Your Health and Human Services

Progress Chart

September 2013

Department of Health and Human Services

Tasmanian Government

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A note about the *MyHospitals* website

The *MyHospitals* Website, launched on 10 March 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, emergency department care and safety and quality data.

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.*

What is the overall level of activity in our hospitals?

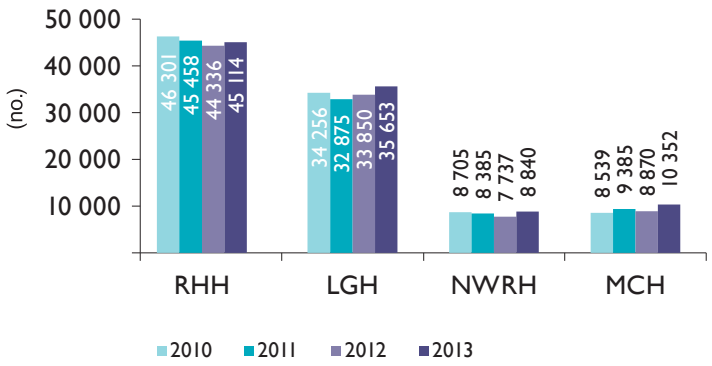
A separation is an episode of admitted patient care. Raw separations are not adjusted for the complexity of the episode of care and represent each individual episode of care in a given period (see explanatory note 1).

In the 12 months ending 30 June 2013 compared to the same period in the previous year, the number of raw separations:

- increased by 1.7 per cent at the RHH.
- increased by 5.3 per cent at the LGH.
- increased by 14.3 per cent at the NWRH.
- increased by 16.7 per cent at the MCH.

Figure 1: Admitted patients – number of raw separations

(for the 12 months ending 30 June)



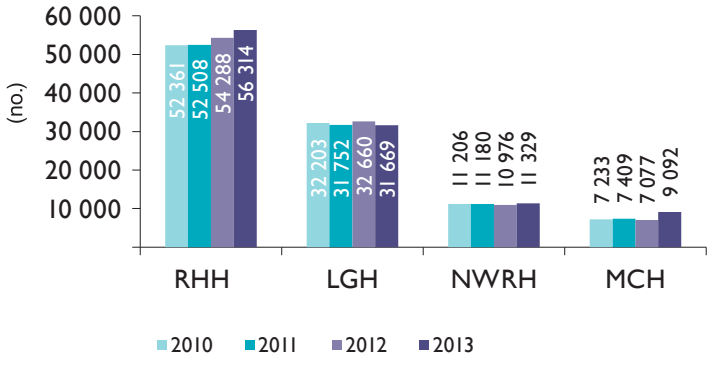
Weighted separations show the level and complexity of the work done in public hospitals by combining two measures: the number of times people come into hospital and how ill people are when they come into hospital (see explanatory note 1).

In the 12 months ending 30 June 2013 compared to the same period in the previous year, the number of weighted separations:

- increased by 3.7 per cent at the RHH.
- decreased by 3 per cent at the LGH.
- increased by 2.2 per cent at the NWRH.
- increased by 28.5 per cent at the MCH.

Figure 2: Admitted patients – number of weighted separations

(for the 12 months ending 30 June)



How busy are our Emergency Departments?

Emergency department (ED) services are provided at each of the State's major public hospitals. EDs provide care for a range of illnesses and injuries, particularly those of a life-threatening nature. Figure 3 shows the number of people who presented to our EDs across the state.

In the 12 months ending 30 June 2013 compared to the same period in the previous year, ED presentations:

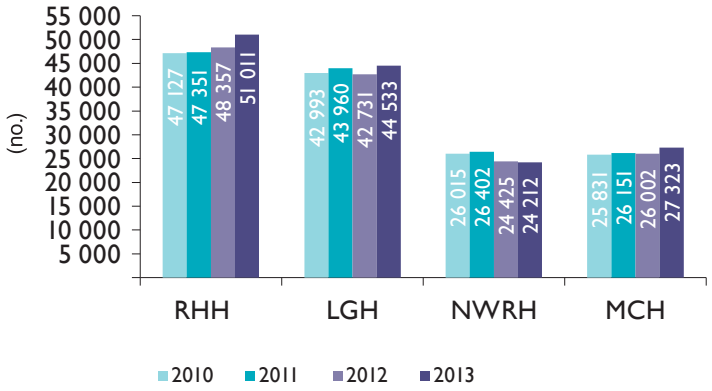
- increased by 5.5 per cent at the RHH.
- increased by 4.2 per cent at the LGH.
- decreased by 0.9 per cent at the NWRH.
- increased by 5.1 per cent at the MCH.

A range of initiatives continue to be implemented to address ED demand, 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.
- using patient management protocols and procedures within EDs to maximise overall efficiency.
- streaming patient care in the ED based on likely admission or discharge to improve efficiency.
- improved efficiency and reduced waiting times for patients with non life-threatening minor injuries/illnesses through a fast track model of care at the ED.
- admission avoidance programs – managing patients in the community and reducing the demand on inpatient beds.
- improving bed access and overcrowding procedures to maximise use of inpatient beds.
- addressing physical facilities and staffing within EDs.

Figure 3: Emergency Department presentations

(for the 12 months ending 30 June)



What percentage of patients were seen within recommended timeframes in EDs?

All patients presenting to an ED are triaged on arrival by a specifically trained and experienced registered nurse. The triage assessment and Australasian Triage Scale Categories are then allocated and recorded.

This indicator represents the percentage of patients assigned triage categories 1 through to 5 who commence medical assessment and treatment within the relevant waiting time from their time of arrival. The guidelines set by the Australasian College for Emergency Medicine (ACEM) are as follows:

- **Category 1 (resuscitation)** 100 per cent of patients should be seen immediately.
- **Category 2 (emergency)** 80 per cent of patients should be seen within 10 minutes.
- **Category 3 (urgent)** 75 per cent of patients should be seen within 30 minutes.
- **Category 4 (semi-urgent)** 70 per cent of patients should be seen within 1 hour.
- **Category 5 (non-urgent)** 70 per cent of patients should be seen within 2 hours.

In the 12 months ending 30 June 2013, the ACEM benchmarks were achieved for category 1, 2 and 5 patients at the RHH. Improved performance was seen in all categories. Changes to admission processes for patients from ED to inpatient wards.

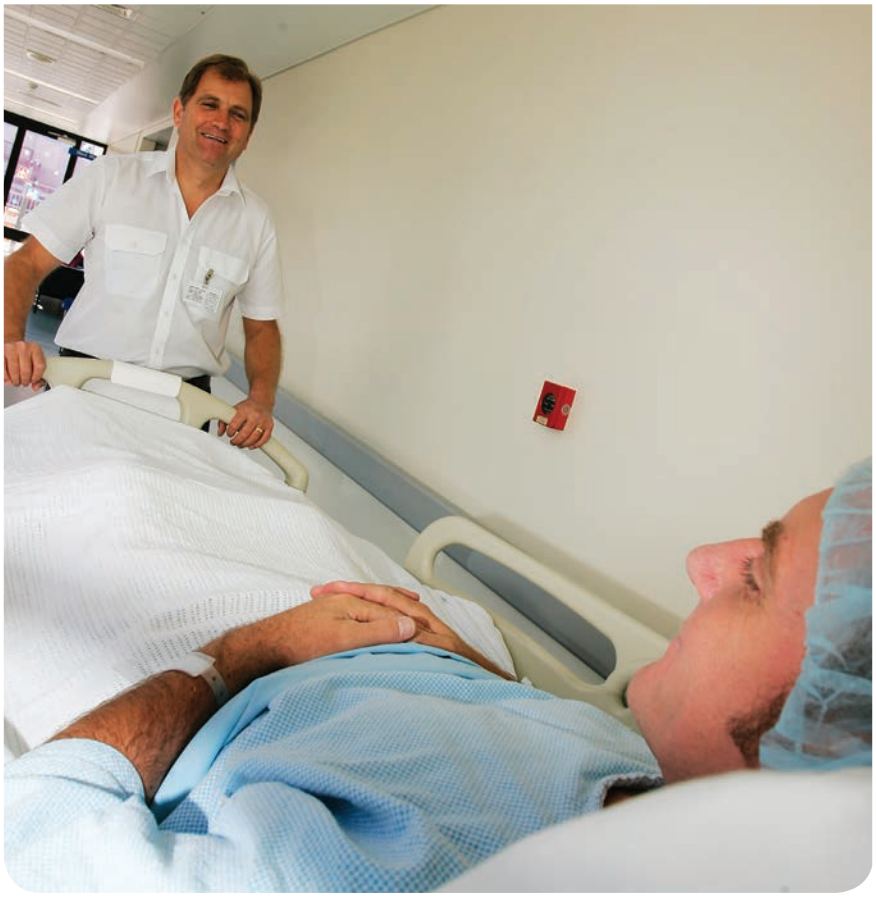
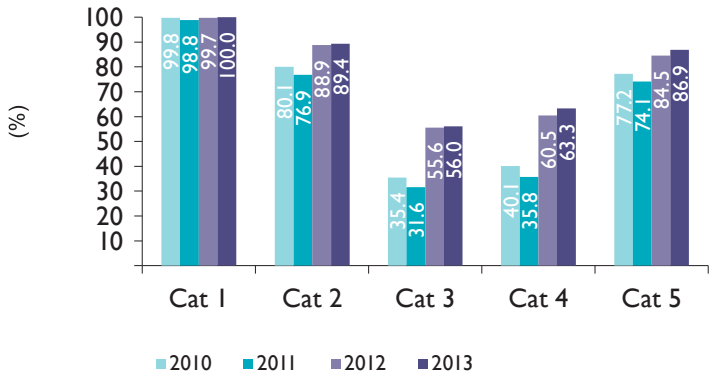


Figure 4: Patients who were seen within the recommended timeframe for Emergency Department Australasian Triage Scale Categories (RHH)

(for the 12 months ending 30 June)



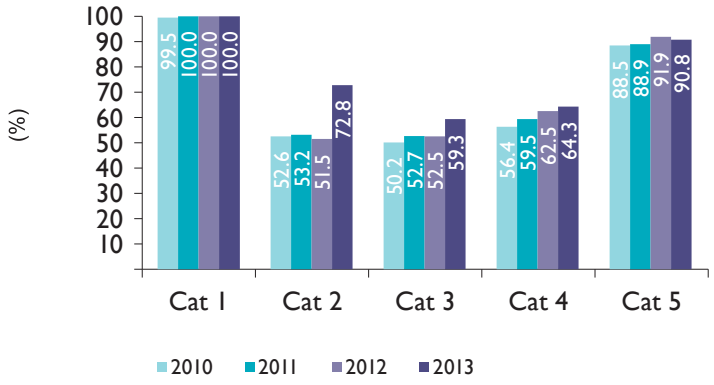
In the 12 months ending 30 June 2013 at the LGH, the ACEM benchmark was achieved for category 1 and 5 patients, with improvements shown in the other categories when compared to the previous year.

Over the period, performance in category 2 increased significantly from 51.5 per cent to 72.8 per cent and category 3 from 52.5 per cent to 59.3 per cent.

The new ED which opened in January 2012 has increased the treatment spaces available and led to an improvement in the proportion of ED patients seen on time.

Figure 5: Patients who were seen within the recommended timeframe for Emergency Department Australasian Triage Scale Categories (LGH)

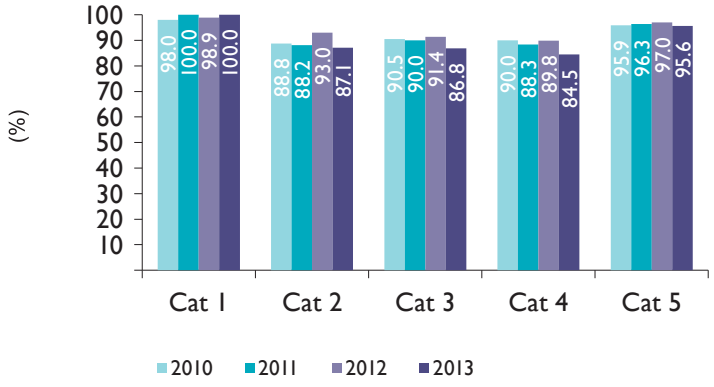
(for the 12 months ending 30 June)



In the 12 months ending 30 June 2013 at the NWRH, performance in all categories met the ACEM benchmarks, although there was a slight drop in the percentage of categories 2, 3, 4 and 5 seen in time when compared to the previous year.

Figure 6: Patients who were seen within the recommended timeframe for Emergency Department Australasian Triage Scale Categories (NWRH)

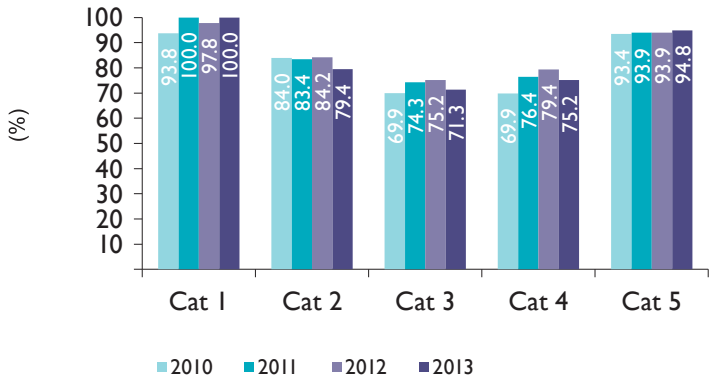
(for the 12 months ending 30 June)



In the 12 months ending 30 June 2013 at the MCH, ACEM benchmarks were achieved in all triage categories except triage categories 2 and 3. There was a slight drop in percentage of categories 2, 3 and 4 seen in time when compared to the previous year.

Figure 7: Patients who were seen within the recommended timeframe for Emergency Department Australasian Triage Scale Categories (MCH)

(for the 12 months ending 30 June)



What percentage of patients leave the ED within 4 hours?

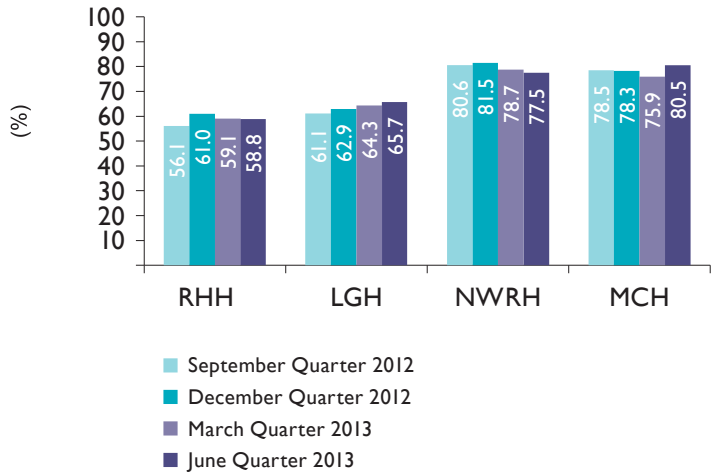
This emergency department indicator commenced 1 January 2012. Under the *National Partnership on Improving Public Hospital Services* the National Emergency Access Target (NEAT) has been introduced to measure Emergency Department length of stay. This measure reports the percentage of patients who physically leave the Emergency Department within four hours of presentation, regardless of whether they are admitted to hospital, referred to another hospital for treatment, or discharged.

This target is being phased in over four years, with annual interim targets set with the aim of achieving 90 per cent by 2015. The target for Tasmania for 2012 was 72 per cent and this increased to 78 per cent for 2013. More detailed performance data for this target is available in Appendix 1.

The proportions leaving within four hours at the NWRH exceeded the target for all quarters except the June 2013 quarter which was slightly below the target. MCH exceeded the target for all quarters except for the March 2013 quarter. The RHH and LGH were both below the targets for all quarters with a drop in performance in the June 2013 quarter at the RHH.

Figure 8: Percentage of ED presentations who physically left within four hours of presentation

(June 2012 – July 2013)



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

When compared to the same period in the previous year, admissions from the waiting list decreased at three of the four hospitals:

- by 1.6 per cent at the RHH.
- by 5.8 per cent at the LGH.
- by 6.8 per cent at the NWRH.

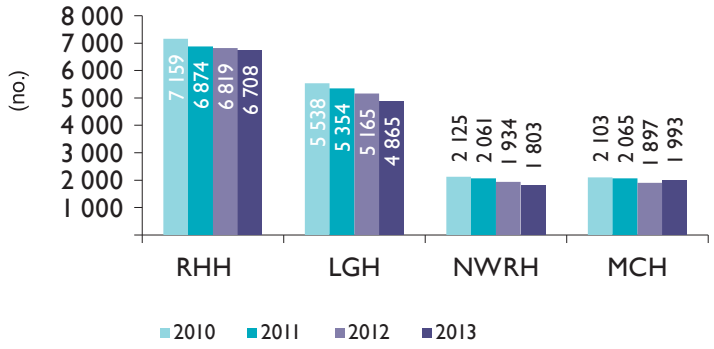
Waiting list admissions increased at one hospital:

- by 5.1 per cent at the MCH.

This data includes patients treated through the funding provided by the Australian Government under the *National Agreement for Improving Public Hospital Services.*

Figure 9: Admissions from waiting list

(for the 12 months ending 30 June)



What is the waiting list for elective surgery?

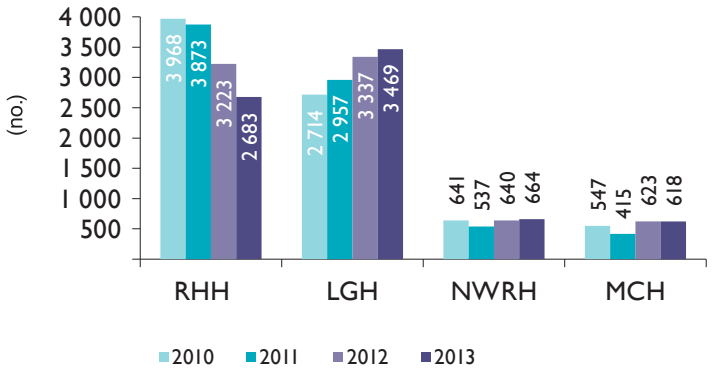
This information shows the number of patients waiting for elective surgery who are ready for care.

As at 30 June 2013 compared to the same time in the previous year, the number of patients waiting for elective surgery:

- decreased by 16.7 per cent at the RHH.
- increased by 3.9 per cent at the LGH.
- increased by 3.8 per cent at the NWRH.
- decreased by 0.8 per cent at the MCH.

Figure 10: Waiting list

(as at 30 June)



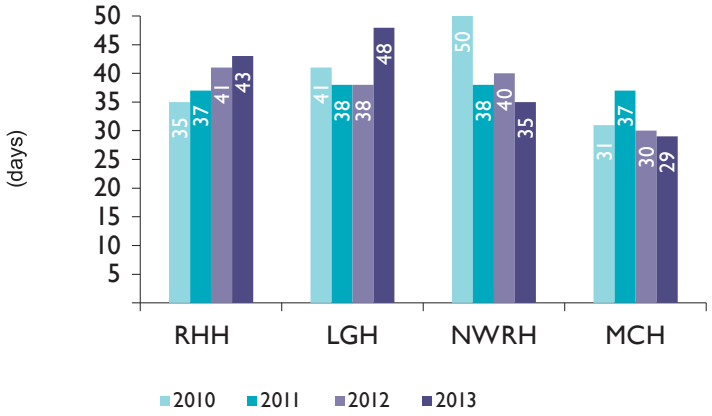
What is the usual time to wait for elective surgery?

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

The median waiting time increased by two days at the RHH, increased by 10 days at the LGH, decreased by five days at the NWRH and by one day at the MCH.

Figure 11: Median waiting times for elective patients admitted from the waiting list

(for the 12 months ending 30 June)



What percentage of elective surgery patients were seen within recommended timeframes?

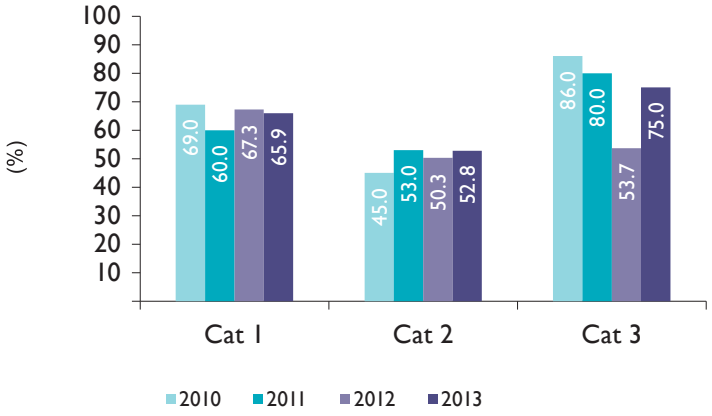
This indicator provides a measure of the percentage of patients admitted from the elective surgery list within the recommended timeframes. The current Tasmanian category timeframes are as follows:

- **Category 1 – Urgent:** Admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it might become an emergency.
- **Category 2 – Semi-urgent:** Admission within 90 days is desirable for a condition which is likely to deteriorate significantly if left untreated beyond 90 days.
- **Category 3 – Non urgent:** Admission beyond 90 days is acceptable for a condition which is unlikely to deteriorate quickly.

In the 12 months ending 30 June 2013 compared to the same time in the previous year the proportion of category 1 patients seen on time at the RHH decreased from 67.3 per cent to 65.9 per cent, increased in category 2 from 50.3 per cent to 52.8 per cent and increased in category 3 from 53.7 per cent to 75.0 per cent.

Figure 12: Patients seen within the recommended time for elective surgery at the RHH

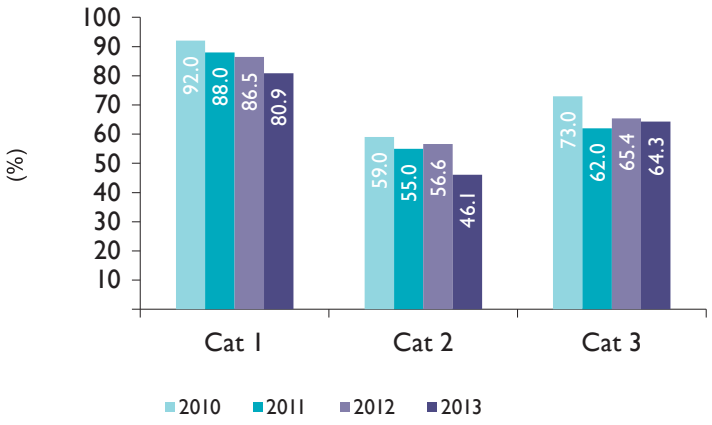
(for the 12 months ending 30 June)



At the LGH, the proportion of patients seen on time decreased in category 1 from 86.5 per cent to 80.9 per cent, decreased in category 2 from 56.6 per cent to 46.1 per cent and decreased in category 3 from 65.4 per cent to 64.3 per cent.

Figure 13: Patients seen within the recommended time for elective surgery at the LGH

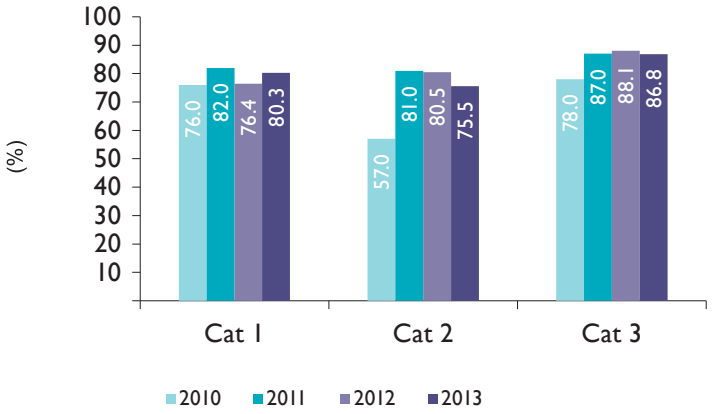
(for the 12 months ending 30 June)



At the NWRH, the proportion of patients seen on time increased in category 1 from 76.4 per cent to 80.3 per cent, decreased in category 2 from per cent to 80.5 per cent to 75.5 per cent and decreased from 88.1 per cent to 86.8 per cent in category 3.

Figure 14: Patients seen within the recommended time for elective surgery at the NWRH

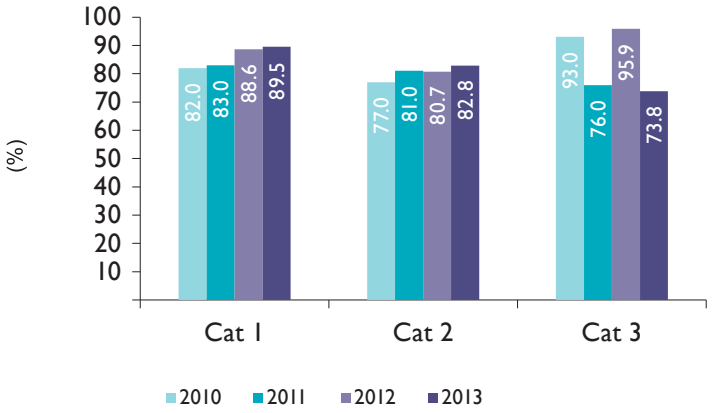
(for the 12 months ending 30 June)



At the MCH, the proportion of patients seen on time increased in category 1 from 88.6 per cent to 89.5 per cent, increased in category 2 from 80.7 per cent to 82.8 per cent, and decreased in category 3 from 95.9 per cent to 73.8 per cent.

Figure 15: Patients seen within the recommended time for elective surgery at the MCH

(for the 12 months ending 30 June)



How is Tasmania progressing towards the National Elective Surgery Access Target?

Tasmania has agreed to report progress towards the *National Elective Surgery Access Target* (NEST) which is part of the *National Partnership Agreement on Improving Public Hospital Services.*

The NEST targets aim to improve the immediate and long term delivery and access to elective surgery through a range of system wide projects which are being co-ordinated through each of Tasmania's four major public hospitals.

The Agreement provides reward payments to be made in recognition of improved performance.

There are too many indicators in the NEST agreement to include in the main section of the *Progress Chart.* However, detailed performance data for the NEST targets is publicly available in Appendix 1.

What is the National Partnership Agreement on Improving Health Services in Tasmania (IHST)

The *National Partnership Agreement on Improving Health Services in Tasmania* (IHST) is part of the $325 million Tasmanian Health Assistance Package announced by the Federal Health Minister Tanya Plibersek in June 2012. This agreement supports the delivery of a package of health service measures to address the future challenges of Tasmania's older population, high rates of chronic disease and Tasmanian health system constraints.

The IHST provides $30.5 million for the delivery of additional elective surgery procedures, between 2012-2013 and 2015-2016. As part of this agreement Tasmania needs to perform at least 2 600 additional procedures for patients who have waited the longest beyond the clinically recommended period for their surgery. This means there will be a minimum of 500 additional procedures performed across the State each financial year until 30 June 2016.

IHST data for 7 September to 30 June 2013 showing the number and types of procedure for the first group of targeted patients is included in this Progress Chart at Appendix 2.

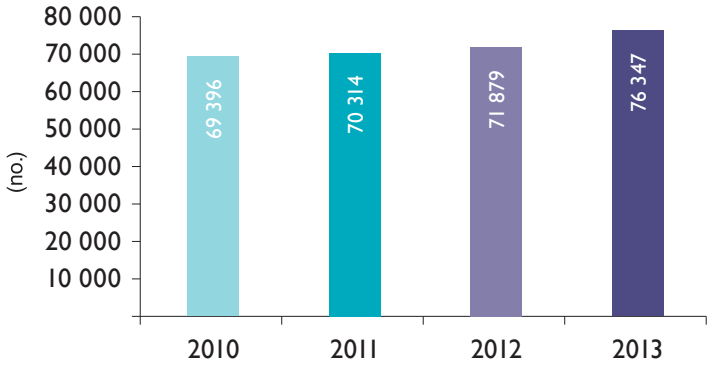
How many call outs has our ambulance service responded to?

Ambulance Tasmania responds to calls for emergency medical assistance by dispatching sedans, ambulances, helicopters, fixed wing aircraft or in some cases marine responses.

The number of vehicles dispatched (responses) is one measure of Ambulance Tasmania's workload and an indicator of the demand for ambulance services in Tasmania. This measure includes emergency, urgent and non-urgent responses, sometimes referred to as Domestic cases (Note: Cases managed by the Heath Transport Service – these include scheduled bookings for Non Emergency Patient Transport Service patients – are excluded).

Figure 16: Total ambulance responses

(for the 12 months ending 30 June)



In 2012 Ambulance Tasmania refined its case load query to exclude vehicle movements that did not involve patients – such as the movement of a vehicle to a repairer or driving between stations when not on cases. Excluding these vehicle movements provides a more accurate reflection of actual patient related ambulance responses. To enable comparison across years all figures reported in this chart have been calculated using the new method.

The long term trend is that ambulance responses are increasing largely due to the ageing population and an increase in the number of people with chronic conditions who are cared for at home but who require transport to hospital when their conditions become more serious.

How quickly does our ambulance service respond to calls?

The ambulance emergency response time is the difference in time between an emergency 000 call being received at the ambulance Communications Centre and the first vehicle arriving at the location to treat the sick or injured patient. The median emergency response time is the time within which 50 per cent of emergency incidents are responded to.

There is a direct correlation between increased calls for help and slower ambulance response times as the same number of vehicles become busier. Additional resourcing or achievement of efficiencies and innovation are used to minimise these effects. Increased time at hospitals due to ramping also increases ambulance response times.

There are a variety of factors which affect ambulance response times in Tasmania including:

- a relatively high proportion of the population living in rural and remote areas.
- hilly terrain, ribbon urban development along the Derwent and Tamar rivers.
- a high reliance on Volunteer Ambulance Officers.

Figure 17: Ambulance emergency response times

(for the 12 months ending 30 June)

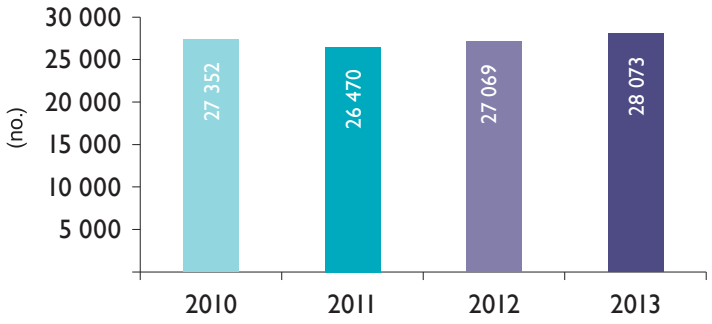
How many women are screened for breast cancer?

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

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

Figure 18: Eligible women screened for breast cancer

(for the 12 months ending 30 June)



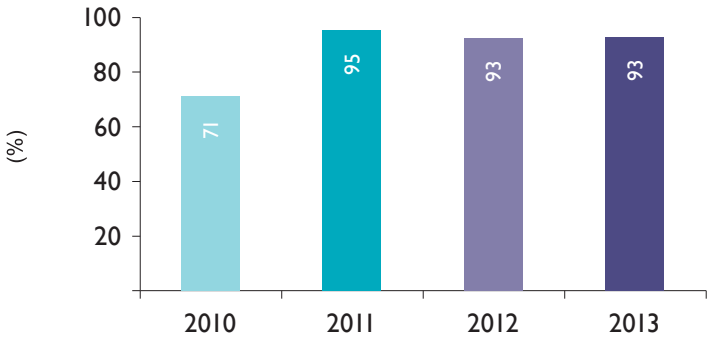
What proportion of BreastScreen clients were assessed within the recommended timeframe?

This indicator measures the percentage of those women called back for further assessment within 28 days of being screened out of all women who attend for further assessment within the reporting period.

In the 12 months ending 30 June 2013 compared to the same cohort in 2011 the proportion decreased from 95 per cent to 93 per cent. However, BreastScreen Tasmania continues to out-perform the BreastScreen Australia national target of 90 per cent for this measure.

Figure 19: Percentage of clients assessed within 28 days of mammogram

(for the 12 months ending 30 June)



How many dental appointments have adults accessed?

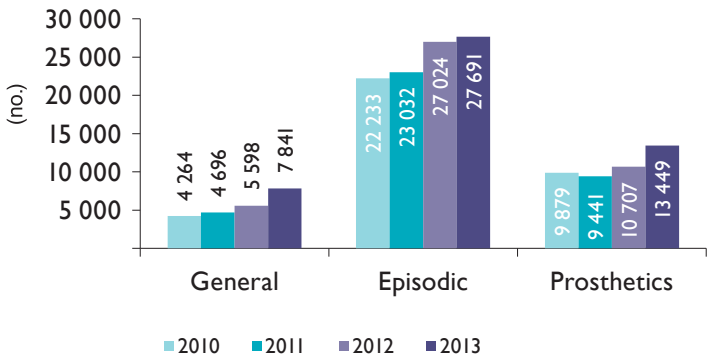
TThis indicator shows the number of occasions of service for all public dental services (episodic care, general care and prosthetics) provided around the State. It should be noted that outsourced general care provided by the private sector prior to 2012 under the General Care Tender is excluded from these figures. General care outsourced since 2012 is included.

In the 12 months ending 30 June 2013, compared to the same period in the previous year, there was:

- a 40.1 per cent increase in the number of general occasions of service.
- a 2.5 per cent increase in the number of episodic occasions of service.
- a 25.6 per cent increase in the number of prosthetics occasions of service.

Figure 20: Adults – occasions of service

(for the 12 months ending 30 June)

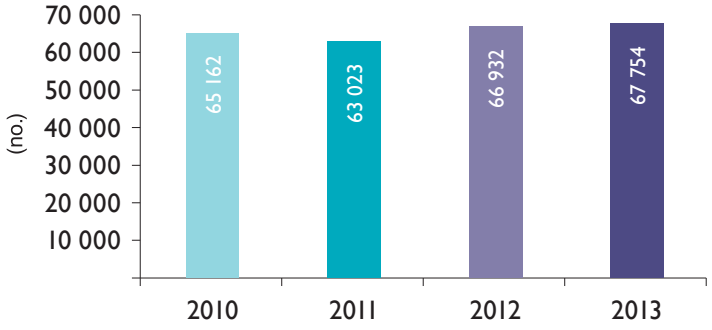


How many dental appointments have children accessed?

In the 12 months ending 30 June 2013 compared to the same period in the previous year, there has been a 1.2 per cent increase in the occasions of service for children receiving dental care.

Figure 21: Children – occasions of service

(for the 12 months ending 30 June)



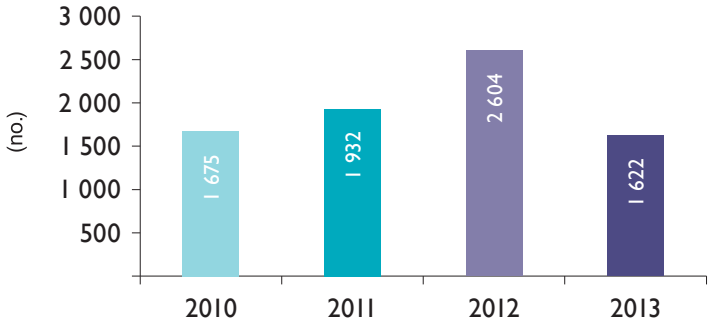
What are the waiting lists for oral health services?

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

As at 30 June 2013 compared to the same time in the previous year, there was a 37.7 per cent decrease in the dentures waiting list.

Figure 22: Dentures – waiting list

(as at 30 June)

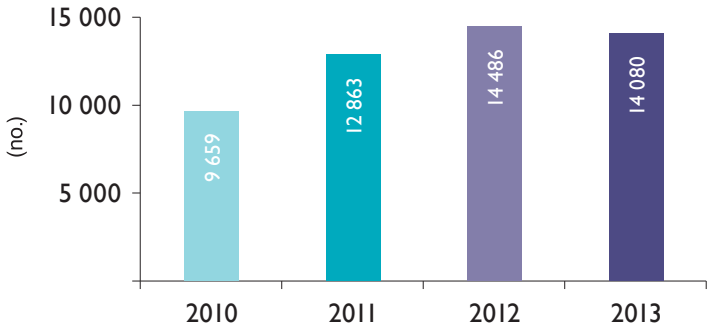


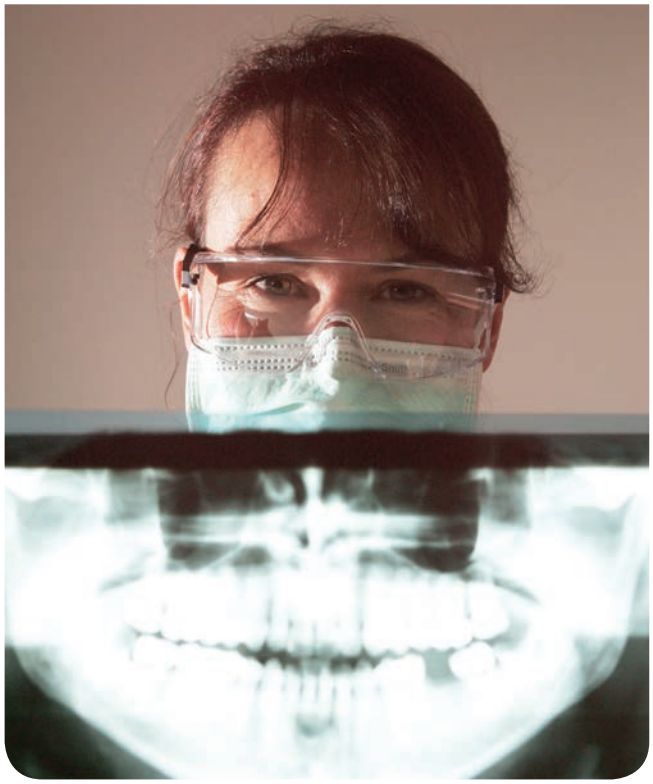
The general care (adults) waiting list indicator shows the number of adults waiting for general care oral health services.

As at 30 June 2013 the general care waiting list decreased by 2.8 per cent compared to the same time in the previous year.

Figure 23: General care (adults) – waiting list

(as at 30 June)





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.

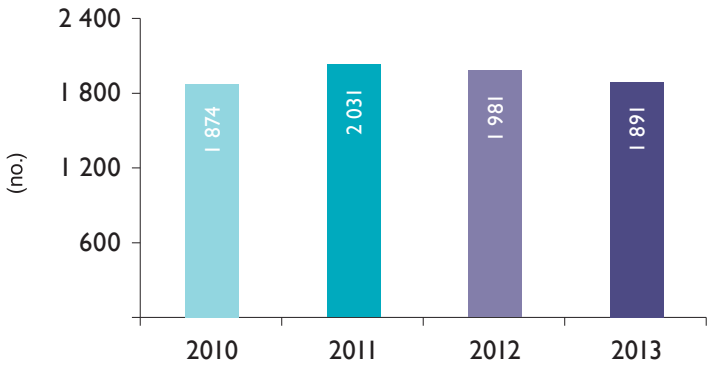
Activity rates are affected by the level of demand for services, the readmission rate, service capacity to admit clients with less severe mental illnesses and the effectiveness of the service system in managing clients in the community.

In the 12 months ending 30 June 2013 compared to the same period in the previous year, the number of people recorded as being treated in acute settings decreased by 4.5 per cent (see explanatory note 4).

The recording of inpatient separation data is much improved due to improved data collection and reporting procedures.

Figure 24: Mental Health Services – inpatient separations

(for the 12 months ending 30 June)



How many clients are accessing Mental Health Services?

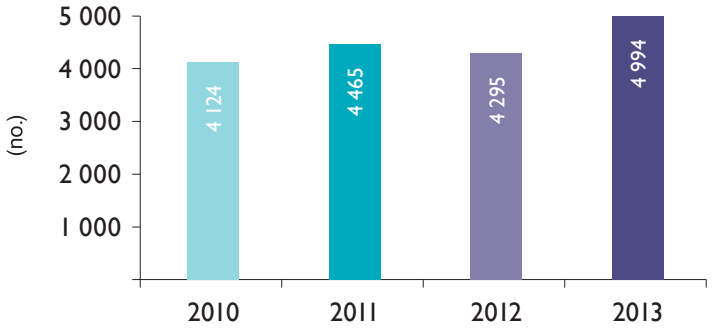
This indicator measures the number of community and residential clients under the care of Mental Health Services. Active community clients are people who live in local communities who are actively accessing services provided by community-based Mental Health Services teams. Active residential clients 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. Increases in numbers of clients in community and residential care are desirable as it helps to keep clients out of hospital (acute psychiatric care settings) and assists in supporting the client with activities of day to day living.

In the 12 months ending 30 June 2013 compared to the same period in the previous year, the number of community and residential clients increased by 16.3 per cent.

Figure 25: Mental Health Services – community and residential – active clients

(for the 12 months ending 30 June)



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 or from planned follow-up care.

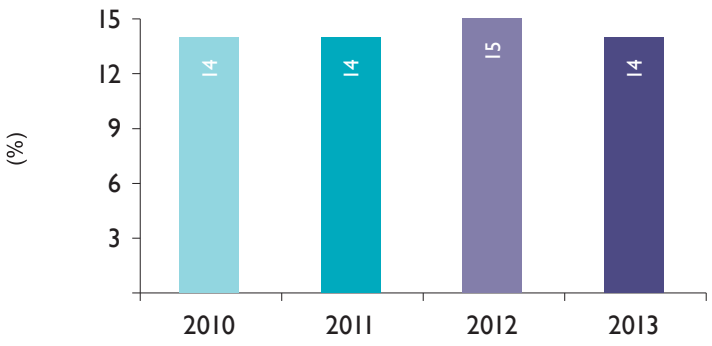
For people who experience mental illness, and particularly those who require acute mental health care, the episodic nature of their condition can often mean that they are likely to require further treatment.

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

In the 12 months ending 30 June 2013 the 28 day readmission rate decreased by one per cent compared to the corresponding period in 2011-2012.

Figure 26: 28 day readmission rate – all hospitals

(for the 12 months ending 30 June)



How many people have been housed?

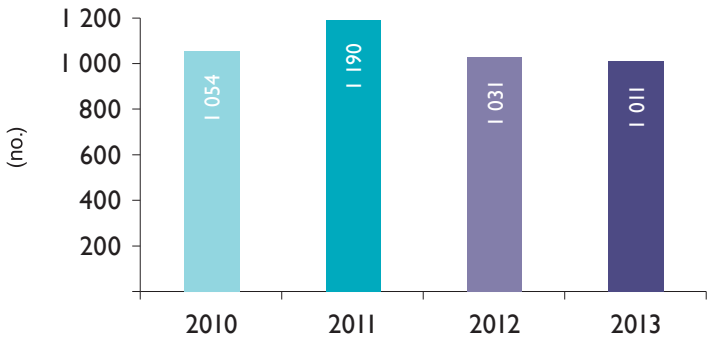
This information shows the number of people who have been allocated public housing. This includes people who have been housed by community organisations from the public housing wait list.

In the 12 months ending 30 June 2013, the number of people housed decreased by 1.9 per cent compared to the same period in the previous year. This is minor decline as there are fluctuations in the people housed over the year.

Occupancy rates and demand for for public housing remain high.

Figure 27: Number of applicants housed

(for the 12 months ending 30 June)

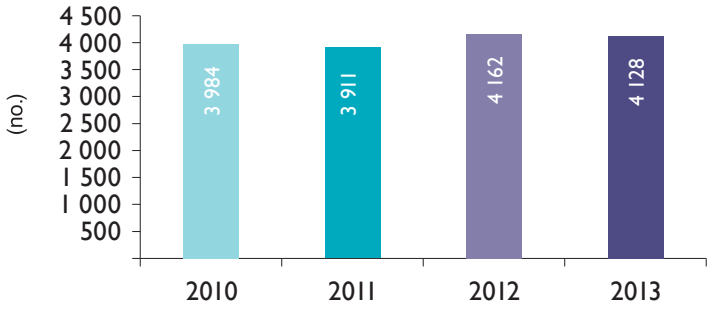


How many people receive private rental assistance?

In the 12 months ending 30 June 2013, 4 128 households received financial assistance through the Private Rental Support Scheme (PRSS), a slight decline in the number assisted compared to the previous year. This is still a positive performance with well over 4 000 households receiving private rental assistance.

Figure 28: Number of households assisted through the private rental support scheme

(for the 12 months ending 30 June)



What are the waiting lists for public housing?

This indicator measures the total number of people who were waiting for public housing.

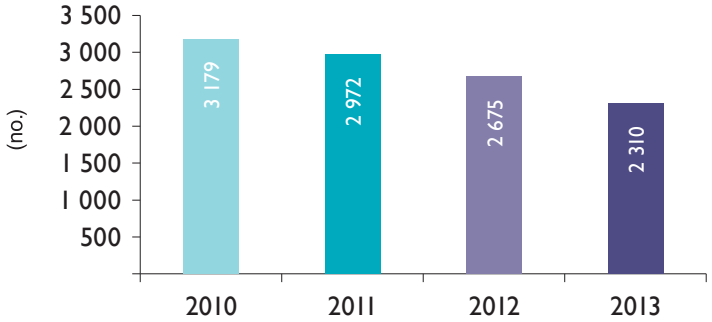
The public housing wait list has declined from last year. The wait list at 30 June 2013 was 2 310, a decrease of 13.6 per cent compared to the previous year.

This is in part due to the additional 1 400 new affordable housing properties delivered under a variety of Government programs between 2009 and 2012.

The wait list is now starting to stabilise and is not expected to continue to decline.

Figure 29: Number of applicants on waitlist

(for the 12 months ending 30 June)



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

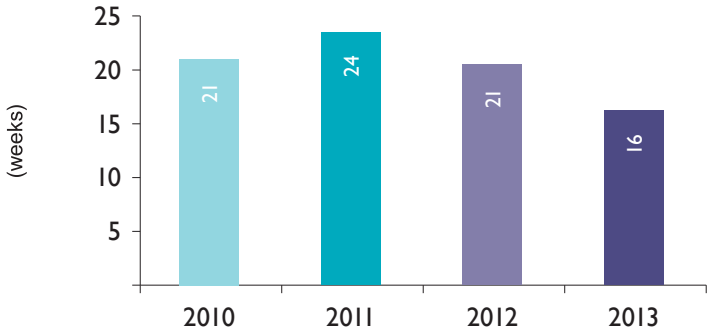
This indicates how many weeks it takes to house applicants who have been assessed to have the highest level of need, (category 1 or exceptional needs). The assessment of need is based on adequacy, affordability and appropriateness of housing.

In the 12 months ending 30 June 2013, the average time to house category 1 or exceptional needs applicants was 16 weeks, a decrease of five weeks compared to the same time in the previous year.

The capacity to house priority applicants quickly is contingent upon the availability of homes that meet household amenity and locational needs.

Figure 30: Average time to house category 1 applicants

(for the 12 months ending 30 June)



How many child protection cases are referred for investigation?

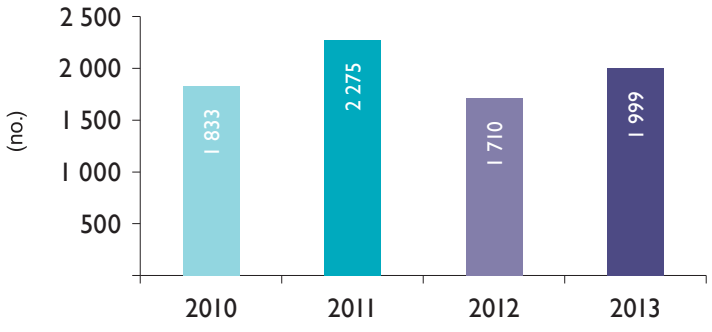
In the 12 months ending 30 June 2013, compared to the same period in the previous year, there has been a 16.9 per cent increase in the number of notifications referred for investigation across the State.

This increase in investigations has occurred in the context of a four per cent increase in the number of notifications being reported for the period ending 30 June in 2011-13, a 1.5 per cent increase in the proportion of notifications being referred for investigation, as well as an 11 per cent increase in the number of children being referred. This is consistent with the adoption of a preventive approach.

However, fluctuations in notifications referred are likely to be observed over longer time-frames due to the need to meet statutory obligations and respond to variable levels of demand.

Figure 31: Number of notifications referred to service centres for further investigation

(for the 12 months ending 30 June)



How many child protection notifications are not allocated within established timeframes?

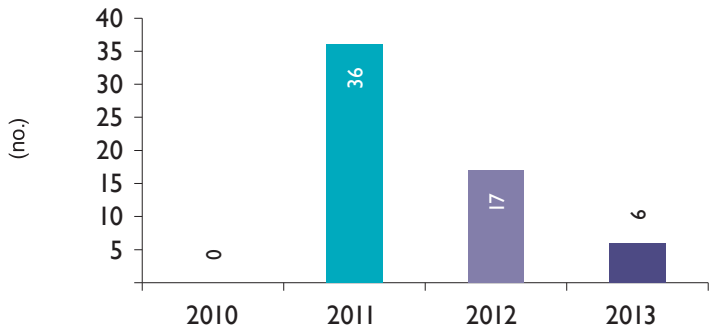
This refers to the number of notifications of child abuse and neglect received by DHHS that are not allocated for investigation within established time frames.

The number of unallocated cases as at 30 June 2013 was six, 11 less than as at the same time last year. DHHS remains committed to keeping this number low.

The overall reduction in unallocated cases has been achieved as a result of several improvements including the introduction of a comprehensive Child Protection Information System (CPIS 2) in 2010 which has supported a high level of responsiveness to demand.

Figure 32: Child abuse or neglect: number of unallocated cases

(as at 30 June)



How many children are placed in Out-of-Home Care?

As at 30 June 2013 compared to the same time in the previous year there was an increase of 5.9 per cent 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.

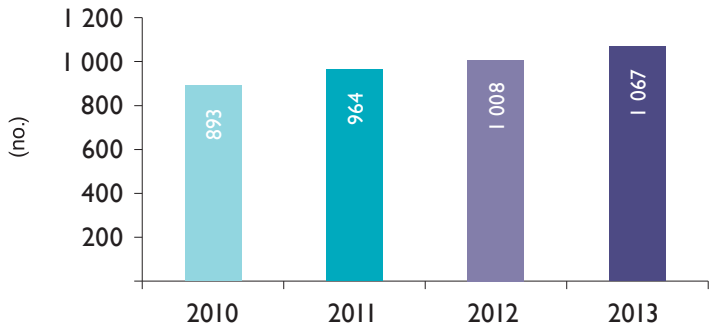
As part of the overall commitment of DHHS to the health and wellbeing of all children in Tasmania, the introduction of Gateway services represented a redesign of the Tasmanian family support service system. A subsequent Review of the Gateway and Integrated Family Support Services (IFSS) identified a gradual slowing of the increase in children in care after the implementation of Gateway and IFSS that may have been indicative of the diversionary effect of those programs.

However more recent increases in Out-of-Home Care numbers during 2012-13 suggest that other external factors, and the need to meet statutory obligations for children, may be counteracting this diversionary effect.

DHHS remains committed to providing safe placements for children who are unable to stay safely at home. An increased focus on permanency planning for children in longer term care is likely to improve the stability of care arrangements.

Figure 33: Children in Out-of-Home Care

(as at 30 June)



What are the waiting lists for people requiring supported accommodation?

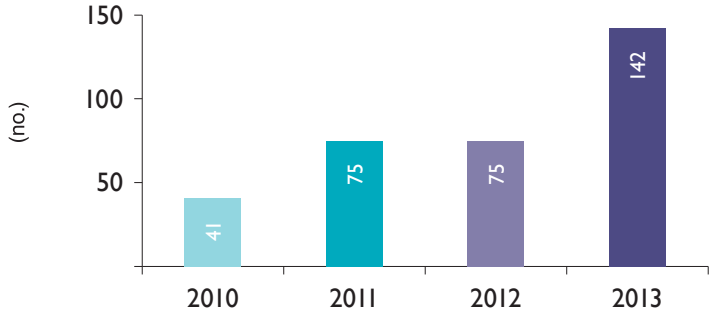
This indicator shows the number of people with a disability urgently waiting for a supported accommodation placement. Supported accommodation services provide assistance for people with disability within a range of accommodation options, including group homes and other supported accommodation settings.

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.

In the 12 months ending 30 June 2013 compared to the same period in the previous year, there has been a 89.3 per cent increase in the number of people with a disability who are urgently waiting for a supported accommodation placement.

Figure 34: Disability services – supported accommodation – waiting list

(as at 30 June)



While no additional new funds have been allocated in the 2012-2013 year clients from the waiting list access any vacancies that arise in the current system.

What is the waiting list for community access clients?

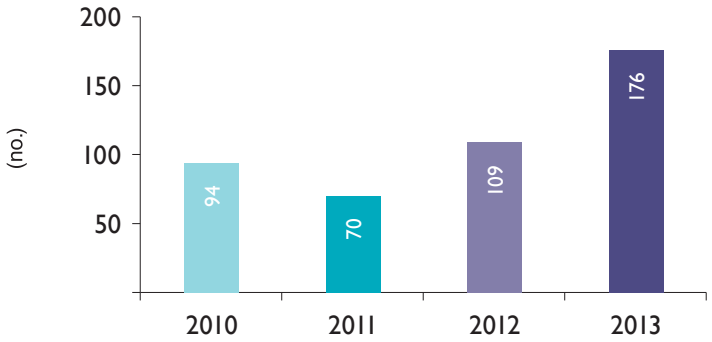
This shows the number of people with disability who are waiting for a full-time or part time community access placement. Community access services provide activities which promote learning and skill development and enable access, participation and integration in the local community. Community access services can also provide an important respite effect for carers of people with disability.

In the 12 months ending 30 June 2013 compared to the same period in the previous year, there has been an 61.5 per cent increase in the number of people with a disability who are waiting for a full-time or part time community access placement. This includes people who already have a placement and are seeking additional days.

Since January 2013 there have been no new packages, but as vacancies in the current system arise people with disability are placed in community access services.

Figure 35: Disability services – community access clients – waiting list

(as at 30 June)



Explanatory notes

1. The figures for raw and weighted separations do not include outside referred patients or unqualified neonates.
2. Please note that end of year figures have been updated to reflect more accurate data being made available. Quarterly data is not available for 2008 as during this period the indicator was only reported on an annual basis.
3. Due to more accurate data becoming available, data reported from previous *Progress Charts* may differ.
4. The 2010 Mental Health Services Inpatient Separation figure has been adjusted to reflect improved source data reporting systems.
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

Appendix 1: Progress towards the National Emergency Access Target and the National Elective Surgery Target

As part of the *National Partnership Agreement on Improving Public Hospital Services,* Tasmania is required to report on progress towards the National Emergency Access Target (NEAT) and the National Elective Surgery Target (NEST). This statistical appendix provides an outline of the two agreements as well as detailed performance information in relation to the two targets.

Tasmania is committed to reporting emergency care and elective surgery performance data. On the 23 February 2013 the Australian Institute of Health and Welfare (AIHW) published its report *Australian hospital statistics: national emergency access and elective surgery targets 2012.* This report presents 2012 data for performance indicators related to the proportion of emergency department presentations completed within four hours or less and lengths of time spent waiting for elective surgery, specified in the National Partnership Agreement on Improving Public Hospital Services. These data are provided to the COAG (Council of Australian Governments) Reform Council for them to determine state and territory performance against the agreed targets.

The link to this national comparative data report is available:
http://www.aihw.gov.au/publication-detail/?id=60129542734

NEAT

The objective of the NEAT is that by 2015, 90 per cent of all patients presenting to a public hospital ED will depart within four hours (either by admission to hospital, referral to another hospital for treatment, or discharge).

The 90 per cent target must be achieved by the end of December 2015 through a series of stepped intermediate targets. The target for Tasmania has increased to 78 per cent for 2013, from 72 per cent during 2012. Tasmania's 2009-2010 baseline performance for the NEAT was 66 per cent.

National Emergency Access Target (NEAT), by quarter, by hospital

Percentage of all patients who physically left the ED within four hours of presentation: 2012-2013	RHH	LGH	NWRH	MCH	Statewide
September 2012 Quarter	56.1%	61.1%	80.6%	78.5%	66.0%
December 2012 Quarter	61.0%	62.9%	81.5%	78.3%	68.2%
March 2013 Quarter	59.1%	64.3%	78.7%	75.9%	67.0%
June 2013 Quarter	58.8%	65.7%	77.5%	80.5%	67.8%

Note: The final NEAT indicator June 2013 data extracts have been approved by the Tasmanian Health Organisations as part of the DHHS quarterly *National Partnership Agreement on Improving Public Hospital Services* data submission to the Australian Institute of Health and Welfare (AIHW).

NEST

The objectives of the NEST are to increase the percentage of elective surgery patients seen so that 100 per cent of all Urgency Category patients waiting for surgery are seen within the clinically recommended time, and to reduce the number of patients who have waited longer than the clinically recommended time.

The two complementary strategies that make up the NEST are:

- Part 1: Stepped improvement in the number of patients treated within the clinically recommended time.
- Part 2: A progressive reduction in the number of patients who are overdue for surgery, particularly patients who have waited the longest beyond the clinically recommended time.

National Elective Surgery Target (NEST) indicators: 1 April – 30 June Quarter 2013					
Major Tasmanian Public Reportable Hospitals	**RHH**	**LGH**	**NWRH**	**MCH**	**Statewide**
NEST Part 1 – Number of patients receiving elective surgery from waiting lists					
Admitted as elective patient for awaited procedure in this hospital or another hospital	1 779	1 364	512	489	4 144
Admitted as emergency patient for awaited procedure in this hospital or another hospital	7	11	5	4	27
Total	**1 786**	**1 375**	**517**	**493**	**4 171**
Patients removed for reasons other than successful surgery					
Could not be contacted (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment)	69	17	4	6	96
Treated elsewhere for awaited procedure	52	53	5	4	114
Surgery not required or declined	147	90	30	3	270
Transferred to another hospital's waiting list	4	9	0	3	16
Not known	47	23	11	35	116
Total	**319**	**192**	**50**	**51**	**612**
NEST Part 1 – Number of patients treated within the clinically recommended time					
Category 1	577	375	119	103	1 174
Category 2	350	244	160	135	889
Category 3	158	198	92	188	636
Total	**1 085**	**817**	**371**	**426**	**2 699**

Major Tasmanian Public Reportable Hospitals	RHH	LGH	NWRH	MCH	Statewide
NEST – Percentage of patients treated within the clinically recommended time					
Category 1	67%	79%	76%	87%	73%
Category 2	50%	41%	66%	81%	52%
Category 3	70%	66%	82%	92%	76%
Total	**61%**	**60%**	**72%**	**87%**	**65%**
Median waiting time for elective surgery admission (days)					
Cataract Extraction	108	713	NA	19	118
Cholecystectomy	85	83	42	51	55
Coronary Artery Bypass Graft	32	NA	NA	NA	32
Cystoscopy	45	36	NA	36	40
Haemorrhoidectomy	593	92	90	37	71
Hysterectomy	48	139	NA	41	70
Inguinal Herniorraphy	134	505	47	40	148
Myringoplasty	539	137	77	NA	310
Myringotomy	129	48	NA	NA	71
Prostatectomy	52	65	NA	NA	52
Septoplasty	275	319	30	NA	275
Tonsillectomy	227	64	200	101	105
Total Hip Replacement	817	427	168	NA	425
Total Knee Replacement	870	309	457	NA	665
Varicose Veins Stripping and Ligation	273	98	42	174	127
Other procedures not listed above	30	38	33	27	32
Total	**43**	**62**	**41**	**28**	**43**
Median waiting time by urgency category (days) Admissions					
Category 1	21	15	19	12	18
Category 2	89	120	49	36	83
Category 3	156	225	103	62	138
Total	**43**	**62**	**41**	**27**	**43**

Major Tasmanian Public Reportable Hospitals	RHH	LGH	NWRH	MCH	Statewide
Number of surgical episodes with one or more adverse event flags					
Number of adverse event flags	134	89	33	11	267
Number of unplanned readmissions within 28 days					
Number of 28 day readmissions	0	1	0	0	1
NEST Part 2 – Average overdue wait time in days for those patients still waiting and ready for care					
Category 1	97	28	9	0	88
Category 2	298	280	125	33	279
Category 3	895	284	131	35	449

NEST Part 2 – Treatment and removal of 10% longest wait patients for 2013	Target	Patients removed in June 2013 Quarter	Patients remaining at 30 June 2013	Number of patients removed overall
All hospitals	**406**	**116**	**155**	**251**

Note: NA (not available) indicates that the procedure is not provided at the hospital.

These final NEST indicator June 2013 data extracts have been approved by the Tasmanian Health Organisations as part of the DHHS quarterly *National Partnership Agreement on Improving Public Hospital Services* data submission to the Australian Institute of Health and Welfare (AIHW).

Appendix 2: Progress towards the Improving Health Services in Tasmania (IHST) Action Plan

The *National Partnership Agreement on Improving Health Services in Tasmania* (IHST) provides $30.5 million for the delivery of additional elective surgery procedures, between 2012-2013 and 2015-2016. This Agreement was signed on the 7 September 2012. As part of the IHST, Tasmania needs to perform at least 2 600 additional procedures for patients who have waited the longest beyond the clinically recommended period for their surgery. Every financial year there will be a minimum of 500 additional procedures performed across the State until 30 June 2016. Before 30 June 2013, 745 patients should receive their surgery. The first patients to be treated under this initiative received their surgery in September 2012.

Improving Health Services in Tasmania – Number of patients treated by procedure type 7 September to 30 June 2013

Surgical Procedures	THO – South Royal Hobart Hospital	THO – North Launceston General Hospital	THO – North West North West Regional Hospital and Mersey Community Hospital	Total number of procedures	Total number of procedures required by 30 June 2013
Total Knee Replacement	48	22	31	101	101
Total Hip Replacement	24	20	26	70	70
Inguinal Herniorraphy	72	40	0	117	117
Cataract Extraction	0	200	0	200	200
Cholecystectomy Open or Laparoscopic	72	40	0	112	112
Tonsillectomy – Child	48	0	0	48	48
Spinal Fusions	19	2	0	21	21
Transurethral Resection of the Prostate	0	20	0	20	20
Bladder Suspensions	0	8	0	8	8
Septoplasty	48	0	0	48	48
Total	**331**	**357**	**57**	**745**	**745**

These final IHST December 2012 data extracts have been approved by the Tasmanian Health Organisations as part of the DHHS quarterly *National Partnership Agreement on Improving Public Hospital Services* data submission to the Australian Institute of Health and Welfare (AIHW). The 354 patients identified in the table above have been flagged as receiving surgery from the 7 September – 30 June 2013 as part of the IHST.

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