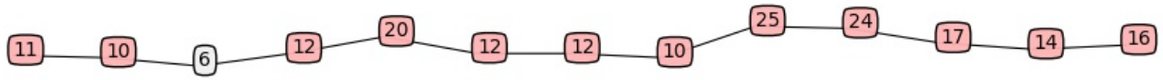
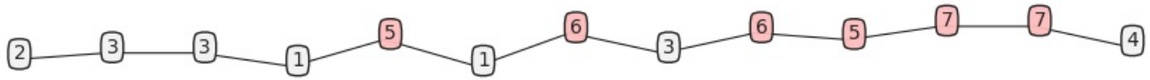
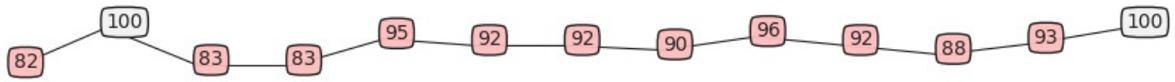
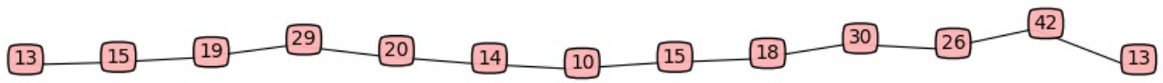
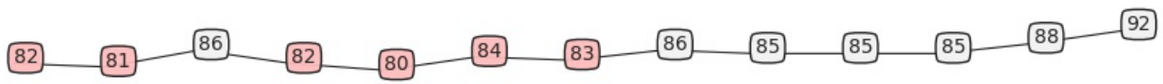
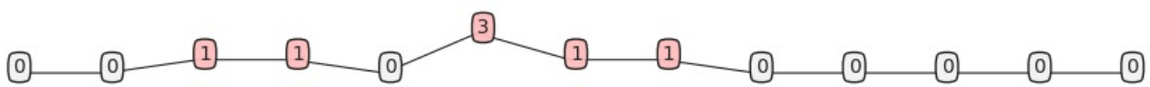
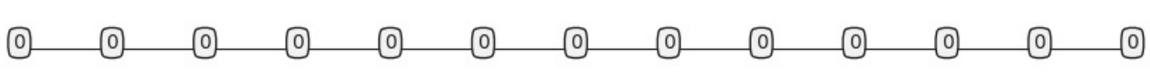
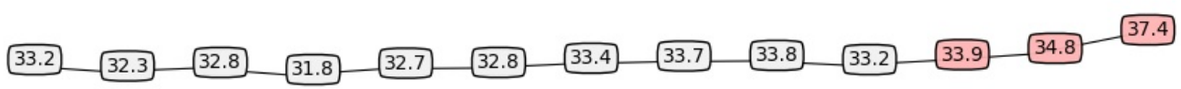
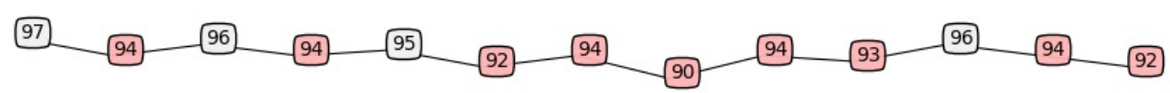
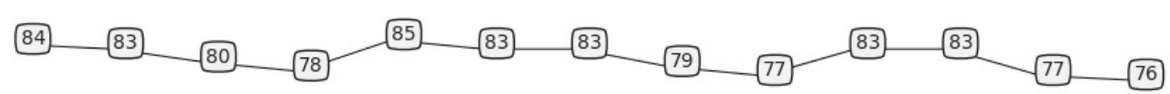
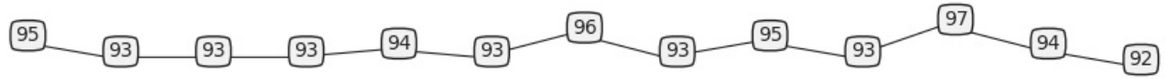
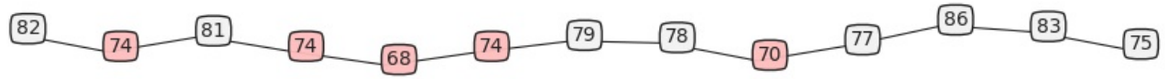
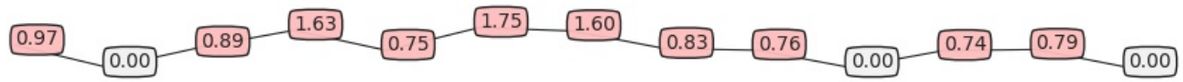
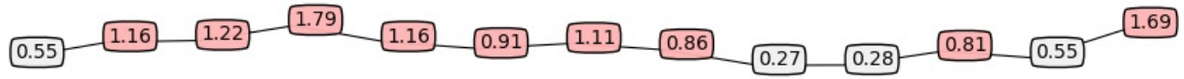
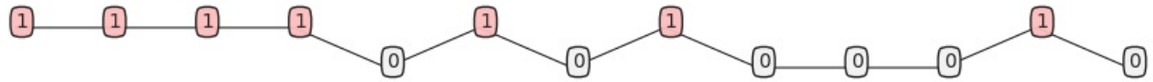
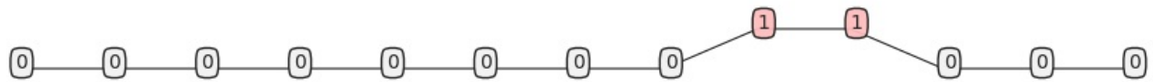
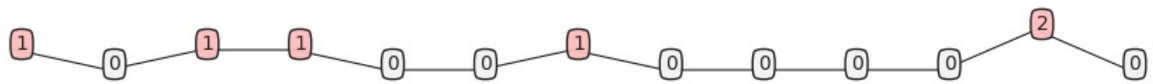
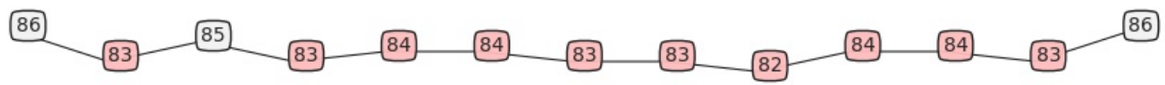
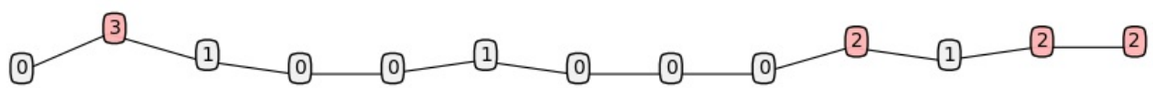
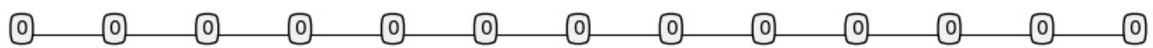
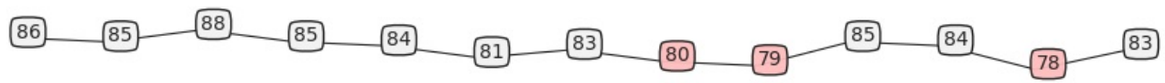
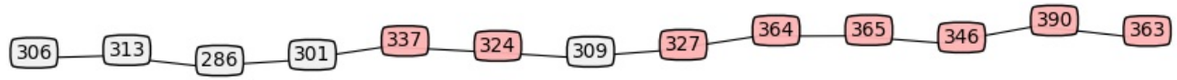
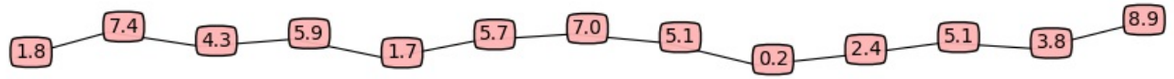
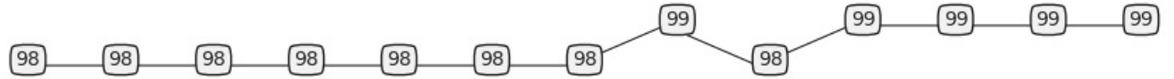
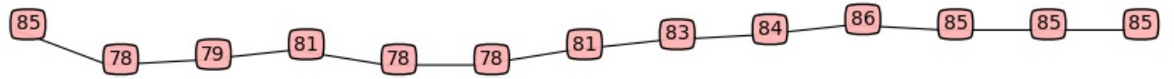
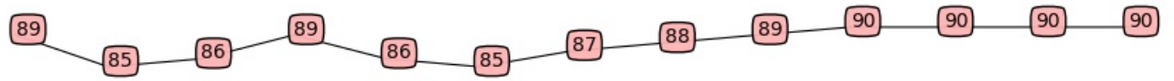
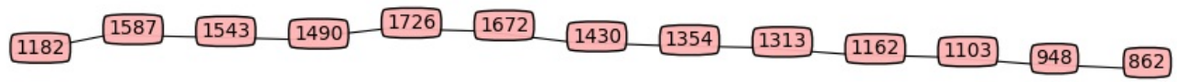
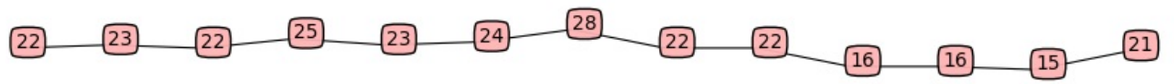
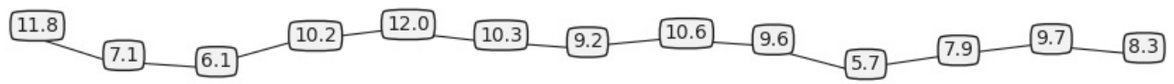
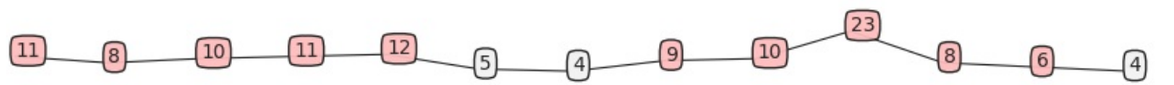
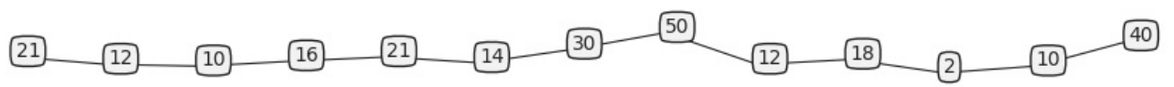
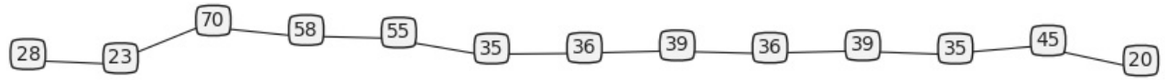
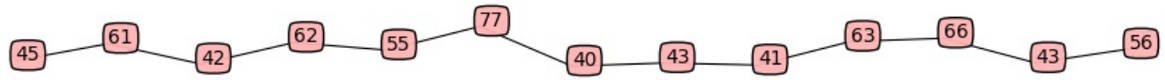
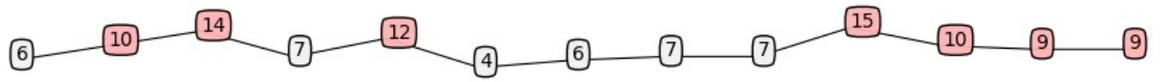
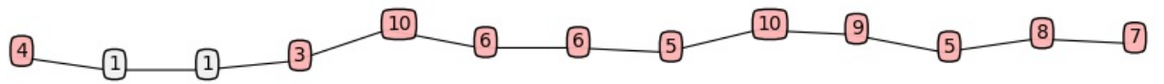
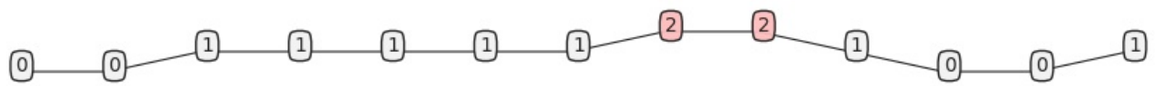
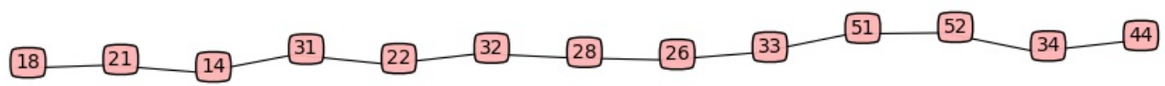
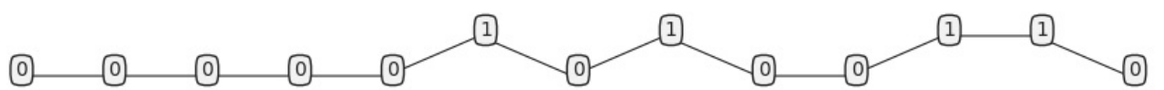
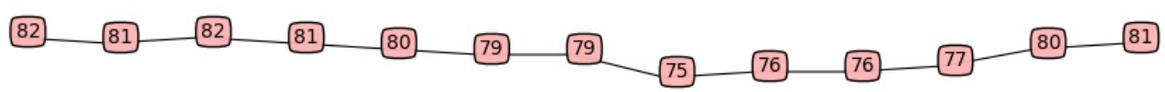
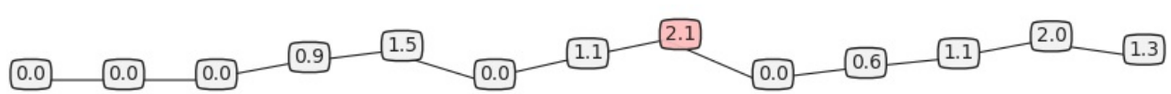
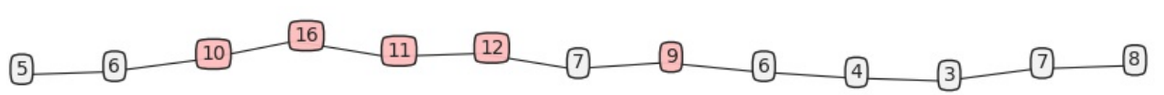
	Indicator	Target/Tolerance*	SEP-2025	13 Month Trend (SEP-2024 to SEP-2025)	Comparator^
Standard 1: Clinical Governance	1). ISR 1&2*	8	16		
	2). Number of confirmed SAPSEs*	4	4		
	3). % of open disclosures for ISR 1 & 2 events *	100%	100%		
	4). # Complaints opened more than 30 days *	0	13		
	5). % of staff with completed mandatory emergency training in last 12 months *	85%	92%		
	6). # of breaches of privacy (clinical trials)	0	0		
	7). # of breaches of conduct (clinical trials)	0	0		
	8). All staff injury frequency rate (AIFR)	33.9	37.4		
Standard 2: Partnering with Consumers	9). Measurement of pt experience (admitted overnight pts)	95%	92%		
	10). % of patients who reported they were involved in making decisions about their care	75%	76%		

	11). % of patients reporting they felt safe using the service *	90%	92%	
	12). % of patients reporting they were given sufficient information about planning hospital discharge	75%	75%	
Standard 3: Preventing and Controlling Healthcare Associated Infections	13). # of Central Line Associated Bacteraemia incidents per 1,000 line days (ICU)	0.00	0.00	
	14). # of cases of healthcare associated S.aureus bacteraemia/10,000 occupied bed days	0.70	1.69	
	15). # Deep SSI - CABGs	0	0	
	16). # Deep Orthopaedic Wound Infection or Partial Knee Arthoplasties	0	0	
	17). # Deep Orthopaedic Wound Infection Hip arthroplasty	0	0	
	18). % Hand hygiene compliance (Alfred Health)	85%	86%	
Standard 4: Medication Safety	19). # of Medication Incidents (ISR 1 or 2)	1	2	
Standard 5: Comprehensive Care	20). # of ED patients with Length of Stay in ED > 24 hours	0	0	
	21). % of patients transferred from an ambulance to ED within 40 minutes	81%	83%	

22). Average Length of Stay for admitted patients, in minutes	318	363	
23). Gap between percentage of Aboriginal and non-Aboriginal patients who 'did not wait' presenting to hospital EDs	0.0%	8.9%	
24). % of elective surgery patients admitted within the clinically recommended time	94%	99%	
25). % of patients referred by a GP or external specialist who attended a first appointment (urgent and routine) within the recommended time	95%	85%	
26). % of all patient specialist referrals (internal and external) who attended a first appointment (urgent and routine) within the recommended time	95%	90%	
27). # of patients with urgent specialist referrals waiting to be seen and have exceeded the target timeframe (30 days)	0	862	
28). % patients Failed to Attend (FTA) outpatient appointments who identify as Aboriginal or Torres Strait Islander	8%	21%	
29). Mental Health - % of older persons and adult clients seen by a Community Mental Health Service within 7 days post discharge from inpatient unit *	88%	0	
30). 28 day readmissions for mental health patients (older persons and adult)	14.0%	8.3%	
31). Seclusion rate per 1,000 occupied bed days	6	4	
32). # of applied mechanical restraints - patients receiving a Mental Health Service		40	
33). Number of applied mechanical restraints - patients not receiving a Mental		20	

	Health Service			
	34). % of departures from emergency departments to a mental health bed within 8 hours	80%	56%	
	35). # of Individual Stage 3/4/SDTI/Unstageable Pressure Injuries - Acquired/worsened while in care	7	9	
	36). # of Falls with Serious Injury ISR 1 or ISR 2	2	7	
	37). # of Falls with Serious Injury ISR 1 or ISR 2 where all care strategies were not in place	1	1	
	38). # of patients with malnutrition acquired or worsened in care *	8	44	
Standard 6: Communicating for Safety	39). # of Wrong Blood in Tube Incidents	1	0	
	40). % of patients discharged home with discharge summaries completed within 2 working days *	85%	81%	
Standard 7: Blood Management	41). % of red blood cell wastage	2.0%	1.3%	
Standard 8: Recognising and Responding to Acute Deterioration	42). # of True Code Blue Calls (Inpatient)	8	8	

** The target is informed by Alfred Health Risk Tolerance, consistent with the Risk Management Framework and calculated as an average of performance from June 2023 to June 2024*

^ Comparator derived from 2023-24 annual MONITOR report.