Your Health and Human Services

Progress Chart

February 2009

Department of Health and Human Services

Tasmania
Explore the possibilities

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Your Health and Human Services
Progress Chart

Lara Giddings, MP

Lin Thorp, MLC

The February 2009 Progress Chart once again reflects the hard work of all the people in our hospitals, health services and community based facilities.

In late August 2008 we welcomed the Mersey Community Hospital back to state management, with the Federal Government providing funding. The range of services delivered at the Mersey will be of vital importance to people in that region and across the State. The Commonwealth's Elective Surgery Waiting List reduction program has resulted in more elective surgery being performed at the Mersey and our other acute care hospitals, although ironically this has led to the median waiting times of those treated increasing due to the focus on those who have waited longer than clinically appropriate.

Admissions from the elective surgery waiting list are at their highest level in over four years, showing that we are delivering more elective surgery than ever before. The State Government's additional $8 million investment in elective surgery will ensure that this activity continues in the years ahead.

Growing demand and pressure on our hospital Emergency Departments are providing a major challenge for CEOs, doctors and nurses as they seek to ensure that those who need priority care receive it as quickly as possible. Though there has been an improvement in timeliness in the Emergency Departments at the NWRH and RHH, the LGH continues to face significant challenges, resulting from ongoing high levels of people presenting for care. Staffing increases, changed work practices and the planned new emergency department should result in improvement over time at the LGH.

The extensive reforms of family support services within the Human Services area are progressing well and are continuing to yield improvements in more accessible help and support for Tasmanian families. Child protection data in particular reflects these improvements for vulnerable children and their families.

Disability, Child, Youth and Family Services are now divided into four regional areas – North, North-West, South and South East. This, combined with the establishment of the four regional "Gateway Services" to be run by community service organisations will promote a simpler, integrated service system. These "Future Communities" reforms receive broad support from the community services sector.

Provision of a range of social housing options for Tasmanians continues to be a priority. Current initiatives relate to rezoning of land for residential housing, the construction of Quickbuild homes, opening of a supported accommodation facility and the HomeShare shared equity program. In this new era of partnership with the Australian Government 587 new affordable rental homes have been approved in the first round of its National Rental Affordability Scheme (NRAS) – more than any other state or territory.

In recent months we have started to see the impact of the global financial crisis on communities around the world. The Tasmanian Government will be working to minimise the impact of the crisis on people who need to access health and human services.

Lara Giddings MP
Minister for Health

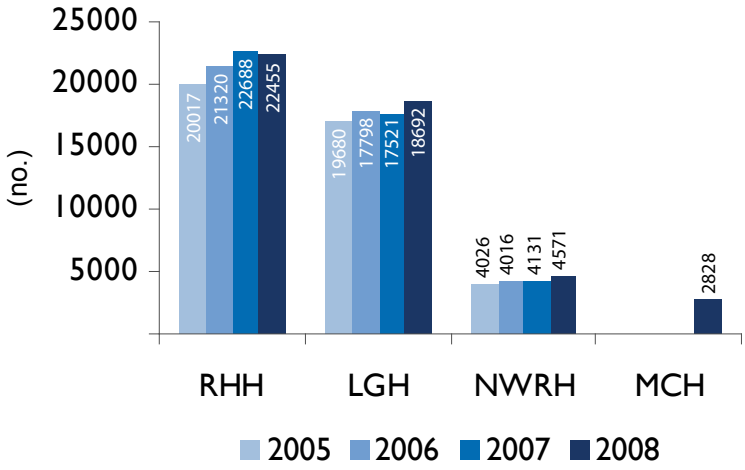
Lin Thorp MLC
Minister for Human Services

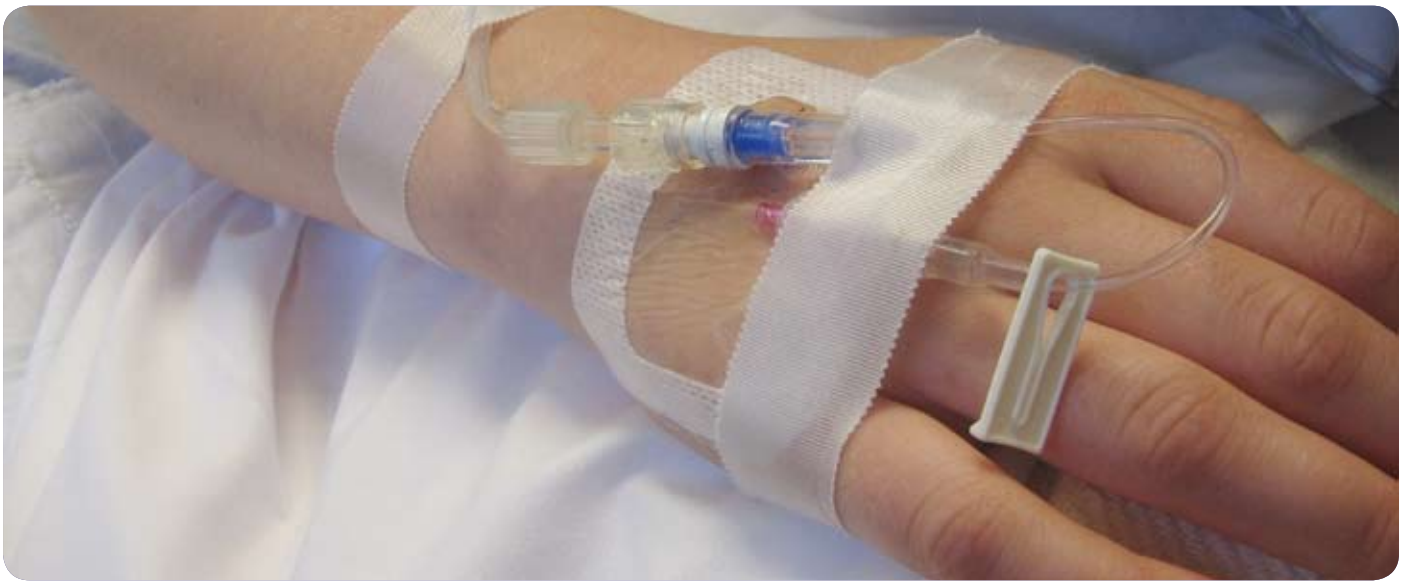
What is the overall level of activity in our hospitals?

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.

In the six months ending 31 December 2008, the total number of raw separations for our state's public hospitals (excluding the MCH) increased by 3.1 per cent when compared to the same period in 2007. The LGH and NWRH activity levels increased by 6.7 per cent and 10.7 per cent respectively over this period, while the RHH activity levels decreased by 1 per cent. Over the four years, reported raw separations for all hospitals (excluding the MCH) have increased by 11.4 per cent. MCH activity only includes the period from 1 September 2008 onwards, when the Tasmanian government resumed management of the hospital.

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



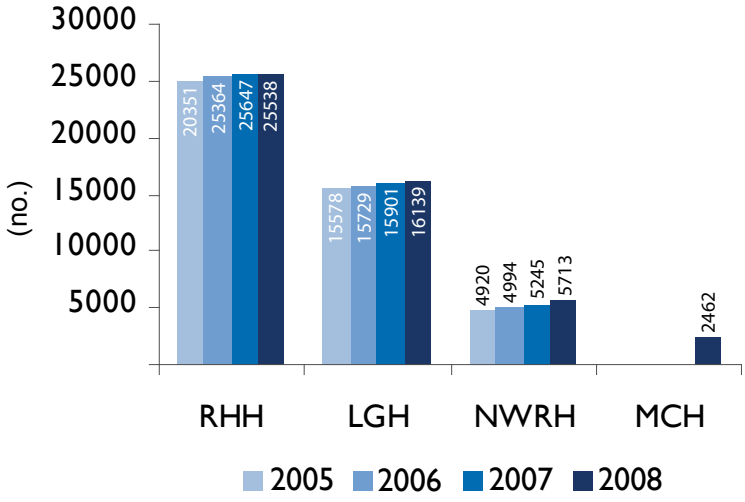


Weighted separations show the level and complexity of the work done in public hospitals, by combining two measures: the number of times people come into hospital and how sick people are when they come into hospital.

The number of weighted separations in our hospitals remained stable statewide in the six months to 31 December 2008, compared to the same period in 2007.

The number of weighted separations remained stable at the RHH and increased by 8.9 per cent at the NWRH and by 1.5 per cent at the LGH. As above, data for the MCH is available only from 1 September 2008 when the Tasmanian government resumed management of the hospital.

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

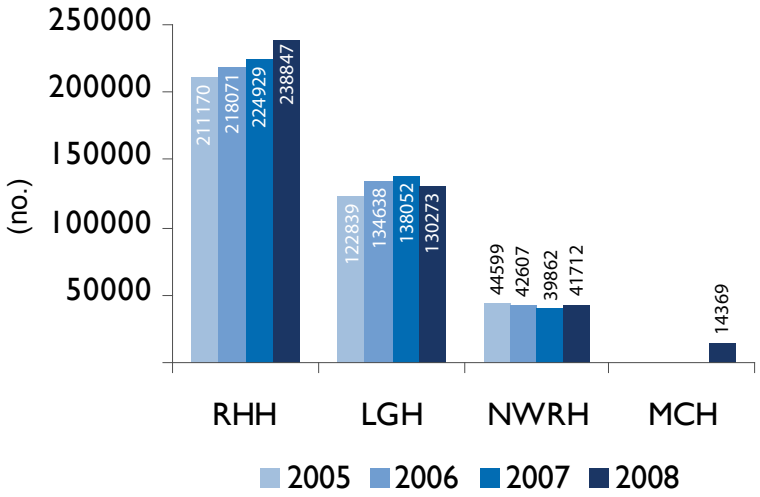


How many times have Tasmanians been treated in our outpatient clinics?

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

There were 425 201 occasions of service in Tasmanian outpatient clinics in the six months ending December 2008. The number of outpatient occasions of service increased by 6.2 per cent at the RHH and by 4.6 per cent at the NWRH, while at the LGH there was a decrease of 5.6 per cent.

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

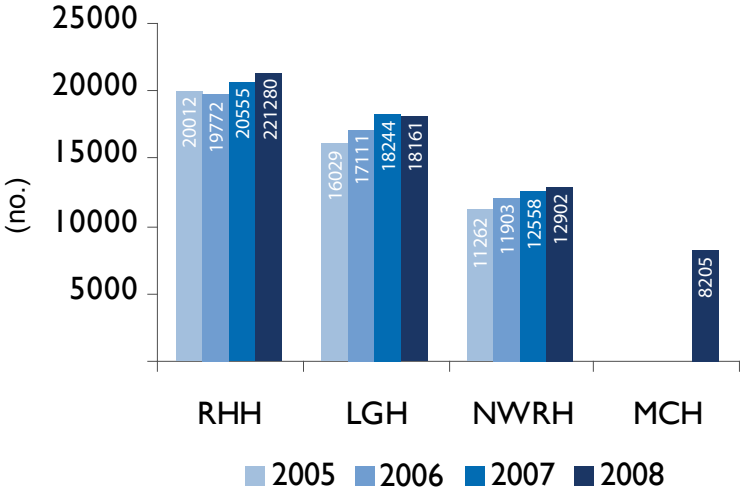


How busy are our emergency departments?

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

This information shows the number of times that people presented at our emergency departments across the State. There were 60 548 presentations in the State's emergency departments in the six months to 31 December 2008. Presentations at the RHH increased by 3.5 per cent and at the NWRH by 2.7 per cent For the same period, the number of presentations at the LGH remained stable.

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



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

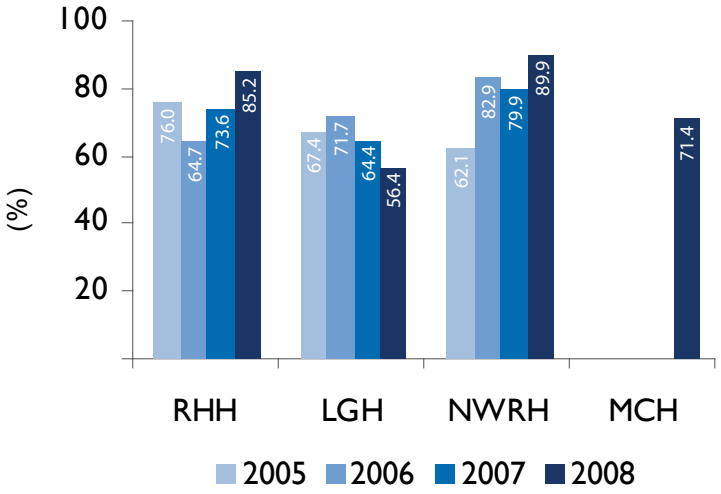
Australian Triage Scale Category 2 patients are those who require emergency treatment for very severe pain or imminently life-threatening or time-critical treatment. The Australasian College for Emergency Medicine has set a target of 80 per cent of Category 2 patients to be seen within 10 minutes.

The percentage of Category 2 patients seen statewide within the recommended time frames increased to 74.5 per cent in the six months to 31 December 2008, compared to 72 per cent in the same period in the previous year. The RHH increased from 73.6 per cent to 85.2 per cent and the NWRH increased from 79.9 per cent to 88.9 per cent, both of which exceed the most recent Australian average of 76 per cent (Source: *Australian Hospital Statistics 2006 07*). The proportion of patients seen on time for Category 2 at the MCH in the period September December 2008 was 71.4 per cent.

The LGH decreased from 64.4 per cent to 56.4 per cent due to a severe shortage of registrars and consultants and patients having to remain longer in the emergency department. The LGH is now actively recruiting locums to help with staff shortages and seeking to fill all vacant positions. Measures are also being implemented to improve patient flow and to reduce waiting times for more urgent cases. For example, the LGH is considering introducing Acute Medical Units to reduce the amount of time patients spend in the emergency department and to facilitate the rapid streaming of patients to the correct setting. The LGH is also working with aged care providers, private hospitals, the Mersey and rural hospitals to provide improved step-down care to improve patient flows. Furthermore, the new DEM planned for the LGH will go some way to addressing current capacity issues. Construction of the new DEM is expected to commence in September 2009.

The fluctuations outlined above reflect the difficulties experienced by emergency departments in meeting the increasing demand for services.

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



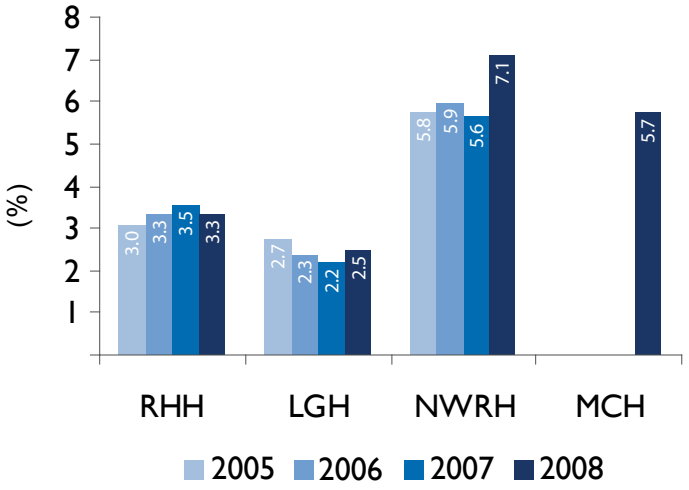
What is the rate of hospital readmissions?

This shows the percentage of patients who require an unexpected and unplanned readmission to hospital within 28 days of being discharged. This could be due to a relapse or a complication resulting from the illness for which the patient was initially admitted, 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 and MCH, for example, have a greater proportion of people through their emergency departments who would otherwise access a GP, were there more available, than the other hospitals. It also has an older population compared to other regions, which may account to some extent for their higher readmission rates.

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



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

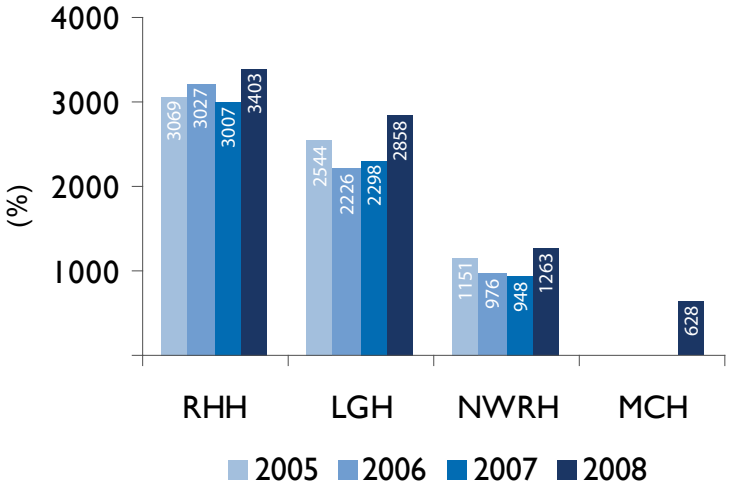
The number of patients admitted from the elective surgery waiting list for the six months to 31 December 2008 showed an increase of 20.3 per cent statewide (excluding the MCH) when compared to the same period in the previous year. As noted below, the increase in admissions is focused on those who have waited longer than clinically recommended.

Admissions from the waiting list increased by 13.2 per cent at the RHH, by 24.4 per cent at the LGH and by 33.2 per cent at the NWRH. Greater efficiency in the use of theatres has enabled staff at the NWRH to significantly increase elective surgery cases. There were 628 admissions from the elective surgery waiting list at the MCH from September to December 2008.

A major element of the Agency's focus on elective surgery is the joint Australian Government-State Government Elective Surgery Waiting List Improvement Plan. This Plan aimed to treat, by the end of 2008, an additional 895 patients who had waited longer than the clinically recommended time. This aim has been exceeded and by 31 December 2008, an additional 1 606 patients had been treated under the Plan. A new Tasmanian Elective Surgery Improvement Plan announced in November 2008 aims to address the increasing demand for elective surgery by providing an additional $8.4 million to build greater elective surgery capacity in conjunction with the Australian Government initiative.

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

Figure 7: Admissions from waiting list (for the 6 months ending December)



What is the waiting list for elective surgery?

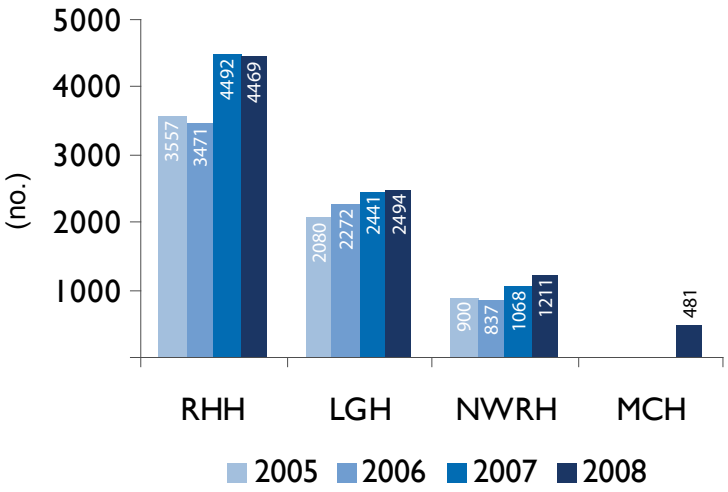
This information shows the number of patients waiting for elective surgery who are ready to accept an offer of admission to hospital. The number of people on the waiting list in all of our public hospitals was 8 655 as at the end of December 2008.

Excluding the MCH the waiting list increased by 2.2 per cent between December 2007 and December 2008, even though elective surgery rates increased over the same period. However, increased admissions for elective surgery have resulted in a slight decrease in the number of people on the waiting list since June 2008.

Increasing demand for elective surgery is expected to continue across Tasmania, due to our ageing population and increasing rates of chronic disease. In addition, an increase in the number of specialists employed, has, in turn, resulted in more patients being identified for elective surgery.

Between December 2007 and December 2008 the NWRH waiting list increased by 13.4 per cent and the LGH by 2.2 per cent, whilst it decreased by 0.5 per cent at the RHH. There were 481 patients waiting for elective surgery at the MCH as at December 2008.

Figure 8: Waiting list (as at 31 December)



The increase at the NWRH is due in part to an audit of the waiting list which identified a large number of patients unknown to the Department. Additionally, patients waiting for major joint replacement surgery at the MCH were transferred to the NWRH waiting list. It is clear, however, that more patients are now being removed from the NWRH waiting list per month than in previous years.

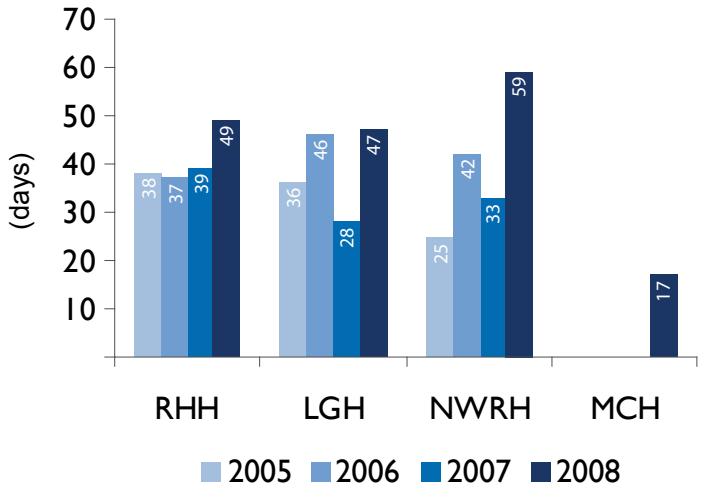
What is the usual time to wait for elective surgery?

The median waiting times for elective surgery have increased significantly for the six months ending 31 December 2008, when compared to the same period in 2007.

The increases in the median waiting times at the RHH (from 39 to 49 days), the LGH (from 28 to 47 days) and the NWRH (from 33 to 59 days) are a result of more long wait patients being treated in response to an increase in Australian Government funding for this purpose. Following discussions between the Australian Government and all States and Territories, the four year Elective Surgery Waiting List Reduction Plan was agreed on. Stage 1 of the plan provided an initial $150 million to clear the backlog of patients.

An amount of $8.1 million was allocated to Tasmania from the national pool to treat 895 patients who have been waiting longer than the clinically recommended time for elective surgery. The impact of this program is that the median waiting time of patients is increased, as more long-wait patients were treated during the six months to 31 December 2008.

Figure 9: Median waiting times for elective patients admitted from the waiting list (for the 6 months ending December)



The median waiting times for elective surgery at the MCH for the four months to December 2008 was 17 days.

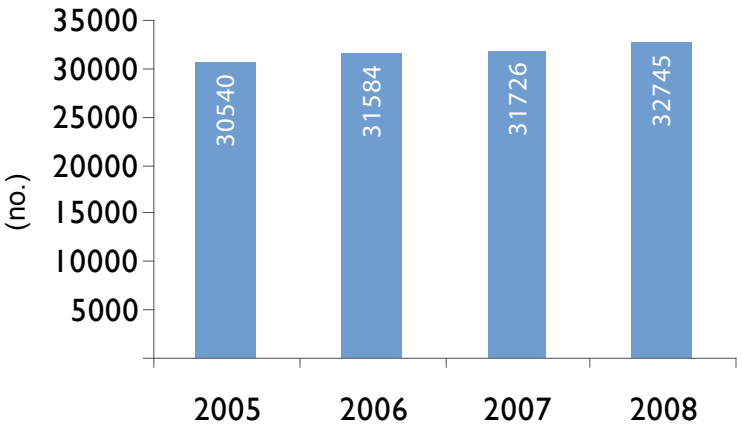
How many call outs has our Ambulance Service responded to?

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 six months to December 2008 the total number of ambulance responses increased by 3.2 per cent.

While there was little change in the total number of responses, there were some notable variations in the main response categories. Emergency responses remained similar to last year, increasing by 4.5 per cent. However, urgent responses have increased by 3.1 per cent and non-urgent decreased by 1 per cent.

A contributing factor to the increased demand is 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?

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

Median response times for the more populated areas of Tasmania such as Hobart (10 minutes), Launceston (9.55 minutes), Devonport (8.65 minutes) and Burnie (8.47 minutes) are similar to many urban areas of other states and territories.

Emergency response times have remained fairly consistent over the past few years and funding for extra crewing allocated by government has been aimed at ensuring response performance is maintained. The increase to 10.9 minutes for the December 2008 quarter reflects factors such as ambulance 'ramping' at the RHH, which impacts on the ability to clear ambulance cases in order to respond to the next case in a timely manner. 'Ramping' occurs when ambulances queue outside hospital emergency departments while waiting to hand over patients for treatment. The Tasmania Ambulance Service and the RHH have regular meetings of a working group to attempt to resolve some of the issues which cause ramping.

Figure 11: 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.

The number of clients accessing the service in the six months to 31 December 2008 has remained steady, compared with the same period in 2007. The number of clients for the December quarter has remained stable over the past five years.

Figure 12: Palliative Care – clients accessing the service (for the 6 months ending December)

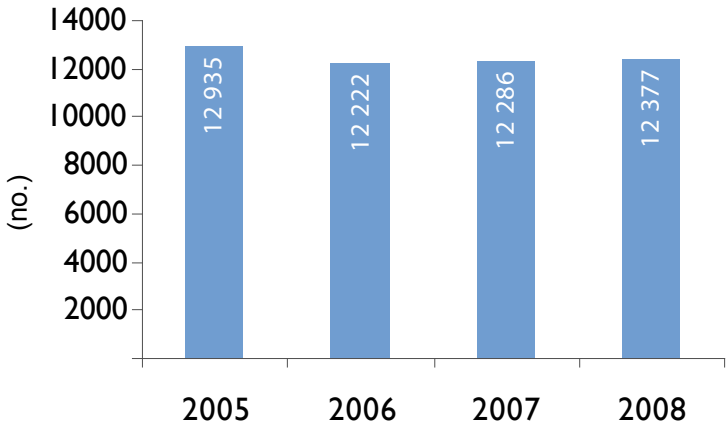
How many women are screened for breast cancer?

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

Despite ongoing difficulty in recruiting radiologists and radiographers in 2007 and 2008, the number of women screened in the six months to December 2008 has remained steady compared to the same screening cohort for the same period in 2006.

The Service continues to actively address workforce shortages with the recruitment and utilisation of locum radiographers and interstate radiology reading services. During September 2008, a part-time radiologist commenced reading and assessment work while negotiations are close to completion for the recruitment of another radiologist in 2009.

Figure 13: Eligible women screened for breast cancer (for the 6 months ending December)

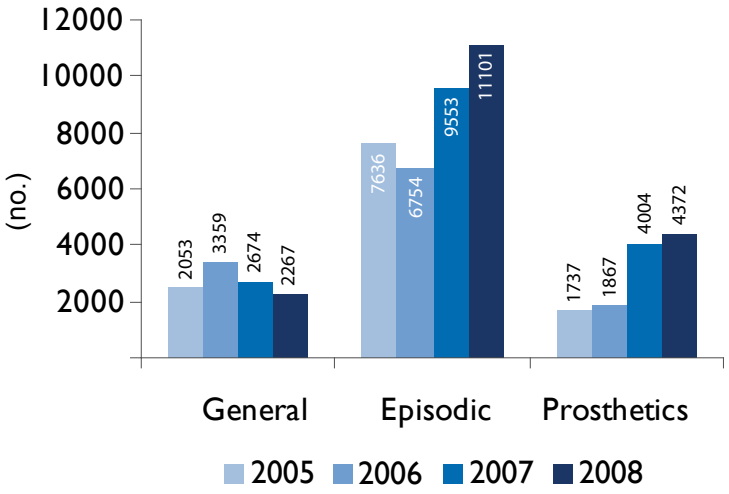


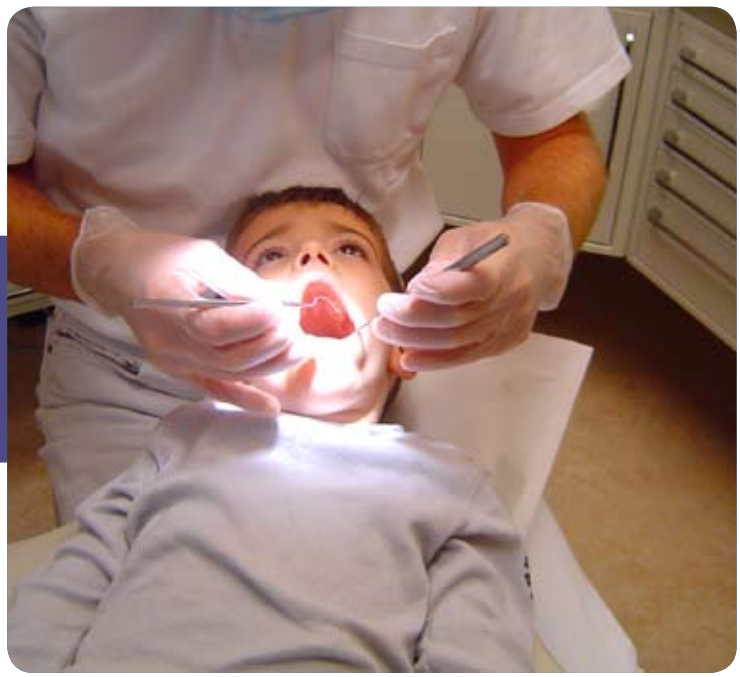
How many dental appointments have adults accessed?

This indicator shows the number of occasions of service for all dental services (episodic care, general care and dentures) provided around the State. There was a significant increase of 9.3 per cent in the number of occasions of service in the six months to 31 December 2008, compared to the same period in the previous year, reflecting improved access to dental care. The 9.2 per cent increase in the dentures occasions of service to 4 372 for this period is due to increased productivity and improved ability to report activity through a new information management system.

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 comparable with 2007, but not with 2005 and 2006. The Explanatory Notes at the end of this document provide further information on the revised definitions.

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





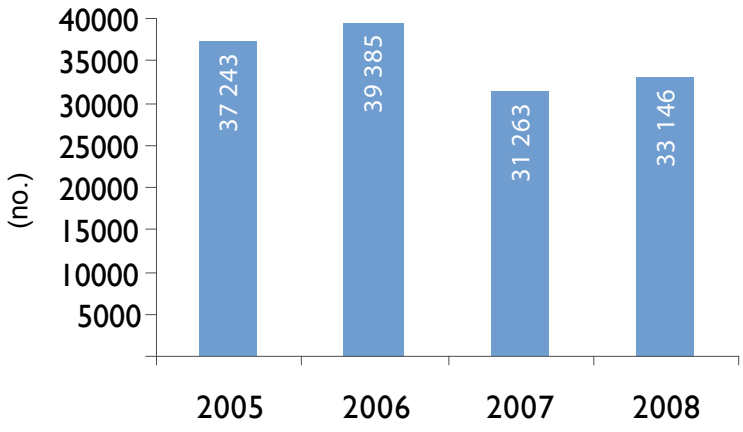
How many dental appointments have children accessed?

There has been an increase of 6 per cent in the occasions of service for children receiving dental care for the six months ending 31 December 2008, compared to the same period in the previous year. However, this is still a 15.8 per cent decrease compared to the same period in 2006, a reflection of a decline in workforce numbers.

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.

Under the Government's Better Dental Care Package, a $1.9 million education and service centre opened in Hobart in mid 2008. Through the Partners in Health collaboration with the University of Tasmania, the Department is actively exploring education and training options for the oral health workforce.

Figure 15: Children – occasions of service (for the 6 months ending December)



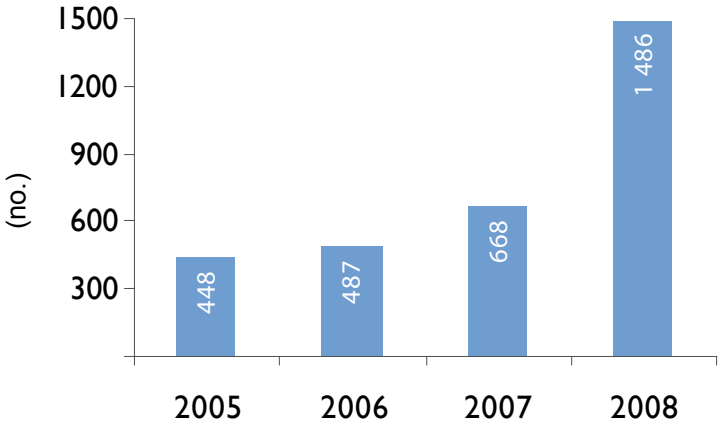
What are the waiting lists for oral health services?

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

As a result of additional dentists being employed and the purchase of care in the private sector, more people have received dental care, resulting in a significant increase in the demand for dentures.

As noted in Figure 14, the number of dentures being provided has increased significantly. In the six months to December 2008, the number of people on the dentures waiting list increased by 122.5 per cent, compared to the same period in 2007. However, the increase in the number of dentures being provided means that clients are likely to wait a shorter time for dentures than was previously the case.

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



The general care (adults) waiting list indicator provides a measure of the number of adults waiting for general care oral health services. The number of adults waiting for general care decreased by 14.2 per cent in the six months to December 2008, compared to the same period in 2007.

Oral Health Services Tasmania has received funding to purchase care in the private sector for those on the waiting list. Services to these clients commenced in the north-west in April 2007 with a positive effect on the waiting list in that region. The contract has now been extended to the north and south of the State.

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

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

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

The number of people treated in acute settings declined between 2006 and 2007, but remained relatively steady in the six months to December 2008 compared to the same period in 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 and therefore reduce the need for services within an acute setting.

Figure 18: Mental Health Services – inpatient separations (for the 6 months ending December)

How many episodes of care does Mental Health Services provide?

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 services provided by Mental Health Services and receiving clinical care from residential service teams. Data up to December 2008 is not yet available for this indicator.

The new model of care introduced in October 2006 led to changes in data collection methods, resulting in an apparent reduction in overall client numbers. The decline in the number of community and residential clients for the five months to 30 November 2008 compared to the same period in 2007 is attributable in part to an audit of active clients which has led to many patients who had been discharged being removed from the database of active clients.

Figure 19: Mental Health Services – community and residential – active clients (for the five months ending 30 November)

The decrease may also reflect the fact that since November 2006, potential clients have been able to more readily access Medicare subsidised primary care mental health services in the private sector from GPs, psychologists and psychiatrists.

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

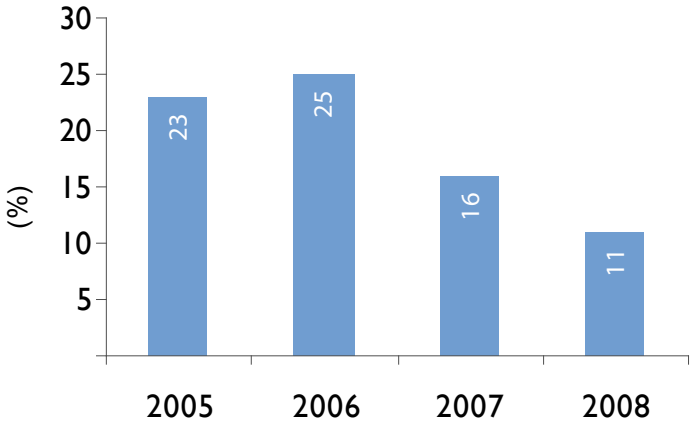
This shows the percentage of people whose readmission to the same acute psychiatric inpatient unit or another public sector acute psychiatric inpatient unit within 28 days of discharge was unplanned or unexpected. This could be due to a relapse or a complication resulting from the illness for which the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

The rate has been recalculated using a rebased separations count. This has reduced the number of separations and therefore the readmission rate has increased in comparison to previous calculation methods. Previous years have been adjusted to reflect this change.

Figure 20: 28-Day readmission rate – all hospitals (for the 6 months ending December)



How many people have been housed?

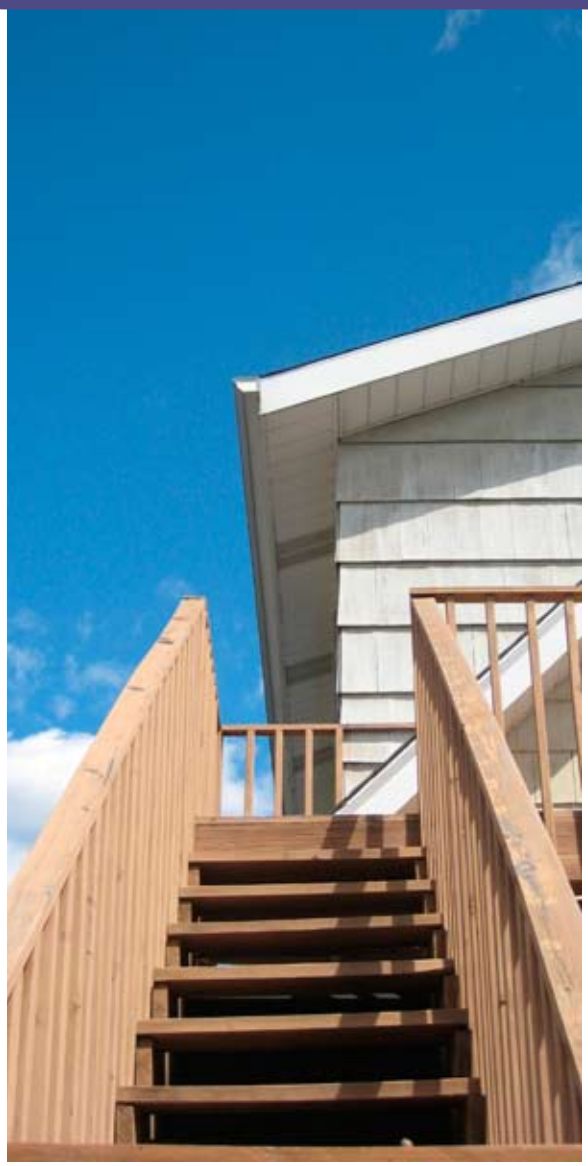
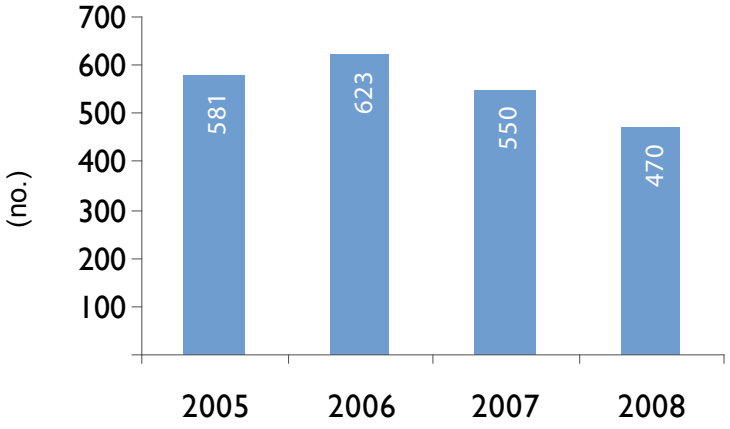


Figure 21: Number of applicants housed (for the 6 months ending December)



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

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

In the six months to 31 December 2008 the number of applicants housed decreased by 14.5 per cent, compared to the same period in 2007.

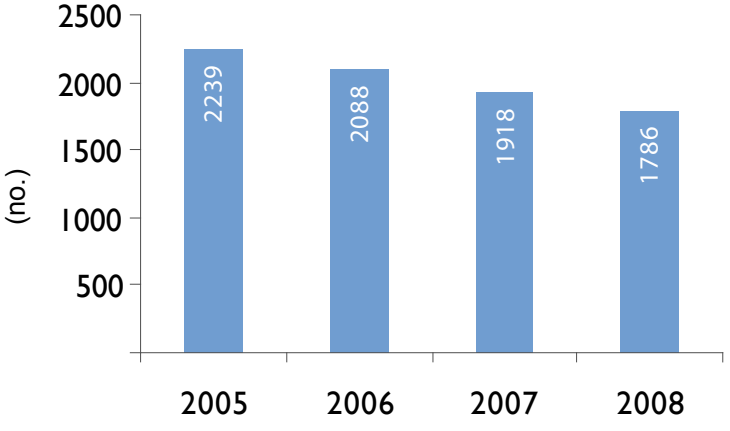
As at 31 December 2008 there were 23 473 people living in public housing in Tasmania, a decrease of 40 people since the previous quarter.

How many people receive private rental assistance?

In the six months ending 31 December 2008, 1 786 households received assistance through the Private Rental Support Scheme, representing a 6.9 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 fewer affordable private rental options available to low income renters, therefore the number of clients presenting for assistance is lower.

Figure 22: Number of households assisted through the private rental support scheme (for the 6 months ending December)



What are the waiting lists for public housing?

This indicator measures the total number of people waiting for public housing as at 31 December 2008.

The waiting list for public housing has increased by 8.6 per cent for the six months to December 2008, compared to the same period the previous year. This increase is due to the high demand and low turnover for public housing.

The Tasmanian Affordable Housing Limited (TAHL) will provide 213 new homes for low income Tasmanians by the end of 2008-09, bringing TAHL's total portfolio to 266. An additional 300 affordable homes are planned by the end of 2009-10.

In March 2008, the Government announced a capital injection into housing of $60 million. A Housing Innovations Unit has been established and funds have been made available for a range of affordable housing initiatives. These include accommodation facilities for the homeless, financial support for the National Rental Affordability Scheme and the construction of 150 new 'Quick Build' homes for home buyers and public housing applicants.

The Government has also announced a review of public and affordable housing provision and the findings of the review are due to Cabinet by mid 2009.

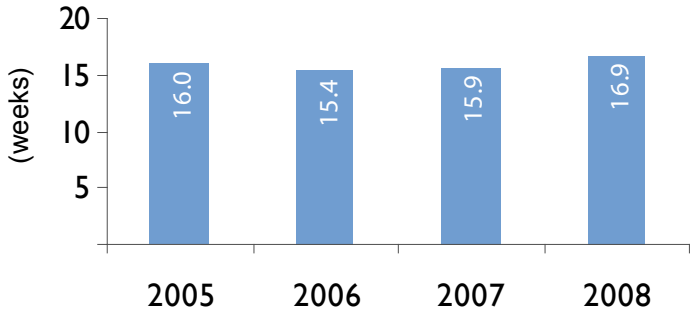
Figure 23: Number of applicants on waitlist (as at 31 December)

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

This indicates how long it takes to house applicants with priority housing needs. The identification of priority applicants involves an assessment of need, based on adequacy, affordability and appropriateness of housing, with Category 1 being the highest level of need.

The average time to house Category 1 applicants was 16.9 weeks for the six months to December 2008, compared to 15.9 weeks for the same period in 2007. This increase was due to extremely high public housing occupancy rates due to the increasing unaffordability of private rental properties. This has resulted in fewer vacancies, with only 122 people vacating public housing properties in December 2008 compared to 145 at the same time in 2007. The shortage of vacancies also makes it difficult to match the increasingly complex needs of applicant households to available homes,

Figure 24: Average time to house Category 1 applicants (for the 6 months ending December)



especially in relation to applicants with special needs.

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.

How many child protection cases are referred for investigation?

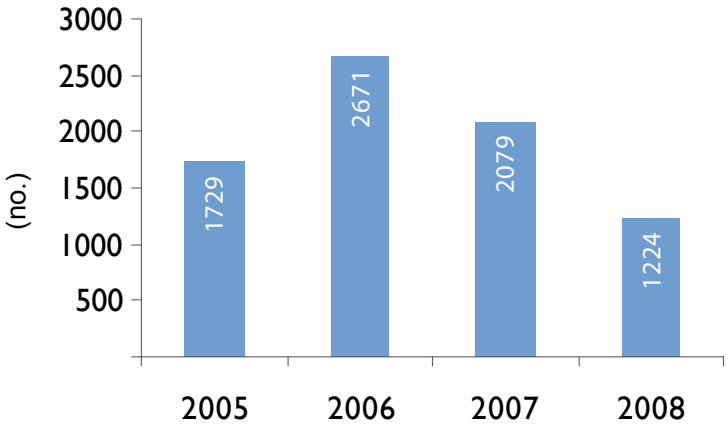
The number of notifications of child abuse and neglect that were referred for further investigation increased significantly up to 2006, following the introduction of the *Family Violence Act 2004* and the Safe at Home initiative.

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. As a result, a reduction in the number of referrals is occurring.

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

Due to a delay in data entry, the actual number of notifications referred for investigation to December 2008 is expected to increase further. An overall decrease has been observed for the six months to December 2008 compared to the same time in 2007. It should be noted that this decrease is, in part, due to a change in business processes for recording notifications, following the implementation of the Child Protection Information System in February 2008.

Figure 25: Number of notifications referred to service centres for further investigation (for the 6 months ending December)



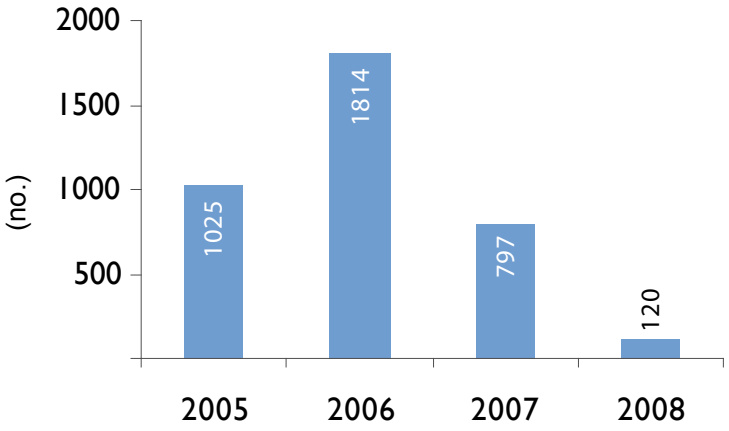
How many child protection notifications are not allocated within established time frames?

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 December 2008, there was a 84.9 per cent decrease in the number of unallocated cases, from 797 to 120 for the same date in the previous year. Intensive work on finalising and better managing cases has led to a significant reduction in the unallocated case list. This improvement is likely to continue as reform in Child Protection Services take place over the long term.

This reduction has also 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 considered that the introduction of the new operating model will continue to improve performance in managing demand for Child Protection Services.

Figure 26: Child abuse or neglect: number of unallocated cases (as at 31 December)



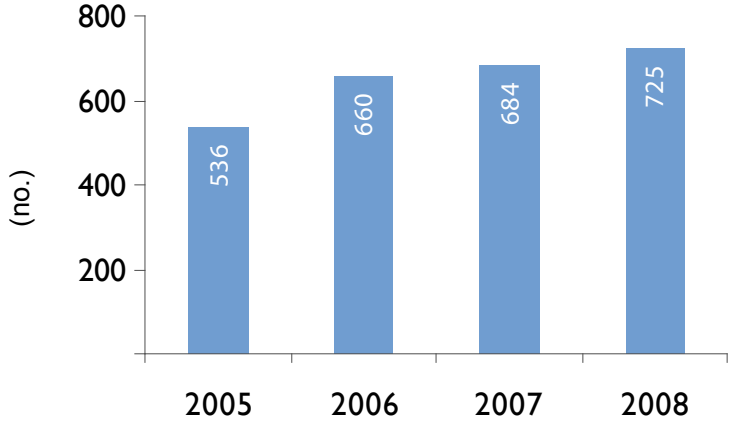
How many children are placed in out-of-home care?

The number of children in out-of-home care as at 31 December 2008 has increased by 6 per cent since 31 December 2007.

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

There are six categories of 'out-of-home care': extended family; family group homes; approved children's homes; foster care; kinship care; and 'other placements'. The greatest proportion of children in out-of-home care is placed in foster care and the second greatest proportion is placed in extended family/kinship care arrangements.

Figure 27: Children in out-of-home care (as at 31December)



What are the waiting lists for people requiring supported accommodation?

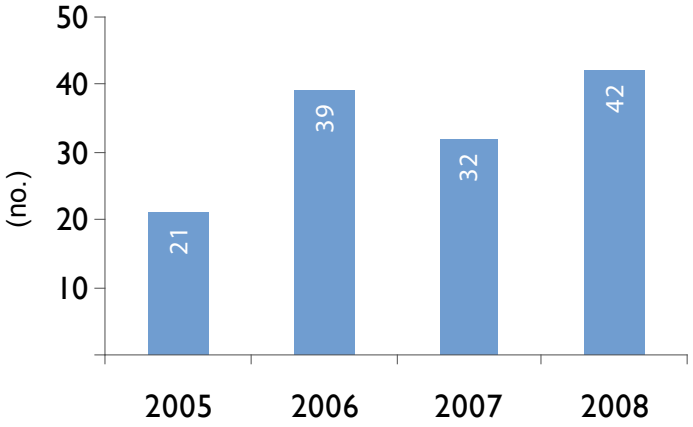
This indicator shows the number of people with a disability waiting for a supported accommodation placement. Supported accommodation services provide assistance for people with a disability within a range of accommodation options, including smaller and larger residential care settings, hostels and group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

In addition to providing support for daily living these services promote access, participation and integration into the local community. The majority of supported accommodation is provided by community-based organisations that are funded by Disability Services. As at 31 December 2008, the supported accommodation waiting list increased by 31.3 per cent, from 32 to 42, since December 2007. This is because demand has exceeded the available accommodation options, even though additional accommodation places continue to be funded. These figures are a 'snapshot' of a single point in time and therefore vary considerably.

Additional supported accommodation will become available in the coming 12 months as a result of additional investment from both Australian and state Governments as announced in the 2008 State Budget. It is estimated that an additional 12 supported accommodation places will be provided in 2008-09.

This will support the outcomes of a project that has been undertaken to examine future accommodation options for Tasmanians with a disability. A contemporary model of service provision will be implemented, with a focus on community based options and individual choice.

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



What is the waiting list for day options clients?

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

Day options waiting list numbers provide a broad indication of unmet demand for a range of community access services among people with a disability in Tasmania. The waiting list has decreased from 122 people at 31 December 2007 to 77 people at 31 December 2008. This can be attributed to a $1.2 million increase in the budget for day options packages. The number of people receiving community access services has also increased from 1 413 in 2004-05 to 1 487 in 2006-07

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

Explanatory notes

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

2. Ramping is when ambulances have to queue outside hospital emergency departments while they wait to hand over patients for treatment.

3. Mersey Community Hospital figures are reported only from when the Tasmanian government resumed management of the hospital on September 1 2008.

4. 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 trend comparisons for the number of general and episodic occasions of service will only be comparable with 2007 and not with 2005 and 2006 data.

   While Tasmania appears to have longer ambulance emergency response times than do other states and territories, this data is not strictly comparable as most states and territories do not record response times from the time a 000 call is received. Tasmania also has the largest proportion of its population in small rural areas (almost twice the national average).

5. The following acronyms are used in this report:

   a. DEM Department of Emergency Medicine

   b. LGH Launceston General Hospital

   c. NWRH North West Regional Hospital

   d. RHH Royal Hobart Hospital

   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