



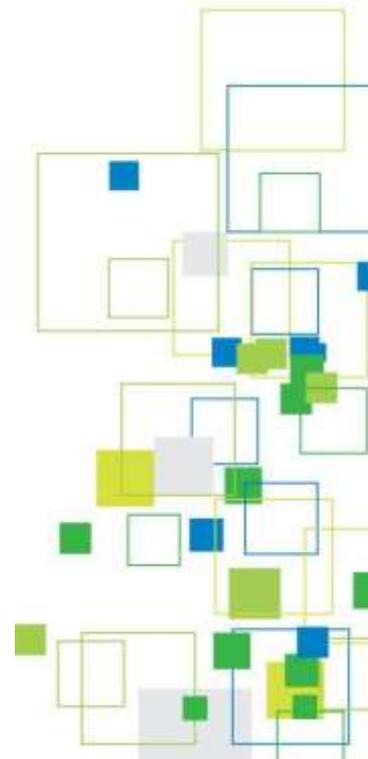
National Health Performance Authority

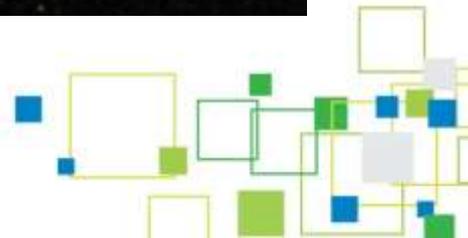
Reporting on Performance

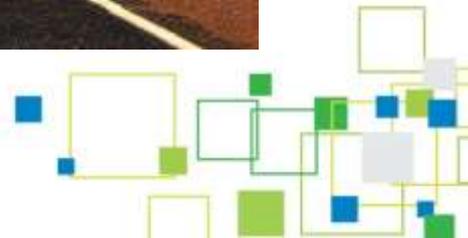
About the Performance Authority
About Hospital Performance reports
About Healthy Communities reports
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www.myhealthycommunities.gov.au
@NHPAreporting

Dr Diane Watson, Chief Executive Officer
February 2014



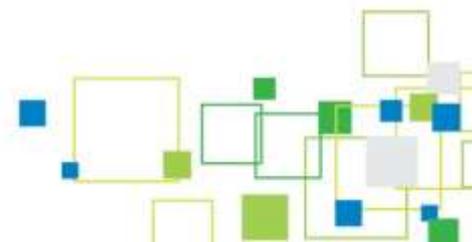




National Health Reform Act

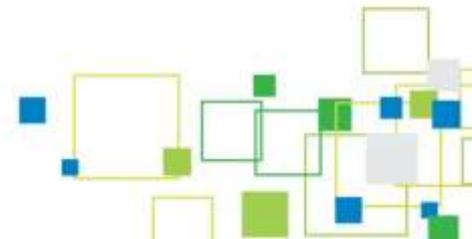
To monitor, and report on, the performance of the following:

- Local hospital networks
- Public hospitals
- Private hospitals
- Primary health care organisations
- Other bodies or organisations that provide health care services.



Our Mission

Monitor, and report on, the comparable performance of health care organisations to stimulate and inform improvement in the Australian health system, increase transparency and accountability and inform consumers.



Our websites



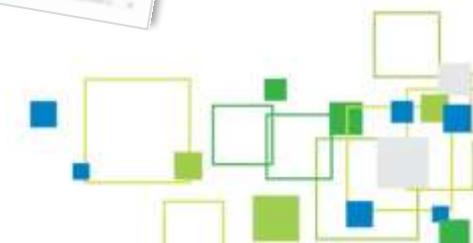
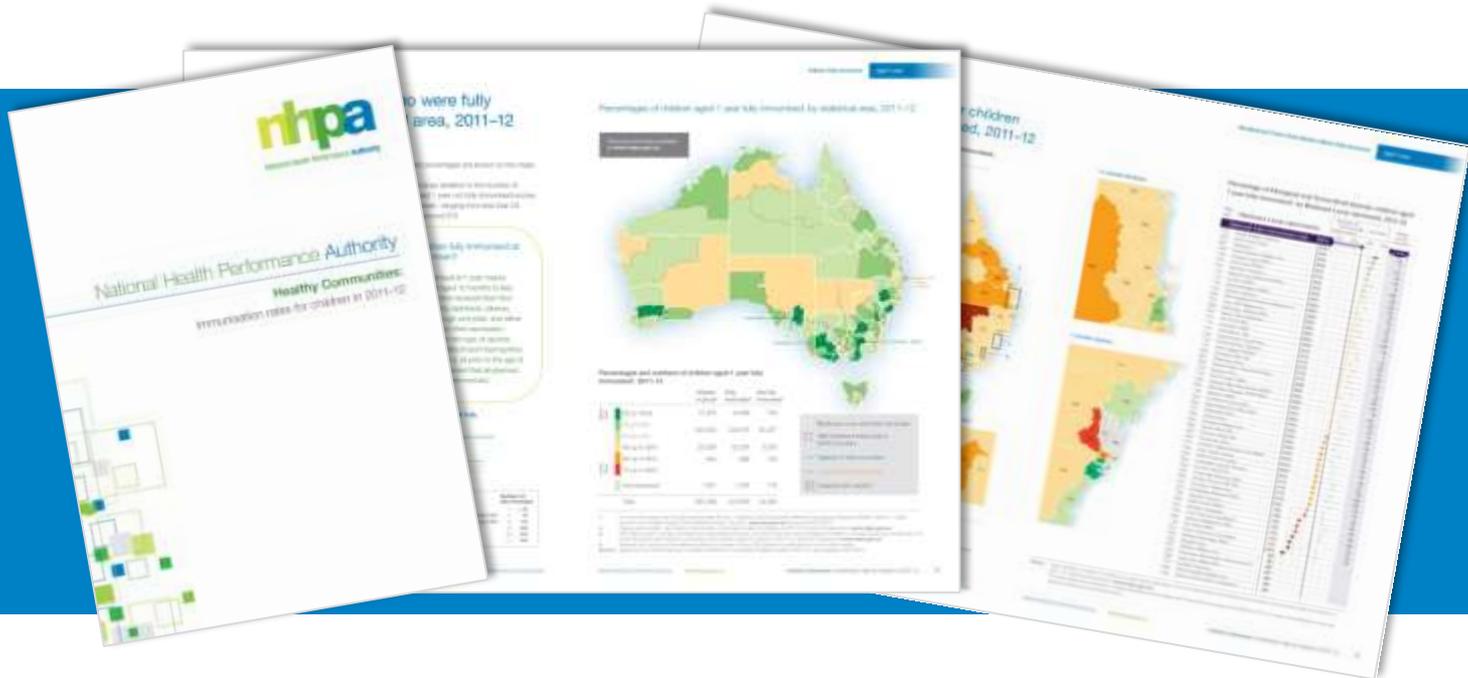
www.nhpa.gov.au

www.myhospitals.gov.au

www.myhealthycommunities.gov.au

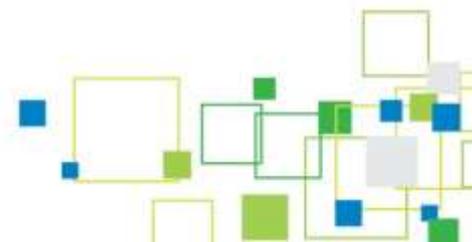


Healthy Communities reports



COAG indicators for Medicare Locals (examples)

- Effectiveness – Safety and quality
 - Selected potentially avoidable hospitalisations
- Effectiveness – Patient experience
 - Measure of patient experience
- Equity and effectiveness – Access
 - Access to services by type of service compared to need
 - GP type service use
 - Vaccination rates for children
 - Number of women with at least one antenatal visit in the first trimester
- Health outcome context
 - Prevalence of diabetes
 - Infant/young child mortality rate



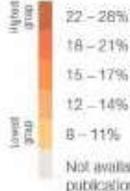
Waiting times for GP appointments

Among all adults who saw a GP for their own health in the preceding 12 months:

In 2010–11, the percentage who felt they waited longer than acceptable to get an appointment with a GP in the preceding 12 months varied across Medicare Locals ranging from 8% to 28%.

Percentage of adults who felt they waited longer than acceptable to get an appointment, 2010–11

Results for Medicare Locals were ranked from highest to lowest and then split into five equal-sized groups.¹ The range within each of the five groups was as follows:



Medicare Local region boundary. Numbers on map are Medicare Local reference codes.



1. Each Medicare Local has been assigned to a quintile group. For more information see www.nhpa.gov.au.
 2. For more information on peer groups see www.nhpa.gov.au.
 3. Peer group results are calculated using the results of all survey responses within the group. For more information see www.nhpa.gov.au.
 Note: Survey excludes persons aged less than 16 years, persons living in non-private dwellings, very remote areas, and discrete indigenous communities.
 Source: Australian Bureau of Statistics, Patient Experience Survey 2010–11.
 Data can be downloaded from www.nhpa.gov.au.

Fair comparisons



To more fairly compare Medicare Locals, each Medicare Local has been grouped into one of seven peer groups², based on remoteness and socioeconomic status. This allows:

- Medicare Locals to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Locals to be compared with the average for their peer group.³

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

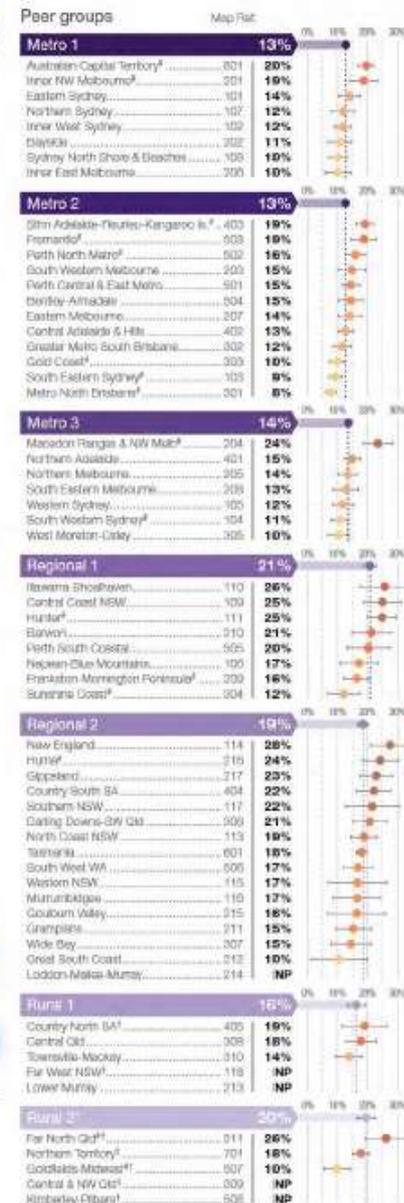
v. Greater Sydney



vi. Greater Brisbane



Peer groups



2. Statistically different (at the 95% level) from the peer group percentage.
 3. This area has >5% of its population in very remote areas which were not included in the Patient Experience Survey 2010–11. For more information see www.nhpa.gov.au.
 4. 95% confidence interval – not shown T=0%.
 5. NP: Not available for publication.

Expenditure on GP after-hours attendances, 2011–12

Variation *within* Medicare Locals

i. Greater Perth



□ Medicare Local boundary
□ ABS Statistical Area Level 3 (SAL3) boundary

Average Medicare Benefits Schedule (MBS) expenditure on GP after-hours attendances per person, 2011–12

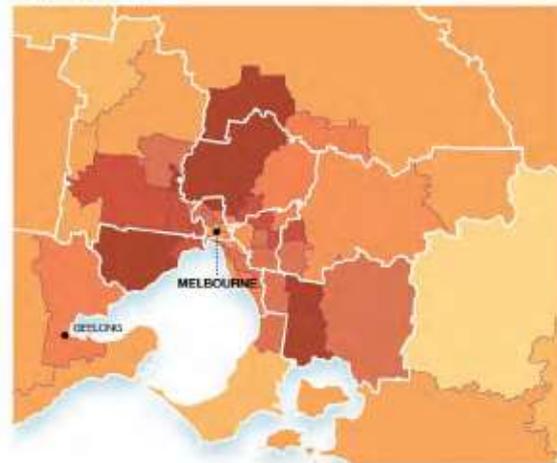
Results for Statistical Areas Level 3 (SAL3) were ranked from highest to lowest and then split into 10 equal-sized groups.¹ The range within each of the 10 groups was:



ii. Greater Adelaide



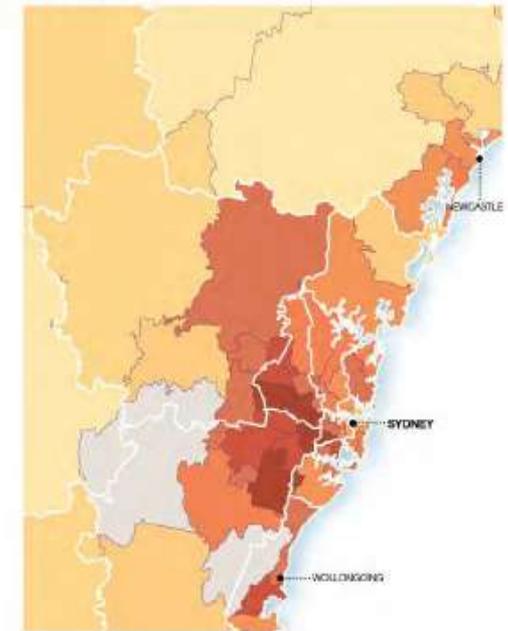
iii. Greater Melbourne



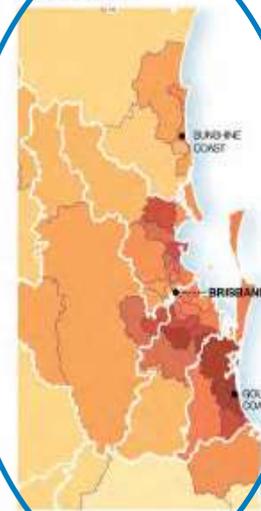
iv. ACT



v. Greater Sydney



vi. Greater Brisbane



vii. Greater Hobart



Next slide

1. 103 SAL3s have been assigned to a decile group. For more information see www.nhpa.gov.au
 Note: MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs
 Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see www.nhpa.gov.au
 Source: Department of Human Services Medicare Benefits statistics 2011–12 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.

Expenditure on GP after-hours attendances

Variation *within* Medicare Locals

vi. Greater Brisbane



Average Medicare Benefits Schedule (MBS) expenditure on GP after-hours attendances per person, 2010-11

Results for Statistical Areas Level 3 (SA3) were ranked from highest to lowest and then split into 10 equal-sized groups.¹ The range within each of the 10 groups was:



Public reporting as a catalyst for change

Healthy Communities: Immunisation rates for children in 2011–12

- Almost 77,000 Australian children not fully immunised
- Results were broken down to more than 300 local areas and in some cases individual postcodes
- More than 700 media stories over 30 days. Audience reach over 29 million and still cited throughout the year
- More than 60,000 people looked up their local rate on the post code interactive tool on www.nhpa.gov.au
- NSW Cabinet backed legislation to amend the *Public Health Act* - from 1 January 2014 NSW children now required by law to show immunisation records to childcare providers at enrolment



Public reporting as a catalyst for change

Healthy Communities: Overweight, obesity and tobacco smoking rates in 2011–12

- 80% of adults overweight or obese
- Lowest rate = 49% in a wealthy urban area. Still very high!
- % of adults who smoke daily almost four times higher in some areas
- Front page coverage in the Sydney Morning Herald on launch (during the October 2013 bushfire crisis)
- Almost 300 media articles within 30 days. Audience reach over 5.3 million. Stories still appearing ...

Obesity Problem most acute in rural areas

North shore leads fight against flab

By Dan Harrison
Health Correspondent

People in some rural areas of NSW are three times as likely to be obese as residents of Sydney's north shore, according to data to be released on Thursday. Sydney's north shore and northern beaches have the lowest obesity rate in the nation, at 14 per cent, according to the figures from the National Health Performance

NSW FIGURES

- ↳ Lockton-Mullee-Murray-Graichen Districts: 61%
- ↳ Central Coast: 58%
- ↳ Western NSW (Arachis, Darling and Slaters): 53%
- ↳ Illawarra: 33%
- ↳ Murrumbidgee-Includes Wagga Wagga, Griffith and Gungahlin: 32%

No hidden

Photo Page

There is no safe weight. That's Australian and even people in healthy weight created risk for associated with

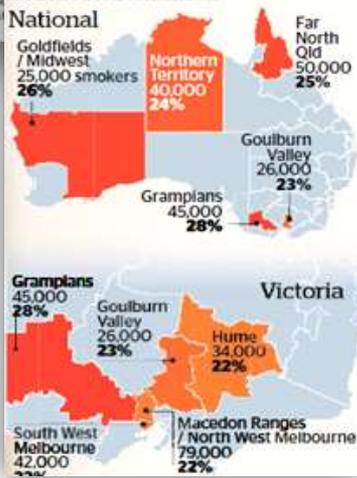
We're fat, and stuck on fags

Obesity data reveals big picture for Hunter

By G...
The...
high...
obese...
Will...
cent...

Where there's smoke

Percentage of adults who smoke daily across Medicare Local catchments.



obesity rapidly... causes of death and disease in Australia. The Council of Australian Governments has set targets in both areas. By 2018, it aims to increase the proportion of people in the



Figures show 80 per cent of those living in the remote regions are considered obese.

Health, wealth link in smoking rates

THE Gramplains has the highest smoking rate in Australia, with 28 per cent of adults lighting up at least once a day, according to new data.

achieving 10 per cent or better. These are inner east Melbourne, bayside, Victoria, Sydney's north shore and beaches, and inner west Sydney.

Launched 24 October 2013



Public reporting as a catalyst for change

Healthy Communities: Avoidable deaths and life expectancies in 2009–2011

- 33,000 deaths potentially avoidable
- These accounted for more than 60% of deaths in persons 75 years and older
- Life expectancy at birth up to 8.5 years from one community to another
- Quality and focused media coverage with 120 media articles within 30 days, audience reach almost 2 million
- High stakeholder interest and supporting media releases issued

Life's shorter up here

Avoidable death rate high

■ Cathy O'Leary

More than 3200 West Australians die each year from avoidable conditions such as heart disease, according to a national report.

ment areas, show men in the Kimberley-Pilbara highest rate of the country, with 100,000 people. Men in Bentley

Death by postcode



SHOCKING

A health report shows the number of potentially preventable deaths in North West Queensland is three times more than metro areas.

STORY // PAGE 3

Statistics 'confronting'

A NSW report reveals the number of potentially preventable deaths in Central and North West Queensland are up to three times higher than in metro areas. The report also shows that 15% of people in the region die from preventable causes, a rate that is almost double that of people in the metro areas. The report also shows that 15% of people in the region die from preventable causes, a rate that is almost double that of people in the metro areas.

Western NSW life expectancy lowest

The Western NSW Medicare Local catchment has the highest rate of premature death and the lowest life expectancy among its peers, according to a national report released last week.

Coast, Southern NSW, Murrumbidgee, Hume, Goulburn Valley, Tasmania and South West Western Australia, based on remoteness and socio-economic status.

Ischaemic heart disease, lung cancer, suicide and self-inflicted injuries, bowel cancer, stroke and breast cancer accounted for just over 50 per cent of all potentially avoidable deaths.



MyHealthyCommunities.gov.au

MyHealthyCommunities

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Enter postcode, city, state, or Medicare Local

No Medicare Local set | [select](#)

Responding to local health needs

Healthy Communities: Australians' experiences with health care in 2011-12

Released: 20 June 2013

Medicare Locals face different challenges in ensuring health care is responsive to the needs of people in their local areas.

[Read report](#)

[Results in my community](#)

How does your area compare?

My community
See how your local health area is performing
[View local results](#)

National overview
View Australia-wide results
[Coming soon](#)

Compare communities
See how your local health area compares
[Compare now](#)

[Driving improvements through independent reporting](#) [Visit NH&A](#) [How is your local hospital performing?](#) [Visit MyHospitals](#)

Better information for better health services

MyHealthyCommunities is an interactive site that lets you see how your local health area is performing and how it compares against other similar areas.

The website is run by the National Health Performance Authority, an independent agency that began operations in 2012. We provide nationally consistent, locally relevant and comparable information about health care services in Australia.

The aim of this website is to provide information in a way that helps you to make informed decisions. By publicly reporting in this way we also aim to empower clinicians and service providers to drive improvements, and increase transparency and accountability within the health system.

Health status and outcomes

- Ratings of health
- Chronic conditions

Prevention

- Immunisation rates: 1, 2 and 5 year
- Immunisation rates among Aboriginal children
- Overweight, obesity, smoking

Experiences with care

- Wait times for GPs
- Wait times for specialists
- Cost barriers to GP
- Cost barriers to dentists
- Cost barriers to specialists

Use of services

- Visits to dentists
- Visits to GPs
- Visits to medical specialists

Expenditures on services

- GP services

Hospital Performance reports



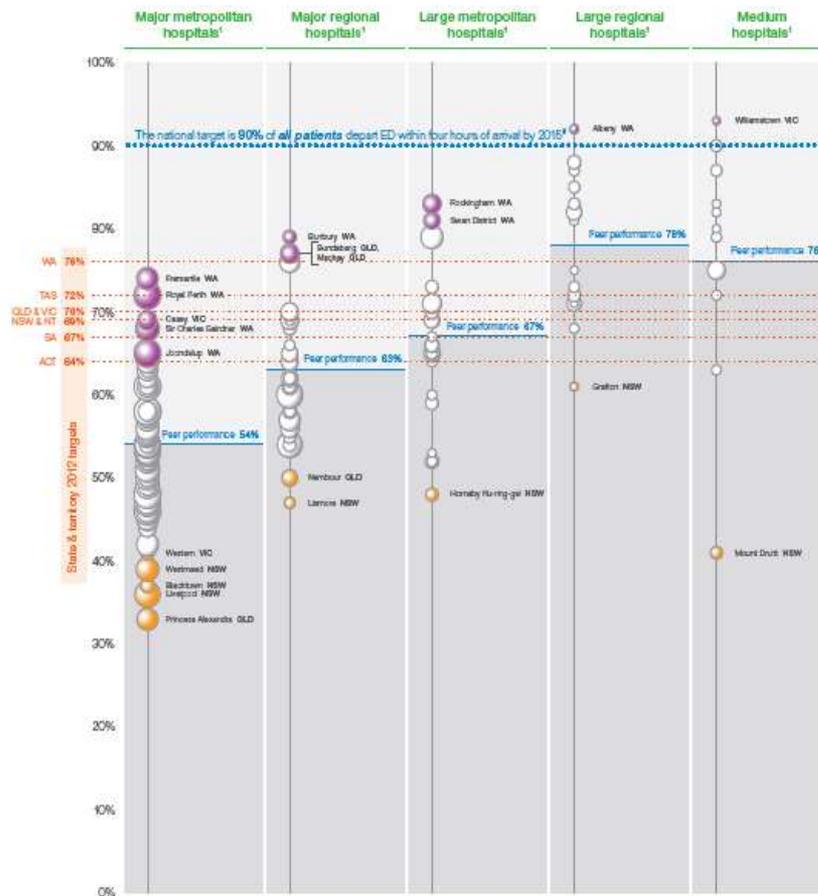
COAG indicators for Hospitals (examples)

- Effectiveness – Safety and quality
 - Hospital mortality
 - Unplanned readmissions
- Effectiveness – Patient experience
 - Measure of patient experience
- Equity and effectiveness – Access
 - Access to services by type of service compared to need
 - Cancer care pathway – waiting times for cancer care
 - Elective surgery waiting times by urgency category
- Efficiency and financial performance
 - Relative stay index for multi-day stay patients
 - Day or surgery admission rates for non-emergency multi-day patients
 - Cost per case mix weighted separation



National Health Performance Authority

Hospital Performance: Time patients spent in emergency departments in 2011-12



Presentations

Performance

- In highest 10% of peer group hospitals nationally
- Other hospitals (See results on pages 11-23)
- In lowest 10% of peer group hospitals nationally

1. For more information on measures and peer groups see www.myhospitals.gov.au
 (F) Hospitals have more than two years to achieve the national target.
 Source: National Non-admitted Patient Emergency Department Care Database 2011-12, data extracted 5 November 2012.

Queensland

Time in ED from arrival to departure 2011–12

Percentage of *all patients* departing ED within four hours of arrival¹

The national target for 2015 is 90% of all patients depart ED within four hours of arrival.
The Queensland target for 2012 is 70%.

For peer-grouped hospitals, the percentage of patients departing ED within four hours varied across Queensland, ranging from 90% at Gympie Hospital in the medium hospitals peer group to 33% at Princess Alexandra Hospital in the major metropolitan hospitals peer group.

Time until most *admitted patients* (90%) departed ED¹

In Queensland's peer-grouped hospitals, the period of time until *most admitted* patients (90%) departed ED for admission to a ward in the same hospital ranged from 6 hours and 23 minutes at Gympie Hospital in the medium hospitals peer group to 21 hours and 37 minutes at Cairns Base Hospital in the major regional hospitals peer group.

Major regional hospitals¹

Hospital	Most admitted (hours)	Departed within four hours (%)
Dundberg	16:38	77
Cairns	21:37	57
Mackay	11:38	77
Nambour	15:32	90
Rockhampton	16:32	66
Toowoomba	15:07	64
Townsville	21:36	60
National peer performance	16:57	63

Large regional hospitals¹

Hospital	Most admitted (hours)	Departed within four hours (%)
Hervey Bay	15:38	71
Mound Is.	7:01	66
National peer performance	13:24	76

Medium hospitals¹

Hospital	Most admitted (hours)	Departed within four hours (%)
Gladstone	7:10	67
Gympie	6:23	90
National peer performance	12:16	79

Figure 8: Percentage of *all patients* departing ED within four hours of arrival, regional Queensland, 2011–12



Figure 9: Percentage of *all patients* departing ED within four hours of arrival, major cities Queensland, 2011–12



Major metropolitan hospitals¹

Hospital	Most admitted (hours)	Departed within four hours (%)
Cabourne	14:49	59
Gold Coast	15:23	59
Ipswich	15:49	52
Lugan	20:53	54
Mater Adult	17:46	63
Princess Alexandra	18:46	33
Redcliffe	15:25	63
Royal Brisbane & Women's	19:27	59
The Prince Charles	12:14	65
National peer performance	14:59	54

Large metropolitan hospitals¹

Hospital	Most admitted (hours)	Departed within four hours (%)
GC E Jubilee	19:25	66
Redland	19:04	71
National peer performance	18:29	67

Medium hospitals¹

Hospital	Most admitted (hours)	Departed within four hours (%)
Cabourne	16:55	72
National peer performance	16:10	76

Specialist hospitals¹

Hospital	Most admitted (hours)	Departed within four hours (%)
Mater Children's	12:52	71
Royal Children's	8:24	60



1. For more information on measures and peer groups see www.nghospitals.gov.au
Source: National Non-admitted Patient Emergency Department Data October 2011–12, data extracted 6 November 2012.

Hitting the headlines

Healthy Communities: Potentially avoidable hospitalisations in 2011–12

Hospital Performance: Length of stay in public hospitals in 2011–12

- Stays in hospital for ‘common treatments’ four times higher among similar hospitals
- Avoidable hospitalisations varied 60% between similar areas
- 30 day media coverage almost 70 media articles, audience reach over 1.2 million
- Stories continuing to appear after release ...



Over 600,000 ED presentations avoidable

BYRON KAYE

MORE than 635,000 hospital visits – 7% of all presentations – are avoidable. And people in some rural areas are almost three times

The NHPA classed as avoidable hospitalisations 21 conditions that could be treatable in primary care or through vaccination.

These included chronic conditions such as asthma, diabetes and hypertension – acute condi-

communities, had 5342 avoidable hospitalisations per 100,000 in 2011–12, compared with North Sydney ML, which had just 1891 per 100,000.

Inner West Sydney ML had

Report finds Australians admitted to hospital needlessly **Patients clog system**

Sickening report on hospital use

HEALTH REPORTER

Sasha Petrova

THE Alton Springs and Barkly regions have the highest number of people in the country hospitalised for reasons that could have been avoided, according to a new report.

remote area was a lack of effective primary health care.

Because some remote areas, particularly those in the Northern Territory, have no local GPs to help manage ongoing conditions, preventable illness could worsen a crisis.

• Really small communities

The NHPA report classified 21 conditions that could lead to potentially avoidable hospitalisations, categorising them into three types – chronic, acute and vaccine-preventable.

The report also showed Barkly had 3000 preventable hospitalisations.



Hitting the headlines

Hospital Performance: Cancer surgery waiting times in 2011–12

- 90% of patients needing breast, bowel or lung cancer surgery treated within 30 days
- 1,090 patients waited longer than 30 days
- Bowel cancer = longest wait
- New interactive search tool launched
- Over 70 media articles within 30 days, audience reach almost 2 million

Our long wait for cancer treatment

By GABRIEL WINGATE-PEARSE
Health

Wait times among the worst

BUT HOSPITAL INSISTS SITUATION IS IMPROVING

Jessica Nico

A REPORT by the National Health Performance Authority has found that Fremantle Hospital is the third worst hospital in the country for bowel cancer surgery wait times from 2011 to 2012.

waiting times.

"Fremantle Hospital has reviewed resources, procedures and processes to ensure smooth and timely delivery of services," she said.

"This has included the redesign of internal processes to improve the efficient allocation of patients on surgical waitlists to

for 2012-13 showed 90.5 per cent of bowel cancer patients received surgery within the clinically recommended 30 days.

Greens health spokeswoman Lynn MacLaren said the hospital needed State Government intervention to turn around the waiting times.

within 30 days, at 47 per cent of patients waited a time of 32 days, more than long as the peer average

Report: Hervey Bay Hospital singled out on wait for breast cancer operations Surgery speeds defended

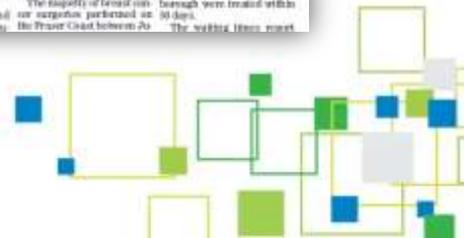
Manash Bhandari

A NATIONAL report has singled out Hervey Bay Hospital for the high percentage of breast cancer sufferers who had to wait longer than 30 days for surgery in 2011-12.

The report was released by the National Health Performance Authority to encourage Hervey Bay Hospital and other hospitals to improve their breast cancer surgery waiting times.

At 70%, Nambour Hospital was the only major regional hospital in Australia with a lower percentage of breast cancer and breast surgery patients who had to wait longer than 30 days for surgery in 2011-12.

These figures show how Hervey Bay Hospital is performing in treating breast cancer patients. "We are determined to continue to improve our performance," Mr Pountney said. "The majority of breast cancer surgery performed at Hervey Bay Hospital are performed within 30 days. The waiting times report



MyHospitals.gov.au

MyHospitals nghpa National Health Performance Authority

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Golden Staph infection rates

Hospital Performance: Healthcare-associated *Staphylococcus aureus* bloodstream infections in 2011-12

Released: 23 May 2013

Australia's biggest public hospitals account for a disproportionate share of reported healthcare-associated *S. aureus* bloodstream infections.

[Read report](#)

◉ ◉ ◉ ◉ NEXT

Learn more about your local hospitals

Find your local hospitals

Enter a hospital, place or postcode

Search for a service or condition

Use the [interactive map](#) or

Enter a health service or health condition

Driving improvements through independent reporting

[Visit NHPA](#)

Find out how your local health area is performing

[Visit MyHealthyCommunities](#)

Find out how your hospital compares

MyHospitals contains service and performance information for over 1,000 public and private hospitals. You can search by location or by hospital name to see hospital profiles and comparable performance results for measures such as surgery waiting times and access to emergency departments.

The website is run by the National Health Performance Authority, an independent agency that provides nationally consistent, locally relevant and comparable information about health care services in Australia.

See hospital profiles, services offered, number of admissions and results for measures such as:

- Waiting times for emergency departments and elective surgery UPDATED

Map search for a hospital

Emergency departments

- Waiting times
- Time spent in the ED

Elective surgery

- Waiting times for surgery
 - Malignant cancers
 - Cardiothoracic
 - Ears, nose and throat
 - Plus, 10 other types of surgery

Quality and safety

- Hand hygiene
- Healthcare associated SAB infections

Stays in hospital

- Relative length of stay
 - Vaginal and caesarean births
 - Medical: cellulitis, COPD, plus 3 other
 - Surgical: appendix, plus many others



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