

# Report on Government Services 2019

Summary of Productivity Commission's annual publication of selected health performance indicators for South Australia compared to other states and territories

March 2019

Health Performance Council



Government  
of South Australia

Health Performance Council

## Acknowledgement

The Health Performance Council acknowledges all the Aboriginal peoples of South Australia, the complexity and diversity of their communities and that each has its own beliefs and practices. We recognise their cultural authority and respect their enduring spiritual relationship with their countries. We know that there are people of Torres Strait Islander heritage living in South Australia; however, in recognition that Aboriginal people are the original inhabitants of this state, in this document we respectfully use the term 'Aboriginal' in this document to refer to all people who identify as Aboriginal, Torres Strait Islander, or both.

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### Annual summary of health indicators in the Report on Government Services

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## Health measures in Report on Government Services

### How does South Australia compare?

The **life expectancy** of a baby born in South Australia is 84.5 years (female) or 80.3 years (male). This is little or no difference from life expectancy Australia-wide or from last year's estimates.

Accounting for differences in age profile, the **mortality rate** in South Australia is 555 deaths per 100,000 population, higher than Australia-wide (528 per 100,000) and from that reported last year (534 per 100,000). The rate of **potentially avoidable deaths of people aged under 75**, again accounting for age, amounted to 107 per 100,000 population, a little higher than 103 per 100,000 nationally.

Total **expenditure on public hospital services**, excluding capital spend, was \$2,265 per person, compared to \$2,606 nationally. Note that this expenditure is from all sources of funds and is limited to public hospital services only; it cannot be compared directly to figures from other sources on total health expenditure by the state government.

The crude average **cost per hospital attendance** in the state ranged from \$401 for a non-admitted presentation up to \$5,420 per acute inpatient hospitalisation (weighted average; estimate excludes depreciation). Both of these are higher than the national average (\$297 and \$5,020 respectively).

For every 1,000 of the population, South Australians had 229 **inpatient hospitalisations** in the state's public hospitals, of which 228 were in acute hospitals and 1 in psychiatric hospitals. But, for Aboriginal South Australians, the rate was substantially higher at 864 per 1,000 population. In all cases, these were lower than the national figures. Under half (48%) of these **hospitalisations concluded within a single calendar day**, whereas a little over half (53%) of hospitalisations nationally were same day.

Public hospital services in South Australia employ 12.7 **staff per 1,000 population**, below the rate of 15.0 Australia-wide (staff numbers are full-time equivalent). And South Australian public hospitals recorded 2.8 **available beds** per 1,000 population, a higher rate than any other Australian jurisdiction.

Three in every five (60%) **presentations to public hospital emergency departments are seen on time** in South Australia according to national benchmarks, less than the 72% nationally. For Aboriginal people, the performance is better at 68%, still below but closer to the 73% national figure.

The median **waiting time for elective surgery** in South Australian public hospitals was 42 days, marginally higher than the 39 days recorded for the previous year. One in ten patients in the state waited at least 262 days for their surgery. For Aboriginal people, the median wait was 39 days, higher than the 32 days the previous year but rather lower than the 48 days recorded nationally.

**Unplanned hospital readmissions following surgical procedures** ranged from 3.7 per 1,000 hospitalisations for cataract surgery to 42.7 per 1,000 for tonsillectomy and adenoidectomy. For all but cataract surgery, South Australia fared better than the national average (data available only for selected procedures and refer to readmission to the same hospital).

Around one in 13 (7.6%) of South Australian public **hospitalisations have an adverse event** recorded, such as a post-procedure infection or an effect of medication, the second highest of all states and territories and above the 6.6% recorded nationally.

**Patient satisfaction** with doctors and nurses in South Australia is estimated to range from 84% (emergency doctors/specialists spend enough time with the patient) to 96% (hospital nurses showed respect to patient). However, margins of error for these sample survey estimates are quite high and, for the most part, not able to be distinguished from national or previous year's estimates.

## Mental health

Our annual summaries from the *Report on Government Services* have not previously included mental health measures. As a topic of interest for the Health Performance Council, we have summarised a selection of core mental health measures here.

**Recurrent expenditure** on government specialised mental health services in South Australia was \$437 m in 2016-17, equivalent to \$254 per person (Australia: \$5,673m, equivalent to \$233 per person).<sup>[17]</sup>

Specialised mental health services in South Australia employed 125.3 **staff per 100,000 population**, in 2016-17, more than the 107.7 recorded nationally (staff numbers are full-time equivalent).<sup>[18]</sup> And these services had 39.8 **available beds per 100,000 population**, similar to the national availability of 38.8 beds.<sup>[19]</sup>

There were 9.4 **seclusion events** for every 1,000 bed days in public specialised mental health acute inpatient units in South Australia<sup>i</sup> in 2017-18, higher than the 6.6 recorded the previous year and higher in any year of the last ten except 2011-12.<sup>[20]</sup>

In South Australia<sup>i</sup> in 2016-17, about one in every six (14.3%) overnight hospitalisations in psychiatric acute inpatient services were followed by a **readmission** to such a service within 28 days of discharge, higher than at any other time in the last ten years.<sup>[21]</sup>

Over the period 2013-17, **suicide deaths** in South Australia amounted to 13.1 for every 100,000 people, a little higher than the national rate of 12.1. But the rate was much higher for Aboriginal people in South Australia, at 25.0 per 100,000 Aboriginal people.<sup>[22]</sup>

A routine collection of outcomes measures is undertaken for consumers in specialised public mental health services. The proportions of episodes with completed measures collected in South Australia in 2016-17 was 4.2% (discharged from community-based ambulatory care), 22.8% (ongoing community-based ambulatory care) and 30.6% (discharged from hospital). National data was limited in some states, but based on data available, the South Australian rates were lower than Australia-wide in all cases, markedly so for consumers discharged from community-based ambulatory care (Australia rates: 26.9%, 33.4% and 33.1% respectively).<sup>[23]</sup>

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<sup>i</sup> Reported figures for other Australian jurisdictions are not directly comparable.

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	Potentially avoidable deaths, under 75 years <sup>1</sup>	2017	Deaths per 100,000 population (age-standardised)	106.9	102.7	106.5
5	Average number of years of life expected from birth <sup>2</sup>	2015-17	Years	82.3	82.5	↓ 82.4
3	Males			80.3	80.5	↓ 80.4
5	Females			84.5	84.6	84.5
4	Mortality rate <sup>3</sup>	2017	Deaths per 100,000 population (age-standardised)	555.3	528.4	↑ 534.1
8	Recurrent expenditure per person, public hospital services, incl. psychiatric <sup>4</sup> <i>expenditure from all sources of funds: see commentary</i>	2016-17	Dollars per person (2016-17 dollars)	2,265	2,606	↓ 2,330
1	Available beds per 1,000 people, by region, public hospitals, incl. psychiatric <sup>5</sup>	2016-17	Available public hospital beds per 1,000 population	2.8	2.6	2.8
2	Major city public hospitals			2.6	2.4	↓ 2.7
2	Regional public hospitals			3.1	2.8	3.1
2	Remote hospitals			4.8	3.6	4.8
7	Hospitalisations that are same day, public hospitals <sup>6</sup>	2016-17	Per cent of public hospital inpatient separations	47.6	53.3	↓ 47.9
7	Public acute hospitals			47.7	53.4	↓ 48.1
2	Public psychiatric hospitals			12.9	12.6	↓ 16.4
7	Hospitalisations per 1,000 people, public hospitals <sup>7</sup>	2016-17	Public hospital inpatient separations per 1,000 population	228.7	254.9	↓ 232.2
7	Public acute hospitals – all patients			227.5	254.2	↓ 230.9
3	Public psychiatric hospitals – all patients			1.2	0.7	↓ 1.3
3	All public hospitals – Aboriginal & Torres Strait Islander patients			863.7	924.6	↑ 825.6
8	Average staff per 1,000 persons, public hospital services <sup>8</sup>	2016-17	Full time equivalent staff for public hospital services (including psychiatric) per 1,000 population	12.7	15.0	↑ 12.6
6	Salaried medical officers			1.7	1.8	↓ 1.8
6	Nurses			6.3	6.2	↓ 6.4
6	Registered nurses			5.1	na	↓ 5.2
1	Other nurses			1.1	na	↓ 1.2
8	Diagnostic and allied health			1.4	2.5	1.4
8	Administrative and clerical			1.8	2.7	↑ 1.5
7	Other personal care staff, domestic and other			1.5	1.8	↑ 1.4
Not rankable by state	Emergency department (ED) performance, public hospitals <sup>9</sup>	2017-18	Per cent of ED presentations seen on time	60%	72%	↓ 64%
	ED presentations seen on time - Aboriginal & Torres Strait Islander persons			68%	73%	↓ 71%
	ED presentations seen on time - Other persons			60%	72%	↓ 63%
Not rankable by state	Waiting times for elective surgery in public hospitals <sup>10</sup>	2017-18	Number of days on elective surgery waiting list			
	50th percentile (median) waiting time - Aboriginal & Torres Strait Islander patients			39	48	↑ 32
	50th percentile (median) waiting time - Other patients			42	40	↑ 40
	<b>50th percentile (median) waiting time - All patients</b>			<b>42</b>	<b>40</b>	<b>↑ 39</b>
	90th percentile waiting time - Aboriginal & Torres Strait Islander patients			186	303	↓ 189
	90th percentile waiting time - Other patients			265	267	↑ 239
	<b>90th percentile waiting time - All patients</b>	<b>262</b>	<b>268</b>	<b>↑ 238</b>		

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*
Not rankable by state	<b>Episodes of Staphylococcus aureus bacteraemia in acute care hospitals<sup>11</sup></b>	2017-18	Episodes per 10,000 patient days	<b>0.8</b>	<b>0.7</b>	0.8
	Methicillin resistant Staphylococcus aureus (MRSA)			0.2	0.1	0.2
	Methicillin sensitive Staphylococcus aureus (MSSA)			0.7	0.6	↑ 0.6
<b>2</b>	<b>Hospitalisations with an adverse event, public hospitals<sup>12</sup></b>	2016-17	Events per 100 hospital inpatient separations	<b>7.6</b>	<b>6.6</b>	↑ 7.3
	<b>Patient satisfaction<sup>13</sup></b>	2017-18	Fraction of people (aged 15 and over) who presented to an emergency department or were admitted to hospital in the previous 12 months and who saw (as applicable) a doctor or specialist or a nurse.			
5	ED doctors/specialists always or often listened carefully to patient			85.9	86.3	86.7
2	ED doctors/specialists always or often showed respect to patient			89.4	88.6	89.3
2	ED doctors/specialists always or often spent enough time with patient			84.1	83.5	84.4
5	ED nurses always or often listened carefully to patient			90.6	90.4	88.8
5	ED nurses always or often showed respect to patient			91.8	91.0	89.4
7	ED nurses always or often spent enough time with patient			87.6	87.8	84.9
3	Hospital doctors/specialists always or often listened carefully to patient			91.3	91.2	90.5
1	Hospital doctors/specialists always or often showed respect to patient			93.2	92.5	92.6
1	Hospital doctors/specialists always or often spent enough time with patient			91.5	88.0	90.3
3	Hospital nurses always or often listened carefully to patient			93.1	92.1	90.0
1	Hospital nurses always or often showed respect to patient	96.1	92.9	↑ 91.2		
4	Hospital nurses always or often spent enough time with patient	90.4	90.1	88.8		
	<b>Unplanned readmissions for selected surgical procedures, public hospitals<sup>14</sup></b>	2016-17	Unplanned readmissions to the same hospital per 1,000 public hospital inpatient separations			
Not rankable by state	Knee replacement			24.3	23.2	↓ 27.5
	Hip replacement			13.6	18.6	↓ 20.9
	Tonsillectomy and Adenoidectomy			42.7	39.8	↓ 52.3
	Hysterectomy			27.5	33.1	↓ 33.6
	Prostatectomy			14.0	22.5	↓ 29.2
	Cataract surgery			3.7	3.1	↑ 2.6
	Appendicectomy	24.0	23.3	↓ 34.1		
	<b>Costs of hospital activity<sup>15</sup></b>	2016-17	Dollars, excluding depreciation (2016-17 dollars)			
4	Weighted average cost per admitted acute separation			5,420	5,020	↓ 5,678
8	Average cost per admitted acute emergency department presentation			871	940	↓ 900
5	Average cost per non-admitted acute emergency department presentation			526	515	↑ 524
2	Average cost per non-admitted presentation	401	297	↑ 399		
Not rankable by state	<b>Relative Stay Index, patients in public hospitals<sup>16</sup></b>	2016-17	[Actual number of bed-days] ÷ [Expected bed-days for patient casemix]	<b>1.04</b>	<b>0.97</b>	Not comparable between years

See glossary for further information on the measures presented; refer to original sources for further advice on interpretation.

\* Small apparent changes may be indicated here as 'unchanged' where a definitive indicator of change might not be warranted based on reported margins of error or variability bands in the source data or where the change in underlying source figures is too small to be visible to the accuracy reported here

† Rank of the South Australian figure among those of the 8 states and principal internal territories, where rank 1 is the numerically highest and rank 8 the numerically lowest. In ranking the jurisdictions, no account has been taken of any margin of error that may be present in figures for each jurisdiction and a high or low rank should not be taken alone as necessarily indicative of relative performance.

## Appendix: Background

### The Health Performance Council

The Health Performance Council, a statutory Ministerial advisory body established by the Health Care Act 2008, is South Australia's only external review body providing expert advice to the Minister for Health and Wellbeing on the performance of the state's health systems. The Council's advice focuses on health outcomes for South Australians, in aggregate and for sub-population groups; on governance; and on the effectiveness of community engagement. Our reviews are published on our website: <https://www.hpcsa.com.au/>.

### 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 publishes an annual *Report on Government Services* (RoGS) which aims to provide information on the equity, effectiveness and efficiency of government services in Australia. The 2019 report was released progressively between 22 January and 01 February 2019. The health volumes (part E of the report) include reporting on primary and community health, ambulance services, public hospitals and mental health management. The report is published on the Productivity Commission's website: <https://www.pc.gov.au/research/ongoing/report-on-government-services>

### How South Australia compares with other states and territories

The table in the main body of this document is based on a selection of indicators across health-related topics reported in the 2019 *Report of Government Services*. Indicators have been chosen on the basis that they provide for average, rate or per capita comparisons by state or territory.

Health system performance outcomes for South Australia are ranked against the other states and territories where the data allows. Rankings are crudely derived, running from numerically highest to lowest, allowing for some quick and simple comparisons of South Australia's performance in the context of the other Australian jurisdictions.

## Glossary

<b>Adverse event</b>	An incident in which harm resulted to a person receiving health care, including infections, falls resulting in injuries, and problems with medication and medical devices.
<b>Hospitalisation</b>	Also referred to as an <i>inpatient separation</i> . 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. Can also include other types of separation, such as 'administrative separation' applied for hospital activity payment purposes.
<b>Median</b>	The middle-most 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>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 90th percentile. The 50th 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.
<b>Seclusion event</b>	The confinement of a patient at any time of the day or night alone in a room or area from which free exit is prevented. The purpose, duration, structure of the area and awareness of the patient are not relevant in determining what is or is not seclusion
<b>Seen on time (ED)</b>	Based on national benchmarks for waiting times for each triage category in public hospital emergency departments. 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>	See <i>Hospitalisation</i>
<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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