

National Partnership
Agreement on the
Elective Surgery Waiting List
Reduction Plan

Period 3
Performance Report

*Steering Committee
for the Review of
Government
Service Provision*

May 2011

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Service Provision**

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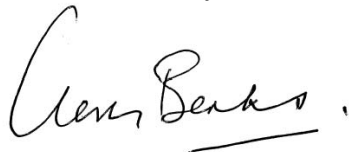
Dear Mr McClintock

In accordance with the request from the COAG Reform Council, I am pleased to submit to you the Steering Committee's report for period 3 of the National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan.

This report has been prepared in accordance with the requirements outlined in the COAG Reform Council's Matrix of performance information: National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan, 10 August 2010.

This report was produced with the assistance of Australian, State and Territory Government health departments. The Steering Committee would like to record its appreciation for the efforts of all those involved in the development of this report.

Yours sincerely



Gary Banks AO
Chairman

9 May 2011

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This Report

The Steering Committee for the Review of Government Service Provision was requested by the COAG Reform Council (CRC) to collate information relevant to the performance benchmarks associated with reward payments in the *National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan*.

The CRC requested the Steering Committee to provide information in accordance with the CRC's *Matrix of performance information: National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan*, 10 August 2010.

To facilitate the CRC's work, this report contains the following information:

- background and roles and responsibilities of various parties in National Partnership Agreement performance reporting
- performance reporting requirements for the *National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan*
- indicator specifications and summaries of data quality
- performance data.

The original data quality statements submitted by the data provider are also included in this report.

Steering Committee

This Report was produced under the direction of the Steering Committee for the Review of Government Service Provision (SCRGSP). The Steering Committee comprises the following current members:

Mr Gary Banks AO	Chairman	Productivity Commission
Mr Ron Perry	Aust. Govt.	Department of Prime Minister and Cabinet
Ms Sue Vroombout	Aust. Govt.	The Treasury
Mr David de Carvalho	Aust. Govt.	Department of Finance and Deregulation
Ms Liz Develin	NSW	Department of Premier and Cabinet
Mr Kevin Cosgriff	NSW	Department of Treasury
Mr Simon Kent	Vic	Department of the Premier and Cabinet
Mr Tony Bates	Vic	Department of Treasury and Finance
Ms Amanda Scanlon	Qld	Department of the Premier and Cabinet
Ms Janelle Thurlby	Qld	Department of Treasury
Mr Warren Hill	WA	Department of the Premier and Cabinet
Mr David Christmas	WA	Department of Treasury and Finance
Mr Chris McGowan	SA	Department of the Premier and Cabinet
Mr David Reynolds	SA	Department of Treasury and Finance
Ms Rebekah Burton	Tas	Department of Premier and Cabinet
Ms Pam Davoren	ACT	Chief Minister's Department
Ms Jenny Coccetti	NT	Department of the Chief Minister
Mr Tony Stubbin	NT	NT Treasury
Mr Trevor Sutton		Australian Bureau of Statistics
Mr David Kalisch		Australian Institute of Health and Welfare

People who also served on the Steering Committee during the production of this Report include:

Mr John O'Connell	Qld	Department of Treasury
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National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan performance reporting

About this report

Background to National Partnership reporting

In November 2008, the Council of Australian Governments (COAG) endorsed a new Intergovernmental Agreement on Federal Financial Relations (IGA) (COAG 2009a). The Ministerial Council for Federal Financial Relations (MCFFR) has general oversight of the operations of the IGA (COAG 2009b, para. A4(a)).

The IGA establishes a new form of payment — National Partnership (NP) payments — to fund specific projects and to facilitate and/or reward state and territories that deliver on nationally significant reforms.

The IGA specifies that the Commonwealth can provide the following NP payments:

- project payments to the States and Territories to deliver specific projects where they support national objectives
- facilitation payments in advance of the implementation of reform, in recognition of the costs of undertaking the reform
- incentives payments to provide a reward to jurisdictions that deliver agreed reform progress or continuous improvement (COAG 2009b, para. E19(a)–(c)).

The agreements underpinning each NP incentive payment set out the milestones and performance benchmarks that must be achieved for each jurisdiction to be eligible for an incentive payment (COAG 2009b, para. C20).

The IGA also included six National Agreements (NAs), which contain the objectives and outcomes for each sector, and clarify the respective roles and

responsibilities of the Commonwealth and the states and territories in the delivery of services. Five of the NAs are associated with a national Specific Purpose Payment (SPP) that can provide funding to the states and territories for the sector covered by the NA.

National Partnership reporting roles and responsibilities

Role of the COAG Reform Council

The IGA (COAG 2009b) states that:

The [CRC] will be the independent assessor of whether pre-determined milestones and performance benchmarks have been achieved before an incentive payment to reward nationally significant reforms or service delivery improvements under a National Partnership reward payment is made. [para. C19]

In order to assist the CRC discharge this function, the IGA provides that ‘the CRC may draw on existing subject experts or commission technical experts when an assessment of performance is required’. [para. C21]

The IGA also provides for a one month period of consultation with parties to the NP before the CRC makes its assessment on the incentive payments. [para. C22]

Role of the Steering Committee

The Steering Committee has three areas of potential involvement with NP reporting:

- as part of its NA role, providing information on NPs to the CRC to the extent that they support the objectives in NAs (COAG 2009b, para C5(c))
- as a result of direct reference to the Steering Committee in a NP or federal financial relations documents
- to support the CRC in its role assessing and reporting on NPs with reward funding (COAG 2009b, para C19).

In July 2010, the CRC requested the Steering Committee to collate the performance information for the remaining two periods of the *National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan* (COAG 2009c) (the Commonwealth Department of Health and Ageing (DoHA) collated data for the period 1 report).

The National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan

The objectives of the Elective Surgery NP are:

- an efficient and effective public hospital system that is able to adapt to the pressures of rising health costs and increasing demand
- improved health outcomes and patient experience and satisfaction
- integration between the hospital system and other health services
- targeting of services
- smooth patient transitions between health settings through assessment, referral and follow up at key points through out the healthcare system (COAG 2009c, para 10).

The Elective Surgery NP is intended to contribute to the outcome: ‘a reduction in the number of Australians waiting longer than clinically recommended times for elective surgery by improving efficiency and capacity in public hospitals’ (COAG 2009c, para 11).

Performance reporting

Under the Elective Surgery NP, the CRC is required to prepare three assessment reports — one for each reporting period. For the first report, data collation was undertaken by DoHA. For the second and third reports, the CRC requested the Steering Committee to collate the required information.

The CRC requested the Steering Committee to collate performance information for the indicators associated with reward payments for the Elective Surgery NP, and provide it to the CRC within one month of receiving data from the data provider. The performance benchmarks associated with reward payments are:

- Part 1. Increasing the volume of elective surgery admissions to meet individual jurisdiction targets
- Part 2. Increasing the cost weighted volume of elective surgery admissions above the targets specified under Part 1
- Part 3. Improving elective surgery waiting list management to achieve the following outcomes:
 - (a) a reduction in the number of patients ready for care who have waited longer than clinically recommended

- (b) maintain or improve the median and 90th percentile
- (c) maintain or improve the percentage of patients seen within the clinically recommended time by urgency category.

The CRC prepared a set of documents that establish NP processes and scope.

- A Matrix of Performance Information (performance matrix) is prepared for each NP, setting out the CRC’s overview of the NP, relevant elements of the assessment and reporting framework, and the measures of improvement and performance benchmarks (CRC unpublished (a)).
- The National Partnerships with Reward Funding: Assessment Framework (assessment framework) sets out process and timeframes for all reward NPs (CRC unpublished (b)).

The Elective Surgery NP has three reporting periods, as illustrated in table 1 (COAG 2009c, para 19).

Table 1 Reporting periods under Elective Surgery NP

	<i>From</i>	<i>To</i>
Period 1	1 July 2009	31 December 2009
Period 2	1 January 2010	30 June 2010
Period 3	1 July 2010	31 December 2010

The Steering Committee provided the second report (in respect of period 2) to the CRC in September 2010 (SCRGSP 2010).

This report includes data for the following reporting periods:

- part 1 — data for period 3
- parts 2 and 3 — data for periods 1, 2 and 3.

Box 1 identifies the key issues in reporting on the performance benchmarks in the Elective Surgery NP. This report also contains comments by the Steering Committee on the quality of reported data, based on the data quality statements completed by the data provider. The original data quality statements are also attached.

Box 1 Key issues in reporting against the Elective Surgery NP**General issue – Parts 1, 2 and 3**

The Steering Committee notes that for some jurisdictions the scope of available data for this report is not consistent with the scope used to determine the targets/baselines as specified in the Elective Surgery NP (COAG 2009c).

DoHA has advised that in determining the targets/baselines stated in the NP:

- Surgery Connect and the Mater Brisbane Hospitals were not included for Queensland for Part 3
- country hospitals were not included for SA for Part 1 and Part 3
- the Mersey Community Hospital was not included for Tasmania for Part 3.

To maintain consistency with the scope of the targets/baselines, the Steering Committee recommends that:

- the data for Part 1 not include data for country hospitals in SA. The exclusion of SA country hospitals data for Part 1 differs from the Steering Committee's approach in the previous report to the CRC, following further investigation of the scope of baselines/targets across all three parts of the Elective Surgery NP for this report
- the data for Part 3 not include data for: Surgery Connect and the Mater Brisbane Hospitals in Queensland; country hospitals in SA; and the Mersey Community Hospital in Tasmania.

The Steering Committee notes that DoHA does not agree with this recommendation. DoHA considers that all available hospital activity should be included in the actual counts for all parts of this report.

Part 2 only

With the exception of WA, December 2010 quarter data containing information on AR-DRGs were not available for reporting against part 2. However, DoHA has advised that this is not likely to have a significant effect on the actual counts in this report.

Timetable

For this cycle of reporting, the timeframes set out in the August 2010 version of the CRC's assessment framework (CRC unpublished (b)) specify that the Steering Committee has one month to prepare its report, which was due to the CRC by 31 March 2011. In preparing its report, the Steering Committee discovered a critical issue regarding the scope of hospitals included in the baselines/targets in the NP. The Steering Committee requested an extension from the CRC to determine the scope of the baselines/targets, and request performance data that matched in scope.

Part 1 performance benchmark — Increasing the volume of elective surgery admissions to meet individual jurisdiction targets

Performance benchmark:	Increasing the volume of elective surgery admissions to meet individual jurisdiction targets
Measure:	The number of elective surgery admissions <ul style="list-style-type: none">• <i>numerator</i> — the number of elective surgery admissions and is presented as a <i>number</i> Only includes patients removed from waiting lists where: <ol style="list-style-type: none">1. reason for removal from elective surgery waiting list is: admitted as elective patient for awaited procedure in this hospital or another hospital AND2. date of removal from elective surgery waiting list is within data reference period (see 'Data reference period' below)
Data source:	States and territories (unpublished) Elective Surgery Waiting List Reduction Plan data collection
Data provider:	Commonwealth Department of Health and Ageing (on behalf of State and Territory health departments)
Data reference period:	1 July 2010 to 31 December 2010 (period 3)
Cross tabulations:	State and Territory

Box 2 Interpreting the results for Part 1 performance benchmark (period 3)

Results for this performance benchmark are provided in table 2.

These results are based on data provided by DoHA (table A.1). Two sets of data were provided by DoHA:

- one set of data based on unit record data from each jurisdiction's Elective Surgery Waiting List Reduction Plan data collection, which were checked using DoHA's validation tool
- one set of data based on aggregated admissions data provided directly by each jurisdiction.

(Continued next page)

Box 2 (continued)

For this report, the two sets of data provided different results for SA.

The CRC requested that, where multiple sets of results are provided, the Steering Committee recommend a single set for CRC analysis.

The NP includes potentially contradictory directions on data:

...States and Territories will use the best available data at the time to complete their report.' [para 18]

...The performance measures will be calculated from unit level data provided by States and Territories for the Elective Surgery Waiting List Reduction Plan.' [para B.11]

The Steering Committee has applied the NP directions in the following manner:

- unit record level data have been utilised, unless the Steering Committee considers that better (higher quality) data are available within the NP reporting timetable (the NP states that '...States and Territories will submit data within one month of the end of each quarter.') [para B.11]

For the Steering Committee's previous report to the CRC on this NP, the more complete activity account was recommended. However, in collating the data for this report, the Steering Committee has become aware of inconsistencies within some jurisdictions between the scope of hospitals considered to develop the targets/baselines and the scope of hospitals for which actual data are available. The approach taken by the Steering Committee has been to maintain consistency in scope between targets and actual data, and across benchmarks (see box 3).

**Table 2 Results for Part 1 performance benchmark (period 3):
Number of elective surgery admissions^a**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA(b)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Target for period 3	103 848	70 377	63 390	36 670	22 431	7 353	4 952	2 839	311 860
Elective surgery admissions for period 3	106 877	78 141	66 747	40 606	22 953	8 035	5 478	3 155	331 992

^a Period 3 = 1 July 2010 to 31 December 2010. ^b Data for South Australia exclude country hospitals to maintain consistency with the scope of hospitals in the target. Counts including available data for country hospitals (1 July 2010 to 30 September 2010) are available in table A.1 of this report.

Source: DoHA (unpublished) Elective Surgery Waiting List Reduction Plan data collection.

Box 3 Comment on data quality

The DQS for this indicator has been prepared by DoHA and is included in its original form in the section in this report titled 'Data Quality Statement'. Key points from the DQS are summarised below.

- The data provide relevant information on the number of elective surgery admissions for public hospitals, in accordance with the indicator specifications in the Elective Surgery Waiting List Reduction Plan — Data Request Specifications and Edits (DoHA unpublished).
- Data were available in the CRC's reporting timeframe for all jurisdictions.
- Two sets of data were provided to the Steering Committee by DoHA: a unit record count checked by DoHA, using validation software to check against indicator specifications; and an aggregated count provided by jurisdictions to DoHA.
- Jurisdictions report elective surgery admissions on their respective health department websites, but these counts may differ to those provided for this benchmark.

The Steering Committee notes the following issue:

- The two sets of data for this report provided different results for SA. The CRC has requested the Steering Committee to provide a single figure for each jurisdiction. The Steering Committee followed the approach below to determine the recommended figure for SA:
 - Elective surgery admissions for SA for period 3 are based on the checked unit record count 22 953 (which excludes country hospitals). The scope of this count (which excludes country hospitals) is consistent with scope on which the targets/baselines were established for SA in this NP, and is consistent with the scope of actual data provided to derive the benchmarks for part 3.

Part 2 performance benchmark — Increasing the cost weighted volume of elective surgery admissions above the targets specified under Part 1

Performance benchmark:	Increasing the cost weighted volume of elective surgery admissions above the targets specified under Part 1
Measure:	<p>The cost weighted volume of elective surgery over the period 1 July 2009 to 31 December 2010</p> <ul style="list-style-type: none">• <i>numerator</i> — the number of elective surgery admissions over the period 1 July 2009 to 31 December 2010, cost weighted <p>and is presented as a <i>number</i></p> <p>Only includes patients removed from waiting lists where:</p> <ol style="list-style-type: none">1. reason for removal from elective surgery waiting list is: admitted as elective patient for awaited procedure in this hospital or another hospital AND2. date of removal from elective surgery waiting list is within data reference period (see 'Data reference period' below) <p>Includes only those patients assigned a valid AR-DRG (version 5.1 or 5.2)</p>
Data sources:	<p>States and territories (unpublished) Elective Surgery Waiting List Reduction Plan data collection</p> <p>[SA only] SA Health (unpublished) country hospital weighted admissions</p> <p>[Queensland only] Queensland Health (unpublished) Mater Brisbane Hospitals admissions (unweighted)</p> <p>DoHA (unpublished) National Hospital Cost Data Collection – round 13 (2008-09), public sector national cost weight AR-DRG (version 5.2) table.</p>
Data provider:	Commonwealth Department of Health and Ageing (on behalf of State and Territory health departments)
Data reference period:	1 July 2009 to 31 December 2010 (all periods)
Cross tabulations:	State and Territory

**Table 3 Results for Part 2 performance benchmark (all periods):
Volume of cost weighted elective surgery admissions^{a, b, c}**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Cost weighted volume	450 273	344 152	324 555	143 681	125 595	37 036	24 208	8 750	1 458 250

^a All periods = 1 July 2009 to 31 December 2010. ^b Cost weighted volume of elective surgery is derived by multiplying the number of surgeries by the average DRG for those surgeries. ^c Average DRG refers to national cost weights for AR-DRG version 5.2, Round 13 (2008-09).

Source: DoHA (unpublished) Elective Surgery Waiting List Reduction Plan data collection; National Hospital Cost Data Collection, Cost Report, Round 13 (2008-09).

Box 4 **Comment on data quality**

The DQS for this indicator has been prepared by DoHA and is included in its original form in the section in this report titled 'Data Quality Statement'. Key points from the DQS are summarised below.

- The data provide relevant information on the cost weighted volume of elective surgery admissions for public hospitals, in accordance with the indicator specifications in the Elective Surgery Waiting List Reduction Plan — Data Request Specifications and Edits (DoHA unpublished).
- Data were available in the CRC's reporting timeframe for all jurisdictions.
- Cost weighting requires unit record data with valid AR-DRGs. Two issues arise for this report:
 - Unit record data are available one month after the end of each quarter. However, except for WA, information on AR-DRGs is not available until 5 months after the end of the quarter, and so AR-DRGs for the December quarter must be estimated for this report. (Except for WA) DoHA has applied an extrapolation process to estimate the AR-DRGs for the December quarter. DoHA advises that this is unlikely to have a significant effect on the accuracy of the reported data, as average cost weights are reasonably stable between quarters.
 - Some unit record data do not have valid AR-DRGs. This issue primarily affects Queensland, SA and the NT. The specific treatment applied to each of these jurisdictions is outlined in the DQS for this benchmark. DoHA advises that the methods applied are unlikely to have a significant effect on the accuracy of the reported data.

The Steering Committee notes the following issues:

- The first step for part 2 is for jurisdictions to 'exceed their respective volume targets under part 1 (as shown in table A1 [of the NP])' [para A13 in the NP]. The Secretariat has provided the actual counts for all three periods (based on the part 1 scope identified in this report). These data are included in table A.2.
- The NP refers to 'total [AR-DRG] cost weighted volume of elective surgery completed during the 18 months from 1 July 2009 to 31 December 2010' [para A14 in the NP]. The Secretariat interprets this to mean the *total* activity over this period, and so all available data on public hospitals has been included for all jurisdictions. For Queensland and Tasmania, this *total* activity has a broader scope than that used in part 3. For SA, this *total* activity has a broader scope than that used in parts 1 and 3.

Part 3 performance benchmark — Improved elective surgery waiting list management to achieve the following outcomes: (a) a reduction in the number of patients ready for care who have waited longer than clinically recommended

Performance benchmark:	A reduction in the number of patients ready for care who have waited longer than clinically recommended
Measure:	<p>Number of patients ready for care who have waited longer than clinically recommended at the end of each period</p> <ul style="list-style-type: none">• <i>numerator</i> — the number of patients ready for care who have waited longer than clinically recommended, by period <p>and is presented as a <i>number</i></p> <p>Only includes patients removed from waiting lists where:</p> <ol style="list-style-type: none">1. Patient listing status = 1 – ready for care AND2. Census date refers to the end of the relevant period (see ‘Data reference period’ below) AND3. Clinical urgency category is 1 or 2 and Overdue patient is 1 OR Clinical urgency category is 3 and Extended wait patient is 1.
Data sources:	States and territories (unpublished) Elective Surgery Waiting List Reduction Plan data collection
Data provider:	Commonwealth Department of Health and Ageing (on behalf of State and Territory health departments)
Data reference period:	Period 3 only (as at 31 December 2010)
Cross tabulations:	State and Territory

Table 4 Results for Part 3 (a) performance benchmark (Period 3): Patients ready for care who have waited longer than clinically recommended^a

	<i>NSW</i>	<i>Vic</i>	<i>Qld(b)</i>	<i>WA</i>	<i>SA(c)</i>	<i>Tas(d)</i>	<i>ACT</i>	<i>NT</i>
Number overdue	178	5 529	1 972	1 663	322	4 169	2 006	619
Proportion overdue	0.3%	14.2%	8.5%	10.2%	3.0%	50.5%	39.3%	27.6%
Target ^e	..	10.0%	10.0%	10.0%	..	1 334	566	291
December 2008 ^f	420	506

^a Period 3 = as at 31 December 2010. ^b Data for Queensland exclude Surgery Connect and the Mater Brisbane Hospitals which were not provided for reporting against this benchmark and were not included in the scope of hospitals in the target. ^c Data for SA exclude country hospitals which were not available for reporting against this benchmark and were not included in the scope of hospitals in the target. ^d Data for Tasmania exclude the Mersey Community Hospital to maintain consistency with the scope of hospitals in the target. Counts including Mersey Community Hospital are available in table A.3 in this report. ^e Targets are specified in table A4 in the Elective Surgery NP Agreement. There are no targets set for NSW, WA (periods 1 and 2) or SA. ^f Numbers at December 2008 are only applicable for jurisdictions where targets for part 3a were not set. For WA, the December 2008 figures are only applicable for periods 1 and 2 as targets were set for period 3. .. Not applicable.

Source: DoHA (unpublished) Elective Surgery Waiting List Reduction Plan data collection.

Box 5 Comment on data quality

The DQS for this indicator has been prepared by DoHA and is included in its original form in the section in this report titled 'Data Quality Statement'. Key points from the DQS are summarised below.

- The data provide relevant information on the number of patients ready for care who have waited longer than clinically recommended, in accordance with the indicator specifications in the Elective Surgery Waiting List Reduction Plan — Data Request Specifications and Edits (DoHA unpublished).
- Data were available in the CRC's reporting timeframe for all jurisdictions.
- The full scope of data were not available for all jurisdictions:
 - data for some in-scope hospitals were not available for SA for the baseline or actual counts. Although the data do not cover the full scope of hospitals, they are consistent in scope over time
 - data for some in-scope hospitals were not available for the baseline for Queensland and Tasmania but were available for the actual counts.
- Quarterly unit record data are re-supplied five months after the end of the quarter to enable the linking of waiting list admission records with admitted patient care records.

The Steering Committee notes the following issues:

- The impact of excluding some in-scope hospitals from the baseline and actual counts is not known (country hospitals in SA).
- For Queensland and Tasmania, to ensure consistency between the scope of the baseline and the scope of the actual counts, data for Surgery Connect and Mater Brisbane Hospitals (Queensland) and the Mersey Community hospital (Tasmania) are excluded from the actual counts.

Part 3 performance benchmark — Improved elective surgery waiting list management to achieve the following outcomes: (b) maintain or improve the median and 90th percentile

Performance benchmark:	Maintain or improve the median and 90 th percentile
Measure:	<p>Maintain or improve the number of days patients have been waiting at the median and 90th percentile at removal from elective surgery waiting lists</p> <ul style="list-style-type: none">• <i>numerator</i> — the number of day patients have been waiting at removal from elective surgery waiting lists, by median and 90th percentile <p>and is presented as a <i>number</i></p> <p>Only includes patients removed from waiting lists where:</p> <ol style="list-style-type: none">1. reason for removal from elective surgery waiting list is 1 (admitted as elective patient for awaited procedure in this hospital or another hospital) AND2. date of removal from elective surgery waiting list is within specified timeframe (Period 1, 2 and 3) AND3. waiting time at removal from elective surgery waiting list is greater than or equal to zero.
Data sources:	States and territories (unpublished) Elective Surgery Waiting List Reduction Plan data collection
Data provider:	Commonwealth Department of Health and Ageing (on behalf of State and Territory health departments)
Data reference period:	Period 3 (1 July 2010 to 31 December 2010)
Cross tabulations:	State and Territory

**Table 5 Results for Part 3 (b) performance benchmark (Period 3):
Number of days patients have been waiting at removal
from elective surgery waiting lists (number)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld(a)</i>	<i>WA</i>	<i>SA(b)</i>	<i>Tas(c)</i>	<i>ACT</i>	<i>NT</i>
Baseline^d								
Median	40	33	26	28	39	48	73	42
90 th percentile	279	216	132	184	218	491	377	307
Actual^e								
Median	44	34	27	28	35	35	70	34
90 th percentile	330	178	148	153	194	333	381	226

^a Data for Queensland exclude Surgery Connect and the Mater Brisbane Hospitals to maintain consistency with the scope of hospitals in the baseline. Counts including Surgery Connect and the Mater Brisbane Hospitals are available in table A.4 in this report. ^b Data for SA exclude country hospitals which were not available for reporting against this benchmark. ^c Data for Tasmania exclude the Mersey Community Hospital to maintain consistency with the scope of hospitals in the baseline. Counts including the Mersey Community Hospital are available in table A.4 in this report. ^d Baseline is 2008 and details are specified in the Elective Surgery NP agreement. ^e Actual counts are for Period 3 (Period 3 = 1 July 2010 to 31 December 2010).

Source: DoHA (unpublished) Elective Surgery Waiting List Reduction Plan data collection.

Box 6 **Comment on data quality**

The DQS for this indicator has been prepared by DoHA and is included in its original form in the section in this report titled 'Data Quality Statement'. Key points from the DQS are summarised below.

- The data provide relevant information on the median and 90th percentile number of days patients had waited at removal from waiting lists, in accordance with the indicator specifications in the Elective Surgery Waiting List Reduction Plan — Data Request Specifications and Edits (DoHA unpublished).
- Data were available in the CRC's reporting timeframe for all jurisdictions.
- The full scope of data were not available for all jurisdictions:
 - data for some in-scope hospitals were not available for SA for the baseline or actual counts. Although the data do not cover the full scope of hospitals, they are consistent in scope over time
 - data for some in-scope hospitals were not available for the baseline for Queensland and Tasmania but were available for the actual counts.
- Quarterly unit record data are re-supplied five months after the end of the quarter to enable the linking of waiting list admission records with admitted patient care records.

The Steering Committee notes the following issues:

- The impact of excluding some in-scope hospitals from the baseline and actual counts is not known (country hospitals in SA).
- For Queensland and Tasmania, to ensure consistency between the scope of the baseline and the scope of the actual counts, data for Surgery Connect and Mater Brisbane Hospitals (Queensland) and the Mersey Community hospital (Tasmania) are excluded from the actual counts.

Part 3 performance benchmark — Improved elective surgery waiting list management to achieve the following outcomes: (c) maintain or improve the percentage of patients seen within the clinically recommended time by urgency category

Performance benchmark:	Maintain or improve the percentage of patients seen within the clinically recommended time by urgency category
Measure:	<p>Percentage of patients seen within the clinically recommended time for each urgency category</p> <ul style="list-style-type: none">• <i>numerator</i> — the number of patients where number of days waited is within clinically recommended time• <i>denominator</i> — the number of removals from elective surgery waiting lists <p>and is presented as a <i>proportion</i></p> <p>Only includes patients removed from waiting lists where:</p> <ol style="list-style-type: none">1. reason for removal from elective surgery waiting list is 1 (admitted as elective patient for awaited procedure in this hospital or another hospital) AND2. date of removal from elective surgery waiting list is within specified timeframe (Period 3).
Data sources:	States and territories (unpublished) Elective Surgery Waiting List Reduction Plan data collection
Data provider:	Commonwealth Department of Health and Ageing (on behalf of State and Territory health departments)
Data reference period:	Period 3 (1 July 2010 to 31 December 2010)
Cross tabulations:	State and Territory

**Table 6 Results for Part 3 (c) performance benchmark (Period 3):
Proportion of patients seen within the clinically
recommended time for each urgency category (per cent)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld(a)</i>	<i>WA</i>	<i>SA(b)</i>	<i>Tas(c)</i>	<i>ACT</i>	<i>NT</i>
Baseline^d								
Category 1	93	100	83	88	80	72	94	78
Category 2	79	70	82	77	78	46	45	58
Category 3	96	91	89	96	89	62	74	76
Overall	90	84	84	87	83	60	66	69
Actual^e								
Category 1	93	100	85	89	88	74	89	85
Category 2	90	76	74	82	90	62	46	61
Category 3	91	93	93	97	95	73	75	80
Overall	91	87	81	90	91	68	65	75

^a Data for Queensland exclude Surgery Connect and the Mater Brisbane Hospitals to maintain consistency with the scope of hospitals in the baseline. Counts including Surgery Connect and the Mater Brisbane Hospitals are available in table A.5 in this report. ^b Data for SA exclude country hospitals which were not available for reporting against this benchmark. ^c Data for Tasmania exclude the Mersey Community Hospital to maintain consistency with the scope of hospitals in the baseline. Counts including the Mersey Community Hospital are available in table A.5 in this report. ^d Baseline is 2008 and details are specified in the Elective Surgery NP agreement. ^e Actual counts are for Period 3 (Period 3 = 1 July 2010 to 31 December 2010).

Source: DoHA (unpublished) Elective Surgery Waiting List Reduction Plan data collection.

Box 7 Comment on data quality

The DQS for this indicator has been prepared by DoHA and is included in its original form in the section in this report titled 'Data Quality Statement'. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of patients seen within clinically recommended time by urgency category, in accordance with the indicator specifications in the Elective Surgery Waiting List Reduction Plan — Data Request Specifications and Edits (DoHA unpublished).
- Data were available in the CRC's reporting timeframe for all jurisdictions.
- The full scope of data were not available for all jurisdictions:
 - data for some in-scope hospitals were not available for SA for the baseline or actual counts. Although the data do not cover the full scope of hospitals, they are consistent in scope over time
 - data for some in-scope hospitals were not available for the baseline for Queensland and Tasmania but were available for the actual counts.
- Quarterly unit record data are re-supplied five months after the end of the quarter to enable the linking of waiting list admission records with admitted patient care records.

The Steering Committee notes the following issues:

- For SA, it is unknown whether inclusion of the excluded hospitals (country hospitals) would have had a significant impact on the actual counts relative to the baseline.
- For Queensland and Tasmania, to ensure comparability between the scope of the baseline and the scope of the actual counts, data for Surgery Connect and Mater Brisbane Hospitals (Queensland) and the Mersey Community hospital (Tasmania) are excluded from the actual counts.

Attachment tables

Table A.1 **Number of Elective Surgery Admissions: Period 3 (number)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Procedures rolled over to period 3	–	–	–	–	–	–	–	–	–
Number of elective surgery admissions for Period 3									
Admissions reported by jurisdictions (a)	106 877	78 141	66 747	40 606	27 067	8 035	5 478	3 155	336 106
Admissions derived from unit record data (checked)	106 877	78 141	66 747	40 606	22 953	8 035	5 478	3 155	331 992
Variation between reported and checked data	–	–	–	–	4 114	–	–	–	4 114

Period 3 = 1 July 2010 to 31 December 2010.

(a) South Australian "admissions reported by jurisdictions" includes metropolitan and country hospitals for the period 1 July 2010 to 30 September 2010 and metropolitan hospitals only for the period 1 October 2010 to 31 December 2010.

– Nil. **na** Not available.

Source: States and Territories (unpublished) Elective Surgery Waiting List Reduction Plan data collection.

Table A.2 **Number of Elective Surgery Admissions: Stage 3 total for Part 2 (number) (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA (b)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>
Actual counts								
Number of elective surgery admissions for Period 1	101 080	78 651	65 653	38 783	22 566	8 504	4 805	3 087
Number of elective surgery admissions for Period 2	102 846	74 540	63 180	37 374	21 708	8 184	4 957	2 986
Number of elective surgery admissions for Period 3	106 877	78 141	66 747	40 606	22 953	8 035	5 478	3 155
Stage 3 total	310 803	231 332	195 580	116 763	67 227	24 723	15 240	9 228
Targets								
Number of elective surgery admissions for Period 1	100 507	67 830	61 385	35 662	21 629	7 107	4 803	2 760
Number of elective surgery admissions for Period 2	101 873	68 872	62 205	36 074	21 957	7 208	4 864	2 793
Number of elective surgery admissions for Period 3	103 848	70 377	63 390	36 670	22 431	7 353	4 952	2 839
Stage 3 total	306 228	207 079	186 980	108 406	66 017	21 668	14 619	8 392

Period 3 = 1 July 2010 to 31 December 2010.

(a) As a result of using the most recent available unit record derived figures, actual counts for periods 1 and 2 may differ from data provided to the CRC for previous assessment reports.

(b) To align with the scope identified for the targets, actual data for SA exclude throughput for country hospitals.

Source: States and Territories (unpublished) Elective Surgery Waiting List Reduction Plan data collection.

Table A.3 Number of patients ready for care who have waited longer than clinically recommended (number)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>
Period 1								
Number overdue								
Including all available hospitals (a)	2 657	9 840	5 694	1 711	206	3 809	2 223	806
Excluding hospitals not considered in setting jurisdiction target in NP (b)	2 657	9 840	5 694	1 711	206	3 786	2 223	806
Proportion overdue								
Including all available hospitals (a)	4.0%	24.2%	22.2%	11.6%	2.0%	51.0%	41.3%	31.8%
Excluding hospitals not considered in setting jurisdiction target in NP (b)	4.0%	24.2%	22.2%	11.6%	2.0%	50.6%	41.3%	31.8%
Period 2								
Number overdue								
Including all available hospitals (a)	1 196	6 431	4 650	1 749	47	3 878	2 220	649
Excluding hospitals not considered in setting jurisdiction target in NP (b)	1 196	6 431	4 650	1 749	47	3 860	2 220	649
Proportion overdue								
Including all available hospitals (a)	1.8%	17.5%	18.4%	11.1%	0.5%	49.8%	41.7%	28.3%
Excluding hospitals not considered in setting jurisdiction target in NP (b)	1.8%	17.5%	18.4%	11.1%	0.5%	49.6%	41.7%	28.3%
Period 3								
Number overdue								
Including all available hospitals (a)	178	5 529	1 972	1 663	322	4 250	2 006	619
Excluding hospitals not considered in setting jurisdiction target in NP (b)	178	5 529	1 972	1 663	322	4 169	2 006	619
Proportion overdue								
Including all available hospitals (a)	0.3%	14.2%	8.5%	10.2%	3.0%	51.5%	39.3%	27.6%
Excluding hospitals not considered in setting jurisdiction target in NP (b)	0.3%	14.2%	8.5%	10.2%	3.0%	50.5%	39.3%	27.6%

Table A.3 **Number of patients ready for care who have waited longer than clinically recommended (number)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>
Target	..	10.0%	10.0%	10.0%	..	1 334	566	291
December 2008 (number overdue) (c)	420	7 414	5 521	1 435	506	4 446	1 886	971
December 2008 (proportion overdue) (c)	0.7%	20.6%	21.8%	10.7%	5.3%	54.4%	39.5%	42.8%

Period 1 = at 31 December 2009; Period 2 = at 30 June 2010; Period 3 = at 31 December 2010.

- (a) Excludes Surgery Connect and Mater Brisbane Hospital (Queensland) and country hospitals (SA).
- (b) Excludes Surgery Connect and Mater Brisbane Hospital (Queensland), country hospitals (SA) and the Mersey Community Hospital (Tasmania).
- (c) The December 2008 figures do not include Mater hospitals or Surgery Connect (Queensland), Mersey Community Hospital (Tasmania) or country hospitals (SA). Unit record data for this time period are not available for these hospitals/program.

Source: States and Territories (unpublished) Elective Surgery Waiting List Reduction Plan data collection.

Table A.4 Number of days patients have been waiting at removal from waiting lists: Period 3 (number)

	<i>NSW</i>	<i>Vic</i>	<i>Qld (a)</i>	<i>WA</i>	<i>SA (b)</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>
Period 3 (including all available hospitals) (a)								
Median	44	34	28	28	35	34	70	34
90th percentile	330	178	146	153	194	326	381	226
Period 3 (excluding hospitals not considered in setting jurisdiction target in NP) (b)								
Median	44	34	27	28	35	35	70	34
90th percentile	330	178	148	153	194	333	381	226
Baseline (2008) (c)								
Median	40	33	26	28	39	48	73	42
90th percentile	279	216	132	184	218	491	377	307

Period 3 = 1 July 2010 to 31 December 2010.

(a) Excludes country hospitals (SA).

(b) Excludes Surgery Connect and Mater Brisbane Hospitals (Queensland), country hospitals (SA) and the Mersey Community Hospital (Tasmania).

(c) Baseline is 2008 and details are specified in the Elective Surgery NP agreement. The baseline did not include Mater hospitals or Surgery Connect (Queensland), Mersey Community Hospital (Tasmania) or country hospitals (SA). Unit record data for this time period are not available for these hospitals/program.

Source: States and Territories (unpublished) Elective Surgery Waiting List Reduction Plan data collection.

Table A.5 **Percentage of patients seen within the clinically recommended time for each urgency category: Period 3 (per cent)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>
Urgency by category (period 3) (includes all available hospitals) (a)								
Category 1	93	100	86	89	88	75	89	85
Category 2	90	76	75	82	90	64	46	61
Category 3	91	93	95	97	95	74	75	80
Overall	91	87	82	90	91	70	65	75
Urgency by category (period 3) (excludes hospitals not considered in setting jurisdiction target in NP) (b)								
Category 1	93	100	85	89	88	74	89	85
Category 2	90	76	74	82	90	62	46	61
Category 3	91	93	93	97	95	73	75	80
Overall	91	87	81	90	91	68	65	75
Urgency by category (baseline) (c)								
Category 1	93	100	83	88	80	72	94	78
Category 2	79	70	82	77	78	46	45	58
Category 3	96	91	89	96	89	62	74	76
Overall	90	84	84	87	83	60	66	69

Period 3 = 1 July 2010 to 31 December 2010.

(a) Excludes country hospitals (SA)

(b) Excludes Mater Brisbane hospitals and Surgery Connect (Queensland), Mersey Community Hospital (Tasmania) and country hospitals (SA).

(c) Baseline is 2008 and details are specified in the Elective Surgery NP agreement. The baseline did not include Mater hospitals or Surgery Connect (Queensland), Mersey Community Hospital (Tasmania) or country hospitals (SA). Unit record data for this time period are not available for these hospitals/program.

Source: States and Territories (unpublished) Elective Surgery Waiting List Reduction Plan data collection.

Data Quality Statements

This section includes the DQs for the Elective Surgery NP performance benchmarks as provided by the data provider. The Steering Committee has not made any amendments to the content of these DQs.

Table 7 Data quality statements

<i>Performance benchmark</i>	<i>Page no. in this report</i>
1. Increasing the volume of elective surgery admissions to meet individual jurisdiction targets	29
2. Increasing the cost weighted volume of elective surgery admissions above the targets specified under Part 1	31
3(a). A reduction in the number of patients ready for care who have waited longer than clinically recommended	35
3(b). Maintain or improve the median and 90 th percentile	37
3(c). Maintain or improve the percentage of patients seen within the clinically recommended time by urgency category	39

Data quality statement — Part 1 performance benchmark: Increasing the volume of elective surgery admissions to meet individual jurisdiction targets

Performance benchmark	Number of elective surgery admissions (number)
Measure (computation)	<p>“Admissions derived from unit record data (checked)”</p> <p>Include only patients removed from waiting list where</p> <p>(1) reason for removal from elective surgery waiting list is 1 (admitted as elective patient for awaited procedure in this hospital or another hospital). METeOR: 269959</p> <p>(2) date of removal from elective surgery waiting list is within specified timeframe (Period 1: 1 July 2009 to 31 December 2009. Period 2: 1 January 2010 to 30 June 2010. Period 3: 1 July 2010 to 31 December 2010). METeOR: 270082</p> <p>Count of elective surgery admissions refers to count of records satisfying these two inclusion rules.</p> <p>“Admissions reported by jurisdictions”</p> <p>Supplied as aggregate data by jurisdiction. Uses the same computation as defined under “Admissions derived from unit record data (checked)” however, may include additional records not available in the unit record data.</p> <p>As the South Australian baseline, for this performance benchmark, also included emergency admissions, the number of elective surgery admissions, for South Australia only, includes patients removed from waiting list where reason for removal from elective surgery waiting list is 2 (admitted as emergency patient for awaited procedure in this hospital or another hospital). METeOR: 269959.</p>
Data source/s	<p>“Admissions derived from unit record data (checked)” – unit record quarterly files supplied by State and Territory Health departments.</p> <p>“Admissions reported by jurisdictions” – aggregate data supplied by State and Territory Health departments within Australian Health Minister’s Conference (AHMC) performance indicator 1 calculators.</p>
Institutional environment	<p>Data supplied to the Department of Health and Ageing by State/Territory Health Departments in accordance with the COAG Communique of 14 January 2008.</p> <p>Data should be provided to Health departments from hospitals in unit record format.</p>
Relevance	The number of elective surgery admissions can be accurately derived from the unit record data.

Timeliness	<p>There is a one month lag between the end of a quarter and the supply of unit record data to the Department of Health and Ageing.</p> <p>Quarterly unit record data are re-supplied five months after the end of the quarter to enable the linking of waiting list admission records with admitted patient care records. The re-supplied data may result in a different count of elective surgery admissions than was observed in the original data supply.</p>
Accuracy	<p>The data are checked using the Department of Health and Ageing's validation software to ensure each data item within each record passes every edit rule specified in the data specifications. Data are only reported when no critical errors are observed.</p> <p>The main issue with data supplies is the absence of unit record data from in-scope hospitals. For period 3, this affects South Australia in which case, the number of elective surgery admissions reported by the state (i.e. "Admissions reported by jurisdictions") differs to the number calculated from the unit record data (i.e. "Admissions derived from unit record data (checked)").</p> <p>Data can be subject to revisions, as the quarterly data are supplied on two occasions, however counts of elective surgery admissions usually match between the two submissions or involve only small differences. The re-supply of quarterly data is required for performance indicator reporting to the Australian Health Minister's Conference, namely indicators 6 (Number and percentage of elective surgical episodes with one or more adverse events) and 7 (Number and percentage of unplanned readmissions within 28 days of discharge from hospital following an episode of elective surgery). The re-supplied data also include information on AR-DRGs that is required for calculating cost weighted volume of elective surgery admissions.</p>
Coherence	<p>The definition of the two data items required to calculate elective surgery admissions (i.e. date of removal and reason for removal from waiting list) have remained stable over time.</p>
Interpretability	<p>The unit record data are not publicly available.</p> <p>State and Territory health departments report counts of elective surgery admissions on their respective internet sites however reporting periods may vary between jurisdictions and may also differ to the reporting periods specified under this performance benchmark.</p>
Accessibility	<p>The unit record data are easy to interpret and utilise.</p> <p>Only three out of the twenty-one data items comprising the Reduction Plan data specifications, are not defined in the Metadata Online Registry (METeOR). Detailed metadata is publicly available online, in METeOR, for the remaining twenty-one data items, including for the two data items required for computation of the number of elective surgery admissions.</p>

Data quality statement — Part 2 performance benchmark: Increasing the cost weighted volume of elective surgery admissions above the targets specified under Part 1

Performance benchmark	Cost weighted volume of elective surgery (number)
Measure (computation)	<p>Include only patients removed from waiting list where:</p> <p>(1) reason for removal from elective surgery waiting list is 1 (admitted as elective patient for awaited procedure in this hospital or another hospital). METeOR: 269959</p> <p>(2) date of removal from elective surgery waiting list is within specified timeframe (Period 1: 1 July 2009 to 31 December 2009. Period 2: 1 January 2010 to 30 June 2010. Period 3: 1 July 2010 to 31 December 2010). METeOR: 270082</p> <p>Include only patients assigned a valid AR-DRG (version 5.1 or 5.2).</p> <p>For NSW, Vic, Tas, ACT and NT:</p> <p>Note:</p> <p>(1) Patient-level data with valid AR-DRGs was not available for the December 2010 quarter as this information is not due until the quarterly re-supply at the end of April 2011.</p> <p>Multiply each admission by the relevant AR-DRG national cost weight (round 13, public sector, 2008-09).</p> <p>Aggregate weighted admissions for each period of Stage 3 (excluding December 2010).</p> <p>For each period and the September 2010 quarter, calculate the difference between the “Number of elective surgery admissions” and the number of admissions with a valid AR-DRG value. Multiply the difference by the average cost weight for the relevant period/quarter. Add to the previously calculated number of weighted admissions.</p> <p>Calculate the average cost weight for the entire 15-month period: 1 July 2009 to 30 September 2010.</p> <p>Multiply elective surgery admissions for December 2010 quarter by the average cost weight.</p> <p>Aggregate weighted admissions for periods 1 and 2 and September and December 2010 quarters (period 3) to determine total weighted elective surgery admissions for the 18-month period: 1 July 2009 to 31 December 2010.</p> <p>For Qld:</p> <p>Note:</p> <p>(1) patient-level data with valid AR-DRGs were only available for public hospitals and patients funded by additional State and Commonwealth funding for Surgery Connect.</p> <p>(2) patient-level data with valid AR-DRGs were not available for the December 2010 quarter as this information is not due until the quarterly re-supply at the end of April 2011.</p>

Multiply each admission by the relevant AR-DRG national cost weight (round 13, public sector, 2008-09).

Aggregate weighted admissions for each period of Stage 3 (excluding December 2010).

For each period and the September 2010 quarter, calculate the difference between the "Number of elective surgery admissions" and the number of admissions with a valid AR-DRG value. Multiply the difference by the average cost weight for the relevant period/quarter. Add to the previously calculated number of weighted admissions.

Calculate the average cost weight for the entire 15-month period: 1 July 2009 to 30 September 2010.

Multiply elective surgery admissions for December 2010 quarter by the average cost weight.

Aggregate weighted admissions for periods 1 and 2 and September and December 2010 quarters (period 3) to determine total public hospitals/Surgery Connect weighted elective surgery admissions for the 18-month period: 1 July 2009 to 31 December 2010.

For each period, multiply elective surgery admissions for Mater Brisbane Hospitals by the period's average cost weight. As December 2010 quarter weighted admissions for Public hospitals and Surgery Connect were extrapolated, apply September 2010 quarter average cost weight to period 3 admissions for Mater Brisbane Hospitals.

Aggregate weighted admissions for public hospitals/Surgery Connect and Mater Brisbane Hospitals to determine total weighted elective surgery admissions for the 18-month period: 1 July 2009 to 31 December 2010.

For SA:

Note:

(1) for Metropolitan hospitals, patient-level data with valid AR-DRGs were not available for the December 2010 quarter as this information is not due until the quarterly re-supply at the end of April 2011.

(2) Country hospital patient-level data were not available. The average cost weight for country hospitals, provided by the jurisdiction for the period, 1 January 2010 to 30 September 2010, was used to weight up raw admissions for the remaining three quarters of Stage 3 (i.e. 1 July 2009 to 31 December 2009 and 1 October 2010 to 31 December 2010).

(3) As the South Australian baseline, for this performance benchmark, also included emergency admissions, the number of elective surgery admissions, for South Australia only, includes patients removed from waiting list where reason for removal from elective surgery waiting list is 2 (admitted as emergency patient for awaited procedure in this hospital or another hospital). METeOR: 269959.

Multiply each admission by the relevant AR-DRG national cost weight (round 13, public sector, 2008-09).

Aggregate weighted admissions for each period of Stage 3 (excluding December 2010).

For each period and the September 2010 quarter, calculate the difference between the "Number of elective surgery admissions" and the number of admissions with a valid AR-DRG value. Multiply the difference by the average cost weight for the relevant period/quarter. Add to the previously calculated number of weighted admissions.

Calculate the average cost weight for the entire 15-month period: 1 July 2009 to 30 September 2010.

Multiply elective surgery admissions for December 2010 quarter by the average cost weight.

Aggregate weighted admissions for periods 1 and 2 and September and December 2010 quarters (period 3) to determine total Metropolitan hospital weighted elective surgery admissions for the 18-month period: 1 July 2009 to 31 December 2010.

Aggregate weighted admissions for Metropolitan and Country Hospitals to determine total weighted elective surgery admissions for the 18-month period: 1 July 2009 to 31 December 2010.

For WA:

Note:

(1) WA provided patient-level data with valid AR-DRGs for the 18-month period: 1 July 2009 to 31 December 2010.

Multiply each admission by the relevant AR-DRG national cost weight (round 13, public sector, 2008-09).

Aggregate weighted admissions for each period of Stage 3.

For each period calculate the difference between the "Number of elective surgery admissions" and the number of admissions with a valid AR-DRG value. Multiply the difference by the average cost weight for the relevant period/quarter. Add to the previously calculated number of weighted admissions.

Aggregate weighted admissions to determine total weighted elective surgery admissions for the 18-month period: 1 July 2009 to 31 December 2010.

Data source/s

Unit record quarterly files supplied by State and Territory Health departments.

South Australian country hospital weighted admissions supplied by SA Health department.

Queensland Mater Brisbane Hospitals admissions (unweighted) supplied by Qld Health department.

National Hospital Cost Data Collection – Round 13 (2008-09), public sector national cost weight AR-DRG (version 5.2) table.

Institutional environment

Data supplied to the Department of Health and Ageing by State/Territory Health Departments in accordance with the COAG Communiqué of 14 January 2008.

Data should be provided to Health departments from hospitals in unit record format.

Relevance

[Not completed]

Timeliness

There is a one month lag between the end of a quarter and the supply of unit record data to the Department of Health and Ageing.

Quarterly unit record data are re-supplied five months after the end of the quarter to enable the linking of waiting list admission records with admitted patient care records. The re-supplied data include additional

data items including the Diagnosis Related Group (AR-DRG). As the December 2010 quarter re-supply of data is not due until the end of April 2011, jurisdictions did not need to supply this quarterly file. In these cases, weighted admissions for the December 2010 quarter were extrapolated based on the average cost weight for the period 1 July 2009 to 30 September 2010.

Accuracy

The data are checked using the Department of Health and Ageing's validation software to ensure each data item within each record passes every edit rule specified in the data specifications. Data are only reported when no critical errors are observed.

The main issue with data supplies is the absence of unit record data with valid AR-DRGs. This primarily affects Queensland, South Australia and Northern Territory. In Queensland, unit record data for Mater Brisbane Hospitals were not available. For these hospitals, admissions were weighted using the average cost weight for Queensland public hospitals and patients funded under the Surgery Connect program, for each relevant period. In South Australia, weighted elective surgery admissions for country hospitals were supplied by the jurisdiction. In the Northern Territory, admissions without a valid AR-DRG were weighted up using the Northern Territory's average cost weight for the relevant period.

The extrapolation of December 2010 quarter weighted admissions is unlikely to be significantly different to the number of weighted admissions derived from patient-level data as average cost weights remain reasonably stable between quarters.

Coherence

The definition of the two of the data items required to calculate weighted elective surgery admissions (i.e. date of removal and reason for removal from waiting list) have remained stable over time.

National cost weights were applied to each jurisdiction as there is variation between state/territory cost weights.

Interpretability

The unit record data and counts of weighted elective surgery admissions are not publicly available.

Accessibility

The unit record data are easy to interpret and utilise.

Only three out of the twenty-one data items comprising the Reduction Plan data specifications, are not defined in the Metadata Online Registry (METeOR). Detailed metadata is publicly available online, in METeOR, for the remaining twenty-one data items, including for two of the data items required for computation of the number of elective surgery admissions.

Weighted admissions reflect the average cost of providing care for each admitted patient separation linked to a removal from an elective surgery waiting list. The difference between the number of weighted admissions and the "Number of elective surgery admissions" for the period 1 July 2009 to 31 December 2010, reflects the complexity of the admissions in terms of hospital resources required to treat patients.

Data quality statement — Part 3 performance benchmark: Improved elective surgery waiting list management to achieve the following outcomes: (a) a reduction in the number of patients ready for care who have waited longer than clinically recommended

Performance benchmark	Number of patients ready for care who have waited longer than clinically recommended (number)
Measure (computation)	<p>Include only patients not removed from a waiting list (for any reason) during the relevant period where:</p> <p>(1) Patient Listing status equals 1 – ready for care. METeOR: 269996</p> <p>(2) Census date refers to the end of relevant period (Period 1: 31 December 2009. Period 2: 30 June 2010. Period 3: 31 December 2010). METeOR: 270153</p> <p>(3) Clinical urgency category is 1 or 2 (METeOR: 270008) and Overdue Patient is 1 (METeOR: 270009) <u>or</u> Clinical urgency category is 3 (METeOR: 270008) and Extended wait patient (METeOR: 269964) is 1.</p> <p>Count of patients ready for care who have waited longer than clinically recommended refers to count of records satisfying these three inclusion rules.</p> <p>Queensland figures (actual and target) exclude census data for patients funded by additional State and Commonwealth funding for Surgery Connect, and census data for the Mater Brisbane Hospitals.</p> <p>South Australian figures (actual and target) exclude census data for country hospitals.</p> <p>Tasmanian figures (actual and target) exclude Mersey Community Hospital.</p>
Data source/s	Unit record quarterly files supplied by State and Territory Health departments.
Institutional environment	Data supplied to the Department of Health and Ageing by State/Territory Health Departments in accordance with the COAG Communique of 14 January 2008.
	Data should be provided to Health departments from hospitals in unit record format.
Relevance	The number of patients ready for care who have waited longer than clinically recommended can be accurately derived from the unit record data.
Timeliness	There is a one month lag between the end of a quarter and the supply of unit record data to the Department of Health and Ageing.
Accuracy	The data are checked using the Department of Health and Ageing's validation software to ensure each data item within each record passes every edit rule specified in the data specifications. Data are only reported when no critical errors are observed.

	Summary tables of patients ready for care who have waited longer than clinically recommended, by surgical specialty, are compared to tables provided by jurisdictions.
Coherence	The definition of the five data items required to calculate patients ready for care who have waited longer than clinically recommended (i.e. census date, patient listing status, clinical urgency, overdue patient, extended wait patient) have remained stable over time.
Interpretability	The unit record data are not publicly available.
	State and Territory health departments report elective surgery waiting list statistics on their respective internet sites however reporting periods may vary between jurisdictions and may also differ to the reporting periods specified under this performance benchmark.
Accessibility	The unit record data are easy to interpret and utilise.
	Only three out of the twenty-one data items comprising the Reduction Plan data specifications, are not defined in the Metadata Online Registry (METeOR). Detailed metadata is publicly available online, in METeOR, for the remaining twenty-one data items, including for the five data items required for computation of the number patients ready for care who have waited longer than clinically recommended.

Data quality statement — Part 3 performance benchmark: Improved elective surgery waiting list management to achieve the following outcomes: (b) maintain or improve the median and 90th percentile

Performance benchmark	Number of days patients have been waiting at removal from waiting lists (number)
Measure (computation)	<p>Include only patients removed from waiting list where:</p> <p>(1) reason for removal from elective surgery waiting list is 1 (admitted as elective patient for awaited procedure in this hospital or another hospital). METeOR: 269959</p> <p>(2) date of removal from elective surgery waiting list is within specified timeframe (Period 1: 1 July 2009 to 31 December 2009. Period 2: 1 January 2010 to 30 June 2010. Period 3: 1 July 2010 to 31 December 2010). METeOR: 270082</p> <p>(3) waiting time at removal from elective surgery waiting list is greater than or equal to 0 (METeOR: 269960)</p> <p>Median and 90th percentile number of days waited at removal from waiting lists are calculated using the empirical distribution function with averaging methodology. Values are rounded up to the nearest whole number.</p> <p>Queensland figures (actual and baseline) exclude additional activity funded by additional State and Commonwealth funding for Surgery Connect, and throughput from the Mater Brisbane Hospitals.</p> <p>South Australian figures (actual and baseline) exclude throughput for country hospitals.</p> <p>Tasmanian figures (actual and baseline) exclude throughput for Mersey Community Hospital.</p>
Data source/s	Unit record quarterly files supplied by State and Territory Health departments.
Institutional environment	Data supplied to the Department of Health and Ageing by State/Territory Health Departments in accordance with the COAG Communiqué of 14 January 2008.
Relevance	Data should be provided to Health departments from hospitals in unit record format.
Timeliness	Median and 90 th percentile number of days patients waited at removal from waiting lists can be accurately derived from the unit record data.
Accuracy	<p>There is a one month lag between the end of a quarter and the supply of unit record data to the Department of Health and Ageing.</p> <p>Quarterly unit record data are re-supplied five months after the end of the quarter to enable the linking of waiting list admission records with admitted patient care records.</p> <p>The data are checked using the Department of Health and Ageing's validation software to ensure each data item within each record passes</p>

every edit rule specified in the data specifications. Data are only reported when no critical errors are observed.

Summary tables showing the median number of days patients waited at removal from waiting lists, by clinical urgency and indicator procedure are compared to tables provided by jurisdictions.

Coherence The definition of the three data items required to calculate patients ready for care who have waited longer than clinically recommended (i.e. date of removal, reason for removal from waiting list and waiting time at removal from waiting list) have remained stable over time.

Interpretability The unit record data are not publicly available.

State and Territory health departments report elective surgery waiting list statistics on their respective internet sites however reporting periods may vary between jurisdictions and may also differ to the reporting periods specified under this performance benchmark.

Accessibility The unit record data are easy to interpret and utilise.

Only three out of the twenty-one data items comprising the Reduction Plan data specifications, are not defined in the Metadata Online Registry (METeOR). Detailed metadata is publicly available online, in METeOR, for the remaining twenty-one data items, including for the three data items required for computation of the median and 90th percentile number of days patients waited at removal from waiting lists.

Data quality statement — Part 3 performance benchmark: Improved elective surgery waiting list management to achieve the following outcomes: (c) maintain or improve the percentage of patients seen within the clinically recommended time by urgency category

Performance benchmark	Percentage of patients seen within the clinically recommended time for each urgency category (per cent)
Measure (computation)	<p>Include only patients removed from waiting list where:</p> <p>(1) reason for removal from elective surgery waiting list is 1 (admitted as elective patient for awaited procedure in this hospital or another hospital). METeOR: 269959</p> <p>(2) date of removal from elective surgery waiting list is within specified timeframe (Period 1: 1 July 2009 to 31 December 2009. Period 2: 1 January 2010 to 30 June 2010. Period 3: 1 July 2010 to 31 December 2010). METeOR: 270082</p> <p>Percentage of patients seen within clinically recommended times is calculated by dividing the number of patients where number of days waited is within clinically recommended time by the number of removals from elective surgery waiting lists expressed as a percentage. Percentages are rounded up to the nearest whole number (as was the case with the baseline percentages).</p> <p>Patients seen within clinically recommended times can be determined as follows: Clinical urgency category is 1 or 2 (METeOR: 270008) and Overdue Patient is 2 (METeOR: 270009) or Clinical urgency category is 3 (METeOR: 270008) and Extended wait patient (METeOR: 269964) is 2.</p> <p>Queensland figures (actual and baseline) exclude additional activity funded by additional State and Commonwealth funding for Surgery Connect, and throughput from the Mater Brisbane Hospitals.</p> <p>South Australian figures (actual and baseline) exclude throughput for country hospitals.</p> <p>Tasmanian figures (actual and baseline) exclude throughput for Mersey Community Hospital.</p>
Data source/s	Unit record quarterly files supplied by State and Territory Health departments.
Institutional environment	Data supplied to the Department of Health and Ageing by State/Territory Health Departments in accordance with the COAG Communiqué of 14 January 2008.
Relevance	Data should be provided to Health departments from hospitals in unit record format.
	Percentage of patients seen within the clinically recommended time for each urgency category can be accurately derived from the unit record data.

Timeliness	<p>There is a one month lag between the end of a quarter and the supply of unit record data to the Department of Health and Ageing.</p> <p>Quarterly unit record data are re-supplied five months after the end of the quarter to enable the linking of waiting list admission records with admitted patient care records.</p>
Accuracy	<p>The data are checked using the Department of Health and Ageing's validation software to ensure each data item within each record passes every edit rule specified in the data specifications. Data are only reported when no critical errors are observed.</p> <p>Summary tables showing the percentage of patients seen within the clinically recommended time for each urgency category are compared to tables provided by jurisdictions.</p>
Coherence	<p>The definition of the five data items required to calculate the percentage of patients seen within the clinically recommended time for each urgency category (i.e. date of removal, reason for removal from waiting list, clinical urgency, overdue patient, extended wait patient) have remained stable over time.</p>
Interpretability	<p>The unit record data are not publicly available.</p> <p>State and Territory health departments report elective surgery waiting list statistics on their respective internet sites however reporting periods may vary between jurisdictions and may also differ to the reporting periods specified under this performance benchmark.</p>
Accessibility	<p>The unit record data are easy to interpret and utilise.</p> <p>Only three out of the twenty-one data items comprising the Reduction Plan data specifications, are not defined in the Metadata Online Registry (METeOR). Detailed metadata is publicly available online, in METeOR, for the remaining twenty-one data items, including for the five data items required for computation of the percentage of patients seen within the clinically recommended time for each urgency category.</p>

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Acronyms and abbreviations

ACT	Australian Capital Territory
AR-DRG	Australian Refined Diagnostic Related Group
Aust	Australia
COAG	Council of Australian Governments
CRC	COAG Reform Council
DoHA	Commonwealth Department of Health and Ageing
DQS	Data quality statement
IGA	Intergovernmental Agreement on Federal Financial Relations
MCFRR	Ministerial Council for Federal Financial Relations
NA	National Agreement
NP	National Partnership Agreement
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
SPP	Specific Purpose Payment
Tas	Tasmania
Vic	Victoria
WA	Western Australia