

**Australian Medical Association Limited**  
**ABN 37 008 426 793**

Level 1, 39 Brisbane Avenue, Barton ACT 2600.  
 PO Box 6090, Kingston ACT 2604  
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499  
 Website : <http://www.ama.com.au/>



**EMBARGOED UNTIL 9.30 AM, WEDNESDAY 16 MARCH 2022**

**SOUTH AUSTRALIAN HOSPITALS STANDING OUT FOR ALL THE WRONG REASONS**

*AMA President launches SA chapter of 2022 Public Hospital Report Card*

Australian Medical Association (AMA) President, Dr Omar Khorshid, is in Adelaide today to launch the [South Australian chapter](#) of the AMA’s Public Hospital Report Card 2022, highlighting the incredible strain and backsliding performance in the state’s hospital system.

Speaking alongside the President of the AMA in South Australia (AMA(SA)), Dr Michelle Atchison, Dr Khorshid outlined the further decline in South Australian hospital performance across a range of measures, as part of the AMA’s federal campaign to [Clear the Hospital Logjam](#).

“South Australians are waiting longer than they should for emergency treatment. Only one in two patients who present at an emergency department (ED) with an urgent condition such as moderate blood loss (Triage Category 3) are seen on time. That’s 25 per cent below the best performing state, and 13 per cent below the national average,” Dr Khorshid said.

“These conditions can’t wait a long time – we’re talking about abdominal pain, heavy bleeding or major fractures. And you only have a 61 per cent chance of completing your ED visit in the recommended 4 hours or less,” he said.

Dr Atchison said the situation is not particular to one or two South Australian hospitals. “Patients receiving treatment within the recommended clinical time for ED Triage Category 2 for conditions such as chest pain has fallen, again, down to 64 per cent at Queen Elizabeth Hospital, 52 per cent at Royal Adelaide and 64 per cent Lyell McEwin,” Dr Atchison said.

“That’s an enormous number of people struggling, and failing, to be seen on time in an emergency. Too often these patients are waiting in ramped ambulances outside a hospital’s doors instead,” she said.

Elective surgery performance in South Australia has also declined significantly, with a 17 per cent drop in the proportion of Category 2 elective surgery patients seen within the recommended 90 days in 2020-21 compared to the previous year.

“South Australians now only have a 62 per cent chance of being seen on time for a Category 2 elective surgery. But remember, these are essential surgeries, including serious conditions such as heart valve replacements and craniotomies for un-ruptured brain aneurysms. These delays cause real pain and hardship for thousands of Australians, especially Indigenous and other disadvantaged Australians, and the situation must change,” Dr Khorshid said.

Dr Atchison said the decline in performance was apparent across South Australian hospitals, with median waiting times for elective surgery increasing at every metropolitan public

hospital. The data showed the overall waiting time to now be 50 days – 22 days longer than in the best-performing state.

“Since 2016-17, the Queen Elizabeth Hospital decreased from 85 per cent to 49 per cent of Category 2 elective surgeries completed on time. Over the same period, the Royal Adelaide Hospital decreased from 77 per cent to 33 per cent, Lyell McEwin from 81 to 14 per cent – the list goes on,” she said.

The AMA’s [Clear the Hospital Logjam](#) campaign is aimed at securing a new funding agreement to improve performance, expand capacity, address avoidable admissions and end the funding blame game. This includes moving to a 50-50 funding agreement between the State and Federal governments and removing the 6.5 per cent funding cap that constrains the ability of hospitals to meet community demand.

“In return, we’re asking State Governments to commit to reinvesting every extra cent of funding freed up by a move to 50-50 back into hospital capacity and performance improvement, in addition to their planned investments,” Dr Khorshid said.

“It’s critical and cannot wait any longer – we’ve got a 28-year, year-on-year decline in the number of beds per 1,000 Australians over the age of 65 years – our biggest group of hospital users. And South Australia’s share is lower still, 13.4 beds, a full 1.5 beds per 1,000 below the national average,” he said.

Dr Atchison said the data demonstrates that the COVID impact of people staying away from hospitals has disappeared, with hospitals now likely to suffer the impacts of increased numbers of South Australians seeking treatment.

“In 2020-21 we saw an 8.4 per cent increase in emergency presentations compared to the year before. There just aren’t the beds, the staff or the time to treat them all unless we radically change how we equip our hospitals,” she said.

“South Australian doctors, nurses and staff are exhausted, having worked tirelessly to tackle COVID-19. They are doing their best to keep the system afloat, but they are unsupported and under-resourced, and suffering as a result,” Dr Atchison said.

Dr Khorshid said there is a limit to how far the resources our hospitals have can be stretched. “It’s now time State and Federal Governments give our hospitals the funding they need to have a fighting chance. That means a new agreement, an end to the blame game, and investing every extra cent possible into the hospital system,” Dr Khorshid.

(ENDS)

The South Australian chapter of the Public Hospital Report Card can be found [here](#).

The AMA’s Clear the Logjam campaign can be found [here](#).

The AMA’s Public Hospitals: Cycles of Crisis funding plan can be found [here](#).

### Key Stats:

- Triage Category 3 (Urgent) Emergency department presentations (30 mins or less): In 2020-21 the percentage of Category 3 Urgent emergency presentations seen on time in South Australia was 50 per cent, a five per cent drop compared to the year before and 25 per cent below the best performing state.
- Emergency department presentations completed within four hours: In 2020-21 61 per cent of emergency department visits were completed in four hours or less. South Australia is one of the worst performing states on this parameter.
- Patients whose emergency presentation end in admission will wait up to 13 hours (12 h 46 mins) to be admitted, due to lack of inpatient bed capacity in South Australian hospitals.
- Category 2 elective surgery wait times: Median wait time for elective surgery in 2020-21 in South Australia was 50 days – 22 days longer than the best-performing state of Victoria, and an increase of 7 days compared to 2019-20.
- 62 per cent of patients on Category 2 elective surgery waiting lists were seen within the recommended 90 days in SA – 17 per cent fewer than the previous year.
- Overall, elective surgery performance in South Australia has declined by a staggering 30 per cent since 2013-14, from 92 percent in 2013-14 to 61.8 per cent in 2020-21.
- The number of Category 2 elective surgeries performed fell across the five major Adelaide hospitals, from 11,318 in 2016-17 to 11,144 in 2020-21, despite the growth and ageing of the population.
- Change in percentage of Category 2 surgeries completed on time in major Adelaide hospitals between 2016-17 and 2020-21:
  - the Queen Elizabeth Hospital from 85 per cent to 49 per cent
  - Royal Adelaide Hospital from 77 per cent to 33 per cent
  - Lyell McEwin from 81 per cent to 14 per cent
  - Modbury Hospital from 92 per cent to 49 per cent
  - the Women’s and Children’s Hospital from 99 per cent to 73 per cent.
- Public hospital funding: In 2019-20 there was an increase in expenditure per person in public hospitals in both State and Federal funding, with the South Australian Government investing \$1,725.82 and Federal Government \$982.69. (Note: latest data on public hospital funding is for 2019-20).

16 March 2022

CONTACT: AMA(SA) – Karen Phillips: 0402 103 451  
 AMA Media (Federal): +61 2 6270 5478  
 +61 427 209 753  
[media@ama.com.au](mailto:media@ama.com.au)

Follow the AMA Media on Twitter: [http://twitter.com/ama\\_media](http://twitter.com/ama_media)

Follow the AMA President on Twitter: <http://twitter.com/amapresident>

Like the AMA on Facebook <https://www.facebook.com/AustralianMedicalAssociation>