DEPARTMENT OF HEALTH

Departmental mission statement

The Department of Health's mission is to achieve the best health and wellbeing for all Victorians.

Departmental objectives

The Department of Health undertakes planning, policy development and funding of health care activities to promote and protect the health and wellbeing of all Victorians. Hospital services; mental health services; aged care and public health activities are delivered in partnership with public and private health service providers, local government and non-government service providers.

The health and hospital system continues to be under pressure from population growth, an ageing population, increasing prevalence of chronic disease, and the escalating costs of health care technology. In this context, the Department, in conjunction with service delivery partners, aims to: improve health service performance; reform mental health and drug and alcohol services to better meet client needs; strengthen prevention and health promotion; develop our health service system and organisation; respond to an ageing population; and enable optimal health outcomes.

In 2011-12 these objectives will inform the Department's work in implementing the Government's commitment to creating a transparent and accountable approach to health service delivery in Victoria; improved health services performance; and system capacity within a tight fiscal environment.

Key strategic priorities for 2011-12

To support the Government's commitment to improving health and hospital care for Victorians, key Departmental priorities for 2011-12 are:

- planning for a better health system through initiatives including a Victorian Health Plan 2022, providing policy and planning directions for a Metropolitan Health Plan 2012-2022, Rural and Regional Health Plan 2012-2022, a Health Capital and Resources Plan 2012-2022 and a Victorian Health and Wellbeing Plan 2012-2015; and a whole of government alcohol and other drug strategy to reduce the incidence and impact of drug and alcohol abuse on individuals, families and in the community;
- developing service and system capacity through initiatives that include growth in
 hospital operations, including provision of 800 additional beds into the health system over
 the forward estimates period; establishment of a health infrastructure fund, training and
 employing more health professionals, supporting implementation of E-health, expansion
 of community clinical mental health services and enhanced psychiatric disability
 rehabilitation and support services;

- driving improvement and innovation including establishment of the Commission for Hospital Improvement and a Health Innovation and Reform Council and provision of a new Mental Illness Research Fund to strengthen and coordinate mental health research in Victoria; and
- increasing accountability and transparency including the provision of accurate and relevant information about the state of our hospitals and health system; establishing a hospital performance website that includes reports to the public in real time on hospital emergency data, and increased reporting to the community on the performance of the Victorian health system. A further step in this process commences with the 2011-12 budget papers which include a range of new output measures for hospital quality and safety, hospital emergency services and ambulance response times. Details of these are outlined in the budget tables.

Ministerial portfolios

The Department supports the ministerial portfolios of Health, Mental Health and Ageing.

Changes to the output structure

The Department has made some changes to its output structure for 2011-12, as shown in the table below:

2010-11 Outputs	Reason	2011-12 Outputs
Refer to Department of Planning and	Machinery of	Seniors Programs and
Community Development output	government changes	Participation
statements		

All machinery of government changes resulting from the 2010 election took effect on 1 January 2011.

The following table summarises the Department's total output cost.

Table 3.7: Output summary

(\$ million)

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2010-11	2010-11	2011-12	Variation (a)(b)
Budget	Revised	Budget	%
8 391.3	8 553.2	8 956.6	6.7
564.1	575.3	588.5	4.3
1 007.8	1 025.4	1 071.1	6.3
1 060.1	1 063.9	1 112.0	4.9
396.9	399.6	400.5	0.9
481.2	487.3	494.3	2.7
304.3	290.9	299.9	-1.5
135.7	136.6	143.2	5.6
12 341.4	12 532.3	13 066.1	5.9
	2010-11 Budget 8 391.3 564.1 1 007.8 1 060.1 396.9 481.2 304.3 135.7	2010-11 Budget Revised 8 391.3 8 553.2 564.1 575.3 1 007.8 1 025.4 1 060.1 1 063.9 396.9 399.6 481.2 487.3 304.3 290.9 135.7 136.6	2010-11 2010-11 2011-12 Budget Revised Budget 8 391.3 8 553.2 8 956.6 564.1 575.3 588.5 1 007.8 1 025.4 1 071.1 1 060.1 1 063.9 1 112.0 396.9 399.6 400.5 481.2 487.3 494.3 304.3 290.9 299.9 135.7 136.6 143.2

Source: Department of Health

Notes:

- (a) Variation between 2010-11 Budget and 2011-12 Budget.
- (b) The movement in the Department of Health's 2011-12 Budget compared with the 2010-11 Budget is primarily due to:
 - funding provided for government policy commitments including the full-year effect of initiative funding announced in previous years' budgets;
 - indexation funding provided for anticipated cost increases in 2011-12;
 - output price increases for depreciation and capital asset charge costs associated with the approved asset investment program for 2011-12;
 - changes to Commonwealth funding for a number of programs; and
 - increases in income from sales of goods and services, particularly for Public Hospitals and Ambulance Services;
- (c) The 2010-11 Target and 2010-11 Expected Outcome reflects a full year presentation of the Office of Senior Victorians, which transferred from the Department of Planning and Community Development on 1 January 2011.
- (d) The 2010-11 Expected Outcome and 2011-12 Target reflects changes to Commonwealth/State agreements including a reduction in Commonwealth vaccine funding resulting from new Commonwealth responsibilities for direct purchasing of flu vaccinations.
- (e) Total output cost for 2011-12 Budget may not equate to the total expense reported in Budget Paper No. 5, Chapter 3 Departmental financial statements due to additional statements in Budget Paper No. 5 that are not included in departmental output costs. Figures for 2010-11 Budget and 2010-11 Revised have been amended to reflect machinery of government changes and will not equate to total expenses reported in Departmental financial statements.

Amounts available

The following tables detail the amounts available to the Department from Parliamentary authority and income generated through transactions.

Table 3.8 outlines the Department's income from transactions and Table 3.9 summarises the sources of Parliamentary authority available to the Department to fund the provision of outputs, additions to net asset base and payments made on behalf of the State.

Table 3.8: Income from transactions

(\$ million)

	(7	,			
	2009-10	2010-11	2010-11	2010-11	2011-12
	Actual	Budget	Adjusted ^(a)	Revised	Budget
Output appropriations	6 991.5	9 796.5	9 799.8	9 950.8	10 590.4
Special appropriations	941.0	1 252.6	1 252.6	1 251.4	1 265.6
Interest	37.3	57.4	57.4	57.4	57.6
Sale of goods and services	1 053.2	1 377.2	1 377.2	1 431.3	1 431.0
Grants	286.5	224.4	224.4	361.4	478.4
Fair value of assets and services received free of charge or for nominal consideration	0.9				
Other income	300.1	330.3	330.3	350.5	351.8
Total income from transactions	9 610.5	13 038.3	13 041.6	13 402.8	14 174.8

Source: Department of Health and Department of Treasury and Finance

Note.

(a) The 2010-11 Adjusted estimates include the 2010-11 Budget adjusted for machinery of government changes.

Table 3.9: Parliamentary authority for resources

(\$ million)

	1111111011)			
	2010-11	2010-11	2010-11	2011-12
	Budget	Adjusted ^(a)	Revised	Budget
Annual appropriations	8 751.9	8 755.2	8 727.1	9 610.6
Provision of outputs	8 668.0	8 671.3	8 727.1	9 610.6
Additions to the net asset base	83.9	83.9		
Payments made on behalf of the State				
Receipts credited to appropriations	1 220.9	1 220.9	1 156.3	1 221.0
Unapplied previous years appropriation	95.3	95.3	67.4	69.1
Provision of outputs	51.6	51.6	67.4	39.9
Additions to the net asset base	43.7	43.7		29.3
Accumulated surplus - previously applied		••	19.3	15.8
appropriation				
Gross annual appropriation	10 068.1	10 071.4	9 970.1	10 916.5
Special appropriations	1 252.6	1 252.6	1 251.4	1 265.6
Trust funds	51.4	51.4	66.0	57.2
Total parliamentary authority	11 372.2	11 375.4	11 287.5	12 239.4

Source: Department of Health and Department of Treasury and Finance

Note:

(a) The 2010-11 Adjusted estimates include the 2010-11 Budget adjusted for machinery of government changes.

The following section provides details of the outputs provided to government, including performance measures and costs for each output. Total expenditure for the Department can be found in Budget Paper No. 5, Chapter 3 *Departmental financial statements*.

Acute Health Services

Acute Health Services outputs provide a range of timely and high quality acute hospital inpatient, ambulatory, emergency, community based and specialist services. This output group contributes to the Department's priority of achieving the best health and wellbeing for all Victorians through developing service and system capacity, increasing accountability and transparency, improving quality and safety and driving improvement and innovation.

			2010-11		
Major Outputs/Deliverables	Unit of	2011-12	Expected	2010-11	2009-10
Performance Measures	Measure	Target	Outcome	Target	Actual

Admitted Services

Acute and sub-acute patient services (elective and non elective) provided at Victorian metropolitan and rural public hospitals.

metropolitan and rural public hospitals.		0.000 0, ,			
Quantity					
Palliative care bed days	number ('000)	92	85	84	83
The 2010-11 Expected Outcome is higher than t 2011- 12 Target has also been adjusted accordi		arget due to an	increase in fund	ling from COAC	G. The
The 2009-10 Actual has been updated from the data replacing estimates previously provided as	•	of Health's ann	ual report public	ation following	g actual
Sub-acute bed days	number ('000)	702	662	662	670
The 2009-10 Actual has been updated from the data replacing estimates previously provided as for this output.	•	•		, .	•
Total Separations – all hospitals	number ('000)	1 533	1 508	1 500	1 457
Weighted Inlier Equivalent Separations (WIES) – all hospitals except small rural health services	number ('000)	1 047	1 025	1 003	999
WIES Funded Separations – all hospitals except small rural health services	number ('000)	1 430	1 405	1 397	1 351
WIES Funded Emergency Separations – all hospitals	number ('000)	534	523	516	490

New performance measure for 2011-12 to reflect the Government's commitment to increased transparency, quality and safety, and reflects patient rating of involvement in decision-making.

score

Perinatal morbidity notices received, processed and reported	per cent	100	100	100	100
Public hospitals accredited	per cent	100	100	100	100

Consumer Participation Indicator -

score with a range of 20-100

Quality

75

nm

nm

nm

Major Outputs/Deliverables Performance Measures	Unit of Measure	2011-12 Target	2010-11 Expected Outcome	2010-11 Target	2009-10 Actual
Eligible newborns screened for hearing deficit before one month of age New performance measure for 2011-12 to reflect and safety.	per cent	97 nent's commit	nm ment to increase	nm ed transparend	nm cy, quality
Major trauma patients transferred to a major trauma service The higher 2010-11 Expected Outcome reflects to					86 at patients
Hospitals participating in Victorian Hospital Acquired Infection Surveillance System (VICNISS)	per cent	100	na triage guideli 100	100	99.5
Intensive Care Unit central line associated blood stream infections (CLABSI) per 1 000 device days New performance measure for 2011-12 to reflect	rate at the Governr	<=2.5	nm ment to increase	nm ed transparend	nm cy, quality
Public hospitals meeting cleaning standards, as assessed by external audit	per cent	100	100	100	94
Staphylococcus aureus bacteraemias (SAB) infections per 10 000 patient days New performance measure for 2011-12 to reflect and safety.	rate	<=2.0	nm ment to increase	nm ed transparend	nm cy, quality
Unplanned/unexpected readmission for acute myocardial infarction per 1 000 separations New performance measure for 2011-12 to reflect and safety.	per cent	<3.7	nm ment to increase	nm ed transparend	nm cy, quality
Unplanned/unexpected readmission for heart failure per 1 000 separations New performance measure for 2011-12 to reflect and safety.	per cent	<10.25	nm ment to increase	nm ed transparend	nm cy, quality
Unplanned/unexpected readmission for knee replacement per 1 000 separations New performance measure for 2011-12 to reflect and safety.	per cent	<6.0	nm ment to increase	nm ed transparend	nm cy, quality
Unplanned/unexpected readmission for hip replacement per 1 000 separations New performance measure for 2011-12 to reflect and safety.	per cent	<2.5	nm ment to increase	nm ed transparend	nm cy, quality
Unplanned/unexpected readmission for paediatric tonsillectomy and adenoidectomy per 1 000 separations	per cent	<2.2	nm	nm	nm

			2010-11		
Major Outputs/Deliverables	Unit of	2011-12	Expected	2010-11	2009-10
Performance Measures	Measure	Target	Outcome	Target	Actual

New performance measure for 2011-12 to reflect the Government's commitment to increased transparency, quality and safety.

per cent	80	67	80	68
ervices experi	encing higher	acuity presentatior	ıs.	
per cent	90	90	90	92
per cent	80	75	80	75
	per cent	per cent 90	per cent 80 75	per cent 90 90 90 per cent 80 75 80

The 2010-11 Expected Outcome reflects the impact of the strategy to treat long waiting patients.

The 2009-10 Actual has been updated from the Department of Health's annual report publication following actual data replacing estimates previously provided as at July 2010.

Urgent (Category 1) elective surgery patients admitted within 30 days	per cent	100	100	100	100
Cost					_
Total output cost	\$ million	6 943.6	6 641.0	6 570.7	6 228.2

The 2011-12 Target reflects additional funding for (i) indexation; (ii) revised estimates for health services depreciation; (iii) transfer of Hospital Admission Risk Program to Non-Admitted Services; (iv) Government policy initiatives; (v) increase in Private Patient Fees raised.

The 2010-11 Expected Outcome reflects impact of (i) revised estimates for health services depreciation; (ii) transfer of Hospital Admission Risk Program to Non Admitted Services; (iii) one off funding of costs incurred resulting from the declaration of three additional public holidays; and (iv) increase in Private Patient Fees raised.

Non-Admitted Services

Non-Admitted Services include acute and sub-acute services provided at Victorian metropolitan and rural public hospitals. Access to high quality services allows the right care to be delivered at the right time in the right location. Non admitted sub-acute services improve consumer access to services closer to home by providing models of integrated community care, which significantly reduces the demand for hospital beds and supports the transition from hospital to home in a safe and timely manner. The services improve health outcomes, particularly for older people and people with complex care needs.

Quantity					
Completed post acute episodes	number	42 000	39 000	39 000	41 745
The 2009-10 Actual has been updated from the Department of Health's annual report publication following actual data replacing estimates previously provided as at July 2010.					actual
Patients treated in specialist outpatient clinics – unweighted	number ('000)	1 360	1 340	1 340	1 347
Patients treated in specialist outpatient clinics – weighted	number ('000)	1 484	1 492	1 445	1 491

Major Outputs/Deliverables Performance Measures			2010-11 Expected Outcome		
Sub-acute ambulatory care occasions of service	number	565 000	530 000	530 000	555 844

The 2011-12 Target is higher than the 2010-11 Target due to additional Commonwealth funding under the National Partnership for Improving Public Hospital Services.

The 2009-10 Actual has been updated from the Department of Health's annual report publication following actual data replacing estimates previously provided as at July 2010.

Quality					
Post-acute clients not readmitted to acute hospital	per cent	90	90	90	92
Timeliness					
Sub-acute ambulatory care service clients contacted within three days of referral	per cent	80	80	80	78

The 2009-10 Actual has been updated from the Department of Health's annual report publication following actual data replacing estimates previously provided as at July 2010.

Cost

Total output cost \$ million 1 279.0 1 219.8 1 140.6 1 072.2

The 2011-12 Target reflects additional funding for (i) indexation; (ii) revised estimates for health services depreciation; (iii) transfer of Hospital Admission Risk Program from Admitted Services; (iv) Government policy initiatives.

The 2010-11 Expected Outcome reflects impact of (i) revised estimates for health services depreciation; and (ii) transfer of Hospital Admission Risk Program from Admitted Services.

Emergency Services

This output relates to emergency presentations at reporting hospitals with emergency departments. This output aims to provide high quality, accessible health and community services, specifically in the area of improving waiting times for emergency services.

Quantity						
Emergency presentations	number	1 493	1 445	1 420	1 398	
	('000)					
The 2011-12 Target reflects anticipated growth	in demand.					
Quality						
Time on hospital bypass	per cent	3.0	2.0	3.0	1.9	
Number of occasions on Hospital Early Warning System (HEWS)	number	11 388	nm	nm	nm	
New performance measure for 2011-12 to refle and safety.	ect the Governr	ment's commit	ment to increased	l transparency,	quality	
Operating time on HEWS	per cent	10	nm	nm	nm	
New performance measure for 2011-12 to reflect the Government's commitment to increased transparency, quality and safety.						
Timeliness						
Emergency Category 1 treated immediately	per cent	100	100	100	100	

			2010-11		
Major Outputs/Deliverables Performance Measures	Unit of Measure	2011-12 Target	Expected Outcome	2010-11 Target	2009-10 Actual
Emergency Category 2 treated in 10 minutes	per cent	80	81	80	81
Emergency Category 3 treated in 30 minutes The 2010-11 Expected Outcome has remained of presentations.	per cent consistent desp	75 ite health serv	67 ices experiencin	75 g higher acuity	69
Non-admitted emergency patients with a length of stay of less than four hours The 2010-11 Expected Outcome has remained of presentations.	per cent	80 ite health serv	70 ices experiencin	80 g higher acuity	73
Proportion of ambulance patient transfers within 40 minutes New performance measure for 2011-12 to refleand safety.	per cent	90 nent's commiti	nm ment to increase	nm ed transparenc	nm y, quality
Cost					
Total output cost The 2011-12 Target reflects additional funding , depreciation; (iii) Government policy initiatives. The 2010-11 Expected Outcome reflects impact		,,,	,		353.1

Acute Training and Development

Provision of grants to hospitals for the training and accreditation of health workers. This output aims to provide career opportunities and contribute towards a stable and accredited workforce in the health sector in Victoria. This output supports the Department's priority of developing the service system capacity through increasing the skilled medical workforce.

Quantity					
Post graduate nursing places at Diploma and Certificate level	number	832	832	832	849
Total FTE (early graduate) allied health positions in public system	number	461	470	470	461
Total FTE (early graduate) medical positions in public system The increased 2011-12 Target reflects increases	number	1 300	1 159	1 159	1 074
Total FTE (early graduate) nursing positions in public system	number	1 305	1 305	1 305	1 330
Cost					
Total output cost The 2011-12 Target reflects additional funding f	\$ million for (i) indexation	324.3 on; (ii) governr	307.1 ment policy initio	307.1 atives.	283.2

Ambulance Services

Ambulance Services outputs provide emergency and non-emergency ambulance services. Ambulance response times are important to ensure critically ill Victorians receive the care they need. This output group contributes to the Department's priority of achieving the best health and wellbeing for all Victorians through improved health service performance and developing our health service system and organisation. The output supports the Department's priority of developing service and system capacity of ambulance services.

			2010-11		
Major Outputs/Deliverables	Unit of	2011-12	Expected	2010-11	2009-10
Performance Measures	Measure	Target	Outcome	Target	Actual

Ambulance Emergency Services

Emergency road, rotary and fixed air wing patient treatment and transport services provide timely and high quality emergency ambulance services. Timely and high quality emergency ambulance services contribute to high quality, accessible health and community services for all Victorians.

Quantity					
Country road cases	number	133 200	131 247	128 800	128 890
Metropolitan road cases The 2010-11 Expected Outcome and 2011-12 To	number arget reflect in	356 900 creased demai		325 000 transports.	330 741
Pensioner and concession card holder cases	number	231 900	228 545	215 000	219 832
The 2010-11 Expected Outcome and 2011-12 To	rget reflect in	creased demai	nd and growth ir	transports.	
Statewide air cases The 2010-11 Expected Outcome and 2011-12 To	number arget reflect in	4 500 creased demai	3 924 and for emergency	2 950 y air cases.	3 199
Quality					
Audited cases attended by Community Emergency Response Teams (CERT) meeting clinical practice standards	per cent	90	97	90	96.2
The 2010-11 Expected Outcome demonstrates h	nigh quality se	rvice provided	by CERT membe	rs.	
Audited cases statewide meeting clinical practice standards	per cent	95	97.9	95	97.9
Proportion of patients experiencing severe cardiac and traumatic pain whose level of pain is reduced significantly	per cent	90	92.1	90	91.1
Proportion of patients satisfied or very satisfied with quality of care provided by paramedics	per cent	95	98	95	98
Timeliness					
CERT arrival occurs prior to ambulance	per cent	85	87.3	85	85.7

Major Outputs/Deliverables Performance Measures	Unit of Measure	2011-12 Target	2010-11 Expected Outcome	2010-11 Target	2009-10 Actual
Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide	per cent	85	77	85	80.7
The 2011-12 Target for this measure is approp		•	ect to ongoing se	ervice improve	ement.
The 2010-11 Expected Outcome reflects impac	ct of increased a	lemand.			
Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than	per cent	90	82.3	90	86.9
7 500 population					
The 2011-12 Target for this measure is approp	oriate and perfo	rmance is subje	ect to ongoing se	ervice improve	ment.
The 2010-11 Expected Outcome reflects impac	ct of increased a	lemand.			
Cost					
Total output cost	\$ million	480.2	469.4	460.3	442.0
The 2011-12 Target primarily reflects addition	ai junding for G	overnment pol	icy initiatives		

Ambulance Non-Emergency Services

Non-emergency road, rotary and fixed air wing patient treatment and transport services provide access to timely, high quality non-emergency ambulance services. High quality non-emergency ambulance services contribute to high quality, accessible health and community services for all Victorians. The output supports departmental priorities through provision of patient transport officers to service non-emergency, pre and post hospital patients.

Quantity					
Country road cases	number	60 000	59 147	56 600	56 422
Activity for this measure has been consistently has reflecting this trend into the future.	nigher than an	ticipated, with	increases in the	2011-12 Targe	et
Metropolitan road cases	number	236 300	232 826	222 800	226 091
The 2011-12 Target reflects increased demand i	n metropolita	n non-emerger	ncy patient trans	port.	
Pensioner and concession card holders transported	number	192 500	189 660	174 000	182 750
Activity for this measure has been consistently has reflecting this trend into the future.	nigher than an	ticipated, with	increases in the	2011-12 Targe	et
The 2009-10 Actual has been updated from the data replacing estimates previously provided as	•	f Health's ann	ual report public	ation following	g actual
Statewide air cases	number	2 500	2 790	3 600	3 491
The 2011-12 Target reflects decreased demand	in metropolito	n non-emerge	ncy air cases.		
The 2010-11 Expected Outcome is lower due to matched by a corresponding increase in emerge	•	ion of air activi	ity to emergency	responses and	d is
Quality				•	
Audited cases statewide meeting clinical practice standards	per cent	94	98.3	94	98.7

Major Outputs/Deliverables Performance Measures	Unit of Measure	2011-12 Target	2010-11 Expected Outcome	2010-11 Target	2009-10 Actual
Cost					
Total output cost	\$ million	108.3	105.9	103.8	100.3
The 2011-12 Target primarily reflects addition	al funding for G	overnment pol	icy initiatives		

Mental Health

Mental Health outputs provide a range of inpatient, community-based residential and ambulatory services which treat and support people with a mental illness and their families and carers. This output group contributes to the Department's priority of achieving the best health and wellbeing for all Victorians through reform to mental health and drug and alcohol services to meet client needs.

			2010-11		
Major Outputs/Deliverables	Unit of	2011-12	Expected	2010-11	2009-10
Performance Measures	Measure	Target	Outcome	Target	Actual

Clinical Care

A range of inpatient, residential and community based clinical services provided to people with mental illness and their families so that those experiencing mental health problems can access timely, high quality care and support to recover and live successfully in the community.

Quantity					
Clinical inpatient separations	number	19 980	19 673	19 800	19 248
Community service hours	hours ('000)	1029	nm	nm	nm
The performance measure 'Community service le contact hours' to ensure consistency with defini	•	•	•	asure 'Commu	nity
New case index	per cent	50	46	50	47
The 2010-11 Expected Outcome is a positive res	ult.				
Registered community clients	number	59 000	60 025	59 000	59 396
Residential bed days	number	355 000	347 649	351 000	342 743
Quality					
Clients readmitted (unplanned) within 28 days	per cent	14	13	14	13
New client index	per cent	45	46	45	44
Number of area mental health services achieving or maintaining accreditation under the National Standards for Mental Health Services	number	21	21	21	21
Post-discharge community care	per cent	75	76	75	73
Pre-admission community care	per cent	60	58	60	57.2
Timeliness					
Emergency patients admitted to a mental health bed within eight hours	per cent	80	68	80	73

Major Outputs/Deliverables Performance Measures	Unit of Measure		2010-11 Expected Outcome		2009-10 Actual
Cost					_
Total output cost	\$ million	976.1	931.9	917.4	891.9

The 2011-12 Target reflects additional funding for (i) indexation; (ii) revised estimates for health services depreciation; (iii) Government policy initiatives; and (iv) recognition of Department of Justice funding to the Victorian Institute of Forensic Mental Health.

The 2010-11 Expected Outcome reflects (i) the impact of revised estimates for health services depreciation and (ii) recognition of Department of Justice funding to the Victorian Institute of Forensic Mental Health.

Psychiatric Disability Rehabilitation and Support Services (PDRSS)

A range of rehabilitation and support services provided to people with a psychiatric disability, and their families and carers, so that those experiencing mental health problems can access timely, high quality care and support to recover and reintegrate into the community.

Quantity					_		
Bed days	number	87 000	82 600	87 000	76 700		
The 2010-11 Expected Outcome is lower than the 2010-11 Target reflecting lower than expected bed uptake due to investment in community home based support and the introduction of alternative care models.							
Clients receiving psychiatric disability	number	12 500	14 076	12 500	13 383		
support services							
The 2010-11 Expected Outcome is higher than the 2010-11 Target due to increased demand for psychiatric support services.							
Contact hours	number	1 183	1 183	1 175	1 113		
	('000)						
Quality							
Proportion of major agencies accredited	per cent	100	100	100	100		
against the PDRSS standards							
Cost					_		
Total output cost	\$ million	95.1	93.5	90.4	90.3		
The 2011-12 Target reflects additional funding for (i) indexation; (ii) revised estimates for health services depreciation; and (iii) Government policy initiatives.							

Ageing, Aged and Home Care

Ageing, Aged and Home Care outputs lead and coordinate whole of government policy on issues affecting our ageing community, and provide a range of in-home, specialist geriatric and residential care services for older people. This includes Home and Community Care (HACC) services and other programs that are targeted to older people and people with a disability, and to their carers. This output group contributes to the Department's priority of achieving the best health and wellbeing for all Victorians through responding to an ageing population, developing service and system capacity, and driving improvement and innovation.

			2010-11		
Major Outputs/Deliverables	Unit of	2011-12	Expected	2010-11	2009-10
Performance Measures	Measure	Target	Outcome	Target	Actual

Seniors Programs and Participation

This output has been introduced as a result of machinery of government changes that resulted in the transfer of Office of Senior Victorians functions out of the Department of Planning and Community Development into the Department of Health.

Supports broader community planning processes to facilitate an integrated community planning and response approach aimed at encouraging older Victorians to fully participate and engage in the community.

Quantity					
New University of the Third Age (U3A) programs funded	number	45-60	45-60	45-60	nm
Seniors funded activities and programs: number approved	number	90-100	110-130	110-130	142
The 2011-12 Target is lower due to program dela	ivery changes				
Quality					
Eligible seniors in the seniors card program	per cent	95	95	95	95
Senior satisfaction with Victorian Seniors Festival events	per cent	90	90	90	90
Cost					
Total output cost	\$ million	5.7	5.6	6.0	6.1

The Office of Senior Victorians transferred from the Department of Planning and Community Development on 1 January 2011. The 2009-10 Actual, 2010-11 Target and the 2010-11 Expected Outcome reflect a full year presentation of this output.

Residential Aged Care

This output includes the delivery of services for older Victorians requiring ongoing care and support in a residential aged care setting.

Quantity					
Bed days in high care places	number	922 000	924 000	924 000	896 992
The 2009-10 Actual has been updated from the lidata replacing estimates previously provided as	•	f Health's anni	ıal report public	ation following	g actual

			2010-11		
Major Outputs/Deliverables	Unit of	2011-12	Expected	2010-11	2009-10
Performance Measures	Measure	Target	Outcome	Target	Actual
Bed days in low care places	number	388 000	409 000	409 000	393 484
The 2011-12 Target is lower than the 2010-11 consistent with industry trends	Target due to c	urrent and proj	ected reduction	in low care de	emand
The 2009-10 Actual has been updated from the data replacing estimates previously provided a		f Health's annu	al report public	ation following	g actual
Standard Equivalent Value Units	number	486 000	489 000	489 000	485 426
Quality					
Residential care services certified and accredited	per cent	100	100	100	100
Cost					
Total output cost	\$ million	323.2	321.1	309.9	304.2
This output includes the delivery of comp for treatment and residential aged care se		sessment o	f older Victo	rians' requii	rements
Quantity					
Aged Care Assessments	number	59 000	59 000	59 000	53 267
Timeliness					
Average wait between client registration and ACAS assessment: hospital-based assessment	days	2.5	1.8	2.5	2
This performance measure has been retained for Committee contained in the 102nd Report – 20	_		-	ccounts and Es	timates
Average wait between client registration and ACAS assessment: community-based assessment	days	15	17	15	19.6
This performance measure has been retained for Committee contained in the 102nd Report – 20	-		-	ccounts and Es	timates
Percentage of priority 1 and 2 clients assessed within the appropriate time –	per cent	85	nm	nm	nm
community-based assessment New performance measure for 2011-12 'Percel community-based assessment' replaces the 20 registration and ACAS assessment – communit is a better indicator of responsiveness to the un assessment. The appropriate time is determine Priority 1 intervention in two days and for Priori	10-11 performory-based assessingency of cliented by the priorit	ince measure 'i ment' as it aligi needs based oi y level as defin	Average wait be ns with Commo n information a ed in the nation	etween client nwealth bench vailable at the	marks and time of
Percentage of priority 1 and 2 clients	per cent	85	nm	nm	nm

assessed within the appropriate time -

hospital-based assessment

			2010-11		
Major Outputs/Deliverables	Unit of	2011-12	Expected	2010-11	2009-10
Performance Measures	Measure	Target	Outcome	Target	Actual

New performance measure for 2011-12 'Percentage of priority 1 and 2 clients assessed within the appropriate time – hospital-based assessment' replaces the 2010-11 performance measure 'Average wait between client registration and ACAS assessment – hospital-based assessment' as it aligns with Commonwealth benchmarks and is a better indicator of responsiveness to the urgency of client needs based on information available at the time of assessment. The appropriate time is determined by the priority level as defined in the national ACAP guidelines. For Priority 1 intervention in two days and for Priority 2 intervention in 3-14 days.

Cost					
Total output cost	\$ million	44.6	42.9	43.5	54.8

Aged Support Services

This output includes delivery of a range of community services that support older Victorians and their carers.

Quantity					
Individuals provided with respite services	number	22 000	22 000	22 000	21 881
Pension-level beds available in assisted Supported Residential Services facilities	number	1 876	1 876	1 916	1 916
The 2011-12 Target and 2010-11 Expected Outo Services.	ome are lowe	r due to the cit	isure oj two supp	ortea kesiaeri	tiai
Pension-level Supported Residential Services residents provided with service coordination and support/brokerage services	number	775	775	775	912
Personal alert units allocated	number	26 255	25 255	25 255	23 255
Victorian EyeCare Service (occasions of service)	number	75 800	75 800	75 800	69 299
Quality					
Funded research and service development projects for which satisfactory reports have been received	per cent	100	100	100	100
Cost					
Total output cost	\$ million	130.2	129.8	117.1	129.2

The 2011-12 Target primarily reflects revised estimates for health services depreciation.

The 2010-11 Expected Outcome primarily reflects revised estimates for health services depreciation.

HACC Primary Health, Community Care and Support

This output includes delivery of a range of community based nursing, allied health and support services enabling frail, older people and younger people with disabilities to maintain their independence in the community. This includes Home and Community Care (HACC) services.

Quantity					
Clients receiving Home and Community Care services	number	295 000	286 000	265 000	273 808

			2010-11				
Major Outputs/Deliverables	Unit o	f 2011-1	2 Expected	2010-11	2009-10		
Performance Measures	Measu	re Targe	t Outcome	Target	Actual		
The 2011-12 Target and the 2010-11 Expect renegotiation of service mix and approved g		-	2010-11 Target	due to agency	initiated		
Home and Community Care service	number	10 355 000	10 008 000	10 008 000	9 531 290		
delivery hours							
The 2011-12 Target has been revised following agency initiated renegotiation of service mix and approved growth funding.							
Standard Equivalent Value Units	number	5 695 000	4 849 000	4 849 000	4 735 301		
The 2011-12 Target has been revised follow funding.	ing agency init	iated renegotia	tion of service m	ix and approve	d growth		
Quality							
Eligible population receiving Home and Community Care services	per cent	30	30	30	33.8		
Cost							
Total output cost	\$ million	608.3	564.5	583.6	521.6		
The 2010-11 Expected Outcome primarily re	flects reductio	n in Commonwe	ealth funding.				

Primary, Community and Dental Health

Primary, Community and Dental Health outputs provide a range of in home, community based, community, primary health and dental services designed to promote health and wellbeing and prevent the onset of more serious illnesses. This output group contributes to the Department's priority of achieving the best health and wellbeing for all Victorians by developing service and system capacity and increasing accountability and transparency.

			2010-11		
Major Outputs/Deliverables	Unit of	2011-12	Expected	2010-11	2009-10
Performance Measures	Measure	Target	Outcome	Target	Actual

Community Health Care

This output includes delivery of a range of community care and support services, including counselling, allied health and nursing, that enable people to continue to live independently in the community.

community.							
Quantity							
Better Health Channel visits	number ('000)	12 000	11 000	14 000	13 000		
The 2010-11 Expected Outcome is lower due to the growth in alternative health information websites which has reduced visits to the Better Health Channel. The 2011-12 Target has been adjusted accordingly.							
Number of referrals made using secure electronic referral systems	number	100 000	nm	nm	nm		
New performance measure for 2011-12 to reflect the Government's commitment to increased transparency, quality and safety							
Primary Care Partnerships with reviewed and updated Strategic Plans	per cent	100	100	100	87		
Service delivery hours in community health care	number	976 000	982 000	982 000	984 467		
The 2009-10 Actual has been updated from the data replacing estimates previously provided as	•	of Health's ann	ual report public	ation following	g actual		
Standard Equivalent Value Units The 2009-10 Actual has been updated from the data replacing estimates previously provided as	•	1 047 920 of Health's ann		1 051 700 ation following			
Quality							
Agencies with an Integrated Health Promotion (IHP) plan that meets the	per cent	80	nm	nm	nm		
stipulated planning requirements New measure for 2011-12 to reflect the emphasis on an integrated approach to health promotion initiatives.							
Cost							
Total output cost	\$ million	233.4	234.7	232.6	244.9		

			2010-11		
Major Outputs/Deliverables	Unit of	2011-12	Expected	2010-11	2009-10
Performance Measures	Measure	Target	Outcome	Target	Actual

Dental Services

This output includes delivery of a range of dental health services to support health and wellbeing in the community.

number	332 150	331 000	331 000	329 850		
•	of Health's ann	ual report publi	cation followir	ng actual		
number	1 412 745	1 429 800	1 429 800	1 315 105		
The 2009-10 Actual has been updated from the Department of Health's annual report publication following actual data replacing estimates previously provided as at July 2010.						
ratio	53:47	53:47	53:47	44:56		
months	22	22	22	20		
months	23	23	23	19		
\$ million	167.1	164.9	164.3	155.6		
	Department of at July 2010. number Department of at July 2010. ratio months months	Department of Health's annual July 2010. number 1 412 745 Department of Health's annual July 2010. ratio 53:47 months 22 months 23	Department of Health's annual report publicat July 2010. number 1 412 745 1 429 800 Department of Health's annual report publicat July 2010. ratio 53:47 53:47 months 22 22 months 23 23	Department of Health's annual report publication followin at July 2010. number 1 412 745 1 429 800 1 429 800 Department of Health's annual report publication followin at July 2010. ratio 53:47 53:47 53:47 months 22 22 22 months 23 23 23		

Small Rural Services

Small Rural Services includes a range of health and aged care services delivered in small rural towns. The funding and service delivery approach focuses on achieving a sustainable, flexible service mix that is responsive to local needs. Service providers include small rural hospitals, community health services, bush nursing centres, multi purpose services and public sector residential aged care services. This output group contributes to the Department's priority of achieving the best health and wellbeing for all Victorians by developing service and system capacity.

			2010-11		
Major Outputs/Deliverables	Unit of	2011-12	Expected	2010-11	2009-10
Performance Measures	Measure	Target	Outcome	Target	Actual

Small Rural Services – Acute Health

Admitted and non-admitted services delivered by small rural services, including elective and non elective surgical and medical care, accident and emergency services, and maternity services.

Quantity					
Separations	number ('000)	43.7	43.7	43.7	41.5
Standard Equivalent Value Units	number ('000)	1 439	1 439	1 439	1 165
Weighted Inlier Equivalent Separations (WIES)	number ('000)	28.5	28.5	28.5	25.2
Quality					
Beds accredited	per cent	100	100	100	100
Cost					
Total output cost	\$ million	285.1	280.9	280.5	261.0

Small Rural Services - Aged Care

This output includes delivery of in-home, community-based and residential care services for older people, delivered in small rural towns.

Quantity					
Bed days in high care places	number	406 000	403 000	403 000	383 229
The 2009-10 Actual has been updated from the data replacing estimates previously provided a	•	f Health's ann	ual report public	ation following	g actual
Bed days in low care places	number	317 000	321 000	321 000	306 842
The 2009-10 Actual has been updated from the data replacing estimates previously provided a	•	f Health's ann	ual report public	ation following	g actual
Standard Equivalent Value Units	number	220 000	219 900	219 900	212 148
Quality					
Residential care services certified and accredited	per cent	100	100	100	100

Major Outputs/Deliverables Performance Measures	Unit of Measure		2010-11 Expected Outcome	2010-11 Target	2009-10 Actual
Cost					
Total output cost	\$ million	161.2	158.8	154.9	164.8

Small Rural Services – Home and Community Care Services

This output includes delivery of in-home and community-based care services for older people, delivered in small rural towns.

Quantity					
Home and Community Care (HACC) service delivery hours	number	738 000	747 000	747 000	706 308
Standard Equivalent Value Units	number	323 000	330 000	330 000	303 574
Cost					
Total output cost	\$ million	30.8	30.5	29.4	29.6

Small Rural Services – Primary Health

This output includes delivery of in-home, community-based, community and primary health services delivered by small rural services designed to promote health and wellbeing and prevent the onset of more serious illness.

Quantity					
Service delivery hours in community health care	number	100 700	100 700	100 700	99 534
Standard Equivalent Value Units	number	105 470	105 470	105 470	107 685
Cost					
Total output cost	\$ million	17.2	17.1	16.4	16.6

Public Health

Public Health outputs provide leadership, services and support which promote and protect the health and wellbeing of all Victorians in partnership with key stakeholders and communities. This output group contributes to the Department's priority of achieving the best health and wellbeing for all Victorians through driving improvement and innovation and increased accountability and transparency.

			2010-11		
Major Outputs/Deliverables	Unit of	2011-12	Expected	2010-11	2009-10
Performance Measures	Measure	Target	Outcome	Target	Actual

Health Protection

Protects the health of Victorians through a range of prevention programs including regulation, surveillance and the provision of statutory services.

Quantity					
Calls to food safety hotlines	number	4 500	4 500	5 000	4 409
Over the past two financial years, a lower n caused by an increased reliance by consume accordingly.					
Inspections of cooling towers	number	1 000	nm	nm	nm
This performance measure is one of two me health inspections undertaken and occasion service delivery.	•				
Inspections of radiation safety management licences	number	700	nm	nm	nm
This performance measure is one of two me health inspections undertaken and occasion service delivery.	•				
Persons screened for prevention and early detection of health conditions – breast cancer screening	number	215 000	nm	nm	nm
This performance measure is one of four me and early detection of health conditions' by screening.					
Persons screened for prevention and early detection of health conditions – cervical cancer screening	number	550 700	nm	nm	nm
This performance measure is one of four me and early detection of health conditions' by screening.					
Persons screened for prevention and early detection of health conditions – newborn and maternal serum screen		77 851	nm	nm	nm
This performance measure is one of four me and early detection of health conditions' by screening.					

Major Outputs/Deliverables Performance Measures	Unit of Measure	2011-12 Target	2010-11 Expected Outcome		2009-10 Actual
Persons screened for prevention and early detection of health conditions –	number	2 500	nm	nm	nm
pulmonary tuberculosis (TB) screening					

This performance measure is one of four measures replacing the 2010-11 measure 'Persons screened for prevention and early detection of health conditions' by providing a more detailed recording of activity for different types of screening.

Quality Calls to food safety hotlines that are answered	per cent	96	96	96	99
Immunisation coverage: Adolescent (Year 10) students fully immunised for DTPa (diptheria, tetanus and pertussis)	per cent	80	80	80	74
Immunisation coverage: At 2 years of age	per cent	92	93	90	93
Immunisation coverage: At 65+ years of age (influenza)	per cent	80	80	80	81
Immunisation coverage: At school entry	per cent	90	91	88	87
Public Health emergency response calls dealt with within designated plans and procedure timelines	per cent	100	100	100	100

This performance measure has been retained following the recommendation of the Public Accounts and Estimates Committee contained in the 102nd Report – 2011-12 Budget Estimates Part Two.

Timeliness					
Average time taken from notification of a food complaint to commencement of appropriate action	hours	24	24	24	24
Infectious disease outbreaks responded to within 24 hours	per cent	100	100	100	100
Target population screened within specified timeframe for breast cancer	per cent	54	54	54	53
Target population screened within specified timeframe for cervical cancer	per cent	63	63	63	63
Cost					
Total output cost	\$ million	207.0	206.7	227.0	212.4

The 2011-12 Target reflects (i) a reduction in Commonwealth vaccine funding, resulting from new Commonwealth responsibility for direct purchasing of flu vaccinations; and (ii) Government policy initiatives.

The 2010-11 Expected Outcome and 2011-12 Target reflect changes to Commonwealth/State agreements including a reduction in Commonwealth vaccine funding resulting from new Commonwealth responsibilities of direct purchasing flu vaccinations.

			2010-11		
Major Outputs/Deliverables	Unit of	2011-12	Expected	2010-11	2009-10
Performance Measures	Measure	Target	Outcome	Target	Actual

Health Advancement

Improves the general health and wellbeing of Victorians through a range of health promotion programs including the provision of community information and the fostering of healthy behaviours.

Quantity					
Persons completing the <i>Life!</i> Taking Action on Diabetes course	number	5 616	10 246	17 300	2 019

The 2010-11 Expected Outcome is lower due to uptake being lower than expected resulting from delays in external referrals to the program and interruptions to the social marketing program beyond the program's control. The lower 2011-12 Target follows a realignment of the program based on the experience gained in previous years.

Workplaces and pubs and clubs complying with smoke free environment laws	per cent	99	99	99	99
Quality Local Government Authorities with Municipal Public Health and Wellbeing Plans	per cent	95	85	85	85

This performance measure replaces the 2010-11 performance measure 'Local Government Authorities with Municipal Public Health Plans'. The 2011-12 performance measure is the same as the 2010-11 performance measure and measures the same activity as the performance measure in 2010-11. The increased 2011-12 Target reflects legislative requirements.

Cost					
Total output cost	\$ million	84.1	73.6	68.7	63.6

The 2011-12 Target reflects additional Commonwealth funding provided under the National Partnership on Preventative Health.

Public Health Development, Research and Support

Develops and advocates for research and development activities, which support evidence-based public health policies.

Quantity					
Department of Health funded public health training scholarships	number	5	nm	nm	nm
New performance measure for 2011-12 due to t	he funding of	both Doctoral	and Masters lev	vel study.	
Number of people trained in emergency response	number	2 000	2 000	2 000	2 101
This performance measure has been retained for Committee contained in the 102nd Report – 201	3		,	ccounts and Est	timates
Quality					
Department of Health funded public health trainees achieving post-graduate qualifications	per cent	95	nm	nm	nm
New performance measure for 2011-12 due to t	he fundina of	both Doctoral	and Masters lev	el studv.	

Major Outputs/Deliverables Performance Measures	Unit of Measure	2011-12 Target	2010-11 Expected Outcome	2010-11 Target	2009-10 Actual		
Cost							
Total output cost	\$ million	8.8	10.7	8.6	14.9		
The decrease in the 2011-12 Target, compared carried over between years.	The decrease in the 2011-12 Target, compared to the 2010-11 Expected outcome, reflects movements in funding						

The 2010-11 Expected Outcome has been revised due to program delivery changes.

Drug Services

Drug Services outputs provide programs to promote and protect the health and wellbeing of all Victorians by reducing death, disease and social harm caused by the use and misuse of licit and illicit drugs. This output group contributes to the Department's priority of achieving the best health and wellbeing for all Victorians through reform to mental health and drug and alcohol services to meet client needs.

			2010-11		
Major Outputs/Deliverables	Unit of	2011-12	Expected	2010-11	2009-10
Performance Measures	Measure	Target	Outcome	Target	Actual

Drug Prevention and Control

Encourages all Victorians to minimise the harmful effects of illicit and licit drugs, including alcohol, by providing a comprehensive range of strategies, which focus on enhanced community and professional education, targeted prevention and early intervention, and the use of effective regulation.

Quantity					
Contacts through Family Drug Help	number	5 000	5 000	5 000	5 150
Licences and permits for supply or use of drugs and poisons	number	1 275	1 275	1 275	1 293
Needles and syringes provided through the Needle and Syringe Program The higher 2010-11 Expected Outcome is a resu	number ('000) It of increased	7 300 I demand.	7 999	7 200	7 724
Number of telephone, email and in person responses to queries and requests for information on alcohol and drug issues (through the Alcohol and Drug Foundation)	number	11 000	nm	nm	nm
New performance measure for 2011-12 to refle	ct the Governr	ment commitm	ent to increased t	ransparency.	
Quality					
Pharmacotherapy permits processed within designated timeframe	per cent	100	100	100	100
Cost	·				
Total output cost	\$ million	25.6	25.7	25.5	27.3

			2010-11		
Major Outputs/Deliverables	Unit of	2011-12	Expected	2010-11	2009-10
Performance Measures	Measure	Target	Outcome	Target	Actual

Drug Treatment and Rehabilitation

Assists the community and individuals to control and reduce the harmful effects of illicit and licit drugs, including alcohol, in Victoria through the provision of residential and community based services, which include withdrawal services, rehabilitation, supported accommodation, education and training, counselling and support.

Quantity								
Clients on the pharmacotherapy program	number	13 000	13 561	11 800	13 054			
The increased 2011-12 Target reflects additional approved funding.								
The higher 2010-11 Expected Outcome is a resu	ılt of increasea	demand.						
Commenced courses of treatment: community-based drug treatment services	number	36 145	48 200	36 145	43 994			
The higher 2010-11 Expected Outcome is a resu community based drug treatment services. As a and will adjust the target accordingly next final	consequence,	-	•		-			
Commenced courses of treatment: residential-based drug treatment services	number	6 062	6 062	6 062	5 725			
Number of new residential withdrawal clients New performance measure for 2011-12 to refle	number	2 200	nm ent to increased	nm transparency.	nm			
Residential bed days New performance measure for 2011-12 to refle	number	107 310	nm ent to increased	nm transparency.	nm			
Quality								
Drug Treatment Services accredited	per cent	100	100	100	98			
The 2009-10 Actual has been updated from the data replacing estimates previously provided as		f Health's ann	ual report publica	ition following	actual			
Successful courses of treatment (episodes of care): community-based drug treatment services	number	31 085	45 300	31 085	43 153			
The higher 2010-11 Expected Outcome is a resuincreased capacity for services to see clients the Department is reviewing the target setting proc	ough their tre	atment to com	pletion. As a cons	sequence, the				
Successful courses of treatment (episodes of care): residential-based drug treatment services	number	5 636	5 636	5 636	5 646			
Percentage of residential rehabilitation courses of treatment greater than 65 days	per cent	50	nm	nm	nm			
New performance measure for 2011-12 to refle	ct the Governr	nent s commiti	ment to increased	л станѕрагенсу				

Major Outputs/Deliverables Performance Measures	Unit of Measure	2011-12 Target	2010-11 Expected Outcome	2010-11 Target	2009-10 Actual
Percentage of new clients to existing clients New performance measure for 2011-12 to refle	per cent	50 ment's commiti	nm	nm	nm
Trained Alcohol and drug workers	per cent	85	85	85	67
Timeliness	<u>'</u>				
Average working days between screening of client and commencement of residential-based drug treatment The 2010-11 Expected Outcome reflects the loss closure of some service providers and the need	,		,		,
Average working days between screening of client and commencement of community-based drug treatment The 2010-11 Expected Outcome reflects that the addiction and accessing support is decreasing.	days e waiting time	3 between ident	1 tifying clients wo	3 anting to addre	1.15
Cost					
Total output cost The 2011-12 Target reflects additional funding j	\$ million for (i) indexati	117.6 on; and (ii) Gov	110.9 vernment policy	110.2 initiatives.	104.3