

Board Quality and Safety

Indicator	Target/Tolerance*	MAY-2024	13 Month Trend (MAY-2023 to MAY-2024)	Comparator^	
Standard 1: Clinical Governance	ISR 1 & 2	8	13		N/A
	Number of confirmed SAPSEs*	3	4		N/A
	Percentage of Open Disclosure for ISR 1 & 2 events *	100%	100%		N/A
	# Complaints opened more than 30 days	0	0		N/A
	% of staff with completed mandatory emergency training in last 12 months	85%	73%		N/A
	Placeholder Clinical Trials and Research indicator	Indicator to be developed.			
	All staff injury frequency rate (AIFR) *	32.6	34.8		N/A

Standard 2: Partnering with Consumers	Measurement of pt experience (admitted overnight pts)	95%	93%		90.8%
	% of positive responses on discharge planning	75%	56%		74%
	% of patients who reported they were involved in making decisions about their care	75%	81%		71%
	% of patients reporting they felt safe using the service *	90%	93%		85%

	Perception of Cleanliness *	70%	69%		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	1.09		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	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%	61%		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%	74%	86	83	83	83	87	85	80	82	81	82	84	85	74	62%
% of ED Patients with Length of Stay in ED <= 4 hours	81%	68%	71	70	70	70	71	71	67	71	65	67	71	71	68	52%
% of elective surgery patients admitted within clinically recommended time	94%	93%	86	88	87	88	89	90	90	92	93	91	91	93	93	75%
# of patients on the elective surgery waiting list	2000	1533	2413	2216	2057	1960	1934	1874	1920	1887	1820	1739	1811	1607	1533	N/A
# of patients admitted from the elective surgery waiting list	1181	1170	1035	1034	937	1063	853	1039	1025	798	798	1108	989	1043	1170	N/A
% Specialist Clinic Urgent referrals seen within 30 days	100%	52%	60	62	58	60	57	49	51	53	47	56	58	52	52	80%
% Specialist Clinics Routine referrals seen within 365 day	90%	89%	84	83	81	83	82	83	87	89	90	91	88	87	89	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%	17	23	20	18	16	18	23	19	19	21	24	21	17	N/A
Mental Health - % of clients seen by a Community Mental Health Service within 7 days post discharge from inpatient unit *	88%	92%	88	88	82	89	82	88	91	92	84	79	83	92	92	
28 day readmissions for mental health		5.83%	8.97	2.38	6.36	9.01	7.92	6.98	15.84	7.48	7.02	7.69	14.29	4.92	5.83	

	# of Individual Stage 3/4/SDTI/Unstageable Pressure Injuries - Acquired/worsened while in care *	9	9		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	14		N/A
	Seclusion rate per 1000 occupied bed days	8	7		
	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%	74%		N/A

Standard 7: Blood Management	% of red blood cell wastage	2.0%	1.0%		2%
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Standard 8: Recognising and Responding to Acute Deterioration	# of True Code Blue Calls (Inpatient) *	8	16		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.