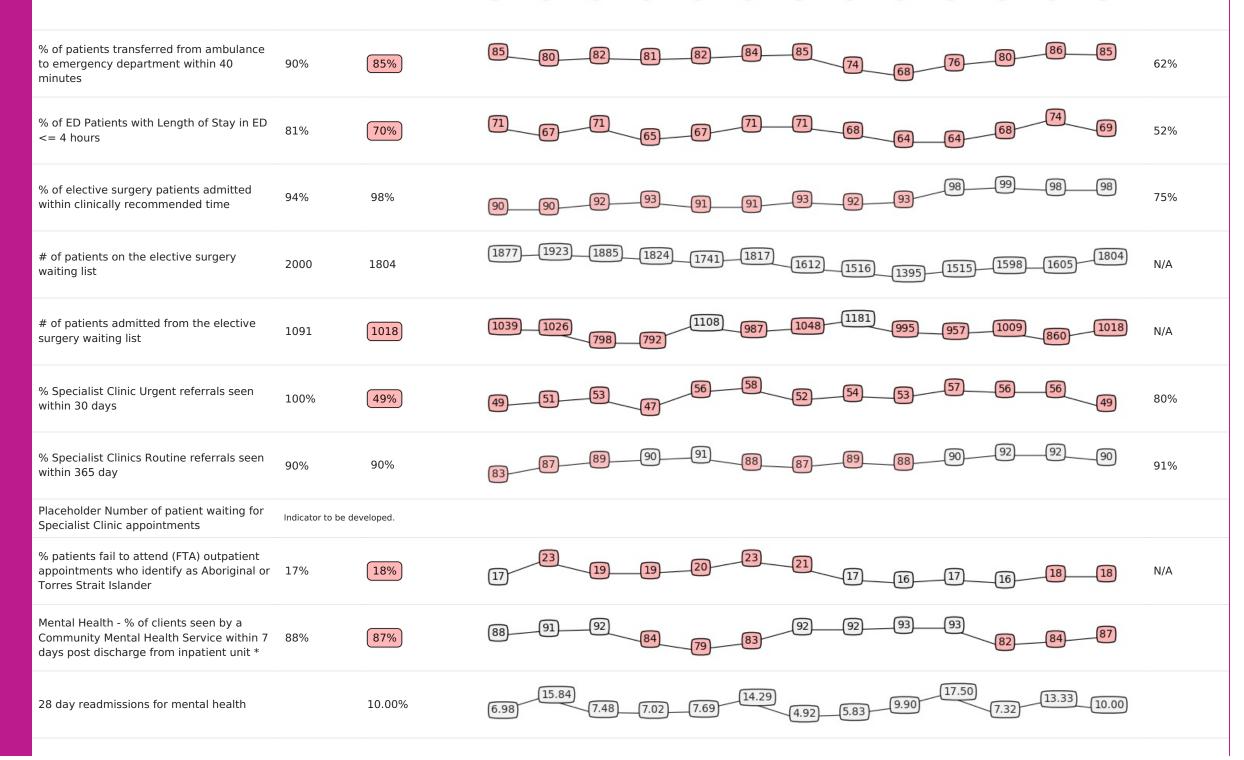
## Board Quality and Safety

## OCT-2024 Print Date: 18-NOV-2024 12:58 PM

	Indicator	Target/Tolerance*	OCT-2024	13 Month Trend (OCT-2023 to OCT-2024)	Comparator^
Standard 1: Clinical Governance	ISR 1&2*	8	9		N/A
	Number of confirmed SAPSEs*	4	3		N/A
	Percentage of Open Disclosure for ISR 1 & 2 events *	100%	89%	86 100 92 100 100 100 100 100 75 83 82 89 67 75 83 82 89	N/A
	# Complaints opened more than 30 days *	0	11	6 24 23 <sup>39</sup> 19 4 6 3 4 8 11 13 11	N/A
	% of staff with completed mandatory emergency training in last 12 months *	85%	81%	89 <u>87</u> 85 <u>81</u> 80 <u>78</u> 69 <u>73</u> 74 <u>78</u> 80 <u>82</u> 81	N/A
	Placeholder Clinical Trials and Research indicator	Indicator to be develope	ed.		
	All staff injury frequency rate (AIFR) *	32.6	32.1	<u>33.8</u> <u>33.5</u> <u>34.1</u> <u>33.7</u> <u>33.9</u> <u>34.2</u> <u>33.4</u> <u>34.8</u> <u>34.2</u> <u>34.2</u> <u>33.2</u> <u>33.0</u> <u>32.1</u>	N/A
Standard 2: Partnering with Consumers	Measurement of pt experience (admit overnight pts)	ted 95%	95%	95 <u>93</u> 93 <u>93</u> 93 <u>93</u> 95 <u>97</u> 95	90.8%
	% of positive responses on discharge planning	75%	61%	62 <u>55 54 58 60 48 56 56 64 65 69 61</u>	74%
	% of patients who reported they were involved in making decisions about th care	eir 75%	83%	80 <u>77</u> 74 81 <u>81</u> 78 <u>75</u> 84 <u>83</u>	71%
	% of patients reporting they felt safe the service *	using 90%	93%		85%

	Perception of Cleanliness *	70%	77%	75 67	74	65	68	67	76	69		71	75	67	N/A
Standard 3: Preventing and Controlling Healthcare	# of Central Line Associated Bacteraemia (ICU) per 1000 Line Days	0.00	0.00	0.00	34)0.8	4 0.00	0.00	0.00	2.56	0.00	0.85	2.27	0.00	0.97 0.00	0.6/1000 CLDs
Associated Infections	# of cases of Healthcare associated S. aureus bacteraemia/10,000 Occupied Beddays	0.70	1.16	1.44 0.6	50 <u>1.2</u>	2	1.22	0.88	2.04	1.09	1.46	1.42	0.86	_0.551.16	0
	# Deep SSI - CABGs	0	0	0_1	2	0	_0	1	1	_0	0	_0	_0	10	N/A
	# Deep Orthopaedic Wound Infection Total or Partial Knee Arthoplasties	0	0	00	0	0	1	_0	_0	1	_0	_0		_00	N/A
	# Deep Orthopaedic Wound Infection Hip arthroplasty	0	0	10	1	0	0	_0	_0	1	0	1	3	10	N/A
	% Hand Hygiene Compliance Alfred Health	85%	83%	86 87	)87)	84	85	83	86	85	85	85	86	86	85.7%
Standard 4: Medication Safety	# of Medication Incidents (ISR 1 or 2) *	1	3	01	1	0	_0	_0	1	_0	1	2	2	3	N/A
	Placeholder Incidents relating to misuse of Schedule 8 medications	Indicator to be d	eveloped.												
Standard 5: Comprehensive Care	% of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%	63%	70 65	)66	62	62	67	70	61	58	60	64	<u>72</u> <u>63</u>	65%
	# of ED Patients with Length of Stay in ED > 24 hours	0	0												N/A



	# of Individual Stage 3/4/SDTI/Unstageable Pressure Injuries - Acquired/worsened while in care *	9	10	56_	77	_67	)3	4	96	5	10 6	10	N/A
	# of Falls with Serious Injury ISR 1 or ISR 2 *	2	1	22_	3	01	)2	_1	32_	_1	3 4		N/A
	# of Falls with Serious Injury ISR 1 or ISR 2 where all care strategies were not in place *	0	0	1 2	1	-00	)0	0	1_0_	0	20	)0	N/A
	# of patients with malnutrition acquired or worsened in care *	5	20	37	8	48	15	13	1517	23	1	820	N/A
	Seclusion rate per 1000 occupied bed days	8	6	45	11	-65	8	4	7_5	10	_111	06	
	Placeholder Mental Health Restrictive Interventions	Indicator to be de	eveloped.										
Standard 6: Communicating for Safety	# of Wrong Blood in Tube Incidents	2	0	0	1	_02		2	0_1	1	_10	)0	N/A
	% of patients discharged home with discharge summaries completed within 2 working days *	85%	81%	86 82	85	7	879_	75	7477	74	81 8	281	N/A
Standard 7: Blood Management	% of red blood cell wastage	2.0%	0	1.10.9	1.9	0.71	0 2.1	1.4	1.0 2.0	0.0	0.9 0.	00.0	2%
Standard 8: Recognising and Responding to Acute Deterioration	# of True Code Blue Calls (Inpatient) *	8	6	47_		_54	9	_7	16 9	8	12 5	)6	N/A

\* The target is informed by Alfred Health Risk tolerance consistent with the Risk Management Framework and calculated as an average of performance from June 2022 to June 2023

^ Comparator derived from 2022-23 annual MONITOR report.