

Domain 2 – Health system

Is the health system (by itself, and with others) working to prevent illness, injury and disease? Is it delivering safe, effective, and accessible coordinated care appropriate for each individual? Is the health system efficient and sustainable?

This domain captures the activities and qualities of the health care system. It can be applied across all sectors, settings and organisational levels, as needed. The dimensions identified within this domain highlight the need for health care delivery to be safe, accessible, and of high quality. Measures within this domain can be viewed from both patient and provider perspectives and capture both activity levels (where relevant), outputs and the outcomes of care. These activities and qualities include issues of effectiveness, safety, appropriateness, continuity of care, accessibility, efficiency and sustainability.

Dimensions of this framework

• **1. Effectiveness**

Health care is broadly regarded as 'effective' when it achieves the desired outcomes for patients, clinicians and the community. Effective health care may include public health programs such as national immunisation schedules and cancer screening. It may also include improvements to health standards and primary care that lead to fewer hospital admissions and deaths.

Indicators in this framework

- [Australian Health Performance Framework: PI 2.1.3a–Cancer screening rates, National Bowel Cancer Screening Program participation rate, 2019](#)
[Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.1.3b–Cancer screening rates, BreastScreen Australia participation rate, 2019](#)
[Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.1.4–Selected potentially preventable hospitalisations, 2019](#)
[Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.1.6–Potentially avoidable deaths, 2019](#)
[Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.1.5–Survival of people diagnosed with cancer, 2019](#)
[Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.1.1–Immunisation rates for vaccines in the national schedule, 2019](#)
[Health](#), Standard 17/04/2020
- [Australian Health Performance Framework: PI 2.1.3c–Cancer screening rates, National Cervical Screening Program participation rate, 2019](#)
[Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.1.2–Females with an antenatal visit in the first trimester of pregnancy, 2019](#)
[Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.1.2–Females with an antenatal visit in the first trimester of pregnancy, 2020](#)
[Health](#), Standard 01/12/2020
- [Australian Health Performance Framework: PI 2.1.5–Survival of people diagnosed with cancer, 2020](#)
[Health](#), Standard 01/12/2020
- [Australian Health Performance Framework: PI 2.1.6–Potentially avoidable deaths, 2020](#)
[Health](#), Standard 01/12/2020
- [Australian Health Performance Framework: PI 2.1.3a–Cancer screening rates, National Bowel Cancer Screening Program participation rate, 2020](#)
[Health](#), Standard 13/10/2021
- [Australian Health Performance Framework: PI 2.1.4–Selected potentially preventable hospitalisations, 2020](#)
[Health](#), Standard 01/12/2020
- [Australian Health Performance Framework: PI 2.1.3b–Cancer screening rates, BreastScreen Australia participation rate, 2020](#)
[Health](#), Standard 01/12/2020
- [Australian Health Performance Framework: PI 2.1.1–Immunisation rates for vaccines in the national schedule, 2020](#)

- Health, Standard 01/12/2020
- [Australian Health Performance Framework: PI 2.1.3c–Cancer screening rates, National Cervical Screening Program participation rate, 2020](#)
Health, Standard 13/10/2021
- [Palliative Care and End-of-Life Care: PI 04-Proportion of unstable palliative care phases that last 3 days or less, 2021](#)
Health, Qualified 21/10/2021
- [Palliative Care and End-of-Life Care: PI 05a-Proportion of palliative care phases in which patient pain severity remains absent/mild \(clinician-rated\), 2021](#)
Health, Qualified 21/10/2021
- [Palliative Care and End-of-Life Care: PI 05b-Proportion of palliative care phases with improvement in patient pain severity, from moderate/severe to absent/mild at the end of the phase \(clinician-rated\), 2021](#)
Health, Qualified 21/10/2021
- [Palliative Care and End-of-Life Care: PI 05c-Proportion of palliative care phases in which patient distress from pain remains absent/mild \(patient-rated\), 2021](#)
Health, Qualified 21/10/2021
- [Palliative Care and End-of-Life Care: PI 05d-Proportion of palliative care phases with improvement in patient distress from pain, from moderate/severe to absent/mild at the end of the phase \(patient-rated\), 2021](#)
Health, Qualified 21/10/2021
- [Palliative Care and End-of-Life Care: PI 05e-Proportion of palliative care phases in which patient distress from fatigue remains absent/mild \(patient-rated\), 2021](#)
Health, Qualified 21/10/2021
- [Palliative Care and End-of-Life Care: PI 05f-Proportion of palliative care phases with improvement in patient distress from fatigue, from moderate/severe to absent/mild at the end of the phase \(patient-rated\), 2021](#)
Health, Qualified 21/10/2021
- [Palliative Care and End-of-Life Care: PI 05g-Proportion of palliative care phases in which patient distress from breathing problems remains absent/mild \(patient-rated\), 2021](#)
Health, Qualified 21/10/2021
- [Palliative Care and End-of-Life Care: PI 05h-Proportion of palliative care phases with improvement in patient distress from breathing problems, from moderate/severe to absent/mild at the end of the phase \(patient-rated\), 2021](#)
Health, Qualified 21/10/2021
- [Palliative Care and End-of-Life Care: PI 05i- Proportion of palliative care phases in which family and/or carer problems remain absent/mild \(clinician-rated\), 2021](#)
Health, Qualified 21/10/2021
- [Palliative Care and End-of-Life Care: PI 05j-Proportion of palliative care phases with improvement in family and/or carer problems, from moderate/severe to absent/mild at the end of the phase \(clinician-rated\), 2021](#)
Health, Qualified 21/10/2021
- [Australian Health Performance Framework: PI 2.1.3a–Cancer screening rates, National Bowel Cancer Screening Program participation rate, 2021](#)
Health, Qualified 16/12/2022
- [Australian Health Performance Framework: PI 2.1.6–Potentially avoidable deaths, 2021](#)
Health, Qualified 16/12/2022
- [Australian Health Performance Framework: PI 2.1.3c–Cancer screening rates, National Cervical Screening Program participation rate, 2021](#)
Health, Qualified 31/05/2023
- [Australian Health Performance Framework: PI 2.1.3b–Cancer screening rates, BreastScreen Australia participation rate, 2021](#)
Health, Qualified 31/05/2023
- [Australian Health Performance Framework: PI 2.1.1–Immunisation rates for vaccines in the national schedule, 2021](#)
Health, Qualified 31/05/2023
- [Australian Health Performance Framework: PI 2.1.5–Survival of people diagnosed with cancer, 2021](#)
Health, Qualified 31/05/2023

• 2. Safety

Health care safety is measured by how effectively harm, or the risk of harm, to patients is minimised; for example, by measuring the frequency of healthcare-related infections (such as *Staphylococcus aureus*, or ‘golden staph’) or rate of seclusion in mental health services. By avoiding or reducing the risk of harm in the health system, adverse or unanticipated events in hospital can be prevented.

Indicators in this framework

- [Australian Health Performance Framework: PI 2.2.1–Adverse events treated in hospitals, 2019](#)

[Health](#), Standard 09/04/2020

- [Australian Health Performance Framework: PI 2.2.1–Adverse events treated in hospitals, 2020](#)
[Health](#), Standard 13/10/2021

• **3. Appropriateness**

Healthcare is considered ‘appropriate’ when it puts the patient’s needs and expectations first and is culturally appropriate. In addition, consumers are treated with dignity, confidentiality and encouraged to participate in choices related to their care. Appropriate healthcare may be measured by patient reported experiences (PREMs).

Indicators within this dimension will be included in future releases of the AHPF.

• **4. Continuity of care**

Continuity of care is the ability to provide uninterrupted care or service across programs, practitioners and levels over time. This can be measured by indicators such as unplanned hospital readmission rates.

Indicators in this framework

- [Australian Health Performance Framework: PI 2.4.1–Unplanned hospital readmission rates, 2019](#)
[Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.4.1–Unplanned hospital readmission rates, 2020](#)
[Health](#), Standard 13/10/2021

• **5. Accessibility**

Health care is considered ‘accessible’ when it is available at the right place and time, taking account of different population needs and the affordability of care. Accessibility of the health system can be measured by patient waiting times and bulk-billing rates for general practitioners (GPs).

Indicators in this framework

- [Australian Health Performance Framework: PI 2.5.6–Waiting times for emergency department care: waiting times to commencement of clinical care, 2019](#)
[Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.5.3–Waiting times for elective surgery: proportion admitted within clinically recommended time, 2019](#)
[Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.5.4–Waiting times for elective surgery: percentage waited more than 365 days, 2019](#)
[Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.5.8–Waiting times for emergency department care: time spent in the emergency department, 2019](#)
[Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.5.5–Waiting times for emergency department care: proportion seen on time, 2019](#)
[Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.5.7–Waiting times for emergency department care: percentage of patients whose length of emergency department stay is 4 hours or less, 2019](#)
[Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.5.2–Waiting times for elective surgery: waiting times in days, 2019](#)
[Health](#), Standard 09/04/2020
- [Australian Health Performance Framework: PI 2.5.3–Waiting times for elective surgery: proportion admitted within clinically recommended time, 2020](#)
[Health](#), Standard 13/10/2021
- [Australian Health Performance Framework: PI 2.5.7–Waiting times for emergency department care: percentage of patients whose length of emergency department stay is 4 hours or less, 2020](#)
[Health](#), Standard 13/10/2021
- [Australian Health Performance Framework: PI 2.5.5–Waiting times for emergency department care: proportion seen on time, 2020](#)
[Health](#), Standard 13/10/2021
- [Australian Health Performance Framework: PI 2.5.6–Waiting times for emergency department care: waiting times to commencement of clinical care, 2020](#)
[Health](#), Standard 13/10/2021
- [Australian Health Performance Framework: PI 2.5.8–Waiting times for emergency department care: time](#)

- [spent in the emergency department, 2020](#)
Health, Standard 13/10/2021
- [Australian Health Performance Framework: PI 2.5.2–Waiting times for elective surgery: waiting times in days, 2020](#)
Health, Standard 13/10/2021
- [Australian Health Performance Framework: PI 2.5.4–Waiting times for elective surgery: percentage waited more than 365 days, 2020](#)
Health, Standard 13/10/2021
- [Palliative Care and End-of-Life Care: PI 01a-Number of health practitioners in specialist palliative care workforce, 2021](#)
Health, Qualified 21/10/2021
- [Palliative Care and End-of-Life Care: PI 01b-Full-time equivalent employed specialist palliative care workforce, per 100,000 population, 2021](#)
Health, Qualified 21/10/2021
- [Palliative Care and End-of-Life Care: PI 03-Proportion of episodes in which patients commence palliative care within 2 days of being ready for care, 2021](#)
Health, Qualified 21/10/2021

• **6. Efficiency & Sustainability**

Health care is considered efficient when the right care is delivered at minimum cost. One way efficiency can be measured is by the cost per hospital separation. A sustainable health system maintains, renews and innovates resources to continually improve efficiency and respond to emerging needs. Net growth in the health workforce is an indicator of sustainability of the health care system.

Indicators in this framework

- [Australian Health Performance Framework: PI 2.6.2–Net growth in health workforce, 2020](#)
Health, Standard 13/10/2021
- [Palliative Care and End-of-Life Care: PI 02-Average length of palliative care inpatient stay, 2021](#)
Health, Qualified 21/10/2021
- [Australian Health Performance Framework: PI 2.6.1–Cost per weighted separation and total case weighted separations, 2020](#)
Health, Qualified 16/03/2022

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