Your Health and Human Services

Progress Chart

March 2011

Department of Health and Human Services

Tasmania
Explore the possibilities

Published by Policy, Information and Commissioning, Department of Health and Human Services, Tasmania.

© Copyright State of Tasmania, Department of Health and Human Services, 2011.

This publication is copyright. No part may be reproduced by any process except in accordance with the provisions of the *Copyright Act 1968.*

Published on www.dhhs.tas.gov.au

March 2011

ISSN 1823-3015

A note about the *MyHospitals* Website

The *MyHospitals* Website, launched on 10 December 2010, is an Australian Government initiative to inform the community about hospitals by making it easier for people to access information about how individual hospitals are performing. The website provides information about bed numbers, patient admissions and hospital accreditation, as well as the types of specialised services each hospital provides. The website also provides comparisons to national public hospital performance statistics on waiting times for elective surgery and emergency department care.

The website may present data on similar activity or performance indicators to those included in the *Your Health and Human Services (YHHS): Progress Chart.* Different figures for similar indicators may be observed between the two publications. This is because data provided by Tasmania for publication on the *MyHospitals* website must comply with agreed national data standards. On occasion, these standards may differ from those applied by the Department of Health and Human Services in the publication of the *YHHS: Progress Chart.*

The *YHHS: Progress Chart* is currently being reviewed to assess how it can complement the data presented on the *MyHospitals* Website.

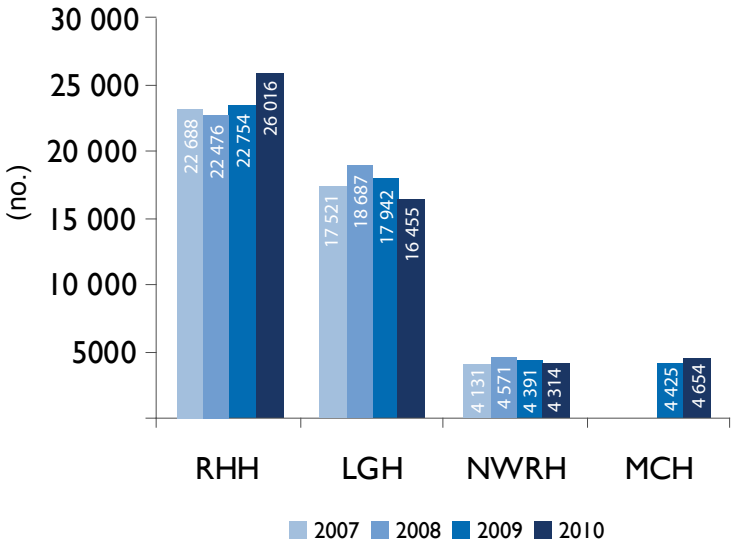
What is the overall level of activity in our hospitals?

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.

In the six months ending 31 December 2010 compared to the same period in the previous year, the number of raw separations:

- increased by 14.4 per cent at the RHH.
- was not directly comparable with data from previous years for the LGH (see explanatory note 1).
- remained steady at the NWRH.
- increased by 5.2 per cent at the MCH (for the MCH, data prior to 2009 is unavailable - see explanatory note 2).

Figure 1: Admitted patients – number of raw separations (for the 6 months ending December)

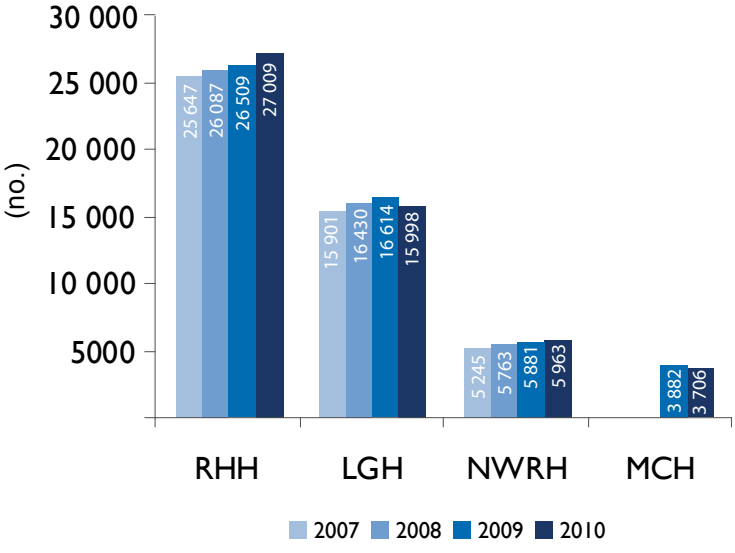


Weighted separations show the level and complexity of the work done in public hospitals by combining two measures: the number of times people come into hospital and how ill people are when they come into hospital.

In the six months ending 31 December 2010 compared to the same period in the previous year, the number of weighted separations:

- increased by 1.9 per cent at the RHH.
- was not directly comparable with data from previous years for the LGH (see explanatory note 1).
- remained steady at the NWRH.
- decreased by 4.5 per cent at the MCH (data prior to 2009 is unavailable - see explanatory note 2).

Figure 2: Admitted patients – number of weighted separations (for the 6 months ending December)



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

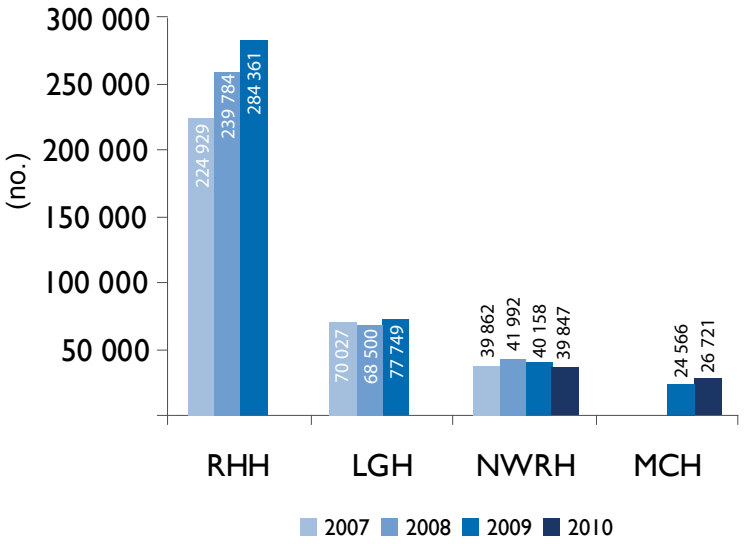
An outpatient is a patient who is not hospitalised overnight but who visits a hospital, clinic or associated facility for diagnosis or treatment and is not formally admitted as a patient.

Outpatient data availability has been affected by the transition to a new patient administration system in October 2009. As a consequence, data for both the RHH and LGH remains unavailable for 2010.

For the other two hospitals, in the six months ending 31 December 2010 compared to the same period in the previous year, the number of outpatient occasions of service:

- remained steady at the NWRH.
- increased by 8.8 per cent at the MCH (data prior to 2009 is unavailable - see explanatory note 2).

Figure 3: Outpatient Department – occasions of service (for the 6 months ending December)



How busy are our emergency departments?

Emergency department services are provided at each of the State's major public hospitals. Emergency departments (EDs) provide care for a range of illnesses and injuries, particularly those of a life-threatening nature. Figure 4 shows the number of times that people presented at our EDs across the state.

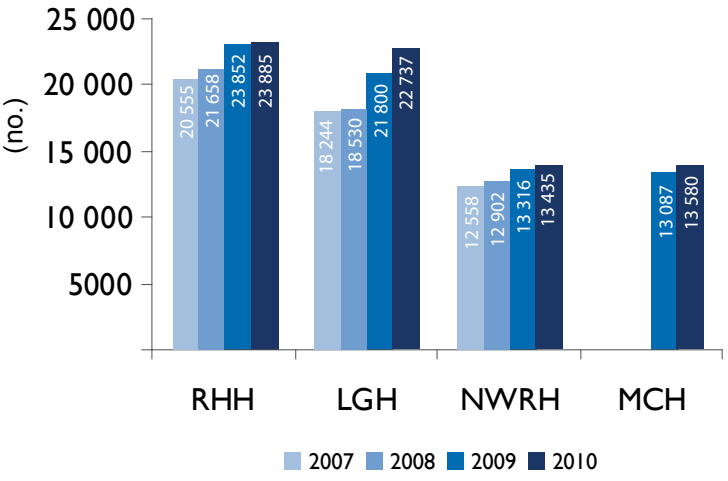
In the six months ending 31 December 2010, compared to the same period in the previous year, ED presentations remained steady at the RHH and at the NWRH. At the other hospitals presentations increased:

- by 4.3 per cent at the LGH.
- by 3.8 per cent at the MCH (data prior to 2009 is unavailable - see explanatory note 2).

A range of initiatives have been introduced to address ED demand and performance issues, and hospital patient flows. These initiatives are broadly aimed at:

- the diversion of patients who do not need ED care to more appropriate service providers.
- addressing physical facilities and staffing within EDs, and the patient management protocols and procedures within EDs to maximise overall efficiency.
- improving patient flow within hospitals to free up inpatient beds.

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



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

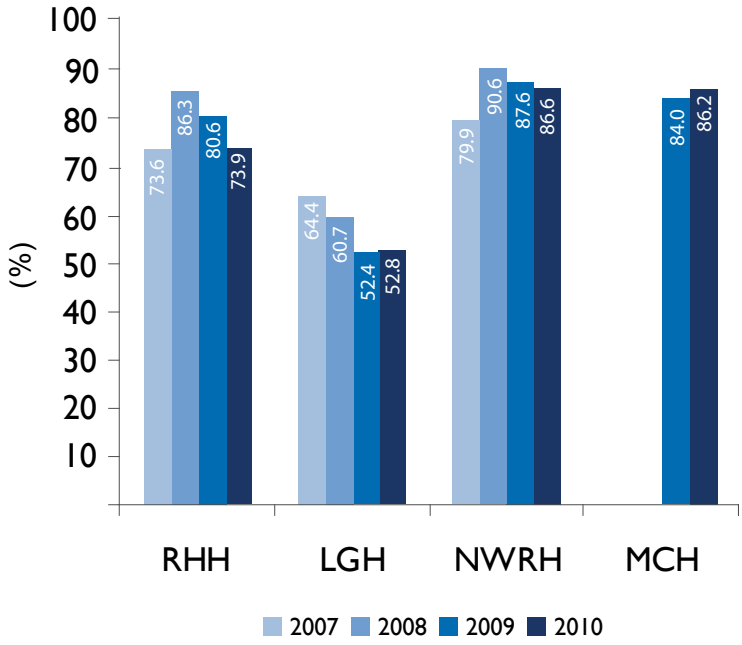
Australian Triage Scale Category 2 patients are those who require emergency treatment for very severe pain or imminently life-threatening or time-critical treatment. The Australasian College for Emergency Medicine has set a national benchmark of 80 per cent of Category 2 patients to be seen within 10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

At both the NWRH and MCH, performance remains at levels above the 80 per cent national benchmark. However, at the RHH and LGH, performance levels are below the benchmark.

In the six months to 31 December 2010 compared to the same period in the previous year, the percentage of Category 2 patients seen within the recommended timeframe:

- decreased from 80.6 per cent to 73.9 per cent at the RHH.
- increased from 52.4 per cent to 52.8 per cent at the LGH.
- decreased from 87.6 per cent to 86.6 per cent at the NWRH.
- increased from 84 per cent to 86.2 per cent at the MCH (data prior to 2009 is unavailable - see explanatory note 2).

Figure 5: Patients who were seen within the recommended time frame for Emergency Department Australian Triage Scale Category 2
(for the 6 months ending December)

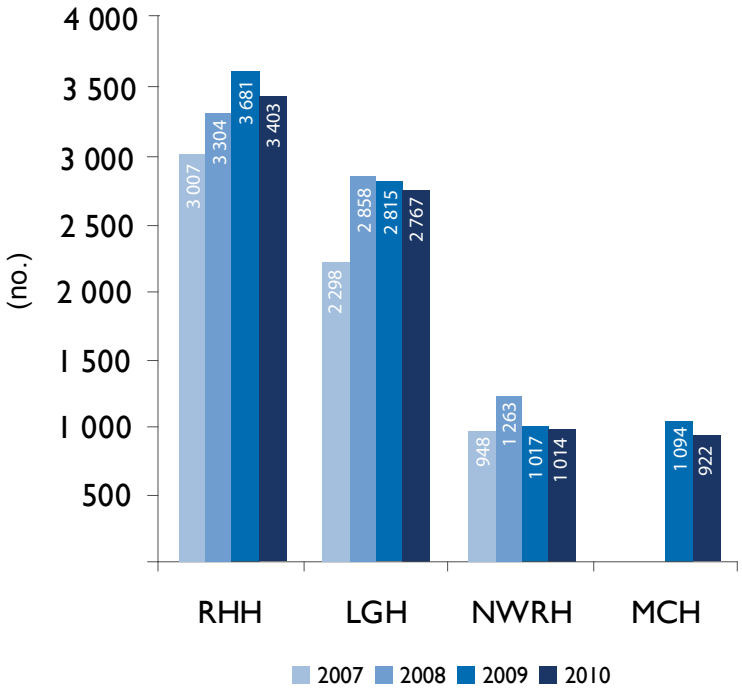


How many people were admitted from the elective surgery waiting list?

The National Partnership Agreement on the *Elective Surgery Waiting List Reduction Plan* was an agreement between the Commonwealth and State and Territory Governments to reduce the number of Australians waiting longer than clinically recommended times for elective surgery during the period July 2009-December 2010. The Agreement provided for reward payments to be made in recognition of improved performance.

Part 1 of the Agreement aimed at increasing the volume of elective surgery admissions and established a performance benchmark for Tasmania of 21 668 elective surgery admissions between 1 July 2009 and 30 December 2010. By the end of December 2010, Tasmania had exceeded this target with 24 616 admissions recorded, 13.6 per cent above the target.

Figure 6: Admissions from waiting list (for the 6 months ending December)



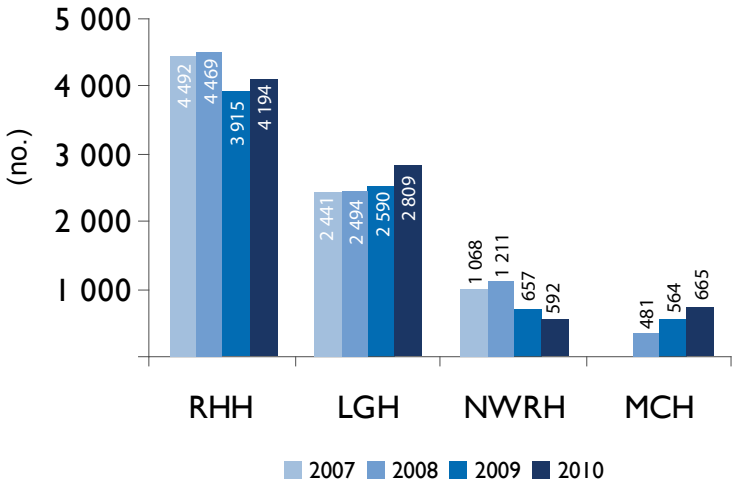
What is the waiting list for elective surgery?

This information shows the number of patients waiting for elective surgery who are ready to accept an offer of admission to hospital.

As at 31 December 2010 compared to the same time in the previous year, the number of patients waiting for elective surgery:

- increased by 7.1 per cent at the RHH.
- increased by 8.5 per cent at the LGH.
- decreased by 9.9 per cent at the NWRH.
- increased by 17.9 per cent at the MCH.

Figure 7: Waiting List (as at 31 December)



What is the usual time to wait for elective surgery?

Generally, the key question for patients requiring surgery is not how many patients are on lists but how long they wait for their surgery.

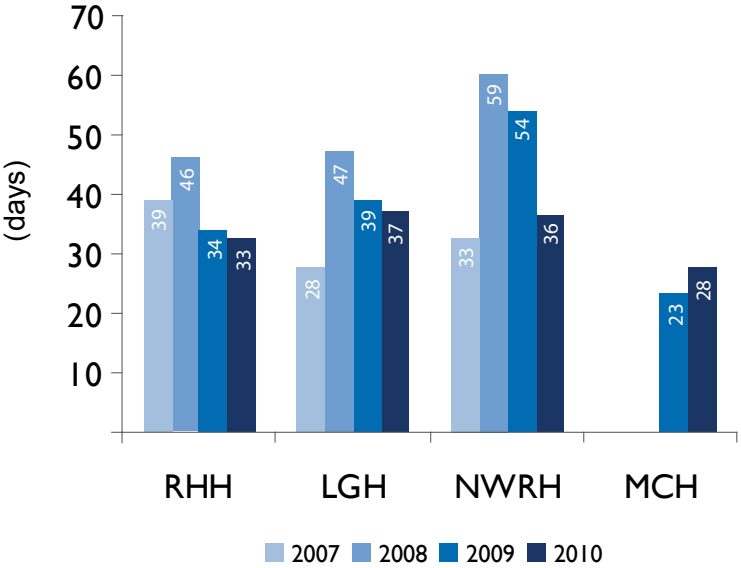
The *Elective Surgery Waiting List Reduction Plan* National Partnership Agreement aimed to improve elective surgery waiting list management. For Tasmania, it established a median wait time performance benchmark of less than or equal to 48 days for patients admitted from the waiting list.

In the six months ending 31 December 2010 compared to the same period in the previous year, the median waiting times for elective patients admitted from the waiting list:

- decreased from 34 to 33 days at the RHH.
- decreased from 39 to 37 days at the LGH.
- decreased from 54 to 36 days at the NWRH.
- increased from 23 days to 28 days at the MCH (data prior to 2009 is unavailable - see explanatory note 2).

All Tasmanian hospitals therefore achieved the performance benchmark of less than or equal to 48 days.

Figure 8: Median waiting times for elective patients admitted from the waiting list (for the 6 months ending December)



How many call outs has our Ambulance Service responded to?

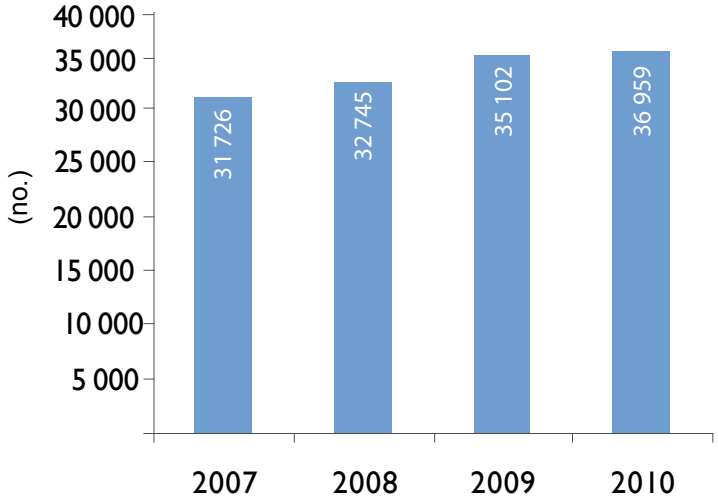
An ambulance response occurs when a vehicle or vehicles are sent to a pre-hospital incident or accident. This measure for the total ambulance responses includes emergency, urgent and non-urgent responses.

In the six months ending 31 December compared to the same period in the previous year, the total number of ambulance responses increased by 5.3 per cent.

Of the main response categories, emergency responses increased by 1 600 cases (8.5 per cent), and non-urgent responses increased by 970 cases (25.4 per cent) compared to the same period the previous year.

Although the exact reasons for the increase in total number of responses are not known, key contributing factors to the increased demand are 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 6 months ending December)



How quickly does our Ambulance Service respond to calls?

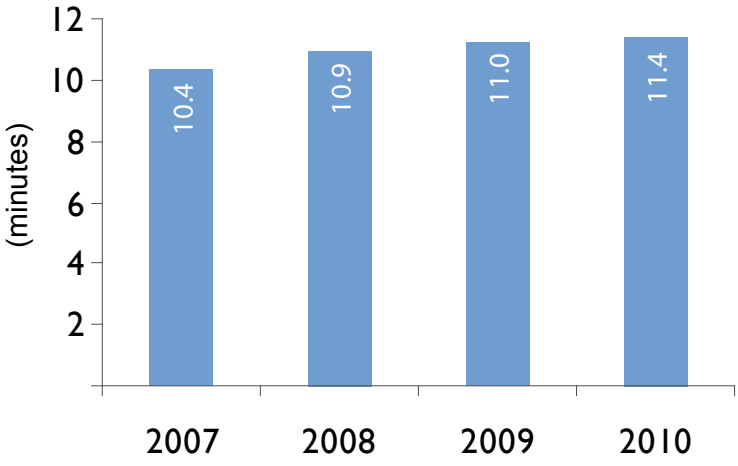
The ambulance emergency response time is the time difference between the time when an emergency 000 call is received at the ambulance communications centre and when the ambulance arrives at the location to treat the sick or injured patient. The median response time is the time within which 50 per cent of emergency cases are responded to.

In the six months ending 31 December 2010, median emergency response times for the more populated areas of Tasmania were: Hobart (10.7 minutes), Launceston (10.2 minutes), Devonport (9.1 minutes) and Burnie Somerset (9.6 minutes).

For Tasmania as a whole, in the six months ending 31 December 2010 compared to the same period in the previous year, there was an increase of 24 seconds in the median emergency response time.

Persistent high levels of demand can negatively impact response performance by around one minute per year. Strategies to reduce the impact of demand are a focal point of Ambulance Tasmania operations. High levels of ramping at hospital Emergency Departments can also lead to a deterioration in the ability of Ambulance Tasmania to respond in an emergency.

Figure 10: Ambulance emergency response times (for the 6 months ending December)



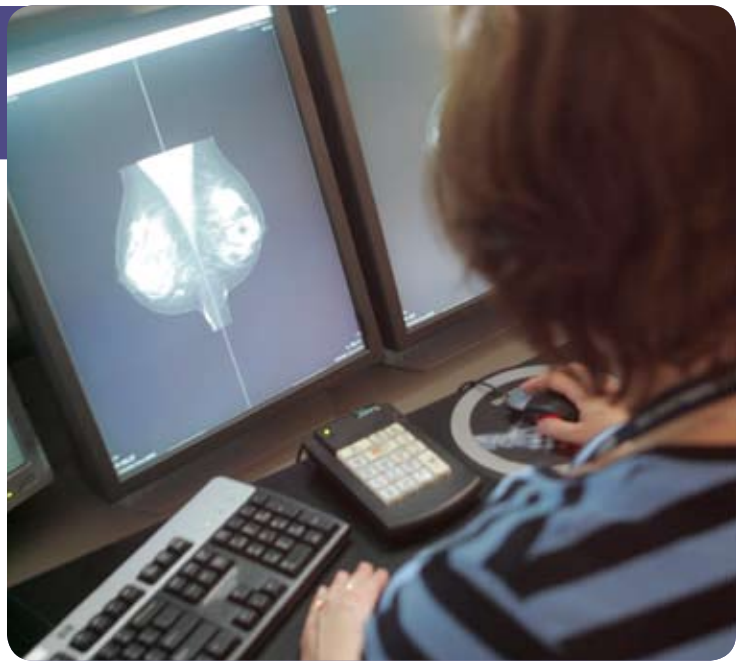
How many people access community palliative care services?

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.

In the six months ending 31 December 2010 compared to the same period in the previous year, the number of clients accessing the service decreased by 221.

Figure 11: Palliative Care – clients accessing the service (for the 6 months ending December)

How many women are screened for breast cancer?



This is a measure of the number of eligible women screened for breast cancer. 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.

In September 2010 BreastScreen Tasmania commenced replacement of analogue mammography equipment with new state-of-the-art Full Field digital mammography equipment.

While down-time associated with these works resulted in a slight decrease in the number of women screened compared to the six months to December 2009, the number of women screened represents an increase of 6.6 per cent compared to the same screening cohort for the same period in 2008.

Increasing the number of women screened for breast cancer is necessary to keep pace with growth in the eligible population.

The Service continues to actively address workforce shortages with the recruitment and utilisation of locum radiographers and interstate radiology reading services.

Figure 12: Eligible women screened for breast cancer (for the 6 months ending December)

How many dental appointments have adults accessed?

This indicator shows the number of occasions of service for all dental services (episodic care, general care and prosthetics) provided around the State. It should be noted that outsourced general care provided by the private sector is excluded from these figures.

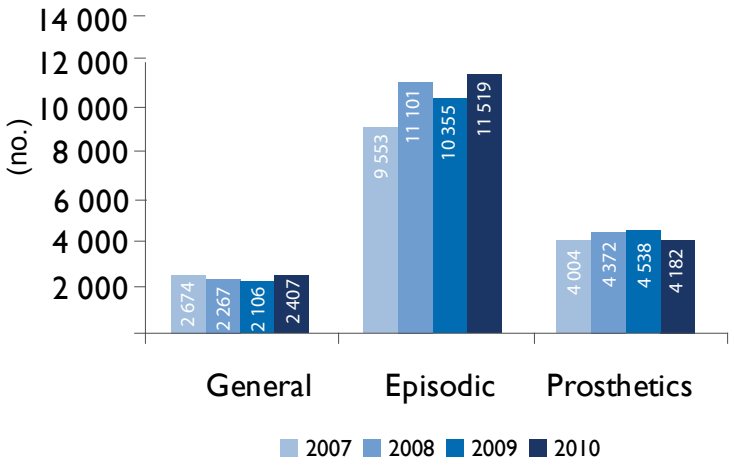
In the six months ending 31 December 2010, compared to the same period in the previous year, there was:

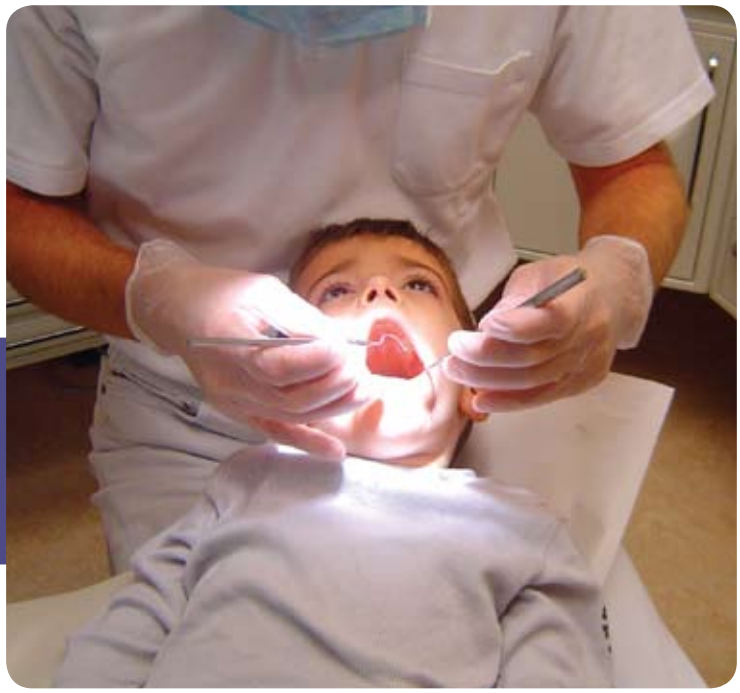
- a 14.3 per cent increase in the number of general occasions of service.
- a 11.2 per cent increase in the number of episodic occasions of service.
- a 7.9 per cent decrease in the number of prosthetics occasions of service.

Prosthetics activity has been lower due to infrastructure upgrades of statewide laboratory facilities, temporarily slowing production.

Additionally, variations in levels of activity reflect fluctuating numbers within the public sector dental workforce. A range of recruitment and retention strategies are in place to increase and sustain clinician numbers.

Figure 13: Adults – occasions of service (for the 6 months ending December)



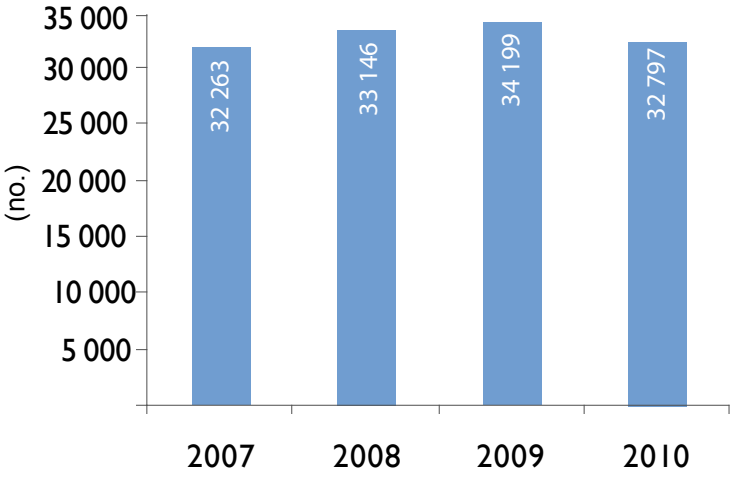


How many dental appointments have children accessed?

In the six months ending 31 December 2010 compared to the same period in the previous year, there has been a 4.1 per cent decrease in the occasions of service for children receiving dental care.

Dental care for children is provided by dental therapists. An ageing workforce and a growing national shortage of dental therapists are likely to continue to affect oral health services into the future.

Figure 14: Children – occasions of service (for the 6 months ending December)



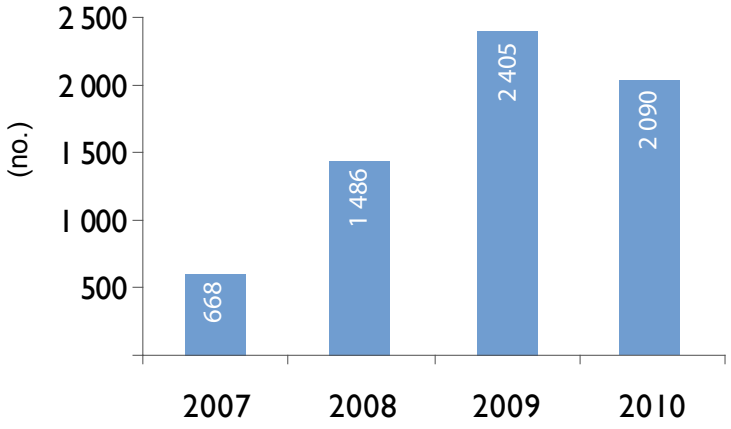
What are the waiting lists for oral health services?

The dentures waiting list indicator provides a measure of the number of people waiting for upper and/or lower dentures.

As at 31 December 2010 compared to the same time in the previous year, there was a significant 13.1 per cent decrease in the dentures waiting list. This follows the provision of additional resources to purchase services from the private sector and increase internal capacity to address denture demand.

Waiting list growth up to 2009 reflects increased demand following the purchase of additional general care services from the private sector.

Figure 15: Dentures – waiting list (as at 31 December)

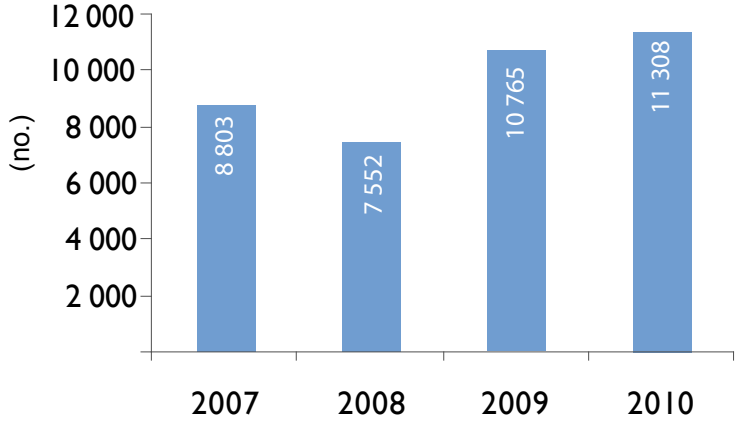


The general care (adults) waiting list indicator shows the number of adults waiting for general care oral health services.

As at 31 December 2010 compared to the same time in the previous year, there has been a 5 per cent increase in the general care waiting list.

Despite this increase, the purchase of services from the private sector over the last three years has seen a decrease in the median waiting time meaning that clients on the waiting list receive more timely care.

Figure 16: General care (adults) – waiting list (as at 31 December)



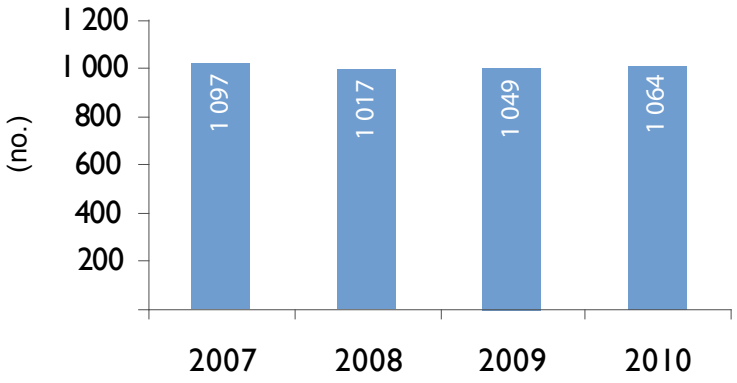
What is the activity rate in our mental health acute facilities?

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

Activity rates are affected by the level of demand for services, the readmission rate, and service capacity to admit clients who may be of lower acuity.

In the six months ending December 2010 compared to the same period in the previous year, the number of people recorded as being treated in acute settings increased by 1.4 per cent. The recording of inpatient separation data has increased due to improved data collection and reporting procedures.

Figure 17: Mental Health Services – inpatient separations (for the 6 months ending December)



How many clients are accessing mental health services?

This indicator measures the number of community and residential clients under the care of Mental Health Services. Active community clients are people who live in local communities who are actively accessing services provided by community-based Mental Health Services teams. Active residential clients are people residing in residential care provided by Mental Health Services and receiving clinical care from residential service teams.

The number of active community and residential clients is affected by a combination of demand for services and the accessibility of services.

In the six months ending December 2010 compared to the same period in the previous year, the number of community and residential clients increased by 10.8 per cent.

Figure 18: Mental Health Services – community and residential – active clients (for the 6 months ending December)

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

This shows the percentage of people whose readmission to an 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 can often mean that they are likely to require further treatment.

This indicator is a percentage calculated on relatively small numbers and as such, is susceptible to large fluctuations.

In the six months ending December 2010 the 28-day readmission rate was 18.6 per cent compared to 17.3 per cent for the corresponding period in 2009. This represents a total of 17 additional readmissions over a full six month period, reinforcing the impact on this rate of small variations in total readmissions.

Figure 19: 28-Day readmission rate – all hospitals (for the 6 months ending December)

How many people have been housed?

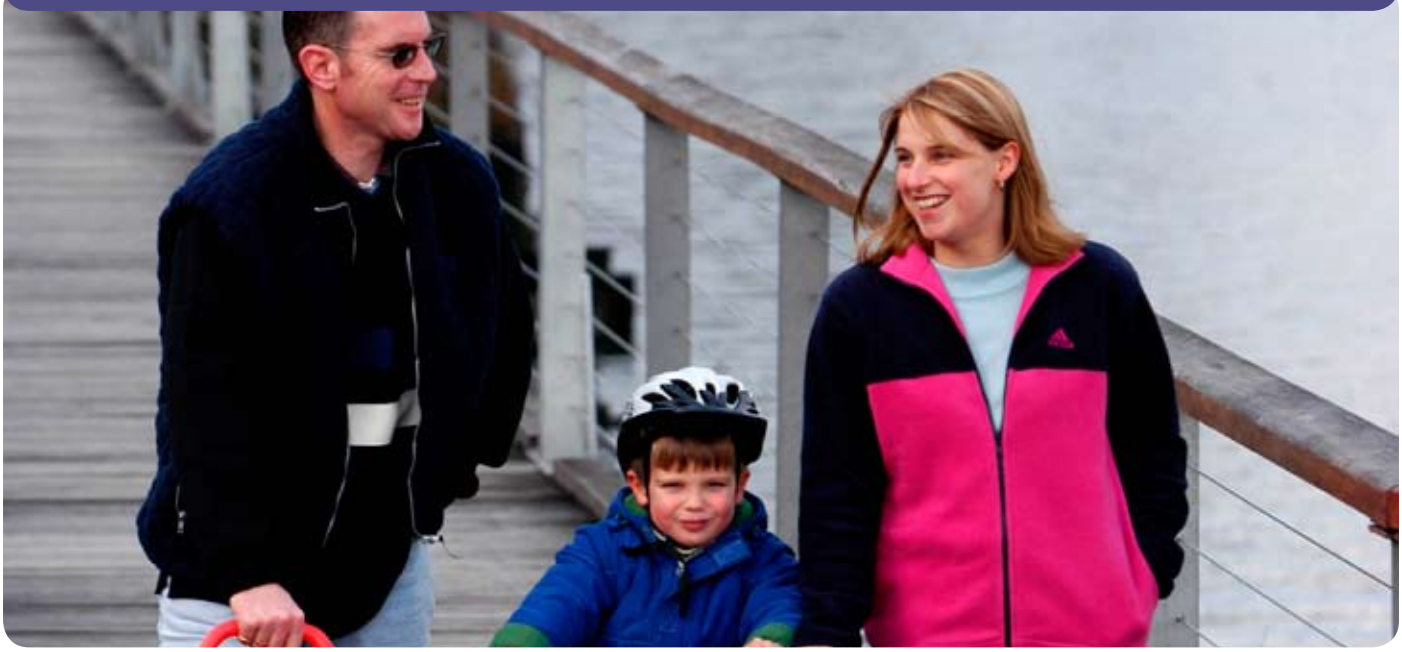
This information shows the number of people who have been allocated public housing.

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 remaining consistently higher than those in the private sector.

In the six months ending 31 December 2010 compared to the same period in the previous year, the number of people housed increased by 5.2 per cent.

Figure 20: Number of applicants housed (for the 6 months ending December)

How many people receive private rental assistance?



In the six months ending 31 December 2010, 1 853 households received financial assistance through the Private Rental Support Scheme (PRSS), a decrease of 8.9 per cent compared to the same period in the previous year.

Private rental assistance is being closely monitored to avoid exceeding the budget allocation and to ensure that there are sufficient funds to meet demand until the end of the financial year. This may, in part, be a contributing factor in the overall decrease in assistance numbers, as repeat assistance and the dollar amount of assistance may be curtailed.

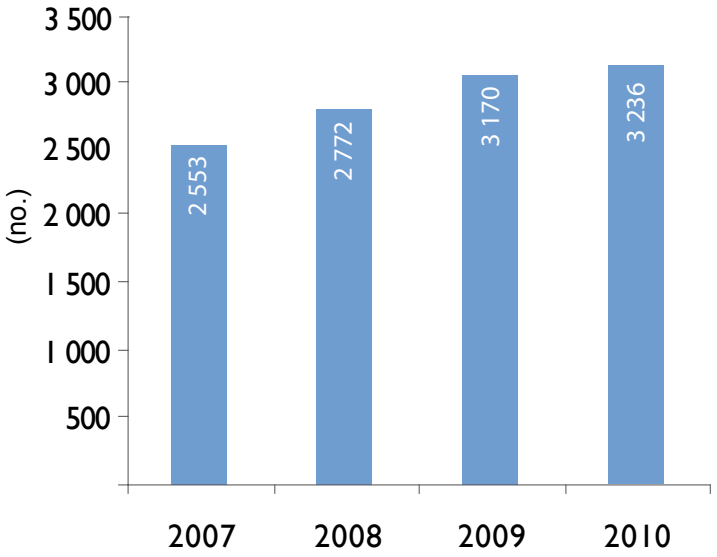
Figure 21: Number of households assisted through the private rental support scheme (for the 6 months ending December)

What are the waiting lists for public housing?

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

As at 31 December 2010 compared to the same time in the previous year, there was an increase of 2.1 per cent in the waiting list for public housing.

Figure 22: Number of applicants on waitlist (as at at 31 December)



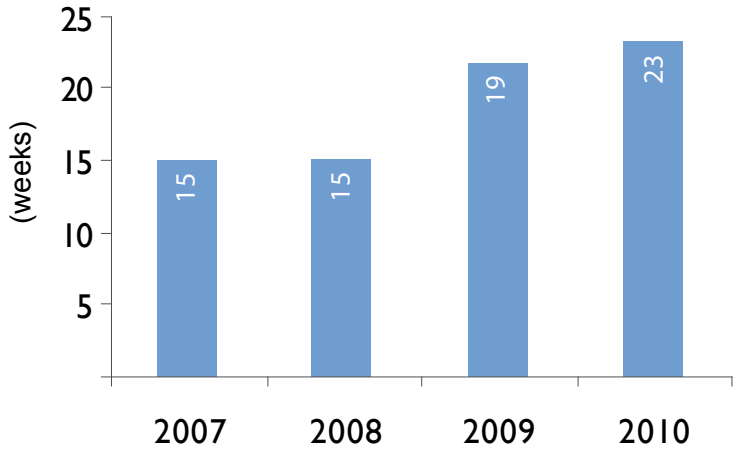
What is the usual wait for people with priority housing needs?

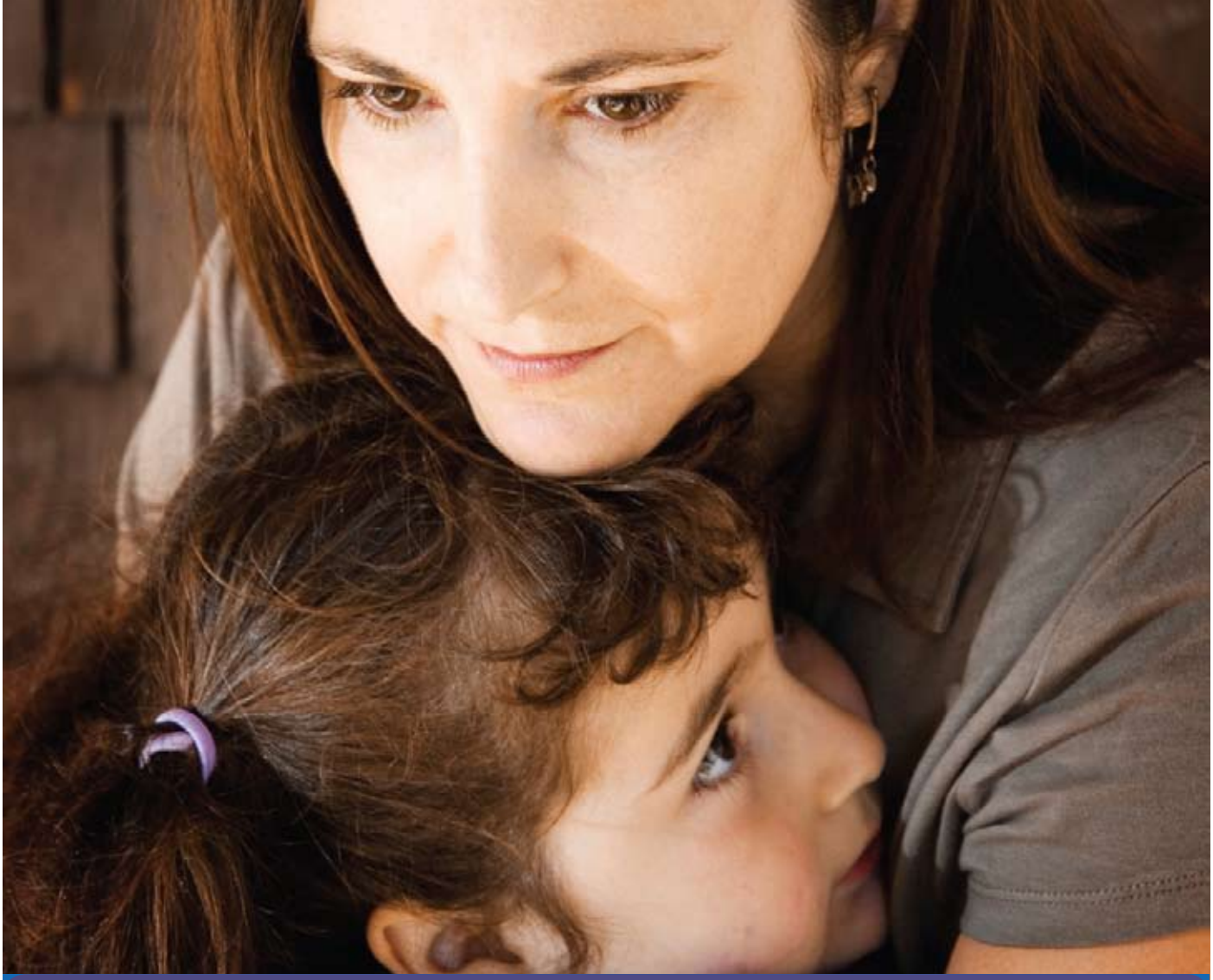
This indicates how long it takes to house applicants who have been assessed to have the highest level of need, being Category 1. The assessment of need is based on adequacy, affordability and appropriateness of housing.

In the six months to December 2010, the average time to house Category 1 applicants was 23 weeks, an increase of four weeks compared to the same time in the previous year.

The capacity to house priority applicants quickly depends upon the availability of homes that meet household amenity and locational needs. In an environment where private rental properties are becoming increasingly unaffordable for low income earners, fewer public housing tenants are leaving for private rentals resulting in very high occupancy rates. The shortage of vacancies also makes it difficult to match the increasingly complex needs of applicant households to available homes.

Figure 23: Average time to house Category 1 applicants (for the 6 months ending December)



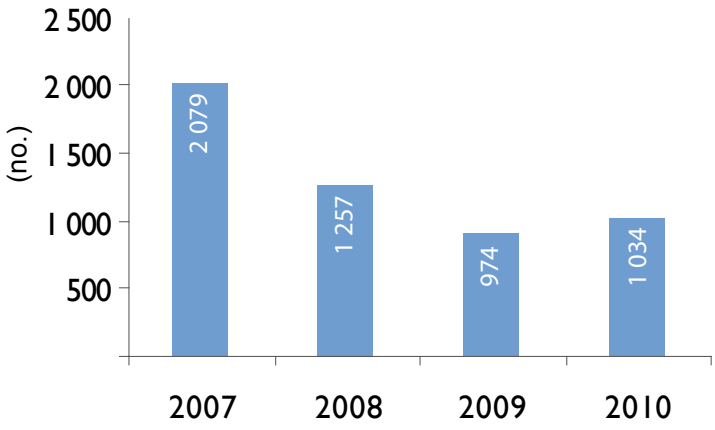


How many child protection cases are referred for investigation?

The newly implemented Gateway, Integrated Family Support Services and other reform initiatives have directed a greater focus on intervening earlier with family services and better integrating the delivery of child protection and family support services.

In the six months ending 31 December 2010 compared to the same period in the previous year, there has been a 6.2 per cent increase in the number of notifications referred for investigation.

Figure 24: Number of notifications referred to service centres for further investigation (for the 6 months ending December)



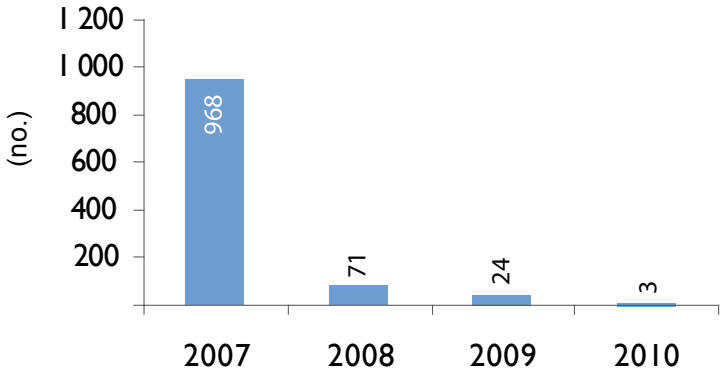
How many child protection notifications are not allocated within established time frames?

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.

As at 31 August 2010, there were three unallocated cases compared to 24 at the same time in the previous year (see explanatory note 4). This is the culmination of significant efforts over the last three years to manage cases more effectively.

This reduction has been achieved as a result of a number of improvements including the introduction of a new operating model and information system in February 2008. The recent introduction of a more comprehensive Child Protection Information System (CPIS 2) is likely to further improve responsiveness to demand.

Figure 25: Child abuse or neglect: number of unallocated cases (as at 31 August)



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

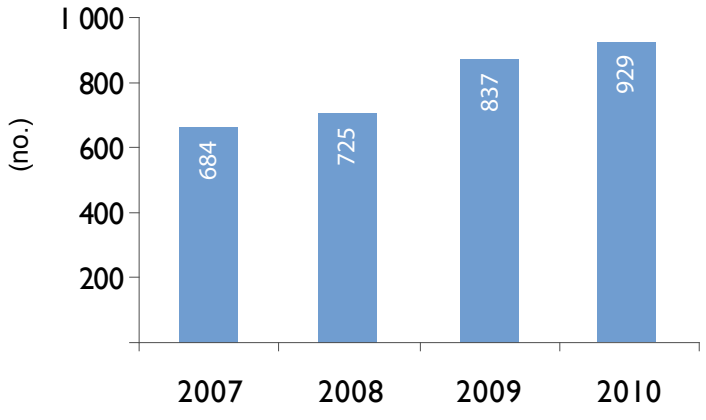
As at 31 December 2010 compared to the same time in the previous year, there was a 11 per cent increase in the number of children in out-of-home care.

All states and territories have experienced an upward trend in the number of children in care since 2005. The rise can be partly explained by the tendency for children to remain in care once admitted due to the complexity of issues such as low family income, parental substance abuse, mental health issues and family violence which are only addressed with appropriate and sustained support over time.

As part of the overall commitment of DHHS to the health and wellbeing of all children in Tasmania, the recent project to redesign the Tasmanian family support service system is expected to improve early intervention and support and ultimately effect an overall reduction in the number of children in out-of-home care. The project, which began in August 2010, focuses on reunifying those children who remain in out-of-home care despite being ready to begin working towards being returned to their families.

However, due to external factors periodic increases in this number may still be observed and the DHHS remains committed to providing safe placements for children who are unable to return home safely.

Figure 26: Children in out-of-home care (as at 31 December)



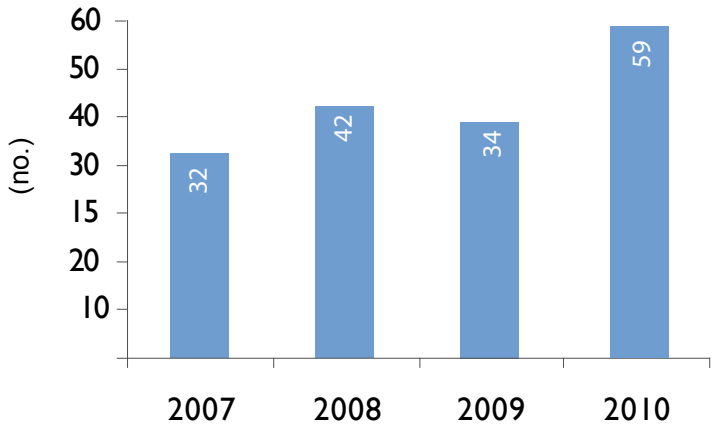
What are the waiting lists for people requiring supported accommodation?

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

In addition to providing support for daily living these services promote access, participation and integration into the local community. Supported accommodation is provided by community-based organisations that are funded by the State Government.

Since July 2010 the waitlist for supported accommodation placement has been compiled by the newly established Gateway Services. As such comparisons with previously reported figures should be undertaken with caution. Also as these figures are a 'snapshot' of a single point in time they can vary considerably.

Figure 27: Disability Services – supported accommodation – waiting list (as at 31 December)



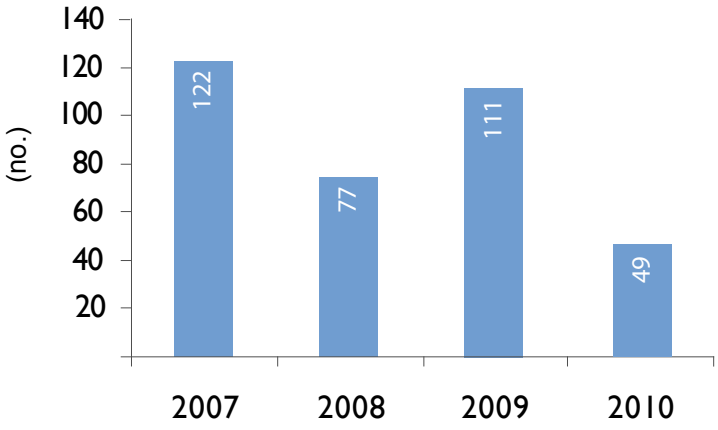
What is the waiting list for community access clients?

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

Community access waiting list numbers provide a broad indication of unmet demand for people with a disability in Tasmania.

Since July 2010 the waitlist for community access has been compiled from data provided by Gateway Services. Comparisons with previously reported figures should be undertaken with caution as the approach to data collection continues to be refined. Also as these figures are a 'snapshot' of a single point in time they can vary considerably.

Figure 28: Disability Services – day options clients – waiting list (as at 31 December)



Explanatory notes

1. The 2010 activity of the LGH is not directly comparable with earlier years at the present time due to the introduction of a new patient administration system (IPM) and associated business processes.

2. For the Mersey Community Hospital (with the exception of elective surgery waiting lists), comparable data for years prior to 2008 are unavailable. This is because the Tasmanian Government only resumed management of the hospital on 1 September 2008.

3. Due to more accurate data becoming available, data reported from previous *Progress Charts* may differ.

4. Due to the need to fully develop the reporting capability of the new Child Protection Information System (CPIS2), data after August 2010 is not yet available for "Child abuse or neglect: number of unallocated cases".

5. The following acronyms are used in this report:

a.	ED	Emergency Department
b.	LGH	Launceston General Hospital
c.	NWRH	North West Regional Hospital
d.	RHH	Royal Hobart Hospital
e.	MCH	Mersey Community Hospital

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