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 WA Country Health Service'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 source/s: Budget Strategy Branch, Health Service Support.

Summary of key performance indicators

Key performance indicators assist the WA Country Health Service 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 WA Country Health Service is performing.

A summary of the WA Country Health Service key performance indicators and variation from the 2015–16 targets is given 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
Outcome 1: Restoration of patients' health, provision of maternity care to women and newborns, and support for patients and families during terminal illness.			
Key effectiveness indicators:			
Percentage of public patients discharged to home after admitted hospital treatment	≥97.5%	97.6%	0.1%
Survival rates for sentinel conditions:			
Stroke, by age group:			
0–49 years	≥98.5%	96.7%	-1.8%
50–59 years	≥97.9%	98.2%	0.3%
60–69 years	≥98.7%	92.7%	-6.0%
70–79 years	≥95.3%	96.1%	0.8%
80+ years	≥80.1%	81.9%	1.8%

Key performance indicators	2015–16 Target	2015–16 Actual	Variation
Acute Myocardial Infarction (AMI), by age group:			
0–49 years	≥99.1%	100.0%	0.9%
50–59 years	≥99.2%	99.0%	-0.2%
60–69 years	≥99.2%	100.0%	0.8%
70–79 years	≥98.7%	98.4%	-0.3%
80+ years	≥96.0%	92.4%	-3.6%
Fractured neck of femur (FNOF), by age group:			
70–79 years	≥98.7%	98.1%	-0.6%
80+ years	≥97.8%	94.2%	-3.6%
Unplanned hospital readmissions within 28 days for selected surgical procedures:			
appendicectomy	N/A	3.7	
cataract surgery	N/A	0.1	
prostatectomy	N/A	2.2	
hysterectomy	N/A	2.8	N/A
tonsillectomy and adenoidectomy	N/A	2.9	
hip replacement	N/A	2.7	
knee replacement	N/A	6.4	
Rate of unplanned hospital readmissions within 28 days to the same hospital for a mental health condition	≤4.8	8.1	3.3
Percentage of liveborn infants with an Apgar score of three or less, five minutes post delivery, by birth weight:			
0–1499 grams	≤14.3%	30.0%	15.7%
1500–1999 grams	≤4.0%	0.0%	-4.0%
2000–2499 grams	≤0.6%	0.6%	0.0%
2500+ grams	≤0.1%	0.2%	0.1%

Key performance indicators	2015–16 Target	2015–16 Actual	Variation
Key efficiency indicators:			
Average cost per casemix adjusted separation for non-tertiary hospitals	$10,384	$6,740	-$3,644
Average cost per bed-day for admitted patients (selected small rural hospitals)	$1,389	$3,235	$1,846
Average cost per emergency department/ service attendance	$661	$853	$192
Average cost per public patient non-admitted activity	N/A*	$426	N/A
Average cost per non-admitted occasion of service provided in a rural nursing post	$376	$407	$31
Average cost per trip of Patient Assisted Travel Scheme	$546	$488	-$58
Outcome 2: Enhanced health and wellbeing of Western Australians through health promotion, illness and injury prevention and appropriate continuing care.			
Key effectiveness indicators:			
Rate of hospitalisations for gastroenteritis in children (0-4 years)	≤5.0	9.5	4.5
Rate of hospitalisation for selected respiratory conditions:			
Acute asthma, by age group:			
0–4 years	≤4.3	5.5	1.2
5–12 years	≤2.3	3.5	1.2
13–18 years	≤0.5	0.8	0.3
19–34 years	≤0.6	0.8	0.2
35+ years	≤0.6	1.0	0.4
Acute Bronchitis (0-4 years of age)	≤0.4	0.7	0.3
Bronchiolitis (0-4 years of age)	≤9.7	18.7	9.0
Croup (0-4 years of age)	≤2.6	2.9	0.3

Key performance indicators	2015–16 Target	2015–16 Actual	Variation
Rate of hospitalisation for falls in older persons	0.5% reduction per annum	23.1%	-1.0%
Percent of contacts with community-based public mental health non-admitted services within seven days prior to admission to a public mental health inpatient unit	70%	44.9%	-25.1%
Percent of contacts with community-based public mental health non-admitted services within seven days post discharge from public mental health inpatient units	75%	71.8%	-3.2%
Key efficiency indicators:			
Average cost per capita of Population Health Units	$317	$362	$45
Average cost per bed-day for specified residential care facilities, flexible care (hostels) and nursing home type residents	$598	$408	-$190
Average cost per bed-day in specialised mental health inpatient units	$2,315	$2,072	-$243
Average cost per three-month period of care for community mental health	$2,500	$2,815	$315

Performance towards the National Health Partnership Agreement targets

WA signed the National Partnership Agreement on Improving Public Hospital Services in 2011. The objective of the agreement was to drive major improvements in public hospital service delivery and better health outcomes for Australians. It included the National Elective Surgery Target (NEST) and the National Emergency Access Target (NEAT).

Following expiry of the National Partnership Agreement during 2015, WA Health introduced a new WA Elective Services Target (WEST) and WA Emergency Access Target (WEAT). As these were not implemented until 2016, for the purposes of this report, NEST and NEAT are reported up to the end of the 2015 calendar year.

National Elective Surgery Target (NEST)

Elective surgery is a term used to describe surgery that is medically necessary, but can be delayed for at least 24 hours. The NEST commenced on 1 January 2012 and focused on two areas. Under NEST Part 1 of the national agreement, WA had a target to increase the percentage of elective surgery cases admitted within the clinically recommended time for all urgency categories. Under NEST Part 2 of the national agreement, WA has a target to reduce the average overdue days waited beyond the clinically desirable times for each urgency category.

The urgency categories and clinically desirable times were:

- category 1 – admitted within 30 days
- category 2 – admitted within 90 days
- category 3 – admitted within 365 days.

Part 1: Treating patients within the clinically recommended time

WA Health was required to progressively increase the number of elective surgeries performed within the clinically recommended time by 2016.

From 2010 to 2015, the number of patients treated within clinically recommended times improved from the baseline by approximately 6.18 per cent for category 1, by approximately 11.5 per cent for category 2 and approximately 0.8 per cent for category 3 (see Table 4).

From 1 January to 31 December 2015, 92.8 per cent of urgency category 1 patients were admitted within 30 days, lower than the set target of 100 per cent. For urgency category 2 patients, 88.3 per cent were admitted within the recommended 90 days, which is below the set target of 100 per cent and 98.0 per cent of urgency category 3 patients were admitted within the recommended 365 days, which is marginally below the set target of 100 per cent.

Table 4: **Percentage of WA patients admitted within the clinically recommended time, by category, 2010–2015**

		2010 Baseline (%)	2011 (%)	2012 (%)	2013 (%)	2014 (%)	2015 (%)
Category 1	Performance	87.4	86.6	86.3	95.9	98.1	**92.8**
	Target	-	87.4	94.0	100.0	100.0	**100.0**
Category 2	Performance	79.2	83.5	82.0	89.4	91.6	**88.3**
	Target	-	79.2	84.0	88.0	95.0	**100.0**
Category 3	Performance	97.2	96.3	96.4	97.7	98.5	**98.0**
	Target	-	97.2	98.0	98.0	98.5	**100.0**

Data sources: Wait List Data Collection, Inpatient Data Collections.

Part 2: Reducing the average waiting time for overdue patients

Performance against the elective surgery targets from 1 January to 31 December 2015 shows that WA did not meet the 2015 targets for each urgency category (see Table 5); however, the average overdue waiting time for category 1 and 2 patients had improved significantly compared to the 2010 baseline.

Table 5: **Average overdue wait time (in days) for WA patients who have waited beyond clinically recommend times, by category, 2010–2015**

		31 Dec 2010 (baseline)	31 Dec 2011	31 Dec 2012	31 Dec 2013	31 Dec 2014	31 Dec 2015
Category 1	Performance	27.0	27.3	12.1	12.9	36.3	**14.7**
	Target	-	27	0	0	0	**0**
Category 2	Performance	90.0	77.4	54.2	55.0	48.7	**71.3**
	Target	-	90	68	45	23	**0**
Category 3	Performance	87.0	69.3	66.9	75.8	62.9	**89.4**
	Target	-	87	65	44	22	**0**

Notes: As part of the National agreement, this measure is assessed at the 31 December as a point in time measure.

Data sources: Wait List Data Collection, Inpatient Data Collections.

National Emergency Access Target (NEAT)

The National Emergency Access Target (NEAT) aim was to drive improvements in access to emergency care for patients.

Between 2012 and 2015 all States and Territories have been striving to meet progressive annual interim targets with the aim of ensuring that where clinically appropriate, patients presenting to a public hospital emergency department would be admitted, transferred or discharged within four hours. By 2015 WA Health's aim was to ensure that 90 per cent of patients presenting to a public hospital emergency department would be admitted, transferred or discharged within four hours, where clinically appropriate.

NEAT performance is calculated as an average of all participating hospitals over the calendar year. In the WA Country Health Service, the participating hospitals included Bunbury Hospital, Albany Health Campus, Broome Hospital, Geraldton Hospital, Hedland Health Campus, Kalgoorlie Health Campus and Nickol Bay Hospital.

Results for WA Country Health Service compared to the State result and National targets are presented in Table 6. In 2015, 88.8 per cent of patients presenting to a WA Country Health Service emergency department were admitted, transferred or discharged within four hours. This is above the 2015 State average of 80.3 and slightly below National target of 90 per cent.

Table 6: **Percentage of emergency department presentations at WA Country Health Service hospitals with a length of stay of 4 hours or less, 2011–2015**

Year	WACHS (%)	State (%)	Target (%)
2011	87.1	79.3	71.3 (baseline)
2012	86.8	78.3	76.0
2013	85.5	77.6	81.0
2014	85.8	79.7	85.0
2015	**88.8**	**80.3**	**90.0**

Data source: Emergency Department Data Collection.

Improvements towards emergency department access

Emergency departments are specialist multidisciplinary units with expertise in managing acutely unwell patients for their first few hours in hospital. With the ever-increasing demand on emergency departments and health services, it is imperative that health service provision is continually monitored to ensure the effective and efficient delivery of safe high-quality care.

Percentage of emergency department patients seen within recommended times (major rural hospitals)

When patients first enter an emergency department they are assessed by specially trained nursing staff on how urgently treatment should be provided. The aim of this process, known as triage, is to ensure treatment is given in the appropriate time, and should prevent adverse conditions arising from deterioration in the patient's condition.

The triage process and scores are recognised by the Australasian College for Emergency Medicine and is recommended for prioritising those who present to an emergency department. A patient is allocated a triage category between 1 (immediate) and 5 (least urgent) that indicates their treatment acuity. Treatment should commence within the recommended time of the triage category allocated (see Table 7).

Table 7: **Triage category, treatment acuity and WA performance targets**

Triage category	Description	Treatment acuity	Target
1	Immediate life-threatening	Immediate (≤2 minutes)	100%
2	Imminently life-threatening	≤10 minutes	≥80%
3	Potentially life-threatening or important time-critical treatment or severe pain	≤30 minutes	≥75%
4	Potentially life-serious or situational urgency or significant complexity	≤60 minutes	≥70%
5	Less urgent	≤120 minutes	≥70%

By measuring this indicator, changes over time can be monitored that assist in managing the demand on emergency department services and the effectiveness of service provision. This in turn can enable the development of improved management strategies that ensure optimal restoration to health for patients.

In 2015–16, the proportion of WA patients in major rural hospital emergency departments who were seen within the recommended time was above the minimum benchmarks for all triage categories except triage 1 (see Table 8). For triage 1 patients, the result of 99 per cent is an increase from the 2014–15 performance.

Table 8: **Percentage of major rural hospital emergency department patients seen within recommended times, by triage category, 2011–12 to 2015–16**

Triage category	2011–12 (%)	2012–13 (%)	2013–14 (%)	2014–15 (%)	2015–16 (%)	Target
1	95.8	98.6	98.2	98.5	**99.0**	**100%**
2	89.7	93.3	91.0	87.0	**88.8**	**≥80%**
3	86.8	87.1	83.6	81.7	**84.4**	**≥75%**
4	90.5	90.3	87.6	85.2	**87.4**	**≥70%**
5	97.7	97.2	96.9	96.6	**97.1**	**≥70%**

Data source: Emergency Department Data Collection.

Percentage of emergency attendances with a triage score of 4 and 5 not admitted

Many patients who are assessed as triage category 4 and 5 when presenting to an emergency department are treated in the emergency department but not subsequently admitted to hospital. For a large number of country hospitals, information regarding non-admission for emergency attendance triaged 4 and 5 may also indicate the availability of primary care services and out-of-hours general practice options in that community. In such instances, community members must attend a rural hospital emergency department or service, as access to primary care services is not available.

The outcome of a patient attending a rural emergency department or service is based on clinical need and therefore a target for this measure has not been determined.

In 2015–16, the percentage of emergency department attendances triaged as category 4 and 5 and not admitted, decreased from 2014–15 to 92.4 per cent and 98.0 per cent respectively (see Table 9).

Table 9: **Percentage of major rural hospital emergency attendances with a triage score of 4 and 5 not admitted, 2011–12 to 2015–16**

Triage category	2011–12 (%)	2012–13 (%)	2013–14 (%)	2014-15 (%)	2015-16 (%)
4	93.2	93.3	92.7	93.9	**92.4**
5	98.3	98.2	98.1	98.3	**98.0**

Data source: Emergency Department Data Collection.