

APPENDIX F

Audited health service monitoring of SOP indicators for 2019–20

FIGURE F1: **SOP quality and safety performance indicators in board reports at the four audited health services 2019–20**

| Performance indicator | MH | PH | BHS | DjHS |
|--|----|----|-----|------|
| Infection prevention and control | | | | |
| 1. Compliance with the Hand Hygiene Australia program | ✓ | ✓ | ✓ | ✗ |
| 2. Percentage of healthcare workers immunised for influenza | ✓ | ✓ | ✓ | ✗ |
| Patient experience | | | | |
| 3. Victorian Healthcare Experience Survey—percentage of positive patient experience responses | ✓ | ✓ | ✓ | ✗ |
| 4. Victorian Healthcare Experience Survey—percentage of very positive responses to questions on discharge care | ✓ | ✓ | ✗ | ✗ |
| 5. Victorian Healthcare Experience Survey—patient’s perception of cleanliness | ✓ | ✓ | ✗ | ✗ |
| Healthcare-associated infections | | | | |
| 6. Rate of patients with surgical site infections | ✓ | ✓ | ✓ | ✗ |
| 7. Rate of patients with intensive care unit central-line-associated bloodstream infection | ✓ | ✓ | ✓ | NA |
| 8. Rate of patients with Staphylococcus aureus bacteraemia for every 10 000 occupied-bed days | ✓ | ✓ | ✓ | NA |
| Adverse events | | | | |
| 9. Sentinel events—RCA reporting | ✓ | ✓ | ✗ | ✗ |
| 10. Unplanned readmission hip replacement | ✓ | ✓ | ✗ | NA |

Mental health

| | | | | |
|---|---|-----|----|----|
| 11. Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge | ✓ | ✓ | ✗ | NA |
| 12. Rate of seclusion events relating to a child and adolescent acute mental health admission | ✓ | NA* | NA | NA |
| 13. Rate of seclusion events relating to an adult acute mental health admission | ✓ | ✓ | ✗ | NA |
| 14. Rate of seclusion events relating to an aged acute mental health admission | ✓ | ✓ | ✗ | NA |
| 15. Percentage of child and adolescent acute mental health inpatients who have a post-discharge follow-up within seven days | ✓ | NA* | NA | NA |
| 16. Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days | ✓ | ✓ | ✗ | NA |
| 17. Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days | ✓ | ✓ | ✗ | NA |

Maternity and newborn

| | | | | |
|--|----|---|---|----|
| 18. Rate of singleton-term infants without birth anomalies with APGAR (appearance, pulse, grimace, activity, and respiration) score less than seven to five minutes | NA | ✓ | ✗ | ✓ |
| 19. Rate of severe fetal growth restriction in singleton pregnancy undelivered by 40 weeks | NA | ✓ | ✗ | ✗ |
| 20. Proportion of urgent maternity patients referred for obstetric care to a level four, five or six maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral | NA | ✓ | ✗ | NA |

Continuing care

| | | | | |
|--|---|---|---|----|
| 21. Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay | ✓ | ✓ | ✗ | NA |
|--|---|---|---|----|

Emergency care

| | | | | |
|--|---|---|---|----|
| 22. Percentage of patients transferred from ambulance to emergency department within 40 minutes | ✓ | ✓ | ✗ | NA |
| 23. Percentage of Triage Category 1 emergency patients seen immediately | ✓ | ✓ | ✗ | NA |
| 24. Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time | ✓ | ✓ | ✗ | NA |
| 25. Percentage of emergency patients with a length of stay in the emergency department of less than four hours | ✓ | ✓ | ✗ | NA |
| 26. Number of patients with a length of stay in the emergency department greater than 24 hours | ✓ | ✓ | ✗ | NA |

Elective surgery

| | | | | |
|---|---|---|---|----|
| 27. Percentage of urgency category 1 elective surgery patients admitted within 30 days | ✓ | ✓ | ✗ | NA |
| 28. Percentage of urgency categories 1, 2 and 3 elective surgery patients admitted within clinically recommended time | ✓ | ✓ | ✗ | NA |

| | | | | |
|---|--------------------|---------------------|--------------------|--------------------|
| 29. Percentage of patients on the waiting list who have waited longer than the clinically recommended time for their respective triage category | X | ✓ | X | NA |
| 30. Number of patients on the elective surgery waiting list | ✓ | ✓ | X | NA |
| 31. Number of hospital-initiated postponements per 100 scheduled elective surgery admissions | ✓ | ✓ | X | NA |
| 32. Number of patients admitted from the elective surgery waiting list | ✓ | ✓ | X | NA |
| Specialist clinics | | | | |
| 33. Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days | ✓ | ✓ | X | X |
| 34. Percentage of routine patients referred by a GP or external specialist who attended a first appointment within 365 days | ✓ | ✓ | X | X |
| Total number of applicable KPIs | 31 | 32 | 32 | 11 |
| Total number of applicable KPIs not monitored | 1 | 0 | 26 | 10 |
| Total number of applicable KPIs monitored | 30 | 32 | 6 | 1 |
| Percentage not monitored of total applicable KPIs | 3 per cent | 0 per cent | 81 per cent | 91 per cent |
| Percentage monitored of total applicable KPIs | 97 per cent | 100 per cent | 19 per cent | 9 per cent |

Note: ✓ indicates regular monitoring by the board or relevant board subcommittee, X indicates no regular monitoring, and NA indicates areas where the performance indicator is not applicable to that health service. *This KPI is not applicable to PH as it does not provide this service. Table excludes residential aged care accreditation and PMS indicators on patient safety culture because they are collected on an annual (or less frequent) basis.

Source: VAGO.