

Data Quality Statement for ACT

1. Overview of costing environment

1.1 Who undertakes patient costing in your jurisdiction?

Costing submission is a collaboration between ACT Health Directorate (ACTHD) and health services.

ACTHD is responsible for the processing, reconciliation and submission of NHCDC data to the IHPA for public hospitals in the ACT.

How often is costing undertaken?

Annually

1.2 Which costing systems are in use?

Power Health Solutions PPM2 costing software.

1.3 Is there any jurisdiction-wide training/support for costing practitioners? If so, provide details.

Yes, there is training and support available to the ACTHD and hospital staff. Hospital staff prepare the general ledger files including reclass rules and this work occurs in consultation with ACTHD staff.

1.4 Provide details of any changes from previous year specifically details of improvements in costing process and methodology.

ACT's 2018-19 costing data includes University of Canberra Hospital, a new hospital dedicated for sub-acute and mental health care services.

Other improvements include:

- Review and update of allocation statistics;
- Continuous improvements for feeder data linking rules;
- Improved reconciliation and approval process.

2. Submitted cost data

2.1 How many hospitals provided cost data for the Round 23 NHCDC? Provide details about the number of submitting facilities and the changes from prior year (state movement in number of facilities and costs submitted)

ACT's 2018-19 costing submission included the below hospitals:

- Canberra Health Services (CHS);
- Calvary Public Hospital, Bruce (CPHB); and
- University of Canberra Hospital (UCH).

ACT costs submitted – 2018-19	Total costs submitted – 2017-18
\$ 1,105,015,618.74	\$1,012,800,806.88



2.2 Provide explanation of costed results with explanation of significant movements from prior year.

Costs submitted to NHCDC in 2018-19 are \$ 1,105,015,618.74 which is \$92, 214,812 higher than 2017-18. Reason for the changes include:

- \$40,003,943.38 for additional services through the new University Canberra Hospital;
- Increase in activity and costs across admitted, emergency & non-admitted activity streams.

2.3 Are there any significant factors which influence the jurisdiction's Round 23 cost data (i.e. jurisdiction wide admission policies, etc). If so, what is the impact on costed output?

No.

2.4 At a jurisdiction level, did you experience any challenges with costing of specific products in Round 23?

No.

2.5 Describe the quality assurance tests undertaken on the patient cost data.

The QA process is undertaken in various phases of the costing cycle. QA is largely an automated process and uses SQL code to capture in-scope costs and compare them to previous years. ACTHD also uses PPM2 reports and automatic logic checks to perform annual QA checks.

3. Adherence to the Australian Hospital Patient Costing Standards

3.1 Describe the level of compliance against the Australian Hospital Patient Costing Standards – at the hospital and jurisdiction level.

ACTHD's costing submission was prepared according to the Australian Hospital Patient Costing Standards (AHPCS)

3.2 State any exceptions to AHPCS and explanations.

Depreciation costs are excluded from the costing submission.

3.3 Provide details of any specific areas of deviation from the AHPCS and describe the alternative treatment used.

Not applicable.

4. Governance and use of cost data

4.1 How is public hospital patient cost data used at the hospital/district or network and jurisdiction level?

Patient cost data is used to inform quality decision making at both a jurisdictional and local hospital level.

4.2 Do the LHNs or Jurisdiction submit patient cost data to any other jurisdictional or national collections? If so, provide details.

ACTHD provides costing data to Health Round Table and Women's & Children's Health Care Australasia.

4.3 In terms of costing practices, what is the level of consistency and standardisation across the jurisdiction? (*e.g. local forums; guidelines*)

ACT Health follows the AHPCS provided by the IHPA

4.4 What is the process for review and approval the data before submission to NHCDC?

- ACTHD in consultation with each hospital, agree and apply the costing methodology;
- Costing results are reviewed by ACTHD and the cost summary reports are sent to each hospital for review; and
- Each hospital signs off post review.



Declaration

All data provided by ACT to Round 23 (2018-19) of the National Hospital Cost Data Collection (NHCDC) submitted to the Independent Hospital Pricing Authority has been prepared in adherence with the Australian Hospital Patient Costing Standards (AHPCS) Version 4.0 as described in Section 3 of this statement.

Data provided to this submission has been reviewed for adherence to the AHPCS Version 4.0 and is complete and free of known material errors.

Section 3 provides details of any qualifications to our adherence to the AHPCS Version 4.0. Assurance is given that to the best of my knowledge the data provided are suitable to be used for the primary purpose of the NHCDC, which includes development of the National Efficient Price.

Meg Brighton

A/g Director General, ACT Health Directorate