GOVERNMENT OF
WESTERN AUSTRALIA

Moving Towards Measuring What Matters

Sustainable health review fast track outcome measures

health.wa.gov.au

Moving towards measuring what matters

Fast track measures to evaluate progress towards a patient-centred, high-quality and financially-sustainable healthcare system.

Introduction

In June 2017, the Government of Western Australia announced a review of the WA health system to prioritise the delivery of patient-centred, high-quality and financially-sustainable health care across the State. It was called the Sustainable Health Review (SHR). The SHR was conducted by an experienced panel of experts appointed by the Government of Western Australia.

In April 2019, the SHR published its final report, which described 8 Enduring Strategies and 30 Recommendations which seek to drive a cultural and behavioural shift across the health system.

The SHR proposed a timeline of between 2 and 10 years for putting the recommendations into action. More information on the SHR can be found here.

What is the Sustainable Health Review Outcome Measures Project?

The SHR Outcome Measures Project (OMP) is responsible for selecting and reporting outcome measures that can be used to evaluate the impact of the SHR program on the WA health system over the next 2 to 10 years. However, because of this long lead time for the OMP, an interim set of 'fast-track' outcome measures has been proposed. This current report is the first publication of these interim fast-track measures and uses the most up-to-date data available.

What are the fast-track outcome measures?

10 fast-track outcome measures were identified as being suitable for reporting, based broadly on the following criteria:

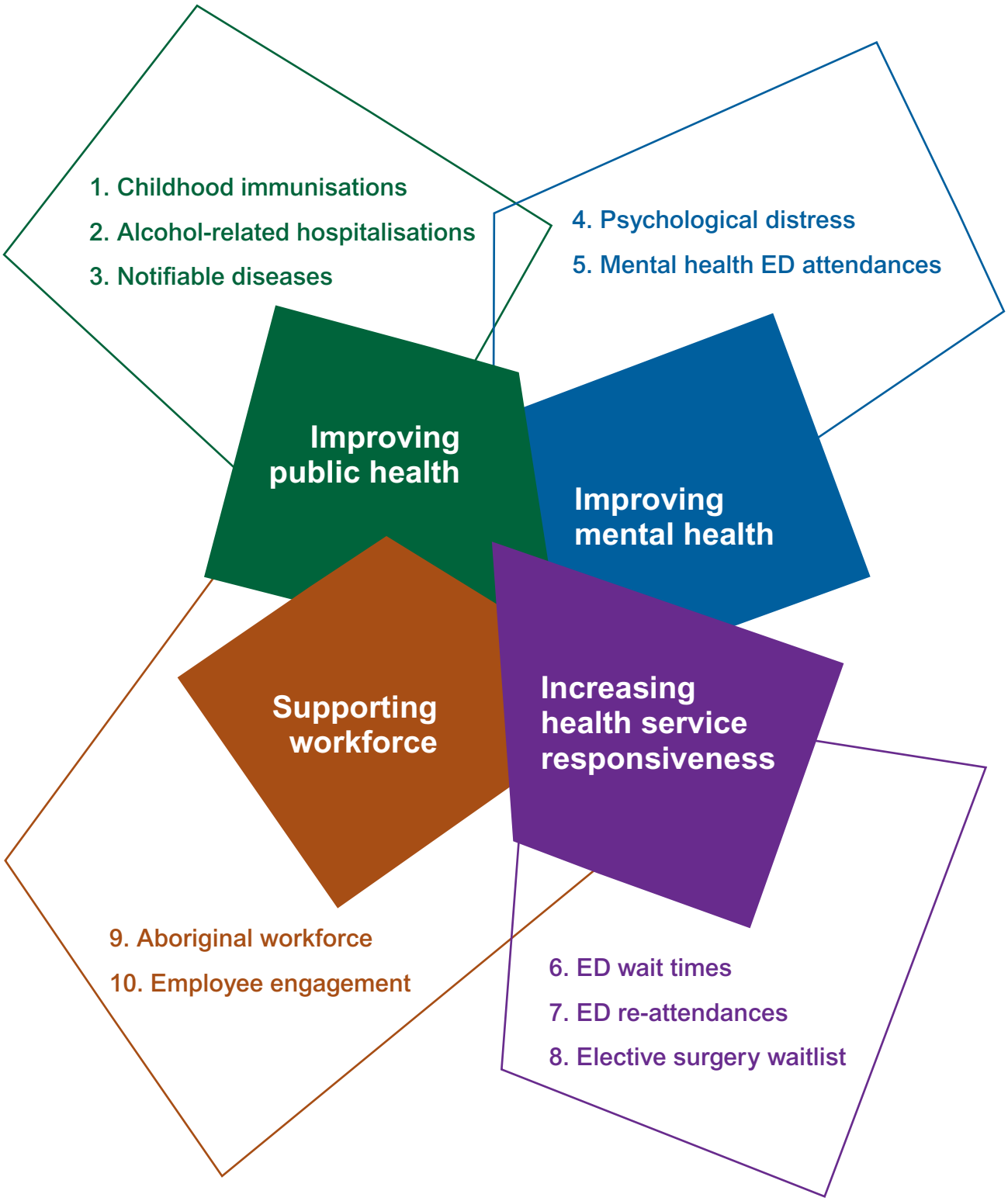
- The outcome measure aligned with one of the 8 Enduring Strategies identified in the SHR final report and was considered suitable for reporting on the health system as a whole.
- The data to calculate the outcome measure was held by the WA Department of Health.
- It was a measure either already publicly reported, or used internally as a performance indicator, by the WA Department of Health or the Mental Health Commission.

An overview of the fast-track measures is provided in the figure below. Each fast-track measure is presented using the most up-to-date data available. For some measures, data can be reported quarterly and includes all of quarter of 2021. For other measures, such as those based on annual surveys, information may only be available for past years. Where possible, the results also present information on recent trends over time.

What do the results mean?

The outcome measures and results included here reflect important areas of health that the WA Department of Health is commited to making impovements in. The results reflect the current state of the system and future updates can be used to monitor improvements over time.

10 fast-track system-level outcome measures



Improving public health

Improving public health

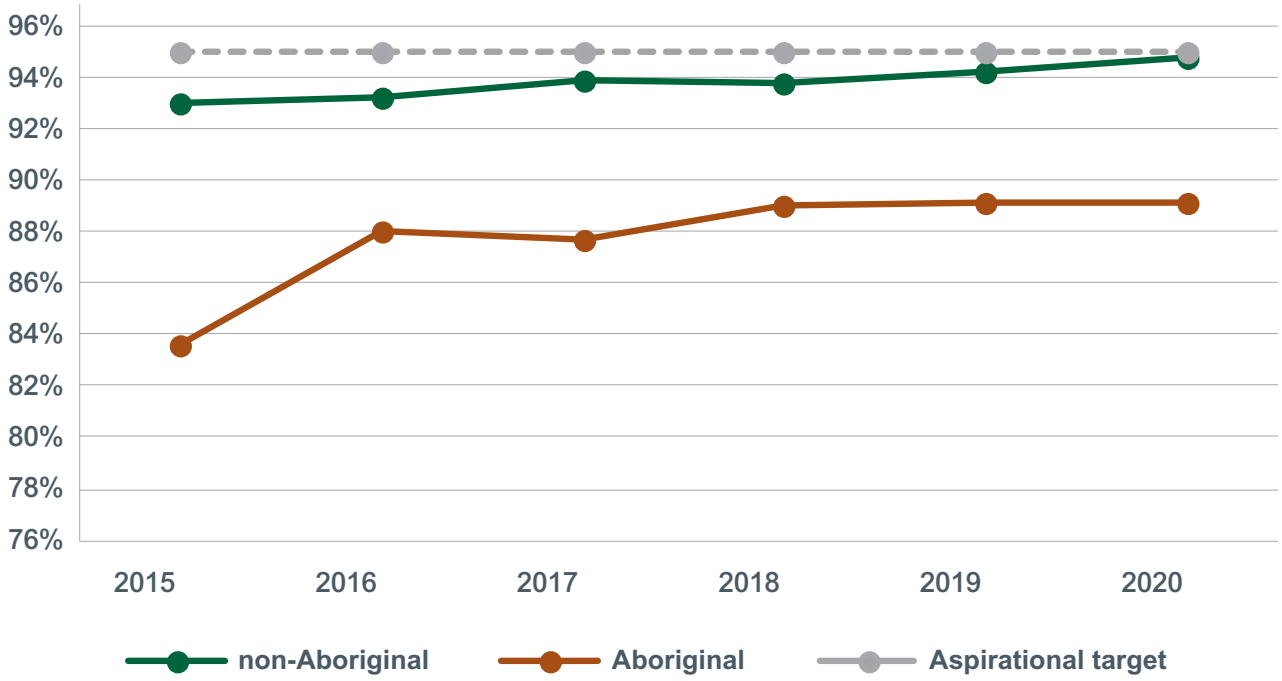
1. Proportion of children fully immunised by age 12 months

Aligns to SHR Enduring Strategy 3: Great beginnings and a dignified end of life

Immunisation is a simple, safe and effective way of protecting people against harmful infectious diseases. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease. Without access to immunisation, the consequences of illness are likely to be more disabling and more likely to contribute to a premature death.

Australia's aspirational target for children fully immunised at 12 months of age is 95 per cent or above.

Percentage of children fully immunised by age 12 months



Immunisation rates in children at 12 months of age have steadily improved over the past 5 years, with rates in non-Aboriginal children reaching the aspirational target in 2020. However, immunisations rates in Aboriginal children remain below the aspirational target.

For more information: see the public health tab on the Our Performance website.

A child is classified as 'fully immunised' at 12 months if they have a record on the Australian immunisation Register for 3rd dose of DTPa, Polio, Hib, Hep B, AND 2nd or 3rd dose of Pneumococcal vaccines.
The aspirational immunisation target is based on the National aspirational immunisation coverage target https://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage.

2. Rate of hospitalisations for conditions related to alcohol use

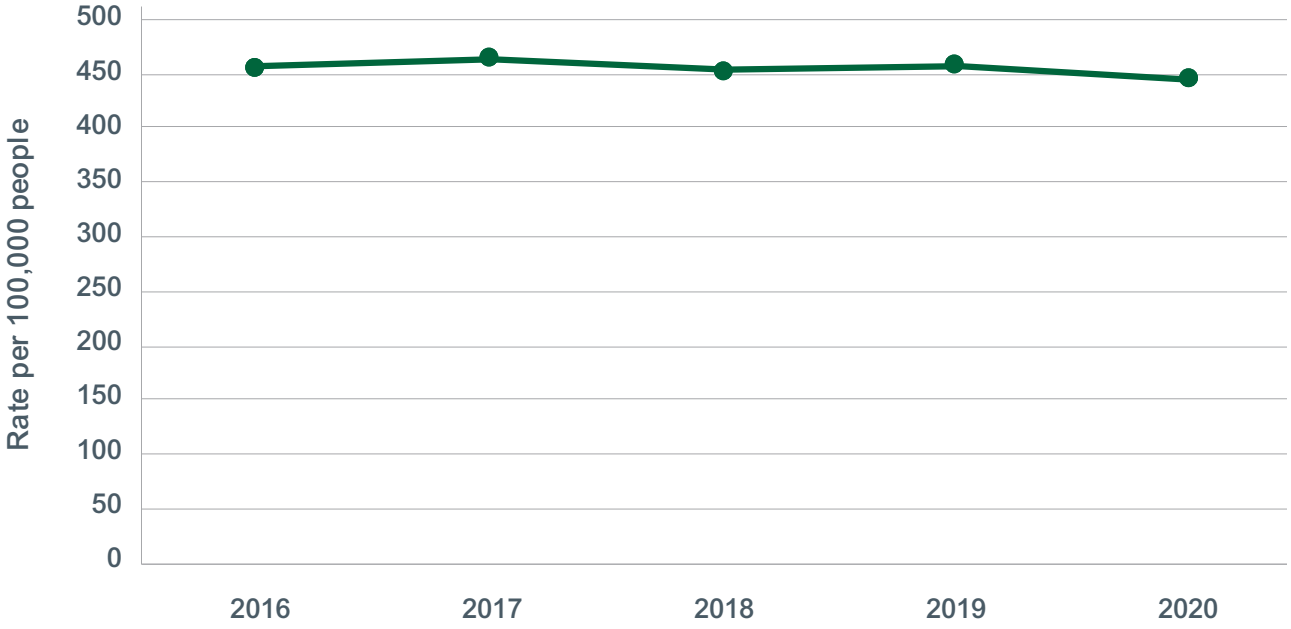
Aligns to SHR Enduring Strategy 1: Commit and collaborate to address major public health issues

Acute conditions

The rate of hospitalisations for acute conditions, such as injuries and poisonings, related to alcohol use reflects the short-term impact of alcohol from a single occasion of drinking on the health of the general population of Western Australia.

An aspirational aim of the SHR was to reduce harmful alcohol use by 10 per cent by July 2024.

Age-standardised rate of hospitalisations for acute conditions related to alcohol use



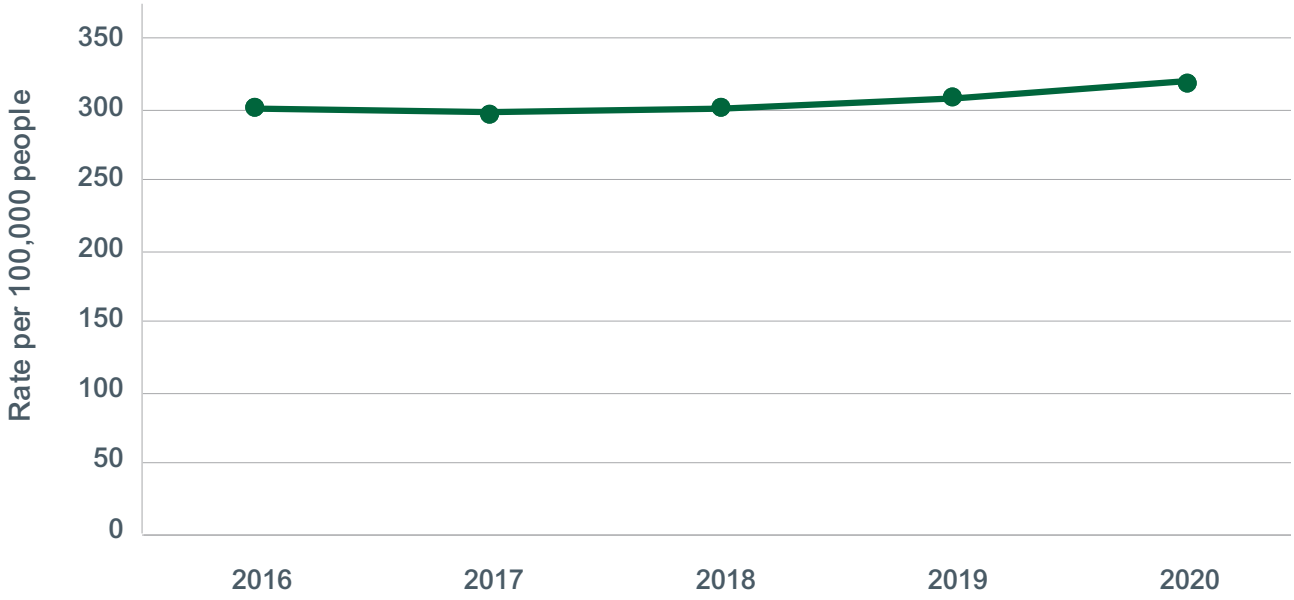
Rates of hospitalisation for acute conditions related to alcohol use have remained relatively consistent over the past 5 years.

Chronic Conditions

The rate of hospitalisations for chronic conditions, such as cancers and cardiovascular diseases, related to alcohol use reflects the long-term impact of alcohol over a lifetime of drinking on the health of the general population of Western Australia.

An aspirational aim of the SHR was to reduce harmful alcohol use by 10 per cent by July 2024.

Age-standardised rate of hospitalisations for chronic conditions related to alcohol use



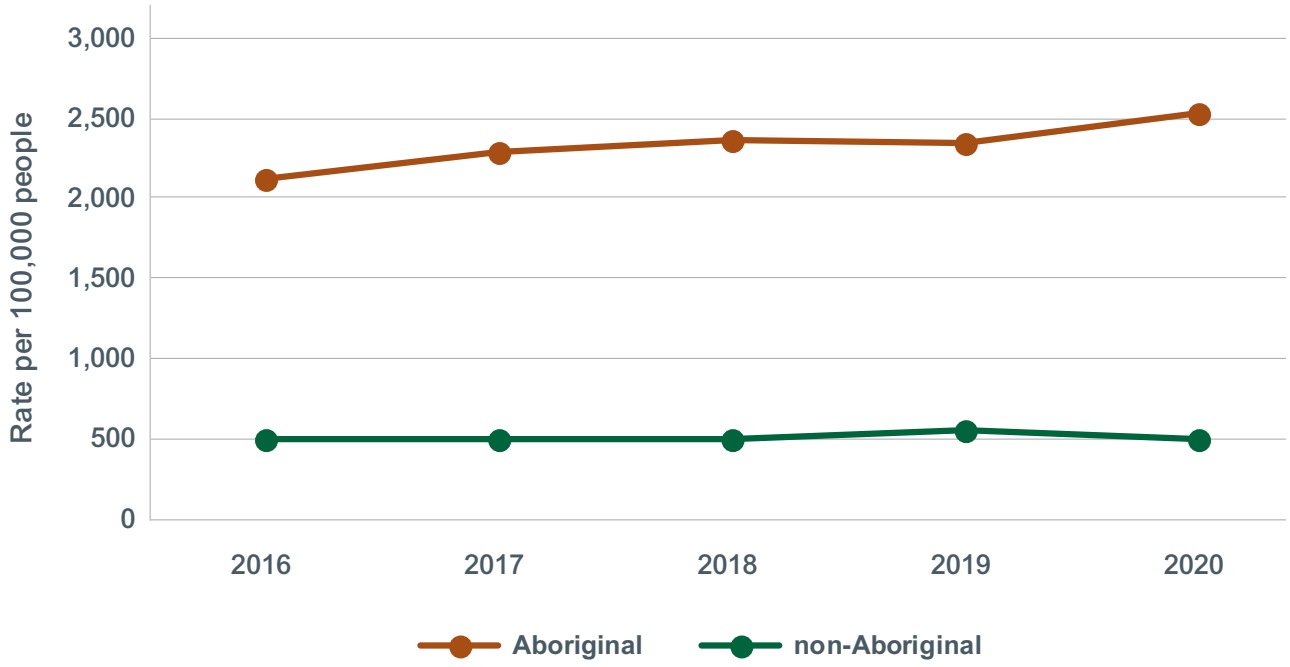
Rates of hospitalisation for chronic conditions related to alcohol use have shown a small increase over the past 5 years.

3. Rate of notifiable sexually transmitted infections

Aligns to SHR Enduring Strategy 1: Commit and collaborate to address major public health issues

Sexually transmitted infections (STIs) are among the top notifiable diseases in Australia. The National Blood Borne Viruses and Sexually Transmissible Infections Strategies 2018-2022 has set the direction for Australia's continuing response to STIs. It aims to significantly reduce the transmission of STIs and improve rates of diagnosis and treatment.

Age-standardised rate of sexually transmitted infections



Overall, the rate of STIs is higher in Aboriginal people than non-Aboriginal people and has been increasing in Aboriginal people since 2016. This increase in the rate of STIs over time is principally the result of an infectious syphilis outbreak that was first identified in the Kimberley region in mid-2014, but has since spread to other regions, including the Perth metropolitan area, and other population groups. In response to the outbreak, the Chief Health Officer authorised a state wide public health response for at-risk groups in mid-2020, which is expected to reduce rates of this disease in the future.

For more information: see the public health tab on the Our Performance website.

Sexually Transmitted Infections (STIs) include chlamydia, gonorrhoea and infectious syphilis.

Improving mental health

Improving mental health

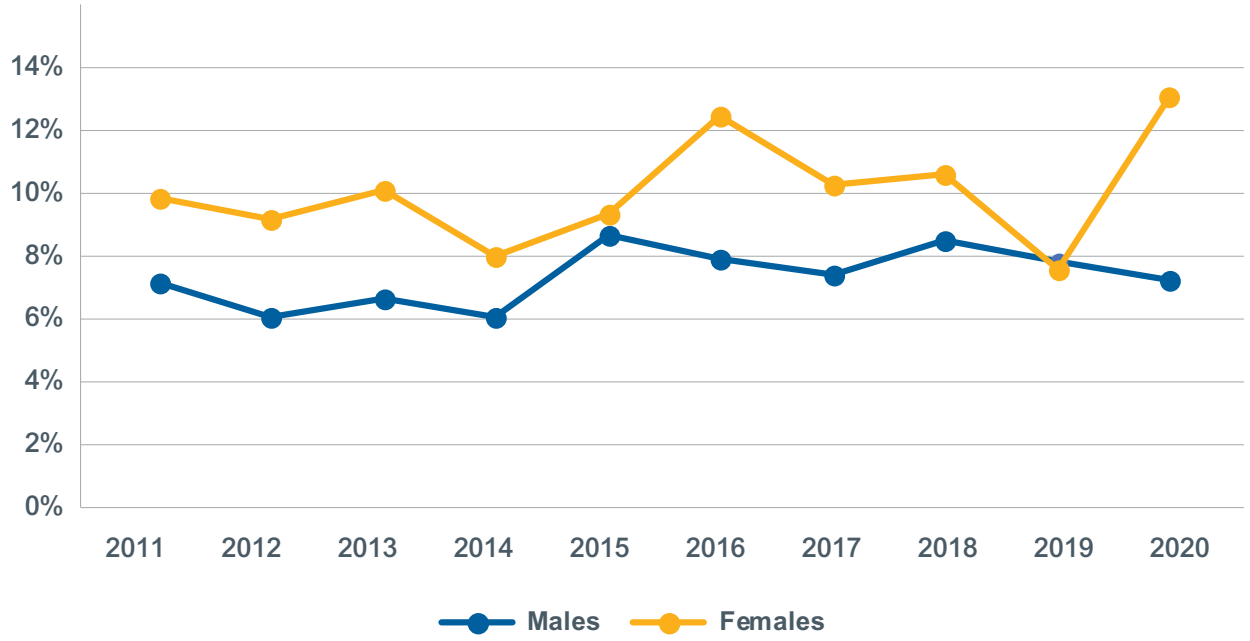
4. Proportion of adults who report high or very high psychological distress

Aligns to SHR Enduring Strategy 2: Improve mental health outcomes

One measure of the mental health and wellbeing of the population is the proportion of people experiencing high or very high levels of psychological distress as assessed by the Kessler Psychological Distress Scale (K10).

There is no defined target for population levels of psychological distress.

Percentage of the WA population experiencing high or very high levels of psychological distress



In 2020, high or very high levels of psychological distress were reported for approximately 9.8% of the WA population. This level of psychological distress has not changed significantly over the last 10 years. In general, women report higher levels of psychological distress than men, in 2020 the level of distress was the highest recorded for females (12.9%) in the last 10 years, though this level was not statistically different to the male level of distress.

More information on the health and wellbeing of the WA population can be found in the Health and Wellbeing Surveillance System annual report.

The Kessler Psychological Distress Scale (K10) is a standardised instrument consisting of 10 questions that measure psychological distress by asking about levels of anxiety and depressive symptoms experienced in the past four weeks. Each item on the K10 scale is scored from one 'none of the time' to 5 'all of the time'. Scores of the 10 items are then summed, resulting in a range of possible scores from 10 to 50. These scores are categorised into low, moderate, high and very high levels of psychological distress. Low psychological distress is regarded as not requiring any intervention, while moderate and high levels require self-help and very high levels require professional help.

5. Proportion of emergency department mental health attendances with a length of episode greater than 24 hours

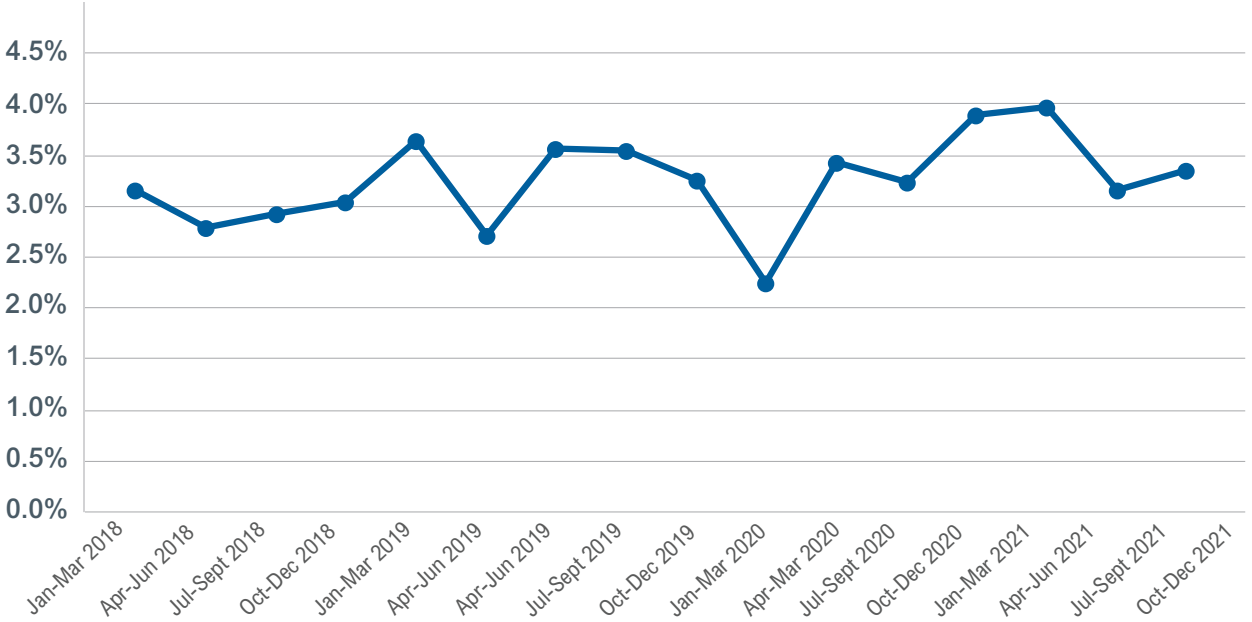
Aligns to SHR Enduring Strategy 2: Improve mental health outcomes

Long stays in the emergency department experienced by mental health patients have the potential to cause deterioration in wellbeing, resulting in the requirement for suboptimal treatment like physical restraint, seclusion and lengthy periods of sedation.

The aspirational target for percentage of emergency department attendances for a mental health-related condition with a length of episode greater than 24 hours is 0 per cent.

In 2021:	
There were 64,762 emergency department attendances for a mental health-related condition	3.7% (2,376) of these had a length of episode greater than 24 hours

Percentage of ED mental health presentations with a length of episode greater than 24 hours



The proportion of emergency department attendances for a mental health related condition with a length of episode greater than 24 hours has ranged between 2% and 4.1%. The best performance to date was seen in Apr – Jun 2020 (2%) and the most recent 12 months showed the worst performance (4.1%), seen in Apr – Jun 2021.

Length of episode includes waiting time from presentation, the duration of the clinical care received, and the time between the end of clinical care and departure from the emergency department.

Increasing health service responsiveness

Increasing health service responsiveness

6. Proportion of emergency department patients seen within recommended times

Aligns to SHR Enduring Strategy 4: Person-centred, equitable, seamless access

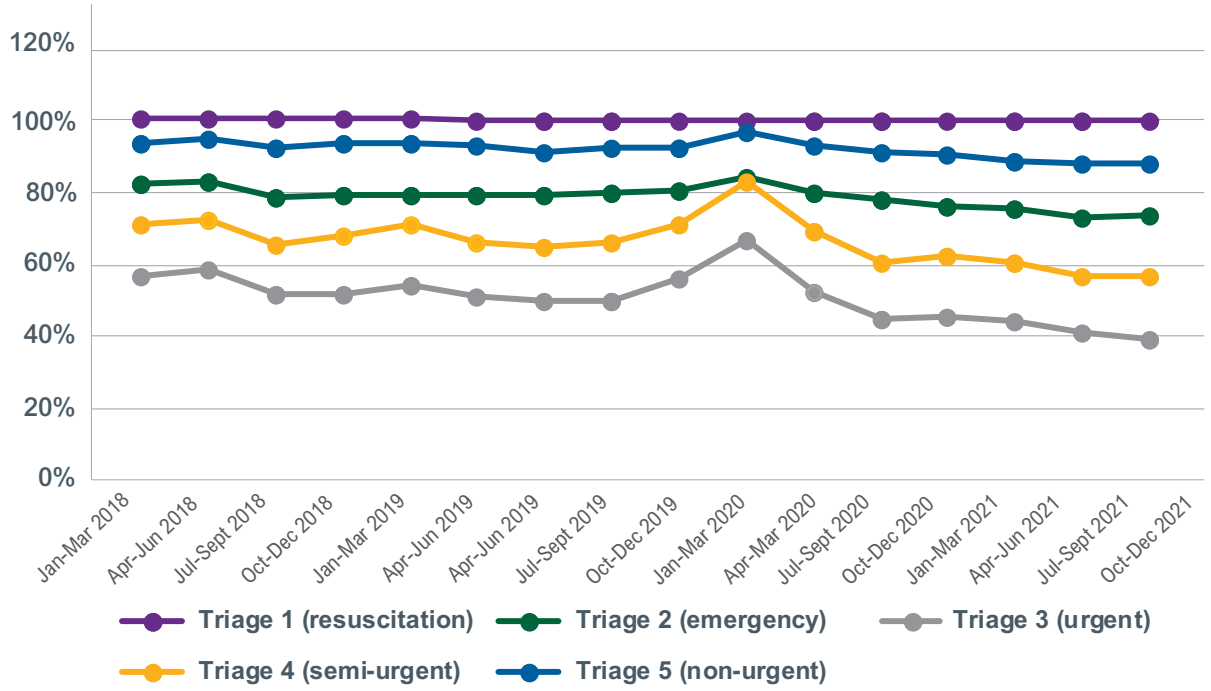
Emergency department patients are assessed for medical urgency, and assigned to a triage category, to ensure that the patients with the most urgent requirements for medical care are seen first. Triage category 1 is the most urgent with triage 5 being the least urgent. Each triage category has a maximum waiting time for medical assessment and treatment, and ideally, patients should be seen within the maximum waiting times.

Triage categories	Treatment urgency	Maximum waiting time
Triage 1	Resuscitation	2 minutes
Triage 2	Emergency	10 minutes
Triage 3	Urgent	30 minutes
Triage 4	Semi-Urgent	60 minutes
Triage 5	Non-Urgent	120 minutes

In 2021:	
There were over one million (1,099,860) emergency department attendances that had medical care commence*	58.4% of these were seen within the recommended waiting time

*there were 62,063 emergency department attendances that did not have medical care commence.

Percentage of emergency department attendances assessed within recommended time by triage category



The proportion of people seen within recommended times has been fairly constant over the past three years for triage categories 1, 2 and 5. The improvements in the second quarter (Apr-Jun) of 2020, which were most obvious for triage categories 3 and 4, are associated with emergency departments having fewer people presenting than normal due to concerns about COVID-19.

For more information: see the emergency department tab on the Our Performance website.

Australasian College of Emergency Medicine, Australasian Triage Scale https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Better-Outcomes-for-Patients/Triage.

7. Proportion of unplanned emergency department re-attendances for a related condition within 48 hours

Aligns to SHR Enduring Strategy 4: Person-centred, equitable, seamless access

Emergency department reattendances may occur as a result of a) poor initial care, such as a missed diagnosis or incorrect treatment; or b) a lack of information being provided to patients about their diagnosis, prognosis and future treatment requirements. Reattendances for these reasons are potentially preventable.

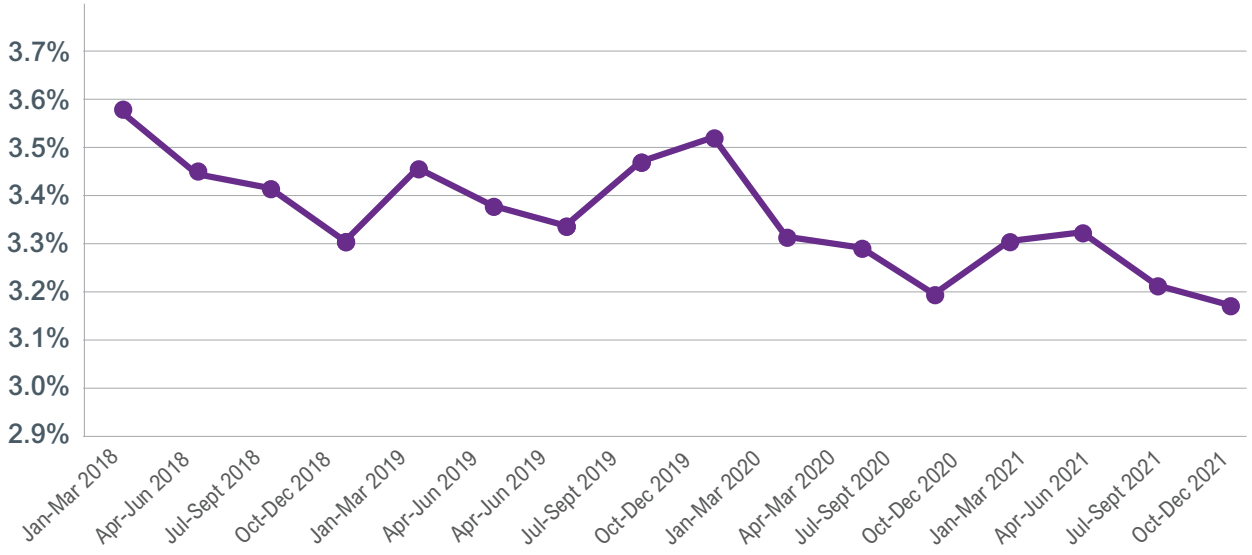
There is no defined target for the proportion of unplanned emergency department reattendances for a related condition within 48 hours.

In 2021:

3.3% (25,612) of ED attendances* were followed by an unplanned reattendances for a related condition

*ED attendances exclude admitted, did not wait and transfer patients.

Percentage of unplanned emergency department reattendences for a related condition within 48 hours



The proportion of unplanned emergency department reattendances has decreased over the past 3 years.

8. Proportion of elective wait list cases waiting longer than recommended for surgery

Aligns to SHR Enduring Strategy 4: Person-centred, equitable, seamless access

Elective surgery refers to non-emergency surgery which is medically necessary but can be booked in advance following a specialist clinical assessment. Cases requiring elective surgery are assigned an urgency category by their treating surgeon and placed on an elective surgery waiting list. Waiting lists are actively managed by hospitals to ensure all cases are treated within the maximum recommended timeframe for their urgency category.

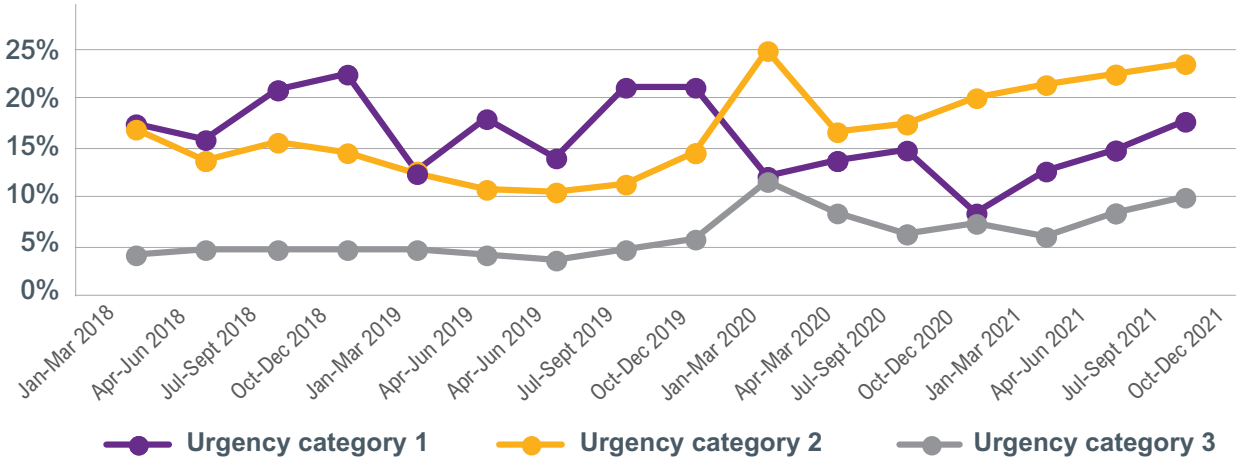
There are 3 categories for elective surgery that indicate the clinical urgency of the case and the maximum recommended wait time:

- For category 1 cases this is 30 days
- For category 2 cases this is 90 days
- For category 3 cases this is 365 days

This measure refers to cases rather than patients as a person may be on an elective surgery waiting list for more than one procedure. If a patient is on a waiting list twice, for 2 different procedures, this will be counted as 2 cases.

Admitted for surgery in 2021	On list waiting for surgery as of the 31 Dec 2021
81,758 cases had their elective surgery 83.8% (68,565 cases) had their elective surgery within the recommended time.	29,546 cases were on a waitlist for elective surgery 12% (3,545 cases) on the wait list had been waiting longer than recommended.

Percentage of elective surgery cases waiting longer than recommended



The pauses on category 2 and 3 elective surgeries that occurred as a result of COVID-19 resulted in fewer elective surgeries and longer than usual waiting times for these 2 categories in 2020 and 2021 compared with previous years. Increases in Q4 overtime are due to seasonal factors.

For more information: see the elective surgery tab on the Our Performance website.

Supporting workforce

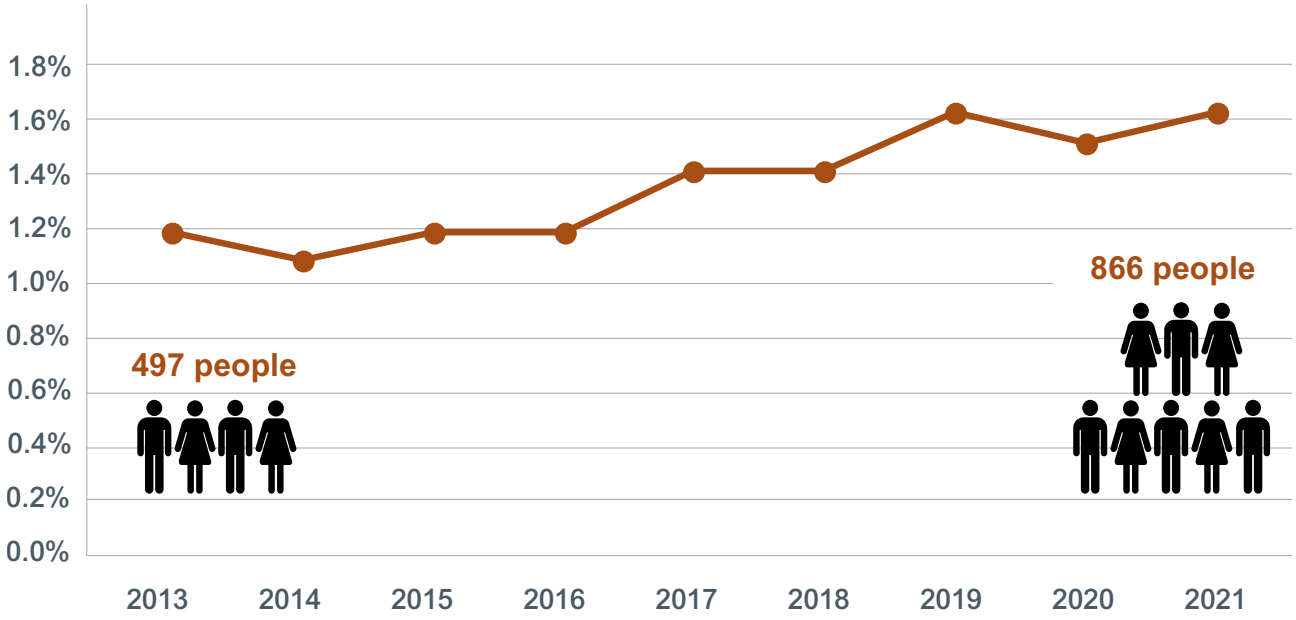
Supporting workforce

9. Proportion of Aboriginal employees in the WA health system

Aligns to SHR Enduring Strategy 7: Culture and workforce to support new models of care

Increasing employment of Aboriginal people at all levels and in both clinical and non-clinical areas is essential for the health system to deliver culturally safe and responsive health services. WA Health has set a target for Aboriginal workforce participation of 3.2 per cent.

Percentage of WA health system employees who identify as Aboriginal



*The result for 2021 includes data up to 31 Dec 2021 (data extract 14 Jan 2022).

The Aboriginal workforce currently represents 1.6% (866 people) of the total WA health workforce. WA Health is working towards an Aboriginal workforce target of 3.2%.

There are some significant challenges to growing the Aboriginal workforce. These include:

- a lack of internal and external supply of suitably qualified Aboriginal people
- attracting Aboriginal people to a career in health
- a lack of flexibility and cultural considerations in recruitment and selection processes.

The Department of Health is committed to increasing the Aboriginal employee workforce in an effort to better meet the health needs of Aboriginal people. Growing a strong, skilled and sustainable Aboriginal workforce is a strategic direction in the Department's WA Aboriginal Health and Wellbeing Framework 2015–2030.

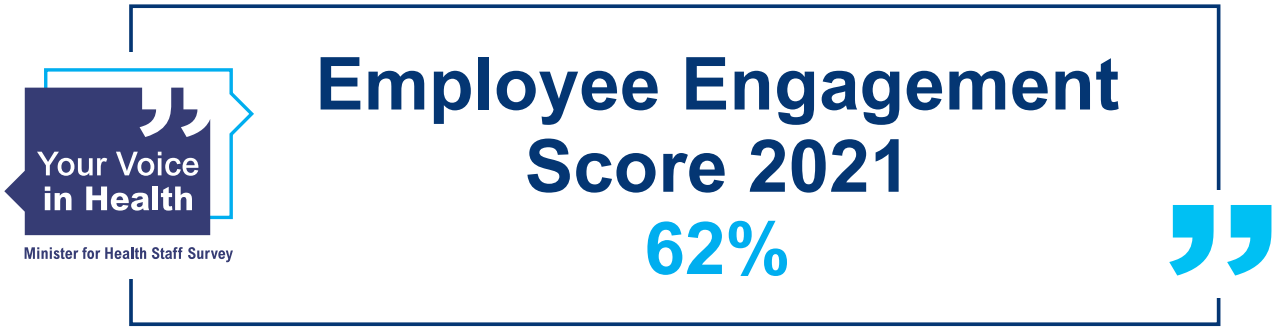
For more information: see the Aboriginal Health tab on the Our Performance website or the Aboriginal Workforce Policy.

10. Employee engagement index from the Minister for Health's staff survey

Aligns to SHR Enduring Strategy 7: Culture and workforce to support new models of care

The Minister for Health Your Voice in Health Engagement Survey was conducted in early 2021. This was the third of 5 annual surveys designed to measure staff engagement and support proactive strategies for future workplace planning.

The Employee Engagement Score utilises information from 5 questions to reflect how staff feel about the Department. The Employee Engagement Score decreased 4 percentage points between the 2020 and 2021 surveys to 62 per cent.



What happens next?

These fast-track outcomes measures will be reviewed and updated every six months, while the work to develop the bigger SHR Outcome Measures Project is underway. Some of the outcome measures included here may be included in the bigger SHR Outcome Measures Project, and a number of new measures will likely also be developed.

Further information

Further information on the health and wellbeing of the WA community and the performance of the WA health system is available from:

Our Performance website

Health and Wellbeing Surveillance System Annual Report

Statewide Notifiable Diseases Weekly Report

Department of Health Annual Report

Mental Health Commission Annual Report

WA Health Aboriginal Workforce Strategy 2014-2024

WA Aboriginal Health and Wellbeing Framework 2015-2030

Suggested citation

Information and System Performance Directorate (2022). Moving Towards Measuring What Matters: Sustainable health review fast track outcome measures, Department of Health, Western Australia

Enquiries

SHR Outcomes Program Team: RoyalSt.PSPSHR@health.wa.gov.au

This document can be made available in alternative formats on request for a person with disability.

Produced by the Information and System Performance Directorate

EPI-014012 FEB '22