# E Health sector overview

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| Attachment tables |
| Attachment tables are identified in references throughout this sector overview by a ‘EA’  prefix (for example, table EA.1). A full list of attachment tables is provided at the end of  this sector overview, and the attachment tables are available on the website (www.pc.gov.au/rogs/2016). |
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## E.1 Introduction

This sector overview provides an introduction to the Health section of this Report, comprising primary and community health (chapter 10), public hospitals (chapter 11) and mental health management (chapter 12). It provides an overview of the health sector, presenting both contextual information and high level performance information.

Health services are concerned with promoting, restoring and maintaining a healthy society. They involve illness prevention, health promotion, the detection and treatment of illness and injury, and the rehabilitation and palliative care of individuals who experience illness and injury. The health system also includes a range of activities that raise awareness of health issues, thereby reducing the risk and onset of illness and injury.

All abbreviations used in this Report are available in a complete list in volume A: Approach to performance reporting.

### Policy context

All levels of government in Australia fund, deliver and regulate health services, with most of the activity performed by the Australian, State and Territory governments. The Australian Government’s health services activities include:

* funding State and Territory governments to assist with the cost of providing public hospital and public health services in line with the National Health Reform Agreement and the National Healthcare Agreement (NHA)
* providing rebates to patients and regulating medical services provided by General Practitioners (GPs) and specialists, practice nurses, and some services provided by allied health professionals (such as Medicare), and delivering public health programs
* funding and regulating the Pharmaceutical Benefits Scheme (PBS)
* funding and regulating private health insurance rebates
* funding improved access to primary health care, including Aboriginal and Torres Strait Islander‑specific primary health guided by the National Aboriginal and Torres Strait Islander Health Plan and Implementation Plan 2013–2023, specialist services and infrastructure for rural and remote communities
* promulgating and coordinating health regulations
* undertaking health policy research and policy coordination across the Australian, State and Territory governments
* funding hospital services and the provision of other services through the Department of Veterans’ Affairs (DVA)
* funding hearing services for eligible Australians through the Australian Government Hearing Services Program
* funding the Medicare Safety Net.

State and Territory governments contribute funding for, and deliver, a range of health care services (including services for Aboriginal and Torres Strait Islander Australians), such as:

* community health services
* mental health services
* specialist palliative care
* public hospital services

1. public dental services
2. patient transport
3. health policy research and policy development
4. public health (such as health promotion programs and disease prevention)
5. regulation, inspection, licensing and monitoring of premises, institutions and personnel.

Local governments are generally involved in environmental control and a range of community‑based and home care services, although the exact nature of their involvement varies across jurisdictions. The non‑government sector plays a significant role in the health system, delivering general practice and specialist medical and surgical services, dental services, a range of other allied health services (such as optometry and physiotherapy) and private hospitals.

### Sector scope

Health services in Australia are delivered by a variety of government and non‑government providers in a range of service settings. This Report primarily concentrates on the performance of primary and community health services (chapter 10), public hospitals (chapter 11) and mental health management (chapter 12). These services are selected for reporting as they:

* make an important contribution to the health of the community
* reflect government priorities, for example, they fall within the National Health Priority Areas
* represent significant components of government expenditure on healthcare
* have common objectives across jurisdictions.

High level residential aged care services and patient transport (ambulance) services are not covered in the health chapters in this Report, but are reported separately in chapter 13 (‘Aged care services’) and chapter 9 (‘Fire and ambulance services’).

Other major areas of government involvement in health provision not covered in the health chapters, or elsewhere in the Report, include:

* public health programs, other than those for mental health
* funding for specialist medical practitioners other than general practitioners (GPs).

### Profile of health sector

Detailed profiles for the services within the health sector are reported in chapters 10, 11 and 12, and cover health service funding and expenditure as well as the size and scope of the individual service types.

#### Funding

Total recurrent and capital expenditure on health care services in Australia was estimated to be $154.6 billion in 2013‑14 (figure E.1). This total was estimated to account for 9.8 per cent of gross domestic product (GDP) in 2013‑14, an increase of 1.0 percentage points from the 8.8 per cent of GDP in 2004‑05 (AIHW 2015a). Between 2004‑05 and 2013‑14, the average annual rate of growth in real expenditure was 4.2 per cent for the Australian Government, 5.3 per cent for State, Territory and local governments, and 5.3 per cent for non‑government sources (table EA.1).

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| Figure E.1 Total health expenditure, by source of funds (2013‑14 dollars)**a** |
| Figure E.1 Total health expenditure, by source of funds (2013-14 dollars)  More details can be found within the text surrounding this image. |
| a See table EA.1 for detailed footnotes and caveats. |
| *Source*: AIHW (Australian Institute of Health and Welfare) (2015) *Health Expenditure Australia 2013‑14*, Health and Welfare Expenditure Series no. 54, Cat. no. HWE 63; table EA.1. |
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In 2013‑14, the combined total health expenditure of the Australian, State and Territory and local governments was $104.6 billion, representing 67.6 per cent of total health expenditure within Australia (table EA.1). The Australian Government accounted for the largest proportion of health care expenditure — $63.5 billion or 41.0 per cent. State and Territory, and local governments contributed $41.1 billion or 26.6 per cent. The remainder was paid by individuals, health insurance funds, workers compensation and compulsory motor vehicle third party insurance providers (tables EA.1–EA.7).

Nationally from 2004‑05 to 2013‑14:

* total real recurrent health expenditure per person increased from $4788 to $6248
* government real recurrent health expenditure per person increased from $3361 to $4284
* non‑government real recurrent expenditure per person increased from $1427 to $1964 (figure E.2 and tables EA.5‑EA.6).

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| Figure E.2 Recurrent health expenditure per person, by source of funds, 2013‑14**a** |
| |  | | --- | | Figure E.2 Recurrent health expenditure per person, by source of funds, 2013-14  More details can be found within the text surrounding this image. | |
| a See table EA.6 for detailed footnotes and caveats. |
| *Source*: AIHW (2015) *Health Expenditure Australia 2013‑14*, Health and Welfare Expenditure Series no. 54, Cat. no. HWE 63; table EA.6. |
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### Factors affecting demand for services

Demand for health services is affected by health status, which is in turn affected by a range of demographic and socioeconomic factors. Financial, educational, geographic and cultural barriers can reduce access to health services and contribute to poorer health outcomes.

People who experience social and economic disadvantage have a relatively high risk of negative health outcomes. They are more likely to report their health as fair or poor, to have high rates of health risk factors and to have shorter lives (AIHW 2014a). They also suffer a greater burden‑of‑disease than do those not experiencing disadvantage (Begg et al. 2007).

Geographic location can affect health status and access to health services. People living in rural and remote areas tend to have higher levels of disease risk factors and poorer health status than those living in major cities (AIHW 2014a). Nationally, 2.3 per cent of the population lived in remote and very remote areas in 2014 (table 2A.12). Those living in remote and very remote areas made up less than 7 per cent of the population in each State and Territory except the NT, where the figure was 42.7 per cent — 20.4 per cent in remote and 22.4 per cent in very remote areas (table 2A.12).

#### Indigenous status

Aboriginal and Torres Strait Islander people are more likely than are other Australians to experience poor health, to die at younger ages and to experience disability (AIHW 2014a; tables EA.51 and EA.53). A recent study found socioeconomic disadvantage to be the leading health risk for Aboriginal and Torres Strait Islander Australians in the NT, accounting for 42 to 54 per cent of the life expectancy gap between Aboriginal and Torres Strait Islander and other Australians (Zhao et al. 2013).

Aboriginal and Torres Strait Islander people have low employment and income   
levels when compared to other Australians (see chapter 2, tables 2A.32–2A.34 and   
2A.39–2A.46). Aboriginal and Torres Strait Islander Australians have relatively high rates for many health risk factors and are more likely to smoke and to consume alcohol at risky levels (ABS 2013a, 2014a; Zhao et al. 2013). Aboriginal and Torres Strait Islander Australians are more likely to live in inadequate and overcrowded housing (SCRGSP 2014) and in remote areas with more limited access to health services. In 2006, 51 992 Aboriginal and Torres Strait Islander Australians were living in discrete Aboriginal and Torres Strait Islander communities that were 100 kilometres or more from the nearest hospital (ABS 2007).

### Service‑sector objectives

Government involvement in health services is predicated on the desire to improve the health of all Australians and to ensure equity of access and the sustainability of the Australian health system. Box E.1 presents nationally agreed objectives of the health system.

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| Box E.1 Overall objectives of the health system |
| Government involvement in the health system is aimed at efficiently and effectively improving health outcomes for all Australians and ensuring the sustainability of the Australian health system, achieving the following outcomes:   * Australians are born and remain healthy * Australians receive appropriate high quality and affordable primary and community health services * Australians receive appropriate high quality and affordable hospital and hospital related care * Australians have positive health care experiences which take account of individual circumstances and care needs * Australians have a health system that promotes social inclusion and reduces disadvantage, especially for Aboriginal and Torres Strait Islander Australians * Australians have a sustainable health system. |
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## E.2 Sector performance indicator framework

This sector overview is based on a sector performance indicator framework made up of the following elements (figure E.3):

* Sector objectives — three sector objectives are a précis of the key objectives of the health system (box E.1)
* Sector‑wide indicators — seven sector‑wide indicators relate to the overarching service sector objectives identified in the NHA
* Information from the service‑specific performance indicator frameworks that relate to health services. Discussed in more detail in chapters 10, 11 and 12, the service‑specific frameworks provide comprehensive information on the equity, effectiveness and efficiency of these services.

This sector overview provides an overview of relevant performance information. Chapters 10, 11 and 12 and their associated attachment tables provide more detailed information.

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| Figure E.3 Health services sector performance indicator framework |
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### Sector‑wide performance indicators

This section includes high level indicators of health outcomes. While many factors affect outcomes — not solely the performance of government services — outcomes inform the development of appropriate policies and delivery of government services.

Data Quality Information (DQI) is included where available for performance indicators in this Report. The purpose of DQI is to provide structured and consistent information about quality aspects of data used to report on performance indicators, in addition to material in the chapter or sector overview and attachment tables. All DQI for the 2016 Report can be found at www.pc.gov.au/rogs/2016.

#### Babies born of low birth weight

‘Babies born of low birth weight’ is an indicator of governments’ objective that Australians are born and remain healthy (box E.2). Birthweight is a key indicator of infant health and a principal determinant of a baby’s chance of prospective survival, good health, development and wellbeing (AIHW NPESU and AIHW 2013). Low birth weight babies have a greater risk of poor health and dying and are more likely to develop chronic diseases later in life (AIHW 2014b).

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| Box E.2 Low birth weight of babies |
| ‘Low birth weight babies’ is defined as the proportion of live singleton babies of low birth weight. Babies’ birth weight is defined as low if they weigh less than 2500 grams, very low if they weigh less than 1500 grams and extremely low if they weigh less than 1000 grams (Li et al. 2013).  A low or decreasing number of low birth weight babies is desirable.  Factors external to the health system also have a strong influence on the birth weight of babies. Some factors contributing to low birth weight include socioeconomic status, size of parents, age of mother, number of babies previously born, mother’s nutritional status, smoking and alcohol intake, and illness during pregnancy (Li et al. 2013).  Data reported for this indicator are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2013 data are available for all jurisdictions.   Data quality Information for this indicator is at www.pc.gov.au/rogs/2016. |
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In 2013, 4.8 per cent of liveborn singleton babies in Australia were of low birth weight (table EA.8). Of all liveborn babies, 1.0 per cent were of very low birth weight (table EA.11). The average birth weight for all live births was 3355 grams in 2013 (table EA.11).

Nationally, rates of live born singleton low birth weight babies increased with remoteness, ranging from 4.7 per cent in major cities to 5.2 per cent in outer regional areas, and 9.5 per cent in very remote areas in 2013 (table EA.13). Rates of live born singleton low birth weight babies in 2013 also increased with relative disadvantage as measured by the Socio Economic Indexes for Areas (SEIFA), ranging from 3.8 per cent for areas in decile 10 — the areas of least relative disadvantage — to 6.7 per cent in decile 1, the areas of greatest relative disadvantage (table EA.13).

Nationally, the average birth weight for liveborn babies of Aboriginal and Torres Strait Islander mothers was 3200 grams in 2013 (table EA.12). Among liveborn singleton babies born to Aboriginal and Torres Strait Islander mothers in the period 2011–2013, the proportion with low birth weight was more than twice that for babies born to non‑Indigenous mothers (figure E.4).

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| Figure E.4 Proportion of live‑born singleton babies of low birth weight, by maternal Indigenous status, 2011–2013**a** |
| |  | | --- | | Figure E.4 Proportion of live born singleton babies of low birth weight, by maternal Indigenous status, 2011–2013  More details can be found within the text surrounding this image. | |
| a See box E.2 and table EA.10 for detailed definitions, footnotes and caveats. |
| *Source*: AIHW (unpublished) National Perinatal Data Collection; table EA.10. |
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#### Prevalence of risk factors to the health of Australians

‘Prevalence of risk factors to the health of Australians’ is an indicator of governments’ objective that Australians are born and remain healthy (box E.3).

Behaviours that increase the risk of poor health outcomes include lack of exercise, smoking, excessive alcohol consumption, excessive sun exposure and unhealthy dietary habits (AIHW 2014a). Lower risk factor prevalence is associated with improved health outcomes and a reduced burden on the health sector.

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| Box E.3 Prevalence of risk factors to the health of Australians |
| ‘Prevalence of risk factors to the health of Australians’ is defined by the following measures:   * Prevalence of overweight and obesity — the proportion of the population with a Body Mass Index (BMI) in the categories of either overweight or obese. BMI is calculated as weight (kg) divided by the square of height (m). BMI values are grouped according to World Health Organization (WHO) and National Health and Medical Research Council (NHMRC) guidelines.   Among adults (defined as people aged 18 years or over), a BMI of 25 to less than 30 is considered overweight and a BMI of 30 or over is considered to be obese (WHO 2000; NHMRC 2013). Children are defined as people aged 5–17 years. For children, obesity is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.   * Rates of current daily smokers — the proportion of people aged 18 years or over who smoke tobacco every day. * Risk of alcohol related harm over a lifetime — the proportion of people aged 18 years or over assessed as having an alcohol consumption pattern that puts them at risk of long‑term alcohol related harm.   ‘Lifetime risk of alcohol related harm’ is defined according to the 2009 NHMRC guidelines: for males and females, no more than two standard drinks on any day. This has been operationalised as: for both males and females, an average of more than 2 standard drinks per day in the last week.  Rates for all three measures are age standardised.  A low or decreasing rate is desirable for each health risk factor.  Data reported for this indicator are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required  2011–13 data are available for all jurisdictions.   The total and non‑Indigenous components of the Australian Health Survey (AHS) 2011–2013 did not include people living in discrete Aboriginal and Torres Strait Islander communities, which affects the comparability of the NT results.  Data quality Information for this indicator is at www.pc.gov.au/rogs/2016. |
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##### Prevalence of overweight and obesity

Being overweight or obese increases the risk of an individual developing conditions such as heart disease, stroke and type 2 diabetes. In 2011‑12, over a third of Australians’ measured BMI was in the overweight range and over a quarter were obese (figure E.5; table EA.14).

The percentage of adults who were overweight or obese tended to be higher in remote (70.1 per cent) and outer regional areas (67.8 per cent), than in major cities (60.9 per cent) in 2011‑12 (table EA.15). The percentage of people who were overweight or obese increased from 2007‑08 in all areas of Australia (table EA.15).

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| Figure E.5 Proportion of adults in BMI categories, 2011‑12**a** |
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| a See box E.3 and table EA.14 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (Australian Bureau of Statistics) (unpublished) AHS 2011–13 (2011‑12 Core component) Cat. no. 4364.0; table EA.14. |
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The percentage of people who were overweight or obese tended to be higher in older age groups, peaking at age 70–74 for males and females (83.8 per cent and 74.0 per cent respectively) in 2011‑12. Overall, the percentage of males and females that were overweight or obese increased from 2007‑08 (by 2.1 percentage points for males and 0.9 percentage points for females) although the change varied by age category (table EA.17).

Nationally, the rate of overweight and obesity was higher for Aboriginal and Torres Strait Islander adults (72.4 per cent) than for other adults (62.6 per cent) in 2011–13 (table EA.18). Data for the rate of overweight and obesity for children by Indigenous status are reported in table EA.20.

##### Rates of current daily smokers

Smoking is an important risk factor for heart disease, stroke and lung cancer (the three leading causes of death in Australia in 2011) (ABS 2014b). The proportion of adult daily smokers aged 18 years or over accounted for 16.3 per cent of the population in 2011‑12, a decrease of 2.8 percentage points from 2007‑08 (figure E.6 and table EA.21).

Nationally, people from more disadvantaged socioeconomic backgrounds had a higher propensity to smoke (age standardised). In 2011‑12, 24.3 per cent of adults   
living in areas from the first quintile of SEIFA — the areas of greatest relative disadvantage — were daily smokers, compared with 9.0 per cent from the fifth quintile — the areas of least relative disadvantage — (figure E.6 and table EA.22).

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| Figure E.6 Proportion of adults who are daily smokers**a** |
| |  | | --- | | Figure E.6 Proportion of adults who are daily smokers  More details can be found within the text surrounding this image. | |
| a See box E.3 and table EA.22 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) AHS 2011–13 (2011‑12 Core component), Cat. no. 4364.0; ABS (unpublished) National Health Survey 2007‑08, Cat. no. 4364.0; table EA.22. |
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Adults from more remote locations also had a higher propensity to smoke (age standardised) as did Aboriginal and Torres Strait Islander Australians. In 2011‑12, daily smokers accounted for 26.1 per cent of the population in remote geographical areas, gradually decreasing as remoteness of residence decreases, accounting for 14.7 per cent in major cities (table EA.21). Nationally, Aboriginal and Torres Strait Islander Australians had higher age‑standardised rates of daily smoking (42.0 per cent) than other Australians (16.0 per cent) in 2011–13 (table EA.23).

##### Levels of risky alcohol consumption

Excessive long‑term alcohol consumption increases the risk of heart disease, diabetes, liver cirrhosis and some types of cancers (NHMRC 2009). It can contribute to injury and death through accidents, violence, suicide and homicide, and also to financial problems, family breakdown, and child abuse and neglect (NHMRC 2009).

Across Australia in 2011‑12, 19.4 per cent of adults were at risk of long‑term alcohol‑related harm (although age standardised rates varied among jurisdictions (table EA.24)), and the proportion gradually increased as remoteness of residence increased (figure E.7). There was no statistically significant difference between socioeconomic categories in the proportion of Australians at risk of alcohol related harm over a lifetime (table EA.25).

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| Figure E.7 Adults at risk of alcohol‑related harm over a lifetime, by remoteness, 2011‑12a, b |
| |  | | --- | | Figure E.7 Adults at risk of alcohol related harm over a lifetime, by remoteness, 2011-12  More details can be found within the text surrounding this image. | |
| a See box E.3 and table EA.24 for detailed definitions, footnotes and caveats. b There are no major cities in Tasmania, no outer regional or remote areas in the ACT and no major cities or inner regional areas in the NT. |
| *Source*: ABS (unpublished*)* AHS 2011–13 (2011‑12 NHS (National Health Survey) component); ABS (unpublished) National Health Survey 2007‑08; table EA.24. |
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Nationally, the age standardised proportion of adults at risk of alcohol related harm over a lifetime was similar for Aboriginal and Torres Strait Islander Australians (19.2 per cent) and other Australians (19.5 per cent) in 2011–13, although results varied across jurisdictions (table EA.26).

#### Selected potentially preventable diseases

‘Selected potentially preventable diseases’ is an indicator of governments’ objective that Australians are born and remain healthy (box E.4). Selected potentially preventable diseases are diseases that can potentially be prevented through reducing health risk factors such as obesity, smoking and harmful drinking.

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| Box E.4 Selected potentially preventable diseases |
| ‘Selected potentially preventable diseases’ is defined by the following three measures:   * Incidence of selected cancers — incidence of selected cancers of public health importance, expressed as an age standardised rate.   For melanoma, lung and bowel cancer, the measure is defined as the number of new cases in the reported year. For breast and cervical cancer in females, the measure is defined as the number of new cases in women in the reported year  Data reported for this measure are:   * comparable (subject to caveats) across jurisdictions and over time except for NSW and the ACT, for which data for 2011 are estimated * incomplete for the current reporting period. Data for 2012 are not available for NSW or the ACT. * Incidence of heart attacks (acute coronary events) — the number of deaths recorded as acute coronary heart disease deaths plus the number of non‑fatal hospitalisations for acute myocardial infarction or unstable angina not ending in a transfer to another acute hospital, expressed as an age standardised rate.   Data reported for this measure are:   * comparable (subject to caveats) over time at the national level but are not comparable across jurisdictions * complete for the current reporting period. All required 2013 data are reported for all jurisdictions. * Prevalence of type 2 diabetes — the proportion of people aged 18 years or over recorded as having Type 2 diabetes, expressed as an age standardised rate.   Data reported for this measure are:   * comparable across jurisdictions (subject to caveats) but are not comparable over time * complete for the current reporting period (subject to caveats). All required 2011–13 data are reported for all jurisdictions.   A low or decreasing rate is desirable for each of the three measures.  Measures of both incidence and prevalence are reported for this indicator. Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population. Prevalence is defined as the proportion of the population suffering from a disorder.  Data quality Information for this indicator is at www.pc.gov.au/rogs/2016. |
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##### Incidence of selected cancers

Nationally, the age standardised rate of lung cancer was 43.2 new cases per 100 000 people in 2012. Bowel cancer, which has been linked to diet, occurred at a rate of 57.5 new cases per 100 000 people in 2012 (table EA.28). Other cancers such as melanoma are also largely preventable. The incidence of these cancers for 2012, along with breast and cervical cancer, is presented in figure E.8. Tables EA.29–EA.31 report the incidence of the selected cancers by remoteness, SEIFA IRSD quintiles and Indigenous status.

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| Figure E.8 Incidence of selected cancers, per 100 000 people, 2012**a, b** |
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| a See box E.4 and table EA.28 for detailed definitions, footnotes and caveats. b Data are not available for NSW and the ACT. |
| *Source*: AIHW (unpublished) Australian Cancer Database 2012; ABS (2015) *Australian Demographic Statistics*, Cat. no. 3101.0; table EA.28. |
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Data for five‑year relative survival proportions for people diagnosed with cancer at the national level are presented in tables EA.47–EA.49.

*Incidence of heart attacks (acute coronary events)*

Cardiovascular disease is the largest cause of premature death in Australia. Although death rates for cardiovascular disease have declined considerably in recent decades, it continues to be one of the biggest health problems requiring attention in Australia (AIHW 2013a). Nationally, the rate of heart attacks (acute coronary events) was 378.5 new cases per 100 000 people in 2013 (table EA.32). The incidence of heart attacks (acute coronary events) was more than twice as high for Aboriginal and Torres Strait Islander people as for other Australians (table EA.33). Data for states and territories are reported in tables EA.34–EA.41.

##### Prevalence of type 2 diabetes

People with diabetes are at high risk of serious complications such as cardiovascular, eye and kidney disease. Type 2 diabetes is more common in people who do insufficient physical activity and are overweight or obese, and is largely preventable. Type 2 diabetes accounts for 85–90 per cent of all cases of diabetes (AIHW 2013a). For this reason, data include all newly diagnosed diabetes cases.

Nationally, an estimated 4.3 per cent of people aged 18 years or over had type 2 diabetes in 2011‑12 (table EA.42). The prevalence of type 2 diabetes among Aboriginal and Torres Strait Islander adults was around three times higher than for other Australians in the period 2011–13 (tables EA.43‑EA.44).

#### Potentially avoidable deaths

‘Potentially avoidable deaths’ is an indicator of governments’ objective that Australians are born and remain healthy (box E.5).

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| Box E.5 Potentially avoidable deaths |
| ‘Potentially avoidable deaths’ is defined as deaths that are potentially avoidable in the context of the present health system. These include deaths from conditions that are potentially preventable through individualised care and/or treatable through existing primary or hospital care.  A low or decreasing potentially avoidable death rate is desirable.  Most components of the health system can influence potentially avoidable death rates, although there can be decades between the action and the effect. Factors external to the health system also affect potentially avoidable death rates — the health system is in some cases not a factor. For example, while the response of the health system may prevent death following a traffic accident, it is not a factor when a traffic accident causes immediate death.  Data reported for this indicator are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required  2013 data are available for all jurisdictions.   Data quality information for this indicator is at www.pc.gov.au/rogs/2016. |
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Nationally, there were 106.9 avoidable deaths per 100 000 people in 2013 (table EA.45). The rate of avoidable deaths for Aboriginal and Torres Strait Islander people was more than three times the rate for other Australians (figure E.9 and table EA.46).

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| Figure E.9 Age standardised mortality rates for potentially avoidable deaths, under 75 years, 2009–2013**a,** **b** |
| |  | | --- | | Figure E.9 Age standardised mortality rates for potentially avoidable deaths, under 75 years, 2009–2013  More details can be found within the text surrounding this image. | |
| a See box E.5 and table EA.46 for detailed definitions, footnotes and caveats. b Data are not available for Victoria, Tasmania or the ACT due to the small number of Aboriginal and Torres Strait Islander deaths. |
| *Source*: ABS (unpublished) Causes of Deaths, Australia, 2013; ABS (unpublished) Estimated Resident Population; ABS (2014) *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026*, Cat. no. 3238.0; table EA.46. |
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#### The mortality and life expectancy of Australians

‘The mortality and life expectancy of Australians’ is an indicator of governments’ objective that Australians are born and remain healthy (box E.6). Comparing mortality and life expectancy data across populations, including cause, age, sex, population group and geographical distribution, provide important insights into the overall health of Australians (AIHW 2013b). Trends over time in mortality and life expectancy data can signal changes in the health status of the population, as well as provide a baseline indicator for the effectiveness of the health system.

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| Box E.6 The mortality and life expectancy of Australians |
| ‘The mortality and life expectancy of Australians’ is defined by the following three measures:   * Life expectancy — the average number of additional years a person of a given age and sex might expect to live if the age‑specific death rates of the given period continued throughout his/her lifetime. * Median age at death — the age at which exactly half the deaths registered (or occurring) in a given time period were deaths of people above and below that age. * Mortality rates — the number of registered deaths compared to the total population. Rates are provided for: * Australian mortality rate — age standardised mortality per 1000 people * infant and child mortality rates — the number of deaths of children under one year of age registered in a calendar year per 1000 live births registered in the same year (infant mortality rate) and the number of deaths of children under five years in a calendar year per 100 000 children (child mortality rate) * mortality rates by major cause of death — age standardised mortality per 1000 people, by cause of death.   A high or increasing life expectancy and median age at death are desirable. A low or decreasing mortality rate is desirable.  Most components of the health system can influence the mortality and life expectancy of Australians, although there can be decades between the action and the effect. Factors external to the health system also have a strong influence.  Data reported for this indicator are:   * comparable (subject to caveats) across jurisdictions and over time, except for median age at death * complete (subject to caveats) for the current reporting period. All required  2012–2014 data for life expectancy, 2014 data for median age at death,  2014 data for mortality rates and 2013 data for cause of death are available for all jurisdictions.   Data quality Information for this indicator is at www.pc.gov.au/rogs/2016. |
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##### Life expectancy

The life expectancy of Australians improved dramatically during the twentieth century and so far during the twenty‑first century. The average life expectancy at birth in the period 1901–1910 was 55.2 years for males and 58.8 years for females (ABS 2013b). It has risen steadily in each decade since, reaching 80.3 years for males and 84.4 years for females in 2012–2014 (figure E.10).

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| Figure E.10 All Australians average life expectancy at birth, 2012–2014**a** |
| |  | | --- | | Figure E.10 All Australians average life expectancy at birth, 2012–2014  More details can be found within the text surrounding this image. | |
| a See box E.6 and table EA.50 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (2015) *Life Tables, Australia, States and Territories, 2012­2014*,Cat. no. 3302.0.55.001; table EA.50. |
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The life expectancies of Aboriginal and Torres Strait Islander Australians are considerably lower than those of other Australians. ABS estimates are available every 5 years. These indicate a life expectancy at birth of 69.1 years for Aboriginal and Torres Strait Islander males and 73.7 years for Aboriginal and Torres Strait Islander females born from 2010 to 2012. In the same time period, life expectancy at birth for non‑Indigenous males was 79.7 years and for non‑Indigenous females was 83.1 years (table EA.51).

##### Median age at death

The median age at death in 2014 was 78.7 years for Australian males and 84.9 years for Australian females (table EA.52).

Comparisons of the median age at death for Aboriginal and Torres Strait Islander and other Australians are affected by different age structures in the populations and by differences in the extent of identification of Aboriginal and Torres Strait Islander deaths across jurisdictions and across age groups. Identification of Aboriginal and Torres Strait Islander status for infant deaths is high, but falls significantly in older age groups. The median age of death for Aboriginal and Torres Strait Islander people is, therefore, likely to be an underestimate.

Nationally, counting only the jurisdictions for which data were available for Aboriginal and Torres Strait Islander Australians, the median age at death for Aboriginal and Torres Strait Islander Australians in 2014 was 55.4 years for males and 61.5 years for females (figure E.11 and table EA.53).

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| Figure E.11 Median age at death, by sex and Indigenous status, 2014**a, b** |
| |  | | --- | | Figure E.11 Median age at death, by sex and Indigenous status, 2014  More details can be found within the text surrounding this image.  Figure E.11 Median age at death, by sex and Indigenous status, 2014  Legend:  Dark colour - Aboriginal and Torres Strait Islander males  More details can be found within the text surrounding this image.Figure E.11 Median age at death, by sex and Indigenous status, 2014  Legend:  Light green - Aboriginal and Torres Strait Islander females  More details can be found within the text surrounding this image.  Figure E.11 Median age at death, by sex and Indigenous status, 2014  Legend:  Blue colour - Ohter Australian males  More details can be found within the text surrounding this image. Figure E.11 Median age at death, by sex and Indigenous status, 2014  Legend:  Dark green - Other Australian females  More details can be found within the text surrounding this image. | |
| a See box E.6 and table EA.53 for detailed definitions, footnotes and caveats. b Data are not available for Victoria, Tasmania or the ACT due to the small number of Aboriginal and Torres Strait Islander deaths. |
| *Source*: ABS (2015) *Deaths, Australia, 2014*, Cat. no. 3302.0; table EA.53. |
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##### Mortalityrates

The national age standardised mortality rate, measured in deaths per 100 000 people, was 545.0 in 2014 — an increase from 540.0 in 2013 but a decrease from 572.5 in 2010 (figure E.12).

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| Figure E.12 Mortality rates, age standardiseda |
| |  | | --- | | Figure E.12 Mortality rates, age standardised  More details can be found within the text surrounding this image. | |
| a See box E.6 and table EA.54 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (2015) *Deaths, Australia, 2014*, Cat. no. 3302.0; table EA.54. |
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###### Mortality rates — Infant and child

The annual infant mortality rate in Australia declined from an average of 4.9 deaths per 1000 live births in 2005 to 3.4 deaths per 1000 live births in 2014 (table EA.57).

The Australian infant and child combined mortality rate was 82.5 deaths per 100 000 population in 2012–2014 (children aged 0–4 years). Of the total deaths for this age group, 84.0 per cent were infant deaths (table EA.59).

###### Mortality rates — Aboriginal and Torres Strait Islander Australians

Data for Aboriginal and Torres Strait Islander mortality are collected through State and Territory death registrations. The completeness of identification of Aboriginal and Torres Strait Islander Australian deaths in these collections varies significantly across states and territories so care is required when making comparisons.

For the period 2010–2014, NSW, Queensland, WA, SA and the NT have been assessed as having adequate identification and number of Aboriginal and Torres Strait Islander deaths for mortality analysis. For these five jurisdictions combined, the overall age standardised mortality rate for Aboriginal and Torres Strait Islander people was 985.9 per 100 000 people, significantly higher than for other Australians (581.2 per 100 000 people) (table EA.55). Due to identification completeness issues, mortality rates presented here are likely to be underestimates of the true mortality of Aboriginal and Torres Strait Islander Australians (ABS and AIHW 2008).

For the period 2010–2014, the average mortality rate for Aboriginal and Torres Strait Islander infants (less than one year) was higher than for other infants in the jurisdictions for which there were data available (NSW, Queensland, WA, SA and the NT) (table EA.60). For the same period and the same jurisdictions, the average mortality rate for infants and children combined per 100 000 children aged 0–4 years was 166.0 for Aboriginal and Torres Strait Islander children and 84.1 for other Australian children (table EA.60).

###### Mortality rates — by major cause of death

The most common causes of death among Australians in 2013 were cancers, diseases of the circulatory system (including heart disease, heart attack and stroke), and diseases of the respiratory system (including influenza, pneumonia and chronic lower respiratory diseases) (tables E.1 and EA.61).

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| Table E.1 Age standardised mortality rates by selected major causes of death (deaths per 100 000 people), 2013**a** |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | *NSW* | *Vic* | *Qld* | *WA* | *SA* | *Tas* | *ACT* | *NT* | *Aust* | | Neoplasms | 169.4 | 161.9 | 175.6 | 162.0 | 165.6 | 195.3 | 153.8 | 219.4 | 168.2 | | Diseases of the circulatory system | 159.2 | 143.0 | 160.0 | 143.4 | 151.9 | 186.5 | 123.3 | 185.7 | 153.8 | | Diseases of the respiratory system | 44.9 | 44.8 | 44.6 | 41.4 | 46.1 | 51.9 | 42.2 | 94.9 | 45.1 | | **All causes** | **543.6** | **512.1** | **554.9** | **522.6** | **547.8** | **649.0** | **474.8** | **831.9** | **540.0** | |
| a See box E.6 and table EA.61 for detailed detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) Causes of Death Australia, 2013,Cat. no. 3303.0; table EA.61. |
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In the jurisdictions for which age standardised death rates are available by Indigenous status (NSW, Queensland, WA, SA and the NT), the leading age‑standardised causes of death for Aboriginal and Torres Strait Islander people in the period 2009–2013 were diseases of the circulatory system, cancers, endocrine and other disorders, and diseases of the respiratory system (table EA.62).

#### Employed health practitioners

‘Employed health practitioners’ is an indicator of governments’ objective that Australians have a sustainable health system (box E.7).

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| Box E.7 Employed health practitioners |
| ‘Employed health practitioners’ is defined by three measures:   * full time equivalent employed health practitioners divided by the population * the proportion of full time equivalent employed health practitioners under the age of 45 years * the average annual growth in full time equivalent employed health practitioners.   Health practitioners data in this Report are for employed medical practitioners and nurses/midwives, with some limited data available for employed allied health professionals.  High or increasing rates for measures of employed health practitioners can give an indication of the sustainability of the health system and its ability to respond and adapt to future needs.  Data reported for this indicator are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2014 data are available for all jurisdictions.   Information about data quality for this indicator is at www.pc.gov.au/rogs/2016. |
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In 2014, there were 387.4 (FTE (full time equivalent)) employed medical practitioners per 100 000 people (figure E.13). The majority of employed medical practitioners (commonly referred to as doctors) that were employed in medicine were clinicians (95.3 per cent) and the majority of clinicians were either GPs (33.0 per cent) or specialists (34.9 per cent) (AIHW 2015b).

In 2014, the number of nurses and midwives registered in Australia was 352 838, of whom 300 979 were employed (equating to 1281 per 100 000 population) (table EA.64). The majority of employed nurses and midwives were clinicians (90.1 per cent) (AIHW 2015c). The principal area of the main job of employed registered and enrolled nurses and midwives was aged care (14.4 per cent) followed by medical (9.0 per cent) and surgical (7.9 per cent) roles in 2014 (AIHW 2015c). The number of FTE employed nurses and midwives per 100 000 people by jurisdiction is illustrated for 2011 to 2014 in figure E.14 (data were not collected in 2010).

Nationally there were 435.9 FTE employed allied health practitioners per 100 000 people in 2014 (table EA.65).

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| Figure E.13 Full time equivalent employed medical practitioners**a** |
| |  | | --- | | Figure E.13 Full time equivalent employed medical practitioners  More details can be found within the text surrounding this image. | |
| a See box E.7 and table EA.63 for detailed definitions, footnotes and caveats. |
| *Source*: AIHW (unpublished); table EA.63. |
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| Figure E.14 Full time equivalent employed nurses and midwives**a** |
| |  | | --- | | Figure E.14 Full time equivalent employed nurses and midwives  More details can be found within the text surrounding this image. | |
| a See box E.7 and table EA.64 for detailed definitions, footnotes and caveats. |
| *Source*: AIHW (unpublished); table EA.64. |
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At the national level, 52.0 per cent of FTE employed medical practitioners were under the age of 45 in 2014 (table EA.63). The employed medical practitioner workforce grew at an average annual rate of 3.7 per cent from 2009 to 2014 (table EA.66). The employed nursing and midwifery workforce grew at an average annual rate of 2.1 per cent from 2009 to 2014 (table EA.66), and 48.0 per cent of FTE employed nurses were under the age of 45 in 2014 (table EA.64).

Nationally, 1.0 per cent of the employed nursing and midwifery workforce and 0.5 per cent of the employed medical workforce were Aboriginal and Torres Strait Islander in 2014 (table EA.67). Of people employed in health‑related occupations in 2011, 1.6 per cent were Aboriginal and Torres Strait Islander. Within health related occupations in 2011, the occupations with the highest percentage of Aboriginal and Torres Strait Islander Australians were health and welfare support officers, which includes the occupation Aboriginal and Torres Strait Islander Health Workers (tables EA.68–EA.70).

#### Access to services compared to need by type of service

‘Access to services compared to need by type of service’ is an indicator of governments’ objective that Aboriginal and Torres Strait Islander Australians and those living in rural and remote areas or on low incomes achieve health outcomes comparable to the broader population (box E.8).

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| Box E.8 Access to services compared to need by type of service |
| ‘Access to services compared to need by type of service’ is defined as the proportion of the population aged 15 years or over who accessed a particular health service in the past 12 months (for hospital admissions), 3 months (for dental services) or 2 weeks (for other health services). Rates are age standardised and calculated separately for each type of service and by categories of self‑assessed health status.  Service types are: admitted hospitalisations, casualty/outpatients, GP and/or specialist doctor consultations, consultations with other health professional and dental consultation. Self‑assessed health status is categorised as excellent/very good/good and fair/poor. Data are reported for all Australians by remoteness and by SEIFA and for Aboriginal and Torres Strait Islander Australians.  High or increasing rates of ‘access to services compared to need by type of service’ are desirable, as are rates for those in disadvantaged groups being close to the rates for those who are not disadvantaged.  Data for this measure include 95 per cent confidence intervals (in the form of error bars in figures and percentages in tables).  Data reported for this indicator are   * comparable (subject to caveats) across jurisdictions but not over time * complete (subject to caveats) for the current reporting period. All required data are available for all jurisdictions for all Australians (2011‑12) and Aboriginal and Torres Strait Islander Australians (2012‑13).   The total and non‑Indigenous components of the AHS 2011–2013 did not include people living in discrete Aboriginal and Torres Strait Islander communities or very remote areas, which affects the comparability of the NT results.  Data quality information for this indicator is under development. |
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Nationally in 2011‑12, the majority of Australians (85.4 per cent) aged 15 years or over reported their health as either good, very good or excellent (ABS 2013c). Aboriginal and Torres Strait Islander people were less likely to report good, very good or excellent health in 2012‑13 (76.0 per cent) (ABS 2014a). Age standardised data show that Aboriginal and Torres Strait Islander people were twice as likely as other Australians to report their health as fair or poor.

Health services were accessed in 2011‑12 by 27.1 per cent of Australians who reported their health status as excellent/very good/good, and by 48.5 per cent of those who reported their health status as being fair/poor (table EA.71). Data for access to health services by Aboriginal and Torres Strait Islander people are not comparable with data for other Australians due to methodological differences.

Nationally, the proportion of Aboriginal and Torres Strait Islander Australians who accessed services varied significantly by self‑assessed health status for hospital admissions, consultations with doctors and consultations with other health professionals (figure E.15). Data for people accessing health services by Indigenous status in 2004‑05 are reported in table EA.74.

Data on the proportion of people who accessed health services by remoteness, SEIFA and type of health service are reported for 2004‑05 and 2011‑12 in tables EA.75–EA.78.

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| Figure E.15 Proportion of Aboriginal and Torres Strait Islander people who accessed health services by health status, 2012‑13**a** |
| Figure E.15 Proportion of Aboriginal and Torres Strait Islander people who accessed health services by health status, 2012-13  Legend to Figure:   Dark Blue Colour - Excellent/very good/good Dark Green Colour - Fair/poor  More details can be found within the text surrounding this image.   |  | | --- | | **Figure E.15 Proportion of Aboriginal and Torres Strait Islander people who accessed health services by health status, 2012-13  Admitted to hospital  More details can be found within the text surrounding this image.**  **Figure E.15 Proportion of Aboriginal and Torres Strait Islander people who accessed health services by health status, 2012-13  Consulted a doctor  More details can be found within the text surrounding this image.**  **Figure E.15 Proportion of Aboriginal and Torres Strait Islander people who accessed health services by health status, 2012-13  Consulted other health professional  More details can be found within the text surrounding this image.** | |
| a See box E.8 and table EA.73 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) Australian Aboriginal and Torres Strait Islander Health Survey, 2012‑13 (National Aboriginal and Torres Strait Islander Health Surveycomponent), Cat. no. 4727.0; table EA.73. |
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### Service‑specific performance indicator frameworks

This section summarises information from the following service specific indicator frameworks:

* primary and community health (see chapter 10 for more detail)
* public hospitals (see chapter 11 for more detail)
* maternity services (see chapter 11 for more detail)
* mental health management (see chapter 12 for more detail).

Each performance indicator framework provides comprehensive information on the equity, effectiveness and efficiency of specific government services.

Additional information is available in each chapter and associated attachment tables to assist the interpretation of these results.

#### Primary and community health

The performance indicator framework for primary and community health is presented in figure E.16. An overview of the primary and community health performance indicator results are presented in table E.2.

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| Figure E.16 Primary and community health performance indicator framework |
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| Table E.2 Performance indicator results for Primary and community healtha, b, c |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | Equity — Access indicators | | | | | | | | | | | Availability of PBS medicines | | | | | | | | | | | PBS prescriptions filled at concessional rate, 2014‑15 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 10) | | | | | | | | | | | % | 91.2 | 91.4 | 90.8 | 87.8 | 92.3 | 93.2 | 84.6 | 82.5 | 90.9 | | *Source*: Attachment table 10A.12 | | | | | | | | | | | Equity of access to GPs | | | | | | | | | | | Availability of FSE GPs per 100 000 people, by region, 2014‑15 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 10) | | | | | | | | | | | Major cities | | | | | | | | | | | rate | 98.7 | 95.3 | 102.2 | 78.8 | 99.8 | .. | 69.2 | .. | 95.4 | | Outer regional, remote and very remote areas | | | | | | | | | | | rate | 77.4 | 85.9 | 87.2 | 68.5 | 92.2 | 77.6 | .. | 70.6 | 80.9 | | *Source*:Attachment table 10A.24 | | | | | | | | | | | Availability of GPs by sex, 2014‑15 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 10) | | | | | | | | | | | FSE Female GPs per 100 000 females | | | | | | | | | | | rate | 69.0 | 65.6 | 68.5 | 51.9 | 59.7 | 66.1 | 58.9 | 60.8 | 65.2 | | FSE Male GPs per 100 000 males | | | | | | | | | | | no. | 124.4 | 124.0 | 127.7 | 100.5 | 133.7 | 106.0 | 78.4 | 79.0 | 121.3 | | *Source*:Attachment tables 10A.25 (Females) and 10A.26 (Males) | | | | | | | | | | | Availability of public dentists | | | | | | | | | | | FTE Dentists by region, per 100 000 people, 2014 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 10) | | | | | | | | | | | Major cities | | | | | | | | | | | rate | 6.1 | 6.3 | 6.9 | 6.7 | 8.6 | .. | 7.0 | .. | 6.6 | | Remote and very remote | | | | | | | | | | | rate | np | – | 10.8 | 6.5 | 3.3 | np | .. | 9.6 | 7.9 | | *Source*:Attachment table 10A.27 | | | | | | | | | | | Early detection and early treatment for Aboriginal and Torres Strait Islander Australians | | | | | | | | | | | Older Aboriginal and Torres Strait Islander Australians who received a health assessment, 2014‑15 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 10) | | | | | | | | | | | % | 30.8 | 19.8 | 39.9 | 35.0 | 23.8 | 18.2 | 24.1 | 38.4 | 32.7 | | *Source*:Attachment table 10A.31 | | | | | | | | | | | Developmental health checks | | | | | | | | | | | Children receiving a fourth year developmental health check, 2014‑15 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 10) | | | | | | | | | | | % | 70.9 | 28.6 | 79.8 | 53.3 | 57.7 | 53.3 | 49.3 | 66.9 | 58.9 | | *Source*:Attachment table 10A.34 | | | | | | | | | | |
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| Table E.2 (continued) |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | Effectiveness — Access indicators | | | | | | | | | | | Effectiveness of access to GPs | | | | | | | | | | | Bulk billing rates, 2014‑15 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 10) | | | | | | | | | | | % | 88.4 | 84.2 | 84.1 | 78.3 | 83.2 | 77.9 | 58.1 | 86.4 | 84.6 | | *Source*: Attachment table 10A.36 | | | | | | | | | | | People deferring visits to GPs due to financial barriers, 2014‑15 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 10) | | | | | | | | | | | % | 3.2 ± 0.6 | 5.6 ± 0.8 | 5.4 ± 0.8 | 7.0 ± 1.3 | 5.5 ± 1.0 | 7.0 ± 1.5 | 9.7 ± 2.2 | 4.1 ± 1.8 | 5.0 ± 0.3 | | *Source*:Attachment table 10A.37 | | | | | | | | | | | GP waiting times for urgent appointment, 2014‑15 — less than 4 hours | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 10) | | | | | | | | | | | % | 67.2 ± 3.2 | 65.7 ± 3.9 | 61.7 ± 7.8 | 58.1 ± 7.6 | 58.2 ± 8.4 | 53.3 ± 8.6 | 53.2 ± 10.6 | 74.1 ± 7.4 | 63.9 ± 2.4 | | *Source*:Attachment table 10A.39 | | | | | | | | | | | Financial barriers to PBS medicines | | | | | | | | | | | People deferring treatment due to financial barriers, 2014‑15 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 10) | | | | | | | | | | | % | 6.9 ± 0.9 | 7.5 ± 0.9 | 8.5 ± 0.9 | 8.0 ± 1.4 | 8.6 ± 1.3 | 7.9 ± 1.2 | 7.4 ± 2.2 | 6.0 ± 2.2 | 7.6 ± 0.5 | | *Source*:Attachment table 10A.43 | | | | | | | | | | | Public dentistry waiting times | | | | | | | | | | | Median time waited for public dental care, 2014‑15 | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 10). Data are available in attachment tables 10A.45–10A.52. | | | | | | | | | | | Effectiveness — Appropriateness indicators | | | | | | | | | | | GPs with vocational registration | | | | | | | | | | | GPs with vocational registration, 2014‑15 | | | | | | | | | | | Most recent data for this measure are comparable and complete (subject to caveats) (chapter 10) | | | | | | | | | | | % | 83.8 | 77.9 | 80.9 | 82.7 | 81.6 | 80.8 | 87.9 | 59.0 | 81.2 | | *Source*:Attachment table 10A.54 | | | | | | | | | | | Management of upper respiratory tract infections | | | | | | | | | | | Proportion of GP encounters for the management of acute URTI where systemic antibiotics were prescribed or supplied, April 2010 to March 2015 | | | | | | | | | | | Most recent data for this measure are comparable and complete (subject to caveats) (chapter 10) | | | | | | | | | | | % | 31.5 ± 1.9 | 26.9 ± 2.1 | 34.5 ± 2.6 | 27.5 ± 4.4 | 27.8 ± 3.9 | 26.1 ± 6.3 | 27.6 ± 8.9 | 22.7 ± 9.4 | 30.2 ± 1.1 | | *Source*:Attachment table 10A.59 | | | | | | | | | | |
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| Table E.2 (continued) | |
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| Table E.2 (continued) | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | **Outcome indicators** | | | | | | | | | | | Child immunisation coverage | | | | | | | | | | | Children aged 60 to 63 months who were fully immunised, 2014‑15 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 10) | | | | | | | | | | | % | 92.7 | 92.6 | 92.3 | 90.6 | 90.9 | 92.6 | 93.2 | 92.4 | 92.3 | | *Source*:Attachment table 10A.84 | | | | | | | | | | | Notifications of selected childhood diseases | | | | | | | | | | | Notifications of measles per 100 000 children aged 0–14 years, 2014‑15 | | | | | | | | | | | Most recent data for this measure comparable and complete (subject to caveats) (chapter 10) | | | | | | | | | | | rate | 0.4 | 2.0 | 1.5 | 1.8 | – | np | 8.2 | np | 1.4 | | *Source*: Attachment table 10A.85 | | | | | | | | | | | Participation rates for women in breast cancer screening | | | | | | | | | | | Participation rates for women in breast cancer screening, 1 January 2013 to 31 December 2014 | | | | | | | | | | | Most recent data for this measure comparable and complete (subject to caveats) (chapter 10) | | | | | | | | | | | % | 50.2 | 54.2 | 57.0 | 54.0 | 54.8 | 56.4 | 53.9 | 39.3 | 53.7 | | *Source*: Attachment table 10A.88 | | | | | | | | | | | Participation rates for women in cervical screening | | | | | | | | | | | Participation rates for women in cervical screening, 1 January 2013 to 31 December 2014 (ASR) | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 10) | | | | | | | | | | | % | 57.0 | 60.3 | 56.4 | 56.1 | 59.4 | 57.9 | 57.9 | 55.2 | 57.8 | | *Source*:Attachment table 10A.93 | | | | | | | | | | | Influenza vaccination coverage for older people | | | | | | | | | | | Influenza vaccination coverage for people aged 65 years or over, 2009 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 10) | | | | | | | | | | | % | 72.7 | 75.0 | 74.6 | 72.9 | 81.3 | 77.5 | 78.0 | 69.3 | 74.6 | | *Source*:Attachment table 10A.95 | | | | | | | | | | | Separations for selected potentially preventable hospitalisations | | | | | | | | | | | Separations for selected potentially preventable hospitalisations, 2013‑14, per 1000 people | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 10) | | | | | | | | | | | rate | 22.4 | 22.9 | 27.9 | 24.6 | 25.6 | 22.0 | 18.5 | 48.9 | 24.4 | | *Source*:Attachment table 10A.98 | | | | | | | | | | | |
| a Caveats for these data are available in chapter 10 and attachment 10A. Refer to the indicator interpretation boxes in chapter 10 for information to assist with the interpretation of data presented in this table. b These data are derived from detailed data in Chapter 10 and Attachment 10A. c Some percentages reported in this table include 95 per cent confidence intervals.  .. Not applicable. – Nil or rounded to zero. **np** Not published. | |
| *Source:* Chapter 10 and Attachment 10A. | |
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#### Public hospitals

The performance indicator framework for public hospitals is presented in figure E.17. An overview of the public hospital performance indicator results are presented in table E.3.

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| Figure E.17 Public hospitals performance indicator framework |
| |  | | --- | | Figure E.17 Public hospitals performance indicator framework  More details can be found within the text surrounding this image. | |
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| Table E.3 Performance indicator results for public hospitals**a, b** |
| |  | | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Effectiveness — Access indicators | | | | | | | | | | | | | Emergency department waiting times | | | | | | | | | | | | | Emergency department waiting times by triage category — proportion of patients seen on time (per cent), 2014‑15 | | | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11) | | | | | | | | | | | | | Triage category | | | | | | | | | | | | |  | Resuscitation | | 100 | 100 | 99 | 100 | 100 | 100 | 100 | 100 | 100 | |  | Emergency | | 82 | 80 | 77 | 83 | 69 | 83 | 78 | 62 | 79 | |  | Urgent | | 76 | 73 | 64 | 57 | 57 | 64 | 48 | 54 | 68 | |  | Semi‑urgent | | 81 | 73 | 74 | 69 | 69 | 67 | 53 | 59 | 74 | |  | Non‑urgent | | 95 | 89 | 93 | 93 | 89 | 89 | 86 | 88 | 92 | |  | Total | | 81 | 75 | 71 | 68 | 66 | 70 | 59 | 60 | 74 | | *Source*: Attachment table 11A.14 | | | | | | | | | | | | | Length of stay for emergency department care, proportion of patients staying for four hours or less, 2014‑15 | | | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11) | | | | | | | | | | | | |  | % | | 74.9 | 69.9 | 76.7 | 78.7 | 63.8 | 66.6 | 63.1 | 62.1 | 73.2 | | Source: Attachment table 11A.19 | | | | | | | | | | | | | Emergency department waiting time to commencement of clinical care (minutes), 2014‑15 | | | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11) | | | | | | | | | | | | |  | 50th percentile | | 15 | 19 | 20 | 25 | 20 | 25 | 37 | 31 | 18 | |  | 90th percentile | | 78 | 97 | 93 | 99 | 113 | 107 | 147 | 130 | 93 | | Source: Attachment table 11A.20. | | | | | | | | | | | | | Waiting times for admitted patient services | | | | | | | | | | | | | Overall elective surgery waiting times, 2014‑15 (days waited) | | | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11) | | | | | | | | | | | | |  | 50th percentile | | 54 | 29 | 27 | 29 | 37 | 55 | 45 | 32 | 35 | |  | 90th percentile | | 330 | 177 | 147 | 148 | 210 | 424 | 245 | 217 | 253 | |  | | Proportion waiting more than 365 days | | | | | | | | | | |  | % | | 1.6 | 2.4 | 0.5 | 0.7 | 1.1 | 12.9 | 5.3 | 3.9 | 1.8 | | *Source:* Attachment table 11A.21 | | | | | | | | | | | | | Presentations to emergency departments with a length of stay of 4 hours or less ending in admission, public hospitals (per cent), 2014‑15 | | | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11) | | | | | | | | | | | | | Triage category | | | | | | | | | | | | |  | Resuscitation | | 51 | 56 | 59 | 68 | 54 | 58 | 57 | 46 | 56 | |  | Emergency | | 43 | 49 | 56 | 60 | 37 | 35 | 46 | 24 | 48 | |  | Urgent | | 40 | 48 | 56 | 52 | 34 | 26 | 31 | 21 | 45 | |  | Semi‑urgent | | 45 | 51 | 60 | 53 | 40 | 28 | 35 | 22 | 48 | |  | Non‑urgent | | 65 | 64 | 66 | 63 | 58 | 45 | 42 | 29 | 63 | |  | Total | | 43 | 49 | 57 | 55 | 37 | 29 | 36 | 23 | 47 | | *Source*: Attachment table 11A.44.  (continued next page) | | | | | | | | | | | | |
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| Table E.3 (continued) |
| |  | | | | | NSW | Vic | Qld | | | WA | | SA | Tas | ACT | NT | Aust | | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Length of stay of emergency department presentations ending in admission, 2014‑15 | | | | | | | | | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11) | | | | | | | | | | | | | | | | | | | Time waited at 50th percentile by triage category (hours:minutes) | | | | | | | | | | | | | | | | | | |  | | | | Resuscitation | 3:59 | 3:45 | 3:37 | | | 3:04 | | 3:36 | 3:24 | 3:27 | 4:28 | 3:45 | | |  | | | | Emergency | 4:39 | 4:03 | 3:49 | | | 3:38 | | 5:11 | 5:28 | 4:24 | 7:17 | 4:11 | | |  | | | | Urgent | 4:58 | 4:14 | 3:52 | | | 3:58 | | 5:31 | 6:24 | 5:51 | 7:22 | 4:26 | | |  | | | | Semi‑urgent | 4:32 | 3:59 | 3:44 | | | 3:56 | | 4:52 | 6:12 | 5:22 | 6:54 | 4:11 | | |  | | | | Non‑urgent | 3:18 | 3:24 | 3:20 | | | 3:37 | | 3:12 | 4:25 | 4:36 | 6:32 | 3:26 | | |  | | | | Total | 4:43 | 4:05 | 3:50 | | | 3:53 | | 5:12 | 6:05 | 5:21 | 7:08 | 4:16 | | | *Source*: Attachment table 11A.45 | | | | | | | | | | | | | | | | | | | Effectiveness — Appropriateness indicators | | | | | | | | | | | | | | | | | | | Separation rates for selected procedures | | | | | | | | | | | | | | | | | | | Separation rates for selected procedures, per 1000 people (age standardised), 2013‑14 | | | | | | | | | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 11) | | | | | | | | | | | | | | | | | | |  | | | | Cataract extraction | 8.3 | 8.7 | 9.6 | | | 10.6 | | 8.0 | 10.4 | 7.4 | 9.1 | 8.9 | | |  | | | | Cholecystectomy | 2.2 | 2.3 | 2.4 | | | 2.0 | | 2.1 | 2.4 | 2.5 | 1.7 | 2.2 | | |  | | | | Coronary angioplasty | 1.5 | 1.5 | 1.5 | | | 1.4 | | 1.2 | 1.2 | 3.2 | 0.3 | 1.5 | | |  | | | | Coronary artery bypass graft | 0.5 | 0.5 | 0.6 | | | 0.4 | | 0.6 | 0.3 | 0.7 | .. | 0.5 | | |  | | | | Cystoscopy | 3.9 | 6.1 | 5.5 | | 7.8 | | | 6.0 | 4.8 | 5.8 | 3.1 | 5.4 | | |  | | | | Haemorrhoidectomy | 2.7 | 1.8 | 1.5 | | 1.2 | | | 1.5 | 1.9 | 1.0 | 1.9 | 1.9 | | |  | | | | Hip replacement | 1.4 | 1.7 | 1.4 | | 1.7 | | | 1.7 | 1.9 | 2.3 | 0.7 | 1.6 | | |  | | | | Hysterectomy | 2.1 | 2.3 | 2.7 | | 3.8 | | | 1.8 | 2.7 | 3.8 | 0.8 | 2.4 | | |  | | | | Inguinal herniorrhaphy | 2.0 | 2.1 | 2.1 | | 2.1 | | | 2.0 | 2.1 | 2.4 | 1.7 | 2.1 | | |  | | | Knee replacement | | 1.9 | 1.7 | 2.0 | | | 2.2 | | 2.1 | 1.6 | 2.4 | 0.8 | 1.9 | | |  | | Myringotomy | | | 1.4 | 1.7 | 1.4 | 2.0 | | | 2.6 | | 1.2 | 2.3 | 0.7 | 1.6 | | |  | | Prostatectomy | | | 2.5 | 2.8 | 2.7 | 2.9 | | | 1.9 | | 2.6 | 8.1 | 0.2 | 2.6 | | |  | | Septoplasty | | | 1.2 | 1.3 | 0.9 | 1.0 | | | 1.4 | | 0.5 | 1.2 | 0.5 | 1.1 | | |  | | Tonsillectomy | | | 2.3 | 2.6 | 2.3 | 2.8 | | | 2.8 | | 1.8 | 4.0 | 1.2 | 2.5 | | |  | Varicose veins, stripping and ligation | | | | 0.6 | 0.7 | 0.5 | 0.6 | | | 0.6 | | 0.4 | 1.0 | 0.5 | 0.6 | | | *Source*: Attachment table 11A.46. | | | | | | | | | | | | | | | | | | | Effectiveness — Quality — Safety indicators | | | | | | | | | | | | | | | | | | | Selected unplanned hospital readmission rates | | | | | | | | | | | | | | | | | | | Rate at which patients unexpectedly return to hospital within 28 days for further treatment of the same condition (per 1000 separations), 2013‑14 | | | | | | | | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11) | | | | | | | | | | | | | | | | | | | Surgical procedure prior to separation | | | | | | | | | | | | | | | | | | |  | Knee replacement | | | | 21.4 | 21.2 | 31.3 | | | 34.4 | 18.5 | | 33.8 | 30.6 | np | 23.7 | | |  | Hip replacement | | | | 18.1 | 16.3 | 19.3 | | | 24.8 | 20.9 | | 14.9 | 18.4 | – | 17.8 | | |  | Tonsillectomy and adenoidectomy | | | | 28.5 | 30.1 | 43.4 | | | 45.4 | 35.7 | | 35.3 | 27.3 | 58.5 | 33.0 | |   (continued next page) |
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| Table E.3 (continued) |
| |  | | | | | NSW | | | | | Vic | | Qld | | | WA | | | SA | | | | Tas | | ACT | | | NT | Aust | | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Hysterectomy | | | | 28.6 | | | | | 26.0 | | 34.8 | | | 37.3 | | | 30.9 | | | | 8.4 | | 64.1 | | | np | 29.8 | | |  | Prostatectomy | | | | 25.8 | | | | | 19.8 | | 30.4 | | | 29.6 | | | 29.3 | | | | 30.5 | | np | | | np | 25.5 | | |  | Cataract surgery | | | | 2.7 | | | | | 3.7 | | 4.3 | | | 2.1 | | | 1.7 | | | | 2.1 | | – | | | 9.3 | 3.1 | | |  | Appendicectomy | | | | 18.3 | | | | | 20.3 | | 19.7 | | | 32.9 | | | 25.7 | | | | 19.1 | | 30.2 | | | 34.9 | 20.3 | | | *Source:* Attachment table 11A.47. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Accreditation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | The proportion of accredited hospitals reported to the National Public Hospital Establishments Database | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 11) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | % | | | | 92.9 | | | | 100.0 | | | 91.1 | | | 100.0 | | | | 98.8 | | 17.4 | | 100.0 | | | 100.0 | 93.2 | | | | | *Source:* Attachment table 11A.49. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Adverse events in public hospitals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Selected healthcare‑associated infections in acute care hospitals, per 10 000 patient days, 2014‑15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | 0.8 | | | 0.7 | | 0.8 | | | 0.8 | | | 0.8 | | | | 0.8 | | 0.8 | | | | 0.7 | | 0.8 | | | | | Source: Attachment table 11A.50. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Adverse events treated in hospitals, per 100 separations, 2013‑14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 11) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | rate | | | | 6.4 | | | 7.0 | | 6.4 | | | 7.0 | | | 7.3 | | | | 8.4 | | 7.3 | | | | 3.7 | | 6.7 | | | | | *Source:* Attachment table 11A.51. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Falls resulting in patient harm in public hospitals, per 1000 separations, 2013‑14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 11) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | rate | | | | | 5.1 | | 3.4 | | 3.4 | | | 4.5 | | | 4.9 | | | | 6.5 | | 3.8 | | | | 1.8 | | 4.2 | | | | | *Source*: Attachment table 11A.52. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Efficiency sustainability indicators | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Workforce sustainability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nursingworkforce by age group (per cent), 2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 11) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | <30 years | | 15.8 | | | | | | 18.0 | | | 15.3 | | | 16.4 | | 14.5 | | | | 13.1 | | 16.7 | | | 17.2 | | 16.2 | | | | |  | | 30‑39 years | | 20.2 | | | | | | 20.9 | | | 20.7 | | | 20.8 | | 19.3 | | | | 15.9 | | 22.3 | | | 26.6 | | 20.5 | | | | |  | | 40‑49 years | | 23.5 | | | | | | 24.7 | | | 26.7 | | | 25.3 | | 25.2 | | | | 25.5 | | 25.2 | | | 22.8 | | 24.9 | | | | |  | | 50‑59 years | | 28.3 | | | | | | 25.6 | | | 26.8 | | | 26.5 | | 30.4 | | | | 33.9 | | 25.7 | | | 23.8 | | 27.3 | | | | |  | | 60+ years | | 12.3 | | | | | | 10.7 | | | 10.4 | | | 11.0 | | 10.7 | | | | 11.6 | | 10.1 | | | 9.7 | | 11.1 | | | | | *Source*: Attachment table 11A.54. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Medical practitioner workforce by age group (per cent), 2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 11) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | <30 years | | | | | 9.1 | | 10.6 | | 9.8 | | | 10.4 | | | | 9.8 | | | 9.7 | | | 9.8 | 10.6 | | 9.8 | | | | | |  | | | 30‑39 years | | | | | 26.2 | | 28.5 | | 28.5 | | | 29.2 | | | | 27.6 | | | 24.5 | | | 26.8 | 37.3 | | 27.8 | | | | | |  | | | 40‑49 years | | | | | 24.3 | | 23.4 | | 25.8 | | | 25.7 | | | | 24.5 | | | 25.8 | | | 24.4 | | 22.2 | 24.5 | | | | | |  | | | 50‑59 years | | | | | 20.8 | | 20.6 | | 20.9 | | | 19.5 | | | | 20.5 | | | 22.5 | | | 23.1 | | 16.8 | 20.7 | | | | | |  | | | 60+ years | | | | | 19.5 | | 16.9 | | 15.0 | | | 15.2 | | | | 17.6 | | | 17.5 | | | 15.8 | | 13.1 | 17.2 | | | | | | *Source*: Attachment table 11A.56. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |   (continued next page) |
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| Table E.3 (continued) |
| |  | | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | | Aust | | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Efficiency indicators | | | | | | | | | | | | | | | Cost per casemix adjusted separation | | | | | | | | | | | | | | | Recurrent cost per casemix‑adjusted separation, 2013‑14 | | | | | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11) | | | | | | | | | | | | | | |  | $ | 4 788 | | 4 228 | 4 783 | 5 624 | 5 402 | 4 942 | 6 664 | 6 840 | | 4 836 | | | Source: Attachment table 11A.57 | | | | | | | | | | | | | | | Capital cost per separation, 2013‑14 | | | | | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11) | | | | | | | | | | | | | | |  | $ | 728 | | 819 | 614 | 554 | 710 | 668 | 907 | 548 | | 709 | | | *Source*: Attachment table 11A.58. | | | | | | | | | | | | | | | Relative stay index, 2013‑14 | | | | | | | | | | | | | | | Acute care patient days divided by expected number of acute care patient days, adjusted for casemix | | | | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 11) | | | | | | | | | | | | | | |  |  | 1.03 | | 0.92 | 0.86 | 0.97 | 1.05 | 0.99 | 1.08 | 1.14 | | 0.97 | | | *Source*: Attachment table 11A.59*.* | | | | | | | | | | | | | | | Recurrent cost per non‑admitted occasion of service | | | | | | | | | | | | | | | Recurrent cost per non‑admitted occasion of service, 2013‑14 | | | | | | | | | | | | | | | Most recent data for this measure are neither comparable nor complete (chapter 11). Data are available in attachment tables 11A.61–11A.65. | | | | | | | | | | | | | | | Outcome indicators | | | | | | | | | | | | | | | Patient satisfaction, 2014‑15 | | | | | | | | | | | | | | | Proportion (%) of persons who went to an *emergency department* in the last 12 months reporting that: | | | | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 11). | | | | | | | | | | | | | | | ED doctors, specialists or nurses always or often listened carefully to them | | | | | | | | | | | | | | |  | Doctors/specialists | | 86.9 | 83.7 | 83.9 | 88.8 | 84.4 | 87.4 | 86.8 | 85.5 | | 85.2 | | |  | Nurses | | 90.5 | 91.2 | 88.6 | 92.6 | 88.2 | 91.2 | 91.8 | 91.2 | | 90.4 | | | ED doctors, specialists or nurses always or often showed respect to them | | | | | | | | | | | | | | |  | Doctors/specialists | | 90.1 | 86.1 | 86.6 | 89.5 | 86.4 | 88.1 | 89.3 | 88.2 | 87.7 | | | |  | Nurses | | 90.8 | 90.3 | 88.7 | 92.7 | 88.6 | 93.7 | 94.8 | 91.2 | 90.7 | | | | ED doctors, specialists or nurses always or often spent enough time with them | | | | | | | | | | | | | | |  | Doctors/specialists | | 85.0 | 80.9 | 81.2 | 83.7 | 80.4 | 82.5 | 82.0 | 87.1 | 82.4 | | | |  | Nurses | | 87.6 | 85.9 | 84.4 | 90.7 | 85.1 | 88.5 | 89.4 | 91.5 | 86.8 | | | | Proportion (%) of persons who were admitted to hospital in the last 12 months reporting that: | | | | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 11). | | | | | | | | | | | | | | | Hospital doctors, specialists or nurses always or often listened carefully to them | | | | | | | | | | | | | |  | Doctors/specialists | | 92.0 | 88.8 | 88.8 | 88.9 | 89.1 | 88.8 | 88.1 | 94.3 | 89.9 | | |  | Nurses | | 92.9 | 89.6 | 90.0 | 90.7 | 89.9 | 91.8 | 91.6 | 94.7 | 90.8 | | | Hospital doctors, specialists or nurses always or often showed respect to them | | | | | | | | | | | | | |  | Doctors/specialists | | 92.5 | 90.7 | 90.2 | 90.5 | 91.1 | 90.1 | 88.5 | 90.5 | | 91.0 | |  | Nurses | | 93.7 | 91.1 | 90.3 | 90.7 | 90.3 | 92.7 | 90.1 | 94.7 | | 91.9 | | (continued next page) | | | | | | | | | | | | | |
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| Table E.3 (continued) |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | *NSW* | *Vic* | *Qld* | *WA* | | *SA* | *Tas* | *ACT* | *NT* | *Aust* | | Hospital doctors, specialists or nurses always or often spent enough time with them | | | | | | | | | | | | |  | Doctors/specialists | 89.6 | 84.9 | 86.4 | | 87.0 | 88.2 | 84.5 | 83.3 | 90.2 | 87.2 | |  | Nurses | 90.0 | 88.6 | 87.7 | | 85.9 | 86.4 | 90.3 | 88.4 | 93.1 | 88.6 | | Source: Attachment tables 11A. 69–76. | | | | | | | | | | | | | | Sentinel events, 2013‑14 | | | | | | | | | | | | | | Adverse events occurring due to hospital system and process deficiencies that result in death of, or serious harm to, a patient. | | | | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11). Data are available in tables 11A.77–11A.85. | | | | | | | | | | | | | |
| a Caveats for these data are available in chapter 11 and attachment 11A. Refer to the indicator interpretation boxes in chapter 11 for information to assist with the interpretation of data presented in this table. b These data are derived from detailed data in Chapter 11 and Attachment 11A. .. Not applicable.  – Nil or rounded to zero. **np** Not published. |
| *Source*: Chapter 11 and Attachment 11A. |
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#### Maternity services

The performance indicator framework for maternity services is presented in figure E.18. An overview of the maternity services performance indicator results are presented in table E.4.

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| Figure E.18 Maternity services performance indicator framework |
| |  | | --- | | Figure E.18 Maternity services performance indicator framework  More details can be found within the text surrounding this image. | |
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| Table E.4 Performance indicator results for maternity servicesa, b |
| |  | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | | Aust | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Effectiveness — Appropriateness indicators | | | | | | | | | | | | | Caesareans and inductions for selected primiparae | | | | | | | | | | | | | Proportion (%) of births for selected primiparae that were caesareans / inductions, public hospitals, 2014 | | | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11) | | | | | | | | | | | | |  | Caesareans | 23.5 | 25.1 | 22.6 | 25.0 | 28.4 | 24.1 | 22.4 | 29.7 | 24.3 | | |  | Inductions | 40.4 | 38.6 | 31.1 | 37.6 | 41.0 | 50.1 | 30.4 | 41.7 | 37.9 | | | *Source*: Attachment table 11A.90 | | | | | | | | | | | | | Instrumental vaginal births | | | | | | | | | | | | | Proportion of births for women giving birth for the first time that were instrumental vaginal births, 2013 | | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 11) | | | | | | | | | | | | |  | % | 22.9 | 29.1 | 22.4 | 29.6 | 24.2 | 23.0 | 28.4 | 19.4 | 25.3 | | | *Source*: Attachment table 11A.99 | | | | | | | | | | | | | Vaginal birth after caesarean section, 2013 | | | | | | | | | | | | | Proportion (%) of multiparous mothers who have had a previous caesarean, whose current method of birth was either an instrumental or non‑instrumental vaginal birth, 2013 | | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 11) | | | | | | | | | | | | |  | Non‑instrumental | 12.5 | 10.2 | 12.8 | 9.7 | 12.7 | 13.2 | 14.1 | 19.1 | 11.8 | | |  | Instrumental | 3.7 | 4.1 | 2.7 | 3.6 | 3.5 | 3.1 | 5.5 | 3.4 | 3.6 | | | *Source*: Attachment table 11A.100 | | | | | | | | | | | | | Effectiveness — Quality — Safety indicators | | | | | | | | | | | | | Perineal status after vaginal birth | | | | | | | | | | | | | Proportion of women with third or fourth degree lacerations to the perineum following vaginal birth,2013 | | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 11) | | | | | | | | | | | | |  | % | 2.0 | 1.9 | 2.2 | 1.6 | 2.3 | 1.8 | 4.4 | 2.0 | 2.0 | | | *Source*: Attachmenttable 11A.101 | | | | | | | | | | | | | Efficiency indicators | | | | | | | | | | | | | Recurrent cost per maternity separation | | | | | | | | | | | | | Recurrent cost per maternity separation without catastrophic or severe complications and comorbidities (dollars), public hospitals, 2013‑14 | | | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11) | | | | | | | | | | | | |  | $/Caesarean | 8 279 | 10 241 | 9 874 | 8 803 | 13 458 | 9 921 | 15 932 | 11 425 | 9 811 | | |  | $/Vaginal delivery | 5 930 | 6 512 | 6 167 | 5 315 | 8 291 | 5 655 | 12 703 | 6 214 | 6 423 | | | *Source*: Attachment table 11A.102 | | | | | | | | | | | | | Mother’s average length of stay | | | | | | | | | | | | | Average length of stay for selected maternity AR‑DGs, public hospitals (days), 2013‑14 | | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 11) | | | | | | | | | | | | |  | O01C Caesarean delivery | 3.6 | 3.5 | 3.2 | 3.5 | 3.7 | 3.6 | 3.5 | 4.2 | 3.5 | | |  | O60C Vaginal delivery | 2.3 | 2.2 | 1.9 | 2.2 | 2.1 | 2.3 | 1.8 | 2.8 | 2.2 | | | *Source*: Attachment table 11A.103 | | | | | | | | | | | | | (continued next page) | | | | | | | | | | | | |
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| Table E.4 (continued) |
| |  | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | | Aust | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Outcome indicators | | | | | | | | | | | | Baby’s Apgar score at 5 minutes | | | | | | | | | | | | Proportion of live births with an Apgar score of less than 4, at 5 minutes, by birthweight category, 2014 | | | | | | | | | | | | Most recent data for this indicator are neither comparable nor complete (chapter 11) | | | | | | | | | | | |  | <1500g | 14.5 | 18.2 | 18.2 | 5.8 | 9.0 | 18.8 | 13.2 | 25.5 | 15.1 | |  | 1500g–1999g | 0.8 | 0.7 | 1.4 | 0.3 | – | – | 2.1 | 1.7 | 0.9 | |  | 2000g–2499g | 0.4 | 0.3 | 0.6 | 0.5 | 0.3 | 0.5 | 0.4 | 0.5 | 0.4 | |  | 2500g+ | 0.2 | 0.2 | 0.2 | 0.2 | 0.1 | 0.1 | 0.5 | 0.3 | 0.2 |   Source: Attachment table 11A.104 | | | | | | | | | | | | | Perinatal death rate | | | | | | | | | | | | | Perinatal death rate per 1000 total births, 2013 | | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 11) | | | | | | | | | | | | |  | Fetal deaths | 5.6 | 6.0 | 5.9 | 5.9 | 3.8 | 7.2 | 5.2 | 9.5 | 5.7 | | |  | Neonatal deaths | 2.6 | 2.1 | 3.2 | 1.6 | 2.3 | 2.3 | 1.8 | 4.9 | 2.5 | | |  | Perinatal deaths | 8.1 | 8.2 | 9.1 | 7.5 | 6.1 | 9.5 | 7.0 | 14.4 | 8.2 | | | *Source*: Attachment tables 11A.105–11A.108 | | | | | | | | | | | | |
| a Caveats for these data are available in chapter 11 and attachment 11A. Refer to the indicator interpretation boxes in chapter 11 for information to assist with the interpretation of data presented in this table. b These data are derived from detailed data in Chapter 11 and Attachment 11A. – Nil or rounded to zero. **np** Not published. |
| *Source*: Chapter 11 and Attachment 11A. |
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#### Mental health management

The performance indicator framework for mental health management is presented in figure E.19. An overview of the mental health management performance indicator results are presented in table E.5.

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| Figure E.19 Mental health management performance indicator framework |
| |  | | --- | | Figure E.19 Mental health management performance indicator framework  More details can be found within the text surrounding this image. | |
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| Table E.5 Performance indicator results for Mental health managementa, b, c |
| |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Equity — Access indicators | | | | | | | | | | | New client index | | | | | | | | | | | Proportion of total clients of State and Territory specialised public mental health services who are new, 2013‑14 | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 12) | | | | | | | | | | | % | 40.6 | 36.8 | 45.4 | 42.9 | 42.8 | 45.2 | 40.2 | 46.1 | 41.7 | | *Source:* Attachment table 12A.33 | | | | | | | | | | | Proportion of total clients of MBS subsidised mental health services who are new, 2014‑15 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) | | | | | | | | | | | % | 34.1 | 32.5 | 35.9 | 38.3 | 33.2 | 36.4 | 37.3 | 49.0 | 34.5 | | Source: Attachment table 12A.35 | | | | | | | | | | | Mental health service use by selected community groups | | | | | | | | | | | Proportion of the Aboriginal and Torres Strait Islander population using State and Territory specialised public mental health services, compared with the proportion for non‑Indigenous population, 2013‑14 | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 12) | | | | | | | | | | | Aboriginal and Torres Strait Islander people | | | | | | | | | | | % | 5.4 | 2.9 | 4.5 | 5.6 | 6.0 | 2.0 | 8.1 | 4.2 | 4.8 | | Non‑Indigenous people | | | | | | | | | | | | % | 1.5 | 1.1 | 1.8 | 1.9 | 1.9 | 1.6 | 2.4 | 2.3 | 1.6 | | *Source:* Attachment table 12A.37 | | | | | | | | | | | Proportion of the Aboriginal and Torres Strait Islander population using MBS subsidised mental health services, compared with the proportion for non‑Indigenous population, 2013‑14 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) | | | | | | | | | | | Aboriginal and Torres Strait Islander people | | | | | | | | | | | % | 12.0 | 13.5 | 8.1 | 5.1 | 9.2 | 9.9 | 11.8 | 1.6 | 8.7 | | Non‑Indigenous people | | | | | | | | | | | | % | 8.4 | 9.4 | 8.4 | 6.4 | 8.2 | 7.7 | 6.7 | 4.3 | 8.3 | | *Source:* Attachment table 12A.37 | | | | | | | | | | | Effectiveness — Access indicators | | | | | | | | | | | Mental health service use by total population | | | | | | | | | | | Proportion of the population using a State and Territory governments’ specialised public mental health service, 2013‑14 | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 12) | | | | | | | | | | | % | 1.8 | 1.1 | 2.0 | 2.1 | 2.3 | 1.7 | 2.6 | 2.8 | 1.8 | | *Source:* Attachment table 12A.42 | | | | | | | | | | | Proportion of the population using a MBS subsidised service, 2013‑14 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) | | | | | | | | | | | % | 8.6 | 9.4 | 8.6 | 6.4 | 8.3 | 7.8 | 6.9 | 3.5 | 8.4 | | *Source:* Attachment table 12A.42 | | | | | | | | | | | Primary mental health care for children and young people | | | | | | | | | | | Proportion of young people aged under 25 years who had contact with primary mental health care services subsidised through the MBS*,* 2014‑15 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) | | | | | | | | | | | % | 6.6 | 7.4 | 6.8 | 5.2 | 7.0 | 6.8 | 6.2 | 2.5 | 6.7 | | *Source*:Attachment table 12A.45 | | | | | | | | | | | (continued next page) | | | | | | | | | | |
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| Table E.5 (continued) |
| |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Effectiveness — Appropriateness indicators | | | | | | | | | | | Services reviewed against National Standards | | | | | | | | | | | Proportion of expenditure on specialised public mental health services that had completed an external review against national standards and were assessed as meeting ‘all Standards’ (level 1), June 2014 | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 12) | | | | | | | | | | | % | 71.9 | 67.9 | 81.8 | 81.7 | – | – | 100.0 | 100.0 | 67.3 | | Source: Attachment table 12A.48 | | | | | | | | | | | Services provided in the appropriate setting | | | | | | | | | | | Proportion of State and Territory governments’ recurrent expenditure on specialised public mental health services that was on community‑based services, 2013-14 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) | | | | | | | | | | | % | 41.3 | 64.7 | 55.2 | 53.1 | 59.6 | 59.7 | 73.0 | 63.7 | 53.3 | | Source: Attachment table 12A.49 | | | | | | | | | | | Collection of information on consumers outcomes | | | | | | | | | | | Proportion of episodes with completed consumer outcomes measures collected for people in specialised public mental health services — ongoing ambulatory care, 2013‑14 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) | | | | | | | | | | | % | 19.8 | 37.2 | 23.6 | 27.3 | 39.5 | 25.0 | 6.9 | 11.1 | 27.2 | | Source: Attachment table 12A.50. | | | | | | | | | | | Effectiveness — Quality — Safety indicators | | | | | | | | | | | Rate of seclusion ― acute inpatient units | | | | | | | | | | | Number of seclusion events per 1000 bed days in specialised public mental health acute inpatient units, 2014‑15 | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 12) | | | | | | | | | | | no. | 7.7 | 7.5 | 11.4 | 4.3 | 5.0 | 10.1 | 2.7 | 31.0 | 7.8 | | *Source*: Attachment table 12A.51. | | | | | | | | | | | Effectiveness — Quality — Responsiveness indicators | | | | | | | | | | | Consumer and carer involvement in decision making | | | | | | | | | | | Number of paid FTE consumer workers per 1000 FTE paid direct care staff, 2013‑14 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) | | | | | | | | | | | no. | 3.2 | 2.6 | 1.8 | 1.5 | 6.1 | 0.8 | – | 0.6 | 2.7 | | *Source:* Attachment table 12A.53 | | | | | | | | | | | Effectiveness — Quality — Continuity indicators | | | | | | | | | | | Community follow‑up after psychiatric admission/hospitalisation | | | | | | | | | | | Proportion of State and Territory governments’ specialised public admitted patient overnight acute separations from psychiatric units for which a community‑based ambulatory contact was recorded in the seven days following separation, 2013‑14 | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 12) | | | | | | | | | | | % | 63.7 | 72.2 | 73.7 | 57.0 | 57.8 | 59.5 | 72.5 | 47.9 | 66.4 | | Source: Attachment table 12A.54 | | | | | | | | | | |
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| Table E.5 (continued) |
| |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Readmissions to hospital within 28 days of discharge | | | | | | | | | | | Proportion of State and Territory governments’ admitted patient overnight separations from psychiatric acute inpatient units that were followed by readmission to a psychiatric acute inpatient unit within 28 days of discharge, 2013‑14 | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 12) | | | | | | | | | | | % | 14.3 | 14.7 | 13.4 | 14.3 | 6.9 | 13.5 | 10.7 | 10.9 | 13.7 | | *Source*: Attachment table 12A.57. | | | | | | | | | | | | | | | | | | | | | Efficiency indicators | | | | | | | | | | | Cost of inpatient care | | | | | | | | | | | Cost per inpatient bed day, 2013‑14 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) | | | | | | | | | | | General mental health services (acute units) ($ per bed day) | | | | | | | | | | | $ | 1 091.72 | 878.53 | 993.99 | 1 287.11 | 1 140.01 | 977.63 | 1 063.98 | 1 571.39 | 1 060.56 | | General hospital with a psychiatric unit or ward (acute units) ($ per bed day) | | | | | | | | | | | $ | 1 111.51 | 874.72 | 1 014.41 | 1 267.47 | 1 081.86 | 1 181.06 | 1 025.44 | 1 571.39 | 1 057.94 | | Source: Attachment tables 12A.60 and 12A.62. | | | | | | | | | | | Cost of community‑based residential care | | | | | | | | | | | Average cost per patient day, 2013‑14 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) | | | | | | | | | | | General adult units — 24‑hour staffed units ($ per patient day) | | | | | | | | | | | $ | 249.60 | 587.88 | .. | 545.56 | 511.06 | 516.96 | 668.45 | 442.30 | 535.58 | | Source: Attachment table 12A.63 | | | | | | | | | | | Cost of ambulatory care | | | | | | | | | | | Average cost per treatment day, 2013‑14 ($ per treatment day) | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 12) | | | | | | | | | | | $ | 218.17 | 366.92 | 344.03 | 426.38 | 345.34 | 317.71 | 217.39 | 431.66 | 304.47 | | *Source:* Attachment table 12A.64. | | | | | | | | | | | Outcome indicators | | | | | | | | | | | Rates of licit and illicit drug use | | | | | | | | | | | Proportion of people aged 14 years or over who used any illicit drug in the preceding 12 months, 2013 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) | | | | | | | | | | | % | 11.4 | 11.0 | 12.6 | 13.7 | 12.5 | 13.3 | 12.4 | 19.0 | 12.0 | | Source: Attachment table 12A.67. | | | | | | | | | | |
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| Table E.5 (continued) |
| |  | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Prevalence of mental illness | | | | | | | | | | | | Proportion of people with lifetime mental disorders (with symptoms in the previous 12 months) among adults aged 16–85 years, 2007 | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) | | | | | | | | | | | | % | 20.1 ± 2.2 | 20.7 ± 2.3 | 19.2 ± 2.6 | 21.4 ± 4.1 | 19.1 ± 3.4 | 14.1 ± 5.4 | np | np | 20.0 ± 1.1 | | | Source: Attachment table 12A.76 | | | | | | | | | | | | Mortality due to suicide | | | | | | | | | | | | Suicide rate per 100 000 people, 2009–2013 | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) | | | | | | | | | | | | Rate | 9.1 | 9.4 | 13.3 | 13.4 | 11.9 | 14.0 | 9.1 | 17.6 | 10.9 | | | Source: Attachment table 12A.82. | | | | | | | | | | | | Physical health outcomes for people with a mental illness | | | | | | | | | | | | Proportion of people with a mental illness (compared to the proportion for people without a mental illness) who were daily smokers, 2011‑12 (per cent) | | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) | | | | | | | | | | | | People with mental illness | | | | | | | | | | | | % | 23.6 ± 4.5 | 28.9 ± 6.4 | 25.7 ± 4.6 | 26.0 ± 5.8 | 26.7 ± 4.9 | 32.4 ± 5.7 | 20.0 ± 5.6 | 29.1 ± 10.1 | 26.1 ± 2.4 | | | People without mental illness | | | | | | | | | | | | % | 13.4 ± 1.5 | 14.7 ± 1.7 | 15.8 ± 2.1 | 15.0 ± 1.9 | 15.5 ± 2.1 | 21.5 ± 2.3 | 11.7 ± 2.7 | 21.8 ± 3.0 | 14.7 ± 0.8 | | | Source: Attachment table 12A.86. | | | | | | | | | | | | Social and economic inclusion of people with a mental illness | | | | | | | | | | | Proportion of people aged 15 years or over with a mental illness who had face‑to‑face contact with family or friends living outside the household in the last week, compared with the proportion for people without a mental illness, 2014 | | | | | | | | | | | Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) | | | | | | | | | | | People with mental illness | | | | | | | | | | | | % | 75.4 ± 7.3 | 79.0 ± 5.3 | 72.5 ± 5.2 | 77.0 ± 6.6 | 81.7 ± 8.1 | 78.1 ± 5.2 | 76.3 ± 5.9 | 54.8 ±11.5 | 76.5 ± 3.1 | | | People without mental illness | | | | | | | | | | | | % | 75.1 ± 2.8 | 77.9 ± 3.1 | 75.6 ± 3.3 | 77.4 ± 3.1 | 85.1 ± 2.1 | 86.5 ± 2.8 | 75.8 ± 2.6 | 69.6 ± 4.6 | 77.1 ± 1.4 | | | *Source:* Attachment table 12A.95. | | | | | | | | | | | Mental health outcomes of consumers of specialised public mental health services | | | | | | | | | | | | Proportion of people discharged from a State or Territory public hospital psychiatric inpatient unit who had a significant improvement in their clinical mental health outcomes, 2013‑14 | | | | | | | | | | | | Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 12) | | | | | | | | | | | | % | 69.1 | 73.3 | 74.8 | 75.6 | 68.9 | 75.5 | 39.1 | 77.5 | 72.4 | | | *Source:* Attachment table 12A.96. | | | | | | | | | | | |
| a Caveats for these data are available in chapter 12 and attachment 12A. Refer to the indicator interpretation boxes in chapter 12 for information to assist with the interpretation of data presented in  this table. b These data are derived from detailed data in Chapter 12 and Attachment 12A. c Some percentages reported in this table include 95 per cent confidence intervals. – Nil or rounded to zero. .. Not applicable. **np** Not published. |
| *Source:* Chapter 12 and Attachment 12A. |
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## E.3 Cross cutting and interface issues

The range of determinants affecting Australia’s health means that major improvements in health and other life outcomes depend not only on strong partnerships between components of the health system but also on strong relationships between the health sector and other government service sectors. For example:

* Child care, education and training impacts on developmental outcomes and has consequences for overall health and wellbeing throughout life, while poor health has adverse effects on a child’s educational development (AIHW 2011)
* Justice services role in providing a safe and secure society and enforcing legislation reduces the risk of injury, while individuals with poor health, including mental illness and illicit drug use, are overrepresented in the justice system (AIHW 2012)
* Housing and homelessness services impact on environmental risk factors for poor health, while individuals with poor health, including mental illness and illicit drug use, are overrepresented in the homeless population (Garner 2006)
* Community services,such as disability, aged care and child protection services, impact on environmental and social risk factors for poor health, while referrals to such services are often made by health professionals.

## E.4 Future directions in performance reporting

The health sector overview will continue to be developed in future reports. National reporting exercises that may inform developments include:

* national clinical quality and safety standards, which are under development by the Australian Commission on Safety and Quality in Health Care
* reporting on the performance of local health networks, hospitals and primary healthcare organisations against the Performance Accountability Framework (currently under review) by the National Health Performance Authority
* biennial reporting — on the health of Australians as well as the health system — against the National Health Performance Framework (NHPF), in the AIHW’s *Australia’s health*. The NHPF is also currently under review
* biennial reporting on the Aboriginal and Torres Strait Islander Health Performance Framework by the Australian Health Ministers’ Advisory Council.

The Public hospitals, Primary and community health and Mental health management chapters contain a service specific section on future directions in performance reporting.

## E.5 List of attachment tables

Attachment tables are identified in references throughout this appendix by an ‘EA’ prefix (for example, table EA.1). Attachment tables are available on the website (www.pc.gov.au/rogs/2016).

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| **Table EA.1** | Total health expenditure, by broad source of funds (2013‑14 dollars) |
| **Table EA.2** | Government recurrent health expenditure, by area of expenditure (2013‑14 dollars) |
| **Table EA.3** | Non‑government recurrent health expenditure by area of expenditure (2013‑14 dollars) |
| **Table EA.4** | Recurrent health expenditure, by source of funds and area of expenditure, 2013‑14 |
| **Table EA.5** | Total recurrent health expenditure per person (2013‑14 dollars) |
| **Table EA.6** | Recurrent health expenditure per person by source of funds (2013‑14 dollars) |
| **Table EA.7** | Total health price index and industry‑wide indexes (reference year 2013‑14 = 100) |
| **Table EA.8** | Proportion of live‑born singleton babies of low birthweight, by Indigenous status of the baby |
| **Table EA.9** | Proportion of live‑born singleton babies of low birthweight, by maternal Indigenous status |
| **Table EA.10** | Proportion of live‑born singleton babies of low birthweight, by maternal Indigenous status, 2011–2013 |
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