

Indicator	Target/Tolerance*	JUN-2024	13 Month Trend (JUN-2023 to JUN-2024)	Comparator^	
Standard 1: Clinical Governance	ISR 1 & 2	8	9	4, 8, 4, 5, 7, 7, 11, 8, 3, 10, 7, 13, 9	N/A
	Number of confirmed SAPSEs*	3	6	4, 1, 4, 1, 4, 3, 7, 8, 2, 1, 6, 4, 6	N/A
	Percentage of Open Disclosure for ISR 1 & 2 events *	100%	89%	25, 100, 100, 100, 86, 100, 82, 100, 100, 100, 71, 100, 89	N/A
	# Complaints opened more than 30 days	0	2	23, 20, 6, 4, 6, 23, 22, 38, 18, 2, 4, 0, 2	N/A
	% of staff with completed mandatory emergency training in last 12 months	85%	74%	90, 91, 91, 89, 89, 87, 85, 81, 80, 78, 69, 73, 74	N/A
	Placeholder Clinical Trials and Research indicator	Indicator to be developed.			
	All staff injury frequency rate (AIFR) *	32.6	34.1	34.4, 33.7, 35.2, 32.5, 33.8, 33.5, 34.1, 33.7, 33.9, 34.2, 33.4, 34.8, 34.1	N/A

Standard 2: Partnering with Consumers	Measurement of pt experience (admitted overnight pts)	95%	93%	89, 94, 90, 91, 95, 95, 94, 91, 95, 93, 93, 93, 93	90.8%
	% of positive responses on discharge planning	75%	56%	57, 63, 51, 64, 62, 55, 54, 58, 60, 48, 56, 55, 56	74%
	% of patients who reported they were involved in making decisions about their care	75%	81%	77, 78, 78, 76, 80, 77, 74, 81, 71, 73, 73, 81, 81	71%
	% of patients reporting they felt safe using the service *	90%	93%		85%

	Perception of Cleanliness *	70%	72%		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		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%	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%	58%		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	
% of patients transferred from ambulance to emergency department within 40 minutes	90%	68%	83	83	83	87	85	80	82	81	82	84	85	74	68	62%
% of ED Patients with Length of Stay in ED <= 4 hours	81%	64%	70	70	70	71	71	67	71	65	67	71	71	68	64	52%
% of elective surgery patients admitted within clinically recommended time	94%	93%	88	87	88	89	90	90	92	93	91	91	93	92	93	75%
# of patients on the elective surgery waiting list	2000	1410	2216	2057	1960	1934	1874	1920	1887	1820	1739	1813	1604	1519	1410	N/A
# of patients admitted from the elective surgery waiting list	1038	1000	1034	937	1063	853	1039	1025	798	798	1108	989	1046	1180	1000	N/A
% Specialist Clinic Urgent referrals seen within 30 days	100%	53%	62	58	60	57	49	51	53	47	56	58	52	54	53	80%
% Specialist Clinics Routine referrals seen within 365 day	90%	88%	83	81	83	82	83	87	89	90	91	88	87	89	88	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%	23	20	18	16	18	23	19	19	21	24	21	17	16	N/A
Mental Health - % of clients seen by a Community Mental Health Service within 7 days post discharge from inpatient unit *	88%	93%	88	82	89	82	88	91	92	84	79	83	92	92	93	
28 day readmissions for mental health		9.90%	2.38	6.36	9.01	7.92	6.98	15.84	7.48	7.02	7.69	14.29	4.92	5.83	9.90	

	# of Individual Stage 3/4/SDTI/Unstageable Pressure Injuries - Acquired/worsened while in care *	9	6		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	0		N/A
	# of patients with malnutrition acquired or worsened in care *	5	15		N/A
	Seclusion rate per 1000 occupied bed days	8	5		
	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%	77%		N/A

Standard 7: Blood Management	% of red blood cell wastage	2.0%	2.0%		2%
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Standard 8: Recognising and Responding to Acute Deterioration	# of True Code Blue Calls (Inpatient) *	8	9		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.