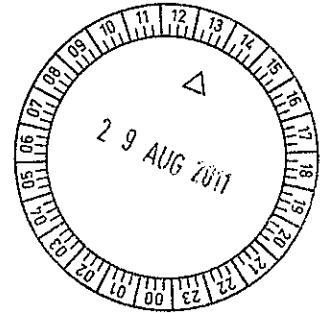


PUBLIC



**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE
SUPPLEMENTARY INFORMATION
MINISTRY OF HEALTH
WEDNESDAY 15 JUNE 2011**

Question No A1: Hon Sue Ellery asked "In terms of those services where you charge a fee as opposed to your level of activity, are you able to outline or table, or take it as a supplementary, which services will be subjected to increases as a result of that increase in fees and charges?"

Answer: An operational directive for the rate increase in fees is below:

OPERATIONAL DIRECTIVE

Enquiries to: Philip Brown **OD/IC number:** OD 0328/11
Phone number: (08) 9222-2054 **Date:** 15-June-11
Supersedes: OD 0314/11 (1-July-10) Hospital Fees **File No:** F-AA-01467/02
OD 0320/11 (13-April-11) NHTP Fees

Subject: HOSPITAL FEES AND CHARGES 2011-12

This directive informs WA public hospitals of the amended schedule of hospital fees and charges 2011-12, gazetted 3 June 2011 and which will be operationally effective from Friday 1 July 2011.

DETAILS (All fees and charges are daily rates except for Outpatients, which are per occasion)	PREVIOUS RATE 2010-11	NEW RATE FROM 1 July 2011
Private Patients		
Shared Room	\$303	\$313
Single Room	\$524	\$540
Same Day	\$236	\$243
Compensable Patients		
Inpatients – Hospitals	\$1,756	\$1,874
Inpatients – Nursing Homes	\$236	\$243
Same Day	\$1,661	\$1,772
Outpatients – per occasion of service	\$166	\$177
Ventilator Dependant (with tracheotomy requiring 24 hours care)	\$3,927	\$4,190
Ineligible Patients		
Inpatients	\$1,462	\$1,560
Same Day	\$1,332	\$1,422
Outpatients – per occasion of service	\$166	\$177
Motor Vehicle Third Party Insurance Patients		
Inpatients	\$1,532	\$1,634
Same Day	\$1,448	\$1,546
Ventilator Dependant (with tracheotomy requiring 24 hours care)	\$3,927	\$4,190
Motor Vehicle Third Party Insurance Patients at (PMH)		
Inpatients	\$1,883	\$2,009
Same Day	\$1,781	\$1,900
Ventilator Dependant (with tracheotomy requiring 24 hours care)	\$3,927	\$4,190
Other Services		
Boarders	\$30.25	\$32.25
Nursing Home Type Patients (NHTP)		
	Effective 1 July 2010	Effective 1 July 2011
NHTP – patient contribution (a)	\$47.35 per day	\$49.20 per day
Private nursing home type patients	\$150.00 per day	\$156.00 per day

(a) The increase in the NHTP patient contribution relates to the Commonwealth pension increase effective 20-Mar-11.

Kim Snowball
DIRECTOR GENERAL
DEPARTMENT OF HEALTH WA

Question No A2: Hon Sue Ellery asked "I am asking about the configuration of beds in each of the metropolitan hospitals, how that compares with the planned beds in each of those hospitals with reference to the clinical services framework 2010–20? Can I ask for supplementary information for country hospitals as well?"

Answer:

		Number of Beds		
METRO	Hospital	Bedstate 16/08/11	CSF 14/15	CSF 20/21
	Armadale/Galliers	265	270	437
	Bentley	219	199	199
	Fiona Stanley	0	643	643
	RPRH/State Rehab	184	140	180
	Fremantle (inc Kaleeya)	576	339	359
	Graylands	254	195	195
	Joondalup	n/a	471	594
	Kalamunda	n/a	43	43
	King Edward	253	271	286
	Osborne	198	247	259
	Peel	n/a	140	210
	PMH	242	279	247
	Rockingham (inc Murray)	201	242	356
	Royal Perth	715	410	410
	SCGH	637	603	603
	Swan/Midland	194	307	464
Metro Total		3938	4799	5485
RURAL	Hospital	Bedstate 30/06/11	CSF 14/15	CSF 20/21
	Broome	40	69	73
	Busselton	50	76	82
	Derby	35	43	48

Kununurra	42	42	46
Moora	23	23	23
Nickol Bay	28	40	40
Geraldton	96	96	117
Port Hedland	59	63	72
Carnarvon	35	41	42
Esperance	30	39	39
Margaret River	18	24	25
Narrogin	44	51	51
Northam	43	48	48
Albany	117	126	134
Kalgoorlie	106	131	140
Collie	25	36	36
Katanning	36	48	48
Merredin	24	30	30
Newman	8	12	12
Warren District	22	30	30
Bunbury	141	156	212
Rural Total	1022	1224	1348
TOTAL	4960	6023	6833

*Rural: Regional Resource Centres and Integrated Health Districts

Bed definitions:

BEDSTATE: The total number of beds allocated for use by a hospital patient within the hospital.

CSF: The total number of beds allocated for use by a hospital patient within the hospital including spaces where a bed could be installed in an emergency

Question No A3: Hon Linda Savage asked "Could I then ask that that question be a supplementary question as to what the allocation within the child and adolescent community health service budget will be for child health nurses, and that is out of what is reported as the \$76 million budget? Perhaps that also could be clarified?"

Answer: Health is unable to disaggregate specific funding for the delivery of child and adolescent health services as it is integrated with other population health services.

The approximate value of employment expenditure (ordinary time salary) associated with employing Child Health Nurses, as part of the Child and Adolescent Community Health Service 2011-12 Budget, is \$12.6M.

This estimation is derived from the approximate number of Child Health Nurses employed as at 1 June 2011 for Child and Adolescent Community Health. An average cost per Child Health Nurse FTE at the 2011-12 rate of award was also used.

Question No A4: The Hon Linda Savage asked "Am I able to find out what submission might have been made to get more funding for child health nurses, and also the amount that was sought? Could the question also include whether there is any additional or new funding for child health nurses in the child and adolescent community health service budget?"

Answer: Additional funding for community child health services was identified as one of a number of priorities for additional funding in the 2011/12 Budget. Significant additional recurrent funding was allocated to the Health Budget through the 2011/12 Budget, as identified in the table of Major Spending changes on page 127 of the Budget papers. No specific additional funding for community child health service was approved.

Question No A5: Hon Linda Savage asked "Perhaps that could go as a supplementary question: for the six child health nurses that you referred to, how much of that is going to be from the state budget?"

Answer: The 6.7 FTE child health nurses are funded by the WA State Government. Under the 2010 Indigenous Early Childhood Development National Partnership agreement the WA Government committed \$11.25 million over 4 years to improve access of Aboriginal families to maternal and child health services. Strategies being implemented to achieve this outcome include the employment of community child health staff, Aboriginal Health Workers, funding of non government agencies and strengthening the capacity of existing public health, Aboriginal controlled health organisations and Aboriginal Medical Service staff in early childhood health and development assessments.

Question No A6: Hon Alison Xamon asked "Is there a line item in the health budget that refers to the maintenance and upkeep of mental health facilities—that is, the bricks and mortar rather than the delivery of services? Is it possible to get a breakdown of the minor works budget?"

Answer: Funding for the maintenance of buildings used in the delivery of mental health services and related facilities is contained in a combination of recurrent and capital funds:

- Recurrent funds for routine maintenance and upkeep of public hospital and health service facilities is contained in health service operating budgets. Health services prioritise and allocate these funds and includes mental health related facilities within their area.
- Capital Works funding is provided through the Minor Works Program for non routine repair, replacement and refurbishment projects. These funds are prioritised and allocated on a whole of health basis. Some allocations are readily identified as being related to mental health projects however other work on mental health facilities may be captured in general multi-occupant building refurbishments and repairs.
- The following table shows the readily identifiable mental health allocation in the Minor Works program for 2011/12:

Mental health minor works projects 2011/12 - Information current as at 23 August 2011

Health Service	Mental Health (\$,000)	Project information
North Metro AHS	620	Breakdown to be advised. Mental Health still to advise NMAHS of the individual projects to be actioned this year.
South Metro AHS	285	Security/duress alarm upgrades
WA Country HS	135	Broome Mental Health roof replacement \$100k Derby mental Health – Upgrade of duress alarm system \$35k
Contingency	77	Outstanding Mental Health facilities upgrades from Council of Official Visitors recommendations are estimated to be \$1.077 million. This work will be effected through the 2011/12 Minor Works Program with \$1 million being provided by the Mental Health Commission and \$77,000 from the Minor Works Contingency allocation
	1,127	

1. The contingency allowance is for urgent unplanned items such major plant failures.
2. Mental Health facilities upgrades recommended by the Council of Official Visitors are estimated to be \$1.077 million. This work will be affected through the 2011/12 Minor Works Program with \$1 million being provided by the Mental Health Commission and \$77,000 from the Minor Works Contingency allocation.

Question No A7: Hon Philip Gardiner asked "What I would like to have ideally, minister, is the home-based hospital program total cost, if you like, including the service from the hospitals, as well as the service from the NGOs, going out to the forward estimates so we can get an idea of the growth which is being planned for that area."

Answer:

	2009-10 Actual	2010-11 Budget	2010-11 Estimated Actual	2011-12 Budget Target	2012-13 Forward Estimate	2013-14 Forward Estimate	2014-15 Forward Estimate
Palliative care	\$ 24,274,000	\$ 23,689,000	\$ 29,469,000	\$ 33,028,000	\$ 35,589,000	\$ 37,471,000	\$ 38,805,000
base cost	\$ 23,634,537	\$ 22,828,094	\$ 28,250,640	\$ 31,819,809			
corporate overheads	\$ 639,065	\$ 860,676	\$ 1,218,678	\$ 1,207,761			
Comprises non-government providers - Hollywood Palliative Care Unit, Silver Chain, Bethesda, Murdoch Community Hospice, Pilbara Home Care, Joondalup and Peel Health Campuses, St John of God Bunbury and DOH palliative care support programs		2009-10 Actual reflects actual expenditure reported for 2009-10 for the audited Service KPIs in the 2009-10 DOH Annual Report. The 2010-11 Estimated Actual is based on information received from the various ngo contract managers regarding each provider's			Forward Estimates are based on the % value of palliative care as a component of total service expenditure in 2011-12 (less known service expenditure in DAO, patient transport and contracted mental health), in this case 0.6%.		

	2009-10 Actual	2010-11 Budget	2010-11 Estimated Actual	2011-12 Budget Target	2012-13 Forward Estimate	2013-14 Forward Estimate	2014-15 Forward Estimate	
Home based hospital care	\$ 56,515,000	\$ 60,660,000	\$ 43,172,000	\$ 50,158,000	\$ 53,952,000	\$ 56,807,000	\$ 58,828,000	
base cost DOH	\$ 19,377,246	\$ 21,639,502	\$ 17,813,218	\$ 22,634,229				
base cost MHS	\$ 35,006,007	\$ 36,816,997	\$ 23,288,427	\$ 25,264,527				
corporate overheads	\$ 2,131,340	\$ 2,203,956	\$ 2,070,673	\$ 2,259,376				
Comprises DOH non-government providers - Silver Chain, and metropolitan public hospital HITH programs.		The variance between 2010-11 Estimated Actual and 2009 -10 Actual / 2010-11 Budget is predominantly a function of a realignment of previously reported HITH expenditure by SMAHS now allocated to other Service areas.						

Question No A8: Hon Adele Farina asked "I ask the minister to table the business case for the southern inland health initiative."

Answer: The Business Case was prepared as part of a Cabinet process and is not able to be released.

Question No A9: Hon Adele Farina asked "There was a recent announcement about the coronary unit in Bunbury. Is that unit being funded out of state moneys or is it federal government funding? I cannot see a line item for it anywhere in the Health budget."

Answer: Funding for the Bunbury CCU has been identified as a Regional Strategic Project under the Royalties for Regions program. The total package of investment in Regional Strategic Project is identified in the table on page 212 of Budget Paper No 3.

Question No A10: Hon Ljiljana Ravlich asked "Has the department conducted, or is the department conducting, an investigation into the spate of suicides that have allegedly followed within days of the discharge of patients at Kalgoorlie hospital?"

I assume that the same will apply to the second question, which is about the number of people who have committed suicide since being discharged from that hospital."

Answer: Part 1: All sudden deaths of mental health patients occurring whilst they are under the care of the WA Country Health Service are reported and a subsequent review of the circumstances surrounding the death undertaken. Recommendations from such reviews inform service improvement and development.

Part 2: It is the role of the State Coroner to determine whether or not suicide is the cause of the sudden death of a mental health patient. In the past 12 months one sudden death occurring within two weeks of discharge from the Kalgoorlie Regional Hospital mental health inpatient unit has been reported and reviewed

Question No A11: Hon Ljiljana Ravlich asked "Will the department provide additional information in relation to when the senior mental health position at Kalgoorlie hospital is likely to be filled?"

Answer: The Regional Manager Mental Health position is the lead role for Mental Health in the Goldfields. There has been an acting Regional Manager Mental Health since end-February when the previous incumbent resigned. The position is currently under recruitment having been advertised previously without an appointment being made. Acting arrangements will continue until a suitable appointment is made.

The Clinical Director position has been vacant since end-April following resignation. This is the senior clinical position. A fly-in, fly-out model has been developed and supported by the WA Country Health Service and negotiations for an appointment are nearing completion. The proposed appointee is visiting the region on 22 June 2011 and a progressive start will commence as soon as practicable, most likely within one month of that date. Consultation with the Chief Psychiatrist has determined that these arrangements meet OCP standards for Authorised Units

Question No A12: Hon Ljiljanna Ravlich asked "I am asking about patients as young as 14 being put into the mental health ward? I wonder whether you will take that on notice to verify whether this is a regular occurrence at that hospital and why that is the case. Does it happen and how often has it happened in the last 12 months?"

Answer: In the past 12 months there have been 13 children aged 17 years or younger admitted to the Kalgoorlie Regional Hospital mental health inpatient unit, the youngest being aged 13 years and 7 months. Admission of children occurs only when all other options for safely managing behaviour and symptoms have been exhausted and/or whilst awaiting transfer to the Bentley Adolescent Unit.

Question No A13: Hon Ljiljanna Ravlich asked "Can you provide information on the number of any root cause investigations, hospital and mental health, that have been conducted at Kalgoorlie hospital?"

Answer: There have been seven root cause analyses undertaken by Kalgoorlie Regional Hospital in the past 12 months. Of these three were related to mental health.

Question No A14: Hon Helen Bullock asked "I have a question relating to two not-for-profit organisations in the Goldfields. They are the Goldfields Women's Health Care Centre and the Eastern Goldfields Sexual Assault Resource Centre.

1. *My question is: is it the health department's intention to continue to fund those two not-for-profit organisations?*

Answer: Yes.

An offer was extended to the Eastern Goldfields Sexual Assault Resource Centre to renew their service agreement for three years. The offer was declined in mid-June. Their current service agreement has been extended until September 2011 to allow for the closure process to be completed appropriately.

Women and Newborn Health Service are in the process of securing another service provider in the region. To date, three organisations have expressed an interest.

2. *Will the new contract increase the funding level or remain at the existing funding level?*

Answer: Funding amounts currently remain the same, with the addition of a CPI (Consumer Price Index) amount for the 2010/2011 financial year at the approved rate of 4%.

3. *The third part is how long the contract will be for?"*

Answer: The service agreements were previously of 12 months duration. Over the last year, new three-year agreements have been negotiated and are due to begin as of the 2011/2012 financial year.

Question No A15: Hon Adele Farina asked "I would like to have that question put on notice in terms of the cost implications in relation to flood prevention measures that need to be provided at the Busselton hospital site; the time line for knowing what those implications will be in terms of design and construction; and the impact that is going to have in terms of the access roads leading into the hospital."

Answer: The Building Management & Works (BMW) quantity surveyor has advised that the estimate to investigate against exceptional flood events is additional cost of bringing the finished floor levels from AHD 4.2 to AHD 4.3 (an increase of 100mm) \$35,000.

Question No A16: Hon Adele Farina asked "For the government to provide a guarantee that if there are additional costs to build the Busselton hospital on the Mill Street site, the government will provide additional funding to meet those costs, not cut into the current budget allocation for the hospital, which would then result in a cut in facilities provided at the hospital, obviously, if it were to come out of the same cost structure."

Answer: There is no intention to reduce services proposed for the new Busselton Hospital. If further funding is required the Government will consider such proposal on its merit.

Question No A17: Hon Sue Ellery asked "I refer to page 127, under the total cost of services, and I want to ask about the health corporate network. Has the operational plan for the network been updated; and, if so, when will it be published? Can you provide details of the number of FTEs in the health corporate network and the cost for the offices, if it is rent, of the health corporate network, and do you have a list of how many complaints from medical staff in the AMA were received in the past year?"

Answer:

1. The Health Corporate Network's (HCN) 2011/12 Operational Plan will be finalised as soon as the budget has been finalised. The Operational plan is an internal operational document and it not published widely. A copy can be made available to the Member once it is finalised.
2. HCN's year to date FTE (as at May 2011) for 2010/11 is 613 FTE.
3. The annual rent for HCN offices is \$1.3 million. The cost of outgoings (building maintenance etc) is \$1.0 million per annum. HCN pays \$175 per square metre for its offices. The industry average for this type of accommodation is approximately \$550 per square metre.
4. HCN has a formal complaints process. Since 1 July 2010, 13 complaints have been received from doctors. HCN also has an issues escalation process. Since 1 July 2010, 15 escalations have been received from doctors. These processes do not capture verbal enquiries.