

Board Quality and Safety

Indicator	Target/Tolerance*	AUG-2024	13 Month Trend (AUG-2023 to AUG-2024)	Comparator^	
Standard 1: Clinical Governance	ISR 1 & 2	8	11		N/A
	Number of confirmed SAPSEs*	4	4		N/A
	Percentage of Open Disclosure for ISR 1 & 2 events *	100%	91%		N/A
	# Complaints opened more than 30 days	0	8		N/A
	% of staff with completed mandatory emergency training in last 12 months	85%	80%		N/A
	Placeholder Clinical Trials and Research indicator	Indicator to be developed.			
	All staff injury frequency rate (AIFR) *	32.6	35.8		N/A

Standard 2: Partnering with Consumers	Measurement of pt experience (admitted overnight pts)	95%	95%		90.8%
	% of positive responses on discharge planning	75%	65%		74%
	% of patients who reported they were involved in making decisions about their care	75%	75%		71%
	% of patients reporting they felt safe using the service *	90%	92%		85%

	Perception of Cleanliness *	70%	75%		N/A

Standard 3: Preventing and Controlling Healthcare Associated Infections	# of Central Line Associated Bacteraemia (ICU) per 1000 Line Days	0.00	0.00		0.6/1000 CLDs
	# of cases of Healthcare associated S. aureus bacteraemia/10,000 Occupied Beddays	0.70	0.86		0
	# Deep SSI - CABGs	0	0		N/A
	# Deep Orthopaedic Wound Infection Total or Partial Knee Arthroplasties	0	0		N/A
	# Deep Orthopaedic Wound Infection Hip arthroplasty	0	1		N/A
	% Hand Hygiene Compliance Alfred Health	85%	86%		85.7%

Standard 4: Medication Safety	# of Medication Incidents (ISR 1 or 2) *	1	2		N/A
	Placeholder Incidents relating to misuse of Schedule 8 medications	Indicator to be developed.			

Standard 5: Comprehensive Care	% of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%	64%		65%
	# of ED Patients with Length of Stay in ED > 24 hours	0	0		N/A

			0	0	0	0	0	0	0	0	0	0	0	0	0	0
% of patients transferred from ambulance to emergency department within 40 minutes	90%	80%	83	87	85	80	82	81	82	84	85	74	68	76	80	62%
% of ED Patients with Length of Stay in ED <= 4 hours	81%	68%	70	71	71	67	71	65	67	71	71	68	64	64	68	52%
% of elective surgery patients admitted within clinically recommended time	94%	99%	88	89	90	90	92	93	91	91	93	92	94	98	99	75%
# of patients on the elective surgery waiting list	2000	1595	1960	1934	1873	1918	1883	1817	1736	1814	1605	1506	1386	1499	1595	N/A
# of patients admitted from the elective surgery waiting list	985	1013	1063	852	1041	1025	797	795	1107	988	1046	1181	995	957	1013	N/A
% Specialist Clinic Urgent referrals seen within 30 days	100%	56%	60	57	49	51	53	47	56	58	52	54	53	57	56	80%
% Specialist Clinics Routine referrals seen within 365 day	90%	92%	83	82	83	87	89	90	91	88	87	89	88	90	92	91%
Placeholder Number of patient waiting for Specialist Clinic appointments	Indicator to be developed.															
% patients fail to attend (FTA) outpatient appointments who identify as Aboriginal or Torres Strait Islander	17%	16%	18	16	18	22	18	19	20	24	21	17	16	18	16	N/A
Mental Health - % of clients seen by a Community Mental Health Service within 7 days post discharge from inpatient unit *	88%	82%	89	82	88	91	92	84	79	83	92	92	93	93	82	
28 day readmissions for mental health		7.32%	9.01	7.92	6.98	15.84	7.48	7.02	7.69	14.29	4.92	5.83	9.90	17.50	7.32	

	# of Individual Stage 3/4/SDTI/Unstageable Pressure Injuries - Acquired/worsened while in care *	9	11		N/A
	# of Falls with Serious Injury ISR 1 or ISR 2 *	2	2		N/A
	# of Falls with Serious Injury ISR 1 or ISR 2 where all care strategies were not in place *	0	1		N/A
	# of patients with malnutrition acquired or worsened in care *	5	22		N/A
	Seclusion rate per 1000 occupied bed days	8	10		
	Placeholder Mental Health Restrictive Interventions	Indicator to be developed.			

Standard 6: Communicating for Safety	# of Wrong Blood in Tube Incidents	2	1		N/A
	% of patients discharged home with discharge summaries completed within 2 working days *	85%	81%		N/A

Standard 7: Blood Management	% of red blood cell wastage	2.0%	0.9%		2%
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Standard 8: Recognising and Responding to Acute Deterioration	# of True Code Blue Calls (Inpatient) *	8	12		N/A
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\* 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.