

# Health system performance

How does Victoria fare nationally  
and internationally?

Featuring selected findings from  
The Commonwealth Fund's  
2016 International Health Policy  
Survey of Adults in 11 Countries



# Contents

<b>About the survey</b>	<b>3</b>	<b>Effectiveness: making a difference for patients</b>	<b>16</b>
<b>The Health System Performance Framework</b>	<b>4</b>	Views on the health system	17
<b>How does Victoria fare?</b>	<b>5</b>	Quality of care received	18
<b>Accessibility: healthcare, when and where needed</b>	<b>6</b>	Breast cancer survival	19
Timely access to care	7	<b>Efficiency: value for money</b>	<b>20</b>
Access to afterhours care	8	Waste in the system	21
Out-of-pocket payments and problems paying medical bills	9	Expenditure on health administration	22
Skipped care because of cost	10	Right care, right place	23
<b>Appropriateness: the right healthcare, the right way</b>	<b>11</b>	Length of stay in hospital	24
Patient engagement and communication	12	<b>Equity: health for all, health that's fair</b>	<b>25</b>
Coordination and continuity of care	13	Waited less than a month for elective surgery	26
Medical error	14	Appointment to see a doctor or nurse	27
Review of medications	15	<b>Sustainability: caring for the future</b>	<b>28</b>
		Average health expenditure	29
		Hospital beds	30
		<b>Final word...</b>	<b>31</b>

# About the survey

## The Commonwealth Fund

The Commonwealth Fund is a Washington-based foundation renowned for their research and promotion of international health system performance. Every year they conduct their International Health Policy Survey of 11 Countries (Australia, Canada, France, Germany, Netherlands, New Zealand, Norway, Sweden, Switzerland, the United States and the United Kingdom).

In 2016 the survey included a representative sample of 1,000 Victorians, 18 years and older. The survey was conducted by landline and mobile phone between March and June 2016, and the response rate for Victoria was 34%, higher than the rate for Australia. Results for Victoria were weighted by demographic factors, including regional area of residence, age, sex, and educational attainment.

The survey included questions about access to healthcare, patient experiences with GPs and hospital care, prescription drug use, medical errors, health insurance coverage, care for chronic conditions and out-of-pocket healthcare costs.

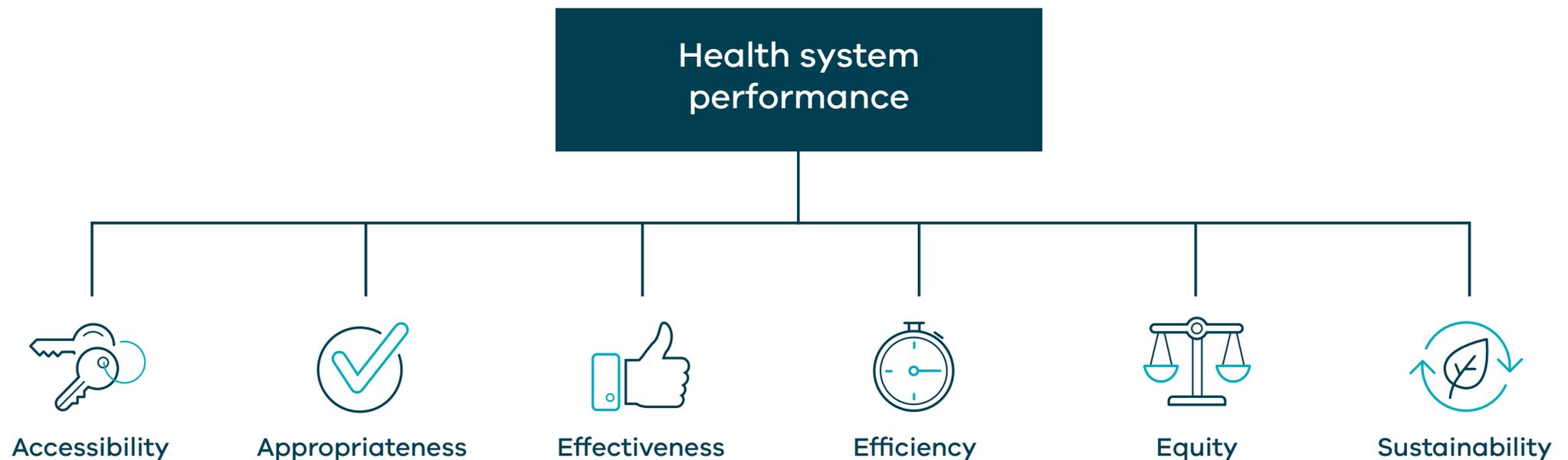
Along with the survey results, data from other sources have been examined, with national and international comparisons, to assess the performance of the healthcare system in Victoria. The information presented summarises results for Victoria, identifying areas where Victoria is an international leader in terms of performance, and areas where there is room for future improvement.

Table 1: Number of survey respondents and response rates, selected OECD countries & Victoria, 2016

	Respondents	Response rates
Victoria	1,000	34%
Australia	5,248	25%
Canada	4,547	21%
France	1,103	25%
Germany	1,000	27%
Netherlands	1,227	32%
New Zealand	1,000	31%
Norway	1,093	11%
Sweden	7,124	17%
Switzerland	1,520	47%
United Kingdom	1,000	22%
United States	2,001	18%

# The Health System Performance Framework

The framework<sup>1</sup> that has been used to assess health system performance in Victoria includes six dimensions of performance:



1. Based on framework from: Bureau of Health Information (BHI). Healthcare in focus 2016: how does NSW compare? Sydney: BHI; 2017

# How does Victoria fare?



## **Accessibility – health care, when and where needed:**

Victoria consistently performs in the mid range internationally, so there is room for improvement. Cost is an important barrier to care.



## **Appropriateness – the right healthcare, the right way:**

Victoria compares favourably against other countries in terms of appropriateness. There is a high level of communication, patient engagement and care coordination between health professionals, and medical error rates are low when compared internationally.



**Effectiveness – making a difference for patients:** Victoria's system is effective by international standards, with a high survival rate for breast cancer and four out of five Victorians rating the care they receive from their doctor as excellent or very good.



**Efficiency – value for money:** The health system in Victoria provides good value for money, with healthcare expenditure on administration in the low range nationally and one in 20 experiencing duplication of medical testing over a 2-year period (waste in the system), which is low internationally.



**Equity – health for all, health that's fair:** Not everyone enjoys good access to services and care in Victoria. People on low incomes and those without medical insurance have poorer access to some services than their counterparts.



**Sustainability – caring for the future:** While Victoria performs well on some measures, there are areas, especially in relation to resourcing, where Victoria needs to remain vigilant to ensure all Victorians continue to enjoy good health and care into the future.

# Accessibility: healthcare, when and where needed



## Summary

Accessibility refers to the ability of people to obtain healthcare at the right place and right time, irrespective of income, cultural background or physical location. The information presented shows that Victoria performs well against international comparators with some measures, but is in the mid range internationally with other measures, so there is room for improving access to care in Victoria:

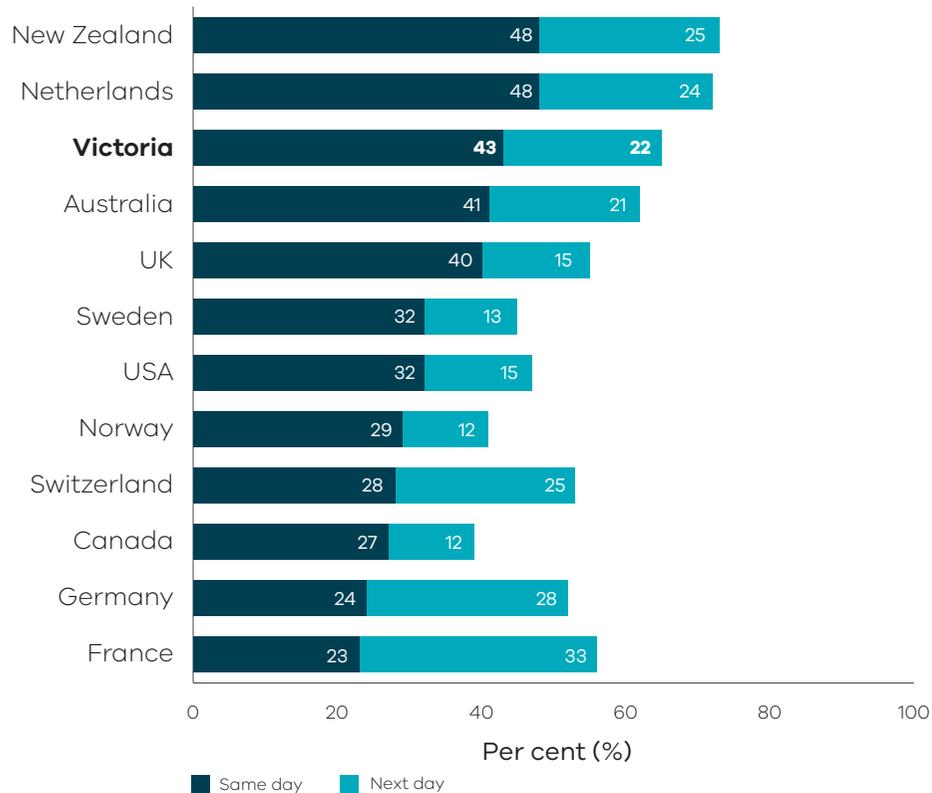
- Two out of three adult Victorians can get an appointment to see a doctor on the same, or next day when needed, which is a favourable result when compared internationally.
- More than half (55%) of all adult Victorians visiting a specialist wait less than one month for an appointment, which is in the mid range internationally.
- More than half (55%) of all adult Victorians can get very easy/somewhat easy access to medical care after hours – a good result when compared internationally.
- One in 10 adult Victorians make out-of-pocket payments of \$1,000 or more each year for medical care, which is in the mid range internationally.
- One in 20 adult Victorians have serious problems paying medical bills each year – the second best result of all comparator countries.
- One in 10 adult Victorians skip care recommended by a doctor each year because of cost, which is in the mid range internationally.
- One in six adult Victorians skip care recommended by a dentist each year because of cost – the fourth best result of all comparator countries.

# Timely access to care



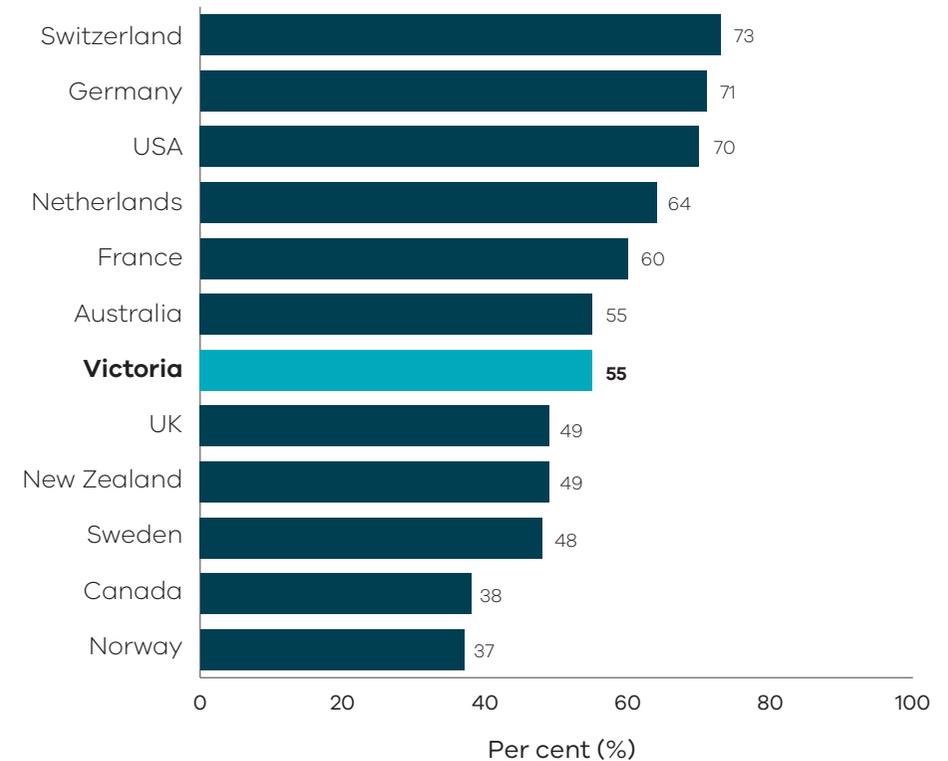
## Time to an appointment to see a doctor or nurse

- Survey respondents were asked 'Last time you were sick or needed medical attention, how quickly could you get an appointment to see a doctor or a nurse?'
- Victoria ranked **3rd highest** among the countries studied, with **43%** of the population able to get an appointment the same day to see a doctor or nurse, and a further **22%** able to get an appointment the following day.



## Time to an appointment to see a specialist

- Survey respondents who had been referred to a specialist in the previous 2 years were asked 'After you were advised/decided to see a specialist/consultant, how many days, weeks or months did you have to wait for an appointment?'
- 55%** of respondents from Victoria said they waited less than a month for an appointment. This was the same as the result for Australia, but ranked in the **mid range** among the countries studied.



Waited less than 1 month to see a specialist

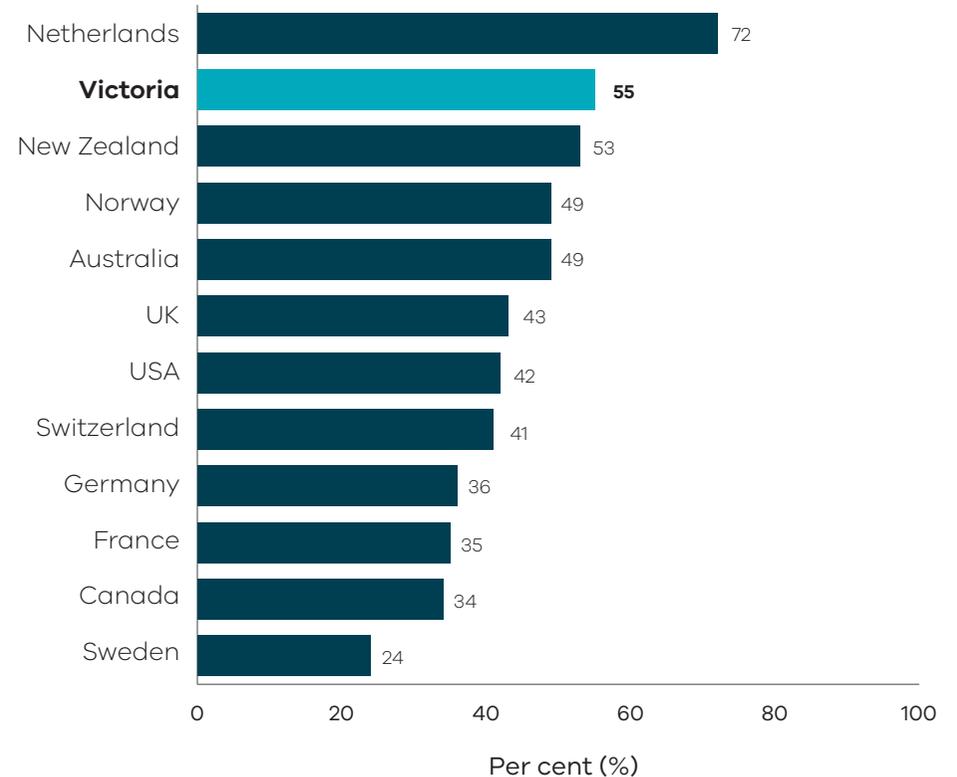
Data source: The Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries.

# Access to afterhours care



## Access to afterhours care

- Survey respondents were asked 'How easy or difficult is it to get medical care in the evenings, on weekends, or holidays without going to the hospital emergency department?'
- Those individuals with greater ease of after hours access to care have significantly lower rates of emergency department use and unmet medical need.<sup>2</sup>
- Victoria ranked **2nd highest** among the countries studied, with **55%** of adults having very easy or somewhat easy access to medical care afterhours.
- Results exclude respondents who never needed care in the evenings, weekends or holidays.



'Very easy/ somewhat easy' access to afterhours care

Data source: The Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries.

2. O'Malley AS. After-hours access to primary care practices linked with lower emergency department use and less unmet medical need. Health Affairs 2013; 32: 175-83.

# Out-of-pocket payments and problems paying medical bills

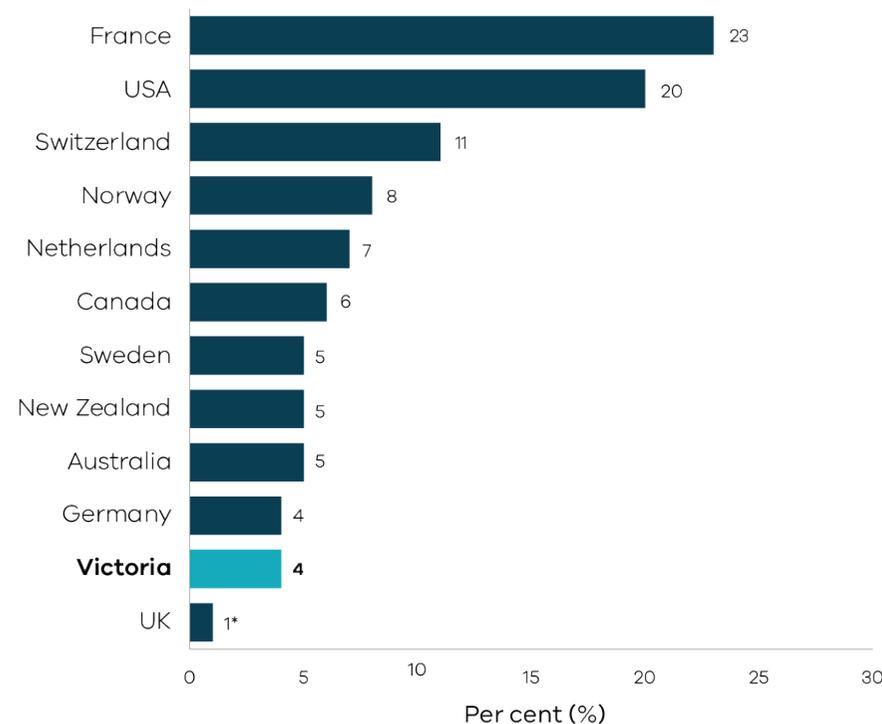


## Out-of-pocket costs<sup>3</sup>

- An out-of-pocket payment refers to any remaining balance that may have to be paid after accessing a doctor, or hospital service, above what is covered by health insurance.
- People on low incomes may not always access health care when needed, as they may experience financial difficulties in paying for services, or they may delay visits to medical practitioners, or they may not fill prescriptions.
- Victoria was ranked in the **mid range** of countries studied, with one in 10 (**11%**) respondents paying \$1,000, or more in out-of-pocket costs in the previous 12 months.

## Problems paying medical bills

- Survey respondents were asked 'During the previous 12 months, was there a time when you had serious problems paying, or were unable to pay medical bills?'
- One in 20 (**4%**) Victorian respondents said there were times in the previous 12 months when they had serious problems paying medical bills. Victoria ranked **2nd lowest** with Germany, after the United Kingdom.



Data source: The Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries.

\* Estimate has a relative standard error between 25 and 50% and should be interpreted with caution.

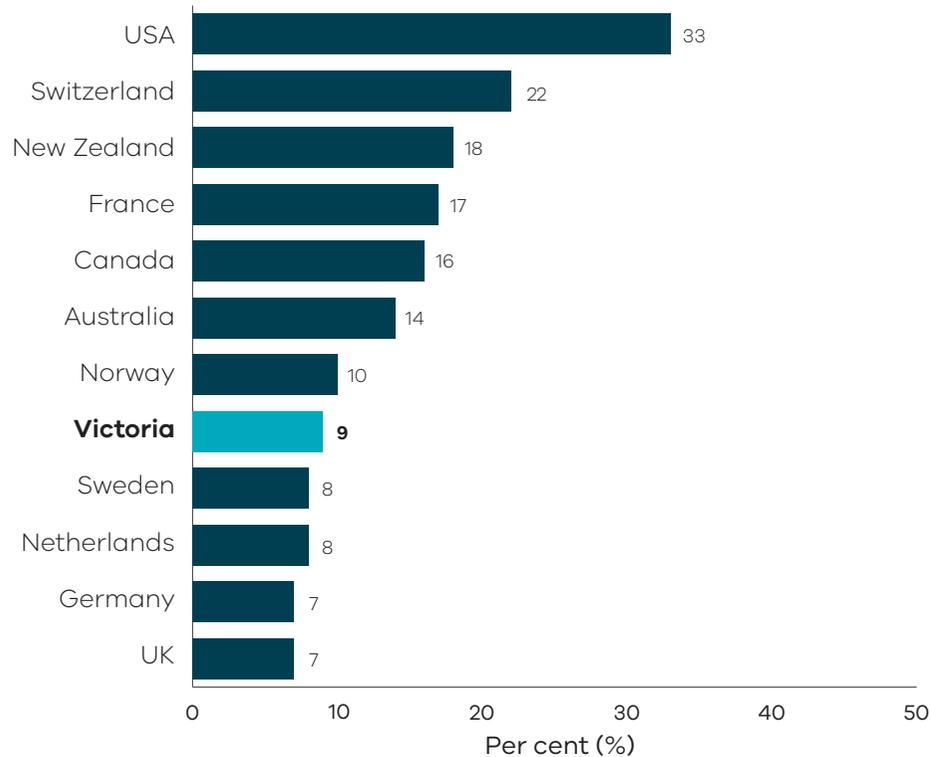
3. Out-of-pocket expenses are in US dollars. The information that was collected from each country in the survey on out-of-pocket costs was collected in local currency and later converted to US dollars for comparative analyses.

# Skipped care because of cost



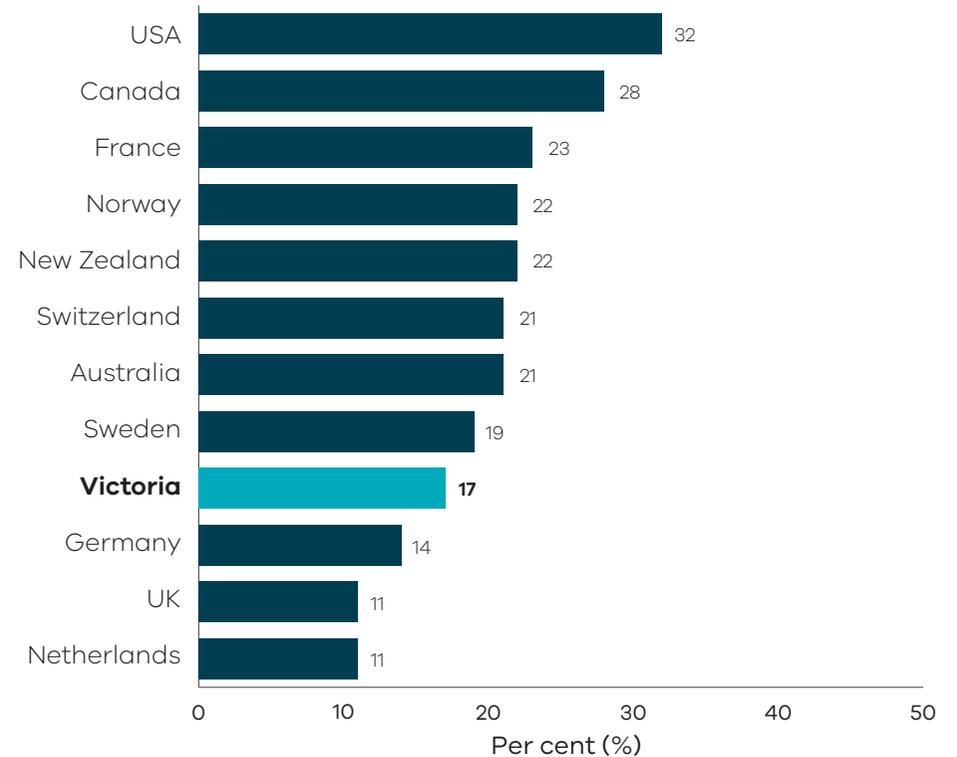
## Skipped care from a doctor because of cost

- Survey respondents were asked 'During the previous 12 months, was there a time when you had a medical problem but did not see a doctor, or did not fill a prescription, or skipped a test or treatment recommended by a doctor because of the cost?'
- Victoria was ranked in the **mid range** of countries studied, with one in 10 (**9%**) adults having skipped recommended medical care because of cost.



## Skipped dental care because of cost

- Survey respondents were asked 'During the previous 12 months, was there a time when you skipped dental care or dental check-ups because of the cost?'
- Victoria was ranked **4th lowest** among the countries studied, with one in six (**17%**) respondents having skipped dental care because of cost in the previous 12 months.



Data source: The Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries.

# Appropriateness: the right healthcare, the right way



## Summary

Appropriateness relates to how well care is delivered to meet patients' needs. Measures of appropriateness may assist in identifying: where effective care is not provided despite being medically necessary, or of proven benefit to patients; where care is provided when it is not necessary; and where care is not provided correctly, or care is sub-optimal because of a preventable problem, such as medical error or misdiagnosis. Appropriateness is concerned with providing the right healthcare in the right way.

The survey data show that Victoria performs well against other countries when it comes to the provision of appropriate care:

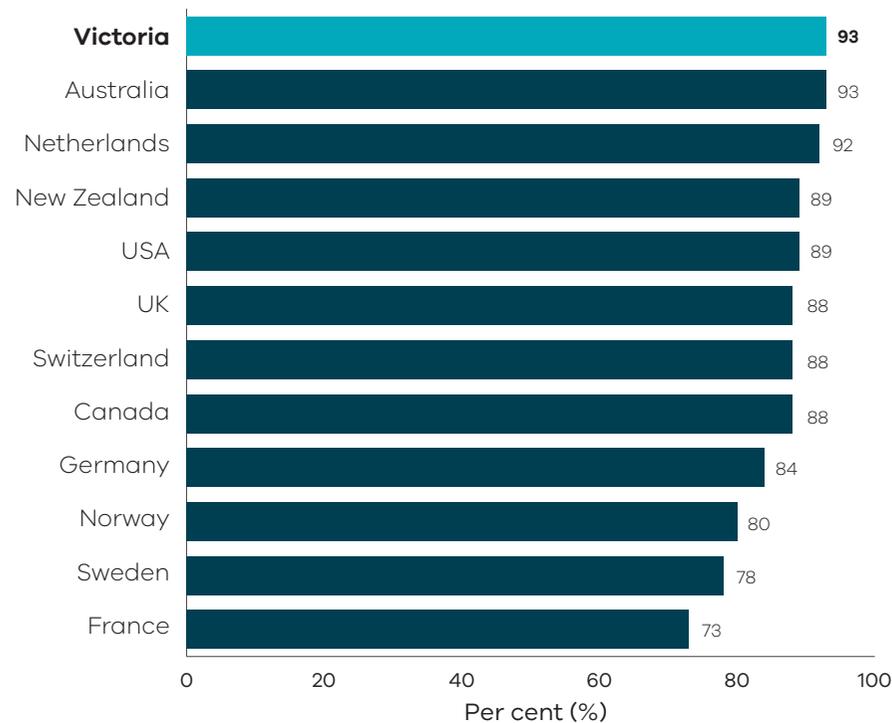
- Victoria ranked highly internationally for engagement between patients and health professionals, with 93% of Victorians stating that their doctor always or often explained things in a way that was easy to understand and 87% stating their doctor always or often involved them in decisions about their care.
- Three out of four Victorians have their medications reviewed each year, which is in the mid range internationally.
- One in 12 Victorians experience a medical, medication or lab error over a 2-year period, which is low when compared internationally.
- Most Victorians experience information sharing and continuity of care when they require care from more than one doctor or service and 89% have their follow-up care organised by their hospital when they are discharged.

# Patient engagement and communication



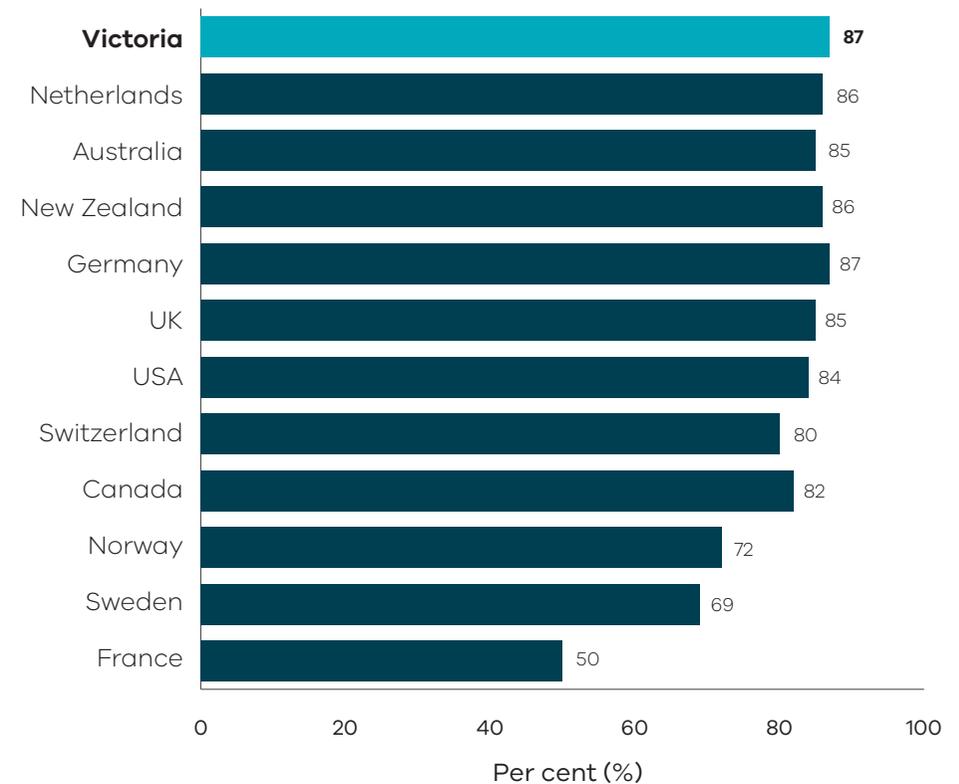
## Doctor is easy to understand

- Patients who are engaged in their care are more likely to experience higher quality care and fewer errors, and have more positive views of the health system.<sup>4</sup>
- Survey respondents were asked 'When you need care or treatment, how often does your general practitioner or medical staff you see, always, or often, explain things in a way that is easy to understand?'
- Victoria was ranked joint **1st** among countries studied, with **93%** of adults agreeing that their general practitioner or medical staff always or often explained things in a way that was easy to understand.



## Involved in decisions about care and treatment

- Survey respondents were asked 'When you need care or treatment, how often does your general practitioner or medical staff you see, always or often, involve you as much as you want to be in decisions about your care and treatment?'
- Victoria was ranked **1st** among countries studied, with **87%** of respondents agreeing that their general practitioner or medical staff always or often involve them in decisions about their care.



Data source: The Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries.

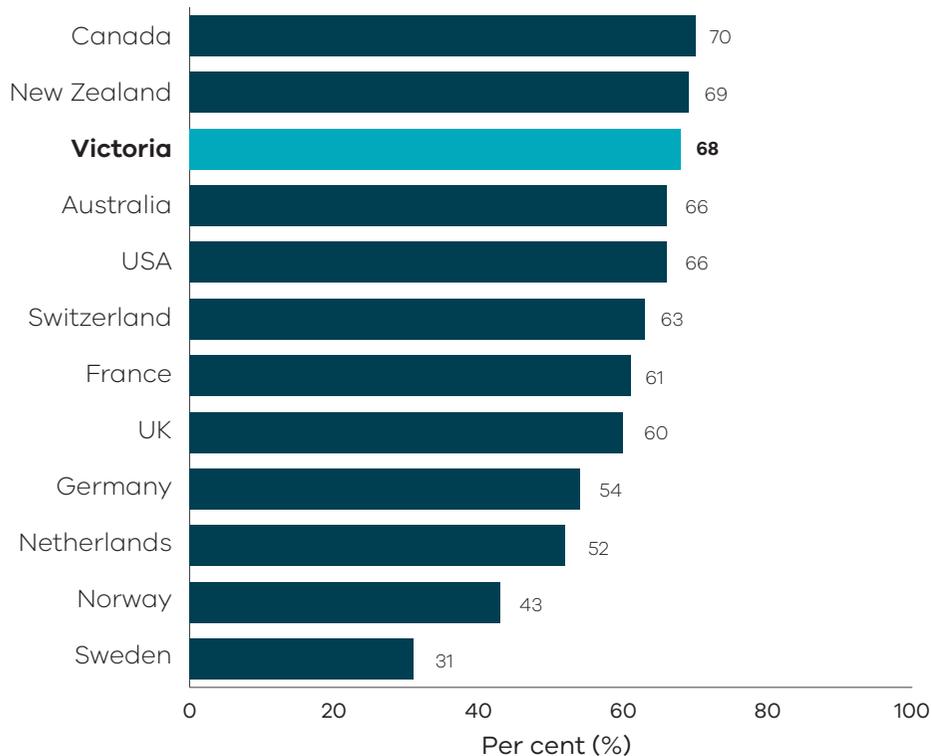
4. Osborn R, Squires D. International perspectives on patient engagement: results from the 2011 Commonwealth Fund. *Journal of Ambulatory Care Management* 2012; 35: 118–28.

# Coordination and continuity of care



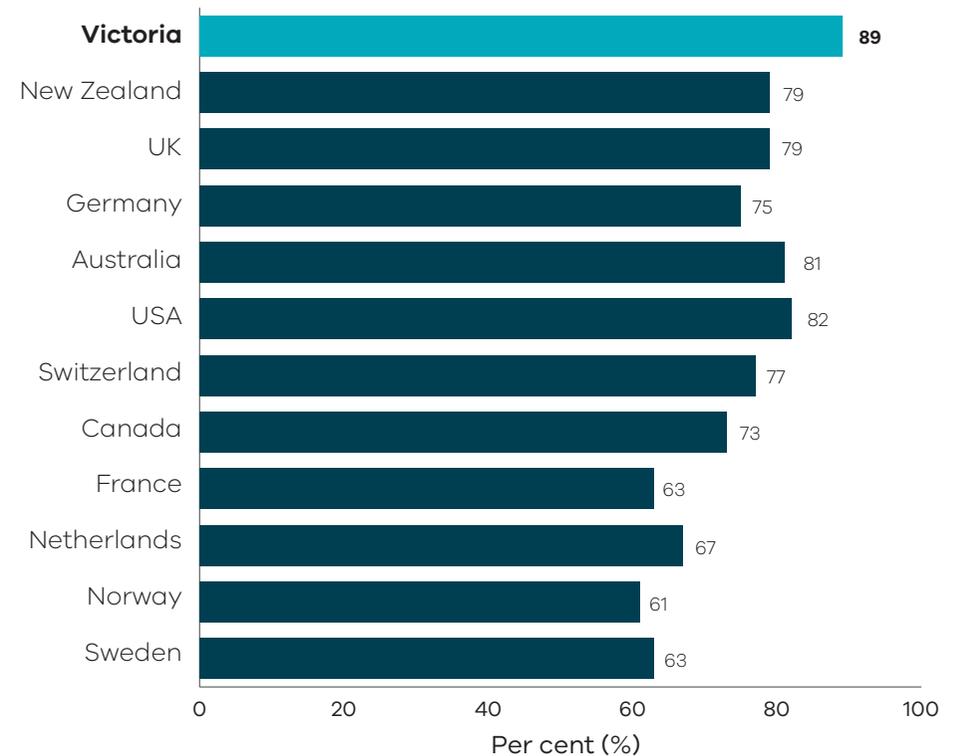
## Doctor coordinates care with others

- Survey respondents were asked whether 'Your regular doctor or someone in your doctor's practice always or often helps coordinate or arrange the care you receive from other doctors and places?'
- Victoria was ranked **3rd highest** among countries studied, with **68%** of respondents from Victoria reporting that their regular doctor or someone in their doctor's practice, always or often, helped coordinate or arrange the care they received from other doctors and places.



## Hospital made arrangements for follow-up care

- Patients often require care from more than one health professional or service in treating a health problem. Their continuity of care is dependent on good communication and the flow of information between health professionals and services.
- Survey respondents who reported having been hospitalised in the previous 2 years were asked if the hospital made arrangements for follow-up care when they were discharged.
- Victoria was ranked **1st** among countries studied, with **89%** of adults having their follow-up care organised by their hospital.



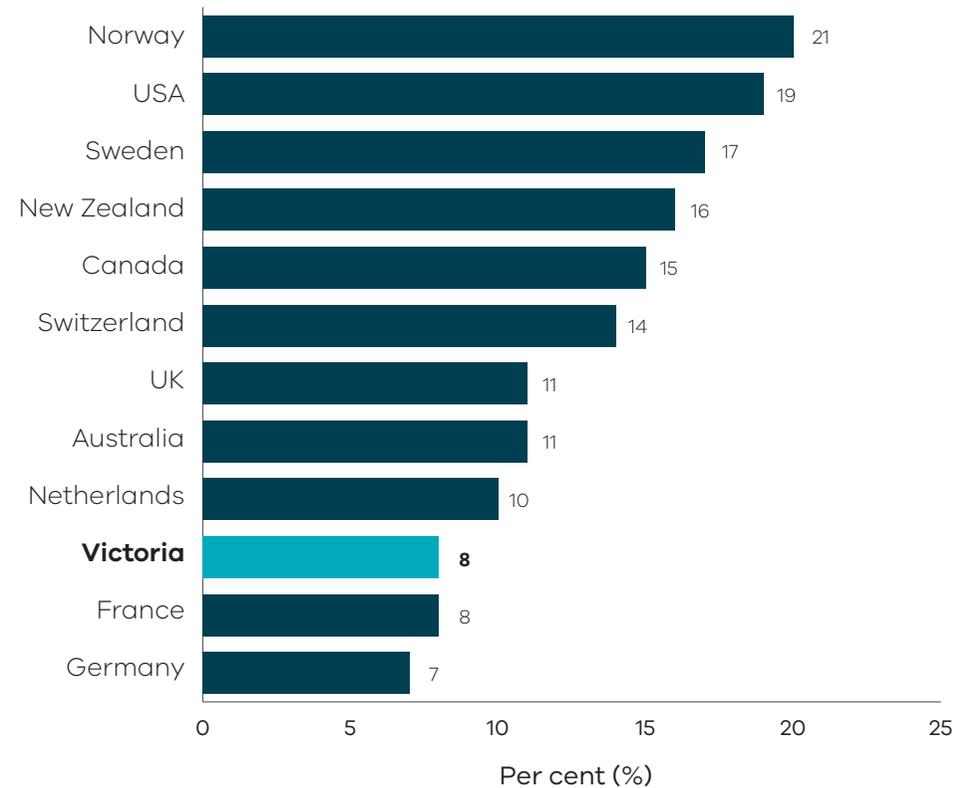
Data source: The Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries.

# Medical error



## Experience of medical error

- It is widely acknowledged that medical error is underreported in official statistics, and the burden is thought to be significant, with one study in the United States suggesting that if it were a disease, medical error would rank as the third leading cause of death.<sup>5</sup>
- Respondents were asked 'During the previous 2 years, have you been given incorrect results for a lab or diagnostic test, or thought a medical mistake was made in your treatment or care, or been given the wrong medication or dose?'
- Victoria was ranked joint **2nd lowest** among countries studied, with only **8%** of respondents experiencing a medical error in the previous 2 years.



Data source: The Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries.

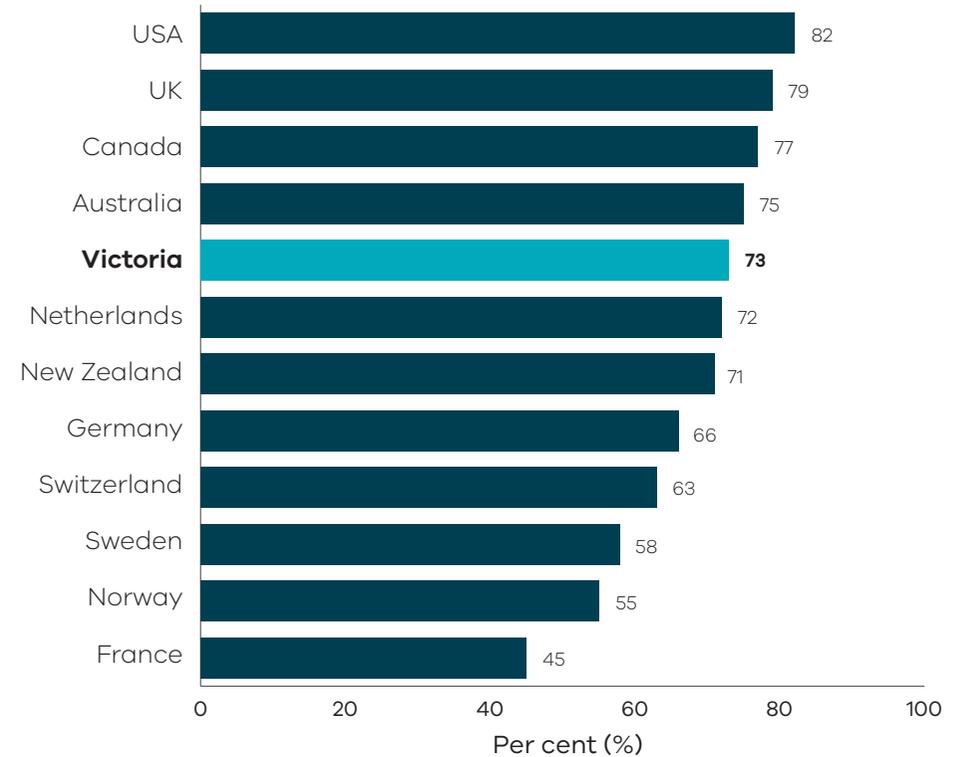
5. Makary MA, Daniel M. Medical error – the third leading cause of death in the US. British Medical Journal 2016; 353: i2139.

# Review of medications



## Medication review

- Adverse events are a significant issue in the care and management of patients. By monitoring, managing and reviewing adverse events it is possible to reduce the risk to patients. In the case of medication error, the risk can be reduced with regular medication reviews and the provision of information about the medications prescribed and potential side effects to patients.
- Respondents were asked 'During the previous 12 months, has a doctor or pharmacist reviewed with you all the medications you take?'
- Victoria was ranked in the **mid range** of countries studied, with **73%** of respondents having had their medications reviewed.



Data source: The Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries.

# Effectiveness: making a difference for patients



## Summary

High-performing health systems improve health by providing care that is both effective and appropriate. Effective care encompasses medical treatments, services and preventive actions that are of proven value in improving health outcomes. Effectiveness reflects the extent to which services reduce the incidence, duration, intensity or consequences of health problems. It considers the extent to which the sector makes a difference for patients.

The information presented shows that Victoria's healthcare system is effective by international standards:

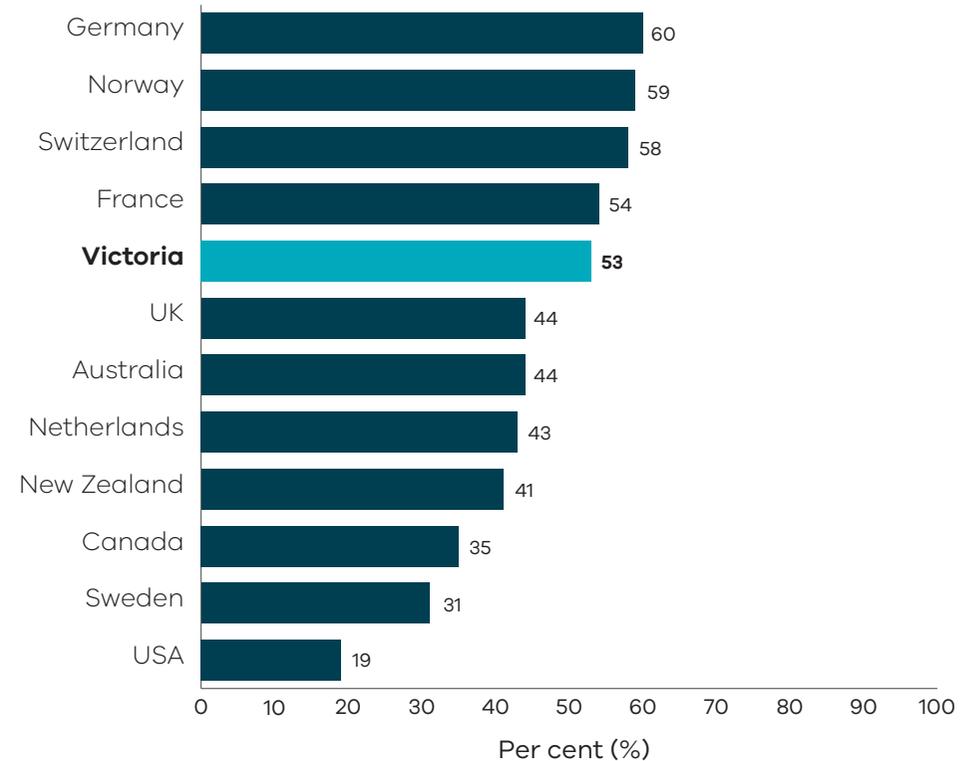
- Half of all Victorians think the health system works well and only minor changes are required, which is in the mid range internationally.
- Four out of five Victorians rate the care they receive from their doctor as excellent or very good, which is high when compared internationally.
- Breast cancer survival in Victoria is high by international standards, with nine out of 10 women surviving 5-years on average.

# Views on the health system



## Agree that the health system works well

- Effectiveness can be gauged using both objective and subjective measures. While objective measures may be neatly defined and quantified, subjective measures are less discrete, but provide insights into effectiveness that may not be captured otherwise.
- Survey respondents were asked if they agreed with the following statement about the health system 'On the whole, the system works pretty well and only minor changes are necessary to make it work better'.
- Victoria was ranked in the **mid range** of countries studied, with **53%** of respondents agreeing that the health system works well.



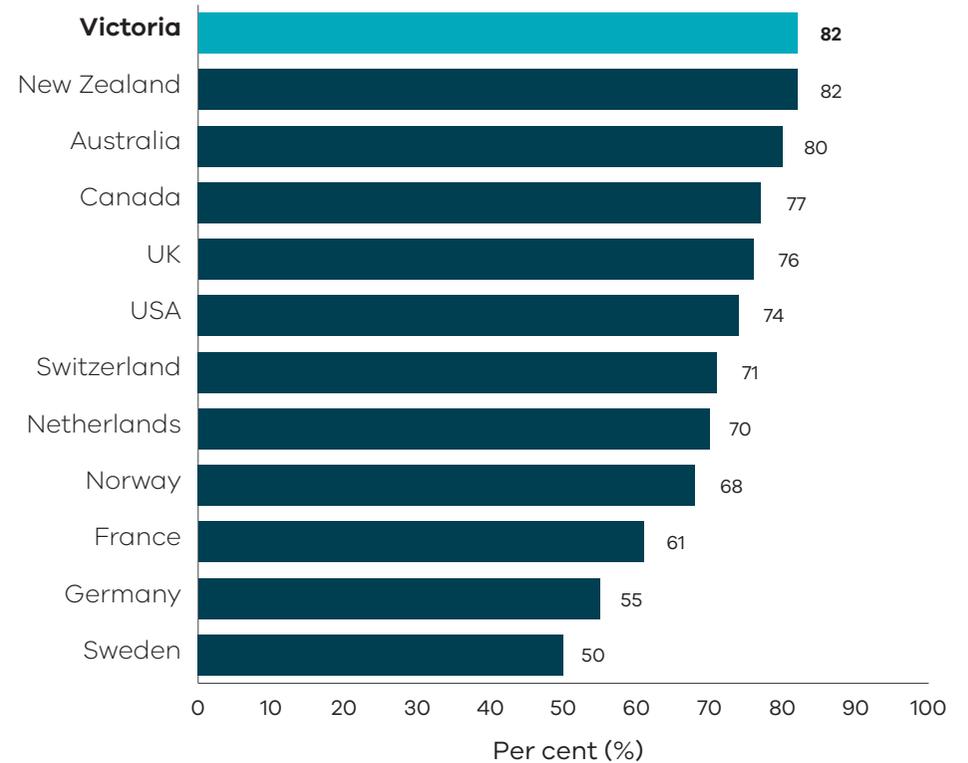
Data source: The Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries.

# Quality of care received



## Rating of care received

- Patient perspectives on the care they receive from health professionals is central to quality improvement. The patient experience can provide insights into those aspects of care most valued by the patient and concomitant points of care failure in the system.
- Survey respondents were asked 'Overall, how do you rate the medical care that you have received in the past 12 months from your regular doctor's practice or clinic?'
- Victoria was ranked joint **1st** among countries studied, with **82%** of respondents rating their care as excellent or very good.



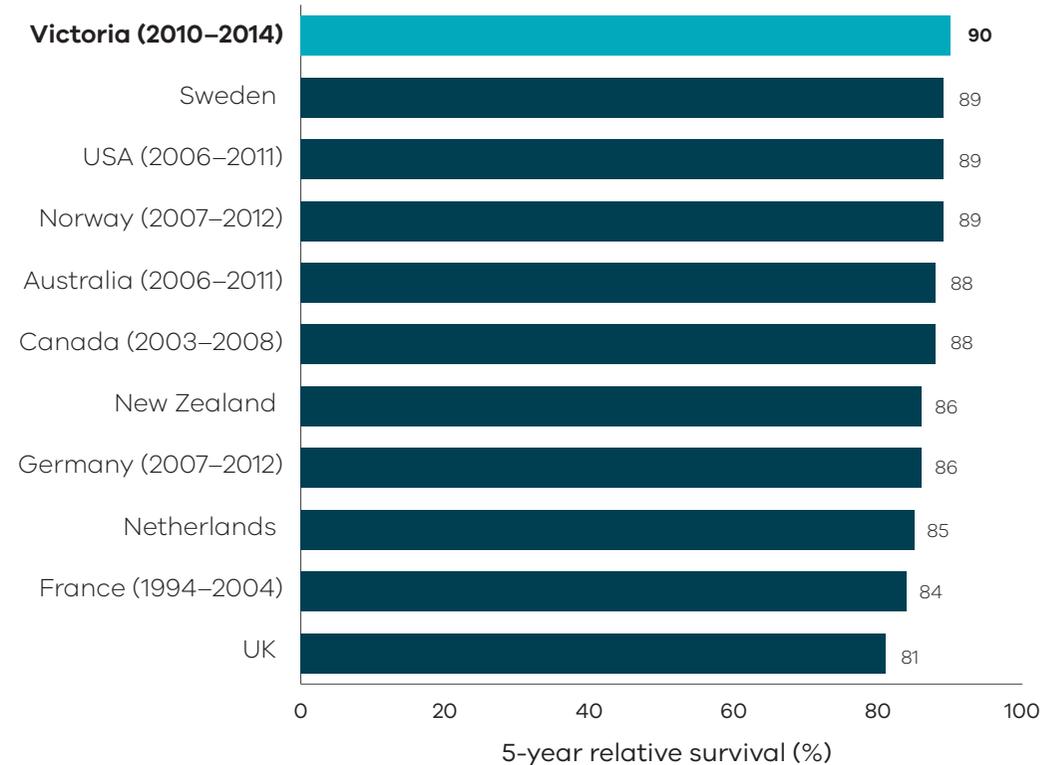
Data source: The Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries.

# Breast cancer survival



## Breast cancer survival rates

- Cancer survival has increased significantly in recent decades and while mortality estimates provide information about the burden of cancer, survival estimates provide insights into cancer care.
- Victoria was ranked **1st** among the countries studied, with **90%** of breast cancer patients surviving five years or more, following diagnosis, for the period 2010–2014.
- The rates in the graph were based on the 'period' method of calculation, with the exception of the Canadian rate, which was based on the 'cohort' method for calculating survival.



Data sources: Organisation for Economic Cooperation and Development (OECD). OECD health statistics 2016. [internet] Paris: OECD [cited 1 Aug 2016]. Available from: [www.oecd.org/health/health-data.htm](http://www.oecd.org/health/health-data.htm).

Thursfield V, Farrugia H. Cancer in Victoria: statistics and trends 2015. Melbourne: Cancer Council Victoria; 2016.

# Efficiency: value for money



## Summary

Efficiency refers to the relationship between the resources invested in the health sector and the outcomes or products that are produced. Efficiency is largely concerned with reducing waste and ensuring value for money in the health sector. The measures presented here show that the health system in Victoria provides good value for money when placed in a national and international context:

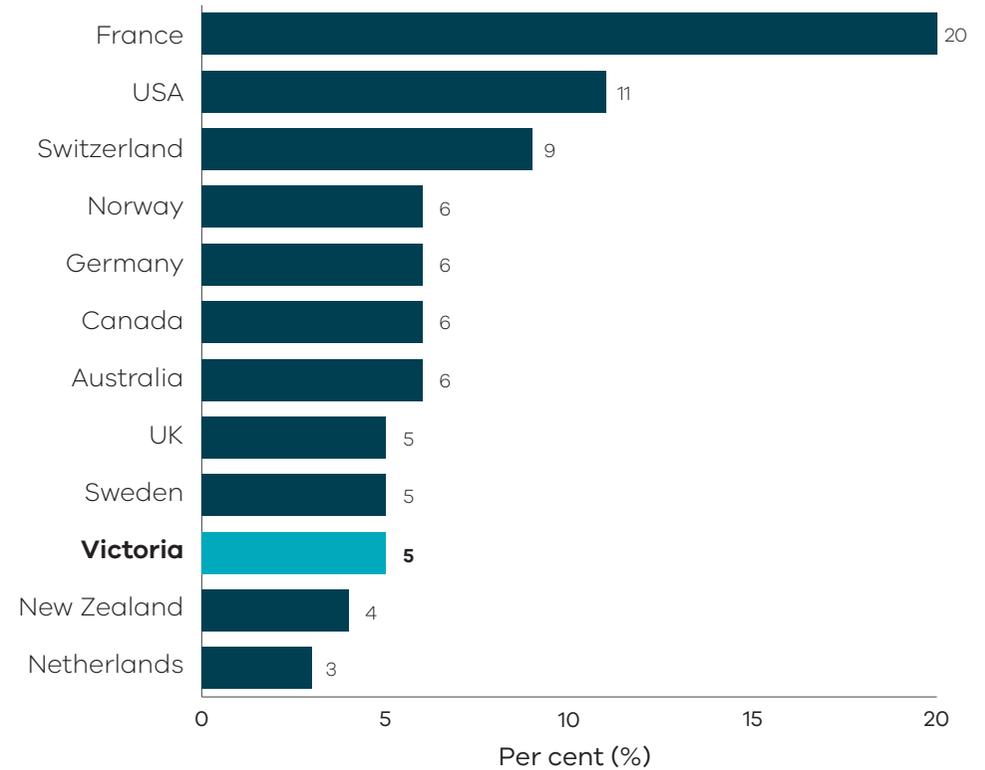
- One in 20 Victorians experience duplication of medical testing over a 2-year period, which is low when compared internationally.
- Just 2.2% of the recurrent health expenditure budget in Victoria is spent on administration, which is in the low range nationally – lower than Australia but higher than the Northern Territory.
- One in five adult Victorians present to a hospital emergency department over a 2-year period for a condition that could be treated by their regular doctor, which is a good result when compared internationally.
- The relative stay index for Victoria is lower than the relative stay index for Australia.

# Waste in the system



## Duplication of medical testing

- Duplication of medical testing is a source of operational waste, creating unnecessary activity and cost, without better treatment or outcomes for the patient. Duplication is often the result of poor communication between health professionals, highlighting the need for better systems to improve efficiency.
- Survey respondents were asked 'Have you ever experienced a time in the previous 2 years when doctors ordered a medical test that was unnecessary because the test had already been done?'
- One in 20 (**5%**) Victorians reported having experienced duplication of medical testing in the previous 2 years. Victoria was ranked joint **3rd lowest** among countries studied.



Data source: The Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries.

# Expenditure on health administration



## Expenditure on health administration

- Expenditure on administrative costs is a financial measure that provides insights into health system efficiency. High administrative costs divert funding from frontline services, so lower levels of expenditure on administration may be indicative of greater efficiency in the sector.
- The data in the graph expresses current expenditure on health administration as a percentage of total recurrent health expenditure in 2014–15.
- Victoria was ranked joint **2nd lowest** nationally, with **2.2%** of the recurrent health expenditure budget spent on administration in 2014–15.



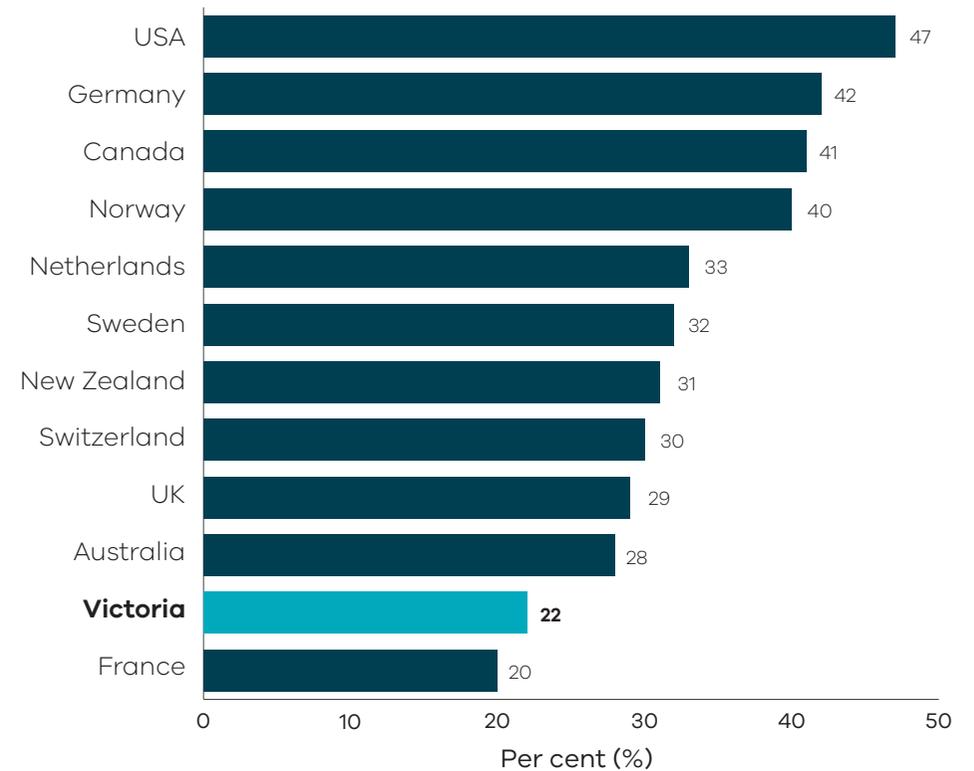
Data source: Australian Institute of Health and Welfare (AIHW). Health expenditure Australia 2014–15. Canberra: AIHW; 2016.

# Right care, right place



## Avoidable emergency department presentations

- An avoidable emergency department presentation is a visit to emergency for a health problem that could have been addressed by a healthcare provider in the primary or community care setting. Hence, these visits are theoretically 'avoidable' from the perspective of the emergency department. They can contribute to long waiting room times, place unnecessary pressure on the system and could be considered an inappropriate and inefficient use of health system resources.
- Survey respondents were asked 'Did you present to a hospital emergency department in the previous 2 years for a condition that could have been treated by your regular doctor at the place where you usually get medical attention?'.
- Victoria was ranked **2nd lowest** among countries studied, with **22%** of respondents stating that they had presented to a hospital emergency department for a condition that could have been treated by their regular doctor, in the previous 2 years.



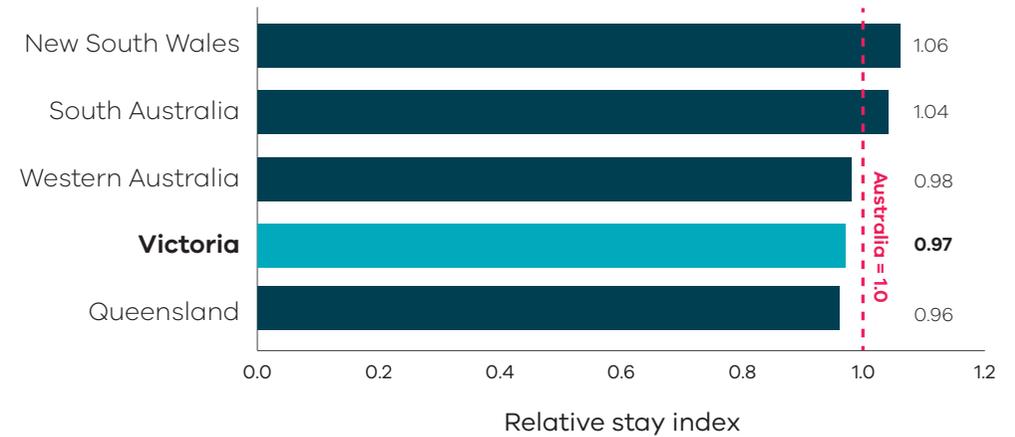
Data source: The Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries.

# Length of stay in hospital



## Relative stay index

- The relative stay index measures the length of stay for patients admitted to hospital, relative to a comparator and after an adjustment for casemix. In Australia, the relative stay index is a measure of efficiency and sustainability.
- In the graph, Australia has a relative stay index equal to '1', so a result greater than '1' indicates a relative stay index greater than the average for Australia.
- Victoria, along with Western Australia and Queensland, had a **lower** relative stay index than the average for Australia in 2014–15, which indicates greater efficiency for these states.



Data source: Australian Institute of Health and Welfare (AIHW). Admitted patient care 2014–15: Australian hospital statistics. Canberra: AIHW; 2016.

# Equity: health for all, health that's fair



## Summary

Equity infers that healthcare should be provided on the basis of clinical need, regardless of personal characteristics such as age, gender, race, ethnicity, income, socioeconomic status or geographical location. However, equity also infers that healthcare should be provided to reduce differences in health status across different sections of the population:

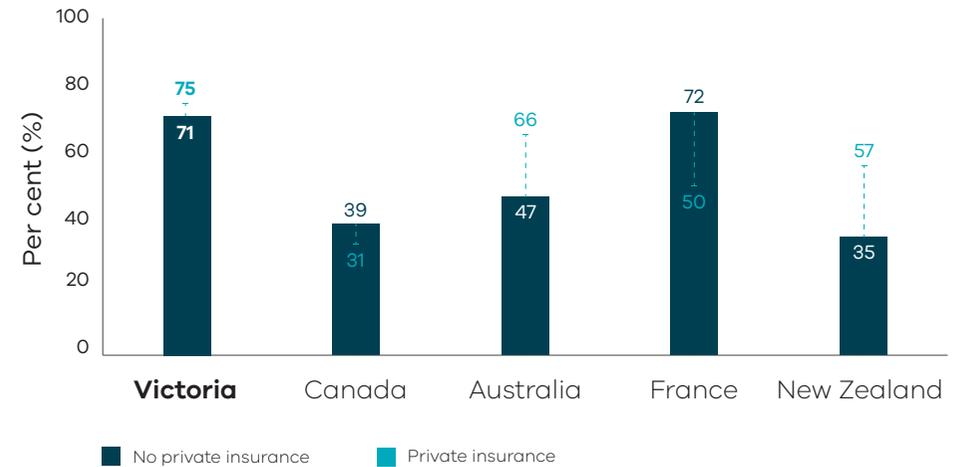
- Access to elective surgery within one month does not vary significantly by private medical insurance status in Victoria.
- Victorians with no private medical insurance are less likely to get an appointment to see a doctor on the same or next day when they are sick than Victorians with insurance.
- Victorians from low-income households are less likely to get an appointment to see a doctor on the same or next day when they are sick than Victorians from high-income households.

# Waited less than a month for elective surgery



## Waited less than a month for elective surgery, by private medical insurance status

- Private medical insurance facilitates access to healthcare and provides a level of surety or security against unexpected or serious ill-health and injury.
- Survey respondents who required non-emergency surgery in the previous 2 years were asked 'After you were advised you needed surgery, how many days, weeks or months did you have to wait for your non-emergency or elective surgery?'
- About **three out of four** Victorian adults who required elective surgery over a 2-year period waited less than one month for their surgery, regardless of private medical insurance status.



Data source: The Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries.

# Appointment to see a doctor or nurse



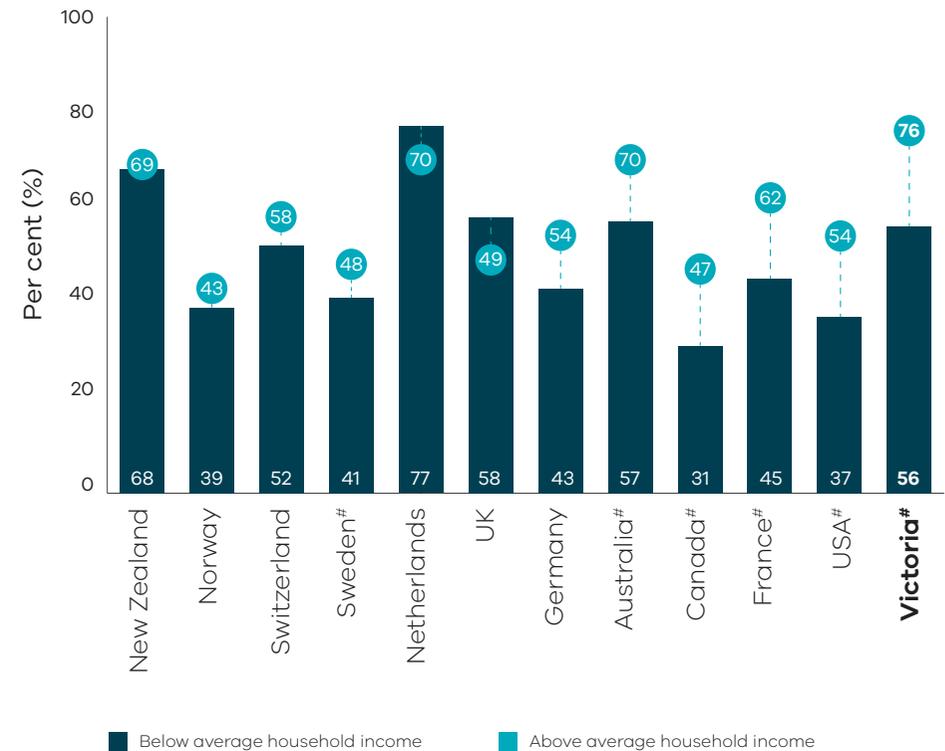
## Got appointment on same/next day by private medical insurance status

- Survey respondents were asked 'Last time you were sick or needed medical attention, how quickly could you get an appointment to see a doctor or a nurse?'
- 57%** of respondents from Victoria with no private medical insurance reported being able to get an appointment to see a doctor or nurse the same/next day, significantly lower than the **76%** with insurance.



## Got appointment on same/next day by household income level

- Income levels are an important indicator of socioeconomic status. Survey respondents' household incomes were categorised based on whether they were below, on par, or above the average income for each respective country in the survey.
- 56%** of respondents from Victoria with a household income below the Australian average reported being able to get an appointment to see a doctor or nurse the same/next day, significantly lower than the **76%** with an above average household income.



Data source: The Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries.

# Statistically significant difference between those with/without private medical insurance, or between household income levels.

# Sustainability: caring for the future



## Summary

The pressures of ageing populations, increasing costs, technological developments and increasing patient expectations are focusing attention on affordability, value for money, efficiency and sustainability. Performing well today is important but must be considered in terms of the impact on future sector performance.

Providing universal healthcare is challenging, as demand for care continues to increase, along with costs and patient expectations, in an environment of limited resourcing. Innovative thinking and reform is required to develop more sustainable models of care that better manage both demand and supply, while meeting patient expectations and maintaining health outcomes:

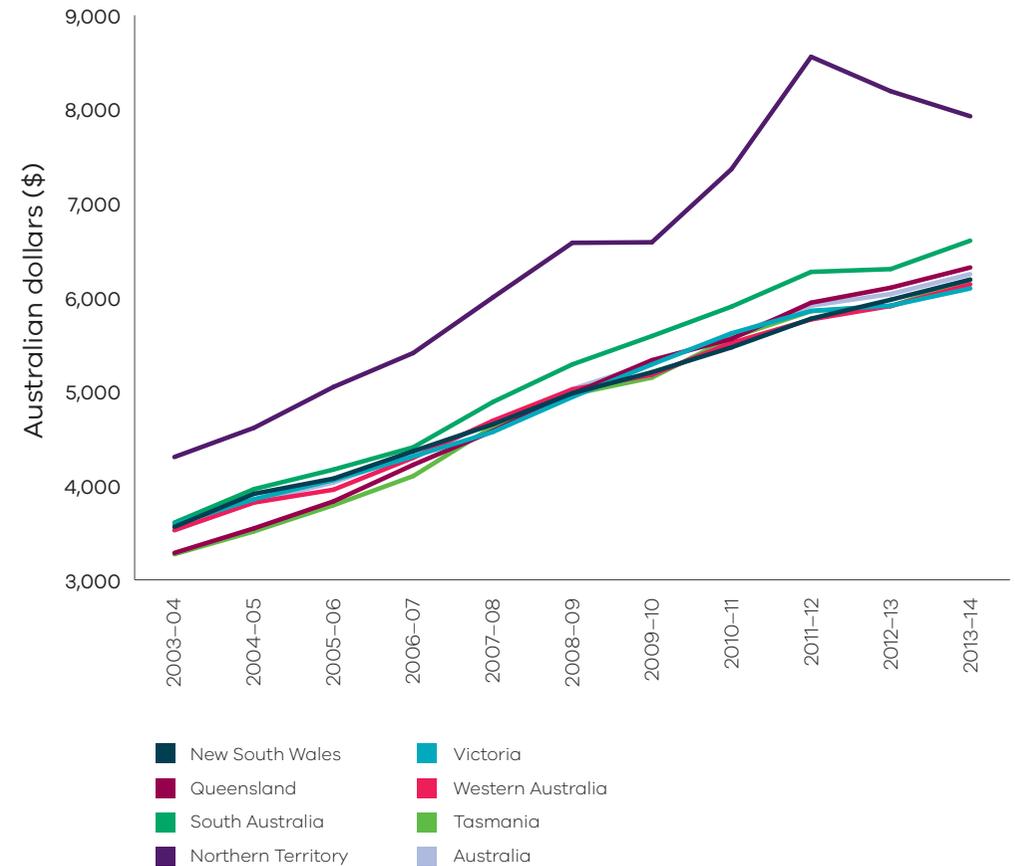
- Average health expenditure is increasing annually in Victoria, but is lower than most other states and territories in Australia.
- Private medical insurance general treatment coverage has increased in Victoria each year since 2007, but is lower than coverage nationally.
- Victoria ranks in the mid-range internationally for hospital bed numbers per 100,000 population and ranks lower than Australia.

# Average health expenditure



## Average health expenditure over time by state and territory

- Average health expenditure (recurrent) per person, public and private, (2013–14 \$prices), by state and territory, **increased** between 2003–04 and 2013–14. Average health expenditure per person in Victoria was **lower** than other states and territories and Australia as a whole in 2013–14.



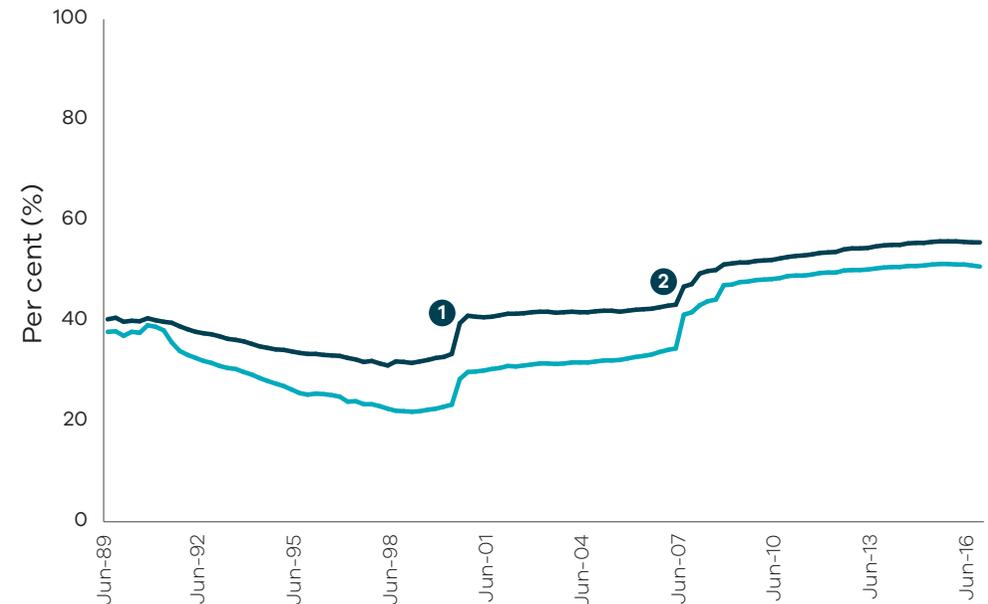
Data source: Australian Institute of Health and Welfare (AIHW). Health expenditure Australia 2013–14, supplementary tables and figures, Canberra: AIHW; 2015.

# Private medical insurance



## General treatment coverage over time

- The Australian Government is responsible for Medicare – the universal public medical insurance scheme. Medicare was introduced in 1984 to provide free or subsidised access to public hospital services and to treatment by health professionals. Private medical insurance in Australia is an important component of the health system, providing additional health cover to that provided by Medicare.
- The private medical insurance general treatment coverage rate for Victoria has been consistently **lower** than the rate for Australia over time. However, coverage rate trends for both Australia and Victoria are similar and there have been similar responses to changes in Medicare and insurance incentives since 1989. The coverage rate for Victoria has **increased** annually since 2007, when the *Private Health Insurance Act 2007* was introduced.



1. Introduction of Life Time Health Cover from **1 July 2000**.
2. *Private Health Insurance Act 2007*.

■ Australia ■ Victoria

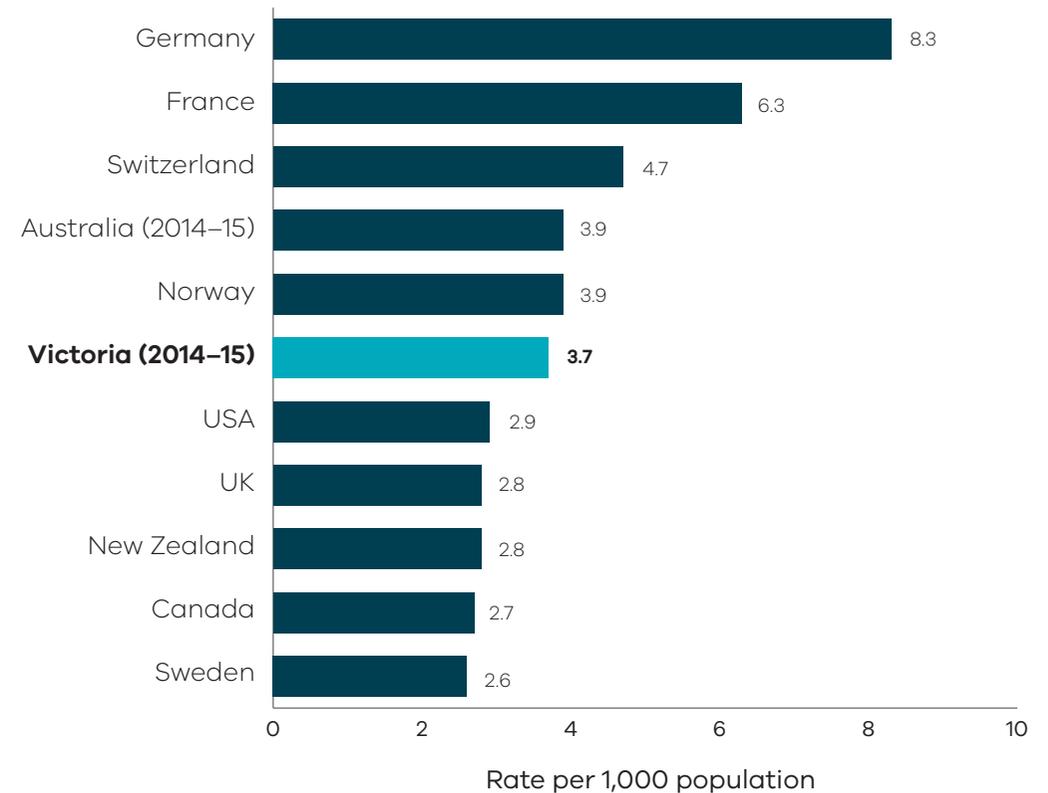
Data source: Australian Prudential Regulation Authority (APRA). Private health insurance membership trends, September 2016. [internet] Canberra: APRA [cited 13 February 2017]. Available at: <http://www.apra.gov.au/PHI/PHIAC-Archive/Pages/PHIAC-Archive-Membership-and-Coverage.aspx>.

# Hospital beds



## Hospital bed rates

- The emphasis with this indicator is on measuring both capital and workforce capacity in the sector. The indicator relies on both the physical beds available as well as the necessary staff and related services being available to service the beds. At the national and state level, bed rates give an indication of the overall capacity or resources available in the sector.
- Hospital beds were defined for this indicator as: all beds that are regularly maintained and staffed and are immediately available for use in general hospitals, mental health hospitals and other specialty hospitals in 2013. Beds in residential long-term care facilities were excluded. The data for Australia and Victoria were for 2014–15.
- Victoria had **3.7** hospital beds per 1,000 population in 2014–15. This was in the **mid range** internationally and lower than the rate for Australia (3.9 beds).



Data sources: Australian Institute of Health and Welfare (AIHW). Australian hospital resources 2014–15: Australian hospital statistics, supplementary data tables. Canberra: AIHW; 2016. Organisation for Economic Cooperation and Development (OECD). Health at a glance 2015: OECD indicators. Paris: OECD; 2015.

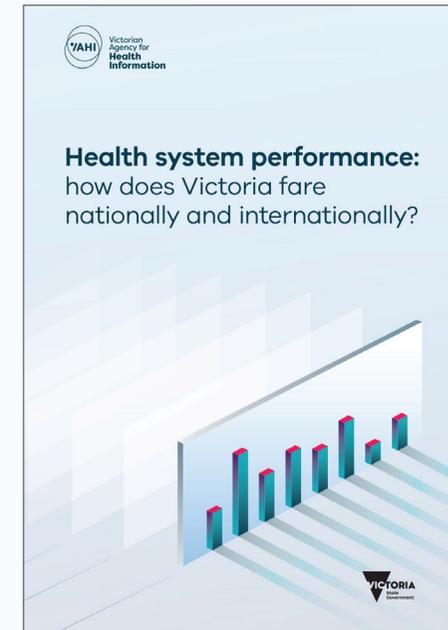
# Final word...

The measures presented suggest the majority of Victorians enjoy good health and the health system performs well when compared nationally and internationally.

There are areas where Victoria is an international leader in terms of performance, but there are also areas where there is room for improvement, especially in relation to equity and access.

**For further information:**

<https://www.bettersafercare.vic.gov.au/common-wealth-fund-report>.



## Feedback

Your feedback is welcome. VAHI will continue to engage.

**Feedback can be provided to:** [vahi@vahi.vic.gov.au](mailto:vahi@vahi.vic.gov.au).

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