

Productivity Commission's Report on Government Services 2018
How South Australia compares with other states and territories
for selected health performance indicators

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Health Performance Council



Government
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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.

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How does South Australia compare?

This Health Performance Council report selects health system performance indicators from the Productivity Commission's 2018 *Report on Government Services*, comparing South Australian measures with national averages and changes over time.

The **life expectancy** of a baby born in South Australia is 84.5 years for females and 80.4 years for males. There is little or no difference compared with Australia-wide female and male life expectancies of 84.6 years and 80.4 years, respectively.

The age standardised **mortality rate** in South Australia is 534.1 deaths per 100,000 population, comparable to the national rate of 533.6. This includes potentially avoidable deaths of persons aged under 75 years, of which there are 106.5 deaths per 100,000 people in South Australia, slightly higher than the national figure of 105.2 per 100,000 population.

The total **government recurrent health expenditure** is \$5,033 per person in South Australia, above the \$4,610 national average. In South Australia this figure includes \$2,284 per person on public hospital services, below the \$2,551 per capita across Australia.

Average **costs for hospital activity** in this state range from \$415 per non-admitted presentation, up to \$5,737 per acute weighted hospitalisation (inpatient separation), excluding depreciation. This is higher than the national average of \$5,199 per acute weighted hospitalisation.

In South Australia there are 232.2 **hospitalisations (inpatient separations)** per 1,000 population across the state's public hospitals (230.9 per 1,000 population for public acute hospitals and 1.3 for public psychiatric hospitals). The rate for Aboriginal and Torres Strait persons in South Australia is more than three times that of the overall state figure, at 825.6 per 1,000 population. Less than half (47.9%) of hospitalisations (inpatient separations) are same-day, below the 52.6% across Australia.

Public hospital services in South Australia employ 12.6 **full-time equivalent (FTE) staff** per 1,000 population, below the rate of 15.0 for Australia. Public hospitals in South Australia recorded 2.8 **available beds** per 1,000 population, second highest of the states and territories and higher than the 2.6 national average.

Around two-thirds (64.0%) of people presenting to **public hospital emergency departments** in South Australia are treated within **national benchmarks for being seen on time**, below the 73.0% nationally. Aboriginal and Torres Strait Islander people presenting to public hospital emergency departments in South Australia are seen on time on 71.0% of occasions.

The **median waiting time for elective surgery** in South Australian public hospitals declined slightly from 40 days in 2015-16 to 39 days in 2016-17. Aboriginal and Torres Strait Islander persons in South Australia wait a median 33 days for their elective surgery, the lowest of the states and territories and below the Australia-wide figure for Aboriginal persons (45 days). One in ten patients wait more than 237 days for their elective surgery at public hospitals in South Australia.

Unplanned public hospital readmissions for selected surgical procedures in South Australia range from 2.6 per 1,000 separations for cataract surgery (compared to 3.2 for all of Australia) up to 52.3 for tonsillectomy & adenoidectomy (Australia, 34.7).

Around one in 14 (7.3%) of South Australian public hospital separations have an **in-hospital adverse event** such as infection, a fall, or problems with medication, the second highest of the states and territories and above the 6.6% Australian average.

Patient satisfaction with doctors, specialists and nurses in South Australia ranges from 84.4% saying Emergency Department doctors/specialists always or often spent enough time with them, to 92.6% of persons saying hospital doctors/specialists always or often showed respect.

Table 1: South Australian health performance indicators compared, 2018

SA rank (out of 8)	Selected Report on Government Services health performance indicator	Reporting period	Unit of measurement	SOUTH AUSTRALIA	Australia	SA change from previous period
3	Government recurrent health expenditure per person¹	2015-16	Dollars per person	5,033	4,610	↑ 4,877 (2015-16 \$)
5	Potentially avoidable deaths, under 75 years²	2016	Deaths per 100,000 population (age-standardised)	106.5	105.2	↓ 107.3
4	Average life expectancy at birth³	2014-16	Years	82.4	82.5	↑ 82.3
3	Males			80.4	80.4	↑ 80.3
5	Females			84.5	84.6	↑ 84.4
5	Mortality rate⁴	2016	Deaths per 100,000 population (age-standardised)	534.1	533.6	↓ 559.2
7	Recurrent expenditure per person, public hospital services, incl. psychiatric⁵	2015-16	Dollars per person	2,284	2,551	↑ 2,230 (2015-16 \$)
2	Available beds per 1,000 people, by region, public hospitals, incl. psychiatric⁶	2015-16	Available beds per 1,000 population	2.8	2.6	↓ 2.9
2	Major city public hospitals			2.7	2.4	↓ 2.8
2	Regional public hospitals			3.1	2.8	— 3.1
2	Remote hospitals			4.8	3.5	↑ 4.4
7	Sameday hospitalisations (inpatient separations), public hospitals⁷	2015-16	Per cent of public hospital separations	47.9	52.6	↑ 47.3
7	Public acute hospitals			48.1	52.7	↑ 47.3
2	Public psychiatric hospitals			16.4	10.7	↓ 26.7
6	Hospitalisations (inpatient separations) per 1,000 people, public hospitals⁸	2015-16	Public hospital separations per 1,000 population	232.2	247.5	↑ 225.6
6	Public acute hospitals - all patients			230.9	246.9	↑ 224.8
2	Public psychiatric hospitals - all patients			1.3	0.7	↑ 0.9
3	Aboriginal & Torres Strait Islander patients - public hospitals incl. psych.			825.6	888.3	↓ 871.4
8	Average FTE staff per 1,000 persons, public hospital services, incl. psychiatric⁹	2015-16	Full time equivalent staff per 1,000 population	12.6	15.0	↑ 12.5
5	Salaried medical officers			1.8	1.9	— 1.8
4	Nurses			6.4	6.2	— 6.4
7	Registered nurses			5.2	n.a.	— 5.2
1	Other nurses			1.2	n.a.	— 1.2
8	Diagnostic and allied health			1.4	2.4	↑ 1.2
8	Administrative and clerical			1.5	2.6	— 1.5
8	Other personal care staff, domestic and other			1.4	1.9	↓ 1.5
5	Emergency department (ED) performance, public hospitals¹⁰	2016-17	Per cent of ED presentations seen on time	64	73	↓ 66
5	ED presentations seen on time - Aboriginal & Torres Strait Islander persons			71	74	↓ 73
5	ED presentations seen on time - Other persons			63	73	↓ 66
	Waiting times for elective surgery in public hospitals¹¹	2016-17	Number of days on elective surgery waiting list			
8	50th percentile (median) waiting time - Aboriginal & Torres Strait Islander patients			33	45	↓ 34
4	50th percentile (median) waiting time - Other patients			39	38	↓ 40
4	50th percentile (median) waiting time - All patients			39	38	↓ 40
7	90th percentile waiting time - Aboriginal & Torres Strait Islander patients			185	295	↓ 194
4	90th percentile waiting time - Other patients			238	256	↑ 236
4	90th percentile waiting time - All patients	237	258	↑ 235		

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	Episodes of Staphylococcus aureus bacteraemia in acute care hospitals¹²	2016-17	Episodes per 10,000 patient days	0.8	0.8	↑ 0.7	
2	Methicillin resistant Staphylococcus aureus (MRSA)			0.2	0.1	↑ 0.1	
4	Methicillin sensitive Staphylococcus aureus (MSSA)			0.6	0.6	— 0.6	
2	Separations with an adverse event, public hospitals¹³	2015-16	Events per 100 separations	7.3	6.6	↓ 7.5	
	Patient satisfaction¹⁴	2016-17	Per cent of persons aged 15 years and over who presented to an emergency department or admitted to hospital in the previous 12 months				
6	ED doctors/specialists always or often listened carefully to patient			86.7	86.3	↑	84.5
4	ED doctors/specialists always or often showed respect to patient			89.3	88.6	↑	86.4
5	ED doctors/specialists always or often spent enough time with patient			84.4	83.9	↑	80.6
8	ED nurses always or often listened carefully to patient			88.8	90.5	↑	87.3
7	ED nurses always or often showed respect to patient			89.4	91.8	↑	87.1
8	ED nurses always or often spent enough time with patient			84.9	88.6	↑	82.6
6	Hospital doctors/specialists always or often listened carefully to patient			90.5	91.3	↑	90.1
4	Hospital doctors/specialists always or often showed respect to patient			92.6	93.1	↑	92.3
3	Hospital doctors/specialists always or often spent enough time with patient			90.3	88.7	↑	86.7
7	Hospital nurses always or often listened carefully to patient	90.0	93.6	↑	88.7		
7	Hospital nurses always or often showed respect to patient	91.2	94.2	↑	90.9		
7	Hospital nurses always or often spent enough time with patient	88.8	91.4	↑	86.8		
	Unplanned public hospital readmissions for selected surgical procedures¹⁵	2015-16	Unplanned hospital readmissions per 1,000 separations				
4	Knee replacement			27.5	23.1	↑	18.6
4	Hip replacement			20.9	19.2	↑	7.1
4	Tonsillectomy and Adenoidectomy			52.3	34.7	↓	53.9
7	Hysterectomy			33.6	33.4	↑	25.5
4	Prostatectomy			29.2	26.5	↑	13.0
6	Cataract surgery			2.6	3.2	↑	2.5
3	Appendicectomy	34.1	20.9	↑	26.7		
	Average costs for hospital activity¹⁶	2015-16	Dollars				
				(2015-16 \$)	(2014-15 \$)		
4	Average cost per admitted acute weighted separation, excl. depreciation			5,737	5,199	↑	5,708
6	Average cost per admitted acute emergency department presentation			908	974	↑	867
5	Average cost per non-admitted acute emergency department presentation	529	515	↑	500		
2	Average cost per non-admitted presentation	415	303	↑	364		
State RSIs not rankable	Relative Stay Index, patients in public hospitals¹⁷	2015-16	Index value = Actual beddays ÷ Expected beddays (indirectly standardised, base=1.00)	1.00	0.96	RSI not comparable between years	

Notes:

- South Australia is ranked from highest value to lowest value for all indicators.
- Refer to the references section of this report for data sources.
- Refer to the glossary of this report for additional information describing measures presented.

Appendix: Background to this report

What is the Health Performance Council?

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

What is the Report on Government Services?

The Productivity Commission is the Australian Government's independent research and advisory body on a range of economic, social and environmental issues affecting the welfare of Australians. It is responsible for the annual *Report on Government Services (RoGS)*, providing information on the equity, effectiveness and efficiency of government services in Australia. RoGS 2018 was progressively released in seven volumes between 23 January 2018 and 1 February 2018. The Health volume (Part E) covers primary and community health, ambulance services, public hospitals and mental health management. It also includes a sector overview. RoGS is published on the Productivity Commission's website: www.pc.gov.au/research/ongoing/report-on-government-services.

How is South Australia compared with other states and territories?

Findings are summarised in Table 1 based on a selection of indicators from 17 health-related topics reported in the 2018 *Report on Government Services (RoGS)*:

1. Government recurrent health expenditure per person¹
2. Potentially avoidable deaths (under 75 years)²
3. Average life expectancy³
4. Mortality rate⁴
5. Recurrent expenditure per person on public hospital services⁵
6. Available beds per 1,000 people in public hospitals⁶
7. Sameday separations at public hospitals⁷
8. Separations per 1,000 people at public hospitals⁸
9. Staff per 1,000 persons for public hospital services⁹
10. Seen on time at public hospital emergency departments¹⁰
11. Waiting times for elective surgery in public hospitals¹¹
12. Episodes of bacterial infection in acute care hospitals¹²
13. Separations with an adverse event at public hospitals¹³
14. Patient satisfaction¹⁴
15. Unplanned hospital readmissions for surgical procedures¹⁵
16. Average costs for selected hospital activity¹⁶
17. Relative Stay Index¹⁷.

Health system performance outcomes for South Australia are ranked from highest to lowest against the other states and territories; compared with national averages and previous reporting periods.

Hospital performance is prioritised in this report as it complements our monitoring of SA Health's implementation of Transforming Health (2015-2017). Indicators are selected on the basis that they provide average, rate or per capita comparisons by state and territory. We have also included some high-level population health measures to provide important context.

Glossary

Adverse event	Refers to adverse events treated in hospitals. Adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries, and problems with medication and medical devices. Some of these adverse events may be preventable.
Hospitalisation	Inpatient separation. A completed episode of care of an admitted hospital inpatient, generally concluding with their discharge from hospital (mostly to home), transfer to another healthcare facility or in-hospital death. It can also include other types of separation, such as 'administrative separation' applied for hospital activity payment purposes.
Median	The middlemost point in a sorted set of data. In a sequence of numbers arranged from lowest to highest, half the numbers will be below the median and half above.
Methicillin	An antibiotic medication used to treat bacterial infections.
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 90 th percentile. The 50 th percentile is the median.
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. Hospitals with a lower RSI are assumed to be more efficient.
Seen on time (ED)	Percentage of patients who are treated within national benchmarks for waiting times for each triage category in public hospital emergency departments (EDs). Triage category 1: seen within seconds, calculated as less than or equal to 2 minutes. Triage category 2: seen within 10 minutes. Triage category 3: seen within 30 minutes. Triage category 4: seen within 60 minutes. Triage category 5: seen within 120 minutes.
Separation	See 'Hospitalisation'.
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.

References

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- ¹ Based on Australian Institute of Health and Welfare (AIHW 2017), *Health expenditure Australia 2015–16*, Health and welfare expenditure series no. 58, Cat. no. HWE 68, AIHW, Canberra, 2017, 'Supplementary tables and figures, Appendix B: State and territory health expenditure matrixes' and 'Supplementary tables and figures, Appendix C: Data sources and methods', viewed 12 February 2018.
- ² SCRGP (Steering Committee for the Review of Government Service Provision) 2018, *Report on Government Services 2018*, Part E: Health, Chapter EA, Health sector overview – attachment, 'Table EA.26 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, 2007 to 2016', viewed 12 February 2018.
- ³ Ibid., 'Table EA.29 All Australians average life expectancy at birth (years)'.
- ⁴ Ibid., 'Table EA.31 Age standardised mortality rate (all causes), by State and Territory'.
- ⁵ Ibid., Chapter 12, Public hospitals – attachment, 'Table 12A.2 Recurrent expenditure per person, public hospital services (including psychiatric) (2015-16 dollars)'.
- ⁶ Ibid., 'Table 12A.4 Available beds per 1000 people, by region, public hospitals (including psychiatric) (number)'.
- ⁷ Ibid., 'Table 12A.5 Summary of separations, public hospitals'.
- ⁸ Ibid., 'Table 12A.5 Summary of separations, public hospitals' and 'Table 12A.8 Separations per 1000 people, by Indigenous status of patient (number)'.
- ⁹ Ibid., 'Table 12A.9 Average full time equivalent (FTE) staff per 1000 persons, public hospital services (including psychiatric hospitals)'.
- ¹⁰ Ibid., 'Table 12A.13 Emergency department waiting times, by triage category, public hospitals' and 'Table 12A.15 Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory'.
- ¹¹ Ibid., 'Table 12A.19 Waiting times for elective surgery in public hospitals, by State and Territory, by procedure and hospital peer group (days)' and 'Table 12A.20 Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days)'.
- ¹² Ibid., 'Table 12A.34 Episodes of Staphylococcus aureus (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA'.
- ¹³ Ibid., 'Table 12A.35 Separations with an adverse event, public hospitals'.
- ¹⁴ Ibid., 'Table 12A.46 Proportion of people who visited a hospital emergency department (for their own health) in the last 12 months who reported that the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2016-17', 'Table 12A.47 Proportion of people who visited a hospital emergency department (for their own health) in the last 12 months who reported that the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2016-17', 'Proportion of people who were admitted to hospital (for their own health) in the last 12 months who reported that the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2016-17' and 'Proportion of people who were admitted to hospital (for their own health) in the last 12 months who reported that the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2016-17'.
- ¹⁵ Ibid., 'Table 12A.50 Selected unplanned hospital readmissions rates'.
- ¹⁶ Ibid., 'Table 12A.56 Average cost per admitted acute weighted separation, excluding depreciation', 'Table 12A.58 Average cost per admitted acute emergency department presentation, 2015-16', 'Table 12A.60 Average cost per non-admitted acute emergency department presentation, 2015-16', 'Table 12A.61 Average cost per non-admitted presentation, 2015-16'.
- ¹⁷ Ibid., 'Table 12A.59 Relative stay index, indirectly standardised, patients in public hospitals, by medical, surgical and other type of diagnosis related group 2015-16'.