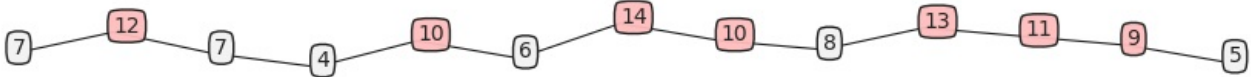

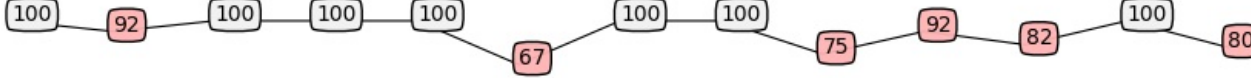
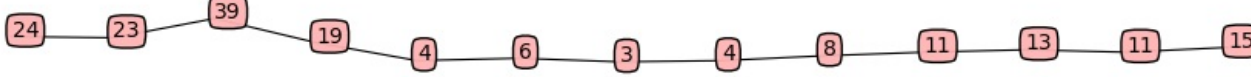
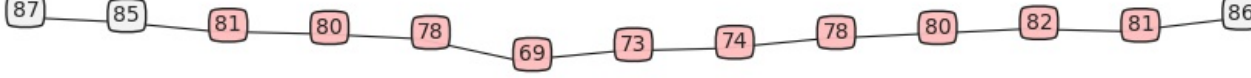

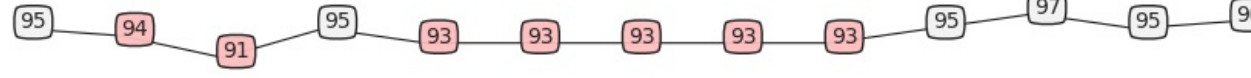
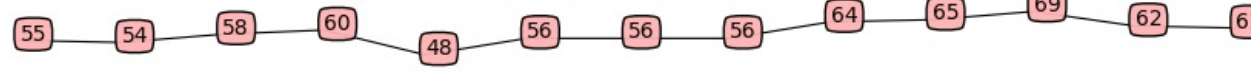
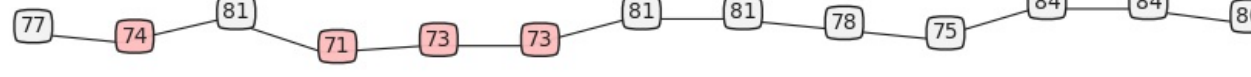


Board Quality and Safety

Indicator	Target/Tolerance*	NOV-2024	13 Month Trend (NOV-2023 to NOV-2024)	Comparator^	
Standard 1: Clinical Governance	ISR 1&2*	8	5		N/A
	Number of confirmed SAPSEs*	4	3		N/A
	Percentage of Open Disclosure for ISR 1 & 2 events *	100%	80%		N/A
	# Complaints opened more than 30 days *	0	15		N/A
	% of staff with completed mandatory emergency training in last 12 months *	85%	86%		N/A
	Placeholder Clinical Trials and Research indicator	Indicator to be developed.			
	All staff injury frequency rate (AIFR)	32.6	35.4		N/A

Standard 2: Partnering with Consumers	Measurement of pt experience (admitted overnight pts)	95%	96%		90.8%
	% of positive responses on discharge planning	75%	61%		74%
	% of patients who reported they were involved in making decisions about their care	75%	80%		71%
	% of patients reporting they felt safe using the service *	90%	93%		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	1.52		0
	# Deep SSI - CABGs	0	1		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%	70%		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	14	6-7-6-7-3-4-9-6-5-10-6-9-14	N/A
	# of Falls with Serious Injury ISR 1 or ISR 2	2	1	2-3-0-1-2-1-3-2-1-3-4-1-1	N/A
	# of Falls with Serious Injury ISR 1 or ISR 2 where all care strategies were not in place	0	1	2-1-0-0-0-0-1-0-0-2-0-0-1	N/A
	# of patients with malnutrition acquired or worsened in care *	5	13	7-8-4-8-15-13-15-17-23-24-18-20-13	N/A
	Seclusion rate per 1000 occupied bed days	8	10	5-11-6-5-8-4-7-5-10-11-10-6-10	
Placeholder Mental Health Restrictive Interventions	Indicator to be developed.				

Standard 6: Communicating for Safety	# of Wrong Blood in Tube Incidents	2	0	3-1-0-2-1-2-0-1-1-1-0-0-0	N/A
	% of patients discharged home with discharge summaries completed within 2 working days *	85%	81%	82-85-82-78-79-75-74-77-74-81-82-81-81	N/A

Standard 7: Blood Management	% of red blood cell wastage	2.0%	0	0.9-1.9-0.7-1.0-2.1-1.4-1.0-2.0-0.0-0.9-0.0-0.0-0.0	2%
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Standard 8: Recognising and Responding to Acute Deterioration	# of True Code Blue Calls (Inpatient)	8	10	7-7-5-4-9-7-16-9-8-12-5-6-10	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.