

Board Quality and Safety

Indicator	Target/Tolerance*	DEC-2024	13 Month Trend (DEC-2023 to DEC-2024)	Comparator^	
Standard 1: Clinical Governance	ISR 1&2*	8	9	12, 7, 4, 10, 6, 14, 10, 8, 13, 11, 9, 6, 9	N/A
	Number of confirmed SAPSEs*	4	1	7, 8, 2, 1, 6, 4, 6, 5, 6, 2, 3, 3, 1	N/A
	Percentage of Open Disclosure for ISR 1 & 2 events *	100%	88%	92, 100, 100, 100, 67, 100, 100, 75, 100, 82, 100, 83, 88	N/A
	# Complaints opened more than 30 days *	0	25	23, 39, 19, 4, 6, 3, 4, 8, 11, 13, 13, 16, 25	N/A
	% of staff with completed mandatory emergency training in last 12 months *	85%	82%	85, 81, 80, 78, 69, 73, 74, 78, 80, 82, 81, 86, 82	N/A
	Placeholder Clinical Trials and Research indicator	Indicator to be developed.			
	All staff injury frequency rate (AIFR)	32.6	32.8	34.1, 33.7, 33.9, 34.2, 33.4, 34.8, 34.2, 34.2, 33.2, 33.2, 32.3, 32.8, 32.8	N/A

Standard 2: Partnering with Consumers	Measurement of pt experience (admitted overnight pts)	95%	93%	94, 91, 95, 93, 93, 93, 93, 93, 95, 97, 95, 96, 93	90.8%
	% of positive responses on discharge planning	75%	59%	54, 58, 60, 48, 56, 56, 56, 64, 66, 69, 62, 61, 59	74%
	% of patients who reported they were involved in making decisions about their care	75%	78%	74, 81, 71, 73, 73, 81, 81, 78, 75, 84, 84, 80, 78	71%
	% of patients reporting they felt safe using the service *	90%	92%		85%

	Perception of Cleanliness *	70%	68%		N/A

Standard 3: Preventing and Controlling Healthcare Associated Infections	# of Central Line Associated Bacteraemia (ICU) per 1000 Line Days	0.00	0		0.6/1000 CLDs
	# of cases of Healthcare associated S. aureus bacteraemia/10,000 Occupied Beddays	0.70	1.79		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	0		N/A
	% Hand Hygiene Compliance Alfred Health	85%	83%		85.7%

Standard 4: Medication Safety	# of Medication Incidents (ISR 1 or 2)	1	0		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%	66%		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	7		N/A
	# of Falls with Serious Injury ISR 1 or ISR 2	2	3		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	31		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	0		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%
------------------------------	-----------------------------	------	------	--	----

Standard 8: Recognising and Responding to Acute Deterioration	# of True Code Blue Calls (Inpatient)	8	18		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.