ESTIMATES 2007

Question on Notice

Disability and Community Services

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6 Foskey Health

Health and welfare of detainees

Deb Foskey MLA : To ask the Minister for Health

In relation to : the health and welfare of Aboriginal and Torres Strait Islander detainees:

1. Is the Attorney General considering providing a specialised health team to deliver a range of health services for Aboriginal and Torres Strait Islander prisoners, as was recommended by the Poroch report?

2. If not, why not?

Katy Gallagher MLA, Minister for Health : The answer to the Member's question is as follows:–

1. ACT Health is undertaking a comprehensive planning process in relation to corrections health which includes consideration of the recommendations of the Poroch report. The draft Corrections Health Plan is currently being reviewed by Government and will be released for public consultation shortly. Any recommendations regarding health services within the Alexander Maconochie Centre, including services provided to the Aboriginal and Torres Strait Islander community, will be finalised after the outcomes of the community consultation process.

2. Any recommendations regarding health services within the Alexander Maconochie Centre, including services provided to the Aboriginal and Torres Strait Islander community, will be finalised after the outcomes of the community consultation process.

69 Foskey Health

Culturally and linguistically diverse women

DR FOSKEY: To ask the Minister for Women (redirect to Minister for Health):

In relation to culturally and linguistically diverse women:

1. Given that a key strategic priority is to improve the access and appropriateness of health services for culturally and linguistically diverse women, how will this strategic priority be achieved?

2. How are the health outcomes of culturally and linguistically diverse women being monitored and evaluated?

3. Are culturally and linguistically diverse health consumers involved in the design and delivery of culturally and linguistically diverse health programs?

Minister Gallagher: The answer to the Member's question is as follows:

1. The Multi-Cultural Well Women's Education and Clinical Intervention Program has implemented a number of initiatives to achieve its aim of improving access to services for the target population. These initiatives include:

   - Twice yearly visits to the CIT targeting new migrant women, Asian Young Mothers Groups and other community groups.
   - Delivery of services, in collaboration with Carer's ACT to provide increased access to services.
   - Provision of extended appointment times for women from culturally and linguistically diverse backgrounds
   - Provision of interpreters (where necessary) during appointments
   - Provision of cervical screening, education and information regarding breast awareness, appropriate referral and advocacy through the Well Women's Clinics.

2. The health outcomes of women who access health services are monitored and evaluated. For CALD women monitoring and evaluation is undertaken in a culturally sensitive and appropriate manner. An example of this is the Women's Health Service which provides an appropriate and culturally sensitive follow up and recall system for women from culturally and linguistically diverse backgrounds, who return an abnormal cervical screening test.

- The Women's Health Service follow up directly with all women who return an abnormal test to discuss the results and follow up actions and if required refer women to a GP for further follow up. Reminder letters are sent when the next smear is due if it is prior to the standard two year recall. Cervical screening of all women from cultural and linguistically diverse backgrounds is registered with the Cervical Screening Register in the ACT which routinely sends reminder letters every two years for women with normal results.
- The success of this approach is evidenced by the number of women returning for regular pap smears and number of women referring family and friends to women's health service. This has resulted in an increase in the target set for the proportion of women from culturally and linguistically diverse backgrounds attending well women's clinic from 20 percent in 2006-07 to 25 percent in 2007-08.

3 The Women's Health Service ensures that women from culturally and linguistically diverse backgrounds contribute to the development of programs and services. Some examples include:

- In 2005, the Women's Health Service worked with a project worker from the ACT Cervical Screening Program and many cultural groups from the CIT new migrant program to evaluate and develop an appropriately sensitive program that meets cultural needs. This project was called the "Enhancing Women's Health Information Delivery for Culturally and Linguistically Diverse Women".

- The ACT Cervical Screening and Breast Screening Community Reference Group has representation from the Migrant Health Unit , Women's Health Service and a consumer to ensure input from culturally and linguistically diverse women is incorporated into the design of recruiting materials.

The Female Genital Mutilation Project officer works with women who have recently arrived from African countries to inform them of health services that are available to them and to inform them of the legislation which prohibits female genital mutilation.

73 Seselja Health

New Alexander Maconochie Centre - Corrections health plan

Zed Seselja MLA : To ask the Health

In relation to : the new Alexander Maconochie Centre:

1) When will the Corrections health Plan be finalised?
2) Will that plan make recommendations about a needle exchange program and provision of tattooing facilities in the new Alexander Maconochie Centre?
3) Will safe tattooing facilities be included in the services provided at the new Alexander Maconochie Centre?
   a) If so, what form will that service take?

Katy Gallagher MLA, Minister for Health : The answer to all of the Member's question is as follows:–

The draft Corrections Health Plan is currently being reviewed by Government and will be released for public consultation shortly. The plan will be finalised after public consultation has been completed.

124 Foskey Health

Childhood obesity

DR FOSKEY: To ask the Minister for Health:

In relation to childhood obesity:

1. Given the incidence and frequency of lifestyle related chronic acute illness in the ACT, why is there no targeted funding in Early Intervention and Prevention allocated to tackling the problem of childhood obesity?

Katy Gallagher MLA: The answer to the Member's question is as follows:–

In the ACT Budget 2004-05, ACT Health was allocated $2m over 4 years for Combating Childhood Obesity. Key initiatives include:

- **The ACT Year 6 Physical Activity and Nutrition Survey (ACTPANS)**

  In 2004-05 a detailed implementation plan for a comprehensive child healthy weight surveillance system for the ACT was completed. Work undertaken to inform this plan included: an audit of current data sources and an information needs analysis on ACT children's healthy weight indicators; stakeholder consultations investigating methods and partnerships to facilitate a comprehensive ACT child healthy weight surveillance system; and the development of a data collection instrument suitable for administration to Year 6 school children.

  During 2005-06 a survey was conducted throughout ACT year 6 classes that collected detailed information on nutrition, eating patterns, physical activity, attitudes and measured height and weigh.

- **Go for 2&5® fruit and vegetable promotion campaign**.
  The Go for 2&5® campaign for ACT Health will run for three years from 2005-2008. The overall aim of the campaign is to contribute to increased consumption of fruit and vegetables. The key target for the campaign are adults who are the main food buyers and preparers for their families.
  The overall objectives of the campaign are to increase the ACT population's:
  - awareness of the need to eat more fruit and vegetables; and
  - knowledge of the daily recommended minimum consumption levels of fruit and vegetables.

  Key activities undertaken include:
  - Paid TV, print and radio advertising;
  - Event promotion including: cooking demonstrations at 'round town events; taste test events in ACT supermarkets, at the Belconnen Fresh Food Markets and Fyshwick Markets; and displays and provision of fresh fruit at various community events;
  - Resources targeting children and their families including stickers, posters, tattoo's, recipe cards and brochures.

- **Early Childhood Active Play and Eating Well project**

The Early Childhood Active Play and Eating Well Project is a three year obesity prevention initiative from 2007- 2010. By focusing on physical activity and healthy eating the project addresses lifestyle risk factors for chronic disease.

The project is a partnership between ACT Health and Sport and Recreation Services, Territory and Municipal Services. It will build on the successful Kids at Play program that promotes active play and will target parents and carers of young children (aged 0-5 years), early childhood centre staff and health professionals.

The new initiative will:

- Develop and promote early childhood active play and eating well communication messages;
- Enhance ability of families to make healthy choices for children on active play and eating well; and
- Seek to make the early childhood setting a supportive environment for active play and healthy eating combine healthy eating and physical activity messages.

- **Nourish: Food in ACT schools guidelines**
  ACT Health in conjunction with the Department for Education and Training is developing guidelines to support staff working within the ACT school communities to follow best practice in food and nutrition. The guidelines will be able to be applied in a variety of settings including canteens, out of school hours care and holiday programs. The guidelines acknowledge the important role families have in developing attitudes and behaviours around food.

- **Training and capacity building in obesity prevention**
  Over the last three years ACT Health has organised a number of training events in order to increase understanding of the obesity epidemic and knowledge on best practice in obesity prevention. These have included:
  - a three day obesity prevention short course in 2005 run by Professor Boyd Swinburn, WHO Collaborating Site for Obesity Prevention, Deakin University.

  - Information sessions for community organisations on physical activity and nutrition.
  - In-Service programs with ACT Health Maternal and Child Health nurses on the importance of promoting healthy eating and physical activity with young children and their families.

Under the Australian Better Health Initiative, which commenced in February 2006, ACT Health have funded the following childhood obesity related initiative:

- **Health Promoting Schools Funding Round - ACT Health Promotion Grants**
  The Health Promoting Schools (HPS) Funding Round is open to schools or community groups with an agreed partnership with a school. Grants are available from a total funding pool of $200,000 for projects that supports priorities of the Department of Education and Training on improving student well being, particularly those related to nutrition and physical activity.

Seventeen (17) applications were rated suitable for funding in 06/07. The total funding recommendation (including three continuing multiyear projects continuing from 2006 into 2007 for the value of $27,587) was $195,348.

125 Foskey Health

ACT Health discharge planning processes

DR FOSKEY: To ask the Minister for Health:

In relation to ACT Health discharge planning processes:

1. Can the Minister tell us more about the move to change hospital discharge planning?

2. How will this affect health outcomes?

3. If the Link program is being used less for discharge planning, what will its role be?

KATY GALLAGHER: The answer to the Member's question is as follows:–

1. The discharge planning staff from the Link team in Community Health were transferred to the management of The Canberra Hospital and Calvary Public Hospital on 28 June 2007 to improve reporting and clinical accountability arrangements for these staff.

2. This move is intended to improve health outcomes.

   The changed arrangements will improve coordination between the discharge planners and hospital staff. This should enable the discharge planning service to be more responsive, especially to those patients with complex discharge planning needs.

3. The remaining staff within the Link team will continue to provide rapid response and after-hours community nursing services.

126 Foskey Health

Smoking in psychiatric services unit

Ms Foskey : To ask the Minister for Health:

In relation to : Tobacco smoking rates in the ACT

Please provide a gender breakdown for the table of smoking rates at the bottom of page 167 in Budget Paper 4 from the Budget Papers 2007/08

Ms Gallagher : The answer to the Member's question is as follows:–

In 1996, 16.9% of males aged 12-17 years and 24.0% of females aged 12-17 years were regular smokers in the ACT. In 2002, 14.6% of males and 16.0% of females in this age group were regular smokers.

The most recent information available on smoking rates for this age group in the ACT was obtained in 2005. Overall, 8.6% of 12-17 year olds in 2005 were regular smokers (females 9.8%; males: 7.5%), a statistically significant decrease from the smoking rates for 1996 and 2002.

127 Foskey Health

Delivery of acute care

DR FOSKEY: To ask the Minister for Health:

In relation to the delivery of acute care:

1. Given that Output 1.1 refers almost exclusively to hospital based acute care services, does the Government recognise that acute care can be delivered effectively, efficiently and much more comfortably within the home?

2. Will the Government consider models of health care which incorporate the delivery of acute care services, including acute mental health care services, into the home?

MS GALLAGHER : The answer to the Member's question is as follows:–

1. Yes. Approximately four percent of all acute care bed days reported for our public hospitals for the first 11 months of 2006-07 were provided in people's homes through the Hospital-in-the-Home program. Patients are referred to the program where it is clinically appropriate and where patients have the requisite support and/or knowledge to manage their condition in a community setting.

2. The Government is continually considering new models of care which have the potential of providing patients with the best possible outcomes in the least invasive environment possible. This includes options for acute care mental health patients. However, the safety of the patient will always be the prime consideration in making clinical decisions about the best place of accommodation for the treatment and care required in each situation.

133 Burke Health

Bacteraemial infection

JACQUI BURKE MLA : To ask the Minister for Health, in relation to Budget 2007-08 Paper 4, page 159 –

1. Why was the rate of bacteraemial infection significantly higher than the target?

2. Did this higher incidence of infection affect older patients more than others?

3. What is age breakdown of patients who acquire a bacteraemial infection during their hospital stays?

Ms Gallagher: The answer to the Member's question is as follows:–

1. The estimated result for 2007-08 is not significantly higher than the target. Small fluctuations during the year can result in variances from the target. The variance between the target and estimated outcome is not statistically significant.

2. No.

3. Breakdown of hospital acquired bacteraemia infections by age group 2005-06 (latest full year available)

	Number	% of total
Less than 20 years	16	11%
21-50 years	30	21%
51-70 years	59	41%
71 years and over	39	27%
Total	144	100%

134 Burke Health

Hip fractures

JACQUI BURKE MLA : To ask the Minister for Health, in relation to Budget 2007-08 Paper 4, page 155, 164 –

1. Has the rate of hip fractures declined over time and by how much?

Ms Katy Gallagher : The answer to the Member's question is as follows:–

The rate of hip fractures, obtained from hospitalisation data in the ACT, shows a decline over recent years. The hospitalisation rate in the ACT for hip fracture, as the result of a fall, declined by 7%, among older people aged 65 years or more, between 2000 (335.8 per 100,000 population) and 2005 (313.1). The rate for older people aged 85 years or more declined by 14% over the same period (2000: 1643.0; 2005: 1398.6).

135 Burke Health

Treatments and services

JACQUI BURKE MLA : To ask the Minister for Health, In relation to Budget 2007-08 Paper 4, page 151 –

1. What treatments and services will the new sub-acute and non-acute facility at Calvary Hospital be able to provide?

2. Why is there a need for this new facility?

3. How many psycho-geriatric beds will be in the new facility?

4. How many transitional/rehabilitation beds will be in the new facility?

Ms Gallagher : The answer to the Member's question is as follows:–

1. The sub-acute/non-acute unit at Calvary Hospital provides a range of services comprising
   - Geriatric Evaluation and Management
   - Rehabilitation Services
   - Older Person's Mental Health services

2. This new facility is needed for a number of reasons, the most important being the need to better support older Canberrans in their recovery prior to their return home. Settings such as the Canberra Hospital are more geared, appropriately, towards providing acute care. The new facility provides an environment that gives older people time to recover – often the most important element in their treatment plan. The new facility also ensures that those same patients were not continuing to occupy an acute hospital bed unnecessarily and therefore contributing to any difficulty in others accessing acute hospital care.

   The Older Person's Mental Health Unit adds to the range of expert, specialised Mental Health services available in the ACT and fills a gap that existed prior to the unit opening.

3. There are 20 beds in the new Older Person's Mental Health Unit.

4. There is a total of 40 beds in the Sub-Acute/Non-Acute Unit, 28 of which are Rehabilitation beds, and 12 of which are Geriatric Evaluation and Management beds.

140 Burke Health

Specific emphasis on old patients

Mrs Dunne: To ask the Minister for Women:

In relation to: Budget 2007-08 Paper 3 page 199.

Could you provide a breakdown of the $10million budgeted each year for the support services at The Canberra Hospital and Calvary Hospital as well as the specific services targeting disadvantaged groups?

Ms Gallagher MLA : The answer to the Member's question is as follows:–

1. The new Medical Assessment and Planning Unit at The Canberra Hospital has been established to provide quicker access to specialist medical treatment for people with complex conditions. Older people make up the largest proportion of this group of patients. New procedures within the emergency department, established following the establishment of the Medical Assessment and Planning Unit, provide for the early identification and referral of these patients for appropriate treatment.

2. Determinations for priority treatment are made on the basis of clinical need only. However, older people are more likely to suffer from contributing conditions or be very frail which would result in them being accorded a higher priority for treatment within the emergency department. Also, the age of a person can be a major clinical indication for conditions such as influenza (especially for those very old and very young). In such cases, these patients would receive a higher priority within the emergency department.

3. The performance indicator for access block in emergency departments measures the time between the commencement of treatment and the transfer of a patient to a bed on a ward. Complex patients often take longer than eight hours for transfer to a ward from the commencement of treatment due to:

- The time taken to stabilise a patient prior to the start of remedial treatment
- The increased time taken for tests and images due to the need for additional and more complex investigations
- The need for multidisciplinary assessments requiring input from a range of physicians and/or surgeons across a range of specialties
- The time for consultation between specialists to develop a treatment plan that takes into consideration the above points

4. This result in not significantly above the target.

5. The average waiting time for persons over 70 years between presentation and the commencement of treatment is one hour and seven minutes.

167 Dunne Health

Support services at the Hospitals

Mrs Dunne: To ask the Minister for Women:

In relation to: Budget 2007-08 Paper 3 page 199.

Could you provide a breakdown of the $10million budgeted each year for the support services at The Canberra Hospital and Calvary Hospital as well as the specific services targeting disadvantaged groups?

Katy Gallagher: The answer to the Member's question is as follows:–

Service	Amount
The Canberra Hospital	$6,930,000
Calvary Hospital	$430,000
Winnunga Nimmityjah Aboriginal Health Service – Aboriginal Midwifery Access Program	$203,000
Winnunga Nimmityjah Aboriginal Health Service – Hearing Health Program	$212,600
QE11	$1,911,995
Australian Breastfeeding Association	$12,484
Pregnancy Support Service	$11,264
Karinya House Home for Mothers and Babies	$155,382
Post and Antenatal Depression Support and Information	$138,744
Mental Health ACT - Perinatal Services	$85,990
Total	**$10,091,459**

179 Burke Health

AG audit report - clinical guidelines

Jacqui Burke MLA: To ask the Minister for Health:

In relation to Auditor-General's Office, Follow-up Audit Report June 2007 pg 39 -

1. Why has ACT Health not worked with other jurisdictions to develop better clinical guidelines?

2. Why has ACT Health not progressed with other jurisdictions to develop better clinical guidelines?

3. Why has ACT Health not reviewed how certain category 3 patients are managed?

4. Why has ACT Health not implemented action to improve data entry accuracy?

5. Why has ACT Health only partially implemented using consistent priority categories across all departments?

Katy Gallagher: The answer to the Member's question is as follows:–

1. The member is advised that the Government is yet to formally respond to the findings and recommendations contained in the Auditor General's Report.

2. Refer 1 above

3. Refer 1 above

4. Refer 1 above

5. Refer 1 above

180 Burke Health

AG audit report - Surgical procedures

Jacqui Burke MLA: To ask the Minister for Health:

In relation to Auditor-General's Office, Follow-up Audit Report June 2007 pg 39 -

1. Why has ACT Health only partially implemented using better defined list of surgical procedures?

2. Why has ACT Health only partially implemented an analysis of waiting time for different services?

3. Why has ACT Health only partially implemented reporting on elective medical procedures?

4. Why has ACT Health only partially implemented the report of the 1999 inquiry on waiting lists?

Katy Gallagher: The answer to the Member's question is as follows:–

1. The member is advised that the Government is yet to formally respond to the findings and recommendations contained in the Auditor General's Report.

2. Refer 1 above

3. Refer 1 above

4. Refer 1 above

181 Burke Health

AG audit report - Slowness of implementation of information

Jacqui Burke MLA: To ask the Minister for Health:

In relation to ACT Auditor-General's Office, Follow-up Audit Report June 2007 -

1. Are there issues with the slowness of implementation because of doubts about the usefulness of the certain information that is being suggested?

Katy Gallagher: The answer to the Member's question is as follows:–

1. The member is advised that the Government is yet to formally respond to the findings and recommendations contained in the Auditor General's Report.

197 Mulcahy Health

Specific emphasis

Richard Mulcahy MLA : To ask the Minister for Health, In relation to Budget 2007-08 Paper 4, page 153 and 166 –

1. How does the emergency department provide a 'specific emphasis' on older patients for the purposes of reducing waiting times for admissions to a hospital bed in emergency departments?

2. Why would the complexity of a person's condition cause them to experience a long wait for a hospital bed?

3. Why was the percentage of patients waiting eight hours for admission to a ward in 2006-07 significantly higher than the target?

Ms Gallagher MLA : The answer to the Member's question is as follows:–

5. The new Medical Assessment and Planning Unit at The Canberra Hospital has been established to provide quicker access to specialist medical treatment for people with complex conditions. Older people make up the largest proportion of this group of patients. New procedures within the emergency department, established following the establishment of the Medical Assessment and Planning Unit, provide for the early identification and referral of these patients for appropriate treatment.

6. The performance indicator for access block in emergency departments measures the time between the commencement of treatment and the transfer of a patient to a bed on a ward.

   Complex patients often take longer than eight hours for transfer to a ward from the commencement of treatment due to:
   - The time taken to stabalise a patient prior to the start of remedial treatment
   - The increased time taken for tests and images due to the need for additional and more complex investigations
   - The need for multidisciplinary assessments requiring input from a range of physicians and/or surgeons across a range of specialties
   - The time for consultation between specialists to develop a treatment plan that takes into consideration the above points

7. The result is not significantly above the target.

303 Burke Health

Community Nurses – staffing

Mrs Burke: To ask the Minister for Health:

In relation to: ACT Health Community Nursing services

1. How many staff are currently employed as Community Nurses in the ACT?
2. What is the current case load ratio for each nurse?
3. What funding is allocated to this service for 2007-2008?
4. Has the service been cut in any way for 2007-2008 – if so how and why?
5. Do Community Nurses collect 'sharps' – if so how and when. If not why not?

Katy Gallagher: The answers to the Member's questions are as follows:

1. Community Health employs a total of 226 full time equivalent (FTE) community nurses to provide nursing services for children and adults in the community.

2. The current case load ratio for each nurse is measured in terms of units of services rather than numbers of patients. The current ratio is equivalent to about 6 to 12 home visits per day, depending on acuity, or up to 19 clients per day in one ambulatory clinic.

3. The funding allocated in 2006-2007 to Continuing Care Program community nursing services was $3,754,766. This level of funding will be maintained in real terms in 2007-08.

4. No.

5. Yes. Sharps are collected in a recommended sharps container, that is kept in clients' homes. Containers and taken from clients' homes to a health centre on discharge of the client from the service, when full, or following the death of the client.

For one off injections or other sharps associated with clinical procedures, a sharps container is kept in the boot of the Community Nursing vehicle. Sharps containers are disposed of in a hazardous waste bin on return to the health centre consistent with the Community Health Waste Management Policy.

304 Burke Health

Community Nursing – shortage

Mrs Burke: To ask the Minister for Health and Disability Services:

In relation to ACT Health Community Nursing services.

1. Is there a drastic shortage of nurses for Community Nursing?
2. What other agencies are contracted to deliver Community Nursing services and at what cost?
3. Under what conditions can Community Nursing withdraw their services for seriously disabled patient (client)?
4. How long will it be before the increased funding for Disability Services is actually received by the disabled?

Ms Gallagher MLA: The answer to the Member's question is as follows:

1. No.

2. Currently KINCARE and Care-On-Call provide clinical services to one client with complex needs. Agency nurses are not utilised in Community Health due to the advanced clinical skills required. The average weekly cost for these contracted Registered Nurse care and personal care services (e.g laundry) is $728.55.

3. Only the Chief Executive of ACT Health has the authority to withdraw services to a client. This is a last resort as every effort is made to ensure all clients, their carers and key services providers are engaged in safe, effective, evidenced based, best practice health care. The withdrawal of services is a decision that is never made lightly but may become necessary if there is risk to staff or clients in maintaining safe and effective care to clients with complex care needs.

4. The $3 million allocated in 2007-08 will be allocated as follows:

   $1,456,274 has already been allocated.

   $1,343,726 will be allocated through an open application process.
   - The funds will be advertised in August 2007.
   - Applicants will be notified of the outcomes of the application process in December 2007.
   - 702 additional respite bed nights will be purchased, through an open tender, at a value of $200,000.

328 Pratt Health

Health checks and incidence of blood borne viruses in ACT prison system

Steve Pratt MLA : To ask the Attorney-General (redirected to the Minister for Health):-

In relation to : health checks and incidence of blood borne viruses in ACT prison system.

1) Are people who are sentenced to prison in ACT courts or who are held in remand, subjected to checks for blood borne viruses?
2) If so:
   a) How many cases were detected for each of the years 2000 – 2007?
   b) What actions are taken to separate those testing positive for blood borne viruses from those who report a negative result?
3) Are prisoners and remandees tested for blood borne viruses before release from prison or from remand?
4) What statistics are available to indicate whether infection from blood borne viruses occurs within the prison/remand system
   a) Within the ACT?
   b) Elsewhere in Australia (by State if possible)?
5) How many ACT sentenced prisoners or remandees have contracted blood borne viruses while in custody for each of the years 2000-2007?
6) On what basis are figures provided in response to Question 5 derived?

Simon Corbell: The answer to the Member's question is as follows:–

1) Testing for hepatitis B, hepatitis C and HIV is undertaken if the following criteria are fulfilled:
   a) a risk activity is disclosed after specific questioning
   b) the client provides informed consent, and
   c) pre- and post-test counselling can be provided confidentially.

2) a) This data has not been systematically collected for 2000-2007. An audit of medical files at the Belconnen Remand Centre in June 2007 revealed that of the 22 clients tested at some time during their incarceration, 13 were positive for hepatitis C virus, none for HIV, and one for hepatitis B.

b) There are no steps taken to separate those testing positive for blood borne viruses from those who report a negative result because there is no clinical basis for separating them, and it would accordingly not be consistent with the rights of the individuals concerns. Post-test counselling provides clients, whether positive or negative, with the information to protect themselves, and others from transmission.

3) Prisoners and remandees are not tested for blood borne viruses before release from prison or from remand.

4) a) There are no statistics available in the ACT.

b) Only isolated case studies have been published to date. No systematic collection of these data are conducted in any juristiction – nationally or internationally.

5) It is not known how many ACT sentenced prisoners or remandees have contracted blood borne viruses while in custody for each of the years 2000-2007.

6) Not applicable

372 Burke Health

Emergency theatre cases

Jacqui Burke MLA: To ask the Minister for Health: In relation to Budget 2007-08 -

1. What is the ratio of emergency theatre cases versus elective surgery cases at The Canberra Hospital?

2. How many patients from NSW were treated at The Canberra Hospital in last financial year?

3. How much revenue did the ACT Government receive from ACT private hospitals in the last financial year?

4. Do any private hospitals have outstanding debts to ACT Health? If yes, please indicate how much?

Ms Gallagher MLA : The answer to the Member's question is as follows:–

1. Using preliminary data to the end of May 2007, the ratio between elective and emergency surgery at The Canberra Hospital is 45 percent elective surgery, 55 percent emergency surgery.

2. 15,424.

3. $14.029 million

4. $0.996 million.

373 Burke Health

Public Neurosurgical patients

Jacqui Burke MLA: To ask the Minister for Health:

In relation to Budget 2007-08 -

1. Why are public neurosurgical patients no longer being seen at The Canberra Hospital – unless they have a life threatening problem?

2. If neurosurgical patients are not seen at The Canberra Hospital, where do they go for treatment?

3. Given the increasing number of patients requiring palliative care, is funding to palliative care services including in proportion to demand? If yes, please outline the increases in funding?

Katy Gallagher: The answer to the Member's question is as follows:–

1. Public neurosurgical patients with and without life threatening problems are still being seen at The Canberra Hospital

2. Not applicable (see (1)).

3. Palliative care services provided at Clare Holland House have shown a decrease in 2006-07, with inpatient bed days dropping by 11 percent for the year to May 2007 compared with the same period in 2005-06. This drop in inpatient bed days has been offset by increases in outpatient and community based services. The Government continually monitors the demand for these services and allocates funding based on changes in demand over time.

377 Stefaniak Health

QTON - Patient safety indicators

Mr Stefaniak: To ask the Minister for Health:

In relation to patient safety indicators in the budget papers:

1. Can you actually provide the figures of how many patients [are represented by the results of these indicators]

2. Could you [provide a comparison between ACT] rates and, say, Sydney metropolitan hospitals

Ms Gallagher : The answer to the Member's question is as follows:–

1. Data is not yet available for these indicators for 2006-07 due to issues with the development of reports from the new Patient Administration System (PAS). While all PAS issues have been rectified, there is a backlog of data to be entered into the system for these indicators. It is anticipated that results for 2006-07 will be reported for all of the patient safety indicators in the ACT Health Annual Report.

2. Comparable rates for similar hospitals are reported by the Australian Council on Healthcare Standards (ACHS) are only available for the indicators related to returns to hospital and returns to operating theatres.

   These rates are available for six month periods from July to December 2005 and January to June 2006.

   - Unplanned readmission to hospital

	Jul-Dec 05	Jan-Jun 06
The Canberra Hospital	1.43	0.85
ACHS comparable hospitals	3.60	2.58

TCH figures presented at 99% confidence interval

   - Unplanned return to operating room

	Jul-Dec 05	Jan-Jun 06
The Canberra Hospital*	0.79	0.75
ACHS comparable hospitals	0.91	1.00

TCH figures presented at 99% confidence interval

378 Burke Health

QTON - Access block at public hospitals

Mrs Burke: To ask the Minister for Health:

In relation to access block at public hospitals:

1. Why is the estimated outcome in 2006-07 for this indicator 30 percent instead of [the target of] 25 percent?

Ms Gallagher : The answer to the Member's question is as follows:–

- The target for 2006-07 of 25 percent is well below the target for 2005-06 of 35 percent. The estimated outcome for 2006-07 of 30 percent is above the target of 25 percent due to:
  - An increase of eight percent in the demand for emergency surgery in 2006-07, well above the estimated three percent increase. This level of demand has resulted in increased demand for beds, which has resulted in increased delays in access to ward beds; and
  - Later than expected commissioning of the new Medical Assessment and Planning Unit at The Canberra Hospital and the new sub acute facility at The Canberra Hospital. Both these initiatives [now operational] will provide additional capacity within the hospital system and improve access to hospitals beds (and therefore decrease the level of access block).

379 Stefaniak Health

QTON - Nursing workforce

Mr Bill Stefaniak: To ask the Minister for Health, Ms Katy Gallagher

In relation to : Nursing workforce skill mix and training

Nursing – in the training for both registered nurses or a certificate nurse or the new category, how much actual, on-the-job training will they do in the actual hospital?

Ms Gallagher: The answer to the Member's question is as follows:–

876 clinical practice (on-the-job training) hours are required over the three years of a Bachelor of Nursing Degree.

320 clinical practice (on-the-job) hours are required over one year for the Certificate 1V, Enrolled Nurse program.

This requirement is to be increased to at least 400 hours in 2008 when the entry level qualification for enrolled nurses will change to a Diploma.

Profession for a new category of nurse, Assistant in Nursing (AIN), has been incorporated into the new Nurses and Midwives Collective Agreement. The agreement has yet to be ratified. The training requirements have yet to be determined.

380 Stefaniak Health

QTON - Output 1.3 community health

Mr Stefaniak: To ask the Minister for Health

In relation to: Output 1.3 Community Health Total Cost of $101.271m

Could you give us a break-up of exactly how that has been spent in 2006-07 and how you intend to spend it for 2007-08.

Katy Gallagher: The answer to the Member's question is as follows:–

The components that make up Output 1.3 Total Cost for 2006-07 and 2007-08 are:

	2006-07 $000's	**2007-08 $000's**	
Community Health Division	63,267	64,721	
Non-Government Organisations & Policy	39,863	40,322	*
Property Management	7,761	7,906	
Less Early Intervention & Prevention	-18,356	-19,127	**
Overheads	7,386	7,449	***
	99,921	**101,271**	

* Policy Division are responsible for the management of payments to the NGO sector.
** Components of Community Health and the NGO sector that are categorised as early intervention and prevention are removed from this Output and reported in Output 1.7.
*** Overheads refer to a range of costs that relate to services provided to this Output. They include human resource services, financial services, information technology, executive coordination, communications and government relations.

381 Stefaniak Health

QTON - Health promotion grants program

Bill Stefaniak : To ask the Minister for Health, Katy Gallagher

In relation to : ACT Health Promotion Grants Program Funding

1. What Health Promotion grants were decided by the Health Promotions Board in the year prior to it being wound up?

2. What Health Promotion grants were decided by ACT Health in the year following the windup of the Health Promotion Board?

Katy Gallagher : The answer to the Member's question is as follows:–

1. Healthpact administered five funding rounds in 2006/07 prior to being wound up; Community Funding Round, Vitality Schools Funding Round, Small Projects Community Funding Round, Falls Prevention in Residential Aged Care Facilities Funding Round and the Sponsorship Funding Round. A total of 113 projects were funded through these five rounds coming to a total of $1.9 million. A variety of arts and cultural, sport and recreational, community and not-for-profit organisations received funding.

2. The ACT Health Promotion Grants Program has conducted five funding rounds for 2007/08. The rounds are as follows; Community Funding Round, Health Promoting Schools Funding Round, Health Promotion Capacity Building Funding Round, Falls Prevention in Residential Aged Care Facilities Funding Round and Health Promotion Sponsorship Funding Round. A total of 109 projects received funding through these five rounds coming to a total of $2.2 million. A variety of community, not-for-profit, arts and cultural and sport and recreational organisations received this funding.

382 Stefaniak Health

QTON - Health promotion grants program

Bill Stefaniak : To ask the Minister for Health, Katy Gallagher

In relation to : ACT Health Promotion Grants Program Funding

What percentage of Health Promotion Grants decided by ACT Health have been awarded to sporting organisations?

Katy Gallagher : The answer to the Member's question is as follows:–

In 2007/08 the ACT Health Promotion Grants Program has funded 109 projects and 15% of these projects were awarded to sporting organisations.

In comparison, in 2006/07 Healthpact funded a total of 113 projects. 15% of these projects were also awarded to sporting organisations.

383 Stefaniak Health

QTON - Health promotion grants program

Bill Stefaniak : To ask the Minister for Health, Katy Gallagher

In relation to : ACT Health Promotion Grants Program Funding

What are the names & affiliations of panel members who advised ACT Health on the allocation of Health Promotion Grants?

Katy Gallagher : The answer to the Member's question is as follows:–

Six different panels have met across the year.

For the Community Funding Round, there were two streams of funding and therefore two panels.

The Community Development & Capacity Building Funding Stream Panel Members were:

1. Ross O'Donoughue, Chair of Panel
   Director, Health Improvement Branch, ACT Health

2. Meg Richens
   Consultant, Simply Strategic

3. Jane Pepper
   Senior Manager, Mental Health Policy & Planning Unit, ACT Health

4. Barbara Chevalier
   School of Education and Community Studies, UCAN

The Reducing Health Risk Factors & Promoting Healthy Behaviours Funding Stream Panel Members were:

1. Ross O'Donoughue, Chair of Panel
   Director, Health Improvement Branch, ACT Health

2. Rosemary Urquhart
   Community Health Nutritionist, ACT Health

3. Elizabeth Bennett
   President of Fitness ACT

4. Fred Lehmann
   Safety Risk Analyst
   Former Healthpact Board Member

The Health Promotion Sponsorship Funding Round Panel Members were:

1. Ross O'Donoughue, Chair of Panel
   Director, Health Improvement Branch, ACT Health

2. Joan Perry
   Chief Executive Officer, ACTSport

3. Nigel Featherstone
   Manager, Arts Development, ARTSACT

4. Mark Garrity
   Manager, Business Strategy & Development, Medicare Australia
   (Former Healthpact Board Member)

The Health Promoting Schools Funding Round Panel Members were:

1. Ross O'Donoughue, Chair of Panel
   Director, Health Improvement Branch, ACT Health

2. Katja Mikhailovich
   Healthpact Research Centre for Health Promotion and Wellbeing, University of Canberra

3. Rebecca Kelley
   A/g Deputy Director, Sport & Recreation Services, TAMS

4. Susan Rockcliffe
   P&C Council

5. Lynne Prentice
   Nutritionist, Child, Youth & Women's Health Program, ACT Health

6. Ben Yuen
   Curriculum Executive Officer, Curriculum Support P-12, DET

The Falls Prevention in Residential Aged Care Facilities Funding Round Panel Members were:

1. Linda Halliday, Chair of Panel
   Manager, Population Health Research Centre, ACT Health

2. Jennie Yaxley
   Coordinator, Community Falls Prevention Program, ACT Health

3. Athalene Rosborough
   A/g Manager, Aged Care Assessment & Liaison Unit, ACT Health

4. Lynne Day
   Aged Care Coordinator, Faculty Of Communication & Community Services, CIT

The Small Projects Community Funding Round Panel Members were:

1. Ross O'Donoughue, Chair of Panel
   Director, Health Improvement Branch, ACT Health

2. Meg Richens
   Consultant, Simply Strategic

3. Rebecca Farquhar
   Community Development Services, DHCS

384 Stefaniak Health

QTON - Alcohol and drug rehabilitation

Mary Porter MLA: To ask the Minister for Health

In relation to : Alcohol and Drug Rehabilitation

How many other community based drug and alcohol facilities or services do we have, apart from residential ones, in the community, and is there any additional money in this budget for those kinds of things?

Katy Gallagher MLA : The answer to the Member's question is as follows:–

There are nine non-government organisations funded by ACT Health to provide community based non residential alcohol and drug services in the ACT. ACT Health also funds and operates non residential services.

There is no additional money in the 2007-08 Budget for non residential services.

385 Stefaniak Health

QTON - Drug and alcohol rehabilitation

Bill Stefaniak MLA : To ask the Minister for Health

In relation to : Drug and Alcohol Rehabilitation

How many people - perhaps you could get this on notice - in terms of drug abuse as opposed to alcohol abuse go through your services, the ones which I think Ms Porter mentioned on an annual basis?

We can provide you the details of the numbers who go through and what is termed the principal drug of concern, which includes alcohol, within the national minimum data set.

Katy Gallagher MLA : The answer to the Member's question is as follows:–

According to ACT alcohol and drug treatment data for the period 2005-2006 there were 234 treatment episodes for rehabilitation. The following tables provide further a breakdown by sex and principal drug of concern for the rehabilitation treatment episodes.

Rehabilitation Treatment Episodes 2005-06

Sex	%
Male	75
Female	25

Principal Drug of Concern	**%**
Alcohol	36
Heroin	18
Amphetamines	18
Cannabis	24
Other	4%

Definition of a Treatment Episode

A Treatment Episode is defined as the period of contact between client and treatment provider.

386 Burke Health

QTON - Opioid treatment program

Mrs Burke: To ask the Minister for Health

In relation to : the opioid treatment program provided by ACT Health, Alcohol and Drug Program

- Would you have a breakdown … of the gender and age [of the service's clients]?

Katy Gallagher : The answer to the Member's question is as follows:–

- Please note below the breakdown by age and gender of people with opioid management plans. The youngest person receiving the service is 18 years and the oldest is 69 years.

Age	Male	%	Female	%	Total
18-19	4	0.9	2	1.1	6
20-29	123	29.1	77	41.1	200
30-39	176	41.6	46	24.6	222
40-49	99	23.4	44	23.6	143
50-59	18	4.3	16	8.5	34
60-69	3	0.7	2	1.1	5
Total	**423**	**100**	**187**	**100**	**610**

387 Burke Health

QTON - Health, alcohol and drug program opioid treatment plans

Mrs Burke : To ask the Minister for Health

In relation to : ACT Health, Alcohol and Drug Program Opioid Treatment Plans.

1. How often are these plans reviewed?
2. What does happen?
3. What kind of financial cost is there to the community and what proportion of the budget would be going to this particular treatment?

Katy Gallagher : The answer to the Member's question is as follows:–

1. Management Plans are reviewed every time the client is seen by a clinician with a maximum review period of every three (3) months.

2. Management plans are reviewed in consultation with clients.

   A Management Plan is a multidisciplinary approach developed in partnership with the client. It details the major components of the treatment plan and is designed to improve the health of the client over time. Each aspect of the plan is discussed during the regular review.

3. The cost of running the ACT Health, Alcohol and Drug Program's Opioid Treatment Service for the 2006/2007 financial year was $1.8 million.

   This program consumes 29% of the overall ACT Community Health, Alcohol and Drug Program budget.

388 Stefaniak Health

QTON - Output 1.3 community health

Mr Stefaniak: To ask the Minister for Health:

In relation to the budget for output 1.3, Community Health:

1. In relation to the total cost of this output….how much is actually spent at The Canberra Hospital?

Ms Gallagher : The answer to the Member's question is as follows:–

- Using the latest available full year data, total expenditure for output 1.3 reported in the 2005-06 annual report was $98.647 million
- Of this total, $9.289 million was spent to provide acute support services at The Canberra Hospital.
- This is equivalent to 9.4 percent of the total Community Health budget.

389 Foskey Health

QTON - Waiting times for community allied health services

Dr Foskey : To ask the Minister for Health:

In relation to Waiting Times for [community allied health] Services:

- Is there any data which indicates what the waiting times are for referrals to community services, such as social workers, occupational therapists, physiotherapists, nutritionists etc – allied health services in the community?

Katy Gallagher: The answer to the Member's question is as follows:–

- No.

- Average waiting time indicators for access to community based allied health services were included in the 2006-07 budget papers.

- The new waiting times indicators were designed to produce data based on the decision to change referral practices and business processes within Community Health.

- The new referral process provides for referral to a team, rather than an individual (which provides for better access to services through the better management of work loads).

- However, Community Health now advises that the requisite changes to systems and business processes to enable accurate collection of the necessary information will not be completed until late in calendar year 2007.

- Following the introduction of the new processes and systems, ACT Health will undertake testing to ensure accuracy of the data. As such, average waiting time statistics are expected to be available for reporting in 2008-09.

390 Foskey Health

QTON - Tobacco smoking rates

Ms Foskey : To ask the Minister for Health:

In relation to : Tobacco smoking rates in the ACT

Please provide a gender breakdown for the table of smoking rates at the bottom of page 167 in Budget Paper 4 from the Budget Papers 2007/08

Ms Gallagher : The answer to the Member's question is as follows:–

In 1996, 16.9% of males aged 12-17 years and 24.0% of females aged 12-17 years were regular smokers in the ACT. In 2002, 14.6% of males and 16.0% of females in this age group were regular smokers.

The most recent information available on smoking rates for this age group in the ACT was obtained in 2005. Overall, 8.6% of 12-17 year olds in 2005 were regular smokers (females 9.8%; males: 7.5%), a statistically significant decrease from the smoking rates for 1996 and 2002.

391 Burke Health

QTON - discharge planning from hospital

Mrs Burke: To ask the Minister for Health:

In relation to discharge planning:

1. What information do you have, if any, regarding previous rates of readmission or inadequate support for independent living following discharge from hospital?

Ms Gallagher : The answer to the Member's question is as follows:–

- The information relating to the question about re-admission rates is provided for a "snap shot" period from April to December 2006 for Rehabilitation patients and from January 2007 until June 2007 for Aged Care patients. This data was used as it provided a good sample size and was relatively simple to extract from current data sources within a short timeframe.
  a. Of 338 rehabilitation patients admitted to ACT Health, 14 patients were admitted for a second or subsequent time.
  - Two aged care patients were re-admitted in the time-frame measured.
  - ACT Health does not currently have systems in place to determine if the reason for the subsequent admissions was related to inadequate support following discharge.

- Every effort is made to adequately plan for the discharge of every patient. This begins either before or on admission of a patient to an ACT Health service, but is often limited by the lack of human or physical resources available or the limitations placed on some supports by the Australian Government.

- For older patient over 70 years of age, the Commonwealth provides Community Aged Care Packages for those with low level care needs or Extended Aged Care at Home packages for those with high level care needs. The number of hours of care provided in these packages is generally between five and fifteen hours per week. This is frequently not an adequate level to sustain a person at home. In addition, while a person is receiving the package they are precluded from accessing other Home and Community Care funded services. Also, people receiving extended aged care at home packages are not able to access community nursing services.

- The ACT Government, together with other state Governments and the Northern Territory, will continue to seek to negotiate with the Commonwealth for better outcomes for people who require additional support to live independently in the community.

392 Burke Health

QTON - Well women's checks

Ms Burke:: To ask the Minister for Health:

In relation to Well Women's Checks,

- is it possible for the accountability indicator to extrapolate the figures to show how many CALD women attend the clinics compared to the total number of women?

Katy Gallagher: The answer to the Member's question is as follows:–

- The Government will consider proposed amendments to its key strategic and accountability indicators in the development of the 2008-09 budget.

- In the 2006/07 Financial Year, a total of 2342 women attended for a Well Women's Check. Of these, 682 were women from culturally and/or linguistically diverse backgrounds (29 percent).