2023–24

KPI AND IMPROVEMENT MEASURE

DATA SUPPLEMENT

PART 1 OF 2

KEY PERFORMANCE INDICATORS

NSW GOVERNMENT | **Health**

Version 2.1

October 2023

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
07/10/2022	KS2142	Potentially Preventable Hospital Services (%)	Business Owners Updated
07/10/2022	SIC108	Electronic Discharge Summaries: sent electronically and accepted by a GP Broker system (%)	Business Owners Updated
1/11/2022	SSA140	Breast Screen participation rates	Targets adjusted
1/11/2022	KS2140	Third or Fourth Degree Perineal Lacerations (Rate per 10,000 episodes of care)	Wording adjustments
1/11/2022	KSA202	Emergency Department Extended Stays: Mental Health Presentations staying in ED > 24 hours (number)	Corrected error in indicator definition
3/11/2022	SSQ114	Discharged Against Medical Advice for Aboriginal Inpatients (%)	Minor wording changes and update to related policies.
3/11/2022	SSQ106, SSQ107	Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation (%)	Minor wording changes
3/11/2022	PH-013A, SPH007	Smoking during pregnancy - At any time: (Number)	Update to related policies
3/11/2022	SPH012	Children fully immunised at one year of age (%)	Minor wording changes
3/11/2022	KS2410	Aboriginal Paediatric Patients Undergoing Otitis Media Procedures (number)	Update to targets and related documents list
3/11/2022	DPH_1201	Pregnant Women Quitting Smoking - By the second half of pregnancy (%)	Update to related policies list
3/11/2022	SPC108	Aboriginal Workforce Participation: Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations: (%)	Update to context
3/11/2022	KPI21-01	Staff Engagement and Experience – People Matter Survey - Racism experienced by staff - Variation from previous survey (%)	Update to related policies list
3/11/2022	SSA101	Emergency Treatment Performance - Admitted (%)	Contact details updated
3/11/2022	KSA202	Emergency Department Extended Stays: Mental Health Presentations staying in ED > 24 hours (number)	Update to related policies list
3/11/2022	SSA105	Emergency Department Presentations Treated within Benchmark Times – Triage 1 to 3 (%)	Update to related policies list
3/11/2022	KSA101	Transfer of Care – patients transferred from Ambulance to ED≤ 30 minutes (%)	Update to related policies list
4/11/2022	KS2302	Patient Engagement Index – adult admitted patients (Number)	Targets updated

Date	Indicator No.	Measure	Version Control Change
4/11/2022	PH-011C	Get Healthy Information and Coaching Service – Get Healthy in Pregnancy Referrals (% variance from target)	Wording changes and update to targets.
4/11/2022	MS1102	Childhood Obesity: Children with height/length and weight recorded	Multiple minor changes to wording
8/11/2022	KPI21-03	Ethics Application Approvals - By the Human Research Ethics Committee within 75 calendar days - Involving greater than low risk to participants (%)	Change within 90 days to within 75 days. Update to related policies.
8/11/2022	KPI21-04	Research Governance Application Authorisations – Site specific Within 45 calendar days - Involving greater than low risk to participants (%)	Change within 60 days to within 45 days. Update to related policies.
8/11/2022	KS4401	Compensable Workplace Injury - Claims (% of change over rolling 12 month period)	Update to related policies.
8/11/2022	SPC108	Aboriginal Workforce Participation: Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations: (%)	Update to target plus context and related policies.
9/12/2022	MS1102	Childhood Obesity: Children with height/length and weight recorded	Multiple minor changes to wording
17/01/2023	IM22-004b	Incomplete Emergency Department Attendances: Aboriginal Patients who departed from an ED with a "Did not wait" or "Left at own risk" status (%)	Isolated the Aboriginal Disaggregation of an existing ED Did Not Wait Improvement Measure and upgraded it to a new KPI.
30/01/2023	KPI21-02	NSW Health First 2000 Days Implementation Strategy - Delivery of the 1-4 week health check (%)	Update to frequency of reporting
30/01/2023	KF-0061, KF-0062	Sustaining NSW Families Programs: Families completing the program when child reached 2 years of age (%) (KF-0061) Families enrolled and continuing in the program (%) (KF-0062)	Update to dates
16/02/2023	SIC108	Electronic Discharge Summaries: sent electronically and accepted by a GP Broker system (%)	Moved to Improvement Measures
22/02/2023	SPH012	Children fully immunised at one year of age (%)	Disaggregated by Aboriginal and Non-Aboriginal Children.
22/02/2023	KPI23-001	Children fully immunised at five years of age (%)	New KPI
22/02/2023	KPI23-002	Human Papillomavirus Vaccination (%) - Percentage (%) of 15 year olds receiving a course of HPV vaccine, disaggregated by: i. adolescent girls ii. adolescent boys	New KPI
02/03/2023	KS2410	Aboriginal Paediatric Patients Undergoing Otitis Media Procedures (number)	Update to footnote
14/02/2023	SSA105	Emergency Department Presentations Treated within Benchmark Times – Triage 1 to 3 (%)	Update to Triage targets
28/03/2023	SSQ114	Discharged Against Medical Advice for Aboriginal Inpatients (%)	Addition of clarifying detail to period ("as at 30th June").

Date	Indicator No.	Measure	Version Control Change
28/03/2023	KPI23-003	Dental Access Performance: Non-Admitted Dental Patients Treated on Time (%)	New KPI
17/04/2023	SSQ114	Discharged Against Medical Advice for Aboriginal Inpatients (%)	Adjustment to wording of target
26/04/2023	AI-001	Purchased Activity Volumes – Variance: Acute Admitted – NWAU (%)	Updated content for NWAU23; removed HIE criteria
26/04/2023	ED-001	Purchased Activity Volumes – Variance: Emergency Department - NWAU (%)	Updated content for NWAU23; removed HIE criteria
26/04/2023	NA-001	Purchased Activity Volumes – Variance: Non-admitted Patient - NWAU (%)	Updated content for NWAU23; removed exclusions for COVID-19 consultation clinics (Est Types 32.57 and 32.58)
26/04/2023	SA-001	Purchased Activity Volumes – Variance: Sub and non-acute admitted - NWAU (%)	Updated content for NWAU23; removed HIE criteria
26/04/2023	KS8101	Purchased Activity Volumes – Variance: Mental Health Admitted - NWAU (%)	Updated content for NWAU23; removed HIE criteria
26/04/2023	MHDA-005	Purchased Activity Volumes – Variance: Mental Health Non-Admitted - NWAU (%)	Updated content for NWAU23
26/04/2023	PH-018A	Purchased Activity Volumes – Variance: Alcohol and other Drugs (Acute Admitted) - NWAU (%)	Updated content for NWAU23; removed HIE criteria
26/04/2023	PH-018B	Purchased Activity Volumes – Variance: Alcohol and other Drugs (Non-Admitted) - NWAU (%)	Updated content for NWAU23
11/05/2023	KPI23-004	Sustainability Towards 2030: Desflurane reduction: number of vials of Desflurane purchased as a percent of all volatile anaesthetic vials purchased	New KPI
11/05/2023	KPI23-005	Sustainability Towards 2030: Nitrous Oxide Reduction: Emissions Per Admitted Patient Service Event	New KPI
16/05/2023	KPI23-002	Human Papillomavirus Vaccination (%) - Percentage (%) of 15 year olds receiving a course of HPV vaccine	Amendment to wording of indicator and numerator/denominator to reflect single measure, not disaggregation.
23/05/2023	SSA101	Emergency Treatment Performance - Admitted (%)	Removed HIE criteria
23/05/2023	KSA202	Emergency Department Extended Stays: Mental Health Presentations staying in ED > 24 hours (number)	Removed HIE criteria; updated link to SNOMED mapping file
23/05/2023	SSA105	Emergency Department Presentations Treated within Benchmark Times – Triage 1 to 3 (%)	Removed HIE criteria
23/05/2023	IM22_004b	Incomplete Emergency Department Attendances: Aboriginal Patients who departed from an ED with a "Did not wait" or "Left at own risk" status (%)	Removed HIE criteria
23/05/2023	KSA101	Transfer of Care – patients transferred from Ambulance to ED≤ 30 minutes (%)	Removed HIE criteria
23/05/2023	KS2142	Potentially Preventable Hospital Services (%)	Removed HIE criteria
23/05/2023	KS2128	Hospital Acquired Pressure Injuries (Rate per 10,000 admitted patient service events)	Removed HIE criteria; updated DRG version to V11.0; identified service event type code

Date	Indicator No.	Measure	Version Control Change
23/05/2023	KS2129	Fall-Related Injuries in Hospital – Resulting in fracture or intracranial injury (Rate per 10,000 admitted patient service events)	Removed HIE criteria; updated DRG version to V11.0; identified service event type code
23/05/2023	KS2130	Healthcare Associated Infections (Rate per 10,000 admitted patient service events)	Removed HIE criteria; updated DRG version to V11.0; identified service event type code
23/05/2023	KS2131	Hospital Acquired Respiratory Complications (Rate per 10,000 admitted patient service events)	Removed HIE criteria; updated DRG version to V11.0; identified service event type code
23/05/2023	KS2132	Hospital Acquired Venous Thromboembolism (Rate per 10,000 admitted patient service events)	Removed HIE criteria; updated DRG version to V11.0; identified service event type code
23/05/2023	KS2133	Hospital Acquired Renal Failure (Rate per 10,000 admitted patient service events)	Removed HIE criteria; updated DRG version to V11.0; identified service event type code
23/05/2023	KS2134	Hospital Acquired Gastrointestinal Bleeding (Rate per 10,000 admitted patient service events)	Removed HIE criteria; updated DRG version to V11.0; identified service event type code
24/05/2023	KS2135	Hospital Acquired Medication Complications (Rate per 10,000 admitted patient service events)	Removed HIE criteria; updated DRG version to V11.0; identified service event type code
24/05/2023	KS2136	Hospital Acquired Delirium (Rate per 10,000 admitted patient service events)	Removed HIE criteria; updated DRG version to V11.0; identified service event type code
24/05/2023	KS2137	Hospital Acquired Incontinence (Rate per 10,000 admitted patient service events)	Removed HIE criteria; updated DRG version to V11.0; identified service event type code
24/05/2023	KS2138	Hospital Acquired Endocrine Complications (Rate per 10,000 admitted patient service events)	Removed HIE criteria; updated DRG version to V11.0; identified service event type code
24/05/2023	KS2139	Hospital Acquired Cardiac Complications (Rate per 10,000 admitted patient service events)	Removed HIE criteria; updated DRG version to V11.0; identified service event type code
24/05/2023	KS2140	Third or Fourth Degree Perineal Lacerations (Rate per 10,000 admitted patient service events)	Removed HIE criteria; identified service event type code
24/05/2023	KS2141	Hospital Acquired Neonatal Birth Trauma (Rate per 10,000 admitted patient service events)	Removed HIE criteria; identified service event type code
24/05/2023	SSQ114	Discharged Against Medical Advice for Aboriginal Inpatients (%)	Removed HIE criteria
24/05/2023	SSQ106 & SSQ107	Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation (%)	Removed HIE criteria
24/05/2023	KQS206	Mental Health: Acute Seclusion Occurrence – (Episodes per 1,000 bed days)	Removed HIE criteria
24/05/2023	SSQ124	Mental Health: Frequency of Seclusion (%)	Removed HIE criteria
24/05/2023	KQS204	Mental Health Acute Post-Discharge Community Care - Follow up within seven days (%)	Removed HIE criteria

Date	Indicator No.	Measure	Version Control Change
24/05/2023	KQS203	Mental Health: Acute Readmission - within 28 days (%)	Removed HIE criteria
24/05/2023	SSQ127	Mental health: Involuntary Patients Absconded from an Inpatient Mental Health Unit – Incident Types 1 and 2 (rate per 1,000 bed days)	Removed HIE criteria
24/05/2023	PI-03	Hospital in the Home: Admitted Activity (%)	Removed HIE criteria; identified inclusion OSP Identifiers for APAC and Balmain Hospital
24/05/2023	IM21-006	Inpatient Discharge Performance: Inpatient Discharges from ED Accessible and Rehabilitation Beds by Midday (%)	Removed HIE criteria
24/05/2023	KS2410	Aboriginal Paediatric Patients Undergoing Otitis Media Procedures (number)	Removed HIE criteria
24/05/2023	KPI21-02	NSW Health First 2000 Days Implementation Strategy - Delivery of the 1-4 week health check (%)	Removed HIE criteria
26/05/2023	SSA108, SSA109, SSA110	Overdue Elective Surgery Patients (Number)	Updates to source system, numerator inclusions, exclusions and related policies; removed HIE criteria
30/05/2023	KPI23-005	Sustainability Towards 2030: Nitrous Oxide Reduction: Emissions Per Admitted Patient Service Event	Change to wording of goal
30/05/2023	KPI23-004	Sustainability Towards 2030: Desflurane reduction: number of vials of Desflurane purchased as a percent of all volatile anaesthetic vials purchased	Adjustment to exclusions wording (not change to actual exclusions).
30/05/2023	KPI23-006	Waste Streams - Resource Recovery and Diversion from Landfill (%)	New KPI
31/05/2023	KPI23-007	Energy Use Avoided Through Energy Efficiency and Renewable Energy Project Implementation (%)	New KPI
31/05/2023	KPI23-008	Passenger Vehicle Fleet Optimisation (% Cost Reduction)	New KPI
07/06/2023	KPI23-009	Use of Whole of Government and Whole of Health Contracts	New KPI
07/06/2023	KPI23-010	Reducing Off Contract Spend	New KPI
07/06/2023	KPI23-011	Reducing Free Text Orders Catalogue Compliance -Reduce free text orders in the catalogue	New KPI
07/06/2023	KSA103a, KSA103b, KSA103c	Elective Surgery Access Performance: Elective Surgery Patients Treated on Time (%)	Updates to inclusions, exclusions, numerator and denominator.
15/06/2023	KPI22-003	Renal Supportive Care Enrolment: End-Stage Kidney Disease Patient (Number)	Updates to targets.
16/06/2023			Updated all KPIs that relate to Admitted Patient Service Events and added relevant Service Event Type Code.
16/06/2023			Updated 2023-24 targets for all Hospital Acquired Complication KPIs

Date	Indicator No.	Measure	Version Control Change
16/06/2023	KS2140	Third or Fourth Degree Perineal Lacerations (Rate per 10,000 admitted patient service events)	EDW field 'SE_REQ_SRC_TYP_CD' replaced by 'SE_ADM_MODE_NHDD_CD'.
16/06/2023	KS2141	Hospital Acquired Neonatal Birth Trauma (Rate per 10,000 admitted patient service events)	EDW field 'SE_REQ_SRC_TYP_CD' replaced by 'SE_ADM_MODE_NHDD_CD'.
16/06/2023	SSQ106; SSQ107	Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation (%)	EDW field 'SE_REQ_SRC_TYP_CD' replaced by 'SE_ADM_MODE_NHDD_CD'.
22/06/2023	KMH202	Mental Health Peer Workforce Employment – Full time equivalents (FTEs) (Number)	Updated targets
22/06/2023	KS2142	Potentially Preventable Hospital Services (%)	Updated links to latest version as per AIHW (ICD10AM codes updating from 10th Edition to 11th Edition); Excluded Hospital Boarder from numerator and denominator.
27/06/2023	KS2302	Mental Health Consumer Experience: Mental Health consumers with a score of Very Good or Excellent (%)	Added JHMFHN exclusion
27/06/2023	SSQ124	Mental Health: Frequency of Seclusion (%)	Added JHMFH targets
04/07/2023	KPI21-03	Ethics Application Approvals - By the Human Research Ethics Committee within 75 calendar days - Involving greater than low risk to participants (%)	Correction to the title.
04/07/2023	KPI21-04	Research Governance Application Authorisations – Site specific Within 45 calendar days - Involving greater than low risk to participants (%)	Correction to the title.
6/7/2023	KPI21-03	Ethics Application Approvals - By the Human Research Ethics Committee within 75 calendar days - Involving greater than low risk to participants (%)	Changed back to within 90 days from within 75 days as originally advised in November 22.
6/7/2022	KPI21-04	Research Governance Application Authorisations – Site specific Within 45 calendar days - Involving greater than low risk to participants (%)	Changed back to within 60 days from within 45 days as originally advised in November 22.
17/07/2023	KQS206	Mental Health: Acute Seclusion Occurrence – (Episodes per 1,000 bed days)	Reverting to previous indicator and numerator definition
17/07/2023	KQS203	Mental Health: Acute Readmission - within 28 days (%)	Added ECT numerator exclusion; added use if CL_ID_CBK in Numerator Source
17/07/2023	KQS204	Mental Health Acute Post-Discharge Community Care - Follow up within seven days (%)	Removed SUPI comment in Numerator Source; tidied up Exclusions
27/07/2023	AI-001	Purchased Activity Volumes – Variance: Acute Admitted – NWAU (%)	Updated scope to include Small Sites
27/07/2023	ED-001	Purchased Activity Volumes – Variance: Emergency Department - NWAU (%)	Updated scope to include Small Sites
27/07/2023	SA-001	Purchased Activity Volumes – Variance: Sub and non-acute admitted - NWAU (%)	Updated scope to include Small Sites

Date	Indicator No.	Measure	Version Control Change
27/07/2023	KS8101	Purchased Activity Volumes – Variance: Mental Health Admitted - NWAU (%)	Updated scope to include Small Sites
27/07/2023	PH-018A	Purchased Activity Volumes – Variance: Alcohol and other Drugs (Acute Admitted) - NWAU (%)	Updated scope to include Small Sites
27/07/2023	MHDA-005	Purchased Activity Volumes – Variance: Mental Health Non-Admitted - NWAU (%)	Updated scope
16/08/2023	KSA103	Elective Surgery Access Performance: Elective Surgery Patients Treated on Time (%)	Removed Peritonectomy exclusion
16/08/2023	SSA108-110	Overdue Elective Surgery Patients (Number)	Removed Peritonectomy exclusion
04/09/2023	IM21-006	Inpatient Discharge Performance: Inpatient Discharges from ED Accessible and Rehabilitation Beds by Midday (%)	Added 2 bed types to the inclusions; excluded discharges from SCHN
04/09/2023	AI-001	Purchased Activity Volumes – Variance: Acute Admitted – NWAU (%)	Revised target thresholds
04/09/2023	ED-001	Purchased Activity Volumes – Variance: Emergency Department - NWAU (%)	Revised target thresholds
04/09/2023	NA-001	Purchased Activity Volumes – Variance: Non-admitted Patient - NWAU (%)	Revised target thresholds
04/09/2023	SA-001	Purchased Activity Volumes – Variance: Sub and non-acute admitted - NWAU (%)	Revised target thresholds
04/09/2023	KS8101	Purchased Activity Volumes – Variance: Mental Health Admitted - NWAU (%)	Revised target thresholds
04/09/2023	MHDA-005	Purchased Activity Volumes – Variance: Mental Health Non-Admitted - NWAU (%)	Revised target thresholds
04/09/2023	PH-018A	Purchased Activity Volumes – Variance: Alcohol and other Drugs (Acute Admitted) - NWAU (%)	Revised target thresholds
04/09/2023	MHDA-005	Purchased Activity Volumes – Variance: Mental Health Non-Admitted - NWAU (%)	Revised target thresholds
04/09/2023	PD-001	Purchased Activity Volumes – Variance: Public Dental Clinical Service - DWAU (%)	Revised target thresholds
07/09/2023	KQS203a	Mental Health: Acute Readmission - within 28 days: Aboriginal Persons (%)	New KPI 2023-24
07/09/2023	KQS204a	Mental Health Acute Post-Discharge Community Care - Follow up within seven days: Aboriginal Persons (%)	New KPI 2023-24
08/09/2023	PH-015A	Hospital Drug and Alcohol Consultation Liaison - Number of consultations (% increase)	Updated baseline and reporting years in target; Added denominator
24/10/2023	KS2128	Hospital Acquired Pressure Injuries (Rate per 10,000 admitted patient service events)	Updated with link to finalised HAC targets for 2023-24
24/10/2023	KS2129	Fall-Related Injuries in Hospital – Resulting in fracture or intracranial injury (Rate per 10,000 admitted patient service events)	Updated with link to finalised HAC targets for 2023-24
24/10/2023	KS2130	Healthcare Associated Infections (Rate per 10,000 admitted patient service events)	Updated with link to finalised HAC targets for 2023-24
24/10/2023	KS2131	Hospital Acquired Respiratory Complications (Rate per 10,000 admitted patient service events)	Updated with link to finalised HAC targets for 2023-24

Date	Indicator No.	Measure	Version Control Change
24/10/2023	KS2132	Hospital Acquired Venous Thromboembolism (Rate per 10,000 admitted patient service events)	Updated with link to finalised HAC targets for 2023-24
24/10/2023	KS2133	Hospital Acquired Renal Failure (Rate per 10,000 admitted patient service events)	Updated with link to finalised HAC targets for 2023-24
24/10/2023	KS2134	Hospital Acquired Gastrointestinal Bleeding (Rate per 10,000 admitted patient service events)	Updated with link to finalised HAC targets for 2023-24
24/10/2023	KS2135	Hospital Acquired Medication Complications (Rate per 10,000 admitted patient service events)	Updated with link to finalised HAC targets for 2023-24
24/10/2023	KS2136	Hospital Acquired Delirium (Rate per 10,000 admitted patient service events)	Updated with link to finalised HAC targets for 2023-24
24/10/2023	KS2137	Hospital Acquired Incontinence (Rate per 10,000 admitted patient service events)	Updated with link to finalised HAC targets for 2023-24
24/10/2023	KS2138	Hospital Acquired Endocrine Complications (Rate per 10,000 admitted patient service events)	Updated with link to finalised HAC targets for 2023-24
24/10/2023	KS2139	Hospital Acquired Cardiac Complications (Rate per 10,000 admitted patient service events)	Updated with link to finalised HAC targets for 2023-24
24/10/2023	KS2140	Third or Fourth Degree Perineal Lacerations (Rate per 10,000 admitted patient service events)	Updated with link to finalised HAC targets for 2023-24
24/10/2023	KS2141	Hospital Acquired Neonatal Birth Trauma (Rate per 10,000 admitted patient service events)	Updated with link to finalised HAC targets for 2023-24

TABLE OF CONTENTS

INTRODUCTION TO KEY PERFORMANCE INDICATOR TARGETS AND IMPROVEMENT MEASURES

The NSW Performance Framework (PF) applies to the 15 geographical NSW Local Health Districts, the Ambulance Service NSW, Sydney Children's Hospitals Network, the St Vincent's Health Network, the Justice Health and Forensic Mental Health Network. In this document, these organisations are referred to collectively as Health Services, except where particular reference to Local Health Districts is required.

The definitions provided in this document will assist Health Services and other data users with the calculation and interpretation of the Key Performance Indicators referenced in the Service Agreements for 2023-24. It should be noted that some KPIs may be calculated differently when applied to different purposes outside the management of the Service Agreements. The KPIs contained in this document have been defined specifically with the intent to meet the reporting requirements under 2023-24 agreements and to align to the Ministry of Health's monthly performance monitoring reports. Should you require further assistance with the definitions or have comments regarding them please contact either the System Information & Analytics Branch or the Data/Policy contacts listed in the KPI documentation.

The Service Agreement is a key component of the Performance Framework for Health Services – providing a clear and transparent mechanism for assessment and improvement of performance. The Service Agreement document only covers KPIs.

Key Performance Indicators (KPIs), if not met, may contribute to escalation under the Performance Framework processes. Performance against these KPIs will be reported regularly to Health Services in the Health System Performance Report prepared by System Information & Analytics Branch at the Ministry of Health.

Improvement Measures (IMs): A range of Improvement Measures are included in a separate data supplement to assist the organisation to improve provision of safe and efficient patient care and to provide the 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. They are included as an addendum in that document. 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 will provide information to Health Services around where information on Improvements Measures can be accessed.

Note that the KPIs and Improvement Measures listed above are not the only measures collected and monitored by the NSW Health System. A range of other measures are used for a variety of reasons, including monitoring the implementation of new service models, reporting requirements to NSW Government central agencies and the Commonwealth, and participation in nationally agreed data collections. Relevant measures specified by the National Health Performance Authority, and in the *Premier's Priorities* and *State Priorities*, have been assigned as NSW Health KPIs or Improvement Measures, as appropriate.

The KPIs and Improvement Measures are aligned with the six Strategic Health Outcomes identified in the NSW Health Strategic Outcome and Business Plan:

1. Patients and carers have positive experiences and outcomes that matter
2. Safe care is delivered across all settings
3. People are healthy and well
4. Our staff are engaged and well supported
5. Research and innovation, and digital advances inform service delivery
6. The health system is managed sustainably

The performance of Districts, Networks, other Health Services and Support Organisations is assessed in terms of whether it is meeting performance targets for individual key performance indicators for each NSW Health Strategic Priority.

✓	Performing	Performance at, or better than, target
↘	Underperforming	Performance within a tolerance range

X	Not performing	Performance outside the tolerance threshold

Detailed specifications for the key performance indicators are provided in this Service Agreement Data Supplement along with Improvement Measures (in Part 2) that will continue to be tracked by the Ministry's Business Owners. Performance concerns will be raised with the Organisation for focused discussion at performance review meetings in line with the NSW Health Performance Framework.

This Data Supplement includes indicators and measures that align to key strategic programs, including:

- Safety and Quality Framework
- Better Value Care
- Mental Health Reform

Key deliverables under the Ministry's Business Plan will also be monitored, noting that process key performance indicators and milestones are held in the detailed Operational Plans developed by each Health Service and Support Service.

As in previous years, the 2023-24 KPI and Improvement Measures data supplement is also located on the NSW Health Information Resource Directory and accessible via the following link:

http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=47648

KEY PERFORMANCE INDICATORS FOR 2023-24

INDICATOR: KS2301

Previous IDs: SSQ117, 9A20, 9A21

Overall Patient Experience Index – adult admitted patients (Number)

Patient Experience Survey index of adult admitted patients of four scored questions on overall rating of care, rating of staff, rating of organised care, and speaking highly of care to family and friends.

Shortened Title	Patient Experience Index
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.2
Scope	Sample of adult patients who are admitted to hospitals in peer groups A1, A3, B1, B2, C1 and C2. These hospitals contribute to the LHD total in proportion to the total number of admitted patients for all A1, A3, B1, B2, C1 and C2 hospitals in that LHD.
Goal	Improve patients' experience of care
Desired outcome	Increase LHD results for an index of four patient-reported experience measures (PREMs) on overall patient experience (maximum possible score 10)
Primary point of collection	Postal survey of recent adult admitted patients, with up to two reminders and alternative completion online and by phone (in up to 140 different languages)
Data Collection Source/System	NSW Patient Survey Program data
Primary data source for analysis	Weighted responses to Adult Admitted Patient Survey
Indicator definition	The weighted average patient experience index across all patients with a valid response within the reporting period.

Numerator

Numerator definition	The sum of patient experience indices for all patients.

Each patient's index is calculated using the sum of scores to each of the four following questions divided by number of questions where a valid response was recorded for a patient:

- **How would you rate how well the health professionals worked together?**
  Very good (10); Good (7.5); Neither good nor poor (5); Poor (2.5); Very poor (0)
- **How well organised was the care you received in hospital?**

Very well organised (10); Fairly well organised (5); Not well organised (0)

- **Overall, how would you rate the care you received while in hospital?**
  Very good (10); Good (7.5); Neither good nor poor (5); Poor (2.5); Very poor (0)

- **If asked about your hospital experience by friends and family how would you respond?**
  I would speak highly of the hospital (10); I would neither speak highly nor be critical (5); I would be critical of the hospital (0).

Missing values excluded from calculation. Respondent must have at least one valid response for the four questions.

Data are weighted to represent the age and stay type (overnight or same day) profile of patients at each hospital.

Numerator source	NSW Patient Survey Program data
Numerator availability	Available

Denominator

Denominator definition	Total number of patients with at least one valid response for the four questions (as specified in the list of response options under 'numerator').
	Data are weighted to represent the age and stay type (overnight or same day) profile of patients at each hospital.
Denominator source	NSW Patient Survey Program data
Denominator availability	Available

Inclusions

All patients surveyed during the target period.

- Facilities in peer groups A1, A3, B1, B2, C1 and C2
- Patients aged 18 years or older from Jan 2014 onwards
- Valid Australian postal address

Exclusions

As per inclusions above

- Same day admissions less than 3 hours
- Same day episodes with a mode of separation of transfer
- Maternity admissions (incl. stillbirths, miscarriages and termination of pregnancy procedures)
- Patients treated for contraceptive management
- Haemodialysis patients
- Admitted patients treated in a mental health setting
- Maltreatment codes (incl. sexual and physical abuse)
- Patients that have died

For full details on exclusion criteria and diagnostic/procedure codes used, refer to the *Technical Supplement: Adult Admitted Patient Survey* at:

http://www.bhi.nsw.gov.au/nsw_patient_survey_program

Targets

Target score of 8.7 out of 10.0

- Not performing <8.5
- Underperforming ≥8.5 to <8.7
- Performing - organisational score ≥8.7

Context

Health services should not only be of good clinical quality but should also provide a positive experience for the patient.

Related Policies/ Programs

Useable data available from

Quarterly data is available for January to March 2014 onwards.

Frequency of Reporting

Quarterly reporting at LHD level

Time lag to available data

Six months from the end of each quarter

Business owners

Contact – Policy

Executive Director, System Purchasing Branch, Ministry of Health

Contact – Data

Director, Data Analysis and Management, Bureau of Health Information (BHI-enq@health.nsw.gov.au)

Representation

Data type	Numeric
Form	Number
Representational layout	NN.N
Minimum size	3
Maximum size	4
Data domain	
Date effective	2018

Related National Indicator

For other patient experience indicators, see the National Healthcare Agreement: PI 32 - Patient satisfaction/experience, 2020

https://meteor.aihw.gov.au/content/index.phtml/itemId/716864

INDICATOR: KS2302

**Previous IDs: KS2301
SSQ117, 9A20, 9A21**

Patient Engagement Index – adult admitted patients (Number)	

Patient Experience Survey index of adult admitted patients of six scored questions on Information provision, involvement in decisions on care and discharge, and continuity of care.

Shortened Title	Patient Engagement Index – admitted patients
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.2
Scope	Sample of adult patients who are admitted to hospitals in peer groups A1, A3, B1, B2, C1 and C2. These hospitals contribute to the LHD total in proportion to the total number of admitted patients for all A1, A3, B1, B2, C1 and C2 hospitals in that LHD.
Goal	Improve patients' experience of care
Desired outcome	Increase LHD results for an index of six patient-reported experience measures (PREMs) on provision of patient-centred care (maximum possible score 10)
Primary point of collection	Postal survey of recent adult admitted patients, with up to two reminders and alternative completion online and by phone (in up to 140 different languages)
Data Collection Source/System	NSW Patient Survey Program data
Primary data source for analysis	Weighted responses to Adult Admitted Patient Survey
Indicator definition	The weighted average Patient Engagement Index across all patients with a valid response within the reporting period

Numerator

Numerator definition	The sum of engagement indices for all patients.

Each patient's index is calculated using the sum of scores of the following six questions divided by number of questions where a valid response was recorded for a patient:

- **During your stay in hospital, how much information about your condition was given to you?**
  Not enough (0); The right amount (10); Too much (5)
- **Were you involved, as much as you wanted to be, in decisions about your care?**
  Yes, definitely (10); Yes, to some extent (5); No (0)
- **Did you feel involved in decisions about your discharge from hospital?**
  Yes, definitely (10); Yes, to some extent (5); No (0)

- **At the time you were discharged, did you feel that you were well enough to leave hospital?**
  Yes (10); No (0)
- **Were you given enough information about how to manage your care at home?**
  Yes, completely (10); Yes, to some extent (5); No, I was not given enough (0)
- **Did staff tell you who to contact if you were worried about your condition after you left?**
  Yes (10); No (0).

Missing values excluded from calculation. Respondent must have at least one valid response in for the six questions.

Data are weighted to represent the age and stay type (overnight or same day) profile of patients at each hospital.

Numerator source	NSW Patient Survey Program data
Numerator availability	Available

Denominator

Denominator definition	Total number of patients with at least one valid response for the six questions (as specified in the list of response options under 'numerator')
	Data are weighted to represent the age and stay type (overnight or same day) profile of patients at each hospital.
Denominator source	NSW Patient Survey Program data
Denominator availability	Available

Inclusions

All patients surveyed during the target period.
- Facilities in peer groups A1, A3, B1, B2, C1 and C2
- Patients aged 18 years or older from Jan 2014 onwards
- Valid Australian postal address

Exclusions

As per inclusions above
- Same day admissions less than 3 hours
- Same day episodes with a mode of separation of transfer
- Maternity admissions (incl. stillbirths, miscarriages and termination of pregnancy procedures)
- Patients treated for contraceptive management
- Haemodialysis patients
- Admitted patients treated in a mental health setting
- Maltreatment codes (incl. sexual and physical abuse)
- Patients that have died

For full details on exclusion criteria and diagnostic/procedure codes used, refer to the *Technical Supplement: Adult Admitted Patient Survey* at:

http://www.bhi.nsw.gov.au/nsw_patient_survey_program

Targets

Target score of 8.7 out of 10.0

- Not performing <8.5
- Underperforming ≥8.5 to <8.7 (non-exclusive)
- Performing - organisational score ≥8.7

Context

Health services should facilitate the involvement and empowerment of patients and, where appropriate, partner with patients to achieve the best possible experiences of care.

Related Policies/ Programs

Useable data available from

Quarterly data is available for January to March 2014 onwards.

Frequency of Reporting

Quarterly reporting at LHD level

Time lag to available data

Six months from the end of each quarter

Business owners

Contact – Policy

Executive Director, System Purchasing Branch, Ministry of Health

Contact – Data

Director, Data Analysis and Management, Bureau of Health Information (BHI-enq@health.nsw.gov.au)

Representation

Data type	Numeric
Form	Number
Representational layout	NN.N
Minimum size	3
Maximum size	4
Data domain	
Date effective	2018

Related National Indicator

For other patient experience indicators, see the National Healthcare Agreement: PI 32 - Patient satisfaction/experience, 2020

https://meteor.aihw.gov.au/content/index.phtml/itemId/716864

INDICATOR: KS2303	**Overall Patient Experience Index – ED patients** (Number)
Previous IDs: SSQ119	

Patient Experience Survey index of emergency department patients of four scored questions on overall rating of care, rating of staff, rating how ED staff worked together, and speaking highly of care to family and friends

Shortened Title	Patient Experience Index – ED patients
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.2
Scope	Sample of patients who attend EDs in hospitals in peer groups A1, A2, A3, B1, B2, C1 and C2. These hospitals contribute to the LHD total in proportion to the total number of ED patients for all A1, A2, A3, B1, B2, C1 and C2 hospitals in that LHD.
Goal	Improve patients' experience of care
Desired outcome	Increase LHD results for an index of four patient-reported experience measures (PREMs) on overall patient experience (maximum possible score 10)
Primary point of collection	Postal survey of recent ED patients, with up to two reminders and alternative completion online and by phone (in up to 140 different languages)
Data Collection Source/System	NSW Patient Survey Program data
Primary data source for analysis	Weighted responses to Emergency Department Patient Survey
Indicator definition	The weighted average patient experience index across all patients with a valid response within the reporting period.
Numerator	
Numerator definition	The sum of patient experience indices for all patients.

Each patient's index is calculated using the sum of scores to each of the four following questions divided by number of questions where a valid response was recorded for a patient:

- **How would you rate how the ED health professionals worked together?**
  Very good (10); Good (7.5); Neither good nor poor (5); Poor (2.5); Very poor (0)
- **Overall, how would you rate the ED health professionals who treated you?**
  Very good (10); Good (7.5); Neither good nor poor (5); Poor (2.5); Very poor (0)

- **Overall, how would you rate the care you received while in the ED?**
  Very good (10); Good (7.5); Neither good nor poor (5); Poor (2.5); Very poor (0)
- **If asked about your experience in the ED by friends and family, how would you respond?**
  I would speak highly of the ED (10); I would neither speak highly nor be critical (5); I would be critical of the ED (0).

Missing values excluded from calculation. Respondent must have at least one valid response for the four questions.

Data are weighted to represent the age and stay type (admitted to hospital at end of ED visit or not admitted to hospital) profile of patients at each hospital.

Numerator source	NSW Patient Survey Program data
Numerator availability	Available

Denominator

Denominator definition	Total number of patients with at least one valid response for the four questions (as specified in the list of response options under 'numerator') Data are weighted to represent the age and stay type (admitted to hospital at end of ED visit or not admitted to hospital) profile of patients at each hospital.
Denominator source	NSW Patient Survey Program data
Denominator availability	Available

Inclusions

All patients surveyed during the target period.
- Facilities in peer groups A1, A2, A3, B1, B2, C1 and C2
- Valid Australian postal address

Exclusions

As per inclusions above
- Deceased patients
- ED patients subsequently admitted to hospital (mode of separation of 1, 10, 11, 12 or 13) who had the following procedure or diagnosis codes:
  - admitted for a termination of pregnancy procedure [35643-03]
  - treated for maltreatment syndromes [T74] in any diagnosis field, including neglect or abandonment, physical abuse, sexual abuse, psychological abuse, other maltreatment syndromes and maltreatment syndrome, or 'unspecified'
  - treated for contraceptive management [Z30] in any diagnosis field, including general counselling and advice on contraception, surveillance of contraceptive drugs, surveillance of contraceptive device, other

contraceptive management, and contraceptive management, or 'unspecified'

- o patients with a diagnosis of stillborn baby [Z37] in any diagnosis field (including single stillbirth, twins, one liveborn and one stillborn, twins, both stillborn and other multiple births, some liveborn)
- o intentional self-harm: ICD10 code between X60 and X84
- o sequelae of intentional self-harm: ICD10 code = Y87.0
- o unspecified event, undetermined intent: ICD10 code commences with Y34
- o suicidal ideation: ICD10 code = R45.81
- o family history of other mental and behavioural disorders: ICD10 code commences with Z81.8
- o personal history of self-harm: ICD10 code commences with Z91.5.

Targets

Target score of 8.6 out of 10.0
- Not performing <8.4
- Underperforming ≥8.4 to <8.6
- Performing - organisational score ≥8.6

Context

Health services should not only be of good clinical quality but should also provide a positive experience for the patient.

Related Policies/ Programs

Useable data available from

Quarterly data is available for July to September 2017 onwards.

Frequency of Reporting

Quarterly reporting at LHD level

Time lag to available data

Six months from the end of each quarter

Business owners

Contact – Policy

Executive Director, System Purchasing Branch, Ministry of Health

Contact – Data

Director, Data Analysis and Management, Bureau of Health Information (BHI-enq@health.nsw.gov.au)

Representation

Data type	Numeric
Form	Number
Representational layout	NN.N
Minimum size	3
Maximum size	4

Data domain	
Date effective	2019
Related National Indicator	For other patient experience indicators, see the National Healthcare Agreement: PI 32 - Patient satisfaction/experience, 2020
	https://meteor.aihw.gov.au/content/index.phtml/itemId/716864

INDICATOR: KS2304	**Patient Engagement Index – ED patients not admitted to hospital** (Number)
Previous IDs:	Patient Experience Survey index of emergency department patients of seven scored questions on Information provision, involvement in decisions on care and discharge, and continuity of care
Shortened Title	Patient Engagement Index – ED patients
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.2
Scope	Sample of patients who attend EDs in hospitals in peer groups A1, A2, A3, B1, B2, C1 and C2. These hospitals contribute to the LHD total in proportion to the total number of ED patients for all A1, A2, A3, B1, B2, C1 and C2 hospitals in that LHD.
Goal	Improve patients' experience of care
Desired outcome	Increase LHD results for an index of seven patient-reported experience measures (PREMs) on provision of patient-centred care (maximum possible score 10)
Primary point of collection	Postal survey of recent ED patients, with up to two reminders and alternative completion online and by phone (in up to 140 different languages)
Data Collection Source/System	NSW Patient Survey Program data
Primary data source for analysis	Weighted responses to Emergency Department Patient Survey
Indicator definition	The weighted average Patient Engagement Index across all ED patients not admitted to hospital at the end of their ED visit, with a valid response within the reporting period
Numerator	
Numerator definition	The sum of engagement indices for all patients.

Each patient's index is calculated using the sum of scores of the following seven questions divided by number of questions where a valid response was recorded for a patient:

- **During your ED visit, how much information about your condition or treatment was given to you?**
  Not enough (0); The right amount (10); Too much (5)
- **Were you involved, as much as you wanted to be, in decisions about your care and treatment?**
  Yes, definitely (10); Yes, to some extent (5); No (0)
- **Did you feel involved in decisions about your discharge from the ED?**

Yes, definitely (10); Yes, to some extent (5); No (0)

- **Thinking about when you left the ED, were you given enough information about how to manage your care at home?**
  Yes, definitely (10); Yes, to some extent (5); No, I was not given enough information (0)
- **Did ED staff take your family and home situation into account when planning your discharge?**
  Yes, definitely (10); Yes, to some extent (5); No, staff did not take my situation into account (0)
- **Did ED staff tell you who to contact if you were worried about your condition or treatment after you left hospital?**
  Yes (10); No (0)
- **Thinking about your illness or treatment, did an ED health professional tell you about what signs or symptoms to watch out for after you went home?**
  Yes, completely (10); Yes, to some extent (5); No (0).

Only those patients who are not admitted to hospital at the end of their ED visit are included in the numerator, as defined by the survey question "what happened at the end of your ED visit?" – respondents who answered "I went home or went to stay with a friend, relative or elsewhere" are included in the numerator.

Missing values excluded from calculation. Respondent must have at least one valid response in for the seven questions.

Data are weighted to represent the age and stay type (admitted to hospital at end of ED visit or not admitted to hospital) profile of patients at each hospital.

Numerator source	NSW Patient Survey Program data
Numerator availability	Available

Denominator

Denominator definition	Total number of patients with at least one valid response for the seven questions (as specified in the list of response options under 'numerator').

Only those patients who are not admitted to hospital at the end of their ED visit are included in the denominator, as defined by the survey question "what happened at the end of your ED visit?" – respondents who answered "I went home or went to stay with a friend, relative or elsewhere" are included in the denominator.

Data are weighted to represent the age and stay type (admitted to hospital at end of ED visit or not admitted to hospital) profile of patients at each hospital.

Denominator source	NSW Patient Survey Program data
Denominator availability	Available
Inclusions	All patients surveyed during the target period.

- Facilities in peer groups A1, A2, A3, B1, B2, C1 and C2
- Valid Australian postal address

Exclusions	As per inclusions above

- Patients admitted to hospital at the end of their ED visit
- Deceased patients
- ED patients subsequently admitted to hospital (mode of separation of 1, 10, 11, 12 or 13) who had the following procedure or diagnosis codes:
    - admitted for a termination of pregnancy procedure [35643-03]
    - treated for maltreatment syndromes [T74] in any diagnosis field, including neglect or abandonment, physical abuse, sexual abuse, psychological abuse, other maltreatment syndromes and maltreatment syndrome, or 'unspecified'
    - treated for contraceptive management [Z30] in any diagnosis field, including general counselling and advice on contraception, surveillance of contraceptive drugs, surveillance of contraceptive device, other contraceptive management and contraceptive management, or 'unspecified'
    - patients with a diagnosis of stillborn baby [Z37] in any diagnosis field (including single stillbirth, twins, one liveborn and one stillborn, twins, both stillborn and other multiple births, some liveborn)
    - intentional self-harm: ICD10 code between X60 and X84
    - sequelae of intentional self-harm: ICD10 code = Y87.0
    - unspecified event, undetermined intent: ICD10 code commences with Y34
    - suicidal ideation: ICD10 code = R45.81
    - family history of other mental and behavioural disorders: ICD10 code commences with Z81.8
    - personal history of self-harm: ICD10 code commences with Z91.5.

Targets

Target score of 8.5 out of 10.0
- Not performing <8.2
- Underperforming ≥8.2 to <8.5 (non-exclusive)
- Performing - organisational score ≥8.5

Context   Health services should facilitate the involvement and empowerment of patients and, where appropriate, partner with patients to achieve the best possible experiences of care.

Related Policies/ Programs

Useable data available from   Quarterly data is available for July to September 2017 onwards.

Frequency of Reporting   Quarterly reporting at LHD level

Time lag to available data   Six months from the end of each quarter

Business owners

    Contact – Policy   Executive Director, System Purchasing Branch, Ministry of Health

    Contact – Data   Director, Data Analysis and Management, Bureau of Health Information (BHI-enq@health.nsw.gov.au)

Representation

    Data type   Numeric

    Form   Number

    Representational layout   NN.N

    Minimum size   3

    Maximum size   4

    Data domain

    Date effective   2019

Related National Indicator   For other patient experience indicators, see the National Healthcare Agreement: PI 32 - Patient satisfaction/experience, 2020

https://meteor.aihw.gov.au/content/index.phtml/itemId/716864

INDICATOR: KS3202 Previous IDs:	**Mental Health Consumer Experience**: Mental Health consumers with a score of Very Good or Excellent (%)
Shortened Title	Mental Health Consumer Experience
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	1: Patients and carers have positive experiences and outcomes that matter
Status	Final
Version number	1.21
Scope	NSW public specialized inpatient and community mental health services.
Goal	To improve experience and outcomes in mental health care
Desired outcome	More than 80% of mental health consumers report a Very Good or Excellent overall experience.
Primary point of collection	Your Experience of Service (YES) questionnaire
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
Indicator definition	NSW or LHD/SHN percentage is the average of percentages calculated separately for inpatient and community settings. Within each setting, score is the average of Percent of completed YES questionnaires with overall Experience score in the Very Good to Excellent range. **Calculation method is:** 100 * (Numerator 1/Denominator 1 + Numerator 2 /Denominator 2)/2.
Numerator	
Numerator definition	1. The number of valid YES questionnaires with overall Experience score in the Very Good to Excellent range (≥ 8/10) in inpatient settings 2. The number of valid YES questionnaires with overall Experience score in the Very Good to Excellent range (≥ 8/10) in community settings Overall Experience score is the average score of validly completed YES questions 1-22, expressed as a score out of 10.
Numerator source	YES Collection
Numerator availability	Quarterly
Denominator	
Denominator definition	1. The total number of valid YES questionnaires received in inpatient settings.

2. The total number of valid YES questionnaires received in community settings.

Denominator source	YES Collection
Denominator availability	Quarterly
Inclusions	All YES questionnaires included in reference period
Exclusions	• No valid service identification. • YES questionnaires where <12 of questions 1-22 were completed. • LHD/SHN service settings (inpatient/community) with <10 YES questionnaires returned in the quarter. • JHMFHN services
Targets	80%
	• Performing: ≥ 80% • Underperforming: ≥ 70% and <80% • Not performing: <70%
Related Policies/ Programs	
Useable data available from	July 2015
Frequency of Reporting	Quarterly
Time lag to available data	One quarter
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, expressed as a percentage
Representational layout	N{NN}
Minimum size	1
Maximum size	3
Data domain	
Date effective	1 July 2018
Related National Indicator	

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

INDICATOR: SSA101	**Emergency Treatment Performance** - Admitted (%)
Previous IDs:	Previously known as:
	Patients with Total time in ED ≤ 4hrs: Admitted (to a ward/ICU/theatre from ED) (%)
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	4.41
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	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:

  o 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	50%

- 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 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 – 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: KSA202	**Emergency Department Extended Stays:** Mental Health Presentations staying in ED > 24 hours (number)
Previous ID: 9B9, 0028	Previously known as:

- Mental Health Access Block - Emergency department to inpatient unit - Presentations staying in ED > 24 hours (Number)
- ED Presentations staying in ED > 24 hours (Mental Health)
- Presentations staying in ED > 24 hours (Mental Health)

Shortened Title	MH ED Extended Stays > 24 hrs
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	3.01
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	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/ext_info_uploads/SNOMED%20ED%20Reference%20Set%20to%20ICD10AM%20V12%20Mapping%20(2023-24).xlsx

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.

Data Availability	Available. Note that some systems include the decimal point in the ICD9 diagnosis code, and some do not.
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 • NSW Health and Outcomes Business Plan 2021-22 to 2023-24, June 2021
Useable data available from	July 2006
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: SSA105 **Previous ID: SSA104, 9B2, 0011, 0012, 0013, 0014 & 0015**	**Emergency Department Presentations Treated within Benchmark Times – Triage 1 to 3** (%) Emergency Department Presentations (Triage 1,2 & 3) Treated Within Benchmark
Shortened Title	ED presentations treated within benchmark times
Service Agreement Type	Key Performance Indicators
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.3
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	EDW (FACT_ED_SE)
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 2**: seen within 10 minutes **Triage category 3**: seen within 30 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	EDW (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	EDW (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','2','3')

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

Performing:
- Triage Category 1 = 100%
- Triage Category 2 ≥ 80%
- Triage Category 3 ≥ 75%

Underperforming:
- Triage Category 1 = N/A
- Triage Category 2 ≥ 70% - <80%
- Triage Category 3 ≥ 65% - <75%

Not Performing:
- Triage Category 1 <100%
- Triage Category 2 <70%

- Triage Category 3 <65%

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
	• 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 Indicators	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: IM22-004b **Previous IDs: IM22-004**	**Incomplete Emergency Department Attendances: Aboriginal Patients who departed from an ED with a "Did not wait" or "Left at own risk" status (%)**

Shortened Title	Incomplete ED Aboriginal Patient Attendances
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	2.1
Scope	All Aboriginal patients presenting to public facility Emergency Departments in peer groups A1 – B2.
Goal	Culturally and clinically safe Emergency Department services for Aboriginal people
Desired outcome	Completion of care and better clinical outcomes for Aboriginal people 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	EDW (FACT_ED_SE)
Indicator definition	Proportion of Emergency Department presentations where an Aboriginal 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 Mode of Separation (ED_SEPR_MODE_CD) is '02.03' or '02.04' (Did not wait or Left at own risk), where the Aboriginality Status code (CL_INDGNS_STUS_CD) = '1', '2', '3' only, and 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 Aboriginality Status code (CL_INDGNS_STUS_CD) = '1', '2', '3' only, and 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
- Visit type (ED_VIS_TYPE_CD) of '12' or '13', i.e. Telehealth presentation, current admitted patient presentation
- Separation mode (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

≥1 % point decrease on previous year

- Performing: ≥1 % point decrease on previous year
- Under performing: 0 and <1 % point decrease on 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. IEDA is an indication of how culturally and clinically safe Emergency Department services are for the Aboriginal community they serve, and a reflection of Aboriginal peoples' satisfaction with their care. The underlying causes of IEDA can be broad and may begin outside the healthcare system. This can include factors related to the broader health institution, such as systemic racism, or the individual interactions within that healthcare system like communication breakdown between doctor and patient.

Related Policies/ Programs

- NSW Health Policy PD2013_047 Triage of Patients in NSW Emergency Departments
- NSW Health Policy PD2018_010 Emergency Department Patients Awaiting Care 2022-24 NSW Implementation Plan for Closing the Gap
- NSW Aboriginal Health Plan 2013-2023
- NSQHS Standards User guide for Aboriginal and Torres Strait Islander health | Australian Commission on Safety and Quality in Health Care

- <u>NSW Health Policy Directive *Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients*</u>

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, Centre for Aboriginal Health and 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: KSA101	**Transfer of Care** – patients transferred from Ambulance to ED≤ 30 minutes (%)
Shortened Title	Transfer of Care
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	3.5
Scope	All patients arrived by NSW Ambulance to an Emergency Department.
Goal	Timely transfer of patients from ambulance to the emergency department, resulting in improved health outcomes and patient satisfaction, as well as improved ambulance operational efficiency
Desired outcome	• Ensure co-ordination between NSW Ambulance and emergency departments • Improve ambulance availability • Ensure timely access to hospital services for patients
Primary point of collection	Operator, Computer Aided Dispatch (CAD) system, ED staff
Data Collection Source/System	Ambulance Service, NSW (ASNSW) Operator, Computer Aided Dispatch (CAD) system, and Emergency Department System (EDIS, iPM ED, Cerner FirstNet, Health eCare and IBA)
Primary data source for analysis	Ambulance Transfer of Care Reporting System
Indicator definition	The percentage of patients arriving by ambulance whose care is transferred from ambulance paramedic to ED clinician within 30 minutes of arrival.

The *'Transfer of Care'* time is the time interval measured in minutes between:

- Start time: the arrival time of the patient in the ambulance zone (recorded in the ambulance system as the start time) and
- End time: the arrival time of the patient in the ED treatment zone and their handover from ambulance paramedic to ED clinician (recorded in the ED IT system as treatment location arrival time)

NOTE: Triage of Ambulance patients arriving to the ED and the steps for Transfer of Care can be found in the Policy Directive PD2013_47.

Transfer of Care is defined as the transfer of accountability and responsibility for a patient from an ambulance paramedic to an ED clinician.

Transfer of Care is deemed complete only when clinical handover has occurred between hospital staff and paramedics, the patient has been offloaded from the ambulance stretcher and/or the care of the ambulance paramedics is no longer required.

Ambulance Zone = ambulance bay where ambulance vehicle arrives outside Hospital doors

ED Treatment Zone = bed/chair inside the ED (care assumed by ED clinician) or chair in the waiting room (care assumed by ED clinical staff managing the waiting room area).

Numerator

Numerator definition	Patients arrived by ambulance and waited less than or equal to 30 minutes for care to be transferred from an ambulance paramedic to an ED clinician.
	End Time – Start Time $\leq$ 30 minutes
	See indicator definition for Start time and End time.
Numerator source	NSW Ambulance Computer Aided Dispatch (CAD) system and Emergency Department System (EDIS, iPM ED, Cerner FirstNet, Health eCare and IBA)
Numerator availability	Available

Numerator Inclusions

Patients arriving in the emergency department & all visit types where the Ambulance Priority is either:

1A Emergency	2B Emergency 60min
1B Emergency	2BE Emergency ECP 60min
1C Emergency	2Bh Emergency HAC 60min
1CE Emergency	2BHE Emergency HAC/ECP 60min
1CE Emergency ECP	2BH Emergency HD 60min
2 Immediate	2BHE Emergency HD/ECP 60min
2 Immediate ECP	2C Emergency 90min
2A Emergency 30min	2CE Emergency ECP 90min
2AE Emergency ECP 30min	2Ch Emergency HAC 90min
2Ah Emergency HAC 30min	2CHE Emergency HAC/ECP 90min
2AHE Emergency HAC/ECP 30min	R3 Time Critical

Numerator Exclusions

Patients where the Ambulance Priority is either:

R4 Aeromedical	R8 Sports / Special Events
R5 Treatments	M9 Major Incident
R6 After Treatment	Priority Error
R7 Routine Transport	

- Ambulance records with no matching ED record (i.e. unmatched records)
- Incorrect data entered into ED system
- Missing ambulance data due to CAD outage
- NEPT booked transport
- Multiple patients in one ambulance – only one patient is matched

Denominator

Denominator definition	The total number of patients that arrived at the ED by ambulance

Denominator source	EDW, NSW Ambulance Computer Aided Dispatch (CAD) system and Emergency Department System (EDIS, iPM ED, Cerner FirstNet, Health eCare and IBA)
Denominator availability	Available

Inclusions

Patients arriving in the emergency department & all visit types where the Ambulance Priority is either:

1A Emergency	2B Emergency 60min
1B Emergency	2BE Emergency ECP 60min
1C Emergency	2Bh Emergency HAC 60min
1CE Emergency	2BHE Emergency HAC/ECP 60min
1CE Emergency ECP	2BH Emergency HD 60min
2 Immediate	2BHE Emergency HD/ECP 60min
2 Immediate ECP	2C Emergency 90min
2A Emergency 30min	2CE Emergency ECP 90min
2AE Emergency ECP 30min	2Ch Emergency HAC 90min
2Ah Emergency HAC 30min	2CHE Emergency HAC/ECP 90min
2AHE Emergency HAC/ECP 30min	R3 Time Critical

Exclusions

Patients where the Ambulance Priority is either:

R4 Aeromedical	R8 Sports / Special Events
R5 Treatments	M9 Major Incident
R6 After Treatment	Priority Error
R7 Routine Transport	

- Ambulance record with no matching ED record (i.e. unmatched records)
- Transfer of Care Time > 600 minutes
- Incorrect data entered into ED system
- Missing ambulance data due to CAD outage
- NEPT booked transport
- Multiple patients in one ambulance – only one patient is matched

Targets

Target: Greater than or equal to 90% within 30 minutes

- Not performing: <80% within 30 minutes
- Under performing: ≥ 80% and < 90% within 30 minutes

Context

Timely access to care in emergency departments can lead to better health outcomes for patients and reduce or avoid hospital stays. Better co-ordination of the handover process of patients between ambulance services and hospitals:

- Contribute to the timeliness of ambulance patients accessing definitive care, and
- Reduce the time taken for ambulance turnaround at hospital, improving resource availability

Related Policies/ Programs	• Whole of Health Program • PD2018_010 Emergency Department Patients Awaiting Care
Useable data available from	2011/12
Frequency of Reporting	Monthly/Weekly
Time lag to available data	This ambulance system uses batched data extraction. Daily data is taken from both the ambulance system and the emergency department systems and then matched within the Transfer of Care Reporting System between 3am and 8am for the previous day's data. As there is a short turnaround for the data to be made available, there may be occasional operational issues that affect the availability of the data.

Business owners

Contact – Policy	Executive Director, System Management Branch, MOH
Contact – Ambulance Data	Executive Director, Business Innovation and Planning, NSW Ambulance
Contact – ED 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	1
Maximum size	6
Data domain	
Date effective	1 July 2016

INDICATOR: KS2142

Potentially Preventable Hospital Services (%)

Shortened Title	Potentially Preventable Hospital Services
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	All Emergency Department presentations and Admitted Patient episodes of care in NSW public hospitals
Goal	To reduce preventable visits to hospital by five per cent through to 2023 by caring for people in the community

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	Patient Medical Record and Emergency Department Clerk
Data Collection Source/System	Admitted Patient Data Collection and Emergency Department Data Collection
Primary data source for analysis	Enterprise Data Warehouse (EDW)
Indicator definition	Proportion of Emergency Department attendances or Admitted patient bed days for people with conditions where hospitalization or ED visit is potentially preventable.

Numerator

Numerator definition

The numerator is the total number of ED service events or days spent in hospital by people with conditions where hospitalisation is potentially preventable. This is the sum of two broad categories:

- Admitted patient component: days spent in hospital by discharged patients admitted with a potentially preventable condition. Potentially preventable conditions include conditions defined by AIHW, which are described at the AIHW's METeOR website: https://meteor.aihw.gov.au/content/740851
- ED component: number of Triage category 4 and 5 presentations to emergency departments

Numerator source

EDW (Admitted Patient Data Collection and Emergency Department Data Collection)

Numerator availability

Available

Denominator

Denominator definition	Total number of days of admitted patient care for patients discharged in the reporting period, plus the total number of emergency department presentations during the reporting period.
Denominator source	EDW (Admitted Patient Data Collection and Emergency Department Data Collection)
Denominator availability	Available

Inclusions

- ED component: All patients presenting to the emergency department, with a departure date within the reporting period.
- Admitted Patient component: all admitted patient service events (SE_TYPE_CD = '2') that were completed in NSW public hospitals during the reporting period.

Exclusions

- ED component: both numerator and denominator counts exclude:
  - Visit types (ED_VIS_TYPE_CD) = 6, 12 and 13) (Pre-arranged Admission: Without ED Workup, telehealth presentations and current admitted patient presentations, respectively);
  - Mode of separation (ED_SEPR_MODE_CD) = '98' for registered in error;
  - Vic-in-Reach LHD (Albury Hospital) (OSP_ID = 1000921)
- Admitted patient component of the numerator excludes:
  - Unit type ([FIRST_HEALTH_SERVICE_WARD_ATTRIBUTE_PROFILE].[HEALTH_SERVICE_WARD_PRIMARY_BED_TYPE_CD]) is 17 or 58 and no other episodes in that service encounter (ED Only)
  - Service category type 2 (Rehabilitation) (SE_SERVICE_CATEGORY_CD = 2)
  - Bed type on admission 25, 26 or 28 (Hospital in the Home) (HEALTH_SERVICE_WARD_PRIMARY_BED_TYPE_CD = 25, 26 or 28)
  - OSP health organisation identifier = 3015234
  - OSP LHD identifier is 1000170 or 1000921
  - Admitted patient service event length of stay > 120 days
  - Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Admitted patient component of the denominator excludes:
  - Unit type ([FIRST_HEALTH_SERVICE_WARD_ATTRIBUTE_PROFILE].[HEALTH_SERVICE_WARD_PRIMARY_BED_TYPE_CD]) is 17 or 58 and no other episodes in that service encounter (ED Only)
  - OSP LHD identifier is 1000170 or 1000921
  - Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')

Targets

Performance targets are set relative to the benchmark percentage in the previous year for the LHD
- Performing: 2% lower than benchmark (≤98% of individual benchmark percentage in the previous year)
- Under Performing: within 2% of benchmark (>98% and ≤102% of individual benchmark the previous year)
- Not Performing: 2% higher than benchmark (≥102% of individual benchmark the previous year)

Context	Supporting patients in the community using integrated approaches to care has demonstrated reductions in unnecessary hospital visits by delivering care closer to home.
	Focusing on preventative healthcare in the community also helps people stay as healthy as possible for as long as possible while ensuring the hospital system operates as efficiently as possible.
	The Premier's Priority aims to reduce potentially preventable visits to hospital by five per cent through to 2023 for people who can safely receive their care in the community.
Related Policies/ Programs	Premier's Priority NSW (https://www.nsw.gov.au/premiers-priorities/improving-outpatient-and-community-care) and NSW Health Strategic Framework for Integrated Care (https://www.health.nsw.gov.au/integratedcare/Publications/strategic-framework-for-integrating-care.PDF)
Useable data available from	Available
Frequency of Reporting	Monthly
Time lag to available data	3 months
Business owners	
Contact – Policy	Executive Director, System Performance Support Branch and Director Integrated Care Implementation.
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.N
Minimum size	3
Maximum size	5
Data domain	
Date effective	1 July 2020

Related National Indicators

National Healthcare Agreement: PI 18–Selected potentially preventable hospitalisations, 2022

Meteor ID: 740851

https://meteor.aihw.gov.au/content/740851

National Healthcare Agreement: PI 19–Selected potentially avoidable GP-type presentations to emergency departments, 2022

METeOR ID: 740847

https://meteor.aihw.gov.au/content/740847

INDICATOR: KS2128

Previous IDs: KS2114, KQS205

Hospital Acquired Pressure Injuries (Rate per 10,000 admitted patient service events)

Stage 3, 4, unspecified hospital acquired pressure injuries, unstageable and suspected deep tissue injury. – (Rate per 10,000 admitted patient service events)

Shortened Title	Hospital Acquired Pressure Injuries
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.21
Scope	All patients admitted to public hospitals in NSW
Goal	To minimize the number and severity of hospital acquired pressure injuries in NSW public health facilities through promotion of a comprehensive, systematic approach to pressure injury prevention and management.
Desired outcome	Improved quality and safety processes by timely risk assessment which guides prevention strategies and management of existing pressure injuries, resulting in a reduction in the number and severity of hospital acquired pressure injuries.
Primary point of collection	Patient Medical Record
Data Collection Source/System	Admitted Patient Data Collection
Primary data source for analysis	EDW
Indicator definition	The rate of completed admitted patient service events with stage 3 or 4, or unspecified, or unstageable, or deep tissue hospital acquired pressure injuries per 10,000 admitted patient service events.

Numerator

Numerator definition	Total number of admitted patient service events (SE_TYPE_CD = '2')with separation dates in the reporting period, and with at least one of the ICD-10-AM codes listed in the Australian Commission on Safety and Quality in Health Care's (ACSQHC) HACs specification file for HACs V 3.1 (April 2022 release) downloadable from https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hospital-acquired-complications-hacs-list-specifications-version-31 for the numerator for hospital acquired pressure injuries (HAC 1). The 12th Edition of ICD-10-AM coding should be used, which includes the following additional diagnosis codes:

- Any of the listed ICD-10-AM 12th Edition codes recorded as an additional diagnosis.
- **AND** condition onset flag code of 1.
- **AND satisfying the criteria for the denominator**

- For analysis relating to newborns with qualified days includes separations with any of specified ICD-10-AM codes as either the principal diagnosis or an additional diagnosis.

For one inpatient service event, one type of HAC is only counted at most once if multiple diagnoses of the HAC are identified.

Numerator source	EDW
Numerator availability	Available from 1 September 2015

Denominator

Denominator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, excluding inpatient service events with any of the following:

- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.

Denominator source	EDW
Denominator availability	Available

Inclusions

All admitted patient service events in NSW public hospitals

Note: Mental health and drug and alcohol admitted patient service events are included in the current version (ACSQHC HAC V3.1).

Exclusions

Numerator exclusion:
Admitted patient service events with the qualified diagnosis codes recorded as the principal diagnosis code.
Numerator and denominator exclusions:

- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.
- Any uncoded records.

Targets

The risk adjusted targets for individual Local Health Districts and Local Specialty Health Networks are set for a 12-month rolling period (12

months to date). **Finalised performance targets for individual LHDs or Specialty Networks can be downloaded from here: 2023-24 HAC Targets**

The risk adjusted targets have been developed using risk adjusted models on the 2022 NSW APDC data. The risk adjustors used are largely in the same dimensions as those used for IHPA's service activity adjustors.

Rates of under and up to 80% upper control limits of expected rates are scored as 'Performing', rates between 80% and 95% upper control limits as 'Under Performing', and rates above the respective 95% upper control limits are flagged as 'Not Performing'. Targets are not applicable if the expected number of HACs is less than 1.

Context	Hospital-acquired pressure injuries extend the length of hospitalisation, which impacts on patients and their families. These injuries also increase the cost of admission incurred by the health service. This additional cost may be the result of an increased length of stay or more complex care requirements. While there is an increased financial cost, the most significant cost is the pain and discomfort experienced by the patient.
	Significant reductions in pressure injury rates are being achieved in some hospitals through preventive initiatives. Related information can be found on the Commission's website: https://safetyandquality.govcms.gov.au/sites/default/files/2019-04/SAQ7730_HAC_InfomationKit_V2.pdf
Related Policies/ Programs	• NSW Health Pressure Injury Prevention and Management policy PD 2014_007 sets out best practice for the prevention of pressure injuries • NSQHSS 5 Comprehensive Care • CEC Pressure Injury Prevention Project
Useable data available from	1 September 2015
Frequency of Reporting	Monthly
Time lag to available data	1 month
Business owners	
Contact - Policy	Chief Executive, Clinical Excellence Commission
Contact - Data	Executive Director, System Information and Analytics Branch (MOH-SystemInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, presented as a rate per 10,000 admitted patient service events
Representational layout	NN.NN

Minimum size	4
Maximum size	6
Data domain	
Date effective	1 July 2019
Related National Indicator	This HAC indicator follows the ACSQHC's specification:

Australian Commission on Safety and Quality in Health Care – ACSQHC's Hospital Acquired Complication (HAC 1) in release V 3.1: https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications#hospital-acquired-complications -list

INDICATOR: **KS2129** **Previous IDs:** **KS2115, KS2101**	**Fall-Related Injuries in Hospital** – Resulting in fracture or intracranial injury (Rate per 10,000 admitted patient service events)
Shortened Title	Fall-Related Injuries in Hospital
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.21
Scope	All patients admitted to public hospitals in NSW
Goal	To provide safe and quality care to reduce harm from falls in hospital in patients
Desired outcome	Fewer instances of falls occurring in health service area resulting in intracranial injury, fractured neck of femur and other fractures.
Primary point of collection	Patient medical record
Data Collection Source/System	Admitted patient data collection
Primary data source for analysis	EDW
Indicator definition	A fall occurring in health service area resulting in intracranial injury, fractured neck of femur or other fracture as a rate per 10,000 admitted patient service events.
Numerator	
Numerator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, and with at least one of the ICD-10-AM codes listed in the Australian Commission on Safety and Quality in Health Care's (ACSQHC) HACs specification file for HACs V 3.1 (April 2022 release) downloadable from https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hospital-acquired-complications-hacs-list-specifications-version-31 for the numerator for fall related injuries in hospitals (HAC 2). The 12th Edition of ICD-10-AM coding should be used, which includes the following additional diagnosis codes: • Any of the listed ICD-10-AM 12th Edition codes recorded as an additional diagnosis, • AND any external cause code of (falls): W01x, W03, W04, W05, W061, W062, W063, W064, W066, W068, W069, W07x, W08x, W10x, W130, W131, W132, W135, W138, W139, W18x, W19, • AND condition Onset Flag = '1'. • AND satisfying the criteria for the denominator

- For analysis relating to newborns with qualified days includes separations with any of specified ICD-10-AM codes as either the principal diagnosis or an additional diagnosis.

For one admitted patient service event, one type of HAC is only counted at most once if multiple diagnoses of the HAC are identified.

Numerator source	EDW
Numerator availability	Available from 1 September 2015

Denominator

Denominator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, **excluding** service events with any of the following: • Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM • Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM • Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0) • Hospital boarder (SE_SERVICE_CATEGORY_CD = '0') • Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.
Denominator source	EDW
Denominator availability	Available

Inclusions

All admitted patient service events in NSW public hospitals.

Note: Mental health and drug and alcohol admitted patient service events are included in the current version (ACSQHC HAC V3.1).

Exclusions

Numerator exclusions:
Admitted patient service events with the qualified diagnosis codes recorded as the principal diagnosis code.
Numerator and denominator exclusions:
- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.
- Any uncoded records.

Targets

The risk adjusted targets for individual Local Health Districts and Local Specialty Health Networks are set for a 12-month rolling period (12 months to date). **Finalised performance targets for individual LHDs or Specialty Networks can be downloaded from here: 2023-24 HAC Targets**

The risk adjusted targets have been developed using risk adjusted models on the 2022 NSW APDC data. The risk adjustors used are largely in the same dimensions as those used for IHPA's service activity adjustors.

Rates of under and up to 80% upper control limits of expected rates are scored as 'Performing', rates between 80% and 95% upper control limits as 'Under Performing', and rates above the respective 95% upper control limits are flagged as 'Not Performing'. Targets are not applicable if the expected number of HACs is less than "1".

Monitoring falls in hospital resulting in harm is specific to aligning with the Australian Commission on Safety and Quality in Healthcare (ACSQHC), Hospital Acquired Complications List and the CEC Leading Better Value Care – Falls in hospital initiative.

More contextual information can be found in the ACSQHC's HAC information kit, downloadable from the Commission's website: https://safetyandquality.govcms.gov.au/sites/default/files/2019-04/SAQ7730_HAC_InfomationKit_V2.pdf.

Related Policies/ Programs	
Useable data available from	1 September 2015
Frequency of Reporting	Monthly
Time lag to available data	1 month
Business owners	
Contact - Policy	Chief Executive, Clinical Excellence Commission
Contact - Data	Executive Director, System Information and Analytics Branch (MOH-SystemInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, presented as a rate per 10,000 admitted patient service events
Representational layout	NN.NN
Minimum size	4
Maximum size	6
Date effective	1 July 2019
Related National Indicator	This HAC indicator follows the ACSQHC's specification:

Australian Commission on Safety and Quality in Health Care – ACSQHC's Hospital Acquired Complication (HAC 2) in release V 3.1: https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications#hospital-acquired-complications -list

INDICATOR: KS2130

Previous IDs: KS2116, KS2110

Healthcare Associated Infections (Rate per 10,000 admitted patient service events)

Shortened Title	Healthcare Associated Infections
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.21
Scope	All patients admitted to public hospitals in NSW
Goal	To reduce hospital associated infection by the provision of patient care that mitigates avoidable risks to patients.
Desired outcome	Reduction in the number of patients developing infections whilst an inpatient.
Primary point of collection	Patient medical record
Data Collection Source/System	Admitted patient data collection
Primary data source for analysis	EDW
Indicator definition	Rate of healthcare associated infections per 10,000 admitted patient service events.

Numerator

Numerator definition

Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, and with at least one of the ICD-10-AM codes listed in the Australian Commission on Safety and Quality in Health Care's (ACSQHC) HACs specification file for HACs V 3.1 (April 2022 release) downloadable from

https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hospital-acquired-complications-hacs-list-specifications-version-31

for the numerator for healthcare associated infections (HAC 3). The 12th Edition of ICD-10-AM coding should be used, which includes the following additional diagnosis codes:

• Any of the listed ICD-10-AM 12th Edition codes recorded as an additional diagnosis,

• **AND** condition onset flag code of 1.

• **AND satisfying the criteria for the denominator**

• For analysis relating to newborns with qualified days includes separations with any of specified ICD-10-AM codes as either the principal diagnosis or an additional diagnosis.

For one admitted patient service event, one type of HAC is only counted at most once if multiple diagnoses of the HAC are identified.

Numerator source   EDW

Numerator availability	Available from 1 September 2015

Denominator

Denominator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, **excluding** service events with any of the following:

- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.

Denominator source	EDW
Denominator availability	Available

Inclusions

All admitted patient service events in NSW public hospitals

Note: Mental health and drug and alcohol admitted patient service events are included in the current version (ACSQHC HAC V3.1).

Exclusions

Numerator exclusions:
- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.
- Any uncoded records.

Targets

The risk adjusted targets for individual Local Health Districts and Local Specialty Health Networks are set for a 12-month rolling period (12 months to date). **Finalised performance targets for individual LHDs or Specialty Networks can be downloaded from here: 2023-24 HAC Targets**

The risk adjusted targets have been developed using risk adjusted models on the 2022 NSW APDC data. The risk adjustors used are largely in the same dimensions as those used for IHPA's service activity adjustors.

Rates of under and up to 80% upper control limits of expected rates are scored as 'Performing', rates between 80% and 95% upper control limits as 'Under Performing', and rates above the respective 95% upper control limits are flagged as 'Not Performing'. Targets are not applicable if the expected number of HACs is less than 1.

Context	A hospital-acquired infection often also results in a prolonged hospital stay which impacts on patients and their families. These infections increase the cost of admission incurred by the health service. This additional cost may be the result of an increased length of stay or more complex care requirements. While there is an increased financial cost, the most significant cost is the pain and discomfort experienced by the patient. Preventing hospital-acquired infections therefore presents an important challenge to clinicians and health service managers. Significant reductions in hospital-acquired infection rates are already being achieved in some hospitals through preventative initiatives. Related information can be found on the Commission's website: https://safetyandquality.govcms.gov.au/sites/default/files/2019-04/SAQ7730_HAC_InfomationKit_V2.pdf
Related Policies/ Programs	
Useable data available from	1 September 2015
Frequency of Reporting	Monthly
Time lag to available data	1 month
Business owners	
Contact - Policy	Chief Executive, Clinical Excellence Commission
Contact - Data	Executive Director, Strategic Information and Analysis (MOH-SystemInformationAndAnalytics@health.nsw.gov.au.)
Representation	
Data type	Numeric
Form	Number, presented as a rate per 10,000 admitted patient service events.
Representational layout	NN.NN
Minimum size	4
Maximum size	6
Data domain	
Date effective	1 July 2019
Related National Indicator	This HAC indicator follows the ACSQHC's specification: Australian Commission on Safety and Quality in Health Care – ACSQHC's Hospital Acquired Complication (HAC 3) in release V 3.1: https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications#hospital-acquired-complications -list

INDICATOR: KS2131
Previous ID: KS2117

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Hospital Acquired Respiratory Complications (Rate per 10,000 admitted patient service events)

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Shortened Title	Hospital Acquired Respiratory Complications
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.21
Scope	All in-scope patients in NSW public hospitals
Goal	To reduce hospital acquired respiratory complications, improve quality of care and reduce length of stay and overall admission cost, and to reduce patient pain and discomfort in public health care.
Desired outcome	Reduction in the rate of patients developing respiratory complications whilst an inpatient in NSW public hospitals
Primary point of collection	Patient medical record
Data Collection Source/System	NSW Admitted Patient Data Collection
Primary data source for analysis	EDW
Indicator definition	Rate of hospital acquired respiratory complications per 10,000 admitted patient service events

Numerator

Numerator definition

Total number of admitted patient service events (SE_TYPE_CD = '2')with separation dates in the reporting period, and with at least one of the ICD-10-AM codes listed in the Australian Commission on Safety and Quality in Health Care's (ACSQHC) HACs specification file for HACs V 3.1 (April 2022 release) downloadable from https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hospital-acquired-complications-hacs-list-specifications-version-31 for the numerator for hospital acquired respiratory complications (HAC 6). The 12th Edition of ICD-10-AM coding should be used, which includes the following additional diagnosis codes:

- (ANY of diagnosis codes: J80, J96.00, J96.01, J96.09, J96.90, J96.91, J96.99) **AND** any of procedure codes: (13882-00, 13882-01, 13882-02, 92209-01, 92209-02) **OR** J69.0, J69.8, J95.4, J95.82, J81

- **AND** condition onset flag code of 1.

- **AND satisfying the criteria for the denominator**

- For analysis relating to newborns with qualified days includes separations with any of specified ICD-10-AM codes as either the principal diagnosis or an additional diagnosis.

For one admitted patient service event, one type of HAC is only counted at most once if multiple diagnoses of the HAC are identified.

Numerator source	EDW
Numerator availability	Available from 1 September 2015

Denominator

Denominator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, **excluding** service events with any of the following:

- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.

Denominator source	EDW
Denominator availability	Available

Inclusions

All admitted patient service events in NSW public hospitals

Note: Mental health and drug and alcohol admitted patient service events are included in the current version (ACSQHC HACs V3.1)

Exclusions

Numerator exclusions:

- Admitted patient service events with the qualified diagnosis codes recorded as the principal diagnosis code.

Numerator and denominator exclusions:

- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.
- Any uncoded records.

Targets

The risk adjusted targets for individual Local Health Districts and Local Specialty Health Networks are set for a 12-month rolling period (12 months to date). **Finalised performance targets for individual LHDs or Specialty Networks can be downloaded from here: 2023-24 HAC Targets**

The risk adjusted targets have been developed using risk adjusted models on the 2022 NSW APDC data. The risk adjustors used are largely in the same dimensions as those used for IHPA's service activity adjustors.

Rates of under and up to 80% upper control limits of expected rates are scored as 'Performing', rates between 80% and 95% upper control limits as 'Under Performing', and rates above the respective 95% upper control limits

are flagged as 'Not Performing'. Targets are not applicable if the expected number of HACs is less than 1.

Context	Hospital-acquired respiratory complications extend the length of hospitalisation, which impacts on patients and their families. These complications also increase the cost of admission incurred by the health service. This additional cost may be the result of an increased length of stay or more complex care requirements. While there is an increased financial cost, the most significant cost is the pain and discomfort experienced by the patient.
	Related information can be found on the Commission's website:
	https://safetyandquality.govcms.gov.au/sites/default/files/2019-04/SAQ7730_HAC_InfomationKit_V2.pdf.
Related Policies/Programs	
Usable data available from	1 September 2015
Frequency of Reporting	Monthly
Time lag to available data	1 month
Business owners	
Contact - Policy	Chief Executive, Clinical Excellence Commission
Contact - Data	Executive Director, System Information and Analytics Branch (MOH-SystemInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, presented as a rate per 10,000 admitted patient service events
Representational layout	NNN.NN
Minimum size	4
Maximum size	6
Date effective	1 July 2019
Related National Indicator	This HAC indicator follows the ACSQHC's specification:
	Australian Commission on Safety and Quality in Health Care – ACSQHC's Hospital Acquired Complication (HAC 6) in release V 3.1: https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications#hospital-acquired-complications -list

INDICATOR: KS2132	**Hospital Acquired Venous Thromboembolism** (Rate per 10,000 admitted patient service events)
Previous IDs: KS2118, SSQ120	

Shortened Title	Hospital Acquired VTE Rate
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.21
Scope	All patients admitted to public hospitals in NSW
Goal	To reduce Hospital Acquired Venous Thromboembolism by the provision of patient care that mitigates avoidable risks to patients, and to provide an outcome measure for the effectiveness of the Venous Thromboembolism (VTE) Prevention program
Desired outcome	Reduction in the number of patients developing hospital acquired VTE through increasing the number of patients risk assessed within 24 hours of admission and provided appropriate VTE prophylaxis.
Primary point of collection	Patient medical record
Data Collection Source/System	Admitted patient data collection
Primary data source for analysis	EDW
Indicator definition	The rate of completed inpatient episodes with hospital acquired VTE per 10,000 admitted patient service events.

Numerator

Numerator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, and with at least one of the ICD-10-AM codes listed in the Australian Commission on Safety and Quality in Health Care's (ACSQHC) HACs specification file for HACs V 3.1 (April 2022 release) downloadable from https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hospital-acquired-complications-hacs-list-specifications-version-31 for the numerator for Hospital Acquired VTE (HAC 7). The 12th Edition of ICD-10-AM coding should be used, which includes the following additional diagnosis codes:

- Any of ICD 10 AM 12th Edition codes: I26.0, I26.9, I80.1, I80.20, I80.21, I80.22, I80.23, I80.42, I80.8;
- **AND** condition onset flag code of 1.
- **AND satisfying the criteria for the denominator**
- For analysis relating to newborns with qualified days includes separations with any of specified ICD-10-AM codes as either the principal diagnosis or an additional diagnosis.

  For one admitted patient service event, one type of HAC is only counted at most once if multiple diagnoses of the HAC are identified.

Numerator source	EDW
Numerator availability	Available from 1 September 2015

Denominator

Denominator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, **excluding** service events with any of the following:

- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.

Denominator source	EDW
Denominator availability	Available

Inclusions

All admitted patient service events in NSW public hospitals

Note: Mental health and drug and alcohol admitted patient service events are included in the current version (ACSQHC HACs V 3.1).

Exclusions

Numerator exclusions:
- Admitted patient service events with the qualified diagnosis codes recorded as the principal diagnosis code.

Numerator and denominator exclusions:
- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.
- Any uncoded records.

Targets

The risk adjusted targets for individual Local Health Districts and Local Specialty Health Networks are set for a 12-month rolling period (12 months to date). **Finalised performance targets for individual LHDs or Specialty Networks can be downloaded from here: 2023-24 HAC Targets**

The risk adjusted targets have been developed using risk adjusted models on the 2022 NSW APDC data. The risk adjustors used are largely in the same dimensions as those used for IHPA's service activity adjustors.

Rates of under and up to 80% upper control limits of expected rates are scored as 'Performing', rates between 80% and 95% upper control limits as 'Under Performing', and rates above the respective 95% upper control limits are flagged as 'Not Performing'. Targets are not applicable if the expected number of HACs is less than 1.

Variation may exist in the assignment of ICD-10-AM codes, leading to under-reporting in post-operative or post-procedural period; in particular, the assignment of an additional code (I26.0, I26.9, I80.1 or I80.2) identifying the presence of the VTE as a post-operative or post-procedural complication is not a mandatory coding practice. Therefore, coding practices may require evaluation to ensure consistency.

Context	The HAC information kit contains more contextual information: https://safetyandquality.govcms.gov.au/sites/default/files/2019-04/SAQ7730_HAC_InfomationKit_V2.pdf.
Related Policies/ Programs	*PD2019_057 Prevention of Venous Thromboembolism*
Useable data available from	1 September 2015
Frequency of Reporting	Monthly
Time lag to available data	1 month
Business owners	
Contact - Policy	Chief Executive, Clinical Excellence Commission
Contact - Data	Executive Director, System Information and Analytics Branch (MOH-SystemInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, presented as a rate per 10,000 admitted patient service events
Representational layout	NN.NN
Minimum size	4
Maximum size	6
Data domain	
Date effective	1 July 2019
Related National Indicator	This HAC indicator follows the ACSQHC's specification:
	Australian Commission on Safety and Quality in Health Care – ACSQHC's Hospital Acquired Complication (HAC 7) in release V 3.1: https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications#hospital-acquired-complications -list

INDICATOR: KS2133
Previous ID: KS2119

Hospital Acquired Renal Failure (Rate per 10,000 admitted patient service events)

Shortened Title	Hospital Acquired Renal failure
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.21
Scope	All patients in NSW public hospitals
Goal	To reduce hospital acquired renal failure by the provision of care that mitigates avoidable clinical risks to patients.
Desired outcome	Reduction of hospital acquired renal failure.
Primary point of collection	Patient medical record
Data Collection Source/System	Admitted patient data collection
Primary data source for analysis	EDW
Indicator definition	Rate of hospital acquired renal failure per 10,000 admitted patient service events

Numerator

Numerator definition

Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, and with at least one of the ICD-10-AM codes listed in the Australian Commission on Safety and Quality in Health Care's (ACSQHC) HACs specification file for HACs V 3.1 (April 2022 release) downloadable from https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hospital-acquired-complications-hacs-list-specifications-version-31 for the numerator for hospital acquired renal failure (HAC 8). The 12th Edition of ICD-10-AM coding should be used, which includes the following additional diagnosis codes:

- Any of ICD 10 AM 12th Edition codes: N17.0, N17.1, N17.2, N17.8, N17.9, N19, O90.4, O08.4
- **AND** any of procedure codes: 13100-00, 13100-01,13100-02,13100-03, 13100-04
- **AND** condition onset flag code of 1.
- **AND** satisfying the criteria for the denominator
- For analysis relating to newborns with qualified days includes separations with any of specified ICD-10-AM codes as either the principal diagnosis or an additional diagnosis.
- **Excluding**: admitted patient service events with either N18.4 or N18.5, regardless of any condition onset flag.

For one admitted patient service event, one type of HAC is only counted at most once if multiple diagnoses of the HAC are identified.

Numerator source   EDW

Numerator availability   Available from 1 September 2015

Denominator

Denominator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, **excluding** admitted patient service events with any of the following:

- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.

Denominator source	EDW
Denominator availability	Available
Inclusions	All admitted patient service events in NSW public hospitals
	Note: Mental health and drug and alcohol admitted patient service events are included in the current version (ACSQHC HACs V 3.1)
Exclusions	Numerator exclusions:

- Admitted patient service events with the qualified diagnosis codes recorded as the principal diagnosis code.
- **Excluding: admitted patient service events with either N18.4 or N18.5, regardless of any condition onset flag**

Numerator and denominator exclusions:

- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.
- Any uncoded records.

Targets	The risk adjusted targets for individual Local Health Districts and Local Specialty Health Networks are set for a 12-month rolling period (12 months to date). **Finalised performance targets for individual LHDs or Specialty Networks can be downloaded from here: 2023-24 HAC Targets**

The risk adjusted targets have been developed using risk adjusted models on the 2022 NSW APDC data. The risk adjustors used are largely in the same dimensions as those used for IHPA's service activity adjustors.

Rates of under and up to 80% upper control limits of expected rates are scored as 'Performing', rates between 80% and 95% upper control limits as 'Under Performing', and rates above the respective 95% upper control limits

are flagged as 'Not Performing'. Targets are not applicable if the expected number of HACs is less than 1.

Context	"HACs affect patient's recovery, outcome and can result in a longer length of stay and higher costs to health service system, more work is needed to reduce HACs and improve the quality of care provided to patients.
	Hospital-associated acute kidney injury (also known as acute renal failure) is common as it may be caused by impaired renal perfusion due to hypotension or dehydration, medicines, recent surgery, radiographic contrast media, or sepsis. Renal failure may cause distressing symptoms including fluid retention and swelling, dyspnoea, drowsiness, fatigue, cognitive clouding and confusion, persistent nausea, and seizures. The condition also has an extremely high mortality rate of 50%. Early recognition and intervention are important elements of effective treatment."
	Related information can be found on the Commission's website: https://safetyandquality.govcms.gov.au/sites/default/files/2019-04/SAQ7730_HAC_InfomationKit_V2.pdf.
Related Policies/Programs	
Usable data available from	1 September 2015
Frequency of Reporting	Monthly
Time lag to available data	1 month
Business owners	
Contact - Policy	Chief Executive, Clinical Excellence Commission
Contact - Data	Executive Director, System Information and Analytics Branch (MOH-SystemInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, presented as a rate per 10,000 admitted patient service events
Representational layout	NNN.NN
Minimum size	4
Maximum size	6
Date effective	1 July 2019
Related National Indicator	This HAC indicator follows the ACSQHC's specification:
	Australian Commission on Safety and Quality in Health Care – ACSQHC's Hospital Acquired Complication (HAC 8) in release V 3.1: https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications#hospital-acquired-complications -list

INDICATOR: KS2134 **Previous ID: KS2120**	**Hospital Acquired Gastrointestinal Bleeding** (Rate per 10,000 admitted patient service events)

Shortened Title	Hospital Acquired Gastrointestinal Bleeding
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.21
Scope	All patients in NSW public hospitals
Goal	To reduce hospital acquired gastrointestinal bleeding by the provision of care that mitigates avoidable clinical risks to patients.
Desired outcome	Reduction in Hospital Acquired Gastrointestinal Bleeding.
Primary point of collection	Patient medical record
Data Collection Source/System	Admitted patient data collection
Primary data source for analysis	EDW
Indicator definition	Rate of hospital acquired gastrointestinal bleeding per 10,000 admitted patient service events
Numerator	
Numerator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, and with at least one of the ICD-10-AM codes listed in the Australian Commission on Safety and Quality in Health Care's (ACSQHC) HACs specification file for HACs V 3.1 (April 2022 release) downloadable from https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hospital-acquired-complications-hacs-list-specifications-version-31 for the numerator for hospital acquired gastrointestinal bleeding (HAC 9). The 12th Edition of ICD-10-AM coding should be used, which includes the following additional diagnosis codes: • Any of **ICD10AM 12th Edition** codes: K22.6, K25.0, K25.2, K25.4, K25.6, K26.0, K26.2, K26.4, K26.6, K27.0, K27.2, K27.4, K27.6, K28.0, K28.2, K28.4, K28.6, K29.0, K92.0, K92.1, K92.2, • **AND** condition onset flag code of 1. • **AND satisfying the criteria for the denominator** • For analysis relating to newborns with qualified days includes separations with any of specified ICD-10-AM codes as either the principal diagnosis or an additional diagnosis. For one admitted patient service event, one type of HAC is only counted at most once if multiple diagnoses of the HAC are identified.
Numerator source	EDW
Numerator availability	Available from 1 September 2015
Denominator	

Denominator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, **excluding** admitted patient service events with any of the following:

- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.

Denominator source	EDW
Denominator availability	Available
Inclusions	All admitted patient service events in NSW public hospitals
	Note: Mental health and drug and alcohol admitted patient service events are included in the current version (ACSQHC HACs V 3.1)
Exclusions	Numerator exclusions:

- Admitted patient service events with the qualified diagnosis codes recorded as the principal diagnosis code.

Numerator and denominator exclusions:
- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.
- Any uncoded records.

Targets	The risk adjusted targets for individual Local Health Districts and Local Specialty Health Networks are set for a 12 month rolling period (12 months to date). **Finalised performance targets for individual LHDs or Specialty Networks can be downloaded from here: 2023-24 HAC Targets**
	The risk adjusted targets have been developed using risk adjusted models on the 2022 NSW APDC data. The risk adjustors used are largely in the same dimensions as those used for IHPA's service activity adjustors.
	Rates of under and up to 80% upper control limits of expected rates are scored as 'Performing', rates between 80% and 95% upper control limits as 'Under Performing', and rates above the respective 95% upper control limits are flagged as 'Not Performing'. Targets are not applicable if the expected number of HACs is less than 1.
Context	Hospital-acquired gastrointestinal bleeding extends the length of hospitalisation, which impacts on patients, their families and increases the cost of admission. A majority of

gastrointestinal bleeds are preventable. Significant reductions in gastrointestinal bleeding rates are being achieved in some hospitals by preventative initiatives.

The above information is sourced from the ACSQHC's HAC information kit, downloadable from the Commission's website:

https://safetyandquality.govcms.gov.au/sites/default/files/2019-04/SAQ7730_HAC_InfomationKit_V2.pdf.

The HAC information kit contains more contextual information.

Related Policies/Programs	
Usable data available from	1 September 2015
Frequency of Reporting	Monthly
Time lag to available data	1 month
Business owners	
Contact - Policy	Chief Executive, Clinical Excellence Commission
Contact - Data	Executive Director, System Information and Analytics Branch (MOH-SystemInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, presented as a rate per 10,000 admitted patient service events
Representational layout	NN.NN
Minimum size	4
Maximum size	6
Date effective	1 July 2019
Related National Indicator	This HAC indicator follows the ACSQHC's specification:
	Australian Commission on Safety and Quality in Health Care – ACSQHC's Hospital Acquired Complication (HAC 9) in release V 3.1: https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications#hospital-acquired-complications -list

INDICATOR: KS2135

Previous IDs: KS2121, KS2111

Hospital Acquired Medication Complications (Rate per 10,000 admitted patient service events)

Shortened Title	HAC Medication Complications
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.21
Scope	All patients admitted to public hospitals in NSW
Goal	To improve the quality use of medicines and to reduce complications and adverse events arising from medication use.
Desired outcome	Reduction in the number of patients developing complications due to the intake of medications.
Primary point of collection	Patient medical record
Data Collection Source/System	Admitted patient data collection
Primary data source for analysis	EDW
Indicator definition	The rate of completed admitted patient service events within the reporting period where a medication complication has occurred in a public hospital per 10,000 admitted patient service events.

Numerator

Numerator definition

Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, and with at least one of the ICD-10-AM codes listed in the Australian Commission on Safety and Quality in Health Care's (ACSQHC) HACs specification file for HACs V 3.1 (April 2022 release) downloadable from https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hospital-acquired-complications-hacs-list-specifications-version-31 for the numerator for Hospital Acquired Medication Complications (HAC 10). The 12th Edition of ICD-10-AM coding should be used, which includes the following additional diagnosis codes:

- ICD-10-AM codes J96.00 or J96.01 or J96.09 or J96.90 or J96.91 or J96.99 or J98.1 as an additional diagnosis code AND a condition onset flag (COF) code of 1 (Condition with onset during the admitted patient service event) AND ANY external cause code of X41, X42, Y11, Y12, Y13, Y14, X43, X44, Y45.0, Y47.0-Y47.9 together with any Condition Onset Flag value assigned to the external cause codes; OR
- ICD-10-AM codes D68.3 as an additional diagnosis AND a condition onset flag (COF) code of 1 (Condition with onset during the admitted patient service event); OR

- Any of ICD-10-AM codes G21.1, G24.0, G24.5, G24.8, G24.9, G25.1, G25.2, G25.3, G25.4, G25.6, G25.8, G25.9, R25.1, R25.3, R26.3, R26.0, R27.0, R29.2, R45.1, R40.0, R40.1, R40.2, S06.01, S06.02, R55 as an additional diagnosis AND a condition onset flag (COF) code of 1 (Condition with onset during the admitted patient service event), AND any external cause codes of Y46.x, Y47.x, Y49.x, Y50.x
- **AND** satisfying the criteria for the denominator
- For analysis relating to newborns with qualified days includes separations with any of specified ICD-10-AM codes as either the principal diagnosis or an additional diagnosis.

For one admitted patient service event, one type of HAC is only counted at most once if multiple diagnoses of the HAC are identified.

Numerator source	EDW
Numerator availability	Available from 1 September 2015

Denominator

Denominator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, **excluding** admitted patient service events with any of the following: • Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM • Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM • Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0) • Hospital boarder (SE_SERVICE_CATEGORY_CD = '0') • Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.
Denominator source	EDW
Denominator availability	Available

Inclusions	All admitted patient service events in NSW public hospitals Note: Mental health and drug and alcohol admitted patient service events are included in the current version (ACSQHC HACs V 3.1).
Exclusions	Numerator exclusions: • Admitted patient service events with the qualified diagnosis codes recorded as the principal diagnosis code. Numerator and denominator exclusions: • Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM • Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM

- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.
- Any uncoded records.

Targets	The risk adjusted targets for individual Local Health Districts and Local Specialty Health Networks are set for a 12 month rolling period (12 months to date). **Finalised performance targets for individual LHDs or Specialty Networks can be downloaded from here: 2023-24 HAC Targets** The risk adjusted targets have been developed using risk adjusted models on the 2022 NSW APDC data. The risk adjustors used are largely in the same dimensions as those used for IHPA's service activity adjustors. Rates of under and up to 80% upper control limits of expected rates are scored as 'Performing', rates between 80% and 95% upper control limits as 'Under Performing', and rates above the respective 95% upper control limits are flagged as 'Not Performing'. Targets are not applicable if the expected number of HACs is less than 1.
Context	Contextual information can be found in the ACSQHC's HAC information kit, downloadable from the Commission's website: https://safetyandquality.govcms.gov.au/sites/default/files/2019-04/SAQ7730_HAC_InfomationKit_V2.pdf.
Related Policies/ Programs	
Useable data available from	1 September 2015
Frequency of Reporting	Monthly
Time lag to available data	1 month
Business owners	
Contact - Policy	Chief Executive, Clinical Excellence Commission
Contact - Data	Executive Director, Systems Information and Analytics (MOH-SystemsInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, presented as a rate per 10,000 admitted patient service events
Representational layout	NN.NN
Minimum size	4
Maximum size	6

Data domain	
Date effective	1 July 2019
Related National Indicator	This HAC indicator follows the ACSQHC's specification:
	Australian Commission on Safety and Quality in Health Care – ACSQHC's Hospital Acquired Complication (HAC 10) in release V 3.1:
	https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications#hospital-acquired-complications -list

INDICATOR: KS2136
Previous ID: KS2122

Hospital Acquired Delirium (Rate per 10,000 admitted patient service events)

Shortened Title	Hospital Acquired Delirium
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.21
Scope	All patients admitted to public hospitals in NSW
Goal	To reduce hospital acquired delirium by the provision of care that mitigates avoidable clinical risks to patients.
Desired outcome	Reduction in hospital acquired delirium
Primary point of collection	Patient medical record
Data Collection Source/System	Admitted patient data collection
Primary data source for analysis	EDW
Indicator definition	Rate of hospital acquired delirium per 10,000 admitted patient service events

Numerator

Numerator definition — Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, and with at least one of the ICD-10-AM codes listed in the Australian Commission on Safety and Quality in Health Care's (ACSQHC) HACs specification file for HACs V 3.1 (April 2022 release) downloadable from https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hospital-acquired-complications-hacs-list-specifications-version-31 for the numerator for hospital acquired Delirium (HAC 11). The 12th Edition of ICD-10-AM coding should be used, which includes the following additional diagnosis codes:

- Any of ICD 10 AM 12th Edition codes: F05.0, F05.1, F05.8, F05.9, and R41.0.
- **AND** condition onset flag code of 1.
- **AND** satisfying the criteria for the denominator
- For analysis relating to newborns with qualified days includes separations with any of specified ICD-10-AM codes as either the principal diagnosis or an additional diagnosis.

For one admitted patient service event, one type of HAC is only counted at most once if multiple diagnoses of the HAC are identified.

Numerator source — EDW

Numerator availability — Available from 1 September 2015

Denominator

Denominator definition — Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, **excluding** admitted patient service events with any of the following:

- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.

Denominator source	EDW
Denominator availability	Available
Inclusions	All admitted patient service events in NSW public hospitals
	Note: Mental health and drug and alcohol admitted patient service events are included in the current version (ACSQHC V3.1).
Exclusions	Numerator exclusions:

Admitted patient service events with the qualified diagnosis codes recorded as the principal diagnosis code.

Numerator and denominator exclusions:
- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.
- Any uncoded records.

Targets

The risk adjusted targets for individual Local Health Districts and Local Specialty Health Networks are set for a 12-month rolling period (12 months to date). **Finalised performance targets for individual LHDs or Specialty Networks can be downloaded from here: 2023-24 HAC Targets**

The risk adjusted targets have been developed using risk adjusted models on the 2022 NSW APDC data. The risk adjustors used are largely in the same dimensions as those used for IHPA's service activity adjustors.

Rates of under and up to 80% upper control limits of expected rates are scored as 'Performing', rates between 80% and 95% upper control limits as 'Under Performing', and rates above the respective 95% upper control limits are flagged as 'Not Performing'. Targets are not applicable if the expected number of HACs is less than 1.

Context

Hospital-acquired delirium prolongs the length of hospitalisation, increases the cost of admission, and adds pain and discomfort to the patient. Prevention is the most effective strategy, but outcomes for patients with delirium can also be improved by early recognition and intervention. Significant reductions in delirium rates are being achieved in some hospitals through preventive initiatives.

	Related information can be found on the Commission's website: https://safetyandquality.govcms.gov.au/sites/default/files/2019-04/SAQ7730_HAC_InfomationKit_V2.pdf.
Related Policies/Programs	
Usable data available from	1 September 2015
Frequency of Reporting	Monthly
Time lag to available data	1 month
Business owners	
Contact - Policy	Chief Executive, Clinical Excellence Commission
Contact - Data	Executive Director, System Information and Analytics Branch (MOH-SystemInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, presented as a rate per 10,000 admitted patient service events
Representational layout	NN.NN
Minimum size	4
Maximum size	6
Date effective	1 July 2019
Related National Indicator	This HAC indicator follows the ACSQHC's specification:
	Australian Commission on Safety and Quality in Health Care – ACSQHC's Hospital Acquired Complication (HAC 11) in release V 3.1: https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications#hospital-acquired-complications -list

INDICATOR: KS2137 Previous ID: KS2123	**Hospital Acquired Incontinence** (Rate per 10,000 admitted patient service events)

Shortened Title	Hospital Acquired Incontinence
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.21
Scope	All patients admitted to public hospitals in NSW
Goal	To reduce Hospital Acquired Incontinence by the provision of care that mitigates avoidable clinical risks to patients.
Desired outcome	Reduction in Hospital Acquired Incontinence
Primary point of collection	Patient medical record
Data Collection Source/System	Admitted patient data collection
Primary data source for analysis	EDW
Indicator definition	Rate of hospital acquired urinary and faecal incontinence per 10,000 admitted patient service events
Numerator	
Numerator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, and with at least one of the ICD-10-AM codes listed in the Australian Commission on Safety and Quality in Health Care's (ACSQHC) HACs specification file for HACs V 3.1 (April 2022 release) downloadable from https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hospital-acquired-complications-hacs-list-specifications-version-31 for the numerator for hospital acquired Persistent Incontinence (HAC 12). The 12th Edition of ICD-10-AM coding should be used, which includes the following additional diagnosis codes:

- Any of ICD10AM 12th Edition codes: R32, N39.30, N39.31, N39.4, or R15.
- **AND** condition onset flag code of 1.
- **AND** satisfying the criteria for the denominator
- For analysis relating to newborns with qualified days includes separations with any of specified ICD-10-AM codes as either the principal diagnosis or an additional diagnosis.

For one admitted patient service event, one type of HAC is only counted at most once if multiple diagnoses of the HAC are identified.

Numerator source	EDW
Numerator availability	Available from 1 September 2015
Denominator	
Denominator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, **excluding** admitted patient service events with any of the following:

- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.

Denominator source	EDW
Denominator availability	Available
Inclusions	All admitted patient service events in NSW public hospitals
	Note: Mental health and drug and alcohol admitted patient service events are included in the current version (ACSQHC HACs V 3.0).
Exclusions	Numerator exclusions:

Numerator exclusions:

- Admitted patient service events with the qualified diagnosis codes recorded as the principal diagnosis code.

Numerator and denominator exclusions:
- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.
- Any uncoded records.

Targets

The risk adjusted targets for individual Local Health Districts and Local Specialty Health Networks are set for a 12 month rolling period (12 months to date). **Finalised performance targets for individual LHDs or Specialty Networks can be downloaded from here: 2023-24 HAC Targets**

The risk adjusted targets have been developed using risk adjusted models on the 2022 NSW APDC data. The risk adjustors used are largely in the same dimensions as those used for IHPA's service activity adjustors.

Rates of under and up to 80% upper control limits of expected rates are scored as 'Performing', rates between 80% and 95% upper control limits as 'Under Performing', and rates above the respective 95% upper control limits are flagged as 'Not Performing'. Targets are not applicable if the expected number of HACs is less than 1.

Context

Hospital-acquired persistent incontinence prolongs the length of hospitalisation, increases the cost of admission, and adds pain and discomfort to the patient. The majority of persistent incontinence can also be prevented. Significant reductions in hospital-acquired persistent incontinence rates are being achieved in some hospitals through preventive initiatives.

	Related information can be found on the Commission's website: https://safetyandquality.govcms.gov.au/sites/default/files/2019-04/SAQ7730_HAC_InfomationKit_V2.pdf
Related Policies/Programs	
Usable data available from	1 September 2015
Frequency of Reporting	Monthly
Time lag to available data	1 month
Business owners	
Contact - Policy	Chief Executive, Clinical Excellence Commission
Contact - Data	Executive Director, System Information and Analytics Branch (MOH-SystemInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, presented as a rate per 10,000 admitted patient service events
Representational layout	NN.NN
Minimum size	4
Maximum size	6
Date effective	1 July 2019
Related National Indicator	This HAC indicator follows the ACSQHC's specification:
	Australian Commission on Safety and Quality in Health Care – ACSQHC's Hospital Acquired Complication (HAC 12) in release V 3.1: https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications#hospital-acquired-complications -list

INDICATOR: KS2138 **Previous ID: KS2124**	**Hospital Acquired Endocrine Complications** (Rate per 10,000 admitted patient service events)

Shortened Title	Hospital Acquired Endocrine Complications
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.21
Scope	All patients admitted to public hospitals in NSW
Goal	To reduce hospital acquired endocrine complications by the provision of patient care that mitigates avoidable risks to patients.
Desired outcome	Reduction in Hospital Acquired Endocrine Complications
Primary point of collection	Patient medical record
Data Collection Source/System	Admitted patient data collection
Primary data source for analysis	EDW
Indicator definition	Rate of hospital acquired endocrine complications per 10,000 admitted patient service events.

Numerator

Numerator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, and with at least one of the ICD-10-AM codes listed in the Australian Commission on Safety and Quality in Health Care's (ACSQHC) HACs specification file for HACs V 3.1 (April 2022 release) downloadable from https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hospital-acquired-complications-hacs-list-specifications-version-31 for the numerator for hospital acquired endocrine complications (HAC 13). The 12th Edition of ICD-10-AM coding should be used, which includes the following additional diagnosis codes:

- Any of ICD 10 AM 12th Edition codes: E43, E44.0, E44.1, E46, E10.64, E11.64, E13.64, E14.64, E16.0, E16.1, E16.2.
- **AND** condition onset flag code of 1.
- **AND** satisfying the criteria for the denominator
- For analysis relating to newborns with qualified days includes separations with any of specified ICD-10-AM codes as either the principal diagnosis or an additional diagnosis.

For one admitted patient service event, one type of HAC is only counted at most once if multiple diagnoses of the HAC are identified.

Numerator source	EDW
Numerator availability	Available from 1 September 2015

Denominator

Denominator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, **excluding** admitted patient service events with any of the following:

- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM

- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.

Denominator source	EDW
Denominator availability	Available
Inclusions	All admitted patient service events in NSW public hospitals
	Note: Mental health and drug and alcohol admitted patient service events are included in the current version (ACSQHC HACs V 3.1).
Exclusions	Numerator exclusions:
	Admitted patient service events with the qualified diagnosis codes recorded as the principal diagnosis code.

Numerator and denominator exclusions:
- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.
- Any uncoded records.

Targets	The risk adjusted targets for individual Local Health Districts and Local Specialty Health Networks are set for a 12 month rolling period (12 months to date). **Finalised performance targets for individual LHDs or Specialty Networks can be downloaded from here: 2023-24 HAC Targets**
	The risk adjusted targets have been developed using risk adjusted models on the 2022 NSW APDC data. The risk adjustors used are largely in the same dimensions as those used for IHPA's service activity adjustors.
	Rates of under and up to 80% upper control limits of expected rates are scored as 'Performing', rates between 80% and 95% upper control limits as 'Under Performing', and rates above the respective 95% upper control limits are flagged as 'Not Performing'. Targets are not applicable if the expected number of HACs is less than 1.
Context	Hospital Acquired Malnutrition prolongs the length of hospitalisation, increases the cost of admission, and adds pain and discomfort to the patient. Significant reductions in malnutrition rates are being achieved in some hospitals by suitable preventive initiatives.
	Related information can be found on the Commission's website:
	https://safetyandquality.govcms.gov.au/sites/default/files/2019-04/SAQ7730_HAC_InfomationKit_V2.pdf.

Related Policies/Programs

Usable data available from   1 September 2015

Frequency of Reporting   Monthly

Time lag to available data   1 month

Business owners

Contact - Policy   Chief Executive, Clinical Excellence Commission

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

Representation

    Data type   Numeric

    Form   Number, presented as a rate per 10,000 admitted patient service events

Representational layout   NN.NN

    Minimum size   4

    Maximum size   6

    Date effective   1 July 2019

Related National Indicator   This HAC indicator follows the ACSQHC's specification:

Australian Commission on Safety and Quality in Health Care – ACSQHC's Hospital Acquired Complication (HAC 13) in release V 3.1: https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications#hospital-acquired-complications -list

INDICATOR: KS2139
Previous ID: KS2125

	Hospital Acquired Cardiac Complications (Rate per 10,000 admitted patient service events)

Shortened Title	Hospital Acquired Cardiac Complications
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.21
Scope	All patients admitted to public hospitals in NSW
Goal	To reduce hospital acquired cardiac complications by the provision of patient care that mitigates avoidable risks to patients
Desired outcome	Reduction in Hospital Acquired Cardiac Complications
Primary point of collection	Patient medical record
Data Collection Source/System	Admitted patient data collection
Primary data source for analysis	EDW
Indicator definition	Rate of hospital acquired cardiac complications per 10,000 admitted patient service events.

Numerator

Numerator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, and with at least one of the ICD-10-AM codes listed in the Australian Commission on Safety and Quality in Health Care's (ACSQHC) HACs specification file for HACs V 3.1 (April 2022 release) downloadable from https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hospital-acquired-complications-hacs-list-specifications-version-31 for the numerator for hospital acquired Cardiac complications (HAC 14). The 12th Edition of ICD-10-AM coding should be used, which includes the following additional diagnosis codes:

- Any of ICD 10 AM 12th Edition codes: I50.0, I50.1, I50.9, I47.0, I47.1, I48.9, I49.0, I49.8, I49.9; OR
- Diagnosis code R00.1, AND with any of the procedure codes 38256-00, 38256-01,38350-00,38368-00,38390-00,38390-01,38390-02,38470-00,38470-01,38473-00,38473-01,38654-00,38654-03,90202-00,90202-01,90202-02; OR
- Any of I46.0, I46.1, I46.9, I20.0, I21.0, I21.1, I21.2, I21.3, I21.4, I21.9, I22.0, I22.1, I22.8, I22.9, I33.0;
- **AND** condition onset flag code of 1 for the qualified diagnosis.
- **AND** satisfying the criteria for the denominator
- For analysis relating to newborns with qualified days includes separations with any of specified ICD-10-AM codes as either the principal diagnosis or an additional diagnosis.

For one admitted patient service event, one type of HAC is only counted at most once if multiple diagnoses of the HAC are identified.

Numerator source	EDW
Numerator availability	Available from 1 September 2015

Denominator

Denominator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, **excluding** admitted patient service events with any of the following:

- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.

Denominator source	EDW
Denominator availability	Available

Inclusions

All admitted patient service events in NSW public hospitals

Note: Mental health and drug and alcohol admitted patient service events are included in the current version (ACSQHC HACs V 3.1).

Exclusions

Numerator exclusions:

Admitted patient service events with the qualified diagnosis codes recorded as the principal diagnosis code.

Numerator and denominator exclusions:

- Same-day chemotherapy - DRG V11: R63Z and SE_START_DTTM = SE_END_DTTM
- Same-day haemodialysis - DRG V11: L61Z and SE_START_DTTM = SE_END_DTTM
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.
- Any uncoded records.

Targets

The risk adjusted targets for individual Local Health Districts and Local Specialty Health Networks are set for a 12-month rolling period (12 months to date). **Finalised performance targets for individual LHDs or Specialty Networks can be downloaded from here: 2023-24 HAC Targets**

The risk adjusted targets have been developed using risk adjusted models on the 2022 NSW APDC data. The risk adjustors used are largely in the same dimensions as those used for IHPA's service activity adjustors.

Rates of under and up to 80% upper control limits of expected rates are scored as 'Performing', rates between 80% and 95% upper control limits as 'Under Performing', and rates above the respective 95% upper control limits are flagged as

‘Not Performing’. Targets are not applicable if the expected number of HACs is less than 1.

Context	Hospital-acquired cardiac complications prolong the length of hospitalisation, increase the cost of admission, and adds pain and discomfort to the patient. Significant reductions in hospital-acquired cardiac complication rates are being achieved in some hospitals by suitable preventive initiatives.
	Related information can be found on the Commission's website: https://safetyandquality.govcms.gov.au/sites/default/files/2019-04/SAQ7730_HAC_InfomationKit_V2.pdf.
	The HAC information kit contains more contextual information.
Related Policies/Programs	
Usable data available from	1 September 2015
Frequency of Reporting	Monthly
Time lag to available data	1 month
Business owners	
Contact - Policy	Chief Executive, Clinical Excellence Commission
Contact - Data	Executive Director, System Information and Analytics Branch (MOH-SystemInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, presented as a rate per 10,000 admitted patient service events
Representational layout	NN.NN
Minimum size	4
Maximum size	6
Date effective	1 July 2019
Related National Indicator	This HAC indicator follows the ACSQHC's specification:
	Australian Commission on Safety and Quality in Health Care – ACSQHC's Hospital Acquired Complication (HAC 14) in release V3.1: https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications#hospital-acquired-complications -list

INDICATOR: KS2140	**Third or Fourth Degree Perineal Lacerations** (Rate per 10,000 admitted patient service events)
Previous IDs: KS2126, MS2103	

Shortened Title	3rd or 4th Degree Perineal Laceration Rate
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.21
Scope	All patients admitted to public hospitals in NSW
Goal	Improve maternity safety and increase quality outcomes.
Desired outcome	Reduction in the number of patients developing third or fourth degree perineal lacerations during the vaginal birth of a newborn.
Primary point of collection	Patient medical record
Data Collection Source/System	Admitted patient data collection
Primary data source for analysis	EDW
Indicator definition	Rate of 3rd or 4th Degree Perineal Laceration per 10,000 admitted patient service events
Numerator	
Numerator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, and with at least one of the ICD-10-AM codes listed in the Australian Commission on Safety and Quality in Health Care's (ACSQHC) HACs specification file for HACs V 3.1 (April 2022 release) downloadable from https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hospital-acquired-complications-hacs-list-specifications-version-31 for the numerator for 3rd or 4th Degree Perineal Lacerations (HAC 15). The 12th Edition of ICD-10-AM coding should be used, which includes the following additional diagnosis codes: • any of O70.2 and O70.3 as an additional diagnosis, with **any** condition onset flag code. • AND all the criteria for the denominator. For one admitted patient service event, one type of HAC is only counted at most once if multiple diagnoses of the HAC are identified.
Numerator source	EDW
Numerator availability	Available from 1 September 2015
Denominator	

Denominator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') that resulted in vaginal birth with separation dates in the reporting period, with:

- Any of ICD-10-AM 12th Edition codes: Z37.0, Z37.1, Z37.2, Z37.3, Z37.4, Z37.5, Z37.6, Z37.7, Z37.9, any onset flag
- AND a Caesarean birth was NOT recorded (No ACHI procedure codes 16520-00, 16520-01, 16520-02, 16520-03, 16520-04, 16520-05.

excluding admitted patient service events with any of the following:

- Admitted patients transferred in from another hospital.
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.

Denominator source	EDW
Denominator availability	Available

Inclusions

All admitted patient service events in NSW public hospitals

Note: Mental health and drug and alcohol admitted patient service events are included in the current version (ACSQHC HAC V 3.1).

Exclusions

Numerator exclusions:

- Admitted patient service events where an O70.2 or O70.3 ICD10AM code has been recorded as a principal diagnosis.
- Admitted patient service events with a birth via a Caesarean Section.
- Admitted patient service events where the Admission Mode was 'Transfer of admitted patient from another facility' (SE_ADM_MODE_NHDD_CD = '1').

Numerator and denominator exclusions:

- Admitted patients transferred in from another hospital (SE_ADM_MODE_NHDD_CD = '1').
- Service Category is 'Newborn - unqualified days only ' (i.e. SE_SERVICE_CATEGORY_CD = '5' and COUNT_TOTAL_SE_QUAL_DAY_COUNT =0)
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.
- Any uncoded records.

Targets

The targets for individual Local Health Districts are set for a 12-month rolling period (12 months to date). **Finalised performance targets for individual LHDs or Specialty Networks can be downloaded from here: 2023-24 HAC Targets**

NSW average rate was used to calculate the expected rates, no risk adjustment was applied. Rates of under and up to 80% upper control limits of expected rates are scored as 'Performing', rates between 80% and 95% upper control limits as 'Under Performing', and rates above the respective 95% upper control limits are flagged as 'Not Performing'.

Context	Related information can be found on the Commission's website: https://safetyandquality.govcms.gov.au/sites/default/files/2019-04/SAQ7730_HAC_InfomationKit_V2.pdf.
Related Policies/ Programs	
Useable data available from	1 September 2015
Frequency of Reporting	Monthly
Time lag to available data	1 month
Business owners	
Contact - Policy	Chief Executive, Clinical Excellence Commission
Contact - Data	Executive Director, Systems Information and Analytics (MOH-SystemsInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, presented as a rate per 10,000 admitted patient service events
Representational layout	NN.NN
Minimum size	4
Maximum size	6
Data domain	
Date effective	1 July 2019
Related National Indicator	This HAC indicator follows the ACSQHC's specification:
	Australian Commission on Safety and Quality in Health Care – ACSQHC's Hospital Acquired Complication (HAC 15) in release V 3.1: https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications#hospital-acquired-complications -list

INDICATOR: KS2141	**Hospital Acquired Neonatal Birth Trauma** (Rate per 10,000 admitted patient service events)
Previous IDs: KS2127, KS2113	

Shortened Title	Neonatal Birth Trauma
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.21
Scope	All neonatal patients admitted to public hospitals in NSW
Goal	Improve safety outcomes and increase quality outcomes.
Desired outcome	Reduction in the number of patients acquiring neonatal birth trauma.
Primary point of collection	Patient medical record.
Data Collection Source/System	Admitted patient data collection.
Primary data source for analysis	EDW
Indicator definition	The rate of completed newborn admitted patient service events within the reporting period where neonatal birth trauma has occurred in a public hospital per 10,000 admitted patient service events

Numerator

Numerator definition	Total number of admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period, and with at least one of the ICD-10-AM codes listed in the Australian Commission on Safety and Quality in Health Care's (ACSQHC) HACs specification file for HACs V 3.1 (April 2022 release) downloadable from https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hospital-acquired-complications-hacs-list-specifications-version-31 for the numerator Neonatal Birth Trauma (HAC 16). The 12th Edition of ICD-10-AM coding should be used, which includes the following additional diagnosis codes:

- Any of the listed ICD-10-AM 12th Edition codes recorded as an additional diagnosis
- **AND** with any condition onset flag.
- **AND** satisfying the criteria for the denominator

For one admitted patient service event, one type of HAC is only counted at most once if multiple diagnoses of the HAC are identified.

Numerator source	EDW
Numerator availability	Available from 1 September 2015

Denominator

Denominator definition	Total number of completed newborn admitted patient service events (SE_TYPE_CD = '2') with separation dates in the reporting period,

All newborns with SE_SERVICE_CATEGORY_CD = '5', **excluding** admitted patient service events with any of the following:

- Preterm infants, with any of ICD-10-AM 12th Edition codes P07.40, P07.41, P07.42, P07.43, P07.44, P07.45, P07.46, P07.47, P07.50, P07.51, P07.52, P07.53, P07.54, P07.55, P07.56, P07.57, P07.58, P07.59;
- Cases with injury to brachial plexus (P14.0, or P14.1 or P14.3)
- Cases with osteogenesis imperfecta (Q78.0)
- Patients transferred in from another hospital (SE_ADM_MODE_NHDD_CD = '1')
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.

Denominator source	EDW
Denominator availability	Available

Inclusions

Numerator inclusions:

All newborn admitted patient service events with a Service Category = 5 in NSW public hospitals. (SE_SERVICE_CATEGORY_CD = '5').

Exclusions

Numerator and denominator exclusions:
- Preterm infants with birth weight less than 2000 grams, with any of ICD-10-AM 12th Edition codes P07.40, P07.41, P07.42, P07.43, P07.44, P07.45, P07.46, P07.47, P07.50, P07.51, P07.52, P07.53, P07.54, P07.55, P07.56, P07.57, P07.58, P07.59;
- Cases with injury to brachial plexus (P14.0, or P14.1 or P14.3)
- Cases with osteogenesis imperfecta (Q78.0)
- Patients transferred in from another hospital (SE_ADM_MODE_NHDD_CD = '1')
- Hospital boarder (SE_SERVICE_CATEGORY_CD = '0')
- Care type is 'Organ procurement-posthumous' - SE_SERVICE_CATEGORY_CD = '9'.
- Any uncoded records.

Targets

The targets for individual Local Health Districts are set for a 12-month rolling period (12 months to date). **Finalised performance targets for individual LHDs or Specialty Networks can be downloaded from here: 2023-24 HAC Targets**

NSW average rate was used to calculate the expected rates, no risk adjustment was applied. Rates of under and up to 80% upper control limits of expected rates are scored as 'Performing', rates between 80% and 95% upper control limits as 'Under Performing', and rates above the respective 95% upper control limits are flagged as 'Not Performing'

Context

Related information can be found on the Commission's website:

https://safetyandquality.govcms.gov.au/sites/default/files/2019-04/SAQ7730_HAC_InfomationKit_V2.pdf

Related Policies/ Programs	
Useable data available from	1 September 2015
Frequency of Reporting	Monthly
Time lag to available data	1 month
Business owners	
Contact - Policy	Chief Executive, Clinical Excellence Commission
Contact - Data	Executive Director, Strategic Information and Analysis (MOH-SystemInformationAndAnalytics@health.nsw.gov.au)
Representation	
Data type	Numeric
Form	Number, presented as a rate per 10,000 admitted patient service events.
Representational layout	NN.NN
Minimum size	4
Maximum size	6
Data domain	
Date effective	1 July 2019
Related National Indicator	This HAC indicator follows the ACSQHC's specification: Australian Commission on Safety and Quality in Health Care – ACSQHC's Hospital Acquired Complication (HAC 16) in release V 3.1: https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications#hospital-acquired-complications -list

INDICATOR: SSQ114	**Discharged Against Medical Advice for Aboriginal Inpatients** (%)
Previous IDs: SSQ118	

The proportion of Aboriginal patients who discharge from hospital against medical advice, reported by Aboriginal People

Shortened Title	Patients Discharged Against Medical Advice
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	2.01
Scope	Admitted patients, all public hospitals
Goal	Decrease the proportion of hospitalisations for Aboriginal people that result in discharge against medical advice. Provide effective and culturally safe inpatient health services to Aboriginal people.
Desired outcome	Reduce the risk for Aboriginal people of adverse health outcomes associated with discharge against medical advice
Primary point of collection	The primary business collection point of the data Initial source/point of or person collecting data (eg: Medical record, clerk, operator).
Data Collection Source/System	Local Health Districts: Patient Medical record, Hospital PAS System NSW Ministry of Health: NSW Admitted Patient Data Collection
Primary data source for analysis	EDWARD NSW Admitted Patient Data Collection (SAPHaRI)
Indicator definition	Proportion of hospitalisations of Aboriginal patients ending in discharge against medical advice during the reporting period as compared to the proportion of hospitalisations of Non-Aboriginal patients ending in discharge against medical advice during the same reporting period. Note that Aboriginal people includes people who identify as Aboriginal and/or Torres Strait Islander.
Numerator	
Numerator definition	Number of admitted patient service events (SE_TYPE_CD = '2') for Aboriginal people where the mode of separation is recorded as "left against medical advice / discharge at own risk" during the reporting period. (See: Meteor, AIHW, "Episode of admitted patient care—separation mode, code NN". https://meteor.aihw.gov.au/content/722644).
Numerator source	Hospital PAS Systems. EDWARD. NSW Admitted Patient Data Collection (SAPHaRI)
Numerator availability	Data routinely collected and available
Denominator	

Denominator definition	The total number of admitted patient service events (SE_TYPE_CD = '2') for Aboriginal people during the reporting period.
Denominator source	Hospital PAS Systems. EDWARD. NSW Admitted Patient Data Collection (SAPHaRI)
Denominator availability	Data routinely collected and available

Inclusions   All patients admitted to public hospital facilities in NSW

Exclusions   None

Targets

Target To close the gap in rates of discharge against medical advice between Aboriginal and Non-Aboriginal people at the LHD and state level. Decrease on previous year, with the reporting period comparison being against the previous full year's results as at 30 June of that financial year.

- Performing - ≥1% decrease on previous year for prior year results at 2.0% or above
- Under performing - 0 to <1% decrease on previous year
- Not performing – Increase on previous year

Geographical area of interest: Whole state / LHDs

Comments: Data are not age standardised

Context   Discharge against medical advice involves patients who have been admitted to hospital who leave against the expressed advice of their treating physician. Patients who discharge against medical advice have higher readmission rates, higher levels of multiple admissions, and a higher rate of in-hospital mortality. This measure provides indirect evidence of the cultural safety of hospital services, and the extent of patient satisfaction with the quality of care provided.

Related Policies/ Programs   2022-24 NSW Implementation Plan for Closing the Gap

NSW Aboriginal Health Plan 2013-23

NSQHS Standards User guide for Aboriginal and Torres Strait Islander health

NSW Health Policy Directive *Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients*.

Useable data available from   2000

Frequency of Reporting   Three-monthly

Time lag to available data   Data fed to EDW daily, but data entry may be several months late.

Business owners

Contact - Policy   Executive Director, Centre for Aboriginal Health

Contact - Data   Executive Director, System Information and Analytics

Director, Evidence and Evaluation Branch, Centre for Epidemiology and 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	2013

Related National Indicator

INDICATOR: KSA103a, KSA103b, KSA103c **Previous ID: S7, 0116**	**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	1.9
Scope	All elective surgery patients who are admitted (or treated as a non-admitted patient) and included in the NSW Ministry of Health Waiting Times Collection.
Goal	To ensure that 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 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 Collection On–Line System (WLCOS)
Primary data source for analysis	Wait List/Scheduling Data Stream (via EDWARD)
Indicator definition	The percentage (%) of elective surgery patients on the NSW Ministry of Health Waiting Times Collection who were admitted (or treated as a non-admitted patient) 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 admitted for treatment (or treated as a non-admitted patient) within the reporting period, (measured by removal from the waiting list removal 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', '01.01', '01.02', '01.03', '01.05', '01.06', '01.07', '01.08', '01.09', '07.01' or '07.02'

and

- were admitted (or treated as a non-admitted patient) 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:

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

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.

Numerator source	EDW
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 seen as a non-admitted patient within the reporting period.
Denominator source	WLCOS / EDW
Denominator availability	Available

Inclusions

Surgical patients in the NSW Ministry of Health Waiting Times Collection who have been admitted for treatment or seen as a non-admitted patient, 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 here:
http://hird.health.nsw.gov.au/hird/ext_info_uploads/IPC-In-Scope-Elective-Surgery-KPIs-2023-24.xlsx

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_VERSION = '4'
- and IPC_EFFT_END_DT > '2023-06-30'
- and IPC_IS_ELECTIVE_SURGERY_FLAG = 'Y'

Exclusions	- Patients whose Waiting List Category is not 'Elective Surgery' (EDW: IPC_IS_ELECTIVE_SURGERY_FLAG<> 'Y').
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 timely access to 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 2005
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 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

National Healthcare Agreement: PI 20a–Waiting times for elective surgery: waiting times in days, 2020
https://meteor.aihw.gov.au/content/index.phtml/itemId/716570
Meteor ID: 716570

National Healthcare Agreement: PI 20b–Waiting times for elective surgery: proportion seen on time, 2020
https://meteor.aihw.gov.au/content/index.phtml/itemId/716575
Meteor ID: 716575

INDICATOR: SSA108, SSA109, SSA110	**Overdue Elective Surgery Patients** (Number)
Previous IDs: 9B5, 9B6 & 9B7	• Category 1 Ready-for-care patients (RFC) > 30 days (number) (*SSA108*)
0019, 0020, 0021	• Category 2 Ready-for-care patients (RFC) > 90 days (number) (*SSA109*)
	• Category 3 Ready-for-care patients (RFC) > 365 days (number) (*SSA110*)
	Note: Previously known as Overdue planned surgical patients on list

Shortened Title	Overdue Elective Surgery Patients
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	7.6
Scope	All ready-for-care patients currently on the NSW Health Waiting Times Collection for elective surgery.
Goal	To reduce waiting time for elective surgery in 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 inbound Recommendation for Admission Form (RFA) to a public hospital patient registration Public hospital wait list management
Data Collection Source/System	Patient Admission System (PAS).
Primary data source for analysis	Wait List/Scheduling Data Stream (via EDWARD).
Indicator definition	Number of elective surgical patients on the NSW Health Elective Surgery Waiting Times Collection whose waiting time (last urgency/priority waiting time for categories 1 and 2, ready for care days for category 3) has exceeded the time recommended in the clinical urgency/priority category to which they have been assigned, 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.
Numerator Numerator definition	• **Number of Category 1 patients waiting >30 days** Number of Category 1 elective surgical patients who have been waiting for admission greater than 30 days. • **Number of Category 2 patients waiting >90 days** Number of Category 2 elective surgical patients who have been waiting for admission greater than 90 days. • **Number of Category 3 patients waiting >365 days** Number of Category 3 elective surgical patients who have been waiting for admission greater than 365 days.

	Note on the transition to EDWARD: Whereas WLCOS received the last 3 clinical urgency/priority category changes for a given booking, EDWARD receives all clinical urgency/priority category changes for a given booking. As a result, EDWARD will report a more accurate value.
Numerator source	EDW
Numerator availability	Available Monthly
Inclusions	Ready for Care patients (clinical urgency/priority categories 1, 2 and 3) on the elective surgical waiting list. For EDW, WL_BKG_PRIORITY_CLIN_PRIORITY_CD = '1', '2' and '3'.
Exclusions	• Not Ready for Care (NRFC) patients are excluded. For EDW, the NRFC status is identified through the presence of a current NRFC_REC_ID record.
Targets	
	0 (Zero) for category 1 > 30 days per reporting period 0 (Zero) for category 2 > 90 days per reporting period 0 (Zero) for category 3 >365 days per reporting period
Comments	Patients should be admitted within the timeframe recommended for the assigned clinical urgency/priority category: **Category 1:** Procedures that are clinically indicated within **30 days.** **Category 2:** Procedures that are clinically indicated within **90 days.** **Category 3:** Procedures that are clinically indicated within **365 days.**
Context	Elective surgery: The numbers of overdue patients represent a measure of the hospital's performance of elective surgical care. National Elective Surgery Targets
Related Policies/ Programs	• PD2022_001 Elective Surgery Access Policy • Agency for Clinical Innovation: Surgical Services Taskforce and Anaesthesia and Perioperative Care Network • 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 1994
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 Branch (MOH-SystemsInformationAndAnalytics@health.nsw.gov.au)

Representation

Data type	Numeric
Form	Number
Layout	NN,NNN
Minimum size	1
Maximum size	6
Related National Indicator	Meteor identifier: 732461 Elective surgery waiting list episode—overdue patient status, code N

http://meteor.aihw.gov.au/content/index.phtml/itemId/732461

INDICATOR: SSQ106, SSQ107	**Unplanned Hospital Readmissions**: all unplanned admissions within 28 days of separation (%):
Previous IDs: 0001, 9A1	• All persons (*SSQ106*) • Aboriginal persons (*SSQ107*)

Shortened Title	Unplanned Hospital Readmissions
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	3.5
Scope	All patient admissions to public facilities in peer groups A1 – D1b.
Goal	To identify and manage the number of unnecessary unplanned readmissions. To Increase the focus on the safe transfer of care, coordinated care in the community and early intervention.
Desired outcome	Improved efficiency, effectiveness, quality and safety of care and 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	EDW
Indicator definition	The percentage of admissions that are an unplanned readmission to the same facility within 28 days following discharge for any purpose, disaggregated by Aboriginality status. Note that Aboriginal persons include people who identify as Aboriginal and/or Torres Strait Islander.
Numerator	
Numerator definition	The total number of unplanned admissions (counted as Service Encounters, not Service Events) with admission date within reference period and patient previously discharged from same facility in previous 28 days for any purpose, disaggregated by Aboriginality status. Where: Unplanned is defined as Urgency of Admission (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 stay for the same patient at the same facility (identified by OSP_CBK and CL_ID). Aboriginality status = CL_INDGNS_STUS_CD
Numerator source	EDW
Numerator availability	Available monthly
Inclusions	• SE_TYPE_CD = '2' • Readmissions that result in death
Exclusions	Transfers in from other hospitals (SE_ADM_MODE_NHDD_CD = '1').

Transfers are not counted in the Numerator as these are considered for the purposes of this indicator as patients who are continuing their care in this new location.

Denominator

Denominator definition	**SSQ106 & SSQ107**: Total number of admissions (counted as Service Encounters, not Service Events) with admission dates within the reference period, disaggregated by Aboriginality status.
Denominator source	EDW
Denominator availability	Available monthly
Inclusions	• SE_TYPE_CD = '2' • Transfers from other hospitals (SE_ADM_MODE_NHDD_CD = '1')

Transfers in are included in the denominator as these service encounters can potentially result in a patient readmission to the same hospital following discharge.

Exclusions	Admissions that result in death

Inclusions

- Each index/initial admission can have at most one readmission
- A readmission can be an index/initial admission to another readmission.

Exclusions

- Additional Service Events created through a change in service category);
- Hospital boarders and organ procurement (SE_SERVICE_CATEGORY_CD '0' or '9');
- Health organisations in peer groups (OSP_PEER_GRP_CD) below D1b.

Targets

Reduction from previous year

- Performing: Decrease from previous year
- Under performing: No change from previous year
- Not performing: Increase on previous year.

Comments	• For this indicator, the focus is on the readmission – that is, the second admission looking backwards across the reporting period. • For the Aboriginal person's disaggregation, the presence of an Aboriginal person in the numerator and denominator is dependent on the recording of the value in both admitted patient service events. For instance, where a person has two discharges within the same reporting period, in the situation where the 1st episode is flagged as being for an Aboriginal person, but not the readmission, then the 1st admitted patient service event will be in the denominator, but the readmission will not be in the numerator or denominator. • Patient deaths are excluded from the denominator but not the numerator. If the patient dies during an admission they are unable to readmit and therefore are excluded from the denominator. However, if the patient dies during a readmission, the readmission is included in the numerator (regardless of the outcome of the readmission). However, the index

- admission prior to the readmission is counted in the denominator provided that the admission date of the index admission falls within the reference period.
- Further, there can be a readmission with no denominator. This is the case if a patient dies during their readmission and the index admission prior to the readmission occurs before the start of the reference period. In this case the readmission is counted in the numerator but not the denominator.
- While administrative data can be used to identify unplanned readmissions it cannot clearly identify that the unplanned readmission was either related to the previous admissions or unexpected or preventable.
- This definition does not correspond with the ACHS Clinical Indicators which depends upon clinical decision on review;
- Transfers from another hospital are not counted as readmissions as they can reasonably be seen as a continuation of a patients care in this new location and therefore excluded from the numerator. However these patients who transfer into a facility are still included in the denominator as at discharge the potential exists for these patients to represent for care after their care had previously been considered to be complete.

Context	A low readmission rate may indicate good patient management practices and post-discharge care; facilities with a high readmission rate may indicate a problem with a clinical care pathway, including connection with care in the community.
Useable data available from	2001/02
Frequency of Reporting	• Monthly/Annual, financial year, biannual • State Plan - quarterly
Time lag to available data	• Data has a 6 month lag, available December for previous financial year • Availability depends on refresh frequency

Business owners

Contact – Policy	Executive Director, System Management 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	4
Maximum size	6
Data domain	N/A
Date effective	

Related National Indicator   National Healthcare Agreement: PI 23-Unplanned hospital readmission rates, 2020

https://meteor.aihw.gov.au/content/index.phtml/itemId/716786

INDICATOR: KQS206

Previous IDs:

Mental Health: Acute Seclusion Occurrence – (Episodes per 1,000 bed days)

Number of acute seclusion episodes as a rate per 1000 bed days

Shortened Title	Acute Seclusion Occurrence
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.41
Scope	Mental health public hospital acute services
Goal	To reduce the use of seclusion in public sector mental health services
Desired outcome	The reduction, and where possible, elimination of seclusion in mental health services
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 and local seclusion registers
Primary data source for analysis	Inpatient data: Admitted Patient Data Collection – EDW LRS. Local seclusion registers
Indicator definition	The number of seclusion episodes per 1000 bed days in acute mental health units

Numerator

Numerator definition	Number of seclusion episodes in acute mental health units within the reporting period
Numerator source	Seclusion Collection (Manual collection through InforMH)
Numerator availability	Data available since the statewide collection commenced in January 2008

Denominator

Denominator definition	Number of bed days in acute mental health units within the reporting period
Denominator source	EDW LRS
Denominator availability	Available

Inclusions	All acute mental health units
Exclusions	Leave days are excluded from the denominator
Targets	
	Target: <5.1

- Performing: <5.1
- Not performing: ≥5.1
- Under performing: N/A

Context	Rate of seclusion is one of the indicators in the Key Performance Indicators for the Australian Public Mental Health Services, 3rd Edition published in 2013.
	Seclusion data is manually reported by LHDs. Apparent differences in rate between units may be due to local differences in counting or reporting.
Related Policies/ Programs	• PD 2020_004 Seclusion and Restraint in NSW Health Settings • Annual National Mental Health Seclusion and Restraint forums convened by the Safety and Quality Partnership Standing Committee (SQPSC).
Useable data available from	Data has been available since January 2008.
Frequency of Reporting	Quarterly
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 EDW.
	Submission of local seclusion data may take up to one month after the end of reporting period.
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 rate per 1,000
Representational layout	NNN.N
Minimum size	2
Maximum size	6
Data domain	
Date effective	2015
Related National Indicator	Meteor ID 663842 Australian Health Performance Framework: PI 2.2.4– Rate of seclusion, 2020
	Number of seclusion events per 1,000 patient days within public acute admitted patient specialised mental health service units.
	https://meteor.aihw.gov.au/content/728345
	Meteor ID 558083 Specialised mental health service—number of seclusion events, total number N[NNN]

The total number of seclusion events occurring within the reference period for a specialised mental health service.

http://meteor.aihw.gov.au/content/index.phtml/itemId/558083

Meteor ID 721814 Establishment—accrued mental health care days, total N[N(7)]

The total number of accrued mental health care days provided by admitted patient care services and residential mental health care services within the reference period.

https://meteor.aihw.gov.au/content/index.phtml/itemId/721814

INDICATOR: SSQ123	**Mental Health: Acute Seclusion Duration** – Average (Hours)
Previous IDs:	Average hours per seclusion episode
Shortened Title	Acute Seclusion Duration
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.31
Scope	Mental health public hospital acute services
Goal	To reduce the use of seclusion in public sector mental health services
Desired outcome	The reduction, and where possible, elimination of seclusion in mental health services
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	Local seclusion registers
Primary data source for analysis	Seclusion Collection (manual collection through InforMH)
Indicator definition	The average duration in hours of seclusion episodes occurring in the reporting period

Numerator

Numerator definition	Total duration of seclusion episodes in acute mental health units within the reporting period
Numerator source	Seclusion Collection (manual collection through InforMH)
Numerator availability	Data available since the statewide collection commenced in January 2008

Denominator

Denominator definition	Number of seclusion episodes in acute mental health units within the reporting period
Denominator source	Seclusion Collection (manual collection through InforMH)
Denominator availability	Data available since the statewide collection commenced in January 2008

Inclusions	All acute mental health units
Exclusions	
Targets	
Target	• Performing: < 4.0 hours

- Under performing: ≥ 4.0 hours and ≤ 5.5 hours
- Not performing: > 5.5 hours

Context	All seclusion data is manually reported by LHDs. Apparent differences in rate between units may be due to local differences in counting or reporting.
Related Policies/ Programs	PD2020_004: Seclusion and Restraint in NSW Health Settings.
Useable data available from	Data has been available since January 2008.
Frequency of Reporting	Quarterly
Time lag to available data	Submission of local seclusion episodes data may take up to one month after the end of reporting period.
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
Representational layout	NNN.N
Minimum size	2
Maximum size	6
Data domain	
Date effective	2015
Related National Indicator	Meteor ID 573910 Specialised mental health service—seclusion duration, total hours NNNNN
	The total amount of time mental health consumers spent in seclusion within the reference period for a specialised mental health service. http://meteor.aihw.gov.au/content/index.phtml/itemId/573910

INDICATOR: SSQ124	**Mental Health: Frequency of Seclusion** (%)
Previous IDs:	Percentage of acute mental health admitted care episodes with seclusion
Shortened Title	Mental Health: Frequency of Seclusion
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.41
Scope	Mental health public hospital acute services
Goal	To reduce the use of seclusion in public sector mental health services
Desired outcome	The reduction, and where possible, elimination of seclusion in mental health services
Primary point of collection	Numerator: Local seclusion registers Denominator: Inpatient data; Patient Administration Systems
Data Collection Source/System	Numerator: Seclusion Collection (manual collection through InforMH) Denominator: Inpatient data from Admitted Patient Data Collection – EDW LRS.
Primary data source for analysis	Local seclusion registers. Inpatient data from Admitted Patient Data Collection – EDW LRS.
Indicator definition	Percent of acute mental health admitted patient service events where seclusion occurs
Numerator	
Numerator definition	Number of admitted patient service events (SE_TYPE_CD = '2') in all acute mental health units with at least one episode of seclusion during the reporting period
Numerator source	Seclusion Collection (manual collection through InforMH)
Numerator availability	Data available since the statewide collection commenced in January 2008
Denominator	
Denominator definition	Number of admitted patient service events (SE_TYPE_CD = '2') in acute mental health units
Denominator source	Admitted Patient Data Collection – EDW
Denominator availability	Available
Inclusions	All acute mental health units
Exclusions	
Targets	

- Performing: <4.1
- Not performing: >5.3
- Under performing: ≥4.1 and ≤5.3

Note: JHFMHN performance thresholds are as follows: (Performing <=30%; Not performing >40%; Underperforming >=30% and <=40%)

Context	Seclusion data is manually reported by LHDs. Apparent differences in rate between units may be due to local differences in counting or reporting.
Related Policies/ Programs	PD2020_004: Seclusion and Restraint in NSW Health Settings.
Useable data available from	Data for both numerator and denominator have been available since January 2008.
Frequency of Reporting	Quarterly
Time lag to available data	Numerator: Submission of local seclusion episodes data may take up to one month after the end of reporting period. Denominator: Admitted Patient reporting is required by the 13th calendar day of each month for previous month. Data is supplied daily to EDW.
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.N
Minimum size	2
Maximum size	6
Data domain	
Date effective	2015
Related National Indicator	Meteor ID 572980 Specialised mental health service—number of episodes with seclusion, total episodes N[NNNN] The total number of episodes with at least one seclusion event within the reference period for a specialised mental health service. http://meteor.aihw.gov.au/content/index.phtml/itemId/572980

INDICATOR: KQS204; KQS204a **Previous IDs:**	**Mental Health Acute Post-Discharge Community Care** - Follow up within seven days (%) • All persons **(KQS204)** • Aboriginal persons **(KQS204a)**
Shortened Title	Mental Health: Acute Post Discharge Community Care
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	3.0
Scope	Mental health services
Goal	Improve the effectiveness of a District's inpatient discharge planning and integration of inpatient and community 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	Admitted Patient Data Collection - EDW LRS; Community Mental Health Data Collection (CHAMB) - EDW LRS. Enterprise Unique Person Identifier (EUID) - EDW LRS.
Indicator definition	Percentage of overnight separations from NSW acute mental health inpatient units which were followed by a public sector Community Mental Health contact, in which the consumer participated, 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 by a recorded public sector community mental health contact, in which the consumer participated, 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 EDW LRS, linked via the NSW Health Enterprise Unique Person Identifier (EUID).
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, disaggregated by Aboriginality status. **Note:** Separations are selected from NSW AP Service Event tables, where SE_TYP_CD = '2', 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 EDW 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 to link the separation of inpatients from acute mental health units with contacts recorded in the community.

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
- Community contacts on the day of separation.
- Community residential events in a community residential facility by community residential staff
- Non client-related events
- Travel time contacts by non mental health program or NGO/CMO service providers.

Targets

On average expect 75% of overnight separations from NSW acute mental health units to be followed by a recorded community contact within 7 days of discharge.

- Performing: ≥ 75%
- Under Performing: ≥ 60% and < 75%
- Not Performing: <60%

Comment	Community follow-up can be detected only if a community contact has been recorded in the Area clinical information system. Low community contact recording will result in an apparently low follow-up rate.
	A person needs to be accurately identified in both inpatient and ambulatory data collections to enable the SUPI process to link their records. Errors or omissions in the data, making this linkage less efficient, will result in an apparently low follow-up rate. Some separations are appropriately followed up by GP, private psychiatrist or contracted NGO and will not be captured within this indicator.
	An electronic copy of Desktop Audit: Acute 7 Days Post Discharge Community Care is available from, InforMH, System Information and Analytics Branch, Ministry of Health.
Context	The majority of people with chronic and recurring mental illness are cared for in the community. Continuity of care (follow up and support by professionals and peers) in the community settings for psychiatric patients discharged from a hospital leads to an improvement in symptoms severity, readmission rate, level of functioning and patient assessed quality of life. Early and consistent follow up in the community 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 between inpatient settings and from hospital to the community. 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 community 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.
	Annual/Financial: NSW Health Annual Report, National Mental Health KPIs for Australian Public Mental Health Services.
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 EDW
	Community mental health data entry into source systems may be several months late.
Business owners	
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
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: KQS203; KQS203a

Previous IDs: 0008, 9A9

Mental Health: Acute Readmission - within 28 days (%)

- All persons **(KQS203)**
- Aboriginal persons **(*KQS203a*)**

Shortened Title	Mental Health: Acute Readmissions
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care delivered across all settings
Status	Final
Version number	4.0
Scope	Mental health services
Goal	To reduce the number of acute public sector mental health readmissions to same or another public sector acute mental health unit within 28 days of discharge.
Desired outcome	Improved mental health and well-being through effective inpatient care and adequate and proper post-discharge follow up in the community.
Primary point of collection	Administrative and clinical staff at designated facilities (including stand-alone psychiatric hospitals) with mental health units/beds.
Data Collection Source/System	Inpatient data: Patient Administration Systems.
Primary data source for analysis	Admitted Patient Data Collection - EDW LRS; NSW Health Enterprise Unique Person Identifier (EUID) –EDW LRS.
Indicator definition	Percentage of overnight separations from a NSW acute Mental Health unit followed by an overnight readmission to any NSW acute Mental Health unit within 28 days, 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 a NSW mental health acute psychiatric inpatient unit(s) occurring within the reference period, that are followed by an overnight readmission to the same or another acute psychiatric inpatient unit within 28 days, disaggregated by Aboriginality status, where SE_TYP_CD = '2'. Aboriginality status = CL_INDGNS_STUS_CD.
Numerator source	Admitted Patient Data Collection (EDW LRS). Readmission between facilities detected by (i) EUID where available or (ii) CL_ID_CBK (CLIENT_ID_CBK) where EUID not available.
Numerator availability	Availability of Admitted Patient data is good; however, time must be allowed for readmissions to occur and be recorded in systems.

Numerator is therefore only available after a lag of 2 months, e.g. a June report will measure readmissions following separations in April.

Denominator

Denominator definition

Number of overnight separations from a NSW acute psychiatric inpatient unit(s) occurring within the reference period, disaggregated by Aboriginality status.

Note: Separations are selected from NSW Admitted Patient Service Event tables, where ward identifier = designated MH units and unit type=MH bed types, from Mental Health Service Entity Register (MH-SER) ward table.

Denominator source

Admitted Patient Data Collection in EDW LRS.

Denominator availability

Available.

Inclusions

Numerator: Overnight separations, where the last ward is a designated acute mental health unit, which are followed by an overnight admission to any designated acute mental health unit within 28 days.

Note: Each admission can only have one readmission within 28 days for the reporting period. Any subsequent readmission within the reporting period is only counted as a readmission against the admission immediately preceding it.

Denominator: Separations following overnight acute care where the last ward is a designated acute mental health unit.

Exclusions

Numerator: Separations where the length of stay is one night only and a procedure code for Electroconvulsive Therapy (ECT) is recorded.

Denominator:

- Separations where "mode of separation" = death, transfer or service category change change.
- Same day separations. This exclusion applies to each separation in the denominator and any subsequent readmission.
- 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. This exclusion applies to each separation in the denominator and any subsequent readmission.

Target

Less than or equal to 13% (10% for readmission to same facility and 3% for readmission to another facility/Area).

- Performing: ≤ 13%
- Under Performing: > 13% and ≤20%
- Not Performing: > 20%

An electronic copy of Desktop Audit: Acute 28 Day Readmission is available from, InforMH, System Information and Analytics Branch, Ministry of Health.

Context

Readmission to hospital within 28 days of discharge has become one of the most widely used Key Performance Indicators in Australian health care.

Within mental health care, 28 Day Readmission is reported in all Australian jurisdictions. The Australian national mental health KPI set includes the indicator in the domains of effectiveness and continuity, stating "high levels of readmissions within a short timeframe are widely regarded as reflecting deficiencies in inpatient treatment and/or follow-up care and point to inadequacies in the functioning of the overall system".

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 between inpatient settings and from hospital to the community. 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 community follow–up within 7 days from a NSW public mental health unit.
Useable data available from	Financial year 2002/03
Frequency of Reporting	*Monthly:* Health System Performance (HSP) report. *Annual/Financial:* NSW Health Annual Report, National Mental Health KPIs for Australian Public Mental Health Services.
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 EDW.
Business owners	
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
Minimum size	1
Maximum size	3
Data domain	HIRD (Health Information Resource Directory), Indicator specifications in Technical Paper (noted in comment)
Date effective	2002/2003
Related National Indicator	KPIs for Australian Public Mental Health Service (2020) https://meteor.aihw.gov.au/content/index.phtml/itemld/720219 Meteor ID: 720219

INDICATOR: SSQ127	**Mental health: Involuntary Patients Absconded from an Inpatient Mental Health Unit** – Incident Types 1 and 2 (rate per 1,000 bed days)
Previous IDs:	

Shortened Title	Rate of Involuntary Patients Absconded
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	1.6
Scope	Mental health public hospital inpatient services
Goal	Improved monitoring and treatment of involuntary patients
Desired outcome	Reduce the number of involuntary mental health patients who abscond
Primary point of collection	All health service staff that report or notify an incident.
Data Collection Source/System	Numerator: Local incident management systems (IMS+) Denominator: Inpatient data; Patient Administration Systems
Primary data source for analysis	Numerator: Mental Health Consolidated Data Collection (manual collection through InforMH) Denominator: Inpatient data: Admitted Patient Data Collection –EDW LRS.
Indicator definition	The rate of Type 1 and 2 incidents reported where involuntary patients absconded from an acute mental health inpatient unit per 1,000 occupied bed days in acute mental health units.
Numerator	
Numerator definition	The number of Type 1 and 2 incidents reported where involuntary patients absconded from an acute mental health inpatient unit within the reporting period.
Numerator source	Mental Health Consolidated Data Collection (manual collection through InforMH)
Numerator availability	Data available since statewide collection commenced in July 2016
Denominator	
Denominator definition	Number of bed days in acute mental health units within the reporting period
Denominator source	EDW LRS
Denominator availability	Available

Inclusions	All acute mental health inpatient units
Exclusions	Leave days are excluded from the denominator
Targets	

- Performing: <0.8
- Underperforming: ≥0.8 and <1.4
- Not performing: ≥1.4

Related Policies/ Programs	NSW Health PD2019_045 Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services
	SN:004/16 Assessment and management of risk of absconding from declared mental health inpatient units
Useable data available from	Data for both numerator and denominator has been available since July 2016
Frequency of Reporting	Quarterly
Time lag to available data	Numerator: Finalisation of mental health consolidated data may take up to 5 weeks after the end of reporting period. Denominator: Admitted Patient reporting is required by the 13th calendar day of each month for previous month. Data is supplied daily to EDW.
Business owners	Mental Health 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 rate per 1,000 bed days
Representational layout	N{NNN}
Minimum size	1
Maximum size	4
Data domain	
Date effective	01/07/2016
Related National Indicator	N/A

INDICATOR: MS2213

Previous IDs:

Virtual Care Access: Non-admitted services provided through Virtual Care (%)

Previously known as Telehealth Service Access: Non-admitted services provided through telehealth (%)

Shortened Title	Virtual Care Access
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	4.01
Scope	All non-admitted patient occasions of service
Goal	To sustainably scale virtual care and comprehensively embed it as a safe, effective, accessible and ongoing option to deliver healthcare across NSW.
Desired outcome	Increase the number of virtual occasions of service delivered.
Primary point of collection	Hospital outpatient departments and community health services. Non-admitted patient appointment scheduling.
Data Collection Source/System	Various administrative and clinical information systems are used across settings and clinical streams, including enterprise systems such as iPM and Cerner PASs, eMR (CHOC), CHIME and service specific systems e.g. Titanium (for dental health), MOSAIQ (for oncology services) etc.
Primary data source for analysis	EDWARD Non-admitted Patient Data Mart
Indicator definition	The percentage of YTD non-admitted patient occasions of service provided through an audio or videoconferencing modality compared to the average % of YTD occasions of service for FY19/20, FY20/21 and FY21/22. Activity type is described in service contact codes 2, C, P, T.

Numerator

Numerator definition	Total number of non-admitted patient occasions of service with an audio or videoconferencing modality, where the CLINICAL_OR_THERAPEUTIC_SERVICE_FLAG = 'Y'
Numerator source	EDWARD Non-admitted Patient Data Mart
Numerator availability	The day after the first data mart refresh after the 15th working day of the month of the month following the reporting period.

Denominator

Denominator definition	Total number of non-admitted patient occasions of service where the CLINICAL_OR_THERAPEUTIC_SERVICE_FLAG = 'Y'

Denominator source	EDWARD Non-admitted Patient Data Mart
Denominator availability	The day after the first data mart refresh after the 15th working day of the month of the month following the reporting period.
Inclusions	**Numerator:** EDW SERVICE_CONTACT_MODE_CODE "2", "C", "P" or 'T'. The code labels can be viewed here: http://hird.health.nsw.gov.au/hird/view_domain_values_list.cfm?ItemID=9437 **Numerator & Denominator:** CLINICAL_OR_THERAPEUTIC_SERVICE_FLAG = 'Y'

Exclusions	**Numerator & Denominator:** NAP occasions of service provided by service units with the following Establishment Types:

- 11.04 Needle Exchange Allied Health/ Nursing Unit
- 11.05 Supervised Administration of Opioid Treatment Program Medication
- 13.01 Pathology (Microbiology, Haematology, Biochemistry) Unit
- 13.02 Pharmacy Dispensing Unit
- 13.04 Sonography / Ultrasonography Diagnostic Unit
- 13.12 Interventional Imaging Procedure Unit
- 14.10 Information Management Service Unit
- 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
- 27.02 Cataract Extraction Procedure Unit
- 28.01 Oral Health / Dental, nfd Procedure Unit
- 35.01 Residential Aged Care Unit, nfd
- 39.21 Health Transport Unit (Patient)
- 40.01 Home Modification/Maintenance Service Unit
- 41.02 Meals - Home Delivered Service Unit

Targets

Target: 30%

An increase of 5 percentage points year-on-year from the Local Health District activity baseline until 30% of non-admitted patient service events are performed virtually.

The KPI is calculated as follows:

The percentage of year-to-date non-admitted patient occasions of service with service contact codes 2, C, P, T, compared to the average percentage for the same YTD period across financial years 2019-20, 2020-21, 2021-22, for example YTD at September 2023 will be compared against the average

occasions of service for the equivalent YTD periods for FY19/20, FY20/21 and FY21/22.

So, if the % of virtual care OOS for the reporting period was 6%, this would be compared against the average % of equivalent OOS combined for FYs 19/20, 20/21 and 22/22 for the same period. This baseline would be calculated by adding all three years' YTD worth of virtual care OOS (N) and dividing by the total number of in scope OOS for the same YTD period (T): (N+N+N) divided by (T+T+T).

- Performing ≥5 percentage points increase on baseline
- Under performing >0 and < 5 percentage points increase on baseline
- Not performing No change or decrease on baseline

Context	Embedding virtual care in NSW health services is a key priority for NSW Health. The NSW Virtual Care Strategy 2021-2026 supports a coordinated and consistent approach to comprehensively integrate virtual care as a complement to face to face care across NSW health services.
Related Policies/ Programs	
Useable data available from	2019
Frequency of Reporting	Monthly
Time lag to available data	4 weeks
Business owners	
Contact - Policy	Director, Virtual Care, Strategic Reform and Planning Branch
Contact - Data	Director, Virtual Care, Strategic Reform and Planning 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	1st July 2017
Related National Indicator	

INDICATOR: PI-03	**Hospital in the Home:** Admitted Activity (%)
Previous ID: 0026	

Shortened Title	Hospital in the Home
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	All patients commencing Hospital in the Home (HITH) services as Admitted (Daily) HITH
Goal	To treat an increased number of patients receiving acute care in Hospital in the Home as a substitution for hospitalisation
Desired outcome	• Increased number of people who receive acute substitution and clinical care in the home and ambulatory settings • Reduction in hospitalisation for select conditions • Reduction of demand for inpatient hospital services
Primary point of collection	Patient administration clerical staff
Data Collection Source/System	Admitted patient data collection
Primary data source for analysis	EDW (FACT_AP_SE_SEG)
Indicator definition	The % of overnight separations with all or part of the admitted patient service event in Bed Type '25'
Numerator	
Numerator definition	The number of Bed Type '25' acute overnight separations
Numerator source	EDW (FACT_AP_SE_SEG.DIM_HLTH_SVC_BED_WARD_SK)
Numerator availability	Available
Denominator	
Denominator definition	The number of acute overnight separations
Denominator source	EDW (FACT_AP_SE.DIM_HLTH_SVC_BED_WARD_SK)
Denominator availability	Available
Inclusions	Peer Group A-C facilities, plus APAC facilities (OSP_ID = 3015234) and Balmain Hospital (OSP_ID = 1300002) Admitted patient service events (SE_TYPE_CD = '2') with a Bed Type '25' at any time during an admitted patient service event.
Exclusions	Justice Health and Forensic Mental Health Network

Targets	Target 5%
	• Performing:≥ 5%
	• Under Performing: ≥ 3.5% and < 5%
	• Not Performing: < 3.5%
Context	Evidence shows that patients/carers and the health system benefit from acute care provided in an alternate location to a hospital facility.
Related Policies/ Programs	NSW Hospital in the Home Guideline 2018
Useable data available from	July 2001
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	Percentage
Form	Number
Representational layout	NNNNN
Minimum size	1
Maximum size	5
Data domain	
Date effective	

Related National Indicators

Components	Hospital-in-the-home care
	Meteor ID: 327308
	http://meteor.aihw.gov.au/content/index.phtml/itemId/327308

INDICATOR: KPI22-03	**Renal Supportive Care Enrolment:** End-Stage Kidney Disease Patient (Number)
Previous ID:	

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: 2023-24 targets are presented in the table below. Targets have been categorized 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	2023-24
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: IM21-006 **Previous ID:**	**Inpatient Discharge Performance:** Inpatient Discharges from ED Accessible and Rehabilitation Beds by Midday (%)

Shortened Title	Inpatient Discharge Performance
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	2: Safe care is delivered across all settings
Status	Final
Version number	3.0
Scope	All overnight admitted patients discharged from ED Accessible and Rehabilitation Beds
Goal	To improve access to services within 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 - Improved safety and efficiency of transfer of care for patients awaiting access to treatment in the Emergency department - Improve the access to inpatient services for patients admitted via the Emergency Department
Primary point of collection	Patient Medical Record
Data Collection Source/System	Hospital PAS systems
Primary data source for analysis	EDW (FACT_AP_SE_SEG)
Indicator definition	The percentage of overnight admitted patient discharges from ED Accessible and Rehabilitation Beds, in facilities with an Emergency Department, that occur before midday.
Numerator	
Numerator definition	The number of overnight admitted patient discharges where the final bed type is an ED Accessible or a Rehabilitation Bed, in facilities with an Emergency Department, that occur before midday within the reporting period. An ED accessible bed type is one of the following: '01', '33'. '46', '47', '48', '69', '87', '93'. A rehabilitation bed type is '02'. SE_TYP_CD = '2'. Note: Where a patient's last bed type = '76' (Transit Lounge) or '25' (Hospital in the Home), then the bed type immediately prior to this is checked to see if it is an ED Accessible or Rehabilitation bed and included or excluded in the calculation. For patients transferring to Transit Lounge or Hospital in the Home the date/time of the patient departing the ED Accessible or a Rehabilitation Bed is the time used for the calculation.
Numerator source	EDW (FACT_AP_SE_SEG)
Numerator availability	Available

Denominator

Denominator definition	The number of overnight admitted patient discharges where the final bed type is an ED Accessible or a Rehabilitation Bed, in facilities with an Emergency Department, within the reporting period.

An ED accessible bed type is one of the following: '01', '33'. '46', '47', '48', '69', '87', '93.

A rehabilitation bed type is '02'.

SE_TYP_CD = '2'.

Note: Where a patient's last bed type = '76' (Transit Lounge) or '25' (Hospital in the Home), then the bed type immediately prior to this is checked to see if it is an ED Accessible or Rehabilitation bed and included or excluded in the calculation.

For patients transferring to Transit Lounge or Hospital in the Home the date/time of the patient departing the ED Accessible or a Rehabilitation Bed is the time used for the calculation.

Denominator source   EDW (FACT_AP_SE_SEG)

Denominator availability   Available

Inclusions

Numerator & Denominator:

(i)   Organisations with an emergency department of any role delineation

(ii)   ED accessible bed types:
- General mixed beds (Bed type = '01')
- Coronary Care beds (Bed type = '33')
- Medical beds (Bed type = '46')
- Surgical beds (Bed type = '47')
- Medical oncology beds (Bed type = '48')
- Stroke beds (Bed type = '69')
- Medical Assessment Units (MAUs) (Bed type = '87')
- Close Observation Units (Bed type = '93')

(iii)   Rehabilitation bed type:
- Rehabilitation (Bed type = '02')

Exclusions

Numerator & Denominator:

- Discharges from Sydney Childrens Hospital Network.
- Discharges from any other bed type.
- Organisations that do not possess an emergency department.
- Day only separations (patients whose formal admission date and time and formal discharge date and time occur on the same calendar day).
- Patients with a Formal Discharge Mode Code of:
  - '2' or '02' Discharge Own Risk
  - '6' or '06' Death with Autopsy
  - '7' or '07' Death without Autopsy
  - '10' Discharge on Leave

Targets

Target: ≥35%

- Performing: ≥35%
- Under Performing: ≥30% and <35%
- Not Performing: <30%

Context	This target is a measure of timeliness of discharge performance, following on from a clinical decision that a patient is ready for discharge. It supports the timely admission to a hospital bed, for those emergency department patients who require inpatient treatment, as it contributes to patient comfort and improves outcomes and the availability of Emergency Department services for other patients.
Related Policies/ Programs	
Useable data available from	July 2020
Frequency of Reporting	Daily (EDW)
Time lag to available data	Daily (EDW)
Business owners	
Contact - Policy	Executive Director, System Performance Support
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	
Date effective	
Related National Indicators	
Components	N/A

INDICATOR: KPI23-003 **Previous IDs:**	Dental Access Performance: Non-Admitted Dental Patients Treated on Time (%)

Proportion of patients on the public dental waiting list who have waited less than the maximum recommended waiting time for care. (Combined measure of patients on all assessment and treatment waiting lists for public dental services – Assessment categories 1-6 & treatment categories A-F)

Shortened Title	Dental Access Performance
Service Agreement Type	Key Performance Indicator
Framework Strategy	2: Safe care is delivered across all settings
Framework Objective	2.1 Deliver safe, high quality, reliable care
Status	Final
Version number	1.0
Scope	Patients on non-admitted dental assessment and treatment waiting lists.
Goal	To ensure that public dental patients receive care within the clinically recommended timeframe in NSW public oral health clinics.
Desired outcome	To ensure that patients are treated within the maximum recommended waiting time for their priority code for dental assessment or treatment.
Primary point of collection	Oral Health Clinics
Data Collection Source/System	Titanium electronic oral health record
Primary data source for analysis	Titanium electronic oral health record - ODS
Indicator definition	The proportion of patients on non-admitted dental assessment and treatment waiting lists who have not exceeded the maximum recommended waiting time for their waiting list urgency category.

Numerator

Numerator definition	Total patients on non-admitted dental assessment and treatment waiting lists who are within the maximum recommended waiting time at the time of measurement.
Numerator source	Titanium electronic oral health record - ODS
Numerator availability	Currently available

Denominator

Denominator definition	The total number of patients on non-admitted dental assessment and treatment waiting lists at the time of measurement.
Denominator source	Titanium electronic oral health record - ODS
Denominator availability	Currently available
Inclusions	All patients on non-admitted dental assessment and treatment waiting lists.

Exclusions	Patients waiting for specialist dental treatment
	Patients waiting for general anaesthetic dental treatment
Targets	
Target	100% of patients within recommended waiting time for their urgency category.
	Performance thresholds:
	Performing: 97% to 100%
	Underperforming: 90% but less than 97%
	Not performing: less than 90%.
Context	
Related Policies/ Programs	Priority Oral Health Program and Waiting List Management Policy
Useable data available from	2018-19
Frequency of Reporting	Monthly
Time lag to available data	3-5 days
Business owners	Centre for Oral Health Strategy
Contact - Policy	Brad Pogson, Manager, Oral Health Information Systems
Contact - Data	Brad Pogson, Manager, Oral Health Information Systems
Representation	
Data type	Percentage %
Form	Quantitative Value
Representational layout	NNN%
Minimum size	0%
Maximum size	100%
Data domain	0-100%
Date effective	1 July 2023
Related National Indicator	N/A

HEALTH STRATEGIC OUTCOME 3: People are healthy and well	
INDICATOR: KMH202 **Previous IDs:**	**Mental Health Peer Workforce Employment** – Full time equivalents (FTEs) (Number)

Shortened Title	Mental Health Peer Workforce Employment
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.7
Scope	Staff employed by the Local Health District/Specialty Health Networks
Goal	• Identify opportunities to expand the scope and size of the Peer Consumer and Carer workforce across the NSW mental health system
	• Develop strategies and implement frameworks for capacity building to support, expand, enhance and define the Peer Consumer and Carer workforce across the NSW mental health system
	• Ensure recruitment for vacant positions occurs within each quarter
Desired outcome	Increase the number of skilled, competent and qualified peer workers (consumer or carer workers) in the NSW mental health system to support better experience of care for consumers.
Primary point of collection	Administrative and peer workforce managers in NSW mental health facilities.
Data Collection Source/System	Local roster/or human resource management systems.
Primary data source for analysis	Manual collection - Peer Workforce Data Collection spreadsheet.
Indicator definition	The total number of Full Time Equivalent (FTE) mental health staff employed in a peer worker capacity (consumer or carer workers), where the total number of hours is divided by 40 to obtain an FTE number.
Numerator	
Numerator definition	The total number of ordinary hours worked by all mental health staff employed in a peer worker capacity (consumer or carer workers) using the following definitions:
	Consumer / Peer workers: Persons employed (or engaged via contract) on a part-time or full-time paid basis, where the person is specifically employed for the expertise developed from their lived experience of mental illness.
	Mental health consumer workers include the job titles of, but not limited to, consumer consultants, peer support workers, peer specialists,

consumer companions, consumer advocates, consumer representatives, consumer project officers and recovery support workers.

Carer workers: Persons employed (or engaged via contract) on a part-time or full-time paid basis, where the person is specifically employed for the expertise developed from their experience as a mental health carer.

Mental health carer workers include the job titles of, but not limited to, carer consultants, carer support workers, carer representatives and carer advocates.

Numerator source	Manual collection - Peer Workforce Data Collection spreadsheet
Numerator availability	Quarterly

Denominator

Denominator definition	The total ordinary working hours worked by a full time peer worker.
Denominator source	
Denominator availability	

Inclusions — All persons specifically employed for the expertise developed from their lived experience of mental illness or as a mental health carer.

Exclusions

Targets

LHD/SHN	Performing	Not performing
CC	≥8.6	<8.6
FW	≥7.0	<7.0
HNE	≥22.2	<22.2
IS	≥12.8	<12.8
JHFMHN	≥3.6	<3.6
MNCLHD	≥10.5	<10.5
MLHD	≥15.9	<15.9
NBM	≥10.2	<10.2
NNSW	≥9.5	<9.5
NS	≥22.4	<22.4
SES	≥29.2	<29.2
SWSLHD	≥25.6	<25.6
SNSWLHD	≥8.2	<8.2
SVHN	≥6.8	<6.8
SLHD	≥16.9	<16.9
SCHN	≥6.0	<6.0
WNSW	≥22.6	<22.6
WS	≥17.3	<17.3
NSW Total	**≥255.3**	**<255.3**

- Performing: Equal to or greater than a specified target (count) for each LHD
- Underperforming: N/A
- Not performing: Less than the target.

Context

Related Policies/ Programs	NSW Mental Health Reform 2014-2024 – Living Well
Useable data available from	1 August 2016
Frequency of Reporting	Quarterly
Time lag to available data	Submission of data may take up to one month after the end of the reporting period.
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
Representational layout	NN.N
Minimum size	2
Maximum size	4
Data domain	
Date effective	01/07/2016
Related National Indicator	N/A

INDICATOR: PH-013A, SPH007	**Smoking during pregnancy - At any time:** (Number)

Previous IDs:	• 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% per year and in pregnant Non-Aboriginal women by 0.5% per year (NSW State Health Plan)
Primary point of collection	Local Health District maternity services
Data Collection Source/System	Perinatal Data Collection (PDC)
Primary data source for analysis	NSW Perinatal Data Collection (SAPHaRI and EDWARD)
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	Six-monthly

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	Six-monthly
Inclusions	Aboriginal or Non-Aboriginal women giving birth in 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 NSW, who normally reside in NSW
Targets	Aboriginal women: ≥2% decrease on previous year Non-Aboriginal women: ≥0.5% 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

Long term objective: Reduce the rate of smoking by Non-Aboriginal pregnant women by 0.5% per year and by 2% per year for pregnant Aboriginal women from a 2010 baseline.

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: PH-011C	**Get Healthy Information and Coaching Service** – Get Healthy in Pregnancy Referrals (% variance from target)
Previous ID:	

Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.2
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 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 or/and enrolling into the Get Healthy in Pregnancy coaching program.
Numerator	
Numerator definition	Total number of Get Healthy in Pregnancy referrals in the 2023-24 reporting period.
Numerator source	CRM
Numerator availability	Monthly
Denominator	
Denominator definition	Target number of Get Healthy in Pregnancy referrals in the 2023-24 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.
Exclusions	Children and young people aged less than 16 years of age
Targets	The targets are based on approximately 19% of the 2020 single birth rates for public hospitals and previous year's performance.

- CCLHD – 579
- FWLHD – 34
- HNELHD – 1637
- ISLHD – 643
- MNCLHD - 400
- MLHD - 409
- NBMLHD - 929
- NNSWLHD - 522
- NSLHD - 1041
- SESLHD - 1379
- SWSLHD - 2174
- SNSWLHD - 294
- SLHD - 1113
- WNSWLHD - 618
- WSLHD - 1978

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 Information and Coaching Service.
	Clinical Trials in Maternity Settings will be underway. Once sites are confirmed, targets will be adjusted accordingly.
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	June 2022

Related National Indicators

N/A

INDICATOR: SPH012 **Previous IDs: SPH001, SPH003**	**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
	ii. Non-Aboriginal Children
Shortened Title	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	1.42
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	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: PH-015A

Previous IDs:

Hospital Drug and Alcohol Consultation Liaison - Number of consultations (% increase)

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.[1]
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 2023-24 from 2022-23.

- Performing – Maintain or increase from 2022-23 baseline.
- Under- performing – <10% decrease from 2022-23 baseline.
- Not performing - ≥10% decreased from 2022-23 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

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[1] *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

Data domain	N/A
Date effective	1 July 2019
Related National Indicator	N/A

INDICATOR: PH-014C Previous IDs:	**Hepatitis C Antiviral Treatment Initiation** – Direct acting - by District residents (% Variance from Target)
	LHD residents initiating Hepatitis C direct acting antiviral treatment (% Variance)

Shortened Title	Hepatitis C Antiviral Treatment Initiation
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.3
Scope	All NSW residents with chronic hepatitis C prescribed direct acting antiviral treatments 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.
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.
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	Number of LHD residents initiating hepatitis C direct acting antiviral treatment.
Numerator	
Numerator definition	Total number of LHD residents with chronic hepatitis C initiating hepatitis C direct acting antiviral treatment listed under the PBS.
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	Target number of LHD residents with chronic hepatitis C initiating hepatitis C direct acting antiviral treatment listed under the PBS.
Denominator source	N/A
Denominator availability	N/A

Inclusions	· NSW residents · PBS dispensing from public hospital, private hospital and community pharmacies · Hepatitis C direct acting antiviral treatments available through the PBS from 1 March 2016.
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.
Targets	· SESLHD – 410 · SLHD – 350 · SWSLHD – 500 · HNELHD – 680 · NNSWLHD – 270 · WSLHD – 460 · NSLHD – 190 · MNCLHD – 200 · ISLHD – 240 · CCLHD – 260 · SNSWLHD – 120 · WNSWLHD – 240 · NBMLHD – 240 · MLHD – 220 · FWLHD - 30 · Performing: ≥100% target · Under performing: ≥98% and <100% of Target · Not performing: < 98% of Target
Context	NSW Health has committed to eliminating hepatitis C as a public health concern by 2028. Achieving hepatitis C elimination requires increased treatment coverage in every local health district.
Related Policies/ Programs	· NSW Hepatitis C Strategy · Fifth National Hepatitis C Strategy 2018-2022
Useable data available from	01/03/2016
Frequency of Reporting	Quarterly
Time lag to available data	Reporting data available eight weeks post last reporting period; PBS closes off the data six weeks post the relevant quarter.
Business owners	Office of the Chief Health Officer
Contact - Policy	Executive Director, Centre for Population Health

Contact - Data	Manager, Hepatitis Program

Representation

Data type	Numeric
Form	Number
Representational layout	N{6}
Minimum size	1
Maximum size	6
Data domain	Number
Date effective	

Related National Indicator   N/A

INDICATOR: KS2410	**Aboriginal Paediatric Patients Undergoing Otitis Media Procedures** (number)
Previous IDs:	

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	1.41
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	EDW 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.
	SE_TYP_CD = '2'
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	EDW
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[2]	2023/2024 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

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[2] 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.

developmental delay. Current evidence indicates that the burden of chronic otitis media in Aboriginal children is at least double that of Non-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: DPH_1201	**Pregnant Women Quitting Smoking - By the second half of pregnancy** (%)
Previous IDs:	

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	1.31
Scope	All women giving birth in NSW
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	Perinatal Data Collection (PDC)
Primary data source for analysis	NSW Perinatal Data Collection (SAPHaRI, EDWARD)
Indicator definition	Proportion of pregnant women who quit smoking during the second half of their pregnancy. 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.* ——————————— *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.*
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.
Numerator source	NSW Perinatal Data Collection
Numerator availability	Three-monthly, data lag six months after the close 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.

Denominator source	NSW Perinatal Data Collection
Denominator availability	Three-monthly, data lag three months after the close of six-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.

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

Targets

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

Useable data available from

1 July 2016

Frequency of Reporting

Quarterly

Time lag to available data

Three monthly data is available with six months lag after the close of three-month period based on date of birth of the baby.

Business owners

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 2022
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: KPI21-02	**NSW Health First 2000 Days Implementation Strategy** - Delivery of the 1-4 week health check (%)

Shortened Title	First 2000 Days Strategy 1-4 week health check
Service Agreement Type	Key Performance Indicator
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 the 6-8 week health check.
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 1-4 week health check by a Child and Family Health Nurse within 2 weeks of the baby's birth.
Numerator	
Numerator definition	Number of families* receive a 1-4 week health check by a Child and Family Health Nurse within 2 weeks of the baby's birth. *Families are defined as residents in NSW with a newborn who, in principle, are eligible for a child and family health service within two weeks of the birth of the child.
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
Exclusion	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:

- Stillbirth
- 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,
Next report due	TBC

Targets

85%
- Performing: ≥85 and <100
- Underperforming: ≥75 and <85
- Not performing: <75

Time frame for target	Yearly
Lower /upper age limit	N/A
Sex	N/A
Geographical area interest	Whole State/Local Health District

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 KPI 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	TBC
Frequency of Reporting	Quarterly
Time lag to available data	TBC

Business owners	Health and Social Policy Branch
Contact - Policy	Director, Maternity, Child and Family Unit (Deborah Matha)
Contact - Data	Director, Maternity, Child and Family Unit (Deborah Matha)
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	XXX.XX
Minimum size	1
Maximum size	3
Data domain	

INDICATOR: MS1102 **Previous ID:**	**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 their height/length and weight recorded at least once within the inpatient encounter during the relevant quarterly reporting period (%).

Shortened Title	Childhood Obesity
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	2.0
Scope	All children with an overnight admission/stay, aged greater than 2 days and up to but not including the 16th birthday, who are admitted to any NSW Health inpatient facility, excluding Emergency Departments.
Goal	Improve the routine recording of children's height/length (children under the age of 2 are typically measured in 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, except Emergency Departments.
Primary point of collection	All LHDs/SHNs via Electronic Management Record (eMR)
Data Collection Source/System	Local eMRs systems.
Primary data source for analysis	Report generated using above electronic information systems. Routine compliance reports will be generated by e-Health NSW in collaboration with each Local Health District/Specialty Health Network and submitted to the Centre for Population Health (CPH), NSW Ministry of Health no later than two weeks following the end of each quarter and in compliance with the *NSW Health - Nutrition Care Policy*. LHDs/SHNs without electronic information systems will be exempted from reporting, until such time as the necessary systems to support electronic reporting are in place.
Indicator definition	Percentage of unique children with an overnight admission/stay, aged greater than 2 days and up to but not including the 16th birthday who have their height/length and weight measured, and entered into the inpatient, health electronic records management system appropriate to that LHD/SHN, on or within the dates of the hospital admission/stay, within the current reporting period.
Numerator	
Numerator definition	Number of unique children with an overnight admission/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 and CHOC/CHIME/Titanium systems
Numerator availability	Quarterly
Denominator	
Denominator definition	Number of unique children with an overnight admission/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
Denominator availability	Quarterly
Inclusions	All children with an overnight admission/stay, aged greater than 2 days and up to but not including the 16th birthday who have contact with NSW Health.
Exclusions	- Anyone below the aged of 2 days and above 16 years of age. - Any child below the aged of 2 days and up to but not including the 16th birthday who presented to an Emergency Department and was not admitted. - 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	70% of unique children who had a relevant encounter with the NSW Health service, with at least one complying height/length and weight measurement conducted on or within the dates of the hospital admission/stay within the current reporting period. - 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 in Districts and Networks where the required electronic medical record systems have been implemented

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	Centre for Population Health / Health and Social Policy Branch
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	July 2022
Related National Indicators	N/A

INDICATOR: KF-005 **Previous ID:**	**Domestic Violence Routine Screening** – Routine Screens conducted (%)

Shortened Title	Domestic Violence Routine Screening
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	2.0
Scope	All women attending Maternity services, Child and Family services, and women aged 16 years and over in Drug and Alcohol and Mental Health Services.
Goal	Ensure domestic violence routine screening is conducted on eligible women.
Desired outcome	Identify and respond to women experiencing domestic violence.
Primary point of collection	Clinicians in Maternity, Child and Family Health, Drug and Alcohol, and Mental Health services
Data Collection Source/System	eMaternity, Cerner/eMR, CHIME
Primary data source for analysis	Domestic Violence Routine Screening Summary Report
Indicator definition	The percentage of Domestic Violence Routine Screens completed for women attending Maternity services, Child and Family Health services, and women aged 16 years and over in Drug and Alcohol and Mental Health Services as a percentage of eligible women.

Numerator		
	Numerator definition	Number of women attending Maternity services, Child and Family Health services, and women aged 16 years and over in Drug and Alcohol and Mental Health Services who have a Domestic Violence Routine Screen completed.
	Numerator source	eMaternity, Cerner/eMR, CHIME
	Numerator availability	Quarterly
Denominator		
	Denominator definition	Number of eligible women presenting to Maternity services, Child and Family Health services, and eligible women aged 16 years and over attending Drug and Alcohol and Mental Health services
	Denominator source	eMaternity, Cerner/eMR, CHIME
	Denominator availability	Quarterly

Inclusions	• All women attending Maternity services, Child and Family Health services, and women aged 16 years and over in Drug and Alcohol and Mental Health services.
	• Screening completed within reporting period + 12 week offset period after the reporting period.
	• For summary reports from eMaternity: If the same woman is screened multiple times across different bookings within the same reporting period, or across different reporting periods, each screen will be counted in the numerator, and each attendance will be counted in the denominator.
	• For summary reports from Cerner/eMR: Each encounter is only counted in the summary report totals once.
	    ○ If there are multiple screens attempted during the same encounter for the same service stream, the completed screen will be prioritised, or otherwise the latest screen attempted. If Inpatient Encounters for Drug and Alcohol and Mental Health specialties are to be included, then 'All streams' needs to be selected.
	    ○ When Inpatient and Community Encounters are combined for the derived specialty of Mental Health or Drug and Alcohol, this will produce a summary count of unique encounters per derived specialty

Exclusions	• Children of women attending Maternity services, Child and Family Health services, Drug and Alcohol and Mental Health Services. • For summary reports from Cerner/eMR: Women who did not have a new registration in Child and Family Health, Drug and Alcohol and Mental Health services within the reporting period.
Targets	70% • Performing: ≥ 70% • Under Performing: ≥ 60% and < 70% • Not Performing: < 60%
Context	NSW Health is committed to supporting the early identification and response to domestic violence. Since 2004, NSW Health has been undertaking Domestic Violence Routine Screening (DVRS) for women accessing maternity, child and family services and women, 16 years and over, accessing mental health and alcohol and other drug services. DVRS provides a critical opportunity for the disclosure of domestic violence, early identification and intervention, including initial risk assessment and providing women with information, support and referrals. A 100% target is not feasible for the Domestic Violence Routine Screening program as this would likely detract from the quality of screening and ensuing outcomes. Nor would it take into account situations where it would be reasonable not to screen including: • Where the client is not well enough to be screened (i.e. client may be presenting to a Mental Health service for first time and is psychotic) • Where it is not safe to screen client (i.e. partner may be present)
Related Policies/ Programs	NSW Health Policy and Procedures for Identifying and Responding to Domestic Violence
Useable data available from	• Cerner/eMR, CHIME: July 2018

- eMaternity: July 2021 (to start reporting January to March 2021 data retrospectively with 12 week offset)

Frequency of Reporting	Quarterly
Time lag to available data	12 weeks

Business owners

Contact - Policy	Director, Prevention and Response to Violence, Abuse and Neglect Unit, Government Relations Branch.
Contact - Data	Senior Analyst, Data Management (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	July 2018

Related National Indicators

Indicator: N/A

INDICATOR: KF-0061, KF-0062 **Previous IDs: KF-006A, KF-006B**	**Sustaining NSW Families Programs:** • Families completing the program when child reached 2 years of age (%) *(KF-0061)* • Families enrolled and continuing in the program (%) *(KF-0062)*
Shortened Title(s)	Sustaining NSW Families Programs (Completed) Sustaining NSW Families Programs (Enrolled)
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.2
Scope	Families enrolled in the Sustaining NSW Families Program
Goal	Families complete the full course of structured home visits
Desired outcome	Children have better health and development outcomes. Parents have improved parenting capacity.
Primary point of collection	Funded Sustaining NSW Families services
Data Collection Source/System	Excel spreadsheet
Primary data source for analysis	Excel spreadsheet
Indicator definition	**KF-0061**: The proportion of families with a child born in 2021/22 who enrolled in the program, that completed the program when their child reached two years of age in the reporting period. **KF-0062**: The proportion of families with a child born in 2022/23 who enrolled in the program, and who remained in the program until the child turned one year of age in FY 2023/24 and continued in the program.
Numerator	
Numerator definition	**KF-0061**: The number of families with a child born in 2021/22 who enrolled in the program, that completed the program when their child reached two years of age in the reporting period. **KF-0062**: The number of families with a child born in 2022/23 who enrolled in the program, and who remained in the program until the child turned one year of age in FY 2023/24 and continued in the program.
Numerator source	Excel spreadsheet (point of service provision)
Numerator availability	Monthly
Denominator	
Denominator definition	**KF-0061***:* The number of families enrolled in the program whose child was born in the 2021/22 financial year and turned two years of age in the reporting period. **KF-0062**: The number of families enrolled in the program whose child was born in the 2022/23 financial year, who were still enrolled when their

child turned one year of age and remained engaged in the program in the reporting period.

Denominator source	Excel spreadsheet (point of service provision)
Denominator availability	Monthly
Inclusions	Families enrolled in the program (who have been referred and assessed against program criteria)
Exclusions	Families not eligible according to criteria, or eligible but declining an offer of a place.

Targets

KF-0061*:* At least 50% of families with a child born in 2021/22 who enrolled in the program, completed the program (ie remained in the program until the child turned two years of age in FY 2023/24).

- Performing: ≥50%
- Under Performing: ≥45% and <50%
- Not Performing: <45%

NOTE: Indicator KF-0061 applies to: CCLHD, HNELHD, ISLD, NNSWLHD, SESLHD, SWSLHD (Site 1 and Site 2), SLHD, WSLHD.

KF-0062*:* At least 65% of families with a child born in 2021/22 who enrolled in the program, remained in the program until the child turned one year of age in FY 2023/24 and continued in the program.

- Performing: ≥65%
- Under Performing: ≥55% and <65%
- Not Performing: <55%

Context

Program dosage is linked to child and parent outcomes. This indicator is a function of enrolments into the program, and retention for the duration of the program. The benchmark of greater than 50 per cent retention at child's age of two years is in line with literature on sustained nurse home visiting programs.

Sustaining NSW Families provides intensive structured health home visiting to vulnerable families to support parent-child relationships and optimise child health, development and wellbeing.

Related Policies/ Programs	PD2010_017 Maternal and Child Health Primary Health Care Policy
Useable data available from	Over three years in established sites
Frequency of Reporting	Quarterly
Time lag to available data	12 weeks
Business owners	Health and Social Policy Branch
Contact - Policy	Child and Family Health Team
Contact - Data	Child and Family Health Team
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 2015

Related National Indicator

INDICATOR: SSA140	**Breast Screen Participation Rates**:
Previous IDs: 8A1, 0037 SSA126, SSA127, SSA128, SSA129, SSA130, SSA131	• All women aged 50-74 (%)

Shortened Title(s)	Breast Screen Participation Rates – All 50-74
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	3: People are healthy and well
Status	Final
Version number	1.0
Scope	To measure the percentage of women aged 50-74 residing in the Service catchment area (Local Health District) who were screened by BreastScreen NSW during the most recent 24-month period. The indicator is disaggregated by age into 50-69, and 70-74 year age groups.
Goal	≥50% of women aged 50-74 years participate in screening in the most recent 24-month period.
Desired outcome	To increase access to screening for eligible women
Primary point of collection	BreastScreen NSW
Data Collection Source/System	Screening information from the BreastScreen NSW Program
	Projected population data for the designated years from the Epidemiology and Surveillance Branch, NSW Ministry of Health
	Australian Bureau of Statistic (ABS) Census population data
Primary data source for analysis	BreastScreen NSW data
Indicator definition	Percentage of women in the target age group who were screened by BreastScreen NSW during the most recent 24-month period
Numerator	
Numerator definition	<u>All women</u> Number of individual women residing in the Service catchment areas (LHD) in NSW aged 50-69 and 70-74 who had one or more breast screening episode with any Service in the Program during the 24-month reporting period.
Numerator source	BreastScreen NSW data
Numerator availability	Available 10 business days after the end of the period of measurement.
Denominator	
Denominator definition	The population for all women is the weighted average of the projected population for women aged 50-74 years for the two reporting years as at 30 June

Denominator source	Projected population data for the designated years from the Epidemiology and Surveillance Branch, NSW Ministry of Health.
Denominator availability	Available as requested
Inclusions	No attempt has been made to adjust the population for women who have previously had breast cancer and are therefore not eligible for breast cancer screening through BreastScreen Australia
Exclusions	• Interstate women are excluded in the numerator • Assessment-only women • Numerator is the number of individual women screened by age group within a 24 month period (i.e. If a woman has been screened more than once in a 24 month period, then only the last screen is to be counted.)

Targets

Target = 50

Women aged 50-74 years:

- Not performing <45
- Underperforming ≥45 and <50
- Performing ≥50

Context

Related Policies/ Programs	BreastScreen Australia National Accreditation Standards
Useable data available from	2002
Frequency of Reporting	Monthly
Time lag to available data	1-2 weeks
Business owners	Cancer Institute NSW
Contact - Policy	Director, Screening and Prevention
Contact - Data	Director, Screening and Prevention
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.N
Minimum size	3
Maximum size	4
Data domain	Percentage
Date effective	1 July 2013

Related National Indicator	BreastScreen Australia 2005, Data Dictionary
	BreastScreen Australia 2008, National Accreditation Standards

INDICATOR: KPI23-001	**Children fully immunised at five years of age** (%)

Previous IDs: SPH002, SPH004	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
Framework Strategy	3 People are healthy and well
Framework Objective	3.2 Get the best start in life from conception through to age five 3.5 Close the gap by prioritising care and programs for Aboriginal people
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	95%
Target	• 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: KPI23-002	Human Papillomavirus Vaccination (%)
Previous IDs:	Percentage (%) of 15 year olds receiving a dose of HPV vaccine
Shortened Title	HPV Vaccination
Service Agreement Type	Key Performance Indicator
Framework Strategy	3 People are healthy and well
Framework Objective	3.1 Prevent, prepare for, respond to and recover from pandemic and other threats to population health.
Status	Final
Version number	1.0
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	
	• 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

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

INDICATOR: SPC111

Previous IDs:

Workplace Culture: People Matter Survey Culture Index-Variation from previous survey (%)

Shortened Title	Workplace Culture
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	1.0
Scope	All LHD staff who respond to the survey.
Goal	Improved response rates, and workplace culture
Desired outcome	To achieve a higher response rate and higher workplace culture index than achieved in the previous People Matter 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	Percentage variation in the Culture Index in the current survey against last year's survey.

Numerator

Numerator definition	Current % survey score formulated from questions in survey determined by external provider for the previous survey.
Numerator source	Survey data from external provider
Numerator availability	External provider.

Denominator

Denominator definition	Percentage survey score formulated from questions in survey determined by external provider for the previous survey.
Denominator source	Survey data from external provider
Denominator availability	External provider.
Inclusions	All staff who complete the survey
Exclusions	Nil

Targets

Target: ≥ -1% on previous year

- Performing: or ≥ -1%
- Under Performing: > -1% and < -5%
- Not Performing: ≥ -5%

Related Policies/Programs	NSW Health Workplace Culture Framework
Useable data available from	August 2018 from external provider
Frequency of Reporting	Annual-ongoing
Time lag to available data	
Business owners	Workforce Planning and Talent Development
Contact-Policy	Director, Workforce Strategy & Culture, Workforce Planning and Talent Development.
Contact-Data	Director, Workforce Strategy & Culture, Workforce Planning and Talent Development.
Representation	
Datatype	Numeric
Form	Percentage
Representational lay out	NNN
Minimum size	1
Maximum size	3
Data domain	External provider
Date effective	2011
Related National Indicator	N/A

INDICATOR: KPC201	**Staff Performance Reviews** - Within the last 12 months (%)
Previous IDs:	

The percentage of total eligible staff with performance reviews completed within the last 12 months.

Shortened Title	Staff Performance Reviews
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	1.41
Scope	Achievement of Public Service Commission mandatory requirements for performance reviews.
Goal	To ensure eligible staff have a formal performance review, at least once a year.
Desired outcome	To ensure all eligible staff receive formal feedback on their performance, have a clear understanding of their individual performance objectives, and understand the capabilities they are required to demonstrate in their role.
Primary point of collection	
Data Collection Source/System	HCM: PAT via Corporate Analytics -– Workforce
Primary data source for analysis	All Health cluster agencies
Indicator definition	The number of eligible staff who have had a performance review, within the last 12 months, as a percentage of the total eligible staff.
Numerator	
Numerator definition	Total number of eligible staff who have had a performance review within the last 12 months.
Numerator source	HCM: PAT via Corporate Analytics -– Workforce
Numerator availability	Available
Denominator	
Denominator definition	Total number of eligible staff
Denominator source	HCM: PAT via Corporate Analytics -– Workforce
Denominator availability	Available
Inclusions	- All permanent and temporary staff (fixed term contracts) - SES/HES - Staff on secondment (to and from the agency). The seconded staff members home agency should report the staff member if it pays 51% or more of their employment-related costs. The receiving agency should report the staff member if it pays 51% or more.

- Apprentices, trainees and cadets
- Staff specialists
- Staff on leave (paid or unpaid), excluding extended periods of leave such as maternity leave or long service leave if that would preclude a performance review taking place.

Exclusions	The following are excluded from the definition of eligible staff:

- Visiting Practitioners and other contractors and consultants
- Casual/sessional and seasonal staff
- Contingent labour
- Volunteers
- Students/work experience
- Staff separated from the agency prior to the reference period even if they received a payment during the reference period
- Staff absent from the workplace in the 6 months before the consensus date

Targets

100% of eligible staff have a formal performance review at least annually.

- Not performing: <85%
- Under performing: ≥85% and <90%
- Performing: ≥90%

Context

Related Policies/ Programs	NSW Public Sector Performance Development Framework and PD2016_040 *Managing for Performance*.
Useable data available from	Corporate Analytics - Workforce
Frequency of Reporting	Quarterly
Time lag to available data	As a minimum it must be available by the end of each quarter.
Business owners	Workplace Relations Branch
Contact - Policy	Director, Workplace Relations Branch
Contact - Data	Director, Workforce Planning and Performance Unit, Workforce Planning and Talent Development Branch

Representation

Data type	Numeric
Form	Percentage
Representational layout	NNN.NN
Minimum size	3
Maximum size	6

Data domain	A unique count of the date field related to performance review that has been undertaken by eligible staff in the proceeding 12 month period. This would be sourced from StaffLink and reported from Corporate Analytics - Workforce (CAWF).
Date effective	01/07/2014
Related National Indicator	Nil

INDICATOR: SPC115	**Take Action**: People Matter Survey take action as a result of the survey -Variation from previous survey (%)
Previous IDs:	

Shortened Title	Take Action
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	2.0
Scope	All LHD staff who respond to the survey.
Goal	Improved response rates, and workplace culture
Desired outcome	To achieve a higher response rate and higher take action score than achieved in the previous People Matter 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	Percentage variation in the take action score in the current survey against last year's survey.
Numerator	
Numerator definition	Current % survey score from a question in survey determined by external provider for the previous survey.
Numerator source	Survey data from external provider
Numerator availability	External provider.
Denominator	
Denominator definition	Percentage survey score from a question in survey determined by external provider for the previous survey.
Denominator source	Survey data from external provider
Denominator availability	External provider.
Inclusions	All staff who complete the survey
Exclusions	Nil
Targets	
	Target: ≥ -1% on previous year
	Performing: or ≥ -1%
	Under Performing: > -1% and < -5%

- Not Performing: > -5%

Context

Related Policies/Programs	NSW Health Workplace Culture Framework
Useable data available from	August 2018 from external provider
Frequency of Reporting	Annual-ongoing
Time lag to available data	
Business owners	Workforce Planning and Talent Development
Contact-Policy	Director, Workforce Strategy & Culture, Workforce Planning and Talent Development.
Contact-Data	Director, Workforce Strategy & Culture, Workforce Planning and Talent Development.

Representation

Datatype	Numeric
Form	Percentage
Representational lay out	NNN
Minimum size	1
Maximum size	3
Data domain	External provider
Date effective	2011
Related National Indicator	N/A

INDICATOR: SPC107	**Recruitment:** Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)
PREVIOUS ID: 0095	

Shortened Title	Recruitment Decision Timeliness Improvement
Service Agreement Type	Key Performance Measure
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	3.11
Scope	
Goal	Improved recruitment timelines
Desired outcome	To achieve an average of 10 business days as the time taken to approve/decline or defer requests to recruit.
Primary point of collection	HCM: ROB via Corporate Analytics - Workforce
Data Collection Source/System	HCM: ROB via Corporate Analytics - Workforce
Primary data source for analysis	HCM: ROB via Corporate Analytics - Workforce
Indicator definition	Average business days for completion of recruitment approvals from submission of Approval to Fill (ATF) submitted to the first approver to when a decision is made by the final decision-maker to either approve, decline or defer that request.
Numerator	
Numerator definition	The average number of business days for ATFs submitted and completed each calendar month, YTD.
Numerator source	HCM: ROB via Corporate Analytics - Workforce
Numerator availability	Total number of business days for the completion of decisions from the date the Approval to Fill (ATF) sent to first approver to the date of final decision to approve, decline or defer the ATF in HCM: ROB for all submitted ATFs YTD
Denominator	
Denominator definition	Total number of ATFs submitted and completed YTD.
Denominator source	Recruitment and Onboarding system
Denominator availability	
Inclusions	All ATFs processed through the Recruitment and Onboarding system.
Exclusions	Rolling ads, casual ads, ATRs incomplete at the end of the month
Targets	

10 business days

- Performing: =< 10 days
- Under Performing: No change from previous year and >10 days
- Not Performing: >10 days

Comments	Achievement of appropriate recruitment times ensures that vacancies are not left unfilled, adversely affecting service provision and workplace culture.
Context	- Policy Directive 2015_026 "Recruitment and Selection of Staff to the NSW Health Service" sets out a timeline for standard approvals to recruitment of 10 business days. 10 days has therefore become a "de facto" target. - The target was reviewed by the NSW Health e-Recruitment Governance and Reference Group, which advised on a realistic recruitment timeline which excludes time periods that are not within the employer's control (applicants' decision to accept offer, start date). This definition reflects those recommendations
Related Policies/ Programs	PD2015_026 "Recruitment and Selection of Staff to the NSW Health Service"
Useable data available from	July 2013
Frequency of Reporting	Monthly
Time lag to available data	3rd calendar working day of every month.
Business owners	**Workplace Relations**
Contact - Policy	Executive Director, Workplace Relations
Contact - Data	Director, Workforce Planning and Performance Unit, Workforce Planning and Talent Development Branch.
Representation	
Data type	Numeric
Form	Number/graphic
Representational layout	NNN.NN
Minimum size	N.N
Maximum size	NNNNN.NN
Data domain	Recruitment and Onboarding system
Related National Indicator	NA

INDICATOR: SPC108 **PREVIOUS ID: SD 6.1.4**	**Aboriginal Workforce Participation:** Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations: (%)

Shortened Title	Aboriginal Workforce Participation
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	2.22
Scope	Staff employed within NSW Health Workforce
Goals	• Identify opportunities to recruit Aboriginal people across the breadth and depth of the health service through the strategic use of Identified and Targeted recruitment practices • Develop strategies for capacity building to support career opportunities for Aboriginal people across the breadth and depth of the health service Increase the retention of Aboriginal people in the health service through: • Maximising the number of NSW Health staff who have completed both components of the Respecting the Difference training • Ensure that the Aboriginal workforce has access to ongoing professional development opportunities through education and training and that clear career pathways are established for Aboriginal staff. • Providing traineeships, cadetships and scholarships for Aboriginal people to work within health services • Increasing the response rates to EEO questions across the health service.
Desired outcome	Increase the number of skilled, competent and qualified Aboriginal staff in the NSW Health workforce and create a working environment that respects Aboriginal heritage and cultural values.
Primary point of collection	StaffLink
Data Collection Source/System	Public Service Commission Workforce Profile via Corporate Analytics - Workforce
Primary data source for analysis	Public Service Commission Workforce Profile via Corporate Analytics - Workforce

Indicator definition	The percentage of Aboriginal staff employed in health workforce (i) within all salary bands and (ii) within all occupations

The June 2022 salary bands are as follows:

- < $51,585
- $51,586 - $67,751
- $67,752 - $75,741
- $75,742 - $95,847
- $95,848 - $123,947
- $123,948 - $154,933
- ≥$154,934

Occupation categories are as specified via Treasury Groupings:

- Medical
- Nursing
- Allied Health Professionals
- Other Prof & Para Professionals & Clinical Support Staff
- Scientific & Technical Clinical Support Staff
- Oral Health Practitioners & Support Workers
- Ambulance Staff
- Clinical Support and Corporate Services
- Hotel Services
- Maintenance & Trades
- Other

Note that Aboriginal people include people who identify as Aboriginal and/or Torres Strait Islander.

Numerator

Numerator definition	Total number of staff employed that indicate they are Aboriginal staff or employed under the Aboriginal Health Workers State Award
Numerator source	Public Service Commission Workforce Profile via Corporate Analytics – Workforce.
Numerator availability	Annually

Denominator

Denominator definition	Total number of eligible staff employed in health workforce
Denominator source	Public Service Commission Workforce Profile via Corporate Analytics – Workforce.
Denominator availability	Annually
Inclusions	This information shows the number of employed staff who responded to the EEO questions, in relation to the question on Aboriginal staff with either "yes" or "no" response. A percentage of staff employed does not respond to this section of the EEO form.

Exclusions	Staff that do not provide a response to the EEO question regarding aboriginal status

Reporting

Reporting required by	NSW Ministry of Health
Indicators reported to	
Next report due	Annual

Targets

3.43% representation of Aboriginal staff across all salary levels (bands) and occupational groups in the NSW Health workforce by 2022

- Performing: ≥ 3.43%
- Under Performing: ≥2.0% to <3.43%
- Not Performing: <2.0%

Note: Where total workforce headcount in a particular salary band is less than 16 people, the percentage target will <u>not</u> contribute to the salary band portion of the KPI. However, unique headcount will contribute to overall agency representation target.

Time frame for target	
Lower /upper age limit	N/A
Sex	N/A
Geographical area of interest	Whole State//Local Health District/ Pillars / Networks / Specialty Services
Comments	

Context	- PD2016_053 Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2016 - 2020 - PD2022_028 Respecting the Difference Aboriginal Cultural Training 2022-24 NSW Implementation Plan for Closing the Gap - NSW Aboriginal Health Plan 2013-2023 - National Partnership Agreement on Indigenous Economic Participation (COAG agreement) - National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 - The Government Sector Employment Rule 26, Employment of eligible persons

Related Policies/ Programs	PD2016_053 / IB2020_029 / PD2022_028 Stepping Up online recruitment resource Documentation of indicator:

	Public Service Commission Workforce Profile via Corporate Analytics – Workforce.
Useable data available from	Public Service Commission Workforce Profile via Corporate Analytics – Workforce.
Frequency of Reporting	Annually
Time lag to available data	3 months from end of quarter
Business owners	Workforce Planning and Talent Development Branch
Contact - Policy	Executive Director, Workforce Planning and Talent Development Branch
Contact - Data	Director, Workforce Planning and Performance Unit, Workforce Planning and Talent Development Branch
Representation	
Data type	Numeric
Form	Number, as a percentage
Representational layout	NNN.NN
Minimum size	3
Maximum size	6
Related National Indicator	N/A

INDICATOR: KPI21-05	**Employment of Aboriginal Health Practitioners** (Number)
Previous IDs:	

Shortened Title	Aboriginal Health Practitioner Employment.
Service Agreement Type	Key Performance Indicator
Framework Strategy	4: Our staff are engaged and well supported
Status	Final
Version number	1.1
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	2022/2023 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

- PD2016_053 Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2016 - 2020
- PD2011_069 Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health
- NSW Aboriginal Health Plan 2013-2023
- 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 Workplace Culture Framework.

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 Planning and Performance Unit, 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

INDICATOR: KPI21-01	**Staff Engagement and Experience – People Matter Survey - Racism experienced by staff - Variation from previous survey** (%)
Previous IDs:	

Shortened Title	Staff experience: Racism
Service Agreement Type	Key Performance Indicator
Framework Strategy	4: Our staff are engaged and well supported
Status	Final
Version number	1.0
Scope	All NSW Health Staff who completed the People Matter Employment Survey.
Goal	Decrease NSW Health Staffs' experience of racism at work.
Desired outcome	To reduce the incidence of racist experiences for Aboriginal staff and staff who speak a language other than English at home (LOESH).
Primary point of collection	People Matter Employment (PME) Survey.
Data Collection Source/System	External Service Provider: The Public Service Commission.
Primary data source for analysis	External Service Provider: The Public Service Commission.
Indicator definition	Percentage of Aboriginal staff and staff who speak a language other than English at home (LOESH) experiencing racism at work in the current PME Survey compared to the previous PME Survey.

Numerator

Numerator definition	Percentage of Aboriginal staff or staff who speak a language other than English at home (LOESH) in the current survey who answered "yes" to PME Survey question H10: In the past 12 months have you experienced racism in the workplace.
Numerator source	PME Survey
Numerator availability	External provider: The Public Service Commission.

Denominator

Denominator definition	Percentage of Aboriginal staff or staff who speak a language other than English at home (LOESH) in the previous survey who answered "yes" to PME Survey question H10: In the past 12 months have you experienced racism in the workplace.
Denominator source	PME Survey
Denominator availability	External provider: The Public Service Commission.

Inclusions	All Aboriginal staff or staff who speak a language other than English at home (LOESH) who complete the survey.
Exclusions	As per inclusions above.

Targets

Target	Target: 0
	• Performing: ≥5% decrease on previous survey
	• Under Performing: <5% decrease on previous survey
	• Not performing: No change or increase from previous survey
Context	Aboriginal staff and people who speak a language other than English at home (LOESH) may experience racism at work, which is inconsistent with NSW Health's CORE Values. It also impacts staff wellbeing, retention and performance at work.
Related Policies/ Programs	NSW Health Workplace Culture Framework
	2022-24 NSW Implementation Plan for Closing the Gap
	NSW Aboriginal Health Plan 2013-23
Useable data available from	August 2019 from external provider. No data were collected for this question in 2020, so comparison between 2019 and 2021 will be undertaken for the 2021/2022 Service Agreements.
Frequency of Reporting	Annual (August)
Time lag to available data	Four months.
Business owners	Workforce Planning and Talent Development
Contact - Policy	Director, Workforce Strategy and Culture, Workforce Planning and Talent Development Branch.
Contact - Data	Director, Workforce Strategy and Culture, Workforce Planning and Talent Development Branch.
Representation	
Data type	Numeric.
Form	Percentage.
Representational layout	NNN.NN
Minimum size	3
Maximum size	5.
Data domain	External provider.
Date effective	2021
Related National Indicator	NA

INDICATOR: SPC110	**Staff Engagement**: People Matter Survey Engagement Index - Variation from previous year (%)
Previous IDs:	

Shortened Title	Staff Engagement
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	2.5
Scope	All LHD staff who respond to the survey.
Goal	Improved response rates, and staff engagement
Desired outcome	To achieve a higher response rate and higher staff engagement index than achieved in the previous People Matter 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	Percentage variation in the Engagement index in the current survey against last year's survey.
Numerator	
Numerator definition	Current % survey score formulated from questions in survey determined by external provider.
Numerator source	Survey data from external provider
Numerator availability	External provider.
Denominator	
Denominator definition	% survey score formulated from questions in survey determined by external provider for the previous survey.
Denominator source	Survey data from external provider
Denominator availability	External provider.
Inclusions	All staff who complete the survey
Exclusions	Nil
Targets	Target: ≥ -1% on previous year
	Performing: or ≥ -1%
	Under Performing: > -1% and < -5%
	Not Performing: > -5%

Context

Related Policies/ Programs	NSW Health Workplace Culture Framework
Useable data available from	August 2017 from external provider
Frequency of Reporting	Annual- ongoing
Time lag to available data	
Business owners	Workforce Planning and Talent Development
Contact - Policy	Director, Workforce Strategy and Culture, Workforce Planning and Talent Development Branch.
Contact - Data	Director, Workforce Strategy and Culture, 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: KS4401	**Compensable Workplace Injury** - Claims (% of change over rolling 12 month period)
Previous ID:	Reduction in the number of compensable injury claims.

Shortened Title	Compensable Workplace Injury Claims
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	4: Our staff are engaged and well supported
Status	Final
Version number	3.0
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.
Desired outcome	An indicative improvement in the actual number of compensable injuries suffered and reported.
Primary point of collection	Insurance for NSW portal – TMF Dashboard
Data Collection Source/System	Insurance for NSW portal – TMF Dashboard
Primary data source for analysis	Insurance for NSW portal – TMF Dashboard
Indicator definition	Number of NSW Health employees who have lodged a claim as a result of a workplace injury over the past 12 months compared to the previous 12 months, expressed as a percentage.
Numerator	
Numerator definition	The number of claims entered into the TMF Dashboard for the past 12 months to date.
Numerator source	Insurance for NSW portal – TMF Dashboard
Numerator availability	Available
Denominator	
Denominator definition	The number of claims reported for the previous 12 month period.
Denominator source	Insurance for NSW portal – TMF Dashboard
Denominator availability	Available
Inclusions	The number of Reportable claims entered into the TMF Dashboard, year to date. Incidents may have been reported and notified to the Claims Managers but health agencies should not include them in the reconciliation process if they do not appear in the TMF Dashboard yet.
	Definitions:

Reportable Claims

Reportable Claims are incidents where payments were made or estimates established.

Claims with Latest Liability Status Code of
01 – Notification of Work Related Injury OR;
02 – Liability Accepted 03 – Liability Disputed OR;
04 – Further Liability Denied OR;
05 – Liability Not Yet Determined OR;
07 – Liability Denied OR;
08 – Provisional Liability Accepted – Weekly and Medical Payments OR;
09 – Reasonable Excuse OR;
10 – Provisional Liability Discontinued OR;
11 – Provisional Liability Accepted – Medical Only, Weekly Payments Not Applicable
AND Net Incurred Amount is not equal to zero (0)

OR

Total Number of Payments is not equal to zero (0)
AND Net Incurred $ is not equal to zero (0)

Date Claim Entered

The first date data was entered into the Claims Managers system.

Sequence of dates (example):

* Date Injury Occurred 3/01/2015
* Date Claim Reported 20/09/2016
* Date Claim Notified 21/09/2016
* Date Claim Entered 22/09/2016

Exclusions

Excludes null and Non-Reportable claims

Definition:

Non-Reportable Claims

Non-Reportable Claims are incidents with no payments and nil estimates that are not or not yet classified as a 'claim' as it does not meet the Reportable Claim business definition.

Latest Liability Status Code is equal to '06 – Administrative Error' or '12 – No Action after Notification'
AND Net Incurred Amount is equal to zero (0)

OR

Total Number of Payments is equal to zero (0)
AND Net Incurred $ is equal to zero (0)

Targets

Target: 0

- Performing: ≥5% decrease or maintain at 0
- Under performing: ≥0% and <5% decrease
- Not performing: increase

Context
To monitor whether overall levels of active claims are changing over time.

Related Policies/ Programs
NSW Health PD Rehabilitation, Recovery and Return to Work

Useable data available from
Baseline data for the 2016/17 financial year by month, quarter and annual.

Frequency of Reporting
Monthly, Quarterly and Annual.

Time lag to available data
The TMF Dashboard is refreshed monthly following the monthly data update of the Insurance for NSW data warehouse (usually 1 week after the conclusion of the month).

Business owners

Contact - Policy
Safety and Security Improvement, Workplace Relations Branch

Contact - Data
Safety and Security Improvement, Workplace Relations Branch

Representation

Data type
Numeric

Form
Number, presented as a percentage (%)

Representational layout
NNN.N

Minimum size
3

Maximum size
5

Date Effective
1 July 2016

Related National Indicator

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

INDICATOR: KPI21-03 **Previous ID: KS5303; KS5301**	**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 Indicators	

INDICATOR: KPI21-04	**Research Governance Application Authorisations** – Site specific Within 60 calendar days - Involving greater than low risk to participants (%)
Previous ID: KS5304; KS5302	

Shortened Title	Research Governance Application Authorisations in 60 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	1.0
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 Greater than Low Risk site specific assessment (SSA) applications authorised by the RGO within 60 calendar days, authorised within the reporting period.
Numerator	
Numerator definition	Total number of Greater than Low Risk SSA applications authorised by the RGO within 60 calendar days, authorised (final SSA decision letter provided) within the reporting period.
Numerator source	REGIS
Numerator availability	
Denominator	
Denominator definition	Total number of Greater than Low 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 = No • Current Decision = Authorised; Authorised with Conditions
Exclusions	• Application Type = Ethics

- LNR = Yes
- 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 Key Performance Indicator will not 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	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 Indicators	

HEALTH STRATEGIC OUTCOME 6: The health system is managed sustainably

INDICATOR: AI-001

Previous IDs:

Purchased Activity Volumes – Variance: Acute Admitted – NWAU (%)

Shortened Title	Purchased Activity Variance: Acute Admitted
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	2.0
Scope	Acute admitted episodes in 2023-24 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	EDW
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 2023-24 for DRG 11.0 (NWAU 23).
Numerator source	EDW
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' and 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 2023-24

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

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 2023-24

INDICATOR: ED-001

Purchased Activity Volumes – Variance:
Emergency Department - NWAU (%)

Previous ID:

Shortened Title	Purchased Activity Variance: ED
Service Agreement Type	
NSW Health Strategic Outcome	Key Performance Indicator
	6: The health system is managed sustainably
Status	Final
Version number	2.0
Scope	All Emergency Department presentations in 2023-24 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	EDW (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 2023-24 is AECC 1.0
Numerator source	EDW
Numerator availability	Available
Denominator	

Denominator definition	ED activity target for the year to date in NWAU presentations in 2023-24 ABF in-scope EDs.
Denominator source	EDW
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	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	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
Date effective	July 2013
Related National Indicator	National Efficient Price Determination 2023-24 https://www.ihacpa.gov.au/sites/default/files/2023-03/National%20Efficient%20Price%20Determination%202023%E2%80%9324.PDF

INDICATOR: NA-001	**Purchased Activity Volumes – Variance**: Non-admitted Patient - NWAU (%)
Previous IDs:	

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	4.0
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 2023-24, 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 Type Version 8.0 categories that are recognised as in scope of NSW Activity Based Funding in 2023-24. 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 2023-24 HERO Organisation Service Provider Data Set LHD Activity Targets agreed for 2023-24 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 2023-24) from the year to date target.

Numerator

Numerator definition	Total Final Non-Admitted Patient National Weighted Activity Unit (NWAU 2023-24) for services delivered from 1 July 2023 to the year to date Minus Non-Admitted Patient National Weighted Activity Unit (NWAU 2023-24) Target for services delivered from 1 July 2023 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 2023-24) Target for services delivered from 1 July 2023 to the year to date.
Denominator source	Service Volume for Non-admitted Patient Services in the LHD / SHN Performance Agreement for 2023-24
Denominator availability	June 2015

Inclusions	In-scope services are based on the principles outlined in the Independent Hospital Pricing Authority National Efficient Price Determination 2023-24, Tier 2 Non-admitted Services Definitions Manual 2023-24 – Version 8.0, and the Australian Institute of Health and Welfare Non-admitted Patient Care Hospital Aggregate National Minimum Data Set Specifications for 2023-24. 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 2023-24" 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 Type (Version 8.0) for the 2023-24 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 2023-24 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
- 36.23 Invasive Ventilation - Home Delivered Procedure Unit

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 2023-24 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
    - 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

- 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:
  - o 26.01 Mental Health Acute Unit
  - o 26.02 Mental Health Consultation Liaison Unit
  - o 26.03 Mental Health Emergency Care Unit
  - o 26.04 Mental Health Early Intervention Unit
  - o 26.05 Mental Health Promotion / Illness Prevention Unit
  - o 26.06 Mental Health Research Unit
  - o 26.07 Mental Health General Service Unit
  - o 26.08 Mental Health Rehabilitation Unit
  - o 26.09 Mental Health Extended Care Unit
  - o 26.10 Mental Health Non-Acute Care Unit
  - o 26.15 Specialist Mental Health Allied Health/Nursing Unit
  - o 26.16 Mental Health Carer Support Service Allied Health / Nursing Unit
  - o 26.17 Eating Disorders Mental Health Unit

- 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:
  - o 28.01 Oral Health / Dental, nfd Procedure Unit
  - o 28.02 Oral Health / Adult Dental Procedure Unit
  - o 28.03 Oral Health / Child Dental Procedure Unit
  - o 28.04 Oral Health / Combined Adult and Child Dental Procedure Unit
  - o 28.05 Maxillofacial Surgery Medical Consultation Unit

- Non-admitted patient services provided by service units classified to one of the following NSW Service Unit Establishment Type categories:
  - o 13.02   Pharmacy Dispensing Unit
  - o 14.01   Business Unit, nfd
  - o 14.02   Administration Service Unit
  - o 14.03   Biomedical Engineering Service Unit
  - o 14.04   Business Development / Planning Service Unit
  - o 14.05   Catering Service Unit
  - o 14.06   Cleaning Service Unit
  - o 14.07   Facility & Asset Management Service Unit
  - o 14.08   Finance / Billing Service Unit
  - o 14.09   Human Resource Service Unit
  - o 14.10   Information Management Service Unit
  - o 14.11   Information Technology & Communication Service Unit
  - o 14.12   Linen Service Unit
  - o 14.13   Quality & Safety Service Unit
  - o 14.14   Staff Transport Service / Fleet
  - o 18.01   Emergency Department - Level 1
  - o 18.02   Emergency Department - Level 2
  - o 18.03   Emergency Department - Level 3
  - o 18.04   Emergency Department - Level 4
  - o 18.05   Emergency Department - Level 5
  - o 18.06   Emergency Department - Level 6
  - o 18.07   Emergency Medical Unit
  - o 18.08   Rural Emergency Medicine Unit
  - o 24.01   Health Service Intake Unit - Administrative
  - o 24.03   Health Service Contact Centre (w or w/o Intake service)

- o 24.05 Aboriginal & Torres Strait Islander Liaison and Referral Support Service
- o 25.01 Intensive Care Unit
- o 25.07 High Dependency Unit
- o 25.08 Coronary Care Unit
- o 25.09 Neonatal Intensive Care Unit
- o 25.10 Neonatal Special Care Nursery
- o 32.20 Interpreter Services Unit
- o 32.32 Staff Health Unit
- o 32.43 Social/Support/Recreation/Neighbourhood Aid Service Unit
- o 39.21 Health Transport Unit (Patient)
- o 39.22 Pastoral Care Unit
- o 41.01 Home Modification/Maintenance Service Unit
- o 41.02 Meals - Home Delivered Service Unit

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

- 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:
  - o 11.01 Alcohol and Other Drugs Allied Health / Nursing Unit
  - o 11.02 Cannabis Allied Health / Nursing Unit
  - o 11.03 Withdrawal Management Allied Health / Nursing Unit
  - o 11.04 Needle Exchange Allied Health / Nursing Unit
  - o 11.05 Supervised Administration of Opioid Substitution Treatment Medications
  - o 11.06 Addiction Medicine / Alcohol & Other Drugs Medical Consultation Unit
  - o 11.11 Opioid Treatment Program Medical Consultation Unit
  - o 11.12 Alcohol & Other Drugs Involuntary Treatment Liaison Allied Health / Nursing Unit
  - o 11.13 Substance Use in Pregnancy and Parenting Service Allied Health / Nursing Unit
  - o 11.14 Assertive Community Management Medical Consultation Unit
  - o 11.15 Substance Use in Pregnancy and Parenting Service Medical Consultation Unit
  - o 11.16 Assertive Community Management Allied Health / Nursing Unit
  - o 11.17 Withdrawal Management Medical Consultation Unit
  - o 11.18 Stimulant Treatment Allied Health / Nursing Unit
  - o 11.19 Stimulant Treatment Medical Consultation Unit
  - o 11.20 Alcohol & Other Drugs Psychosocial Service
  - o 11.21 Alcohol & Other Drugs Youth Program
  - o 11.22 Alcohol & Other Drugs Addiction Medicine Child and Adolescent Medical Consultation Unit
  - o 11.23 Alcohol & Other Drugs Justice Diversion Services Allied Health / Nursing Unit
  - o 11.24 Alcohol & Other Drugs Justice Diversion Services Medical Consultation Unit
  - o 11.25 Hospital Drug and Alcohol Consultation Liaison Service

- 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

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	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 2023-24 https://www.ihacpa.gov.au/sites/default/files/2023-03/National%20Efficient%20Price%20Determination%202023%E2%80%9324.PDF
National components	METeOR ID 764452 Non-admitted patient service event—non-admitted service type, code (Tier 2 v8.0) NN.NN https://meteor.aihw.gov.au/content/764452

INDICATOR: SA-001	**Purchased Activity Volumes – Variance**: Sub and non-acute admitted - NWAU (%)
Previous IDs:	

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	2.0
Scope	Sub and non-acute admitted episodes in 2023-24 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	EDW
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 2023-24 is AN-SNAP Version 4.0 (NWAU 23) 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	EDW 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 2023-24

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.

Context

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 2023-24
	https://www.ihacpa.gov.au/sites/default/files/2023-03/National%20Efficient%20Price%20Determination%202023%E2%80%9324.PDF

INDICATOR: KS8101	**Purchased Activity Volumes – Variance**: Mental Health Admitted - NWAU (%)
Previous IDs: MHDA-001, MHDA-002	

Shortened Title	Purchased Activity Variance: MH Admitted
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	2.0
Scope	Mental health admitted episodes in 2023-24 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	EDW
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 2023-24 is AMHCC 1.0 (NWAU 23)
Numerator source	EDW
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 2023-24
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.

Context

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 2023-24 https://www.ihacpa.gov.au/sites/default/files/2023-03/National%20Efficient%20Price%20Determination%202023%E2%80%9324.PDF

INDICATOR: MHDA-005	**Purchased Activity Volumes – Variance**: Mental Health Non-Admitted - NWAU (%)
Previous IDs:	

Shortened Title	Purchased Activity Variance: MH Non-admitted
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	3.0
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 2023-24, 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 2023-24.
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/EDW
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.

Context

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 2023-24
	https://www.ihacpa.gov.au/sites/default/files/2023-03/National%20Efficient%20Price%20Determination%202023%E2%80%9324.PDF

INDICATOR: PH-018A	**Purchased Activity Volumes – Variance**: Alcohol and other Drugs (Acute Admitted) - NWAU (%)
Previous ID:	

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	2.0
Scope	Acute admitted episodes with DRG codes V60-V64 in 2023-24 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	EDW
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 2023-24 for DRG 11.0 (NWAU 23).
Numerator source	EDW
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 2023-24
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	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.NN
Minimum size	3
Maximum size	4
Data domain	N/A
Date effective	July 2009
Related National Indicators	National Efficient Price Determination 2023-24
	https://www.ihacpa.gov.au/sites/default/files/2023-03/National%20Efficient%20Price%20Determination%202023%E2%80%9324.PDF

INDICATOR: PH-018B	**Purchased Activity Volumes – Variance**: Alcohol and other Drugs (Non-Admitted) - NWAU (%)
Previous ID:	

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	2.0
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 2023-24, 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 Type Version 8.0 categories Tier 2 clinics (20.52, 40.30) that are recognised as in scope of NSW Activity Based Funding in 2023-24. 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 2023-24 HERO Organisation Service Provider Data Set LHD Activity Targets agreed for 2023-24 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 2023-24) for Tier 2 clinics (20.52, 40.30) services delivered from 1 July 2023 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 8.0
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 2023-24 Non Admitted in-scope services are based on the principles outlined in the Independent Hospital Pricing Authority National Efficient Price Determination 2023-24, Tier 2 Non-admitted Services Definitions Manual 2023-24 – Version 8.0, and the Australian Institute of Health and Welfare Non-admitted Patient Care Hospital Aggregate National Minimum Data Set Specifications for 2023-24. 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 2023-24". 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 Type (Version 8.0) for the 2023-24 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 2023-24 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 2023-24 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	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.

Context

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 Indicators	National Efficient Price Determination 2023-24
	https://www.ihacpa.gov.au/sites/default/files/2023-03/National%20Efficient%20Price%20Determination%202023%E2%80%9324.PDF
	METeOR ID 764452
	Non-admitted patient service event—non-admitted service type, code (Tier 2 v8.0) NN.NN
	https://meteor.aihw.gov.au/content/764452

INDICATOR: PD-001	**Purchased Activity Volumes – Variance**: Public Dental Clinical Service - DWAU (%)
Previous IDs:	

Shortened Title	Purchased Activity Variance: Dental
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	3.0
Scope	All dental care items that are provided through public oral health services on a non-admitted basis for eligible children and adults.
Goal	To monitor the pressure on public dental waiting lists and non-admitted dental service activity with a particular focus on Indigenous patients, patients at high risk of, or from, major oral health problems and those from rural areas.
Desired outcome	That the indicator identifies total non-admitted dental activity, taking into account the relative complexity of dental care provided in a dental appointment.
Primary point of collection	Providing dental clinician (dentist or dental therapist or dental oral health therapist or dental Prosthetist/technicians)
Data Collection Source/System	Titanium
Primary data source for analysis	Titanium
Indicator definition	Variation of year to date dental weighted activity (DWAU) from the year to date acute activity target.
	A Dental Weighted Activity Unit (DWAU) is a Commonwealth measure based on the relative value of treatment provided in dental appointments. 1 DWAU is the equivalent of 11 dental examination items (ADA item number 011). The Commonwealth have a code set of allowable ADA treatment items with relative weighting against the index value of the 011, which is supplemented by NSW-based weighting for certain service items.

Numerator

Numerator definition	Dental weighted activity for the year to date.
	Note: Actual activity includes an estimate for unclaimed vouchers.
Numerator source	Titanium
Numerator availability	

Denominator

Denominator definition	Dental weighted activity target for the year to date.
Denominator source	LHD Activity Targets
Denominator availability	Available when targets finalised.
Inclusions	All public oral health eligible patients who have received dental care in NSW public dental clinic or under the NSW OHFFSS in the time period.

Exclusions	NSW residents who are not eligible for public dental care, and NSW residents who received dental care associated with provision of a general anesthetic as an admitted patient in a public hospital.
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.

Context	Delivering a minimum level of public dental activity is currently required as part of Commonwealth funding arrangements for dental services.
Related Policies/ Programs	Priority Oral Health Program and List Management Protocols PD 2017_023 Oral Health Fee for Service Scheme PD 2016_018 Early Childhood Oral Health Program PD2013_037
Useable data available from	Electronic reports circulated by the Centre for Oral Health Strategy to Dental Directors and Service Managers
Frequency of Reporting	Monthly
Time lag to available data	Two weeks from when the data is collected to being made available in a report for submission.
Business owners	**Office of the Chief Health Officer**
Contact - Policy	Centre for Oral Health Strategy NSW
Contact - Data	Centre for Oral Health Strategy NSW
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 2014
Related National Indicator	Indicator sets and related indicators Part 4 – Performance, Monitoring and Reporting.

INDICATOR: KFA101	**Expenditure Matched to Budget**: Year to date variance – General Fund (%)
Previous IDs:	

Shortened Title	Expenditure Matched to Budget YTD
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.3
Scope	Financial Management
Goal	Health Entities to operate within approved allocation
Desired outcome	Health Entities achieve an on budget or favorable result
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	General Fund expenditure matched to budget is the YTD expenditure compared to YTD budget.
Numerator	
Numerator definition	July to end current month General Fund expenditure.
Numerator source	SMRS
Numerator availability	Available
Denominator	
Denominator definition	July to end current month Budget General Fund expenditure.
Denominator source	SMRS
Denominator availability	Available
Inclusions	
Exclusions	The General Fund Measure excludes Restricted Financial Assets
Targets	
	• Performing: On budget or favourable. • Not performing: >0.5 Unfavourable • Under performing: > 0 and ≤ 0.5 Unfavourable
Context	Health Entities are expected to operate within approved budget
Related Policies/ Programs	
Useable data available from	Annual - Financial year (available from Finance on a monthly basis)

Frequency of Reporting	Monthly
Time lag to available data	Available at month 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: KFA103

Previous IDs:

> **Own Source Revenue Matched to Budget**: Year to date variance – General Fund (%)

Shortened Title	Revenue Matched to Budget YTD
Service Agreement Type	Key Performance Indicator
NSW Health Strategic Outcome	6: The health system is managed sustainably
Status	Final
Version number	1.2
Scope	Financial Management
Goal	Health Entities achieve approved own source revenue budget
Desired outcome	Health Entities achieve an on budget or favourable result
Primary point of collection	Health Entities
Data Collection Source/System	Oracle
Primary data source for analysis	Health Entity Monthly Financial Narrative/SMRS
Indicator definition	General Fund own source revenue matched to budget is the comparison of YTD actual own source revenue compared to YTD budget.
Numerator	
Numerator definition	July to end of current month General Fund own source revenue.
Numerator source	SMRS
Numerator availability	Available
Denominator	
Denominator definition	July to end current month Budget General Fund own source revenue.
Denominator source	SMRS
Denominator availability	Available
Inclusions	
Exclusions	The General Fund Measure excludes Restricted Financial Assets. The Own Source revenue excludes Government grant contributions (subsidy)
Targets	
	• Performing: On budget or favourable. • Not performing: >0.5 Unfavourable • Under performing: > 0 and ≤ 0.5 Unfavourable
Context	Health Entities are expected to achieve approved budget
Related Policies/ Programs	
Useable data available from	Annual - Financial year (available from Finance on a monthly basis)

Time lag to available data	Available at month end
Business owners	Finance
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
Related National Indicator	

INDICATOR: KPI22-04	**Net Cost of Service Matched to Budget**: Year to date variance – General Fund (%)
Previous IDs:	

Shortened Title	NCOS Matched to Budget
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 operate within approved allocation
Desired outcome	Health Entities achieve an on budget or favorable result
Primary point of collection	Health Entities
Data Collection Source/System	Oracle Accounting System
Primary data source for analysis	Oracle Accounting System SMRS - NSW Health monthly financial narrative report
Indicator definition	The General Fund net cost of service result is the variance between the actual net cost of services and the approved net cost of services budget expressed as a percentage (%) for both the year to date result and full year forecast.

Formula:

$$\frac{NCoS\ General\ Fund\ Budget - NCoS\ General\ Fund\ Actual}{NCoS\ General\ Fund\ Budget}$$

Numerator

Numerator definition	Year to date and Full Year Actual General Fund NCOS
Numerator source	SMRS
Numerator availability	Available

Denominator

Denominator definition	Year to date and Full Year Budget General Fund NCOS
Denominator source	SMRS
Denominator availability	Available

Inclusions	NCOS is defined as Net variance of GF Expense and GF Own Source Revenue (OSR)
Exclusions	Other items
Targets	

- Performing: On budget or favourable.

- Not performing: >0.5 Unfavourable
- Under performing: > 0 and ≤ 0.5 Unfavourable

Context	Health Entities are expected to operate within approved NCOS budget
Related Policies/ Programs	Annual - Financial year (available from Finance on a monthly basis)
Useable data available from	Current Financial Year
Time lag to available data	Monthly
Business owners	Finance
Contact - Policy	Chief Financial Officer
Contact - Data	Director, Funds Management and Reporting Systems
Representation	
Data type	Numeric
Form	Number, presented as a percentage (%)
Representational layout	NNN.NN
Minimum size	1
Maximum size	6
Date effective	01/07/2022
Related National Indicator	

INDICATOR: DSR_7401

Previous IDs:

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 (%)
Previous IDs:	

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

Exclusions	• Asset Replacement and Refurbishment Program (ARRP) • Other replacement or renewal capital subsidy expenditure (e.g. COVID, flood, bushfire) • 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: KPI22-02 Previous IDs:	**Annual Procurement Savings**: Percentage Achieved Against Target (%)

Shortened Title	Annual Procurement Savings
Service Agreement Type	KPI.
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 and implement savings opportunities.
Desired outcome	Health Entities to achieve annual procurement savings target
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	The percentage variance of actual procurement savings against target, year to date.
Numerator	
Numerator definition	Actual YTD dollar ($) procurement savings achieved.
Numerator source	Oracle Accounting System
Numerator availability	Oracle Accounting System
Denominator	
Denominator definition	Target dollar ($) procurement savings target
Denominator source	To be advised by CFO
Denominator availability	Available from Q1 FY22/23
Inclusions	
Exclusions	
Targets	
Target	Entity Directors of Finance will be advised of the targets following release of the State Budget.
	Performing – Achieving >= 95% of Annual Procurement Savings Target
	Under Performing – Achieving > 95% and =< 90% of Annual Procurement Savings Target

	Not Performing – Achieving < 90% of Annual Procurement Savings Target
Context	Health Entities are expected to identify, implement and deliver savings opportunities.
Related Policies/ Programs	Savings Leadership Program
Useable data available from	TBD Q1 FY22/23
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	
Related National Indicator	

INDICATOR: KPI23-004

Previous IDs:

> **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
Framework Strategy	NSW Health Future Health Strategic Framework 2022-32: The health system is managed sustainability.
Framework Objective	6: The health system is managed sustainably.
	6.2: Commit to an environmentally sustainable footprint for future healthcare.
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   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: KPI23-005	Sustainability Towards 2030: Nitrous Oxide Reduction: Emissions Per Admitted Patient Service Event
Previous IDs:	

Shortened Title	Sustainability Towards 2030: N2O
Service Agreement Type	Key Performance Indicator
Framework Strategy	NSW Health Future Health Strategic Framework 2022-32: The health system is managed sustainability.
Framework Objective	6: The health system is managed sustainably.
	6.2: Commit to an environmentally sustainable footprint for future healthcare.
Status	Final
Version number	1.0
Scope	Ordering details by LHD and admitted patients in public hospitals, except where indicated in Exclusions.
Goal	NSW hospitals reduce direct greenhouse gas emissions by reducing nitrous oxide wastage.
Desired outcome	To reduce direct emissions attributed to nitrous oxide use in ED, ICU, Oral Health, Pediatrics, Theatres and Birthing units (CO_2e reduced 5%).
Primary point of collection	The required data will be generated by the Senior Data Analyst, Climate Risk & Net Zero Unit, calculated from:

- Nitrous oxide gas refill datasets from HealthShare NSW's Strategic Procurement Services' procurement records; and
- Admitted patient records from EDWARD

Data reports will be provided quarterly to System Information & Analytics for inclusion in the Health System Performance Reports.

Data Collection Source/System	Nitrous oxide gas refill datasets; Admitted Patient data collection
Primary data source for analysis	EDWARD, Pharmalytix / iPharmacyPROD database
Indicator definition	Decreased nitrous oxide greenhouse gas emissions (kg CO_2e) per admitted patient service event.

Numerator

Numerator definition	YTD kg CO_2e emissions attributed to N_2O and Entonox® (Equanox® / Nitronox®) gas cylinder procurement
Numerator source	HealthShare datasets on cylinders by site (suppliers: Coregas, Air Liquide and BOC)
Numerator availability	Reliance on third parties for adequate record keeping and timely data provision

Denominator

Denominator definition	YTD Number of admitted patient service events (SE_TYPE_CD = '2')

Denominator source	EDW
Denominator availability	N/A
Inclusions	All LHDs, SCHN and SVHN
Exclusions	Patient Transport/Ambulance excluded. Hospital in the Home service events excluded.

Targets

Target	Target: 5% reduction in the rate of emissions per admitted patient service event (YTD) compared to the baseline rate as at 30 June the previous year • Performing: >=5% • Under Performing: >=1% and <5% • Not Performing: <1%
Context	Nitrous oxide has an environmental impact 273 times that of carbon dioxide. Reducing the volume of nitrous oxide procured across LHDs can be achieved in the first instance by investigating and addressing leaking infrastructure at facilities. Evidence from around the world has consistently shown a substantial proportion of nitrous oxide is wasted due to leaks in the manifolds, pipes, wall outlets and pendants. Five percent is a modest target compared to what has been achieved elsewhere by addressing leaks, decommissioning sections of piping, and/or converting to mobile nitrous cylinders (where appropriate rather than older manifolds and piping).
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	6 weeks
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: **KPI23-006**	Waste Streams - Resource Recovery and Diversion from Landfill (%)
Previous IDs:	

Shortened Title	Diversion of Waste from Landfill
Service Agreement Type	Key Performance Indicator
Framework Strategy	NSW Health Future Health Strategic Framework 2022-32: The health system is managed sustainability.
Framework Objective	6: The health system is managed sustainably. 6.2: Commit to an environmentally sustainable footprint for future healthcare.
Status	Final
Version number	1.0
Scope	Local Health Districts and Health entities.
Goal	Meet or exceed the National Waste Policy Action Plan target of 80% average resource recovery rate from all waste streams (excluding hazardous waste) by 2030. Reduce the amount of waste disposed to landfill by increasing the amount of waste diverted to non-landfill disposal by a minimum of 5% per annum compared to the previous reporting period.
Desired outcome	Cost savings and increased percentages in diversion from landfill by 2030 in line with National Waste Policy Action Plan's 80% target.
Primary point of collection	NSW Treasury Power BI reports under Whole of Government 9698 contract, monthly data reports from suppliers.
Data Collection Source/System	NSW Treasury Power BI System, Suppliers monthly Microsoft Excel reports, Annual Business Review reporting.
Primary data source for analysis	Waste Management volumes and percentages from supplier reports as set out in the Whole of Government C9698 Waste Management Contract.
Indicator definition	The change (% increase) in the amount of waste diverted from landfill under the C9698 Whole of Government Contract in the reporting year, when compared to the previous reporting year. **Calculation Methodology:** For the reporting year (FY) and the previous reporting year (FY) calculate: The amount of waste diverted from disposal to landfill including waste diverted: a) by waste contractors using downstream methods as reported in the Annual Business Review; AND, b) through the implementation of services, strategies and projects at Health facilities. represented as a percentage of the total waste generated under the C9698 Whole of Government Contract. NB: Total waste excludes hazardous/clinical waste as unrecyclable and potentially harmful to human health.

Determine the level of change (%) between the current reporting year and the previous reporting year.

Notes:

Includes landfill diversion by downstream methods as reported in the Annual Business Review and the total volume of recycled waste (source separated) as a percentage of the total waste generated. NB: Total waste excludes hazardous/clinical waste as unrecyclable and potentially harmful to human health.

Calculating baseline requires landfill diversion percentages of waste at landfill and resource recovery facilities. This is provided in a report at each annual business review based on the Whole of Government Contract. The percentage includes a combination of Government Agencies based on the recovery facility.

The HealthShare Corporate Services - Strategic Procurement Team is available to assist in determining performance against this KPI.

Numerator

Numerator definition	The total amount of waste diverted from disposal to landfill under the C9698 Whole of Government Contract.
Numerator source	Information about the resource recovery rates can be determined by direct measurement, or by reference to contractually agreed percentage levels of diversion from landfill, or recycled volumes that are guaranteed by the supplier(s).
Numerator availability	Direct measurement must be based on a minimum of 6 months of data. Supplier determined figures must be agreed and not based on estimates unless those estimates have been reviewed and confirmed by an independent third party such as NSW Treasury WofG Contract Management Team. The HSNSW Corporate Procurement team is available to assist in verifying.

Denominator

Denominator definition	The total waste generated under the C9698 Whole of Government Contract. NB: Total waste excludes hazardous/clinical waste as unrecyclable and potentially harmful to human health.
Denominator source	C9698 Waste Management Reporting, NSW Treasury Power BI Waste Reporting, Supplier Annual Business Reviews.
Denominator availability	Available

Inclusions	General Waste, Recyclable Waste.
Exclusions	Hazardous waste or other waste types that may be harmful to human health.

Targets

Target	5% increase on previous year.
	Performing: ≥5 %
	Under Performing: ≥3 and <5 %
	Not Performing: <3 %

Context	National Waste Action Plan requires Government Agencies to achieve 80% diversion by 2030. The achievement of this KPI will contribute to NSW Health's efforts to achieve the 2030 goal.
Related Policies/ Programs	National Waste Management Action Plan; NSW Government Resource Efficiency Policy.
	The National Waste Policy Action Plan
	Target 3: 80% average resource recovery rate from all waste streams. Excludes Hazardous waste (Unrecyclable and potentially harmful to human health).
Useable data available from	FY 2022/23
Frequency of Reporting	Quarterly
Time lag to available data	Nil
Business owners	Asset Information and Sustainability Team, Financial Services and Asset Management, NSW Ministry of Health
Contact - Policy	Russell Burns, Program Manager
	Asset Information and Sustainability Team, Financial Services and Asset Management, NSW Ministry of Health
	moh-assetmanagement@health.nsw.gov.au.
	Stephen Ransom, Senior Project Officer
	Asset Information and Sustainability Team, Financial Services and Asset Management, NSW Ministry of Health
	moh-assetmanagement@health.nsw.gov.au
Contact - Data	Ciaran Doyle
	Senior Contract Manager, Strategic Procurement Services, Corporate HealthShare NSW
	Ciaran.Doyle@health.nsw.gov.au
	Simon Button,
	Senior Category Officer, Strategic Procurement Services, Corporate HealthShare NSW
	Simon.Button@health.nsw.gov.au

Representation

Data type	Percentage
Form	Number. Presented as a percentage (%)
Representational layout	N%
Minimum size	NA
Maximum size	Two decimal places
Data domain	

Date effective	NA
Related National Indicator	NA

INDICATOR: KPI23-007	Energy Use Avoided Through Energy Efficiency and Renewable Energy Project Implementation (%)
Previous IDs:	

Shortened Title	Energy Efficiency and Renewable Energy
Service Agreement Type	Key Performance Indicator
Framework Strategy	NSW Health Future Health Strategic Framework 2022-32: The health system is managed sustainability.
Framework Objective	6: The health system is managed sustainably.
	6.2: Commit to an environmentally sustainable footprint for future healthcare.
Status	Final
Version number	1.0
Scope	Local Health Districts, NSW Ambulance Service, NSW Health Pathology, HealthShare NSW.
Goal	Reduce stationary energy consumption to reduce carbon emissions in line with State objectives. Minimize spend and generate financial savings for the Health network.
Desired outcome	Cost savings and the achievement of the State's Net Zero targets for 2030 and 2035.
Primary point of collection	Asset Managers, Energy Managers, Energy Project Managers.
Data Collection Source/System	AFM Online as the primary asset data central register for NSWH, Utility Billing Records, internal data management systems, GREP Reporting.
Primary data source for analysis	Utility providers using electricity meters, gas meters, electricity/gas/LPG billing.
Indicator definition	The total amount of energy use that will be avoided through the implementation of energy efficiency or renewable energy projects that were completed during the reporting year (FY), expressed as a proportion of the total energy use in the previous year (FY).

Calculation Methodology:

To determine the total amount of energy use that will be avoided through the implementation of energy efficiency or renewable energy projects that were completed during the reporting year (FY):

1) Determine baseline energy consumption (total elect, gas, non-automotive LPG) using FY2022/23 data. Convert all figures to a single unit of measurement (watt-hours or joules). Call this Value A.

2) Determine the total amount of energy use that will be avoided by the implementation of energy efficiency or renewable energy projects that were completed during the reporting year. i.e. determine the total annual energy savings for all projects implemented during the reporting year. Convert all figures to a single unit of measurement (watt-hours or joules). Call this Value B.

3) Determine what percentage Value B is of Value A.

Conversion factors necessary for determining baseline (converting to a single unit of measurement, either watt-hours or joules) can be obtained from the National Greenhouse Accounts Factors, Australian Government, Department of Industry, Science, Industry and Resources.

The MoH Asset Information and Sustainability Team FSAM is available to assist in calculating performance against this KPI.

Numerator

Numerator definition	The total amount of energy use that will be avoided through the implementation of energy efficiency or renewable energy projects that were completed during the reporting year (FY).
Numerator source	Information about the energy reduction delivered by a given energy efficiency/renewable energy project can be determined by direct measurement, or by reference to contractually agreed levels of energy savings including renewable energy certificate savings certificate values, or energy savings that are guaranteed by the supplier(s).
Numerator availability	Completed Projects: Direct measurement of the energy reduction delivered by a given energy efficiency/renewable energy project based on a minimum of 3 months data.
	Projects that are partly complete for first reporting period:
	Either: supplier estimates that are contractually agreed; or, estimates that have been confirmed by an independent third party with relevant qualifications.
	The MoH Asset Information and Sustainability Team, FSAM is available to assist in verifying energy savings figures.

Denominator

Denominator definition	FY2022/23 energy consumption – all utility supplied electricity, and natural gas, and all non-automotive LPG. FY2022/23 data to be used to calculate energy use baseline. Convert to a single unit of measurement, either watt-hours or joules.
	Conversion factors are available from the National Greenhouse Accounts Factors, Australian Government, Department of Industry, Science, Industry and Resources. MoH Asset Information and Sustainability Team FSAM can assist with the calculation of baselines.
Denominator source	GREP Reporting, AFM Online, Historical Utility Billing.
Denominator availability	Available

Inclusions

- All utility supplied electricity consumption for large and small sites (C3062)
- All utility supplied natural gas consumption for large and small sites (C938 and C4000 respectively)
- All non-automotive LPG consumption (C349)
- Any off-contract consumption of electricity, natural gas and non-automotive LPG

Exclusions	Energy consumption by vehicles/fleet (fleet fuels including automotive LPG).

Targets

Target	1.5% PA. Performing: ≥1.5 % Under Performing: ≥1 and <1.5% Not Performing: <1 % The MoH Asset Information and Sustainability Team FSAM is available to assist in calculating performance against this KPI.
Context	The NSW Government's Net Zero Plan (Stage 1 2020-2030) requires Government Agencies to achieve 50% reduction in carbon emissions by 2030, and a 70% reduction by 2035. There are also mandated targets in place for renewable energy generation (solar panels). By implementing projects that reduce our reliance on grid electricity, Health Organisations will greatly contribute to NSW Health's efforts to achieve these targets.
Related Policies/ Programs	NSW Government Net Zero Plan Stage 1 2020 to 2030 and the Net Zero Plan Implementation Update; NSW Government Resource Efficiency Policy; NSW Health Resource Efficiency Strategy; MoH FSAM Strategic Plan Goal 7: Achieve or exceed all government environmental sustainability targets; NSW Health Large-scale Solar Program (MoH FSAM); NSW Health Infrastructure Sustainability Strategy.
Useable data available from	FY 2022/23 – Utility suppliers for whole of government contracts, or HealthShare for Health contracts. Contact the MoH Asset Sustainability and Information Team, FSAM for contract contacts if required.
Frequency of Reporting	Biannually
Time lag to available data	3 months from completion of compliant project(s)
Business owners	Asset Information and Sustainability Team, Financial Services and Asset Management, NSW Ministry of Health
Contact - Policy	Russell Burns, Program Manager Asset Information and Sustainability Team, Financial Services and Asset Management, NSW Ministry of Health moh-assetmanagement@health.nsw.gov.au. Stephen Ransom, Senior Project Officer Asset Information and Sustainability Team, Financial Services and Asset Management, NSW Ministry of Health moh-assetmanagement@health.nsw.gov.au
Contact - Data	Russell Burns, Program Manager Asset Information and Sustainability Team, Financial Services and Asset Management, NSW Ministry of Health moh-assetmanagement@health.nsw.gov.au.

Stephen Ransom, Senior Project Officer

Asset Information and Sustainability Team, Financial Services and Asset Management, NSW Ministry of Health

moh-assetmanagement@health.nsw.gov.au

Representation

Data type	Numeric
Form	Number. Presented as a percentage (%)
Representational layout	N%
Minimum size	NA
Maximum size	Two decimal places
Data domain	
Date effective	NA

Related National Indicator *Climate Change Act 2022* (Cth)
https://www.legislation.gov.au/Details/C2022A00037

INDICATOR: KPI23-008	Passenger Vehicle Fleet Optimisation (% Cost Reduction)
Previous IDs:	

Shortened Title	Passenger Vehicle Fleet Optimisation
Service Agreement Type	Key Performance Indicator
Framework Strategy	NSW Health Future Health Strategic Framework 2022-32: The health system is managed sustainability.
Framework Objective	6: The health system is managed sustainably. 6.2: Commit to an environmentally sustainable footprint for future healthcare.
Status	Final
Version number	1.0
Scope	Local Health Districts, Specialty Networks, Health Organisations excluding Health Protection NSW and NSW Ambulance, NSW Pathology NSW Ministry of Health and Education and Training Institute (HETI).
Goal	Reduce the financial burden/impact of the passenger fleet on the Health network.
Desired outcome	Cost savings and reduced fleet operational burden through global fleet size reduction.
Primary point of collection	Asset Managers, Fleet Managers, Sustainability Managers.
Data Collection Source/System	AFM Online as the primary asset data central register for NSWH, fleet management systems, financial reports, internal data management systems.
Primary data source for analysis	Fleet management software programs, vehicle use logs, telematics systems.
Indicator definition	The percentage change (decrease) in the total net passenger fleet operational costs from the previous reporting period (FY).
Numerator	
Numerator definition	The net total passenger fleet operational costs incurred through the reporting year.
Numerator source	Fleet management systems, annual reports, AFM Online.
Numerator availability	Available.
Denominator	
Denominator definition	NA.
Denominator source	NA.
Denominator availability	NA

Inclusions	• Annual leasing or equivalent purchase costs where for purchased vehicles the cost of purchase will be dispersed over the lifespan of the vehicle (e.g. cost of purchase ÷ 4 year lifespan) • Annual fuel costs • Annual servicing costs • Annual registration costs • Annual insurance costs
Exclusions	Non-passenger fleet vehicles not limited to trucks, vans, heavy vehicle buses, tractors and other non-car vehicles such as golf buggies or tugs.

Targets

Target	3.0% decrease. Performing: ≥3.0 % Under Performing: ≥1 and <3% Not Performing: <1 % Implement fleet optimization strategies to reduce the sum total passenger fleet operational costs by 3% compared to the baseline of total fleet operational costs of the previous financial year.
Context	The NSW Government's NSW Electric Vehicle Strategy has a target of electrifying NSW Government passenger vehicle fleet procurement by 2030, with an interim target of 50% EV procurement by 2026. Achievement of this target will have financial, environmental and public health benefits. The NSW Government Fleet Transition plan for Health aligns with the Government's NSW Electric Vehicle Strategy.
Related Policies/ Programs	NSW Government Electric Vehicle Strategy; The NSW Government Fleet Transition Plan for Health; NSW Health Fleet Electrification Roadmap; NSW Government Net Zero Plan Stage 1 2020 to 2030 and the Net Zero Plan Implementation Update; NSW Government Resource Efficiency Policy.
Useable data available from	FY 2022/23.
Frequency of Reporting	Quarterly
Time lag to available data	Nil
Business owners	Asset Information and Sustainability Team, Financial Services and Asset Management, NSW Ministry of Health
Contact - Policy	Asset Management Financial Services and Asset Management, NSW Ministry of Health 1 Reserve Road St Leonards moh-assetmanagement@health.nsw.gov.au
Contact - Data	Asset Management Financial Services and Asset Management, NSW Ministry of Health 1 Reserve Road

St Leonards

moh-assetmanagement@health.nsw.gov.au

Representation

Data type	Whole number %
Form	Number.
Representational layout	N%
Minimum size	NA
Maximum size	Two decimal places
Data domain	
Date effective	NA

Related National Indicator

INDICATOR: KPI23-009

Use of Whole of Government and Whole of Health Contracts

Previous IDs:

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

Health Entity	% Spend on-contract
Performing >=75% spend in spend on-contract	

Under Performing <75% - >=40% spend on-contract Not Performing <40% spend on- contract	

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: KPI23-010

Previous IDs:

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: KPI23-011	Reducing Free Text Orders Catalogue Compliance -Reduce free text orders in the catalogue
Previous IDs:	

Shortened Title	Reduce Free Text Orders
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 free text catalogue orders.
Desired outcome	Health Entities to reduce free text catalogue orders
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 free text orders.

Numerator

Numerator definition	Dollar of free text 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 (TBC by CFO Office)
Performing <=25% free text orders in catalogue	
Under Performing >25% - =<60% free text orders in catalogue	

Not Performing >60% free text orders in catalogue	

Context   Health Entities are expected to identify, monitor and reduce free text orders in catalogue.

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