



Government  
of South Australia

SA Health



# Transforming Health

Best Care. First Time. Every Time.



# Let's create a better state of health.

The State Government wants to transform our healthcare system to provide the quality care, effectiveness and adaptability that South Australians expect and deserve.

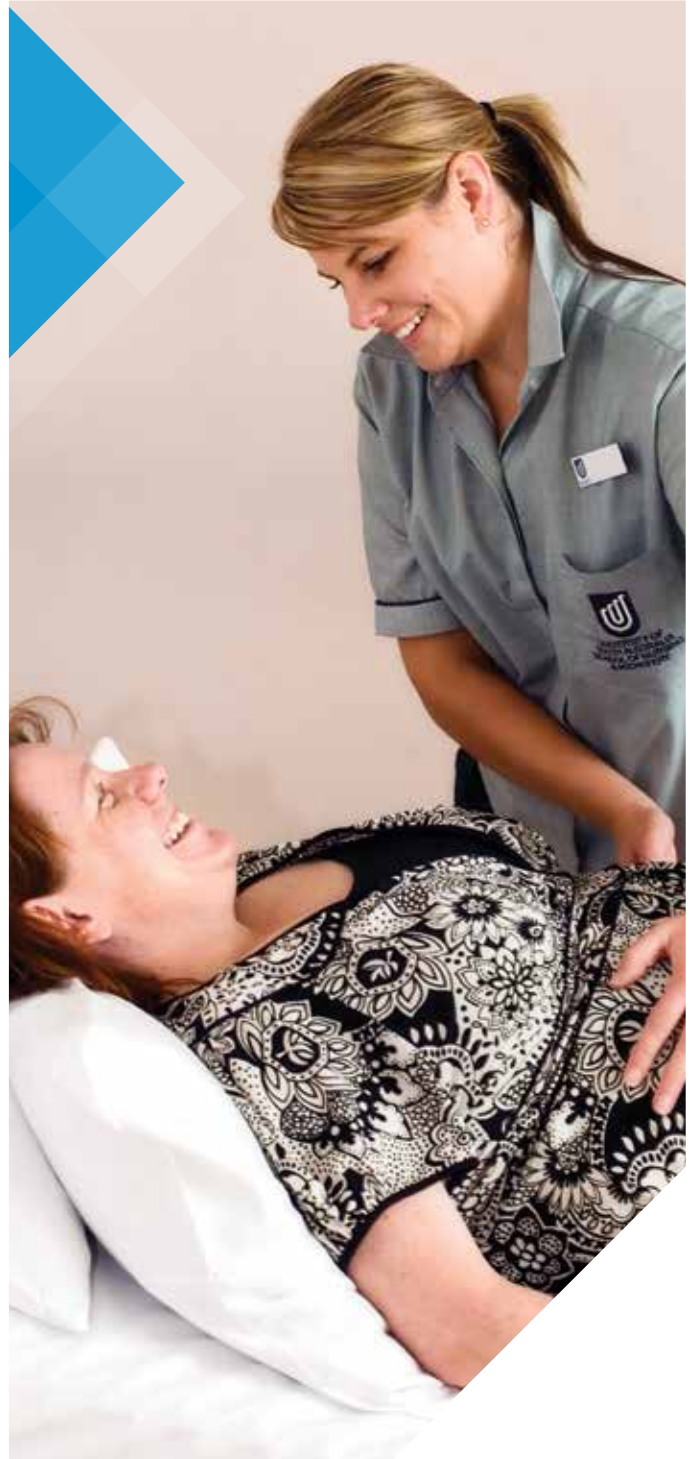
Over the last decade, we have upgraded every major hospital across the state and our new Royal Adelaide Hospital will be one of the best modern hospitals in the world. We now need to design a health system that will match our world class infrastructure - one that embraces innovation, takes full advantage of technology and new advances in medical treatments and is flexible to meet the challenges of the future.

We have many areas of excellence – but our health system does not consistently deliver the quality of care we all expect from a modern health system.

Doctors and surgeons, nurses and midwives and allied and scientific health professionals have worked together to develop quality principles for healthcare, which will guide how we transform the system.

If we agree with these health professionals about the quality standards, we will have to change how and where services are delivered.

This quick guide gives you an overview of Transforming Health. To look at the full case for transformation, including patients' stories and some of the suggested changes, visit [transforminghealth.sa.gov.au](http://transforminghealth.sa.gov.au). Look at the Transforming Health Discussion Paper and get involved.



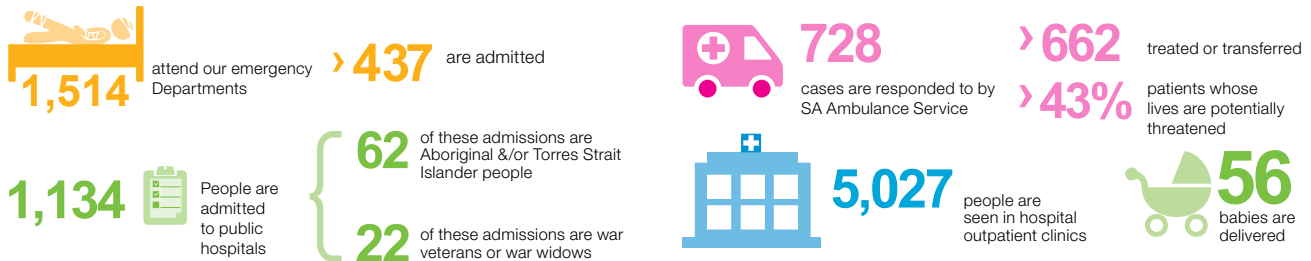


# A snapshot of our health system.

SA Health has more than 30,000 employees, provides more than 2.5 million episodes of healthcare each year, is responsible for 10 metropolitan hospitals and provides hospital

care to country South Australians in 60 locations across the state. We also provide other services such as the SA Ambulance Service and specialist mental health services.

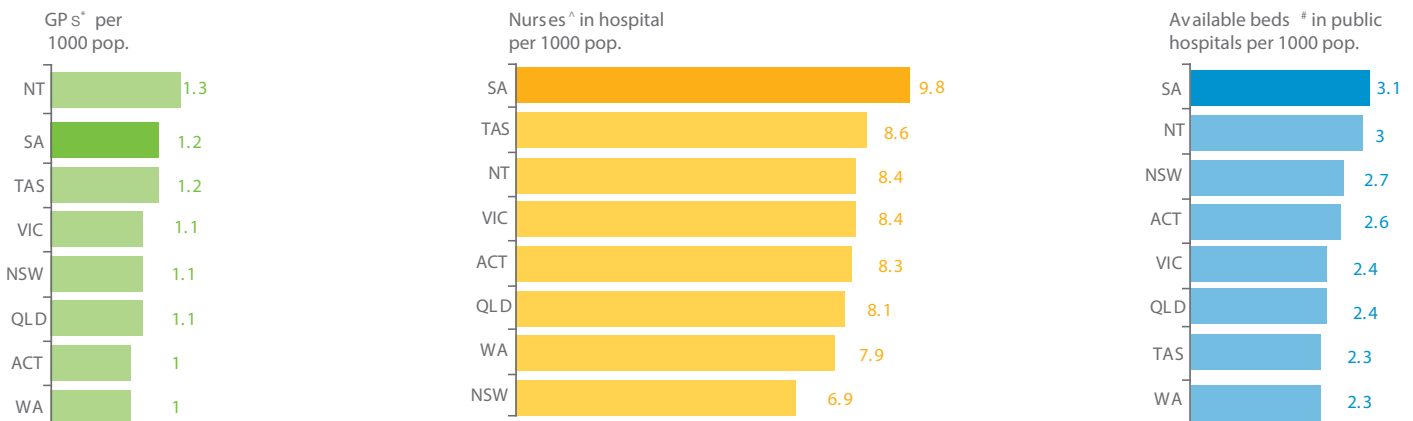
## ON ANY DAY ON AVERAGE AT SA HEALTH



Source: Department for Health and Ageing 2013-2014 SA Ambulance Service, Health Information Portal Emergency Department data collection (at 26/09/2014).

SA Health is one part of a much bigger health system that includes primary healthcare, GPs, private specialist services, private hospitals, community health services, aged care and a wide range of non-government providers.

*South Australia has more hospital beds, nurses and General Practitioners per 1000 people than other states. In fact, we have more beds per person than most countries in Europe.*



Data source: AIHW Medical Workforce 2011, Nursing and Midwifery Workforce 2011, Australian Hospital Statistics 2009-2011.  
<sup>\*</sup> GPs in all work settings (for example, hospitals, community, private practice) <sup>^</sup> Includes both registered and enrolled nurses. <sup>#</sup> Includes overnight and day beds.

Despite being well resourced, we don't always have better health results. We need our healthcare to be consistent, high quality and deliver the best value. Transforming Health is about delivering the best care, first time, every time.

# How we are making the transformation.



To understand how to deliver consistent high quality care across all services and sites, we have asked people who work in our health system to provide advice on how to improve it.

The Minister for Health, Jack Snelling, appointed three Clinical Advisory Committees comprised of doctors and surgeons, nurses and midwives and allied and scientific health professionals, to look at our current health system and understand what we do well and where we can improve.

These groups of health professionals developed quality standards for our healthcare services which, if supported by the community during the consultation process, will result in changes and improvements to our metropolitan hospital system.

*Transforming Health is starting where the impact is greatest - our metropolitan hospitals. That's where most services are delivered, specialty services are located and most of our money is spent.*

*When we have our metropolitan hospitals delivering consistent quality care, we will then look at how we can best apply the agreed standards to our country hospitals.*

# Why we need to change.

Our health needs have changed. Hospitals were designed for a previous era, when their main use was for medical crises such as heart attacks or major accidents. But now, hospitals manage people who are more likely to have multiple, complex and often chronic conditions. Diseases such as diabetes are far more common.

We also have one of the oldest populations in Australia, with an average of 40% of our hospital patients being 65-85 years old.

We need to provide co-ordinated care that is more responsive and closer to home.

## Did you know?

*36,589 hospital admissions for people with chronic conditions could potentially have been avoided in 2013-14.*

## TECHNOLOGY HAS CHANGED

Technology has changed the type of equipment and expertise needed to deliver healthcare. Advances in medical science have improved practices and recovery times, with day surgery now possible for many procedures.

## Did you know?

*Clinicians used to have to cut a person open to remove the gall bladder. This required many days in hospital. Key-hole surgery can now be done instead, so patients have shorter stays in hospital and recover sooner.*



Medical advances need highly trained staff using specialist equipment. We know that some specialty services need to treat a minimum number of patients to meet essential safety and quality standards. This means that the appropriate level of specialist care and expertise can only be provided at a limited number of sites.

## CONSISTENCY IN QUALITY IS NEEDED

The Clinical Advisory Committees found three areas where we are not delivering consistent quality of care.



### **Length of stay**

People with similar health conditions are staying in hospital for different lengths of time, depending on the hospital and even the day of the week they are admitted. Many services are not available at the weekends – from the senior clinicians who can make decisions about your care, to services such as diagnostic tests and allied health assistance. This means you have to wait longer for your treatment.

### **? Did you know?**

*Your length of stay in hospital can vary by up to three days depending on the day of the week you are admitted or discharged.*

### **Mortality Rates**

Mortality rates should not be different at different hospitals or due to the time of day a person is admitted. For example, although South Australia has a fantastic, internationally-recognised stroke treatment pathway, deaths from stroke vary depending on the time and day of admission. We are not delivering quality care consistently.

### **Procedures**

South Australia has some of the highest rates in the nation for some procedures like hysterectomies, caesarean sections and knee arthroscopies. There are no obvious reasons for this, which raises questions about which factors drive treatment decisions, whether some people are having unnecessary treatments or others are missing out, and whether we are using our resources in the best way.

*Overall, the care we provide must be necessary, represent value and contribute to improvements in health. The challenges of changing healthcare needs means we must think differently, work differently and deliver healthcare differently. This is why we need to transform our system.*

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# The future.

We want a quality healthcare system that provides best care, first time, every time.

The Clinical Advisory Committees agreed on six quality principles necessary to transform our system. They said a quality, world-class health system is:

1. Patient Centred
2. Safe
3. Effective
4. Accessible
5. Efficient, and
6. Equitable.

For further explanation of these principles, please visit [transforminghealth.sa.gov.au](http://transforminghealth.sa.gov.au) to view or download the Discussion Paper.

## QUALITY STANDARDS AND SYSTEM IMPLICATIONS

The Clinical Advisory Committees developed close to 300 quality standards that need to be applied to our metropolitan hospital services.

You can find out more about these standards at [transforminghealth.sa.gov.au](http://transforminghealth.sa.gov.au).

If we agree with the principles and standards developed by our health professionals, there are a number of changes to make to our healthcare system.

## BETTER TREATMENT OPTIONS

Not all hospitals are the same and this means emergency departments are not equally supported to admit and manage all patients who go to an emergency department.

We need to be clearer about the different roles of our hospitals. Not all hospitals can provide the same level of access to specialist treatment and diagnostics. Most conditions treated at emergency departments are urgent but not life-threatening.

Redesigning our system can help us to reduce unnecessary transfers between hospitals and deliver the right care at the right time.

### Did you know?

*In metropolitan Adelaide we have seven emergency departments, which equates to about 5.4 emergency departments for every million people. This is far more than most cities our size. For example, Auckland has 3.3 emergency departments for every million people, Copenhagen has 3.4 and Calgary has 3.7.*



## BETTER SPECIALISATION

Advances in technology and the need for specialised staff means that not all hospitals are able to deal with ‘once-in-a-lifetime’ emergencies. Our population size makes it impossible to provide every specialty at every hospital.

To provide the best outcomes for patients, we must make sure many of these specialised services, along with the highly skilled staff, are available 24 hours a day. This may mean better services at fewer sites.

### **Did you know?**

*For stroke patients, fast treatment at a specialised stroke unit can be the difference between life and death, or the difference between long term disability and none.*

People with stroke symptoms (who fit specific criteria) who are taken by ambulance direct to a stroke unit hospital see experienced staff who have access to the essential equipment needed, from the moment they arrive at the hospital doors.

## BETTER INTEGRATION

Better healthcare may be delivered through specialisation or, in other cases, by better integrating existing services.

For example, patients with a spinal or acquired brain injury can’t begin rehabilitation while they are in hospital, because the services they need are provided elsewhere. By integrating services across appropriate sites, patients can start their rehabilitation earlier at locations that can meet their full medical needs.

## BETTER PROCESSES

It’s clear we can improve our health system simply by doing some things differently.

Elective surgery is one example. Thousands of patients have surgery delayed or postponed because theatres are sometimes needed for emergencies and surgeons are called away to emergency departments. By separating elective surgery from general hospital functions, we could avoid many postponements, reduce waiting lists and lessen inconvenience for patients.

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# Now it's your turn to have your say.



We want to hear what you think. Together, we can shape South Australia's future healthcare system. Transforming Health is about delivering a system focused on continuous improvement, a system that supports innovation and a system that is committed to quality.

**Best care. First time. Every time**

**We are keen to hear what you think.**

To have your say, complete the online survey available at [transforminghealth.sa.gov.au](https://transforminghealth.sa.gov.au)

## The Transforming Health Process

Clinical Engagement  
Committees analysis

Discussion Paper

Consultation

Summit

Government decision



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