Monitoring the effects of implementing Transforming Health (2015 – 2017)

Indicator report

Sixth and final edition – May 2018

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Health Performance Council

Government of South Australia

Health Performance Council

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.

Purpose of this report

This report presents a range of indicators selected by the Health Performance Council to answer three key questions:

- Was the Transforming Health aim of providing "Best Care. First Time. Every Time." realised consistently across the system for specific population and patient groups?
- How did patient experience change during Transforming Health implementation?
- How did staff engagement change during Transforming Health implementation, with a focus on the importance of human behaviour as a critical factor in any change process?

Data gaps and quality

The Health Performance Council recognises there are limitations with the data used in this report. Analysis is restricted by the availability of data. This report draws on existing datasets, both public and those provided to it by agencies such as SA Health. Sections of this report identify where there may be gaps in the data and provides some advice on future directions for data collection and reporting.

The Health Performance Council developed its monitoring of the implementation of Transforming Health in consultation with SA Health, applying standardised business counting rules to data sourced from enterprise systems where applicable. Technical information has been provided in this report so that results can be replicated.

The Health Performance Council validates its monitoring with relevant experts to confirm robustness of method, accuracy of findings and clarity of presentation.

Executive summary

Transforming Health was a major South Australian state government initiative that ran between 2015 and 2017. Its stated aims were to improve the metropolitan Adelaide public acute hospital system and align better models of health care delivery with new and upgraded hospital facilities. The Health Performance Council (HPC) has monitored changes in indicators of access, equity, consumer/patient experience and staff engagement before and during this period. HPC does this in its remit as a statutory Ministerial advisory body, providing expert advice to the Minister for Health and Wellbeing on the performance of the health system; health outcomes for South Australians and specific population groups; and the effectiveness of community and individual engagement.

This indicator report prioritises six areas for monitoring, based on SA Health's case for change in its March 2015 document, *Delivering Transforming Health – Our Next Steps*:

1. Metropolitan Adelaide public acute hospital performance
2. Inpatient involvement in care and treatment
3. Consumer complaints
4. Waiting times for elective surgery
5. Staff opinion of working for SA Health
6. Staff turnover.

KEY FINDINGS

The volume of inpatient hospital activity at metropolitan Adelaide public acute hospitals continues to increase above the rate of population growth, while the average length of an overnight stay is declining. The percentage of in-hospital deaths in metropolitan Adelaide public acute hospitals is falling. The percentage of inpatients transferred between hospitals increased rapidly during the period of Transforming Health (2015-2017) and has since declined.

Of the five available measures selected by the Health Performance Council (HPC) to monitor perceptions of health consumer involvement in care and treatment, two are trending up, two are trending down, and one is not trending in either direction. We encourage SA Health to give all consumers, including maternity, psychiatric, substance abuse, chemotherapy and renal dialysis patients; people from culturally and linguistically diverse backgrounds; and Aboriginal consumers a better chance to share their experiences with the state's health system.

Year-on-year, SA Health is receiving more feedback on experiences of health services from consumers, carers, their families and friends. Over time, proportionally less of this feedback is complaints.

There was no statistically significant change in underlying trend in wait times for elective surgery at metropolitan Adelaide public hospitals during the period of Transforming Health.

The Health Performance Council notes a lack of trend data available for monitoring staff opinion of working for SA Health, including local health networks. We encourage SA Health to undertake annual staff surveys across the organisation to build up a consistent and comparative picture of differences and changes in staff perception of workplace practices and outcomes.

With the exception of executive-level staff, the SA Health staff turnover rate trended down over the time series presented in this report. The turnover rate for Aboriginal employees is higher than for non-Aboriginal employees, although down from a peak in 2008-09. Turnover of executive-level staff increased during the period of Transforming Health.

The Health Performance Council continues to encourage SA Health to increase the level of Aboriginal identification in its human resources system.

Contents

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1. Metropolitan Adelaide public acute hospital performance

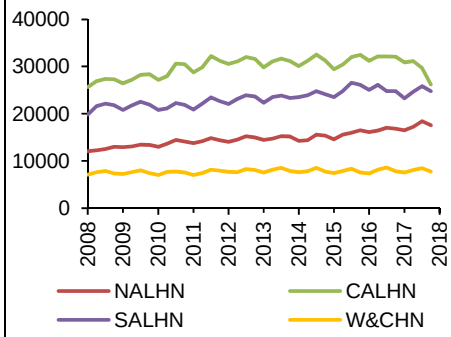
The Health Performance Council has used these indicators of inpatient activity at metropolitan Adelaide public acute hospitals to monitor gaps between selected patient groups and specific population groups before and after the implementation of Transforming Health.

1.1 All patients

SA Health advises that it has incomplete hospitalisations (inpatient separations) data from the Royal Adelaide Hospital for the month of December 2017. This impacts on the number of hospitalisations (inpatient separations) for the October-December quarter of 2017 in this report but should not materially affect average length of stay or percentages. The volume of hospitalisations at metropolitan Adelaide public acute hospitals has experienced an average annual growth rate of 1.8% over the period 2008-2017. This is double South Australia's average annual population growth rate over the same time period of 0.9%[i]. The average length of an overnight stay has fallen 17.4% over the period, down from 6.6 to 5.4 days. This is slightly above the most recent reported average length of overnight stay for all public acute hospitals across Australia (5.4 days in 2015-16)[ii]. The proportion of inpatient deaths in metropolitan Adelaide public hospitals is relatively small compared to total activity, and decreased from 1.3% of all hospitalisations in January-March 2008 to 1.1% in October-December 2017. The average Australian public hospital in-hospital death rate in 2015-16 was 1.0%[iii]. The rate of hospitalisations ending with transfer to another hospital (4.8%) is below the average Australian public hospital transfer rate in 2015-16 (5.6%[iv]).

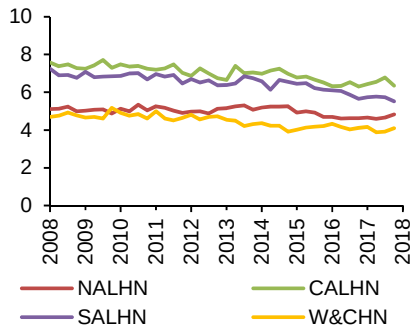
The Central Adelaide Local Health Network (LHN) – consisting of Hampstead Rehabilitation Centre, Pregnancy Advisory Centre, Royal Adelaide Hospital, St Margaret's Hospital and The Queen Elizabeth Hospital – makes up the majority of inpatient activity (34.2%). This is followed by Southern Adelaide LHN (Flinders Medical Centre, Noarlunga Hospital and Repatriation General Hospital) with 32.4% and Northern Adelaide LHN (Lyell McEwin Health Service and Modbury Hospital) with 23.0%. The Women's and Children's Hospital accounts for 10.2% of all metropolitan Adelaide public acute hospital inpatient activity.

Hospitalisations (inpatient separations) (number per quarter)



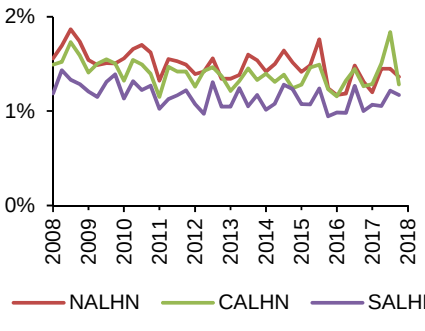
NALHN: 17,600 CALHN: 26,189
SALHN: 24,783 W&CHN: 7,807
Metro. Adelaide public acute hosps: 76,492

Average length of overnight stay (ALOS) (days)



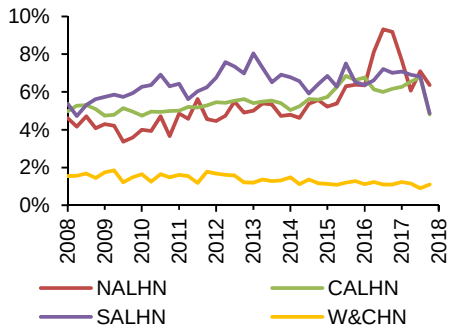
NALHN: 4.8 days CALHN: 6.4 days
SALHN: 5.5 days W&CHN: 4.1 days
Metro. Adelaide public acute hosps: 5.4 days

Hospitalisations ending with death in hospital (% per quarter)



NALHN: 1.4% CALHN: 1.3%
SALHN: 1.2% W&CHN: **
Metro. Adelaide public acute hosps: 1.1%

Hospitalisations ending with transfer to another hospital (% per quarter)



NALHN: 6.4% CALHN: 4.8%
SALHN: 4.9% W&CHN: 1.1%
Metro. Adelaide public acute hosps: 4.8%

Source: ISAAC, quarterly data

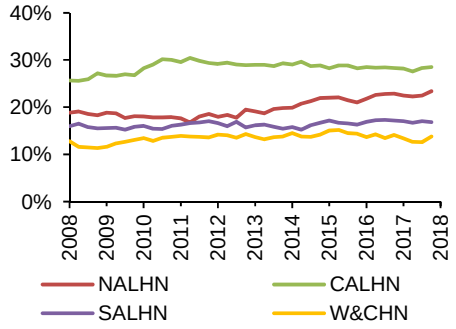
Notes: SA Health advises that it has incomplete hospitalisations (inpatient separations) data from the Royal Adelaide Hospital for the month of December 2017 and this may affect trend data;
** not reported due to very low volume of data.

1.2 Culturally and linguistically diverse patients

The Health Performance Council defines culturally and linguistically diverse (CALD) persons in its monitoring as those born in non-main English speaking countries. That is, countries *other than* Australia, New Zealand, United Kingdom, Ireland, United States of America, Canada and South Africa.

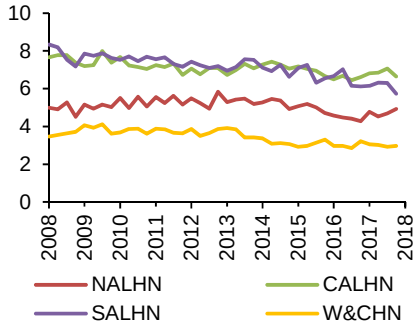
SA Health advises that it has incomplete hospitalisations (inpatient separations) data from the Royal Adelaide Hospital for the month of December 2017, although it should not materially affect average length of stay or percentages reported in this section. In the October-December quarter of 2017, persons from CALD backgrounds accounted for around one in five (22.0%) metropolitan Adelaide public acute hospitalisations (inpatient separations). In comparison, 15.2% of South Australians were born in predominantly non-English speaking countries[v]. Trends in average length of stay are down in recent quarterly data for this population group in the Central Adelaide and Southern Adelaide Local Health Networks (LHNs) but up in the Northern Adelaide LHN. Crude rate of hospitalisations ending with death in hospital are trending up in the Central Adelaide LHN. After a recent spike observed in the rate of hospitalisations in the Northern Adelaide LHN of persons from CALD backgrounds ending with a transfer to another hospital, the time series appears to have returned to trend. In-hospital death rate and transfer rate for Women's and Children's Hospital are not charted below due to the very low volume of activity.

Hospitalisations (inpatient separations) (% CALD persons per quarter)



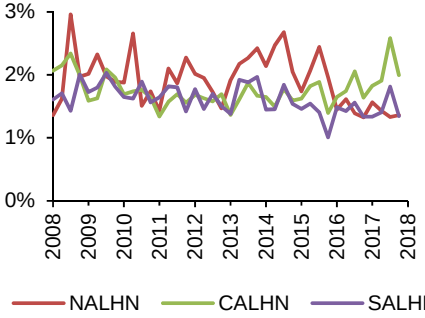
NALHN: 23.4% CALHN: 28.5%
SALHN: 16.8% W&CHN: 13.8%
Metro. Adelaide public acute hosps: 22.0%

CALD persons' average length of overnight stay (ALOS) (days)



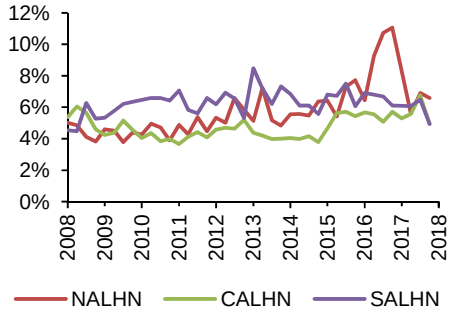
NALHN: 4.9 days CALHN: 6.6 days
SALHN: 5.7 days W&CHN: 3.0 days
Metro. Adelaide public acute hosps: 5.7 days

CALD persons' hospitalisations ending with death in hospital (% per quarter)



NALHN: 1.4% CALHN: 2.0%
SALHN: 1.3% W&CHN: **
Metro. Adelaide public acute hosps: 1.6%

CALD persons' hospitalisations ending with transfer to another hosp (% per qtr)



NALHN: 6.6% CALHN: 4.9%
SALHN: 4.9% W&CHN: **
Metro. Adelaide public acute hosps: 5.1%

Source: ISAAC, quarterly data

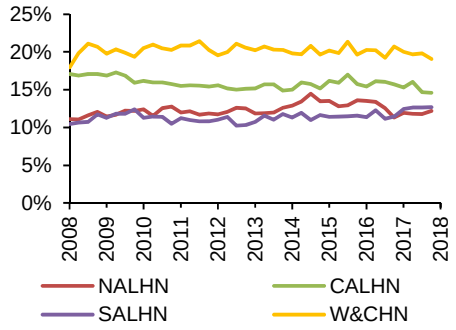
Notes: SA Health advises that it has incomplete hospitalisations (inpatient separations) data from the Royal Adelaide Hospital for the month of December 2017 and this may affect trend data;
** not reported due to very low volume of data.

1.3 Patients from rural and remote South Australia

Hospitalisations by inpatients who live in country South Australia represented around one in seven (13.9%) of metropolitan Adelaide public acute hospital inpatient activity in the October-December quarter of 2017. In comparison, over a quarter (28.9%) of the state's population lives outside the metropolitan area[vi].

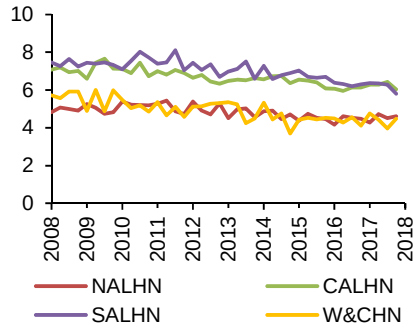
SA Health advises that it has incomplete hospitalisations (inpatient separations) data from the Royal Adelaide Hospital for the month of December 2017, although it should not materially affect average length of stay or percentages reported in this section. During the October-December quarter of 2017, around one in 11 (8.9%) hospitalisations (inpatient separations) of country residents at metropolitan Adelaide public acute hospitals ended with a transfer to another hospital. This is around double the overall rate reported in Section 1.1 (4.8%). Trends have increased in the Local Health Networks of Northern Adelaide, Central Adelaide and Southern Adelaide, although there has been an observed decline in recent quarters. Trends over the last 10 years in average length of stay across all local health networks continue to trend down for hospitalisations of country residents at metropolitan Adelaide public acute hospitals. Rate of country residents' hospitalisations ending with death in hospital is not charted below by individual local health network due to very low volume of data.

Hospitalisations (inpatient separations) (% Country SA residents)



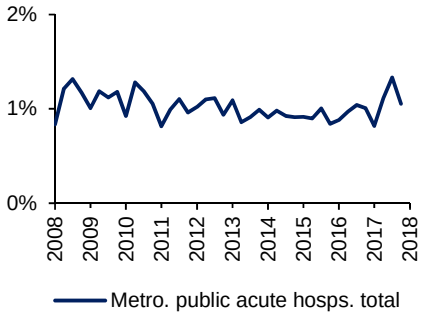
NALHN: 12.2% CALHN: 14.6%
SALHN: 12.7% W&CHN: 19.0%
Metro. Adelaide public acute hosps: 13.9%

Country SA residents' average length of overnight stay (ALOS) (days)



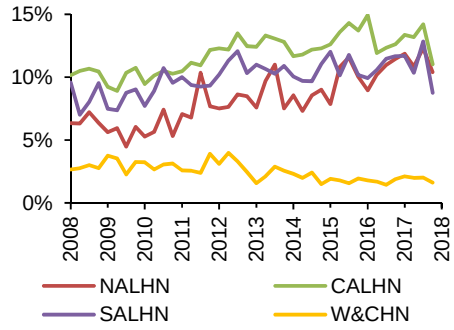
NALHN: 4.6 days CALHN: 6.0 days
SALHN: 5.8 days W&CHN: 4.5 days
Metro. Adelaide public acute hosps: 5.4 days

Country SA residents' hospitalisations ending with death in hospital (% per qtr)



NALHN: ** CALHN: **
SALHN: ** W&CHN: **
Metro. Adelaide public acute hosps: 1.1%

Country SA residents' hospns ending with transfer to another hosp (% per qtr)



NALHN: 10.4% CALHN: 11.0%
SALHN: 8.8% W&CHN: 1.6%
Metro. Adelaide public acute hosps: 8.9%

Source: ISAAC, quarterly data

Notes: SA Health advises that it has incomplete hospitalisations (inpatient separations) data from the Royal Adelaide Hospital for the month of December 2017 and this may affect trend data;
** not reported due to very low volume of data.

1.4 Patients from lower socioeconomic status geographic areas of South Australia

The Health Performance Council classifies the socioeconomic status (SES) of geographic areas in South Australia using the Socio-Economic Index for Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD) by Statistical Area Level 2 (SA2), published by the Australian Bureau of Statistics. Lower-SES areas are those in the lower quintile (lower 20%) of SA2s ordered by SEIFA IRSD. Please refer to Definitions at the end of this report for more information.

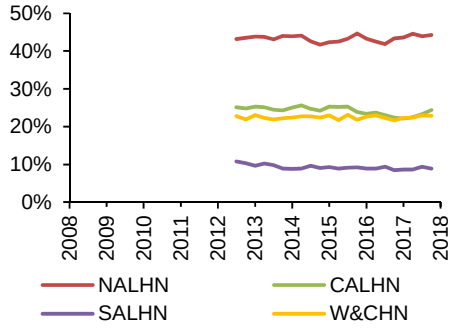
South Australian SA2s ranked by the Health Performance Council as lower-SES are:

Metropolitan Adelaide: Davoren Park, Elizabeth, Elizabeth East, Smithfield - Elizabeth North, Virginia - Waterloo Corner, Enfield - Blair Athol, Parafield Gardens, Paralowie, Salisbury, Salisbury North, Christie Downs, Hackham West - Huntfield Heights, Morphett Vale – West, Royal Park – Hendon – Albert Park, Woodville – Cheltenham, Port Adelaide, The Parks.

Country South Australia: Peterborough – Mt Remarkable, Port Pirie, Wallaroo, Ceduna, Western, Whyalla, Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, Coober Pedy, Port Augusta, Millicent, Barmera, Berri, Murray Bridge, Renmark, Waikerie.

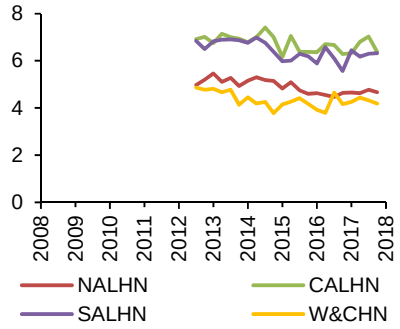
SA Health advises that it has incomplete hospitalisations (inpatient separations) data from the Royal Adelaide Hospital for the month of December 2017, although it should not materially affect average length of stay or percentages reported in this section. Approximately half (44.2%) of inpatient hospitalisations in the Northern Adelaide Local Health Network (NALHN) are persons who live in lower socioeconomic status areas of the state. The average length of overnight stay for patients from lower SES areas of the state was 5.3 days in the October-December quarter of 2017, roughly equivalent to the overall average reported in Section 1.1 (5.4 days). The number of in-hospital deaths at the Women's and Children's Hospital for inpatients from lower socioeconomic status areas of the state is very low, so has been omitted from the third chart below.

Hospitalisations (inpatient separations) (% who live in lower-SES areas per qtr)



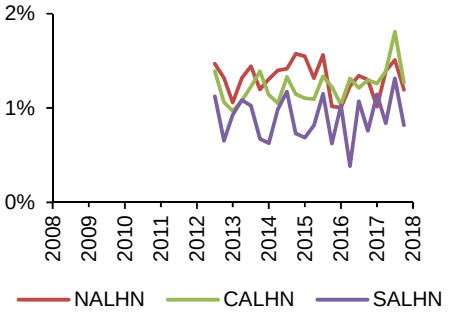
NALHN: 44.2% CALHN: 24.4%
SALHN: 8.9% W&CHN: 22.9%
Metro. Adelaide public acute hosps: 23.7%

Lower SES average length of overnight stay (ALOS) (days)



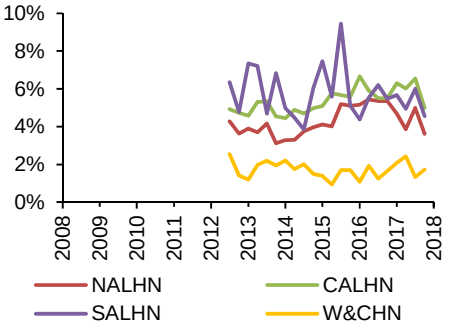
NALHN: 4.7 days CALHN: 6.4 days
SALHN: 6.3 days W&CHN: 4.2 days
Metro. Adelaide public acute hosps: 5.3 days

Lower SES hospitalisations ending with death in hospital (% per qtr)



NALHN: 1.2% CALHN: 1.3%
SALHN: 0.8% W&CHN: **
Metro. Adelaide public acute hosps: 1.1%

Lower SES hospitalisations ending with transfer to another hospital (% per qtr)



NALHN: 3.6% CALHN: 5.0%
SALHN: 4.6% W&CHN: 1.7%
Metro. Adelaide public acute hosps: 4.0%

Source: ISAAC, quarterly data

Notes: SA Health advises that it has incomplete hospitalisations (inpatient separations) data from the Royal Adelaide Hospital for the month of December 2017 and this may affect trend data;
** not reported due to very low volume of data.

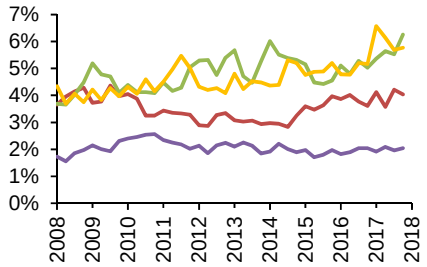
1.5 Aboriginal persons

The Health Performance Council (HPC) respectfully uses the term 'Aboriginal', rather than 'Indigenous', to refer to people who identify as Aboriginal, Torres Strait Islander, or both. HPC recognises Aboriginal and Torres Strait Islander people as two separate groups. However, this document refers to Aboriginal persons in recognition that Aboriginal people are the original inhabitants of South Australia. We also acknowledge the complexity and diversity of the Aboriginal communities of South Australia, recognising each has its own beliefs and practice.

SA Health advises that it has incomplete hospitalisations (inpatient separations) data from the Royal Adelaide Hospital for the month of December 2017, although it should not materially affect average length of stay or percentages reported in this section. Aboriginal persons represent 2.4% of the population of South Australia[vii]. In the October-December quarter of 2017, 4.3% of metropolitan Adelaide public acute hospitalisations (inpatient separations) were Aboriginal persons. HPC noted changing trends in proportion of hospitalisations of Aboriginal persons between the local health networks (LHNs), from around 2010 onwards.

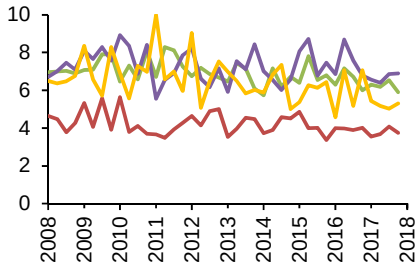
Average length of stay for Aboriginal persons at metropolitan Adelaide public acute hospitals is relatively unchanged across the time series presented in this report. In-hospital mortality rate for Aboriginal persons (0.3%) continues an overall downward trend (volume of activity data was too small to chart local health network activity separately for this indicator). HPC noted spikes in the proportion of hospitalisations of Aboriginal persons that ended with transfer to another hospital in the Northern and Southern Adelaide Local Health Networks between 2015 and 2017, although these increases appear to have been a temporary occurrence, with trends reversing since then.

Hospitalisations (inpatient separations) (% Aboriginal persons per quarter)



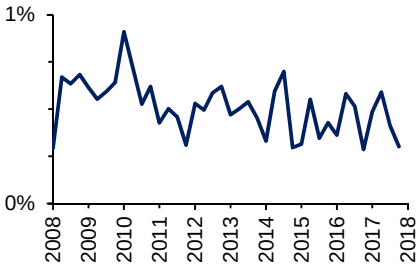
NALHN: 4.0% CALHN: 6.2%
SALHN: 2.0% W&CHN: 5.8%
Metro. Adelaide public acute hosps: 4.3%

Aboriginal persons' average length of overnight stay (ALOS) (days)



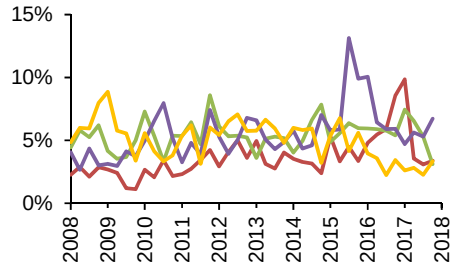
NALHN: 3.7 days CALHN: 5.9 days
SALHN: 6.9 days W&CHN: 5.3 days
Metro. Adelaide public acute hosps: 5.4 days

Aboriginal persons' hospitalisations ending with death in hospital (% per qtr)



NALHN: ** CALHN: **
SALHN: ** W&CHN: **
Metro. Adelaide public acute hosps: 0.3%

Aboriginal persons' hospns ending with transfer to another hospital (% per qtr)



NALHN: 3.4% CALHN: 3.1%
SALHN: 6.7% W&CHN: 3.3%
Metro. Adelaide public acute hosps: 3.8%

Source: ISAAC, quarterly data

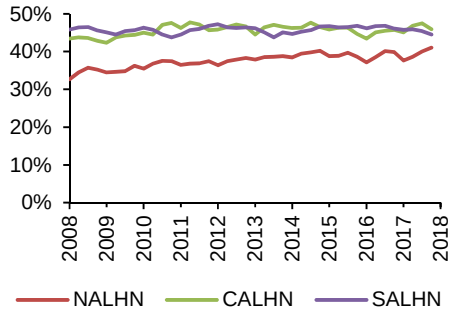
Notes: SA Health advises that it has incomplete hospitalisations (inpatient separations) data from the Royal Adelaide Hospital for the month of December 2017 and this may affect trend data;
** not reported due to very low volume of data.

1.6 Aged persons

The Health Performance Council defines aged person as inpatients aged 65 years and over at time of admission. This group represents 18.3% of the state's population[viii] and 39.6% of hospital activity at metropolitan Adelaide public acute hospitals in the October-December quarter of 2017. Around half of all inpatient activity at hospitals in the Central Adelaide and Southern Adelaide Local Health Networks (LHNs) are persons in this age cohort, with the Northern Adelaide LHN trending up towards the same level. There is virtually no inpatient activity at the Women's and Children's Hospital for aged persons, so its trend line does not appear in the charts below.

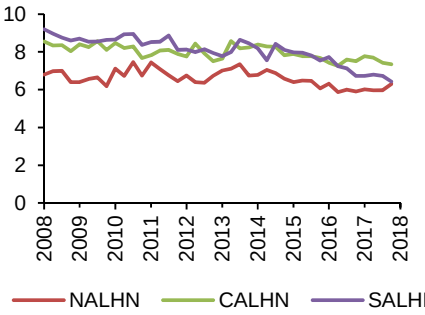
SA Health advises that it has incomplete hospitalisations (inpatient separations) data from the Royal Adelaide Hospital for the month of December 2017, although it should not materially affect average length of stay or percentages reported in this section. The average length of overnight stay for patients in older age groups over during the October-December quarter of 2017 was 6.8 days. This is higher than the overall average length of overnight stay of 5.4 days reported in Section 1.1, although the trend has been down over the time series presented in this report. In-hospital deaths as a proportion of all activity for this population group has also decreased, down from 2.7% in January-March 2008 to 2.2% in October-December 2017. The relative number of hospitalisations of patients in older age cohorts ending with transfer to another hospital has come down recently, to 7.8% for all metropolitan Adelaide public acute hospitals.

Hospitalisations (inpatient separations) (% aged 65+ years per quarter)



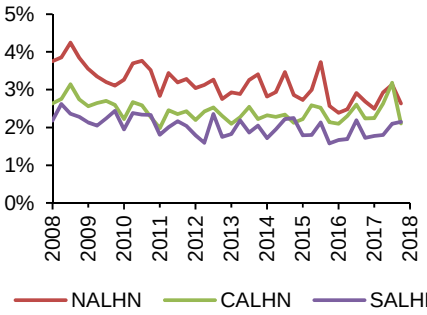
NALHN: 41.0% CALHN: 45.9%
SALHN: 44.5% W&CHN: **
Metro. Adelaide public acute hosps: 39.6%

Aged persons' average length of overnight stay (ALOS) (days)



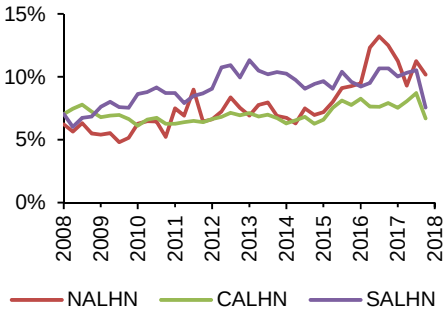
NALHN: 6.3 days CALHN: 7.3 days
SALHN: 6.4 days W&CHN: **
Metro. Adelaide public acute hosps: 6.8 days

Aged persons' hospitalisations ending with death in hospital (% per quarter)



NALHN: 2.6% CALHN: 2.1%
SALHN: 2.1% W&CHN: **
Metro. Adelaide public acute hosps: 2.2%

Aged persons' hospns ending with transfer to another hospital (% per qtr)



NALHN: 10.2% CALHN: 6.7%
SALHN: 7.5% W&CHN: **
Metro. Adelaide public acute hosps: 7.8%

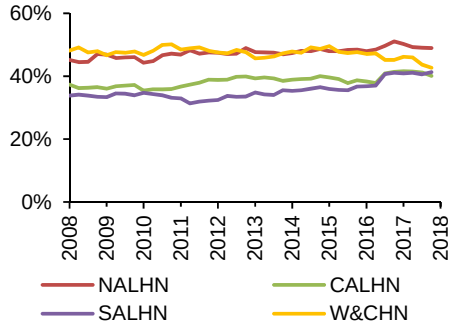
Source: ISAAC, quarterly data

Notes: SA Health advises that it has incomplete hospitalisations (inpatient separations) data from the Royal Adelaide Hospital for the month of December 2017 and this may affect trend data;
** not reported due to very low volume of data.

1.7 Patients admitted out-of-hours (night-time)

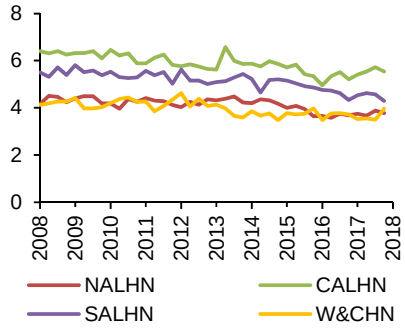
The Health Performance Council defines after hours (night-time) hospitalisations as after 6:00pm and before 8:00am, regardless of day of the week or public holidays. In the Northern Adelaide Local Health Network (48.9%) and Women's and Children's Hospital (42.7%), around half of all inpatients are admitted between these hours. Average length of overnight stay is down over the time series but up recently in the Central Adelaide Local Health Network. Proportion of after-hours (night-time) admitted patients being transferred to another hospital has decreased in recent quarters in the Northern and Southern Local Health Networks.

Hospitalisations (inpatient separations) (% admitted at night per quarter)



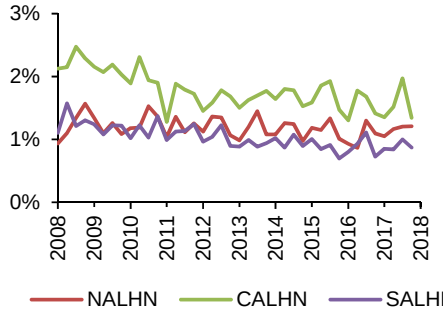
NALHN: 48.9% CALHN: 40.1%
SALHN: 41.2% W&CHN: 42.7%
Metro. Adelaide public acute hosps: 42.7%

Night-admitted average length of overnight stay (ALOS) (days)



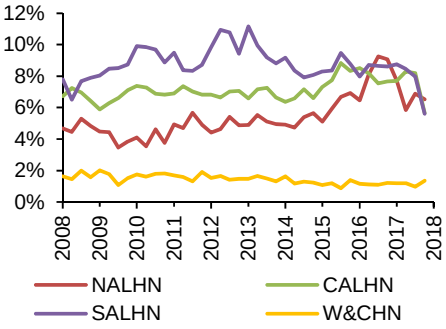
NALHN: 3.8 days CALHN: 5.5 days
SALHN: 4.3 days W&CHN: 4.0 days
Metro. Adelaide public acute hosps: 4.5 days

Night-admitted hospitalisations ending with death in hospital (% per quarter)



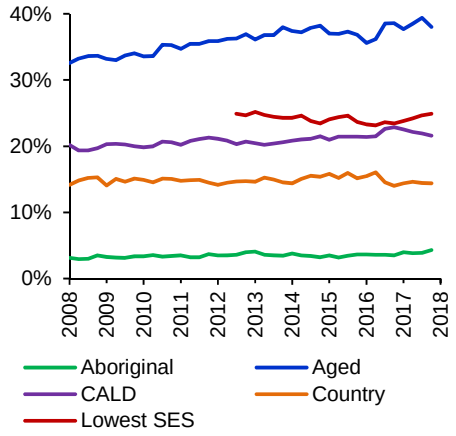
NALHN: 1.2% CALHN: 1.3%
SALHN: 0.9% W&CHN: **
Metro. Adelaide public acute hosps: 1.0%

Night-admitted hospns ending with transfer to another hospital (% per qtr)

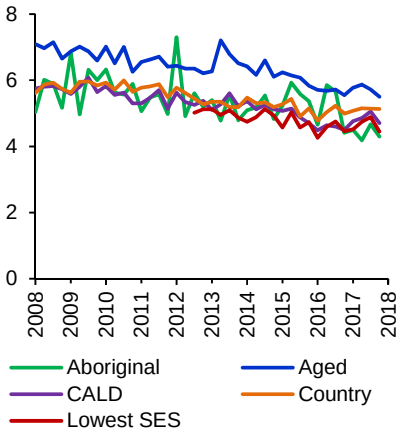


NALHN: 6.5% CALHN: 5.6%
SALHN: 5.6% W&CHN: 1.3%
Metro. Adelaide public acute hosps: 5.4%

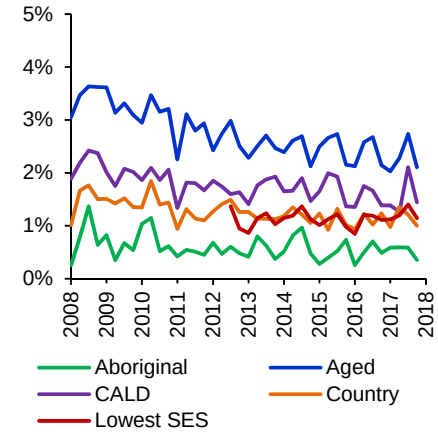
Hospitalisations where admission was at night (% of specific popn group)



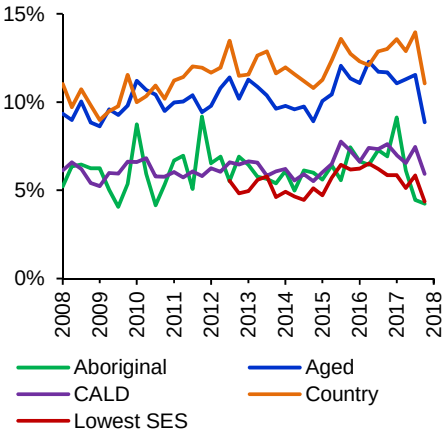
ALOS (days) for night-time admissions by specific population group



In-hospital deaths (%) for night-time adms by specific population group



Hospital transfers (%) for night-time adms by specific population group

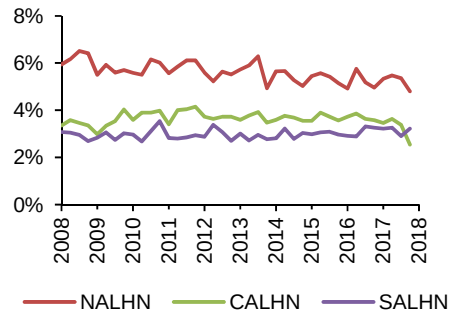


Source: ISAAC, quarterly data. Notes: SA Health advises that it has incomplete hospitalisations (inpatient separations) data from the Royal Adelaide Hospital for the month of December 2017 and this may affect trend data; ** not reported due to very low volume of data.

1.8 Patients admitted for cardiovascular disease

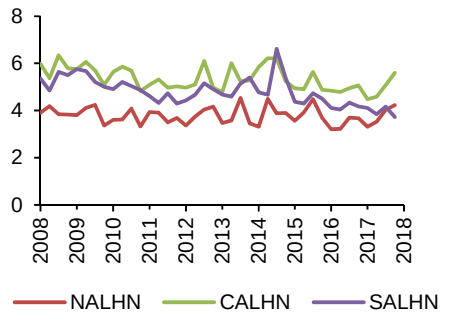
The proportion of inpatient hospitalisations (inpatient separations) for cardiovascular disease (CVD) – stroke, chest pain, and heart failure and shock – at metropolitan Adelaide public hospitals has remained relatively steady over the time series presented here, representing 3.0% of all hospitalisations during the October-December quarter of 2017. The Northern Adelaide Local Health Network accounts for the majority of CVD inpatient activity. There is an observed increase in average length of overnight stay for cardiovascular disease hospitalisations in the Central Adelaide Local Health Network.

Hospitalisations (inpatient separations) (% admitted for CVD per quarter)



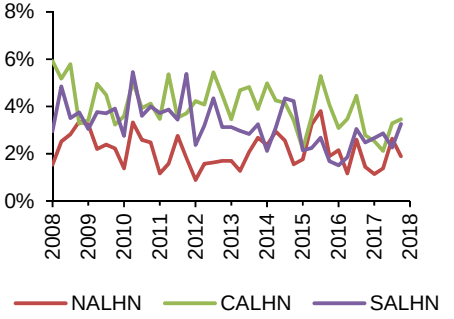
NALHN: 4.8% CALHN: 2.5%
SALHN: 3.2% W&CHN: **
Metro. Adelaide public acute hosps: 3.0%

CVD average length of overnight stay (ALOS) (days)



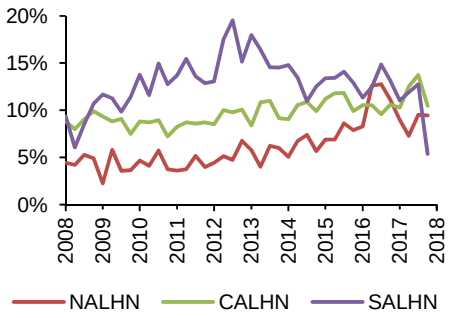
NALHN: 4.2 days CALHN: 5.6 days
SALHN: 3.7 days W&CHN: **
Metro. Adelaide public acute hosps: 4.5 days

CVD hospitalisations ending with death in hospital (% per quarter)



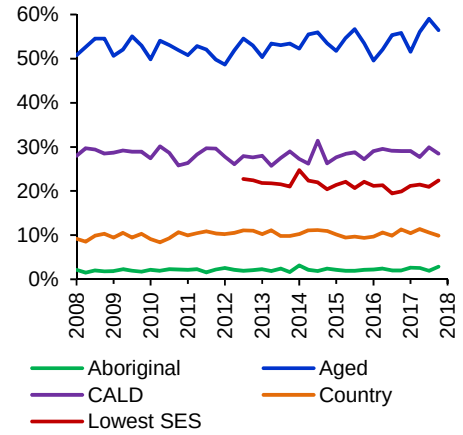
NALHN: 1.9% CALHN: 3.4%
SALHN: 3.3% W&CHN: **
Metro. Adelaide public acute hosps: 2.8%

CVD hospitalisations ending with transfer to another hospital (% per qtr)

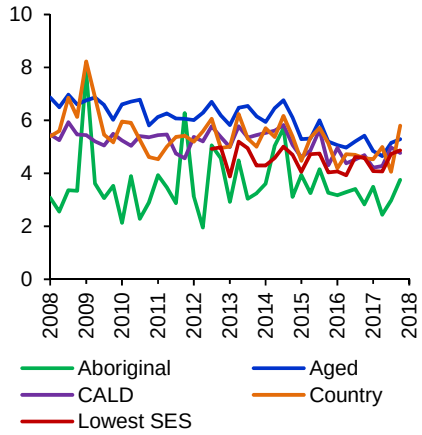


NALHN: 9.5% CALHN: 10.5%
SALHN: 5.4% W&CHN: **
Metro. Adelaide public acute hosps: 8.3%

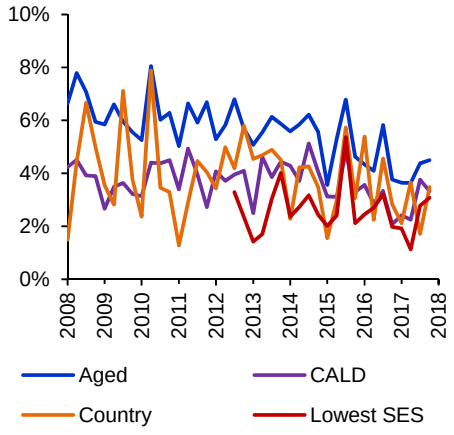
Hospitalisations for CVD (% of specific population group)



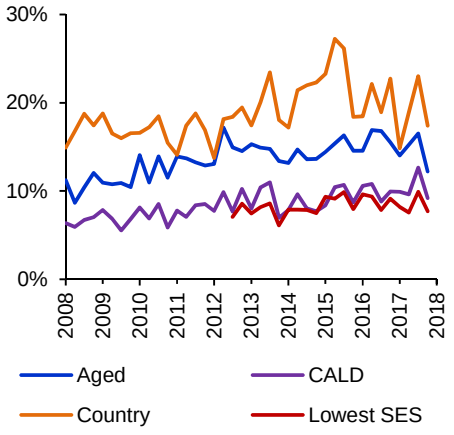
ALOS (days) for CVD admissions by specific population group



In-hospital deaths (%) for CVD by specific population group



Hospital transfers (%) for CVD by specific population group



Source: ISAAC, quarterly data. Notes: SA Health advises that it has incomplete hospitalisations (inpatient separations) data from the Royal Adelaide Hospital for the month of December 2017 and this may affect trend data; ** not reported due to very low volume of data.

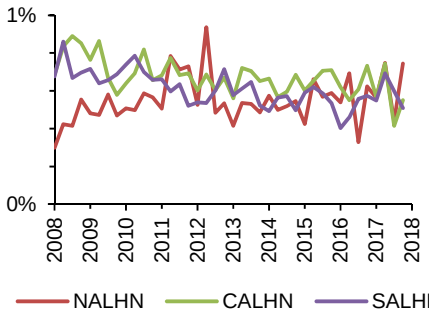
1.9 Patients admitted for hip and knee replacement

Safely reducing length of stay for hip and knee replacement (H&K) surgery patients, particularly at the Royal Adelaide Hospital in the Central Adelaide Local Health Network (CALHN), was an early focus of SA Health in its implementation of Transforming Health[ix]. The Health Performance Council has monitored outcomes for this patient group as a priority surgical clinical activity group, although total number of hip and knee replacement hospitalisations (inpatient separations) across metropolitan Adelaide public hospitals is low.

SA Health advises that it has incomplete hospitalisations (inpatient separations) data from the Royal Adelaide Hospital for the month of December 2017, although it should not materially affect average length of stay or percentages reported in this section. Over the time series presented in this report, the average length of overnight stay for hip and knee replacement hospitalisations has decreased to 5.3 days in the October-December quarter of 2017, down from 8.0 days in the January-March quarter of 2008. The Health Performance Council observed declining trends in overnight average length of stay for hip and knee replacement inpatients, particularly in the Southern Adelaide and Northern Adelaide Local Health Networks commencing from around 2015. Over one in five (20.4%) of hip and knee replacement inpatient hospitalisations across the Transforming Health hospitals (metropolitan Adelaide public acute hospitals) ended with a transfer to another hospital in the October-December quarter of 2017, highest in the Central Adelaide Local Health Network (CALHN) at 32.6%. No hip and knee replacement surgery is recorded for Women's and Children's Hospital, so this facility is omitted from the charts below. The number of in-hospital deaths from hip and knee hospitalisations are too low to represent by individual local health network.

There is insufficient volume of hospital inpatient activity for hip and knee replacements to meaningfully break the data down further by specific population groups.

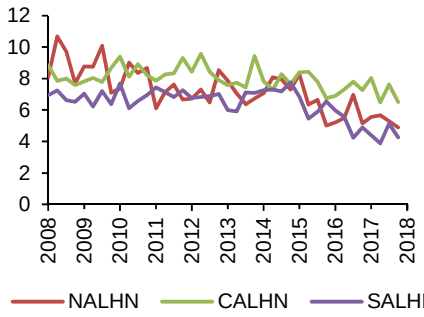
Hospitalisations (inpatient separations) (% admit for H&K replacement per qtr)



NALHN: 0.7% CALHN: 0.5%
SALHN: 0.5% W&CHN: **

Metro. Adelaide public acute hosps: 0.5%

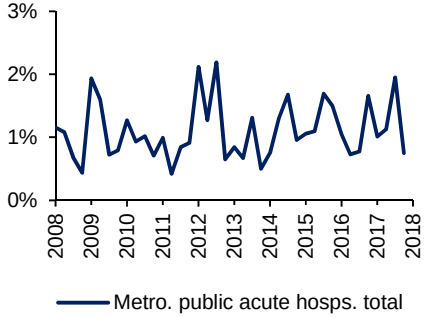
H&K replacement average length of overnight stay (ALOS) (days)



NALHN: 4.9 days CALHN: 6.5 days
SALHN: 4.3 days W&CHN: **

Metro. Adelaide public acute hosps: 5.3 days

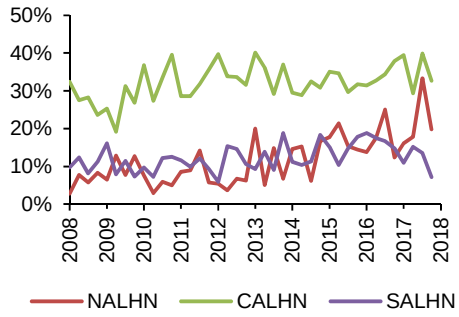
H&K replacement hospitalisations ending with death in hospital (% per qtr)



NALHN: ** CALHN: **
SALHN: ** W&CHN: **

Metro. Adelaide public acute hosps: 0.7%

H&K replacement hospns ending with transfer to another hospital (% per qtr)



NALHN: 19.8% CALHN: 32.6%
SALHN: 7.1% W&CHN: **

Metro. Adelaide public acute hosps: 20.4%

Source: ISAAC, quarterly data

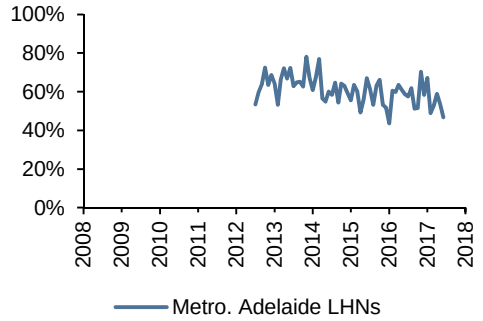
Notes: SA Health advises that it has incomplete hospitalisations (inpatient separations) data from the Royal Adelaide Hospital for the month of December 2017 and this may affect trend data;
** not reported due to very low volume of data.

2. Inpatient involvement in care and treatment

The Health Performance Council has used selected hospital inpatient experience measures to monitor how perceptions of health consumer involvement in care and treatment at metropolitan Adelaide public hospitals may have changed during the implementation of Transforming Health (2015-2017).

Five measures were selected from the South Australian Consumer Experience Surveillance System (SACESS), looking at metropolitan Adelaide public hospitals' monthly feedback from admitted patients regarding their involvement in care and treatment: (1) dietary requirements; (2) informed consent; (3) cultural and religious beliefs; (4) access to interpreters; and (5) right to have their opinion respected. These measures report on the experiences of care reported by South Australians who spent at least one night in a public hospital within South Australia, and who were: aged 16 years and over; not of Aboriginal or Torres Strait Islander descent; not admitted for maternity, psychiatric, substance abuse, chemotherapy or renal dialysis episodes of care; and proficient in spoken English.

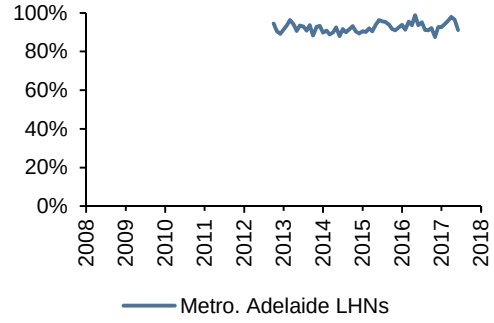
2.1 Was asked about dietary needs



- During April-June 2017, 52.7% of survey respondents who had been inpatients at metropolitan Adelaide public hospitals answered yes to the question, "Were you asked about your dietary needs when you arrived on the ward?". Yes responses include people who had been asked pre-admission.
- Results varied between SA Health's metropolitan Adelaide local health networks (LHNs) during April-June 2017. Central Adelaide LHN recorded the highest percentage of 57.9%, followed by Southern Adelaide LHN (50.8%) and then Northern Adelaide LHN (46.4%).
- The underlying time series trend is statistically significantly downwards.
- SACESS does not include Women's and Children's Hospital (WCH).

Source: SACESS, monthly data. WCH not included.

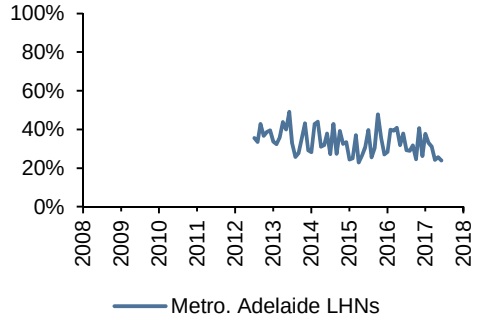
2.2 Understood the risks, benefits and alternatives of the recommended treatment when giving consent



- During April-June 2017, 95.1% of survey respondents who had been inpatients at metropolitan Adelaide public hospitals answered yes to the question, "When you gave your consent for medical treatment, did you understand the risks, benefits and alternatives of the recommended treatment?".
- Results varied between SA Health's metropolitan Adelaide local health networks (LHNs) during April-June 2017. Northern Adelaide LHN recorded the highest percentage of 98.0%, followed by Southern Adelaide LHN (96.7%) and then Central Adelaide LHN (91.9%).
- The underlying time series trend is statistically significantly upwards.
- SACESS does not include Women's and Children's Hospital (WCH).

Source: SACESS, monthly data. WCH not included.

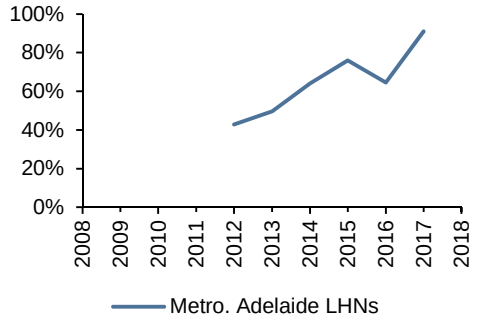
2.3 Was asked about cultural or religious requirements



Source: SACESS, monthly data. WCH not included.

- During April-June 2017, 24.6% of survey respondents who had been inpatients at metropolitan Adelaide public hospitals answered yes to the question, "Did anyone ask whether you had any cultural or religious beliefs that might affect the way you were treated in hospital?". Yes responses include people who had been asked pre-admission.
- Results varied between SA Health's metropolitan Adelaide local health networks (LHNs) during April-June 2017. Southern Adelaide LHN recorded the highest percentage of 28.2%, followed by Central Adelaide LHN (22.8%) and then Northern Adelaide LHN (21.2%).
- The underlying time series trend is statistically significantly downwards.
- SACESS does not include Women's and Children's Hospital (WCH).

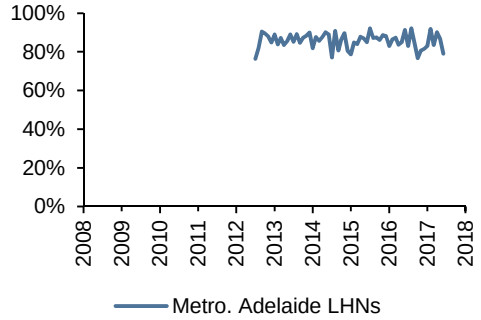
2.4 Had access to an interpreter if needed



Source: SACESS, annual (financial year) data. WCH not included.

- The Health Performance Council (HPC) advises caution with this measure due to very small volume data and under-reporting of results. In 2016, 111 people or 4.3% were omitted from the eligible sample for metropolitan Adelaide as they spoke a foreign language[x]. The data in this section excludes people who most likely would benefit from an interpreter being asked about their experience.
- SA Health has initiated a pilot program utilising computer assisted personal interviews to "help to give all consumers a chance to share their experiences as surveys can be tailored to specific patient populations, such as Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse…" [x]. Results are not yet available.
- Due to the very small volume of monthly data, HPC has aggregated monthly results into whole financial years.
- Bearing in mind limitations with the data, in 2016-17, 86.0% of survey respondents who had been inpatients at metropolitan Adelaide public hospitals answered yes to the question, "If you needed one, did you have access to an interpreter?".
- Results varied between SA Health's metropolitan Adelaide local health networks (LHNs) in 2016-17. Southern Adelaide LHN recorded the highest percentage of 94.4%, followed by Central Adelaide LHN (86.7%) and then Northern Adelaide LHN (66.7%).
- SACESS does not include Women's and Children's Hospital (WCH).

2.5 Right to have an opinion was respected



Source: SACESS, monthly data. WCH not included.

- During April-June 2017, 85.0% of survey respondents who had been inpatients at metropolitan Adelaide public hospitals answered “usually” or “always” to the question, “Was your right to have an opinion respected?”.
- Results varied between SA Health’s metropolitan Adelaide local health networks (LHNs) during April-June 2017. Central Adelaide LHN recorded the highest percentage of 86.1%, followed by Southern Adelaide LHN (85.3%) and then Northern Adelaide LHN (82.2%).
- There is no statistically significant trend in the time series in any direction.
- SACESS does not include Women’s and Children’s Hospital (WCH).

3. Consumer complaints

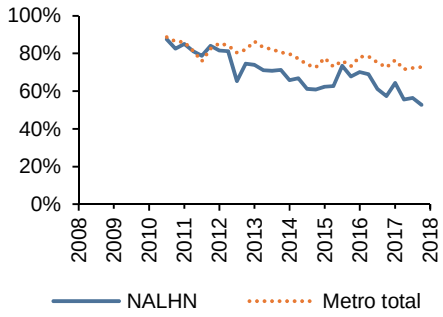
The Health Performance Council looked at SA Health-recorded consumer feedback directed at metropolitan Adelaide public health services as a measure of how health consumer experience may have changed during the implementation of Transforming Health (2015-2017).

SA Health's Safety Learning System (SLS) records details of consumer feedback received from members of the public who have received health care – including emergency, admitted, outpatient and rehabilitation – either as consumers themselves or on behalf of family and friends. Not all feedback is negative, and SLS categorises feedback as a complaint, compliment, suggestion or advice. The Health Performance Council puts complaints data into context here by expressing it as a percentage of all SA Health-recorded feedback received by local health network of the health service.

- During October-December 2017, a total of 1,993 instances of feedback – including complaints, compliments, suggestions and advice – were recorded as received (and not rejected) by SA Health in relation to metropolitan Adelaide public health services. Of these, 1,451 (72.8%) were complaints.
- The trend in all feedback received is increasing, although the trend in *percentage of feedback that is complaints* is trending down. In the July-September quarter of 2010, when the series started, 1,344 instances of feedback were received (and not rejected), of which 1,192 (88.7%) were complaints.
- Trend in percentage of feedback that is complaints has been decreasing for public health services in the Northern Adelaide and Southern Adelaide Local Health Networks (LHNs).
- Central Adelaide LHN's trend in complaints as a proportion of all recorded feedback relatively high compared to the metropolitan Adelaide average and is trending slightly up, while Women's and Children's Health Network trend is relatively steady.

3.1 Complaints as a proportion of all feedback (SA Health-recorded)

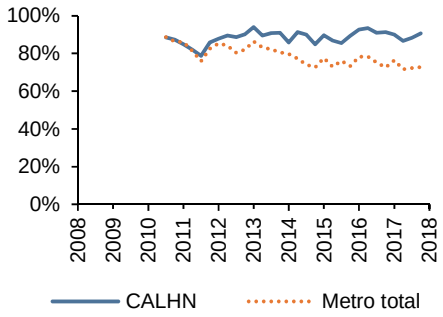
Northern Adelaide Local Health Network



Oct-Dec qtr 2017, NALHN

Complaints (no.)	332
All feedback (no.)	629
Complaints (%)	52.8%

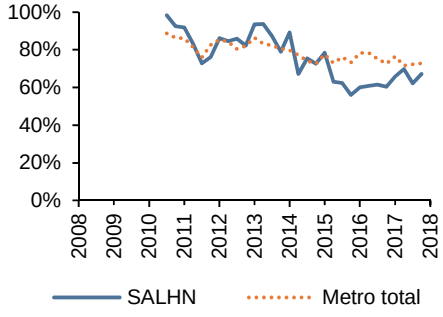
Central Adelaide Local Health Network



Oct-Dec qtr 2017, CALHN

Complaints (no.)	770
All feedback (no.)	850
Complaints (%)	90.6%

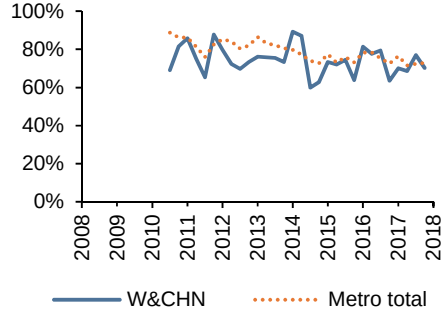
Southern Adelaide Local Health Network



Oct-Dec qtr 2017, SALHN

Complaints (no.)	259
All feedback (no.)	386
Complaints (%)	67.1%

Women's and Children's Health Network



Oct-Dec qtr 2017, W&CHN

Complaints (no.)	90
All feedback (no.)	128
Complaints (%)	70.3%

Source: SLS, quarterly data

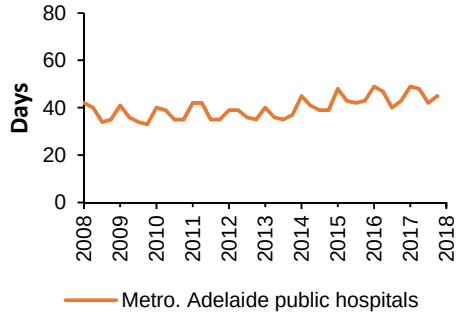
4. Waiting times for elective surgery

The Health Performance Council looked at trends in elective surgery waiting times – median and 90th percentile – at metropolitan Adelaide public hospitals as a measure of how health consumer experience may have changed during the implementation of Transforming Health (2015-2017).

Elective surgery waiting list information is collected and maintained centrally by SA Health on the Booking List Information System (BLIS). The eight metropolitan Adelaide public acute BLIS hospitals are, in alphabetical order: (1) Flinders Hospital, (2) Lyell McEwin Health Service, (3) Modbury Hospital, (4) Noarlunga Health Service, (5) Queen Elizabeth Hospital, (6) Repatriation General Hospital (closed Nov 2017) (7) Royal Adelaide Hospital and (8) Women's and Children's Hospital.

The median is a commonly reported measure of typical waiting time. It is the exact middle point, with half of people waiting less than the median time and half longer. Similarly, the 90th percentile is a measure of extreme waiting times, with one in ten people waiting longer than the 90th percentile time.

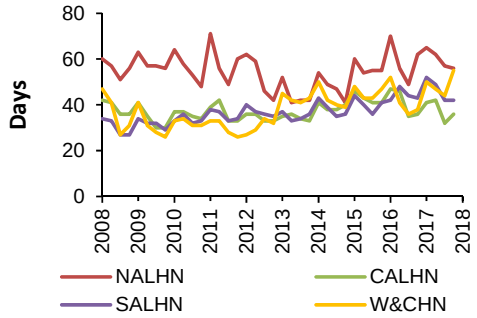
4.1 Elective surgery waiting times – Median wait time across all metropolitan Adelaide public hospitals



- In the October-December quarter of 2017, the median wait time for elective surgery at metropolitan Adelaide public hospitals was 45 days.
- The median wait time for elective surgery measured across metropolitan Adelaide public hospitals fluctuates from quarter to quarter.
- However, there is no statistically significant underlying trend in quarterly median wait times for elective surgery at metropolitan Adelaide public hospitals over the period of Transforming Health (2015-2017).

Source: BLIS, quarterly data

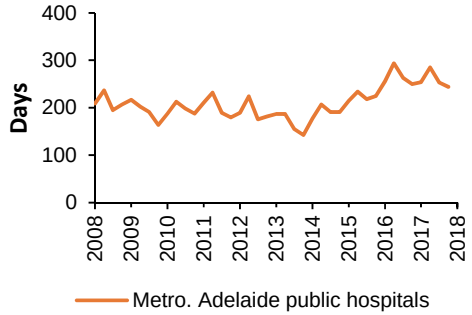
4.2 Elective surgery waiting times – Median wait time by local health network



Source: BLIS, quarterly data

- Over the time series presented in this report, public hospitals in the Northern Adelaide Local Health Network (NALHN) – Lyell McEwin and Modbury – generally recorded the highest quarterly median wait times for elective surgery.
- In the October-December quarter of 2017, the median wait time for elective surgery at NALHN public hospitals was 56 days.
- The Women's and Children's Hospital and public hospitals in the Southern Adelaide Local Health Network (SALHN) – Flinders, Noarlunga and Repatriation General – recorded lower median wait times of 55 days and 42 days, respectively, during October-December 2017.
- Public hospitals in the Central Adelaide Local Health Network (CALHN) – Queen Elizabeth and Royal Adelaide – recorded the lowest quarterly median wait time for elective surgery in the same quarter, at 36 days.

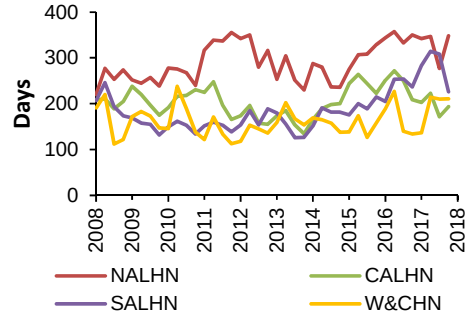
4.3 Elective surgery waiting times – 90th percentile wait time across all metropolitan Adelaide public hospitals



Source: BLIS, quarterly data

- In the October-December quarter of 2017, one in ten patients admitted for elective surgery at metropolitan Adelaide public hospitals had been on the waiting list longer than 244 days.
- Similar to median wait times, 90th percentile wait times fluctuate from quarter to quarter.
- There is an observable, although non-statistically-significant, increasing underlying trend in quarterly 90th percentile wait times for elective surgery at metropolitan Adelaide public hospitals over the period of Transforming Health (2015-2017).

4.4 Elective surgery waiting times – 90th percentile wait time by local health network



Source: BLIS, quarterly data

- Public hospitals in the Northern Adelaide Local Health Network (NALHN) – Lyell McEwin and Modbury – generally recorded the highest quarterly 90th percentile wait times for elective surgery.
- One in ten patients admitted for elective surgery at these hospitals in the October-December quarter of 2017 had been on the waiting list longer than 348 days.
- One in ten patients admitted for elective surgery during the same quarter at public hospitals in the Southern Adelaide Local Health Network (SALHN) – Flinders, Noarlunga and Repatriation General – had been on the waiting list longer than 226 days.
- One in ten patients admitted for elective surgery at the Women's and Children's Hospital had been on the waiting list longer than 211 days.
- One in ten patients admitted for elective surgery at public hospitals in the Central Adelaide Local Health Network (CALHN) – Queen Elizabeth and Royal Adelaide – in the October-December quarter of 2017 had been on the waiting list longer than 194 days.

5. Staff opinion of working for SA Health

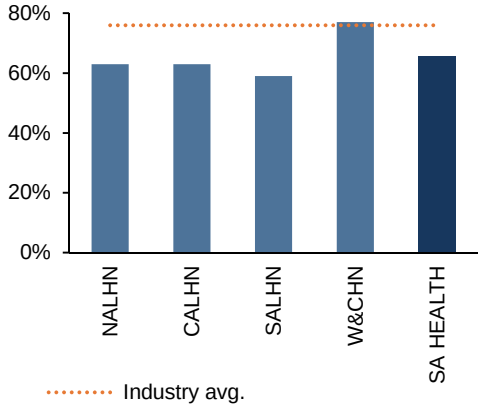
The Health Performance Council looked at staff perception of the system's ability to manage change and innovation; and staff opinion of the system's responsiveness to the needs of consumers as a measure of how staff engagement may have changed during the implementation of Transforming Health (2015-2017).

In 2014 and 2015, SA Health surveyed staff of local health networks (LHNs) and SA Ambulance Service (SAAS, service delivery only) on their perceptions of work practices and outcomes within their organisation. This was followed up with a survey of Department of Health and Ageing (Central Office) staff in 2016. The Health Performance Council has selected three outcome areas from these surveys in its monitoring of staff engagement:

1. Organisation objectives, consisting of staff perception of: "The future of this organisation is positive", "This organisation delivers high quality care/services", and "The care that is delivered by this organisation is compassionate".
2. Change and innovation, consisting of staff perception of: "This organisation is good at learning from its mistakes and successes", and "My work area encourages me to be innovative".
3. Patient/client satisfaction, consisting of staff perception of: "This organisation understands the needs of its patients/clients", and "I would feel safe being treated here as a patient/client".

The Health Performance Council notes the lack of trend data for these selected measures and encourages SA Health to undertake annual staff surveys across the organisation to build up a consistent and comparative picture of differences and changes in staff perception of workplace practices and outcomes.

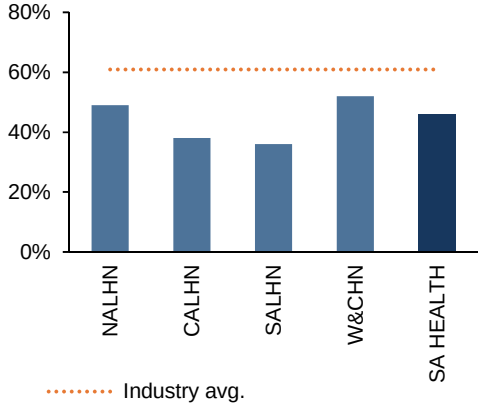
5.1 Staff perception – Organisation objectives



Source: SA Health 2015a[xi]; SA Health 2016[xii]

- Aggregating results from separate staff surveys of 2014, 2015 and 2016, a combined average of 66% of SA Health staff – including staff of LHNs, SAAS and Central Office – agreed or strongly agreed with these questions: the future of this organisation is positive, this organisation delivers high quality care/services, and the care that is delivered by this organisation is compassionate.
- The SA Health result is ten percentage points below the benchmark industry average for hospitals and medical organisations of 76%[xi].
- Among staff working for public health services located in metropolitan Adelaide, Women's and Children's Health Network (W&CHN) staff recorded the highest rate with 77% agreement or strong agreement averaged across the three questions, one percentage point above the industry average.
- This was followed by Northern Adelaide and Central Adelaide Local Health Networks (NALHN & CALHN), both on 63%.
- Staff from the Southern Adelaide Local Health Network (SALHN) recorded a combined average of 59% for agreement or strong agreement to the three questions.

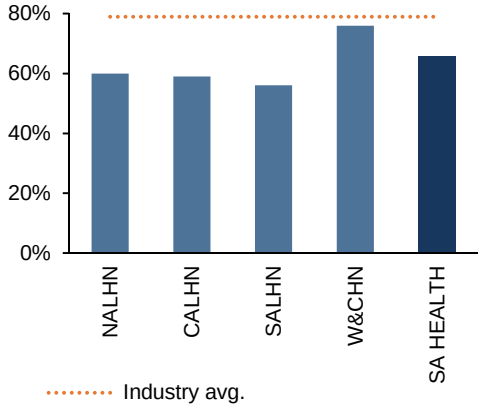
5.2 Staff perception – Change and innovation



Source: SA Health 2015a[xi]; SA Health 2016[xii]

- Aggregating results from separate staff surveys of 2014, 2015 and 2016, less than half (a combined average of 46%) of SA Health staff – including staff of LHNs, SAAS and Central Office – agreed or strongly agreed with these questions: this organisation is good at learning from its mistakes and successes, and my work area encourages me to be innovative.
- The SA Health result is 15 percentage points below the benchmark industry average for hospitals and medical organisations of 61%[xi].
- Among staff working for public health services located in metropolitan Adelaide, Women's and Children's Health Network (W&CHN) staff recorded the highest rate with 52% agreement or strong agreement averaged across the two questions, still below the industry average.
- This was followed by Northern Adelaide Local Health Network (NALHN) on 49%, Central Adelaide Local Health Network (CALHN) on 38% and Southern Adelaide Local Health Network (SALHN) on 36%.

5.3 Staff perception – Patient/client satisfaction



Source: SA Health 2015a[xi]; SA Health 2016[xii]

- Aggregating results from separate staff surveys of 2014, 2015 and 2016, a combined average of 66% of SA Health staff – including staff of LHNs, SAAS and Central Office – agreed or strongly agreed with these questions: this organisation understands the needs of its patients/clients, and I would feel safe being treated here as a patient/client.
- The SA Health result is 13 percentage points below the benchmark industry average for hospitals and medical organisations of 79%[xi].
- Among staff working for public health services located in metropolitan Adelaide, Women's and Children's Health Network (W&CHN) staff recorded the highest rate with 76% agreement or strong agreement averaged across the two questions, still below the industry average.
- This was followed by Northern Adelaide Local Health Network (NALHN) on 60%, Central Adelaide Local Health Network (CALHN) on 59% and Southern Adelaide Local Health Network (SALHN) on 56%.

6. Staff turnover

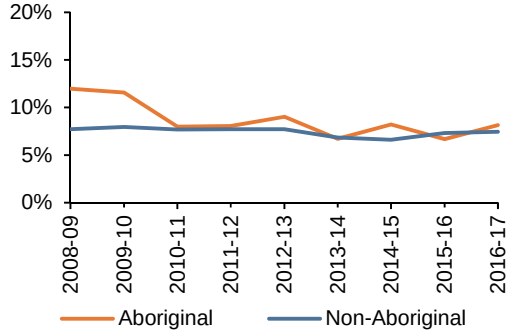
The Health Performance Council looked at staff turnover rate as a measure of how staff satisfaction may have changed during the implementation of Transforming Health (2015-2017).

For the purposes of monitoring Transforming Health "metropolitan Adelaide located services" in this section applies to SA Health employees of Central Office, Northern Adelaide Local Health Network (LHN), Central Adelaide LHN, Southern Adelaide LHN and the Women's and Children's Health Network. In calculating staff turnover rate, The Health Performance Council (HPC) applies the SA Health Workforce definition: number of SA Health staff who separated from SA Government entirely as a percentage of average monthly headcount.

The Health Performance Council respectfully uses the term 'Aboriginal', rather than 'Indigenous', to refer to people who identify as Aboriginal, Torres Strait Islander, or both. SA Health employees may volunteer to have their self-identified Aboriginal status recorded on SA Health's human resources management and payroll database system (CHRIS). Non-Aboriginal employees reported in this section includes employees who have not identified their Aboriginal status in CHRIS.

HPC has previously recommended, and continues to encourage, SA Health to increase the level of Aboriginal identification in its human resources systems.

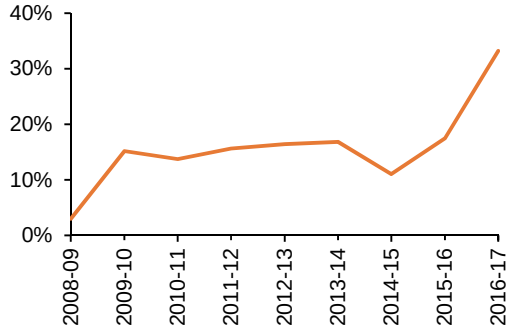
6.1 Staff turnover rate, excluding executive-level staff, in "metropolitan Adelaide located services"



Source: CHRIS, financial year data

- In 2016-17, the total SA Health staff (excluding executive-level staff) turnover rate was 8.2%, with 2,955 employees leaving the organisation (and SA Government entirely) out of an average monthly headcount of 35,982 for the financial year.
- The staff turnover rate in what HPC is referring to in this section as "metropolitan Adelaide located services" – Central Office, the three metropolitan Adelaide local health networks and the Women's and Children's Health Network – was lower than the SA Health total rate during the same financial year, at 7.5%. This rate has been trending slowly down since 2008-09.
- In 2016-17 the 8.2% staff turnover rate recorded for employees who identified as Aboriginal was higher than the non-Aboriginal (including unknown Aboriginal status) staff turnover rate of 7.5%.
- The Aboriginal staff turnover rate is down from a peak of 12.0% recorded in the 2008-09 financial year.

6.2 Executive-level staff turnover rate in “metropolitan Adelaide located services”



Source: CHRIS, financial year data

- In 2016-17, the total SA Health executive-level staff turnover rate was 28.5%, with 32 executive terminations out of an average monthly headcount of 112 for the financial year.
- The executive-level staff turnover rate in what HPC is referring to in this section as “metropolitan Adelaide located services” (see above) was higher during the same financial year, at 33.2% (29 executive terminations out of an average monthly headcount of 87).
- The 2016-17 metropolitan Adelaide located services rate of 33.2% is more than double the average 13.6% executive-level staff turnover rate recorded over the period 2008-09 to 2015-16.

Background information

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* to 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 and individual engagement.

HPC is the only body providing independent reports to the Minister for Health and Wellbeing. We publish our reviews of South Australian health system performance on our website: hpcsa.com.au.

Transforming Health

Transforming Health was a major state government initiative to align new models of health care delivery with new and upgraded hospital facilities in metropolitan Adelaide, in particular the new Royal Adelaide Hospital. Development of the Transforming Health program began in June 2014 and the change program was originally anticipated to roll out from 2015 to 2019. In June 2017, with State Budget announcements, the then Minister for Health said Transforming Health was coming to a conclusion by the end of the year with investment in public hospital facilities and implementation of service moves.

Key dates in the design and implementation of Transforming Health are:

Clinical Advisory Committees (Jun–Oct 2014). Clinical advisory committees worked together to develop the quality principles and clinical standards of Transforming Health.

Discussion Paper (Oct–Nov 2014). The discussion paper was released for wide consultation, including community events. More than 2000 submissions were received.

Transforming Health Summit (28 Nov 2014). More than 600 people attended the summit and agreed that transformation was needed, beginning with the metropolitan Adelaide hospital system.

Proposals Paper (Feb 2015). The *Delivering Transforming Health Proposals Paper* was released for feedback. SA Health received submissions from staff and clinicians; the community; unions; consumer representative organisations; research, training and education providers; and non-government organisations.

Next Steps (Mar 2015). *Delivering Transforming Health – Our Next Steps* was released, outlining initial decisions, a commitment to ongoing engagement, and timelines of the first changes to improve our healthcare system. *Our Next Steps* outlines the Transforming Health vision to deliver the best care, first time, every time, based on six quality principles: (1) patient-centred, (2) safe, (3) effective, (4) accessible, (5) efficient and (6) equitable.

State Budget 2017-18 Agency Statements (June 2017). Agency statements describe Transforming Health as nearing completion, and Sub-program 1.3 Transforming Health has no funding. In 2017-18, Transforming Health clinical innovation and service reforms funding is presented under Sub-program 1.1 System Performance and Service Delivery business-as-usual.

New Royal Adelaide Hospital (RAH) opening (Sep 2017). Doors of the old RAH closed, and the new RAH's emergency department opened its doors to patients.

Repatriation General Hospital (RGH) closed (Nov 2017). RGH closed with staff and patients transferred to Flinders Medical Centre as well as wards at Noarlunga Hospital and the new Jamie Larcombe Centre.

Select Committee on Transforming Health final report (Nov 2017). The Parliament of South Australia Final Report of the Select Committee on Transforming Health was tabled in the Legislative Council. The report is available for download from the Parliament SA website at: www.parliament.sa.gov.au/Committees/Pages/Committees.aspx?CTId=3&CId=329

Transforming Health service changes were designed to improve the delivery of consistent quality of care in response to ten identified issues. These are described in SA Health's March 2015 document, *Delivering Transforming Health – Our Next Steps*[xiii]: (1) Too many deaths occur in our hospitals; (2) Senior clinicians unavailable overnight; (3) Insufficient opportunities for staff to maintain their skills, (4) Too many cancelled elective surgeries; (5) Low day surgery rates; (6) Too many procedures being performed; (7) Long waiting times for discharge or placement; (8) Too many transfers between hospitals; (9) Our health system is unable to meet some national standards; and (10) Risk to the financial sustainability of our healthcare.

The Health Performance Council's monitoring of Transforming Health

The Health Performance Council (HPC) independently monitored the implementation of Transforming Health over time. Its aim was to contribute to a better understanding of the overall impact of new care models and service moves in metropolitan Adelaide public hospitals. This period of health system change was an important time for HPC to apply independent scrutiny of policy implementation and report on the performance of the South Australian health system in relation to: (1) strategic objectives that had been set or adopted within SA Health, (2) significant trends, health outcomes and future priorities of the health system, and (3) emerging gaps in service access and utilisation by specific population groups.

HPC has a set key of principles it considers in its reviews. HPC looks for situations where it appears system or policy changes may be causing unwarranted widening of health outcomes gaps between specific populations, particularly vulnerable groups such as Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, lower socio-economic areas, aged persons and rural and remote residents.

HPC developed its monitoring based on the following questions:

1. Was the Transforming Health (2015-2017) aim of providing "Best Care. First Time. Every Time." realised consistently across the system for specific population and patient groups?
2. How has patient experience changed during Transforming Health implementation?
3. How has staff engagement changed during Transforming Health implementation, with a focus on the importance of human behaviour as a critical factor in any change process?

HPC selected measures for monitoring Transforming Health based on the following criteria:

1. Data is sourced from existing, available datasets. HPC did not undertake any primary data collection.
2. Data is available as a time series, before and after 2014-15 (baseline)
3. Measures selected relate to SA Health's stated aims of Transforming Health
4. Datasets are of adequate sample sizes to support reporting changes in access and equity outcomes by local health network and for specific population groups.

SA Centre's evaluative case study of Transforming Health

The National Health and Medical Research Council (NHMRC) accredited SA Academic Health Science and Translation Centre (SA Centre) brings together the state's academic, research and health care delivery agencies to advance translation of evidence into clinical care for improved health outcomes.

The SA Centre convened a Transforming Health Evaluation Working Group (THEWG) to provide advice and oversee the establishment of an evaluation framework, and implementation of an evaluation and reporting process. The group is chaired by Professor Alison Kitson, Vice-President and Executive Dean, College of Nursing and Health Sciences, Flinders University, and previously Dean of Nursing at the University of Adelaide. The group is represented by universities, clinicians, system managers and the Health Consumers' Alliance of South Australia. The Health Performance Council is a member. SA Centre's evaluative case study covers five key areas: (1) patient experience; (2) staff experience of change; (3) clinical outcomes; (4) system improvement; and (5) population health.

THEWG identified and prioritised evaluation questions and key performance indicators; and determined what evidence or data would be required to demonstrate change attributable to Transforming Health. The group is now finalising its report, *Health System & Service Reform in South Australia – Insights from an Evaluative Case Study of Transforming Health* for anticipated availability in June 2018.

Parliament of South Australia Select Committee on Transforming Health

On 14 October 2015, the Parliament of South Australia Select Committee on Transforming Health was established to inquire into and report on the health, social and financial impact of Transforming Health. One of the key areas of focus of the Select Committee was to inquire into and report on the case for Transforming Health – the data, the rationale and the strategy.

The Select Committee tabled seven reports in the Legislative Council. The seventh and final report includes an overview of the Committee's previous interim reports, a progress update on Transforming Health and a summary of other issues raised in evidence but not specifically reported on as part of the Committee's previous interim reports.

The final report is available for downloaded from the Parliament SA website at: www.parliament.sa.gov.au/Committees/Pages/Committees.aspx?CTId=3&CId=329

Data sources

BLIS

The Booking List Information System (BLIS) is SA Health's central data repository of South Australian public hospital elective surgery waiting list information. Elective surgery is planned surgery that can be booked in advance following a specialist clinical assessment. It does not refer to emergency surgery or treatment. Patients' waiting times for elective surgery are categorised according to clinical urgency determined by their treating medical practitioner. SA Health makes every effort to treat patients within the clinically indicated time. However, sometimes other factors can affect the timely treatment of all patients, including the need for public hospitals to give priority to emergency patients who need a hospital bed.

The Health Performance Council excludes people admitted from the booking list as emergency patients to ensure consistency with standard BLIS business counting rules.

CHRIS

The Complete Human Resources Information System (CHRIS) is SA Health's human resources management and payroll database system.

Staff separations include external termination reasons only; transfers within the South Australian government and machinery of government are excluded. Average headcount is the number of employee records per month for the 12 month period, based on the employee commencement date and termination date, averaged across the financial year.

For the purposes of calculating staff turnover (excluding executive-level staff), some employee types are excluded from the reporting: (i) non-employees; (ii) sessional employees; (iii) members of boards and committees; (iv) contract employees with no right to ongoing employment (this includes executive positions); and (v) employees considered Graduate Nurses.

For the purposes of calculating executive-level staff turnover, classifications included are SAES1 & SAES2, and EXECA– EXECF. The data included is representative of employees paid at an executive classification and may not reflect the number of employees engaged on an executive employment contract.

ISAAC

The Integrated South Australian Activity Collection (ISAAC) covers all public and private hospitals in South Australia. It records details of inpatient "episodes of care" commencing with admission to hospital and concluding with a "separation" (discharge, transfer or death). ISAAC is the means by which admitted patient activity can be monitored, funded, evaluated, planned for, researched and reviewed to ensure that SA Health continues to deliver efficient and equitable health services.

To ensure consistency, the Health Performance Council applies pre-defined ISAAC business counting rules to the hospital activity data before extraction and further analysis. Standard business counting rules include grouping, or "bundling", episodes that experience multiple care type changes during a hospital stay into a single record. Bundling provides a more accurate picture of the number of patients actually discharged from a hospital. Standard business counting rules also excludes sameday endoscopy and chemotherapy activity.

From 1 July 2017, SA Health adopted new state-wide business counting rules to hospital admitted activity data and this may affect time series reported in this document.

SACESS

The South Australian Consumer Experience Surveillance System (SACESS) is an epidemiological survey system administered by SA Health's Safety and Quality Unit to improve the quality of public health services for South Australians. SACESS continuously monitors experiences of consumers regarding their health care, providing high quality data from a representative sample of South Australian adult inpatients of the state's public hospitals. Consumer experience data is collected from inpatients who received care at selected hospitals in the Northern Adelaide, Central Adelaide, Southern Adelaide and Country Health SA Local Health Networks. However, SACESS does not include Women's and Children's Hospital.

The Health Performance Council excludes responses of "can't remember", "doesn't apply", and "refused" from the denominator when calculating percentages reported in this document.

SLS

The Safety Learning System (SLS) is a reporting tool administered by SA Health's Safety and Quality Unit enabling all SA Health services to record, manage, investigate and analyse patient and worker incidents; information about security services; and formal notifications such as those for coronial matters or medical malpractice. Consumer feedback is also recorded in SLS to drive improvement in the quality, responsiveness and timeliness of health care services provided, and enable the identification of trends and risk.

The Health Performance Council includes "Approved" and "Unapproved" SLS consumer feedback categories but excludes SLS consumer feedback classified as "Rejected" from the data reported in this document to ensure consistency with SA Health business counting rules.

Definitions

Aboriginal persons

The Health Performance Council (HPC) respectfully uses the term 'Aboriginal', rather than 'Indigenous', to refer to people who self-identify as Aboriginal, Torres Strait Islander, or both. HPC recognises Aboriginal and Torres Strait Islander people as two separate groups. However, this document refers to Aboriginal persons in recognition that Aboriginal people are the original inhabitants of South Australia. We also acknowledge the complexity and diversity of the Aboriginal communities of South Australia, recognising each has its own beliefs and practice.

Aged persons

Inpatients whose age at admission was 65 years or older.

Average length of overnight stay (ALOS)

To be consistent with the Australian Institute of Health and Welfare national reporting counting rules, the Health Performance Council only counts inpatients that spent a minimum of one night in hospital when deriving this metric.

Culturally and linguistically diverse (CALD) persons

Defined by the Health Performance Council as persons born in non-main English speaking countries. These are countries *other than* Australia (incl. external territories), New Zealand, United Kingdom (incl. Isle of Man & Channel Islands), Ireland, United States of America, Canada and South Africa.

Hospitalisation (inpatient separation)

A hospital inpatient "separation" is a completed episode of care of an admitted patient, 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.

The charts in Section 1 of this report show hospitalisations as raw numbers for the total (first chart) or as a percentage of this total for subsequent selected patient and population types.

- **Hospitalisations ending with death in hospital:** The Health Performance Council (HPC) reports deaths in hospitals as a crude rate (number of inpatients who died in hospital as a percentage of all separations). No adjustment is done for type of hospital or care received (such as palliative care), age or condition of patient, patient mix or other explanatory variables that may be considered in statistical models such as standardised hospital mortality ratios.
- **Hospitalisations ending with transfer to another hospital:** As with deaths in hospital, HPC reports this indicator as a crude rate (episodes of care that conclude with transfer to another hospital as a percentage of all separations). No adjustment is done for type of hospital or care received, age or condition of patient, patient mix or other explanatory variables.
- **Patients admitted for surgical activities – cardiovascular or hip and knee replacement**: HPC uses the Extended Service Related Group (ESRG) classification to report cardiovascular and hip and knee replacement inpatient activity. The ESRG classification is based on Australian Refined Diagnosis Related Group (AR-DRG) aggregations to categorise admitted patient episodes into groups representing clinical divisions of hospital activity.

- **Cardiovascular** patients are defined by HPC in this report as episodes of care in the ESRGs of "Stroke", "Chest Pain", and "Heart Failure & Shock".
- **Hip and knee** replacement patients are defined by HPC in this report as episodes of care in the ESRG of "Hip & Knee Replacement".

- **Patients admitted out-of-hours (night-time):** HPC defines after hours (night-time) admissions as inpatients admitted between 6:01pm and 7:59am, regardless of day of the week or public holidays.

Lower socioeconomic status geographic areas of South Australia

Areas identified using the Australian Bureau of Statistics' Socio-economic Index for Areas (SEIFA), ABS 2013, 'Table 3. Statistical Area Level 2 (SA2) Index of Relative Socio-economic Disadvantage, 2011', Socio-economic Index for Areas (SEIFA), Data Cube only, 2011, cat. no. 2033.0.55.001. South Australian SA2s ranked in the lower-SES quintile (lower 20%) are:

- **Metropolitan Adelaide:** Davoren Park, Elizabeth, Elizabeth East, Smithfield - Elizabeth North, Virginia - Waterloo Corner, Enfield - Blair Athol, Parafield Gardens, Paralowie, Salisbury, Salisbury North, Christie Downs, Hackham West - Huntfield Heights, Morphett Vale – West, Royal Park – Hendon – Albert Park, Woodville – Cheltenham, Port Adelaide, The Parks.
- **Country South Australia:** Peterborough – Mt Remarkable, Port Pirie, Wallaroo, Ceduna, Western, Whyalla, Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, Coober Pedy, Port Augusta, Millicent, Barmera, Berri, Murray Bridge, Renmark, Waikerie.

Note that ISAAC incorporated SA2s into its reporting on 1 July 2012 and so the charts start at 2012-13 for this indicator.

Rural and remote residents

Defined by the Health Performance Council as persons who reside within SA Health's Country Health South Australia Local Health Network (CHSALHN) boundaries.

Acronyms

BLIS	Booking List Information System (*refer to data sources section*)
CHRIS	Complete Human Resources Information System (*refer to data sources section*)
HPC	Health Performance Council
ISAAC	Integrated South Australian Activity Collection (*refer to data sources section*)
LHN	Local Health Network
SA	South Australia
SACESS	South Australian Consumer Experience Surveillance System (*refer to data sources section*)
SLS	Safety Learning System (*refer to data sources section*)
WCH	Women's and Children's Hospital

References

[i] Based on Australian Bureau of Statistics, 'PEOPLE, Population, Estimated Resident Population, ERP by SA2 and above (ASGS 2016), 2001 onwards', *ABS.Stat Beta*, data extracted 7 May 2018. Web.

[ii] Australian Institute of Health and Welfare, 'Table 2.17: Average length of stay statistics, public and private hospitals, states and territories, 2015–16', *Admitted patient care 2015–16: Australian hospital statistics*. Web.

[iii] Ibid., 'Table 5.38: Separations, by mode of separation, public and private hospitals, states and territories, 2015–16'.

[iv] Ibid.

[v] Based on Australian Bureau of Statistics, 'CENSUS, 2016 Census of Population and Housing, T06 Country of Birth of Person by Sex (SA2+)', *ABS.Stat Beta*, data extracted 7 May 2018. Web.

[vi] Ibid., 'PEOPLE, Population, Estimated Resident Population, ERP by SA2 and above (ASGS 2016), 2001 onwards'.

[vii] Health Performance Council, *Aboriginal health in South Australia: 2017 case study*. Web.

[viii] Based on Australian Bureau of Statistics, 'CENSUS, 2016 Census of Population and Housing, T01 Age by Sex (SA2+)', *ABS.Stat Beta*, data extracted 7 May 2018. Web.

[ix] Transforming Health media release, 'Pilot programs result in reduced emergency department waiting times and surgical length of stay', released 18 Nov 2015. Web.

[x] Khan J, Grant J, Taylor AW. *Measuring Consumer Experience. SA Public Hospital Inpatients Annual Report, March 2017*. Web.

[xi] SA Health (2015a), *SA Health Group Report, High level results, October 2015*. SA Health Intranet.

[xii] SA Health (2016). *DHA Staff Survey 2016*. SA Health Intranet.

[xiii] SA Health (2015b). *Delivering Transforming Health – Our Next Steps*. SA Health Intranet.