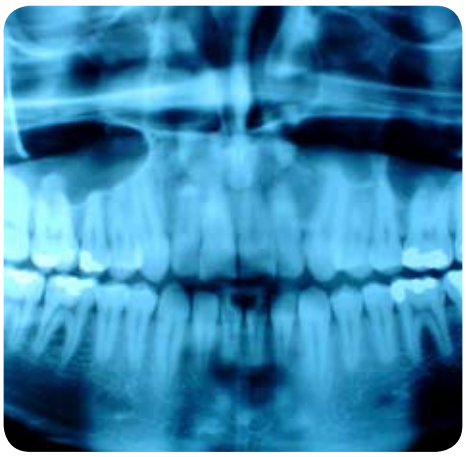

Your Health and Human Services

Progress Chart

November 2008

Department of Health and Human Services

Tasmania
Explore the possibilities

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Your Health and Human Services
Progress Chart

Lara Giddings, MP

Lin Thorp, MP

The November 2008 Progress Chart continues to reflect growing demand across our health and human services system.

Since the last Progress Chart, the portfolios of Health and Human Services have been split with the Human Services Minister focusing on implementing wide-ranging reforms across Disability, Child, Youth and Family Services and undertaking the review and reform of social and affordable housing in Tasmania.

Requests for proposals on two components of the new service system across Disability, Child, Youth and Family Services were recently called for in order to establish a number of Integrated Family Support Services. These 'gateway services' will be run by community organisations to assess individual and family needs and provide referrals to local service networks. The aim is to provide early support to families facing challenges rather than waiting for a notification to be made to the child protection system before offering help.

Initiatives to address the shortage of affordable housing are progressing with several hundred new homes expected to be built in the first round of the Tasmanian Government supported National Rental Affordability Scheme. The new shared equity scheme announced in the 2008 Budget will also be available to home buyers this year and discussions are taking place with developers to build a 'common ground' style facility in Hobart to address homelessness.

The recently announced Review of Patient Transport and Accommodation Services and the Elective Surgery Improvement Plan are two major projects that have come out of *Tasmania's Health Plan,* which aims to restructure the health system in order to address the significant pressure our hospitals are facing across emergency departments, elective surgery management and outpatient clinics.

All our hospitals are delivering more elective surgery compared to the equivalent period last year. This reflects additional efforts made under the Commonwealth Government's *Elective Surgery Waiting List Reduction Plan.* The focus of this plan is on people who have been waiting to receive surgery beyond clinically appropriate times, with median waiting times as an indicator of how long people have waited for that surgery.

In coming months the Tasmanian Government elective surgery strategy will be implemented, further increasing elective surgery and improving the efficiency of our hospital systems.

The waiting list for elective surgery has, however, continued to grow – reflecting the demands placed on our system through the management of chronic disease and an ageing population.

We commend the November 2008 Progress Chart to you.

Lara Giddings MP
Minister for Health Services

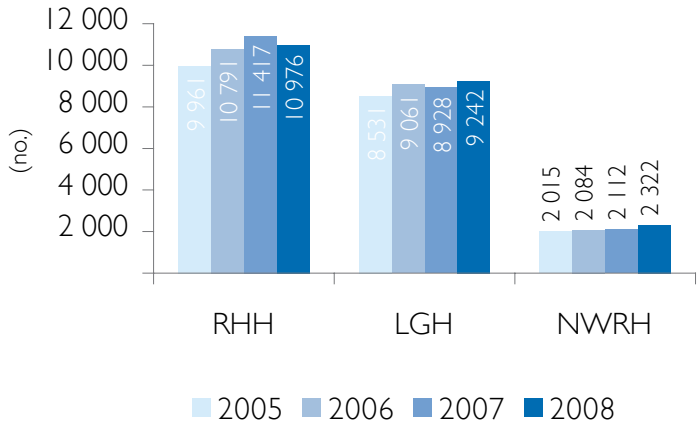
Lin Thorp MP
Minister for Human Services

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 three months ending 30 September 2008, the total number of raw separations for our state's public hospitals remained stable when compared to the same period in 2007. The LGH and NWRH activity levels increased by 3.5 per cent and 9.9 per cent respectively over this period, while the RHH activity levels decreased by 3.9 per cent due to a slight drop in separations following an extremely busy 2007. Over the four years, reported weighted separations for all hospitals have increased by 9.9 per cent.

Figure 1: Admitted patients – number of raw separations (for the 3 months ending September)

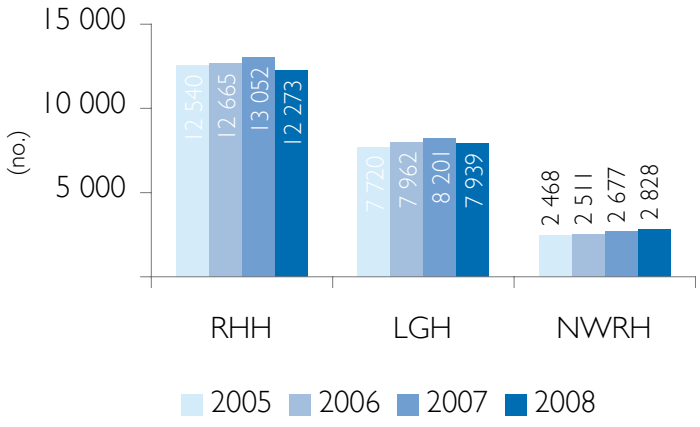


Weighted separations show the level and complexity of the work done in public hospitals, by combining two measures: the number of times people come into hospital and how sick people are when they come into hospital.

The number of weighted separations in our hospitals shows a decrease statewide in the three months to 30 September 2008, compared to the same period in 2007, because not all information at the RHH and LGH for the September 2008 quarter had been coded and assigned a weighting at the time of publication. The final figures are likely to show an increase.

The number of weighted separations decreased by 6 per cent and 3.2 per cent at the RHH and LGH respectively, and increased by 5.7 per cent at the NWRH.

Figure 2: Admitted patients – number of weighted separations (for the 3 months ending September)

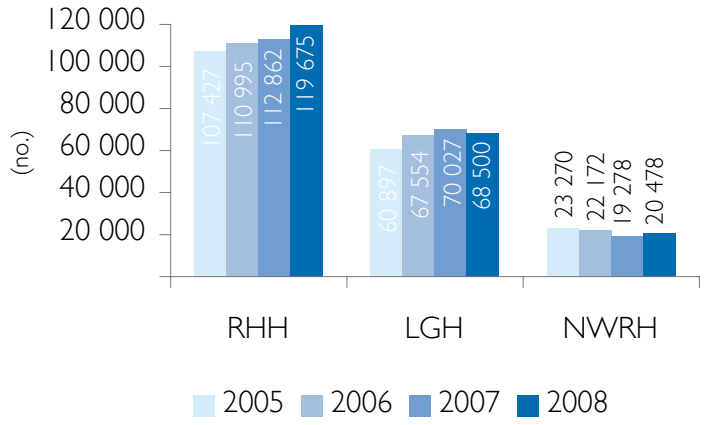


How many times have Tasmanians been treated in our outpatient clinics?

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 208 653 occasions of service in Tasmanian outpatient clinics in the three months ending September 2008. This represented an increase of 3.2 per cent over the same period in 2007. The number of outpatient occasions of service increased by 6 per cent at the RHH and 6.2 per cent at the NWRH, while at the LGH there was a 2.2 per cent decrease.

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

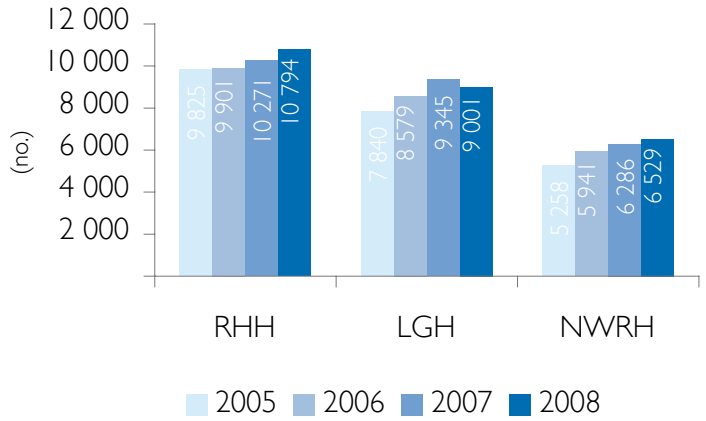


How busy are our emergency departments?

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 26 324 presentations in the state's emergency departments in the three months to 30 September 2008, which represents a 1.6 per cent increase statewide over the same period in the previous year. Presentations at the RHH increased by 5.1 per cent and at the NWRH by 3.9 per cent. However, presentations decreased at the LGH by 3.7 per cent, mostly due to a reduction in demand in August 2008.

Figure 4: Emergency Department presentations (for the 3 months ending September)



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

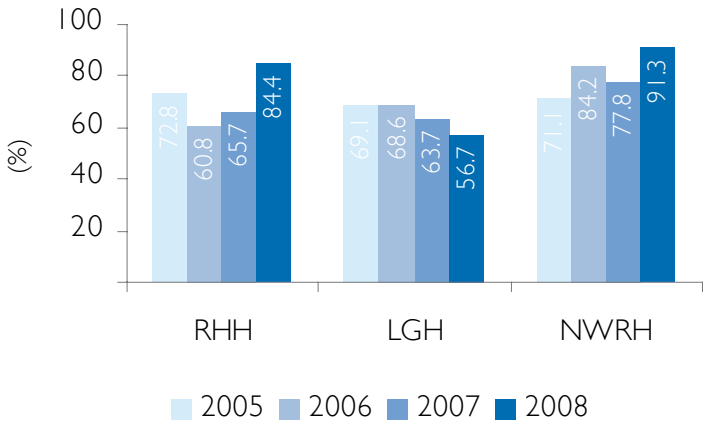
Australian Triage Scale Category 2 patients are those who require emergency treatment for very severe pain or imminently life-threatening or time-critical treatment. The Australasian College for Emergency Medicine has set a target of 80 per cent of Category 2 patients to be seen within 10 minutes.

The percentage of Category 2 patients seen statewide within the recommended time frames increased to 75.8 per cent in the three months to 30 September 2008, compared to 67.5 per cent in the same period in the previous year. The RHH increased from 65.7 per cent to 84.4 per cent and the NWRH increased from 77.8 per cent to 91.3 per cent, both of which exceed the most recent Australian average of 76 per cent (Source: *Australian Hospital Statistics 2006–07*).

The LGH decreased from 63.7 per cent to 56.7 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.

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 3 months ending September)



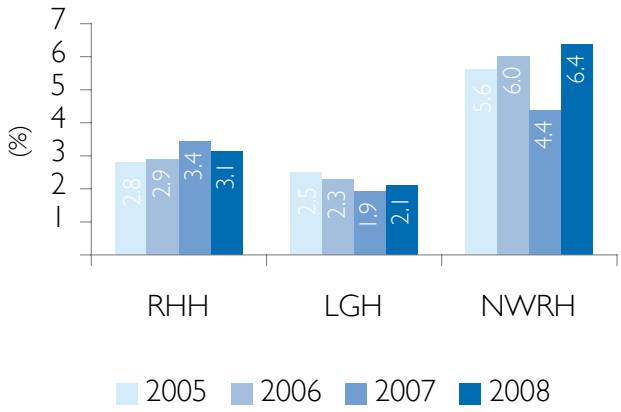
What is the rate of hospital readmissions?

This shows the percentage of patients who require an unexpected and unplanned readmission to hospital within 28 days of being discharged. This could be due to a relapse or a complication resulting from the illness for which the patient was initially admitted, although an unplanned readmission can also include admissions for conditions that are not related to the previous admission.

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

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

Figure 6: Unplanned readmissions within 28 days (for the 3 months ending September)



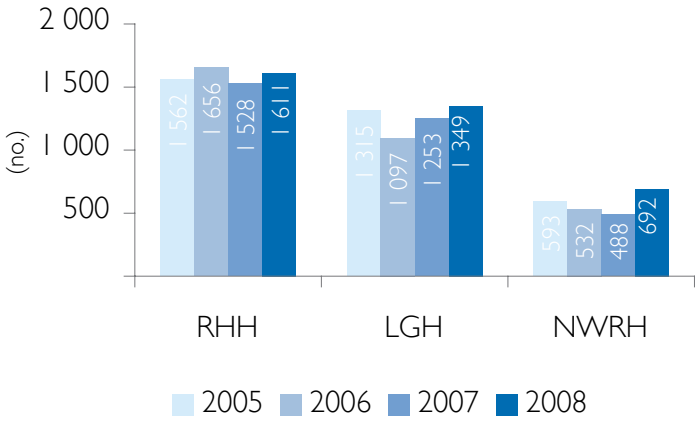
How many people were admitted from the elective surgery waiting list?

The number of patients admitted from the elective surgery waiting list for the three months to 30 September 2008 showed an increase of 11.7 per cent statewide 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.

The RHH and LGH increased by 5.4 per cent and 7.7 per cent respectively, while the NWRH increased by 41.8 per cent. Greater efficiency in the use of theatres has enabled staff at the NWRH to significantly increase elective surgery cases.

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 27 September 2008, 967 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.

Figure 7: Admissions from waiting list (for the 3 months ending September)



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

What is the waiting list for elective surgery?

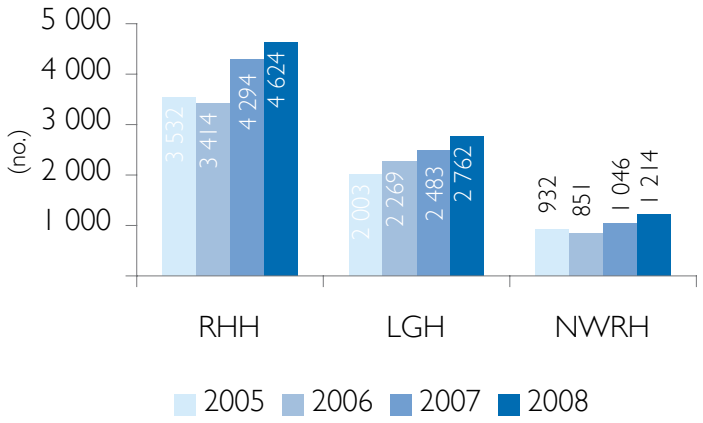
This information shows the number of patients waiting for elective surgery who are ready to accept an offer of admission to hospital. The number of people on the waiting list in all of our public hospitals increased by 9.9 per cent to 8 600 as at the end of September 2008, compared to 7 823 at the end of September 2007.

The number of people on the waiting list has continued to increase, 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 this year.

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.

Over the three months to September 2008 the NWRH waiting list increased by 16.1 per cent, the LGH by 11.2 per cent and the RHH by 7.7 per cent.

Figure 8: Waiting list (as at 30 September)



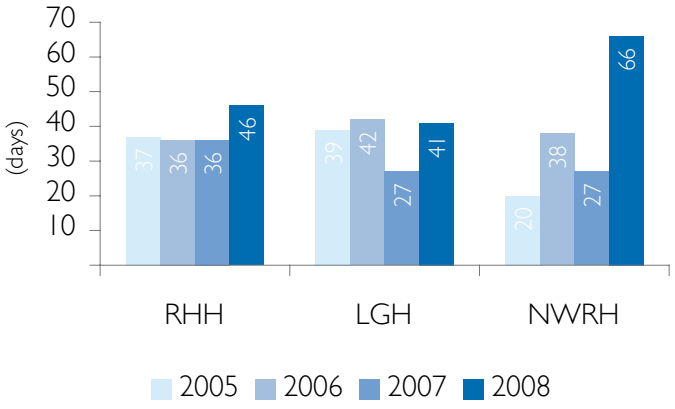
The increase at the NWRH is due in part to an audit of the waiting list which identified a large number of patients unknown to the Department. Additionally, patients waiting for major joint replacement surgery at the Mersey Community Hospital were transferred to the NWRH waiting list. It is clear, however, 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 statewide median waiting times for elective surgery increased from 30 days to 46 days for the three months ending 30 September 2008, when compared to the same period in 2007. The statewide figure includes the Mersey Community Hospital.

The increases in the median waiting times at the RHH (from 36 to 46 days), the LGH (from 27 to 41 days) and the NWRH (from 27 to 66 days) are a result of more long-wait patients being treated in response to an increase in Australian Government funding for this purpose.

Figure 9: Median waiting times for elective patients admitted from the waiting list (for the 3 months ending 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. This measure for the total ambulance responses includes emergency, urgent and non-urgent responses. When compared to the same period in 2007, in the three months to September 2008 the total number of ambulance responses increased by 1.9 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 2.8 per cent. However, urgent responses have increased by 3.1 per cent and non-urgent decreased by 4.6 per cent.

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

Figure 10: Total ambulance responses (for the 3 months ending 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.

Median response times for the more populated areas of Tasmania such as Hobart (10.1 minutes), Launceston (9.5 minutes), Devonport (8.6 minutes) and Burnie (8.4 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 10.8 minutes for the September 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. The working group will soon provide recommendations to the RHH and the Tasmanian Ambulance Service about future management of ramping.

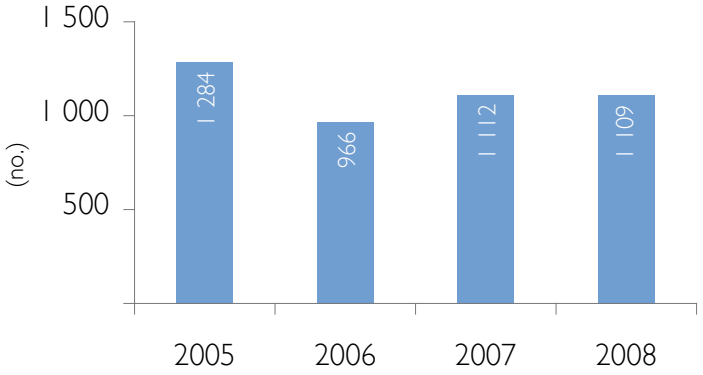
Figure 11: Ambulance emergency response times (for the 3 months ending September)

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 three months to 30 September 2008 has remained steady, compared with the same period in 2007. Overall, when 2008 year-to-date figures are compared with the 2007 figures, the demand for palliative care continues to increase.

Figure 12: Palliative Care – clients accessing the service (for the 3 months ending September)



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.

Ongoing difficulty in recruiting radiologists and radiographers in 2007 and 2008 has resulted in a 9 per cent decrease in the number of women screened in the three months to September 2008, compared to the same screening cohort for the same period in 2006.

Meanwhile, the Service continues to utilise interstate radiology reading services. During September 2008, a part-time radiographer was successfully recruited for the Hobart clinic and negotiations are underway to recruit another radiologist in 2009. Despite these efforts, other factors such as staff illness and leave continue to affect the Service's capacity to screen women.

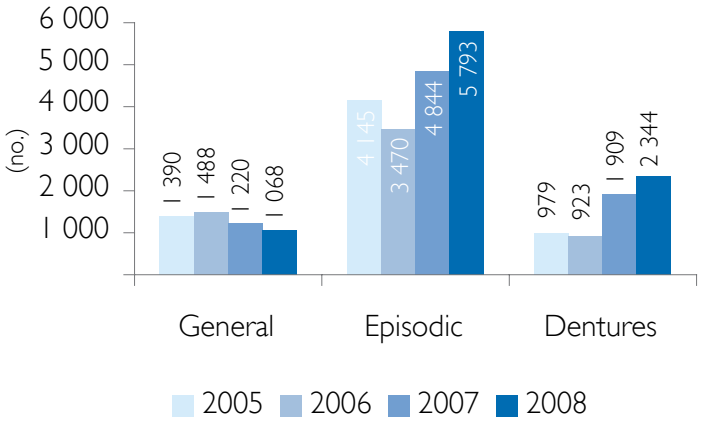
Figure 13: Eligible women screened for breast cancer (for the 3 months ending September)

How many dental appointments have adults accessed?

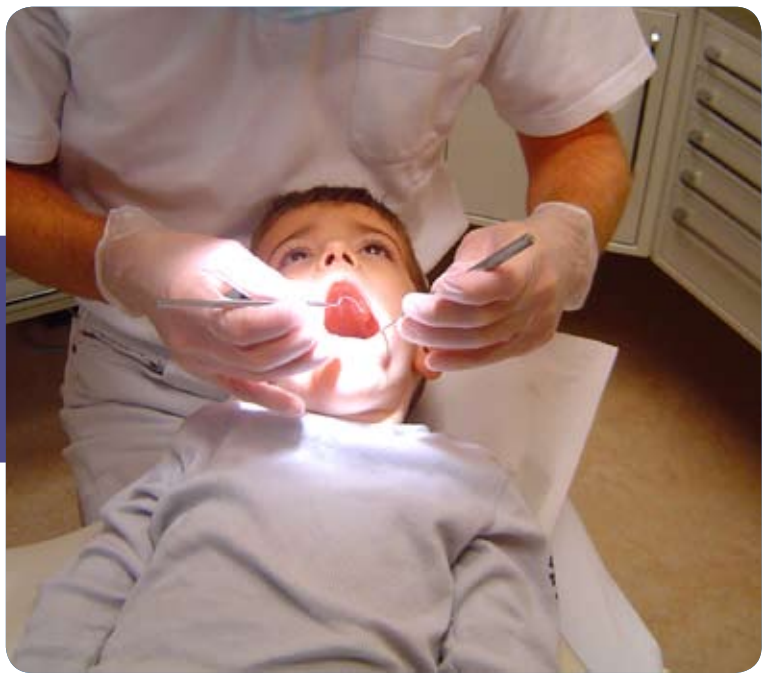
This indicator shows the number of occasions of service for all dental services (episodic care, general care and dentures) provided around the state. There was a significant increase of 15.5 per cent in the number of occasions of service in the three months to 30 September 2008, compared to the same period in the previous year, reflecting improved access to dental care. The 22.8 per cent increase in the dentures occasions of service to 2 344 for this period is due to an improved ability to report activity through a new information management system and an increase in the number of dental officers employed.

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 3 months ending September)



How many dental appointments have children accessed?

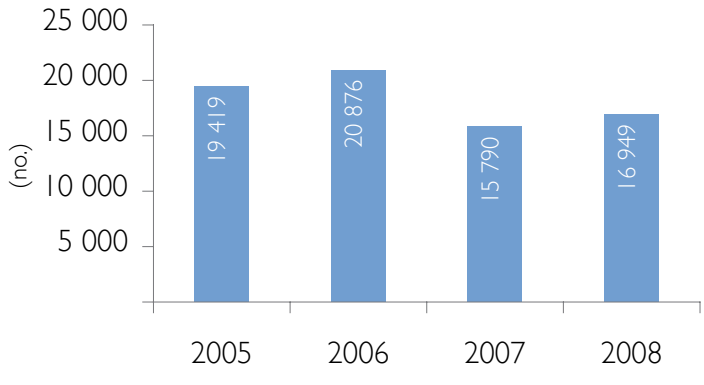


There has been an increase of 7.3 per cent in the occasions of service for children receiving dental care for the three months ending 30 September 2008, compared to the same period in the previous year.

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. There have been some slight increases in clinical availability during the last quarter due to staff returning from extended leave.

Under the Government's Better Dental Care Package, a $1.9 million education and service centre has recently opened in Hobart which will provide the local capacity for training existing and additional therapists. 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 3 months ending September)

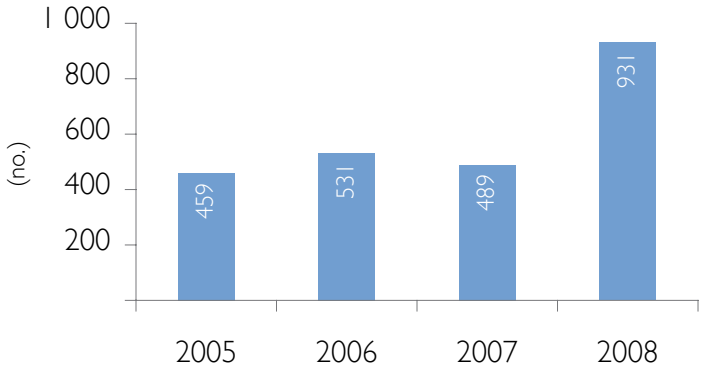


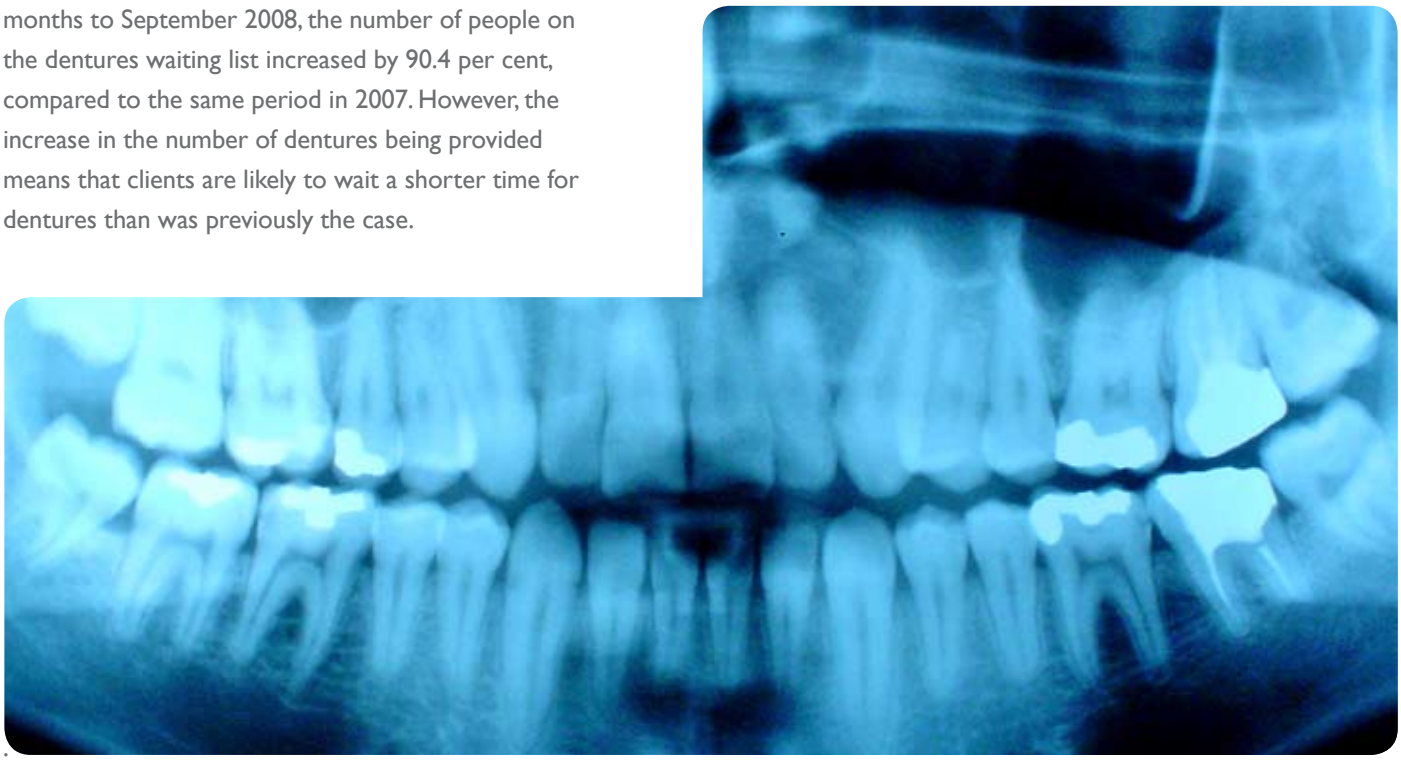
What are the waiting lists for oral health services?

The dentures waiting list indicator provides a measure of the number of people waiting for upper and/or lower dentures. This does not include people who are waiting for partial dentures, as these are included in the general care waiting list. Oral Health Services Tasmania uses private providers to help address denture demand. As a result of additional dentists being employed in 2007 more people have been assessed, resulting in a significant increase in the demand for dentures.

As noted in Figure 14, the number of dentures being provided has increased significantly. In the three months to September 2008, the number of people on the dentures waiting list increased by 90.4 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 30 September)

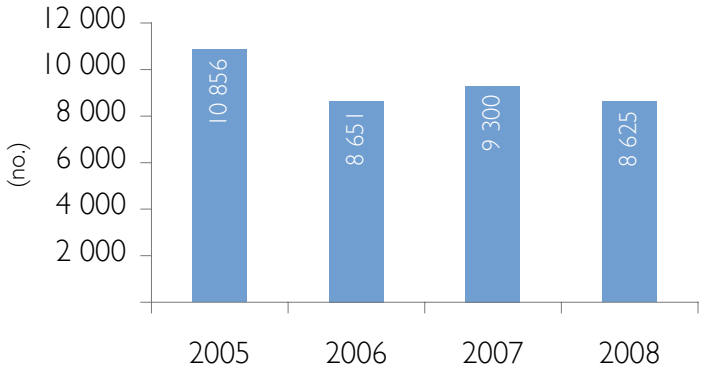




The general care (adults) waiting list indicator provides a measure of the number of adults waiting for general care oral health services. The number of adults waiting for general care decreased by 7.3 per cent in the three months to September 2008, compared to the same period in 2007.

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 and the waiting lists in those regions are also expected to decrease accordingly.

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

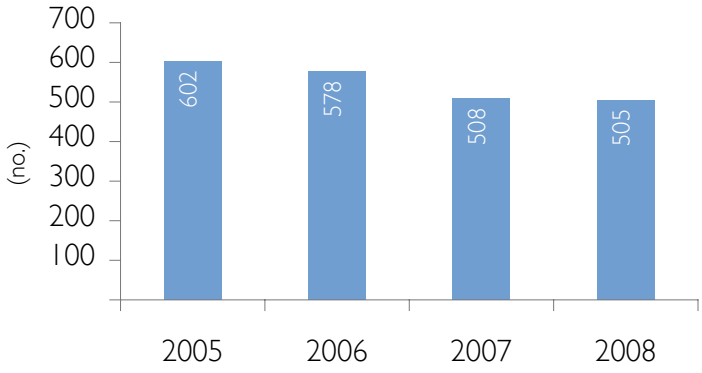


What is the activity rate in our mental health acute facilities?

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 has declined since 2004, but remained steady in the three months to 30 September 2008 compared to the same period the previous year. In 2006, a new model of care was introduced for adults aimed specifically at helping people with serious mental illness to remain in the community and therefore reduce the need for services within an acute setting.

Figure 18: Mental Health Services – inpatient separations (for the 3 months ending September)



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.

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 three months to 30 September 2008 compared to the same period in 2007 is attributable in part to an audit of active clients. This has led to many patients who had been discharged being removed from the database of active clients. The audit is expected to be completed during 2008. It is anticipated that the model of care will, over time, result in an increase in the number of clients actively accessing Mental Health Services.

Figure 19: Mental Health Services – community and residential – active clients (as at 30 September)

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?

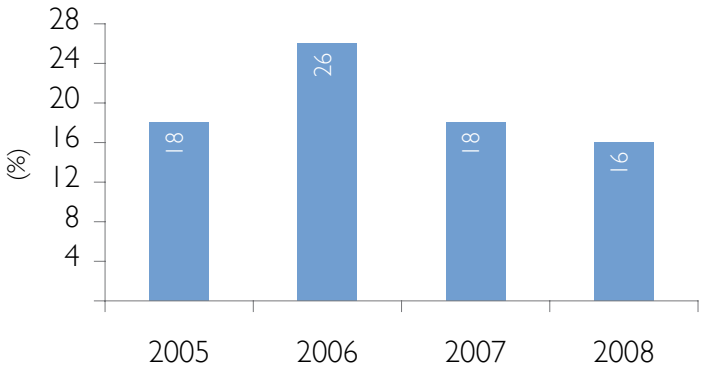
This shows the percentage of people whose readmission to the same acute psychiatric inpatient unit or another public sector acute psychiatric inpatient unit within 28 days of discharge was unplanned or unexpected. This could be due to a relapse or a complication resulting from the illness for which the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

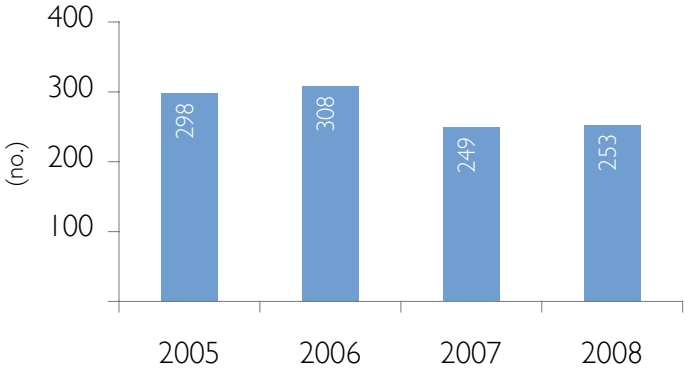
The rate has been recalculated using a rebased separations count. This has reduced the number of separations and therefore the readmission rate has increased in comparison to previous calculation methods. Previous years have been adjusted to reflect this change.

Figure 20: 28-Day readmission rate – all hospitals (for the 3 months ending September)



How many people have been housed?

Figure 21: Number of applicants housed (for the 3 months ending September)



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 three months to 30 September 2008 the number of applicants housed increased slightly by 1.6 per cent, compared to the same period in 2007.

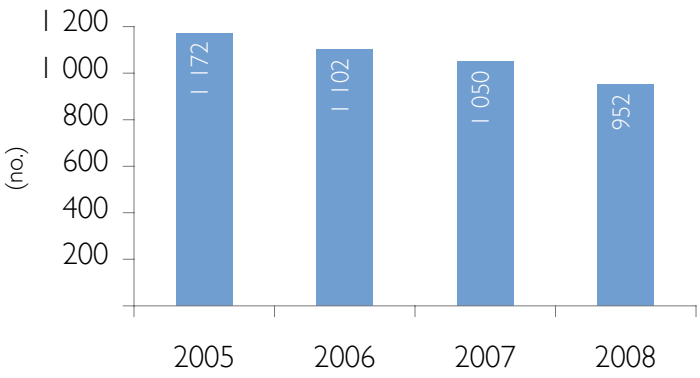
As at 30 September 2008, there were 23 513 people living in public housing in Tasmania, an increase of 17 people since the previous quarter.

How many people receive private rental assistance?

In the three months ending 30 September 2008, 952 households received assistance through the Private Rental Support Scheme, representing a 9.3 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 3 months ending September)



What are the waiting lists for public housing?

This indicator measures the total number of people waiting for public housing as at 30 September 2008.

The waiting list for public housing has increased by 3.2 per cent for the three months to September 2008, compared to the same period the previous year. This slight 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.

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

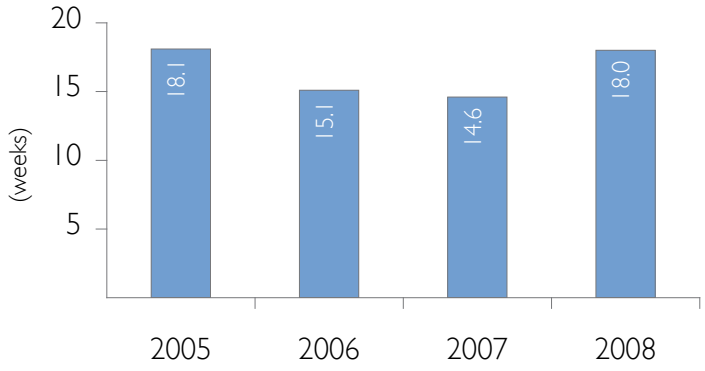
The Government has also announced a review of public and affordable housing provision and the findings of the review are due to Cabinet by early 2009.

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 18 weeks for the three months to September 2008, compared to 14.6 weeks for the same period in 2007. This increase is attributed to extremely high public housing occupancy rates due to the increasing unaffordability of private rental properties. This has resulted in fewer vacancies, with only 115 people vacating public housing properties in September 2008 compared to 164 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, especially in relation to applicants with special needs.

Figure 24: Average time to house Category 1 applicants (for the 3 months ending September)



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?

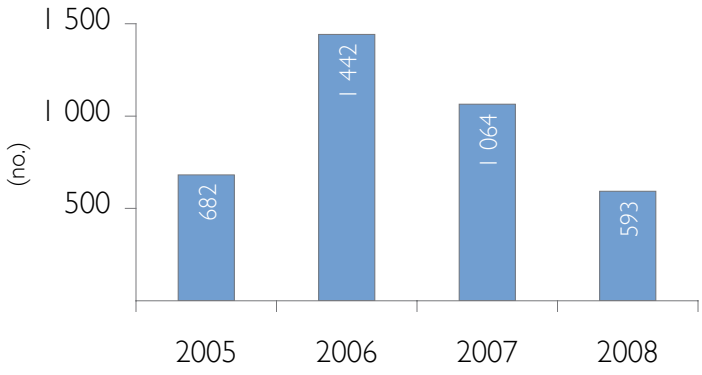
The number of notifications of child abuse and neglect that were referred for further investigation increased significantly up to 2006, following the introduction of the *Family Violence Act 2004* and the Safe at Home initiative.

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 September 2008 is expected to increase further. It is likely, however, that an overall decrease will still be observed for the three months to September 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 3 months ending September)



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 30 September 2008, there was a 93.2 per cent decrease in the number of unallocated cases, from 806 to 55 for the same date in the previous year. Intensive work on finalising and better managing cases, including a dedicated project that commenced in 2006-07, has led to a significant reduction in the number of unallocated cases.

This reduction has also been achieved as a result of a number of improvements in the operational model, and the implementation of the new Child Protection Information System in February 2008. It is anticipated that these changes will maintain this downward trend.

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

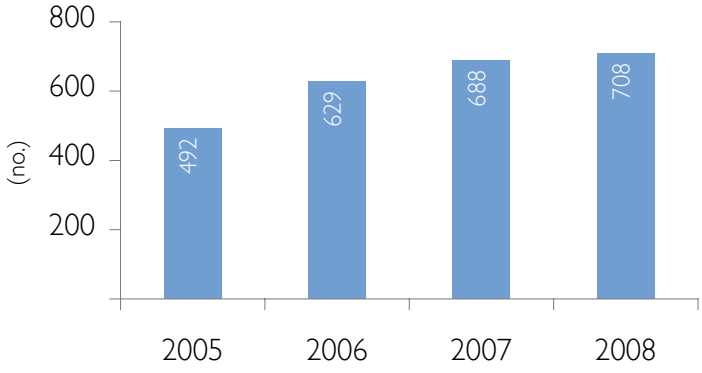
How many children are placed in out-of-home care?

The number of children in out-of-home care as at 30 September 2008 has remained relatively stable since 30 September 2007, increasing slightly by 2.9 per cent.

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

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

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



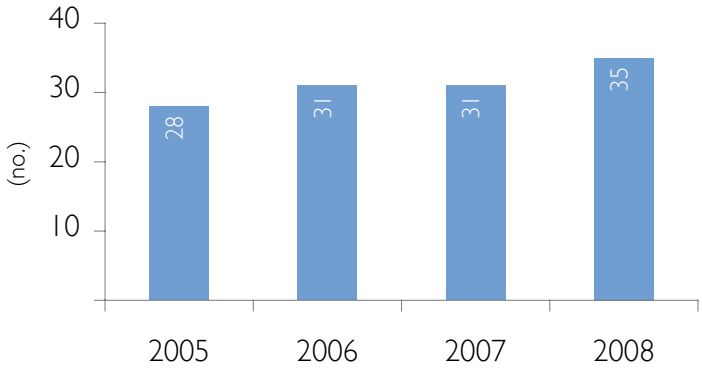
What are the waiting lists for people requiring supported accommodation?

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

In addition to providing support for daily living these services promote access, participation and integration into the local community. The majority of supported accommodation is provided by community-based organisations that are funded by Disability Services. As at 30 September 2008, the supported accommodation waiting list increased by 12.9 per cent, from 31 to 35, since September 2007. This is because demand has exceeded the available accommodation options, even though additional accommodation places continue to be funded.

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.

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



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.

What is the waiting list for day options clients?

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

Day options waiting list numbers provide a broad indication of unmet demand for a range of community access services among people with a disability in Tasmania. The waiting list has increased from 79 people at 30 September 2005 to 124 people at 30 September 2008 as demand for community access services increased. However, the number of people receiving community access services also increased from 1 166 in 2004–05 to 1 487 in 2007–08.

Additional day options programs will become available in the coming months as a result of additional investment from both Australian and state governments announced in the 2008 State Budget. It is estimated

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

that an additional 50 people with disabilities will receive community access packages during 2008–09. Funding will be distributed across the state according to the percentage of people with severe disabilities who live in each region.

Explanatory notes

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

2. It should be noted that from December 2004, patient activity at the Mersey Campus was included in the figures for the North West Regional Hospital until 1 November 2007, when the Australian Government took over operation of the Mersey Hospital. Although the Tasmanian Government has resumed management of the Mersey Hospital, the data in this report still only represents data from the NWRH at Burnie (with the exception of the median waiting time for elective surgery indicator which includes Mersey data for the September 2008 quarter), to enable time series comparisons to be made.

3. From 1 January 2007, the activity measure for dental 'Emergency Occasions of Service' has been renamed 'Episodic Occasions of Service' to better reflect the new service model and the nature of care provided. 'Episodic' includes 'emergency', 'urgent', and 'priority' care, the first two of which are free. 'General Occasions of Service' has also been redefined to only relate to a full course of treatment provided to a client from the waiting list. The historical data reported for these indicators remains unchanged, and trend comparisons for the number of general and episodic occasions of service are only comparable with 2007 and not with 2005 and 2006 data.

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

5. The following acronyms are used in this report:

    a. DEM Department of Emergency Medicine

    b. LGH Launceston General Hospital

    c. NWRH North West Regional Hospital

    d. RHH Royal Hobart Hospital

CONTACT
Department of Health
and Human Services
GPO Box 125
Hobart TAS 7001
Telephone: (03) 6233 4805
www.dhhs.tas.gov.au