

Appendix C: Audit scope and method

Scope of this audit

Who we examined

We examined the following agencies:

Agency	Their key responsibilities
DH	<p>Contribute to the management of the public health system through leadership, governance, policy development and advancement of quality and safety. This includes the responsibility for funding, performance monitoring and accountability, strategic asset management and system planning</p> <p>As a health system manager, DH is responsible for:</p> <ul style="list-style-type: none"> identifying performance concerns and factors that may impact health service performance analysing performance issues and opportunities for improvement determining appropriate interventions ensuring action is taken to address performance concerns and support ongoing improvement.
<ul style="list-style-type: none"> The Royal Melbourne Hospital Werribee Mercy Hospital Bendigo Hospital 	<p>Operate EDs that provide urgent treatment and healthcare to patients who are unwell or injured</p> <p>As a service provider, The Royal Melbourne Hospital, Werribee Mercy Hospital and Bendigo Hospital are responsible for:</p> <ul style="list-style-type: none"> partnering with DH and other agencies to improve health service and system-wide performance promptly reporting any emerging risks or potential performance issues to DH, including immediate action taken establishing and maintaining a culture of safety and performance improvement ensuring accurate and timely submission of data and other information, including implementing agreed action plans and status update reports collaborating with other health services and system partners to maintain and improve their performance and meet the needs of their communities.

Our audit objective

To determine whether DH and responsible agencies are addressing Victorians' need for timely and equitable access to emergency healthcare.

What we examined

We examined whether health services are providing Victorians with timely and equitable access to emergency healthcare. We considered how DH and health services are ensuring sustainable emergency healthcare in the current environment of increasing demand, including how well they are managing patient handovers from ambulances and the consequences of delays. We considered emergency healthcare performance over the last decade (from 2013–14 to 2022–23).

Conducting this audit

Assessing performance

To form our conclusion against our objective we used the following lines of inquiry and associated evaluation criteria:

Line of inquiry	Criteria
1. Health services provide Victorians with timely and equitable access to emergency healthcare.	<p>1.1 Health services provide emergency healthcare within set timeframes and measures, including:</p> <ul style="list-style-type: none"> transferring patients from ambulances within 40 minutes of arrival commencing treatment within clinically determined times pursuant to the Australasian Triage Scale ensuring that at least 81 per cent of patients have an ED length of stay less than 4 hours from arrival.
	1.2 Victorians from different population groups can access timely emergency healthcare.
2. DH, Ambulance Victoria and audited health services ensure the availability and sustainability of timely emergency health services.	2.1 DH, Ambulance Victoria and audited health services understand the drivers of demand and key barriers to timely access to emergency healthcare.
	<p>2.2 DH, Ambulance Victoria and audited health services demonstrate their understanding of the drivers of demand and key barriers to timely access to the ED, including:</p> <ul style="list-style-type: none"> operational (recurrent) funding model, which is based on an accurate understanding of demand, including forecasting strategies that optimise the use of resources, including workforce, to ensure the availability and sustainability of services effective performance monitoring, comprising of measures to assess accessibility, timeliness and adverse effects to a patient if access to treatment is delayed clear and transparent reporting of timeliness of access to emergency healthcare.
	2.3 DH and health service initiatives are addressing barriers to timely access to emergency healthcare, including treating patients outside EDs when safe to do so.

Our methods

As part of the audit we:

- analysed information related to access to emergency healthcare held by audited agencies, including:
 - briefings and reports related to emergency healthcare
 - Budget submissions to Cabinet
 - project documentation including evaluation reports
- interviewed DH and audited health service staff and undertook site visits to audited hospitals' EDs
- extracted and analysed health service performance data from the Victorian Agency for Health Information.

Compliance

We conducted our audit in accordance with the *Audit Act 1994* and *ASAE 3500 Performance Engagements* to obtain reasonable assurance to provide a basis for our conclusion.

We complied with the independence and other relevant ethical requirements related to assurance engagements.

We also provided a copy of the report to the Department of Premier and Cabinet and the Department of Treasury and Finance.

Cost and time

The full cost of the audit and preparation of this report was \$1,170,000.

The duration of the audit was 15 months from initiation to tabling.
