

● Data not available during pandemic response

Indicator	Target	JUN-2020	13 Month Trend (JUN-2019 to JUN-2020)	Comparator^
Standard 1: Clinical Governance	ISR 1 & 2	0	9 9 9 7 9 10 2 2 7 11 2 3 7	
	Percentage of Open Disclosure for ISR 1 & 2 events	100%	78 100 89 86 100 70 50 100 86 100 100 100 86	
	# Complaints opened more than 30 days	0	1 3 3 2 2 2 4 2 1 2 1 0 0	
	% of staff with completed mandatory emergency training in last 12 months	90%	81 84 87 92 94 94 93 92 91 91 91 89 89	
Standard 2: Partnering with Consumers	Measurement of pt experience (admitted overnight pts)	95%	93 96 95 91 94 96 96 92 96 94 ● ● ●	92.3%
	Percentage of positive responses on discharge planning	75%	50 50 51 54 52 59 67 63 52 75 ● ● ●	
	Perceptions of cleanliness	70%	67 65 51 58 66 74 63 64 66 67 ● ● ●	
Standard 3: Preventing and Controlling Healthcare Associated Infections	# of Central Line Associated Bacteraemia (ICU) per 1000 Line Days	0.0	0.0 0.0 1.1 1.2 0.0 1.0 0.0 1.0 1.0 0.9 ● ● ●	0.6/1000 CLDs
	# of cases of Healthcare associated S. aureus bacteraemia/10,000 Occupied Beddays	1.00	1.50 0.58 1.14 1.20 0.30 0.91 0.62 0.00 1.20 0.65 ● ● ●	0.8
	# Deep SSI - CABGs	0	1 1 1 2 1 0 0 0 0 0 0 0 0	

Standard 3: Infection Prevention and Control	# Deep Orthopaedic Wound Infection Total or Partial Knee Arthroplasties	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	# Deep Orthopaedic Wound Infection Hip arthroplasty	0	0	0	0	1	0	2	0	0	0	0	0	1	0	
	% Hand Hygiene Compliance Alfred Health	83%	87%	83	84	85	85	84	88	86	86	85	89	91	89	87

Standard 4: Medication Safety	# of Medication Incidents (ISR 1 or 2)	0	0	1	1	0	1	2	4	1	0	0	0	2	0	0
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Standard 5: Comprehensive Care	% of ED Triage 1 seen immediately	100%	100%	100	100	100	100	100	100	100	100	100	100	100	100		
	# of ED Patients with Length of Stay in ED > 24 hours	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%	86%	89	83	79	79	79	82	86	83	77	84	97	89	86	75%
	% of ED Patients with Length of Stay in ED <= 4 hours	81%	90%	82	78	74	73	74	79	82	82	76	82	86	80	90	62%
	% of elective surgery patients admitted within clinically recommended time	94%	85%	99	99	99	100	100	100	100	99	99	99	98	93	85	91.2%
	# of patients on the elective surgery waiting list	2200	2770	1905	1889	2034	1950	2251	2208	2173	2395	2301	2344	2597	2789	2770	
	# of patients admitted from the elective surgery waiting list	1004	664	909	954	995	786	1048	936	726	821	999	854	313	402	664	

% of Specialist Clinic Urgent referrals seen within 30 days	100%	74%	80 83 85 91 84 83 94 78 80 81 68 80 74	
% Specialist Clinics Routine referrals seen within 365 day	90%	99%	92 91 91 95 96 96 97 95 95 96 97 97 99	
Mental Health - % of clients seen by a Community Mental Health Service within 7 days post discharge from inpatient unit	80.0%	89.6%	76.2 77.9 78.4 93.8 84.8 93.6 83.9 89.9 97.2 94.2 95.7 94.1 89.6	90%
Mental Health - 28 day readmission rate	14%	15%	15 16 10 6 12 17 13 10 10 12 8 11 15	13%
End of life	Indicator to be developed.			
# of Individual Stage 3/4/SDTI/Unstageable Pressure Injuries - Acquired/worsened while in care	4	6	8 4 10 9 9 7 6 4 8 9 2 7 6	
# of Falls with Serious Injury ISR 1 or ISR 2	0	2	1 1 5 3 3 1 0 0 2 1 0 1 2	
# of patients with unplanned weight loss >=5% attributed to suboptimal nutrition	4	9	1 3 10 6 8 11 6 12 5 3 1 17 9	
Delirium	Indicator to be developed.			
Clinical aggression	Indicator to be developed.			
Seclusion rate per 1000 occupied bed days	15	2	4 8 3 3 3 4 6 4 4 8 6 4 2	10
Restraint	Indicator to be developed.			

Standard 6: Communicating for Safety

# of Wrong Blood in Tube Incidents	0	1	0 0 0 1 3 1 2 1 0 1 5 0 1	
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	<p>% of patients discharged home with discharge summaries completed within 2 working days</p>	<p>90%</p>	<p>84%</p>		
<p>Standard 7: Blood Management</p>	<p>% of red blood cell wastage</p>	<p>2.0%</p>	<p>1.1%</p>		<p>1.9%*</p>
<p>Standard 8: Recognising and Responding to Acute Deterioration</p>	<p># of True Code Blue Calls (Inpatient)</p>	<p>7</p>	<p>2</p>		
	<p>Recognising/responding to deteriorating mental state</p>	<p>Indicator to be developed.</p>			

Standard 1: Clinical Governance	Target Source	Indicator Definition
ISR 1 & 2	Internal < previous 12 months average	Riskman Clinical incident and valid clinical incident = yes and overall severity = 1. severe or 2. moderate. Excludes SABs
Percentage of Open Disclosure for ISR 1 & 2 events	Internal	Percentage of ISR 1 & ISR 2 incidents with documented open disclosure
# Complaints opened more than 30 days		The number Riskman complaints not closed/completed within 30 days on the last day of each month.
% of staff with completed mandatory emergency training in last 12 months	Internal	Percentage of staff (all staff) who have completed their mandatory emergency training within the last 12 months. Excludes staff on maternity leave, LSL and staff who have not worked within the last 4 pay periods. Data extracted on 1st day of following month.
Standard 2: Partnering with Consumers		
Measurement of pt experience (admitted overnight pts)	Statement of Priorities (2018-19)	Percentage of patients who rate 'good', 'very good' to 'excellent' on Patient Experience Survey. Includes inpatients and outpatients
Percentage of positive responses on discharge planning	Statement of Priorities (2018-19)	Have you been given sufficient information about planning your discharge from hospital? (Yes, completely) - (PES)
Perceptions of cleanliness	Statement of Priorities (2018-19)	Positive response to the following question: In your opinion, how clean is the hospital room or ward that you are in? (Very Clean) - (PES)
Standard 3: Preventing and Controlling Healthcare Associated Infections		
# of Central Line Associated Bacteraemia (ICU) per 1000 Line Days	Statement of Priorities (2018-19)	A central line associated blood stream infection (CLABSI) is a laboratory confirmed bloodstream infection in a patient who had a central line within 48 hour period before the development of a BSI, and that is not related to an infection at another site.
# of cases of Healthcare associated S. aureus bacteraemia/10,000 Occupied Beddays	None	Number Healthcare associated Staphylococcal Bacteraemia
# Deep SSI - CABGs	Statement of Priorities (2018-19)	Number of Deep SSI - CABGs
# Deep Orthopaedic Wound Infection Total or Partial Knee Arthroplasties	Statement of Priorities (2018-19)	Number of Deep Orthopaedic Wound Infection Total and Partial Knee Arthroplasties
# Deep Orthopaedic Wound Infection Hip arthroplasty	Statement of Priorities (2018-19)	Number of Deep Orthopaedic Wound Infection Hip arthroplasty
% Hand Hygiene Compliance Alfred Health	Statement of Priorities (2018-19)	% Hand Hygiene compliance with 5 HH moments (HHA) all Wards plus specified numbers on Sentinel Wards. Sentinel wards are 7 clinical units (one of which must be ICU) 5 Alfred; 1 Caulfield; 1 Sandringham.ward/unit over a 3 month period. 350 HHM per ward over 3 months (total 2450 TAH, 100 CH, 200 SH)
Standard 4: Medication Safety		
# of Medication Incidents (ISR 1 or 2)	Internal	Number medication incidents resulting in ISR 1 or 2 outcome
Standard 5: Comprehensive Care		
% of ED Triage 1 seen immediately	None	All patients attending emergency departments (EDs) are triaged or assessed for urgency. A patient is categorised as having been seen immediately if the time to treatment, as defined in the VEMD manual, is less than or equal to one minute. Time to treatment equals b – a, where: ‘a’ is arrival date and time; ‘b’ is the date and time of the initiation of patient management (either by a doctor, a mental health practitioner or a nurse, whichever is earliest). This indicator excludes those presentations with a departure status code of: 10 – left after advice regarding treatment options; 11 – left at own risk without treatment; 30 – referred to collocated clinic.
# of ED Patients with Length of Stay in ED < 24 hours	None	This indicator measures the timely transfer of emergency patients to an inpatient bed or discharge from the ED. It reflects the

# of ED Patients with Length of Stay in ED > 24 hours	None	effectiveness of hospital patient flow processes and discharge planning.
% of patients transferred from ambulance to emergency department within 40 minutes	Statement of Priorities (2018-19)	Percentage of patients transferred from paramedic care to hospital emergency care within 40 minutes of ambulance arrival
% of ED Patients with Length of Stay in ED <= 4 hours	Statement of Priorities (2018-19)	Percentage of patients with a length of stay in the emergency department of less than or equal 4 hours.
% of elective surgery patients admitted within clinically recommended time	Statement of Priorities (2018-19)	Percentage of urgency category 1, 2 and 3 elective surgery patients admitted within clinically recommended time
# of patients on the elective surgery waiting list	Statement of Priorities (2018-19)	Number of patients on the elective surgery waiting list (ESWL).
# of patients admitted from the elective surgery waiting list	Statement of Priorities (2018-19)	Number of patients admitted from the elective surgery waiting list.
% of Specialist Clinic Urgent referrals seen within 30 days		Number of urgent patients referred by a GP or external specialist who are scheduled for their first appointment within 30 days of referral. Specialist clinic referrals that have been clinically prioritised as urgent are used to assess this indicator. The indicator includes all patients referred from either a GP or external specialist, who attended a first appointment during, or had a first appointment booked date before the end of the reporting period. This indicator includes those patients with a scheduled appointment but failed to attend. The waiting time for a first appointment is the number of days between the Referral in Received Date and the Contact Date/Time or First Appointment Booked Date, whichever occurs first.
% Specialist Clinics Routine referrals seen within 365 day		Number of routine patients referred by a GP or external specialists who are scheduled a first appointment within 365 calendar days of referral. Specialist clinic referrals that have been clinically prioritised as routine are used to assess this indicator. The indicator includes all patients referred from either a GP or external Specialist, who attended a first appointment during, or had a first appointment booked date before the end of the reporting period. This indicator includes those patients with a scheduled appointment but did not attend. The waiting time for a first appointment is the number of days between the Referral in Received Date and the Contact Date/Time or First Appointment Booked Date, whichever occurs first. Numerator The number of routine patients referred by a GP or external
Mental Health - % of clients seen by a Community Mental Health Service within 7 days post discharge from inpatient unit	Statement of Priorities (2018-19)	Proportion of separations from the mental health service organisation's acute psychiatric inpatient unit(s) for which a community mental health service contact, in which the consumer participated, was recorded in the seven days following that separation. The following community mental health contacts are included: face to face contact, and indirect contact, which can be by the telephone or otherwise. The following separations and service contact types are excluded: o same day separations, o statistical and change of care type separations, o separations that occur through transfer from another acute or psychiatric inpatient hospital or residential mental health services, o separations that end in death, left against medical advice/discharge at own risk, o separations where the length of stay is one night only and a procedure code ECT is recorded, o service contact on day of separation, o service contact where a consumer does not participate
Mental Health - 28 day readmission rate	Statement of Priorities (2018-19)	Proportion of overnight separations from acute psychiatric inpatient units that are followed by readmission to the same or to another public sector psychiatric inpatient unit (within the State/territory) within 28 days of discharge. Separations exclude: same day separations, statistical change of care type, separations that end by transfer to another acute or psychiatric hospital, separations that end by death, left against medical advise/discharge at own risk, separations where LOS is one night only and procedure code is ECT.
End of life		
# of Individual Stage 3/4/SDTI/Unstageable Pressure Injuries - Acquired/worsened while in care	Internal (< previous 12 months average - 30%)	Pressure injuries reported via RiskMan Incident Reporting system as Stage 3 or 4, suspected deep tissue injury (SDTI) or unstageable and ('acquired whilst in care', 'worsened whilst in care') and (Current setting (ward/location) or another ward)
# of Falls with Serious Injury ISR 1 or ISR 2	Internal	Number of patient falls with serious injury ISR 1 or ISR 2 as defined in Riskman
# of patients with unplanned weight loss >=5% attributed to suboptimal nutrition	Internal (< previous 12 months average)	Number of patients who have a >=5% weight loss during admission as defined in Riskman
Delirium		

Clinical aggression		
Seclusion rate per 1000 occupied bed days	Statement of Priorities (2018-19)	Number of seclusion events per 1000 patient days within a mental health service organisation. Partitioned by the service type: acute and non-acute inpatient. Excludes leave days from the denominator. Safety and Quality Partnership Subcommittee definition of seclusion: The confinement of the consumer at anytime of the day or night alone in a room or area from which free exit is prevented.
Restraint		
Standard 6: Communicating for Safety		
# of Wrong Blood in Tube Incidents	Internal	Wrong Blood in Tube Incidents reported in RiskMan where clinical incident summary line contains WBIT
% of patients discharged home with discharge summaries completed within 2 working days	Internal	Percentage patients discharged home with discharge summaries completed (verified) within 2 working days. Discharge summaries are verified by SMS.
Standard 7: Blood Management		
% of red blood cell wastage	National Blood Authority	Incidents associated with red blood cell wastage due to receipt, storage and collection, transport issues.
Standard 8: Recognising and Responding to Acute Deterioration		
# of True Code Blue Calls (Inpatient)	Internal (< previous 12 months average)	Number of inpatient true code blue calls
Recognising/responding to deteriorating mental state		

^ *Statewide Av(Monitor Q4 2018-19)*

* *Victorian State monthly Average for 2018-19 (Australian Red Cross Blood Service)*