2025-26

KPI AND OTHER MEASURES

DATA SUPPLEMENT

PART 2 OF 2

OTHER MEASURES

NSW GOVERNMENT | Health

Final – 1.1

July 2025

Further information regarding this document can be obtained from the System Information and Analytics Branch. All queries to:

MOH-SystemInformationAndAnalytics@health.nsw.gov.au.

VERSION CONTROL

Date	Indicator No.	Measure	Version Control Change
Health Outcome 1: **Patients and carers have positive experiences and outcomes that matter**			
21/11/2024	PH-007A, PH-007B	Organ and Tissue Donation	Updated to Policy Contact now Chief Health Officer's Strategic Programs Branch
26/05/2025	SURG-001	Removals from the Planned (Elective) Surgery Waiting List Following Admission or Treatment (Number)	Update to wording from "Elective Surgery" to "Planned (Elective) Surgery" Update to: Indicator definition, Numerator definition, Exclusions, Version updated to 2.3
26/05/2025	MS2402	Median Waiting Time for Planned (Elective) Surgery	Update to wording from "Elective Surgery" to "Planned (Elective) Surgery" Update to: Desired outcome, Primary point of collection, Indicator definition, Numerator, Numerator definition, Denominator, Denominator availability, Inclusions and Exclusions Version updated to 1.4
10/06/2025	SSA106	Patients with Total time in ED ≤ 4hrs: Mental Health (%)	IM Removed
10/06/2025	SSQ121	Mental Health: Outcome Readiness – HoNOS Completion Rates (%)	Removal of reference to State Unique Patient Identifier (SUPI) Data Collection Source/System updated to MHOAT and CHAMB. References to LHD updated to include SHN (i.e. LHD/SHN). Reference to HoNOS updated to include valid or not valid HoNOS. Updates to Numerator availability and Denominator availability. Updates to Target words and Related Policies/Programs, Useable data available from, Frequency of Reporting, Time lag to available data. Representation layout added % sign.Removal Data domain. Update to Related National Indicator. Version updated to 1.4
10/06/2025	MS3204	Mental Health Line Call Abandonment (%)	Updates to Scope, Includes and Exclusion, Useable data available from,

Date	Indicator No.	Measure	Version Control Change
			References to LHD updated to include SHN (i.e. LHD/SHN). Version updated to 1.2
10/06/2025	KS3201	Mental Health: Pathways to Community Living – Long stay consumers (Number)	Context removed. Updates to Related Policies/Programs, Useable data available from, Time lag to available data, Business owners. Version updated to 1.5
10/06/2025	IM22-006	Mental Health New Clients (Rate per 1,000 populations)	Update to Exclusions, Business owners, Data contact and Related National Indicator. Version updated to 1.2
Health Outcome 2: **Safe care is delivered across all settings**			
30/10/2024	KPI22-03	Renal Supportive Care Enrolment: End-Stage Kidney Disease Patient (Number)	For review.
11/11/2024	PH-015C	Alcohol and other Drug Specialist Non-Admitted Patient Care Activity (Number of occasions of service)	Target dates updated
22/11/2024	SSA105a SSA105d SSA105e	Emergency Department Presentations Treated within Benchmark Times – Triage 1, 4 & 5 (%)	Measure updated to include split for Triage 1, 4 & 5 Service Agreement updated to Improvement Measure NSW Health Strategic Outcome 1. Patients and carers have positive experiences and outcomes that matter Version updated to 3.0
22/11/2024	SSA104	Emergency Department Presentations Treated within Benchmark Times – Triage 4 & 5 (%)	Measure removed.
07/11/2024	KPI2522	Reduction in Length of Stay for Total Hip Replacement Non-trauma (Minor Complexity)	New Measure
07/11/2024	KPI2523	Reduction in Length of Stay for Total Knee Replacement (Minor Complexity)	New Measure
20/12/2024	KPI2524	Number of Cataract surgeries completed in 4-hour operating theatre list	New Measure
03/03/2025	KPI2525	Hospital in the Home: Activity Growth (%)	New Measure
08/04/2025	IM2401	Hospital Access Target – Discharged from ED within 4 Hours Mental Health or Self-Harm Related Presentations	Update to Departure date/time in Indicator definition. Update to Numerator definition, Numerator availability, Denominator definition, Denominator availability, Inclusions, Exclusions, Targets, Related Policies/Programs, Useable data available from, Time lag to available data, Business owners, Data Contact and Related National Indicator. Context removed.

Date	Indicator No.	Measure	Version Control Change
			Version updated to 1.1
08/04/2025	IM2402	Hospital Access Target – Admitted/Transferred within No Greater than 6 hours (%) Mental Health or Self-Harm Related Presentations	Updates to Scope, Indicator definition, Numerator definition, Numerator availability, Denominator definition, Denominator availability, Inclusions, Exclusions, Related Policies/Programs, Useable data available from, Time lag to available data, Business owners, Data Contact and Related National Indicator. Removal of wording in context Version updated to 1.2
20/06/2025	IM2404	Virtual Care Access- Mental Health: Non-admitted services provided through Virtual Care (%)	IM Removed
14/04/2025	PI-03	Hospital in the Home: Admitted Activity (%)	Retain as KPI. EDWARD table references updated. Numerator and Denominator updated. Version updated to 2.0
26/05/2025	KSA103a, KSA103b, KSA103c	Elective Surgery Access Performance: Elective Surgery Patients Treated on Time (%)	Updates to: Scope, addition of word “planned” to “(elective) surgical patients”, removal of “inbound” from primary point of collection, numerator definition, denominator definition, inclusions, IPC – code 280 and 281 TAVI out, useable data available from and frequency of reporting. Version updated to 2.0
10/06/2025	IM22-005	Mental Health Consumer Experience: Recall of information about physical health (%)	Updates to wording in Goal, Desired outcome, Primary point of collection, Primary data source for analysis, Indicator definition, Numerator source, Numerator availability, Denominator source, Denominator availability, Related Policies/Programs, Monthly Frequency of Reporting, Time lag to available data, Business owners, Data Contact and Date effective. Target updated to: Performing: >=65% Underperforming: 45%-<65% Not performing: <45% Version updated to 1.1
10/06/2025	KSA202	Emergency Department Extended Stays: Mental Health Presentations staying in ED > 24 hours (number)	Updates to Indicator definition, Data Availability, Related Policies/Programs and Useable data available from. Version updated to 3.3
10/06/2025	IM2403	Mental Health Acute Post-Discharge – Follow up in custody within seven days of discharge from a custodial mental health care area (%)	Updates to Primary data source for analysis, Numerator source, Inclusions,

Date	Indicator No.	Measure	Version Control Change
			Frequency of Reporting, and Data Contact. Comment removed. Version updated to 1.2
23/06/2025	SSQ112 SSQ1113	Unplanned and Emergency Re-presentations - to same ED within 48 hours (%)	Numerator Definition updated to "The number of emergency presentations with actual departure date (CL_DEPART_DTTM) during the reference period, when the patient's previous emergency presentation to the same facility occurred within the past 48 hours where:" Reference to "usual residence" removed. Update to Numerator definition to remove "11" disaster from ED_VISIT_TYPE_CD for previous emergency presentation Denominator Definition update to remove reference to "usual residence" and reference to ED_VISIST_TYPE_CDE '11" disaster. Update to exclusion to clarify missing records "Records where CLIENT_ARRIVAL_DTTM or CLIENT_DEPART_DTTM time in ED is missing.
Health Outcome 3: **People are healthy and well**			
01/10/2024	KF-0083	KF-0083 Safe Wayz Program Violence, Abuse and Neglect responses - new clients who receive an initial assessment (Number)	Update to title and shortened title "Safe Wayz Program Violence, Abuse and Neglect responses - new clients who receive an initial assessment (Number)" Updates to Shortened Title, Data Collection Source/System, Indicator definition, Numerator definition, Exclusions, Usable data available from, and Data effective. Addition of Data domain references and link. Policy Contact now Director, Program Delivery Office Version updated to 2.0
01/10/2024	KF-004-a	Child Protection Counselling Services – clients receiving an initial assessment within 8 weeks of being accepted into the service (%)	Update to title and shortened title "Child Protection Counselling Service – clients receiving an initial assessment within 8 weeks of being accepted into the service (%)" Updates to Goal, Desired outcome, Data Collection Source/System, Primary data source for analysis Indicator definition, Numerator, Denominator, Target, Usable data available from, Time lag to available

Date	Indicator No.	Measure	Version Control Change
			data, Representation Form, Size and Date effective. Addition of Data domain references and link. Policy Contact now Director, Program Delivery Office Version updated to 2.0
01/10/2024	KF-0081	New Street Services – Primary clients completing treatment (%)	Update to Context and Policy Contact now Director Delivery Officer New link for Related National Indicators Version updated to 1.2
12/11/2024	PH-013A, SPH007	Smoking during pregnancy - At any time: (Number) Aboriginal women (%) (PH-013A) Non-Aboriginal women (%) (SPH007)	Target updated to 2 percentage points, not 2% Updates to: Desired outcome, Data Collection Source/System, Primary data source for analysis, Indicator definition, Numerator & Denominator availability & Time lag to available data. Change of inclusions & exclusions to birth information collected by QIDS Maternity Intelligence System (MatIQ) for all birth information from public hospital sites across NSW. Version updated to 3.0
12/11/2024	IM21-003	First 2000 Days Framework: Families with a new baby receive a 6–8-week health check (%)	Denominator Source to be updated to adjust for cross-border births for families who are resident in NSW Exclusion to be updated. Update to Desired Outcome "subsequent health checks. Update to Numerator definition, Targets, Business Owners and Representation. Version updated to 1.1
25/11/2024 19/02/2025	PH-008C, PH-008D	Healthly Children Initiative – Targeted Family Healthy Eating and Physical Activity Programs (Child and Family)	Update to Heading "Go4Fun" replaced with "Child and Family" Updates to Shortened Titles, Scope, Goal, Desired outcome, Primary point of collection, Data Collection Source/Systems primary data source for analysis, inclusions, exclusions, context and Date effective. Update to Indicator definition, Numerator and Denominator to include wording " Aboriginal Program" and "one or more sessions for local initiatives (face to face)" Use words "Aboriginal Program" not "Aboriginal Go4Fun" Updates to Target values. Version updated to 1.5
25/11/2024	PH-008A	Healthy Children Initiative – Children's Healthy Eating and Physical Activity Program: Early	Update to Title, Scope, Data Collection Source/System, Primary data source

Date	Indicator No.	Measure	Version Control Change
		Childhood Services – 65% Sites Achieving Agreed (100%) of Munch and Move Program Practices (%)	for analysis, Indicator definition, Numerator and Denominator definition Context, Useable data available from and Targets Version updated to 4.1
25/11/2024	PH-008B	Healthy Children Initiative – Children's Healthy Eating and Physical Activity Program – 65% Primary Schools Achieving Agreed Proportion (60%) of Live Life Well @ School Program Practices (%)	Update to Title, Scope, Data Collection Source/System, Primary data source for analysis, Indicator definition, Numerator and Denominator definition, Context, Useable data available from and Targets Version updated to 3.2
16/12/2024	PH-011B	Get Healthy Service – Enrolments (Number)	Update to Title, Indicator definition and Numerator definition, Version updated to 3.1
25/11/2024	PH-017A	Tobacco and E cigarette Compliance Monitoring: compliance with the NSW Health Smoke-free Health Care Policy (%)	Update to subtitle to include "smoking or vaping" Updates to wording in Goal, Primary point of collection, Indicator definition – "individual people who smoke and/or use e-cigarettes", and Data Contact Version updated to 1.4
25/11/2024	MS3601a	Joint Child Protection Response Program - Case Coordination – Physical Abuse and Neglect cases that receive Case Planning and Review or Case Conferencing (%)	Update to Title and Shortened Title, Scope, Goal, Desired outcome, Data Collection Source/System, Primary data source for analysis, Indicator definition, Numerator, Denominator, Inclusions, Exclusions, Target, Context, Related Policies/Programs, Useable data available from, Time lag to available data, Form, Size, Data domain and Data effective Version updated to 2.0
04/10/2024	SPH008, SPH009, SPH010, SPH011	Comprehensive Antenatal Visits - for all pregnant women before 14 weeks gestation	Goal to include the term "comprehensive maternity" Update to Data Collection Source/System, Context and Policy Contact. Version updated to 2.2
29/11/2024	KPI2520	NSW health Brighter Beginnings implementation - Delivery of the Health and Development Checks in Early Childhood Education and Care (ECEC) Program	New Measure
29/11/2024	KPI2521	Statewide Infant Screening – Hearing - Newborn hearing screens provided (Number)	New Measure
16/12/2024	IM21-001	Timely psychosocial and medical forensic responses to sexual assault or abuse - % of victims receiving a timely responses	Measure upgraded to KPI. Split on Timely responses - Metropolitan (KPI2504) Timely responses - Rural/Regional (KPI2505)

Date	Indicator No.	Measure	Version Control Change
16/12/2024 12/02/2025 03/03/2025	KPI2414 KPI2415	Pregnant Women Quitting Smoking - By the second half of pregnancy (% change)	Measure changed from KPI. Update to Indicator definition "by second half" and Related Policies/Programs. Update to target. Removal of "point" Version number updated to 1.1
16/12/2024 03/03/2025	MS1102	Childhood Obesity - Children with height/length and weight recorded in inpatient settings (%)	Measure changed from KPI. Removal of word "their" from subtitle. Update to Exclusions. Version number updated to 2.2
03/03/2025	SPH012a SPH012b	Children fully immunised at one year of age (%)	Measure changed from KPI. SPH012 Measure updated to include split for Aboriginal children (SPH012a) Non-Aboriginal Children (SPH0121b) Version number updated to 1.5
03/03/2025	KPI23-002	Human Papillomavirus Vaccination (%)	Measure changed from KPI. Version number updated to 1.1
30/10/2024 03/03/2025	PH-011C	Get Healthy Service - Get Healthy in Pregnancy Referrals	Measure changed from KPI. Update to Title, shortened title, Desired outcome, Indicator definition, date in Numerator and Denominator definition, Inclusions wording, Targets and context. Version updated to 1.3
10/06/2025	IM22-007	Potentially Preventable Medical Hospitalisations in Mental Health Consumers (rate person-years)	Related National Indicators updated. Version updated to 1.2
23/06/2025	IM21-002	Child Abuse and Sexual Assault Clinical Advice Line (CASACAL) - calls made to Child Protection Units via the CASACAL number (%)	Business owners updated. Version updated to 1.1
Health Outcome 4: **Our Staff are engaged and well supported**			
27/09/2024	SPC102, SPC103	Premium Staff Usage: average paid hours per FTE	Data Contact updated. Version updated to 3.3
27/09/2024	SPC109	Public Service Commission (PSC) People Matter Employee Survey Response Rate (%)	Updates to: Denominator Source, Denominator availability, Related Policies/Programs, Data Contact. Version number updated to 2.5
27/09/2024	DWPDS_4202	Workplace Diversity Improvement: Women in Senior Executive Roles (%)	Updates to: Related Policies/Programs, Data and Policy Contact. Version updated to 1.4
27/09/2024	SPC105	Leave Liability: Reduction in the total number of staff who have excess accrued leave balances of more than 30 days (Number)	Update to Data Contact Version updated to 1.7
27/09/2024	KPI21-05	Employment of Aboriginal Health Practitioners (Number)	Updates to: Related Policies/Programs, Data Contact. Version updated to 1.2
21/10/2024	SPC102, SPC103	Premium Staff Usage: average paid hours per FTE	Update to Business Owner

Date	Indicator No.	Measure	Version Control Change
Health Outcome 5: **Research and innovation, and digital advances inform service delivery**			
12/11/2024	MS2506	Quality of Aboriginal Identification in Reported Data (%)	Target updated to 1 percentage point improvement per year Data Contact update to Director, Epidemiology and Biostatistics, Centre for Epidemiology and Evidence confirm not SIA
12/11/2024	DHMR_5402	Client Data Linkage – Records linked in the Centre for Health Record Linkage Master Linkage Key (Number)	Measure removed
Health Outcome 6: **The health system is managed sustainably**			
11/11/2024 24/03/2025	PH-018B	Purchased Activity Volumes – Variance: Alcohol and other Drugs (Non-Admitted) - NWAU (%)	Tier 2 Clinic Classification updated to Version 9.1 and Tier 2 Clinic includes 40.68
25/02/2025	KPI2527	Energy Efficiency & Carbon Reduction: Annual Energy Savings as a Percentage of Total Energy Use	New Measure
03/03/2025	KPI2526a KPI2526b KPI2526c KPI2526d	Minor Complexity Medical Diagnosis Related Groups Average Length of Stay	New Measure Listed as a, b, c and d.
10/03/2025	KPI2507a KPI2507b KPI2507c KPI2507d KPI2507e KPI2507f KPI2507g KPI2507h	Same Day Surgery Performance for Targeted Procedures (%)	New Measure.
10/03/2025 20/03/2025	NA-001	Purchased Activity Volumes – Variance: Non-admitted Patient - NWAU (%)	Addition of Tier 2 maps Update to exclusions (in 2024/25 IM documentation) 10.12 Radiation Therapy – Treatment 10.20 Radiation Therapy - Simulation and Planning 10.19 Ventilation – Home Delivered Tier 2 Services Classification updated to Version 9.1. Updated Version number to 3.1
10/03/2025	KPI23-007	Energy Use Avoided Through Energy Efficiency and Renewable Energy Project Implementation (%)	Measure removed
01/07/2025	KFA104	Own Source Revenue Matched to Budget: June projection variance – General Fund (%)	Measure removed. Retired.
01/07/2025	AI-001	Purchased Activity Volumes – Variance: Acute Admitted – NWAU (%)	Updated reference to 2025/26 Updated Version number to 2.2

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INTRODUCTION TO IMPROVEMENT MEASURE TARGETS AND IMPROVEMENT MEASURES

Improvement Measures (IMs): A range of Improvement Measures are included in this data supplement to assist the organisation to improve provision of safe and efficient patient care and to provide contextual information against which to assess performance. These are NOT part of the agreed Service Agreements and therefore are NOT for the purposes of performance management. Improvement Measures are reported regularly to Health Services by a range of stakeholders including Ministry Branches, Pillars and Shared Service providers. System Information & Analytics Branch can provide information to Health Services around where information on Improvements Measures can be accessed.

STRATEGIC HEALTH OUTCOME 1 IMs: Patients and carers have positive experiences and outcomes that matter

INDICATOR: MS2208, MS2209, MS2210, MS2211	**Leading Better Value Care**: Non-admitted Patient Service Events provided to Targeted Patient Cohorts (NWAU) • Osteoarthritis Chronic Care Program (OACCP) (MS2208) • Osteoporotic Refracture Prevention (ORP) (*MS2209*) • High Risk Foot Service (HRFS) (*MS2210*) • Renal Supportive Care (RSC) (MS2211)
Shortened Title	LBVC – NAP Service Events (OACCP) LBVC – NAP Service Events (ORP) LBVC – NAP Service Events (HRFS) LBVC – NAP Service Events (RSC)
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter.
Status	Final
Version number	1.1
Scope	**OACCP**: Patients aged 18 years and over with **osteoarthritis** affecting their hips or knees as primary condition. **ORP:** Patients 50 years and over with **osteoporosis** presenting with a minimal trauma fracture. **HRFS:** Patients with **diabetic foot related conditions** including lower limb amputation due to diabetes; Excision of bone due to osteomyelitis with diabetes as co-morbidity; Diabetic foot related infections/ulcers of foot or lower limb; Diabetic foot procedures, and Rehabilitation following lower limb amputation due to diabetes). **RSC:** Patients with **Chronic Kidney Disease (CKD) / End Stage Kidney Disease (ESKD) receiving renal replacement therapies** who have persistent symptoms and/or severe comorbidities or those who opt not to pursue renal replacement.
Goal	To facilitate access to care in the appropriate setting
Desired outcome	Reduced treatment of the patient cohort in the admitted setting by increasing the availability of appropriate outpatient care
Primary point of collection	Non-admitted patient services

Data Collection Source/System	Cerner CHOC, CHIME, iPM
Primary data source for analysis	HERO, ABM Portal Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	The total number of non-admitted service events, in NWAU, provided by service units under the Leading Better Value Care initiative to support services provided to targeted patient cohorts, reported by service program.
Numerator	
Numerator definition	The total number of non-admitted service events, in NWAU, provided by service units under the Leading Better Value Care initiative to support services provided to targeted patient cohorts, broken down by service program: • OACCP • OPR • HRFS • Renal Supportive Care
Numerator source	ABM Portal
Numerator availability	2017
Inclusions	N/A
Exclusions	N/A
Targets	N/A
Related Policies/ Programs	Better Value Care Initiative
Useable data available from	2017
Frequency of Reporting	3 monthly
Time lag to available data	TBA
Business owners	Agency for Clinical Innovation
Contact - Policy	Director, Agency for Clinical Innovation
Contact - Data	Director, Agency for Clinical Innovation
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN

Minimum size	1
Maximum size	3
Data domain	
Date effective	1 January 2018

Related National Indicator

INDICATOR: IM22-003	**Dental Procedure Access Performance:** Dental Patients Treated On Time (%)
Shortened Title	Dental Procedure Access Performance
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.0
Scope	All patients classified to a Dental Indicator Procedure Code (IPC) who are who are admitted and included in the NSW Ministry of Health Waiting Times Collection.
Goal	To ensure that dental patients requiring care to be provided in an operating theatre receive their dental care within the clinically recommended timeframe, in line with Elective Surgery Access Performance (KSA103a, b, c) in NSW public hospitals.
Desired outcome	Equitable treatment of dental patients requiring access to operating theatres and managed under elective surgery processes to minimise waiting times.
Primary point of collection	Waiting List/Booking Clerk: Receipt of inbound Recommendation for Admission Form (RFA) to a public hospital for patient registration on waiting list.
Data Collection Source/System	Patient Admission System (PAS)/ Waiting List
Primary data source for analysis	Wait List / Scheduling Data Stream (via EDWARD)
Indicator definition	The percentage (%) of dental patients (defined as patients with an Indicator Procedure Code of '156' or '172') on the NSW Ministry of Health Elective Surgery Waiting Times Collection who were admitted within the timeframe recommended for their clinical urgency/priority category.
Numerator	
Numerator definition	Total number of patients in the NSW Ministry of Health Elective Surgery Waiting Times Collection who: • Have an indicator procedure code (IPC) of '156' (Dental extractions) or '172' (Other dental procedures) And • have been admitted for treatment within the reporting period, (measured by removal from the waiting list with a status = 1,2,7,8) • For EDW, the equivalent removal status codes are where FACT_WL_BKG_CENSUS.WL_REMOVAL_REASON_CD='01.01' or '01.03' or '01.04' or '01.06' or '07.01' or '07.02' And • were admitted within the timeframe recommended for their clinical urgency/priority category, where waiting time is measured from the

	last assigned clinical urgency/priority category or any other previous equal to or higher clinical urgency/priority category. Note: Includes: Emergency admissions for their stated waitlist procedure
Numerator source	WLCOS/EDW
Numerator availability	Available Monthly
Denominator	
Denominator definition	The total number of patients in the NSW Ministry of Health Elective Surgery Waiting Times Collection with an indicator procedure code (IPC) of '156' or '172' who have been admitted for treatment within the reporting period.
Denominator source	WLCOS/EDW
Denominator availability	Available
Inclusions	Patients in the NSW Ministry of Health Elective Surgery Waiting Times Collection who have an IPC of '156' or '172' and who have been admitted for treatment, where the HIE reason for removal is: • 1 Routine admission • 2 Emergency Admissions, where the patient has surgery for the waitlisted procedure • 7 Admission contracted to another hospital, OR • 8 Admission contracted to a private hospital/day procedure centre For EDW, the WL_REMOVAL_REASON_CD is: • 01.01 Admitted Patient Service provided as planned at this facility • 01.03 Intervention / service provided as an emergency admission at this facility • 01.04 Treated during another planned or unrelated emergency admission at this hospital • 01.06 Service provided as non-admitted at this facility (originally intended to be admitted) • 07.01 Intervention / service provided elsewhere - contracted other NSW LHD / SHN • 07.02 Intervention / service provided elsewhere - contracted private sector
Exclusions	Patients with an IPC other than '156' or '172'.
Targets	• Category 1 Target (100.0%) • Category 2 Target (≥ 97.0%); Not performing: (< 93%); Underperforming: (≥ 93% and < 97%) • Category 3 Target (≥ 97.0%); Not performing: (< 95%); Underperforming: (≥ 95% and < 97%)
Context	To ensure equitable and timely access to theatre for dental care.

Related Policies/ Programs	Waiting Time and Elective Surgery policy 2012 Priority Oral Health Program and Waiting List Management policy 2017 Eligibility of Persons for Public Oral Health Care in NSW policy 2017 Operating Theatre Efficiency Guidelines: A guide to the efficient management of operating theatres in New South Wales hospitals
Useable data available from	July 2005
Frequency of Reporting	Monthly
Time lag to available data	Required by the 10th working day of each month
Business owners	
Contact - Policy	Executive Director, Centre for Oral Health Strategy
Contact - Data	Manager, Oral Health Information Systems / Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Data domain	
Date effective	1 July 2022
Related National Indicator	

INDICATOR: SSA102	**Emergency Treatment Performance -** Not Admitted
Shortened Title	Patients in ED <=4hrs – Not Admitted
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter.
Status	Final
Version number	4.5
Scope	All emergency presentations where treatment has been completed
Goal	To improve access to public hospital services
Desired outcome	• Improved patient satisfaction • Improved efficiency of Emergency Department services
Primary point of collection	Emergency Department Clerk
Data Collection Source/System	Emergency Department Data Collection
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS) CERTIFIED.v_FACT_ED_SE (or equivalent data source)

Indicator definition	The percentage of ED patients who were not subsequently admitted, whose clinical care in the ED has ceased as a result of their physically leaving the ED, or where clinical care has ceased as a result of their being ready for departure following discharge from the ED, and whose ED stay length is <= 4 hours.
	ED stay length is calculated as subtracting presentation date/time from ED physical departure date/time, where:
	• **Presentation date/time in the ED** is the time and date of the first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first (EDW: the earlier of CL_ARRIVAL_DTTM or SUB_EVNT_FIRST_TRIAGE_DTTM) and;
	• **Departure date/time** is measured using the following business rules:
	  • If the service episode is completed without the patient being admitted, and the patient is referred to another hospital for admission, then record the time the patient leaves the emergency department. For EDW, this corresponds to ED Separation Mode code '02.02' and is calculated using CL_DEPART_DTTM.
	  • If the service episode is completed without the patient being admitted, including where the patient is referred to another clinical location, then record the time the patient's emergency department non-admitted clinical care ended. For EDW, this corresponds to ED Separation Mode codes '02', '02.01' or '02.05' and is calculated

using the earlier of CL_DEPART_DTTM or SUB_EVNT_FIRST_PT_DEPART_READY_DTTM.

- If the patient did not wait, then record the time the patient leaves the emergency department or was first noticed as having left. For EDW, this corresponds to ED Separation Mode code '02.03' and is calculated using CL_DEPART_DTTM.
- If the patient leaves at their own risk, then record the time the patient leaves the emergency department or was first noticed as having left. For EDW, this corresponds to ED Separation Mode code '02.04' and is calculated using CL_DEPART_DTTM.
- If the patient died in the emergency department, then record the time the body was removed from the emergency department. For EDW, this corresponds to ED Separation Mode code '04' and is calculated using CL_DEPART_DTTM.
- If the patient was dead on arrival, then record the time the body was removed from the emergency department. If an emergency department physician certified the death of the patient outside the emergency department, then record the time the patient was certified dead. For EDW, this corresponds to ED Separation Mode code '03' and is calculated using CL_DEPART_DTTM.

NOTE: For the purposes of **this** Measure, an *ED presentation* is defined as the totality of an ED visit, from the time and date of the first recorded contact with an emergency department staff member to the point where the visit has concluded and the clinical care in the ED has ceased.

Numerator

Numerator definition	All patients, whose CL_DEPART_DTTM falls within the reporting period, and who have a length of stay from presentation time to actual departure time of less than or equal to 4 hours, and who **are not** admitted to a ward, to ICU or to theatre from ED.
Numerator source	EDW (Emergency Department Data Collection)
Numerator availability	Available

Denominator

Denominator definition	The total number of emergency department presentations who were not admitted to a ward, to ICU or to theatre from ED, where the CL_DEPART_DTTM falls within the reporting period.
Denominator source	EDW (Emergency Department Data Collection)
Denominator availability	Available

Inclusions

- All patients presenting to the emergency department at facilities that currently provide patient episode data to the non-admitted patients ED minimum data collection
- All patients that departed during the reporting period

	• Only records where "Presentation time" (i.e. triage or arrival time) and actual Departure date/time are present
Exclusions	• Records where total time in ED is missing, less than zero or greater than 99,998 minutes • ED_VIS_TYPE_CD of '12' or '13', i.e. Telehealth presentation, current admitted patient presentation • ED_SEPR_MODE_CD = '98' i.e. Registered in error • Duplicate with same facility, MRN, arrival date, arrival time and birth date (EDW: OSP_CBK, CL_ID, CL_ARRIVAL_DTTM and CL_DOB)
Targets	N/A
Context	Improved public patient access to emergency department (ED) services by improving efficiency and capacity in public hospitals
Related Policies/ Programs	• Intergovernmental Agreement on Federal Financial Relations • Whole of Health Program • Centre for Health Care Redesign
Useable data available from	July 1996
Frequency of Reporting	Monthly
Time lag to available data	Reporting required by the 10th day of each month; data available for previous month
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2012
Related National Indicators	National Healthcare Agreement: PI 21b-Waiting times for emergency hospital care: proportion of patients whose length of emergency department stay is less than or equal to four hours, 2020 Meteor ID: 716695 https://meteor.aihw.gov.au/content/index.phtml/itemId/716695

	National Health Performance Authority, Hospital Performance: Waiting times for emergency hospital care: Percentage completed within four hours, 2014 Meteor ID: 558277 (Retired 01/07/2016) http://meteor.aihw.gov.au/content/index.phtml/itemId/558277
Components	Meteor ID 746650 Non-admitted patient emergency department service episode—service episode length, total minutes NNNNN The amount of time, measured in minutes, between when a patient presents at an emergency department, and when the non-admitted emergency department service episode has concluded https://meteor.aihw.gov.au/content/index.phtml/itemId/746650 Meteor ID 746098 Emergency department stay—presentation time, hhmm The time of patient presentation at the emergency department is the time of first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first https://meteor.aihw.gov.au/content/746098

INDICATOR: SSQ108, SSQ109, SSQ110, SSQ111, MS2109, MS2110, MS2111, MS2112	**Unplanned hospital readmission rates for patients discharged following management of targeted conditions** (%) Percentage of unplanned and unexpected hospital readmissions to the same public hospital within 28 days for: • Acute Myocardial Infarction (*SSQ108*) • Heart Failure (*SSQ109*) • Knee and hip replacements (*SSQ110*) • Paediatric tonsillectomy and adenoidectomy (*SSQ111*) • Ischaemic stroke (*MS2109*) • Pneumonia (*MS2110*) • Hip fracture surgery *(MS2111*) • COPD (*MS2112*)
Shortened Title(s)	Unplanned Hospital Readmission – AMI Unplanned Hospital Readmission – Heart Failure Unplanned Hospital Readmission – Hip/Knee Replacement Unplanned Hospital Readmission – Paed Tonsilladenoidectomy Unplanned Hospital Readmission – Ischaemic Stroke Unplanned Hospital Readmission – Pneumonia Unplanned Hospital Readmission – Hip Fracture Surgery Unplanned Hospital Readmission – COPD
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter.
Status	Final
Version number	2.2
Scope	All admitted patient admissions to public facilities in peer groups A1 – C2.
Goal	To decrease the number of unplanned readmissions. Increase the focus on the safe transfer of care, coordinated care in the community and early intervention.
Desired outcome	Improved quality and safety of treatment, with reduced unplanned events.
Primary point of collection	Administrative and clinical patient data collected at admission and discharge.
Data Collection Source/System	Admitted Patient Data Collection, Hospital Patient Admission Systems (PAS).
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS) & HOIST

Indicator definition

Unplanned readmission of a patient within 28 days following discharge to the same facility following an initial admission for:

- Acute Myocardial Infarction
- Heart Failure
- Knee and hip replacements
- Paediatric tonsillectomy and adenoidectomy
- Ischaemic stroke
- Pneumonia
- Hip fracture surgery
- Chronic Obstructive Pulmonary Disease (COPD)

Numerator

Numerator definition

The total number of unplanned admissions for each targeted condition, reported separately, with admission date within reference period and patient previously discharged from same facility in previous 28 days.

SSQ108: Acute Myocardial Infarction

The separation is a readmission to the same facility following an initial separation where "Acute myocardial infarction" (ICD-10-AM codes I21.-) or "Unstable angina" (ICD-10-AM 10th edition code I20.0) is the principal diagnosis for both the original episode and the subsequent readmission. The readmission is the episode included in the numerator.

SSQ109: Heart Failure

The separation is a readmission to the same facility following an initial separation where "Heart failure" (ICD-10-AM 10th edition codes I50.-) is the principal diagnosis for both the initial episode and the subsequent readmission. The readmission is the episode included in the numerator.

SSQ110: Knee and hip replacements

- The separation is a readmission to the same facility following an initial separation in which one of the following ACHI 10th edition procedures was performed:
  - 49518-00 (Total arthroplasty of knee, unilateral)
  - 49519-00 (Total arthroplasty of knee, bilateral)
  - 49521-00 (Total arthroplasty of knee with bone graft to femur, unilateral)
  - 49521-01 (Total arthroplasty of knee with bone graft to femur, bilateral)
  - 49521-02 (Total arthroplasty of knee with bone graft to tibia, unilateral)
  - 49521-03 (Total arthroplasty of knee with bone graft to tibia, bilateral)
  - 49524-00 (Total arthroplasty of knee with bone graft to femur and tibia, unilateral)
  - 49524-01 (Total arthroplasty of knee with bone graft to femur and tibia, bilateral)
  - 49318-00 (Total arthroplasty of hip, unilateral)
  - 49319-00 (Total arthroplasty of hip, bilateral)
- A principal diagnosis for the readmission has one of the following ICD-10-AM 10th edition codes: T80–88, T98.3, E89.x,

G97.x, H59.x, H95.x, I97.x, J95.x, K91.x, M96.x or N99.x. Where a readmission has multiple episodes of care, the principal diagnosis criteria is limited to the first episode ONLY.
- This indicator is NOT limited to the principal procedure and includes all episodes where the procedure was present in the initial coded record.

SSQ111: Paediatric tonsillectomy and adenoidectomy

- The separation is a readmission to the same facility following an initial separation in which one of the following ACHI 10th edition procedures was performed:
  - 41789-00 (Tonsillectomy without adenoidectomy)
  - 41789-01 (Tonsillectomy with adenoidectomy)
  - 41801-00 (Adenoidectomy without tonsillectomy)
- A principal diagnosis for the readmission has one of the following ICD-10-AM 10th edition codes: T80–88, T98.3, E89, G97, H59, H95, I97, J95, K91, M96 or N99. Where a readmission has multiple episodes of care, the principal diagnosis criteria is limited to the first episode ONLY.
- This indicator is NOT limited to the principal procedure and includes all episodes where the procedure was present in the initial coded record.
- Paediatric is defined as <16 years of age at point of initial admission.

MS2109: Ischaemic stroke

The separation is a readmission to the same facility following an initial separation where "Cerebral infarction" (ICD-10-AM 10th edition codes I63.-) is the principal diagnosis for both the original episode and the subsequent readmission. The readmission is the episode included in the numerator.

MS2110: Pneumonia

The separation is a readmission to the same facility following an initial separation where the following ICD-10-AM 10th edition codes are the principal diagnosis for both the original episode and the subsequent readmission:

- Pneumonia due to *Streptococcus pneumonia* (J13)
- Pneumonia due to *Haemophilus influenzae* (J14)
- Bacterial pneumonia, not elsewhere classified (J15.-)
- Pneumonia due to other infectious organisms, not elsewhere classified (J16.-)
- Pneumonia, organism unspecified (J18.-)

The readmission is the episode included in the numerator.

MS2111: Hip fracture surgery

- The separation is a readmission to the same facility following an initial separation in which (i) one of the following ACHI 10th edition procedures was performed:
  - 47519-00 (1479) - Internal fixation of fracture of trochanteric or subcapital femur
  - 47522-00 (1489) - Hemiarthoplasty of femur

- 47528-01 (1486) - Open reduction of fracture of femur
- 47531-00 (1486) – Closed reduction of fracture of femur with internal fixation
- 49315-00 (1489) - Partial arthroplasty of hip
- *49318-00 (1489) -Total arthroplasty of hip
- *49319-00 (1489) - Total arthroplasty of hip, bilateral

- (ii) contains a principal diagnosis of "Hip fracture" ICD-10-AM 10th edition codes S72.0x, S72.1x or S72.2x)
- (iii) where External cause fall (W00-W19) or Tendency to fall (R29.6) are present.
- **NOTE:** procedures flagged with an * above are only included if combined with one of the following Australian Diagnostic Related Groups (AR_DRGs): 'I03B', 'I08B', 'I78B', 'I08A', 'I03A', 'I78A', 'I73A', 'Z63A'.
- A principal diagnosis for the readmission has one of the following ICD-10-AM 10th edition codes: T80–88, T93.1, T98.3, E89.x, G97.x, H59.x, H95.x, I97.x, J95.x, K91.x, M96.x or N99.x. Where a readmission has multiple episodes of care, the principal diagnosis criteria is limited to the first episode ONLY.

This indicator is NOT limited to the principal procedure and includes all episodes where the procedure was present in the initial coded record.

MS2112: COPD

The separation is a readmission to the same facility following an initial separation where "Other chronic obstructive pulmonary disease" (ICD-10-AM 10th edition codes J44.-) is the principal diagnosis for both the original episode and the subsequent readmission. The readmission is the episode included in the numerator.

For all measures:

- Unplanned is defined as FORMAL_ADMIT_URGN_CD = '1'.
- A readmission is defined as an admission with a FORMAL_ADMIT_DTTM within 28 days of the FORMAL_DISCH_DTTM of a previous AP service encounter for the same patient at the same facility (identified by OSP_CBK and CL_ID).

Numerator source	EDW
Numerator availability	• EDW Available daily • HOIST depends on refresh frequency

Denominator

Denominator definition	The total number of admissions for each targeted condition, reported separately, with admission dates within reference period. **SSQ108 - Acute Myocardial Infarction:** The total number of separations where "Acute myocardial infarction" (ICD-10-AM 10th edition codes I21.-) or "Unstable angina" (ICD-10-AM 10th edition code I20.0) are the principal diagnosis. Note: the readmission episode that is included in the numerator is also included in the denominator.

SSQ109 - Heart Failure: The total number of separations where "Heart failure" (ICD-10-AM 10th edition codes I50.-) is the principal diagnosis. Note: the readmission episode that is included in the numerator is also included in the denominator.

SSQ110 - Knee and hip replacements: The total number of separations where one of the following ACHI 10th edition procedures was performed:

- 49518-00 (Total arthroplasty of knee, unilateral)
- 49519-00 (Total arthroplasty of knee, bilateral)
- 49521-00 (Total arthroplasty of knee with bone graft to femur, unilateral)
- 49521-01 (Total arthroplasty of knee with bone graft to femur, bilateral)
- 49521-02 (Total arthroplasty of knee with bone graft to tibia, unilateral)
- 49521-03 (Total arthroplasty of knee with bone graft to tibia, bilateral)
- 49524-00 (Total arthroplasty of knee with bone graft to femur and tibia, unilateral)
- 49524-01 (Total arthroplasty of knee with bone graft to femur and tibia, bilateral)
- 49318-00 (Total arthroplasty of hip, unilateral)
- 49319-00 (Total arthroplasty of hip, bilateral)

SSQ111 - Paediatric tonsillectomy and adenoidectomy: The total number of separations for patients aged <16 years of age on admission where one of the following ACHI 10th edition procedures was performed:

- 41789-00 (Tonsillectomy without adenoidectomy)
- 41789-01 (Tonsillectomy with adenoidectomy)
- 41801-00 (Adenoidectomy without tonsillectomy)

MS2109: Ischaemic stroke

The total number of separations where "Cerebral infarction" (ICD-10-AM 10th edition codes I63.-) is the principal diagnosis. Note: the readmission episode that is included in the numerator is also included in the denominator.

MS2110: Pneumonia

The total number of separations where the following ICD-10-AM 10th edition codes are the principal diagnosis:

- Pneumonia due to *Streptococcus pneumonia* (J13)
- Pneumonia due to *Haemophilus influenzae* (J14)
- Bacterial pneumonia, not elsewhere classified (J15.-)
- Pneumonia due to other infectious organisms, not elsewhere classified (J16.-)
- Pneumonia, organism unspecified (J18.-)

Note: the readmission episode that is included in the numerator is also included in the denominator.

MS2111: Hip fracture surgery

- The total number of separations where (i) one of the following ACHI 10th edition procedures was performed:

	○ 47519-00 (1479) - Internal fixation of fracture of trochanteric or subcapital femur ○ 47522-00 (1489) - Hemiarthoplasty of femur ○ 47528-01 (1486) - Open reduction of fracture of femur ○ 47531-00 (1486) – Closed reduction of fracture of femur with internal fixation ○ 49315-00 (1489) - Partial arthroplasty of hip ○ *49318-00 (1489) -Total arthroplasty of hip ○ *49319-00 (1489) - Total arthroplasty of hip, bilateral • (ii) contains a principal diagnosis of "Hip fracture" (ICD-10-AM 10th edition codes S72.0x, S72.1x or S72.2x) • (iii) where External cause fall (W00-W19) or Tendency to fall (R29.6) are present. • **NOTE:** procedures flagged with an * above are only included if combined with one of the following Australian Diagnostic Related Groups (AR_DRGs): 'I03B', 'I08B', 'I78B', 'I08A', 'I03A', 'I78A', 'I73A', 'Z63A'. **MS2112: COPD** The total number of separations where "Other chronic obstructive pulmonary disease" (ICD-10-AM 10th edition codes J44.-) is the principal diagnosis. Note: the readmission episode that is included in the numerator is also included in the denominator.
Denominator source	EDW
Denominator availability	• EDW Available daily • HOIST depends on refresh frequency
Inclusions	N/A
Exclusions	Facilities in peer groups below C2.
Targets	Reduction on previous year.
Context	Facilities with a low readmission rate may be able to demonstrate good patient management practices and post-discharge care; facilities with a high readmission rate may indicate a problem with a clinical care pathway
Related Policies/ Programs	
Useable data available from	2001/02
Frequency of Reporting	Monthly
Time lag to available data	• EDW Available daily • Availability depends on HOIST refresh frequency
Business owners	
Contact - Policy	Director, Clinical Excellence Commission
Contact - Data	Executive Director, System Information and Analytics

Representation

Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N%
Minimum size	4
Maximum size	6
Data domain	N/A
Date effective	1 July 2014
Related National Indicator	National Healthcare Agreement: PI 23-Unplanned hospital readmission rates, 2020. Meteor ID: 716786 https://meteor.aihw.gov.au/content/index.phtml/itemId/716786 Person—reason for readmission following acute coronary syndrome episode, code N[N] Meteor ID: 359404

INDICATOR: KSA201	**Emergency Department Extended Stays:** Presentations staying in ED > 24 hours (number)
Shortened Title	ED Extended Stays > 24 hrs
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter.
Status	Final
Version number	2.7
Scope	All Emergency Department patients
Goal	To improve access to services within the Emergency Departments and other admitted patient areas
Desired outcome	• Improve the patient satisfaction and availability of services with reduced length of stay and waiting time for services within the Emergency Department • Improve the access to inpatient services for patients admitted via the Emergency Department
Primary point of collection	Emergency Department Clerk
Data Collection Source/System	Emergency Department Data Collection
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS) EDW (FACT_ED_SE)
Indicator definition	The number of presentations where the total time spent in ED was longer than 24 hours, measured from presentation time to departure time where: • **Presentation time in the ED** is the triage time ((SUB_EVNT_FIRST_TRIAGE_DTTM). If the triage time is missing it is the arrival time (CL_ARRIVAL_DTTM) and • **Departure time** is the earliest of departure ready date/time ((SUB_EVNT_FIRST_PT_DEPART_READY_DTTM) or actual departure date/time (CL_DEPART_DTTM) for non-admitted patients with a mode of separation (ED_SEPR_MODE_CD) = '02', '02.01' or '02.05'); otherwise it is the actual departure date/time (CL_DEPART_DTTM). **NOTE:** For the purposes of **this** Measure, an *ED presentation* is defined as the totality of an ED visit, from the date and time of Triage (or arrival time if missing) to the point where the visit has concluded and the clinical care in the ED has ceased.
Numerator	

Numerator definition	The number of presentations in the Emergency Department where total time spent in the ED > 24 hours, where the CL_DEPART_DTTM falls within the reporting period.
Numerator source	EDW (Emergency Department Data Collection)
Numerator availability	Available
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	Emergency visit type (ED_VIS_TYPE_CD) = '01', '03' or '11'
Exclusions	• Records where total time in ED is missing, less than zero or greater than 99,998 minutes • Separation mode (ED_SEPR_MODE_CD) = '02.03', '02.04', '03' or '98'; i.e. DNW, Left at own risk, DoA and Registered in error • Duplicate with same facility, MRN, arrival date, arrival time and birth date (EDW: OSP_CBK, CL_ID, CL_ARRIVAL_DTTM and CL_DOB)
Targets	Target: 0 (zero / nil) presentations during a month • Not performing: > 5 presentations during a month • Under performing: Between 1 and 5 presentations during a month.
Context	Timely admission to a hospital bed, for those emergency department patients who require inpatient treatment, contributes to patient comfort and improves outcomes and the availability of Emergency Department services for other patients.
Related Policies/ Programs	Whole of Health Program
Useable data available from	July 2001
Frequency of Reporting	Monthly/Weekly
Time lag to available data	Reporting required by the 10th day of each month; data available for previous month
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number

Representational layout	NNNNNN
Minimum size	3
Maximum size	6
Data domain	
Date effective	

Related National Indicators

Components	Meteor ID 746650 Non-admitted patient emergency department service episode—service episode length, total minutes NNNNN The amount of time, measured in minutes, between when a patient presents at an emergency department, and when the non-admitted emergency department service episode has concluded https://meteor.aihw.gov.au/content/index.phtml/itemId/746650 Meteor ID 746098 Emergency department stay—presentation time, hhmm The time of patient presentation at the emergency department is the time of first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first https://meteor.aihw.gov.au/content/index.phtml/itemId/746098

INDICATOR: SSQ121	**Mental Health: Outcome Readiness – HoNOS Completion Rates (%)** The proportion of mental health episodes with completed HoNOS outcome measures, stratified by service setting (community, acute inpatient).
Shortened Title	Outcome Readiness – HoNOS Completion Rates
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.4
Scope	All acute inpatient episodes of care: • Separated from an acute MH inpatient unit and • with length of stay > 3 days and • with a NSW Health Enterprise Unique Person Identifier (EUID All ambulatory statistical episodes of care within an LHD (where the statistical episode is a fixed three-month calendar quarter: Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec): • with 2 or more treatment days in which the client was present (Client Present Status = Yes) for at least one contact and • with an EUID.
Goal	To increase the proportion of mental health episodes which have a Health of the Nation Outcome Scale (HoNOS) measure completed and available to inform clinical care and service management. Reasonable performance is required on this indicator before the HoNOS measure can reliably be used as a measure of change in clinical outcomes.
Desired outcome	Improved quality and capability of a service in recording a consumer's progress to improved mental health and well-being.
Primary point of collection	Clinical staff at designated facilities with inpatient mental health unit/beds, psychiatric hospitals and outpatient and community mental health teams/services.
Data Collection Source/System	Inpatient data; Patient Administration Systems, Community data: MHOAT and CHAMB collections Outcome data: MHOAT collection
Primary data source for analysis	Inpatient data: Admitted Patient Data Collection – Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS) Community data: Community Mental Health Data Collection (CH-AMB) – EDW LRS Outcomes data: Mental Health Outcomes and Assessment Tools (MH-OAT) Data Collection – EDW LRS

Indicator definition	Percentage of mental health episodes within an LHD/SHN, reported separately for acute inpatient and ambulatory settings, with completed HoNOS measures NSW indicator value = $\frac{\sum_{LHD} \text{Episodes of care with completed HoNOS}}{\sum_{LHD} \text{Total episodes of care}}$
Numerator	
Numerator definition	Numerator: Acute inpatient episodes of care • Completed valid HoNOS. • HoNOS collection date must be within the inpatient episode start date and end date, where the separation date is within the reporting period. • MH service setting for HoNOS must be inpatient. • LHD/SHN completing the HoNOS must be the same as the LHD/ SHN providing the acute inpatient episode. Numerator: Ambulatory episodes of care • Completed valid HoNOS. • HoNOS collection date between quarter start and end dates. • MH service setting for HoNOS must be ambulatory. • LHD/SHN completing the HoNOS must be the same as the LHD/SHN providing the service contacts. **Note:** Health of the Nation Outcome Scales (HoNOS) family includes HoNOS, HoNOS 65+ and HoNOS Children and Adolescents (HoNOSCA). A completed valid HoNOS is defined as having at least 10 of the 12 items having valid clinical ratings (0 to 4) for HoNOS/65+ or 11 of the first 13 items with valid clinical ratings (0 to 4) for HoNOSCA.
Numerator source	Admitted Patient Data Collection and Community Mental Health Data Collection in EDW linked to MH-OAT Data Collection in EDW via EUID.
Numerator availability	Availability is determined by the EDWARD load and refresh schedule
Denominator	
Denominator definition	Acute mental health inpatient episodes of care which end by separation within the reporting period. Ambulatory mental health episodes of care. **Note**: mental health separations are selected from NSW EDW Health Service Ward tables where the ward identifier = designated MH unit from HERO.
Denominator source	Admitted Patient Data Collection and Community Mental Health Data Collection (CH-AMB) – EDW LRS.
Denominator availability	Availability is determined by the EDWARD load and refresh schedule

Inclusions	Inpatient episodes of care: • Separations from any acute MH inpatient unit in reporting period • Length of stay > 3 days • Must have an inpatient EUID. Ambulatory episodes of care • Ambulatory statistical episode is a fixed three-month period: Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec, i.e. standard calendar quarters. • A person has an ambulatory episode of care if they were seen with 2 or more treatment days by an LHD/SHN within a statistical episode. • A treatment day is any day on which 1 or more community contacts (with Client Present Status = Yes) are recorded for a registered client. NB Client Present Status measures client participation in the contact (Yes = face-to-face, by phone, telemedicine etc.). • Must have an ambulatory EUID.
Exclusions	• Acute admitted patient service events (SE_TYPE_CD = '2') ending in death. • Consultation and liaison, i.e. ambulatory activity with service recipient type = 2 (inpatient) are not counted towards a treatment day. • Assessment only episodes, i.e. one treatment day episodes in ambulatory services or acute inpatient episodes with LOS ≤ 3 days. • Episodes or activity with no EUID. • Incomplete/Not valid HoNOS. • Community based residential services.
Targets	80%
Related Policies/ Programs	Mental Health Outcomes and Assessment Tools (MHOAT) Collection and Reporting Requirements (PD2024_031) https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2024_031
Useable data available from	Data available in EDW from 2021
Frequency of Reporting	Monthly
Time lag to available data	Time lags are determined by data loading schedules which can vary by LHD/SHN
Business owners	System Information and Analytics Branch, Ministry of Health
Contact - Policy	Executive Director, Mental Health Branch
Contact - Data	Director, InforMH, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN%

Minimum size	3
Maximum size	6
Data domain	
Date effective	2015
Related National Indicator	Previous: KPIs for Australian Public Mental Health Services: PI 14J – Outcomes readiness, 2017. Note: removed from the national indicator set in 2017 https://meteor.aihw.gov.au/content/783631 https://meteor.aihw.gov.au/content/784445/download/pdf

INDICATOR: MS3204	**Mental Health Line Call Abandonment** (%)
Shortened Title	Mental Health Line Call Abandonment
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.2
Scope	All calls received by the Mental Health Line
Goal	To improve service delivery for the Mental Health Line
Desired outcome	Not more than 5% of calls are abandoned after a call is transferred to the LHD system and before answered by an operator.
Primary point of collection	Manual collection from LHDs/SHNs
Data Collection Source/System	LHDs/SHNs provide data monthly
Primary data source for analysis	
Indicator definition	The percentage of calls transferred to the LHD/SHN system that are abandoned after the caller has waited 60 seconds from the end of the announcement message.
Numerator	
Numerator definition	The number of calls abandoned at least 60 seconds after the end of the announcement message and before answered by an operator.
Numerator source	Manual collection from LHDs/SHNs
Numerator availability	Monthly
Denominator	
Denominator definition	The number of calls waiting from the end of the announcement message.
Denominator source	Manual collection from LHDs/SHNs
Denominator availability	Monthly
Inclusions	Any call abandoned within sixty seconds after the end of the LHD announcement.
Exclusions	Any call abandoned after the call is answered by an operator.
Targets	<5%
Related Policies/ Programs	

Useable data available from	April 2022
Frequency of Reporting	Quarterly
Time lag to available data	
Business owners	Mental Health Branch
Contact - Policy	Executive Director, Mental Health Branch
Contact - Data	Director, InforMH, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NNN%
Minimum size	1
Maximum size	3
Data domain	
Date effective	1 July 2018
Related National Indicator	

INDICATOR: KS3201	**Mental Health: Pathways to Community Living – Long stay consumers (Number)** Mental Health: Pathways to Community Living – People Transitioned to the Community (Number)
Shortened Title	PCLI Long stay consumers
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.5
Scope	Mental health public hospital services
Goal	To ensure continued progress on the Pathways to Community Living (PCLI) initiative, which will ultimately lead to people living in appropriate community settings
Desired outcome	Fewer mental health consumers with a length of stay greater than 365 days.
Primary point of collection	Administrative and clinical staff in NSW public hospitals (including stand-alone psychiatric hospitals) with mental health units/beds
Data Collection Source/System	Inpatient data: Patient Administration Systems.
Primary data source for analysis	Inpatient data from Admitted Patient Data Collection – Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	The total number of mental health consumers with a length of stay of 365 days or longer.
Numerator	
Numerator definition	The total number of people: • Aged 18 or over • Admitted to a mental health inpatient unit or facility (including stand-alone psychiatric hospitals); and • With a length of stay of 365 days or longer • On the last day of the reporting period; and Reported separately for acute and non-acute settings.
Numerator source	Admitted Patient Data Collection (NSW EDW).
Numerator availability	Quarterly extraction from Admitted Patient Data Collection
Denominator	
Denominator definition	N/A
Denominator source	N/A

Denominator availability	N/A
Inclusions	• Consumers who have had an uninterrupted stay at the hospital/facility of more than 365 days, since the day of admission. • Consumers aged 18 years and over
Exclusions	• Sydney Children's Hospital Network and Justice Health and Forensic Mental Health Network • Consumers occupying Forensic Health Network beds • Consumers with a possible duplicate record for the person in a leave or discharge table in the EDW (sometimes known as 'orphan records') • Consumers with more than 364 days of leave in the previous 365 days (people not discharged but on leave) • Consumers who have had a discharge from a facility and been readmitted to the same facility, or been transferred to a new facility
Targets	N/A
Context	
Related Policies/ Programs	• Pathways to Community Living Initiative https://www.health.nsw.gov.au/mentalhealth/Pages/services-pathways-community-living.aspx
Useable data available from	EDW data available July 2021
Frequency of Reporting	Quarterly
Time lag to available data	Time lags are determined by data loading schedules which can vary by LHD/SHN
Business owners	Executive Director, System Information and Analytics Branch
Contact - Policy	Executive Director, Mental Health Branch
Contact - Data	Director, InforMH, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number
Representational layout	N{NNN}
Minimum size	1
Maximum size	4
Data domain	
Date effective	2020
Related National Indicator	N/A

INDICATOR: PH-007A, PH-007B	**Organ and Tissue Donation:** • Family discussed (%) (PH-007A) • Family consented (%) (PH-007B)
Shortened Title(s)	Organ and Tissue Donation – Discussed Organ and Tissue Donation – Consented
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.11
Scope	NSW Hospitals within the DonateLife Network (employ DonateLife donation specialist staff).
Goal	Monitor the percentage of families of potential organ donors with whom organ donation for transplantation was discussed and who agreed to organ donation for transplantation.
Desired outcome	Increase the percentage of families of potential organ donors with whom organ donation for transplantation was discussed and who agreed to organ donation for transplantation.
Primary point of collection	Medical Records / PAS reviewed by DonateLife Auditor
Data Collection Source/System	DonateLife Audit Tool
Primary data source for analysis	DonateLife Audit
Indicator definition	**PH-007A** - The percentage of families of potential organ donors with whom organ donation for transplantation was discussed, following an Australian Organ Donor Register check, whether raised by staff or the family or the patient's wishes were otherwise determined. **PH-007B** – The percentage of families of potential organ donors who consented to organ donation for transplantation. This includes where a decision was registered on the Australian Organ Donor Register and a Designated Officer has approved donation where the potential donor had no contactable family. **Potential Organ Donor** – A potential organ donor is a patient who is medically suitable to donate organs for transplantation and has the potential to do so through Donation after neurological determination of death (DNDD) or Donation after Circulatory Death (DCD). **Neurological determination of death (NDD)** - Death determined to have occurred on the basis of the absence of brain function.
Numerator	
Numerator definition	**PH-007A** – The total number of families of potential organ donors with whom organ donation for transplantation was discussed, following an Australian

	Organ Donor Register check, whether raised by staff or the family or the patient's wishes were otherwise determined. **PH-007B** – The total number of families of potential organ donors who consented to organ donation for transplantation. This includes where a Designated Officer has approved donation where a decision was registered on the Australian Organ Donor Register and the potential donor had no contactable family.
Numerator source	DonateLife Audit
Numerator availability	Available from the NSW Organ and Tissue Donation Service
Denominator	
Denominator definition	**PH-007A** and **PH-007B** – The total number of potential organ donors.
Denominator source	DonateLife Audit
Denominator availability	Available from the NSW Organ and Tissue Donation Service
Inclusions	All potential DNDD and DCD organ donors.
Exclusions	Eye and tissue donation.
Targets	**PH-007A** – 100% **PH-007B** – 75%
Context	Increasing Organ Donation in NSW Government Plan 2012
Related Policies/ Programs	N/A
Useable data available from	July 2015
Frequency of Reporting	Hospital specific outcomes are reported to the hospital executive/leadership/organ and tissue donation teams on a quarterly basis.
Time lag to available data	Two months after the end of each quarter.
Business owners	
Contact - Policy	Chief Health Officer's Strategic Programs Branch
Contact - Data	NSW Organ and Tissue Donation Service
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	N{NN}
Minimum size	1
Maximum size	3

Data domain	N/A
Date effective	July 2015

Related National Indicators

INDICATOR: SURG-001	**Removals from the Planned (Elective) Surgery Waiting List Following Admission or Treatment (Number)**
Shortened Title	Admissions from Planned (Elective) Surgery Waiting List
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	2.3
Scope	All planned (elective) surgery
Goal	Greater certainty concerning the amount of activity to be performed in a year.
Desired outcome	To ensure that appropriate volume of planned (Elective) surgery is provided.
Primary point of collection	Patient Medical Record
Data Collection Source/System	Hospital PAS systems, Admitted Patient Data Collection,
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	Total number of surgical patients in the NSW Ministry of Health Waiting Times Data Collection who have been removed from the Wait List following treatment within the reporting period.
Numerator	
Numerator definition	Total number of surgical patients in the NSW Ministry of Health Waiting Times Data Collection who have been treated within the reporting period.
Numerator source	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Numerator availability	Monthly.
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	WL_REMOVAL_REASON_CD is: • 01 Service provided at this facility, not further defined • 01.01 Admitted Patient Service provided as planned at this facility • 01.02 Non-admitted Patient Service provided as planned at this facility

	• 01.03 Intervention / service provided as an emergency admission at this facility • 01.05 Treated by another non-admitted patient service unit at this hospital • 01.06 Service provided as non-admitted at this facility (originally intended to be admitted) • 01.07 Intervention / service provided during a related ED presentation at this facility • 01.08 Intervention / service provided during an unrelated ED presentation at this facility • 01.09 Intervention / service provided during unrelated non-admitted patient service at this facility • 07.01 EXPIRED: Intervention / service provided elsewhere - contracted other NSW LHD / SHN *(for Timeseries analysis only)* • 07.02 Intervention / service provided elsewhere - contracted private sector
Exclusions	• Patients whose Waiting List Category is not 'Elective Surgery' (EDW: IPC_IS_ELECTIVE_SURGERY_FLAG<> 'Y'). • Justice Health / Forensic Mental Health Network facilities • Removals from the wait list where no service was provided (e.g., patients no longer requiring service, could not be contacted, surgery cancelled, treated elsewhere (but not related to the hospital booking).
Targets	N/A
Related Policies/ Programs	
Useable data available from	2001
Frequency of Reporting	Monthly
Time lag to available data	6 – 7 weeks
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN{NNNN}
Minimum size	3
Maximum size	7
Data domain	

Date effective	July 2013
Related National Indicator	N/A

INDICATOR: MS2402	**Median Waiting Time for Planned (Elective) Surgery** (Days)
Shortened Title	Median Waiting Time for Planned (Elective) Surgery
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.4
Scope	All planned (elective) surgery patients treated and included in the NSW Health Waiting Times Data Collection
Goal	The goal is to facilitate monitoring and management of waitlist to ensure that planned (elective) surgical patients receive their surgery within the clinically recommended timeframe in NSW public hospitals. The desired outcome is better management of waiting lists to minimise waiting time for elective surgery.
Desired outcome	To ensure timely provision of planned (elective) surgery is undertaken. To achieve greater accountability for management of resources and performance.
Primary point of collection	Waiting List/Booking Clerk: Receipt of Recommendation for Admission Form (RFA) to a public hospital for patient registration on the waiting list.
Data Collection Source/System	Patient Admission System (PAS)
Primary data source for analysis	Wait List/Scheduling Data Stream (via EDWARD).
Indicator definition	The median time elapsed (in days) for all patients on the planned (elective) surgery waiting list treated during the reporting period, where the waiting time is calculated from the date patients were added to the waiting list for the procedure to the date they were removed from the waiting list.
Numerator	The median time elapsed (in days) for all patients on the planned (elective) surgery waiting list where the waiting time is calculated from the date patients were added to the waiting list for the procedure to the date they were removed from the waiting list, reported by clinical urgency category/priority, excluding: • any days where the patient was not ready for care and • any days the patients were waiting with a less urgent clinical urgency category than their clinical urgency category at removal. Computation: n (number of observations) x p (percentile value divided by 100) = i (integer) + f (fractional part of n x p) • If n x p is an integer, then the percentile value will correspond to the average of the values for the ith and (i+1)th observations.

- If n x p is not an integer, then the percentile value will correspond to the value for the (i+1)th observation.
- For example, if there were 100 hospital separations, the median will correspond to the average time for the 50th and 51st observations. If there were 101 observations, the median will correspond to the time for the 51st observation.

Where:

Median waiting times are rounded to the nearest whole day.

Waiting times are calculated for patients whose reason for removal was:

For clinical urgency categories:

1. Admitted/treated as a planned (elective) patient for awaited procedure by or on behalf of this hospital or the state/territory, or
2. Admitted/treated as emergency patient for awaited procedure by or on behalf of this hospital or the state/territory.

For the purposes of reporting by urgency category, patients are reported as the final urgency category they possessed when treated.

Numerator definition

Total number of planned (elective) surgery patients in the NSW Health Waiting Times Data Collection who have been treated within the reporting period (measured by removal from the waiting list removal with a FACT_WL_BKG_CENSUS.WL_REMOVAL_REASON_CD = '01', '01.01', '01.02', '01.03', '01.05', '01.06', '01.07', '01.08', '01.09', '07.01' or '07.02'':

- 01 Service provided at this facility, not further defined
- 01.01 Admitted Patient Service provided as planned at this facility
- 01.02 Non-admitted Patient Service provided as planned at this facility
- 01.03 Intervention / service provided as an emergency admission at this facility
- 01.05 Treated by another non-admitted patient service unit at this hospital
- 01.06 Service provided as non-admitted at this facility (originally intended to be admitted)
- 01.07 Intervention / service provided during a related ED presentation at this facility
- 01.08 Intervention / service provided during an unrelated ED presentation at this facility
- 01.09 Intervention / service provided during unrelated non-admitted patient service at this facility
- 07.01 EXPIRED: Intervention / service provided elsewhere - contracted other NSW LHD / SHN *(for Timeseries analysis only)*
- 07.02 Intervention / service provided elsewhere - contracted private sector

The list of IPCs that are in-scope of this KPI may be found here:

http://hird.health.nsw.gov.au/hird/view_domain_values_list.cfm?ItemID=49213

In EDWARD LRS the inclusions are indicated in the following view

	[LRS_MOH].[CERTIFIED].[v_DIM_INDICATOR_PROCEDURE] • where [DIM_LOGICAL_DELETE_FLAG] = '0' • and [DIM_CURRENT_INDICATOR_FLAG] = '1' • and [INDICATOR_PROCEDURE_KPI_INCLUSION_START_DATE] and [INDICATOR_PROCEDURE_KPI_INCLUSION_END_DATE] are within the reporting period • and IPC_IS_ELECTIVE_SURGERY_FLAG = 'Y'
Numerator source	Median Waiting Time for Planned (Elective) Surgery
Numerator availability	Monthly
Denominator	
Denominator definition	Final
Denominator source	1.4
Denominator availability	Monthly
Inclusions	Planned (elective) surgery patients in the NSW Health Waiting Times Data Collection who have been treated within the reporting period (measured by removal from the waiting list removal with a FACT_WL_BKG_CENSUS.WL_REMOVAL_REASON_CD = '01', '01.01', '01.02', '01.03', '01.05', '01.06', '01.07', '01.08', '01.09', '07.01' or '07.02'

Exclusions	The calculation of waiting time excludes:
	• All days the patient was waiting with a less urgent planned (elective) surgery urgency category than their urgency category when removed from the list.
	• All days when the patient was Not Ready for Care
	• When a patient's urgency category changes, existing NMDS business rules will apply
	• All patients who:
	  ○ Were transferred to another hospital's elective surgery waiting list
	  ○ Were treated elsewhere but not on behalf of the hospital
	  ○ Were not contactable for booking the surgery or at booked time of surgery
	  ○ Died prior to receiving their surgery
	  ○ Declined surgery.
	Patients whose Waiting List Category is not 'Planned (Elective) Surgery'

Data source	EDWARD
Data availability	Available monthly
Targets	N/A

Context	Note: Calculation in EDWARD will vary from those in WLCOS. WLCOS only receives the last three clinical priority/category changes in addition to last assigned category. In the EDWARD environment all category changes for a booking will be available. So, while the same calculation method will apply the results from the two systems may differ.
Related Policies/ Programs	2012PD2022-001 – Elective Surgery Access Policy Agency for Clinical Innovation: Surgery, Anaesthesia and Critical Care Portfolio Operating Theatre Efficiency Guidelines: A guide to the efficient management of operating theatres in New South Wales hospitals http://www.aci.health.nsw.gov.au/resources/surgical-services/efficiency/theatre-efficiency
Useable data available from	July 2005
Frequency of Reporting	Monthly
Time lag to available data	Reporting required by the 10th working day of each month, data available for previous month.
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number
Representational layout	NNNN
Minimum size	1 4
Maximum size	Numeric
Data domain	
Date effective	
Related National Indicator	

INDICATOR: IM22-006	**Mental Health New Clients (Rate per 1,000 populations)** • Mental Health New Clients per 1,000 population (All) • Mental Health New Clients per 1,000 population (Aboriginal)
Shortened Title	Mental Health New Clients
Service Agreement Type	Improvement measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.2
Scope	NSW public specialised community mental health services.
Goal	To improve access into public mental health services by persons requiring care
Desired outcome	
Primary point of collection	Community PAS System
Data Collection Source/System	Mental Health Community Data Collection
Primary data source for analysis	CHAMB / Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	The rate of new clients under the care of a NSW specialised mental health service, disaggregated by Aboriginality.
Numerator	
Numerator definition	Number of new consumers who received services from a NSW public specialised mental health service within the reference period. A new consumer is defined as a person who has not been seen in the 5 years preceding the first contact with a NSW public specialised mental health service in the reference period. This 5 year period is calculated as the 5 years preceding the date of first contact rather than on a calendar or financial year basis. For NSW, unique consumers are identified via the EUID (EDW).
Numerator source	EDW
Numerator availability	Yearly
Denominator	
Denominator definition	The latest available population numbers during the reporting reference period.

Denominator source	ABS
Denominator availability	According to latest release
Inclusions	
Exclusions	Mental health clients for which a unique person identifier was not recorded.
Targets	N/A
Related Policies/ Programs	
Useable data available from	July 2016
Frequency of Reporting	Yearly
Time lag to available data	According to latest release of population data
Business owners	Executive Director, System Information and Analytics Branch
Contact - Policy	Executive Director, Mental Health Branch
Contact - Data	Director, InforMH, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, expressed as a rate
Representational layout	N{NN}
Minimum size	1
Maximum size	3
Data domain	
Date effective	1 July 2022
Related National Indicator	KPIs for Australian Mental Health Services: PI 09J – Mental health new client index, 2025 Meteor ID: 784441 https://meteor.aihw.gov.au/content/784441

STRATEGIC HEALTH OUTCOME 2 IMs: Safe care is delivered across all settings

INDICATOR: IM2401	**Hospital Access Target – Discharged from ED within 4 Hours Mental Health or Self-Harm Related Presentations**
Shortened Title	HAT – Discharged – MH or Self-harm
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter.
Status	Final
Version number	1.1
Scope	All mental health or self-harm related emergency department presentations for patients who have left the ED without being admitted or transferred to other hospitals, with ED departure date/ time in the reporting period.
Goal	To improve timeliness of public hospital services for people presenting with mental health conditions or self-harm
Desired outcome	• Improve patient satisfaction • Improve efficiency of Emergency Department services
Primary point of collection	Emergency Department Information System
Data Collection Source/System	Emergency Department Data Collection
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS) (CERTIFIED.v_FACT_ED_SE or equivalent data source)
Indicator definition	The percentage of in-scope presentations, who were not admitted to a ward of the hospital (including an EDSSU or PECC), were not transferred to another hospital and who departed the ED, whose ED length of stay is <= 4 hours. Discharging from ED is identified using the ED mode of separation codes (ED_SEPARATION_MODE_CD): 01.01- Expired: formally admitted and discharged within emergency department 02- Departed, not further defined 02.01 – Departed, treatment completed 02.03 – Departed, did not wait 02.04 – Departed, left at own risk 02.05 – Departed, for other clinical service location 03- Dead on both arrival and departure

	04- Dead in emergency department ED length of stay is calculated as subtracting presentation date/time from ED departure ready date/time, where: • **Presentation date/time in the ED** is the time and date of the first recorded contact with an emergency department staff member. (EDW: the earlier of CL_ARRIVAL_DTTM or SUB_EVNT_FIRST_TRIAGE_DTTM) • **Departure date/time** is the earlier of departure ready date/time (SUB_EVNT_FIRST_PT_DEPART_READY_DTTM) and the actual departure date/time (CL_DEPART_DTTM)
Numerator	
Numerator definition	All in-scope presentations whose CL_DEPART_DTTM falls within the reporting period, and who have a length of stay from presentation time to departure ready time of less than or equal to 4 hours, and who **are not** admitted to a ward, to ICU or to theatre from ED, or transferred to another hospital..
Numerator source	EDWARD (Emergency Department Data Collection)
Numerator availability	Availability is determined by the EDWARD load and refresh schedule
Denominator	
Denominator definition	The total number of mental health or self-harm related emergency department presentations who were not admitted to the hospital from ED or transferred to another hospital where the CL_DEPART_DTTM falls within the reporting period. Mental-health or self-harm related presentations are defined as presentations with one or more of - ICD-10 diagnosis codes for a primary or additional mental health condition - ICD-10 diagnosis codes for self-harm or suicidal ideation - Derived Presenting problem text indicating self-harm or suicidal ideation Details of the testing and validation of the enhanced self-harm identification method are available. https://doi.org/10.17061/phrp33012303
Denominator source	EDWARD (Emergency Department Data Collection)
Denominator availability	Availability is determined by the EDWARD load and refresh schedule
Inclusions	• All in-scope presentations that departed the ED during the reporting period without being admitted to hospital (including EDSSU or PECC), or transferred to another hospital with the following ED mode of separation codes (ED_SEPARATION_MODE_CD):

	• 01.01 – Expired: formally admitted and discharged within emergency department • 02 – Departed, not further defined • 02.01 – Departed, treatment completed • 02.03 – Departed, did not wait • 02.04 – Departed, left at own risk • 02.05 – Departed, for other clinical service location • 03 – Dead on both arrival and departure • 04 – Dead in emergency department
Exclusions	• Records where "Presentation time" (i.e. triage or arrival time) or actual Departure date/time are missing. • Records where total time in ED is missing, less than zero or greater than 99,998 minutes. • ED_VIS_TYPE_CD of '06', '12' or '13', i.e. ED presentation without ED workup, Telehealth presentation, current admitted patient presentation. • ED_SEPR_MODE_CD = '98' i.e. Data error – record pending deletion.02.02 – Departed, Transferred to another hospital • Duplicate with same facility, MRN, arrival date, arrival time and birth date (EDW: OSP_CBK, CL_ID, CL_ARRIVAL_DTTM and CL_DOB) • Records where client age at arrival is less than 10 years old (EDW: CL_ARRIVAL_DTTM and CL_DOB), and ED_VIS_TYPE_CD is not in '01', '03', or '11' for self-harm related presentations ONLY.
Targets	• Performing: ≥=80% • Under Performing: ≥70% and <80% • Not Performing: <70%
Context	
Related Policies/ Programs	A time limited ED Taskforce has been established to address ED wait times, access to care and to explore innovative solutions to divert pressure from our hospitals. https://www.health.nsw.gov.au/Performance/Pages/emergency-department-taskforce.aspx
Useable data available from	1 July 2021
Frequency of Reporting	Monthly
Time lag to available data	Time lags are determined by data loading schedules which can vary by LHD/SHN
Business owners	Executive Director, System Information and Analytics Branch
Contact - Policy	Executive Director, System Performance Support

Contact - Data	Director, InforMH, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2024
Related National Indicator	National Healthcare Agreement: PI 21b-Waiting times for emergency hospital care: proportion of patients whose length of emergency department stay is less than or equal to four hours, 2020 Meteor ID: 716695 https://meteor.aihw.gov.au/content/index.phtml/itemId/716695

INDICATOR: IM2402	**Hospital Access Target – Admitted/Transferred within No Greater than 6 hours (%) Mental Health or Self-Harm Related Presentations**
Shortened Title	HAT – Admitted/Transferred – MH or Self-harm
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter.
Status	Final
Version number	1.2
Scope	All mental health or self-harm related emergency presentations admitted to a ward, to Intensive Care Unit (ICU), critical care unit, or to theatre from ED, (excluding admission to emergency department short stay unit (EDSSU) or Psychiatric Emergency Care Centre (PECC)), or ED presentations transferred to another hospitals, of which departure date time falls in the reporting period
Goal	To improve access to public hospital services for people presenting with mental health conditions or self-harm
Desired outcome	Improve patient satisfaction Improve efficiency of Emergency Department services Safer and more effective care
Primary point of collection	Emergency Department Information System
Data Collection Source/System	Emergency Department Data Collection
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS) (CERTIFIED.v_FACT_ED_SE or equivalent data), joined with related hospital admission data
Indicator definition	The percentage of ED mental health or self-harm related presentations who were subsequently admitted to the same hospital (excluding an EDSSU or a PECC), whose clinical care in the ED has ceased because of their physically leaving the ED, or who were transferred to another hospital, and whose ED stay length is ≤ 6 hours with following ED Mode of Separation codes (ED_SEPARATION_MODE_CD): • 01 - Formally admitted, not further defined • 01.02 – Expired: Formally admitted then transferred to other hospital • 01.03 - Formally admitted to admitted patient ward, not elsewhere classified • 01.04 - Formally admitted to operating theatre suite • 01.05 - Formally admitted to admitted patient critical care unit • 02.02 – Departed, transferred to another hospital.

The identification of ED presentations admitted to EDSSU or PECC needs a linked hospital admission for the same patient in the same hospital with a bed type code '59' for EDSSU (code '59') or code '85' for PECC immediately after the ED presentation

ED length of stay for ED presentations of patients admitted is calculated by subtracting presentation date/time from ED departure date/time, or for patients transferred to another hospital by subtracting presentation date/time from ED departure ready date/time, where:

- **Presentation date/time in the ED** is the time and date of the first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first (EDW: the earlier of CL_ARRIVAL_DTTM or SUB_EVNT_FIRST_TRIAGE_DTTM)
- **Departure date/time** is measured using the following business rules:
  - If the patient is later admitted to this hospital (either hospital-in-the-home or non-emergency department hospital ward), record the time the patient leaves the emergency department to go to the admitted patient facility. For NSW, this corresponds to EDW Mode of Separation codes '01', '01.03', '01.04','01.05'), and is calculated using the actual departure date/time field in source systems (CL_DEPART_DTTM).
  - If the ED patient is transferred to another hospital (ED mode of separation codes: '02.02'), then the earlier of departure ready date/time (SUB_EVNT_FIRST_PT_DEPART_READY_DTTM) and the actual departure date/time (CL_DEPART_DTTM) will be used as the ED presentation end date time for the calculation of ED length of stay.

NOTE: When patient is admitted from ED to EDSSU, the EDSSU stay should not be recorded as part of the ED presentation. ED presentation departure date time should be the date time when the patient completed ED treatment before starting the EDSSU observation.

Numerator

Numerator definition	All mental health or self-harm related presentations whose CL_DEPART_DTTM falls within the reporting period, and which have a length of stay from presentation time to actual departure time of no longer than 6 hours, and who **are** admitted to a ward or to ICU admitted patient care unit, or to operating theatre from ED (excluding EDSSU and PECC), or are transferred to another hospital.
Numerator source	EDWARD (Emergency Department Data Collection)
Numerator availability	Availability is determined by the EDWARD load and refresh schedule. This indicator will identify EDSSU or PECC admissions using the linked

ED and AP records provided by the EBI team. Mental health or self-harm ED presentations followed by an immediate EDSSU or PECC admission would be removed from the presentation count.

Denominator

Denominator definition	The total number of mental health or self-harm related emergency department presentations, which CL_DEPART_DTTM falls within the reporting period, and patients who **are** admitted to a ward or to an ICU, or to an operating theatre from ED (excluding EDSSU or PECC unit) or are transferred to another hospital. Mental-health or self-harm related presentations are defined as presentations with one or more of • ICD-10 diagnosis codes for a primary or additional mental health condition • ICD-10 diagnosis codes for self-harm or suicidal ideation • Derived Presenting problem text indicating self-harm or suicidal ideation Details of the testing and validation of the enhanced self-harm identification method are available.https://doi.org/10.17061/phrp33012303
Denominator source	EDW (Emergency Department Data Collection)
Denominator availability	Availability is determined by the EDWARD load and refresh schedule. This indicator will identify EDSSU or PECC admissions using the linked ED and AP records provided by the EBI team. Mental health or self-harm ED presentations followed by immediate EDSSU or PECC admissions would be removed from the presentation count.

Inclusions

- All in-scope mental health or self-harm related presentations of patients with CL_DEPART_DTTM during the reporting period.
- Only records where “Presentation time” (i.e. triage or arrival time) and departure date/time are present
- The following EDW Emergency Department Modes of Separation values are included in calculation:
- 01 - Formally admitted, not further defined
- 01.02 – Expired: Formally admitted then transferred to other hospital
- 01.03 - Formally admitted to admitted patient ward, not elsewhere classified
- 01.04 - Formally admitted to operating theatre suite
- 01.05 - Formally admitted to admitted patient critical care unit
- 02.02 – Departed, transferred to another hospital.

Exclusions	• Records where total time in ED is missing, less than zero or greater than 99,998 minutes • ED_VIS_TYPE_CD of '06', '12' or '13', i.e. ED presentation without ED workup, Telehealth presentation, current admitted patient presentation. • ED_SEPR_MODE_CD = '98' i.e. Data error – record pending deletion. • Duplicate with same facility, MRN, arrival date, arrival time and birth date (EDW: OSP_CBK, CL_ID, CL_ARRIVAL_DTTM and CL_DOB) • ED presentations admitted to EDSSU (bed type '59') or PECC (bed type '85') identified using the linked AP and ED records. • Records where client age at arrival is less than 10 years old (EDW: CL_ARRIVAL_DTTM and CL_DOB), and ED_VIS_TYPE_CD is not in '01', '03', or '11' for self-harm related presentations ONLY.
Targets	Performing: ≥=80% Under Performing: ≥70% and <80% Not Performing: <70%
Context	
Related Policies/ Programs	A time limited ED Taskforce has been established to address ED wait times, access to care and to explore innovative solutions to divert pressure from our hospitals. https://www.health.nsw.gov.au/Performance/Pages/emergency-department-taskforce.aspx
Useable data available from	1 July 2021
Frequency of Reporting	Monthly
Time lag to available data	Time lags are determined by data loading schedules which can vary by LHD/SHN
Business owners	Executive Director, System Information and Analytics Branch
Contact - Policy	Executive Director, System Performance Support
Contact - Data	Director, InforMH, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	5

Data domain	
Date effective	1 July 2024

Related National Indicator

INDICATOR: DPH_1301B	**Drug and Alcohol Opioid Treatment Program** – Unique public patients prescribed buprenorphine or buprenorphine-naloxone or methadone (%)
Shortened Title	OTP – Patients Prescribed Buprenorphine or Buprenorphine-Naloxone
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings.
Status	Final
Version number	1.1
Scope	All public patients in NSW for whom an *Authority to prescribe buprenorphine or methadone under the NSW Opioid Treatment Program (OTP)* has been submitted to the Pharmaceutical Regulatory Unit
Goal	To consider rates of prescribing of buprenorphine (including depot buprenorphine) or buprenorphine-naloxone by public prescribers in NSW Opioid Treatment Program, acknowledging that the uptake of buprenorphine and buprenorphine-naloxone is well progressed in public settings.
Desired outcome	A maintenance or increase in rate of prescribing of buprenorphine (including depot buprenorphine) or buprenorphine-naloxone for the treatment of opioid dependence, acknowledging its safety profile. A maintenance or proportional increase in the rate of prescribing of buprenorphine or buprenorphine-naloxone for the treatment of opioid dependence as compared to prescribing of methadone.
Primary point of collection	Number of *Authorities to Prescribe Methadone or Buprenorphine or Buprenorphine-naloxone under the NSW Opioid Treatment Program (OTP)* submitted to the Pharmaceutical Regulatory Unit
Data Collection Source/System	NSW Controlled Drugs Data Collection (CoDDaC), Electronic Recording and Reporting of Controlled Drugs system (ERRCD)
Primary data source for analysis	NSW Controlled Drugs Data Collection (CoDDaC)
Indicator definition	Proportion of unique public patients for whom an authority is valid to prescribe buprenorphine or buprenorphine-naloxone under the NSW Opioid Treatment Program
Numerator	
Numerator definition	Total number of unique patients who were prescribed buprenorphine -or buprenorphine-naloxone in the public NSW Opioid Treatment Program (OTP) for the last day of the quarter.
Numerator source	NSW Controlled Drugs Data Collection (CoDDaC)
Numerator availability	Quarterly

Denominator	
Denominator definition	Total number of unique patients who were prescribed opioid pharmacotherapies in the public NSW Opioid Treatment Program for the last day of the quarter
Denominator source	NSW Controlled Drugs Data Collection (CoDDaC)
Denominator availability	Quarterly
Inclusions	All public patients in NSW for whom an *Authority to prescribe buprenorphine or methadone under the NSW Opioid Treatment Program (OTP)* has been submitted to the Pharmaceutical Regulatory Unit. All unique patients in NSW who were prescribed opioid pharmacotherapies under the NSW Opioid Treatment Program
Exclusions	All private patients in NSW for whom an *Authority to prescribe buprenorphine or methadone under the NSW Opioid Treatment Program (OTP)* has been submitted to the Pharmaceutical Regulatory Unit
Targets	Maintain or increase on previous year • Performing: No change or increase from previous year • Under performing: Decrease of not more than 5% on previous year • Not performing: Decrease of more than 5% on previous year
Context	Buprenorphine (including depot buprenorphine) and buprenorphine-naloxone have a proven profile for safety and efficacy in the treatment for opioid dependence. For this reason, the number of patients receiving buprenorphine and buprenorphine-naloxone relative to methadone has increased substantially in recent years. As of 2021, almost half of all OTP patients in NSW receive buprenorphine. As such, a continued focus on prescribing buprenorphine and buprenorphine-naloxone, as opposed to methadone, where clinically indicated is an ongoing consideration for the NSW OTP.
Related Policies/ Programs	• *NSW Clinical Guidelines: Treatment of Opioid Dependence (2018)* • *Medication assisted treatment of opioid dependence (MATOD)* (2014)
Useable data available from	1 July 2017
Frequency of Reporting	Quarterly
Time lag to available data	Quarterly data will be available at the commencement of the next quarter.
Business owners	Centre for Alcohol and Other Drugs
Contact - Policy	Executive Director, Centre for Alcohol and Other Drugs
Contact - Data	Director, Chief Pharmacist Unit
Representation	
Data type	Numeric

Form	Percentage
Representational layout	NN.N
Minimum size	3
Maximum size	4
Data domain	
Date effective	1 January 2017
Related National Indicator	National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) (AIHW). Person—type of opioid pharmacotherapy treatment, code N http://meteor.aihw.gov.au/content/index.phtml/itemId/634297

INDICATOR: MS1302	**Drug and Alcohol Opioid Treatment Program** – Public patients who were prescribed opioid pharmacotherapies (Number)
Shortened Title	OTP – Patients Prescribed Opioid Pharmacotherapies
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings.
Status	Final
Version number	1.01
Scope	All unique public patients in NSW who were prescribed opioid pharmacotherapies under the NSW Opioid Treatment Program.
Goal	To monitor rate of unique public patients prescribed opioid pharmacotherapies in the NSW Opioid Treatment Program.
Desired outcome	To monitor rate of unique public patients prescribed opioid pharmacotherapies in the public NSW Opioid Treatment Program.
Primary point of collection	Number of *Authorities to Prescribe Methadone, Buprenorphine or Buprenorphine-naloxone under the NSW Opioid Treatment Program (OTP)* submitted to the Pharmaceutical Regulatory Unit.
Data Collection Source/System	NSW Controlled Drugs Data Collection (CoDDaC), Electronic Recording and Reporting of Controlled Drugs system (ERRCD).
Primary data source for analysis	NSW Controlled Drugs Data Collection (CoDDaC).
Indicator definition	Total number of unique public patients for whom an authority is valid to prescribe methadone or buprenorphine under the NSW Opioid Treatment Program.
Numerator	
Numerator definition	Total Number of unique public patients who were prescribed opioid pharmacotherapies in the NSW Opioid Treatment Program for the last day of the quarter.
Numerator source	NSW Controlled Drugs Data Collection (CoDDaC)
Numerator availability	Quarterly
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	All unique public patients in NSW who were prescribed opioid pharmacotherapies under the NSW Opioid Treatment Program

Exclusions	N/A
Targets	Maintain or increase from previous year • Performing: Increase from previous year • Under performing: No change • Not performing: Decrease from previous year
Context	Methadone and buprenorphine are listed in the World Health Organisation Model List of Essential Medications
Related Policies/ Programs	• *NSW Clinical Guidelines: Treatment of Opioid Dependence (2018)* • *Medication assisted treatment of opioid dependence (MATOD)* (2014)
Useable data available from	1 July 2017
Frequency of Reporting	Quarterly
Time lag to available data	Quarterly data will be available at the commencement of the next quarter.
Business owners	Centre for Alcohol and Other Drugs
Contact - Policy	Executive Director, Centre for Alcohol and Other Drugs
Contact - Data	Director, Chief Pharmacist Unit
Representation	
Data type	Numeric
Form	Number
Representational layout	N {6}
Minimum size	1
Maximum size	6
Data domain	
Date effective	1 January 2017
Related National Indicator	National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) (AIHW). Person—type of opioid pharmacotherapy treatment, code N http://meteor.aihw.gov.au/content/index.phtml/itemId/634297

INDICATOR: PH-015C	**Alcohol and other Drug Specialist Non-Admitted Patient Care Activity** (Number of occasions of service)
Shortened Title	Total AOD Specialist Non-Admitted Patient Care Activity
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings.
Status	Final
Version number	1.2
Scope	Specialist Alcohol and Other Drugs (AOD) patient care activity in three service areas (Substance Use in Pregnancy and Parenting Services [SUPPS], Assertive Community Management [ACM] and adolescent and young adult (AYA) services.as reported via the Non-Admitted Patient Data Collection, expressed as service events where patients participated and all occasions of service where patients did not participate.
Goal	To monitor the level of non-admitted service activity related to alcohol and other drugs for three service areas: SUPPS, ACM and AYA services.
Desired outcome	• To improve access to, and build equity in, service provision for alcohol and other drug related issues • To monitor the relative activity for alcohol and other drug service delivery • To achieve greater accountability for management of resources and performance
Primary point of collection	The Non-Admitted Patient Data Collection (NAPDC) via EDWARD
Data Collection Source/System	eMRs/PAS
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	Total activity reported against NAP AOD Tier 2 clinic codes for establishment types for SUPPS, ACM and AYA services expressed in NWAU: • 20.52 11.14; 11.15 and 11.22 • 40.30 11.13; 11.16 and 11.21
Numerator	
Numerator definition	Total number of service events, where patient participated, occasions of service where patient did not participate and reported against NAP AOD Tier 2 clinic codes and establishment type codes: • 20.52 11.14; 11.15 and 11.22 • 40.30 11.13; 11.16 and 11.21
Numerator source	EDWARD and ABM portal
Numerator availability	Quarterly

Denominator		
	Denominator definition	N/A
	Denominator source	N/A
	Denominator availability	N/A
Inclusions		All specialist non-admitted AOD patient care activity for service units 11.13; 11.14; 11.15; 11.16 11.11.21; 11.22
Exclusions		All specialist non-admitted AOD patient care activity for service units 11.01; 11.02; 11.03; 11.04 11.05; 11.06; 11.11; 11.12; 11.17; 11.18; 11.19; 11.20; 11.23 and 11.24
Targets		Individual LHD targets - Maintained and/or increased activity based on 2023/24 baseline data.
Related Policies/ Programs		NSW Health Plan
Useable data available from		1 July 2019
Frequency of Reporting		Quarterly
Time lag to available data		4 weeks after the close of each quarterly period
Business owners		
	Contact - Policy	Executive Director, Centre for Alcohol and Other Drugs
	Contact - Data	Executive Director, Centre for Alcohol and Other Drugs
Representation		
	Data type	Numeric
	Form	Number
	Representational layout	NNNNN.NN
	Minimum size	
	Maximum size	
	Data domain	N/A
	Date effective	1 July 2019
Related National Indicator		

INDICATORS: KQS101	**Staphylococcus Aureus Bloodstream Infections** (SA-BSI): • A1 – C2 facilities (per 10,000 occupied bed days) • D1a – F8 facilities (per 10,000 occupied bed days)
Shortened Title	Staphylococcus Aureus Bloodstream Infections
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings.
Status	Final
Version number	1.41
Scope	All patients in hospitals
Goal	To minimize the risks and unnecessary morbidity and mortality from healthcare associated infections (HAI) in NSW public healthcare facilities through implementation of infection control practices.
Desired outcome	Reduction in the number of *Staphylococcus aureus* bloodstream infections
Primary point of collection	Health staff in all NSW public healthcare facilities
Data Collection Source/System	HAI Monthly Data Collection, NSW Health
Primary data source for analysis	HAI Monthly Data Collection, NSW Health
Indicator definition	The number of SA-BSI as a rate of the number of occupied bed days
Numerator	
Numerator definition	Number of Staphylococcus aureus bloodstream infections (SA-BSI)
Numerator source	NSW public healthcare facilities
Numerator availability	Monthly, available from 1 January 2009
Denominator	
Denominator definition	Number of occupied bed days
Denominator source	System Information and Analytics Branch, NSW Health
Denominator availability	Monthly
Inclusions	• Healthcare associated inpatient bloodstream infections caused by Staphylococcus aureus: - Methicillin sensitive Staphylococcus aureus (MSSA) - Methicillin resistant Staphylococcus aureus *(MRSA)* • Healthcare associated non-inpatient MSSA and MRSA bloodstream infections
Exclusions	• Community associated MSSA and MRSA bloodstream infections

Targets	Less than 1 SA-BSI per 10,000 occupied bed days • Performing: < 1 SA-BSI • Not performing: >= 1 SA-BSI
Comments	The incidence of SA-BSI provides an indication of compliance with hand hygiene and aseptic technique requirements.
Context	• Staphylococcus aureus, a bacterium that commonly colonises human skin and mucosa, is amongst the commonest and more serious causes of community and healthcare associated sepsis. • Incidence of healthcare associated SA-BSI is used as an outcome marker for hand hygiene compliance of healthcare workers.
Related Policies/ Programs	• NSW Health Hand Hygiene Policy • Healthcare Associated Infection: Clinical Indicator Manual, version 2.0 November 2008
Useable data available from	2009
Frequency of Reporting	Monthly
Time lag to available data	Reporting data available one month post last reporting period
Business owners	
Contact - Policy	Director, Patient Safety, Clinical Excellence Commission
Contact - Data	Director, Patient Safety, Clinical Excellence Commission Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, presented as a rate per 10,000 occupied bed days
Representational layout	X.X
Minimum size	1
Maximum size	2
Date effective	January 2009
Related National Indicator	
Indicators	National Healthcare Agreement: PI 22–Healthcare associated infections: Staphylococcus aureus bacteraemia, 2020. Meteor ID: 716702 https://meteor.aihw.gov.au/content/index.phtml/itemId/716702

INDICATOR: SSQ101	**Deteriorating Patients** – Rapid Response Calls (Rate) Rate per 1,000 separations
Shortened Title	Rapid Response Calls Rate
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings.
Status	Final
Version number	2.42
Scope	All admitted patients in acute facilities • Adults • Paediatrics (inclusive of newborns) • Maternity
Goal	To provide a process measure for utilisation of the Clinical Emergency Response Systems (CERS) as part of the Between the Flags program in NSW hospitals.
Desired outcome	Rapid Response call rate that is above 20 calls per 1000 separations.
Primary point of collection	NSW public healthcare facilities
Data Collection Source/System	LHD Data Collection examples: • PowerChart - Rapid Response Data Collection form • Paper based Rapid Response Record Form • Switchboard Rapid Response activation record.
Primary data source for analysis	LHD Data Collection
Indicator definition	The number of Rapid Response (Red Zone) calls per 1000 separations. NB: This number includes cardiopulmonary arrest calls. Numerator x 1,000 Denominator The number of Rapid Response calls should be reported: (i) as a total for all patients, and (ii) separately for each different patient population cared for in a facility, i.e. **Adults (excluding Maternity Patients)** whose observations are documented on a Standard Adult General Observation (SAGO) Chart. **Paediatrics,** includes • All children treated in a Specialist Children's hospital, • Children aged less than 16 years in a non-Specialist Children's hospital, whose observations are documented on a Standard Paediatric Observation Chart (SPOC). NB: babies whose

	observations are documented on a Standard Newborn Observation Chart (SNOC) should be included with the paediatric count. **Maternity patients** whose observations are documented on a Standard Maternity Observation Chart (SMOC).
Numerator	
Numerator definition	The number of Rapid Response calls for patients with Red Zone criteria as defined on the appropriate NSW Health Standard Observation Chart. NB: This number includes cardiopulmonary arrest calls.
Numerator source	NSW public healthcare facilities, • PowerChart – Rapid Response Data Collection form • Paper based Rapid Response Record Form • Switchboard Rapid Response activation record.
Numerator availability	Monthly, available from 1 July 2010
Denominator	
Denominator definition	All Separations in acute facilities (counted as stays not episodes) with the following subgroups defined: • **Adults:** Patients 16 years and over • **Paediatrics:** Patients less than 16 years (includes newborns) • **Maternity:** Patients allocated to any DRG in MDC 14 Pregnancy, Childbirth and the Puerperium
Denominator source	EDW / APDC
Denominator availability	Monthly
Inclusions	All admitted patients
Exclusions	• Non-admitted patients • Patients in subacute, non-acute and residential aged care facilities • Patients in an emergency department, operating theatre, adult/paediatric/neonatal intensive care units (ICU) or a high dependency unit collocated within an ICU should not be counted in the numerator.
Targets	N/A
Related Policies/ Programs	• Recognition and management of patients who are deteriorating (PD2020_018). • NSQHS - Standard 8 “Recognising and Responding to Acute Deterioration Standard”
Comments	The optimum Rapid Response calling rate is currently unknown. There is evidence to suggest that a there is a dose-response relationship between the number of Rapid Response calls and a reduction in mortality

	and other serious events such as cardiac arrests and unplanned admissions to ICU, with no apparent upper threshold. This is because a higher call rate may indicate that patients who are clinically deteriorating are being identified and reviewed promptly. Initially, as the Between the Flags program matures it is expected that the Rapid Response rate would increase. **Reference:** Australian Commission on Safety and Quality in Health Care (2011), A guide to support implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration, Sydney, ACSQHC. Australian and New Zealand Intensive Care Society and Australian Council on Health Care Standards. Intensive care indicators clinical indicators user manual version 4 – 2012.
Useable data available from	July 2010
Frequency of Reporting	Monthly
Time lag to available data	Reporting data available one month post last reporting period
Business owners	
Contact - Policy	Director, Clinical Excellence Commission
Contact - Data	Executive Director, System Information and Analytics Branch, Ministry of Health
Representation	
Data type	Numeric
Form	Number
Representational layout	X.X
Minimum size	3
Maximum size	3
Related National Indicator	

INDICATOR: SSQ102	**Deteriorating Patients –** Unexpected cardiopulmonary arrest (Rate) Rate per 1,000 separations
Shortened Title	Unexpected Cardiopulmonary Arrest Rate
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings.
Status	Final
Version number	2.3
Scope	All patients in acute facilities whether • Adults • Paediatrics (inclusive of newborns) • Maternity
Goal	To provide an outcome measure of the effectiveness of the Between the Flags program.
Desired outcome	Fewer instances of cardiopulmonary arrest through earlier recognition and response to clinical deterioration.
Primary point of collection	NSW public healthcare facilities
Data Collection Source/System	LHD Data Collection examples: • PowerChart - Rapid Response Data Collection form • Paper based Rapid Response Record Form • Switchboard Rapid Response activation record.
Primary data source for analysis	LHD Data Collection
Indicator definition	The rate of occurrence of cardiopulmonary arrest where there was no 'not for resuscitation' order per 1000 separations. Cardiopulmonary arrest refers to either cardiac or respiratory arrest. Cardiac arrest is defined as the absence of pulse and respiratory effort, and unconsciousness, necessitating the commencement of resuscitation in the absence of 'not for resuscitation' orders. Respiratory arrest is defined as the absence of respiratory effort and the presence of palpable pulse and measurable blood pressure, necessitating the commencement of resuscitation in the absence of 'not for resuscitation' orders. $\frac{\text{Numerator}}{\text{Denominator}} \times 1{,}000$ The number of cardiopulmonary arrest calls should be reported: (i) as a total for all patients, and (ii) separately for each different patient population cared for in a facility, i.e.

	Adults (excluding Maternity Patients) whose observations are documented on a Standard Adult General Observation (SAGO) Chart. **Paediatrics,** includes • All children treated in a Specialist Children's hospital, • Children aged less than 16 years in a non-Specialist Children's hospital, whose observations are documented on a Standard Paediatric Observation Chart (SPOC). NB: babies whose observations are documented on a Standard Newborn Observation Chart (SNOC) should be included with the paediatric count. **Maternity patients** whose observations are documented on a Standard Maternity Observation Chart (SMOC).
Numerator	
Numerator definition	Number of patients who have experienced an unexpected cardiopulmonary arrest (without a documented Not For Resuscitation (NFR)/ Allow a Natural Death (AND) order). Note: This is a subset within the group of patients who require Rapid Response calls.
Numerator source	NSW public healthcare facilities, • PowerChart- Rapid Response Data Collection form • Paper based Rapid Response Record Form • Switchboard Rapid Response activation record.
Numerator availability	Monthly, available from 1st July 2010
Denominator	
Denominator definition	All Separations in acute facilities (counted as stays not episodes) with the following subgroups defined: • **Adults:** Patients 16 years and over • **Paediatrics:** Patients less than 16 years (includes newborns) • **Maternity:** Patients allocated to any DRG in MDC 14 Pregnancy, Childbirth and the Puerperium
Denominator source	EDW / APDC
Denominator availability	Monthly
Inclusions	All admitted patients
Exclusions	• Non-admitted patients • Patients in subacute, non-acute and residential aged care facilities • Patients in an emergency department, operating theatre, adult/paediatric/neonatal intensive care units (ICU) or a high dependency unit collocated within an ICU should not be counted in the numerator.
Targets	< 3 cardiopulmonary arrest calls/1000 acute separations
Related Policies/ Programs	• Recognition and management of patients who are deteriorating (PD2020_018).

	• NSQHS - Standard 8 "Recognising and Responding to Acute Deterioration Standard"
Comments	**Reference:** Australian Commission on Safety and Quality in Health Care (2011), A guide to support implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration, Sydney, ACSQHC. Australian and New Zealand Intensive Care Society and Australian Council on Health Care Standards. Intensive care indicators clinical indicators user manual version 4 – 2012.
Frequency of Reporting	Monthly
Time lag to available data	Reporting data available one month post last reporting period
Business owners	
Contact - Policy	Director, Clinical Excellence Commission
Contact - Data	Executive Director, System Information and Analytics Branch, Ministry of Health
Representation	
Data type	Numeric
Form	Number
Representational layout	NN.N
Minimum size	4
Maximum size	4
Related National Indicator	

INDICATOR: SSA113, SSA114	**Surgery for Children** - Proportion of children (0 to 16 years) treated within their LHD of residence: • Emergency Surgery (%) (*SSA114*) • Planned Surgery (%) (*SSA113*)
Shortened Title(s)	Emergency Surgery for children within LHD Planned Surgery for children within LHD
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.6
Scope	All acute admissions of Children from 0 up to 16 years of age.
Goal	Greater certainty concerning the amount of activity to be performed in a year.
Desired outcome	To improve and monitor the proportion of children receiving appropriate planned surgery within the LHD of residence. To document, monitor and increase capacity to undertake emergency surgery for children within the LHD of residence.
Primary point of collection	Patient Medical Record
Data Collection Source/System	Hospital PAS systems, Admitted Patient Data Collection
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	The percentage of LHD resident aged 0 to 16 years who had a surgical procedure and that surgery was performed at a facility in their LHD of residence. Reported by: • Emergency: Urgency of admission (FORMAL_ADMIT_URGN_CD) "1" = Emergency. • Planned: Urgency of Admission (FORMAL_ADMIT_URGN_CD) = "2", "3", "4" or "5".
Numerator	
Numerator definition	Number of surgeries undertaken at LHD of residence where: • The count is based on admitted patient service encounters (ie formal admission to formal discharge) not service events • Surgical DRGs are assigned based on the first episode of care and recorded using AR-DRG surgical partition, version 11.0 AR-DRGs. Note: as AR-DRG Version 11 no longer separates surgical and other interventions via a separate DRG type code, Surgical DRGs can be identified by the DRG codes whose numeric component falls in the range of 01-39, for e.g., B01A.

Numerator source	EDW
Numerator availability	Coded data available 2 months after the end of the period of measurement.
Denominator	
Denominator definition	Total number of surgeries for LHD residents x 100
Denominator source	EDW
Denominator availability	Coded data available 2 months after the end of the period of measurement.
Inclusions	• Acute admitted patient service events (service category 1 or 5) (SE_TYPE_CD = '2' and SE_SERVICE_CATEGORY_CD '1' or '5') • Service event end date within the period (SE_END_DTTM) • All facilities performing surgery • All children aged 0 to 16 years (cutoff is the child's 16th birthday) • LHD of residence of the patient is based on the CL_USUAL_RES_ADDR_GNAF_LHD_HLTH_JURIS_ID, using the 2011 GNAF classification.
Exclusions	• Children 16 years and older • interstate patients/interstates hospitals • Justice Health / Forensic Mental Health Network patients
Targets	N/A
Related Policies/ Programs	"Surgery for Children in Metropolitan Sydney – Strategic Framework"
Useable data available from	2001
Frequency of Reporting	Monthly
Time lag to available data	6 – 7 weeks
Business owners	
Contact - Policy	Executive Director, Health and Social Policy Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	4
Date effective	July 2013
Related National Indicator	N/A

INDICATOR: MS2403	**Stroke Care Quality Improvement:** Patients with a final diagnosis of acute stroke who have documented treatment in a stroke unit (%)
Shortened Title	Stroke Care Quality Improvement
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.2
Scope	All acute stroke acute inpatient episodes
Goal	To increase the number of stroke patients that are treated in Stroke Units
Desired outcome	• Improve outcomes for stroke patients and stroke services. • Reduce length of stay in hospital. • Decrease death and dependency caused by stroke. • Improve efficiency and productivity in stroke units and services
Primary point of collection	Patient Administration Systems; EMR
Data Collection Source/System	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Primary data source for analysis	Cross reference to BHI data
Indicator definition	Proportion of patients with a final diagnosis of acute stroke who have documented treatment in a stroke unit at any time during their hospital stay. (Numerator ÷ denominator) x 100 The codes and criteria for "acute stroke" are located here: http://meteor.aihw.gov.au/content/index.phtml/itemId/629525 For the numerator, a 'stroke unit' is defined as care provided in a hospital ward with the following minimum elements: • co-located beds within a geographically defined unit • dedicated, multidisciplinary team with members who have a special interest in stroke or rehabilitation • a multidisciplinary team that meets at least once per week to discuss patient care • the team has access to regular professional development and education relating to stroke. There are two types of stroke units that treat acute stroke patients: 1. Acute stroke unit, which accepts patients acutely but separates patients early (usually within 7 days). 2. Comprehensive stroke unit, which accepts patients acutely but also provides rehabilitation for at least several weeks. Each model has a service provided in a discrete ward or dedicated beds within a larger ward, with a specialised multidisciplinary team with allocated staff for the care of patients with stroke. The numerator includes patients admitted to either type of stroke unit.

Numerator	
Numerator definition	Number of patients with a final diagnosis of acute stroke who separated from hospital with documented evidence of treatment in a stroke unit at any time during their acute hospital stay.
Numerator source	
Numerator availability	
Denominator	
Denominator definition	Number of patients with a final diagnosis of acute stroke who separated from hospital.
Denominator source	EDW
Denominator availability	
Inclusions	See http://meteor.aihw.gov.au/content/index.phtml/itemId/629525
Exclusions	See http://meteor.aihw.gov.au/content/index.phtml/itemId/629525
Targets	
Context	There is strong evidence that specialised stroke units, staffed with a multidisciplinary team of stroke specialists, improve patient outcomes and reduce stroke mortality.
Related Policies/ Programs	
Useable data available from	
Frequency of Reporting	Quarterly
Time lag to available data	3 months
Business owners	
Contact - Policy	Executive Director, Agency for Clinical Innovation
Contact - Data	Executive Director, Agency for Clinical Innovation
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN.NN
Minimum size	4
Maximum size	6
Data domain	
Date effective	1 July 2017
Related National Indicators	

Components	Acute stroke clinical care standard indicators: 3a-Proportion of patients with a final diagnosis of acute stroke who have documented treatment in a stroke unit **Meteor ID 629525** Acute stroke (Acute stroke clinical care standard) http://meteor.aihw.gov.au/content/index.phtml/itemId/629525

INDICATOR: SSQ112, SSQ113	**Unplanned and Emergency Re-presentations -** to same ED within 48 hours (%) • All persons (SSQ112) • Aboriginal persons *(SSQ113)*
Shortened Title(s)	Unplanned and Emergency Re-presentations – All Unplanned and Emergency Re-presentations – Aboriginal
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	2.6
Scope	All emergency visits to the Emergency Department**.**
Goal	To reduce the number of re-presentations to Emergency Departments
Desired outcome	• Improve the efficiency of Emergency Department care • Encourage adequate and proper follow up in primary care
Primary point of collection	Emergency Department Clerk
Data Collection Source/System	Emergency Department Data Collection
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS) EDWARD (FACT_ED_SE)
Indicator definition	**SSQ112 and SSQ113**: The percentage of emergency presentations to an Emergency Department where the patient returns to their place of usual residence following treatment and then re-presents at the same facility within 48 hours of departure from the Emergency Department. This is reported for all persons (SSQ112), and separately for Aboriginal persons (SSQ113). Note that Aboriginal persons include people who identify as Aboriginal and/or Torres Strait Islander.
Numerator	
Numerator definition	The number of emergency presentations with actual departure date (CL_DEPART_DTTM) during the reference period, when the patient's previous emergency presentation to the same facility occurred within the past 48 hours where: • Departure time is measured using ED departure date/time from the Emergency Department record • The time difference is measured from departure date/time of the immediately previous record to arrival date/time of the subsequent record. The subsequent record (i.e, the ED presentation being looked at) has:

- ED_VIS_TYPE_CD = '01', '03', i.e. Emergency presentation or Unplanned return visit for continuing condition
- Any separation mode

The immediately previous record has:

- The same MRN and OSP ID (EDW: OSP_CBK, CL_ID)
- Is within 48 hours of the following presentation
- ED_SEPR_MODE_CD is '01.01', '02.01' i.e. Admitted and discharged as an inpatient in ED or Departed treatment completed
- ED_VIS_TYPE_CD = '01', '03', '11'

All persons includes all ED presentations

Aboriginal includes ED presentations with indigenous status in (CL_INDGNS_STUS_CD) = '1','2','3' only

Numerator source	EDW (Emergency Department Data Collection)
Numerator availability	Available

Denominator

Denominator definition	The number of emergency presentations with actual departure date (CL_DEPART_DTTM) within the reference period. • ED_VIS_TYPE_CD = '01'or '03') i.e. Emergency presentation, Unplanned return visit for continuing condition. All persons includes all ED presentations Aboriginal includes ED presentations with indigenous status in (CL_INDGNS_STUS_CD) = '1','2','3' only
Denominator source	EDW (Emergency Department Data Collection)
Denominator availability	Available
Inclusions	Emergency visit type in (ED_VIS_TYPE_CD) = '01' and '03'
Exclusions	• Records where CLIENT_ARRIVAL_DTTM or CLIENT_DEPART_DTTM time in ED is missing. • Records where total time in ED is less than zero or greater than 99,998 minutes. • Overlapping records i.e. where the arrival date/time of the second record is before the departure date/time of the first record. In such circumstances, the second record is not included in the calculation of the indicator with respect to the ED visit preceding it. • Records where the ED_SEPR_MODE_CD on the initial presentation (immediately previous record) was not '01.01', '02.01'. • Duplicate with same facility, MRN, arrival date, arrival time and birth date (OSP_CBK, CL_ID, CL_ARRIVAL_DTTM and CL_DOB) • Records where ED_SEPR_MODE_CD null or = '98'
Targets	

Related Policies/ Programs	PD2013_047 Triage of Patients in NSW Emergency Departments
Useable data available from	July 2001
Frequency of Reporting	Monthly/Weekly
Time lag to available data	Reporting required by the 10th day of each month; data available for previous month
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number
Representational layout	NNNNNN
Minimum size	3
Maximum size	6
Data domain	
Date effective	
Related National Indicators	

INDICATOR: IM22-004a **Previous IDs: IM22-004**	**Incomplete Emergency Department Attendances: Patients who departed from an ED with a "Did not wait" or "Left at own risk" status (%)**
Shortened Title	Incomplete Emergency Department Attendances
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.1
Scope	All patients presenting to public facility Emergency Departments in peer groups A1 – B2.
Goal	Clinically safe Emergency Department services for all patients
Desired outcome	Completion of care and better clinical outcomes for patients who attend Emergency Departments
Primary point of collection	Front-line Emergency Department staff / Hospital PAS system
Data Collection Source/System	Emergency Department Data Collection
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS) EDW (FACT_ED_SE)
Indicator definition	Proportion of Emergency Department presentations where a person who leaves the ED before treatment is commenced or who leaves after treatment has commenced, against advice. **NOTE:** For the purposes of **this** Measure, an *ED presentation* is defined as the totality of an ED visit, from the date and time of Triage (or arrival time if missing) to the point where the visit has concluded and the clinical care in the ED has ceased.
Numerator	
Numerator definition	The number of ED presentations with ED_SEPR_MODE_CD = '02.03', '02.04') where the actual departure date (CL_DEPART_DTTM) falls within the reporting period.
Numerator source	EDW (Emergency Department Data Collection)
Numerator availability	Available
Denominator	
Denominator definition	The number of presentations in the Emergency Department where the actual departure date (CL_DEPART_DTTM) falls within the reporting period.
Denominator source	EDW (Emergency Department Data Collection)
Denominator availability	Available
Inclusions	• Facilities in peer groups A1 – B2

	• All patients presenting to the emergency department at facilities that currently provide patient episode data to the non-admitted patients ED minimum data collection • All patients that departed during the reporting period
Exclusions	• Facilities in peer groups below B2 • Records where total time in ED is missing, less than zero or greater than 99,998 minutes • ED_VIS_TYPE_CD) of '12' or '13', i.e. Telehealth presentation, current admitted patient presentation • ED_SEPR_MODE_CD = '03' or '98'); i.e. DoA and Registered in error • Duplicate with same facility, MRN, arrival date, arrival time and birth date (EDW: OSP_CBK, CL_ID, CL_ARRIVAL_DTTM and CL_DOB)
Targets	
Target	Reduction from previous year • Performing: Decrease from previous year • Under performing: No change from previous year • Not performing: Increase on previous year.
Context	Incomplete Emergency Department Attendances (IEDA) comprise Emergency Department presentations where a person who leaves the ED before treatment is commenced or who leaves after treatment has commenced, against advice.
Related Policies/ Programs	• NSW Health Policy PD2013_047 Triage of Patients in NSW Emergency Departments
Useable data available from	2010
Frequency of Reporting	Monthly
Time lag to available data	Reporting required by the 10th day of each month, data available for previous month
Business owners	
Contact - Policy	Executive Director System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3

Maximum size	5
Data domain	
Date effective	July 2022

Related National Indicator

INDICATOR: IM22-005	**Mental Health Consumer Experience**: Recall of information about physical health (%) YES survey – average proportion of physical health (HeAL) domains for which consumers recall being provided with information
Shortened Title	Mental Health Consumer Experience: Physical Health
Service Agreement Type	Improvement measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.1
Scope	NSW public specialised inpatient and community mental health services.
Goal	Measurement and improvement of experience and outcomes in mental health care
Desired outcome	Mental health consumers recall receiving information about a range of physical health topics
Primary point of collection	Consumer-rated experience survey (Your Experience of Service, YES) completed (digital and paper versions) during or after an episode of care by people using NSW inpatient and community mental health services.
Data Collection Source/System	NSW YES surveys distributed by LHDs/SHNs reported to NSW YES Collection maintained by InforMH, System Information and Analytics Branch
Primary data source for analysis	NSW YES collection maintained within the InforMH database Healthy Active Lives (HeAL) questions.
Indicator definition	For each YES questionnaire, the HeAL score is the number of HeAL questions where the consumer answered 'Yes' (maximum score of 6), expressed as a percentage of the total number of HeAL questions validly answered (Yes, No, Not sure) The NSW or LHD/SHN rate is the average of individual YES questionnaire HeAL scores. Scores are calculated separately for inpatient and community settings. The overall NSW or LHD/SHN score is the unweighted average of inpatient and community scores.
Numerator	
Numerator definition	The total number of HeAL questions where people selected 'Yes'
Numerator source	NSW YES Collection

Numerator availability	Monthly. Delays may occur if there are issues with the process that supports the collection of paper YES questionnaires as this requires additional processing by a 3*rd* party scanning company.
Denominator	
Denominator definition	The total number of HeAL questions validly completed (Yes, No, Not sure).
Denominator source	NSW YES Collection
Denominator availability	Monthly. Delays may occur if there are issues with the process that supports the collection of paper YES questionnaires as this requires additional processing by a 3*rd* party scanning company.
Inclusions	All YES questionnaires where 3 or more HeAL questions (Q.27 – Q.32) are answered in reference period
Exclusions	• No valid service identification • LHD/SHN service settings (inpatient/community) with <10 YES questionnaires returned in the month • YES questionnaires with less than 3 of the 6 HeAL questions answered • HeAL questions with multiple responses selected
Target	Performing: >=65% Underperforming: 45%-<65% Not performing: <45%
Related Policies/ Programs	Fifth National Mental Health and Suicide Prevention Plan, NSW Health Strategy Elevating the Human Experience
Useable data available from	July 2015
Frequency of Reporting	Monthly
Time lag to available data	One-two months (to support paper collection)
Business owners	Executive Director, System Information and Analytics Branch
Contact - Policy	Executive Director, Mental Health Branch
Contact - Data	Director, InforMH, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	N{NN}
Minimum size	1
Maximum size	3
Data domain	

Date effective	1 July 2022 (reporting changed from quarterly to monthly from 1 July 2025)

Related National Indicator

INDICATOR: IM22-012	**Hip Fracture Surgery Performance:** patients with hip fracture undergoing surgery within 48 hours of admission (%)
Shortened Title	Hip fracture surgery within 48 hours
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.0
Scope	Patients aged 50 years and older admitted with hip fracture as principal diagnosis and underwent hip fracture surgery in NSW public hospitals. Only be applicable for hospitals with more than 30 patients as denominator in the year.
Goal	The aims of the initiatives are to: • reduce unwarranted clinical variation • improve patient assessment, management, and experience • ensure effective and efficient care
Desired outcome	Surgery within 48-hours of arriving at hospital (if appropriate)
Primary point of collection	Medical Records
Data Collection Source/System	Admitted Patient Data Collection (APDC)
Primary data source for analysis	Register of Outcomes, Value and Experience (ROVE) Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	The percentage of patients aged 50 years or older admitted to hospital for acute care with a principal diagnosis of upper femur fracture and who surgery within 48 hours of the admission time.
Numerator	
Numerator definition	The number of patients aged 50 years or older admitted to hospital for acute care with a principal or additional diagnosis of upper femur fracture (ICD-10-AM S72.0, S72.1, S72.2) and who were surgically treated (see list of procedures below) in the reporting period within 48 hours of the admission time. Time to surgery: The admission date or presentation date to a hospital (if patient admitted from ED, the ED presentation should be used) to the date of surgery if the surgery was performed.
Numerator source	ROVE / Admitted Patient Data Collection
Numerator availability	2 months.

Denominator

Denominator definition	The number of patients aged 50 years or older admitted to hospital for acute care with a principal or additional diagnosis of upper femur fracture (ICD-10-AM S72.0, S72.1, S72.2) and who were surgically treated (see list of procedures below) in the reporting period.
Denominator source	ROVE / Admitted Patient Data Collection
Denominator availability	2 months.

Inclusions

- Patients aged 50 years or over at the time of separation
- Principal and additional diagnosis of hip fracture (ICD-10-AM codes S72.0, S72.1, S72.2)
- A procedure code indicating that the patient was admitted for hip fracture surgery (ACHI code 47519-00, 47522-00, 47528-01, 47531-00, 49315-00, 49318-00*, 49319-00*) (*only if accompanied by one of the following Australian Refined Diagnostic Related Groups (AR-DRGs) codes was also recorded: 'I03A', 'I03B', 'I08A', 'I08B', 'I78A', 'I78B', 'I73A', 'Z63A')
- Initial admission care type was acute
- Discharged between 1 July 2012 and 30 June 2017 (for a 5-year cohort).

Exclusions

- Patients aged under 50 years at the time of separation
- Patients who were admitted post transfer from another hospital
- The hip fracture occurred post-admission (diagnosis with condition onset flag =1)

Targets	77% of patients receive surgery within 48 hours (or an improvement in current performance)
Context	Evidence-based guidelines recommend that patients hospitalised with a hip fracture should undergo surgery within 48 hours of admission. Surgery within 48 hours has been found to be associated with a clinically significant reduction in mortality, increased return to independent living, reduced pressure ulcers and reduced complications.
Related Policies/Programs	Hip Fracture Care, Tranche 2 Leading Better Value Care
Useable data available from	July 2010
Frequency of Reporting	Annually
Time lag to available data	6 months
Business owners	Strategic Reform and Planning Branch
Contact-Policy	Liz Hay, Director, Economics and analysis unit, Strategic Reform and Planning Branch
Contact-Data	Jennifer Williamson, Senior Biostatistician, Economics and analysis unit, Strategic Reform and Planning Branch.

Representation

Datatype	Numeric
Form	Percentage
Representational lay out	NNN.N%
Minimum size	3
Maximum size	5
Data domain	
Date effective	2022
Related National Indicator	Clinical care standard indicators: hip fracture 2018 Metadata Item type: Indicator Set METEOR identifier: 696424 Description: The Australian Commission on Safety and Quality in Health Care has produced the Hip fracture care clinical care standard indicators to assist with local implementation of the Hip fracture care clinical care standard (ACSQHC 2015). The Hip fracture care clinical care standard aims to ensure that patients with a hip fracture receive optimal treatment from presentation to hospital to the completion of their treatment in hospital. This includes timely assessment and management of a hip fracture, timely surgery if indicated, and the early initiation of a tailored care plan aimed at restoring movement and function and minimising the risk of another fracture. Clinicians and health services can use the Hip fracture care clinical care standard and indicators to support the delivery of high-quality care. The Hip fracture care clinical care standard indicators contains indicators against each of the quality statements in the Standard: care at presentation, pain management, orthogeriatric model of care, timing of surgery, mobilisation, and weight-bearing, minimising the risk of another fracture, transition from hospital care. https://meteor.aihw.gov.au/content/696424 Clinical care standard indicators: hip fracture Metadata Item type: Indicator Set METEOR identifier: 628043 Description: The Australian Commission on Safety and Quality in Health Care has produced the Hip fracture care clinical care standard indicators to assist with local implementation of the Hip fracture care clinical care standard (ACSQHC 2015). The Hip fracture care clinical care standard aims to ensure that patients with a hip fracture receive optimal treatment from presentation to hospital to the completion of their treatment in hospital. This includes timely assessment and management of a hip fracture, timely surgery if indicated, and the early initiation of a tailored care plan aimed at restoring movement and function and minimising the risk of another fracture. Clinicians and health services can use the Hip fracture care clinical care standard and indicators to support the delivery of high-quality care.

The Hip fracture care clinical care standard indicators contains indicators against each of the quality statements in the Standard: care at presentation, pain management, orthogeriatric model of care, timing of surgery, mobilisation, and weight-bearing, minimising the risk of another fracture, transition from hospital care.

https://meteor.aihw.gov.au/content/628043

INDICATOR: SIC108	**Electronic Discharge Summaries**: sent electronically and accepted by a GP Broker system (%)
Shortened Title	Electronic Discharge Summaries – GP Broker
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	4.1
Scope	All admitted inpatient stays
Goal	All general practitioners to receive an electronic discharge summary after their patient has received care as a hospital inpatient.
Desired outcome	• To improve care coordination between hospitals and general practitioners • To improve patient health outcomes
Primary point of collection	Patient Administration Systems
Data Collection Source/System	Cerner, iPM, CorePAS
Primary data source for analysis	EDW, Enterprise Service Bus, HealtheNet Clinical Repository
Indicator definition	The percentage of unique discharge summaries sent electronically to a GP Messaging Broker and accepted by a GP's software during a financial year by LHD/SHN, versus total discharged inpatient service events submitted to the HealtheNet Clinical Repository.
Numerator	
Numerator definition	Total number of discharged inpatient service events within a financial year where an electronic discharge summary has been accepted by a GP Broker System. This is indicated by an Electronic Discharge Summary Broker Deliver Status of 'accepted ByBroker'.
Numerator source	HealtheNet Statewide Infrastructure: Rhapsody, Enterprise Service Bus and Clinical Repository Databases
Numerator availability	Monthly
Denominator	
Denominator definition	Total number of admitted inpatient service events within a financial year.
Denominator source	HealtheNet Clinical Repository/EDW
Denominator availability	Monthly

Inclusions	
Exclusions	Day-only episodes
Targets	Target ≥ 51% • Performing: ≥ 51% • Under Performing: ≥ 49% and < 51% • Not Performing: < 49%
Related Policies/ Programs	GL2022_005 (Patient Discharge Documentation)
Useable data available from	1 July 2015
Frequency of Reporting	Monthly
Time lag to available data	
Business owners	
Contact - Policy	Director, Integrated Care Implementation, and Executive Director, System Performance Support Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2016
Related National Indicator	

INDICATOR: IM23-008	**Intensive Care Discharge Performance:** Intensive Care Unit (ICU) patient discharges to a ward within 6 hours of medical clearance for discharge (%)
Shortened Title	ICU Discharge Performance
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.0
Scope	All patients discharged from adult and paediatric ICU beds to inpatient wards and home.
Goal	To optimise the use of intensive care service capacity.
Desired outcome	• Improve the quality and safety of care delivered to critically ill patients • Improve patient, carer, family experience and journey • Improve critically ill patient outcomes • Reduce after-hours discharge from ICU • Improve ICU and hospital length of stay • Improve access to intensive care services
Primary point of collection	Patient Flow Portal
Data Collection Source/System	Patient Flow Portal (PFP)
Primary data source for analysis	PFP Inter Ward Transfers
Indicator definition	The percentage of inpatient discharges from ICU beds to inpatient ward beds or discharged home from ICU or via the Transit/Discharge Lounge, that occur within 6 hours of medical clearance from ICU. **Start of measurement** Time the patient is medically cleared for discharge from ICU, which is defined as the request date/time for an Inter Ward Transfer initiated in PFP. **End of measurement** Time the patient arrives in the inpatient ward or leaves hospital for discharge home which is defined as the ward transfer date/time from ICU as entered into the Patient Administration System or the patient being discharged home directly from the ICU or a transit lounge i.e. second last ward in patient's admission is ICU and final ward is Transit/Discharge Lounge.
Numerator	
Numerator definition	The number of discharges from an adult or paediatric ICU ward where:

- (Patient is transferred from an adult or paediatric ICU ward to a non-adult or non-paediatric ICU ward OR Patient is discharged home) AND
- Patient has been transferred or discharged within 6 hours of IWT request date/time.

Numerator source	Patient Flow Portal
Numerator availability	Available

Denominator

Denominator definition	The number of discharges from an adult or paediatric ICU ward where patient is transferred to a non-adult or non-paediatric ICU ward OR Patient is discharged home from ICU or via the Transit/Discharge Lounge.
Denominator source	Patient Flow Portal
Denominator availability	Available

Inclusions

Numerator and Denominator:

- Facilities with an adult ICU level 4, 5 or 6 or a paediatric ICU
- Adult ICU ward is defined as any patient in ward type = Intensive Care and sub ward type = No Sub Type or Burns Unit or Cardiothoracic or General or Neurosurgery or Surge
- Paediatric ICU ward is defined as any patient in ward type = Paediatrics and sub ward type = Intensive Care
- Patients discharged home include:
  - Mode of separation codes = 1, 2, 3, 8,10 OR refer to LHD specific Discharge Disposition Codes sent to the State Operational Data Store in Appendix A. AND
  - o (Final ward type in patient's admission is adult ICU or paediatric ICU OR second last ward type in patient's admission is adult ICU or paediatric ICU and final ward type is Transit/Discharge Lounge).

Exclusions

Numerator and Denominator:

- Facilities that do not have an adult ICU level 4, 5 or 6 or a paediatric ICU
- Patients transferred to an adult or paediatric ICU ward in the same hospital or another hospital
- Patients transferred to a day only ward defined by the ward day only flag in Patient Flow Portal

Targets

Target: 70%

Percentage of ICU patents transferred to a ward within 6 hours of medical clearance for discharge.

- Performing: ≥70%
- Under Performing: >50% to <70%
- Not performing: <50%

Context	This target is a measure of timeliness of discharge performance, following on from a clinical decision that a patient is ready for discharge from ICU. It supports the timely admission to a hospital bed, for those ICU patients who require inpatient treatment, as it contributes to patient satisfaction and improves outcomes and the availability of ICU services for other patients.
Related Policies/ Programs	• PD2022_012 Admission to Discharge Care Coordination. • Guiding principles to optimise intensive care capacity, October 2019, Agency for Clinical Innovation.
Useable data available from	1 July 2021
Frequency of Reporting	Monthly including current month to date.
Time lag to available data	Real time.
Business owners	
Contact - Policy	Executive Director, System Performance Support Branch
Contact - Data	Executive Director, System Information and Analysis Branch
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Data domain	
Date effective	1 July 2023
Related National Indicator	

INDICATOR: KSA202	**Emergency Department Extended Stays:** Mental Health Presentations staying in ED > 24 hours (number)
Shortened Title	MH ED Extended Stays > 24 hrs
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	3.3
Scope	Emergency Department mental health patients.
Goal	To improve access to mental health inpatient services (where this is required) from Emergency Department.
Desired outcome	Improve patient satisfaction and availability of services with reduced waiting time for admission to acute patient care in a mental health unit from the Emergency Department and to improve the availability of Emergency Department services for other patients.
Primary point of collection	Emergency Department clerk
Data Collection Source/System	Emergency Department Information System (EDIS)/Cerner First Net/other electronic Emergency Department Information Systems
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS) EDW (FACT_ED_SE, FACT_ED_SE_DIAG)
Indicator definition	Number of Mental Health presentations where the patient's stay in ED from Presentation time to actual departure is longer than 24 hours, where the actual departure date (CL_DEPART_DTTM) falls within the reporting period. Where: • **Presentation time in the ED** is the triage time (SUB_EVNT_FIRST_TRIAGE_DTTM). If the triage time is missing it is the arrival time (CL_ARRIVAL_DTTM) and; • **Departure time** is the earlier of CL_DEPART_DTTM or SUB_EVNT_FIRST_PT_DEPART_READY_DTTM for non-admitted patients with a ED Separation Mode codes '01.01', '02', '02.01' or '02.05'; otherwise it is the actual departure date/time (CL_DEPART_DTTM). Mental health patients are identified using ED principal diagnosis codes as follows: **ICD9CM:** • First three characters "294"-"301" or "306"-"314"; • whole codes "V71.01"-"V71.09"; • whole code "799.2"; • whole codes "E950.00"-"E959.99". **ICD10AM:**

	• First three characters “F20”-“F51” or “F53”-“F63” or “F65”-“F69” or “F80”-“F99” or “R44”-“R45” or “X60”-“X84”); • For codes with first two characters “F1”, include only those of form “F1n.5” where n is an integer 0-9. **SNOMED CT** (mapped to ICD10AM V12), using the SNOMED ED Ref Set to ICD10AM 12th Edition Mappings table as stored in the HIRD: http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=49174 **NOTE:** For the purposes of **this** Measure, an *ED presentation* is defined as the totality of an ED visit, from the date and time of Triage (or arrival time if missing) to the point where the visit has concluded and the clinical care in the ED has ceased. Note that some systems include the decimal point in the ICD9 diagnosis code, and some do not
Data Availability	Available.
Inclusions	Mental health patients as identified using ED principal diagnosis codes ICD 9CM, ICD 10AM and SNOMED CT. Emergency type visits (ED_VIS_TYPE_CD = ‘01’, ‘03’, ’11’). Lower /upper age limit – all ages.
Exclusions	Excludes: • Departure status was Did not wait, Left at own risk or Dead on arrival i.e. EDW: ED_SEPR_MODE_CD = ’02.03’, ’02.04’, ‘03’ and ‘98’ • Records with negative or missing length of stay.
Targets	• Target: 0 (zero / nil) presentations during a month • Not performing: >5 presentations during a month • Under performing: ≥ 1 and ≤5 presentations during a month.
Context	Timely admission to a hospital bed, for those Emergency Department patients who require inpatient treatment, contributes to patient comfort and improves outcomes and the availability of Emergency Department services for other patients.
Related Policies/ Programs	• Whole of Health program
Useable data available from	1 July 2021
Frequency of Reporting	Monthly
Time lag to available data	Reporting required by the 10th day of each month, data available for previous month
Business owners	
Contact - Policy	Executive Director, Mental Health Branch
Contact - Data	Executive Director, System Information and Analytics Branch (MOH-SystemInformationAndAnalytics@health.nsw.gov.au.)

Representation

Data type	Numeric
Form	Number
Representational layout	NNNN
Minimum size	1
Maximum size	4

Related National Indicator

Components

Meteor ID 746650 Non-admitted patient emergency department service episode—service episode length, total minutes NNNNN

The amount of time, measured in minutes, between when a patient presents at an emergency department, and when the non-admitted emergency department service episode has concluded

https://meteor.aihw.gov.au/content/index.phtml/itemId/746650

Meteor ID 746098 Emergency department stay—presentation time, hhmm

The time of patient presentation at the emergency department is the time of first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first

https://meteor.aihw.gov.au/content/index.phtml/itemId/746098

INDICATOR: KPI22-03	**Renal Supportive Care Enrolment:** End-Stage Kidney Disease Patient (Number)
Shortened Title	RSC Enrolment
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.0
Scope	All patients with End Stage Kidney Disease (i.e. Stage 5 Chronic Kidney Disease - ≤15% kidney function) for ≥3 months
Goal	Better clinical outcomes for patients
Desired outcome	To achieve a higher enrolment of patients within the Renal Supportive Care program – minimum 20% enrolment of ESKD patients in each LHD by 2024-25.
Primary point of collection	Hospital outpatient clinics
Data Collection Source/System	Non-Admitted Patient Data Collection
Primary data source for analysis	Register of Outcomes, Value and Experience (ROVE)
Indicator definition	Number of unique patients who attended a Renal Supportive Care outpatient clinic within the reporting period.
Numerator	
Numerator definition	Number of unique patients who attended a Renal Supportive Care outpatient clinic as identified by service unit establishment type code '34.12' and '34.13'.
Numerator source	ROVE / Non admitted patient data collection
Numerator availability	6 months following client attendance.
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	Service unit establishment type code '34.12' and '34.13'
Exclusions	Any other establishment type.
Targets	Target: 2024-25 (same as 2023-24) targets are presented in the table below. Targets have been categorised based on whether or not the LHD/Network currently has greater than or less than 20% enrolment. • Performing: target met or exceeded • Under Performing:

  - LHDs currently <20% enrolment - target not achieved (but improvement on baseline)
  - LHDs currently >20% enrolment - N/A
- Not Performing:
  - LHDs currently <20% enrolment - no increase OR decrease in enrolment (compared to baseline)
  - LHDs currently >20% enrolment - decrease in enrolment (compared to baseline)

	Baseline	Minimum no. ESKD patients enrolled in RSC
LHD	Baseline	2024-25
LHDs currently <20%		
Central Coast	37	97
Hunter New England	181	243
Illawarra Shoalhaven	93	106
Murrumbidgee	36	46
Northern NSW	69	94
Northern Sydney	111	176
South Western Sydney	182	393
St Vincent's Health Network	34	42
Sydney	79	192
Western Sydney	108	278
LHDs currently >20%		
Mid North Coast	62	Maintain or exceed baseline
Nepean Blue Mountains	57	
South Eastern Sydney	242	
Southern NSW	35	
Western NSW	126	

Context

Renal Supportive Care (RSC) is a Leading Better Value Care (LBVC) clinical initiative.

Model of care

RSC is a state-wide outpatient hospital avoidance program that integrates renal medicine and palliative care to support patients with chronic kidney disease (CKD), particularly those with End Stage Kidney Disease to live as well as possible. ESKD is the final stage of CKD, where kidney function has declined to the point that kidneys can no longer function on their own.

The number of known ESKD patients in NSW in 2019-20 was 9,478, of these 15.4% (or 1,048) were managed under RSC.

The RSC service model provides multidisciplinary care that integrates renal medicine and palliative care with a focus on quality of life. It is primarily a nurse-led, networked model aimed at patients who are:

- deciding whether or not to pursue Renal Replacement Therapy (RRT) which includes dialysis and kidney transplant
- conservatively managed patients not pursuing RRT
- receiving RRT but experiencing symptoms and/or psychosocial suffering that significantly reduces their quality of life, or
- withdrawing from dialysis.

RSC presents an opportunity to alter the way ESKD is managed and in doing so improve the experience of receiving and providing care, enhance outcomes and optimise resource use.

RSC delivers financial benefits for the health system by avoiding or delaying dialysis when it may not be appropriate for ESKD management.

Enrolment target – minimum 20%

An information package detailing the above enrolment targets was provided to LHD/Network CEs and LBVC program leads in April 2022.

The information package included the findings of the economic appraisal of the Renal Supportive Care program. Guided by a Clinical Advisory Group comprised of clinical experts from several LHDs and the ACI the analysis focused specifically on patients with End Stage Kidney Disease (ESKD) and assessed the economic impact of:

- the RSC program roll-out to date
- further program roll-out to balance patient and health system benefits, and
- selected exploratory scenarios

The analysis showed that RSC has delivered substantial patient and health system benefits to date, however, there is significant variation in program roll-out across NSW with opportunities to further leverage RSC to improve patient outcomes.

To address this variation the Value Based Healthcare Steering Committee agreed on the inclusion of a minimum 20 per cent RSC enrolment target for the ESKD cohort beginning on an incremental basis in the 2022-23 Service Level Agreements (SLAs). Achievement of this minimum enrolment target will balance both the patient and net economic benefits.

Related Policies/Programs	LBVC is a Value Based Healthcare state-wide priority program. In NSW, value based healthcare means continually striving to deliver care that improves: • health outcomes that matter to patients • experiences of receiving care • experiences of providing care • effectiveness and efficiency of care.
Useable data available from	2021
Frequency of Reporting	Quarterly
Time lag to available data	6 months
Business owners	Strategic Reform and Planning Branch

Contact-Policy	Tessa Gastrell, Senior economics and evaluation analyst, Economics and analysis unit, Strategic Reform and Planning Branch.
Contact-Data	Jennifer Williamson, Senior Biostatistician, Economics and analysis unit, Strategic Reform and Planning Branch.
Representation	
Datatype	Numeric
Form	Number
Representational lay out	NNN
Minimum size	1
Maximum size	3
Data domain	
Date effective	2022
Related National Indicator	N/A

INDICATOR: SSA105a, SSA105d & SSA105e	**Emergency Department Presentations Treated within Benchmark Times – Triage 1, 4 & 5 (%)**
Previous ID: SSA105	Emergency Department Presentations (Triage 1,4 & 5) Treated Within Benchmark • Triage 1 (SSA105a) • Triage 4 (SSA105d) • Triage 5 (SSA105e)
Shortened Title	ED presentations treated within benchmark times
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	3.0
Scope	All presentations to the Emergency Department that have been allocated a valid Triage Category
Goal	• To improve access to clinical services • To reduce waiting time in the Emergency Department
Desired outcome	• Reduced waiting time by improvement in process • Better management of resources and workloads
Primary point of collection	Emergency Department Clerk
Data Collection Source/System	Emergency Department Data Collection
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS) ED Service Event Fact Table
Indicator definition	The triage performance is the percentage of presentations where commencement of clinical care is within national performance indicator thresholds for the first assigned triage category as follows: **Triage category 1**: seen within seconds, calculated as less than or equal to 2 minutes **Triage category 4**: clinical care commenced within 60 minutes **Triage category 5**: clinical care commenced within 120 minutes where: • **Presentation time** is the triage date/time (SUB_EVNT_FIRST_TRIAGE_DTTM). If the triage time is missing it is the arrival date/time (CL_ARRIVAL_DTTM) and; • **Commencement of clinical care** is the earliest of first seen clinician date/time or first seen nurse date/time (earliest of SUB_EVNT_FIRST_NURSE_PROTOCOL_DTTM, SUB_EVNT_FIRST_NURSE_PRAC_SEEN_DTTM,

SUB_EVNT_FIRST_DOC_SEEN_DTTM, or SUB_EVNT_FIRST_PHYSICIAN_SEEN_DTTM)

Notes:

- Where a patient changes triage category while waiting for treatment (re-triage), the originally assigned triage category is to be used for the purposes of calculating performance against this service measure.
- For the purposes of **this** Measure, an *ED presentation* is defined as the totality of an ED visit, from the date and time of Triage (or arrival time if missing) to the point where the visit has concluded and the clinical care in the ED has ceased.

Numerator

Numerator definition	The number of presentations within the originally assigned triage category where the time between presentation time and commencement of clinical care is within performance indicator thresholds for the relevant Triage category, where the actual departure date (CL_DEPART_DTTM) falls within the reporting period.
Numerator source	EDWARD (Emergency Department Data Collection)
Numerator availability	Available

Denominator

Denominator definition	The total number of presentations in each triage category, where the actual departure date (CL_DEPART_DTTM) falls within the reporting period.
Denominator source	EDWARD (Emergency Department Data Collection)
Denominator availability	Available

Inclusions

- Only records where Presentation time, and clinical care commenced time are present
- Emergency visit type (ED_VIS_TYPE_CD = '01', '03', '11') i.e. Emergency presentation, unplanned return visit for continuing condition or disaster
- Triage category (ED_TRIAGE_CD) in ('1','4','5')

Exclusions

- Records where waiting time in ED is missing or greater than 99,998 minutes
- Separation mode in (ED_SEPR_MODE_CD in '02.03', '03' or '98') i.e. registered in error, did not wait or dead on arrival
- Duplicate with same facility, MRN, arrival date, arrival time and birth date (EDW: OSP_CBK, CL_ID, CL_ARRIVAL_DTTM and CL_DOB)

Targets

Triage Category 1 = 100%

Performing = 100%

Underperforming = N/A

Not Performing <100%

	Triage Category 4 = 70% **Triage Category 5** = 70%
Context	Triage aims to ensure that patients commence clinical care in a timeframe appropriate to their clinical urgency and allocates patients into one of the 5 triage categories. The accuracy of triage is the core process of clinical services and determining of clinical urgency for treatment. Triage categorisation is required to identify the commencement of the service and the calculation of waiting times.
Related Policies/ Programs	• Whole of Health Program • Centre for Health Care Redesign • PD2013_047 Triage of Patients in NSW Emergency Departments
Useable data available from	July 1995
Frequency of Reporting	Monthly / Weekly
Time lag to available data	Reporting required by the 10th day of each month; data available for previous month
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact – Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	1
Maximum size	3
Data domain	
Date effective	1 July 2007
Related National Indicator	National Healthcare Agreement: PI 21a-Waiting times for emergency hospital care: Proportion seen on time, 2020 Meteor ID 716686 https://meteor.aihw.gov.au/content/index.phtml/itemId/716686 National Health Performance Authority, Hospital Performance: Percentage of patients who commenced treatment within clinically recommended time 2014 Meteor ID: 563081 (Retired 01/07/2016) http://meteor.aihw.gov.au/content/index.phtml/itemId/563081
Components	Meteor ID 746119 Emergency department stay—waiting time (to commencement of clinical care), total minutes NNNNN

Calculated by subtracting the date and time the patient presents to the emergency department from the date and time the emergency department non-admitted clinical care commenced. Although triage category 1 is measured in seconds, it is recognised that the data will not be collected with this precision
https://meteor.aihw.gov.au/content/index.phtml/itemId/746119

Meteor ID 746098 Emergency department stay—presentation time, hhmm

The time of patient presentation at the emergency department is the time of first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first

https://meteor.aihw.gov.au/content/index.phtml/itemId/746098

INDICATOR: SSA101	**Emergency Treatment Performance** - Admitted (%)
Shortened Title	Emergency Treatment Performance – Admitted
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	4.5
Scope	All emergency presentations which were admitted to a ward, to ICU or to theatre from ED.
Goal	To improve access to public hospital services
Desired outcome	• Improved patient satisfaction • Improved efficiency of Emergency Department services
Primary point of collection	Emergency Department Clerk
Data Collection Source/System	Emergency Department Data Collection
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS) EDW (FACT_ED_SE)
Indicator definition	The percentage of ED patients who were subsequently admitted to the same hospital, whose clinical care in the ED has ceased as a result of their physically leaving the ED, and whose ED stay length is ≤ 4 hours. ED stay length is calculated as subtracting presentation date/time from ED physical departure date/time, where: • **Presentation date/time in the ED** is the time and date of the first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first (i.e., the earlier of CL_ARRIVAL_DTTM or SUB_EVNT_FIRST_TRIAGE_DTTM) and; • **Departure date/time** is measured using the following business rules: • If the patient is subsequently admitted to this hospital (either short stay unit, hospital-in-the-home or non-emergency department hospital ward), then record the time the patient leaves the emergency department to go to the admitted patient facility. For NSW, this corresponds to EDW Mode of Separation codes '01', '01.03', '01.04' or '01.05), and is calculated using the "Actual Departure Date and Time" field in source systems (CL_DEPART_DTTM). **NOTE:** For the purposes of **this** Measure, an *ED presentation* is defined as the totality of an ED visit, from the time and date of the first

recorded contact with an emergency department staff member to the point where the visit has concluded and the clinical care in the ED has ceased.

Numerator

Numerator definition	All patients, whose actual departure date (CL_DEPART_DTTM) falls within the reporting period, and who have a length of stay from presentation time to actual departure time of less than or equal to 4 hours, and who are admitted to a ward, to ICU or to theatre from ED, as represented by one of the following separation modes: EDW: '01', '01.03', '01.04' or '01.05'
Numerator source	EDW (Emergency Department Data Collection)
Numerator availability	Available

Denominator

Denominator definition	The total number of emergency department presentations who were admitted to a ward, to ICU or to theatre from ED, where the actual departure date (CL_DEPART_DTTM) falls within the reporting period.
Denominator source	EDW (Emergency Department Data Collection)
Denominator availability	Available

Inclusions

- All patients presenting to the emergency department at facilities that currently provide patient episode data to the non-admitted patients ED minimum data collection
- All patients that departed during the reporting period
- Only records where "Presentation time" (i.e. triage or arrival time) and actual Departure date/time are present.
- The following EDW Emergency Department Modes of Separation values are included in calculation:
  - 01 - Formally admitted, not further defined
  - 01.03 - Formally admitted to admitted patient ward, not elsewhere classified
  - 01.04 - Formally admitted to operating theatre suite
  - 01.05 - Formally admitted to admitted patient critical care unit

Exclusions

- Records where total time in ED is missing, less than zero or greater than 99,998 minutes
- EDW Visit type (ED_VIS_TYPE_CD) of '12' or '13', i.e. Telehealth presentation, current admitted patient presentation
- EDW Separation mode (ED_SEPR_MODE_CD) = '98') i.e. Registered in error
- Duplicate with same facility, MRN, arrival date, arrival time and birth date (EDW: OSP_CBK, CL_ID, CL_ARRIVAL_DTTM and CL_DOB)

Targets

- Performing: ≥50
- Underperforming: ≥43 to <50

	• Not performing: <43
Context	Improved public patient access to emergency department (ED) services by improving efficiency and capacity in public hospitals
Useable data available from	July 1996
Frequency of Reporting	Monthly
Time lag to available data	Reporting required by the 10th day of each month, data available for previous month
Business owners	
Contact – Policy	Executive Director, System Performance Support
Contact – Data	Executive Director, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2012
Related National Indicator	National Healthcare Agreement: PI 21b–Waiting times for emergency hospital care: proportion of patients whose length of emergency department stay is less than or equal to four hours, 2020 Meteor ID: 716695 https://meteor.aihw.gov.au/content/index.phtml/itemId/716695 National Health Performance Authority, Hospital Performance: Waiting times for emergency hospital care: Percentage completed within four hours, 2014 Meteor ID: 558277 – Note: retired 1st July 2016. http://meteor.aihw.gov.au/content/index.phtml/itemId/558277
Components	Meteor ID 746098 Emergency department stay—presentation time, hhmm The time of patient presentation at the emergency department is the time of first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first https://meteor.aihw.gov.au/content/index.phtml/itemId/746098

INDICATOR: KSA103a, KSA103b, KSA103c	**Elective Surgery Access Performance**: Elective Surgery Patients Treated on Time (%) • Category 1 *(KSA103a)* • Category 2 (*KSA103b*) • Category 3 (*KSA103c*) Previously known as: • *"Planned surgery patients admitted on time"* • *"Elective Surgery Patients Admitted Within Clinically Appropriate Time"* • *National Elective Surgery Target Part 1: Elective Surgery Patients Treated on Time (%)*
Shortened Title	Elective Surgery Access Performance
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	2.0
Scope	Planned (elective) surgical cases on the NSW Ministry of Health Waiting Times Collection who were treated during the reporting period.
Goal	To ensure that planned (elective) surgical patients receive their surgery within the clinically recommended timeframe in NSW public hospitals.
Desired outcome	Better management of waiting lists to minimise waiting time for elective surgery.
Primary point of collection	Waiting List/Booking Clerk: Receipt of Recommendation for Admission Form (RFA) to a public hospital for patient registration on waiting list.
Data Collection Source/System	Patient Admission System (PAS)/Waiting List Collection On–Line System (WLCOS)
Primary data source for analysis	Wait List/Scheduling Data Stream (via EDWARD)
Indicator definition	The percentage (%) of planned (elective) surgery patients on the NSW Ministry of Health Waiting Times Collection who were treated within the timeframe recommended for their clinical urgency/priority category.
Numerator	
Numerator definition	Total number of elective surgery patients in the NSW Ministry of Health Elective Surgery Waiting Times Collection who: • have been treated within the reporting period, (measured by removal from the waiting list with a removal status = 1, 2, 7, 8). • For EDW, the equivalent removal status codes are where FACT_WL_BKG_CENSUS.WL_REMOVAL_REASON_CD = '01', '01.01', '01.02', '01.03', '01.05', '01.06', '01.07', '01.08', '01.09', '07.01' or '07.02' and

- were treated within the timeframe recommended for their clinical urgency/priority category, where waiting time is measured from listing date to removal date then subtract any waiting time, in which the clinical urgency/priority category is lower than the last assigned category and subtract any days the patient was Not Ready for Care

Note: Includes:

- Staged patients Refer to Waiting Time and Elective Surgery Policy for management of staged patients
- Emergency admissions where the patient receives treatment for their recorded waitlist procedure

Numerator source	EDWARD
Numerator availability	Available Monthly

Denominator

Denominator definition	Total number of surgical patients in the NSW Ministry of Health Waiting Times Collection who have been admitted for treatment or received the treatment as a non-admitted patient within the reporting period.
Denominator source	WLCOS / EDWARD
Denominator availability	Available

Inclusions

Surgical patients in the NSW Ministry of Health Waiting Times Collection who have been treated, where the:

EDW, WL_REMOVAL_REASON_CD is:

- 01 Service provided at this facility, not further defined
- 01.01 Admitted Patient Service provided as planned at this facility
- 01.02 Non-admitted Patient Service provided as planned at this facility
- 01.03 Intervention / service provided as an emergency admission at this facility
- 01.05 Treated by another non-admitted patient service unit at this hospital
- 01.06 Service provided as non-admitted at this facility (originally intended to be admitted)
- 01.07 Intervention / service provided during a related ED presentation at this facility
- 01.08 Intervention / service provided during an unrelated ED presentation at this facility
- 01.09 Intervention / service provided during unrelated non-admitted patient service at this facility
- 07.01 EXPIRED: Intervention / service provided elsewhere - contracted other NSW LHD / SHN *(for Timeseries analysis only)*
- 07.02 Intervention / service provided elsewhere - contracted private sector

	The list of IPCs that are in-scope of this KPI may be found in HIRD view: Indicator Procedure Code for current KPI year or master list. In EDWARD LRS the inclusions are indicated in the following view: [LRS_MOH].[CERTIFIED].[v_DIM_IPC] • where [DIM_LOGICAL_DELETE_FLAG] = '0' • and [DIM_CURRENT_INDICATOR_FLAG] = '1' • and IPC_EFFT_END_DT > '2026-06-30' • and IPC_IS_ELECTIVE_SURGERY_FLAG = 'Y' • and IPC_IS_VERSION = Indicator Procedure Codes in Scope of Elective Surgery Key Performance Indicator (EDW) applicable version 49213 for 2025/26 • Waitlist Service Event Type 2 and 4
Exclusions	• Patients whose Waiting List Category is not 'Elective Surgery' (EDW: IPC_IS_ELECTIVE_SURGERY_FLAG<> 'Y'). • Elective surgery patients with an Indicator Procedure Code) of 280 (Transcatheter Aortic Valve Implantation (TAVI) - High risk) and (EDW: IND_PROC_CD) of 0281 (Transcatheter Aortic Valve Implantation (TAVI) - Low to Medium risk)
Targets	• Category 1 Target (100.0%) • Category 2 Target (≥ 97.0%); Not performing: (< 93%); Underperforming: (≥ 93% and < 97%) • Category 3 Target (≥ 97.0%); Not performing: (< 95%); Underperforming: (≥ 95% and < 97%)
Comments	Note on the transition to EDWARD: Whereas WLCOS receives the last 3 clinical urgency/priority category changes for a given booking, EDWARD receives all clinical urgency/priority category changes for a given booking. There are some instances where the WLCOS and EDWARD result will differ due to this limitation, with EDWARD reporting a more accurate value.
Context	To ensure timely access to planned (Elective) Surgery.
Related Policies and Programs	• PD2022_001 Elective Surgery Access Policy • Agency for Clinical Innovation: Surgery, Anaesthesia and Critical Care Portfolio • Operating Theatre Efficiency Guidelines: A guide to the efficient management of operating theatres in New South Wales hospitals http://www.aci.health.nsw.gov.au/resources/surgical-services/efficiency/theatre-efficiency
Useable data available from	July 2023
Frequency of Reporting	Monthly
Time lag to available data	Reporting required by the 10th day of each month, data available for previous month.
Business owners	

Contact – Policy	Executive Director, System Purchasing Branch
Contact – Data	Executive Director, System Information and Analytics Branch (MOH-SystemsInformationAndAnalytics@health.nsw.gov.au)

Representation

Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Date effective	1 July 2008

Related National Indicator

INDICATOR: IM2403	**Mental Health Acute Post-Discharge –** Follow up in custody within seven days of discharge from a custodial mental health care area (%) • All persons • Aboriginal persons
Shortened Title	Mental Health: Follow up in Custody Post Discharge
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.2
Scope	Justice Health - Mental Health Services
Goal	Improve the effectiveness of inpatient discharge planning and integration of inpatient and mental health services.
Desired outcome	Increase patient safety in the immediate post-discharge period and reduce the need for early readmission.
Primary point of collection	Administrative and clinical staff at designated acute mental health facilities with mental health unit/beds, psychiatric hospitals, and community mental health facilities.
Data Collection Source/System	Inpatient data: Patient Administration Systems. Community data: SCI-MHOAT, CHIME, CERNER, iPM.
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS) Admitted Patient Data Collection Community Mental Health Data Collection (CHAMB) Enterprise Unique Person Identifier (EUID) Client Area Unique Patient Identifier (AUID) Client Identifier (CLIENT_ID)
Indicator definition	Percentage of overnight separations from NSW acute mental health inpatient units which were followed in custody, within the seven days immediately following that separation, disaggregated by Aboriginality status. Note that Aboriginal persons include people who identify as Aboriginal and/or Torres Strait Islander.
Numerator	
Numerator definition	Overnight separations from NSW acute mental health inpatient units occurring within the reference period which were followed in custody, within the seven days immediately following that separation, disaggregated by Aboriginality status. Aboriginality status = CL_INDGNS_STUS_CD.
Numerator source	Admitted Patient and CHAMB data in EDWARD LRS are linked using:

	(i) EUID, when available (ii) AUID, if EUID is not available (iii) CLIENT_ID, if neither EUID nor AUID is available
Numerator availability	Admitted Patient data available. CHAMB data available.
Denominator	
Denominator definition	Number of overnight separations from a NSW acute psychiatric inpatient unit(s) occurring within the reference period. **Note:** Separations are selected from NSW AP Service Event tables, where Ward Identifier = designated MH units and Unit Type=MH bed types, from Mental Health Service Entity Register (MH-SER) ward tables.
Denominator source	Admitted Patient Data Collection in EDWARD LRS.
Denominator availability	Available.
Inclusions	Includes only overnight separations where the last ward is a designated acute mental health unit. Uses only separations with EUID, AUID or CLIENT_IDto link the separation of inpatients from acute mental health units with patient returning to custody. Includes all financial subprograms (Child & Adolescent, Adult General, Forensic, and Older Persons). Mental health ambulatory service contacts delivered to any registered client who participated in the contact.

Exclusions	Excludes:
	• same-day separations,
	• separations where the length of stay is one night only and a procedure code for Electroconvulsive Therapy (ECT) or Trans-cranial Magnetic Stimulation (TMS) is recorded and
	• separations where the mode of separation is:
	  • death;
	  • transfer to another acute or psychiatric inpatient hospital;
	  • service category change.
	Note: Post-discharge contacts do not include:
	  • Inpatient events in a mental health inpatient unit by inpatient staff
	  • Non client-related events

Targets	On average expect 75% of overnight separations from NSW acute mental health units to be followed up in custody within 7 days of discharge. • Performing: ≥ 75% • Under Performing: ≥ 60% and < 75% • Not Performing: <60%

Context	Follow up and support by professionals and peers post-acute discharge for psychiatric patients leads to an improvement in symptoms severity, readmission rate, level of functioning and patient assessed quality of life. Early and consistent follow up reduces suicide among hospital discharged mental health patients with high suicide risk and history of self-harm. *Source: Key Performance Indicators for Australian Public Mental Health Services, third edition 2013. Australian Govt, Canberra.*
Related Policies/ Programs	The NSW Health Policy Directive "Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services" (PD2019_045), articulates the roles and responsibilities for safe, efficient and effective transfer of care. The policy aims to address two key state targets to improve mental health outcomes: • Reduce re–admissions within 28 days to any facility • Increase the rate of follow–up within 7 days from a NSW public mental health unit
Useable data available from	Financial year 2005/2006
Frequency of Reporting	*Monthly:* Health System Performance (HSP) report.
Time lag to available data	Admitted patient reporting is required by the 13th calendar day of each month for previous month. Data is supplied daily to EDWARD.
Business owners	
Contact - Policy	Executive Director, Mental Health Branch
Contact - Data	Chief Executive – Justice Health and Forensic Mental Health Network
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN
Minimum size	1
Maximum size	3
Data domain	HIRD (Health Information Resource Directory), Indicator specifications in Technical Paper (noted in comment)
Date effective	2005/2006
Related National Indicator	KPIs for Australian Public Mental Health Services (2020) https://meteor.aihw.gov.au/content/index.phtml/itemId/720219 METEOR ID: 720219

INDICATOR: KPI2522	**Average length of stay for Total Hip Replacement (days)**
Shortened Title	Average length of stay – Total Hip Replacement
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	Strategy 2: Safe care is delivered across all settings
Status	Final
Version number	1.0
Scope	All emergency patients who are admitted for a planned total hip replacement procedure in NSW public facilities.
Goal	To ensure that planned surgical patients receive their surgery within the clinically recommended timeframe in NSW public hospitals.
Desired outcome	Improved patient experience, reduced risk of hospital acquired complications, increased capacity for surgery and better management of waiting lists to minimise waiting time for planned surgery
Primary point of collection	Patient administration clerical staff.
Data Collection Source/System	Admitted patient data collection
Primary data source for Analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	The Length of Stay of all planned surgery patients with a DRG I33B (Hip Replacement for Non-Trauma, Minor Complexity)
Numerator	
Numerator definition	The total length of stay in acute care type of selected procedure performed in a reporting period.
Numerator source	Admitted Patient Data Collection
Numerator availability	Monthly
Denominator	
Denominator definition	The total number of selected procedures performed in a reporting period.
Denominator source	Admitted Patient Data Collection.
Denominator availability	Monthly
Inclusions	Planned surgery admitted patient episodes with a Diagnosis Related Group (DRG): I33B Hip Replacement for Non-Trauma, Minor Complexity

Exclusions	• Emergency Admissions, Service Event and Admitted (Formal Admission Urgency Code = 1 Emergency) • Periods of admitted care under Bed Type 25 "Hospital in the Home" program
Targets	Target = 2 days • Performing ≤ 2.00 days • Underperforming > 2.00 and ≤ 2.90 days • Not performing > 2.90 days
Context	To ensure timely access to Planned Surgery
Related Policies/ Programs	• PD2022_001 Elective Surgery Access policy • Agency for Clinical Innovation: • Agency for Clinical Innovation Extended Day Only and Day Only guideline
Useable data available from	July 2022
Frequency of Reporting	Monthly
Time lag to available data	2 months
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics Branch (MOH-SystemsInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Date effective	1 July 2025
Related National Indicator	N/A

INDICATOR: KPI2523	**Average length of stay for Total Knee Replacement (days)**
Shortened Title	Average Length of Stay for – Total Knee Replacement
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	Strategy 2: Safe care is delivered across all settings
Status	Draft
Version number	1.0
Scope	All surgery patients who are admitted for a total knee replacement procedure in NSW public facilities.
Goal	To ensure that planned surgical patients receive their surgery within the clinically recommended timeframe in NSW public hospitals.
Desired outcome	Improved patient experience, reduced risk of hospital acquired complications, increased capacity for surgery and better management of waiting lists to minimise waiting time for planned surgery.
Primary point of collection	Patient administration clerical staff.
Data Collection Source/System	Admitted patient data collection
Primary data source for Analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	The Length of Stay of all planned surgery patients with a DRG of • I04B (Knee Replacement, Minor Complexity)
Numerator	
Numerator definition	The total length of stay in acute care type of selected procedure performed in a reporting period
Numerator source	Admitted Patient Data Collection
Numerator availability	Monthly
Denominator	
Denominator definition	The total number of selected procedures performed in a reporting period.
Denominator source	Admitted Patient Data Collection.
Denominator availability	Monthly
Inclusions	Planned surgery admitted patient episodes with a Diagnosis Related Group (DRG): I04B Knee Replacement, Minor Complexity
Exclusions	• Emergency Admissions, Service Event and Admitted (Formal Admission Urgency Code = 1 Emergency)

	• Periods of admitted care under Bed Type 25 "Hospital in the Home" program
Targets	Target = 2 days • Performing ≤ 2.00 days • Underperforming > 2.00 and ≤ 2.40 days • Not performing > 2.40 days
Context	To ensure timely access to Planned Surgery
Related Policies/ Programs	• PD2022_001 Elective Surgery Access policy • Agency for Clinical Innovation: Surgical Care Network • Agency for Clinical Innovation Extended Day Only and Day Only guideline
Useable data available from	July 2022
Frequency of Reporting	Monthly
Time lag to available data	2 months
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics Branch (MOH-SystemsInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Date effective	1 July 2025
Related National Indicator	N/A

INDICATOR: KPI2524	**Number of Cataract Surgeries Completed in 4-hour Operating Theatre List**
Shortened Title	Number of cataract surgeries completed in 4 hours
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Draft
Version number	1.0
Scope	All sites providing planned lens procedures in NSW public facilities.
Goal	To ensure that planned surgical patients receive their surgery within the clinically recommended timeframe in NSW public hospitals and best use is made of hospital resources.
Desired outcome	Better management of waiting lists to minimise waiting time for planned surgery.
Primary point of collection	Patient administration clerical staff.
Data Collection Source/System	Admitted patient data collection
Primary data source for Analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	The average number of cataract extract surgeries (defined by session primary specialty being ophthalmology and the planned procedure include the string “cataract extraction”) in a 4 hour operating theatre planned cataract extract surgical session or a 4 hour equivalent operating theatre planned cataract surgical period in mixed sessions with both cataract extract and other type of ophthalmological surgeries. The scope of operating theatre sessions for the numerator calculation is the same for the denominator. A completed case is counted for a session according to the counting rule of the in-room duration being principally falling in the session as specified for the SurgiNet data extract specification.
Numerator	
Numerator definition	The total number of cataract extract surgery done in a 4-hour operating theatre session for cataract extract surgery, or total number of cataract extract surgeries done in a 4-hour equivalent operating theatre period for a mixed sessions with cataract extract surgeries and other type of ophthalmology surgery procedures. In the calculation for the numerator: • For a cataract extract single type surgery 4-hour sessions, the number of completed cataract surgeries counted in the session will be the total number of completed surgery cases counted in the

	session. • For a mixed ophthalmology session of four hours, or for any ophthalmology session of other length of time than 4 hours, the estimate of the number of cataract extract surgeries in a 4-hour equivalent cataract surgery period for the session is calculated as: Number of cataract extract surgeries estimate=240 minutes/(average of actual in slot duration of all cataract extract surgeries in the session in minutes + 12 minutes average turnover time).
Numerator source	Relevant SurgiNet data extract or equivalent data extract data view on Local Reporting Solution (LRS)
Numerator availability	Monthly
Denominator	
Denominator definition	The number of in-scope operating theatre booking sessions, which meet all the following criteria: • All sites with SurgiNet data booking session and case mix data extracts available in EDWARD LRS • Planned booking sessions with session starting date falling in the reporting period • Session primary specialty including text “ophthalmology” ”(non-case sensitive) and with at least one cataract extract surgical case completed and counted for the session. Cataract extract surgical case is identified by the planned the procedure description including the text string “cataract”(non-case sensitive) and the case being completed. A session being counted only once with any duplicate sessions removed.
Denominator source	Admitted Patient Data Collection.
Denominator availability	Monthly
Inclusions	
Exclusions	Emergency admissions (Service Event and Admitted: Formal Admission Urgency Code = 1 Emergency)
Targets	An average of 6 or more cataract procedures completed in a 4 hour planned operating theatre session or an equivalent 4-hour operating theatre period. • Performing: ≥6 procedures in 4 hour planned operating theatre session or equivalent 4-hour period. • Underperforming >=5 or <6 procedures in 4 hour planned operating theatre session or equivalent 4-hour period. • Not performing <5 procedures in 4 hour planned operating theatre Session or equivalent 4-hour period.
Context	To ensure timely access to planned surgery

Related Policies/ Programs	• Elective Surgery Access Policy • Agency for Clinical Innovation: Surgery and Anaesthesia stream • The Royal College of Ophthalmologists *High Flow Cataract Surgery* (January 2022) • Getting it Right First Time (GIRFT) *High Flow All Complexity Cataract Surgery* (March 2023) • Agency for Clinical Innovation Extended Day Only and Day Only guideline
Useable data available from	TBC
Frequency of Reporting	Monthly
Time lag to available data	TBC
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics Branch (MOH-SystemsInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Date effective	TBC
Related National Indicator	N/A

INDICATOR: KPI2525	**Hospital in the Home: Activity Growth (%)**
Shortened Title	HITH Growth
Service Agreement Type	Improvement measure
NSW Health Strategic Outcome	Strategy 2: Safe care is delivered across all settings
Status	Draft
Version number	1.0
Scope	All admitted patients of overnight acute care involving HITH service.
Goal	To increase the scope of clinical conditions and that can be managed in HITH setting.
Desired outcome	Increase the number of episodes with HITH service from previous year.
Primary point of collection	Hospital in the Home services
Data Collection Source/System	Admitted Patient Data Collection
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	The percentage increase of overnight episodes of care with all or part of the admitted patient service in HITH (bed type 25) the current financial year to date (FYTD) compared to the same period in the previous FYTD?
Numerator	
Numerator definition	Growth in the FYTD number of acute overnight episodes of care with HITH (bed type 25) compared to the same period of FYTD
Numerator source	EDWARD – Admitted Patient Data Collection
Numerator availability	The availability of the data sources from which the numerator can be extracted and any issues that may exist in accessing the data. e.g. availability may be delayed; problems exist with data quality.
Denominator	
Denominator definition	The number of overnight episodes of care with HITH (bed type 25 in of FYTD of the previous financial year.
Denominator source	EDWARD – Admitted Patient Data Collection

Denominator availability	The availability of the data sources from which the numerator can be extracted (available, not available, available, do problems exist with data quality, comparability, available from which year onwards)
Inclusions	• All Facilities with admitted patient service events (SE_TYPE_CD = '2') with a Bed Type '25' at any time during an admitted patient service event
Exclusions	Justice and Forensic Mental Health Network
Targets	Target 15% increase
Context	As part of the 2024 NSW ED Relief Package $31.4 million over four years will be invested to uplift HITH services. NSW has secured $56.9 million from the Commonwealth over four years (2024-25 to 207-28) to implement a Virtual Specialist Geriatric Care (VSGC) model. This model will be embedded within existing Hospital in the Home (HITH) services and enable older people access to specialist medical care.
Related Policies/ Programs	Hospital in the Home
Useable data available from	The date since when data became available and can be reliably used for comparison purposes
Frequency of Reporting	Monthly
Time lag to available data	10th day of each month for the previous month
Business owners	
Contact - Policy	Director, Connected Care, System Performance Support
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NNN.NN
Minimum size	3
Maximum size	6.
Data domain	
Date effective	1 July 2025

Related National Indicator

Components	Hospital in the home care Meteor ID:327308 https://meteor.aihw.gov.au/content/327308

STRATEGIC HEALTH OUTCOME 3 IMs: People are healthy and well

INDICATOR: PH-008C, PH-008D	**Healthy Children Initiative** - Targeted Family Healthy Eating and Physical Activity Programs (Child and Family) • Aboriginal program - Completed program (%) (PH-008C) • Child and Family Enrollments (number) (PH-008D)
Shortened Title(s)	Aboriginal Program - Completed Program Child and Family – Enrollments
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.5
Scope	Children at risk of or above a healthy weight across NSW
Goal	Reduce overweight and obesity in children across NSW.
Desired outcome	Reduce the risk of lifestyle related chronic disease by promoting healthy growth, increased consumption of fruits and vegetables and increased participation in recommended levels of physical activity.
Primary point of collection	Health Promotion staff and the Service Provider of Child and Family Programs
Data Collection Source/System	LHD reports and Customer Relationship Management (CRM) system (Service Provider)
Primary data source for analysis	Routine enrolment and completion data entered into the CRM system, formatted and transferred by Secure File Transfer to the Centre for Population Health for independent analysis, and LHD reports.
Indicator definition	**PH-008C:** Program Completion: Percentage of children enrolled in the Targeted Family Healthy Eating and Physical Activity Program, Aboriginal Program who complete three or more program sessions. **PH-008D:** Total Enrolments: The number of children enrolled in the Targeted Family Healthy Eating and Physical Activity Program who attend: • one or more program sessions for Aboriginal Program (face to face) • one or more sessions for local initiatives (face to face) • one or more modules and/or* one or more phone coaching sessions for Online health coaching services (includes Go4Fun Online and brief interventions*).
Numerator	
Numerator definition	**PH-008C:** Program Completion: The number of children who complete three or more program sessions, of the Targeted Family Healthy Eating and Physical Activity Program, Aboriginal Program (face to face).

PH-008D: Total Enrolments: The number of children enrolled in the Targeted Family Healthy Eating and Physical Activity Program, to attend:

- one or more program sessions for Aboriginal Program (face to face)
- one or more sessions for local initiatives (face to face)
- one or more modules and/or* one or more phone coaching sessions for Online health coaching services (includes Go4Fun Online and brief interventions*).

Numerator source	Service Provider
Numerator availability	Quarterly

Denominator

Denominator definition	**PH-008C:** Number of children enrolled in the Targeted Family Healthy Eating and Physical Activity Program who attend one or more program sessions for Aboriginal Program (face to face). **PH-008D: N/A**
Denominator source	Service Provider
Denominator availability	Quarterly

Inclusions

Children across NSW who meet the Aboriginal Program /Online health coaching services (including Go4Fun Online and brief interventions/local initiative eligibility criteria.

Exclusions

- Any children who do not fall within the inclusions
- PH-008C: Online health coaching (including Go4Fun, brief interventions) and local initiative participants

Targets

PH-008C: Program Completions: 85% target for all LHDs' individual target.

PH-008D: Total Enrolments: 100% of Total Enrolment of LHDs' individual targets.

LHD ID	LHD Name	2025-26 Target enrolment number
X700	Sydney LHD	44
X710	South Western Sydney LHD	140
X720	South Eastern Sydney LHD	57
X730	Illawarra Shoalhaven LHD	51
X740	Western Sydney LHD	129
X750	Nepean Blue Mountains LHD	61
X760	Northern Sydney LHD	44
X770	Central Coast LHD	59
X800	Hunter New England LHD	111
X810	Northern NSW LHD	38
X820	Mid North Coast LHD	46
X830	Southern NSW LHD	27

X840	Murrumbidgee LHD	37
X850	Western NSW LHD	35
X860	Far West LHD	2

	Enrolment target (PH-008D)	Completion (PH-008C)
Performing	95-100% target	≥ 85%
Under performing	90-94%	≥ 75% & < 85%
Not performing	< 90% target	< 75%

Comments

PH-008C: Completion targets based on Aboriginal Program (face-to-face).

Context

The NSW Healthy Children Initiative (HCI) supports the prevention of overweight and obesity and chronic disease in NSW children and their families.

Standard Go4Fun will no longer be supported at a statewide level from FY25/26 onwards and will be replaced with similar local child and family initiatives.

Aboriginal Go4Fun programs will be replaced with similar local child and family initiatives to support Aboriginal families from January 2026.

Related Policies/ Programs

- Healthy Children Initiative
- NSW Healthy Eating and Active Living Strategy 2022-32

Useable data available from

July 2012

Frequency of Reporting

Quarterly

Time lag to available data

30 days

Business owners

Centre for Population Health

Contact - Policy: Executive Director, Centre for Population Health

Contact - Data: Director, Strategy and PMO

Representation

Data type: Numeric

Form: Number

Representational layout: **PH-008C:** NNN.NN; **PH-008D:** NNN{NNN}

Minimum size: **PH-008C:** 4; **PH-008D:** 3

Maximum size: **PH-008C:** 6; **PH-008D:** 6

Data domain: N/A

Date effective: June 2025

Related National Indicators

INDICATOR: PH-008A	**Healthy Children Initiative** – Children's Healthy Eating and Physical Activity Program: Early Childhood Services – 65% Sites Achieving All (100%) of Munch and Move Program Practices (%)
Shortened Title	Munch and Move
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	4.1
Scope	All NSW centre-based and nominated non centre-based Early Childhood Services (ECS) (i.e. mobile, early intervention and distance education)
Goal	To increase the proportion of Early Childhood Services in NSW that implement and adopt the Munch & Move program.
Desired outcome	Reduce the risk of lifestyle related chronic diseases by promoting healthy eating and physical activity to support healthy weight.
Primary point of collection	LHD Program Manager and Health Promotion Officers
Data Collection Source/System	Population Health Information Management System: Healthy Children Initiative (PHIMS-HCI)
Primary data source for analysis	Population Health Information Management System: Healthy Children Initiative (PHIMS-HCI)
Indicator definition	The proportion of centre-based and nominated non centre-based ECSs that have adopted the Munch & Move program to agreed proportion of practices
Numerator	
Numerator definition	Total number of centre-based and nominated non centre-based ECSs that: • are active within the defined reporting period and • are on the reference list of ECS's in PHIMS and • have achieved 60% of the relevant* Munch and Move program practices within the defined reporting period.
Numerator source	PHIMS-HCI
Numerator availability	Quarterly
Denominator	
Denominator definition	Total number of centre-based and nominated non centre-based ECSs that: • are active within the defined reporting period and • are on the reference list of ECSs in PHIMS.
Denominator source	PHIMS-HCI
Denominator availability	Quarterly

Inclusions	
Exclusions	
Targets	The reach target is cumulative, and quarterly performance will be monitored against quarterly targets below: • Quarter 1: 25 % of all ECS to achieve 100% of M&M program practices • Quarter 2 :40% of all ECS to achieve 100% of M&M program practices • Quarter 3: 55% of all ECS to achieve 100% of M&M program practices • Quarter 4: ≥ 65% of all ECS to achieve 100% of M&M program practices ≥ 65% of all centre-based Early Childhood Services are implementing the program (defined as having submitted practice entry in new PHIMS since 1 August, 2024) • Performing: ≥ quarterly target achieves of sites achieving ≥ 100% of practices • Under Performing: 3-4<5% below quarterly target of sites achieving ≥ 100% of practices • Not Performing: ≥ 5% below quarterly target of sites achieving ≥ 100% of practices
Comments	Some practices may not be relevant to an ECS site. For example, an ECS that only caters for children 3-5 years of age would not be monitored on the practice of implementing a breastfeeding policy, procedure or guideline as this only applies to services providing care for children 0-12 months of age.
Context	The Early Childhood & Schools team supports the prevention of overweight and obesity and chronic disease in NSW children and their families. Targets are set for adoption of the Children's Healthy Eating and Physical Activity Program by centre-based early childhood services. LHDs are fully funded for this initiative.
Related Policies/ Programs	• NSW Healthy Eating and Active Living Strategy • Healthy Children Initiative
Useable data available from	From July 2012 to June 2024 form PHIMS-HCI original version as per notes below: • Practice data comparable from July 2012- June 2017. • Enhanced practices data available from July 2017 but not comparable to July 2012 – June 2017 period.
Frequency of Reporting	Quarterly
Time lag to available data	Real-time (though dependent on timely data entry)
Business owners	
Contact - Policy	Executive Director, Centre for Population Health
Contact - Data	Director, Strategy and PMO
Representation	

Data type	Numeric
Form	Number
Representational layout	NNN.NN
Minimum size	3
Maximum size	5
Data domain	N/A
Date effective	

Related National Indicators

INDICATOR: PH-008B	**Healthy Children Initiative** – Children's Healthy Eating and Physical Activity Program – 65% Primary Schools Achieving Agreed Proportion (60%) of Live Life Well @ School Program Practices (%)
Shortened Title	Live Life Well @ School
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	3.2
Scope	All primary schools in NSW
Goal	To increase the proportion of primary schools in NSW that implement and adopt the Live Life Well @ School program.
Desired outcome	Reduce the risk of lifestyle related chronic diseases by promoting healthy eating and physical activity to support healthy weight.
Primary point of collection	LHD Program Manager and Health Promotion Officers
Data Collection Source/System	Population Health Information Management System: Healthy Children Initiative (PHIMS-HCI)
Primary data source for analysis	Population Health Information Management System: Healthy Children Initiative (PHIMS-HCI)
Indicator definition	The proportion of primary schools and nominated non-main-stream primary schools that have adopted the Live Life Well@ School program to agreed proportion of practices
Numerator	
Numerator definition	Total number of primary schools and nominated non main-stream primary schools that: • are active within the defined reporting period and • are on the reference list of Primary schools in PHIMS, and • have achieved 60%, of the Live Life Well @School program practices within the defined reporting period.
Numerator source	PHIMS-HCI
Numerator availability	Quarterly
Denominator	
Denominator definition	Total number of primary schools and nominated non main-stream primary schools that: • are active within the defined reporting period and • are on the reference list of Primary schools in PHIMS.
Denominator source	PHIMS-HCI

Denominator availability	Quarterly
Inclusions	
Exclusions	
Targets	The target is cumulative and quarterly performance will be monitored against quarterly targets below. 60% of practices is equal to 3 out of 5 program practices • Quarter 1: 65% of all schools to achieve 60% of Live Life Well@ School program practices • Quarter 2 : 70% of all schools to achieve 60 % of Live Life Well@ School program practices • Quarter 3: 72.5% of all schools to achieve 60% of Live Life Well@ School program practices • Quarter 4: ≥ 75% of all schools to achieve 60% of Live Life Well@ School program practices ≥ 65% of all primary schools are implementing the program (defined as PH achieving 60 % of Live Life Well@ School program practices), • Performing: ≥ quarterly target achieves ≥ 60% of practices • Under Performing: <5% below quarterly target of sites achieving ≥ 60% of practices • Not Performing: ≥ 5% below quarterly target of sites achieving ≥ 60% of practices Some practice(s) may not be relevant to a primary school. For example, if a primary school does not have a canteen.
Context	The Early Childhood and Schools team supports the prevention of overweight and obesity and chronic disease in NSW children and their families. Targets are set for adoption of the Children's Healthy Eating and Physical Activity Program by primary schools. LHDs are fully funded for this initiative.
Related Policies/ Programs	NSW Healthy Eating and Active Living Strategy
Useable data available from	• From July 2012 to June 2024 from PHIMS -HCI original version as per notes below: • Practice data comparable from July 2012- June 2017. • Enhanced practices data available from July 2017 but not comparable to July 2012 – June 2017 period.
Frequency of Reporting	Quarterly
Time lag to available data	Real time, though dependent on timely data entry
Business owners	**Centre for Population Health**
Contact - Policy	Executive Director, Centre for Population Health
Contact - Data	Director, Strategy and PMO
Representation	

Data type	Numeric
Form	Number
Representational layout	NNN
Minimum size	2
Maximum size	3
Data domain	N/A
Date effective	

Related National Indicators

INDICATOR: PH-011B	**Get Healthy Service –Enrolments** (Number)
Shortened Title	Get Healthy Service Enrolments
Service Agreement Type	Improvement Measures
NSW Health Strategic Outcome	3: People are healthy and well.
Status	Final
Version number	3.1
Scope	Adults aged 16 years and over across NSW
Goal	Reduced prevalence of overweight/obesity in adults 16 years and over across NSW.
Desired outcome	Reduce the risk of lifestyle related chronic disease by promoting healthy weight, increase consumption of fruits and vegetables, increase participation in recommended levels of physical activity and reduction in risky alcohol consumption.
Primary point of collection	Service provider
Data Collection Source/System	Customer Relationship Management (CRM) system
Primary data source for analysis	Monthly enrolment data entered into the CRM system and transferred by Secure File Transfer to Centre for Population Health for independent analysis.
Indicator definition	The number of adults aged 16 years and over who are referred to the Get Healthy Service that result in an enrolment in a coaching program or brief intervention program.
Numerator	
Numerator definition	Total number of adults aged 16 years and over who were referred to the Get Healthy Service that enroll into a coaching program or brief intervention program in the 2025-2026 reporting period. Enrolment: Enrolments are defined as a participant joining any of the Get Healthy Service Coaching programs or opting for Brief Intervention.
Numerator source	CRM
Numerator availability	Quarterly
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	Adults aged 16 years and over.
Exclusions	Children and young people aged less than 16 years of age

Targets	- CCLHD – 384 enrolments (768 referral goal) - FWLHD – 33 enrolments (66 referral goal) - HNELHD – 1058 enrolments (2116 referral goal) - ISLHD – 465 enrolments (930 referral goal) - MNCLHD – 253 enrolments (506 referral goal) - MLHD – 335 enrolments (670 referral goal) - NBMLHD – 425 enrolments (850 referral goal) - NSLHD – 1019 enrolments (2038 referral goal) - NNSWLHD – 343 enrolments (686 referral goal) - SESLHD – 988 enrolments (1976 referral goal) - SWSLHD – 1170 enrolments (2340 referral goal) - SNSWLHD – 241 enrolments (482 referral goal) - SLHD – 718 enrolments (1436 referral goal) - WNSWLHD – 311 enrolments (622 referral goal) - WSLHD – 1167 enrolments (2334 referral goal) Statewide Total 8910 enrolments (17820 referral goal) The enrolment target is based on 50% enrolment target of a referral goal. The referral goal is based on the LHD population size in 2021 (approximately 220 per 100,000 population) and previous years referral performance. • Performing: ≥100% target • Under Performing: 90-99% target • Not Performing: <90% target
Context	The NSW Healthy Eating and Active Living Strategy (HEAL) commits NSW to achieving targets related to the delivery of the Get Healthy Service. Achieving the enrolment goal for the Get Healthy Service requires an increase of referral to program across NSW. LHDs are supported to promote this initiative.
Related Policies/ Programs	NSW Healthy Eating and Active Living Strategy 2022-23
Useable data available from	February 2009
Frequency of Reporting	Quarterly
Time lag to available data	60 days
Business owners	Office of the Chief Health Officer
Contact - Policy	Executive Director, Centre for Population Health
Contact - Data	Director, Strategy and PMO
Representation	
Data type	Numeric
Form	Number
Representational layout	N{NNN}

Minimum size	1
Maximum size	4
Data domain	N/A
Date effective	June 2022
Related National Indicators	N/A

INDICATOR: PH-017A	**Tobacco and E cigarette Compliance Monitoring**: compliance with the *NSW Health Smoke-free Health Care Policy* (%) People (staff, patients, visitors and contractors) who are observed smoking or vaping (using e-cigarettes) on hospital and health service grounds in high profile areas during a two-hour observation period (%)
Shortened Title	Tobacco Compliance Monitoring
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well.
Status	Final
Version number	1.4
Scope	All NSW Health facilities, grounds and vehicles are smoke-free and e-cigarette aerosol-free.
Goal	Reduce the risks to health associated with tobacco and vaping (smoking and e-cigarette use) by clients, staff and visitors to NSW Health facilities and the community's exposure to second-hand smoke and secondhand e-cigarette aerosol.
Desired outcome	Eliminate the risks of exposure to particulate matter emitted by second-hand smoke and aerosol.
Primary point of collection	High profile areas of public hospitals or health services in Local Health Districts. Observations to be conducted in at least three facilities located within the Local Health District. Site selection needs to include at least one major hospital or health service within the Local Health District with a focus on those where complaints have been received regarding breaches of smoking and vaping bans. The same site and area selected must be used for all quarterly observations within the financial year.
Data Collection Source/System	Standard excel quarterly reporting template provided by the Ministry of Health or Tally sheet, or template individually developed by each Local Health District. Reporting templates should include high level commentary surrounding compliance or non-compliance of target measures and any actions being taken to address non-compliance.
Primary data source for analysis	Local Health Districts can develop and complete a reporting template based on the information required in the 'Protocol for Monitoring compliance with the *NSW Health Smoke-free Health Care Policy*' or use the standard reporting template provided by the Ministry of Health. Compliance activity reports are submitted to the Centre for Population Health no later than two weeks following the end of each quarter.

Indicator definition	Percentage of people (including staff, patients, and visitors) who are observed smoking or vaping in a high-profile area on hospital and health service grounds during a two-hour observation period. Note it is the occasions of smoking and/or vaping use, not the number of individual people who smoke and/or use e-cigarettes, which are counted.
Numerator	
Numerator definition	Occasions of smoking and vaping use observed in high profile area of hospital and health service grounds.
Numerator source	Tally sheet or template
Numerator availability	Quarterly
Denominator	
Denominator definition	Total number of people (excluding those who appear to be less than 18 years of age) observed in the same area.
Denominator source	Tally sheet or template
Denominator availability	Quarterly
Inclusions	All people who enter the designated site (hospital or health service ground) during the two-hour observation period.
Exclusions	Anyone who appears to be less than 18 years of age.
Targets	98% compliance with Smoke-free Health Care Policy
Context	Local Health Districts are responsible for ensuring compliance with the NSW Health Smoke-free Health Care Policy by patients, staff and visitors. Compliance with the Policy means that all NSW Health buildings, grounds and vehicles are smoke-free and e-cigarette aerosol-free, with the exception of designated outdoor smoking areas determined by Local Health Districts and specialty network governed statutory health corporations that choose to provide such areas using a smoke-free by-law. Each Local Health District will monitor compliance with the Policy.
Related Policies/ Programs	NSW Health Smoke-free Health Care Policy (PD2015_003)
Useable data available from	July 2015
Frequency of Reporting	Quarterly
Time lag to available data	One month.
Business owners	**Centre for Population Health**
Contact - Policy	Executive Director, Centre for Population Health
Contact - Data	Manager, Tobacco and E-cigarette Policy Unit, Centre for Population Health
Representation	
Data type	Numeric

Form	Number
Representational layout	NNN.NN
Minimum size	1
Maximum size	4
Data domain	N/A
Date effective	June 2022

Related National Indicators

INDICATOR: DPH_1402	**Meningococcal Vaccination** for serogroups A, C, W, Y (%) Percentage (%) of 17 year olds vaccinated against meningococcal serogroups A, C, W, Y
Shortened Title	Meningococcal Vaccination
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	2.2
Scope	All adolescents aged 17 years.
Goal	To reduce the incidence of vaccine preventable diseases in children and increase immunisation coverage rates through the implementation of a school based vaccination program.
Desired outcome	Reduce illness and death associated with meningococcal disease from serogroups A, C, W, Y in the target population.
Primary point of collection	Data collected by public health units, general practitioners, community health centres, Aboriginal medical centres and community pharmacies
Data Collection Source/System	Forms and electronic submissions to Australian Immunisation Register (AIR)
Primary data source for analysis	Australian Immunisation Register (AIR)
Indicator definition	The percentage of adolescents aged 17 years who are registered with Medicare and have received a dose of meningococcal ACWY vaccine.
Numerator	
Numerator definition	Number of adolescents aged 17 years who have received a dose of meningococcal ACWY vaccine as prescribed by the Australian Immunisation Register.
Numerator source	Australian Immunisation Register (AIR)
Numerator availability	Available annually
Denominator	
Denominator definition	Adolescents aged 17 years registered with Medicare Australia.
Denominator source	Australian Immunisation Register (AIR)
Denominator availability	Available
Inclusions	All adolescents 17 years of age.

Exclusions	As per inclusions above.
Targets	80% for each LHD and NSW as a whole
Context	Although there has been substantial progress in reducing the incidence of vaccine preventable disease in NSW it is an ongoing challenge to ensure optimal coverage
Related Policies/ Programs	National Immunisation Program
Useable data available from	2016
Frequency of Reporting	Quarterly
Time lag to available data	90 days.
Business owners	Health Protection NSW
Contact - Policy	Manager, Immunisation Unit, Health Protection NSW
Contact - Data	Manager, Immunisation Unit, Health Protection NSW
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	4
Maximum size	6
Data domain	
Date effective	
Related National Indicator	N/A

INDICATOR: KF-001

Aboriginal Maternal Infant Health Services - Women with Aboriginal babies accessing the service (Number)

Shortened Title	Women with Aboriginal Babies Accessing AMIHS
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.1
Scope	Eligible pregnant women offered an Aboriginal Maternal Infant Health Service
Goal	Maintain current level of service delivery.
Desired outcome	Eligible pregnant women receive an Aboriginal Maternal Infant Health Service
Primary point of collection	Aboriginal Maternal and Infant Health Services
Data Collection Source/System	Aboriginal Maternal and Infant Health Service Data Collection
Primary data source for analysis	eMaternity
Indicator definition	The number of new clients registered in an Aboriginal Maternal Infant Health Service.
Numerator	
Numerator definition	Total number of new clients (pregnant women who identify their baby as Aboriginal) admitted to the Aboriginal Maternal Infant Health Service.
Numerator source	
Numerator availability	
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	Non-Aboriginal women who identify their baby/ies as Aboriginal
Exclusions	Pregnant women who do not identify their baby/ies as Aboriginal
Targets	N/A
Context	The Aboriginal Maternal and Infant Health Service is a community-based maternity service, with a midwife and Aboriginal Health Worker working in partnership with Aboriginal families to provide culturally appropriate and respectful care for Aboriginal women and babies.
Related Policies/ Programs	PD2010_017 Maternal & Child Health Primary Health Care Policy

Useable data available from	2014
Frequency of Reporting	Quarterly
Time lag to available data	3 months
Business owners	**Health and Social Policy Branch**
Contact - Policy	Director, Maternity, Child Youth & Paediatrics
Contact - Data	Director, Maternity, Child Youth & Paediatrics
Representation	
Data type	Numeric
Form	Number
Representational layout	N{7}
Minimum size	2
Maximum size	7
Data domain	N/A
Date effective	
Related National Indicators	N/A

INDICATOR: KF-002	**Building Strong Foundations** for Aboriginal Children, Families and Communities – Children enrolled (Number)

Shortened Title	Building Strong Foundations – Children enrolled
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.1
Scope	
Goal	Maintain current level of service delivery.
Desired outcome	Aims to ensure that local Aboriginal children and families have improved access to culturally appropriate child and family health care so that Aboriginal children are healthy and ready to learn when they start school.
Primary point of collection	Building Strong Foundations for Aboriginal Communities, Families and Communities Services (child and family health nurses)
Data Collection Source/System	Excel spreadsheet OR CHOC system where LHD has installed the update that includes the extract.
Primary data source for analysis	Excel spreadsheet
Indicator definition	The number of new clients (incident cases) enrolled in the Building Strong Foundations service.
Numerator	
Numerator definition	Total number of new clients (incident cases) enrolled in the Building Strong Foundations service during the reporting period.
Numerator source	Excel spreadsheet
Numerator availability	Quarterly
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	As per the data dictionary provided with the spreadsheet.
Exclusions	As per the data dictionary provided with the spreadsheet.
Targets	As agreed with the Health and Social Policy Branch.

	The set target is estimated using the data supplied by Services as part of their Annual Report requirements.
Context	Building Strong Foundations provides culturally appropriate early childhood health services for Aboriginal children, birth to school entry age and their families.
Related Policies/ Programs	PD2016_013 Building Strong Foundations (BSF) Program Service Standards
Useable data available from	2015
Frequency of Reporting	Annual
Time lag to available data	12 months
Business owners	**Health and Social Policy Branch**
Contact - Policy	Deborah Matha, Director, Maternity, Child Youth & Paediatrics
Contact - Data	Deborah Matha, Director, Maternity, Child Youth & Paediatrics
Representation	
Data type	Numeric
Form	Number
Representational layout	N{7}
Minimum size	2
Maximum size	7
Data domain	N/A
Date effective	
Related National Indicators	N/A

INDICATOR: KS1410	**Human Immunodeficiency Virus (HIV) Testing** - Within publicly funded HIV and sexual health services (Variance %)
Shortened Title	HIV Testing
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.21
Scope	All publicly funded HIV, sexual health and other targeted services in NSW
Goal	To achieve the NSW HIV Strategy target of 95% of people living with HIV in NSW being diagnosed.
Desired outcome	To improve case detection and early diagnosis of HIV and reduce late diagnosis.
Primary point of collection	Clinical staff at publicly funded HIV and Sexual Health services
Data Collection Source/System	Multiple data collections and source systems in NSW sexual health and HIV clinical services.
Primary data source for analysis	HIV-STI Clinical Services Database
Indicator definition	The percentage variance from target of HIV tests provided in publicly funded HIV, sexual health, and other targeted services.
Numerator	
Numerator definition	Number of HIV tests provided in publicly funded HIV, sexual health services and other targeted services.
Numerator source	HIV-STI Clinical Services Database
Numerator availability	Quarterly
Denominator	
Denominator definition	Target number of HIV tests expected to be provided in publicly- funded HIV, sexual health services and other targeted services.
Denominator source	N/A
Denominator availability	N/A
Inclusions	Laboratory HIV tests, HIV rapid point of care tests, and HIV dried blood spot tests conducted in publicly funded HIV, sexual health, and other targeted services, including emergency department, drug and alcohol, mental health services and other agreed services.
Exclusions	N/A
Targets	• SLHD – 11,411

	• SWSLHD – 4,400 • SESLHD – 27,914 • ISLHD – 1,300 • WSLHD – 5,979 • NBMLHD – 2,040 • NSLHD – 3,569 • CCLHD – 1,250 • HNELHD – 4,569 • NNSWLHD – 1,700 • MNCLHD – 800 • SNSWLHD – 300 • MLHD – 810 • WNSWLHD – 1,100 • FWLHD – 250 • SVHN – 1,700
	• Performing: >= LHD target • Under performing:> 95% but < 100% of LHD target • Not performing: <= 95% of LHD target
Context	NSW Government has committed to achieve the target of 95% of people living with HIV in NSW have been diagnosed and normalise HIV testing for people at risk. Testing should remain high and well targeted using a range of innovative models in priority settings to priority populations
Related Policies/ Programs	NSW HIV Strategy 2021-2025
Useable data available from	July 2013
Frequency of Reporting	Quarterly
Time lag to available data	Six weeks after quarter ends
Business owners	Office of the Chief Health Officer
Contact - Policy	Executive Director, Centre for Population Health
Contact - Data	Director, Population Health Strategy and PMO, CPH
Representation	
Data type	Numeric
Form	Percentage
Representational layout	N{NN}%
Minimum size	1
Maximum size	3
Data domain	N/A
Date effective	June 2022

Related National Indicators

Indicator	Proportion of gay men who have been tested for HIV in the previous 12 months
Source	Eighth National HIV Strategy –2018 – 2022

INDICATOR: SPH008, SPH009, SPH010, SPH011	**Comprehensive Antenatal Visits** - for all pregnant women before 14 weeks gestation:
	First comprehensive antenatal visit provided before 14 weeks gestation (%) for all women who: • are Aboriginal (***SPH008***) • are non-Aboriginal with an Aboriginal baby (***SPH009***) • are non-Aboriginal with a non-Aboriginal baby (***SPH010***) • All women (***SPH011***)
Shortened Title	Comprehensive Antenatal Visits
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	2.1
Scope	All mothers giving birth to babies in NSW
Goal	• To increase the proportion of women giving birth receiving comprehensive maternity care early in pregnancy. • To increase the proportion of Aboriginal and non-Aboriginal women giving birth to Aboriginal babies receiving comprehensive maternity care early in pregnancy. • Reduced rates of perinatal mortality, preterm birth and low birth weight in Aboriginal babies.
Version number	1.0
Primary point of collection	NSW Aboriginal Maternal and Infant Health Service midwives, hospitals' midwives and independent midwives.
Data Collection Source/System	• Local Health Districts: eMaternity and Cerner/eMR, MIDISTART, Facility based electronic obstetric systems, Manual collection • NSWHealth: MDCOS (Perinatal Data Collection Online System)
Primary data source for analysis	NSW Perinatal Data Collection (SaPHaRI)
Indicator definition	Percentage of women who gave birth where an antenatal visit was reported in the first trimester (up to and including 13 completed weeks), for at least one live or stillborn baby. Aboriginal means reported as Aboriginal or Torres Strait Islander. Birth means live birth or stillbirth First trimester means up to and including 13 completed weeks This indicator is reported for: • Aboriginal women • non-Aboriginal women giving birth to Aboriginal babies • non-Aboriginal women giving birth to non-Aboriginal babies • All women giving birth

Numerator	
Numerator definition	(a) Number of Aboriginal women who gave birth where an antenatal visit was reported in the first trimester (b) Number of non-Aboriginal women who gave birth to an Aboriginal baby where an antenatal visit was reported in the first trimester (c) Number of non-Aboriginal women who gave birth to a non-Aboriginal baby where an antenatal visit was reported in the first trimester (d) Number of women who gave birth where an antenatal visit was reported in the first trimester
Numerator source	NSW Perinatal Data Collection
Numerator availability	Annually
Denominator	
Denominator definition	(a) Number of Aboriginal women who gave birth (b) Number of non-Aboriginal women who gave birth to an Aboriginal baby (c) Number of non-Aboriginal women who gave birth to a non-Aboriginal baby (d) Number of women who gave birth
Denominator source	NSW Perinatal Data Collection
Denominator availability	Annually
Inclusions	Women giving birth to babies in NSW, regardless of their place of residence
Exclusions	Women giving birth outside NSW, who normally reside in NSW
Reporting	
Reporting required by LHDs	Yes
Indicators reported to	Health Statistics NSW
Next report due	Ongoing
Targets	LHDs to bring performance to 90% - 100% over 3-5 years
Context	Antenatal visits are well established as a means of improving perinatal outcomes. Social disadvantage and family disruption are continuing effects of government policies that have contributed to Aboriginal peoples having the worst health status of any identifiable group in Australia and the poorest access to services. There is evidence that Aboriginal women attend fewer antenatal visits compared with non-Aboriginal women. National guidelines recommend that the first antenatal visit occur before 10 weeks pregnancy to meet high information needs in early pregnancy and allow arrangements to be made for tests that are most effective early in the pregnancy. The criteria for the first comprehensive antenatal visit can be found in the Australian Pregnancy Care Guidelines, pages 44-46.
Related Policies/ Programs	2022-24 NSW Implementation Plan on Closing the Gap NSW Aboriginal Health Plan 2022-23

	COAG Closing the Gap, AHMAC Clinical Practice Guidelines – Antenatal Care (Module 1)
Major existing uses	• Quit for New Life Program Evaluation • Health Statistics NSW
Useable data available from	2012
Frequency of Reporting	Annual
Time lag to available data	Usual: 7 months following the close of the 6-month period ie January for January-June of the previous year, and July for July to December of the previous year.
Business owners	Office of the Chief Health Officer
Contact - Policy	Director, Maternity Policy and Strategy
Contact - Data	Associate Director, Epidemiology and Biostatistics
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	4
Maximum size	6
Data domain	
Documentation of indicator	
Source	NSW Perinatal Data Collection (SAPHaRI)
Source identification	
Publisher	Centre for Epidemiology and Evidence
Planned review date	2015
Date effective	
Date ineffective	
Related National Indicators	National Indigenous Reform Agreement: PI 09-Antenatal care, 2020 https://meteor.aihw.gov.au/content/718488

INDICATOR: SIC101, SIC102, SIC103, SIC104	**Potentially Preventable Hospitalisations** (Rate per 100,000) • Vaccine-preventable conditions (*SIC101*) • Chronic conditions (*SIC102*) • Acute conditions (*SIC103*) • All potentially preventable hospitalisations (*SIC104*)
Shortened Title(s)	• Vaccine Potentially Preventable Hospitalisations • Chronic Potentially Preventable Hospitalisations • Acute Potentially Preventable Hospitalisations • All Potentially Preventable Hospitalisations
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.6
Scope	All completed admitted inpatient episodes
Goal	Reduction of hospital admissions for selected conditions
Desired outcome	Improved health and increased independence for people who can be kept well at home, while reducing unnecessary demand on hospital services.
Primary point of collection	Patient Medical Record
Data Collection Source/System	Hospital PAS systems, Admitted Patient Data Collection
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS) EDW (FACT_AP_SE)
Indicator definition	The number of potentially preventable hospitalisations, expressed as a rate per 100,000, further disaggregated by condition type. The following are the list of ICD10AM diagnosis codes (applicable for 10th edition) that are to be used for the calculation of this service measure, along with their criteria.

Vaccine-preventable conditions (*SIC101*):

J10	Influenza due to other identified influenza virus	In any diagnosis. Exclude people under 2 months.
J11	Influenza, virus not identified	In any diagnosis. Exclude people under 2 months.
J13	Pneumonia due to *Streptococcus pneumoniae*	In any diagnosis. Exclude people under 2 months.
J14	Pneumonia due to *Haemophilus influenzae*	In any diagnosis. Exclude people under 2 months.
A08.0	Rotaviral enteritis	In any diagnosis.

A35	Other tetanus	In any diagnosis.
A36	Diphtheria	In any diagnosis.
A37	Whooping cough	In any diagnosis.
A80	Acute poliomyelitis	In any diagnosis.
B01	Varicella [chicken pox]	In any diagnosis.
B05	Measles	In any diagnosis.
B06	Rubella [German measles]	In any diagnosis.
B16.1	Acute hepatitis B with delta-agent (coinfection) without hepatic coma	In any diagnosis.
B16.9	Acute hepatitis B without delta-agent and without hepatic coma	In any diagnosis.
B18.0	Chronic viral hepatitis B with delta-agent	In any diagnosis.
B18.1	Chronic viral hepatitis B without delta-agent	In any diagnosis.
B26	Mumps	In any diagnosis.
G00.0	Haemophilus meningitis	In any diagnosis.

Chronic conditions (*SIC102*):

J45	Asthma	As principal diagnosis. Exclude children aged less than 4 years.
J46	Status asthmaticus	As principal diagnosis. Exclude children aged less than 4 years.
I50	Heart failure	As principal diagnosis. Exclude cases with the following cardiac procedure codes: Blocks [600]–[606], [608]–[650], [653]–[657], [660]–[664], [666], [669]–[682], [684]–[691], [693], [705]–[707], [717] and codes 33172-00[715], 33827-01[733], 34800-00[726], 35412-00[11], 38721-01[733], 90217-02[734], 90215-02[732].
I11.0	Hypertensive heart disease with (congestive) heart failure	As principal diagnosis. Exclude cases with the following cardiac procedure codes: Blocks [600]–[606], [608]–[650], [653]–[657], [660]–[664], [666], [669]–[682], [684]–[691], [693], [705]–[707], [717] and codes 33172-00[715], 33827-01[733], 34800-00[726], 35412-00[11], 38721-01[733], 90217-02[734], 90215-02[732].
J81	Pulmonary oedema	As principal diagnosis. Exclude cases with the following cardiac procedure codes: Blocks [600]–[606], [608]–[650], [653]–[657], [660]–[664], [666], [669]–[682], [684]–[691], [693], [705]–[707], [717] and codes 33172-00[715], 33827-01[733], 34800-00[726], 35412-00[11], 38721-01[733], 90217-02[734], 90215-02[732].
E10.0–E10.9	Type 1 diabetes mellitus	As principal diagnosis.
E11.0–E11.9	Type 2 diabetes mellitus	As principal diagnosis.

E13.0–E13.9	Other specified diabetes mellitus	As principal diagnosis.
E14.0–E14.9	Unspecified diabetes mellitus	As principal diagnosis.
J20	Acute bronchitis	As principal diagnosis. Only with additional diagnoses of J41, J42, J43, J44.
J41	Simple and mucopurulent chronic bronchitis	As principal diagnosis.
J42	Unspecified chronic bronchitis	As principal diagnosis.
J43	Emphysema	As principal diagnosis.
J44	Other chronic obstructive pulmonary disease	As principal diagnosis.
J47	Bronchiectasis	As principal diagnosis.
J20	Acute bronchitis	As principal diagnosis. Only with additional diagnosis of J47.
I20	Angina pectoris	As principal diagnosis. Exclude cases according to the list of procedures excluded from the Congestive cardiac failure category above.
I24.0	Coronary thrombosis not resulting in myocardial infarction	As principal diagnosis. Exclude cases according to the list of procedures excluded from the Congestive cardiac failure category above.
I24.8	Other forms of acute ischaemic heart disease	As principal diagnosis. Exclude cases according to the list of procedures excluded from the Congestive cardiac failure category above.
I24.9	Acute ischaemic heart disease, unspecified	As principal diagnosis. Exclude cases according to the list of procedures excluded from the Congestive cardiac failure category above.
D50.1	Sideropenic dysphagia	As principal diagnosis.
D50.8	Other iron deficiency anaemias	As principal diagnosis.
D50.9	Iron deficiency anaemia, unspecified	As principal diagnosis.
I10	Essential (primary) hypertension	As principal diagnosis. Exclude cases with procedure codes according to the list of procedures excluded from the Congestive cardiac failure category above.
I11.9	Hypertensive heart disease without (congestive) heart failure	As principal diagnosis. Exclude cases with procedure codes according to the list of procedures excluded from the Congestive cardiac failure category above.
E40	Kwashiorkor	As principal diagnosis.
E41	Nutritional marasmus	As principal diagnosis.
E42	Marasmic kwashiorkor	As principal diagnosis.
E43	Unspecified severe protein-energy malnutrition	As principal diagnosis.

E55.0	Rickets, active	As principal diagnosis.
I00	Rheumatic fever without mention of heart involvement	As principal diagnosis.
I01	Rheumatic fever with heart involvement	As principal diagnosis.
I02	Rheumatic chorea	As principal diagnosis.
I05	Rheumatic mitral valve diseases	As principal diagnosis.
I06	Rheumatic aortic valve diseases	As principal diagnosis.
I07	Rheumatic tricuspid valve diseases	As principal diagnosis.
I08	Multiple valve diseases	As principal diagnosis.
I09	Other rheumatic heart diseases	As principal diagnosis.

Acute conditions (*SIC103*):

J15.3	Pneumonia due to streptococcus, group B	In any diagnosis. Exclude people under 2 months.
J15.4	Pneumonia due to other streptococci	In any diagnosis. Exclude people under 2 months.
J15.7	Pneumonia due to *Mycoplasma pneumoniae*	In any diagnosis. Exclude people under 2 months.
J16.0	Chlamydial pneumonia	In any diagnosis. Exclude people under 2 months.
N10	Acute tubulo-interstitial nephritis	As principal diagnosis.
N11	Chronic tubulo-interstitial nephritis	As principal diagnosis.
N12	Tubulo-interstitial nephritis, not specified as acute or chronic	As principal diagnosis.
N13.6	Pyonephrosis	As principal diagnosis.
N15.1	Renal and perinephric abscess	As principal diagnosis.
N15.9	Renal tubulo-interstitial disease, unspecified	As principal diagnosis.
N28.9	Disorder of kidney and ureter, unspecified	As principal diagnosis.
N39.0	Urinary tract infection, site not specified	As principal diagnosis.
N39.9	Disorder of urinary system, unspecified	As principal diagnosis.
K25.0	Gastric ulcer, acute with haemorrhage	As principal diagnosis.
K25.1	Gastric ulcer, acute with perforation	As principal diagnosis.
K25.2	Gastric ulcer, acute with both haemorrhage and perforation	As principal diagnosis.
K25.4	Gastric ulcer, chronic or unspecified with haemorrhage	As principal diagnosis.

K25.5	Gastric ulcer, chronic or unspecified with perforation	As principal diagnosis.
K25.6	Gastric ulcer, chronic or unspecified with both haemorrhage and perforation	As principal diagnosis.
K26.0	Duodenal ulcer, acute with haemorrhage	As principal diagnosis.
K26.1	Duodenal ulcer, acute with perforation	As principal diagnosis.
K26.2	Duodenal ulcer, acute with both haemorrhage and perforation	As principal diagnosis.
K26.4	Duodenal ulcer, chronic or unspecified with haemorrhage	As principal diagnosis.
K26.5	Duodenal ulcer, chronic or unspecified with perforation	As principal diagnosis.
K26.6	Duodenal ulcer, chronic or unspecified with both haemorrhage and perforation	As principal diagnosis.
K27.0	Peptic ulcer, site unspecified, acute with haemorrhage	As principal diagnosis.
K27.1	Peptic ulcer, site unspecified, acute with perforation	As principal diagnosis.
K27.2	Peptic ulcer, site unspecified, acute with both haemorrhage and perforation	As principal diagnosis.
K27.4	Peptic ulcer, site unspecified, chronic or unspecified with haemorrhage	As principal diagnosis.
K27.5	Peptic ulcer, site unspecified, chronic or unspecified with perforation	As principal diagnosis.
K27.6	Peptic ulcer, site unspecified, chronic or unspecified with both haemorrhage and perforation	As principal diagnosis.
K28.0	Gastrojejunal ulcer, acute with haemorrhage	As principal diagnosis.
K28.1	Gastrojejunal ulcer, acute with perforation	As principal diagnosis.
K28.2	Gastrojejunal ulcer, acute with both haemorrhage and perforation	As principal diagnosis.
K28.4	Gastrojejunal ulcer, chronic or unspecified with haemorrhage	As principal diagnosis.
K28.5	Gastrojejunal ulcer, chronic or unspecified with perforation	As principal diagnosis.
K28.6	Gastrojejunal ulcer, chronic or unspecified with both haemorrhage and perforation	As principal diagnosis.

L02	Cutaneous abscess, furuncle and carbuncle	As principal diagnosis. Exclude cases with any procedure except those in blocks [1820] to [2016], or if procedure is 30216-00[1604], 30216-01[1604], 30216-02[1604], 30676-00[1659], 30223-01[1606], 30223-02[1606], 30064-00[1605], 90660-00[1602], 90661-00[1608], and this is the only listed procedure.
L03	Cellulitis	As principal diagnosis. Exclude cases with any procedure except those in blocks [1820] to [2016], or if procedure is 30216-00[1604], 30216-01[1604], 30216-02[1604], 30676-00[1659], 30223-01[1606], 30223-02[1606], 30064-00[1605], 90660-00[1602], 90661-00[1608], and this is the only listed procedure.
L04	Acute lymphadenitis	As principal diagnosis. Exclude cases with any procedure except those in blocks [1820] to [2016], or if procedure is 30216-00[1604], 30216-01[1604], 30216-02[1604], 30676-00[1659], 30223-01[1606], 30223-02[1606], 30064-00[1605], 90660-00[1602], 90661-00[1608], and this is the only listed procedure.
L08	Other local infections of skin and subcutaneous tissue	As principal diagnosis. Exclude cases with any procedure except those in blocks [1820] to [2016], or if procedure is 30216-00[1604], 30216-01[1604], 30216-02[1604], 30676-00[1659], 30223-01[1606], 30223-02[1606], 30064-00[1605], 90660-00[1602], 90661-00[1608], and this is the only listed procedure.
L88	Pyoderma gangrenosum	As principal diagnosis. Exclude cases with any procedure except those in blocks [1820] to [2016], or if procedure is 30216-00[1604], 30216-01[1604], 30216-02[1604], 30676-00[1659], 30223-01[1606], 30223-02[1606], 30064-00[1605], 90660-00[1602], 90661-00[1608], and this is the only listed procedure.
L98.0	Pyogenic granuloma	As principal diagnosis. Exclude cases with any procedure except those in blocks [1820] to [2016], or if procedure is 30216-00[1604], 30216-01[1604], 30216-02[1604], 30676-00[1659], 30223-01[1606], 30223-02[1606], 30064-00[1605], 90660-00[1602], 90661-00[1608], and this is the only listed procedure.
L98.3	Eosinophilic cellulitis [Wells]	As principal diagnosis. Exclude cases with any procedure except those in blocks [1820] to [2016], or if procedure is 30216-00[1604],

		30216-01[1604], 30216-02[1604], 30676-00[1659], 30223-01[1606], 30223-02[1606], 30064-00[1605], 90660-00[1602], 90661-00[1608], and this is the only listed procedure.
N70	Salpingitis and oophoritis	As principal diagnosis.
N73	Other female pelvic inflammatory diseases	As principal diagnosis.
N74	Female pelvic inflammatory disorders in diseases classified elsewhere	As principal diagnosis.
H66	Suppurative and unspecified otitis media	As principal diagnosis.
J02	Acute pharyngitis	As principal diagnosis.
J03	Acute tonsillitis	As principal diagnosis.
J06	Acute upper respiratory infections of multiple and unspecified sites	As principal diagnosis.
J31.2	Chronic pharyngitis	As principal diagnosis.
K02	Dental caries	As principal diagnosis.
K03	Other diseases of hard tissues of teeth	As principal diagnosis.
K04	Diseases of pulp and periapical tissues	As principal diagnosis.
K05	Gingivitis and periodontal diseases	As principal diagnosis.
K06	Other disorders of gingiva and edentulous alveolar ridge	As principal diagnosis.
K08	Other disorders of teeth and supporting structures	As principal diagnosis.
K09.8	Other cysts of oral region, not elsewhere classified	As principal diagnosis.
K09.9	Cyst of oral region, unspecified	As principal diagnosis.
K12	Stomatitis and related lesions	As principal diagnosis.
K13	Other diseases of lip and oral mucosa	As principal diagnosis.
K14.0	Glossitis	As principal diagnosis.
G40	Epilepsy	As principal diagnosis.
G41	Status epilepticus	As principal diagnosis.
R56	Convulsions, not elsewhere classified	As principal diagnosis.
O15	Eclampsia	As principal diagnosis.
R02	Gangrene, not elsewhere classified	In any diagnosis.
I70.24	Atherosclerosis of arteries of extremities with gangrene	As principal diagnosis.
E09.52	Intermediate hyperglycaemia with peripheral angiopathy, with gangrene	As principal diagnosis.

Numerator

Numerator definition	Total number of completed potentially preventable inpatient service events in a financial year, further disaggregated by condition type.
Numerator source	EDW (Admitted Patient Data Collection)

Numerator availability	Available
Denominator	
Denominator definition	Total estimated resident population of the Local Health District / NSW
Denominator source	ABS; Strategic Reform and Planning
Denominator availability	
Inclusions	• As listed above • Hospital in the Home (HiTH) episodes are included.
Exclusions	As listed above
Targets	N/A
Context	Admission to hospital for a condition where the hospitalisation could have potentially been prevented through the provision of appropriate individualised preventative health interventions and early disease management usually delivered in primary care and community-based care settings (including by general practitioners, medical specialists, dentists, nurses and allied health professionals). For example, hospitalisations for conditions such as measles and tetanus can be prevented by primary health care through vaccination to prevent the conditions from occurring. Hospitalisations for patients presenting with acute pharyngitis can be prevented through timely treatment in primary health care settings using antibiotics, and hospitalisations for diabetes complications can be prevented through appropriate, long-term management of diabetes by primary and community health practitioners. The above definition excludes conditions that are preventable predominately through population health interventions, such as those for clean air and water.
Related Policies/ Programs	
Useable data available from	2000/01
Frequency of Reporting	Monthly
Time lag to available data	2 months to allow for coding to be completed.
Business owners	System Performance Support
Contact - Policy	Executive Director, System Performance Support
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Decimal
Form	Number, presented as a rate per 100,000 population

Representational layout	NN[NN].N
Minimum size	4
Maximum size	6
Data domain	
Date effective	1 July 2015
Related National Indicator	National Healthcare Agreement: PI 18–Selected potentially preventable hospitalisations, 2020 Meteor ID: 716530 https://meteor.aihw.gov.au/content/index.phtml/itemId/716530

INDICATOR: IM22-007	**Potentially Preventable Medical Hospitalisations in Mental Health Consumers (rate person-years)**
Shortened Title	Potentially Preventable Hospitalisations, Mental Health Consumers (All) Potentially Preventable Hospitalisations, Mental Health Consumers (Aboriginal)
Service Agreement Type	Improvement measure
NSW Strategic Health Outcome	3: People are healthy and well
Status	Final
Version number	1.2
Scope	Admitted Patient service events of care in NSW public hospitals
Goal	Reduction of hospital admission for selected conditions for mental health consumers
Desired outcome	• Improved patient care experience and satisfaction • Improved efficiency of Hospital services • strengthen the care provided to people in the community • keep people healthier in the long-term
Primary point of collection	Hospital PAS system, Admitted patient Data Collection
Data Collection Source/System	Admitted Patient Data Collection
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	Rate of potentially preventable hospitalisations per 1000 person-years in NSW for active community mental health consumers, disaggregated by Aboriginality Status.
Numerator	
Numerator definition	Completed inpatient episodes (separations) with a potentially preventable condition for active community mental health clients during the reporting period, disaggregated by Aboriginality Status. Potentially preventable conditions are defined by the AIHW, and are listed on the AIHW's METeOR website: https://meteor.aihw.gov.au/content/index.phtml/itemId/716530
Numerator source	EDW (Admitted Patient Data Collection)
Numerator availability	Available
Denominator	
Denominator definition	Active community mental health client person-years during the reporting period, disaggregated by Aboriginality Status.

Denominator source	EDW (CHAMB)
Denominator availability	Available
Inclusions	Admitted Patient component: all admitted patient service events (SE_TYPE_CD = '2') that were completed in NSW public hospitals during the reporting period. Community component: identified individual clients with an active episode of community care in the reporting period, defined as a community care encounter ending in the reporting period or remaining open at the end of the reporting period and with a minimum care duration (time from first to last client-present contact within the episode) of 7 days.
Exclusions	• Admitted patient component of the numerator excludes: ○ Unit type is 17 or 58 and no other episodes in that stay (ED Only) (EDW: HEALTH_SERVICE_WARD_PRIMARY_BED_TYPE_CD = 17 or 58) ○ Episode of care type 2 (Rehabilitation) (EDW: SE_SERVICE_CATEGORY_CD = 2) ○ Unit type on admission 25, 26 and 28 (Hospital in the Home) (EDW: HEALTH_SERVICE_WARD_PRIMARY_BED_TYPE_CD = 25, 26 and 28) ○ Facility identifier = B226 (EDW: OSP_ID = 3015234) ○ Area identifier is X170 or X921 (EDW: OSP_ID = 1000170 or 1000921) ○ Episode length of stay > 120 • Denominator excludes: ○ Unidentified clients ○ Contacts by community teams where the service setting is hospital ○ Service recipient type not individual identified ('1','2','3') ○ Contacts where the client is not present ○ Brief community episodes where encounter duration less than 7 days (span from first to last client-present contact in the encounter).
Context	Mental health service users have reduced life expectancy, partly due to increased rates of chronic medical illness. Health system factors including access to primary care and integration between general health and mental health services contribute to this. Avoidable hospital admissions reflect these health system processes.
Related Policies/ Programs	• Premier's Priority NSW (https://www.nsw.gov.au/nsw-government/premier-of-nsw) and NSW Health Strategic Framework for Integrated Care (https://www.health.nsw.gov.au/integratedcare/Publications/strategic-framework-for-integrating-care.PDF) • Physical Health Care for People Living with Mental Health Issues, GL2021_06 (https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2021_006)

	• Equally Well Consensus Statement (https://www.equallywell.org.au/wp-content/uploads/2018/12/Equally-Well-National-Consensus-Booklet-47537.pdf)
Useable data available from	Following EDW transition of CHAMB data
Frequency of Reporting	Quarterly
Time lag to available data	3 months
Business owners	
Contact – Policy	Executive Director, Mental Health Branch
Contact – Data	Executive Director, System Information and Analytics Branch (MOH-SystemsInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, Rate
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2022
Related National Indicators	National Healthcare Agreement: PI 18–Selected potentially preventable hospitalisations, 2024 Meteor ID: 800169 https://meteor.aihw.gov.au/content/800169

INDICATOR: KF-0081	**New Street Services – Primary clients completing treatment (%)**
Shortened Title	New Street Services – Primary clients completing treatment
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.2
Goal	To maintain a high rate of treatment completion to reduce repeat harm rates.
Desired outcome	Reduction in repeat harm rates.
Primary point of collection	NSW Health New Street Service providers in Local Health Districts.
Data Collection Source/System	MS Word reporting template
Primary data source for analysis	NSW Health New Street Service providers in Local Health Districts.
Indicator definition	The percentage of primary clients discharged from the New Street Services program with treatment complete as reason for case closure.
Numerator	
Numerator definition	The number of primary clients discharged within the reporting period from the New Street Services program with treatment complete as reason for case closure.
Numerator source	MS Word reporting template
Numerator availability	Quarterly
Denominator	
Denominator definition	The number of primary clients discharged within the reporting period from the New Street Services program.
Denominator source	
Denominator availability	
Inclusions	Primary clients with harmful sexual behaviours presenting in the following LHDs: • Illawarra Shoalhaven LHD • Western Sydney LHD • Hunter New England LHD • Western NSW LHD • South Western Sydney LHD • Mid North Coast LHD • Southern NSW LHD • Murrumbidgee LHD • Northern NSW LHD

	• Central Coast LHD • Far West LHD
Exclusions	Other family members of the primary client. Services to children with high and complex needs under separate contract with NSW Family and Community Services (Applies to New Street Sydney only).
Targets	90%
Context	Research shows clients who do not complete treatment have the highest repeat harm rates. Laing, L., Tolliday, D., Kelk, N., & Law, B. (2014). Recidivism following community based treatment for non-adjudicated young people with sexually abusive behaviors. Sexual Abuse in Australia and New Zealand, 6(1), 38-47.
Related Policies/ Programs	
Useable data available from	2017
Frequency of Reporting	Quarterly
Time lag to available data	2 – 4 weeks
Business owners	**Government Relations Branch**
Contact - Policy	Director, Program Delivery Office
Contact - Data	Senior Analyst, Data Management – Prevention and Response to Violence, Abuse, and Neglect Unit
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN
Minimum size	1
Maximum size	3
Data domain	N/A
Date effective	1 July 2017
Related National Indicators	http://meteor.aihw.gov.au/content/index.phtml/itemId/401254

INDICATOR: KF-007	**Out of Home Care Health Pathway Program** - Children and young people enrolled in the Program completing a primary health assessment within 30 days of referral to the Program (%)
Shortened Title	Out of Home Care Health Pathway Program
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	2.1
Scope	All children and young people entering statutory out of home care
Goal	Children and young people entering statutory out of home care receive appropriate health care assessment and follow up.
Desired outcome	That all children and young people who enter statutory Out Of Home Care receive a timely, coordinated assessment of their health, development and wellbeing, a health management plan and interventions and reviews as identified through the Health Pathway Program process.
Primary point of collection	NSW Health Out of Home Care service providers in Local Health Districts
Data Collection Source/System	Local Health Districts: CHOC, CHIME
Primary data source for analysis	Out of Home Care Health Pathway Report
Indicator definition	Percentage of eligible children and young people (in Statutory Out of Home Care) referred onto the Out of Home Care Health Pathway Program that complete a primary health assessment within 30 days of referral to the Program.
Numerator	
Numerator definition	Number of eligible referrals to the Health Pathway Program that were referred in the reporting period that complete a primary (2a) health assessment within 30 days of referral to the Program. The reporting period refers to a standard reporting quarter i.e. Q1 Jul-Sept, Q2 Oct-Dec, Q3 Jan-Mar, Q4 Apr-June)
Numerator source	Out of Home Care Health Pathway Report
Numerator availability	Quarterly
Denominator	
Denominator definition	Number of eligible referrals to the OOHC Health Pathway Program received by the LHD in the reporting period (the 'reporting period' refers to

	a standard reporting quarter i.e. Q1 Jul-Sept, Q2 Oct-Dec, Q3 Jan-Mar, Q4 Apr-June).
Denominator source	Out of Home Care Pathway Report
Denominator availability	Quarterly
Inclusions	All eligible referrals received by the LHD for children and young people entering Statutory Out of Home Care to the Health Pathway Program
Exclusions	Children and young people who are not in Statutory Out of Home Care
Targets	100% • Performing: >= 90% - 100% • Under Performing: >= 85% and < 90% • Not Performing: < 85%
Context	The Out of Home Care model pathway, the agreed state-wide framework for providing timely and coordinated health services for children and young people in OOHC, states that all children and young people entering the pathway should receive a primary health assessment (2a). This is consistent with the "*National Clinical Assessment Framework for children and young people in Out of Home Care*".
Related Policies/ Programs	NSW Health Out of Home Care Health Pathway Program
Useable data available from	Out of Home Care Health Pathway Reports - HSPB
Frequency of Reporting	Quarterly
Time lag to available data	8 weeks
Business owners	**Health and Social Policy Branch**
Contact - Policy	Director, Disability Youth and Paediatric Health Unit, Health and Social Policy Branch
Contact - Data	Director, Disability Youth and Paediatric Health Unit, Health and Social Policy Branch
Representation	
Data type	Numeric
Form	Number presented as percentage (%)
Representational layout	NNN.N
Minimum size	2
Maximum size	4
Data domain	N/A
Date effective	July 2010
Related National Indicators	N/A

INDICATOR: KF-0083	**Safe Wayz Program Violence, Abuse and Neglect responses** - new clients who receive an initial assessment (Number)
Shortened Title	Safe Wayz Program VAN responses for children under 10 with problematic or harmful sexual behaviour
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	2.0
Goal	Increase service provision for children under 10 with problematic or harmful sexual behaviour
Desired outcome	Reduction in children under 10 displaying problematic or harmful sexual behaviour
Primary point of collection	NSW Health Sexual Assault Service or Violence, Abuse & Neglect service providers in Local Health Districts/Specialty Networks
Data Collection Source/System	Cerner/eMR (LHDs and Sydney Children's Hospital Network – excludes HNELHD), CHIME (HNELHD)
Primary data source for analysis	VAN Service Event Form Extract – Submission Version. Non-Admitted Patient Data Collection (Hunter New England Local Health District)..
Indicator definition	The number of children under the age of 10 years who are referred to VAN services and receive an initial assessment.
Numerator	
Numerator definition	The number of children under the age of 10 years with problematic or harmful sexual behaviour who receive an initial assessment from a VAN service.
Numerator source	Cerner/eMR, CHIME
Numerator availability	Quarterly
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	• Children under the age of 10 years with problematic or harmful sexual behaviour who are referred to NSW Health Sexual Assault Service or Violence, Abuse & Neglect service providers in Local Health Districts/Specialty Networks.

Exclusions	• St. Vincent's Health Network • Other family members/carers of the primary child client with problematic or harmful sexual behaviour.
Targets	Increase current level of service delivery
Useable data available from	1 July 2021
Frequency of Reporting	Quarterly
Time lag to available data	2 weeks
Business owners	**Government Relations Branch**
Contact - Policy	Director, Program Delivery Office
Contact - Data	Senior Analyst, Data Management – Prevention and Response to Violence, Abuse, and Neglect Unit
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN
Minimum size	1
Maximum size	3
Data domain	NSW Health Non-Admitted Patient and Supplementary Services Data Collection: Violence, Abuse and Neglect Data Set Extension Service Event Diagnosis (Findings and Disorders): Diagnosis Code: Problematic sexual behaviour in childhood or adolescence; Display Term: Problematic or harmful sexual behaviour (child) Service Event Activity (Interventions): Service Activity Code: Initial patient assessment; Display Term: Initial patient assessment
Date effective	1 July 2025
Related National Indicators	
Indicator	N/A

INDICATOR: KF-004-a	**Child Protection Counselling Services** - clients receiving an initial assessment within 8 weeks of being accepted into the service (%)
Shortened Title	Child Protection Counselling Service –clients receiving an initial assessment within 8 weeks of acceptance
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	2.0
Goal	Improve response time
Desired outcome	Timely response to referrals eligible to receive a service
Primary point of collection	Non-admitted patient services under the Establishment Type 32.37 Child Protection Counselling Allied Health / Nursing Unit
Data Collection Source/System	Cerner /eMR, CHIME, iPM
Primary data source for analysis	VAN Service Event Form Extract – Submission Version. Aggregated report (HNELHD).
Indicator definition	The percentage of unique clients (individuals) accepted by Local Health District who are provided an initial assessment within 8 weeks (56 days) of acceptance.
Numerator	
Numerator definition	The total number of unique clients (individuals) who received an initial assessment within 8 weeks (56 days) of being accepted into the service. For LHDs/SCHN that have the VAN Service Event Form: Numerator will be based on: (Display terms on forms in brackets) • **New client:** Initial or Subsequent Service Code (Is this an Initial service) = 1 Initial consult (Yes) on any form with a Service event start date/time within the reporting period for a client • **Accepted referral for a client:** Follow-up Service Intended Flag (Follow-up Required) = Yes on any form with Service event start date/time within the reporting period for a client • **Initial assessment was within 8 weeks of acceptance:** Service Event Activity (Interventions) = Initial patient assessment (Initial patient assessment or Initial assessment) in Intervention 1, 2 or 3 on a form with Service event start date/time within 8 weeks of the earliest form that indicated Follow-up Required = Yes and Initial Service = Yes. **Notes:** Initial assessment should only be selected as an Intervention upon completion of the initial assessment process. If documentation of the initial assessment report occurs within 24 hours of the initial assessment being completed from a direct

service, this should be reported as indirect time / documentation / other time on the same occasion of service as the initial assessment or similarly as indirect time / documentation / other time on other occasions of service leading up to the completion of the initial assessment where clinicians are contributing to the report as they gather information.
If documentation occurs beyond 24 hours of the initial assessment being completed, a separate occasion of service should be reported for the documentation time, with the intervention reported as Documentation procedure (Documentation and reports) to reflect the time taken to prepare the report.
If the process of initial assessment occurs over several occasions of service prior to completion, Care planning and problem-solving actions (Case or care planning and review) should be reported to indicate when an initial assessment is still in progress prior to its completion. Other interventions provided in the course of collecting assessment information prior to completion of the initial assessment may also be reported where relevant, including but not limited to 'Case conference', 'Counselling', or 'Information sharing'.
If a new individual service provider becomes involved to provide services to an existing client after the initial assessment phase (e.g. transfer of care to another counsellor), the new individual service provider will flag 'Is this an Initial Service' as 'No', to avoid re-counting an existing client of the service as a new client.

Numerator source	VAN Service Event Form Extract – Submission Version. Aggregated report (HNELHD).
Numerator availability	Quarterly

Denominator

Denominator definition	The total number of unique clients (individuals) who are accepted into the service during the reporting period. Denominator will be based on: (Display terms on forms in brackets) • **New client:** Initial or Subsequent Service Code (Is this an Initial Service) = 1 Initial consult (Yes) on any form with a Service event start date/time within the reporting period for a client • **Accepted referral for a client:** Follow-up Service Intended Flag (Follow-up Required) = Yes on any form with Service event start date/time within the reporting period for a client Note: This should reflect when the NSW Health Child Protection Counselling Service first deems the referral as being accepted by the service with the intention to provide follow-up to the client/family.
Denominator source	VAN Service Event Form Extract – Submission Version. Aggregated report (HNELHD).

Denominator availability	Quarterly
Inclusions	All individuals referred to a Child Protection Counselling Service.
Exclusions	
Targets	100%
Context	The NSW Health Child Protection Counselling Service provides specialist counselling and casework services to children, young people and their families, referred by Community Services, where abuse and neglect, including exposure to domestic violence have occurred.
Related Policies/ Programs	Child Protection Counselling Services Policy and Procedures (PD2019_014) Child Wellbeing and Child Protection Policies and Procedures for NSW Health (PD2013_007).
Useable data available from	1 July 2025
Frequency of Reporting	Quarterly
Time lag to available data	Reporting will be offset by 12 weeks to allow 8 weeks for initial assessment to be reported from first acceptance date during the reporting period.
Business owners	**Government Relations, Strategy and Violence Prevention Branch**
Contact - Policy	Director, Prevention and Response to Violence, Abuse and Neglect Unit
Contact - Data	Senior Analyst, Monitoring and Evaluation (PARVAN)
Representation	
Data type	Numeric
Form	Number presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	NSW Health Non-Admitted Patient and Supplementary Services Data Collection: Core Minimum Data Set NSW Health Non-Admitted Patient and Supplementary Services Data Collection: Core Extended Data Set NSW Health Non-Admitted Patient and Supplementary Services Data Collection: Violence, Abuse and Neglect Data Set Extension
Date effective	1 July 2025
Related National Indicators	N/A

INDICATOR: MS3601a	**Joint Child Protection Response Program - Case Coordination** – Physical Abuse and Neglect cases that receive Case Planning and Review or Case Conferencing (%)
Shortened Title	Joint Child Protection Response Program (JCPRP) – Case Coordination
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	2.0
Scope	All children and young people aged 0 to 17 years referred to the JCPRP for Physical Abuse or Neglect matters.
Goal	Monitor the proportion of Physical Abuse and Neglect cases that receive Case Planning and Review or Case Conferencing coordinated by JCPRP Health clinicians.
Desired outcome	Ensure that children and young people referred to JCPRP receive JCPRP Health Clinician led case planning, management and review.
Primary point of collection	NSW Health JCPRP Senior Health Clinicians and Health Clinicians
Data Collection Source/System	Cerner/eMR and CHIME.
Primary data source for analysis	VAN Service Event Form Extract – Submission Version. Aggregated report (HNELHD).
Indicator definition	Percent of Physical Abuse (child) or Neglect (child) case where a JCPRP Clinician provides case or care planning and review or case conferencing.
Numerator	
Numerator definition	The number of children and young people aged 0 to 17 years referred to JCPRP for Physical Abuse or Neglect that receive case planning and review or case conferencing. For LHDs/SCHN that have the VAN Service Event Form: Numerator will be based on: (Display terms on forms in brackets) • **New client: Initial or Subsequent Service Code** (Is this an initial service) = 1 Initial consult (Yes) on any form with Service event start date/time within the reporting period for a client. • **Client was referred for physical abuse or neglect:** Service Event Diagnosis (Findings and Disorders) = Child victim of physical abuse (Physical abuse (child)) or Victim of child neglect (Neglect (child)) in Clinical finding 1, 2 or 3 on any form with Service event start date/time within the reporting period.

- **Client was aged 0 to <18 at time of service event:** Client age at time of service event = 0 to 17 (based on DOB and Service event start date/time)
- **Client received case planning/review or case conference:** Service Event Activity (Interventions) = Care planning and problem solving actions (Case or care planning and review) or Case conference (Case conference) on any form with a Service event start date/time within the reporting period.

Notes: Case planning/review or case conference should be recorded on the same occasion of service as a direct intervention if it occurs within 24 hours of the direct intervention. Otherwise, the case planning/review or case conference should be recorded on a separate occasion of service if it occurs outside of 24 hours of a direct intervention.

Numerator source	Cerner/eMR and CHIME
Numerator availability	Quarterly

Denominator

Denominator definition	The number of children and young people aged 0 to 17 referred to JCPRP for Physical Abuse or Neglect that receive case planning and review or case conferencing. For LHDs/SCHN that have the VAN Service Event Form: Denominator will be based on: (Display terms on forms in brackets) • **New client: Initial or Subsequent Service Code** (Is this an initial service) = 1 Initial consult (Yes) on any form with Service event start date/time within the reporting period for a client. • **Client was referred for physical abuse or neglect:** Service Event Diagnosis (Findings and Disorders) = Child victim of physical abuse (Physical abuse (child)) or Victim of child neglect (Neglect (child)) in Clinical finding 1, 2 or 3 on any form with Service event start date/time within the reporting period. • **Client was aged 0 to <18 at time of service event:** Client age at time of service event = 0 to 17 (based on DOB and Service event start date/time)
Denominator source	Cerner/eMR and CHIME
Denominator availability	Quarterly
Inclusions	All children and young people aged 0 to 17 years referred to JCPRP Service Units for Physical Abuse or Neglect.
Exclusions	Children and young people referred for Sexual Assault without a Physical Abuse or Neglect finding (responses for victims of Sexual Assault are monitored through a separate KPI).
Targets	100%

Context	NSW Health is responsible for providing an integrated medical and psycho-social response to JCPRP clients who are victims of sexual assault, serious physical abuse and extreme neglect. A small team of clinicians is employed to work in the Joint Referral Unit (JRU) on joint decision-making around intake to JCPRP. JRU Health staff work closely with health services to provide timely health information about JCPRP clients and to arrange urgent health service provision where required. NSW Health also employs clinicians in the 22 JCPRP units around NSW where they work with the partner agencies on local planning and coordinated service responses for JCPRP clients. The role of JCPRP clinicians is pivotal in consulting and collaborating across relevant Health services to ensure that any local arrangements are consistent with JCPRP Local Planning and Response Procedures to create efficient and sustainable JCPRP/JRU referral processes. It may not be possible for JCPRP Health to provide a direct client response in every matter, however JCPRP Health has a key role in the engagement, health-focused assessment and ongoing case management of children or young people and their families as part of the tri-agency response. Responses to children and young people who are victims of sexual assault are monitored through a separate measure – Timely psychosocial and medical forensic responses to sexual assault or abuse. Therefore, this measure will focus on monitoring responses provided to Serious Physical Abuse and Serious Neglect matters.
Related Policies/ Programs	Integrated Prevention and Response to Violence, Abuse and Neglect Framework (PD2019_041). NSW Health Joint Child Protection Response Program Health Policy Directive (forthcoming).
Useable data available from	1 July 2021
Frequency of Reporting	Quarterly
Time lag to available data	2 weeks
Business owners	Government Relations, Strategy and Violence Prevention Branch
Contact - Policy	Director, Prevention and Response to Violence, Abuse and Neglect Unit
Contact - Data	Senior Analyst, Data Management – Prevention and Response to Violence, Abuse, and Neglect Unit
Representation	
Data type	Numeric
Form	Number presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	5

Data domain	NSW Health Non-Admitted Patient and Supplementary Services Data Collection: Core Minimum Data Set NSW Health Non-Admitted Patient and Supplementary Services Data Collection: Core Extended Data Set NSW Health Non-Admitted Patient and Supplementary Services Data Collection: Violence, Abuse and Neglect Data Set Extension
Date effective	1 July 2025

Related National Indicators

Indicator	N/A

INDICATOR: IM21-002	**Child Abuse and Sexual Assault Clinical Advice Line (CASACAL)** - calls made to Child Protection Units via the CASACAL number (%)
Shortened Title	Calls made via CASACAL.
Service Agreement Type	Improvement Measure.
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.1
Scope	NSW Health clinicians providing medical and forensic examinations for children and young people who present to NSW Health services and are suspected victims or victims of sexual assault, child abuse or neglect.
Goal	Monitor the use of a statewide clinical advice line for clinicians providing medical and forensic examinations for children and young people who are victims or suspected victims of sexual assault, child abuse or neglect.
Desired outcome	Improve the quality and timeliness of medical and forensic examinations for children and young people who are victims or suspected victims of sexual assault, child abuse or neglect.
Primary point of collection	Child Protection Units/Service
Data Collection Source/System	Excel and Access database (Westmead)
Primary data source for analysis	Excel
Indicator definition	% of all calls to Child Protection Units/Service that are made by LHDs via the CASACAL number.
Numerator	
Numerator definition	Number of calls made to Child Protection Units/Service for advice and support using the CASACAL number.
Numerator source	Child Protection Units' CASACAL data collection
Numerator availability	Data is available monthly from March 2019.
Denominator	
Denominator definition	Total number of calls made to Child Protection Units for advice and support.
Denominator source	Child Protection Units' CASACAL data collection
Denominator availability	Data is available monthly from the Child Protection Units' CASACAL data collection from March 2019.
Inclusions	All NSW Health Clinicians undertaking medical and forensic examinations with children and young people.

Exclusions	Non-NSW Health staff
Targets	Performing: ≥ 70% Under performing: ≥ 60% < 70% Not performing: < 60%
Context	CASACAL is a specialist telephone advice line. Consultants working in Child Protection Units (CPUs) in SCHN and Hunter New England Local Health District (HNE LHD) provide 24/7 expert advice to clinicians across NSW who are providing medical and forensic care to children and young people who are victims or suspected victims of sexual assault, physical abuse or neglect.
Related Policies/ Programs	Child Abuse and Sexual Assault Clinical Advice Line
Useable data available from	March 2019
Frequency of Reporting	Monthly
Time lag to available data	2 weeks
Business owners	Government Relations, Strategy and Violence Prevention Branch
Contact - Policy	Director, Prevention and Response to Violence, Abuse and Neglect Unit
Contact - Data	Senior Analyst, Monitoring and Evaluation (PARVAN)
Representation	
Data type	Numeric.
Form	Number, presented as a percentage (%)
Representational layout	NN.N
Minimum size	3
Maximum size	4
Data domain	N/A
Date effective	March 2019.
Related National Indicator	N/A

INDICATOR: MS1403	**Initial Hepatitis C Treatment Prescribed by a GP (%)** Proportion of initial hepatitis C treatments among LHD residents whose prescriber was a General Practitioner
Shortened Title	Hepatitis C Treatment Prescribed by a GP
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.12
Scope	All NSW residents with chronic hepatitis C prescribed initial direct acting antiviral treatments as listed under the Pharmaceutical Benefits Scheme (PBS) from 1 March 2016.
Goal	To improve the health outcomes of people living with hepatitis C in NSW by providing treatment in a range of settings which can prevent the development of the major life-threatening complications of chronic liver disease including cirrhosis and liver cancer.
Desired outcome	Increase the number of people with chronic hepatitis C accessing hepatitis C treatment in NSW; and increase the proportion of people treated through primary care models.
Primary point of collection	Pharmaceutical Benefits Scheme (PBS).
Data Collection Source/System	PBS Highly Specialised Drugs Program data and Repatriation PBS data prepared by the Commonwealth Department of Health for the NSW Ministry of Health.
Primary data source for analysis	PBS data extract provided quarterly by the Commonwealth Department of Health (with an eight-week time lag as the PBS closes off the data six weeks post the relevant quarter)
Indicator definition	The percentage of initial hepatitis C direct acting antiviral treatments among LHD residents whose prescriber was a General Practitioner.
Numerator	
Numerator definition	Total number of LHD residents with chronic hepatitis C commencing hepatitis C direct acting antiviral treatment listed under the PBS whose prescriber was a General Practitioner in the reporting financial year.
Numerator source	PBS Highly Specialised Drugs Program data and Repatriation PBS data prepared by the Commonwealth Department of Health
Numerator availability	Quarterly
Denominator	
Denominator definition	Total number of initial hepatitis C treatments by LHD residents with chronic hepatitis C in the reporting financial year.

Denominator source	PBS Highly Specialised Drugs Program data and Repatriation PBS data prepared by the Commonwealth Department of Health
Denominator availability	Quarterly
Inclusions	• NSW residents • PBS dispensing from public hospitals, private hospitals, or community pharmacies. • Hepatitis C direct acting antiviral treatments available through the PBS from 1 March 2016. • Initial hepatitis C treatment only (one per resident)
Exclusions	• Non-PBS dispensing • People accessing treatment through other sources, including overseas purchase and clinical trials • Patients who were treated with 'old' interferon treatments prior to 1 March 2016. • Subsequent treatments for hepatitis C reinfection or previous failed treatment.
Targets	Increase from previous year • Performing: Increase from previous year • Under performing: No change • Not performing: Increase from previous year
Context	NSW Health is committed to eliminate hepatitis C as a public health concern by 2028. The strategy aims to achieve 65% cumulative proportion of people living with chronic hepatitis C who have initiated direct acting antiviral treatment by 2025. The strategy includes a priority to increase the proportion of people treated through primary care models.
Related Policies/ Programs	NSW Hepatitis C Strategy 2022 – 2025 Fifth National Hepatitis C Strategy 2018-2022
Useable data available from	1 March 2016
Frequency of Reporting	Quarterly
Time lag to available data	Within eight-week the time lag is because the PBS closes off the data six weeks post the relevant quarter prior to providing to the Centre for Population Health for Analysis.
Business owners	Office of the Chief Health Officer
Contact - Policy	Executive Director. Centre for Population Health
Contact - Data	Executive Director. Centre for Population Health
Representation	
Data type	Numeric
Form	Number
Representational layout	NN{NNNN}

Minimum size	2
Maximum size	6
Data domain	N/A
Date effective	July 2022
Related National Indicators	N/A

INDICATOR: IM21-003	**First 2000 Days Framework:** Families with a new baby receive a 6-8 week health check (%)
Shortened Title	First 2000 Days Framework 6-8 week health check
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.1
Scope	Families with a new baby.
Goal	Universal Child Health Engagement: Early engagement with families in the postnatal period to maximise ongoing child and family health service uptake, participation in child health checks from birth to 4 years, and to support improved child development outcomes.
Desired outcome	All families are engaged in ongoing child and family health care by 1-4 weeks post birth and continue to engage with their child and family health service through attendance at subsequent health checks.
Primary point of collection	Child and Family Health Services (child and family health nurses)
Data Collection Source/System	Cerner eMR, CHIME, and other Community Health systems.
Primary data source for analysis	EDWARD or interim summary report from source system
Indicator definition	The percentage of families with a new baby who receive a 6-8 week health check by a child and family health nurse.
Numerator	
Numerator definition	Number of families* receive a 6-8 week health check. *Families are defined as residents in NSW with a newborn who, in principle, are eligible for a child and family health service. This may include families who lived and birthed outside of NSW but have moved to NSW. Children up to 5 years old are eligible for child and family health services.
Numerator source	EDWARD or interim summary report from source system
Numerator availability	Available monthly
Denominator	
Denominator definition	Families with a newborn, who are resident in NSW and who, in principle, are eligible for child and family health services.
Denominator source	EDWARD, Perinatal Data Collection/Admitted Patient Data Collection (EDWARD and PHISCO).

Denominator availability	Admitted Patient Data Collection available monthly. Perinatal Data Collection available quarterly.
Inclusions	All infants to NSW residents
Exclusions	Stillbirths, neonatal deaths occurring before the infant's discharge, babies who were not discharged within the timeframe of the 1–4-week check, neonatal deaths occurring after discharge and before the check. The following births are not included in the calculation of the indicator: 1. Ineligible births (child health check eligibility flag = n). Ineligible births include: ○ Still birth ○ Neonatal death prior to discharge ○ Neonatal death post discharge ○ Resides out of catchment area 2. Births where an offer was made but it was declined by the patient (child health check offer outcome code is 3 declined). Declined reasons include: ○ Will go/has gone to GP, ○ Attending other provider (specify) ○ Is moving/has moved out of catchment area ○ Out of catchment area during child health check period ○ Does not want the service ○ Cannot travel to clinic ○ Does not respond to offer contact attempts
Reporting	
Reporting required by	NSW Health
Indicators reported to	Chief Executives Performance Review, Local Health District Performance Agreements, NSW Health Annual Report,
Targets	Improvements of previous quarter
Comments	Note that an outcomes framework for the whole of government Brighter Beginnings: the first 2000 days of life initiative is being developed. The likely indicator is an increase in the proportion of children starting school developmentally on track by 2027.
Context	A key goal of the First 2000 Days Implementation Strategy 2020-25 for the First 2000 Days Framework PD2019_008 is attendance at the recommended schedule of health checks to support optimal childhood health and development so that children enter school developmentally on track. Success depends on engaging families into services as early as possible through the 1-4 week child health check, and continuing

	engagement throughout the full schedule of health and development checks with the next Indicator point to measured at the 6-8 week check. Attendance at the full schedule of checks will assist families to engage effectively in their children's health and wellbeing, and support parents to develop greater confidence in making evidence-based decisions for building brains. Early engagement with families and attendance at the schedule of health checks will ensure that developmental vulnerabilities are identified and addressed early, before children start school (the First 2000 Days Implementation Strategy 2020-25 program logic). This Improvement Measure will indicate: • Whether families have effectively transitioned from antenatal and postnatal care into child and family health care. • effective engagement into services to support children's development and delivery of well child health care. Additional indicators may be added over time to monitor the effectiveness of ongoing engagement in the full schedule of health checks.
Related Policies/ Programs	First 2000 Days Framework (PD2019_008); First 2000 Days Implementation Strategy 2020-25
Major existing uses	• Results and Services Plan • Local Health District Performance Agreements/ Reviews • NSW dashboard indicators • Annual Report • Families NSW Area Health Service Annual Reports • First 2000 Days Implementation Strategy reporting
Useable data available from	
Frequency of Reporting	Quarterly and Annual (financial year)
Time lag to available data	
Business owners	Health and Social Policy Branch
Contact - Policy	Director, Child and Family Unit
Contact - Data	Director, Child and Family Unit
Representation	
Data type	Numeric

Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Data domain	

INDICATOR: MS2108	**Risk Standardised Mortality Ratio (RSMR):** 30-day mortality following hospitalisation: (%) • Acute myocardial infarction • Ischaemic stroke • Haemorrhagic stroke • Congestive heart failure • Pneumonia • Chronic obstructive pulmonary disease • Hip fracture surgery
Shortened Title(s)	Risk Standardised Mortality Ratio: AMI Risk Standardised Mortality Ratio: Ischaemic Stroke Risk Standardised Mortality Ratio: Haemorrhagic Stroke Risk Standardised Mortality Ratio: CHF Risk Standardised Mortality Ratio: Pneumonia Risk Standardised Mortality Ratio: COPD Risk Standardised Mortality Ratio: Hip Fracture Surgery
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.2
Scope	All acute and emergency admitted patients in NSW hospitals
Goal	TBA
Desired outcome	TBA
Primary point of collection	Medical Records
Data Collection Source/System	Admitted Patient Data Collection NSW Registry of Birth, Death and Marriages
Primary data source for analysis	EDW, CheReL
Indicator definition	The ratio of 'observed' deaths to 'expected' deaths each of the following clinical conditions: • Acute myocardial infarction • Ischaemic stroke • Haemorrhagic stroke • Congestive heart failure • Pneumonia • Chronic obstructive pulmonary disease • Hip fracture surgery
Numerator	

Numerator definition	Refer to Bureau of Health Information publication
Numerator source	SAPHaRI
Numerator availability	Available
Denominator	
Denominator definition	Refer to Bureau of Health Information publication
Denominator source	SAPHaRI
Denominator availability	Available
Inclusions	Refer to Bureau of Health Information publication
Exclusions	Refer to Bureau of Health Information publication
Targets	Hospitals with higher/lower than expected mortality identified based on funnel plots with 95% control limits
Context	Refer to Bureau of Health Information publication
Related Policies/ Programs	
Useable data available from	Three-financial yearly results (hospital status) available July 2000-June 2003 onwards (main periods are three- financial yearly July 2009-June 2012 onwards)
Frequency of Reporting	Three yearly is ideal for the risk standardised measure, and annually for the crude rates
Time lag to available data	
Business owners	
Contact - Policy	Director, Bureau of Health Information
Contact - Data	Director, Bureau of Health Information
Representation	
Data type	Numeric
Form	Number
Representational layout	N{6}
Minimum size	1
Maximum size	6

INDICATOR: IM22-008	**Osteoporotic Refracture Prevention:** Reduction in presentations of people aged 50 years or older with a refracture (% variation)
Shortened Title	Osteoporotic Refracture Prevention
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.0
Scope	All patients 50 years and older who have had a previous fracture.
Goal	Better clinical outcomes for patients
Desired outcome	To reduce the rate of refractures in the cohort by 2.0% compared to the business-as-usual projections in each LHD by 2024-25.
Primary point of collection	Hospital separations and Emergency Department presentations
Data Collection Source/System	Admitted patient data collection, Emergency Department data collection
Primary data source for analysis	Register of Outcomes Value and Experience (ROVE)
Indicator definition	Number of admitted patient service events or emergency department presentations where a patient aged 50 years or older presents with a refracture in the reporting period. Note – this includes all refractures, not only those caused by minimal trauma.
Numerator	
Numerator definition	Number of admitted patient service events or emergency department presentations where a patient aged 50 years or older presents with a refracture in the reporting period. Refer to the ROVE data dictionary for ICD10-AM diagnosis and SNOMED codes for fracture. For admitted patient service events, it is any of the identified diagnoses recorded as a principal or additional diagnosis.
Numerator source	ROVE
Numerator availability	6 months.
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	

Inclusions

Exclusions

Patients less than 50 years old at cessation of emergency department tor admitted patient service event.

Targets

Target: 2022-23 targets are presented in the table below. 2022-23 targets are a 2.0% reduction on forecasted 2022-23 BAU.

- Performing: target met or exceeded
- Under Performing: separations < BAU but target not met
- Not Performing: separations >= BAU

Number of admitted refractures (2022-23)		
Local Health District	Business as Usual Projection	Target
Central Coast	1247	1222
Far West	70	69
Hunter New England	2005	1965
Illawarra Shoalhaven	1068	1047
Mid North Coast	735	720
Murrumbidgee	502	492
Nepean Blue Mountains	815	799
Northern NSW	986	966
Northern Sydney	2305	2259
South Eastern Sydney	1820	1784
South Western Sydney	1664	1631
Southern NSW	596	584
St Vincent's Health Network	433	424
Sydney	1366	1339
Western NSW	750	735
Western Sydney	1376	1348

Context

ORP is a Leading Better Value Care (LBVC) clinical initiative. Osteoporotic refracture prevention Osteoporotic fractures are a source of significant, increasing and unnecessary, health system burden. Many of these fractures are sustained through minimal trauma and are often caused by one underlying chronic disease, osteoporosis. Osteoporosis is characterised by reduced bone density and strength that predisposes individuals to minimal trauma fractures. Minimal trauma fractures or 'fragility fractures' are those sustained

	from a trip, slip or fall from standing height. The majority of minimal trauma fractures occur in women. The residual lifetime risk of minimal trauma fracture is up to 45% for women older than 60 years of age. After an initial fracture, the risk of refracture more than doubles. Initial fracture and subsequent refractures reduce independence and quality of life and increase the risk of hospitalisation, morbidity and mortality. As the population ages, the incidence of osteoporotic fractures and refracture will place an increasing burden on individuals, communities and health systems. It is currently estimated that almost five million Australians live with osteoporosis. This puts those affected at increased risk of fractures from minimal trauma, refracture and premature mortality. Many patients with osteoporosis are undertreated. In one Australian study only 28% of patients were receiving appropriate medical therapy following minimal trauma fracture. Clinical management to reduce the likelihood of refracture primarily involves: • early identification of patients at risk of refracture • early assessment and active treatment of osteoporosis • long-term support to participate in reviews of and maintain best practice treatments. Contemporary evidence suggests that this is the most effective way to manage the risk of future refractures and maximising the cost-effectiveness of healthcare delivery. To address refractures the Value Based Healthcare Steering Committee agreed on the inclusion of a minimum 2.0 per cent reduction in refractures for patients 50 years or older in the 2022-23 Service Level Agreements (SLAs). Achievement of this target will balance both the patient and net economic benefits
Related Policies/Programs	LBVC is a Value Based Healthcare state-wide priority program. In NSW, value based healthcare means continually striving to deliver care that improves: - health outcomes that matter to patients - experiences of receiving care - experiences of providing care - effectiveness and efficiency of care.
Useable data available from	2021
Frequency of Reporting	Annually
Time lag to available data	6 months
Business owners	Strategic Reform and Planning Branch
Contact-Policy	Jennifer Williamson, Senior Biostatistician, Economics and analysis unit, Strategic Reform and Planning Branch.

Contact-Data	Jennifer Williamson, Senior Biostatistician, Economics and analysis unit, Strategic Reform and Planning Branch.
Representation	
Datatype	Numeric
Form	Number
Representational lay out	NNNN
Minimum size	1
Maximum size	4
Data domain	
Date effective	2022
Related National Indicator	N/A

INDICATOR: IM22-009	**Osteoarthritis Chronic Care Program Enrolment** (Number)

Shortened Title	OACCP Enrolment
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.0
Scope	Patients aged 18 years and over with osteoarthritis affecting their hips or knees as primary condition.
Goal	To facilitate access to care in the appropriate setting Better clinical outcomes for patients
Desired outcome	Reduced treatment of the patient cohort in the admitted setting by increasing the availability of appropriate outpatient care
Primary point of collection	Hospital outpatient clinics
Data Collection Source/System	Non-Admitted Patient Data Collection
Primary data source for analysis	Register of Outcomes, Value and Experience (ROVE)
Indicator definition	Number of service events attended in an Osteoarthritis Chronic Care outpatient clinic within the reporting period.
Numerator	
Numerator definition	Number of service events in an Osteoarthritis Chronic Care outpatient clinic as identified by service unit establishment type code ’29.09’ and ’29.10’.
Numerator source	ROVE / Non admitted patient data collection
Numerator availability	6 months following client attendance.
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	Service unit establishment type code ‘29.09’ and ’29.10’
Exclusions	Any other establishment type.
Targets	5% increase on 2020-21 NAP activity as per the table below. • Performing: target met or exceeded

- Under Performing: activity > 2020-21 but target not met
- Not Performing: activity ≤ 2020-21

Local Health District	2020-21 Baseline	Target
Central Coast LHD	1777	1866
Far West LHD	149	156
Hunter New England LHD	532	559
Illawarra Shoalhaven LHD	3196	3356
Mid North Coast LHD	3570	3749
Murrumbidgee LHD	1541	1618
Nepean Blue Mountains LHD	1660	1743
Northern NSW LHD	4722	4958
Northern Sydney LHD	2162	2270
South Eastern Sydney LHD	1072	1126
South Western Sydney LHD	4464	4687
Southern NSW LHD	1445	1517
SVHN	337	354
Sydney LHD	5132	5389
Western NSW LHD	1259	1322
Western Sydney LHD	1102	1157

Context

Osteoarthritis Chronic care Program (OACCP) is a Leading Better Value Care (LBVC) clinical initiative.

Model of care

The OACCP is a multidisciplinary chronic care program for people with hip and knee OA, most of whom are awaiting elective joint replacement surgery. Eligible participants include people with OA who experience significant hip or knee pain most days of the previous month.

The main goals of management of OA of the hip and knee are:

- symptom control of pain and stiffness;
- limitation of disease progression;
- optimisation and maintenance of function;
- optimisation and maintenance of quality of life;
- effective use of health care.

This is achieved through three elements of a model of care:

1. Multi-disciplinary interventions
    a. Non pharmacological including:
        i. Disease management education and support

ii. Land exercise
iii. Hydrotherapy
iv. Manual therapy
v. Nutritional advice
vi. Occupational therapy
vii. Psychosocial support

b. Pharmacological
i. Medication review
ii. Pain management

2. Treatment aims and objectives
a. Manage and contro symptoms
b. Optimise and maintain function
c. Optimise and maintain quality of life
d. Slow disease progression

3. Documentation of treatments
a. Baseline measures using valid tools
b. Documented patient centred management plan and discharge plan
c. Regular face-to-face review and self management support
d. Discharge measures using valid tools
e. Discharge destination and long term review plan

Related Policies/Programs	LBVC is a Value Based Healthcare state-wide priority program. In NSW, value based healthcare means continually striving to deliver care that improves: - health outcomes that matter to patients - experiences of receiving care - experiences of providing care - effectiveness and efficiency of care.
Useable data available from	2021
Frequency of Reporting	6 monthly
Time lag to available data	6 months
Business owners	Strategic Reform and Planning Branch
Contact-Policy	Gary Disher, Manager Strategy and Reform, Strategic Reform and Planning Branch.
Contact-Data	Jennifer Williamson, Senior Biostatistician, Economics and analysis unit, Strategic Reform and Planning Branch.
Representation	
Datatype	Numeric
Form	Number
Representational lay out	NNN

Minimum size	1
Maximum size	3
Data domain	
Date effective	2022
Related National Indicator	N/A

INDICATOR: IM22-010	**High Risk Foot Service Performance:** Reduction in diabetic foot admitted patient service events (% variation)

Shortened Title	High Risk Foot Service (HRFS)
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.0
Scope	Patients with diabetes who have diabetic foot-related infections/ulcers of foot or lower limb.
Goal	Better clinical outcomes for patients
Desired outcome	HRFS seeks to improve patient experiences and outcomes by providing multidisciplinary care in the outpatient setting. In doing so, the service is expected to reduce admitted hospitalisations for ulcers and infections by 4.5% compared to business as usual projections of if the Service had not been implemented.
Primary point of collection	Admitted Patient Data Collection
Data Collection Source/System	Register of Outcomes Value and Experience (ROVE)
Primary data source for analysis	Admitted Patient Data Collection
Indicator definition	The number of completed admitted patient service events for diabetic patients with a diabetic foot-related infection/ulcer infection.
Numerator	
Numerator definition	The number of admitted patient service events for diabetic patients with a diabetic foot-related infection/ulcer infection as defined by the ICD-10-AM codes: Any of [E10.x, E11.x, E13.x or E14.x] (diabetic patients) **AND** with any episode that has the following ICD-10-AM codes included as the principal diagnosis, or included in the first 50 secondary diagnoses: [E10.73, E11.73, E13.73, E14.73, L03.02, L03.11, L03.13, L03.14, L97.x] (infection and/or ulcer), or [E10.51, E10.52, E11.51, E11.52, E13.51, E13.52, E14.51, E14.52] (peripheral vascular disease), or [E10.42, E11.42, E13.42, E14.42, E10.43, E11.43, E13.43, E14.43, E10.61, E11.61, E13.61, E14.61, E10.71, E11.71, E12.71, E13.71, E14.71] (peripheral neuropathy).
Numerator source	ROVE / Admitted Patient Data Collection

Numerator availability	6 months.

Denominator

Denominator definition	N/A
Denominator source	
Denominator availability	

Inclusions

- All public hospital discharges for patients greater or equal to (≥) 15 years on the date of discharge.
- SE_TYPE_CD = '2'

Exclusions

Private hospital episodes are excluded.

Targets

Districts are expected to achieve a 4.5% reduction in admitted hospitalisations for ulcers and infections during 2022-23, compared to business as usual projections.

The table below presents the overall number of hospitalisations for ulcers and infections based on applying this target reduction.

- Performing: target met or exceeded
- Under Performing: separations < BAU but target not met
- Not Performing: separations >= BAU

Number of admitted separations for diabetic foot related infections/ulcers of foot or lower limb (2022-23)		
Local Health District	Business as Usual Projection	Target
Central Coast	3941	3764
Far West	315	301
Hunter New England	9402	8979
Illawarra Shoalhaven	5750	5492
Mid North Coast	2875	2746
Murrumbidgee	2462	2352
Nepean Blue Mountains	3050	2913
Northern NSW	3895	3720
Northern Sydney	5017	4792
South Eastern Sydney	7387	7055
South Western Sydney	9506	9079
Southern NSW	1540	1471
St Vincent's Health Network	1631	1558
Sydney	5891	5627
Western NSW	2750	2627

Western Sydney	7624	7282

Context

High Risk Foot Service is being delivered under Tranche 1 of the Leading Better Value Care program.

This initiative and model of care uses the Agency for Clinical Innovation's Standards for High Risk Foot Services to prevent hospitalisation for diabetic foot ulcers and infections. Multidisciplinary high risk foot clinics have been established to:

- provide access to specialist multidisciplinary care in an outpatient setting
- reduce hospitalisations
- improve the experience of care and quality of life.

Related Policies/Programs

LBVC is a Value Based Healthcare state-wide priority program.

In NSW, value based healthcare means continually striving to deliver care that improves:

- health outcomes that matter to patients
- experiences of receiving care
- experiences of providing care
- effectiveness and efficiency of care.

Useable data available from

2021

Frequency of Reporting

Annually

Time lag to available data

6 months

Business owners

Strategic Reform and Planning Branch

Contact-Policy

Liz Hay, Director Economics and Analytics Unit, Strategic Reform and Planning Branch, Ministry of Health

Contact-Data

Jennifer Williamson, Senior Biostatistician, Economics and Analytics Unit, Strategic Reform and Planning Branch, Ministry of Health

Representation

Datatype

Numeric

Form

Number

Representational lay out

NNNN

Minimum size

1

Maximum size

4

Data domain

Date effective

2022

Related National Indicator

N/A

INDICATOR: IM22-011 **Previous IDs:**	**Chronic Wound Management Performance:** Reduction in chronic wound admitted patient service events (% variation)
Shortened Title	Chronic Wound Care
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.0
Scope	All patients with a chronic wound that has not healed within 30 days, regardless of origin.
Goal	Better clinical outcomes for patients
Desired outcome	A 10% reduction (against BAU) in the number of separations for the cohort in the 4-year period 2022-23 to 2025-26.
Primary point of collection	Admitted patient setting
Data Collection Source/System	Admitted Patient Data Collection
Primary data source for analysis	Register of Outcomes, Value and Experience (ROVE)
Indicator definition	Number of admitted patient service events where a wound that has not healed within 30 days is present.
Numerator	
Numerator definition	Number of admitted patient service events where a principal or additional diagnosis records a wound that has not healed within 30 days of it being diagnosed is present, as defined by the following ICD10AM codes: • Diabetes: E09.52, E10.52, E10.62, E10.73, E11.52, E11.62, E11.73, E13.52, E13.62, E13.73, E14.52, E14.62, E14.73 • Venous: I83.0, I83.2, I86.8, I87.0, I87.2 • Cutaneous abscess: L02.0, L02.1, L02.2C, L02.3, L02.40, L02.41, L02.42, L02.43, L02.8, L02.9 • Cellulitis: L03.01, L03.02, L03.12, L03.13, L03.14, L03.19, L03.2, L03.3, L03.8, L03.9 • Infection: L08.0, L08.1, L08.8, L08.9 • Ulcer Radiation: L59.8 • Gangrene: L88 • Pressure Injury: L89.xx (all) • Granuloma: L92.1, L92.2, L92.3, L92.8, L92.9 • Lupus or Connective: L93.x, L94.x, L95.0 • Vasculitis: L95.1, L95.8, L95.9 • Foot ulcer: L97.0, L97.8, L97.9

- Chronic ulcer: L98.4
- Obstetric: O86.0, O90.0, O90.1
- Gangrene: R02
- Skin Tear: R23.4
- Procedure: T81.3, T81.4
- Complication open: T89.00, T89.01, T89.02, T89.03

Numerator source: ROVE / Admitted Patient Data Collection

Numerator availability: 6 months.

Denominator

Denominator definition: N/A

Denominator source

Denominator availability

Inclusions: SE_TYPE_CD = '2'

Exclusions: The Leading Better Value Care High Risk Foot Service (HRFS) related wounds are excluded to avoid double counting wounds that are already being treated in the outpatient setting as part of tranche one of LBVC.

Targets: Target: 2022-23 targets are presented in the table below. 2022-23 targets are a 2.5% reduction on forecasted 2022-23 BAU.

- Performing: target met or exceeded
- Under Performing: separations < BAU, but target not met
- Not Performing: separations >= BAU

Local Health District	Business as Usual Projection	Target
Central Coast LHD	1100	1073
Far West LHD	536	523
Hunter New England LHD	2021	1971
Illawarra Shoalhaven LHD	1094	1066
Justice Health	0	0
Mid North Coast LHD	1172	1142
Murrumbidgee LHD	576	562
Nepean Blue Mountains LHD	783	763
Northern NSW LHD	2176	2121
Northern Sydney LHD	3313	3230
SCHN	529	516
South Eastern Sydney LHD	1525	1487
South Western Sydney LHD	1721	1678

Southern NSW LHD	605	589
SVHN	446	435
Sydney LHD	1323	1290
Western NSW LHD	1626	1585
Western Sydney LHD	3169	3090

Context

Wound management is a Leading Better Value Care (LBVC) clinical initiative.

Wound management in the NSW health system

Wound is a break in the epidermis or dermis that can be related to trauma or to pathological changes within the skin and body, (excluding punctures in the skin made for the purposes of a central venous, peripheral, intrathecal, epidural or any other access line).

Wounds can result in long term pain, decreased mobility, lost productivity, and reduced wellbeing of the patient. As such, there are significant opportunities to improve outcomes for wound management. The Tranche 2 Leading Better Value Care (LBVC) initiative presents an opportunity to change the way chronic wound is managed through the implementation of the Standards for Wound Management. This will improve the experience of receiving and providing care, enhance outcomes and optimise the use of resources.

In 2018 the Ministry of Health disseminated analysis of the LBVC Wound Management initiative to support the case for change. The analysis detailed service utilisation (admitted, non-admitted and ED), breakdown of patient characteristics (e.g., age, comorbidities) and historical and projected resourcing impacts.

Shifting care from the admitted to the non-admitted setting

In October 2021 the Value Based Healthcare Steering Committee agreed on the inclusion of a target in the SLAs to incrementally shift 10% of admitted patient activity to the non-admitted setting over four years. Achievement of this will improve produce both patient and economic benefits.

An information package detailing the above enrolment targets will be provided to LHD/Network CEs and LBVC program leads.

Related Policies/Programs

LBVC is a Value Based Healthcare state-wide priority program.

In NSW, value based healthcare means continually striving to deliver care that improves:

- health outcomes that matter to patients
- experiences of receiving care
- experiences of providing care
- effectiveness and efficiency of care.

Useable data available from

2021

Frequency of Reporting	Annually
Time lag to available data	6 months
Business owners	Strategic Reform and Planning Branch
Contact-Policy	Liz Hay, Director Economics and Analytics Unit, Strategic Reform and Planning Branch, Ministry of Health
Contact-Data	Jennifer Williamson, Senior Biostatistician, Economics and Analytics Unit, Strategic Reform and Planning Branch, Ministry of Health
Representation	
Datatype	Numeric
Form	Number
Representational lay out	NNNN
Minimum size	1
Maximum size	4
Data domain	
Date effective	2022
Related National Indicator	N/A

INDICATOR: IM23-001	**Transitional Aged Care Program (TACP) Occupancy (%)**
Shortened Title	Transitional Aged Care Program
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.0
Scope	All Transitional Aged Care Program (TACP) care recipients.
Goal	To maximise the utilisation of TACP places by enrolling an increased number of eligible care recipients who will benefit from the program.
Desired outcome	• Appropriate discharge option of care for older people who have deconditioned during their hospital stay • Preventing discharge delays from hospital of older people • Increase the number of people receiving restorative care in the home or residential setting. • Preventing re-admission into hospital. • Maintaining independence at home and preventing early entry into residential aged care.
Primary point of collection	TACP Service Managers
Data Collection Source/System	Services Australia Aged Care Provider Portal (ACPP).
Primary data source for analysis	TACP payment summary information maintained by the Aged Care Unit (ACU), Health and Social Policy Branch (HSPB).
Indicator definition	The number of occupied care days that are paid by the commonwealth for the claimed month.
Numerator	
Numerator definition	The number of occupied care days calculated for each months claim period, as per the payment summary report from the ACPP
Numerator source	TACP payment summary spreadsheet maintained by ACU
Numerator availability	Available from ACPP and dependent upon districts making timely claims each month. May be subject to minor adjustments month to month if claims are modified.
Denominator	
Denominator definition	Number of allocated places multiplied by the number of calendar days in the month
Denominator source	TACP payment summary spreadsheet maintained by ACU

Denominator availability	Available
Inclusions	Patients enrolled into the program: • Following Aged Care Assessment Program (ACAP) assessment for eligibility, approval and delegation • ACAP assessment undertaken while an admitted patient in Australian public and private hospitals.
Exclusions	Patients who are ineligible for the program: • Non-admitted patients • Those not approved by the ACAP assessor.
Targets	Target ≥100% • Performing: ≥90% and <100% • Underperforming: ≥80% and <90% • Not performing: <80%
Context	Evidence shows that older people benefit from restorative care following a hospital stay.
Related Policies/Programs	Australian Government Transition Care Program Guidelines.
Useable data available from	2018-19
Frequency of Reporting	Reporting required by the 10th day of each month.
Time lag to available data	Data available for previous month
Business owners	
Contact-Policy	Executive Director, Health and Social Policy Branch
Contact-Data	Director Aged Care Unit, Health and Social Policy Branch
Representation	
Datatype	Percentage
Form	Number
Representational lay out	NNN.N%
Minimum size	3
Maximum size	5
Data domain	
Date effective	2023
Related National Indicator	N/A

INDICATOR: IM23-006	**Maternal immunisation against pertussis and influenza** Pregnant women immunised against: • diphtheria-tetanus-pertussis (%) • influenza (%)
Shortened Title	Maternal immunisation.
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	3. People are healthy and well
Status	Final
Version number	1.0
Scope	Women giving birth in NSW public hospitals
Goal	To reduce the incidence of vaccine preventable diseases in pregnant women, new mothers, and neonates through the implementation of a National Immunisation Program
Desired outcome	Reduce illness and death from vaccine preventable diseases in pregnant women and neonates.
Primary point of collection	Data collected by midwives in public hospitals. Australian Immunisation Register (AIR) entries by general practitioners, community health centres, Aboriginal medical centres and community pharmacies
Data Collection Source/System	MatIQ, Cerner Maternity, Australian Immunisation Register
Primary data source for analysis	MatIQ, Cerner Maternity, Australian Immunisation Register
Indicator definition	The percentage of pregnant women giving birth at a NSW public hospital who have received (i) diphtheria-tetanus-pertussis (dTpa) vaccine and (ii) influenza (flu) vaccine, as recorded on the Australian Immunisation Register.
Numerator	
Numerator definition	Number of women who have received (i) dTpa vaccine, and (ii) flu vaccine
Numerator source	Australian Immunisation Register
Numerator availability	Available
Denominator	
Denominator definition	Women who have given birth, as recorded in MatIQ or Cerner Maternity
Denominator source	MatIQ or Cerner Maternity
Denominator availability	Available
Inclusions	Medicare-registered women giving birth in a NSW public hospital during the assessment period
Exclusions	Women giving birth in a NSW public hospital during the assessment period who are not Medicare-registered

	Women giving birth in a NSW private hospital during the assessment NSW residents giving birth in a public or private hospital outside of NSW
Targets	i. Diphtheria-tetanus-pertussis (dTpa) – 90% ii. Influenza – 80%
Context	The Australian Immunisation Register does not capture pregnancy status, but it does capture vaccination status. Pregnancy status will be derived from Mat IQ and Cerner Maternity and data linked with vaccination status from the AIR in consultation with the National Centre for Immunisation Research and Surveillance (NCIRS).
Related Policies/ Programs	National Immunisation Program
Useable data available from	TBA
Frequency of Reporting	TBA
Time lag to available data	TBA
Business owners	Health Protection NSW.
Contact - Policy	Manager, Immunisation Unit, Health Protection NSW
Contact - Data	Manager, Epidemiology and Data Branch, Health Protection NSW
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	4
Maximum size	6
Data domain	TBA
Date effective	TBA
Related National Indicator	TBA

INDICATOR: IM23-007	**Patient Encounters with Smoking and Vaping Status Documented (%)**
Shortened Title	Documentation of Smoking & Vaping Status.
Service Agreement Type	Improvement Measure.
NSW Health Strategic Outcome	3. People are healthy and well
Status	Final
Version number	1.0
Scope	Inpatient encounters where the patient is aged 16 and over of for all local health district services.
Goal	Monitor rates of smoking and vaping among the NSW Health adult clinical population to inform quality improvement initiatives related to safe care (falls prevention, nicotine withdrawal, violence & aggression) and cessation support.
Desired outcome	Increase the documentation of smoking and vaping status of the adult clinical population to promote clinical engagement in delivery of best practice smoking and vaping cessation care.
Primary point of collection	Medical records – Smoking History Form or Smoking Management Pathway (where available). In time LHD EMR systems will be updated to collect smoking and vaping status. Where vaping data can be collected it must be reported.
Data Collection Source/System	Smoking History Form (where Smoking Management Pathway is not available) – smoking. Smoking Management Pathway (where established) - smoking and vaping. EMR inpatient systems.
Primary data source for analysis	LHD EMR
Indicator definition	The proportion of formally discharged admitted patient encounters where the patient is aged 16 years and over that have their smoking and vaping status recorded in the EMR by Local Health District.
Numerator	
Numerator definition	Number of admitted patient encounters where the patient is aged 16 and over, and formally discharged with the smoking and vaping status recorded in the EMR by Local Health District.
Numerator source	EMR inpatient systems
Numerator availability	Smoking History Form (where Smoking Management Pathway is not available) for smoking status. Smoking Management Pathway (NS & CC LHDs, where established) for smoking and vaping status.
Denominator	
Denominator definition	Number of admitted patient encounters where the patient is aged 16 and over and formally discharged by Local Health District.
Denominator source	EMR inpatient

Denominator availability	
Inclusions	All patients discharged during the reporting period Excludes patients where discharge status was: • A care type change • Registered in Error • Pt Dead on Arrival • Departed: Did not wait • Departed: Left at own risk Smoking status recorded includes: • Yes - Smoker • No – Non-Smoker • Daily Smoker • Occasional Smoker • Recently Quit Smoking • Recently Quit Smoking <30 day • Recently Quit Smoking >30 day • Non-smoker • Never-smoker E-cigarette/Vaping status recorded includes: • Yes – E-cigarette/Vape User • No – Never E-cigarette/Vape User • Daily E-cigarette/Vape User • Occasional E-cigarette/Vape user • Recently Quit E-cigarette/Vape Use • Recently Quit E-cigarette/Vape Use <30 day • Recently Quit E-cigarette/Vape Use >30 day • Never Used E-cigarettes/Vaping Devices
Exclusions	Patients <16 years of age.
Targets	
Context	Smoking remains the leading cause of preventable illness and premature death; a brief intervention delivered by a health professional improves rates of cessation. Vaping is an emerging public health issue and disproportionately affects young people. Many health impacts (short/long-term) are unknown and people who vape are three-times more likely to smoke.
Related Policies/ Programs	Smokefree Healthcare Policy NSW Tobacco Strategy National Preventive Health Strategy 2021-2030 Smoking Cessation Framework for NSW Health Services
Useable data available from	First reporting period Jul-Dec 2023.
Frequency of Reporting	Biannually
Time lag to available data	TBA
Business owners	Cancer Institute NSW

Contact - Policy	Director, Screening & Prevention, Cancer Institute NSW / Executive Director, Centre for Population Health
Contact - Data	Local Health District Reporting Teams
Representation	
Data type	Numeric
Form	Proportion
Representational layout	NN.N%
Minimum size	3
Maximum size	4
Data domain	N/A
Date effective	July 2023
Related National Indicator	N/A

INDICATOR: KS2410	**Aboriginal Paediatric Patients Undergoing Otitis Media Procedures** (number)
Shortened Title	Paediatric Aboriginal Otitis Media Procedures
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.5
Scope	Aboriginal children aged 0 to 15 years with a planned admission for an otitis media surgical procedure
Goal	Increase the number of Aboriginal children treated surgically for otitis media surgical procedures
Desired outcome	Reduce the burden of hearing loss in the population by increasing surgical treatment rates
Primary point of collection	Administrative and clinical patient data collected at admission and discharge
Data Collection Source/System	Hospital PAS system, Admitted Patient Data Collection
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	Number of Aboriginal children, year to date, receiving a surgical procedure for chronic otitis media as a planned procedure. Chronic otitis media = primary diagnosis of ICD-10-AM codes: H65.x, H66.x, H67.0, H67.8 or H72.x Surgical procedure = one of the following ACHI procedure codes: 41635-01, 41527-00, 41530-00, 41533-01, 41542-00, 41638-01, 41551-00, 41560-00, 41560-01, 41554-00, 41563-00, 41563-01, 41626-00, 41626-01, 41632-00, 41632-01, 41632-02 or 41632-03.
Numerator	
Numerator definition	Number of Aboriginal children 0-15 years receiving a surgical procedure for chronic otitis media as a planned procedure, year to date.
Numerator source	EDWARD
Numerator availability	Monthly
Denominator	
Denominator definition	N/A
Denominator source	N/A
Denominator availability	N/A

Inclusions As per numerator definition above

Exclusions As per Inclusions above

Targets Annual targets by LHD are shown in the table below:

LHD[1]	2024/2025 Target for Aboriginal children
CCLHD	25
FWLHD	5
HNELHD	69
ISLHD	37
MLHD	11
MNCLHD	43
NBMLHD	24
NNSWLHD	10
NSLHD	4
SCHN	24
SESLHD	5
SNSWLHD	12
SWSLHD	16
SLHD	6
WNSWLHD	67
WSLHD	2
NSW	368

Note: These targets are based on 2018-19 otitis media surgical procedures to mitigate the impact of COVID-19 on proposed targets.

- Performing: Equal to or greater than specified target
- Under performing: N/A
- Not performing: Less than target

Progress will be reported quarterly against an annual target.

Current number of procedures for the non-Aboriginal paediatric population to be maintained.

Context Aboriginal children have a higher rate of chronic otitis media than Non-Aboriginal children. Chronic otitis media leads to hearing loss and developmental delay. Current evidence indicates that the burden of chronic otitis media in Aboriginal children is at least double that of Non-

[1] St Vincent's Health Network and Justice and Forensic Mental Health do not have targets as they did not undertake otitis media surgical procedures in 2019/2020.

	Aboriginal children. As early intervention is required to minimise adverse consequences of hearing loss.
Related Policies/ Programs	2022-24 NSW Implementation Plan for Closing the Gap
Useable data available from	1 July 2017
Frequency of Reporting	Quarterly
Time lag to available data	6 weeks to 3 months
Business owners	Centre for Aboriginal Health, Ministry of Health
Contact - Policy	Executive Director, Centre for Aboriginal Health, Ministry of Health
Contact - Data	Executive Director, System Information and Analytics, Ministry of Health
Representation	
Data type	Numeric
Form	Number
Representational layout	NNNNN
Minimum size	1
Maximum size	5
Data domain	N/A
Date effective	1 July 2018
Related National Indicator	N/A

INDICATOR: PH-015A	**Hospital Drug and Alcohol Consultation Liaison -** Number of consultations (% increase)
Shortened title	
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.3
Scope	Patients admitted under a non-AOD specialist treating team that requests treatment advice from hospital drug and alcohol consultation liaison (HDA-CL) clinicians on management of the patient, resulting in a dated entry of clinical significance in the admitted patient/emergency department medical record.
Goal	To recognise the volume and value of HDA-CL activity, improve management of AOD-related presentations in hospitals and increase access to AOD specialist treatment services.
Desired outcome	To enhance the safety, quality, appropriateness, efficiency of services and outcomes for patients with substance use disorders in hospital settings.
Primary point of collection	HDA-CL clinicians
Data Collection Source/System	LHD HDA-CL data collection eMR
Primary data source for analysis	LHD data base and /or NSW AODTS MDS for inpatient consultation
Indicator definition	Percentage increase from the baseline activity of number of HDA-CL consultations provided to non-AOD treating teams concerning patients admitted to a public hospital within the reporting period.
Numerator	
Numerator definition	The total YTD number of HDA-CL consultations provided to non-AOD treating teams concerning patients admitted to a public hospital.
Numerator source	LHD HDA-CL data collection database, eMR
Numerator availability	Quarterly
Denominator	
Denominator definition	The total baseline proportional YTD number of HDA-CL consultations provided to non-AOD treating teams concerning patients admitted to a public hospital.
Denominator source	The static reported consultations as per SIA HSP Report.
Denominator availability	Quarterly
Inclusions	All instances of alcohol and other drug (AOD) treatment advice provided by hospital drug and alcohol consultation liaison (HDA-CL) clinicians to

	non-AOD specialist treating teams on management of a patient, at the request of the treating team resulting in a dated entry of clinical significance in the admitted patient/emergency department medical record.[2]
Exclusions	HDA-CL activity does not include the following: • patients admitted under the care of an AOD clinical specialist treating team for specialist AOD treatment • treatment to patients in a non-admitted patient services in Outpatient Hospital Clinics, Community and Ambulatory care services
Targets	Per cent increase or maintain LHD individual targets, consultation activity in 2024-25 from 2023-24. • Performing – Maintain or increase from 2023-24 baseline. • Under- performing – <10% decrease from 2023-24 baseline. • Not performing - ≥10% decreased from 2023-24 baseline.
Context	Effectively recorded/reported specialist HDA-CL activity improves the completeness of clinical documentation for clinical coding, casemix and activity based funding. HDA-CL services improve management of AOD presentations in hospitals and increase access to specialist AOD treatment. This provides evidence to recognise the contribution and support the expansion of HDA-CL services through growth funding.
Related Policies/ Programs	NSW Health Plan
Useable data available from	1 July 2019
Frequency of Reporting	Quarterly
Time lag to available data	4 weeks after the close of each quarterly period
Business owners	
Contact – Policy	Executive Director, Centre for Alcohol and Other Drugs
Contact – Data	Executive Director, Centre for Alcohol and Other Drugs
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	1
Maximum size	5
Data domain	N/A

Date effective	1 July 2019
Related National Indicator	*The Hospital Drug and Alcohol Consultation Liaison Model of Care*, NSW Health, March 2015, p13 https://www.health.nsw.gov.au/aod/professionals/Publications/hosp-DA-consult-moc.pdf

INDICATOR: KPI23-001	**Children fully immunised at five years of age (%)**
	Percentage (%) of children fully immunised at 60 to 63 months of age*, disaggregated by: i. Aboriginal children ii. Non-Aboriginal Children
Shortened Title	Children fully immunised at five years of age
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	3 People are healthy and well
Status	Final
Version number	1.0
Scope	All children 60-63 months.
Goal	To reduce the incidence of vaccine preventable diseases in children and increase immunisation coverage rates through the implementation of a National Immunisation Program
Desired outcome	Reduce illness and death from vaccine preventable diseases in children.
Primary point of collection	Data collected by General Practitioners, Community Health Centres, Aboriginal Medical Centres and local government councils.
Data Collection Source/System	Forms and electronic submissions to Australian Immunisation Register (AIR)
Primary data source for analysis	Australian Immunisation Register
Indicator definition	The percentage of children aged 60 to 63 months who are registered with Medicare and have received all age-appropriate vaccinations as prescribed by the Australian Immunisation Register, disaggregated by Aboriginality. *Note that this item measures uptake of the vaccines due at 4 years of age by the time the child turns 5 years to 5 years and 3 months.
Numerator	
Numerator definition	(i) Number of Aboriginal children aged 60 to 63 months who have received all age appropriate vaccinations as prescribed by the Australian Immunisation Register. (ii) Number of Non-Aboriginal children aged 60 to 63 months who have received all age appropriate vaccinations as prescribed by the Australian Immunisation Register.
Numerator source	Australian Immunisation Register
Numerator availability	Available
Denominator	
Denominator definition	(i) Aboriginal children registered with Medicare Australia in 60 to 63 months age group. (ii) Non-Aboriginal children registered with Medicare Australia in 60 to 63 months age group.

Denominator source	Medicare Australia
Denominator availability	Available
Inclusions	All children 60 to 63 months of age
Exclusions	• Children aged <60 months or > 63 months • Vaccinations which are not prescribed by Australian Immunisation Register
Targets	• Performing: ≥95% • Under- performing: ≥90 and <95% • Not performing: <90% *Note that for Northern NSW the target is to maintain or improve previous year's coverage for Non-Aboriginal children.
Context	Although there has been substantial progress in reducing the incidence of vaccine preventable disease in NSW it is an ongoing challenge to ensure optimal coverage of childhood immunisation.
Related Policies/ Programs	National Immunisation Program
Useable data available from	2008
Frequency of Reporting	Quarterly
Time lag to available data	90 days, available August for previous financial year
Business owners	Health Protection NSW
Contact - Policy	Manager, Immunisation Unit, Health Protection NSW
Contact - Data	Manager, Immunisation Unit, Health Protection NSW
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	4
Maximum size	6
Data domain	N/A
Date effective	July 1 2023
Related National Indicator	Federation Funding Agreement-Health: Essential Vaccines Schedule (ESV) Benchmark 1. Maintained or increased vaccination rates for 60 to 63 month olds Benchmark 2. Maintained or increased vaccination rates in Aboriginal and Torres Strait Islander children. Benchmark 4. Increased vaccination rates for 60 to 63 month olds in four of the ten lowest coverage areas at the SA3 level.

https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-02/essential-vaccine-schedule-to-2023.pdf

INDICATOR: PH-013A, SPH007	**Smoking during pregnancy - At any time:** (Number) • Aboriginal women (%) *(PH-013A)* • Non-Aboriginal women (%) *(SPH007)*
Shortened Title	Smoking During Pregnancy
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	2.41
Scope	All women giving birth in NSW (Aboriginal and Non-Aboriginal)
Goal	Reduce smoking rates of women during pregnancy (Aboriginal and Non-Aboriginal)
Desired outcome	Reduce the rate of smoking in pregnant Aboriginal women by 2 percentage points per year and in pregnant Non-Aboriginal women by 0.5 percentage point per year (NSW State Health Plan)
Primary point of collection	Local Health District maternity services
Data Collection Source/System	QIDS Maternity Intelligence System (QIDS MatIQ)
Primary data source for analysis	Quality Improvement Data System Maternity Intelligence System (QIDS Mat IQ)
Indicator definition	Proportion of pregnant women who smoked at any time during their pregnancy. *Total number of women who reported smoking at any time during pregnancy and who gave birth to a liveborn baby (or babies) regardless of gestation age or birth weight, or stillborn baby (or babies) of at least twenty (20) weeks gestation or four hundred (400) grams birth weight.* --- *Total number of women who gave birth to a liveborn baby (or babies) regardless of gestation age or birth weight, or stillborn baby (or babies) of at least twenty (20) weeks gestation or four hundred (400) grams birth weight* Indicator is reported separately for 1. % of all Aboriginal women who smoked during pregnancy 2. % of all Non-Aboriginal women who smoked during pregnancy
Numerator	
Numerator definition	(i) Number of Aboriginal women who smoked at any time during pregnancy (ii) Number of Non-Aboriginal women who smoked at any time during pregnancy
Numerator source	NSW Perinatal Data Collection

Numerator availability	MatIQ Quarterly

Denominator

Denominator definition	(i) Number of Aboriginal women giving birth in NSW to a liveborn baby (or babies) regardless of gestation age or birth weight, or stillborn baby (or babies) of at least twenty (20) weeks gestation or four hundred (400) grams birth weight. (ii) Number of Non-Aboriginal women giving birth in NSW to a liveborn baby (or babies) regardless of gestation age or birth weight, or stillborn baby (or babies) of at least twenty (20) weeks gestation or four hundred (400) grams birth weight.
Denominator source	NSW Perinatal Data Collection
Denominator availability	MatIQ Quarterly

Inclusions

Aboriginal or Non-Aboriginal women giving birth in public hospital sites across NSW, including liveborn babies regardless of gestational age or birth weight and stillborn babies of at least twenty (20) weeks gestation or four hundred (400) grams birth weight. NSW residents only

Exclusions

Aboriginal or Non-Aboriginal women giving birth outside public hospital sites across NSW.

Targets

Aboriginal women: ≥2 percentage points decrease on previous year

Non-Aboriginal women: ≥0.5 percentage point decrease on previous year

	Aboriginal women	Non-Aboriginal women
Performing	≥2% decrease on previous year	≥0.5% decrease on previous year
Underperforming	0 - <2% decrease on previous year	0 - <0.5% decrease on previous year
Not performing	Increase on previous year	Increase on previous year

Context

Smoking during pregnancy is associated with poor health outcomes for the foetus such as increased risk of perinatal mortality, low birth weight, and other health related issues. The indicator is a key indicator to measure progress towards the national commitment to halve the gap in child mortality between Aboriginal and Non-Aboriginal people.

Related Policies/ Programs

- 2022-24 NSW Implementation Plan for Closing the Gap
- NSW Aboriginal Health Plan 2013-23
- Aboriginal Maternal and Infant Health Strategy
- NSW Tobacco Strategy Workplan 2019 -2021

Useable data available from

1990

Frequency of Reporting

Biannually (calendar year)

Time lag to available data	8 months, available August following the end of the calendar year
Business owners	Centre for Aboriginal Health and Centre for Population Health
Contact - Policy	Executive Director, Centre for Aboriginal Health and Executive Director, Centre for Population Health
Contact - Data	Associate Director, Epidemiology and Biostatistics, Centre for Epidemiology & Evidence
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Data domain	
Date effective	1 January 2023
Related National Indicator	National Core Maternity Indicators: PI 01—Tobacco smoking in pregnancy for all females giving birth (2021) https://meteor.aihw.gov.au/content/index.phtml/itemId/742381

INDICATOR: KPI2520	**NSW Health Brighter Beginnings Implementation** - Delivery of the Health and Development Checks in Early Childhood Education and Care (ECEC) Program
	Percentage of 4-year-old children offered the program (%)
Shortened Title	Brighter Beginnings Health and Development Checks in ECEC Program.
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	Strategy 3: People are healthy and well.
Status	Draft.
Version number	1.0
Scope	Children attending early childhood education and care services (e.g. long day care or preschool).
Goal	By December 2026, districts will be offering at least 75% of four-year-old children a health and development check that aims to support improved child development outcomes.
Desired outcome	Families engage in the 4-year-old health and development check and there is an increase in the number of checks delivered.
Primary point of collection	Child and Family Health Services and Allied Health Services
Data Collection Source/System	Cerner eMR, CHIME, District reporting spreadsheets and other Community Health systems.
Primary data source for analysis	District level data capture tool/ summary reports/ EDWARD
Indicator definition	Proportion of 4-year-old children who are offered the 4-year health and development check in their early childhood education service. Monitoring will account for the early childhood education low activity period over the end of Q2 and start of Q3 each year.
Numerator	
Numerator definition	Number of 4-year-old children who receive an offer of the 4-year health and development check in their early childhood education service.
Numerator source	District level data capture tool/ summary reports/ EDWARD.
Numerator availability	Quarterly.
Denominator	
Denominator definition	Number of 4-year-old children.
Denominator source	Department of Planning Population Projection of number of 4-year-old children in NSW, who are in principle, eligible to attend an early childhood education service.
Denominator availability	Available annually.
Inclusions	All 4-year-old children in NSW.
Exclusions	As per inclusions above
Targets	Yearly.

	Target for June 2026 • Performing: ≥ 65 and <100 • Underperforming: ≥55 and <65 • Not performing: <55
Context	In the FY2022/23 State Budget the NSW Government committed $111.2 million to deliver health and development checks to 4-year-old children in early childhood education services. Delivery of this program is aligned with implementation of the First 2000 Days Framework and Future Health Strategic Framework, Strategic Outcome 3: People are healthy and well.
Related Policies/ Programs	Future Health Strategic Framework, Strategic Outcome 3: People are healthy and well First 2000 Days Implementation Strategy 2021-2025
Useable data available from	31 October 2024
Frequency of Reporting	Quarterly and Annual (financial year).
Time lag to available data	3 months
Business owners	Health and Social Policy Branch.
Contact - Policy	Director, Child and Family
Contact - Data	Director, Child and Family
Representation	
Data type	Numeric
Form	Number, expressed as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Data domain	
Date effective	TBC.
Related National Indicator	N/A

INDICATOR: KPI2521	**Statewide Infant Screening** – Hearing - Newborn hearing screens provided (Number)
Shortened Title	Statewide Infant Screening – Hearing (SWISH)
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	Strategy 3: People are healthy and well
Status	Draft
Version number	1.0
Scope	The aim of the NSW Statewide Infant Screening - Hearing (SWISH) Program is to identify all babies born in NSW with congenital permanent bilateral moderate to profound hearing loss by 3 months of age, and for those children to be able to access appropriate amplification and early intervention by 6 months of age. Identification is achieved through offering universal hearing screening to all babies born in NSW by one month of age (corrected).
Goal	Maintain current level of service delivery.
Desired outcome	Universal screening of all newborns.
Primary point of collection	SWISH Screeners.
Data Collection Source/System	Excel spreadsheet OR eMR/CHOC.
Primary data source for analysis	Excel spreadsheets submitted by LHD's/Network
Indicator definition	Proportion of newborns that have completed a newborn hearing screen.
Numerator	
Numerator definition	P of children that have completed a newborn hearing screen.
Numerator source	Excel spreadsheets submitted by LHD's/Network.
Numerator availability	Monthly.
Denominator	
Denominator definition	Newborns that are born in NSW or newborns born outside of NSW but are residents of NSW.
Denominator source	Excel spreadsheets submitted by LHD's/Network.
Denominator availability	Monthly

Inclusions	Well baby (medically stable) over 34 weeks gestation. Four hours old (lower limit refers to birth age) to one month (upper limit refers to corrected age).
Exclusions	Babies with confirmed bacterial meningitis. Babies who have craniofacial abnormalities and other conditions as outlined in GL2010_002 - Statewide Infant Screening - Hearing (SWISH) Program. Babies who remain medically unfit to screen at 3 months of age (corrected age). Stillbirths, neonatal deaths occurring before infant hearing screen can be completed.
Targets	Maintaining over 97%
Context	This is a universal screening program that should be provided to all eligible infants in NSW. This indicator is consistent with the minimum screening rate described in 'National performance indicators to support neonatal hearing screening in Australia'. SCHN provides this service for SESLHD.
Related Policies/ Programs	GL2010_002 – Statewide Infant Screening – Hearing (SWISH) Program. National Framework for Neonatal Hearing Screening | Australian Government Department of Health and Aged Care AIHW 'National performance indicators to support neonatal hearing screening in Australia'
Useable data available from	2003.
Frequency of Reporting	Monthly.
Time lag to available data	2 weeks.
Business owners	Health and Social Policy Branch.
Contact - Policy	Director, Child and Family.
Contact - Data	Director, Child and Family.
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)

Representational layout	NN.N%
Minimum size	3
Maximum size	5
Data domain	N/A
Date effective	2003
Related National Indicator	AIHW 'National performance indicators to support neonatal hearing screening in Australia'

INDICATOR: KPI2414, KPI2415 **Previous ID: DPH_1201**	**Pregnant Women Quitting Smoking - By the second half of pregnancy** (% change) • Aboriginal women giving birth (KPI2414) • Non-Aboriginal women giving birth (KPI2415)
Shortened Title	Pregnant Women Quitting Smoking
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.1
Scope	All women giving birth in NSW public hospitals
Goal	To reduce smoking during pregnancy
Desired outcome	Increase the number of women quitting smoking during pregnancy
Primary point of collection	Staff in Maternity Units at hospitals and Independent Midwifes
Data Collection Source/System	QIDS Maternity Intelligence System (QIDS MatIQ)
Primary data source for analysis	QIDS Maternity Intelligence System (QIDS MatIQ)
Indicator definition	Proportion of pregnant women who quit smoking by the second half of pregnancy, disaggregated by Aboriginality. Indicator is reported by Local Health District of the birth hospital. Women who quit smoking by the second half of pregnancy (%) = *Total number of women who reported smoking in the first half of pregnancy and did not smoke in the second half of pregnancy and who gave birth to a liveborn baby (or babies) regardless of gestation age or birth weight, or stillborn baby (or babies) of at least twenty (20) weeks gestation or four hundred (400) grams birth weight, disaggregated by Aboriginality.* *Total number of women who reported smoking in the first half of pregnancy and who gave birth to a liveborn baby (or babies) regardless of gestation age or birth weight, or stillborn baby (or babies) of at least twenty (20) weeks gestation or four hundred (400) grams birth weight, disaggregated by Aboriginality.*
Numerator	
Numerator definition	Total number of women who quit smoking by the second half of pregnancy and who gave birth to a liveborn baby (or babies) regardless of gestation age or birth weight, or stillborn baby (or babies) of at least twenty (20) weeks gestation or four hundred (400) grams birth weight, disaggregated by Aboriginality.
Numerator source	QIDS Maternity Intelligence System (QIDS MatIQ)
Numerator availability	Three-monthly, data lag one month after the end of three-month period based on date of birth of the baby
Denominator	

Denominator definition	Total number of women who reported smoking in the first half of pregnancy and who gave birth to liveborn babies regardless of gestation age or birth weight, and stillborn babies of at least twenty (20) weeks gestation or four hundred (400) grams birth weight, disaggregated by Aboriginality
Denominator source	QIDS Maternity Intelligence System (QIDS MatIQ)
Denominator availability	Three-monthly, data lag one month after the end of three-month period based on date of birth of the baby
Inclusions	Women giving birth in NSW, including live born babies regardless of gestational age or birth weight and stillborn babies of at least twenty (20) weeks gestation or four hundred (400) grams birth weight, disaggregated by Aboriginality.
Exclusions	• Women who did not report smoking at any time during pregnancy, or where smoking status is not stated. • Women giving birth outside NSW, who normally reside in NSW. • Women giving birth in any private hospital in NSW or Northern Beaches Hospital. • Women who did not report their Aboriginality
Targets	**For both cohorts:** Target 4% increase on previous year • Performing: ≥4% increase on previous year • Under performing: ≥1% and <4% increase on previous year • Not performing: <1% increase on previous year
Context	Smoking during pregnancy is associated with poor health outcomes for the fetus such as increased risk of perinatal mortality, low birth weight, and prematurity.
Related Policies/ Programs	• 2022-24 NSW Implementation Plan for Closing the Gap • NSW Aboriginal Health Plan 2013-23 • Aboriginal Maternal and Infant Health Strategy • NSW Tobacco Strategy 2012-2021 • Reducing the effects of smoking and vaping on pregnancy and newborn outcomes (PD2022 050)
Useable data available from	1 July 2022
Frequency of Reporting	Quarterly reporting of rolling 12-month period
Time lag to available data	Three monthly data is available with one month lag after the end of three-month period based on date of birth of the baby.
Business owners	Office of the Chief Health Officer
Contact - Policy	Executive Director, Centre for Population Health

Contact - Data	Director, Epidemiology and Biostatistics, Centre for Epidemiology & Evidence
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Data domain	
Date effective	1 July 2025
Related National Indicator	COAG National Indigenous Reform Agreement: National Core Maternity Indicators: PI 01-Tobacco smoking in pregnancy for all females giving birth https://meteor.aihw.gov.au/content/index.phtml/itemId/742381

INDICATOR: MS1102	**Childhood Obesity** - Children with height/length and weight recorded in inpatient settings (%) Proportion of children with an overnight admission/stay, aged greater than 2 days, up to but not including the 16th birthday with both their height/length and weight recorded within the inpatient encounter during the relevant quarterly reporting period (%).
Service Agreement Type	Key Performance Indicator
Framework Strategy	Strategy 3: People are healthy and well
Framework Objective	The NSW Health - Nutrition Care Policy Growth Assessment in Children and Weight Status Assessment in Adults GL2017_021), Growth Assessment and Dietary Advice in Public Oral Health Services GL2019_001.
Status	Final
Version number	2.2
Scope	All children admitted to NSW health public inpatient facility for overnight stay, aged greater than 2 days and up to but not including the 16th birthday
Goal	Improve the routine recording of children's height/length and weight. Improve the routine identification and management of children who are above or below a healthy weight.
Desired outcome	Improve the routine recording of children's height/length and weight in all settings across NSW Health facilities.
Primary point of collection	All LHD/SHNs via Electronic Medical Record (eMR)
Data Collection Source/System	Local eMR systems.
Primary data source for analysis	Routine recoding of height and weight data extracts will be generated from Local Health District/Specialty Health Network. eMR
Indicator definition	Percentage of unique children admitted to NSW health public inpatient facility for overnight stay, aged greater than 2 days and up to but not including the 16th birthday who have their height/length and weight measured, within the current reporting period.
Numerator	
Numerator definition	Number of unique children admitted to NSW health public inpatient facility for overnight stay aged greater than 2 days and up to but not including the 16th birthday who are admitted to any NSW Health facility (excluding Emergency Department presentations that were not admitted) and had height/length and weight measured and entered at least once into the electronic medical record system, on or within the dates of the hospital admission/stay within the current reporting period.

Numerator source	Local eMRs, CHOC/CHIME/Titanium systems
Numerator availability	Quarterly
Denominator	
Denominator definition	Number of unique children admitted to NSW health public inpatient facility for overnight stay, aged greater than 2 days and up to but not including the 16th birthday who are admitted to any NSW Health facility (excluding Emergency Department presentations that were not admitted) within the current reporting period.
Denominator source	Local eMRs systems, and CHOC/CHIME/Titanium systems
Denominator availability	Quarterly
Inclusions	All children admitted to NSW health public inpatient facility for overnight stay, aged greater than 2 days and up to but not including the 16th birthday who have contact with NSW Health.
Exclusions	• Children below the age of 2 days and above 16 years of age including their 16th birthday • Any child who presented to an Emergency Department and was not admitted • Clinical services where measuring weight and height/length may not be appropriate, or else does not enhance patient care, such as trauma, life-threatening illness and end of life care. • Services identified as COVID-19 related (as identified by the LHD/SHN to CPH)
Targets	
Target	Target 70% • Performing ≥70% • Underperforming ≥65% and <70% • Not performing < 65%
Context	Local Health Districts/Specialty Health Networks are responsible for ensuring all children aged greater than 2 days and up to but not including the 16th birthday have height/length and weight measured and entered into the records management system in compliance with the NSW Health Nutrition Care Policy. Compliance with the Policy means that important information about the growth and health of children is captured. This policy contributes to the NSW Strategic Priority that People are healthy and well. To support NSW Health staff within each Local Health District/Specialty Health Network to monitor and achieve compliance with the Policy.
Related Policies/ Programs	NSW Health Nutrition Care Policy PD2017_041, Growth Assessment in Children and Weight Status Assessment in Adults GL2017_021),

	Growth Assessment and Dietary Advice in Public Oral Health Services GL2019_001.
Useable data available from	July 2018
Frequency of Reporting	Quarterly
Time lag to available data	Data should be made available two weeks after the close of the relevant quarterly report.
Business owners	**Office of the Chief Health Officer**
Contact - Policy	Executive Director, Centre for Population Health / Health, and Social Policy
Contact - Data	Executive Director, Centre for Population Health / eHealth NSW
Representation	
Data type	Numeric
Form	Percentage, including numerator and denominator
Representational layout	NNN.N% (percentage), including nn/NN (corresponding numerator and denominator)
Minimum size	3
Maximum size	5
Data domain	N/A
Date effective	The date when the use of the particular version of the health indicator commenced.
Related National Indicator	N/A

INDICATOR: SPH012a, SPH012b	**Children fully immunised at one year of age (%)** Percentage (%) of children fully immunised at 12 to 15 months of age*, disaggregated by: i. Aboriginal children (SPH012a) ii. Non-Aboriginal Children (SPH0121b) Children fully immunised at one year of age
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.5
Scope	All children 12 to15 months.
Goal	To reduce the incidence of vaccine preventable diseases in children and increase immunisation coverage rates through the implementation of a National Immunisation Program.
Desired outcome	Reduce illness and death from vaccine preventable diseases in children.
Primary point of collection	Data collected by General Practitioners, Community Health Centres, Aboriginal Community Controlled Health Services and local government councils.
Data Collection Source/System	Forms and electronic submissions to Australian Immunisation Register (AIR)
Primary data source for analysis	Australian Immunisation Register
Indicator definition	The percentage of children aged 12 to 15 months who are registered with Medicare and have received all age-appropriate vaccinations as prescribed by the Australian Immunisation Register.
Numerator	
Numerator definition	Number of children aged 12 to 15 months who have received all age-appropriate vaccinations as prescribed by the Australian Immunisation Register.
Numerator source	Australian Immunisation Register
Numerator availability	Available
Denominator	
Denominator definition	Children registered with Medicare Australia in 12 to 15 months age group.
Denominator source	Medicare Australia
Denominator availability	Available
Inclusions	All children 12 to 15 months of age

Exclusions	• Children aged <12 months or > 15 months • Vaccinations which are not prescribed by Australian Immunisation Register
Targets	Target 95% • Performing: ≥95% • Under- performing: ≥90 and <95% • Not performing: <90%.
Context	Although there has been substantial progress in reducing the incidence of vaccine preventable disease in NSW it is an ongoing challenge to ensure optimal coverage of childhood immunisation.
Related Policies/ Programs	National Immunisation Program
Useable data available from	2005
Frequency of Reporting	Quarterly
Time lag to available data	90 days, available August for previous financial year
Business owners	Health Protection NSW
Contact - Policy	Manager, Immunisation Unit, Health Protection NSW
Contact - Data	Manager, Immunisation Unit, Health Protection NSW
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	4
Maximum size	6
Data domain	N/A
Date effective	1 July 2014
Related National Indicator	Federation Funding Agreement-Health: Essential Vaccines Schedule (EVS)Benchmark 2. Maintained or increased vaccination rates in Aboriginal and Torres Strait Islander children. https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-02/essential-vaccine-schedule-to-2023.pdf

INDICATOR: KPI23-002	**Human Papillomavirus Vaccination (%)**
	Percentage (%) of 15 year olds receiving a dose of HPV vaccine
Shortened Title	HPV Vaccination
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	3 People are healthy and well
Status	Final
Version number	1.1
Scope	All adolescents aged 15 years.
Goal	To reduce the incidence of vaccine preventable diseases in children and increase immunisation coverage rates through the implementation of a National Immunisation Program.
Desired outcome	Reduce illness and death associated with human papillomavirus (HPV).
Primary point of collection	Data collected by public health units, general practitioners, community health centres, Aboriginal medical centres and community pharmacies.
Data Collection Source/System	Forms and electronic submissions to Australian Immunisation Register (AIR)
Primary data source for analysis	Australian Immunisation Register
Indicator definition	The percentage of adolescents aged 15 years who are registered with Medicare and have received a dose of human papillomavirus vaccine, as defined by the Australian Immunisation Register.
Numerator	
Numerator definition	Number of adolescents aged 15 years who have received a dose of HPV vaccine as prescribed by the Australian Immunisation Register.
Numerator source	Australian Immunisation Register
Numerator availability	Available
Denominator	
Denominator definition	15 years registered with Medicare Australia.
Denominator source	Australian Immunisation Register
Denominator availability	Available
Inclusions	All adolescents 15 years of age
Exclusions	Vaccinations which are not prescribed by Australian Immunisation Register
Targets	Target 80% • Performing: ≥80% • Under- performing: ≥75 and <80%

	• Not performing: <75%
Context	Although there has been substantial progress in reducing the incidence of vaccine preventable disease in NSW it is an ongoing challenge to ensure optimal immunisation coverage
Related Policies/ Programs	National Immunisation Program
Useable data available from	2013
Frequency of Reporting	Quarterly
Time lag to available data	90 days
Business owners	Health Protection NSW
Contact - Policy	Manager, Immunisation Unit, Health Protection NSW
Contact - Data	Manager, Immunisation Unit, Health Protection NSW
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	4
Maximum size	6
Data domain	N/A
Date effective	July 1 2023
Related National Indicator	Federation Funding Agreement-Health: Essential Vaccines Schedule (ESV) Benchmark 3. Increased vaccination coverage rate for both adolescent boys and adolescent girls. https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-02/essential-vaccine-schedule-to-2023.pdf

INDICATOR: PH-011C	**Get Healthy Service** – Get Healthy in Pregnancy Referrals (% variance from target)
Shortened title	Get Healthy Service - Get Healthy in Pregnancy Referrals
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.3
Scope	Pregnant women aged 16 years and over and referrals from maternity professionals across NSW.
Goal	Get the best start in life from conception to age five.
Desired outcome	Improve the health outcomes of both women and babies by supporting pregnant women across NSW to achieve a healthy gestational weight gain, improve modifiable risk factors including healthy eating and increased participation in recommended levels of physical activity and avoid alcohol during their pregnancy.
Primary point of collection	Service provider of the Get Healthy Service.
Data Collection Source/System	Customer Relationship Management (CRM) system (Service Provider)
Primary data source for analysis	Monthly referral data entered into the CRM system and transferred by Secure File Transfer to Centre for Population Health for independent analysis.
Indicator definition	Number of Get Healthy in Pregnancy referrals into the Get Healthy Information and Coaching Service. Get Healthy in Pregnancy referral is identified as: being pregnant or/and referred by midwife or maternity service and/or enrolling into the Get Healthy in Pregnancy program.
Numerator	
Numerator definition	Total number of Get Healthy in Pregnancy referrals in the 2025-26 reporting period.
Numerator source	CRM
Numerator availability	Monthly
Denominator	
Denominator definition	Target number of Get Healthy in Pregnancy referrals in the 2025-26 reporting period
Denominator source	N/A
Denominator availability	N/A

Inclusions	NSW Adults aged 16 years and over, a Get Healthy in Pregnancy referral is identified as: being pregnant or/and referred by midwife or maternity service and/or enrolling into the Get Healthy in Pregnancy program:
Exclusions	Children and young people aged less than 16 years of age
Targets	The targets are based on approximately 19.5% of the women who gave birth in public hospitals in 2023 • CCLHD – 571 • FWLHD – 37 • HNELHD – 1,700 • ISLHD – 649 • MNCLHD – 417 • MLHD – 419 • NBMLHD – 875 • NNSWLHD – 518 • NSLHD – 895 • SESLHD – 1,283 • SWSLHD – 2,028 • SNSWLHD – 291 • SLHD – 925 • WNSWLHD – 659 • WSLHD – 1,908 Targets indicate the number of Get Healthy in Pregnancy referrals to the Get Healthy Service. • Performing: ≥100% of target • Under Performing: ≥90% and <100% of target • Not Performing: <90% of target
Context	The Get Healthy Service supports the delivery of the Future Health: Strategic Framework, People are healthy and well. The NSW Healthy Eating and Active Living Strategy commits NSW to achieving targets related to the delivery of the Get Healthy Service.
Related Policies/ Programs	NSW Healthy Eating and Active Living Strategy 2022-2032
Useable data available from	February 2017-18
Frequency of Reporting	Quarterly
Time lag to available data	60 days
Business owners	Office of the Chief Health Officer
Contact - Policy	Executive Director, Centre for Population Health
Contact - Data	Principal Adviser, Program Manager Office, CPH
Representation	
Data type	Numeric

Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Data domain	N/A
Date effective	The date when the use of the particular version of the health indicator commenced.
Related National Indicator	N/A

STRATEGIC HEALTH OUTCOME 4 IMs: Our staff are engaged and well supported

INDICATOR: IM21-007	**Weekly Compliance Providing or Exceeding the Award Minimum Nursing Hours per Patient Day (NHPPD)** (Variance in Hours)
Shortened Title	Weekly NHPPD compliance
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	1.0
Scope	All inpatient facilities that have specified nursing hours in award designated nursing hours wards.
Goal	Award compliance
Desired outcome	To provide or exceed the minimum agreed staffing levels to maintain reasonable workloads for nurses and good clinical outcomes for the patients.
Primary point of collection	Nursing Unit Manager/Staffing Nurse Manager/Nursing Staff/Ward Clerk/Clinical Support Officer
Data Collection Source/System	PAS, Health Roster
Primary data source for analysis	Health Roster – Nursing Hours per Patient Day Spot Check Report
Indicator definition	The variance in the actual calculated nursing hours per patient day compared to the Award Nursing Hours per Patient Day (NHPPD), averaged over a week, every week in designated nursing hours wards, reported at the ward level. Calculation Managed in Health Roster: The total number of direct productive nursing hours provided divided by the addition of the number of patients at the midnight bed census for the seven days in the week, compared to the Award specified minimum NHPPD.
Numerator	
Numerator definition	The total number of direct productive nursing hours provided during a 7 day period in an award designated nursing hours ward.
Numerator source	Data sourced from HealthRoster in an award designated Nursing Hours Ward.
Numerator availability	Relies on staffing shifts or part of shifts and or roles being set up correctly to be either included or excluded from direct productive nursing hours used in the calculation
Denominator	

Denominator definition	The addition of the number of patients at the midnight bed census for the seven days in the week in an award designated nursing hours ward
Denominator source	LHD PAS system
Denominator availability	Not all Districts have the PAS system interfaced with the HealthRoster to provide these reports. In these cases, a manual transfer of data occurs.
Inclusions	All award designated nursing hours wards in Peer Group A, B, C, F1, F4, F6 facilities only.
Exclusions	• Non award designated nursing hours wards • Peer groups not present in the inclusions
Targets	Providing or exceeding the minimum NHPPD as specified in the Public Health System Nurses' and Midwives' (State) Award for all respective wards measured over the week.
Context	N/A
Related Policies/ Programs	N/A
Useable data available from	TBA
Frequency of Reporting	Weekly
Time lag to available data	2 weeks
Business owners	Workplace Relations, People, Culture and Governance
Contact - Policy	Director, Industrial Relations and Workforce
Contact - Data	Executive Director, Workplace Relations
Representation	
Data type	Numeric
Form	Number
Representational layout	NN.N
Minimum size	3
Maximum size	4
Data domain	N/A
Date effective	1 July 2021
Related National Indicator	N/A

INDICATOR: SPC102, SPC103	**Premium Staff Usage:** average paid hours per FTE • Medical Staff *(SPC102)* • Nursing Staff *(SPC103)*
Shortened Title(s)	Premium Staff Usage – Medical Premium Staff Usage - Nursing
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	3.3
Scope	
Goal	Effective management of premium staff in NSW Health
Desired outcome	To decrease or maintain the amount of Premium staff usage within acceptable limits
Primary point of collection	StaffLink
Data Collection Source/System	Corporate Analytics –– Workforce
Primary data source for analysis	Corporate Analytics –– Workforce
Indicator definition	Paid hours of premium staff usage per FTE worked. This includes all overtime and agency labour disaggregated by: i. Medical Staff ii. Nursing Staff
Numerator	
Numerator definition	Total paid hours of premium staff usage. includes overtime and agency labour, disaggregated by: i. Medical Staff ii. Nursing Staff
Numerator source	Corporate Analytics – Workforce
Numerator availability	(i) and (ii) Monthly
Denominator	
Denominator definition	Total FTE of all staffing, inclusive of • productive • non productive • overtime and disaggregated by: i. Medical Staff ii. Nursing Staff

Denominator source	Corporate Analytics – Workforce
Denominator availability	(i) and (ii) Monthly
Inclusions	
Exclusions	
Targets	Maintain or decrease the amount of Premium staff usage within acceptable limits
Comments	The reduction or maintenance on the current usage of Premium staff usage indicates efficient use of the workforce by the Local Health Districts. This percentage will vary by setting and, will depend on other factors such as the composition of the workforce and seasonal factors.
Context	Effective management and monitoring of the use of Premium staff (all overtime worked by staff and medical/nursing agency can ensure the efficient/effective use of these resources and assist with cost. This in turn should require the need for better management of the permanent workforce and reduce possible negative effects on service delivery and on other staff, with the engagement of Premium staff. From a Workforce and NaMo perspective, casual nursing staff are not considered Premium Staff. LHDs are encouraged to establish strong casual pools to manage peaks in activity and cover leave absences (e.g. sick leave). The utilisation of casual staff is significantly more cost effective than using agency staff or overtime. For nursing, establishing and maintaining a portion of its workforce as casual is encouraged as it provides flexibility and allows increased staffing options and ensure that sufficient experienced staff are available in order to maintain quality patient care and outcomes. Casual nursing staff are no longer included in this indicator as it distorts the true utilisation and cost of Premium Labour.
Related Policies/ Programs	Premier's Economic and Financial Statement 23 February 2006.
Useable data available from	(i) and (ii) 2013/14
Frequency of Reporting	Monthly/Year to Date (Corporate Analytics – Workforce)
Time lag to available data	monthly
Business owners	
Contact - Policy	Executive Director, Workforce Planning and Talent Development Branch
Contact - Data	Director, Workforce Insights and Transformation, Workforce Planning and Talent Development Branch
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN.NN

Minimum size	3
Maximum size	6

Related National Indicator

INDICATOR: SPC109	**Public Service Commission (PSC) People Matter Employee Survey Response Rate** (%)
Shortened Title	People Matter Employee Survey
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	2.5
Scope	All NSW Health staff who respond to the survey.
Goal	Improved response rates.
Desired outcome	To achieve a higher response rates and higher staff engagement index than achieved in the previous People Matter Employee Survey.
Primary point of collection	Staff completion and submission of survey
Data Collection Source/System	External survey provider: Public Service Commission
Primary data source for analysis	External survey provider: Public Service Commission
Indicator definition	Number of staff responding to survey as a percentage of NSW Health headcount.
Numerator	
Numerator definition	Number of respondents to survey.
Numerator source	Survey data from external provider
Numerator availability	External provider.
Denominator	
Denominator definition	NSW Health headcount.
Denominator source	Workforce Insights & Transformation Unit data from SMRS
Denominator availability	Workforce Insights & Transformation Unit
Inclusions	All staff who complete the survey
Exclusions	Nil
Targets	Statistically significant increase in indicator from previous survey results
Context	The PSC instituted its People Matter Employee Survey in 2012 and has conducted it biennially since then. In 2017 the survey became annual.

Related Policies/ Programs	NSW Health Culture and Staff Experience Framework
Useable data available from	Expected to be available September 2018 from external provider
Frequency of Reporting	Annual - ongoing
Time lag to available data	Expected to be available September 2018
Business owners	
Contact - Policy	Executive Director, Workforce Planning and Talent Development Branch
Contact - Data	Director, Workforce Insights and Transformation, Workforce Planning and Talent Development Branch
Representation	
Data type	Numeric
Form	Percentage
Representational layout	NNN
Minimum size	1
Maximum size	3
Data domain	External provider
Date effective	2011
Related National Indicator	N/A

INDICATOR: DWPDS_4202	**Workplace Diversity Improvement:** Women in Senior Executive Roles (%)
Shortened Title	Workplace Diversity Improvement
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Revised
Version number	1.4
Scope	Staff employed within NSW Health Workforce.
Goal	Increase the proportion of women in senior leadership roles to 50% in the government sector over 10 years (2015-2025).
Desired outcome	> 50% women in senior executive roles as a % of total defined NSW Health Executive Workforce
Primary point of collection	StaffLink
Data Collection Source/System	Corporate Analytics –- Workforce
Primary data source for analysis	Corporate Analytics –- Workforce
Indicator definition	The percentage of women in senior leadership roles in NSW health workforce.
Numerator	
Numerator definition	Instances on payroll – identified as women in senior leadership roles
Numerator source	Corporate Analytics –- Workforce
Numerator availability	Annual
Denominator	
Denominator definition	Instances on payroll – identified women and men in senior roles
Denominator source	Corporate Analytics –- Workforce
Denominator availability	Annual
Inclusions	All employees identified as senior leaders The first criteria, which has been set by the Public Service Commission is based on the base salary of an employee. All Senior Leaders must have a base salary greater than $169,688 per annum as of June 2022. Below is a list of the specific criteria of employees deemed to be Senior Leaders in NSW Health:

Treasury Group	Inclusions
Medical	Staff Specialists with Managerial Allowances, Senior CMOs and DMSs
Nursing	Nurse Manager Grade 8 and 9
Ambulance	Superintendents and Operation Centre Managers
Dental	Area Directors and Dental Specialists who receive Managerial Allowance
Corporate Services – executives	HES/SES and Executive Bands
Corporate Services Health Managers	Health Managers Level 5 and 6 who have a base salary in the leadership band
Scientific and Technical	Director Medical Physics Specialist and Principal Scientific Officer Year 7 – 10. N.B: Principal Scientific Officers do not receive a managerial allowance however have managerial responsibilities as they are in charge of a laboratory.

Exclusions N/A

Targets Increase the proportion of women in senior leadership roles to 50% in NSW Health by 2025

Context Premier's priority driving public sector diversity

Related Policies/ Programs Premier's priority driving public sector diversity
NSW Health Workforce Plan 2022-32
NSW Health Talent Strategy 2022-32

Useable data available from Corporate Analytics –– Workforce

Frequency of Reporting Annual

Time lag to available data 3 months from end of financial year

Business owners

Contact - Policy Director, Employee Experience and Talent Development, Workforce Planning and Talent Development Branch

Contact - Data Director, Workforce Insights and Transformation, Workforce Planning and Talent Development Branch

Representation

Data type Numeric

Form Number, presented as a percentage

Representational layout	NNN.NN%
Minimum size	4
Maximum size	6

Related National Indicator

INDICATOR: SPC112, SPC113, SPC114	**Workplace Injuries:** Return to work experience (days): • 6-month Continuous Average Duration rate (*SPC112)* • 12-month Continuous Average Duration rate (*SPC113)* • 18-month Continuous Average Duration rate (*SPC114)*
Shortened Title	Weekly Continuance 6 months after injury Weekly Continuance 12 months after injury Weekly Continuance 18 months after injury
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	1.4
Scope	All NSW Health employees
Goal	To provide effective, proactive and timely management of injuries and necessary medical and vocational rehabilitation to assist injured workers and promote their safe and durable return to work.
Desired outcome	An indicative improvement in experience for each weekly continuance measure indicates an improvement in the emerging RTW experience.
Primary point of collection	Treasury Managed Fund (TMF) Data Warehouse
Data Collection Source/System	Treasury Managed Fund (TMF) Data Warehouse
Primary data source for analysis	Treasury Managed Fund (TMF) Actuarial Reporting
Indicator definition	**SPC112** – The number of injured workers still receiving weekly benefits 6 months after date of injury **SPC113** – The number of injured workers till receiving weekly benefits 12 months after date of injury **SPC114** – The number of injured workers still receiving weekly benefits 18 months after date of injury.
Numerator	
Numerator definition	Total number of continuous days off work following injury for NSW Health employees who have a work injury claim
Numerator source	Treasury Managed Fund (TMF) Actuarial Reporting
Numerator availability	Quarterly
Denominator	
Denominator definition	Number of NSW Health employees who are off work following injury and who have a work injury claim. Claims include all 'new' occupational disease and workplace injury claims (both major and minor) where the claim results in a permanent disability or a

	temporary disability where one or more days (7.5 hours) are paid for total incapacity.
Denominator source	Treasury Managed Fund (TMF) Actuarial Reporting
Denominator availability	Quarterly
Inclusions	The weekly continuance measures the number of injured workers still receiving weekly benefits at the three different cohorts. Of time
Exclusions	Claims with less than 5 days off work are excluded from the measure.
Context	To monitor how successfully injured claimants have been able to return to work. The lower the continuance rate, the more successful the return to work has been.
Useable data available from	Baseline data is 2019/20 fund year
Frequency of Reporting	12 monthly (quarterly monitoring reporting is available from TMF Actuaries)
Time lag to available data	The weekly continuance rate at any point in time represents time off work over a one-year period. The calculation is lagged one quarter to allow for late payments.
Business owners	
Contact - Policy	Executive Director, Workplace Relations
Contact - Data	Director, Safety and Security Improvement, Workplace Relations
Data type	Numeric
Form	Decimal
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Data domain	
Related National Indicator	

INDICATOR: DWPDS_4403	**Compensable Workplace Injuries:** Compensable Injuries by Occupational category and by Type (Number) Compensable injuries by occupational category split by stress (psychological) versus non-stress (non-psychological), reported per month (Number)
Shortened Title	Compensable Workplace Injuries
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	1.3
Scope	All NSW Health employees including emergency and non-emergency employees
Goal	To measure the success of proactive programs aimed at increasing personal safety awareness and reducing injuries in the workplace for NSW Health employees by occupational category: • General Administration • Hotel & Linen Services • Maintenance • Medical Support • Ambulance (emergency) • Nurses
Desired outcome	An indicative improvement in the actual number of compensable injuries suffered and reported by occupational category and split by stress vs non-stress injuries.
Primary point of collection	iCare self insurance Treasury Managed Fund data warehouse
Data Collection Source/System	iCare self insurance Treasury Managed Fund data warehouse
Primary data source for analysis	iCare self insurance Treasury Managed Fund data warehouse
Indicator definition	Number of NSW Health employees who have lodged a claim as a result of a workplace injury, split by occupational category and then by stress vs non-stress claims
Numerator	
Numerator definition	The number of claims reported monthly split by occupational category and then by stress vs non-stress claims within each category: • General Administration • Hotel & Linen Services • Maintenance • Medical Support • Ambulance (emergency)

	• Nurses Note: does not include, within a reporting period, NSW Health staff who are booked to attend but have not completed the program at the time of reporting
Numerator source	iCare self insurance Treasury Managed Fund data warehouse
Numerator availability	Available Monthly
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	The number of compensable claims reported each month.
Exclusions	Claims reported excludes null claims
Targets	A target of 10% below the actual number of compensable claims lodged results for the previous financial year for each occupational category.
Context	To monitor whether overall levels of active claims are changing over time. Isolating the relative movement in one claim type and/or one occupation type highlights specific trends for the various categories and allows identification of successful safety awareness strategies.
Related Policies/ Programs	Injury Management and Return to Work Policy PD2013_006
Useable data available from	Baseline data for the previous financial year by month, quarter and annual.
Frequency of Reporting	Monthly, Quarterly and Annual.
Time lag to available data	Reporting available 1 week after the conclusion of the month.
Business owners	
Contact - Policy	Executive Director, Workplace Relations
Contact - Data	Director, Safety and Security Improvement, Workplace Relations
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN,NNN
Minimum size	3
Maximum size	6
Date Effective	1 July 2016
Related National Indicator	

INDICATOR: SPC105	**Leave Liability**: Reduction in the total number of staff who have excess accrued leave balances of more than 30 days (Number)
Shortened Title	Leave Liability
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version	1.7
Scope	
Goal	Effective management of annual (recreation) leave in NSW Health
Desired outcome	To reduce leave liability for staff to 30 days per employee.
Primary point of collection	Stafflink
Data Collection Source/System	Public Service Commission Workforce Profile via the State Management Reporting Service (SMRS)
Primary data source for analysis	Public Service Commission Workforce Profile via the State Management Reporting Service (SMRS)
Indicator definition	A count of the number of employees with annual leave balances over a defined number of days at a single point of time, to a maximum of 30 days per employee.
Numerator	
Numerator definition	A count of the number employees with annual leave over a defined number of days at a single point of time. Count is reported in cohort groups of 5 days i.e. <30 days, 30-35 days, 35-40 days and greater than 40 days.
Numerator source	State Management Reporting Service (SMRS)
Numerator availability	Fortnightly
Denominator	
Denominator definition	No denominator
Denominator source	
Denominator availability	
Inclusions	All non-casual staff
Exclusions	Excludes casual employees, sessional, seasonal and retained staff
Targets	A reduction of the number of staff with excessive leave balance to a maximum of of 30 days per employee.

Comments	Interpretation • The reduction of the number of staff with excessive leave balance indicates that employees are receiving their entitlements, a reduction in cost on termination to Local Health Districts, • opportunities for other staff to act in higher positions to cover periods of annual leave and the • requirement to fill large blocks of excessive leave which may have negative impact on the service. • reduces need to provision more resources to annual leave budget
Context	As such the Annual Holidays Act (1944) and most Health Awards provide that annual leave accrued is to be taken within six months of its falling due and that annual leave accruals beyond this date are considered "excessive". NSW Government has committed to “A managed reduction in public sector annual leave balances to a maximum of 40 days per employee by 30 June 2013, 35 days per employee by 30 June 2014, and 30 days per employee by 30 June 2015” (NSW Budget 2024-25 | Latest State Budget of New South Wales)
Related Policies/ Programs	• Annual Holidays Act (1944) • The Government Sector Employment Act 2013 • Policy Directive PD2014_029 Leave Matters for the NSW Health Service • Relevant Industrial instruments, Awards and Determinations
Useable data available from	2004/05
Frequency of Reporting	Quarterly and Annually
Time lag to available data	3 months from end of quarter
Business owners	
Contact - Policy	Executive Director, Workforce Planning and Talent Development Branch
Contact - Data	Director, Workforce Insights and Transformation, Workforce Planning and Talent Development Branch
Representation	
Data type	Numeric
Form	Number
Representational layout	NNNNNN
Minimum size	3
Maximum size	6
Data domain	

INDICATOR: KPI21-05	**Employment of Aboriginal Health Practitioners** (Number)
Shortened Title	Aboriginal Health Practitioner Employment.
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	1.2
Scope	Staff employed in NSW Health Local Health Districts
Goal	Increase the number of staff employed under the Aboriginal Health Workers' (State) Award in NSW Health with specific focus on growth of Aboriginal Health Practitioners.
Desired outcome	• Improve the cultural safety of clinical service delivery to Aboriginal consumers. • Create a working environment that respects Aboriginal heritage, contribution and cultural values. • Enhance the available multidisciplinary clinical team members inclusive of the Aboriginal Health Practitioner workforce through the appropriate inclusion of redesigned service models.
Primary point of collection	Stafflink.
Data Collection Source/System	Corporate Analytics – Workforce.
Primary data source for analysis	Corporate Analytics – Workforce.
Indicator definition	Increase the number of Aboriginal Health Practitioners in NSW Health.
Numerator	
Numerator definition	Number (FTE) of staff employed as Aboriginal Health Practitioners in the Local Health District or Specialty Health Network.
Numerator source	Corporate Analytics – Workforce.
Numerator availability	Monthly.
Denominator	
Denominator definition	N/A
Denominator source	N/A
Denominator availability	N/A
Inclusions	Staff employed as an Aboriginal Health Practitioner.
Exclusions	Grandfathered Aboriginal Health Education Officers.

Targets

Target numbers are specific to the Local Health District and Specialty Health Network and take into consideration the number of Aboriginal Health Practitioners employed at the start of the reporting period:

- Performing: At or above target
- Under Performing: N/A
- Not Performing: Below target

Local Health District/Specialist Health Network	2024/2025 Minimum target
CCLHD	3.00
FWLHD	5.00
HNELHD	10.00
ISLHD	3.00
JFMHN	3.00
MLHD	3.00
MNCLHD	3.00
NBMLHD	3.00
NNSWLHD	3.00
NSLHD	3.00
SCHN	3.00
SESLHD	3.00
SNSWLHD	3.00
SWSLHD	3.00
SLHD	3.00
WNSWLHD	20.00
WSLHD	3.00
Grand Total	77.00

Context

Increasing the number of Aboriginal people delivering clinical services improves the cultural safety of service delivery and of NSW Health workplaces more generally.

Related Policies/ Programs

- PD2023_046 Aboriginal Workforce Composition
- PD2022_028 Respecting the Difference Aboriginal Cultural Training
- NSW Aboriginal Health Plan 2024-34
- National Partnership Agreement on Indigenous Economic Participation (COAG agreement)
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2016–2023)
- The Government Sector Employment Rule 26, Employment of eligible persons
- NSW Health Workforce Plan 2022-32
- NSW Health Culture and Staff Experience Framework.
- NSW Health Talent Strategy 2022-32

Useable data available from	2019.
Frequency of Reporting	Half-yearly (Performance meeting 2 and 4 each financial year)
Time lag to available data	One month.
Business owners	Workforce Planning and Development Branch.
Contact - Policy	Executive Director, Workforce Planning and Development Branch
Contact - Data	Director, Workforce Insights and Transformation, Workforce Planning and Development Branch.
Representation	
Data type	Numeric.
Form	Number and Percentage.
Representational layout	NN.N.
Minimum size	1.
Maximum size	3.
Data domain	Corporate Analytics – Workforce.
Date effective	2021
Related National Indicator	N/A

STRATEGIC HEALTH OUTCOME 5 IMs: Research and innovation, and digital advances inform service delivery

INDICATOR: KPI21-03	**Ethics Application Approvals** - By the Human Research Ethics Committee within 90 calendar days - Involving greater than low risk to participants (%)
Shortened Title	Ethics Application Approvals in 90 Days
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	1.1
Scope	
Goal	To assess the efficiency of the HREC's processes and to drive process improvement.
Desired outcome	
Primary point of collection	
Data Collection Source/System	REGIS
Primary data source for analysis	REGIS
Indicator definition	The proportion of Greater than Low Risk applications approved by the reviewing HREC within 90 calendar days from the meeting submission closing date, with a final written notification date within the reporting period.
Numerator	
Numerator definition	Total number of Greater than Low Risk applications approved by the reviewing HREC within 90 calendar days from the meeting submission closing date, with a final written notification date within the reporting period.
Numerator source	REGIS
Numerator availability	
Denominator	
Denominator definition	Total number of Greater than Low Risk applications approved by the reviewing HREC with a final written notification date within the reporting period.
Denominator source	REGIS

Denominator availability	
Inclusions	• Application Type = Ethics • LNR = No • Current Decision = Approved and Approved with conditions
Exclusions	• Application Type = Site Specific Assessment • LNR = Yes • Current Decision = Not approved; In Progress, Submitted, Ineligible, Eligible, Information Requested, Approved pending further information, Information Provided, Under Review, Assigned to meeting, Approved with conditions (pending decision email), Approved (pending decision email), Not Approved (pending decision email), Withdrawn, Abandoned.
Targets	75% • Performing: ≥ 75% • Under Performing: ≥ 55% and < 75% • Not Performing: < 55%
Context	Where an application is received, the count starts on the submission closing date for the first HREC meeting at which an application will be reviewed. The clock stops when the HREC formally notifies the applicant of the final decision. The measure will no longer account for count stops in accordance with the NHMRC Certification Handbook.
Related Policies/ Programs	https://www.medicalresearch.nsw.gov.au/ethics-governance-metrics-2/
Useable data available from	
Frequency of Reporting	Quarterly
Time lag to available data	
Business owners	Office for Health and Medical Research
Contact - Policy	Executive Director, Office for Health and Medical Research
Contact - Data	Executive Director, Office for Health and Medical Research
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	N/A
Date effective	

Related National Indicator

INDICATOR: IM21-004	**Ethics Application Approvals** - By the Human Research Ethics Committee within 45 calendar days - Involving low and negligible risk to participants (%)
Shortened Title	Ethics Application Approvals in 45 days
Service Agreement Type	Improvement Measure
NSW Strategic Health Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	1.0
Scope	
Goal	To assess the efficiency of the HREC's processes and to drive process improvement.
Desired outcome	
Primary point of collection	
Data Collection Source/System	REGIS
Primary data source for analysis	REGIS
Indicator definition	The proportion of Low Negligible Risk applications approved by the reviewing HREC within 45 calendar days from the application submission date, with a final written notification date within the reporting period.
Numerator	
Numerator definition	Total number of Low Negligible Risk applications approved by the reviewing HREC within 45 calendar days from the meeting submission closing date, with a final written notification date within the reporting period.
Numerator source	REGIS
Numerator availability	
Denominator	
Denominator definition	Total number of Low Negligible Risk applications approved by the reviewing HREC with a final written notification date within the reporting period.
Denominator source	REGIS
Denominator availability	
Inclusions	• Application Type = Ethics • LNR = Yes • Current Decision = Approved and Approved with Conditions

Exclusions	• Application Type = Site Specific Assessment • Current Decision = In Progress, Submitted, Ineligible, Eligible, Information Requested, Approved pending further information, Information Provided, Under Review, Assigned to meeting, Approved with conditions (pending decision email), Approved (pending decision email), Not Approved (pending decision email), Withdrawn, Abandoned, Not approved.
Targets	75% • Performing:>= 75% • Under Performing: >= 55% and < 75% • Not Performing: < 55%
Context	The measure will no longer account for clock stops in accordance with the NHMRC Certification Handbook. Where a valid application is received, the count starts on the submission closing date for the HREC meeting at which an application will be reviewed. The count stops when the HREC formally notifies the applicant of the final decision.
Related Policies/ Programs	http://www.medicalresearch.nsw.gov.au/ethics-governance-metrics
Useable data available from	
Frequency of Reporting	Quarterly
Time lag to available data	
Business owners	**Office for Health and Medical Research**
Contact - Policy	Executive Director, Office for Health and Medical Research
Contact - Data	Executive Director, Office for Health and Medical Research
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	N/A
Date effective	
Related National Indicators	

INDICATOR: IM21-005	**Research Governance Application Authorisations** – Site specific Within 30 calendar days - Involving low and negligible risk to participants (%)
Shortened Title	Research Governance Application Authorisations in 30 days
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	1.0
Scope	
Goal	To assess the efficiency of the site authorisation process and to drive process improvement.
Desired outcome	
Primary point of collection	
Data Collection Source/System	REGIS
Primary data source for analysis	REGIS
Indicator definition	The proportion of Low and Negligible risk site specific assessment (SSA) applications authorised by the RGO within 30 calendar days, authorised within the reporting period.
Numerator	
Numerator definition	Total number of Low and Negligible risk SSA applications authorised by the RGO within 30 calendar days, authorised (final SSA decision letter provided) within the reporting period.
Numerator source	REGIS
Numerator availability	
Denominator	
Denominator definition	Total number of Low and Negligible risk SSA applications authorised (final SSA decision letter provided) by the RGO within the reporting period.
Denominator source	REGIS
Denominator availability	
Inclusions	• Application Type = Site Specific Assessment • LNR = Yes • Current Decision = Authorised; Authorised with Conditions.
Exclusions	• Application Type = Ethics

	• LNR = No • Current Decision = In Progress, Completed pending HOD, HOD not supported, Submitted, Ineligible, Valid, Eligible, Information Requested, Pending CE, Authorised pending further information, Information Provided, Authorised with conditions (pending decision email), Authorised (pending decision email), Not Authorised (pending decision email), Withdrawn, Abandoned, Not Authorised.
Targets	75% • Performing:>= 75% • Under Performing: >= 55% and < 75% • Not Performing: < 55%
Context	The improvement measure will no longer account for clock stops. The SSA application received date is the date the RGO or designee either: 1. Receives an SSA application from a researcher regardless of whether or not it is complete and/or deemed valid. 2. Receives ethics approval for a submitted SSA application 3. Uploads ethics approval documentation into REGIS from an interjurisdictional HREC The clock is stopped when the final SSA decision letter is provided to the site principal investigator.
Related Policies/ Programs	http://www.medicalresearch.nsw.gov.au/ethics-governance-metrics
Useable data available from	
Frequency of Reporting	Quarterly
Time lag to available data	
Business owners	
Contact - Policy	Executive Director, Office for Health and Medical Research
Contact - Data	Executive Director, Office for Health and Medical Research
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	N/A
Date effective	
Related National Indicators	

INDICATOR: DHMR_5301	**Clinical Trials:** Persons recruited to cancer clinical trials (Number)
Shortened Title	Persons recruited to cancer clinical trials
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	1.01
Scope	Since 1 July 2016, the Cancer Institute NSW Clinical Trials Program allocates funding to NSW Local Health Districts (LHDs) and NSW Specialty Networks based on; a) enrolment into 'Portfolio' cancer clinical trials that are independent of, but complement, industry clinical trials, to support the rapid translation of new and innovative therapies into practice for the benefit of people with cancer. b) core funding based on the number of incident cases within the LHD or specialty network. Clinical Trial Units (CTUs) that are participating in the program are requested to provide activity data for both Industry and non-industry funded prospective interventional cancer clinical trials via the Cancer Institute NSW Clinical Trials Portal.
Goal	Make NSW a destination of choice for cancer clinical trials.
Desired outcome	Increased enrolments into cancer clinical trials.
Primary point of collection	Clinical Trial enrolment logs at Clinical Trial Units (CTUs), data are entered quarterly into Cancer Institute NSW Clinical Trials Portal by all cancer CTUs across NSW.
Data Collection Source/System	Cancer Institute NSW Clinical Trials Portal.
Primary data source for analysis	Participating CTUs within an LHD are required to report quarterly on enrolments into all prospective interventional cancer clinical trials via the Cancer Institute NSW Clinical Trials Portal as part of the LHDs block funding for cancer services. Historical numbers can change over time as CTUs can submit adjustments for previous report periods.
Indicator definition	The number of enrolments into cancer clinical trials in the Cancer Institute NSW Clinical Trials Portal during a financial year.
Numerator	
Numerator definition	Total number of enrolments into cancer clinical trials that were enrolled in the financial year to date. Note: Far West LHD has not been conducting interventional cancer clinical trials, there will be no enrolments.

Numerator source	Cancer Institute's Clinical Trials Portal
Numerator availability	Available Quarterly
Denominator	
Denominator definition	N/A
Denominator source	
Denominator availability	
Inclusions	N/A
Exclusions	N/A
Targets	N/A
Context	**Cancer Clinical Trial Units participating in the program**

LHD	CTU
Central Coast	Gosford - Haematology
	Gosford - Medical Oncology
	Gosford - Radiation Oncology
Hunter New England	Calvary Mater Newcastle - Haematology
	Calvary Mater Newcastle - Medical Oncology
	Calvary Mater Newcastle - Palliative Care
	Calvary Mater Newcastle - Radiation Oncology
	Calvary Mater Newcastle - Surgical Oncology
	Hunter Cancer Centre
	John Hunter Hospital-Gastro Intestinal Surgery
	Newcastle Private Hospital
	North West Cancer Centre (Tamworth & Armidale)
Illawarra Shoalhaven	Wollongong Hospital
Mid North Coast	Coffs Harbour - MNCCI
	Port Macquarie – MNCCI
Murrumbidgee	Border Medical Oncology
	Riverina Cancer Care Centre
Nepean Blue Mountains	Nepean Hospital
Northern NSW	Lismore Base Hospital
	Tweed Hospital
Northern Sydney	RNSH - Medical Oncology
	RNSH - Radiation Oncology
South Eastern Sydney	Calvary Healthcare Sydney
	Prince of Wales Hospital

	St George / Sutherland Hospital - Haematology
	St George / Sutherland Hospital – Oncology
South Western Sydney	Bankstown Hospital
	Bankstown RadOnc
	Braeside Hospital - Palliative Care
	Campbelltown - Macarthur Cancer Therapy Centre
	Campbelltown RadOnc
	Liverpool - Cancer Therapy Centre
	Liverpool Haematology
	Liverpool Palliative Care
	Liverpool Psycho-oncology
	Liverpool RadOnc
	Southern Highlands Cancer Therapy Centre
Southern NSW	Canberra Hospital
St Vincent's Health	Sacred Heart Supportive and Palliative Care Service
	The Kinghorn Cancer Centre- Haematology
	The Kinghorn Cancer Centre- Oncology
Sydney	Chris O'Brien Lifehouse MedOnc
	Chris O'Brien Lifehouse RadOnc
	Concord - Haematology
	Concord - Medical Oncology
	Concord Palliative Care
	RPAH - Haematology
	RPAH – SOuRCE
Sydney Children's Hospital Network	Children's Cancer & Haematology Service
	Children's Hospital at Westmead
	Sydney Children's Hospital
Western NSW	Orange - Central West Cancer Care Centre
Western Sydney	Blacktown Cancer & Haematology Centre
	Westmead - Breast Cancer Institute
	Westmead - Endoscopy Unit
	Westmead - Gynaecological Oncology
	Westmead Collaborative Cancer Trials Unit
	Westmead Hospital - Haematology & Bone Marrow Transplantation
	Westmead Hospital - Medical Oncology
	Westmead Hospital - Radiation Oncology

	Melanoma Institute Australia, San Clinical Trial Unit, Northern Cancer Institute, and Mater Hospital are included in the NSW total only. The Clinical Trials Program is aiming to increase access to cancer clinical trials in NSW. Improved access to cancer clinical trials in NSW should be reflected by this indicator showing an increasing trend in the number of enrolments into cancer clinical trials.
Related Policies/ Programs	
Useable data available from	1 July 2016
Frequency of Reporting	Quarterly
Time lag to available data	CTU report quarterly data at end of report period, data available for previous quarter 1 month after submission.
Business owners	
Contact - Policy	Director, Strategic Research Investment Division, Cancer Institute NSW
Contact - Data	Manager, Data Intelligence, Strategic Research Investment Division, Cancer Institute NSW
Representation	
Data type	Numeric
Form	Number
Representational layout	NNN
Minimum size	1
Maximum size	3
Data domain	N/A
Date effective	
Related National Indicators	

INDICATOR: MS2506	**Quality of Aboriginal Identification in Reported Data (%):**
	Aboriginal people correctly reported in admitted patient data (%)
Shortened Title	Quality of Aboriginal Identification in Data
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	1.1
Scope	All admitted patients
Goal	To improve the reliability of Aboriginal people's data
Desired outcome	Improved reporting of Aboriginal people in admitted patient data
Primary point of collection	Patient Medical Record
Data Collection Source/System	Hospital PAS system, Admitted Patient Data Collection, administrative health datasets linked by the Centre for Health Record Linkage (CHeReL)
Primary data source for analysis	The Hospital Performance and Evaluation Dataset (HOPED).
Indicator definition	The number of admitted patient dataset records reported for Aboriginal people compared to the number of episodes expected for Aboriginal people, expressed as a percentage.
Numerator	
Numerator definition	Number of admitted patient dataset records reported for Aboriginal people in the reporting period.
Numerator source	Admitted Patient Data in the Hospital Performance and Evaluation Dataset (HOPED)
Numerator availability	HOPED is updated 3 months after the close of the quarter.
Denominator	
Denominator definition	The number of admitted patient dataset records where the Enhanced Reporting of Aboriginality Variable reports patients as Aboriginal.
Denominator source	Admitted Patient Data in the Hospital Performance and Evaluation Dataset (HOPED).
Denominator availability	HOPED is updated 3 months after the close of the quarter.
Inclusions	All admitted patient service events.
Exclusions	N/A
Targets	1 percentage point improvement per year

Context	Provides evidence of the health status of Aboriginal people, and respectful, responsive and culturally sensitive services.
Related Policies/ Programs	NSW Aboriginal Health Plan 2013-2013
Useable data available from	Currently
Frequency of Reporting	Quarterly
Time lag to available data	Data available 3 months after the close of the quarter. Reporting available 4 months after the close of the quarter
Business owners	
Contact - Policy	Executive Director, Centre for Aboriginal Health
Contact - Data	Director, Epidemiology and Biostatistics, Centre for Epidemiology and Evidence
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NN.N
Minimum size	3
Maximum size	4
Data domain	
Date effective	1 July 2017
Related National Indicators	

INDICATOR: KSA205	**Electronic Discharge Summaries Completed: (%)** Percentage of discharge summaries lodged electronically to HealtheNet Clinical Repository
Shortened Title	Electronic Discharge Summaries Completed
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	2.1
Scope	All completed admitted inpatient stays
Goal	All inpatient stays to have an electronic discharge summary completed after the patient has received care as a hospital inpatient.
Desired outcome	To improve patient health outcomes
Primary point of collection	Cerner, iPM, CorePAS, Clinical Applications Portal
Data Collection Source/System	HealtheNet Clinical Repository
Primary data source for analysis	HealtheNet Statewide Infrastructure, Rhapsody, Enterprise Service Bus, Clinical Repository Databases
Indicator definition	The percentage of unique discharge summaries lodged electronically with HealtheNet Clinical Repository over the total number of discharged inpatient stays.
Numerator	
Numerator definition	Total YTD number of unique electronic discharge summaries lodged with HealtheNet Clinical Repository.
Numerator source	HealtheNet Statewide Infrastructure, Rhapsody, Enterprise Service Bus, Clinical Repository Databases
Numerator availability	Monthly
Denominator	
Denominator definition	Total number of admitted inpatient stays within a financial year.
Denominator source	HealtheNet Clinical Repository/EDW
Denominator availability	Monthly
Inclusions	Admitted inpatient service encounters with a separation (end) date within the reporting period.
Exclusions	Day-only episodes

Targets	Increase in YTD percentage • Performing: Increase in YTD percentage • Not performing: No change in YTD percentage • Under performing: Decrease in YTD percentage
Related Policies/ Programs	GL2022_005 (Patient Discharge Documentation)
Useable data available from	1 July 2015
Frequency of Reporting	Monthly
Time lag to available data	
Business owners	System Performance Support Branch
Contact - Policy	Executive Director, System Performance Support Branch
Contact - Data	Executive Director, System Information and Analytics Branch (MOH-SystemInformationAndAnalytics@health.nsw.gov.au.)
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2016
Related National Indicator	

INDICATOR: MS3102	**Electronic Discharge Summary Performance:** Created within 48 hours of patient discharge from hospital (%)

Shortened Title	Electronic Discharge Summary Performance
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	2.0
Scope	All admitted inpatient stays
Goal	All general practitioners to receive an electronic discharge summary after their patient has received care as a hospital inpatient within an acceptable timeframe.
Desired outcome	• To improve care coordination between hospitals and general practitioners • To improve patient health outcomes
Primary point of collection	Patient Administration Systems
Data Collection Source/System	Cerner, iPM, CorePAS
Primary data source for analysis	EDW, Enterprise Service Bus, HealtheNet Clinical Repository
Indicator definition	The percentage of unique discharge summaries lodged electronically with HealtheNet Clinical Repository within 48 hours of a patient's discharge from hospital within the reporting period.
Numerator	
Numerator definition	Total number of unique electronic discharge summaries lodged with HealtheNet Clinical Repository within 48 hours of the patient's discharge within the reporting period.
Numerator source	HealtheNet Statewide Infrastructure: Rhapsody, Enterprise Service Bus and Clinical Repository Databases
Numerator availability	Monthly
Denominator	
Denominator definition	Total number of unique electronic discharge summaries lodged with HealtheNet Clinical Repository within the reporting period.
Denominator source	HealtheNet Clinical Repository
Denominator availability	Monthly

Inclusions	Admitted inpatient service encounters with a separation (end) date within the reporting period.
Exclusions	Day-only service events
Targets	N/A
Context	
Related Policies/ Programs	GL2022_005 (Patient Discharge Documentation)
Useable data available from	1 July 2015
Frequency of Reporting	Monthly
Time lag to available data	
Business owners	
Contact - Policy	Director, Integrated Care Implementation and Executive Director, System Performance Support Branch
Contact - Data	Executive Director, System Information and Analytics
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2017
Related National Indicator	

INDICATOR: DSR_7307	**Data Centre Reform Server Migration Progress**: Local Servers Migrated to Government Data Centres (GovDC) or eHealth-brokered Cloud Hosting (%)
Shortened Title	Servers Migrated to GovDC or eHealth Cloud Hosting
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	2.0
Scope	To migrate current local servers in NSW health data centres to GovDC or eHealth-brokered Cloud Hosting.
Goal	To increase reliability and security for NSW Health's computer systems, minimise the ongoing environmental impact of NSW Health's data centre operations and improve technical and operational services.
Desired outcome	To establish a future-proof, resilient technology environment to support the delivery of high performance applications for clinicians and corporate applications as part of the NSW government wide Data Centre reform.
Primary point of collection	eHealth NSW Program Delivery
Data Collection Source/System	eHealth PCMO Integrated Progress Update
Primary data source for analysis	eHealth PCMO Integrated Progress Update
Indicator definition	The percentage (%) of local servers migrated to GovDC or eHealth-brokered Cloud Hosting
Numerator	
Numerator definition	Total number of servers migrated to GovDC eHealth-brokered Cloud Hosting
Numerator source	eHealth PCMO Integrated Progress Update
Numerator availability	Available Monthly
Denominator	
Denominator definition	Total number of targeted / in scope servers.
Denominator source	eHealth PCMO Integrated Progress Update
Denominator availability	Available
Inclusions	Servers migrated or identified for decommissioning
Exclusions	
Targets	N/A

Related Policies/ Programs	• eHealth Strategy 2016-2026 • NSW Data Centre Reform (DFSI)
Useable data available from	February 2017
Frequency of Reporting	Monthly / Quarterly
Time lag to available data	The 10th day of each month, data available for previous month
Business owners	
Contact - Policy	Executive Director, eHealth
Contact - Data	Program Delivery Director, eHealth
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NNN.N%
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2017

Related National Indicator

INDICATOR: DSR_7308	**Data Centre Reform Application Migration Progress:** Local Applications Migrated to Government Data Centres (GovDC) or eHealth-brokered Cloud Hosting (%)
Shortened Title	Health Applications Migrated to GovDC or eHealth Cloud Hosting
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	5: Research and innovation, and digital advances inform service delivery
Status	Final
Version number	2.0
Scope	To migrate current applications (clinical and corporate) in NSW Health data centres to GovDC or eHealth-brokered Cloud Hosting.
Goal	To increase reliability and security for NSW Health's computer systems, minimise the ongoing environmental impact of NSW Health's data centre operations and improve technical and operational services.
Desired outcome	To establish a future-proof, resilient technology environment to support the delivery of high performance applications for clinicians and corporate applications as part of the NSW government wide Data Centre reform.
Primary point of collection	eHealth NSW Program Delivery
Data Collection Source/System	eHealth PCMO Integrated Progress Update
Primary data source for analysis	eHealth PCMO Integrated Progress Update
Indicator definition	The percentage (%) of applications migrated to GovDC or eHealth-brokered Cloud Hosting
Numerator	
Numerator definition	Total number of applications migrated to GovDC. or eHealth-brokered Cloud Hosting
Numerator source	eHealth PCMO Integrated Progress Update
Numerator availability	Available Monthly
Denominator	
Denominator definition	Total number of targeted / in scope applications.
Denominator source	eHealth PCMO Integrated Progress Update
Denominator availability	Available
Inclusions	
Exclusions	
Targets	N/A

Related Policies/ Programs	• eHealth Strategy 2016-2026 • NSW Data Centre Reform (DFSI)
Useable data available from	February 2017
Frequency of Reporting	Monthly / Quarterly
Time lag to available data	The 10th day of each month, data available for previous month
Business owners	
Contact - Policy	Executive Director, eHealth
Contact - Data	Program Delivery Director, eHealth
Representation	
Data type	Numeric
Form	Number, expressed as a percentage
Representational layout	NNN.N%
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2017
Related National Indicator	

STRATEGIC HEALTH OUTCOME 6 IMs: The health system is managed sustainably

INDICATOR: SFA103	**Patient Fee Debtors** > 45 days as a percentage of rolling prior 12 months patient fee revenues (%)
Shortened Title	Patient Fee Debtors > 45 days
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.3
Scope	Liquidity Management
Goal	To minimise the level of outstanding patient fees debtors
Desired outcome	A reduction in the level of debtors
Primary point of collection	Health Entities
Data Collection Source/System	Oracle
Primary data source for analysis	Health Entity Monthly Financial Narrative/SMRS
Indicator definition	Patient fees unpaid over 45 days from date of invoice (or in the case of compensable & ineligible patients > 150 days)
Numerator	
Numerator definition	Balance of debtors at month end
Numerator source	SMRS
Numerator availability	Available
Denominator	
Denominator definition	Total patient fees raised in the immediately preceding 12 month period
Denominator source	SMRS
Denominator availability	Available
Inclusions	Patient fees unpaid over 45 days from date of invoice or in the case of compensable & ineligible patient fees, debtors over 150 days only
Exclusions	N.A.
Targets	<5%
Context	Health entities are expected to minimise the level of outstanding patient fees debtors. This improves the liquidity position of Health Entities

Related Policies/ Programs	
Useable data available from	Annual – financial year
Frequency of Reporting	Monthly
Time lag to available data	Available at month end
Business owners	
Contact - Policy	Chief Financial Officer
Contact - Data	Associate Director, Finance Performance & Reporting
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	N{NN.NN}
Minimum size	1
Maximum size	6
Related National Indicator	

INDICATOR: KFA105	**Recurrent Trade Creditors > 45 days correct and ready for payment** (Number)
Shortened Title	Recurrent Trade Creditors > 45 days
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably.
Status	Final
Version number	1.5
Scope	Liquidity Management
Goal	Improved liquidity management by Health Entities
Desired outcome	Payment of creditors within benchmark
Primary point of collection	Health Entities
Data Collection Source/System	Oracle
Primary data source for analysis	Health Entity monthly financial narrative report / SMRS
Indicator definition	Outstanding amount in ($'000) of invoices that are correct and ready for payment at the end of the reporting period that remain unpaid in excess of the defined benchmark of 45 days from date of receipt of invoice.
Inclusions	
Exclusions	• Credit notes are excluded from this measure. • Disputed payments/ late entry payments
Targets	$0 (Nil / zero)
Context	Creditor management is an ongoing performance issue that affects the standing of NSW Health in the general community and is of continuing interest to central agencies. Creditor management is an indicator of a Health Entity's performance in managing its liquidity. The Ministry's preferred position is to have all ready-for-payment invoices paid within the benchmark of 45 days. All creditors are to be paid within contract or agreed terms based on valid invoices supported by approved purchase orders.
Related Policies/ Programs	NSW Ministry of Health Financial Requirements and Conditions of Subsidy (Government Grants) Public Health Organisations, 2014/15
Useable data available from	1 January 2011
Frequency of Reporting	Monthly internal reporting to Ministry Annual external reporting in Annual Report
Time lag to available data	Available from Finance at month end
Business owners	

Contact - Policy	Chief Financial Officer
Contact - Data	Associate Director, Financial Performance & Reporting

Representation

Data type	Numeric
Form	Number, presented as an amount ($'000)
Representational layout	N{N,NNN}
Minimum size	1
Maximum size	5

Related National Indicator

INDICATOR: KS7301	**Capital Variation**: Against Approved Budget: (%) Actual spend against capital budget variance
Shortened Title	Capital Variation Against Budget
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably.
Status	Final
Version number	1.1
Scope	Financial management and monitoring of capital projects
Goal	Health Entities operate within approved capital budget allocation
Desired outcome	Health Entities achieve an on-budget result or the variation is within acceptable limit.
Primary point of collection	Health Entities
Data Collection Source/System	Oracle Accounting System for Actuals / BTS for Budget
Primary data source for analysis	SMRS for Actuals and Budget.
Indicator definition	Year to date – YTD Actual capital expenditure compared to YTD Budget capital expenditure.
Numerator	
Numerator definition	YTD Actual = July to end current month actual capital expenditure. Actual capital expenditure is defined as official data entered into Oracle which is coded to an approved P5 Capital Project code and a General Ledger account code captured within the "Total Capital Expenditure" parent in the SMRs accounts hierarchy.
Numerator source	SMRS
Numerator availability	Available
Denominator	
Denominator definition	YTD Budget = July to end current month phased budget capital expenditure. Budgeted capital expenditure is defined as data uploaded into the BTS that is coded against an approved P5 Capital Project Code, a capital allocation member and a General Ledger account code captured within the "Total Capital Expenditure" parent in the SMRs accounts hierarchy.
Denominator source	SMRS
Denominator availability	Available
Inclusions	

Exclusions	
Targets	Target: On budget • Not performing: > + or - 10.0% of budget. • Performing: < + or - 10.0% of budget
Context	Health Entities are expected to operate within the capital budget
Related Policies/ Programs	Service Level Agreement
Useable data available from	Available on monthly basis
Frequency of Reporting	Monthly
Time lag to available data	Available 3 working days after Financial Management Information System (FMIS) close
Business owners	
Contact - Policy	Finance
Contact - Data	Contact for data inquiries: Treasury and Capital Reporting Team. Email: MOH-capitalreporting@health.nsw.gov.au
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Data domain	NA
Date effective	July 2017
Related National Indicator	NA

INDICATOR: KFA107	**Expenditure Projection:** Actual compared to forecast (%)
Shortened Title	Expenditure Projection
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably.
Status	Final
Version number	2.1
Scope	Financial Management
Goal	Ensure the accuracy of March (early close) full year forecast.
Desired outcome	Full year forecast actual at March consistent with final June position.
Primary point of collection	Health Entities
Data Collection Source/System	Oracle Accounting System
Primary data source for analysis	Health Entity monthly financial narrative/SMRS
Indicator definition	June year end full year expenditure actual - variance to March full year expenditure forecast
Numerator	
Numerator definition	Full 12 months forecast General Fund expenditure at March
Numerator source	SMRS
Numerator availability	Available
Denominator	
Denominator definition	Full 12 months actual General Fund expenditure at June
Denominator source	SMRS
Denominator availability	Available
Inclusions	
Exclusions	The General Fund Measure excludes Restricted Financial Assets
Targets	That the full year total June expenditure is equal to March full year Forecast • Performing: Variation <1.5 of March Forecast • Not performing: Variation >2.0 of March Forecast • Under performing: Variation >1.5 and ≤2.0
Context	Health Entities are expected to provide accurate forecasts and certify the accuracy of their forecasts as part of the early close process in March every year.

Related Policies/ Programs	
Useable data available from	Annual - Financial year (available from Finance post June close)
Frequency of Reporting	Annual
Time lag to available data	Available at year end
Business owners	
Contact - Policy	Chief Financial Officer
Contact - Data	Director, Financial Performance & Reporting
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	1
Maximum size	6
Data domain	
Related National Indicator	

INDICATOR: KFA108	**Revenue Projection**: Actual compared to forecast (%)

Shortened Title	Revenue Projection
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably.
Status	Final
Version number	1.2
Scope	Financial Management
Goal	Ensure the accuracy of March (early close) full year forecast.
Desired outcome	Full year forecast actual at March consistent with final June position.
Primary point of collection	Health Entities
Data Collection Source/System	Oracle Accounting System
Primary data source for analysis	Health Entity monthly financial narrative/SMRS
Indicator definition	June year end full year revenue actual - variance to March full year revenue forecast.
Numerator	
Numerator definition	Full 12 months forecast General Fund revenue at March
Numerator source	SMRS
Numerator availability	Available
Denominator	
Denominator definition	Full 12 months actual General Fund revenue at June
Denominator source	SMRS
Denominator availability	Available
Inclusions	
Exclusions	The General Fund Measure excludes Restricted Financial Assets
Targets	That the full year 'actual' revenue is equal to March full year Forecast • Performing: Variation < 1.5 of March Forecast • Not performing: Variation >2.0 of March Forecast • Under performing: Variation >1.5 and <= 2.0

Context	Health Entities are expected to provide accurate forecasts and certify the accuracy of their forecasts as part of the early close process in March every year.
Related Policies/ Programs	
Useable data available from	Annual - Financial year (available from Finance post June close)
Frequency of Reporting	Annual
Time lag to available data	Available at year end
Business owners	
Contact - Policy	Chief Financial Officer
Contact - Data	Director, Financial Performance & Reporting
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	1
Maximum size	6
Data domain	
Related National Indicator	

INDICATOR: DSR_7402	**Whole of Lifecycle Asset Management**: Asset and Facilities Management (AFM) Online Take-up (%)
Shortened Title	AFM Take-up
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.1
Scope	The AFM Online Take-up (%) metric is a summation of four underlying measures that fall into three asset management related categories of space, assets and business process. The measure is extent of Preventative Maintenance data The data will be measured State-wide and broken down to Public Health Organisations (PHOs).
Goal	To provide improved transparency on Asset Management decision making and support the identification and management of asset related risks and service levels. Implementation of the AFM Online system will provide Public Health Organisations with an enabling tool.
Desired outcome	Improved line of line of sight on asset related risks and improved service levels to ensure safe and fit for purpose assets.
Primary point of collection	AFM Online
Data Collection Source/System	AFM Online meta data fields to be confirmed. The underlying measures provide an indication of AFM Online system configuration activity related to achieving centralised reporting of AFM equipment
Primary data source for analysis	AFM Online http://afmonline.health.nsw.gov.au
Indicator definition	The percentage of AFM take-up: AFM Take-up (%) = $\left(\frac{\text{PM}}{\text{TA}}\right) \text{x}100$ where PM - Preventative maintenance assigned to an asset TA – Count of t assigned to an asset **Note:** Could be raw integer month-on-month though percentage may help normalize data between district to show % change month-on-month
Numerator	

Numerator definition	See Indicator definition
Numerator source	AFM Online IS
Numerator availability	
Denominator	
Denominator definition	See Indicator definition
Denominator source	AFM Online IS
Denominator availability	
Inclusions	Job plans with associated building, major medical and biomedical equipment assets. PHOs: • All Local Health Districts • Sydney Children's Hospital Network • Ambulance Service of NSW
Exclusions	Exclude all other asset data
	TBD – targeting take-up of system over 24 months with priority deliverable statutory compliance reporting in 12-month timeframe.
Context	AFM Online is the enabling tool for Health Asset and facilities Management
Related Policies/ Programs	Health Asset Management reform program Property Asset Utilisation Taskforce (PAUT) Phase II reforms
Useable data available from	July 2017
Frequency of Reporting	Quarterly
Time lag to available data	Reporting required by the 10th day of each quarter; data available for previous quarter
Business owners	
Contact - Policy	Director Asset Management, Finance and Asset Management Division
Contact - Data	Director Asset Management, Finance and Asset Management Division
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NN.N
Minimum size	3
Maximum size	4
Data domain	

Date effective	30 June 2017
Related National Indicator	N/A

INDICATOR: KPI23-004	**Sustainability Towards 2030:** Desflurane Reduction: Number of Vials of Desflurane Purchased as a Percent of All Volatile Anaesthetic Vials Purchased
Shortened Title	Sustainability Towards 2030: Desflurane
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	6: The health system is managed sustainably.
Status	Final
Version number	1.0
Scope	Pharmacy ordering details by LHD.
Goal	NSW hospitals reduce direct carbon emissions by reducing Desflurane use.
Desired outcome	To reduce use of Desflurane to less than 4% of fluorinated anaesthetic gas vials, thereby reducing carbon emissions from this potent volatile anaesthetic gas
Primary point of collection	The required data will be generated by the Senior Data Analyst, Climate Risk & Net Zero Unit, collected from Anaesthetic gas purchase records from Pharmalytix. Data reports will be provided quarterly to System Information & Analytics for inclusion in the Health System Performance Reports.
Data Collection Source/System	
Primary data source for analysis	Pharmalytix / iPharmacyPROD database
Indicator definition	Decreased use of Desflurane, measured by number of vials of Desflurane purchased as percent of all volatile anaesthetic vials purchased.
Numerator	
Numerator definition	Number of vials of 'Desflurane (Suprane) Inhalation 240mL' in Pharmalytix records for the year-to-date.
Numerator source	Pharmalytix
Numerator availability	N/A
Denominator	
Denominator definition	Number of vials of 'Desflurane (Suprane) Inhalation 240mL'+ 'Sevoflurane Inhalation 250mL' + 'Isoflurane Inhalation 250mL' in Pharmalytix records for the year-to-date.
Denominator source	Pharmalytix
Denominator availability	N/A

Inclusions	All pharmacy records within public hospitals. LHDs that have already ceased using Desflurane will be compliant with this KPI.
Exclusions	
Targets	Target 4% • Performing: <=4% • Under Performing: >=4% and <8% • Not Performing: >=8%
Context	Desflurane is 2,540 times more potent as a greenhouse gas than carbon dioxide. Reducing the number of vials of Desflurane will lower the direct carbon emissions attributed to use and release of this extremely potent volatile gas during hospital surgeries. There are clinically equivalent, lower carbon alternatives, for example Total Intravenous Anaesthesia (TIVA) and Sevoflurane. This indicator measures improved anaesthetic choices - lower relative use of Desflurane compared to Sevoflurane and Isoflurane. There will be associated cost savings for each LHD as Desflurane is the most expensive of the anaesthetic options. This target aims to reduce the number of Desflurane vials down to 4% of the total, meaning only 1 in 25 anaesthetic vials will be Desflurane. LHDs and Networks that have already ceased using Desflurane are exempt from this KPI.
Related Policies/ Programs	This indicator aligns with the NSW Government's Net Zero Plan Stage 1:2020-2030 and goal to reach net zero emissions by 2050. Related plan can be sourced from: Net Zero Plan | NSW Climate and Energy Action
Useable data available from	1 July 2023
Frequency of Reporting	Quarterly
Time lag to available data	1 week
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Purchasing Branch
Representation	
Data type	Numeric
Form	Number. Presented as a percentage (%)
Representational layout	NNNN.N%
Minimum size	2
Maximum size	5
Data domain	

Date effective	1 July 2023
Related National Indicator	N/A

INDICATOR: AI-001	**Purchased Activity Volumes – Variance**: Acute Admitted – NWAU (%)
Shortened Title	Purchased Activity Variance: Acute Admitted
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	2.2
Scope	Acute admitted episodes in 2025-26 ABF in-scope hospitals and Small Sites, excluding mental health services provided in designated units, Drug and Alcohol episodes and Emergency Department only episodes.
Goal	Greater certainty concerning the amount of activity to be performed in a year.
Desired outcome	• To improve operating efficiency by enhancing the capacity to manage costs and monitor performance by creating an explicit relationship between funds allocated and services provided • To achieve greater accountability for management of resources and performance
Primary point of collection	Patient Medical Record
Data Collection Source/System	Hospital PAS, Admitted Patient Data Collection, LHD Activity Targets
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	Variation of year to date acute weighted activity (NWAU) from the year to date acute activity target.
Numerator	
Numerator definition	Acute Activity Based Funding for the year to date NWAU separations with an admitted patient service event end date (SE_END_DTTM) within the financial year. Includes an estimate for the NWAU of uncoded activity, based on the average NWAU for that type of case at that hospital Less Acute Activity Based Funding target for the year to date in NWAU separations. NWAU version is 2024-25 for DRG 11.0 (NWAU 23).
Numerator source	EDWARD
Numerator availability	Available 2 months after the end of the period of measurement.
Denominator	
Denominator definition	Acute Activity Based Funding target for the year to date in NWAU separations.

Denominator source	LHD Activity Targets
Denominator availability	Available when targets finalised
Inclusions	• Acute admitted patient service events (SE_TYPE_CD = '2' plus SE_SERVICE_CATEGORY_CD = '1' or '5') • Admitted patient service event end date (SE_END_DTTM) within the period • Organisations in scope of ABF in 2025-26
Exclusions	• Acute admitted patient service events where the service category is "Mental Health" (SE_TYPE_CD = '2' and SE_SERVICE_CATEGORY_CD = 'M') • ED only service events (for historical time series purposes only) • Acute admitted patient service events with a Drug & Alcohol DRG (DRG codes V60-V64).
Targets	N/A
Related Policies/ Programs	Activity Based Funding
Useable data available from	2009/10
Frequency of Reporting	Quarterly
Time lag to available data	6 – 7 weeks
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	4
Data domain	
Date effective	July 2009
Related National Indicator	National Efficient Price Determination 2024-25 National Efficient Price Determination 2024–25 | Resources | IHACPA

INDICATOR: ED-001	**Purchased Activity Volumes – Variance**: Emergency Department - NWAU (%)
Shortened Title	Purchased Activity Variance: Emergency Department
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	2.1
Scope	All Emergency Department presentations in 2024-25 ABF in-scope hospitals, and Small Sites.
Goal	Greater certainty concerning the amount of activity to be performed in a year.
Desired outcome	• To improve operating efficiency by enhancing the capacity to manage costs and monitor performance by creating an explicit relationship between funds allocated and services provided • To achieve greater accountability for management of resources and performance
Primary point of collection	Emergency Department clerk
Data Collection Source/System	Emergency Department Data Collection - Emergency Department Information System (EDIS)/Cerner First Net/other electronic Emergency Department Information Systems & iPM ED (for all HNE LHDs).
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS) (FACT_ED_SE)
Indicator definition	Variation of year to date ED service activity (NWAU) from the year to date activity target.
Numerator	
Numerator definition	ED activity for the year to date NWAU presentations in EDs of ABF in-scope hospitals, with a CL_DEPART_DTTM within the financial year (adjusted with summary level data only EDs), less ED activity target for the year to date in NWAU presentations in ABF in-scope EDs. NWAU version for 2024-25 is AECC 1.0.
Numerator source	EDWARD
Numerator availability	Available
Denominator	
Denominator definition	ED activity target for the year to date in NWAU presentations in 2024-25 ABF in-scope EDs.

Denominator source	EDWARD
Denominator availability	Available
Inclusions	All patients presenting to emergency department at ABF in scope facilities.
Exclusions	• ED_SEPR_MODE_CD = '98' i.e. Registered in error • ED_VIS_TYPE_CD of '12' or '13', i.e. Telehealth presentation, current admitted patient presentation.
Targets	N/A
Related Policies/ Programs	Activity Based Funding
Useable data available from	July 1996
Frequency of Reporting	Monthly
Time lag to available data	Reporting required by the 10th day of each month, data available for previous month.
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	5
Data domain	
Date effective	July 2013
Related National Indicator	National Efficient Price Determination 2024-25 National Efficient Price Determination 2024–25 | Resources | IHACPA

INDICATOR: NA-001	**Purchased Activity Volumes – Variance**: Non-admitted Patient - NWAU (%)
Shortened Title	Purchased Activity Variance: Non-admitted
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	3.1
Scope	The scope of this indicator covers: • NSW Health hospitals and community health services that are recognised as in scope of NSW Activity Based Funded in 2025-26, and • Non-admitted patient service units of the above hospitals and community health services with NSW Establishment Types that are mapped to national Tier 2 Clinic Classification Version 9.1 categories that are recognised as in scope of NSW Activity Based Funding in 2025-26. Services outsourced by a Local Health District / Specialist Health Network under a fee for service or sessional service contract to an external organisation, individual professional health care provider or other Local Health District, that would have met the inclusion criteria had the service not been outsourced, are in-scope.
Goal	Provide greater certainty concerning the volume and complexity mix of non-admitted patient services provided to patients.
Desired outcome	• To improve operating efficiency by enhancing the capacity to manage costs and demand by creating an explicit relationship between volume and complexity mix of services provided and the funding allocation. • To achieve greater transparency and accountability of resource management, service delivery and performance.
Primary point of collection	Registration and classification of non-admitted patient service units Scheduling non-admitted patient appointments Recording non-admitted patient service attendances Notating service provision details in patient medical records
Data Collection Source/System	NSW Non-admitted Patient Data Collection HERO Organisation Service Provider Data Set LHD Activity Targets agreed for 2025-26 Non-admitted patient activity is recorded in a wide range of source systems, some of which address the needs specific clinical specialties. The strategic source systems from which the majority of activity is expected are HNA Millennium / eMR (Cerner), iPM and CHIME. HERO (Health Establishment Registration On-line system) is the source system used by LHDs / SHNs to register non-admitted patient service units, indicate their parent hospital / community health service and classify them by service unit type.
Primary data source for analysis	EDWARD Non-admitted Patient Data Mart

	Note: The data mart acquires its data from the following sources: • EDWARD (activity) • HERO (service unit details) • MDS Master Data Services (NWAU weights)
Indicator definition	Percentage variation of year-to-date actual non-admitted patient national weighted activity (NWAU 2024-25) from the year-to-date target.
Numerator	
Numerator definition	Total Final Non-Admitted Patient National Weighted Activity Unit (NWAU 2025-26) for services delivered from 1 July 2025 to the year to date Minus Non-Admitted Patient National Weighted Activity Unit (NWAU 2025-26) Target for services delivered from 1 July 2025 to the year to date.
Numerator source	HERO and EDWARD Non-admitted Patient Data Mart
Numerator availability	Available 2 months after the end of the period of measurement.
Denominator	
Denominator definition	Non-Admitted Patient National Weighted Activity Unit (NWAU 2025-26) Target for services delivered from 1 July 2025 to the year to date.
Denominator source	Service Volume for Non-admitted Patient Services in the LHD / SHN Performance Agreement for 2025-26
Denominator availability	June 2015
Inclusions	In-scope services are based on the principles outlined in the Independent Hospital Pricing Authority National Efficient Price Determination 2025-26, Tier 2 Non-admitted Services Definitions Manual 2025-26 – Version 9.1, and the Australian Institute of Health and Welfare Non-admitted Patient Care Hospital Aggregate National Minimum Data Set Specifications for 2025-26. There are, however, NSW Health scope variations to those outlined in the IHPA determination. Specific details of record inclusions criteria for this performance indicator and the national weighted activity unit allocation process are outlined in the "Non-admitted Patient Activity Post Load Reporting Compendium for 2025-26" published on the Ministry of Health Intranet. Non-admitted patient services included in this measure must meet all of the following criteria: The service must contain clinical / therapeutic content that warrants a clinical note being made in the patient's medical record. • The service must be a direct service provided to the patient (i.e. the patient (or his/her proxy), participated in the service either via face to face attendance, telephone, Telehealth / video-conference or other technology that enables interactive participation). • The patient must be a non-charge patient and principal funding source of the service must be the NSW State Health budget, or activity funded via a NSW Health bulk purchasing agreement with Department of Veterans'

Affairs, the NSW Motor Accident Authority, NSW Work Cover, or the Disability Support Scheme
- The service unit that delivered the service must be registered in HERO and classified to an establishment type category that maps to a NSW ABF funded National Tier 2 Service Classification (Version 9.1) for the 2025-26 Service Agreement.
- The service unit must have a parent hospital or community health service, as recorded in HERO, that the LHD / SHN and MOH has agreed to fund on an ABF basis for the 2025-26 Service Agreement.

Selected home based services are also included in this measure, as reported as indicated by the service unit's classification to one of the following NSW Service Unit Establishment Type categories:
- 21.04 Total Parenteral Nutrition - Home Delivered - Procedure Unit
- 21.05 Enteral Nutrition - Home Delivered - Procedure Unit
- 34.09 Haemodialysis - Home Delivered Procedure Unit
- 34.10 Peritoneal Dialysis - Home Delivered Procedure Unit

The above Establishment Types map to the following Tier 2 Services Classification: (10.17, 10.18, 10.15 & 10.16)

Exclusions

The following non-admitted patient services are excluded:

- Non-admitted patient services that are funded via revenue collected by the Local Health District / Specialist Health Network (such as privately referred non-admitted patients and direct federal funding program agreements), or direct revenue from a compensation fund or DVA that is not covered by a NSW Health bulk purchasing agreement.
- Non-admitted patient support services (services that do not contain clinical / therapeutic content, or do not warrant a note being made in the patient's medical record, or were provided by someone who was not a health care professional).
- Non-admitted patient services provided by hospitals or community health services that the LHD / SHN and MOH has agreed to fund on a block funding basis for the 2025-26 Service Agreement. Note: This list differs from the national NWAU determination.
- Non-admitted patient services provided by diagnostic service units, as indicated by the service unit's classification to one of the following NSW Service Unit Establishment Type categories:
    - 13.01 Pathology (Microbiology, Haematology, Biochemistry) Unit
    - 13.03 Radiology / General Imaging Diagnostic Unit
    - 13.04 Sonography / Ultrasonography Diagnostic Unit
    - 13.05 Computerised Tomography (CT) Diagnostic Unit
    - 13.06 Magnetic Resonance Imaging (MRI) Diagnostic Unit
    - 13.07 Nuclear Medicine Diagnostic Unit
    - 13.08 Positron Emission Tomography (PET) Diagnostic Unit
    - 13.14 Public Health Laboratory Service Unit (No map)
    - 13.15 Clinical Measurement - Respiratory Diagnostic Unit
    - 13.16 Clinical Measurement - Cardiology Diagnostic Unit
    - 13.17 Clinical Measurement - Neurology Diagnostic Unit
    - 13.18 Clinical Measurement - Urology Diagnostic Unit
    - 13.19 Clinical Measurement - Renal Diagnostic Unit
    - 13.20 Clinical Measurement - Ophthalmology Diagnostic Unit

  - 13.21 Clinical Measurement - Vascular Diagnostic Unit
  - 13.22 Clinical Measurement - Bone Mineral Density Diagnostic Unit
  - 13.23 Clinical Measurement - Endocrine Diagnostic Unit
  - 13.24 Clinical Measurement - Gastroenterology Diagnostic Unit
  - 13.26 Clinical Measurement - Sleep Diagnostic Unit
  - 13.27 COVID-19 Diagnostics
  - 13.99 Clinical Measurement - Diagnostic Unit, NEC
  - 15.04 Mammography / Breast Screen Diagnostic Unit

  The above Establishment Types map to the following Tier 2 Services Classification: (30.01, 30.02, 30.03, 30.04, 30.05, 30.06, 30.07, 30.08 & 30.09)
- Non-admitted patient services provided by service units funded under the Mental Health funding program, as indicated by the service unit's classification to the following NSW Service Unit Establishment Type categories:
  - 26.01 Mental Health Acute Unit
  - 26.02 Mental Health Consultation Liaison Unit
  - 26.03 Mental Health Emergency Care Unit
  - 26.04 Mental Health Early Intervention Unit
  - 26.05 Mental Health Promotion / Illness Prevention Unit
  - 26.06 Mental Health Research Unit
  - 26.07 Mental Health General Service Unit
  - 26.08 Mental Health Rehabilitation Unit
  - 26.09 Mental Health Extended Care Unit
  - 26.10 Mental Health Non-Acute Care Unit
  - 26.15 Specialist Mental Health Allied Health/Nursing Unit
  - 26.16 Mental Health Carer Support Service Allied Health / Nursing Unit
  - 26.17 Eating Disorders Mental Health Unit

  The above Establishment Types map to the following Tier 2 Services Classification: (40.34)
- Non-admitted patient services provided by service units purchase via a Dental Weight Activity Unit (DWAU), as indicated by the service unit's classification to the following NSW Service Unit Establishment Type categories:
  - 28.01 Oral Health / Dental, nfd Procedure Unit
  - 28.02 Oral Health / Adult Dental Procedure Unit
  - 28.03 Oral Health / Child Dental Procedure Unit
  - 28.04 Oral Health / Combined Adult and Child Dental Procedure Unit
  - 28.05 Maxillofacial Surgery Medical Consultation Unit

  The above Establishment Types map to the following Tier 2 Services Classification: (10.04)
- Non-admitted patient services provided by service units classified to one of the following NSW Service Unit Establishment Type categories:
  - 13.02 Pharmacy Dispensing Unit
  - 14.01 Business Unit, nfd
  - 14.02 Administration Service Unit
  - 14.03 Biomedical Engineering Service Unit
  - 14.04 Business Development / Planning Service Unit
  - 14.05 Catering Service Unit

- 14.06 Cleaning Service Unit
- 14.07 Facility & Asset Management Service Unit
- 14.08 Finance / Billing Service Unit
- 14.09 Human Resource Service Unit
- 14.10 Information Management Service Unit
- 14.11 Information Technology & Communication Service Unit
- 14.12 Linen Service Unit
- 14.13 Quality & Safety Service Unit
- 14.14 Staff Transport Service / Fleet
- 18.01 Emergency Department - Level 1
- 18.02 Emergency Department - Level 2
- 18.03 Emergency Department - Level 3
- 18.04 Emergency Department - Level 4
- 18.05 Emergency Department - Level 5
- 18.06 Emergency Department - Level 6
- 18.07 Emergency Medical Unit
- 18.08 Rural Emergency Medicine Unit
- 24.01 Health Service Intake Unit - Administrative
- 24.03 Health Service Contact Centre (w or w/o Intake service)
- 24.05 Aboriginal & Torres Strait Islander Liaison and Referral Support Service
- 25.01 Intensive Care Unit
- 25.07 High Dependency Unit
- 25.08 Coronary Care Unit
- 25.09 Neonatal Intensive Care Unit
- 25.10 Neonatal Special Care Nursery
- 32.20 Interpreter Services Unit
- 32.32 Staff Health Unit
- 32.43 Social/Support/Recreation/Neighbourhood Aid Service Unit
- 36.23 Invasive Ventilation - Home Delivered Procedure Unit
- 39.21 Health Transport Unit (Patient)
- 39.22 Pastoral Care Unit
- 41.01 Home Modification/Maintenance Service Unit
- 41.02 Meals - Home Delivered Service Unit

The above Establishment Types map to the following Tier 2 Services Classification: (10.19, 99.94, 99.95 & 99.96)

- Any COVID19 vaccination related activity as indicated by the service unit's classification to the following NSW Service Unit Establishment Type categories:
  - 32.59 COVID-19 Response - Vaccination Unit
  - 32.60 COVID-19 Response - Vaccination Screening/Assessment Unit

  The above Establishment Types map to the following Tier 2 Services Classification: (10.21, 40.63)

- Non-admitted patient services provided by service units classified as a Drug and/or Alcohol service, as indicated by the service unit's classification to the following NSW Service Unit Establishment Type categories:
  - 11.01 Alcohol and Other Drugs Allied Health / Nursing Unit

	○ 11.02 Cannabis Allied Health / Nursing Unit ○ 11.03 Withdrawal Management Allied Health / Nursing Unit ○ 11.04 Needle Exchange Allied Health / Nursing Unit ○ 11.05 Supervised Administration of Opioid Substitution Treatment Medications ○ 11.06 Addiction Medicine / Alcohol & Other Drugs Medical Consultation Unit ○ 11.11 Opioid Treatment Program Medical Consultation Unit ○ 11.12 Alcohol & Other Drugs Involuntary Treatment Liaison Allied Health / Nursing Unit ○ 11.13 Substance Use in Pregnancy and Parenting Service Allied Health / Nursing Unit ○ 11.14 Assertive Community Management Medical Consultation Unit ○ 11.15 Substance Use in Pregnancy and Parenting Service Medical Consultation Unit ○ 11.16 Assertive Community Management Allied Health / Nursing Unit ○ 11.17 Withdrawal Management Medical Consultation Unit ○ 11.18 Stimulant Treatment Allied Health / Nursing Unit ○ 11.19 Stimulant Treatment Medical Consultation Unit ○ 11.20 Alcohol & Other Drugs Psychosocial Service ○ 11.21 Alcohol & Other Drugs Youth Program ○ 11.22 Alcohol & Other Drugs Addiction Medicine Child and Adolescent Medical Consultation Unit ○ 11.23 Alcohol & Other Drugs Justice Diversion Services Allied Health / Nursing Unit ○ 11.24 Alcohol & Other Drugs Justice Diversion Services Medical Consultation Unit ○ 11.25 Hospital Drug and Alcohol Consultation Liaison Service The above Establishment Types map to the following Tier 2 Services Classification: (40.30, 40.68, 20.52 & 99.95) • Establishment Type 10.12 Radiation Therapy – Treatment • Establishment Type 10.20 Ventilation – Home Delivered • Any Service Unit which is assigned to an expired NSW Service Unit Establishment Type • Any service provider where the client / patient (or his / her proxy) did not interact with the health care provider (e.g. case conferences, case planning and case review services). • Services provided to patients that are an admitted patient of a NSW Health hospital or under the care of a NSW Health Emergency Department at the time the service was provided.
	N/A
Related Policies/ Programs	Activity Based Funding
Useable data available from	1 July 2015
Frequency of Reporting	Monthly

Time lag to available data	6 – 7 weeks
Business owners	System Purchasing Branch
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information & Analytics Branch
Representation	
Data type	Decimal (4,1)
Form	Quantitative value expressed as a percentage (%)
Representational layout	+/- NNN.N
Minimum size	2
Maximum size	4
Data domain	Not applicable
Date effective	1 July 2014
Related National Indicator	National Efficient Price Determination 2025-26 National Efficient Price Determination 2024–25 | Resources | IHACPA
National components	METeOR ID 764452 Non-admitted patient service event—non-admitted service type, code (Tier 2 v9 View Data Resource.0) NN.NN https://meteor.aihw.gov.au/content/764452

INDICATOR: SA-001	**Purchased Activity Volumes – Variance**: Sub and non-acute admitted - NWAU (%)
Shortened Title	Purchased Activity Variance: Sub & Non-acute
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.72
Scope	Sub and non-acute admitted episodes in 2024-25 ABF in-scope hospitals and Small Sites, excluding mental health services provided in designated units, Emergency Department only episodes.
Goal	Greater certainty concerning the amount of activity to be performed in a year.
Desired outcome	• To improve operating efficiency by enhancing the capacity to manage costs and monitor performance by creating an explicit relationship between funds allocated and services provided • To achieve greater accountability for management of resources and performance
Primary point of collection	Patient Medical Record Where an AN-SNAP record exists for the Admitted Patient episode, the AN-SNAP Class will be used for calculation of NWAU.
Data Collection Source/System	Hospital PAS, Admitted Patient Data Collection, LHD Activity Targets
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	Variation of year to date sub and non-acute weighted activity (NWAU) from the year to date sub and non-acute activity target.
Numerator	
Numerator definition	Sub and non-acute Activity Based Funding for the year to date NWAU completed episodes. Covers all sub and non-acute patients/episodes who occupied a bed in the period, excluding those still in hospital after the period. less Sub and non-acute Activity Based Funding target for the year to date in NWAU episodes. NWAU version for 2024-25 is AN-SNAP Version 5.0 (NWAU 24) Note: All paediatric episodes with a valid AN SNAP class will generate the relevant SNAP based NWAU. Paediatric cases without a valid AN SNAP class will generate a per diem NWAU.
Numerator source	EDWARD and Synaptix
Numerator availability	Available 10-15 days after the end of the period of measurement.
Denominator	

Denominator definition	Sub and non-acute Activity Based Funding target for the year to date in NWAU separations.
Denominator source	LHD Activity Targets
Denominator availability	Available when targets finalised
Inclusions	• Sub and non-acute admitted patient service events (SE_TYPE_CD = '2' and SE_SERVICE_CATEGORY_CD = 2, 3, 4, 7, 8) • Service event end date (SE_END_DTTM) within the period • Facilities in scope of ABF in 2024-25
Exclusions	• Ongoing sub-acute episodes within the reporting period • Episodes with any days in a designated psychiatric unit (for historical time series purposes only) • ED only episodes, i.e. DIM_SE_AP_DERIV_PROFILE.SE_ED_VISIT_IND= '1' OR '4') (for historical time series purposes only)
Targets	Target: Individual targets ≥ 0% and ≤ +4% of the negotiated activity target. • Not performing: < -1.5% or > +4% of the negotiated activity target. • Under performing: Between ≥ -1.5% and <0 of the negotiated activity target.
Related Policies/ Programs	Activity Based Funding
Useable data available from	2009/10
Frequency of Reporting	Quarterly
Time lag to available data	6 – 7 weeks
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	4
Data domain	
Date effective	July 2009
Related National Indicator	National Efficient Price Determination 2024-25

National Efficient Price Determination 2024–25 | Resources | IHACPA

INDICATOR: KS8101	**Purchased Activity Volumes – Variance**: Mental Health Admitted - NWAU (%)
Shortened Title	Purchased Activity Variance: MH Admitted
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.52
Scope	Mental health admitted episodes in 2024-25 ABF in-scope hospitals and Small Sites, excluding Emergency Department only episodes.
Goal	Greater certainty concerning the amount of activity to be performed in a year.
Desired outcome	• To improve operating efficiency by enhancing the capacity to manage costs and monitor performance by creating an explicit relationship between funds allocated and services provided • To achieve greater accountability for management of resources and performance
Primary point of collection	Patient Medical Record
Data Collection Source/System	Hospital PAS, Admitted Patient Data Collection, LHD Activity Targets
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	Variation of year to date mental health admitted weighted activity (NWAU) from the year to date acute activity target.
Numerator	
Numerator definition	Mental Health Admitted Activity Based Funding for the year to date NWAU separation (where service category type is "Mental Health") (SE_SERVICE_CATEGORY_CD = 'M'), or where days in psych >0. Includes an estimate for the NWAU of uncoded activity, based on the average NWAU for that type of case at that hospital. less Mental Health Admitted Activity Based Funding target for the year to date in NWAU separations. NWAU version for 2024-25 is AMHCC 1.0 (NWAU 24)
Numerator source	EDWARD
Numerator availability	Available 2 months after the end of the period of measurement.
Denominator	
Denominator definition	Mental Health Admitted Activity Based Funding target for the year to date in NWAU separations.
Denominator source	LHD Activity Targets

Denominator availability	Available when targets finalised
Inclusions	• Mental Health admitted patient service events (SE_TYPE_CD = '2' and SE_SERVICE_CATEGORY_CD = 'M') • Episodes with any days in a designated psychiatric unit, i.e. COUNT_TOTAL_SE_PSYC_BED_DAY_COUNT >0 • Service event end date within the period • Facilities in scope of ABF in 2024-25
Exclusions	• ED only service events (for historical time series purposes only)
Targets	Target: Individual targets ≥ 0% and ≤ +4% of the negotiated activity target. • Not performing: < -1.5% or > +4% of the negotiated activity target. • Under performing: Between ≥ -1.5% and <0 of the negotiated activity target.
Related Policies/ Programs	Activity Based Funding
Useable data available from	2009/10
Frequency of Reporting	Monthly
Time lag to available data	6 – 7 weeks
Business owners	
Contact - Policy	Executive Director, Mental Health Branch
Contact - Data	Executive Director, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	4
Data domain	
Date effective	July 2009
Related National Indicator	National Efficient Price Determination 2024-25 National Efficient Price Determination 2024–25 | Resources | IHACPA

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INDICATOR: MHDA-005	**Purchased Activity Volumes – Variance**: Mental Health Non-Admitted - NWAU (%)
Shortened Title	Purchased Activity Variance: MH Non-admitted
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	2.72
Scope	The scope of this indicator covers: • Non-admitted mental health activity in NSW Health hospitals and community health services that are recognised as in scope of NSW Activity Based Funded in 2024-25, and • Non-admitted patient mental health service units of the above hospitals and community health services with NSW Establishment Types that are mapped to the national Tier 2 Clinic Type Version 8.0 category of 40.34 that is recognised as in scope of NSW Activity Based Funding in 2024-25.
Goal	Greater certainty concerning the amount of activity to be performed in a year.
Desired outcome	• To improve operating efficiency by enhancing the capacity to manage costs and monitor performance by creating an explicit relationship between funds allocated and services provided • To achieve greater accountability for management of resources and performance
Primary point of collection	Community Health Ambulatory (CHAMB). Activity level collection of service provided to ambulatory clients by specialist mental health teams.
Data Collection Source/System	Non Admitted Patient Data Collection, LHD Activity Targets
Primary data source for analysis	Non Admitted Mental Health Service Event (NAMHSE) derived from CHAMB.
Indicator definition	Variation of year to date non-admitted mental health NWAU from the year to date activity target.
Numerator	
Numerator definition	Non Admitted Mental Health Patient NWAU for the year to date. less Non Admitted Mental Health Patient NWAU notional target for the year to date.
Numerator source	CHAMB/EDWARD
Numerator availability	Available 2 months after the end of the period of measurement.
Denominator	

Denominator definition	Non Admitted Mental Health Patient NWAU notional target for the year to date.
Denominator source	LHD Activity Targets
Denominator availability	Available when targets finalised
Inclusions	Specialist non-admitted mental health activity reported under Tier 2 clinic type of 40.34.
Targets	Target: Individual targets ≥ 0% and ≤ +4% of the negotiated activity target. • Not performing: < -1.5% or > +4% of the negotiated activity target. • Under performing: Between ≥ -1.5% and <0 of the negotiated activity target.
Related Policies/ Programs	Activity Based Funding
Useable data available from	2009/10
Frequency of Reporting	Quarterly
Time lag to available data	2 months
Business owners	
Contact - Policy	Executive Director, Mental Health Branch.
Contact - Data	Executive Director, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	4
Data domain	
Date effective	July 2009
Related National Indicator	National Efficient Price Determination 2024-25

INDICATOR: PH-018A	**Purchased Activity Volumes – Variance**: Alcohol and other Drugs (Acute Admitted) - NWAU (%)
Shortened Title	Purchased Activity Variance: Alcohol and other Drugs (Acute Admitted)
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.32
Scope	Acute admitted episodes with DRG codes V60-V64 in 2024-25 ABF in-scope hospitals and Small Sites, excluding (i) mental health services provided in designated units and (ii) emergency department only episodes.
Goal	Greater certainty concerning the amount of activity to be performed in a year
Desired outcome	• To improve operating efficiency by enhancing the capacity to manage costs and monitor performance by creating an explicit relationship between funds allocated and services provided • To achieve greater accountability for management of resources and performance
Primary point of collection	Patient Medical Record
Data Collection Source/System	Hospital PAS, Admitted Patient Data Collection, LHD Activity Targets
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	Variation of year to date acute weighted activity (NWAU) from the year to date acute activity target.
Numerator	
Numerator definition	Alcohol and other Drugs (Acute) Activity Based Funding for the year to date NWAU separations with DRG codes V60-V64 and an Admitted patient service event end date (SE_END_DTTM) within the financial year. Includes an estimate for the NWAU of uncoded activity, based on the average NWAU for that type of case at that hospital. Less Alcohol and other Drugs Activity Based Funding target for the year to date in NWAU. NWAU version is 2024-25 for DRG 11.0 (NWAU 23).
Numerator source	EDWARD
Numerator availability	Available 2 months after the end of the period of measurement.
Denominator	
Denominator definition	Alcohol and other Drugs Activity Based Funding target for the year to date in NWAU.

Denominator source	LHD Activity Targets
Denominator availability	
Inclusions	• DRG codes V60-V64 • Acute admitted patient service categories (SE_TYPE_CD = '2' and SE_SERVICE_CATEGORY_CD = '1' or '5') • Service event end date (SE_END_DTTM) within the period • Organisations in scope of ABF in 2024-25
Exclusions	• Admitted patient service events where service category is "Mental Health") (SE_TYPE_CD = '2' and SE_SERVICE_CATEGORY_CD = 'M'). • Admitted patient service events with any days in a designated psychiatric unit, i.e. (COUNT_TOTAL_SE_PSYC_BED_DAY_COUNT >0) (for historical time series purposes only) • ED only episodes, i.e. DIM_SE_AP_DERIV_PROFILE.SE_ED_VISIT_IND= '1' OR '4') (for historical time series purposes only)
Targets	N/A
Related Policies/ Programs	Activity Based Funding
Useable data available from	2009/10
Frequency of Reporting	Quarterly
Time lag to available data	6 – 7 weeks
Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	4
Data domain	N/A
Date effective	July 2009
Related National Indicator	National Efficient Price Determination 2024-25 National Efficient Price Determination 2024–25 | Resources | IHACPA

INDICATOR: PH-018B	**Purchased Activity Volumes – Variance**: Alcohol and other Drugs (Non-Admitted) - NWAU (%)
Shortened Title	Purchased Activity Variance: Alcohol and other Drugs (Non Admitted)
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.22
Scope (Non Admitted)	The scope of this indicator covers: • NSW Health hospitals and community health services that are recognised as in scope of NSW Activity Based Funded in 2024-25, and • Non-admitted patient service units of the above hospitals and community health services with NSW Establishment Types that are mapped to National Tier 2 Service Classification Version 9.1 categories Tier 2 clinics (20.52, 40.30, 40.68) that are recognised as in scope of NSW Activity Based Funding in 2024-25. Services outsourced by a Local Health District / Specialist Health Network under a fee for service or sessional service contract to an external organisation, individual professional health care provider or other Local Health District, that would have met the inclusion criteria had the service not been outsourced, are in-scope.
Goal	Greater certainty concerning the amount of activity to be performed in a year
Desired outcome	• To improve operating efficiency by enhancing the capacity to manage costs and monitor performance by creating an explicit relationship between funds allocated and services provided • To achieve greater accountability for management of resources and performance
Primary point of collection	Patient Medical Record Registration and classification of non-admitted patient service units Scheduling non-admitted patient appointments Recording non-admitted patient service attendances Notating service provision details in patient medical records
Data Collection Source/System	NSW Non-admitted Patient Data Collection 2024-25 HERO Organisation Service Provider Data Set LHD Activity Targets agreed for 2024-25 Non-admitted patient activity is recorded in a wide range of source systems, some of which address the needs specific clinical specialties. The strategic source systems from which the majority of activity is expected are HNA Millennium / eMR (Cerner), iPM and CHIME. HERO (Health Establishment Registration On-line system) is the source system used by LHDs / SHNs to register non-admitted patient service units,

	indicate their parent hospital / community health service and classify them by service unit type
Primary data source for analysis	EDWARD Non-admitted Patient Data Mart Note: The data mart acquires its data from the following sources: • EDWARD (activity) • HERO (service unit details) • MDS Master Data Services (NWAU weights)
Indicator definition	Variation of year to date acute weighted activity (NWAU) from the year to date non-admitted activity target.
Numerator	
Numerator definition	Alcohol and other Drugs (Acute) Activity Based Funding for the year to date NWAU for Final Non-Admitted Patient National Weighted Activity Unit (NWAU 2024-25) for Tier 2 clinics (20.52, 40.30, 40.68) services delivered from 1 July 2024 to the year to date. Less Alcohol and other Drugs Activity Based Funding target for the year to date in NWAU. NWAU version is Tier 2 Non-Admitted Services Classification Version 9.1
Numerator source	HERO and EDWARD Non-admitted Patient Data Mart
Numerator availability	Available 2 months after the end of the period of measurement.
Denominator	
Denominator definition	Alcohol and other Drugs Activity Based Funding target for the year to date in NWAU.
Denominator source	LHD Activity Targets
Denominator availability	
Inclusions	• Facilities in scope of ABF in 2025-26 Non Admitted in-scope services are based on the principles outlined in the Independent Hospital Pricing Authority National Efficient Price Determination 2025-26, Tier 2 Non-admitted Services Definitions Manual 2025-26 – Version 9.1, and the Australian Institute of Health and Welfare Non-admitted Patient Care Hospital Aggregate National Minimum Data Set Specifications for 2025-26. There are, however, NSW Health scope variations to those outlined in the IHPA determination. Specific details of record inclusions criteria for this performance indicator and the national weighted activity unit allocation process are outlined in the "Non-admitted Patient Activity Post Load Reporting Compendium for 2025-26". Non-admitted patient services included in this measure must meet all of the following criteria: • The service must contain clinical / therapeutic content that warrants a clinical note being made in the patient's medical record. • The service must be a direct service provided to the patient (i.e. the patient (or his/her proxy), participated in the service either via face to face

attendance, telephone, Telehealth / video-conference or other technology that enables interactive participation).
- The patient must be a non-charge patient and principal funding source of the service must be the NSW State Health budget, or activity funded via a NSW Health bulk purchasing agreement with Department of Veterans' Affairs, the NSW Motor Accident Authority, NSW Work Cover, or the Disability Support Scheme
- The service unit that delivered the service must be registered in HERO and classified to an establishment type category that maps to a NSW ABF funded national Tier 2 Services Classification (Version 9.1) for the 2025-26 Service Agreement.
- The service unit must have a parent hospital or community health service, as recorded in HERO, that the LHD / SHN and MOH has agreed to fund on an ABF basis for the 2025-26 Service Agreement.

Exclusions

The following non-admitted patient services are excluded:

- Non-admitted patient services that are funded via revenue collected by the Local Health District / Specialist Health Network (such as privately referred non-admitted patients and direct federal funding program agreements), or direct revenue from a compensation fund or DVA that is not covered by a NSW Health bulk purchasing agreement.
- Non-admitted patient support services (services that do not contain clinical / therapeutic content, or do not warrant a note being made in the patient's medical record or were provided by someone who was not a health care professional).
- Non-admitted patient services provided by hospitals or community health services that the LHD / SHN and MOH has agreed to fund on a block funding basis for the 2024-25 Service Agreement. Note: This list differs from the national NWAU determination.
- Non-admitted patient services provided by service units funded under the Mental Health funding program
- Any Service Unit which is assigned to an expired NSW Service Unit Establishment Type
- Any service provider where the client / patient (or his / her proxy) did not interact with the health care provider (e.g. case conferences, case planning and case review services).
- Services provided to patients that are an admitted patient of a NSW Health hospital or under the care of a NSW Health Emergency Department at the time the service was provided.

Targets

N/A

Related Policies/ Programs

Activity Based Funding

Useable data available from

2009/10

Frequency of Reporting

Quarterly

Time lag to available data

6 – 7 weeks

Business owners	
Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	4
Data domain	N/A
Date effective	July 2009
Related National Indicator	National Efficient Price Determination 2025-26 National Efficient Price Determination 2025–26 | Resources | IHACPA METeOR ID 764452 Non-admitted patient service event—non-admitted service classification, code (Tier 2 - Version 9.1) NN.NN https://meteor.aihw.gov.au/content/781588

INDICATOR: DSR_7401	**Asset Maintenance Expenditure** – as a proportion of asset replacement value (%)

Shortened Title	Asset Maintenance Expenditure
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.3
Scope	Maintenance expense includes all costs incurred in planning, supervising, managing or executing works involved in or related to maintaining capitalised assets owned or controlled by Public Health Organisations and extends to maintenance for buildings, plant and equipment (including medical equipment) recognized on the balance sheet.
Goal	To minimise asset maintenance related risks and obtain expected economic benefits of assets.
Desired outcome	Better management of required maintenance levels to ensure compliant, safe, and fit for purpose assets.
Primary point of collection	General ledger, maintenance expense and gross carrying amounts.
Data Collection Source/System	Maintenance Expense: • Maintenance contracts • Repairs & Maintenance / Non Contract • Other Maintenance expenses • Maintenance Expense – Contracted Labour and Other (Non-Employee Related) • Employee Related Expense • New and Replacement Equipment under $10,000 Asset Replacement Value (ARV) through Asset Gross Carrying amounts for: • Buildings (excluding Works In Progress) • Plant & Equipment (excluding Works In Progress)
Primary data source for analysis	Oracle Stafflink
Indicator definition	The amount of money spent within a Financial Year maintaining assets, divided by the Asset Replacement Value (ARV) of the assets being maintained, expressed as a percentage *or in other words* Maintenance Expense ($) as a percentage (%) of Asset Replacement Value ($)

	or in mathematical terms
	Maintenance Expense per Asset Replacement Value (%) = Total Maintenance Expense ($) x 100 / Total Asset Replacement Value ($)
Numerator	
Numerator definition	Total maintenance expense (excluding new and replacement equipment under $10,000) across PHOs per quarter (quarter of Financial Year) for building and plant and equipment assets (including medical equipment) that is recognised on the balance sheet
Numerator source	Maintenance Expense accounts
Numerator availability	Available monthly, reported quarterly
Denominator	
Denominator definition	Total value of building and plant and equipment assets (including medical equipment) recognised on the balance sheet across PHOs.
Denominator source	The PPE Reconciliation Note in the Financial Statements
Denominator availability	Available monthly, reported quarterly
Inclusions	Included PHOs: • All Local Health Districts • HealthShare • Ambulance Service of NSW • Sydney Children's Hospital Network • NSW Pathology • Plus: 'Total of included entities' Capitalised building and plant and equipment assets (including medical equipment) recognised on balance sheet. Maintenance expenses include labour and materials for maintenance works.
Exclusions	Excluded from calculations of ARV: • Work In Progress • New and replacement equipment under $10,000 Excluded from calculations of Maintenance Expense • Major inspection costs of capitalized assets where costs are recognised in the carrying amount of the asset
Target	2.15 • Performing: ≥2.15 • Not performing: <1.15 • Under performing: ≥1.15 and <2.15 The indicator allows comparisons of the expenditures for maintenance between Public Health Organisations, as well as to performance in last Financial Year's quarter.

	The ARV is used in the denominator to normalise the measurement given that asset portfolios vary in size and value. This indicator will also be used as a Whole-of-Government indicator under Treasury's Financial Management Transformation (FMT) program as well as an indicator under Property NSW's Property Asset Utilisation Taskforce (PAUT) Phase II reforms.
Context	• Health Asset Management reform program • Financial Management Transformation (FMT) program • Property Asset Utilisation Taskforce (PAUT) Phase II reforms
Related Policies/ Programs	
Useable data available from	Quarterly year to date
Frequency of Reporting	Upon availability of end of quarter financial data
Time lag to available data	
Business owners	**MOH Financial Services and Asset Management Division**
Contact - Policy	Director Asset Management, Financial Services and Asset Management Division
Contact - Data	Director, Financial Accounting, Financial Services and Asset Management Division
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	N.NN
Minimum size	3
Maximum size	3
Data domain	30 June 2017
Date effective	N/A
Related National Indicator	

INDICATOR: KPI22-01	**Capital Renewal Ratio:** Capital Renewal as a proportion of asset replacement (%)

Shortened Title	Capital Renewal Ratio
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.0
Scope	Local Health Districts, Specialty Networks, NSW Ambulance Service, eHealth, Healthshare
Goal	To minimise asset capital maintenance related risks, obtain expected economic benefits of assets and align to industry standards.
Desired outcome	Better management of capital renewal levels to ensure compliant, safe, and fit for purpose assets.
Primary point of collection	Finance Managers, Asset Managers, Capital Works Managers
Data Collection Source/System	General ledger, Oracle Stafflink
Primary data source for analysis	General ledger, Oracle Stafflink
Indicator definition	The total amount of capital replacement and renewal expenditure as a proportion of the overall asset replacement cost annually.
Numerator	
Numerator definition	The total amount of capital maintenance expenditure, including minor capital works and locally funded initiatives used for replacement or renewal; Asset Replacement and Refurbishment Program (ARRP); and other capital subsidy works (e.g. COVID, floods, bushfire capital subsidy) used for replacement or renewal.
Numerator source	NSW Health financial management system.
Numerator availability	Data is available and captured in monthly reporting of capital expenditure to Ministry of Health Financial Services and Asset Management Division.
Denominator	
Denominator definition	The total asset replacement cost excluding intangible assets.
Denominator source	NSW Health financial management system and annual financial revaluation.
Denominator availability	Data is available and captured in financial revaluation statements.
Inclusions	• Minor capital works expenditure for replacement of renewal

	• Locally funded initiative projects for replacement or renewal • PPP capital maintenance expensing • Asset Replacement and Refurbishment Program (ARRP) • Other replacement or renewal capital subsidy expenditure (e.g. COVID, flood, bushfire)
Exclusions	• Major capital works delivered by Health Infrastructure • New technology or capital works or procurement • Intangible assets
Target	1.4% • Performing: ≥1.4 • Under performing: ≥0.8 and <1.4 • Not performing: <0.8
Context	The capital renewal ratio is an annually reported metric to Infrastructure NSW (INSW) as the primary assurance agency for NSW Treasury in accordance with the Government Asset Management for Public Sector Policy (TPP 19-07). INSW's State of infrastructure metrics note industry standard targets for capital renewal range from 1.7% to 2.5%. Given NSW Health's current level of asset management maturity and considering the agency level capital renewal ratio results since the inception of the NSW Government Asset Management Policy (TPP 19-07), the target of 1.4% has been identified as appropriate for NSW Health. Further review and definition of this target will be undertaken during the transition to TPP 19-07 compliance, and it is anticipated that the target may change as asset management maturity, capability and performance monitoring improves across NSW Health.
Related Policies/ Programs	NSW Government Asset Management for Public Sector Policy (TPP 19-07) NSW Health Asset Management Policy Statement (PD2020_038)
Useable data available from	1 July 2021
Frequency of Reporting	Upon availability of end of quarter financial data
Time lag to available data	Nil
Business owners	MoH Financial Services and Asset Management, Sustainability and Facilities Team
Contact - Policy	Director Asset Management Branch, FSAM, Ministry of Health.
Contact - Data	Capital and Treasury Reporting Branch, FSAM, Ministry of Health
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)

Representational layout	N.NN
Minimum size	3
Maximum size	4
Data domain	30 June 2017
Date effective	N/A

Related National Indicator

INDICATOR: KPI23-010 **Reducing off contract spend**

Shortened Title	Reducing Off Contract Spend
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.0
Scope	Financial Management.
Goal	Health Entities to identify, monitor and reduce off-contract spend.
Desired outcome	Health Entities to reduce off-contract spend
Primary point of collection	Health Entities
Data Collection Source/System	Health Entity monthly financial narrative
Primary data source for analysis	Health Entity monthly financial narrative
Indicator definition	Reduction of spend off-contract.
Numerator	
Numerator definition	Dollar Off Contract Spend.
Numerator source	Oracle Contract Spend Analysis Dashboard
Numerator availability	Oracle Contract Spend Analysis Dashboard
Denominator	
Denominator definition	Dollar of Total Spend.
Denominator source	Oracle Contract Spend Analysis Dashboard
Denominator availability	Oracle Contract Spend Analysis Dashboard from Q1 FY23/24
Inclusions	
Exclusions	
Targets	

Health Entity	Reduction in Off Contract Spend
Performing <=25% off contract spend (where purchases are made off contract) Under Performing >25% - =<60% off contract Not Performing >60% off contract spend	

Context	Health Entities are expected to identify, monitor and reduce off-contract spend.
Related Policies/ Programs	Procurement Reform
Useable data available from	Q1 FY23/24
Frequency of Reporting	Monthly TBD
Time lag to available data	Available at Month End
Business owners	Finance
Contact - Policy	Chief Financial Officer
Contact - Data	Chief Procurement Officer
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	1
Maximum size	6
Data domain	
Date effective	July 2023
Related National Indicator	

INDICATOR: KPI23-009	**Use of Whole of Government and Whole of Health Contracts**
Shortened Title	% Spend on contract
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.0
Scope	Financial Management.
Goal	Health Entities to identify, monitor percentage “spend on-contract”.
Desired outcome	Health Entities to increase use of whole of government contracts by increasing % 'spend on-contract'."
Primary point of collection	Health Entities
Data Collection Source/System	Health Entity monthly financial narrative (TBC by the CFO Office)
Primary data source for analysis	Health Entity monthly financial narrative (TBC by the CFO Office)
Indicator definition	Percentage Spend on contract - Proportion of spend in 'spend category' where purchases are made under a contract as per Oracle Contract Spend Dashboard.
Numerator	
Numerator definition	Dollar of spend on-contract.
Numerator source	Oracle Contract Spend Analysis Dashboard
Numerator availability	Oracle Contract Spend Analysis Dashboard
Denominator	
Denominator definition	Dollar total spend.
Denominator source	Oracle Contract Spend Analysis Dashboard TBC by the CFO Office
Denominator availability	Oracle Contract Spend Analysis Dashboard from Q1 FY23/24 TBC by the CFO Office
Inclusions	
Exclusions	
Targets	Target 75% spend on-contract • Performing >=75% • Under Performing <75% - >=40% • Not Performing <40%

Context	Health Entities are expected to identify, monitor and increase proportion of spend on contract.
Related Policies/ Programs	Procurement Reform
Useable data available from	Q1 FY23/24
Frequency of Reporting	Monthly
Time lag to available data	Available at Month End
Business owners	Finance
Contact - Policy	Chief Financial Officer
Contact - Data	Chief Procurement Officer
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	1
Maximum size	6
Data domain	
Date effective	July 2023
Related National Indicator	

INDICATOR: KPI2527	Energy Efficiency & Carbon Reduction: Annual Energy Savings as a Percentage of Total Energy Use
Shortened Title	Energy Efficiency & Carbon Reduction
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Draft
Version number	1.0
Scope	Applies to all Local Health Districts (LHDs), NSW Ambulance Service, NSW Health Pathology, HealthShare NSW, and all public hospitals. All health facilities and offices consume grid electricity, natural gas, or non-automotive LPG. Fleet energy consumption is excluded
Goal	Reduce energy consumption and carbon footprint in NSW Health facilities, in line with the Net Zero 2030 and 2035 targets, while delivering financial savings through efficiency measures.
Desired outcome	1. Achieve a minimum 3% reduction in total energy use annually across NSW Health facilities through energy efficiency upgrades and renewable energy projects. 2. Contribute to the 50% reduction in carbon emissions by 2030 and 70% by 2035. 3. Reduce reliance on grid electricity through enhanced on-site renewable energy generation (solar, battery storage, etc.).
Primary point of collection	Facility Asset Managers, Energy Managers, and Energy Project Managers within each health district. Department of Climate Change, Energy, Environment and Water (DCCEEW), holding all government contract data.
Data Collection Source/System	• AFM Online (NSW Health asset register). • Utility billing records (electricity, gas, and LPG consumption).

	• Renewable energy generation data (solar PV, battery storage). • Centralised Analysis System for Performance of Energy and Resources (all of government contract energy consumption)
Primary data source for analysis	Utility provider data from energy meters and billing records. Enterprise data warehouses and renewable energy system outputs.
Indicator definition	Measures the current year normalised energy use as a percentage of the previous year's normalized total energy use to reflect actual energy efficiency gains
Numerator	
Numerator definition	The total energy use (in kWh or GJ) of current financial year normalized to total occupied bed days
Numerator source	Utility billing records, CASPER, and renewable energy generation data, EDWARD
Numerator availability	Direct measurement from sub-metering and utility records after a minimum 3 months of implementation.
Denominator	
Denominator definition	Total energy use (in kWh or GJ) of for the previous financial year, normalized to occupied beddays.
Denominator source	Utility billing records, CASPER, and renewable energy generation data, EDWARD
Denominator availability	Direct measurement from sub-metering and utility records. EDWARD
Inclusions	All NSW Health facilities consuming electricity, gas, and LPG. On-site renewable energy contributions (e.g., solar PV, battery storage).
Exclusions	Fleet fuel consumption (automotive LPG, diesel, petrol).

Targets	Target: normalized energy savings per year benchmarked against previous financial year's normalized energy use Performing: >=3% Under Performing: >=1.5% and <3% Not Performing: <1.5%
Context	• The Net Zero Government Operations Policy (2024-25 to 2029-30) mandates 50% emissions reduction by 2030 and 70% by 2035. • Energy efficiency improvements are a key strategy in decarbonizing NSW Health operations while achieving cost savings and grid reliability. • Reducing hospital energy consumption contributes to lower operational costs and improved resilience. • Solar PV and battery storage projects help reduce grid dependence and increase on-site renewable generation.
Related Policies/ Programs	• NSW Net Zero Plan Stage 1 (2024-2030). • NSW Government Resource Efficiency Policy (GREP). • NSW Health Resource Efficiency Strategy.
Useable data available from	30 June 2025
Frequency of Reporting	Annually (financial)
Time lag to available data	3-4 months
Business owners	Financial Services and Asset Management, NSW Ministry of Health
Contact - Policy	Director, Financial Services and Asset Management moh-assetmanagement@health.nsw.gov.au
Contact - Data	NSW Health Energy Manager , Financial Services and Asset Management moh-assetmanagement@health.nsw.gov.au
Representation	

Data type	Numeric
Form	Number, presented as a percentage
Representational layout	NN.NN%
Minimum size	1
Maximum size	5
Data domain	N/A
Date effective	N/A
Related National Indicator	Climate Change Act 2022 (Cth). National Greenhouse Accounts Factors, Department of Climate Change, Energy, the Environment, and Water.

INDICATOR: KPI2526a, KPI2526b, KPI2526c, KPI2526d	Minor Complexity Medical Diagnosis Related Groups Average Length of Stay • E65B Chronic Obstructive Pulmonary Disease Minor Complexity *(KPI2526a)* • F62B Heart Failure and Shock Minor Complexity *(KPI2526b)* • J64B Cellulitis Minor Complexity *(KPI2526c)* • L63B Kidney and Urinary Tract Infections Minor Complexity (adults) *(KPI2526d)*
Shortened Title	Medical average length of stay
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	Strategy 6: The health system is managed sustainably
Status	Draft
Version number	1.0
Scope	All acute episodes (excluding hospital in the home) for the specified medical diagnosis related groups (DRGs) for public hospitals in peer groups A1 to D1a in NSW.
Goal	To reduce unexplained variation in length of stay for the specified minor complexity medical cohorts through promotion of best practice models of care
Desired outcome	Improved models of care enhance patient experience and outcomes and safely reduce length of stay in hospital
Primary point of collection	Patient Medical Record
Data Collection Source/System	Admitted Patient Data Collection, Hospital Patient Admission Systems (PAS)
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) – Local Reporting Solution (LRS)
Indicator definition	The average length of stay for acute episodes (excluding hospital in the home) for the specified minor complexity medical cohorts. Average length of stay = sum of episode length of stay / number of episodes

Numerator

Numerator definition	Total length of stay for acute episodes (excluding hospital in the home) included in the denominator for the specified medical diagnosis related groups (DRGs) for public hospitals in peer groups A1 to D1a in NSW. Episode length of stay is the difference from episode end date (Service Event end date) and episode start date (Service Event start date) minus any leave days. It is measured in days. Length of stay is trimmed to upper bound or lower bound for outliers (three standard deviations from the mean). Length of stay is joined for collaborative/contracted care transfer. For L63B Kidney and Urinary Tract Infections Minor Complexity the numerator is restricted to adults (ages 17+)
Numerator source	EDWARD
Numerator availability	Available

Denominator

Denominator definition	Total number of acute episodes (excluding hospital in the home) for the specified medical diagnosis related groups (DRGs) for public hospitals in peer groups A1 to D1a in NSW For L63B Kidney and Urinary Tract Infections Minor Complexity the denominator is restricted to adults (ages 17+)
Denominator source	EDWARD
Denominator availability	Available
Inclusions	**Denominator inclusions:** Diagnosis Related Groups (DRGs): E65B, F62B, J64B, L63B (adults ages 17+) Reporting Period: based on (SERVICE_EVENT_END_DATETIME)

Peer Group: A1 to D1a

Care type: SERIVCE_EVENT_SERVICE_CATEGORY_CODE = '1'

Exclusions

Numerator exclusions:

Episodes with hospital in the home (HEALTH_SERVICE_BED_TYPE_CODE '25', '26' or '28'- Expired)

Denominator exclusions:

ED only admission (ED Short Stay Unit admission) and Non-admitted patient service: SERVICE_EVENT_TYPE_CODE ('1' and '4')

Episodes with days in psychiatric units:
COUNT_TOTAL_SE_PSYC_BED_DAY_COUNT > 0

Death or Transfer within 2 days:
Discharge Mode Code in
FORMAL_DISCHARGE_MODE_CODE/
FRML_DISCH_MODE_CD ('4', '5', '6', '7', '12', '21') and
Episode Length of stay < 2

Episodes with hospital in the home (
HEALTH_SERVICE_BED_TYPE_CODE Bed types '25', '26' or '28' - Expired)

Targets

The targets for Local Health Districts and Specialty Health Networks are set for a 12-month rolling period (12 months to date).

Risk-adjusted target

E65B Chronic Obstructive Pulmonary Disease Minor Complexity

	Length of stay 2023/24			
LHD/N	**Episodes**	**Total LOS**	**Expected LOS**	**ALOS**
CCLHD	**827**	**2,200**	**2,669**	**2.7**
FWLHD	**54**	**197**	**171**	**3.6**
HNELHD	**1,211**	**4,360**	**3,916**	**3.6**
ISLHD	**343**	**945**	**1,120**	**2.8**
MLHD	**376**	**1,214**	**1,113**	**3.2**
MNCLHD	**430**	**1,296**	**1,347**	**3.0**

NBMLHD	**407**	**1,379**	**1,307**	**3.4**
NNSWLHD	**525**	**1,656**	**1,688**	**3.2**
NSLHD	**225**	**715**	**703**	**3.2**
SESLHD	**408**	**1,124**	**1,316**	**2.8**
SLHD	**400**	**1,289**	**1,265**	**3.2**
SNSWLHD	**312**	**1,053**	**974**	**3.4**
SVHN	**36**	**94**	**99**	**2.6**
SWSLHD	**985**	**3,062**	**3,113**	**3.1**
WNSWLHD	**432**	**1,289**	**1,354**	**3.0**
WSLHD	415	1,301	1,273	3.1

F62B Heart Failure and Shock Minor Complexity

	Length of stay 2023/24			
LHD/N	**Episodes**	**Total LOS**	**Expected LOS**	**ALOS**
CCLHD	471	1,784	1,895	3.8
FWLHD	31	132	128	4.3
HNELHD	870	3,814	3,471	4.4
ISLHD	335	1,195	1,351	3.6
MLHD	291	1,202	1,112	4.1
MNCLHD	307	1,064	1,206	3.5
NBMLHD	292	1,456	1,174	5.0
NNSWLHD	336	1,246	1,347	3.7
NSLHD	335	1,322	1,311	3.9
SESLHD	499	1,592	1,954	3.2
SLHD	485	1,973	1,922	4.1
SNSWLHD	257	1,059	1,008	4.1
SVHN	55	180	201	3.3
SWSLHD	993	4,080	3,826	4.1
WNSWLHD	247	949	992	3.8
WSLHD	375	1,594	1,426	4.3

J64B Cellulitis Minor Complexity

	Length of stay 2023/24			
LHD/N	**Episodes**	**Total LOS**	**Expected LOS**	**ALOS**
CCLHD	846	1,961	2,003	2.3
FWLHD	61	152	143	2.5
HNELHD	1,607	4,437	3,869	2.8
ISLHD	597	1,033	1,334	1.7
MLHD	355	922	738	2.6
MNCLHD	457	1,077	1,066	2.4
NBMLHD	691	1,401	1,539	2.0
NNSWLHD	725	1,542	1,711	2.1
NSLHD	810	1,727	1,835	2.1
SCHN	262	528	452	2.0
SESLHD	1,118	2,008	2,448	1.8
SLHD	894	1,699	1,906	1.9
SNSWLHD	260	804	625	3.1
SVHN	203	280	457	1.4
SWSLHD	1,697	3,594	3,675	2.1
WNSWLHD	481	1,149	1,154	2.4
WSLHD	1,145	1,888	2,273	1.6

L63B Kidney and Urinary Tract Infections Minor Complexity (adults aged 17+)

	Length of stay 2023/24			
LHD/N	**Episodes**	**Total LOS**	**Expected LOS**	**ALOS**
CCLHD	633	1,341	1,517	2.1
FWLHD	29	108	76	3.7
HNELHD	1,029	2,730	2,465	2.7
ISLHD	503	964	1,215	1.9
MLHD	324	727	657	2.2
MNCLHD	447	1,000	1,064	2.2
NBMLHD	410	1,015	930	2.5
NNNSWLHD	563	1,173	1,309	2.1
NSLHD	596	1,261	1,372	2.1
SESLHD	893	1,722	2,022	1.9
SLHD	767	1,686	1,761	2.2

SNSWLHD	201	589	493	2.9
SVHN	185	230	358	1.2
SWSLHD	1,365	3,169	3,128	2.3
WNSWLHD	331	827	765	2.5
WSLHD	707	1,435	1,488	2.0

The risk adjusted targets are based on the NSW Ministry of Health Whole of Health Program Relative Stay Index (RSI). The RSI compares actual length of stay to expected length of stay given patient clinical conditions and personal characteristics. The risk adjustment factors are: hospital peer group, casemix (Diagnosis Related Group), age groups and sex, seasons, day of the week, mode of separation (including if a person was transferred to another facility), emergency vs planned admission, a history of COVID, living alone, assisted living, low socioeconomic status (in particular unstable accommodation), rurality, hospital in the home/non hospital in the home.

RSI results for Financial Year 2023/24 (the latest available results at the time of indicator development) are used to set the risk-adjusted length of stay targets for Financial Year 2025/26.

Context

Long lengths of stay in hospital can increase the risk of adverse events such as hospital acquired complications, create bed block, and increase hospital costs that could be saved or directed to other services.

These four medical cohorts were selected for length of stay targets on the basis that they are: minor complexity, high volume, have large length of stay variation (after risk adjustment), and large potential bed day savings.

There are alternative models of care available for these four medical cohorts to support a reduction in hospital length of stay.

Related Policies/ Programs

Useable data available from

Relative Stay Index data is available from Financial Year 2018/19

Frequency of Reporting

Biannual

Time lag to available data

6-8 weeks post discharge (for diagnosis coding)

Business owners

Contact - Policy	Executive Director, System Purchasing Branch
Contact - Data	Executive Director, System Information and Analytics Branch
Representation	
Data type	Numeric
Form	Number, presented as total length of stay divided by total episodes
Representational layout	NN.N
Minimum size	3
Maximum size	4
Data domain	Average length of stay in days
Date effective	1 July 2025
Related National Indicator	http://meteor.aihw.gov.au/content/index.phtml/itemId/401254 Australian Institute of Health and Welfare (AIHW) Episode of admitted patient care – length of stay https://meteor.aihw.gov.au/content/269982 Note: Specification for the NSW Ministry of Health Relative Stay Index differ from those for the AIHW length of stay indicator

INDICATORS: KPI2507a, KPI2507b, KPI2507c, KPI2507d, KPI2507e, KPI2507f, KPI2507g, KPI2507h	Same Day Surgery Performance for Targeted Procedures (%)
	• D06Z / IPC 185 – Functional Endoscopic Sinus Surgery *(KPI2507a)* • D10Z / IPC 011 – Septoplasty *(KPI2507b)* • D11Z / IPC 012 – Tonsillectomy *(KPI2507c)* • G10B / IPC 007 – Inguinal hernia *(KPI2507d)* • H08B / IPC 002 – Laparoscopic Cholecystectomy (elective) *(KPI2507e)* • J06B / IPC 030 – Mastectomy *(KPI2507f)* • N04B / IPC 006 – Abdominal Hysterectomy (included lap assisted) *(KPI2507g)* • K06B / IPC 079 – Thyroidectomy / Hemithyroidectomy *(KPI2507h)*
Shortened Title	Same day surgery – targeted procedures
Service Agreement Type	Improvement Measure
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.0
Scope	All surgery patients who are admitted for a planned procedure in the identified target group in NSW public hospitals.
Goal	To ensure that planned surgical patients receive their surgery within the clinically recommended timeframe in NSW public hospitals
Desired outcome	Better management of waiting lists to minimise waiting time for planned surgery.
Primary point of collection	Patient administration clerical staff.
Data Collection Source/System	Admitted patient data collection
Primary data source for analysis	Enterprise Data Warehouse (EDWARD) - Local Reporting Solution (LRS)
Indicator definition	The percentage (%) of all planned surgery admitted patient episodes of care (service events) in the included target group who were treated as Day Only (DO). This group of DRGs has been identified as being suitable for DO admission and is not exclusive. Other DRGS may appropriately be admitted as DO.
Numerator	

Numerator definition	The number of planned surgery admitted patient service events in the target group who were treated as DO (Admission date = Discharge date) in NSW public hospitals.
Numerator source	Admitted Patient Data Collection
Numerator availability	Monthly

Denominator

Denominator definition	The total number of planned admitted patient service events in the target group in NSW public hospitals.
Denominator source	Admitted Patient Data Collection
Denominator availability	Monthly

Inclusions

Planned surgery admitted patient service events with the target DRG and IPC in a public hospital.

- D06Z Sinus and complex middle ear interventions and 185 Functional Endoscopic Sinus Surgery
- D10Z Nasal Interventions and 011 Septoplasty
- D11Z Tonsillectomy and Adenoidectomy and 012 Tonsillectomy (+/- adenoidectomy)
- G10B Hernia Interventions, Minor Complexity and
    - 007 Inguinal herniorrhaphy
    - 028 Femoral herniorrhaphy
    - 029 Repair of umbilical hernia
    - 078 Repair incisional hernia
    - 094 Repair of hiatus hernia
    - 177 Hernia – epigastric, repair
- H08B Laparoscopic Cholecystectomy, Minor Complexity and 002 Cholecystectomy (including laparoscopic) - Acute Cholecystitis
- J06B Major Interventions for Breast Disorders, Minor Complexity and 030 Mastectomy
- N04B Hysterectomy for Non-Malignancy, Minor Complexity and 006 Abdominal
- K06B Thyroid Interventions, Minor Complexity and 079 Thyroidectomy/Hemi thyroidectomy

Exclusions

- Emergency Admissions, Service Event and Admitted (Formal Admission Urgency Code = 1 Emergency)
- Periods of time a patient is in the "Hospital in the Home" program (Bed type = 25)

Targets

Individual target for each procedure

KPI ID	DRG	Procedure (based on IPC)	Target
KPI2507a	D06Z	185 Functional Endoscopic Sinus Surgery	95%
KPI2507b	D10Z	011 Septoplasty	95%
KPI2507c	D11Z	012 Tonsillectomy (+/- adenoidectomy)	90%
KPI2507d	G10B	007 Inguinal herniorrhaphy 028 Femoral herniorrhaphy 029 Repair of umbilical hernia 078 Repair incisional hernia 094 Repair of hiatus hernia 177 Hernia – epigastric, repair	90%
KPI2507e	H08B	002 Cholecystectomy (including laparoscopic) - Acute Cholecystitis	75%
KPI2507f	J06B	030 Mastectomy	75%
KPI2507g	N04B	006 Hysterectomy	15%
KPI2507h	K06B	079 Thyroidectomy/hemi-thyroidectomy	15%

Context

To ensure timely access to planned surgery, these measures contribute to achieving the same day surgery key performance indicator.

Increasing same day surgery, where it is safe to do so, is a strategy for increasing the proportion of patients receiving their planned surgery within clinically recommended timeframes in NSW public hospitals.

Related Policies/ Programs

- Elective Surgery Access Policy
  Surgical Care Strategic Committee
- Agency for Clinical Innovation: Surgical Care Network
- Agency for Clinical Innovation Extended Day Only and Day Only guideline

Useable data available from

July 2021

Frequency of Reporting

Monthly

Time lag to available data

2 months

Business owners

Contact - Policy

Executive Director, System Purchasing Branch

Contact - Data

Executive Director, System Information and Analytics Branch (MOH-SystemsInformationAndAnalytics@health.nsw.gov.au)

Representation

Data type

Numeric

Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	3
Maximum size	5
Data domain	N/A
Date effective	1 November 2023
Related National Indicator	N/A