
PERFORMANCE

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HOW WE PERFORM

A day in the life of a typical public hospital

The NSW public health system is world-class. It is the biggest public health system in Australia with more than 220 public hospitals and over 100,000 dedicated staff who make up the health workforce.

On a typical day in NSW*:

- 200** babies are born
- 5,600** people are admitted to a public hospital
- 17,000** people spend the night in a public hospital†
- 1,000** patients have their surgery (emergency or planned) performed in our public hospitals
- 6,500** people are seen by our emergency departments
- 20** patients have their hip replaced
- 18** patients have a knee replaced
- 100** patients have their cataracts removed
- 25** patients have their appendix removed
- 32** patients have their gallbladder removed

* As at September 2012, Monday to Friday when most elective surgery is performed.

† (Erratum-incorrect figure-resolved)

How well does NSW perform?

The goal of all healthcare systems is to improve the health of the population they serve in an efficient way. Reaching this goal requires both an understanding of the factors that contribute to high performance; and fair, balanced and accurate reporting of the extent to which those factors feature in the healthcare system.

According to the Bureau of Health Information's Annual Performance Report, November 2011 – *Healthcare in Focus 2011* – in assessing system performance, the questions needed to be asked include:

- Are healthcare services effective, appropriate, safe and delivered on the basis of clinical need?
- To what degree are they responsive to patients?
- Can people access care when and where they need it?
- Do services have enough resources and how do costs compare?

Healthcare in Focus 2011 takes a comprehensive look at how the health system in NSW compares with Australia as a whole and with 10 other countries. The report includes almost 90 performance measures that were selected on the basis of comparable information from overseas. For more information visit: www.bhi.nsw.gov.au.

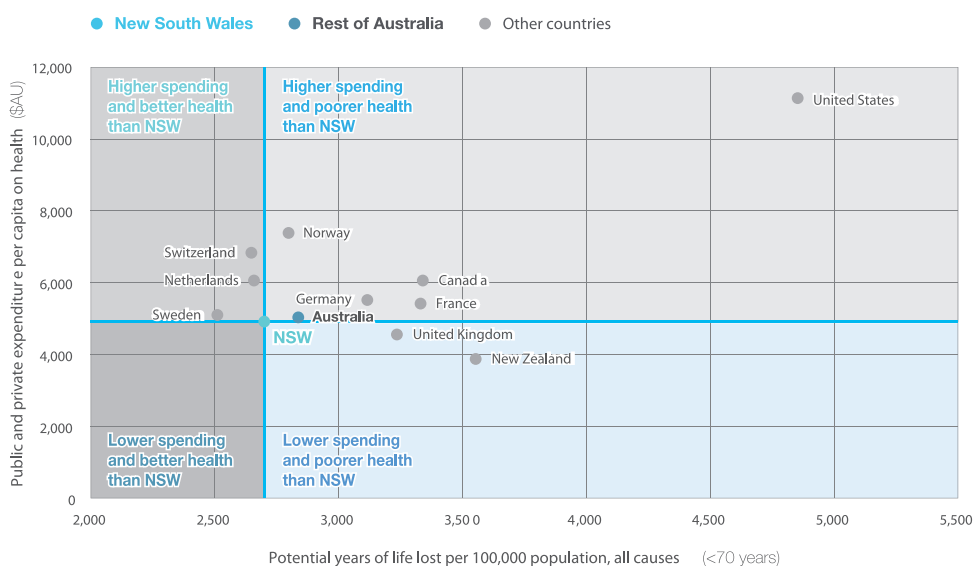
HOW NSW COMPARES WITH THE REST OF AUSTRALIA AND THE WORLD

The following figures (1-4) show how the NSW Health system compares with the rest of Australia and the world:

Improving health: Good Value

NSW gets value for its healthcare dollar. No country included in the report spends less than NSW and has better health (Figure 1).

Figure 1. Per person health spending (\$AU) 2008-09 vs potential years of life lost, 2009 (or latest year)

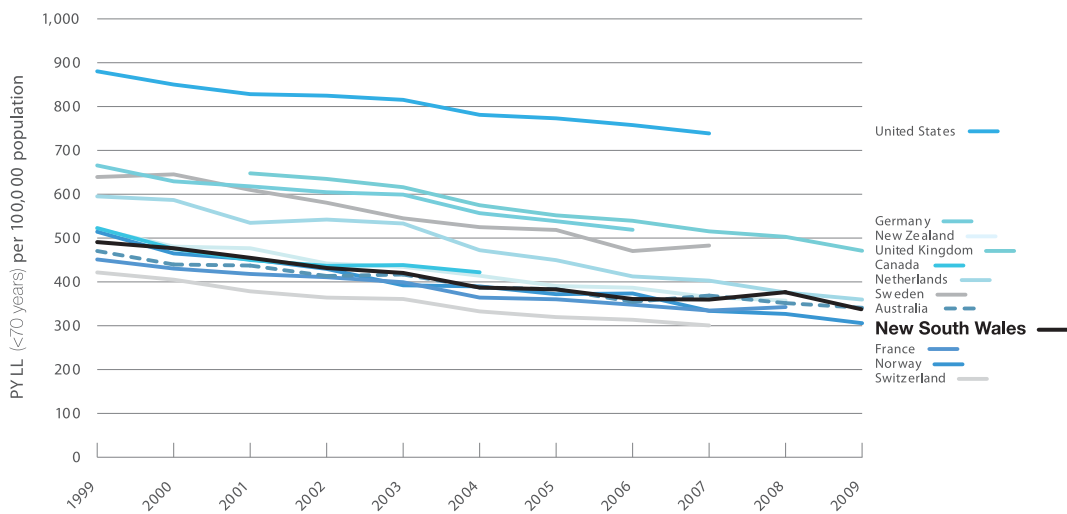


Source: Bureau of Health Information. *Healthcare in Focus 2011: How well does NSW perform? An international comparison November 2011.*

Effectiveness and appropriateness: Circulatory disease

Between 1999 and 2009, there was a 31% decrease in potential years of life lost to circulatory disease in NSW. In 2009, circulatory disease accounted for 15,884 deaths in NSW (34% of all deaths). Figure 2 shows that premature deaths have dropped significantly in NSW over the past years, with rates comparing favourably with the rest of Australia and the world.

Figure 2. Potential years of life lost (< 70 years) to circulatory disease, 1999 – 2009



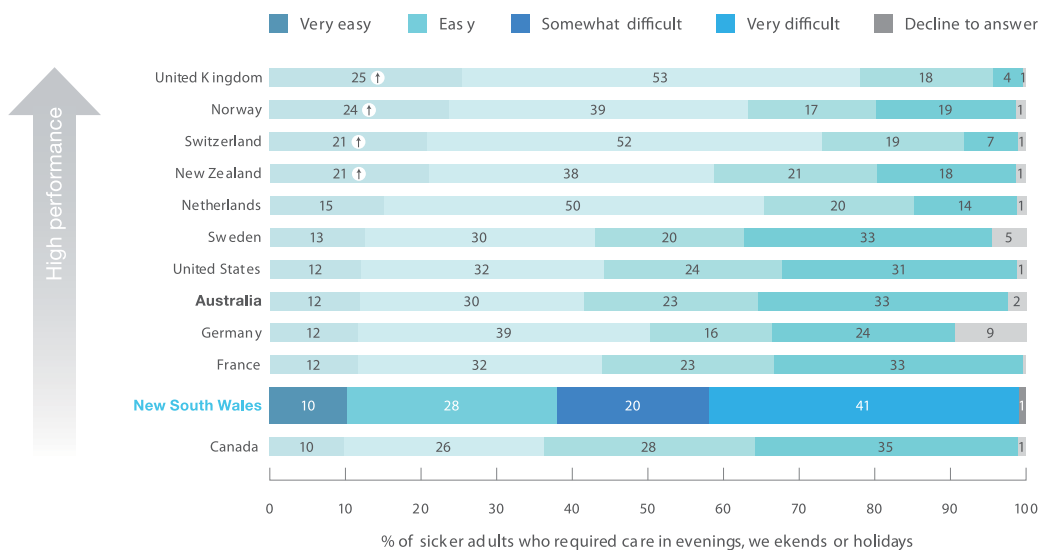
Source: Bureau of Health Information. *Healthcare in Focus 2011: How well does NSW perform? An international comparison November 2011.*

Access and timeliness: Primary care

Almost four in 10 NSW adults who needed care in the evening, on weekends or on holidays said it was very easy (10%) or somewhat easy (28%) to access medical care without going to the emergency department. Responses from sicker adults in the UK, Norway, Switzerland and New Zealand indicate that out-of-hours care is easier to access in those countries (Figure 3).

Medical care (general practice and specialty medical services) provided outside the NSW public hospital system is the responsibility of the Commonwealth Government.

Figure 3: Last time when you needed medical care in the evening, on a weekend or holiday, how easy or difficult was it to get care without going to the emergency department?

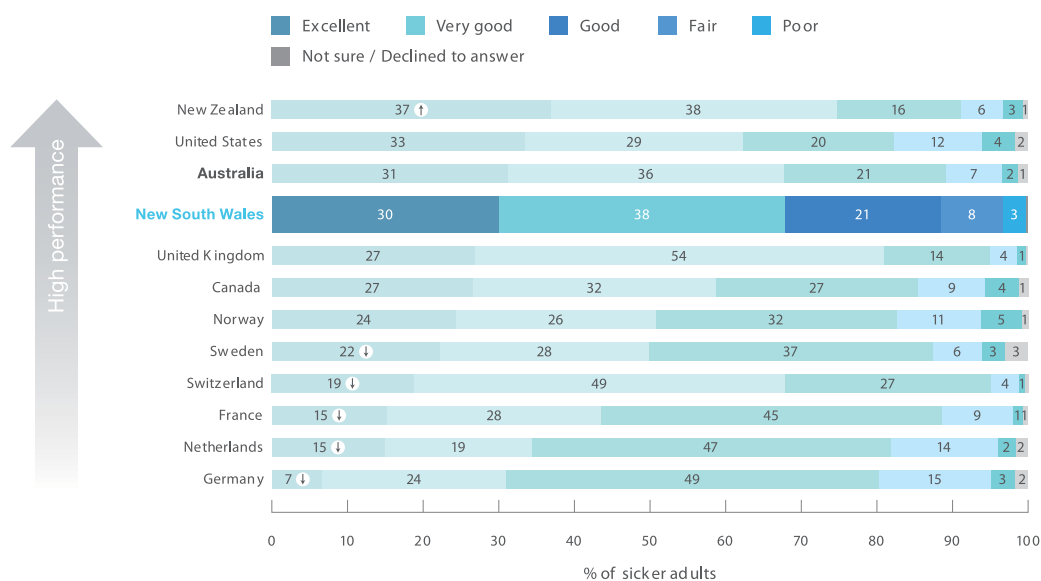


Source: Bureau of Health Information. *Healthcare in Focus 2011: How well does NSW perform? An international comparison November 2011.*

Person centredness: Patient views on quality of healthcare

In 2011, most NSW sicker adults (68%) rated the quality of medical care received in the past year as excellent (30%) or very good (38%). NSW had a higher proportion of excellent ratings than Sweden, Switzerland, France, Netherlands, and Germany, and was outperformed only by New Zealand (Figure 4).

Figure 4: Survey 2011 - Overall, how do you rate the quality of medical care that you have received in the past 12 months?



Source: Bureau of Health Information. *Healthcare in Focus 2011: How well does NSW perform? An international comparison November 2011.*

NSW 2021: A PLAN TO MAKE NSW NUMBER ONE

NSW Health has a strategic planning framework to guide the development of services and investments in the NSW public health system over the next 10 to 20 years.

NSW 2021: A Plan to Make NSW Number One was launched in September 2011 and is the NSW Government’s new 10-year plan to rebuild the economy, return quality services, renovate infrastructure, strengthen our local environment and communities, and restore accountability to Government.

The Plan sets immediate priorities for action and guides NSW Government resource allocation in conjunction with the NSW Budget. The Plan includes specific health-related targets.

NSW Health is the lead for the following ‘NSW 2021’ Goals:

- Keep people healthy and out of hospital (Goal 11)
- Provide world-class clinical services with timely access and effective infrastructure (Goal 12).

NSW 2021 – GOAL 11 // KEEP PEOPLE HEALTHY AND OUT OF HOSPITAL

Keeping people healthy and out of hospital will improve our quality of life and is the best way to manage rising health costs. Our health system needs reshaping to focus more on wellness and illness prevention in the community. This focus will help reduce rates of smoking, risk drinking and obesity which can lead to strokes, diabetes, kidney failure, asthma, cardiovascular disease and other potentially avoidable diseases which have a significant impact on individuals and public hospital services. Coordinated preventive health strategies will help reduce the burden of chronic disease on our health system, and help our children and future generations to live healthier, happier and more fulfilling lives.

TARGET	PRIORITY ACTIONS
<p>REDUCE SMOKING RATE</p> <ul style="list-style-type: none"> Reduce smoking rates by 3% by 2015 for non-Aboriginal people and by 4% for Aboriginal people Reduce the rate of smoking by non-Aboriginal pregnant women by 0.5% per year and by 2% per year for pregnant Aboriginal women <p>REDUCE OVERWEIGHT AND OBESITY RATES</p> <ul style="list-style-type: none"> Reduce overweight and obesity rates of children and young people (5–16 years) to 21% by 2015 Stabilise overweight and obesity rates in adults by 2015, and then reduce by 5% by 2020 <p>REDUCE RISK DRINKING</p> <ul style="list-style-type: none"> Reduce total risk drinking to below 25% by 2015 	<p>Reducing behaviours and lifestyle risk factors that lead to chronic diseases will improve wellness and illness prevention, and reduce the burden on the health system in the future.</p> <p>Actions to achieve these targets include:</p> <ul style="list-style-type: none"> Establish an Office of Preventive Health to coordinate statewide preventive health programs and manage a Preventive Health Fighting Fund to pool resources for preventive health Deliver public education campaigns to motivate smokers to quit, strengthen efforts to reduce exposure to second-hand smoke, and work in partnership with Aboriginal maternal and infant health services to deliver smoking cessation services to pregnant Aboriginal women Over the next four years, invest in child health promotion programs, such as Munch and Move®, a program to educate early childhood professionals and families about appropriate physical activity and foods for preschool-aged children; and deliver the Healthy Workers Initiative and the Get Healthy Information and Coaching Service® to support working adults to live a healthy lifestyle Prevent high risk alcohol abuse in public places and reduce risky drinking in the home through statewide alcohol education campaigns including Know when to say when and What are you doing to yourself?
<p>CLOSE THE GAP IN ABORIGINAL INFANT MORTALITY</p> <ul style="list-style-type: none"> Halve the gap between Aboriginal and non-Aboriginal infant mortality rates by 2018 	<p>Closing the gap in Aboriginal health outcomes begins at birth. By striving to meet a national target to halve the gap in Aboriginal infant mortality, we can ensure all Aboriginal children have the best start to life. We will:</p> <ul style="list-style-type: none"> Deliver the Aboriginal Maternal and Infant Health Service, aimed at improving the health outcomes of Aboriginal mothers and their infants.
<p>IMPROVE OUTCOMES IN MENTAL HEALTH</p> <ul style="list-style-type: none"> Reduce mental health readmissions within 28 days to any facility Increase the rate of community follow-up within 7 days of discharge from a NSW public mental health unit Increase the number of adults and adolescents with mental illness who are diverted from court into treatment 	<p>Mental health reform will improve outcomes for patients. Targets to improve mental health outcomes will focus the government's efforts in prevention and early intervention in the community and shift treatment away from hospital emergency departments. Actions to achieve these targets include:</p> <ul style="list-style-type: none"> Establish a NSW Mental Health Commission to ensure the delivery of high quality mental health care and appoint a Mental Health Commissioner to be a champion for mental health within government. The Commission will also work to ensure people with a mental illness are diverted from the criminal justice system Enhance discharge planning for mental health patients through the revision of the mental health transition planning policy Prevent hospital admissions by maintaining hospital avoidance programs under the Community Mental Health Strategy, and develop models for strengthening community mental health responses.
<p>REDUCE POTENTIALLY PREVENTABLE HOSPITALISATIONS</p> <ul style="list-style-type: none"> Reduce the age-standardised rate of potentially preventable hospitalisations by 1%, and by 2.5% for Aboriginal people by 2014–15 	<p>For too long our health system has been focused on providing emergency care. This target refocuses our efforts on keeping people healthy and out of hospital by improving the way certain conditions are managed by a general practitioner or in a community health setting.</p> <p>Actions to achieve this target include:</p> <ul style="list-style-type: none"> Deliver the Connecting Care (Severe Chronic Disease Management) Program to provide additional support to people with a chronic illness, and develop health system capacity to follow-up Aboriginal children overdue for vaccination Develop, implement and evaluate a NSW Immunisation Campaign to promote timely vaccination.

NSW 2021: GOAL 11

In 2011-12, NSW Health commenced working towards achieving its NSW 2021 Goals.

Target – Reduce smoking rate

Key Achievements 2011-12:

- Established an Office of Preventive Health responsible for statewide coordination of key preventive health programs and reporting on the achievements of the Preventive Health Fighting Fund.
- The NSW adult smoking rate continues to decline and has decreased from 24% in 1997 to 15.8% in 2010 and 14.8% in 2011. Over the same time period, the prevalence of smoking reduced from 27.1% to 17.1% among males and from 21.1% to 12.6% among females.
- NSW is implementing a comprehensive package of measures supported by tough legislation to further reduce smoking in NSW. This includes:
 - NSW Tobacco Strategy 2012-2017, which provides a comprehensive portfolio of public education, smoking cessation and tobacco control programs to reduce tobacco-related harm in NSW;
 - Amending the *Smoke-free Environment Act 2000* to make certain settings smoke-free; and
 - A range of programs targeting disadvantaged populations with high smoking rates. These include Quit for New Life project targeting pregnant Aboriginal women and their families.

Target – Reduce overweight and obesity rates

Key Achievements 2011-12:

- The Get Healthy Information and Coaching Service® provides free, individually tailored telephone coaching support to NSW adults aged 18 years and over, aiming to reduce the impact of premature morbidity and mortality, associated with unhealthy lifestyles. Latest research conducted during 2011-12 showed that health coaching participants have lost on average 3.7kg of weight between baseline and six months and reduced their waist circumference by 4.3cm. These results account for 38% of coaching participants having lost 5% or more of their body weight and 11% having lost 10% or greater.
 - A Get Healthy Service Continuing Professional Development (CPD) session was developed to increase Health Professional awareness and understanding of the Service.
- The Targeted Family Healthy Eating and Physical Activity Program supports children 7-13 years old who are not in a healthy weight range and their families to develop the practical knowledge and skills necessary to adopt a healthy lifestyle in the longer term.
- The Children's Healthy Eating and Physical Activity Program (Munch and Move, Live Life Well@School and Crunch&Sip) provides training to teachers working in early childhood education and care services and primary schools in how they can promote healthy eating and physical activity to children in these settings. These programs also provide teachers with resources and ongoing support from Local Health Districts to implement healthy eating and physical activity policies and practices. To date, over 55% of early

childhood education and care services and nearly 60% of primary schools across NSW have participated in this program.

- Healthy Workers Initiative: Under the National Partnership Agreement on Preventative Health (NPAPH), the Australian Government is providing NSW with \$71m up to 2018 to improve health related lifestyles of working adults through healthy living activities in the workplace. The NSW Healthy Workers initiative will promote health and wellbeing in the workplace, and provide support and assistance to workplaces and workers through the Healthy Workplace Service currently being developed. The NPAPH has set national benchmarks against which performance of the NSW Healthy Workers Initiative will be measured, as follows:
 - increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2016; proportion of adults at healthy weight returned to baseline level by 2018.
 - increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2016; 0.6 for fruits and 1.5 for vegetables from baseline by 2018.
 - increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5% from baseline for each state by 2016; 15 per cent from baseline by 2018.

Target – Reduce risk drinking

Key Achievements 2011-12:

- Increased expenditure on programs that help reduce drug and alcohol addiction by \$7 million.
- Now nearing completion, the Drug and Alcohol Clinical Care and Prevention (DA-CCP) Model, the first drug and alcohol planning model of its type to be developed in the world, aims to develop a nationally agreed population based planning model to estimate the need and demand for drug and alcohol health services across Australia.

Target – Close the gap in Aboriginal infant mortality

Key Achievements 2011-12:

- The Aboriginal Maternal and Infant Health Service (AMIHS) is being delivered in over 80 locations across NSW, covering approximately 75% of Aboriginal births. The Service aims to improve the health of Aboriginal women during pregnancy and decrease perinatal morbidity and mortality for Aboriginal babies. AMIHS is delivered through a continuity-of-care model, where midwives and Aboriginal Health Workers collaborate to provide a high quality maternity service that is culturally sensitive, women centred, based on primary healthcare principles and provided in partnership with Aboriginal people. Under the Closing the Gap initiative, eight secondary mental health and drug and alcohol service are operating in selected AMIHS sites with a further two sites being established.
- Launch of *The Strong Women, Strong Babies Pregnancy Diary* in March 2012. A valuable resource that guides women through the different stages of their pregnancy with a strong focus on prevention and early intervention, the Diary is distributed via Aboriginal Maternal and Infant Health Service programs and New Directions Mothers and Babies services across NSW.

- The Aboriginal Communities Water and Sewerage Program is a partnership between NSW Government agencies, including Health and the NSW Aboriginal Land Council. In 2011, a further seven Aboriginal communities with a population of around 1,000 people began receiving improved water and sewerage services, bringing the total to 38 communities and over 4,000 people who have received improved water and sewerage services under the Program.
- Housing for Health is an evidence-based housing repair and maintenance program that focuses on improving the safety and health of residents. In 2011, the Housing for Health program completed projects in Bourke, Enngonia, Wilcannia, La Perouse and Coffs Harbour and commenced new projects in Purfleet and Walhallow.
- The Building Strong Foundations for Aboriginal Children, Families and Communities Programs provides a free, culturally safe and appropriate early childhood health service for Aboriginal children from birth to school-entry age and their families. In 2012, a further seven sites were funded bringing the total to 15 sites across NSW. These services work very closely with Aboriginal and mainstream Maternity Services. Significant referral pathways have been established assisting these vulnerable children and parents/carers to access intervention services before issues escalate.

Target – Improve outcomes in mental health

Key Achievements 2011-12:

- During 2011-12, work proceeded on the establishment of the Mental Health Commission of NSW, which commenced operations on 2 July 2012 as an independent statutory body. Its purpose is to help drive reform that benefits people who experience mental illness and their families and carers. In fulfilling this task, the Commission is working with the mental health community towards sustained change regarding all aspects of mental illness and its impact on employment, education, housing, justice and general health. The inaugural Commissioner Mr John Feneley, was appointed 1 August 2012 for a five-year term.
- To enhance discharge planning for mental health inpatients, a new Policy directive for the Transfer of Care from Mental Health Inpatient Services will shortly be released. This focuses on the requirements for safe transfer of the consumer's care, when leaving a mental health inpatient unit to home or other care.
- To prevent hospital admissions by maintaining hospital avoidance programs under the Community Mental Health Strategy, and develop models for strengthening community mental health responses. NSW Health has invested in a broad spectrum of services to support care in both hospitals and in the community. The continuum of care for people with mental illness includes prevention; early intervention; and treatment and community support. Initiatives such as the Housing and Accommodation Support Initiative (HASI) have resulted in a reduction of unnecessary hospital admissions and led to people being treated more appropriately in the community, leading to better outcomes for both patients and their carers.
- As part of a new National Partnership Agreement on Mental Health, the Commonwealth will support NSW in investing in targeted community mental health initiatives.

These include:

- Expansion of the existing NSW Housing and Accommodation Support Initiative to enable more people to live in the community in stable and secure accommodation, with links to clinical mental health and rehabilitation services for people who require 16 or 24-hour support.
- Provision of intensive, family focussed support to mothers with mental illness and their children to keep them together, through the provision of high, medium and low packages of care and short term housing.
- In-reach support services to boarding house residents who have been assessed as having mental health issues, through the provision of 200 continuous and ongoing new low community support packages.
- The mental health program and the drug and alcohol program continues in partnership with Local Health Districts, Justice and Forensic Mental Health, the Children's Hospital Network, non-government organisations, research institutions and other partner departments. The Ministry also coordinates whole-of-government policy development and implementation in mental health and drug and alcohol and convened or played a lead role in inter-jurisdiction and cross-government forums, such as the Inter-Governmental Committee on Drugs and Alcohol, the State Reference Group on Diversion, the NSW Council of Australian Governments' Mental Health Group and the Senior Officers' Group on Drugs and Alcohol and Mental Health.
- A NSW Suicide Prevention Ministerial Advisory Committee was established as part of a key commitment under the NSW Suicide Prevention Strategy 2010-2015.
- The NSW Mental Health Line commenced statewide operations on 1 March 2012. The NSW Mental Health Line provides 24/7 telephone access for the people of NSW to speak with a mental health professional and be directed to the right care for them.
- On 29 April 2012, the Minister for Mental Health launched a new anxiety awareness campaign that encouraged people living with debilitating anxiety conditions to seek help. The campaign ran to the end of June.
- Corrective Services NSW have increased the availability of audiovisual links for people to appear before the courts. Justice and Forensic Mental Health have developed a model to provide court liaison support to assist people appearing before the court using these links and to increase and improve opportunities for court diversion. Justice and Forensic Mental Health has also increased the number of regional courts being covered by court liaison nurses for screening and assessment of adults and adolescents with mental illness who can then be diverted into treatment.

Target – Reduce potentially preventable hospitalisations

Key Achievements 2011-12:

- Connecting Care (Chronic Disease Management Program: NSW Health, in partnership with General Practice NSW, is implementing the "NSW Chronic Disease Management Program – Connecting Care in the Community" to enable the better management of chronic disease in the community to prevent unnecessary hospital admission and improved quality of life. The Program targets people

over 16 years with chronic diseases that result in the most frequent presentations to hospitals and drive the highest health care costs – namely diabetes, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease and hypertension.

The NSW Chronic Disease Management Program provides self-management support (including the use of telephone-based health coaching in some local health districts) and case management for clients requiring more intensive care coordination across health and social services. General Practice is recognised as an important care coordinator in the community and the Program is intended to be delivered in partnership with General Practice.

To date, the NSW Chronic Disease Management Program has employed over 90 full-time equivalent staff located across 15 Local Health Districts, Justice and Forensic Mental Health and Medicare Locals.

In addition, telephone health coaching services have also been commissioned in a number of Local Health Districts. Based on reports from Local Health Districts, as at 30 June 2012 there were 22,787 people enrolled on the program (including 1,030 Aboriginal people) against a target of 22,500

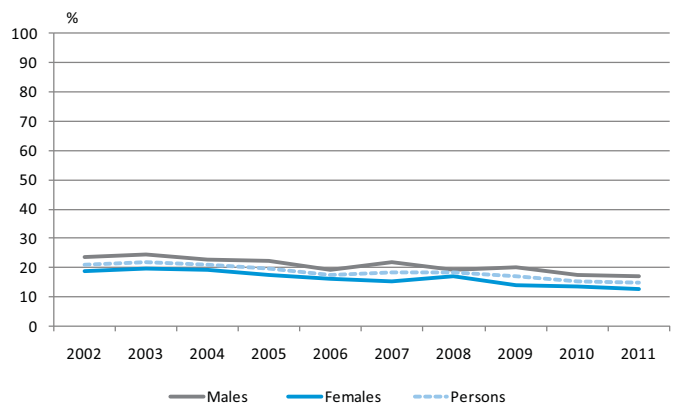
- Vaccination programs: NSW Health offers vaccines recommended for adolescents by the National Health and Medical Research Council in a school-based vaccination program. In the 2011 school year, 77% of children in Year 7 were vaccinated against diphtheria, tetanus and pertussis (whooping cough). Booster vaccination against pertussis provides protection not only for the adolescent, but also for any siblings too young to have received a full course of the vaccine. This represents an improvement in coverage over the 2010 school year, in which 70% of Year 7 students were vaccinated with dTpa vaccine. In 2011, 71% of Year 7 girls were fully vaccinated against human papillomavirus (HPV). This represents an improvement in coverage over the 2010 school year, when 67% of Year 7 girls were fully vaccinated against HPV. NSW continues to achieve consistently high immunisation coverage rates among two-year-old children, with 92% of children recorded as fully vaccinated on the Australian Childhood Immunisation Register (ACIR).
- Surveillance, investigation and control of communicable disease threats: In 2012, the policy of free whooping cough vaccine to target new mothers was reviewed. Community interventions to help reduce the ongoing outbreak of tuberculosis among Aboriginal people on the North Coast, and measures to contain outbreaks of measles among unvaccinated children and young adults were also developed and initiated.
- Falls Prevention: This is a statewide program to prevent falls and fall-related injury. In 2012, the NSW Fall Prevention Network Forum focused on working with special populations such as Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) community members.

GOAL 11 // PERFORMANCE AGAINST TARGETS

Reduce Smoking Rate

Smoking is responsible for many diseases, including cancers, respiratory and cardiovascular diseases, making it the leading cause of preventable death and illness in NSW. The burden of illness resulting from smoking is greater for Aboriginal adults than for the general population.

Current (Daily or Occasional) Smoking in Adults Aged 16 Years and Over, NSW, 2002-2011

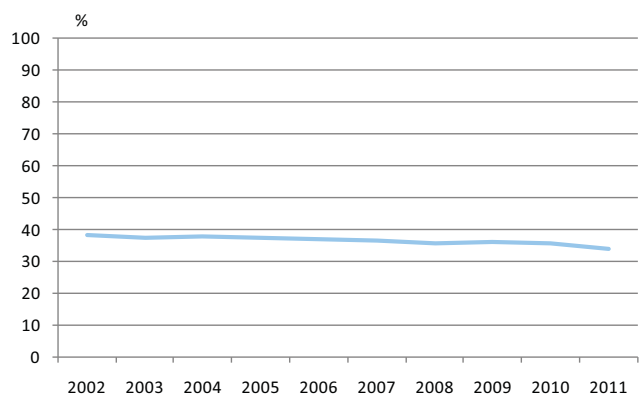


Source: NSW Population Health Survey, Centre for Epidemiology and Evidence

Interpretation

In 2011, studies indicated that 14.7% of adults aged 16 years and over were current (daily or occasional) smokers. Between 1997 and 2011, there has been a decrease in the proportion of adults aged 16 years and over who were current smokers (24.0% to 14.7%). The decrease has been significant in males and females, and in rural-regional and metropolitan health districts.

Current (daily or occasional) smoking in Aboriginal adults aged 16 years and over, NSW, 2002-2011



Source: NSW Population Health Survey, Centre for Epidemiology and Evidence

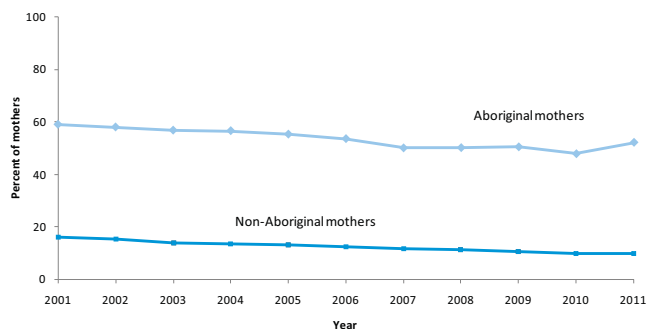
Interpretation

In 2011, it was estimated that 34.0% of Aboriginal adults aged 16 years and over were current (daily or occasional) smokers. Between 2002 and 2011, there has been a slight decrease in the proportion of Aboriginal adults who were current smokers (38.4% to 34.0%).

Smoking during pregnancy by mother's Aboriginality

Smoking during pregnancy increases the risk of adverse outcomes for both the mother and the child. For the mother, smoking during pregnancy increases the risk of placental abruption, placenta praevia, pre-term labour and pre-term rupture of membranes. For the baby, maternal smoking is a risk factor for poor growth in the uterus, low birth-weight, pre-term delivery, perinatal death, and sudden infant death syndrome.

Smoking during pregnancy by mother's Aboriginality, NSW, 2001 to 2011



Source: NSW Perinatal Data Collection (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health. Note: Both stillbirths and live births are included. All deliveries in NSW are included.

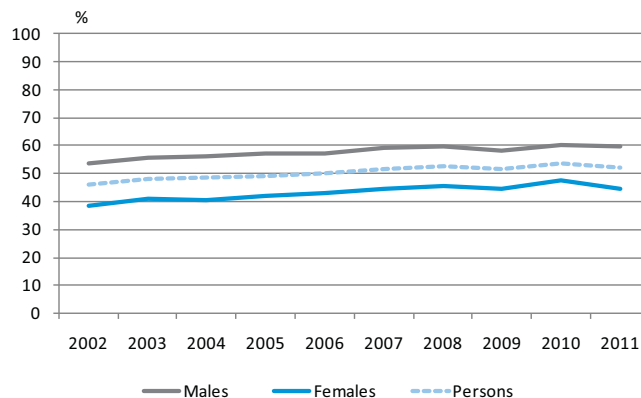
Interpretation

In NSW in 2011, the percentage of mothers who reported smoking during pregnancy was 52% for Aboriginal mothers, and 10% for non-Aboriginal mothers. This difference is significant, with Aboriginal mothers 5.3 times more likely to report smoking during pregnancy than non-Aboriginal mothers. Between 2001 and 2011, there was a significant decrease in the proportion of Aboriginal mothers who reported smoking during pregnancy, from 59% in 2001. As smoking in pregnancy has declined in both Aboriginal and non-Aboriginal mothers to a similar extent, there has been no narrowing of the gap between Aboriginal and non-Aboriginal mothers.

Reduce Overweight and Obesity Rates

Obesity increases the risk of a wide range of health problems, including cardiovascular disease, high blood pressure, type 2 diabetes, gallstones, degenerative joint disease, obstructive sleep apnoea and impaired psychosocial functioning.

Overweight or obesity in adults aged 16 years and over, NSW, 2002-2011

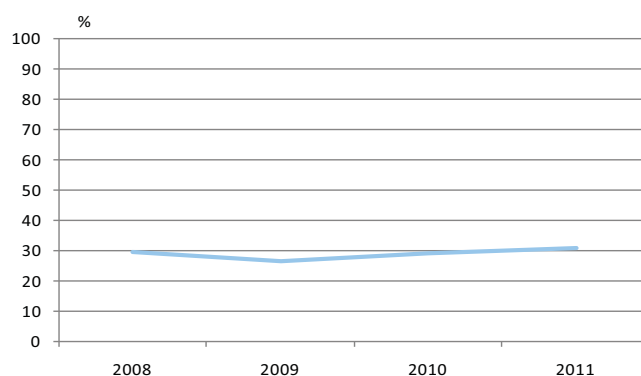


Source: NSW Population Health Survey, Centre for Epidemiology and Evidence

Interpretation

In 2011, it was estimated that 52.2% of adults aged 16 years and over were either overweight or obese based on self-reported height and weight. A significantly higher proportion of males (59.8%) were either overweight or obese based on self-reported height and weight, compared with females (44.5%). Since 2002, there has been a significant increase in the proportion of adults who were overweight or obese based on self-reported height and weight (46.0% to 52.2%). Rates from 2008 have remained stable.

Overweight or obesity in children aged 7 to 16 years, NSW, 2008-2011



Source: NSW Population Health Survey, Centre for Epidemiology and Evidence

Interpretation

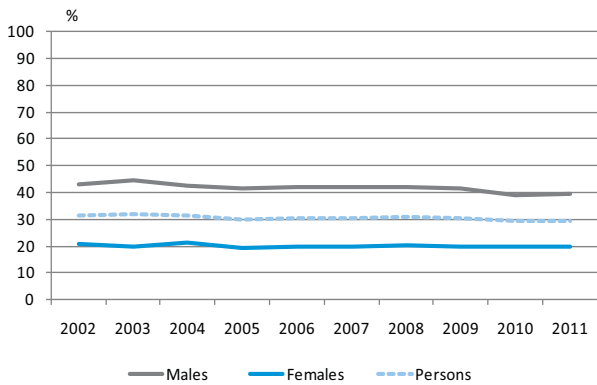
In 2011, it was estimated that 31.1% of children aged 7 to 16 years were either overweight or obese based on parent-reported height and weight. Between 2008 and 2011, there has been no change in the proportion of children aged 7 to 16 years who were either overweight or obese based on parent-reported height and weight.

Reduce Risk Drinking

Excessive alcohol consumption has adverse health consequences and contributes to aggressive behaviour, family disruption, and reduced productivity. While higher levels of consumption are associated with higher levels of harm, high rates of harm have been found among low-to-moderate drinkers on the occasions they drink to intoxication.

In February 2009, the 2001 *Australian Alcohol Guidelines* were replaced with the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, which are based on modelling of the lifetime risk of harm from drinking. The indicator of the proportion of adults who consume more than two standard drinks on a day when they consume alcohol is based on the 2009 guideline for lifetime risk of harm from drinking alcohol. The target is to reduce total risk drinking to below 25% of the adult population by 2015.

More than two standard drinks on a day when consuming alcohol by year, adults aged 16 years and over, NSW, 2002-2015



Source: NSW Population Health Survey, Centre for Epidemiology and Evidence

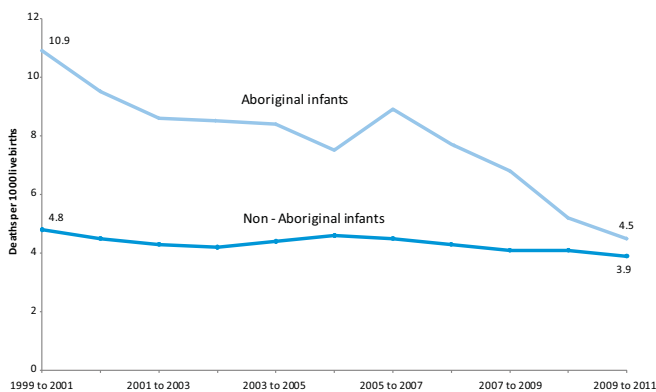
Interpretation

In 2011, it was estimated that 29.6% of adults aged 16 years and over consumed more than two standard drinks on a day when consuming alcohol. A significantly higher proportion of males (39.5%) consumed more than two standard drinks a day, compared with females (20.0%). Since 2002, there has been little change in the proportion of adults aged 16 years and over who consumed more than two standard drinks on a day when consuming alcohol.

Close the Gap in Aboriginal Infant Mortality

Infant mortality is the death of a live-born baby within the first year of life. The most common causes of infant mortality in Aboriginal children are conditions originating in the perinatal period such as prematurity, problems with foetal growth, complications of pregnancy and respiratory and cardiovascular disorders specific to the perinatal period.

Infant Deaths by Aboriginality, NSW, 1999 to 2011



Source: Australian Bureau of Statistics. Deaths. Catalogue number 3302.0. Canberra: ABS, 2010. Centre for Epidemiology and Evidence, NSW Ministry of Health.

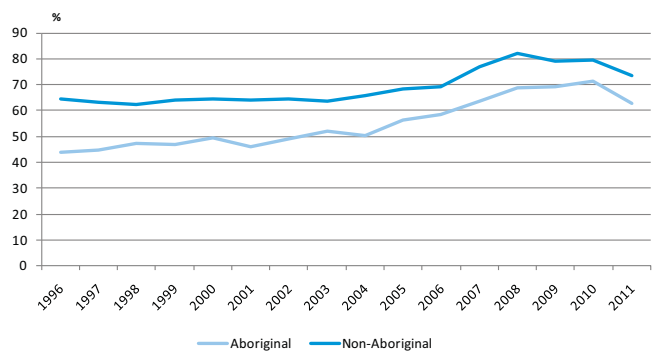
Interpretation

There has been a significant decrease in the Aboriginal infant mortality rate from 6.8 (2007 to 2009) to 4.5 (2009 to 2011) deaths per 1000 live births, and a significant decrease in the gap in rates between Aboriginal infants and non-Aboriginal infants in the years 1999 to 2011.

Antenatal Visits – Births where the First Maternal Visit was before 14 Weeks Gestation

The desired outcome is improved health of mothers and babies. Antenatal visits are valuable in monitoring the health of mothers and babies throughout pregnancy. Early commencement of antenatal care allows problems to be better detected and managed and engages mothers with health and related services.

First antenatal visit by mother's Aboriginality, NSW, 1996 to 2011



Source: NSW Perinatal Data Collection (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health. Note: Antenatal care (=prenatal care) should commence as early as possible in pregnancy to ensure the best outcomes for the mother and the baby. All births (live births and stillbirths) in NSW were included. Due to under-reporting of Aboriginality to the Perinatal Data Collection, the true numbers are likely to be about 50% higher than shown. The level of under-reporting varies between different geographical areas. In 2011 the question for antenatal care changed from "Duration of pregnancy at first contact for care (weeks)", to "Duration of pregnancy at first comprehensive booking or assessment by clinician".

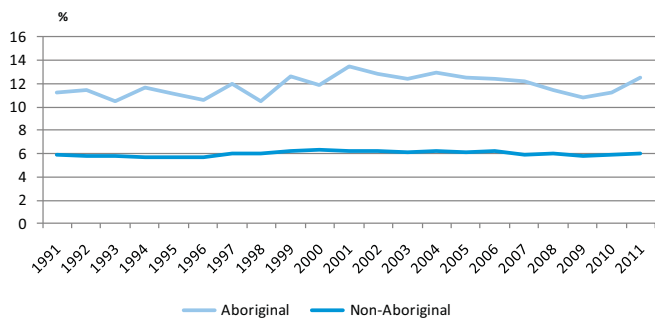
Interpretation

The percentage of both Aboriginal and non-Aboriginal mothers having their first antenatal visit before 14 weeks gestation has increased since 1996. While the percentage for Aboriginal mothers remains below that for non-Aboriginal mothers, the gap continues to narrow.

Low Birth Weight Babies – Weighing Less Than 2500g

Desired outcome is reduced rates of low weight births and subsequent health problems. Low birth weight is associated with a variety of subsequent health problems. A baby's birth weight is also a measure of the health of the mother and care that was received during pregnancy.

Low birth weight babies by mother's Aboriginality, NSW, 1991 to 2011



Source: NSW Perinatal Data Collection (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health. Note: Low birth weight: less than 2,500 grams. Both stillbirths and live births are included. All deliveries in NSW are included. Due to under-reporting of Aboriginality to the Perinatal Data Collection, the true numbers are likely to be about 50% higher than shown. The level of under-reporting varies between different geographical areas.

Interpretation

The rate of low birth weight babies born to Aboriginal and non-Aboriginal mothers has been relatively stable over time. In recent years, the rate of low birth weight babies born to Aboriginal mothers has been around 12%. However, the rate of low birth weight babies born to Aboriginal mothers remains around twice that for non-Aboriginal mothers.

Improve Outcomes in Mental Health

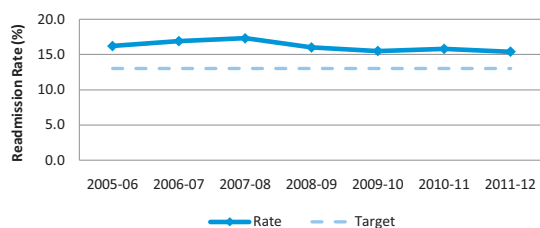
Mental Health Readmission within 28 days (%)

The desired outcome is improved mental health and wellbeing through effective inpatient care and adequate and proper post-discharge follow up in the community.

Readmission after mental health care is influenced by the effectiveness of care in hospital as well as by community care after discharge. High rates of readmission may be a signal of problems in care; however caution must be taken when interpreting indicators as very low rates of readmission may reflect difficulties with access to services.

Mental Health Acute Readmission within 28 days (%)

Proportion of separations from an Acute Public Mental Health Unit which were followed by Readmission within 28 Days to any other NSW Acute Public Mental Health Unit



Source: NSW Health Information Exchange, NSW Ministry of Health

Interpretation

The indicator measures readmission to any NSW acute public mental health unit following discharge from an acute mental health unit. The readmission rate for mental health patients attending a Public Mental Health Facility in NSW has declined slightly, to 15.4% in 2011-12 from a peak of 17.3% in 2007-08. This may reflect continued enhancement in community and inpatient mental health services.

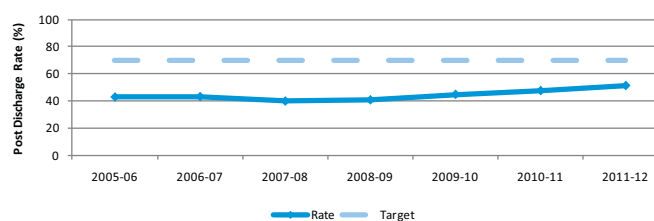
The Mental Health Acute Benchmarking Program worked with local services across 2011-12 to explore the variation in rates and the factors affecting readmission to acute mental health units.

Mental Health Acute Post-Discharge Community Care

The desired outcome is to increase patient safety in the immediate post-discharge period and reduce the need for early readmission.

The majority of people with chronic and recurring mental illness are cared for in the community. Continuity of care (follow-up and support by professionals and peers) in community settings for mental health patients discharged from a hospital leads to an improvement in symptoms severity, readmission rate, level of functioning and patient assessed quality of life. Early and consistent follow-up in the community reduces suicide risk among hospital-discharged mental health patients with high suicide risk and history of self-harm.

Mental Health Acute Post-Discharge Community Care - follow up within seven days (%)



Source: NSW Health Information Exchange, NSW Ministry of Health.

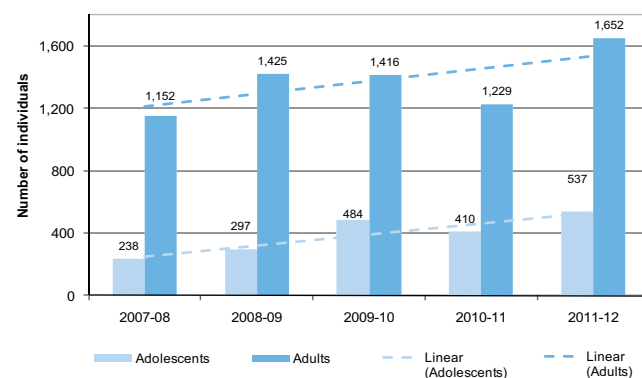
Interpretation

This indicator measures the percentage of people seen by any NSW community mental health service within one week of discharge from an acute public mental health unit.

NSW performance on this indicator has improved steadily, from 40% in 2007-08 to 51% in 2011-12. This improvement may reflect enhancements in community mental health care and specific service initiatives designed to improve follow-up rates. Some of this increase may also be due to improved data collection by community mental health services.

Diverted from Court into Treatment

Number of Adolescents and Adults with Mental Illness Diverted from Court to Community Treatment and Trendlines



Source: Community and Court Liaison Service Data Collection for Adults and Adolescent Court and Community Team Data Collection (six monthly); Department of Attorney General and Justice (annual). Updated: October 2012

Interpretation

The numbers of mentally ill adults diverted from court to the community has risen by 423 over last year. In addition 127 more adolescents were also diverted from court to the community for treatment. Diversion is dependent on both the decisions of Magistrates and the operations of the Department of Attorney General and Justice.

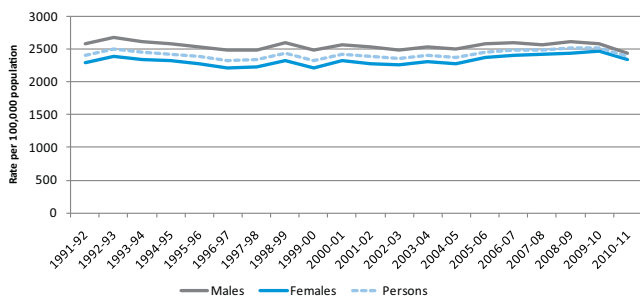
The capacity of mental health services provided in the community also impacts on the numbers of mentally ill that can be diverted from courts to treatment in the community. Over the past several years, there has also been a reduction in the number of individuals physically appearing at court due to an increase in the number of audiovisual link (AVL) court appearances.

Reduce Potentially Preventable Hospitalisations

The desired outcome is a reduced rate of potentially preventable hospitalisations.

Potentially Preventable Hospitalisations (PPH) are those conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered in an ambulatory setting such as primary health care (for example, by general practitioners or community health centres).

Potentially preventable hospitalisations by sex, NSW 1991-92 to 2010-11



Source: Centre for Epidemiology and Evidence

Interpretation

In NSW between 1991-92 and 2009-10 rates of hospitalisation for all Potentially Preventable Hospitalisations (PPH) increased. On 1 July 2010, there was a significant change in coding standards for diabetes, which is a substantial contributor to total preventable hospitalisations. This contributed to the rates of hospitalisation for all PPH decreasing between 2009-10 and 2010-11. (Note latest available data shown)

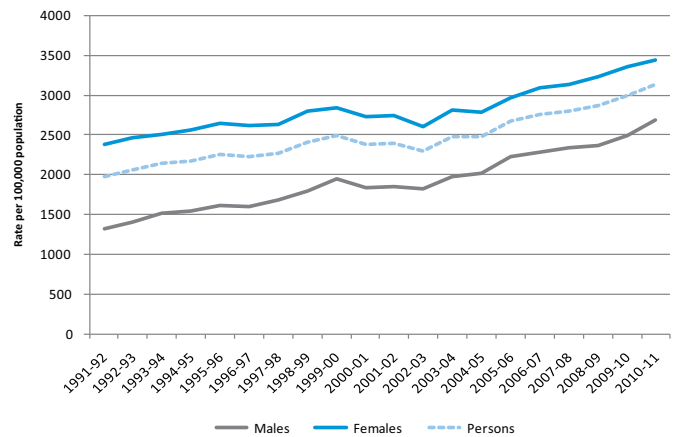
Fall Injury Hospitalisations

The desired outcome is reduced injuries and hospitalisations from fall-related injury among people 65 years and over.

Falls are one of the most common causes of injury-related preventable hospitalisations for people aged 65 years and over in NSW. It is also one of the most expensive. Older people are more susceptible to falls for several reasons, including reduced strength and balance, impaired vision, chronic illness and medication use. Over one quarter of people aged 65

years and over living in the community report falling at least once in a year and many more fall more than once.

Fall-related injury overnight stay hospitalisations by sex, persons aged and 65 years and over, NSW, 1991-92 to 2010-11.



Source: NSW Admitted Patient Data Collection and ABS population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health. Note: Hospital separations were classified using ICD-9-CM up to 1997-98 and ICD-10-AM from 1998-99 onwards. Rates were age-adjusted using the Australian population as at 30 June 2001. Numbers for the two latest years include an estimate of the small number of hospitalisations of NSW residents in interstate public hospitals, data for which were unavailable at the time of production.

Interpretation

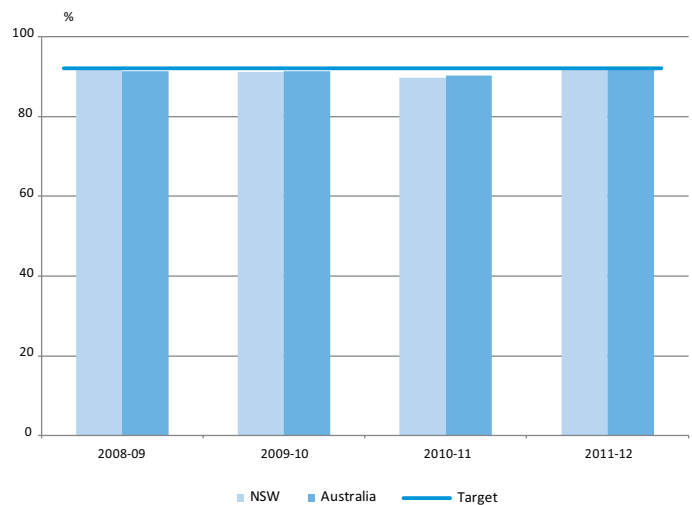
Age-standardised rates of hospitalisations for falls among older people have been increasing for almost 10 years. The rates may be affected by both the actual rate of fall injury and other factors such as hospital admission practices.

Children fully immunised at one year

The desired outcome is reduced illness and death from vaccine preventable diseases in children.

Although there has been substantial progress in reducing the incidence of vaccine preventable disease in NSW, it is an ongoing challenge to ensure optimal coverage of childhood immunisation.

Children fully immunised at one year



Source: Australian Childhood Immunisation Register

Interpretation

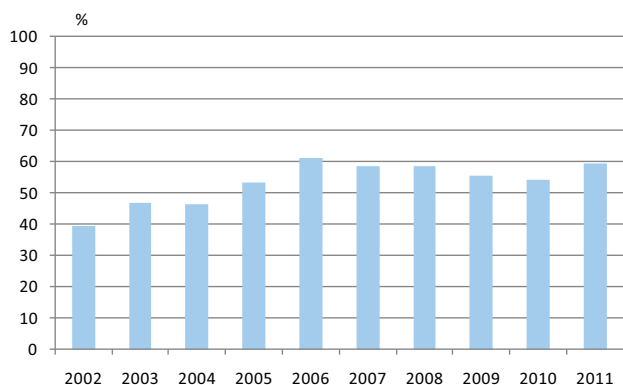
The Australian Childhood Immunisation Register was established in 1996. Data from the Register provide information on the immunisation status of all children less than seven years of age. Data for NSW indicate that at the end of June 2012, 92% of children aged 12 months to less than 15 months were fully immunised. This is consistent with the national average of 92%. It is acknowledged that this data may underestimate actual vaccination rates by around three per cent due to children being vaccinated late or delays by service providers forwarding information to the Register. The NSW target has been raised from 90% to 92% to account for the continued high levels of coverage above 90%.

Adult Immunisation

The desired outcome is reduced illness and death from vaccine preventable diseases in adults.

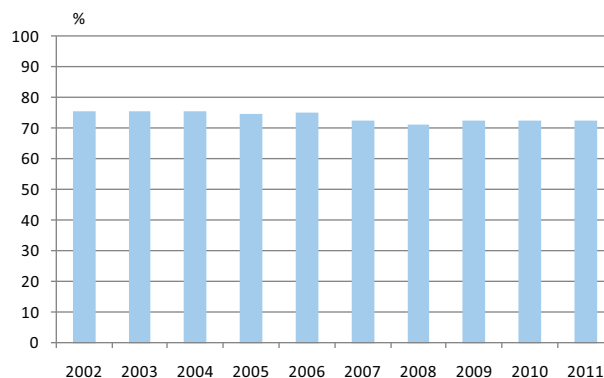
Vaccination against influenza and pneumococcal disease is recommended by the National Health and Medical Research Council. Free vaccine is provided under the National Immunisation Program. NSW Health actively promotes influenza and pneumococcal vaccination of adults through direct communication with general practitioners and aged care facilities.

Adults aged 65 years and over vaccinated against pneumococcal disease in the last 5 years, NSW, 2002-2011



Source: NSW Population Health Survey, Centre for Epidemiology and Evidence

Adults aged 65 years and over vaccinated against influenza in the last 12 months, NSW, 2002-2011



Source: NSW Population Health Survey, Centre for Epidemiology and Evidence

Interpretation

In adults aged 65 years and over, there has been no meaningful change between 2002 and 2011 in the proportion of respondents who reported receiving vaccination against influenza during the previous 12 months. However, there was an increase in the proportion of respondents, from 39.4% in 2002 to 59.5% in 2011, who reported receiving vaccination against pneumococcal disease during the previous five years.

GOAL 12 // PROVIDE WORLD-CLASS CLINICAL SERVICES WITH TIMELY ACCESS AND EFFECTIVE INFRASTRUCTURE

We will provide timely access to world-class health care through increased investment in infrastructure, making more beds available, and providing more nurses. By establishing Local Health Districts and new governance arrangements for the NSW health system, we are restoring local decision-making so that our hospitals and health services can be managed by those closest to the patient. As the 'front door' to acute hospital services, our emergency departments need targeted changes to better manage demand, and our planned surgery management strategies need to be transparent. The patient and their carers will be at the heart of these plans to ensure timely access to quality health care.

TARGET	PRIORITY ACTIONS
<p>REDUCE HOSPITAL WAITING TIMES</p> <p>Planned Surgery</p> <ul style="list-style-type: none"> Planned surgical patients admitted within clinically appropriate time <p>Emergency Department Treatments</p> <ul style="list-style-type: none"> Time from triage to commencement of clinical treatment meets national benchmarks 	<p>The Government's changes to the health system will help reduce waiting times for planned surgery and emergency departments in public hospitals, allowing NSW to meet national benchmarks for treatment. Actions to achieve these targets include:</p> <ul style="list-style-type: none"> Invest \$4.7 billion over four years in health capital and ICT infrastructure (including e-health projects), make 1,390 beds available and deliver 2,475 extra nurses to ensure hospitals are accessible for the entire NSW community and provide the best quality of care Restore local decision-making and conduct a governance review of the NSW health system to ensure those closest to the patient are empowered to make decisions about patient care Invest \$72 million to perform 13,000 additional operations to help reduce surgery waiting times Deliver alternative services to patients with less critical conditions to reduce the pressure on emergency departments, including 'Fast Track' zones, Urgent Care Centres and Medical Assessment Units Establish a Telehealth Technology Centre at Nepean Hospital and increase funding for the Isolated Patients' Transport and Accommodation Scheme to reduce the barriers of distance for providing health care, particularly for rural and remote patients Deliver real-time information on the number of patients waiting for treatment in major metropolitan emergency departments
<p>IMPROVE TRANSFER OF PATIENTS FROM EMERGENCY DEPARTMENTS TO WARDS</p> <ul style="list-style-type: none"> Achieve the COAG agreed national emergency department access target of 90% of persons attending ED staying four hours or less 	<p>Moving patients from the emergency department to wards within the national benchmark will reduce overcrowding of emergency departments and improve patient comfort. Actions to improve the transfer and experience of emergency patients include:</p> <ul style="list-style-type: none"> Deliver programs to improve patient journeys and access to care, including redesigning clinical processes, better managing patient flows and resolving unnecessary treatment delays Make 1,390 beds available over the next four years to meet demand for hospital admissions.
<p>REDUCE UNPLANNED READMISSIONS</p> <ul style="list-style-type: none"> Reduce current rates of unplanned and unexpected hospital readmissions as percentage of total hospital admissions (5% per year over four years) <p>DECREASE HEALTHCARE ASSOCIATED BLOODSTREAM INFECTIONS</p> <ul style="list-style-type: none"> Improve on performance and remain below the COAG benchmark for <i>Staphylococcus aureus</i> (staph) bloodstream infection rate per 10,000 patient bed days 	<p>In any environment, there are risks of infection and hazards to patient health and safety, even in hospitals. We are putting systems in place to reduce the possibility of illness or injury associated with health care. Actions to improve patient health and safety include:</p> <ul style="list-style-type: none"> Promote strict cleanliness standards including hand washing practices among health professionals to minimise the spread of infections in public hospitals Reduce blood stream infections through improved clinical practices and education with hospital staff.
<p>ENSURE ALL PUBLICLY PROVIDED HEALTH SERVICES MEET NATIONAL PATIENT SAFETY AND QUALITY STANDARDS</p>	<p>NSW Health is working with the Australian Commission for Safety and Quality in Health Care to make sure all hospitals in NSW meet agreed national patient safety and quality standards.</p>
<p>INCREASE PATIENT SATISFACTION</p> <ul style="list-style-type: none"> Improve on the previous year's Patient Experience Survey following treatment 	<p>Improving timely access to quality health care starts with putting patients back at the centre of every decision in the NSW health system. Patients must have an opportunity to provide feedback on their experience if we are to continuously improve the delivery of health services and learn from mistakes. We will:</p> <ul style="list-style-type: none"> Continue the NSW Health Patient Survey to ensure patients can provide feedback on their care and enable the health system to respond and continuously improve.

NSW 2021: GOAL 12

In 2011-12, NSW Health commenced working towards achieving its NSW 2021 Goals.

Target – Reduce hospital waiting times

Key Achievements 2011-12:

- The NSW Government has committed \$4.7 billion over 4 years towards the NSW Health capital works program. This included a wide range of capital works projects progressed during 2011-12 including:
 - Campbelltown Hospital redevelopment
 - Dubbo Hospital redevelopment
 - Liverpool Hospital redevelopment and car park
 - Nepean Hospital redevelopment
 - Port Macquarie Base Hospital expansion
 - Wagga Wagga Base Hospital redevelopment
 - St George Hospital emergency department
 - Prince of Wales Hospital Comprehensive Cancer and Blood Disorder Unit
 - Cessnock Ambulance Station
- Mental Health:
 - Hornsby Hospital Child and Adolescent Acute Mental Health Service
 - Prince of Wales Hospital mental Health Intensive Care Unit
 - Sydney Children’s Hospital Child and Adolescent Unit
- The NSW Health ICT program is one of the largest portfolios of any Australian government or corporate organisation. The ICT strategy combines statewide and local investment across clinical, corporate and infrastructure initiatives and support the rollout of the following ICT initiatives:
 - Electronic Medical Record and medical imaging capabilities supporting 75,000 NSW clinicians and covering 80 per cent of all beds in NSW public hospitals
 - A dedicated ICT Infrastructure Office responsible for critical network and data centre upgrades.
- The NSW government committed to achieving an additional 2475 nurses over 4 years. This figure has already been exceeded with over 2,900 extra nurses employed since March 2011.
- The Director-General’s *Governance Review* of the NSW health system has been finalised, implementing Government policy on devolution of decision-making; improving transparency and accountability, and strengthening clinical engagement. To support this, 15 Local Health Districts (LHD) and three specialty health networks were established; Health Reform Transition Organisations were abolished with resources transferred to LHDs; the Department of Health was restructured to form a smaller, more focused central agency and the Pillar organisations were strengthened.
- During 2011-12 an additional 5,186 more elective surgical procedures were performed than in the previous year with NSW on track to deliver 13,000 more operations to reduce waiting times. (source: AIHW, *Australian hospital statistics 2011–12*).

- To support better access for patients to the right level of emergency care, LHDs are implementing a number of strategies:
 - Patient Flow Systems to help hospitals to manage demand well in advance.
 - Medical Assessment Units (MAU) have been established within 29 sites where experienced doctors, nurses and allied health staff conduct rapid assessment, faster diagnosis and earlier treatment. Once a patient’s condition is assessed and diagnosed and treatment provided, patients can safely return home or transfer to a specialty ward within 48 hours.
 - At over 25 hospitals in the state, fast-track zones have been established, using dedicated skilled staff such as nurse practitioners and nurses with extended skills, to fast-track the treatment of less complex patients.
 - To allow more efficient processing of patients as they arrive, 14 hospitals have established Emergency Medicine Units to provide care to patients that require longer periods of care or observation without occupying emergency department beds.
 - Short stay units have been created in a number of hospitals for patients who need shorter periods of admission to a specialist unit allowing for more efficient processing of patients as they arrive.
- To help reduce barriers of distance in providing care, NSW Health has:
 - Finalised a Telehealth Infrastructure (Video) Strategy which now allows greater communication both within and external to NSW Health facilities in addition to agreed technical standards and consistent priority to video calls across the health network.
 - Provided additional funding of \$28 million over four years (\$7 million per annum) for the Isolated Patients Travel and Accommodation Assistance Scheme with increases in fuel and accommodation subsidy levels from 1 January 2012.
- To better support real time public information on waiting times in emergency, a new website and phone application was created. The Real Time Emergency Department application provides regularly updated information on the number of patients who have been assessed by a triage nurse and are waiting for treatment in 61 metropolitan and regional hospital emergency departments. The site also provides after hours GP information; the name and location of three other reporting hospitals located closest to the hospital searched, and maps. During 2011-12 there were 50,014 visits recorded on the site, with a total number of hits exceeding 162,000.

Target – Improve transfer of patients from emergency departments to wards

Key Achievements 2011-12:

- LHDs are focusing on implementation of new models of care in emergency departments that ensure patients receive care in the most appropriate place for their clinical condition. This includes using models of care where care can be provided outside the emergency department; for example using Medical Assessment Units and Hospital in the Home services.
- In addition NSW Health is implementing Patient Flow Systems across acute facilities in NSW – a whole of hospital

approach to planning for, and managing capacity and demand across the hospital and acute community setting.

- To support improved access to care the NSW government committed over 4 years to making an additional 1,390 beds available in the NSW Health system. This included making 550 adult acute overnight hospital beds available in addition to the 840 new beds funded by the Commonwealth Government.
- NSW Health is on track to deliver on this commitment by March 2015.
- Additional beds are being made available through :-
 - Opening new beds (eg capital works) and
 - Freeing up existing beds using new models of care to reduce length of time in hospital as well as allowing patients to be cared for at home or in other settings, avoiding the need for admission to hospital. This means delivering increased patient activity while reducing reliance on inpatient beds.
- From June 2011, Council of Australian Governments (COAG) funding was reduced by more than half for NSW acute hospital beds and the NSW government injected \$71.9 million so that 557 hospital beds would be available for ongoing patient care.
- During 2011-12 an additional \$36.4 million of NSW recurrent funding was also provided for 150 new acute beds with \$21.6 million in COAG recurrent funding provided for 69 new sub-acute beds.

Target – Reduce unplanned readmissions

Key Achievements 2011-12:

- In 2011-12, most Local Health Districts investigated the causes of unplanned/unexpected readmission within 28 days of separation and, while some have found coding issues, there were a small number of cases where the original care needed further review. This indicator is a better indicator of continuity of care processes.

Target – Decrease healthcare associated bloodstream infections

Key Achievements 2011-12:

- The Health Care Associated Infection program was transferred to the Clinical Excellence Commission from the Ministry of Health in December 2011. The program is responsible for assisting facilities to minimise the risk of patients developing a preventable health care associated infection through infection control, environmental cleaning, antimicrobial stewardship and reprocessing of instruments. The *Staphylococcus aureus* bloodstream infection rate for NSW of 1.17 bloodstream infections per 10,000 bed days remains below the national benchmark of 2.0 per 10,000 bed days. Posters are being developed for display in all hospital wards throughout NSW.
- National Hand Hygiene Initiative: The Clinical Excellence Commission is leading the National Hand Hygiene Initiative in NSW on behalf of the Ministry of Health. The CEC conducted 11 Gold Standard Assessor workshops between July 2011 and June 2012 and 80 new auditors were validated as gold standard assessors.
- The Sepsis Kills program is working with clinicians and health service managers to improve the recognition and treatment of severe infection and sepsis to reduce their impact, mortality and financial costs. Phase 1,

which commenced in May 2011 continues and sixty-five (65) Emergency Departments across NSW are actively participating with strong uptake by clinicians and facility managers. Phase 2 commenced in 2012 and is focused on improvement initiatives in hospital inpatient wards, initially in small facilities in rural and remote areas of NSW followed by implementation in large facility inpatient wards.

Target – Ensure all publicly provided health services meet national patient safety and quality standards

Key Achievements 2011-12:

- Quality Systems Assessment: The Clinical Excellence Commission quality and safety self-assessment program is now in its fifth year and is conducted at multiple levels within all public health organisations in NSW. NSW is the first state in Australia to introduce a self-assessment of quality and safety. In 2011, an overall response of 99% was achieved, which included over 1200 clinical departments and 113 facilities across the state.
- Medication Safety: The Medication Safety Self Assessment for Australian Hospitals continues to be a driver for medication safety programs. Two hundred and forty health care facilities have now submitted MSSA data to the CEC. This number includes 150 NSW public health facilities with 67 facilities having completed the self-assessment more than once. After a successful pilot, the 2012 ISMP International Medication Safety Self Assessment for Oncology was released for use worldwide.
- In Safe Hands: This new program was launched in September 2011 and is designed to build high reliability patient care teams by providing them with the relevant standards, tools, skills and resources to enable them to become self sufficient teams in order to provide the best care for their patients. Rural pilot sites have been developed through collaboration with international experts.
- A new system of accreditation is currently being developed by the The Australian Commission on Safety and Quality in Health Care for implementation by all NSW Health facilities.

Target – Increase patient satisfaction

Key Achievements 2011-12:

- Partnering With Patients: The Clinical Excellence Commission (CEC) developed the Partnering with Patients program to involve patients and families and carers in their own care and to improve consumer engagement in safety and quality. The development of a *Patient Based Care Challenge* for the Local Health Districts has been used to galvanise the health services with a clear governance commitment to improve the patient care experience. Recounting a 'patient story' now begins each LHD board meeting.
- The NSW Health Patient Survey began operations in 2007 under the supervision of the former Hunter New England Area Health Service, with the single purpose of informing staff and improving the patient experience of health care. Since 2007, this survey is the only statistically relevant, historical and comparable data set of health experiences in NSW and provides a lens through which quality improvement activities across the public health system can be viewed. From July 2012, the Bureau of Health Information has carriage and responsibility for the NSW Health Patient Survey.

GOAL 12 // PERFORMANCE AGAINST TARGETS

Reduce Hospital Waiting Times

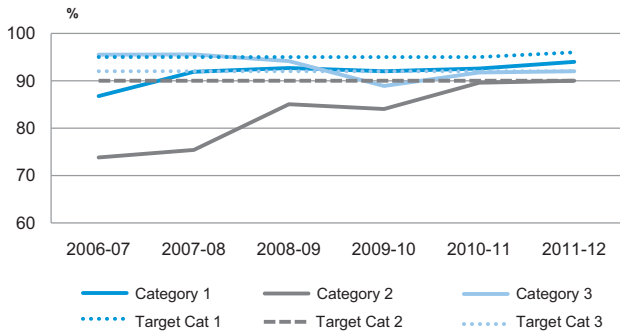
Planned Surgery Patients

The desired outcome is for the timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and convenience for patients.

The National Partnership Agreement on Improving Public Hospital Services requires states to ensure that patients receive their surgery within the clinically recommended timeframe with progressive targets.

The NSW Ministry of Health monitors waiting times for elective surgery, using the nationally agreed measures. These measures are based on clinically recommended timeframes as determined for each patient by their medical practitioner.

NSW Hospital Performance National Elective Surgery Targets (NEST)



Data Source: WLCOS

Interpretation

NSW public hospitals are improving performance on the percentage of patients treated on time in Category 1 (admission within 30 days) and Category 2 (admission within 90 days) compared to the last reporting period. Category 3 (admission within 365 days) performance remains comparable with 2011. Category 3 performance is still on track to meet the National Elective Surgery Targets.

As at June 2012, two out of three national targets have been achieved and performance continues to improve against them.

- Category 1 – Performance improving, slightly under target (96%) at 94%.
- Category 2 – Performance on target (90%) at 90% for the 2011-12 period
- Category 3 – Performance on target (92%) at 92% for the 2011-12 period

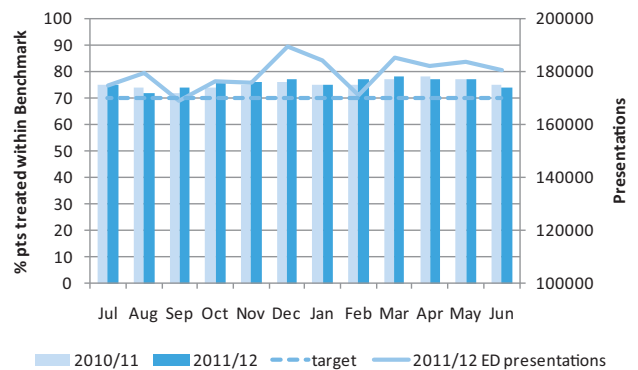
Emergency Department care

Emergency department triage times – treatment within benchmark times.

The desired outcome is for the treatment of Emergency Department patients within timeframes appropriate to their clinical urgency, resulting in improved survival, quality of life and patient satisfaction.

Patients presenting to the emergency department are classified into one of five triage categories and seen on the basis of their need for medical and nursing care.

Emergency Department – All triage categories treated within Australasian College for Emergency Medicine (ACEM) benchmark times (%)



Source: Emergency Department Information System

Interpretation

NSW public emergency departments continue to manage strong demand for services with over 2.5 million attendances in 2011-12 (an increase of 2.1%). Despite this increase, our emergency departments continue to maintain their performance.

Emergency Departments always give priority to those with the most life-threatening illness. NSW hospitals continue to treat 100% of the most seriously ill (Triage 1) patients within the National Benchmark of two minutes.

For those patients classified as triage category 2 or 'imminently life threatening' the performance in treating patients within 10 minutes in 2010-12 was two percentage points above the Australasian College for Emergency Medicine's (ACEM) target level.

In 2010-11, 73% of Triage 4 or 'potentially serious' patients had treatment commenced within 60 minutes, above the 70% benchmark set by the ACEM.

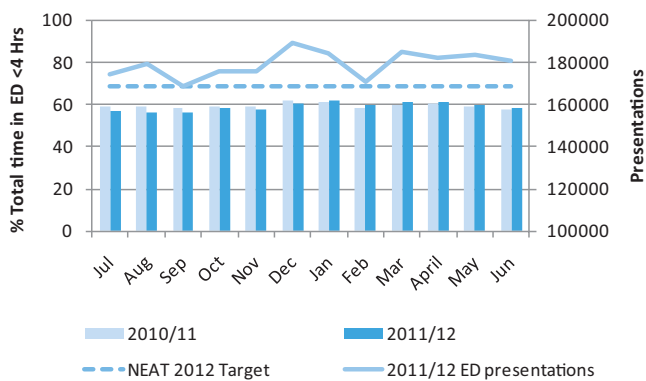
Improve Transfer of Patients from Emergency Departments to Wards

National Emergency Access Target (NEAT) percentage of patients with a total time in the Emergency Department of four hours or less

The desired outcome is for the timely admission from the emergency department for those patients who require inpatient treatment, resulting in improved patient satisfaction and better availability of services for other patients.

Patient satisfaction is improved with reduced waiting time for admission from the emergency department to a hospital ward, intensive care unit bed or operating theatre. Also, improved transfer means that emergency department services are freed up for other patients.

NEAT – % of patients with total time in ED <=4 hours



Source: Emergency Department Information System

Interpretation

- The NSW 2012 annual NEAT target requires that 69% of all patients who present to an ED leave the ED within four hours.

Transfer of Care < 30 minutes

The desired outcome is for the timely transfers of patients from ambulance to hospital emergency departments or inpatient units, resulting in improved patient satisfaction, as well as improved ambulance operational efficiency.

Transfer of care is a new measure, replacing the previously reported “Off Stretcher Time” metric.

The definition of transfer of care is the transfer of accountability and responsibility for patient care from an ambulance paramedic to a hospital clinician. This occurs either in the emergency department or in a hospital inpatient unit.

Information for transfer of care comes from the transfer of care reporting system, which matches ambulance data to emergency department data within the Health Information Exchange on a daily basis.

Result for 2012

For the period April to June 2012, the transfer of care time was 75% against an aspirational target of 90%.

Source: Transfer of Care Reporting System

Interpretation

Improving the time taken for the transfer of patients arriving by ambulances to Emergency Departments continues to be a focus of effort. In 2010-11, the percentage of ambulance patients transferred within 30 minutes in NSW using the “Off Stretcher Time” metric was 65%. In the same year, ambulance transports increased by 1.5% compared to the previous year.

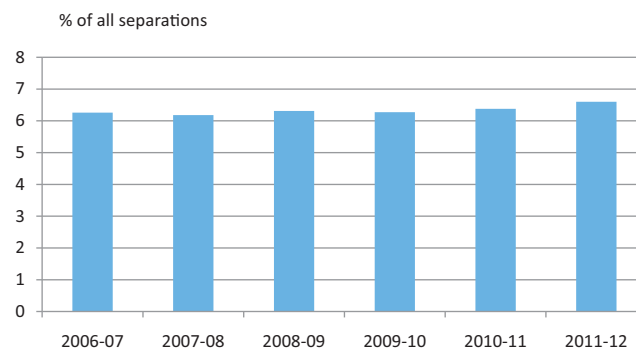
Reduce Unplanned Readmissions

Readmission within 28 Days

The desired outcome is improved health and wellbeing through effective inpatient care and adequate and proper follow up in the community.

Monitoring of 28-day readmission provides a useful indicator of potential issues with continuity of care, discharge management and community follow-up and support. The indicator is used both within the Ministry of Health and by the Health Districts and Networks to trigger investigation into possible issues with the management of care from hospital to home.

Unplanned/unexpected readmission within 28 days of separation



Source: State HIE (Inpatient Collection)

Interpretation

In 2011-12, most Local Health Districts have investigated the causes of unplanned/unexpected readmission within 28 days of separation and have found some patients have been coded as an unplanned readmission when it was planned. There were only a small number of cases where the original care could be questioned.

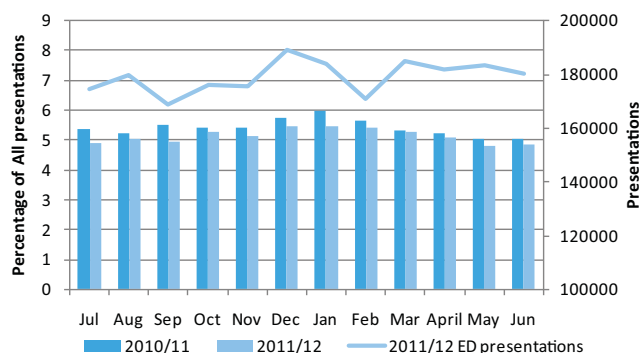
This indicator is useful at looking at the continuity of care processes.

Unplanned Representations to Emergency Departments within 48 hours

The desired outcome is to improve quality and safety of treatment by reducing unplanned and avoidable re-attendances of patients to the same emergency department within 48 hours.

Unplanned representations to emergency departments may indicate a diminishing of quality of care and patient outcome. The indicator is used to trigger investigation into possible care provided.

Re-presentations to the same Emergency Department within 48hrs



Source: Emergency Department Information System

Interpretation

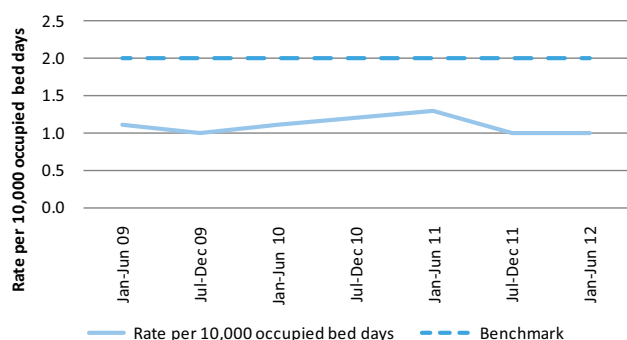
The percentage of re-presentations to NSW public emergency departments has marginally decreased month-on-month across the year. This is despite a 2.1 per cent increase in Emergency department presentations across the state.

Decrease Healthcare Associated Bloodstream Infections

The desired outcome is to achieve a reduction in the number of *Staphylococcus Aureus* bloodstream infections (SA-BSI) acquired by patients receiving treatment in NSW hospitals.

Staphylococcus Aureus, a bacterium that commonly colonises human skin and mucosa, is among the most common causes of community and healthcare associated sepsis. There is emerging evidence that many of these infections are preventable through effective prevention and control.

Staphylococcus Aureus Bloodstream Infections (SA-BSI)



Source: NSW Healthcare Associated Infection Data Collection

Interpretation

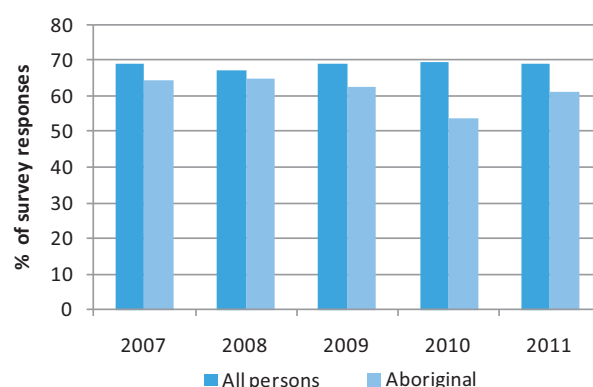
SA-BSI rates have remained static over the last 2 years. The apparent rise in rates between Jan-Jun 2010 and Jul-Dec 2010 reflects the adoption of a new national definition which differed from the NSW definition used prior to that date. This new surveillance definition means in some cases it is more difficult to determine if these infections were associated with performance of a particular hospital. Infections reported now include both those that are Methicillin resistant (MRSA) and those that are Methicillin sensitive (MSSA). Using the new national definition, reported rates in NSW are similar to those in other Australian States and internationally, with State rates consistently below the COAG agreed benchmark of 2.0.

Increase Patient Satisfaction

The desired outcome is to improve patients' experience with public hospital and health services as measured by regular patient satisfaction surveys.

Patient satisfaction provides a proxy measure of government's objective to deliver services that are high quality and responsive to individual patient needs. Patient satisfaction surveys are different from other sources of hospital quality data, because they provide information on hospital quality from the patient's perspective. Surveys can be useful for obtaining information on patient view of both clinical and non-clinical hospital care (such as whether patients feel they were treated with respect and provided with appropriate information regarding their treatment).

Proportion of patients rating their overall care received as 'very good' or 'excellent' (%)



Source: NSW Patient Survey Program, NSW Ministry of Health.

Interpretation

The chart shows that, for all patients combined, the proportion of patients who provided a positive response to 'overall care' has remained stable over the years with nearly 70% rating their care as 'very good' or 'excellent'. The proportion of Aboriginal patients providing a positive response is lower, at just over 60% in 2011, which is an improvement on the previous year's result.

A high or increasing proportion of patients who rated their care as 'very good' or 'excellent' is desirable, as it suggests the hospital care received was of high quality and better met the expectations and needs of the patients.

Local Health Districts and Specialist Health Networks regularly collect and monitor patient satisfaction results and implement measures and strategies to improve patient satisfaction in any areas requiring attention. From July 2012, the Bureau of Health Information has taken over the management of the Patient Survey Program and this is expected to increase the range of patient satisfaction data that is collected and publicly reported.

Ensure All Publicly Provided Health Services Meet National Patient Safety and Quality Standards

The desired outcome is to increase the number of public hospital facilities with current accreditation.

Accreditation is an indicator of the government's objective to provide public hospital services that are of high quality. 'Accreditation' signifies professional and national recognition awarded to hospitals and other healthcare facilities that meet defined industry standards. Public hospitals can seek accreditation through the Australian Council on Health Care Standards (ACHS) Evaluation and Quality Improvement Program, Business Excellence Australia (previously known as the Australian Quality Council), the Quality Improvement Council, and through certification as compliant with the International Organisation for Standardisation's (ISO) 9000 quality family or other equivalent programs. Quality programs require hospitals to demonstrate continual adherence to quality improvement standards to gain and retain accreditation.

Percentage of accredited public hospitals and hospital beds (%)



Source: NSW Ministry of Health

Accreditation is reported as percentage of facilities that are accredited. In addition, percentage of beds that are within accredited facilities out of the total pool of beds in all facilities is also reported to account for hospitals of different sizes.

Interpretation

Percentage of accredited facilities has been increasing steadily over the last three years and more than 90% of public hospitals in NSW are now accredited, covering nearly 100% of public hospital beds.

A high or increasing rate of accreditation is desirable.