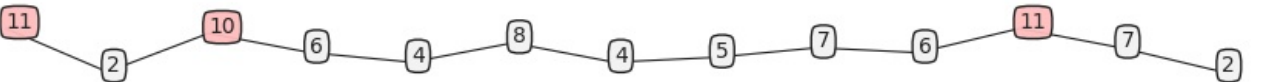
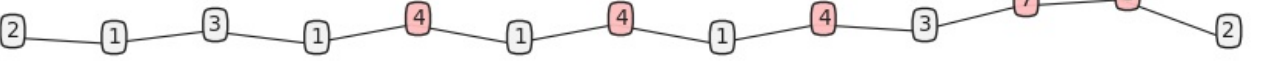





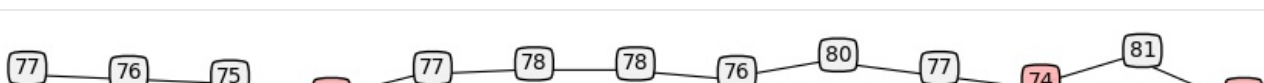



| Indicator                       |  | Target/Tolerance*          | FEB-2024 | 13 Month Trend (FEB-2023 to FEB-2024)   | Comparator^ |
|---------------------------------|--|----------------------------|----------|---|-------------|
| Standard 1: Clinical Governance | ISR 1 & 2  | 8                          | 2        |    | N/A         |
|                                 | Number of confirmed SAPSEs   | 3                          | 2        |    | N/A         |
|                                 | Percentage of Open Disclosure for ISR 1 & 2 events                       | 100%                       | 100%     |    | N/A         |
|                                 | # Complaints opened more than 30 days                                    | 0                          | 19       |    | N/A         |
|                                 | % of staff with completed mandatory emergency training in last 12 months | 85%                        | 80%      |    | N/A         |
|                                 | Placeholder Clinical Trials and Research indicator                       | Indicator to be developed. |          |   |             |
|                                 | All staff injury frequency rate (AIFR)                                   | 32.6                       | 36.1     |  | N/A         |

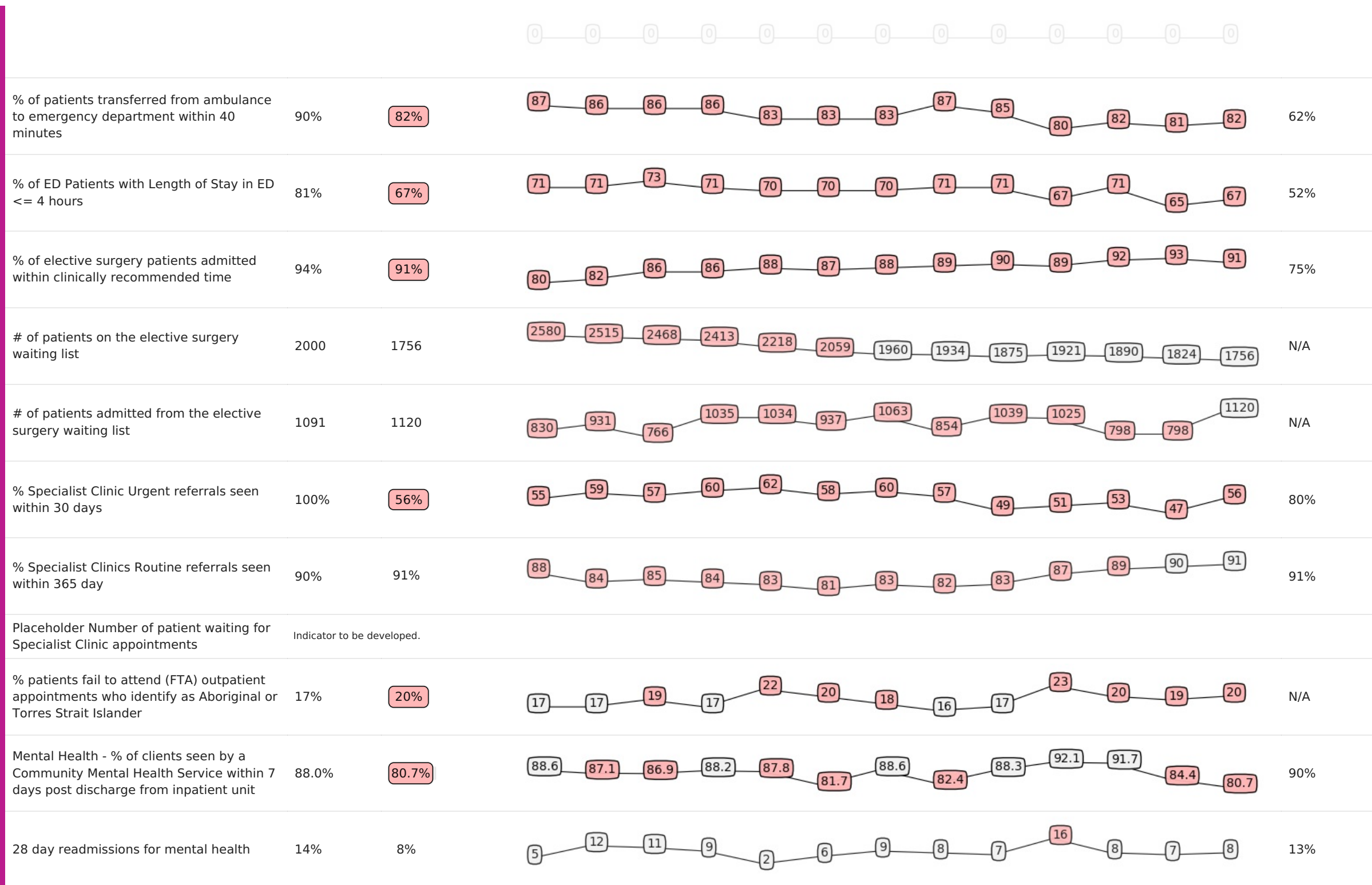
|                                       |  |     |     |   |       |
|---------------------------------------|--|-----|-----|---|-------|
| Standard 2: Partnering with Consumers | Measurement of pt experience (admitted overnight pts)                              | 95% | 94% |  | 90.8% |
|                                       | % of positive responses on discharge planning                                      | 75% | 60% |  | 74%   |
|                                       | % of patients who reported they were involved in making decisions about their care | 75% | 71% |  | 71%   |
|                                       | % of patients reporting they felt safe using the service                           | 90% | 89% |   | 85%   |

|  |                           |     |     |  |     |
|--|---------------------------|-----|-----|--|-----|
|  |                           |     |     |  |     |
|  | Perception of Cleanliness | 70% | 68% |  | N/A |

|  |   |      |      |  |               |
|--|---|------|------|--|---------------|
| Standard 3:<br>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 | 0.92 |  | 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:<br>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:<br>Comprehensive Care | % of Triage Category 1 to 5 emergency patients seen within clinically recommended time | 80% | 62% |  | 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                          | 9 |  | 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                          | 5 |  | N/A |
|  | Seclusion rate per 1000 occupied bed days  | 8                          | 4 |  | 8   |
|  | Placeholder Mental Health Restrictive Interventions  | Indicator to be developed. |   |  |     |

|                                      |  |     |     |  |     |
|--------------------------------------|--|-----|-----|--|-----|
| Standard 6: Communicating for Safety | # of Wrong Blood in Tube Incidents   | 2   | 2   |  | N/A |
|                                      | % of patients discharged home with discharge summaries completed within 2 working days | 85% | 78% |  | N/A |

|                              |                             |      |      |  |    |
|------------------------------|-----------------------------|------|------|--|----|
| Standard 7: Blood Management | % of red blood cell wastage | 2.0% | 1.0% |  | 2% |
|------------------------------|-----------------------------|------|------|--|----|

|   |                                       |   |   |  |     |
|---|---------------------------------------|---|---|--|-----|
| Standard 8: Recognising and Responding to Acute Deterioration | # of True Code Blue Calls (Inpatient) | 8 | 4 |  | N/A |
|---|---------------------------------------|---|---|--|-----|

\* 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.