

Report on Government Services 2020

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

February 2020

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.

Annual summary of health indicators in the Report on Government Services, 2020

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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 84.7 years (female) or 80.4 years (male). There is little difference in South Australia's life expectancy compared to the overall Australian figures or from last year's estimates.

Accounting for differences in age profile, the **mortality rate** in South Australia is 527.6 deaths per 100,000 population, higher than Australia-wide (507.9) but down from that reported last year (555.3). The rate of **potentially avoidable deaths of people aged under 75**, again accounting for age, amounted to 98.0 deaths per 100,000 population, lower than the 100.5 per 100,000 nationally.

Total recurrent **expenditure on public hospital services**, including psychiatric, is \$2,451 per person, lower than the \$2,706 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.

Crude average **costs per hospital attendance** in South Australia range from \$451 for a non-admitted presentation to \$5,365 per acute inpatient hospitalisation (weighted average). Both of these are higher than national averages (\$304 and \$4,726 respectively) and increases in real terms from last year.

For every 1,000 persons in South Australia, there are 226.9 **inpatient hospitalisations** in the state's public hospitals, lower than the 254.6 Australian average rate. For Aboriginal persons at South Australian public hospitals, the rate is substantially higher at 979.8 per 1,000 population. Under half (48.1%) of this state's **hospitalisations are same-day**, compared to 53.8% nationally.

Public hospital services in South Australia employ 12.6 full-time equivalent (FTE) **staff per 1,000 population**. This rate is the lowest of the states and territories. The public hospital staff proportion of population has been trending up Australia-wide, from 11.5 FTEs per 1,000 population in 2008-09 to 15.1 in 2017-18. The South Australian trend has not kept pace, with 12.3 public hospital services FTEs per 1,000 population in 2008-09 compared to 12.6 in 2017-18.

South Australian public hospitals recorded 2.7 **available beds** per 1,000 population, the second highest of the states and territories. Over the last decade, the South Australian rate has declined from a high of 3.2 available beds per 1,000 population in 2011-12.

Over half (58%) **presentations to public hospital emergency departments are seen on time** in South Australia according to national benchmarks, less than the 71% nationally. For Aboriginal persons, the performance is better at 66%, but below the 74% national average for Aboriginal people.

The median **waiting time for elective surgery** in South Australian public hospitals is 41 days, marginally lower than the 42 days recorded for the previous year. One in ten persons in the state waited at least 277 days for their elective surgery. For Aboriginal people, the median wait was 39 days.

Unplanned hospital readmissions following surgical procedures ranged from 3.1 per 1,000 hospitalisations for cataract surgeries to 43.2 per 1,000 for hysterectomies.

Around one in 13 (7.4%) 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 6.5% recorded nationally. It's important to note that having a culture of recording errors and near misses is fundamental to error prevention. It has the potential to strengthen processes of care and improve the quality of care for patients.

The level of **patient satisfaction** with doctors and nurses in South Australia, as estimated by patient satisfaction surveys, is relatively high—ranging from 83.3% (emergency department doctors/specialists always/often spend enough time with the patient) to 94.5% (hospital nurses always/often show respect to patient). However, margins of error around these sample survey estimates make it difficult to ascertain the statistical significance of differences compared to national estimates and previous years without access to the source data.

The Health Performance Council will report mental health outcomes indicators from the Report on Government Services in a separate report to be released later in 2020.

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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*	
6	Potentially avoidable deaths, under 75 years¹	2018	Deaths per 100,000 population (age-standardised)	98.0	100.5	↓	108.2
5	Average number of years of life expected from birth²	2016-18	Years	82.5	82.8	↑	82.3
5	Males			80.4	80.7	↑	80.3
5	Females			84.7	84.9	↑	84.5
3	Mortality rate³	2018	Deaths per 100,000 population (age-standardised)	527.6	507.9	↓	555.3
7	Recurrent expenditure per person, public hospital services, incl. psychiatric⁴ <i>expenditure from all sources of funds: see commentary</i>	2017-18	Dollars per person (2017-18 dollars)	2,451	2,706	↑	2,323
2	Available beds per 1,000 people, by region, public hospitals, incl. psychiatric⁵	2017-18	Available public hospital beds per 1,000 population	2.7	2.6	↓	2.8
3	Major city public hospitals			2.5	2.4	↓	2.6
2	Regional public hospitals			3.1	2.7	—	3.1
2	Remote hospitals			4.8	3.7	—	4.8
7	Hospitalisations that are same day, public hospitals⁶	2017-18	Per cent of public hospital inpatient separations	48.1	53.8	↑	47.6
7	Public acute hospitals			48.3	53.9	↑	47.7
3	Public psychiatric hospitals			9.5	12.4	↓	12.9
6	Hospitalisations per 1,000 people, public hospitals⁷	2017-18	Public hospital inpatient separations per 1,000 population	226.9	254.6	↓	228.7
6	Public acute hospitals – all patients			225.8	253.9	↓	227.5
4	Public psychiatric hospitals – all patients			1.1	0.7	↓	1.2
3	All public hospitals – Aboriginal & Torres Strait Islander patients			979.8	984.7	↑	863.7
8	Average staff per 1,000 persons, public hospital services⁸	2017-18	Full time equivalent staff for public hospital services (including psychiatric) per 1,000 population	12.6	15.1	↓	12.7
6	Salaried medical officers			1.7	1.9	—	1.7
5	Nurses			6.4	6.3	↑	6.3
n.a.	Registered nurses			n.a.	n.a.	n.a.	5.1
n.a.	Other nurses			n.a.	n.a.	n.a.	1.1
8	Diagnostic and allied health			1.4	2.5	—	1.4
8	Administrative and clerical			1.8	2.6	—	1.8
8	Other personal care staff, domestic and other			1.3	1.8	↓	1.5
Not rankable by state	Emergency department (ED) performance, public hospitals⁹	2018-19	Per cent of ED presentations seen on time	58	71	↓	60
	ED presentations seen on time - Aboriginal & Torres Strait Islander persons			66	74	↓	68
	ED presentations seen on time - Other persons			58	71	↓	60
Not rankable by state	Waiting times for elective surgery in public hospitals¹⁰	2018-19	Number of days on elective surgery waiting list				
	50th percentile (median) waiting time - Aboriginal & Torres Strait Islander patients			39	50	—	39
	50th percentile (median) waiting time - Other patients			41	40	↓	42
	50th percentile (median) waiting time - All patients			41	41	↓	42
	90th percentile waiting time - Aboriginal & Torres Strait Islander patients			178	316	↓	190
	90th percentile waiting time - Other patients			278	277	↑	266
	90th percentile waiting time - All patients	277	279	↑	264		

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	Episodes of Staphylococcus aureus bacteraemia in acute care hospitals¹¹	2018-19	Episodes per 10,000 patient days	0.6	0.7	↓	0.8
	Methicillin resistant Staphylococcus aureus (MRSA)			0.1	0.1	↓	0.2
	Methicillin sensitive Staphylococcus aureus (MSSA)			0.5	0.6	↓	0.7
2	Hospitalisations with an adverse event, public hospitals¹²	2017-18	Events per 100 hospital inpatient separations	7.4	6.5	↓	7.6
	Patient satisfaction¹³	2018-19	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.				
4	ED doctors/specialists always or often listened carefully to patient			87.4	86.9	*	85.9
4	ED doctors/specialists always or often showed respect to patient			89.2	89.4	*	89.4
6	ED doctors/specialists always or often spent enough time with patient			83.3	84.0	*	84.1
4	ED nurses always or often listened carefully to patient			91.7	92.1	*	90.6
5	ED nurses always or often showed respect to patient			92.0	93.2	*	91.8
5	ED nurses always or often spent enough time with patient			88.5	89.0	*	87.6
7	Hospital doctors/specialists always or often listened carefully to patient			90.2	91.9	*	91.3
3	Hospital doctors/specialists always or often showed respect to patient			93.1	92.4	*	93.2
2	Hospital doctors/specialists always or often spent enough time with patient			88.8	88.7	*	91.5
4	Hospital nurses always or often listened carefully to patient	94.2	93.0	*	93.1		
4	Hospital nurses always or often showed respect to patient	94.5	93.9	*	96.1		
2	Hospital nurses always or often spent enough time with patient	91.7	91.0	*	90.4		
	Unplanned readmissions for selected surgical procedures, public hospitals¹⁴	2017-18	Unplanned readmissions to the same hospital per 1,000 public hospital inpatient separations				
Not rankable by state	Knee replacement			29.1	25.9	↑	24.3
	Hip replacement			16.9	20.9	↑	13.6
	Tonsillectomy and Adenoidectomy			39.1	39.1	↓	42.7
	Hysterectomy			43.2	29.2	↑	27.5
	Prostatectomy			31.5	35.0	↑	14.0
	Cataract surgery			3.1	3.1	↓	3.7
	Appendectomy	25.2	20.7	↑	24.0		
	Costs of hospital activity¹⁵	2017-18	Dollars, excluding depreciation (2017-18 dollars)				
3	Weighted average cost per admitted acute separation			5,365	4,726	↑	5,156
7	Average cost per admitted acute emergency department presentation			914	998	↑	893
2	Average cost per non-admitted acute emergency department presentation			617	541	↑	540
2	Average cost per non-admitted presentation	451	304	↑	411		
Not rankable by state	Relative Stay Index, patients in public hospitals¹⁶	2016-17	[Actual number of bed-days] ÷ [Expected bed-days for patient casemix]	1.04	0.97	Not comparable between years	

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

n.a. not available

* Estimates based on survey samples. Small apparent changes may not be statistically significantly large when taking into account sample margin of error.

† 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. RoGS 2020 report was released progressively between 23 January and 4 February 2020. The health volumes (part E of RoGS) were published on 31 January 2020 and include reporting on primary and community health, ambulance services, public hospitals and mental health management. RoGS 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 2020 *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

Adverse event	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.
Age standardised	Age standardisation is a way of allowing comparisons between two (or more) populations with different age structures, for a variable related to age. The age standardised estimates are not useful on their own, but the comparison between two (or more) age standardised estimates can remove the confounding effects of age.
Hospitalisation	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.
Median	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.
Percentile	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.
Potentially avoidable deaths	Potentially avoidable deaths are deaths below the age of 75 years from conditions that are potentially preventable through primary or hospital care. An example of a potentially avoidable death is one due to bowel cancer. This may be avoided by: primary prevention (diet and exercise), secondary prevention (early detection), tertiary prevention (effective surgery, chemotherapy and radiotherapy). Conversely, an example of an unavoidable cause of death is dementia, where no substantial gains are currently available through either primary, secondary or tertiary prevention with current medical management.
Relative Stay Index (RSI)	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.
Seen on time (ED)	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.
Separation	See <i>Hospitalisation</i>
Staphylococcus aureus	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.
Statistical significance	A determination via statistical hypothesis testing that observed differences between survey estimates are not explainable by chance alone.

References

1. Based on Steering Committee for the Review of Government Service Provision, *Report on Government Services 2020*, Health sector overview — Data tables, Table EA.26
2. Ibid., Table EA.29
3. Ibid., Table EA.31
4. Ibid., Table 12A.2
5. Ibid., Table 12A.4
6. Ibid., Table 12A.5
7. Ibid., Tables 12A.5 and 12A.8
8. Ibid., Table 12A.9
9. Ibid., Tables 12A.13 and 12A.15
10. Ibid., Tables 12A.19 and 12A.20
11. Ibid., Table 12A.35
12. Ibid., Table 12A.36
13. Ibid., Tables 12A.47–12A.50
14. Ibid., Table 12A.51
15. Ibid., Tables 12A.57, 12A.59 and 12A.61
16. Ibid., Table 12A.60

