

Indicator	Target/Tolerance*	JUL-2024	13 Month Trend (JUL-2023 to JUL-2024)												Comparator^		
Standard 1: Clinical Governance	ISR 1 & 2	8	8	9	4	5	7	7	11	7	4	10	7	14	10	8	N/A
	Number of confirmed SAPSEs*	4	5	1	4	1	4	3	7	8	2	1	6	4	6	5	N/A
	Percentage of Open Disclosure for ISR 1 & 2 events *	100%	50%	89	100	100	86	100	82	100	100	100	71	100	100	50	N/A
	# Complaints opened more than 30 days	0	8	20	6	4	6	23	22	38	18	2	4	1	3	8	N/A
	% of staff with completed mandatory emergency training in last 12 months	85%	78%	91	91	89	89	87	85	81	80	78	69	73	74	78	N/A
	Placeholder Clinical Trials and Research indicator	Indicator to be developed.															
	All staff injury frequency rate (AIFR) *	32.6	35.1	33.7	35.2	32.5	33.8	33.5	34.1	33.7	33.9	34.2	33.4	34.8	34.2	35.1	N/A

Standard 2: Partnering with Consumers	Measurement of pt experience (admitted overnight pts)	95%	93%	94	90	91	95	95	94	91	95	93	93	93	93	93	90.8%
	% of positive responses on discharge planning	75%	63%	63	51	64	62	55	54	58	60	48	56	56	56	63	74%
	% of patients who reported they were involved in making decisions about their care	75%	78%	78	78	76	80	77	74	81	71	73	73	81	81	78	71%
	% of patients reporting they felt safe using the service *	90%	89%													85%	

	Perception of Cleanliness *	70%	71%		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	1.42		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%	85%		85.7%

Standard 4: Medication Safety	# of Medication Incidents (ISR 1 or 2) *	1	1		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%	60%		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%	76%	83	83	87	85	80	82	81	82	84	85	74	68	76		62%
% of ED Patients with Length of Stay in ED <= 4 hours	81%	64%	70	70	71	71	67	71	65	67	71	71	68	64	64		52%
% of elective surgery patients admitted within clinically recommended time	94%	98%	87	88	89	90	90	92	93	91	91	93	92	94	98		75%
# of patients on the elective surgery waiting list	2000	1494	2057	1959	1934	1874	1919	1885	1819	1737	1813	1606	1510	1385	1494		N/A
# of patients admitted from the elective surgery waiting list	1029	958	937	1063	852	1040	1025	797	795	1107	988	1046	1182	995	958		N/A
% Specialist Clinic Urgent referrals seen within 30 days	100%	57%	58	60	57	49	51	53	47	56	58	52	54	53	57		80%
% Specialist Clinics Routine referrals seen within 365 day	90%	90%	81	83	82	83	87	89	90	91	88	87	89	88	90		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%	17%	19	18	16	18	22	18	19	20	24	21	17	16	17		N/A
Mental Health - % of clients seen by a Community Mental Health Service within 7 days post discharge from inpatient unit *	88%	93%	82	89	82	88	91	92	84	79	83	92	92	93	93		
28 day readmissions for mental health		17.50%	6.36	9.01	7.92	6.98	15.84	7.48	7.02	7.69	14.29	4.92	5.83	9.90	17.50		

	# of Individual Stage 3/4/SDTI/Unstageable Pressure Injuries - Acquired/worsened while in care *	9	5		N/A
	# of Falls with Serious Injury ISR 1 or ISR 2 *	2	1		N/A
	# of Falls with Serious Injury ISR 1 or ISR 2 where all care strategies were not in place *	0	0		N/A
	# of patients with malnutrition acquired or worsened in care *	5	23		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%	74%		N/A

Standard 7: Blood Management	% of red blood cell wastage	2.0%	0		2%
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Standard 8: Recognising and Responding to Acute Deterioration	# of True Code Blue Calls (Inpatient) *	8	8		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.