



Your Health and Human Services Progress Chart

Department of Health and Human Services
October 2006



Tasmania
Explore the possibilities

Your Health and Human Services Progress Chart



Lara Giddings, MHA

The Department of Health and Human Services provides vital services to communities across Tasmania when people get sick, when they need a hand, or when they fall on hard times.

More Tasmanians than ever before are being treated in our hospitals, using our ambulance services and accessing a wide range of community services. The assistance we provide includes public housing, child protection, dental services, disability services, family support, alcohol and drug services, environmental health and mental health services.

This year the Government will spend one third of the State budget on providing these services. That's \$1.3 billion to make Tasmanians healthier.

As Minister for Health and Human Services, I am seeking to better communicate our achievements and our challenges to the community. I have therefore made the commitment to improve the information provided to the community.

We work with the Commonwealth Government and Local Councils, with GPs and other health specialists, with community organisations, the private sector and communities to improve the health of all Tasmanians. It's a partnership effort.

The *Your Health and Human Services: Progress Chart* is an important way to let all Tasmanians know how our health services are performing and what we are doing to achieve a healthier community.

I commend this report to you.

A handwritten signature in white ink that reads "Lara Giddings". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Lara Giddings, MHA

Minister for Health and Human Services

October 2006

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What is the overall level of activity in our hospitals?

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 at a steady rate in recent years. The additional activity in each of our hospitals is a consequence of the additional capacity, including both staff and infrastructure, that has been built into the public system in recent years.

Figure 1: Admitted Patients – Number of Weighted Separations (for the 12 months ending 30 June)

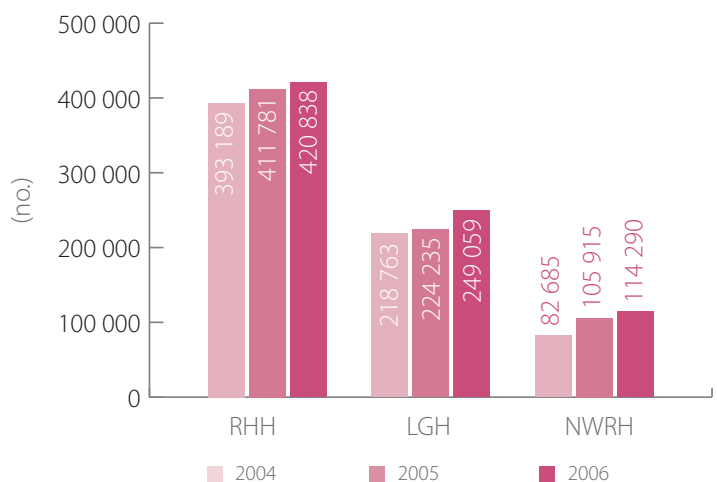


How many times have Tasmanians been treated in our outpatient clinics?

An outpatient is a person who receives medical services in a hospital or clinical setting, but does not require a stay in a hospital.

The number of occasions of service in each of our public hospitals' outpatient clinics has increased gradually over the past three years, with over 784 000 occasions of service for the twelve months ending 30 June 2006.

Figure 2: Outpatient Department, Occasions of Service (for the 12 months ending 30 June)



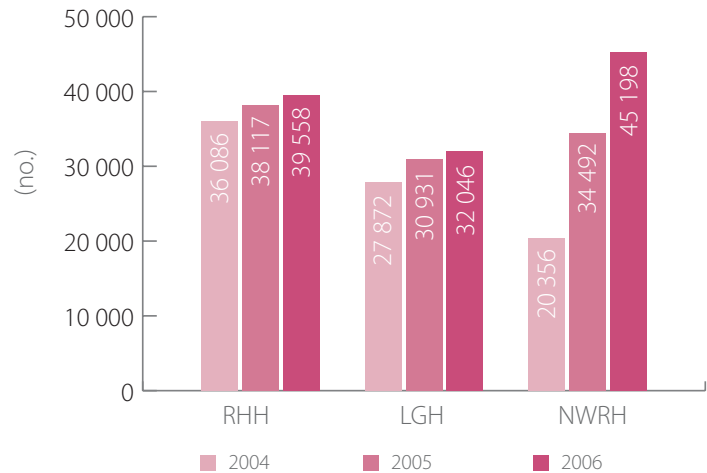
How busy are our emergency departments?

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.

This information shows the number of times people presented at our emergency departments across the state. Activity in our emergency departments has been increasing steadily in all hospitals, with an overall statewide increase of more than 13 per cent between 2004-05 and 2005-06.



Figure 3: Emergency Department Presentations (for the 12 months ending 30 June)



What is the average waiting time in our emergency departments for people requiring urgent treatment?

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 Australian College for Emergency Medicine has set a target of 80 per cent of Category 2 patients to be seen within 10 minutes. The most recent Australian average (2004-05) is 76 per cent (Source: Australian Hospital Statistics 2004-05).

It is anticipated that the redevelopment of the Department of Emergency Medicine at both the RHH and the LGH will increase the capacity to treat emergency patients more promptly.

Figure 4: Patients who were seen within the recommended timeframe for DEM Australian Triage Scale Category 2 (for the 12 months ending 30 June)

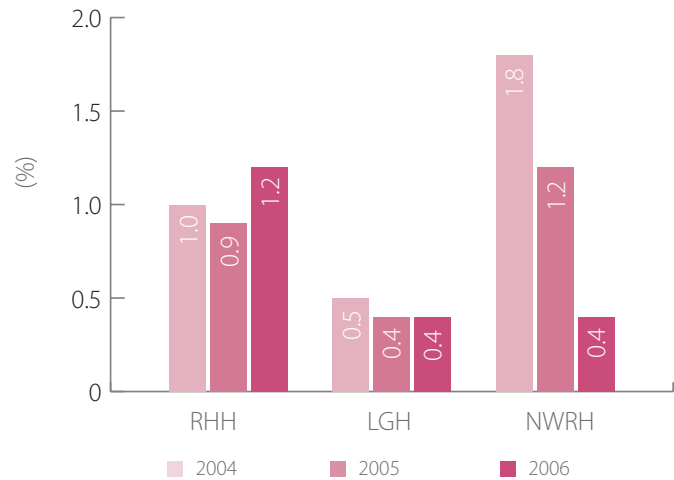


What is the rate of hospital readmissions?

This shows the percentage of people whose readmission to hospital within 28 days of discharge was unplanned and unexpected. This could be due to a relapse or a complication resulting from the illness for which the patient was initially admitted.

Tasmania's unplanned readmission rate remains well below the Australian average (2004) of 2.8 per cent for public hospitals (Source: ACHS Clinical Indicators Report for Australia and New Zealand 1998-2004).

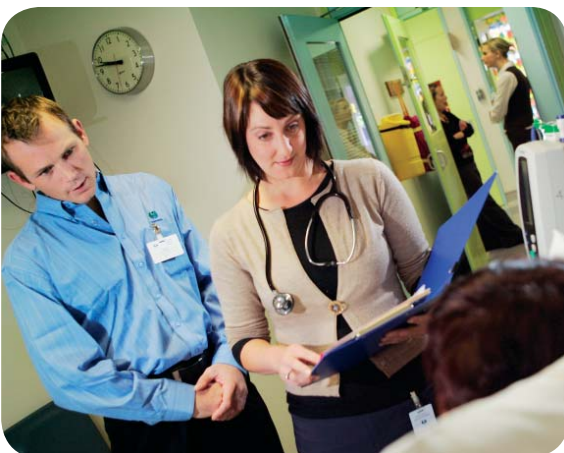
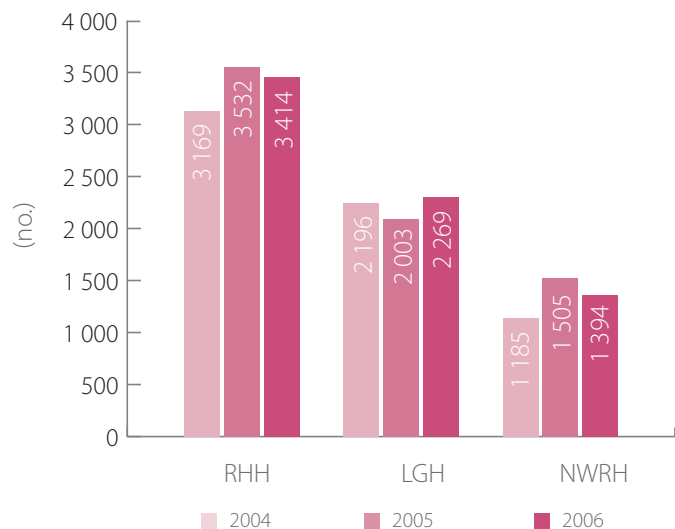
Figure 5: Unplanned Readmissions Within 28 Days (for the 12 months ending 30 June)



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 list at the LGH as at 30 September 2006 increased marginally compared to the 30 September 2005 figure, whereas the waiting list for both the RHH and the NWRH decreased over the same period. The total number of people on the waiting list remained relatively stable over this period.

Figure 6: Waiting List (as at 30 September)

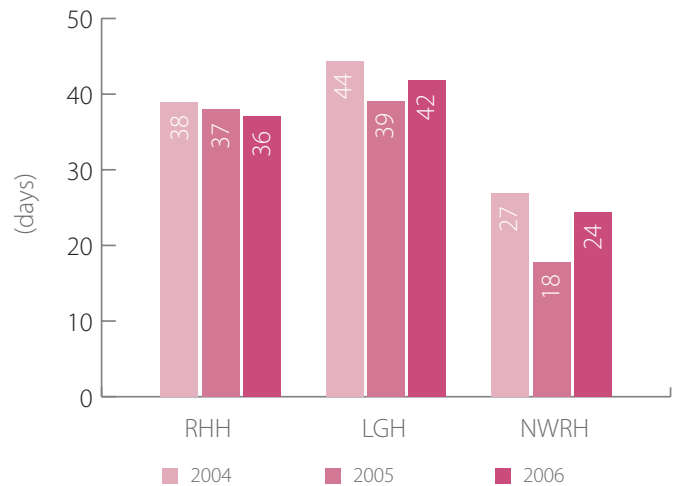


What is the usual time to wait for elective surgery?

A priority for Tasmanian hospitals in 2005-06 was to treat patients who had extended waiting periods. This contributed to slight increases in median waiting times for elective patients admitted from the waiting list at the LGH and NWRH, who concentrated on operating on patients who had been waiting the longest.

The combined median waiting times for elective patients between the September 2004 and September 2006 quarters in Tasmania has decreased slightly from 37 to 35 days.

Figure 7: Median Waiting Times for Elective Patients Admitted from the Waiting List (for the 3 months to 30 September)

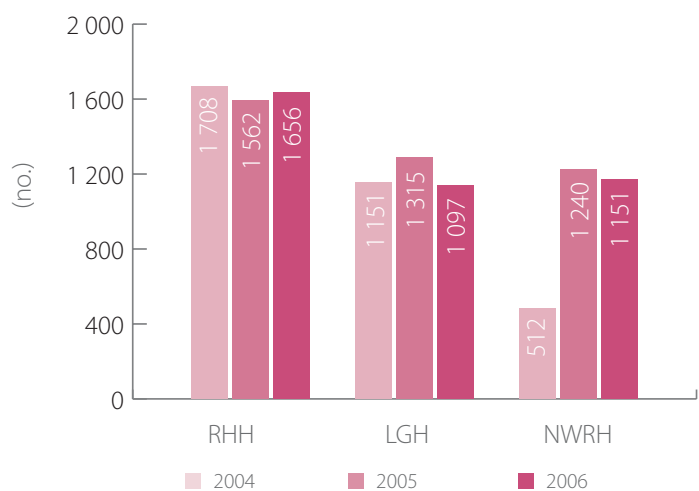


How many people were admitted from the elective surgery waiting list?

The number of patients admitted from the elective surgery waiting list in 2005-06 improved at the RHH for the three months to 30 September 2006, when compared to the same period in the previous year. Both the LGH and the NWRH experienced decreases over this same period.

It should be noted that elective surgery represents only a small part of activity in our hospitals – about 15 per cent of overall activity.

Figure 8: Admissions from Waiting List (for the 3 months ending 30 September)



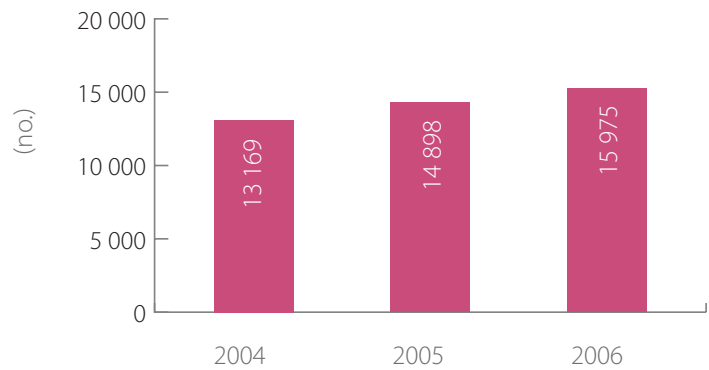
How many call outs has our Ambulance Service responded to?

An ambulance response occurs when a vehicle or vehicles are sent to a pre-hospital incident or accident. The total number of ambulance responses, which include emergency, urgent and non-urgent responses, increased by 7.2 per cent between the September 2005 and September 2006 quarters.

The increase 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.

In recent years, the capacity of the ambulance service has been increased through the provision of additional staff and ambulance stations to meet the growth in demand.

Figure 9: Total Ambulance Responses
(for the 3 months ending 30 September)



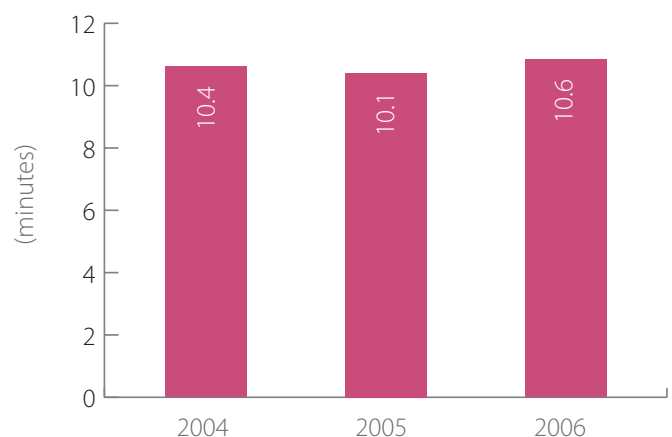
How quickly does our Ambulance Service respond to calls?

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 data is not strictly comparable between state jurisdictions due to the diverse combinations of urban and rural settings, Tasmania has a longer response time than other states. This is primarily because Tasmania has the largest proportion of its population dispersed throughout small rural areas.

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.

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

Figure 10: Ambulance (Emergency) Response Times
(for the 3 months ending 30 September)

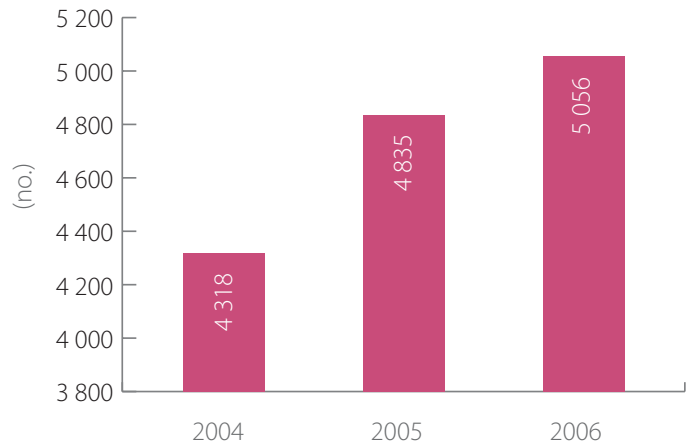


How many people access community palliative care services?

This indicator provides a measure of the number of clients assessed and admitted to the community (non inpatient) Palliative Care Service. The indicator shows a consistent and sustained utilisation of the service by clients with a life limiting illness.

Between 2003-04 and 2005-06 the number of clients accessing this service increased by 17.1 per cent.

Figure 11: Palliative Care – Clients Accessing the Service (for the 12 months ending 30 June)

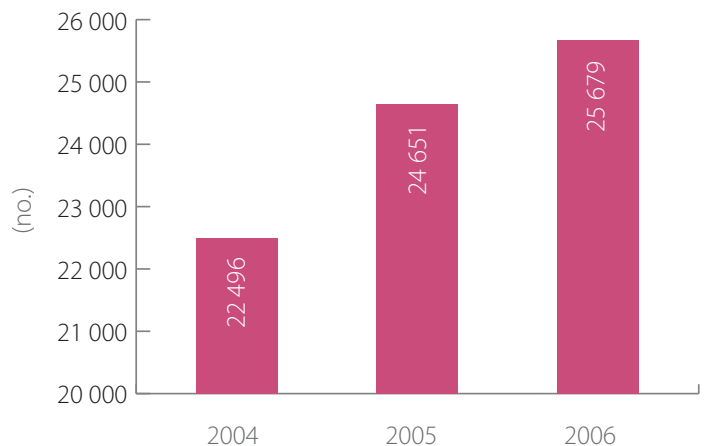


How many women are screened for breast cancer?

This indicator provides 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).

Figures for 2005-06 show the highest screening numbers on record, and a 14 per cent increase over the previous figures for the same screening cohort in 2003-04.

Figure 12: Eligible Women Screened for Breast Cancer (for the 12 months ending 30 June)



How many dental appointments have adults accessed?

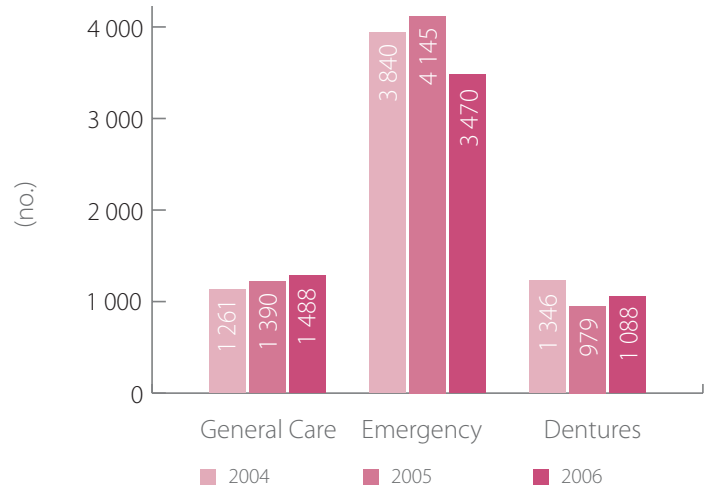
This information shows the number of appointments for all dental services (emergency care, general care and dentures) provided by Oral Health Services around the state.

The total number of people using dental services has remained relatively stable over recent years. However, there have been some fluctuations in the number of people accessing certain types of dental services.

Oral Health Services seeks to focus its services on preventative treatments (general care). However, its capacity to do so is dependent on the number of people needing emergency care and the number of dentists employed.

The slightly reduced demand for emergency care in the September 2006 quarter has enabled more general care to be provided.

Figure 13: Adults – Occasions of Service
(for the 3 months ending 30 September)



How many dental appointments have children accessed?

The number of times children accessed dental care in the three months to 30 September 2006 shows a considerable improvement over the same period in the previous year (7.5 per cent).

A growing national shortage of dental therapists is likely to continue to affect Oral Health Services' capacity to see children. Oral Health Services is working in partnership with the University of Tasmania to address this issue through the development of training for oral health professionals within Tasmania.

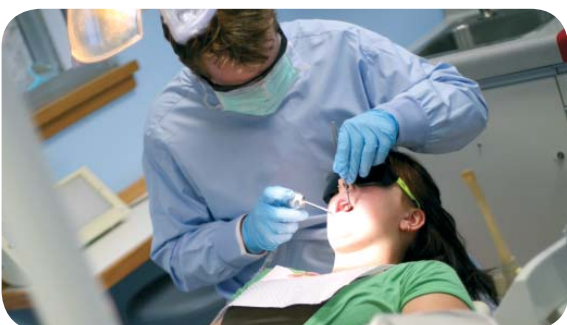
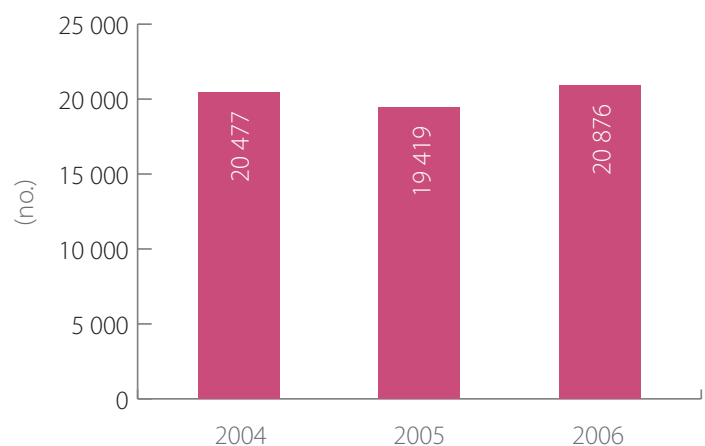


Figure 14: Children – Occasions of Service
(for the 3 months ending 30 September)



What are the waiting lists for Oral Health Services?

This indicator provides a measure of the number of people waiting for full (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 uses private providers to help address denture demand.

While there has been an increase in the number of people on the dentures waiting list as at September 2006, the overall trend in recent years has been a decrease. Between June 2002 and June 2006, the number of people on the denture waiting list decreased by 604 or 55 per cent.

This 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. The sharp decline in the wait list between the September 2005 and September 2006 quarters was primarily due to an audit of the list. Clients who no longer required care, who were no longer eligible for care, or who failed to respond to two letters were removed from the list.

Oral Health Services has received funding to purchase care in the private sector for those on the waiting list. This should commence in early 2007.

Figure 15: Dentures Waiting List (as at 30 September)

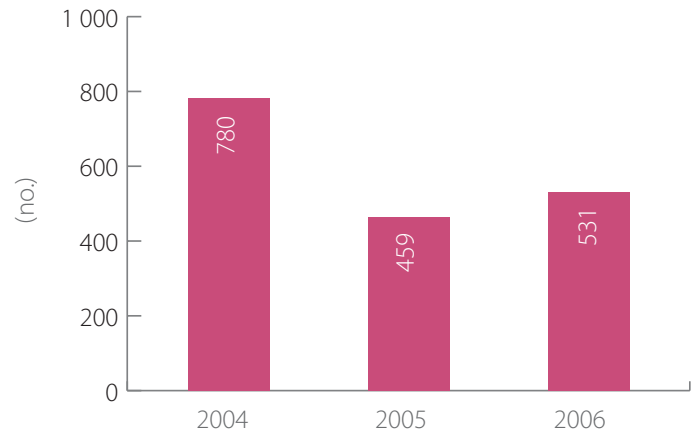
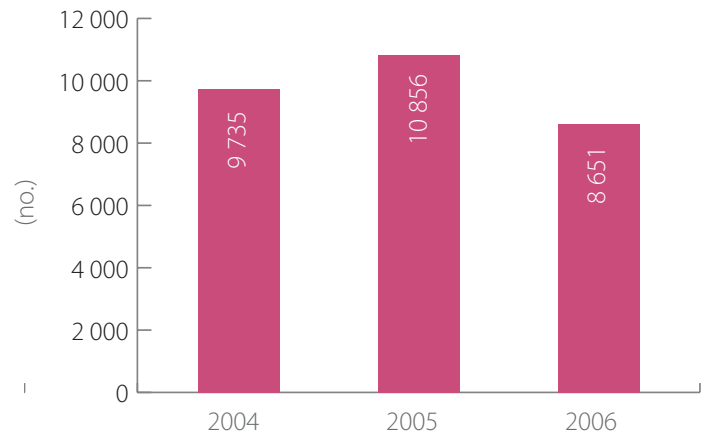


Figure 16: General Care (Adults) Waiting List (as at 30 September)



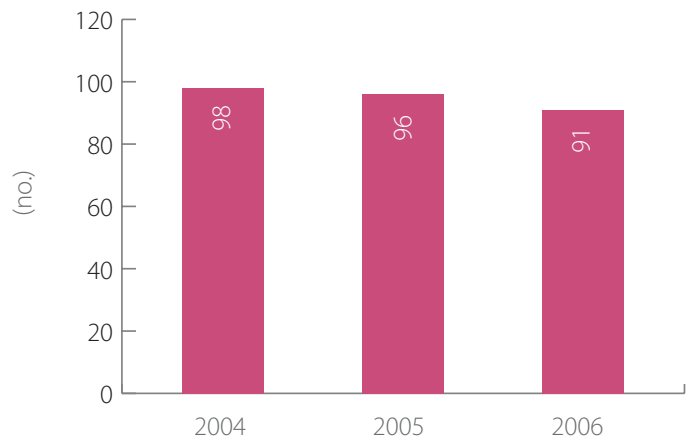
How many people have been housed?

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 of 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 June 2006 there were 23 740 people living in public housing in Tasmania.

Figure 17: Number of Applicants Housed (average per month for the 12 months ending 30 June)

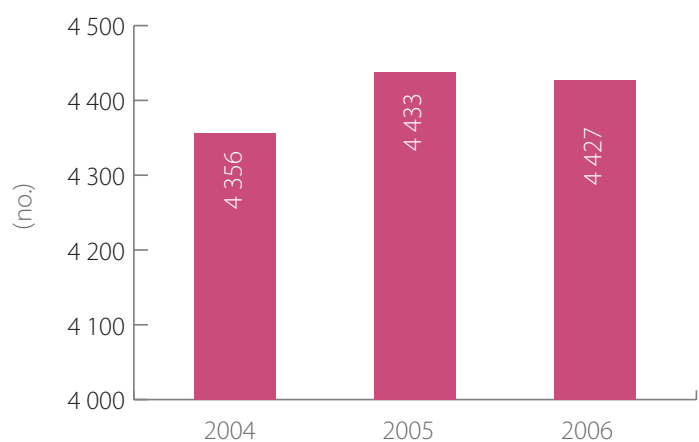


How many people receive private rental assistance?

This indicator measures the number of households that have been provided with private rental assistance in a year. Around 4 400 households receive assistance through the Private Rental Support Scheme each year, with an increasing number of households assisted by the expanded program introduced through the *Affordable Housing Strategy*.



Figure 18: Number of Households Assisted through the Private Rental Support Scheme (for the 12 months ending 30 June)



What are the waiting lists for public housing?

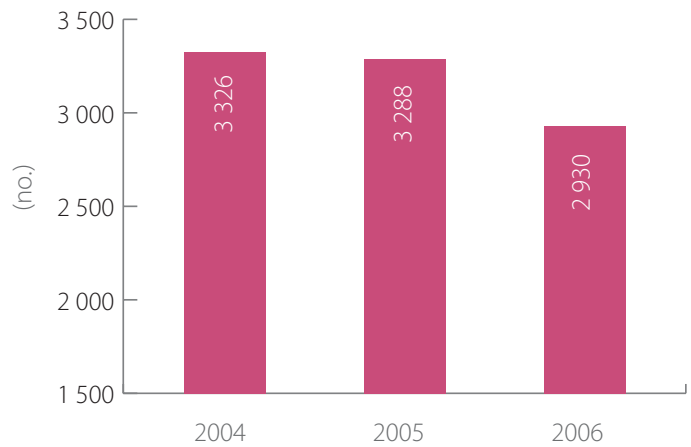
This indicator measures the total number of people waiting for public housing as at 30 June.

The wait list has declined by 12 per cent over the past three years, largely due to a range of housing options introduced through the *Affordable Housing Strategy*. The Strategy assisted over 3 800 households to access public housing, private rental and home ownership initiatives up to the end of June 2006.

The establishment of the Affordable Housing Organisation will increase the participation of the private and not-for-profit sector investors in the provision of affordable housing, thereby further reducing waiting lists.



Figure 19: Number of Applicants on Waitlist (as at 30 June)

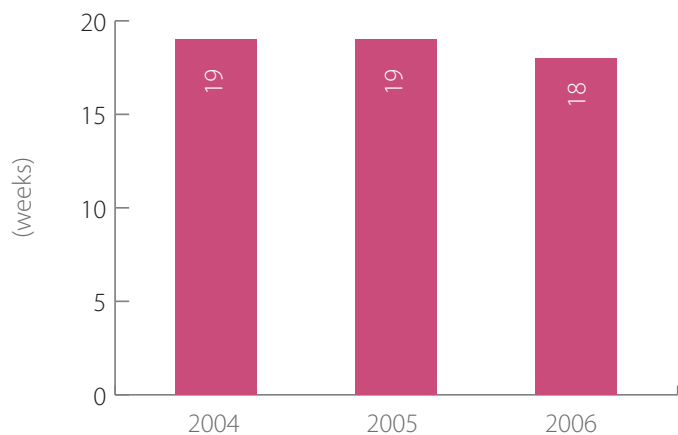


What is the usual wait for people with priority housing needs?

This shows 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.

There is no national comparison available for time to house Category 1 applicants (as jurisdictions determine priority allocations according to their own policies). However, against the Commonwealth State Housing Agreement performance indicator "Priority access to those in greatest need", Tasmania considerably exceeds the national average. 93 per cent of all new allocations in Tasmania are to those in greatest need. This compares favourably with the national average of 37.7 per cent.

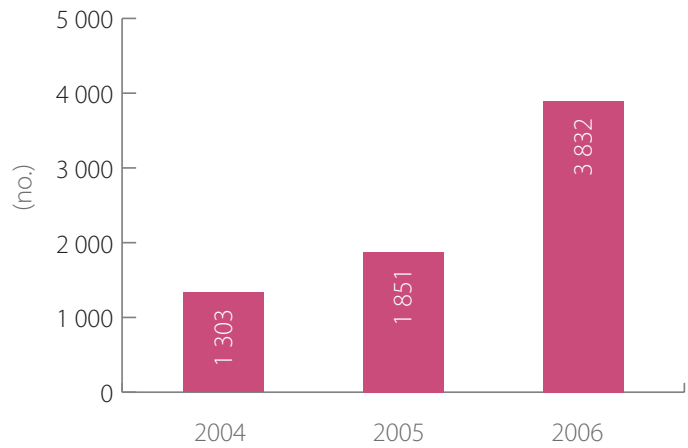
Figure 20: Average Time to House Category 1 Applicants (for the 12 months ending 30 June)



How many cases (child protection) are referred for investigation?

The number of notifications of child abuse and neglect that were referred for further investigation has more than doubled over the past twelve months. This increase is due, in part, to changes to legislation that have resulted in a significant increase in the number of police notifications about children affected by family violence.

Figure 21: Number of Notifications Referred to Service Centres for Further Investigation (for the 12 months ending 30 June)



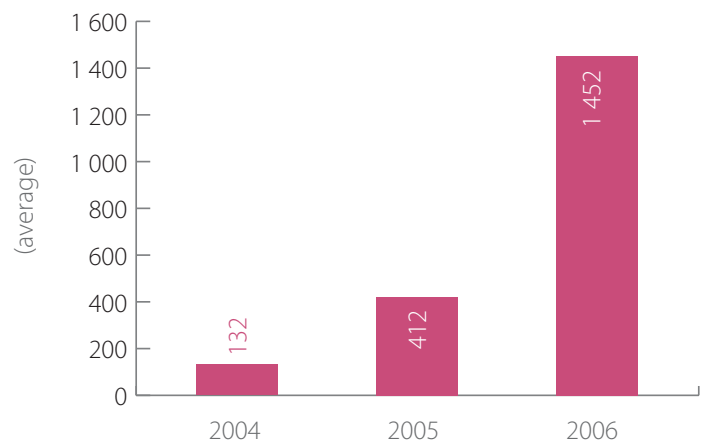
How many notifications (child protection) are not allocated?

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

The significant increase in numbers over the past few years is attributed to an increase in notifications due to the *Safe at Home* initiative, and a corresponding increase in the number of Priority 1 notifications which take more time to investigate than notifications of a lower priority. Together, these circumstances have contributed to an increase in the number of Priority 2 and Priority 3 notifications that have not been allocated within the standard timeframes.

A number of steps are being taken to identify strategies to address the significant upward trend in the number of unallocated cases.

Figure 22: Child Abuse or Neglect: Number of Unallocated Cases (as at 30 June)

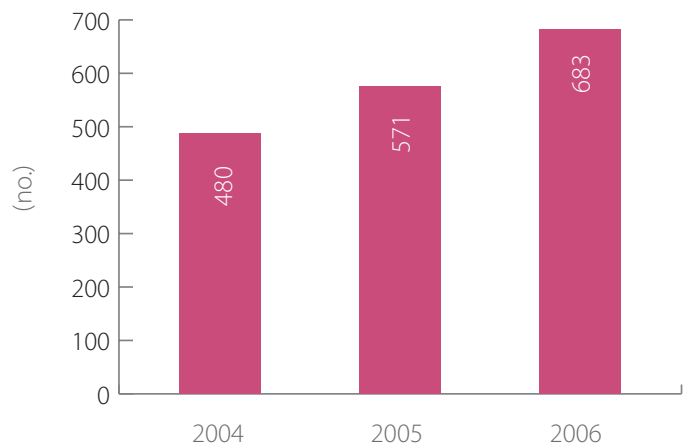


How many children are placed in out-of-home care?

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

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 family violence.

**Figure 23: Children in Out-of-Home Care
(as at 30 June)**



Explanatory notes

1. This edition of *Your Health and Human Services: Progress Chart* presents data as at 30 June in most instances. However, where available, data as at 30 September has been used. Data as at 30 September is provided for the following indicators:
 - Elective surgery waiting list;
 - Median waiting times for elective patients admitted from the waiting list;
 - Admissions from the elective surgery waiting list;
 - Total number of ambulance responses;
 - Ambulance emergency response times;
 - Oral Health Services – occasions of service for adults;
 - Oral Health Services – occasions of service for children;
 - Oral Health Services – dentures waiting list; and
 - Oral Health Services – general care waiting list for adults.
2. It should be noted that from December 2004, patient activity at the Mersey Campus has been included in the figures for the North West Regional Hospital, as the Government assumed management of the facility from that date. Consequently, direct comparisons with previous years are not possible for the North West Regional Hospital. Over time, directly comparable information will be available.
3. The following acronyms are used in this report:
 - RHH Royal Hobart Hospital
 - LGH Launceston General Hospital
 - NWRH North West Regional Hospital
 - DEM Department of Emergency Medicine



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