

# Agency performance

# Financial

The total cost of providing health services to WA in 2015–16 was \$8.4 billion. Results for 2015–16 against agreed financial targets (based on Budget statements) are presented in Table 2.

Full details of the Department of Health's financial performance during 2015–16 are provided in the Financial statements.

**Table 2: Actual results versus budget targets for WA Health**

Financial	2015–16 Target \$'000	2015–16 Actual \$'000	Variation \$ +/-
Total cost of service	8,149,524	8,420,946	271,422
Net cost of service	4,799,867	4,933,295	133,428
Total equity	10,119,720	9,576,838	-542,882
Net increase/decrease in cash held	(107,948)	(325,300)	(217,352)
Approved full time equivalent staff level (salary associated with FTE)	4,686,045	4,703,263	17,218

**Note:** 2015–16 targets are specified in the 2015–16 Budget statements.

**Data sources:** Budget Strategy Branch, Health Corporate Network.

# Summary of key performance indicators

Key performance indicators assist the Department of Health to assess and monitor the extent to which Government outcomes are being achieved. Effectiveness indicators provide information that aid with assessment of the extent to which outcomes have been achieved through the resourcing and delivery of services to the community. Efficiency indicators monitor the relationship between the service delivered and the resources used to produce the service. Key performance indicators also provide a means to communicate to the community how the Department of Health is performing.

A summary of the Department of Health key performance indicators and variation from the 2015–16 targets is provided in Table 3.

**Note:** Table 3 should be read in conjunction with detailed information on each key performance indicator found in the Disclosure and Compliance section of this report.

**Table 3: Actual results versus KPI targets**

Key performance indicators	2015–16 Target	2015–16 Actual	Variation
<b>Outcome 1: Restoration of patients' health, provision of maternity care to women and newborns, and support for patients and families during terminal illness.</b>			
<b>Key effectiveness indicators:</b>			
Proportion of people with cancer accessing admitted palliative care services	49.4%	42.6%	-6.8%
Response times for patient transport services: Priority 1 calls attended within 15 minutes by St John Ambulance	90.0%	93.8%	3.8%
Inter-hospital transfers for Priority 1 calls meeting the target contract patient response time by the Royal Flying Doctors Service	80.0%	83.3%	3.3%

Key performance indicators	2015–16 Target	2015–16 Actual	Variation
<b>Key efficiency indicators:</b>			
Cost per capita of supporting treatment of patients in public hospitals	\$32	\$26	-\$6
Average cost per home based hospital day of care	\$353	\$312	-\$41
Average cost per home based occasion of service	\$125	\$129	\$4
Average cost per client receiving contracted palliative care services	\$4,919	\$4,941	\$22
Cost per capita of Royal Flying Doctor Service Western Operations and St John Ambulance Western Australia Service Agreements	\$65	\$65	\$0
<b>Outcome 2: Enhanced health and wellbeing of Western Australians through health promotion, illness and injury prevention and appropriate continuing care.</b>			
<b>Key effectiveness indicators:</b>			
Loss of life from premature death due to identifiable causes of preventable disease or injury:			
Lung Cancer	1.8	1.6	-0.2
Ischaemic heart disease	2.5	2.5	0.0
Falls	0.2	0.2	0.0
Melanoma	0.5	0.5	0.0
Percentage of fully immunised children	≥90%	90.4%	0.4%
Rate of hospitalisations for selected potentially preventable diseases (per 100,000)			
Pertussis		3.9	
Measles		0.0	
Mumps		1.6	
Hepatitis B	No hospitalisation	0.0	N/A
Rubella		0.0	
Diphtheria		0.0	
Poliomyelitis		0.0	
Tetanus		0.0	

Key performance indicators	2015–16 Target	2015–16 Actual	Variation
Eligible patients on the oral waiting list who have received treatment during the year:			
General practice	1,580	639	-941
Oral surgery	910	1,206	296
Orthodontics	2,100	1,248	-852
Paedodontics	790	349	-441
Periodontics	480	575	95
Other	780	3,637	2,857
Total	6,640	7,654	1,014
Percentage of clients maintaining or improving functional ability while in transition care	65%	70%	5%
Rate per 1,000 Home and Community Care target population who receive Home and Community Care services	350	349	-1
Specific Home and Community Care contract provider client satisfaction survey:			
Helps them to be independent	85%	80.8%	-4.2%
Improves the quality of life	85%	86.1%	1.1%
<b>Key efficiency indicators:</b>			
Cost per capita of providing preventive interventions, health promotion and health protection activities	\$55	\$49	-\$6
Average cost per dental service provided by the Oral Health Centre of WA	\$162	\$144	-\$18
Average cost per person of Home and Community Care services delivered to people with long-term disability	\$4,082	\$3,991	-\$91
Average cost per transition care day	\$300	\$316	\$16
Average cost per day of care for non-acute admitted continuing care	\$769	\$764	-\$5
Average cost to support patients who suffer specific chronic illness and other clients who require continuing care	\$51	\$40	-\$11

# Patient Evaluation of Health Services

## Background

The Patient Evaluation of Health Services survey is conducted annually to gauge patient satisfaction levels with the WA health system. In 2015–16, WA Health surveyed approximately 8,000 people asking them about their health care experiences during their stay in hospital or attendance at an emergency department.

Patient satisfaction is influenced by seven stable aspects of health care:

1. Access – getting into hospital
2. Time and care – the time and attention directed to patient care
3. Consistency – continuity of care
4. Needs – meeting the patient’s personal needs
5. Informed – information and communication
6. Involvement – involvement in decisions about care and treatment
7. Residential – residential aspects of the hospital.

The relative importance placed on each of these aspects can vary over time and across patient groups. At the beginning of each Patient Evaluation of Health Services survey, patients are asked to rank these seven aspects of health care from most important (7) to least important (1). This helps determine the relative importance the patients place on each aspect of care. Patients are then asked a series of questions that relate to these seven aspects of health care. Responses from these questions are used to calculate the:

- mean (average) satisfaction score – represents how patients in WA hospitals rate each of the seven aspects of the health service, presented as a score out of 100<sup>1</sup>
- overall indicator of satisfaction – determined by the average of the seven aspect scores, weighted by their importance as ranked by patients
- outcome score – reflects how patients rate the outcome of their hospital stay (i.e. the impact on physical health and wellbeing).

<sup>1</sup> The mean scores do not represent the percentage of people who are satisfied with the service; rather they represent how patients in WA hospitals rated a particular aspect of health service. If all the patients thought the service was average and that some improvements could be made, the score would be 50, and if they were totally satisfied with the service the score would be 100.

## Results

In 2015–16, results are presented from the following WA patient groups:

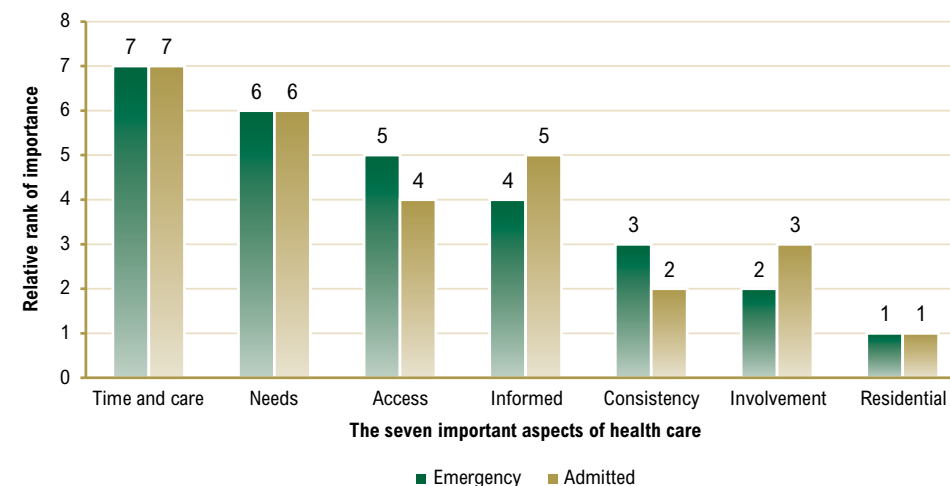
- emergency department patients, aged 16–74 years
- admitted patients, aged 16–74 years who were in hospital from 0–34 nights.

The survey participation rate was 95 per cent, and comprised of 1,267 adult emergency department patients and 4,112 adult admitted patients.

### Ranked importance of the aspects of health care

In 2015–16, both patient groups ranked time and care as the most important aspect of health care, followed by needs. For the remaining aspects, emergency department attendees ranked access as the third most important followed by informed, consistency and then involvement. Admitted patients ranked the importance of informed above access and the importance of involvement above consistency. The least important aspect of care for both patient groups was residential (see Figure 5).

Figure 5: The seven aspects of health care ranked by patient groups from most important (7) to least important (1), 2015–16



## Satisfaction with the aspects of health care

To determine if patient satisfaction with each aspect of health care is increasing, decreasing, or remaining the same over time, comparisons are made with results from previous years by patient group.

In 2015–16, mean satisfaction scores rated by emergency department patients were highest for the time and care aspect and lowest for the involvement aspect (see Table 4). Patient rated satisfaction with the residential aspect was significantly higher in 2015–16 compared with previous years.

**Table 4: Emergency department patients' mean scores, by aspect of health care, 2013–14 to 2015–16**

Emergency department patients (16–74 years)			
Aspect	2013–14	2014–15	2015–16
Time and care	88.6	86.8	88.8
Informed	83.7	82.2	83.9
Needs	83.2	82.2	83.5
Consistency	77.8	76.2	78.4
Access	69.8	69.0	70.8
Residential	61.8↑	61.3↑	65.1
Involvement	61.3	60.4	61.6

Admitted patients' mean satisfaction scores in 2015–16 were highest for the needs aspect and lowest for the residential aspect. The 2015–16 needs, access and residential scores were significantly higher compared with 2013–14. There were no other significant differences (Table 5).

**Table 5: Admitted patients' mean scores, by aspect of health care, 2013–14 to 2015–16**

Admitted patients (16–74 years)			
Aspect	2013–14	2014–15	2015–16
Needs	90.5↑	91.3	91.9
Time and care	87.9	88.7	88.6
Informed	83.9	84.0	84.3
Involvement	74.5	75.2	75.6
Access	70.3↑	71.8	72.7
Consistency	72.2	72.0	71.9
Residential	63.4↑	64.8	65.1

**Notes:**

↑ Indicates that the mean score for 2015–16 is significantly higher than the comparison score.

The mean satisfaction scores for patients admitted to a metropolitan or country hospital in WA in 2015–16 were highest for the needs, time and care aspects. The score for access was significantly lower for patients attending metropolitan hospitals compared with the State and significantly higher for patients attending country hospitals compared with the State (see Table 6).

Table 6: Admitted patients' mean scores, by location, 2015–16

Aspect	State	Metropolitan	Country
Needs	91.9	91.5	92.3
Time and Care	88.6	88.3	89.0
Informed	84.3	83.9	84.7
Involvement	75.6	75.0	76.2
Access	72.7	70.4↑	75.1↑
Consistency	71.9	70.8	73.2
Residential	65.1	63.9	66.5

**Notes:**

↑ Indicates that the location mean score for 2015–16 is significantly higher than the State comparison score.

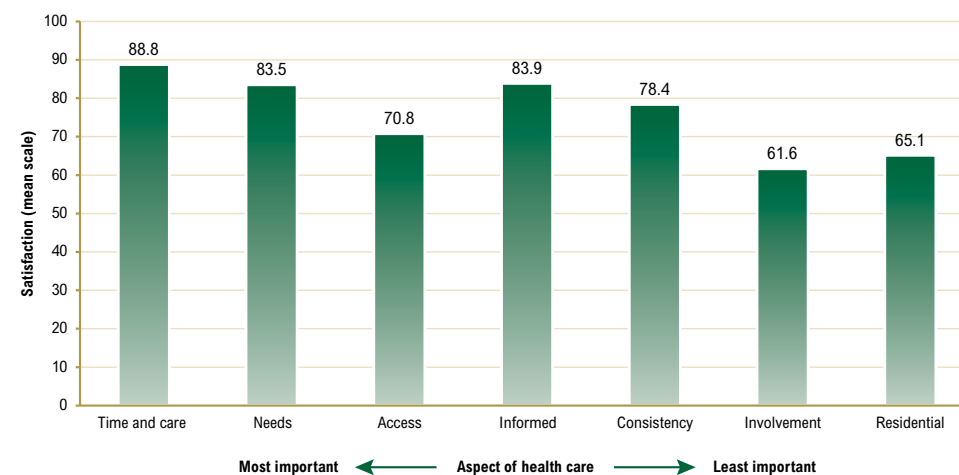
### Comparing importance with the satisfaction of aspects of health care

Areas where changes or improvements might be most beneficial and appreciated by patients can be identified by comparing the relationship between how patients rank the importance of the aspects of health care and their satisfaction with those aspects.

In 2015–16, emergency department patients ranked time and care as the most important aspect of health care followed by needs. Both aspects were also rated highest and second highest respectively in terms of satisfaction.

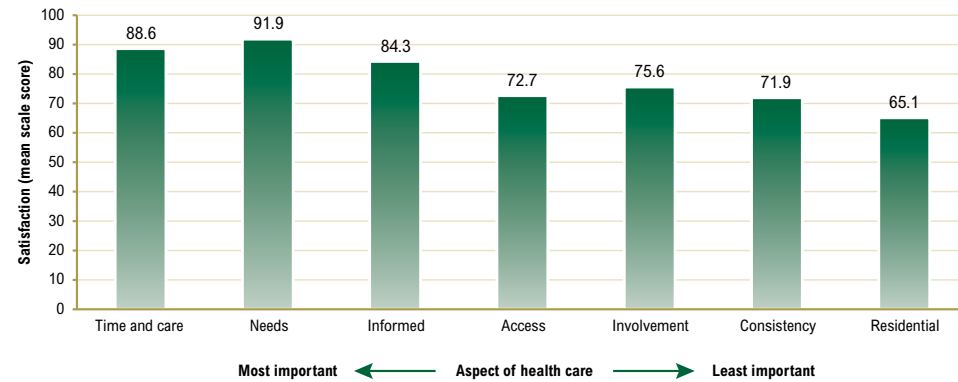
This patient group ranked access as the third most important aspect of health care however, access was rated fifth in terms of satisfaction. Residential was ranked as the least important aspect of health care among emergency department patients, and this patient group was least satisfied with involvement in decisions about their care and treatment (see Figure 6).

Figure 6: Satisfaction with the aspects of health care by rank of importance, emergency department patients, 16–74 years, 2015–16



In 2015–16, admitted patients ranked time and care as the most important aspect of health care, however, in terms of satisfaction, this aspect was rated second. Admitted patients ranked residential as the least important aspect of health care and it was also associated with the least satisfied (see Figure 7).

**Figure 7: Satisfaction with the aspects of health care by rank of importance, admitted patients, 16–74 years, 2015–16**



### Comparing overall satisfaction with patient rated outcomes

There is a relationship between patients' overall satisfaction with health care and how patients rate the outcome of their hospital visit. Figure 8 shows that emergency department patients and admitted patients rated the outcome of their visit higher than their overall indicator of satisfaction. This suggests that although patients were satisfied with their experience in WA hospitals, they were more satisfied with the outcome of their hospital visit and the improvement in their condition.

**Figure 8: Patient-rated overall satisfaction with health care compared to their satisfaction of the outcome, emergency department and admitted patients, 2015–16**

