



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



WA Health Performance Report

July to September 2012 Quarter





List of Acronyms

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
WLDC	Wait List Data Collection
YTD	Year to date



Contents

List of Acronyms	ii
Contents	iii
Introduction	v
At a Glance	
WA Health System Performance – Statewide	vi
WA Health System Performance – Metropolitan	ix
WA Health System Performance – Country	xii
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)	29
9.2 Elective Surgery Wait List Category 2 Cases Treated (Admitted)	30
9.3 Elective Surgery Wait List Category 3 Cases Treated (Admitted)	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	35
10.1 Emergency Department Attendances – National Emergency Access Target Hospitals	36
10.2 Admissions from Emergency Department – National Emergency Access Target Hospitals	37
10.3 Emergency Department Attendances Admitted – National Emergency Access Target Hospitals	38
10.4 Mental Health Admissions from Emergency Department – National Emergency Access Target Hospitals	39
10.5 Total Emergency Department Attendances Transferred to another Hospital – National Emergency Access Target Hospitals	40
10.6 Emergency Department Attendances with Length of Episode (LOE) of Four Hours or Less – National Emergency Access Target Hospitals	41
10.7 Emergency Department Attendances with LOE Greater Than Twelve Hours – National Emergency Access Target Hospitals	42
10.8 Emergency Department Admissions with LOE of Four hours or Less – National Emergency Access Target Hospitals	43
10.9 Emergency Department Transfers with LOE of Four Hours or Less – National Emergency Access Target Hospitals	44
10.10 Emergency Department Departures with LOE of Four Hours or Less – National Emergency Access Target Hospitals	45
10.11 Ambulance Ramping	46
11. Data Definitions and Business Rules	47



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.

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.



WA Health System Performance – Statewide

July to September 2012		Compared to July to September 2011	
119,076 [^]	people were discharged from hospital ¹	N/A [†]	discharged from hospital ¹
110,830 [^]	acute admissions that have been discharged from hospital ¹	N/A [†]	acute admissions that have been discharged from hospital ¹
58,142 [^]	elective acute admissions that have been discharged from hospital ¹	N/A [†]	elective acute admissions that have been discharged from hospital ¹
76,959 [^]	acute medical admissions that have been discharged from hospital ¹	N/A [†]	acute medical admissions that have been discharged from hospital ¹
29,130 [^]	acute surgical admissions that have been discharged from hospital ¹	N/A [†]	acute surgical admissions that have been discharged from hospital ¹
30,390 [^]	renal dialysis admissions that have been discharged from hospital ¹	N/A [†]	renal dialysis admissions that have been discharged from hospital ¹
2.74 [^]	days acute average length of stay for discharged patients ¹	N/A [†]	average length of stay for acute admissions that have been discharged from hospital ¹
5,456 [^]	newborn admissions that have been discharged from hospital ¹	N/A [†]	newborn admissions that have been discharged from hospital ¹
N/A	average number of available active sameday (occupied and unoccupied) beds/chairs ²	N/A	average number of available active sameday beds/chairs ²
N/A	average number of available active overnight (occupied and unoccupied) beds ³	N/A	average number of available active overnight beds ³
N/A	overnight bed occupancy	N/A	overnight bed occupancy
15,994	patients on elective surgery wait list ⁴	475	less patients on the elective surgery wait list, or 2.9% decrease ⁴
21,952	admissions from the elective surgery wait list	597	more admissions from the elective surgery wait list, or 2.8% increase
1.94	months median waiting time for patients on elective surgery wait list ⁴	-	no change in waiting time for patients on elective surgery wait list ⁴
251,216	people attended emergency departments	12,694	more emergency department attendances, or 5.3% increase
96.6%	Triage 1 patients were seen within recommended time (immediately)	0.4%	decrease in Triage 1 patients seen within recommended time (immediately) ⁵
76.9%	Triage 2 patients were seen within recommended time (10 minutes)	4.0%	increase in Triage 2 patients seen within recommended time (10 minutes) ⁵
53.7%	Triage 3 patients were seen within recommended time (30 minutes)	5.0%	decrease in Triage 3 patients seen within recommended time (30 minutes) ⁵
66.9%	Triage 4 patients were seen within recommended time (1 hour)	6.3%	decrease in Triage 4 patients seen within recommended time (1 hour) ⁵
95.1%	Triage 5 patients were seen within recommended time (2 hours)	1.6%	decrease in Triage 5 patients seen within recommended time (2 hours) ⁵
56,633	people were admitted into hospitals from emergency departments	2,814	more hospital admissions from emergency departments, or 5.2% increase



WA Health System Performance – **Statewide (cont.)**

July to September 2012		Compared to July to September 2011	
2,334	people were discharged from mental health services ⁶	352	less people discharged from mental health services, or 13.1% decrease ⁶
183,075	attendances at mental health outpatient clinics ⁷	11,470	less attendances at mental health outpatient clinics, or 5.9% decrease ⁷
3,267	Ambulatory Surgery Initiative cases	114	more Ambulatory Surgery Initiative cases, or 3.6% increase
113,980	visits to dental clinics	3,789	less visits to dental clinics, or 3.2% decrease
26,124	people waiting for services at dental clinics ⁸	3,454	more people waiting for dental clinic services, or 15.2% increase ⁸
17,869	people attended a General Practitioner After Hours service	1,676	more people attended a General Practitioner After Hours service, or 10.4% increase
National Elective Surgery Targets			
84.3%	elective surgery Category 1 cases treated within recommended time ⁹	N/A*	Category 1 cases treated within recommended time ⁹
81.1%	elective surgery Category 2 cases treated within recommended time ⁹	N/A*	Category 2 cases treated within recommended time ⁹
96.5%	elective surgery Category 3 cases treated within recommended time ⁹	N/A*	Category 3 cases treated within recommended time ⁹
17.86	days average overdue wait time for elective surgery Category 1 cases ^{4,9}	N/A*	days average overdue wait time for Category 1 cases on elective surgery wait list ^{4,9}
78.37	days average overdue wait time for elective surgery Category 2 cases ^{4,9}	N/A*	days average overdue wait time for Category 2 cases on elective surgery wait list ^{4,9}
77.51	days average overdue wait time for elective surgery Category 3 cases ^{4,9}	N/A*	days average overdue wait time for Category 3 cases on elective surgery wait list ^{4,9}
National Emergency Access Target** (data is for participating hospitals only – refer to page 35)			
196,950	people attended emergency departments ¹⁰	12,916	more emergency department attendances, or 7.0% increase ¹⁰
48,927	people were admitted to hospital from emergency departments ¹⁰	2,654	more admissions from emergency departments, or 5.7% increase ¹⁰
24.8%	emergency department attendances admitted ¹⁰	1.2%	decrease in emergency department attendances admitted ¹⁰
3,330	mental health patients admitted to hospital from emergency departments ¹¹	176	more mental health admissions from emergency departments, or 5.6% increase ¹¹
2.1%	emergency department attendances transferred to another hospital ¹⁰	3.9%	decrease in emergency department attendances transferred to another hospital ¹⁰



WA Health System Performance – **Statewide (cont.)**

July to September 2012		Compared to July to September 2011	
National Emergency Access Target** (data is for participating hospitals only – refer to page 35) cont.			
75.3%	emergency department attendances with length of episode (LOE) of four hours or less ¹⁰	3.4%	decrease in emergency department attendances with LOE of four hours or less ¹⁰
2.8%	emergency department attendances with LOE greater than twelve hours ¹⁰	0.7%	increase in emergency department attendances with LOE greater than twelve hours ¹⁰
43.4%	emergency department admissions with LOE of four hours or less ¹⁰	13.0%	decrease in emergency department admissions with LOE of four hours or less ¹⁰
51.4%	emergency department transfers with LOE of four hours or less ¹⁰	5.1%	decrease in emergency department transfers with LOE of four hours or less ¹⁰
86.9%	emergency department departures with LOE of four hours or less ¹⁰	1.8%	decrease in emergency department departures with LOE of four hours or less ¹⁰
4,582	ambulance ramping hours ¹²	2,690	more hours of ambulance ramping, or 142.2% increase ¹²

Footnotes:

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 September 2011 to September 2012 quarters.

⁶ Figures for mental health separations are preliminary for the September 2012 quarter.

⁷ Figures for mental health services at outpatient clinics are preliminary for the September 2012 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, King Edward Memorial, Rockingham General, Swan District, Joondalup Health Campus and Peel Health Campus.

N/A - Country overnight bed occupancy data has not been available from October 2009. Country active sameday bed and overnight bed data have not been available since April 2011.

N/A* - Data not applicable since NEST indicators commenced from January 2012.

N/A† - September 2011 quarter to September 2012 quarter comparison is not available due to September 2012 quarter data not being complete. The data will be available in future reports.

^ Metropolitan data is not complete for the September 2012 quarter.

** 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.



WA Health System Performance – Metropolitan

July to September 2012		Compared to July to September 2011	
88,137 [^]	people were discharged from hospital ¹	N/A [†]	discharged from hospital ¹
81,770 [^]	acute admissions that have been discharged from hospital ¹	N/A [†]	acute admissions that have been discharged from hospital ¹
43,054 [^]	elective acute admissions that have been discharged from hospital ¹	N/A [†]	elective acute admissions that have been discharged from hospital ¹
57,027 [^]	acute medical admissions that have been discharged from hospital ¹	N/A [†]	acute medical admissions that have been discharged from hospital ¹
20,173 [^]	acute surgical admissions that have been discharged from hospital ¹	N/A [†]	acute surgical admissions that have been discharged from hospital ¹
23,360 [^]	renal dialysis admissions that have been discharged from hospital ¹	N/A [†]	renal dialysis admissions that have been discharged from hospital ¹
2.93 [^]	days acute average length of stay for discharged patients ¹	N/A [†]	average length of stay for acute admissions that have been discharged from hospital ¹
4,149 [^]	newborn admissions that have been discharged from hospital ¹	N/A [†]	newborn admissions that have been discharged from hospital ¹
410	average number of available active sameday (occupied and unoccupied) beds/chairs ²	32	less average number of available active sameday beds/chairs, or 7.2% decrease ²
3,321	average number of available active overnight (occupied and unoccupied) beds ³	10	more average number of available active overnight beds, or 0.3% increase ³
86.7%	overnight bed occupancy ⁴	1.0%	increase in overnight bed occupancy ⁴
12,579	patients on elective surgery wait list ⁵	175	less patients on the elective surgery wait list, or 1.4% decrease ⁵
17,466	admissions from the elective surgery wait list	500	more admissions from the elective surgery wait lists, or 2.9% increase
1.94	months median waiting time for patients on elective surgery wait list ⁵	-	no change in waiting time for patients on elective surgery wait list ⁵
148,812	people attended emergency departments	8,879	more emergency department attendances, or 6.3% increase
97.1%	Triage 1 patients were seen within recommended time (immediately)	0.7%	decrease in Triage 1 patients seen within recommended time (immediately) ⁶
72.3%	Triage 2 patients were seen within recommended time (10 minutes)	4.4%	increase in Triage 2 patients seen within recommended time (10 minutes) ⁶
37.5%	Triage 3 patients were seen within recommended time (30 minutes)	7.9%	decrease in Triage 3 patients seen within recommended time (30 minutes) ⁶
52.2%	Triage 4 patients were seen within recommended time (1 hour)	8.8%	decrease in Triage 4 patients seen within recommended time (1 hour) ⁶
89.2%	Triage 5 patients were seen within recommended time (2 hours)	2.6%	decrease in Triage 5 patients seen within recommended time (2 hours) ⁶
43,278	people were admitted into hospitals from emergency departments	2,202	more hospital admissions from emergency departments, or 5.4% increase



WA Health System Performance – Metropolitan (cont.)

July to September 2012		Compared to July to September 2011	
1,962	people were discharged from mental health services ⁷	440	less people discharged from mental health services, or 18.3% decrease ⁷
152,307	attendances at mental health outpatient clinics ⁸	10,314	less attendances at mental health outpatient clinics, or 6.3% decrease ⁸
3,150	Ambulatory Surgery Initiative cases	132	more Ambulatory Surgery Initiative cases, or 4.4% increase
27,693	visits to dental clinics	2,486	less visits to dental clinics, or 8.2% decrease
17,869	people attended a General Practitioner After Hours service	1,676	more people attended a General Practitioner After Hours service, or 10.4% increase
National Elective Surgery Access Targets			
82.7%	elective surgery Category 1 cases treated within recommended time ⁹	N/A*	Category 1 cases treated within recommended time ⁹
78.9%	elective surgery Category 2 cases treated within recommended time ⁹	N/A*	Category 2 cases treated within recommended time ⁹
96.2%	elective surgery Category 3 cases treated within recommended time ⁹	N/A*	Category 3 cases treated within recommended time ⁹
18.09	days average overdue wait time for elective surgery Category 1 cases ^{5,9}	N/A*	days average overdue wait time for Category 1 cases on elective surgery wait list ^{5,9}
79.02	days average overdue wait time for elective surgery Category 2 cases ^{5,9}	N/A*	days average overdue wait time for Category 2 cases on elective surgery wait list ^{5,9}
80.47	days average overdue wait time for elective surgery Category 3 cases ^{5,9}	N/A*	days average overdue wait time for Category 3 cases on elective surgery wait list ^{5,9}
National Emergency Access Target** (data is for participating hospitals only – refer to page 35)			
148,779	people attended emergency departments ¹⁰	8,873	more emergency department attendances, or 6.3% increase ¹⁰
41,098	people were admitted to hospital from emergency departments ¹⁰	1,951	more admissions from emergency departments, or 5.0% increase ¹⁰
27.6%	emergency department attendances admitted ¹⁰	1.3%	decrease in emergency department attendances admitted ¹⁰
2,672	mental health patients admitted to hospital from emergency departments ¹¹	53	more mental health admissions from emergency departments, or 2.0% increase ¹¹
2.7%	emergency department attendances transferred to another hospital ¹⁰	1.6%	decrease in emergency department attendances transferred to another hospital ¹⁰
71.8%	emergency department attendances with length of episode (LOE) of four hours or less ¹⁰	4.7%	decrease in emergency department attendances with LOE of four hours or less ¹⁰



WA Health System Performance – Metropolitan (cont.)

July to September 2012		Compared to July to September 2011	
National Emergency Access Target** (data is for participating hospitals only – refer to page 35) cont.			
3.6%	emergency department attendances with LOE greater than twelve hours ¹⁰	2.7%	increase in emergency department attendances with LOE greater than twelve hours ¹⁰
41.4%	emergency department admissions with LOE of four hours or less ¹⁰	15.7%	decrease in emergency department admissions with LOE of four hours or less ¹⁰
51.5%	emergency department transfers with LOE of four hours or less ¹⁰	6.2%	decrease in emergency department transfers with LOE of four hours or less ¹⁰
84.7%	emergency department departures with LOE of four hours or less ¹⁰	2.4%	decrease in emergency department departures with LOE of four hours or less ¹⁰
4,582	ambulance ramping hours ¹²	2,690	more hours of ambulance ramping, or 142.2% increase ¹²

Footnotes:

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 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.

⁵ Figures reflect patients waiting for elective surgery on the last day of the quarter.

⁶ Figures are calculated as the percentage variation from the September 2011 to September 2012 quarters.

⁷ Figures for mental health separations are preliminary for the September 2012 quarter.

⁸ Figures for mental health services at outpatient clinics are preliminary for the September 2012 quarter.

⁹ National Partnership Agreement (NPA) National Elective Surgery Target (NEST) Indicator.

¹⁰ Data includes Royal Perth, Sir Charles Gairdner, Fremantle, Princess Margaret, Armadale-Kelmscott, Rockingham General, King Edward Memorial, Swan District, Joondalup Health Campus and Peel Health Campus.

¹¹ Data includes Royal Perth, Sir Charles Gairdner, Fremantle, Princess Margaret, Amadale-Kelmscott, Rockingham General, King Edward Memorial, Swan District, and Joondalup Health Campus. Excludes Peel Health Campus as a result of data capture system limitations.

¹² Ramping data includes the following metropolitan hospitals: Princess Margaret, Royal Perth, Sir Charles Gairdner, Fremantle, Armadale-Kelmscott, King Edward Memorial, Rockingham General, Swan District, Joondalup Health Campus and Peel Health Campus.

N/A* - Data not applicable since NEST indicators commenced from January 2012.

N/A† - September 2011 quarter to September 2012 quarter comparison is not available due to September 2012 quarter data not being complete. The data will be available in future reports.

^ Metropolitan data is not complete for the September 2012 quarter.

** 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.



WA Health System Performance – Country

July to September 2012		Compared to July to September 2011	
30,939	people were discharged from hospital ¹	1,143	more discharged from hospital, or 3.8% increase ¹
29,060	acute admissions that have been discharged from hospital ¹	1,158	more acute admissions that have been discharged from hospital, or 4.2% increase ¹
15,088	elective acute admissions that have been discharged from hospital ¹	700	more elective acute admissions that have been discharged from hospital, or 4.9% increase ¹
19,932	acute medical admissions that have been discharged from hospital ¹	856	more acute medical admissions that have been discharged from hospital, or 4.5% increase ¹
8,957	acute surgical admissions that have been discharged from hospital ¹	303	more acute surgical admissions that have been discharged from hospital, or 3.5% increase ¹
7,030	renal dialysis admissions that have been discharged from hospital ¹	930	more renal dialysis admissions that have been discharged from hospital, or 15.2% increase ¹
2.22	days acute average length of stay for discharged patients ¹	0.10	days less average length of stay for acute admissions that have been discharged from hospital, or 4.2% decrease ¹
1,307	newborn admissions that have been discharged from hospital ¹	10	less newborn admissions that have been discharged from hospital, or 0.8% decrease ¹
N/A	average number of available active sameday (occupied and unoccupied) beds/chairs ²	N/A	average number of available active sameday beds/chairs ²
N/A	average number of available active overnight (occupied and unoccupied) beds ³	N/A	average number of available active overnight beds ³
N/A	overnight bed occupancy	N/A	overnight bed occupancy
3,415	patients on elective surgery wait list ⁴	300	less patients on the elective surgery wait list, or 8.1% decrease ⁴
4,486	admissions from the elective surgery wait list	97	more admissions from the elective surgery wait list, or 2.2% increase
1.91	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 1.7% decrease ⁴
102,404	people attended emergency departments	3,815	more emergency department attendances, or 3.9% increase
94.7%	Triage 1 patients were seen within recommended time (immediately)	0.9%	increase in Triage 1 patients seen within recommended time (immediately) ⁵
90.8%	Triage 2 patients were seen within recommended time (10 minutes)	3.3%	increase in Triage 2 patients seen within recommended time (10 minutes) ⁵



WA Health System Performance – Country (cont.)

July to September 2012		Compared to July to September 2011	
84.9%	Triage 3 patients were seen within recommended time (30 minutes)	3.3%	decrease in Triage 3 patients seen within recommended time (30 minutes) ⁵
87.1%	Triage 4 patients were seen within recommended time (1 hour)	4.5%	decrease in Triage 4 patients seen within recommended time (1 hour) ⁵
97.5%	Triage 5 patients were seen within recommended time (2 hours)	0.8%	decrease in Triage 5 patients seen within recommended time (2 hours) ⁵
13,355	people were admitted into hospitals from emergency departments	612	more hospital admissions from emergency departments, or 4.8% increase
372	people were discharged from mental health services ⁶	88	more people discharged from mental health services, or 31.0% increase ⁶
30,768	attendances at mental health outpatient clinics ⁷	1,156	less attendances at mental health outpatient clinics, or 3.6% decrease ⁷
117	Ambulatory Surgery Initiative cases	18	less Ambulatory Surgery Initiative cases, or 13.3% decrease
7,777	visits to dental clinics	125	less visits to dental clinics, or 1.6% decrease
National Elective Surgery Targets			
93.4%	elective surgery Category 1 cases treated within recommended time ⁸	N/A*	Category 1 cases treated within recommended time ⁸
92.4%	elective surgery Category 2 cases treated within recommended time ⁸	N/A*	Category 2 cases treated within recommended time ⁸
97.2%	elective surgery Category 3 cases treated within recommended time ⁸	N/A*	Category 3 cases treated within recommended time ⁸
7.33	days average overdue wait time for elective surgery Category 1 cases ^{4,8}	N/A*	days average overdue wait time for Category 1 cases on elective surgery wait list ^{4,8}
42.79	days average overdue wait time for elective surgery Category 2 cases ^{4,8}	N/A*	days average overdue wait time for Category 2 cases on elective surgery wait list ^{4,8}
62.86	days average overdue wait time for elective surgery Category 3 cases ^{4,8}	N/A*	days average overdue wait time for Category 3 cases on elective surgery wait list ^{4,8}
National Emergency Access Target** (data is for participating hospitals only – refer to page 35)			
48,171	people attended emergency departments ⁹	4,043	more emergency department attendances, or 9.2% increase ⁹
7,829	people were admitted to hospital from emergency departments ⁹	703	more admissions from emergency departments, or 9.9% increase ⁹
16.3%	emergency department attendances admitted ⁹	0.6%	increase in emergency department attendances admitted ⁹
658	mental health patients admitted to hospital from emergency departments ⁹	123	more mental health admissions from emergency departments, or 23.0% increase ⁹



WA Health System Performance – Country (cont.)

July to September 2012		Compared to July to September 2011	
National Emergency Access Target** (data is for participating hospitals only – refer to page 35) cont.			
0.4%	emergency department attendances transferred to another hospital ⁹	28.6%	decrease in emergency department attendances transferred to another hospital ⁹
86.1%	emergency department attendances with length of episode (LOE) of four hours or less ⁹	0.3%	decrease in emergency department attendances with LOE of four hours or less ⁹
0.6%	emergency department attendances with LOE greater than twelve hours ⁹	20.5%	decrease in emergency department attendances with LOE greater than twelve hours ⁹
54.1%	emergency department admissions with LOE of four hours or less ⁹	0.5%	decrease in emergency department admissions with LOE of four hours or less ⁹
49.8%	emergency department transfers with LOE of four hours or less ⁹	13.5%	increase in emergency department transfers with LOE of four hours or less ⁹
92.6%	emergency department departures with LOE of four hours or less ⁹	0.4%	decrease in emergency department departures with LOE of four hours or less ⁹

Footnotes:

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 September 2011 to September 2012 quarters.

⁶ Figures for mental health separations are preliminary for the September 2012 quarter.

⁷ Figures for mental health services at outpatient clinics are preliminary for the September 2012 quarter.

⁸ National Partnership Agreement (NPA) National Elective Surgery Target (NEST) Indicator.

⁹ Data includes Bunbury Regional Hospital, Albany Hospital, Geraldton Hospital, Kalgoorlie Hospital, Nickol Bay Hospital and Hedland Health Campus.

N/A - Country overnight bed occupancy data has not been available from October 2009. Country active sameday bed and overnight bed data have not been available since April 2011.

N/A* - Data not applicable since NEST indicators commenced from January 2012.

** 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.



1. Public Hospital Separations

1.1 Separations

What do these figures show?

For the September 2012 quarter, country public hospital separations increased by 1,143 separations (or 3.8%) compared with the September 2011 quarter.

Metropolitan public hospital separations data is not complete for the September 2012 quarter; therefore, a comparison cannot be made for the September 2011 and September 2012 quarters.

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

Data for Frankland Centre (a 30 bed facility located within Graylands Hospital) is not available from 1 January 2012. Data for Frankland Centre has been included in Graylands Hospital up to 31 December 2011.

Figure 1: Public hospital separations^ (WA State)

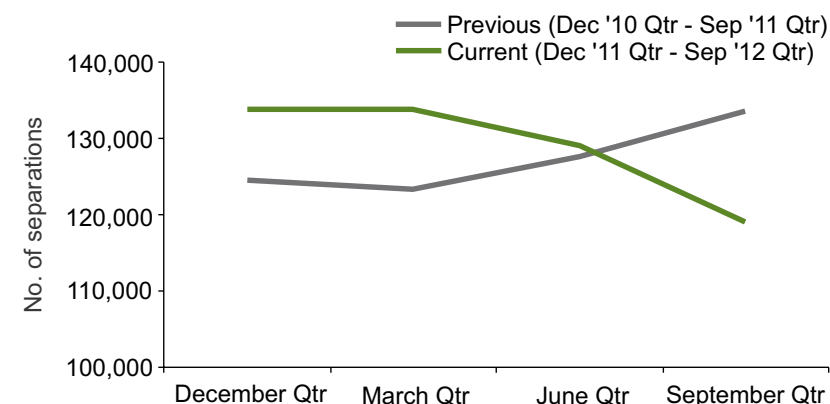


Table 1: Public hospital separations*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	96,609	95,931	99,460	103,783	104,434	104,277	99,003^	88,137^	N/A
Country	27,900	27,370	28,221	29,796	29,346	29,438	30,121	30,939	3.8%
WA State	124,509	123,301	127,681	133,579	133,780	133,715	129,124^	119,076^	N/A

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

^ Metropolitan data is not complete for the June 2012 and September 2012 quarters.

N/A: September 2011 quarter to September 2012 quarter comparison is not available due to September 2012 quarter data not being complete. The data will be available in future reports.



1.2 Acute Separations

What do these figures show?

For the September 2012 quarter, country public hospital acute separations increased by 1,158 separations (or 4.2%) compared with the September 2011 quarter.

Metropolitan public hospital acute separations data is not complete for the September 2012 quarter; therefore, a comparison cannot be made for the September 2011 and September 2012 quarters.

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

Data for Frankland Centre (a 30 bed facility located within Graylands Hospital) is not available from 1 January 2012. Data for Frankland Centre has been included in Graylands Hospital up to 31 December 2011.

Figure 2: Public hospital acute separations^ (WA State)

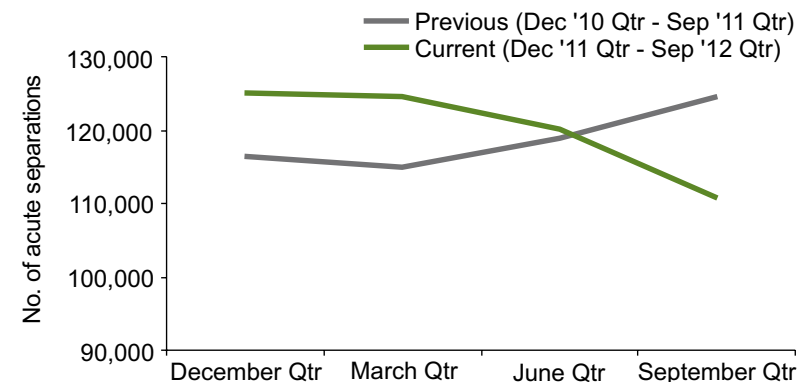


Table 2: Public hospital acute separations*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	90,112	89,230	92,450	96,653	97,380	97,062	91,926^	81,770^	N/A
Country	26,264	25,643	26,368	27,902	27,581	27,546	28,137	29,060	4.2%
WA State	116,376	114,873	118,818	124,555	124,961	124,608	120,063^	110,830^	N/A

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

^ Metropolitan data is not complete for the June 2012 and September 2012 quarters.

N/A: September 2011 quarter to September 2012 quarter comparison is not available due to September 2012 quarter data not being complete. The data will be available in future reports.



1.3 Elective Acute Separations

What do these figures show?

For the September 2012 quarter, country public hospital elective acute separations increased by 700 separations (or 4.9%) compared with the September 2011 quarter.

Metropolitan public hospital elective acute separations data is not complete for the September 2012 quarter; therefore, a comparison cannot be made for the September 2011 and September 2012 quarters.

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

Data for Frankland Centre (a 30 bed facility located within Graylands Hospital) is not available from 1 January 2012. Data for Frankland Centre has been included in Graylands Hospital up to 31 December 2011.

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

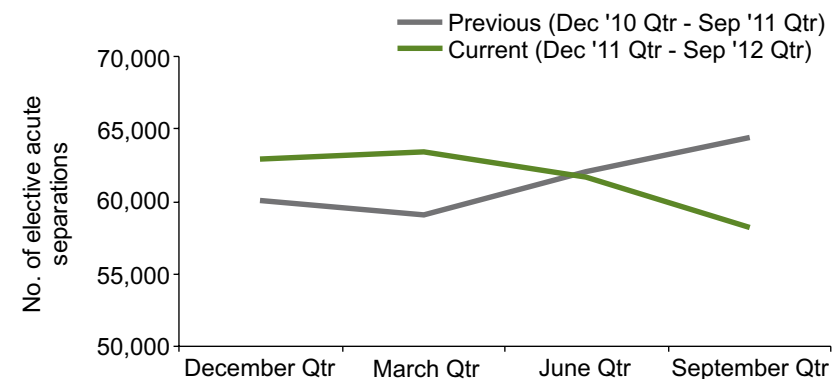


Table 3: Public hospital elective acute separations*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	47,272	46,393	48,423	49,962	48,972	49,539	47,217^	43,054^	N/A
Country	12,798	12,669	13,617	14,388	14,002	13,852	14,456	15,088	4.9%
WA State	60,070	59,062	62,040	64,350	62,974	63,391	61,673^	58,142^	N/A

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

^ Metropolitan data is not complete for the June 2012 and September 2012 quarters.

N/A: September 2011 quarter to September 2012 quarter comparison is not available due to September 2012 quarter data not being complete. The data will be available in future reports.



1.4 Acute Medical Separations

What do these figures show?

For the September 2012 quarter, country public hospital acute medical separations increased by 856 separations (or 4.5%) compared with the September 2011 quarter.

Metropolitan public hospital acute medical separations data is not complete for the September 2012 quarter; therefore, a comparison cannot be made for the September 2011 and September 2012 quarters.

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

Data for Frankland Centre (a 30 bed facility located within Graylands Hospital) is not available from 1 January 2012. Data for Frankland Centre has been included in Graylands Hospital up to 31 December 2011.

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

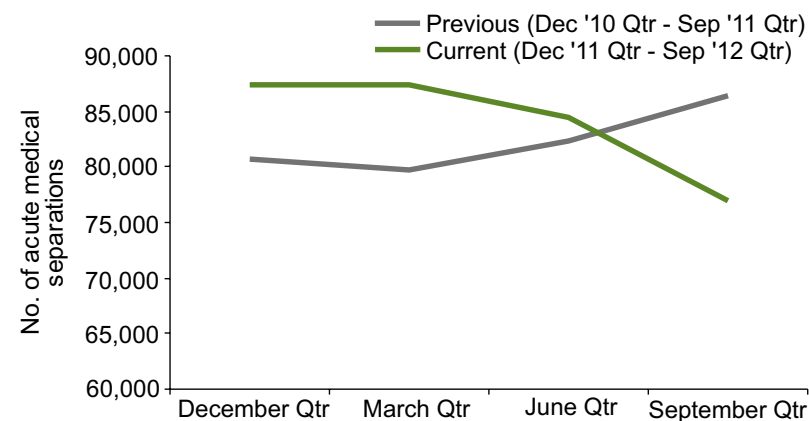


Table 4: Public hospital acute medical separations*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	62,410	61,854	64,331	67,264	68,199	68,085	65,180^	57,027^	N/A
Country	18,272	17,900	18,043	19,076	19,248	19,361	19,228	19,932	4.5%
WA State	80,682	79,754	82,374	86,340	87,447	87,446	84,408^	76,959^	N/A

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

^ Metropolitan data is not complete for the June 2012 and September 2012 quarters.

N/A: September 2011 quarter to September 2012 quarter comparison is not available due to September 2012 quarter data not being complete. The data will be available in future reports.



1.5 Acute Surgical Separations

What do these figures show?

For the September 2012 quarter, country public hospital acute surgical separations increased by 303 separations (or 3.5%) compared with the September 2011 quarter.

Metropolitan public hospital acute surgical separations data is not complete for the September 2012 quarter; therefore, a comparison cannot be made for the September 2011 and September 2012 quarters.

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)

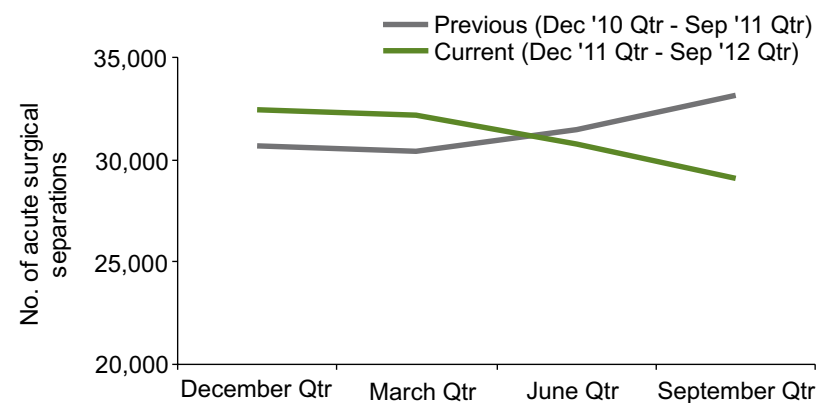


Table 5: Public hospital acute surgical separations*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	22,856	22,790	23,332	24,487	24,234	24,136	22,004^	20,173^	N/A
Country	7,825	7,580	8,174	8,654	8,182	8,004	8,746	8,957	3.5%
WA State	30,681	30,370	31,506	33,141	32,416	32,140	30,750^	29,130^	N/A

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

^ Metropolitan data is not complete for the June 2012 and September 2012 quarters.

N/A: September 2011 quarter to September 2012 quarter comparison is not available due to September 2012 quarter data not being complete. The data will be available in future reports.



1.6 Renal Dialysis Separations

What do these figures show?

For the September 2012 quarter, country renal dialysis separations increased by 930 (or 15.2%) compared with the September 2011 quarter.

Metropolitan renal dialysis separations data is not complete for the September 2012 quarter; therefore, a comparison cannot be made for the September 2011 and September 2012 quarters.

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)

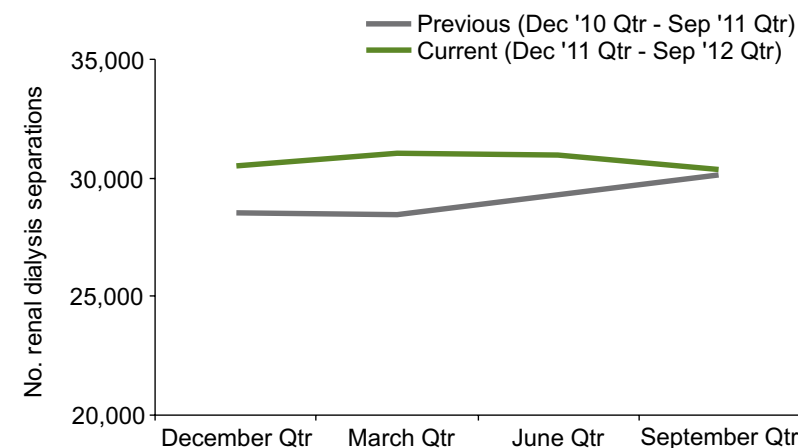


Table 6: Number of renal dialysis separations*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	22,801	22,586	23,356	24,015	24,239	24,613	24,519 [^]	23,360 [^]	N/A
Country	5,699	5,853	5,908	6,100	6,270	6,435	6,453	7,030	15.2%
WA State	28,500	28,439	29,264	30,115	30,509	31,048	30,972[^]	30,390[^]	N/A

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

[^] Metropolitan data is not complete for the June 2012 and September 2012 quarters.

N/A: September 2011 quarter to September 2012 quarter comparison is not available due to September 2012 quarter data not being complete. The data will be available in future reports.



1.7 Acute Average Length of Stay

What do these figures show?

For the September 2012 quarter, country public hospital average length of stay decreased by 0.10 days (or 4.2%) compared with the September 2011 quarter.

Metropolitan public hospital acute average length of stay data is not complete for the September 2012 quarter; therefore, a comparison cannot be made for the September 2011 and September 2012 quarters.

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

Data for Frankland Centre (a 30 bed facility located within Graylands Hospital) is not available from 1 January 2012. Data for Frankland Centre has been included in Graylands Hospital up to 31 December 2011.

Note: Figures shown in the table are rounded to two decimal places. The actual and % changes in figures between the September 2011 and September 2012 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)

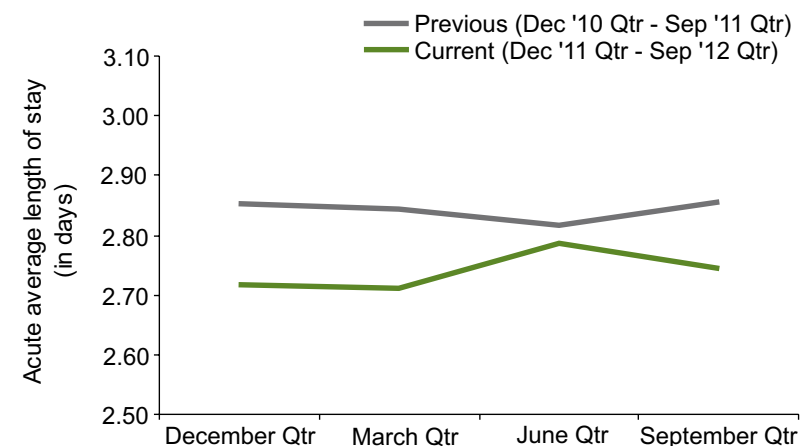


Table 7: Public hospital overall acute (sameday and overnight) average length of stay (in days)*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	3.00	2.99	2.96	3.01	2.86	2.86	2.96^	2.93^	N/A
Country	2.35	2.33	2.32	2.32	2.21	2.20	2.21	2.22	-4.2%
WA State	2.85	2.84	2.82	2.86	2.72	2.71	2.79^	2.74^	N/A

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

^ Metropolitan data is not complete for the June 2012 and September 2012 quarters.

N/A: September 2011 quarter to September 2012 quarter comparison is not available due to September 2012 quarter data not being complete. The data will be available in future reports.



1.8 Newborn Separations

What do these figures show?

There were 10 (or 0.8%) less newborn separations in public country hospitals for the September 2012 quarter compared with the September 2011 quarter.

Metropolitan public hospital newborn separations data is not complete for the September 2012 quarter; therefore, a comparison cannot be made for the September 2011 and September 2012 quarters.

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)

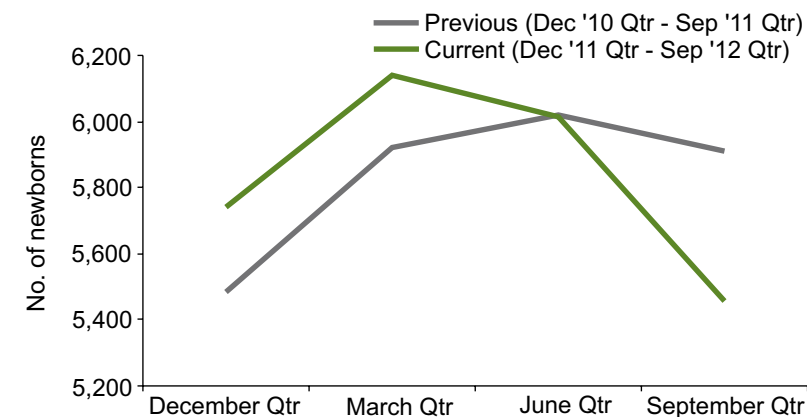


Table 8: Public hospital newborns*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	4,274	4,626	4,705	4,592	4,511	4,818	4,662^	4,149^	N/A
Country	1,210	1,296	1,316	1,317	1,228	1,321	1,353	1,307	-0.8%
WA State	5,484	5,922	6,021	5,909	5,739	6,139	6,015^	5,456^	N/A

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

^ Metropolitan data is not complete for the June 2012 and September 2012 quarters.

N/A: September 2011 quarter to September 2012 quarter comparison is not available due to September 2012 quarter data not being complete. The data will be available in future reports.



2. Public Hospital Capacity

2.1 Available Active Sameday Beds

What do these figures show?

For September 2012, there were, on average, 32 (or 7.2%) less available sameday active beds/chairs in metropolitan hospitals compared to the month of September 2011. For country hospitals, data was not available in September 2012.

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 September 2011 and September 2012 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*)

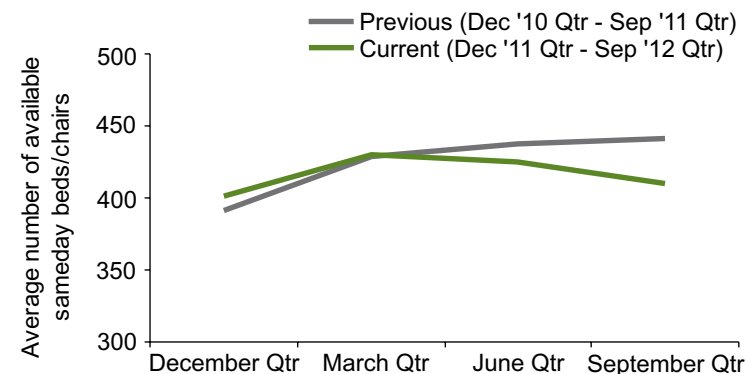


Table 9: Average number of available active sameday beds/chairs*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	392	429	437	441	401	430	420	410	-7.2%
Country	145	143	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WA State	537	572	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Figures represent the average number of available active sameday beds/chairs for a weekday (Monday-Friday) for the last month of the quarter. Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.
N/A: Data is not available.



2.2 Available Active Overnight Beds

What do these figures show?

For September 2012, there were, on average, 10 (or 0.3%) more available active overnight beds in metropolitan hospitals compared to the month of September 2011. For country hospitals, data was not available in September 2012.

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

Data for Frankland Centre (a 30 bed facility located within Graylands Hospital) is not available from 1 January 2012. Data for Frankland Centre has been included in Graylands Hospital up to 31 December 2011.

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 September 2011 and September 2012 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*)

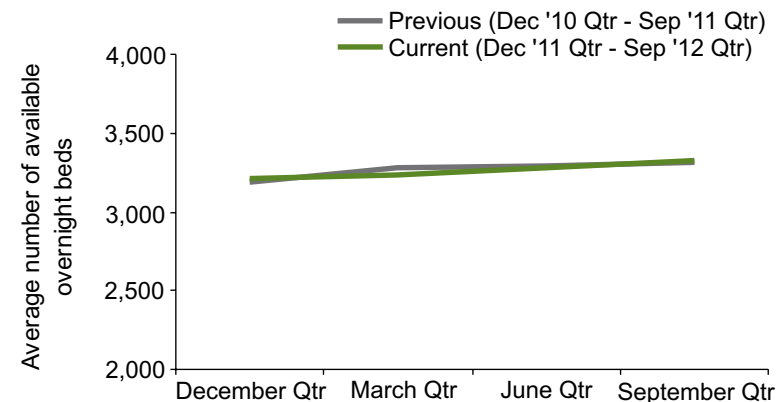


Table 10: Average number of available active overnight beds*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	3,185	3,282	3,295	3,311	3,209	3,229	3,284	3,321	0.3%
Country	1,227	1,227	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WA State	4,412	4,509	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Figures represent the average number of available active overnight beds for the last month of the quarter.

Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

N/A: Data is not available.



2.3 Occupancy of Overnight beds

What do these figures show?

For September 2012, the average occupancy of overnight beds in metropolitan hospitals was 1.0% higher compared to the same month in the previous year. For country hospitals, data has not been available from October 2009.

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

Data for Frankland Centre (a 30 bed facility located within Graylands Hospital) is not available from 1 January 2012. Data for Frankland Centre has been included in Graylands Hospital up to 31 December 2011.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between September 2011 and September 2012 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*)

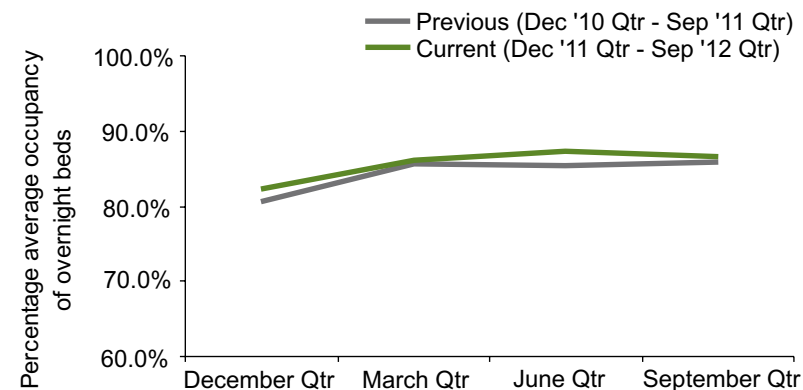


Table 11: Average occupancy of overnight beds*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	80.7%	85.5%	85.4%	85.8%	82.3%	86.2%	87.2%	86.7%	1.0%
Country	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WA State	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Figures represent the percentage of occupied overnight beds to total available overnight beds for the last month of the quarter. Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing. N/A: Data is not available.



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 September 2012 was 475 (or 2.9%) lower than the number of patients waiting as at 30 September 2011.

For the same period, patients waiting for elective surgery at metropolitan public hospitals decreased by 175 (or 1.4%) and at country public hospitals decreased by 300 (or 8.1%).

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

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

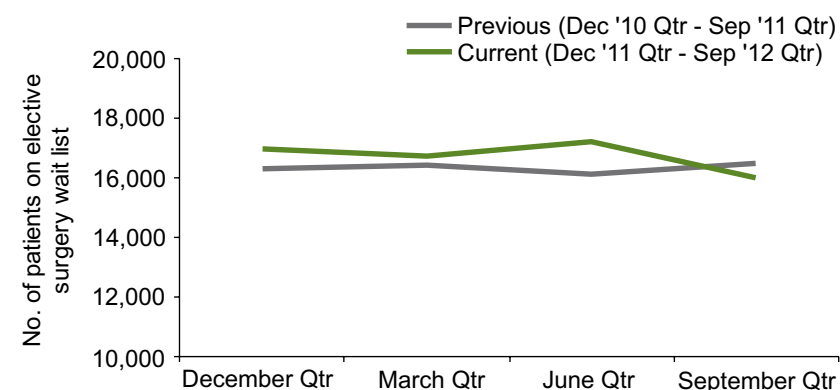


Table 12: Total number of patients on the elective surgery wait list*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	12,909	12,914	12,701	12,754	13,314	12,982	13,691	12,579	-1.4%
Country	3,374	3,486	3,423	3,715	3,676	3,746	3,539	3,415	-8.1%
WA State	16,283	16,400	16,124	16,469	16,990	16,728	17,230	15,994	-2.9%

* Figures reflect patients waiting for elective surgery on the last day of the quarter.

Note: As a result of data collection system improvements the September 2011 quarter, minor known and accepted data discrepancies exist in reports prior to that quarter.



3.2 Admissions from Elective Surgery Wait List

What do these figures show?

The number of admissions from elective surgery wait lists as at 30 September 2012 was 597 (or 2.8%) higher than the number of admissions as at 30 September 2011.

For the same period, admissions from elective surgery wait lists at metropolitan public hospitals increased by 500 (or 2.9%) and at country public hospitals increased by 97 (or 2.2%).

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

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

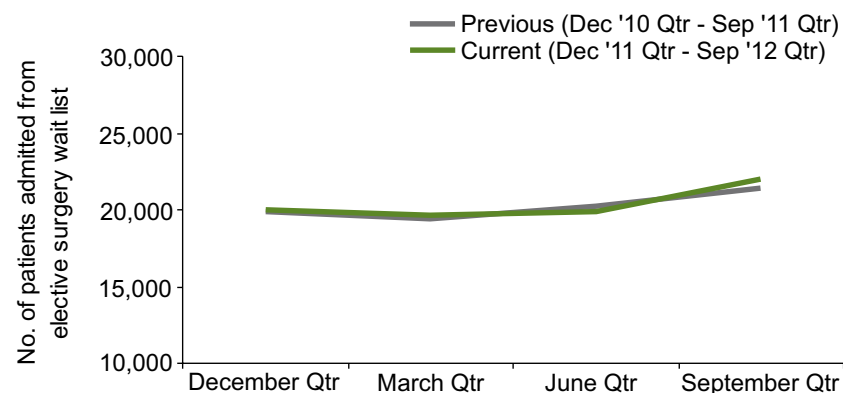


Table 13: Total number admissions from elective surgery wait list

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	15,942	15,522	15,949	16,966	15,770	15,629	15,605	17,466	2.9%
Country	3,900	3,926	4,251	4,389	4,190	3,996	4,308	4,486	2.2%
WA State	19,842	19,448	20,200	21,355	19,960	19,625	19,913	21,952	2.8%

Note: As a result of data collection system improvements the September 2011 quarter, minor known and accepted data discrepancies exist in reports prior to that quarter. Figures for the June 2012 reporting period were revised due to improvements in the coding and editing process.



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 September 2012 was the same as the median waiting time as at 30 September 2011.

For the same period, the median waiting time for patients on the elective surgery wait list at metropolitan public hospitals remained the same and total average waiting time at country public hospitals decreased by 0.03 months (or 1.7%).

Figures include all public hospital elective surgery wait lists and the 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 September 2011 and September 2012 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)

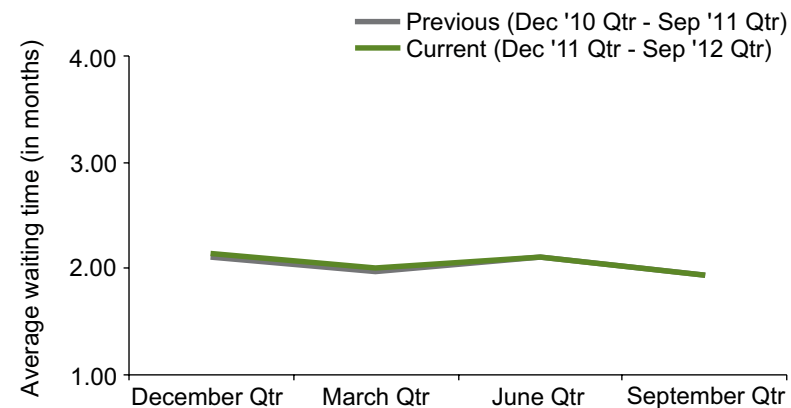


Table 14: Total median waiting time (in months) for patients on the elective surgery wait list*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	2.07	2.04	2.20	1.94	2.01	2.10	2.20	1.94	0.0%
Country	2.40	1.94	1.91	1.94	2.40	1.78	1.91	1.91	-1.7%
WA State	2.10	1.97	2.10	1.94	2.14	2.01	2.10	1.94	0.0%

* Figures reflect patients waiting for elective surgery on the last day of the quarter.

Note: As a result of data collection system improvements the September 2011 quarter, minor known and accepted data discrepancies exist in reports prior to that quarter.



4. Public Emergency Departments (ED)

4.1 Total Emergency Department Attendances

What do these figures show?

In the September 2012 quarter, there was an increase of 12,694 (or 5.3%) 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 8,879 (or 6.3%). Country public hospital emergency department attendances increased by 3,815 (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)

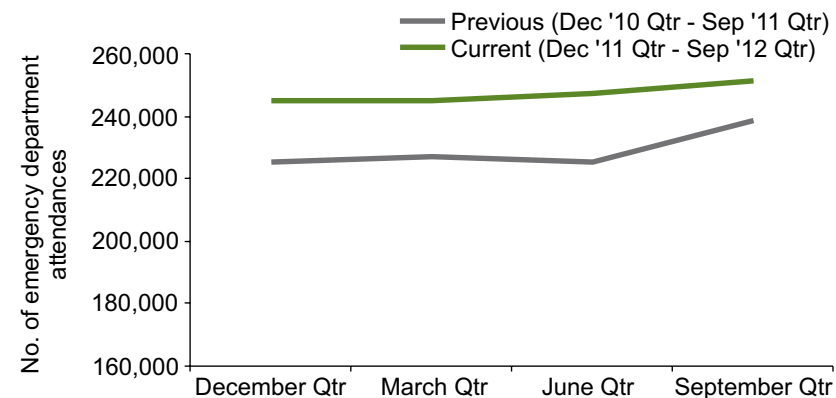


Table 15: Total emergency department attendances*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	129,164	130,242	130,894	139,933	143,783	145,306	146,561	148,812	6.3%
Country	96,163	96,611	94,154	98,589	101,093	99,505	100,516	102,404	3.9%
WA State	225,327	226,853	225,048	238,522	244,876	244,811	247,077	251,216	5.3%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.



4.2 ED Triage 1

What do these figures show?

The Australasian College of Emergency Medicine recommends that 100% of Triage 1 emergency department patients are to be seen by a clinician immediately. Although this target was not achieved in the September 2012 quarter, 96.6% of patients were seen within the recommended time. This represents a 0.4% 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 decreased by 0.7% and country hospitals increased by 0.9%.

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.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the September 2011 and September 2012 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)

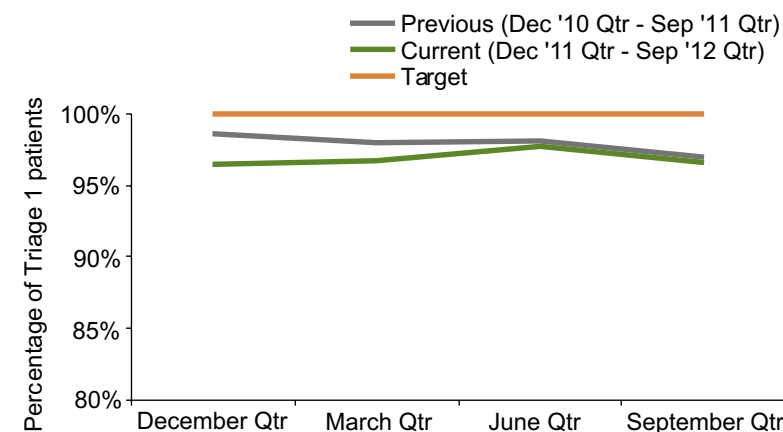


Table 16: Percentage of ED Triage 1 patients seen within recommended time (immediately)*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	99.2%	99.2%	99.4%	97.8%	96.7%	97.3%	98.2%	97.1%	-0.7%
Country	96.4%	94.0%	93.4%	93.9%	95.6%	94.7%	96.2%	94.7%	0.9%
WA State	98.6%	98.0%	98.1%	97.0%	96.5%	96.7%	97.8%	96.6%	-0.4%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

Note: A data issue, resulting from a system upgrade in March 2010, was identified for the 'seen within time' indicator. This issue was resolved in May 2011. Due to the nature of the issue, historical data between these dates have not been updated.



4.3 ED Triage 2

What do these figures show?

The Australasian College of Emergency Medicine recommends that 80% of Triage 2 emergency department patients are to be seen by a clinician within ten minutes. This target was not achieved in the September 2012 quarter, where 76.9% of patients were seen within the recommended time. This represents a 4.0% 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 4.4% and country hospitals increased by 3.3%.

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.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the September 2011 and September 2012 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)

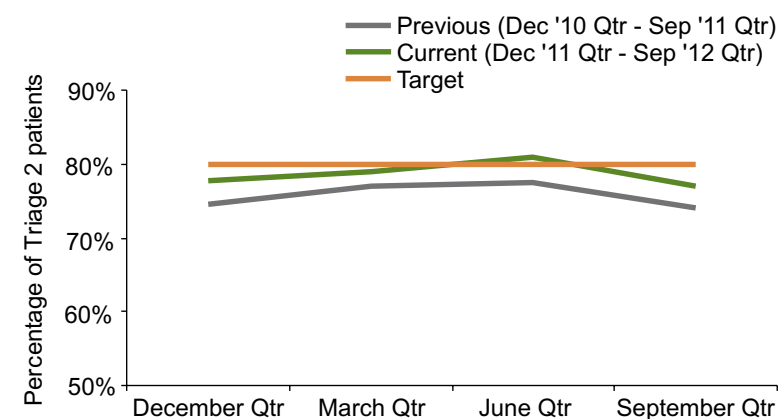


Table 17: Percentage of ED Triage 2 patients seen within recommended time (10 minutes)*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	69.6%	72.8%	73.3%	69.3%	73.5%	74.8%	76.9%	72.3%	4.4%
Country	89.6%	89.6%	89.5%	87.9%	90.3%	91.5%	92.1%	90.8%	3.3%
WA State	74.5%	77.0%	77.4%	74.0%	77.8%	79.1%	80.8%	76.9%	4.0%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

Note: A data issue, resulting from a system upgrade in March 2010, was identified for the 'seen within time' indicator. This issue was resolved in May 2011.

Due to the nature of the issue, historical data between these dates have not been updated.



4.4 ED Triage 3

What do these figures show?

The Australasian College of Emergency Medicine 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 September 2012 quarter, where 53.7% of patients were seen within the recommended time. This represents a 5.0% 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 3 patients seen within the recommended time at metropolitan hospitals decreased by 7.9% and country hospitals decreased by 3.3%.

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.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the September 2011 and September 2012 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)

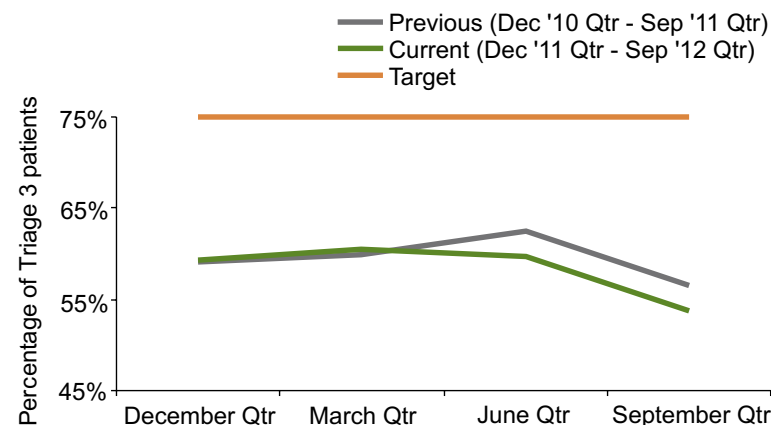


Table 18: Percentage of ED Triage 3 patients seen within recommended time (30 minutes)*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	44.5%	45.1%	48.6%	40.7%	44.4%	46.0%	45.1%	37.5%	-7.9%
Country	87.1%	88.9%	89.5%	87.8%	89.0%	88.5%	87.6%	84.9%	-3.3%
WA State	59.0%	59.9%	62.4%	56.6%	59.4%	60.4%	59.6%	53.7%	-5.0%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

Note: A data issue, resulting from a system upgrade in March 2010, was identified for the 'seen within time' indicator. This issue was resolved in May 2011.

Due to the nature of the issue, historical data between these dates have not been updated.



4.5 ED Triage 4

What do these figures show?

The Australasian College of Emergency Medicine recommends that 70% of Triage 4 emergency department patients are to be seen by a clinician within an hour. This target was not achieved in the September 2012 quarter, where 66.9% of patients were seen within the recommended time. This represents a 6.3% 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 4 patients seen within the recommended time at metropolitan hospitals decreased by 8.8% and country hospitals decreased by 4.5%.

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.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the September 2011 and September 2012 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)

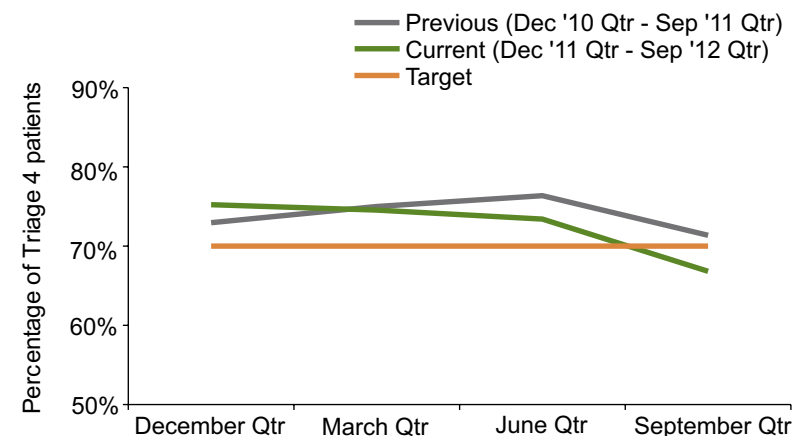


Table 19: Percentage of ED Triage 4 patients seen within recommended time (1 hour)*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	60.2%	62.6%	64.8%	57.3%	63.3%	62.7%	62.6%	52.2%	-8.8%
Country	90.4%	92.3%	92.8%	91.2%	92.1%	91.7%	89.5%	87.1%	-4.5%
WA State	73.0%	75.0%	76.4%	71.4%	75.3%	74.5%	73.5%	66.9%	-6.3%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

Note: A data issue, resulting from a system upgrade in March 2010, was identified for the 'seen within time' indicator. This issue was resolved in May 2011.

Due to the nature of the issue, historical data between these dates have not been updated.



4.6 ED Triage 5

What do these figures show?

The Australasian College of Emergency Medicine 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 September 2012 quarter, where 95.1% 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 decreased by 1.6%.

For the same period, the percentage of Triage 5 patients seen within the recommended time at metropolitan hospitals decreased by 2.6% and country hospitals decreased by 0.8%.

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.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the September 2011 and September 2012 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)

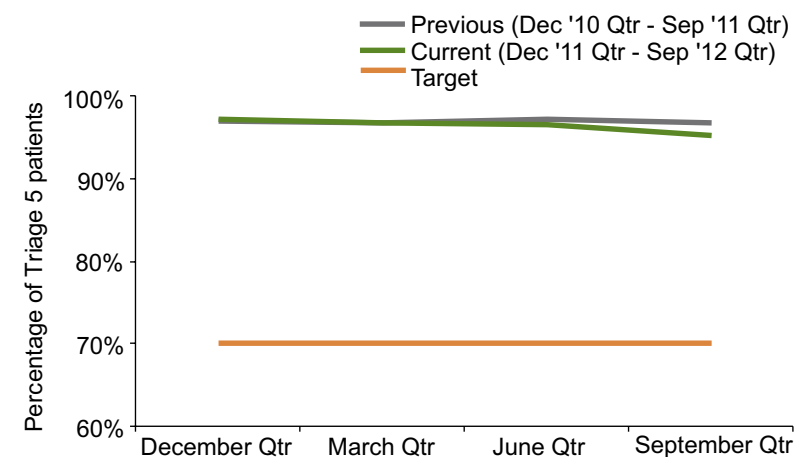


Table 20: Percentage of ED Triage 5 patients seen within recommended time (2 hours)*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	90.3%	90.1%	92.0%	91.6%	92.6%	91.7%	92.6%	89.2%	-2.6%
Country	98.9%	98.8%	98.7%	98.3%	98.8%	98.7%	98.2%	97.5%	-0.8%
WA State	97.0%	96.8%	97.2%	96.7%	97.2%	96.7%	96.5%	95.1%	-1.6%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

Note: A data issue, resulting from a system upgrade in March 2010, was identified for the 'seen within time' indicator. This issue was resolved in May 2011.

Due to the nature of the issue, historical data between these dates have not been updated.



4.7 Admissions from Emergency Departments

What do these figures show?

In the September 2012 quarter, there was an increase of 2,814 (or 5.2%) 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 increased by 2,202 (or 5.4%). Country public hospital admissions from emergency departments increased by 612 (or 4.8%).

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 (excluding Dead On Arrival, direct admissions and non-admitted patients) (WA State)

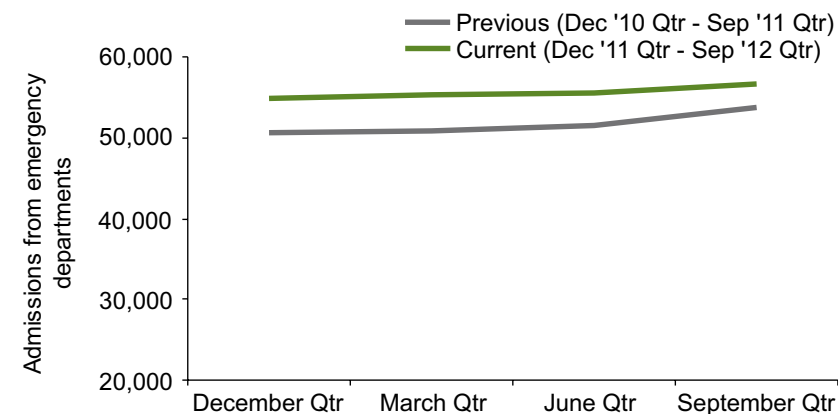


Table 21: Admissions from emergency departments (excluding Dead On Arrival and direct admissions)*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	38,183	38,709	39,325	41,076	42,069	42,378	42,442	43,278	5.4%
Country	12,524	12,237	12,128	12,743	12,846	12,908	13,119	13,355	4.8%
WA State	50,707	50,946	51,453	53,819	54,915	55,286	55,561	56,633	5.2%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.



5. Mental Health

5.1 Mental Health Separations

What do these figures show?

Preliminary figures indicate that in the September 2012 quarter, there was a decrease of 352 (or 13.1%) public mental health separations compared with the same quarter in the previous year.

Preliminary figures indicate that metropolitan public hospital mental health separations decreased by 440 (or 18.3%). For country public hospitals there were 88 (or 31.0%) more mental health separations for the September 2012 quarter compared with the September 2011 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 unit at Joondalup Health Campus. 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)

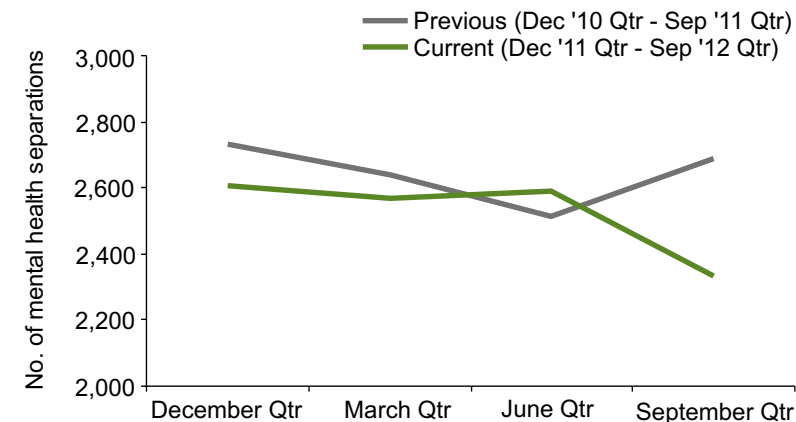


Table 22: Number of public mental health separations*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	2,458	2,365	2,258	2,402	2,334	2,273	2,321	1,962	-18.3%
Country	275	276	255	284	275	295	269	372	31.0%
WA State	2,733	2,641	2,513	2,686	2,609	2,568	2,590	2,334	-13.1%

* Figures are preliminary and will all be updated with each quarterly report to reflect potential delays in reporting due to the timing of clinical coding and editing. This indicator has been changed to report on mental health separations instead of admissions because of issues found with the quality of the data available for admissions in the Mental Health Information System. Mental health separations data are now being sourced from TOPAS, HCARE and the Joondalup discharge extracts.



5.2 Mental Health Outpatients

What do these figures show?

Preliminary figures indicate that in the September 2012 quarter, there was a decrease of 11,470 (or 5.9%) attendances for services at public mental health 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 10,314 (or 6.3%) and in the country attendances decreased by 1,156 (or 3.6%) for the September 2012 quarter compared with the same quarter in the previous year.

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

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

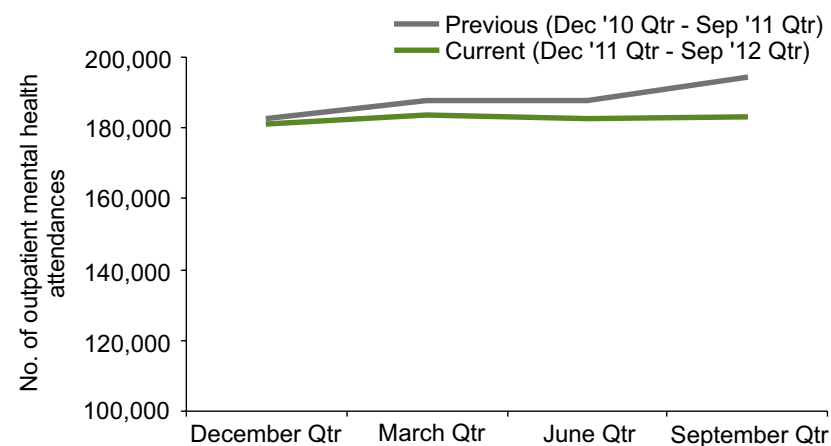


Table 23: Number of attendances for mental health services at outpatient clinics*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	153,208	156,871	157,080	162,621	150,814	152,366	151,259	152,307	-6.3%
Country	29,220	30,793	30,443	31,924	30,158	31,538	31,317	30,768	-3.6%
WA State	182,428	187,664	187,523	194,545	180,972	183,904	182,576	183,075	-5.9%

* Figures are preliminary and may change within the 2010-11, 2011-12 and 2012-13 reporting period. The methodology for extracting and reporting the data for this indicator has changed from previous reports. All previous figures are updated each quarter to reflect possible delays in the reporting of data by the health services.



6. Ambulatory Surgery Initiative (ASI)

6.1 Ambulatory Surgery Initiative Cases

What do these figures show?

In the September 2012 quarter, the number of ASI cases increased by 114 (or 3.6%) compared with the same quarter in the previous year. The number of ASI cases in the metropolitan area increased by 132 (or 4.4%) and in the country area there was a decrease of 18 cases (or 13.3%) in the September 2012 quarter compared with the same quarter in the previous year.

Figure 24: Number of ASI cases (WA State)

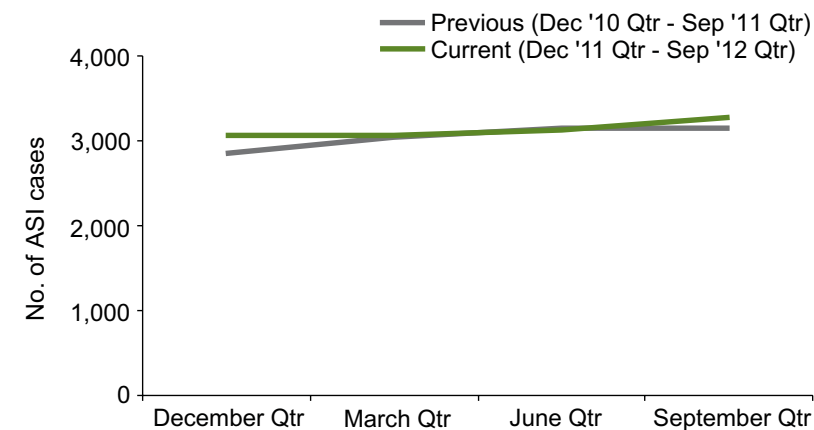


Table 24: Number of ASI cases*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	2,652	2,873	2,958	3,018	2,902	2,934	2,959	3,150	4.4%
Country	199	174	192	135	167	123	164	117	-13.3%
WA State	2,851	3,047	3,150	3,153	3,069	3,057	3,123	3,267	3.6%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.



7. Public Dental Clinics

7.1 Dental Visits

What do these figures show?

In the September 2012 quarter, there was a decrease of 3,789 (or 3.2%) in the number of visits to dental clinics compared with the same quarter in the previous year.

For the same period, visits to metropolitan dental clinics decreased by 2,486 (or 8.2%), while visits decreased by 125 (or 1.6%) in rural clinics, and decreased by 1,178 (or 1.5%) in school clinics.

The reporting of School Dental Service visits are estimates only, based on enrolment information provided by the Department of Education. The collection of Dental Health Services data is a manual collection using paper based forms. Accurate reporting of dental visits is only available annually (February/March of following year), as the completion, forwarding and data entry of forms is not always achieved in a timely manner.

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

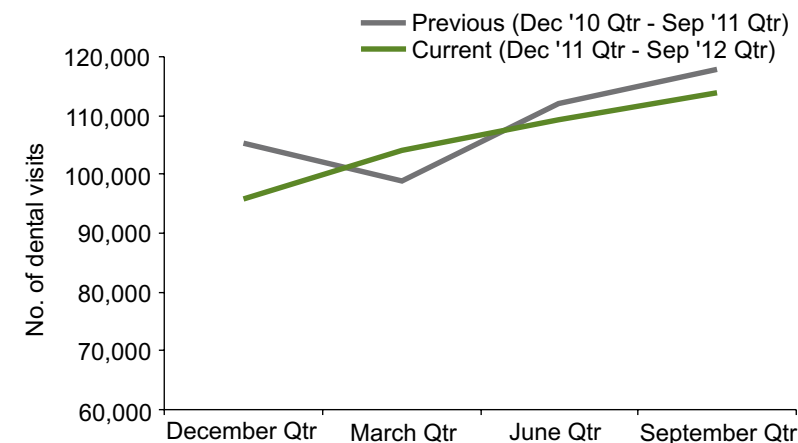


Table 25: Number of visits to dental clinics*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metro Clinics	26,008	27,579	28,584	30,179	27,532	29,114	26,748	27,693	-8.2%
Rural Clinics	7,612	7,683	6,734	7,902	7,122	7,577	7,224	7,777	-1.6%
School Clinics	71,551	63,750	76,789	79,688	61,304	67,240	75,340	78,510	-1.5%
WA State	105,171	99,012	112,107	117,769	95,958	103,931	109,312	113,980	-3.2%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

Note: School dental figures from December 2010 - November 2011 have been updated with actual data in the March 2012 report. The difference between estimated and actual data was 3%. School dental figures from December 2011 are estimates.



7.2 Dental Clinic Waiting List

What do these figures show?

The number of patients waiting for dental clinic services as at 30 September 2012 increased by 3,454 (or 15.2%) compared with the number of patients waiting as at 30 September 2011.

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

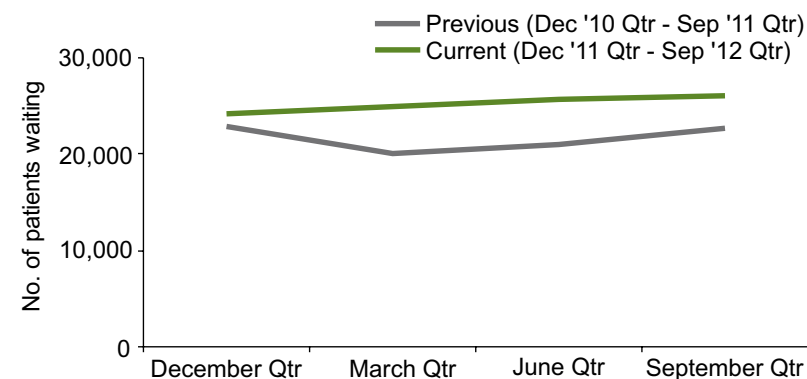


Table 26: Number of patients waiting for services at dental clinics*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
WA State	22,843	19,975	21,005	22,670	24,178	24,856	25,772	26,124	15.2%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing. Figures reflect the number of patients waiting for dental health services on the last day of the quarter.



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

8.1 Clients attending GP After Hours Clinics

What do these figures show?

In the September 2012 quarter, there was an increase of 1,676 (or 10.4%) clients attending GP After Hour clinics compared with the same quarter in the previous year. The increase was due to a rise in the number of attendances in July 2012. At this time, there was an increase in clients presenting with flu-like symptoms and the Department of Health launched an advertising campaign encouraging Western Australians with flu-like symptoms to first see their GP before visiting a hospital emergency department.

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 treated at GP After Hours clinics (*Metropolitan*)

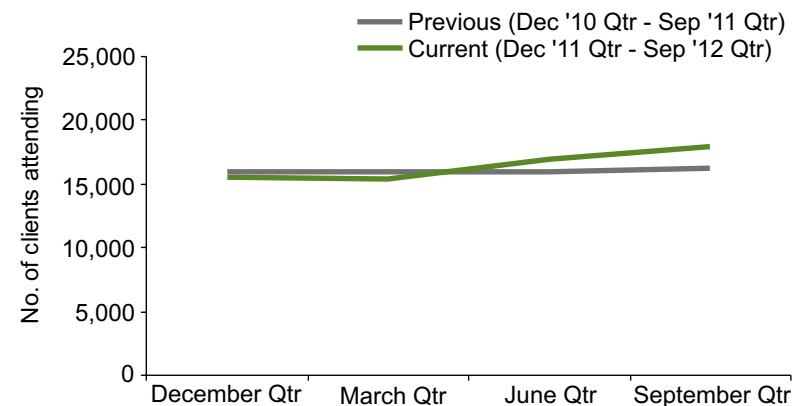


Table 27: Number of clients treated at the GP After Hours clinics

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	16,030	15,968	15,969	16,193	15,575	15,445	16,989	17,869	10.4%



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%	90.0%	95.0%	100.0%
3	98.0%	99.0%	99.0%	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			
2	68	45	23	0
3	65	44	22	0



9.1 Elective Surgery Wait List Category 1 Cases Treated (Admitted)

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 2012 target for Category 1 cases treated within the clinically recommended time is 94%.

In the September 2012 YTD period, 84.3% of cases were treated within the clinically recommended time.

For the same period, the proportion of Category 1 cases treated within the clinically recommended time at metropolitan hospitals was 82.7% and at country hospitals was 93.4%.

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

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

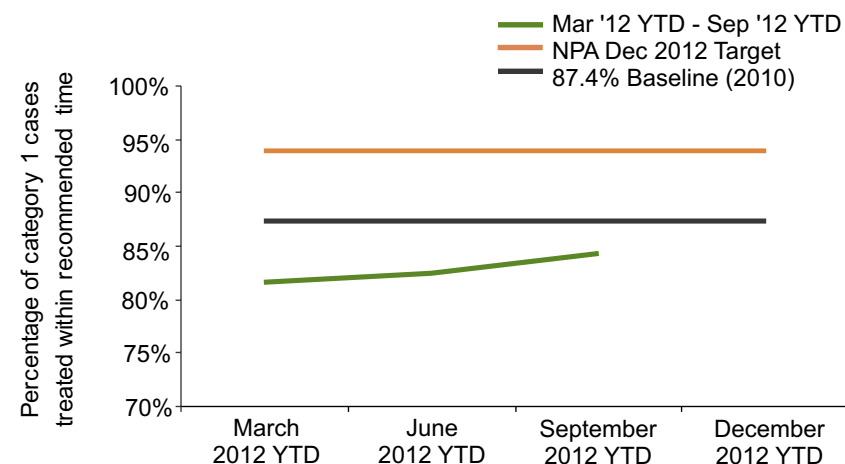


Table 28: Percentage of Category 1 cases treated (admitted) within clinically recommended time*

Area	December 2010 YTD	March 2011 YTD	June 2011 YTD	September 2011 YTD	December 2011 YTD	March 2012 YTD	June 2012 YTD	September 2012 YTD	% change Sep 11 YTD - Sep 12 YTD
Metropolitan	N/A	N/A	N/A	N/A	N/A	80.9%	81.0%	82.7%	N/A
Country	N/A	N/A	N/A	N/A	N/A	85.6%	90.5%	93.4%	N/A
WA State	N/A	N/A	N/A	N/A	N/A	81.6%	82.4%	84.3%	N/A

* YTD is calendar year to date.

Figures are preliminary. Figures may change in future reporting.

N/A: Data not applicable since reporting on NEST indicators commenced from January 2012.



9.2 Elective Surgery Wait List Category 2 Cases Treated (Admitted)

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 2012 target for Category 2 cases treated within the clinically recommended time is 84%.

In the September 2012 YTD period, 81.1% of cases were treated within the clinically recommended time.

For the same period, the proportion of Category 2 cases treated within the clinically recommended time at metropolitan hospitals was 78.9% and at country hospitals was 92.4%.

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

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

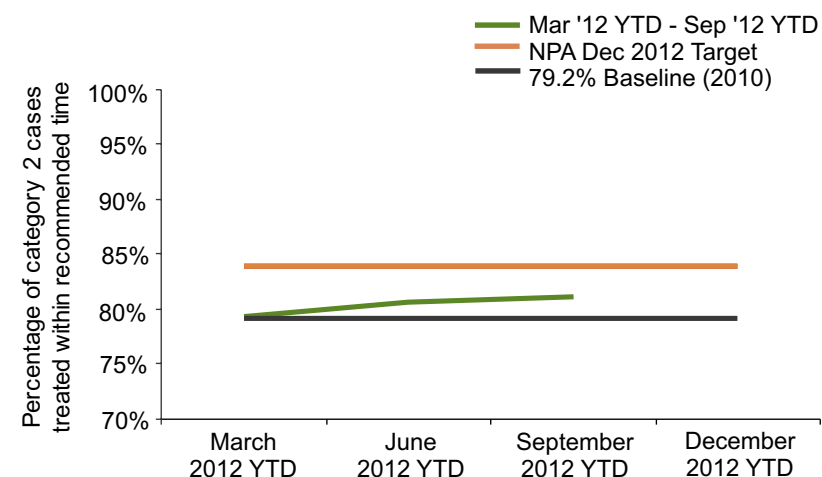


Table 29: Percentage of Category 2 cases treated (admitted) within clinically recommended time*

Area	December 2010 YTD	March 2011 YTD	June 2011 YTD	September 2011 YTD	December 2011 YTD	March 2012 YTD	June 2012 YTD	September 2012 YTD	% change Sep 11 YTD - Sep 12 YTD
Metropolitan	N/A	N/A	N/A	N/A	N/A	77.5%	78.7%	78.9%	N/A
Country	N/A	N/A	N/A	N/A	N/A	87.7%	89.9%	92.4%	N/A
WA State	N/A	N/A	N/A	N/A	N/A	79.3%	80.7%	81.1%	N/A

* YTD is calendar year to date.

Figures are preliminary. Figures may change in future reporting.

N/A: Data not applicable since reporting on NEST indicators commenced from January 2012.



9.3 Elective Surgery Wait List Category 3 Cases Treated (Admitted)

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 2012 target for Category 3 cases treated within the clinically recommended time is 98%.

In the September 2012 YTD period, 96.5% of cases were treated within the clinically recommended time.

For the same period, the proportion of Category 3 cases treated within the clinically recommended time at metropolitan hospitals was 96.2% and at country hospitals was 97.2%.

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

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

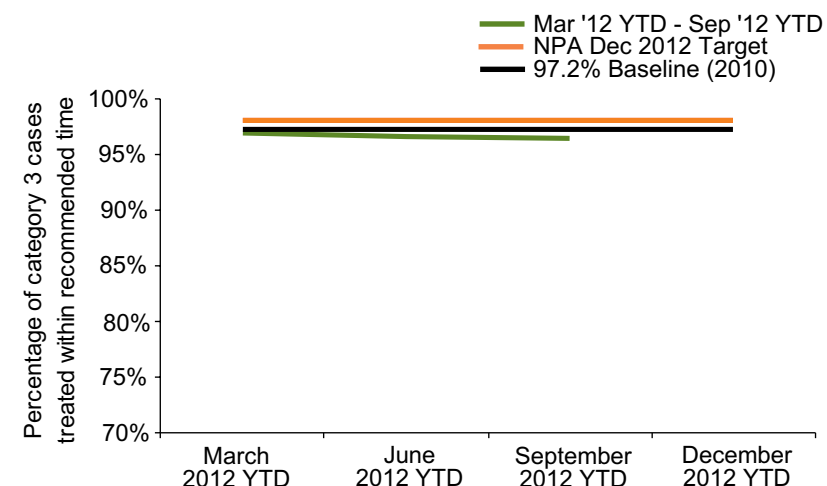


Table 30: Percentage of Category 3 cases treated (admitted) within clinically recommended time*

Area	December 2010 YTD	March 2011 YTD	June 2011 YTD	September 2011 YTD	December 2011 YTD	March 2012 YTD	June 2012 YTD	September 2012 YTD	% change Sep 11 YTD - Sep 12 YTD
Metropolitan	N/A	N/A	N/A	N/A	N/A	96.6%	96.4%	96.2%	N/A
Country	N/A	N/A	N/A	N/A	N/A	97.9%	97.1%	97.2%	N/A
WA State	N/A	N/A	N/A	N/A	N/A	96.9%	96.6%	96.5%	N/A

* YTD is calendar year to date.

Figures are preliminary. Figures may change in future reporting.

N/A: Data not applicable since reporting on NEST indicators commenced from January 2012.



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 2012 target for average overdue wait time (days) for Category 1 cases that have waited beyond the clinically recommended time is 0.

At 30 September 2012, the average overdue wait time for Category 1 cases was 17.86 days.

At the same time, the average overdue wait time for Category 1 cases at metropolitan public hospitals was 18.09 days and at country public hospitals was 7.33 days.

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)

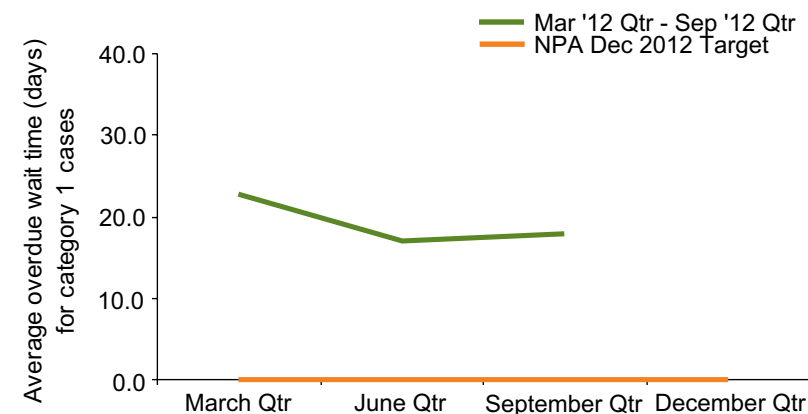


Table 31: Average overdue wait time (days) for Category 1 cases that have waited beyond the clinically recommended time*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	N/A	N/A	N/A	N/A	N/A	23.09	16.99	18.09	N/A
Country	N/A	N/A	N/A	N/A	N/A	20.50	0.00	7.33	N/A
WA State	N/A	N/A	N/A	N/A	N/A	22.86	16.99	17.86	N/A

* Figures reflect patients waiting for elective surgery on the last day of the quarter.

N/A: Data not applicable since reporting on NEST indicators commenced from January 2012.



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 2012 target for average overdue wait time (days) for Category 2 cases that have waited beyond the clinically recommended time is 68.

At 30 September 2012, the average overdue wait time for Category 2 cases was 78.37 days.

At the same time, the average overdue wait time for Category 2 cases at metropolitan public hospitals was 79.02 days and at country public hospitals was 42.79 days.

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)

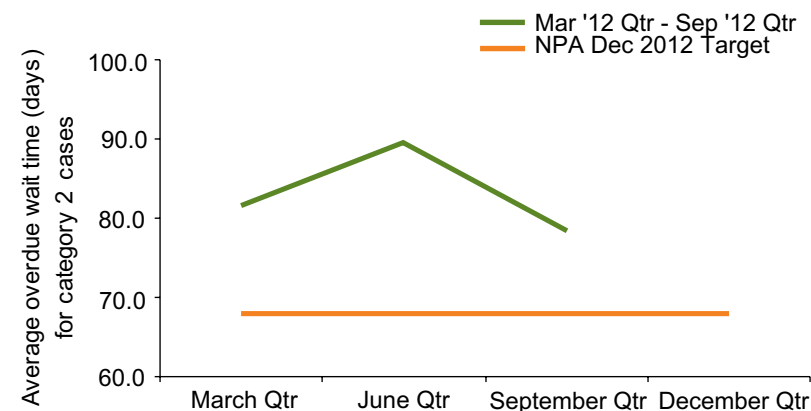


Table 32: Average overdue wait time (days) for Category 2 cases that have waited beyond the clinically recommended time*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	N/A	N/A	N/A	N/A	N/A	84.03	90.41	79.02	N/A
Country	N/A	N/A	N/A	N/A	N/A	33.83	26.95	42.79	N/A
WA State	N/A	N/A	N/A	N/A	N/A	81.48	89.46	78.37	N/A

* Figures reflect patients waiting for elective surgery on the last day of the quarter.

N/A: Data not applicable since reporting on NEST indicators commenced from January 2012.



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 2012 target for average overdue wait time (days) for Category 3 cases that have waited beyond the clinically recommended time is 65.

At 30 September 2012, the average overdue wait time for Category 3 cases was 77.51 days.

At the same time, the average overdue wait time for Category 3 cases at metropolitan public hospitals was 80.47 days and at country public hospitals was 62.86 days.

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)

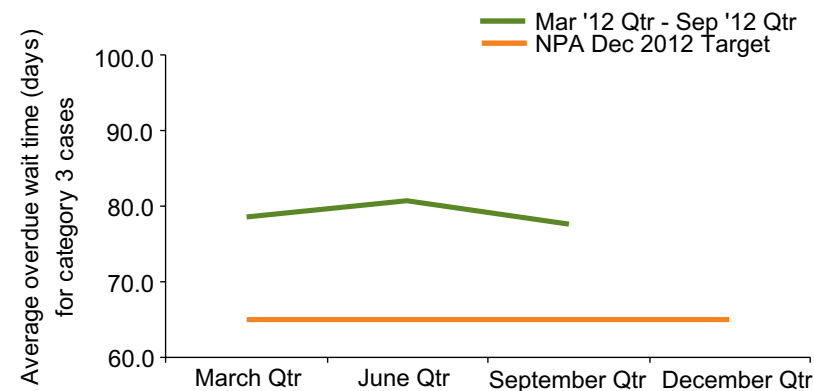


Table 33: Average overdue wait time (days) for Category 3 cases that have waited beyond the clinically recommended time*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	N/A	N/A	N/A	N/A	N/A	80.41	86.23	80.47	N/A
Country	N/A	N/A	N/A	N/A	N/A	66.06	47.62	62.86	N/A
WA State	N/A	N/A	N/A	N/A	N/A	78.68	80.82	77.51	N/A

* Figures reflect patients waiting for elective surgery on the last day of the quarter.

N/A: Data not applicable since reporting on NEST indicators commenced from January 2012.



10. National Emergency Access Target

Did you know?

The National Emergency Access Target (NEAT) is a national four hour target whereby 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 Emergency Department Attendances – National Emergency Access Target Hospitals

What do these figures show?

In the September 2012 quarter, there was an increase of 12,916 (or 7.0%) 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 8,873 (or 6.3%). Country National Emergency Access Target hospital emergency department attendances increased by 4,043 (or 9.2%). Tertiary hospital emergency department attendances increased by 3,256 (or 4.6%), metropolitan general hospitals increased by 5,617 (or 8.0%) and rural hospitals increased by 4,043 (or 9.2%).

Figure 34: Total ED attendances
(National Emergency Access Target hospitals)

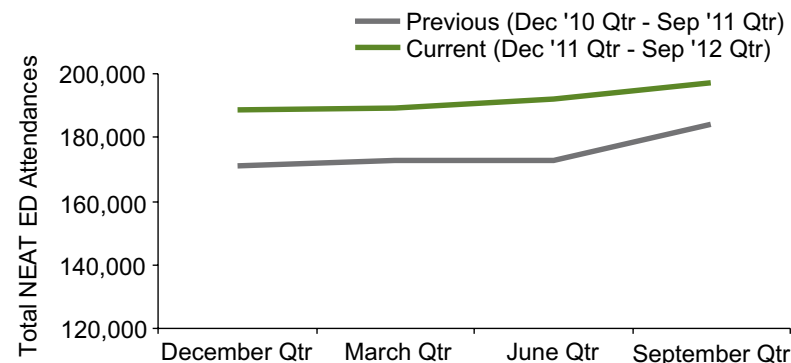


Table 34 – Total emergency department attendances – National Emergency Access Target hospitals*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	129,137	130,214	130,874	139,906	143,763	145,267	146,527	148,779	6.3%
Country	41,729	42,406	42,006	44,128	44,740	44,196	45,736	48,171	9.2%
WA State	170,866	172,620	172,880	184,034	188,503	189,463	192,263	196,950	7.0%
Hospital Grouping									
Tertiary	66,343	66,736	66,811	70,027	70,054	71,249	72,593	73,283	4.6%
Metropolitan General	62,794	63,478	64,063	69,879	73,709	74,018	73,934	75,496	8.0%
Rural	41,729	42,406	42,006	44,128	44,740	44,196	45,736	48,171	9.2%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

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.



10.2 Admissions from Emergency Department – National Emergency Access Target Hospitals

What do these figures show?

In the September 2012 quarter, there was an increase of 2,654 (or 5.7%) 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 1,951 (or 5.0%). Admissions from country National Emergency Access Target hospital emergency departments increased by 703 (or 9.9%). Admissions from tertiary hospital emergency departments decreased by 681 (or 2.5%), metropolitan general hospitals increased by 2,632 (or 21.8%) and rural hospitals increased by 703 (or 9.9%).

Figure 35: Total admissions from ED
(National Emergency Access Target hospitals)

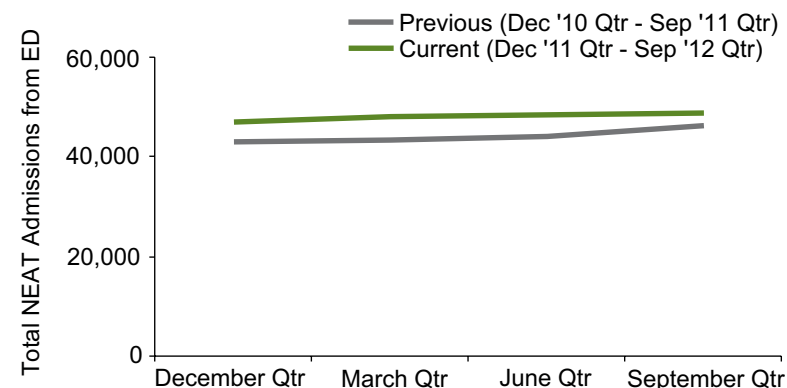


Table 35 – Total admissions from emergency department – National Emergency Access Target hospitals*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	36,062	36,612	37,553	39,147	39,714	40,783	40,841	41,098	5.0%
Country	7,064	6,767	6,691	7,126	7,292	7,325	7,585	7,829	9.9%
WA State	43,126	43,379	44,244	46,273	47,006	48,108	48,426	48,927	5.7%
Hospital Grouping									
Tertiary	24,809	25,492	26,743	27,079	27,187	27,092	26,601	26,398	-2.5%
Metropolitan General	11,253	11,120	10,810	12,068	12,527	13,691	14,240	14,700	21.8%
Rural	7,064	6,767	6,691	7,126	7,292	7,325	7,585	7,829	9.9%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

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.



10.3 Emergency Department Attendances Admitted – National Emergency Access Target Hospitals

What do these figures show?

For the September 2012 quarter, the percentage of total emergency department attendances admitted in National Emergency Access Target hospitals was 1.2% lower compared with the same quarter in the previous year.

For the same period, the percentage of total emergency department attendances admitted at metropolitan National Emergency Access Target hospitals decreased by 1.3% and country National Emergency Access Target hospitals increased by 0.6%. The percentage of total emergency department attendances admitted at tertiary hospitals decreased by 6.8%, metropolitan general hospitals increased by 12.7% and rural hospitals increased by 0.6%.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the September 2011 and September 2012 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: Percentage of total ED attendances admitted (National Emergency Access Target hospitals)

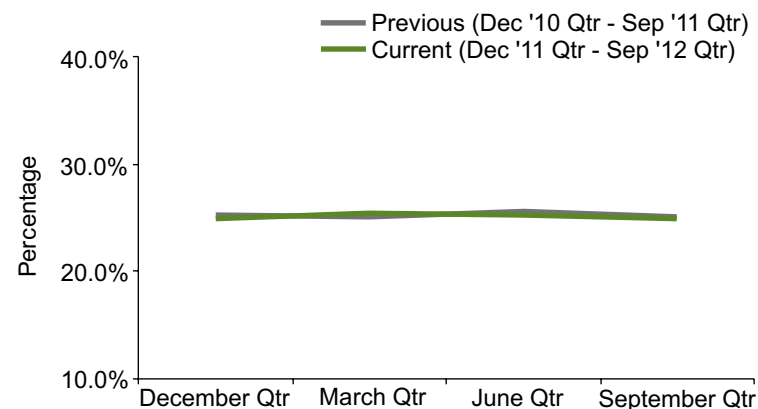


Table 36 – Percentage of total emergency department attendances admitted – National Emergency Access Target hospitals*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	27.9%	28.1%	28.7%	28.0%	27.6%	28.1%	27.9%	27.6%	-1.3%
Country	16.9%	16.0%	15.9%	16.1%	16.3%	16.6%	16.6%	16.3%	0.6%
WA State	25.2%	25.1%	25.6%	25.1%	24.9%	25.4%	25.2%	24.8%	-1.2%
Hospital Grouping									
Tertiary	37.4%	38.2%	40.0%	38.7%	38.8%	38.0%	36.6%	36.0%	-6.8%
Metropolitan General	17.9%	17.5%	16.9%	17.3%	17.0%	18.5%	19.3%	19.5%	12.7%
Rural	16.9%	16.0%	15.9%	16.1%	16.3%	16.6%	16.6%	16.3%	0.6%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

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.



10.4 Mental Health Admissions from Emergency Department – National Emergency Access Target Hospitals

What do these figures show?

In the September 2012 quarter, there was an increase of 176 (or 5.6%) in mental health admissions from emergency departments in National Emergency Access Target hospitals compared with the same quarter in the previous year.

For the same period, mental health admissions from metropolitan National Emergency Access Target hospital emergency departments increased by 53 (or 2.0%). Country National Emergency Access Target hospital mental health emergency department admissions increased by 123 (or 23.0%). Mental health emergency department admissions from tertiary hospitals decreased by 79 (or 4.1%), metropolitan general hospitals increased by 132 (or 19.0%) and rural hospitals increased by 123 (or 23.0%).

Figure 37: Mental health ED admissions
(National Emergency Access Target hospitals)

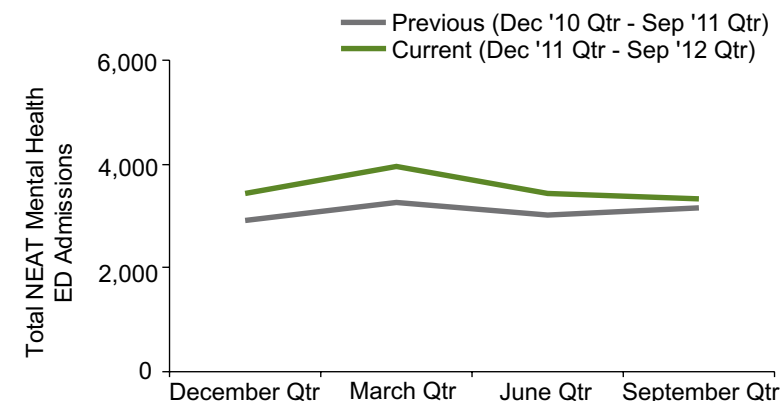


Table 37 – Mental health emergency department admissions – National Emergency Access Target hospitals*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	2,397	2,730	2,517	2,619	2,863	3,337	2,841	2,672	2.0%
Country	529	529	508	535	576	609	588	658	23.0%
WA State	2,926	3,259	3,025	3,154	3,439	3,946	3,429	3,330	5.6%
Hospital Grouping									
Tertiary	1,824	2,110	1,942	1,923	2,118	2,335	1,985	1,844	-4.1%
Metropolitan General	573	620	575	696	745	1,002	856	828	19.0%
Rural	529	529	508	535	576	609	588	658	23.0%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

* Metropolitan excludes Peel Health Campus.

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.



10.5 Total Emergency Department Attendances Transferred to another Hospital – National Emergency Access Target Hospitals

What do these figures show?

For the September 2012 quarter, the percentage of total emergency department attendances transferred from National Emergency Access Target hospitals was 3.9% lower compared with 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 1.6% and country National Emergency Access Target hospitals decreased by 28.6%. The percentage of total emergency department attendances at tertiary hospitals transferred to another hospital increased by 23.6%, metropolitan general hospitals decreased by 9.6% and rural hospitals decreased by 28.6%.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the September 2011 and September 2012 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: Percentage of total ED attendances transferred to another hospital (National Emergency Access Target hospitals)

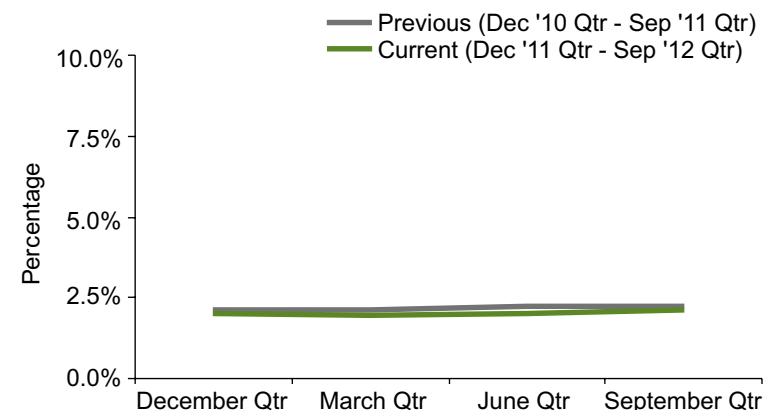


Table 38 – Percentage of total emergency department attendances transferred to another hospital – National Emergency Access Target hospitals*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	2.7%	2.6%	2.7%	2.7%	2.5%	2.4%	2.5%	2.7%	-1.6%
Country	0.4%	0.5%	0.6%	0.6%	0.5%	0.5%	0.4%	0.4%	-28.6%
WA State	2.1%	2.1%	2.2%	2.2%	2.0%	2.0%	2.0%	2.1%	-3.9%
Hospital Grouping									
Tertiary	1.2%	1.1%	1.1%	1.2%	1.1%	1.0%	1.3%	1.5%	23.6%
Metropolitan General	4.3%	4.3%	4.4%	4.2%	3.7%	3.8%	3.7%	3.8%	-9.6%
Rural	0.4%	0.5%	0.6%	0.6%	0.5%	0.5%	0.4%	0.4%	-28.6%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

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.



10.6 Emergency Department Attendances with Length of Episode (LOE) of Four Hours or Less – National Emergency Access Target Hospitals

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 2012 target for the ED attendances with LOE of four hours or less is 76%. The target was not achieved in September 2012 quarter, when 75.3% of ED attendances were admitted, transferred or discharged within four hours. 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 3.4% lower.

For the same period, the percentage of emergency department attendances with LOE of four hours or less at metropolitan National Emergency Access Target hospitals decreased by 4.7% and country National Emergency Access Target hospitals decreased by 0.3%. The percentage of emergency department attendances with LOE of four hours or less at tertiary hospitals decreased by 7.4%, metropolitan general hospitals decreased by 1.9% and rural hospitals decreased by 0.3%.

Figure 39: Percentage of emergency department attendances with LOE of four hours or less (National Emergency Access Target hospitals)

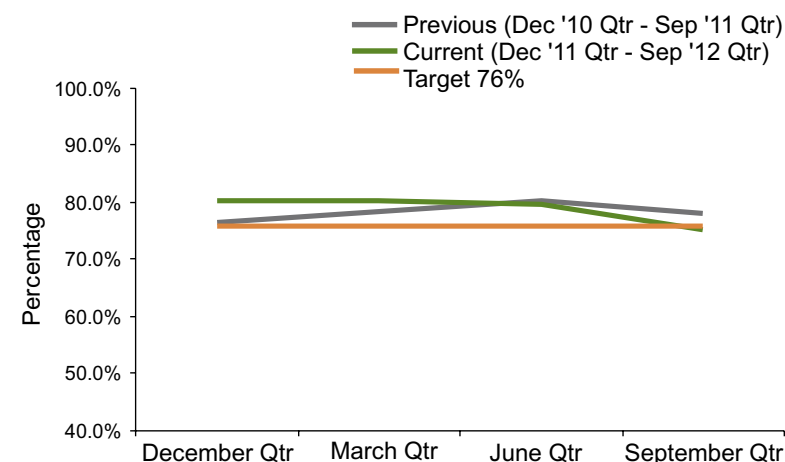


Table 39 – Percentage of emergency department attendances with LOE of four hours or less – National Emergency Access Target hospitals*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	73.2%	75.8%	78.2%	75.4%	78.1%	78.1%	77.2%	71.8%	-4.7%
Country	86.0%	86.9%	87.4%	86.4%	87.5%	88.0%	87.5%	86.1%	-0.3%
WA State	76.4%	78.6%	80.5%	78.0%	80.3%	80.4%	79.6%	75.3%	-3.4%
Hospital Grouping									
Tertiary	75.0%	79.5%	83.5%	76.9%	79.3%	79.2%	77.4%	71.2%	-7.4%
Metropolitan General	71.4%	72.0%	72.8%	73.8%	76.9%	77.1%	76.9%	72.4%	-1.9%
Rural	86.0%	86.9%	87.4%	86.4%	87.5%	88.0%	87.5%	86.1%	-0.3%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

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.



10.7 Emergency Department Attendances with LOE Greater Than Twelve Hours – National Emergency Access Target Hospitals

What do these figures show?

For the September 2012 quarter, the percentage of emergency department attendances with LOE greater than twelve hours in National Emergency Access Target hospitals was 0.7% higher compared with the same quarter in the previous year.

For the same period, the percentage of emergency department attendance with LOE greater than twelve hours at metropolitan National Emergency Access Target hospitals increased by 2.7% and country National Emergency Access Target hospitals decreased by 20.5%. The percentage of emergency department attendances with LOE greater than twelve hours at tertiary hospitals increased by 21.4%, metropolitan general hospitals decreased by 18.7% and rural hospitals decreased by 20.5%.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the September 2011 and September 2012 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: Percentage of emergency department attendances with LOE greater than twelve hours (National Emergency Access Target hospitals)

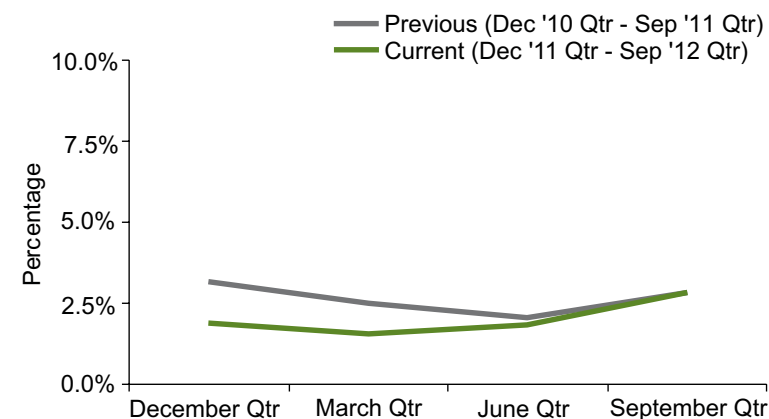


Table 40 – Percentage of emergency department attendances with LOE greater than twelve hours – National Emergency Access Target hospitals*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	4.0%	3.1%	2.5%	3.5%	2.3%	1.9%	2.3%	3.6%	2.7%
Country	0.6%	0.7%	0.6%	0.8%	0.6%	0.5%	0.5%	0.6%	-20.5%
WA State	3.2%	2.5%	2.1%	2.8%	1.9%	1.6%	1.8%	2.8%	0.7%
Hospital Grouping									
Tertiary	3.8%	2.4%	1.7%	3.8%	2.2%	2.2%	2.7%	4.6%	21.4%
Metropolitan General	4.2%	3.9%	3.4%	3.2%	2.3%	1.6%	1.8%	2.6%	-18.7%
Rural	0.6%	0.7%	0.6%	0.8%	0.6%	0.5%	0.5%	0.6%	-20.5%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

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.



10.8 Emergency Department Admissions with LOE of Four Hours or Less – National Emergency Access Target Hospitals

What do these figures show?

For the September 2012 quarter, the percentage of emergency department admissions with LOE of four hours or less in National Emergency Access Target hospitals was 13.0% lower compared with 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 decreased by 15.7% and country National Emergency Access Target hospitals decreased by 0.5%. The percentage of emergency department admissions with LOE of four hours or less at tertiary hospitals decreased by 19.3%, metropolitan general hospitals decreased by 0.9% and rural hospitals decreased by 0.5%.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the September 2011 and September 2012 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: Percentage of emergency department admissions with LOE of four hours or less (National Emergency Access Target hospitals)

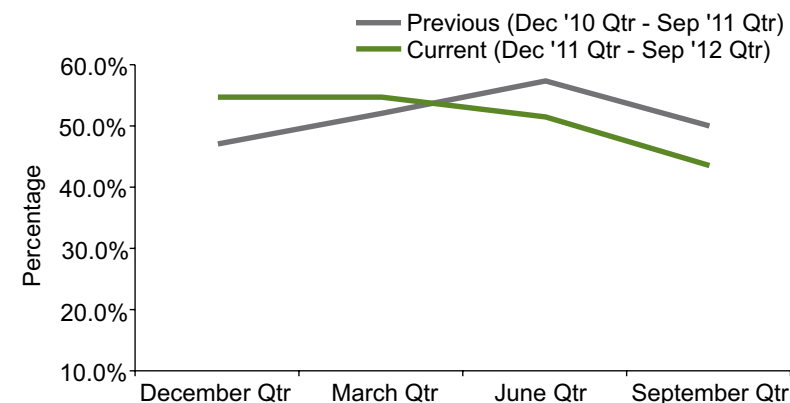


Table 41 – Percentage of emergency department admissions with LOE of four hours or less – National Emergency Access Target hospitals*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	45.6%	51.7%	57.9%	49.1%	54.2%	53.6%	50.4%	41.4%	-15.7%
Country	53.9%	54.9%	55.2%	54.4%	58.3%	60.2%	57.2%	54.1%	-0.5%
WA State	47.0%	52.2%	57.5%	49.9%	54.8%	54.6%	51.5%	43.4%	-13.0%
Hospital Grouping									
Tertiary	50.6%	58.9%	67.6%	54.5%	59.2%	57.9%	53.2%	44.0%	-19.3%
Metropolitan General	34.7%	35.1%	33.7%	37.0%	43.3%	45.1%	45.2%	36.7%	-0.9%
Rural	53.9%	54.9%	55.2%	54.4%	58.3%	60.2%	57.2%	54.1%	-0.5%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

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.



10.9 Emergency Department Transfers with LOE of Four Hours or Less – National Emergency Access Target Hospitals

What do these figures show?

For the September 2012 quarter, the percentage of emergency department transfers with LOE of four hours or less in National Emergency Access Target hospitals was 5.1% lower compared with 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 decreased by 6.2% and country National Emergency Access Target hospitals increased by 13.5%. The percentage of emergency department transfers with LOE of four hours or less at tertiary hospitals decreased by 13.7%, metropolitan general hospitals decreased by 3.2% and rural hospitals increased by 13.5%.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the September 2011 and September 2012 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: Percentage of emergency department transfers with LOE of four hours or less (National Emergency Access Target hospitals)

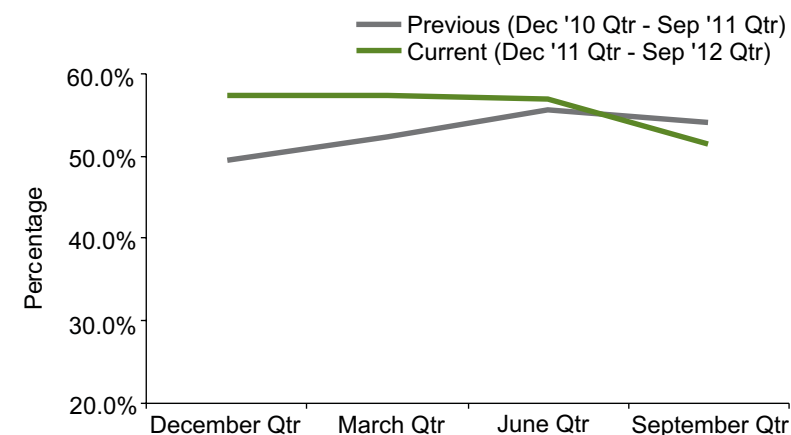


Table 42 – Percentage of emergency department transfers with LOE of four hours or less – National Emergency Access Target hospitals*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	49.7%	53.3%	55.9%	54.9%	57.9%	57.4%	57.4%	51.5%	-6.2%
Country	47.3%	39.7%	52.0%	43.8%	47.6%	54.5%	49.8%	49.8%	13.5%
WA State	49.6%	52.4%	55.7%	54.1%	57.3%	57.3%	57.0%	51.4%	-5.1%
Hospital Grouping									
Tertiary	52.4%	59.7%	60.4%	53.5%	56.4%	59.8%	54.5%	46.1%	-13.7%
Metropolitan General	48.8%	51.6%	54.7%	55.3%	58.4%	56.8%	58.3%	53.5%	-3.2%
Rural	47.3%	39.7%	52.0%	43.8%	47.6%	54.5%	50.0%	49.8%	13.5%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

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.



10.10 Emergency Department Departures with LOE of Four Hours or Less – National Emergency Access Target Hospitals

What do these figures show?

For the September 2012 quarter, the percentage of emergency department departures with LOE of four hours or less in National Emergency Access Target hospitals was 1.8% lower compared with 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 decreased by 2.4% and country National Emergency Access Target hospitals decreased by 0.4%. The percentage of emergency department departures with LOE of four hours or less at tertiary hospitals decreased by 4.7%, metropolitan general hospitals decreased by 0.6% and rural hospitals decreased by 0.4%.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the September 2011 and September 2012 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: Percentage of emergency department departures with LOE of four hours or less (National Emergency Access Target hospitals)

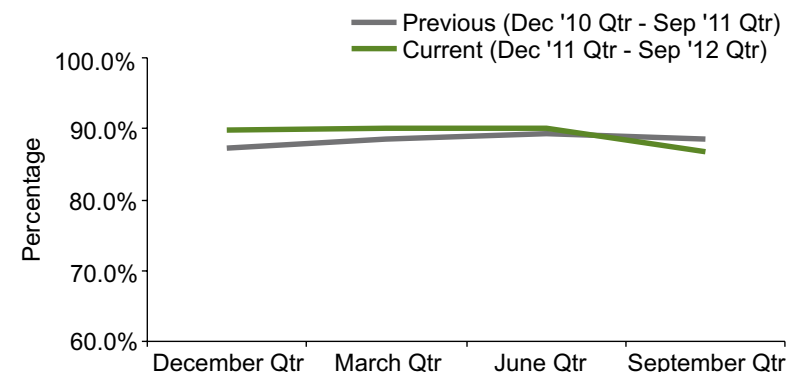


Table 43 – Percentage of emergency department departures with LOE of four hours or less – National Emergency Access Target hospitals*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	85.3%	86.5%	87.7%	86.8%	88.3%	88.8%	88.6%	84.7%	-2.4%
Country	92.8%	93.3%	93.8%	92.9%	93.5%	93.8%	93.8%	92.6%	-0.4%
WA State	87.4%	88.4%	89.4%	88.5%	89.7%	90.1%	90.0%	86.9%	-1.8%
Hospital Grouping									
Tertiary	90.3%	92.8%	94.7%	91.8%	92.8%	92.9%	92.1%	87.5%	-4.7%
Metropolitan General	81.1%	81.4%	82.2%	82.9%	85.0%	85.6%	85.8%	82.4%	-0.6%
Rural	92.8%	93.3%	93.8%	92.9%	93.5%	93.8%	93.8%	92.6%	-0.4%

* Figures are preliminary. Figures may change within the 2010-11, 2011-12 and 2012-13 reporting period due to timing of coding and editing.

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.



10.11 Ambulance Ramping

What do these figures show?

In the September 2012 quarter, there was an increase of 2,690.4 hours (or 142.2%) in ambulance ramping at metropolitan hospitals in comparison with the same quarter in the previous year.

For the same period, tertiary hospital ambulance ramping increased by 1,749.0 hours (or 129.3%). Metropolitan general hospital ambulance ramping increased by 941.4 hours (or 174.9%). 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.

A higher demand for ED services as well as staff shortages has led to an increase in ramping time at metropolitan public hospitals. Influenza has also been a contributing factor.

Note: Figures shown in the table are rounded to one decimal place. The actual and % changes in figures between the September 2011 and September 2012 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)

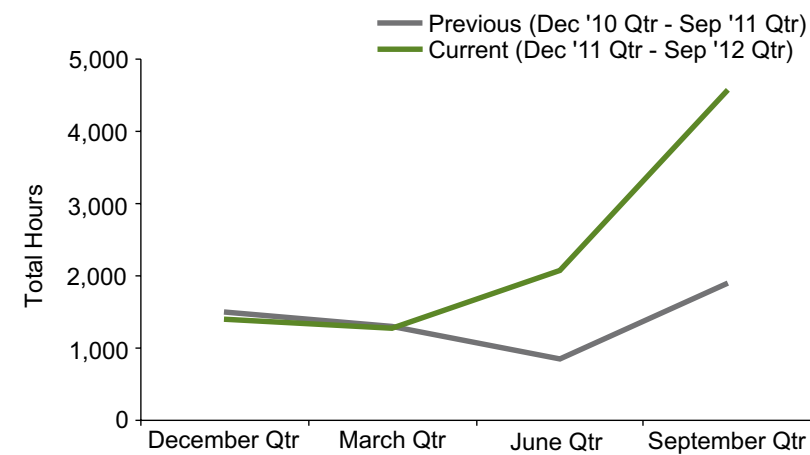


Table 44 – Ambulance Ramping (hours)*

Area	December 2010 Quarter	March 2011 Quarter	June 2011 Quarter	September 2011 Quarter	December 2011 Quarter	March 2012 Quarter	June 2012 Quarter	September 2012 Quarter	% change Sep 11 to Sep 12 Quarters
Metropolitan	1,508.3	1,295.2	859.2	1,891.4	1,401.9	1,283.8	2,064.2	4,581.7	142.2%
Hospital Grouping									
Tertiary	845.0	614.8	405.1	1,353.0	931.5	798.9	1,370.2	3,102.1	129.3%
Metropolitan General	663.3	680.3	454.0	538.3	470.3	484.9	694.0	1,479.7	174.9%

* Ambulance ramping is not applicable to country hospitals.



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 (02/10/2012), HCARE (02/10/2012), JHC (02/10/2012) and PHC (05/10/2012) 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 and mental health separations, excluding boarders, organ procurement cases and 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 (02/10/2012), HCARE (02/10/2012), JHC (02/10/2012) and PHC (05/10/2012) 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 separations from elective wait list and elective non-wait list admissions, excluding boarders.</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 (02/10/2012), HCARE (02/10/2012), JHC (02/10/2012) and PHC (05/10/2012) 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 and 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 (02/10/2012), HCARE (02/10/2012), JHC (02/10/2012) and PHC (05/10/2012) 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 and 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 (02/10/2012), HCARE (02/10/2012), JHC (02/10/2012) and PHC (05/10/2012) 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:	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. 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.
Includes:	All renal dialysis separations at WA public Hospitals (metropolitan and rural). Public patient separations at Joondalup and Peel Health Campuses and non-government organisations.
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 (02/10/2012), HCARE (02/10/2012), JHC (02/10/2012) and PHC (05/10/2012) discharge extracts. HMDS (08/10/2012), Country NGOs' data received on 10/10/2012.
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 (02/10/2012), HCARE (02/10/2012), JHC (02/10/2012) and PHC (05/10/2012) 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:	<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 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 (02/10/2012), HCARE (02/10/2012), JHC (02/10/2012) and PHC (05/10/2012) 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 WA public hospitals (metropolitan and rural).
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; and WA Country Health Service.
Data extraction:	Metro: BedState (05/10/2012).
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 WA public hospitals (metropolitan and rural).
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; and WA Country Health Service.
Data extraction:	Metro: BedState (05/10/2012).
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 WA public hospitals (metropolitan and rural).
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; and WA Country Health Service.
Data extraction:	Metro: BedState (05/10/2012).
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) (03/10/2012).
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 (03/10/2012).
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:	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. 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. The Australian Institute of Health and Welfare (AIHW) definitions are used for the patient counting.
Includes:	Public Hospitals (metropolitan and rural). Joondalup Health Campus, public patients. Peel Health Campus, public patients.
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 (03/10/2012).
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 (04/10/2012).
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 (04/10/2012).
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 (04/10/2012).
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 (04/10/2012).
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 (04/10/2012).
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 (04/10/2012).
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. Admissions from emergency departments does not include Dead On Arrival and direct admissions.
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 (04/10/2012).
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 with an authorised or designated ward.
Guide for use:	Separations provided in this report are preliminary. Coding and edit requirements mean the Hospital Morbidity Data System (HMDS) data usually has a delay.
Includes:	Public Hospitals (metropolitan and rural). Joondalup Health Campus, publicly funded activity only.
Excludes:	Private hospitals, including private activity at Joondalup Health Campus. 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 (09/10/2012).
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 (10/10/2012).
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:	03/10/2012.
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:	04/10/2012.
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:	04/10/2012.
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 09/10/2012.
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 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 (03/10/2012).
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 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 (03/10/2012).
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 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 (03/10/2012).
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 (03/10/2012).
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 received:	WLDC (03/10/2012).
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 (03/10/2012).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.



Table 34: Total emergency department attendances - National Emergency Access Target

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 (09/10/2012).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 35: Total admissions from emergency department - National Emergency Access Target

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 (09/10/2012).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 36: Percentage of total emergency department attendances admitted - National Emergency Access Target

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 (09/10/2012).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.



Table 37: Mental health emergency department admissions - National Emergency Access Target

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 (09/10/2012).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 38: Percentage of total emergency department attendances transferred to another hospital - National Emergency Access Target

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 (09/10/2012).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.



Table 39: Percentage of emergency department attendances with LOE of four hours or less - National Emergency Access Target

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 (09/10/2012).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 40: Percentage of emergency department attendances with LOE greater than twelve hours - National Emergency Access Target

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 (09/10/2012).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.



Table 41: Percentage of emergency department admissions with LOE of four hours or less - National Emergency Access Target

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:	<p>An admission process is the process whereby the hospital accepts responsibility for the patient's care and/or treatment.</p> <p>Excludes patients that had an invalid presentation or departure time. Data is expressed as a percentage.</p> <p>Includes all attendances that were admitted, that is, have an admission date recorded.</p> <p>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.</p>
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 (09/10/2012).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

Table 42: Percentage of emergency department transfers with LOE of four hours or less - National Emergency Access Target

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:	<p>Excludes records with an invalid presentation or departure time.</p> <p>Data is expressed as a percentage.</p> <p>Includes all attendances that were transferred to another hospital on ED departure.</p> <p>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.</p>
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 (09/10/2012).
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.



Table 43: Percentage of emergency department departures with LOE of four hours or less - National Emergency Access Target

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 (09/10/2012).
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:	05/10/2012.
Report prepared by:	Performance Activity and Quality Division, Department of Health, WA.

