Your Health and Human Services

Progress Chart

May 2008

Department of Health and Human Services

Tasmania
Explore the possibilities

Published by Shared Services, Department of Health and Human Services, Tasmania.

Published on www.dhhs.tas.gov.au

May 2008

ISSN 1823-3015

Your Health and Human Services
Progress Chart

Lara Giddings, MP

The May 2008 Progress Chart tells a familiar story of Tasmania's health and human services system.

We see increased numbers of people helped in our hospitals, particularly through our Emergency Departments and outpatient clinics. Waiting times are improving overall but more people need elective surgery.

The new Australian Government has already invested in Tasmania's health system and is working with us to implement *Tasmania's Health Plan* as the best way to deal with health service delivery challenges that face Governments around the world.

I recently released an update of *Tasmania's Health Plan* to reflect the transfer of the Mersey Campus of the North West Regional Hospital to Australian Government operations.

To better support Tasmania's children and their families we have undertaken significant reform and improvement in Child Protection and will continue the process of changing the way we deliver family support services and out-of-home care support for children who are unable to remain with their families. In this edition of the Progress Chart we see a significant decrease in the number of unallocated child protection referrals, though child protection referrals remain high.

Waiting lists in Disability Services continue to grow and I look forward to meeting Disability Ministers to discuss the Australian Government's commitment to increasing investment in Disability Services across Australia. The recently completed KPMG Review will underpin a new direction in Disability Services provision to better support people with a disability and their families and carers.

Providing housing support to low income Tasmanians continues to be challenging with more people on waiting lists, record occupancy levels in public housing and increased pressure on rental support. Secure housing provides a platform for healthier lives and stronger communities. We will continue to support the continued development of public, social and affordable housing throughout Tasmania.

Service changes and investment in dental services continue to be reflected in greatly increased service provision as a result of the employment of additional dentists and the provision of care to public patients through the private sector on the North West Coast.

I commend the May 2008 edition of the Progress Chart to you.

Lara Giddings

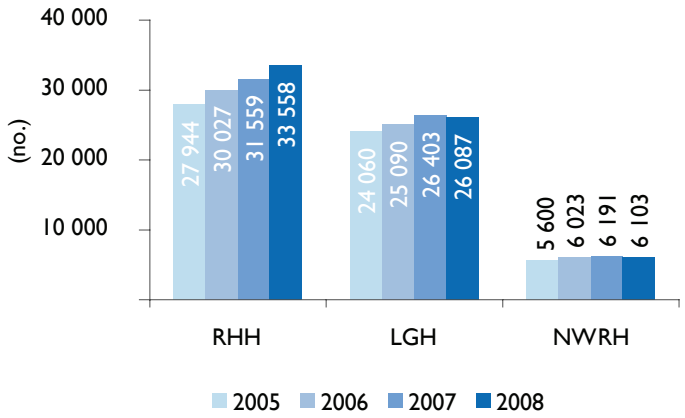
Lara Giddings MP
Minister for Health and Human Services

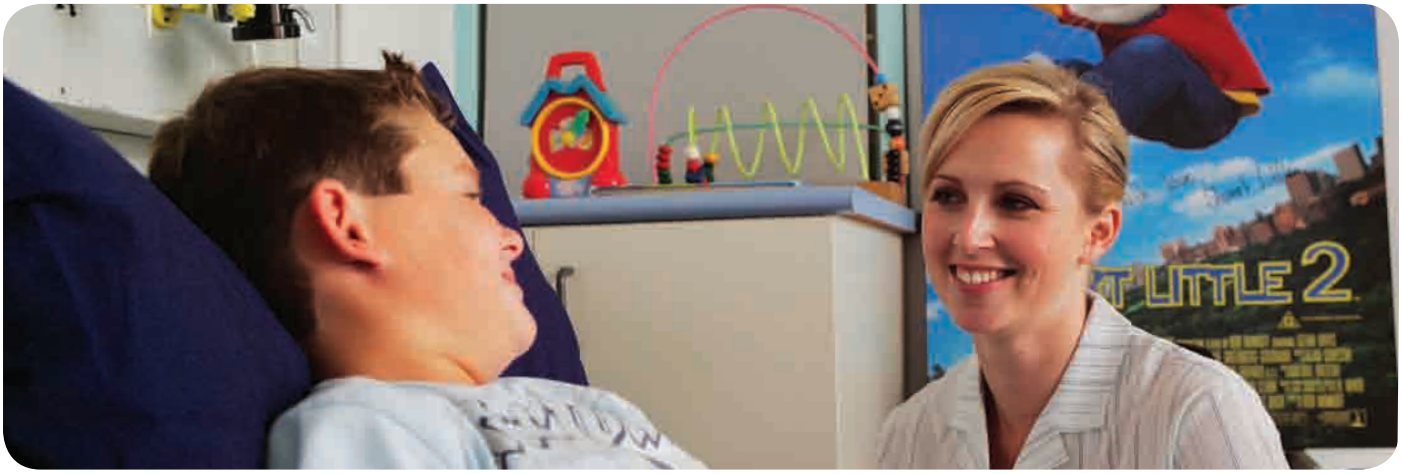
What is the overall level of activity in our hospitals?

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 increased by 2.5 per cent in the nine months ending 31 March 2008 when compared to the same period in 2007. The RHH activity levels increased by 6.3 per cent over this period while LGH and NWRH activity levels showed slight decreases of 1.2 per cent and 1.4 per cent respectively.

Figure 1: Admitted patients – number of raw separations (for the 9 months ending March)



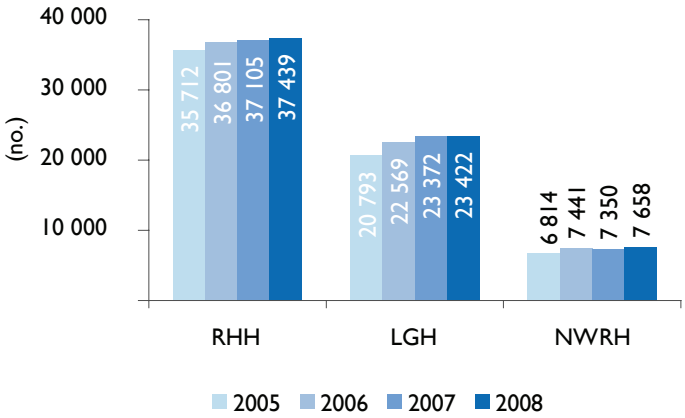


Weighted separations show the level and complexity of the work done in public hospitals, by combining two measures: the number of times people come into hospital and how sick people are when they come into hospital.

The number of weighted separations in our hospitals has continued to increase statewide in recent years, with a one per cent increase for the nine months to 31 March 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 remained relatively stable at the RHH and LGH, and increased by 4.2 per cent at the NWRH over the period.

Figure 2: Admitted patients – number of weighted separations (for the 9 months ending March)

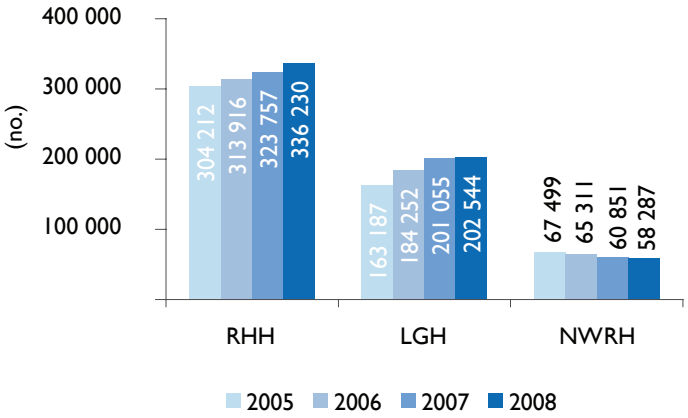


How many times have Tasmanians been treated in our outpatient clinics?

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 1.9 per cent compared to the same period last year, with 597 061 occasions of service for the nine months ending March 2008. The number of outpatient occasions of service increased by 3.9 per cent at the RHH and remained relatively stable at the LGH, while at the NWRH the occasions of service decreased by 4.2 per cent due to temporary staff shortages that have since been addressed.

Figure 3: Outpatient Department, occasions of service (for the 9 months ending March)

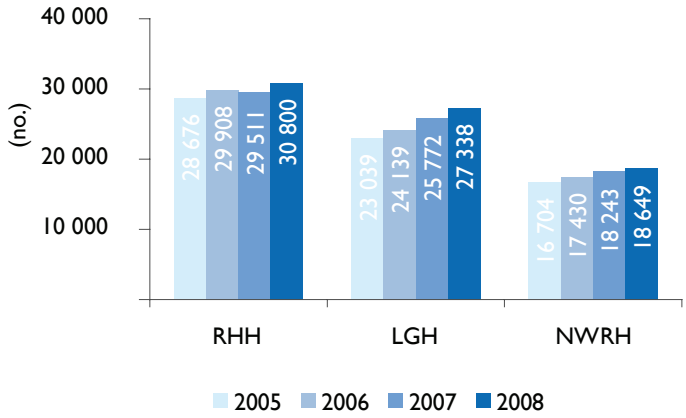


How busy are our emergency departments?

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 nine months to 31 March 2008 there were 76 787 presentations in the state's emergency departments. Presentations at the RHH increased by 4.4 per cent, at the LGH by 6.1 per cent and at the NWRH by 2.2 per cent. This represents a 4.4 per cent increase statewide over the same period in the previous year.

Figure 4: Emergency Department presentations (for the 9 months ending March)



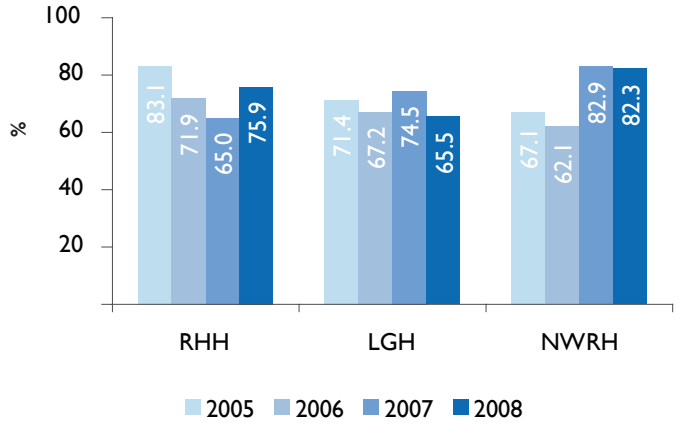
What percentage of patients is seen within recommended time frames in our emergency departments?

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 nine months ending 31 March 2008, the percentage of Category 2 patients seen statewide within the recommended time frames increased to 74.6 per cent, compared to 74.1 per cent in the same period in the previous year. The RHH increased from 65 per cent to 75.9 per cent and the NWRH decreased from 82.9 per cent to 82.3 per cent, both of which exceed the most recent Australian average (2005-06) of 75 per cent (Source: *Australian Hospital Statistics 2005-06*). The LGH decreased from 74.5 per cent to 65.5 per cent due to an increase in activity in the emergency department. Measures to improve patient flow are being implemented to reduce waiting times for the more urgent cases.

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 9 months ending March)



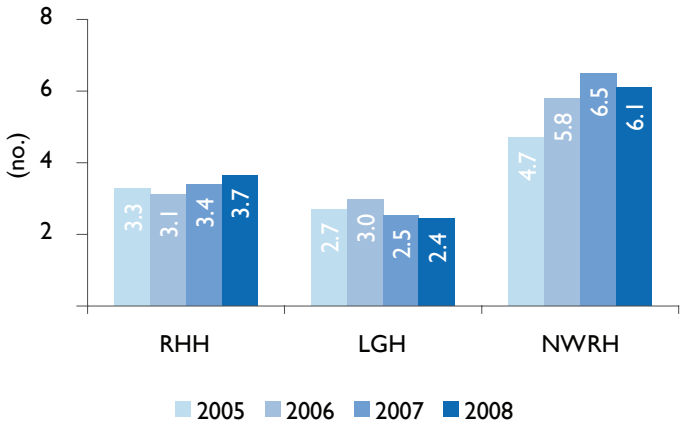
What is the rate of hospital readmissions?

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, although 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 of people through its emergency department who would otherwise access a GP were there more available, than do the other hospitals. 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 9 months ending March)



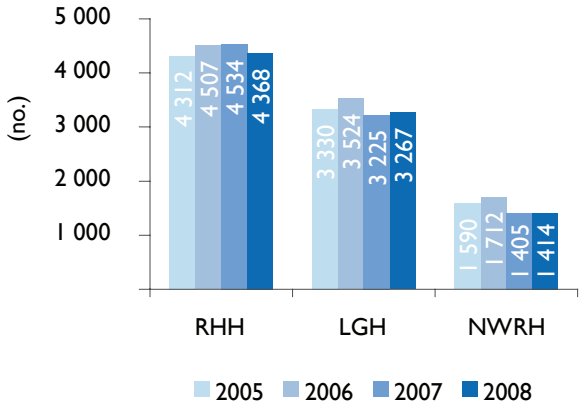
How many people were admitted from the elective surgery waiting list?

The number of patients admitted from the elective surgery waiting list for the nine months to 31 March 2008 declined slightly when compared to the same period in the previous year. The RHH decreased by 3.7 per cent while the LGH and the NWRH remained stable.

During 2008-09, the Department will implement a Statewide Elective Surgery Program. A major element of the Department's focus on elective surgery will be the joint Commonwealth-State Elective Surgery Waiting List Reduction Plan which aims to treat an additional 895 patients who have waited longer than the clinically recommended time, by the end of 2008.

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 9 months ending March)



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 16.5 per cent in the nine months to March 2008 to 8 323, compared to 7 144 for the same period to March 2007. The significant increase in the waiting list at the RHH of 20.1 per cent 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. There was also an increase in demand for elective surgery at the RHH.

The waiting lists at the LGH and the NWRH also increased by 9.5 per cent and 20.6 per cent respectively. 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.

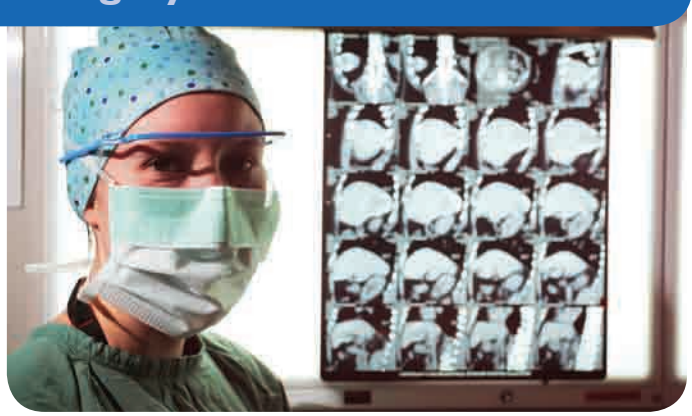
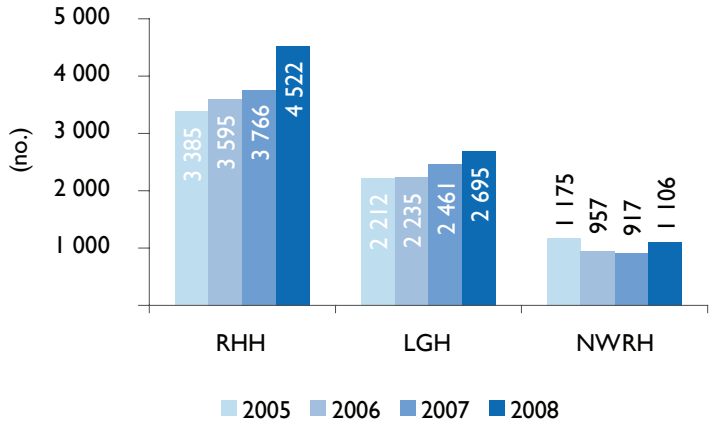


Figure 8: Waiting list (as at 31 March)

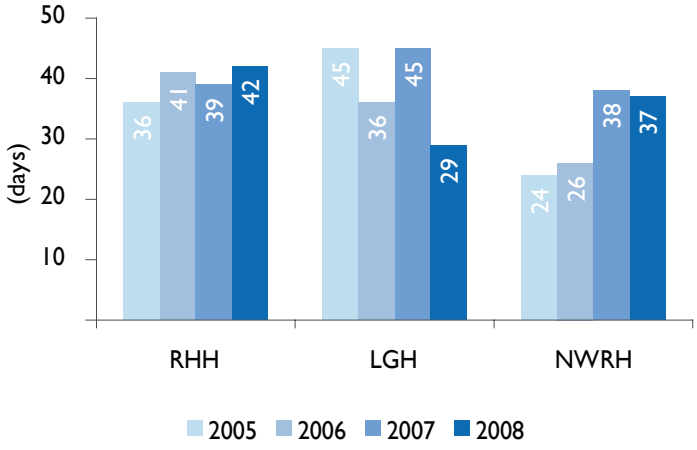


What is the usual time to wait for elective surgery?

For the nine months ending 31 March 2008, the statewide median waiting times for elective surgery decreased from 41 days to 36 days when compared to the same period in 2007. The increase of 7.7 per cent in the median waiting times at the RHH resulted from 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 by 35.6 per cent, due to a substantial increase in the number of urgent patients treated during the March 2008 quarter and processes that have been implemented to manage long wait patients.

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



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 nine months to March 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 increased by 2.3 per cent and urgent responses increased by 4.8 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. As a counterbalance to this, there was a decrease in non-urgent responses of 17.4 per cent over the same period.

The Department recognises that health transport systems are a key component of an effective health system and has initiated an external review of non-urgent medical transport to examine issues and future options.

Figure 10: Total ambulance responses (for the 9 months ending March)

How quickly does our Ambulance Service respond to calls?

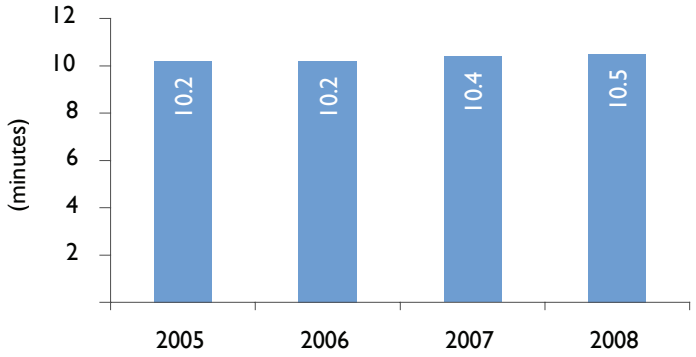
Emergency response time is the period from when the 000 call is received until the vehicle arrives at the scene. The median response time is the time within which 50 per cent of emergency cases are responded to.

Median response times for the more populated areas of Tasmania such as Hobart (9.6 minutes), Launceston (9.6 minutes), Devonport (8.2 minutes) and Burnie (8.1 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.

Please see Explanatory Notes for additional information about this measure.

Figure 11: Ambulance emergency response times (for the 9 months ending March)



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 14.5 per cent increase in the number of clients accessing the service in the nine months to 31 March 2008 compared to the same period in 2007. This can be mainly attributed to a continued increase in demand for palliative care services due to the ageing of the population; 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.

Figure 12: Palliative Care – clients accessing the service (for the 9 months ending March)

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.

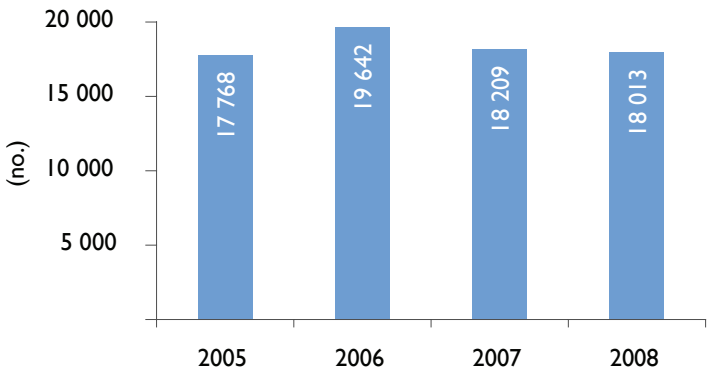
How many women are screened for breast cancer?

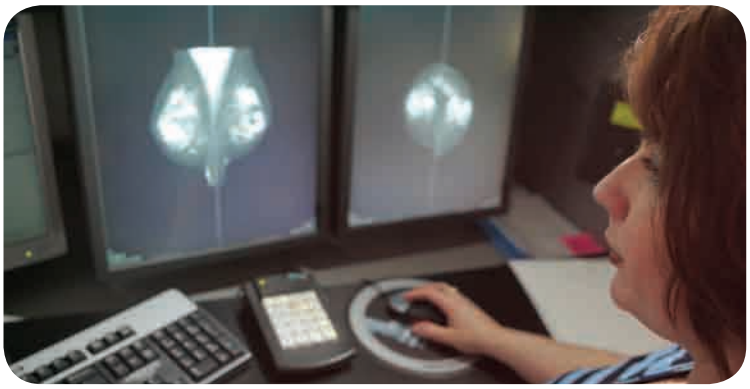
This is a measure of the number of eligible women screened for breast cancer. Although the target population is all Tasmanian women aged between 50 and 69 years, all women aged over 40 years are eligible for screening services. Screening for breast cancer amongst the eligible population occurs every 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 an 8.3 per cent decrease in the number of women screened in the nine months to March 2008, compared to the same screening cohort for the same period in 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 9 months ending March)



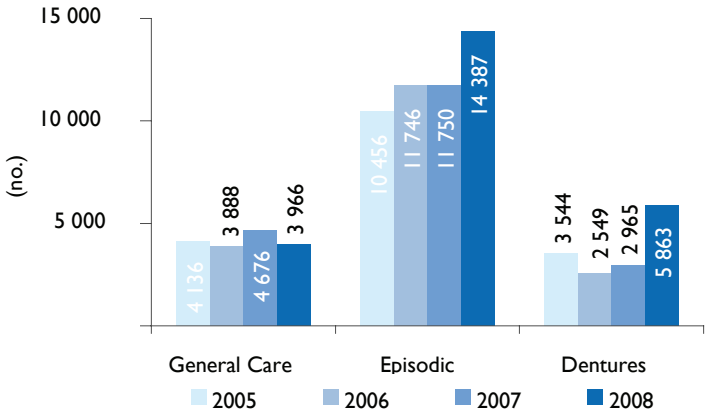


How many dental appointments have adults accessed?

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 24.9 per cent in the number of people using dental services in the nine months to 31 March 2008 compared to the same period in the previous year. This is evident in the 97.7 per cent increase in the dentures occasions of service to 5 863 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 9 months ending March)



How many dental appointments have children accessed?

There has been a decrease of 19.1 per cent in the number of times children accessed dental care for the nine months ending 31 March 2008, compared to the same period in the previous year.

Dental care for children is provided by therapists. Some resourcing issues that have resulted in a reduction in the availability of dental therapists have caused 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 Tasmania's capacity to see children.

A number of strategies are underway to address dental therapist training and recruitment, including a workforce re-entry program to assist those returning to dental therapy after more than five years absence, and consideration of options for undergraduate training for both Bachelor of Dental Surgery (dentists) and Bachelor of Oral Health (therapists/hygienists).

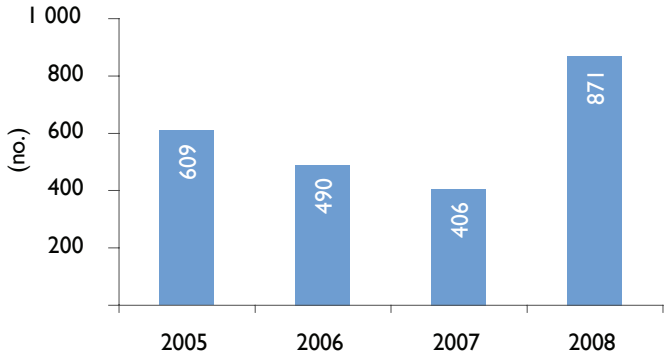
Figure 15: Children – occasions of service (for the 9 months ending March)

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.

In the nine month periods to March 2007 and March 2008, the number of people on the dentures waiting list increased by 114.5 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.

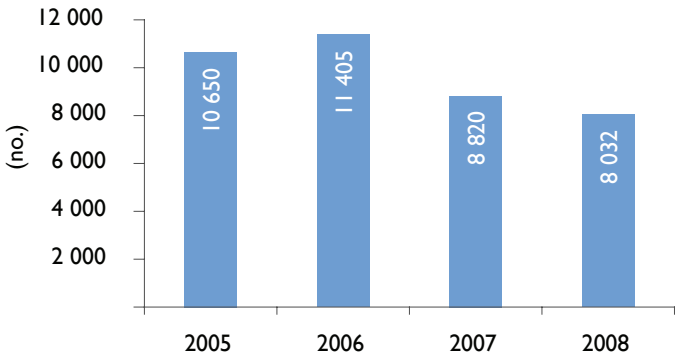
Figure 16: Dentures – waiting list (as at 31 March)



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 8.9 per cent in the nine months to March 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 other regions of the state in early 2008-09.

Figure 17: General care (adults) waiting list (as at 31 March)

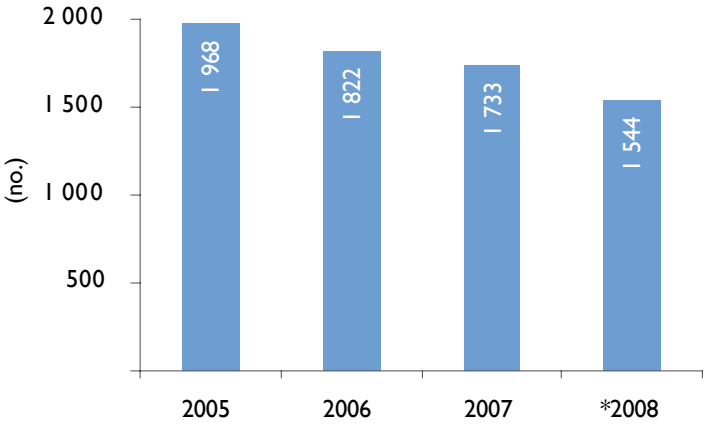


What is the activity rate in our mental health acute facilities?

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 10.9 per cent reduction in the number of inpatient admissions in the nine months to 31 March 2008 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 9 months ending March)



*The figure to March 2008 represents a projection

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 decline in the number of community and residential clients for the nine months to 31 March 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. 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 acessing mental health services.

Figure 19: Mental Health Services – community and residential – active clients (for the 9 months ending March)

*The figure to March 2008 represents a projection

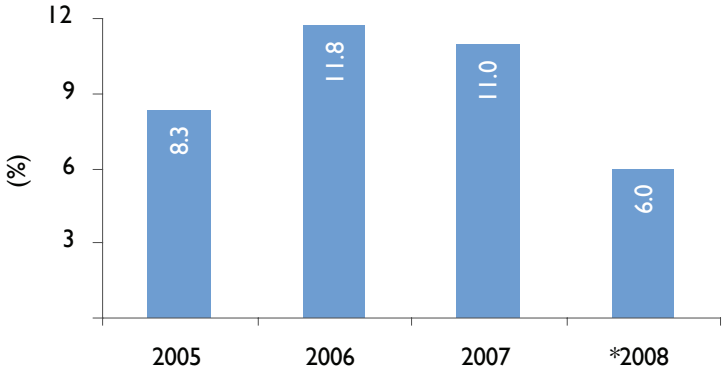
What is the rate of readmissions to acute mental health facilities?

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 9 months ending March)



*The figure to March 2008 represents a projection

How many people have been housed?

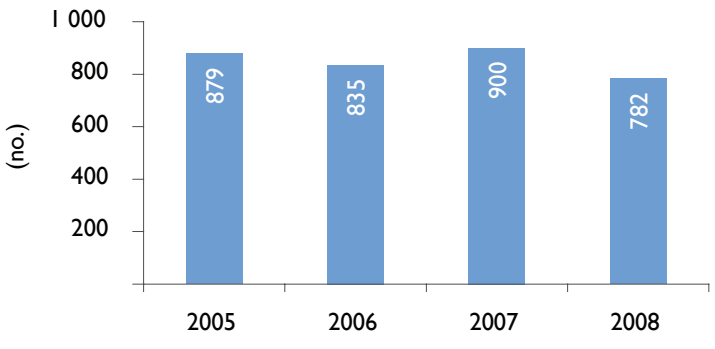
This information shows the average number of people per month who have been allocated new public housing.

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.

In the nine months to 31 March 2008 the number of applicants housed decreased by 13.1 per cent, compared to the same period in 2007.

As at 31 March 2008 there were 23 537 people living in public housing in Tasmania.

Figure 21: Number of applicants housed (average per month) (for the 9 months ending March)

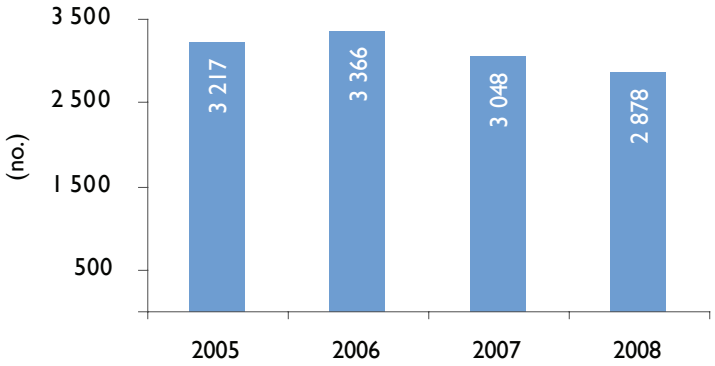


How many people receive private rental assistance?

2 878 households received assistance through the Private Rental Support Scheme in the nine months ending 31 March 2008, representing a 5.6 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 9 months ending March)

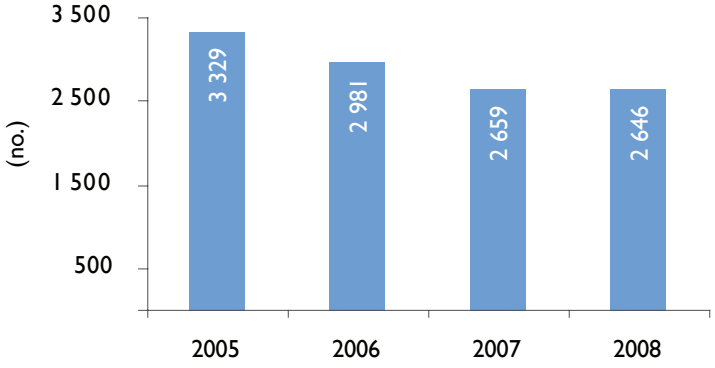


What are the waiting lists for public housing?

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

The waiting list for public housing has remained relatively stable for the nine months to March 2008, compared to the same period the previous year, largely due to a range of housing options introduced through the Affordable Housing Strategy. The Strategy assisted over 7 500 households to access public housing, private rental and home ownership initiatives from December 2004 to March 2008.

Figure 23: Number of applicants on waitlist (as at 31 March)



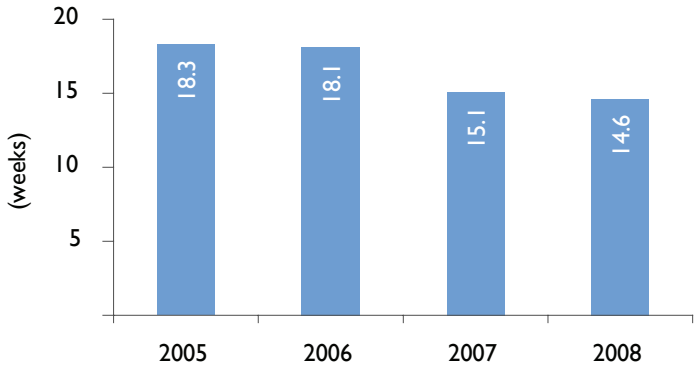
What is the usual wait for people with priority housing needs?

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 nine months to March 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 9 months ending March)



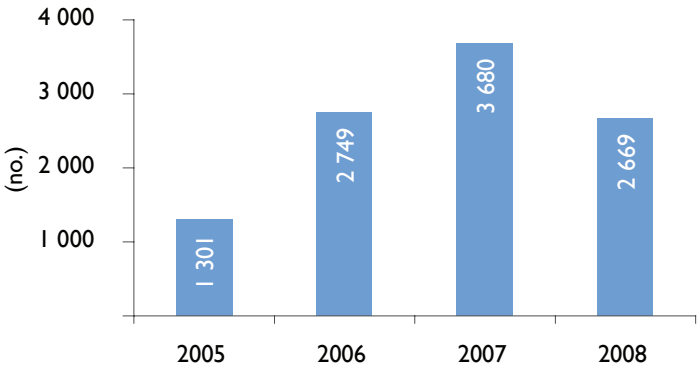
How many child protection cases are referred for investigation?

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.

While the March 2008 figure is expected to increase due to a delay in data becoming available, an overall decrease is expected in the number of referrals for the nine months to March 2008, compared to the same period to March 2007. The current project to redesign the Tasmanian family support service system is expected to affect a continued 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 9 months ending March)



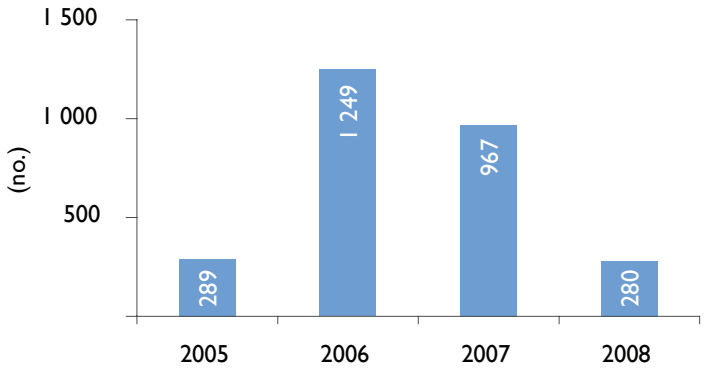
How many child protection notifications are not allocated within established time frames?

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

Intensive work on finalising and better managing cases has led to a significant reduction in the unallocated case list. This improvement will continue further as reforms in Child Protection take place. As at 31 March 2008, there was a 71 per cent decrease in the number of unallocated cases compared to the same date in the previous year, from 967 to 280.

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 31 March)



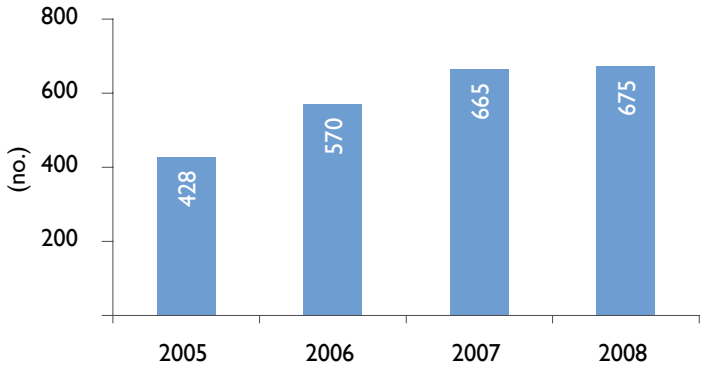
How many children are placed in out-of-home care?

The number of children in out-of-home care as at 31 March 2008 showed a slight increase compared to the same point in the previous year, from 665 to 675. However, more recent trends show that the number of children in out-of-home care decreased from 703 to 675 between 31 January and 31 March this year.

As part of the overall commitment of the Department 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 Department remains committed to providing safe placements for children affected by abuse and neglect, improved early intervention and support is expected to affect a continued reduction in the number of children in out-of-home care.

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 31 March)



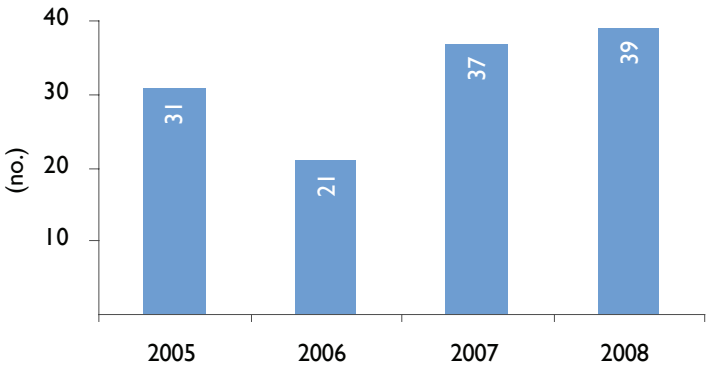
What are the waiting lists for people requiring supported accommodation?

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 March 2008, the supported accommodation waiting list increased by 5.4 per cent from 37 to 39 compared to the same period in 2007.

To assist in addressing unmet demand for supported accommodation, a project to examine future accommodation options for Tasmanians with a disability has commenced.

Figure 28: Disability Services – supported accommodation – waiting list (as at 31 March)



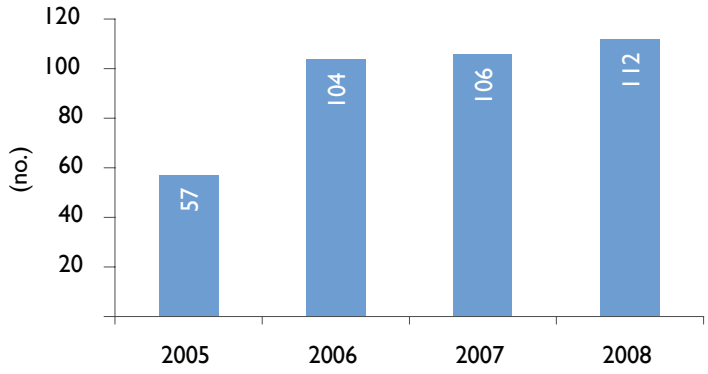
What is the waiting list for day options clients?

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 57 people at 31 March 2005 to 112 people at 31 March 2008. However, at the same time, the number of people receiving community access services also increased from 1 166 in 2003-04 to 1487 in 2006-07.

The Disability Services Review considered the roles of the government and non-government sectors in providing services to people with disabilities, particularly the efficiency and effectiveness of the current service delivery model in regard to access and quality issues.

Figure 29: Disability Services – day options clients – waiting list (as at 31 March)



Explanatory notes

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

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. However, the data in this report for the NWRH now only represents data from the Burnie campus, 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, and 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:

   - DEM Department of Emergency Medicine
   - LGH Launceston General Hospital
   - NWRH North West Regional Hospital
   - RHH Royal Hobart Hospital

CONTACT
Department of Health
and Human Services
GPO Box 125
Hobart TAS 7001
Telephone: 1300 135 513
www.dhhs.tas.gov.au