Your Health and Human Services

Progress Chart

August 2008

Department of Health and Human Services

Tasmania
Explore the possibilities

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Your Health and Human Services

Progress Chart

Lara Giddings, MP

The June 2008 quarter Progress Chart reaffirms the need for good planning to get the results in delivering health and human services.

Our hospitals continue to get busier as a result of an ageing population and increasing rates of chronic disease. We are seeing more people turn up in our emergency departments and outpatient clinics. Not surprisingly, more people have been put on our elective surgery waiting lists. However, pleasingly, the median waiting time for surgery has come down. Workforce issues continue to be a challenge – recruiting across our system can be difficult and with an ageing workforce, skills shortages are only going to become more acute. These challenges formed the basis of the need for developing and implementing *Tasmania's Health Plan*.

Children and Family Services continues to reflect the outcomes of good planning and increased investment, with abuse and neglect notifications down and the unallocated list reducing significantly over the course of the last year. The increased emphasis on early intervention and family support is helping to keep children safe and reduce the number of children who need out-of-home care.

After years of economic growth, the Tasmanian housing market has experienced growing housing prices and increasing rents across the state, pushing more people to seek support within the public housing system. More people are waiting for housing but we are trying to help those most in need as quickly as possible. Earlier this year the Government announced $60 million to improve the availability of emergency and affordable accommodation. We are also undertaking a review of public and affordable housing to provide more housing options for low income Tasmanians.

The implementation of the *Better Dental Care Package* is having an impact which is reflected in more dental care being provided across Tasmania – and, of course, as more services are available, more people are seeking assistance – which is a good sign for the long-term health of Tasmanians.

Lara Giddings

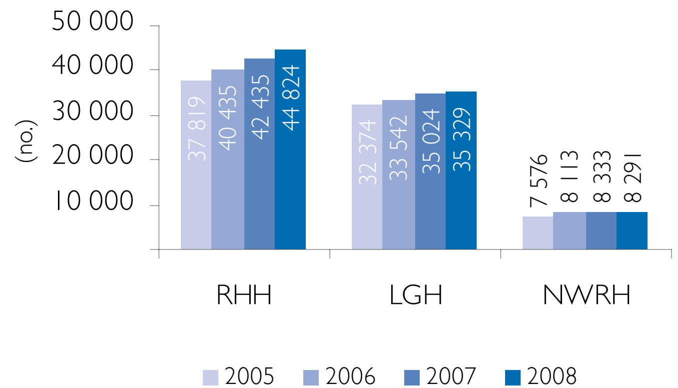
Lara Giddings MP
Minister for Health and Human Services

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.

Our hospitals are continuing to see more inpatients. In the twelve months ending 30 June 2008, the total number of raw separations for our state's public hospitals increased by 3.1 per cent when compared to the same period in 2007. The RHH and LGH activity levels increased by 5.6 per cent and 0.9 per cent respectively over this period, while the NWRH activity levels remained stable.

Figure 1: Admitted patients – number of raw separations (for the 12 months ending June)

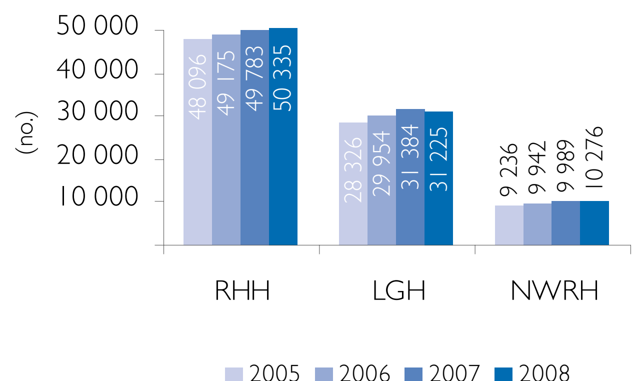


Weighted separations show the level and complexity of the work done in public hospitals, by combining two measures: the number of times people come into hospital and how sick people are when they come into hospital.

The number of weighted separations in our hospitals has continued to increase statewide in recent years, with a 0.7 per cent increase in the twelve months to 30 June 2008, compared to the same period in 2007. The increase in activity reflects the increasing demand for acute care services.

The number of weighted separations increased by 1.1 per cent and 2.9 per cent at the RHH and NWRH respectively, and remained relatively stable at the LGH.

Figure 2: Admitted patients – number of weighted separations (for the 12 months ending June)



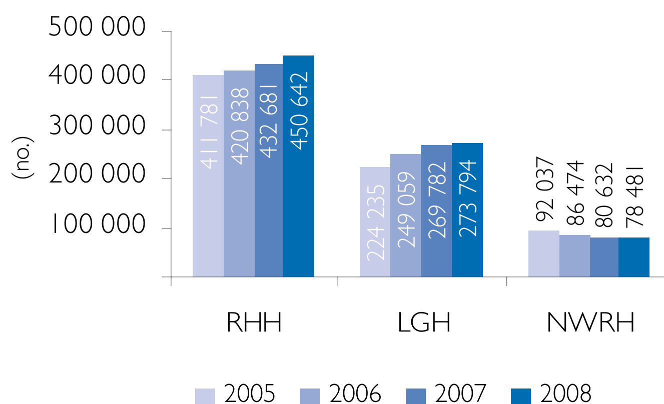
How many times have Tasmanians been treated in our outpatient clinics?

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

There were 802 917 occasions of service in Tasmanian outpatient clinics in the twelve months ending June 2008. This represented an increase of 2.5 per cent over the same period in 2007. The number of outpatient occasions of service increased by 4.2 per cent at the RHH and 1.5 per cent at the LGH.

At the NWRH there was a 2.7 per cent decrease in occasions of service. Over the reporting period, there were changes in the way that allied health services were reported, to align with national standards, so this decrease does not reflect a reduction in service. There were also some temporary staff shortages but these would have a relatively minor influence on the decrease in the figures.

Figure 3: Outpatient Department, occasions of service (for the 12 months ending June)

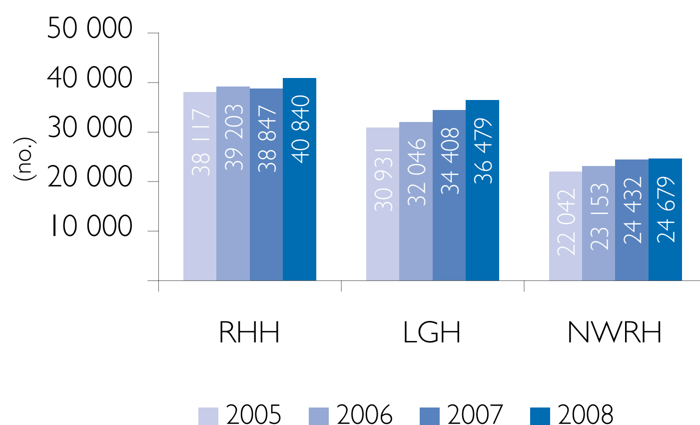


How busy are our emergency departments?

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. There were 101 998 presentations in the state's emergency departments in the twelve months to 30 June 2008, which represents a 4.4 per cent increase statewide over the same period in the previous year . Presentations at the RHH increased by 5.1 per cent, at the LGH by 6 per cent and at the NWRH by one per cent.

Figure 4: Emergency Department presentations (for the 12 months ending June)



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

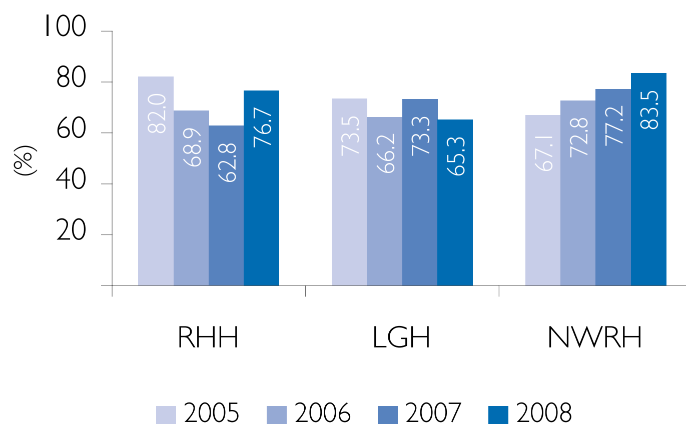
Australian Triage Scale Category 2 patients are those who require emergency treatment for very severe pain or imminently life-threatening or time-critical treatment. The Australasian College for Emergency Medicine has set a target of 80 per cent of Category 2 patients to be seen within 10 minutes.

The percentage of Category 2 patients seen statewide within the recommended time frames increased to 75.2 per cent in the twelve months to 30 June 2008, compared to 71.1 per cent in the same period in the previous year. The RHH increased from 62.8 per cent to 76.7 per cent and the NWRH increased from 77.2 per cent to 83.5 per cent, both of which exceed the most recent Australian average of 76 per cent (Source: *Australian Hospital Statistics 2006-07*).

The LGH decreased from 73.3 per cent to 65.3 per cent due to an increase in demand in the DEM of 6 per cent (Figure 4), combined with staff shortages due to illness over the winter months, and difficulties recruiting emergency specialists. Measures are being implemented to improve patient flow and to reduce waiting times for more urgent cases. While recruitment continues, a senior medical registrar has been introduced to the DEM to assist patients. The LGH is working with aged care providers, private hospitals, the Mersey Community Hospital and rural hospitals to provide improved step-down care so that patient flows are improved. Furthermore, the new DEM planned for the LGH will go some way to addressing current capacity issues.

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 12 months ending June)



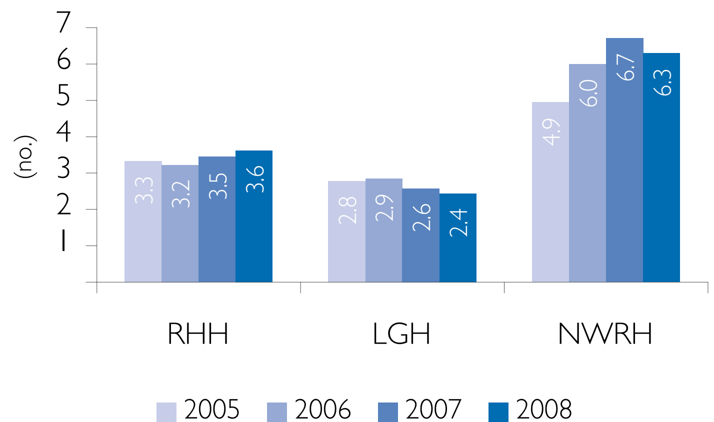
What is the rate of hospital readmissions?

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. However, an unplanned readmission can also include admissions for conditions that are not related to the previous admission.

Readmission rates reflect a complex combination of admission and discharge policies; quality of care at the hospital, community and home level; and demographic factors; which can lead to some variations between hospital sites.

The NWRH, for example, has a greater proportion than other hospitals of people through its emergency department who would otherwise access a GP were there more available. It also has an older population compared to other regions, which may account to some extent for their higher readmission rate.

Figure 6: Unplanned readmissions within 28 days (for the 12 months ending June)



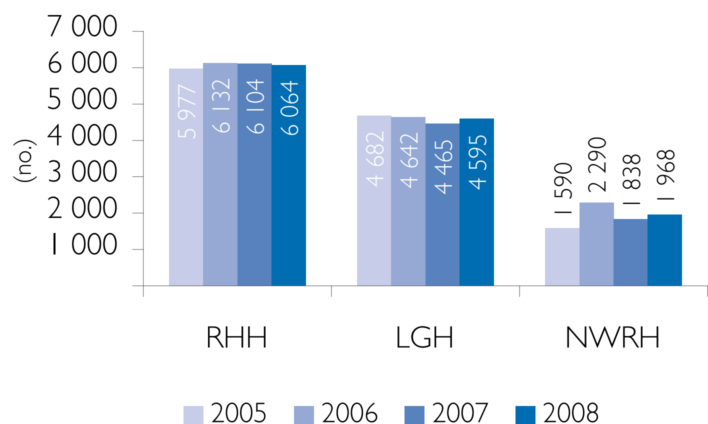
How many people were admitted from the elective surgery waiting list?

The number of patients admitted from the elective surgery waiting list for the twelve months to 30 June 2008 showed a slight increase statewide when compared to the same period in the previous year. The LGH and the NWRH increased by 2.9 per cent and 7.1 per cent respectively, while the RHH remained relatively stable.

A major element of the Agency's focus on elective surgery is the joint Commonwealth-State *Elective Surgery Waiting List Improvement Plan.* The Plan aims to treat an additional 895 patients who have waited longer than the clinically recommended time, by the end of 2008. By 28 June 2008, 633 of the additional 895 patients had been treated under this program.

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 12 months ending June)



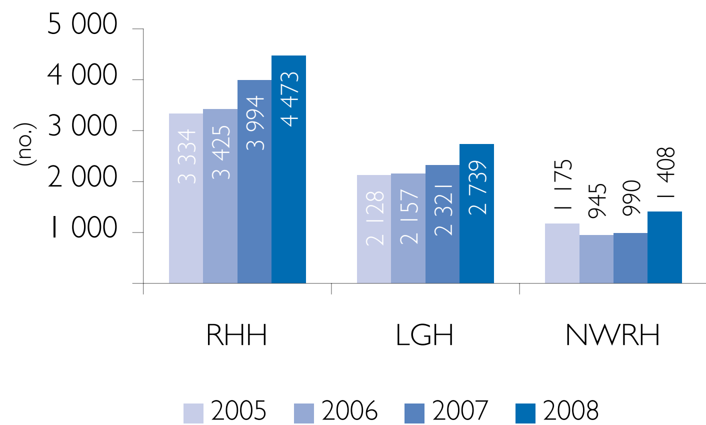
What is the waiting list for elective surgery?

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 18 per cent in the twelve months to June 2008 to 8 620, compared to 7 305 for the same period to June 2007.

Increase in demand for elective surgery is expected to continue across Tasmania due to our ageing population with increasing rates of chronic disease. The LGH waiting list has increased by 18 per cent and the RHH by 12 per cent. The RHH increase was partly attributable to the closure of Theatre 7, one of the main operating theatres, for most of 2007-08, to accommodate building works and also repairs as a result of a flood within the theatre complex.

Likewise, the NWRH shows a significant increase of 42.2 per cent. The increase at the NWRH is largely the result of an audit of the waiting lists which identified that a significant number of patients were unknown to the Department. This resulted in an increase in the number of people on the NWRH Ophthalmology and General Surgical waiting lists. Additionally, patients waiting for major joint replacement surgery at the Mersey Community Hospital have been transferred to the NWRH orthopaedic waiting list. It is clear, however, that more patients are now being removed from the NWRH waiting list per month than in previous years.

Figure 8: Waiting list (as at 30 June)



Factors that contributed to the increase in the number of patients waiting for elective surgery across the state include an increase in the number of specialists employed, which in turn has resulted in more patients being identified for elective surgery; and an increase in the number of patients in need of surgical care, particularly in relation to the ageing of the population and an increase in chronic medical conditions. It should be noted that over the same period there have been slight increases in the number of admissions from elective surgery waiting lists at the LGH and NWRH (refer to Figure 7).

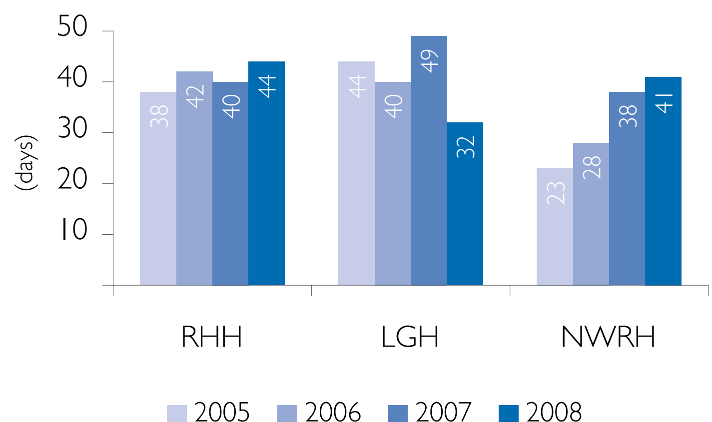
What is the usual time to wait for elective surgery?

The statewide median waiting times for elective surgery decreased from 42 days to 39 days for the twelve months ending 30 June 2008, when compared to the same period in 2007.

The increases in the median waiting times at the RHH (from 40 to 44 days) and NWRH (from 38 to 41 days) is a result of more long-wait patients being treated in response to an increase in Commonwealth Government funding for this purpose.

The median waiting times for elective surgery at the LGH decreased from 49 days to 32 days due to a substantial increase in the number of urgent patients treated during the 12-month period. The LGH has also implemented processes to manage long wait patients, which is impacting on waiting times.

Figure 9: Median waiting times for elective patients admitted from the waiting list (for the 12 months ending June)



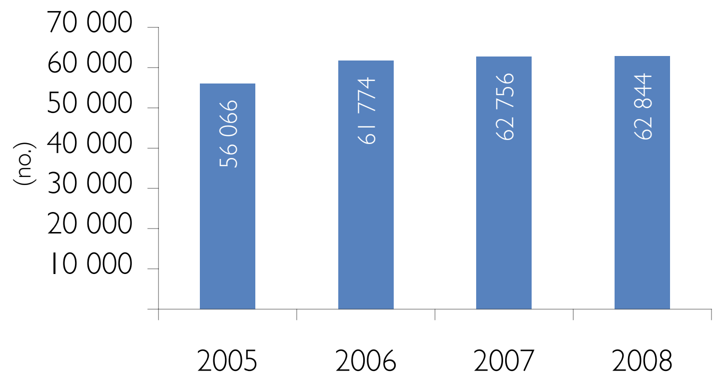
How many call outs has our Ambulance Service responded to?

An ambulance response occurs when a vehicle or vehicles are sent to a pre-hospital incident or accident. This measure for the total ambulance responses includes emergency, urgent and non-urgent responses. When compared to the same period in 2007, in the twelve months to June 2008 the total number of ambulance responses remained stable.

While there was little change in the total number of responses, there were some notable variations in the main response categories. Emergency responses remained similar to last year, only increasing by 1.6 per cent. However, urgent responses have increased by 5.6 per cent and non-urgent decreased by 16.2 per cent.

This reflects the ageing of the population and the increased numbers of people with chronic illnesses who are cared for at home and who require emergency or urgent care and transport when their conditions become acute.

Figure 10: Total ambulance responses (for the 12 months ending June)



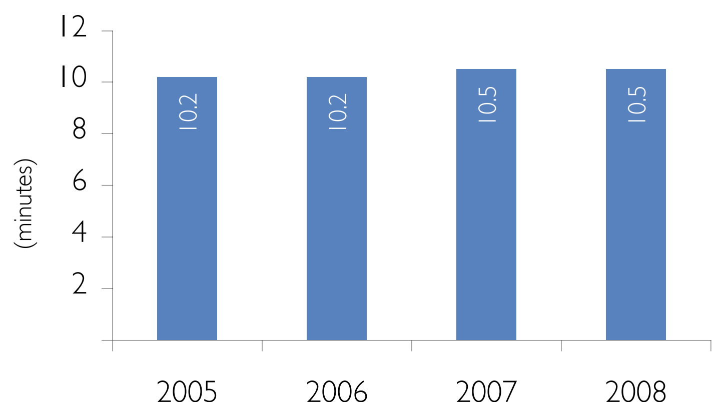
How quickly does our Ambulance Service respond to calls?

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.

Median response times for the more populated areas of Tasmania such as Hobart (10 minutes), Launceston (9.4 minutes), Devonport (8.4 minutes) and Burnie (8.4 minutes) are similar to many urban areas of other states and territories.

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.

Figure 11: Ambulance emergency response times (for the 12 months ending June)



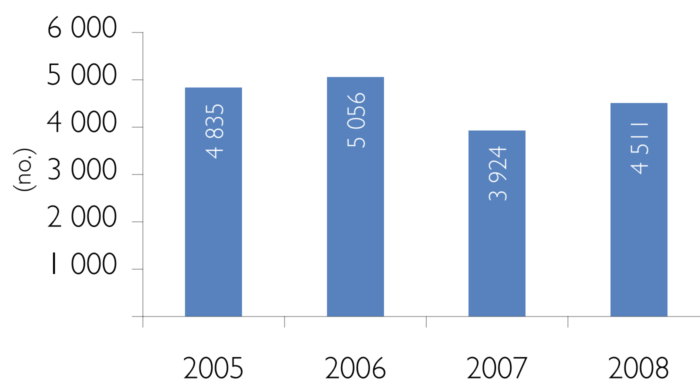
How many people access community palliative care services?

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 15 per cent increase in the number of clients accessing the service in the twelve months to 30 June 2008, compared to the same period in 2007. This can be mainly attributed to two factors: a continued increase in demand for palliative care services due to the ageing of the population and extensive palliative care education which has raised awareness of the availability of quality palliative care; and the recruitment of additional palliative care medical specialists in 2007 that resulted in increased service activity and referrals.

The variation in the data in 2007 is due to major service system changes that were implemented following the 2004 Palliative Care Review. These included the introduction of a new service delivery model in 2006 which required the counting rules for this measure to change, resulting in a decrease in the figures in 2006-07.

Figure 12: Palliative Care – clients accessing the service (for the 12 months ending June)



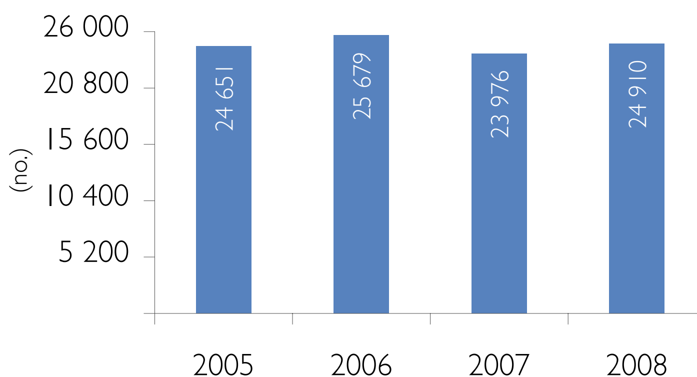
How many women are screened for breast cancer?

This is a measure of the number of eligible women screened for breast cancer. Although the target population is all Tasmanian women aged between 50 and 69 years, all women aged over 40 years are eligible for screening services. Screening for breast cancer amongst the eligible population occurs every two years for individual women. Service performance is therefore best measured by comparing the screening numbers for any given period with the equivalent period two years earlier.

Difficulty in recruiting radiologists and radiographers in 2007 and 2008 has resulted in a 3.9 per cent decrease in the number of women screened in the twelve months to June 2008, compared to the same screening cohort for the same period ending in June 2006.

Radiologist and radiographer workforce shortages are a world-wide phenomenon that is impacting on most other BreastScreen services around the country. A number of strategies are underway in Tasmania to address the radiologist workforce shortages through training and recruitment, and a national committee has been established to develop short, medium and long-term solutions to the shortage of radiographers.

Figure 13: Eligible women screened for breast cancer (for the 12 months ending June)

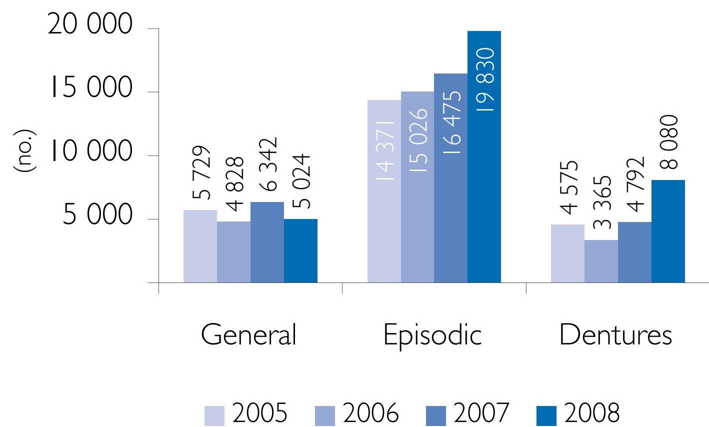


How many dental appointments have adults accessed?

This indicator shows the number of occasions of service for all dental services (episodic care, general care and dentures) provided around the state. There was a significant increase of 19.3 per cent in the number of people using dental services in the twelve months to 30 June 2008, compared to the same period in the previous year. This is evident in the 68.6 per cent increase in the dentures occasions of service to 8 080 for this period, which is due to increased productivity and improved ability to report activity through a new information management system. 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. The Explanatory Notes at the end of this document provide further information on the revised definitions.

Figure 14: Adults – occasions of service (for the 12 months ending June)



How many dental appointments have children accessed?

There has been a decrease of 13.8 per cent in the number of times children accessed dental care for the twelve months ending 30 June 2008, compared to the same period in the previous year.

Dental care for children is provided by therapists. Workforce issues have resulted in a reduction in the availability of Dental Therapists, causing a reduction in activity in 2007-08. An ageing workforce and a growing national shortage of dental therapists are likely to continue to affect oral health services.

Under the Government's Better Dental Care Package, a $1.9 million education and service centre has recently opened, which will provide the local capacity for training existing and additional therapists. Through the Partners in Health collaboration with the University of Tasmania, DHHS is actively exploring education and training options for the oral health workforce. These options include a workforce re-entry program to assist those returning to dental therapy after more than five years absence, as well as consideration of options for undergraduate training for both Bachelor of Dental Surgery (dentists) and Bachelor of Oral Health (therapists/hygienists).

Figure 15: Children – occasions of service (for the 12 months ending June)

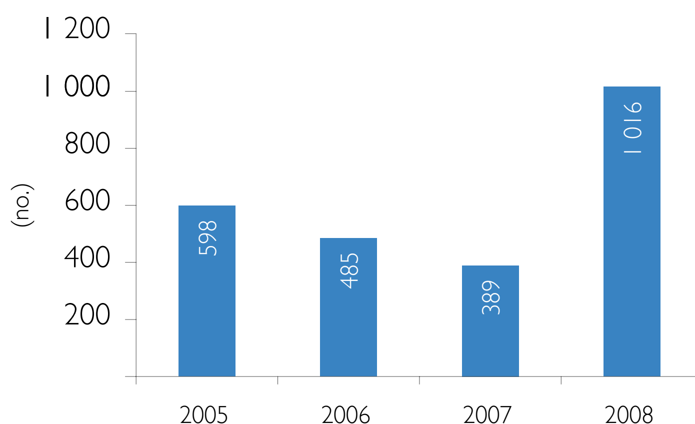
What are the waiting lists for oral health services?

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.

As a result of additional dentists being employed in 2007 more people have been assessed, resulting in a significant increase in the demand for dentures.

As noted in Figure 14, the number of dentures being provided has increased significantly. In the twelve month period between June 2007 and June 2008, the number of people on the dentures waiting list increased by 161.2 per cent. However, the increased number of dentures being provided means that clients are likely to wait a shorter time for dentures than was previously the case.

Figure 16: Dentures – waiting list (as at 30 June)



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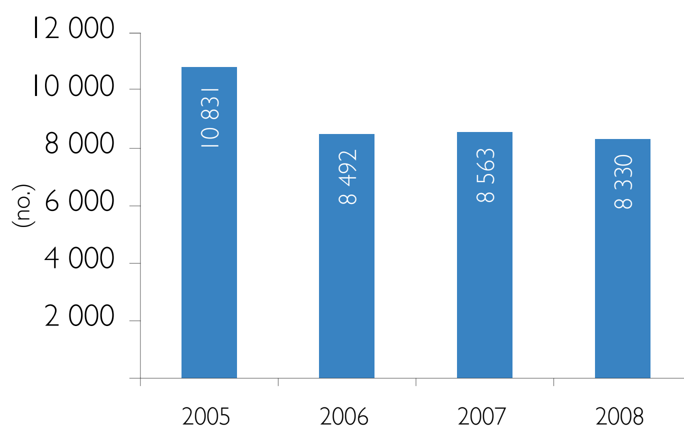
The general care (adults) waiting list indicator provides a measure of the number of adults waiting for general care oral health services. The number of adults waiting for general care decreased by 2.7 per cent in the twelve months to June 2008, compared to the same period in 2007. In addition, the increase in general care occasions of service has meant that people are not waiting as long to receive 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. Services will be extended to the north of the state in late 2008 and to the south in early 2009.

Figure 17: General care (adults) waiting list (as at 30 June)

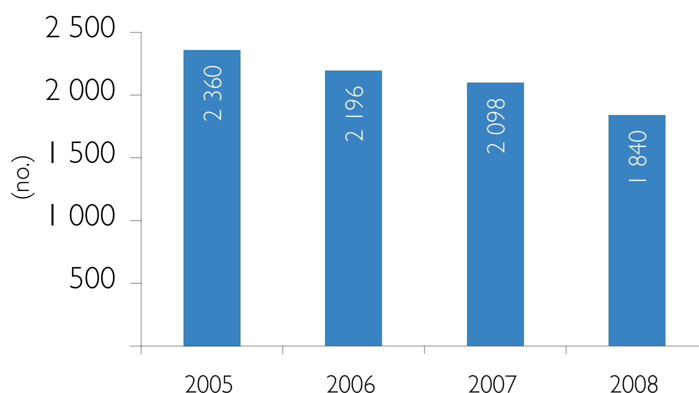


What is the activity rate in our mental health acute facilities?

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 a 12.3 per cent reduction in the number of inpatient admissions in the eleven months to 31 May 2008. This represents the most recent available data 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 11 months ending May)



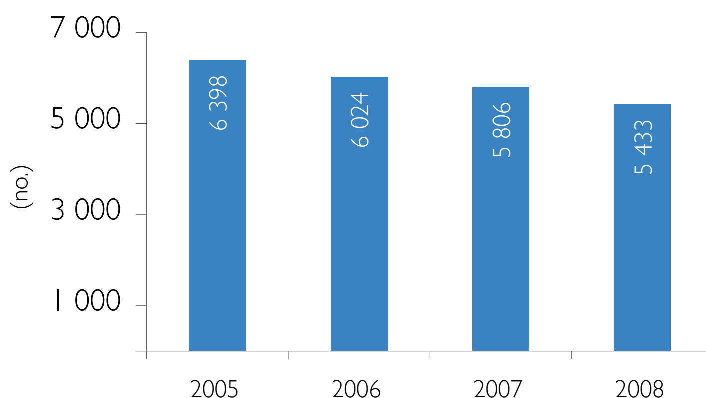
Due to industrial action, figures for the month of June 2008 are not currently available.

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. The 6.4 per cent decline in the number of community and residential clients for the ten months to 31 May 2008, compared to the same period in 2007, is mainly due to an audit of the database which has led to many patients who have been discharged being removed from the database of active clients. The audit is expected to be completed by September 2008. It is anticipated that the model of care will, over time, result in an increase in the number of clients actively accessing mental health services.

Figure 19: Mental Health Services – community and residential – active clients (for the 10 months ending April)



Due to industrial action, figures for the month of June 2008 are not currently available.

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

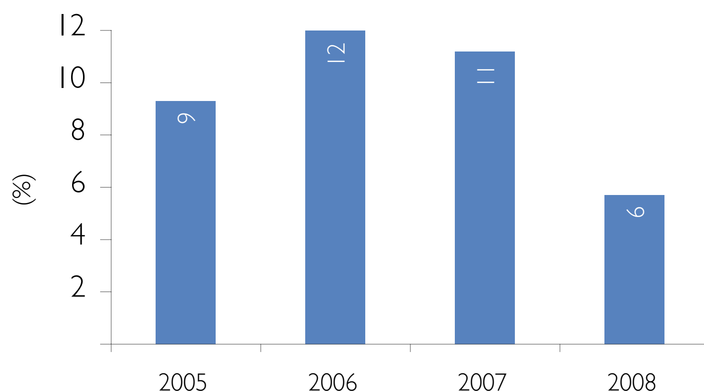
This shows the percentage of people whose readmission to the same acute psychiatric inpatient unit or another public sector acute psychiatric inpatient unit within 28 days of discharge was unplanned or unexpected. This could be due to a relapse or a complication resulting from the illness for which the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

Due to industrial action, figures for the month of June 2008 are not currently available.

Figure 20: 28-Day readmission rate – all hospitals (for the 10 months ending April)



How many people have been housed?

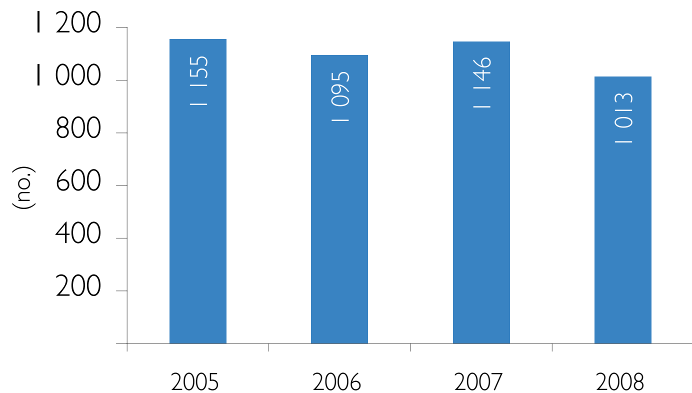
This information shows the number of people who have been allocated new public housing.

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.

In the twelve months to 30 June 2008 the number of applicants housed decreased by 11.6 per cent, compared to the same period in 2007.

As at 30 June 2008 there were 23 496 people living in public housing in Tasmania.

Figure 21: Number of applicants housed (for the 12 months ending June)

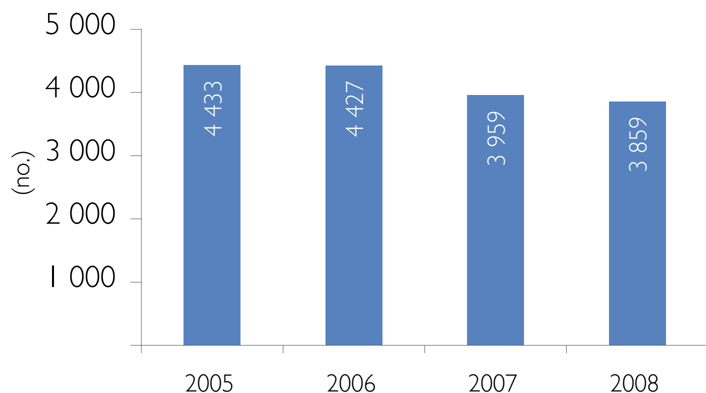


How many people receive private rental assistance?

3 859 households received assistance through the Private Rental Support Scheme in the twelve months ending 30 June 2008, representing a 2.5 per cent decrease from the same period in the previous year.

The number of people assisted through the Private Rental Support Scheme has decreased over time because of greater costs per client. This reflects high rental costs which increases 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.

Figure 22: Number of households assisted through the private rental support scheme (for the 12 months ending June)



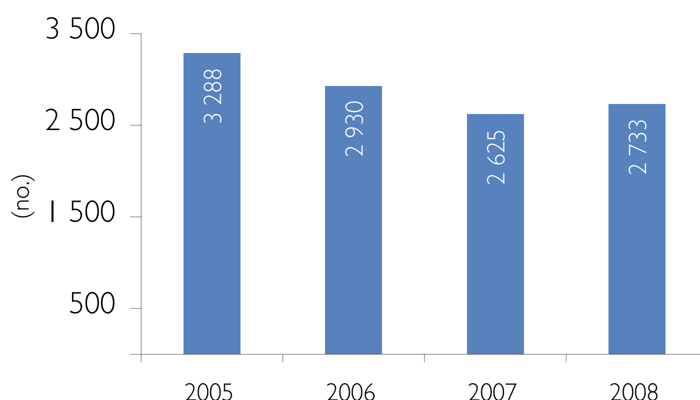
What are the waiting lists for public housing?

This indicator measures the total number of people waiting for public housing as at 30 June.

The waiting list for public housing has increased by 4.1 per cent for the twelve months to June 2008, compared to the same period the previous year. This slight increase is due to the high demand and low turnover for public housing.

In the coming 12 months, additional housing for low income Tasmanians will become available through Tasmanian Affordable Housing (TAHL) as well as a result of the $60 million investment announced in March 2008. The Government has also announced a review of public and affordable housing provision which will report to Cabinet by the end of 2008.

Figure 23: Number of applicants on waitlist (as at 30 June)



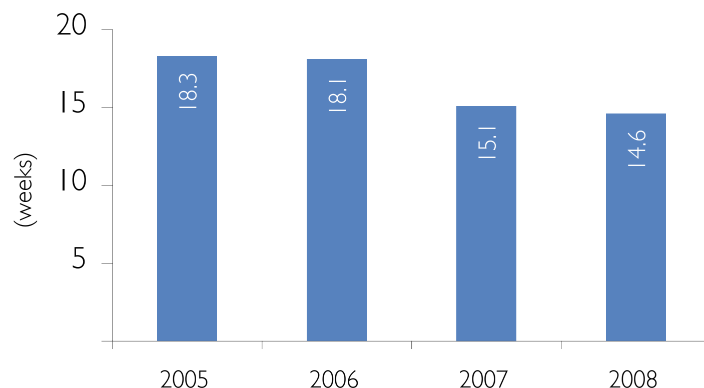
What is the usual wait for people with priority housing needs?

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 1 being the highest level of need.

The average time to house Category 1 applicants was 14.6 weeks for the twelve months to June 2008, compared to 15.1 weeks for the same period in 2007. This indicator varies according to fluctuations in the numbers housed from month to month and the time each applicant waited to be housed.

While there is no national comparison available for time to house Category 1 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 1 applicants (for the 12 months ending June)



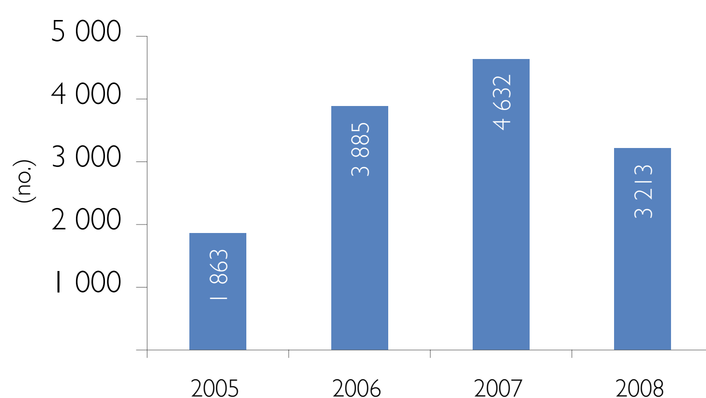
How many child protection cases are referred for investigation?

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.

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.

The current project to redesign the Tasmanian family support service system is expected to affect a reduction in the number of notifications referred to service centres for further investigation, by improving early intervention and support and diverting clients from the statutory service system.

Figure 25: Number of notifications referred to service centres for further investigation (for the 12 months ending June)



Due to a delay in data entry, the actual number of notifications referred for investigation to June 2008 is expected to increase further. It is likely, however, that an overall decrease will still be observed from June 2007 to June 2008. It should be noted that this decrease is, in part, due to a change in business processes for recording notifications, following the implementation of the Child Protection Information System in February 2008.

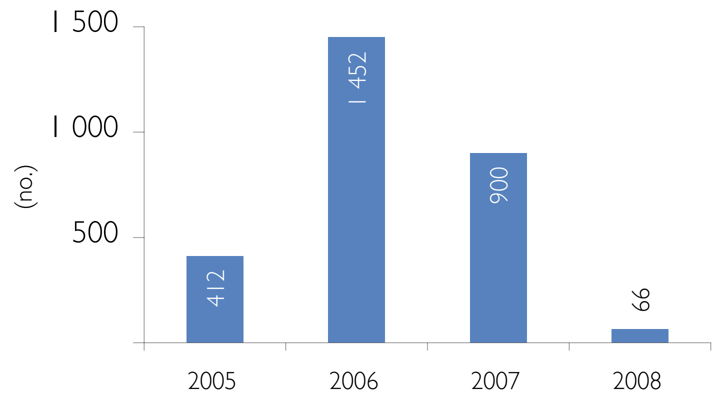
How many child protection notifications are not allocated within established time frames?

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

Intensive work on finalising and better managing cases has led to significant reduction in the unallocated case list. This improvement will continue further as reforms in Child Protection take place. As at 30 June 2008, there was a 93 per cent decrease in the number of unallocated cases compared to the same date in the previous year, from 900 to 66.

This reduction has been achieved as a result of a number of process improvements, including a dedicated project that commenced in 2006-07 to reduce the number of cases awaiting allocation, and the implementation of the new Child Protection Information System in February 2008. It is anticipated that the introduction of the new child protection operating model will maintain this downward trend.

Figure 26: Child abuse or neglect: number of unallocated cases (as at 30 June)



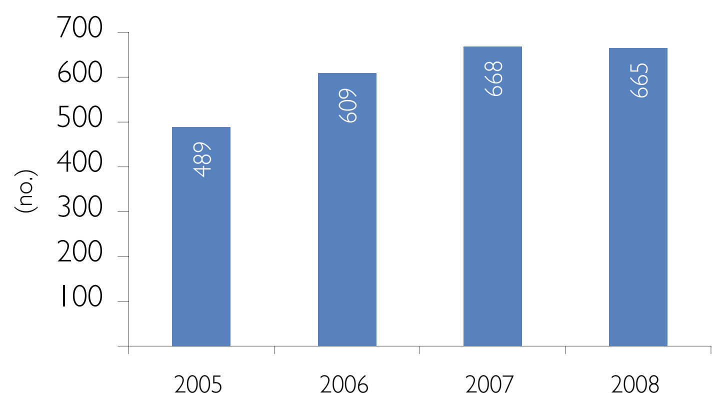
How many children are placed in out-of-home care?

The number of children in out-of-home care as at 30 June 2008 has remained stable since 30 June 2007. Over this 12 month period the number of children in care peaked at 703.

As part of the overall commitment of DHHS to the health and wellbeing of all children in Tasmania, the current project to redesign the Tasmanian family support service system is expected to improve early intervention and support. While the Agency remains committed to providing safe placements for children affected by abuse and neglect, improved early intervention and support is expected to affect an overall reduction in the number of children in out-of-home care, although periodic increases may still be observed.

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

Figure 27: Children in out-of-home care (as at 30 June)



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 30 June 2008, the supported accommodation waiting list increased by 14.7 per cent, from 34 to 39, since June 2007.

Additional supported accommodation will become available in the coming 12 months as a result of additional investment from both Commonwealth and State Governments as announced in the 2008 State Budget. This will support the outcomes of a project that has been undertaken to examine future accommodation options for Tasmanians with a disability.

Figure 28: Disability Services – supported accommodation – waiting list (as at 30 June)

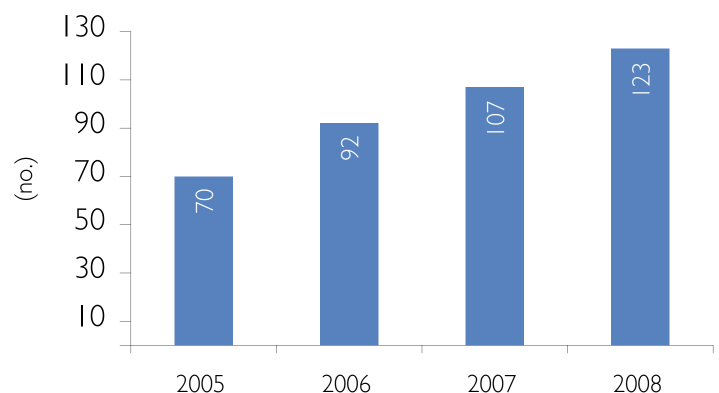
What is the waiting list for day options clients?

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 70 people at 30 June 2005 to 123 people at 30 June 2008. However, the number of people receiving community access services also increased from 1 166 in 2003-04 to 1 487 in 2006-07.

Additional day options programs will become available in the coming months as a result of additional investment from both Commonwealth and State Governments announced in the 2008 State Budget.

Figure 29: Disability Services – day options clients – waiting list (as at 30 June)



Explanatory notes

1. This edition of *Your Health and Human Services: Progress Chart* presents data for the twelve months to June 2008.

2. It should be noted that from December 2004, patient activity at the Mersey Hospital was included in the figures for the North West Regional Hospital until 1 November 2007, when the Commonwealth Government took over operation of the Mersey Hospital. The data in this report now only represents data from the NWRH at Burnie, to enable time series comparisons to be made.

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.

4. While Tasmania appears to have longer ambulance emergency response times than do 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).

5. The following acronyms are used in this report:

   a. DEM Department of Emergency Medicine

   b. LGH Launceston General Hospital

   c. NWRH North West Regional Hospital

   d. RHH Royal Hobart Hospital

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