

SA Health's formal response to the  
Health Performance Council's four-yearly review

Monitoring the  
performance of the  
South Australian  
health system  
2018-19 to 2021-22

March 2023



## Introduction

As per the requirements of the Health Care Act 2008 (the Act), the Health Performance Council (HPC) must, on a four yearly basis, furnish to the Minister for Health and Wellbeing (the Minister) a report that assesses the health of South Australians and changes in health outcomes over the reporting period.

The HPC four-yearly indicator report 'Monitoring the performance of the South Australian health system 2018-19 to 2021-22' (the report) was submitted to the Minister in November 2022 and laid on the table in the House of Assembly on 1 December 2022.

The report is a review of the performance of South Australian health systems, the health of South Australians, and changes in health outcomes over the reporting period 2018–19 to 2021–22 and considers health indicators across five domains:

- Getting access to care;
- Outcomes: Preventable mortality and morbidity;
- Costs of hospital care;
- Staffing services: Workforce; and
- South Australia's COVID-19 response.

SA Health acknowledges the findings of the report and provides the following response to be laid before both Houses of Parliament within six months of receipt of the report in accordance with the Act (s. 13 (4)).

## Getting access to care

The 'Getting access to care' domain analyses wait times, experience of care, length of stay in hospital, culturally appropriate care, and when things go wrong - hospital acquired complications.

The report indicates that General Practitioner (GP) wait times in South Australia (SA) are long, with 20% of the population stating they felt they waited too long for an appointment, and this is higher in regional areas. A delay in access to a GP is likely to impact on hospital emergency services. The implementation and expansion of the SA Health commissioned Priority Care Centres and in progress Commonwealth initiated Urgent Care Centres will aim to increase accessibility of GP care, resulting in reduced demand on public hospital emergency departments. Additionally, the State Government is committed to continuing to work with the Commonwealth on improving access to primary care via the Strengthening Medicare Taskforce which focusses on:

- improving patient access to general practice, including after hours
- improving patient access to GP-led multidisciplinary team care, including nursing and allied health
- making primary care more affordable for patients
- improving prevention and management of ongoing and chronic conditions
- reducing pressure on hospitals.

The median response times for code one ambulance have increased, with SA reporting the second (out of eight) highest times across jurisdictions. Increases in ramping have also been identified with less than half of arrivals meeting the 30-minute benchmark. In efforts to address response times, the State Government made an election commitment to recruit an additional 350 SA Ambulance officers and paramedics across the system. To date, 56 have been added

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to the system to support the emergency demand. The remaining will be recruited to align with ambulance station works for new buildings or upgrades. In addition to workforce increases, five new ambulance stations have been committed including a new central headquarters, and upgrades to an additional ten stations across the state.

Emergency Department (ED) wait times have deteriorated with just over half of the presentations meeting the recognised benchmarks, positioning SA as fourth against other jurisdictions. It should be noted differences in coding rules make direct comparisons with other jurisdictions difficult. To manage the emergency demand a range of strategies have been employed, including:

- Priority Care Centres
- SA Virtual Care Service
- Commonwealth commissioned Urgent Care Centres
- increased capacity of over 300 additional beds in the next four years, inclusive of 98 more mental health beds.
- expansion of ED capacity at the Lyell McEwin Hospital, the Queen Elizabeth Hospital, and the new Mount Barker Hospital
- Urgent Mental Health Care Centre

These initiatives are expected to have a significant impact on patient access, experiences and outcomes and support the demand on the system.

Elective surgery and outpatient wait times have increased, with SA ranked third highest of all the states for median wait times. Some of these impacts are related to elective surgery cancellations in response to the pandemic, however additional doctors and nurses committed to the system will help manage the system demand, with the Government committed to recruiting 100 additional doctors and 300 additional nurses across the system. By the end of 30 June 2023, it is expected that an additional 24 doctors and 80 more nurses will have been recruited.

Furthermore, SA Health is completing the Outpatient Redesign Project which will drive improvements in timely access to care in the outpatient setting for South Australian consumers, with improved pathways to elective surgery and clear referral criteria to enable GPs to manage patients in the community where most appropriate.

'Length of stay in hospital' indicators demonstrate 6.2% of all public hospital bed days in 2021-22 were used by people who no longer needed acute care (maintenance care patients), up from 5.4% since 2018-19. It is considered that this indicator is likely related to the finding that South Australians wait longer for an aged care bed than other Australians, with half now waiting eight months. Delays in aged care entry result in these patients staying in hospital longer than required and increasing public hospital bed occupancy. SA Health is continuing to work closely with the Department of Human Services and the Commonwealth to address hospital discharge delays and support patients to be safely discharged into the community, Residential Aged Care Facilities or supported accommodation as appropriate.

The report notes total overnight inpatient length of stay has increased in 2021-22 which is likely to impact patients in emergency departments waiting to be admitted. Whilst no interstate comparative data was provided within the report, SA Health monitors average length of stay through the performance monitoring process and for 2021-22 it was noted that most Local Health Networks were performing slightly better than the national benchmark, indicating that the increase in length of stay may, in part, be driven by increasing patient acuity, rather than reduced efficiency and patient flow. Increases in length of stay are being reported across many



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jurisdictions, with the inference that it is an accurate reflection on the higher acuity health needs of the population as we navigate through the COVID-19 pandemic.

Within 'experience of care', almost 85% of SA overnight adult patients report good experiences of their care, however Aboriginal and Torres Strait Islander and culturally and linguistically diverse patients reported lower ratings of experiences with care.

When considering culturally appropriate care, only 30% of respondents in 2021-22 reported having been asked if they had cultural or religious beliefs that might affect their care, and only 24% of those over 75 years of age reported having been asked. In 2021-22 only 61% of patients who advised they required an interpreter were provided with one, with this decreasing from 69% the previous year. SA Health is committed to ensuring that the experience of consumers using its services is as positive as possible, and to achieve this goal a number of processes have been put in place to assist SA Health to measure and understand the consumer's experience and ensure processes are in place to facilitate care that aligns with the system's patient centred care principles.

Improvements are expected as the South Australian Aboriginal Interpreter Service, operated by the Department of Human Services, continues its establishment and more interpreters become available. Furthermore, Aboriginal Health will be working closely with the Local Health Networks (LHNs) and the quality and safety teams to increase the identification rates of Aboriginal people in line with the accreditation processes.

The report cites that data in relation to hospital acquired complications (HAC) was not able to be sourced within the timeframes of the report. However, HAC rates are a tier one key performance indicator across all SA Health LHNs and as such are monitored on a monthly basis in accordance with the SA Health Performance Framework. December 2022 financial year to date data demonstrates the state HAC rate is 3.5%, which has remained relatively consistent over the previous twelve months.

### Outcomes: Preventable mortality and morbidity

South Australia performed well across indicators within the 'Outcomes: Preventable mortality and morbidity' domain, with four-fifths of South Australians rating their health as good, very good, or excellent. Pleasingly, potentially preventable hospitalisations in South Australian public hospitals are trending down from 8.8% in 2019/20 to 7.6% in 2020/21. Potentially preventable hospitalisations have been a key consideration of the health system with increased focus on preventative health measures and education to address the areas of SA where health inequalities are entrenched as identified in the *Areas to Act Report, a South Australian Review of Potentially Preventable Admissions*. SA Health will continue to pursue improvements in potentially preventable hospitalisations at a local level as directed by the report.

South Australia is also performing well in relation to childhood immunisation, ranked first in the nation for children fully immunised at age five, with consistently higher rates than any other state or territory. It is noted that immunisations rates of Aboriginal and Torres Strait Islander children at age five in 2021/21 has exceeded the national target of 95%, achieving 96.8%, however at age one remains below target at 92.3%, ranking fourth across jurisdictions.



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Cancer mortality rates are slightly higher in SA for breast but similar to other states for lung, colorectal and prostate cancer. The HPC comparison does not age - adjust for mortality rates making jurisdictional comparisons difficult. The development of the SA Cancer Plan will provide direction for the future of cancer care in SA to ensure the best quality care and pathways are established to provide optimal outcomes for patients.

### Costs of hospital care

The report indicates “South Australian public hospitals are relatively less cost-efficient than the national average”. SA is ranked third highest of the states and territories for total hospital expenditure per National Weighted Activity Unit (NWAU) and highest for total hospital expenditure per episode.

The Central Adelaide Local Health Network (CALHN) is the costliest LHN in the state at 27.5% higher than the Australian average for expenditure per NWAU. However, the report does acknowledge CALHN serves patients from other parts of the state that require specialist care only available in highly specialised hospitals such as the Royal Adelaide Hospital.

SA Health advises comparisons with other jurisdictions must be made carefully, with an understanding that states apply varying data and counting rules. This difference could impact comparison of our performance and costing data, for example:

- ED admission to inpatients occurs at different decision points across jurisdictions. SA recognises that a patient becomes an inpatient when they physically leave the ED, whilst other jurisdictions recognise that an inpatient admission occurs at the point of decision to admit.
- Variances in policy for counting chemotherapy also exist across jurisdictions. Currently chemotherapy is mandated to be a non-admitted service in public SA hospitals. SA is unlike most jurisdictions in that other jurisdictions see the chemotherapy patient as admitted. The Independent Health and Aged Care Pricing Authority have been intimating for several years that they would review the price harmonisation of chemotherapy to ensure the price/cost is agnostic of whether provide as an inpatient or outpatient. This difference in activity capture in this space would show that our costs outweigh the funding we receive for it.

The Department for Health and Wellbeing in consultation with the Local Health Networks are developing a program of work to address both issues. The first step with Chemotherapy is to process map how patients currently flow through the system, how data is captured and any billing arrangements. From this point a future state will be developed to determine the funding impacts and process for implementation.

Further work is currently being undertaken to determine what the potential funding and costing impact would be if there was a policy decision change to count from decision to admit.

### Staffing services: Workforce

Results across the workforce indicators were mixed, with 74% of respondents to the 2021 SA Health Staff Survey reporting that they wanted to stay in their Local Health Network long-term, and over 90% of the SA Health workforce have plans of staying within the health portfolio or wider public sector. However, staff turnover rates have increased in recent years, which may be attributable to worker fatigue through the pandemic as well as the impacts of an ageing workforce.



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SA provides more internships compared to the population share across Australia, providing 8% of all Australia's internships, with numbers growing at a faster rate than other jurisdictions. Increases in regional internship opportunities is also noted, with rates rising from one in fifty in 2018 to one in sixteen in 2022. However, surveys of final-year medical students indicate that South Australia is not attractive to medical students, with approximately 2% of final year students indicating a career preference to practice in South Australia, although this may in part be due to very low survey response by students at South Australian medical schools.

In contrast, numbers of registered medical practitioners and nurses and midwives in South Australia have been increasing faster than the growth in the state's population. The replacement rate (new entrants compared to exist from the professions in South Australia) is positive in each year, providing promising signs to address the state's workforce shortages.

SA Health are currently developing the SA Health Strategic Workforce Plan which will look to address these findings and ensure SA Health has a highly skilled, diverse and future-proofed workforce, whilst ensuring that we are tackling urgent and critical issues and workforce gaps as soon as possible.

### South Australia's COVID-19 response

SA measured well across the COVID-19 response indicators, reflected in SA's community satisfaction responses showing the second highest percentage of respondents who answered that satisfaction with their state government's COVID response is good.

SA COVID vaccinations rates are high and consistent with national averages for two-doses, three-doses, and four-doses. As at 22 July 2022, 20% of the state's population aged 16 years or older had received their fourth dose, slightly above the national average of 17%, and equal second of all jurisdictions.

COVID active cases and hospitalisation rates per head of population were also well addressed by SA, with the second lowest maxima of COVID-19 active cases of the states and territories up to 30 June 2022, and the third lowest maxima of hospitalisations.

Finally, the number of deaths from the pandemic is lower than the national average and is amongst the lowest of the states and territories through the Omicron wave.

SA Health continues to employ a range of measures on the advice of our medical and public health experts, to protect the health and wellbeing of all South Australians to prevent the spread of COVID-19 in the community.

### Summary

SA Health thanks the Health Performance Council for this report and recognises significant steps are being made to ensure health services meet the needs of the South Australian population. SA Health looks forward to receiving the technical appendix to the report planned for 2023 to provide further insight into the indicators and analysis.

The South Australian Government's continues to commit to improve the system to deliver care to the residents of South Australia. These initiatives include most notably:

- Construction of 300 additional beds over the next four years, increasing capacity and improving patient flow through the system for ease of access and high-quality service delivery where it is needed most.





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- Recruitment of an additional 300 nurses, 100 doctors, and 350 paramedics and ambulance officers over the next four years, with 80 nurses, 24 doctors and 56 paramedics and ambulance officers added to the system by 30 June 2023, strengthening our workforce now and into the future.
- Addressing equity considerations for rural and remote residents and Aboriginal and Torres Strait Islanders through recruitment of ten new country specialist doctors in the areas of most critical need and ten specialist palliative care nurses recruited across rural and remote South Australia.
- Ongoing collaboration with the Commonwealth to address shortcomings in primary care, aged care and urgent care, including the introduction of Priority Care Centres, the SA Virtual Care Service and the soon to be implemented Urgent Care Centres.

SA Health will continue to engage with clinicians, the community, and consumers to address the performance of the system, drawing on the findings of the report to assist in the development and implementation of initiatives to design and deliver high quality health care services to the South Australian public.

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## For more information

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