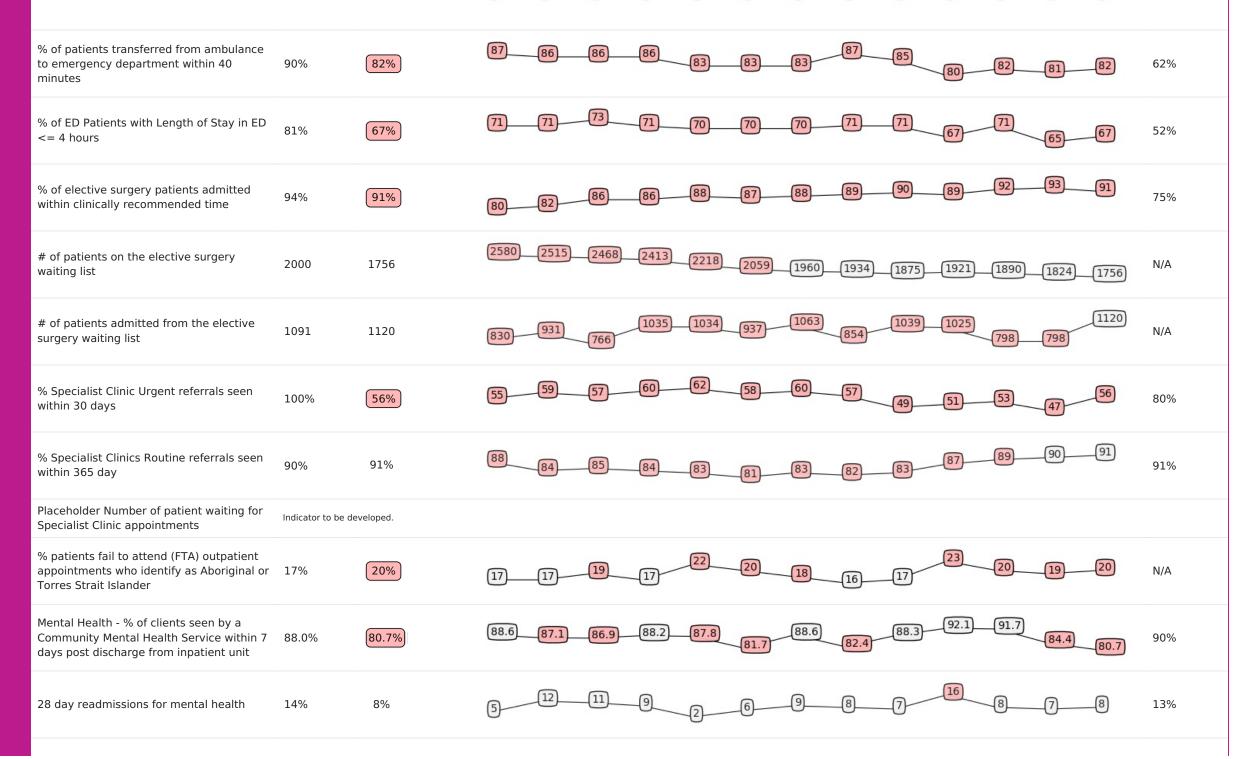
Board Quality and Safety

FEB-2024 Print Date: 13-MAR-2024 03:47 PM

	Indicator	Target/Tolerance	e* 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%	82 100 100 100 100 86 100 82 100 100 25	N/A
	# Complaints opened more than 30 days	0	19	0 5 11 8 23 20 6 4 6 23 22 38 19	N/A
	% of staff with completed mandatory emergency training in last 12 months	85%	80%	81 84 84 90 90 91 91 89 89 87 85 81 80	N/A
	Placeholder Clinical Trials and Research indicator	Indicator to be develo	pped.		
	All staff injury frequency rate (AIFR)	32.6	36.1	33.4 32.7 33.8 33.8 34.4 33.7 35.2 33.8 33.5 34.1 33.7 36.1 33.7 32.5 33.8 33.5 34.1 33.7	N/A
Standard 2: Partnering with Consumers	Measurement of pt experience (admi overnight pts)	itted 95%	94%	94 92 93 92 94 90 91 95 95 94 91 94	90.8%
	% of positive responses on discharge planning	75%	60%	54 <u>55 53 55 57 63 64 62 55 54 58 60</u>	74%
	% of patients who reported they were involved in making decisions about th care		71%	77 <u>7</u> 76 <u>75</u> 71 <u>77</u> 78 <u>78</u> 76 <u>80</u> 77 <u>74</u> 81	71%
	% of patients reporting they felt safe the service	using 90%	89%		85%

	Perception of Cleanliness	70%	68%	57	6564	66	60	74 62	75	67	74 65	68	N/A
Standard 3: Preventing and Controlling Healthcare	# of Central Line Associated Bacteraemia (ICU) per 1000 Line Days	0.00	0.00	0.98	1.00	0.00	0.82	0.83	0.00	0.84	0.84	0.00	0.6/1000 CLDs
Associated Infections	# of cases of Healthcare associated S. aureus bacteraemia/10,000 Occupied Beddays	0.70	0.92	0.68	0.63 0.5	1.82	1.78	0.87 1.20	1.44	0.60	0.00	0.92	0
	# Deep SSI - CABGs	0	0	00	0 1	0	0(00	_0	1	2	0	N/A
	# Deep Orthopaedic Wound Infection Total or Partial Knee Arthoplasties	0	0	00		1	_0(00	0	_0		0	N/A
	# Deep Orthopaedic Wound Infection Hip arthroplasty	0	0	0	0 1	1	0 (10	1	0	1_0_	0	N/A
	% Hand Hygiene Compliance Alfred Health	85%	85%	8484	86 86	85	85[8686	86	87	87	85	85.7%
Standard 4: Medication Safety	# of Medication Incidents (ISR 1 or 2)	1	0	00	_0_1	0	_1(]]	0	1		0	N/A
	Placeholder Incidents relating to misuse of Schedule 8 medications												
Standard 5: Comprehensive Care	% of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%	62%	6767	71 66	70	69(68 71	70	65	66 62	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	6 6 9 11 9 14 9 5 5 6 7 7 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	0 1 3 6 11 3 4 4 3 7 8 3 5	N/A
	Seclusion rate per 1000 occupied bed days	8	4	5 10 8 5 3 1 3 6 4 5 11 6 4	8
	Placeholder Mental Health Restrictive Interventions	Indicator to be de	veloped.		
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%	77 78 77 80 83 83 85 83 86 82 85 81 78	N/A
Standard 7: Blood Management	% of red blood cell wastage	2.0%	1.0%	1.5 1.2 1.1 1.2 1.1 0.9 0.7 1.0	2%
Standard 8: Recognising and Responding to Acute Deterioration	# of True Code Blue Calls (Inpatient)	8	4	4 4 4 10 10 7 4 7 7 5 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.