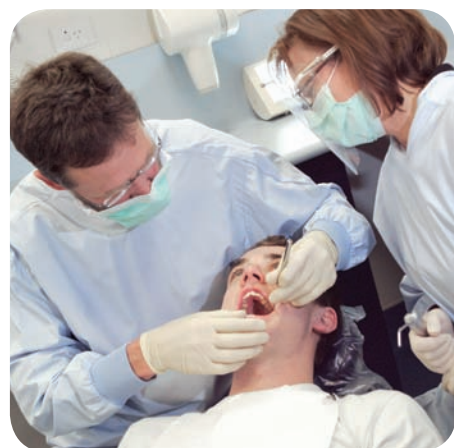
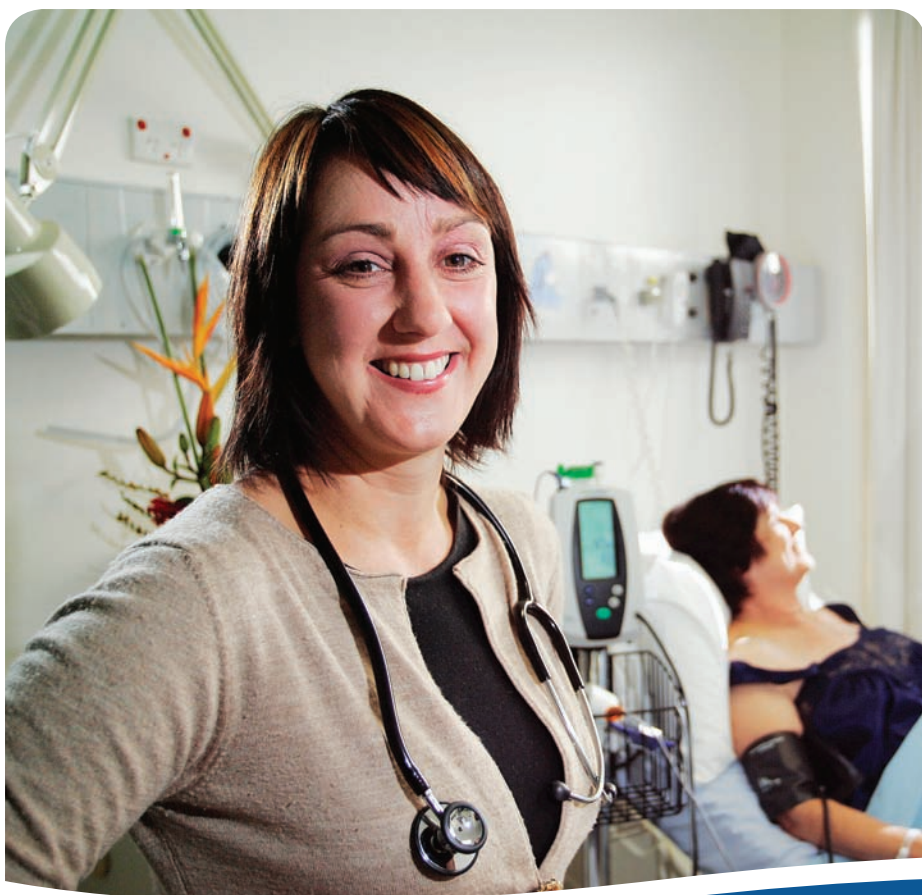


# Your Health and Human Services Progress Chart

February 2008



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# Your Health and Human Services Progress Chart



Lara Giddings, MP

Within the last three months of 2007 the landscape has changed here in Tasmania.

The December quarter saw the transfer of the Mersey Hospital to Commonwealth ownership, a federal election campaign in which health issues and commitments featured heavily, and the election of the Rudd Government.

I am confident that the election outcome will result in benefits for health and human services in Tasmania in the coming years, through a new era of cooperation between state and federal governments: cooperation which has already produced additional resources for elective surgery into our state.

Locally the State Government has announced a Hospital Capital Fund of \$900 million over six years, to help fund the development of the new Royal Hobart Hospital as well as progress vital capital works at the Launceston General and North West Regional Hospitals.

Our public housing system will also benefit from an immediate injection of \$60 million for capital development especially aimed at people who are homeless and people who need emergency accommodation.

Both of these commitments will help us to manage the growing demand we see once again reflected in this quarter's Progress Chart in hospitals and in housing.

The final quarter of 2007 saw a significant increase in Oral Health Services Tasmania's activity. From this we see an increase in the number of dentures provided as well as the number of people waiting for dentures. There are significant challenges in the delivery of children's dental services as a result of workforce shortages. This is an ongoing concern.

The number of unallocated notifications of child abuse and neglect has more than halved from the same period 12 months prior. This is a result of system changes and a concerted effort by Children and Family Services to improve case management. There is significant further work to be done with implementation of new models in out of home care and family support services.

Last year's changes in health mean this Progress Chart will be the last to include data from the Mersey Campus of the North West Regional Hospital, which has now become the Commonwealth Government funded and operated Mersey Community Hospital.

A handwritten signature in white ink that reads "Lara Giddings".

Lara Giddings MP

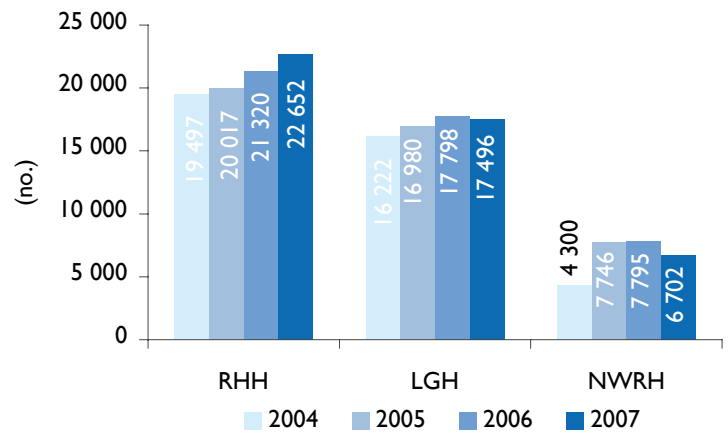
Minister for Health and Human Services

## What is the overall level of activity in our hospitals?

A separation is an episode of admitted patient care. Raw separations are not adjusted for the complexity of the episode of care and represent each individual episode of care in a given period.

The total number of raw separations for our state's public hospitals remained steady in the six months ending 31 December 2007 when compared to the same period in 2006. However, the RHH activity levels increased by 6.2 per cent over this period while LGH activity levels decreased by 1.7 per cent and NWRH activity levels decreased by 14 per cent. The large decrease at the NWRH is due to the transfer of the Mersey Campus to the Australian Government on 1 November 2007, which means that data from the Mersey Campus is no longer included.

Figure 1: Admitted Patients – Number of Raw Separations (for the 6 months ending December)

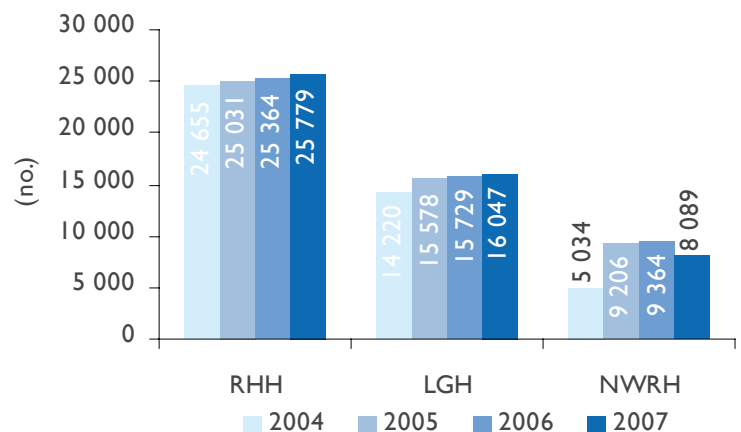


Weighted separations show the level and complexity of the work done in public hospitals, by combining two measures: the number of times people come into hospital and how sick people are when they come into hospital.

The number of weighted separations in our hospitals has continued to increase statewide in recent years, with a 1.1 per cent increase for the six months to 31 December 2007 compared to the same period in 2006. The increase in activity reflects the increasing demand for acute care services but has been impacted by the transfer of the Mersey Campus of the NWRH to the Australian Government.

The number of weighted separations at the RHH increased by 1.6 per cent and at the LGH by 2 per cent over the period. Weighted separations at the NWRH decreased by 13.6 per cent, because data from the Mersey Campus is no longer included.

Figure 2: Admitted Patients – Number of Weighted Separations (for the 6 months ending December)

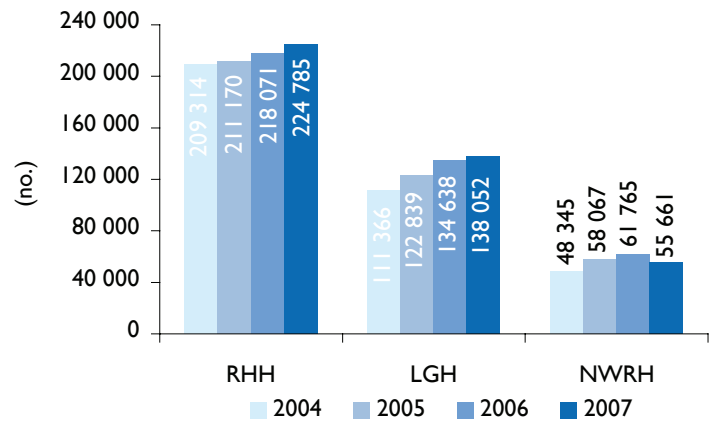


## How many times have Tasmanians been treated in our outpatient clinics?

Outpatient clinics treat patients who require medical services in a hospital or clinical setting, but who do not require a stay in a hospital.

The number of occasions of service in Tasmanian outpatient clinics has increased by 0.8 per cent compared to the same period last year, with 414 474 occasions of service for the six months ending 31 December 2007. The number of outpatient occasions of service has increased by 2.7 per cent at the RHH and by 2.5 per cent at the LGH. However, the number of occasions of service at the NWRH outpatient clinic declined by 9.9 per cent over the same period because data from the Mersey Campus was no longer included after its transfer to the Australian Government on 1 November 2007.

Figure 3: Outpatient Department, Occasions of Service (for the 6 months ending December)

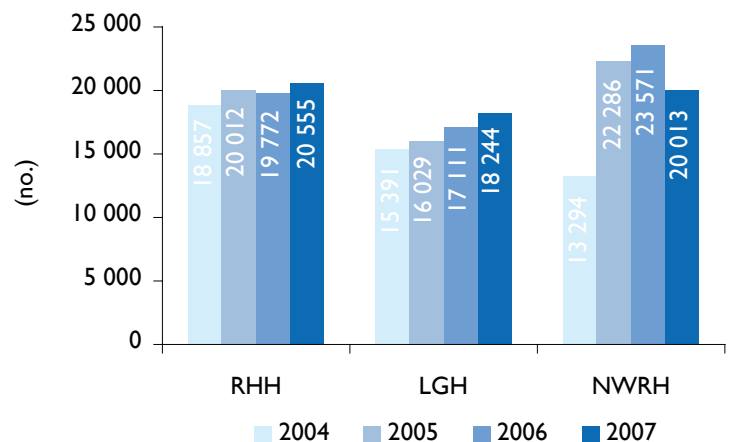


## How busy are our emergency departments?

Emergency department services are provided at each of the state's major hospitals. Emergency departments provide care for a range of illnesses and injuries, particularly those of a life-threatening nature. Growth in presentations reflects difficulty in accessing general practice services around Tasmania.

This information shows the number of times that people presented at our emergency departments across the state. In the six months to 31 December 2007 there were 58 812 presentations in the state's emergency departments. Presentations at the RHH increased by 4 per cent and at the LGH by 6.6 per cent. NWRH presentations decreased by 15.1 per cent. This represents a 2.7 per cent decrease statewide over the same period in the previous year which is mostly because figures from the NWRH Mersey Campus are included only up to 31 October due to the transfer of the hospital to the Australian Government.

Figure 4: Emergency Department Presentations (for the 6 months ending December)



## What percentage of patients is seen within recommended time frames in our emergency departments?

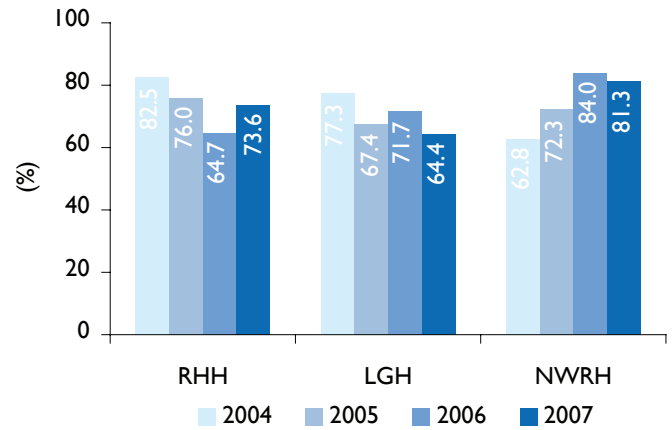
Australian Triage Scale Category 2 patients are those who require emergency treatment for very severe pain or imminently life-threatening or time-critical treatment. The Australasian College for Emergency Medicine has set a target of 80 per cent of Category 2 patients to be seen within 10 minutes.

For the six months ending 31 December 2007, the percentage of Category 2 patients seen statewide within the recommended time frames increased to 72.1 per cent compared to 69.8 per cent in the same period in the previous year. The RHH increased from 64.7 per cent to 73.6 per cent, while the LGH decreased from 71.7 per cent to 64.4 per cent due to an increase in activity in the emergency department. Measures to map patient flow are currently underway to fast track the more urgent cases.

While the NWRH decreased from 84 per cent to 81.3 per cent, this still exceeds the most recent Australian average (2005-06) of 75 per cent (Source: *Australian Hospital Statistics 2005-06*).

These fluctuations reflect the difficulties experienced by emergency departments in meeting the increasing demand for services.

Figure 5: Patients who were seen within the Recommended Time frame for DEM Australian Triage Scale Category 2 (for the 6 months ending December)

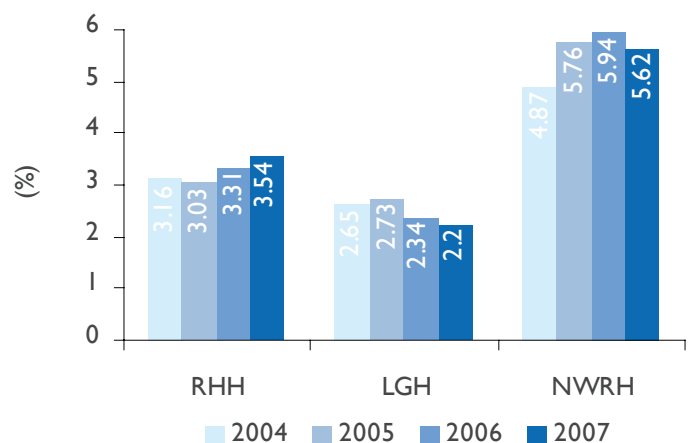


## What is the rate of hospital readmissions?

This shows the percentage of patients who require an unexpected and unplanned readmission to hospital within 28 days of being discharged. This could be due to a relapse or a complication resulting from the illness for which the patient was initially admitted.

A new counting method has recently been adopted to more reliably capture patients readmitted after a previous episode of care. This new reporting is in line with national benchmarks. Historical figures have been adjusted in accordance with the new counting method.

Figure 6: Unplanned Readmissions within 28 Days (for the 6 months ending December)

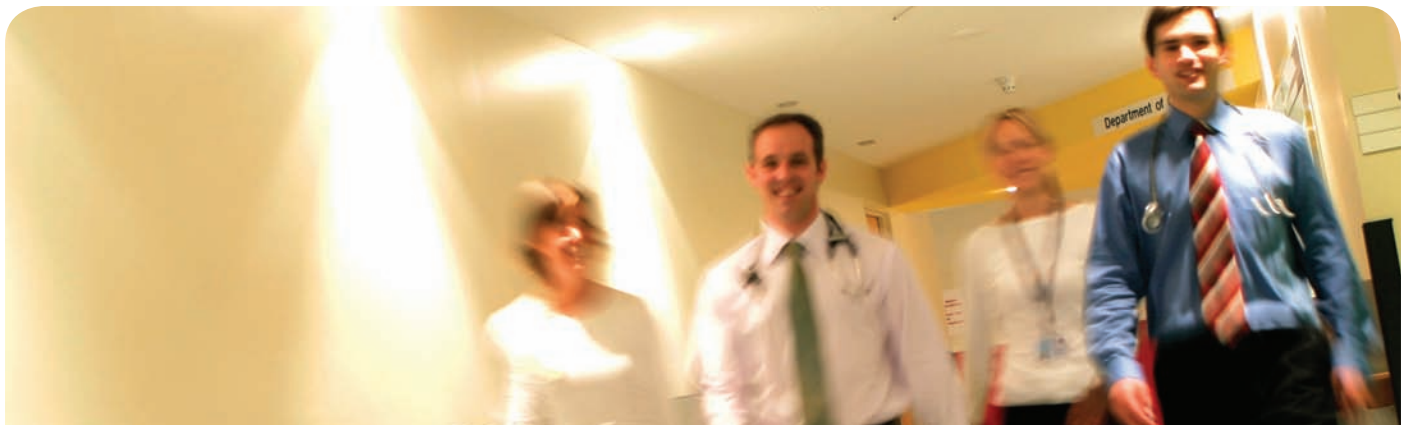
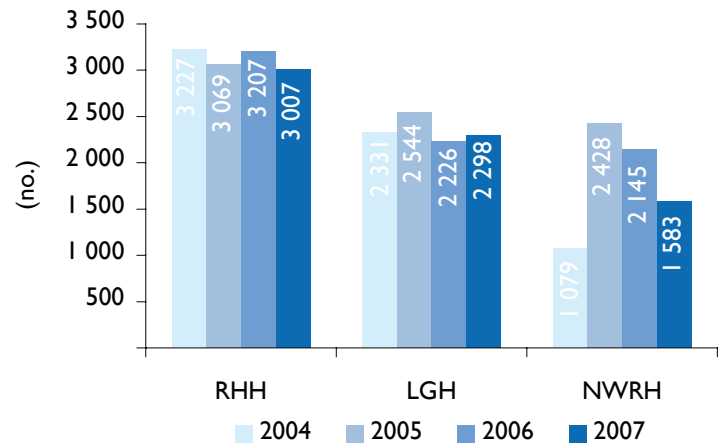


## How many people were admitted from the elective surgery waiting list?

The number of patients admitted from the elective surgery waiting list decreased by 9.1 per cent for the six months to 31 December 2007 when compared to the same period in the previous year. Both the RHH and the NWRH experienced decreases over this same period while admissions at the LGH increased by 3.2 per cent. The 6.2 per cent decrease in admissions at the RHH resulted from a combination of factors including resource management issues and the closure of an operating theatre at the RHH to allow building works to take place. The 26.2 per cent decrease in admissions at the NWRH was mainly due the transfer of the NWRH Mersey Campus to the Australian Government on 1 November 2007, as data from that hospital is no longer included.

It should be noted that elective surgery represents approximately 15 per cent of the overall activity of our hospitals.

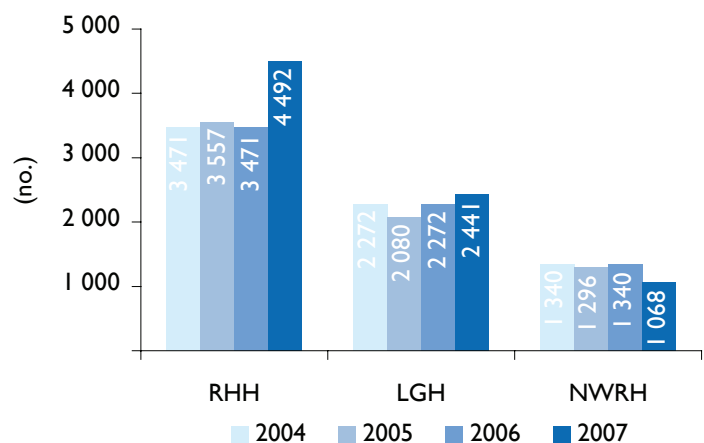
Figure 7: Admissions from Waiting List (for the 6 months ending December)



## What is the waiting list for elective surgery?

This information shows the number of patients waiting for elective surgery who are ready to accept an offer of admission to hospital. The number of people on the waiting lists in all of our public hospitals increased by 12.6 per cent from 31 December 2006 to 8 001 at 31 December 2007. The significant increase in the waiting list at the RHH of 29.4 per cent was partly attributable to the closure of Theatre 7, one of the main operating theatres, since January 2007 to accommodate building works within the theatre complex. There was also an increase in demand for elective surgery at the RHH.

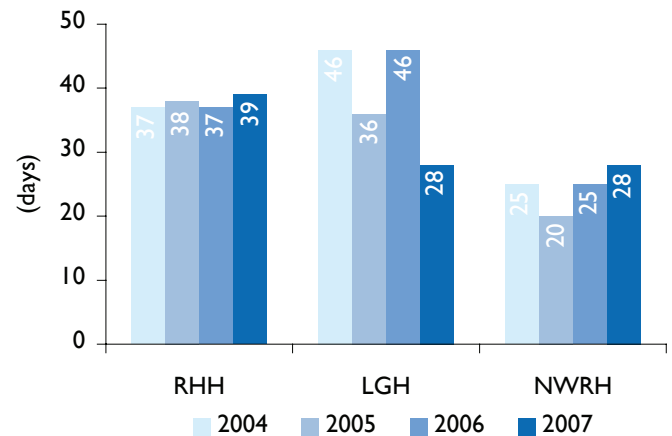
Figure 8: Waiting List (as at 31 December)



## What is the usual time to wait for elective surgery?

For the six months ending 31 December 2007, the statewide median waiting times for elective surgery decreased from 36 days to 33 days when compared to the same period in 2006. While the median waiting times increased at the RHH and NWRH, the decrease of 39.1 per cent at the LGH was due to the management of long wait patients and a substantial increase in the number of urgent patients treated during the December 2007 quarter.

Figure 9: Median Waiting Times for Elective Patients Admitted from the Waiting List (for the 6 months ending December)



## How many call outs has our Ambulance Service responded to?

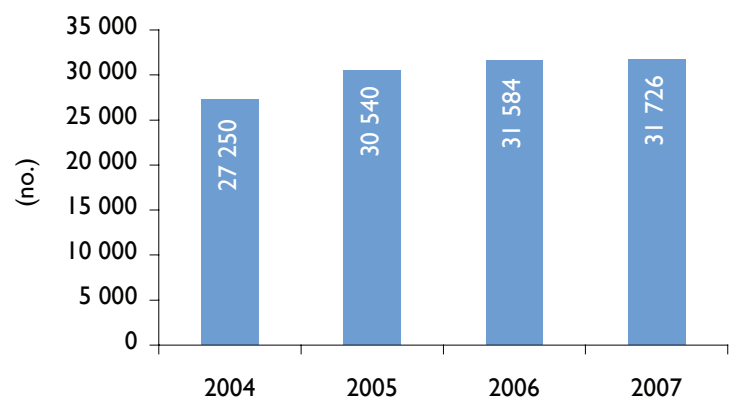
An ambulance response occurs when a vehicle or vehicles are sent to a pre-hospital incident or accident. In the six months to December 2007, the total number of ambulance responses, which include emergency, urgent and non-urgent responses, increased by 0.4 per cent when compared to the same period in 2006.

While there was little change in the total number of responses, there were some notable variations in the main response categories. Urgent responses increased by 5.9 per cent and non-urgent responses decreased by 15.7 per cent. An external review of non-urgent medical retrieval is currently being undertaken to examine whether seriously ill patients can be transported for urgent treatment within Tasmania and interstate more effectively.

The upward trend in total ambulance responses is largely due to the ageing of the population and an increase in the number of people with chronic conditions who are cared for at home and who require transport to hospital for acute episodes.



Figure 10: Total Ambulance Responses (for the 6 months ending December)

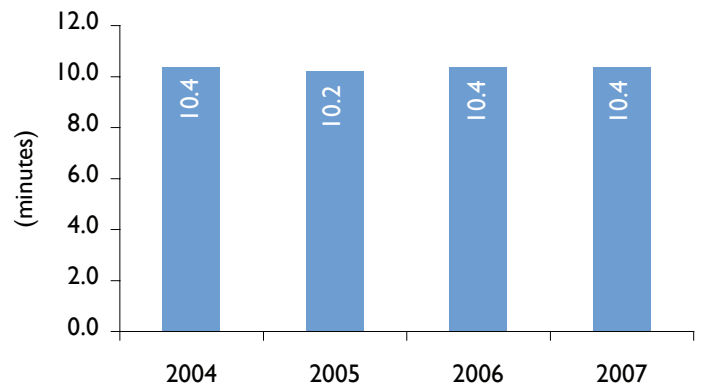


## How quickly does our Ambulance Service respond to calls?

Emergency response time is the period from when the 000 call is received until the vehicle arrives at the scene. The median response time is the time within which 50 per cent of emergency cases are responded to. While Tasmania appears to have a longer response time than other states and territories, this data is not strictly comparable as most states and territories do not record response times from the time a 000 call is received. Tasmania also has the largest proportion of its population in small rural areas (almost twice the national average).

Median response times for the more populated areas of Tasmania such as Hobart (9 minutes), Launceston (10 minutes), Devonport (7 minutes) and Burnie (8 minutes) are similar to many urban areas of other states and territories.

Figure 11: Ambulance Emergency Response Times (for the 6 months ending December)



Emergency response times have remained consistent over the past few years and funding for extra crewing allocated by government has been aimed at ensuring response performance is maintained.

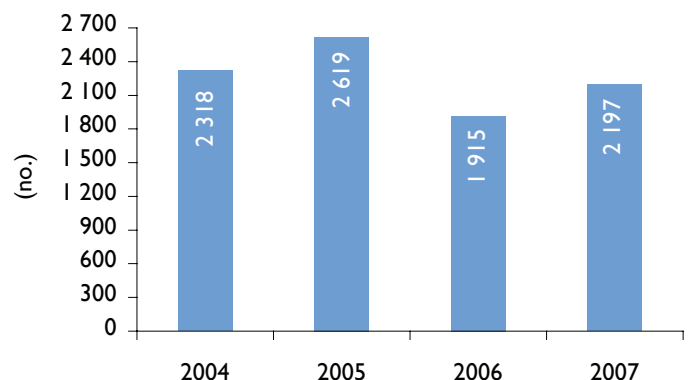


## How many people access community palliative care services?

This indicator provides a measure of the overall level of activity, which includes clients assessed and admitted to the community (non-inpatient) Palliative Care Service.

There was a 14.7 per cent increase in the number of clients accessing the service in the six months to 31 December 2007 compared to the same period in 2006.

Figure 12: Palliative Care - Clients Accessing the Service (for the 6 months ending December)

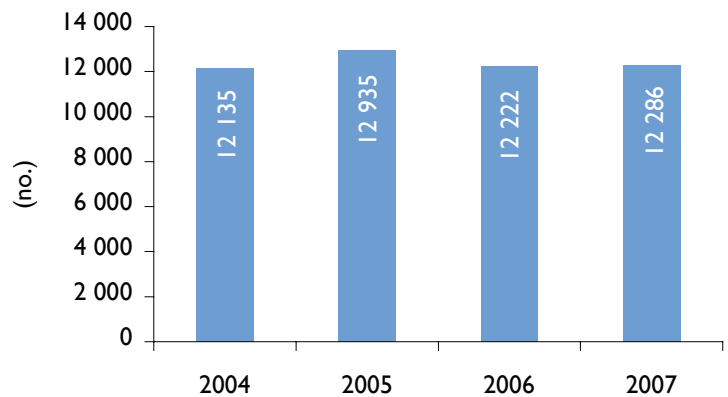


## How many women are screened for breast cancer?

This is a measure of the number of eligible women screened for breast cancer, with the target population being all women in Tasmania aged between 50 and 69 years (but all women aged over 40 years are eligible for screening services). Screening for breast cancer amongst the eligible population occurs every two years. Service performance is therefore best measured by monitoring both the annual absolute screening numbers and the biennial change in screening numbers.

Difficulty in recruiting radiologists and radiographers in 2007 has resulted in a 5 per cent decrease in the number of women screened in the six months to December 2007 compared to the same screening cohort in 2005.

Figure 13: Eligible Women Screened for Breast Cancer (for the 6 months ending December)



## How many dental appointments have adults accessed?

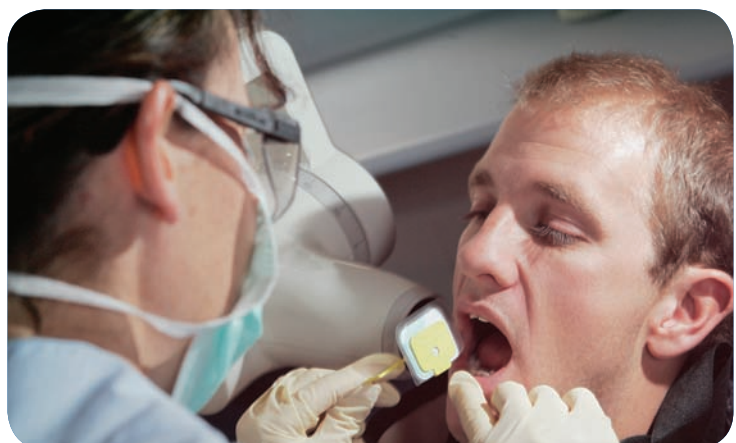
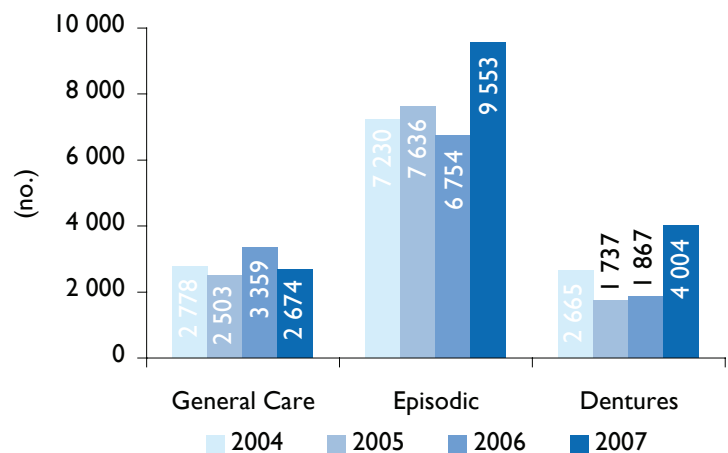
This indicator shows the number of appointments for all dental services (episodic care, general care and dentures) provided around the state. There was a significant increase in the number of people using dental services in the six months to 31 December 2007 compared to the same period in the previous year. This is evident in the 114.5 per cent increase in the dentures occasions of service to 4,004 for this period, which is the result of an increase in the provision of dental care that has resulted in increased demand for dentures.

The increase in dental care is due to an increase in the number of dental officers, to a level not seen since the abolition of the Commonwealth Dental Scheme.

As the result of a new service model and changes to the definitions of general and episodic care, current data and future trends for these measures are not comparable with previous data. However, the overall increase in the provision of care is mainly attributable to the commencement of additional dentists.

The Explanatory Notes at the end of this document provide further information on the revised definitions and on actual comparisons between year-to-date figures for December 2006 and 2007.

Figure 14: Adults - Occasions of Service (for the 6 months ending December)

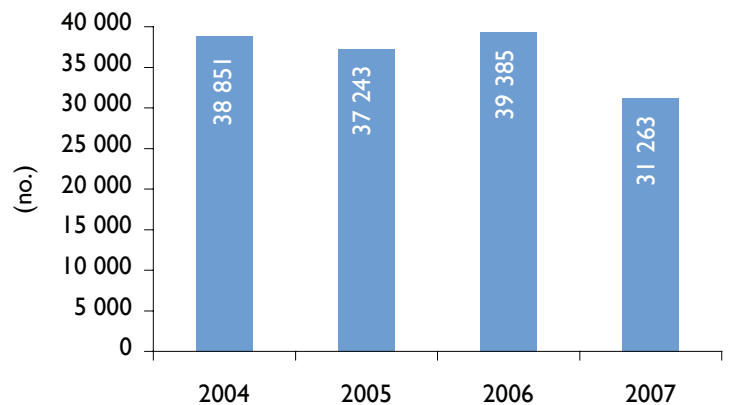


## How many dental appointments have children accessed?

There has been a decrease of 20.6 per cent in the number of times children accessed dental care for the six months ending 31 December 2007 compared to the same period in the previous year.

Dental care for children is provided by therapists. An ageing workforce and a growing national shortage of dental therapists are likely to continue to affect Oral Health Services Tasmania's capacity to see children.

Figure 15: Children - Occasions of Service (for the 6 months ending December)

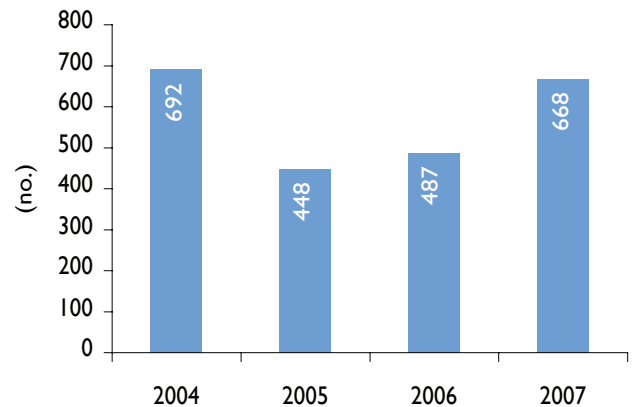


## What are the waiting lists for oral health services?

The dentures waiting list indicator provides a measure of the number of people waiting for upper and/or lower dentures. This does not include people who are waiting for partial dentures, as these are included in the general care waiting list. Oral Health Services Tasmania uses private providers to help address denture demand.

Between December 2006 and December 2007, the number of people on the dentures waiting list increased by 37.2 per cent. In 2007, the service employed more dentists, which has enabled more general care to be completed. This has resulted in an increase in demand for denture services which is demonstrated by this measure.

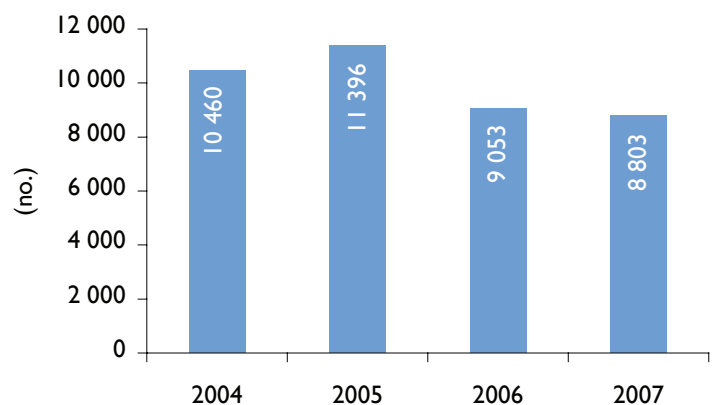
Figure 16: Dentures – Waiting List (as at 31 December)



The general care (adults) waiting list indicator provides a measure of the number of adults waiting for general care oral health services. The number of adults waiting for general care has remained relatively constant. However, the increase in occasions of service has meant that people are not waiting as long for care.

Oral Health Services Tasmania has received funding to purchase care in the private sector for those on the waiting list. Services to these clients commenced in the north west in April 2007, with a positive effect on the waiting list in that region. The purchase of services in the north and south of the state continues to be pursued and it is anticipated that these will commence during 2007-08.

Figure 17: General Care (Adults) Waiting List (as at 31 December)



## What is the activity rate in our mental health acute facilities?

This indicator reports the total number of mental health inpatient separations across the state. An inpatient separation refers to an episode of patient care in an acute mental health facility for a patient who has been admitted and who is now discharged. A separation therefore represents each individual episode of care in a given period.

The number of people treated in mental health facilities has been declining since 2004, with an 11.9 per cent reduction in the number of inpatient admissions in the six months to 31 December 2007 compared to the same period the previous year. In 2006, a new model of care was introduced for adults aimed specifically at helping people with serious mental illness to remain in the community. The reduction in the figures is an indication that the strategy is working.

Figure 18: Mental Health Services – Inpatient Separations (for the 6 months ending December)

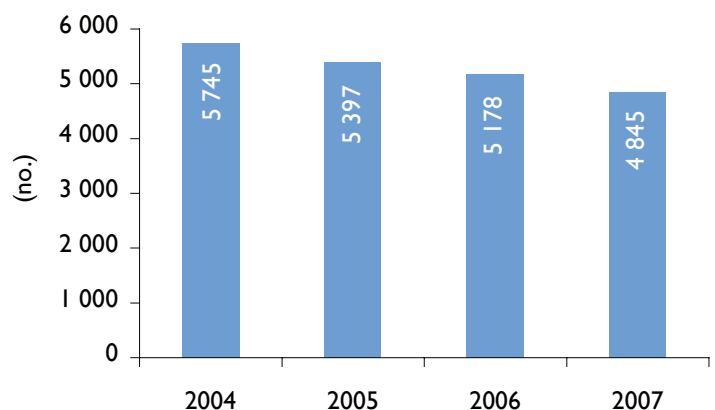


## How many episodes of care does Mental Health Services provide?

This measures the number of community and residential clients who actively access mental health services. Community active clients are people who live in local communities who are actively accessing services provided by community-based Mental Health Services teams. Residential active clients are people who are in residential services provided by Mental Health Services and are under the clinical care of the residential service teams.

In October 2006 a new model of care was introduced and changes to data collection methods have resulted in an apparent reduction in client numbers. It is anticipated that the new model of care will, over time, result in a steady increase in the numbers of clients actively accessing mental health services. The decline in the number of community and residential clients for the six months to 31 December 2007 compared to the same period in 2006 is mainly due to an audit of the database which has led to many patients who have been discharged being removed from the database.

Figure 19: Mental Health Services – Community and Residential – Active Clients (for the 6 months ending December)



The introduction of the Mental Health Services Helpline has made immediate access to clinical advice available to all Tasmanians for the first time.

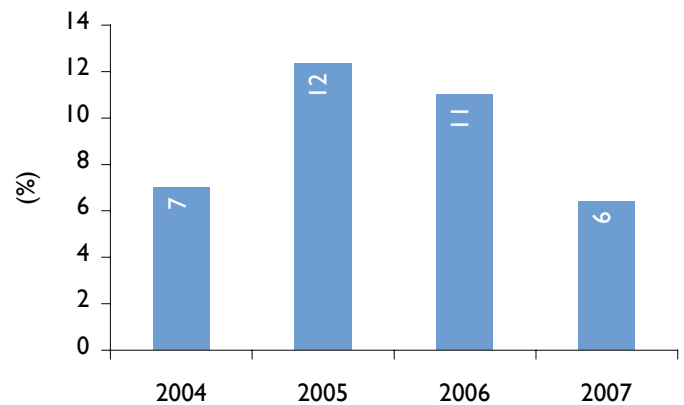
## What is the rate of readmissions to acute mental health facilities?

This shows the percentage of people whose readmission to the same acute psychiatric inpatient unit or another public sector acute psychiatric inpatient unit within 28 days of discharge was unplanned or unexpected. This could be due to a relapse or a complication resulting from the illness for which the patient was initially admitted.

For people who experience mental illness, and particularly those who require acute mental health care, the episodic nature of their condition means that they are likely to require further treatment.

This indicator is a percentage calculated on relatively small numbers and as such, is prone to large fluctuations. A 10 per cent readmission rate is the national benchmark and in Tasmania the unplanned readmission rate has been fluctuating around this rate for the past three years.

Figure 20: 28-Day Readmission Rate – All Hospitals (for the 6 months ending December)



## How many people have been housed?

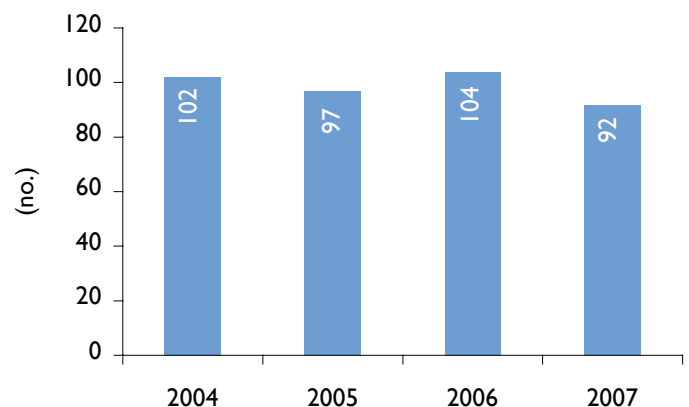


This information shows the average number of people per month who have been allocated new public housing.

A significant increase in property values in Tasmania over recent years has created higher costs for private rental and home ownership, and fewer affordable accommodation options for people on low incomes. This has meant that people are remaining in public housing for longer periods, with occupancy rates the highest they have ever been.

As at 31 December 2007 there were 24 362 people living in public housing in Tasmania.

Figure 21: Number of Applicants Housed (average per month) (for the 6 months ending December)



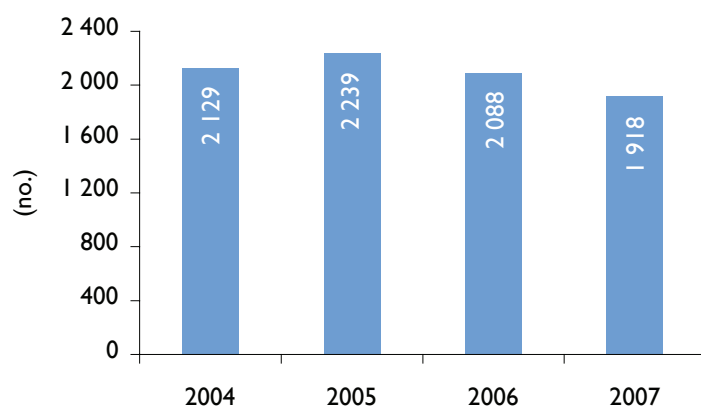


## How many people receive private rental assistance?

1 918 households received assistance through the Private Rental Support Scheme in the six months ending 31 December 2007, representing an 8.1 per cent decrease from the same period in the previous year. This decline in the numbers is a reflection of high rental costs which increase the cost of support provided to each household under the scheme. There are also very low vacancy rates at present in a tight private rental market.

However, a greater number of people are being assisted through Intensive Tenancy Assistance through the Affordable Housing Strategy. This means that more people with greater needs are receiving intensive support and increased financial assistance to establish or maintain a private rental tenancy.

Figure 22: Number of Households Assisted Through the Private Rental Support Scheme (for the 6 months ending December)



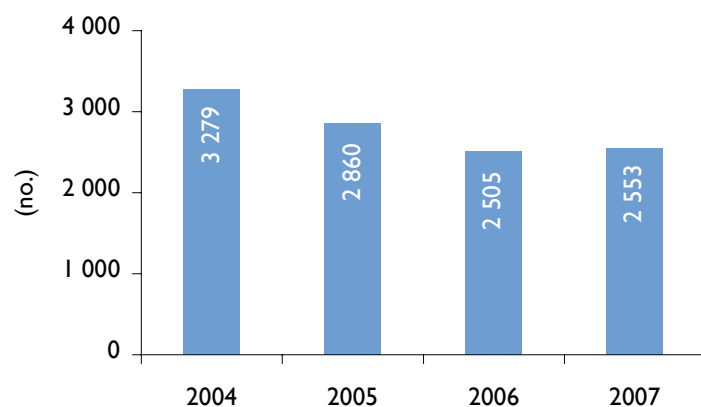
## What are the waiting lists for public housing?

This indicator measures the total number of people waiting for public housing as at 31 December.

The waiting list for public housing has continued to trend downwards, largely due to a range of housing options introduced through the *Affordable Housing Strategy*. The Strategy assisted over 7 100 households to access public housing, private rental and home ownership initiatives from December 2004 to December 2007. Between 31 December 2006 and 31 December 2007, the waiting list numbers remained relatively stable.

The establishment of Tasmanian Affordable Housing Limited will increase the participation of private and not-for-profit sector investors in the provision of affordable housing.

Figure 23: Number of Applicants on Waitlist (as at 31 December)



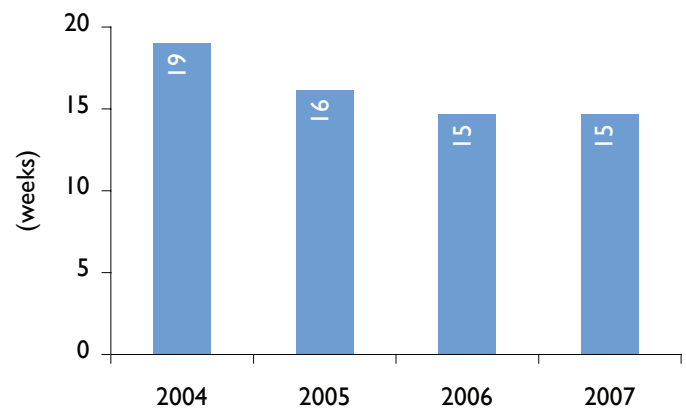
## What is the usual wait for people with priority housing needs?

This indicates how long it takes to house applicants with priority housing needs. The identification of priority applicants involves an assessment of need, based on adequacy, affordability and appropriateness of housing, with Category I being the highest level of need.

The average time to house Category I applicants has remained steady in the six months to December 2007 compared to the same period in 2006.

While there is no national comparison available for time to house Category I applicants (as jurisdictions determine priority allocations according to their own policies), Tasmania performs exceptionally well in regard to housing people in greatest need when compared to other states and territories.

Figure 24: Average Time to House Category I Applicants (for the 6 months ending December)



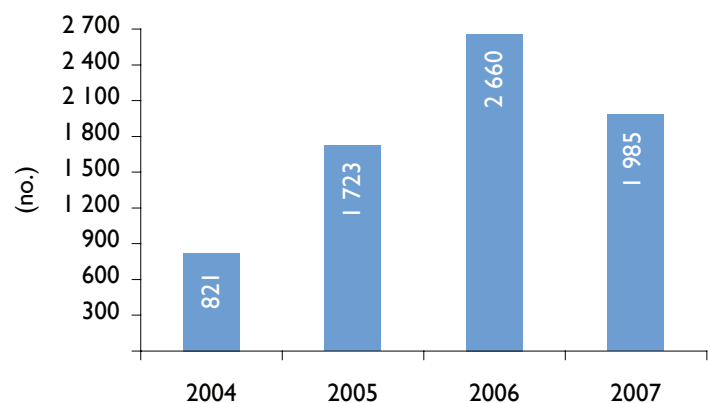
## How many child protection cases are referred for investigation?

The number of notifications of child abuse and neglect that were referred for further investigation increased significantly over the past few years, following the introduction of the *Family Violence Act 2004* and the Safe at Home initiative.

The decrease in referral numbers between December 2006 and December 2007 quarters is due in part to a delay in data becoming available and the December 2007 figure is expected to increase.

In response to a wide-ranging review of Tasmania's child protection system that was completed in November 2006, the Tasmanian Government commenced reform of the child protection system. These reforms include a greater focus on family support at an early stage and more integrated child protection and family support services. Over time, a reduction in the number of referrals is expected to occur.

Figure 25: Number of Notifications Referred to Service Centres for Further Investigation (for the 6 months ending December)

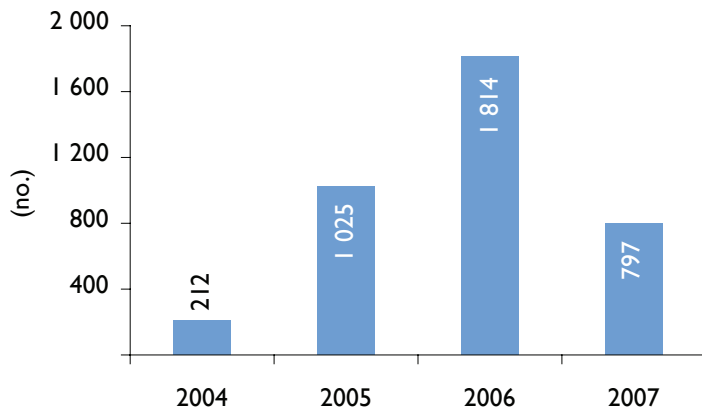


## How many child protection notifications are not allocated?

This refers to the number of notifications of child abuse and neglect received by the Department that are not allocated for investigation within established time frames.

Intensive work on finalising and better managing cases has led to significant improvement in the unallocated case list. This improvement will continue further as reforms in Child Protection take place. For the three months to 31 December 2007 there was a 56.1 per cent decrease in the number of unallocated cases compared to the same period in the previous year, from 1 814 to 797.

Figure 26: Child Abuse or Neglect: Number of Unallocated Cases (as at 31 December)



## How many children are placed in out-of-home care?

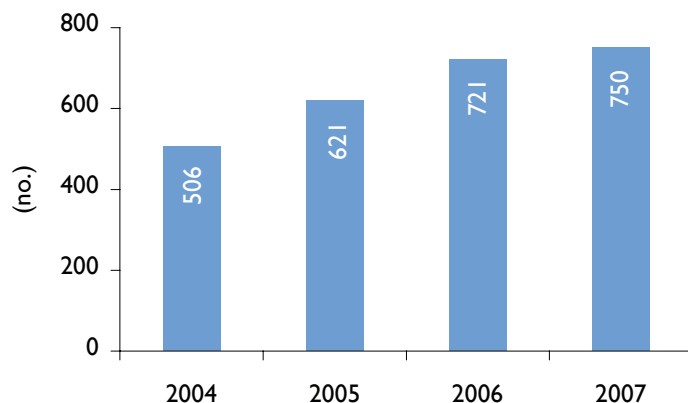


The steady increase in the number of children in out-of-home care reflects the commitment by the Department to provide safe placements for children affected by abuse and neglect.

There are six categories of 'out-of-home care': extended family; family group homes; approved children's homes; foster care; kinship care; and 'other placements'.

The greatest proportion of children in out-of-home care is placed in foster care and the second greatest proportion is placed in extended family/kinship care arrangements. The current project to redesign child protection services and enhance family support services is expected to reduce the number of children in out-of-home-care in the future by improving early intervention and support.

Figure 27: Children in Out-of-Home Care (as at 31 December)



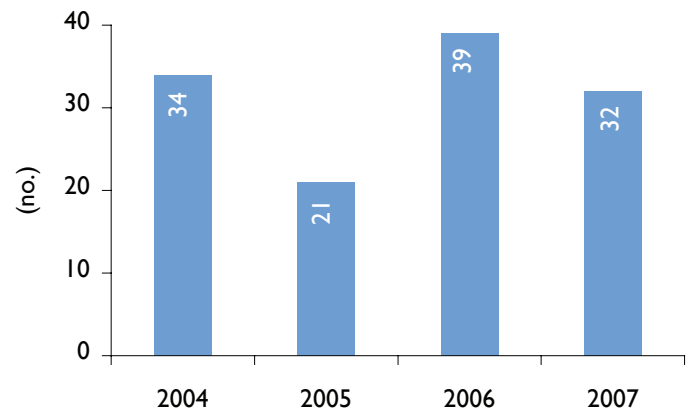
## What are the waiting lists for people requiring supported accommodation?

This indicator shows the number of people with a disability waiting for a supported accommodation placement. Supported accommodation services provide assistance for people with a disability within a range of accommodation options, including smaller and larger residential care settings, hostels and group homes.

In addition to providing support for daily living these services promote access, participation and integration into the local community. The majority of supported accommodation is provided by community-based organisations that are funded by Disability Services. As at 31 December 2007, the supported accommodation waiting list decreased by 17.9 per cent from 39 to 32 compared to the same period in 2006.

To assist in addressing unmet demand for supported accommodation, a project to examine future accommodation options for Tasmanians with a disability has commenced. The project will make recommendations on future accommodation options across Tasmania, with a focus on the needs of ageing clients. This project will also be used to inform the recommendations of the Disability Services Review.

Figure 28: Disability Services – Supported Accommodation – Waiting List (as at 31 December)



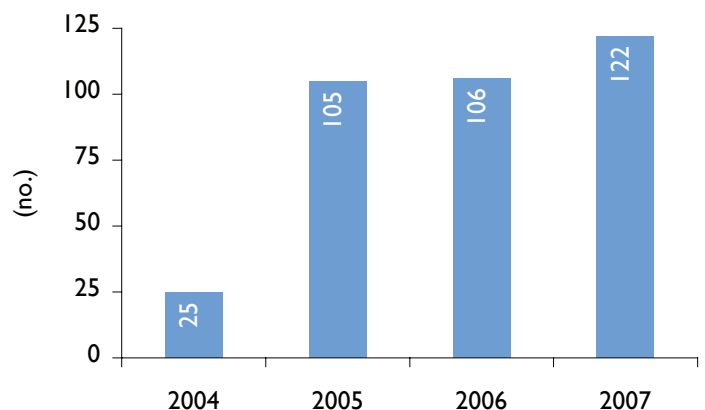
## What is the waiting list for day options clients?

This shows the number of people with a disability who are waiting for a full-time or part-time day options placement. Day options (also referred to as community access services) provide activities which promote learning and skill development and enable access, participation and integration in the local community.

Day options waiting list numbers provide a broad indication of unmet demand for a range of community access services among people with a disability in Tasmania.

The waiting list has increased from 25 people at 31 December 2004 to 122 people at 31 December 2007. However, at the same time, the number of people receiving community access services also increased from 1 166 in 2003-04 to 1 592 in 2005-06. Data for 2006-07 will not be available until March 2008.

Figure 29: Disability Services – Day Options Clients – Waiting List (as at 31 December)



The Disability Services Review is due to be completed in March 2008. The Review will consider the impact of increased demand for services and will provide advice on the directions and best practice service models needed in order to use available funding in an equitable, cost effective and sustainable way to provide high quality disability services.

## Explanatory notes

1. This edition of *Your Health and Human Services: Progress Chart* presents data for the six months to December 2007.
2. It should be noted that from December 2004, patient activity at the Mersey Campus was included in the figures for the North West Regional Hospital until 1 November 2007, when the Mersey Hospital was handed back to the Australian Government. Consequently, direct comparison of data before and after these dates with data for this intervening period is not possible.
3. From 1 January 2007, the activity measure for dental 'Emergency Occasions of Service' has been renamed 'Episodic Occasions of Service' to better reflect the new service model and the nature of care provided. 'Episodic' includes 'emergency', 'urgent', and 'priority' care, the first two of which are free. 'General Occasions of Service' has also been redefined to only relate to a full course of treatment provided to a client from the waiting list. The historical data reported for these indicators remains unchanged, although future trend comparisons between the number of general and episodic occasions of service will not be comparable with previous data.

As a result, further breakdown of figures is required to compare the number of general and episodic occasions of service between 2006 and 2007. This then shows that the actual 'general' care provided at December 2007 is 67 per cent more than for the same period in 2006 which is mainly due to the commencement of additional dentists. Episodic care, without the 'general' care component, is 2 per cent less than the emergency care reported for the same period in 2006 which indicates that urgent care is being provided at a similar rate.

4. The following acronyms are used in this report:
  - DEM Department of Emergency Medicine
  - LGH Launceston General Hospital
  - NWRH North West Regional Hospital
  - RHH Royal Hobart Hospital



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