

Board Quality and Safety

Indicator	Target/Tolerance*	MAR-2024	13 Month Trend (MAR-2023 to MAR-2024)	Comparator^	
Standard 1: Clinical Governance	ISR 1 & 2 *	8	10	2, 10, 6, 4, 8, 4, 5, 7, 6, 11, 7, 3, 10	N/A
	Number of confirmed SAPSEs *	3	1	1, 3, 1, 4, 1, 4, 1, 4, 3, 7, 8, 2, 1	N/A
	Percentage of Open Disclosure for ISR 1 & 2 events *	100%	90%	100, 80, 100, 25, 100, 100, 100, 86, 100, 82, 100, 67, 90	N/A
	# Complaints opened more than 30 days *	0	2	5, 11, 8, 23, 20, 6, 4, 6, 23, 22, 38, 18, 2	N/A
	% of staff with completed mandatory emergency training in last 12 months *	85%	78%	84, 84, 90, 90, 91, 91, 89, 89, 87, 85, 81, 80, 78	N/A
	Placeholder Clinical Trials and Research indicator	Indicator to be developed.			
	All staff injury frequency rate (AIFR) *	32.6	36.8	32.7, 33.8, 33.8, 34.4, 33.7, 35.2, 32.5, 33.8, 33.5, 34.1, 33.7, 33.9, 36.8	N/A

Standard 2: Partnering with Consumers	Measurement of pt experience (admitted overnight pts)	95%	93%	92, 93, 92, 89, 94, 90, 91, 95, 95, 94, 91, 94, 93	90.8%
	% of positive responses on discharge planning	75%	48%	55, 53, 55, 57, 63, 51, 64, 62, 55, 54, 58, 60, 48	74%
	% of patients who reported they were involved in making decisions about their care	75%	73%	76, 75, 71, 77, 78, 78, 76, 80, 77, 74, 81, 71, 73	71%
	% of patients reporting they felt safe using the service *	90%	91%		85%

	Perception of Cleanliness *	70%	67%		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	0.59		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%	83%		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%	67%		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	
% of patients transferred from ambulance to emergency department within 40 minutes	90%	84%	86	86	86	83	83	83	87	85	80	82	81	82	84	62%
% of ED Patients with Length of Stay in ED <= 4 hours	81%	71%	71	73	71	70	70	70	71	71	67	71	65	67	71	52%
% of elective surgery patients admitted within clinically recommended time	94%	91%	82	86	86	88	87	88	89	90	90	92	93	91	91	75%
# of patients on the elective surgery waiting list	2000	1826	2515	2468	2413	2218	2059	1961	1935	1876	1924	1891	1824	1748	1826	N/A
# of patients admitted from the elective surgery waiting list	1001	990	931	766	1035	1034	937	1063	854	1039	1025	798	798	1109	990	N/A
% Specialist Clinic Urgent referrals seen within 30 days	100%	58%	59	57	60	62	58	60	57	49	51	53	47	56	58	80%
% Specialist Clinics Routine referrals seen within 365 day	90%	88%	84	85	84	83	81	83	82	83	87	89	90	91	88	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%	25%	17	19	17	22	20	18	16	17	23	19	19	20	25	N/A
Mental Health - % of clients seen by a Community Mental Health Service within 7 days post discharge from inpatient unit	88.0%	81.8%	87.1	86.9	88.2	87.8	81.7	88.6	82.4	88.3	92.1	91.7	84.4	73.7	81.8	90%
28 day readmissions for mental health	14%	14%	12	11	9	2	6	9	8	7	16	8	7	8	14	13%

	# of Individual Stage 3/4/SDTI/Unstageable Pressure Injuries - Acquired/worsened while in care *	9	3		N/A
	# of Falls with Serious Injury ISR 1 or ISR 2 *	2	2		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	15		N/A
	Seclusion rate per 1000 occupied bed days	8	8		8
	Placeholder Mental Health Restrictive Interventions	Indicator to be developed.			

Standard 6: Communicating for Safety	# of Wrong Blood in Tube Incidents *	2	1		N/A
	% of patients discharged home with discharge summaries completed within 2 working days *	85%	79%		N/A

Standard 7: Blood Management	% of red blood cell wastage	2.0%	2.1%		2%
------------------------------	-----------------------------	------	------	--	----

Standard 8: Recognising and Responding to Acute Deterioration	# of True Code Blue Calls (Inpatient) *	8	9		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.