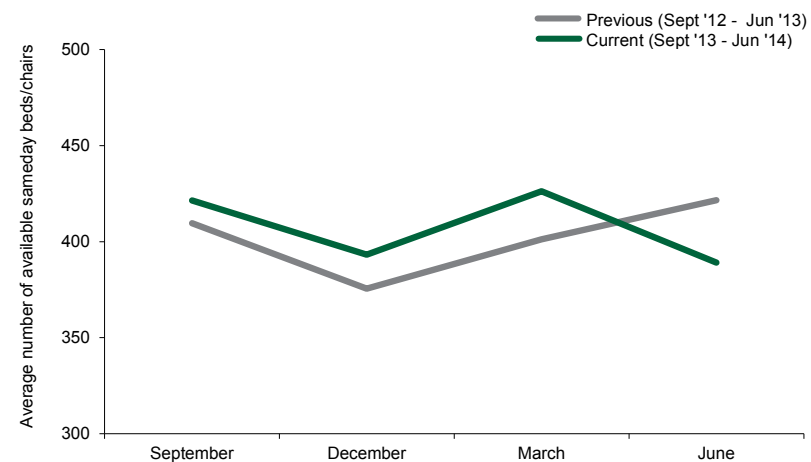


Table 9: Average number of available active sameday beds/chairs^{*,2}

Area	September 2012	December 2012	March 2013	June 2013	September 2013	December 2013	March 2014	June 2014	% change Jun'13 to Jun'14
Metropolitan	410	376	401	422	421	393	426	389 [^]	N/A

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

2.2 Available Active Overnight Beds

What do these figures show?

For June 2014, there were, on average, 3,073 available active overnight beds in metropolitan hospitals.

The available active overnight beds data in metropolitan hospitals is not complete for June 2014; therefore a comparison can not be made between June 2013 and June 2014.

Figures include the average number of available overnight beds at all public hospitals, excluding Joondalup and Peel Health Campuses.

Note: Available active overnight beds includes all overnight beds that are immediately available for use. Figures shown in the table are rounded to whole numbers. The actual and % changes in figures between June 2013 and June 2014 are calculated using actual numbers that contain decimal places, and therefore the change figures presented above may be slightly different to those calculated using the rounded figures in the table.

Figure 10: Average number of available active overnight beds (Metropolitan)

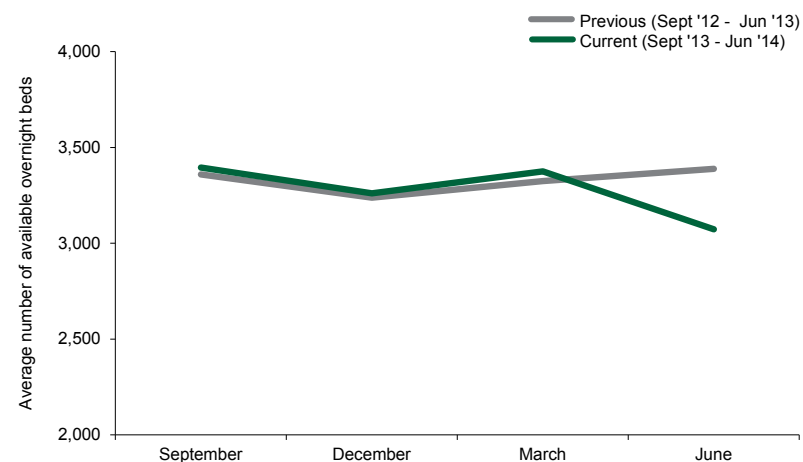


Table 10: Average number of available active overnight beds^{*,3}

Area	September 2012	December 2012	March 2013	June 2013	September 2013	December 2013	March 2014	June 2014	% change Jun'13 to Jun'14
Metropolitan	3,359	3,238	3,324	3,388	3,395	3,261	3,375	3,073 [^]	N/A

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

2.3 Occupancy of Overnight beds

What do these figures show?

For June 2014, the average occupancy of overnight beds in metropolitan hospitals was 93.8%.

The occupancy of overnight beds data in metropolitan hospitals is not complete for June 2014; therefore a comparison can not be made between June 2013 and June 2014.

Figures include the average number of occupied overnight beds at all public hospitals, excluding Joondalup and Peel Health Campuses.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between June 2013 and June 2014 are calculated using actual numbers that contain more than one decimal place, and therefore the change figures presented above may be slightly different to those calculated using the rounded figures in the table.

Figure 11: Average occupancy of overnight beds (Metropolitan)

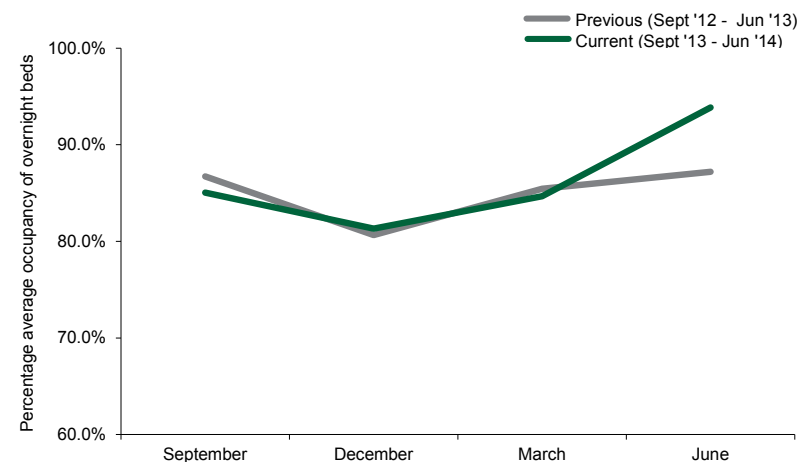


Table 11: Average occupancy of overnight beds^{*,13}

Area	September 2012	December 2012	March 2013	June 2013	September 2013	December 2013	March 2014	June 2014	% change Jun'13 to Jun'14
Metropolitan	86.7%	80.6%	85.5%	87.2%	85.1%	81.3%	84.7%	93.8%^	N/A

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

3. Elective Surgery Wait List

3.1 Patients on the Elective Surgery Wait List

What do these figures show?

The number of patients on the elective surgery wait list as at 30 June 2014 was 247 (or 1.5%) higher than the number of patients waiting as at 30 June 2013.

For the same period, patients waiting for elective surgery at metropolitan public hospitals increased by 213 (or 1.7%) and at country public hospitals increased by 34 (or 0.9%).

Figures include all public hospital elective surgery wait lists and public patient wait lists at Joondalup and Peel Health Campuses.

Figure 12: Total patients on the elective surgery wait list (WA State)

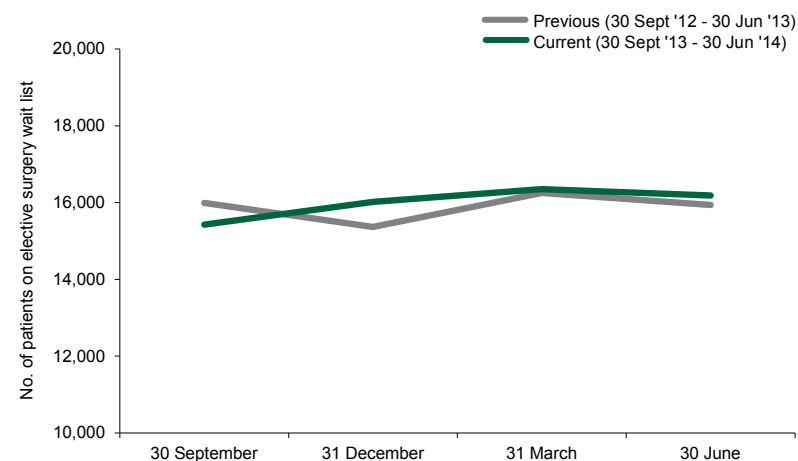


Table 12: Total number of patients on the elective surgery wait list*⁴

Area	30 September 2012	31 December 2012	31 March 2013	30 June 2013	30 September 2013	31 December 2013	31 March 2014	30 June 2014	% change 30 Jun'13 to 30 Jun'14
Metropolitan	12,579	12,085	12,661	12,324	11,809	12,409	12,706	12,537	1.7%
Country	3,415	3,281	3,591	3,613	3,619	3,608	3,647	3,647	0.9%
WA State	15,994	15,366	16,252	15,937	15,428	16,017	16,353	16,184	1.5%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

3.2 Admissions from Elective Surgery Wait List

What do these figures show?

The number of admissions from elective surgery wait lists in the June 2014 quarter was 222 (or 1.0%) lower than the number of admissions in the June 2013 quarter.

For the same period, admissions from elective surgery wait lists at metropolitan public hospitals decreased by 511 (or 2.9%) and at country public hospitals increased by 289 (or 7.1%).

Figures include all public hospital elective surgery wait lists and public patient wait lists at Joondalup and Peel Health Campuses.

Figure 13: Total admissions from the elective surgery wait list (WA State)

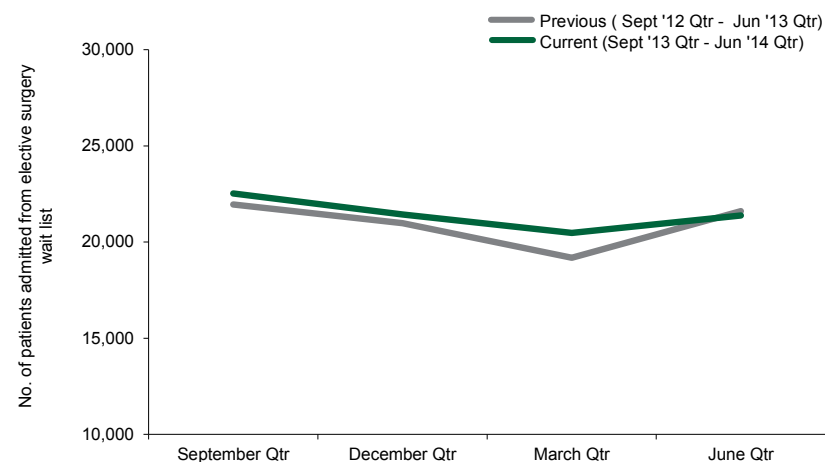


Table 13: Total number admissions from elective surgery wait list*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	17,466	16,747	15,592	17,546	18,328	17,402	16,657	17,035	-2.9%
Country	4,486	4,240	3,595	4,056	4,200	4,032	3,823	4,345	7.1%
WA State	21,952	20,987	19,187	21,602	22,528	21,434	20,480	21,380	-1.0%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

3.3 Median Waiting Time (In Months)

What do these figures show?

The median waiting time for patients on the elective surgery wait list as at 30 June 2014 was 0.03 months (or 1.8%) less than the median waiting time as at 30 June 2013.

For the same period, the median waiting time for patients on the elective surgery wait list at metropolitan public hospitals increased by 0.03 months (or 1.9%) and the median waiting time at country public hospitals decreased by 0.36 months (or 16.9%).

Figures include all public hospital elective surgery wait lists and public patient wait lists at Joondalup and Peel Health Campuses.

Note: Figures shown in the table are rounded to two decimal places. The actual and % changes in figures between June 2013 and June 2014 are calculated using actual numbers that contain more than two decimal places, and therefore the change figures presented in the table and text may be slightly different to those calculated using the rounded figures in the table.

Figure 14: Total median waiting time (in months) for patients on the elective surgery wait list (WA State)

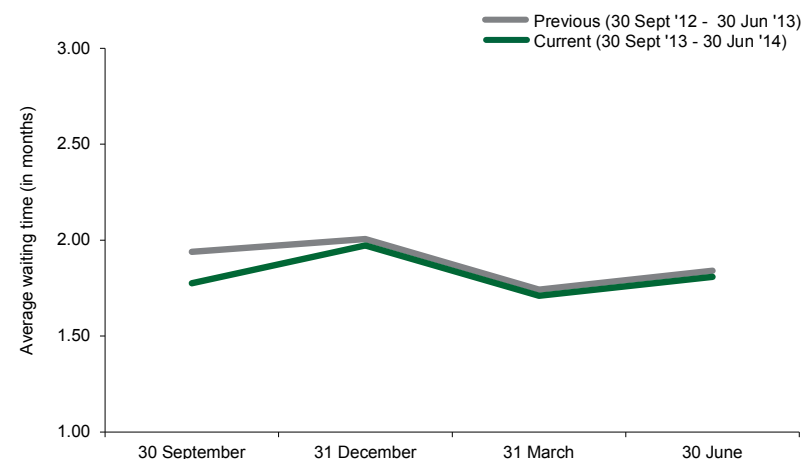


Table 14: Total median waiting time (in months) for patients on the elective surgery wait list*⁴

Area	30 September 2012	31 December 2012	31 March 2013	30 June 2013	30 September 2013	31 December 2013	31 March 2014	30 June 2014	% change 30 Jun'13 to 30 Jun'14
Metropolitan	1.94	1.94	1.74	1.78	1.78	1.84	1.71	1.81	1.9%
Country	1.91	2.40	1.74	2.14	1.81	2.20	1.71	1.78	-16.9%
WA State	1.94	2.01	1.74	1.84	1.78	1.97	1.71	1.81	-1.8%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

4. Public Emergency Departments (ED)

4.1 Total Emergency Department Attendances

What do these figures show?

In the June 2014 quarter, there was a decrease of 1,489 (or 0.6%) in total emergency department attendances in public hospitals compared with the same quarter in the previous year.

For the same period, metropolitan public hospital emergency department attendances increased by 2,280 (or 1.6%). Country public hospital emergency department attendances decreased by 3,769 (or 3.9%).

Metropolitan hospitals with an emergency department include Armadale-Kelmscott, Fremantle, Rockingham General, Swan District, Sir Charles Gairdner, Royal Perth, Joondalup Health Campus, Peel Health Campus, King Edward Memorial and Princess Margaret. Emergency Services at country hospitals are included.

Figure 15: Total emergency department attendances (WA State)

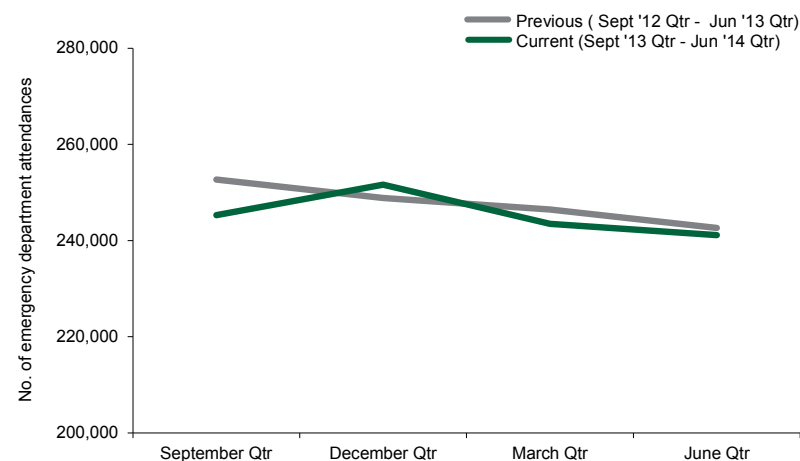


Table 15: Total emergency department attendances*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	149,109	148,149	146,711	145,800	146,774	151,819	147,590	148,080	1.6%
Country	103,557	100,673	99,732	96,837	98,507	99,808	95,873	93,068	-3.9%
WA State	252,666	248,822	246,443	242,637	245,281	251,627	243,463	241,148	-0.6%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

4.2 ED Triage 1

What do these figures show?

The Australasian College of Emergency Medicine (ACEM) recommends that 100% of Triage 1 emergency department patients are to be seen by a clinician immediately. This target was not achieved in the June 2014 quarter, where 99.1% of patients were seen within the recommended time. This represents a 0.3% decrease in patients seen within the recommended time compared with the same quarter in the previous year.

For the same period, the percentage of Triage 1 patients seen within the recommended time at metropolitan hospitals increased by 0.1% and country hospitals decreased by 1.5%.

Triage 1 figures are collated from all WA public hospitals that provide emergency department services, including public patients at Joondalup Health Campus and Peel Health Campus.

Triage is a process used at emergency departments to determine the urgency of the patient's need for medical and nursing care. Patients with life threatening or potentially life threatening conditions will be seen immediately in emergency departments.

It is important to note that the ACEM targets are based on commencement of care by a nurse, mental health practitioner or other health professional. In the metropolitan area and selected EDs in the country, waiting times are based on the time taken for a patient to be seen by a doctor only. As such, the performance of these EDs does not align with the ACEM target definition.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the June 2013 and June 2014 quarters are calculated using actual numbers that contain more than one decimal place, and therefore the change figures presented above may be slightly different to those calculated using the rounded figures in the table.

Figure 16: Percentage of ED Triage 1 patients seen within recommended time (immediately) (WA State)

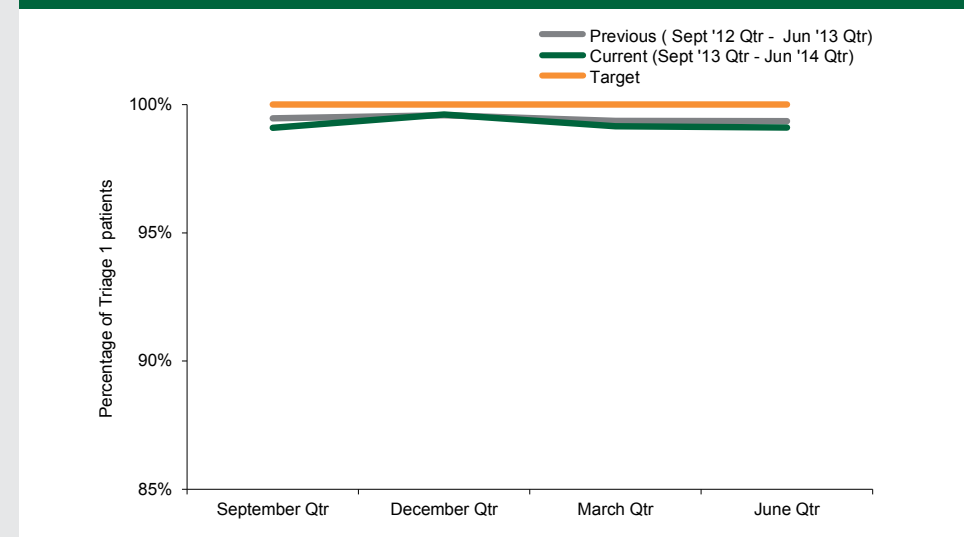


Table 16: Percentage of ED Triage 1 patients seen within recommended time (immediately)*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	99.7%	99.9%	99.5%	99.7%	99.6%	99.7%	99.5%	99.8%	0.1%
Country	98.3%	98.5%	98.5%	97.7%	96.5%	99.3%	97.8%	96.2%	-1.5%
WA State	99.5%	99.6%	99.4%	99.4%	99.1%	99.6%	99.2%	99.1%	-0.3%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

4.3 ED Triage 2

What do these figures show?

The Australasian College of Emergency Medicine (ACEM) recommends that 80% of Triage 2 emergency department patients are to be seen by a clinician within ten minutes. This target was achieved in the June 2014 quarter, where 88.5% of patients were seen within the recommended time. This represents a 5.5% increase in patients seen within the recommended time compared with the same quarter in the previous year.

For the same period, the percentage of Triage 2 patients seen within the recommended time at metropolitan hospitals increased by 8.1% and country hospitals decreased by 1.3%.

Triage 2 figures are collated from all WA public hospitals that provide emergency department services, including public patients at Joondalup Health Campus and Peel Health Campus.

It is important to note that the ACEM targets are based on commencement of care by a nurse, mental health practitioner or other health professional. In the metropolitan area and selected EDs in the country, waiting times are based on the time taken for a patient to be seen by a doctor only. As such, the performance of these EDs does not align with the ACEM target definition.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the June 2013 and June 2014 quarters are calculated using actual numbers that contain more than one decimal place, and therefore the change figures presented above may be slightly different to those calculated using the rounded figures in the table.

Figure 17: Percentage of ED Triage 2 patients seen within recommended time (10 minutes) (WA State)

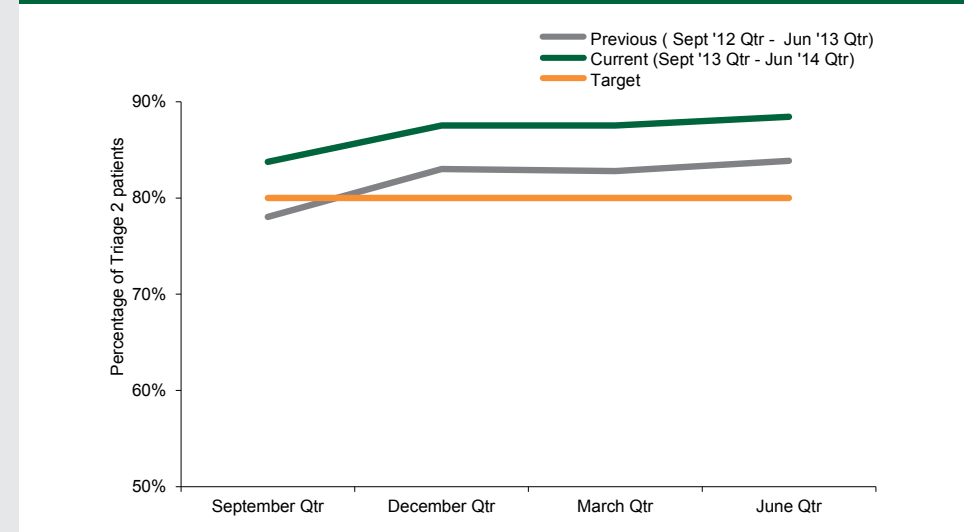


Table 17: Percentage of ED Triage 2 patients seen within recommended time (10 minutes)*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	73.6%	79.5%	79.2%	80.7%	81.5%	85.5%	85.8%	87.3%	8.1%
Country	91.3%	93.2%	93.2%	93.2%	90.3%	92.9%	92.4%	92.0%	-1.3%
WA State	78.1%	83.0%	82.8%	83.9%	83.8%	87.5%	87.5%	88.5%	5.5%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

4.4 ED Triage 3

What do these figures show?

The Australasian College of Emergency Medicine (ACEM) recommends that 75% of Triage 3 emergency department patients are to be seen by a clinician within thirty minutes. This target was not achieved in the June 2014 quarter, where 67.3% of patients were seen within the recommended time. This represents a 14.5% increase in patients seen within the recommended time compared with the same quarter in the previous year.

For the same period, the percentage of Triage 3 patients seen within the recommended time at metropolitan hospitals increased by 30.4% and country hospitals decreased by 2.1%.

Triage 3 figures are collated from all WA public hospitals that provide emergency department services, including public patients at Joondalup Health Campus and Peel Health Campus.

It is important to note that the ACEM targets are based on commencement of care by a nurse, mental health practitioner or other health professional. In the metropolitan area and selected EDs in the country, waiting times are based on the time taken for a patient to be seen by a doctor only. As such, the performance of these EDs does not align with the ACEM target definition.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the June 2013 and June 2014 quarters are calculated using actual numbers that contain more than one decimal place, and therefore the change figures presented above may be slightly different to those calculated using the rounded figures in the table.

Figure 18: Percentage of ED Triage 3 patients seen within recommended time (30 Minutes) (WA State)

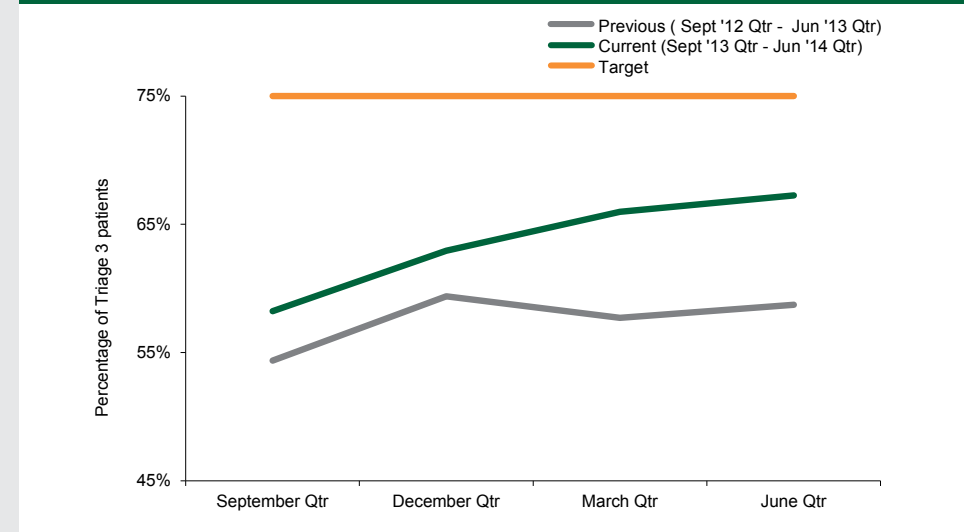


Table 18: Percentage of ED Triage 3 patients seen within recommended time (30 minutes)*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	38.2%	44.9%	42.2%	44.6%	45.4%	50.6%	55.6%	58.2%	30.4%
Country	85.0%	87.7%	89.0%	87.7%	83.8%	87.8%	86.7%	85.9%	-2.1%
WA State	54.4%	59.4%	57.7%	58.7%	58.2%	62.9%	66.0%	67.3%	14.5%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

4.5 ED Triage 4

What do these figures show?

The Australasian College of Emergency Medicine (ACEM) recommends that 70% of Triage 4 emergency department patients are to be seen by a clinician within an hour. This target was achieved in the June 2014 quarter, where 78.0% of patients were seen within the recommended time. This represents a 5.7% increase in patients seen within the recommended time compared with the same quarter in the previous year.

For the same period, the percentage of Triage 4 patients seen within the recommended time at metropolitan hospitals increased by 12.4% and country hospitals increased by 0.7%.

Triage 4 figures are collated from all WA public hospitals that provide emergency department services, including public patients at Joondalup Health Campus and Peel Health Campus.

It is important to note that the ACEM targets are based on commencement of care by a nurse, mental health practitioner or other health professional. In the metropolitan area and selected EDs in the country, waiting times are based on the time taken for a patient to be seen by a doctor only. As such, the performance of these EDs does not align with the ACEM target definition.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the June 2013 and June 2014 quarters are calculated using actual numbers that contain more than one decimal place, and therefore the change figures presented above may be slightly different to those calculated using the rounded figures in the table.

Figure 19: Percentage of ED Triage 4 patients seen within recommended time (1 hour) (WA State)

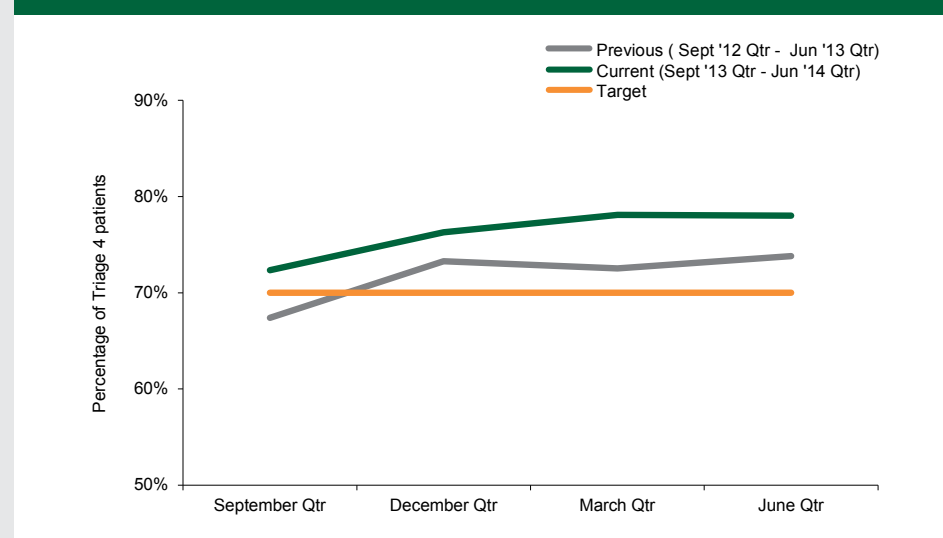


Table 19: Percentage of ED Triage 4 patients seen within recommended time (1 hour)*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	52.8%	61.2%	59.4%	62.3%	61.1%	66.2%	70.0%	70.0%	12.4%
Country	87.3%	90.1%	90.0%	89.2%	87.5%	91.0%	89.9%	89.7%	0.7%
WA State	67.4%	73.3%	72.5%	73.8%	72.3%	76.3%	78.1%	78.0%	5.7%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

4.6 ED Triage 5

What do these figures show?

The Australasian College of Emergency Medicine (ACEM) recommends that 70% of Triage 5 emergency department patients are to be seen by a clinician within two hours. This target was achieved in the June 2014 quarter, where 96.8% of patients were seen within the recommended time. Compared with the same quarter in the previous year, the number of patients seen within recommended time increased by 1.3%.

For the same period, the percentage of Triage 5 patients seen within the recommended time at metropolitan hospitals increased by 4.4% and country hospitals increased by 0.1%.

Triage 5 figures are collated from all WA public hospitals that provide emergency department services, including public patients at Joondalup Health Campus and Peel Health Campus.

It is important to note that the ACEM targets are based on commencement of care by a nurse, mental health practitioner or other health professional. In the metropolitan area and selected EDs in the country, waiting times are based on the time taken for a patient to be seen by a doctor only. As such, the performance of these EDs does not align with the ACEM target definition.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the June 2013 and June 2014 quarters are calculated using actual numbers that contain more than one decimal place, and therefore the change figures presented above may be slightly different to those calculated using the rounded figures in the table.

Figure 20: Percentage of ED Triage 5 patients seen within recommended time (2 hours) (WA State)

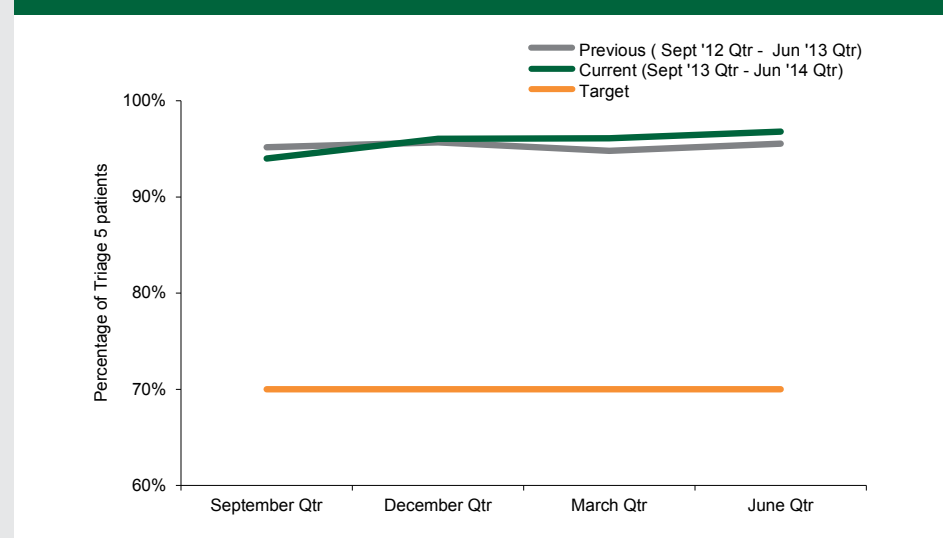


Table 20: Percentage of ED Triage 5 patients seen within recommended time (2 hours)*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	89.3%	90.7%	88.1%	90.9%	91.9%	92.4%	92.9%	94.8%	4.4%
Country	97.5%	97.9%	98.0%	97.8%	94.9%	97.7%	97.7%	97.9%	0.1%
WA State	95.2%	95.7%	94.8%	95.5%	94.0%	96.0%	96.1%	96.8%	1.3%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

4.7 Admissions from Emergency Departments

What do these figures show?

In the June 2014 quarter, there was a decrease of 2,165 (or 3.8%) in total public hospital admissions from emergency departments compared with the same quarter in the previous year.

For the same period, metropolitan public hospital admissions from emergency departments decreased by 1,102 (or 2.5%). Country public hospital admissions from emergency departments decreased by 1,063 (or 8.1%).

The figures include all WA public hospitals that provide emergency department services, including public patients at Joondalup Health Campus and Peel Health Campus.

Figure 21: Admissions from emergency departments (WA State)

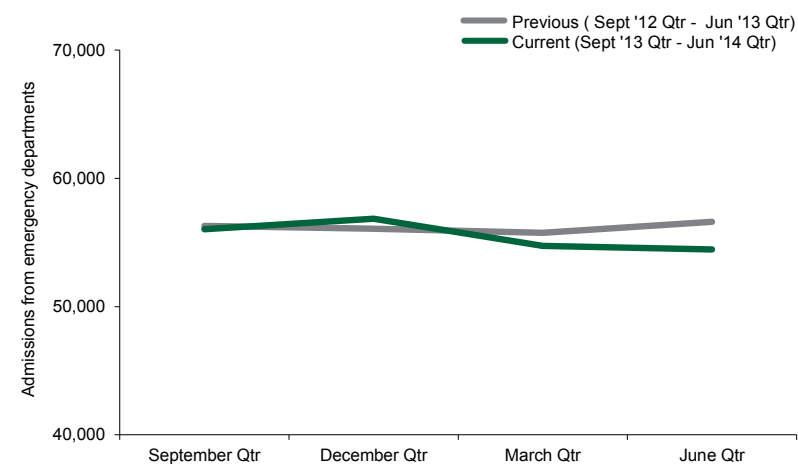


Table 21: Admissions from emergency departments*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	42,826	42,766	42,670	43,442	42,488	43,818	42,322	42,340	-2.5%
Country	13,464	13,310	13,085	13,179	13,539	13,024	12,414	12,116	-8.1%
WA State	56,290	56,076	55,755	56,621	56,027	56,842	54,736	54,456	-3.8%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

5. Mental Health

5.1 Mental Health Separations

What do these figures show?

Preliminary figures indicate that in the June 2014 quarter, there was an increase of 49 (or 1.8%) public mental health separations compared with the same quarter in the previous year.

Preliminary figures indicate that metropolitan public hospital mental health separations increased by 59 (or 2.6%). For country public hospitals there were 10 (or 2.8%) less mental health admissions for the June 2014 quarter compared with the June 2013 quarter.

Figures include mental health separations at all authorised hospitals and designated mental health inpatient units at public hospitals and the authorised mental health inpatient units at Joondalup Health Campus and Mercy Hospital. Peel Health Campus is excluded as it is not a designated mental health facility.

Separations from mental health services can vary from year to year. Factors that can impact on separations during any year include availability of beds and staffing levels.

Figure 22: Number of public mental health separations (WA State)

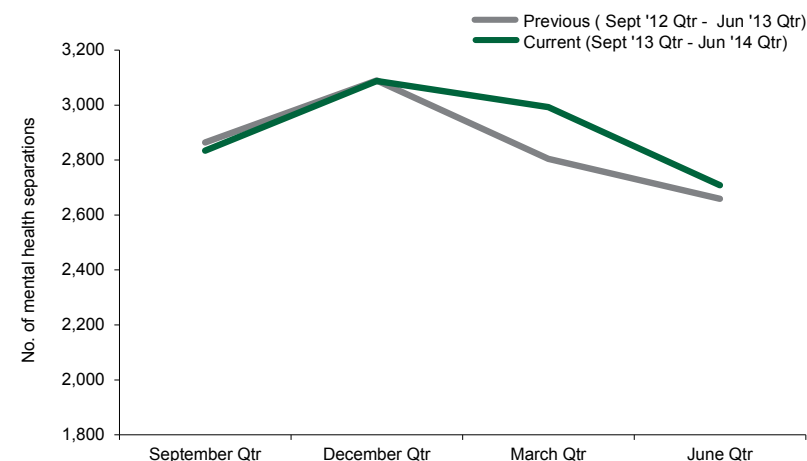


Table 22: Number of public mental health separations*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	2,489	2,653	2,403	2,300	2,438	2,666	2,579	2,359	2.6%
Country	375	437	401	359	396	422	414	349	-2.8%
WA State	2,864	3,090	2,804	2,659	2,834	3,088	2,993	2,708	1.8%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

5.2 Mental Health Outpatients

What do these figures show?

Preliminary figures indicate that in the June 2014 quarter, there was an increase of 121 (or 0.1%) attendances for services at public mental health outpatient clinics compared with the same quarter in the previous year.

Preliminary figures indicate that attendances for mental health outpatient services in the metropolitan area decreased by 1,857 (or 1.1%) and in the country attendances increased by 1,978 (or 5.2%) for the June 2014 quarter compared with the same quarter in the previous year.

Figures include all public outpatient mental health services. All outpatient services for Peel and Joondalup areas are provided by the metropolitan public mental health services.

Figure 23: Number of attendances for mental health services at outpatient clinics (WA State)

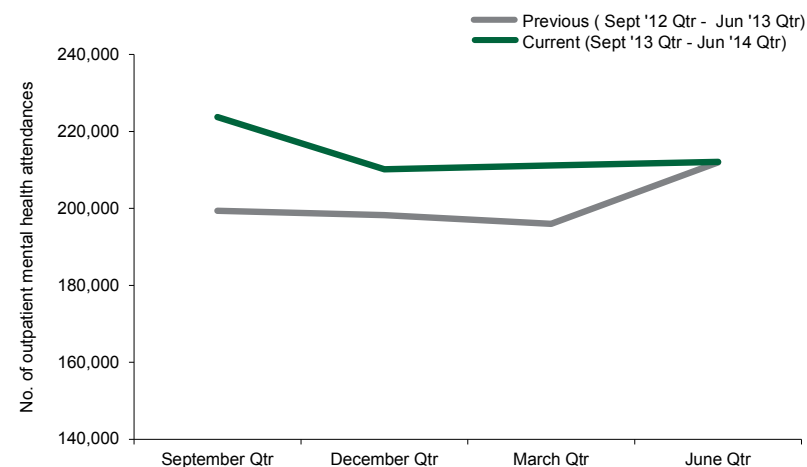


Table 23: Number of attendances for mental health services at outpatient clinics*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	166,271	163,923	160,758	174,131	181,579	169,257	170,959	172,274	-1.1%
Country	33,139	34,324	35,240	37,859	42,146	40,912	40,190	39,837	5.2%
WA State	199,410	198,247	195,998	211,990	223,725	210,169	211,149	212,111	0.1%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

6. Ambulatory Surgery Initiative (ASI)

6.1 Ambulatory Surgery Initiative Cases

What do these figures show?

In the June 2014 quarter, the number of ASI cases decreased by 723 (or 23.2%) compared with the same quarter in the previous year. The number of ASI cases in the metropolitan area decreased by 771 (or 25.7%) and in the country area there was an increase of 48 cases (or 42.5%) in the June 2014 quarter compared with the same quarter in the previous year.

Figure 24: Number of ASI cases (WA State)

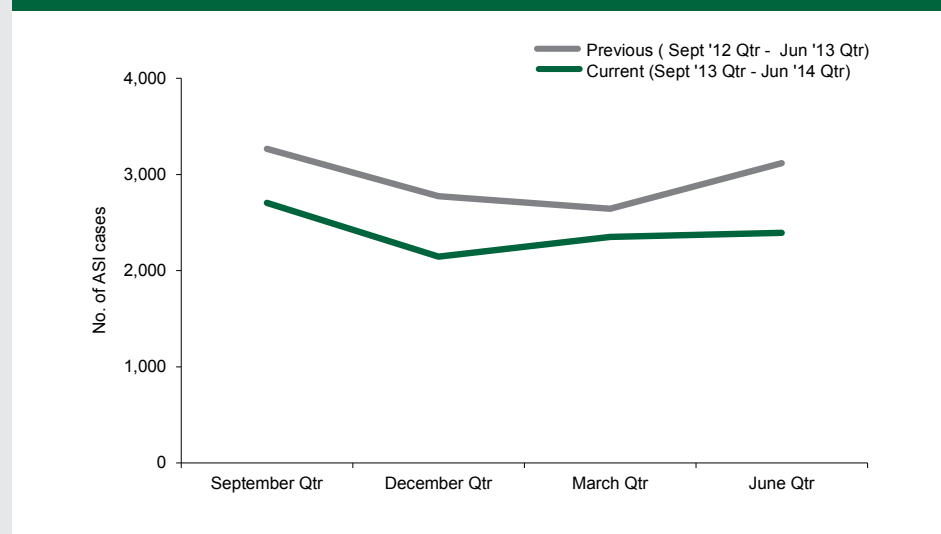


Table 24: Number of ASI cases*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	3,150	2,618	2,492	3,004	2,590	2,026	2,225	2,233	-25.7%
Country	117	157	152	113	114	119	125	161	42.5%
WA State	3,267	2,775	2,644	3,117	2,704	2,145	2,350	2,394	-23.2%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

7. Public Dental Clinics

7.1 Dental Visits

What do these figures show?

In the June 2014 quarter, there was an increase of 5,671 (or 8.0%) in the number of visits to school dental health clinics compared with the same quarter in the previous year.

Metropolitan and rural dental health clinics data is not complete for the June 2014 quarter as not all manual data collections have been completed. A direct comparison can not be made for the June 2013 and June 2014 quarters. Preliminary data currently collected electronically and some manually by Dental Health Services for the June 2014 quarter indicates that there has been a decrease of 2,601 (or 8.1%) in the number of visits to metropolitan clinics and a decrease of 366 (or 4.1%) in the number of visits to rural clinics.

School Dental Service visits reported for the period 1 December 2013 to 30 June 2014 are estimates only, based on enrolment information provided by the Department of Education.

For rural and metropolitan Dental Health Services, data shown consists of online (electronic, computer based) and offline (manual collection using paper based forms) data up until the March 2014 quarter. Only online data is available for the June 2014 quarter since offline data is 3 months in arrears. The data will be available in future reports. Comparisons between current quarter data and previous year quarter data is therefore not valid.

Figure 25: Number of visits to dental clinics (WA State)

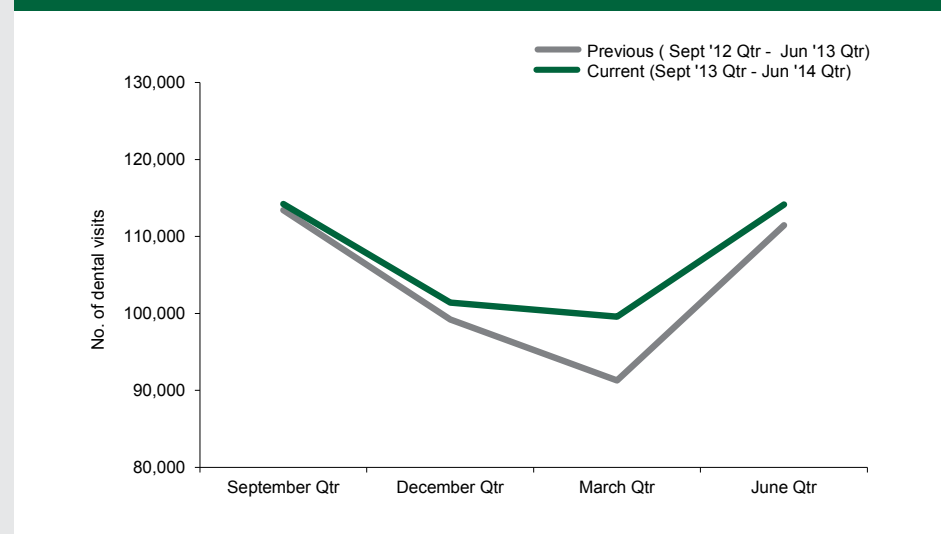


Table 25: Number of visits to dental clinics*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metro Clinics	28,824	27,682	29,845	31,948	32,377	30,584	29,997	29,347 [^]	N/A
Rural Clinics	8,257	7,628	7,779	8,821	9,830	9,463	8,781	8,455 [^]	N/A
School Clinics	76,353	63,887	53,671	70,689	71,998	61,367	60,800	76,360	8.0%
WA State	113,434	99,197	91,295	111,458	114,205	101,414	99,578	114,162[^]	N/A

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

7.2 Dental Clinic Waiting List

What do these figures show?

The number of patients waiting for dental health clinic services as at 30 June 2014 decreased by 14,448 (or 65.7%) compared with the number of patients waiting as at 30 June 2013.

The decrease has been due to an increase in services provided at general dental clinics as well as the allocation of Commonwealth funding from the National Partnership Agreement on treating more public dental patients. The Commonwealth funding has been the source of funds for the metropolitan patient subsidy scheme inviting public patients to go to private dentists to receive subsidised treatment. All patients were removed from the wait list as soon as they were offered this opportunity for treatment irrespective of whether they accepted the invitation.

Figure 26: Number of patients waiting for services at dental clinics (WA State)

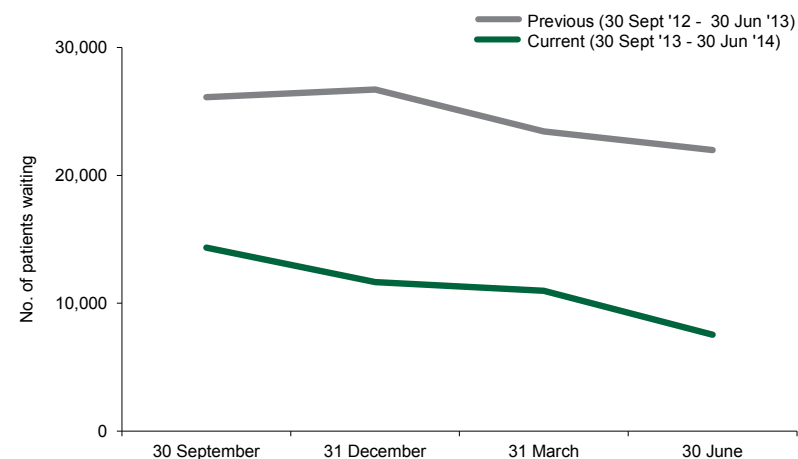


Table 26: Number of patients waiting for services at dental clinics*⁸

Area	30 September 2012	31 December 2012	31 March 2013	30 June 2013	30 September 2013	31 December 2013	31 March 2014	30 June 2014	% change 30 Jun'13 to 30 Jun'14
WA State	26,124	26,718	23,447	21,985	14,359	11,662	10,973	7,537	-65.7%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

8. Activity – General Practitioner (GP) After Hours Clinics

8.1 Clients attending GP After Hours Clinics

What do these figures show?

In the June 2014 quarter, there was a decrease of 1,571 (or 10.2%) clients attending GP After Hours clinics compared with the same quarter in the previous year.

This is partially due to a number of GP surgeries extending their opening hours as well as new surgeries opening. This has allowed patients to have more choice when seeking medical attention after hours.

Figures include GP After Hours clinics operating at Swan District Hospital, Joondalup Health Campus, Royal Perth Hospital, Fremantle Hospital and Rockingham General Hospital.

Figure 27: Number of Clients attending at GP After Hours clinics (Metropolitan)

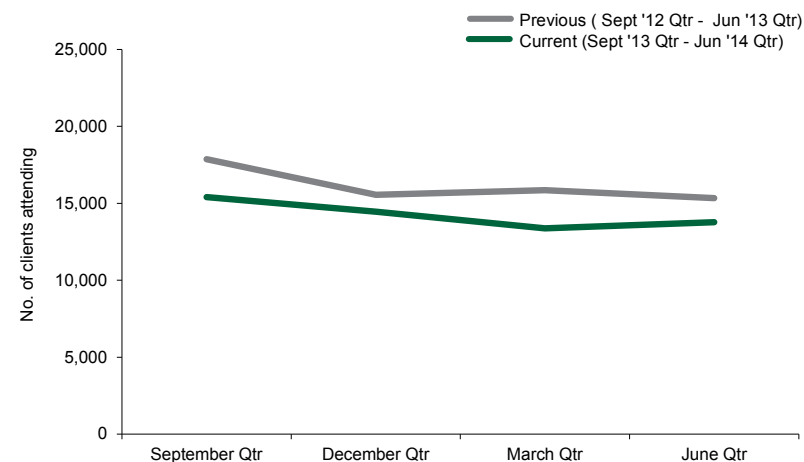


Table 27: Number of clients attending at the GP After Hours clinics*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	17,868	15,551	15,849	15,338	15,407	14,460	13,379	13,767	-10.2%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

9. National Elective Surgery Targets

Did you know?

Many public patients in Australia wait longer than clinically recommended to have elective surgery. The Australian Government, under The National Health Reform Agreement – National Partnership Agreement on Improving Public Hospital Services, is providing up to \$650 million for improvements in access to elective surgery. The objective of the National Elective Surgery Target (NEST) is to progressively increase the number of elective surgeries performed so that 100% of patients receive their elective surgery within the clinically recommended time by 2016. Two complementary strategies are required in order to reach the NEST:

Part 1: A stepped improvement in the number of patients treated within the clinically recommended time; and

Part 2: A progressive reduction in the number of patients who are overdue for surgery, particularly patients who have waited the longest beyond the clinically recommended time.

WA targets for these strategies are outlined below:

Proportion of cases treated within clinically recommended time

Category	31-Dec-12	31-Dec-13	31-Dec-14	31-Dec-15
1	94.0%	100.0%	100.0%	100.0%
2	84.0%	88.0%	95.0%	100.0%
3	98.0%	98.0%	98.5%	100.0%

Average overdue wait time (in days) for those that have waited beyond the clinically recommended time

Category	31-Dec-12	31-Dec-13	31-Dec-14	31-Dec-15
1	0	0	0	0
2	68	45	23	0
3	65	44	22	0

9.1 Elective Surgery Wait List Category 1 Cases Treated (Admitted) within Clinically Recommended Time

What do these figures show?

Under The National Health Reform Agreement - National Partnership Agreement (NPA) on Improving Public Hospital Services, reward funding is made available to WA under the National Elective Surgery Target (NEST) initiative. The December 2014 target for Category 1 cases treated within the clinically recommended time is 100%.

In the June 2014 YTD calendar period, 98.0% of cases were treated within the clinically recommended time. This represents a 4.0% increase in cases treated within the clinically recommended time compared with the same period in the previous year.

For the same period, the proportion of Category 1 cases treated within the clinically recommended time at metropolitan hospitals increased by 4.6% and at country hospitals increased by 0.1%.

Figures include all public hospital elective surgery wait lists and the public patient wait lists at Joondalup and Peel Health Campuses.

Figure 28: Percentage of Category 1 cases treated (admitted) within clinically recommended time (WA State)

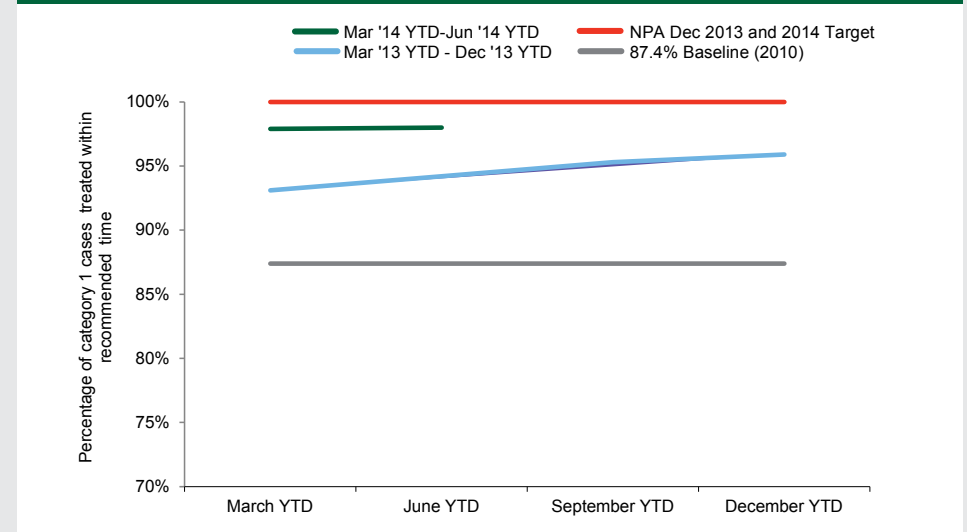


Table 28: Percentage of Category 1 cases treated (admitted) within clinically recommended time*

Area	March 2013 YTD	June 2013 YTD	September 2013 YTD	December 2013 YTD	March 2014 YTD	June 2014 YTD	September 2014 YTD	December 2014 YTD	% change Jun'13 YTD to Jun'14 YTD
Metropolitan	92.1%	93.5%	94.6%	95.4%	97.6%	97.8%			4.6%
Country	99.7%	99.5%	99.7%	99.7%	99.8%	99.6%			0.1%
WA State	93.1%	94.2%	95.3%	95.9%	97.9%	98.0%			4.0%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

9.2 Elective Surgery Wait List Category 2 Cases Treated (Admitted) within Clinically Recommended Time

What do these figures show?

Under The National Health Reform Agreement - National Partnership Agreement (NPA) on Improving Public Hospital Services, reward funding is made available to WA under the National Elective Surgery Target (NEST) initiative. The December 2014 target for Category 2 cases treated within the clinically recommended time is 95.0%.

In the June 2014 YTD calendar period, 92.4% of cases were treated within the clinically recommended time. This represents a 6.0% increase in cases treated within the clinically recommended time compared with the same period in the previous year.

For the same period, the proportion of Category 2 cases treated within the clinically recommended time at metropolitan hospitals increased by 6.8% and at country hospitals increased by 0.3%.

Figures include all public hospital elective surgery wait lists and the public patient wait lists at Joondalup and Peel Health Campuses.

Figure 29: Percentage of Category 2 cases treated (admitted) within clinically recommended time (WA State)

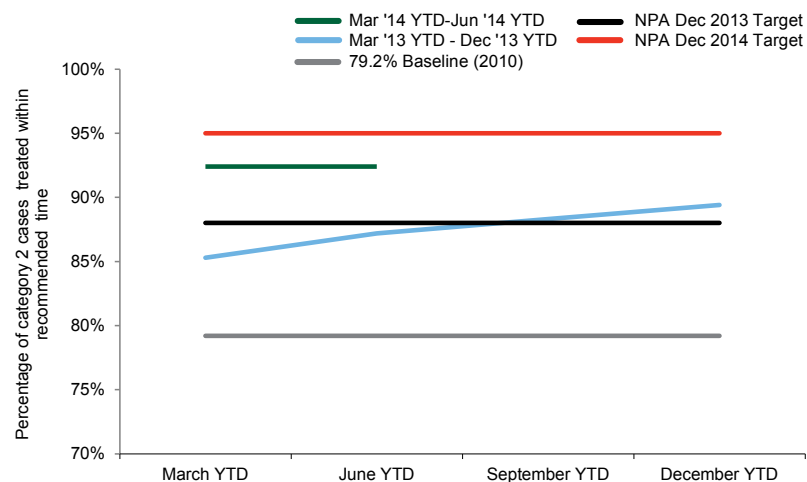


Table 29: Percentage of Category 2 cases treated (admitted) within clinically recommended time*

Area	March 2013 YTD	June 2013 YTD	September 2013 YTD	December 2013 YTD	March 2014 YTD	June 2014 YTD	September 2014 YTD	December 2014 YTD	% change Jun'13 YTD to Jun'14 YTD
Metropolitan	82.9%	85.1%	86.3%	87.5%	91.0%	90.9%			6.8%
Country	99.4%	99.5%	99.6%	99.6%	99.9%	99.8%			0.3%
WA State	85.3%	87.2%	88.3%	89.4%	92.4%	92.4%			6.0%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

9.3 Elective Surgery Wait List Category 3 Cases Treated (Admitted) within Clinically Recommended Time

What do these figures show?

Under The National Health Reform Agreement - National Partnership Agreement (NPA) on Improving Public Health Service, reward funding is made available to WA under the National Elective Surgery Target (NEST) initiative. The December 2014 target for Category 3 cases treated within the clinically recommended time is 98.5%.

In the June 2014 YTD calendar period, 98.5% of cases were treated within the clinically recommended time. This represents a 1.4% increase in cases treated within the clinically recommended time compared with the same period in the previous year.

For the same period, the proportion of Category 3 cases treated within the clinically recommended time at metropolitan hospitals increased by 1.7% and at country hospitals increased by 0.6%.

Figures include all public hospital elective surgery wait lists and the public patient wait lists at Joondalup and Peel Health Campuses.

Figure 30: Percentage of Category 3 cases treated (admitted) within clinically recommended time (WA State)

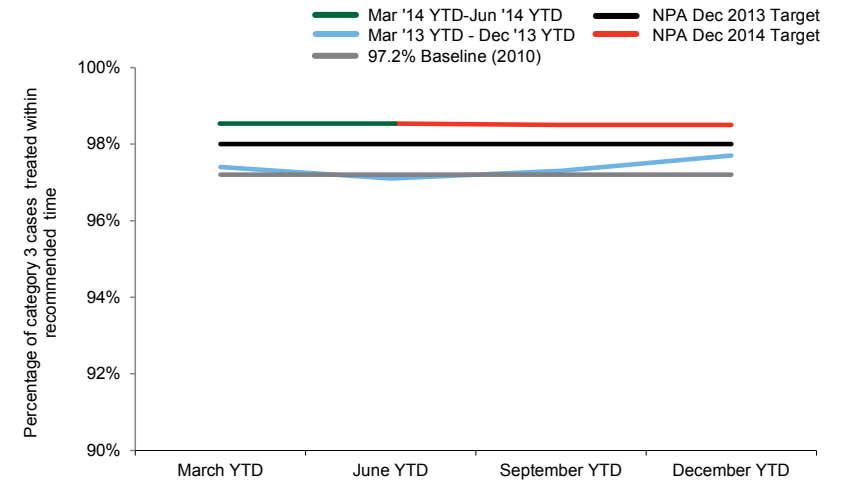


Table 30: Percentage of Category 3 cases treated (admitted) within clinically recommended time*

Area	March 2014 YTD	June 2013 YTD	September 2013 YTD	December 2013 YTD	March 2014 YTD	June 2014 YTD	September 2014 YTD	December 2014 YTD	% change Jun'13 YTD to Jun'14 YTD
Metropolitan	96.9%	96.9%	97.1%	97.5%	98.6%	98.5%			1.7%
Country	98.9%	97.9%	97.9%	98.1%	98.5%	98.5%			0.6%
WA State	97.4%	97.1%	97.3%	97.7%	98.5%	98.5%			1.4%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

9.4 Average Overdue Wait Time (Days) for Category 1 Cases

What do these figures show?

Under The National Health Reform Agreement - National Partnership Agreement (NPA) on Improving Public Hospital Services, reward funding is made available to WA under the National Elective Surgery Target (NEST) initiative. The December 2014 target for average overdue wait time (days) for Category 1 cases that have waited beyond the clinically recommended time is 0.

The average overdue wait time for Category 1 cases on the elective surgery wait list as at 30 June 2014 was 3.55 days (or 26.9%) less than the average overdue wait time for Category 1 cases as at 30 June 2013.

For the same period, the average overdue wait time for Category 1 cases at metropolitan public hospitals decreased by 3.55 days (or 26.9%) and at country public hospitals remained the same.

As at 30 June 2014, Western Australia has reduced the number of over boundary cases across all health services compared to the same period in 2013. The improved performance is attributed to the principle that patients are treated in order of their registration onto the waitlist, unless clinically indicated and/or in exceptional circumstances. WA's approach is consistent with the "treat in turn" principle recommended by the Australian Institute of Health and Welfare (AIHW) and the Royal Australian College of Surgeons (RACS). Improvements in monitoring, reporting and active waitlist management have also played a significant role in WA's overall improved performance.

Figures include all public hospital elective surgery wait lists and the public patient wait lists at Joondalup and Peel Health Campuses.

Figure 31: Average overdue wait time (days) for category 1 cases that have waited beyond the clinically recommended time (WA State)

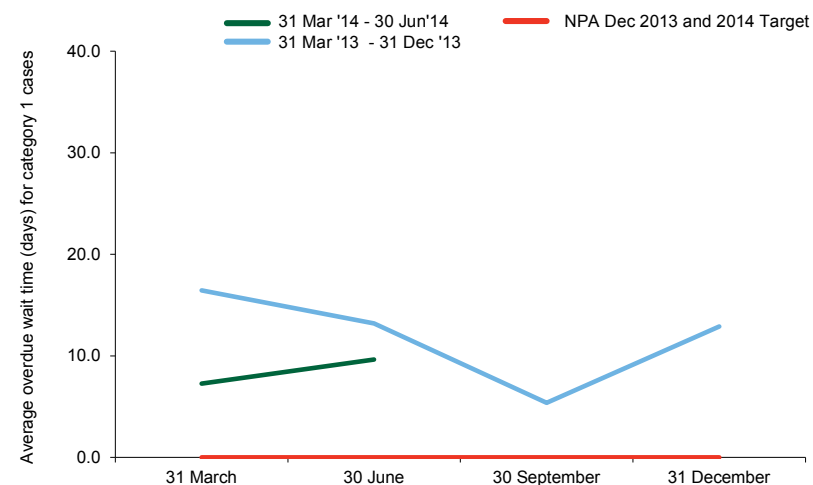


Table 31: Average overdue wait time (days) for Category 1 cases that have waited beyond the clinically recommended time^{*,4}

Area	31 March 2013	30 June 2013	30 September 2013	31 December 2013	31 March 2014	30 June 2014	30 September 2014	31 December 2014	% change 30 Jun'13 to 30 Jun'14
Metropolitan	17.00	13.19	5.38	12.90	7.27	9.64			-26.9%
Country	1.00	0.00	0.00	0.00	0.00	0.00			-
WA State	16.45	13.19	5.38	12.90	7.27	9.64			-26.9%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

9.5 Average Overdue Wait Time (Days) for Category 2 Cases

What do these figures show?

Under The National Health Reform Agreement - National Partnership Agreement (NPA) on Improving Public Hospital Services, reward funding is made available to WA under the National Elective Surgery Target (NEST) initiative. The December 2014 target for average overdue wait time (days) for Category 2 cases that have waited beyond the clinically recommended time is 23.

The average overdue wait time for Category 2 cases on the elective surgery wait list as at 30 June 2014 was 1.42 days (or 3.3%) less than the average overdue wait time for Category 2 cases as at 30 June 2013.

For the same period, the average overdue wait time for Category 2 cases at metropolitan public hospitals decreased by 1.32 days (or 3.0%) and at country public hospitals increased by 8.00 days.

As at 30 June 2014, Western Australia has reduced the number of over boundary cases across all health services compared to the same period in 2013. The improved performance is attributed to the principle that patients are treated in order of their registration onto the waitlist, unless clinically indicated and/or in exceptional circumstances. WA's approach is consistent with the "treat in turn" principle recommended by the Australian Institute of Health and Welfare (AIHW) and the Royal Australian College of Surgeons (RACS). Improvements in monitoring, reporting and active waitlist management have also played a significant role in WA's overall improved performance.

Figures include all public hospital elective surgery wait lists and the public patient wait lists at Joondalup and Peel Health Campuses.

Figure 32: Average overdue wait time (days) for category 2 cases that have waited beyond the clinically recommended time (WA State)

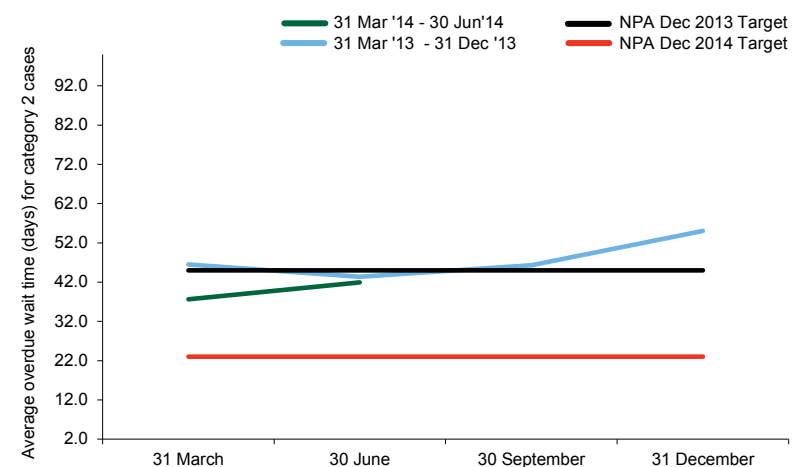


Table 32: Average overdue wait time (days) for Category 2 cases that have waited beyond the clinically recommended time*⁴

Area	31 March 2013	30 June 2013	30 September 2013	31 December 2013	31 March 2014	30 June 2014	30 September 2014	31 December 2014	% change 30 Jun'13 to 30 Jun'14
Metropolitan	46.56	43.37	46.32	55.03	37.63	42.05			-3.0%
Country	18.00	0.00	0.00	0.00	0.00	8.00			N/C
WA State	46.50	43.37	46.32	55.03	37.63	41.95			-3.3%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

9.6 Average Overdue Wait Time (Days) for Category 3 Cases

What do these figures show?

Under The National Health Reform Agreement - National Partnership Agreement (NPA) on Improving Public Hospital Services, reward funding is made available to WA under the National Elective Surgery Target (NEST) initiative. The December 2014 target for average overdue wait time (days) for Category 3 cases that have waited beyond the clinically recommended time is 22.

The average overdue wait time for Category 3 cases on the elective surgery wait list as at 30 June 2014 was 23.98 days (or 34.9%) less than the average overdue wait time for Category 3 cases as at 30 June 2013.

For the same period, the average overdue wait time for Category 3 cases at metropolitan public hospitals decreased by 23.99 days (or 33.4%) and at country public hospitals decreased by 43.77 days (or 94.9%). The decrease at country public hospitals is due to over boundary cases no longer on the wait list as at 30 June 2014.

As at 30 June 2014, Western Australia has reduced the number of over boundary cases across all health services compared to the same period in 2013. The improved performance is attributed to the principle that patients are treated in order of their registration onto the waitlist, unless clinically indicated and/or in exceptional circumstances. WA's approach is consistent with the "treat in turn" principle recommended by the Australian Institute of Health and Welfare (AIHW) and the Royal Australian College of Surgeons (RACS). Improvements in monitoring, reporting and active waitlist management have also played a significant role in WA's overall improved performance.

Figures include all public hospital elective surgery wait lists and the public patient wait lists at Joondalup and Peel Health Campuses.

Figure 33: Average overdue wait time (days) for category 3 cases that have waited beyond the clinically recommended time (WA State)

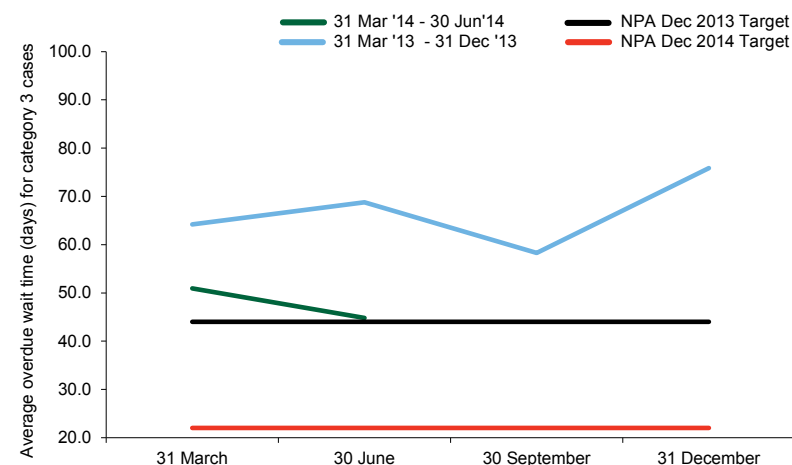


Table 33: Average overdue wait time (days) for Category 3 cases that have waited beyond the clinically recommended time^{*,4}

Area	31 March 2013	30 June 2013	30 September 2013	31 December 2013	31 March 2014	30 June 2014	30 September 2014	31 December 2014	% change 30 Jun'13 to 30 Jun'14
Metropolitan	64.25	71.85	68.37	100.30	51.32	47.86			-33.4%
Country	64.09	46.10	24.80	50.93	49.07	2.33			-94.9%
WA State	64.22	68.77	58.29	75.84	50.95	44.79			-34.9%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

10. National Emergency Access Target

Did you know?

The National Emergency Access Target (NEAT) is a national four hour target where, by 2015, 90 per cent of all patients presenting to a public hospital ED will physically leave the ED for admission to hospital, be referred to another hospital for treatment or be discharged, within four hours. The aim of the target is to improve the patient experience and quality of care by reducing delays in the ED and streamlining processes for admission and discharge across the hospital. Service improvement activity that commenced under the Four Hour Rule Program will continue as part of ongoing emergency care reform and the NEAT, as will the public reporting of performance and safety and quality indicators.

Staged implementation for NEAT is across all triage categories by calendar year commencing in 2012, as listed in the table below:

State	1 Jan 2012 to 31 Dec 2012 (Period 1)	1 Jan 2013 to 31 Dec 2013 (Period 2)	1 Jan 2014 to 31 Dec 2014 (Period 3)	1 Jan 2015 to 31 Dec 2015 (Period 4)
WA	76.0%	81.0%	85.0%	90.0%

What hospitals does it cover?

Tertiary:

Fremantle Hospital (FH), King Edward Memorial Hospital (KEMH), Royal Perth Hospital (RPH), Sir Charles Gairdner Hospital (SCGH) and Princess Margaret Hospital (PMH).

Metropolitan General:

Rockingham General Hospital (RGH), Armadale-Kelmscott Memorial Hospital (AKMH), Swan District Hospital (SDH), Peel Health Campus (PHC) and Joondalup Health Campus (JHC).

Rural:

Bunbury Regional Hospital (BRH), Kalgoorlie Hospital (KH), Albany Hospital (AH), Broome Hospital (BH), Geraldton Hospital (GH), Hedland Health Campus (HHC) and Nickol Bay Hospital (NBH).

How can I get more information?

Further information about National Emergency Access Target and the performance of individual hospitals is available at www.health.wa.gov.au/emergencyaccessreform/home/.

10.1 NEAT Total Emergency Department Attendances

What do these figures show?

In the June 2014 quarter, there was a decrease of 473 (or 0.2%) in total emergency department attendances in National Emergency Access Target hospitals compared with the same quarter in the previous year.

For the same period, metropolitan National Emergency Access Target hospital emergency department attendances increased by 2,266 (or 1.6%). Country National Emergency Access Target hospital emergency department attendances decreased by 2,739 (or 6.0%).

Tertiary hospital emergency department attendances increased by 679 (or 0.9%) and metropolitan general hospitals increased by 1,587 (or 2.2%).

Figure 34: NEAT total emergency department attendances – NEAT hospitals

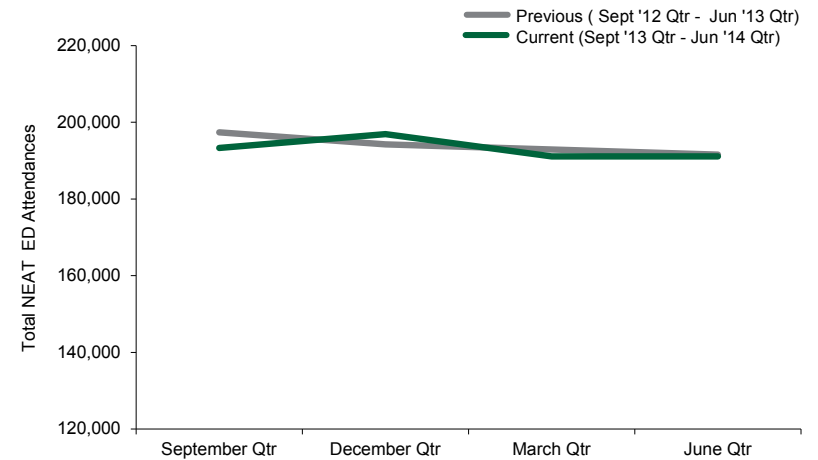


Table 34 – NEAT total emergency department attendances*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	149,054	148,112	146,676	145,774	146,732	151,781	147,559	148,040	1.6%
Country	48,330	46,136	46,231	45,795	46,581	45,131	43,537	43,056	-6.0%
WA State	197,384	194,248	192,907	191,569	193,313	196,912	191,096	191,096	-0.2%
Hospital Grouping									
Tertiary	73,277	72,592	72,143	71,987	72,691	74,299	72,528	72,666	0.9%
Metropolitan General	75,777	75,520	74,533	73,787	74,041	77,482	75,031	75,374	2.2%
Rural	48,330	46,136	46,231	45,795	46,581	45,131	43,537	43,056	-6.0%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

10.2 NEAT Total Admissions from Emergency Departments

What do these figures show?

In the June 2014 quarter, there was an increase of 1,435 (or 2.9%) in admissions from emergency departments in National Emergency Access Target hospitals compared with the same quarter in the previous year.

For the same period, admissions from metropolitan National Emergency Access Target hospital emergency departments increased by 1,559 (or 3.7%). Admissions from country National Emergency Access Target hospital emergency departments decreased by 124 (or 1.6%).

Admissions from tertiary hospital emergency departments increased by 653 (or 2.4%) and metropolitan general hospitals increased by 906 (or 5.9%).

Figure 35: NEAT total admissions from emergency department – NEAT hospitals

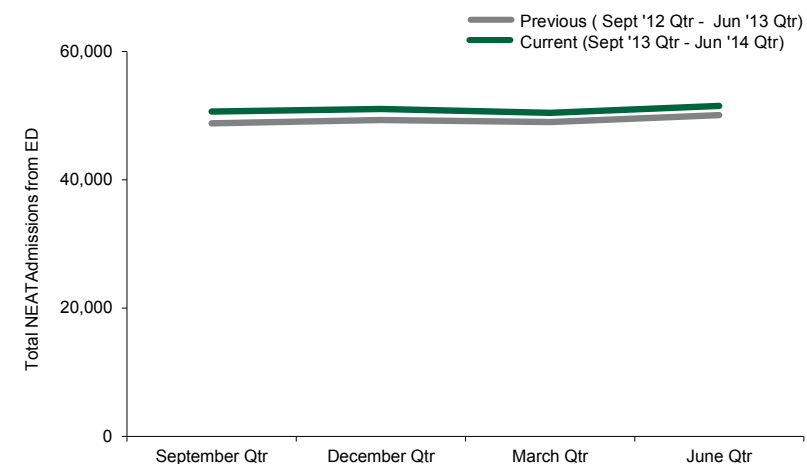


Table 35 – NEAT total admissions from emergency departments*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	40,981	41,520	41,558	42,370	42,666	43,241	43,072	43,929	3.7%
Country	7,836	7,814	7,475	7,719	8,002	7,799	7,389	7,595	-1.6%
WA State	48,817	49,334	49,033	50,089	50,668	51,040	50,461	51,524	2.9%
Hospital Grouping									
Tertiary	26,399	26,655	26,909	26,972	26,690	27,099	27,019	27,625	2.4%
Metropolitan General	14,582	14,865	14,649	15,398	15,976	16,142	16,053	16,304	5.9%
Rural	7,836	7,814	7,475	7,719	8,002	7,799	7,389	7,595	-1.6%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

10.3 NEAT Percentage of Emergency Department Attendances Admitted

What do these figures show?

For the June 2014 quarter, the percentage of total emergency department attendances admitted in National Emergency Access Target hospitals was 3.1% higher than the same quarter in the previous year.

For the same period, the percentage of total emergency department attendances admitted in metropolitan National Emergency Access Target hospitals increased by 2.1% and in country National Emergency Access Target hospitals increased by 4.7%.

The percentage of total emergency department attendances admitted at tertiary hospitals increased by 1.5% and metropolitan general hospitals increased by 3.7%.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the June 2013 and June 2014 quarters are calculated using actual numbers that contain more than one decimal place, and therefore the change figures presented above may be slightly different to those calculated using the rounded figures in the table.

Figure 36: NEAT percentage of total emergency department attendances admitted – NEAT hospitals

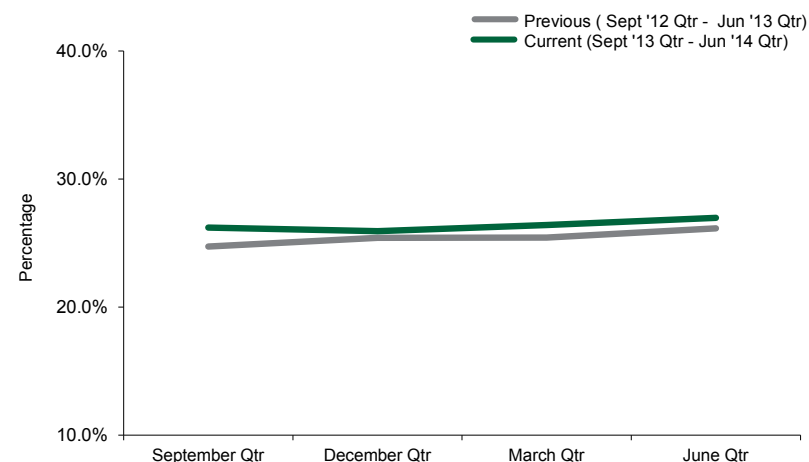


Table 36 – NEAT percentage of total emergency department attendances admitted*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	27.5%	28.0%	28.3%	29.1%	29.1%	28.5%	29.2%	29.7%	2.1%
Country	16.2%	16.9%	16.2%	16.9%	17.2%	17.3%	17.0%	17.6%	4.7%
WA State	24.7%	25.4%	25.4%	26.1%	26.2%	25.9%	26.4%	27.0%	3.1%
Hospital Grouping									
Tertiary	36.0%	36.7%	37.3%	37.5%	36.7%	36.5%	37.3%	38.0%	1.5%
Metropolitan General	19.2%	19.7%	19.7%	20.9%	21.6%	20.8%	21.4%	21.6%	3.7%
Rural	16.2%	16.9%	16.2%	16.9%	17.2%	17.3%	17.0%	17.6%	4.7%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

10.4 NEAT Total Mental Health Admissions from Emergency Department

What do these figures show?

In the June 2014 quarter, there was a decrease of 22 (or 0.8%) in mental health admissions from emergency departments in metropolitan National Emergency Access Target hospitals compared with the same quarter in the previous year.

For the same period, mental health emergency department admissions from tertiary hospitals decreased by 9 (or 0.5%) and metropolitan general hospitals decreased by 13 (or 1.5%).

Country and rural National Emergency Access Target hospital ED mental health admissions data is not complete for the June 2014 quarter; therefore a comparison can not be made for the June 2013 and June 2014 quarters.

Figure 37: NEAT Total Mental health emergency department admissions – NEAT hospitals

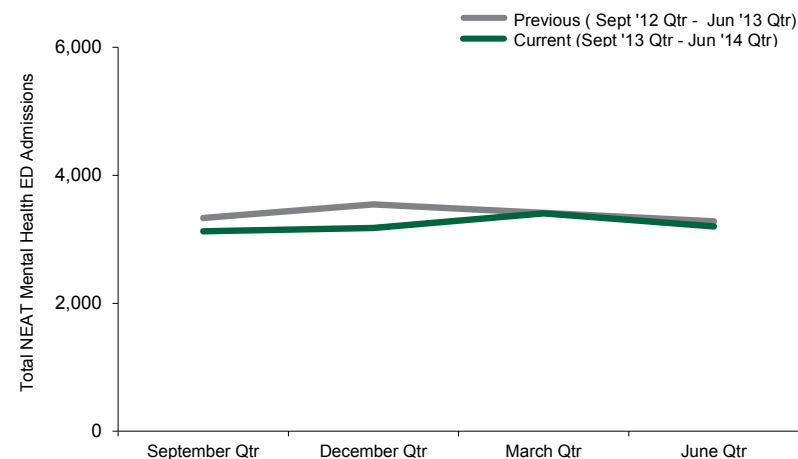


Table 37 – NEAT total mental health emergency department admissions*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	2,673	2,888	2,789	2,745	2,661	2,686	2,866	2,723	-0.8%
Country	661	658 [^]	626 [^]	538 [^]	465 [^]	491 [^]	538 [^]	478 [^]	N/A
WA State	3,334	3,546[^]	3,415[^]	3,283[^]	3,126[^]	3,177[^]	3,404[^]	3,201[^]	N/A
Hospital Grouping									
Tertiary	1,845	2,032	1,932	1,850	1,771	1,753	1,936	1,841	-0.5%
Metropolitan General	828	856	857	895	890	933	930	882	-1.5%
Rural	661	658 [^]	626 [^]	538 [^]	465 [^]	491 [^]	538 [^]	478 [^]	N/A

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

10.5 NEAT Percentage of Total Emergency Department Attendances Transferred to another Hospital

What do these figures show?

For the June 2014 quarter, the percentage of total emergency department attendances transferred from National Emergency Access Target hospitals was 4.9% higher than the same quarter in the previous year.

For the same period, the percentage of total emergency department attendances at metropolitan National Emergency Access Target hospitals transferred to another hospital decreased by 0.4% and at country National Emergency Access Target hospitals increased by 70.8%. The increase is due to 2,739 less emergency department attendances and 152 more patients transferred to another hospital compared to the same quarter in the previous year.

The percentage of total emergency department attendances at tertiary hospitals transferred to another hospital decreased by 9.1% and metropolitan general hospitals increased by 2.6%.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the June 2013 and June 2014 quarters are calculated using actual numbers that contain more than one decimal place, and therefore the change figures presented above may be slightly different to those calculated using the rounded figures in the table.

Figure 38: NEAT percentage of total emergency department attendances transferred to another hospital – NEAT hospitals

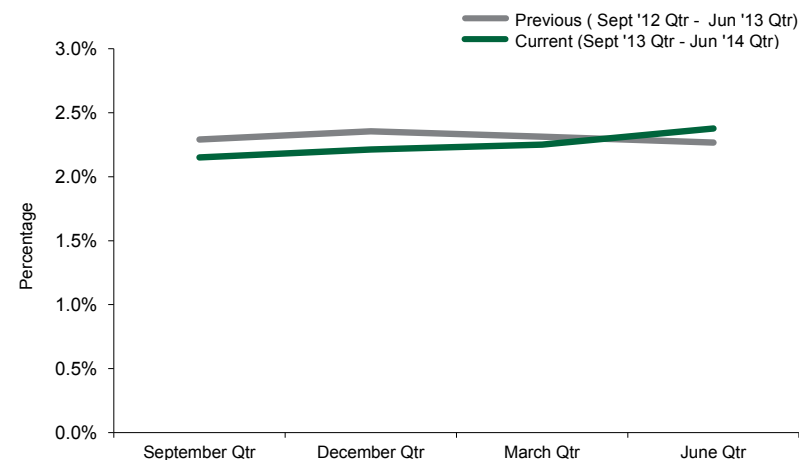


Table 38 – NEAT percentage of total emergency department attendances transferred to another hospital*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	2.9%	2.9%	2.9%	2.8%	2.6%	2.6%	2.6%	2.8%	-0.4%
Country	0.5%	0.6%	0.5%	0.5%	0.6%	0.8%	0.9%	0.9%	70.8%
WA State	2.3%	2.4%	2.3%	2.3%	2.2%	2.2%	2.3%	2.4%	4.9%
Hospital Grouping									
Tertiary	1.5%	1.5%	1.4%	1.6%	1.4%	1.4%	1.4%	1.4%	-9.1%
Metropolitan General	4.2%	4.3%	4.3%	4.0%	3.8%	3.8%	3.8%	4.1%	2.6%
Rural	0.5%	0.6%	0.5%	0.5%	0.6%	0.8%	0.9%	0.9%	70.8%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

10.6 NEAT Percentage of Emergency Department Attendances with Length of Episode (LOE) of Four Hours or Less

What do these figures show?

Under the National Health Reform Agreement - National Partnership Agreement (NPA) on improving Public Hospital Services, reward funding is made available to WA under the National Emergency Access Target (NEAT). The 2014 target for ED attendances with LOE of four hours or less is 85%. The target was not achieved in the June 2014 quarter when 81.1% of ED attendances had a LOE of four hours or less. Compared to the same quarter in the previous year, the percentage of ED attendances with LOE of four hours or less in National Emergency Access Target hospitals was 5.1% higher.

For the same period, the percentage of emergency department attendances with LOE of four hours or less at metropolitan National Emergency Access Target hospitals increased by 6.9% and at country National Emergency Access Target hospitals increased by 0.6%.

The percentage of emergency department attendances with LOE of four hours or less at tertiary hospitals increased by 11.9% and metropolitan general hospitals increased by 2.0%.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the June 2013 and June 2014 quarters are calculated using actual numbers that contain more than one decimal place, and therefore the change figures presented above may be slightly different to those calculated using the rounded figures in the table.

Figure 39: NEAT percentage of emergency department attendances with LOE of four hours or less – NEAT hospitals

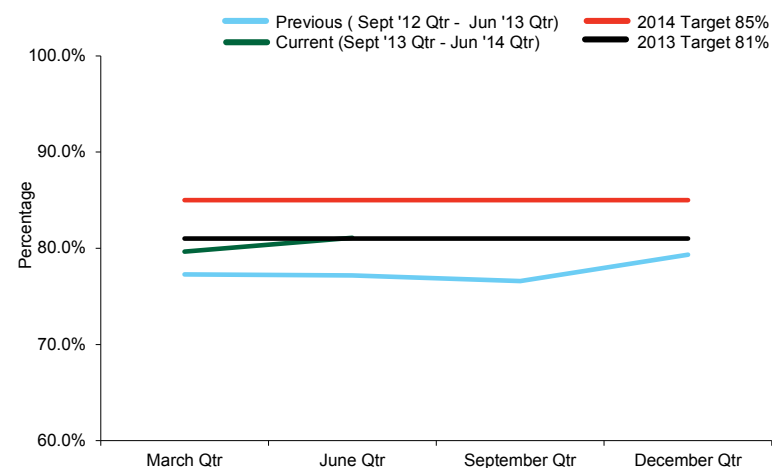


Table 39 – NEAT percentage of emergency department attendances with LOE of four hours or less*

Area	March 2014 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	September 2014 Quarter	December 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	74.3%	74.3%	74.2%	77.7%	78.1%	79.5%			6.9%
Country	86.9%	86.2%	84.2%	84.7%	84.8%	86.8%			0.6%
WA State	77.3%	77.2%	76.6%	79.3%	79.7%	81.1%			5.1%
Hospital Grouping									
Tertiary	74.6%	74.4%	75.5%	80.5%	80.3%	83.3%			11.9%
Metropolitan General	73.9%	74.2%	72.8%	75.1%	76.0%	75.7%			2.0%
Rural	86.9%	86.2%	84.2%	84.7%	84.8%	86.8%			0.6%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

10.7 NEAT Percentage of Emergency Department Attendances with LOE greater than Twelve Hours

What do these figures show?

For the June 2014 quarter, the percentage of emergency department attendances with LOE greater than twelve hours in National Emergency Access Target hospitals was 15.1% lower than the same quarter in the previous year.

For the same period, the percentage of emergency department attendances with LOE greater than twelve hours at metropolitan National Emergency Access Target hospitals decreased by 18.1% and at country National Emergency Access Target hospitals increased by 14.4%.

The percentage of emergency department attendances with LOE greater than twelve hours at tertiary hospitals decreased by 45.0%, metropolitan general hospitals increased by 31.9%.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the June 2013 and June 2014 quarters are calculated using actual numbers that contain more than one decimal place, and therefore the change figures presented above may be slightly different to those calculated using the rounded figures in the table.

Figure 40: NEAT percentage of emergency department attendances with LOE greater than twelve hours – NEAT hospitals

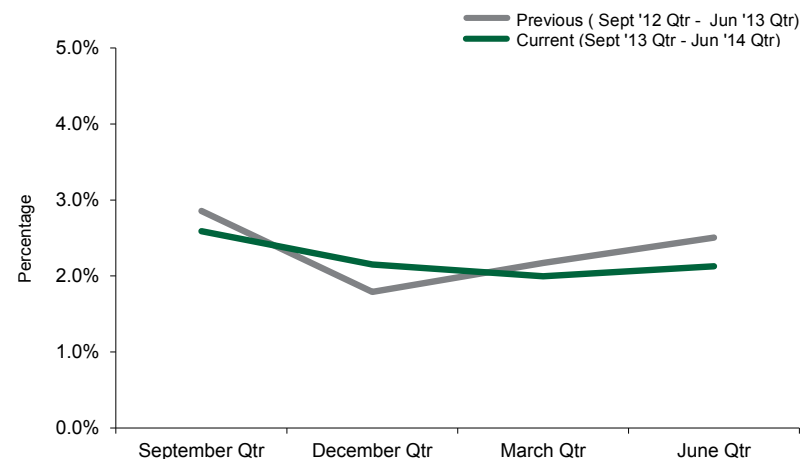


Table 40 – NEAT percentage of emergency department attendances with LOE greater than twelve hours*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	3.6%	2.2%	2.7%	3.1%	3.1%	2.6%	2.4%	2.5%	-18.1%
Country	0.6%	0.5%	0.7%	0.7%	0.8%	0.7%	0.8%	0.8%	14.4%
WA State	2.9%	1.8%	2.2%	2.5%	2.6%	2.2%	2.0%	2.1%	-15.1%
Hospital Grouping									
Tertiary	4.6%	2.6%	3.1%	4.1%	3.8%	2.5%	2.4%	2.2%	-45.0%
Metropolitan General	2.6%	1.8%	2.2%	2.1%	2.5%	2.6%	2.3%	2.8%	31.9%
Rural	0.6%	0.5%	0.7%	0.7%	0.8%	0.7%	0.8%	0.8%	14.4%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

10.8 NEAT Percentage of Emergency Department Admissions with LOE of Four Hours or Less

What do these figures show?

For the June 2014 quarter, the percentage of emergency department admissions with LOE of four hours or less in National Emergency Access Target hospitals was 23.4% higher than the same quarter in the previous year.

For the same period, the percentage of emergency department admissions with LOE of four hours or less at metropolitan National Emergency Access Target hospitals increased by 27.7% and at country National Emergency Access Target hospitals increased by 3.6%.

The percentage of emergency department admissions with LOE of four hours or less at tertiary hospitals increased by 38.7% and metropolitan general hospitals increased by 6.1%.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the June 2013 and June 2014 quarters are calculated using actual numbers that contain more than one decimal place, and therefore the change figures presented above may be slightly different to those calculated using the rounded figures in the table.

Figure 41: NEAT percentage of emergency department admissions with LOE of four hours or less – NEAT hospitals

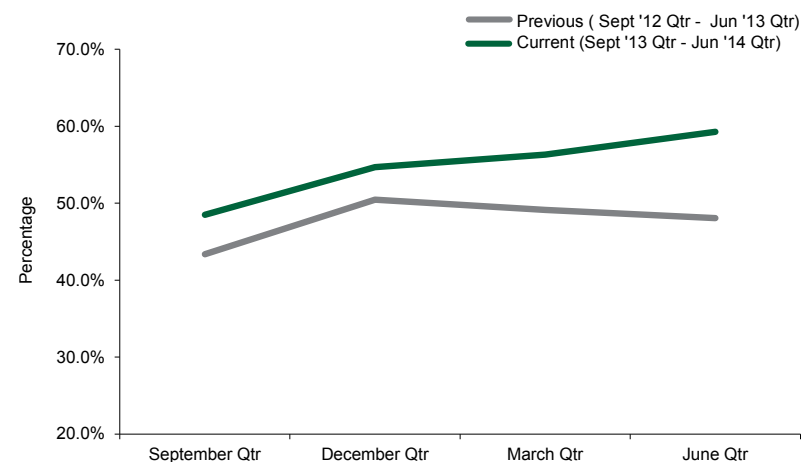


Table 41 – NEAT percentage of emergency department admissions with LOE of four hours or less*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	41.3%	49.5%	47.9%	46.5%	47.9%	54.9%	56.5%	59.4%	27.7%
Country	54.1%	55.4%	55.9%	56.4%	51.7%	53.7%	54.9%	58.4%	3.6%
WA State	43.4%	50.4%	49.1%	48.1%	48.5%	54.7%	56.3%	59.3%	23.4%
Hospital Grouping									
Tertiary	44.0%	52.4%	50.7%	49.4%	52.6%	61.8%	62.2%	68.5%	38.7%
Metropolitan General	36.5%	44.4%	42.8%	41.6%	40.1%	43.3%	47.0%	44.2%	6.1%
Rural	54.1%	55.4%	55.9%	56.4%	51.7%	53.7%	54.9%	58.4%	3.6%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

10.9 NEAT Percentage of Emergency Department Transfers with LOE of Four Hours or Less

What do these figures show?

For the June 2014 quarter, the percentage of emergency department transfers with LOE of four hours or less in National Emergency Access Target hospitals was 1.1% lower than the same quarter in the previous year.

For the same period, the percentage of emergency department transfers with LOE of four hours or less at metropolitan National Emergency Access Target hospitals increased by 0.01% and at country National Emergency Access Target hospitals decreased by 6.0%.

The percentage of emergency department transfers with LOE of four hours or less at tertiary hospitals increased by 13.9% and metropolitan general hospitals decreased by 4.5%.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the June 2013 and June 2014 quarters are calculated using actual numbers that contain more than one decimal place, and therefore the change figures presented above may be slightly different to those calculated using the rounded figures in the table.

Figure 42: NEAT percentage of emergency department transfers with LOE of four hours or less – NEAT hospitals

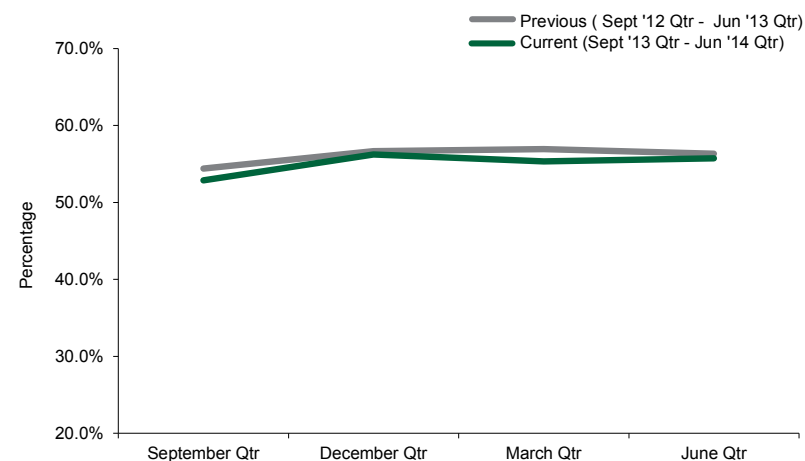


Table 42 – NEAT percentage of emergency department transfers with LOE of four hours or less*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	54.7%	57.2%	57.3%	57.1%	54.3%	57.2%	57.0%	57.1%	0.01%
Country	48.9%	47.4%	50.8%	44.6%	34.1%	45.9%	39.3%	41.9%	-6.0%
WA State	54.4%	56.7%	57.0%	56.4%	52.9%	56.2%	55.3%	55.7%	-1.1%
Hospital Grouping									
Tertiary	46.1%	50.7%	52.7%	52.2%	50.4%	53.6%	56.1%	59.5%	13.9%
Metropolitan General	57.6%	59.4%	58.8%	58.9%	55.7%	58.5%	57.4%	56.3%	-4.5%
Rural	48.9%	47.4%	50.8%	44.6%	34.1%	45.9%	39.3%	41.9%	-6.0%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

10.10 NEAT Percentage of Emergency Department Departures with LOE of Four Hours or Less

What do these figures show?

For the June 2014 quarter, the percentage of emergency department departures with LOE of four hours or less in National Emergency Access Target hospitals was 2.0% higher than the same quarter in the previous year.

For the same period, the percentage of emergency department departures with LOE of four hours or less at metropolitan National Emergency Access Target hospitals increased by 2.6% and at country National Emergency Access Target hospitals increased by 0.9%.

The percentage of emergency department departures with LOE of four hours or less at tertiary hospitals increased by 3.0% and metropolitan general hospitals increased by 2.3%.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the June 2013 and June 2014 quarters are calculated using actual numbers that contain more than one decimal place, and therefore the change figures presented above may be slightly different to those calculated using the rounded figures in the table.

Figure 43: NEAT percentage of emergency department departures with LOE of four hours or less – NEAT hospitals

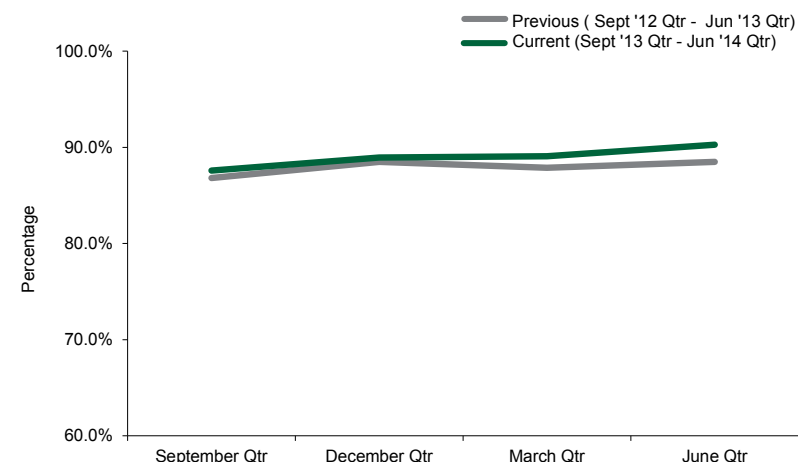


Table 43 – NEAT percentage of emergency department departures with LOE of four hours or less*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	84.6%	87.1%	85.9%	86.9%	86.1%	88.0%	88.2%	89.2%	2.6%
Country	92.6%	92.2%	93.1%	92.6%	91.3%	91.6%	91.5%	93.4%	0.9%
WA State	86.8%	88.5%	87.9%	88.5%	87.6%	88.9%	89.1%	90.3%	2.0%
Hospital Grouping									
Tertiary	87.5%	90.1%	89.7%	90.5%	89.7%	92.1%	91.9%	93.2%	3.0%
Metropolitan General	82.2%	84.7%	82.8%	84.1%	83.2%	84.7%	85.3%	86.0%	2.3%
Rural	92.6%	92.2%	93.1%	92.6%	91.3%	91.6%	91.5%	93.4%	0.9%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

10.11 Ambulance Ramping

What do these figures show?

In the June 2014 quarter, there was a decrease of 2,068.4 hours (or 49.9%) in ambulance ramping at metropolitan hospitals in comparison with the same quarter in the previous year.

For the same period, tertiary hospital ambulance ramping decreased by 1,678.1 hours (or 63.2%). Metropolitan general hospital ambulance ramping decreased by 390.3 hours (or 26.3%). Tertiary hospitals include Princess Margaret, Royal Perth, Sir Charles Gairdner, King Edward Memorial and Fremantle. Metropolitan general hospitals include Armadale-Kelmscott, Rockingham General, Swan District, Joondalup Health Campus and Peel Health Campus.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the June 2013 and June 2014 quarters are calculated using actual numbers that contain more than one decimal place, and therefore the change figures presented above may be slightly different to those calculated using the rounded figures in the table.

Figure 44: Ambulance Ramping (hours) (Metropolitan)

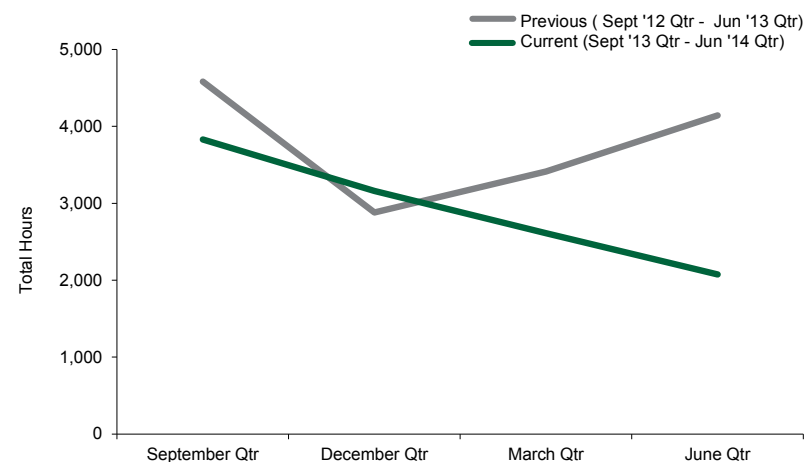


Table 44 – Ambulance Ramping (hours)*

Area	September 2012 Quarter	December 2012 Quarter	March 2013 Quarter	June 2013 Quarter	September 2013 Quarter	December 2013 Quarter	March 2014 Quarter	June 2014 Quarter	% change Jun'13 to Jun'14 Quarters
Metropolitan	4,581.7	2,880.9	3,412.5	4,142.1	3,829.0	3,159.4	2,610.7	2,073.7	-49.9%
Hospital Grouping									
Tertiary	3,102.1	1,756.0	2,215.7	2,656.3	2,118.3	1,637.6	1,370.5	978.2	-63.2%
Metropolitan General	1,479.7	1,125.0	1,196.8	1,485.8	1,710.7	1,521.8	1,240.1	1,095.5	-26.3%

* Refer to the Notes section (pages v to vi) and the Data Definitions and Business Rules (pages 47 to 69) for information on how to interpret the figures including symbols in this report.

11. Data Definitions and Business Rules

Table 1: Number of public hospital separations

Definition:	Counts of separations at WA public hospitals.
Guide for use:	<p>Separations, which are sometimes referred to as 'discharges', include statistical and formal separations. Organ procurement cases, hospital boarders, Aged Care Residents, Flexible Care and Ambulatory Surgery Initiative patients are excluded from the count as they are not admitted patients.</p> <p>Separations provided in this report are preliminary. Final count of separations is available through the Hospital Morbidity Data Collection (HMDC). Coding and edit requirements mean the HMDC data usually has a substantial delay.</p>
Includes:	<p>All (public and non-public) separations at WA public hospitals (metropolitan and rural).</p> <p>Public patient separations at Joondalup Health Campus (JHC).</p> <p>Public patient separations at Peel Health Campus (PHC).</p>
Excludes:	<p>Private hospitals, including private activity at Joondalup Health Campus and Peel Health Campus.</p> <p>Next Step Drug and Alcohol Services, East Perth is excluded.</p>
Data source:	Health Services, Joondalup and Peel Health Campuses.
Data extraction:	TOPAS (07/07/2014), webPAS (07/07/2014), HCARE (07/07/2014), JHC (08/07/2014) and PHC (08/07/2014) discharge extracts.
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 2: Public hospital acute separations

Definition:	Counts of acute separations at WA public hospitals.
Guide for use:	<p>Total acute separations include medical, surgical, obstetric, dialysis, mental health and qualified newborn separations, excluding boarders, organ procurement cases, psychogeriatric patients and unqualified newborns.</p> <p>Separations, which are sometimes referred to as 'discharges', include statistical and formal separations. Organ procurement cases, hospital boarders, Aged Care Residents, Flexible Care and Ambulatory Surgery Initiative patients are excluded from the count as they are not admitted patients.</p> <p>Separations provided in this report are preliminary. Final count of separations is available through the Hospital Morbidity Data Collection (HMDC). Coding and edit requirements mean the HMDC data usually has a substantial delay.</p>
Includes:	<p>All (public and non-public) separations at WA public hospitals (metropolitan and rural).</p> <p>Public patient separations at Joondalup Health Campus.</p> <p>Public patient separations at Peel Health Campus.</p>
Excludes:	<p>Private hospitals, including private activity at Joondalup Health Campus and Peel Health Campus.</p> <p>Next Step Drug and Alcohol Services, East Perth is excluded.</p>
Data source:	Health Services, Joondalup and Peel Health Campuses.
Data extraction:	TOPAS (07/07/2014), webPAS (07/07/2014), HCARE (07/07/2014), JHC (08/07/2014) and PHC (08/07/2014) discharge extracts.
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 3: Public hospital elective acute separations

Definition:	Counts of elective acute separations at WA public hospitals.
Guide for use:	<p>Total elective acute separations are counts of acute separations from elective wait list and elective non-wait list admissions.</p> <p>Separations, which are sometimes referred to as 'discharges', include statistical and formal separations. Organ procurement cases, hospital boarders, Aged Care Residents, Flexible Care and Ambulatory Surgery Initiative patients are excluded from the count as they are not admitted patients.</p> <p>Separations provided in this report are preliminary. Final count of separations is available through the Hospital Morbidity Data Collection (HMDC). Coding and edit requirements mean the HMDC data usually has a substantial delay.</p>
Includes:	<p>All (public and non-public) separations at WA public hospitals (metropolitan and rural).</p> <p>Public patient separations at Joondalup Health Campus.</p> <p>Public patient separations at Peel Health Campus.</p>
Excludes:	<p>Private hospitals, including private activity at Joondalup Health Campus and Peel Health Campus.</p> <p>Next Step Drug and Alcohol Services, East Perth is excluded.</p>
Data source:	Health Services, Joondalup and Peel Health Campuses.
Data extraction:	TOPAS (07/07/2014), webPAS (07/07/2014), HCARE (07/07/2014), JHC (08/07/2014) and PHC (08/07/2014) discharge extracts.
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 4: Public hospital acute medical separations

Definition:	Counts of acute medical separations at WA public hospitals.
Guide for use:	<p>Total acute medical separations are counts of emergency and elective separations from medical specialty on discharge, excluding boarders, organ procurement cases, psychogeriatric patients and unqualified newborns.</p> <p>Separations, which are sometimes referred to as 'discharges', include statistical and formal separations. Organ procurement cases, hospital boarders, Aged Care Residents, Flexible Care and Ambulatory Surgery Initiative patients are excluded from the count as they are not admitted patients.</p> <p>Separations provided in this report are preliminary. Final count of separations is available through the Hospital Morbidity Data Collection (HMDC). Coding and edit requirements mean the HMDC data usually has a substantial delay.</p>
Includes:	<p>All (public and non-public) separations at WA public hospitals (metropolitan and rural).</p> <p>Public patient separations at Joondalup Health Campus.</p> <p>Public patient separations at Peel Health Campus.</p>
Excludes:	<p>Private hospitals, including private activity at Joondalup Health Campus and Peel Health Campus.</p> <p>Next Step Drug and Alcohol Services, East Perth is excluded.</p>
Data source:	Health Services, Joondalup and Peel Health Campuses.
Data extraction:	TOPAS (07/07/2014), webPAS (07/07/2014), HCARE (07/07/2014), JHC (08/07/2014) and PHC (08/07/2014) discharge extracts.
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 5: Public hospital acute surgical separations

Definition:	Counts of acute surgical separations at WA public hospitals.
Guide for use:	<p>Total acute surgical separations are counts of emergency and elective separations from surgical specialty on discharge, excluding boarders, organ procurement cases, psychogeriatric patients and unqualified newborns.</p> <p>Separations, which are sometimes referred to as 'discharges', include statistical and formal separations. Organ procurement cases, hospital boarders, Aged Care Residents, Flexible Care and Ambulatory Surgery Initiative patients are excluded from the count as they are not admitted patients.</p> <p>Separations provided in this report are preliminary. Final count of separations is available through the Hospital Morbidity Data Collection (HMDC). Coding and edit requirements mean the HMDC data usually has a substantial delay.</p>
Includes:	<p>All (public and non-public) separations at WA public hospitals (metropolitan and rural).</p> <p>Public patient separations at Joondalup Health Campus.</p> <p>Public patient separations at Peel Health Campus.</p>
Excludes:	<p>Private hospitals, including private activity at Joondalup Health Campus and Peel Health Campus.</p> <p>Next Step Drug and Alcohol Services, East Perth is excluded.</p>
Data source:	Health Services, Joondalup and Peel Health Campuses.
Data extraction:	TOPAS (07/07/2014), webPAS (07/07/2014), HCARE (07/07/2014), JHC (08/07/2014) and PHC (08/07/2014) discharge extracts.
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 6: Number of renal dialysis separations

Definition:	Counts of admitted renal dialysis patient separations.
Guide for use:	<p>Total renal dialysis separations are counts of either statistical and formal separations of all cases (elective and emergency) from Renal Dialysis specialty. Excludes boarders, organ procurement cases and newborns.</p> <p>Separations provided in this report are preliminary. A final count of separations is available through the HMDC. Coding and edit requirements mean the HMDC data usually has a delay.</p>
Includes:	<p>All renal dialysis separations at WA public Hospitals (metropolitan and rural).</p> <p>Public patient separations at Joondalup and Peel Health Campuses and non-government organisations.</p>
Excludes:	Data excludes private hospitals not contracted for public renal dialysis separations.
Data source:	Health Services, Joondalup and Peel Health Campuses and contracted non-government organisations.
Data extraction:	TOPAS (07/07/2014), webPAS (07/07/2014), HCARE (07/07/2014), JHC (08/07/2014) and PHC (08/07/2014) discharge extracts. HMDS (09/07/2014), Country NGOs' data received on 09/07/2014.
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 7: Public hospital overall acute (sameday and overnight) average length of stay (in days)

Definition:	Average length of stay, in days, of acute (sameday and overnight) separations from WA Public Hospitals.
Guide for use:	<p>The length of stay for an overnight patient is calculated by subtracting admission date from separation date and deducting any days a patient is on leave (if any) during the episode of care. A sameday patient has a length of stay of 1 day.</p> <p>For a particular month the calculation is the number of days of hospital stay (regardless of whether all beddays fall within the month) for all acute separations during the quarter divided by the number of acute separations during the quarter.</p>
Includes:	<p>All (public and non-public) separations at WA public hospitals (metropolitan and rural).</p> <p>Public patient separations at Joondalup Health Campus.</p> <p>Public patient separations at Peel Health Campus.</p>
Excludes:	<p>Private hospitals, including private activity at Joondalup Health Campus and Peel Health Campus.</p> <p>Next Step Drug and Alcohol Services, East Perth is excluded.</p>
Data source:	Health Services, Joondalup & Peel Health Campuses.
Data extraction:	TOPAS (07/07/2014), webPAS (07/07/2014), HCARE (07/07/2014), JHC (08/07/2014) and PHC (08/07/2014) discharge extracts.
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 8: Number of public hospital newborns

Definition:	Counts of newborn separations at WA public hospitals.
Guide for use:	Separations provided in this report are preliminary. Final count of separations is available through the Hospital Morbidity Data Collection (HMDC). Coding and edit requirements mean the HMDC data usually has a substantial delay.
Includes:	<p>All newborn separations at WA public hospitals (metropolitan and rural).</p> <p>Newborn public patient separations at Joondalup Health Campus.</p> <p>Newborn public patient separations at Peel Health Campus.</p> <p>Total newborns are counts of either statistical or formal separations of all newborn care cases (qualified and unqualified). Qualified newborns are those who turn 10 days of age or require clinical care until discharged. Unqualified newborns are those who turn 10 days of age, do not require clinical care and are statistically discharged before being statistically readmitted as boarders.</p>
Excludes:	Private hospitals, including private activity at Joondalup Health Campus and Peel Health Campus.
Data source:	Health Services, Joondalup and Peel Health Campuses.
Data extraction:	TOPAS (07/07/2014), webPAS (07/07/2014), HCARE (07/07/2014), JHC (08/07/2014) and PHC (08/07/2014) discharge extracts.
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 9: Average number of available active sameday beds/chairs

Definition:	Average number of available active sameday beds/chairs for a weekday (Monday-Friday) for the last month of the quarter.
Guide for use:	Average number of available active sameday beds/chairs is the sum of available active sameday beds/chairs on each weekday of the last month of the quarter divided by the total number of weekdays during the month. Available active sameday beds/chairs are counts of dedicated beds/chairs into which patients are or can be admitted for day procedures. Such beds/chairs are fully equipped and able to be staffed within the funds available to the Health Service for the financial year. Includes renal dialysis beds/chairs. Available active includes all sameday beds/chairs that are immediately available for use.
Includes:	All metropolitan public hospitals.
Excludes:	<p>Private hospitals, including Joondalup Health Campus and Peel Health Campus.</p> <p>Next Step Drug and Alcohol Services, East Perth is excluded.</p>
Data source:	BedState Reporting System, Performance Activity & Quality Division.
Data extraction:	Metro: BedState (05/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 10: Average number of available active overnight beds

Definition:	Average number of available active overnight beds for the last month of the quarter.
Guide for use:	Average number of available active overnight beds is the sum of available active overnight beds on each day of the last month of the quarter divided by the total number of days during the month. Available active overnight beds are counts of overnight type beds into which patients are or can be admitted. Such beds are fully equipped and able to be staffed within the funds available to the Health Service for the financial year. Overnight beds is an average bed count for the last month of the quarter. Available active includes all overnight beds that are immediately available for use.
Includes:	All metropolitan public hospitals.
Excludes:	Private hospitals, including Joondalup Health Campus and Peel Health Campus. Next Step Drug and Alcohol Services, East Perth is excluded.
Data source:	BedState Reporting System, Performance Activity & Quality Division.
Data extraction:	Metro: BedState (05/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 11: Average occupancy of overnight beds

Definition:	Percentage of occupied overnight beds to total available active overnight beds for the last month of the quarter.
Guide for use:	Average number of beds occupied by overnight patients at 12 midnight 'each day' over the reporting of the last month of the quarter divided by number of average available active (occupied and unoccupied) overnight beds for the month, expressed as a percentage. Available active includes all overnight beds that are immediately available for use.
Includes:	All (public and non-public) separations at metropolitan public hospitals.
Excludes:	Private hospitals, including public and private activity at Joondalup Health Campus and Peel Health Campus. Next Step Drug and Alcohol Services, East Perth is excluded.
Data source:	BedState Reporting System, Performance Activity & Quality Division.
Data extraction:	Metro: BedState (05/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 12: Number of patients on elective surgery wait list

Definition:	Counts of people from public and privately managed hospitals on the elective surgical wait list.
Guide for use:	Total patients on elective surgery wait lists are counted from extracted records on the last day of the quarter. The Australian Institute of Health and Welfare (AIHW) definitions are used for the patient counting.
Includes:	All patients on elective surgical wait lists at WA Public Hospitals (metropolitan and rural). Public patients on elective surgical wait lists at Joondalup Health Campus. Public patients on elective surgical wait lists at Peel Health Campus.
Excludes:	Private hospitals, Graylands and Selby Authorised Lodge, and Next Step Drug and Alcohol Services, East Perth.
Data source:	Health Services/Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	Wait List Data Collection (WLDC) (04/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 13: Number of admissions from the elective surgery wait list

Definition:	Counts of admissions from public and privately managed hospitals from the elective surgical wait list.
Guide for use:	Includes all admissions from the elective surgery wait list during each quarter. The Australian Institute of Health and Welfare (AIHW) definitions are used for the patient counting.
Includes:	All admissions from the elective surgical wait lists at WA Public Hospitals (metropolitan and rural). Public patients on elective surgical wait lists at Joondalup Health Campus. Public patients on elective surgical wait lists at Peel Health Campus.
Excludes:	Private hospitals, Graylands and Selby Authorised Lodge, and Next Step Drug and Alcohol Services, East Perth.
Data source:	Health Services/Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	WLDC (04/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 14: Total median waiting time (in months) for patients on the elective surgery wait list

Definition:	The median value of waiting times of all patients on the elective surgery wait list.
Guide for use:	<p>Total patients on elective surgery waitlists are counted from extracted records on the last day of the quarter (census date). Waiting time (at census date) is the time elapsed (in months) for a patient on the elective surgery wait list from the date that patient was added to the waiting list to a designated census date.</p> <p>If a patient was assigned with more than 1 clinical urgency category while waiting on a list, the waiting time is calculated for the assigned clinical urgency category at a designated census date.</p> <p>The Australian Institute of Health and Welfare (AIHW) definitions are used for the patient counting.</p>
Includes:	<p>Public Hospitals (metropolitan and rural).</p> <p>Joondalup Health Campus, public patients.</p> <p>Peel Health Campus, public patients.</p>
Excludes:	Private hospitals, Graylands and Selby Authorised Lodge, and Next Step Drug and Alcohol Services, East Perth.
Data source:	Health Services/Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	WLDC (04/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 15: Total emergency department attendances

Definition:	The total number of all public emergency department attendances.
Guide for use:	Includes all episodes where a patient presented at the emergency department and was registered in any manner in one of the electronic data collection systems.
Includes:	All eligible (by definition) attendances. Hospitals include Armadale-Kelmscott, Fremantle, Rockingham General, Swan District, Sir Charles Gairdner, Royal Perth, King Edward Memorial, Princess Margaret and country hospitals. Publicly funded activity at Joondalup and Peel Health Campuses is included.
Excludes:	Nursing posts and other non-hospital establishments and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 16: Percentage of ED Triage 1 patients seen within recommended time

Definition:	Number of ED Triage 1 patients seen immediately divided by total number of Triage 1 patients. 'Immediately' is defined as waiting up to 2 minutes.
Guide for use:	This includes people who did not wait for treatment or were referred elsewhere. Data is expressed as a percentage.
Includes:	All WA public hospitals (that provide emergency department services) and publicly funded activity at Joondalup Health Campus and Peel Health Campus.
Excludes:	Nursing posts and other non-hospital establishments and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 17: Percentage of ED Triage 2 patients seen within recommended time

Definition:	Number of ED Triage 2 patients seen within 10 minutes divided by total number of Triage 2 patients.
Guide for use:	This includes people who did not wait for treatment or were referred elsewhere. Data is expressed as a percentage.
Includes:	All WA public hospitals (that provide emergency department services) and publicly funded activity at Joondalup Health Campus and Peel Health Campus.
Excludes:	Nursing posts and other non-hospital establishments and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 18: Percentage of ED Triage 3 patients seen within recommended time

Definition:	Number of ED Triage 3 patients seen within 30 minutes divided by total number of Triage 3 patients.
Guide for use:	This includes people who did not wait for treatment or were referred elsewhere. Data is expressed as a percentage.
Includes:	All WA public hospitals (that provide emergency department services) and publicly funded activity at Joondalup Health Campus and Peel Health Campus.
Excludes:	Nursing posts and other non-hospital establishments and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 19: Percentage of ED Triage 4 patients seen within recommended time

Definition:	Number of ED Triage 4 patients seen within 1 hour divided by total number of Triage 4 patients.
Guide for use:	This includes people who did not wait for treatment or were referred elsewhere. Data is expressed as a percentage.
Includes:	All WA public hospitals (that provide emergency department services) and publicly funded activity at Joondalup Health Campus and Peel Health Campus.
Excludes:	Nursing posts and other non-hospital establishments and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 20: Percentage of ED Triage 5 patients seen within recommended time

Definition:	Number of ED Triage 5 patients seen within 2 hours divided by total number of Triage 5 patients.
Guide for use:	This includes people who did not wait for treatment or were referred elsewhere. Data is expressed as a percentage.
Includes:	All WA public hospitals (that provide emergency department services) and publicly funded activity at Joondalup Health Campus and Peel Health Campus.
Excludes:	Nursing posts and other non-hospital establishments and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 21: Total number of emergency department admissions

Definition:	Counts of ED attendances where patients were admitted to hospital inpatient wards.
Guide for use:	An admission process is the process whereby the hospital accepts responsibility for the patient's care and/or treatment.
Includes:	All WA public hospitals (that provide emergency department services) and publicly funded activity at Joondalup Health Campus and Peel Health Campus.
Excludes:	Nursing posts and other non-hospital establishments and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 22: Number of mental health separations

Definition:	Counts of mental health patient separations from WA public hospitals mental health designated units.
Guide for use:	Due to the timely requirements of the data, data is sourced from the Inpatient Discharge Extract which do not undergo data quality assurance process. Therefore, data is preliminary and should be interpreted with caution.
Includes:	Public Hospitals (metropolitan and rural). Joondalup Health Campus and Mercy Hospital, publicly funded activity only.
Excludes:	Private hospitals, including private activity at Joondalup Health Campus and Mercy Hospital. Peel Health Campus is not a designated mental health unit and is excluded from the figures. Next Step Drug and Alcohol Services, East Perth is excluded.
Data source:	TOPAS, HCARE, and Joondalup discharge extracts.
Data extraction:	Mental Health Data Collection (01/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 23: Number of attendances for mental health services at outpatient clinics

Definition:	Counts of occasions of service provided by community mental health clinics that deliver mental health care or treatment.
Guide for use:	Occasions of service provided in this report are preliminary. Includes all mental health outpatient occasions of service (single and group therapy consultations).
Includes:	WA public community mental health service sites (rural and metropolitan).
Excludes:	Private hospitals, including private activity at Joondalup Health Campus. Peel and Joondalup Health Campuses do not undertake mental health outpatient services for public patients. Next Step Drug and Alcohol Services, East Perth is excluded.
Data source:	Mental Health Information System (MHIS), Department of Health, WA.
Data extraction:	Mental Health Data Collection (01/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 24: Number of Ambulatory Surgery Initiative (ASI) cases

Definition:	Ambulatory Surgery Initiative (ASI) cases are counts of patients treated under the auspices of the Ambulatory Surgery Initiative.
Guide for use:	One case may have multiple procedures.
Includes:	All hospitals that treated patients under the ASI program during the reporting periods are presented, i.e., Albany Hospital, Armadale-Kelmscott Hospital, Osborne Park Hospital, Bentley Hospital, Swan District Hospital, Kaleeya Hospital, Broome Hospital and Rockingham General Hospital.
Excludes:	Hospitals not currently implementing the ASI program.
Data source:	WLDC.
Data extraction:	02/07/2014.
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 25: Number of visits to dental clinics

Definition:	Number of client visits at WA public dental health clinics.
Includes:	Public dental clinics (metropolitan and rural).
Excludes:	Private dental clinics.
Data source:	Dental Health Services.
Data extraction:	01/07/2014.
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 26: Number of patients waiting for dental services

Definition:	Number of patients on public dental health wait list.
Guide for use:	Total patients waiting for dental clinic services are counted from extracted records as at the last day of the quarter.
Includes:	Public dental clinics (metropolitan and rural).
Excludes:	Private dental clinics.
Data source:	Dental Health Services.
Data extraction:	01/07/2014.
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 27: Number of clients treated at the General Practitioner (GP) After Hours clinics

Definition:	Number of clients treated at GP After Hours clinics.
Includes:	Joondalup Health Campus, Royal Perth Hospital, Fremantle Hospital, Swan District Hospital and Rockingham-Kwinana Hospital.
Excludes:	Clinics not funded by Department of Health, WA.
Data source:	GP After Hours clinics Activity Statistics.
Data extraction:	Includes data received up to 10/07/2014
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 28: Percentage of Category 1 cases treated (admitted) within clinically recommended time

Definition:	The proportion of all elective surgery Category 1 wait list cases where treatment (admission) was within the clinically recommended time of 30 days.
Guide for use:	Includes all admissions, including emergency admissions, from the elective surgery wait list during each quarter. The Australian Institute of Health and Welfare (AIHW) definitions are used for the patient counting.
Includes:	All admissions from the elective surgical wait lists at WA Public Hospitals (metropolitan and rural). Public patients on elective surgical wait lists at Joondalup Health Campus. Public patients on elective surgical wait lists at Peel Health Campus.
Excludes:	Private hospitals, Graylands and Selby Authorised Lodge, and Next Step Drug and Alcohol Services, East Perth.
Data source:	Health Services/Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	WLDC (04/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 29: Percentage of Category 2 cases treated (admitted) within clinically recommended time

Definition:	The proportion of all elective surgery Category 2 wait list cases where treatment (admission) was within the clinically recommended time of 90 days.
Guide for use:	Includes all admissions, including emergency admissions, from the elective surgery wait list during each quarter. The Australian Institute of Health and Welfare (AIHW) definitions are used for the patient counting.
Includes:	Admissions from the elective surgical wait lists at WA Public Hospitals (metropolitan and rural). Public patients on elective surgical wait lists at Joondalup Health Campus. Public patients on elective surgical wait lists at Peel Health Campus.
Excludes:	Private hospitals, Graylands and Selby Authorised Lodge, and Next Step Drug and Alcohol Services, East Perth.
Data source:	Health Services/Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	WLDC (04/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 30: Percentage of Category 3 cases treated (admitted) within clinically recommended time

Definition:	The proportion of all elective surgery Category 3 wait list cases where treatment (admission) was within the clinically recommended time of 365 days.
Guide for use:	Includes all admissions, including emergency admissions, from the elective surgery wait list during each quarter. The Australian Institute of Health and Welfare (AIHW) definitions are used for the patient counting.
Includes:	Admissions from the elective surgical wait lists at WA Public Hospitals (metropolitan and rural). Public patients on elective surgical wait lists at Joondalup Health Campus. Public patients on elective surgical wait lists at Peel Health Campus.
Excludes:	Private hospitals, Graylands and Selby Authorised Lodge, and Next Step Drug and Alcohol Services, East Perth.
Data source:	Health Services/Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	WLDC (04/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 31: Average overdue wait time (days) for Category 1 cases that have waited beyond the clinically recommended time

Definition:	The average overdue wait time (days) for Category 1 cases that have waited over the clinically recommended time of 30 days.
Guide for use:	Total patients on elective surgery wait lists are counted from extracted records on the last day of the quarter. The Australian Institute of Health and Welfare (AIHW) definitions are used for the patient counting.
Includes:	Patients on elective surgical wait lists at WA Public Hospitals (metropolitan and rural). Public patients on elective surgical wait lists at Joondalup Health Campus. Public patients on elective surgical wait lists at Peel Health Campus.
Excludes:	Private hospitals, Graylands and Selby Authorised Lodge, and Next Step Drug and Alcohol Services, East Perth.
Data source:	Health Services/Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	WLDC (04/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 32: Average overdue wait time (days) for Category 2 cases that have waited beyond the clinically recommended time

Definition:	The average overdue wait time (days) for Category 2 cases that have waited over the clinically recommended time of 90 days.
Guide for use:	Total patients on elective surgery wait lists are counted from extracted records on the last day of the quarter. The Australian Institute of Health and Welfare (AIHW) definitions are used for the patient counting.
Includes:	Patients on elective surgical wait lists at WA Public Hospitals (metropolitan and rural). Public patients on elective surgical wait lists at Joondalup Health Campus. Public patients on elective surgical wait lists at Peel Health Campus.
Excludes:	Private hospitals, Graylands and Selby Authorised Lodge, and Next Step Drug and Alcohol Services, East Perth.
Data source:	Health Services/Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	WLDC (04/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 33: Average overdue wait time (days) for Category 3 cases that have waited beyond the clinically recommended time

Definition:	The average overdue wait time (days) for Category 3 cases that have waited over the clinically recommended time of 365 days.
Guide for use:	Total patients on elective surgery wait lists are counted from extracted records on the last day of the quarter. The Australian Institute of Health and Welfare (AIHW) definitions are used for the patient counting.
Includes:	Patients on elective surgical wait lists at WA Public Hospitals (metropolitan and rural). Public patients on elective surgical wait lists at Joondalup Health Campus. Public patients on elective surgical wait lists at Peel Health Campus.
Excludes:	Private hospitals, Graylands and Selby Authorised Lodge, and Next Step Drug and Alcohol Services, East Perth.
Data source:	Health Services/Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	WLDC (04/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 34: NEAT total emergency department attendances

Definition:	The total number of all public emergency department (ED) attendances.
Guide for use:	Includes all episodes where a patient presented at the emergency department and was registered in any manner in one of the electronic data collection systems.
Includes:	All participating National Emergency Access Target hospitals. Refer to page 35.
Excludes:	All other public and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 35: NEAT total admissions from emergency department

Definition:	Counts of emergency department attendances where patients were admitted to a hospital ward.
Guide for use:	An admission process is the process whereby the hospital accepts responsibility for the patient's care and/or treatment.
Includes:	All participating National Emergency Access Target hospitals. Refer to page 35.
Excludes:	All other public and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 36: NEAT percentage of total emergency department attendances admitted

Definition:	The proportion of all emergency department attendances where patients were admitted to a hospital ward.
Guide for use:	Data is expressed as a percentage.
Includes:	All participating National Emergency Access Target hospitals. Refer to page 35.
Excludes:	All other public and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 37: NEAT total mental health emergency department admissions

Definition:	Counts of mental health emergency department attendances where patients were admitted to a hospital ward.
Guide for use:	An admission process is the process whereby the hospital accepts responsibility for the patient's care and/or treatment.
Includes:	All participating National Emergency Access Target hospitals excluding Peel Health Campus. Refer to page 35.
Excludes:	Peel Health Campus and all other public and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 38: NEAT percentage of total emergency department attendances transferred to another hospital

Definition:	The proportion of all emergency department attendances where patients were transferred from the emergency department to another hospital for care.
Guide for use:	Data is expressed as a percentage.
Includes:	All participating National Emergency Access Target hospitals. Refer to page 35.
Excludes:	All other public and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 39: NEAT percentage of emergency department attendances with LOE of four hours or less

Definition:	The proportion of all emergency department attendances where the time to admit, transfer or discharge the patient from the emergency department was within four hours of their presentation.
Guide for use:	Excludes patients that had an invalid presentation or departure time. Data is expressed as a percentage. Includes all valid attendances. Length of episode is counted from the time the patient presents to a staff member (nurse, clerk, etc) to the time the patient leaves the emergency department or is admitted to the Short Stay Unit.
Includes:	All participating National Emergency Access Target hospitals. Refer to page 35.
Excludes:	All other public and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 40: NEAT percentage of emergency department attendances with LOE greater than twelve hours

Definition:	The proportion of all emergency department attendances where the time to admit, transfer or discharge the patient from the Emergency Department was greater than 12 hours from their time of arrival.
Guide for use:	Excludes patients that had an invalid presentation or departure time. Data is expressed as a percentage. Includes all valid attendances. Length of episode is counted from the time the patient presents to a staff member (nurse, clerk, etc) to the time the patient leaves the emergency department or is admitted to the Short Stay Unit.
Includes:	All participating National Emergency Access Target hospitals. Refer to page 35.
Excludes:	All other public and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 41: NEAT percentage of emergency department admissions with LOE of four hours or less

Definition:	The proportion of all admissions from the emergency department where the time to admit the patient to a ward was within four hours of their presentation.
Guide for use:	An admission process is the process whereby the hospital accepts responsibility for the patient's care and/or treatment. Excludes patients that had an invalid presentation or departure time. Data is expressed as a percentage. Includes all attendances that were admitted, that is, have an admission date recorded. Length of episode is counted from the time the patient presents to a staff member (nurse, clerk, etc) to the time the patient leaves the emergency department or is admitted to the Short Stay Unit.
Includes:	All participating National Emergency Access Target hospitals. Refer to page 35.
Excludes:	All other public and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 42: NEAT percentage of emergency department transfers with LOE of four hours or less


Definition:	The proportion of all emergency department transfers where the time to transfer the patient to another hospital was within four hours of their presentation.
Guide for use:	Excludes records with an invalid presentation or departure time. Data is expressed as a percentage. Includes all attendances that were transferred to another hospital on ED departure. Length of episode is counted from the time the patient presents to a staff member (nurse, clerk, etc) to the time the patient leaves the emergency department or is admitted to the Short Stay Unit.
Includes:	All participating National Emergency Access Target hospitals. Refer to page 35.
Excludes:	All other public and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 43: NEAT percentage of emergency department departures with LOE of four hours or less

Definition:	The proportion of non admitted emergency department departures where the time to discharge the patient was within four hours of their presentation.
Guide for use:	Excludes records with an invalid presentation or departure time. Data is expressed as a percentage. Includes all attendances that were admitted and then transferred to another hospital on ED departure. Length of episode is counted from the time the patient presents to a staff member (nurse, clerk, etc) to the time the patient leaves the emergency department or is admitted to the Short Stay Unit.
Includes:	All participating National Emergency Access Target hospitals. Refer to page 35.
Excludes:	All other public and private hospitals.
Data source:	Performance Activity and Quality Division, Department of Health, WA.
Data extraction:	EDDC (08/07/2014).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 44: Ambulance Ramping – Metropolitan Hospitals

Definition:	The number of hours that an ambulance has to wait in excess of 20 minutes from the arrival at the Emergency Department until the ambulance is available to return to active service.
Guide for use:	Reported in hours. A 20 minute component is excluded from the count of total current contracted time to allow for time needed for moving the patient to ED, standard cleaning and restocking.
Includes:	Princess Margaret, Royal Perth, Sir Charles Gairdner, Fremantle, Armadale-Kelmscott, King Edward Memorial, Rockingham General and Swan District Hospitals, Joondalup Health Campus and Peel Health Campus.
Excludes:	All other public and private hospitals.
Data source:	St John Ambulance Australia (SJAA).
Data extraction:	08/07/2014.
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.



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