



2017/18

2017-18 SERVICE
AGREEMENT DATA
SUPPLEMENT
SUMMARY

LIST OF KEY
PERFORMANCE
INDICATORS
(AND ASSOCIATED
IMPROVEMENT MEASURES)

Version 1.0

July 2017

Contact:

Further information regarding this document can be obtained from the Health System Information & Performance Reporting Branch.

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SUMMARY OF KEY PERFORMANCE INDICATOR TARGETS AND IMPROVEMENT MEASURES

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

The definitions located in the [Complete 2017-18 Data Supplement](#) will assist Health Services and other data users with the calculation and interpretation of the Key Performance Indicators referenced in the Service Agreements for 2017-18. It should be noted that some KPIs may be calculated differently when applied to different purposes outside the management of the Service Agreements. The KPIs contained in this document have been defined specifically with the intent to meet the reporting requirements under 2017-18 agreements and to align to the Ministry of Health's monthly performance monitoring reports. Should you require further assistance with the definitions or have comments regarding them please contact either the Health System Information & Performance Reporting Branch or the Data/Policy contacts listed in the KPI documentation.

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

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

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

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

2017-18 Service Performance Agreements Summary of KPIs and Targets

The KPIs and Improvement Measures are aligned with the eight Strategies identified in the NSW Health 2017-18 Corporate Planning Framework:

1. Keep People Healthy
2. Provide World-Class Clinical Care Where Patient Safety is First
3. Integrate Systems to Deliver Truly Connected Care
4. Develop and Support our People and Culture
5. Support and Harness Health & Medical Research and Innovation
6. Enable eHealth, Health Information and Data Analytics
7. Deliver Future Focused Infrastructure & Strategic Commissioning
8. Build Financial Sustainability and Robust Governance

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

✓	Performing	Performance at, or better than, target
↘	Underperforming	Performance within a tolerance range
✗	Not performing	Performance outside the tolerance threshold

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

This Data Supplement also maps indicators and measures to key strategic programs including:

- Premier's and State Priorities
- Election Commitments
- Safety and Quality Framework
- Better Value Care
- Mental Health Reform
- Financial Management Transformations

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

As in previous years, the 2017-18 KPI and Improvement Measures data elements are also located on the NSW Health Information Resource Directory and are accessible via the following link:

http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=22508

Each individual indicator and Improvement Measure may be viewed and downloaded via this portal. Further, additional documentation (where available) for each of the indicators and service measures (such as specific identification of which fields from the data warehouse are used for the calculation, sample .sas code, detailed calculation formulae, etc) may be found under the "Ext Info" tab for each individual indicator and service measure, which may be downloaded as well.

The table below provides a summary of the performance measures and targets against the KPIs as well as listing the Improvement Measures for each of the domains. The complete Data Supplement (including definitions) is located here: [Complete 2017-18 Data Supplement](#)

2017-18 Service Performance Agreements Summary of KPIs and Targets

Summary of Indicators and Targets for 2017-18 Service Agreements

(For definitions see [Complete 2017-18 Data Supplement](#))

Strategic Priority	ID	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
Strategy 1: Keep People Healthy						
1.1	PH-011B	Get Healthy Information and Coaching Service – Health Professional Referrals (% increase)	Individual Targets - See Data Supplement	>10.0 variation below Target	<=10.0 variation below Target	Met or exceeded Target
	Healthy Children Initiative - Children's Healthy Eating and Physical Activity Program (% cumulative):					
	PH-008B	• Primary schools - Trained primary schools achieving agreed proportion (60%) of Live Life Well @ School program practices	>=60	<50	50-59	>=60
	PH-008A	• Early childhood services - Sites achieving agreed proportion (50%) of Munch and Move program practices	>=60	<50	50-59	>=60
1.2	PH-013A SPH007	Women who smoked at any time during pregnancy: • Aboriginal women (%) • Non-aboriginal women (%)	Decrease on previous year	Increase on previous year	No change	Decrease on previous year
	DPH_1201	Women who quit smoking by the second half of pregnancy (%)	Increase on previous year	Decrease on previous year	No change	Increase on previous year
1.4	PH-010A	Human Immunodeficiency Virus (HIV) - HIV testing within publicly-funded HIV and sexual health services – (% increase)	Individual Targets - See Data Supplement	>5.0 variation below Target	<=5.0 variation below Target	Met or exceeded Target
	MS1401 MS1402	Hepatitis C treatment dispensed - LHD residents who have been dispensed hepatitis C treatment by prescriber type (%)	Increase on previous year	Decrease on previous year	No change	Increase on previous year
Strategy 2: Provide World-Class Clinical Care Where Patient Safety is First						
2.1	KS2101	Fall-related injuries in hospital - resulting in intracranial injury, fractured neck of femur or other fracture (per 1,000 bed days)	Decrease	Increase on Previous Year	No Change	Decrease on Previous Year
	KQS205	Hospital acquired pressure injuries (rate per 1,000 completed admitted patient stays)	Decrease	Increase on Previous Year	No Change	Decrease on Previous Year
	MS2104	Surgical Site Infections (rate per 1,000 surgical procedures)	Decrease on previous year	Increase on previous year	No Change	Decrease on previous year
2.3	SSQ117	Patient Experience Survey following treatment - Overall rating of care received - Adult Admitted - good or very good (%)	Increase	Decrease on previous Year	No change	Increase on previous Year
	MS2305	Equitable Experience of Health Care: Patient Experience Survey Following Treatment for Adult Admitted Patients: overall rating of care received: Disaggregated by (i) Aboriginality, (ii) Relative Socio-economic Disadvantage Index, & (iii) Remoteness Areas (%)	Increase from previous year	Decrease on previous year	No change	Increase from previous year
2.4	Elective Surgery					
	• Access Performance - Patients Treated on Time (%):					
	KSA103a	• Category 1	100	<100	N/A	100
	KSA103b	• Category 2	>=97	<93	>=93 and <97	>=97
	KSA103c	• Category 3	>=97	<95	>=95 and <97	>=97
	• Overdue - Patients (number):					
	SSA108	• Category 1	0	>=1	N/A	0
	SSA109	• Category 2	0	>=1	N/A	0
	SSA110	• Category 3	0	>=1	N/A	0
	Emergency Department					
KSA102	• Emergency Treatment Performance - Patients with total time in ED ≤ 4 hrs (%)	>=81	<71	>=71 and <81	>=81	
KSA101	• Transfer of Care – Patients transferred from Ambulance to ED ≤ 30 minutes (%)	>=90	<80	>=80 and <90	>=90	

2017-18 Service Performance Agreements Summary of KPIs and Targets

Strategic Priority	ID	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
Strategy 3: Integrate Systems to Deliver Truly Connected Care						
3.1	KSA205	Electronic Discharge Summaries Completed - Sent electronically to State Clinical Repository (%)	Increase	Decrease from previous month	No change	Increase on previous month
	SSQ106 SSQ107	Unplanned hospital readmissions: All admissions within 28 days of separation (%): • All persons • Aboriginal persons	Decrease	Increase from previous year.	No change	Decrease from previous Year
3.2	Mental Health:					
	KQS204	• Acute Post-Discharge Community Care - follow up within seven days (%)	>=70	<50	>=50 and <70	>=70
	KQS203	• Acute readmission within 28 days (%)	<=13	>=20	>13 and <20	<=13
	KQS206	• Acute Seclusion rate (episodes per 1,000 bed days)	<6.8	>=9.9	>=6.8 and <9.9	<6.8
	SSQ123	• Average duration of seclusion - (Hours)	< 4	>5.5	>= 4 and <=5.5	< 4
	SSQ127	• Involuntary patients absconded (Types 1 and 2) – from an inpatient mental health unit (number)	0	>0	N/A	0
	SSQ122	• Mental Health Consumer Experience Measure (YES) Completion Rate (%)	Increase from previous year	Decrease on previous year	No change	Increase from previous year
	KSA202	• Presentations staying in ED > 24 hours (Number)	0	>5	Between 1 and 5	0
	Mental Health Reform:					
	KS3201	• Pathways to Community Living - People transitioned to the community (Number) <i>(Applicable LHDs only – see Data Supplement)</i>	Increase	Decrease from previous quarter	No change	Increase on previous quarter
KMH202	• Peer Workforce - FTEs (Number)	Increase	Decrease from previous quarter	No change	Increase on previous quarter	
3.5	KS3101	Aged Care Assessment Team (ACAT) - Average time from ACAT Referral Issued to Delegation for admitted patients (days)	<=5	>6	>5 and <=6	≤5
3.6	KF-005	Domestic and Family Violence Screening - Routine Domestic Violence Screens conducted (%)	70%	<60%	>=60 and <70%	⇒70%
	KF-007	Out of Home Care Health Pathway Program - Children and young people that complete a primary health assessment (%)	100%	<90%	>=90 and <100%	100%
	KF-009	Sexual Assault Services – High priority referrals receiving an initial psychosocial assessment (%)	80%	<70%	>=70 and <80%	⇒80%

2017-18 Service Performance Agreements Summary of KPIs and Targets

Strategic Priority	ID	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
Strategy 4: Develop and Support our People and Culture						
4.1	SPC110	Staff Engagement: Public Service Commission People Matter Survey - Engagement Index – variation from previous year (%)	Increase or no change from previous year	=>5% decrease from previous Year	<5% decrease from previous Year	Increase or no change from previous year
	KPC201	Performance Reviews: Staff who had a performance review - within the last 12 months (%)	100	<85	>=85 and <90	>=90
4.2	SPC108	Aboriginal Workforce Improvement: Aboriginal Workforce - as a proportion of total workforce - across all salary bands (%)	1.8%	Decrease from previous Year	Nil increase from previous year	Increase from previous Year
4.4	KS4401	Compensable Workplace Injury Reduction - reduction in compensable injury claims (Number)	10% decrease	Increase	>=0% and <10% decrease	>=10% decrease
Strategy 5: Support and Harness Health and Medical Research and Innovation						
5.3	KS5301	Ethics applications - involving more than low risk to participants - Approved by the reviewing Human Research Ethics Committee within 60 calendar days (%)	95%	<75%	>=75 and >95	>=95
	KS5302	Research Governance applications - involving more than low risk to participants: Site specific applications authorised within 30 calendar days (%)	95%	<75%	>=75 and >95	>=95
Strategy 7: Deliver Future Focused Infrastructure and Strategic Commissioning						
7.3	KS7301	Capital - Variation Against Approved Budget (%)	On budget	> +/- 10 of budget	NA	< +/- 10 of budget
Strategy 8: Build Financial Sustainability and Robust Governance						
8.1	Variation Against Purchased Volume – NWAU (%)					
	AI-001	• Acute Admitted	Individual - See Budget	> +/-2.0	> +/-1.0 and <= +/-2.0	+/-1.0
	ED-001	• Emergency Department				
	NA-001	• Non-Admitted Patients				
	SA-001	• Sub Acute Services - Admitted				
	KS8101	• Mental Health – Admitted				
	MHDA-005	• Mental Health - Non admitted				
	PD-001	• Public Dental Clinical Service (DWAU)	See Purchased Volumes	>2.0 under target	>1.0 and <=2.0 under target	On or above Target or <= 1.0 under target
	KFA101, KFA102	Expenditure Matched to Budget - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 but <=0.5 Unfavourable	On budget or Favourable
	KFA103, KFA104	Own Sourced Revenue Matched to Budget - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 but <=0.5 Unfavourable	On budget or Favourable
KS8102	Cost Ratio Improvement: Cost per NWAU compared to state average, current year against previous year, in current NWAU (District cost divided by average state cost) (%)	Decrease	Increase from previous year	No change	Decrease from previous Year	

2017-18 Service Performance Agreements
Summary of KPIs and Targets

Improvement Measures

(For definitions see [Complete 2017-18 Data Supplement](#))

2017/18 Strategic Priority	ID	Measure
1.1	PH-008D	Healthy Children Initiative - Targeted Family Healthy Eating and Physical Activity Program (Go4Fun) – Completed Program (%)
1.1	PH-008C	Healthy Children Initiative - Targeted Family Healthy Eating and Physical Activity Program (Go4Fun) – Enrolments Achieved (Number)
1.1	MS1102	Childhood Obesity: Children with height and weight recorded (%)
1.2	PH-013B	Quit for New Life Program (%): Pregnant women who smoke and who identify as having an Aboriginal baby, who are offered and accept cessation support (%)
1.2	PH-013C	Quit for New Life Program (%): Pregnant women who smoke and who identify as having an Aboriginal baby, who are offered and accept nicotine replacement therapy (NRT)
1.2	PH-017A	Tobacco compliance monitoring: compliance with the Smoke-free Health Care Policy (%)
1.3	DPH_1301b	Drug and Alcohol Opioid Treatment Program – The proportion of unique public patients prescribed buprenorphine or buprenorphine-naloxone (%)
1.3	MS1302	Drug and Alcohol Opioid Treatment Program – Public patients who were prescribed opioid pharmacotherapies (Number)
1.3	MS1303	Pregnant women engaged in sustained home visiting who use drugs (%)
1.4	SPH001	Children fully immunised (%): At one year of age: Aboriginal children
1.4	SPH003	Children fully immunised (%): At one year of age: Non- Aboriginal children
1.4	SPH002	Children fully immunised (%): At four years of age: Aboriginal children
1.4	SPH004	Children fully immunised (%): At four years of age: Non- Aboriginal children
1.4	PH-006	Human papillomavirus vaccine – year 7 students receiving the third dose through the NSW Adolescent Vaccination Program (%)
1.4	PH-014C	LHD residents initiating Hepatitis C direct acting antiviral treatment (number)
1.4	DPH_1402	Meningococcal vaccination coverage in Years 11 and 12 for serogroups A, C, W, Y (%)
2.1	KQS201	ICU Central Line Associated Bloodstream (CLAB) Infections (number)
2.1	KQS101	Staphylococcus aureus bloodstream infections (SA-BSI) – (per 10,000 occupied bed days)
2.1	SSQ120	Hospital acquired venous thromboembolism (rate per 1,000 separations)
2.1	KQS202	Incorrect procedures: Operating Theatre - resulting in death or major permanent loss of function (number)
2.1	MS2107	Clinical Incident Monitoring: Severity Assessment Code (SAC) 1 and 2 incidents (Number)
2.1	SSQ114	Inpatients discharged against medical advice (%): Aboriginal
2.1	SSQ118	Inpatients discharged against medical advice (%): Non-Aboriginal
2.1	SSQ101	Deteriorating Patients (rate per 1,000 separations): Rapid response calls
2.1	SSQ102	Deteriorating Patients (rate per 1,000 separations): Cardio respiratory arrests
2.1	SSQ108	Unplanned hospital readmission rates (%) for patients discharged following management of: Acute Myocardial Infarction

2017-18 Service Performance Agreements Summary of KPIs and Targets

2017/18 Strategic Priority	ID	Measure
2.1	SSQ109	Unplanned hospital readmission rates (%) for patients discharged following management of: Heart Failure
2.1	SSQ110	Unplanned hospital readmission rates (%) for patients discharged following management of: Knee and hip replacements
2.1	SSQ111	Unplanned hospital readmission rates (%) for patients discharged following management of: Pediatric tonsillectomy, adenoidectomy
2.1	MS2109	Unplanned hospital readmission rates (%) for patients discharged following management of: Ischaemic stroke
2.1	MS2110	Unplanned hospital readmission rates (%) for patients discharged following management of: Pneumonia
2.1	MS2111	Unplanned hospital readmission rates (%) for patients discharged following management of: Hip fracture surgery
2.1	MS2112	Unplanned hospital readmission rates (%) for patients discharged following management of: COPD
2.1	SSQ104	Completion of Root Cause analyses (RCAs) within 70 days (%)
2.1	DSQ_2101	Hospital Acquired Complications (rate per 1,000 occupied bed days)
2.1	MS2103	3rd or 4th Degree Perineal Lacerations (rate per 100 vaginal delivery separations)
2.1	MS2105	National Sentinel Events (number)
2.1	MS2108	Risk Standardised Mortality Ratio (RSMR): 30-day mortality following hospitalization: (%)
2.1	MS2106	Harm-free Admitted Care: Inpatient Stays without coded instances of Harm - episodes where no harm (hospital acquired complication or injury) resulted from the care provided (avoidable or unavoidable) (%)
2.2	SSA116	Average Length of Episode Stay - Overnight Patients (days)
2.2	RTX001	Radiotherapy - Courses (New and Old)
2.2	MS2101	Efficiency by Specialty: Adjusted average length of stay by specialty (Days)
2.2	MS2102	Efficiency by Specialty: Saved or Excess Bed Days (RSI) by specialty (Number)
2.2	RXT001	Pain Management (NWAU)
2.2	KF-003	Universal Health Home Visits provided within 2 weeks of baby's birth (%)
2.2	KF-012	Statewide Infant Screening – Hearing (newborn hearing screening) - Newborn hearing screens provided (Number)
2.2	KF-010	Statewide Eyesight for Preschoolers Screening (StEPS) - Eyesight screens provided to 4 year olds (Number)
2.2	MS2201 MS2202 MS2203 MS2204	Leading Better Value Care: Non-admitted Service Units established to support services provided to targeted patient cohorts (Number)
2.2	MS2208 MS2209 MS2210 MS2211	Leading Better Value Care: Non-admitted Patient Service Events provided to Targeted Patient Cohorts (NWAU)
2.2	MS2205	Leading Better Value Care: Completion of education modules for inpatient diabetic care (Number)
2.2	MS2206 MS2207	Leading Better Value Care: Services investigating inpatient clinical variation: CHF and COPD (number)
2.2	MS2213	Telehealth Service Access: Non-admitted services provided through Telehealth (%)

2017-18 Service Performance Agreements Summary of KPIs and Targets

2017/18 Strategic Priority	ID	Measure
2.3	SPH011	Comprehensive antenatal visits before 14 weeks gestation - Pregnant women - All (%)
2.3	SPH009	Comprehensive antenatal visits before 14 weeks gestation - Pregnant women who are Non Aboriginal with an Aboriginal baby (%)
2.3	SPH010	Comprehensive antenatal visits before 14 weeks gestation - Pregnant women who are Non-Aboriginal with a non Aboriginal baby (%)
2.3	SPH008	Comprehensive antenatal visits before 14 weeks gestation - Pregnant women - Aboriginal (%)
2.3	PH-007A	Organ and Tissue donation – Family consented (%)
2.3	PH-007B	Organ and Tissue donation – Family discussed (%)
2.3	SSQ119	Patient Experience Survey – Emergency Department Patients: Overall rating of care - good and very good (%)
2.3	SSA126 SSA127 SSA128	Breast Screen Participation Rates, disaggregated by Aboriginality and cultural and linguistic diversity (%): Women, aged 50-69
2.3	SSA129 SSA130 SSA131	Breast Screen Participation Rates, disaggregated by Aboriginality and cultural and linguistic diversity (%): Women, aged 70-74
2.3	KF-001	Aboriginal Maternal Infant Health Services - Women with Aboriginal babies accessing the service (Number)
2.3	KF-002	Building Strong Foundations for Aboriginal Children, Families and Communities – Children enrolled (Number)
2.3	MS2302 MS2308	Elective Surgery Access Performance Impact: Elective Surgery Patients Treated on Time by (i) the Relative Socio-economic Disadvantage Index (IRSD) and (ii) Aboriginality – Category 1 (%)
2.3	MS2303 MS2309	Elective Surgery Access Performance Impact: Elective Surgery Patients Treated on Time by (i) the Relative Socio-economic Disadvantage Index (IRSD) and (ii) Aboriginality – Category 2 (%)
2.3	MS2304 MS2310	Elective Surgery Access Performance Impact: Elective Surgery Patients Treated on Time by (i) the Relative Socio-economic Disadvantage Index (IRSD) and (ii) Aboriginality – Category 3 (%)
2.3	MS2306	Unplanned hospital readmission distributions: all unplanned admissions within 28 days of separation – Cohort comparisons (%)
2.3	MS2307	Patient Reported Experience Measures: Medications - adults who received information about safe use of medicines (%)
2.4	SSA111	Elective Surgery - Activity compared to previous year (Number)
2.4	SSA112	Elective Surgery Theatre Utilisation: Operating Room Occupancy (%)
2.4	SSA113	Surgery for Children - Proportion of children (to 16 years) treated within their LHD of residence - Emergency Surgery (%)
2.4	SSA114	Surgery for Children - Proportion of children (to 16 years) treated within their LHD of residence - Planned Surgery (%)
2.4	MS2402	Median waiting time for elective surgery (Days)
2.4	SURG-001	Surgical Services - Elective Surgery - Admissions from Elective Surgery Waiting List (Number)
2.4	SURG-002	Surgical Services - Planned Paediatric Surgery – Paediatric Admissions from Elective Surgery Waiting List (Number)
2.4	SSA101	Patients with total time in ED < 4 hrs (%): Admitted (to a ward/ICU/theatre from ED)
2.4	SSA102	Patients with total time in ED < 4 hrs (%): Not Admitted (to an Inpatient Unit from ED)

2017-18 Service Performance Agreements Summary of KPIs and Targets

2017/18 Strategic Priority	ID	Measure
2.4	SSA104	ED presentations treated within benchmark times (%)
2.4	KSA201	Presentations staying in ED > 24 hours (number)
2.4	MS2401	Presentations staying in ED > 12 hours (number)
2.4	KSA204	Non-Urgent Patients waiting > 365 days for an initial specialist non-admitted services appointment (Number)
2.4	MS2403	Stroke Care Quality Improvement: Patients with a final diagnosis of acute stroke who have documented treatment in a stroke unit (%)
2.4	MS2404	One Year Conditional Survival for Lung Cancer Surgery (%)
2.4	MS2405	One Year Conditional Survival for Colon or Rectal Cancer Surgery (%)
2.5	MS2501	Emergency Department Attendances (Number)
2.5	MS2502	Attendances admitted from ED - (Number)
2.5	MS2503	Admitted Patient Separations (Number)
2.5	MS2504	Acute separations - overnight (Number)
2.5	MS2505	Acute separations - same day (Number)
2.5	MS2506	Quality of Aboriginal Identification in Reported Data: Aboriginal people correctly reported in admitted patient data (%)
3.1	SSQ125	Unplanned and Emergency Re-Presentations to same ED within 48 hours (%): ABF hospitals (rate in NWAU)
3.1	SSQ113	Unplanned and Emergency Re-Presentations to same ED within 48 hours (%): Aboriginal persons
3.1	SSQ112	Unplanned and Emergency Re-Presentations to same ED within 48 hours (%): All persons
3.1	KIC201	Integrated Care Program - Chronic Disease Management Plan (CDMP) - Transition performance (%)
3.1	PI-03	Hospital in the Home (HITH) - Admitted activity (%)
3.1	SSA132	Home Based Dialysis - Proportion of renal dialysis service events that are home based (%)
3.1	SIC101 SIC102 SIC103 SIC104	Potentially Preventable Hospitalisations (Rate per 100,000 population)
3.1	MS3101	Integrated Care Program – Patients Enrolled (Number)
3.1	MS3102	Electronic Discharge Summaries Created - within 48 hours from time of patient discharge from Hospital (%)
3.1	MS3103	Patient Reported Measures: surveys completed (Number)
3.1	PI-02	ComPacks - Packages (Number)
3.2	SSQ124	Mental Health: Frequency of seclusion - (% of acute mental-health admitted care episodes with seclusion)
3.2	SSQ121	Mental Health: Outcomes readiness (HoNOS completion rates) - (% of mental health episodes with completed HoNOS outcome measures)
3.2	SSA106	Patients with total time in ED < 4 hrs (%): Mental Health Patients (admitted to a ward from ED)
3.2	MS3203	Mental Health - Presentations staying in ED > 12 hours (Number)

2017-18 Service Performance Agreements Summary of KPIs and Targets

2017/18 Strategic Priority	ID	Measure
3.2	MS3201	Mental Health: Acute mental health service overnight separations (Number)
3.2	MS3202	Mental Health: non-acute mental health inpatient days (Number)
3.2	DMH_3203	Community Mental Health Enhancements: Target contact hours (%)
3.3	MS3301	End of Life Care - Advance Care Directives (ACDs) - Patients in acute facilities who die with a valid ACD (Number)
3.3	DPALC_3302	Last-Days-of-Life Home Support - Completed packages in the quarter (Number)
3.3	DPALC_3303	Last-Days-of-Life Home Support - Patients referred to support service who died at home (%)
3.4	MS3401	National Disability Insurance Scheme (NDIS) – Patients with an NDIS Alert: (Number)
3.4	MS3402	National Disability Insurance Scheme (NDIS) – Inpatients with an NDIS Discharge Delay recorded: (Number)
3.5	PC-002	Access to Aged Care Services: Aged Care Services in Emergency Teams (ASET) - patients seen (number)
3.5	PC-001	Access to Aged Care Services: Acute to Aged-Related Care Services - patients seen (number)
3.6	KF-008	New Street Services – New primary clients accepted into the program (Number)
3.6	KF-004	Child Protection Counselling Services - new family referrals allocated to a counselor (Number)
3.6	KF-006A	Sustaining NSW Families Programs - Completing the program, at established sites (%)
3.6	KF-006B	Sustaining NSW Families Programs - Enrolled, at sites commenced from 2015/16 (%)
4.1	SPC102	Premium staff usage - average paid hours per FTE (Hours): Medical
4.1	SPC103	Premium staff usage - average paid hours per FTE (Hours): Nursing
4.1	SPC107	Recruitment - Improvement on baseline - Average time from request to recruit to decision to approve/decline/defer recruitment (days)
4.1	DWPDS_4103a	Rural General Practitioners in Rural LHDs (% variance)
4.1	DWPDS_4103b	Emergency Medicine Specialists in Rural LHDs (% variance)
4.1	DWPDS_4101	Skilled Workforce Growth: Increase in Enrolled Nurses (%)
4.1	DWPDS_4104	HealthRoster Implementation Progress: Health Employees Rostered Within HealthRoster (%)
4.1	MS4103	Additional Frontline Staff - Allied Health (Number)
4.1	MS4101	Additional Frontline Staff - Doctors (Number)
4.1	MS4104	Additional Frontline Staff - Hospital Support (Number)
4.1	MS4102	Additional Frontline Staff - Nurses and Midwives (Number)
4.1	SPC109	Public Service Commission (PSC) People Matter Survey (%): Estimated Response Rate
4.1	MS4105	Staff Turnover: FTE leaving in a year per 100 FTE employed
4.2	DWPDS_4202	Workplace Diversity Improvement: Women in Senior Executive Roles (%)
4.4	SPC105	Leave Liability: Annual reduction in the total number of days in respect of accrued leave balances of more than 30 days (Number)

2017-18 Service Performance Agreements Summary of KPIs and Targets

2017/18 Strategic Priority	ID	Measure
4.4	SPC112 SPC113 SPC114	Workplace Injuries: Return to work experience (days)
4.4	DWPDS_4402	Work Health & Safety: Attendance of targeted staff required to attend Personal Safety Training (%)
4.4	DWPDS_4403	Compensable Workplace Injuries: Compensable Injuries by Occupational category and by Type (Number)
4.4	MS4401	Hand Hygiene Compliance (%)
5.3	MS5302	Participants enrolled to commercial clinical trial projects: First participant enrolled by the site within 40 calendar days of site authorisation (%)
5.3	MS5301	Participants enrolled to commercial clinical trial projects: As a proportion of those initially agreed to be enrolled per the Clinical Trial Research Agreement minimum target (%)
5.3	DHMR_5301	Clinical Trials: Persons recruited to cancer clinical trials (Number)
5.4	DHMR_5403	Client Data Linkage - Records linked in the Centre for Health Record Linkage Master Linkage Key (Number)
6.1	DeH_6101	eMR2 Implementation Progress: Hospitals where the eMR2 has been implemented (%)
6.1	DeH_6102	eMeds Implementation Progress: Hospitals where eMeds has been implemented (%)
6.1	DeH_6103	eRIC Implementation Progress: Hospitals where eRIC has been implemented (%)
6.2	SIC108	Electronic Discharge Summaries: Percentage of discharge summaries sent electronically and accepted by a GP Broker system
7.3	DSR_7305	HWAN Implementation Progress: Facilities connected to the Health Wide Area Network (%)
7.3	DSR_7306	SWIS Implementation (Identity Management) Progress: Facilities Standardised under the Statewide Infrastructure as a Service Program (%)
7.3	DSR_7307	Data Centre Reform Server Migration Progress: Servers Migrated to Government Data Centres (GovDC) (%)
7.3	DSR_7308	Data Centre Reform Application Migration Progress: Health Applications Migrated to Government Data Centres (GovDC) (%)
7.3	DSR_7302	Deliver Infrastructure: Construction Commenced (%)
7.3	DSR_7303	Deliver Infrastructure: Construction Completed (%)
7.3	DSR_7304	Deliver Infrastructure: Information and Communication Technology (ICT) Roll-out of infrastructure (%)
7.4	DSR_7401	Whole of Lifecycle Asset Management: Maintenance Expense (%)
7.4	DSR_7402	Whole of Lifecycle Asset Management: Asset and Facilities Management (AFM) Online Take-up (%)
8.1	SFA105	Coding timeliness: % uncoded acute separations
8.1	SFA113	Sub and Non Acute Inpatient Services - Grouped to an AN-SNAP class (%)
8.1	SFA106 SFA107	ED records unable to be grouped: to UDG with a breakdown for error codes: E1 and E2 (number and %)
8.1	SFA108 SFA109	ED records unable to be grouped: to URG with a breakdown for error codes: E1, E2, E3, E6, E7 and E8 (number and %)
8.4	KFA106	Liquidity - Small Business Creditors paid within 30 days from receipt of a correctly rendered invoice (%)
8.4	KFA105	Recurrent Trade Creditors (%)
8.1	SFA103	Patient Fee Debtors > 45 days as a percentage of rolling prior 12 months Patient Fee Revenues (%)

2017-18 Service Performance Agreements Summary of KPIs and Targets

2017/18 Strategic Priority	ID	Measure
8.1	MS8101	Total Activity Delivered (NWAU)
8.1	MS8102	Variation against reported expenditure: Small Rural Hospitals & Specialist Hospitals (%)

Premier's Priorities

Purpose These performance measures are reported to DPC bimonthly in response to progress against the Making it Happen Priorities (for definitions see [Complete 2017-18 Data Supplement](#))

2017/18 Strategic Priority	ID	Measure
Tackling childhood obesity		
MM	1.1	PH-008D Healthy Children Initiative - Targeted Family Healthy Eating and Physical Activity Program (Go4Fun) – Completed Program (%)
MM	1.1	PH-008C Healthy Children Initiative - Targeted Family Healthy Eating and Physical Activity Program (Go4Fun) – Enrolments Achieved (Number)
MM	1.1	MS1102 Childhood Obesity: Children with height and weight recorded (%)
Improving service levels in hospitals		
KPI	2.4	KSA102 Emergency Treatment Performance - Patients with total time in ED ≤ 4 hrs (%)

State Priorities

Purpose These performance measures are reported to DPC bimonthly in response to progress against the Making it Happen Priorities (for definitions see [Complete 2017-18 Data Supplement](#))

2017/18 Strategic Priority	ID	Measure
Cutting wait times for planned surgery		
KPI	2.4	KSA103a Elective Surgery Access Performance: Category 1 Patients Treated on Time (%):
KPI	2.4	KSA103b Elective Surgery Access Performance: Category 2 Patients Treated on Time (%):
KPI	2.4	KSA103c Elective Surgery Access Performance: Category 3 Patients Treated on Time (%):
KPI	2.4	SSA108 Overdue Elective Surgery - Category 1 Patients (number):
KPI	2.4	SSA109 Overdue Elective Surgery - Category 2 Patients (number):
KPI	2.4	SSA110 Overdue Elective Surgery - Category 3 Patients (number):

2017-18 Service Performance Agreements
Summary of KPIs and Targets

Ministry of Health Strategic Plan

Purpose These performance measures are reported by the Ministry monthly via the Strategic Dashboard (for definitions see [Complete 2017-18 Data Supplement](#))

2017/18 Strategic Priority	ID	Measure
1.1	PH-008B	Healthy Children Initiative - Children's Healthy Eating and Physical Activity Program – Trained primary schools achieving agreed proportion of Live Life Well @ School program practices (%)
1.1	PH-008A	Healthy Children Initiative - Children's Healthy Eating and Physical Activity Program (Early Childhood Services) – Sites achieving agreed proportion of Munch and Move Program practices (%)
1.1	PH-008D	Healthy Children Initiative - Targeted Family Healthy Eating and Physical Activity Program (Go4Fun) – Completed Program (%)
1.1	PH-008C	Healthy Children Initiative - Targeted Family Healthy Eating and Physical Activity Program (Go4Fun) – Enrolments Achieved (Number)
1.1	MS1102	Childhood Obesity: Children with height and weight recorded (%)
1.2	DPH_1201	Women who quit smoking by the second half of pregnancy (%)
1.3	DPH_1301b	Drug and Alcohol Opioid Treatment Program – The proportion of unique public patients prescribed buprenorphine or buprenorphine-naloxone (%)
1.3	MS1302	Drug and Alcohol Opioid Treatment Program – Public patients who were prescribed opioid pharmacotherapies (Number)
1.3	MS1303	Pregnant women engaged in sustained home visiting who use drugs (%)
1.4	PH-014C	LHD residents initiating Hepatitis C direct acting antiviral treatment (number)
1.4	MS1401 MS1402	Hepatitis C treatment dispensed - LHD residents who have been dispensed hepatitis C treatment by prescriber type (%)
1.4	DPH_1402	Meningococcal vaccination coverage in Years 11 and 12 for serogroups A, C, W, Y (%)
2.1	DSQ_2101	Hospital Acquired Complications (rate per 1,000 occupied bed days)
2.3	SSQ117	Patient Experience Following Treatment - Patient Experience Survey following treatment - Overall rating of care received - Adult Admitted - good or very good (%)
2.4	KSA103	Elective Surgery Access Performance: Patients Treated on Time (%)
2.4	SSA108 SSA109 SSA110	Overdue Elective Surgery - Patients (number)
2.4	KSA102	Emergency Treatment Performance - Patients with total time in ED ≤ 4 hrs (%)
2.4	KSA101	Emergency Department - Transfer of Care – Patients transferred from Ambulance to ED ≤ 30 minutes (%)
3.1	MS3102	Electronic Discharge Summaries Created - within 48 hours from time of patient discharge from Hospital (%)
3.1	MS3103	Patient Reported Measures: surveys completed (Number)
3.2	KQS204	Mental Health - Acute Post-Discharge Community Care - follow up within seven days (%)
3.2	KQS206	Mental Health - Acute Seclusion rate (episodes per 1,000 bed days)
3.2	DMH_3203	Community Mental Health Enhancements: Target contact hours (%)

2017-18 Service Performance Agreements Summary of KPIs and Targets

2017/18 Strategic Priority	ID	Measure
3.3	DPALC_3302	Last-Days-of-Life Home Support - Completed packages in the quarter (Number)
3.3	DPALC_3303	Last-Days-of-Life Home Support - Patients referred to support service who died at home (%)
3.5	KS3101	Aged Care Assessment Team (ACAT) - Average time from ACAT Referral Issued to Delegation for admitted patients (days)
4.1	KPC201	Performance Reviews: Staff who have had a performance review - within the last 12 months (%)
4.1	DWPDS_4103a	Rural General Practitioners in Rural LHDs (% variance)
4.1	DWPDS_4103b	Emergency Medicine Specialists in Rural LHDs (% variance)
4.1	DWPDS_4101	Skilled Workforce Growth: Increase in Enrolled Nurses (%)
4.1	DWPDS_4104	HealthRoster Implementation Progress: Health Employees Rostered Within HealthRoster (%)
4.2	SPC108	Aboriginal Workforce Improvement: Aboriginal Workforce - as a proportion of total workforce - across all salary bands (%)
4.2	DWPDS_4202	Workplace Diversity Improvement: Women in Senior Executive Roles (%)
4.4	SPC112 SPC113 SPC114	Workplace Injuries: Return to work experience (days)
4.4	DWPDS_4402	Work Health & Safety: Attendance of targeted staff required to attend Personal Safety Training (%)
4.4	DWPDS_4403	Compensable Workplace Injuries: Compensable Injuries by Occupational category and by Type (Number)
5.3	DHMR_5301	Clinical Trials: Persons recruited to cancer clinical trials (Number)
5.3	KS5301	Ethics applications - involving more than low risk to participants - Approved by the reviewing Human Research Ethics Committee within 60 calendar days (%)
5.4	DHMR_5403	Client Data Linkage - Records linked in the Centre for Health Record Linkage Master Linkage Key (Number)
6.1	DeH_6101	eMR2 Implementation Progress: Hospitals where the eMR2 has been implemented (%)
6.1	DeH_6102	eMeds Implementation Progress: Hospitals where the eMeds has been implemented (%)
6.1	DeH_6103	eRIC Implementation Progress: Hospitals where eRIC has been implemented (%)
6.2 / 3.1	KSA205	Electronic Discharge Summaries Completed - Sent electronically to State Clinical Repository (%)
6.2	SIC108	Electronic Discharge Summaries: Percentage of discharge summaries sent electronically and accepted by a GP Broker system
7.3 / 8.1	KS7301	Capital - Variation Against Approved Budget (%)
7.3	DSR_7305	HWAN Implementation Progress: Facilities connected to the Health Wide Area Network (%)
7.3	DSR_7306	SWIS Implementation (Identity Management) Progress: Facilities Standardised under the Statewide Infrastructure as a Service Program (%)
7.3	DSR_7307	Data Centre Reform Server Migration Progress: Servers Migrated to Government Data Centres (GovDC) (%)
7.3	DSR_7308	Data Centre Reform Application Migration Progress: Health Applications Migrated to Government Data Centres (GovDC) (%)
7.3	DSR_7302	Deliver Infrastructure: Construction Commenced (%)

2017-18 Service Performance Agreements Summary of KPIs and Targets

2017/18 Strategic Priority	ID	Measure
7.3	DSR_7303	Deliver Infrastructure: Construction Completed (%)
7.3	DSR_7304	Deliver Infrastructure: Information and Communication Technology (ICT) Roll-out of infrastructure (%)
7.4	DSR_7401	Whole of Lifecycle Asset Management: Maintenance Expense (%)
7.4	DSR_7402	Whole of Lifecycle Asset Management: Asset and Facilities Management (AFM) Online Take-up (%)
8.1	KFA101 KFA102	Expenditure Matched to Budget - General Fund - Variance (%)
8.1	KFA103 KFA104	Own Sourced Revenue Matched to Budget - General Fund - Variance (%)
8.1	MS8101	Total Activity Delivered (NWAU)

Safety and Quality Framework

Purpose These performance measures are monitored by the Ministry monthly under the System Purchasing and Performance Division Safety & Quality Framework (for definitions see [Complete 2017-18 Data Supplement](#))

2017/18 Strategic Priority	ID	Measure
SAFETY KPIs		
2.1	KS2101	Fall-related injuries in hospital – resulting in intracranial injury, fractured neck of femur or other fracture (per 1,000 bed days)
2.1	KQS205	Hospital acquired pressure injuries (rate per 1,000 completed admitted patient stays)
2.1	MS2104	Surgical Site Infections (rate per 1,000 surgical procedures)
3.2	SSQ127	Mental Health - Involuntary patients absconded (Types 1 and 2) – from an inpatient mental health unit (number)
4.4	KS4401	Compensable Workplace Injury Reduction - reduction in compensable injury claims (Number)
SAFETY Improvement Measures		
2.1	KQS201	ICU Central Line Associated Bloodstream (CLAB) Infections (number)
2.1	KQS101	Staphylococcus aureus bloodstream infections (SA-BSI) – (per 10,000 occupied bed days)
2.1	SSQ120	Hospital acquired venous thromboembolism (rate per 1,000 separations)
2.1	KQS202	Incorrect procedures: Operating Theatre - resulting in death or major permanent loss of function (number)
2.1	MS2107	Clinical Incident Monitoring: Severity Assessment Code (SAC) 1 and 2 incidents (Number)
2.1	SSQ101	Deteriorating Patients (rate per 1,000 separations): Rapid response calls
2.1	SSQ102	Deteriorating Patients (rate per 1,000 separations): Cardio respiratory arrests
2.1	SSQ104	Completion of Root Cause analyses (RCAs) within 70 days (%)
2.1	DSQ_2101	Hospital Acquired Complications (rate per 1,000 occupied bed days)
2.1	MS2103	3 rd or 4 th Degree Perineal Lacerations (rate per 100 vaginal delivery separations)
2.1	MS2105	National Sentinel Events (number)
2.1	MS2108	Risk Standardised Mortality Ratio (RSMR): 30-day mortality following hospitalisation: (%)
2.1	MS2106	Harm-free Admitted Care: Inpatient Stays without coded instances of harm - episodes where no harm (hospital acquired complication or injury) resulted from the care provided (avoidable or unavoidable) (%)
2.3	MS2307	Patient Reported Experience Measures: Medications - adults who received information about safe use of medicines (%)
4.4	SPC112 SPC113 SPC114	Workplace Injuries: Return to work experience (days)
4.4	DWPDS_4402	Work Health & Safety: Attendance of targeted staff required to attend Personal Safety Training (%)
4.4	MS4401	Hand Hygiene Compliance (%)

2017-18 Service Performance Agreements Summary of KPIs and Targets

PATIENT CENTRED CULTURE KPIs		
2.3	SSQ117	Patient Experience Following Treatment - Patient Experience Survey following treatment - Overall rating of care received - Adult Admitted - good or very good (%)
3.1	KSA205	Electronic Discharge Summaries Completed - Sent electronically to State Clinical Repository (%)
3.2	KS3201	Mental Health Reform - Pathways to Community Living - People transitioned to the community (Number)
3.2	KMH202	Mental Health Reform - Peer Workforce - FTEs (Number)
3.2	SSQ122	Mental Health Consumer Experience Measure (YES) Completion Rate (%)
4.1	SPC110	Staff Engagement - Public Service Commission (PSC) People Matter Survey - Engagement Index: Variation from previous year (%)
4.1	KPC201	Performance Reviews - Staff who have had a performance review within the last 12 months (%)
PATIENT CENTRED CULTURE Improvement Measures		
2.3	SSQ119	Patient Experience Survey – Emergency Department Patients: Overall rating of care - good and very good (%)
2.4	SSA113 SSA114	Surgery for Children - Proportion of children (0 to 16 years) treated within their LHD of residence (emergency/planned)
3.1	SIC101 SIC102 SIC103 SIC104	Potentially Preventable Hospitalisations (Rate per 100,000 population)
3.1	MS3102	Electronic Discharge Summaries Created - within 48 hours from time of patient discharge from Hospital (%)
3.3	MS3301	End of Life Care - Advance Care Directives (ACDs) - Patients in acute facilities who die with a valid ACD (Number)
3.3	DPALC_3302	Last-Days-of-Life Home Support - Completed packages in the quarter (Number)
3.3	DPALC_3303	Last-Days-of-Life Home Support - Patients referred to support service who died at home (%)
3.4	MS3401	National Disability Insurance Scheme (NDIS) – Patients with an NDIS Alert: (Number)
3.4	MS3402	National Disability Insurance Scheme (NDIS) – Inpatients with an NDIS Discharge Delay recorded: (Number)
4.1	SPC109	Public Service Commission (PSC) People Matter Survey (%): Estimated Response Rate
4.1	MS4105	Staff Turnover: FTE leaving in a year per 100 FTE employed
4.4	DWPDS_4403	Compensable Workplace Injuries: Compensable Injuries by Occupational category and by Type (Number)
6.2	SIC108	Electronic Discharge Summaries: Percentage of discharge summaries sent electronically and accepted by a GP Broker system
EFFICIENCY KPIs		
8.1	KS8102	Cost Ratio Improvement: Cost per NWAU compared to state average, current year against previous year, in current NWAU (District cost divided by average state cost) (%)

2017-18 Service Performance Agreements Summary of KPIs and Targets

EFFICIENCY Improvement Measures		
2.2	MS2101	Efficiency by Specialty: Adjusted average length of stay by specialty (Days)
2.2	MS2102	Efficiency by Specialty: Saved or Excess Bed Days (RSI) by specialty (Number)
2.4	SSA112	Elective Surgery Theatre Utilisation: Operating Room Occupancy (%)
2.4	MS2404	One Year Conditional Survival for Lung Cancer Surgery (%)
2.4	MS2405	One Year Conditional Survival for Colon or Rectal Cancer Surgery (%)
4.1	SPC102	Premium staff usage - average paid hours per FTE (Hours): Medical
4.1	SPC103	Premium staff usage - average paid hours per FTE (Hours): Nursing
4.1	SPC107	Recruitment - Improvement on baseline - Average time from request to recruit to decision to approve/decline/defer recruitment (days)
4.4	SPC105	Leave Liability: Annual reduction in the total number of days in respect of accrued leave balances of more than 30 days (Number)
TIMELINESS & ACCESSIBILITY KPIs		
2.4	KSA103a	Elective Surgery Access Performance: Category 1 Patients Treated on Time (%):
2.4	KSA103b	Elective Surgery Access Performance: Category 2 Patients Treated on Time (%):
2.4	KSA103c	Elective Surgery Access Performance: Category 3 Patients Treated on Time (%):
2.4	SSA108	Overdue Elective Surgery - Category 1 Patients (number):
2.4	SSA109	Overdue Elective Surgery - Category 2 Patients (number):
2.4	SSA110	Overdue Elective Surgery - Category 3 Patients (number):
2.4	KSA102	Emergency Treatment Performance - Patients with total time in ED \leq 4 hrs (%)
2.4	KSA101	Transfer of Care Performance – Patients transferred from Ambulance to ED \leq 30 minutes (%)
3.2	KSA202	Mental Health - Presentations staying in ED > 24 hours (Number)
3.5	KS3101	Aged Care Assessment Team (ACAT) - Average time from ACAT Referral Issued to Delegation for admitted patients (days)

2017-18 Service Performance Agreements Summary of KPIs and Targets

TIMELINESS & ACCESSIBILITY Improvement Measures		
2.2	MS2213	Telehealth Service Access: Non-admitted services provided through telehealth (%)
2.4	SSA101	Patients with total time in ED < 4 hrs (%): Admitted (to a ward/ICU/theatre from ED)
2.4	SSA102	Patients with total time in ED < 4 hrs (%): Not Admitted (to an Inpatient Unit from ED)
2.4	SSA104	ED presentations treated within benchmark times (%)
2.4	KSA201	Presentations staying in ED > 24 hours (number)
2.4	SSA111	Elective Surgery - Activity compared to previous year (Number)
2.4	MS2401	Presentations staying in ED > 12 hours (number)
2.4	MS2402	Median waiting time for elective surgery (Days)
3.2	SSA106	Patients with total time in ED < 4 hrs (%): Mental Health Patients (admitted to a ward from ED)
3.2	MS3203	Mental Health - Presentations staying in ED > 12 hours (Number)
EFFECTIVENESS KPIs		
1.2	DPH_1201	Women who quit smoking by the second half of pregnancy (%)
1.4	MS1401 MS1402	Hepatitis C treatment dispensed - LHD residents who have been dispensed hepatitis C treatment by prescriber type (%)
3.1	SSQ106	Unplanned Hospital Readmissions – All Patients: All admissions within 28 days of separation (%): All persons
3.1	SSQ107	Unplanned Hospital Readmissions – Aboriginal Patients: All admissions within 28 days of separation (%): Aboriginal persons
3.2	KQS204	Mental Health - Acute Post-Discharge Community Care - follow up within seven days (%)
3.2	KQS203	Unplanned Mental Health Readmissions - Acute readmission within 28 days (%)
3.6	KF-005	Domestic and Family Violence Screening - Routine Domestic Violence Screens conducted (%)
3.6	KF-007	Out of Home Care Health Pathway Program - Children and young people that complete a primary health assessment (%)
3.6	KF-009	Sexual Assault Services – High priority referrals receiving an initial psychosocial assessment (%)

2017-18 Service Performance Agreements Summary of KPIs and Targets

EFFECTIVENESS Improvement Measures		
2.1	SSQ108	Unplanned hospital readmission rates (%) for patients discharged following management of: Acute Myocardial Infarction
2.1	SSQ109	Unplanned hospital readmission rates (%) for patients discharged following management of: Heart Failure
2.1	SSQ110	Unplanned hospital readmission rates (%) for patients discharged following management of: Knee and hip replacements
2.1	SSQ111	Unplanned hospital readmission rates (%) for patients discharged following management of: Paediatric tonsillectomy, adenoidectomy
2.1	MS2109	Unplanned hospital readmission rates (%) for patients discharged following management of: Ischaemic stroke
2.1	MS2110	Unplanned hospital readmission rates (%) for patients discharged following management of: Pneumonia
2.1	MS2111	Unplanned hospital readmission rates (%) for patients discharged following management of: Hip fracture surgery
2.1	MS2112	Unplanned hospital readmission rates (%) for patients discharged following management of: COPD
2.2	KF-003	Universal Health Home Visits provided within 2 weeks of baby's birth (%)
2.4	MS2403	Stroke Care Quality Improvement: Patients with a final diagnosis of acute stroke who have documented treatment in a stroke unit (%)
3.1	SSQ112	Unplanned and Emergency Re-Presentations to same ED within 48 hours (%): ABF hospitals (rate in NWAU)
3.1	SSQ113	Unplanned and Emergency Re-Presentations to same ED within 48 hours (%): Aboriginal persons
3.1	SSQ125	Unplanned and Emergency Re-Presentations to same ED within 48 hours (%): All persons
3.2	SSQ121	Mental Health: Outcomes readiness (HoNOS completion rates) - (% of mental health episodes with completed HoNOS outcome measures)
APPROPRIATENESS KPIs		
3.2	KQS206	Mental Health - Acute Seclusion rate (episodes per 1,000 bed days)
3.2	SSQ123	Mental Health - Average duration of seclusion - (Hours)
APPROPRIATENESS Improvement Measures		
2.2	MS2208 - MS2211	Leading Better Value Care: Non-admitted Patient Service Events provided to Targeted Patient Cohorts (NWAU)
2.2	MS2205	Leading Better Value Care: Completion of education modules for inpatient diabetic care (Number)
2.2	MS2206 MS2207	Leading Better Value Care: Services investigating inpatient clinical variation: CHF and COPD (number)
3.1	SSA132	Home Based Dialysis - Proportion of renal dialysis service events that are home based (%)
3.2	SSQ124	Mental Health: Frequency of seclusion - (% of acute mental-health admitted care episodes with seclusion)
3.5	PC-002	Access to Aged Care Services: Aged Care Services in Emergency Teams (ASET) - patients seen (number)
3.5	PC-001	Access to Aged Care Services: Acute to Aged-Related Care Services - patients seen (number)

2017-18 Service Performance Agreements Summary of KPIs and Targets

EQUITY KPIs		
1.2	PH-013A	Women who smoked at any time during pregnancy - Aboriginal women (%)
1.2	SPH007	Women who smoked at any time during pregnancy - Non Aboriginal women (%)
2.3	MS2305	Equitable Experience of Health Care: Patient Experience Survey Following Treatment for Adult Admitted Patients: overall rating of care received: Disaggregated by (i) Aboriginality, (ii) Relative Socio-economic Disadvantage Index, and (iii) Remoteness Areas (%)
4.2	SPC108	Aboriginal Workforce Improvement - Aboriginal workforce as a proportion of total workforce - across all salary bands (%)
EQUITY Improvement Measures		
1.2	PH-013B	Quit for New Life Program (%): Pregnant women who smoke and who identify as having an Aboriginal baby, who are offered and accept cessation support (%)
1.2	PH-013C	Quit for New Life Program (%): Pregnant women who smoke and who identify as having an Aboriginal baby, who are offered and accept nicotine replacement therapy (NRT)
2.1	SSQ114	Inpatients who were discharged against medical advice – Aboriginal people (%)
2.1	SSQ118	Inpatients who were discharged against medical advice – Non Aboriginal people (%)
2.3	SPH008 SPH009	Comprehensive antenatal visits before 14 weeks gestation - Pregnant women who are Aboriginal or with an Aboriginal baby (%)
2.3	SSA126- SSA131	Breast Screen Participation Rates, disaggregated by Aboriginality and cultural and linguistic diversity (%): Women, aged 50-69
2.3	KF-001	Aboriginal Maternal Infant Health Services - Women with Aboriginal babies accessing the service (Number)
2.3	KF-002	Building Strong Foundations for Aboriginal Children, Families and Communities – Children enrolled (Number)
2.3	MS2302 MS2308	Elective Surgery Access Performance Impact: Elective Surgery Patients Treated on Time by (i) the Relative Socio-economic Disadvantage Index (IRSD) and (ii) Aboriginality – Category 1 (%)
2.3	MS2303 MS2309	Elective Surgery Access Performance Impact: Elective Surgery Patients Treated on Time by (i) the Relative Socio-economic Disadvantage Index (IRSD) and (ii) Aboriginality – Category 2 (%)
2.3	MS2304 MS2310	Elective Surgery Access Performance Impact: Elective Surgery Patients Treated on Time by (i) the Relative Socio-economic Disadvantage Index (IRSD) and (ii) Aboriginality – Category 3 (%)
2.3	MS2306	Unplanned hospital readmission distributions: all unplanned admissions within 28 days of separation – Cohort comparisons (%)
2.5	MS2506	Quality of Aboriginal Identification in Reported Data: Aboriginal people correctly reported in admitted patient data (%)

2017-18 Service Performance Agreements Summary of KPIs and Targets

Election Commitments

Purpose These performance measures are reported to DPC 6 monthly to report progress against 2015-19 Election Commitments (for definitions see [Complete 2017-18 Data Supplement](#))

2017/18 Strategic Priority	ID	Measure
1.1	PH-011B	Get Healthy Information and Coaching Service – Health Professional Referrals (% increase)
2.3	RXT001	Pain Management (NWAU)
2.4	SSA111	Elective Surgery - Activity compared to previous year (Number)
3.1	KSA205	Integrated Care - Electronic Discharge Summaries - Completed (%)
3.1	KIC201	Integrated Care Program - Chronic Disease Management Plan (CDMP) - Transition performance (%)
3.1	MS3101	Integrated Care Program – Patients Enrolled (Number)
3.2	KS3201	Mental Health Reform - Pathways to Community Living - People comprehensively assessed (Number)
3.2	KMH202	Mental Health Reform - Peer Workforce - FTEs (Number)
3.6	KF-006A	Sustaining NSW Families Programs - Completing the program, at established sites (%)
3.6	KF-006B	Sustaining NSW Families Programs - Enrolled, at sites commenced from 2015/16 (%)
4.1	SPC107	Recruitment: improvement on baseline - average time taken from request to recruit to decision to approve/decline/defer recruitment (days)
4.1	MS4103	Additional Frontline Staff - Allied Health (Number)
4.1	MS4101	Additional Frontline Staff - Doctors (Number)
4.1	MS4104	Additional Frontline Staff - Hospital Support (Number)
4.1	MS4102	Additional Frontline Staff - Nurses and Midwives (Number)
5.3	KS5301	Ethics applications involving more than low risk to participants: Approved by the reviewing Health Research Ethics Committee within 60 calendar days (%)
5.3	KS5302	Research governance applications involving more than low risk to participants: Site specific applications authorised within 30 calendar days (%)
5.3	MS5301	Participants enrolled to commercial clinical trial projects: As a proportion of those initially agreed to be enrolled per the Clinical Trial Research Agreement minimum target (%)
5.3	MS5302	Participants enrolled to commercial clinical trial projects: First participant enrolled by the site within 40 calendar days of site authorisation (%)
7.3	KS7301	Capital - Variation Against Approved Budget (%)
8.1	ED-001	Variation Against Purchased Volume - Emergency Department (NWAU)

2017-18 Service Performance Agreements
Summary of KPIs and Targets

Financial Management Transformations (FMT)

Purpose These performance measures are reported to Treasury monthly to report progress against the FMT program (for definitions see [Complete 2017-18 Data Supplement](#))

2017/18 Strategic Priority	ID	Measure
1.1	PH-011B	Get Healthy Information and Coaching Service – Health Professional Referrals (% increase)
1.1	MS1102	Childhood Obesity: Children with height and weight recorded (%)
1.2	PH-013A	Women who smoked at any time during pregnancy - Aboriginal women (%)
1.2	SPH007	Women who smoked at any time during pregnancy - Non Aboriginal women (%)
1.4	PH-006	Human papillomavirus vaccine – year 7 students receiving the third dose through the NSW Adolescent Vaccination Program (%)
2.2	SSA116	Average Length of Episode Stay - Overnight Patients (days)
2.3	SSA126 to SSA131	Breast Screen Participation Rates, disaggregated by Aboriginality and cultural and linguistic diversity (%): Women, aged 50-69
2.3	SPH011	Comprehensive antenatal visits before 14 weeks gestation - Pregnant women - All (%)
2.3	SPH008 SPH009	Comprehensive antenatal visits before 14 weeks gestation - Pregnant women who are Aboriginal or with an Aboriginal baby (%)
2.3	SPH010	Comprehensive antenatal visits before 14 weeks gestation - Pregnant women who are Non-Aboriginal with a Non-Aboriginal baby (%)
2.4	KSA103a	Elective Surgery Access Performance: Category 1 Patients Treated on Time (%):
2.4	KSA103b	Elective Surgery Access Performance: Category 2 Patients Treated on Time (%):
2.4	KSA103c	Elective Surgery Access Performance: Category 3 Patients Treated on Time (%):
2.4	KSA102	Emergency Treatment Performance - Patients with total time in ED ≤ 4 hrs (%)
2.4	KSA101	Transfer of Care – Patients transferred from Ambulance to ED ≤ 30 minutes (%)
2.5	MS2501	Emergency Department Attendances (Number)
2.5	MS2502	Attendances admitted from ED - (Number)
2.5	MS2503	Admitted Patient Separations (Number)
2.5	MS2504	Acute separations - overnight (Number)
2.5	MS2505	Acute separations - same day (Number)
3.1	PI-03	Hospital in the Home (HITH) - Admitted activity (%)
3.1	MS3101	Integrated Care Program – Patients Enrolled (Number)
3.2	KQS204	Mental Health - Acute Post-Discharge Community Care - follow up within seven days (%)
3.2	MS3201	Mental Health: Acute mental health service overnight separations (Number)

2017-18 Service Performance Agreements Summary of KPIs and Targets

2017/18 Strategic Priority	ID	Measure
3.2	MS3202	Mental Health: non-acute mental health inpatient days (Number)
3.6	KF-005	Domestic and Family Violence Screening - Routine Domestic Violence Screens conducted (%)
3.6	KF-009	Sexual Assault Services – High priority referrals receiving an initial psychosocial assessment (%)
5.3	KS5301	Ethics applications involving more than low risk to participants: Approved by the reviewing Health Research Ethics Committee within 60 calendar days (%)
5.3	KS5302	Research governance applications involving more than low risk to participants: Site specific applications authorised within 30 calendar days (%)
8.1	AI-001	Variation Against Purchased Volume - Acute Admitted (NWAU)
8.1	ED-001	Variation Against Purchased Volume - Emergency Department (NWAU)
8.1	NA-001	Variation Against Purchased Volume - Non-Admitted - Including Sub & Non Acute, excluding Dental and Mental Health (NWAU)
8.1	SA-001	Variation Against Purchased Volume - Sub and Non Acute Admitted (NWAU)
8.1	KS8101	Variation Against Purchased Volume - Mental Health - All Admitted (NWAU)
8.1	PD-001	Variation Against Purchased Volume - Public Dental Clinical Service (DWAU/NWAU)
8.1	KFA101 KFA102	Expenditure Matched to Budget - General Fund - Variance (%)
8.1	SFA105	Coding timeliness: % uncoded acute separations
8.1	SFA113	Sub and Non Acute Inpatient Services - Grouped to an AN-SNAP class (%)
8.1	SFA106 SFA107	ED records unable to be grouped: to UDG with a breakdown for error codes: E1 and E2 (number and %)
8.1	SFA108 SFA109	ED records unable to be grouped: to URG with a breakdown for error codes: E1, E2, E3, E6, E7 and E8 (number and %)
8.1	MS8101	Total Activity Delivered (NWAU)
8.1	MS8102	Variation against reported expenditure: Small Rural Hospitals & Specialist Hospitals (%)

Better Value Care

Purpose These performance measures are reported to Treasury monthly to report progress against the Better Value Care program (for definitions see [Complete 2017-18 Data Supplement](#))

2017/18 Strategic Priority	ID	Measure
2.2	MS2201 – MS2204	Leading Better Value Care: Non-admitted Service Units established to support services provided to targeted patient cohorts (Number)
2.2	MS2205	Leading Better Value Care: Completion of education modules for inpatient diabetic care (Number)
2.2	MS2206; MS2207	Leading Better Value Care: Services investigating inpatient clinical variation: CHF and COPD
2.2	MS2208 – MS2211	Leading Better Value Care: Non-admitted Patient Service Events provided to Targeted Patient Cohorts (NWAU)

Mental Health Reform

Purpose These performance measures are reported to Treasury monthly to report progress against the Mental Health reforms (for definitions see [Complete 2017-18 Data Supplement](#))

2017/18 Strategic Priority	ID	Measure
3.2	KS3201	Mental Health Reform - Pathways to Community Living - People comprehensively assessed (Number)
3.2	KMH202	Mental Health Reform - Peer Workforce - FTEs (Number)
3.2	DMH_3203	Community Mental Health Enhancements: Target contact hours (%)