Health Performance Council's monitoring of the implementation of Transforming Health



Health Performance Council (HPC) independently assesses and reports on the performance of the South Australian health system, the health of South Australians and changes in health outcomes.

From 2015-2018, HPC is monitoring the effect of changes as SA Health implements Transforming Health across metropolitan public acute hospitals. HPC will measure improvements in clinical care to see how the drivers of Transforming Health lead to system changes that improve health outcomes and improve patient and staff experience.

Developing the logic

Transforming Health Triple Aim

- Better health
- Best care
- Value for money
- = Patient centred care

Baseline*

- Too many deaths occur in hospitals
- Long waiting times for discharge or placement
- Too many transfers between hospitals

*SA Health (March 2015) Delivering Transforming Health - Our Next Steps pp16-17

Inputs

- Six quality principles
- Evidence based care
- Clinician led
- Organising services differently with new models of care

Outcomes

- Improved performance of the system
- Improved health outcomes for all & for specific population groups such as Aboriginal peoples
- Improved patient experience and staff engagement

Developing the indicators

1. Hospital activity

- HPC has started monitoring hospitalisations by Local Health Network (LHN) for metropolitan public acute hospital activity focusing on:
- cardiovascular disease (CVD),
- hip and knee replacements and 0
- after-hours-admitted patients.

2. Patient and staff experience

HPC will develop a set of indicators to monitor patient and staff experience in metropolitan public acute hospitals

3. Population health

HPC already reports on population health outcomes and time-series trends for preventable illnesses and community wellbeing through HPC's report State of Our Health

www.hpcsa.com.au/state_of_our_health

Tracking hospitalisations & monitoring differential outcomes for specific population groups

Specific population groups	Metropolitan public acute hospital activity	Average length of overnight stay	In-hospital deaths	Inter-hospital transfers
All patients				
Patients from culturally & linguistically diverse (CALD) communities	Hospitalisations (inpatient separations) (total no., k=1000	Average length of overnight stay (ALOS) (days)	Hospitalisations ending with death in hospital (%)	Hospitalisations ending with transfer to another hospital (%)
Patients from Country SA	separations,	stay	death in in	transfer to a
Patients from lower socio- economic (SES) areas	100k	6.0	1.5%	60%
Patients who identify as Aboriginal or Torres Strait Islander	OK CALHN SALHN NALHN 2004-05 metro total: 235,485 separations 2014-15 metro total: 314-397 separations	O.0 SALHN SALHN NALHN NALHN 2004-05 metro totals 61 days origin ALOS 2014-15 metro totals 61 days origin ALOS	0.0% 5 S CALHN NALHN NALHN NALHN 2004-05 retro total 3,315 (1,4%) died 2014-15 retro total 3,772 (1,2%) died 2014-15 retro total 3,772 (1,2%) died	0.0% g
Patients in older age groups				

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