

# Schedule 18 – Performance

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## 1. General provisions for KPIs

In section 2:

- (a) KPIs will be reviewed annually for amendment, update or substitution by the State, and may be varied by the State from time to time by notice in writing to the Operator:
  - 1) to reflect changes to:
    - (A) the NSLHD Service Agreement; or
    - (B) the ACHS Clinical Indicator Program and the Accreditation Requirements, with immediate effect;
  - 2) if required by the Commonwealth, with immediate effect,  
provided that the State will act reasonably in setting the Target, Performance Threshold and Failure Points attributable to any new or varied KPI introduced under subparagraph (i) or (ii); or
  - 3) if otherwise required by the State (acting reasonably), provided that (in relation only to KPI variations required by the State pursuant to this subparagraph 1(a)(3)):
    - (A) the adjustment will not lead to the number of KPIs exceeding the number as at the date of this document multiplied by the number of NWAUs in the most recent Annual Notice, divided by the number of NWAUs in the first Annual Notice issued under this document;
    - (B) where the subject matter of the amended, updated or substituted KPI is materially different from the subject matter of the KPIs that applied prior to the amendment, update or substitution, the Operator is not liable for Failure Abatement in relation to new KPIs introduced in accordance with this section 1(a)(3) for a period of three months from the date of introduction of that new KPI; and
    - (C) where the Performance Threshold or Target of an existing KPI has been increased in accordance with this section 1(a)(3), the previous Performance Threshold or Target as applicable (prior to the increase) will apply for a period of three months after the date of increase, after which time the new Performance Threshold or Target will apply;
- (b) for those KPIs in section 2(b) which have 'Service Measure' as the Target or Performance Threshold, compliance is measured by reference to whether or not the KPI and Descriptor columns for that KPI have been met;
- (c) many KPIs are drawn from the ACHS Clinical Indicator Program. Where this is the case:
  - 1) the 'ACHS Indicator Set or NSLHD Service Agreement Area' column reflects the 'Clinical Indicator Set' from which the KPI is drawn, and the 'Clinical Indicator Number' is provided in brackets within the 'KPI' column;
  - 2) the relevant 'ACHS Indicator Set' is by reference to the 'Public' dataset, not the 'All' or 'Private' datasets; and

- 3) the relevant percentiles in each ‘ACHS Indicator Set’ for Targets and Performance Thresholds must be based on public peers at the ACHS peer group level commensurate with the Services and the Facility;
- (d) for the purposes of KPI 8 in section 2(a), an ‘inappropriate referral’ is a referral in which:
  - (i) the Patient requires care which is beyond the capability of the community based service to which he or she has been referred; or
  - (ii) the Patient requires ongoing medical care and, upon presentation to the relevant community based service, a readmission to an acute service is recommended; and
- (e) references to ‘Categories’ in KPIs 12 and 13 in section 2(a) are references to national elective surgery urgency categories, as defined by the AIHW from time to time;
- (f) in KPI 11 in section 2(a), each specified incremental value will be counted in multiples of 5 (such that 6 to 10 would constitute 2 instances, 11 to 15 would constitute 3 instances etc.);
- (g) for the purposes of KPI 12 in section 2(a), Patients who cancel a surgical appointment will not be taken into account for the purposes of assessing compliance with the KPI, except to the extent that that cancellation occurs after 2 or more postponements of a related appointment by the Operator;
- (h) in KPI 13 in section 2(a), each specified incremental value will be counted in multiples of:
  - 1) 10 for Failures in respect of Category 2 (such that 11 to 20 would equal 2 instances, 21 to 30 would count as 3 instances etc.); and
  - 2) 33 for Failures in respect of Category 3 (such that 34 to 66 would constitute 2 instances, 67 to 99 would constitute 3 instances etc.);
- (i) in respect of KPI 31 in section 2(a), the Operator will only be deemed not to have met the Target or Performance Threshold (as applicable) if the Operator has, in relation to the relevant birth, failed to fully comply with:
  - 1) the Australian Government – Department of Health and Ageing “*Clinical Practice Guidelines – Antenatal Care Module 1 2012*”; and
  - 2) the National Institute for Health and Care Excellence “*Quality Standard for Antenatal Care*” issued in September 2012,
 each as amended, superseded, updated or replaced from time to time;
- (j) for KPIs where the Target and Performance Threshold are calculated by reference to percentiles, if any percentiles in an ACHS Clinical Indicator Report do not represent a meaningful benchmark of performance by reason of standard error in dataset due to low sample sizes or low incident numbers, following notification by the Operator (acting reasonably) to the State, the Operator and the State will (acting reasonably) review and seek to agree whether the Target and Performance Threshold have been achieved for the KPI and the Failure Points consequences; and
- (k) in relation to the 2023/24 Operating Year and every second Operating Year thereafter, either party may, prior to the issue of the draft Activity Profile for that Operating Year pursuant to section 8 of the Activity Schedule, notify the other party that it is seeking to adjust the target percentage for the Conversion KPI either up or down to take into account only the impact of any changes of the type referred to in section 3(b)(6) of the Activity Schedule in the private health insurance market in the Catchment Area since the previous review of that KPI in accordance with this paragraph (k), in which case:

- 1) the parties must act reasonably and in good faith to attempt to agree the corresponding adjustment (if any) to the target percentage within the Conversion KPI;
- 2) any failure by the parties to reach agreement in accordance with paragraph (k)(1) by the date on which the final Annual Notice is issued for that Operating Year pursuant to section 1(a) of the Activity Schedule may be referred by either party for expert determination in accordance with clause 87.5, to be determined having regard only to the relevant considerations set out in this paragraph (k);
- 3) for the avoidance of doubt, if the Operator's compliance with the Demand Management Obligations would necessitate a Compensable Patient conversion rate which is higher than the current target percentage in the Conversion KPI, then:
  - (A) the relevant Demand Management Obligation prevails over the obligation to meet the target percentage within that KPI; but
  - (B) any failure to comply with the relevant Demand Management Obligation would not automatically constitute a breach of the Conversion KPI if the target percentage within that KPI was still being achieved; and

## 2. Key Performance Indicators

The Operator must meet the Targets for all KPIs as described in the KPI and Descriptor columns, set out in the KPI Table below.

Interpretation of ‘per instance’

**per instance** for a KPI means:

- each occurrence in a reporting period, as set out in the “Monitoring Method” column of the KPI Table;
- each report, as set out in the “Monitoring Method” column of the KPI Table; or
- each specified incremental value (as defined in section 1(f), (h) or (i)),

as applicable for that KPI if referred to in the Failure Points column of the KPI table.

**(a) KPIs (non-Service Measures)**

<b>(a) KPIs (non-Service Measures) Item No</b>	<b>Area</b>	<b>ACHS Indicator Set or NSLHD Service Agreement Area</b>	<b>KPI</b>	<b>Descriptor</b>				<b>Failure Period</b>	<b>Concluded / Rectifiable</b>	<b>Remedial Period</b>	<b>Repeated Failure</b>	<b>Monitoring Method</b>
1	Safety and Quality	Safety and Quality	Patient / Consumer satisfaction: complaints management	Percentage of complaints (complaints management) resolved within 35 days				Quarterly	Concluded	N/A	N/A	Quarterly Report
2	Safety and Quality	Safety and Quality	Incorrect procedures: Operating theatre resulting in death or major loss of function (number)	Total number of incorrect procedures performed resulting in death or major loss of function				Monthly	Concluded	N/A	N/A	Monthly Report

<b>(a) KPIs (non-Service Measures) Item No</b>	<b>Area</b>	<b>ACHS Indicator Set or NSLHD Service Agreement Area</b>	<b>KPI</b>	<b>Descriptor</b>				<b>Failure Period</b>	<b>Concluded / Rectifiable</b>	<b>Remedial Period</b>	<b>Repeated Failure</b>	<b>Monitoring Method</b>
3	Safety and Quality	Hospital-wide	Unplanned return to the Operating Suite during the same admission (CI No. 2.1)	Number of Patients having an unplanned return to the Operating Suite during the same admission				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report
4	Safety and Quality	Infection Control	Staphylococcus aureus bloodstream infections (per 10,000 occupied Bed Days)	Total number of staphylococcus aureus BSI, represented as total number per 10,000 occupied Bed Days				1 month	Concluded	N/A	N/A	Monthly report

<b>(a) KPIs (non-Service Measures) Item No</b>	<b>Area</b>	<b>ACHS Indicator Set or NSLHD Service Agreement Area</b>	<b>KPI</b>	<b>Descriptor</b>				<b>Failure Period</b>	<b>Concluded / Rectifiable</b>	<b>Remedial Period</b>	<b>Repeated Failure</b>	<b>Monitoring Method</b>
5	Safety and Quality	Infection Control	ICU central line associated BSI (number)	Total number of ICU central line associated BSI per 1000 device days				6 months	Concluded	N/A	N/A	6 monthly
6	Safety and Quality	Safety and Quality	Mental Health: Acute readmission within 28 days	Percentage of readmissions to any NSW Hospital within 28 days post discharge from				1 month	Concluded	N/A	N/A	Monthly report

(a) KPIs (non-Service Measures) Item No	Area	ACHS Indicator Set or NSLHD Service Agreement Area	KPI	Descriptor				Failure Period	Concluded / Rectifiable	Remedial Period	Repeated Failure	Monitoring Method
				a Mental Health Service								
7	Integration and TTER	N/A	Integration: Inappropriate transfers to other hospitals	Number of inappropriate transfers (as defined in clause 52.2(b)).				6 months	Concluded	N/A	N/A	6 monthly audit of all transfers to other hospitals
8	Integration and TTER	N/A	Integration: Inappropriate referrals to	Number of inappropriate referrals to				6 months	Concluded	N/A	N/A	6 monthly audit of all referrals to



(a) KPIs (non-Service Measures) Item No	Area	ACHS Indicator Set or NSLHD Service Agreement Area	KPI	Descriptor				Failure Period	Concluded / Rectifiable	Remedial Period	Repeated Failure	Monitoring Method
			community adult allied health services to include APAC, Physio and Occupational Therapy	community adult allied health services								community adult allied health service providers
9	Service Access and Patient Flow	Service Access and Patient Flow	Transfer of care time from ambulance to ED < 30 minutes (%)	Percentage of Patients who were transferred from the care of the ambulance team to the Emergency Department within 30 minutes of				1 month	Concluded	N/A	N/A	Monthly Report

(a) KPIs (non-Service Measures) Item No	Area	ACHS Indicator Set or NSLHD Service Agreement Area	KPI	Descriptor				Failure Period	Concluded / Rectifiable	Remedial Period	Repeated Failure	Monitoring Method
				arrival to the Facility								
10	Service Access and Patient Flow	Service Access and Patient Flow	Patients with total time in the Emergency Department ≤4hrs (%)	Percentage of Patients whose total time in the Emergency Department was less than or equal to 4 hours				6 months	Concluded	N/A	N/A	6 Monthly Report
11	Service Access and Patient Flow	Service Access and Patient Flow	Presentations to the Emergency Department, staying in the Emergency Department > 24 hours	Presentations to the Emergency Department, staying in the Emergency Department >				1 month	Concluded	N/A	N/A	Monthly Report

<b>(a) KPIs (non-Service Measures) Item No</b>	<b>Area</b>	<b>ACHS Indicator Set or NSLHD Service Agreement Area</b>	<b>KPI</b>	<b>Descriptor</b>				<b>Failure Period</b>	<b>Concluded / Rectifiable</b>	<b>Remedial Period</b>	<b>Repeated Failure</b>	<b>Monitoring Method</b>
				24 hours (number)								
12	Service Access and Patient Flow	Service Access and Patient Flow	Target Elective Surgery Patients treated on time (%) 1. Cat 1 @ 100% 2. Cat 2 @ 100% 3. Cat 3 @ 100%	Percentage of Category 1,2 and 3 Patients who are treated within the predetermined timeframes				6 months	Concluded	N/A	N/A	6 Monthly Report

<b>(a) KPIs (non-Service Measures) Item No</b>	<b>Area</b>	<b>ACHS Indicator Set or NSLHD Service Agreement Area</b>	<b>KPI</b>	<b>Descriptor</b>				<b>Failure Period</b>	<b>Concluded / Rectifiable</b>	<b>Remedial Period</b>	<b>Repeated Failure</b>	<b>Monitoring Method</b>
13	Service Access and Patient Flow	Service Access and Patient Flow	Elective Surgery Targets Average overdue waiting time (days) a) Category 1 b) Category 2 c) Category 3					Quarterly				Quarterly Report
14	Service Access and Patient Flow	Service Access and Patient Flow	Non- urgent patients waiting > 365 days for an initial specialist outpatient services					Quarterly				Quarterly Report

<b>(a) KPIs (non-Service Measures) Item No</b>	<b>Area</b>	<b>ACHS Indicator Set or NSLHD Service Agreement Area</b>	<b>KPI</b>	<b>Descriptor</b>				<b>Failure Period</b>	<b>Concluded / Rectifiable</b>	<b>Remedial Period</b>	<b>Repeated Failure</b>	<b>Monitoring Method</b>
			appointment (number)									
15	Not used											
16	Service Specific	Anaesthesia	Unplanned ICU admission ≤24 hours after procedure with anaesthetist present (CI No. 4.1)	Number of unplanned readmission to the ICU less than (or equal to) 24 hours post procedure where an anaesthetist was in attendance				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report

<b>(a) KPIs (non-Service Measures) Item No</b>	<b>Area</b>	<b>ACHS Indicator Set or NSLHD Service Agreement Area</b>	<b>KPI</b>	<b>Descriptor</b>				<b>Failure Period</b>	<b>Concluded / Rectifiable</b>	<b>Remedial Period</b>	<b>Repeated Failure</b>	<b>Monitoring Method</b>
17	Service Specific	Anaesthesia	Obstetric Patients commencing surgery within 30 minutes of lower segment caesarean (LSCS) request (CI No. 6.2)	Number of obstetric Patients who commence surgery within 30 minutes of request for immediate LSCS				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report
18	Service Specific	Emergency Medicine	Mean time from ED referral to assessment by a mental health worker (CI No. 4.1)	Mean time (in minutes) from referral by an ED clinician to the Mental Health Services team for assessment by a mental health worker				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report

<b>(a) KPIs (non-Service Measures) Item No</b>	<b>Area</b>	<b>ACHS Indicator Set or NSLHD Service Agreement Area</b>	<b>KPI</b>	<b>Descriptor</b>				<b>Failure Period</b>	<b>Concluded / Rectifiable</b>	<b>Remedial Period</b>	<b>Repeated Failure</b>	<b>Monitoring Method</b>
19	Service Specific	Emergency Medicine	Patients who did not wait following clinical documentation (CI No. 8.2)	Number of Patients presenting to the Emergency Department who did not wait after having clinical information documented about their presenting complaint				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report
20	Service Specific	Mental Health Inpatient	Diagnosis allocated within 24 hours of admission (CI No. 1.1)	Number of Patients allocated a diagnosis within 24 hours of admission				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report

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21	Service Specific	Mental Health Inpatient	Physical examination documented within 48 hours of admission (CI No. 2.1)	Number of Patients with a complete documented physical examination within 48 hours of admission				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report
22	Service Specific	Mental Health Inpatient	Major medical complications while undergoing	Number of Patients experiencing				6 months	Concluded	N/A	N/A	6 month ACHS Clinical



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			electroconvulsive therapy (ECT) (CI No. 4.2)	major medical complications while undergoing ECT								Indicator Report
23	Service Specific	Mental Health Inpatient	Seclusion - $\geq 1$ episode during admission (CI No. 5.1)	Number of Inpatients having at least 1 episode of seclusion during their admission as a percentage of Mental Health Services Separations for the relevant period				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report

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24	Service Specific	Mental Health Inpatient	Physical restraint - major complications (CI No. 5.8)	Number of incidents where the use of physical restraint resulted in major complications while the Patient was under restraint				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report
25	Service Specific	Mental Health Inpatient	Actual suicide (CI No. 6.1)	Number of actual suicides				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report

<b>(a) KPIs (non-Service Measures) Item No</b>	<b>Area</b>	<b>ACHS Indicator Set or NSLHD Service Agreement Area</b>	<b>KPI</b>	<b>Descriptor</b>				<b>Failure Period</b>	<b>Concluded / Rectifiable</b>	<b>Remedial Period</b>	<b>Repeated Failure</b>	<b>Monitoring Method</b>
26	Service Specific	Mental Health Inpatient	Assault (CI No. 6.2)	Number of Inpatients who performed assault				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report
27	Service Specific	Mental Health Inpatient	Significant self-mutilation (CI No. 6.4)	Number of Patients who undertake significant self-mutilation while in the Facility				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report

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28	Service Specific	Mental Health Inpatient	Documented diagnosis upon discharge (CI No. 1.2)	Number of Patients with a documented diagnosis upon discharge				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report
29	Service Specific	Obstetrics	Selected primipara - surgical repair of perineum for fourth degree tear (CI No. 3.6)	Number of selected primipara undergoing surgical repair of the perineum for				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report

<b>(a) KPIs (non-Service Measures) Item No</b>	<b>Area</b>	<b>ACHS Indicator Set or NSLHD Service Agreement Area</b>	<b>KPI</b>	<b>Descriptor</b>				<b>Failure Period</b>	<b>Concluded / Rectifiable</b>	<b>Remedial Period</b>	<b>Repeated Failure</b>	<b>Monitoring Method</b>
				fourth degree tear								
30	Service Specific	Obstetrics	Vaginal birth - blood transfusion (CI No. 7.1)	Number of women who give birth vaginally who receive a blood transfusion				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report
31	Service Specific	Obstetrics	Babies - birth weight <2750 g at 40 weeks	Number of babies born with birth				6 months	Concluded	N/A	N/A	6 month ACHS Clinical

<b>(a) KPIs (non-Service Measures) Item No</b>	<b>Area</b>	<b>ACHS Indicator Set or NSLHD Service Agreement Area</b>	<b>KPI</b>	<b>Descriptor</b>				<b>Failure Period</b>	<b>Concluded / Rectifiable</b>	<b>Remedial Period</b>	<b>Repeated Failure</b>	<b>Monitoring Method</b>
			gestation or beyond (CI No. 8.1)	weight less than 2750g at 40 weeks gestation or greater								Indicator Report
32	Service Specific	Obstetrics	Term babies - Apgar score of <7 at 5 minutes post-delivery (CI No. 9.1)	Number of live born term babies with an Apgar score of less than 7 at 5 minutes post delivery				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report

<b>(a) KPIs (non-Service Measures) Item No</b>	<b>Area</b>	<b>ACHS Indicator Set or NSLHD Service Agreement Area</b>	<b>KPI</b>	<b>Descriptor</b>				<b>Failure Period</b>	<b>Concluded / Rectifiable</b>	<b>Remedial Period</b>	<b>Repeated Failure</b>	<b>Monitoring Method</b>
33	Service Specific	Obstetrics	General anaesthetic for caesarean section (CI No. 4.1)	Number of women who had a general anaesthetic for a caesarean section				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report
34	Service Specific	Obstetrics	Appropriate prophylactic antibiotic at time of caesarean section (CI No. 5.1)	Number of women who receive an appropriate prophylactic antibiotic at the time of caesarean section				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report

<b>(a) KPIs (non-Service Measures) Item No</b>	<b>Area</b>	<b>ACHS Indicator Set or NSLHD Service Agreement Area</b>	<b>KPI</b>	<b>Descriptor</b>				<b>Failure Period</b>	<b>Concluded / Rectifiable</b>	<b>Remedial Period</b>	<b>Repeated Failure</b>	<b>Monitoring Method</b>
35	Service Specific	Surgical	Preoperative acute appendicitis (children) - normal histology (CI No. 1.2)	Number of children with a preoperative diagnosis of acute appendicitis, who undergo appendectomy with normal histology				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report
36	Service Specific	Surgical	Elective abdominal aortic aneurysm (AAA) repair - death (CI No. 8.1)	Number of Patients who die post surgery for an elective AAA repair				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report



<b>(a) KPIs (non-Service Measures) Item No</b>	<b>Area</b>	<b>ACHS Indicator Set or NSLHD Service Agreement Area</b>	<b>KPI</b>	<b>Descriptor</b>				<b>Failure Period</b>	<b>Concluded / Rectifiable</b>	<b>Remedial Period</b>	<b>Repeated Failure</b>	<b>Monitoring Method</b>
37	Service Specific	Surgical	Tonsillectomy - significant reactionary haemorrhage (CI No. 9.1)	Number of Patients who have a significant reactionary haemorrhage following tonsillectomy				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report
38	Service Specific	Day Surgery	Unplanned return to	Number of Patients				6 months	Concluded	N/A	N/A	6 month ACHS

<b>(a) KPIs (non-Service Measures) Item No</b>	<b>Area</b>	<b>ACHS Indicator Set or NSLHD Service Agreement Area</b>	<b>KPI</b>	<b>Descriptor</b>				<b>Failure Period</b>	<b>Concluded / Rectifiable</b>	<b>Remedial Period</b>	<b>Repeated Failure</b>	<b>Monitoring Method</b>
			Operating Suite on same day as initial procedure (CI No. 5.1)	having an unplanned return to the Operating Suite / procedure room during the same admission								Clinical Indicator Report
39	Service Specific	Day Patient	Patients who experience an adverse event during care delivery (CI No. 4.1)	Number of Patients who experience an adverse event related to the management and/or delivery of care during the Episode of Care				6 months	Concluded	N/A	N/A	6 month ACHS Clinical Indicator Report

<b>(a) KPIs (non-Service Measures) Item No</b>	<b>Area</b>	<b>ACHS Indicator Set or NSLHD Service Agreement Area</b>	<b>KPI</b>	<b>Descriptor</b>				<b>Failure Period</b>	<b>Concluded / Rectifiable</b>	<b>Remedial Period</b>	<b>Repeated Failure</b>	<b>Monitoring Method</b>
40	Australian Commission on Safety and Quality in Health Care Advisory Note No. A13/01	Notification of Significant Risk	To advise Accrediting Agencies and State that notification of significant risk identified at survey are to be made to Regulators, Commission and Client Representative within 48 hours	A significant risk is one where there is a high probability of a substantial and demonstrable adverse impact.								Per Instance
41	Australian Commission on Safety and Quality in Healthcare	Standard 1 to 10	Greater than 6 core actions not met									12 monthly 3rd Party Audit

(a) KPIs (non-Service Measures) Item No	Area	ACHS Indicator Set or NSLHD Service Agreement Area	KPI	Descriptor				Failure Period	Concluded / Rectifiable	Remedial Period	Repeated Failure	Monitoring Method
42	Australian Commission on Safety and Quality in Healthcare	Standard 1 to 10	Advanced completion 90 day notice									12 monthly 3rd Party Audit
43	National Standards for Mental Health Services	National Mental Health Services	Greater than 6 core actions not met									12 monthly 3rd Party Audit
44	National Standards for Mental	National Mental	Advanced completion 90 day notice									12 monthly 3rd Party Audit

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	Health Services	Health Services										
45	Australian Council on Healthcare Standards	EQulP National Standards 11 - 15	Greater than 6 mandatory actions not met									12 monthly 3rd Party Audit
46	Australian Council on Healthcare Standards	EQulP National Standards 11 - 15	Advanced completion 90 day notice									12 monthly 3rd Party Audit

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47	Asset	Site, Facility and Non-Clinical Support Services	The Annual Works Plan, Planned Maintenance, Life Cycle Plan, Food Safety Plan, Infection Control Plan	The Operator performs regular inspections at times and frequencies specified in the Non-Clinical Support Services Plan to ensure the Site and Facility and Non-Clinical Support Services are in compliance with Law and the Project Deed				6 months				3rd Party Verification Audit
48	Reporting	Failing to report any KPI or Service Measure	All non-compliances to be reported to	The Operator is to report all KPI and Service Measure non-				As required				Monthly Report

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		non-compliance	State in required reporting time	compliance to State								

**(b) KPIs (Service Measures)**

Item No	Area	ACHS Indicator Set or NSLHD Service Agreement Area	KPI	Descriptor				Failure Period	Concluded / Rectifiable	Remedial Period	Repeated Failure	Monitoring Method
1	Governance	N/A	Ministerials and other formal enquiries: Response time	Responses to Ministerial enquiries and other formal enquiries are received by the NSLHD within the requested timeframe				N/A	N/A	N/A	N/A	6 Monthly Report
2	Governance	N/A	Clinical Reports	All clinical reports provided by the Operator to be accurate and free from material error or defect (measured over any consecutive three month period)				N/A	N/A	N/A	N/A	As required by the Project Deed
3	Finance and Activity	N/A	Coding accuracy	Accuracy of coding represented as medical records with valid DRGs, shown as a percentage				N/A	N/A	N/A	N/A	Annual audit
4	Finance and Activity	N/A	Compensable Patients through the ED	Percentage of Patients admitted through ED who are admitted as Compensable Patients being greater than				N/A	N/A	N/A	N/A	Monthly Report



Item No	Area	ACHS Indicator Set or NSLHD Service Agreement Area	KPI	Descriptor				Failure Period	Concluded / Rectifiable	Remedial Period	Repeated Failure	Monitoring Method
5	Safety and Quality	Safety and Quality	Unplanned hospital readmission 1	Unplanned hospital readmission rate for patients discharged following management of acute myocardial infarction				1 month	N/A	N/A	N/A	Monthly Report
6	Safety and Quality	Safety and Quality	Unplanned hospital readmission 2	Unplanned hospital readmission rate for patients discharged following management of heart failure				1 month	N/A	N/A	N/A	Monthly Report
7	Safety and Quality	Safety and Quality	Unplanned hospital readmission 3	Unplanned hospital readmission rate for patients discharged following management of knee and hip replacements				1 month	N/A	N/A	N/A	Monthly Report
8	Safety and Quality	Safety and Quality	Unplanned hospital readmission 4	Unplanned hospital readmission rate for patients discharged following management of paediatric tonsillectomy and adenoidectomy				1 month	N/A	N/A	N/A	Monthly Report
9								1 month	Concluded	N/A	N/A	

Item No	Area	ACHS Indicator Set or NSLHD Service Agreement Area	KPI	Descriptor				Failure Period	Concluded / Rectifiable	Remedial Period	Repeated Failure	Monitoring Method
	Safety and Quality	Safety and Quality	Unplanned and emergency re-presentations 1	Unplanned and emergency re-presentations to the Emergency Department within 48 hours (%): All persons								Monthly Report
10	Safety and Quality	Hospital-wide And Safety and Quality	Unplanned and unexpected readmissions within 28 days (CI No. 1.1)	Number of unplanned and unexpected readmissions within 28 days of discharge				N/A	N/A	N/A	N/A	6 month ACHS Clinical Indicator Report
11	Safety and Quality	Hospital-wide	Patient deaths addressed within a clinical audit process (CI No. 5.1)	Number of Patient deaths addressed within a clinical audit process to be within the 75th Percentile of ACHS Peer Hospitals				N/A	N/A	N/A	N/A	6 month ACHS Clinical Indicator Report
12	Safety and Quality	Safety and Quality	Root Cause Analysis (RCA) - completed in 70 days (%)	Percentage of RCA completed within 70 days				N/A	N/A	N/A	N/A	Monthly report
13	Safety and Quality	Safety and Quality	Deteriorating Patients (rate per	Total ratio of deteriorating Patients, as represented as rate per				1 month	N/A	N/A	N/A	Monthly report

Item No	Area	ACHS Indicator Set or NSLHD Service Agreement Area	KPI	Descriptor				Failure Period	Concluded / Rectifiable	Remedial Period	Repeated Failure	Monitoring Method
			1000 seps): Rapid response calls	1000 Separations. 'Deteriorating Patients' defined as total number of rapid response calls								
14	Safety and Quality	Safety and Quality	Deteriorating Patients (rate per 1000 seps): Cardio-respiratory arrests	Total ratio of deteriorating Patients, as represented as rate per 1000 Separations. 'Deteriorating Patients' defined as total number of cardio-respiratory arrests				1 month	N/A	N/A	N/A	Monthly report
15	Safety and Quality	Safety and Quality	Aboriginal Inpatients who discharged against medical advice (%)	Percentage of Aboriginal Inpatients who discharge themselves against medical advice				1 month	N/A	N/A	N/A	Monthly report
16	Safety and Quality	Safety and Quality	Unplanned and unexpected readmission to a neonatal unit / special care nursery (SCN)	Number of unplanned readmissions to the neonatal unit / SCN				1 month	N/A	N/A	N/A	Monthly report

Item No	Area	ACHS Indicator Set or NSLHD Service Agreement Area	KPI	Descriptor				Failure Period	Concluded / Rectifiable	Remedial Period	Repeated Failure	Monitoring Method
17	Safety and Quality	Infection Control	Clostridium Difficile infections (per 1000 seps)	Total number of Clostridium Difficile infections, represented as total number per 1,000 Separations				1 month	N/A	N/A	N/A	Monthly Report
18	Service Access and Patient Flow	Service Access and Patient Flow	Average length of episode stay	Provide average length of episode stay in days for overnight patients				1 month	N/A	N/A	N/A	Monthly Report
19	Service Access and Patient Flow	Service Access and Patient Flow	Patients with total time in ED ≤4hrs (%) Admitted (to ward/ICU/theatre from ED)	Total number of Patients with a total time in the Emergency Department less than or equal to 4 hours, represented as a percentage admitted to an Inpatient unit, the ICU or direct transfer to the Operating Suite from the Emergency Department				1 month	N/A	N/A	N/A	Monthly Report
20	Service Access and Patient Flow	Service Access and Patient Flow	Patients with total time in ED ≤4hrs (%) Not admitted (to an Inpatient unit from ED)	Total number of Patients with a total time in the Emergency Department less than or equal to 4 hours, represented as a percentage Admitted to not Admitted to an				1 month	N/A	N/A	N/A	Monthly Report

Item No	Area	ACHS Indicator Set or NSLHD Service Agreement Area	KPI	Descriptor				Failure Period	Concluded / Rectifiable	Remedial Period	Repeated Failure	Monitoring Method
				Inpatient unit from the Emergency Department								
21	Service Access and Patient Flow	Service Access and Patient Flow	Emergency Admission Performance - Patients admitted to an Inpatient bed within 8 hours of arrival in the ED (%)	Patients admitted to an Inpatient Bed within 8 hours of presentation to the Emergency Department				N/A	N/A	N/A	N/A	Monthly Report
22	Service Access and Patient Flow	Service Access and Patient Flow	Mental health: Emergency Admission Performance - Patients admitted to a Mental Health Inpatient Bed within 8 hours of arrival in the ED (%)	Patients admitted to a Mental Health Services Inpatient Bed within 8 hours of presentation to the Emergency Department				N/A	N/A	N/A	N/A	Monthly Report
23	Service Access and Patient Flow	Service Access and Patient Flow	Number of ED attendances (%)	Number of patients attending the Emergency Department as a %				N/A	N/A	N/A	N/a	Monthly Report
23A								1 month	N/A	N/A	N/A	

Item No	Area	ACHS Indicator Set or NSLHD Service Agreement Area	KPI	Descriptor				Failure Period	Concluded / Rectifiable	Remedial Period	Repeated Failure	Monitoring Method
	Service Access and Patient Flow	Service Access and Patient Flow	Avoidable Admissions for targeted conditions Adults (>16 years)	Number of avoidable admissions for targeted conditions Adults (>16 years): 1. Pulmonary Embolism without catastrophic complications or comorbidities (CC) 2. Respiratory Infections/Inflammations without CC 3. Chronic Obstructive Airways Disease without catastrophic CC 4. Venous Thrombosis without catastrophic or severe CC 5. Cellulitis without catastrophic or severe CC 6. Kidney & urinary tract infection without catastrophic or severe CC								Monthly Report

Item No	Area	ACHS Indicator Set or NSLHD Service Agreement Area	KPI	Descriptor				Failure Period	Concluded / Rectifiable	Remedial Period	Repeated Failure	Monitoring Method
				7. Osteomyelitis W/O Catastrophic or Severe CC								
24	Service Access and Patient Flow	Service Access and Patient Flow	Australasian Triage Scale (ATS) Category 1 attend immediately 100% Category 2 attended within 10 minutes 100% Category 3 attended within 30 minutes 85% Category 4 attended within 60 minutes 80% Category 5 attended within 120 minutes 90%	Number of Patients allocated ATS Category 1 - 5 who are attended to within the specified times				N/A	N/A	N/A	N/A	Monthly Report
25	Service Specific	Mental Health Inpatient	Total seclusion episodes (CI No. 5.6)	Number of episodes of total seclusion				N/A	N/A	N/A	N/A	6 month ACHS Clinical Indicator Report

Item No	Area	ACHS Indicator Set or NSLHD Service Agreement Area	KPI	Descriptor				Failure Period	Concluded / Rectifiable	Remedial Period	Repeated Failure	Monitoring Method
26	Service Specific	Obstetrics	Selected primipara - spontaneous vaginal birth (CI No. 1.1)	Number of selected primipara who have a spontaneous vaginal birth				N/A	N/A	N/A	N/A	6 month ACHS Clinical Indicator Report
27	Service Specific	Obstetrics	Percentage of vaginal births	Percentage of vaginal births, from the total number of births				N/A	N/A	N/A	N/A	6 monthly report
28	Service Specific	Obstetrics	Vaginal delivery following previous birth of caesarean section (CI No. 2.1)	Number of women delivering vaginally who have had only one previous birth >=20.0 weeks gestation and that birth was by caesarean section				N/A	N/A	N/A	N/A	6 month ACHS Clinical Indicator Report
29	Service Specific	Gynaecology	Ectopic pregnancy managed laparoscopically (CI No. 4.1)	Number of Patients who had an ectopic pregnancy managed laparoscopically				N/A	N/A	N/A	N/A	6 month ACHS Clinical Indicator Report
30	Service Specific	Population Health	First antenatal visit provided <14 weeks of gestation	Patient receives first antenatal visit <14 weeks of gestation for all				N/A	N/A	N/A	N/A	Monthly Report



Item No	Area	ACHS Indicator Set or NSLHD Service Agreement Area	KPI	Descriptor				Failure Period	Concluded / Rectifiable	Remedial Period	Repeated Failure	Monitoring Method
				women identified baby as non-aboriginal								
31	Service Specific	Service Access and Patient Flow	Surgery of children - Proportion of children ( to 16 years) treated within LHD of residence a) Emergency Surgery % b) Planned Surgery %	Surgery for children proportion of children (to 16 years) treated within LHD of residence				N/A	N/A	N/A	N/A	Monthly Report
32	Service Specific	Mental Health Inpatient	Attempted or actual suicide (CI No. 6.1)	Number of attempted or actual suicides				N/A	N/A	N/A	N/A	6 month ACHS Clinical Indicator Report