

## Attachment 1:

### Government Responses to the Recommendations of the PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE'S (PAEC) 106<sup>th</sup> Report: Review of the Auditor-General's Report on Access to Public Hospitals: Measuring Performance

#### DEPARTMENT OF TREASURY AND FINANCE

Pursuant to Section 36 of the *Parliamentary Committees Act 2003*, this paper provides a response to the recommendations contained in the Public Accounts and Estimates Committee's (PAEC) 106<sup>th</sup> Report

#### Section 1.2.3: Magnitude of published performance information

#### Chapter 1: Background to the Committee's Inquiry

<b>PAEC Recommendation 1 (p.10)</b>	<b>Response</b>	<b>Action Taken to Date and Commitment to Further Action</b>
<p>The Department of Health continue to match national work underway to identify avenues for rationalising the collection and reporting by hospitals of performance data with its own initiatives at state level. The aim should be to ensure that the accountability of hospitals to the Victorian Parliament and community can be strong while avoiding any potential adverse impact on the clinical treatment of patients.</p>	<p><b>Support</b></p>	<p><b>The Victorian Government has committed to increase public reporting of health service performance to achieve greater transparency and accountability of public health services. The Victorian Health Services Performance website release of 30 June 2011 reflects this commitment.</b></p> <p><b>Victorian hospital and health services performance data collection is subject to national reporting requirements, for example, associated with the National Health Reform Agreement and National Partnership Agreements. NSW and Victoria jointly sponsored a Working Group on Data Collection and Reporting Rationalisation. The report of this Working Group was considered by the Standing Council on Health in May 2012, where Health Ministers agreed to stop the growing data burden.</b></p> <p><b>The Department is supportive of this recommendation and related findings. Ongoing information systems development is continuing to streamline data acquisition, management and reporting processes.</b></p> <p><b>The accountability of hospitals will be strengthened through the expansion of the Statement of Priorities (SoP) to all Health Services across the state (from 2012–13). All health services with SoPs are required to publish their achievements against SoP targets in their annual reports.</b></p> <p><b>The Department has rationalised emergency and elective surgery indicators by adopting the National</b></p>

		<p><b>Emergency Access Target and the National Elective Surgery Targets in the SoPs.</b></p> <p><b>In relation to findings regarding outpatient services access, PAEC supports the Government's new approach to reporting on access to outpatient services (including for elective surgery patients). Work to implement this initiative is currently underway through the establishment of a patient-level minimum dataset.</b></p>
<b>Section 1.2.4: Auditor-General's next planned performance audit for public hospitals</b>		
<b>Chapter 1: Background to the Committee's Inquiry</b>		
<b>PAEC Recommendation 2 (p.10)</b>	<b>Response</b>	<b>Action Taken to Date and Commitment to Further Action</b>
The Auditor-General's next planned performance audit relating to access management by public hospitals could incorporate an expanded scope for direct on site examination of access performance and associated public reporting.	<b>Support</b> <b>Under review</b> <b>Not support</b>	<p><b>NOT APPLICABLE TO DEPARTMENT OF HEALTH</b></p> <p><b>Victorian Auditor-General's Office (VAGO) to submit its own response to this recommendation</b></p>

Section 2.2.1: Assessed relevance of the indicators

Chapter 2: Relevance of Access Indicators

<b>PAEC Recommendation 3 (p.14)</b>	<b>Response</b>	<b>Action Taken to Date and Commitment to Further Action</b>
<p>The Department of Health closely monitor the impact of its implementation of ambulance arrival boards on the management by hospitals of emergency patients arriving by ambulance, including the need or otherwise to continue with a hospital bypass indicator.</p>	<p><b>Support</b></p>	<p><b>The Department is closely monitoring the impact of implementation of ambulance arrival boards.</b></p> <p><b>The Department has established processes to monitor ambulance patient transfer times against newly introduced performance measures, such as the percentage of patients who are transferred within 40 minutes. Hospital bypass remains a relevant indicator as it monitors levels of emergency access and emergency capacity in Health Services. The bypass indicator will be maintained and reviewed following any development of the new ambulance distribution system.</b></p> <p><b>Ambulance transfer time, hospital bypass and Hospital Early Warning System (HEWS) is reported through the Victorian Health Services Performance website. Real-time status of hospital bypass is displayed, together with estimated median time to treatment for non-urgent emergency department patients.</b></p> <p><b>The launch of the Victorian Health Services Performance website on 30 June 2011 was the first time that real-time status of hospital bypass and HEWS activation was made publicly available.</b></p> <p><b>In addition, the department has developed draft guidelines to support the transfer of low urgency ambulance patients to non-cubicle locations in hospital emergency departments. Together with increased funding to 16 metropolitan and major rural hospitals to develop, test and implement the roles and responsibilities of extra medical staff to meet ambulance demand during periods of peak demand, these initiatives are helping to improve the transfer of patients into hospitals.</b></p>

**Section 2.2.1: Assessed relevance of the indicators**

**Chapter 2: Relevance of Access Indicators**

<b>PAEC Recommendation 4 (p.16)</b>	<b>Response</b>	<b>Action Taken to Date and Commitment to Further Action</b>
<p>The Department of Health categorise elective surgery waiting list patient numbers as a measure of demand for elective surgery, outside of the direct control of hospitals, in its periodic public reporting of the performance of Victoria's Health Services.</p>	<p><b>Not supported</b></p>	<p><b>The elective surgery waiting list indicator will remain as part of the performance monitoring framework as it also reflects the net impact of patient demand and system capacity, and supports the monitoring of other access performance indicators which measure time to treatment. It is important to note that this indicator is of significant public interest.</b></p> <p><b>The Department recognises overall demand for elective surgery is beyond the control of individual hospitals and works with hospitals to manage this demand. Analysis of the elective surgery waiting list is undertaken at system, regional and speciality level.</b></p>

**Section 2.2.2: Gaps in performance framework**

**Chapter 2: Relevance of Access Indicators**

<b>PAEC Recommendation 5 (p.17)</b>	<b>Response</b>	<b>Action Taken to Date and Commitment to Further Action</b>
<p>The Department of Health ensure there is maximum transparency in its monitoring and public reporting of the progressive impact of the new timeliness measure and target on patients arriving at emergency departments by ambulance.</p>	<p><b>Support</b></p>	<p><b>The Government is committed to transparency in monitoring and reporting of health service performance information.</b></p> <p><b>The Department has established performance measures relating to the acceptance of patients by emergency departments, which are now publicly reported. These are:</b></p> <ul style="list-style-type: none"> <li>• <b>Proportion of ambulance transfers within 40 minutes</b></li> <li>• <b>Number of occasions on the Hospital Early Warning System (HEWS)</b></li> <li>• <b>Operating time on HEWS</b></li> </ul> <p><b>This information is contained within the Victorian Health Services Performance website that was released on 30 June 2011. The launch of the Victorian Health Services Performance website was the first time that real-</b></p>

**time status of hospital bypass and HEWS activation was made publicly available.**

**The Victorian Auditor-General's Report: *Access to Ambulance Services*, October 2010, concludes that "The measures reported also need to adequately reflect the patient's experience from the time of the emergency call to the time they enter the emergency department of a hospital. There is no measure that reports this publicly. To this end, a new measure of the key components of total elapsed case time, dissected into the parts each agency—the Emergency Services Telecommunications Authority (ESTA), AV and the hospital system—controls, would aid transparency and help to identify systemic issues". Public reporting of hospital bypass and HEWS support this conclusion.**

**In relation to appropriateness of performance measurement, The Victorian Auditor-General's Report: *Access to Ambulance Services*, October 2010, states "AV should also report total average case times, and separate them into the components that it, ESTA, and hospitals have control over. This would give a complete picture of the patient experience and could help manage community expectations about ambulance response times and transport to hospital in an emergency. It would also highlight parts of the system that AV cannot address and for which other agencies must take responsibility". In line with this statement, public reporting of hospital bypass and HEWS supports the provision of more complete system performance measurement.**

**Section 2.2.2: Gaps in performance framework**

**Chapter 2: Relevance of Access Indicators**

<b>PAEC Recommendation 6 (p.20)</b>	<b>Response</b>	<b>Action Taken to Date and Commitment to Further Action</b>
<p>The Department of Health extend its performance monitoring and reporting framework on the timeliness of access to emergency care at individual hospital level to incorporate hospital performance against targets for triage categories 4 and 5 patients.</p>	<p><b>Support</b></p>	<p><b>As part of the National Partnership Agreement on Hospital and Health Workforce reform, a key (national) performance benchmark is that, by 2012–13, 80 per cent of ED presentations are seen within clinically recommended times, as recommended by the Australian College of Emergency Medicine (Schedule D – Taking Pressure of Public Hospitals). The resulting performance measure ‘emergency department patients treated within time’ will apply to all emergency department patients, including category 4 and 5 patients.</b></p> <p><b>This composite key performance indicator will be included in the 2012–13 SoPs for all relevant emergency departments.</b></p> <p><b>General Note: The last sentence of page 19 of the 106<sup>th</sup> report incorrectly implies that bonus funding for hospitals is still in place.</b></p>

**Section 3.2.2: Adequacy of individual improvement targets for hospitals**

**Chapter 3: Appropriateness of Access Indicators and Public Reports**

<b>PAEC Recommendation 7 (p.28)</b>	<b>Response</b>	<b>Action Taken to Date and Commitment to Further Action</b>
<p>The Department of Health ensure that its adoption and use of all state level access targets and benchmarks can be supported by structured research and analysis to confirm their evidence based status.</p>	<p><b>Support</b></p>	<p><b>The consideration of new indicators will be informed by robust research as appropriate. For example:</b></p> <p><b>The Government has established an Expert Panel to examine and report on the management of public hospital elective surgery and outpatient waiting lists. The Expert Panel will inform government consideration of targets and benchmarks.</b></p> <p><b>An expert panel engaged by the Commonwealth has recommended the development of the most recent measures and targets adopted, specifically:</b></p> <ul style="list-style-type: none"><li>• the National Elective Surgery Targets</li><li>• the National Emergency Access Target.</li></ul> <p><b>Existing performance indicators are reviewed on a regular basis to ensure currency, alignment with best practice, rationalisation, minimised data burden and consistency.</b></p> <p><b>Victoria, as party to the National Health Reform Agreement, will be subject to performance measures endorsed by COAG and to be monitored by the new National Health Performance Authority.</b></p>

**Section 4.3.1: Audit recommendations directed to the Department of Health**

**Chapter 4: Fair Representation perform Performance Against Access Indicators**

<b>PAEC Recommendation 8 (p.36)</b>	<b>Response</b>	<b>Action Taken to Date and Commitment to Further Action</b>
<p>The Department of Health regularly evaluate the effectiveness of its improvement strategies for enhancing consistency in the application by hospitals of definitions and rules for their reporting of performance against access indicators.</p>	<p><b>Support</b></p>	<p><b>In May 2011, the Government released the <i>Victorian Health Priorities Framework 2012–22</i>, which articulates the long-term planning and development priorities for Victoria's health services throughout the next decade. Two priorities outlined in the <i>Victorian Health Priorities Framework 2012-22</i> include:</b></p> <ul style="list-style-type: none"> <li>• <b>implementing continuous improvements and innovations; and</b></li> <li>• <b>Increasing accountability and transparency.</b></li> </ul> <p><b>The Department acknowledges the need to ensure there is ongoing maximum clarity and consistency in the application of rules and definitions for the reporting by hospitals against access indicators.</b></p> <p><b>As part of the Department's Data Integrity program, it undertakes regular independent audits of data provided by Health Services that contribute to access indicator performance reporting. This specifically includes targeted samples of patient records from elective surgery waiting lists and emergency department presentations. The audits monitor compliance with the Elective Surgery Access Policy, specifically referral to, registration on, and removal from waiting lists as well as the other elements of the policy, noted above. The audits also provide assurance concerning accurate recording and reporting of emergency department triage, treatment and departure times as well as triage category.</b></p>



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**Chapter 4: Fair Representation perform Performance Against Access Indicators**

<b>PAEC Recommendation 9 (p.39)</b>	<b>Response</b>	<b>Action Taken to Date and Commitment to Further Action</b>
<p>The Department of Health commission periodic external independent evaluations of the professional standing of the methodologies employed by its Office of Data Integrity in periodic audits of hospital performance and include the results of such evaluations in its annual report to Parliament.</p>	<p><b>Support</b></p>	<p><b>The Department notes this recommendation. Experience in commissioning data integrity audits at Health Services has demonstrated that current methodologies are effective in identifying opportunities for improvement in health service procedures and practices. However, the Department is receptive to adopting identified improvements. In undertaking engagements of independent auditors for future data integrity audits, the Department will review audit methodologies, in conjunction with the selected contractors.</b></p> <p><b>The Department will provide details of evaluations undertaken in its Annual Report.</b></p> <p><b>The Government has established an Expert Panel to examine and report on the management of public hospital elective surgery and outpatient waiting lists. The Expert Panel will inform government consideration of targets and benchmarks.</b></p>

**Section 4.3.1: Audit recommendations directed to the Department of Health**

**Chapter 4: Fair Representation perform Performance Against Access Indicators**

<b>PAEC Recommendation 10 (p.41)</b>	<b>Response</b>	<b>Action Taken to Date and Commitment to Further Action</b>
<p>The Department of Health establish clear milestones for the implementation of Emergency Department information technology systems across the hospital network and inform Parliament in its annual report on the extent of achievement of the established milestones.</p>	<p><b>Not supported</b></p>	<p><b>The PAEC Recommendation is noted.</b></p> <p><b>The Information and Communications Technology (ICT) strategy will be reviewed.</b></p>