

**Productivity Commission's Report on Government Services 2017**  
How South Australia compares with other states and territories  
for selected health performance indicators

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Health Performance Council Secretariat  
PO Box 3246 Rundle Mall ADELAIDE 5000

Telephone: 08 8226 3188

Email: [HealthHealthPerformanceCouncil@sa.gov.au](mailto:HealthHealthPerformanceCouncil@sa.gov.au)

Website: [hpcsa.com.au](http://hpcsa.com.au)

Health Performance Council



Government  
of South Australia

Health Performance Council

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**Contact officer in HPC Secretariat:**

Nicholas Cugley | Phone: 8226 3694 | Email: [nicholas.cugley@sa.gov.au](mailto:nicholas.cugley@sa.gov.au)

## Executive summary

Every year the Productivity Commission releases its Report on Government Services (RoGS), providing information on the equity, effectiveness and efficiency of government services in Australia. RoGS includes a Health volume that covers primary and community health, ambulance, public hospitals and mental health.

This Health Performance Council (HPC) report selects health system performance indicators from RoGS 2017, comparing them with national averages and changes over time.

The average life expectancy at birth in South Australia is 84.4 years for females, higher than the 80.3 years for males. Both the female and male South Australian figures are lower than the Australian average of 84.5 years and 80.4 years, respectively. The age standardised mortality rate in South Australia is 559.2 deaths per 100,000 population, higher than the national rate of 549.3. This includes potentially avoidable deaths in persons aged under 75 years, of which there are 107.3 deaths per 100,000 people in South Australia.

Total government recurrent health expenditure is \$4,803 per person in South Australia, above the \$4,398 national average. In South Australia this includes \$2,187 per person on public hospital services, below the \$2,321 per person for all of Australia.

In South Australia there are 225.6 public hospital separations (completed episodes of care) per 1,000 people (compared to 240.2 nationally), of which 47.3% are sameday separations, below the 52.2% recorded for Australia. Public hospital services in South Australia employ 12.5 full-time equivalent (FTE) staff per 1,000 persons, below the rate of 14.0 for Australia. Public hospitals in South Australia recorded 2.9 available beds per 1,000 people, higher than the 2.6 national average.

In 2015-16, 66.0% of people presenting to public hospital emergency departments in South Australia were treated within national benchmarks for being seen on time, below the 74.0% nationally. The median waiting time for elective surgery in South Australian public hospitals has increased from 37 days in 2014-15 to 40 days in 2015-16. Aboriginal and Torres Strait Islander persons wait a median 33 days for their elective surgery, less than the Australia-wide figure (43 days). One in ten patients waited more than 233 days for their elective surgery at public hospitals in South Australia in 2015-16, up from 215 days in 2014-15.

Unplanned hospital readmissions for selected surgical procedures in South Australia range from 2.5 per 1,000 separations for cataract surgery (compared to 3.1 for all of Australia) up to 53.9 for tonsillectomy & adenoidectomy (Australia, 35.7). In 2014-15, 7.5% of South Australian public hospital separations had an in-hospital adverse event such as infection, a fall or problems with medication, above the 6.7% Australian average. Patient satisfaction in South Australia ranges from 80.6% of persons saying hospital Emergency Department doctors/specialists always or often showed them respect to 92.3% of persons saying hospital doctors/specialists spent enough time with them.

HPC will continue to monitor the performance of the South Australian health system using national benchmarks throughout its current four yearly (2015-2018) review.

## Acknowledgement

The Health Performance Council acknowledges the diverse Aboriginal peoples of South Australia and their participation in the life of South Australia. We acknowledge and respect their spiritual relationship with their respective country and we acknowledge them as the custodians of their country and that their cultural and heritage beliefs are still important to them today.

## What is the Health Performance Council?

The Health Performance Council (HPC) is the South Australian Government's statutory Ministerial advisory body established under the *Health Care Act 2008*. We provide advice to the Minister for Health on the performance of the health system, health outcomes for South Australians and specific population groups and the effectiveness of community & individual engagement. Our reviews of South Australian health system performance are published on our website: [hpcsa.com.au](http://hpcsa.com.au).

## What is the Report on Government Services?

The Productivity Commission is the Australian Government's independent research and advisory body on a range of economic, social and environmental issues affecting the welfare of Australians. It is responsible for the annual Report on Government Services (RoGS), providing information on the equity, effectiveness and efficiency of government services in Australia. RoGS 2017 was progressively released in seven volumes between 24 January and 3 February 2017. The Health volume (Volume E) covers primary and community health, ambulance, public hospitals and mental health. It also includes a sector overview. RoGS is published on the Productivity Commission's website: [www.pc.gov.au/research/ongoing/report-on-government-services](http://www.pc.gov.au/research/ongoing/report-on-government-services).

## How is South Australia compared with other states and territories?

We base our findings on a selection of indicators from 17 health-related topics reported in the 2017 Report on Government Services (RoGS):

1. Government recurrent health expenditure per person<sup>1</sup>
2. Potentially avoidable deaths (under 75 years)<sup>2</sup>
3. Average life expectancy<sup>3</sup>
4. Mortality rate<sup>4</sup>
5. Recurrent expenditure per person on public hospital services<sup>5</sup>
6. Available beds per 1000 people in public hospitals<sup>6</sup>
7. Sameday separations at public hospitals<sup>7</sup>
8. Separations per 1000 people at public hospitals<sup>8</sup>
9. Staff per 1000 persons for public hospital services<sup>9</sup>
10. Seen on time at public hospital emergency departments<sup>10</sup>
11. Waiting times for elective surgery in public hospitals<sup>11</sup>
12. Episodes of bacterial infection in acute care hospitals<sup>12</sup>
13. Separations with an adverse event at public hospitals<sup>13</sup>
14. Patient satisfaction<sup>14</sup>
15. Unplanned hospital readmissions for surgical procedures<sup>15</sup>
16. Average costs for selected hospital activity<sup>16</sup>
17. Relative Stay Index<sup>17</sup>.

The focus is primarily, but not exclusively, on indicators reported in Chapter 12: Public hospitals and attachment tables of the RoGS 2017 Health volume. Hospital performance is prioritised here as it complements our monitoring of SA Health's implementation of Transforming Health. Indicators are selected on the basis that they provide average, rate or per capita comparisons by state and territory. We have included some high-level population health measures such as life expectancy to provide important context. For a more in-depth look health status and health outcomes in the South Australian population, refer to our State of Our Health report ([hpcs.com.au/state\\_of\\_our\\_health](http://hpcs.com.au/state_of_our_health)). Table A summarises South Australian health system performance outcomes ranked with the other states and territories and compared with national averages and previous reporting periods.

## How does South Australia compare?

The average life expectancy at birth in South Australia is 84.4 years for females, higher than the 80.3 years for males. Both the female and male South Australian figures are lower than the Australian average of 84.5 years and 80.4 years, respectively. The age standardised mortality rate in South Australia is 559.2 deaths per 100,000 population, higher than the national rate of 549.3. This includes potentially avoidable deaths in persons aged under 75 years, of which there are 107.3 deaths per 100,000 people in South Australia, lower than the Australian rate of 107.7.

### Expenditure

Total government recurrent health expenditure is \$4,803 per person in South Australia, above the \$4,398 national average. In South Australia this includes \$2,187 per person on public hospital services, below the \$2,321 per person for all of Australia. Average costs for hospital activity in South Australia range from \$364 per non-admitted presentation (\$272 nationally) to \$5,708 per admitted acute weighted separation (\$5,025 nationally).

### Performance

In South Australia there are 225.6 public hospital separations (completed episodes of care) per 1,000 people (compared to 240.2 nationally), of which 47.3% are sameday separations, below the 52.2% recorded for Australia. Public hospital services in South Australia employ 12.5 full-time equivalent staff per 1,000 persons, below the rate of 14.0 for Australia. Public hospitals in South Australia recorded 2.9 available beds per 1,000 people, higher than the 2.6 national average. South Australia's Relative Stay Index for patients in public hospitals is 1.04, above the national average of 0.96.

### Waiting times

In 2015-16, 66.0% of people presenting to public hospital emergency departments in South Australia were treated within national benchmarks for being seen on time, below the 74.0% national average. The median waiting time for elective surgery in South Australian public hospitals has increased from 37 days in 2014-15 to 40 days in 2015-16. Aboriginal and Torres Strait Islander persons wait a median 33 days for their elective surgery, 10 days less than the Australia-wide figure (43 days). One in ten patients waited more than 233 days for their elective surgery at public hospitals in South Australia in 2015-16, up from 215 days in 2014-15.

### Safety and quality

Unplanned hospital readmissions for selected surgical procedures in South Australia range from 2.5 per 1,000 separations for cataract surgery (compared to 3.1 for all of Australia) up to 53.9 for tonsillectomy & adenoidectomy (Australia, 35.7). In 2014-15, 7.5% of South Australian public hospital separations had an in-hospital adverse event such as infection, a fall or problems with medication, above the 6.7% Australian average. There are 0.7 episodes of methicillin resistant or sensitive *Staphylococcus aureus* bacteraemia per 10,000 patient days in acute care hospitals in South Australia, the same as the national rate. Patient satisfaction in South Australia ranges from 80.6% of persons saying hospital Emergency Department doctors/specialists always or often showed them respect (Australia, 83.6%) to 92.3% of persons saying hospital doctors/specialists spent enough time with them (Australia 92.5%).

Table A: RoGS 2017 South Australian health performance indicators compared

SA rank (out of 8)	Selected Report on Government Services health performance indicator	Reporting period	Unit of measurement	SOUTH AUSTRALIA	Australia	SA change from previous period	
3	Government recurrent health expenditure per person [EA.3]	2014-15	Dollars	4,803	4,398	↓	4,893
4	Potentially avoidable deaths, under 75 years [EA.41]	2015	Deaths per 100,000 people, age-standardised	107.3	107.7	↓	109.9
5	Average life expectancy at birth [EA.46]	2013-15	Years	82.3	82.4	↑	82.1
5	Males			80.3	80.4	↑	80.1
5	Females			84.4	84.5	↑	84.3
3	Mortality rate [EA.50]	2015	Deaths per 100,000 people, age-standardised	559.2	549.3	↑	553.2
6	Recurrent expenditure per person, public hospital services, incl. psych. [12A.2]	2014-15	Dollars	2,187	2,321	↑	2,146
1	Available beds per 1000 people, by region, public hospitals, incl. psych. [12A.4]	2014-15	Available beds per 1000 people	2.9	2.6	—	2.9
1	Major city public hospitals			2.8	2.5	↑	2.7
2	Regional public hospitals			3.1	2.8	↓	3.2
2	Remote hospitals			4.4	3.3	↓	4.7
7	Sameday separations, public hospitals [12A.5]	2014-15	Per cent of public hospital separations	47.3	52.2	↑	47.0
7	Public acute hospitals			47.3	52.3	↑	47.0
1	Public psychiatric hospitals			26.7	6.2	↑	24.8
6	Separations per 1000 people, public hospitals [12A.5 & 12A.8]	2014-15	Public hospital separations per 1000 people	225.6	240.2	↓	225.8
6	Public acute hospitals - all patients			224.8	239.8	↓	225.0
2	Public psychiatric hospitals - all patients			0.9	0.4	↑	0.8
3	Aboriginal & Torres Strait Islander patients - public hospitals incl. psych.			871.4	842.1	↓	885.7
7	Average FTE staff per 1000 persons, public hospital services, incl. psych. [12A.9]	2014-15	Full time equivalent staff per 1000 persons	12.5	14.0	↓	13.0
4	Salaried medical officers			1.8	1.8	—	1.8
4	Nurses			6.4	5.9	↓	6.6
6	Registered nurses			5.2	3.5	n.a.	n.a.
1	Other nurses			1.2	0.4	n.a.	n.a.
7	Diagnostic and allied health			1.2	2.0	↑	1.1
8	Administrative and clerical			1.5	2.6	↓	2.0
7	Other personal care staff, domestic and other	1.5	1.7	—	1.5		
5	Emergency department (ED) performance, public hospitals [12A.13 & 12A.15]	2015-16	Per cent of ED presentations	66.0	74.0	—	66.0
5	ED presentations seen on time - Aboriginal & Torres Strait Islander persons			72.7	74.9	↓	73.0
5	ED presentations seen on time - Other persons			66.1	73.5	↑	66.0
<b>Waiting times for elective surgery in public hospitals [12A.19 &amp; 12A.20]</b>							
6	50th percentile (median waiting time) - Aboriginal & Torres Strait Islander patients	2015-16	Days	33.0	43.0	—	33.0
3	50th percentile (median waiting time) - Other patients			40.0	37.0	↑	37.0
3	50th percentile (median waiting time) - All patients			40.0	37.0	↑	37.0
5	90th percentile - Aboriginal & Torres Strait Islander patients			195.0	294.0	↑	146.0
3	90th percentile - Other patients			234.0	259.0	↑	212.0
3	90th percentile - All patients			233.0	260.0	↑	215.0

SA rank (out of 8)	Selected Report on Government Services health performance indicator	Reporting period	Unit of measurement	SOUTH AUSTRALIA	Australia	SA change from previous period	
4	<b>Episodes of Staphylococcus aureus bacteraemia in acute care hospitals</b> [12A.34]	2015-16	Episodes per 10,000 patient days	0.7	0.7	↓	0.8
5	Methicillin resistant Staphylococcus aureus (MRSA)			0.1	0.1	—	0.1
4	Methicillin sensitive Staphylococcus aureus (MSSA)			0.6	0.6	—	0.6
2	<b>Separations with an adverse event, public hospitals</b> [12A.35]	2014-15	Events per 100 separations	7.5	6.7	↑	7.3
<b>Patient satisfaction</b> [12A.46 – 12A.49]							
6	ED doctors/specialists listened carefully to patient	2015-16	Per cent of persons who presented to ED or admitted to hospital in last 12 months	84.5	87.0	↑	84.4
6	ED doctors/specialists spent enough time with patient			86.4	88.3	—	86.4
7	ED doctors/specialists showed respect to patient			80.6	83.6	↑	80.4
8	ED nurses listened carefully to patient			87.3	90.3	↓	88.2
7	ED nurses spent enough time with patient			87.1	91.5	↓	88.6
7	ED nurses showed respect to patient			82.6	87.1	↓	85.1
6	Hospital doctors/specialists listened carefully to patient			90.1	92.2	↑	89.1
5	Hospital doctors/specialists spent enough time with patient			92.3	92.5	↑	91.1
6	Hospital doctors/specialists showed respect to patient			86.7	88.9	↓	88.2
7	Hospital nurses listened carefully to patient			88.7	92.0	↓	89.9
5	Hospital nurses spent enough time with patient			90.9	92.6	↑	90.3
7	Hospital nurses showed respect to patient			86.8	90.2	↑	86.4
<b>Unplanned hospital readmissions for selected surgical procedures</b> [12A.50]							
5	Knee replacement	2014-15	Unplanned hospital readmissions per 1000 separations	18.6	22.7	↑	18.5
7	Hip replacement			7.1	17.1	↓	20.9
2	Tonsillectomy and Adenoidectomy			53.9	35.7	↑	35.7
7	Hysterectomy			25.5	31.6	↓	30.9
4	Prostatectomy			13.0	24.3	↓	29.3
6	Cataract surgery			2.5	3.1	↑	1.7
4	Appendicectomy			26.7	22.0	↑	25.7
<b>Average costs for hospital activity</b> [12A.56, 12A.58, 12A.60, 12A.61]							
4	Average cost per admitted acute weighted separation, excl. depreciation	2014-15	Dollars	5,708	5,025	↑	5,402
7	Average cost per admitted acute emergency department presentation			867	982	n.a.	n.a.
4	Average cost per non-admitted acute emergency department presentation			500	449	n.a.	n.a.
2	Average cost per non-admitted presentation			364	272	n.a.	n.a.
3	<b>Relative Stay Index, patients in public hospitals</b> [12A.59]	2014-15	Index value = Actual beddays ÷ Expected beddays (indirectly standardised, base=1.00)	1.04	0.96	↓	1.05

**Notes:**

- South Australia is ranked from highest value to lowest value for all indicators.
- See glossary for additional information describing the measures presented.

## Glossary

<b>Adverse event</b>	Refers to adverse events treated in hospitals. Adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries, and problems with medication and medical devices. Some of these adverse events may be preventable.
<b>Median</b>	The middlemost point in a sorted set of data. In a sequence of numbers arranged from lowest to highest, half the numbers will be below the median and half above.
<b>Methicillin</b>	An antibiotic medication used to treat bacterial infections.
<b>Percentile</b>	The value below which a given percentage of observations in a sorted set of data fall. For example, in a sequence of numbers arranged from lowest to highest, 90% will be below the 90 <sup>th</sup> percentile. The 50 <sup>th</sup> percentile is the median.
<b>Relative Stay Index (RSI)</b>	A measure of how quickly hospitals discharge patients compared to their peers, adjusted for casemix (the types of patients treated and the types of treatments provided). An RSI of greater than 1 indicates an average patient's length of stay is higher than expected. Below 1 indicates that lengths of stay were lower than expected. Hospitals with a lower RSI are assumed to be more efficient.
<b>Seen on time (ED)</b>	Percentage of patients who are treated within national benchmarks for waiting times for each triage category in public hospital emergency departments (EDs). Triage category 1: seen within seconds, calculated as less than or equal to 2 minutes. Triage category 2: seen within 10 minutes. Triage category 3: seen within 30 minutes. Triage category 4: seen within 60 minutes. Triage category 5: seen within 120 minutes.
<b>Separation</b>	A completed episode of care of an admitted hospital inpatient, generally concluding with their discharge from hospital (mostly to home), transfer to another healthcare facility or in-hospital death. It can also include other types of separation, such as 'administrative separation' applied for hospital activity payment purposes.
<b>Staphylococcus aureus</b>	Also known as 'Golden staph', <i>S. aureus</i> is a common bacterium that lives on the skin and in noses. It can cause a range of mild to severe infections including skin abscess, respiratory infections and food poisoning.

## References

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- <sup>1</sup> SCRGSP (Steering Committee for the Review of Government Service Provision) 2017, Report on Government Services 2017, Volume E: Health, Chapter EA, Health sector overview – attachment, ‘Table EA.3 Recurrent health expenditure per person by source of funds (2014-15 dollars)’, Productivity Commission, Canberra, viewed 24 March 2017.
- <sup>2</sup> Ibid., ‘Table EA.41 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, 2007 to 2015’.
- <sup>3</sup> Ibid., ‘Table EA.46 All Australians average life expectancy at birth (years)’.
- <sup>4</sup> Ibid., ‘Table EA.50 Age standardised mortality rate (all causes), by State and Territory’.
- <sup>5</sup> Ibid., Chapter 12, Public hospitals – attachment, ‘Table 12A.2 Recurrent expenditure per person, public hospital services (including psychiatric) (2014-15 dollars)’.
- <sup>6</sup> Ibid., ‘Table 12A.4 Available beds per 1000 people, by region, public hospitals (including psychiatric) (number)’.
- <sup>7</sup> Ibid., ‘Table 12A.5 Summary of separations, public hospitals’.
- <sup>8</sup> Ibid., ‘Table 12A.5 Summary of separations, public hospitals’ and ‘Table 12A.8 Separations per 1000 people, by Indigenous status of patient (number)’.
- <sup>9</sup> Ibid., ‘Table 12A.9 Average full time equivalent (FTE) staff per 1000 persons, public hospital services (including psychiatric hospitals)’.
- <sup>10</sup> Ibid., ‘Table 12A.13 Emergency department waiting times, by triage category, public hospitals’ and ‘Table 12A.15 Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory’.
- <sup>11</sup> Ibid., ‘Table 12A.19 Waiting times for elective surgery in public hospitals, by State and Territory, by procedure and hospital peer group (days)’ and ‘Table 12A.20 Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days)’.
- <sup>12</sup> Ibid., ‘Table 12A.34 Episodes of Staphylococcus aureus (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA’.
- <sup>13</sup> Ibid., ‘Table 12A.35 Separations with an adverse event, public hospitals’.
- <sup>14</sup> Ibid., ‘Table 12A.46 Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2015-16’, ‘Table 12A.47 Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2015-16’, ‘Table 12A.48 Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2015-16’ and ‘Table 12A.49 Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2015-16’.
- <sup>15</sup> Ibid., ‘Table 12A.50 Selected unplanned hospital readmissions rates’.
- <sup>16</sup> Ibid., ‘Table 12A.56 Average cost per admitted acute weighted separation, excluding depreciation’, ‘Table 12A.58 Average cost per admitted acute emergency department presentation, 2014-15’, ‘Table 12A.60 Average cost per non-admitted acute emergency department presentation, 2014-15’, ‘Table 12A.61 Average cost per non-admitted presentation, 2014-15’.
- <sup>17</sup> Ibid., ‘Table 12A.59 Relative stay index, indirectly standardised, patients in public hospitals, by medical, surgical and other type of diagnosis related group 2014-15’.