

**Victorian Public Health Services
Performance and Accountability Framework
Business Rules 2007-08**

Department of Human Services, Victoria

August 2007

Victoria – Public Health Services Performance and Accountability
Framework 2007-08. Victorian Government Department of Human Services
Melbourne Victoria

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1 Introduction

1.1 About this document

The purpose of this document is to describe the mechanisms used by the department to formally monitor health service performance in 2007-08.

This document is structured as follows:

1. Section 1 - an introduction and overview that provides a brief policy context for these business rules, as well as a summary of key changes from 2006-07
2. Section 2 - identifies the KPIs included in the Statement of Priorities (SoP)
3. Section 3 - describes the workings of the Performance Monitoring Framework (PMF) and Bonus Funding Framework (BFF), as well as the KPIs involved
4. Section 4 - presents the specific business rules for each KPI and the data sources for the KPIs
5. Section 5 - lists departmental contacts for the business rules.

1.2 Policy framework

The *Health Services Act (1988)* formally defines public health services. In 2007-08 there are 20 public health services, 15 in metropolitan Melbourne and 5 in rural Victoria. To ensure an appropriate level of governance and accountability for these public health services, a framework has been implemented which includes;

- **Annual Statement of Priorities (SoP)** that sets out the policy priorities of the government, health service specific priorities and expected levels of performance for the financial year
- **Performance Monitoring Framework (PMF)** that enables the department to transparently monitor, analyse and evaluate a health service's performance. The PMF score reflects both access and financial aspects of performance
- **Bonus Funding Framework (BFF)** that provides health services with a quarterly financial incentive to meet elective surgery and emergency care performance targets.

The Department of Human Services (the department) implements a range of activities throughout the financial year to support these frameworks. To reinforce and strengthen the governance approach, the department provides benchmarking and performance results to the public health services on a monthly basis.

The PMF score achieved indicates the level of monitoring and the frequency with which the department meets with health service senior executives to discuss the results achieved, and strategies that may assist in improving performance. It should also be noted that in implementing the PMF, the department may adopt different approaches for rural and metropolitan health services.

Although Dental Health Services Victoria is a public health service, it has a different performance monitoring regime and is not subject to the approaches set out in this document.

1.3 Summary of key changes

This document presents the business rules relating to the governance and accountability frameworks and KPIs that apply to Victorian public health services in 2007-08. This encompasses the SoP, PMF or BFF. In summary, the key changes for 2007-08 are:

- the introduction of a WIES activity performance to target KPI into the SoP and PMF. Inclusion in the PMF has resulted in changed weightings for the financial performance KPIs that contribute to the PMF score
- the introduction of a KPI related to the submission of data to the Victorian Hospital Acquired Infection Surveillance System (VICNISS) into the SoP
- a change to the assessment of the Elective Surgery Waiting List from being at campus level in 2006-07 to a health service level in 2007-08 for the purposes of bonus funding
- the inclusion of Sandringham Hospital in the BFF for three of the four Emergency Care KPIs, and the inclusion of Mercy Werribee Hospital in the BFF for the four Elective Surgery KPIs. The bonus funding pool has been increased to accommodate these two inclusions.

2 Statement of Priorities

The SoP was introduced in 2004–05 as part of a series of governance reforms enacted in changes to the *Health Services Act (1988)* to improve accountability between Boards of Health Services and the Government. Only those health services designated as public health services are required to have a SoP.

The SoP incorporates system wide priorities and statewide benchmarks set by Government, but also allows for health service/hospital specific priorities.

There are two new KPIs in the 2007-08 SoP, these being:

- Compliance with the submission of data to the Victorian Hospital Acquired Infection Surveillance System (VICNISS)
- WIES activity performance to target.

The definitions of these new KPIs are provided in Part C.

The department is committed to ensuring that the suite of performance indicators it uses to monitor health services provides a balanced perspective of service provision. To achieve this, in 2007-08 additional Program Measures will be developed to encompass a broader set of indicators (for example, elective surgery clearance rates).

2.1 Key Performance Indicators

Table 1 details the KPIs included in the 2007-08 SoP and identifies whether the KPI is part of the PMF and BFF for 2007-08. The BFF applies to emergency and elective surgery KPIs only.

Table 1: Key Performance Indicators in the 2007-08 Statement of Priorities

Program	Short Title	KPI Description	Benchmark	PMF	BFF
Emergency Care	ACCESS KPI 1	% of operating time on hospital bypass	3%	✓	✓
	ACCESS KPI 2	% of emergency patients admitted to an inpatient bed within 8 hours	80%	✓	✓
	ACCESS KPI 3	% of non-admitted emergency patients with a length of stay of less than 4 hours	80%	✓	✓
	ACCESS KPI 4	No of patients with a length of stay in the emergency department greater than 24 hours	0	✓	✓
	ACCESS KPI 9	% of triage Category 1 patients seen immediately	100%	✓	✓
Elective Surgery	ACCESS KPI 5	% of Category 2 elective surgery patients waiting less than 90 days	100%	✓	✓
	ACCESS KPI 6	% of Category 3 elective surgery patients waiting less than 365 days	100%	✓	✓
	ACCESS KPI 7	No of patients on the elective surgery waiting list	Individual health service targets	✓	✓
	ACCESS KPI 8	No of Hospital Initiated Postponements (HiPs) per 100 waiting list scheduled admissions	8	✓	✓
	ACCESS KPI 10	% of Category 1 elective surgery patients admitted within 30 days	100%	✓	✓
Finance	FIN KPI 1	YTD operating result as a percentage of total revenue	Individual health service targets	✓	❖
	FIN KPI 2	YTD net cash flows from capital activities	Individual health service targets	✓	❖
	FIN KPI 3	Trade creditors average age	60 days	✓	❖
	FIN KPI 4	Debtors average age	60 days	✓	❖
	FIN KPI 5	YTD WIES activity performance to target	98 – 102% of target	✓	❖
Mental Health	SERV KPI 1	Mental Health 28 day readmission rate	14%	❖	❖
Quality and Safety	SERV KPI 2	Health Service Accreditation	Full Accreditation	❖	❖
		Residential Aged Care compliance with accreditation standards	No instances of non-compliance	❖	❖
	SERV KPI 3	Cleaning Standards	85%	❖	❖
	SERV KPI 4	Infection Control data compliance (VICNISS)	100%	❖	❖
✓ Included for assessment					
❖ In SoP but not applicable to the framework					

3 Performance Monitoring Framework and Bonus Funding Framework

This section provides an overview of the PMF and BFF, identifies the KPIs and scoring systems used in both of these frameworks and identifies how KPIs apply to each health service or hospital.

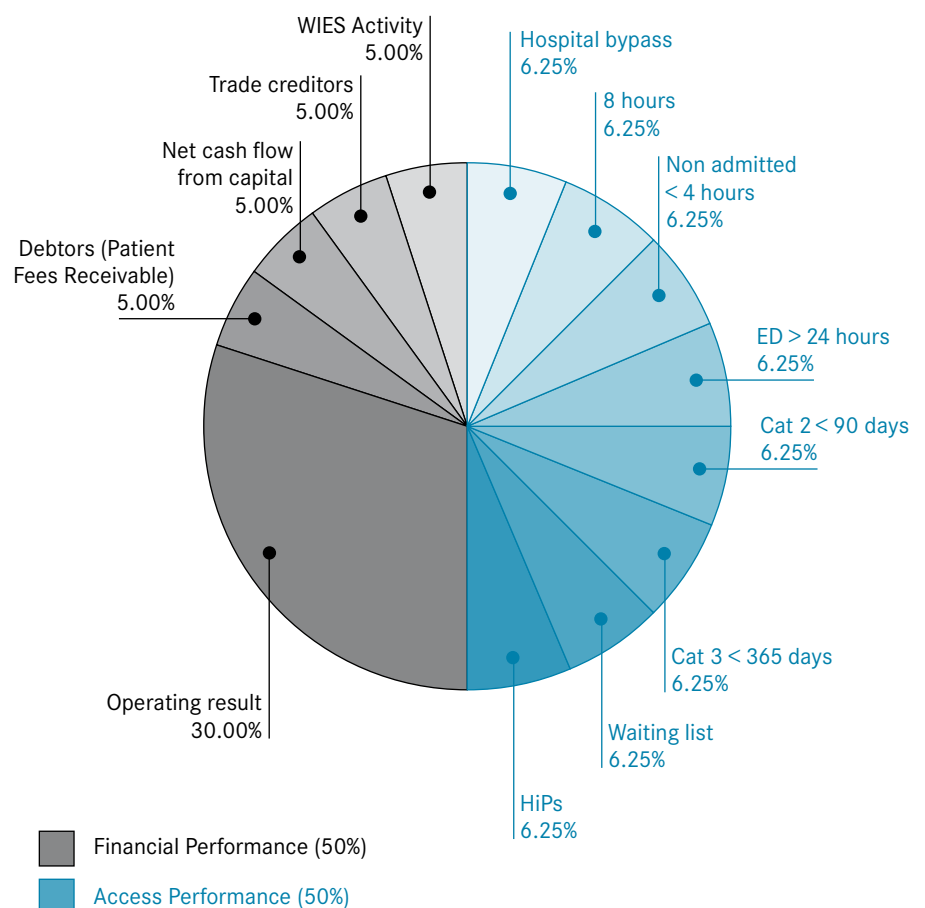
The department assesses the performance of health services quarterly, and to help monitor performance throughout the quarter, KPIs are reported monthly.

3.1 Overview of the Performance Monitoring Framework

The PMF is used to assess the performance of public health services against the finance and access KPIs in the SoP. The access performance KPIs relate to both emergency care and elective surgery. Each quarter, a PMF score out of 100 is calculated.

The relative contribution each KPI makes to the PMF score is represented in the diagram below. Financial performance and access performance KPIs each contribute up to 50 per cent of the PMF score.

The department uses the PMF score to determine the level of monitoring for a health service throughout the annual business cycle. As noted earlier, in implementing the PMF the department may adopt different approaches for rural and metropolitan health services. The department also elicits feedback from health services about the PMF and assesses whether identified changes adversely impact on the underlying tenet that health services have some constancy in performance measures from one year to the next.



3.2 Levels of Monitoring

The three levels of monitoring are as follows:

Standard Monitoring (70-100 points) - applies to those health services achieving their KPIs. It is the least intrusive level of monitoring with meetings occurring quarterly between the department and the health service to discuss performance.

Performance Watch (50-69 points) - applies to those health services with an emerging deterioration in performance against targets. The scope of monitoring is increased and performance meetings between the department and the health service become more frequent, either monthly or bi-monthly.

Intensive Monitoring (0-49 points) - applies where there is consistent under achievement against performance indicators by a health service. The scope and frequency of monitoring is intensified and requires health services to provide more detailed information such as an access improvement plan.

A health service's PMF score matching a monitoring level for two consecutive quarters will trigger monitoring at that level, otherwise the previous level of monitoring applies. This applies to movements up and down the monitoring levels. However, if a health service has a score of 49 points or less in a single quarter, it will automatically trigger intensive monitoring.

Calculating the PMF Score

To calculate the PMF score, points are allocated as per the KPI weightings and thresholds outlined in Tables 2 and 3. The scoring and thresholds for the access KPIs are the same for the PMF and BFF with a maximum score of 3 points per KPI possible. In the 2007-08 PMF, a maximum score of 50 points is achievable for the access performance KPIs.

Where the KPI is measured at the campus level, the points are calculated for each campus of the health service, then aggregated to provide an overall health service total.

The number of points a health service scores against the finance KPIs as per the performance thresholds in Table 3 are totalled to calculate the PMF finance score. In the 2007-08 PMF, a maximum score of 50 points is achievable for the financial performance KPIs. Aggregating the access and finance scores gives the total PMF score. If a health service is not assessed against the access KPIs, the PMF finance score is doubled to give the total PMF score.

Tables 4, 5 and 6 outline which KPIs apply to each hospital/health service and how the PMF and BFF apply to each indicator.

3.3 Targets and Performance Thresholds

Tables 2 and 3 show the weightings, performance thresholds and points allocations used for the PMF and BFF for each KPI. Only access performance indicators are included in the BFF.

Table 2: Access Performance - PMF Weights, Performance Thresholds and PMF/Bonus points

Short title	KPI	Weight	Threshold	PMF/Bonus
ACCESS KPI 1	Percentage of operating time on hospital bypass	6.25%	0% to 3%	3
			> 3% to 4%	2
			> 4% to 5%	1
			> 5% +	0
ACCESS KPI 2	Percentage of emergency patients admitted to an inpatient bed within 8 hours	6.25%	80%+	3
			75% to 80%	2
			65% to 75%	1
			0% to 65%	0
ACCESS KPI 3	Percentage of non-admitted emergency patients with a LOS of less than 4 hours	6.25%	80%+	3
			75% to 80%	2
			65% to 75%	1
			0% to 65%	0
ACCESS KPI 4	Number of patients with a LOS in the emergency department greater than 24 hours	6.25%	0	3
			1 to 15	2
			16 to 30	1
			30+	0
ACCESS KPI 5	Proportion of Category 2 elective surgery patients waiting 90 days or less	6.25%	0%	3
			0% to 2% below target	2
			3% to 5% below target	1
			> 5% below target	0
ACCESS KPI 6	Proportion of Category 3 elective surgery patients waiting 365 days or less	6.25%	0%	3
			0% to 2% below target	2
			3% to 5% below target	1
			> 5% below target	0
ACCESS KPI 7	Number of patients on the elective surgery waiting list - variance to target	6.25%	0%	3
			0% to 2% over target	2
			3% to 5% over target	1
			> 5% over target	0
ACCESS KPI 8	Number of Hospital Initiated Postponements as a percentage of all waiting list scheduled admissions	6.25%	0% to 8.0%	3
			8.1% to 11.0%	2
			11.1% to 15%	1
			15.1% +	0

Table 3: Financial Performance - PMF Weights, Performance Thresholds and PMF points

Short title	KPI	Weight	Threshold	PMF
FIN KPI 1	YTD operating result as a percentage of revenue - variance to budget	30%	Achieved budget	30
			If in surplus but behind target	24
			0% - 2% unfavourable variance	21
			2% - 3% unfavourable variance	10
			Over 3% unfavourable variance	0
FIN KPI 2	YTD net cash flow from Capital activities - variance to budget	5%	Achieved budget	5
			\$0m to \$2m unfavourable variance	3
			\$2m to \$5m unfavourable variance	2
			Over \$5m unfavourable variance	0
FIN KPI 3	Trade Creditors - Average Days	5%	Less than or equal to 60 days	5
			61 - 65 days	3
			66 - 70 days	2
			More than 70 days	0
FIN KPI 4	Debtors - Average Days	5%	Less than or equal to 60 days	5
			61 - 70 days	3
			71 - 80 days	2
			More than 80 days	0
FIN KPI 5	YTD WIES Activity Performance	5%	0 to $\pm 2\%$ variance to target	5
			$\pm 2\%$ to $\pm 2.50\%$ variance to target	3
			$\pm 2.51\%$ to $\pm 3.00\%$ variance to target	2
			More than $\pm 3\%$ variance to target	0

3.4 Reporting by hospital/ public health service

Tables 4, 5 and 6 set out which KPIs apply to the individual hospitals/public health services.

Table 4: Emergency Care KPIs by Hospital

Health Service / Hospital	KPI 1	KPI 2	KPI 3	KPI 4	KPI 9
METROPOLITAN					
Angliss Hospital	✓	✓	✓	✓	⊕
Austin Health	✓	✓	✓	✓	⊕
Box Hill Hospital	✓	✓	✓	✓	⊕
Casey Hospital	✗	✓	✓	✓	⊕
Dandenong Hospital	✓	✓	✓	✓	⊕
Frankston Hospital	✓	✓	✓	✓	⊕
Maroondah Hospital	✓	✓	✓	✓	⊕
Mercy Hospital for Women	✗	❖	❖	❖	❖
Mercy Werribee Hospital	✗	✓	✓	✓	⊕
Monash Medical Centre - Clayton	✓	✓	✓	✓	⊕
Rosebud Hospital	✗	❖	❖	❖	❖
Royal Children's Hospital	✗	✓	✓	✓	⊕
Royal Melbourne Hospital	✓	✓	✓	✓	⊕
Royal Victorian Eye and Ear Hospital	✗	❖	❖	❖	❖
Royal Women's Hospital	✗	❖	❖	❖	❖
Sandringham & District Hospital	✗	✓	✓	✓	⊕
St Vincent's Hospital	✓	✓	✓	✓	⊕
Sunshine Hospital	✓	✓	✓	✓	⊕
The Alfred	✓	✓	✓	✓	⊕
The Northern Hospital	✓	✓	✓	✓	⊕
Western Hospital	✓	✓	✓	✓	⊕
Williamstown Hospital	✗	❖	❖	✗	❖
RURAL					
Ballarat Health Services	✗	✓	✓	✓	⊕
Barwon Health	✗	✓	✓	✓	⊕
Bendigo Health Care Group	✗	✓	✓	✓	⊕
Goulburn Valley Health	✗	✓	✓	✓	⊕
Latrobe Regional Hospital	✗	✓	✓	✓	⊕
Total Eligible for Bonus Funding	13	22	22	22	22
✗	KPI not applicable for this site.				
✓	Health service assessed against the Performance Monitoring Framework for this KPI and is subject to bonus funding.				
❖	Health service performance for KPI is monitored but not subject to bonus funding or the Performance Monitoring Framework.				
⊕	Critical KPI - Non-achievement of the statewide benchmark target for this KPI (100%) will result in the reduction of 1 bonus point across each of the emergency KPIs in a given quarter (total of 4 bonus points deducted in a given quarter).				

Table 5: Elective Surgery KPIs by Hospital

Health Service / Hospital	KPI 5	KPI 6	*KPI 7	KPI 8	KPI 10
METROPOLITAN					
Angliss Hospital	✓	✓	✓	✓	⊕
Austin Health	✓	✓	✓	✓	⊕
Box Hill Hospital	✓	✓	✓	✓	⊕
Casey Hospital	◇	◇	◇	◇	⊕
Dandenong Hospital	✓	✓	✓	✓	⊕
Frankston Hospital	✓	✓	✓	✓	⊕
Maroondah Hospital	✓	✓	✓	✓	⊕
Mercy Hospital for Women	◇	◇	✓	◇	⊕
Mercy Werribee Hospital	✓	✓	✓	✓	⊕
Monash Medical Centre - Clayton	✓	✓	✓	✓	⊕
Royal Children's Hospital	✓	✓	✓	✓	⊕
Royal Melbourne Hospital	✓	✓	✓	✓	⊕
Royal Victorian Eye and Ear Hospital	✓	✓	✓	✓	⊕
Royal Women's Hospital	◇	◇	◇	◇	⊕
Sandringham & District Memorial Hospital	✓	✓	✓	✓	⊕
St Vincent's Hospital	✓	✓	✓	✓	⊕
Sunshine Hospital	✓	✓	✓	✓	⊕
The Alfred	✓	✓	✓	✓	⊕
The Northern Hospital	✓	✓	✓	✓	⊕
Western Hospital	✓	✓	✓	✓	⊕
Williamstown Hospital	✓	✓	✓	✓	⊕
RURAL					
Ballarat Health Services	✓	✓	✓	✓	⊕
Barwon Health	✓	✓	✓	✓	⊕
Bendigo Health Care Group	✓	✓	✓	✓	⊕
Goulburn Valley Health	✓	✓	✓	✓	⊕
Latrobe Regional Hospital	✓	✓	✓	✓	⊕
Wangaratta District Base Hospital	❖	❖	❖	❖	❖
West Gippsland Health Care	❖	❖	❖	❖	❖
Total Eligible for Bonus Funding	23	23	24	23	-
✓	Health service is assessed against the Performance Monitoring Framework for this KPI and is subject to bonus funding.				
◇	Health service is assessed against the Performance Monitoring Framework for this KPI but is not subject to bonus funding.				
⊕	Critical KPI - Non-achievement of the statewide benchmark target for this KPI (100%) will result in the reduction of 1 bonus point across each of the elective KPIs in a given quarter (total of 4 bonus points deducted in a given quarter).				
❖	Health service performance for this KPI is monitored but not subject to Bonus Funding or the Performance Monitoring Framework.				
*KPI 7	Performance is assessed for the health service as a whole, not by hospital.				

Table 6: Finance KPIs by Public Health Service

Health Service	FIN 1	FIN 2	FIN 3	FIN 4	FIN 5
METROPOLITAN					
Austin Health	✓	✓	✓	✓	✓
Bayside Health	✓	✓	✓	✓	✓
Calvary Health	✓	✓	✓	✓	✗
Eastern Health	✓	✓	✓	✓	✓
Melbourne Health	✓	✓	✓	✓	✓
Mercy Public Hospitals Inc	✓	✓	✓	✓	✓
Northern Health	✓	✓	✓	✓	✓
Peninsula Health	✓	✓	✓	✓	✓
Peter MacCallum Cancer Centre	✓	✓	✓	✓	✓
Royal Children's Hospital	✓	✓	✓	✓	✓
Royal Victorian Eye and Ear Hospital	✓	✓	✓	✓	✓
Royal Women's Hospital	✓	✓	✓	✓	✓
Southern Health	✓	✓	✓	✓	✓
St Vincent's Health	✓	✓	✓	✓	✓
Western Health	✓	✓	✓	✓	✓
RURAL					
Ballarat Health Services	✓	✓	✓	✓	✓
Barwon Health	✓	✓	✓	✓	✓
Bendigo Health Care Group	✓	✓	✓	✓	✓
Goulburn Valley Health	✓	✓	✓	✓	✓
Latrobe Regional Hospital	✓	✓	✓	✓	✓
Total Eligible for Bonus Funding	20	20	20	20	19
✓	Public health service is assessed against the PMF for this KPI.				
✗	KPI not applicable to the public health service.				

3.5 Bonus Funding Framework

The bonus funding pools for metropolitan and rural health services will be distributed equally across each access KPI (see Table 2) and equally across each quarter in 2007-08. The BFF only applies to the access performance indicators. Financial performance indicators do not attract bonus funding.

There are separate funding pools for metropolitan and rural public health services.

- For metropolitan health services, the total bonus funding pool is \$20.53M. The bonus funding pool for each quarter is \$5.13M.
- For rural health services, in 2007/08 the total bonus funding pool is \$5.18M. The bonus funding pool for each quarter is \$1.29M.

Bonus funding is distributed to public health services as follows:

1. A hospital/public health service is assessed according to its performance for the quarter against each access KPI as per Tables 4 and 5. Points are awarded according to the performance thresholds set out in Table 2 and totalled for the metropolitan and rural bonus funding pools.
2. The funding allocation for each access KPI in the metropolitan and rural bonus funding pools is then divided by the total amount of bonus points achieved across all hospitals/public health services in the pool. This establishes a dollar value for each bonus point achieved.
3. Using these values, bonus funding is then allocated to each hospital/public health service according to the total number of bonus points achieved for the quarter.

Changes to the BFF for 2007-08

In 2006-07 the bonus funding for KPI7 – Elective Surgery Waiting List was distributed at the campus level. In 2007/08 the bonus funding for KPI 7 will be distributed at a health service level.

In 2007-08, Sandringham Hospital has been included in the BFF for three of the four Emergency Care KPIs. The Mercy Werribee Hospital had been included in the BFF for the elective surgery KPIs. The bonus funding pool has been increased to accommodate these changes.

3.6 Force Majeure

From time to time, unforeseen events may occur that adversely impact on hospital performance. Examples include internal disasters third party-related failures leading to the interruption of service delivery (e.g. power failure). Where circumstances have a significant impact on targets, a health service may request that the department consider a force majeure claim.

The intent of the force majeure process is to address extraordinary and genuinely unforeseen events beyond the control of the organisation that affect service delivery or reporting requirements. The process should not be applied to ad hoc operational difficulties or for planned service interruptions such as capital works.

When a hospital is reliant on services provided by a third party, the hospital is responsible for ensuring that, as far as practicable, the service is of an acceptable quality and delivered in a timely manner. For this reason, the failure of a third party to deliver a product or service is in itself not regarded as acceptable grounds for a force majeure. Difficulties related to software conversion are not a force majeure unless it can be demonstrated that reasonable steps were taken to ensure the continuity of data collection and data recovery.

It is the policy of the department to only consider issues of force majeure retrospectively. Health services/hospitals should not apply for a force majeure in anticipation of poor results.

Submitting a Force Majeure

A formal request for a force majeure should be made after the end of the reporting period in question. The request should clearly indicate the event(s) affecting performance against statewide benchmark targets and include supporting data and documentation. Formal force majeure requests should be forwarded to the Director, Access and Metropolitan Performance (AMP) branch (for metropolitan health services) and the Director, Rural & Regional Health Services (for regional public health services).

At the discretion of the department, a force majeure may be applied system wide in extraordinary circumstances.

Further information about force majeure is also set out in the 2007-08 Policy and Funding Guidelines and General Conditions of Funding.

4 Key Performance Indicators

This section sets out the business rules for each of the KPIs in the SoP, PMF and BFF. It also identifies the data collections used for the KPIs and various timing involved.

4.1 Data Requirements

The data sources used for the KPIs in the SOP, PMF and BFF are presented in the table below. The timing of the PMF and bonus funding allocations account for the DHS submission timeframes of the different data collections set out in the table below.

Where a health service/hospital is unable to submit completed electronic ESIS, VEMD or AIMS data, the Health Data Standards and Systems Unit (HDSS) of the department must be notified in writing before the 10th day of the month following data collection. (See HDSS contact in this document.)

Data submission and reporting requirements for SoP KPIs are outlined in Table 7. More comprehensive information about data submission and reporting requirements is provided in the 2007-08 Policy and Funding Guidelines and technical manuals associated with these data collections.

Table 7: Data Submission Requirements for Key Performance Indicators

Program	KPIs	Data Source	Data Submission Timeframes
Emergency Care	Access KPI 1, Access KPI 2 Access KPI 3 Access KPI 4 Access KPI 9	VEMD	<ul style="list-style-type: none"> submitted to DHS and error free 21 days after the end of the month.
Elective Surgery	Access KPI 5 Access KPI 6 Access KPI 7 Access KPI 8 Access KPI 10	ESIS	<ul style="list-style-type: none"> submitted to DHS and error free 21 days after the end of the month
Finance	FIN 1 FIN 2 FIN 3 FIN 4 FIN 5	AIMS F1	<ul style="list-style-type: none"> AIMS F1 return due 12th day after the end of the month
Mental Health	SERV KPI 1	CMI/ODS	<ul style="list-style-type: none"> data lagged by one month for the quarter (ie Dec qtr= Sept/Oct/Nov data)
Quality & Safety	SERV KPI 2 Health Service Accreditation	Accreditation Processes	<ul style="list-style-type: none"> Electronic copy of hospital accreditation survey provided to DHS two weeks after it is received by health service.
Quality & Safety	SERV KPI 3 Cleaning Standards	November internal audit April external audit	<ul style="list-style-type: none"> 21 November 2008 for the December quarter 18 April 2008 for the June quarter

4.2 Financial Performance

The KPIs used to assess financial performance are derived from data reported through the AIMS F1 report as submitted by a Health Service on a monthly basis.

FIN 1 YTD Operating Result as a per cent of Total Revenue

The year-to-date operating result as a percentage of total revenue will be calculated by:

Numerator:

YTD operating surplus/deficit (before capital and depreciation)

Denominator:

YTD Total Revenue

This indicator is calculated for both actual and target results. The variance between actual and target is the measured outcome, and is expressed as a percentage.

2007-08 Statewide Benchmark Target

The statewide benchmark target for this KPI has been set as a break even operating result.

The performance thresholds used to allocate points for the Performance Monitoring Framework for this KPI are as follows:

Achieved Budget	30 PMF points
In surplus but behind budget	24 PMF points
0% - 2% unfavourable variance	21 PMF points
2% - 3% unfavourable variance	10 PMF points
Over 3% unfavourable variance	0 PMF points

FIN 2 YTD Net Cash Flow from Capital Activities

The year-to-date net cash flow from capital activities is calculated with reference to the Cash Flow Statement in the AIMS F1.

The indicator is calculated as the year-to-date sum of cash flows from/ (used in) investing activities, but excludes the purchase of investments or proceeds from sale of investments, as these are not capital in nature.

The indicator is represented by the dollar variance between the actual result and the target result.

2007-08 Statewide Benchmark Target

The statewide benchmark target for this KPI has been set at zero variance.

The performance thresholds used to allocate points against this KPI for the PMF are as follows:

Achieved Budget	5 PMF points
\$0m - \$2m unfavourable variance	3 PMF points
\$2m - \$5m unfavourable variance	2 PMF points
Over \$5m unfavourable variance	0 PMF points

FIN 3 Trade Creditors

The average age of Trade Creditors in days as reported in the AIMS F1 report.

As a result of the inclusion of the WIES Activity Performance KPI in the PMF, the weightings of the Trade Creditor KPI have been adjusted from 7.5 to 5 points in 2007-08.

2007-08 Statewide Benchmark Target

The statewide benchmark target for this KPI has been set at 60 days or less. The performance thresholds used to allocate points against this KPI are as follows:

Less than or equal to 60 days	5 PMF points
61 - 65 days	3 PMF points
66 - 70 days	2 PMF points
More than 70 days	0 PMF points

FIN 4 Debtors

The average Patient Fees Receivable Days as reported in the AIMS F1 report.

As a result of the inclusion of the YTD WIES activity performance KPI, the weighting of the Patient Fees Receivable KPI in the PMF has been adjusted from 7.5 to 5 points.

The performance thresholds used to allocate points against this KPI in the PMF are as follows:

2007-08 Statewide Benchmark Target

The statewide benchmark target for this KPI has been at 60 days or less.

Less than or equal to 60 days	5 PMF points
61 - 70 days	3 PMF points
71 - 80 days	2 PMF points
More than 80 days	0 PMF points

FIN 5 YTD WIES Activity Performance

The YTD WIES activity performance KPI aims to reinforce the need for health services to manage their activity to within the two per cent tolerance level, in line with current funding policy.

The KPI is YTD WIES activity performance to target, expressed as a percentage and rounded to 2 decimal places.

The WIES target variance refers to Public and Private WIES only. Renal WIES is excluded from this KPI (as it is paid to actual activity), as are DVA and TAC WIES. The target refers to the phased target submitted by the health service to the department at the commencement of the 2007-08 financial year and the AIMS F1 WIES targets submitted each month should reflect these.

2007-2008 Statewide Benchmark Target

The statewide benchmark target for this KPI has been set at 98 per cent to 102 per cent.

This indicator is included as a financial performance measure in the PMF. The performance thresholds used to allocate points against this KPI are:

0 to $\pm 2\%$ variance to target	5 PMF points
$\pm 2\%$ to $\pm 2.50\%$ variance to target	3 PMF points
$\pm 2.51\%$ to $\pm 3.00\%$ variance to target	2 PMF points
More than $\pm 3\%$ variance to target	0 PMF points

In assessing performance, the department recognises that there may be exceptional circumstances whereby a health service exceeds the two per cent tolerance level without adversely impacting financial viability. These cases will be assessed by the department on a case-by-case basis.

4.3 Service Performance

Mental Health

SERV KPI 1 Readmissions within 28 days

Readmission rates for adult mental health patients can reflect the quality of care, effectiveness of discharge planning, level of support provided to patients post discharge, as well as other factors.

The percentage of mental health patients readmitted within 28 days will be calculated as follows:

Numerator

Non-sameday separations from adult general acute psychiatric inpatient units that result in a non-sameday readmission to the same or to another public sector acute psychiatric inpatient unit within 28 days of discharge. This definition means that readmissions of in-area patients to other hospitals are included in the calculations.

Overnight separations for ECT, separations to other acute hospitals, to residential aged care or against medical advice/abscond are excluded.

Denominator

The number of non-sameday separations from adult general acute psychiatric inpatient units. Overnight separations for ECT, separations to other acute hospitals, to residential aged care or against medical advice/abscond are excluded.

This indicator is expressed as a percentage, rounded to 0 decimal places.

2007-2008 Statewide Benchmark Target

The statewide benchmark for this KPI has been set at 14%.

Frequency of Reporting and Data Collection

The data source for this KPI is the Client Management Interface (CMI), which is the local client information system used by each public mental health service. It also uses the Operational Data Store (ODS) that manages a set of select data items from each CMI. The acronym used for this data source is CMI/ODS.

Results will be reported on a quarterly basis but it is not possible to include the relevant mental health results in the corresponding Integrated Performance and Activity Report (IPAR) due to the 28 day lag inherent in the KPI. Reporting for this KPI will therefore be lagged by one month.

For example, the December 2007-08 IPAR will report the mental health results for separations occurring in the period Sep/Oct/Nov 2007-08.

Quality and Safety

SERV KPI 2 Accreditation Status

This KPI relates to hospitals and public residential aged care facilities.

Since 1 July 2000, the department has required all Victorian public hospitals to be accredited.

The Commonwealth government has primary responsibility for the funding and regulation of the residential aged care system. In Victoria, a number of residential aged care services are provided by public health services and are subject to the Commonwealth's Aged Care Accreditation Standards.

Calculating Performance

Full accreditation/compliance will be referred to as 'achieved'. All episodes of partial/non-accreditation/non-compliance during the reporting period will be assessed as 'not achieved'.

Each health service is required to provide an electronic copy of the hospital accreditation survey, to the Quality and Safety Branch of the department no later than two weeks after the health service receives it.

In the event of a high priority recommendation, the Department requires an action plan to address the issues.

Where applicable, each health service is required to notify the department's Aged Care Branch of any instances of non-compliance as soon as the Aged Care Standards and Accreditation Agency have identified them.

2007-2008 Statewide Benchmark Target

It is a requirement that all hospital and residential aged care sites are accredited and maintain full compliance with the relevant accreditation standards. The 2007-08 benchmark for this KPI is that all sites within a health service achieve:

- Full accreditation according to the EQulP or equivalent accreditation process.
- Full compliance with 44/44 expected outcomes of the Aged Care Accreditation Standards in each public residential aged care service.

Frequency of Reporting and Data Collection

Results for the accreditation status KPI will be reported on a quarterly basis. For each quarter, the following data will be obtained:

- the accreditation status, as of the last day of the quarter, for each of the relevant hospitals/health services;
- a list of residential aged care services that have failed to comply with the Aged Care Accreditation Standards during the relevant quarter.

The department requires that the health service's accreditation information described be provided according to this schedule:

- 22 October 2007 for the September quarter
- 21 January 2008 for the December quarter
- 21 April 2008 for the March quarter
- 21 July 2008 for the June quarter

This KPI is in the SoP, but not included in the PMF or BFF.

SERV KPI 3 Cleaning Standards

Cleaning standards aim to improve quality health care provision by ensuring that all risks involving cleaning are identified and managed in an appropriate manner, irrespective of cleaning service provider arrangements. The standards are focused on the outcome or output sought, rather than the method by which it is achieved.

This indicator is expressed as achieved/not achieved.

The assessments will be based on both internal and external audit results submitted to the department. Reporting of cleaning standards is mandatory for all health services.

Calculating Performance

The principle behind the audit scoring system is to use a demerit based system. A campus is given 100 points at the commencement of the audit (both internal and external). Points are deducted on areas that are unacceptable.

Achieved= all campuses within a health service meet the level of acceptable cleaning quality set at 85%

Not Achieved= one or more campuses within a health service fail to meet the level of acceptable cleaning quality set at 85%

2007-2008 Statewide Benchmark Target

Acceptable quality level for campus: 85%

Frequency of Reporting and Data Collection

Results will be reported on a six-monthly basis. The department requires that audit results be provided as follows:

- November internal audit results to be available by 21 November 2008 for the December quarter
- April external audit results need to be made available by 18 April 2008 for the June quarter

This KPI is not included in the PMF or BFF.

SERV KPI 4 Infection Control data compliance

The infection control data compliance KPI aims to improve the quality of infection control reporting by requiring health services to be fully compliant in their data submission to the Victorian Hospital Acquired Infection Surveillance System (VICNISS) Coordinating Centre. Health services have been providing data to VICNISS for over four years.

This indicator applies to hospitals participating in Type 1 and Type 2 surveillance. This indicator is expressed as a percentage, rounded to 0 decimal places.

Calculating Performance

- The VICNISS performance indicators are set out in the Surveillance Hospital Participation documents (<http://www.vicniss.org.au>)
- These outline the defined set of surveillance activities and data quality indicators that hospitals are required to perform and achieve.
- A public health service's performance will be analysed quarterly by the VICNISS Coordinating Centre.
- The VICNISS Coordinating Centre will provide a report to the Quality and Safety Branch of the department detailing each hospital's performance.

2007-2008 Statewide Benchmark Target

The benchmark at hospital level is set at 100%.

Frequency of Reporting and Data Collection

The data is reported to the VICNISS Coordinating Centre each quarter. The public health service's performance is provided to the department six weeks later, resulting in a one quarter lag in reporting the KPI in the IPAR.

In 2007-08, this KPI is not included in the PMF or BFF.

4.4 Access Performance

Emergency Care

The length of stay (LOS) of an emergency patient is calculated from the time of arrival to the time of departure.

KPI 1 Percentage of operating time on hospital bypass

The percentage of operating time on bypass will be calculated by:

Numerator:

Actual time on bypass

Denominator:

Actual time in the period

This indicator is expressed as a percentage, rounded to 1 decimal place.

Calculating Performance

Calculations of performance are based on the 'Hospital Bypass Notification' data provided to DHS by the Metropolitan Ambulance Service (MAS).

For the purpose of Hospital Bypass notification, monitoring and reporting, MAS and the department have agreed on the following for counted occasions of bypass:

All hospital bypass is recorded and monitored, however for the purpose of performance monitoring, only bypass that exceeds 30 minutes where the reason is 'A & E Full' is used.

All queries relating to the recording of bypass or requests to change the details of bypass events as recorded in the Hospital Bypass notification reports should be directed to the AMP Branch of the department in the first instance (see contact list).

2007-2008 Statewide Benchmark Target

The statewide benchmark target for this KPI has been set at three per cent. The performance thresholds used to calculate the PMF score and allocate bonus-funding against this KPI are as follows:

Less than or equal to 3.0%	3 points
3.1% to 4.0%	2 points
4.1% to 5.0%	1 point
Greater than 5.0%	0 points

KPI 2 Percentage of ED patients admitted to an inpatient bed within 8 hours

The percentage of emergency patients who are admitted to an inpatient bed within eight hours will be calculated by:

Numerator:

The number of patients with an emergency department length of stay of less than or equal to eight hours (480 minutes) who have a VEMD Departure Status of 3, 13, 14, 15, 16, 18 or 22.

Denominator:

The number of patients with a VEMD Departure Status of:

- 3 Short Stay Observation Unit
- 13 Emergency Medical Unit
- 14 Medical Assessment and Planning Unit
- 15 Intensive Care bed – this campus
- 16 Mental Health bed – this campus
- 18 Ward
- 22 Coronary Care Unit – this campus

This indicator is expressed as a percentage, rounded to 0 decimal places.

Calculating Performance

Transit lounges/holding areas are not generally considered to be inpatient wards. Thus, emergency patients located in these areas, prior to being admitted to a ward, should be considered to be in the care of the emergency department. The time spent in these areas is included in all calculations of the percentage of emergency patients admitted within eight hours until the patient is actually physically admitted to an inpatient bed/ward.

2007-2008 Statewide Benchmark Target

The statewide benchmark target for this KPI has been set at 80 per cent.

The performance thresholds used to calculate the PMF score and allocate bonus funding against this KPI are as follows:

Greater than or equal to 80%	3 points
75% to 79%	2 points
65% to 74%	1 point
Less than 65%	0 points

KPI 3 Percentage of non-admitted ED patients with a LOS of less than four hours

The percentage of emergency patients not admitted to a bed at any hospital, with a length of stay in the emergency department of less than four hours will be calculated by:

Numerator:

The number of patients with an emergency department length of stay of less than or equal to four hours (240 minutes) who have a VEMD Departure Status of 1, 10, 12, 23, 24.

Denominator:

The number of patients with a VEMD Departure Status of:

- 1 Home
- 10 Left after clinical advice regarding treatment options
- 12 Correctional/Custodial Facility
- 23 Mental health residential facility
- 24 Residential care facility

This indicator is expressed as a percentage, rounded to 0 decimal places.

2007-2008 Statewide Benchmark Target

The statewide benchmark target for this KPI has been set at 80 per cent.

The performance thresholds used to calculate the PMF score and allocate bonus-funding against this KPI are as follows:

Greater than or equal to 80%	3 points
75% to 79%	2 points
65% to 74%	1 point
Less than 65%	0 points

KPI 4 Number of patients with a LOS in the ED greater than 24 hours

The total number of patients with a length of stay in the emergency department greater than twenty-four hours will be calculated by:

The numbers of patients with an emergency department length of stay of greater than twenty-four hours (1,440 minutes), regardless of departure status code.

2007-2008 Statewide Benchmark Target

The statewide benchmark target for this KPI is zero patients.

The performance thresholds used to calculate the PMF score and allocate bonus funding for this KPI are as follows:

0 patients	3 points
Between 1 and 15 patients	2 points
Between 16 and 30 patients	1 point
31 or more patients	0 points

KPI 9 Percentage of triage Category 1 emergency patients seen immediately

The percentage of triage category 1 emergency patients seen immediately will be calculated by:

Numerator:

Number of Category 1 emergency patients seen immediately

Denominator:

Number of Category 1 emergency patients

This indicator is expressed as a percentage.

Calculating Performance

A patient is categorised as having been seen immediately if the time to treatment, as defined in the VEMD manual, is less than or equal to one minute.

2007-2008 Statewide Benchmark Target

The benchmark for the percentage of Category 1 emergency patients seen immediately is 100 per cent.

The performance thresholds used to calculate the PMF score and allocate bonus funding against this KPI are as follows:

100%	No loss of points
Less than 100%	Loss of 4 points representing one point deducted from each emergency KPI (KPIs 1 - 4)

A bonus point cannot be lost on a KPI that has achieved 0 bonus points.

Elective Surgery Services

Elective surgery performance indicators, targets and incentives are designed to encourage improved performance in the management of health care provision to elective surgery patients.

KPI 5 Percentage of Category 2 elective surgery patients waiting 90 days or less

Category 2 (semi-urgent) patients are elective surgery patients with a condition causing some pain, dysfunction or disability that is not likely to deteriorate quickly or become an emergency. It is desirable that these patients be admitted within 90 days.

This indicator measures the number of Category 2 patients waiting 90 days or less as a percentage of all Category 2 patients on the elective surgery waiting list at the end of the quarter.

Performance against this KPI is reported and monitored monthly with the performance assessment occurring on a quarterly basis.

Only records assigned an ESIS principal prescribed procedure code of less than 500 and with a readiness status of R (Ready for Care) are used to assess this KPI.

Procedures in the code range 500-513 will not be included in waiting list and waiting times reported by the Victorian Government, the Australian Institute of Health and Welfare and the Commonwealth Department of Health and Aged Care.

Calculating Performance

Health service/hospital performance against this indicator is expressed as a percentage. Performance is calculated on the census date (end of the month) using the formula:

$$\frac{\text{No. of Category 2 patients on the waiting list waiting } \leq 90 \text{ days}}{\text{Category 2 patients on the waiting list}}$$

2007-08 Statewide Benchmark Target

The statewide benchmark target for this KPI has been set at 100 per cent. To encourage health services to work towards this statewide benchmark, individual health services/hospitals also have separate improvement targets for this KPI. These are individually negotiated with the department and are included in the Statement of Priorities

The improvement targets are used as the basis for assessing performance for this KPI. The performance thresholds are as follows:

Target achieved	3 points
Between 0% and 2% below target	2 points
Between 3% and 5% below target	1 point
Greater than 5% below target	0 points

For the purpose of allocating bonus points, target variance is rounded to a whole number. For example, 2.2 per cent is rounded down to 2 per cent and 2.5 per cent is rounded up to 3 per cent.

Individual health service/hospital targets are negotiated and based on performance as at 31 May 2007. Targets also take into funding allocations in 2007-08 and the potential for health services/hospitals to refer patients to Elective Surgery Centres including The Alfred Centre.

KPI 6 Percentage of Category 3 elective surgery patients waiting 365 days or less

Category 3 (non-urgent) patients are elective surgery patients with a condition causing minimal or no pain, dysfunction or disability that is unlikely to deteriorate quickly or become an emergency. Although there is no nationally endorsed benchmark, 'admission within 365 days' is used to assess performance for the purpose of allocating bonus payments.

This indicator measures the number of patients waiting 365 days or less as a percentage of all Category 3 patients on the elective surgery waiting list at the end of the quarter. As per KPI 5.

Procedures in the code range 500-513 will not be included in waiting list and waiting times reported by the Victorian Government, the Australian Institute of Health and Welfare and the Commonwealth Department of Health and Aged Care.

Calculating Performance

Health service/hospital performance against this indicator is expressed as a percentage. Performance is calculated on the census date (end of the month) using the formula:

$$\frac{\text{No. of Category 3 patients on the waiting list waiting } \leq \text{ or } = \text{ 365 days/}}{\text{Category 3 patients on the waiting lists}}$$

2007-08 Targets

The statewide benchmark target for this KPI has been set at 100 per cent. To encourage health services to work towards this statewide benchmark, individual health services/hospitals also have separate improvement targets for this indicator. These are individually negotiated with the department and are included in the SoP.

The improvement targets are used as the basis for assessing performance and in terms of the PMF score and bonus funding, performance thresholds are as follows:

Target achieved	3 points
Between 0% and 2% below target	2 points
Between 3% and 5% below target	1 point
Greater than 5% below target	0 points

For the purposes of allocating bonus points, variances on target are rounded to a whole number. For example, 2.2 per cent is rounded down to 2 per cent and 2.5 per cent is rounded up to 3 per cent.

Individual health service/hospital targets are negotiated and based on performance as at 31 May 2007. Targets also take into funding allocations in 2007-08 and the potential for health services/hospitals to refer patients to Elective Surgery Centres including The Alfred Centre.

KPI 7 Number of patients on the elective surgery waiting list

This indicator measures the number of patients waiting for elective surgery as at the end of the quarter.

2007-08 Targets

Targets for the number of patients on the waiting list at the end of each quarter have been set at the health service, rather than individual hospital level. This represents a distinct change from 2006-07.

The quarterly targets set for individual health service/hospitals reflect peaks in emergency demand and seasonal capacity limitations.

The performance thresholds used to calculate the PMF score and allocate bonus-funding against this KPI are as follows:

Target achieved	3 points
Between 0% and 2% over target	2 points
Between 3% and 5% over target	1 point
Greater than 5% over target	0 points

Individual health service/hospital targets are negotiated and based on performance as at 31 May 2007. Waiting list targets also take into funding allocations in 2007-08 and the potential for health services/hospitals to refer patients to Elective Surgery Centres including The Alfred Centre.

KPI 8 Hospital Initiated Postponements (HiPs)

Hospital-initiated (elective surgery) postponements can result in significant distress and inconvenience for patients (especially for those who travel long distances to hospital or take time off from work for surgery). It is important to ensure postponements are minimised.

This indicator measures the number of HiPs experienced by elective surgery patients during a quarter (the numerator) as a percentage of all procedures scheduled to occur within the quarter (the denominator).

Numerator

All HiPs occurring within the quarter will impact on performance regardless of whether the patient is Ready for Care, Not Ready for Care or has been removed. HiPs are counted for the quarter in which they actually occur, even if the procedure being cancelled was scheduled for a different quarter. A postponement is hospital-initiated if the patient has been informed of the scheduled admission date and the Reason for schedule admission date change in ESIS is coded as:

100 – Surgeon unavailable – The surgeon booked to perform the procedure has cancelled some or all of their scheduled theatre time due to leave, illness, lateness or being called away. Where the postponement is due to leave, the surgeon has not informed the hospital within a timeframe that prevents the patient from being booked and informed of their date for surgery.

101 – Surgical unit initiated – Surgery postponed due to surgeon/registrars preference to perform surgery on another patient. This code is used when the surgeon/registrars initiates the postponement and it is not due to leave, illness, lateness or being called away, or higher priority patient. This code is not used where surgery is postponed because of the need to perform surgery on a patient of higher clinical urgency (*Emergency priority or Elective priority is used*).

102 – Hospital staff unavailable – Insufficient hospital staff (nurses, anaesthetists, non-clinical staff). This code is also used to report postponements due to industrial action.

103 – Ward bed unavailable – A bed (other than a critical care bed) is unavailable in the hospital.

104 – Critical care bed unavailable – A critical care bed (intensive care, coronary care or high dependency) is not available in the hospital.

105 – Equipment unavailable – Equipment (including power or water) is unavailable or has failed, or prosthesis for implantation is unavailable.

106 – Theatre overbooked – Too many cases scheduled in the planning of the list. If there was an unintentional list overrun because cases took longer than anticipated, code 107 (theatre over-run), which is not used to calculate HiPs performance, is used.

108 – Emergency priority – Rescheduled due to a higher priority emergency patient requiring surgery. Includes:

- Emergency patients currently admitted
- Patients presenting via the emergency department
- Obstetric emergencies.

109 – Elective priority – Rescheduled due to a higher priority elective patient requiring surgery. Includes elective patients seen in outpatients or private rooms.

110 – Hospital/surgeon has not prepared patient – Further preoperative workup is required. This code is reported when the patient has been insufficiently prepared for surgery by the hospital/surgeon.

111 – Clerical/booking error – The patient has been incorrectly advised of date of surgery. A clerical/booking error occurred, for example advising patient of incorrect date of surgery.

Within ESIS data an event is counted as a HiP if:

Event_type = 'Reason SAD Changed'

Event_value = '100', '101', '102', '103', '104', '105', '106', '108', '109', '110', '111'

Event_date falls within the quarter being measured

The procedure being postponed is an included procedure (ppproc < 500).

Denominator

The denominator is the number of procedures scheduled to occur within the quarter, regardless of whether the procedure actually takes place.

Within ESIS, procedures scheduled count if:

Event_Type = 'Set SAD'

Event_value (date procedure is scheduled for) falls within the quarter being measured

The procedure being scheduled is an included procedure (ppproc < 500)

Data Source:

ESIS

Calculating Performance:

Health service/hospitals' performance against this indicator is expressed as a percentage. Performance is calculated using the formula:

$$\frac{\text{Number of HiPs within the quarter}}{\text{Number of procedures scheduled to occur in the quarter}}$$

SQL code:

```

/* HiPs for quarter one of 2007/08 */
select count(*) as HiPs
from Episodes e, IntraEpisodes i
where i.episode_fk = e.pk
      and Event_Type = 'Reason SAD Changed'
      and txtEvent_value in ('H', 'D')
      and dtEvent_date between '01Jul07'd and '30Sep07'd
      and ppproc < 500;

/* Admissions scheduled for the quarter one of 2007/08 */
select count(*) as Admissions_scheduled
from Episodes e, IntraEpisodes I
where i.episode_fk = e.pk
      and Event_Type = 'Set SAD'
      and dtEvent_value between '01Jul07'd and '30Sep07'd
      and ppproc < 500;

```

2007-08 Statewide Benchmark Target

The statewide benchmark target for this KPI has been set at eight per cent. The performance thresholds used to calculate the PMF score and allocate bonus funding for this KPI are as follows:

Less than or equal to 8%	3 points
8.1% to 11%	2 points
11.1% - 15%	1 point
Greater than 15%	0 points

KPI 10 Percentage of Category 1 elective patients admitted within 30 days

Category 1 (urgent) elective surgery patients are patients whose condition has the potential to deteriorate quickly to the point that it may become an emergency and whose admission within 30 days is clinically desirable.

This indicator measures health service/hospital performance in admitting urgent elective surgery patients within the clinically desirable timeframe.

Calculating Performance

Health service/hospital performance against this indicator is expressed as a percentage. Performance is calculated on the census date (end of the month) using the formula:

Numerator:

Number of Category 1 patients removed for reasons W, S or X within time (30 days).

Denominator:

All Category 1 patients removed for reasons W, S or X

If a health service/hospital's quarterly data file shows that a Category 1 patient is overdue this must be confirmed or, if incorrect, amended by the health service/hospital within two weeks of notification by the department. If this is not done, the patient will be regarded as overdue for the purposes of performance measurement.

2007-08 Statewide Benchmark Target

The target for all health services/hospitals is 100% of Category 1 patients admitted from the waiting list within 30 days.

The performance thresholds used to calculate the PMF score and allocate bonus funding against this KPI are as follows:

100%	No loss of points
Less than 100%	Loss of 4 points representing one point deducted from each elective KPI (KPIs 5 – 8)

A bonus point cannot be lost on a KPI that has achieved 0 bonus points.

5 Contact Details

Set out below are departmental contact details for various aspects of health service performance.

Health services with general queries about the information provided in this document may contact:

Manager, Metropolitan Health Service Performance and Analysis
Access and Metropolitan Performance Branch
Ph: 03 9096 7120

Health Services with data submission issues may contact the Health Data Standards and Systems Unit:

Manager, Health Information
Ph: 03 9096 7456

Queries that relate to rural public health services should be directed to:

Director, Rural and Regional Health Services
Ph: 03 9096 2846

To provide information about accreditation standards contact:

Manager, Residential Services (Aged Care)
Ph: 03 9096 7581

Director, Quality and Safety Branch
Ph: 03 9096 6900

